

MAP ACCREDITATION PART 2 – Image Submission

Clinical and phantom images must be obtained during the same 30-day time window and not date back further than 90 days from the submission. For example, if you submit your images for review on July 20, 2021, the images selected must have been obtained no further back than April 21, 2021.

Please ensure that all digital images are in the Digital Imaging and Communications “dcm” DICOM format and that all images contain the DICOM tag for the Institution Name and the Operator/Technologist Initials.

INSTRUCTIONS FOR CLINICAL IMAGES

Select two sets of four images (8 images in total), one set (both breasts from the same patient) of a dense breast, BI-RADS® C or D, and one set of a fatty breast, BI-RADS® A or B. Each set should include two views per breast, one craniocaudal and one mediolateral oblique.

The images must be **examples of the facility’s best work** and must be performed by the facility’s **regularly scheduled technologists**.

The images must be from actual patients and must have been formally interpreted. They may **not be from models or volunteers**.

Identifying **patient information must be removed** from the images.

Note for Senographe Units: In order to be able to anonymize your images, you must export the images from the PACS and not from the workstation. Exporting the images from the workstation will completely remove all DICOM information and will not be accepted for MAP accreditation.

The DICOM header must contain the following tags:

- | | |
|--|---|
| a) Facility Name | i) kVp |
| b) Acquisition Date | j) Exposure Time and X-ray Tube Current |
| c) Acquisition Time | k) Anode Target Material |
| d) Facility Address | l) Filter Material |
| e) Station Name | m) View Position |
| f) Operator Initials (or ID number) | n) Patient Orientation |
| g) Patient Name (anonymized) | o) Image Laterality |
| h) Patient ID and/or Date of Birth (anonymized) | |

FACILITIES THAT PERFORM DIAGNOSTIC EXAMS ONLY, if you have difficulty finding the required bilateral cases, we will also accept two sets of unilateral (one right breast, one left breast) fatty cases, BI-RADS® A or B, and two sets of unilateral dense cases, BI-RADS® C or D, instead. Each unilateral set must be comprised of two images, one craniocaudal and one mediolateral oblique, and must contain the smallest amount of pathology possible. Should you choose this option, please indicate the known pathology in the **comments** section, when uploading your images.

FACILITIES USING TOMOSYNTHESIS, 2D synthetic views of your clinical images must be submitted.

INSTRUCTIONS FOR PHANTOM AND FLAT-FIELD IMAGES

Designated mammographic phantom; set the technique factors as if this were an average breast (50% adipose and 50% glandular tissue, 4.5cm thick when compressed). **In some units it will be necessary to move the phantom out ¼ inch from the chest wall to ensure that the entire phantom will be visible on the image.** If your system uses compression thickness to determine technical factors, it is best to use a manual setting with the same kVp and filter as that used for the test image. The flat-field image must have the same kVp and filter combination as the phantom image.

FACILITIES WITH CR UNITS, if more than one **CR system** is used with this unit, a phantom image and a flat-field image produced on each **CR system must be submitted for each unit.**

FACILITIES USING TOMOSYNTHESIS, the 3D phantom full stack (all 60 slices) must be submitted and a 2D flat-field *“for presentation”*. To ensure the full 3D phantom stack is sent, place a piece an aluminum foil on the top and bottom of the phantom when imaging the phantom. The reviewers will be able to see the foil on the first slice and the last slice of the image stack.