

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

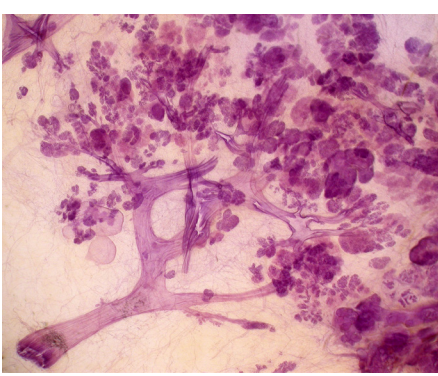
TORINO, Italy

*Centro Congressi Unione Industrialie
Via Vela 17, Torino*

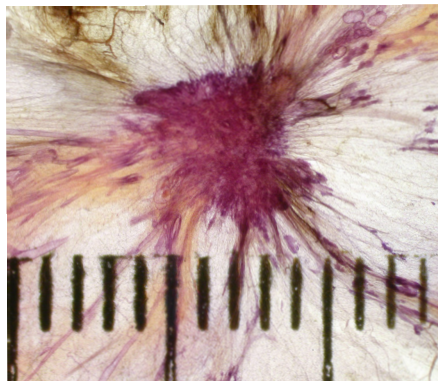
Designed for:

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

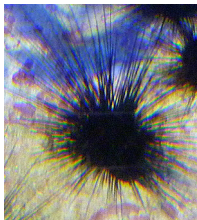
*This course provides extensive knowledge about diagnostic
breast imaging, differential diagnosis of breast diseases, impli-
cations for management and newest diagnostic technologies*



3D image of the breast tissue



<10 mm invasive breast cancer



Sea urchin

**21,5 CREDITS
ECM FOR
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Course Director

FACULTY



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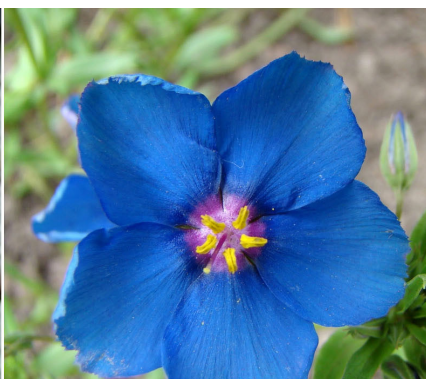
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Alfonso Frigerio, M.D.

*Director of Mammography Screening
Regional Reference Center for
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Torino, Italy*



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

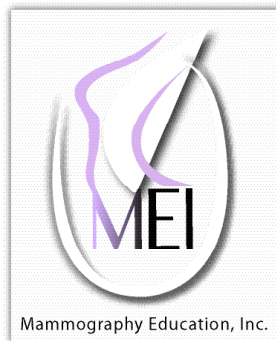
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CREDITS

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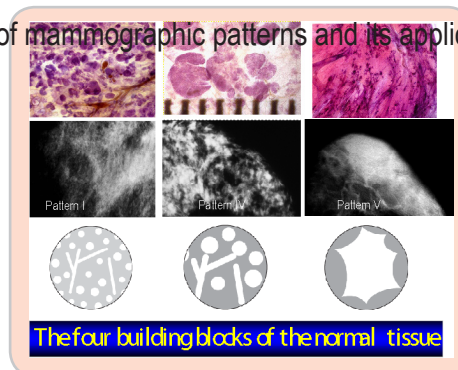
1st day Morning lectures between 8:30 AM and 12:00

