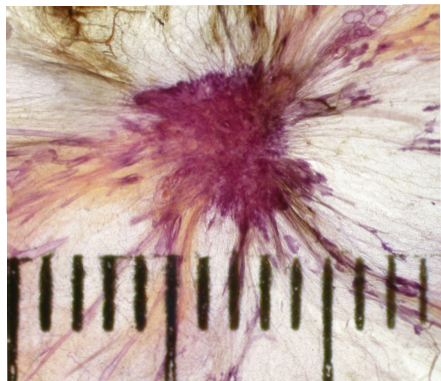
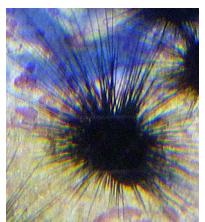


Immagine 3D di tessuto mammario



Cancro invasivo < 10 mm



Riccio di mare

21,5 crediti
ECM



2017

BREAST SEMINAR SERIES

Faculty

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Professor emeritus of Radiology

e

ALFONSO FRIGERIO, MD

Esperto di Screening

Identificazione, Diagnosi e Gestione
della Patologia Mammaria
con l'approccio a modalità multiple

13-15 Dicembre 2017

TORINO, Italy

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Via Vela 17, Torino

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Il corso fornisce conoscenze approfondite sulla diagnostica per immagini della mammella, la diagnosi differenziale della patologia mammaria, sulle implicazioni dei nuovi concetti e delle nuove tecniche diagnostiche nella gestione clinica del cancro mammario



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Department of Mammography
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*Responsabile SSD Senologia di Screening
Centro di Riferimento Regionale per lo
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Immagini della non-profit Tabar Foundation for Research and Education for Breast Cancer

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Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple



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Desideriamo ringraziare gli sponsor per il loro sostegno ai seminari didattici di Mammography Education, Inc (l'elenco delle ditte sarà presentato all'inizio del corso)



Immagini della non-profit Tabar Foundation for Research and Education for Breast Cancer
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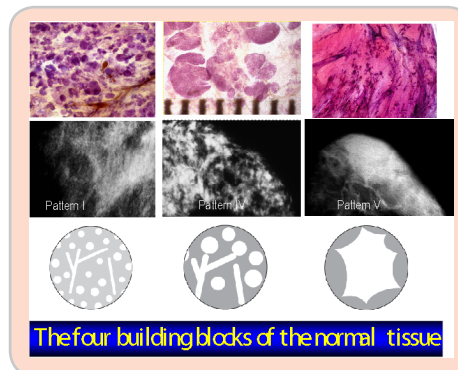
1° giorno

Lezioni del mattino tra le 8:30 e le 12:00

8:30 INTRODUZIONE - SEGUITA DA LEZIONI FRONTALI SU :

UNA NUOVA ERA nella DIAGNOSI e nel TRATTAMENTO del CANCRO MAMMARIO. UNA BREVE STORIA.
COME SI LEGGE UN MAMMOGRAMMA. LE BASI PER UNA EFFICIENTE INTERPRETAZIONE DELL'IMMAGINE MAMMOGRAFICA

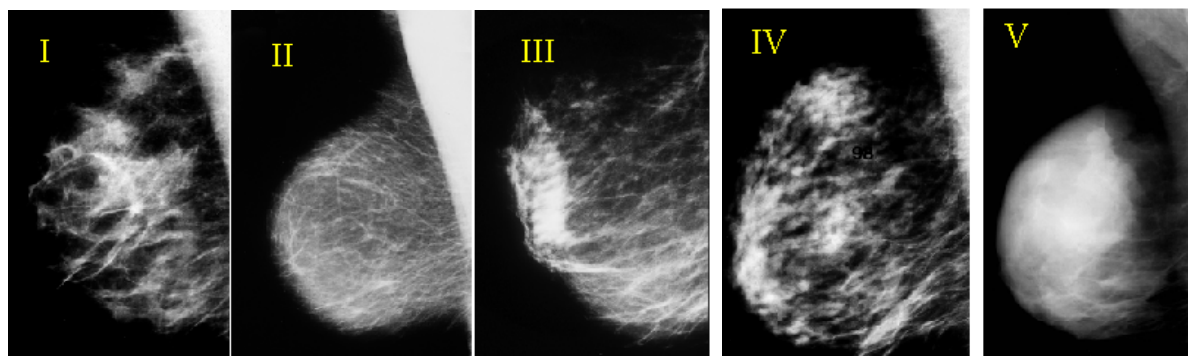
- Correlazione tra anatomia-patologica sub-macroscopica 3D e mammografia nella mammella normale
- **Il problema:** L'aspetto variabile del mammogramma normale.
- **La soluzione:** classificazione in sottotipi strutturali, tipi mammografici parenchimali, sulla base delle correlazioni tra istologia 3D/submacroscopica e mammografia.
- **Il risultato:** maggior sicurezza nella lettura delle mammografie e nel trovare le più fini anomalie percepibili
- Le variazioni dinamiche dei tipi mammografici e la loro applicazione nella pratica clinica



Pause alle 10:00 e alle 11:00

TIPI MAMMOGRAFICI PARENCHIMALI.

- L'eterogeneità della mammella normale: problemi e soluzioni. I tipi mammografici e il rischio di sviluppare il cancro mammario. Comprendere i mammogrammi a struttura densa.



