

Mammography Education, Inc.

2016

Combined Multimodality Diagnosis of Breast Diseases *and* Hands-on Screening Course

- * Screening a mixture of normal and proven abnormal mammograms at high resolution viewing stations.
- * Feedback and discussion of every case by the Faculty.
- * How to minimize call-back rates without missing cancers.
- * Description of further workup of all abnormalities - guidance to reach the correct diagnosis.

December 14-16, 2016

TORINO, Italy

Centro Congressi Unione Industrialie
Via Vela 17, Torino

Faculty

LÁSZLÓ TABÁR, MD,FACR (Hon) Course Director
and

ALFONSO FRIGERIO, MD.

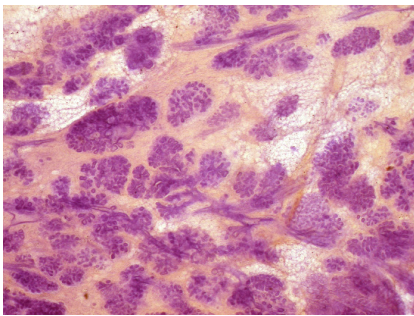
Screening Expert

Designed for:

Radiologists • Surgeons • Pathologists • Gynecologists
• Medical and Radiation Oncologists

This course teaches how to find breast cancer in its early stages and how to arrive at the correct diagnosis of breast diseases using the multimodality approach. Implications for treatment.

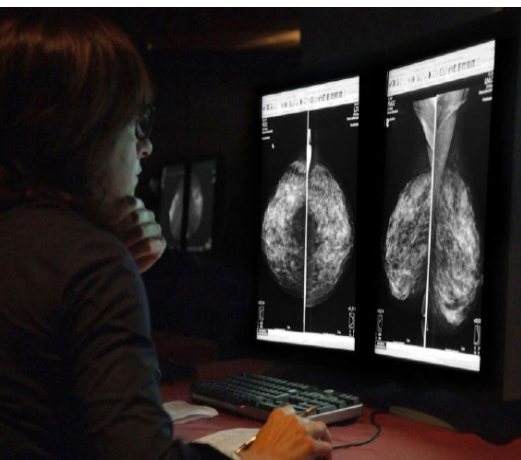
3D image of the breast tissue



The normal TDLUs have
bud-like acini



21 Category I CME credit hours





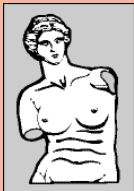
2016

Hands-on screening course combined with
Multimodality Diagnosis of Breast Diseases

László Tabár, M.D., F.A.C.R.(Hon)
and
Alfonso Frigerio, MD

Course Overview:

- * This Hands-on Breast Imaging course, led by László Tabár, MD, FACR, (Hon) will offer radiologists **five hands-on screening sessions when radiologists will read the mammograms of asymptomatic women at high resolution workstations.**
- * Normal mammograms will be mixed with proven abnormal cases.
- * During the course the attendees will progressively improve their interpretive expertise, as they learn the full spectrum of normal breast images, with all findings explained with the help of 3-dimensional histology images.
- * These skills will lead to fewer call-backs and greater confidence in reading large number of mammograms.
- * Feedback and discussion of every case by the Faculty after 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.
- * Special sessions will describe the current clinical roles of breast MRI, review the image patterns of malignant breast diseases, correlate the findings with the underlying pathology.
- * Teaching how to characterize breast lesions utilizing multimodality imaging.
- * **Attendees will receive a unique present, a pdf copy of Dr. Tabar's PowerPoint presentation of each positive case, including full explanation, mammographic workup/hand-held US, 3D automated US images and breast MRI with large section histologic confirmation.**



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Program Objectives:

1. Learn the full spectrum of normal mammograms through detailed explanation of the mammographic images.
2. Progressive improvement of the attendees' interpretive expertise.
3. Increase confidence in reading large numbers of full field digital mammograms at lower call-back rates.
4. Improve skills in detecting early phase breast cancer at digital mammography screening.
5. Greater proficiency in working up screen-detected findings.
6. Appreciate the clinical relevance of unifocal/multifocal/diffusely infiltrating breast cancers.
7. Emphasize the importance of multimodality approach to workup cases in a multidisciplinary environment.
8. Assess the clinical role of breast MRI in patient selection and in improving the detection, diagnosis and treatment of breast diseases.
9. Characterize breast lesions utilizing multimodality imaging, breast MRI included. The goal is to accurately and efficiently identify, interpret and report the screening findings.

Attendees interpreting the digital mammography examinations will receive a **Certificate** confirming the actual number of mammographic examinations read under the direct supervision of an interpreting physician.



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FACULTY



László Tabár, M.D., F.A.C.R. (Hon).

Course Director

*Professor emeritus of Radiology,
Department of Mammography,
Falun, Sweden*



Alfonso Frigerio, M.D.

Director of Mammography Screening

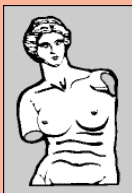
Regional Reference Center for

Breast Cancer Screening,

CPO-Piemonte,

*AOU Città della Salute e della Scienza,
Torino, Italy*





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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 **21 credit hours in Category 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.

Comitato Scientifico Organizzativo Italiano

Dott. Alfonso Frigerio, M.D., Ospedale S. Giovanni Battista, **Torino**, Italy
e-mail: alfonso.frigerio@gmail.com

Informazioni per le prenotazioni alberghiere e per i partecipanti italiani

Konicab Congressi srl - Bologna, Italia.

Tel.: (0039) - 051 - 385 328. Fax: (0039) 051-311 350.

