



# From Reactive to Proactive

Positioning Skills and ACR  
Accreditation Success

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Hologic Clinical Services

# Objectives

- Establishing a firm foundation
- What is the difference between the certification and accreditation process?
- Suggestions on how to be proactive vs. reactive



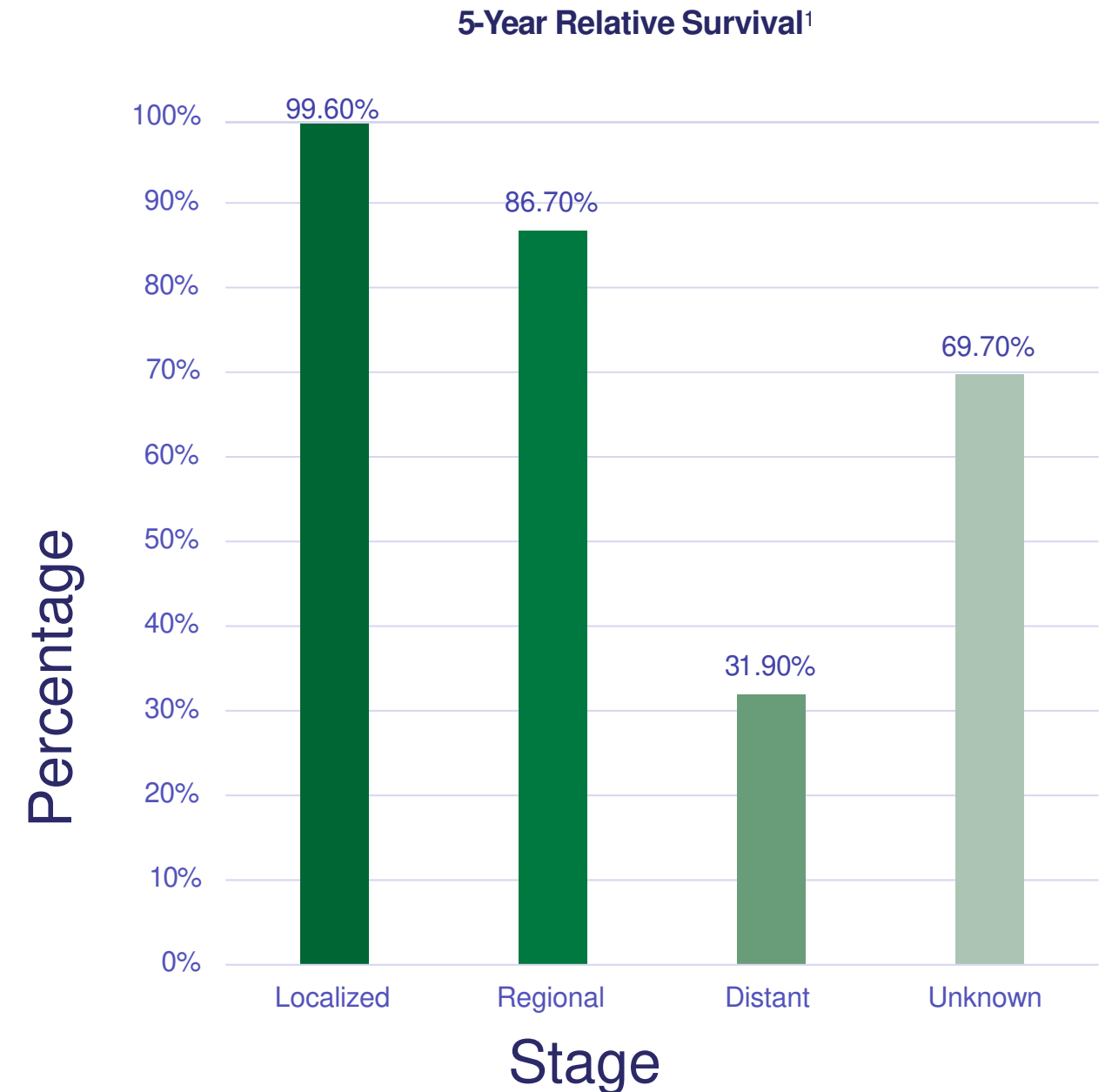
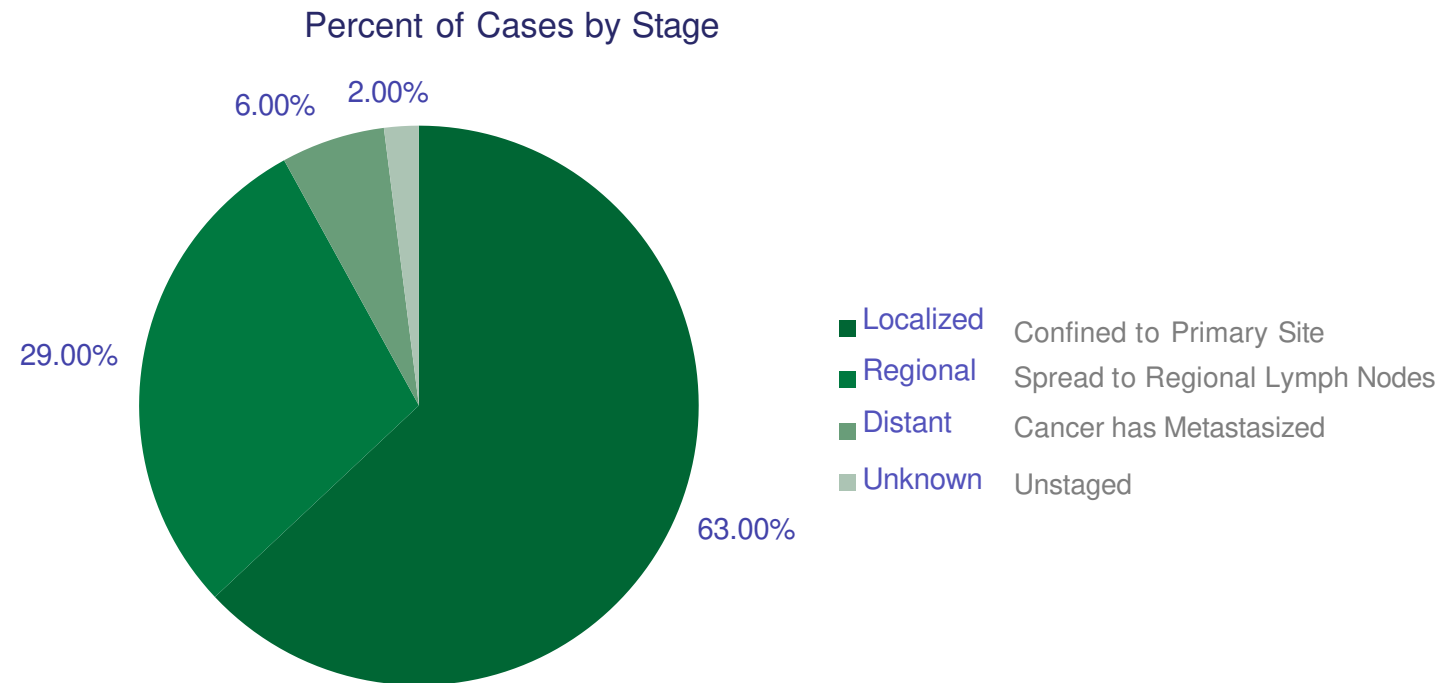
# ACR

