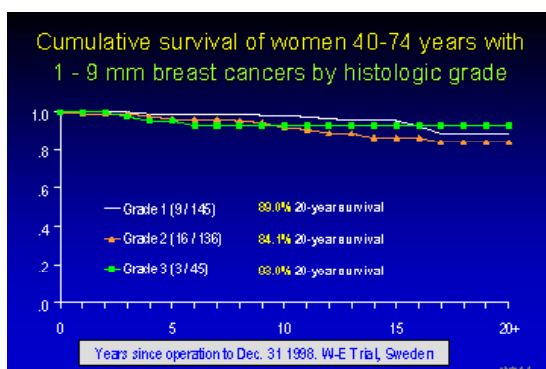
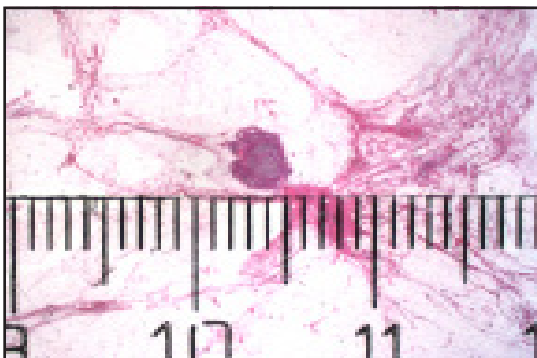
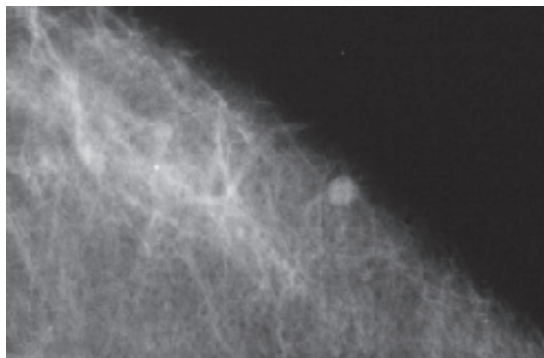


**"Since breast cancer is not a systemic disease from inception, when the imagers find *in situ* and 1-14 mm invasive breast cancer, it is the surgeon, specialized in the treatment of breast diseases, who should be the "quarterback" of the patient's multidisciplinary team."**

*Laszlo Tabar*



# 2012

## BREAST SEMINAR SERIES

LÁSZLÓ TABÁR, M.D., F.A.C.R. (Hon).

Course Director, Professor of Radiology

and an

INTERNATIONALLY RENOWNED FACULTY



## INTERDISCIPLINARY CONFERENCE

on the diagnosis and treatment of early stage (*in situ* and 1-14 mm), nonpalpable breast cancer

**Florence/Firenze, Italy**

*Nov 27-30, 2012*

*Centro Congressi al Duomo, Firenze*

Designed for:

- Surgeons
- Pathologists / histotechnologists
- Radiologists / radiology technologists
- Gynecologists
- Medical and radiation oncologists
- Primary Care Physicians
- Nurses
- Administrators

interested in learning the current concepts of diagnosis and management of mammographically detected breast cancer

The emphasis in this course is on the team approach of diagnosing and treating mammographically detected, non-palpable breast cancers..

**26 HOURS OF CATEGORY I CME CREDITS**

For more information and registration please contact: **Mammography Education, Inc.**

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e-mail: [info@mammographyed.com](mailto:info@mammographyed.com)

## Interdisciplinary Conference: The team approach as a solution to the challenges in the modern health care era

### PROBLEMS IN THE DIAGNOSIS AND TREATMENT OF MAMMOGRAPHICALLY DETECTED, EARLY, NONPALPABLE BREAST CANCERS

- *In situ* carcinoma and nonpalpable invasive breast cancers: diagnostic criteria and therapeutic challenges
- New therapeutic options in early stage breast cancer
- Axillary dissection: re-evaluation of its role in nonpalpable breast cancers
- Interventional diagnostic procedures: indications for larger bore needle biopsy and FNAB
- Emphasis upon effective teamwork

### TARGET AUDIENCE

- Surgeons
- Radiologists
- Pathologists and Cytopathologists
- Medical and Radiation Oncologists
- Gynecologists / Primary Care Physicians
- Nurses
- Administrators

When the imagers find *in situ* and 1-14 mm invasive breast cancer, it is primarily a surgical disease" *Laszlo Tabar*

**26 HOURS OF CATEGORY I CME CREDITS**

For registration and information, contact:

**Ms. Donna Sokolik**

Telephone: + 1 480 419 0227

Fax: + 1 480 419 0219

E-Mail: [info@mammographyed.com](mailto:info@mammographyed.com)

Registration online: [www.mammographyed.com](http://www.mammographyed.com)

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Diagnosis and Treatment of Nonpalpable  
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László Tabár, M.D.,  
Professor of Radiology  
Course Director

## Faculty



### **Radiologist**

**László Tabár, M.D., F.A.C.R. (Hon).**  
*Professor em. of Radiology*  
Uppsala School of Medicine  
Department of Mammography  
**Falun, Sweden**



### **Pathologist**

**Tibor Tot, M.D., Ph.D.**  
*Associate Professor of Pathology*  
Uppsala School of Medicine  
  
*Chairman*  
Department of Clinical Pathology & Cytology  
Falun Central Hospital  
**Falun, Sweden.**



### **Radiation Oncologist:**

**Silvia C. Formenti, M.D.**  
New York University School of Medicine  
The Sandra and Edward H. Meyer Professor of  
Radiation Oncology  
Chair of the Department of Radiation Oncology  
Professor of Medicine (Medical Oncology)  
Associate Director, NYUCI  
Leader, Breast Cancer Research Program  
NYUCI, NYU Clinical Cancer Center, New York



### **Surgeon**

**Alberto Costa, M.D.**  
Executive Director of the Southern  
Switzerland Breast Unit, Lugano,  
Switzerland



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## Faculty



### **Radiologist**

**Alfonso Frigerio, M.D.**

*Regional Reference Center for  
Breast Cancer Screening,  
CPO-Piemonte,*

*S. Giovanni Battista Hospital, Torino, Italy*



### **Professor of Surgery**

**Professor Luigi Cataliotti, M.D.**

*University of Florence  
Italy*

## Program Objectives:

### **Having participated in this course, the physician should:**

- Understand the subgroups of *in situ* and invasive breast cancer.
- Have competence in the differential diagnosis of breast diseases and guide the diagnostic workup.
- Understand the importance of new therapeutic options in early stage breast cancer.
- Understand the role of local and systemic treatment in the management of image-detected nonpalpable breast cancer.
- To facilitate constructive teamwork among the members of the diagnostic and therapeutic team.
- Appreciate the importance of weekly tumor board meetings and cooperation among radiologists, surgeons and pathologists.
- Understand the value and relationship of the main prognostic factors in order to predict the outcome of the disease.
- Having attended this course, the participants are encouraged to develop comprehensive breast centers and organize regular pre-treatment planning conferences.





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1st DAY

09:00 INTRODUCTION - **Professor L. Cataliotti** and **L. Tabár**

- A. Breast cancer: A progressive, heterogeneous disease requiring interdisciplinary diagnosis and treatment - **L. Tabár**
- B. 30-year experience with mammographic screening: What have we learned? - **L. Tabár**

10:00 Break

10:20 New Era pathology techniques: Large section histology - **T Tot**

11:00 Break

11:15 *In situ* carcinoma of the breast: A heterogeneous disease. New aspects, correct terminology, implications for treatment. - **L Tabár, T Tot**  
Decision making regarding radiation therapy for "DCIS" - **S. Formenti**

12:15 Lunch

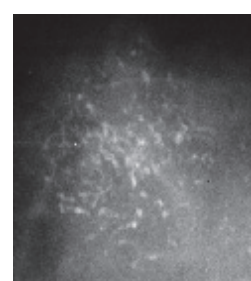
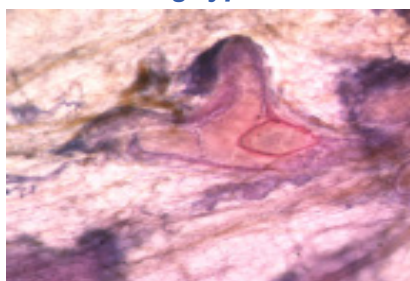
1:15 Classification of *in situ* subtypes, based on imaging appearance. Part I.  
*In situ* carcinoma subtype presenting on the mammograms with **casting type** calcifications.  
The concept of neoductgenesis - **L Tabár, T Tot**

Breaks  
at  
2:30 &  
3:45 PM

**Panel discussion:** Treatment of this **special subtype** of *in situ* carcinoma.  
**Faculty-faculty and faculty-audience** interaction on the *in situ* carcinoma subtype presenting on the mammograms **with casting type** calcifications and other subtypes with neoductgenesis.  
**S. Formenti, L. Tabár, A. Costa, T. Tot, A. Frigerio**

4:00 **Cont.** Treatment of this **special subtypes** of *in situ* carcinoma (Panel discussion)  
**Faculty-faculty and faculty-audience** interaction on the *in situ* carcinoma subtype presenting on the mammograms with **casting type** calcifications and other subtypes with neoductgenesis.