English with simultaneous translation to **Italian**.

Inglese con traduzione simultanea in Italiano (per le lezioni in aula)

Il supporto didattico alle workstation sarà disponibile in italiano.

CREDITS

We would like to thank EIZO and Fujifilm for providing the viewing stations and the engineering expertise at this teaching seminar.





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1st DAY

Lectures between 9:00 AM and 12:00 for all attendees **Break at 10:30 AM**

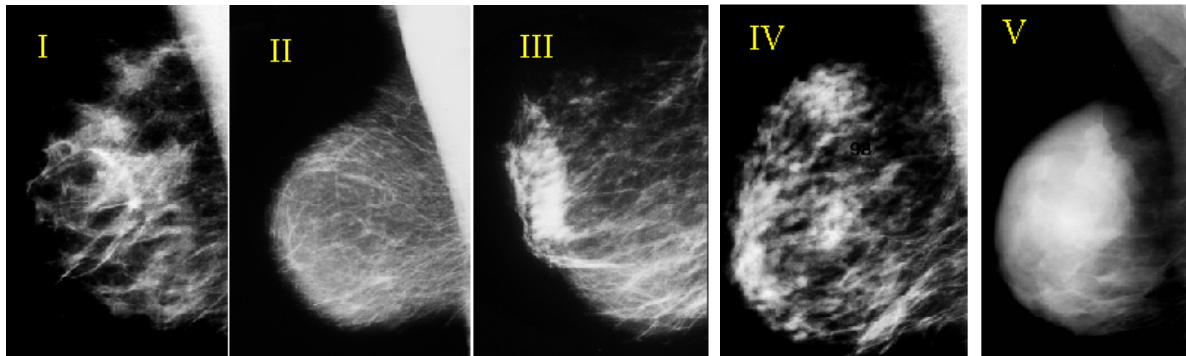
9:00 INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

HOW TO READ A MAMMOGRAM? THE BASIS FOR EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE - [Tabar L](#)

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

MAMMOGRAPHIC PARENCHYMAL PATTERNS

- Practical implication, problems and solutions. Mammographic patterns and the risk of developing breast cancer. Understanding the mammograms of dense breasts.



HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL . SCREENING COMBINED WITH AN ANALYTICAL APPROACH FOR THE DIFFERENTIAL DIAGNOSIS OF LESIONS DETECTED AT SCREENING- [Tabar L](#)

- 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

12:00 - 1:00 PM **Lunch**



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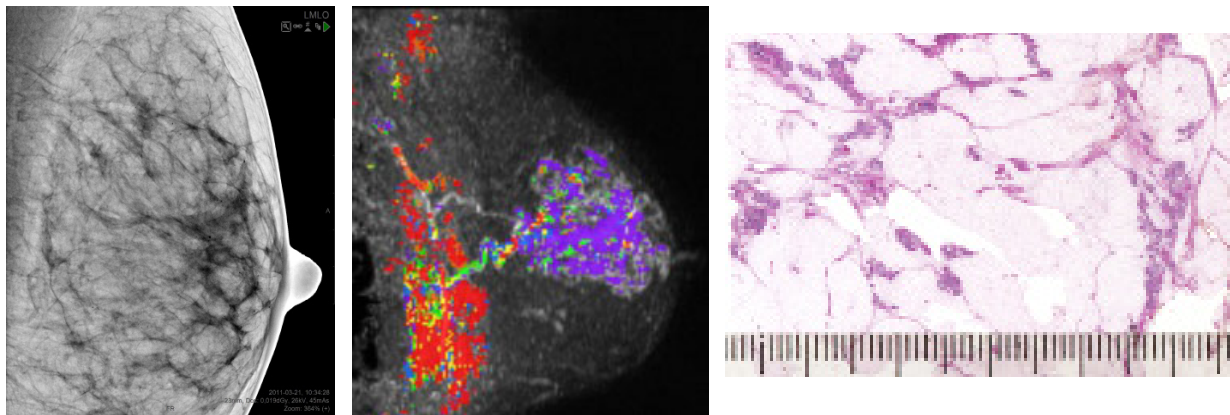
1st DAY Hands-on screening and didactic lecture series 1:00 PM - 5:00 PM

1:00 - 2:15 **GROUP 1** HANDS ON SCREENING - Frigerio, A.

1:00 - 2:15 **GROUP 2:** The site of origin of the breast cancer influences diagnosis,
choice of treatment and patient outcome - L Tabar

Supporting images to the lectures

ANALYSIS of MALIGNANT RADIATING STRUCTURES on the mammogram, originating in the ducts: Non-calcified subgroups. Clinical presentation, mammographic appearance, clinical outcome.



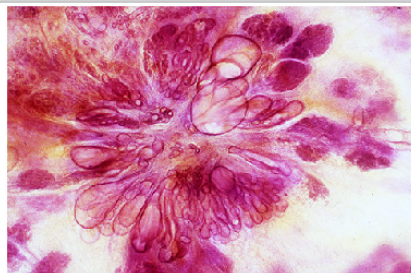
Subtle mammography finding / MRI shows that the entire lobe is filled with a diffuse breast cancer.

ANALYSIS of BENIGN RADIATING STRUCTURES on the mammogram, originating in the ducts: Radial scar

Breaks

2:15 and 3:45

Radial scar



Neoductogenesis

2:30 - 3:45 **GROUP 2** HANDS ON SCREENING - Frigerio, A.

