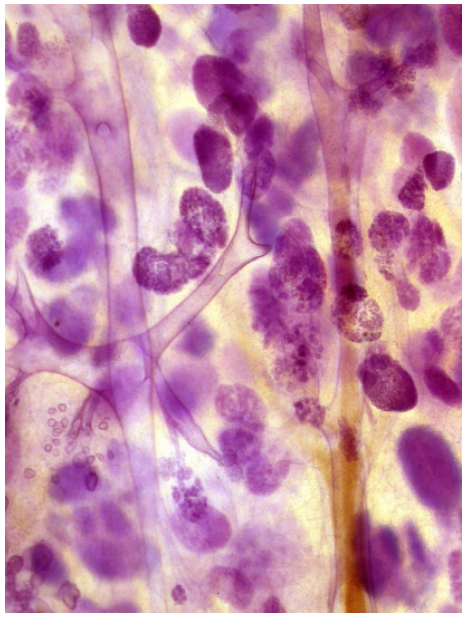
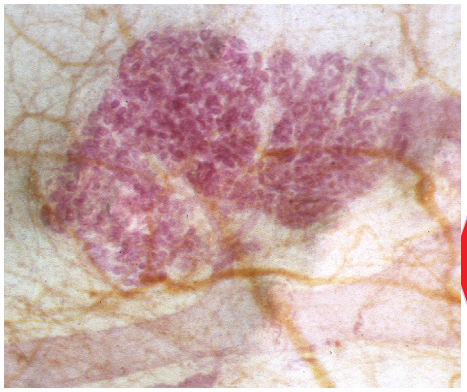


3D image of the breast tissue



3D image of the breast tissue

8 Category I CME credit hours.

Mammography Education, Inc.

2021

BREAST SEMINAR SERIES

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Detection and Diagnosis of Breast Diseases Using the Multimodality Approach

AN INTERACTIVE, UNIQUE LEARNING EXPERIENCE

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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.**

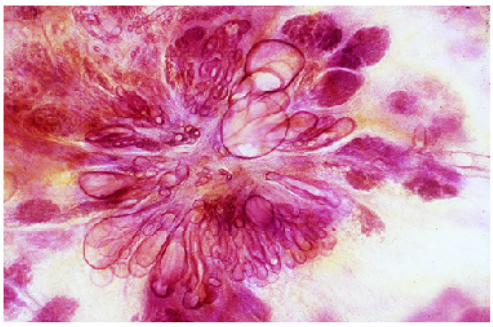
* All abnormal cases are fully worked up and the **complete imaging workup will be presented in detail, including ultrasound, MRI and large section histopathology.**

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

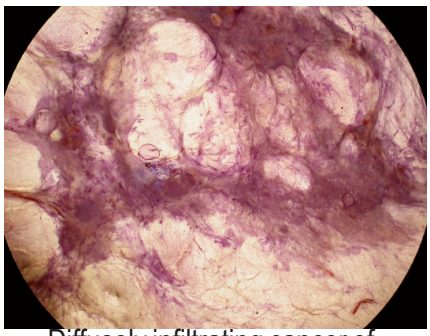
- *Evaluation of asymmetric densities, specific for normal fibroglandular tissue. Detection and workup of non-specific asymmetric densities without architectural distortion. Parts I and II.*

- *Detection and didactic workup of benign and malignant non-specific asymmetric densities with architectural distortion.Parts I and II.*



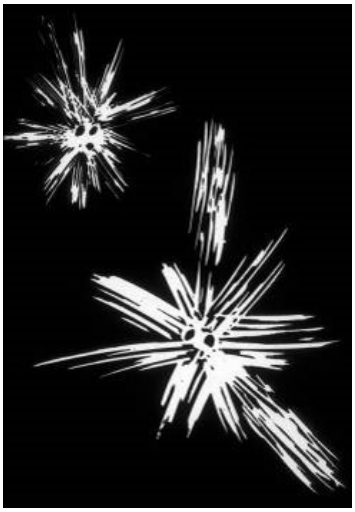
Radial scar

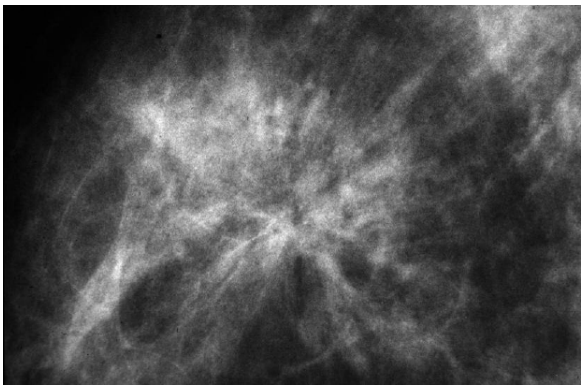
Neoductgenesis (DAB)

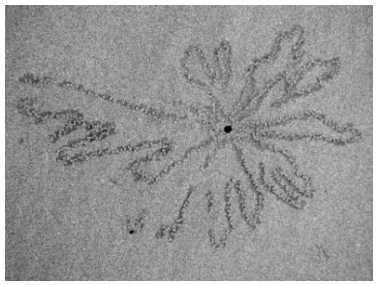


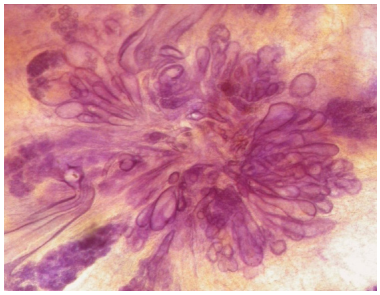
Diffusely infiltrating cancer of mesenchymal origin

