

## ASSESSMENT CATEGORIES

### a. Assessment is Incomplete

#### **Category 0**

##### **Need Additional Imaging Evaluation:**

In many instances, the US examination completes the evaluation of the patient. If US is the initial study, other examinations may be indicated. An example would be the need for mammography if US were the initial study for a patient in her late 20's evaluated with US for a palpable mass that had suspicious sonographic features. Another example might be where mammography and US are nonspecific, such as differentiating between scarring and recurrence in a patient with breast cancer treated with lumpectomy and radiation therapy. Here, MRI might be the recommendation. A need for previous studies to determine appropriate management might also defer a final assessment.

### b. Assessment is Complete — **Final** Categories

#### **Category 1**

##### **Negative:**

This category is for sonograms with no abnormality, such as a mass, architectural distortion, thickening of the skin or microcalcifications. For greater confidence in rendering a negative interpretation, an attempt should be made to correlate the ultrasound and mammographic patterns of breast tissue in the area of concern.

#### **Category 2**

##### **Benign Finding(s):**

Essentially a report that is negative for malignancy. Simple cysts would be placed in this category, along with intramammary lymph nodes (also possible to include in Category 1), breast implants, stable postsurgical changes and probable fibroadenomas noted to be unchanged on successive US studies.

*Categories continued on next page*

**Category 3****Probably Benign Finding—Short-interval Follow-Up Suggested:**

With accumulating clinical experience and by extension from mammography, a solid mass with circumscribed margins, oval shape and horizontal orientation, most likely a fibroadenoma, should have a less than 2 percent risk of malignancy. Although additional multicenter data may confirm safety of follow-up rather than biopsy based on US findings, short-interval follow-up is currently increasing as a management strategy. Nonpalpable complicated cysts and clustered microcysts might also be placed in this category for short-interval follow-up.

**Category 4****Suspicious Abnormality—Biopsy Should be Considered:**

Lesions in this category would have an intermediate probability of cancer, ranging from 3 percent to 94 percent. An option would be to stratify these lesions, giving them a low, intermediate, or moderate likelihood of malignancy. In general, Category 4 lesions require tissue sampling. Needle biopsy can provide a cytologic or histologic diagnosis. Included in this group are sonographic findings of a solid mass without all of the criteria for a fibroadenoma and other probably benign lesions.

**Category 5****Highly Suggestive of Malignancy—Appropriate Action Should be Taken:  
(Almost certainly malignant)**

The abnormality identified sonographically and placed in this category should have a 95 percent or higher risk of malignancy so that definitive treatment might be considered at the outset. With the increasing use of sentinel node imaging as a way of assessing nodal metastases and also with the increasing use of neoadjuvant chemotherapy for large malignant masses or those that are poorly differentiated, percutaneous sampling, most often with imaging-guided core needle biopsy, can provide the histopathologic diagnosis.

**Category 6**  
**Known Biopsy-Proven Malignancy—Appropriate Action Should Be Taken:**

This category is reserved for lesions with biopsy proof of malignancy prior to institution of therapy, including neoadjuvant chemotherapy, surgical excision or mastectomy.