

BEYOND BREAST IMAGING:

A Complimentary Cardiovascular Risk Awareness Service

Reporting Update

We have updated our screening mammography reporting practices to include documentation of the presence or absence of breast arterial calcifications (BAC) on all BI-RADS 0, 1, and 2 screening mammograms, as part of routine care and at no additional cost to the patient.

What is BAC?

Breast arterial calcifications are benign vascular calcifications seen on mammography. They are not associated with breast cancer and do not directly represent coronary artery stenosis. However, multiple studies have shown BAC correlate with increased long-term cardiovascular disease risk in women.^(1-3,5)

Why Are We Reporting BAC?

- BAC is an established imaging marker associated with systemic vascular calcification and increased cardiovascular risk.^(1,4,5)
- Reporting BAC promotes clinical awareness and supports cardiovascular risk assessment when considered alongside traditional risk factors, consistent with contemporary cardiovascular prevention frameworks.^(4,5)

How BAC Will Appear in Reports

For BI-RADS 0, 1, and 2 screening exams, reports will include:

- Presence or absence of BAC
- If present, a qualitative severity assessment (mild, moderate, or severe)

Example wording:

“Breast arterial vascular calcifications are absent”

Or

“Mild breast arterial vascular calcifications are present. Recent studies suggest a correlation between vascular calcifications seen on mammography and coronary artery disease. Risk factor stratification may be indicated.”

BAC Grading

- **Absent:** No vascular calcifications
- **Mild:** Scattered punctate vascular calcifications
- **Moderate:** Coarse or tram-track calcifications involving fewer than 3 vessels
- **Severe:** Extensive coarse or tram-track calcifications involving 3 or more vessels

Note: Grading is qualitative and intended for risk awareness, not diagnostic classification.

Key Points for Referring Clinicians

- BAC is a benign breast finding and DOES NOT affect BI-RADS assessment.
- BAC may serve as an adjunct cardiovascular risk marker, particularly in women whose risk may be underestimated by traditional factors.^(1-3,5)
- BAC alone does not mandate additional testing or referral; consideration of cardiovascular risk assessment must be individualized at the clinician’s discretion. This may include additional medical management (ex: lipid lowering agents), additional imaging evaluation (CT calcium scoring, Coronary CT Angiography), and/or cardiology consultation.

References

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3. Knapper JT, Khosa F, Rashid S, et al. AJR Am J Roentgenol. 2017;209:296–303.
4. Arnett DK, Blumenthal RS, Albert MA, et al. Circulation. 2019;140:e596–e646.
5. Daniels LB, Itchhaporia D. JACC Adv. 2025;4(3):101638.

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