



3D histology of TDLUs



Mammography Education, Inc.

2009

BREAST SEMINAR SERIES

LÁSZLÓ TABÁR, M.D., F.A.C.R. (Hon) Course Director
Professor of Radiology

MULTIMODALITY DETECTION and
DIAGNOSIS of BREAST DISEASES

CAIRO, Egypt

Media City, Movenpick Hotel and Resorts

6th of October District

Oct 20-22, 2009

In collaboration with the Egyptian Society of Women's
Imaging and Health Care

Designed for:

Radiologists • Surgeons • Pathologists

Gynecologists • All professionals involved in women's health

Implications of mammography, MRI, breast ultrasound and interventional methods in radiological and surgical practice



This course provides extensive knowledge about diagnostic breast imaging, differential diagnosis of breast diseases, surgical management and newest diagnostic technologies.

20 HOURS OF CATEGORY I CME CREDITS



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Multimodality Detection and
Diagnosis of Breast Diseases

László Tabár, M.D.
*Professor of Radiology
Course Director*

FACULTY



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Course Director

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Each physician should claim only those hours of credit that he / she actually spent in the educational activity.

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)



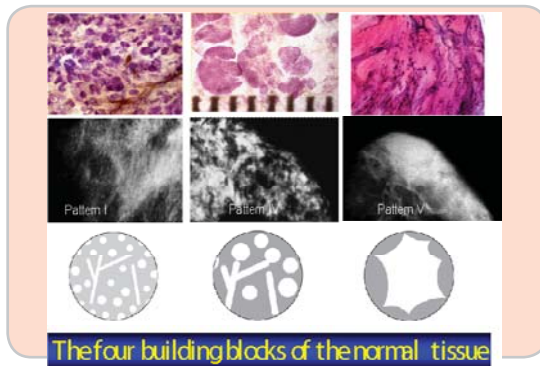
1st DAY

Morning lectures

8:30 INTRODUCTION

8:40 THE BASIS FOR EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE

- Correlative 3-dimensional, subgross anatomy and mammography of the normal breast



9:45 Break

10:00 INTERPRETATION OF THE MAMMOGRAPHIC IMAGE

- **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

11:00 Break

11:15 ASYMMETRIC DENSITIES ON THE MAMMOGRAM

- Didactic workup of asymmetric densities
 - normal breast tissue/focal fibrosis
 - non-specific asymmetric densities
 - definite pathologic lesions
- A suggested algorithm for the workup of asymmetric densities on the mammogram

12:00 Lunch



1st DAY

Afternoon lectures

1:30 HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL

- 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

2:30 Break

2:45 BREAST MRI: PRINCIPLES, INDICATIONS and LARGE FORMAT HISTOLOGIC VISUALISATION of INTACT TUMOR FIELDS WITH MULTIDIMENSIONAL IMAGING CORRELATION - R Reitherman

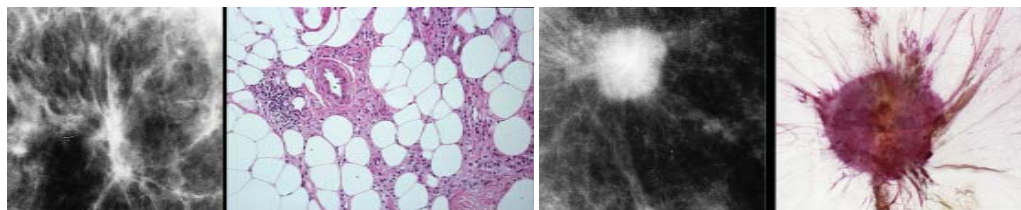
3:30 Break

3:45 PRACTICE IN PERCEPTION OF SUBTLE, NON-CALCIFIED CANCERS.

