

3D image of the breast tissue





3D image of the breast tissue

8 Category I CME credit hours.





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

Detection and Diagnosis of Breast Diseases Using the Multimodality Approach

# AN INTERACTIVE, UNIQUE LEARNING EXPERIENCE LIVE WEBINAR

Sept 18 and Sept 25

and

Oct 02 and Oct 09

Designed for: Radiologists • Surgeons • Pathologists Gynecologists

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





László Tabár, MD, FACR (Hon)

Course Director

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

# FACULTY



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

Professor emeritus of Radiology, Uppsala University, Sweden



Photographs from the collection of the non-profit Tabar Foundation dedicated to Research and Education for Breast Cancer



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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 **8 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 **immediate feedback** and discussion.
- \* During the course the attendees will progressively **improve their interpretive expertise**, as they learn all important findings explained with the help of large format thin section and 3-dimensional histology images.
- \* These skills will lead to greater confidence in analyzing and interpreting microcalcifications on the mammogram.
- \* 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.**



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#### 2021 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.

8:00 AM PDT (California daylight saving time). 10 AM CDT (Chicago). 11:00 AM EDT (New York). 5:00 PM CET (Central European Time, Stockholm)

#### CONTENT OF THE INTERACTIVE SESSIONS - SPREAD OUT IN FOUR DAYS

- Evaluation of asymmetric densities, specific for normal fibroglandular tissue. Detection and workup of non-specific asymmetric densities without architectural distortion. Parts I and II.
- Detection and didactic workup of benign and malignant non-specific asymmetric densities with architectural distortion.Parts I and II.



Radial scar







Diffusely infiltrating cancer of mesenchymal origin

ANALYSIS of BENIGN RADIATING STRUCTURES on the mammogram, originating in the ducts: Radial scar / sclerosing ductal hyperplasia









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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.

Interactive session for detecting architectural distortion on the mammogram.





Non-calcified architectural distortion: extensive duct forming invasive cancer





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

2) Diffusely infiltrating breast cancer of mesenchymal origin: the most deceptive and frequently missed cancer of the breast. The value of ultrasound and MRI in finding and diagnosing this spider's web-like malignancy. Case demonstrations, large section histopathologic-imaging correlation. Long-term outcome.



*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.



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For more information and registration please contact:

Mammography Education, Inc. 4429 E. Spur Drive CAVE CREEK, AZ 85331, USA

Phone: (480) 419 0227 Fax: (480) 419 0219 e-mail: info@mammographyed.com Internet: lectures.mammographyed.com

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# **Breast Cancer**

**Early Detection with Mammography** 

Casting Type Calcifications: Sign of a Subtype with Deceptive Features

László Tabár Tibor Tot Peter B. Dean



**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** 



# **Teaching Atlas** of Mammography

László Tabár Peter B. Dean With the contribution of Tiber Tot 4th edition



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# Understanding the Breast in Health and Disease





diagnosis of breast diseases. These images provide the best way to understand the great variability of the normal breast structure and

## www.mammographyed.com

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





cysts in a prostate

**Prostate and Breast:** Brother and Sister Organs





tate calcifications





Rowan berries

Laminated calcifications in the breast

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 ess serious problems in one or the other of these two organs, ducation will help us seek the benefits provided by monotone and expect excellence from health care providers.



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# Ductal Adenocarcinoma of the Breast (DAB), Part 1





invasive breast cancer associa with neoductoenesis (DAB)









ed casting type Neod ons make the phene s duct-like structures

e mammogram. gram is a true representation of the structural changes e genetic constellation of each breast cancer subtype. graphic/MRI/ultrasound presentation of a particular subtype

The mammographic/MR/Jutrasound 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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Ductal Adenocarcinoma of the Breast (DAB), Part 2





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





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 mycopithelial cell layer is demonstrable, the decisive question is how do the duct-like structures grow inside the lymph node/s? 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 (neoductgenesis) in the breast, in the prostate and in the axillary nodes.



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Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3





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





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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## Ductal Adenocarcinoma of the Breast (DAB), Part 5

Fluid producing DAB subtypes associated with calcifications









This volume describes the subtypes of breast cancers that arise in the major ducts, produce a viscous, proteinaceous fluid. Little or no necro-sis is present. The calcifications formed within the fluid have charac-teristic, 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 Tibor Tot, MD, Peter B. Dean, MD



Bloody and serous nipple discharge Ductal Adenocarcinoma of the Breast (DAB), Part 6







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 (subgross, 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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Breast cancer originating from the major ducts
Ductal Adenocarcinoma of the Breast (DAB), Part 7 ural distorion on the mammogram without calcifications or



correlation of this extensive micropapillary cancer originating from the major ducts presenting as architectural distortion.



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



Diffusely infiltrating breast cancer, Part 1

In 3D













Architectural distorion on the mammogram without calcifications nipple discharge



There are two main groups of diffuse breast cancers pres gram as large regions of architectural distortion; these account for of all breast cancers and tend to have a poor outcome: 1) Neoductg duct forming invasive carcinoma", the topic of this volume, often eroneously diagnosed as "DCIS", and 2) Diffusely infiltrating breast cancer, the topic of

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



e 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 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 mesenchy-mal stem cells/progenitors through a complex process of epithelial-mesenchymal transformation. Control of this unusual malignancy requires peuv percenders to activity distributed to a different transformation and percention. new approaches to earlier detection and entirely new therapeutic innovations.



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The mission of the Tabar Foundation is to support research and education to fight against breast cancer. Dr. Tabar's own photographs are now available as high-quality prints. All proceeds from your tax-deductible purchase will support young physicians who are learning how to detect breast cancer when it is still curable. Visit: tabarfoundation.org

