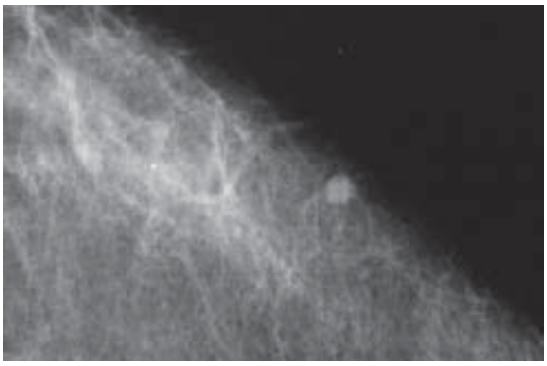
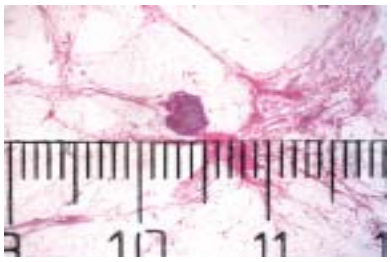
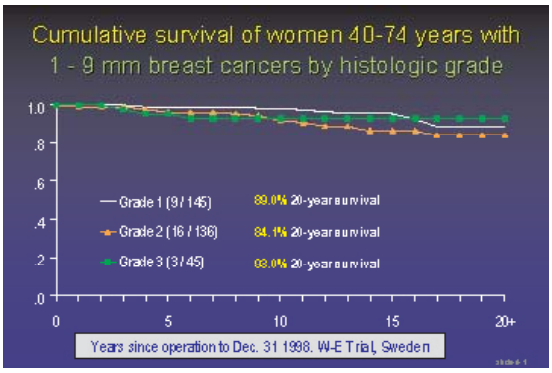
"Since breast cancer is not a systemic disease from inception, when the imagers find *in situ* and 1-14 mm invasive breast cancer, it is primarily a surgical disease"

Laszlo Tabar







The Egészséges Vásárhely Program (EVP) Hódmezővásárhely

presents an

INTERDISCIPLINARY CONFERENCE

on the diagnosis and treatment of early stage (*in situ* and 1-14 mm invasive), nonpalpable breast cancer

Hódmezövásárhely

Hungary

March 24—26, 2011

LÁSZLÓ TABÁR, M.D., F.A.C.R. (Hon).

Professor of Radiology Course Director

and

TIBOR TOT, M.D., Ph.D.

The Course is designed for:

- Surgeons
- Pathologists
- Radiologists
- Medical and radiation oncologists

interested in learning the current concepts of diagnosis and management of mammographically detected breast cancer

The emphasis in this course is on the team approach of diagnosing and treating mammographically detected, non-palpable breast cancers

For more information and registration please contact: EVP Office

Phone: +36 30-526-1492 Fax: +36 62-242-786 e-mail: info@evp.hu

Interdisciplinary Conference: The team approach as a solution to the challenges in the modern health care era

Program Objectives:

Having participated in this course, the physician should:

- Understand the subgroups of in situ and invasive breast cancer.
- Have competence in the differential diagnosis of breast diseases and guide the diagnostic workup.
- Understand the importance of new therapeutic options in early stage breast cancer.
- Understand the role of local and systemic treatment in the management of image-detected nonpalpable breast cancer.
- To facilitate constructive teamwork among the members of the diagnostic and therapeutic team.
- Appreciate the importance of weekly tumor board meetings and cooperation among radiologists, surgeons and pathologists.
- Understand the value and relationship of the main prognostic factors in order to predict the outcome of the disease.
- Having attended this course, the participants are encouraged to develop comprehensive breast centers and organize regular pre-treatment planning conferences

PROBLEMS IN THE DIAGNOSIS AND TREATMENT OF MAMMOGRAPHICALLY DETECTED, EARLY, NONPALPABLE BREAST CANCERS

- *In situ* carcinoma and nonpalpable invasive breast cancers: diagnostic criteria and therapeutic challenges
- How to find breast cancer when it is non-palpable
- The issue of uni-and multifocality
- Interventional diagnostic procedures: indications for larger bore needle biopsy and FNAB
- Emphasis upon effective teamwork

TARGET AUDIENCE

- Surgeons
- Radiologists
- Pathologists and Cytopathologists
- Medical and Radiation Oncologists

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

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

Faculty

Radiologist

László Tabár, M.D., F.A.C.R. (Hon).
Professor of Radiology
Uppsala School of Medicine

Department of Mammography
Falun Central Hospital
Falun, Sweden.

