

BI-RADS Assessment Categories

Category 0 - Need Additional Imaging Evaluation:

A finding for which additional imaging evaluation is needed. This is almost always used in a screening situation and should rarely be used after a full imaging work up. A recommendation for additional imaging evaluation includes the use of spot compression, magnification, special mammographic views, ultrasound, etc. The radiologist should use judgement in how vigorously to pursue previous studies.

- ❖ Provider responsibility – work with radiologist to assure that the patient returns for additional imaging as soon as possible.

Category 1 - Negative:

There is nothing to comment on. The breasts are symmetrical and no masses, architectural disturbances or suspicious calcifications are present.

- ❖ Provider responsibility – refer the patient for an appointment in one year.

Category 2 - Benign Finding:

This is also a negative mammogram, but the interpreter may wish to describe a finding. Involuting calcified fibroadenomas, multiple secretory calcifications, fat containing lesions such as oil cysts, lipomas, galactoceles, and mixed density hamartomas all have characteristic appearances, and may be labeled with confidence. The interpreter might wish to describe intramammary lymph nodes, implants, etc. while still concluding that there is no mammographic evidence of malignancy.

- ❖ Provider responsibility – refer the patient for an appointment in one year.

Category 3 - Probably Benign Finding – Short Interval Follow-Up Suggested:

A finding placed in this category should have a very high probability of being benign. It is not expected to change over the follow-up interval, but the radiologist would prefer to establish its stability. Data are becoming available that shed light on the efficacy of short interval follow-up. At the present time, most approaches are intuitive. These will likely undergo future modification as more data accrue as to the validity of an approach, the interval required, and the type of findings that should be followed.

- ❖ Provider responsibility – work with the radiologist to schedule the patient for a six-month follow-up appointment.

Category 4 - Suspicious Abnormality – Biopsy Should Be Considered:

These are lesions that do not have the characteristic morphologies of breast cancer but have a definite probability of being malignant. The radiologist has sufficient concern to urge a biopsy. If possible, the relevant probabilities should be cited so that the patient and her physician can make the decision on the ultimate course of action.

- ❖ Provider responsibility – assure that tissue diagnosis, either by needle biopsy or excisional biopsy, is obtained in a timely fashion.

Category 5 - Highly Suggestive of Malignancy – Appropriate Action Should Be Taken:

These lesions have a high probability of being cancer.

- ❖ Provider responsibility – assure that tissue diagnosis, either by needle biopsy or excisional biopsy, is obtained in a timely fashion.