<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2, 2017</td>
<td>Original issue</td>
</tr>
</tbody>
</table>
| June 28, 2019    | 1. NMD Data Dictionary Number 1, **NMD file version number**, “3.1” added as a permitted value  
2. NMD Data Dictionary Number 2, **NRDR Facility ID**, New field  
3. NMD Data Dictionary Number 7, **Patient other identifier**, Field name changed from “Patient identifier”  
4. NMD Data Dictionary Number 9, **Old patient Medicare Beneficiary ID**, New field  
5. NMD Data Dictionary Number 10, **New patient Medicare Beneficiary ID**, New field  
6. NMD Data Dictionary Number 11, **Patient date of birth**, Use changed to optional. Restriction added: must be equal to or greater than 1/1/1900  
7. NMD Data Dictionary Number 12, **Patient sex**, Description changed to “Patient sex at birth.” Permitted value “9” changed from “Unknown” to “Unknown / Other.”  
8. NMD Data Dictionary Number 46, **Date of examination**, Restriction added: must be equal to or greater than 1/1/2000, and equal to or less than the current date  
9. NMD Data Dictionary Number 53, **Additional imaging**, Restriction changed from “Screening mammography and ultrasound only” to “Screening mammography and screening ultrasound only”  
10. NMD Data Dictionary Number 68, **Assessment – Left Breast – Subcategory of category 4**, Restriction added: Applicable to mammography and ultrasound only  
11. NMD Data Dictionary Number 70, **Assessment – Right Breast – Subcategory of category 4**, Restriction added: Applicable to mammography and ultrasound only  
12. NMD Data Dictionary Number 72, **Assessment – Patient level – Subcategory of category 4**, Restriction added: Applicable to mammography and ultrasound only |
| November 18, 2019| 1. NMD Data Dictionary Number 34, **First examination ever**, “Patient is unsure” added as a permitted value. “Not sure / Unknown” changed to “Unreported”.  
NMD Data Dictionary Number 36, Time since previous examination, “Patient is unsure” added as a permitted value. “Not sure / Unknown / Not applicable” changed to “Unreported / Not applicable”.  
2. NMD Data Dictionary Number 37, **Personal history of breast cancer**, “Patient is unsure” added as a permitted value. “Not sure / Unknown” changed to “Unreported”.  
3. NMD Data Dictionary Number 38, **Breast cancer in first-degree relative – premenopausal**, “Unreported” added as a permitted value. “Unsure” changed to “Patient is unsure”.  
4. NMD Data Dictionary Number 39, **Breast cancer in first-degree relative – postmenopausal**, “Unreported” added as a permitted value. “Unsure” changed to “Patient is unsure”. |
| March 24, 2021   | 1. NMD Data Dictionary Number 46.1, **Rescheduled exam**, added  
2. NMD Data Dictionary Number 46.2, **Originally scheduled exam**, added  
3. NMD Data Dictionary Number 46.3, **Reschedule reason**, added |
| December 4, 2021 | 1. The following NMD Data Dictionary Numbers were added:  
a. 12.10, **Patient race**  
b. 12.11, **Patient ethnicity**  
c. 12.20, **Health insurance**  
d. 12.21, **Health insurance, other, specify**  
e. 12.30, **Education level**  
f. 12.31, **Education level, other, specify**  
g. 12.40, **COVID vaccine**  
h. 12.50, **COVID vaccine date**  
i. 12.60, **COVID vaccine manufacturer**  
j. 12.70, **COVID vaccine manufacturer, other, specify**  
k. 12.80, **COVID vaccination site**  
l. 50.1, **Use of contrast-enhanced mammography (CEM)**  
m. 94, **Method of detection**  
2. The following NMD Data Dictionary Numbers were changed:  
a. 50, **Use of tomosynthesis**  
i. Usage changed to required  
ii. “Unknown” value added  
b. 90, **Tumor stage**, The following values were added:  
i. Stage I, not otherwise specified  
ii. Stage II, not otherwise specified  
iii. Stage III, not otherwise specified |
## Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 14, 2021</td>
<td>Mapping for 46.1, <strong>Rescheduled exam</strong>, corrected to show numeric rather than alphabetic values</td>
</tr>
<tr>
<td>March 23, 2022</td>
<td>Clarification on use of NMD Data Dictionary Number 7, <strong>Patient other ID</strong>.</td>
</tr>
</tbody>
</table>
| August 13, 2022     | 1. NMD Data Dictionary Number 12, **Patient sex**: Permitted value “3” added for “Other”.
|                     | 2. NMD Data Dictionary Numbers 16-18, 22-24, 28-30, **Physician-level assessments**: Usage changed to optional, regardless of whether a physician identifier was reported. |
| January 1, 2023     | References to Version 3.3 removed.                                         |
| December 13, 2023   | Added “unknown” to definition of allowed values for Number 83, **Biopsy procedure**. |
| February 7, 2024    | Corrected typographical error in Number 92, **Regional lymph nodes**.      |
| May 4, 2024         | Added N1mi as a permitted value for Number 92, **Regional lymph nodes**.    |
| July 13, 2024       | Added “Hispanic or Latino” and “Middle Eastern or North African” to Number 12.10, **Patient race**. |
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

Audit Parameters

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>NMD file version number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description:</th>
<th>NMD file version number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use:</td>
<td>Required</td>
</tr>
<tr>
<td>Response:</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values:</td>
<td></td>
</tr>
</tbody>
</table>

3.0 Excludes these NMD fields:
- NRDR facility ID
- Old patient Medicare Beneficiary ID
- New patient Medicare Beneficiary ID
- Rescheduled exam
- Originally scheduled exam date
- Reschedule reason
- COVID fields
- Patient race
- Patient ethnicity
- Health insurance
- Education level
- Use of contrast-enhanced mammography (CEM)
- Method of detection

3.4 Includes all NMD fields
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>NRDR Facility ID</td>
</tr>
<tr>
<td>Description:</td>
<td>NOT APPLICABLE TO VERSION 3.0 Facility ID assigned by the National Radiology Data Registry</td>
</tr>
<tr>
<td>Use:</td>
<td>Optional</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate NRDR facility ID. If not reported, this field defaults to the facility ID used when submitting the file.</td>
</tr>
<tr>
<td>Values:</td>
<td>6-digit NRDR facility ID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Laterality of audit data</td>
</tr>
<tr>
<td>Description:</td>
<td>Indicates whether the audit captures separate-breast assessment data or patient-level assessment data</td>
</tr>
<tr>
<td>Use:</td>
<td>Required</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate whether audit data are reported at breast or patient level.</td>
</tr>
</tbody>
</table>
| Values:                       | 1 Separate-breast assessment data  
                                   2 Patient-level assessment data |

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Combination examinations</td>
</tr>
<tr>
<td>Description:</td>
<td>Indicates whether the audit captures data for each component of combination examinations (e.g., separate assessments for mammography and ultrasound components), or for the combination examination only</td>
</tr>
<tr>
<td>Use:</td>
<td>Required</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate whether audit data are reported at component level or combination level.</td>
</tr>
<tr>
<td>Values:</td>
<td>1 Component-level assessment data</td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

2 Combination-level assessment data

NMD Data Dictionary Number(s): 5
NMD Data Element Name: Standard screening mammography imaging

Mammography only

Description: Indicates how the facility defines standard screening mammography images

Use: Required

Response: Select one.

Values: The BI-RADS® standard is in “ACR Practice Guideline for the Performance of Screening and Diagnostic Mammography” (1 CC and 1 MLO per breast), including additional images only as needed to overcome technical deficiency or inadequate tissue coverage.

