

FOR NATIONAL MAMMOGRAPHY QUALITY ASSURANCE ADVISORY  
COMMITTEE USE ONLY

1

1 MAMMOGRAPHY QUALITY STANDARDS ACT

2

3 Following are the quality standards developed under the Mammography Quality  
4 Standards Act after incorporation of the amendments published on February 6, 2002  
(67

5 FR 5446). The effective date for Subparts A and B was April 28, 1999, except for Sec.  
6 900.12(b)(8)(i), (e)(4)(iii)(B), (e)(5)(i)(B), (e)(5)(iii), and (e)(x), which become  
effective

7 October 28, 2002. Subpart C becomes effective on May 7, 2002.

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11 SUBCHAPTER 1 – MAMMOGRAPHY QUALITY STANDARDS ACT

12

13 PART 900--MAMMOGRAPHY

14

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1 900.23 Evaluation.

2 900.24 Withdrawal of approval.

3 900.25 Hearings and appeals.

4

5 Authority: 21 U.S.C. 360i, 360nn, 374(e); 42 U.S.C. 263b.

6

7 Subpart A--Accreditation

8

9

10 Sec. 900.1 Scope.

11

12 The regulations set forth in this part implement the Mammography Quality Standards  
13 Act (MQSA) (42 U.S.C. 263b). Subpart A of this part establishes procedures whereby  
14 an

15 entity can apply to become a Food and Drug Administration (FDA)-approved  
16 accreditation body to accredit facilities to be eligible to perform screening or  
17 diagnostic

18 mammography services. Subpart A further establishes requirements and standards for  
19 accreditation bodies to ensure that all mammography facilities under the jurisdiction  
20 of

21 the United States are adequately and consistently evaluated for compliance with  
22 national

23 quality standards for mammography. Subpart B of this part establishes minimum  
24 national

25 quality standards for mammography facilities to ensure safe, reliable, and accurate  
26 mammography. The regulations set forth in this part do not apply to facilities of the  
27 Department of Veterans Affairs.

28

29

30 Sec. 900.2 Definitions.

31

32 The following definitions apply to subparts A, B and C of this part:

33 1

34 (a) Accreditation body or body means an entity that has been approved by FDA under  
35 Sec. 900.3(d) to accredit mammography facilities.

36

37 (b) Action limits or action levels means the minimum and maximum values of a  
38 quality assurance measurement that can be interpreted as representing acceptable

34 performance with respect to the parameter being tested. Values less than the minimum  
or  
35 greater than the maximum action limit or level indicate that corrective action must be  
36 taken by the facility. Action limits or levels are also sometimes called control limits or  
37 levels.

38

39 (c) Adverse event means an undesirable experience associated with mammography  
40 activities within the scope of 42 U.S.C. 263b. Adverse events include but are not  
limited

41 to:

42 (1) Poor image quality;

43 (2) Failure to send mammography reports within 30 days to the referring  
44 physician or in a timely manner to the self-referred patient; and

Should a definition be added for "Unit and Facility Accreditation and Reaccreditation"

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1 (3) Use of personnel that do not meet the applicable requirements of Sec.  
2 900.12(a).

3

4 (d) Air kerma means kerma in a given mass of air. The unit used to measure the  
5 quantity of air kerma is the Gray (Gy). For X-rays with energies less than 300  
6 kiloelectronvolts (keV), 1 Gy = 100 rad. In air, 1Gy of absorbed dose is delivered by  
114

7 roentgens (R) of exposure.

8 2

9 3

10 4

11 (e) Breast implant means a prosthetic device implanted in the breast.

12

13 (f) Calendar quarter means any one of the following time periods during a given year:  
14 January 1 through March 31, April 1 through June 30, July 1 through September 30,

or

15 October 1 through December 31.

16

5

17 (g) Category I means medical educational activities that have been designated as  
18 Category I by the Accreditation Council for Continuing Medical Education  
(ACCME),

19 the American Osteopathic Association (AOA), a state medical society, or an  
equivalent

20 organization.

21

6

22 (h) Certificate means the certificate described in Sec. 900.11(a).

23

24 (i) Certification means the process of approval of a facility by FDA or a certification  
25 agency to provide mammography services.

26

27 (j) Clinical image means a mammogram.

28

29 (k) Consumer means an individual who chooses to comment or complain in reference  
30 to a mammography examination, including the patient or representative of the patient  
31 (e.g., family member or referring physician).

32

33 (l) Continuing education unit or continuing education credit means one contact hour of  
34 training.

35

36 (m) Contact hour means an hour of training received through direct instruction.

2 Should a definition be added for "Audit Interpreting Physician"?

3 Should a definition be added for "Automatic Exposure Control"?

4 Should a definition be added for "Automatic Exposure Control Mode"?

5 Should residency and fellowship training be specifically mentioned?

6 Should the definition of "Certificate" be expanded to the four different kinds of certificates? Full,  
Provisional, Temporary Renewal, and Limited Provisional.

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1 7

2 (n) Direct instruction means:

3 (1) Face-to-face interaction between instructor(s) and student(s), as when the  
4 instructor provides a lecture, conducts demonstrations, or reviews student performance;  
5 or

6 (2) The administration and correction of student examinations by an instructor(s)  
7 with subsequent feedback to the student(s).

8

9 (o) Direct supervision means that:

10 (1) During joint interpretation of mammograms, the supervising interpreting  
11 physician reviews, discusses, and confirms the diagnosis of the physician being  
12 supervised and signs the resulting report before it is entered into the patient's records;  
or

13 (2) During the performance of a mammography examination or survey of the  
14 facility's equipment and quality assurance program, the supervisor is present to  
observe

15 and correct, as needed, the performance of the individual being supervised who is  
16 performing the examination or conducting the survey.

17

18 (p) Established operating level means the value of a particular quality assurance  
19 parameter that has been established as an acceptable normal level by the facility's  
quality

20 assurance program.

21

22 (q) Facility means a hospital, outpatient department, clinic, radiology practice, mobile

23 unit, office of a physician, or other facility that conducts mammography activities,  
24 including the following:  
25 Operation of equipment to produce a mammogram, processing of the mammogram,  
26 initial interpretation of the mammogram, and maintaining viewing conditions for that  
27 interpretation. This term does not include a facility of the Department of Veterans  
28 Affairs.

29

30 8

31 (r) First allowable time means the earliest time a resident physician is eligible to take  
32 the diagnostic radiology boards from an FDA-designated certifying body. The ``first  
33 allowable time`` may vary with the certifying body.

34

35 (s) FDA means the Food and Drug Administration.

36

37 9

38

39 (t) Interim regulations means the regulations entitled ``Requirements for Accrediting  
40 Bodies of Mammography Facilities`` (58 FR 67558-67565) and ``Quality Standards  
and

7 Should a definition be added for "Corrective Action"?

8 Should a definition be added for "Final Interpretation"?

9 Should a definition be added for "Hardcopy Image"?

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1 Certification Requirements for Mammography Facilities`` (58 FR 67565-67572),  
2 published by FDA on December 21, 1993, and amended on September 30, 1994 (59 FR  
3 49808-49813). These regulations established the standards that had to be met by  
4 mammography facilities in order to lawfully operate between October 1, 1994, and  
April  
5 28, 1999.

6

7 (u) Interpreting physician means a licensed physician who interprets mammograms and  
8 who meets the requirements set forth in Sec. 900.12(a)(1).

9

10 (v) Kerma means the sum of the initial energies of all the charged particles liberated  
by  
11 uncharged ionizing particles in a material of given mass.

12

13 (w) Laterality means the designation of either the right or left breast.

14

15 (x) Lead interpreting physician means the interpreting physician assigned the general  
16 responsibility for ensuring that a facility's quality assurance program meets all of the  
17 requirements of Sec. 900.12(d) through (f). The administrative title and other  
supervisory

18 responsibilities of the individual, if any, are left to the discretion of the facility.

19

20 10

21

11

22 (y) Mammogram means a radiographic image produced through mammography.

23

24 12

25

13

26 (z) Mammographic Modality means a technology, within the scope of 42 U.S.C.  
27 263b, for radiography of the breast. Examples are screen-film mammography and  
28 xeromammography.

29

30 (aa) Mammography means radiography of the breast, but, for the purposes of this part,  
31 does not include:

14

32 (1) Radiography of the breast performed during invasive interventions for  
33 localization or biopsy procedures; or

34

35 15

10 Should definitions be added for “Lossy and Lossless Compression”?

11 Should this definition be expanded to address digital mammography, digitization of screen-film  
mammograms and algorithmic manipulation or compression of digital mammographic images?

12 Should a definition be added for “Mammographic Examination”?

13 Should this definition be modified to include full field digital, tomosynthesis, or breast CT”?

14 Should the exclusion for interventional be deleted?

15 Should tomosynthesis and breast CT be excluded from regulation?

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1

2 (2) Radiography of the breast performed with an investigational mammography  
3 device as part of a scientific study conducted in accordance with FDA's investigational  
4 device exemption regulations in part 812 of this chapter.

5

16

6 (bb) Mammography equipment evaluation means an onsite assessment of  
7 mammography unit or image processor performance by a medical physicist for the  
8 purpose of making a preliminary determination as to whether the equipment meets all  
of

9 the applicable standards in Sec. 900.12(b) and (e).

10

11 (cc) Mammography medical outcomes audit means a systematic collection of  
12 mammography results and the comparison of those results with outcomes data.

13

14 (dd) Mammography unit or units means an assemblage of components for the

15 production of X-rays for use during mammography, including, at a minimum: An X-  
ray

16 generator, an X-ray control, a tube housing assembly, a beam limiting device, and the  
17 supporting structures for these components.

18

19 17

20 18

21

22 (ee) Mean optical density means the average of the optical densities measured using  
23 phantom thicknesses of 2, 4, and 6 centimeters with values of kilovolt peak (kVp)

24 clinically appropriate for those thicknesses.

25

26 (ff) Medical physicist means a person trained in evaluating the performance of  
27 mammography equipment and facility quality assurance programs and who meets the  
28 qualifications for a medical physicist set forth in Sec. 900.12(a)(3).

29

30 19

31

32 (gg) MQSA means the Mammography Quality Standards Act.

33

34 (hh) Multi-reading means two or more physicians, at least one of whom is an  
35 interpreting physician, interpreting the same mammogram.

36

37 (ii) Patient means any individual who undergoes a mammography evaluation in a  
38 facility, regardless of whether the person is referred by a physician or is self-referred.

16 Should this be modified to specifically allow for medical physicist oversight for mammography system  
components?

17 Should a definition be added for "Mammography System Component"?

18 Should a definition be added for "Mean Optical Density"?

19 Should a definition be added for "Medical Physicist Oversight"?

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1

2 (jj) Phantom means a test object used to simulate radiographic characteristics of  
3 compressed breast tissue and containing components that radiographically model  
aspects

4 of breast disease and cancer.

5

6 (kk) Phantom image means a radiographic image of a phantom.

7

8 (ll) Physical science means physics, chemistry, radiation science (including medical  
9 physics and health physics), and engineering.

10

20

11 (mm) Positive mammogram means a mammogram that has an overall assessment of

12 findings that are either ``suspicious`` or ``highly suggestive of malignancy.``

13

14 (nn) Provisional certificate means the provisional certificate described in Sec.

15 900.11(b)(2).

16

21

17 (oo) Qualified instructor means an individual whose training and experience

18 adequately prepares him or her to carry out specified training assignments.

Interpreting

19 physicians, radiologic technologists, or medical physicists who meet the requirements  
of

20 Sec. 900.12(a) would be considered qualified instructors in their respective areas of

21 mammography. Other examples of individuals who may be qualified instructors for  
the

22 purpose of providing training to meet the regulations of this part include, but are not

23 limited to, instructors in a post-high school training institution and manufacturer's

24 representatives.

25

26 (pp) Quality control technologist means an individual meeting the requirements of  
Sec.

27 900.12(a)(2) who is responsible for those quality assurance responsibilities not  
assigned

28 to the lead interpreting physician or to the medical physicist.

29

30 (qq) Radiographic equipment means X-ray equipment used for the production of static

31 X-ray images.

32

33 (rr) Radiologic technologist means an individual specifically trained in the use of

34 radiographic equipment and the positioning of patients for radiographic examinations  
and

35 who meets the requirements set forth in Sec. 900.12(a)(2).

36

37 22

38 23

20 Should the definition be modified to add cases where a biopsy is recommended?

21 Should the definition be modified to require additional instructor requirements in cases where a  
corrective action is being done?

22 Should a definition be added for "Repeat Rate"?

23 Should a definition be added for "Reject Rate"?

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1 24

2

3 (ss) Serious adverse event means an adverse advent that may significantly compromise

4 clinical outcomes, or an adverse event for which a facility fails to take appropriate



5 corrective action in a timely manner.

6

7 (tt) Serious complaint means a report of a serious adverse event.

8

9 25

10 26

11 (uu) Standard breast means a 4.2 centimeter (cm) thick compressed breast consisting  
of

12 50 percent glandular and 50 percent adipose tissue.

13

14 27

28

15 (vv) Survey means an onsite physics consultation and evaluation of a facility quality  
16 assurance program performed by a medical physicist.

17

18 (ww) Time cycle means the film development time.

19

20 29

21 30

22 (xx) Traceable to a national standard means an instrument is calibrated at either the  
23 National Institute of Standards and Technology (NIST) or at a calibration laboratory  
that

24 participates in a proficiency program with NIST at least once every 2 years and the  
25 results of the proficiency test conducted within 24 months of calibration show  
agreement

26 within <plus-minus> 3 percent of the national standard in the mammography energy  
27 range.

28

29 (yy) Review physician means a physician who, by meeting the requirements set out  
30 in 900.4(c)(5), is qualified to review clinical images on behalf of the accreditation  
body.

31

32 (zz) Certification agency means a State that has been approved by FDA under Sec.  
33 900.21 to certify mammography facilities.

24 Should a definition be added for "Requalification"?

25 Should a definition be added for "Small Field Digital Mammography"?

26 Should a definition be added for "Softcopy Image"?

27 Should a definition be added for "Starting Date"?

28 Should this definition be expanded to differentiate unit and facility surveys?

29 Should a definition be added for "Technique factors"?

30 Should a definition be added for "Time Frequencies for quality control testing"?

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1 (aaa) Performance indicators mean the measures used to evaluate the certification  
2 agency's ability to conduct certification, inspection, and compliance activities.

3 (bbb) Authorization means obtaining approval from FDA to utilize new or changed  
4 State regulations or procedures during the issuance, maintenance, and withdrawal of  
5 certificates by the certification agency.

6

7 Sec. 900.3 Application for approval as an accreditation body.

8

9 (a) Eligibility. Private nonprofit organizations or State agencies capable of meeting the  
10 requirements of this subpart A may apply for approval as accreditation bodies.

11

12 (b) Application for initial approval.

13 (1) An applicant seeking initial FDA approval as an accreditation body shall  
14 inform the Division of Mammography Quality and Radiation Programs (DMQRP),  
15 Center for Devices and Radiology Health (HFZ-240), Food and Drug Administration,  
16 1350 Piccard Dr., Rockville, MD 20850, marked Attn: Mammography Standards  
Branch,

17 of its desire to be approved as an accreditation body and of its requested scope of  
18 authority.

19 (2) Following receipt of the request, FDA will provide the applicant with  
20 additional information to aid in submission of an application for approval as an  
21 accreditation body.

22 (3) The applicant shall furnish to FDA, at the address in Sec. 900.3(b)(1), three  
23 copies of an application containing the following information, materials, and  
supporting

24 documentation:

25 (i) Name, address, and phone number of the applicant and, if the applicant is  
26 not a State agency, evidence of nonprofit status (i.e., of fulfilling Internal Revenue  
27 Service requirements as a nonprofit organization);

28 (ii) Detailed description of the accreditation standards the applicant will require  
29 facilities to meet and a discussion substantiating their equivalence to FDA  
30 standards required under Sec. 900.12;

31 (iii) Detailed description of the applicant's accreditation review and  
32 decisionmaking process, including:

33 (A) Procedures for performing accreditation and reaccreditation clinical  
34 image review in accordance with Sec. 900.4(c), random clinical image  
35 reviews in accordance with Sec. 900.4(f), and additional mammography  
36 review in accordance with Sec. 900.12(j);

37 (B) Procedures for performing phantom image review;

38 (C) Procedures for assessing mammography equipment evaluations and  
39 surveys;

40 (D) Procedures for initiating and performing onsite visits to facilities;

41 (E) Procedures for assessing facility personnel qualifications;

42 (F) Copies of the accreditation application forms, guidelines,  
43 instructions, and other materials the applicant will send to facilities during  
44 the accreditation process, including an accreditation history form that  
45 requires each facility to provide a complete history of prior accreditation

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1 activities and a statement that all information and data submitted in the  
2 application is true and accurate, and that no material fact has been omitted;

3 (G) Policies and procedures for notifying facilities of deficiencies;

4 (H) Procedures for monitoring corrections of deficiencies by facilities;

5 (I) Policies and procedures for suspending or revoking a facility's

6 accreditation;

7 (J) Policies and procedures that will ensure processing of accreditation

8 applications and renewals within a timeframe approved by FDA and

9 assurances that the body will adhere to such policies and procedures; and

10 (K) A description of the applicant's appeals process for facilities

11 contesting adverse accreditation status decisions.

