

Mammography, Ultrasound, Breast MRI

BASIC GUIDELINES

- When making an appointment, ask patients to bring their previous breast imaging and reports if preformed at a different location.
- The radiologist optimally should do a comparison with the current study and at least two years prior.
- If a patient is coming in for additional views or follow up based on an outside study, the patient must bring her images and reports; If the patient does not have her images and reports, she will be rescheduled.
- Check the last breast imaging report to see what the recommendation was by the radiologist.

SCREENING MAMMOGRAM

Refer to most recent breast imaging report to make sure a follow-up Diagnostic study was not recommended. Ask patient if there are any new palpable lumps or areas of concern. If yes, schedule patient for Diagnostic work-up.

Indications for Screening Mammogram

No problems or concerns, asymptomatic
Prior mastectomy, remaining breast (unilateral)
General pain & tenderness (no focal point)
History of benign biopsy
Pre-op for breast augmentation
History of breast cancer & lumpectomy (unless referring MD specifically requests Diagnostic mammo)
Never under the age of 35. Exception: if 10 yrs prior to age of mother's or sister's diagnosis of breast cancer

DIAGNOSTIC IMAGING

For Symptomatic patients

Location of lump/area of concern must be noted on referral or verbal order (side, clock position, cm from nipple)

Symptom / Issue

Imaging needed

Under 30 with a lump	US only
30 and over with a lump Bilateral	Diagnostic mammo & US to follow
30 and over, with a lump and breast feeding	Bilateral Diagnostic mammo & US to follow (Patient must pump/nurse prior)
Pregnant with a lump	US only
Focal area of pain	Diagnostic mammo & US to follow
Trauma to the breast	Diagnostic mammo & US to follow
Spontaneous nipple discharge	Diagnostic mammo & US to follow
Nipple retraction	Diagnostic mammo & US to follow
Breast thickening	Diagnostic mammo & US to follow
Skin dimpling	Diagnostic mammo & US to follow
Male patient	Bilateral Diagnostic mammo & US to follow

Callbacks (B1-RADS 0) & Follow-Up Studies (B1-RADS 3)

<u>Problem</u>	<u>Imaging</u>
Masses & asymmetries	Diagnostic mammo & US; possibly 3D Tomo if rad or referring MD specifies
Calcification	Schedule Diagnostic mammo & get US order from referring MD. Schedule US only if rad specifically requests it in report.
Follow-ups from Diagnostic study	See prior report for what rad recommended

3D MAMMOGRAM TOMOSYNTHESIS

Screening 3D mammo: Can be done at time of mammo if patient or MD requests (*insurance may not cover*).

Diagnostic 3D mammo: Can be done if referring MD or radiologist requests (*see rad report*).

BREAST MRI

Always bilateral, must have recent mammogram (including from another facility)

<u>Problem</u>	<u>Protocol</u>
High risk screening	Time with menstrual cycle (day 7-15); with and without contrast; if on HRT stop 4 weeks prior to study
New breast cancer	Does not need to be timed with menstrual cycle, schedule ASAP, with & without contrast
Silicone Implant Integrity	NO contrast