1 BI-RADS® standard screening mammography imaging is performed.

2 Mammography imaging other than BI-RADS® standard screening mammography imaging is performed.

3 The facility does not perform screening mammography imaging.
### Standard screening ultrasound imaging

**NMD Data Element Name:** Standard screening ultrasound imaging  
**NMD Data Dictionary Number(s):** 6

<table>
<thead>
<tr>
<th><strong>Ultrasound only</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description:</strong></td>
<td>Indicates whether the facility defines standard screening ultrasound images as defined in BI-RADS® 5th Ed.</td>
</tr>
<tr>
<td><strong>Use:</strong></td>
<td>Required</td>
</tr>
<tr>
<td><strong>Response:</strong></td>
<td>Select one.</td>
</tr>
<tr>
<td><strong>Values:</strong></td>
<td>See BI-RADS® 5th Ed. Introduction to Follow-Up and Outcome Monitoring section (recording 1 image for each breast quadrant and the retroareolar region, hence 5 images per breast), including additional images only as needed to overcome technical deficiency</td>
</tr>
</tbody>
</table>

1. The BI-RADS®-recommended definition of recording standard screening ultrasound images is in use.

2. A definition of recording standard screening ultrasound images other than the BI-RADS®-recommended definition is in use.

3. The facility does not perform screening ultrasound imaging.
Patient Demographic Data

**Patient other identifier**

**NMD Data Dictionary Number(s):** 7

**NMD Data Element Name:** Patient other identifier

**Description:** Unique patient identifier within the facility

**Use:** Required if Social Security Number, old Medicare Beneficiary ID and new Medicare Beneficiary ID are not reported; optional otherwise. If a facility participates in more than one registry, the same "other ID" must be used in all registries.

**Response:** Indicate patient identifier.

**Values:** Any value up to 50 characters in length

---

**Patient Social Security Number**

**NMD Data Dictionary Number(s):** 8

**NMD Data Element Name:** Patient Social Security Number

**Description:** Patient Social Security Number

**Use:** Required if patient identifier, old Medicare Beneficiary ID and new Medicare Beneficiary ID are not reported; optional otherwise

**Response:** Indicate patient Social Security Number.

**Values:** Any valid Social Security Number in nnn-nn-nnnn format

---

**Old patient Medicare Beneficiary ID**

**NMD Data Dictionary Number(s):** 9

**NMD Data Element Name:** Old patient Medicare Beneficiary ID

**Description:** NOT APPLICABLE TO VERSION 3.0
Medicare Beneficiary ID issued prior April 1, 2018

**Use:** Required if patient identifier, Social Security Number and new Medicare Beneficiary ID are not provided; optional otherwise

**Response:** Indicate a Medicare Beneficiary ID issued prior to April 1, 2018

**Values:** Any Medicare Beneficiary ID issued prior to April 1, 2018
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>New patient Medicare Beneficiary ID</td>
</tr>
<tr>
<td>Description:</td>
<td>NOT APPLICABLE TO VERSION 3.0 Medicare Beneficiary ID issued on or after April 1, 2018</td>
</tr>
<tr>
<td>Use:</td>
<td>Required if patient identifier, Social Security Number and old Medicare Beneficiary ID are not reported; optional otherwise</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate a Medicare Beneficiary ID issued on or after April 1, 2018</td>
</tr>
<tr>
<td>Values:</td>
<td>Any Medicare Beneficiary ID issued on or after April 1, 2018</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Patient date of birth</td>
</tr>
<tr>
<td>Description:</td>
<td>Patient date of birth</td>
</tr>
<tr>
<td>Use:</td>
<td>Optional</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate patient's date of birth.</td>
</tr>
<tr>
<td>Values:</td>
<td>Any valid date in mm/dd/yyyy format, greater than or equal to 1/1/1900</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Patient sex</td>
</tr>
<tr>
<td>Description:</td>
<td>Patient sex at birth</td>
</tr>
<tr>
<td>Use:</td>
<td>Required</td>
</tr>
<tr>
<td>Response:</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 Male</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
</tr>
<tr>
<td></td>
<td>3 Other</td>
</tr>
</tbody>
</table>
### Patient race

**NMD Data Dictionary Number(s):** 12.10  
**NMD Data Element Name:** Patient race

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOT APPLICABLE TO VERSION 3.0</td>
</tr>
<tr>
<td></td>
<td>Patient race</td>
</tr>
<tr>
<td><strong>Use:</strong></td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Response:</strong></td>
<td>Select all that apply.</td>
</tr>
<tr>
<td><strong>Values:</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>American Indian or Alaska Native. For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.</td>
</tr>
<tr>
<td>3</td>
<td>Asian. For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.</td>
</tr>
<tr>
<td>4</td>
<td>Black or African American. For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</td>
</tr>
<tr>
<td>5</td>
<td>Native Hawaiian or Pacific Islander. For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.</td>
</tr>
<tr>
<td>6</td>
<td>White. For example, English, German, Irish, Italian, Polish, Scottish, etc</td>
</tr>
<tr>
<td>8</td>
<td>Other.</td>
</tr>
<tr>
<td>9</td>
<td>Not reported.</td>
</tr>
<tr>
<td>10</td>
<td>Unknown.</td>
</tr>
<tr>
<td>11</td>
<td>Hispanic or Latino. For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.</td>
</tr>
</tbody>
</table>
### NMD Data Dictionary - Version 3.0 and 3.4

12 Middle Eastern or North African. For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.11</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Patient ethnicity (Hispanic origin)</td>
</tr>
</tbody>
</table>

**Description:** NOT APPLICABLE TO VERSION 3.0  
Patient ethnicity (Hispanic origin)

**Use:** Optional

**Response:** Select one.

**Values:**

- 0 Not Hispanic or Latino
- 1 Hispanic or Latino
- 8 Not reported
- 9 Unknown

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Health insurance</td>
</tr>
</tbody>
</table>

**Description:** NOT APPLICABLE TO VERSION 3.0  
Health insurance

**Use:** Optional

**Response:** Select all that apply.

**Values:**

- 1 Medicare
- 2 Medicaid
- 3 Private insurance
- 4 Self pay
- 6 VA
- 7 Other, specify
### Health Insurance, Other, Specify

**NMD Data Dictionary Number(s):** 12.21  
**NMD Data Element Name:** Health insurance, other, specify  

| Description: | NOT APPLICABLE TO VERSION 3.0  
| Health insurance, other, specify  
| Use: | Optional  
| Response: | Enter health insurance not listed above.  
| Values: | Any value up to 255 characters in length. |

### Education Level

**NMD Data Dictionary Number(s):** 12.30  
**NMD Data Element Name:** Education level  

| Description: | NOT APPLICABLE TO VERSION 3.0  
| Education level  
| Use: | Optional  
| Response: | Select one.  
| Values: |  
| 1 | 8th grade or less  
| 2 | 9-11th grade  
| 3 | High school graduate or high school equivalency  
| 4 | Post high school training, other than college  
| 5 | Associate degree / some college  
| 6 | Bachelor’s degree  
| 7 | Graduate or professional school  
| 8 | Other, specify  
| 99 | Unknown / I prefer not to answer |
### Education level, other, specify

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.31</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Education level, other, specify</td>
</tr>
</tbody>
</table>

| Description: | NOT APPLICABLE TO VERSION 3.0  
Education level, other, specify |
| Use:         | Optional |
| Response:    | Enter an education level not listed above. |
| Values:      | Any value up to 255 characters in length. |

