<table>
<thead>
<tr>
<th>Guideline Page and Request</th>
<th>Panel Discussion/References</th>
<th>Institution Vote</th>
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<tbody>
<tr>
<td>BSCR-A 1 of 2 External request: Submission from Hologic, Inc. to revise the bullet point describing breast tomosynthesis as follows: &quot;Multiple studies show that tomosynthesis improves cancer detection and decreases call back rates for women undergoing routine screening, including those with dense breast tissue. Of note, most studies used double the dose of radiation. The radiation dose can be minimized by using synthesized 2-D reconstruction.&quot;</td>
<td>Change made Based on a review of data and discussion, the panel supported adding the following language: “Multiple studies show that tomosynthesis can decrease call back rates and appears to improve cancer detection. Of note, most studies used double the dose of radiation. The radiation dose can be minimized by using synthesized 2-D reconstruction.” This is a category 2A recommendation. See Submission for references.</td>
<td>YES</td>
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<td>BSCR-A 1 of 2 External request: Submission from GE Healthcare recommending &quot;when screening mammogram or tomosynthesis is recommended at or after age 40, patient should also be advised of their breast density and screening ABUS or hand-held ultrasound should be recommended as supplemental screening exam.&quot;</td>
<td>Change made Based on a review of data and discussion, the panel did not use the language proposed in the submission. However, the panel supported adding the following language: “Hand-held or automated ultrasound can increase cancer detection, but may increase recall and benign breast biopsies” as an option for screening mammogram or tomosynthesis. This is a category 2A recommendation. See Submission for references.</td>
<td>YES</td>
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