Update on the new 2018 ACR
Digital Mammography QC
Manual

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*No financial disclosures to report

Overview

- **Where**
  - ACR resources
  - ACR FAQ’s

- **How**
  - ACR QC Program and workstations
  - ACR QC Program highlights for select QC tests

- **When**
  - Strategy and steps to transition to the new QC Manual
MQSA - Who's Who

The Law: Mammography Quality Standards Act (MQSA)

The Regulator: US Food and Drug Administration (FDA)

The Accreditation Bodies: (ACR, TX, AR)

The Inspectors: States or MQSA

MQSA

3-19-2020

MQSA Inspection Information Related to COVID-19

The Division of Mammography Quality Standards (DMQS) has received numerous inquiries regarding COVID-19 and its increasing impact on mammography facilities. The FDA has temporarily postponed domestic inspections including ones performed under contract with its state regulatory partners. The FDA press release can be found here. As such, DMQS is providing appropriate regulatory flexibility and posting the following information regarding common scenarios that may arise due to the evolving COVID-19 situation in the United States.

Facilities that choose to close:

Facilities that choose to cease operations due to the coronavirus should document the period in which they are not performing mammography and ensure all required quality control testing is performed prior to resuming operations. This includes the annual medical physicist survey or other quality assurance duties which may have been required during the closure period.
MQSA

Facilities that cannot schedule an annual medical physicist survey due to circumstances out of their control:

If the medical physicist cannot travel to the facility to conduct the annual survey due to coronavirus travel restrictions or other circumstances out of their control, the facility should contact the FDA or State Certifying Agency to request an extension of the annual medical physicist survey. If it will be conducted beyond 14 months, extension requests should be submitted in writing and received prior to the date that marks the 14th month since the last annual survey. Additional instructions for the extension process can be found here.

Extension of the 14 Month Limit for the Medical Physicist Survey

Policy:

When there is an extraordinary circumstance(s), such as an imposing crew, which makes it impossible to have the annual physicist’s survey performed within the 14-month time period, facilities should contact their State’s Inspector, State Certifying Agency, or the FDA District Office (whichever conducts their annual inspections) and request permission to defer the current survey until after the move has been completed, or until the extraordinary circumstance(s) is no longer applicable.

The facility needs to explain, in writing, the reason for the request and establish a reasonable schedule showing the date by which the deferral of the physics survey will be completed. The State or FDA, based on the facility’s history and circumstances, may, at their discretion, approve a delay for such cases. If needed, states may consult with the FDA on a case-by-case basis.

When the State Inspector, State Certifying Agency, or the FDA district office approves a delay for the annual physicist survey and the MQSA inspector is contacted before the approved delay is over, then the inspector should enter an "N/A; NOT APPLICABLE" as the answer to the question SURVEY REPORT AVAILABLE: and record the reason in the printed Remarks for the SURVEY REPORT section. The facility should be instructed to send a copy of the report to the inspector once the physical survey is performed. The inspector will then need to evaluate the survey report, fill the inspection record (answer the physics survey questions), and re-upload the inspection date to DMQS, and send the facility a revised facility inspection report.

MQSA

Facilities that continue to operate and have non-compliance citations that are due to circumstances out of their control:

For any circumstance due to coronavirus which the facility cannot control and that could lead to non-compliance citations, the facility should be prepared to provide detailed documentation. Examples may include (1) the failure of mammography personnel to meet the continuing education requirement due to cancellation of courses/meetings due to coronavirus; and (2) the failure to meet certain aspects of EQUIP due to staffing absences related to coronavirus.

DMQS will continue to monitor the situation and will issue other communications should the need arise. For any other inquiries, please contact the MQSA Hotline at 1-800-898-7715 or MQSAhotline@versatechinc.com.
MQSA

3-23-2020

The FDA temporarily postponed all domestic routine surveillance inspections this includes MQSA inspections of mammography facilities.

