

Jordan Breast Cancer Program

2019

October 7-10

Multimodality Detection *and* Diagnosis of Breast Diseases

combined with

Hands-on

Breast MRI *and* Tomosynthesis

AMMAN, Jordan

Le Grand Hotel-Amman

Q. Nour St., Amman

Faculty

LÁSZLÓ TABÁR, MD,FACR (Hon) Course Director

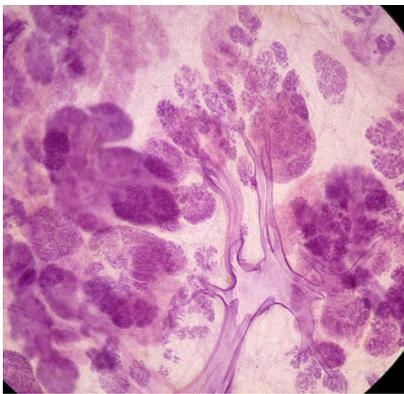
Professor emeritus of Radiology

STAMATIA DESTOUNIS, MD, FACR

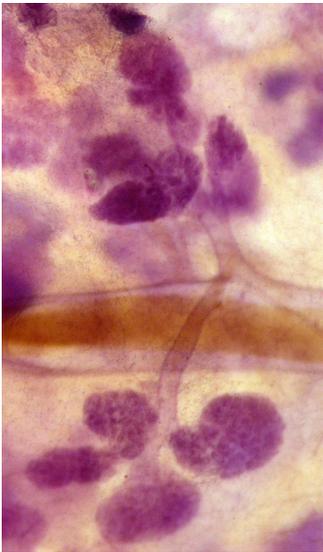
and

MATS INGVARSSON, MD.

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



3D image of the breast tissue



3D image of the breast tissue



2019

BREAST SEMINAR SERIES of the
Jordan Breast Cancer Program
Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)
Course Director

FACULTY



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

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



Stamatia Destounis, MD., FACR

*Elizabeth Wende Breast Care, LLC
Professor of Radiology
University of Rochester School of
Medicine and Dentistry*



Mats Ingvarsson, MD.

*Department of Mammography,
Central Hospital
Falun, Sweden*

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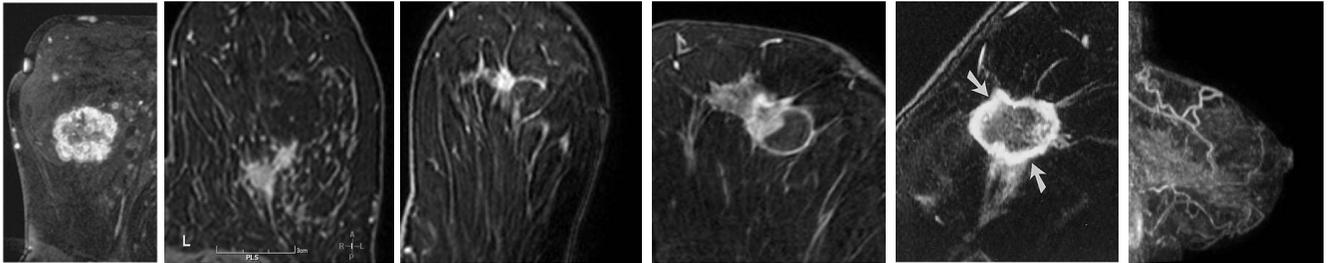
Detection and Diagnosis of Breast Diseases

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Course Director

NEW COURSE DESIGN

- * The mammography lectures on each major subject will be followed by **interactive screening sessions** consisting of a mixture of normal and early cancer cases presented on the large screen exactly as they appear on a viewing station at screening. Using a specially provided polling program downloaded to each participant's smartphone or tablet, the attendees will be asked to vote anonymously on each case. The aggregate results will appear instantly for discussion and evaluation. This new course design gives immediate feedback demonstrating the effectiveness of various screening methods.
- * During the course the attendees will progressively **improve their interpretive expertise**, as they learn the full spectrum of normal breast images, with all important findings explained with the help of 3-dimensional histology images.
- * These skills will lead to **fewer call-backs** and greater confidence in reading a large number of mammograms.
- * **Immediate feedback** and discussion of every case throughout 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**.



MRI Interpretation sessions at workstations - Mats Ingvarsson, MD



Tomosynthesis Case Interpretation Sessions at workstations - Stamatia Destounis, MD, FACR:

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Course Director

Course Overview:

* This Comprehensive Breast Imaging Course, led by László Tabár, MD, FACR, (Hon) and with participation of the Faculty members will offer radiologists the following:

* **Normal mammograms** will be mixed with proven abnormal cases.

* Reading of normal and **abnormal mammograms** will take place using an interactive technique (see page III).

* 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.

* Special emphasis will be placed on **finding early phase breast cancers**.

* All abnormal cases are fully worked up. The complete workup will be presented in detail, including **hand-held ultrasound, automated breast ultrasound, MRI and large section histopathology**. There will be a special session about **tomosynthesis, breast MRI and ABUS** (automated breast ultrasound).

* Special sessions will describe **the current clinical roles of breast MRI and tomosynthesis**, review the image patterns of malignant breast diseases, correlate the findings with the underlying pathology.

* Description of the recent technical advances in breast MRI, including imaging protocols and techniques needed to produce high quality breast MRI images.

* Teaching how to characterize breast lesions utilizing multimodality imaging, breast MRI and tomosynthesis included.

* Learning **MRI reading and interpretation at high resolution workstations**.

* Studying **tomosynthesis cases at high resolution workstations**).

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Course Director

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 on breast MRI examinations

Attendees interpreting all interactive digital mammography examinations, hands-on breast MRI, ABUS and tomosynthesis cases will receive a **Certificate**, confirming that they have read the above mentioned breast imaging cases under the direct supervision of an interpreting physician.

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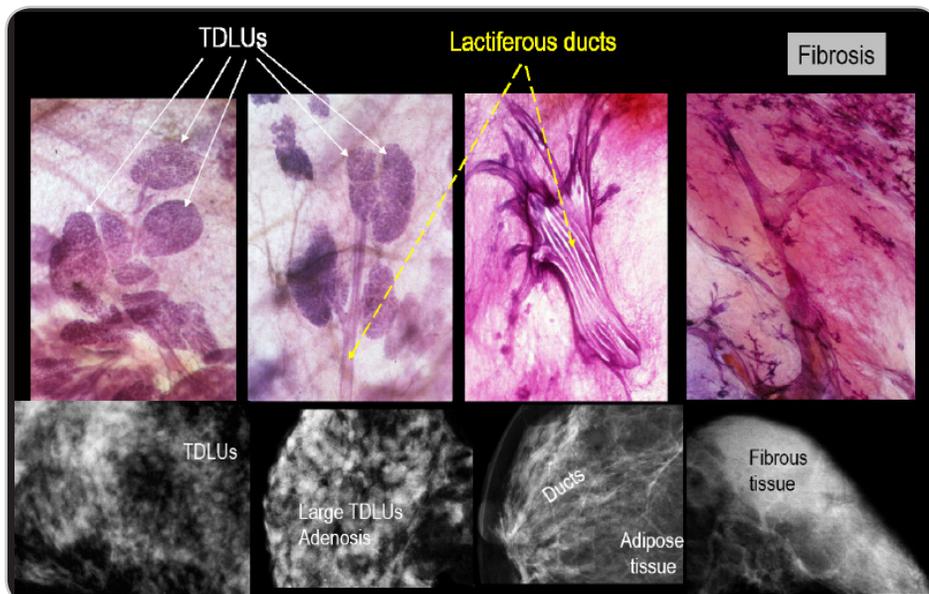
Day 1 Morning lectures between 9:00 AM and 12:00 PM. Break: 10:30 AM