### COVID vaccine

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.40</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>COVID vaccine</td>
</tr>
</tbody>
</table>

| Description: | NOT APPLICABLE TO VERSION 3.0  
Indicate if the patient has received a vaccination for COVID/Coronavirus. Report only vaccinations received prior to the examination. If more than one vaccination was received prior to the exam, report the most recent. |
| Use:         | Optional |
| Response:    | Select one. |
| Values:      | 0 No  
1 Yes  
9 Unknown |
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>COVID vaccine date</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>NOT APPLICABLE TO VERSION 3.0 COVID vaccine date</td>
</tr>
<tr>
<td><strong>Use:</strong></td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Response:</strong></td>
<td>A date greater than or equal to 1/1/2020 in mm/dd/yyyy format. Cannot be a future date.</td>
</tr>
<tr>
<td><strong>Values:</strong></td>
<td>A valid date in mm/yy/dddd format.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>12.60</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>COVID vaccine manufacturer</td>
</tr>
<tr>
<td><strong>Description:</strong></td>
<td>NOT APPLICABLE TO VERSION 3.0 Indicate the manufacturer of the COVID vaccine the patient received.</td>
</tr>
<tr>
<td><strong>Use:</strong></td>
<td>Optional</td>
</tr>
<tr>
<td><strong>Response:</strong></td>
<td>Select one.</td>
</tr>
</tbody>
</table>
| **Values:**                    | 1 Johnson & Johnson Janssen  
2 Moderna  
3 Novavax  
4 Oxford-AstraZeneca  
5 Pfizer-BioNTech  
88 Other, specify  
99 Unknown |
### COVID vaccine manufacturer, other

**NMD Data Dictionary Number(s):** 12.70  
**NMD Data Element Name:** COVID vaccine manufacturer, other

**Description:** NOT APPLICABLE TO VERSION 3.0  
COVID vaccine manufacturer, other, specify

**Use:** Optional

**Response:** Enter a COVID vaccine manufacturer not listed above.

**Values:** Any value up to 255 characters in length.

### COVID vaccination site

**NMD Data Dictionary Number(s):** 12.80  
**NMD Data Element Name:** COVID vaccination site

**Description:** NOT APPLICABLE TO VERSION 3.0  
Indicate the patient’s COVID vaccination site.

**Use:** Optional

**Response:** Select one.

**Values:**

1. Right arm
2. Left arm
8. Other
9. Unknown
## Physician Data

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>13-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Physician identifier</td>
</tr>
</tbody>
</table>

**Description:** Unique identifier of the interpreting physician, such as the National Provider Identifier

**Use:** Optional

**Response:** Indicate one unique identifier for each interpreting physician taking responsibility for the assessment.

**Values:** Any value up to 10 characters in length

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>16-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Physician-level assessment - Left breast</td>
</tr>
</tbody>
</table>

**Description:** Assessment made by an individual physician when double reading - Left breast

**Use:** Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination; optional otherwise

**Response:** Select one.

**Values:**
- Incomplete Assessment
  - Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.
0 Category 0: (Mammography only)
Incomplete - Need additional imaging
evaluation and/or prior mammograms for comparison
(Ultrasound and MRI only)
Incomplete - Need additional imaging evaluation

Final Assessment

1 Category 1: Negative
Essentially 0% likelihood of malignancy

2 Category 2: Benign
Essentially 0% likelihood of malignancy

3 Category 3: Probably benign
> 0% but ≤ 2% likelihood of malignancy

4 Category 4: Suspicious
> 2% but < 95% likelihood of malignancy

5 Category 5: Highly suggestive of malignancy
≥ 95% likelihood of malignancy

6 Category 6: Known biopsy-proven malignancy
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

Physician-level assessment - Left breast - Subcategory of category 4

**Mammography and ultrasound only**

**Description:** Subcategory of a category 4 assessment made by an individual physician when double reading - Left breast

**Use:** Optional if a category 4 physician-level assessment is reported; not applicable otherwise

**Response:** Select one.

**Values:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Category 4A: Low suspicion for malignancy</td>
<td>&gt; 2% to ≤ 10% likelihood of malignancy</td>
<td></td>
</tr>
<tr>
<td>B Category 4B: Moderate suspicion for malignancy</td>
<td>&gt; 10% to ≤ 50% likelihood of malignancy</td>
<td></td>
</tr>
<tr>
<td>C Category 4C: High suspicion for malignancy</td>
<td>&gt; 50% to &lt; 95% likelihood of malignancy</td>
<td></td>
</tr>
</tbody>
</table>

Physician-level assessment - Right breast

**Description:** Assessment made by an individual physician when double reading - Right breast

**Use:** Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination; optional otherwise

**Response:** Select one.

**Values:**

<p>| Incomplete Assessment | Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data. |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Likelihood of Malignancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Category 0: (Mammography only) Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>1</td>
<td>Category 1: Negative</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>2</td>
<td>Category 2: Benign</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>3</td>
<td>Category 3: Probably benign</td>
<td>&gt; 0% but ≤ 2% likelihood of malignancy</td>
</tr>
<tr>
<td>4</td>
<td>Category 4: Suspicious</td>
<td>&gt; 2% but &lt; 95% likelihood of malignancy</td>
</tr>
<tr>
<td>5</td>
<td>Category 5: Highly suggestive of malignancy</td>
<td>≥ 95% likelihood of malignancy</td>
</tr>
<tr>
<td>6</td>
<td>Category 6: Known biopsy-proven malignancy</td>
<td></td>
</tr>
</tbody>
</table>
### NMD Data Dictionary - Versions 3.0 and 3.4

**NMD Data Dictionary Number(s):** 25-27  
**NMD Data Element Name:** Physician-level assessment - Right breast - Subcategory of category 4

#### Mammography and ultrasound only

**Description:** Subcategory of a category 4 assessment made by an individual physician when double reading - Right breast

**Use:** Optional if a category 4 physician-level assessment is reported; not applicable otherwise

**Response:** Select one.

**Values:**

- **A** Category 4A: Low suspicion for malignancy
  - > 2% to ≤ 10% likelihood of malignancy
- **B** Category 4B: Moderate suspicion for malignancy
  - > 10% to ≤ 50% likelihood of malignancy
- **C** Category 4C: High suspicion for malignancy
  - > 50% to < 95% likelihood of malignancy

---

**NMD Data Dictionary Number(s):** 28-30  
**NMD Data Element Name:** Physician-level assessment - Patient level

**Description:** Assessment made by an individual physician when double reading - Patient level

**Use:** Required if a physician identifier is reported and the physician's assessment differs from the final assessment assigned to the examination; optional otherwise

**Response:** Select one.

**Values:**

- **Incomplete Assessment**
  - Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.
<table>
<thead>
<tr>
<th>Category 0:</th>
<th>(Mammography only)</th>
<th>Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Ultrasound and MRI only)</td>
<td>Incomplete - Need additional imaging evaluation</td>
</tr>
</tbody>
</table>

**Final Assessment**

<table>
<thead>
<tr>
<th>Category 1: Negative</th>
<th>Essentially 0% likelihood of malignancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 2: Benign</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>Category 3: Probably benign</td>
<td>&gt; 0% but ≤ 2% likelihood of malignancy</td>
</tr>
<tr>
<td>Category 4: Suspicious</td>
<td>&gt; 2% but &lt; 95% likelihood of malignancy</td>
</tr>
<tr>
<td>Category 5: Highly suggestive of malignancy</td>
<td>≥ 95% likelihood of malignancy</td>
</tr>
<tr>
<td>Category 6: Known biopsy-proven malignancy</td>
<td></td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 31-33
NMD Data Element Name: Physician-level assessment - Patient level - Subcategory of category 4

Mammography and ultrasound only

Description: Subcategory of a category 4 assessment made by an individual physician when double reading - Patient level

Use: Optional if a category 4 physician-level assessment is reported; not applicable otherwise

Response: Select one.

