# BREAST IMAGING

FULL CONTINUUM OF CARE





### SERVICES THAT PROVIDE PEACE OF MIND TO YOUR PATIENTS

When it comes to breast care, your patients are looking for fast, accurate answers. We offer a full continuum of screening and diagnostic services through our outpatient centers.

#### **ON-SITE, SUBSPECIALIZED BREAST RADIOLOGISTS**

Exams are read by board-certified radiologists who are on-site, and subspecialized in breast imaging, breast cancer and early detection.

#### **BREAST CARE NURSE NAVIGATOR**

One of our breast care nurse navigators will work with each patient to provide the resources and information they need, including access to specialists to make choices about screening, diagnosis and treatment options.

#### **ADVANCED IMAGING SERVICES**

- 3D (Tomosynthesis) mammography: screening and diagnostic
- Diagnostic breast ultrasound
- Biopsies, ultrasound, stereotactic and MRI

- Breast MRI
- Bone density (DXA)
- » Waukesha only
- Care coordination specialists

#### **GREENFIELD**

4455 S. 108th St. Suite 140 Greenfield, WI 53228

#### **MENOMONEE FALLS**

W129 N7055 Northfield Dr. Suite 101 Menomonee Falls, WI 53051

#### **WAUKESHA**

2315 E. Moreland Blvd. Suite 1500 Waukesha, WI 53186

MyChart – allows for patients to self-schedule



CALL 414.774.7226
FAX 414.454.4995
EPIC FROEDTERT PROVIDERS
EMAIL RAYUSMKE@RAYUSradiology.com
ONLINE insideRAYUS.com





## ORDERING GUIDELINES

of breast cancer

	STATUS	INDICATIONS	EXAM TO ORDER
PATIENT WITH NO SYMPTOMS			
	NORMAL RISK PATIENT	Asymptomatic patients (including patients over 1 year out from breast cancer diagnosis, surgery or biopsy)	Screening mammogram (starting at age 40)
	AT-RISK PATIENT	<ul> <li>Patient has BRCA 1 or BRCA 2 mutation</li> <li>First-degree relative has BRCA mutation and patient untested</li> <li>Calculated lifetime risk is greater than 20% by a risk assessment model</li> <li>Personal history of chest radiation between ages 10-30 (usually for Hodgkin's disease)</li> <li>Patient has Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley- Ruvalcaba syndrome, or a first degree relative with one of these conditions</li> </ul>	Screening mammogram and breast MRI alternating at 6 month interval
		For surveillance of patients with moderate to increased risk and dense breasts, consider ultrasound in addition to screening mammogram if breast MRI is not possible.	
PATIENT WITH SYMPTOMS			
	SYMPTOMS MAY INCLUDE	<ul> <li>Lump, thickening or pain that is persistent, local or unusual</li> <li>Nipple discharge (especially from a single duct) or other nipple changes</li> <li>New or concerning skin changes</li> <li>Axillary lymphadenopathy</li> </ul>	<ul> <li>If under 30 years, ultrasound first, possible diagnostic mammogram</li> <li>If over 30 years, diagnostic mammogram and ultrasound</li> </ul>
ABNORMAL MAMMOGRAM/MRI			
	ABNORMAL MAMMOGRAM OR MRI	Follow-up to abnormal findings on screening mammogram or breast MRI	Diagnostic mammogram and/or ultrasound
	SHORT INTERVAL FOLLOW UP (1-6 MONTHS)		
	PROBABLY BENIGN MAMMOGRAM	Short-term follow-up of probably benign mammographic findings	Diagnostic mammogram, possible ultrasound
	PROBABLY BENIGN ULTRASOUND	Short-term follow-up of probably benign ultrasound findings	Ultrasound and possible diagnostic mammogram
BREAST IMPLANTS			
	NO SYMPTOMS	Implants – no current symptoms	Screening mammogram (8 views done)
	EVALUATE INTEGRITY	Implants – evaluate integrity	Breast MRI w/o contrast
	SHOWING SYMPTOMS	See: PATIENT WITH SYMPTOMS	
	BREAST CANCER		
	HISTORY LESS THAN 2 YEARS	History of breast cancer less than 2 years	Diagnostic mammogram (6 month unilateral, 12 month bilateral, annual bilateral for 2 years)
	STAGING OF KNOWN CANCER	Breast cancer staging/find extent of disease (known cancer by biopsy)	Breast MRI
	HISTORY MORE THAN 2 YEARS	History of breast cancer and follow-up lumpectomy at more than 2 years	Screening mammogram
	CHEMOTHERAPY RESPONSE	Response to chemotherapy treatment	Breast MRI
	POST-MASTECTOMY	Post-mastectomy follow-up for history	Unilateral screening mammogram



of unaffected breast