3D image of the breast tissue

<10 mm invasive breast cancer
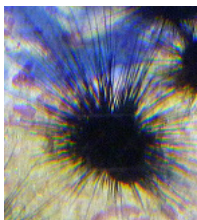
Sea urchin

26 hours of Category I CME credits

Mammography Education, Inc.

MEI
Mammography Education, Inc.

2018

BREAST SEMINAR SERIES

Faculty

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

ALFONSO FRIGERIO, MD.

Screening Expert

Detection and Diagnosis of Breast Diseases Using the Multimodality Approach
A FULLY INTERACTIVE, UNIQUE LEARNING EXPERIENCE

Dec 11-14, 2018
TORINO, *Italy*
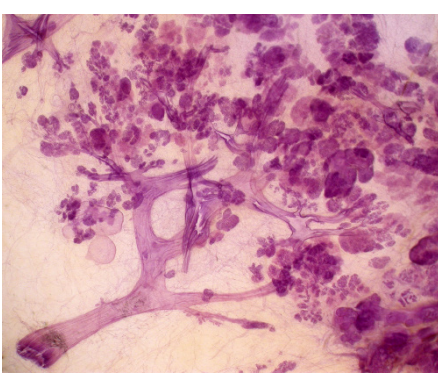
Centro Congressi Unione Industrialie
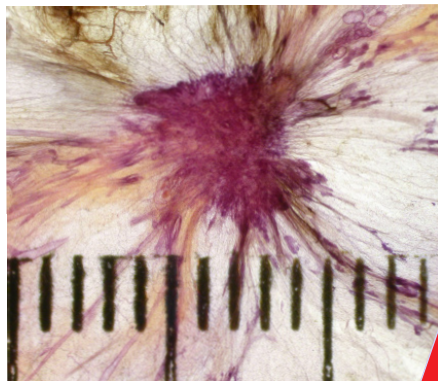Via Vela 17, Torino

NEW course design

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

2018
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

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
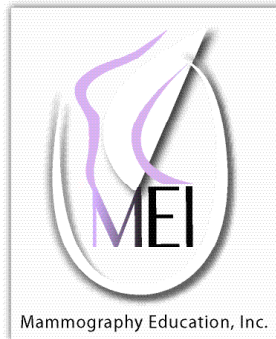www.tabarfoundation.org

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Course Director

Mammography Education, Inc. is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. Mammography Education, Inc. designed these medical education activities for a maximum of **26 credit hours inCategory I** of the Physicians' Recognition Award of the American Medical Association. Each physician should claim only those hours of credit that he / she actually spent in the educational activity.

NEW COURSE DESIGN

* The lectures on each major subject will be followed by **interactive screening sessions** consisting of a mixture of normal and early cancer cases presented on the large screen exactly as they appear on a viewing station at screening. Using a specially provided polling program downloaded to each participant's smartphone or tablet, the attendees will be asked to vote anonymously on each case. The aggreate results will appear instantly for discussion and evaluation. This new course design gives immediate feedback demonstrating the effectiveness of various screening methods.

* During the course the attendees will progressively improve their interpretive expertise, as they learn the full spectrum of normal breast images, with all important findings explained with the help of 3-dimensional histology images.

* These skills will lead to fewer call-backs and greater confidence in reading a large number of mammograms.

* Immediate feedback and discussion of every case throughout every reading session.

* Special emphasis will be placed on finding early phase breast cancers.

* **All abnormal cases are fully worked up and the complete imaging workup will be presented in detail, including ultrasound, MRI and large section histopathology.**

CREDITS

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)
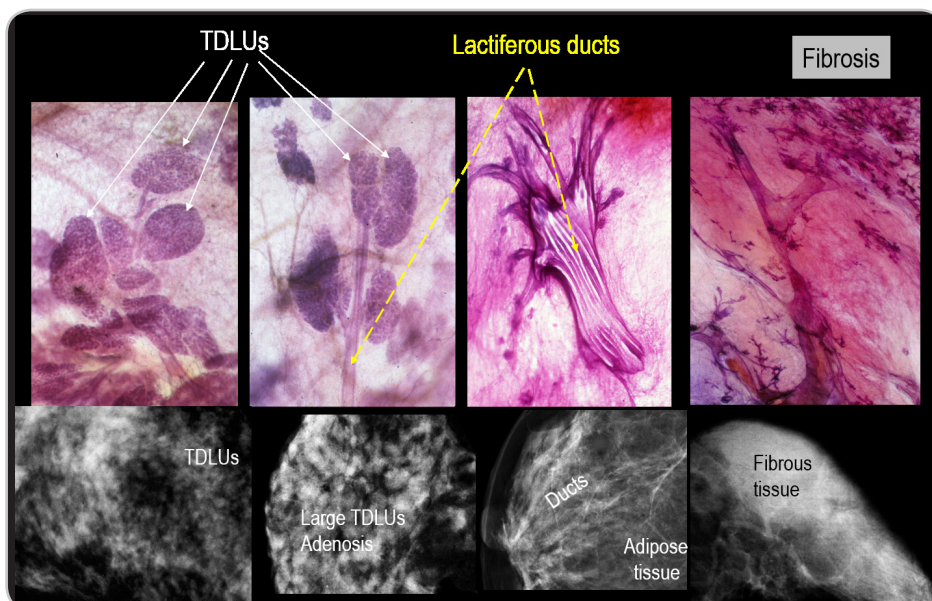
III