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

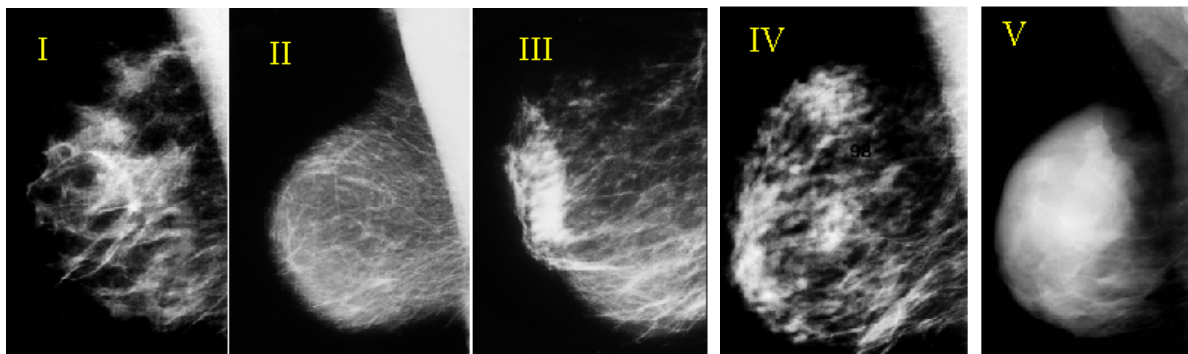
- Correlative 3-dimensional, subgross anatomy and mammography of the normal breast
- **The problem:** The variable appearance of the normal mammogram.
- **The solution:** classification into structural subtypes, mammographic parenchymal patterns, based on 3D/subgross histologic-mammographic correlation.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

IV



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Detection and Diagnosis of Breast Diseases
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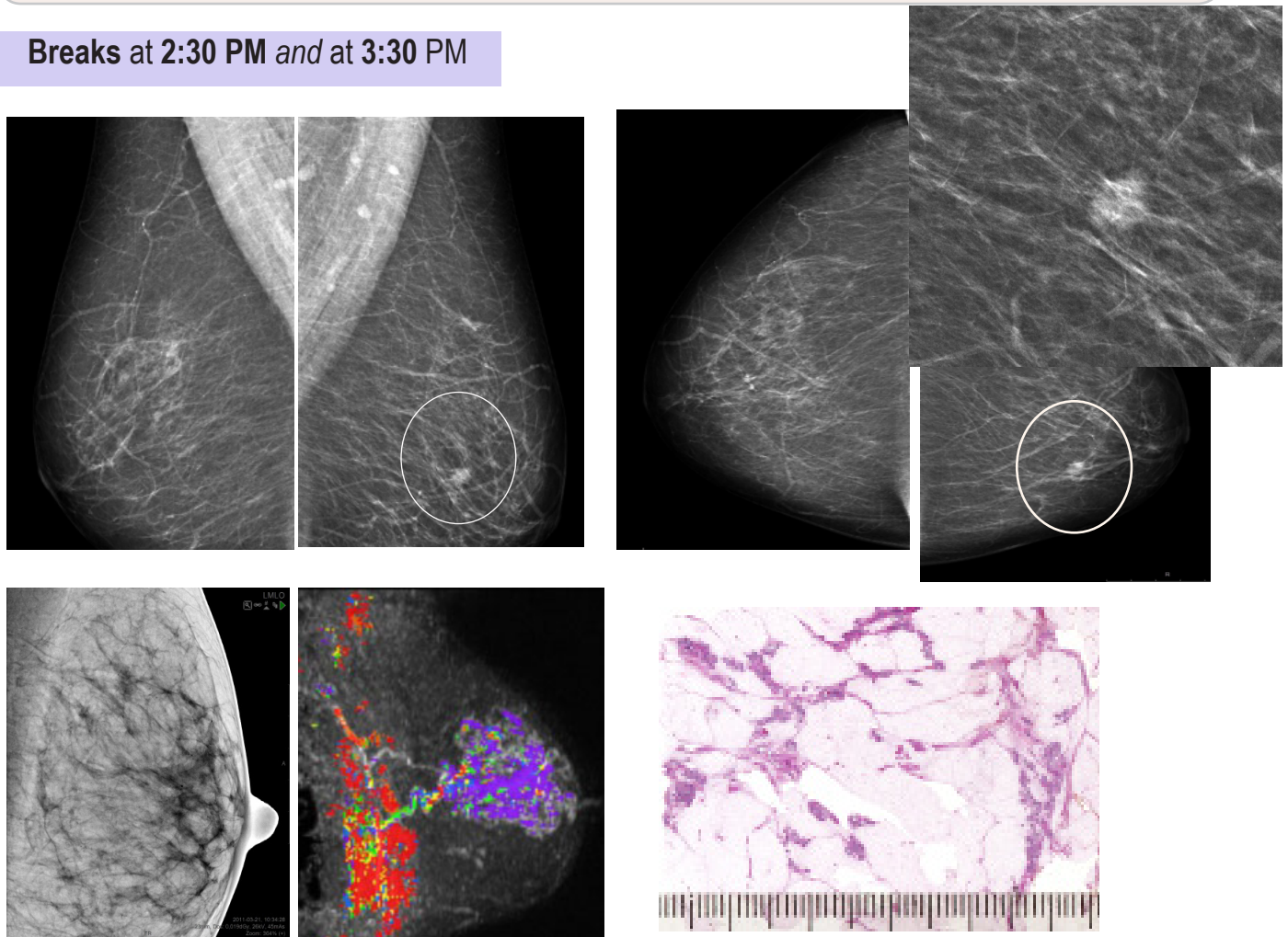
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Course Director

