

Screening Whole-Breast Ultrasound: Handheld vs. Automated



Clinical and Operational Considerations for Supplemental Screening for Dense Breast Tissue

Context:

Whole-breast ultrasound (WBUS) can improve cancer detection in women with dense breast tissue when used alongside mammography. Practices may choose between Automated Whole-Breast Ultrasound (ABUS) and Handheld Whole-Breast Ultrasound (HHUS) based on clinical goals, volume, and operational model.

Category	Handheld Whole-Breast Ultrasound (HHUS)	Automated Whole-Breast Ultrasound (ABUS)
Clinical Use Case	Flexible, diagnostic or screening use; well-suited for lower volume programs	Designed for high-volume, standardized screening programs
Operator Dependency	High — dependent on sonographer expertise	Lower — standardized acquisition
Who Performs Exam	Registered sonographer with breast imaging experience required	Can be performed by trained mammography technologist or trained Breast Imaging Support Specialist
Patient Scheduling Flexibility	Part Time deployment (e.g., 1 day/week) based on sonographer availability	Integrated into daily schedule; may utilize shared mammography staffing
Impact on Patient Throughput	No impact to mammography capacity as a screening exam; may support both screening and diagnostic ultrasound workflows (diagnostic exams may impact screening scheduling)	May impact mammography capacity when ABUS is performed by shared technologist resources, requiring dedicated scheduling blocks
Equipment	May be performed with practice’s existing ultrasound equipment (or OWH can procure); may evaluate the addition of diagnostic breast imaging services to maximize staff and equipment utilization	OWH must procure the ABUS machine
Space Required	If leveraging practice equipment, can usually be done in existing room	Separate room required. Should not be added to screening mammography room

Key Takeaways for Referring Providers:



Both modalities are clinically appropriate for supplemental screening in women with dense breast tissue



The primary differentiators are staffing model, operational impact, and scalability



Handheld ultrasound is often more practical for lower-volume practices and can support both screening and diagnostic workflows



ABUS becomes more compelling in higher-volume settings where standardization and scale drive efficiency