

ONTARIO BREAST SCREENING PROGRAM (OBSP) FOR WOMEN AT HIGH RISK AGED 30 TO 69 YEARS

MINIMUM ULTRASOUND STANDARDS FOR BREAST SCREENING

Screening breast ultrasounds should be limited to those patients who are unable to undergo an MRI study. It is anticipated that a screening ultrasound would be necessary very rarely.

Requirements:

- All screening breast ultrasounds must be physician supervised.
- Screening ultrasounds should be correlated with a screening mammogram.

Protocol:

- High-resolution linear array transducer with a minimal center frequency of 10 MHz.
- Entire breast and axilla should be scanned.
- Each breast should be scanned in orthogonal planes. All quadrants as well as the axilla should be meticulously scanned. For each breast, transverse and sagittal images should be obtained of the:
 - o Upper outer quadrant
 - o Upper inner quadrant
 - o Lower outer quadrant
 - o Lower inner quadrant
 - o Retroareolar region
 - o Axilla

Image Labelling:

- Each image must be labeled with:
 - o Adequate identification of patient, sonographer, facility and date
 - o Designation of right or left breast
 - o Transducer orientation (i.e. sagittal, transverse)
 - o Distance of transducer from the nipple with a clock face anatomic location
 - o The location of any abnormal lesion must be accurately labelled

Final Report:

A screening ultrasound may be reported as:

- BI-RADS 1 or 2: "Normal screening ultrasound" or "No ultrasound evidence of malignancy."
- BI-RADS 3: "Probably benign lesion". These cases will be classified as almost certainly benign.
- BI-RADS 4 or 5: "Suspicious lesion". These lesions would require ultrasound guided core biopsy.

Note: Within the first year of the OBSP high risk expansion, CCO will request ultrasound images from your site as part of the OBSP quality assurance program.