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.



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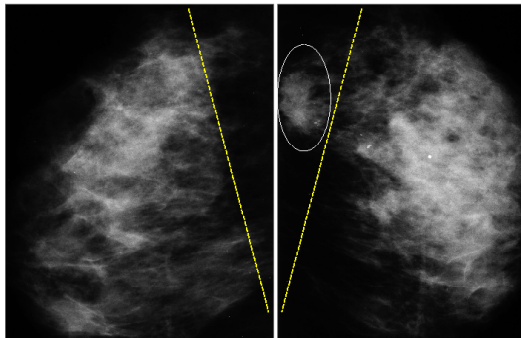
Detection and Diagnosis of Breast Diseases
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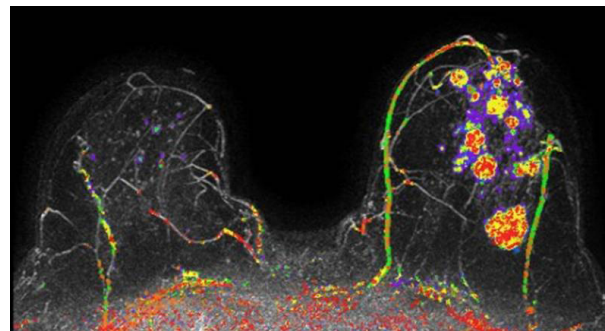
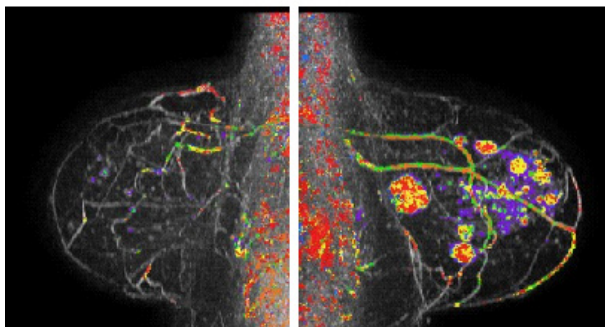
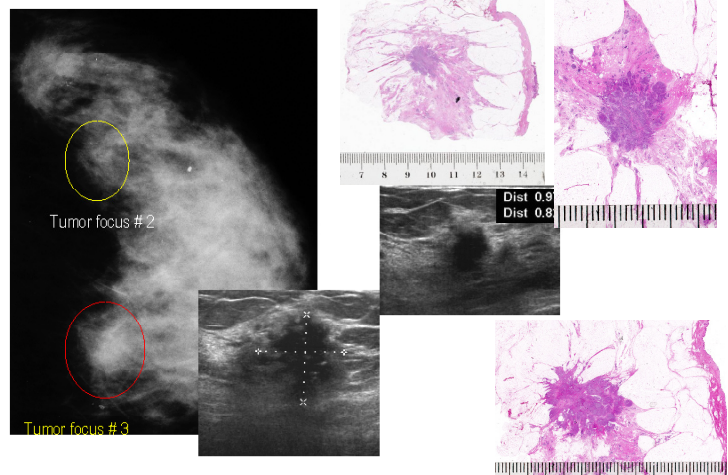
2nd day Morning lectures between 8:30 AM and 12:00 PM. Breask at 10:00 and 11:00