## American College of Radiology

### Survival by Stage

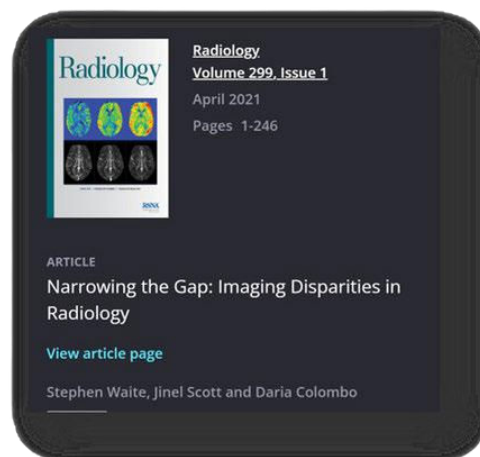
Cancer stage at diagnosis, which refers to extent of a cancer in the body, determines treatment options and has a strong influence on the length of survival. In general, if the cancer is found only in the part of the body where it started it is *localized* (sometimes referred to as stage 1). If it has spread to a different part of the body, the stage is *regional* or *distant*. The earlier female breast cancer is caught, the better chance a person has of surviving five years after being diagnosed. For female breast cancer, 63.1% are diagnosed at the local stage. The 5-year relative survival for localized female breast cancer is 99.0%.

### Percent of Cases & 5-Year Relative Survival Stage at Diagnosis: Female Breast Cancer<sup>1</sup>



1. SEER 22 (Excluding IL/MA) 2014–2020, All Races, Females by SEER Combined Summary Stage. *Cancer of the Breast (Female) - Cancer Stat Facts*. (n.d.). SEER. <https://seer.cancer.gov/statfacts/html/breast.html>

“—  
| Better patient positioning, and other  
| technologist associated factors, have been  
| found to be associated with earlier stage at  
| diagnosis.<sup>1</sup>  
—”

