

TABLE OF CONTENTS

PREFACE	5
INTRODUCTION	7
REVISIONS	10
I. GLOSSARY OF STATISTICAL TERMS	11
II. THE BASIC CLINICALLY RELEVANT AUDIT	21
III. THE MORE COMPLETE AUDIT	33
IV. EXAMPLES OF HOW TO CLASSIFY EXAMINATIONS AS TRUE-POSITIVE, TRUE-NEGATIVE, FALSE-POSITIVE, AND FALSE-NEGATIVE	39
A. BI-RADS® ASSESSMENT CONCORDANT WITH MANAGEMENT RECOMMENDATION	41
B. BI-RADS® ASSESSMENT DOES NOT MATCH MANAGEMENT RECOMMENDATION	48
V. AREAS OF CONFUSION IN THE DATA COLLECTION PROCESS	49
A. DOUBLE READING	51
B. THE “SCREENING” VERSUS THE “DIAGNOSTIC WORKUP” RADIOLOGIST	51
C. CANCER IDENTIFIED AT ROUTINE SCREENING EXAMINATION WITH CANCER DIAGNOSIS LESS THAN 1 YEAR AFTER THE PREVIOUS NEGATIVE SCREENING EXAMINATION	52
D. THE GROUP OF EXAMINATIONS ASSESSED AS PROBABLY BENIGN (BI-RADS® CATEGORY 3) WITH A RECOMMENDATION FOR SHORT-INTERVAL FOLLOW-UP AND SURVEILLANCE IMAGING	52
E. THE GROUP OF EXAMINATIONS ASSESSED AS KNOWN BIOPSY-PROVEN MALIGNANCY (BI-RADS® CATEGORY 6)	53
VI. FREQUENTLY ASKED QUESTIONS CONCERNING BREAST IMAGING AUDITS	55
A. ALL BREAST IMAGING MODALITIES	57
B. MAMMOGRAPHY	59
C. ULTRASOUND	61
D. MRI	65
VII. SAMPLE FORMS AND EXAMPLE FOR BASIC CLINICALLY RELEVANT AUDIT DATA COLLECTION AND CALCULATIONS.	67