2:30 - 3:45 **GROUP 1:** The site of origin of the breast cancer influences diagnosis,
choice of treatment and patient outcome - L Tabar

4:00 - 5:00 **GROUPS 1& 2:** DISCUSSION OF THE SCREENING CASES AND LECTURES OF THE
AFTERNOON SESSION

5:00 PM End of Day 1



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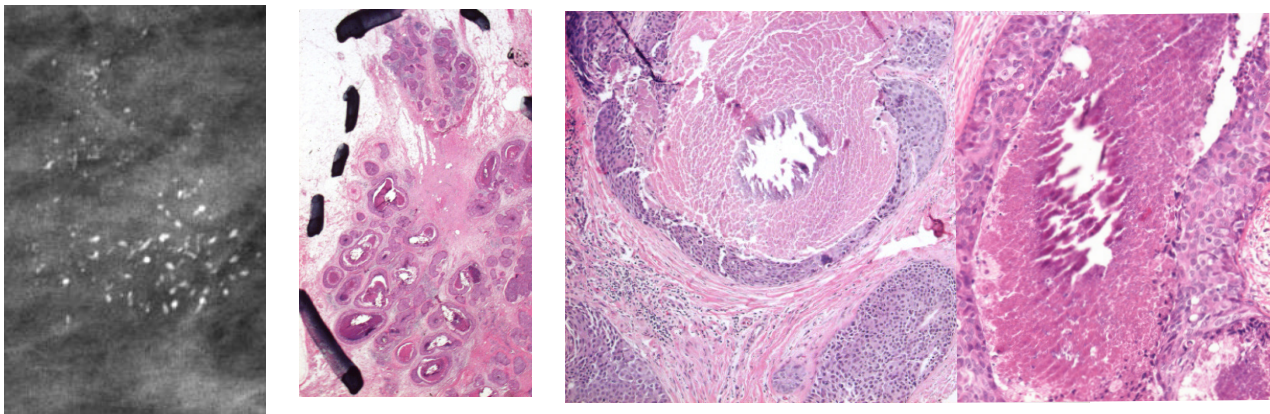
László Tabár, M.D., F.A.C.R.(Hon)
and
Alfonso Frigerio, MD

2nd DAY Hands-on screening and didactic lecture series 8:30-12:00 Breaks: 9:45 and 11:00 AM

8:30 - 9:45 **GROUP 1** HANDS ON SCREENING - [Frigerio, A.](#)

8:30 - 9:45 **GROUP 2:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:
SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS. PART I - [Tabar L](#)

Supporting images to the lecture



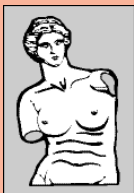
Mammographic-histologic correlation of crushed stone-like calcifications

10:00 - 11:00 **GROUP 2** HANDS ON SCREENING - [Frigerio, A.](#)

10:00 - 11:00 **GROUP 1:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:
SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS. PART I - [Tabar L](#)

11:15 - 12:15 **GROUPS 1 & 2:** DISCUSSION OF THE SCREENING CASES AND LECTURES OF
THE MORNING SESSION

Lunch 12:15 PM - 1:30 PM



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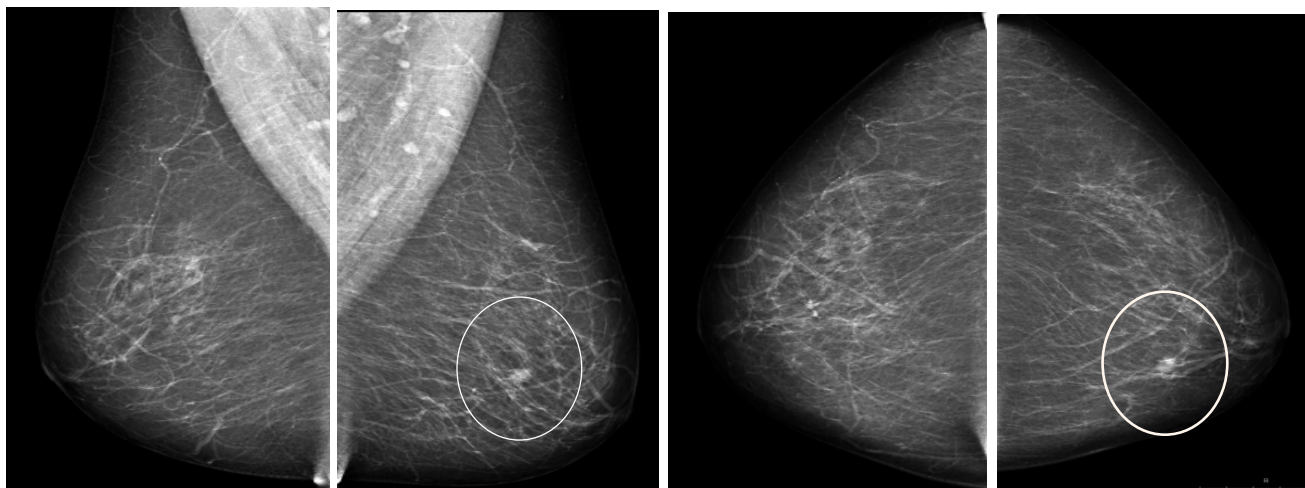
László Tabár, M.D., F.A.C.R.(Hon)
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2nd DAY Hands-on screening and didactic lecture series 1:30 - 5:00 PM

