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

***Screening mammogram [1,2,3] done for:**

- Asymptomatic women
- Fibrocystic disease
- Fibrocystic changes
- Mastitis
- 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)

***Screening findings reported as:**

- *Assessment is incomplete with needed additional evaluation specified as follows:*
  - Spot compression mammography
  - Magnification mammography
  - Special mammographic views
  - Ultrasound
  - Aspiration
- *Assessment is complete – Final Categories:*
  - Negative
  - Benign Findings
  - Probably benign finding –short interval follow-up suggested [4]
  - Suspicious abnormality –biopsy should be considered
  - Highly suggestive of malignancy

Diagnosis / Further Evaluation

***If assessment is incomplete after screening mammogram, radiologist arranges for and/or performs additional diagnostic evaluation prior to rendering final assessment. Options:**

- Spot compression mammography
- Magnification mammography
- Special mammographic views
- Ultrasound
- Aspiration

***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.**

***Diagnostic findings reported as ACR Final Assessment Categories: [5]**

- Negative
- Benign finding
- Probably benign finding –short interval follow-up suggested [4]
- Suspicious abnormality –biopsy should be considered
- Highly suggestive of malignancy

*** Radiologist recommendation(s) based on screening mammogram and any subsequent diagnostic work-up implemented. Options:**

- Annual follow-up
- Short-interval follow-up[6]
- Biopsy to be performed

* Surgeon examines all women with a "suspicious abnormality" or "highly suggestive of malignancy" result unless seen by a radiologist for biopsy.

*Appropriate staging of the cancer by the surgeon who removes tissue for diagnosis.

* Stage I or greater cancer evaluated by oncologist. In situ carcinoma evaluated by an oncologist at the discretion of the surgeon.

Treatment

***Positive biopsy treated**

[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.

Clinical Breast Examination
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	***CBE done on all program eligible women:** • Done previous to and within three months of screening mammogram • Entire breast examined including the retroareolar and peripheral areas and the upper lateral quadrant into the axilla • The preferred method* is the strip technique using 3 levels of pressure in small circular motions with pad of three middle fingers without lubrication (*H.S. Pennypacker Method) ***Findings reported as:** • *Negative* • *Non-significant findings – Specify* • *Further evaluation needed* - Distinct palpable mass or thickening of concern to examiner and/or patient regardless of degree of tenderness - Skin dimpling / reddening - Bloody nipple discharge - Nipple discharge that is unilateral, spontaneous, localized to one duct - Skin retraction or scaliness around nipple - Inverted nipple (recent occurrence / onset) in woman not pregnant or lactating - New onset of pain in the elderly atrophic breast • *Does or does not have implants* • *Has or has not had mastectomy / lumpectomy*
Diagnosis / Further Evaluation	For <u>all</u> distinct palpable masses or thickening of concern to examiner and / or patient regardless of degree of tenderness; skin dimpling / reddening; nipple discharge that is bloody or unilateral, spontaneous, localized to one duct; skin retraction or scaliness around the nipple; inverted nipple (recent occurrence / onset) in woman not pregnant or lactating; or new onset of pain in the elderly atrophic breast, further evaluation is required. All abnormalities mentioned above must be evaluated by all appropriate bulleted elements listed below, until a definitive diagnosis is established. **Further evaluation [1] implemented by a radiologist and/or surgeon as follows:** • Diagnostic mammography – *always* • Ultrasound of a palpable finding or possible cyst – when recommended by a radiologist or surgeon • Needle aspiration of a cyst Indications for aspiration: palpation of possible cyst, ultrasound documentation, or mammographic appearance. Aspiration performed by primary care provider, radiologist or surgeon Indications for further evaluation of a cyst: - Inflammatory fluid – consideration for culture and / or antibiotic therapy as clinically indicated. - Bloody fluid – surgical evaluation for consideration of excisional biopsy. - Clear fluid – reaspirate x2 at 3 month intervals if necessary; referral to surgeon for consideration of excisional biopsy at third recurrence • Fine needle biopsy (FNB) or core needle biopsy (CNB) of solid tumor performed by an experienced physician. If FNB is negative, surgical evaluation for consideration of excisional biopsy is required – *always* • History and clinical breast exam by surgeon for all solid (non-cystic) masses (regardless of mammography findings) – *always* • Excisional biopsy of a palpable mass – when recommended by the surgeon or radiologist • Excisional biopsy of non-palpable or questionably palpable mass (utilizing localization by an imaging modality, e.g. mammography, ultrasound, etc) – when recommended by surgeon or radiologist. Specimens of such biopsies should be verified by the same imaging modality. ***Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer by surgeon who removes tissue for diagnosis.** ***Stage I or greater cancer evaluated by a medical, surgical, or radiation oncologist.**
Treatment	***Positive biopsy treated.**

[1] The diagnostic workup / evaluation report should include the results of the diagnostic mammogram, ultrasound (when appropriate), clinical breast exam, and the correlation of each test with each other.