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





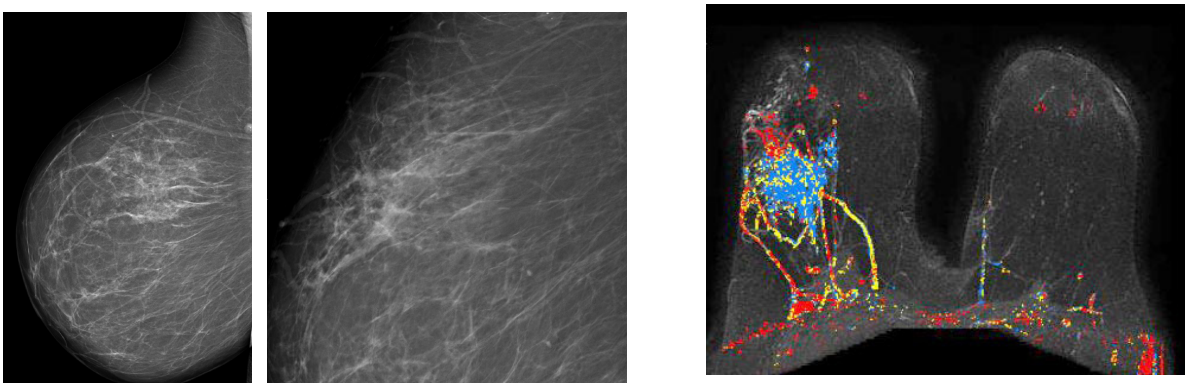




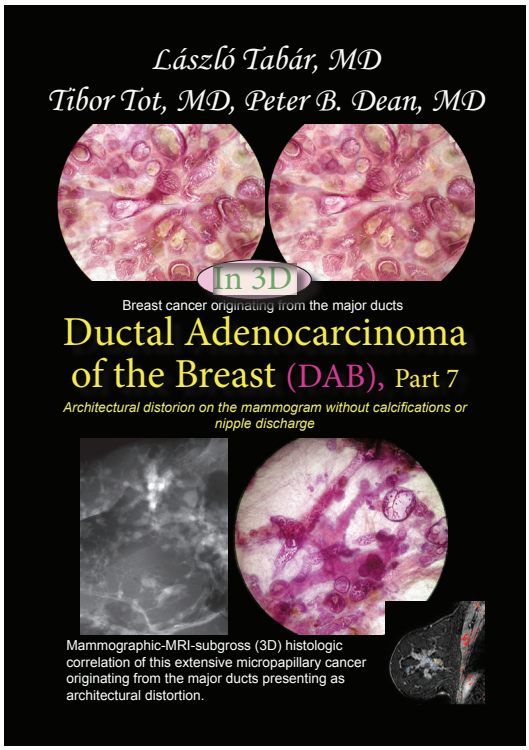
ANALYSIS of MALIGNANT LESIONS PRESENTED as non-calcified RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome.

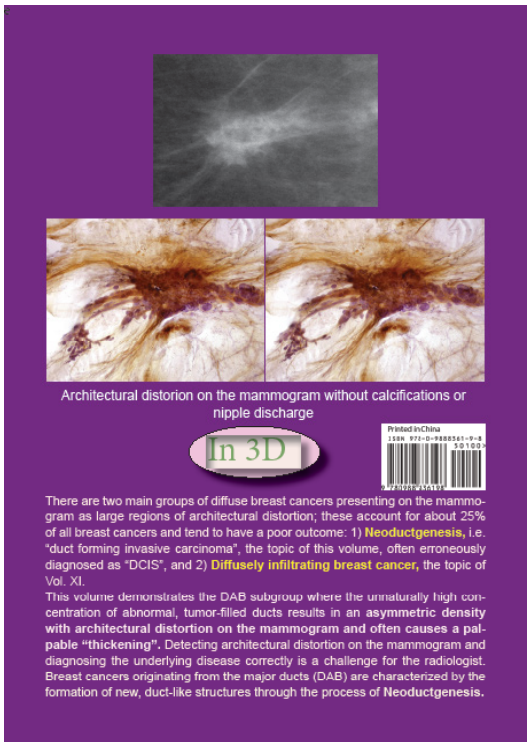
- **Duct forming invasive carcinoma** / **Neoductgenesis** cases presenting on the mammogram as architectural distortion. The role of MRI in diagnosing diffuse breast cancer.

Interactive session for detecting architectural distortion on the mammogram.



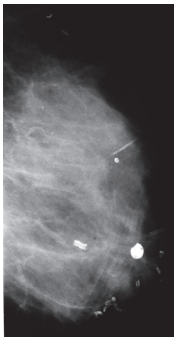
Non-calcified architectural distortion: extensive duct forming invasive cancer

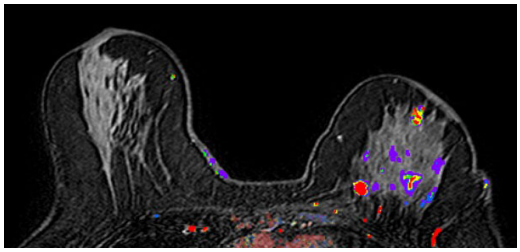




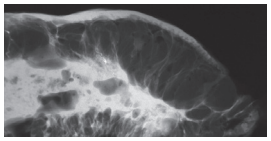
ANALYSIS of MALIGNANT LESIONS PRESENTING as RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome, cont.