12:00 - 13:00 Pranzo

IV



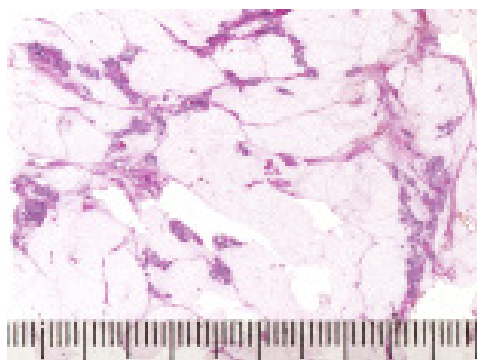
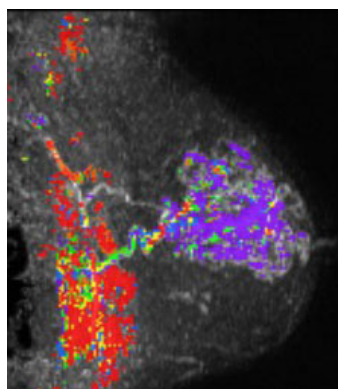
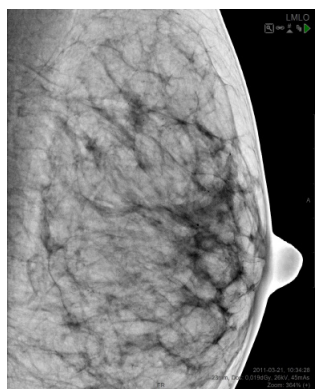
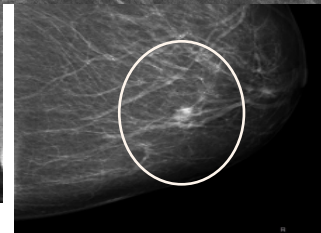
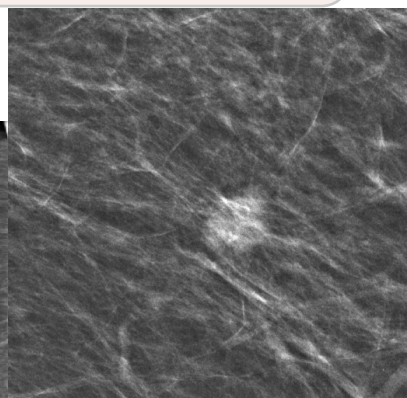
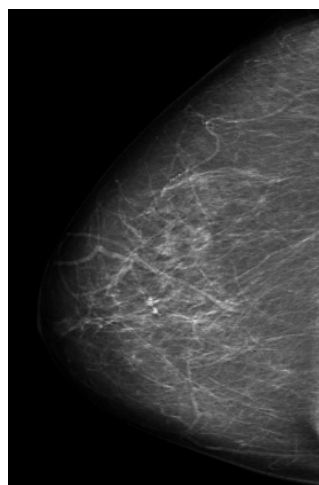
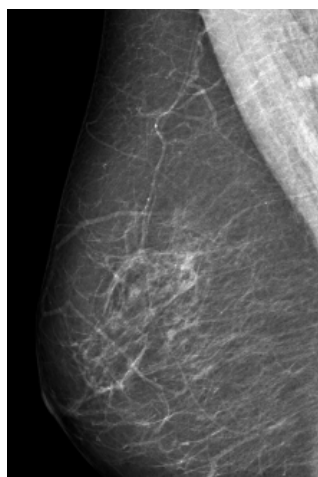
13:00 ALGORITMO PER CLASSIFICARE LA PATOLOGIA MAMMARIA IN BASE ALLA SEDE DI ORIGINE

COME TROVARE I CARCINOMI INVASIVI QUANDO SONO ANCORA PICCOLI.

LO SCREENING COMBINATO CON UN APPROCCIO ANALITICO PER LA DIAGNOSI DIFFERENZIALE DELLE LESIONI STELLATE / SPICULATE (AAB)

- Metodo sistematico per la lettura delle mammografie. Le aree mammografiche dove si trovano più tumori. Leggere mammografie con seni densi. Leggere strutture mammarie relativamente semplici.
- Ruolo dell'ecografia tradizionale / dell'ecografia automatica 3D / della RM - nell'identificazione e nell'approfondimento delle lesioni. L'approccio con modalità multiple.
- *Lesioni maligne stellate e tondeggianti/ovalari, che originano dalla TDLU: presentazione clinica, istologia, aspetti mammografici/ RM/ ecografici ed esito clinico.*

Pause alle 14:30 e alle 15:30



Esempio: Carcinoma invasivo e *in situ* multifocale, in cui la estesa componente *in situ* micropapillare è mammograficamente occulta, ma è identificata dalla RM.



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Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple

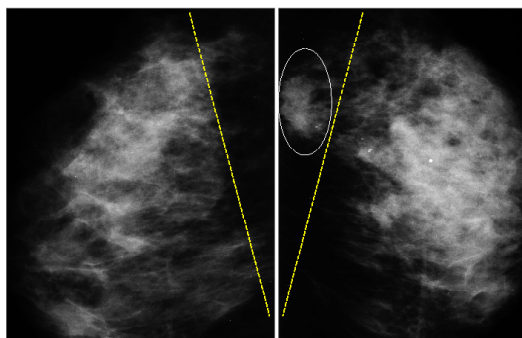
László Tabár, MD, FACR (Hon)
Direttore del Corso

2° giorno Lezioni del mattino tra le 8:30 e le 12:00.

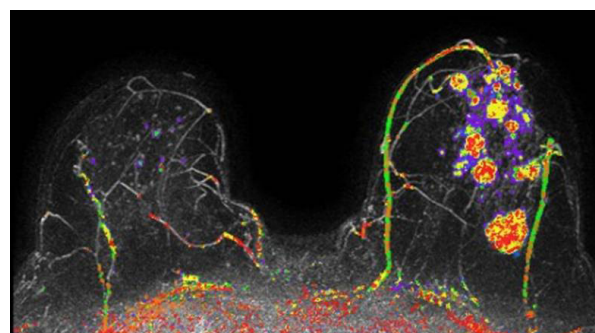
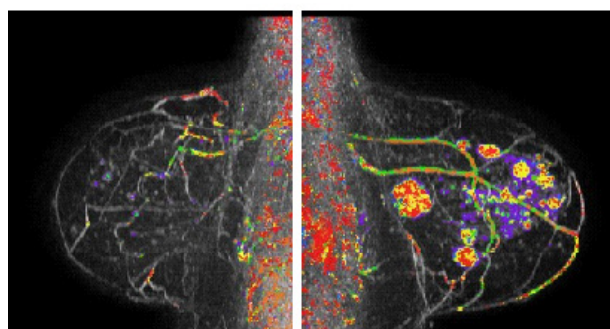
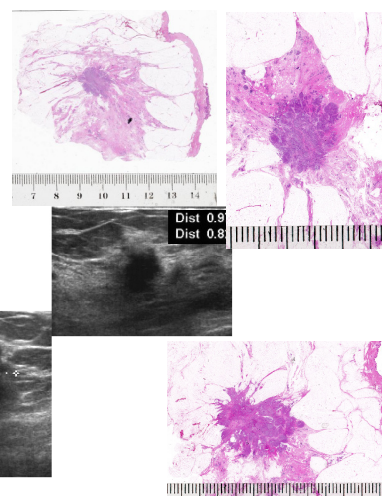
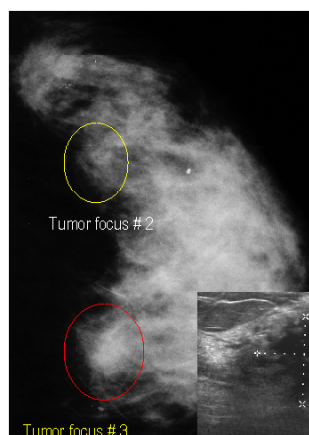
Pause: ore 10.00 ore 11.00