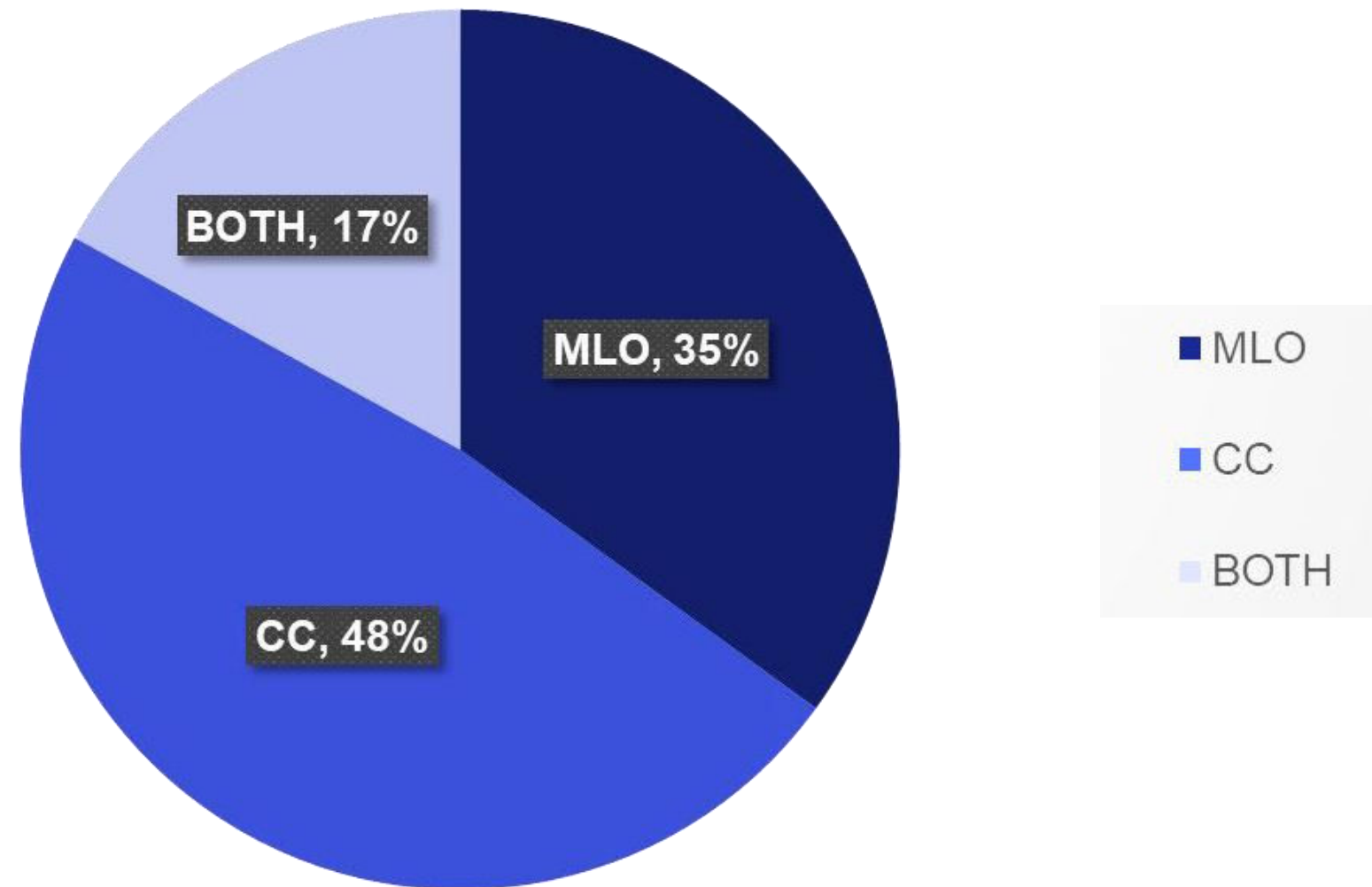


## Procedural Disparities

Given the dependency radiologists have on imaging quality, the lack of skilled technologists to perform high-quality examinations can contribute to disparities. In a study of mammography quality and urban residents with breast cancer, Rauscher et al found that technologist-associated image quality indicators—such as positioning, compression, and sharpness—varied with socioeconomic factors. Lower household income was associated with worse image quality, which was associated with later breast cancer stage at diagnosis (56).

1. Rauscher GH, Conant EF, Khan JA, Berbaum ML. Mammogram image quality as a potential contributor to disparities in breast cancer stage at diagnosis: an observational study. BMC Cancer. 2013 Apr 26;13:208. doi: 10.1186/1471-2407-13-208. PMID: 23621946; PMCID: PMC3641949.

Which is why we now have...