2018
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

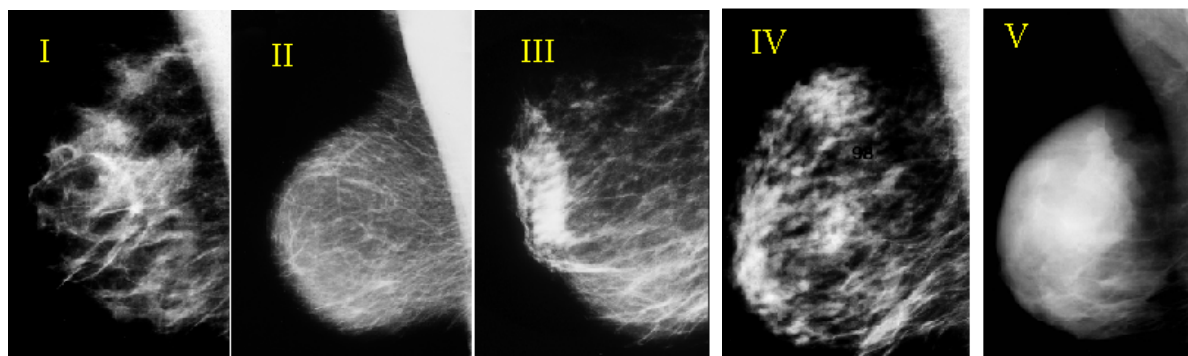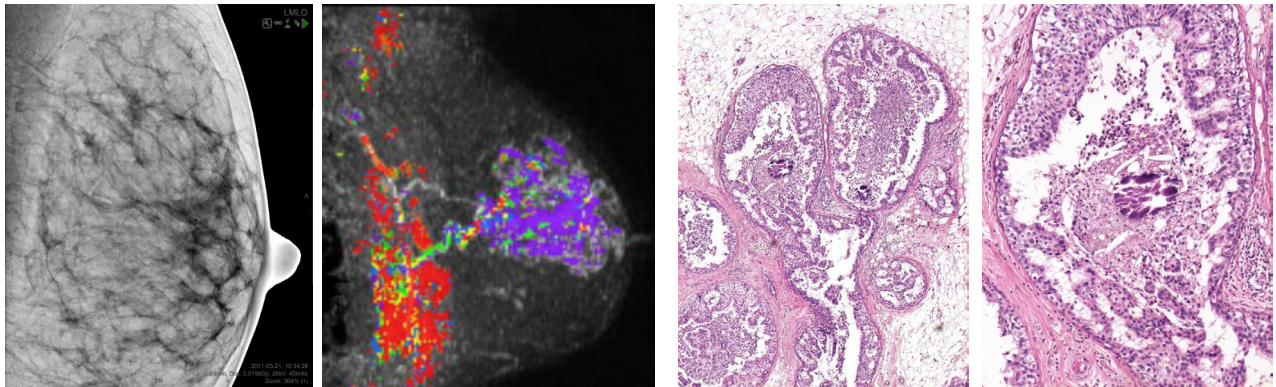**László Tabár, MD, FACR (Hon)**
Course Director

Day 1   Morning lectures between 8:30 AM - 12:00 PM.   Breaks: 10:00 AM, 11:00 AM

8:30   INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

• A NEW ERA in the DIAGNOSIS and TREATMENT of BREAST CANCER. A SHORT HISTORY.

• **HOW TO READ A MAMMOGRAM.** THE BASIS FOR SKILLFUL AND EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE

• Correlating 3-dimensional, subgross anatomy with mammography of the normal breast results in **increased confidence in reading a mammogram** *and* **finding small abnormalities**. Special training in large format thin and thick section (3D) histopathologic correlation enables the radiologist to account for every linear and nodular density on the mammogram.