Values:

A Category 4A: Low suspicion for malignancy
   > 2% to ≤ 10% likelihood of malignancy

B Category 4B: Moderate suspicion for malignancy
   > 10% to ≤ 50% likelihood of malignancy

C Category 4C: High suspicion for malignancy
   > 50% to < 95% likelihood of malignancy
### First examination ever

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicates whether this is the patient's first-ever breast imaging examination, including mammograms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Required if &quot;Time since previous examination&quot; and &quot;Date of previous examination&quot; are not reported; optional otherwise.</td>
</tr>
<tr>
<td>Response</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
</tr>
<tr>
<td></td>
<td>8 Patient is unsure</td>
</tr>
<tr>
<td></td>
<td>9 Unreported</td>
</tr>
</tbody>
</table>

### Date of previous examination

<table>
<thead>
<tr>
<th>Description</th>
<th>Date of the patient's most recent breast imaging examination, including mammograms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Required if &quot;First examination ever&quot; is not reported and &quot;Time since previous examination&quot; is not reported; optional if &quot;First examination ever&quot; is reported but not 1 (Yes), or &quot;Time since previous examination&quot; is reported; not applicable otherwise</td>
</tr>
<tr>
<td>Response</td>
<td>Indicate date of previous examination.</td>
</tr>
<tr>
<td>Values</td>
<td>Any valid date in mm/dd/yyyy format</td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 36
NMD Data Element Name: Time since previous examination

Description: Time interval since the patient's most recent breast imaging examination, including mammograms

Use: Required if "First examination ever" and "Date of previous examination" are not reported; optional otherwise

Response: Select one.

Values:

1 \leq 6 months
2 \leq 1 year but > 6 months
3 \leq 2 years but > 1 year
4 > 2 years
88 Patient is unsure
99 Unreported / Not applicable

NMD Data Dictionary Number(s): 37
NMD Data Element Name: Personal history of breast cancer

Description: Personal history of breast cancer

Use: Required

Response: Select one.

Values:

0 No
1 Yes
8 Patient is unsure
9 Unreported
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 38
NMD Data Element Name: Breast cancer in first-degree relative - premenopausal

Description: Mother, sister, or daughter with history of premenopausal breast cancer

Use: Required

Response: Select one.

Values:

0 No
1 Yes
2 A first-degree relative has a history of breast cancer; unsure whether premenopausal or postmenopausal
8 Unreported
9 Patient is unsure whether any first-degree relative has a history of breast cancer

NMD Data Dictionary Number(s): 39
NMD Data Element Name: Breast cancer in first-degree relative - postmenopausal

Description: Mother, sister, or daughter with history of postmenopausal breast cancer

Use: Required

Response: Select one.

Values:

0 No
1 Yes
2 A first-degree relative has a history of breast cancer; unsure whether premenopausal or postmenopausal

8 Unreported

9 Patient is unsure whether any first-degree relative has a history of breast cancer

### NMD Data Dictionary Number(s): 40
#### NMD Data Element Name: Family history of breast cancer, other than first-degree relative

**Description:** Family history of breast cancer, other than mother, sister or daughter

**Use:** Required

**Response:** Select one.

**Values:**

0 No
1 Yes
9 Not sure / Unknown

### NMD Data Dictionary Number(s): 41
#### NMD Data Element Name: Personal history of ovarian cancer

**Description:** Personal history of ovarian cancer

**Use:** Required

**Response:** Select one.

**Values:**

0 No
1 Yes
9 Not sure / Unknown
## Family history of ovarian cancer

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family history of ovarian cancer</td>
<td>0 No</td>
</tr>
</tbody>
</table>

Use: Required
Response: Select one.

## Previous biopsy-proved hyperplasia with cellular atypia

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal history of biopsy-proved hyperplasia with cellular atypia</td>
<td>0 No</td>
</tr>
</tbody>
</table>

Use: Required
Response: Select one.
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>44</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Previous lobular carcinoma in situ (LCIS)</td>
</tr>
</tbody>
</table>

**Description:** Personal history of lobular carcinoma in situ (LCIS)

**Use:** Required

**Response:** Select one.

**Values:**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Not sure / Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>45</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Hormone replacement therapy</td>
</tr>
</tbody>
</table>

**Description:** Personal history of hormone replacement therapy

**Use:** Required

**Response:** Select one.

**Values:**

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Not sure / Unknown</td>
</tr>
</tbody>
</table>
Study Data for this Examination

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Date of examination</td>
</tr>
</tbody>
</table>

**Description:** Date of examination

**Use:** Required

**Response:** Indicate date of examination.

**Values:** Any valid date in mm/dd/yyyy format, greater than or equal to 1/1/2000, and less than or equal to the current date

---

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>46.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Rescheduled exam</td>
</tr>
</tbody>
</table>

**Description:** NOT APPLICABLE TO VERSION 3.0
Indicate if this exam was previously scheduled on an earlier date and changed for any reason.

**Use:** Optional

**Response:** Select one.

**Values:**
- 0 No
- 1 Yes
- 9 Unknown
### Originally scheduled exam date

**NMD Data Dictionary Number(s):** 46.2  
**NMD Data Element Name:** Originally scheduled exam date  

**Description:** NOT APPLICABLE TO VERSION 3.0  
**Use:** Optional  
**Response:** Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.  
**Values:** Any valid date in mm/dd/yyyy format, greater than or equal to 1/1/2000, and less than the date of examination

### Reschedule reason

**NMD Data Dictionary Number(s):** 46.3  
**NMD Data Element Name:** Reschedule reason  

**Description:** NOT APPLICABLE TO VERSION 3.0  
Indicate the primary reason the exam was rescheduled.  
**Use:** Optional  
**Response:** Select one.  
**Values:**

1. **Patient reason:**  
   COVID/coronavirus related (Any patient rescheduling of COVID such as fear of virus transmission, travel restrictions, patient actively ill with COVID)  

2. **Patient reason: Other (Any non-COVID reason initiated by the patient – such as patient inconvenience, missed appointment)**
Facility reason:
   COVID/coronavirus related (Any facility initiated rescheduling due to response to COVID including physician unavailable due to COVID support, non-essential exams discontinued)

Facility reason: Other (Any non-COVID reason initiated by the facility – such as physician inconvenience, equipment issue)

Unknown

NMD Data Dictionary Number(s): 47
NMD Data Element Name: Indication for examination

Description: Indication or reason for the examination
Use: Required
Response: Select one.

Values:

1 Screening
2 Diagnostic - evaluation of an abnormal finding at screening
3 Diagnostic - surveillance imaging for a probably benign finding or following breast conservation treatment
4 Diagnostic - evaluation of a breast problem - palpable abnormality
5 Diagnostic - evaluation of a breast problem - other
99 Unknown
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 48
NMD Data Element Name: Modality

Description: Modality or modalities used for the examination
Use: Required
Response: Select one.
Values:

1 Mammography
2 Ultrasound
3 MRI

The following terms are valid only when data for combination examinations are reported at the combination level, i.e., not at the component level.

4 Mammography / Ultrasound
5 Mammography / MRI
6 Ultrasound / MRI
7 Mammography / Ultrasound / MRI

NMD Data Dictionary Number(s): 49
NMD Data Element Name: Use of computer-aided detection (CAD) - Additional views

Mammography only
Description: Indicates whether computer-aided detection was used for additional views
Use: Optional
Response: Select one.
Values:

0 No
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

Use of tomosynthesis

**Mammography only**

**Description:** Indicates whether tomosynthesis was used

**Use:** Required if modality includes mammography; not applicable otherwise

**Response:** Select one.

**Values:**

- 0 No
- 1 Yes
- 9 Unknown

Use of contrast-enhanced mammography (CEM)

**Mammography only**

**Description:** NOT APPLICABLE TO VERSION 3.0

Indicate whether contrast-enhanced mammography was used.

**Use:** Required if modality includes mammography; not applicable otherwise

**Response:** Select one.

**Values:**

- 0 Contrast-enhanced mammography not used
- 1 Contrast-enhanced mammography used
- 9 Unknown whether contrast-enhanced mammography was used
### Use of computer-aided detection (CAD) - Standard views

**Mammography only**

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicates whether computer-aided detection was used for standard views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Optional</td>
</tr>
<tr>
<td>Response</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values</td>
<td>0 No</td>
</tr>
<tr>
<td></td>
<td>1 Yes</td>
</tr>
</tbody>
</table>

### Film or digital

**Mammography only**

<table>
<thead>
<tr>
<th>Description</th>
<th>Indicates whether the image was recorded on film or digitally</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use</td>
<td>Optional</td>
</tr>
<tr>
<td>Response</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values</td>
<td>1 Film</td>
</tr>
<tr>
<td></td>
<td>2 Digital</td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 53
NMD Data Element Name: Additional imaging

**Screening mammography and screening ultrasound only**

**Description:** Indicates whether additional imaging was performed. When implant displacement views are included, report as “2 Standard plus additional imaging.”

