Onsite
WOMEN'S HEALTH

PRIOR EXAMS:

A MUST-HAVE FOR SCREENING MAMMOGRAMS

Screening mammography can identify breast cancers early, maximizing a woman's chance of survival.

Interpretation of a screening mammogram is difficult, and no test is perfect. In addition to correctly interpreting studies as suspicious (positive) or normal (negative), screening can also result in **false positives** (a potential abnormality is identified on the screen, but is proven benign at diagnostic exam) and **false negatives** (a cancer is present, but missed on the screening exam).

> Radiologists **perform better** when prior exams are available for comparison, minimizing both false positives and false negatives. This **improves patient care** as more cancers are found and fewer benign findings are recalled for workup.

EXAMPLE 1

A radiologist sees a mass on a screening mammogram that has no obvious malignant features, but that doesn't prove it's benign. If the patient's screening mammogram from 3 years ago also shows the mass, however, the radiologist can confidently dismiss it as benign. Without a prior exam, the patient must return for evaluation as the mass could be enlarging or new – the radiologist can't know for sure.

- Outcome **with** prior: exam is correctly interpreted as benign.
- Outcome **without** prior: **false positive**. Patient must return for diagnostic evaluation.

EXAMPLE 2

A radiologist is reading a screening mammogram that seems to be ok. However, when she compares to prior exams, there's a subtle focal asymmetry that wasn't present a few years ago. Although it doesn't look like much on today's screen, the radiologist calls it back ...and it turns out to be cancer.

- Outcome **with** prior: exam is correctly interpreted as suspicious, cancer detected early.
- Outcome **without** prior: **false negative**. Cancer goes undetected. Depending on how aggressive it is, it may present clinically before patient's next screening mammogram.

Given the immense improvement in patient care granted by prior exams, we go to great lengths to obtain them. We will hold a patient's mammogram for up to **21 days** while attempting to obtain prior exams. If none can be obtained, the exam is then released for interpretation without them.

This length of time allows us to make every effort to obtain a patient's prior exams. We know that it can be stressful to wait but feel that it's **far better to wait and get the right answer, than to hurry to the wrong answer.**

OWH Process for Obtaining Priors

If the patient's most recent, prior mammograms were not performed at Onsite or are not available for comparison:

The prior mammogram(s) will be requested from the outside facility either by phone call and/or fax. If priors are not received after the first attempt, two more attempts will be made to obtain these images. The fourth and final attempt will be to call the patient informing her we have not been successful in obtaining her priors. We will recommend that the patient contact the prior facility to expedite the process.

The current mammogram will be held in a "Waiting on Prior" status in our PACS system. In the event the prior images are still not received after the **21-day hold policy**, the current study will be released to the radiologist for interpretation without priors to compare. If priors are received outside the 21-days, an addendum to the original report will be issued.

Sources:
https://pubmed.ncbi.nlm.nih.gov/17185661/ | https://pubmed.ncbi.nlm.nih.gov/15890483/

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