

Diagnostic Breast Imaging Recommendations

These recommendations are meant to accompany your Impression. They are organized by BI-RADS Assessment Category.

<p>Category 0</p> <p>Incomplete - need additional imaging evaluation and/or prior mammograms for comparison</p>	<ul style="list-style-type: none"> • Imaging modality type • Indicate if patient will be recalled by diagnostic imaging, or if diagnostic imaging requisition required (suggest any specific institution if appropriate) • +/- indicate if addendum will be provided; e.g. upon prior mammogram review
<p>Category 1/2</p> <p>Negative/Benign</p>	<ul style="list-style-type: none"> • Routine screening/surveillance: <ul style="list-style-type: none"> • Routine screening mammography in (insert month and year) through the BC Cancer Breast Screening Program unless advised otherwise by the Program • Routine diagnostic mammography in (insert month and year) through the BC Cancer Breast Screening Higher Risk Surveillance Program unless advised otherwise by the Program • Routine surveillance (include modality, month, and year) through diagnostic imaging by requisition (e.g., breast implants, personal history of breast cancer, high risk protocol)
<p>Category 3</p> <p>Probably benign</p>	<ul style="list-style-type: none"> • Follow-up imaging modality type and time (e.g. 6 months) • Indicate if patient will be recalled by diagnostic imaging, or if diagnostic imaging requisition required (suggest any specific institution if appropriate)
<p>Category 4/5</p> <p>Suspicious/Highly suggestive of malignancy</p>	<ul style="list-style-type: none"> • Biopsy modality type • Indicate if patient will be recalled by diagnostic imaging, or if diagnostic imaging requisition required (suggest any specific institution if appropriate)
<p>Category 6</p> <p>Biopsy proven malignancy</p>	<ul style="list-style-type: none"> • Surgical excision when clinically appropriate