AN ANALYTICAL APPROACH FOR THE DIFFERENTIAL DIAGNOSIS OF STELLATE / SPICULATED LESIONS:

The role of hand-held ultrasound / 3D automated ultrasound / MRI in the detection and workup of the findings

- *Malignant stellate lesions*: clinical presentation, histology, mammographic appearance and outcome:
 - **invasive ductal carcinoma**, not otherwise specified (NOS): the most frequently occurring carcinoma
 - **tubular carcinoma**: the stellate tumor with the best outcome



4:30 End of Day 1



2nd DAY Morning lectures

8:30 SCREENING COMBINED WITH AN ANALYTICAL APPROACH FOR THE DIFFERENTIAL DIAGNOSIS OF STELLATE/SPICULATED LESIONS.

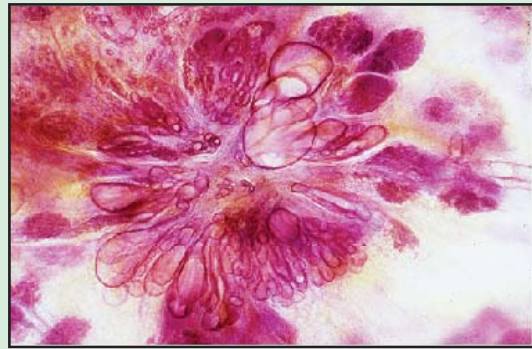
- **invasive lobular carcinoma**: the most deceptive and frequently missed cancer of the breast

10:00 Break

10:15 ANALYSIS of **BENIGN** RADIATING STRUCTURES on the mammogram

- **Radial scar**
- Traumatic (postsurgical) **scar / fat necrosis / granular cell tumor**
- A suggested algorithm for the workup of stellate lesions
- Indications and contraindications of using **minimally invasive preoperative diagnostic techniques.**

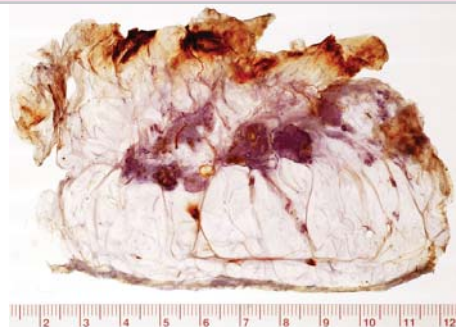
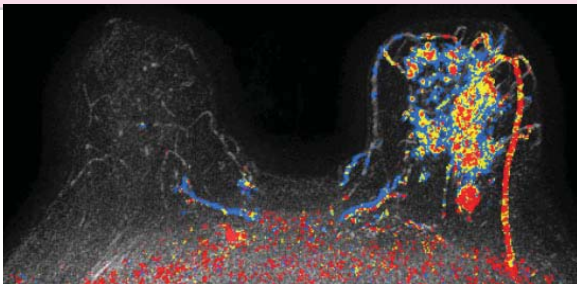
radial scar



11:00 Break

11:15 BREAST MRI: COMPLEMENTARY TOOL FOR BREAST CANCER STAGING, EVALUATION OF EXTENT OF LOCAL/REGIONAL DISEASE

- R Reitherman



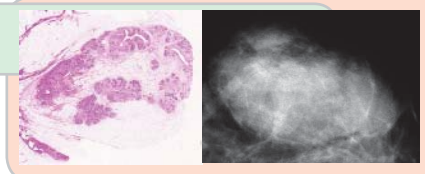
12:00 Lunch



2nd DAY Afternoon lectures

1:30 BENIGN CIRCULAR / OVAL SHAPED LESIONS

- Cysts, fibroadenoma, papilloma, pyllodes tumors
- Abscess
- A suggested algorithm for the workup of circular / oval lesions
- Indications and contraindications of using minimally invasive preoperative diagnostic techniques based on mammographic findings:



2:30 Break

2:45 MALIGNANT CIRCULAR / OVAL LESIONS: clinical **presentation, histology, mammographic appearance, breast ultrasound and outcome**

- **Invasive ductal carcinoma**: a) Stellate form: 1-14 mm, highly curable
b) Circular form: an often aggressive cancer