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) *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



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2nd day

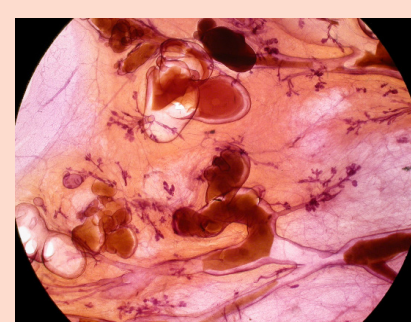
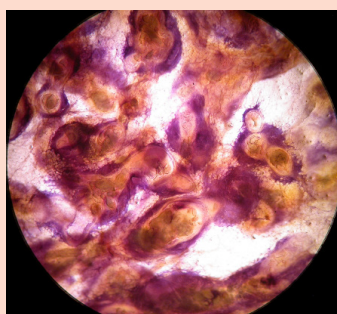
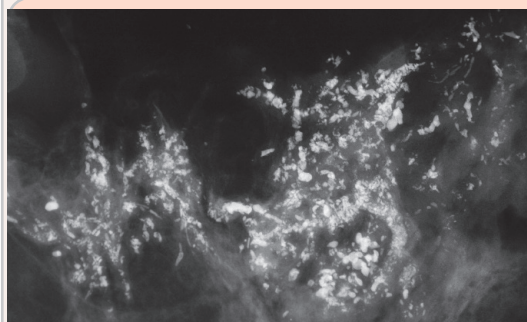
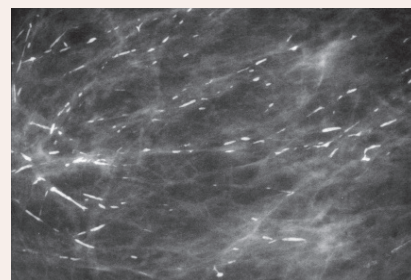
Afternoon lectures between 1:00 PM and 5:30 PM Breaks at 2:30 and 3:30 PM

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

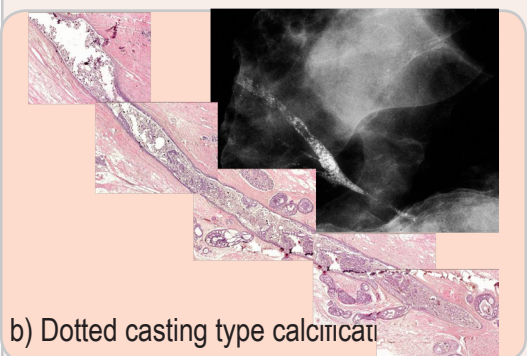
ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

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.

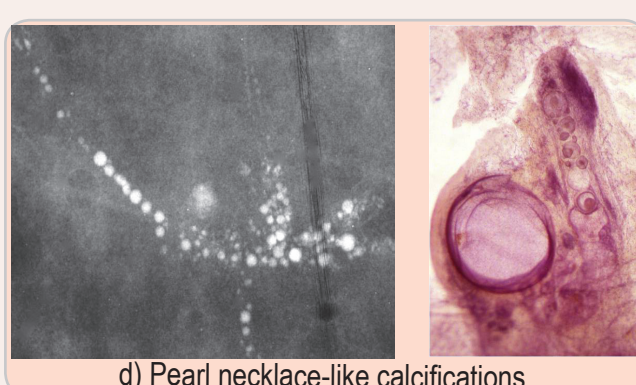
* The concept of **neoductogenesis**. Long-term follow-up results. New aspects, correct terminology.

