



Mammography

The purpose of continuing qualifications requirements (CQR) is to assist registered technologists in documenting their continued qualifications in the disciplines of certification and registration held. To accomplish this purpose the continuing qualifications requirements are presented in three parts: the professional profile, the structured self assessment (SSA) and continuing education (CE).

The purpose of the CQR SSA is to assist registered technologists identify gaps in the knowledge and cognitive skills underlying the intelligent performance of the tasks typically required for practice within the disciplines of certification and registration held and help direct their professional development efforts.

The *Structured Self Assessment Content Specifications for Mammography* is provided to assist mammographers during their CQR compliance period. Its purpose is to prepare mammographers for the SSA and to help education providers develop coursework for the mammographers who need to address specified areas with targeted continuing education. Targeted CE is assigned only if a standard is not met in a category on the SSA.

The SSA is composed of sets of questions that are designed to evaluate an individual’s knowledge in topics related to current practice. Participants have a maximum of 40 minutes to complete the SSA. Please allow an additional eight minutes for the tutorial, two minutes for the nondisclosure agreement (NDA), and 10 minutes for a follow-up survey.

The table below presents the major categories and subcategories covered on the SSA. The number of questions in each category are listed in bold and number of questions in each subcategory in parentheses. The potential number of targeted CE credits that would be prescribed if the standard is not met, are across from each subcategory, with the maximum amount listed at the bottom. Specific topics within each category are addressed in the content outline, which makes up the remaining pages of this document.

Content Category	Number of Questions	Potential CE Credits
Patient Care	10	
<i>Patient Interactions and Management (10)</i>		2
Image Production	10	
<i>Image Acquisition and Quality Assurance (10)</i>		6
Procedures	20	
<i>Anatomy, Physiology, and Pathology (10)</i>		5
<i>Mammographic Positioning, Special Needs, and Imaging Procedures (10)</i>		7
	Total 40	Maximum CE 20



Patient Care

1. Patient Interactions and Management

- A. Patient Communication
 - 1. pre-exam instructions (*e.g., removal of deodorant, clothing)
 - 2. explanation of mammographic procedure
 - a. establish patient rapport
 - b. psychological and emotional support
 - c. address physical and mental limitations
 - 3. patient education
 - a. guidelines for mammography screening (ACS, ACR)
 - b. breast self-examination (BSE)
 - c. clinical breast examination (CBE)
 - d. typical patient dose
 - B. Patient Assessment (risks for breast cancer; implication for imaging)
 - 1. epidemiology of breast cancer
 - a. incidence
 - b. risk factors
 - 1. female gender
 - 2. advancing age
 - 3. personal history of breast cancer
 - 4. personal history of other cancers
 - 5. family history of breast cancer
 - 6. genetic predisposition
 - 7. race
 - 8. abnormal breast biopsy
 - 9. early menarche
 - 10. late menopause
 - 11. nulliparity
 - 12. late age at primiparity
 - 13. previous breast radiation
 - 14. obesity
 - 15. hormone replacement therapy (HRT)
 - 16. breast tissue density (tissue composition)
 - 2. signs and symptoms
 - a. pain
 - b. lump
 - c. thickening
 - d. nipple discharge
 - e. skin changes
 - f. nipple and areolar changes
 - g. edema
 - h. erythema
 - i. dimpling
 - 3. documentation of medical history and clinical findings
 - 4. previous mammograms
 - a. review prior to exam
 - b. importance of having prior images available
- C. Breast Cancer Treatment Options¹
 - 1. surgical options
 - a. lumpectomy/breast-conserving surgery
 - b. sentinel/axillary node dissection
 - c. simple (total) mastectomy
 - d. modified radical mastectomy
 - e. prophylactic mastectomy
 - 2. nonsurgical options
 - a. radiation therapy
 - b. chemotherapy
 - c. hormone therapy (antiestrogen therapy)
 - 1. hormone receptor status (ER+/-)
 - 2. hormone receptor status (PR+/-)
 - 3. anti-HER2/neu therapy
 - 3. reconstruction
 - a. implant
 - b. TRAM flap
 - c. latissimus dorsi flap

* The abbreviation "e.g.," is used to indicate that examples are listed in parentheses, but that it is not a complete list of all possibilities.

