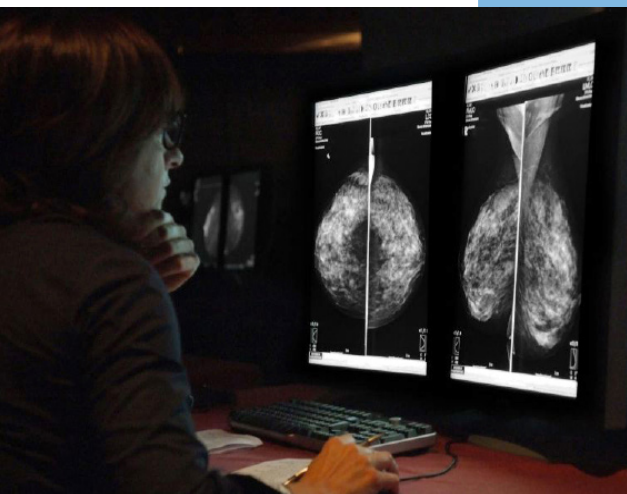


Hands-on Breast Screening and Diagnosis Course

- * Screening of 315 full field digital mammography cases.

- * Reading a mixture of normals and proven abnormalities at high resolution viewing stations.

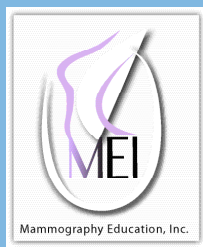
- * Immediate feedback and discussion of every case by the Faculty.



- * Learn how to minimize call-back rates without missing cancers.

- * Discussion of further workup of all abnormalities - guidance to reach the correct diagnosis.

Mammography Education, Inc.



2015

BREAST SEMINAR SERIES

LÁSZLÓ TABÁR, MD,FACR (Hon) Course Director
Professor emeritus of Radiology

March 2-6, 2015

Combined Multimodality Diagnosis of Breast Diseases *and* Screening

Scottsdale, Arizona
Scottsdale Plaza Hotel
7200 N. Scottsdale Road

Designed for:

Radiologists • Surgeons • Pathologists

Implications of mammography, MRI, breast ultrasound and interventional methods in your practice

NEWLY DESIGNED COURSE



This course teaches how to find breast cancer in its early stages and differential diagnosis of breast diseases using the multimodality approach

34 Category I CME credit hours.
Fulfills MQSA interpretation requirement



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Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

FACULTY



László Tabár, M.D., F.A.C.R. (Hon).

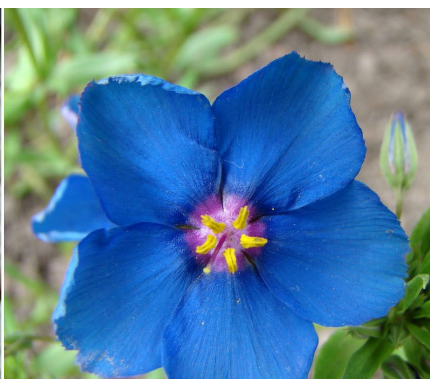
Course Director

*Professor emeritus of Radiology,
University of Uppsala School of Medicine,
Department of Mammography, Sweden*



Marc F. Inciardi, M.D.

*Assistant Professor of Radiology
Section Head, Breast Imaging
University of Kansas Medical Center*



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

www.tabarfoundation.org



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László Tabár, MD., FACR.(Hon)
*Professor emeritus of Radiology
Course Director*

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 **34 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.



CREDITS

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





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Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

Course Overview:

- * This Hand-on Breast Imaging course, led by László Tabár, MD, FACR, (Hon) will offer radiologists **315 full field digital mammography cases for screening.**
- * Normals will be mixed with proven abnormal cases.
- * Reading will take place at high resolution work stations.
- * 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.
- * **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.**



This course fulfills the following MQSA and ACR accreditation requirements:

- Interpretation/multireading of at least 315 mammograms under direct supervision of a qualified interpreting physician.
- Initial qualifications for Full Field Digital mammography (FFDM) under MQSA
- Instruction in the interpretation of mammograms and education in basic breast anatomy, pathology, physiology.

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.

Attendees interpreting 315 digital mammography examinations will receive a **Certificate** confirming the actual number of mammographic examinations read under the direct supervision of an interpreting physician, which will count towards meeting the physician interpretive requirements for MQSA qualification and certification maintenance.