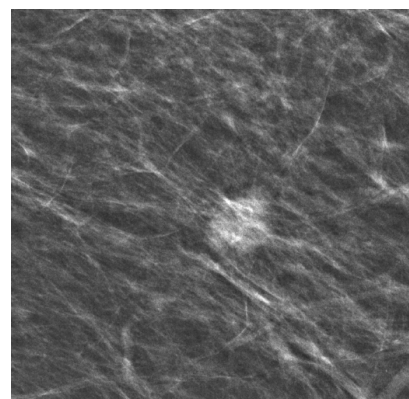
1:30 - 2:30 **GROUP 1** HANDS ON SCREENING - [Frigerio, A.](#)

1:30 - 2:30 **GROUP 2:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:
ASYMMETRIC DENSITY WITH ARCHITECTURAL DISTORTION. - [Tabar L](#)

Supporting images to the screening session Breaks at 2:30 PM and 3:45 PM



Hands-on
training
in
screening



2:45 - 3:45 **GROUP 2** HANDS ON SCREENING - [Frigerio, A.](#)

2:45 - 3:45 **GROUP 1:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:
ASYMMETRIC DENSITY WITH ARCHITECTURAL DISTORTION. - [Tabar L](#)

4:00 - 5:00 **GROUPS 1 & 2:** DISCUSSION OF THE SCREENING CASES AND LECTURES OF
THE AFTERNOON SESSION

5:05 ART HISTORY LECTURE: - [A FRIGERIO](#)



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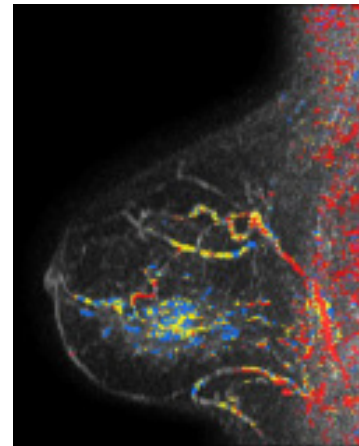
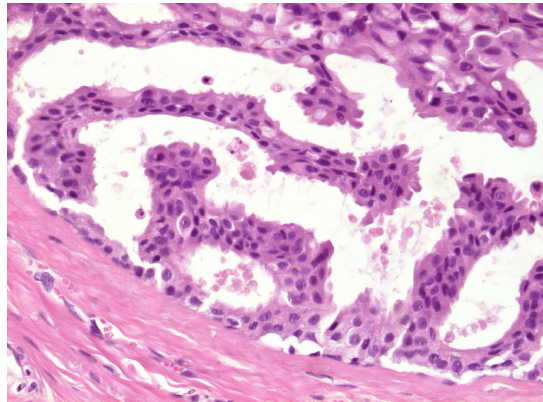
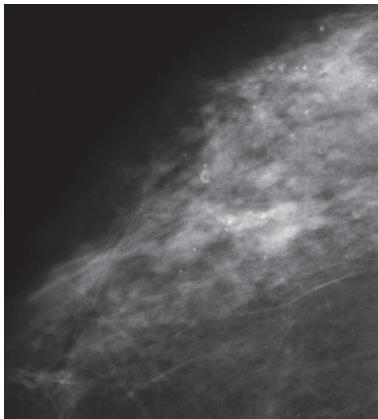
3rd DAY Hands-on screening and didactic lecture series 8:30-12:00 PM

8:30 - 9:30 **GROUP 1** HANDS ON SCREENING - [Frigerio, A.](#)

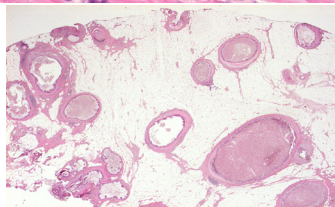
8:30 - 9:30 **GROUP 2:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:

SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS. PART III - [Tabar L](#)

Supporting images to the lecture



Breaks: 9:30 and
10:45 AM



Imaging-histologic correlation of
skipping stone-like calcifications

9:45 - 10:45 **GROUP 2** HANDS ON SCREENING - [Frigerio, A.](#)

9:45 - 10:45 **GROUP 1:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:

SCHEME FOR THE ANALYSIS OF MAMMOGRAPHIC CALCIFICATIONS. PART III - [Tabar L](#)

11:00 - 12:00 **GROUPS 1& 2:** DISCUSSION OF THE SCREENING CASES AND LECTURES OF
THE MORNING SESSION

Lunch 12:00 PM - 1:00 PM



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3rd DAY Hands-on screening and didactic lecture series 1:00-4:00

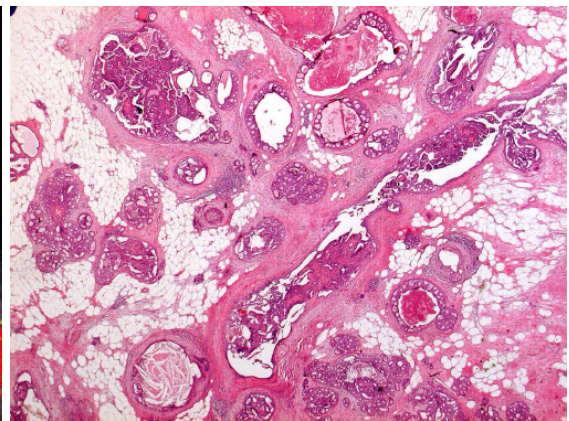
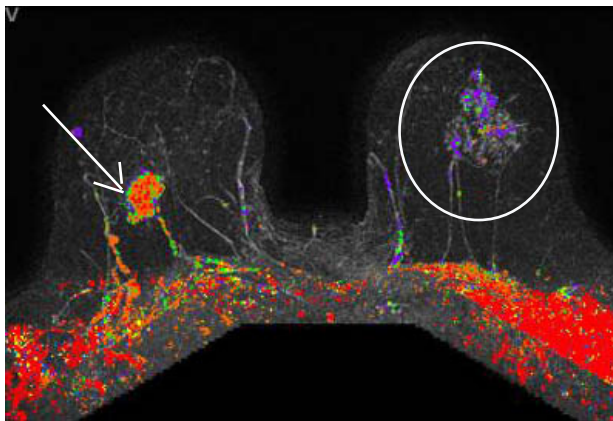
1:00 - 2:00 **GROUP 1** HANDS ON SCREENING - Frigerio, A.