12 31

13 32

14 (iv) Education, experience, and training requirements for the applicant's  
15 professional staff, including reviewers of clinical or phantom images;

16 (v) Description of the applicant's electronic data management and analysis

17 system with respect to accreditation review and decision processes and the

18 applicant's ability to provide electronic data in a format compatible with FDA

19 data systems;

20 (vi) Resource analysis that demonstrates that the applicant's staffing, funding,

21 and other resources are adequate to perform the required accreditation activities;

22 (vii) Fee schedules with supporting cost data;

23 (viii) Statement of policies and procedures established to avoid conflicts of

24 interest or the appearance of conflicts of interest by the applicant's board

25 members, commissioners, professional personnel (including reviewers of clinical

26 and phantom images), consultants, administrative personnel, and other

27 representatives of the applicant;

28 (ix) Statement of policies and procedures established to protect confidential

29 information the applicant will collect or receive in its role as an accreditation

30 body;

31 (x) Disclosure of any specific brand of imaging system or component,

32 measuring device, software package, or other commercial product used in

33 mammography that the applicant develops, sells, or distributes;

34 (xi) Description of the applicant's consumer complaint mechanism;

35 (xii) Satisfactory assurances that the applicant shall comply with the

36 requirements of Sec. 900.4; and

37 (xiii) Any other information as may be required by FDA.

38

39 (c) Application for renewal of approval. An approved accreditation body that intends

40 to continue to serve as an accreditation body beyond its current term shall apply to

FDA

31 Should State accreditation bodies be required to provide explanations of how adverse actions taken by  
the State functioning as a State under more stringent State regulations will be distinguished from those  
taken by the State functioning as an accreditation body?

32 Should there be policies and procedures for issuing accreditation extensions for reaccrediting facilities?

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1 for renewal or notify FDA of its plans not to apply for renewal in accordance with the  
2 following procedures and schedule:

3 (1) At least 9 months before the date of expiration of a body's approval, the body  
4 shall inform FDA, at the address given in Sec. 900.3(b)(1), of its intent to seek renewal.

5 (2) FDA will notify the applicant of the relevant information, materials, and  
6 supporting documentation required under Sec. 900.3(b)(3) that the applicant shall  
submit

7 as part of the renewal procedure.

8 (3) At least 6 months before the date of expiration of a body's approval, the  
9 applicant shall furnish to FDA, at the address in Sec. 900.3(b)(1), three copies of a  
10 renewal application containing the information, materials, and supporting  
documentation

11 requested by FDA in accordance with Sec. 900.3(c)(2).

12 (4) No later than July 28, 1998, any accreditation body approved under the  
13 interim regulations published in the Federal Register of December 21, 1993 (58 FR  
14 67558), that desires to continue to serve as an accreditation body under the final  
15 regulations shall apply for renewal of approval in accordance with the procedures set  
16 forth in paragraphs (c)(1) through (c)(3) of this section.

17 (5) Any accreditation body that does not plan to renew its approval shall so notify  
18 FDA at the address given in paragraph (b)(1) of this section at least 9 months before  
the

19 expiration of the body's term of approval.

20

21 (d) Rulings on applications for initial and renewed approval.

22 (1) FDA will conduct a review and evaluation to determine whether the applicant  
23 substantially meets the applicable requirements of this subpart and whether the  
24 accreditation standards the applicant will require facilities to meet are substantially the  
25 same as the quality standards published under subpart B of this part.

26 (2) FDA will notify the applicant of any deficiencies in the application and  
27 request that those deficiencies be rectified within a specified time period. If the  
28 deficiencies are not rectified to FDA's satisfaction within the specified time period,  
the

29 application for approval as an accreditation body may be rejected.

30 (3) FDA shall notify the applicant whether the application has been approved or  
31 denied. That notification shall list any conditions associated with approval or state the  
32 bases for any denial.

33 (4) The review of any application may include a meeting between FDA and  
34 representatives of the applicant at a time and location mutually acceptable to FDA and  
35 the applicant.

36 (5) FDA will advise the applicant of the circumstances under which a denied  
37 application may be resubmitted.

38 (6) If FDA does not reach a final decision on a renewal application in accordance  
39 with this paragraph before the expiration of an accreditation body's current term of

40 approval, the approval will be deemed extended until the agency reaches a final  
41 decision

42 on the application, unless an accreditation body does not rectify deficiencies in the  
43 application within the specified time period, as required in paragraph (d)(2) of this  
44 section.

45

46 (e) Relinquishment of authority. An accreditation body that decides to relinquish its  
47 accreditation authority before expiration of the body's term of approval shall submit a  
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1 letter of such intent to FDA, at the address in Sec. 900.3(b)(1), at least 9 months before  
2 relinquishing such authority.

3

4 (f) Transfer of records. An accreditation body that does not apply for renewal of  
5 accreditation body approval, is denied such approval by FDA, or relinquishes its  
6 accreditation authority and duties before expiration of its term of approval, shall:

7 (1) Transfer facility records and other related information as required by FDA to a  
8 location and according to a schedule approved by FDA.

9 (2) Notify, in a manner and time period approved by FDA, all facilities accredited  
10 or seeking accreditation by the body that the body will no longer have accreditation  
11 authority.

12

13 (g) Scope of authority. An accreditation body's term of approval is for a period not to  
14 exceed 7 years. FDA may limit the scope of accreditation authority.

15

16 33

17

18 Sec. 900.4 Standards for accreditation bodies.

19

20 (a) Code of conduct and general responsibilities. The accreditation body shall accept  
21 the following responsibilities in order to ensure safe and accurate mammography at  
the

22 facilities it accredits and shall perform these responsibilities in a manner that ensures  
the

23 integrity and impartiality of accreditation body actions.

24 (1)

25 (i) When an accreditation body receives or discovers information that suggests  
26 inadequate image quality, or upon request by FDA, the accreditation body shall  
27 review a facility's clinical images or other aspects of a facility's practice to assist  
28 FDA in determining whether or not the facility's practice poses a serious risk to  
29 human health. Such reviews are in addition to the evaluation an accreditation  
30 body performs as part of the initial accreditation or renewal process for facilities.

31 (ii) If review by the accreditation body demonstrates that a problem does exist  
32 with respect to image quality or other aspects of a facility's compliance with  
33 quality standards, or upon request by FDA, the accreditation body shall require or

34 monitor corrective actions, or suspend or revoke accreditation of the facility.  
35 (2) The accreditation body shall inform FDA as soon as possible but in no case  
36 longer than 2 business days after becoming aware of equipment or practices that pose  
a

37 serious risk to human health.

38 (3) The accreditation body shall establish and administer a quality assurance (QA)  
39 program that has been approved by FDA in accordance with Sec. 900.3(d) or  
paragraph

40 (a)(8) of this section. Such quality assurance program shall:

41 (i) Include requirements for clinical image review and phantom image review;

42 (ii) Ensure that clinical and phantom images are evaluated consistently and  
43 accurately; and

<sup>33</sup> Should FDA protect accreditation body applications from disclosure until final approval has been given?

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1 (iii) Specify the methods and frequency of training and evaluation for clinical  
2 and phantom image reviewers, and the bases and procedures for removal of such  
3 reviewers.

4 (4) The accreditation body shall establish measures that FDA has approved in  
5 accordance with Sec. 900.3(d) or paragraph (a)(8) of this section to reduce the  
possibility

6 of conflict of interest or facility bias on the part of individuals acting on the body's  
behalf.

7 Such individuals who review clinical or phantom images under the provisions of  
8 paragraphs (c) and (d) of this section or who visit facilities under the provisions of  
9 paragraph (f) of this section shall not review clinical or phantom images from or visit a  
10 facility with which such individuals maintain a relationship, or when it would  
otherwise

11 be a conflict of interest for them to do so, or when they have a bias in favor of or  
against

12 the facility.

13 (5) The accreditation body may require specific equipment performance or design  
14 characteristics that FDA has approved. However, no accreditation body shall require,  
15 either explicitly or implicitly, the use of any specific brand of imaging system or  
16 component, measuring device, software package, or other commercial product as a  
17 condition for accreditation by the body, unless FDA determines that it is in the best  
18 interest of public health to do so.

19 (i) Any representation, actual or implied, either orally, in sales literature, or in  
20 any other form of representation, that the purchase or use of a particular product  
21 brand is required in order for any facility to be accredited or certified under Sec.  
22 900.11(b), is prohibited, unless FDA approves such representation.

23 (ii) Unless FDA has approved the exclusive use and promotion of a particular  
24 commercial product in accordance with this section, all products produced,  
25 distributed, or sold by an accreditation body or an organization that has a financial  
26 or other relationship with the accreditation body that may be a conflict of interest  
27 or have the appearance of a conflict of interest with the body's accreditation

28 functions, shall bear a disclaimer stating that the purchase or use of such products  
29 is not required for accreditation or certification of any facility under Sec.  
30 900.11(b). Any representations about such products shall include a similar  
31 disclaimer.

32 (6) When an accreditation body denies accreditation to a facility, the accreditation  
33 body shall notify the facility in writing and explain the bases for its decision. The  
34 notification shall also describe the appeals process available from the accreditation  
body  
35 for the facility to contest the decision.

36 (7) No accreditation body may establish requirements that preclude facilities from  
37 being accredited under Sec. 900.11(b) by any other accreditation body, or require  
38 accreditation by itself under MQSA if another accreditation body is available to a  
facility.

34

39 (8) The accreditation body shall obtain FDA authorization for any changes it  
40 proposes to make in any standards that FDA has previously accepted under Sec.  
900.3(d).

41 (9) An accreditation body shall establish procedures to protect confidential  
42 information it collects or receives in its role as an accreditation body.

<sup>34</sup>Should this requirement be reworded to clarify that the accreditation body needs to obtain FDA approval  
prior to implementing any changes?

#### FOR NATIONAL MAMMOGRAPHY QUALITY ASSURANCE ADVISORY COMMITTEE USE ONLY

14

1 (i) Nonpublic information collected from facilities for the purpose of carrying  
2 out accreditation body responsibilities shall not be used for any other purpose or  
3 disclosed, other than to FDA or its duly designated representatives, including  
4 State agencies, without the consent of the facility;

5 (ii) Nonpublic information that FDA or its duly designated representatives,  
6 including State agencies, share with the accreditation body concerning a facility  
7 that is accredited or undergoing accreditation by that body shall not be further  
8 disclosed except with the written permission of FDA.

9

10 (b) Monitoring facility compliance with quality standards.

11 (1) The accreditation body shall require that each facility it accredits meet  
12 standards for the performance of quality mammography that are substantially the same  
as

13 those in this subpart and in subpart B of this part.

14 (2) The accreditation body shall notify a facility regarding equipment, personnel,  
15 and other aspects of the facility's practice that do not meet such standards and advise  
the

16 facility that such equipment, personnel, or other aspects of the practice should not be  
used

17 by the facility for activities within the scope of part 900.

18 (3) The accreditation body shall specify the actions that facilities shall take to  
19 correct deficiencies in equipment, personnel, and other aspects of the practice to  
ensure

20 facility compliance with applicable standards.

35

21 (4) If deficiencies cannot be corrected to ensure compliance with standards or  
22 if a facility is unwilling to take corrective actions, the accreditation body shall  
23 immediately so notify FDA, and shall suspend or revoke the facility's accreditation in  
24 accordance with the policies and procedures described under Sec. 900.3(b)(3)(iii)(I).  
25

26 (c) Clinical image review for accreditation and reaccreditation.

36

27 (1) Frequency of review. The accreditation body shall review clinical images  
28 from each facility accredited by the body at least once every 3 years.

29 (2) Requirements for clinical image attributes. The accreditation body shall use  
30 the following attributes for all clinical image reviews, unless FDA has approved other  
31 attributes:

32 (i) Positioning. Sufficient breast tissue shall be imaged to ensure that cancers  
33 are not likely to be missed because of inadequate positioning.

34 (ii) Compression. Compression shall be applied in a manner that minimizes the  
35 potential obscuring effect of overlying breast tissue and motion artifact.

36 (iii) Exposure level. Exposure level shall be adequate to visualize breast  
37 structures. Images shall be neither underexposed nor overexposed.

38 (iv) Contrast. Image contrast shall permit differentiation of subtle tissue density  
39 differences.

40 (v) Sharpness. Margins of normal breast structures shall be distinct and not  
41 blurred.

35 Should the State certification agency be added to the notification list?

36 Should this requirement be reworded to clarify that images must be obtained from each mammography  
unit at the facility?

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15

1 (vi) Noise. Noise in the image shall not obscure breast structures or suggest the  
2 appearance of structures not actually present.

3 (vii) Artifacts. Artifacts due to lint, processing, scratches, and other factors  
4 external to the breast shall not obscure breast structures or suggest the appearance  
5 of structures not actually present.

6 (viii) Examination identification. Each image shall have the following  
7 information indicated on it in a permanent, legible, and unambiguous manner and  
8 placed so as not to obscure anatomic structures:

9 (A) Name of the patient and an additional patient identifier.

10 (B) Date of examination.

11 (C) View and laterality. This information shall be placed on the image  
12 in a position near the axilla. Standardized codes specified by the  
13 accreditation body and approved by FDA in accordance with Sec. 900.3(d)  
14 or paragraph (a)(8) of this section shall be used to identify view and  
15 laterality.

16 (D) Facility name and location. At a minimum, the location shall  
17 include the city, State, and zip code of the facility.



18 (E) Technologist identification.

37

19 (F) Cassette/screen identification.

20 (G) Mammography unit identification, if there is more than one unit in  
21 the facility.

22 (3) Scoring of clinical images. Accreditation bodies shall establish and administer  
23 a system for scoring clinical images using all attributes specified in paragraphs  
(c)(2)(i)

24 through (c)(2)(viii) of this section or an alternative system that FDA has approved in  
25 accordance with Sec. 900.3(d) or paragraph (a)(8) of this section. The scoring system  
26 shall include an evaluation for each attribute.

38

27 (i) The accreditation body shall establish and employ criteria for acceptable  
28 and nonacceptable results for each of the 8 attributes as well as an overall pass  
29 fail system for clinical image review that has been approved by FDA in  
30 accordance with Sec. 900.3(d) or paragraph (a)(8) of this section.

31 (ii) All clinical images submitted by a facility to the accreditation body shall be  
32 reviewed independently by two or more review physicians.

33 (4) Selection of clinical images for review. Unless otherwise specified by FDA,  
34 the accreditation body shall require that for each mammography unit in the facility:

35 (i) The facility shall submit craniocaudal (CC) and mediolateral oblique (MLO)  
36 views from two mammographic examinations that the facility produced during a  
37 time period specified by the accreditation body;

38 (ii) Clinical images submitted from one such mammographic examination for  
39 each unit shall be of dense breasts (predominance of glandular tissue) and the  
40 other shall be of fat-replaced breasts (predominance of adipose tissue);

41 (iii) All clinical images submitted shall be images that the facility's interpreting  
42 physician(s) interpreted as negative or benign.

<sup>37</sup> Should "image receptor" be added?

<sup>38</sup> Should a system for determining when an additional mammography review is indicated be added?

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16

1 (iv) If the facility has no clinical images meeting the requirements in  
2 paragraphs (c)(4)(i) through (c)(4)(iii) of this section, it shall so notify the  
3 accreditation body, which shall specify alternative clinical image selection  
4 methods that do not compromise care of the patient.

5 (5) Review physicians. Accreditation bodies shall ensure that all of their review  
6 physicians:

7 (i) Meet the interpreting physician requirements specified in Sec. 900.12(a)(1)  
8 and meet such additional requirements as have been established by the  
9 accreditation body and approved by FDA;

10 39

40

11 (ii) Are trained and evaluated in the clinical image review process, for the  
12 types of clinical images to be evaluated by a review physician, by the

13 accreditation body before designation as review physicians and periodically  
14 thereafter; and  
15 (iii) Clearly document their findings and reasons for assigning a particular  
16 score to any clinical image and provide information to the facility for use in  
17 improving the attributes for which significant deficiencies were identified.  
18 (6) Image management. The accreditation body's QA program shall include a  
19 tracking system to ensure the security and return to the facility of all clinical images  
20 received and to ensure completion of all clinical image reviews by the body in a  
21 timely manner. The accreditation body shall return all clinical images to the facility within 60  
22 days of their receipt by the body, with the following exceptions:  
23 (i) If the clinical images are needed earlier by the facility for clinical purposes,  
24 the accreditation body shall cooperate with the facility to accommodate such  
25 needs.  
26 (ii) If a review physician identifies a suspicious abnormality on an image  
27 submitted for clinical image review, the accreditation body shall ensure that this  
28 information is provided to the facility and that the clinical images are returned to  
29 the facility. Both shall occur no later than 10 business days after identification of  
30 the suspected abnormality.  
31 (7) Notification of unsatisfactory image quality. If the accreditation body  
32 determines that the clinical images received from a facility are of unsatisfactory  
33 quality,  
34 the body shall notify the facility of the nature of the problem and its possible causes.  
35 (d) Phantom image review for accreditation and reaccreditation.

