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A0**ACRIN
Registration Form/
Eligibility Checklist**ACRIN Study 6652 Case #
PLACE LABEL HEREIf this is a revised or corrected form, indicate by checking box. **INSTRUCTIONS: *Eligibility - Questions 18-27 are for Potential Study Participants.** If any of the questions are answered in a way different from the prompts provided at the start of each question, the patient is ineligible and should not be enrolled.**Proceed with Questions 1-17 after the patient is determined eligible.** These questions are prompted at the time of case registration. Please pay attention to supplementary instructions on particular questions.**The following questions will be asked at study registration:**

- | | |
|------------|---|
| {2} | (Y) 2. Has the eligibility checklist been completed? |
| {3} | (Y) 3. Is the patient eligible for this study? |
| - {4} - | 4. Date the study specific consent form was signed (mm/dd/yyyy) (<i>Must be prior to study entry</i>) |
| {8} | 8. Date of birth (mm/dd/yyyy) |
| {9} | 9. Race |
| XXXXXXXXXX | 11. Gender |
| {12,28} | 12. Patient's Country of Residence |
| {13} | 13. Zip Code (<i>U.S. residents only</i>) |
| {14} | 14. Patient's Insurance Status |
| {15} | 15. Will any component of the patient's care be given at a military or VA facility? |
| {16} | 16. Date of Protocol Imaging |
| {17} | 17. Date of Randomization |
| {18} | (N) 18. Is this patient enrolled in other digital mammography trials (where the film-screen mammogram would not be able to be provided for this study)? |
| {19} | 19. Year of first baseline mammogram |
| {20} | (Y) 20. Is the patient scheduled for screening mammography? |
| {21} | (N) 21. Does the patient have a focal dominant lump? |
| {22} | (N) 22. Does the patient have a bloody or clear discharge? |
| {23} | (N) 23. Does the patient have breast implants? |
| {24} | (N) 24. Is the patient pregnant, nursing, or does she have any reason to believe she may be pregnant? |
| {25} | (Y) 25. Does the patient understand and agree to the follow-up requirements as outlined in Section 8.0 of the protocol? |
| {26} | (N) 26. Does the patient have a history of breast cancer treated with lumpectomy? |
| {27} | (N/Y) 27. Does the patient have a history of breast cancer treated with mastectomy? |
| {29} | 28. Month/Year of last mammogram (mm/yyyy) |
| {30} | (N/Y) 29. Has the patient signed the "20 year" consent? |

Completed by _____

Date ____-____-____
(mm-dd-yyyy)



If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: This form is to be completed after each biopsy during the follow-up period specified in section 8.0 of the protocol. Complete a **separate form** for **each biopsy procedure** performed on the participant.

1. **Was a biopsy performed?** (If no biopsy was done, specify a reason in Q3)
 {29} No
 Yes
2. **Procedure Date** ____ / {1} / ____ (mm/dd/yyyy)
3. **Specify reason biopsy was not done** (If other, specify in Q4)
 {30} 1 Medical contraindication
 2 Technical difficulties
 3 Patient discomfort
 4 Patient refusal
 5 Other
4. **Other reason biopsy not done.**
 {31} _____
5. **Referred from:**
 {2} Study mammography
 Follow-up mammography, specify time point
 {3} 3 month
 6 month
 1 year
 Other, specify {4} _____
6. **Site of biopsy**
 (If patient has had **both breasts** biopsied, complete a separate form for **each biopsy**.)
 {5} Right
 Left
7. **Biopsy procedure**
 {6} FNA
 Core Needle
 {7} US guided
 Stereotactic
 Palpation guided
 Mammography (not stereotactic)
 Other, specify {8} _____
 Excision
 {9} Needle localization
 Palpation guided
 Unknown

8. **Location: O'clock (check all that apply)**
 {10} 1-2
 {11} 2-3
 {12} 3-4
 {13} 4-5
 {14} 5-6
 {15} 6-7
 {16} 7-8
 {17} 8-9
 {18} 9-10
 {19} 10-11
 {20} 11-12
 {21} 12-1
 {22} Axillary tail
 {23} Subareolar nipple
9. **Depth**
 {24} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior
10. **Cancer Diagnosis**
 Was there a diagnosis of cancer from this biopsy?
 {25} No
 Yes
 Indeterminate, another biopsy recommended

Comments:

{26} _____

Form completed by {27} _____

Date ____ - {28} - ____



PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: This form represents the first page of the QP, QL and QF questionnaires. The coversheet is completed by the medical staff (nurse, research associate, physician, etc.) each time the participant is scheduled to complete the questionnaires. Please pay particular attention to the version administered to the participant as they vary with time point. (i.e., pre and post imaging as well as the 12 month interval).

- 1 This coversheet submission represents (check one)**
- {1} o 1 QP [EQ-5D and STAI Y-6 (*patient self-administered*)]
- o 2 QL [EQ-5D and STAI Y-6 (*telephone baseline*)]
- o 3 QF [EQ-5D, STAI Y-6, and PQ (*telephone follow-up*)]

- 2 Scheduled data point (check one)**
- {2} o 1 Pre-screening mammography
- {4} - date imaging performed
- o 2 Post screening mammography*
- o 3 Twelve month follow-up
- o 4 Other, specify, {3}
- a. ***If Post-Screening Mammography ...**
Was biopsy done before this questionnaire?
- {5} o No
- o Yes Date of biopsy: - {6} -
(mm/dd/yyyy)

- 3 Questionnaire Compliance**
- a. **Did participant answer any questionnaire items?**
- {7} o No
- o Yes, {8} / date questionnaire completed
- o N/A
- b. **If no, please state reason:**
- {9} o Patient refused
- o Patient is ill or hospitalized
- o Patient deceased
- o Patient is out of the country
- o Incorrect contact information
- o Telephone disconnected/no phone
- o Patient unable to be contacted
- o Non-English speaking
- o Other, specify {10}

Form completed by _____

Date - {12} - _____

F 1
**American College of Radiology
Imaging Network
Breast Cancer Status**

ACRIN Study 6652

Case #

PLACE LABEL HERE
 If this is a revised or
corrected form, indicate
by checking box.
INSTRUCTIONS:
 Complete this form anytime **follow-up contact** is made with the patient, **short-term interim (3-6-9 mo.)** or **one year follow-up Film Screen or Digital Mammogram**. The completed form is submitted to ACR.

1. Contact Date ___-__-___ (mm/dd/yyyy)
2. Patient Status

- {2} Alive (If pt. alive, record date last known alive, in Q1)
 Dead (If pt. dead, record date of death, in Q1)
 Lost (If lost, last date of contact with pt. in Q1)

Last contact information

City {5}

State {6} (2 letter abbreviation)

Cause of Death:

- {3} Related to breast cancer
 Other, specify {4}

3. Contact Time point

- {7} Short interval follow-up (3-6-9 months)
 One year follow-up
 Other {8}

4. Has the patient had an additional mammogram since the initial screening and excluding today's visit not previously recorded on any DMIST data forms?

Answer Q4a, 4b, 4c and 4d.

- {18} No
 Yes
 Unknown

4a. Were there new findings on the Mammogram?

- {19} No
 Yes
 Unknown

4b. Image presentation

- {55} Film Screen
 Digital
 Image date: {66}

4c. Data source (choose one)

- {56} Images were taken at your facility and interpreted by a DMIST Study Radiologist.
 Images were taken at another facility and sent for interpretation by a DMIST Study Radiologist.
 Images were taken at another facility and clinical report was provided to your site for coding by an RA.
 Other, please specify: {57}

4d. BIRADS Category (based on FINAL assessment, including ALL work-up of findings)

- {58} Category 1 Negative
 Category 2 Benign Finding
 Category 3* Probably benign finding-short term interval follow-up suggested
 Category 4* Suspicious abnormality-biopsy should be considered
 Category 5* Highly suggestive of malignancy-appropriate action should be taken

*If patient is classified as **BIRADS** category 3, 4, or 5 you must complete **IE** form for this patient, based on this interim image. If you cannot obtain the images for interpretation, complete as much of **IE** Form as possible based on clinical report.

5. Has the patient had a Mammogram at this visit?

- {59} No
 Yes

*Complete **5a, 5b, 5c** and **5d** for all patients with a one-year follow-up mammogram, regardless of the date of follow-up taken 11 months or more after study entry.

5a. Were there new findings on that mammogram?

- {60} No
 Yes

5b. Image presentation

- {61} Film Screen
 Digital
 Image date: {65}

5c. Data source (choose one)

- {62} Images were taken at your facility and interpreted by a DMIST Study Radiologist.
 Images were taken at another facility and sent for interpretation by a DMIST Study Radiologist.
 Images were taken at another facility and clinical report was provided to your site for coding by an RA.
 Other, please specify: {63}

PLACE LABEL HERE**5d. BIRADS Category** (based on FINAL assessment, including ALL work-up of findings)

- {64} Category 1 Negative
 Category 2 Benign Finding
 Category 3* Probably benign finding-short term interval follow-up suggested
 Category 4* Suspicious abnormality-biopsy should be considered
 Category 5* Highly suggestive of malignancy-appropriate action should be taken

If patient is classified as BIRADS category 3, 4, or 5 you must complete IE form for this patient.

6. Has this patient had breast biopsy(ies) since last contact and not previously reported?

- {9} No
 Yes (If Yes, complete forms PL and P4 and submit pathology slides to Pathology Core)
 Unknown

If yes, provide the following information:

Most recent biopsy:

- {10} Right Breast Date - {11} -
 Left Breast Date - - -
 Bilateral Date - - -

Second most recent biopsy:

- {12} Right Breast Date - {13} -
 Left Breast Date - - -
 Bilateral Date - - -

Third most recent biopsy:

- {14} Right Breast Date - {15} -
 Left Breast Date - - -
 Bilateral Date - - -

Fourth most recent biopsy:

- {16} Right Breast Date - {17} -
 Left Breast Date - - -
 Bilateral Date - - -

7. Was this patient diagnosed with breast cancer since last contact and not previously reported?

- {21} No (If no, go to end of form to "Person completing form")
 Yes (If yes, complete sections below)

Date of diagnosis - {22} - (mm/dd/yyyy)

- {23} Right breast
 Left breast
 Bilateral

Location in breast:

- {24} Left Upper Outer Quadrant
 Left Upper Inner Quadrant
 Left Lower Outer Quadrant
 Left Lower Inner Quadrant
 Right Upper Outer Quadrant
 Right Upper Inner quadrant
 Right Lower Outer Quadrant
 Right Lower Inner quadrant
 Unknown

 Symptoms/Presentation:

- {25} Palpable lesion
 Biopsy
 Mammogram finding
{26} Study Entry Mammogram
 Additional Mammogram
Date - {27} -
 Other, specify {28}

 Radiation Therapy

- {29} No
 Yes
 Unknown
{30} Right breast
 Left breast
 Bilateral
Start date - {31} - Stop date - {32} -

F1

REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE

- o **Chemotherapy**
- {33} o No
- o Yes
- o Unknown
- Start date {34} Stop date {35}

Continuing?

- {36} o No
- o Yes
- o Unknown

o **Surgery**

- {37} o No
- o Yes
- o Unknown
- {38} o Right breast
- o Left breast
- o Bilateral

Date of surgery {39}

Procedure:

- {40} o Lumpectomy
- o Mastectomy

Comments

{41}

Form completed by _____

Date {43}

If this is a revised or corrected form, indicate by checking box. **INSTRUCTIONS:** Complete this form at time of mammogram and participant enrollment into the trial. Use "99" as a response if no code table given. All dates are reported as mm/dd/yyyy.

1. Date of birth
 ____-{1}-____ l-yyyy)

2. Age at menarche
{2} (Years of age)

3. Menopausal Status
 {3} Pre-menopausal
 Peri-menopausal (last menses < 1 yr ago)
 Post-menopausal (last menses > 1 yr ago)
 Date of last menstrual period {5} MON / YEAR
 OR
 Age at menopause {6}
 Unknown

3A. Surgical Hysterectomy
 {4} No (If no, skip to Q# 4)
 Yes
 Date of hysterectomy: -{7}-
 (mm-dd-yyyy)
 Date of last menstrual period {8} MON / YEAR
 OR
 Age at menopause {9}

4. Hormone Use (If age is unknown code 99, if duration of months is unknown code 999)
 {10} No (If no, skip to Q# 5)
 Yes

{11} Birth Control (NYU) (N=No; Y=Yes; U=Unknown)
 Age at first use {12}
 Duration of use (months) {13}

{14} Estrogen Replacement Therapy (NYU)
 Age at first use {15}
 Duration of use (months) {16}

{17} Tamoxifen or Raloxifene (NYU)
 Age at first use {18}
 Duration of use (months) {19}

{20} Fertility Drugs (NYU)
 Age at first use {21}
 Duration of use (months) {22}

5. Full Term Pregnancies
 {23} No (If no, skip to Q# 7)
 Yes
 Number of full term pregnancies {24}
 Age at first full term pregnancy {25}
 (if age is unknown, code 99)

6. Breast-feeding
 {26} No (If no, skip to Q# 7)
 Yes
 If any children breast-fed, please provide the following details:
 Number of children breast-fed {27}
 Number of months per child # 1 {28}
 Number of months per child #2 {29}
 Number of months per child #3 {30}
 Number of months per child #4 {31}
 Number of months per child #5 {32}
 Number of months per child #6 {33}
 Total number of breast-feeding months {34} (If total number of breast-feeding months is unknown, code 999)

7. Prior breast biopsy
 {35} No (If no, skip to Q# 8)
 Yes
 Number of breast biopsies {36} (If unknown, code 99)
Note: If patient had biopsy of both breasts in one procedure, enter data as two separate procedures.
Start with most recent biopsy
 Year {37}
 Which breast?
 {38} Right
 Left
 Diagnosis
 {39} Malignant
 Benign
 Unknown

PLACE LABEL HERE

Year {40}

Which breast?

{41} Right
 Left

Diagnosis

{42} Malignant
 Benign
 Unknown

Year {43}

Which breast?

{44} Right
 Left

Diagnosis

{45} Malignant
 Benign
 Unknown

Year {46}

Which breast?

{47} Right
 Left

Diagnosis

{48} Malignant
 Benign
 Unknown

8. Prior breast surgery

{49} No (If no, go to Q# 9)
 Yes

Year {50}

Which breast?