1:00 - 2:00 **GROUP 2:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:

MULTIMODALITY WORKUP OF ASYMMETRIC DENSITIES ON THE MAMMOGRAM - Tabar L

Supporting images to the screening session

Breaks: 2:00 and 3:15 PM



Palpable tumor in the right breast. Mammographically occult, MRI detected extensive micropapillary carcinoma *in situ* in the left breast.

2:15 - 3:15 **GROUP 2** HANDS ON SCREENING - Frigerio, A.

2:15 - 3:15 **GROUP 1:** DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:

MULTIMODALITY WORKUP OF ASYMMETRIC DENSITIES ON THE MAMMOGRAM - Tabar L

3:30 - 4:00 **GROUPS 1 & 2:** DISCUSSION OF THE SCREENING CASES AND LECTURES OF
THE AFTERNOON SESSION

4:00 PM End of the Course

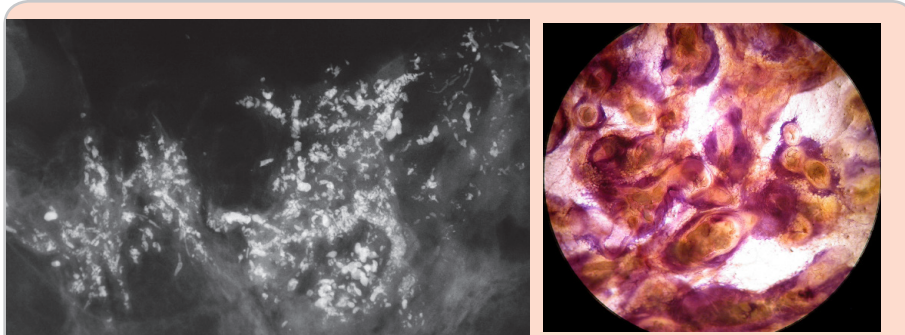


2016

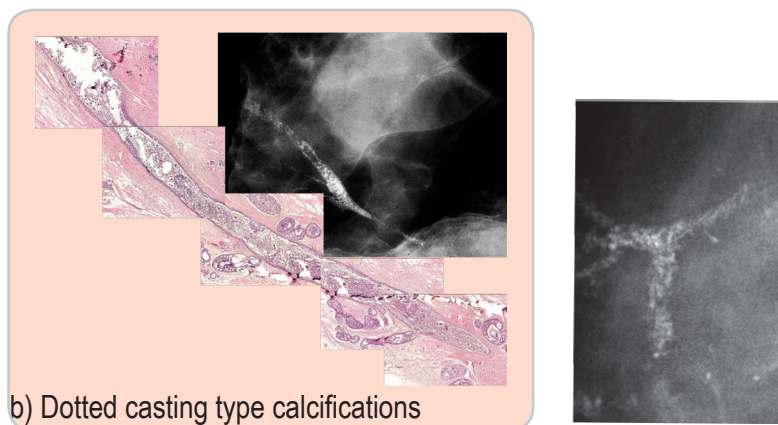
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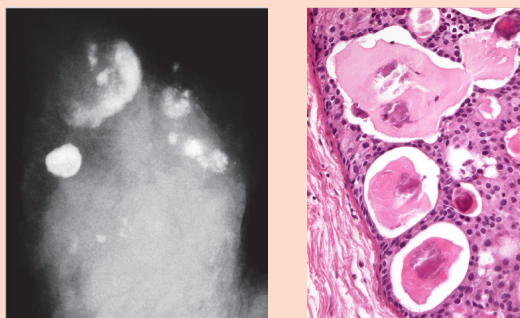
Supporting images to the lectures



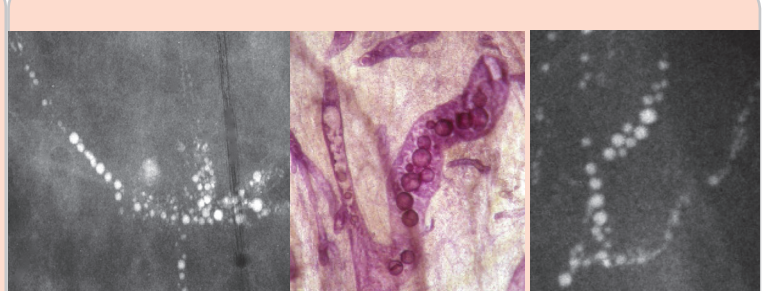
a) Fragmented casting type calcifications



