

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 October 20, 2022, the images selected must have been obtained no further back than July 21, 2022.

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. Image type must be “for presentation”.

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

Mammographic Accreditation phantom image(s):

- centrally position the phantom at the edge of the breast support table,
- if **tomosynthesis** is used for either screening or diagnostic workups, place metal paperclips on the top and bottom of the phantom as shown in the images below,
- compress the phantom to a force which would be used for an average patient,
- set the technique factors or use AEC as if this were an average breast (50% adipose and 50% glandular tissue, between 4.0 – 5.0 cm thick when compressed),
- expose the phantom in both 2D mode and 3D mode if tomosynthesis is used,
- ensure that the entire wax block of the phantom is visible on the image and that there are no artifacts.

The flat-field image:

- Position the flat-field phantom to cover the entire breast support table,
- use a manual setting which approximately matches the technique used for the Accreditation phantom (as described above)
- expose the flat-field phantom in 2D mode only,
- ensure that the area of the flat-field phantom is visible on the image and that there are no artifacts.

Image Submission:

The 2D phantom image must be in the “for presentation” view.

The 3D phantom volume (all slices in 1 image file) must be submitted in BTO format; **do not submit the synthetic 2D view.**

The Flat-Field image should be in the “for processing” (raw) view. If the “for processing” view is not possible, please submit the “for presentation” view.

A new review element has been added for **tomosynthesis** to ensure that the full volume of the breast is contained in the stack of images. The reviewers will be able to see the paperclip on the first slice and the last slice of the image stack.

First slice



Last slice

