



**2017**

**BREAST SEMINAR SERIES**

**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*

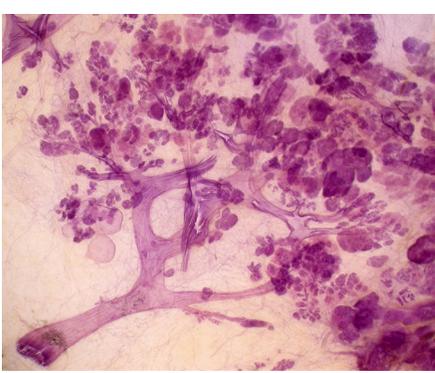
**TORINO, Italy**

*Centro Congressi Unione Industrialie  
Via Vela 17, Torino*

*Designed for:*

**Radiologists • Surgeons • Pathologists  
Gynecologists • Radiology Technologists**

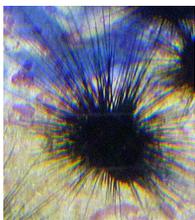
*This course provides extensive knowledge about diagnostic breast imaging, differential diagnosis of breast diseases, implications for management and newest diagnostic technologies*



3D image of the breast tissue



<10 mm invasive breast cancer



Sea urchin

**21,5 CREDITS  
ECM FOR  
ITALIAN PEOPLE**



2017  
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases  
Using the Multimodality Approach

**László Tabár, MD, FACR (Hon)**  
*Course Director*

## FACULTY



**László Tabár, MD, FACR (Hon).**  
Course Director

*Professor emeritus of Radiology,  
Department of Mammography  
Falun, Sweden*



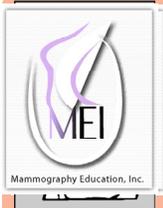
**Alfonso Frigerio, M.D.**

*Director of Mammography Screening  
Regional Reference Center for  
Breast Cancer Screening,  
CPO-Piemonte,  
AOU Città della Salute e della Scienza,  
Torino, Italy*



Images from the non-profit Tabar Foundation for Research and Education for Breast Cancer

[www.tabarfoundation.org](http://www.tabarfoundation.org)



## 2017 BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases  
Using the Multimodality Approach

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*Course Director*



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We would like to thank the sponsors for their support of the teaching seminars of Mammography Education, Inc (list of vendors will be presented at the beginning of the course)



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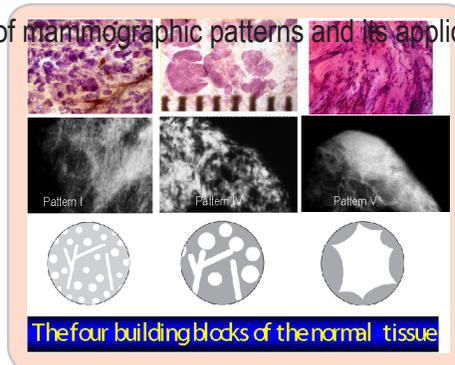


**1st day Morning lectures between 8:30 AM and 12:00**

**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

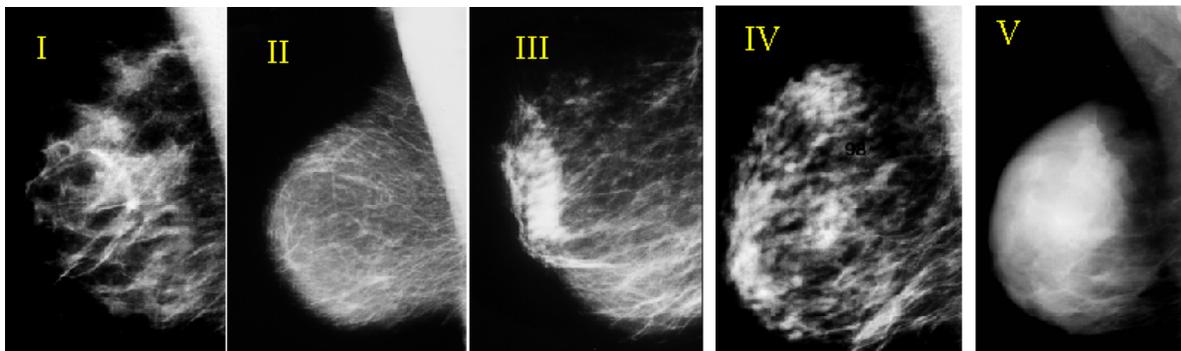
- Correlative 3-dimensional, subgross anatomy and mammography of the normal breast
- **The problem:** The variable appearance of the normal mammogram.
- **The solution:** classification into structural subtypes, mammographic parenchymal patterns, based on 3D/subgross histologic-mammographic correlation.
- **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**

