

The Radiological Society of South Africa

Policy Document

Mammography

Version 1.0 – August 2012

Scope of Policy Document

- a) Supervision of mammography units.
- b) Radiologists' obligations and duties.
- c) Reporting requirements.
- d) Current indications for mammography

What this document does not cover

- a. The equipment required to produce mammograms or the technology required to view diagnostic images.
- b. Radiologist training or accreditation.

All clinical aspects of mammography standards will be determined solely by the Radiological Society of South Africa, in line with international standards. Any updates and / or changes to the policy document will be communicated accordingly.

RSSA Mammography Policy Recommendations

1. Every mammography department should have a radiologist nominated to disseminate monitor and supervise protocols for mammographic examinations which include:
 - a. Ages at which screening mammography is performed
 - b. Frequency of screening mammography
 - c. Indications for, and authorisation of, additional mammographic views.
 - d. Indications for tomosynthesis.

2. A radiologist does not have to be present in the department when a mammogram is performed unless an interventional procedure or a procedure requiring intravenous contrast medium is being performed (Spectral mammography).
3. A radiologist must report every mammogram after confirmation that the mammogram is technically adequate.
4. A radiologist should decide when ancillary ultrasound is required both in diagnostic and screening cases.
5. Double reading is not a requirement but every radiologist reporting mammograms should have reasonable access to a second opinion, if and when required.
6. Every ancillary ultrasound performed following mammography must be reported by a radiologist.
7. A radiologist should perform biopsy procedures using imaging guidance.
8. Mammographic guidance for biopsy procedures or localisation of pathology should only be used when the abnormality cannot be visualised by ultrasound.
9. Every mammography report should contain *inter alia*:
 - a. Clinical history and indications for mammography.
 - b. Risk factors (if any).
 - c. The breast density (ACR density grades 1-4)
 - d. BIRADS classification.
10. Current indications for screening mammography are:
 - a. Annually for all women > 40 years and < 70 years.
 - b. Annually in conjunction with MRI for all women with a calculated risk of 20% or greater. If patients in this group have a family history screening should start at age 40 or five years before the age at which the relative was diagnosed with breast cancer if this calculated age is earlier than 40 years.
11. Current indications for non screening mammography are:
 - a. The evaluation of any breast abnormality in patients 35 years or older.

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