

Royal College of Radiologists Breast Group

Breast Imaging Classification

PURPOSE

A standardised breast imaging report classification ensures clear communication regarding the likelihood of malignancy within the breast and the need for further investigation to establish a definite diagnosis. This reduces the risk of misinterpretation of findings, improves communication between referring clinicians and radiologists and between multi-disciplinary teams, and facilitates the recording of information for audit and quality assurance purposes. The reported likelihood of malignancy acts as a readily communicated report summary which informs the decision about further management.

The Royal College of Radiologists Breast Group classification system for breast imaging uses a five-point scale. It is recommended that this be used in the reporting of all breast imaging examinations.

CLASSIFICATION

The level of suspicion for malignancy on imaging should be categorised from 1 – 5 as follows:

1. Normal / no significant abnormality.

There is no significant imaging abnormality.

2. Benign findings

The imaging findings are benign.

3. Indeterminate / probably benign findings

There is a small risk of malignancy. Further investigation is indicated.

4. Findings suspicious of malignancy

There is a moderate risk of malignancy. Further investigation is indicated.

5. Findings highly suspicious of malignancy

There is a high risk of malignancy. Further investigation is indicated.

Further investigation may include imaging (such as mammography, ultrasound or MRI) and needle biopsy. In exceptional cases open biopsy may be required to establish a definitive diagnosis or a follow up examination may be appropriate e.g. to re-examine a small enhancing lesion found on MRI at a different stage of the menstrual cycle.

Each breast should be classified according to its most suspicious lesion and this classification should be stated in the report summary. E.g. 'Left breast M2' or 'Right breast U3'. In addition an individual classification may be applied to separate significant lesions within the same breast in the body of the report.

The findings should be correlated with clinical symptoms or signs, if present, and this should be stated in the report

Prefixes to be used

Mammography: **M**

Ultrasound: **U**

MRI: **MRI**

Overall radiological opinion:

An overall opinion may be given, summarising the results of investigations performed up to the date of reporting, and should be based on the most suspicious finding in each breast. The overall opinion may be changed subsequently by the results of further investigations. The overall opinion should also use the 5 point scale.

Overall: 1 – 5

MANAGEMENT

Management should be based on the principle of the ‘triple test’, i.e. clinical examination, imaging and needle sampling. If both clinical examination and imaging are normal or unequivocally benign then needle sampling is not required.

If the clinical findings are suspicious and/or the overall imaging findings are 3, 4 or 5, percutaneous needle sampling is indicated.