ACR Accreditation

The Mammography Accreditation Program provides facilities with peer review and constructive feedback on staff qualifications, equipment, quality control, quality assurance, image quality and radiation dose. The Mammography Quality Standards Act (MQSA) requires all U.S. mammography facilities to be accredited.

Important Announcements

To our ACR Mammography Accredited Facilities,

In this unprecedented time, we want to make sure you know that the ACR is working hard to keep business as usual and be available and provide the vital support you need. This may affect the ability to meet accreditation deadlines and we will provide as much flexibility on accreditation process as possible. Senior facility leadership may call or email to discuss your facility specific situation. To minimize delays in accreditation status, please submit all required documents online. If there is an issue with your submission, the ACR will provide guidance on correcting your submission.

Please visit the ACR MQSA inspection forms related to COVID-19 page. For additional certification questions, we ask that you contact the ACR Helpdesk.

Please visit the ACR COVID-19 Radiology Specific Resources page.

The ACR accreditation team recently unveiled a new customer support platform to enhance the accreditation experience. ACR One customer-friendly system, ACR accreditation customers have a single place where they can access all of the accreditation resources they need, plus a keypath to submit business and new applications. ACR One also provides Brivo, the identity access management provider who ensures customer data remains safe and secure.

- Easy accessibility: All accreditation program requirements, forms, articles and resources are gathered in one place.
- Real-time online support: The results of your inspection are available immediately online.
- Enhanced webinars: The high-quality webinar guides you through the documents and procedures you need to improve your facility.
- Enhanced support: If you have a question or need help with any accreditation challenges, you can simply open a chat, which will connect you with an online support specialist.

For the most current ACR accreditation questions, please visit the ACR website: www.acr.org. For additional questions, contact the ACR Mammography Facility Helpdesk at 1-800-432-2501 or ACRHelpdesk@acrm.org.
Definition

An Alternative Standard was issued by the FDA for the ACR DM QC Manual (November 19, 2018).

This means it can replace any other Manufacturer QC Manual.

Therefore, you have the option to stop using Mfr QC Manuals when you switch to the ACR DM Manual.

Facilities are not required to switch. This is an option, and a choice, to switch to the ACR DM QC Program.

ACR Mammography Accreditation Program
Statistics as of January 1, 2020

- 8,689 Accredited Mammography Facilities
- 19,918 Accredited Mammography Units (2D & DBT)
- 24 SFM units
ACR Accreditation

FAQ's

Q. I am the medical physicist for several ACR-accredited mammography facilities. Can ACR directly send me the link to download the ACR Digital Mammography Quality Control Manual?

A. No. You must obtain the link to download the ACR Digital Mammography Quality Control Manual from one of your ACR-accredited facilities. A link to download the manual at no charge was emailed to accreditation facility contacts at all ACR-accredited mammography facilities. They were specifically instructed to share this link with their medical physicists. Contact your mammography facility and ask them to send you the link.
FAQ’s

Q. If a facility chooses to use the ACR Digital Mammography QC Manual for their digital mammography unit, do they need to notify the ACR?

A. No. They may do so without notifying the ACR. Facilities should submit the appropriate documentation and testing materials using the QC manual during their normal accreditation cycle.

Q. If a facility chooses to use the ACR Digital Mammography QC Manual for their digital mammography unit, do they need to notify their MQSA inspector?

A. No. However, the facility should document the date they transitioned to the ACR Digital Mammography QC Manual in their QC records (e.g., their Corrective Action Log).

FAQ’s

Q. Is a full mammography equipment evaluation (MEE) required to begin using the ACR Digital Mammography QC Manual for 2D and DBT?

A. No, an annual survey is required for facilities transitioning from a manufacturer’s QC program to the ACR DM QC Manual. However, MEE test data obtained under the facility’s previous QC program should be maintained and available for baseline, comparison, and troubleshooting purposes until those tests are performed for the first time under the ACR Digital Mammography QC procedures. If data for the MEE tests are not available for baseline, comparison, and troubleshooting purposes, a full MEE must be done in order to make those data available.
FAQ’s

Q. Must the initial medical physicist’s annual survey using the manual and phantom be performed on the digital mammography unit and display devices on the same day?