8:30 COME TROVARE I CARCINOMI INVASIVI QUANDO SONO ANCORA PICCOLI. LO SCREENING COMBINATO CON UN APPROCCIO ANALITICO PER LA DIAGNOSI DIFFERENZIALE DELLE LESIONI STELLATE / SPICULATE (AAB) *Continuazione*

- Metodo sistematico per la lettura delle mammografie. Le aree mammografiche dove si trovano più tumori. Leggere mammografie con seni densi. Leggere strutture mammarie relativamente semplici.



Carcinoma invasivo e in situ multifocale
su un'area che misura 180X60 mm - pN
4/9



11:15 LEZIONE DI STORIA DELL'ARTE: **A FRIGERIO**

12:00 - 13:00 Pranzo



2017

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Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple

László Tabár, MD, FACR (Hon)
Direttore del Corso

2° giorno

Lezioni del pomeriggio tra le 13:00 e le 17:30

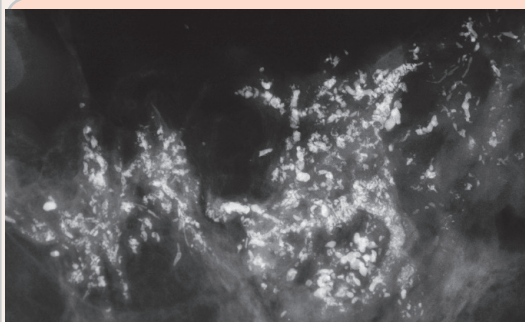
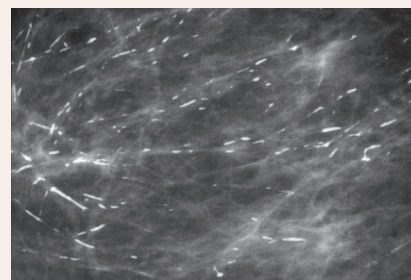
Pause: ore 14:30 e 15:30

1:00 SERIE DI LEZIONI INTERATTIVE SUI SEGUENTI ARGOMENTI.

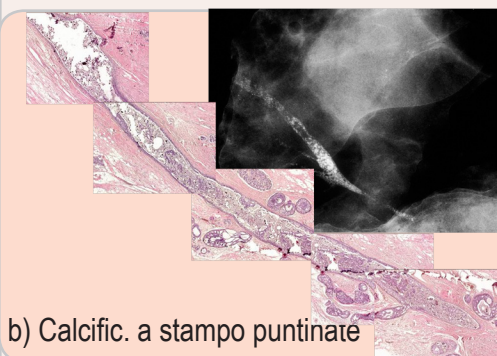
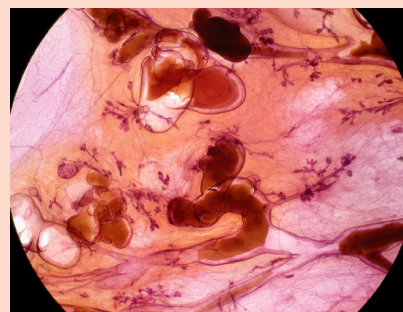
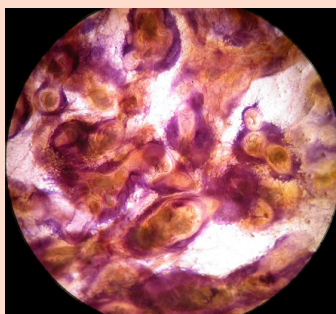
ALGORITMO PER CLASSIFICARE LA PATOLOGIA MAMMARIE IN BASE ALLA SEDE DI ORIGINE

Lesioni che originano nei dotti principali

- **Calcificazioni di tipo benigno** che originano nei dotti principali
 - a) Calcificazioni di tipo secretorio
- **Calcificazioni di tipo maligno** originanti nei dotti principali

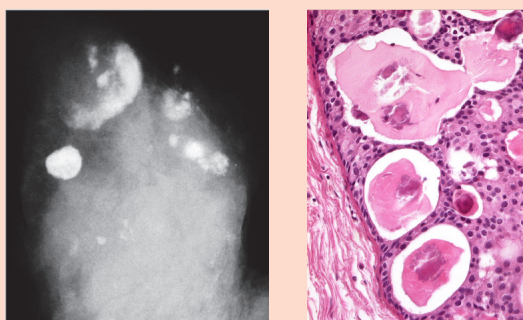


a) Calcificazioni a stampo frammentate

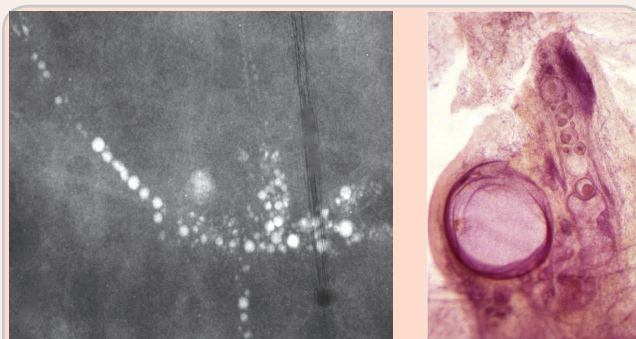


b) Calcific. a stampo puntinate

- * **Quattro tipi principali di calcificazioni maligne** che originano nei dotti principali: **a)** a stampo frammentate **b)** a stampo puntinate **c)** a ciottolo **d)** a collana di perle.
- * Il concetto di **neoduttogenesi**. Risultati dei follow-up a lungo termine. Nuovi aspetti, terminologia corretta.
- * Il ruolo della RM nel dimostrare l'estensione del carcinoma in situ Grado 3.
- * Le correlazioni mammografico/istologiche 3D ci aiutano a capire la patofisiologia sottostante e l'andamento clinico.



c) Calcificazioni a ciottolo



d) Calcificazioni a collana di perle

5:30 Fine delle lezioni della giornata



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Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple

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3° giorno

Lezioni del mattino tra le 8:30 e le 12:00.