41

36 (1) Frequency of review. The accreditation body shall review phantom images  
37 from each facility accredited by the body at least once every 3 years.  
38 (2) Requirements for the phantom used. The accreditation body shall require that  
39 each facility submit for review phantom images that the facility produced using a  
39 Should there be an additional requirement stipulating what percentage of the person's practice be in  
mammography or breast imaging?  
40 Should "types" be clarified to include mammographic modalities?  
41 Should this requirement be reworded to clarify that images must be obtained from each mammography  
unit at the facility?

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17

1 phantom and methods of use specified by the body and approved by FDA in  
accordance  
2 with Sec. 900.3(d) or paragraph (a)(8) of this section.

42

3 (3) Scoring phantom images. The accreditation body shall use a system for  
4 scoring phantom images that has been approved by FDA in accordance with Sec.  
5 900.3(b) and (d) or paragraph (a)(8) of this section.  
6 (4) Phantom images selected for review. For each mammography unit in the  
7 facility, the accreditation body shall require the facility to submit phantom images that

8 the facility produced during a time period specified by the body.

9 (5) Phantom image reviewers. Accreditation bodies shall ensure that all of their  
10 phantom image reviewers:

11 (i) Meet the requirements specified in Sec. 900.12(a)(3) or alternative  
12 requirements established by the accreditation body and approved by FDA in  
13 accordance with Sec. 900.3 or paragraph (a)(8) of this section;

14 43

44

15 (ii) Are trained and evaluated in the phantom image review process, for the  
16 types of phantom images to be evaluated by a phantom image reviewer, by the  
17 accreditation body before designation as phantom image reviewers and  
18 periodically thereafter; and

19 (iii) Clearly document their findings and reasons for assigning a particular  
20 score to any phantom image and provide information to the facility for use in  
21 improving its phantom image quality with regard to the significant deficiencies  
22 identified.

23 (6) Image management. The accreditation body's QA program shall include a  
24 tracking system to ensure the security of all phantom images received and to ensure  
25 completion of all phantom image reviews by the body in a timely manner. All  
phantom

26 images that result in a failure of accreditation shall be returned to the facility.

27 (7) Notification measures for unsatisfactory image quality. If the accreditation  
28 body determines that the phantom images received from a facility are of unsatisfactory  
29 quality, the body shall notify the facility of the nature of the problem and its possible  
30 causes.

31

32 (e) Reports of mammography equipment evaluation, surveys, and quality control. The  
33 following requirements apply to all facility equipment covered by the provisions of  
34 subparts A and B:

45

35 (1) The accreditation body shall require every facility applying for  
36 accreditation to submit:

42 Should at least two independent reviewers be specified?

43 Should there be an additional requirement stipulating what percentage of the person's practice be in  
mammography?

44 Should "types" be clarified to include mammographic modalities?

45 Should the regulations regarding facility accreditation be divided into initial and reaccreditation  
scenarios?

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18

1 (i) With its initial accreditation application, a mammography equipment  
2 evaluation that was performed by a medical physicist no earlier than 6 months  
3 before the date of application for accreditation by the facility. Such evaluation  
4 shall demonstrate compliance of the facility's equipment with the requirements in  
5 Sec. 900.12(e).

46

6 (ii) Prior to accreditation, a survey that was performed no earlier than 6  
7 months before the date of application for accreditation by the facility. Such survey  
8 shall assess the facility's compliance with the facility standards referenced in  
9 paragraph (b) of this section.

47

10 (2) The accreditation body shall require that all facilities undergo an annual  
11 survey to ensure continued compliance with the standards referenced in paragraph (b)  
12 of  
13 this section and to provide continued oversight of facilities' quality control programs  
14 as

15 they relate to such standards. The accreditation body shall require for all facilities that:

16 (i) Such surveys be conducted annually;

17 (ii) Facilities take reasonable steps to ensure that they receive reports of such  
18 surveys within 30 days of survey completion; and

48

19 (iii) Facilities submit the results of such surveys and any other information  
20 that the body may require to the body at least annually.

21 (3) The accreditation body shall review and analyze the information required in  
22 this section and use it to identify necessary corrective measures for facilities and to  
23 determine whether facilities should remain accredited by the body.

22

24 (f) Accreditation body onsite visits and random clinical image reviews. The  
25 accreditation body shall conduct onsite visits and random clinical image reviews of a  
26 sample of facilities to monitor and assess their compliance with standards established  
27 by

28 the body for accreditation. The accreditation body shall submit annually to FDA, at  
29 the  
30 address given in Sec. 900.3(b)(1), 3 copies of a summary report describing all facility  
31 assessments the body conducted under the provisions of this section for the year being  
32 reported.

33 (1) Onsite visits.

34 (i) Sample size. Annually, each accreditation body shall visit at least 5 percent  
35 of the facilities it accredits. However, a minimum of 5 facilities shall be visited,  
36 and visits to no more than 50 facilities are required, unless problems identified in  
37 paragraph (f)(1)(i)(B) of this section indicate a need to visit more than 50  
38 facilities.

39 (A) At least 50 percent of the facilities visited shall be selected  
40 randomly.

41 (B) Other facilities visited shall be selected based on problems  
42 identified through State or FDA inspections, serious complaints received  
43 Should this be modified to state that the survey must have been completed since the initial application?

44 Should this be modified to allow surveys up to 14 months old for reaccreditation purposes?

45 Should this reporting be reduced from annual to every three years? Should there be a requirement that  
46 facilities notify the accreditation body of significant changes to personnel and equipment within a specified  
47 time period?

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1 from consumers or others, a previous history of noncompliance, or any  
2 other information in the possession of the accreditation body, inspectors,  
3 or FDA.

4 (C) Before, during, or after any facility visit, the accreditation body may  
5 require that the facility submit to the body for review clinical images,  
6 phantom images, or any other information relevant to applicable standards  
7 in this subpart and in subpart B of this part.

8 (ii) Visit plan. The accreditation body shall conduct facility onsite visits  
9 according to a visit plan that has been approved by FDA in accordance with Sec.  
10 900.3(d) or paragraph (a)(8) of this section, unless otherwise directed by FDA in

11 particular circumstances. At a minimum, such a plan shall provide for:

12 (A) Assessment of overall clinical image QA activities of the facility;

13 (B) Review of facility documentation to determine if appropriate

14 mammography reports are sent to patients and physicians as required;

15 (C) Selection of a sample of clinical images for clinical image review  
16 by the accreditation body. Clinical images shall be selected in a manner

17 specified by the accreditation body and approved by FDA that does not  
18 compromise care of the patient as a result of the absence of the selected  
19 images from the facility;

20 (D) Verification that the facility has a medical audit system in place and  
21 is correlating films and pathology reports for positive cases;

22 (E) Verification that personnel specified by the facility are the ones  
23 actually performing designated personnel functions;

24 (F) Verification that equipment specified by the facility is the  
25 equipment that is actually being used to perform designated equipment  
26 functions;

27 (G) Verification that a consumer complaint mechanism is in place and  
28 that the facility is following its procedures; and

29 (H) Review of all factors related to previously identified concerns or  
30 concerns identified during that visit.

31 (2) Clinical image review for random sample of facilities.

32 (i) Sample size. In addition to conducting clinical image reviews for  
33 accreditation and reaccreditation for all facilities, the accreditation body shall  
34 conduct clinical image reviews annually for a randomly selected sample as  
35 specified by FDA, but to include at least 3 percent of the facilities the body  
36 accredits. Accreditation bodies may count toward this random sample requirement  
37 all facilities selected randomly for the onsite visits described in paragraph  
38 (f)(1)(i)(A) of this section. Accreditation bodies shall not count toward the  
39 random sample requirement any facilities described in paragraph (f)(1)(i)(B) of  
40 this section that were selected for a visit because of previously identified  
41 concerns.

42 (ii) Random clinical image review. In performing clinical image reviews of the  
43 random sample of facilities, accreditation bodies shall evaluate the same attributes  
44 as those in paragraph (c) of this section for review of clinical images for  
45 accreditation and reaccreditation.

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1 (iii) Accreditation bodies should not schedule random clinical image reviews at  
2 facilities that have received notification of the need to begin the accreditation  
3 renewal process or that have completed the accreditation renewal process within  
4 the previous 6 months.

5 (iv) Selection of the random sample of clinical images for clinical image review  
6 by the accreditation body. Clinical images shall be selected in a manner, specified  
7 by the accreditation body and approved by FDA under Sec. 900.3(d) or paragraph  
8 (a)(8) of this section, that does not compromise care of the patient as a result of  
9 the absence of the selected images from the facility.

10

11 (g) Consumer complaint mechanism. The accreditation body shall develop and  
12 administer a written and documented system, including timeframes, for collecting and  
13 resolving serious consumer complaints that could not be resolved at a facility. Such  
14 system shall have been approved by FDA in accordance with Sec. 900.3(d) or  
paragraph

15 (a)(8) of this section. Accordingly, all accreditation bodies shall:

16 (1) Provide a mechanism for all facilities it accredits to file serious unresolved  
17 complaints with the accreditation body;

18 (2) Maintain a record of every serious unresolved complaint received by the body  
19 on all facilities it accredits for a period of at least 3 years from the date of receipt of  
each

20 such complaint;

21

22 (h) Reporting and recordkeeping. All reports to FDA specified in paragraphs (h)(1)  
23 through (h)(4) of this section shall be prepared and submitted in a format and medium  
24 prescribed by FDA and shall be submitted to a location and according to a schedule  
25 specified by FDA. The accreditation body shall:

26 (1) Collect and submit to FDA the information required by 42 U.S.C. 263b(d) for  
27 each facility when the facility is initially accredited and at least annually when  
updated,

28 in a manner and at a time specified by FDA.

29 (2) Accept applications containing the information required in 42 U.S.C.

30 263b(c)(2) for provisional certificates and in Sec. 900.11(b)(3) for extension of  
31 provisional certificates, on behalf of FDA, and notify FDA of the receipt of such  
32 information;

49

33 (3) Submit to FDA the name, identifying information, and other information  
34 relevant to 42 U.S.C. 263b and specified by FDA for any facility for which the  
35 accreditation body denies, suspends, or revokes accreditation, and the reason(s) for  
such

36 action;

37 (4) Submit to FDA an annual report summarizing all serious complaints received  
38 during the previous calendar year, their resolution status, and any actions taken in

39 response to them;

50

40 (5) Provide to FDA other information relevant to 42 U.S.C. 263b and required  
41 by FDA about any facility accredited or undergoing accreditation by the body.

42

<sup>49</sup> Should the State certification agency be added?

<sup>50</sup> Should the State certification agency be added?

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1 (i) Fees. Fees charged to facilities for accreditation shall be reasonable. Costs of  
2 accreditation body activities that are not related to accreditation functions under 42  
3 U.S.C. 263b are not recoverable through fees established for accreditation.

4 (1) The accreditation body shall make public its fee structure, including those  
5 factors, if any, contributing to variations in fees for different facilities.

6 (2) At FDA's request, accreditation bodies shall provide financial records or other  
7 material to assist FDA in assessing the reasonableness of accreditation body fees. Such  
8 material shall be provided to FDA in a manner and time period specified by the agency.

9

10

11 Sec. 900.5 Evaluation.

12

13 FDA shall evaluate annually the performance of each accreditation body. Such  
14 evaluation shall include an assessment of the reports of FDA or State inspections of  
15 facilities accredited by the body as well as any additional information deemed relevant  
by

16 FDA that has been provided by the accreditation body or other sources or has been  
17 required by FDA as part of its oversight initiatives. The evaluation shall include a  
18 determination of whether there are major deficiencies in the accreditation body's  
19 performance that, if not corrected, would warrant withdrawal of the approval of the  
20 accreditation body under the provisions of Sec. 900.6.

21

22

23 Sec. 900.6 Withdrawal of approval.

24

25 If FDA determines, through the evaluation activities of Sec. 900.5, or through other  
26 means, that an accreditation body is not in substantial compliance with this subpart,  
FDA

27 may initiate the following actions:

51

28 (a) Major deficiencies. If FDA determines that an accreditation body has failed to  
29 perform a major accreditation function satisfactorily, has demonstrated willful  
disregard

30 for public health, has violated the code of conduct, has committed fraud, or has  
submitted

31 material false statements to the agency, FDA may withdraw its approval of that

32 accreditation body.

33 (1) FDA shall notify the accreditation body of the agency's action and the  
34 grounds on which the approval was withdrawn.

35 (2) An accreditation body that has lost its approval shall notify facilities  
36 accredited or seeking accreditation by it that its approval has been withdrawn. Such  
37 notification shall be made within a time period and in a manner approved by FDA.  
38

39 (b) Minor deficiencies. If FDA determines that an accreditation body has  
demonstrated

40 deficiencies in performing accreditation functions and responsibilities that are less  
serious

41 or more limited than the deficiencies in paragraph (a) of this section, FDA shall notify  
the

42 body that it has a specified period of time to take particular corrective measures  
directed

43 by FDA or to submit to FDA for approval the body's own plan of corrective action

44 addressing the minor deficiencies. FDA may place the body on probationary status for  
a

51 Should this be expanded to include all its policies and procedures?

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1 period of time determined by FDA, or may withdraw approval of the body as an  
2 accreditation body if corrective action is not taken.

3 (1) If FDA places an accreditation body on probationary status, the body shall  
4 notify all facilities accredited or seeking accreditation by it of its probationary status  
5 within a time period and in a manner approved by FDA.

6 (2) Probationary status shall remain in effect until such time as the body can  
7 demonstrate to the satisfaction of FDA that it has successfully implemented or is  
8 implementing the corrective action plan within the established schedule, and that the  
9 corrective actions have substantially eliminated all identified problems.

10 (3) If FDA determines that an accreditation body that has been placed on  
11 probationary status is not implementing corrective actions satisfactorily or within the  
12 established schedule, FDA may withdraw approval of the accreditation body. The  
13 accreditation body shall notify all facilities accredited or seeking accreditation by it of  
its

14 loss of FDA approval, within a time period and in a manner approved by FDA.

15

16 (c) Reapplication by accreditation bodies that have had their approval withdrawn.

17 (1) A former accreditation body that has had its approval withdrawn may submit a  
18 new application for approval if the body can provide information to FDA to establish  
that

19 the problems that were grounds for withdrawal of approval have been resolved.

20 (2) If FDA determines that the new application demonstrates that the body  
21 satisfactorily has addressed the causes of its previous unacceptable performance, FDA  
22 may reinstate approval of the accreditation body.

23 (3) FDA may request additional information or establish additional conditions that



24 must be met by a former accreditation body before FDA approves the reapplication.  
25 (4) FDA may refuse to accept an application from a former accreditation body  
26 whose approval was withdrawn because of fraud or willful disregard of public health.

27

28

29 Sec. 900.7 Hearings.

30

31 (a) Opportunities to challenge final adverse actions taken by FDA regarding approval  
32 or reapproval of accreditation bodies, withdrawal of approval of accreditation bodies,  
or

33 rejection of a proposed fee for accreditation shall be communicated through notices of  
34 opportunity for informal hearings in accordance with part 16 of this chapter.

35

36 (b) A facility that has been denied accreditation is entitled to an appeals process from  
37 the accreditation body. The appeals process shall be specified in writing by the  
38 accreditation body and shall have been approved by FDA in accordance with Sec.  
39 900.3(d) or Sec. 900.4(a)(8).

40

41 (c) A facility that cannot achieve satisfactory resolution of an adverse accreditation  
42 decision through the accreditation body's appeals process may appeal to FDA for  
43 reconsideration in accordance with Sec. 900.15.

44

45

46 Secs. 900.8--900.9 [Reserved]

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1

2 Subpart B--Quality Standards and Certification

3

4

5 Sec. 900.10 Applicability.

6

7 The provisions of subpart B are applicable to all facilities under the regulatory  
8 jurisdiction of the United States that provide mammography services, with the  
exception

9 of the Department of Veterans Affairs.

10

11

12 Sec. 900.11 Requirements for certification.

13

52

14 (a) General. After October 1, 1994, a certificate issued by FDA is required for  
15 lawful operation of all mammography facilities subject to the provisions of this  
subpart.

16 To obtain a certificate from FDA, facilities are required to meet the quality standards  
in

17 Sec. 900.12 and to be accredited by an approved accreditation body or other entity as  
18 designated by FDA.

19

20 (b) Application.

21 (1) Certificates.

22 (i) In order to qualify for a certificate, a facility must apply to an FDA<sup>23</sup>  
approved accreditation body, or to another entity designated by FDA. The facility  
24 shall submit to such body or entity the information required in 42 U.S.C.

25 263b(d)(1).

26 (ii) Following the agency's receipt of the accreditation body's decision to  
27 accredit a facility, or an equivalent decision by another entity designated by FDA,  
28 the agency may issue a certificate to the facility, or renew an existing certificate,  
29 if the agency determines that the facility has satisfied the requirements for  
30 certification or recertification.

31 (2) Provisional certificates.

32 (i) A new facility beginning operation after October 1, 1994, is eligible to apply  
33 for a provisional certificate. The provisional certificate will enable the facility to  
34 perform mammography and to obtain the clinical images needed to complete the  
35 accreditation process. To apply for and receive a provisional certificate, a facility  
36 must meet the requirements of 42 U.S.C. 263b(c)(2) and submit the necessary  
37 information to an approved accreditation body or other entity designated by FDA.