9:00 INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

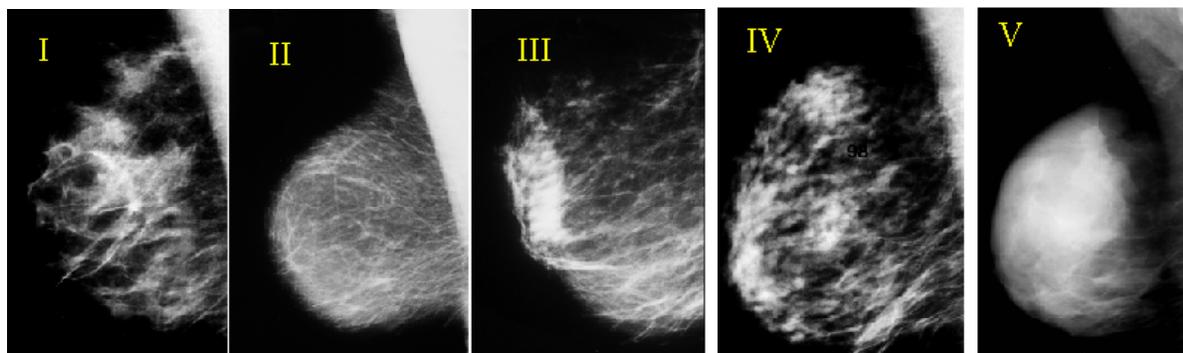
- A NEW ERA in the DIAGNOSIS and TREATMENT of BREAST CANCER.

- **HOW TO READ A MAMMOGRAM.** THE BASIS FOR SKILLFUL AND EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE

- Correlating 3-dimensional, subgross anatomy with mammography of the normal breast results in **increased confidence in reading a mammogram** and **finding small abnormalities**. Special training in large format thin and thick section (3D) histopathologic correlation enables the radiologist to account for every linear and nodular density on the mammogram.



The breast, unlike any other organ, has **five structurally different mammographic parenchymal patterns**.



12:00 PM - 1:00 PM Lunch

VI

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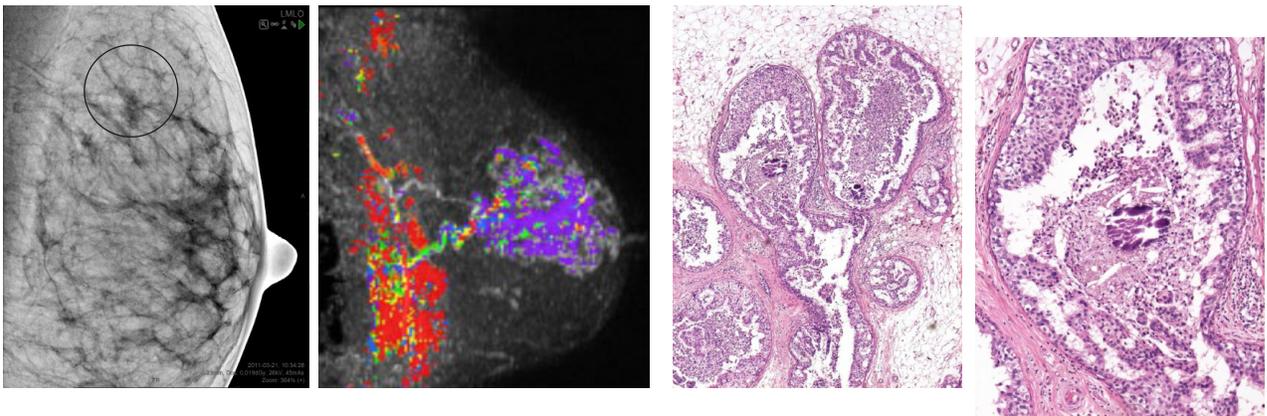
Day 1 Afternoon lectures: 1:00 PM and 5:00 PM. Breaks at 2:30 and 3:30 PM

ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL. *Malignant stellate and circular/oval-shaped lesions originating from the TDLUs (AAB):* clinical presentation, histology, mammographic - MRI - ultrasound appearance and outcome.

- **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.
- The role of hand-held ultrasound / 3D automated ultrasound / MRI in the detection and workup of the findings. **The multimodality approach.**

- **Interactive screening session:** Using what has just been taught, each participant will assess a mixture of normal and early cancer cases, and vote anonymously using a smartphone or tablet. The combined results will appear instantly for discussion and evaluation.
- * **All abnormal cases are fully worked up and the complete imaging workup will be presented in detail, including ultrasound, MRI and large section histopathology.**



Example: Multifocal invasive and *in situ* carcinoma, where the extensive micropapillary cancer originating from the major ducts was well demonstrated on breast MRI.

4:15 - 5:15 READING TOMOSYNTHESIS CASES AT HIGH RESOLUTION WORKSTATIONS.

5:15 PM. End of Day 1.

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Day 2 Morning lectures between 8:30 AM and 12:00 PM. Breaks: 10:00 & 11:00 AM

8:30 DIDACTIC LECTURE SERIES BY - [Stamatia Destounis, MD, FACR](#):

- Diagnostic evaluation using DBT (digital breast tomosynthesis).
- Synthesized digital breast tomosynthesis, can it replace 2D mammograms?
- Tomo CAD technology: can it cut down reading time for DBT, is it helpful?
- Current Issues with DBT (Radiation dose, PACS, IT)
- Screening / Diagnostic DBT: one view or two views

Discussion



11:15 - 12:00 EVALUATION OF THE TOMOSYNTHESIS CASES VIEWED AT THE WORKSTATIONS.



Lunch 12:00 - 1:00 PM

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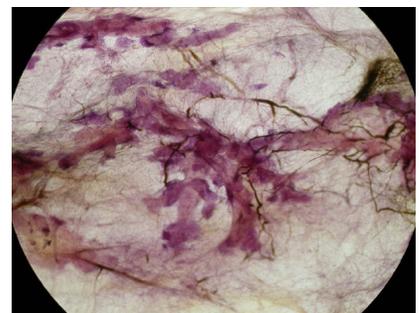
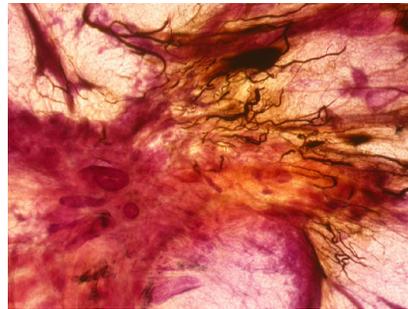
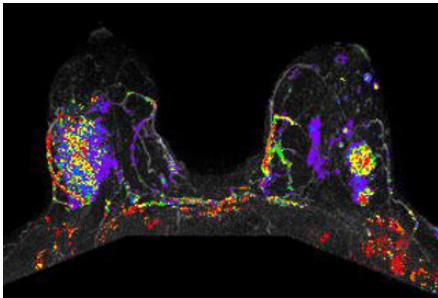
László Tabár, MD, FACR (Hon)

Course Director

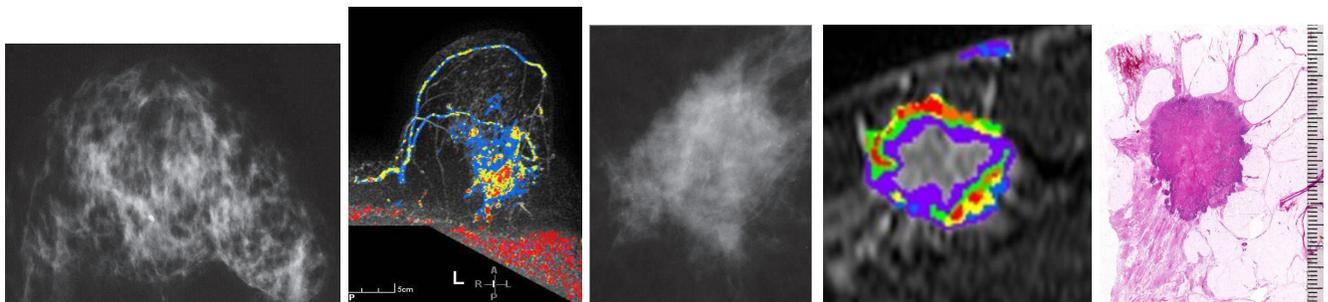
Day 2 Afternoon program between 1:00 PM and 5:15 PM. Breaks: 2:15 & 3:30 PM

1:00 - 2:15 DISCUSSION OF THE TOMOSYNTHESIS CASES. QUESTION AND ANSWER SESSION - Stamatia Destounis, MD, FACR

2:30 INTRODUCTION to CONTRAST ENHANCED BREAST MRI - Mats Ingvarsson



BASICS of BREAST MRI INTERPRETATION - Mats Ingvarsson



4:15 - 5:15 READING BREAST MRI CASES AT HIGH RESOLUTION WORKSTATIONS.

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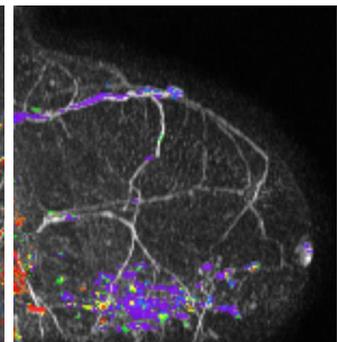
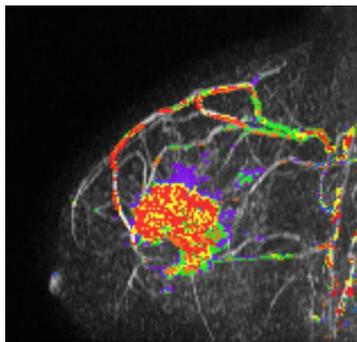
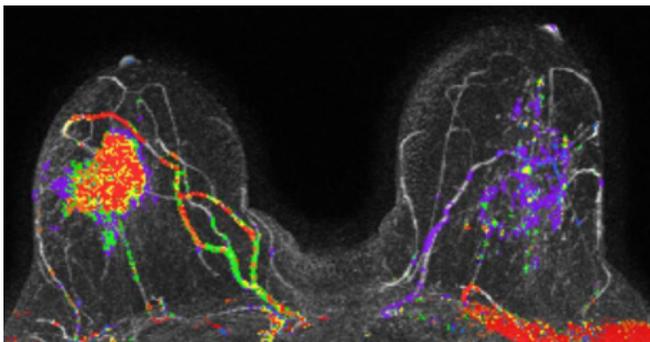
Course Director

Day 3 Morning program between 8:30 AM and 12:00 PM. Breaks: 10:00 & 11:00 AM

8:30 - 10:00 DISCUSSION OF THE BREAST MRI CASES. QUESTION AND ANSWER SESSION.

10:15 - 11:00 READING BREAST MRI CASES AT HIGH RESOLUTION WORKSTATIONS.

11:15 - 12:00 DISCUSSION OF THE BREAST MRI CASES. QUESTION AND ANSWER SESSION.



MRI Interpretation sessions at workstations - Mats Ingvarsson, MD

Lunch 12:00 - 1:00 PM

X

2019

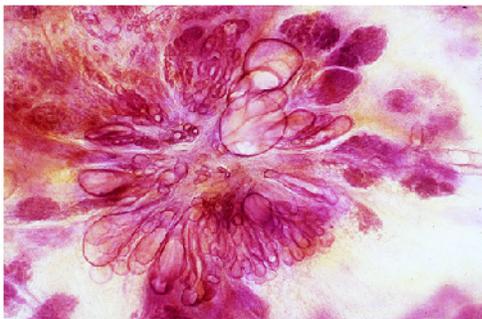
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Course Director

Day 3 Afternoon program between 1:00 PM and 4:00 PM. Breaks: 2:15 & 3:30 PM

1:00 PM **ASYMMETRIC DENSITIES ON THE MAMMOGRAM** - LaszloTabar, MD

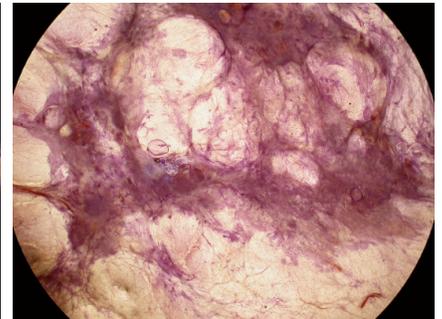
- Didactic workup of *non-specific asymmetric densities without architectural distortion*
 - Didactic workup of *non-specific asymmetric densities with architectural distortion*
- A suggested algorithm for the workup of lesions with architectural distortion.



Radial scar

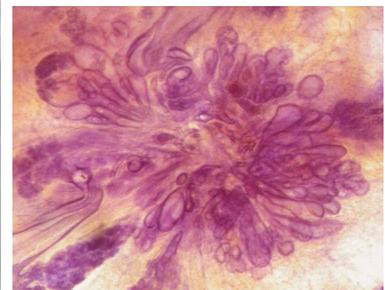
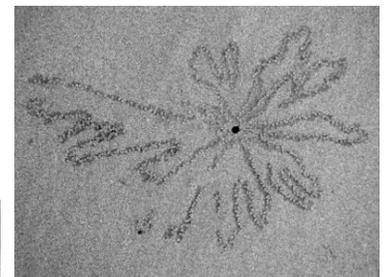
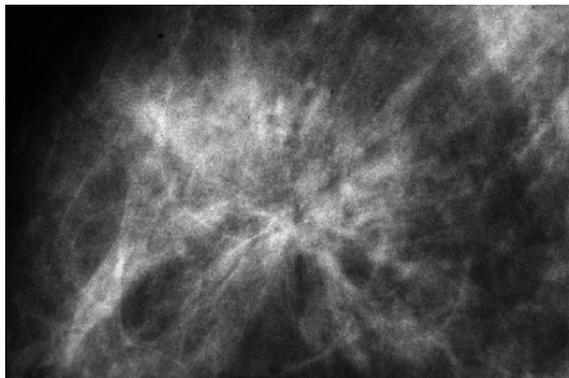


