American College of Radiology Imaging Network

Study Mammography Interpretation - Film Screen

INSTRUCTIONS: This form is completed by the radiologist who interprets the patient's film-screen study mammogram. A separate form is completed for the film-screen and digital mammography interpretation.

1. Reader ID (initials) _______

2. Image Presentation
   - Film-Screen
     - GE
     - Fischer
     - Lorad
     - Siemens
     - Elscint
     - Bennett
     - Mammex
     - Gendex
     - Acoma
     - Planned
     - Giotto
     - Instrumentarium

3. Prior Films
   - Present with interpretation
   - Not present with interpretation
   - Patient does not have prior films

4. Date of Study ___/___/____ (mm/dd/yyyy)

5. Mammography reviewed is:
   - Study entry mammogram

6. Density of Breast Parenchyma
   - Almost entirely fat
   - Scattered fibroglandular densities
   - Heterogeneously dense
   - Extremely dense

7. Mammography findings?
   - No (If no, proceed to Q# 8)
   - Yes
     Right Breast
     - No
     - Yes
     Left Breast
     - No
     - Yes

   A. **Mass(es)**
      - No (If no, proceed to Part B)
      - Yes
        - Multiple benign appearing masses
        - Clinically relevant masses
        - Both benign appearing and clinically relevant masses

   Total number of clinically relevant masses (both breasts) ______

   Right Breast _____
   Left Breast _____

   Clinically Relevant Mass # ___
   - Right breast
   - Left breast

   O'Clock Location (Check all that apply)
   - 1-2
   - 2-3
   - 3-4
   - 4-5
   - 5-6
   - 6-7
   - 7-8
   - 8-9
   - 9-10
   - 10-11
   - 11-12
   - 12-1
   - Axillary tail (Clock-face position and depth not required)
   - Subareolar nipple (Clock-face position and depth not required)
   - Seen on MLO only: Superior
   - Seen on MLO only: Inferior
   - Seen on MLO only: Subareolar
   - Seen on CC only: Medial
   - Seen on CC only: Lateral
   - Seen on CC only: Subareolar

   Depth
   - Anterior
   - Central
   - Posterior
   - Anterior and central
   - Central and posterior
   - Anterior, central and posterior

   Shape
   - Round
   - Oval
   - Lobulated
   - Irregular

   Margins (check all that apply)
   - Circumscribed
   - Microlobulated
   - Obscured
   - Indistinct
   - Spiculated
Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

Size (in mm) of largest dimension ________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this mass only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably Malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
_____% Probability of Malignancy (0-100%)

Any additional clinically relevant masses
- No (If no, go to Part B)
- Yes

Clinically Relevant Mass # ____
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Shape
- Round
- Oval
- Lobulated
- Irregular

Margins (check all that apply)
- Circumscribed
- Microlobulated
- Obscured
- Indistinct
- Spiculated

Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None
**Size (in mm) of largest dimension __________**

**How confident are you that this person should be called back for this abnormality?**
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

**Malignancy Scale (for this mass only)**
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

**Confidence Scale**
- __% Probability of Malignancy (0-100%)**

**Any additional clinically relevant masses**
- No (If no, go to Part B)
- Yes

**Clinically Relevant Mass # ____**
- Right breast
- Left breast

**O’Clock Location (Check all that apply)**
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

**Depth**
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

**Shape**
- Round
- Oval
- Lobulated
- Irregular

**Margins** (check all that apply)
- Circumscribed
- Microlobulated
- Obscured
- Indistinct
- Spiculated

**Density**
- High
- Equal
- Low
- Fat containing

**Associated Features** (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

**Size (in mm) of largest dimension __________**

**How confident are you that this person should be called back for this abnormality?**
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

**Malignancy Scale (for this mass only)**
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant
Confidence Scale

___%  Probability of Malignancy (0-100%)

Any additional clinically relevant masses
- No (If no, go to Part B)
- Yes

Clinically Relevant Mass # ___
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Shape
- Round
- Oval
- Lobulated
- Irregular

Margins (check all that apply)
- Circumscribed
- Microlobulated
- Obscured
- Indistinct
- Spiculated

Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

Size (in mm) of largest dimension ________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this mass only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale

___%  Probability of Malignancy (0-100%)

B. Asymmetric Densities
- No (If no, go to Part C)
- Yes

Total number of clinically relevant asymmetric densities ________

Right Breast ________
Left Breast ________
Clinically Relevant Asymmetric Density #_____

- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

Size (in mm) of largest dimension __________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this asymmetric density only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale (for this asymmetric density only)

