

Name:

MRN:

Date of Exam:

Prior mammograms:

Dear Patient:

Indicated below is a summary report of your mammographic examination. In addition, your physician(s) will receive a formal medical diagnostic report detailing the findings of your examination. It would be prudent to check with your physician(s) in approximately a week to ten days to confirm that they have received the report.

_____ **Within Normal Limits/Negative** – No evidence of cancer. Yearly follow-up in _____.

_____ Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with an increased risk of breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to talk to your doctor about your own risks for breast cancer. At that time, ask your doctor if more screening tests might be useful, based on your risk. A report of your results was sent to your physician. This notification is in accordance with New York State Law that requires women to be informed of their dense breast tissue.

If you have any questions, our radiologists are available to discuss dense breast imaging considerations. To speak with a radiologist, please contact WiCare (Weill Cornell Imaging Consultation and Radiologic Expertise) at: **917-830-6455** or WiCare@med.cornell.edu

_____ **Probably Benign** – A short-term follow-up is indicated to assess stability of these findings.

Repeat mammogram in _____ months. RIGHT _____ LEFT _____ BOTH _____

IF YOU HAVE NOT DONE SO ALREADY, PLEASE CALL (212) 746-6000 TO SCHEDULE THIS APPOINTMENT NOW AS OUR SCHEDULE FILLS UP QUICKLY.

_____ **Previous Films Needed:** Prior films are needed for comparison in order to complete your examination. An addendum report will be issued after these films are sent to us for comparison. Your physician will receive a formal medical diagnostic addendum report. If you are unable to obtain your prior films, please contact Regina or Millie at (212) 821-0680.

_____ **Additional imaging studies are needed** to complete the evaluation, such as ultrasound or additional mammographic views. Please note that the majority of women requiring further evaluation are found to have benign (not cancer) conditions. You may contact Regina or Millie at (212) 821-0680 to schedule an appointment, if you have not done so already.

_____ **Abnormal** - There is a finding on your mammogram that requires further tests for a more thorough evaluation. You should contact your physician, or other healthcare provider, as soon as possible.

INTERPRETING RADIOLOGIST:

_____ Dr. Ruth Rosenblatt

_____ Dr. Karin Charnoff-Katz

_____ Dr. Melissa Reichman

_____ Dr. Carolyn Eisen

_____ Dr. Janine Katzen

_____ Dr. Kemi Babagbemi

_____ Dr. Michele Drotman

_____ Dr. Allison Levy

_____ Dr. Rachel Marcus Sales

_____ Dr. Elizabeth Kagan Arleo

American Cancer Society Guidelines for Screening Mammography

- Annual Breast Examination by a physician or other healthcare provider
 - Annual Mammography screening beginning at age 40
 - Monthly Breast Self-Examination

Approximately 10% of cancers may not be visible on a mammogram. Both an examination by your physician(s) and self-examination are important. Should you develop a lump or have any change in your breast(s) before your next screening mammogram, contact your physician or other healthcare provider for an exam without delay. Please note that you are responsible for informing any new healthcare provider or mammography facility of the date and location of this examination for future reference.