

Cancer Association of South Africa (CANSA)



CANSA Fact Sheet on Mammograms and How to Read a Mammogram Report

Introduction

Mammography is specialised medical imaging that uses a low-dose X-Ray system to see inside the breasts. A mammography examination, called a mammogram, aids in the early detection and diagnosis of breast diseases in both women and men.

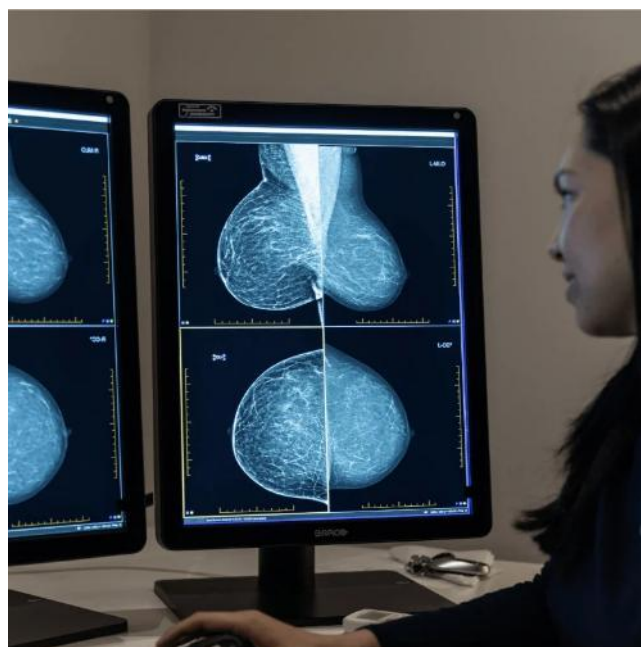
A mammogram is an X-ray picture of the breast. Doctors use a mammogram to look for early signs of breast cancer. Regular mammograms are the best tests doctors have to find breast cancer early, sometimes up to three years before it can be felt.

[Picture Credit: Mammogram]

An X-ray examination helps doctors diagnose and treat medical conditions. It exposes you to a small dose of



ionizing radiation to produce pictures of the inside of the body. X-rays are the oldest and most often used form of medical imaging.



A health care team member called a mammographer usually does the test. They have special training in mammogram technology and in working with patients to get the best possible images. A specialist medical doctor, a Radiologist, looks at the images from a mammogram and interprets what it shows. The Radiologist is also responsible for writing up the mammogram findings.

[Picture Credit: Male Mammography]

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Types of Mammograms

Breast Cancer does not discriminate by age or gender.

There are a few different types of mammograms:

Screening mammograms - used to detect signs of breast cancer. It can be 2D (traditional) or 3D mammograms, also known as breast tomosynthesis. These mammograms are:

- Used to detect signs of breast cancer in men and women who have no symptoms
- The X-ray images make it possible to detect tumours that cannot be felt
- Should be performed annually at age 40 and older
- After the test, a Radiologist interprets the images and informs the patient of the results within 30 days
- The current mammogram is compared to previous ones to find tiny abnormalities
- Most of the time, results are normal

Diagnostic mammograms - used to diagnose abnormal screening mammograms and visible breast cancer symptoms. It can also be 2D (traditional) or 3D mammograms, also known as breast tomosynthesis.

- Used to diagnose abnormalities found in a screening mammogram or when other symptoms have been found (e.g., lumps, nipple pain, discharge)
- Takes longer to perform than a screening mammogram and the total dose of radiation is higher because more X-ray images are needed
- A Radiologist will be on hand to immediately interpret the results
- Additional imaging may be necessary, such as an ultrasound or biopsy
- Results are usually either (1) the abnormal trait turns out to be normal, (2) the abnormal area is not cancerous, but should be monitored, or (3) the abnormal area may be cancerous, and a biopsy is required

2-D Mammogram

- Traditional digital mammogram
- Flat, 2-D images
- Can be limiting due to overlapping layers of tissue, which can sometimes produce unclear results, false alarms, or missed cancer signs

