



# Lyra Total Breast Center Standing Order Protocol

## Purpose

To authorize licensed ordering providers to delegate diagnostic breast imaging and image-guided interventions under a structured standing order protocol when patients meet defined clinical criteria. This ensures timely, medically necessary evaluation for patients presenting with symptoms, abnormal screening findings, dense breast tissue, suspicious findings or elevated breast cancer risk.

## Authorizing Provider

**Ordering / Referring Provider Name:** \_\_\_\_\_

**License / NPI #:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

By signing, the provider authorizes the breast center to perform diagnostic imaging and image-guided procedures under the standing order protocol for qualifying patients for 1 year unless otherwise specified. This order is valid for the 2026 calendar year.

## Eligible Patients

Patients may be evaluated under this standing order if **one or more** of the following criteria are documented:

### A. Symptomatic

- Palpable breast lump

- Focal breast pain
- Nipple discharge
- Skin or nipple change
- Axillary lump
- Patient-reported focal concern

## **B. Abnormal Screening**

- Callback from abnormal mammogram or other study
- Additional imaging recommended by prior study
- Incomplete exam requiring supplemental views

## **C. Dense Breast**

- Heterogeneously dense or extremely dense breast tissue

## **D. High-Risk Criteria**

- Lifetime risk  $\geq 20\%$  (documented by accepted risk model)
  - Lyra performs high risk assessment on all patients based patient provided information.
- Known genetic mutation (BRCA, etc.)
- Prior chest radiation
- Personal history of breast cancer
- Personal history of a High-risk lesion (ADH, LCIS, Atypia etc.)
- Family history

## **Authorized Imaging**

Under this standing order, the following may be performed:

- Diagnostic mammography
- Targeted ultrasound/Diagnostic Ultrasound
- Axillary ultrasound
- Automated Breast Ultrasound (ABUS)
- Contrast-Enhanced Mammography (CEM)

## Authorized Procedures

If imaging findings meet accepted clinical criteria, the following procedures may be performed **without additional provider order**:

- Ultrasound-guided core biopsy
- Stereotactic biopsy
- Cyst aspiration

### Conditions:

- Patient meets documented protocol criteria
- No contraindications present

## Contraindications / Exceptions

Standing orders **do not apply** when:

- Patient requests direct provider evaluation

## Documentation Requirements

For each patient:

- Indication/symptom or abnormality documented
- Imaging performed and laterality
- Procedure performed
- Patient consent documented when applicable
- Appropriate contrast assessment when applicable

## Compliance and Review

- Protocol must be **signed by the ordering provider**
  - Reviewed and updated **annually**
  - Maintained in patient record and breast center policy binder
  - Used only for patients meeting protocol criteria
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**Provider Acknowledgment:**

I, the undersigned licensed provider, authorize the Lyra Total Breast Health to perform imaging and procedures under this standing order protocol for eligible patients.

**Provider Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_