38 (ii) Following the agency's receipt of the accreditation body's decision that a  
39 facility has submitted the required information, FDA may issue a provisional  
40 certificate to a facility upon determination that the facility has satisfied the  
41 requirements of Sec. 900.11(b)(2)(i). A provisional certificate shall be effective  
42 for up to 6 months from the date of issuance. A provisional certificate cannot be

<sup>52</sup>Should all four types of certificates and the requirements for obtaining these certificates be enumerated  
here?

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24

1 renewed, but a facility may apply for a 90-day extension of the provisional  
2 certificate.

3 (3) Extension of provisional certificate.

4 (i) To apply for a 90-day extension to a provisional certificate, a facility shall  
5 submit to its accreditation body, or other entity designated by FDA, a statement of  
6 what the facility is doing to obtain certification and evidence that there would be a  
7 significant adverse impact on access to mammography in the geographic area  
8 served if such facility did not obtain an extension.

9 (ii) The accreditation body shall forward the request, with its recommendation,  
10 to FDA within 2 business days after receipt.

11 (iii) FDA may issue a 90-day extension for a provisional certificate upon  
12 determination that the extension meets the criteria set forth in 42 U.S.C.  
13 263b(c)(2).

14 (iv) There can be no renewal of a provisional certificate beyond the 90-day

15 extension.

16

53

17 (c) Reinstatement policy. A previously certified facility that has allowed its  
18 certificate to expire, that has been refused a renewal of its certificate by FDA, or that  
has

19 had its certificate suspended or revoked by FDA, may apply to have the certificate  
20 reinstated so that the facility may be considered to be a new facility and thereby be  
21 eligible for a provisional certificate.

22 (1) Unless prohibited from reinstatement under Sec. 900.11(c)(4), a facility  
23 applying for reinstatement shall:

24 (i) Contact an FDA-approved accreditation body or other entity designated by  
25 FDA to determine the requirements for reapplication for accreditation;

26 (ii) Fully document its history as a previously provisionally certified or  
27 certified mammography facility, including the following information:

28 (A) Name and address of the facility under which it was previously  
29 provisionally certified or certified;

30 (B) Name of previous owner/lessor;

31 (C) FDA facility identification number assigned to the facility under its  
32 previous certification; and

33 (D) Expiration date of the most recent FDA provisional certificate or  
34 certificate; and

35 (iii) Justify application for reinstatement of accreditation by submitting to the  
36 accreditation body or other entity designated by FDA, a corrective action plan that  
37 details how the facility has corrected deficiencies that contributed to the lapse of,  
38 denial of renewal, or revocation of its certificate.

39 (2) FDA may issue a provisional certificate to the facility if:

40 (i) The accreditation body or other entity designated by FDA notifies the  
41 agency that the facility has adequately corrected, or is in the process of correcting,  
42 pertinent deficiencies; and

43 (ii) FDA determines that the facility has taken sufficient corrective action since  
44 the lapse of, denial of renewal, or revocation of its previous certificate.

<sup>53</sup> Should the State certification agency be added where appropriate in this section?

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25

1 (3) After receiving the provisional certificate, the facility may lawfully resume  
2 performing mammography services while completing the requirements for certification.

3 (4) If a facility's certificate was revoked on the basis of an act described in 41  
4 U.S.C. 263b(i)(1), no person who owned or operated that facility at the time the act  
5 occurred may own or operate a mammography facility within 2 years of the date of  
6 revocation.

7

8

9 Sec. 900.12 Quality standards.

10

54 55

11 (a) Personnel. The following requirements apply to all personnel involved in  
12 any aspect of mammography, including the production, processing, and interpretation  
13 of

13 mammograms and related quality assurance activities:

14 (1) Interpreting physicians. All physicians interpreting mammograms shall meet  
15 the following qualifications:

16 (i) Initial qualifications. Unless the exemption in paragraph (a)(1)(iii)(A) of this  
17 section applies, before beginning to interpret mammograms independently, the  
18 interpreting physician shall:

19 (A) Be licensed to practice medicine in a State;

56

20 (B)(1) Be certified in an appropriate specialty area by a body  
21 determined by FDA to have procedures and requirements adequate to  
22 ensure that physicians certified by the body are competent to interpret  
23 radiological procedures, including mammography; or

57

24 (2) Have had at least 3 months of documented formal training in  
25 the interpretation of mammograms and in topics related to mammography.  
26 The training shall include instruction in radiation physics, including  
27 radiation physics specific to mammography, radiation effects, and  
28 radiation protection. The mammographic interpretation component shall  
29 be under the direct supervision of a physician who meets the requirements  
30 of paragraph (a)(1) of this section;

58

31 (C) Have a minimum of 60 hours of documented medical education  
32 in mammography, which shall include: Instruction in the interpretation of  
33 mammograms and education in basic breast anatomy, pathology,  
34 physiology, technical aspects of mammography, and quality assurance and  
35 quality control in mammography. All 60 of these hours shall be category I  
36 and at least 15 of the category I hours shall have been acquired within the  
37 3 years immediately prior to the date that the physician qualifies as an

54 Should a statement be added that facilities are responsible for verifying that all personnel meet all  
applicable requirements prior to allowing someone to provide mammographic services?

55 Should the format for all three personnel categories be standardized?

56 How should we deal with the fact that newly issued Board Certificates expire?

57 Should a limit to the amount of physics that can be included in the 3 months be added?

58 Should fellowship be added to residency?

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1 interpreting physician. Hours spent in residency specifically devoted to  
2 mammography will be considered as equivalent to Category I continuing  
3 medical education credits and will be accepted if documented in writing  
4 by the appropriate representative of the training institution; and

5 (D) Unless the exemption in paragraph (a)(1)(iii)(B) of this section  
6 applies, have interpreted or multi-read at least 240 mammographic

7 examinations within the 6-month period immediately prior to the date that  
8 the physician qualifies as an interpreting physician. This interpretation or  
9 multi-reading shall be under the direct supervision of an interpreting  
10 physician.

59

11 (ii) Continuing experience and education. All interpreting physicians shall  
12 maintain their qualifications by meeting the following requirements:

13 (A) Following the second anniversary date of the end of the calendar  
14 quarter in which the requirements of paragraph (a)(1)(i) of this section  
15 were completed, the interpreting physician shall have interpreted or multi  
16 read at least 960 mammographic examinations during the 24 months  
17 immediately preceding the date of the facility's annual MQSA inspection  
18 or the last day of the calendar quarter preceding the inspection or any date  
19 in-between the two. The facility will choose one of these dates to  
20 determine the 24-month period.

60

21 (B) Following the third anniversary date of the end of the calendar  
22 quarter in which the requirements of paragraph (a)(1)(i) of this section  
23 were completed, the interpreting physician shall have taught or completed  
24 at least 15 category I continuing medical education units in mammography  
25 during the 36 months immediately preceding the date of the facility's  
26 annual MQSA inspection or the last day of the calendar quarter preceding  
27 the inspection or any date in between the two. The facility will choose one  
28 of these dates to determine the 36-month period. This training shall  
29 include at least six category I continuing medical education credits in each  
30 mammographic modality used by the interpreting physician in his or her  
31 practice; and

32 (C) Before an interpreting physician may begin independently  
33 interpreting mammograms produced by a new mammographic modality,  
34 that is, a mammographic modality in which the physician has not  
35 previously been trained, the interpreting physician shall have at least 8  
36 hours of training in the new mammographic modality.

37 (D) Units earned through teaching a specific course can be counted only  
38 once towards the 15 required by paragraph (a)(1)(ii)(B) of this section,  
39 even if the course is taught multiple times during the previous 36 months.

40 (iii) Exemptions.

<sup>59</sup> Should the continuing requirements be measured from a set date (e.g., December 31) rather than from the inspection date?

<sup>60</sup> Should the mammographic modality specific CME be deleted?

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27

1 (A) Those physicians who qualified as interpreting physicians under  
2 paragraph (a)(1) of this section of FDA's interim regulations prior to April  
3 28, 1999, are considered to have met the initial requirements of paragraph  
4 (a)(1)(i) of this section. They may continue to interpret mammograms  
5 provided they continue to meet the licensure requirement of paragraph

6 (a)(1)(i)(A) of this section and the continuing experience and education  
7 requirements of paragraph (a)(1)(ii) of this section.

8 (B) Physicians who have interpreted or multi-read at least 240  
9 mammographic examinations under the direct supervision of an  
10 interpreting physician in any 6-month period during the last 2 years of a  
11 diagnostic radiology residency and who become appropriately board  
12 certified at the first allowable time, as defined by an eligible certifying  
13 body, are otherwise exempt from paragraph (a)(1)(i)(D) of this section.

61

14 (iv) Reestablishing qualifications. Interpreting physicians who fail to  
15 maintain the required continuing experience or continuing education requirements  
16 shall reestablish their qualifications before resuming the independent  
17 interpretation of mammograms, as follows:

18 (A) Interpreting physicians who fail to meet the continuing experience  
19 requirements of paragraph (a)(1)(ii)(A) of this section shall:

20 (1) Interpret or multi-read at least 240 mammographic examinations  
21 under the direct supervision of an interpreting physician, or

22 (2) Interpret or multi-read a sufficient number of mammographic  
23 examinations, under the direct supervision of an interpreting physician, to  
24 bring the physician's total up to 960 examinations for the prior 24 months,  
25 whichever is less.

26 (3) The interpretations required under paragraph (a)(1)(iv)(A)(1) or  
27 (a)(1)(iv)(A)(2) of this section shall be done within the 6 months  
28 immediately prior to resuming independent interpretation.

29 (B) Interpreting physicians who fail to meet the continuing education  
30 requirements of paragraph (a)(1)(ii)(B) of this section shall obtain a  
31 sufficient number of additional category I continuing medical education  
32 credits in mammography to bring their total up to the required 15 credits  
33 in the previous 36 months before resuming independent interpretation.

34 62

35 (2) Radiologic technologists. All mammographic examinations shall be performed  
36 by radiologic technologists who meet the following general requirements,  
mammography

37 requirements, and continuing education and experience requirements:

38 (i) General requirements.

39 (A) Be licensed to perform general radiographic procedures in a State;  
40 or

<sup>61</sup> Should "before resuming the independent interpretation of mammograms" be deleted and replaced with a  
grace period?

<sup>62</sup> Should we include a statement about requalification for a lapsed State license?

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63

1 (B) Have general certification from one of the bodies determined by  
2 FDA to have procedures and requirements adequate to ensure that

3 radiologic technologists certified by the body are competent to perform  
4 radiologic examinations; and  
5 (ii) Mammography requirements. Have, prior to April 28, 1999, qualified as a  
6 radiologic technologist under paragraph (a)(2) of this section of FDA's interim  
7 regulations of December 21, 1993, or completed at least 40 contact hours of  
8 documented training specific to mammography under the supervision of a  
9 qualified instructor. The hours of documented training shall include, but not  
10 necessarily be limited to:

64

11 (A) Training in breast anatomy and physiology, positioning and  
12 compression, quality assurance/quality control techniques, imaging of  
13 patients with breast implants;

65

14 (B) The performance of a minimum of 25 examinations under the  
15 direct supervision of an individual qualified under paragraph (a)(2) of this  
16 section; and

17 (C) At least 8 hours of training in each mammography modality to be  
18 used by the technologist in performing mammography exams; and

66

19 (iii) Continuing education requirements.

20 (A) Following the third anniversary date of the end of the calendar  
21 quarter in which the requirements of paragraphs (a)(2)(i) and (a)(2)(ii) of  
22 this section were completed, the radiologic technologist shall have taught  
23 or completed at least 15 continuing education units in mammography  
24 during the 36 months immediately preceding the date of the facility's  
25 annual MQSA inspection or the last day of the calendar quarter preceding  
26 the inspection or any date in between the two. The facility will choose one  
27 of these dates to determine the 36-month period.

28 (B) Units earned through teaching a specific course can be counted only  
29 once towards the 15 required in paragraph (a)(2)(iii)(A) of this section,  
30 even if the course is taught multiple times during the previous 36 months.

31 (C) At least six of the continuing education units required in paragraph  
32 (a)(2)(iii)(A) of this section shall be related to each mammographic  
33 modality used by the technologist.

67

34 (D) Requalification. Radiologic technologists who fail to meet the  
35 continuing education requirements of paragraph (a)(2)(iii)(A) of this  
36 section shall obtain a sufficient number of continuing education units in  
37 mammography to bring their total up to at least 15 in the previous 3 years,

63 How should we handle renewing certification?

64 Should a minimum number of hours of training in each of these areas be specified?

65 Should time spent doing the 25 exams count toward the 40 hours? How much?

66 Same comments as for interpreting physicians

67 Same comments as for interpreting physicians

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1 at least 6 of which shall be related to each modality used by the  
2 technologist in mammography. The technologist may not resume  
3 performing unsupervised mammography examinations until the continuing  
4 education requirements are completed.

5 (E) Before a radiologic technologist may begin independently  
6 performing mammographic examinations using a mammographic  
7 modality other than one of those for which the technologist received  
8 training under paragraph (a)(2)(ii)(C) of this section, the technologist shall  
9 have at least 8 hours of continuing education units in the new modality.

68

10 (iv) Continuing experience requirements.

11 (A) Following the second anniversary date of the end of the calendar  
12 quarter in which the requirements of paragraphs (a)(2)(i) and (a)(2)(ii) of  
13 this section were completed or of April 28, 1999, whichever is later, the  
14 radiologic technologist shall have performed a minimum of 200  
15 mammography examinations during the 24 months immediately preceding  
16 the date of the facility's annual MQSA inspection or the last day of the  
17 calendar quarter preceding the inspection or any date in between the two.  
18 The facility will choose one of these dates to determine the 24-month  
19 period.

69

20 (B) Requalification. Radiologic technologists who fail to meet the  
21 continuing experience requirements of paragraph (a)(2)(iv)(A) of this  
22 section shall perform a minimum of 25 mammography examinations  
23 under the direct supervision of a qualified radiologic technologist, before  
24 resuming the performance of unsupervised mammography examinations.

70

25 (3) Medical physicists. All medical physicists conducting surveys of  
26 mammography facilities and providing oversight of the facility quality assurance  
program

27 under paragraph (e) of this section shall meet the following:

28 (i) Initial qualifications.

29 (A) Be State licensed or approved or have certification in an appropriate  
30 specialty area by one of the bodies determined by FDA to have procedures  
31 and requirements to ensure that medical physicists certified by the body  
32 are competent to perform physics survey; and

33 (B)(1) Have a masters degree or higher in a physical science from an  
34 accredited institution, with no less than 20 semester hours or equivalent  
35 (e.g., 30 quarter hours) of college undergraduate or graduate level physics;

36 (2) Have 20 contact hours of documented specialized training in  
37 conducting surveys of mammography facilities; and

68 Same comments as for interpreting physicians

69 Same comments as for interpreting physicians. Plus, should a time limit (6 months ?) for performing the  
25 exams be set. Should we deal with the situation were the technologist is short less than 25 exams the  
same as we do with the physician?

70 Same comments as for physicians and technologists.



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71

1 (3) Have the experience of conducting surveys of at least 1  
2 mammography facility and a total of at least 10 mammography units. No  
3 more than one survey of a specific unit within a period of 60 days can be  
4 counted towards the total mammography unit survey requirement. After  
5 April 28, 1999, experience conducting surveys must be acquired under the  
6 direct supervision of a medical physicist who meets all the requirements of  
7 paragraphs (a)(3)(i) and (a)(3)(iii) of this section; or

8 (ii) Alternative initial qualifications.

9 (A) Have qualified as a medical physicist under paragraph (a)(3) of this  
10 section of FDA's interim regulations and retained that qualification by  
11 maintenance of the active status of any licensure, approval, or certification  
12 required under the interim regulations; and

13 (B) Prior to the April 28, 1999, have:

14 (1) A bachelor's degree or higher in a physical science from an  
15 accredited institution with no less than 10 semester hours or equivalent of  
16 college undergraduate or graduate level physics,

17 (2) Forty contact hours of documented specialized training in  
18 conducting surveys of mammography facilities and,

19 (3) Have the experience of conducting surveys of at least 1  
20 mammography facility and a total of at least 20 mammography units. No  
21 more than one survey of a specific unit within a period of 60 days can be  
22 counted towards the total mammography unit survey requirement. The  
23 training and experience requirements must be met after fulfilling the  
24 degree requirement.

25 (iii) Continuing qualifications.

26 (A) Continuing education. Following the third anniversary date of the  
27 end of the calendar quarter in which the requirements of paragraph  
28 (a)(3)(i) or (a)(3)(ii) of this section were completed, the medical physicist  
29 shall have taught or completed at least 15 continuing education units in  
30 mammography during the 36 months immediately preceding the date of  
31 the facility's annual inspection or the last day of the calendar quarter  
32 preceding the inspection or any date in between the two. The facility shall  
33 choose one of these dates to determine the 36-month period. This  
34 continuing education shall include hours of training appropriate to each  
35 mammographic modality evaluated by the medical physicist during his or  
36 her surveys or oversight of quality assurance programs. Units earned  
37 through teaching a specific course can be counted only once towards the  
38 required 15 units in a 36-month period, even if the course is taught  
39 multiple times during the 36 months.