3-D Mammogram

- A newer type of digital mammogram in which x-rays take pictures of thin “slices” of the breast from different angles which are then constructed into a 3-D image using computer software
- Allows your radiologist to examine your breast tissue one layer at a time, resulting in a higher accuracy of breast cancer detection and lower callback rate
- Better for women with dense breast tissue, since both dense breast tissue and cancer appears white on a mammogram; by viewing the breast as layers, a radiologist is better able to differentiate the two
- No additional compression is required (same level of discomfort), but takes a few longer seconds for each view compared to 2-D mammograms
- Can be more expensive than 2-D mammograms, but PURE Mammography offers 3-D mammograms at no extra cost

(Houston Methodist Leading Medicine, 2024; Health Partners, 2026).

How to Prepare for a Mammogram

- Try to go to the same mammography facility every time so that your mammograms can easily be compared from year to year
- If going to a facility for the first time, bring a list of the places and dates of previous mammograms, biopsies, or any other previous breast procedures
- If one has had mammograms at another facility, try to get those records to bring with (or have them sent to the new facility) so the old mammograms can be compared to the new one
- Schedule the mammogram examinations for when the breasts are not likely to be tender or swollen, to help reduce discomfort and get good mammogram pictures - ladies should try and avoid the week immediately before a menstrual cycle (period)
- On the day of the examination, do not apply deodorant, antiperspirant, powders, lotions, creams, or perfumes under the arms, or on or under the breasts. Some of these contain substances that can show up on the mammogram as white spots. If not going home directly after a mammogram examination, take deodorant or antiperspirant with to put on after the examination.
- Ladies might find it easier to wear a skirt or pants, so that they only need to remove a top and bra for the mammogram.
- Discuss any recent changes or problems in the breasts with the health care provider before getting the mammogram
- Make sure the healthcare provider is aware of any part of your medical history that could affect your breast cancer risk - such as surgery, hormone use, breast cancer in your family, or if you've had breast cancer before.

(Bergman Ross & Partners Radiologists, 2026; Well Women Bone and Breast Care, 2024; Mediclinic Infohub, 2020; American Cancer Society, 2022).

What if a Mammogram is Normal or is Abnormal?

Individuals should continue to get mammograms according to recommended time intervals. Mammograms work best when they can be compared with previous ones. This allows the Radiologist to compare them to look for changes in the breasts.

An abnormal mammogram does not always mean that there is cancer. But one will need to have additional mammograms, tests, or examinations before the doctor can tell for sure. One may also be referred to a breast specialist or a breast surgeon. It does not necessarily mean one has cancer or need surgery. These doctors are experts in diagnosing breast problems. Doctors will do necessary follow-up tests to diagnose breast cancer or to find that there is no cancer.

(Medical News Today, 2024).

How to Read a Mammogram Report

A specialist medical doctor called a Radiologist will categorise the mammogram results using a numbered system. Talk to him/her about the mammogram results and what needs to be done next.

Radiologists use a standard system to describe mammogram findings and results. This system (called the **Breast Imaging Reporting and Data System or BI-RADS**) – it sorts the results into categories numbered **0 through 6**.

With these categories, Radiologists can describe what they find on a mammogram using the same words and terms. This makes communicating about the test results and following up after the tests easier. (

Note: These same BI-RADS categories can also be used to describe the results of a breast ultrasound or breast MRI examination. However, the recommended next steps after these tests might be slightly different.)

What is a Bi-RADS Assessment Category?