Neoductgenesis (DAB)



Diffusely infiltrating cancer of mesenchymal origin

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



4:15 - 5:30 **THE PROBLEM OF VIEWING THE MAMMOGRAMS OF WOMEN WITH DENSE BREASTS. DEMONSTRATION AT WORKSTATIONS.** - LaszloTabar, MD

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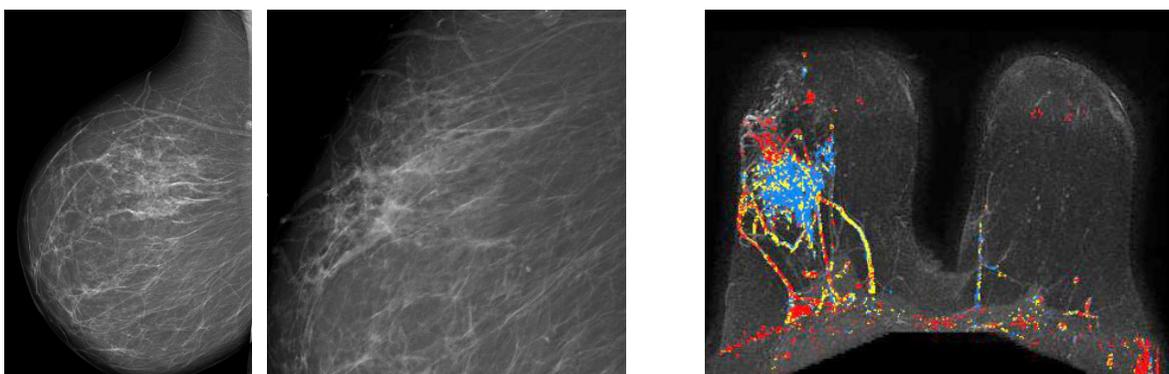
László Tabár, MD, FACR (Hon)
Course Director

Day 3 Continued description of the afternoon program on Day 3

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

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

In 3D

Breast cancer originating from the major ducts

Ductal Adenocarcinoma of the Breast (DAB), Part 7

Architectural distortion 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 distortion on the mammogram without calcifications or nipple discharge

In 3D

Printed in China
1 888 978-0-888351-8-8
2019

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**.

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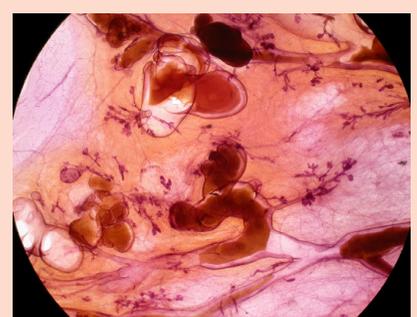
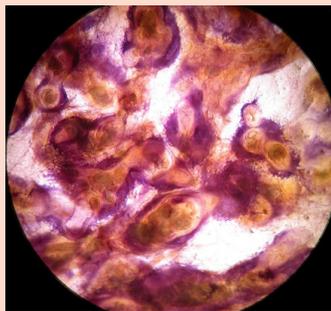
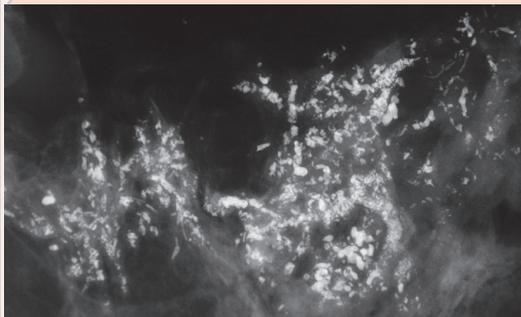
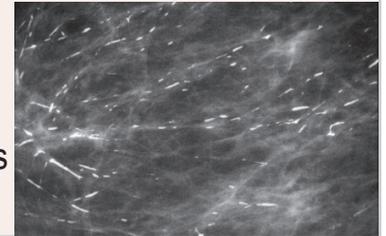
Day 4 Morning lectures: 8:00 AM and 12:00 PM. Breaks at 9:30 and 11:00 AM

8:00 AM INTERACTIVE LECTURE SERIES WILL COVER THE FOLLOWING TOPICS - Laszlo Tabar, MD

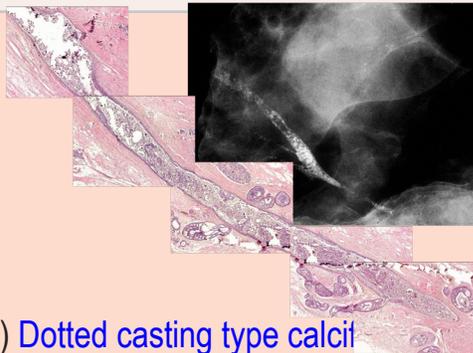
ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

Breast diseases originating in the major ducts

- **Benign type calcifications** originating in the major ducts
 - a) Secretory disease type calcifications
- **Malignant type calcifications** originating in the major ducts
- **Interactive calcification analysis.**



a) **Fragmented casting type calcifications.**



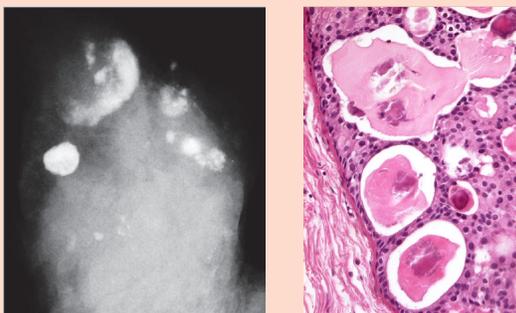
b) **Dotted casting type calcifications**

* **Four different malignant type calcifications** developing in the major ducts: **a)** fragmented casting type **b)** dotted casting type **c)** skipping stone-like **d)** pearl necklace-like.

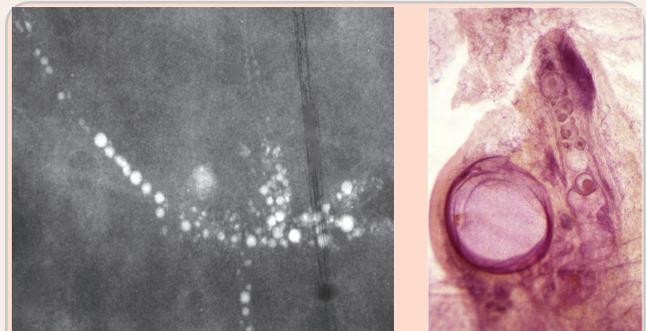
* The concept of **neoductgenesis**. Long-term follow-up results. New aspects, correct terminology.

* The role of breast MRI examination in demonstrating the extent of Gr 3 in situ carcinoma.