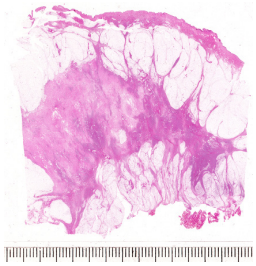
2) Diffusely infiltrating breast cancer of mesenchymal origin: the most deceptive and frequently missed cancer of the breast. The value of ultrasound and MRI in finding and diagnosing this spider's web-like malignancy. Case demonstrations, large section histopathologic-imaging correlation. Long-term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

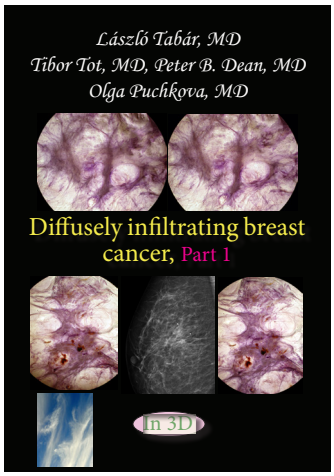


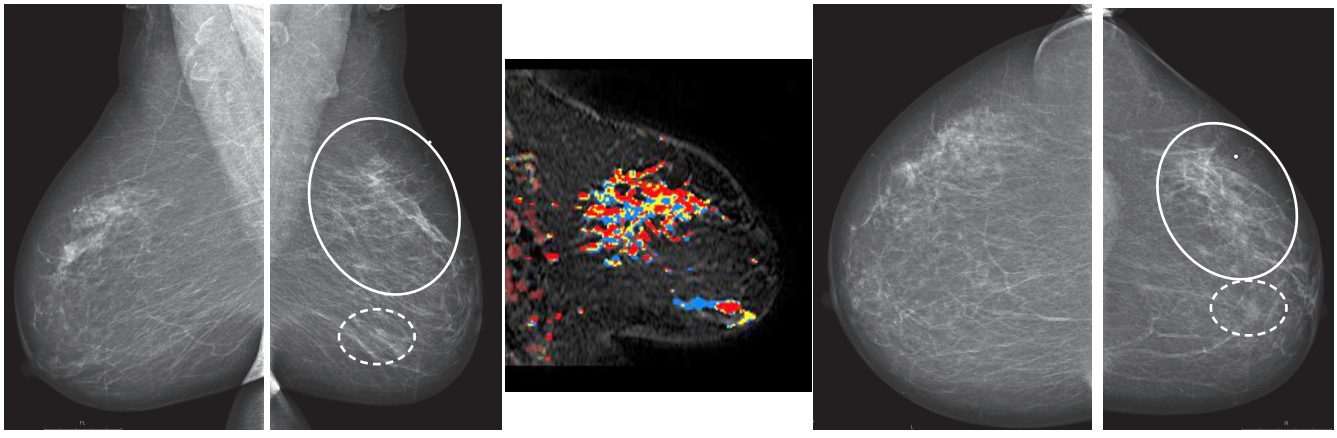


Example 1. Multimodality workup of a huge diffusely infiltrating breast malignancy of mesenchymal origin.

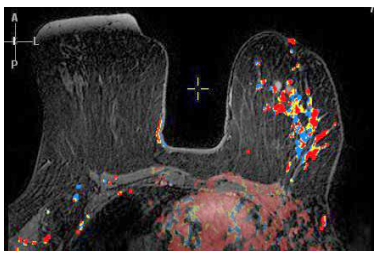








Example 2. Diffusely infiltrating (spider's web-like) carcinoma of mesenchyal origin in the upper half of the breast and a shperical, round lesion, originating from the TDLU (AAB) is seen in the lower portion of the left breast.



Interactive session for detecting architectural distortion on the mammogram.

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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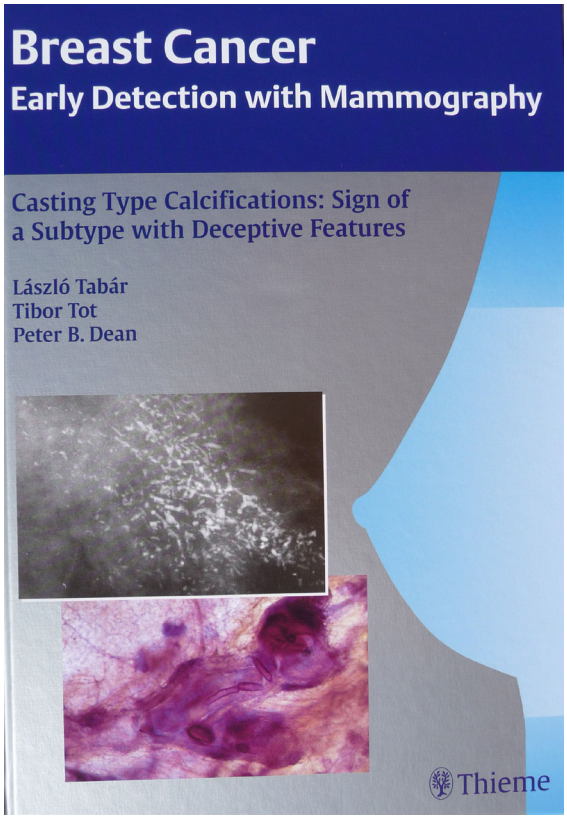

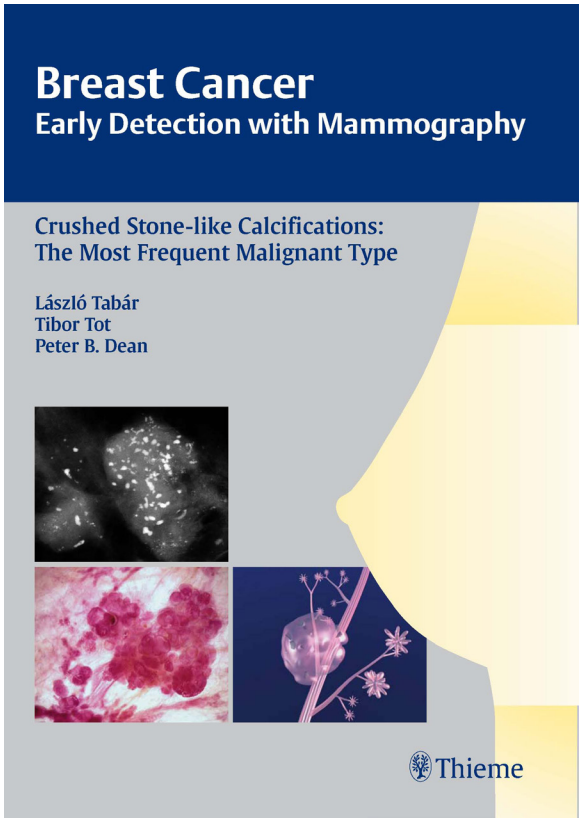

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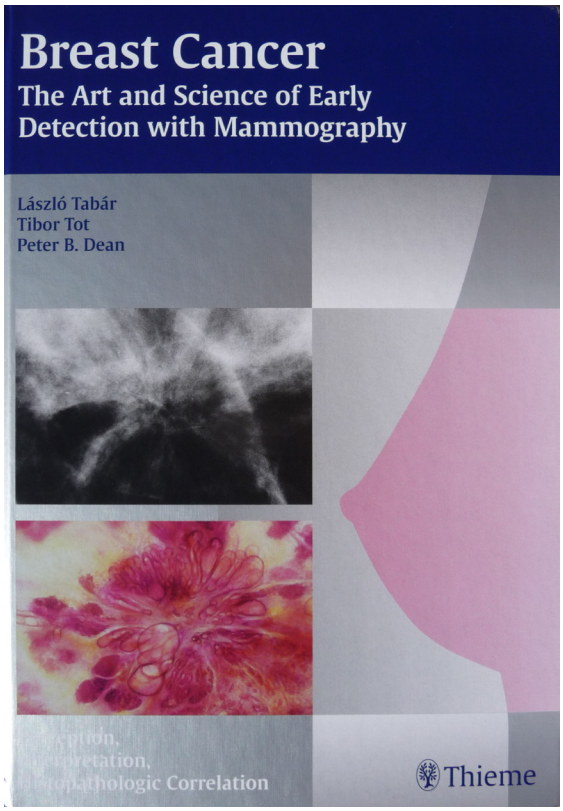

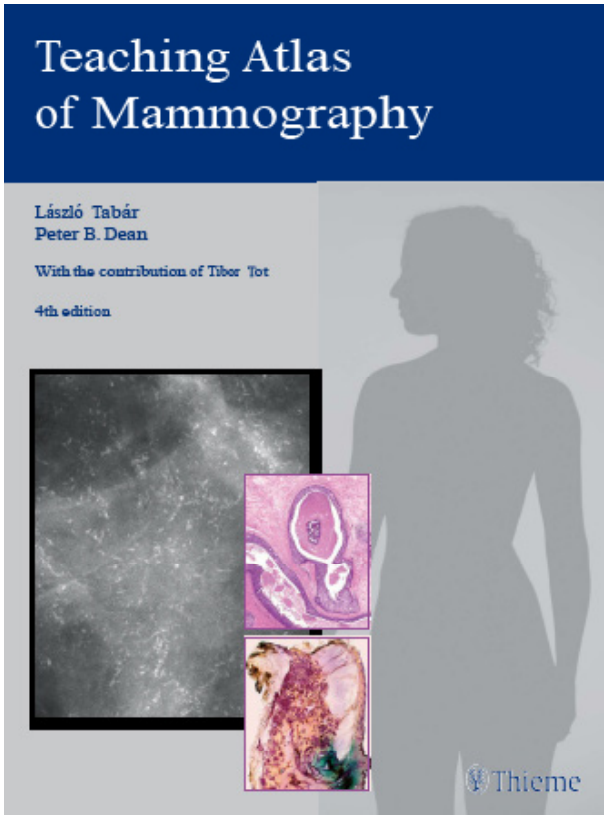

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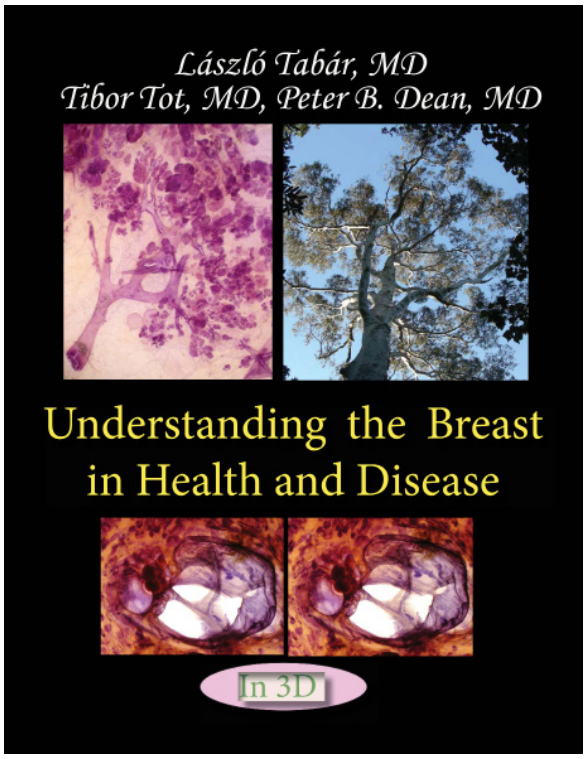

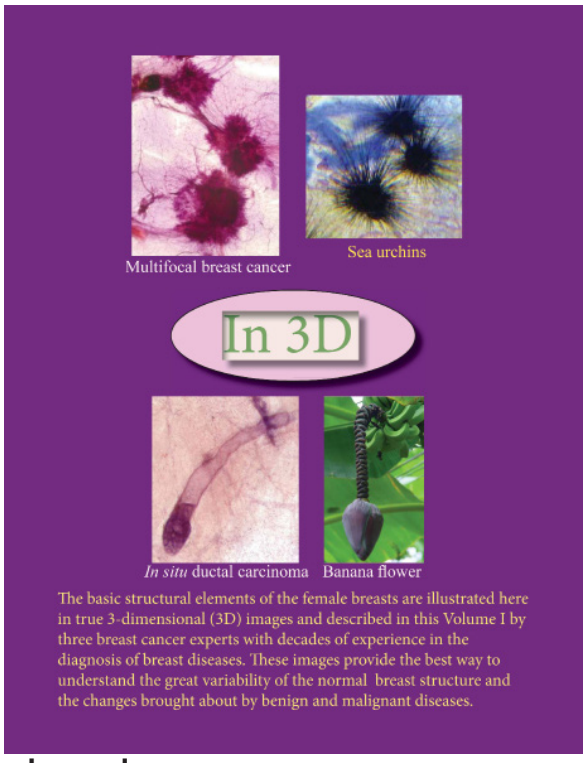

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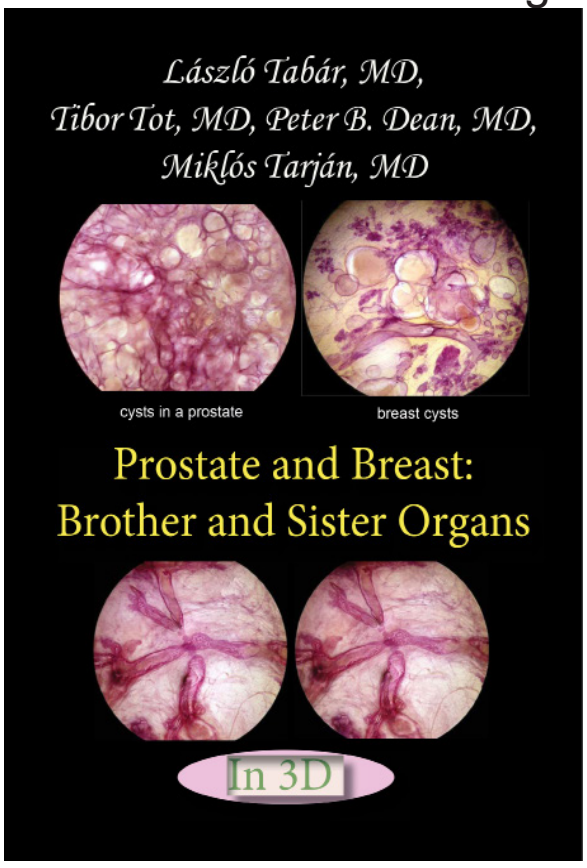

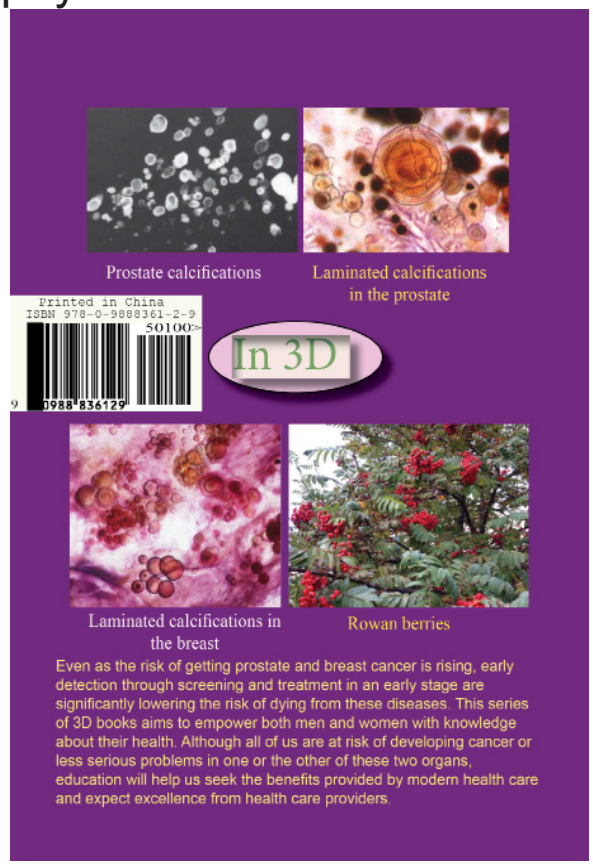

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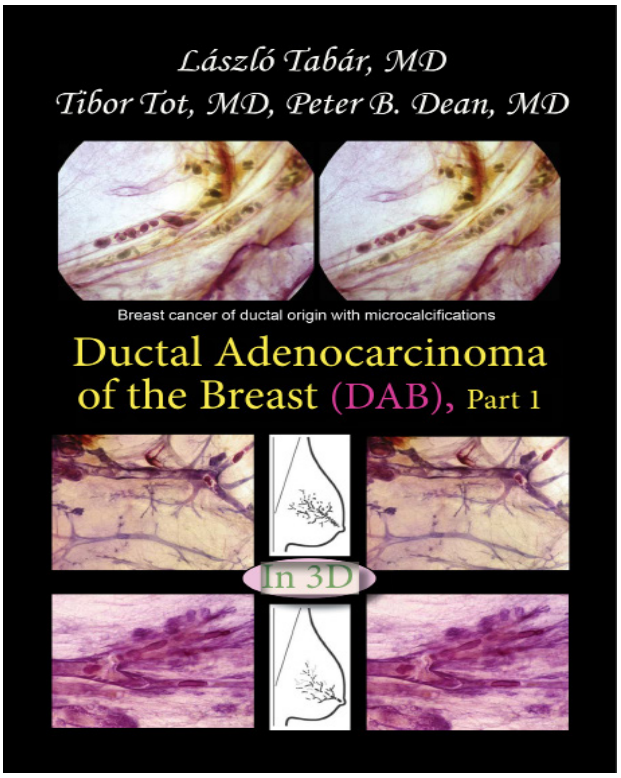

