



## **OBSP Digital Breast Tomosynthesis (DBT) Report Template (without breast implants)**

Last updated: July 2024

Note: The OBSP DBT Report Template is similar to the OBSP Screening Report Template with the following additions: inclusion of image number and series under the “Findings” category.

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 DBT
- Relevant clinical history

### **Compared to previous mammograms and/or DBT?**

- State whether the mammogram was compared to previous imaging, 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

### **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)
  - Include image number
  - Include series

### **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)
- Include image number
- Include series

**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

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, [info@ontariohealth.ca](mailto:info@ontariohealth.ca).

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