¹ The mammographer is expected to understand the definitions and basic descriptions of these terms.



Image Production

1. Image Acquisition and Quality Assurance

- A. Design Characteristics of Mammography Units
 - 1. kVp range
 - 2. mammography tube (e.g., anode, filtration, window, focal spot)
 - 3. compression paddles
 - 4. grids
 - 5. system geometry (e.g., SID, OID, magnification)
- B. Digital Acquisition, Display and Informatics
 - 1. acquisition type
 - a. full field digital mammography-direct radiography (FFDM-DR/2D)
 - b. digital breast tomosynthesis (DBT/3D)
 - 2. image receptors
 - 3. monitors
 - a. acquisition workstation
 - b. radiologist interpretation workstation
 - 4. digital image display and informatics
 - a. workflow (e.g., appropriate documentation, matching images, merging patient data)
 - b. PACS
 - 1. storage and retrieval of data
 - 2. backup and archive
 - 5. computer-aided detection (CAD)
- C. Quality Assurance and Evaluation
 - 1. accreditation and certification
 - a. agencies (ACR, FDA)
 - b. purpose
 - c. process
 - d. frequency
 - 2. MQSA regulations
 - a. personnel requirements
 - b. record keeping (e.g., assessment categories, image ID and labeling, maintenance of images and reports, communication of results to providers and patient)
 - c. medical outcomes audit
 - d. required policies (e.g., infection control, consumer complaint)
 - e. Enhancing Quality Using the Inspection Program (EQUIP)
 - 1. quality assurance (clinical image corrective action)
 - 2. clinical image quality
 - 3. quality control oversight

(Image Production continues on the following page.)



Image Production (continued)

D. Quality Control²

1. mammographer tests
 - a. phantom image
 1. quality
 2. artifact
 - b. compression thickness
 - c. visual checklist
 - d. acquisition and radiologist workstation monitors
 1. monitor cleanliness
 2. monitor calibration and test pattern (e.g., SMPTE, TG18)
 - e. repeat analysis
 - f. viewing conditions
 - g. compression force
 - h. manufacturer detector calibration

FOCUS OF QUESTIONS

- Purpose
- Frequency
- Equipment and Procedure
- Performance Criteria
- Corrective Action

2. medical physicist tests
 - a. mammographic equipment evaluation
 - b. collimation assessment
 - c. system resolution tests
 1. spatial resolution
 2. modulation transfer function (MTF)
 - d. low contrast performance tests
 1. signal-to-noise (SNR)
 2. contrast-to-noise (CNR)
 - e. automatic exposure control system performance
 - f. artifact evaluation
 - g. phantom image quality evaluation
 - h. kVp accuracy and reproducibility
 - i. beam quality assessment (half-value layer)
 - j. average glandular dose
 - k. room illuminance
 - l. evaluation of technologist's quality control program
 - m. application of compression
 - n. compression paddle alignment
 - o. acquisition and radiologist interpretation workstation QC

FOCUS OF QUESTIONS

- Purpose
- Frequency

²The Quality Control (QC) tests for the mammographer and the medical physicist tests listed are referenced in the 2018 ACR Digital Mammography Quality Control Manual. The mammographer is expected to have a detailed understanding of all the mammographer QC tests and a basic understanding of the medical physicist QC tests.

(Image Production continues on the following page.)



Image Production (continued)

E. Mammographic Technique and Image Evaluation

1. technical factors
 - a. kVp
 - b. mAs
 - c. automatic exposure
 - d. manual exposure
 - e. compression thickness
 - f. target/filter
 - g. focal spot
 - h. grids
 - i. magnification
 - j. labeling
2. evaluation of image quality
 - a. positioning
 - b. compression
 - c. exposure
 - d. contrast
 - e. sharpness
 - f. noise
 - g. artifacts
 - h. collimation
 - i. motion