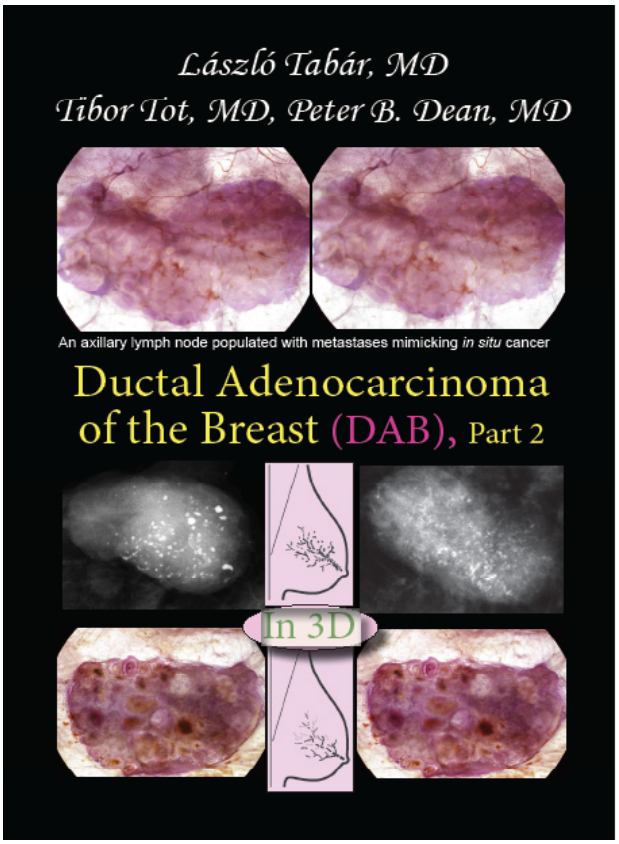

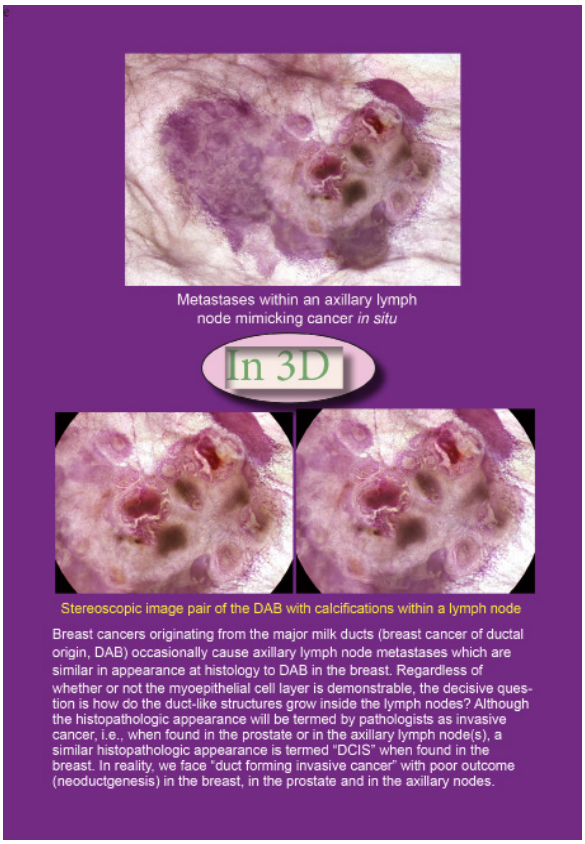

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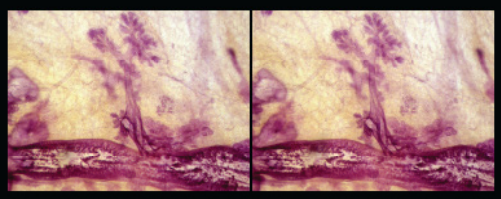
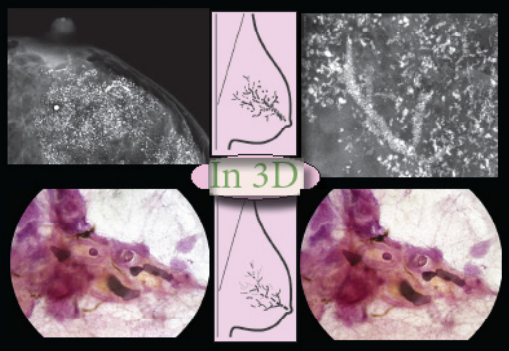
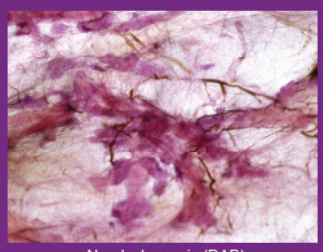


Micropapillary breast cancer of ductal origin associated with a normal TDLU

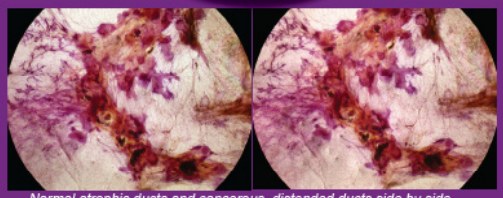
Ductal Adenocarcinoma of the Breast (DAB), Part 3