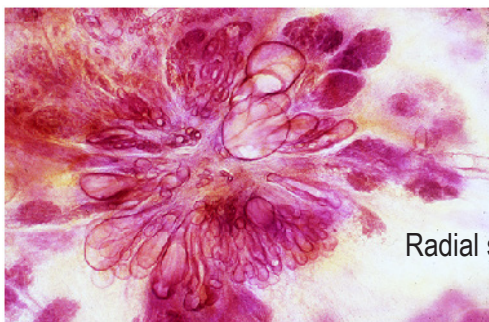
Pause: ore 10:00 e ore 11:00

8:30 OPACITA' MAMMOGRAFICHE ASIMMETRICHE

- La gestione delle *opacità asimmetriche non specifiche senza distorsione architetturale*
- La gestione delle *opacità asimmetriche non specifiche con distorsione architetturale*

ANALISI delle STRUTTURE RAGGIATE BENIGNE alla mammografia, originanti dai dotti

- **Radial scar.** Algoritmo consigliato per l'approfondimento delle lesioni stellate
- Indicazioni e controindicazioni all'uso delle tecniche di prelievo preoperatorio minimamente invasive



Radial scar

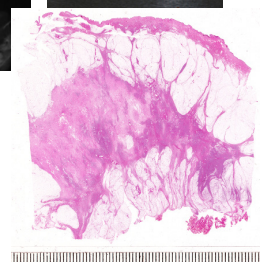
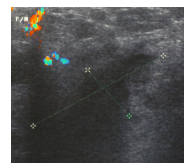
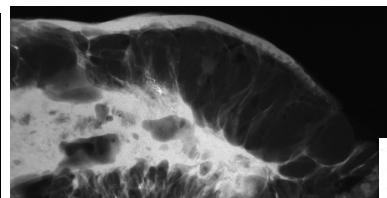
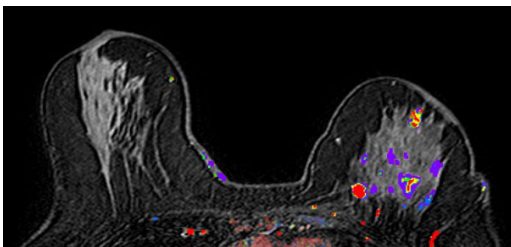


Neoduttogenesi

ANALISI delle LESIONI MALIGNI CHE SI PRESENTANO come STRUTTURE RAGGIATE alla mammografia. Presentazione clinica, aspetto mammografico e esito clinico:

- **Carcinoma mammario diffusamente invasivo:** il cancro mammario più ingannevole e che sfugge più spesso alla diagnosi. Valore dell'ecografia e della RM nello scoprire e diagnosticare i sottotipi di cancro mammario diffusamente invasivo. Casi dimostrativi

- I casi di **neoduttogenesi** che si presentano come distorsioni mammografiche
- Algoritmo consigliato per l'approfondimento delle lesioni con distorsione architetturale
- Indicazioni e controindicazioni all'uso di tecniche di prelievo pre-operatorio minimamente invasive



Approfondimento con modalità multiple di un grosso carcinoma invasivo lobulare

12:00 Pranzo

VIII



3° giorno Lezioni del pomeriggio tra le 13:00 e le 17:30. Pause: ore 14:30 e ore 15:30

13:00 ALGORITMO PER CLASSIFICARE LA PATOLOGIA MAMMARIE IN BASE ALLA SEDE DI ORIGINE

• **Lesioni benigne che originano nella TDLU** e associate con calcificazioni mammografiche

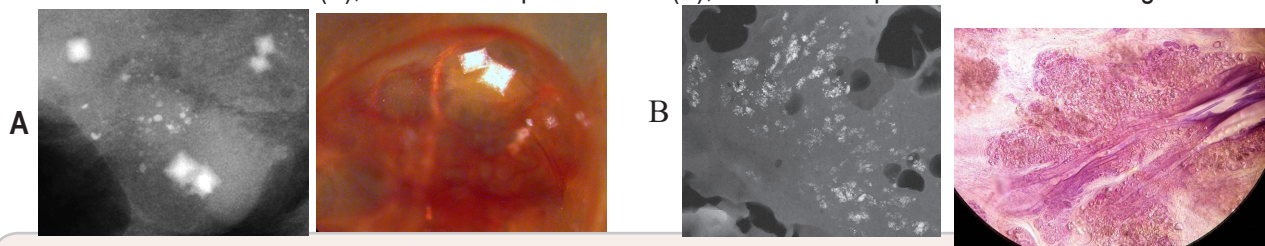
- **Alterazioni fibrocistiche. Fibroadenoma. Differenti tipi di adenosi.**

Comprendere la patofisiologia che porta alle alterazioni iperplastiche associate o meno alle calcificazioni mammografiche.

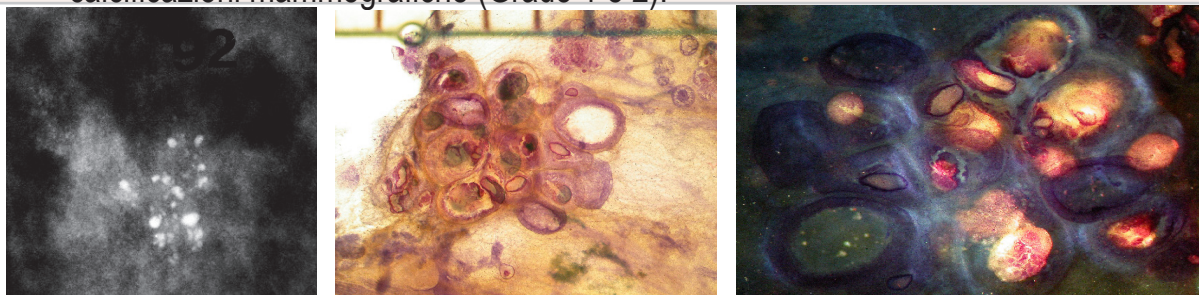


Immagini istologiche convenzionali e 3D di piccole cisti contenenti sedimenti di calcificazioni psammomatose, con aspetto mammografico di calcificazioni a "tazzina da té".

- Analisi dettagliata delle calcificazioni associate con alterazioni iperplastiche Weddelliti (A), calcificazioni pulverulente (B), calcificazioni pleomorfe alla mammografia.



• **Patologia mammaria maligna che origina nelle TDLU** e si associa con calcificazioni mammografiche (Grado 1 e 2).



Carcinoma in situ Grado 2: Correlazione mammografico / istologica 3-D / RM con casi con calcificazioni mammografiche a pietra triturrata / pleomorfe.

17:30 Fine del corso



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Direttore del Corso

Per ulteriori informazioni e per l'iscrizione si prega di contattare:

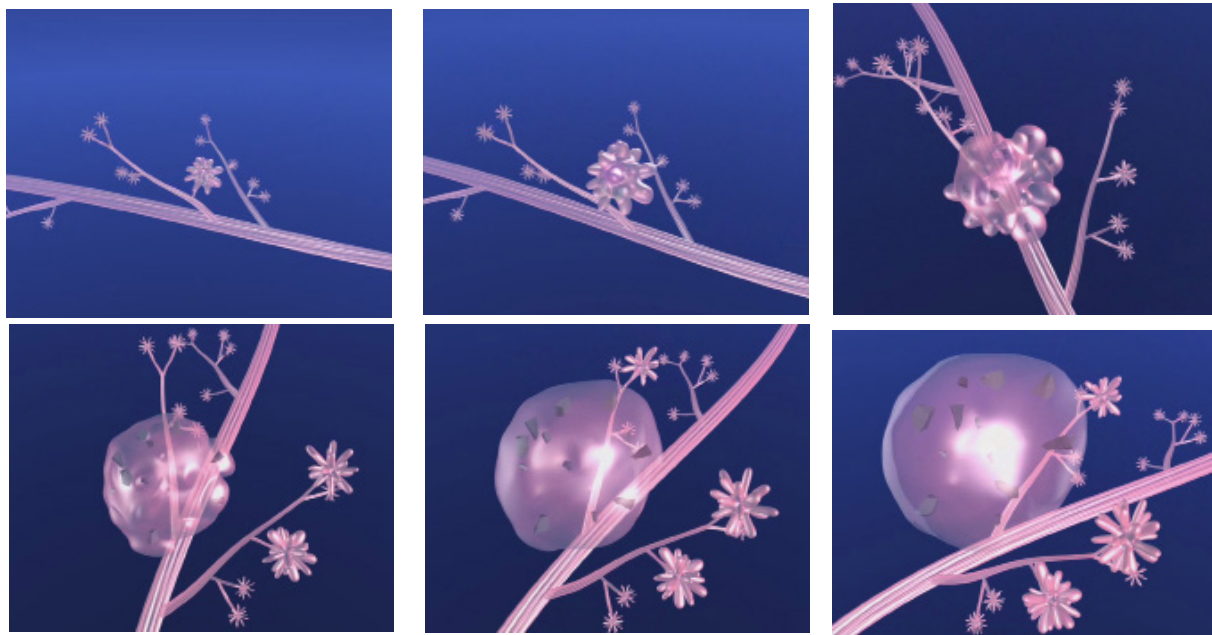
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CAVE CREEK, AZ 85331, USA. Ms. Donna Sokolik**

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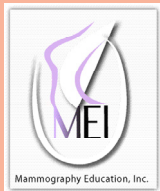
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Immagini di simulazione digitale dello sviluppo di un carcinoma *in situ* Grado 2 entro la TDLU. Il lobulo gradualmente si distende e si deforma. Entro i detriti necrotici si depositano calcificazioni che si presentano sul mammogramma come **calcificazioni a pietra triturata**.



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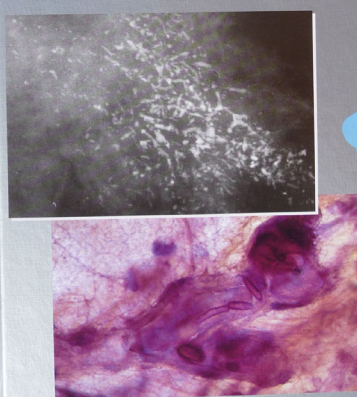
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Direttore del Corso

Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple

Breast Cancer Early Detection with Mammography

Casting Type Calcifications: Sign of
a Subtype with Deceptive Features

László Tabár
Tibor Tot
Peter B. Dean

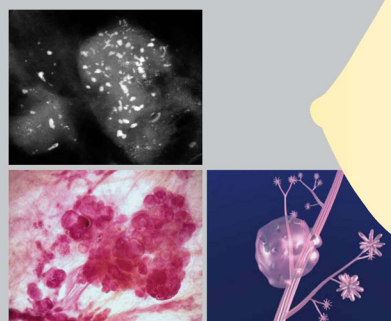


Thieme

Breast Cancer Early Detection with Mammography

Crushed Stone-like Calcifications:
The Most Frequent Malignant Type

László Tabár
Tibor Tot
Peter B. Dean



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Breast Cancer The Art and Science of Early Detection with Mammography

László Tabár
Tibor Tot
Peter B. Dean



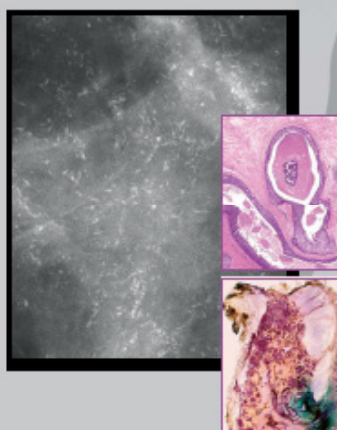
Recognition,
Interpretation,
and Pathologic Correlation

Thieme

Teaching Atlas of Mammography

László Tabár
Peter B. Dean

With the contribution of Tibor Tot
4th edition



Thieme



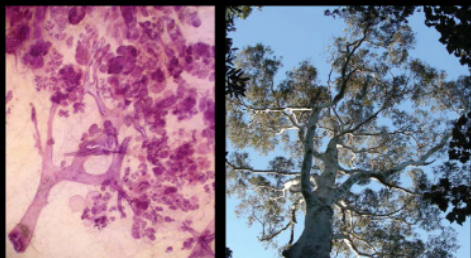
2017

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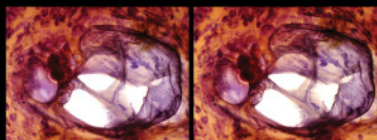
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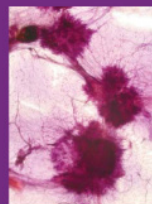
László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD



Understanding the Breast in Health and Disease



In 3D



Multifocal breast cancer



Sea urchins

In 3D



In situ ductal carcinoma

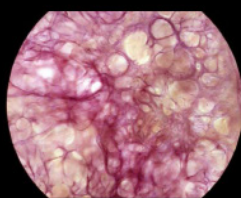


Banana flower

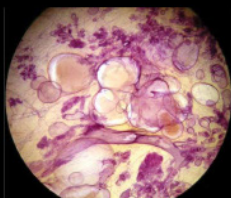
The basic structural elements of the female breasts are illustrated here in true 3-dimensional (3D) images and described in this Volume I by three breast cancer experts with decades of experience in the diagnosis of breast diseases. These images provide the best way to understand the great variability of the normal breast structure and the changes brought about by benign and malignant diseases.

www.mammographyed.com

László Tabár, MD,
Tibor Tot, MD, Peter B. Dean, MD,
Miklós Tarján, MD

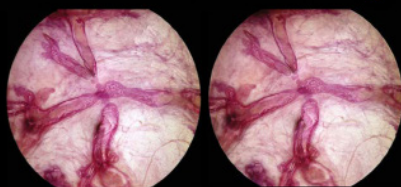


cysts in a prostate



breast cysts

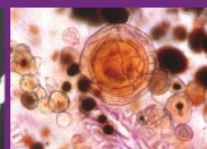
Prostate and Breast: Brother and Sister Organs



In 3D



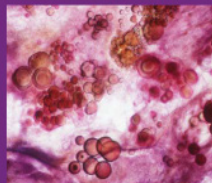
Prostate calcifications



Laminated calcifications
in the prostate



In 3D



Laminated calcifications in
the breast



Rowan berries

Even as the risk of getting prostate and breast cancer is rising, early detection through screening and treatment in an early stage are significantly lowering the risk of dying from these diseases. This series of 3D books aims to empower both men and women with knowledge about their health. Although all of us are at risk of developing cancer or less serious problems in one or the other of these two organs, education will help us seek the benefits provided by modern health care and expect excellence from health care providers.

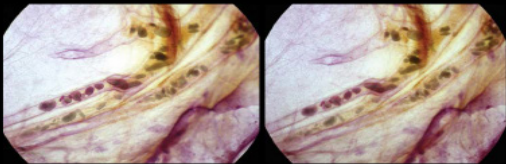


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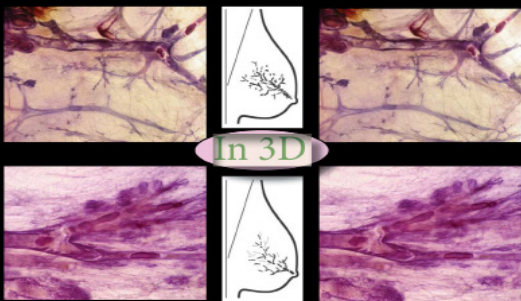
László Tabár, MD, FACR (Hon)
Direttore del Corso

László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD



Breast cancer of ductal origin with microcalcifications

Ductal Adenocarcinoma of the Breast (DAB), Part 1



In 3D



8 mm poorly differentiated invasive breast cancer associated with neoductogenesis (DAB)

A photograph reminiscent of neoductogenesis with associated tiny invasive tumors



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In 3D

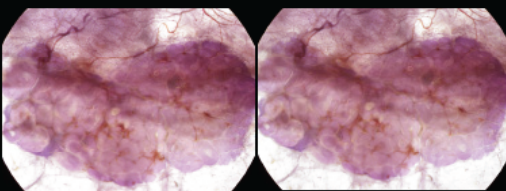


Fragmented casting type calcifications make the cancerous duct-like structures visible on the mammogram.

Neoductogenesis is a frequent phenomenon in the plant world

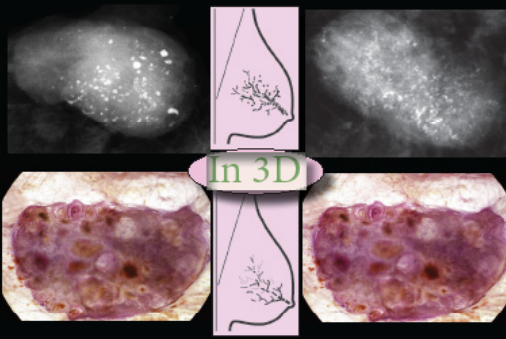
The mammogram is a true representation of the structural changes induced by the genetic constellation of each breast cancer subtype. The mammographic/MRI/ultrasound presentation of a particular subtype reflects the nature and extent of the underlying disease process, and when correctly interpreted, can guide patient management and help in predicting the long-term outcome. This information is available at the moment of diagnosis, without the additional expense and time necessary for molecular and immunohistochemical analysis.

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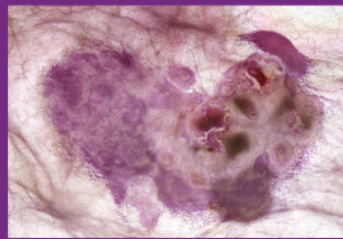


An axillary lymph node populated with metastases mimicking *in situ* cancer

Ductal Adenocarcinoma of the Breast (DAB), Part 2

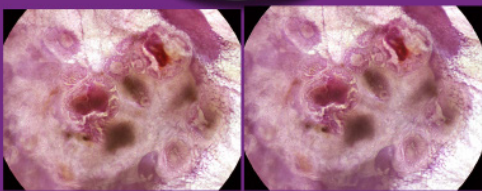


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Metastases within an axillary lymph node mimicking cancer *in situ*

In 3D



Stereoscopic image pair of the DAB with calcifications within a lymph node

Breast cancers originating from the major milk ducts (breast cancer of ductal origin, DAB) occasionally cause axillary lymph node metastases which are similar in appearance at histology to DAB in the breast. Regardless of whether or not the myoepithelial cell layer is demonstrable, the decisive question is how do the duct-like structures grow inside the lymph nodes? Although the histopathologic appearance will be termed by pathologists as invasive cancer, i.e., when found in the prostate or in the axillary lymph node(s), a similar histopathologic appearance is termed "DCIS" when found in the breast. In reality, we face "duct forming invasive cancer" with poor outcome (neoductogenesis) in the breast, in the prostate and in the axillary nodes.



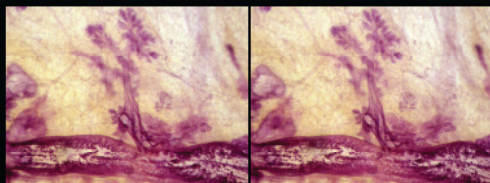
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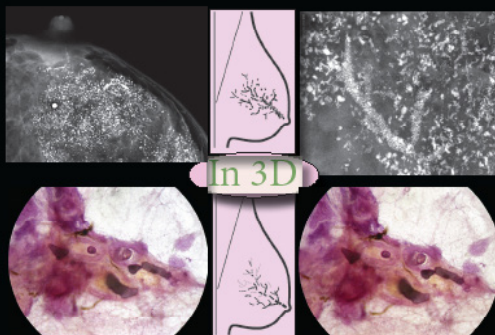
Identificazione, Diagnosi e Gestione della Patologia
Mammaria con l'approccio a modalità multiple

László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD



Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3

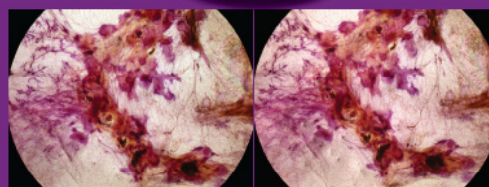


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Neoductogenesis (DAB)
associated with angioneogenesis

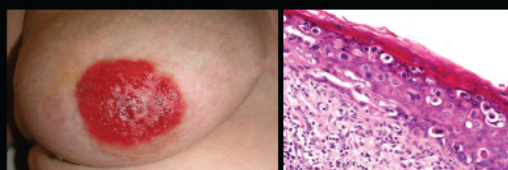
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Normal atrophic ducts and cancerous, distended ducts side by side

Breast cancers that originate in the major milk ducts (ductal adenocarcinoma of the breast, DAB) are diffuse and often extensive. The disease may occupy an entire lobe from the nipple to the chest wall, and frequently extends close to the skin. For these reasons, breast conserving surgery and skin or nipple sparing mastectomy of DAB cases carry a higher risk of local/regional/distant recurrence. In addition: 1) a considerable portion of the disease may lack calcifications, often occult for the imaging methods. 2) This subtype of breast cancer is less responsive to postoperative radiotherapy.

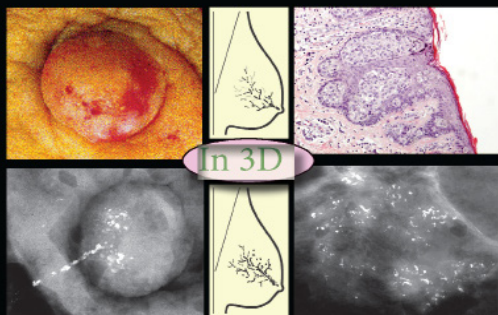
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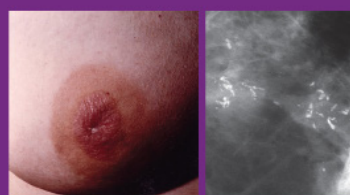
Paget's disease of the nipple

Paget's cells in the epidermis
of the nipple

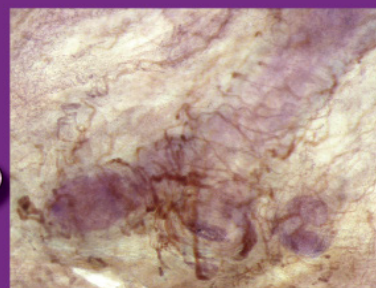
Ductal Adenocarcinoma of the Breast (DAB), Part 4



In 3D



Paget's disease of the nipple and breast cancer of ductal origin



Cancer-filled duct in Paget's disease with angioneogenesis

One of the features which is unique to breast cancers originating from the major ducts (DAB) is **Paget's disease of the breast**. It was first described by the British pathologist, James Paget in 1874. He described 14 cases of breast cancer associated with an eczema-like skin change of the nipple and areola. Almost 1% of all breast cancers present with Paget's disease of the nipple, and the diagnosis is confirmed by histologically demonstrating the Paget cells of the affected epidermis. The underlying breast cancer can be best demonstrated by combining all breast imaging methods. Of these, breast MRI is the most sensitive, showing the presence and true extent of the underlying DAB, often before calcifications can be detected on the mammogram.

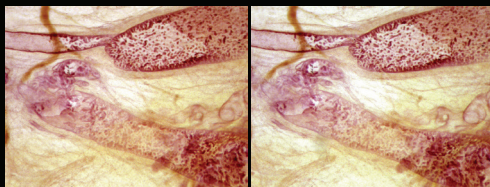


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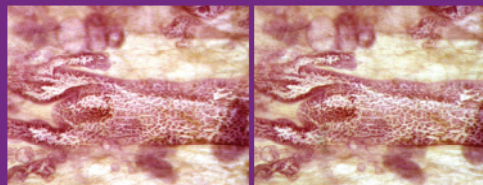
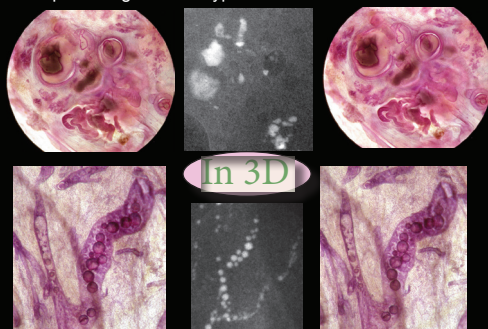
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Ductal Adenocarcinoma of the Breast (DAB), Part 5

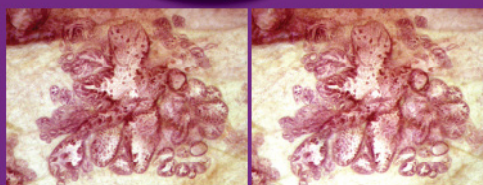
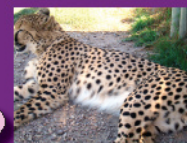
Fluid producing DAB subtypes associated with calcifications



Fluid producing micropapillary breast cancer of ductal origin (DAB)



In 3D



Neoductogenesis in micropapillary breast cancer of ductal origin (DAB)

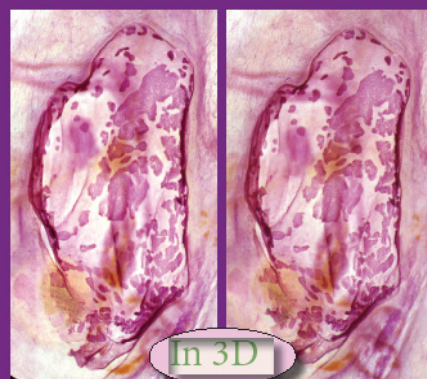
This volume describes the subtypes of breast cancers that arise in the major ducts, produce a viscous, proteinaceous fluid. Little or no necrosis is present. The calcifications formed within the fluid have characteristic, but deceptively benign appearance, although the malignancy may extend throughout an entire lobe. This book will help identify these deceptive cases through correlating the mammographic/ultrasound/MRI presentation with large / thick section (3D) histology.

László Tabár, MD
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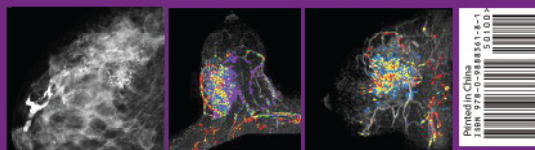


Bloody and serous nipple discharge

Ductal Adenocarcinoma of the Breast (DAB), Part 6



Fluid producing micropapillary breast cancer of ductal origin (DAB)



Spontaneous unilateral serous or bloody nipple discharge can be an alarming clinical symptom for the patient and also, it may cause considerable differential diagnostic problem for the radiologist. This volume of our 3D book series correlates the imaging findings (mammography / breast ultrasound / breast MRI) with large thin- and large thick section (sub-gross, 3D) histology in cases when the underlying cause of the discharge is fluid-producing breast cancer originating from the major ducts (DAB).



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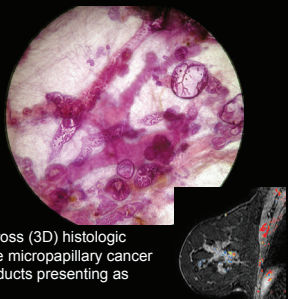
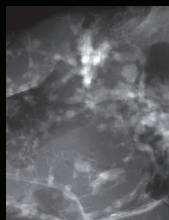


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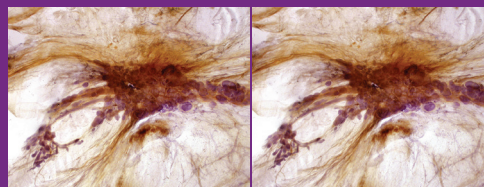
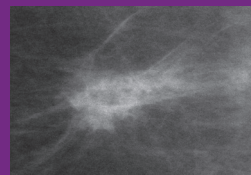
Breast cancer originating from the major ducts

Ductal Adenocarcinoma of the Breast (DAB), Part 7

Architectural distortion on the mammogram without calcifications or nipple discharge



Mammographic-MRI-subgross (3D) histologic correlation of this extensive micropapillary cancer originating from the major ducts presenting as architectural distortion.



Architectural distortion on the mammogram without calcifications or nipple discharge

In 3D



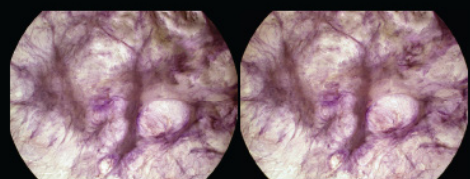
There are two main groups of diffuse breast cancers presenting on the mammogram as large regions of architectural distortion; these account for about 25% of all breast cancers and tend to have a poor outcome: 1) **Neoductogenesis**, i.e. "duct forming invasive carcinoma", the topic of this volume, often erroneously diagnosed as "DCIS", and 2) **Diffusely infiltrating breast cancer**, the topic of Vol. XI.

This volume demonstrates the DAB subgroup where the unnaturally high concentration of abnormal, tumor-filled ducts results in an **asymmetric density with architectural distortion on the mammogram** and often causes a palpable "thickening". Detecting architectural distortion on the mammogram and diagnosing the underlying disease correctly is a challenge for the radiologist. Breast cancers originating from the major ducts (DAB) are characterized by the formation of new, duct-like structures through the process of **Neoductogenesis**.

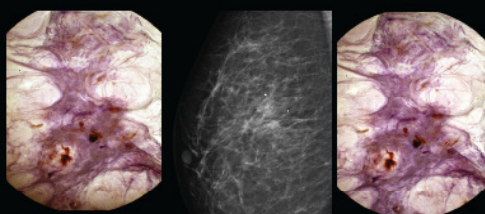
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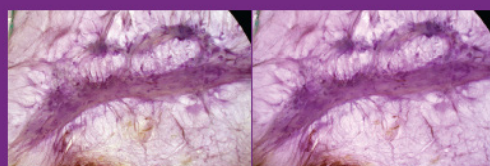
Olga Puchkova, MD



Diffusely infiltrating breast cancer, Part 1



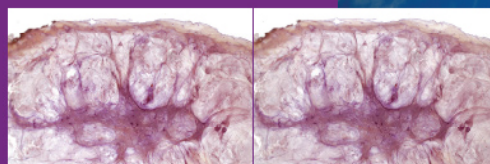
In 3D



Stereoscopic subgross (3D) image pair of a diffusely infiltrating breast cancer



In 3D



Extensive diffusely infiltrating breast cancer: the dominant feature is the extreme amount of connective tissue with concave contours.

This volume describes a breast cancer subtype that is a substantial challenge for the entire breast cancer team. The clinical, imaging and outcome observations indicate that diffusely infiltrating breast cancer represents a very unusual breast malignancy, regardless of whether it is E-cadherin negative or positive. All aspects of the diffusely infiltrating breast cancer suggest that it may have a site of origin different from all other breast cancers. We propose that it originates from the mesenchymal stem cells/progenitors through a complex process of epithelial-mesenchymal transformation and predominantly mesenchymal-epithelial transformation. Control of this unusual malignancy requires new approaches to earlier detection and entirely new therapeutic innovations.



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