Pathologist

Tibor Tot, M.D., Ph.D.
Associate Professor of Pathology
Uppsala School of Medicine

Chairman
Department of Clinical Pathology & Cytology
Falun Central Hospital
Falun, Sweden.

Course venue: Hotel Fekete Sas

H-6800 Kossuth tér 3, Hódmezövásárhely, Hungary

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

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

1st DAY Morning lectures between 8:30 AM and 12:00

8:30 INTRODUCTION followed by didactic lectures covering:

A NEW ERA in the DIAGNOSIS and TREATMENT of BREAST CANCER. - *Tabar L*

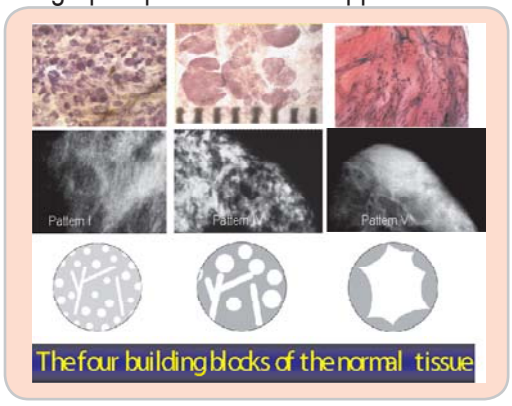
30-YEAR EXPERIENCE WITH MAMMOGRAHY SCREENING: What have we learned - *Tabar L*

NEW ERA PATHOLOGY TECHNIQUES: Large section histology - *T Tot*

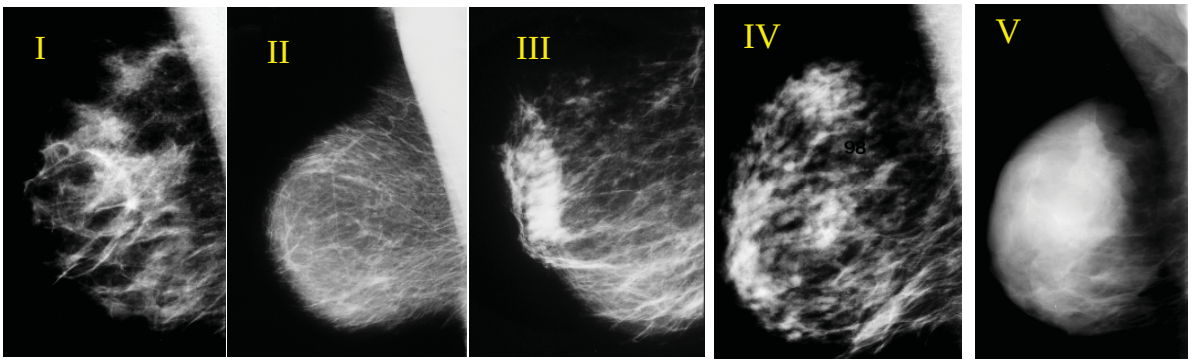
THE BASIS FOR EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE - *Tabar L*

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

Breaks at 10:00
and
at 11:00 AM



MAMMOGRAPHIC PARENCHYMAL PATERNS: Practical implication, problems and solutions. Mammographic patterns and the risk of developing breast cancer. Understanding the mammograms of dense breasts.



12:00

Lunch

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INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

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

1st DAY Afternoon lectures between 1:00 PM and 4:30 PM

1:30 The lecture series will cover the following topics:

DIDACTIC WORKUP OF ASYMMETRIC DENSITIES ON THE MAMMOGRAM

- Normal breast tissue (*specific* asymmetric densities) / focal fibrosis / fibroadenolipoma
- *Non-specific* asymmetric densities: PASH, diabetic mastopathy, granulomatous mastitis
- Asymmetric densities with architectural distortion

- Definite pathologic lesions:

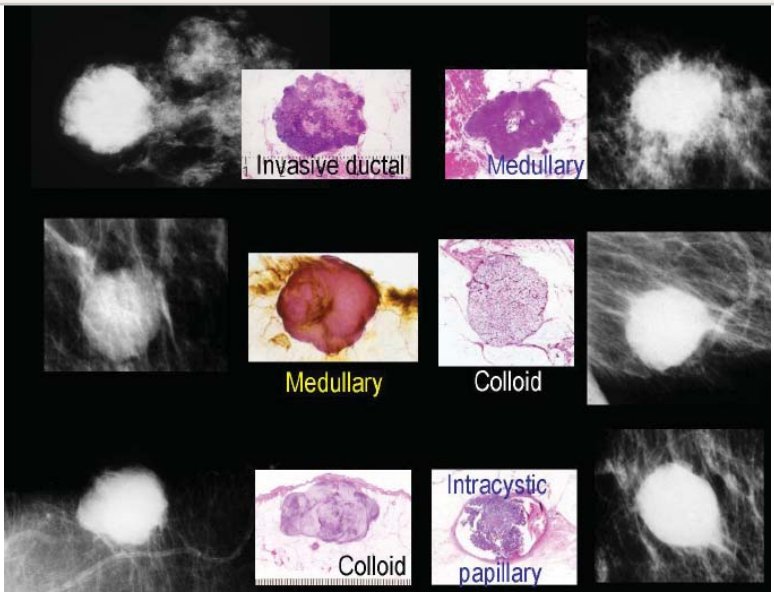
BENIGN CIRCULAR / OVAL SHAPED LESIONS WITHOUT ASSOCIATED CALCIFICATIONS

- Cysts, fibroadenoma, papilloma, pyllodes tumors, galactocele, abscess
  - Histology correlation with mammograms, MRI and clinical findings of benign lesions

MALIGNANT CIRCULAR / OVAL LESIONS: clinical presentation, histology, mammographic-ultrasound-MRI appearance and long-term outcome

- Medullary cancer: one of the fastest growing breast cancers
- Mucinous and papillary cancers: unusual and special forms
- Poorly differentiated invasive ductal carcinoma
- Metastasis to the breast

Distinction of breast cancer subtypes by morphology, phenotype, genotype and their combination - *T. Tot*



4:30 End of Day 1

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

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

2nd DAY Morning lectures between 8:30 AM and 12:00

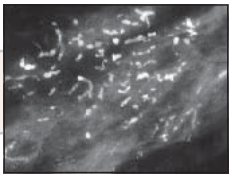
8:30 *In situ* carcinoma of the breast: A heterogeneous disease -*T Tot*

Heterogeneity of *in situ* carcinoma. New aspects, correct terminology, implications for treatment. Classification of *in situ* subtypes, based on imaging appearance. -*L Tabár*
Scheme for the analysis of calcifications on the mammogram

- Determining the anatomic cavitiy occupied by the calcifications ("location")
- Analyzing the shape/density/size of the calcifications
- Understanding the benign and malignant pathologic processes leading to the formation of calcifications within the ducts and within the TDLU
- Diagnosis and differential diagnosis of calcifications localized within the ducts using multimodality approach, including MRI

Breaks at 10:00 *and* at 11:00 AM

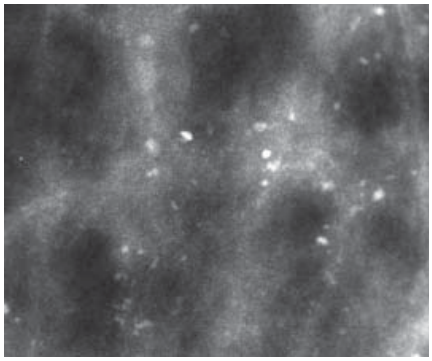
The morphologic analysis of calcifications localized within the TDLUs. Diagnosis and differential diagnosis of crushed stone-like / pleomorphic calcifications and powdery calcifications

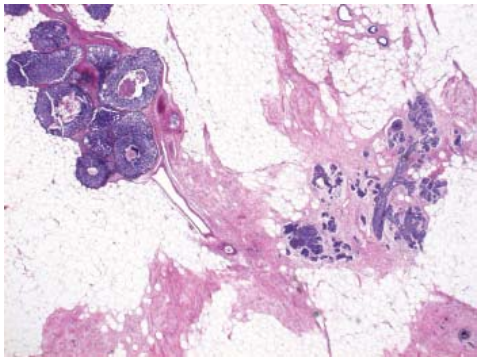


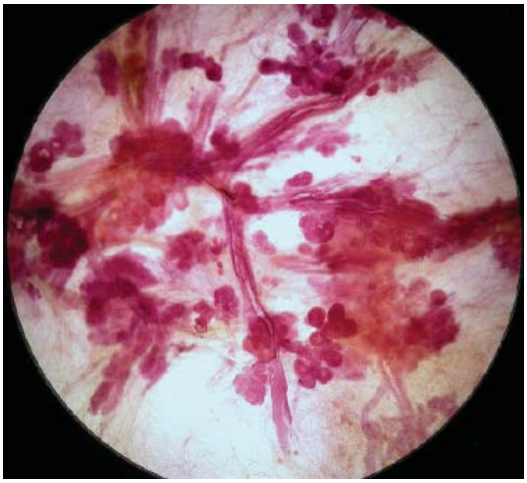
In situ carcinoma subtype presenting on the mammograms with *casting type* calcifications. The concept of neoductgenesis -*L Tabár, T Tot*

12:00 Lunch

1:00 Heterogeneity of *in situ* carcinoma, cont. Classification of *in situ* carcinoma subtypes, based on imaging appearance: i*n situ* carcinoma subtype presenting on the mammograms with *crushed stone-like (pleomorphic)* calcifications. The use of preoperative interventional methods - *L. Tabár, T. Tot*







Mammography / large thin and large thick section histology images of Grade 2 *in situ* carcinoma localized in the TDLUs

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

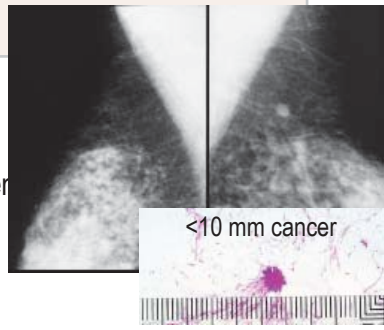
László Tabár, M.D.,
Professor of Radiology
Course Director

2nd DAY Afternoon lectures between 1:00 PM and 4:30 PM

1:00 Heterogeneity of *in situ* carcinoma, cont. Classification of *in situ* carcinoma subtypes, based on imaging appearance: I*n situ* carcinoma subtype presenting on the mammograms with *powdery (psammoma body-like)* calcifications. The role of preoperative interventional methods - *L Tabár, T Tot*