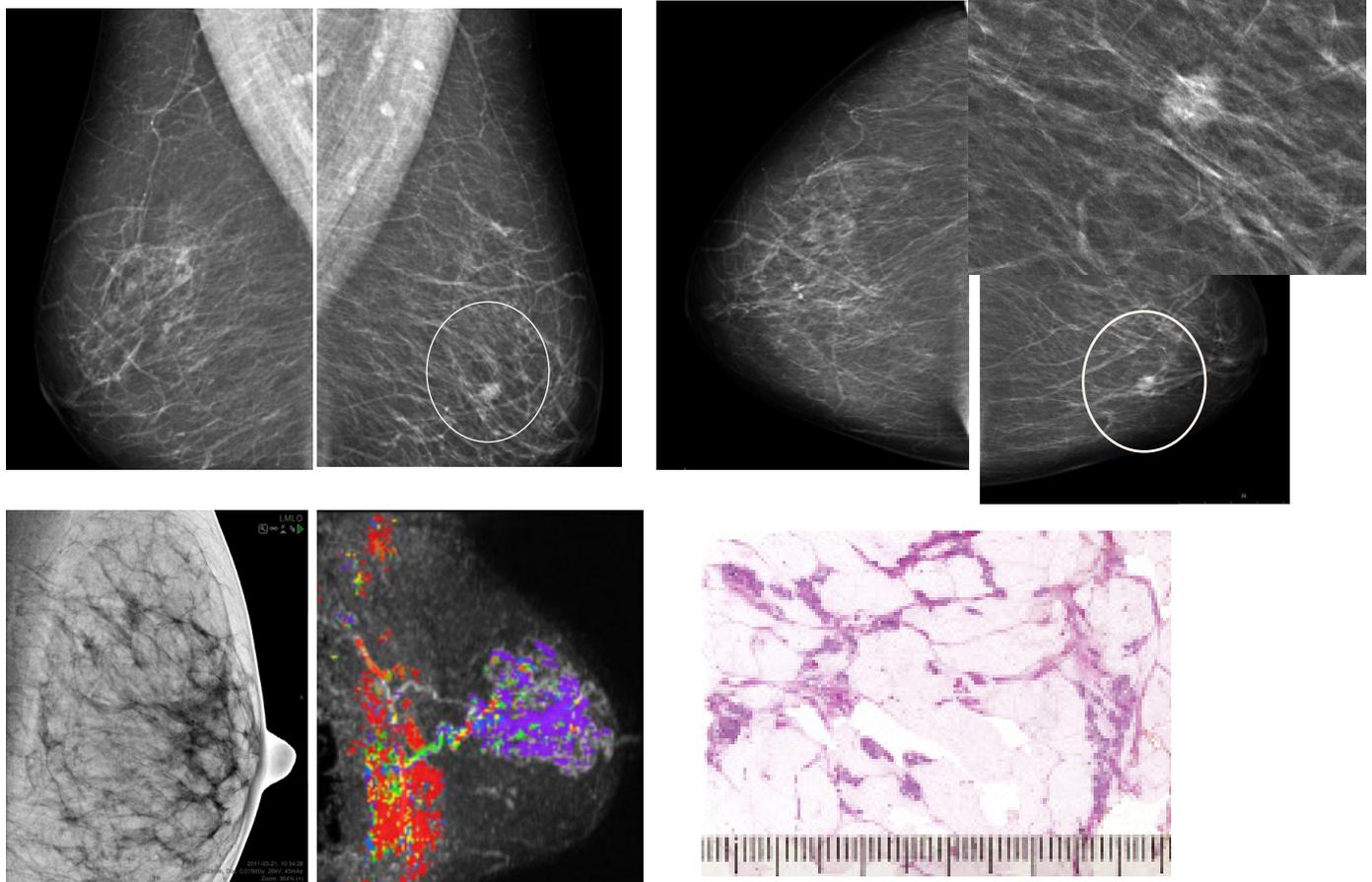


1:00 ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

**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
- The role of hand-held ultrasound / 3D automated ultrasound / MRI in the detection and workup of the findings. The multimodality approach
- *Malignant stellate and circular/oval-shaped lesions originating from the TDLUs:* clinical presentation, histology, mammographic/ MRI/ ultrasound appearance and outcome:

Breaks at 2:30 PM and at 3:30 PM



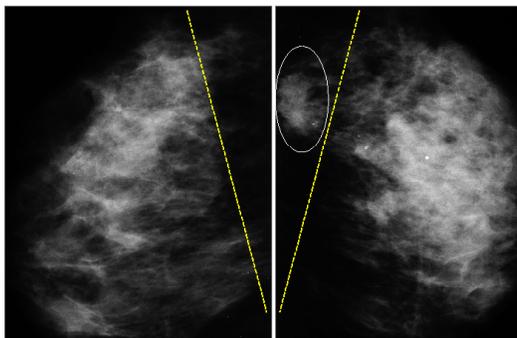
**Example:** Multifocal invasive and *in situ* carcinoma, where the extensive micropapillary cancer is mammographically occult, detected on breast MRI.



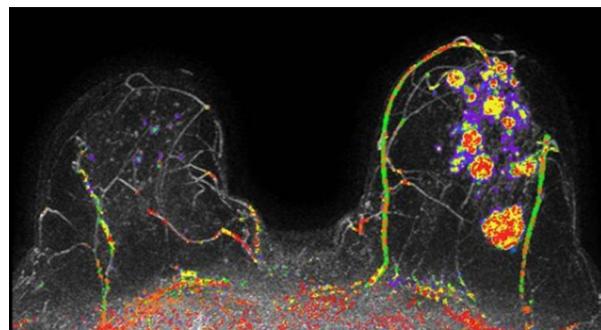
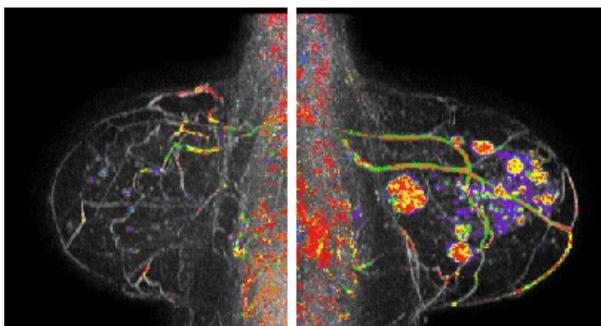
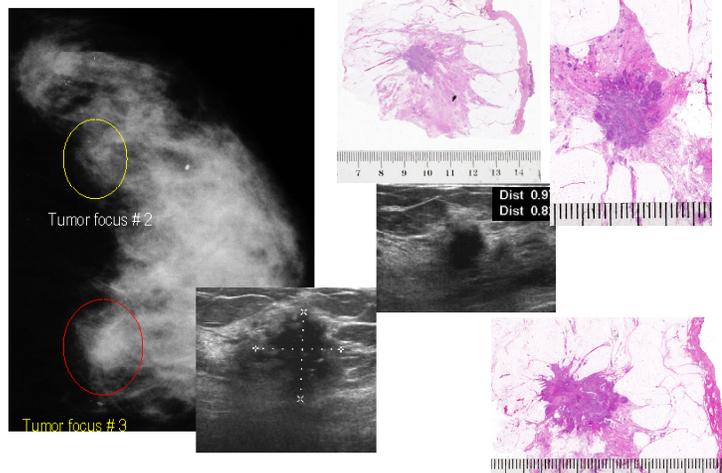
**2nd day** Morning lectures between 8:30 AM and 12:00 PM. Break at 10:00 and 11:00