Category	Definition	What it Means
0	Incomplete – additional imaging evaluation and/or comparison to prior mammograms (or other imaging tests) are needed	This means the Radiologist may have seen a possible abnormality, but it was not clear and more tests, such as another mammogram with the use of spot compression (Applying compression to a smaller area when doing the mammogram) magnified views, special mammogram views, and/or ultrasound may be needed. This may also suggest that the Radiologist wants to compare the new mammogram with older ones to see if there have been changes of time.
1	Negative	This is a normal test result. The breasts look the same (they are symmetrical) with no masses (lumps), distorted structures, or suspicious calcifications). In this case, negative means nothing new or abnormal was found.
2	Benign (non-cancerous) finding	This is also a negative test result (there is no sign of cancer), but the Radiologist chooses to describe a finding that is not cancer, such as benign calcifications, masses, or lymph nodes in the breast. This can also be used to describe changes from a prior procedure (such as a biopsy) in the breast. This ensures that others who look at the mammogram in the future will not misinterpret the benign findings as suspicious.
3	Probably benign finding – Follow-up in a short time frame is suggested	A finding of this category has a very low (no more than 2%) chance of being cancer. It is not expected to change over time. But since it is not proved to be benign, it is helpful to be extra safe and see if the area in question does change over time. The patient will likely need follow-up with repeat imaging in 6 to 12 months and regularly after that until the finding is known to be stable (usually at least 2 years). This approach helps avoid unnecessary biopsies, but if the area does change over time, it still allows for early diagnosis.
4	Suspicious abnormality – Biopsy should be considered	These findings do not definitely look like cancer but could be cancer. The Radiologist is concerned enough to recommend a biopsy. The findings in this category can have a wide range of suspicion levels. For this reason, this category is often divided further: 4A: Finding with a low likelihood of being cancer (more than 2% but not more than 10%) 4B: Finding with a moderate likelihood of being cancer (More than 10% but no more than 50%) 4C: Finding with a high likelihood of being cancer (More than 50% but less than 95%), but not as high as Category 5.
5	Highly suggestive of malignancy – Appropriate action should be taken	The findings look like cancer and have a high chance (at least 95%) of being cancer. Biopsy is very strongly recommended.
6	Known biopsy-proven malignancy – Appropriate action should be taken	This category is only used for findings on a mammogram (or ultrasound or MRI) that have already been shown to be cancer by a previous biopsy. Imaging may be used in this way to see how well the cancer is responding to treatment.

<https://www.cancer.org/cancer/breast-v-cancer/screening-tests-and-early-detection/mammograms/understanding-your-mammogram-report.html>

Mammogram reports also include an assessment of the breasts' density. Dense breasts have less fatty tissue and more non-fatty tissue compared to breasts that are not dense.

Dense breasts:

- can be twice as likely to develop cancer as non-dense breasts
- can make it harder for mammograms to detect breast cancer; breast cancers (which look white like breast gland tissue) are easier to see on a mammogram when they're surrounded by fatty tissue (which looks dark)

BI-RADS classifies breast density into four groups:

- Mostly fatty: The breasts are made up of mostly fat and contain little fibrous and glandular tissue. This means the mammogram would likely show anything that was abnormal.

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- Scattered density: The breasts have quite a bit of fat, but there are a few areas of fibrous and glandular tissue.
- Consistent density: The breasts have many areas of fibrous and glandular tissue that are evenly distributed through the breasts. This can make it hard to see small masses in the breast.
- Extremely dense: The breasts have a lot of fibrous and glandular tissue. This may make it hard to see a cancer on a mammogram because the cancer can blend in with the normal tissue.
(Johns Hopkins Medicine, 2026; Cancer Center City of Hope, 2026; UPMC Health Beat, 2022; Radiology Info, 2024).

Peer-reviewed Research Reports on BI-RADS

Fazeli, S., Stepenosky, J., Guirguis, M.S., Adrada, B., Rakow-Penner, R. & Ojeda-Fournier, H. 2025.