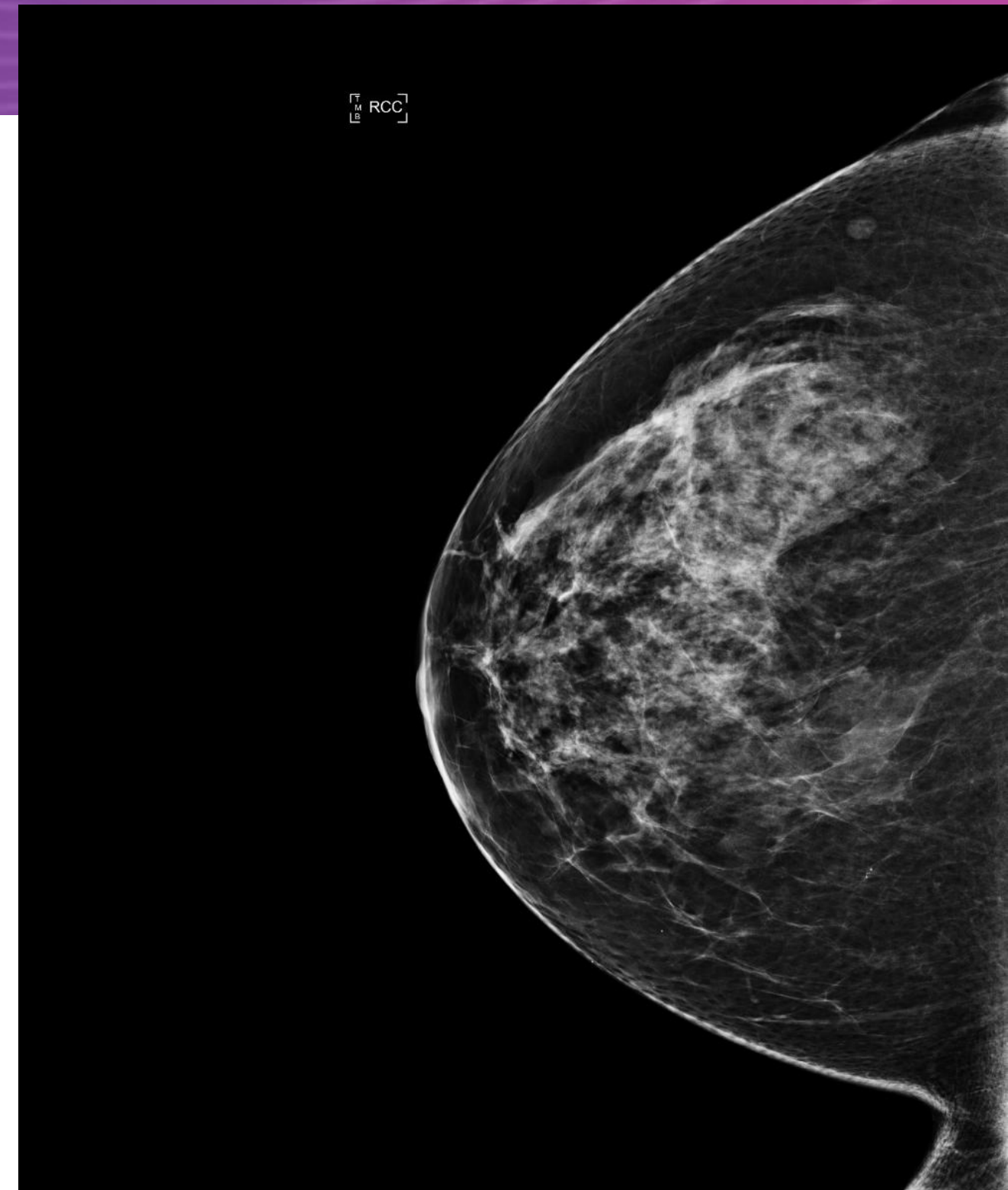


According to the American Journal of Radiology, [poor positioning is the number one reason that images submitted to ACR for accreditation fail](#). The failure rate due to poor positioning on just the MLO view is 35%. For the cc view, the failure rate is 48%. And submissions where both the CC and the MLO views fail are 17%.

# ACR Criteria

## Cranio-Caudal View

- Nipple centered,  
in profile, and no excessive exaggeration
- Visualization of retro glandular fat
- Lateral tissue included
- PNL on CC is within 1cm of PNL  
on well positioned MLO
- No part of the breast cut off
- Minimal skin folds
- Adequate compression
- No motion