The breast, unlike any other organ, has **five structurally different mammographic parenchymal patterns.**

12:00 PM - 1:00 PM   L u n c h

IV

2018
BREAST SEMINAR SERIES of MEI

László Tabár, MD, FACR (Hon)
Course Director

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

Day 1   **Afternoon lectures: 1:00 PM - 5:30 PM.**   **Breaks at 2:30 and 3:30 PM**

ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL. *Malignant stellate and circular/oval-shaped lesions originating from the TDLUs (AAB)*: clinical presentation, histology, mammographic - MRI - ultrasound appearance and outcome.

- 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

- **Interactive screening session:** Using what has just been taught, each participant will assess a mixture of normal and early cancer cases, and vote anonymously using a smartphone or tablet. The combined results will appear instantly for discussion. and evaluation.

Example: Multifocal invasive and *in situ* carcinoma, where the extensive micropapillary cancer originating from the major ducts was well demonstrated on breast MRI.

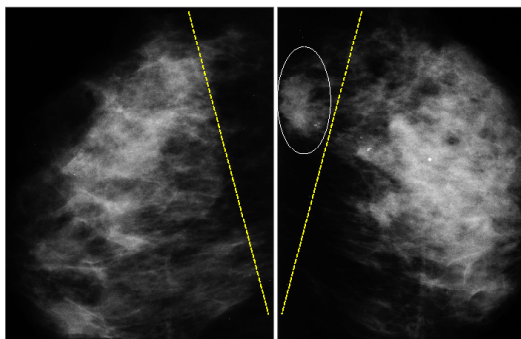5:00 PM. End of Day 1.

2018
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.
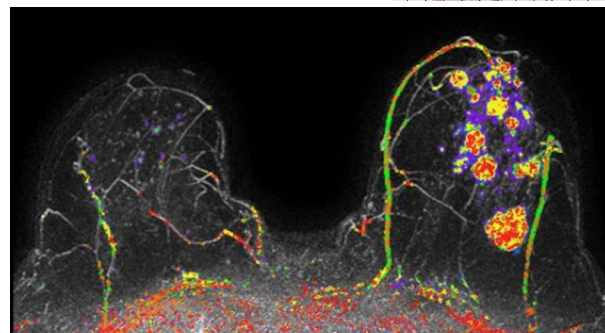
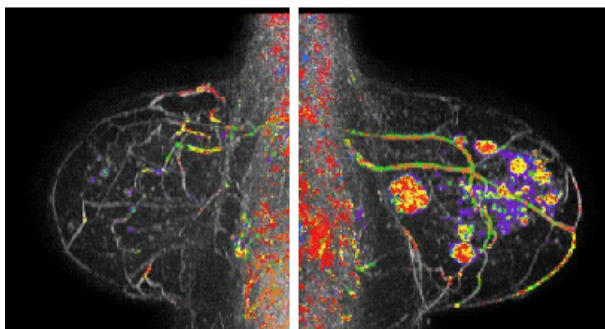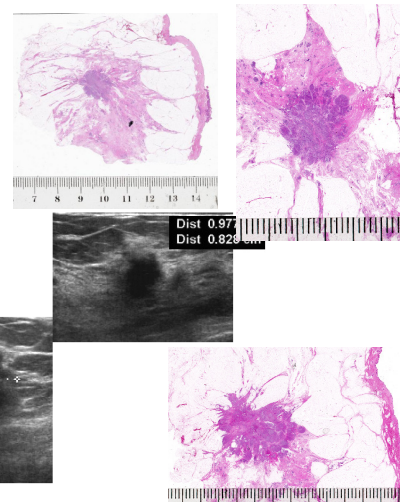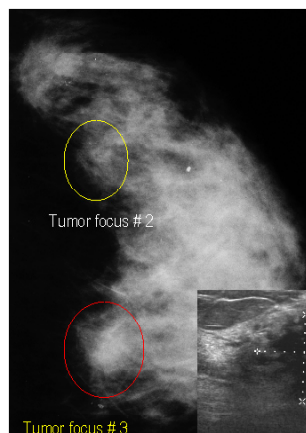**László Tabár, MD, FACR (Hon)**
Course Director

Day 2 Morning lectures between 8:30 AM - 12:00 PM. Breaks:10:00 AM, 11:00 AM

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. Partenchymal contour changes, non-calcified architectural distortion, **unifocal / multifocal / diffuse breast cancers.**

- **Interactive screening session:** Using what has just been taught, each participant will assess a mixture of normal and early cancer cases, and vote anonymously using a smartphone or tablet. The combined results will appear instantly for discussion. and evaluation.

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

Tumor focus # 2

Tumor focus # 3

Dist 0.97
Dist 0.829

12:00 PM - 1:00 PM   L u n c h

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2018
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)
Course Director

**Day 2**   **Afternoon lectures: 1:00 PM - 5:00 PM.**   **Breaks: 2:30 PM and 3:30 PM**

1:00 AM   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
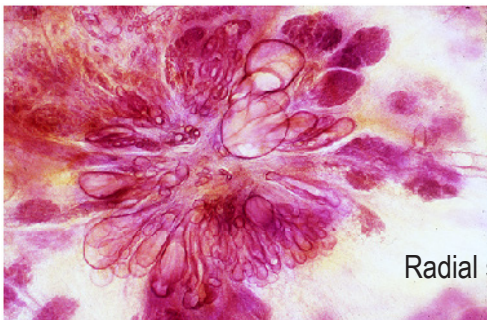
Radial scar

Neoductgenesis

ANALYSIS of MALIGNANT LESIONS PRESENTED as non-calcified RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome:

- **Duct forming invasive carcinoma** / **Neoductgenesis** cases presenting on the mammogram as architectural distortion. The role of MRI in diagnosing diffuse breast cancer. A suggested algorithm for the workup of lesions with architectural distortion.

Interactive session for detecting architectural distortion on the mammogram.
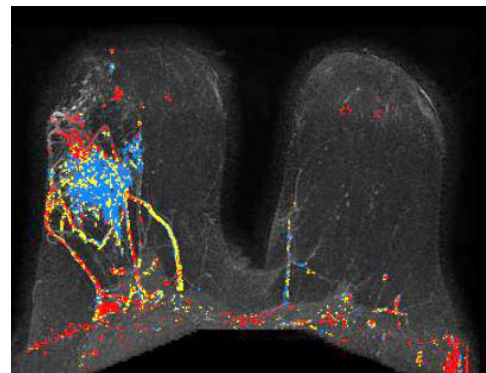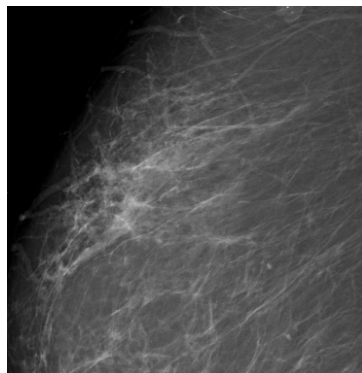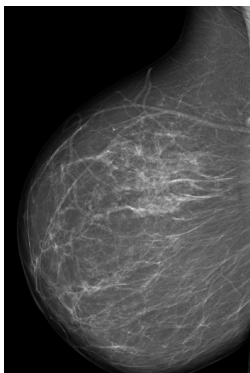
Non-calcified architectural distortion: extensive duct forming invasive cancer

