How to Share Your Mammogram Report with the WISDOM Study



An important aspect of the WISDOM Study is an ongoing review of your breast health history and breast density, which is found on your mammogram report. This document provides guidance on finding your mammogram report and sharing it with the WISDOM Study.



## Locate your mammogram report

### **MyChart**

If you access your medical records via MyChart, please watch this short <u>VIDEO</u> on how to find your mammogram report in your MyChart portal or refer to pages 3-5 below.

### Veterans Affairs

If you seek care at the VA, please visit this <u>LINK</u> which details how to sign up for a HealtheVet account and share your mammogram report with us.

### Other

Not a MyChart or HealtheVet user? Not a problem. Just let us know, and we can request your mammogram report directly from your facility.

# Be sure you have the right document

The mammogram report is a clinical report that contains a breast density category and a BIRADS score. The table below shows numbers, scores and terms found in a mammogram report, to help confirm you're looking at the correct document.

Score	Definition
1	"Fatty", "entirely fatty"
2	"Scattered areas of fibro-glandular density"
}	"Heterogeneously dense"
4	"Extremely dense"

#### **BIRADS** Categories

Score	Definition	
0	Needs additional imaging	
1	Negative	
2	Benign	
3	Probably benign	
4	Suspicious	
5 Highly suggestive of malignancy		
6	Known biopsy-proven	



For additional guidance on identifying the correct report:

- View a sample mammogram report HERE and also on page 5.
- Watch this short VIDEO on identifying the correct mammogram report.
- 3

## Share your mammogram report with us

Once you have a copy of your mammogram report, there are a few ways to share the report with us.

Upload a mammogram report to the WISDOM Study portal

- If you have a PDF copy of your mammogram report, please <u>LOGIN</u> to your WISDOM Study portal and upload the mammogram report using the Upload Your Mammogram Report link under "Quick Links."
- For more assistance, watch this short <u>VIDEO</u> on uploading your mammogram report to your WISDOM portal.

Email, fax or mail your mammogram report

If don't have a PDF electronic version of your mammogram report, you can mail a paper copy, or email or fax it to us at the address below.

WISDOM Study UCSF Dept of Surgery, BCC, Box 0144 550 16th Street, Floor 6, San Francisco, CA 94143

fax: 415-353-8230 | email: info@wisdomstudy.org



# In your MyChart account, you can view your mammogram result:

# Log into MyChart, go to the "View test results" tab

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Feb 28, 2020 Expected: As directed			12	13	14	15	16	17	18	*	Share your record
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# In the list of test results, find your mammogram:

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est Results a ort the list. C	Its re listed below in chronola lick on a row to view your are that other tests your p	ogical order starting with your mo result.	ost recent result. To search for a test	t, type the test in the se	earch the list box or	click the Date, Test, O	rdered By or Sta	itus Columns i	
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<u>д</u>	COVID-19 RNA, QUALI	TATIVE (M2000)	Lin	dsay Grace Mann, NP		May 7, 20	20		
Д	HPV HIGH RISK WITH (	GENOTYPE 16/18	Pra	tyusha Kishore Narra, I	MD	Feb 28, 2	020		
<b>.</b>	US OB COMPLETE > 1	4 WKS, SINGLE OR 1ST GESTATIO	N (PDC PERFORMED) Fre	derico G Rocha, MD		May 24, 2	2019		
	REPRODUCTIVE GENE	TICS ULTRASOUND	Gle	nna Pyo Lee, NP		May 24, 2	019		
<b>å</b> ,	US OB, NT MEASUREM	MENT (PDC PERFORMED)	Gle	nna Pyo Lee, NP		Apr 12, 2	Apr 12, 2019		
	REPRODUCTIVE GENETICS ULTRASOUND			nna Pyo Lee, NP		Apr 12, 20	Apr 12, 2019		
Д	HEMOGLOBINOPATHY	' EVALUATION	Gle	nna Pyo Lee, NP		Apr 8, 20	19		
Д	HEMOGLOBIN A1C		Gle	nna Pyo Lee, NP		Apr 8, 20	19		
Д	RUBELLA ANTIBODY IO	GG	Gle	nna Pyo Lee, NP		Apr 8, 20.	19		
<u>д</u>	TREPONEMA ANTIBOD	DY SCREEN (SYPHILIS)	Gle	nna Pyo Lee, NP		Apr 8, 20	Apr 8, 2019		
Д	COMPLETE BLOOD CO	OUNT (INCLUDES PLATELET COUN	IT) Gle	nna Pyo Lee, NP		Apr 8, 20	19		
Д	VITAMIN D, 25-HYDRO	XY	Mic	helle Marie Welborn, N	IMW	Apr 8, 20	19		
<u>д</u>	FERRITIN		Mic	helle Marie Welborn, N	IMW	Apr 8, 20	19		
Ð	URINE CULTURE		Gle	nna Pyo Lee, NP		Mar 7, 20	Mar 7, 2019		
Ð	CHLAMYDIA TRACHOM	MATIS/NEISSERIA GONORRHOEAE	RNA Gle	nna Pyo Lee, NP		Mar 7, 20	Mar 7, 2019		
	US BREAST LIMITED, E	BILATERAL	Juc	lith M. Walsh, MD		Apr 19, 20	018		
	MAMMOGRAM DIAGNO	OSTIC, BILATERAL	Juc	lith M. Walsh, MD		Apr 19, 20	018		
	XR CERVICAL SPINE AF	P AND LATERAL	Am	i M Parekh, MD		Nov 15, 2	017		
-	XR THORACIC SPINE A	AP AND LATERAL	Am	i M Parekh, MD		Nov 15, 2	017		
P	BACTERIAL CULTURE A	AND GRAM STAIN, SUPERFICIAL SI	KIN WOUND ONLY Nin	a Christine Botto, MD		Mar 22, 2	016		

Print as pdf the report of your mammogram, or share the result:

What is my density? In the report look for the keywords or letter categories:

- almost entirely fat (or A)
- scattered fibroglandular (or B)
- heterogeneously dense (or C)
- extremely dense (or D)

Also, the radiologist reading will indicate a score **BI-RADS** (0, 1, 2, 3, 4 or 5).

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GRAM DIAGNOSTIC, BIL	ATERAL - Details						About This Test
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xam bale. xam(s): Bilateral diagnostic mam- tinical History: 7-year-old woman with history of mp is at the right breast 10 o'clo omparison: here are no prior examinations a tammographic Findings: he breasts an extremely dense. B marker is noted at the upper o fildly prominent left axillary lympi- here are no mammographic feati ttrasound Findings: argeted ultrasound was performe o sonographic orrelate to site o o site listed by the clinician, in the onographically normal-appearing MPRESSION: MD breasts: Nenative BLBADS.	imography, limited bilateral breast ultrasc patient-identified right upper outer breas ck position, 2 cm from the nipple. The pa valiable for comparison. which lowers the sensitivity of mammogu- uter right breast, indicating the site of clir nodes. ures of malignancy. If by a physician. f ump, as demonstrated by the patient, in upper outer right breast, at approximate left axillary nodes.	t lump first identified tient ceased breast raphy. nical concern, with n n the upper outer rig fy 10 o'clock, 2 cm f	I on 03/22/2018 with feeding about six m o underlying mamm ht breast, at approx form nipple.	n some associati onths ago. lographic correla	ed tenderness. Cilinia ate. ck, 6 cm from nipple.	cian indicated si	ite of the
ecommendations: here is no mammographic or sor or at 10 o'clock, 2cm from the nip dicated, consider palpation-guidi indings and recommendations di ecommend mammography begin letter explaining this interpretatio	hographic correlate to the reported sympl pile, as per clinician. Therefore, manage ed aspiration(s) for further evaluation. scussed with the patient by Dr. Price upo nning at age 40 according to American C	tom of lump at the riment of this sympton on completion of the ollege of Radiology	ght breast 10 o'cloo n(s) should be base examination guidelines.	k position, 6 cm ad on findings at	from the nipple (as clinical breast exam	demonstrated b ination. If clinic	ry patient) ally