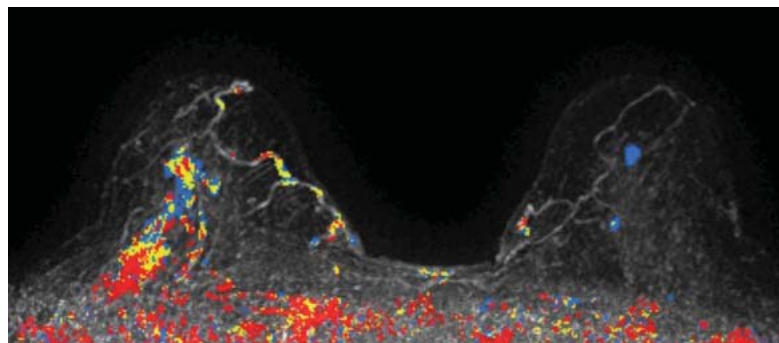
3:30 Break

MALIGNANT CIRCULAR / OVAL LESIONS: clinical **presentation, histology, mammographic appearance, breast ultrasound and outcome**

- **Medullary cancer**: one of the fastest growing breast cancers
- **Mucinous and papillary cancers**: unusual and special forms
- **Metastasis to the breast**, etc

3:45 Break

4:00 BREAST MRI: COMPLEMENTARY TOOL FOR BREAST CANCER SCREENING, PERCEPTION, ANALYSIS, IMAGE GUIDED BIOPSY - R Reitherman



5:00 End of Day 2



3rd DAY Morning lectures

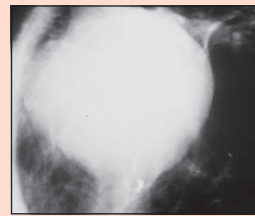
8:30 DESCRIPTION OF THE PATHOPHYSIOLOGIC PROCESSES LEADING TO THE MAMMOGRAPHIC SIGNS OF EARLY BREAST CANCER

- Overview of the subtle mammographic signs of *in situ* carcinoma
- Every fourth DCIS case is detected by mammographic signs other than calcifications
- **Special forms of *in situ* carcinoma**
 - architectural distortion
 - dominant mass
 - cases detected by galactographic examination

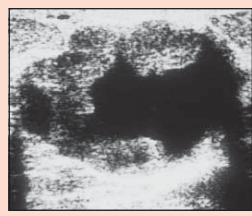
10:00 Break



Architectural distortion, *in situ* carcinoma



Dominant mass, *in situ* carcinoma

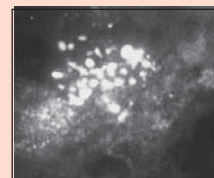
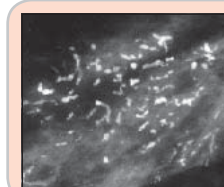


10:15 SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS-

- Understanding the process producing **calcifications**
- To what extent do calcifications on the mammogram predict their etiology?
- The morphologic analysis of calcifications representing an aggressive carcinoma that must not be missed or undertreated: **poorly differentiated/ high grade/Van Nuys Group 3 "in situ" carcinoma. The concept of neoductgenesis.**

11:00 Break

- Practical aspects of management
- Interactive evaluation and differential diagnosis of benign versus malignant type calcifications by course participants
- The role of MRI examination in demonstrating the extent of Gr 3 CIS and helping in treatment planning.