40 (B) Continuing experience. Following the second anniversary date of  
41 the end of the calendar quarter in which the requirements of paragraph  
42 (a)(3)(i) or (a)(3)(ii) of this section were completed or of April 28, 1999,

43 whichever is later, the medical physicist shall have surveyed at least two  
71 Should complete mammography equipment evaluations be added here and to other sections of the  
regulations?

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1 mammography facilities and a total of at least six mammography units  
2 during the 24 months immediately preceding the date of the facility's  
3 annual MQSA inspection or the last day of the calendar quarter preceding  
4 the inspection or any date in-between the two. The facility shall choose  
5 one of these dates to determine the 24-month period. No more than one  
6 survey of a specific facility within a 10-month period or a specific unit  
7 within a period of 60 days can be counted towards this requirement.  
8 (C) Before a medical physicist may begin independently performing  
9 mammographic surveys of a new mammographic modality, that is, a  
10 mammographic modality other than one for which the physicist received  
11 training to qualify under paragraph (a)(3)(i) or (a)(3)(ii) of this section, the  
12 physicist must receive at least 8 hours of training in surveying units of the  
13 new mammographic modality.  
14 (iv) Reestablishing qualifications. Medical physicists who fail to maintain the  
15 required continuing qualifications of paragraph (a)(3)(iii) of this section may not  
16 perform the MQSA surveys without the supervision of a qualified medical  
17 physicist. Before independently surveying another facility, medical physicists  
18 must reestablish their qualifications, as follows:  
19 (A) Medical physicists who fail to meet the continuing educational  
20 requirements of paragraph (a)(3)(iii)(A) of this section shall obtain a  
21 sufficient number of continuing education units to bring their total units up  
22 to the required 15 in the previous 3 years.

72

23 (B) Medical physicists who fail to meet the continuing experience  
24 requirement of paragraph (a)(3)(iii)(B) of this section shall complete a  
25 sufficient number of surveys under the direct supervision of a medical  
26 physicist who meets the qualifications of paragraphs (a)(3)(i) and  
27 (a)(3)(iii) of this section to bring their total surveys up to the required two  
28 facilities and six units in the previous 24 months. No more than one survey  
29 of a specific unit within a period of 60 days can be counted towards the  
30 total mammography unit survey requirement.

73

31 (4) Retention of personnel records. Facilities shall maintain records to document  
32 the qualifications of all personnel who worked at the facility as interpreting  
physicians,  
33 radiologic technologists, or medical physicists. These records must be available for  
34 review by the MQSA inspectors. Records of personnel no longer employed by the  
facility  
35 should not be discarded until the next annual inspection has been completed and FDA  
has

36 determined that the facility is in compliance with the MQSA personnel requirements.  
37

38 (b) Equipment. Regulations published under Secs. 1020.30, 1020.31, and 900.12(e) of  
39 this chapter that are relevant to equipment performance should also be consulted for a  
40 more complete understanding of the equipment performance requirements.

72 Should the limitation on which type of medical physicist can provide direct supervision for continuing  
experience be eliminated?

73 Should we include a requirement that facilities must release personnel records to the individual if  
requested?

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1 (1) Prohibited equipment. Radiographic equipment designed for general purpose  
2 or special nonmammography procedures shall not be used for mammography. This  
3 prohibition includes systems that have been modified or equipped with special  
4 attachments for mammography. This requirement supersedes the implied acceptance of  
5 such systems in Sec. 1020.31(f)(3) of this chapter.

6 (2) General. All radiographic equipment used for mammography shall be  
7 specifically designed for mammography and shall be certified pursuant to Sec. 1010.2  
of

8 this chapter as meeting the applicable requirements of Secs. 1020.30 and 1020.31 of  
this

9 chapter in effect at the date of manufacture.

10

11 74

12 75

13 (3) Motion of tube-image receptor assembly.

14 (i) The assembly shall be capable of being fixed in any position where it is  
15 designed to operate. Once fixed in any such position, it shall not undergo  
16 unintended motion.

17 (ii) The mechanism ensuring compliance with paragraph (b)(3)(i) of this  
18 section shall not fail in the event of power interruption.

19 (4) Image receptor sizes.

20 (i) Systems using screen-film image receptors shall provide, at a minimum, for  
21 operation with image receptors of 18 x 24 centimeters (cm) and 24 x 30 cm.

22 (ii) Systems using screen-film image receptors shall be equipped with moving  
23 grids matched to all image receptor sizes provided.

24 (iii) Systems used for magnification procedures shall be capable of operation  
25 with the grid removed from between the source and image receptor.

26 76 (5) Light fields. For any mammography system with a light beam that passes  
27 through the x-ray beam-limiting device, the light shall provide an average illumination  
of

28 not less than 160 lux (15 foot candles) at 100 cm or the maximum source-image  
receptor

29 distance (SID), whichever is less.

30 (6) Magnification.

31 (i) Systems used to perform noninterventional problem solving procedures shall

32 have radiographic magnification capability available for use by the operator.  
33 (ii) Systems used for magnification procedures shall provide, at a minimum, at  
34 least one magnification value within the range of 1.4 to 2.0.

35 (7) Focal spot selection.

36 (i) When more than one focal spot is provided, the system shall indicate, prior  
37 to exposure, which focal spot is selected.

<sup>74</sup> Should we include a requirement that all digital components (e.g., image receptors, monitors, printers, digitizers, PACS) be approved or cleared for mammographic use?

<sup>75</sup> Should a unit that is converted from one mammographic modality to another (e.g., screen film to computed radiography) be considered a new unit for mammography equipment evaluation and accreditation purposes?

<sup>76</sup> Should a light be required on all mammography systems?

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33

1 (ii) When more than one target material is provided, the system shall indicate,  
2 prior to exposure, the preselected target material.

3 (iii) When the target material and/or focal spot is selected by a system  
4 algorithm that is based on the exposure or on a test exposure, the system shall  
5 display, after the exposure, the target material and/or focal spot actually used  
6 during the exposure.

7 (8) Compression. All mammography systems shall incorporate a compression  
8 device.

77

9 (i) Application of compression. Effective October 28, 2002, each system  
10 shall provide:

11 (A) An initial power-driven compression activated by hands-free  
12 controls operable from both sides of the patient; and

13 (B) Fine adjustment compression controls operable from both sides of  
14 the patient.

15 (ii) Compression paddle.

16 (A) Systems shall be equipped with different sized compression paddles  
17 that match the sizes of all full-field image receptors provided for the  
18 system. Compression paddles for special purposes, including those smaller  
19 than the full size of the image receptor (for "spot compression") may be  
20 provided. Such compression paddles for special purposes are not subject  
21 to the requirements of paragraphs (b)(8)(ii)(D) and (b)(8)(ii)(E) of this  
22 section.

23 (B) Except as provided in paragraph (b)(8)(ii)(C) of this section, the  
24 compression paddle shall be flat and parallel to the breast support table  
25 and shall not deflect from parallel by more than 1.0 cm at any point on the  
26 surface of the compression paddle when compression is applied.

27 (C) Equipment intended by the manufacturer's design to not be flat and  
28 parallel to the breast support table during compression shall meet the  
29 manufacturer's design specifications and maintenance requirements.

30 (D) The chest wall edge of the compression paddle shall be straight and  
31 parallel to the edge of the image receptor.

32 (E) The chest wall edge may be bent upward to allow for patient  
33 comfort but shall not appear on the image.

34 (9) Technique factor selection and display.

35 (i) Manual selection of milliamperere seconds (mAs) or at least one of its  
36 component parts (milliamperere (mA) and/or time) shall be available.

37 (ii) The technique factors (peak tube potential in kilovolt (kV) and either tube  
38 current in mA and exposure time in seconds or the product of tube current and  
39 exposure time in mAs) to be used during an exposure shall be indicated before the  
40 exposure begins, except when automatic exposure controls (AEC) are used, in  
78

41 which case the technique factors that are set prior to the exposure shall be  
42 indicated.

77 Should we delete the effective date?

78 Should what is meant by technique factors be clarified here?

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1 (iii) Following AEC mode use, the system shall indicate the actual kilovoltage  
2 peak (kVp) and mAs used during the exposure. The mAs may be displayed as mA  
3 and time.

4 (10) Automatic exposure control.

79

5 (i) Each screen-film system shall provide an AEC mode that is operable in  
6 all combinations of equipment configuration provided, e.g., grid, nongrid;  
7 magnification, nonmagnification; and various target-filter combinations.

8 (ii) The positioning or selection of the detector shall permit flexibility in the  
9 placement of the detector under the target tissue.

10 (A) The size and available positions of the detector shall be clearly  
11 indicated at the X-ray input surface of the breast compression paddle.

12 (B) The selected position of the detector shall be clearly indicated.

13 (iii) The system shall provide means for the operator to vary the selected  
14 optical density from the normal (zero) setting.

15

16 80

81

17 (11) X-ray film. The facility shall use X-ray film for mammography that has been  
18 designated by the film manufacturer as appropriate for mammography.

19 (12) Intensifying screens. The facility shall use intensifying screens for  
20 mammography that have been designated by the screen manufacturer as appropriate  
for

21 mammography and shall use film that is matched to the screen's spectral output as  
22 specified by the manufacturer.

23 (13) Film processing solutions. For processing mammography films, the facility  
24 shall use chemical solutions that are capable of developing the films used by the  
facility

25 in a manner equivalent to the minimum requirements specified by the film  
manufacturer.

82

26 (14) Lighting. The facility shall make special lights for film illumination, i.e.,  
27 hot-lights, capable of producing light levels greater than that provided by the view  
box,

28 available to the interpreting physicians.

83

29 (15) Film masking devices. Facilities shall ensure that film masking devices that  
30 can limit the illuminated area to a region equal to or smaller than the exposed portion  
of

31 the film are available to all interpreting physicians interpreting for the facility.

32

33 (c) Medical records and mammography reports—

34 (1) Contents and terminology. Each facility shall prepare a written report of the  
35 results of each mammography examination performed under its certificate. The  
36 mammography report shall include the following information:

79 Should configuration be redefined to be contact, magnification and different sizes and exclude target  
filter combinations? Should operable be limited to the 2-6 cm range.

80 Should kilovoltage peak reproducibility be added here.

81 Should a similar requirement be added for film used for hardcopy interpretations?

82 Should viewbox and room lighting conditions be specified?

83 Should we require masking devices where hardcopy images are interpreted or compared?

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1 (i) The name of the patient and an additional patient identifier;

84

2 (ii) Date of examination;

3 (iii) The name of the interpreting physician who interpreted the mammogram;

4 85

86

5 (iv) Overall final assessment of findings, classified in one of the following  
6 categories:

7 (A) ``Negative:'' Nothing to comment upon (if the interpreting  
8 physician is aware of clinical findings or symptoms, despite the negative  
9 assessment, these shall be explained);

87

10 (B) ``Benign:'' Also a negative assessment;

11 (C) ``Probably Benign:'' Finding(s) has a high probability of being  
12 benign;

88

13 (D) ``Suspicious:'' Finding(s) without all the characteristic  
14 morphology of breast cancer but indicating a definite probability of being  
15 malignant;

16 (E) ``Highly suggestive of malignancy:'' Finding(s) has a high

17 probability of being malignant;

18 89

19 90

91

20 (v) In cases where no final assessment category can be assigned due to  
21 incomplete work-up, ``Incomplete: Need additional imaging evaluation`` shall be  
22 assigned as an assessment and reasons why no assessment can be made shall be  
23 stated by the interpreting physician; and

24

25 92

26 (vi) Recommendations made to the health care provider about what additional  
27 actions, if any, should be taken. All clinical questions raised by the referring  
28 health care provider shall be addressed in the report to the extent possible, even if  
29 the assessment is negative or benign.

84 Should facility name and location be added?

85 Should the name of the referring physician be added?

86 Should we allow reporting by individual breast or by individual lesion?

87 Should this be further clarified to avoid confusion with ``Negative``?

88 Should the ``Suspicious`` category be sub-divided into Low, Intermediate, and Moderate?

89 Should ``Known Biopsy Proven Malignancy`` be added?

90 Should ``Post Procedure Mammogram for Marker Placement`` be added?

91 Should ``Incomplete`` be changed to ``Inconclusive``

92 Should a separate category for ``Need Prior Mammograms for Comparison`` be added with a requirement that if the priors aren't obtained within a set timeframe, another report with a different category will be issued?

#### FOR NATIONAL MAMMOGRAPHY QUALITY ASSURANCE ADVISORY COMMITTEE USE ONLY

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1 (2) Communication of mammography results to the patients. Each facility shall  
2 send each patient a summary of the mammography report written in lay terms within 30  
3 days of the mammographic examination. If assessments are ``Suspicious`` or ``Highly  
4 suggestive of malignancy,`` the facility shall make reasonable attempts to ensure that  
the

5 results are communicated to the patient as soon as possible.

6 (i) Patients who do not name a health care provider to receive the  
7 mammography report shall be sent the report described in paragraph (c)(1) of this  
8 section within 30 days, in addition to the written notification of results in lay  
9 terms.

94

10 (ii) Each facility that accepts patients who do not have a health care provider  
11 shall maintain a system for referring such patients to a health care provider when  
12 clinically indicated.

95

13 (3) Communication of mammography results to health care providers. When the  
14 patient has a referring health care provider or the patient has named a health care  
15 provider, the facility shall:

16 (i) Provide a written report of the mammography examination, including the  
17 items listed in paragraph (c)(1) of this section, to that health care provider as soon  
18 as possible, but no later than 30 days from the date of the mammography  
19 examination; and

20 (ii) If the assessment is ``Suspicious'' or ``Highly suggestive of malignancy,''  
21 make reasonable attempts to communicate with the health care provider as soon  
22 as possible, or if the health care provider is unavailable, to a responsible designee  
23 of the health care provider.

24 (4) Recordkeeping. Each facility that performs mammograms:

25 (i) Shall (except as provided in paragraph (c)(4)(ii) of this section) maintain  
26 mammography films and reports in a permanent medical record of the patient for  
27 a period of not less than 5 years, or not less than 10 years if no additional  
28 mammograms of the patient are performed at the facility, or a longer period if  
29 mandated by State or local law; and

96

30 (ii) Shall upon request by, or on behalf of, the patient, permanently or  
31 temporarily transfer the original mammograms and copies of the patient's reports  
32 to a medical institution, or to a physician or health care provider of the patient, or  
33 to the patient directly;

<sup>93</sup>Should the timeframes in this section be modified to take into account the fact that there is no  
requirement as to when the mammogram is interpreted or how to deal with the situation where the facility  
is waiting for prior films before issuing a report?

<sup>94</sup>Should "when mammographically indicated" be added?

<sup>95</sup>Should the timeframes in this section be modified to take into account the fact that there is no  
requirement as to when the mammogram is interpreted or how to deal with the situation where the facility  
is waiting for prior films before issuing a report?

<sup>96</sup>Should a timeframe for release of records be added?

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37

1 (iii) Any fee charged to the patients for providing the services in paragraph  
2 (c)(4)(ii) of this section shall not exceed the documented costs associated with this  
3 service.

4 97

98

5 (5) Mammographic image identification. Each mammographic image shall have  
6 the following information indicated on it in a permanent, legible, and unambiguous  
7 manner and placed so as not to obscure anatomic structures:

8 (i) Name of patient and an additional patient identifier.

9 (ii) Date of examination.

10 (iii) View and laterality. This information shall be placed on the image in a  
11 position near the axilla. Standardized codes specified by the accreditation body  
12 and approved by FDA in accordance with Sec. 900.3(b) or Sec. 900.4(a)(8) shall  
13 be used to identify view and laterality.

14 (iv) Facility name and location. At a minimum, the location shall include the  
15 city, State, and zip code of the facility.

16 (v) Technologist identification.



17 (vi) Cassette/screen identification.

18 (vii) Mammography unit identification, if there is more than one unit in the  
19 facility.

20

21 (d) Quality assurance--general. Each facility shall establish and maintain a quality  
22 assurance program to ensure the safety, reliability, clarity, and accuracy of  
23 mammography services performed at the facility.

24 (1) Responsible individuals. Responsibility for the quality assurance program and  
25 for each of its elements shall be assigned to individuals who are qualified for their  
26 assignments and who shall be allowed adequate time to perform these duties.

27 (i) Lead interpreting physician. The facility shall identify a lead interpreting  
28 physician who shall have the general responsibility of ensuring that the quality  
29 assurance program meets all requirements of paragraphs (d) through (f) of this  
30 section. No other individual shall be assigned or shall retain responsibility for  
31 quality assurance tasks unless the lead interpreting physician has determined that  
32 the individual's qualifications for, and performance of, the assignment are  
33 adequate.

34 (ii) Interpreting physicians. All interpreting physicians interpreting  
35 mammograms for the facility shall:

36 (A) Follow the facility procedures for corrective action when the images  
37 they are asked to interpret are of poor quality, and

38 (B) Participate in the facility's medical outcomes audit program.

