

COMMUNICATING MAMMOGRAPHY RESULTS TO WOMEN

The following seven sample letters were developed by the Agency for Health Care Policy and Research (AHCPR), as guidance for communicating results to women about their mammograms.

These letters are part of AHCPR's Clinical Practice Guideline, Book 13, Quality Determinants of Mammography." To get a free copy, call AHCPR Publications Clearinghouse at 1-800-358-9295 and ask for Publication No. 95-0632.

Sample Letter A. Mammography facility to the woman with a normal result on a screening mammogram-short form

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

_____ (*name of woman*)

We are pleased to tell you that the result of your mammogram on
_____ (*date*) appears to be normal.

Please note: Mammography does not detect all breast cancer.

Regular breast exam by a doctor or other health care provider is an important part of good breast health care.

Contact your provider to evaluate any change in breast shape, nipple discharge, or breast lump.

Sample Letter B. Mammography facility to the woman with a normal result on a screening mammogram

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

Date

Ms. Woman Screened
1234 Main Street
Anytown, US 67890

Dear _____:

The result of your mammogram on _____ (*date*) appears to be normal. The next time you see your doctor or other health care provider, ask about when you should have your next mammogram. If you prefer (or if you do not have a doctor or other health care provider), you may call this office to make an appointment for your next mammogram. Your next mammogram should be done in _____ (*month/year*).

By having a mammogram, you have taken an important step to promote your good health. But having a mammogram regularly is only one part of good breast care. Your doctor or other health care provider should examine your breasts as part of your regular physical examination. Monthly breast self-examination is also important.

Remember that you should never ignore a breast lump or any other change in your breasts, even if your mammogram is normal. If you find a lump or other change, talk to your health care provider about it as soon as possible.

If you change your doctor or other health care provider before your next mammogram, or if you have your next mammogram somewhere else, please pass on the information that you had a mammogram here on _____ (*date*). Either your health care provider or the mammography facility may borrow your films from here if they need to see them.

Your mammogram was interpreted by Dr. _____. Results of the mammogram have been sent to _____ (*doctor, other health care provider, or clinic*). Your films will be kept at _____ (*facility name, address, phone number*).

Sample Letter C. Mammography facility to the woman with a normal result on a diagnostic mammogram

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

Date

Ms. Woman Examined
1234 Main Street
Any-town, US 67890

Dear _____:

The result of your mammogram on _____ (*date*) appears to be normal. However, not all breast problems are detected by mammography alone. You had this mammogram because something in your breast indicated a possible problem. It is very important that your doctor or other health care provider look again at the possible problem area and decide whether you should have more tests done.

By having a mammogram, you have taken an important step to promote your good health. But having a mammogram regularly is only one part of good breast care. Your doctor or other health care provider should examine your breasts as part of your regular physical examination. Monthly breast self-examination is also important.

Remember that you should never ignore a breast lump or any other change in your breasts, even if your mammogram is normal. If you find a lump or other change, talk to your health care provider about it as soon as possible.

If you change your doctor or other health care provider before your next mammogram or if you have your next mammogram somewhere else, please pass on the information that you had a mammogram here on _____ (*date*). Either your health care provider or the mammography facility may borrow your films from here if they need to see them.

Your mammogram was interpreted by Dr. _____ The mammogram results have been sent to _____ (*doctor, other health care provider, or clinic*). Your films will be kept at _____ (*facility name, address, phone number*).

Sample Letter D. Mammography facility to the woman with an abnormal result on a screening mammogram-short form

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

_____ (name of woman)

The purpose of this letter is to make sure that you have been in contact with your doctor or other health care provider regarding your mammogram on _____ (*date*). The mammogram showed findings that require further followup. If you have not already spoken to your provider, please call his or her office to discuss your results.

interpreting Physician: _____

Sample Letter E. Mammography facility to the self-referred woman with an abnormal result for which short-interval followup is recommended

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

Date

Ms. Woman Screened
1234 Main Street
Anytown, US 67890

D e a r _____:

The result of your mammogram on _____ (*date*) shows an area in your *left/right* breast that needs to be looked at again in _____ months to make sure it is normal.

