

Algorithms, Clinical Highlights, Annotations:

All of the algorithms were revised. A new main algorithm: Evaluation by Primary Care of Patient with Symptoms of Potential Breast Disease was created. All other algorithms stem from this.

Clinical Highlights:

Bullet 3 was revised with the word ‘spontaneous’ and added that a radiologist should also be consulted for imaging studies if appropriate.

Annotations

The annotations were updated and revised according to the new algorithms.

- 2) Added the reference: Smith, 2003 to support routine mammography screening in patients with increased risk.
- 13) Inform Patient of Next Screening Date. The work group reached consensus on routine screening intervals for women who are not at increased risk for breast cancer. This was based on the following: Recommendations from the Amer Cancer Society, Amer Radiology Society, and the USPSTF. Several journal articles were also reviewed. The recommendation is: Screening mammography should begin every 1-2 years for women aged 40-49. Women aged 50 and older should be screened yearly. This is slightly different than the ICSI Preventive Services guideline. This recommendation will be brought forth to the respective committees for review. References added: Norman, 2007; Moss, 2006.
- *46, 47 & 52) Added the reference: Smith, 2004 to the annotation discussion of breast pain.
- *54) Added the reference: Brem, 2007 to the annotation discussion of lymph scintimammography.
- *58) The annotation discussing when to use Magnetic Resonance Imaging (MRI) as an adjunct to mammography was updated according to the new ACS guidelines. Added the reference: Saslow, 2007.
- *88 & 113) Added the references: Kaufman, 2005; Littrup, 2005 with the discussion about fibroadenomas.

Priority Aims & Suggested Measures, Measurement Specifications

New Priority Aims with suggested measures were added that correspond with the Clinical Highlights.

**An asterisk indicates any changes in clinical practice recommendations*