{51} Right
 Left
 Bilateral

Type of surgery

{52} Lumpectomy
 {54} Benign
 Malignant (If malignant, patient is NOT eligible)
 Mastectomy
 Reduction Mammoplasty
 Other, specify {53}

9. Family History of breast cancer

{55} No
 Yes
 Unknown

{56} Mother

Age at diagnosis {57} (Code 99 for unknown)

{58} Unilateral
 Bilateral
 Unknown

{59} Daughter

Age at diagnosis {60} (Code 99 for unknown)

{61} Unilateral
 Bilateral
 Unknown
 Not Applicable

{62} Daughter

Age at diagnosis {63} (Code 99 for unknown)

{64} Unilateral
 Bilateral
 Unknown

{65} Maternal Grandmother

Age at diagnosis {66} (Code 99 for unknown)

{67} Unilateral
 Bilateral
 Unknown

{68} Paternal Grandmother

Age at diagnosis {69} (Code 99 for unknown)

{70} Unilateral
 Bilateral
 Unknown

{71} Sister

Age at diagnosis {72} (Code 99 for unknown)

{73} Unilateral
 Bilateral
 Unknown
 Not Applicable

{74} Sister

Age at diagnosis {75} (Code 99 for unknown)

{76} Unilateral
 Bilateral
 Unknown

{77} Sister

Age at diagnosis {78} (Code 99 for unknown)

{79} Unilateral
 Bilateral
 Unknown

{80} Sister

Age at diagnosis {81} (Code 99 for unknown)

{82} Unilateral
 Bilateral
 Unknown

PLACE LABEL HERE

{83} Maternal Aunt
 Age at diagnosis **{84}** (Code 99 for unknown)
{85} Unilateral
 Bilateral
 Unknown

{86} Maternal Aunt
 Age at diagnosis **{87}** (Code 99 for unknown)
{88} Unilateral
 Bilateral
 Unknown

{89} Maternal Aunt
 Age at diagnosis **{90}** (Code 99 for unknown)
{91} Unilateral
 Bilateral
 Unknown

{92} Maternal Aunt
 Age at diagnosis **{93}** (Code 99 for unknown)
{94} Unilateral
 Bilateral
 Unknown

{95} Paternal Aunt
 Age at diagnosis **{96}** (Code 99 for unknown)
{97} Unilateral
 Bilateral
 Unknown

{98} Paternal Aunt
 Age at diagnosis **{99}** (Code 99 for unknown)
{100} Unilateral
 Bilateral
 Unknown

{101} Paternal Aunt
 Age at diagnosis **{102}** (Code 99 for unknown)
{103} Unilateral
 Bilateral
 Unknown

{104} Paternal Aunt
 Age at diagnosis **{105}** (Code 99 for unknown)
{106} Unilateral
 Bilateral
 Unknown

{107} Great-Aunt
{108} Maternal
 Paternal
 Unknown
 Age at diagnosis **{109}** (Code 99 for unknown)
{110} Unilateral
 Bilateral
 Unknown

{111} Great-Aunt
{112} Maternal
 Paternal
 Unknown
 Age at diagnosis **{113}** (Code 99 for unknown)
{114} Unilateral
 Bilateral
 Unknown

{115} Great-Aunt
{116} Maternal
 Paternal
 Unknown
 Age at diagnosis **{117}** (Code 99 for unknown)
{118} Unilateral
 Bilateral
 Unknown

{119} Great-Aunt
{120} Maternal
 Paternal
 Unknown
 Age at diagnosis **{121}** (Code 99 for unknown)
{122} Unilateral
 Bilateral
 Unknown

{123} Cousin
 Age at diagnosis **{124}** (Code 99 for unknown)
{125} Unilateral
 Bilateral
 Unknown

{126} Cousin
 Age at diagnosis **{127}** (Code 99 for unknown)
{128} Unilateral
 Bilateral
 Unknown

PLACE LABEL HERE

{129} Cousin
 Age at diagnosis {130} (Code 99 for unknown)
 {131} Unilateral
 Bilateral
 Unknown

{132} Cousin
 Age at diagnosis {133} (Code 99 for unknown)
 {134} Unilateral
 Bilateral
 Unknown

Comments: {135} _____

Form completed by _____

Date -{137}- _____

IA

**American College of Radiology
Imaging Network
Study Mammography
Interpretation - Film Screen**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

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.

2. Image Presentation

- {2} Film-Screen
 {3} GE
 Fischer
 Lorad
 Siemens
 Elscint
 Bennett
 Mammex
 Gendex
 Acoma
 Planmed
 Giotto
 Instrumentarium

3. Prior Films

- {4} Present with interpretation
 Not present with interpretation
 Patient does not have prior films

4. Date of Study /{5}/ (mm/dd/yyyy)

5. Mammography reviewed is:

- Study entry mammogram

6. Density of Breast Parenchyma

- {7} Almost entirely fat
 Scattered fibroglandular densities
 Heterogeneously dense
 Extremely dense

7. Mammography findings?

- {8} No (If no, proceed to Q# 8)
 Yes

Right Breast

- {9} No
 Yes

Left Breast

- {10} No
 Yes

A. Mass(es)

- {11} No (If no, proceed to Part B)
 Yes
 {12} Multiple benign appearing masses
 Clinically relevant masses
 Both benign appearing and clinically relevant masses

**Total number of clinically relevant masses
(both breasts) {13}**

Right Breast {14}**Left Breast {15}****Clinically Relevant Mass # {16}**

- {18} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {19} 1-2
 {20} 2-3
 {21} 3-4
 {22} 4-5
 {23} 5-6
 {24} 6-7
 {25} 7-8
 {26} 8-9
 {27} 9-10
 {28} 10-11
 {29} 11-12
 {30} 12-1
 {31} Axillary tail (Clock-face position and depth not required)
 {32} Subareolar nipple (Clock-face position and depth not required)
 {33} Seen on MLO only: Superior
 {34} Seen on MLO only: Inferior
 {35} Seen on MLO only: Subareolar
 {36} Seen on CC only: Medial
 {37} Seen on CC only: Lateral
 {38} Seen on CC only: Subareolar

Depth

- {39} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Shape

- {40} Round
 Oval
 Lobulated
 Irregular

Margins (check all that apply)

- {41} Circumscribed
 {42} Microlobulated
 {43} Obscured
 {44} Indistinct
 {45} Spiculated

PLACE LABEL HERE

Density

- {46} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {47} Calcifications
 {48} Architectural distortions
 {49} Skin thickening
 {50} Solitary dilated duct
 {51} Multiple dilated ducts
 {52} None

Size (in mm) of largest dimension {53}**How confident are you that this person should be called back for this abnormality?**

- {54} 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)

- {55} 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{56}% Probability of Malignancy (0-100%)**Any additional clinically relevant masses**

- {57} No (If no, go to Part B)
 Yes

Clinically Relevant Mass # {58}

- {60} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {61} 1-2
 {62} 2-3
 {63} 3-4
 {64} 4-5
 {65} 5-6
 {66} 6-7
 {67} 7-8
 {68} 8-9
 {69} 9-10
 {70} 10-11
 {71} 11-12
 {72} 12-1
 {73} Axillary tail (Clock-face position and depth not required)
 {74} Subareolar nipple (Clock-face position and depth not required)
 {75} Seen on MLO only : Superior
 {76} Seen on MLO only: Inferior
 {77} Seen on MLO only: Subareolar
 {78} Seen on CC only: Medial
 {79} Seen on CC only: Lateral
 {80} Seen on CC only: Subareolar

Depth

- {81} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Shape

- {82} Round
 Oval
 Lobulated
 Irregular

Margins (check all that apply)

- {83} Circumscribed
 {84} Microlobulated
 {85} Obscured
 {86} Indistinct
 {87} Spiculated

Density

- {88} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {89} Calcifications
 {90} Architectural distortions
 {91} Skin thickening
 {92} Solitary dilated duct
 {93} Multiple dilated ducts
 {94} None

PLACE LABEL HERESize (in mm) of largest dimension {95}**How confident are you that this person should be called back for this abnormality?**

- {96} 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)

- {97} 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{98}% Probability of Malignancy (0-100%)**Any additional clinically relevant masses**

- {99} No (If no, go to Part B)
- Yes

Clinically Relevant Mass #{100}

- {102} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {103} 1-2
- {104} 2-3
- {105} 3-4
- {106} 4-5
- {107} 5-6
- {108} 6-7
- {109} 7-8
- {110} 8-9
- {111} 9-10
- {112} 10-11
- {113} 11-12
- {114} 12-1
- {115} Axillary tail (Clock-face position and depth not required)
- {116} Subareolar nipple (Clock-face position and depth not required)
- {117} Seen on MLO only : Superior
- {118} Seen on MLO only: Inferior
- {119} Seen on MLO only: Subareolar
- {120} Seen on CC only: Medial
- {121} Seen on CC only: Lateral
- {122} Seen on CC only: Subareolar

Depth

- {123} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Shape

- {124} Round
- Oval
- Lobulated
- Irregular

Margins (check all that apply)

- {125} Circumscribed
- {126} Microlobulated
- {127} Obscured
- {128} Indistinct
- {129} Spiculated

Density

- {130} High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)

- {131} Calcifications
- {132} Architectural distortions
- {133} Skin thickening
- {134} Solitary dilated duct
- {135} Multiple dilated ducts
- {136} None

Size (in mm) of largest dimension {137}**How confident are you that this person should be called back for this abnormality?**

- {138} 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)

- {139} 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

PLACE LABEL HERE

Confidence Scale

{140}% Probability of Malignancy (0-100%)

Any additional clinically relevant masses

- {141} No (If no, go to Part B)
 Yes

Clinically Relevant Mass # {142}

- {144} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {145} 1-2
 {146} 2-3
 {147} 3-4
 {148} 4-5
 {149} 5-6
 {150} 6-7
 {151} 7-8
 {152} 8-9
 {153} 9-10
 {154} 10-11
 {155} 11-12
 {156} 12-1
 {157} Axillary tail (Clock-face position and depth not required)
 {158} Subareolar nipple (Clock-face position and depth not required)
 {159} Seen on MLO only: Superior
 {160} Seen on MLO only: Inferior
 {161} Seen on MLO only: Subareolar
 {162} Seen on CC only: Medial
 {163} Seen on CC only: Lateral
 {164} Seen on CC only: Subareolar

Depth

- {165} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Shape

- {166} Round
 Oval
 Lobulated
 Irregular

Margins (check all that apply)

- {167} Circumscribed
 {168} Microlobulated
 {169} Obscured
 {170} Indistinct
 {171} Spiculated

Density

- {172} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {173} Calcifications
 {174} Architectural distortions
 {175} Skin thickening
 {176} Solitary dilated duct
 {177} Multiple dilated ducts
 {178} None

Size (in mm) of largest dimension {179}**How confident are you that this person should be called back for this abnormality?**

- {180} 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)

- {181} 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

{182}% Probability of Malignancy (0-100%)

B. Asymmetric Densities

- {183} No (If no, go to Part C)
 Yes

Total number of clinically relevant asymmetric densities {184}Right Breast {185}Left Breast {186}

PLACE LABEL HERE**Clinically Relevant Asymmetric Density # {187}**

- {189} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {190} 1-2
 {191} 2-3
 {192} 3-4
 {193} 4-5
 {194} 5-6
 {195} 6-7
 {196} 7-8
 {197} 8-9
 {198} 9-10
 {199} 10-11
 {200} 11-12
 {201} 12-1
 {202} Axillary tail (Clock-face position and depth not required)
 {203} Subareolar nipple (Clock-face position and depth not required)
 {204} Seen on MLO only : Superior
 {205} Seen on MLO only: Inferior
 {206} Seen on MLO only: Subareolar
 {207} Seen on CC only: Medial
 {208} Seen on CC only: Lateral
 {209} Seen on CC only: Subareolar

Depth

- {210} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {211} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {212} Calcifications
 {213} Architectural distortions
 {214} Skin thickening
 {215} Solitary dilated duct
 {216} Multiple dilated ducts
 {217} None

Size (in mm) of largest dimension {218} **How confident are you that this person should be called back for this abnormality?**

- {219} 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)

- {220} 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) {221} % Probability of Malignancy (0-100%)**Any additional clinically relevant asymmetric densities?**

- {222} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density # {223}

- {225} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {226} 1-2
 {227} 2-3
 {228} 3-4
 {229} 4-5
 {230} 5-6
 {231} 6-7
 {232} 7-8
 {233} 8-9
 {234} 9-10
 {235} 10-11
 {236} 11-12
 {237} 12-1
 {238} Axillary tail (Clock-face position and depth not required)
 {239} Subareolar nipple (Clock-face position and depth not required)
 {240} Seen on MLO only : Superior
 {241} Seen on MLO only: Inferior
 {242} Seen on MLO only: Subareolar
 {243} Seen on CC only: Medial
 {244} Seen on CC only: Lateral
 {245} Seen on CC only: Subareolar

PLACE LABEL HERE**Depth**

- {246} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {247} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {248} Calcifications
{249} Architectural distortions
{250} Skin thickening
{251} Solitary dilated duct
{252} Multiple dilated ducts
{253} None

Size (in mm) of largest dimension {254}**How confident are you that this person should be called back for this abnormality?**

- {255} 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)

- {256} 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)

{257} % Probability of Malignancy (0-100%)

Any additional clinically relevant asymmetric densities?

- {258} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density # {259}

- {261} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {262} 1-2
{263} 2-3
{264} 3-4
{265} 4-5
{266} 5-6
{267} 6-7
{268} 7-8
{269} 8-9
{270} 9-10
{271} 10-11
{272} 11-12
{273} 12-1
{274} Axillary tail (Clock-face position and depth not required)
{275} Subareolar nipple (Clock-face position and depth not required)
{276} Seen on MLO only: Superior
{277} Seen on MLO only: Inferior
{278} Seen on MLO only: Subareolar
{279} Seen on CC only: Medial
{280} Seen on CC only: Lateral
{281} Seen on CC only: Subareolar

Depth

- {282} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

PLACE LABEL HERE**Density**

- {283} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {284} Calcifications
{285} Architectural distortions
{286} Skin thickening
{287} Solitary dilated duct
{288} Multiple dilated ducts
{289} None

Size (in mm) of largest dimension {290} _____

How confident are you that this person should be called back for this abnormality?

- {291} 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)

- {292} 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)

{293} % Probability of Malignancy (0-100%) _____

Any additional clinically relevant asymmetric densities?

- {294} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density # {295}

- {297} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {298} 1-2
{299} 2-3
{300} 3-4
{301} 4-5
{302} 5-6
{303} 6-7
{304} 7-8
{305} 8-9
{306} 9-10
{307} 10-11
{308} 11-12
{309} 12-1
{310} Axillary tail (Clock-face position and depth not required)
{311} Subareolar nipple (Clock-face position and depth not required)
{312} Seen on MLO only: Superior
{313} Seen on MLO only: Inferior
{314} Seen on MLO only: Subareolar
{315} Seen on CC only: Medial
{316} Seen on CC only: Lateral
{317} Seen on CC only: Subareolar

Depth

- {318} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {319} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {320} Calcifications
{321} Architectural distortions
{322} Skin thickening
{323} Solitary dilated duct
{324} Multiple dilated ducts
{325} None

Size (in mm) of largest dimension {326} _____

PLACE LABEL HERE**How confident are you that this person should be called back for this abnormality?**

- {327} 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)

- {328} 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){329}% Probability of Malignancy (0-100%)**C. Architectural Distortion**

Answer all that apply:

- {330} No (If no, go to Part D)
- 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 is no independent architectural distortion to report, go to Part D.)

Total number of clinically relevant architectural distortions (both breasts) {331}**Right Breast {332}****Left Breast {333}****Clinically Relevant Architectural Distortion # {334}**

- {336} Right Breast
- Left Breast

O'Clock Location (Check all that apply)

- {337} 1-2
- {338} 2-3
- {339} 3-4
- {340} 4-5
- {341} 5-6
- {342} 6-7
- {343} 7-8
- {344} 8-9
- {345} 9-10
- {346} 10-11
- {347} 11-12
- {348} 12-1
- {349} Axillary tail (Clock-face position and depth not required)
- {350} Subareolar nipple (Clock-face position and depth not required)
- {351} Seen on MLO only: Superior
- {352} Seen on MLO only: Inferior
- {353} Seen on MLO only: Subareolar
- {354} Seen on CC only: Medial
- {355} Seen on CC only: Lateral
- {356} Seen on CC only: Subareolar

Depth

- {357} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Size (in mm) of largest dimension {358}**How confident are you that this person should be called back for this abnormality?**

- {359} 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.

