Breast MRI Accreditation Approval Report

June 08, 2016

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Kenneth Allen, M.D.
Greater Waterbury Imaging Center
68 Robbins Street
Waterbury, Connecticut 06708

SUBJECT: BMRAP ID# 50937, Greater Waterbury Imaging Center, Unit # 01

Dear Dr. Allen:

The American College of Radiology's Committee on Breast MRI Accreditation is pleased to inform you that the above-named breast MRI unit has been GRANTED ACCREDITATION for a period of three years.

Accreditation is granted if your facility has met all of the testing criteria established by the ACR Committee on Breast MRI Accreditation. Your breast MRI unit's results are presented in the following table:

BMRAP ID-Unit #: 50937-01	**Unit Year & Manufacturer: 2010 General Electric**
Known, enhancing biopsy-proven carcinoma	ACCEPTABLE
Overall Accreditation Outcome	**ACCREDITATION GRANTED**

Standardized scoring procedures were used in the review of all images and data submitted for evaluation. The clinical cases must be passed by 2 radiologist reviewers in order to receive accreditation. During the review, the following image quality categories are scored for each case: pulse sequences and image contrast, positioning and anatomic coverage, artifacts, spatial and temporal resolution and exam identification. Additional comments may be provided by the reviewers to further improve image quality.

Requirements for Maintaining Accreditation

- Please post the ACR Accreditation Certificate in a location visible to patients.
- You must maintain this demonstrated high level of quality throughout the duration of your 3-year accreditation. In order to assess this compliance, you must participate in either a mailed review of image quality or an on-site survey by an ACR team, if requested by the ACR.
- As soon as possible, you must update your records on your accreditation home page if your facility:

    1. Changes in **supervising radiologist** (i.e., lead interpreting physician), **facility name, owner** or **address**.
    2. Changes (i.e., removes, adds or replaces) its breast MRI unit so that we may advise you of the appropriate required testing to maintain accreditation.
    3. Changes to your Medicare Enrollment number and/or National Provider Identifier (if applicable).
    4. Is permanently closing.

- Approximately 8 months prior to the expiration of your accreditation, we will notify you to begin the accreditation renewal process. The entire process should take approximately six months so it will be important to return these completed materials in a timely manner so that your accreditation does not expire. Expiration of your accreditation could affect reimbursement or payers.

- Although you may advertise the ACR accreditation status of your breast MRI equipment, the ACR logo may not be used in your advertisements. ACR is a registered trademark and service mark of the American College of Radiology.

- All records, reports, and other documentation collected as part of an American College of Radiology accreditation or peer review activity are considered privileged and confidential communications under Section 8.01-581.17 of the Code of Virginia.

The ACR's Committee on Breast MRI Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please call the ACR Breast Imaging Accreditation Information Line at (800) 227-6440 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession.

Sincerely yours,

Elsie Levin, M.D.
Co-Chair, Committee on Breast MRI Accreditation

R. Edward Hendrick, Ph.D., FACR
Co-Chair, Committee on Breast MRI Accreditation

Clinical Image Evaluation

The following tables list all of the attributes evaluated by the clinical image reviewers. An “X” next to a specific deficiency represents a characteristic that is suboptimal and should be corrected. If a deficiency with a star (*) is checked, the case would automatically fail.

KNOWN, ENHANCING BIOPSY-PROVEN CARCINOMA

A. Pulse Sequences and Image Contrast

Carcinoma

Deficiency	T2W/Bright Fluid Series	Multi-Phase T1W Series		
		Pre-Contrast T1	Early Phase Post-Contrast T1	Delayed Phase Post-Contrast T1
[ ] Sequence not submitted*	[ ]	[ ]	[ ]	[ ]
[ ] Fat-suppression is not evident and subtracted images are not provided*			[ ]	[ ]
[ ] Technical factors don't match Pre-Contrast T1 (subtraction or fat suppression)*			[ ]	[ ]
[ ] IV contrast agent not evident*			[ ]	[ ]
[X] Low SNR/images too grainy	[X]	[ ]	[ ]	[ ]
[ ] Insufficient bright fluid contrast (on images or scan parameters for this sequence)	[ ]			
[ ] Other	[ ]	[ ]	[ ]	[ ]
Additional comments:				

B. Positioning and Anatomic Coverage

Carcinoma

Deficiency
[ ] Does not cover the entire breast (including axillary tail to the inframammary fold) in the acquisition plane*
[ ] Excessive breast tissue outside coil
[ ] Excessive skin folds
[ ] Nipple poorly positioned
[ ] Breast poorly positioned in coil
[ ] FOV too large
[ ] Other
Additional comments:

C. Artifacts

Carcinoma

Deficiency	T2W/Bright Fluid Series	Multi-Phase T1W Series		
		Pre-Contrast T1	Early Phase Post-Contrast T1	Delayed Phase Post-Contrast T1
[X] Motion/ghosting	[ ]	[X]	[X]	[X]
[ ] Non-uniform/heterogeneous fat suppression	[ ]	[ ]	[ ]	[ ]
[X] Aliasing/wrap artifacts	[X]	[X]	[X]	[X]
[ ] Truncation/ringing artifacts	[ ]	[ ]	[ ]	[ ]
[ ] Non-uniform/heterogeneous signal within breasts	[ ]	[ ]	[ ]	[ ]
[ ] Susceptibility	[ ]	[ ]	[ ]	[ ]
[ ] Chemical shift	[ ]	[ ]	[ ]	[ ]
[ ] Geometric distortion	[ ]	[ ]	[ ]	[ ]
[ ] Filtering	[ ]	[ ]	[ ]	[ ]
[ ] RF leak (zipper artifact)	[ ]	[ ]	[ ]	[ ]
[ ] Other	[ ]	[ ]	[ ]	[ ]
[ ] Misregistration of subtracted images			[ ]	[ ]
Additional comments:				

D. Spatial and Temporal Resolution

Carcinoma

Deficiency	T2W/Bright Fluid Series	Multi-Phase T1W Series
[ ] Slice thickness > 3.0 mm		Slice thickness = **2.3** mm
[ ] Interslice gap > 0 mm*		Interslice gap = **0** mm
[ ] In plane pixel (phase) > 1.0 mm		In plane pixel (phase) = **1.0000** mm
[ ] In plane pixel (frequency) > 1.0 mm		In plane pixel (frequency) = **1.0000** mm
[ ] Early phase post-contrast T1-W series not completed within 4 minutes of completion of injection		Total time = **2.00** min
[ ] Incorrect Test Image Data info	[ ]	[ ]
[ ] Other	[ ]	[ ]
Additional comments:		

E. Exam Identification

Carcinoma

Deficiency	
[ ] Patient's first and last names	[ ] Facility name
[ ] Patient age or date of birth	[ ] Examination date

[ ] Patient identification number	[ ] Laterality, left or right of midline section*
[ ] Other	
Additional comments:	

Carcinoma

Additional Recommendations

[ ] Excellent image quality
[ ] Take steps to improve technologist's positioning
[ ] Work with your medical physicist and/or equipment manufacturer to correct deficiencies
[ ] Refer to the Breast MRI Accreditation Program Clinical Image Quality Guide

Additional comments: