

Sample Lay Letter for Negative or Benign Finding(s) (to be used with BI-RADS® 1-2)

Name of Facility, Address and Phone Number
Name of Patient/ID
Date of Breast Imaging

Dear Patient:

We are pleased to let you know that the results of your recent [mammogram or breast ultrasound or breast MRI] shows no sign of breast cancer.

Even though mammograms are the best method we have for early detection, not all cancers are found with mammograms. If you feel a lump or have any other reasons for concern, you should tell your health care provider.

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<Select one: Required for Mammography lay letters per FDA >

[For mammography patients with non-dense breasts:]

Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is not dense. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation. (see § 900.12(c)(2)(iii) in the final rule)

- OR -

[For mammography patients with dense breasts:]

Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is dense. In some people with dense tissue, other imaging tests in addition to a mammogram may help find cancers. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation. (see § 900.12(c)(2)(iv) in FDA final rule)

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A report of your results was sent to: [referring health care provider].

Your images will become part of your medical record at [facility name]. They will be on file for your ongoing care. If, in the future, you change health care providers or go to a different location for a mammogram, you should tell them where and when this [mammogram or breast ultrasound or breast MRI] was done.

Thank you for allowing us to help meet your health care needs.

Sincerely,

Jane Smith, M.D.
Interpreting Radiologist

**American Cancer Society Guidelines for
Early Breast Cancer Detection in Women without Symptoms**

Mammogram: Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.

Clinical breast exam: a clinical breast exam is recommended every 3 years for women in their 20s and 30s and every year for women 40 and over.

Breast awareness and breast self-exam: Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam (BSE) is an option for women starting in their 20s.

Breast MRI: Some women, because of their family history, a genetic tendency, or certain other factors, should be screened with MRI in addition to mammography. (The number of women who fall into this category is small: less than 2% of all the women in the US.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.