39 (iii) Medical physicist. Each facility shall have the services of a medical  
40 physicist available to survey mammography equipment and oversee the

<sup>97</sup> Should specific requirements and penalties be set with respect to record retention (e.g., notifying patients  
where their records will be maintained) for closing facilities?

<sup>98</sup> Should there be clarification that this applies only to images for final interpretation? Also, what does it  
mean to be "permanent" when dealing with softcopy digital images?

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38

1 equipment-related quality assurance practices of the facility. At a minimum, the  
2 medical physicist(s) shall be responsible for performing the surveys and  
3 mammography equipment evaluations and providing the facility with the reports  
4 described in paragraphs (e)(9) and (e)(10) of this section.

5 (iv) Quality control technologist. Responsibility for all individual tasks within  
6 the quality assurance program not assigned to the lead interpreting physician or  
7 the medical physicist shall be assigned to a quality control technologist(s). The  
8 tasks are to be performed by the quality control technologist or by other personnel  
9 qualified to perform the tasks. When other personnel are utilized for these tasks,  
10 the quality control technologist shall ensure that the tasks are completed in such a  
11 way as to meet the requirements of paragraph (e) of this section.

12 (2) Quality assurance records. The lead interpreting physician, quality control  
13 technologist, and medical physicist shall ensure that records concerning  
mammography

14 technique and procedures, quality control (including monitoring data, problems  
detected

15 by analysis of that data, corrective actions, and the effectiveness of the corrective  
16 actions), safety, protection, and employee qualifications to meet assigned quality  
17 assurance tasks are properly maintained and updated. These quality control records  
shall

18 be kept for each test specified in paragraphs (e) and (f) of this section until the next  
19 annual inspection has been completed and FDA has determined that the facility is in  
20 compliance with the quality assurance requirements or until the test has been  
performed

21 two additional times at the required frequency, whichever is longer.

22

99

23 (e) Quality assurance--equipment—

24 (1) Daily quality control tests. Film processors used to develop mammograms  
25 shall be adjusted and maintained to meet the technical development specifications for  
the

26 mammography film in use. A processor performance test shall be performed on each  
day

27 that clinical films are processed before any clinical films are processed that day. The  
test

28 shall include an assessment of base plus fog density, mid-density, and density  
difference,

29 using the mammography film used clinically at the facility.

30 (i) The base plus fog density shall be within + 0.03 of the established operating  
31 level.

32 (ii) The mid-density shall be within <plus-minus> 0.15 of the established  
33 operating level.

34 (iii) The density difference shall be within <plus-minus> 0.15 of the established  
35 operating level.

36 100

37 101

99 Should a new section be established to set specific requirements for full field digital mammography?  
What tests should be included?

100 Should the approved alternative standard for when the sensitometer isn't available be added here?

101 Should criteria for establishing new processor operating levels be added?

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102

1 (2) Weekly quality control tests. Facilities with screen-film systems shall  
2 perform an image quality evaluation test, using an FDA-approved phantom, at least  
3 weekly.

103

4 (i) The optical density of the film at the center of an image of a standard  
5 FDA-accepted phantom shall be at least 1.20 when exposed under a typical  
6 clinical condition.

7 (ii) The optical density of the film at the center of the phantom image shall not

8 change by more than <plus-minus> 0.20 from the established operating level.  
9 (iii) The phantom image shall achieve at least the minimum score established  
10 by the accreditation body and accepted by FDA in accordance with Sec. 900.3(d)  
11 or Sec. 900.4(a)(8).

104 105

12 (iv) The density difference between the background of the phantom  
13 and an added test object, used to assess image contrast, shall be measured and  
14 shall not vary by more than <plus-minus> 0.05 from the established operating  
15 level.

16 (3) Quarterly quality control tests. Facilities with screen-film systems shall  
17 perform the following quality control tests at least quarterly:

18 (i) Fixer retention in film. The residual fixer shall be no more than 5  
19 micrograms per square cm.

20 106 (ii) Repeat analysis. If the total repeat or reject rate changes from the  
21 previously determined rate by more than 2.0 percent of the total films included in  
22 the analysis, the reason(s) for the change shall be determined. Any corrective  
23 actions shall be recorded and the results of these corrective actions shall be  
24 assessed.

25 (4) Semiannual quality control tests. Facilities with screen-film systems shall  
26 perform the following quality control tests at least semiannually:

107

27 (i) Darkroom fog. The optical density attributable to darkroom fog shall  
28 not exceed 0.05 when a mammography film of the type used in the facility, which  
29 has a mid-density of no less than 1.2 OD, is exposed to typical darkroom  
30 conditions for 2 minutes while such film is placed on the counter top emulsion  
31 side up. If the darkroom has a safelight used for mammography film, it shall be on  
32 during this test.

102 Should a phantom image be required of each unit and processor combination?

103 Should the minimum optical density be raised?

104 Should the position and composition of the added test object be further defined?

105 Should criteria for establishing new phantom image optical density operating levels be added?

106 Should this be limited to either the repeat or reject rates but not both? What would constitute an acceptable corrective action?

107 Should this be expanded to specifically mention that all areas where films are stored, handled, or processed are to be included?

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108

1 (ii) Screen-film contact. Testing for screen-film contact shall be conducted  
2 using 40 mesh copper screen. All cassettes used in the facility for mammography  
3 shall be tested.

4 (iii) Compression device performance.

5 (A) A compression force of at least 111 newtons (25 pounds) shall be  
6 provided.

109

7 (B) Effective October 28, 2002, the maximum compression force

8 for the initial power drive shall be between 111 newtons (25 pounds) and  
9 200 newtons (45 pounds).

10 (5) Annual quality control tests. Facilities with screen-film systems shall perform  
11 the following quality control tests at least annually:

110

12 (i) Automatic exposure control performance.

13 (A) The AEC shall be capable of maintaining film optical density  
14 within  $\pm 0.30$  of the mean optical density when thickness of a  
15 homogeneous material is varied over a range of 2 to 6 cm and the kVp is  
16 varied appropriately for such thicknesses over the kVp range used  
17 clinically in the facility. If this requirement cannot be met, a technique  
18 chart shall be developed showing appropriate techniques (kVp and density  
19 control settings) for different breast thicknesses and compositions that  
20 must be used so that optical densities within  $\pm 0.30$  of the  
21 average under phototimed conditions can be produced.

22 (B) After October 28, 2002, the AEC shall be capable of maintaining  
23 film optical density (OD) within  $\pm 0.15$  of the mean optical  
24 density when thickness of a homogeneous material is varied over a range  
25 of 2 to 6 cm and the kVp is varied appropriately for such thicknesses over  
26 the kVp range used clinically in the facility.

27 (C) The optical density of the film in the center of the phantom image  
28 shall not be less than 1.20.

29 (ii) Kilovoltage peak (kVp) accuracy and reproducibility.

30 (A) The kVp shall be accurate within  $\pm 5$  percent of the  
31 indicated or selected kVp at:

32 (1) The lowest clinical kVp that can be measured by a kVp test  
33 device;

34 (2) The most commonly used clinical kVp;

35 (3) The highest available clinical kVp, and

36 (B) At the most commonly used clinical settings of kVp, the coefficient  
37 of variation of reproducibility of the kVp shall be equal to or less than  
38 0.02.

108 Should this test be made an annual test?

109 Should the date be deleted?

110 Should sections A and B be combined and specific reference made to performing the test in the contact  
configuration, with at least one image size, and using the appropriate technique factors? Should all AEC  
detectors and AEC modes be tested?

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111

1 (iii) Focal spot condition. Until October 28, 2002, focal spot condition  
2 shall be evaluated either by determining system resolution or by measuring focal  
3 spot dimensions. After October 28, 2002, facilities shall evaluate focal spot  
4 condition only by determining the system resolution.

5 (A) System Resolution.

112

6 (1) Each X-ray system used for mammography, in combination  
7 with the mammography screen-film combination used in the facility, shall  
8 provide a minimum resolution of 11 Cycles/millimeter (mm) (line  
9 pairs/mm) when a high contrast resolution bar test pattern is oriented with  
10 the bars perpendicular to the anode-cathode axis, and a minimum  
11 resolution of 13 line-pairs/mm when the bars are parallel to that axis.  
12 (2) The bar pattern shall be placed 4.5 cm above the breast support  
13 surface, centered with respect to the chest wall edge of the image receptor,  
14 and with the edge of the pattern within 1 cm of the chest wall edge of the  
15 image receptor.  
16 (3) When more than one target material is provided, the  
17 measurement in paragraph (e)(5)(iii)(A) of this section shall be made  
18 using the appropriate focal spot for each target material.  
19 (4) When more than one SID is provided, the test shall be performed  
20 at SID most commonly used clinically.  
21 (5) Test kVp shall be set at the value used clinically by the facility  
22 for a standard breast and shall be performed in the AEC mode, if  
23 available. If necessary, a suitable absorber may be placed in the beam to  
24 increase exposure times. The screen-film cassette combination used by the  
25 facility shall be used to test for this requirement and shall be placed in the  
26 normal location used for clinical procedures.

27 113

114

28 (B) Focal spot dimensions. Measured values of the focal spot  
29 length (dimension parallel to the anode cathode axis) and width  
30 (dimension perpendicular to the anode cathode axis) shall be within the  
31 tolerance limits specified in Table 1.

32

33

34

35 Table 1

36

Focal Spot Tolerance Limit

Nominal Focal Spot Size Maximum Measured Dimensions

(mm) Width(mm) Length(mm)

111 Should focal spot dimensions be deleted?

112 Should this section specifically mention the contact configuration?

113 Should resolution also be tested in the magnification configuration?

114 Should this be deleted?

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0.10 0.15 0.15

0.15 0.23 0.23

0.20 0.30 0.30

0.30 0.45 0.65

0.40 0.60 0.85

0.60 0.90 1.30

1

2 (iv) Beam quality and half-value layer (HVL). The HVL shall meet the  
3 specifications of Sec. 1020.30(m)(1) of this chapter for the minimum HVL. These  
4 values, extrapolated to the mammographic range, are shown in Table 2. Values  
5 not shown in Table 2 may be determined by linear interpolation or extrapolation.

6

7 Table 2

8

X-ray Tube Voltage (kilovolt peak) and Minimum HVL

Designed Operating Range

(kV)

Measured Operating

Voltage (kV)

Minimum HVL

(millimeters of aluminum)

Below 50 20 0.20

25 0.25

30 0.30

9

10

11 (v) Breast entrance air kerma and AEC reproducibility. The coefficient of  
12 variation for both air kerma and mAs shall not exceed 0.05.

13 (vi) Dosimetry. The average glandular dose delivered during a single cranio14  
caudal view of an FDA-accepted phantom simulating a standard breast shall not  
15 exceed 3.0 milligray (mGy) (0.3 rad) per exposure. The dose shall be determined  
16 with technique factors and conditions used clinically for a standard breast.

115

17 (vii) X-ray field/light field/image receptor/compression paddle alignment.

18 (A) All systems shall have beam-limiting devices that allow the entire  
19 chest wall edge of the x-ray field to extend to the chest wall edge of the  
20 image receptor and provide means to assure that the x-ray field does not  
21 extend beyond any edge of the image receptor by more than 2 percent of  
22 the SID.

23 (B) If a light field that passes through the X-ray beam limitation device  
24 is provided, it shall be aligned with the X-ray field so that the total of any  
25 misalignment of the edges of the light field and the X-ray field along  
26 either the length or the width of the visually defined field at the plane of  
27 the breast support surface shall not exceed 2 percent of the SID.

28 (C) The chest wall edge of the compression paddle shall not extend  
29 beyond the chest wall edge of the image receptor by more than one  
30 percent of the SID when tested with the compression paddle placed above

115 Should these tests be performed for all combinations of collimators, image receptor sizes, targets, and focal spots used for full field imaging in the contact configuration?

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1 the breast support surface at a distance equivalent to standard breast  
2 thickness. The shadow of the vertical edge of the compression paddle shall  
3 not be visible on the image.

4 116 117 (viii) Uniformity of screen speed. Uniformity of screen speed of all  
5 the cassettes in the facility shall be tested and the difference between the  
6 maximum and minimum optical densities shall not exceed 0.30. Screen artifacts  
7 shall also be evaluated during this test.

118 119

8 (ix) System artifacts. System artifacts shall be evaluated with a high  
9 grade, defect-free sheet of homogeneous material large enough to cover the  
10 mammography cassette and shall be performed for all cassette sizes used in the  
11 facility using a grid appropriate for the cassette size being tested. System artifacts  
12 shall also be evaluated for all available focal spot sizes and target filter  
13 combinations used clinically.

14 120 (x) Radiation output.

15 (A) The system shall be capable of producing a minimum output of 4.5  
16 mGy air kerma per second (513 milli Roentgen (mR) per second) when  
17 operating at 28 kVp in the standard mammography (moly/moly) mode at  
18 any SID where the system is designed to operate and when measured by a  
19 detector with its center located 4.5 cm above the breast support surface  
20 with the compression paddle in place between the source and the detector.  
21 After October 28, 2002, the system, under the same measuring conditions  
22 shall be capable of producing a minimum output of 7.0 mGy air kerma per  
23 second (800 mR per second) when operating at 28 kVp in the standard  
24 (moly/moly) mammography mode at any SID where the system is  
25 designed to operate.

26 (B) The system shall be capable of maintaining the required minimum  
27 radiation output averaged over a 3.0 second period.

121

28 (xi) Decompression. If the system is equipped with a provision for  
29 automatic decompression after completion of an exposure or interruption of  
30 power to the system, the system shall be tested to confirm that it provides:

31 (A) An override capability to allow maintenance of compression;

122

32 (B) A continuous display of the override status; and

33 (C) A manual emergency compression release that can be activated in  
34 the event of power or automatic release failure.

35

116 Should medical physicist oversight be allowed for the performance of this test?

117 Should separate averages for different speed cassettes be allowed?

118 Since there is no specific standard should the medical physicist have the final say as to pass or fail?

119 Should medical physicist oversight be allowed for this test at mobile facilities using remote processors?

120 Should the regulation be simplified to require 21 mGy within a 3 second period? What should be  
required for units that don't use moly/moly?

121 Should this be renamed "Compression Release"?

122 Should the alternative standard allowing units always in the automatic mode be added?

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1 123 124

2 125

3 (6) Quality control tests--other modalities. For systems with image receptor  
4 modalities other than screen-film, the quality assurance program shall be substantially  
the

5 same as the quality assurance program recommended by the image receptor  
6 manufacturer, except that the maximum allowable dose shall not exceed the maximum  
7 allowable dose for screen-film systems in paragraph (e)(5)(vi) of this section.

8 (7) Mobile Units. The facility shall verify that mammography units used to  
9 produce mammograms at more than one location meet the requirements in paragraphs  
10 (e)(1) through (e)(6) of this section. In addition, at each examination location, before  
any

11 examinations are conducted, the facility shall verify satisfactory performance of such  
12 units using a test method that establishes the adequacy of the image quality produced  
by

13 the unit.

14 (8) Use of test results.

15 (i) After completion of the tests specified in paragraphs (e)(1) through (e)(7) of  
16 this section, the facility shall compare the test results to the corresponding  
17 specified action limits; or, for nonscreen-film modalities, to the manufacturer's  
18 recommended action limits; or, for post-move, preexamination testing of mobile  
19 units, to the limits established in the test method used by the facility.

20 (ii) If the test results fall outside of the action limits, the source of the problem  
21 shall be identified and corrective actions shall be taken:

22 (A) Before any further examinations are performed or any films are  
23 processed using a component of the mammography system that failed any  
24 of the tests described in paragraphs (e)(1), (e)(2), (e)(4)(i), (e)(4)(ii),  
25 (e)(4)(iii), (e)(5)(vi), (e)(6), or (e)(7) of this section;

126

26 (B) Within 30 days of the test date for all other tests described in  
27 paragraph (e) of this section.

28 (9) Surveys.

29 (i) At least once a year, each facility shall undergo a survey by a medical  
30 physicist or by an individual under the direct supervision of a medical physicist.  
31 At a minimum, this survey shall include the performance of tests to ensure that  
32 the facility meets the quality assurance requirements of the annual tests described  
33 in paragraphs (e)(5) and (e)(6) of this section and the weekly phantom image  
34 quality test described in paragraph (e)(2) of this section.

35 (ii) The results of all tests conducted by the facility in accordance with  
36 paragraphs (e)(1) through (e)(7) of this section, as well as written documentation  
37 of any corrective actions taken and their results, shall be evaluated for adequacy  
38 by the medical physicist performing the survey.

<sup>123</sup> Should the screen film contact test be added here?

<sup>124</sup> When done for new cassettes as they are placed into service, should the test be done under medical



physicist oversight?

125 Should requirements for viewbox and room viewing conditions be added?

126 Should a 90 day period for the repeat analysis corrective action be allowed?

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1 (iii) The medical physicist shall prepare a survey report that includes a

2 summary of this review and recommendations for necessary improvements.

3 (iv) The survey report shall be sent to the facility within 30 days of the date of

4 the survey.

5 (v) The survey report shall be dated and signed by the medical physicist

6 performing or supervising the survey. If the survey was performed entirely or in

7 part by another individual under the direct supervision of the medical physicist,

8 that individual and the part of the survey that individual performed shall also be

9 identified in the survey report.

