

Sample Lay Checklist Letter to be Handed to Patient if On-Line, Same Day Reading Is Done

Name of Facility, Address and Phone Number

Name of Patient/ID

Date of Breast Imaging

Dear Patient:

Your recent mammogram breast ultrasound breast MRI was:

(circle all that apply)

- Normal/benign.** There was no sign of breast cancer.
- Probably benign.** Your examination showed an area that we believe is probably benign (probably not cancer). However, in 6 months you should have a follow-up mammogram to confirm that the area of concern has not changed. Please call for an appointment at [telephone#].
- Additional imaging studies needed.** Imaging, such as additional mammographic views or ultrasound, are necessary to complete the evaluation. Please call for an appointment at [telephone #].
- Previous mammograms needed.** There is a finding on your mammogram that needs to be compared to previous mammograms. We will send you the results once we have obtained the previous mammograms and made the comparison.
- Abnormal.** Your examination showed an abnormality that requires a biopsy. The only way that you can be sure that the abnormality is benign (not cancer) is to sample or surgically remove the area of concern and send these samples for pathological analysis. Your physician or referring health care provider will be informed about the need for this biopsy. You should contact him/her as soon as possible (if you have not already done so).

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.

[Optional, if the woman has dense breasts] *The mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. But dense breast tissue can make it harder to find cancer on a mammogram. Also, dense breast tissue may increase your breast cancer risk. This information about the result of your mammogram report is given to you to raise your awareness. Use this report when you talk to your doctor about your own risks for breast cancer, which includes your family history. At that time, ask your doctor if more screening tests might be useful, based on your risk.*

A report of your results will be 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 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.