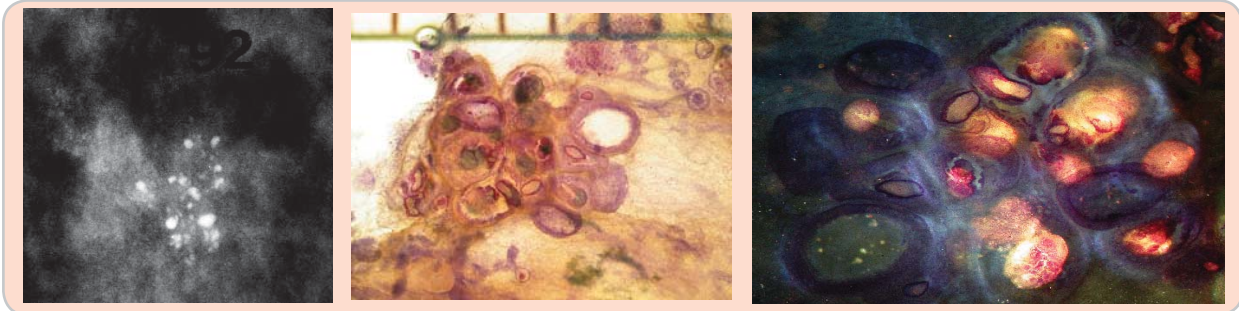
12:00 Lunch



3rd DAY Afternoon lectures

1:30 SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS

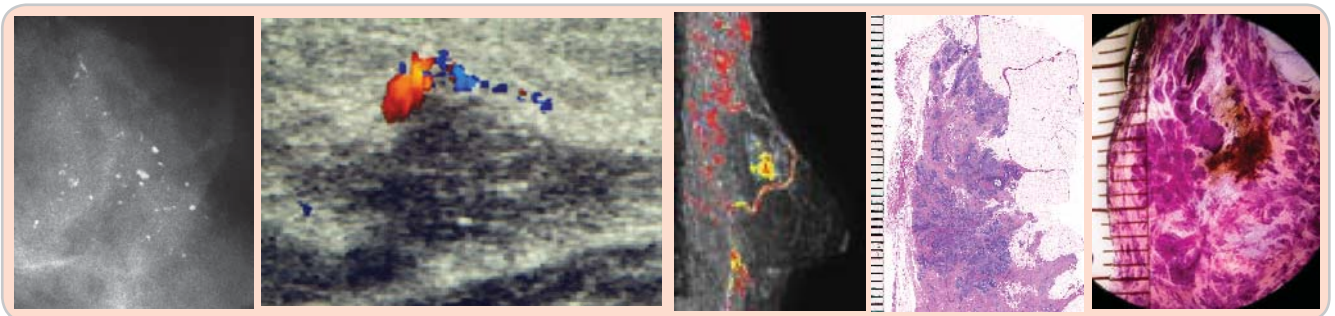
- The morphologic analysis of calcifications representing a less aggressive carcinoma: **intermediate grade/ moderately differentiated / Van Nuys Group 2 carcinoma *in situ***



2:30 Break

2:45 SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS

- The role of MRI examination in demonstrating the extent of Gr 2 CIS and helping in treatment planning
- The morphologic analysis of calcifications representing a less aggressive carcinoma: **well differentiated / Van Nuys Group 1 DCIS**



3:45 Break

4:00 BENIGN TYPE CALCIFICATIONS

- Interactive evaluation and differential diagnosis of benign versus malignant type calcifications by course participants
- Indications and contraindications for preoperative needle biopsy of calcifications
- The obviously benign type calcifications.

5:00 End of course



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**For more information and
registration please contact:**

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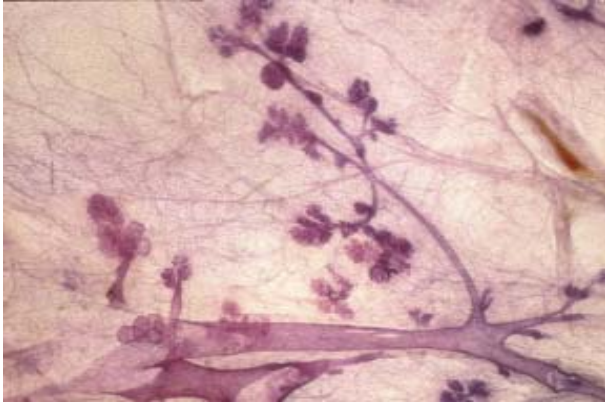


Playing with water and light by L Tabar



2009 BREAST SEMINAR SERIES
Multimodality Approach to the Detection and
Diagnosis of Occult Breast Cancer

László Tabár, M.D.
Professor of Radiology
Course Director



3-D histologic image of TDLUs



Sunset in Carmel, CA

