### 1. Date of Imaging: _____ - _____ - ______ (mm-dd-yyyy)

### 2. Date of Interpretation: _____ - _____ - ______ (mm-dd-yyyy)

### 3. Breast Imaged:  
- [ ] Right  
- [ ] Left  
- [ ] Bilateral

### 4. Imaging Modality: (Complete separate form for each modality)  
- [ ] Mammo  
- [ ] Film-Screen (skip to Q6)  
- [ ] Digital (skip to Q6)  
- [ ] US (skip to Q6)  
- [ ] MRI (see Q 5)  
- [ ] PEM  
- [ ] Breast Specific Gamma Imaging (BSGI)  
- [ ] Other:__________

### 5. MRI Breast Parenchymal Enhancement: (select one)  
- [ ] None/minimal  
- [ ] Moderate  
- [ ] Mild  
- [ ] Marked

### 6. Density of Breast Parenchyma: (select one)(if right and left differ, select denser value)  
- [ ] Almost entirely fat (almost all fat)  
- [ ] Scattered fibroglandular densities (25%-50% fibroglandular)  
- [ ] Heterogeneously dense (51% - 75% fibroglandular)  
- [ ] Extremely dense (>75% fibroglandular)

### FINDINGS

#### 7. Primary Lesion Present?  
- [ ] Yes  
- [ ] No  
- [ ] Cannot be assessed

<table>
<thead>
<tr>
<th>7a. Lesion Type:</th>
<th>Architectural Distortion</th>
<th>MR Non-Mass-Like Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Calcification(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7b. Lesion Laterality:</th>
<th>Right</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[ ] Left</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7c. Clockface Location (o'clock):</th>
<th>NNNN</th>
<th>not provided</th>
</tr>
</thead>
</table>

| 7d. Location: (select all that apply) |  
|---------------------------------------|---------------------------------|
| [ ] Nipple  |  
| [ ] Central /sub-areolar region  |  
| [ ] Upper-inner quadrant |  
| [ ] Lower-inner quadrant |  
| [ ] Upper-outer quadrant |  
| [ ] Lower-outer quadrant |  
| [ ] Axillary tail |  

<table>
<thead>
<tr>
<th>7e. Distance from Nipple _____ cm</th>
</tr>
</thead>
</table>

| 7f. Size: |  
| Largest horizontal measure = NNNN mm | D |
| Vertical A-P measure = NNNN mm | D2 |
| Horizontal Perpendicular measure= NNNN mm | D3 |

| 7g. Prior Breast Carcinoma Imaging Study Date: _____ - _____ - ______ (mm-dd-yyyy) |
| Changes Since Last Study: |  
| [ ] New finding |  
| [ ] Increase in size |  
| [ ] Decrease in size |  
| [ ] No significant change |  
| [ ] Unable to assess |  

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### 8. Other Lesions Present?
- Yes
- No

8a. Specify number of lesions: \( NN \)

*Complete Imaging Module 2 (IM-2) for each additional lesion*

### 9. Associated Findings?
- Yes
- No

9a. Specify Associated Findings (select all that apply)
- Nipple retraction
- Nipple invasion
- Skin thickening (focal)
- Skin thickening (diffuse)
- Skin invasion
- Adenopathy (complete Q10)
- Pectoralis muscle invasion
- Chest wall invasion
- Hematoma/blood
- Cysts
- Edema

### 10. Lymphadenopathy/Axilla
- Suspicious
- Known Malignant
- None

10a. Largest diameter of largest node = \( NNNN \) mm

10b. Changed Since Last Study?
- New finding
- Increase in size
- Decrease in size
- No change
- Unable to assess

### 11. U/S Evaluation of Node(s)
- Normal
- Abnormal (NOS)
- Cortical thickening
- Loss of fatty hilum

### ASSESSMENT / RECOMMENDATIONS

12. Assessment Category: (select one)
- 0 Incomplete, need additional evaluation
- 1 Negative, no abnormal enhancement
- 2 Benign
- 3 Probably benign
- 4 Suspicious abnormality
- 5 Highly suggestive of malignancy
- 6 Known biopsy proven malignancy

13. Recommendation(s): (select all that apply)
- Normal interval follow-up
- Additional Imaging
  - Mammography
  - Ultrasound
  - MRI
  - Old films for comparison
  - Other: ___________________________
- Short interval follow-up
- Biopsy should be considered
  - Histology using core biopsy
  - Needle localization and biopsy
  - Cytologic analysis
- Suggestive/proven malignancy – take appropriate action
- Other, specify: ___________________________
## ADDITIONAL LESIONS

1. Image date: ____-____-____ (mm-dd-yyyy)

| 2. Imaging Modality: □ Mammo → □ Film-Screen (skip to Q6) □ Digital (skip to Q6) □ US □ MRI □ PEM □ Breast Specific Gamma Imaging (BSGI) □ Other:________ |
|---|---|---|---|---|---|---|

3. Lesion Number: **N** (# 2-5, number each additional lesion consecutively)

4. Lesion Type (select one): □ Mass □ Architectural Distortion □ Calcification(s) □ MR Non-Mass-Like Enhancement

5. Lesion Laterality: (select one) □ Right □ Left

6. Clockface Location (o’clock): NNNN (o’clock) □ not provided

7. Location: (select all that apply) □ Nipple □ Upper-outer quadrant □ Central / subareolar region □ Lower-outer quadrant □ Upper-inner quadrant □ Axillary tail □ Lower-inner quadrant

8. Size: □ Largest horizontal measure = NNNN mm □ Vertical A-P measure = NNNN mm □ Horizontal Perpendicular measure = NNNN mm

9. Changes Since Last Study? □ Prior Breast Carcinoma Imaging Study Date: ____-____-____ (mm-dd-yyyy) □ Changes Since Last Study: □ New finding □ Increase in size □ Decrease in size □ No significant change □ Unable to assess