**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) *Continuation*

- 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

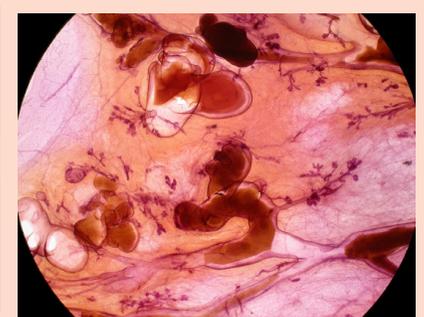
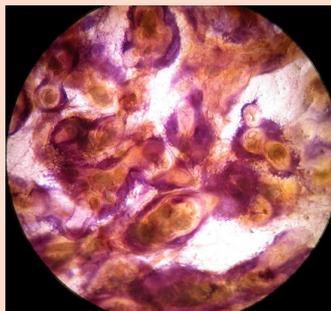
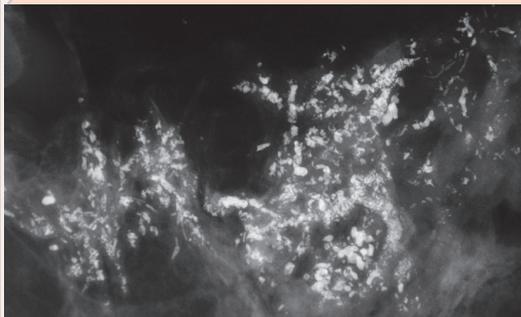
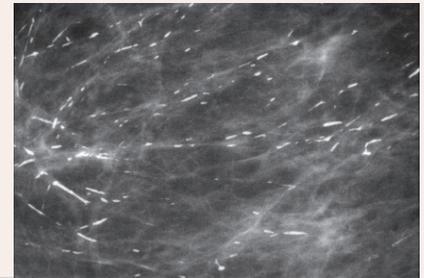
Afternoon lectures between 1:00 PM and 5:30 PM Breaks at 2:30 and 3:30 PM

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

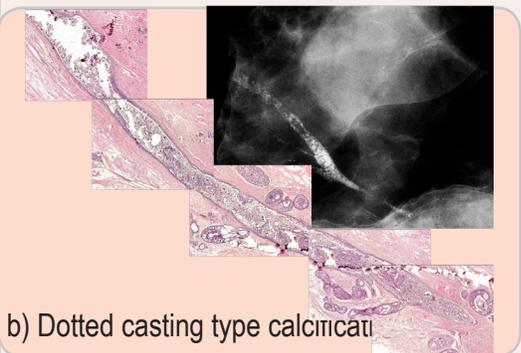
ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

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



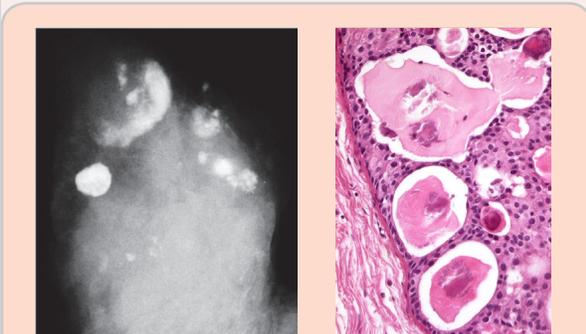
b) Dotted casting type calcifications

\* **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.

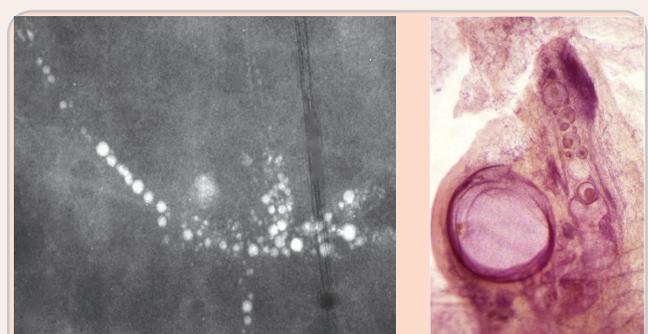
\* The concept of **neoductgenesis**. Long-term follow-up results. New aspects, correct terminology.