5:00 PM. End of lectures Day 2.
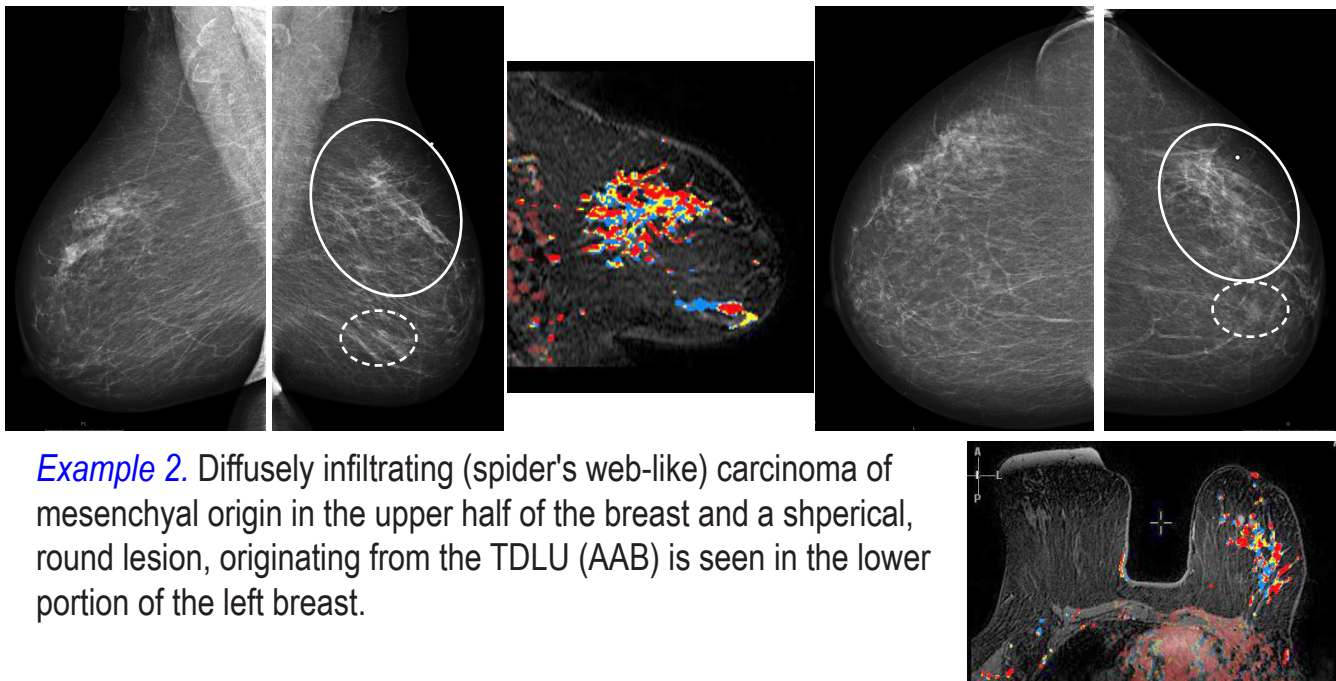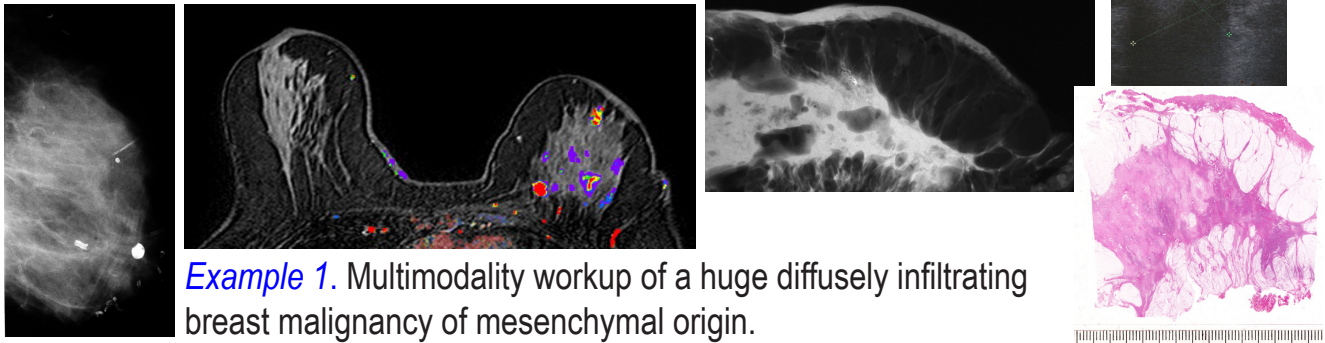
VII

2018
BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)
Course Director

Day 3   Morning lectures: 8:30 AM - 12:00 PM.   Breaks: 10:00 AM and 11:00 AM

8:30 PM ANALYSIS of MALIGNANT LESIONS PRESENTING as RADIATING STRUCTUREs on the mammogram. Clinical presentation, mammographic appearance and outcome, cont.

2) Diffuse forms of invasive breast cancer: the most deceptive and frequently missed cancer of the breast. The value of ultrasound and MRI in finding and diagnosis invasive lobular cancer subtypes. Case demonstrations, histologic-imaging correlation. Long-term outcome.

Example 1. Multimodality workup of a huge diffusely infiltrating breast malignancy of mesenchymal origin.

Example 2. Diffusely infiltrating (spider's web-like) carcinoma of mesenchyal origin in the upper half of the breast and a shperical, round lesion, originating from the TDLU (AAB) is seen in the lower portion of the left breast.

Interactive session for detecting architectural distortion on the mammogram.