___% Probability of Malignancy (0-100%)

Any additional clinically relevant asymmetric densities?
- No (If no, go to Part C)
- Yes

Clinically Relevant Asymmetric Density #_____

- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar
**Depth**
- o Anterior
- o Central
- o Posterior
- o Anterior and central
- o Central and posterior
- o Anterior, central and posterior

**Density**
- o High
- o Equal
- o Low
- o Fat containing

**Associated Features** (Check all that apply)
- ❑ Calcifications
- ❑ Architectural distortions
- ❑ Skin thickening
- ❑ Solitary dilated duct
- ❑ Multiple dilated ducts
- ❑ None

**Size (in mm) of largest dimension**

**How confident are you that this person should be called back for this abnormality?**
- o There is NO evidence that the patient should be called back for diagnostic work-up.
- o There is SOME evidence that the patient should be called back for diagnostic work-up.
- o There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- o There is STRONG evidence that the patient should be called back for diagnostic work-up.
- o There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

**Malignancy Scale (for this asymmetric density only)**
- o This finding is definitely not malignant
- o This finding is almost certainly not malignant
- o This finding is probably not malignant
- o This finding is possibly malignant
- o This finding is probably malignant
- o This finding is almost certainly malignant
- o This finding is definitely malignant

**Confidence Scale (for this asymmetric density only)**

\[
\text{_____\% Probability of Malignancy (0-100%)}
\]

**Any additional clinically relevant asymmetric densities?**
- o No (If no, go to Part C)
- o Yes

**Clinically Relevant Asymmetric Density #**
- o Right breast
- o Left breast

**O’Clock Location (Check all that apply)**
- ❑ 1-2
- ❑ 2-3
- ❑ 3-4
- ❑ 4-5
- ❑ 5-6
- ❑ 6-7
- ❑ 7-8
- ❑ 8-9
- ❑ 9-10
- ❑ 10-11
- ❑ 11-12
- ❑ 12-1
- ❑ Axillary tail (Clock-face position and depth not required)
- ❑ Subareolar nipple (Clock-face position and depth not required)
- ❑ Seen on MLO only: Superior
- ❑ Seen on MLO only: Inferior
- ❑ Seen on MLO only: Subareolar
- ❑ Seen on CC only: Medial
- ❑ Seen on CC only: Lateral
- ❑ Seen on CC only: Subareolar

**Depth**
- o Anterior
- o Central
- o Posterior
- o Anterior and central
- o Central and posterior
- o Anterior, central and posterior
Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

Size (in mm) of largest dimension

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this asymmetric density only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale (for this asymmetric density only)
___% Probability of Malignancy (0-100%)

Any additional clinically relevant asymmetric densities?
- No (If no, go to Part C)
- Yes

Clinically Relevant Asymmetric Density #
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Density
- High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)
- Calcifications
- Architectural distortions
- Skin thickening
- Solitary dilated duct
- Multiple dilated ducts
- None

Size (in mm) of largest dimension

6652 IA 1/02 7 of 15
How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this asymmetric density only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale (for this asymmetric density only)
___% Probability of Malignancy (0-100%)

C. Architectural Distortion
Answer all that apply:
- No (If no, go to Part D)
- Yes, independent of a mass and not reported elsewhere on this form.
- Yes, associated with a mass and recorded in Part A. (If there is no independent architectural distortion to report, go to Part D.)

Total number of clinically relevant architectural distortions (both breasts)_____
- Right Breast _____
- Left Breast _____

Clinically Relevant Architectural Distortion # _____
- Right Breast
- Left Breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Size (in mm) of largest dimension ________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.
Malignancy Scale (for this architectural distortion only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale (for this architectural distortion only)
_____% Probability of Malignancy (0-100%)

Any additional clinically relevant architectural distortions?
- No (If no, go to Part D)
- Yes

Clinically Relevant architectural distortion # _____
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Size (in mm) of largest dimension _________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this architectural distortion only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
_____% Probability of Malignancy (0-100%)
Any additional clinically relevant architectural distortions?
  o No  (If no, go to Part D)
  o Yes

Clinically Relevant architectural distortion # __
  o Right breast
  o Left breast

