

# HONG KONG COLLEGE OF RADIOLOGISTS

## Higher Subspecialty Training in Breast Radiology

[This document should be read in conjunction with the *Guidelines on Higher Specialist Training (Radiology)*]

### 1. INTRODUCTION

- 1.1 Breast radiology involves both symptomatic and screening work.
- 1.2 All trainees should already have some basic knowledge of breast diagnosis in their pre-fellowship training, mainly as an observer. The subspecialty training outlined will extend this role into the practical situation. In breast imaging, an understanding of the normal physiology and pathology of benign and malignant breast conditions is important.
- 1.3 Breast Radiology is a category A subspecialty.
- 1.4 Training period of 3 months, 6 months, 9 months or 1 year can be acceptable.

### 2. OBJECTIVES

- 2.1 For 3 months of training, the trainee would be expected to have knowledge or experience of the following:
  - (a) The principles of current practice in breast imaging and breast cancer screening
  - (b) Breast physiology
  - (c) Medical physics and radiation protection in respect of mammography and related procedures
  - (d) Breast pathology and clinical practice relevant to clinical radiology
  - (e) Mammographic reporting sessions (screening and symptomatic)
  - (f) Breast assessment clinics / Breast clinical radiological conferences / Combined meetings
  - (g) The proper application of other imaging techniques to this specialty (e.g. ultrasound, magnetic resonance imaging, nuclear medicine.)
  - (h) Breast biopsy and localization techniques
- 2.2 For training of 6 months or more, in addition to the above, the trainee on completion of training should have:
  - (a) An in-depth understanding of breast disease in particularly breast cancer
  - (b) A clear understanding of the role of imaging in the early diagnosis of breast cancer
  - (c) Development of the necessary clinical and management skills to enable radiologists to become an integral part of a multidisciplinary breast team

in both symptomatic and screening settings

### 3. TRAINING REQUIREMENT

#### 3.1 TRAINING CENTRE REQUIREMENT (M= Mandatory D = Desirable)

##### 3.1.1 *Equipment Requirement*

Dedicated mammography machine	M
Stereotactic device	M
Ultrasound service	M
Mammogram viewing device	M
MRI service	M
Nuclear Medicine service	D

##### 3.1.2 *Departmental Case Load / year*

	<b>No. of Examinations</b>	<b>RIS Coding</b>	
Mammogram Total	> 1,200	5001	M
Ultrasound	> 200	5008 + 3209	M
Biopsies	> 200	5005 + 5009.BA + 5009.BE + 5009.BH + 5010.BB + 5010.BE + 5011 + 5012 5018.BB + 5018.BE+ 5009.BB + 5009.TH + 5016 + 5017 +5005.ML + 5009.TB +5002 + 5010.TV + 5010.TE + 5009.BM + 5009.TM + 5019.BA + 5019.BR	M

##### 3.1.3 *Supporting Departments & Functions*

Breast surgeon		M
Pathologist		M
Dedicated radiographers who perform mammogram regularly	1 certified* radiographer performing at least 200 mammograms / year	D
Combined Meeting / CRC /Assessment Clinic		As stipulated in the General Guidelines for Higher Specialist Training.

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\* Postgraduate Certificate in Mammographic Studies – e.g. Nottingham UK  
 or Certificate of Clinical Proficiency in Mammography (Australian Institute of Radiography)  
 or Advanced Breast Imaging Certificate (Australian Institute of Radiography)  
 or HKCRRT Certified Mammographer ( The Hong Kong College of Radiographers and Radiation Therapists )

3.1.4 *Quality Control Program*

- (a) Technologist’s checks
- (b) Professional quality improvement program – system for reviewing outcome data from mammography screening. Follow up on the disposition of positive mammograms and correlation of surgical biopsy results with mammographic reports.
- (c) Audit of biopsies

3.2 TRAINER AND CO-TRAINER REQUIREMENTS

3.2.1 As specified in the Guidelines on Higher Specialist Training (Radiology).

3.2.2 A subspecialty trainer should read at least 1,000 mammograms (patients) per year.

3.2.3 A subspecialty co-trainer should read at least 350 mammograms (patients) per year.

3.3 DURATION OF TRAINING

3.3.1 Minimum allowable training - This can be accomplished in 3 months for a radiologist who likes to have a better exposure to breast imaging and who has more than one subspecialty interest.