  12:00 PM - 1:00 PM   L u n c h

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BREAST SEMINAR SERIES of MEI

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László Tabár, MD, FACR (Hon)
Course Director

**Day 3**   **Afternoon lectures: 1:00 PM - 5:00 PM.**   **Breaks at 2:30 and 3:30 PM**

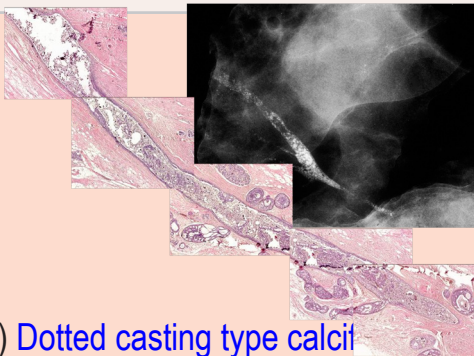**1:00 PM**   INTERACTIVE LECTURE SERIES WILL COVER THE FOLLOWING TOPICS.

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
- **Interactive calcification analysis.**
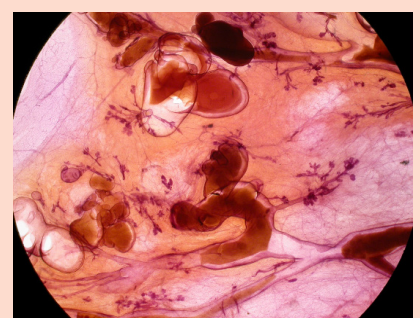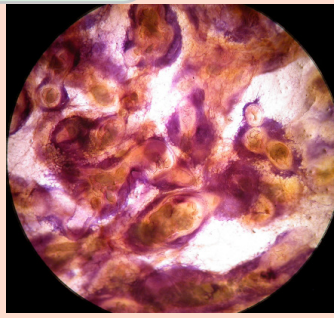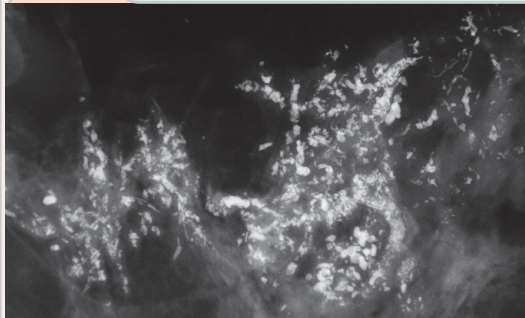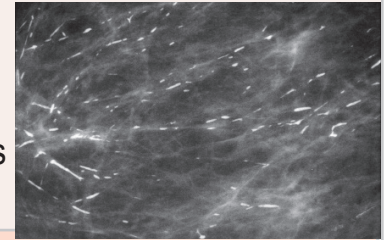
a) Fragmented casting type calcifications.

b) Dotted casting type calcif

* **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.
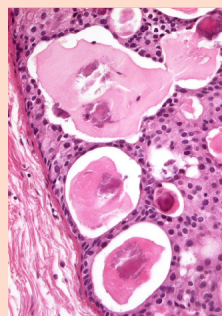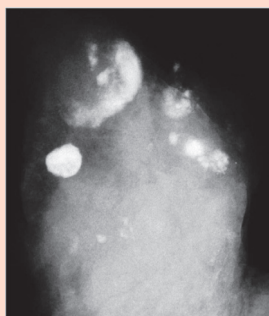
c) Skipping stone-like calcifications
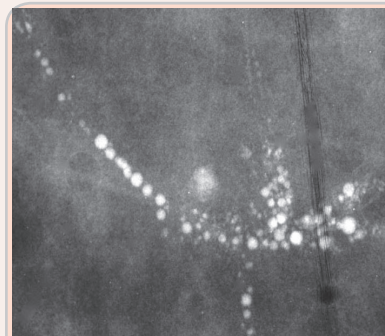
d) Pearl necklace-like calcifica-

5:00 End of the lectures for Day 3   **5:05**   ART HISTORY LECTURE: - A FRIGERIO

2018
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Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)
Course Director

**Day 4** **Morning lectures: 8:00 AM - 1:00 PM.**   **Breaks at 10:00 and 11:00 AM**

8:00 AM   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.
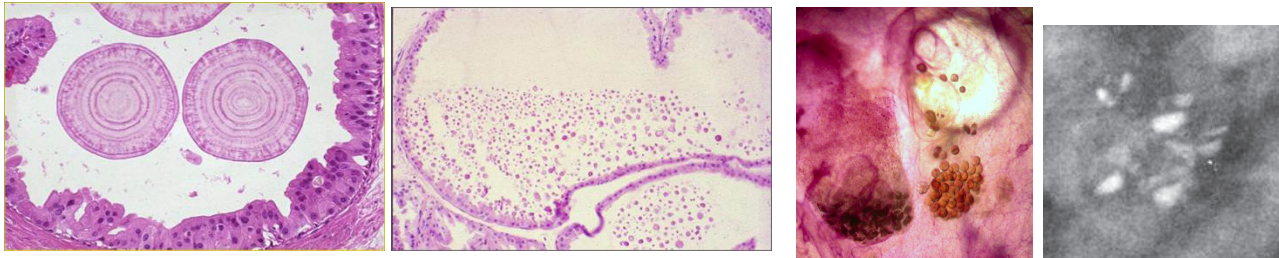
Conventional and 3D histology images of small breast cysts containing sediment of psammoma
body-like calcifications, seen as "teacup-like calcifications on the mammogram.