O’Clock Location (Check all that apply)
  ❑ 1-2
  ❑ 2-3
  ❑ 3-4
  ❑ 4-5
  ❑ 5-6
  ❑ 6-7
  ❑ 7-8
  ❑ 8-9
  ❑ 9-10
  ❑ 10-11
  ❑ 11-12
  ❑ 12-1
  ❑ Axillary tail (Clock-face position and depth not required)
  ❑ Subareolar nipple (Clock-face position and depth not required)
  ❑ Seen on MLO only : Superior
  ❑ Seen on MLO only: Inferior
  ❑ Seen on MLO only: Subareolar
  ❑ Seen on CC only: Medial
  ❑ Seen on CC only: Lateral
  ❑ Seen on CC only: Subareolar

Depth
  o Anterior
  o Central
  o Posterior
  o Anterior and central
  o Central and posterior
  o Anterior, central and posterior

Size (in mm) of largest dimension _________

How confident are you that this person should be called back for this abnormality?
  o There is NO evidence that the patient should be called back for diagnostic work-up.
  o There is SOME evidence that the patient should be called back for diagnostic work-up.
  o There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
  o There is STRONG evidence that the patient should be called back for diagnostic work-up.
  o There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this architectural distortion only)
  o This finding is definitely not malignant
  o This finding is almost certainly not malignant
  o This finding is probably not malignant
  o This finding is possibly malignant
  o This finding is probably malignant
  o This finding is almost certainly malignant
  o This finding is definitely malignant

Confidence Scale

___%  Probability of Malignancy (0-100%)

Any additional clinically relevant architectural distortions?
  o No  (If no, go to Part D)
  o Yes

Clinically Relevant architectural distortion # __
  o Right breast
  o Left breast

O’Clock Location (Check all that apply)
  ❑ 1-2
  ❑ 2-3
  ❑ 3-4
  ❑ 4-5
  ❑ 5-6
  ❑ 6-7
  ❑ 7-8
  ❑ 8-9
  ❑ 9-10
  ❑ 10-11
  ❑ 11-12
  ❑ 12-1
  ❑ Axillary tail (Clock-face position and depth not required)
  ❑ Subareolar nipple (Clock-face position and depth not required)
  ❑ Seen on MLO only : Superior
  ❑ Seen on MLO only: Inferior
  ❑ Seen on MLO only: Subareolar
  ❑ Seen on CC only: Medial
  ❑ Seen on CC only: Lateral
  ❑ Seen on CC only: Subareolar

Depth
  o Anterior
  o Central
  o Posterior
  o Anterior and central
  o Central and posterior
  o Anterior, central and posterior
Size (in mm) of largest dimension ________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this architectural distortion only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
____% Probability of Malignancy (0-100%)

D. Clusters of calcifications
Answer all that apply:
- No (If no, go to Question 8.)
- Yes, independent of a mass and not reported elsewhere on this form. (Complete the remainder of this section)
- Yes, associated with a mass and recorded in Part A. (If there are no independent clusters of calcifications to report, go to Question 8.)

Total number of clinically relevant calcification clusters (both breasts) ______

Right Breast _____
Left Breast _____

Clinically Relevant Cluster # _____
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Morphology of Calcifications
- Benign Appearing
  - Skin Calcifications
  - Vascular Calcifications
  - Coarse (“Pop-corn Like”)
  - Large Rod-like
  - Round
  - Lucent-Centered
  - Eggshell or Rim
  - Milk of Calcium
  - Suture
  - Dystrophic
  - Punctate

- Intermediate Concern
  - Amorphous or Indistinct

- Higher Probability of Malignancy
  - Pleomorphic or Heterogenous (Granular)
  - Fine, Linear or Fine, Linear ,Branching (Casting)
Number of calcifications in cluster
- ≤ 5
- 6-15
- >15

Distribution
- Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

Size (in mm) of largest dimension __________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this cluster of calcifications only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
- ___% Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters
- No (if no, go to Q# 8)
- Yes

Clinically Relevant Cluster # _____
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only : Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Morphology of Calcifications
- **Benign Appearing**
  - Skin Calcifications
  - Vascular Calcifications
  - Coarse ("Pop-corn Like")
  - Large Rod-like
  - Round
  - Lucent-Centered
  - Eggshell or Rim
  - Milk of Calcium
  - Suture
  - Dystrophic
  - Punctate

- **Intermediate Concern**
  - Amorphous or Indistinct

- **Higher Probability of Malignancy**
  - Pleomorphic or Heterogenous (Granular)
  - Fine, Linear or Fine, Linear ,Branching (Casting)
Number of calcifications in cluster
- ≤ 5
- 6-15
- >15

Distribution
- Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

Size (in mm) of largest dimension

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this cluster of calcifications only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
- ____% Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters
- No (If no, go to Q# 8)
- Yes

Clinically Relevant Cluster #
- Right breast
- Left breast

O’Clock Location (Check all that apply)
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only : Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

Depth
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Morphology of Calcifications
- Benign Appearing
  - Skin Calcifications
  - Vascular Calcifications
  - Coarse ("Pop-corn Like")
  - Large Rod-like
  - Round
  - Lucent-Centered
  - Eggshell or Rim
  - Milk of Calcium
  - Suture
  - Dystrophic
  - Punctate

- Intermediate Concern
  - Amorphous or Indistinct
**Higher Probability of Malignancy**
- Pleomorphic or Heterogenous (Granular)
- Fine, Linear or Fine, Linear, Branching (Casting)

**Number of calcifications in cluster**
- ≤ 5
- 6-15
- >15

**Distribution**
- Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

**Size (in mm) of largest dimension**

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

**Malignancy Scale** (for this cluster of calcifications only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

**Confidence Scale**

_____ % Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters
- No (if no, go to Q# 8)
- Yes

**Clinically Relevant Cluster #**
- Right breast
- Left breast

**O’Clock Location (Check all that apply)**
- 1-2
- 2-3
- 3-4
- 4-5
- 5-6
- 6-7
- 7-8
- 8-9
- 9-10
- 10-11
- 11-12
- 12-1
- Axillary tail (Clock-face position and depth not required)
- Subareolar nipple (Clock-face position and depth not required)
- Seen on MLO only: Superior
- Seen on MLO only: Inferior
- Seen on MLO only: Subareolar
- Seen on CC only: Medial
- Seen on CC only: Lateral
- Seen on CC only: Subareolar

**Depth**
- Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central, and posterior

**Morphology of Calcifications**
- **Benign Appearing**
  - Skin Calcifications
  - Vascular Calcifications
  - Coarse ("Pop-corn Like")
  - Large Rod-like
  - Round
  - Lucent-Centered
  - Eggshell or Rim
  - Milk of Calcium
  - Suture
  - Dystrophic
  - Punctate

- **Intermediate Concern**
  - Amorphous or Indistinct

- **Higher Probability of Malignancy**
  - Pleomorphic or Heterogenous (Granular)
  - Fine, Linear or Fine, Linear, Branching (Casting)

**Number of calcifications in cluster**
- ≤ 5
- 6-15
- >15
Distribution
- Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

Size (in mm) of largest dimension __________

How confident are you that this person should be called back for this abnormality?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

Malignancy Scale (for this cluster of calcifications only)
- This finding is definitely not malignant
- This finding is almost certainly not malignant
- This finding is probably not malignant
- This finding is possibly malignant
- This finding is probably malignant
- This finding is almost certainly malignant
- This finding is definitely malignant

Confidence Scale
____% Probability of Malignancy (0-100%)

Overall Mammographic Impression

8. How confident are you that this person should be called back for this (these) abnormality(ies)?
- There is NO evidence that the patient should be called back for diagnostic work-up.
- There is SOME evidence that the patient should be called back for diagnostic work-up.
- There is SUFFICIENT evidence that the patient should be called back for diagnostic work-up.
- There is STRONG evidence that the patient should be called back for diagnostic work-up.
- There is OVERWHELMING evidence that the patient should be called back for diagnostic work-up.

9. Malignancy Scale (based on all mammography findings)
   (For no findings, code definitely not malignant)
   - These findings are definitely not malignant
   - These findings are almost certainly not malignant
   - These findings are probably not malignant
   - These findings are possibly malignant
   - These findings are probably malignant
   - These findings are almost certainly malignant
   - These findings are definitely malignant

10. Confidence Scale (based on all mammography findings)
____% Probability of Malignancy (0-100%)

11. Additional Work-up Recommended
- None
- Ultrasound
- Short-term interval follow-up (3-6 months)
- Physical exam by referring physician
- Surgical consultation
- Percutaneous biopsy with sonographic or stereotactic guidance
- Needle-localized open surgical biopsy
- Additional mammography views
- Breast MRI
- Other, specify: __________________________

12. BI RADS Category (based on entire exam)
- Category 0 Needs additional imaging
- Category 1 Negative
- Category 2 Benign Finding
- Category 3 Probably Benign Finding - Short Interval Follow-up Suggested
- Category 4 Suspicious Abnormality - Biopsy should be considered
- Category 5 Highly Suggestive of Malignancy - Appropriate Action Should be Taken

COMMENTS
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________

Form completed by: __________________________
Date __________________________
Study Interpretation Date mm/dd/yyyy