3.3.2 Basic training – 6 months. This is for radiologists who would like to have a more in-depth training in breast radiology.

3.3.3 Extended training – 9 months to 1 year. For radiologists who would like to subspecialize in Breast Radiology in the future.

3.4 DUTY SESSIONS

Please refer to the Guidelines on Higher Specialist Training (Radiology).

3.5 MINIMUM NUMBER OF EXAMINATIONS REQUIRED

	<i>Minimum Workload</i>	<i>RIS Coding</i>	<i>Remarks</i>
Mammogram	Total 500 examinations	5001	Half supervised Half independent

	<b>Minimum Workload</b>	<b>RIS Coding</b>	<b>Remarks</b>
Biopsies – Ultrasound guided	40 examinations with a minimum of 10 exams in US guided biopsy, 10 exams in stereotactic/ tomosynthesis guided biopsy and 4 exams in presurgical localization	5011 + 5012 + 5018.BB + 5005.ML + 5019.BA + 5019.BR = 10 or more 5009.BA + 5009.BB + 5010.BB + 5009.TB + = 10 or more 5005 + 5009.BH + 5016 + 5017 + 5009.BM + 5009.TH + 5009.TM = 4 or more 5011 + 5012 + 5009.BA + 5009.BB + 5009.BH + 5005 + 5005.ML + 5009.TB + 5009.BM + 5009.TH + 5009.TM + +5019.BA + 5019.BR 5016 + 5017 = 40 or more	
Biopsies – Stereotactic/ Tomosynthesis guided			
Vacuum-assisted breast biopsy/excision	2 examinations	5010.BB + 5010.TV + 5010.BE + 5010.TE + 5018.BB + 5018.BE + 7115.BR	
Breast Ultrasound	100 examinations	3209 + 5008	
MRI	6 examinations	8301 + 8302	
Ductogram	Some exposure	5003	
Pathology	Some exposure		To acquire knowledge about cytology and histology of breast diseases
NM	Some exposure	9731 & 9799 5016 & 5017	Sentinel node imaging Radioisotope localization of occult lesion

*Notes:*

Code 9731 is Radionuclide lymphangiography and is not specific for breast. Separate log will be needed for sentinel node imaging for Ca Breast.

Code 5016 & 5017 is radioisotope localization of occult lesion by stereotactic & by ultrasound guided respectively.

Code 8301 is for non-contrast MRI Breast. 8302 is for contrast MRI Breast.

Code 5011 & 5012 are for non-stereotactic FNA or core biopsy.

Code 5005 is for ultrasound hookwire placement, 5009.BA and 5009BB and 5009BH are for stereotactic guide FNA, core biopsy and guidewire localization respectively.

5010BB and 5010BE are for stereotactic mammotome biopsy and excision respectively.

5018BB and 5018BE are for ultrasound guided mammotome biopsy and excision respectively.

Code 5003 is ductogram.

Code 5005.ML and 5009.BM are for ultrasound and stereotactic guided marker localization respectively

Code 5009.TB and 5009.TM are for tomosynthesis guided core biopsy and marker localization respectively

Code 5010.TV and 5010.TE are for tomosynthesis guided vacuum assisted biopsy and excision respectively

Code 5019.BA and 5019.BR are for ultrasound guided breast aspiration and drainage respectively

Code 7115.BR is for MRI guided vacuum assisted breast biopsy

3.5.1 The minimum workload above refers to a training period of six months. For a training period of three months, the minimum workload required will be reduced by half (except for biopsies see 3.5.2). Similarly, for a training period of 9 months to one year, the minimum workload required will be on pro rata basis..

3.5.2 The number of biopsies required for a training period of 3 months should be the same as that of 6 months to allow the trainee to acquire the appropriate skill.

3.6 CLINICAL RADIOLOGICAL CONFERENCES AND OTHER MEETINGS

The participation in assessment Clinics / combined Meetings /CPC /CRC should be at least once per 2 weeks.

3.7 PRESENTATIONS AND PUBLICATIONS

Please refer to the Guidelines on Higher Specialist Training (Radiology).

*Last version endorsed by HKAM Council Meeting on 20 October 2016 and effective from 1 July 2017  
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