Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES
NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

Andrea R. Rivers, *MS*
Administrator

Ihsan Azzam, Ph.D., M.D.,
Chief Medical Officer

TECHNICAL BULLETIN

DATE: July 21, 2026

TOPIC: Mammography Program Review

CONTACT: John Follette, Manager, Radiation Control Program

TO: Mammography Facilities

Purpose

This technical bulletin informs all Nevada mammography facilities that a mammography provider in Las Vegas, Nevada failed an Additional Mammography Review (AMR) of mammograms conducted by the American College of Radiologist (ACR). Mammography facilities should review the information in this technical bulletin and assess their own mammography programs to ensure compliance with clinical image quality standards and regulatory expectations.

Background

On October 24, 2025, the ACR initiated an AMR of mammograms performed at a Las Vegas, Nevada mammography facility as part of a random image check. Based on significant clinical image quality deficiencies, the facility failed the AMR and ACR revoked its accreditation on December 10, 2025. Fourteen (14) out of thirty (30) clinical cases reviewed were deemed unacceptable under ACR's clinical image evaluation criteria, with several deficiencies classified as severe. The ACR concluded that the facility's practices posed a "serious risk to human health."

Summary of ACR Findings

The reviewers evaluated eight (8) image quality categories for each clinical case: positioning, compression, exposure level, sharpness, contrast, noise, exam identification and artifacts.

These parameters are described in detail in the *1999 ACR Mammography Quality Control Manual*.

The most critical issues involved positioning, with probable causes related to technologist technique. Reviewers noted:

In addition, the reviewers noted the following:

- Insufficient posterior nipple line, pectoral muscle visualization or inframammary fold (IMF)

- Lack of repeat imaging when tissue was not adequately visualized
- Improper obliquity selection for MLO views
- Failure to use appropriate maneuvers (e.g., “out and up” for MLO; straight pull-in for CC)
- Thick, dense skin folds obscuring tissue without repeat imaging
- Failure of technologists and interpreting physicians to identify inadequate images and repeat exams

The ACR emphasized that both technologists and interpreting physicians share responsibility for ensuring optimal mammography quality. Training, active feedback, and data tracking are necessary to ensure improvement and consistency.

Corrective Actions Recommended by ACR

Mammography facilities are encouraged to conduct a self-assessment and consider implementing the following corrective actions:

1. Establish Agreed Upon Imaging Standards: Interpreting physicians must adopt uniform quality standards and interpret only images meeting those standards, unless patient-specific limitations prevent optimal imaging. Any such limitations (e.g., stroke, wheelchair use) must be documented in the patient report.
- Establish Technologist Feedback Procedure: Facilities must implement a satisfactory mechanism for immediate feedback, from interpreting physicians to technologists for all unsatisfactory cases. Feedback should address: positioning, compression, contrast, exposure, sharpness, noise, artifact, and exam identification. Technologists’ performance is best when there is close cooperation with the interpreting physician and consistent standard expectations. Written documentation of feedback is required to track trends. Use ACR’s Radiologist Image Quality Feedback form is strongly recommended. The procedure and written documentation described above must be kept and made available for inspection by the Division for at least 3 years.

Regulatory Context

FDA or State inspections verify that facilities conduct image quality reviews: however, inspectors do not evaluate clinical images for compliance with ACR criteria. Determining whether an image is acceptable for interpretation is a medical decision and outside the scope of regulatory inspections.

Current regulations require the Lead Interpreting Physician (LIP) to perform annual image quality checks for each interpreting physician and each mammographer. However, regulations do not specify a minimum number of required checks.

New State Implementation Requirements

To strengthen oversight and ensure compliance with clinical image quality standards, Nevada mammography facilities will be required to commit to the following measures when submitting new or renewal applications for mammography machine certification:

1. Annual Clinical Image Quality Reviews: Facilities must perform a minimum of 10 clinical image quality reviews per interpreting physician annually. Reviews may be conducted throughout the year.

2. Agreed-Upon Imaging Standards: Interpreting physicians must adopt uniform image quality standards and interpret only images meeting those standards unless unusual patient-specific limitations prevent optimal imaging. Documenting of such limitations must be maintained and made available for inspection.

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov

3. Written Technologist Feedback Procedure: Facilities must establish a written process for immediate technologist feedback for all unsatisfactory cases. Documentation must include: immediate feedback records, corrective actions taken, trend tracking, use of acceptable feedback form (e.g., ACR Radiologist Image Quality Feedback Form)

   All documentation must be made available for inspection.

Action Required

No changes will be made to FDA inspections. All Nevada mammography facilities must:

- Review this bulletin and assess their mammography program for compliance.
- Verify that 10 clinical image quality reviews are performed for each IP, verify that IP's are documenting the reasons why good images are not possible for images that do not meet standards, and verify that the immediate technologist feedback, from the interpreting physician to the performing technologist, about image quality for all unsatisfactory cases, is being performed and documented.
- Ensure required procedures are in place prior to submitting mammography machine certification applications.

For questions or assistance, please review the Division of Public and Behavioral Health Technical Bulletin web page regularly. If you have questions or need additional information, contact the Radiation Control Program by phone at (775) 687-7550 or by email at radiationcontrolprogram@health.nv.gov .

Andrea R. Rivers, M.S.
Administrator
Division of Public and Behavioral Health

Ihsan Azzam, PH.D., M.D.
Chief Medical Officer
Division of Public and Behavioral Health

4150 Technology Way, Suite 300 ● Carson City, NV 89706 ● (775) 684-4200 ● Fax (775) 687-7570 ● dpbh.nv.gov