Neoductgenesis (DAB)
associated with angioneogenesis

In 3D



Normal atrophic ducts and cancerous, distended ducts side by side

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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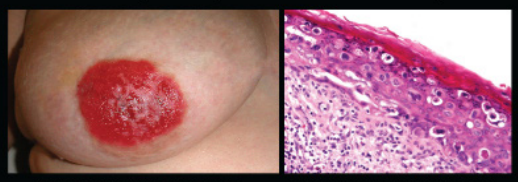
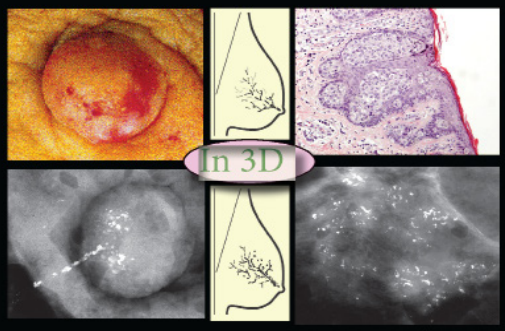
Tibor Tot, MD, Peter B. Dean, MD

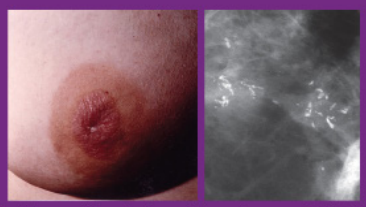


Paget's disease of the nipple

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

In 3D

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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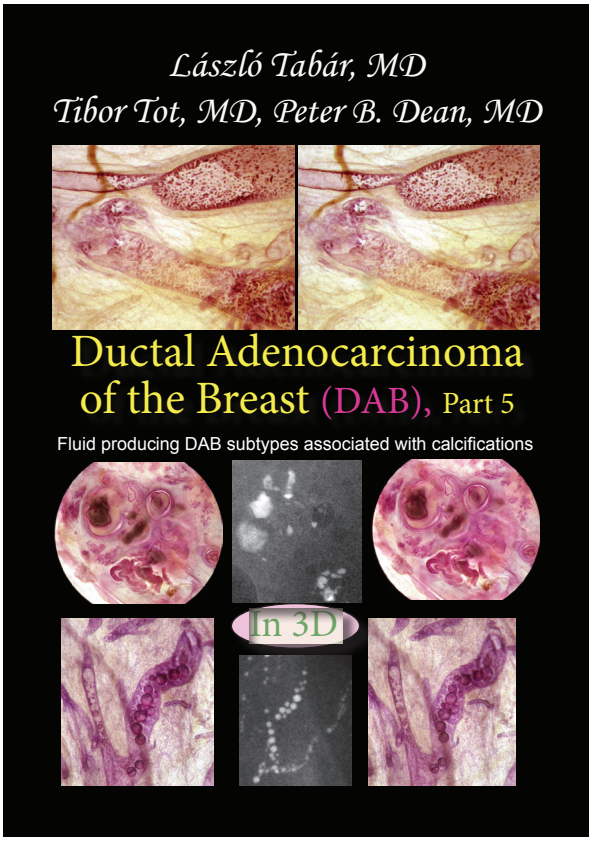