A. No. The medical physicist may choose to perform the digital mammography unit and display device annual surveys on the same day or on different days. The QC technologist should perform the routine QC on the digital mammography unit using the manual and phantom after the medical physicist’s testing is complete on the unit. Likewise, the QC technologist should perform the routine QC on the display devices using the manual and phantom after the medical physicist’s testing is complete on the display devices. However, it is preferable that mammography units and display devices located at the same geographical location be tested by the medical physicist on the same day.

FAQ’s

Q. Our facility has several digital mammography units in one location and several radiologist workstations at different locations in several states. We intend to switch to the ACR Digital Mammography QC Manual for all devices. How long does our facility have to transition QC testing for all devices (units and workstations) to the new manual once we begin this transition with one device?

A. The ACR does not require that all devices within a facility be transitioned to the ACR Digital Mammography QC Manual within a specific timeframe. However, for ease of QC management, we encourage that this transition take place as soon as possible.
FAQ’s

Q. Our facility has display devices that are geographically distant from the mammography units. Is there a time limit between transitioning our mammography units to the ACR Digital Mammography QC Manual program and these distant display devices?

A. Yes. The display devices must have annual surveys performed for transition at the next regularly scheduled annual survey, or earlier. The existing manufacturer’s QC program for the distant display devices must be followed until the transition annual survey is completed, and clear documentation should be kept to identify transition dates for each device.

FAQ’s

Q. For a facility with multiple units whose annual test dates are spread throughout the year, is it acceptable to do the transition surveys when annual surveys come due?

A. Yes. Each unit (and display device) must be evaluated according to an FDA-approved QC manual at all times. Transitioning each unit on its own annual survey schedule is acceptable.
FAQ’s

Q. What if radiologists reading from remote workstations do not want to transition to the new ACR QC manual?

A. If your facility will be switching to the new QC manual and the images are going to be reviewed offsite, those offsite display devices must be evaluated according to the ACR DM QC Manual, including the Technologist's QC. This is why it is so important that the lead interpreting physician be involved with the facility’s decision to transition (or not to transition) to the ACR manual. The ACR manual offers a streamlined and standardized QC program.

FAQ’s

Q. MQSA requires that the AGD delivered during a single cranio-caudal view of an FDA-accepted phantom be less than 3.0 mGy. Are the 2D and DBT views of a clinical "combo mode" acquisition considered separate views?

A. Yes. The 2D and DBT views are considered separate, and therefore each view is individually subject to the 3.0 mGy limit, even in a “combo mode” acquisition.
FAQ’s

Q. For AEC test ROI measurements, do I need to use the radiologist review workstation or can I use the images at the acquisition workstation?

A. Either workstation is fine for this analysis, as long as “for processing” images are used and ROI tools are available.

FAQ’s

Q. While performing AEC testing during my survey I noticed a discrepancy in the manual. The Performance Criteria and Corrective Actions section states that “The SNR must be ≥40.0 for the 4.0 cm phantom in the DBT mode.” However, the Precautions and Caveats section also states, “It is recognized that the SNR is not strictly defined for DBT images.” Which is correct?

A. The ACR recognizes that this is a typographical error in the manual, and it will be corrected in a revision. The SNR Performance Criteria and Corrective Actions should state, “The SNR must be ≥40.0 for the 4.0 cm phantom in the 2D Contact mode.” For DBT, the SNR is not strictly defined.
FAQ’s

Q. When performing the Phantom Image Quality test, what settings should be used to acquire the phantom image?

A. Some manufacturers have historically included in their QC manual phantom image quality test procedure a step to fix the AEC “sensor” position, or to fix automatic segmentation features, or fix kVp settings, in order to ensure the phantom image quality acquisitions are consistently performed. With ACR’s QC manual and the new, larger phantom, this accommodation is unnecessary. For facilities using the ACR manual, the phantom image quality test must be performed using the same image acquisition settings that are used in routine patient screening mammography exams.

