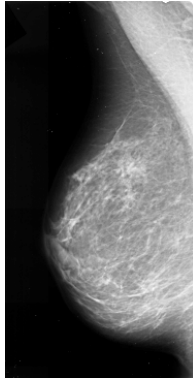
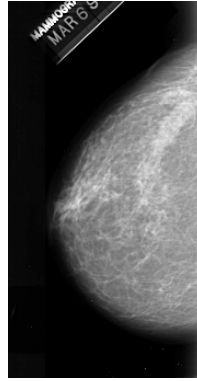
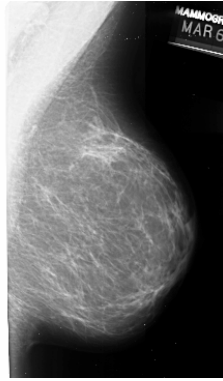


Personalize Screening Guided			
Risk Level	Average	Moderate	High
Lifetime Risk	<15%	15-40%	>40%
Dr. Holmes' Recommendation	<p>Age 20-39</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's Exam at least every 3 years <p>Age 40 & Older</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's exam yearly ▪Mammograms yearly 	<p>Age 18-24</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's Exam at least every 2 years <p>Age 25-34</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's exam once or twice each year <p>Age 35 & Older</p> <ul style="list-style-type: none"> ▪Monthly Self-Exam* ▪Doctor's exam twice yearly ▪Mammograms yearly ▪MRI yearly if risk $\geq 20\%$ 	<p>Age 18-24</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's exam yearly <p>Age 25-29</p> <ul style="list-style-type: none"> ▪Monthly Breast Self-Exam* ▪Doctor's exam twice yearly <p>Age 30 & Older</p> <ul style="list-style-type: none"> ▪Monthly Self-Exam* ▪Doctor's exam twice yearly ▪Mammograms yearly ▪MRI yearly

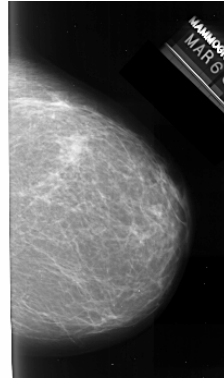
Standard 2-View Screening Mammograms



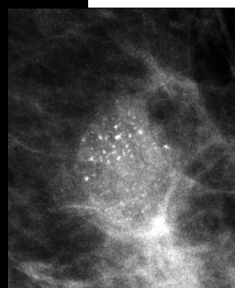
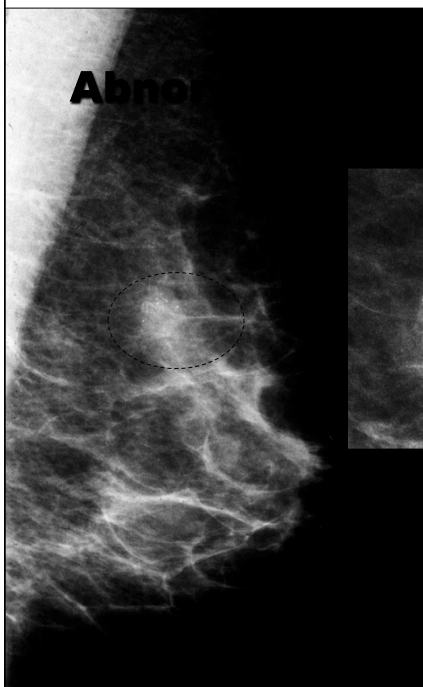
MLO Projection
Medio-Lateral
Oblique