PLACE LABEL HERE**Malignancy Scale (for this architectural distortion only)**

- {360} 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)

{361}% Probability of Malignancy (0-100%)

Any additional clinically relevant architectural distortions?

- {362} No (If no, go to Part D)
- Yes

Clinically Relevant architectural distortion # {363}

- {365} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {366} 1-2
- {367} 2-3
- {368} 3-4
- {369} 4-5
- {370} 5-6
- {371} 6-7
- {372} 7-8
- {373} 8-9
- {374} 9-10
- {375} 10-11
- {376} 11-12
- {377} 12-1
- {378} Axillary tail (Clock-face position and depth not required)
- {379} Subareolar nipple (Clock-face position and depth not required)
- {380} Seen on MLO only: Superior
- {381} Seen on MLO only: Inferior
- {382} Seen on MLO only: Subareolar
- {383} Seen on CC only: Medial
- {384} Seen on CC only: Lateral
- {385} Seen on CC only: Subareolar

Depth

- {386} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Size (in mm) of largest dimension {387}**How confident are you that this person should be called back for this abnormality?**

- {388} 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)

- {389} 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

{390}% Probability of Malignancy (0-100%)

PLACE LABEL HERE**Any additional clinically relevant architectural distortions?**

- {391} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortion # {392}

- {394} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {395} 1-2
 {396} 2-3
 {397} 3-4
 {398} 4-5
 {399} 5-6
 {400} 6-7
 {401} 7-8
 {402} 8-9
 {403} 9-10
 {404} 10-11
 {405} 11-12
 {406} 12-1
 {407} Axillary tail (Clock-face position and depth not required)
 {408} Subareolar nipple (Clock-face position and depth not required)
 {409} Seen on MLO only: Superior
 {410} Seen on MLO only: Inferior
 {411} Seen on MLO only: Subareolar
 {412} Seen on CC only: Medial
 {413} Seen on CC only: Lateral
 {414} Seen on CC only: Subareolar

Depth

- {415} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {416}**How confident are you that this person should be called back for this abnormality?**

- {417} 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)

- {418} 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**{419}% Probability of Malignancy (0-100%)****Any additional clinically relevant architectural distortions?**

- {420} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortion # {421}

- {423} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {424} 1-2
 {425} 2-3
 {426} 3-4
 {427} 4-5
 {428} 5-6
 {429} 6-7
 {430} 7-8
 {431} 8-9
 {432} 9-10
 {433} 10-11
 {434} 11-12
 {435} 12-1
 {436} Axillary tail (Clock-face position and depth not required)
 {437} Subareolar nipple (Clock-face position and depth not required)
 {438} Seen on MLO only: Superior
 {439} Seen on MLO only: Inferior
 {440} Seen on MLO only: Subareolar
 {441} Seen on CC only: Medial
 {442} Seen on CC only: Lateral
 {443} Seen on CC only: Subareolar

Depth

- {444} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

PLACE LABEL HERE

Size (in mm) of largest dimension {445}

How confident are you that this person should be called back for this abnormality?

- {446} 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)

- {447} 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

{448}% Probability of Malignancy (0-100%)

D. Clusters of calcifications

Answer all that apply:

- {449} 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) {450}

Right Breast {451}

Left Breast {452}

Clinically Relevant Cluster # {453}

- {455} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {456} 1-2
- {457} 2-3
- {458} 3-4
- {459} 4-5
- {460} 5-6
- {461} 6-7
- {462} 7-8
- {463} 8-9
- {464} 9-10
- {465} 10-11
- {466} 11-12
- {467} 12-1
- {468} Axillary tail (Clock-face position and depth not required)
- {469} Subareolar nipple (Clock-face position and depth not required)
- {470} Seen on MLO only : Superior
- {471} Seen on MLO only: Inferior
- {472} Seen on MLO only: Subareolar
- {473} Seen on CC only: Medial
- {474} Seen on CC only: Lateral
- {475} Seen on CC only: Subareolar

Depth

- {476} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Morphology of Calcifications

- {477} **Benign Appearing**
- {478} 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**
- {479} Amorphous or Indistinct
- Higher Probability of Malignancy**
- {480} Pleomorphic or Heterogenous (Granular)
- Fine, Linear or Fine, Linear, Branching (Casting)

PLACE LABEL HERE**Number of calcifications in cluster**

- {481} ≤ 5
 6-15
 >15

Distribution

- {482} Grouped and clustered
 Linear
 Segmental
 Regional
 Diffuse/Scattered

Size (in mm) of largest dimension {483}

How confident are you that this person should be called back for this abnormality?

- {484} 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)

- {485} 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

{486}% Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters

- {487} No (If no, go to Q# 8)
 Yes

Clinically Relevant Cluster # {488}

- {490} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {491} 1-2
{492} 2-3
{493} 3-4
{494} 4-5
{495} 5-6
{496} 6-7
{497} 7-8
{498} 8-9
{499} 9-10
{500} 10-11
{501} 11-12
{502} 12-1
{503} Axillary tail (Clock-face position and depth not required)
{504} Subareolar nipple (Clock-face position and depth not required)
{505} Seen on MLO only : Superior
{506} Seen on MLO only: Inferior
{507} Seen on MLO only: Subareolar
{508} Seen on CC only: Medial
{509} Seen on CC only: Lateral
{510} Seen on CC only: Subareolar

Depth

- {511} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Morphology of Calcifications

- {512} **Benign Appearing**
{513} 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
{514} Amorphous or Indistinct
 Higher Probability of Malignancy
{515} Pleomorphic or Heterogenous (Granular)
 Fine, Linear or Fine, Linear, Branching (Casting)

IA REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE**Number of calcifications in cluster**

- {516} ≤ 5
 6-15
 >15

Distribution

- {517} Grouped and clustered
 Linear
 Segmental
 Regional
 Diffuse/Scattered

Size (in mm) of largest dimension {518}**How confident are you that this person should be called back for this abnormality?**

- {519} 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)

- {520} 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{521}% Probability of Malignancy (0-100%)**Any additional clinically relevant calcification clusters**

- {522} No (If no, go to Q# 8)
 Yes

Clinically Relevant Cluster # {523}

- {525} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {526} 1-2
{527} 2-3
{528} 3-4
{529} 4-5
{530} 5-6
{531} 6-7
{532} 7-8
{533} 8-9
{534} 9-10
{535} 10-11
{536} 11-12
{537} 12-1
{538} Axillary tail (Clock-face position and depth not required)
{539} Subareolar nipple (Clock-face position and depth not required)
{540} Seen on MLO only: Superior
{541} Seen on MLO only: Inferior
{542} Seen on MLO only: Subareolar
{543} Seen on CC only: Medial
{544} Seen on CC only: Lateral
{545} Seen on CC only: Subareolar

Depth

- {546} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Morphology of Calcifications

- {547} **Benign Appearing**
{548} 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
{549} Amorphous or Indistinct

PLACE LABEL HERE

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

Number of calcifications in cluster

- {551} o ≤ 5
 - o 6-15
 - o >15

Distribution

- {552} o Grouped and clustered
 - o Linear
 - o Segmental
 - o Regional
 - o Diffuse/Scattered

Size (in mm) of largest dimension {553}

How confident are you that this person should be called back for this abnormality?

- {554} 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 cluster of calcifications only)

- {555} 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

{556}% Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters

- {557} o No (If no, go to Q# 8)
 - o Yes

Clinically Relevant Cluster # {558}

- {560} o Right breast
 - o Left breast

O'Clock Location (Check all that apply)

- {561} 1-2
- {562} 2-3
- {563} 3-4
- {564} 4-5
- {565} 5-6
- {566} 6-7
- {567} 7-8
- {568} 8-9
- {569} 9-10
- {570} 10-11
- {571} 11-12
- {572} 12-1
- {573} Axillary tail (Clock-face position and depth not required)
- {574} Subareolar nipple (Clock-face position and depth not required)
- {575} Seen on MLO only : Superior
- {576} Seen on MLO only: Inferior
- {577} Seen on MLO only: Subareolar
- {578} Seen on CC only: Medial
- {579} Seen on CC only: Lateral
- {580} Seen on CC only: Subareolar

Depth

- {581} o Anterior
 - o Central
 - o Posterior
 - o Anterior and central
 - o Central and posterior
 - o Anterior, central and posterior

Morphology of Calcifications

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

o **Intermediate Concern**

- {584} o Amorphous or Indistinct

o **Higher Probability of Malignancy**

- {585} o Pleomorphic or Heterogenous (Granular)
 - o Fine, Linear or Fine, Linear ,Branching (Casting)

Number of calcifications in cluster

- {586} o ≤ 5
 - o 6-15
 - o >15

PLACE LABEL HERE

Distribution

- {587} Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

Size (in mm) of largest dimension {588}

How confident are you that this person should be called back for this abnormality?

- {589} 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)

- {590} 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

{591}% 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)?

- {592} 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)

- {593} 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)

{594}% Probability of Malignancy (0-100%)

11. Additional Work-up Recommended

- {595} None
- {596} Ultrasound
- {597} Short-term interval follow-up (3-6 months)
- {598} Physical exam by referring physician
- {599} Surgical consultation
- {600} Percutaneous biopsy with sonographic or stereotactic guidance
- {601} Needle-localized open surgical biopsy
- {602} Additional mammography views
- {603} Breast MRI
- {604} Other, specify: {605}

12. BIRADS Category (based on entire exam)

- {606} 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

{607}

Form completed by: {608}

Date {609} - -

Study Interpretation Date {610} - -
mm dd yyyy



**American College of Radiology
Imaging Network
Study Mammography
Interpretation-Digital**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

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

1. Reader ID (initials) {1}

2. Image Presentation and Display Format

- Digital
 - {3} GE (soft copy)
 - Fischer (hard and soft copy)
 - Lorad -CCD (hard copy)
 - Lorad -Selenia (hard copy)
 - Fuji (hard copy)

3. Prior Films

- {4} Present with interpretation
- Not present with interpretation
- Patient does not have prior films

4. Date of Study {5} (mm/dd/yyyy)

5. Mammography reviewed is:

- Study entry mammogram

6. Density of Breast Parenchyma

- {7} Almost entirely fat
- Scattered fibroglandular densities
- Heterogeneously dense
- Extremely dense

7. Mammography findings?

- {8} No (If no, proceed to Q# 8)
- Yes

Right Breast

- {9} No
- Yes

Left Breast

- {10} No
- Yes

A. Mass(es)

- {11} No (If no, proceed to Part B)
- Yes
- {12} Multiple benign appearing masses
 - Clinically relevant masses
 - Both benign appearing and clinically relevant masses

Total number of clinically relevant masses (both breasts) {13}

Right Breast {14}

Left Breast {15}

Clinically Relevant Mass # {16}

- {18} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {19} 1-2
- {20} 2-3
- {21} 3-4
- {22} 4-5
- {23} 5-6
- {24} 6-7
- {25} 7-8
- {26} 8-9
- {27} 9-10
- {28} 10-11
- {29} 11-12
- {30} 12-1
- {31} Axillary tail (Clock-face position and depth not required)
- {32} Subareolar nipple (Clock-face position and depth not required)
- {33} Seen on MLO only : Superior
- {34} Seen on MLO only: Inferior
- {35} Seen on MLO only: Subareolar
- {36} Seen on CC only: Medial
- {37} Seen on CC only: Lateral
- {38} Seen on CC only: Subareolar

Depth

- {39} Anterior
 - Central
 - Posterior
 - Anterior and central
 - Central and posterior
 - Anterior, central and posterior

Shape

- {40} Round
 - Oval
 - Lobulated
 - Irregular

Margins (check all that apply)

- {41} Circumscribed
- {42} Microlobulated
- {43} Obscured
- {44} Indistinct
- {45} Spiculated

Density

- {46} High
 - Equal
 - Low
 - Fat containing

ID REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE**Associated Features (Check all that apply)**

- {47} Calcifications
 {48} Architectural distortions
 {49} Skin thickening
 {50} Solitary dilated duct
 {51} Multiple dilated ducts
 {52} None

Size (in mm) of largest dimension {53} _____

How confident are you that this person should be called back for this abnormality?

- {54} 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)

- {55} 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

{56}% Probability of Malignancy (0-100%)

Any additional clinically relevant masses

- {57} No (If no, go to Part B)
 Yes

Clinically Relevant Mass # {58}

- {60} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {61} 1-2
 {62} 2-3
 {63} 3-4
 {64} 4-5
 {65} 5-6
 {66} 6-7
 {67} 7-8
 {68} 8-9
 {69} 9-10
 {70} 10-11
 {71} 11-12
 {72} 12-1
 {73} Axillary tail (Clock-face position and depth not required)
 {74} Subareolar nipple (Clock-face position and depth not required)
 {75} Seen on MLO only : Superior
 {76} Seen on MLO only: Inferior
 {77} Seen on MLO only: Subareolar
 {78} Seen on CC only: Medial
 {79} Seen on CC only: Lateral
 {80} Seen on CC only: Subareolar

Depth

- {81} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Shape

- {82} Round
 Oval
 Lobulated
 Irregular

Margins (check all that apply)

- {83} Circumscribed
 {84} Microlobulated
 {85} Obscured
 {86} Indistinct
 {87} Spiculated

Density

- {88} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {89} Calcifications
 {90} Architectural distortions
 {91} Skin thickening
 {92} Solitary dilated duct
 {93} Multiple dilated ducts
 {94} None

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ACRIN Study 6652

Case #

PLACE LABEL HERESize (in mm) of largest dimension {95}**How confident are you that this person should be called back for this abnormality?**

- {96} 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)

- {97} 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{98}% Probability of Malignancy (0-100%)**Any additional clinically relevant masses**

- {99} No (If no, go to Part B)
- Yes

Clinically Relevant Mass #{100}

- {102} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {103} 1-2
- {104} 2-3
- {105} 3-4
- {106} 4-5
- {107} 5-6
- {108} 6-7
- {109} 7-8
- {110} 8-9
- {111} 9-10
- {112} 10-11
- {113} 11-12
- {114} 12-1
- {115} Axillary tail (Clock-face position and depth not required)
- {116} Subareolar nipple (Clock-face position and depth not required)
- {117} Seen on MLO only : Superior
- {118} Seen on MLO only: Inferior
- {119} Seen on MLO only: Subareolar
- {120} Seen on CC only: Medial
- {121} Seen on CC only: Lateral
- {122} Seen on CC only: Subareolar

Depth

- {123} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Shape

- {124} Round
- Oval
- Lobulated
- Irregular

Margins (check all that apply)

- {125} Circumscribed
- {126} Microlobulated
- {127} Obscured
- {128} Indistinct
- {129} Spiculated

Density

- {130} High
- Equal
- Low
- Fat containing

Associated Features (Check all that apply)

- {131} Calcifications
- {132} Architectural distortions
- {133} Skin thickening
- {134} Solitary dilated duct
- {135} Multiple dilated ducts
- {136} None

Size (in mm) of largest dimension {137}**How confident are you that this person should be called back for this abnormality?**

