

## OBSP Screening Report Template (Dictated)

Elements required in dictated reports	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
BI-RADS Breast Composition Category: Use BI-RADS classification	Describe the breast composition using one of the following BI-RADS categories:
	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 (if present)	Include the following:
	Type (e.g., saline, silicone)
	Location (e.g., subglandular, 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
	<ul> <li>Location within the breast (either quadrant or clock face)</li> </ul>
	<ul> <li>Depth (anterior, middle, posterior or distance from nipple)</li> </ul>
	<ul> <li>Lesion size (mm/cm)</li> </ul>
Findings: Left breast	If findings exist for the left breast, indicate type including:
	Mass
	Calcification
	Architectural distortion
	Focal asymmetry

Elements required in dictated reports	Description of information to be included
	Other, if possible
	<ul> <li>Location within the breast (either quadrant or clock face)</li> </ul>
	<ul> <li>Depth (anterior, middle, posterior or distance from nipple)</li> </ul>
	<ul> <li>Lesion size (mm/cm)</li> </ul>
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)
	Reason:
	o Mass
	• Calcification
	<ul> <li>Architectural distortion</li> </ul>
	<ul> <li>Focal asymmetry</li> </ul>
	o Other, if possible
Assessment Recommendations	Indicate if you recommend further assessment: Yes/No
	If no, routine screening recommended.
	If yes, describe assessment recommendations:
	Right breast (Y/N)
	Left breast (Y/N)
	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

Elements required in dictated reports	Description of information to be included
Elements required in dictated reports	Description of information to be included         4: Suspicious         - Mammography & Ultrasound:         - 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 3-6 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 breast density Category D at the time of screening