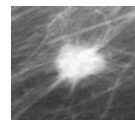
CC Projection
Cranial-Caudal



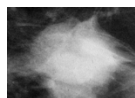
Abnormal Findings on Mammograms



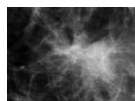
Mass +
Calcifications



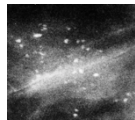
Spiculated
mass



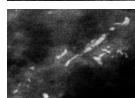
Mass



Mass,
Architectural
Distortion

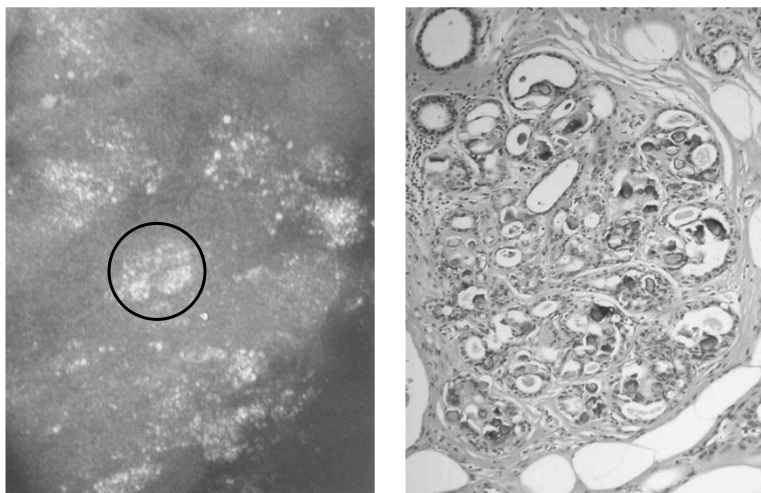


Calcifications
Mass



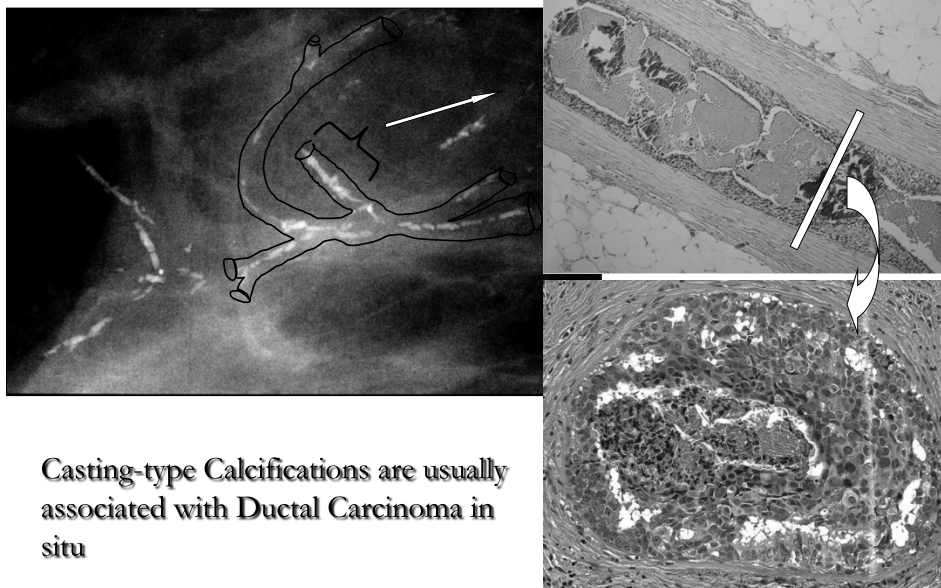
Calcifications

Microcalcifications



Crushed Stone or Powdery-type Calcifications are usually associated with benign conditions.

Microcalcifications

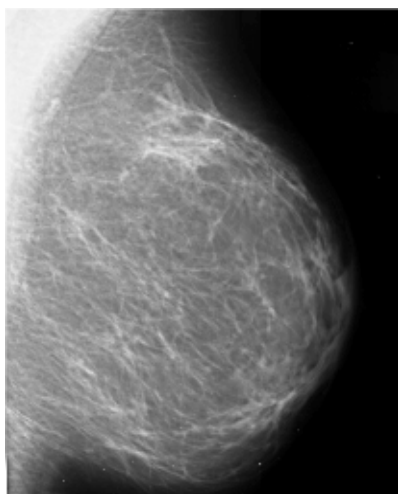


Casting-type Calcifications are usually associated with Ductal Carcinoma in situ

The Problem of the Dense Breasts



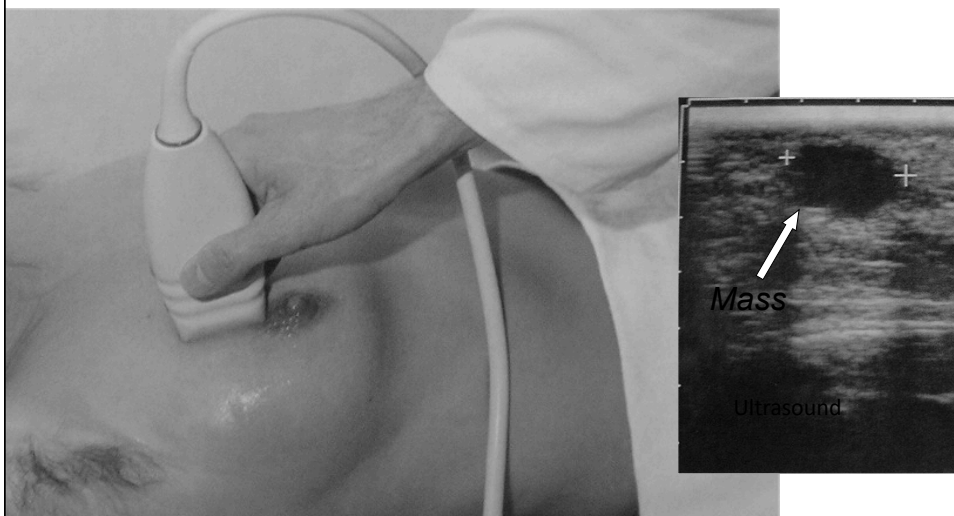
Dense Breast
Glandular Tissue Exceeds Fat