- {138} 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)

- {139} 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

PLACE LABEL HERE**Confidence Scale**

{140}% Probability of Malignancy (0-100%)

Any additional clinically relevant masses

- {141} No (If no, go to Part B)
 Yes

Clinically Relevant Mass # {142}

- {144} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {145} 1-2
 {146} 2-3
 {147} 3-4
 {148} 4-5
 {149} 5-6
 {150} 6-7
 {151} 7-8
 {152} 8-9
 {153} 9-10
 {154} 10-11
 {155} 11-12
 {156} 12-1
 {157} Axillary tail (Clock-face position and depth not required)
 {158} Subareolar nipple (Clock-face position and depth not required)
 {159} Seen on MLO only: Superior
 {160} Seen on MLO only: Inferior
 {161} Seen on MLO only: Subareolar
 {162} Seen on CC only: Medial
 {163} Seen on CC only: Lateral
 {164} Seen on CC only: Subareolar

Depth

- {165} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Shape

- {166} Round
 Oval
 Lobulated
 Irregular

Margins (check all that apply)

- {167} Circumscribed
 {168} Microlobulated
 {169} Obscured
 {170} Indistinct
 {171} Spiculated

Density

- {172} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {173} Calcifications
 {174} Architectural distortions
 {175} Skin thickening
 {176} Solitary dilated duct
 {177} Multiple dilated ducts
 {178} None

Size (in mm) of largest dimension {179}**How confident are you that this person should be called back for this abnormality?**

- {180} 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)

- {181} 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

{182}% Probability of Malignancy (0-100%)

B. Asymmetric Densities

- {183} No (If no, go to Part C)
 Yes

Total number of clinically relevant asymmetric densities {184}Right Breast {185}Left Breast {186}

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ACRIN Study 6652

Case #

PLACE LABEL HERE**Clinically Relevant Asymmetric Density #**{187}

- {189} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {190} 1-2
 {191} 2-3
 {192} 3-4
 {193} 4-5
 {194} 5-6
 {195} 6-7
 {196} 7-8
 {197} 8-9
 {198} 9-10
 {199} 10-11
 {200} 11-12
 {201} 12-1
 {202} Axillary tail (Clock-face position and depth not required)
 {203} Subareolar nipple (Clock-face position and depth not required)
 {204} Seen on MLO only: Superior
 {205} Seen on MLO only: Inferior
 {206} Seen on MLO only: Subareolar
 {207} Seen on CC only: Medial
 {208} Seen on CC only: Lateral
 {209} Seen on CC only: Subareolar

Depth

- {210} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {211} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {212} Calcifications
 {213} Architectural distortions
 {214} Skin thickening
 {215} Solitary dilated duct
 {216} Multiple dilated ducts
 {217} None

Size (in mm) of largest dimension {218}

How confident are you that this person should be called back for this abnormality?

- {219} 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)

- {220} 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)

{221}% Probability of Malignancy (0-100%)

Any additional clinically relevant asymmetric densities?

- {222} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density #{223}

- {225} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {226} 1-2
 {227} 2-3
 {228} 3-4
 {229} 4-5
 {230} 5-6
 {231} 6-7
 {232} 7-8
 {233} 8-9
 {234} 9-10
 {235} 10-11
 {236} 11-12
 {237} 12-1
 {238} Axillary tail (Clock-face position and depth not required)
 {239} Subareolar nipple (Clock-face position and depth not required)
 {240} Seen on MLO only: Superior
 {241} Seen on MLO only: Inferior
 {242} Seen on MLO only: Subareolar
 {243} Seen on CC only: Medial
 {244} Seen on CC only: Lateral
 {245} Seen on CC only: Subareolar

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ACRIN Study 6652

Case #

PLACE LABEL HERE**Depth**

- {246} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {247} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {248} Calcifications
{249} Architectural distortions
{250} Skin thickening
{251} Solitary dilated duct
{252} Multiple dilated ducts
{253} None

Size (in mm) of largest dimension {254} **How confident are you that this person should be called back for this abnormality?**

- {255} 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)

- {256} 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) {257} % Probability of Malignancy (0-100%)**Any additional clinically relevant asymmetric densities?**

- {258} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density # {259}

- {261} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {262} 1-2
{263} 2-3
{264} 3-4
{265} 4-5
{266} 5-6
{267} 6-7
{268} 7-8
{269} 8-9
{270} 9-10
{271} 10-11
{272} 11-12
{273} 12-1
{274} Axillary tail (Clock-face position and depth not required)
{275} Subareolar nipple (Clock-face position and depth not required)
{276} Seen on MLO only: Superior
{277} Seen on MLO only: Inferior
{278} Seen on MLO only: Subareolar
{279} Seen on CC only: Medial
{280} Seen on CC only: Lateral
{281} Seen on CC only: Subareolar

Depth

- {282} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

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ACRIN Study 6652

Case #

PLACE LABEL HERE**Density**

- {283} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {284} Calcifications
 {285} Architectural distortions
 {286} Skin thickening
 {287} Solitary dilated duct
 {288} Multiple dilated ducts
 {289} None

Size (in mm) of largest dimension {290}**How confident are you that this person should be called back for this abnormality?**

- {291} 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)

- {292} 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){293}% Probability of Malignancy (0-100%)**Any additional clinically relevant asymmetric densities?**

- {294} No (If no, go to Part C)
 Yes

Clinically Relevant Asymmetric Density # {295}

- {297} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {298} 1-2
 {299} 2-3
 {300} 3-4
 {301} 4-5
 {302} 5-6
 {303} 6-7
 {304} 7-8
 {305} 8-9
 {306} 9-10
 {307} 10-11
 {308} 11-12
 {309} 12-1
 {310} Axillary tail (Clock-face position and depth not required)
 {311} Subareolar nipple (Clock-face position and depth not required)
 {312} Seen on MLO only: Superior
 {313} Seen on MLO only: Inferior
 {314} Seen on MLO only: Subareolar
 {315} Seen on CC only: Medial
 {316} Seen on CC only: Lateral
 {317} Seen on CC only: Subareolar

Depth

- {318} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Density

- {319} High
 Equal
 Low
 Fat containing

Associated Features (Check all that apply)

- {320} Calcifications
 {321} Architectural distortions
 {322} Skin thickening
 {323} Solitary dilated duct
 {324} Multiple dilated ducts
 {325} None

Size (in mm) of largest dimension {326}

ID REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE**How confident are you that this person should be called back for this abnormality?**

- {327} 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)

- {328} 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){329}% Probability of Malignancy (0-100%)**C. Architectural Distortion**

Answer all that apply:

- {330} No (If no, go to Part D)
- 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 is no independent architectural distortion to report, go to Part D.)

Total number of clinically relevant architectural distortions (both breasts) {331}

Right Breast {332}

Left Breast {333}

Clinically Relevant Architectural Distortion # {334}

- {336} Right Breast
- Left Breast

O'Clock Location (Check all that apply)

- {337} 1-2
- {338} 2-3
- {339} 3-4
- {340} 4-5
- {341} 5-6
- {342} 6-7
- {343} 7-8
- {344} 8-9
- {345} 9-10
- {346} 10-11
- {347} 11-12
- {348} 12-1
- {349} Axillary tail (Clock-face position and depth not required)
- {350} Subareolar nipple (Clock-face position and depth not required)
- {351} Seen on MLO only: Superior
- {352} Seen on MLO only: Inferior
- {353} Seen on MLO only: Subareolar
- {354} Seen on CC only: Medial
- {355} Seen on CC only: Lateral
- {356} Seen on CC only: Subareolar

Depth

- {357} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Size (in mm) of largest dimension {358}**How confident are you that this person should be called back for this abnormality?**

- {359} 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)

- {360} 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

PLACE LABEL HERE**Confidence Scale (for this architectural distortion only)**

{361}% Probability of Malignancy (0-100%)

Any additional clinically relevant architectural distortions?

- {362} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortion # {363}

- {365} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {366} 1-2
 {367} 2-3
 {368} 3-4
 {369} 4-5
 {370} 5-6
 {371} 6-7
 {372} 7-8
 {373} 8-9
 {374} 9-10
 {375} 10-11
 {376} 11-12
 {377} 12-1
 {378} Axillary tail (Clock-face position and depth not required)
 {379} Subareolar nipple (Clock-face position and depth not required)
 {380} Seen on MLO only: Superior
 {381} Seen on MLO only: Inferior
 {382} Seen on MLO only: Subareolar
 {383} Seen on CC only: Medial
 {384} Seen on CC only: Lateral
 {385} Seen on CC only: Subareolar

Depth

- {386} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {387} **How confident are you that this person should be called back for this abnormality?**

- {388} 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)

- {389} 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

{390}% Probability of Malignancy (0-100%)

Any additional clinically relevant architectural distortions?

- {391} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortion # {392}

- {394} Right breast
 Left breast

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Case #

PLACE LABEL HERE**O'Clock Location (Check all that apply)**

- {395} 1-2
 {396} 2-3
 {397} 3-4
 {398} 4-5
 {399} 5-6
 {400} 6-7
 {401} 7-8
 {402} 8-9
 {403} 9-10
 {404} 10-11
 {405} 11-12
 {406} 12-1
 {407} Axillary tail (Clock-face position and depth not required)
 {408} Subareolar nipple (Clock-face position and depth not required)
 {409} Seen on MLO only : Superior
 {410} Seen on MLO only: Inferior
 {411} Seen on MLO only: Subareolar
 {412} Seen on CC only: Medial
 {413} Seen on CC only: Lateral
 {414} Seen on CC only: Subareolar

Depth

- {415} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {416}**How confident are you that this person should be called back for this abnormality?**

- {417} 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)

- {418} 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{419}% Probability of Malignancy (0-100%)**Any additional clinically relevant architectural distortions?**

- {420} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortion #{421}

- {423} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {424} 1-2
 {425} 2-3
 {426} 3-4
 {427} 4-5
 {428} 5-6
 {429} 6-7
 {430} 7-8
 {431} 8-9
 {432} 9-10
 {433} 10-11
 {434} 11-12
 {435} 12-1
 {436} Axillary tail (Clock-face position and depth not required)
 {437} Subareolar nipple (Clock-face position and depth not required)
 {438} Seen on MLO only : Superior
 {439} Seen on MLO only: Inferior
 {440} Seen on MLO only: Subareolar
 {441} Seen on CC only: Medial
 {442} Seen on CC only: Lateral
 {443} Seen on CC only: Subareolar

Depth

- {444} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {445}

PLACE LABEL HERE**How confident are you that this person should be called back for this abnormality?**

- {446} 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)

- {447} 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

{448} % Probability of Malignancy (0-100%)

D. Clusters of calcifications

Answer all that apply:

- {449} 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) {450}

Right Breast {451}

Left Breast {452}

Clinically Relevant Cluster # {453}

- {455} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {456} 1-2
- {457} 2-3
- {458} 3-4
- {459} 4-5
- {460} 5-6
- {461} 6-7
- {462} 7-8
- {463} 8-9
- {464} 9-10
- {465} 10-11
- {466} 11-12
- {467} 12-1
- {468} Axillary tail (Clock-face position and depth not required)
- {469} Subareolar nipple (Clock-face position and depth not required)
- {470} Seen on MLO only : Superior
- {471} Seen on MLO only: Inferior
- {472} Seen on MLO only: Subareolar
- {473} Seen on CC only: Medial
- {474} Seen on CC only: Lateral
- {475} Seen on CC only: Subareolar

Depth

- {476} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Morphology of Calcifications

- {477} **Benign Appearing**
- {478} 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**
- {479} Amorphous or Indistinct
- Higher Probability of Malignancy**
- {480} Pleomorphic or Heterogenous (Granular)
- Fine, Linear or Fine, Linear, Branching (Casting)

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Case #

PLACE LABEL HERE**Number of calcifications in cluster**

- {481} ≤ 5
 6-15
 >15

Distribution

- {482} Grouped and clustered
 Linear
 Segmental
 Regional
 Diffuse/Scattered

Size (in mm) of largest dimension {483}

How confident are you that this person should be called back for this abnormality?

- {484} 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)

- {485} 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

{486}% Probability of Malignancy (0-100%)

Any additional clinically relevant calcification clusters

- {487} No (If no, go to Q# 8)
 Yes

Clinically Relevant Cluster # {488}

- {490} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {491} 1-2
{492} 2-3
{493} 3-4
{494} 4-5
{495} 5-6
{496} 6-7
{497} 7-8
{498} 8-9
{499} 9-10
{500} 10-11
{501} 11-12
{502} 12-1
{503} Axillary tail (Clock-face position and depth not required)
{504} Subareolar nipple (Clock-face position and depth not required)
{505} Seen on MLO only : Superior
{506} Seen on MLO only: Inferior
{507} Seen on MLO only: Subareolar
{508} Seen on CC only: Medial
{509} Seen on CC only: Lateral
{510} Seen on CC only: Subareolar

Depth

- {511} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Morphology of Calcifications

- {512} **Benign Appearing**
{513} 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
{514} Amorphous or Indistinct
 Higher Probability of Malignancy
{515} Pleomorphic or Heterogenous (Granular)
 Fine, Linear or Fine, Linear, Branching (Casting)

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Case #

PLACE LABEL HERE**Number of calcifications in cluster**

- {516} ≤ 5
 6-15
 >15

Distribution

- {517} Grouped and clustered
 Linear
 Segmental
 Regional
 Diffuse/Scattered

Size (in mm) of largest dimension {518} **How confident are you that this person should be called back for this abnormality?**

- {519} 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)

- {520} 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 {521} % Probability of Malignancy (0-100%)**Any additional clinically relevant calcification clusters**

- {522} No (If no, go to Q# 8)
 Yes

Clinically Relevant Cluster # {523}

- {525} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {526} 1-2
{527} 2-3
{528} 3-4
{529} 4-5
{530} 5-6
{531} 6-7
{532} 7-8
{533} 8-9
{534} 9-10
{535} 10-11
{536} 11-12
{537} 12-1
{538} Axillary tail (Clock-face position and depth not required)
{539} Subareolar nipple (Clock-face position and depth not required)
{540} Seen on MLO only : Superior
{541} Seen on MLO only: Inferior
{542} Seen on MLO only: Subareolar
{543} Seen on CC only: Medial
{544} Seen on CC only: Lateral
{545} Seen on CC only: Subareolar

Depth

- {546} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Morphology of Calcifications

- {547} **Benign Appearing**
{548} 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
{549} Amorphous or Indistinct

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Case #

PLACE LABEL HERE

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

Number of calcifications in cluster

- {551} ≤ 5
- 6-15
- >15

Distribution

- {552} Grouped and clustered
- Linear
- Segmental
- Regional
- Diffuse/Scattered

Size (in mm) of largest dimension {553}**How confident are you that this person should be called back for this abnormality?**

- {554} 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)

- {555} 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{556}% Probability of Malignancy (0-100%)**Any additional clinically relevant calcification clusters**

- {557} No (If no, go to Q# 8)
- Yes

Clinically Relevant Cluster # {558}

- {560} Right breast
- Left breast

O'Clock Location (Check all that apply)