* Mammographic/3D histologic correlation helping to explain the underlying pathophysiology and outcome.



c) **Skipping stone-like calcifications**



d) **Pearl necklace-like calcifications**

12:00 PM - 1:00 PM L u n c h

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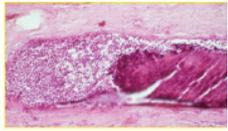
László Tabár, MD, FACR (Hon)

Course Director

Day 4 Afternoon lectures: 1:00 PM - 4:30 PM Break: 2:15 PM and 3:15 PM

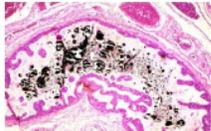
MALIGNANT: Necrosis, no fluid
Ca++ in necrosis

Ductal Origin
Ca++ on the mammogram

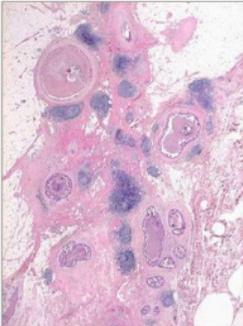
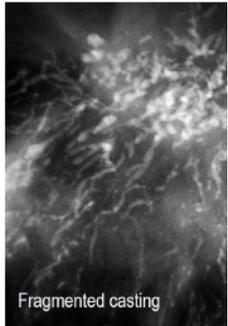


MALIGNANT: Necrosis, no fluid
Ca++ in necrosis

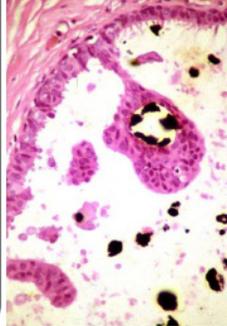
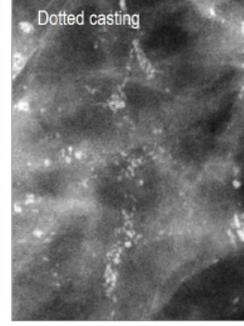
Ductal Origin
Ca++ on the mammogram



Type 1 'FRAGMENTED CASTING' (solid bars)
Diffuse, lobar disease
Grade III solid cell proliferation

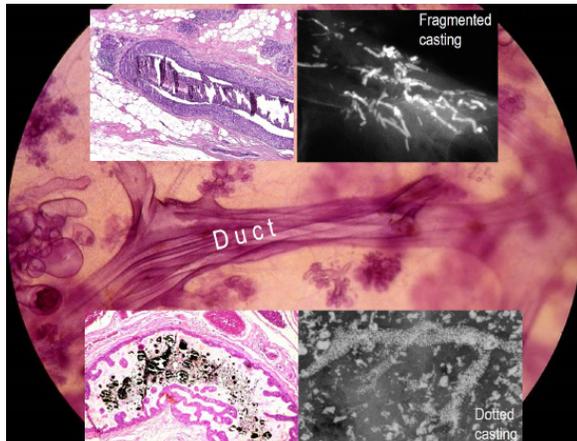
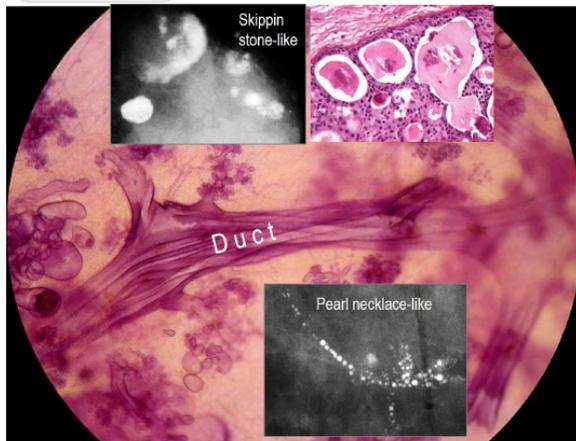



Type 2 DOTTED CASTING-TYPE (snakeskin-like)
-Diffuse, lobar disease
-Grade III
-micropapillary cell proliferation

Fragmented casting

Dotted casting

Fragmented casting

Skipping stone-like

Duct

Duct

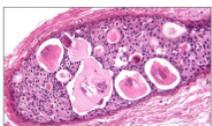
Dotted casting

Pearl necklace-like

Interactive calcification analysis.

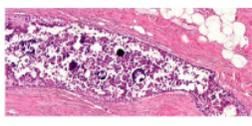
MALIGNANT: No necrosis, fluid
Ca++ in proteinaceous fluid

Ductal Origin
Ca++ on the mammogram

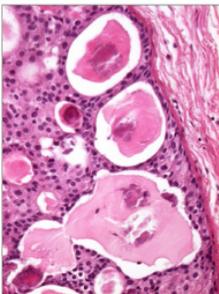
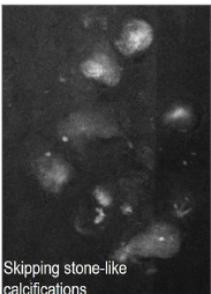


MALIGNANT: No necrosis, fluid
Ca++ in proteinaceous fluid

Ductal Origin
Ca++ on the mammogram

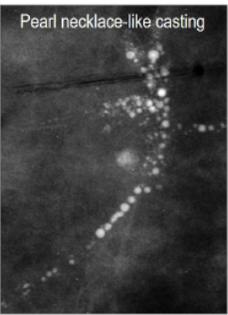


Type 3 "DISCOID" (skipping stone-like)
-Diffuse lobar disease
-Grade II
-Micropapillary or/and cribriform

Skipping stone-like calcifications

Type 4 "PEARL NECKLACE"
-large psammoma body-like calcifications within ducts
-Grade I or/and 2
-Micropapillary, cribriform.

Pearl necklace-like casting

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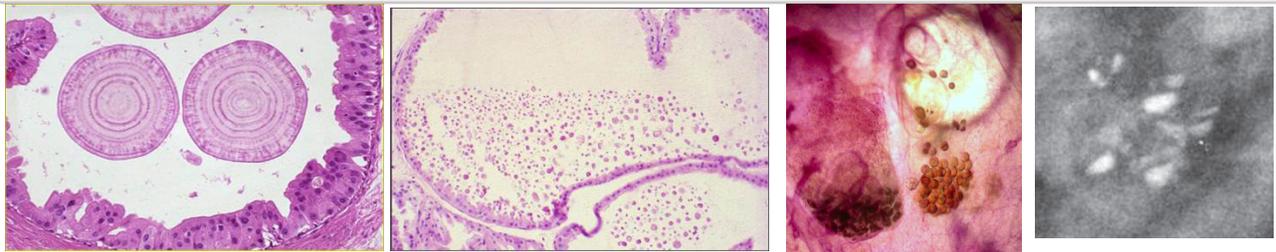
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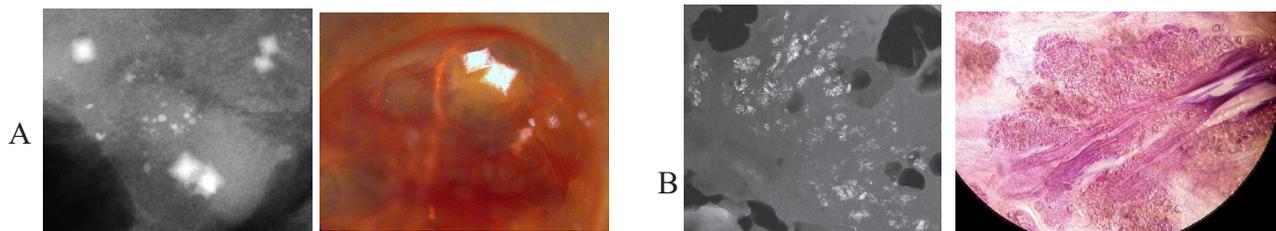
Day 4 Additional description of the afternoon lectures on Day 4

ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- **Benign breast diseases originating in the TDLU** and associated with calcifications on the mammogram -
- **Fibrocystic change. Fibroadenoma. Different types of adenosis.** Understanding pathophysiology leading to calcified and non-calcified hyperplastic breast changes.