**Use:** Required

**Response:** Select one.

**Values:**

1. Standard imaging only
2. Standard plus additional imaging
99 Unknown / Not applicable
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

Breast Tissue

NMD Data Dictionary Number(s): 54
NMD Data Element Name: Breast composition - Left breast

**Mammography only**

**Description:** Visually estimated content of fibroglandular-density tissue within the breast

**Use:** Required if audit data are reported at breast level, and right breast composition is not reported; optional otherwise

**Response:** Select one.

**Values:**

1. a. The breast is almost entirely fatty.
2. b. There are scattered areas of fibroglandular density.
3. c. The breast is heterogeneously dense, which may obscure small masses.
4. d. The breast is extremely dense, which lowers the sensitivity of mammography.

99 Unknown
Breast composition - Right breast

Mammography only

Description: Visually estimated content of fibroglandular-density tissue within the breast

Use: Required if audit data are reported at breast level, and left breast composition is not reported; optional otherwise

Response: Select one.

Values:

1 a. The breast is almost entirely fatty.

2 b. There are scattered areas of fibroglandular density.

3 c. The breast is heterogeneously dense, which may obscure small masses.

4 d. The breast is extremely dense, which lowers the sensitivity of mammography.

99 Unknown

Breast composition - Patient level

Mammography only

Description: Visually estimated content of fibroglandular-density tissue within the breasts. If the breasts are not of apparently equal density, the denser breast should be used to categorize breast density.

Use: Required if audit data are reported at patient level; optional otherwise

Response: Select one.

Values:

1 a. The breasts are almost entirely fatty.
b. There are scattered areas of fibroglandular density.

c. The breasts are heterogeneously dense, which may obscure small masses.

d. The breasts are extremely dense, which lowers the sensitivity of mammography.

99 Unknown

NMD Data Dictionary Number(s): 57
NMD Data Element Name: Tissue composition - Left breast

Ultrasound screening only

Description: The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection.

Use: Required if audit data are reported at breast level, and right breast tissue composition is not reported; optional otherwise

Response: Select one.

Values:

1. Homogeneous background echotexture — fat
2. Homogeneous background echotexture — fibroglandular
3. Heterogeneous background echotexture
4. The breasts are extremely dense, which lowers the sensitivity of mammography.

99 Unknown
### Tissue composition - Right breast

**Ultrasound screening only**

**Description:** The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection.

**Use:** Required if audit data are reported at breast level, and left breast tissue composition is not reported; optional otherwise

**Response:** Select one.

**Values:**

<table>
<thead>
<tr>
<th></th>
<th>Value Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Homogeneous background echotexture — fat</td>
</tr>
<tr>
<td>2</td>
<td>b. Homogeneous background echotexture — fibroglandular</td>
</tr>
<tr>
<td>3</td>
<td>c. Heterogeneous background echotexture</td>
</tr>
<tr>
<td>99</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Tissue composition - Patient level

**Ultrasound screening only**

**Description:** The background echotexture of the breast may affect the sensitivity of breast sonograms for lesion detection.

**Use:** Required if audit data are reported at patient level; optional otherwise

**Response:** Select one.

**Values:**

<table>
<thead>
<tr>
<th></th>
<th>Value Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>a. Homogeneous background echotexture — fat</td>
</tr>
<tr>
<td>2</td>
<td>b. Homogeneous background echotexture — fibroglandular</td>
</tr>
<tr>
<td>3</td>
<td>c. Heterogeneous background echotexture</td>
</tr>
<tr>
<td>NMD Data Dictionary Number(s): 60</td>
<td>NMD Data Element Name: Amount of fibroglandular tissue (FGT) - Left breast</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**MRI only**

**Description:** Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging

**Use:** Required if audit data are reported at breast level, and amount of FGT in the right breast is not reported; optional otherwise

**Response:** Select one.

**Values:**

1. a. Almost entirely fat
2. b. Scattered fibroglandular tissue
3. c. Heterogeneous fibroglandular tissue
4. d. Extreme fibroglandular tissue

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s): 61</th>
<th>NMD Data Element Name: Amount of fibroglandular tissue (FGT) - Right breast</th>
</tr>
</thead>
</table>

**MRI only**

**Description:** Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging

**Use:** Required if audit data are reported at breast level, and amount of FGT in the left breast is not reported; optional otherwise

**Response:** Select one.

**Values:**

1. a. Almost entirely fat
2. b. Scattered fibroglandular tissue
3  c. Heterogeneous fibroglandular tissue

4  d. Extreme fibroglandular tissue

99 Unknown

**NMD Data Dictionary Number(s):** 62  
**NMD Data Element Name:** Amount of fibroglandular tissue (FGT) - Patient level

**MRI only**  
**Description:** Assessed on fat-saturated T1W imaging or non-fat-saturated T1W imaging  
**Use:** Required if audit data are reported at patient level; optional otherwise  
**Response:** Select one.  
**Values:**

1  a. Almost entirely fat  
2  b. Scattered fibroglandular tissue  
3  c. Heterogeneous fibroglandular tissue  
4  d. Extreme fibroglandular tissue  
99 Unknown
NMD DATA DICTIONARY- VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 63
NMD Data Element Name: Background parenchymal enhancement (BPE):
Level - Left breast

MRI only
Description: Background parenchymal enhancement (BPE): Level - Left breast
Use: Required if audit data are reported at breast level, BPE for the right breast is not reported and modality includes MRI or "Use of contrast-enhanced mammography" = Yes; optional otherwise
Response: Select one.
Values:

1 Minimal
2 Mild
3 Moderate
4 Marked
99 Unknown

NMD Data Dictionary Number(s): 64
NMD Data Element Name: Background parenchymal enhancement (BPE):
Level - Right breast

MRI only
Description: Background parenchymal enhancement (BPE): Level - Right breast
Use: Required if audit data are reported at breast level, BPE for the left breast is not reported and modality includes MRI or "Use of contrast-enhanced mammography" = Yes; optional otherwise
Response: Select one.
Values:

1 Minimal
2 Mild
3 Moderate
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>65</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Background parenchymal enhancement (BPE): Level - Patient level</td>
</tr>
</tbody>
</table>

**MRI only**

**Description:** Background parenchymal enhancement (BPE): Level - Patient level

**Use:** Required if audit data are reported at patient level and modality includes MRI or "Use of contrast-enhanced mammography" = Yes; optional otherwise.

**Response:** Select one.

**Values:**
1. Minimal
2. Mild
3. Moderate
4. Marked
99. Unknown

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>66</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Background parenchymal enhancement (BPE): Symmetric or asymmetric</td>
</tr>
</tbody>
</table>

**MRI only**

**Description:** Background parenchymal enhancement (BPE): Symmetric or asymmetric

**Use:** Optional if modality includes MRI or "Use of contrast-enhanced mammography (CEM)" = 1 (Yes); not applicable otherwise.

**Response:** Select one.

**Values:**
1. Symmetric
2 Asymmetric

99 Unknown / Not applicable
### Findings

**NMD Data Dictionary Number(s):** 67  
**NMD Data Element Name:** Assessment - Left breast

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment - Left breast</td>
<td>Use: Required if audit data are reported at breast level, and right breast assessment is not reported; optional otherwise</td>
</tr>
<tr>
<td></td>
<td>Response: Select one.</td>
</tr>
</tbody>
</table>

##### Values:

- **Incomplete Assessment**
  - Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.