- {561} 1-2
- {562} 2-3
- {563} 3-4
- {564} 4-5
- {565} 5-6
- {566} 6-7
- {567} 7-8
- {568} 8-9
- {569} 9-10
- {570} 10-11
- {571} 11-12
- {572} 12-1
- {573} Axillary tail (Clock-face position and depth not required)
- {574} Subareolar nipple (Clock-face position and depth not required)
- {575} Seen on MLO only : Superior
- {576} Seen on MLO only: Inferior
- {577} Seen on MLO only: Subareolar
- {578} Seen on CC only: Medial
- {579} Seen on CC only: Lateral
- {580} Seen on CC only: Subareolar

Depth

- {581} Anterior
 - Central
 - Posterior
 - Anterior and central
 - Central and posterior
 - Anterior, central and posterior

Morphology of Calcifications

- {582} **Benign Appearing**
- {583} 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**
- {584} Amorphous or Indistinct
- Higher Probability of Malignancy**
- {585} Pleomorphic or Heterogenous (Granular)
 - Fine, Linear or Fine, Linear, Branching (Casting)

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Case #

PLACE LABEL HERE**Number of calcifications in cluster**

- {586} ≤ 5
 6-15
 >15

Distribution

- {587} Grouped and clustered
 Linear
 Segmental
 Regional
 Diffuse/Scattered

Size (in mm) of largest dimension {588}**How confident are you that this person should be called back for this abnormality?**

- {589} 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 (based on all mammography findings) (For no findings, code definitely not malignant)

- {590} This finding is almost certainly malignant
 This finding is definitely malignant
 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

Confidence Scale (based on all mammography findings)

{591}% 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)?**

- {592} 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)

- {593} 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 not malignant
 This finding is definitely malignant

10. Confidence Scale (based on all mammography findings)

{594}% Probability of Malignancy (0-100%)

11. Additional Work-up Recommended

- {595} None
{596} Ultrasound
{597} Short-term interval follow-up (3-6-months)
{598} Physical exam by referring physician
{599} Surgical consultation
{600} Percutaneous biopsy with sonographic or stereotactic guidance
{601} Needle-localized open surgical biopsy
{602} Additional mammography views
{603} Breast MRI
{604} Other, specify {605}

12. BIRADS Category (based on entire exam)

- {606} 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 {607}

Form completed by _____

Date {609} - -Study Interpretation Date {610} - -
mm dd yyyy



**American College of Radiology
Imaging Network
Follow-up Mammogram Interpretation
Film-Screen or Digital**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: This form is completed by the Study Radiologist who interprets the patient's short-term interim follow-up (3-6-9 mo.) or the one year follow-up Film-Screen or Digital Mammogram, 11 mos. or more after study entry with a BIRADS 3, 4, 5. The completed form is submitted to the ACR.

2. Patient Return

- {544} No, did not return for short-term interim study
 No, did not return for one-year follow-up mammogram
 Yes, continue with form

3. Image Presentation

- {2} Film-Screen
 Digital

4. Date of Study ___- {3}-___ (mm/dd/yyyy)

5. This Form Reports:

- {4} One year follow-up mammogram (BIRADS 3, 4 or 5)
 Short-term interim (3-6-9 mo.)
 Other {5}

6. Density of Breast Parenchyma

- {6} Almost entirely fat
 Scattered fibroglandular densities
 Heterogeneously dense
 Extremely dense

7. Mammography findings

- {7} No (If no, proceed to Q# 8)
 Yes, clinical relevant changes to previous reported finding
 Yes, continue with form

Right Breast

- {8} No
 Yes

Left Breast

- {9} No
 Yes

A. Clinically relevant Mass(es)

- {10} No (If no, proceed to Part B)
 Yes

Total number of clinically relevant masses (both breasts) {11}

Right Breast {12}

Left Breast {13}

Clinically Relevant Mass # {14}

- {16} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {17} 1-2
 {18} 2-3
 {19} 3-4
 {20} 4-5
 {21} 5-6
 {22} 6-7
 {23} 7-8
 {24} 8-9
 {25} 9-10
 {26} 10-11
 {27} 11-12
 {28} 12-1
 {29} Axillary tail (Clock-face position and depth not required)
 {30} Subareolar nipple (Clock-face position and depth not required)
 {31} Seen on MLO only: Superior
 {32} Seen on MLO only: Inferior
 {33} Seen on MLO only: Subareolar
 {34} Seen on CC only: Medial
 {35} Seen on CC only: Lateral
 {36} Seen on CC only: Subareolar

Depth

- {37} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Associated Features (Check all that apply)

- {38} Calcifications
 {39} Architectural distortions
 {40} Skin thickening
 {41} Solitary dilated duct
 {42} Multiple dilated ducts
 {43} None

Size (in mm) of largest dimension {44}

Malignancy Scale (for this mass only)

- {45} 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

PLACE LABEL HERE

Was this mass Biopsied?

- {46} o No
If No, what was recommended for patient?
- {47} o 1 year follow up
o 6 month follow up
o Other Recommendation: {48}
o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant masses

- {49} o No (If no, go to Part B)
o Yes

Clinically Relevant Mass # {50}

- {52} o Right breast
o Left breast

O'Clock Location (Check all that apply)

- {53} o 1-2
{54} o 2-3
{55} o 3-4
{56} o 4-5
{57} o 5-6
{58} o 6-7
{59} o 7-8
{60} o 8-9
{61} o 9-10
{62} o 10-11
{63} o 11-12
{64} o 12-1
{65} o Axillary tail (Clock-face position and depth not required)
{66} o Subareolar nipple (Clock-face position and depth not required)
{67} o Seen on MLO only: Superior
{68} o Seen on MLO only: Inferior
{69} o Seen on MLO only: Subareolar
{70} o Seen on CC only: Medial
{71} o Seen on CC only: Lateral
{72} o Seen on CC only: Subareolar

Depth

- {73} o Anterior
o Central
o Posterior
o Anterior and central
o Central and posterior
o Anterior, central and posterior

Associated Features (Check all that apply)

- {74} o Calcifications
{75} o Architectural distortions
{76} o Skin thickening
{77} o Solitary dilated duct
{78} o Multiple dilated ducts
{79} o None

Size (in mm) of largest dimension {80}

Malignancy Scale (for this mass only)

- {81} 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

Was this mass Biopsied?

- {82} o No
If No, what was recommended for patient?
- {83} o 1 year follow up
o 6 month follow up
o Other Recommendation: {84}
o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant masses

- {85} o No (If no, go to Part B)
o Yes

Clinically Relevant Mass # {86}

- {88} o Right breast
o Left breast

O'Clock Location (Check all that apply)

- {89} o 1-2
{90} o 2-3
{91} o 3-4
{92} o 4-5
{93} o 5-6
{94} o 6-7
{95} o 7-8
{96} o 8-9
{97} o 9-10
{98} o 10-11
{99} o 11-12
{100} o 12-1
{101} o Axillary tail (Clock-face position and depth not required)
{102} o Subareolar nipple (Clock-face position and depth not required)
{103} o Seen on MLO only: Superior
{104} o Seen on MLO only: Inferior
{105} o Seen on MLO only: Subareolar
{106} o Seen on CC only: Medial
{107} o Seen on CC only: Lateral
{108} o Seen on CC only: Subareolar

Depth

- {109} o Anterior
o Central
o Posterior
o Anterior and central
o Central and posterior
o Anterior, central and posterior

PLACE LABEL HERE

Associated Features (Check all that apply)

- {110}o Calcifications
 {111}o Architectural distortions
 {112}o Skin thickening
 {113}o Solitary dilated duct
 {114}o Multiple dilated ducts
 {115}o None

Size (in mm) of largest dimension {116}

Malignancy Scale (for this mass only)

- {117}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

Was this mass Biopsied?

- {118}o No
 If No, what was recommended for patient?
 {119}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {120}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant masses

- {121}o No (If no, go to Part B)
 o Yes

Clinically Relevant Mass # {122}

- {124}o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {125}o 1-2
 {126}o 2-3
 {127}o 3-4
 {128}o 4-5
 {129}o 5-6
 {130}o 6-7
 {131}o 7-8
 {132}o 8-9
 {133}o 9-10
 {134}o 10-11
 {135}o 11-12
 {136}o 12-1
 {137}o Axillary tail (Clock-face position and depth not required)
 {138}o Subareolar nipple (Clock-face position and depth not required)
 {139}o Seen on MLO only: Superior
 {140}o Seen on MLO only: Inferior
 {141}o Seen on MLO only: Subareolar
 {142}o Seen on CC only: Medial
 {143}o Seen on CC only: Lateral
 {144}o Seen on CC only: Subareolar

Depth

- {145}o Anterior
 o Central
 o Posterior
 o Anterior and central
 o Central and posterior
 o Anterior, central and posterior

Associated Features (Check all that apply)

- {146}o Calcifications
 {147}o Architectural distortions
 {148}o Skin thickening
 {149}o Solitary dilated duct
 {150}o Multiple dilated ducts
 {151}o None

Size (in mm) of largest dimension {152}

Malignancy Scale (for this mass only)

- {153}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

Was this mass Biopsied?

- {154}o No
 If No, what was recommended for patient?
 {155}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {156}
 o Yes (If yes, submit Biopsy and Pathology forms)

B. Clinically relevant Asymmetric Densities

- {157}o No (If no, go to Part C)
 o Yes

Total number of clinically relevant asymmetric densities {158}

Right Breast {159}

Left Breast {160}

Clinically Relevant Asymmetric Density # {161}

- {163}o Right breast
 o Left breast

PLACE LABEL HERE

O'Clock Location (Check all that apply)

- {164}o 1-2
 {165}o 2-3
 {166}o 3-4
 {167}o 4-5
 {168}o 5-6
 {169}o 6-7
 {170}o 7-8
 {171}o 8-9
 {172}o 9-10
 {173}o 10-11
 {174}o 11-12
 {175}o 12-1
 {176}o Axillary tail (Clock-face position and depth not required)
 {177}o Subareolar nipple (Clock-face position and depth not required)
 {178}o Seen on MLO only : Superior
 {179}o Seen on MLO only: Inferior
 {180}o Seen on MLO only: Subareolar
 {181}o Seen on CC only: Medial
 {182}o Seen on CC only: Lateral
 {183}o Seen on CC only: Subareolar

Depth

- {184}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 {185}

Malignancy Scale (for this asymmetric density only)

- {186}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

Was this Abnormality Biopsied?

- {187}o No
 If No, what was recommended for patient?
 {188}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {189}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant asymmetric densities?

- {190}o No (If no, go to Part C)
 o Yes

Clinically Relevant Asymmetric Density # {191}

- o Right breast
 {193}o Left breast

O'Clock Location (Check all that apply)

- {194}o 1-2
 {195}o 2-3
 {196}o 3-4
 {197}o 4-5
 {198}o 5-6
 {199}o 6-7
 {200}o 7-8
 {201}o 8-9
 {202}o 9-10
 {203}o 10-11
 {204}o 11-12
 {205}o 12-1
 {206}o Axillary tail (Clock-face position and depth not required)
 {207}o Subareolar nipple (Clock-face position and depth not required)
 {208}o Seen on MLO only : Superior
 {209}o Seen on MLO only: Inferior
 {210}o Seen on MLO only: Subareolar
 {211}o Seen on CC only: Medial
 {212}o Seen on CC only: Lateral
 {213}o Seen on CC only: Subareolar

Depth

- {214}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 {215}

Malignancy Scale (for this asymmetric density only)

- {219}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

Was this Abnormality Biopsied?

- {216}o No
 If No, what was recommended for patient?
 {217}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {218}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant asymmetric densities?

- {220}o No (If no, go to Part C)
 o Yes

Clinically Relevant Asymmetric Density # {221}

- {223}o Right breast
 o Left breast

PLACE LABEL HERE

O'Clock Location (Check all that apply)

- {224}o 1-2
 {225}o 2-3
 {226}o 3-4
 {227}o 4-5
 {228}o 5-6
 {229}o 6-7
 {230}o 7-8
 {231}o 8-9
 {232}o 9-10
 {233}o 10-11
 {234}o 11-12
 {235}o 12-1
 {236}o Axillary tail (Clock-face position and depth not required)
 {237}o Subareolar nipple (Clock-face position and depth not required)
 {238}o Seen on MLO only : Superior
 {239}o Seen on MLO only: Inferior
 {240}o Seen on MLO only: Subareolar
 {241}o Seen on CC only: Medial
 {242}o Seen on CC only: Lateral
 {243}o Seen on CC only: Subareolar

Depth

- {244}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 {245}

Malignancy Scale (for this asymmetric density only)

- {246}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

Was this Abnormality Biopsied?

- {247}o No
 If No, what was recommended for patient?
 {248}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {249}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant asymmetric densities?

- {250}o No (If no, go to Part C)
 o Yes

Clinically Relevant Asymmetric Density # {251}

- {253}o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {254}o 1-2
 {255}o 2-3
 {256}o 3-4
 {257}o 4-5
 {258}o 5-6
 {259}o 6-7
 {260}o 7-8
 {261}o 8-9
 {262}o 9-10
 {263}o 10-11
 {264}o 11-12
 {265}o 12-1
 {266}o Axillary tail (Clock-face position and depth not required)
 {267}o Subareolar nipple (Clock-face position and depth not required)
 {268}o Seen on MLO only : Superior
 {269}o Seen on MLO only: Inferior
 {270}o Seen on MLO only: Subareolar
 {271}o Seen on CC only: Medial
 {272}o Seen on CC only: Lateral
 {273}o Seen on CC only: Subareolar

Depth

- {274}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 {275}

Malignancy Scale (for this asymmetric density only)

- {276}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

Was this Abnormality Biopsied?

- {277}o No
 If No, what was recommended for patient?
 {278}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {279}
 o Yes (If yes, submit Biopsy and Pathology forms)

PLACE LABEL HERE**C. Clinically relevant Architectural Distortion**

Answer all that apply:

- {280}o No (If no, go to Part D)
- o Yes, independent of a mass and not reported elsewhere on this form. (Complete the remainder of this section)
- o 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) {281}

Right Breast {282}

Left Breast {283}

Clinically Relevant Architectural Distortion # {284}

- {286}o Right Breast
- o Left Breast

O'Clock Location (Check all that apply)

- {287}o 1-2
- {288}o 2-3
- {289}o 3-4
- {290}o 4-5
- {291}o 5-6
- {292}o 6-7
- {293}o 7-8
- {294}o 8-9
- {295}o 9-10
- {296}o 10-11
- {297}o 11-12
- {298}o 12-1
- {299}o Axillary tail (Clock-face position and depth not required)
- {300}o Subareolar nipple (Clock-face position and depth not required)
- {301}o Seen on MLO only : Superior
- {302}o Seen on MLO only: Inferior
- {303}o Seen on MLO only: Subareolar
- {304}o Seen on CC only: Medial
- {305}o Seen on CC only: Lateral
- {306}o Seen on CC only: Subareolar

Depth

- {307}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 {308}

Malignancy Scale (for this architectural distortion only)

- {309}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

Was this Abnormality Biopsied?

- {310}o No
- If No, what was recommended for patient?
- {311} o 1 year follow up
- o 6 month follow up
- o Other Recommendation: {312}
- o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant architectural distortions?