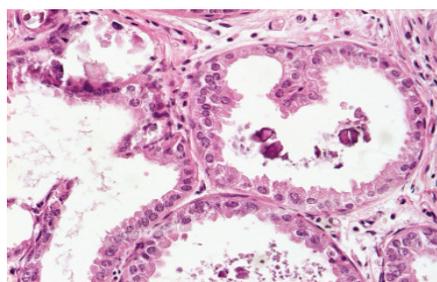
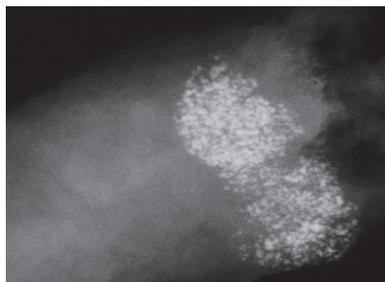
Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications" on the mammogram.



Detailed analysis of calcifications associated with hyperplastic breast changes:

(A) Weddellites

(B), powdery calcifications on thammogram.



Grade 1 *in situ* carcinoma:
Mammographic / 3D histo-
logic / MRI correlation
of cases with powdery calcifi-
cations on the mammogram.

- The morphologic analysis of calcifications representing a less aggressive carcinoma:
Grade 1 / well differentiated CIS

4:30 End of the course

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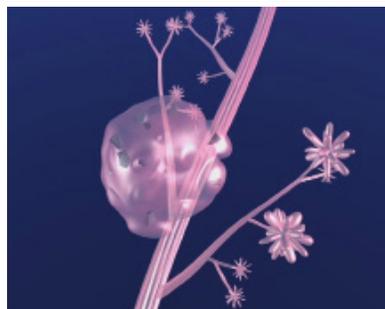
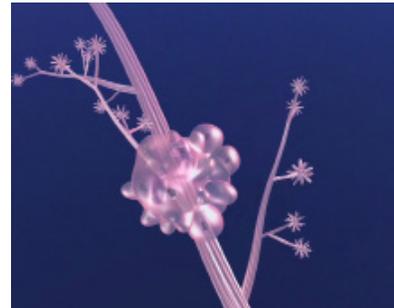
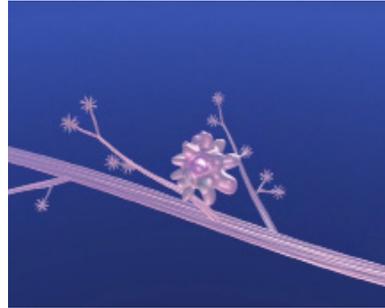
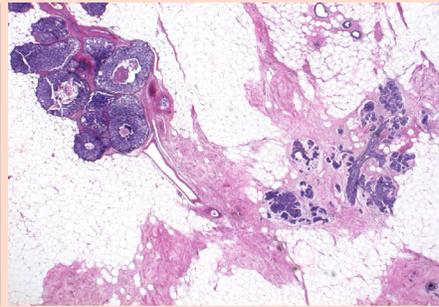
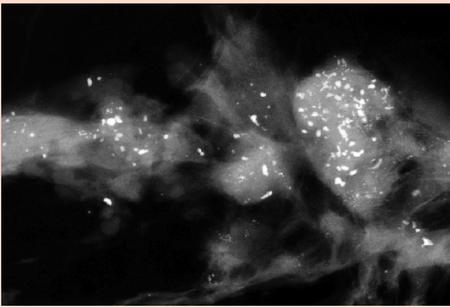
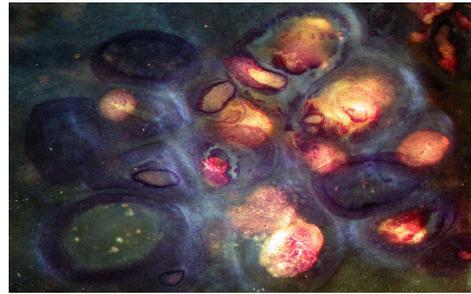
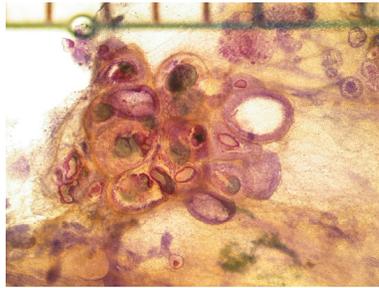
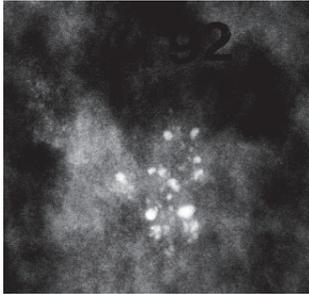
Detection and Diagnosis of Breast Diseases

Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)

Course Director

Mammographic / histopathologic correlation of pleomorphic calcifications representing Gr 2 CIS within the TDLU



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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XXXXXX

Phone: xxxxx,

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

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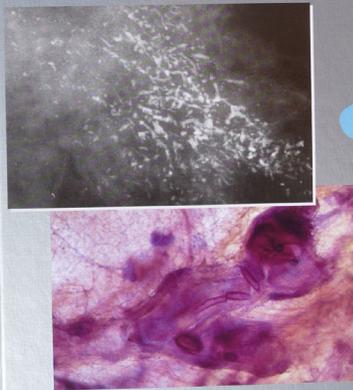
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Breast Cancer Early Detection with Mammography

Casting Type Calcifications: Sign of
a Subtype with Deceptive Features

László Tabár
Tibor Tot
Peter B. Dean

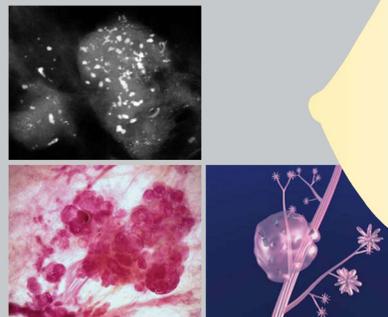


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Breast Cancer Early Detection with Mammography

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

László Tabár
Tibor Tot
Peter B. Dean



Calcification,
Secretion,
Histopathologic Correlation

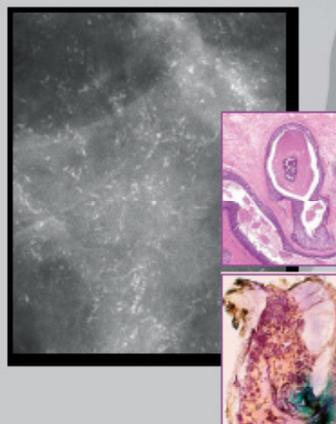
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Teaching Atlas of Mammography

László Tabár
Peter B. Dean

With the contribution of Tibor Tot

4th edition



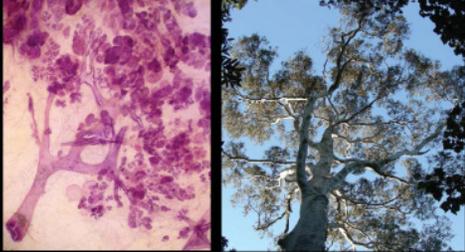
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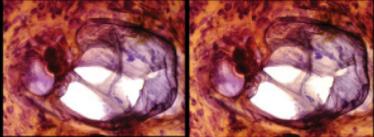
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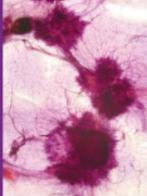
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Understanding the Breast
in Health and Disease



In 3D



Multifocal breast cancer



Sea urchins

In 3D



In situ ductal carcinoma

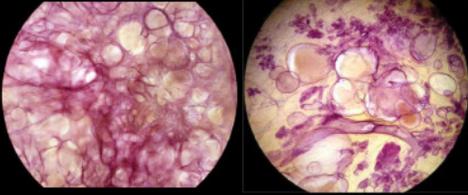


Banana flower

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.

