

Evaluation Criteria for Facility Selected Film Screen or Digital Clinical Images

These images must be selected by an Iowa qualified mammographic interpreting physician. These images must be from the previous 90 days and meet the following criteria:

Each set will consist of **four films**, right and left mediolateral obliques and right and left craniocaudal views. Digital images must be printed true size and on standard size film displayable on a mammography viewbox.

Each set will have been interpreted as “negative or benign” by an interpreting radiologist with no documentation of technical difficulty in performing the mammogram.

One set will be of fatty breasts and the other set, of dense breasts, which are defined as follows:

- a. **Fatty breast composed of predominately adipose tissue.**
- b. **Dense breast composed of predominately fibroglandular tissue.**

General rule: The length of the posterior nipple line (PNL) on the CC view must be within 1 cm of its length on the MLO. Any film that exhibits a non-essential image (i.e. chin, shoulder, earring, etc.) in or over the breast or adjoining tissue will **FAIL** the image review process.

Exposure: There must be adequate penetration of all breast tissue.

CC: The breasts should be symmetrically located on the film.
Nipple should be in midline.

MLO: The inferior extent of the pectoralis muscle should be visible to the PNL.
The breasts should be symmetrically located on the film.
The breast should be pulled out and up with an open inframammary fold and the nipple parallel to the floor.
Nipple should be in profile
The pectoralis muscle should have a convex or straight anterior margin.

All clinical images must be permanently labeled:

For laterality and projection the marker should be placed near the aspect of the breast closest to the axilla. Facility name, city, state, zip code, patient name, patient ID number and/or social security number, patient date of birth, technologist initials, cassette/screen identification, unit identification (if more than one mammography machine) and date of examination; this label should be placed near the edge of the film.

NOTE:

Images of patients with a history of an excisional breast biopsy should not be submitted for review.

Mammography Clinical Image Submission Form

I have reviewed and approved these mammography images to be submitted to the Iowa Department of Public Health for the purpose of mammography accreditation.

Mammographic Interpreting Radiologist Signature **Date** _____

Film/Screen Combination: **Film:** _____ **Screen:** _____

Mammography Unit
Manufacturer: _____ **Model:** _____