Fatty Breast
Fat Exceeds Glandular Tissue

Breast Ultrasound

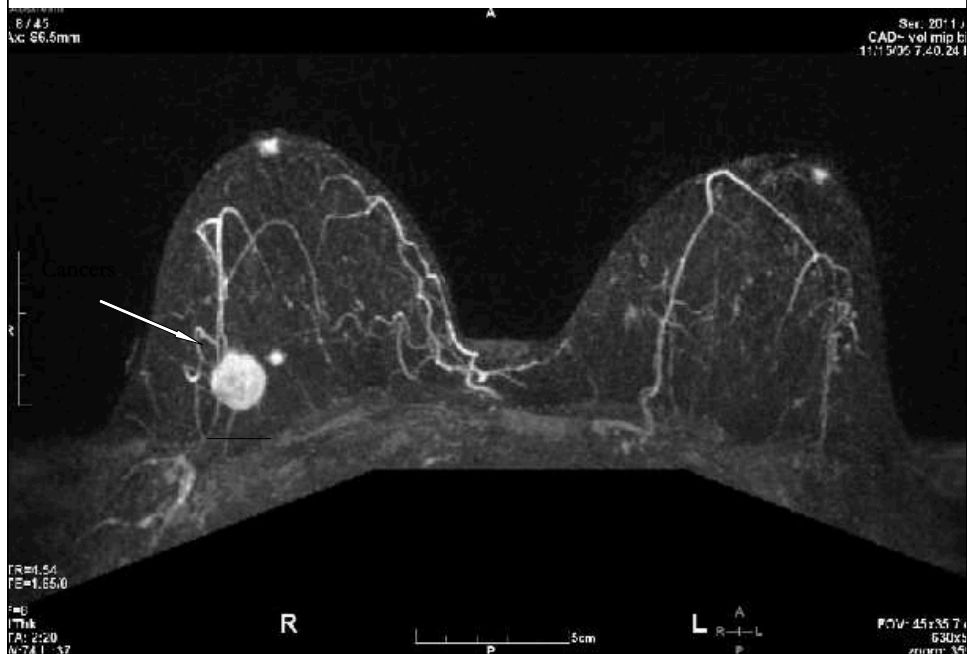
(If a lump is felt but the mammogram looks normal,
Always request an Ultrasound!!!)



Breast Magnetic Resonance Imaging (best for detecting cancer in dense breasts or in breasts with implants)