127

10 (10) Mammography equipment evaluations. Additional evaluations of

11 mammography units or image processors shall be conducted whenever a new unit or

12 processor is installed, a unit or processor is disassembled and reassembled at the same

or

13 a new location, or major components of a mammography unit or processor equipment

are

14 changed or repaired. These evaluations shall be used to determine whether the new or

15 changed equipment meets the requirements of applicable standards in paragraphs (b)

and

16 (e) of this section. All problems shall be corrected before the new or changed

equipment

17 is put into service for examinations or film processing. The mammography equipment

18 evaluation shall be performed by a medical physicist or by an individual under the

direct

19 supervision of a medical physicist.

20 (11) Facility cleanliness.

21 (i) The facility shall establish and implement adequate protocols for

22 maintaining darkroom, screen, and view box cleanliness.

23 (ii) The facility shall document that all cleaning procedures are performed at

24 the frequencies specified in the protocols.

25 (12) Calibration of air kerma measuring instruments. Instruments used by medical

26 physicists in their annual survey to measure the air kerma or air kerma rate from a

27 mammography unit shall be calibrated at least once every 2 years and each time the

28 instrument is repaired. The instrument calibration must be traceable to a national

standard

29 and calibrated with an accuracy of <plus-minus> 6 percent (95 percent confidence

level)

30 in the mammography energy range.

31 (13) Infection control. Facilities shall establish and comply with a system

32 specifying procedures to be followed by the facility for cleaning and disinfecting

33 mammography equipment after contact with blood or other potentially infectious

34 materials. This system shall specify the methods for documenting facility compliance  
35 with the infection control procedures established and shall:

36 (i) Comply with all applicable Federal, State, and local regulations pertaining to  
37 infection control; and

38 (ii) Comply with the manufacturer's recommended procedures for the cleaning  
39 and disinfection of the mammography equipment used in the facility; or

40 (iii) If adequate manufacturer's recommendations are not available, comply  
41 with generally accepted guidance on infection control, until such  
42 recommendations become available.

43

<sup>127</sup> Should this section be limited to units and a new section created to deal with components that can be  
evaluated under medical physicist oversight?

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1 128

2

129

3 (f) Quality assurance-mammography medical outcomes audit. Each facility shall  
4 establish and maintain a mammography medical outcomes audit program to followup  
5 positive mammographic assessments and to correlate pathology results with the  
6 interpreting physician's findings. This program shall be designed to ensure the  
reliability,

7 clarity, and accuracy of the interpretation of mammograms.

130

8 (1) General requirements. Each facility shall establish a system to collect and  
9 review outcome data for all mammograms performed, including followup on the  
10 disposition of all positive mammograms and correlation of pathology results with the  
11 interpreting physician's mammography report. Analysis of these outcome data shall be  
12 made individually and collectively for all interpreting physicians at the facility. In  
13 addition, any cases of breast cancer among women imaged at the facility that  
14 subsequently become known to the facility shall prompt the facility to initiate  
followup

15 on surgical and/or pathology results and review of the mammograms taken prior to the  
16 diagnosis of a malignancy.

17 (2) Frequency of audit analysis. The facility's first audit analysis shall be initiated  
18 no later than 12 months after the date the facility becomes certified, or 12 months after  
19 April 28, 1999, whichever date is the latest. This audit analysis shall be completed  
within

20 an additional 12 months to permit completion of diagnostic procedures and data  
21 collection. Subsequent audit analyses will be conducted at least once every 12 months.

22 (3) Audit interpreting physician. Each facility shall designate at least one  
23 interpreting physician to review the medical outcomes audit data at least once every  
12

24 months. This individual shall record the dates of the audit period(s) and shall be  
25 responsible for analyzing results based on this audit. This individual shall also be

26 responsible for documenting the results and for notifying other interpreting physicians  
of  
27 their results and the facility aggregate results. If followup actions are taken, the audit  
28 interpreting physician shall also be responsible for documenting the nature of the  
29 followup.

30

31 (g) Mammographic procedure and techniques for mammography of patients with  
32 breast implants.

33 (1) Each facility shall have a procedure to inquire whether or not the patient has  
34 breast implants prior to the actual mammographic exam.

35 (2) Except where contraindicated, or unless modified by a physician's directions,  
36 patients with breast implants undergoing mammography shall have mammographic  
views

37 to maximize the visualization of breast tissue.

38

39 (h) Consumer complaint mechanism. Each facility shall:

128 Should a new section be written for quality control testing of full field digital units? If yes, what should  
this "universal" quality control testing look like and what specific tests/timeframes should be included.

129 Should combining of medical audits from different facilities under the same ownership be allowed?

130 Should certain metrics (e.g., positive predictive value, cancer detection rate) be required?

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1 (1) Establish a written and documented system for collecting and resolving  
2 consumer complaints;

3 (2) Maintain a record of each serious complaint received by the facility for at least  
4 3 years from the date the complaint was received;

5 (3) Provide the consumer with adequate directions for filing serious complaints  
6 with the facility's accreditation body if the facility is unable to resolve a serious  
7 complaint to the consumer's satisfaction;

8 (4) Report unresolved serious complaints to the accreditation body in a manner  
9 and timeframe specified by the accreditation body.

10

131

11 (i) Clinical image quality. Clinical images produced by any certified facility must  
12 continue to comply with the standards for clinical image quality established by that  
13 facility's accreditation body.

14

15 (j) Additional mammography review and patient notification.

132

133

16 (1) If FDA believes that mammography quality at a facility has been  
17 compromised and may present a serious risk to human health, the facility shall provide  
18 clinical images and other relevant information, as specified by FDA, for review by the  
19 accreditation body or other entity designated by FDA. This additional mammography  
20 review will help the agency to determine whether the facility is in compliance with  
this

21 section and, if not, whether there is a need to notify affected patients, their physicians,  
or  
22 the public that the reliability, clarity, and accuracy of interpretation of mammograms  
has  
23 been compromised.

134 135

24 (2) If FDA determines that the quality of mammography performed by a  
25 facility, whether or not certified under Sec. 900.11, was so inconsistent with the  
quality  
26 standards established in this section as to present a significant risk to individual or  
public  
27 health, FDA may require such facility to notify patients who received mammograms at  
28 such facility, and their referring physicians, of the deficiencies presenting such risk,  
the  
29 potential harm resulting, appropriate remedial measures, and such other relevant  
30 information as FDA may require. Such notification shall occur within a timeframe and  
in  
31 a manner specified by FDA.

32

33

34 Sec. 900.13 Revocation of accreditation and revocation of accreditation body  
approval.

35

131 Should phantom image quality be added to this section?

132 Should State certification agencies be included here?

133 Should a requirement that facilities have to reimburse the accreditation body for the cost of the AMR be included?

134 Should a qualifier be included to limit the notification to only those patients who are at risk (e.g., those patients who had studies within reasonable time frames)?

135 Should the regulation be modified to specifically state that if the facility fails to complete the notification, FDA or the State can perform the notification through any means available and require reimbursement from the facility?

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136

1 (a) FDA action following revocation of accreditation. If a facility's accreditation is  
2 revoked by an accreditation body, the agency may conduct an investigation into the  
3 reasons for the revocation. Following such investigation, the agency may determine that  
4 the facility's certificate shall no longer be in effect or the agency may take whatever  
other

5 action or combination of actions will best protect the public health, including the  
6 establishment and implementation of a corrective plan of action that will permit the  
7 certificate to continue in effect while the facility seeks reaccreditation. A facility whose  
8 certificate is no longer in effect because it has lost its accreditation may not practice  
9 mammography.

10

11 (b) Withdrawal of FDA approval of an accreditation body.

137 138

12 (1) If FDA withdraws approval of an accreditation body under Sec.  
13 900.6, the certificates of facilities previously accredited by such body shall remain in  
14 effect for up to 1 year from the date of the withdrawal of approval, unless FDA  
15 determines, in order to protect human health or because the accreditation body  
16 fraudulently accredited facilities, that the certificates of some or all of the facilities  
should  
17 be revoked or suspended or that a shorter time period should be established for the  
18 certificates to remain in effect.

19 (2) After 1 year from the date of withdrawal of approval of an accreditation body,  
20 or within any shorter period of time established by the agency, the affected facilities  
must  
21 obtain accreditation from another accreditation body, or from another entity  
designated  
22 by FDA.

23

24

25 Sec. 900.14 Suspension or revocation of certificates.

26

27 (a) Except as provided in paragraph (b) of this section, FDA may suspend or revoke a  
28 certificate if FDA finds, after providing the owner or operator of the facility with  
notice

29 and opportunity for an informal hearing in accordance with part 16 of this chapter, that  
30 the owner, operator, or any employee of the facility:

31 (1) Has been guilty of misrepresentation in obtaining the certificate;

32 (2) Has failed to comply with the standards of Sec. 900.12;

33 (3) Has failed to comply with reasonable requests of the agency or the  
34 accreditation body for records, information, reports, or materials that FDA believes  
are

35 necessary to determine the continued eligibility of the facility for a certificate or  
36 continued compliance with the standards of Sec. 900.12;

37 (4) Has refused a reasonable request of a duly designated FDA inspector, State  
38 inspector, or accreditation body representative for permission to inspect the facility or  
the

39 operations and pertinent records of the facility;

136 Should this section be rewritten to clarify the differences when all units vs only some units are denied  
accreditation? Should the differences between initial accreditation and reaccreditation scenarios be  
clarified?

137 Should a statement be included to clarify that even expiring certificates can be extended for up to a  
year?

138 Should the one year period be extended if no viable accreditation alternatives exist?

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1 (5) Has violated or aided and abetted in the violation of any provision of or  
2 regulation promulgated pursuant to 42 U.S.C. 263b; or

3 (6) Has failed to comply with prior sanctions imposed by the agency under 42

4 U.S.C. 263b(h).

5 139

6 140

7

8 (b) FDA may suspend the certificate of a facility before holding a hearing if FDA  
9 makes a finding described in paragraph (a) of this section and also determines that;

10 (1) The failure to comply with required standards presents a serious risk to human  
11 health;

12 (2) The refusal to permit inspection makes immediate suspension necessary; or

13 (3) There is reason to believe that the violation or aiding and abetting of the  
14 violation was intentional or associated with fraud.

15 141

16 (c) If FDA suspends a certificate in accordance with paragraph (b) of this section:

17 (1) The agency shall provide the facility with an opportunity for an informal  
18 hearing under part 16 of this chapter not later than 60 days from the effective date of  
19 this

19 suspension;

20 (2) The suspension shall remain in effect until the agency determines that:

21 (i) Allegations of violations or misconduct were not substantiated;

22 (ii) Violations of required standards have been corrected to the agency's  
23 satisfaction; or

24 (iii) The facility's certificate is revoked in accordance with paragraph (d) of this  
25 section;

26

27 (d) After providing a hearing in accordance with paragraph (c)(1) of this section, the  
28 agency may revoke the facility's certificate if the agency determines that the facility:

29 (1) Is unwilling or unable to correct violations that were the basis for suspension;  
30 or

31 (2) Has engaged in fraudulent activity to obtain or continue certification.

32 142

33

143

34 Sec. 900.15 Appeals of adverse accreditation or reaccreditation decisions that

35 preclude certification or recertification.

139 Should failure to pay inspection fees be a cause for suspension?

140 Should continued use of an unaccredited mammography unit be a cause for suspension?

141 Should facility denial, suspension, or revocation of accreditation be a cause for suspension of the  
certificate without a hearing?

142 Should a regulation (consistent with the Statute) be included indicating that owners of a facility with a  
revoked certificate can't operate a mammography facility for 2 years?

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1

2 (a) The appeals procedures described in this section are available only for adverse  
3 accreditation or reaccreditation decisions that preclude certification or recertification by

4 FDA. Agency decisions to suspend or revoke certificates that are already in effect will  
5 be

6 handled in accordance with Sec. 900.14.

7

8 (b) Upon learning that a facility has failed to become accredited or reaccredited, FDA  
9 will notify the facility that the agency is unable to certify that facility without proof of  
10 accreditation.

11

12 (c) A facility that has been denied accreditation or reaccreditation is entitled to an  
13 appeals process from the accreditation body, in accordance with Sec. 900.7. A facility  
14 must avail itself of the accreditation body's appeal process before requesting  
15 reconsideration from FDA.

16

17 (d) A facility that cannot achieve satisfactory resolution of an adverse accreditation  
18 decision through the accreditation body's appeal process is entitled to further appeal in  
19 accordance with procedures set forth in this section and in regulations published in 42  
20 CFR part 498.

21 (1) References to the Health Care Financing Administration (HCFA) in 42 CFR  
22 part 498 should be read as the Division of Mammography Quality and Radiation  
23 Programs (DMQRP), Center for Devices and Radiological Health, Food and Drug  
24 Administration.

25 (2) References to the Appeals Council of the Social Security Administration in 42  
26 CFR part 498 should be read as references to the Departmental Appeals Board.

27 (3) In accordance with the procedures set forth in subpart B of 42 CFR part 498, a  
28 facility that has been denied accreditation following appeal to the accreditation body  
29 may

30 request reconsideration of that adverse decision from DMQRP.

31 (i) A facility must request reconsideration by DMQRP within 60 days of the  
32 accreditation body's adverse appeals decision, at the following address: Division  
33 of Mammography Quality and Radiation Programs (HFZ-240), Center for  
34 Devices and Radiological Health, Food and Drug Administration, 1350 Piccard  
35 Dr., Rockville, MD 20850, Attn: Facility Accreditation Review Committee.

36 (ii) The request for reconsideration shall include three copies of the following  
37 records:

38 (A) The accreditation body's original denial of accreditation.

39 (B) All information the facility submitted to the accreditation body as  
40 part of the appeals process;

41 (C) A copy of the accreditation body's adverse appeals decision; and

42 (D) A statement of the basis for the facility's disagreement with the  
43 accreditation body's decision.

44 (iii) DMQRP will conduct its reconsideration in accordance with the  
45 procedures set forth in subpart B of 42 CFR part 498.

143 Should this section be rewritten to separate out appeals of adverse accreditation decisions from appeals  
of adverse certification decisions?

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1 (4) A facility that is dissatisfied with DMQRP's decision following  
2 reconsideration is entitled to a formal hearing in accordance with procedures set forth in  
3 subpart D of 42 CFR part 498.

4 (5) Either the facility or FDA may request review of the hearing officer's decision.  
5 Such review will be conducted by the Departmental Appeals Board in accordance with  
6 subpart E of 42 CFR part 498.

7 (6) A facility cannot perform mammography services while an adverse  
8 accreditation decision is being appealed.

9

10 144

11

12 Sec. 900.16 Appeals of denials of certification.

13

14 (a) The appeals procedures described in this section are available only to facilities that  
15 are denied certification by FDA after they have been accredited by an approved  
16 accreditation body. Appeals for facilities that have failed to become accredited are  
17 governed by the procedures set forth in Sec. 900.15.

18

19 (b) FDA may deny the application if the agency has reason to believe that:

20 (1) The facility will not be operated in accordance with standards established  
21 under Sec. 900.12;

22 (2) The facility will not permit inspections or provide access to records or  
23 information in a timely fashion; or

24 (3) The facility has been guilty of misrepresentation in obtaining the accreditation.

25

26 (c)

27 (1) If FDA denies an application for certification by a facility that has received  
28 accreditation from an approved accreditation body, FDA shall provide the facility with  
a

29 statement of the grounds on which the denial is based.

30 (2) A facility that has been denied accreditation may request reconsideration and  
31 appeal of FDA's determination in accordance with the applicable provisions of Sec.  
32 900.15(d).

33

34

35 Sec. 900.17 [Reserved]

36

37

145

38 Sec. 900.18 Alternative requirements for Sec. 900.12 quality standards.

39

144 Should a separate section be included dealing with causes for denials of certification?

145 Should this be expanded to include alternatives to accreditation body and State certification agency  
regulations (sections 900.4 and 900.22)

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1 (a) Criteria for approval of alternative standards. Upon application by a qualified party  
2 as defined in paragraph (b) of this section, FDA may approve an alternative to a quality  
3 standard under Sec. 900.12, when the agency determines that:

4 (1) The proposed alternative standard will be at least as effective in assuring  
5 quality mammography as the standard it proposes to replace, and

6 (2) The proposed alternative:

7 (i) Is too limited in its applicability to justify an amendment to the standard; or

8 (ii) Offers an expected benefit to human health that is so great that the time  
9 required for amending the standard would present an unjustifiable risk to the  
10 human health; and

11 (3) The granting of the alternative is in keeping with the purposes of 42 U.S.C.  
12 263b.

13

14 (b) Applicants for alternatives.

15 (1) Mammography facilities and accreditation bodies may apply for alternatives to  
16 the quality standards of Sec. 900.12.

17 (2) Federal agencies and State governments that are not accreditation bodies may  
18 apply for alternatives to the standards of Sec. 900.12(a).

19 (3) Manufacturers and assemblers of equipment used for mammography may  
20 apply for alternatives to the standards of Sec. 900.12(b) and (e).