Morphologic prognostic parameters in 1-14 mm invasive breast cancer -*T. Tot*

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 tumors *L Tabár*



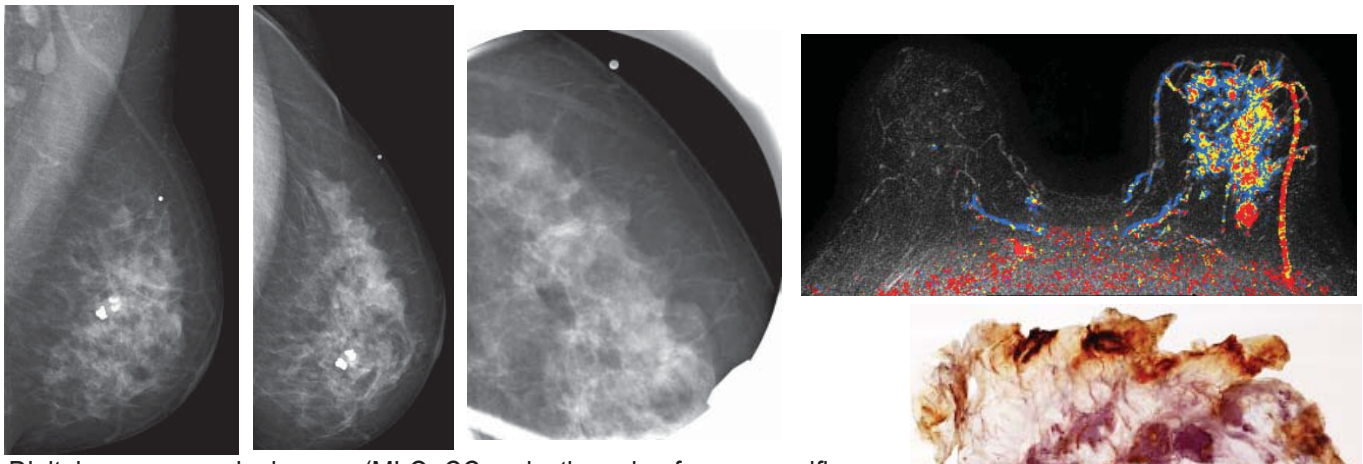
- A systematic method for viewing mammograms.
- Areas on the mammogram where most breast cancers will be found
- Viewing dense breasts. Multimodality approach to screening asymptomatic women
- Viewing relatively easy-to-read breasts

PRACTICE IN PERCEPTION OF SUBTLE, NON-CALCIFIED CANCERS

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/ MRI/ ultrasound appearance and outcome:
  - invasive ductal carcinoma, not otherwise specified (NOS): the most frequently occurring carcinoma. Multimodality case demonstrations
  - tubular carcinoma: the stellate tumor with the best outcome
  - sonographic and MRI correlation with the mammogram

Multifocality of breast cancer and its clinical significance -*T. Tot*



Digital mammography images (MLO, CC projection.microfocus magnification), breast MRI and large 3D-histology of a multifocal carcinoma. Note the discrepancy between the mammographic and MRI images

4:30 End of Day 2

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

László Tabár, M.D.,
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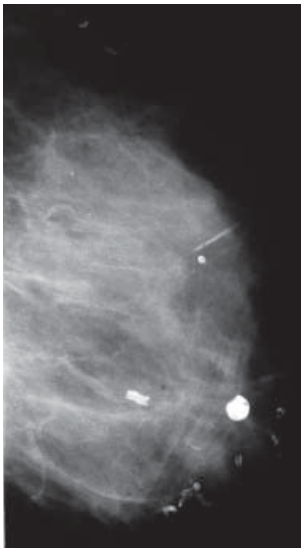
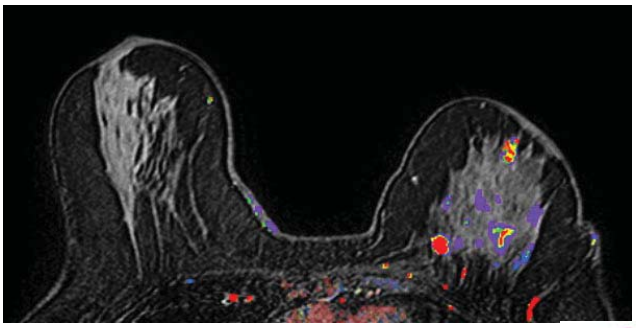
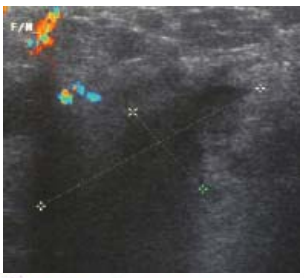
Course Director

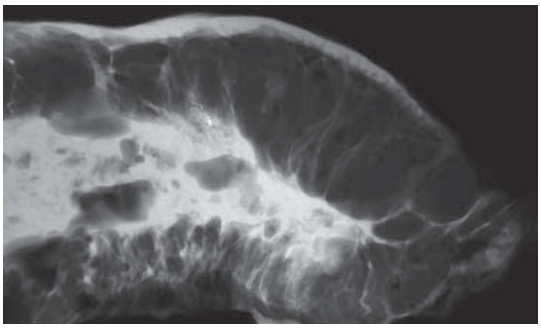
3rd DAY Morning lectures between 8:30 AM and 1:00 PM