- **0 Category 0:**
  - (Mammography only)
  - (Ultrasound and MRI only)

- **Final Assessment**
  - **1 Category 1: Negative**
    - Essentially 0% likelihood of malignancy
  - **2 Category 2: Benign**
    - Essentially 0% likelihood of malignancy
  - **3 Category 3: Probably benign**
    - > 0% but ≤ 2% likelihood of malignancy
  - **4 Category 4: Suspicious**
    - > 2% but < 95% likelihood of malignancy
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

5 Category 5: Highly suggestive of malignancy
≥ 95% likelihood of malignancy

6 Category 6: Known biopsy-proven malignancy

NMD Data Dictionary Number(s): 68
NMD Data Element Name: Assessment - Left breast - Subcategory of category 4

**Mammography and ultrasound only**

Description: Assessment - Left breast - Subcategory of category 4

Use: Optional if a category 4 assessment is reported; not applicable otherwise

Response: Select one.

Values:
- A Category 4A: Low suspicion for malignancy
  > 2% to ≤ 10% likelihood of malignancy
- B Category 4B: Moderate suspicion for malignancy
  > 10% to ≤ 50% likelihood of malignancy
- C Category 4C: High suspicion for malignancy
  > 50% to < 95% likelihood of malignancy

NMD Data Dictionary Number(s): 69
NMD Data Element Name: Assessment - Right breast

Description: Assessment - Right breast

Use: Required if audit data are reported at breast level, and left breast assessment is not reported; optional otherwise

Response: Select one.

Values:
- Incomplete Assessment
  Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.
0 Category 0:  
(Mammography only)  
Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison  
(Ultrasound and MRI only)  
Incomplete - Need additional imaging evaluation  

Final Assessment

1 Category 1: Negative  
Essentially 0% likelihood of malignancy

2 Category 2: Benign  
Essentially 0% likelihood of malignancy

3 Category 3: Probably benign  
> 0% but ≤ 2% likelihood of malignancy

4 Category 4: Suspicious  
> 2% but < 95% likelihood of malignancy

5 Category 5: Highly suggestive of malignancy  
≥ 95% likelihood of malignancy

6 Category 6: Known biopsy-proven malignancy
### Assessment - Right breast - Subcategory of category 4

**Mammography and ultrasound only**

<table>
<thead>
<tr>
<th>Description</th>
<th>Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment - Right breast - Subcategory of category 4</td>
<td>Optional if a category 4 assessment is reported; not applicable otherwise</td>
<td>Select one.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Values:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Category 4A: Low suspicion for malignancy: &gt; 2% to ≤ 10% likelihood of malignancy</td>
</tr>
<tr>
<td>B</td>
<td>Category 4B: Moderate suspicion for malignancy: &gt; 10% to ≤ 50% likelihood of malignancy</td>
</tr>
<tr>
<td>C</td>
<td>Category 4C: High suspicion for malignancy: &gt; 50% to &lt; 95% likelihood of malignancy</td>
</tr>
</tbody>
</table>

---

### Assessment - Patient level

<table>
<thead>
<tr>
<th>Description</th>
<th>Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment - Patient level</td>
<td>Required if audit data are reported at patient level; optional otherwise</td>
<td>Select one.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Values:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Incomplete Assessment: Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.</td>
</tr>
</tbody>
</table>
0 Category 0:
(Mammography only)
Incomplete - Need additional imaging evaluation and/or prior mammograms for comparison
(Ultrasound and MRI only)
Incomplete - Need additional imaging evaluation

Final Assessment

1 Category 1: Negative
Essentially 0% likelihood of malignancy

2 Category 2: Benign
Essentially 0% likelihood of malignancy

3 Category 3: Probably benign
> 0% but ≤ 2% likelihood of malignancy

4 Category 4: Suspicious
> 2% but < 95% likelihood of malignancy

5 Category 5: Highly suggestive of malignancy
≥ 95% likelihood of malignancy

6 Category 6: Known biopsy-proven malignancy
### Assessment - Patient level - Subcategory of category 4

**Mammography and ultrasound only**

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
<th>Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment - Patient level - Subcategory of category 4</td>
<td></td>
<td>Optional if a category 4 assessment is reported; not applicable otherwise</td>
<td>Select one.</td>
</tr>
</tbody>
</table>

**Values:**

- **A Category 4A:** Low suspicion for malignancy
  
  > 2% to ≤ 10% likelihood of malignancy

- **B Category 4B:** Moderate suspicion for malignancy
  
  > 10% to ≤ 50% likelihood of malignancy

- **C Category 4C:** High suspicion for malignancy
  
  > 50% to < 95% likelihood of malignancy

### Overall assessment - Left breast

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
<th>Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Left breast</td>
<td></td>
<td>Required if component of combination examination; optional otherwise</td>
<td>Select one.</td>
</tr>
</tbody>
</table>

**Values:**

- **Incomplete Assessment**
  
  Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.

- **0 Category 0:** Incomplete - Need additional imaging evaluation

- **Final Assessment**
## Overall assessment - Left breast - Subcategory of category 4

| NMD Data Dictionary Number(s): | 74 |
| NMD Data Element Name:       | Overall assessment - Left breast - Subcategory of category 4 |

**Description:** Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Left breast - Subcategory of category 4

**Use:** Optional if a category 4 assessment is reported; not applicable otherwise

**Response:** Select one.

**Values:**

- **A** Category 4A: Low suspicion for malignancy
  - > 2% to ≤ 10% likelihood of malignancy

- **B** Category 4B: Moderate suspicion for malignancy
  - > 10% to ≤ 50% likelihood of malignancy

- **C** Category 4C: High suspicion for malignancy
  - > 50% to < 95% likelihood of malignancy
<table>
<thead>
<tr>
<th>Description: Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Right breast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use: Required if component of combination examination; optional otherwise</td>
</tr>
<tr>
<td>Response: Select one.</td>
</tr>
<tr>
<td>Values:</td>
</tr>
<tr>
<td>Incomplete Assessment</td>
</tr>
<tr>
<td>0 Category 0: Incomplete - Need additional imaging evaluation</td>
</tr>
<tr>
<td>Final Assessment</td>
</tr>
<tr>
<td>1 Category 1: Negative</td>
</tr>
<tr>
<td>2 Category 2: Benign</td>
</tr>
<tr>
<td>3 Category 3: Probably benign</td>
</tr>
<tr>
<td>4 Category 4: Suspicious</td>
</tr>
<tr>
<td>5 Category 5: Highly suggestive of malignancy</td>
</tr>
<tr>
<td>6 Category 6: Known biopsy-proven malignancy</td>
</tr>
<tr>
<td>NMD Data Dictionary Number(s):</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>NMD Data Element Name:</td>
</tr>
</tbody>
</table>

**Description:** Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Right breast - Subcategory of category 4

**Use:** Optional if a category 4 assessment is reported; not applicable otherwise

**Response:** Select one.

**Values:**

- **A Category 4A:** Low suspicion for malignancy
  - > 2% to ≤ 10% likelihood of malignancy

- **B Category 4B:** Moderate suspicion for malignancy
  - > 10% to ≤ 50% likelihood of malignancy

- **C Category 4C:** High suspicion for malignancy
  - > 50% to < 95% likelihood of malignancy

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>77</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Overall assessment - Patient level</td>
</tr>
</tbody>
</table>

**Description:** Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Patient level

**Use:** Required if component of combination examination; optional otherwise

**Response:** Select one.

**Values:**

- **Incomplete Assessment**
  - Do not include incomplete assessments needing comparison with prior studies or technical recall examinations in audit data.

