



BSGI: Clinical Indications for Use

Through the collaboration of several BSGI users and a careful review of the medical literature, the following list of indications for use has been developed as part of a BSGI clinical protocol.

A. Patients with probable or known breast malignancy

1. Evaluating the extent of disease
2. Detecting multicentric, multi-focal or bilateral disease

B. Patients with personal history of breast malignancy

1. Suspected recurrence
2. Adjunct to monitoring response to chemotherapy

C. Patients with indeterminate breast abnormalities

1. Nipple discharge with normal or abnormal mammogram and/or sonographic abnormality with or without contrast ductography.
2. For lesions considered to have low probability of malignancy (BIRADS 3), when patient reassurance is warranted
3. Evaluation of lesions identified by breast imaging, palpable or non-palpable
4. Evaluation of palpable abnormalities not demonstrated by mammography or ultrasound
5. Evaluation of multiple masses demonstrated on breast imaging
6. To aid in biopsy targeting
7. Evaluation of diffuse or multiple clusters of microcalcifications
8. Evaluate the breasts for occult disease in cases of axillary node metastases with unknown primary
9. Unexplained architectural distortion

D. Patients with technically difficult breast imaging

1. Radiodense breast tissue
2. Implants, free silicone or paraffin injections compromising the mammogram

Application Notes



E. Patients for whom Breast MRI would be indicated

1. MRI is diagnostically indicated, but not possible
 - a. implanted pacemakers or pumps
 - b. ferromagnetic surgical implants
 - c. risk of nephrogenic systemic fibrosis response to gadolinium
 - d. body habitus exceeding the inside of the MRI bore
 - e. breasts too large to be evaluated within a breast coil
 - f. acute claustrophobia
 - g. other factors limiting compliance with a prescribed MRI study

2. As an alternative for patients who meet MRI screening criteria: BRCA1, BRCA2 mutations; parent, sibling, or child BRCA+; Lifetime risk of 20-25% established; chest radiation between ages 10 and 30, but cannot comply due to one of the issues stated in E1.

A copy of the complete protocol is available upon request. Contact Doug Kieper, Director of Clinical Research and Education, for more information (206) 795 – 3494 or dkieper@dilon.com