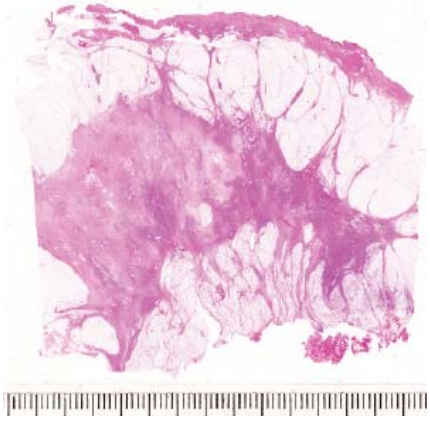
8:00 Histopathologic / mammographic correlation with long-term outcome in invasive lobular carcinoma subtypes - a diagnostic and therapeutic problem - *T. Tot*











Multimodality workup of a huge invasive lobular carcinoma

Breaks at 9:15 *and* at 11:00 AM

Correlation of mammographic/histologic appearance of impalpable 1-14 mm invasive breast cancer with 25-year old follow-up. The reliability of the "mammographic prognostic features" in predicting the long-term outcome of 1-14 mm invasive breast cancer cases. Suggestions for the reconsideration of current therapeutic practice and the TNM Classification System - *L Tabár*

HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL (cont.).
Screening combined with an analytical approach for the differential diagnosis of non-palpable lesions

- Architectural distortion on the mammogram. Multimodality case demonstrations. Algorithm
- Parenchymal ontour changes. Complex case demonstrations and discussion
- Lesions localized behind the nipple, in the medial half of the breast and in the retroglandular clear space

1:00 End of course

2011

INTERDISCIPLINARY CONFERENCE on the Diagnosis and Treatment of Nonpalpable, *in situ* and 1-14 mm Invasive Breast Cancers

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We would like to thank the sponsors for their support of this teaching seminar (list of vendors will be presented at the beginning of the course)

CANCELLATION POLICY:

If it is necessary to cancel a registration, for any reason, please notify xxxxxxxxx