* 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



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3rd day

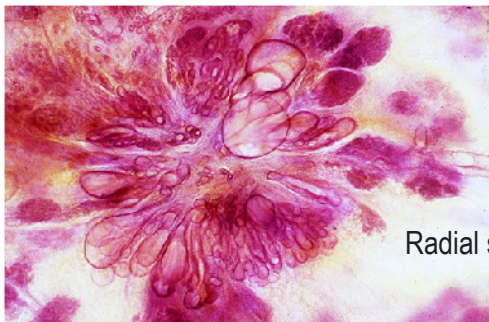
Morning lectures between 8:30 AM and 12:00 Breaks at 10:00 AM and 11:00 AM

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

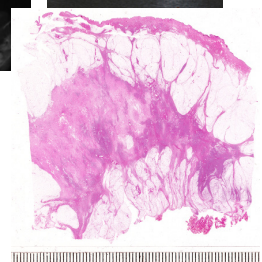
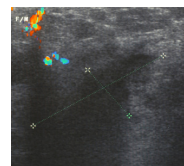
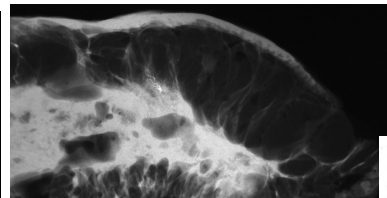
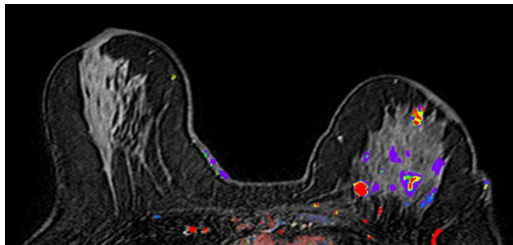
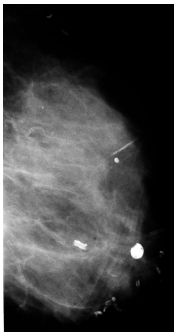


Neoductogenesis

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

- **Neoductogenesis** 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

VIII



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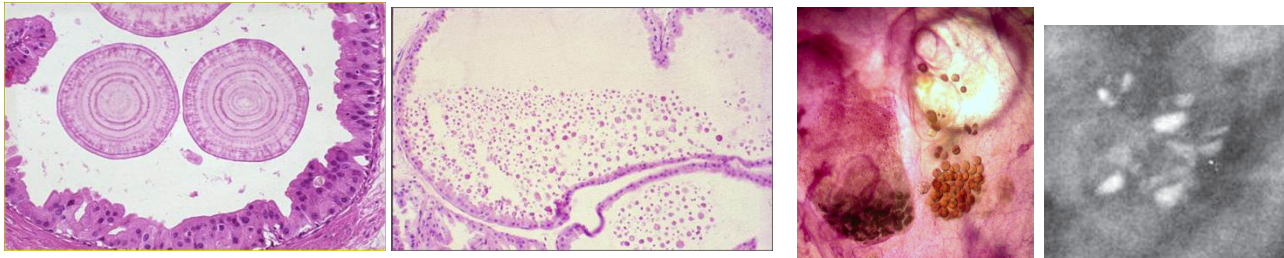
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3rd day Afternoon lectures between 1:00 PM and 5:30 PM. Breaks at 2:30 and 3:30 PM

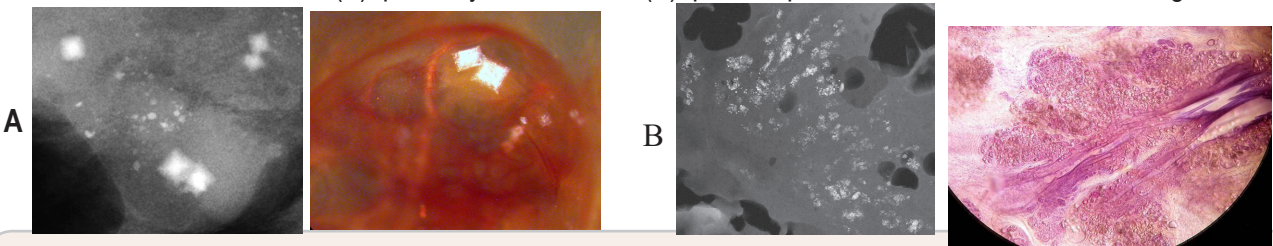
1:00 ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- **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.