21

22 (c) Applications for approval of an alternative standard. An application for approval of  
23 an alternative standard or for an amendment or extension of the alternative standard  
shall

24 be submitted in an original and two copies to the Director, Division of Mammography  
25 Quality and Radiation Programs (HFZ-240), Center for Devices and Radiological  
Health,

26 Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850. The  
application

27 for approval of an alternative standard shall include the following information:

28 (1) Identification of the original standard for which the alternative standard is  
29 being proposed and an explanation of why the applicant is proposing the alternative;

30 (2) A description of the manner in which the alternative is proposed to deviate  
31 from the original standard;

32 (3) A description, supported by data, of the advantages to be derived from such  
33 deviation;

34 (4) An explanation, supported by data, of how such a deviation would ensure  
35 equal or greater quality of production, processing, or interpretation of mammograms  
than

36 the original standard;

37 (5) The suggested period of time that the proposed alternative standard would be  
38 in effect; and

39 (6) Such other information required by the Director to evaluate and act on the  
40 application.

41

42 (d) Ruling on applications.

43 (1) FDA may approve or deny, in whole or in part, a request for approval of an  
44 alternative standard or any amendment or extension thereof, and shall inform the  
45 applicant in writing of this action. The written notice shall state the manner in which  
the  
46 requested alternative standard differs from the agency standard and a summary of the  
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1 reasons for approval or denial of the request. If the request is approved, the written  
notice

2 shall also include the effective date and the termination date of the approval and a  
3 summary of the limitations and conditions attached to the approval and any other  
4 information that may be relevant to the approved request. Each approved alternative  
5 standard shall be assigned an identifying number.

146

6 (2) Notice of an approved request for an alternative standard or any amendment or  
7 extension thereof shall be placed in the public docket file in the Dockets Management  
8 Branch and may also be in the form of a notice published in the Federal Register. The  
9 notice shall state the name of the applicant, a description of the published agency  
10 standard, and a description of the approved alternative standard, including limitations  
and

11 conditions attached to the approval of the alternative standard.

12 (3) Summaries of the approval of alternative standards, including information on  
13 their nature and number, shall be provided to the National Mammography Quality  
14 Assurance Advisory Committee.

147

15 (4) All applications for approval of alternative standards and for amendments and  
16 extensions thereof and all correspondence (including written notices of approval) on  
17 these applications shall be available for public disclosure in the Dockets Management  
18 Branch, excluding patient identifiers and confidential commercial information.

19

20 (e) Amendment or extension of an alternative standard. An application for amending  
or

21 extending approval of an alternative standard shall include the following information:

22 (1) The approval number and the expiration date of the alternative standard;

23 (2) The amendment or extension requested and the basis for the amendment or  
24 extension; and

25 (3) An explanation, supported by data, of how such an amendment or extension  
26 would ensure equal or greater quality of production, processing, or interpretation of  
27 mammograms than the original standard.

28

29 (f) Applicability of the alternative standards.

30 (1) Except as provided in paragraphs (f)(2) and (f)(3) of this section, any approval  
31 of an alternative standard, amendment, or extension may be implemented only by the  
32 entity to which it was granted and under the terms under which it was granted. Other  
33 entities interested in similar or identical approvals must file their own application

34 following the procedures of paragraph (c) of this section.

35 (2) When an alternative standard is approved for a manufacturer of equipment,  
36 any facility using that equipment will also be covered by the alternative standard.

37 (3) The agency may extend the alternative standard to other entities when FDA  
38 determines that expansion of the approval of the alternative standard would be an  
39 effective means of promoting the acceptance of measures to improve the quality of  
40 mammography. All such determinations will be publicized by appropriate means.

41

146 Should this be modified to place the notice on our Website?

147 Should the basis for the approval, rather than the application itself be made available to the public?

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1 (g) Withdrawal of approval of alternative requirements. FDA shall amend or withdraw  
2 approval of an alternative standard whenever the agency determines that this action is  
3 necessary to protect the human health or otherwise is justified by Sec. 900.12. Such  
4 action will become effective on the date specified in the written notice of the action sent  
5 to the applicant, except that it will become effective immediately upon notification of  
the

6 applicant when FDA determines that such action is necessary to prevent an imminent  
7 health hazard.

8

9 Subpart C--States as Certifiers

10

11

12 Sec. 900.20 Scope.

13

148

14 The regulations set forth in this part implement the Mammography Quality  
15 Standards Act (MQSA) (42 U.S.C. 263b). Subpart C of this part establishes  
procedures

16 whereby a State can apply to become a FDA-approved certification agency to certify  
17 facilities within the State to perform mammography services. Subpart C of this part  
18 further establishes requirements and standards for State certification agencies to  
ensure

19 that all mammography facilities under their jurisdiction are adequately and  
consistently

20 evaluated for compliance with quality standards at least as stringent as the national  
21 quality standards established by FDA.

22

23

24 Sec. 900.21 Application for approval as a certification agency.

25

149

26 (a) Eligibility. State agencies may apply for approval as a certification agency if  
27 they have standards at least as stringent as those of Sec. 900.12, qualified personnel,

28 adequate resources to carry out the States as Certifiers' responsibilities, and the authority

29 to enter into a legal agreement with FDA to accept these responsibilities.

30 (b) Application for approval.

31 (1) An applicant seeking FDA approval as a certification agency shall inform the  
32 Division of Mammography Quality and Radiation Programs (DMQRP), Center for  
33 Devices and Radiological Health (HFZ-240), Food and Drug Administration,  
Rockville,

34 MD 20850, marked Attn: States as Certifiers Coordinator, in writing, of its desire to  
be

35 approved as a certification agency.

36 (2) Following receipt of the written request, FDA will provide the applicant with  
37 additional information to aid in the submission of an application for approval as a  
38 certification agency.

39 (3) The applicant shall furnish to FDA, at the address in paragraph (b)(1) of this  
40 section, three copies of an application containing the following information, materials,  
41 and supporting documentation:

148 Should the State certification agency be limited to enforcing the quality standards set forth in the  
regulations and any stricter enforcement would have to be under their own State authority?

149 Should "at least as stringent" be changed to "substantially the same"?

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1 (i) Name, address, and phone number of the applicant;

150

2 (ii) Detailed description of the mammography quality standards the applicant  
3 will require facilities to meet and, for those standards different from FDA's quality  
4 standards, information substantiating that they are at least as stringent as FDA standards  
5 under Sec. 900.12;

6 (iii) Detailed description of the applicant's review and decisionmaking process for  
7 facility certification, including:

8 (A) Policies and procedures for notifying facilities of certificate denials and  
9 expirations;

10 (B) Procedures for monitoring and enforcement of the correction of  
11 deficiencies by facilities;

151

12 (C) Policies and procedures for suspending or revoking a facility's  
13 certification;

14 (D) Policies and procedures that will ensure processing certificates within a  
15 timeframe approved by FDA;

16 (E) A description of the appeals process for facilities contesting adverse  
17 certification status decisions;

18 (F) Education, experience, and training requirements of the applicant's  
19 professional and supervisory staff;

20 (G) Description of the applicant's electronic data management and analysis  
21 system;

22 (H) Fee schedules;

- 23 (I) Statement of policies and procedures established to avoid conflict of  
24 interest;
- 25 (J) Description of the applicant's mechanism for handling facility inquiries and  
26 complaints;
- 27 (K) Description of a plan to ensure that certified mammography facilities will  
28 be inspected according to MQSA (42 U.S.C. 263b) and procedures and policies for  
29 notifying facilities of inspection deficiencies;
- 30 (L) Policies and procedures for monitoring and enforcing the correction of  
31 facility deficiencies discovered during inspections or by other means;
- 32 (M) Policies and procedures for additional mammography review and for  
33 requesting such reviews from accreditation bodies;
- 34 (N) Policies and procedures for patient notification;

35 152

36 153

150 Should "at least as stringent" be changed to "substantially the same"?

151 Should "denying a certificate" be added here?

152 Should there be policies and procedures for taking action against a facility that performs mammography without a certificate?

153 Should there be policies and procedures for maintaining the certification status of facilities whose accreditation body's approval has been withdrawn by FDA?

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154

- 1 (O) If a State has regulations that are more stringent than those of Sec.  
2 900.12, an explanation of how adverse actions taken against a facility under the more  
3 stringent regulations will be distinguished from those taken under the requirements of  
4 Sec. 900.12; and
- 5 (P) Any other information that FDA identifies as necessary to make a  
6 determination on the approval of the State as a certification agency.
- 7 (c) Rulings on applications for approval.

155

8 (1) FDA will conduct a review and evaluation to determine whether the  
9 applicant substantially meets the applicable requirements of this subpart and whether the  
10 certification standards the applicant will require facilities to meet are the quality  
11 standards published under subpart B of this part or at least as stringent as those of  
subpart

12 B.

13 (2) FDA will notify the applicant of any deficiencies in the application and request  
14 that those deficiencies be corrected within a specified time period. If the deficiencies are

15 not corrected to FDA's satisfaction within the specified time period, FDA may deny the

16 application for approval as a certification agency.

17 (3) FDA shall notify the applicant whether the application has been approved or  
18 denied. The notification shall list any conditions associated with approval or state the

19 bases for any denial.

20 (4) The review of any application may include a meeting between FDA and  
21 representatives of the applicant at a time and location mutually acceptable to FDA and  
22 the applicant.

23 (5) FDA will advise the applicant of the circumstances under which a denied  
24 application may be resubmitted.

156

25 (d) Scope of authority. FDA may limit the scope of certification authority  
26 delegated to the State in accordance with MQSA.

27

28 157

29

30 Sec. 900.22 Standards for certification agencies.

31

32 The certification agency shall accept the following responsibilities in order to ensure  
33 quality mammography at the facilities it certifies and shall perform these  
responsibilities

34 in a manner that ensures the integrity and impartiality of the certification agency's  
35 actions:

36 (a) Conflict of interest. The certification agency shall establish and implement  
37 measures that FDA has approved in accordance with Sec. 900.21(b) to reduce the

154 Should this section be modified?

155 Should "at least as stringent" be changed to "substantially the same"?

156 Should a term of approval (? 7 years) be established similar to that of accreditation bodies?

157 Should there be a regulation dealing with the public disclosure of State certification agency  
applications?

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1 possibility of conflict of interest or facility bias on the part of individuals acting on the  
2 certification agency's behalf.

158

3 (b) Certification and inspection responsibilities. Mammography facilities shall be  
4 certified and inspected in accordance with statutory and regulatory requirements that  
are

5 at least as stringent as those of MQSA and this part.

6 (c) Compliance with quality standards. The scope, timeliness, disposition, and  
7 technical accuracy of completed inspections and related enforcement activities shall  
8 ensure compliance with facility quality standards required under Sec. 900.12.

9 (d) Enforcement actions.

10 (1) There shall be appropriate criteria and processes for the suspension and  
11 revocation of certificates.

12 (2) There shall be prompt investigation of and appropriate enforcement action for  
13 facilities performing mammography without certificates.

159

14 (e) Appeals. There shall be processes for facilities to appeal inspection findings,

15 enforcement actions, and adverse certification decision or adverse accreditation  
16 decisions

16 after exhausting appeals to the accreditation body.

160

17 (f) Additional mammography review. There shall be a process for the certification  
18 agency to request additional mammography review from accreditation bodies for  
19 issues

19 related to mammography image quality and clinical practice. The certification agency  
20 should request additional mammography review only when it believes that  
21 mammography quality at a facility has been compromised and may present a serious  
22 risk

22 to human health.

23 (g) Patient notification. There shall be processes for the certification agency to  
24 conduct, or cause to be conducted, patient notifications should the certification agency  
25 determine that mammography quality has been compromised to such an extent that it  
26 may present a serious risk to human health.

27 (h) Electronic data transmission. There shall be processes to ensure the timeliness and  
28 accuracy of electronic transmission of inspection data and facility certification status  
29 information in a format and timeframe determined by FDA.

161

30 (i) Changes to standards. A certification agency shall obtain FDA authorization for  
31 any changes it proposes to make in any standard that FDA has previously accepted  
32 under

32 Sec. 900.21 before requiring facilities to comply with the changes as a condition of  
33 obtaining or maintaining certification.

34

35

36 Sec. 900.23 Evaluation.

37

158 Should “at least as stringent” be changed to “substantially the same”?

159 Should this section be modified to clarify that FDA retains authority over appeals regarding  
160 accreditation bodies?

160 Should State certification agencies have the flexibility to have reviews performed by non-accreditation  
161 body reviewers?

161 Should this be expanded to include fees, staffing, policies, etc.?

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162

1 FDA shall evaluate annually the performance of each certification agency. The  
2 evaluation shall include the use of performance indicators that address the adequacy of  
3 program performance in certification, inspection, and enforcement activities. FDA will  
4 also consider any additional information deemed relevant by FDA that has been  
5 provided

5 by the certification body or other sources or has been required by FDA as part of its  
6 oversight mandate. The evaluation also shall include a review of any changes in the  
7 standards or procedures in the areas listed in Secs. 900.21(b) and 900.22 that have taken

8 place since the original application or the last evaluation, whichever is most recent. The  
9 evaluation shall include a determination of whether there are major deficiencies in the  
10 certification agency's regulations or performance that, if not corrected, would warrant  
11 withdrawal of the approval of the certification agency under the provisions of Sec.  
12 900.24, or minor deficiencies that would require corrective action.

13

14

15 Sec. 900.24 Withdrawal of approval.

16

17 If FDA determines, through the evaluation activities of Sec. 900.23, or through other  
18 means, that a certification agency is not in substantial compliance with this subpart,  
FDA

19 may initiate the following actions:

20 (a) Major deficiencies. If, after providing notice and opportunity for corrective action,  
21 FDA determines that a certification agency has demonstrated willful disregard for  
public

22 health, has committed fraud, has failed to provide adequate resources for the program,  
23 has submitted material false statements to the agency, has failed to achieve the MQSA  
24 goals of quality mammography and access, or has performed or failed to perform a  
25 delegated function in a manner that may cause serious risk to human health, FDA may  
26 withdraw its approval of that certification agency. The certification agency shall  
notify,

27 within a time period and in a manner approved by FDA, all facilities certified or  
seeking

28 certification by it that it has been required to correct major deficiencies.

29 (1) FDA shall notify the certification agency of FDA's action and the grounds on  
30 which the approval was withdrawn.

31 (2) A certification agency that has lost its approval shall notify facilities certified or  
32 seeking certification by it, as well as the appropriate accreditation bodies with  
jurisdiction

33 in the State, that its approval has been withdrawn. Such notification shall be made  
within

34 a timeframe and in a manner approved by FDA.

35 (b) Minor deficiencies. If FDA determines that a certification agency has  
demonstrated

36 deficiencies in performing certification functions and responsibilities that are less  
serious

37 or more limited than the deficiencies in paragraph (a) of this section, including failure  
to

38 follow the certification agency's own procedures and policies as approved by FDA,  
FDA

39 shall notify the certification agency that it has a specified period of time to take  
particular

40 corrective measures as directed by FDA or to submit to FDA for approval the  
41 certification agency's own plan of corrective action addressing the minor deficiencies.

If



42 the approved corrective actions are not being implemented satisfactorily or within the  
162 Should this section be rewritten to clarify that the changes should already have been approved by FDA  
prior to this review?

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1 established schedule, FDA may place the agency on probationary status for a period of  
2 time determined by FDA, or may withdraw approval of the certification agency.

3 (1) If FDA places a certification agency on probationary status, the certification  
4 agency shall notify all facilities certified or seeking certification by it of its  
probationary

5 status within a time period and in a manner approved by FDA.

6 (2) Probationary status shall remain in effect until such time as the certification  
7 agency can demonstrate to the satisfaction of FDA that it has successfully implemented  
8 or is implementing the corrective action plan within the established schedule, and that  
the

9 corrective actions have substantially eliminated all identified problems, or

10 (3) If FDA determines that a certification agency that has been placed on  
11 probationary status is not implementing corrective actions satisfactorily or within the  
12 established schedule, FDA may withdraw approval of the certification agency. The  
13 certification agency shall notify all facilities certified or seeking certification by it, as  
14 well as the appropriate accreditation bodies with jurisdiction in the State, of its loss of  
15 FDA approval, within a timeframe and in a manner approved by FDA.

16 (c) Transfer of records. A certification agency that has its approval withdrawn shall  
17 transfer facility records and other related information as required by FDA to a location  
18 and according to a schedule approved by FDA.

19 163

20 164

21 Sec. 900.25 Hearings and appeals.

22

23 (a) Opportunities to challenge final adverse actions taken by FDA regarding approval  
24 of certification agencies or withdrawal of approval of certification agencies shall be  
25 communicated through notices of opportunity for informal hearings in accordance  
with

26 part 16 of this chapter.

27 (b) A facility that has been denied certification is entitled to an appeals process from  
28 the certification agency. The appeals process shall be specified in writing by the  
29 certification agency and shall have been approved by FDA in accordance with Secs.  
30 900.21 and 900.22.

163 Should certificates issued by the State certification agency remain in effect for some time period after  
withdrawal of approval?

164 Should regulations dealing with reapplication by a State certification agency after FDA withdrawal of  
approval be added?

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Footnote Yes No Comment

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Footnote Yes No Comment

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Footnote Yes No Comment

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Footnote Yes No Comment

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1 Additional Proposed Changes

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Page # Line # Proposed Change