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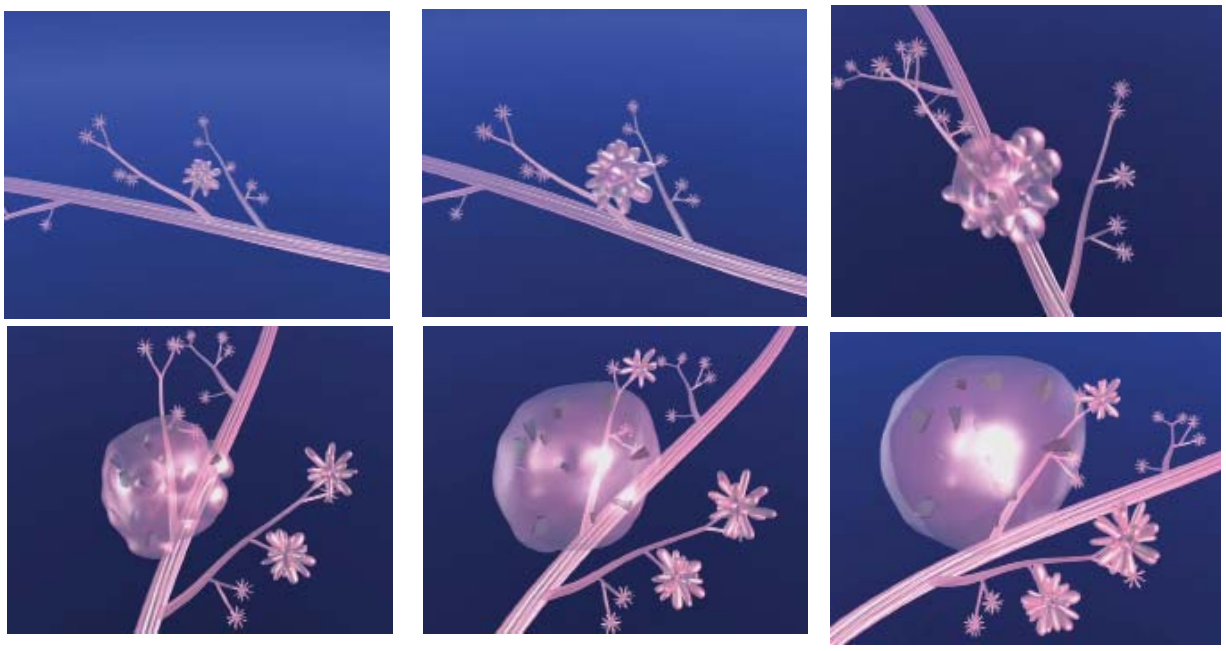
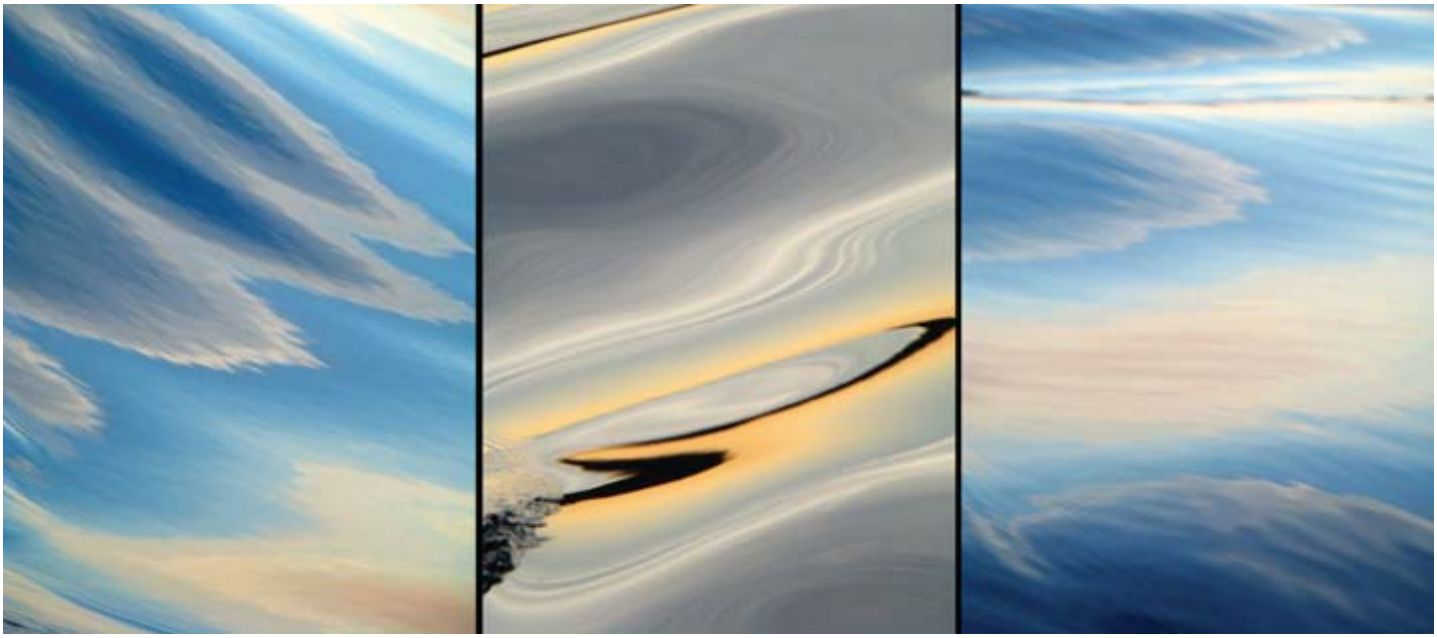
Course Director



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**.

Images from the non-profit Tabar Foundation for Research and Education for Breast Cancer

www.tabarfoundation.org



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