



OBSP Screening Report Template (with breast implants)

Last updated: June 2024

The below information describes the elements required in screening reports in addition to a description of information to be included.

Indication

- Identify the screen as an OBSP mammogram

Compared to previous mammograms?

- State whether the mammogram was compared to previous mammogram(s), or if it is an initial screen

Breast Imaging Reporting and Data System (BI-RADS) breast composition category

- Describe the breast composition using one of the following BI-RADS breast (chest) density categories (include both the category letter [A to D] and description):
 - A: The breasts are almost entirely fatty
 - B: There are scattered areas of fibroglandular density
 - C: The breasts are heterogeneously dense, which may obscure small masses
 - D: The breasts are extremely dense, which lowers the sensitivity of mammography

Breast implants

- Include the following:
 - Type (e.g., saline, silicone)
 - Location (e.g., prepectoral, subpectoral)
 - Findings (if any)

Findings: Right breast

- If findings exist for the right breast, indicate type including:
 - Mass
 - Calcification
 - Architectural distortion
 - Focal asymmetry
 - Other, if possible
 - Location within the breast (either quadrant or clock face)
 - Depth (anterior, middle, posterior or distance from nipple)
 - Lesion size (mm/cm)

Findings: Left breast

- If findings exist for the left breast, indicate type including:
 - Mass
 - Calcification
 - Architectural distortion
 - Focal asymmetry

- Other, if possible
 - Location within the breast (either quadrant or clock face)
 - Depth (anterior, middle, posterior or distance from nipple)
 - Lesion size (mm/cm)

Additional findings (if present)

- List any additional findings

Recall interval

- Based on a normal screen, identify the recommended recall interval as either:
 - Routine screening*
 - One-year; include reason for one-year recall:
 - Mass
 - Calcification
 - Architectural distortion
 - Focal asymmetry
 - Other, if possible

Assessment recommendations

- Indicate if you recommend further assessment
 - No; if no, routine screening recommended
 - Yes; if yes, describe assessment recommendations:
 - Right breast (Yes/No)
 - Left breast (Yes/No)
 - Special views
 - Breast ultrasound
 - Surgical/clinic consult
 - Reason for surgical/clinical consultation

BI-RADS assessment category

- Describe the assessment category using one of the following BI-RADS categories during screening:
 - 0: Mammography: Incomplete; additional imaging recommended
 - 1: Negative
 - 2: Benign
 - 3: Probably benign
 - 4: Suspicious
 - 4A: Low suspicion for malignancy
 - 4B: Moderate suspicion for malignancy
 - 4C: High suspicion for malignancy
 - 5: Highly suggestive of malignancy
 - 6: Known biopsy-proven malignancy
- Categories 3 to 6 are used during assessment

*Note: Routine screening is every 2 years for most eligible participants. Instances where participants are automatically recalled for routine screening by the program in 1 year include:

- Documented pathology of high-risk lesions
- A personal history of ovarian cancer
- 2 or more first-degree relatives assigned female at birth with breast cancer at any age
- 1 first-degree relative assigned female at birth with breast cancer under age 50
- 1 first-degree relative with ovarian cancer at any age
- 1 relative assigned male at birth with breast cancer at any age
- BI-RADS density category D at the time of screening