FAQ’s

Q. I am performing the annual survey for my facility and need clarification on Collimation Assessment. Am I required to perform the test annually on all available anode tracks and field sizes, or is this only required at MEE?

A. For 2D-only units, you only need to perform the full 2D collimation test (with all anode tracks and both small and large FOV) at MEE or after relevant service or component replacement. There is no requirement in the manual for annual Collimation Assessment for 2D-only units. For units that are 2D and DBT or DBT-only, you need to perform the full 2D collimation test at MEE and after relevant service or component replacement. Additionally, for units that are 2D and DBT or DBT-only, you must perform the Collimation Assessment annually, for only the largest FOV and the most clinically used anode track. This annual test for collimation must be done in 2D mode, not in DBT mode.
FAQ’s

Q. For the manual’s Compression Thickness Indicator test, may we use our old ACR phantom instead of stacked rolls of tape as shown in the manual?

A. Yes. The manual specifies that “any commonly available object that is 10 cm long by 10 cm wide (or less) and 4 to 6 cm in thickness” may be used. The old ACR mammography phantom would qualify. However, it is important that any protruding objects, such as the small acrylic disk or screws, be removed to prevent damage to the compression paddle.

FAQ’s

Q. Will the ACR require medical physicists to use the forms provided in the ACR Digital Mammography QC Manual?

A. The medical physicist must complete the following 2 forms provided in the QC manual:
- “Medical Physicist’s DM QC Test Summary” form to summarize the Medical Physicist’s QC Tests and the Tech QC Evaluation results and corrective action.
- “Mammography Equipment Evaluation (MEE)” form to assess compliance with MQSA equipment regulations during MEEs.

The FDA requires the ACR to review these forms during the accreditation process; using any other form can slow down this review process for facilities. The other forms in the ACR Digital Mammography QC Manual correlate with the new phantom and testing instructions and are provided as a convenience for the medical physicist. The ACR encourages their use but cannot require it.
FAQ’s

Q. Is a medical physicist required to be on site to test a new monitor that has been replaced in a radiologist workstation?

A. Yes. The manual considers this to be a major repair requiring an equipment evaluation. See Table 2 in the Medical Physicist’s Section.

FAQ’s

Q. Since the manual specifies that the Half-Value Layer Assessment only needs to be done during MEE or troubleshooting, should I use the HVL obtained during the unit’s MEE to determine the annual average glandular dose? Should I use that value if I suspect that the tube is degrading and the HVL has changed?

A. Normally, you should use the HVL obtained during the unit’s MEE to determine the annual average glandular dose. However, if you suspect that the tube is degrading and the HVL has changed, you should troubleshoot and confirm the situation by conducting a new HVL Assessment.
Workstations

D. Surveys of Systems with Multiple Units and Display Devices (Including Offsite Equipment)

More and more mammography facilities are consolidating sites containing a single mammography unit into facilities with multiple units and radiologist workstations. Improved digital communications technology also enables remote review interpretations of breast images by offsite radiologists. This introduces a new level of complexity for the medical physicist when conducting and managing annual surveys and mammographic equipment evaluations (MEEs) of new equipment (and after major repairs). The following scenarios provide guidance to the medical physicist for the combination of testing that must be performed for MEEs and annual surveys.

For purposes of these examples, “display devices” refers to acquisition workstations (AWs), radiologist workstations (RWSs), or film printers (if applicable). The solid and shaded boxes in the figures indicate that the ACR ISHH Phantom image must be sent along this pathway and evaluated (see the ACR ISHH Phantom Image Quality test on the designated display device). The gray shaded box indicates that all applicable testing from this (issue) must be done for the devices included in the box.