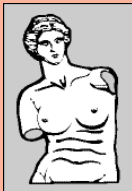
b) Dotted casting type calcifications



c) Skipping stone-like calcifications



d) Pearl necklace-like calcifications



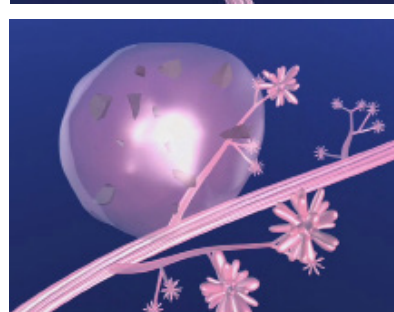
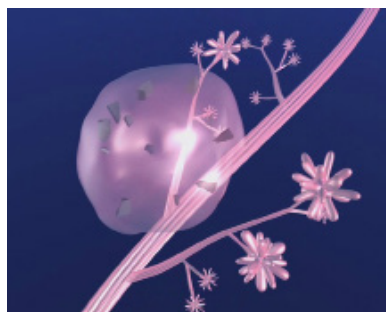
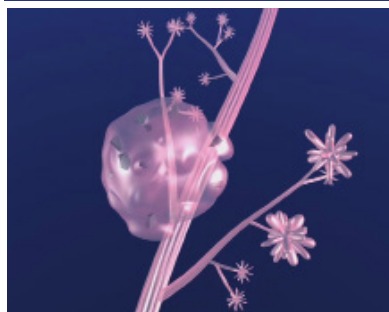
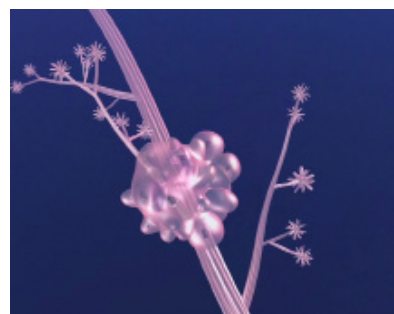
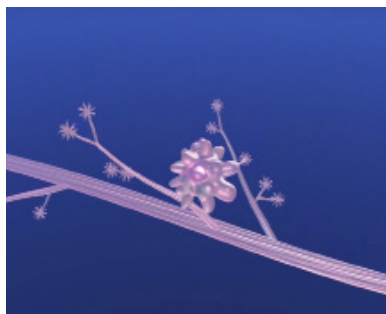
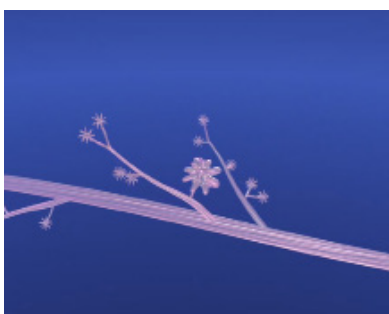
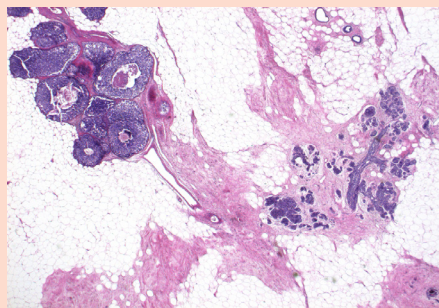
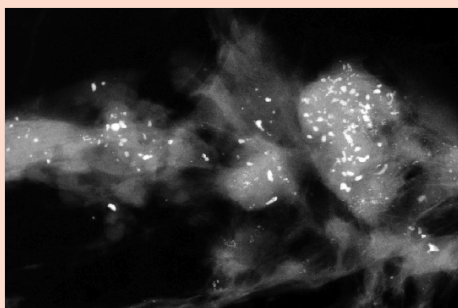
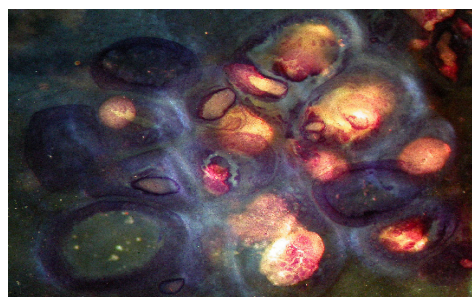
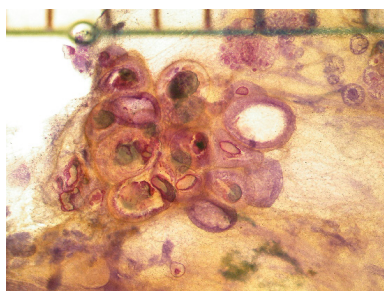
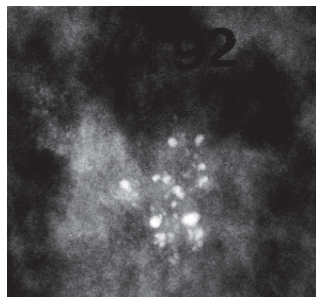
2016

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and
Alfonso Frigerio, MD

Supporting images to the lectures

Mammographic / histologic correlation of pleomorphic calcifications



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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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

I partecipanti italiani possono anche utilizzare il supporto informativo di:

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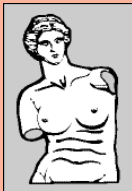
Fax +39 051 311350

e-mail: congressi@konicab.it

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Hands-on training in screening



2016

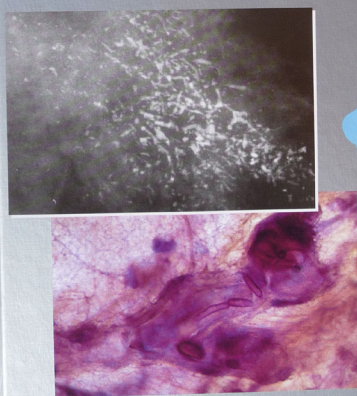
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and
Alfonso Frigerio, MD