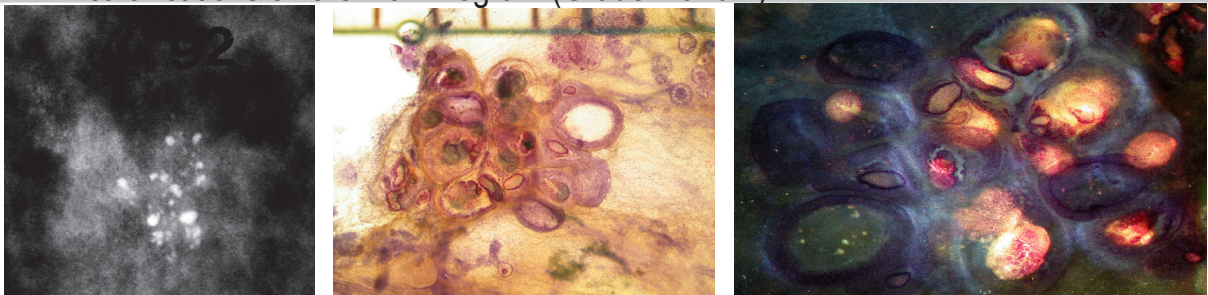


Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications on the mammogram.

- 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:

**Mammography Education, Inc., 4429 E. Spur Drive
CAVE CREEK, AZ 85331, USA. Ms. Donna Sokolik**

Phone: (480) 419 0227, Fax: (480) 419 0219, E-mail: info@mammographyed.com

Registration on internet: www.mammographyed.com

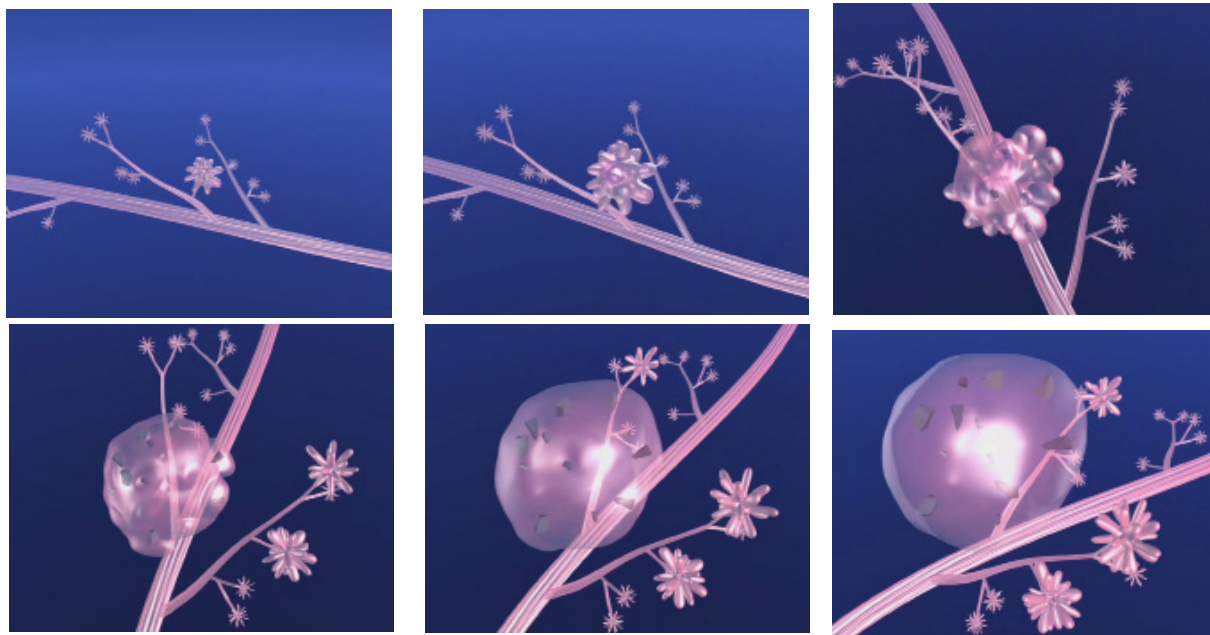
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Computer simulation images of the development of Grade 2 *in situ* carcinoma within the TDLU. The lobule becomes gradually distended and deformed. Calcifications are formed within the necrotic debris and are seen on the mammogram as **crushed stone-like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



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