MEEs and annual surveys of radiologist workstations must be conducted on site for the medical physicist since the quality of the image displayed on the monitor itself must be evaluated. This cannot be done remotely. However, if the workstation is located at a great distance from the mammography facility (e.g., another part of the country) the facility may use the services of a medical physicist closer to the location of the radiologist workstation. It is essential that MEEs and annual survey reports of offsite radiologist workstations be available at the facility where the mammography unit is located in order to satisfy inspection and accreditation requirements.

MEEs and annual surveys of film printers (if applicable) may be conducted remotely by the medical physicist since the quality of the image displayed may be evaluated on the resultant film that is shipped to the medical physicist for review. Again, it is essential that MEE and annual survey reports of offsite film printers be available at the facility where the mammography unit is located in order to satisfy inspection and accreditation requirements.
1. Mammography Equipment Evaluation – All New Digital Mammography Units and Display Devices

2. Mammography Equipment Evaluation – New Digital Mammography Units (with Existing Display Devices)
3. Mammography Equipment Evaluation – New Display Devices (with Existing Digital Mammography Units)

4. Annual Surveys

Figure 5 – Annual Surveys A. Digital Mammography Units.
4. Annual Surveys

B. Display Devices.

5. Major Component Service/Upgrade/Replacement/Repair

Figure 6. Major Component Service/Upgrade/Replacement/Repair: Digital Mammography Unit 1.
5. Major Component Service/Upgrade/Replacement/Repair

Figure 6. Major Component Service/Upgrade/Replacement/Repair A. Digital Mammography Unit B. Display Devices (AW 3, RW 1, and Offsite Printer 2).

Table 3. Medical Physicist Involvement in Equipment Adjustments, Changes, or Repairs

<table>
<thead>
<tr>
<th>Item</th>
<th>Component</th>
<th>Item</th>
<th>Component</th>
<th>Mammography Updates</th>
<th>Medical Physicist Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment</td>
<td>Adjustment for Mammography Updates</td>
<td>N</td>
<td>Overnight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compression Device</td>
<td>Pressure adjustment</td>
<td>N</td>
<td>Overnight</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Thickness calibration adjustment (only if it affects Mammography Updates)</td>
<td>N</td>
<td>Overnight</td>
<td></td>
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<tr>
<td></td>
<td>X-ray tube replacement</td>
<td>F</td>
<td>On-site</td>
<td></td>
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<tr>
<td></td>
<td>High voltage generator replacement</td>
<td>F</td>
<td>On-site</td>
<td></td>
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<tr>
<td></td>
<td>Filter replacement</td>
<td>F</td>
<td>On-site</td>
<td></td>
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<tr>
<td></td>
<td>Maintenance/upgrade or modifications</td>
<td>F</td>
<td>On-site</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>X-ray detector replacement or repair</td>
<td>F</td>
<td>On-site</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Auto rail, stage, or image adjustments</td>
<td>N</td>
<td>Overnight</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Display Devices</td>
<td>F</td>
<td>On-site</td>
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<td></td>
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<tr>
<td></td>
<td>New calibration or software upgrades</td>
<td>F</td>
<td>On-site</td>
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<tr>
<td></td>
<td>Installation</td>
<td>F</td>
<td>On-site</td>
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<td></td>
<td>Reassembly</td>
<td>F</td>
<td>On-site</td>
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<tr>
<td></td>
<td>X-ray tube replacement</td>
<td>F</td>
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<td>High voltage generator replacement</td>
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<td>On-site</td>
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<td></td>
<td>Display Devices</td>
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<td>New calibration or software upgrades</td>
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<td>On-site</td>
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<td>Auto rail, stage, or image adjustments</td>
<td>N</td>
<td>Overnight</td>
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*Internal adjustments refer to equipment adjustments that typically cannot be made by the operator.*
ACR DM QC Manual Project

– Subcommittee Goals:

– Standardize all QC tests for all digital mfrs

– Standardize test frequencies

– Standardize performance criteria

– To make QC tests clinically relevant and operator-friendly

Why should we switch?

