



## Which Mammogram to Order: *Diagnostic or Screening?*

### **Diagnostic Mammogram** *A written order is required.*

#### **For a patient with any of the following:**

- Personal history of breast cancer
- Stereo/ultrasound guided biopsy in the past year
- Dominant mass/lesion/lump
- Nipple discharge that is clear or bloody
- Six-month follow-up for recent abnormal mammogram
- All men with symptoms

**Call our nurse (261-3607) or radiologist (261-3151) for any patient under age 30.**

*NOTE: Document symptoms clearly. Our technologists and radiologists need to know exactly what you have found on clinical exam to completely work-up the symptom. Fibrocystic breasts is not sufficient reason to order a diagnostic mammogram. We need specific information about your concern. Example: Nodule at approximately 4 o'clock in the left breast.*

### **Screening Mammogram – Women 35 & Older**

*Written order not required.*

#### **For the patient 35 years or older who has no symptoms**

*NOTE: A screening mammogram may include women who have lumpy/fibrocystic breasts, breast tenderness, strong family history of breast cancer, previous benign biopsy, previous cyst operation, and nipple discharge that is milky or greenish.*

#### **Written order always required for patients younger than 35**

Patients aged 30-34 may begin screening early if their mother or sister was diagnosed with premenopausal breast cancer. (Usually prior to age 50.) Give specific information about the history on the order.



*Scheduling & Pre-registration:*  
261-3151

*Clinical questions:* 261-3607

*Fax:* 261-5828

## **Breast Imaging: Special Situations**

*The scheduling protocols at Providence Imaging Center (PIC) include questions that must be answered in order to schedule a diagnostic imaging exam. PIC radiologists require the information before proceeding with the exam. If the requested exam falls outside of the general recommendations, the radiologist may need to be consulted prior to scheduling. Please provide the staff with the information they request.*

### ***Women with clinical symptoms***

**Under age 30:** targeted breast ultrasound

**Age 30 – 34:** unilateral mammogram and targeted breast ultrasound

**Age 35 and older:** bilateral mammogram and targeted breast ultrasound

### ***Women with strong family history***

For women who have one or more first-degree relatives with pre-menopausal breast cancer, the general rule is to begin screening mammography about 10 years prior to the family member's age at diagnosis or by age 40. It is rare to begin screening before age 30.

### ***Breastfeeding women***

With a clinical symptom, order a diagnostic mammogram and targeted breast ultrasound. The woman will be instructed to nurse or pump her breasts immediately prior to the exam. Lactating women should wait about one year after they stop breastfeeding to resume screening mammograms.

### ***Men with clinical symptoms***

Diagnostic bilateral mammogram and targeted breast ultrasound.

### ***Fibrocystic breasts***

Fibrocystic change is not generally considered a reason for diagnostic mammography. However, if you have areas of specific concern, please describe and indicate the specific area on the breast diagram on the PIC order form.

### ***Breast pain***

Breast pain is subjective and must be assessed carefully before ordering breast imaging. If the pain is focal or localized to a small area, diagnostic studies may be performed. Indicate the location just as you would for a breast lump. Routine screening mammography is usually sufficient for generalized pain or tenderness in a quadrant or more of the breast.

### ***Nipple discharge***

Spontaneous bloody or clear nipple discharge from one duct is considered a clinical symptom and should be worked up with diagnostic studies, which may include a ductogram. White, cloudy or greenish discharge is not usually worrisome for cancer.