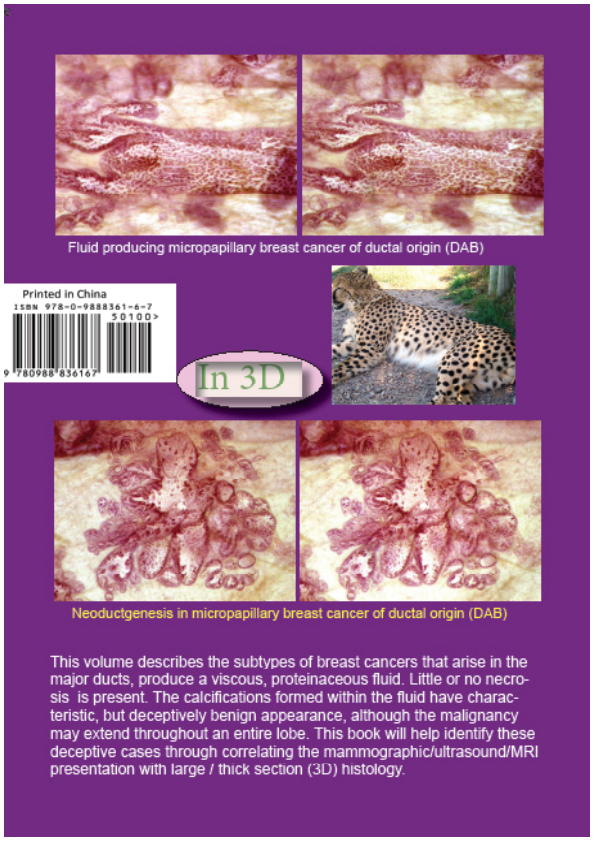

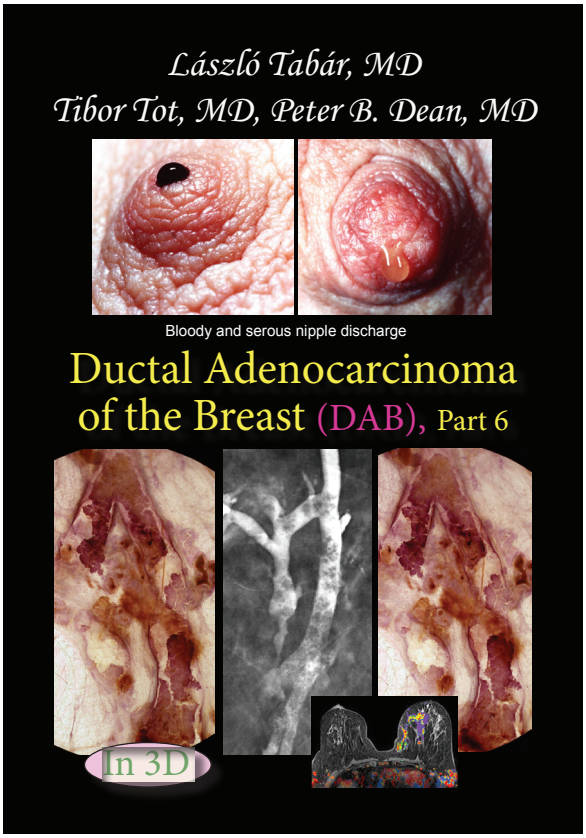

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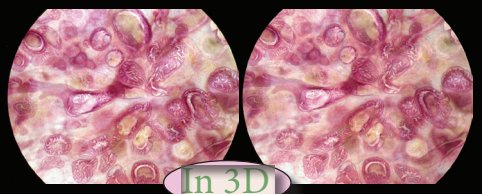
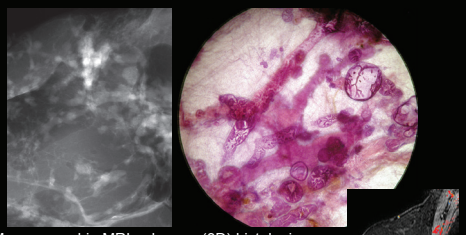


In 3D

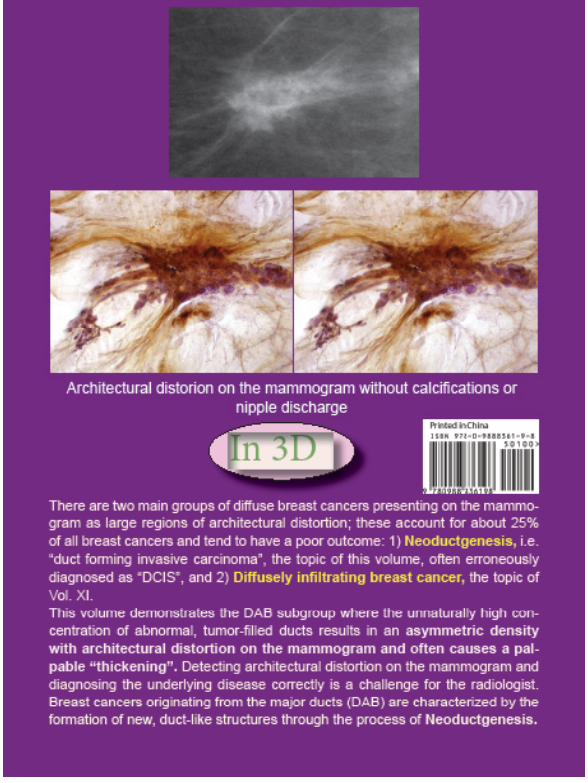
Breast cancer originating from the major ducts

Ductal Adenocarcinoma of the Breast (DAB), Part 7

Architectural distorion on the mammogram without calcifications or nipple discharge



Mammographic-MRI-subgross (3D) histologic correlation of this extensive micropapillary cancer originating from the major ducts presenting as architectural distortion.



Architectural distorion on the mammogram without calcifications or nipple discharge

In 3D

Printed in China

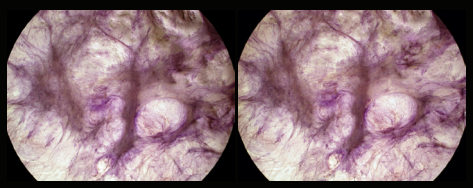
There are two main groups of diffuse breast cancers presenting on the mammogram as large regions of architectural distortion; these account for about 25% of all breast cancers and tend to have a poor outcome: 1) **Neoductgenesis,** i.e. "duct forming invasive carcinoma", the topic of this volume, often erroneously diagnosed as "DCIS", and 2) **Diffusely infiltrating breast cancer,** the topic of Vol. XI.

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

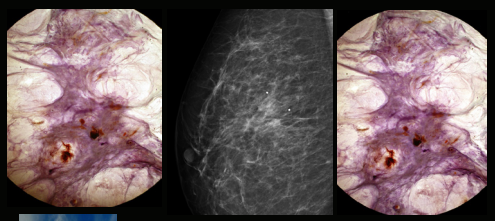
László Tabár, MD

Tibor Tot, MD, Peter B. Dean, MD

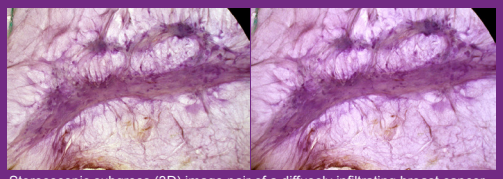
Olga Puchkova, MD



Diffusely infiltrating breast cancer, Part 1



In 3D



Stereoscopic subgross (3D) image pair of a diffusely infiltrating breast cancer

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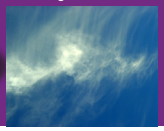
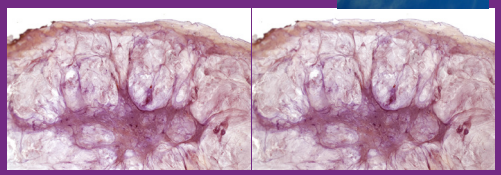
In 3D





Extensive diffusely infiltrating breast cancer: the dominant feature is the extreme 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 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 mesenchymal stem cells/progenitors through a complex process of epithelial-mesenchymal transformation and predominantly mesenchymal-epithelial transformation. Control of this unusual malignancy requires new approaches to earlier detection and entirely new therapeutic innovations.

2021
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László Tabár, MD, FACR (Hon)
Course Director

Detection and Diagnosis of Breast Diseases
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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