Breast Cancer Early Detection with Mammography

Casting Type Calcifications: Sign of
a Subtype with Deceptive Features

László Tabár
Tibor Tot
Peter B. Dean

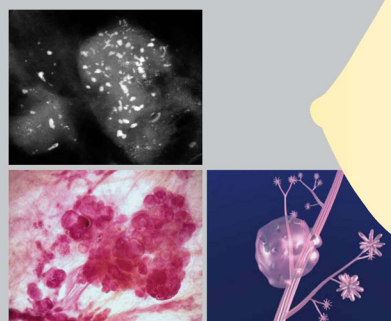


Thieme

Breast Cancer Early Detection with Mammography

Crushed Stone-like Calcifications:
The Most Frequent Malignant Type

László Tabár
Tibor Tot
Peter B. Dean



Thieme

www.thieme.com

Breast Cancer The Art and Science of Early Detection with Mammography

László Tabár
Tibor Tot
Peter B. Dean



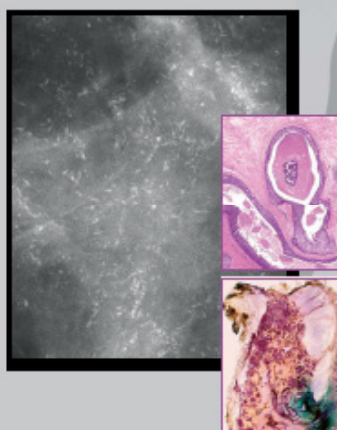
Immunohistochemistry,
Immunocytochemistry,
and Cytopathologic Correlation

Thieme

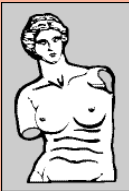
Teaching Atlas of Mammography

László Tabár
Peter B. Dean

With the contribution of Tibor Tot
4th edition



Thieme

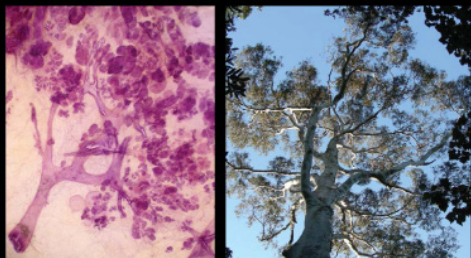


2016

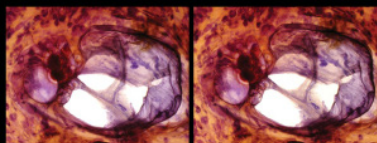
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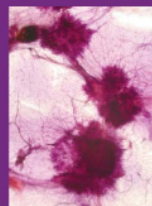
László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD



Understanding the Breast in Health and Disease



In 3D

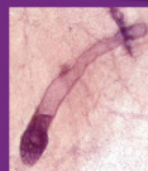


Multifocal breast cancer



Sea urchins

In 3D



In situ ductal carcinoma

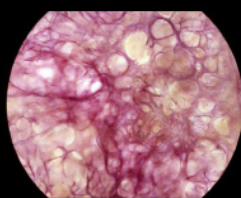


Banana flower

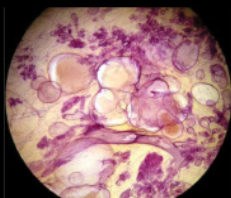
The basic structural elements of the female breasts are illustrated here in true 3-dimensional (3D) images and described in this Volume I by three breast cancer experts with decades of experience in the diagnosis of breast diseases. These images provide the best way to understand the great variability of the normal breast structure and the changes brought about by benign and malignant diseases.

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

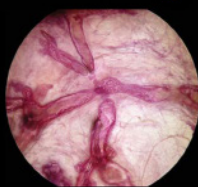


cysts in a prostate



breast cysts

Prostate and Breast: Brother and Sister Organs



In 3D



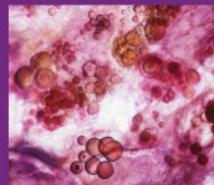
Prostate calcifications



Laminated calcifications
in the prostate



In 3D



Laminated calcifications in
the breast



Rowan berries

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

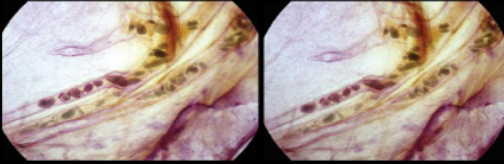


2016

Hands-on screening course combined with
Multimodality Diagnosis of Breast Diseases

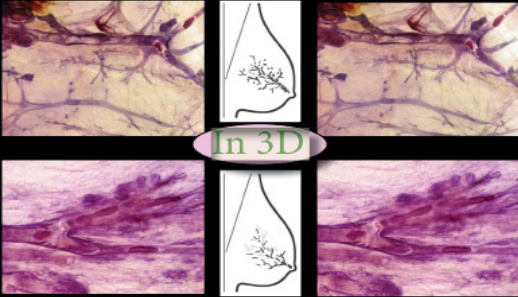
László Tabár, M.D., F.A.C.R.(Hon)
and
Alfonso Frigerio, MD

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



Breast cancer of ductal origin with microcalcifications

Ductal Adenocarcinoma of the Breast (DAB), Part 1



In 3D



8 mm poorly differentiated invasive breast cancer associated with neoductogenesis (DAB)

A photograph reminiscent of neoductogenesis with associated tiny invasive tumors



In 3D

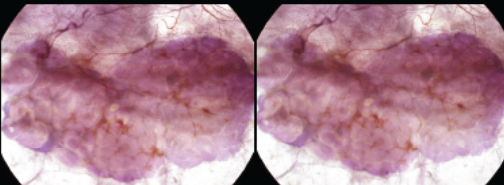


Fragmented casting type calcifications make the cancerous duct-like structures visible on the mammogram.

