
Abstract 6:8

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Bröstdiagnostik – mer än mammografi Workshop

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Population-based mammography screening has brought about a paradigm shift in our approach to the diagnosis and treatment of breast cancer, since the spectrum of the disease has shifted from primarily palpable, advanced cancer to mainly impalpable tumors that have exceedingly good prognosis. Early detection of breast cancer with high quality mammography screening and treatment at an early stage has succeeded in lowering the death rate from breast cancer by nearly 50% among women who have attended screening regularly. The challenge of successful screening should be met with a commitment to master the complexities of image production, the variations in normal breast anatomy, the heterogeneity of breast diseases, and the progressive nature of breast cancer. In our experience, competence in breast image interpretation can be best achieved by direct comparison of mammographic/ultrasound/MRI images with large-section histology and subgross, thick-section (3-D) histology images of large, contiguous tissue samples containing the lesions. The use of multimodality imaging techniques, including the mammographic workup, ultrasound examination and breast MRI in combination with percutaneous needle biopsy can provide a precise preoperative description of the disease and its extent and localization in most cases. A properly performed and interpreted breast MRI examination is particularly valuable for preoperative tumor mapping. Comparison of the imaging findings with large section and subgross histologic images facilitates understanding of the underlying pathophysiologic processes leading to the findings. These comparisons will enable the radiologist to better differentiate normal from pathologic, improving both the sensitivity and specificity of mammographic interpretation. The predominance of early-stage disease has created a revolutionary new era for those involved in the diagnosis and treatment of breast cancer patients. Early detection of breast cancer challenges current standards of care. The traditional emphasis upon applying therapeutic regimens designed for advanced disease should give way to a new emphasis upon less radical and tailored treatments.