- {313}o No (If no, go to Part D)
- o Yes

Clinically Relevant architectural distortions # {314}

- {316}o Right breast
- o Left breast

O'Clock Location (Check all that apply)

- {317}o 1-2
- {318}o 2-3
- {319}o 3-4
- {320}o 4-5
- {321}o 5-6
- {322}o 6-7
- {323}o 7-8
- {324}o 8-9
- {325}o 9-10
- {326}o 10-11
- {327}o 11-12
- {328}o 12-1
- {329}o Axillary tail (Clock-face position and depth not required)
- {330}o Subareolar nipple (Clock-face position and depth not required)
- {331}o Seen on MLO only : Superior
- {332}o Seen on MLO only: Inferior
- {333}o Seen on MLO only: Subareolar
- {334}o Seen on CC only: Medial
- {335}o Seen on CC only: Lateral
- {336}o Seen on CC only: Subareolar

Depth

- {337}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 {338}

Malignancy Scale (for this architectural distortion only)

- {339}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

PLACE LABEL HERE**Was this Abnormality Biopsied?**

- {340} No
If No, what was recommended for patient?
- {341} 1 year follow up
 6 month follow up
 Other Recommendation: {342}
 Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant architectural distortions?

- {343} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortions # {344}

- {346} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {347} 1-2
{348} 2-3
{349} 3-4
{350} 4-5
{351} 5-6
{352} 6-7
{353} 7-8
{354} 8-9
{355} 9-10
{356} 10-11
{357} 11-12
{358} 12-1
{359} Axillary tail (Clock-face position and depth not required)
{360} Subareolar nipple (Clock-face position and depth not required)
{361} Seen on MLO only : Superior
{362} Seen on MLO only: Inferior
{363} Seen on MLO only: Subareolar
{364} Seen on CC only: Medial
{365} Seen on CC only: Lateral
{366} Seen on CC only: Subareolar

Depth

- {367} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {368}**Malignancy Scale (for this architectural distortion only)**

- {369} 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

Was this Abnormality Biopsied?

- {370} No
If No, what was recommended for patient?
- {371} 1 year follow up
 6 month follow up
 Other Recommendation: {372}
 Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant architectural distortions?

- {373} No (If no, go to Part D)
 Yes

Clinically Relevant architectural distortions # {374}

- {376} Right breast
 Left breast

O'Clock Location (Check all that apply)

- {377} 1-2
{378} 2-3
{379} 3-4
{380} 4-5
{381} 5-6
{382} 6-7
{383} 7-8
{384} 8-9
{385} 9-10
{386} 10-11
{387} 11-12
{388} 12-1
{389} Axillary tail (Clock-face position and depth not required)
{390} Subareolar nipple (Clock-face position and depth not required)
{391} Seen on MLO only : Superior
{392} Seen on MLO only: Inferior
{393} Seen on MLO only: Subareolar
{394} Seen on CC only: Medial
{395} Seen on CC only: Lateral
{396} Seen on CC only: Subareolar

Depth

- {397} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {398}

PLACE LABEL HERE

Malignancy Scale (for this architectural distortion only)

- {399}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

Was this Abnormality Biopsied?

- {400}o No
 If No, what was recommended for patient?
 {401}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {402}
 o Yes (If yes, submit Biopsy and Pathology forms)

D. Clinically relevant Clusters of calcifications

Answer all that apply:

- {403}o No (If no, go to Question 7.)
 o Yes, independent of a mass and not reported elsewhere on this form. (Complete the remainder of this section)
 o Yes, associated with a mass and recorded in Part A. (If there are no independent clusters of calcifications to report, go to Question 7.)

Total number of clinically relevant calcification clusters (both breasts) {404}

Right Breast {405}

Left Breast {406}

Clinically Relevant Cluster # {407}

- {409}o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {410}o 1-2
 {411}o 2-3
 {412}o 3-4
 {413}o 4-5
 {414}o 5-6
 {415}o 6-7
 {416}o 7-8
 {417}o 8-9
 {418}o 9-10
 {419}o 10-11
 {420}o 11-12
 {421}o 12-1
 {422}o Axillary tail (Clock-face position and depth not required)
 {423}o Subareolar nipple (Clock-face position and depth not required)
 {424}o Seen on MLO only : Superior
 {425}o Seen on MLO only: Inferior
 {426}o Seen on MLO only: Subareolar
 {427}o Seen on CC only: Medial
 {428}o Seen on CC only: Lateral
 {429}o Seen on CC only: Subareolar

Depth

- {430}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 {431}

Malignancy Scale (for this cluster of calcifications only)

- {432}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

Was this Abnormality Biopsied?

- {433}o No
 If No, what was recommended for patient?
 {434}o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {435}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant calcification clusters

- {436}o No (If no, go to Q# 7)
 o Yes

Clinically Relevant Cluster # {437}

- {439}o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {440}o 1-2
 {441}o 2-3
 {442}o 3-4
 {443}o 4-5
 {444}o 5-6
 {445}o 6-7
 {446}o 7-8
 {447}o 8-9
 {448}o 9-10
 {449}o 10-11
 {450}o 11-12
 {451}o 12-1
 {452}o Axillary tail (Clock-face position and depth not required)
 {453}o Subareolar nipple (Clock-face position and depth not required)
 {454}o Seen on MLO only : Superior
 {455}o Seen on MLO only: Inferior
 {456}o Seen on MLO only: Subareolar
 {457}o Seen on CC only: Medial
 {458}o Seen on CC only: Lateral
 {459}o Seen on CC only: Subareolar

PLACE LABEL HERE

Depth

- {460} 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 {461}

Malignancy Scale (for this cluster of calcifications only)

- {462} 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

Was this Abnormality Biopsied?

- {463} o No
 If No, what was recommended for patient?
 {464} o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {465}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant calcification clusters

- {466} o No (If no, go to Q# 7)
 o Yes

Clinically Relevant Cluster # {467}

- {469} o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {470} o 1-2
 {471} o 2-3
 {472} o 3-4
 {473} o 4-5
 {474} o 5-6
 {475} o 6-7
 {476} o 7-8
 {477} o 8-9
 {478} o 9-10
 {479} o 10-11
 {480} o 11-12
 {481} o 12-1
 {482} o Axillary tail (Clock-face position and depth not required)
 {483} o Subareolar nipple (Clock-face position and depth not required)
 {484} o Seen on MLO only : Superior
 {485} o Seen on MLO only: Inferior
 {486} o Seen on MLO only: Subareolar
 {487} o Seen on CC only: Medial
 {488} o Seen on CC only: Lateral
 {489} o Seen on CC only: Subareolar

Depth

- {490} 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 {491}

Malignancy Scale (for this cluster of calcifications only)

- {492} 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

Was this Abnormality Biopsied?

- {493} o No
 If No, what was recommended for patient?
 {494} o 1 year follow up
 o 6 month follow up
 o Other Recommendation: {495}
 o Yes (If yes, submit Biopsy and Pathology forms)

Any additional clinically relevant calcification clusters

- {496} o No (If no, go to Q# 7)
 o Yes

Clinically Relevant Cluster # {497}

- {499} o Right breast
 o Left breast

O'Clock Location (Check all that apply)

- {500} o 1-2
 {501} o 2-3
 {502} o 3-4
 {503} o 4-5
 {504} o 5-6
 {505} o 6-7
 {506} o 7-8
 {507} o 8-9
 {508} o 9-10
 {509} o 10-11
 {510} o 11-12
 {511} o 12-1
 {512} o Axillary tail (Clock-face position and depth not required)
 {513} o Subareolar nipple (Clock-face position and depth not required)
 {514} o Seen on MLO only : Superior
 {515} o Seen on MLO only: Inferior
 {516} o Seen on MLO only: Subareolar
 {517} o Seen on CC only: Medial
 {518} o Seen on CC only: Lateral
 {519} o Seen on CC only: Subareolar

PLACE LABEL HERE**Depth**

- {520} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

Size (in mm) of largest dimension {521} _____

Malignancy Scale (for this cluster of calcifications)

- {522} 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

Was this Abnormality Biopsied?

- {523} No
 If No, what was recommended for patient?
 {524} 1 year follow up
 6 month follow up
 Other Recommendation: {525} _____
 Yes (If yes, submit Biopsy and Pathology forms)

Overall Mammographic Impression**8. Malignancy Scale (based on all mammography findings) (For no findings, code definitely not malignant)**

- {526} 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

9. Additional Work-up Recommended

- {527} None
 {528} Ultrasound
 {529} Short-term interval follow-up (3-6-months)
 {530} Physical exam by referring physician
 {531} Surgical consultation
 {532} Percutaneous biopsy with sonographic or stereotactic guidance
 {533} Needle-localized open surgical biopsy
 {536} Additional mammography views
 {534} Breast MRI
 {535} Other, specify {537} _____

10. BIRADS Category (based on entire exam)

- {538} 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

11. Was the Biopsy finding visible in retrospect in the prior study?

- {539} Yes, both digital and film screen
 Yes, digital only
 Yes, film screen only
 No, not visible on digital or film screen
 Not applicable - no biopsy finding.

Comments{540} _____

Form completed by {541} _____

Date {542} - - - -

Study Interpretation Date {543} - - - -
 mm dd yyyy



**American College of Radiology
Imaging Network
Additional Work-Up
Screening Study/Prior Films**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: This form is completed in the event additional imaging work-up is necessary based on findings seen on a study film-screen, digital mammogram or prior films. The radiologist who interprets the additional imaging completes the form and submits the form to the ACR.

2. Did the patient return for additional work-up (as recommended per screening study)?

- {1} No (Patient did not return, sign and date form)
- Yes (continue with form)
- Prior films available, **needs additional imaging** (continue with form)
- Prior films available, **screening interpretation not changed** (sign and date form, submit prior film date)
- Prior films available, **screening interpretation changed**, no additional work-up needed (sign and date form, submit prior film date)

3. For which abnormality(ies) was the additional work-up recommended?

- {2} **Mass** (If abnormalities were recommended for work up in both breasts, complete an IM form for each breast)
 - No
 - Yes
 - Yes, Associated with architectural distortion
 - Yes, Associated with calcifications

Breast

- {3} Right
- Left

O'Clock Location (If multiple masses, check all locations)

- {4} 1-2
- {5} 2-3
- {6} 3-4
- {7} 4-5
- {8} 5-6
- {9} 6-7
- {10} 7-8
- {11} 8-9
- {12} 9-10
- {13} 10-11
- {14} 11-12
- {15} 12-1
- {16} Axillary tail (Clock-face position and depth not required)
- {17} Subareolar nipple (Clock-face position and depth not required)
- {18} Seen on MLO only: Superior
- {19} Seen on MLO only: Inferior
- {20} Seen on MLO only: Subareolar
- {21} Seen on CC only: Medial
- {22} Seen on CC only: Lateral
- {23} Seen on CC only: Subareolar

A. What exam led to further work-up?

- {24} Digital
- Film-Screen
- Both digital and film-screen
- Prior films

B. What additional work-up or recommendations did the participant receive?

Additional Mammography Views

- {25} No
- Yes
- Number of additional views (including repeats) {26}
- Date performed {27}/{/

Additional Imaging Studies

- {28} No
- Yes
- {29} **Ultrasound**
 - {30} Unilateral
 - {31} Right
 - Left
 - Bilateral
- Date performed {32}/{/

MRI

- {33} **MRI**
 - {34} Unilateral
 - {35} Right
 - Left
 - Bilateral
- Date performed {36}/{/

Physical Breast Examination

- {39} No
- Yes, by diagnostic radiologist
- Yes, by referring physician
- Date {40}/{/

(continued on next page)

IM REVISIONACRIN Study 6652 Case #
PLACE LABEL HERE**Other Imaging**

- {47} No
 Yes
 Date performed ____ / {48} / ____

Specify {49} _____

 Asymmetric Density

- {50} No
 Yes

(If abnormalities were recommended for work up in both breasts, complete an IM from for each breast)

Breast

- {51} Right
 Left

O'Clock Location (If multiple asymmetric densities, check all locations)

- {52} 1-2
 {53} 2-3
 {54} 3-4
 {55} 4-5
 {56} 5-6
 {57} 6-7
 {58} 7-8
 {59} 8-9
 {60} 9-10
 {61} 10-11
 {62} 11-12
 {63} 12-1
 {64} Axillary tail (Clock-face position and depth not required)
 {65} Subareolar nipple (Clock-face position and depth not required)
 {66} Seen on MLO only : Superior
 {67} Seen on MLO only: Inferior
 {68} Seen on MLO only: Subareolar
 {69} Seen on CC only: Medial
 {70} Seen on CC only: Lateral
 {71} Seen on CC only: Subareolar

A. **What exam led to further work-up?**

- {72} Digital
 Film-Screen
 Both digital and film-screen
 Prior films

B. **What additional work-up or recommendations did the participant receive?****Additional Mammography Views**

- {73} No
 Yes
 Number of additional views (including repeats) {74}
 Date performed {75} / ____ / ____

Additional Imaging Studies

- {76} No
 Yes

{77} **Ultrasound**

- {78} Unilateral
 {79} Right
 Left
 Bilateral

Date performed {80} / ____ / ____

{81} **MR!**

- {82} Unilateral
 {83} Right
 Left
 Bilateral

Date performed {84} / ____ / ____

Physical Breast Examination

- {87} No
 Yes, by diagnostic radiologist
 Yes, by referring physician
 Date {88} / ____ / ____

Other Imaging

- {95} No
 Yes
 Date performed {96} / ____ / ____

Specify {97} _____

 Architectural Distortion

(If abnormalities were recommended for work up in both breasts, complete an IM from for each breast)

- {98} No
 Yes
 Yes, (Associated with a mass)

(continued on next page)

IM REVISIONACRIN Study 6652 Case #
PLACE LABEL HERE**Breast**

- {99} Right
 Left

O'Clock Location (If multiple architectural distortion, check all locations)

- {100} 1-2
 {101} 2-3
 {102} 3-4
 {103} 4-5
 {104} 5-6
 {105} 6-7
 {106} 7-8
 {107} 8-9
 {108} 9-10
 {109} 10-11
 {110} 11-12
 {111} 12-1
 {112} Axillary tail (Clock-face position and depth not required)
 {113} Subareolar nipple (Clock-face position and depth not required)
 {114} Seen on MLO only : Superior
 {115} Seen on MLO only: Inferior
 {116} Seen on MLO only: Subareolar
 {117} Seen on CC only: Medial
 {118} Seen on CC only: Lateral
 {119} Seen on CC only: Subareolar

A. What exam led to further work-up?

- {120} Digital
 Film-Screen
 Both digital and film-screen
 Prior films

B. What additional work-up or recommendations did the participant receive?**Additional Mammography Views**

- {121} No
 Yes
 Number of additional views (including repeats) {122}
 Date performed {123} / ____ / ____

Additional Imaging Studies

- {124} No
 Yes
 {125} **Ultrasound**
 {126} Unilateral
 {127} Right
 Left
 Bilateral
 Date performed {128} / ____ / ____

- {129} **MRI**
 {130} Unilateral
 {131} Right
 Left
 Bilateral
 Date performed ____ / ____ / {132}

Physical Breast Examination

- {135} No
 Yes, by diagnostic radiologist
 Yes, by referring physician
 Date {136} / ____ / ____

Other Imaging

- {143} No
 Yes
 Date performed {144} / ____ / ____

Specify {145}

- Cluster of calcifications**
(If abnormalities were recommended for work up in both breasts, complete an IM from for each breast)

- {146} No
 Yes
 Yes, (Associated with a mass)

