Faculty

LÁSZLÓ TABÁR, MD, FACR (Hon) Course Director
Professor emeritus of Radiology and

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach

December 13-15, 2017
TORINO, Italy
Centro Congressi Unione Industrialie
Via Vela 17, Torino

Designed for:
Radiologists • Surgeons • Pathologists
Gynecologists • Radiology Technologists

This course provides extensive knowledge about diagnostic breast imaging, differential diagnosis of breast diseases, implications for management and newest diagnostic technologies
FACULTY

László Tabár, MD, FACP (Hon).
Course Director

Professor emeritus of Radiology,
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Torino, Italy

2017
BREAST SEMINAR SERIES of MEI
Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach

Images from the non-profit Tabar Foundation for Research and Education for Breast Cancer
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1st day Morning lectures between 8:30 AM and 12:00

8:30 INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

A NEW ERA in the DIAGNOSIS and TREATMENT of BREAST CANCER. SHORT HISTORY.
HOW TO READ A MAMMOGRAM. THE BASIS FOR EFFICIENT INTERPRETATION OF THE
MAMMOGRAPHIC IMAGE

• Correlative 3-dimensional, subgross anatomy and mammography of the normal breast

• The problem: The variable appearance of the normal mammogram.

• The solution: classification into structural subtypes, mammographic parenchymal patterns, based on 3D/subgross histologic-mammographic correlation.

• Result: Increased confidence in reading a mammogram and finding subtle perceptual abnormalities

• The dynamic change of mammographic patterns and its application in clinical practice

Breaks at 10:00
and
at 11:00 AM

MAMMOGRAPHIC PARENCHYMAL PATTERNS.

• The heterogeneity of the normal breast, problems and solutions. Mammographic patterns and the risk of developing breast cancer. Understanding the mammograms of dense breasts.

12:00 PM - 1:00 PM Lunch
Example: Multifocal invasive and *in situ* carcinoma, where the extensive micropapillary cancer is mammographically occult, detected on breast MRI.
Morning lectures between 8:30 AM and 12:00 PM. Breask at 10:00 and 11:00

8:30 HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL. SCREENING COMBINED WITH AN ANALYTICAL APPROACH FOR THE DIFFERENTIAL DIAGNOSIS OF STELLATE / SPICULATED LESIONS (AAB)  

- A systematic method for viewing mammograms. Areas on the mammogram where most breast cancers will be found. Viewing dense breasts. Viewing relatively easy-to-read breasts

Multifocal invasive and in situ carcinoma on an area measuring 180X60 mm pN 4/9

11:15 ART HISTORY LECTURE: - A FRIGERIO

12:00 PM - 1:00 PM  Lunch
2nd day  

Afternoon lectures between 1:00 PM and 5:30 PM  
Breaks at 2:30 and 3:30 PM

1:00  INTERACTIVE LECTURE SERIES WILL COVER THE FOLLOWING TOPICS.

ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

Breast diseases originating in the major ducts

- **Benign type calcifications** originating in the major ducts
  - a) Secretory disease type calcifications

- **Malignant type calcifications** originating in the major ducts

  - a) Fragmented casting type calcifications
  - b) Dotted casting type calcifications
  - c) Skipping stone-like calcifications
  - d) Pearl necklace-like calcifications

* Four different malignant type calcifications developing in the major ducts: a) fragmented casting type b) dotted casting type c) skipping stone-like d) pearl necklace-like.


* The role of breast MRI examination in demonstrating the extent of Gr 3 in situ carcinoma.

* Mammographic/3D histologic correlation helping to explain the underlying pathophysiology and outcome.

5:30  End of the lectures for the day
### 3rd day

**Morning lectures between 8:30 AM and 12:00 AM**

#### 8:30
**ASYMMETRIC DENSITIES ON THE MAMMOGRAM**

- Didactic workup of **non-specific asymmetric densities without architectural distortion**
- Didactic workup of **non-specific asymmetric densities with architectural distortion**

#### ANALYSIS of BENIGN RADIATING STRUCTURES on the mammogram, originating in the ducts

- **Radial scar.** A suggested algorithm for the workup of stellate lesions
- Indications and contraindications of using minimally invasive preoperative diagnostic techniques.

#### ANALYSIS of MALIGNANT LESIONS PRESENTED as RADIATING STRUCTUREs on the mammogram. Clinical presentation, mammographic appearance and outcome:

- **Diffuse invasive breast cancer:** the most deceptive and frequently missed cancer of the breast. The value of ultrasound and MRI in finding and diagnosing diffusely invasive breast cancer subtypes. Case demonstrations

- **Neoductgenesis** cases presenting on the mammogram as architectural distortion
  - A suggested algorithm for the workup of lesions with architectural distortion
  - Indications and contraindications of using minimally invasive preoperative diagnostic techniques

**Multimodality workup of a huge invasive lobular carcinoma**

12:00 **Lunch**
3rd day Afternoon lectures between 1:00 PM and 5:30 PM. Breaks at 2:30 and 3:30 PM

1:00 ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- Benign breast diseases originating in the TDLU and associated with calcifications on the mammogram
  - Fibrocystic change. Fibroadenoma. Different types of adenosis. Understanding pathophysiology leading to calcified and non-calcified hyperplastic breast changes.

Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications on the mammogram.

- Detailed analysis of calcifications associated with hyperplastic breast changes
  Weddellites (A), powdery calcifications (B), pleomorphic calcifications on the mammogram.

• Malignant breast diseases originating in the TDLU(s) and associated with calcifications on the mammogram (Grade 1 and 2).

Grade 2 cancer in situ: Mammographic / 3-D histologic / MRI correlation of cases with crushed stone-like/pleomorphic calcifications on the mammogram.

5:30 End of the course
Computer simulation images of the development of Grade 2 in situ carcinoma within the TDLU. The lobule becomes gradually distended and deformed. Calcifications are formed within the necrotic debris and are seen on the mammogram as crushed stone-like calcifications.
SCHEDA DI ISCRIZIONE

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QUOTA DI ISCRIZIONE

L’iscrizione dà diritto a: partecipazione ai lavori scientifici, kit congressuale, colazione di lavoro, coffee break, attestato di partecipazione

☐ Medico Chirurgo € 845,00 + € 10,00 di spese
☐ Specializzando € 745,00 + € 10,00 di spese

IMPORTANTE: chi desidera ricevere fattura anziché ricevuta dovrà aggiungere alla quota di iscrizione il corrispettivo dell’IVA vigente al 22%. Pertanto il totale diventerà:
€ 1030,90 + 10,00 per Medico Chirurgo e € 908,90 + 10,00 per il Medico Specializzando e Tecnico di Radiologia

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