

Factors ID'd for radiologist performance in screening mammography

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(HealthDay)—Radiologist characteristics predict performance in

screening mammography, according to a study published online June 22 in *Radiology*.

Cindy S. Lee, M.D., from New York University in New York City, and colleagues assessed radiologist characteristics impacting [screening mammography](#) interpretation performance using the National Mammography Database (2008 to 2019; 1,223 radiologists) and linked Centers for Medicare & Medicaid Services datasets.

The researchers found that compared with radiologists practicing in the Northeast, those in the Midwest were more likely to achieve acceptable recall rate (RR), [positive predictive value](#) for abnormal cases at screening (PPV₁), PPV for biopsy recommended (PPV₂), and cancer detection rate (CDR; odds ratios [ORs], 1.4 to 2.5). Radiologists practicing in the West compared with those practicing in the Northeast were more likely to achieve acceptable RR, PPV₂, and PPV for biopsy performed (PPV₃; ORs, 1.7 to 2.1) but were less likely to achieve acceptable invasive CDR (OR, 0.6). Breast imagers were more likely to achieve acceptable PPV₁, invasive CDR, percentage of [ductal carcinoma in situ](#) (%DCIS), and CDR (ORs, 1.4 to 4.4) compared with general radiologists. Radiologists performing breast ultrasound were less likely to achieve acceptable PPV₁, PPV₂, %DCIS, and CDR (ORs, 0.5 to 0.7).

"Radiologist practice geography, breast sub-specialization, and performance of diagnostic mammography are associated with better screening mammography performance; performance of breast ultrasound is associated with lower performance," the authors write.

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