Breast MRI



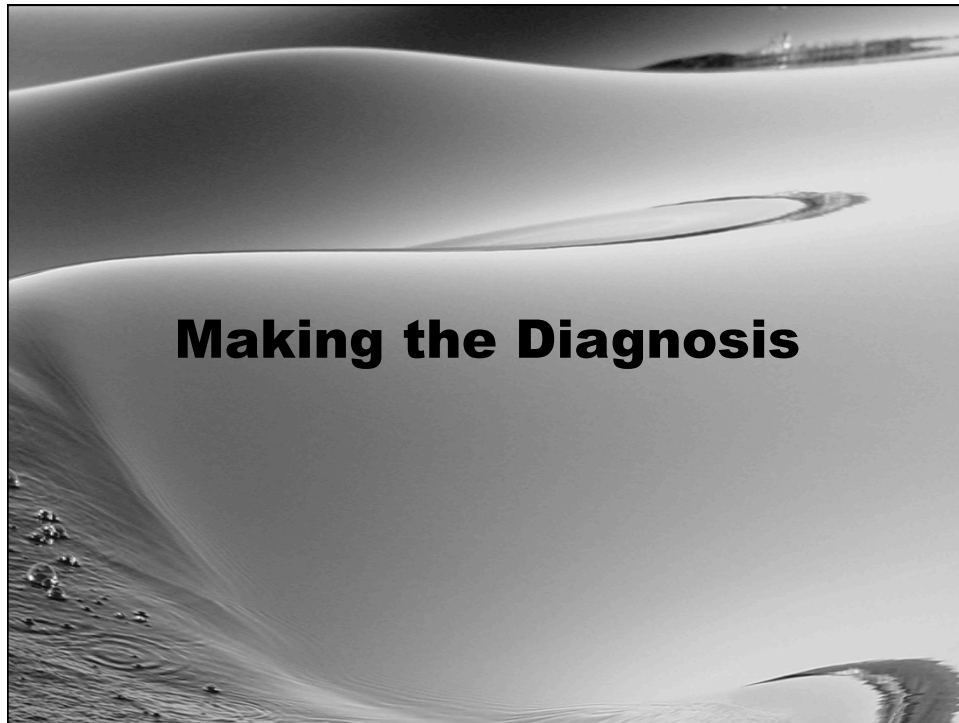
Breast MRI

Cancer



Indications for Annual Breast MRI From American Cancer Society

- BRCA 1 or BRCA 2 Mutation
- 1st Degree Relative with BRCA 1 or 2 Mutation
- Lifetime Risk of Breast Cancer >20%
- Radiation to chest between ages 10-30
- Personal history of hereditary breast cancer (or 1st Degree Relative)
 - Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome



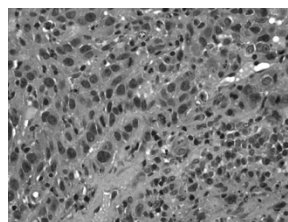
Making the Diagnosis

- **Minimally Invasive Breast Biopsy (MIBB) or needle biopsy is preferred at the initial step**
- **MIBB permits**
 - **Preoperative counseling regarding options (lumpectomy vs. mastectomy)**
 - **Planning of lymph node evaluation**
 - **Planning of breast reconstruction**
 - **Genetic counseling if appropriate**
 - **Second opinions**

Making the Diagnosis

- Obtain a Minimally Invasive Breast Biopsy Prior to Surgery
 - Ultrasound-guided core biopsy * PREFERRED
 - If ultrasound visible (palpable or not)
 - Stereotactic core biopsy * PREFERRED
 - If only microcalcifications are present, if no visible by ultrasound, and is not palpable
 - Fine needle aspiration or core biopsy
 - If palpable
- AVOID diagnostic excisional biopsies
 - However, a diagnostic excision biopsy might be necessary if minimally invasive biopsy is not possible Or if needle biopsy results are not believable

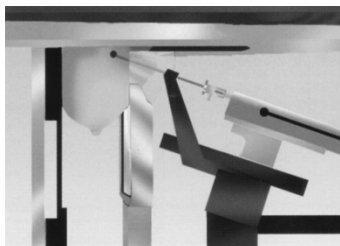
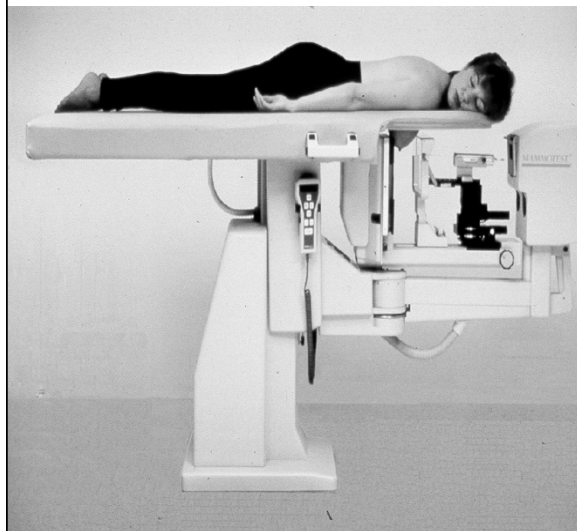
Ultrasound-Guided Core Biopsy (The preferred technique for biopsy of ultrasound visible masses)



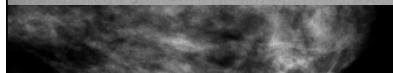
Preferred Technique:

- Large volume of tissue
- Visually Confirm sampling
- Less likely non-diagnostic
- Can Distinguish b/t Benign And Malignant

Stereotactic Core Biopsy



The preferred technique for biopsy of calcified lesions & other lesions not visible on Ultrasound



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