\* 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.



c) Skipping stone-like calcifications



d) Pearl necklace-like calcifications

5:30 End of the lectures for the day



3rd day

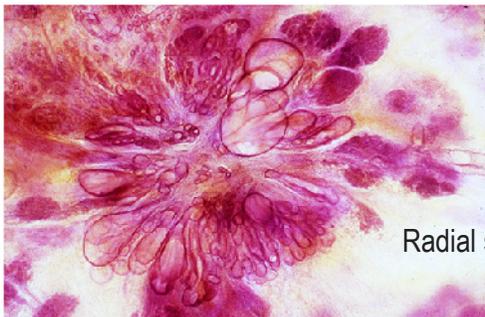
Morning lectures between 8:30 AM and 12:00 Breaks at 10:00 AM and 11:00 AM

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.



Radial scar

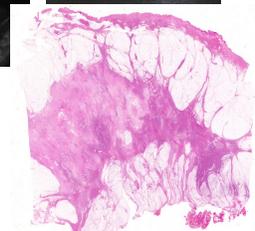
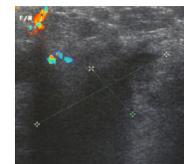
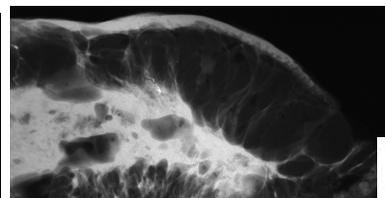
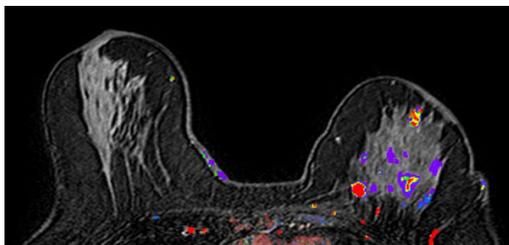


Neoductgenesis

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

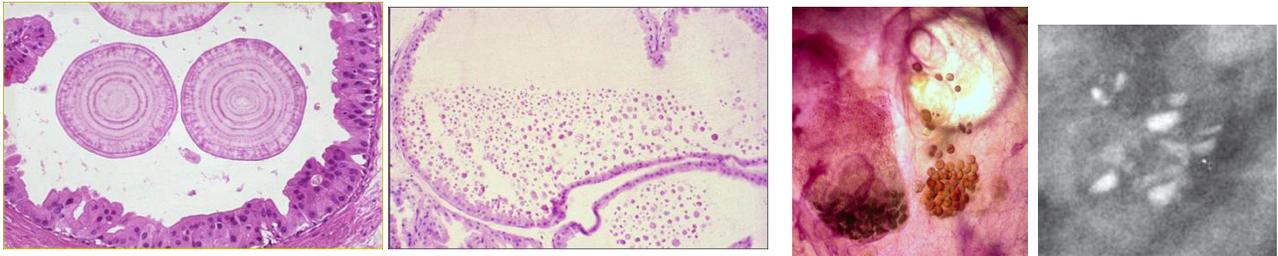
12:00 Lunch



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

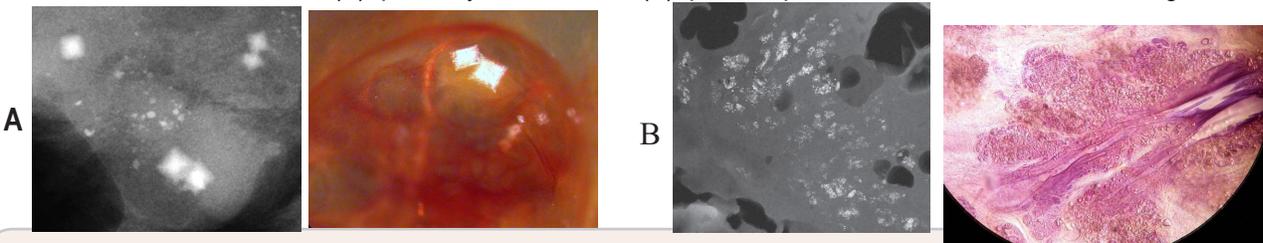
**1:00 ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN**

- **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.