- **0 Category 0:** Incomplete - Need additional imaging evaluation

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## Final Assessment

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Category 1: Negative</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>2 Category 2: Benign</td>
<td>Essentially 0% likelihood of malignancy</td>
</tr>
<tr>
<td>3 Category 3: Probably benign</td>
<td>&gt; 0% but ≤ 2% likelihood of malignancy</td>
</tr>
<tr>
<td>4 Category 4: Suspicious</td>
<td>&gt; 2% but &lt; 95% likelihood of malignancy</td>
</tr>
<tr>
<td>5 Category 5: Highly suggestive of malignancy</td>
<td>≥ 95% likelihood of malignancy</td>
</tr>
<tr>
<td>6 Category 6: Known biopsy-proven malignancy</td>
<td></td>
</tr>
</tbody>
</table>

### NMD Data Dictionary Number(s): 78

**NMD Data Element Name:** Overall assessment - Patient level - Subcategory of category 4

| Description: | Overall assessment for combinations of diagnostic breast imaging examinations, performed concurrently (e.g., mammography / ultrasound) - Patient level - Subcategory of category 4 |
| Use: | Optional if a category 4 assessment is reported; not applicable otherwise |
| Response: | Select one. |

### Values:

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Category 4A</td>
<td>Low suspicion for malignancy</td>
</tr>
<tr>
<td>B Category 4B</td>
<td>Moderate suspicion for malignancy</td>
</tr>
<tr>
<td>C Category 4C</td>
<td>High suspicion for malignancy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Category 4A</td>
<td>&gt; 2% to ≤ 10% likelihood of malignancy</td>
</tr>
<tr>
<td>B Category 4B</td>
<td>&gt; 10% to ≤ 50% likelihood of malignancy</td>
</tr>
<tr>
<td>C Category 4C</td>
<td>&gt; 50% to &lt; 95% likelihood of malignancy</td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 79
NMD Data Element Name: Management - Left breast

**Description:** Management - Left breast

**Use:** Required if audit data are reported at breast level, and management for the right breast is not reported

**Response:** Select one.

**Values:**

1. (Mammography only) Recall for additional imaging and/or comparison with prior examination(s)
   (Ultrasound only) Recall for additional imaging
   (MRI only) Recommend additional imaging: Mammogram or targeted ultrasound

2. (Mammography only) Routine mammography screening
   (Ultrasound only) Routine screening
   (MRI only) Routine breast MRI screening if cumulative lifetime risk ≥ 20%

3. (Mammography only) Short-interval (6-month) follow-up or continued surveillance mammmography
   (Ultrasound only) Short-interval (6-month) follow-up or continued surveillance
   (MRI only) Short-interval (6-month) follow-up

4. (All modalities) Tissue diagnosis

5. (All modalities) Surgical excision when clinically appropriate

6. (All modalities) Other
**NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4**

**NMD Data Dictionary Number(s):** 80  
**NMD Data Element Name:** Management - Right breast

<table>
<thead>
<tr>
<th>Description</th>
<th>Use</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management - Right breast</td>
<td>Required if audit data are reported at breast level, and management for the left breast is not reported</td>
<td>Select one.</td>
</tr>
</tbody>
</table>

**Values:**

1. (Mammography only) Recall for additional imaging and/or comparison with prior examination(s)
2. (Ultrasound only) Recall for additional imaging
3. (MRI only) Recommend additional imaging: Mammogram or targeted ultrasound
4. (Mammography only) Routine mammography screening
5. (Ultrasound only) Routine screening
6. (MRI only) Routine breast MRI screening if cumulative lifetime risk ≥ 20%
7. (Mammography only) Short-interval (6-month) follow-up or continued surveillance mammography
8. (Ultrasound only) Short-interval (6-month) follow-up or continued surveillance
9. (MRI only) Short-interval (6-month) follow-up
10. (All modalities) Tissue diagnosis
11. (All modalities) Surgical excision when clinically appropriate
12. (All modalities) Other
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s):  81
NMD Data Element Name:  Management - Patient level

Description:  Management - Patient level
Use:  Required if audit data are reported at patient level; optional otherwise
Response:  Select one.

Values:

1  (Mammography only)  Recall for additional imaging and/or comparison with prior examination(s)
   (Ultrasound only)  Recall for additional imaging
   (MRI only)  Recommend additional imaging: Mammogram or targeted ultrasound

2  (Mammography only)  Routine mammography screening
   (Ultrasound only)  Routine screening
   (MRI only)  Routine breast MRI screening if cumulative lifetime risk ≥ 20%

3  (Mammography only)  Short-interval (6-month) follow-up or continued surveillance mammography
   (Ultrasound only)  Short-interval (6-month) follow-up or continued surveillance
   (MRI only)  Short-interval (6-month) follow-up

4  (All modalities)  Tissue diagnosis

5  (All modalities)  Surgical excision when clinically appropriate

6  (All modalities)  Other
<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>82</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Date of biopsy</td>
</tr>
<tr>
<td>Description:</td>
<td>Date of biopsy</td>
</tr>
<tr>
<td>Use:</td>
<td>Required if biopsy performed; not applicable otherwise</td>
</tr>
<tr>
<td>Response:</td>
<td>Indicate date of biopsy.</td>
</tr>
<tr>
<td>Values:</td>
<td>Any valid date in mm/dd/yyyy format</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NMD Data Dictionary Number(s):</th>
<th>83</th>
</tr>
</thead>
<tbody>
<tr>
<td>NMD Data Element Name:</td>
<td>Biopsy procedure</td>
</tr>
<tr>
<td>Description:</td>
<td>Biopsy procedure</td>
</tr>
<tr>
<td>Use:</td>
<td>Required</td>
</tr>
<tr>
<td>Response:</td>
<td>Select one.</td>
</tr>
<tr>
<td>Values:</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Fine needle aspiration cytology</td>
</tr>
<tr>
<td>2</td>
<td>Core biopsy</td>
</tr>
<tr>
<td>3</td>
<td>Cyst aspiration - diagnostic</td>
</tr>
<tr>
<td>4</td>
<td>Incisional biopsy</td>
</tr>
<tr>
<td>5</td>
<td>Excisional biopsy</td>
</tr>
<tr>
<td>6</td>
<td>Mastectomy</td>
</tr>
<tr>
<td>99</td>
<td>Unknown / Not applicable / Not available</td>
</tr>
</tbody>
</table>
**Classification of lesion**

**NMD Data Dictionary Number(s):** 84  
**NMD Data Element Name:** Classification of lesion

**Description:** Classification of lesion  
**Use:** Required  
**Response:** Select the classification corresponding to the lesion of most concern. Refer to Pathology Code Appendix for classification by pathology code.

**Values:**  
1 Benign  
2 High Risk  
3 Malignant  
99 Not applicable / Not available

---

**Malignancy type**

**NMD Data Dictionary Number(s):** 85  
**NMD Data Element Name:** Malignancy type

**Description:** Malignancy type  
**Use:** Required  
**Response:** Select one. Refer to Pathology Code Appendix for malignancy type by pathology code.

**Values:**  
1 Invasive  
2 DCIS  
88 Other  
99 Not applicable / Not available
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

NMD Data Dictionary Number(s): 86
NMD Data Element Name: Pathological size of tumor

**Description:** Pathological size of tumor

**Use:** Required if breast cancer pathology identified; not applicable otherwise

**Response:** Indicate tumor size in mm.

**Values:** 0 - 999.9

---

NMD Data Dictionary Number(s): 87
NMD Data Element Name: Histology grade

**Description:** Histology grade. For invasive carcinomas, the AJCC Cancer Staging Manual, 8th Edition (2017), recommends using the Nottingham combined histologic grade (Elston-Ellis modification of the Scarff-Bloom-Richardson grading system).