5:00 End of Day 1





## 2nd DAY

**8:30** Heterogeneity of *in situ* carcinoma, **cont.** - **L. Tabár, T. Tot**

Classification of *in situ* carcinoma subtypes, based on imaging appearance: *in situ* carcinoma subtype presenting on the mammograms with **crushed stone-like (pleomorphic)** calcifications.

**9:45** **Break**

**10:00** Accelerated RT regimens in "DCIS" and in 1-14 mm invasive breast cancers - **S. Formenti**

**10:30** **Faculty-faculty** and **faculty-audience** interaction. Panel discussion on the diagnosis and treatment of *in situ* carcinoma subtype presenting on the mammograms with **crushed stone-like (pleomorphic)** calcifications. **L. Tabár, T. Tot, A. Costa, S. Formenti, A. Frigerio**

**11:00** **Break**

**Cont.:** **Faculty-faculty** and **faculty-audience** interaction. Panel discussion on the diagnosis and treatment of *in situ* carcinoma subtype presenting on the mammograms with **crushed stone-like (pleomorphic)** calcifications.

A tumor board with the participation of: **S. Formenti, L. Tabár, A. Costa, T. Tot, A. Frigerio**

**12:00** **Lunch**

**1:30** Heterogeneity of *in situ* carcinoma, **cont.** - **L. Tabár, T. Tot**

Classification of *in situ* carcinoma subtypes, based on imaging appearance: DCIS subtype presenting on the mammograms with **powdery** calcifications.

**Breaks  
at**

**2:45 &**

**3:45 PM**

**Faculty-faculty** and **faculty-audience** interaction.

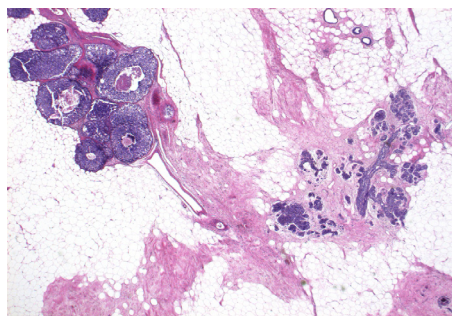
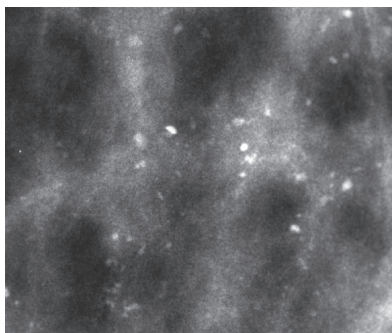
Diagnosis, differential diagnosis and treatment. A tumor board with the participation of:

**S. Formenti, L. Tabár, T. Tot, A. Costa, A. Frigerio**

**Cont.:** **Faculty-faculty** and **faculty-audience** interaction. Panel discussion on the diagnosis and treatment of different *in situ* carcinoma subtypes

**4:00** **Revolutionary ideas in art and science: from Renaissance Linear Perspective to the foundation of Modern Science - A. Frigerio**

**5:00** **End of Day 2**



Mammography / large thin and large thick section histology images of Grade 2 *in situ* carcinoma localized in the TDLUs



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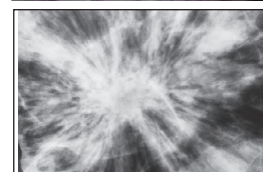
### 3rd DAY

#### 8:30 NONPALPABLE INVASIVE BREAST CANCER

A. How to find invasive breast cancer when it is 1-14 mm in size.

Mammographic prognostic features - **L. Tabár**

B. The problem of imaging "dense breasts" and a possible solution.



Breaks at  
9:30 &  
11:45 AM

9:50 Essential pathology diagnosis of mammographically detected 1-14 mm invasive breast cancer.

