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Letter to the Editor
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Emerging Updates in the Sixth Edition of BI-RADS: Implications for Clinical Practice

BI-RADS'ın Altıncı Baskısında Ortaya Çıkan Güncellemeler: Klinik Uygulama için Çıkarımlar

Hülya Çetin Tunçez [1]

[1]University of Health Sciences Turkey, İzmir City Hospital, Department of Radiology – Izmir, Turkey

Dear Editor,

Standardized terminology and structured reporting are critical to ensure diagnostic accuracy and guide clinical decision-making in breast imaging. The *Breast Imaging Reporting and Data System (BI-RADS)*, published by the American College of Radiology, has long served as the foundation for this standardization (1). (Figure 1) The upcoming sixth edition introduces significant updates, which warrant attention due to their potential impact on daily practice and academic research.

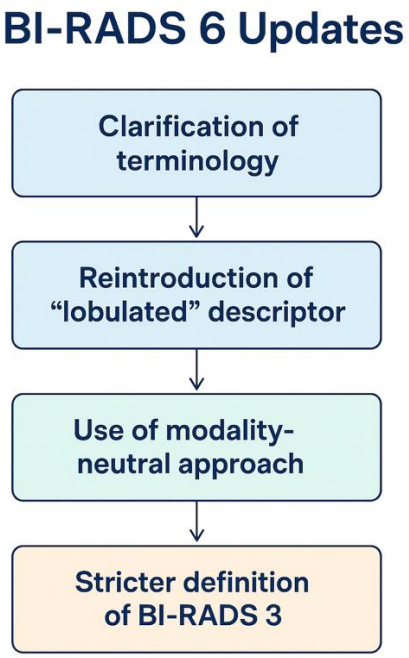
First, ambiguous descriptors that often led to variability in interpretation have been removed, while clearer, reproducible terms have been adopted. Notably, the descriptor "lobulated" has been reintroduced to improve the morphological characterization of masses. Moreover, the new edition provides more detailed criteria for distinguishing normal from abnormal lymph nodes across all imaging modalities (2).

Magnetic resonance imaging (MRI) undergoes substantial revision. The "focus" category has been eliminated, requiring findings to be classified either as a mass or as focal non-mass enhancement. This change aims to reduce interobserver variability and improve clarity. In addition, standardized protocols for T2-weighted sequences and lymph node evaluation have been incorporated (3).

Another major innovation is the adoption of a "modality-neutral" approach in both reporting and auditing. By introducing structured clinical indications and harmonized templates across mammography, ultrasound, and MRI, the system is expected to strengthen both clinical consistency and research reproducibility (4). Importantly, the use of BI-RADS category 3 has been more strictly defined, addressing concerns about its overuse and ensuring more appropriate application in clinical settings (5).

Taken together, these updates represent more than a terminological adjustment; they establish a framework for a more transparent, consistent, and data-driven process in breast imaging. We believe that the sixth edition of BI-RADS will enhance diagnostic accuracy in routine practice and contribute to greater homogeneity in research cohorts, ultimately improving patient care and outcomes.

Figure 1: The *Breast Imaging Reporting and Data System (BI-RADS)*, published by the American College of Radiology.



Corresponding Author: Hülya Çetin Tunçez
University of Health Sciences Turkey, İzmir City Hospital, Department of Radiology – Izmir, Turkey
E-mail: drhulyacetintuncez@gmail.com
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Author's Contribution

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