**Use:** Required

**Response:** Select one.

**Values:**

- 0 Invasive carcinoma: GX - Grade cannot be assessed
- 1 Invasive carcinoma: G1 - Low combined histologic grade (favorable)
- 2 Invasive carcinoma: G2 - Intermediate combined histologic grade (moderately favorable)
- 3 Invasive carcinoma: G3 - High combined histologic grade (unfavorable)
- 4 DCIS: Low grade
- 5 DCIS: Intermediate grade
6 DCIS: High grade
99 Not applicable / Not available

### Nodes removed

**NMD Data Dictionary Number(s):** 88  
**NMD Data Element Name:** Nodes removed

**Description:** Nodes removed  
**Use:** Required  
**Response:** Indicate number of nodes removed.  
**Values:** Any integer between 0 and 99

### Nodes positive

**NMD Data Dictionary Number(s):** 89  
**NMD Data Element Name:** Nodes positive

**Description:** The number of nodes removed that were positive for breast cancer.  
**Use:** Required if "Nodes removed" > 0; not applicable otherwise  
**Response:** Indicate number of nodes positive for cancer.  
**Values:** Any integer between 0 and 99

### Tumor stage

**NMD Data Dictionary Number(s):** 90  
**NMD Data Element Name:** Tumor stage

**Description:** Tumor stage as defined in the AJCC Cancer Staging Manual, 8th Edition (2017)  
**Use:** Required  
**Response:** Select one.  
**Values:**

- 0 Stage 0
1 Stage I, not otherwise specified (APPLICABLE TO VERSION 3.4 ONLY)

1A Stage IA

1B Stage IB

2 Stage II, not otherwise specified (APPLICABLE TO VERSION 3.4 ONLY)

2A Stage IIA

2B Stage IIB

3 Stage III, not otherwise specified (APPLICABLE TO VERSION 3.4 ONLY)

3A Stage IIIA

3B Stage IIIB

3C Stage IIIC

4 Stage IV

99 Not applicable / Not available

---

**NMD Data Dictionary Number(s):** 91  
**NMD Data Element Name:** Primary tumor

**Description:** Primary tumor as defined in the AJCC Cancer Staging Manual, 8th Edition (2017)

**Use:** Required

**Response:** Select one.

**Values:**

1 TX  
2 T0  
3 Tis
<table>
<thead>
<tr>
<th>Description</th>
<th>Required</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional lymph nodes as defined in the AJCC Cancer Staging</td>
<td></td>
<td>Select one.</td>
</tr>
<tr>
<td>Use:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 NX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 N0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

3 N1
4 N2
5 N2a
6 N2b
7 N3
8 N3a
9 N3b
10 N3c
11 N1mi
99 Not applicable / Not available

NMD Data Dictionary Number(s): 93
NMD Data Element Name: Distant metastases

Description: Distant metastases as defined in the AJCC Cancer Staging Manual, 8th Edition (2017)

Use:

Response: Select one.

Values:

1 M0
2 cM0(i+)
3 M1
99 Not applicable / Not available
### Method of detection

<table>
<thead>
<tr>
<th>Description</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICABLE TO VERSION 3.4 ONLY Initial method by which breast cancer was detected</td>
<td>Optional</td>
</tr>
<tr>
<td>Use:</td>
<td>Select one.</td>
</tr>
<tr>
<td>Response:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Values:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sma</td>
</tr>
<tr>
<td>Sdbt</td>
</tr>
<tr>
<td>SmaNOS</td>
</tr>
<tr>
<td>Sus</td>
</tr>
<tr>
<td>Smri</td>
</tr>
<tr>
<td>Scem</td>
</tr>
<tr>
<td>Snuc</td>
</tr>
<tr>
<td>So</td>
</tr>
<tr>
<td>SoNOS</td>
</tr>
<tr>
<td>Sunk</td>
</tr>
</tbody>
</table>
Pat  Patient reported self-examination finding and/or symptom

Pro  Provider detected finding on physical examination of asymptomatic patient

Ppp  Patient and/or the provider detected the cancer first; impossible to determine whether patient or provider

N  Not image-based screening, Not patient or provider detected

U  Unknown how cancer was detected
NMD DATA DICTIONARY-VERSIONS 3.0 and 3.4

Benign:
AB Abscess
AD Adenosis
AL Adenolipoma
AM Apocrine Metaplasia
AME Adenomyoepithelioma
AMY Amyloid (tumor)
ANA Angiolioma
ANH Axillary node with reactive lymphoid hyperplasia
BAN Benign axillary node
BC Benign cyst
BCB Benign cyst with blood
BCL Benign Cystic hyperplasia
CP Intracystic papilloma
DE Duct ectasia
DF Diabetic fibrous mastopathy
DHU Ductal hyperplasia, Usual
EBT Ectopic (accessory) breast tissue
EC Epidermal inclusion cyst
FA Fibroadenoma
FAH Fibroadenomatoid hyperplasia
FAL Fibroadenolipoma
FB Foreign body (reaction)
FC Fibrocystic change
FF Fat necrosis
GA Galactocele
GC Granular cell tumor
GF Giant fibroadenoma
GYN Gynecomastia
HA Hamartoma
HE Hemangioma
HES Hemangioma – nonparenchymal, subcutaneous
HEV Hemangioma - venous
HM Hematoma
IF Inflammation
IMN Intramammary lymph node
IN Inflamed
IP Intraductal papilloma
IF Juvenile fibroadenoma
JP Juvenile papillomatosis
LA Lactating adenoma
LB Lipoma of the breast
LC Lactational change
LM Leiomyoma
MFB Myofibroblastoma
MGA Microglandular adenosis
MIP Multiple intraductal papillomas
NA No abnormality
NBT Normal breast tissue
NFA Neurofibroma
NFS Neurofibromatosis
NPA Nipple adenoma

Benign (continued):
PA Papilloma
PL Pleomorphic adenoma
PLC Pseudolactational change
PSH Pseudoangiomatous stromal hyperplasia
RS Radial scar
SA Sclerosing adenosis
SE Seroma
SG Silicone granuloma
ST Scar tissue
TA Tubular adenoma

High Risk:
ADH Atypical ductal hyperplasia
AH Atypical hyperplasia
ALH Atypical lobular hyperplasia
FEA Flat epithelial atypia
LS Lobular carcinoma in-situ (LCIS)
PDP Peripheral duct papillomas
PLS Pleomorphic lobular carcinoma in-situ
PT Phyllodes tumor-Benign

Malignant – Invasive:
ADC Adenocystic carcinoma
AP Apocrine carcinoma
AS Angiosarcoma
CC Mucinous (colloid) carcinoma
CED Carcinoma with endocrine differentiation
FS Fibrosarcoma
GRG Glycogen-rich carcinoma
HAP Hemangiopericytoma
ICC Invasive cribriform carcinoma
ICP Intracystic papillary carcinoma (may be either invasive or DCIS)
ID Invasive ductal carcinoma
IL Invasive lobular carcinoma
IMC Invasive mammary carcinoma
INC Inflammatory carcinoma
IPC Invasive papillary carcinoma
LMS Leiomyosarcoma
LPS Liposarcoma
LRC Lipid-rich (lipid-secreting) carcinoma
LVI Lymphovascular invasion
MC Medullary carcinoma
SC Signet ring cell carcinoma
SJC Secretory carcinoma
TC Tubular carcinoma

Malignant – Non-Invasive:
DCS Ductal carcinoma in situ
DCI Ductal carcinoma in situ low nuclear grade
DCH Ductal carcinoma in situ high nuclear grade
ICP Intraepithelial papillary carcinoma
PC Papillar carcinoma in-situ

Malignant - Other
ANL Axillary node with lymphoma
ANM Axillary nodal with metastatic carcinoma
BCN Basal cell carcinoma of the breast
HLM Hodgkin’s lymphoma
LI Leukemic infiltration
LY Lymphoma
MAN Occult carcinoma presenting with axillary lymph node metastases
MB Metastatic cancer to the breast
MBC Metastatic cancer to the breast from the colon
MBL Metastatic cancer to the breast from the lung
MBM Metastatic melanoma to the breast
MBS Metastatic sarcoma to the breast
MIM Metastatic tumor to an intramammary lymph node
MMN Malignant melanoma of the nipple
MPC Metaplastic carcinoma
NHL Non-Hodgkin lymphoma
NMS Neoplasm of the mammary skin
OS Osteosarcoma
PD Paget's disease (of the nipple)
PLS Plasmacytoma
PTB Phyllodes tumor – borderline
PTM Phyllodes tumor – malignant
PUS Pleomorphic undifferentiated sarcoma
SCN Squamous cell carcinoma of the nipple
SQ Squamous cell carcinoma