"The Breast Imaging Reporting and Data System (BI-RADS) category 3 assessment is used for breast imaging findings considered "probably benign," with less than a 2% likelihood of malignancy. It is used to increase specificity by decreasing the number of breast biopsies. It has been validated for mammography, breast US, and emerging indications for use in contrast-enhanced breast MRI. Despite the long-term use of category 3 and numerous published studies that evaluate characteristic imaging findings appropriate for this category, there is still misuse and confusion regarding its accurate use. Imaging findings classified as category 3 require short-term follow-up to assess stability and identify changes that may warrant a biopsy for early diagnosis of breast cancer. Category 3 should not be used in a screening study without a comprehensive diagnostic evaluation that may reveal suspicious features or downgrade a finding to benign. In mammography, category 3 findings are validated for grouped round calcifications, oval circumscribed masses, and nonpalpable asymmetries. In US, category 3 can be applied to oval circumscribed parallel solid masses and complicated cysts. Category 3 can be assigned to clustered microcysts when they are very small or deep in the breast. Recent studies have yielded characteristic findings appropriate for MRI category 3 that are expected to be included in the sixth edition of the BI-RADS atlas. These include oval circumscribed masses with associated T2-hyperintense signal, focal non-mass enhancement, and foci of enhancement with associated T2-hyperintense signal. Surveillance with short-interval imaging enables radiologists to monitor findings and act early when a change is detected. ©RSNA, 2024 Supplemental material is available for this article. See the invited commentary by Cohen and Leung."

Vatteroni, G., Dietzel, M. & Baltzer, P.A.T. 2025.

Aim: This systematic review and meta-analysis investigate the added value of structured integration of Breast Imaging Reporting and Data System (BI-RADS) criteria using the Kaiser score (KS) to avoid unnecessary biopsies in BI-RADS 4 lesions.

Material and methods: A systematic review and meta-analysis were conducted using predefined criteria. Eligible articles, published in English until May 2024, dealt with KS in the context of BI-RADS 4 MRI. Two reviewers extracted study characteristics, including true positives (TP), false positives (FP), true negatives (TN), and false negatives (FN). Sensitivity, specificity, negative likelihood ratio, and positive likelihood ratio were calculated using bivariate random effects. Fagan nomograms identified the maximum pre-test probability at which post-test probabilities of a negative MRI aligned with the 2% malignancy rate benchmark for downgrading BI-RADS 4 to BI-RADS 3. I² statistics and meta-regression explored sources of heterogeneity. p-values < 0.05 were considered significant.

Results: Seven studies with 1877 lesions (833 malignant, 1044 benign) were included. The average breast cancer prevalence was 47.3%. Pooled sensitivity was 94.3% (95%-CI 88.9%-97.1%), and pooled specificity was 68.1% (95%-CI 56.6%-77.7%) using a random effects model. Overall, 52/833 cases were FNs (6.2%).

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Fagan nomograms showed that KS could rule out breast cancer in BI-RADS 4 lesions at a pre-test probability of 20.3% for all lesions, 25.4% for masses, and 15.2% for non-mass lesions.

Conclusions: In MRI-assessed BI-RADS 4 lesions, applying structured BI-RADS criteria with the KS reduces unnecessary biopsies by 70% with a 6.2% FN rate. Breast cancer can be ruled out up to pre-test probabilities of 20.3%.

Key points: Question What, if any, value is added by structured integration of BI-RADS criteria using the Kaiser Score (KS) to avoid unnecessary biopsies in BI-RADS 4 lesions? Findings The structured integration of BI-RADS criteria using the Kaiser Score (KS) reduces unnecessary biopsies in BI-RADS 4 lesions by 70%. Clinical relevance The structured approach offered by the Kaiser Score (KS) avoids unnecessary recalls, potentially reducing patient anxiety, lessening the burden on medical personnel, and the need for further imaging and biopsies due to more objective and thus efficient clinical decision-making in evaluating BI-RADS 4 lesions.