The issue of multifocality - **T. Tot**

10:15 New therapeutic possibilities in the treatment of primary invasive breast cancer - **A. Costa**

11:00 The need to re-examine axillary node dissection for early stage breast cancer - **A. Costa**

11:30 Correlation of mammographic/histologic appearance of impalpable 1-14 mm invasive breast cancer with 25-year old follow-up. The reliability of the "mammographic prognostic features" in predicting the long-term outcome of 1-14 mm invasive breast cancer cases. Suggestions for the reconsideration of current therapeutic practice and the TNM Classification System - **L. Tabár**

12:00 Lunch

1:30 Radiotherapy for patients with mammographically detected unifocal and multifocal 1-14 mm invasive breast cancers. Aggressive early breast cancers: basal tumors - **S. Formenti**

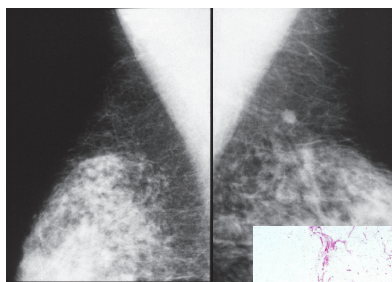
Breaks: 2:30  
& 3:45 PM

Comments: New research results based on mammographic prognostic features - **L. Tabár**

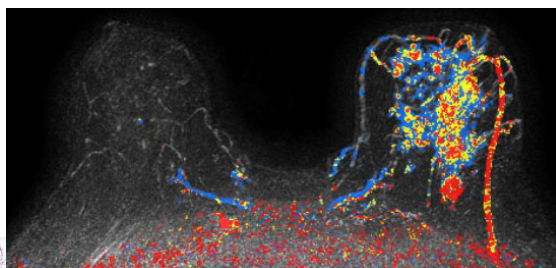
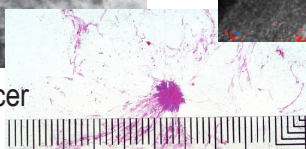
2:45 Faculty-faculty and faculty-audience interaction on the diagnosis and treatment of mammographically detected, nonpalpable invasive "ductal" carcinoma using didactically grouped cases based on mammographic appearance. Diagnosis, differential diagnosis and treatment. A tumor board with the participation of: **S. Formenti, A. Costa, T. Tot, L. Tabár, A. Frigerio**

4:00 Faculty-faculty and faculty-audience interaction on the diagnosis and treatment of mammographically detected, nonpalpable invasive "ductal" carcinoma using didactically grouped cases based on mammographic appearance. Diagnosis, differential diagnosis and treatment.

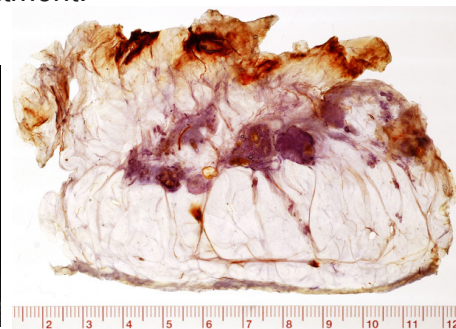
5:00 End of Day 2



<10 mm solitary cancer



Extensive, multifocal breast cancer







**4th DAY AM**

**8:00**     **DIAGNOSIS and TREATMENT OF IMPALPABLE, EARLY STAGE INVASIVE DUCTAL CARCINOMA, special forms.**

**A.** Statistical overview. Histologic and mammographic heterogeneity - **L Tabar**

**10:00**     Comparative effectiveness of RT courses: implications for global breast cancer- **S. Formenti**

**10:25**     Panel discussion on the diagnosis and treatment of mammographically detected, non-palpable stellate or circular tumor masses representing invasive ductal carcinoma subtypes, special forms - **S. Formenti, L. Tabár, A. Costa, A. Frigerio**

Breaks  
at  
9:45 &  
11:00  
AM

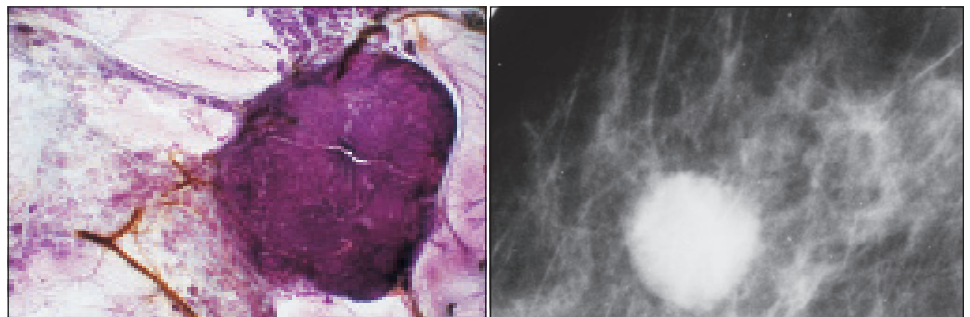
Histopathologic / mammographic correlation with long-term outcome in

