ASSESSMENT CATEGORIES

Assessment Categories

a. Mammographic Assessment Is Incomplete

Category 0
Need Additional Imaging Evaluation and/or Prior Mammograms For Comparison:

Finding for which additional imaging evaluation is needed. This is almost always used in a screening situation. Under certain circumstances this category may be used after a full mammographic work-up. A recommendation for additional imaging evaluation may include, but is not limited to the use of spot compression, magnification, special mammographic views and ultrasound.

Whenever possible, if the study is not negative and does not contain a typically benign finding, the current examination should be compared to previous studies. The radiologist should use judgment on how vigorously to attempt obtaining previous studies. Category 0 should only be used for old film comparison when such comparison is **required** to make a final assessment.

b. Mammographic Assessment Is Complete—**Final** Categories

Category 1
Negative:

There is nothing to comment on. The breasts are symmetric and no masses, architectural distortion or suspicious calcifications are present.

Category 2
Benign Finding(s):

Like Category 1, this is a "normal" assessment, but here, the interpreter chooses to describe a benign finding in the mammography report. Involuting, calcified fibroadenomas, multiple secretory calcifications, fat-containing lesions such as oil cysts, lipomas, galactoceles and mixed-density

hamartomas all have characteristically benign appearances, and may be labeled with confidence. The interpreter may also choose to describe intramammary lymph nodes, vascular calcifications, implants or architectural distortion clearly related to prior surgery while still concluding that there is no mammographic evidence of malignancy.

Note that both Category 1 and Category 2 assessments indicate that there is no mammographic evidence of malignancy. The difference is that Category 2 should be used when describing one or more specific benign mammographic findings in the report, whereas Category 1 should be used when no such findings are described.

Category 3
Probably Benign Finding—Initial Short-Interval Follow-Up Suggested:
(See Guidance Chapter, Figure 1*)

A finding placed in this category should have less than a 2% risk of malignancy. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability.

There are several prospective clinical studies demonstrating the safety and efficacy of initial short-term follow-up for specific mammographic findings (1-5).

Three specific findings are described as being probably benign (the noncalcified circumscribed solid mass, the focal asymmetry and the cluster of round [punctate] calcifications; the latter is anecdotally considered by some radiologists to be an absolutely benign feature). All the published studies emphasize the need to conduct a complete diagnostic imaging evaluation before making a probably benign (Category 3) assessment; hence it is

*Suggested final assessment categories based on morphology and distributions are presented in the Guidance Chapter.

inadvisable to render such an assessment when interpreting a screening examination. Also, all the published studies exclude palpable lesions, so the use of a probably benign assessment for a palpable lesion is not supported by scientific data. Finally, evidence from all the published studies indicate the need for biopsy rather than continued follow-up when most probably benign findings increase in size or extent.

While the vast majority of findings in this category will be managed with an initial short-term follow-up (6 months) examination followed by additional examinations until longer-term (2 years or longer) stability is demonstrated, there may be occasions where biopsy is done (patient wishes or clinical concerns).

Category 4
Suspicious Abnormality—Biopsy Should Be Considered: (See Guidance Chapter*)

This category is reserved for findings that do not have the classic appearance of malignancy but have a wide range of probability of malignancy that is greater than those in Category 3. Thus, most recommendations of breast interventional procedures will be placed within this category. By subdividing Category 4 into 4A, 4B and 4C as suggested in the guidance chapter, it is encouraged that relevant probabilities for malignancy be indicated within this category so the patient and her physician can make an informed decision on the ultimate course of action.

Category 5
Highly Suggestive of Malignancy—Appropriate Action Should Be Taken: (Almost certainly maligant.)
(See Guidance Chapter*)

These lesions have a high probability (≥95%) of being cancer. This category contains lesions for which one-stage surgical treatment could be considered without preliminary biopsy. However, current oncologic management may require percutaneous tissue sampling as, for example, when sentinel node imaging is included in surgical treatment or when neoadjuvant chemotherapy is administered at the outset.

Category 6
Known Biopsy – Proven Malignancy—Appropriate Action Should Be Taken:
(See Guidance Chapter*)

This category is reserved for lesions identified on the imaging study with biopsy proof of malignancy prior to definitive therapy.

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