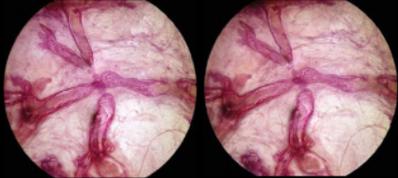
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Tibor Tot, MD, Peter B. Dean, MD,
Miklós Tarján, MD



cysts in a prostate breast cysts

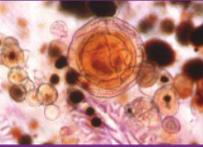
Prostate and Breast:
Brother and Sister Organs



In 3D



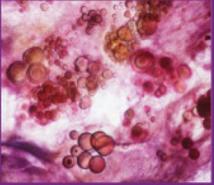
Prostate calcifications



Laminated calcifications
in the prostate

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In 3D



Laminated calcifications in
the breast



Rowan berries

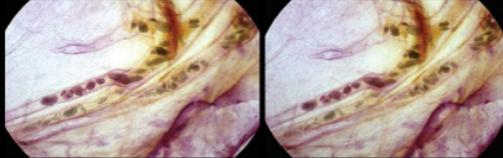
Even as the risk of getting prostate and breast cancer is rising, early detection through screening and treatment in an early stage are significantly lowering the risk of dying from these diseases. This series of 3D books aims to empower both men and women with knowledge about their health. Although 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.

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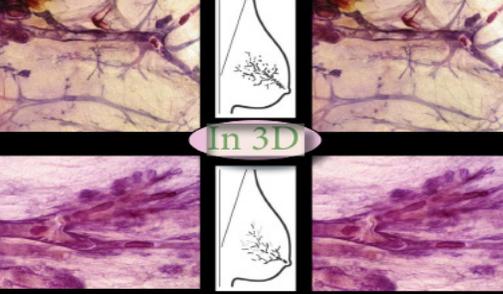
László Tabár, MD, FACR (Hon)
Course Director

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 neoductgenesis (DAB)

A photograph reminiscent of neoductgenesis with associated tiny invasive tumors



In 3D

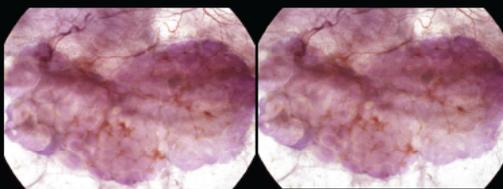


Fragmented casting type calcifications make the cancerous duct-like structures visible on the mammogram.

Neoductgenesis is a frequent phenomenon in the plant world

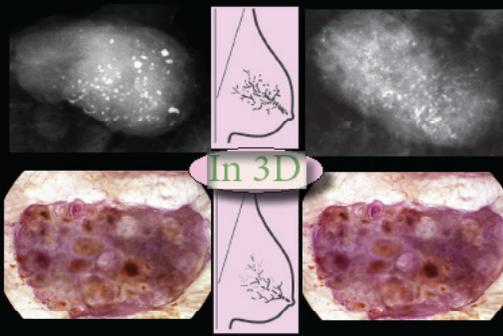
The mammogram is a true representation of the structural changes induced by the genetic constellation of each breast cancer subtype. The mammographic/MRI/ultrasound presentation of a particular subtype reflects the nature and extent of the underlying disease process, and when correctly interpreted, can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

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

Ductal Adenocarcinoma of the Breast (DAB), Part 2

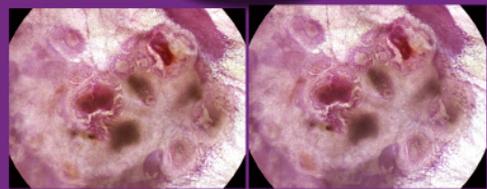


In 3D



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

In 3D



Stereoscopic image pair of the DAB with calcifications within a lymph node

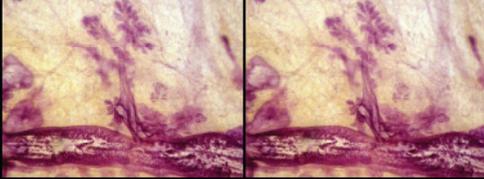
Breast cancers originating from the major milk ducts (breast cancer of ductal origin, DAB) occasionally cause axillary lymph node metastases which are similar in appearance at histology to DAB in the breast. Regardless of whether or not the myoepithelial cell layer is demonstrable, the decisive question 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 (neoductgenesis) in the breast, in the prostate and in the axillary nodes.

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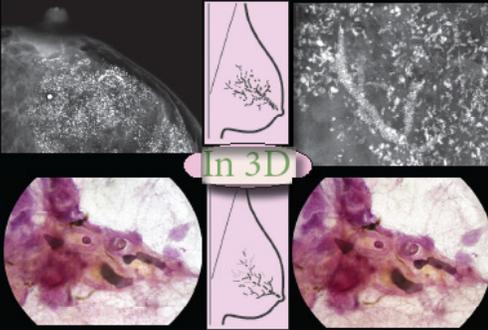
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Course Director

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Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3

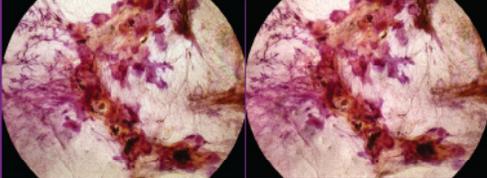


In 3D



Neoductogenesis (DAB) associated with angiogenesis

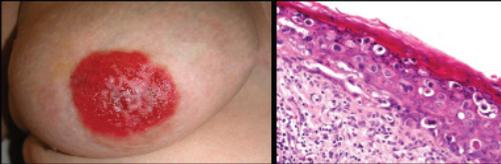
In 3D



Normal atrophic ducts and cancerous, distended ducts side by side

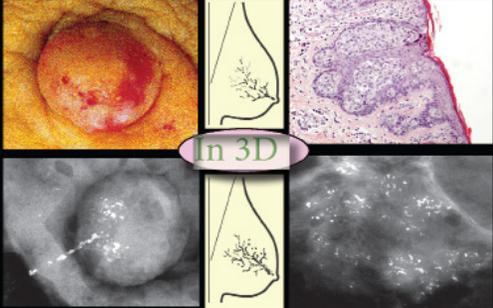
Breast cancers that originate in the major milk ducts (ductal adenocarcinoma of the breast, DAB) are diffuse and often extensive. The disease may occupy an entire lobe from the nipple to the chest wall, and frequently extends close to the skin. For these reasons, breast conserving surgery and skin or 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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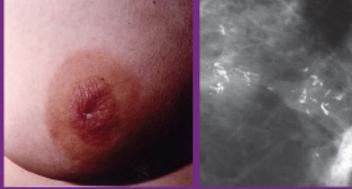