- \* Invasive lobular carcinoma subtypes
- \* Tubular carcinoma
- \* Medullary carcinoma
- \* Colloid / mucinous carcinoma

**11:15**     Cont. The treatment of mammographically detected nonpalpable invasive cancers, special forms. Faculty-audience interaction using didactically grouped cases - **S. Formenti, L. Tabár, A. Costa, A. Frigerio**

**12:00**     **CLOSING REMARKS**

**12:15**     End of Conference



3-D Histologic-mammographic correlation of a medullary carcinoma





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Italian Scientific Organizing Committee

**Dott. Alfonso Frigerio, M.D.**, Ospedale S. Giovanni Battista, **Torino**, Italy  
e-mail: [alfonso.frigerio@gmail.com](mailto:alfonso.frigerio@gmail.com)

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Ms. Paola Garuffi, **Konikab Congressi srl** - Bologna, Italy. Phone: (0039) - 051 - 385 328. Fax: (0039) 051-311 350.

COURSE LANGUAGE

**English** with simultaneous translation to **Italian**.



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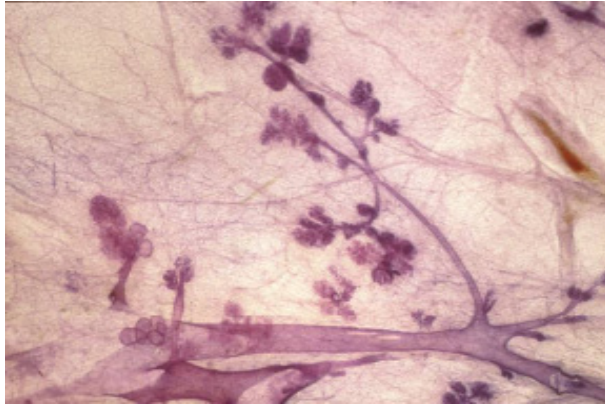
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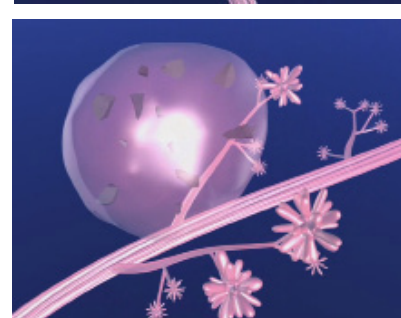
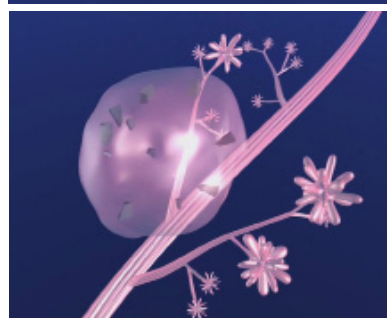
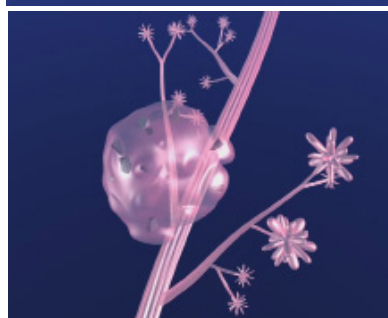
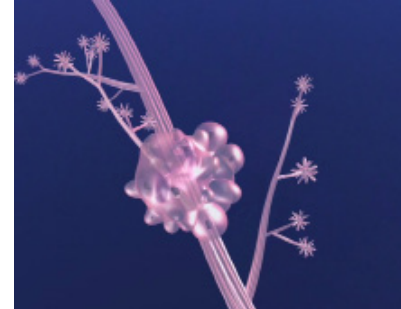
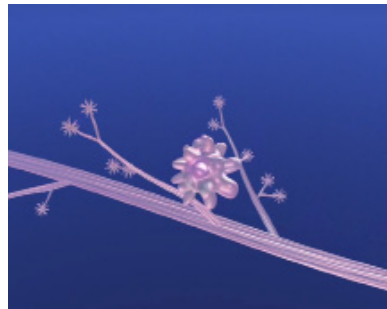
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3-D histologic image of TDLUs



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**.