We have made an appointment for you to have your **followup** mammogram on _____ (*time, date*) at _____ (*location*). We will *phone you/ send you a postcard* about 2 weeks before this date to remind you of the appointment. If for any reason you cannot keep this appointment, please call us to make another appointment.

By having a mammogram, you have taken an important step to promote your good health. But having a mammogram regularly is only one part of good breast care. Your doctor or other health care provider should examine your breasts as part of your regular physical examination. Monthly breast self-examination is also important.

Remember that you should never ignore a breast lump, even if your mammogram is normal. If you find a lump or any other change in your breasts, talk to your doctor or other health care provider about it as soon as possible.

If you change your doctor or other health care provider before your next mammogram, please pass on the information that you had a mammogram here on _____ (*date*).

If you decide to go to another facility to have the **followup** mammogram, please tell the new facility that you had a mammogram here on _____ (*date*) and that the films are stored here. The new facility may wish to borrow the films stored here to compare them with the results of your **followup** mammogram. **Please phone our office and tell us if you decide to have your followup mammogram done at a different facility.**

Your mammogram was interpreted by Dr. _____. Results of the mammogram have been sent to _____ (*doctor, other health care provider, or clinic*). Your films will be kept at _____ (*facility name, address, phone number*).

If you have any questions, please call Dr. _____ or Dr. _____ at _____ (*phone number*).

Sample Letter F. Mammography facility to the woman with an abnormal result for whom additional studies and/or ultrasonography are recommended

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

Date

Ms. Woman Screened
1234 Main Street
Anytown, US 67890

Dear _____:

The result of your mammogram on _____ (*date*) shows a finding in your *left/right* breast that needs to be looked at further. This is not uncommon. In many cases, study of such findings shows that there is nothing to worry about.

We would like you to come back to have a *followup mammogram/an ultrasound examination*. Ultrasound is a routine procedure that is done when the mammogram suggests that a cyst is present. (A cyst is a small pouch filled with fluid.) The ultrasound examination takes very little time. No x-rays or breast compression are needed.

We have made an appointment for you to have your followup test on _____ (*time, date*) at _____ (*location*). If for any reason you cannot keep this appointment, please call us to make another appointment. [OR: Please call us within the next week at _____ (*phone number*) to make an appointment for this followup test.]

If you decide to go to another facility to have the followup test, please tell the new facility that you had a mammogram here on _____ (*date*) and that the films are stored here. The new facility may wish to borrow the films stored here to compare them with the results of your followup test. Please **phone our office and tell us if you decide to have your followup test done at a different facility.**

If you change your doctor or other health care provider, please pass on the information that you had a mammogram here on _____ (*date*).

Your mammogram was interpreted by Dr. _____. Results of the mammogram have been sent to _____ (*doctor, other health care provider, or clinic*). Your films will be kept at _____ (*facility name, address, phone number*).

If you have any questions, please call Dr. _____ or Dr. _____ at _____ (*phone number*).

Sample Letter G. Mammography facility to the woman with an abnormal result for which biopsy is recommended

XYZ Mammography Facility
Street Address
City, State, and ZIP Code

Date

Ms. Woman Screened
1234 Main Street
Anytown, US 67890

Dear _____:

The result of your mammogram on _____ (*date*) shows an abnormal area in your *left/right* breast that needs to be looked at further.

Please contact _____ (*health care provider named or selected at time of mammogram*) at _____ (*phone number*) to schedule an appointment as soon as possible. We notified _____ (*health care provider*) of the results of your mammogram on _____ (*date*). It is important that you discuss these results with your doctor or other health care provider and decide together what the next steps in your medical care should be.

If we have already spoken with you by telephone, please consider this letter a reminder of our recommendation that you make an appointment with your health care provider on _____ (*date*).

If you decide to consult a different doctor or other health care provider from the one listed here, please tell her/him that you had a mammogram here on _____ (*date*). Also, please call us as soon as possible to tell us of your decision.

Your mammogram was interpreted by Dr. _____ Your films will be kept at _____ (*facility name, address, phone number*).

If you have any questions or need any further assistance, please do not hesitate to call Dr. _____ or Dr. _____ at _____ (*phone number*).