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| --- | --- |
| Description: ACR_logo_blk_invert | Breast Ultrasound Accreditation Program  **1891 Preston White Drive, Reston, VA 20191-4397 Patient Outcome Data** |

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PATIENT OUTCOME DATA

1. Who performs the breast ultrasound examinations in this facility?

Physician only  Sonographer only  Technologist only  Physician and sonographer

Physician and technologist

1. Is there a mechanism in place to determine the disposition of positive breast ultrasound cases?

No  Yes

1. You must provide all the following outcome data collected for ultrasound-guided breast biopsies: (Skip if CNB/FNAC not performed.)

Beginning date: \_\_\_\_\_\_\_\_ Ending date: \_\_\_\_\_\_\_\_ *(if possible, provide data for 1 year)*  This is a new facility and there is no patient outcome data available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall** | **# Core Needle Biopsies** | **# FNAC Biopsies** | **Total #** |
| **# of ultrasound-guided breast biopsies** |  |  |  |
| **# cancers found** |  |  |  |
| **# benign lesions** |  |  |  |
| **# biopsies needing repeat biopsy** |  |  |  |
| **# complications** |  |  |  |
|  |  |  |  |
| **Repeats - Core Needle Biopsy** | **Repeat Biopsies by Core** | **Repeat Biopsies by Excision** | **Total #** |
| **Insufficient sample** |  |  |  |
| **Discordance with Imaging** |  |  |  |
| **Cellular atypia, radial scar** |  |  |  |
| **Other (Please specify):** |  |  |  |
|  |  |  |  |
| **Repeats - FNAC Biopsy** | **Repeat Biopsies by Core** | **Repeat Biopsies by Excision** | **Total #** |
| **Insufficient sample** |  |  |  |
| **Discordance with Imaging** |  |  |  |
| **Cellular atypia** |  |  |  |
| **Other (Please specify):** |  |  |  |
|  |  |  |  |
| **Complications** | **# Core Needle Biopsies** | **# FNAC Biopsies** | **Total #** |
| **Hematomas (requiring intervention)** |  |  |  |
| **Infection** |  |  |  |
| **Pneumothorax** |  |  |  |