



Minimum Expected Follow-up – Breast or Cervical

- ✓ Whenever there is an abnormal, suspicious for cancer test result, a diagnostic work-up **MUST** be planned and recorded.
 - All clients with abnormal findings receive a definitive diagnosis.
 - All abnormal findings are resolved and reported.
- ✓ The time between the date of the **abnormal test** result to **final diagnosis** **MUST** be no more than 60 days.
 - All diagnostic workups are resolved and reported.
- ✓ The time between the date of **diagnosis** and initiation of **treatment** **MUST** be no more than 60 days.
 - All clients needing treatment are referred.
- ✓ In the case of unsatisfactory results, the test must be **repeated** and the results reported to *Women's Health Check*.

Clinical Breast Exam Result			
Expected Follow-up:			
Normal/Benign	Annual re-screen or Diagnostic referral based on mammogram results		
Abnormal, Suspicious for Cancer	Regardless of Mammography finding:	(At least one of the following): Surgical consult/repeat CBE, ultrasound, biopsy/lumpectomy, fine needle cyst aspiration	
CBE/Mammography Result			
Expected Follow-up:			
CBE	Mammogram	Diagnostic Procedures	Comments
Normal	<ul style="list-style-type: none"> ▪ Negative BI-RAD1 ▪ Benign BI-RAD2 ▪ Probably Benign BI-RAD 3 	<ul style="list-style-type: none"> ▪ No work-up needed, therefore adequacy need not be assessed. ▪ Short term follow-up may be recommended. 	
Normal	<ul style="list-style-type: none"> ▪ Suspicious Abnormality BI-RAD4 	<ul style="list-style-type: none"> ▪ Repeat CBE ▪ Ultrasound ▪ Biopsy / lumpectomy or Fine needle aspiration 	<ul style="list-style-type: none"> ▪ Record final diagnosis
Normal or Abnormal	<ul style="list-style-type: none"> ▪ Highly Suggestive of Malignancy BI-RAD 5 	<ul style="list-style-type: none"> ▪ Biopsy / lumpectomy or Fine needle aspiration 	<ul style="list-style-type: none"> ▪ Record final diagnosis
Normal	<ul style="list-style-type: none"> ▪ Assessment Incomplete BI-RAD 0 	<ul style="list-style-type: none"> ▪ Additional mammography views or Ultrasound 	<ul style="list-style-type: none"> ▪ Record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> ▪ Negative BI-RAD1 	(At least one of the following): <ul style="list-style-type: none"> ▪ Surgical Consult/Repeat CBE ▪ Ultrasound ▪ Biopsy/lumpectomy ▪ Fine needle aspiration 	<ul style="list-style-type: none"> ▪ Repeat mammogram or additional views <u>not</u> adequate; record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> ▪ Benign BI-RAD2 ▪ Probably Benign BI-RAD 3 ▪ Assessment Incomplete BI-RAD 0 	(At least one of the following): <ul style="list-style-type: none"> ▪ Surgical Consult/Repeat CBE ▪ Ultrasound ▪ Biopsy/lumpectomy ▪ Fine needle aspiration 	<ul style="list-style-type: none"> ▪ Record final diagnosis
Abnormal, Suspicious for Cancer	<ul style="list-style-type: none"> ▪ Suspicious Abnormality BI-RAD4 ▪ Highly Suggestive of Malignancy BI-RAD 5 	<ul style="list-style-type: none"> ▪ Biopsy or lumpectomy ▪ Fine needle aspiration 	<ul style="list-style-type: none"> ▪ Record final diagnosis
Pap Result			
Expected Follow-Up:			
Negative	If no work-up planned:	Adequacy need not be assessed	
Infection	If work-up planned:	Requires colposcopy & final diagnosis	
ASC-US	If no work-up planned:	Adequacy cannot be assessed (Repeat Pap in 6 mos, consider HPV test for women > 35)	
LSIL	If work-up planned:	Requires colposcopy/bx & final diagnosis	
ASC-H HSIL AGC Squamos carcinoma AIS Adenocarcinoma	Work-up Required	Colposcopy & biopsy, ECC if indicated	
Other	Adequacy cannot be assessed		

*This algorithm is not a tool for clinical decision making for individual women nor to dictate individual provider practice. It is a guide to use. Additional algorithms can be found in the *WHC Provider Manual*.