



Ontario Breast Screening Program (OBSP) Screening Breast Magnetic Resonance Imaging (MRI) Report Template (Dictated)

This template provides guidance for sites to incorporate OBSP screening results into dictated reporting software. Terminology used in the template aligns with the Integrated Client Management System (ICMS) and the Breast Imaging Reporting and Data System (BI-RADS) Atlas 5th edition. Where appropriate, terminology will be updated to align with the BI-RADS Atlas 6th edition when available.

Elements required in dictated reports	Description of information to be included
Indication	Identify the screen as an OBSP screening MRI
Compared to previous imaging	State whether the MRI was compared to previous mammogram(s), MRI, or if it is an initial screen
MRI technique	Describe the technique used as per your site
Breast Composition Category: Use BI-RADS classification	Describe the breast composition as it appears on MRI using one of the following BI-RADS categories: A: Almost entirely fat B: Scattered fibroglandular tissue C: Heterogeneous fibroglandular tissue D: Extreme fibroglandular tissue
Breast Implants (if present)	Include the following: <ul style="list-style-type: none"> Type (e.g., saline, silicone) Location (e.g., subglandular, subpectoral) Findings (if any) <p>Note: Most implant abnormalities are outside the scope of breast cancer screening. Typically, implant abnormalities are not given a BI-RADS assessment score.</p>
Background Parenchymal Enhancement	Describe the Background Parenchymal Enhancement using one of the following categories: A: Minimal B: Mild C: Moderate D: Marked
Findings: Right breast	If findings exist for the right breast, indicate: <ul style="list-style-type: none"> Finding 1 (Reason 1) – Pick one of the following:

Elements required in dictated reports	Description of information to be included
	<ul style="list-style-type: none"> ○ Mass enhancement ○ Non-mass-like enhancement ○ Other <p>Include: size, location, lesion description, series and image number (e.g., use the most applicable BI-RADS terminology)</p> <ul style="list-style-type: none"> ● Finding 2 (Reason 2) – Pick one of the following: <ul style="list-style-type: none"> ○ Mass enhancement ○ Non-mass-like enhancement ○ Other <p>Include: size, location, lesion description, series and image number (e.g., use the most applicable BI-RADS terminology)</p> <p>Axillary lymph nodes: normal or abnormal</p> <p>Note: This terminology aligns with ICMS.</p>
Findings: Left breast	<p>If findings exist for the left breast, indicate:</p> <ul style="list-style-type: none"> ● Finding 1 (Reason 1) – Pick one of the following: <ul style="list-style-type: none"> ○ Mass enhancement ○ Non-mass-like enhancement ○ Other <p>Include: size, location, lesion description, series and image number (e.g., use the most applicable BI-RADS terminology)</p> <ul style="list-style-type: none"> ● Finding 2 (Reason 2) – Pick one of the following: <ul style="list-style-type: none"> ○ Mass enhancement ○ Non-mass-like enhancement ○ Other <p>Include: size, location, lesion description, series and image number (e.g., use the most applicable BI-RADS terminology)</p> <p>Axillary lymph nodes: normal or abnormal</p> <p>Note: This terminology aligns with ICMS.</p>
Additional Findings (if present)	List any additional findings

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Impression	<ul style="list-style-type: none"> • Normal or unremarkable screening breast MRI • Abnormal screening breast MRI
Assessment Recommendations	<p>If normal, routine screening recommended. If abnormal, describe assessment recommendations:</p> <ul style="list-style-type: none"> • Right breast (Y/N) <ul style="list-style-type: none"> ○ Ultrasound ○ Mammo review ○ Follow-up MRI ○ Surgical consult ○ Core biopsy • Left breast (Y/N) <ul style="list-style-type: none"> ○ Ultrasound ○ Mammo review ○ Follow-up MRI ○ Surgical consult ○ Core biopsy <p>Note: This terminology aligns with ICMS.</p>
BI-RADS Assessment Category	<p>Describe the assessment category using one of the following BI-RADS categories during screening:</p> <p>0: MRI: Incomplete; need additional imaging evaluation</p> <p>1: Negative</p> <p>2: Benign</p> <p>3: Probably Benign*</p> <p>4: Suspicious</p> <p>5: Highly Suggestive of Malignancy</p> <p>6: Known Biopsy-Proven Malignancy (note: including for completeness but does not apply for screening breast MRI).</p> <p>*If short-term follow-up is recommended, this should be done outside of the OBSP. Please let referring primary care provider know if a referral is necessary.</p>