Paget's disease of the nipple Paget's cells in the epidermis of the nipple

Ductal Adenocarcinoma of the Breast (DAB), Part 4

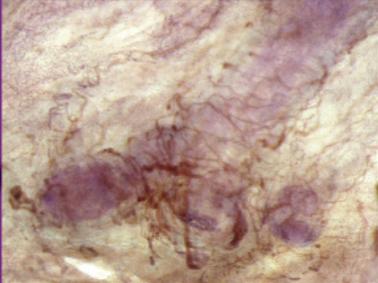


In 3D



Paget's disease of the nipple and breast cancer of ductal origin

In 3D



Cancer-filled duct in Paget's disease with angiogenesis

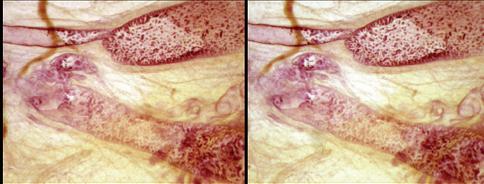
One of the features which is unique to breast cancers originating from the major ducts (DAB) is **Paget's disease of the breast**. It was first described by the British pathologist, James Paget in 1874. He described 14 cases of breast cancer associated with an eczema-like skin change of the nipple and 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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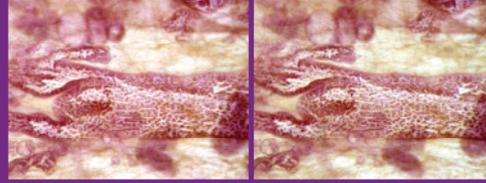
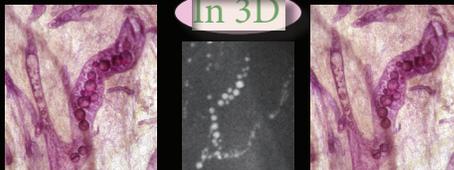
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Ductal Adenocarcinoma of the Breast (DAB), Part 5

Fluid producing DAB subtypes associated with calcifications



Fluid producing micropapillary breast cancer of ductal origin (DAB)



In 3D



Neoductgenesis in micropapillary breast cancer of ductal origin (DAB)

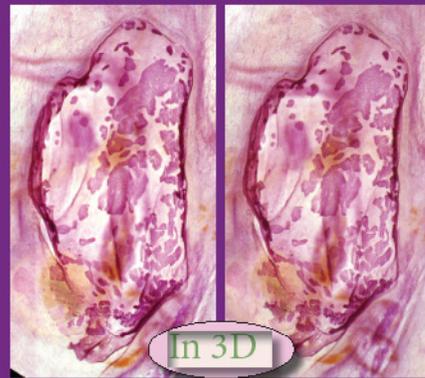
This volume describes the subtypes of breast cancers that arise in the major ducts, produce a viscous, proteinaceous fluid. Little or no necrosis is present. The calcifications formed within the fluid have characteristic, but deceptively benign appearance, although the malignancy may extend throughout an entire lobe. This book will help identify these deceptive cases through correlating the mammographic/ultrasound/MRI presentation with large / thick section (3D) histology.

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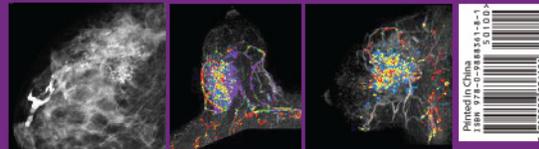


Bloody and serous nipple discharge

Ductal Adenocarcinoma of the Breast (DAB), Part 6



Fluid producing micropapillary breast cancer of ductal origin (DAB)



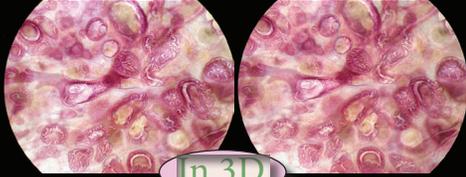
Spontaneous unilateral serous or bloody nipple discharge can be an alarming clinical symptom for the patient and also, it may cause considerable differential diagnostic problem for the radiologist. This volume of our 3D book series correlates the imaging findings (mammography / breast ultrasound / breast MRI) with large thin- and large thick section (sub-gross, 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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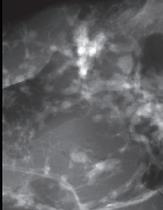


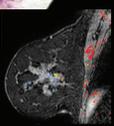
In 3D

Breast cancer originating from the major ducts

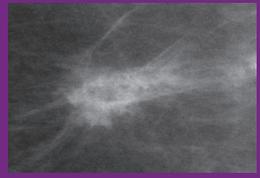
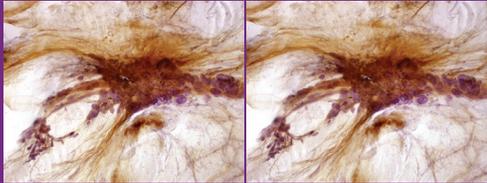
Ductal Adenocarcinoma of the Breast (DAB), Part 7

Architectural distortion 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 distortion on the mammogram without calcifications or nipple discharge

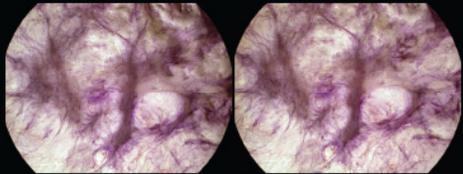
In 3D

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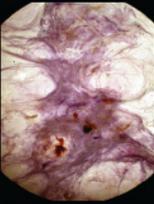
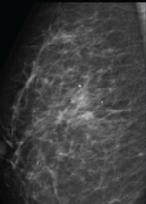
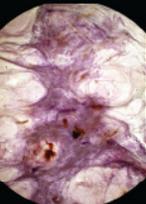
There are two main groups of diffuse breast cancers presenting on the mammogram as large regions of architectural distortion; these account for about 25% of all breast cancers and tend to have a poor outcome: 1) **Neoductgenesis**, i.e. "duct forming invasive carcinoma", the topic of this volume, often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

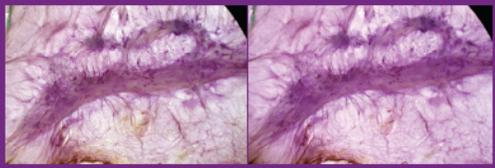
László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD
Olga Puchkova, MD



Diffusely infiltrating breast cancer, Part 1

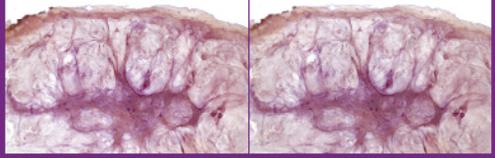

In 3D



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

ISBN 978-0-9888361-2-9
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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.