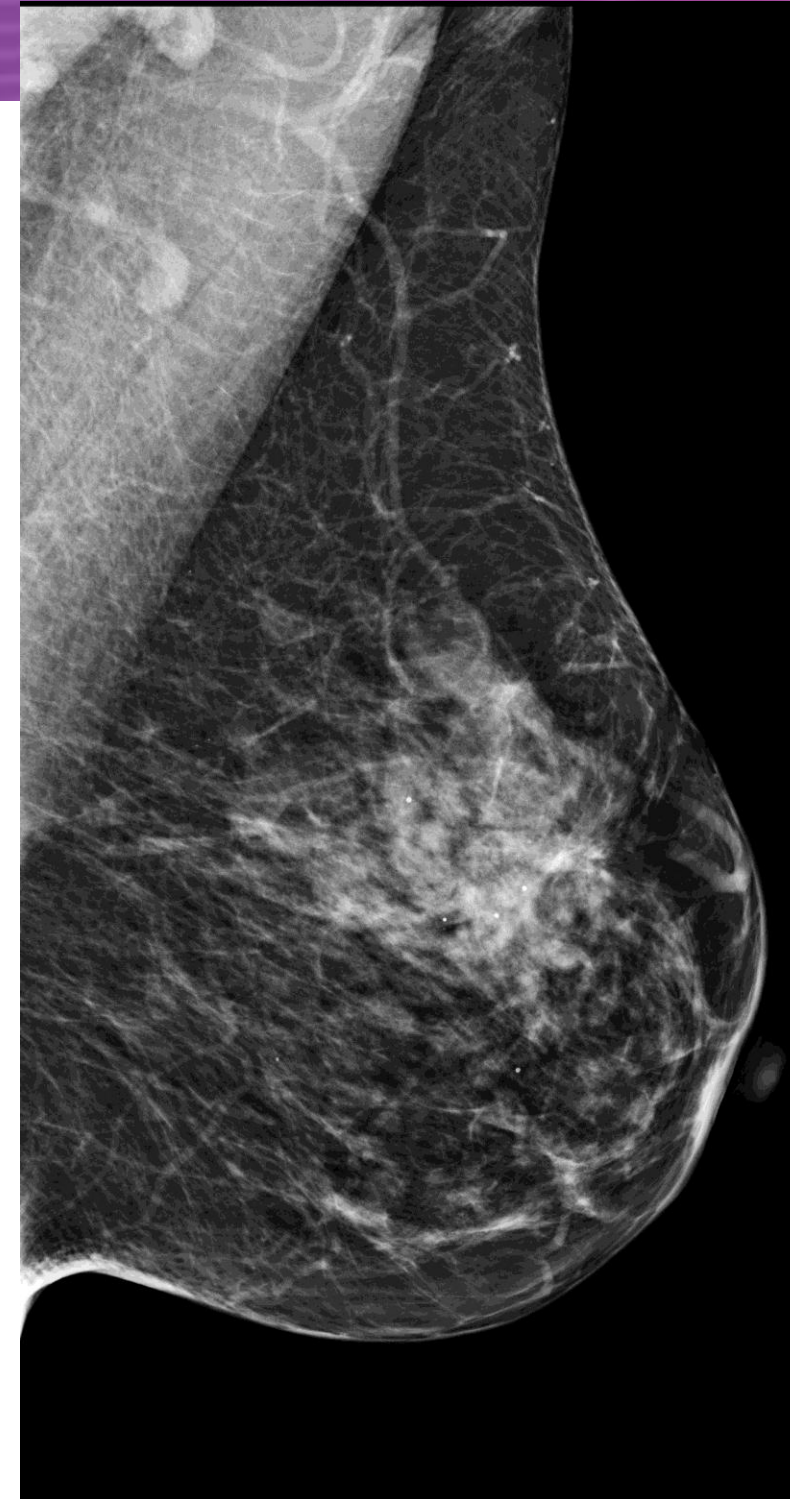




# ACR Criteria

## Medial Lateral Oblique View

- Visualization of posterior tissue
- Breast not sagging
- Pec muscle: wide, convex, and level of PNL
- Nipple in profile
- Open IMF
- No motion
- Breast not sagging



# Certified or Accredited

What's the difference?



## Certification

MQSA / Annual FDA Inspection

## Accreditation

ACR / Triennial

# Random Image Checks

# Random On-Site Surveys



- **Additional Mammography Reviews**
- **Targeted Image Checks**
- **Targeted On-Site Surveys**

# Proactive vs. Reactive

It's all about the patient!

- **Positioning refreshers**
- **Strong EQUIP plan**
- **An interactive relationship between the technologist and the radiologist**

Thank you! Questions?