Breast

- {147} Right
 Left

O'Clock Location (If multiple clusters of calcifications, check all locations)

- {148} 1-2
 {149} 2-3
 {150} 3-4
 {151} 4-5
 {152} 5-6
 {153} 6-7
 {154} 7-8
 {155} 8-9
 {156} 9-10
 {157} 10-11
 {158} 11-12
 {159} 12-1
 {160} Axillary tail (Clock-face position and depth not required)
 {161} Subareolar nipple (Clock-face position and depth not required)
 {162} Seen on MLO only : Superior
 {163} Seen on MLO only: Inferior
 {164} Seen on MLO only: Subareolar
 {165} Seen on CC only: Medial
 {166} Seen on CC only: Lateral
 {167} Seen on CC only: Subareolar

A. What exam led to further work-up?

- {168} Digital
 Film-Screen
 Both digital and film-screen
 Prior films

B. What additional work-up or recommendations did the participant receive?**Additional Mammography Views**

- {169} No
 Yes
 Number of additional views (including repeats) {170}
 Date performed {171} / ____ / ____

Additional Imaging Studies

- {172} No
 Yes
- {173} **Ultrasound**
 {174} Unilateral
 {175} Right
 Left
 Bilateral
 Date performed ____ / ____ / {176}

- {177} **MRI**
 {178} Unilateral
 {179} Right
 Left
 Bilateral
 Date performed ____ / ____ / {180}

Physical Breast Examination

- {183} No
 Yes, by diagnostic radiologist
 Yes, by referring physician
 Date ____ / ____ / {184}

Other Imaging

- {191} No
 Yes
 Date performed ____ / ____ / {192}

Specify {193} _____

4. Malignancy Scale (based on additional imaging)

- {194} 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

5. BIRADS Category (based on additional imaging)

- {195} 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

6. Additional Work-up Recommended:

- {202} None
 {213} 1 year follow-up mammogram
 {203} Ultrasound
 {204} Short-term interval follow-up (3-6 mos.)
 {205} Physical Exam by referring physician
 {206} Surgical consultation
 {207} Percutaneous biopsy with sonographic or stereotactic guidance
 {208} Needle - localized open surgical biopsy
 {209} Additional mammography views
 {210} Breast MRI
 {211} Other, specify: _____ {212}

7. Is Additional "IM" Form needed to report an abnormality (abnormalities) in the other breast?

- {200} No
 Yes

Comments

{196} _____

Date {198} - ____ - ____

Prior Film Study Interpretation Date

(*Date prior films were compared to the study entry screening mammogram)

{199}-__-____
mm dd yyyy**Study Interpretation Date (additional mamography views)**{214}-__-____
mm dd yyyy**Study Interpretation Date (Ultrasound)**{215}-__-____
mm dd yyyy**Study Interpretation Date (MRI)**{216}-__-____
mm dd yyyy**Study Interpretation Date (other imaging)**{217}-__-____
mm dd yyyy



ACRIN
Quality of Life Questionnaires
Pre-Screening Mammography -
Patient Self-Administered

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: See below

Schedule of Instruments:

EQ-5D (42 patients at each site)

STAI Y-6 (42 patients at each site)

INSTRUCTIONS FOR PATIENT:

Thank you again for participating in our study.

Instructions:

- As a part of our evaluation of Patient Quality of Life among women undergoing mammography, we are very interested in learning about your day-to-day health. The following 2 short sets of questions first ask generic questions about your current health, then ask questions about any anxiety you may be experiencing.
- Your answers are important to us, so please try to answer every question.
- Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.
- Please remember that all of our answers will be kept strictly confidential. The reporting of information from these questions will be in terms of groups of patients, not individuals, and you will not be identified by name in any report.
- If you need assistance, please ask the research assistant for help.
- The entire set of questions should take about 10 minutes to complete.
- Please return this questionnaire to the research assistant once you have completed it.

PLACE LABEL HERE

Health Status Today (EQ-5D)

For the first 5 questions, I am going to ask you about your health state **TODAY**. Please indicate which statement best describes your own health state today by placing and "X" in one box in each group below.

1. Mobility

- {1} 1 I have no problems in walking about
- 2 I have some problems in walking about
- 3 I am confined to bed

2. Self-Care

- {2} 1 I have no problems with self-care
- 2 I have some problems washing or dressing myself
- 3 I am unable to wash or dress myself

3. Usual Work Activities (e.g. work, study, housework, family or leisure activities)

- {3} 1 I have no problems with performing my usual activities
- 2 I have some problems with performing my usual activities
- 3 I am unable to perform my usual activities

4. Pain/Discomfort

- {4} 1 I have no pain or discomfort
- 2 I have moderate pain or discomfort
- 3 I have extreme pain or discomfort

5. Anxiety/Depression

- {5} 1 I am not anxious or depressed
- 2 I am moderately anxious or depressed
- 3 I am extremely anxious or depressed

For the next question, we would like you to think about your health **IN GENERAL**.

Please mark the box below that best describes your health in general.

6. In general, would you say your health is:

- {6} 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

Now we would like you to think about your health over the **PAST 4 WEEKS...**

Please consider how you have been feeling including: any pain or discomfort you have, any limitations in your activities, how you spirits are, and any medical conditions you have

7. On a scale from 0-100, where 0 represents death or the worst health you can imagine and 100 represents perfect health or the best health you can imagine, how would you rate your health during the past 4 weeks? Please enter a number from 0 - 100 in the boxes.

{7}

PLEASE GO TO NEXT PAGE FOR ADDITIONAL QUESTIONS

PLACE LABEL HERE**STAI Y-6 Questionnaire**

A number of statements which people have used to describe themselves are given below. Read each statement and then check the most appropriate number to the right of the statement to indicate how you feel **right now, at this moment**. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

	Not at all	Somewhat	Moderately	Very Much
1. I feel calm	1{8}	2	3	4
2. I am tense	1{9}	2	3	4
3. I feel upset	1{10}	2	3	4
4. I am relaxed	1{11}	2	3	4
5. I feel content	1{12}	2	3	4
6. I am worried	1{13}	2	3	4

PLEASE CHECK THAT YOU HAVE COMPLETED EACH QUESTION, ENTER YOUR INITIALS AND TODAY'S DATE ON THE LINE BELOW, AND RETURN THIS QUESTIONNAIRE TO THE RESEARCH ASSISTANT.

THANK YOU!

Date ____ / {15} / ____

P4

**American College of Radiology
Imaging Network
Core Pathology Interpretation**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: Part A is to be completed by the Research Associate. After completion of part A, the form is sent to the Core Pathologist for completion of part B. Part B will be completed by the Core Pathologist based on the pathologic material available. The completed form is submitted to the ACR. A separate form is submitted for each lesion.

Part A (completed by site Research Associate)

1. Procedure Date ____/____/____ (mm/dd/yyyy)

2. Type of Procedure

- {2} FNA
 Core Needle Biopsy
 Needle localization excision
 Lumpectomy
 Mastectomy
 Excision by palpation
 Other (specify) {3}

3. Lesion # {4} of # {5}

4. Site of biopsy

- {6} Right
 Left

5. Location (O'clock) (check all that apply)

- {7} 1-2
 {8} 2-3
 {9} 3-4
 {10} 4-5
 {11} 5-6
 {12} 6-7
 {13} 7-8
 {14} 8-9
 {15} 9-10
 {16} 10-11
 {17} 11-12
 {18} 12-1
 {19} Axillary tail
 {20} Subareolar nipple

Depth

- {21} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

6. Specimen ID # {22}

7. Slide ID # {23}

Date Sent ____ - ____ - {25}

Part B (completed by the Core Pathologist)

1. Cytopathology (If no, go to Q 3)

- {26} No
 Yes
 Not applicable

2. Interpretation by Cytopathologist

- {27} Insufficient sample
 Benign
 Atypical
 Probably malignant
 Malignant
 Unable to be determined (not related to insufficient sample)

Lesion Subclassification

- {28} Not applicable (insufficient sample)
 {29} Normal/atrophic/mild duct hyperplasia
 {30} Fibroadenoma
 {31} Cyst
 {32} Apocrine metaplasia
 {33} Duct ectasia
 {34} Fat necrosis
 {35} Duct hyperplasia, mod. or florid
 {36} Intraductal papilloma
 {37} Sclerosing adenosis
 {38} Radial scar
 {39} Lobular neoplasia (ALH, LCIS)
 {40} ADH
 {41} Low grade DCIS (including cribriform and micropapillary DCIS)
 {42} Carcinoma
 {45} Ductal
 Lobular
 Mixed
 Unclassified
 {44} Unable to be determined (not related to insufficient sample)
 {43} Other, specify {46}

Tumor Grade

- {47} Not applicable
 Low
 Moderate
 High
 Indeterminate

3. Histology

- {48} No
 Yes
 Not applicable

PLACE LABEL HERE

4. Interpretation of Histology Report

Benign

- {49} o Not Applicable
- {50} o Normal/Atrophic/Mild ductal hyperplasia
- {51} o Fibroadenoma
- {52} o Cyst(s)
- {53} o Apocrine metaplasia
- {54} o Duct ectasia
- {55} o Fat necrosis
- {56} o Ductal hyperplasia, mod. or florid
- {57} o Intraductal papilloma
- {58} o Sclerosing adenosis
- {59} o Radial scar
- {60} o Other, specify {61}

Atypical/ Intermediate

- {62} o Not Applicable
- {63} o ALH
- {64} o LCIS
- {65} o ADH
- {66} o DCIS – low grade

Positive

- {67} o Not Applicable
- o Carcinoma, NOS
- o Ductal
- {68} o Intraductal (in situ)
 - Grade
 - {69} o Low
 - o Moderate
 - o High
 - o Indeterminate
 - Necrosis
 - {70} o Present
 - o Absence
 - o Not specified
 - Pattern
 - {71} o Solid
 - {72} o Cribriform
 - {73} o Comedo
 - {74} o Micropapillary
 - {76} o Not specified
 - {75} o Other, specify {77}
 - o Invasive with predominant intraductal component
 - {78} o Invasive, NOS
 - {79} o Comedo
 - {80} o Inflammatory
 - {81} o Medullary with lymphocytic infiltrate
 - {82} o Mucinous (colloid)
 - {83} o Papillary
 - {84} o Scirrhous
 - {85} o Tubular
 - {86} o Associated with DCIS
 - {87} o Other, specify {88}
- o Lobular
- {89} o Invasive with predominant in situ component
 - o Invasive
 - o Associated with DCIS
 - o Other, specify {90}

- o Nipple
- {91} o Paget's disease, NOS
 - o Paget's disease with intraductal carcinoma
 - o Paget's disease with invasive ductal carcinoma
 - o Other, specify {92}
- {93} o Other
 - o Undifferentiated carcinoma
 - o Other, specify {94}
- {95} o Inadequate
 - o Inadequate sample, specify reason {96}

5. Calcifications

- {97} o Not Applicable
- o No
- o Yes (Code all that apply)
- {98} o Benign, atypical, NOS
- {99} o ALH
- {100} o ADH
- {101} o LCIS
- {102} o DCIS
- {103} o Invasive

6. Specimen Size (largest diameter in mm) {104} mm

7. TNM Stage

T Stage (Primary Tumor) {105}

- o TX Primary tumor cannot be assessed, specify reason why T-stage unable to be assessed {106}
- o T0 No evidence of primary tumor
- o Tis Carcinoma *in situ*; intraductal carcinoma, lobular carcinoma *in situ*, or Paget's disease of the nipple with no tumor
- o T1 Tumor 2cm or less in greatest dimension
- o T1mic Microinvasion 0.1 cm or less in greatest dimension
- o T1a Tumor more than 0.1cm but not more than 0.5 cm in greatest dimension
- o T1b Tumor more than 0.5 cm but not more than 1cm in greatest dimension
- o T1c Tumor more than 1cm but not more than 2cm in greatest dimension
- o T2 Tumor more than 2cm but not more than 5cm in greatest dimension
- o T3 Tumor more than 5cm in greatest dimension
- o T4 Tumor of any size with direct extension to (a) chest wall or (b) skin, only as described below
 - o T4a Extension to the chest wall
 - o T4b Edema (*including peau d' orange*) or ulceration of the skin of the breast or satellite skin nodules confined to the same breast
 - o T4c Both (T4a and T4b)
 - o T4d Inflammatory carcinoma

Note: Paget's disease associated with a tumor is classified according to the size of the tumor.

P4

REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE

N Stage (Regional Lymph Nodes) {107}

- NX Regional lymph nodes cannot be assessed
(e.g., previously removed)
- N0 No regional lymph nodes metastasis
- N1 Metastasis to movable ipsilateral lymph node(s)
- N2 Metastasis to ipsilateral axillary lymph node(s) fixed to one another or other structures
- N3 Metastasis to ipsilateral internal mammary lymph node(s)

M Stage (Distant Metastasis) {108}

- MX Presence of distant metastasis cannot be assessed
- M0 No distant metastasis
- M1 Distant metastasis *(Includes metastasis to ipsilateral supraclavicular lymph nodes (s))*

8. Agree with local diagnosis

- {109} No
 Yes

9. Second opinion needed (If 1st consultant disagrees with local read)

- {110} No
 Yes

Comments: {111}

Date Reviewed _____ -{113}- _____



PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: Part A is to be completed by the Research Associate. After completion of part A, the form is sent to the core pathologist with the cytopathology and histopathology reports, if available. Part B will be completed by the Core Pathologist based only on the reports made available. The completed form is submitted to the ACR. A separate form is submitted for each lesion.