Non-obvious reasons and benefits of switching

• Resets and re-establishes the relationship of the MP with the Tech, Rad, and Facility - Demonstrates MP Value

• Establishes the MP as the QC leader and the go-to resource - Demonstrates MP Value

• Establishes communication directly with the Lead Interpreting Radiologist - Demonstrates MP Value

• Establishes communication directly with the Facility (including the Quarterly QC Meetings) - Demonstrates MP Value
Why should we switch?

Performing the QC Tests are more efficient:

- Fewer QC tests than mfr QC
- Less total time spent on QC tests
- 2D and Tomo are both included
- Both paper (PDF) and electronic (Excel) forms are provided by the ACR and can downloaded for free.
- ...Yet, QC tests provide a better quality evaluation of the system.

Why should we switch?

Highlights for Medical Physicist tests:

- ACR Phantom
  - Can now fail for artifacts
  - Phantom covers majority of detector area
  - Evaluate CNR at MEE, compare annual CNR to MEE CNR for consistency
- DBT Z-Resolution & DBT Volume
  - Excellent, streamlined, tests for verifying DBT slice performance
3. DBT Z Resolution

<table>
<thead>
<tr>
<th>Z-Axis Point Spread</th>
<th>DBT 1</th>
<th>DBT 2</th>
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<tr>
<td>0</td>
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<td>0.01</td>
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<tr>
<td>2</td>
<td>0.02</td>
<td>0.02</td>
</tr>
</tbody>
</table>

"This test may require evaluation downstream from AW if AW can't provide ROI capabilities"
3) Digital Breast Tomos (DBT) QC test have been added.

4) Z-Resolution
   Digital Pixel values are obtained to calculate Full Width-Height Index (FWHI) value

5) DBT Volume Control
   a. Visual test to ensure entire breast volume is imaged with a DBT exposure

How to obtaining digital pixel data for CR الأممية/Checking Index calculations (2D Testing)

The process below may be used for the following 2D QC tests:
- Image Quality Test
- Automatic Exposure Control System Performance
- Ghost Image Evaluation

Note: The "MAX 5 MAMMOGRAPHY" menu for 1D must be used to obtaining appropriate standard

1) Register study on the CR/PS using appropriate demographics. Once demographics have been entered, select the "NEXT" button (Refer to Figure 1)

Figure 1: Patient Registration Page

10) Exit the QA window to return to study display screen.
   - Click "OK" button

Figure 11: Exit QA Window

How to obtain RAW image for data analysis

The process below may be used for the following DBT QC tests:
- Z-Resolution

Note: The "MAX 5 MAMMOGRAPHY" and "TOMO MAX 5 MAMMOGRAPHY" menu for DBT must be used to obtain RAW image files.

1) Register study on the CR/PS using appropriate demographics. Once demographics have been entered, select the "NEXT" button (Refer to Figure 1)

2) Select the "TOMO MAX 5 MAMMOGRAPHY" for RAW DBT image file. Then select "Start Study"
   - Note: For RAW 2D image file select "MAX 5 Mammography"

Figure 13: Menu Selection - TOMO
9) The window to select the destination and file type will open.

   a) Insert a thumb drive into the computer and select a destination folder on the drive.

   b) Select which RAW file to save:
      - Put a check mark next to “Tomosynthesis reconstructed images” to save 3D T RAW image files
      - Put a check mark next to “2D images” to save 2D RAW image files (if applicable)

![Destination and Output Image Selection Window](image1.png)

Note: Third party software would be needed in order to analyze the saved raw images.

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Why should we switch?