Neoductogenesis is a frequent phenomenon in the plant world

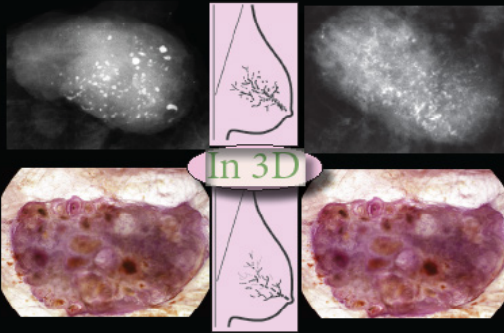
The mammogram is a true representation of the structural changes induced by the genetic constellation of each breast cancer subtype. The mammographic/MRI/ultrasound presentation of a particular subtype reflects the nature and extent of the underlying disease process, and when correctly interpreted, can 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.

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

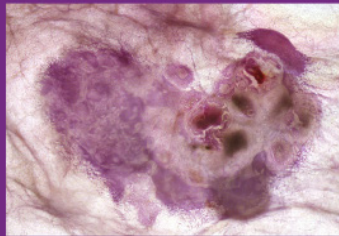


An axillary lymph node populated with metastases mimicking *in situ* cancer

Ductal Adenocarcinoma of the Breast (DAB), Part 2

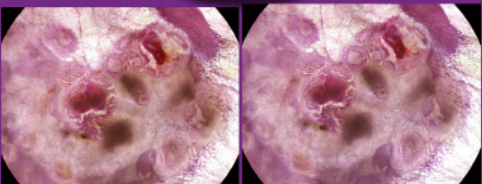


In 3D



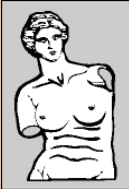
Metastases within an axillary lymph node mimicking cancer *in situ*

In 3D



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 myoepithelial cell layer is demonstrable, the decisive question is how do the duct-like structures grow inside the lymph nodes? 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 (neoductogenesis) in the breast, in the prostate and in the axillary nodes.



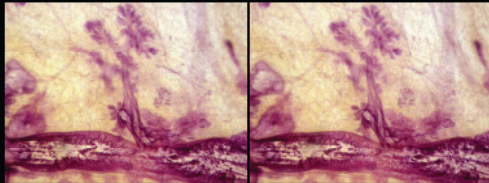
2016

Hands-on screening course combined with
Multimodality Diagnosis of Breast Diseases

László Tabár, M.D., F.A.C.R.(Hon)
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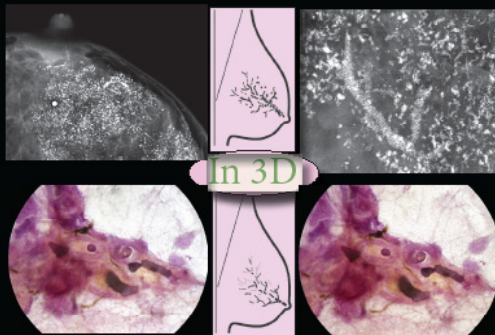
László Tabár, MD

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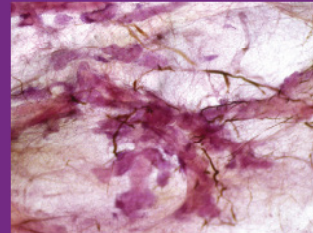


Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3

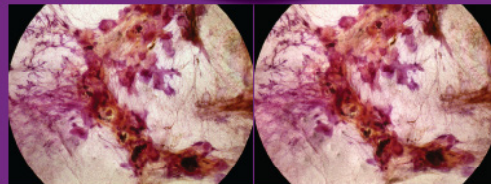


In 3D



Neoductogenesis (DAB)
associated with angioneogenesis

In 3D

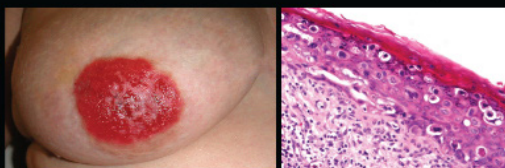


Normal atrophic ducts and cancerous, distended ducts side by side

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.

László Tabár, MD

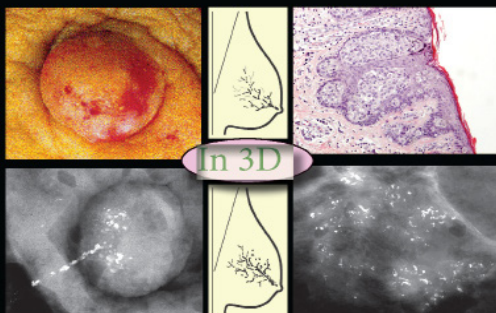
Tibor Tot, MD, Peter B. Dean, MD



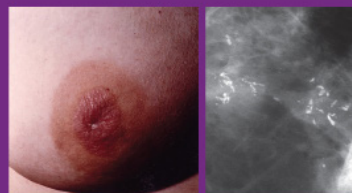
Paget's disease of the nipple

Paget's cells in the epidermis
of the nipple

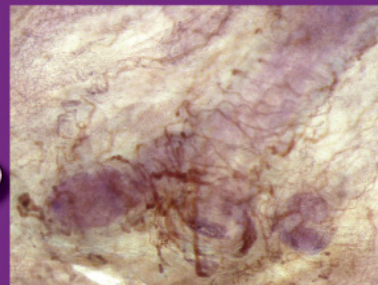
Ductal Adenocarcinoma of the Breast (DAB), Part 4



In 3D



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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