Conflict of interest statement

Compliance with ethical standards. Guarantor: The scientific guarantor of this publication is Pascal A.T. Baltzer. Conflict of interest: The authors of this manuscript declare no relationships with any companies, whose products or services may be related to the subject matter of the article. Statistics and biometry: One of the authors has significant statistical expertise. Informed consent: Not required as this was a systematic review and meta-analysis. Ethical approval: Not required as this was a systematic review and meta-analysis. Study subjects or cohorts overlap: Not applicable as this was a systematic review and meta-analysis. Methodology: Systematic review and meta-analysis Performed at one institution

A Suggested Format of a Mammogram Report

The format for mammography report should consist of:

- 1. Pertinent Information:** Usually appears at the top of the report and typically includes the patient's name, age and the reason for the mammogram (i.e., annual screening mammogram, referred by physician to evaluate new breast lump)
- 2. Clinical history:** The patient's medical and family history of breast cancer or other breast conditions. It may also include relevant medications the patient is taking, such as hormone replacement therapy.
- 3. Procedure:** May explain what types of mammogram views were taken. Typical views for screening mammogram included the cranio-caudal view (CC) and the medio lateral oblique view (MLO). Typical views for diagnostic mammograms included CC, MLO and supplemental views tailored to the specific problem i.e., magnification views, spot compression and others.
- 4. Notation about comparison with previous studies.**
- 5. A description of overall breast composition** provided information about the accuracy of mammography for the breast being evaluated.
- 6. Significant findings and modifiers** are described according to standardized terminology that has relevance in terms of potential for malignancy.

Findings that are of significance in patient management should be reported. Overall density is significant in that small cancers can be missed. The terms fibrocystic disease, fibrocystic changes, fibrocystic tissues,

dysplasia, and hyperplasia are inappropriate and should be eliminated from image interpretation. Histopathologic terms should be reserved for the pathologist.

(Zia Medical Center, No date; American College of Radiology, No date; Agency for Health Care Policy and Research (AHCPR), No date; Radiopaedia, 2025).

Summary for the Average Reader

Understanding a mammogram report primarily involves interpreting two key standardized assessments: the BI-RADS category (overall result) and the Breast Density assessment.

1. BI-RADS Category (Overall Assessment)

The Breast Imaging-Reporting and Data System (BI-RADS) score ranges from 0 to 6 and determines the next medical steps.

Score	Meaning	Recommended Action
0	Incomplete	Additional imaging (ultrasound or more views) or comparison with old images is needed.
1	Negative	Normal result; continue routine annual or biennial screenings.
2	Benign	Normal result; non-cancerous findings (like cysts or stable calcifications) were found but are not harmful.
3	Probably Benign	Very low risk (<2% chance of cancer); usually requires a follow-up in 6 months to ensure stability.
4	Suspicious	Possible cancer; a biopsy is typically recommended for confirmation. Subcategories (4A, 4B, 4C) indicate increasing levels of concern.
5	Highly Suspicious	High probability of cancer (≥95%); a biopsy is strongly recommended.
6	Known Malignancy	Already proven cancer; used to monitor how the cancer is responding to treatment.

2. Breast Density Assessment

The report will describe how much fibrous and glandular tissue is in the breast compared to fat. Dense tissue appears white on a mammogram, which can occasionally hide abnormalities.

- Category A: Almost entirely fatty; easiest to read.
- Category B: Scattered fibroglandular density; common and generally easy to read.
- Category C: Heterogeneously dense; may obscure small masses.
- Category D: Extremely dense; can significantly lower the sensitivity of the mammogram.

3. Key Findings and Terms

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- **Calcifications:** Tiny calcium deposits. Large ones (macrocalcifications) are common and usually benign; tiny clusters (microcalcifications) may sometimes require further checks.
- **Masses/Lumps:** Solid or fluid-filled areas. Their shape and edges (margins) help radiologists determine if they are suspicious.
- **Asymmetry:** A density found in one breast that is not in the other; often requires more views to confirm it is not just overlapping normal tissue.
- **Architectural Distortion:** Tissue that looks pulled or distorted; it can be a sign of previous surgery or a potential abnormality.

Next Steps

If your report contains a BI-RADS 0, 3, 4, or 5, your provider will contact you for follow-up. You can often view your results through patient portals like the private healthcare systems. Always discuss the full report with your primary care doctor or gynaecologist to understand how the results apply to your specific health history.

(AID Overview, 2026).

Medical Disclaimer

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