Procedures

1. Anatomy, Physiology, and Pathology

- A. Localization Terminology
 - 1. clock position
 - 2. quadrants
 - 3. triangulation
- B. External Anatomy
 - 1. breast margins
 - 2. nipple
 - 3. areola
 - a. Morgagni tubercles
 - b. Montgomery glands
 - 4. angle of pectoral muscle
 - 5. skin
 - a. sebaceous glands
 - b. sweat glands
 - c. hair follicles
 - 6. axillary tail
 - 7. inframammary fold
- C. Internal Anatomy
 - 1. fascial layers
 - 2. retromammary space
 - 3. fibrous tissues
 - 4. glandular tissues
 - a. lobules
 - b. terminal ductal lobular unit (TDLU)
 - 1. extralobular terminal duct
 - 2. intralobular terminal duct
 - 3. acinus (ductal sinus)
 - 5. adipose tissues
 - 6. Cooper ligaments
 - 7. pectoral muscle
 - 8. vascular system
 - 9. lymphatic system
- D. Cytology
 - 1. epithelial cells
 - 2. myoepithelial cells
 - 3. basement membrane
- E. Pathology
 - 1. mammographic appearance and reporting terminology (BI-RADS®)
 - a. architectural distortion (e.g., asymmetry, focal asymmetry)
 - b. characteristics of masses
 - 1. shape (e.g., round, irregular)
 - 2. margin (e.g., circumscribed, indistinct, spiculated)
 - 3. density
 - c. characteristics of calcifications
 - 1. typically benign (e.g., skin, vascular, coarse, milk of calcium, dystrophic)
 - 2. suspicious morphology (e.g., amorphous, heterogenous, fine pleomorphic)
 - 3. distribution (e.g., diffuse, grouped, linear)
 - 2. BI-RADS® categories
 - 1. mammographic assessment
 - 2. breast composition (e.g., entirely fatty, heterogeneously dense)
 - 3. benign pathology and mammographic appearance
 - a. cyst
 - b. galactocele
 - c. fibroadenoma
 - d. lipoma
 - e. hamartoma
 - f. papilloma
 - g. ductal ectasia
 - h. hematoma
 - i. abscess and inflammation
 - j. fat necrosis
 - k. lymph nodes
 - l. gynecomastia
 - m. radial scar
 - 4. malignant pathology and mammographic appearance
 - a. ductal carcinoma in situ (DCIS)
 - b. invasive/infiltrating ductal carcinoma (IDC)
 - c. invasive lobular carcinoma
 - d. inflammatory carcinoma
 - e. Paget disease of the breast
 - f. sarcoma
 - g. lymphoma

(Procedures continues on the following page.)



Procedures (continued)

2. Mammographic Positioning³, Special Needs, and Imaging Procedures

A. Views

1. craniocaudal (CC)
2. mediolateral oblique (MLO)
3. mediolateral (ML)
4. lateromedial (LM)
5. exaggerated craniocaudal (XCCL, XCCM)
6. cleavage (CV)
7. axillary tail (AT)
8. tangential (TAN)
9. rolled (RL, RM, RS, RI)
10. implant displaced (ID)
11. nipple in profile
12. anterior compression
13. spot compression
14. magnification

B. Special Patient Situations

1. chest wall variations (e.g., pectus excavatum, pectus carinatum)
2. irradiated breast
3. reduction mammoplasty
4. postsurgical breast
5. male patients
6. kyphotic/lordotic patients
7. protruding abdomen
8. implanted devices (e.g., pacemaker, port)
9. breast augmentation
10. lactating breast
11. extremely large/small breast

C. Imaging Examinations

1. mammography
 - a. screening
 1. 2D
 2. digital breast tomosynthesis (DBT/3D)
 - b. diagnostic
2. breast ultrasound
3. breast MRI⁴
4. sentinel node mapping⁴

D. Interventional Procedures⁴

1. informed consent
2. procedures and associated imaging
 - a. biopsy with clip placement
 1. ultrasound core biopsy
 2. stereotactic core biopsy
 - b. cyst aspiration
 - c. fine needle aspiration biopsy
 - d. needle localization
 - e. interventional imaging
 1. specimen (e.g., stereotactic, surgical)
 2. localization
 3. clip
3. handling and disposing of biohazardous materials
 - a. biopsy specimens
 - b. cyst aspirate

³ The mammographer is expected to know positioning as presented in the *ACR Mammography Quality Control Manual-Clinical Image Quality* (1999). Approximately six items in this section will cover the standard views (CC and MLO).

⁴ The mammographer is expected to have the basic knowledge of these examinations and procedures.