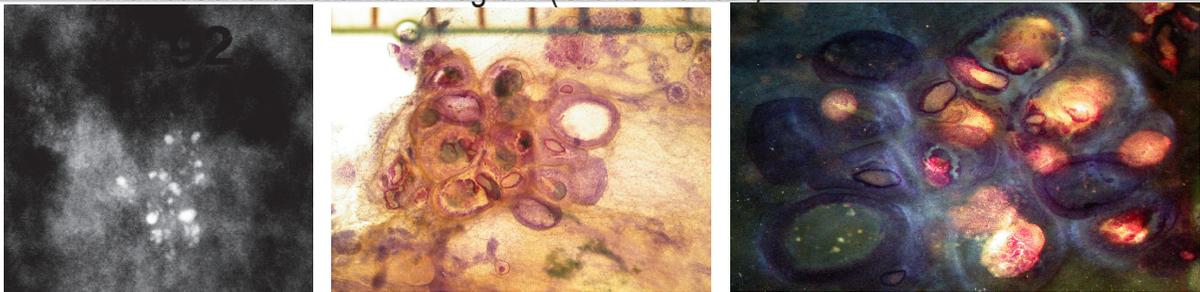


Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications on the mammogram.

- 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**



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For more information and registration please contact:

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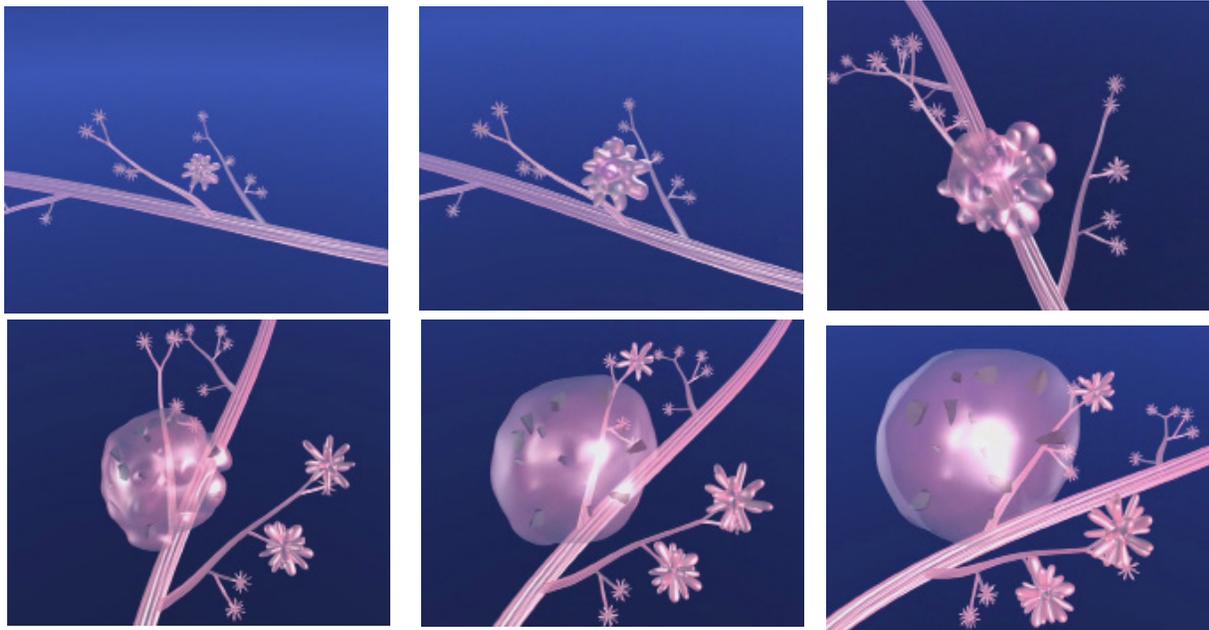
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Computer simulation images of the development of Grade 2 *in situ* carcinoma within the TDLU. The lobule becomes gradually distended and deformed. Calcifications are formed within the necrotic debris and are seen on the mammogram as **crushed stone-like calcifications**.