**Highlights for Medical Physicist tests:**

- AEC Testing
  - Evaluates 4 cm SNR at MEE
    - But measures 2, 4, 6, 8, and 4 cm mag at MEE
  - Annual is comparing SNR’s to MEE SNR’s for consistency

- Average Glandular Dose
  - AGD for a single cranio-caudal view of the ACR DM Phantom in either 2D or DBT mode must not exceed 3.0 mGy.
  - Utilizes a calculation (Dance method) for both 2D and DBT which covers all target-filter combinations
  - Formula can expand to different thicknesses and densities

Why should we switch?

**Highlights for Medical Physicist tests:**

- AW & RW Testing (Display Devices)
  - Display devices (monitors) are now considered stand alone devices
  - Tests and forms are singular for each device
  - System in place to keep track of display devices throughout multiple MAP facilities and locations

- Tech QC Review
  - Improved method for documentation QC Review
  - Evaluating Tech QC for units and displays are now separate tests
**Why should we switch?**

**Highlights for Medical Physicist tests:**

- MEE
  - HVL, kVp, and Collimation are now MEE only
  - However, for DBT system, collimation is annual (using 2D method)
- Facilities
  - QC program is structured for modern facilities (with multiple units, multiple RW's, and at multiple facilities)

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**Why else should we switch?**

**Life is easier with standardization**

- Expect cleaner MQSA inspections
- Standardization reduces errors
- No more chasing mfr QC manual versions
- Current edition & future revisions will provided by ACR
- Current & future QC forms will be provided by the ACR for free
Transition to ACR Mammography Program

• Transition to ACR Mammography Program:
  
  – **Step 1:** Obtain a DM Phantom
  
  – **Step 2:** Discuss transition plan with facility (and timeline)

Transition – BIG PICTURE

• In order to transition to the new manual, a mammo unit must have an annual physics survey – we’ll call this the unit’s transition survey.
• Once the mammo unit has its transition survey, it is now in the new QC program and Tech’s can begin performing the new ACR DM QC tests.
• The mammo unit’s transition survey starts the one-year clock on the display devices requiring their transition surveys.
• Until each display device has a transition survey, it must continue on its existing manufacturer’s QC program.
• Upon having its (display device) transition survey, a display device is then in the new QC program and the Tech can begin performing the new ACR DM QC tests.
• Each display device needs to have its transition survey within a year of the mammo unit.
• After each transition survey by the Physicist (for either a unit or display device) the Technologists should begin the ACR DM QC Tests and this date should be noted in the QC books. At this time, Manufacturer QC may be stopped (as ACR QC will be performed going forward).
**Transition – Practical Steps** *(recommendation)*

- **BIG NOTE:** The key to successful transition comes from the initial group meeting where you develop a schedule to make sure each unit and/or display device is having the proper QC methodology being performed (Mfr vs. ACR).
- There may be overlap where you’re performing ACR on a unit before a display, or, where it’s the display(s) that have been tested before all the units are tested.
- As long as you have one large DM phantom image acquired from MP testing on a single unit, you can use this phantom for display testing across multiple display devices.

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**Transition – MP Points**

- Learn the tests yourself (from the QC Manual)
- **Teach the Techs**
  - *Reassure* them the ACR DM QC Program will be less time, less burdensome, and why it’s an improved program.
  - *Remind* them that once they convert to the ACR DM QC program it will **completely replace** the Mfr QC program(s).
  - *Inform* them of the sequence of transitioning (Unit testing first, then Tech testing follows).
  - *Introduce* the new phantom.
  - *Teach* how to score the new phantom (and there’s no more subtracting for artifacts).
  - *Teach* how to visually evaluate for artifacts.
- Make an overall schedule for all units and displays
Resources:

- The QC Manual itself – reading the instructions may help!
- The ACR Mammography Accreditation Website
  - In particular, the FAQ’s contain all the latest information that are most helpful to facilities
- Training Webinar(s) and handout
- Call the ACR!

End of Presentation
Questions?

Web: www.acraccreditation.org

Hotline: 800-227-6440