

Screening Mammography
Minimal Clinical Elements for the
Centers for Disease Control and Prevention Breast and Cervical Cancer Program
 Breast Cancer Detection and Diagnosis

Step	Minimal Clinical Elements*
Detection	<p>*Screening mammogram^{1,2,3} done for:</p> <ul style="list-style-type: none"> • Asymptomatic women • Fibrocystic changes • Lumpy Breasts (no single, clinically significant lump) • Prior benign biopsy (within past year) when surgeon or radiologist recommends screening mammogram • Family history of Breast Cancer (premenopausal breast cancer in mother and/or sister) • Fibrocystic disease • Mastitis <p>*Screening findings reported as:</p> <ul style="list-style-type: none"> • <i>Assessment is incomplete with needed additional evaluation specified as follows:</i> <ul style="list-style-type: none"> - Spot compression mammography - Special mammographic views - Magnification mammography - Ultrasound - Aspiration • <i>Assessment is complete – Final Categories:</i> <ul style="list-style-type: none"> - Negative - Benign Findings - Probably benign finding –short interval follow-up suggested⁴ - Suspicious abnormality –biopsy should be considered - Highly suggestive of malignancy
Diagnosis / Further Evaluation	<p>*If assessment is incomplete after screening mammogram, radiologist arranges for and/or performs additional diagnostic evaluation prior to rendering final assessment. Options:</p> <ul style="list-style-type: none"> - Spot compression mammography - Special mammographic views - Magnification mammography - Ultrasound - Aspiration <p>*When the result of the screening assessment and/or diagnostic evaluation is a suspicious abnormality or highly suggestive of malignancy, the radiologist communicates with the patient and referring physician.</p> <p>*Diagnostic findings reported as ACR Final Assessment Categories:⁵</p> <ul style="list-style-type: none"> - Negative - Probably benign finding –short interval follow-up suggested⁴ - Suspicious abnormality –biopsy should be considered - Highly suggestive of malignancy - Benign finding <p>*Radiologist recommendation(s) based on screening mammogram and any subsequent diagnostic work-up implemented. Options:</p> <ul style="list-style-type: none"> - Annual follow-up - Biopsy to be performed - Short-interval follow-up⁶ <p>* Surgeon examines all women with a “suspicious abnormality” or “highly suggestive of malignancy” result unless seen by a radiologist for biopsy.</p> <p>* Appropriate staging of the cancer by the surgeon who removes tissue for diagnosis.</p> <p>* Stage I or greater cancer evaluated by oncologist. In situ carcinoma evaluated by an oncologist at the discretion of the surgeon.</p>
Treatment	<p>*Positive biopsy treated</p>

¹ Screening mammogram entails two views of each breast (medial lateral oblique view (MLO) and cranio-caudal (CC)).

² Screen for breast cancer with diagnostic mammogram when woman has implants, has had previous breast cancer, or has had a mastectomy.

³ If the mammographic workup (initial and/or previous) frequently requires additional views and/or ultrasound, a diagnostic mammogram may be permitted on an annual basis.

⁴ This final assessment category should not be used for individuals who need immediate, additional evaluation to make a definitive diagnosis. If a solid, non-palpable noncalcified, well-defined nodule 5 mm or greater in diameter is found, the women should be informed about a maximum 2% risk of malignancy and if unwilling to accept the risk, the nodule should be sampled.

⁵ Reports which contain comparison to previous mammography reports are preferred.

⁶ Diagnostic mammogram may be indicated.