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

A
B
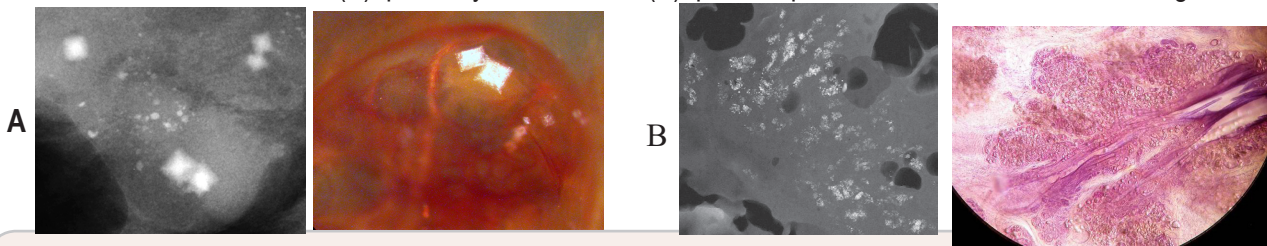
· **Malignant breast diseases originating in the TDLU(s)** and associated with
  calcifications on the mammogram (Grade 1 and 2).
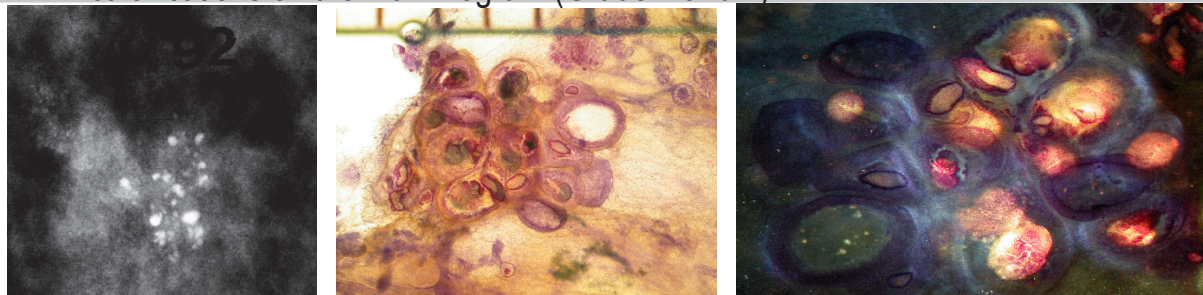
Grade 2 cancer *in situ:* Mammographic / 3-D histologic / MRI correlation of cases with crushed
stone-like/pleomorphic calcifications on the mammogram.

1:00 End of the course

x

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BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
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László Tabár, MD, FACR (Hon)
Course Director

For more information and registration please contact:

Korilù srl
Viale Gozzadini 19
40124 Bologna

Phone: 051385328

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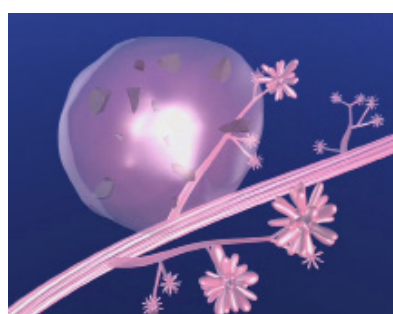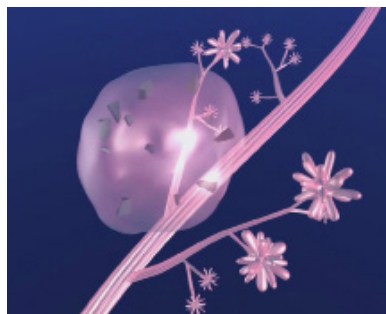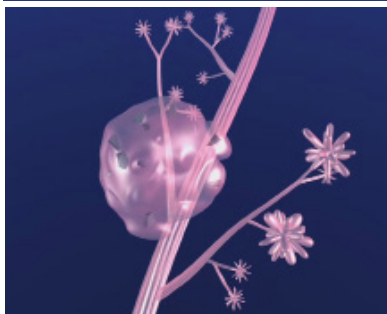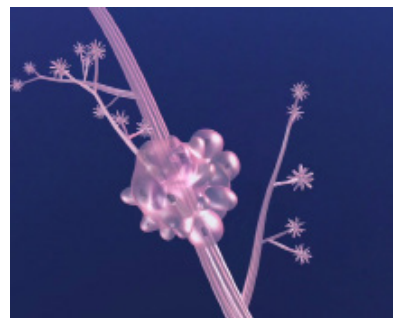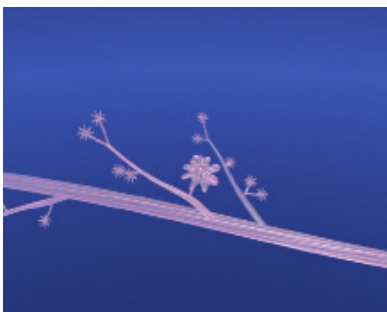
Computer simulation images of the development of Grade 2 *in situ* carcinoma within the TDLU. The lobule becomes gradually distended and deformed. Calcifications are formed within the necrotic debris and are seen on the mammogram as **crushed stone-like calcifications**.

XI

DETECTION AND DIAGNOSIS OF BREAST DISEASES USING THE MULTIMODALITY APPROACH   Breast Seminar series of MEI
Torino 11 - 14 DICEMBRE 2018

MEI Mammography Education, Inc.

SCHEDA DI ISCRIZIONE

Inviare alla Segreteria Organizzativa **Korilù** srl - Via **le Gozzadini 19** 40124 Bologna Tel. 051 385328 - congressi@korilu.it - www.korilu.it

Cognome .... Nome ....

Nato a .... il .... Codice Fiscale | | | | | | | | | | | | | | | | | | |

E-mail .... Tel. .... Cell. ....

Residenza: Via .... N. civico ....

CAP | | | | | | Città .... Prov. ....

Professione .... Disciplina ....

❑ Libero Professionista   ❑ Dipendente   ❑ Convenzionato   ❑ Iscritto all'ordine / collegio / ass. prof.le n. ....

Ente ....

Città Ente ....

QUOTA DI ISCRIZIONE

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

❑ *Medico Chirurgo*   **€ 990,00 + € 10,00 di spese**

❑ *Specializzando*   **€ 890,00 + € 10,00 di spese**

IMPORTANTE: chi desidera ricevere fattura anziché ricevuta d**ovrà** aggiungere alla quota di iscrizione il corrispettivo dell'IVA vigente **al** 22%. Pertanto il totale diventerà:
€ 1.000,00 + IVA 22% = € 1. 220,00 per Medico Chirurgo e € 900 + IVA 22% = € 1.098,00 per il Medico Specializzando

DATI PER LA FATTURAZIONE

Intestare fattura a (Ragione Sociale o Cognome e Nome): ....

Via .... CAP | | | | | | Città .... Prov. ....

Partiva IVA | | | | | | | | | | | | Codice Fiscale | | | | | | | | | | | | | | | | |

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Gli enti pubblici che desiderano richiedere l'esenzione IVA sul pagamento della quota di iscrizione dei propri dipendenti sono tenuti a farne richiesta apponendo il proprio timbro qui a lato.
Non sono riconosciute richieste senza timbro e non è possibile richiedere emissione di nota di accredito a pagamento e/o fatturazione già avvenuta.
Per emettere fattura elettronica alla pubblica amministrazione occorre CUU (CODICE UNIVOCO UFFICIO) ....

MODALITÀ DI PAGAMENTO (barrare una casella)

❑ **Assegno Bancario** non trasferibile intestato a Korilù srl di € .... Numero ....

(si prega di spedire l'assegno accompagnato dalla scheda d'iscrizione)

❑ **Bonifico Bancario** effettuato a favore di: Korilù srl - Cr Cento IT04W0611502401000000002696

L'iscrizione verrà finalizzata mediante conferma scritta (e-mail) da parte di Korilù srl contestualmente verrà emessa regolare fattura.

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❑ Il sottoscritto dichiara di NON essere stato iscritto da Azienda Sponsor
❑ Il sottoscritto dichiara di essere consapevole che i crediti formativi ricondotti al triennio di riferimento sono acquisibili mediante reclutamento diretto entro il limite massimo di 1/3, e segnala che è stato iscritto dalla seguente Azienda Sponsor: ………………………………………………......

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