

## **Digest of Council Actions, Breast Imaging Position Statements (excerpted text)**

### **Benefits and Limitations of Mammography p.66**

The American College of Radiology reaffirms its position, consistent with such other organizations as the American Cancer Society and the National Cancer Institute, that all women over 40 undergo annual screening mammography. The American College of Radiology will undertake an educational program that discusses and reviews with ACR membership and the American public the indications, efficacy, benefits, and limitations of mammography; 2002 (Res. 41).

### **Claims Regarding Screening Magnetic Resonance Imaging of the Breast p.69**

The American College of Radiology will evaluate the accuracy of advertising for breast MR screening and take prompt action as may be appropriate with federal agencies. The ACR will advise and assist state chapters in taking prompt and appropriate actions with state authorities regarding deceptive or misleading advertising for breast MR screening. Assistance to the state chapter may include financial support in an amount deemed appropriate by the Board of Chancellors. The ACR legal staff will report to the Board of Chancellors, no later than at its next meeting, the results of all federal and state activities in regard to this resolution; 2003 (Res. 32).

### **Mammography: Diagnostic Mammography Arising from Screening Mammography p.69**

The American College of Radiology will continue to work diligently with CMS, the Congress, and other payers to modify their policies so that screening and diagnostic mammography can be provided in a way that permits appropriate and efficient medical care without jeopardizing quality patient care; 1992, amended 2002 (Res. 34-g).

### **Multidisciplinary Management of Early Stage Breast Cancer p.70**

If a diagnosis of breast cancer is made women should be offered a multidisciplinary consultation regarding treatment options. This should include referral to a radiation oncologist to discuss the role of radiation as an option in conservative breast management; 2002 (Res. 42).

### **Support for Mammography and Study of Screening Modality Options p.72**

The American College of Radiology Council adopted the statement titled, “ACR Remains Committed to Mammography and Supports Study of Screening Modality Options” (Appendix G); 2003 (Res. 13).

### **Mammography CME Requirements and Due Process p.73**

The American College of Radiology will make it a priority to advocate for a change to federal mammography law so that the three year requirement for 15 hours CME credit is based on the calendar year instead of inspection dates. The American College of Radiology will also make it a priority to advocate for a change to the federal mammography regulations so that if a radiologist is found to be out of compliance on the CME requirements, he or she will have a minimum of 5

working days to show proof of having fulfilled the requirements or to cure the problem before his or her privileges to read mammograms can be removed; 2006 (Res. 18)

### **Breast Imaging Reporting and Data System (BI-RADS™) for Scientific Purposes p.74**

The American College of Radiology shall encourage radiologists to utilize the reporting lexicon contained in the Breast Imaging Reporting and Data System (“BI- RADS™”); 1993, amended 2003 (Res. 12-a).

### **Diaphanoscopy and Diaphanography, Transillumination of the Breast**

The position of the American College of Radiology is that diaphanoscopy and diaphanography have no proven clinical utility as screening, diagnostic or adjunctive imaging tools; 1993, amended 2003 (Res. 12-c).

### **Efficacy p.77**

#### **Efficacy Studies**

The ACR will continue to sponsor efficacy studies; 1979, 1989, 1999 (Res. 22-a).

#### **Thermography Efficacy**

The position of the American College of Radiology is that thermography has not been demonstrated to have value as a screening, diagnostic, or adjunctive imaging tool; 1990, 2000 (Res. 1-f).