Part A (completed by the Research Associate)

1. Procedure Date /{1}/ (mm/dd/yyyy)

2. Type of Procedure

- {2} FNA
- Core Needle Biopsy
- Needle localization excision
- Excision by palpation
- Lumpectomy
- Mastectomy
- Other, specify {3} _____

3. Lesion # {4} of # {5}

4. Site of biopsy

- {6} Right
- Left

5. Location (O'clock) (check all that apply)

- {7} 1-2
- {8} 2-3
- {9} 3-4
- {10} 4-5
- {11} 5-6
- {12} 6-7
- {13} 7-8
- {14} 8-9
- {15} 9-10
- {16} 10-11
- {17} 11-12
- {18} 12-1
- {19} Axillary tail
- {20} Subareolar nipple

Depth

- {21} Anterior
- Central
- Posterior
- Anterior and central
- Central and posterior
- Anterior, central and posterior

Date Sent {23} - - -

Part B (completed by the Core Pathologist)

1. Cytopathology (If no, go to Q 3)

- {24} No
- Yes
- Not applicable

2. Interpretation from cytopathology report

- {25} Insufficient sample
- Benign
- Atypical
- Probably malignant
- Malignant
- Unable to be determined (not related to insufficient sample)

Lesion Subclassification

- {26} Not applicable (insufficient sample)
- {27} Normal/atrophic/mild duct hyperplasia
- {28} Fibroadenoma
- {29} Cyst
- {30} Apocrine metaplasia
- {31} Duct ectasia
- {32} Fat necrosis
- {33} Duct hyperplasia, mod. or florid
- {34} Intraductal papilloma
- {35} Sclerosing adenosis
- {36} Radial scar
- {37} Lobular neoplasia (ALH, LCIS)
- {38} ADH
- {39} Low grade DCIS (including cribriform and micropapillary DCIS)
- {40} Carcinoma
 - {43} Ductal
 - Lobular
 - Mixed
 - Unclassified
- {42} Unable to be determined (not related to insufficient sample)
- {41} Other, specify {44} _____

Tumor Grade

- {45} Not applicable
- Low
- Moderate
- High
- Indeterminate

3. Histology

- {46} No
- Yes
- Not applicable

PLACE LABEL HERE

4. Interpretation from Histology Report

Benign

- {47}o Not Applicable
- {48}o Normal/Atrophic/Mild ductal hyperplasia
- {49}o Fibroadenoma
- {50}o Cyst(s)
- {51}o Apocrine metaplasia
- {52}o Duct ectasia
- {53}o Fat necrosis
- {54}o Ductal hyperplasia, mod. or florid
- {55}o Intraductal papilloma
- {56}o Sclerosing adenosis
- {57}o Radial scar
- {58}o Other, specify {59}

Atypical/ Intermediate

- {60}o Not Applicable
- {61}o ALH
- {62}o LCIS
- {63}o ADH
- {64}o DCIS - low grade

Positive

- {65}o Not Applicable
 - o Carcinoma, NOS
 - o Ductal
- {66}o Intraductal (in situ)
 - Grade
 - {67}o Low
 - o Moderate
 - o High
 - o Indeterminate
 - Necrosis
 - {68}o Present
 - o Absence
 - o Not specified
 - Pattern
 - {69}o Solid
 - {70}o Cribriform
 - {71}o Comedo
 - {72}o Micropapillary
 - {74}o Not specified
 - {73}o Other, specify {75}
- o Invasive with predominant intraductal component
 - {76}o Invasive, NOS
 - {77}o Comedo
 - {78}o Inflammatory
 - {79}o Medullary with lymphocytic infiltrate
 - {80}o Mucinous (colloid)
 - {81}o Papillary
 - {82}o Scirrhous
 - {83}o Tubular
 - {84}o Associated with DCIS
 - {85}o Other, specify {86}
- o Lobular
 - {87}o Invasive with predominant in situ component
 - o Invasive
 - o Associated with DCIS
 - o Other, specify {88}

o Nipple

- {89}o Paget's disease, NOS
 - o Paget's disease with intraductal carcinoma
 - o Paget's disease with invasive ductal carcinoma
 - o Other, specify {90}
- {91}o Other
 - o Undifferentiated carcinoma
 - o Other, specify {92}
- {93}o Inadequate
 - o Inadequate sample, specify reason {94}

5. Calcifications

- {95}o Not Applicable
 - o No
 - o Yes (Code all that apply)
 - {96} o Benign, atypical, NOS
 - {97} o ALH
 - {98} o ADH
 - {99} o LCIS
 - {100}o DCIS
 - {101}o Invasive

6. Specimen Size (largest diameter in mm) {102} mm

7. TNM Stage

T Stage (Primary Tumor) {103}

- o TX Primary tumor cannot be assessed, specify reason why T-stage unable to be assessed {104}
- o T0 No evidence of primary tumor
- o Tis Carcinoma *in situ*; intraductal carcinoma, lobular carcinoma *in situ*, or Paget's disease of the nipple with no tumor
- o T1 Tumor 2cm or less in greatest dimension
 - o T1mic Microinvasion 0.1 cm or less in greatest dimension
 - o T1a Tumor more than 0.1cm but not more than 0.5 cm in greatest dimension
 - o T1b Tumor more than 0.5 cm but not more than 1cm in greatest dimension
 - o T1c Tumor more than 1cm but not more than 2cm in greatest dimension
- o T2 Tumor more than 2cm but not more than 5cm in greatest dimension
- o T3 Tumor more than 5cm in greatest dimension
- o T4 Tumor of any size with direct extension to (a) chest wall or (b) skin, only as described below
 - o T4a Extension to the chest wall
 - o T4b Edema (*including peau d' orange*) or ulceration of the skin of the breast or satellite skin nodules confined to the same breast
 - o T4c Both (T4a and T4b)
 - o T4d Inflammatory carcinoma

Note: Paget's disease associated with a tumor is classified according to the size of the tumor.

PL

REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE

N Stage (Regional Lymph Nodes) {105}

- o NX Regional lymph nodes cannot be assessed
(e.g., previously removed)
- o N0 No regional lymph nodes metastasis
- o N1 Metastasis to movable ipsilateral lymph node(s)
- o N2 Metastasis to ipsilateral axillary lymph node(s) fixed to one another or other structures
- o N3 Metastasis to ipsilateral internal mammary lymph node(s)

M Stage (Distant Metastasis) {106}

- o MX Presence of distant metastasis cannot be assessed
- o M0 No distant metastasis
- o M1 Distant metastasis *(Includes metastasis to ipsilateral supraclavicular lymph nodes (s))*

Comments: {107}

Date Reviewed {109} - -

P0

**American College of Radiology
Imaging Network
Second Core Pathology Interpretation**

ACRIN Study 6652

Case #

PLACE LABEL HERE

If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: Part A is to be completed by the first consulting pathologist in the event of a disagreement between the core and site pathology. The form, along with the specimens, is sent to the second core pathologist for completion of Part B. Part B will be completed by the second core pathologist. The completed form is submitted to the ACR. A separate form is submitted for each lesion.

Part A (completed by the Core Pathologist)

1. Procedure Date {1}/_/ (mm/dd/yyyy)

2. Type of Procedure

- {2} FNA
 Core Needle Biopsy
 Needle localization excision
 Excision by palpation
 Lumpectomy
 Other (specify) {3}

3. Lesion # {4} of # {5}

4. Site of biopsy

- {6} Right
 Left

5. Location (O'clock) (check all that apply)

- {7} 1-2
 {8} 2-3
 {9} 3-4
 {10} 4-5
 {11} 5-6
 {12} 6-7
 {13} 7-8
 {14} 8-9
 {15} 9-10
 {16} 10-11
 {17} 11-12
 {18} 12-1
 {19} Axillary tail
 {20} Subareolar nipple

Depth

- {21} Anterior
 Central
 Posterior
 Anterior and central
 Central and posterior
 Anterior, central and posterior

6. Specimen ID # {22}

7. Slide ID # {23}

Date Sent / / {25}

Part B (completed by the second core pathologist)

1. Cytopathology (If no, go to Q 3)

- {26} No
 Yes
 Not applicable

2. Interpretation

- {27} Insufficient sample
 Benign
 Atypical
 Probably malignant
 Malignant
 Unable to be determined (not related to insufficient sample)

Lesion Subclassification

- {28} Not applicable (insufficient sample)
 {29} Normal/atrophic/mild duct hyperplasia
 {30} Fibroadenoma
 {31} Cyst
 {32} Apocrine metaplasia
 {33} Duct ectasia
 {34} Fat necrosis
 {35} Duct hyperplasia, mod. or florid
 {36} Intraductal papilloma
 {37} Sclerosing adenosis
 {38} Radial scar
 {39} Lobular neoplasia (ALH, LCIS)
 {40} ADH
 {41} Low grade DCIS (including cribriform and micropapillary DCIS)
 {42} Carcinoma
 {46} Ductal
 Lobular
 Mixed
 Unclassified
 {44} Unable to be determined (not related to insufficient sample)
 {43} Other, specify {45}

Tumor Grade

- {47} Not applicable
 Low
 Moderate
 High
 Indeterminate

3. Histology

- {48} No
 Yes
 Not applicable

PLACE LABEL HERE

4. Interpretation from Histology Report

Benign

- {49}o Not Applicable
- {50}o Normal/Atrophic/Mild ductal hyperplasia
- {51}o Fibroadenoma
- {52}o Cyst(s)
- {53}o Apocrine metaplasia
- {54}o Duct ectasia
- {55}o Fat necrosis
- {56}o Ductal hyperplasia, mod. or florid
- {57}o Intraductal papilloma
- {58}o Sclerosing adenosis
- {59}o Radial scar
- {60}o Other, specify {61}

Atypical/ Intermediate

- {62}o Not Applicable
- {63}o ALH
- {64}o LCIS
- {65}o ADH
- {66}o DCIS – low grade

Positive

- {67}o Not Applicable
 - o Carcinoma, NOS
 - o Ductal
- {68}o Intraductal (in situ)
 - Grade
 - {69}o Low
 - o Moderate
 - o High
 - o Indeterminate
 - Necrosis
 - {70}o Present
 - o Absence
 - o Not specified
 - Pattern
 - {71}o Solid
 - {72}o Cribriform
 - {73}o Comedo
 - {74}o Micropapillary
 - {76}o Not specified
 - {75}o Other, specify {77}
- o Invasive with predominant intraductal component
 - {78}o Invasive, NOS
 - {79}o Comedo
 - {80}o Inflammatory
 - {81}o Medullary with lymphocytic infiltrate
 - {82}o Mucinous (colloid)
 - {83}o Papillary
 - {84}o Scirrhus
 - {85}o Tubular
 - {86}o Associated with DCIS
 - {87}o Other, specify {88}
- o Lobular
 - {89}o Invasive with predominant in situ component
 - o Invasive
 - o Associated with DCIS
 - o Other, specify {90}

- o Nipple
 - {91}o Paget's disease, NOS
 - o Paget's disease with intraductal carcinoma
 - o Paget's disease with invasive ductal carcinoma
 - o Other, specify {92}
 - o Other
 - {93}o Undifferentiated carcinoma
 - o Other, specify {94}
 - o Inadequate
 - {95}o Inadequate sample, specify reason {96}

5. Calcifications

- {97}o Not Applicable
 - o No
 - o Yes (Code all that apply)
 - {98}o Benign, atypical, NOS
 - {99}o ALH
 - {100}o ADH
 - {101}o LCIS
 - {102}o DCIS
 - {103}o Invasive

6. Specimen Size (largest diameter in mm) {104} mm

7. TNM Stage

T Stage (Primary Tumor) {105}

- o TX Primary tumor cannot be assessed, specify reason why T-stage unable to be assessed {106}
- o T0 No evidence of primary tumor
- o Tis Carcinoma *in situ*; intraductal carcinoma, lobular carcinoma *in situ*, or Paget's disease of the nipple with no tumor
- o T1 Tumor 2cm or less in greatest dimension
 - o T1mic Microinvasion 0.1 cm or less in greatest dimension
 - o T1a Tumor more than 0.1cm but not more than 0.5 cm in greatest dimension
 - o T1b Tumor more than 0.5 cm but not more than 1cm in greatest dimension
 - o T1c Tumor more than 1cm but not more than 2cm in greatest dimension
- o T2 Tumor more than 2cm but not more than 5cm in greatest dimension
- o T3 Tumor more than 5cm in greatest dimension
- o T4 Tumor of any size with direct extension to (a) chest wall or (b) skin, only as described below
 - o T4a Extension to the chest wall
 - o T4b Edema (*including peau d'orange*) or ulceration of the skin of the breast or satellite skin nodules confined to the same breast
 - o T4c Both (T4a and T4b)
 - o T4d Inflammatory carcinoma

Note: Paget's disease associated with a tumor is classified according to the size of the tumor.

P0

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ACRIN Study 6652

Case #

PLACE LABEL HERE

N Stage (Regional Lymph Nodes) {107}

- NX Regional lymph nodes cannot be assessed
(e.g., previously removed)
- N0 No regional lymph nodes metastasis
- N1 Metastasis to movable ipsilateral lymph node(s)
- N2 Metastasis to ipsilateral axillary lymph node(s) fixed to one another or other structures
- N3 Metastasis to ipsilateral internal mammary lymph node(s)

M Stage (Distant Metastasis) {108}

- MX Presence of distant metastasis cannot be assessed
- M0 No distant metastasis
- M1 Distant metastasis (Includes metastasis to ipsilateral supraclavicular lymph nodes (s))

Comments: {109} _____

Date Reviewed {111} - ____ - ____



If this is a revised or corrected form, indicate by checking box.

INSTRUCTIONS: The TA form records the technical factors for the film-screen and digital mammogram exams. This form is completed for the first 100 cases enrolled per site on ACRIN 6652. In the event multiple images for one view are needed, check the box for appropriate modality and submit technical parameters for the additional images.

Film-Screen Technical Parameters

Date of Study ___/___/___ (mm/dd/yyyy)

Film-screen Technologist {2} _____

Film-screen unit used (manufacturer, model, room#) {3} {4} {5}

View	Compression		Target Mo,Rh,W	Filter Mo,Rh,Al	KVp	mAs
	Force (daN)	Thickness(cm)				
Right CC	{6}	{7}	{8}	{9}	{10}	{11}
Left CC	{12}	{13}	{14}	{15}	{16}	{17}
Right MLO	{18}	{19}	{20}	{21}	{22}	{23}
Left MLO	{24}	{25}	{26}	{27}	{28}	{29}

{30} Multiple images per view obtained (check only if more than one image was obtained for a specific view and log additional views below)

View	Compression		Target Mo,Rh,W	Filter Mo,Rh,Al	KVp	mAs
	Force (daN)	Thickness(cm)				
2 nd Right CC	{31}	{32}	{33}	{34}	{35}	{36}
2 nd Left CC	{37}	{38}	{39}	{40}	{41}	{42}
2 nd Right MLO	{43}	{44}	{45}	{46}	{47}	{48}
2 nd Left MLO	{49}	{50}	{51}	{52}	{53}	{54}
3 rd Right CC	{55}	{56}	{57}	{58}	{59}	{60}
3 rd Left CC	{61}	{62}	{63}	{64}	{65}	{66}
3 rd Right MLO	{67}	{68}	{69}	{70}	{71}	{72}
3 rd Left MLO	{73}	{74}	{75}	{76}	{77}	{78}

{79} More views were obtained than could be logged in the charts above (check if yes)

TA REVISION

ACRIN Study 6652

Case #

PLACE LABEL HERE

Digital Technical Parameters

Date of Study {80}y / / (mm/dd/yyyy)

Digital unit used (manufacturer, model, room#) _____ {82} _____ {83} _____ {84}

View	Compression		Target Mo,Rh,W	Filter Mo,Rh,Al	KVp	mAs
	Force (daN)	Thickness(cm)				
Right CC	{85}	{86}	{87}	{88}	{89}	{90}
Left CC	{91}	{92}	{93}	{94}	{95}	{96}
Right MLO	{97}	{98}	{99}	{100}	{101}	{102}
Left MLO	{103}	{104}	{105}	{106}	{107}	{108}

{109} Multiple images per view obtained (check only if more than one image was obtained for a specific view and log additional views below)

View	Compression		Target Mo,Rh,W	Filter Mo,Rh,Al	KVp	mAs
	Force (daN)	Thickness(cm)				
2 nd Right CC	{110}	{111}	{112}	{113}	{114}	{115}
2 nd Left CC	{116}	{117}	{118}	{119}	{120}	{121}
2 nd Right MLO	{122}	{123}	{124}	{125}	{126}	{127}
2 nd Left MLO	{128}	{129}	{130}	{131}	{132}	{133}
3 rd Right CC	{134}	{135}	{136}	{137}	{138}	{139}
3 rd Left CC	{140}	{141}	{142}	{143}	{144}	{145}
3 rd Right MLO	{146}	{147}	{148}	{149}	{150}	{151}
3 rd Left MLO	{152}	{153}	{154}	{155}	{156}	{157}

{158} More views were obtained than could be logged in the charts above (check if yes)

{159} comments

Date completed ____ - ____ - {161}