2015 BREAST SEMINAR SERIES of MEI

Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

1st day **Morning lectures between 8:30 AM and 12:00** Breaks at 10:00 and at 11:00 AM

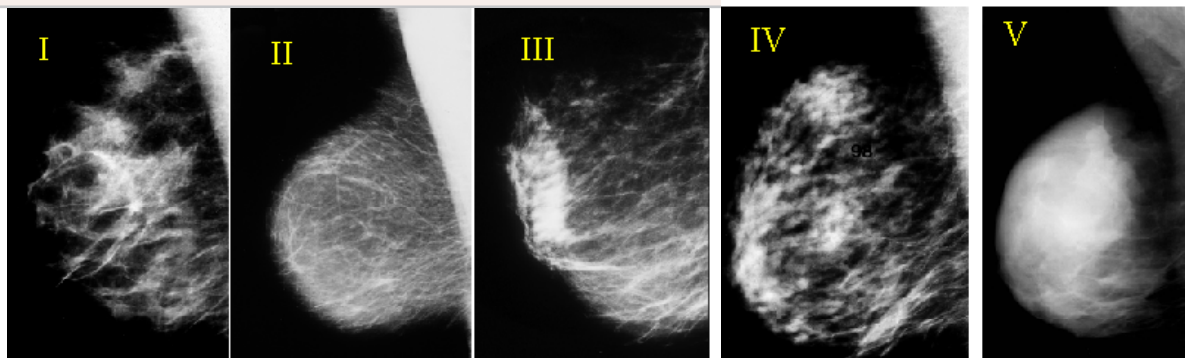
8:30 INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

THE BASIS FOR EFFICIENT INTERPRETATION OF THE MAMMOGRAPHIC IMAGE

- 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

THE HETEROGENEITY OF THE NORMAL MAMMOGRAM

- Practical implication, problems and solutions. Mammographic patterns and the risk of developing breast cancer.
- The problem of reading the mammograms of dense breasts. - [Inciardi, M.](#)



HANDS ON SCREENING. *SESSION 1.*

PRACTICE OF READING NORMAL MAMMOGRAMS AT HIGH RESOLUTION VIEWING STATIONS.

- Learning a proven successful method to view digital mammograms
- Mixture of the variable appearance of normal mammograms.
- Learn how to minimize call-back rates without missing a cancer.
- Immediate feedback of each case. Faculty-audience interaction.

EVALUATION OF SCREENING *SESSION 1.*

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

VI



2015
BREAST SEMINAR SERIES of MEI

Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

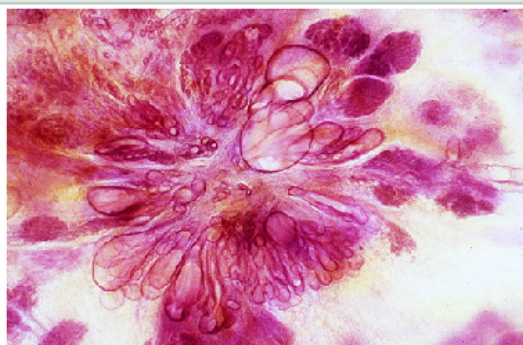
László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

1st day Afternoon lectures between 1:00 PM and 4:30 PM Breaks at 2:30 and at 3:30 PM

1:00 **DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:** The site of origin of the breast cancer influences diagnosis, choice of treatment and patient outcome.

NON-CALCIFIED ASYMMETRIC DENSITIES WITH architectural distortion on the mammogram.

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



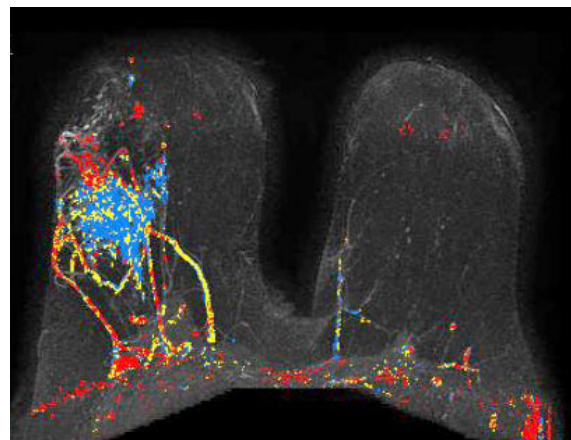
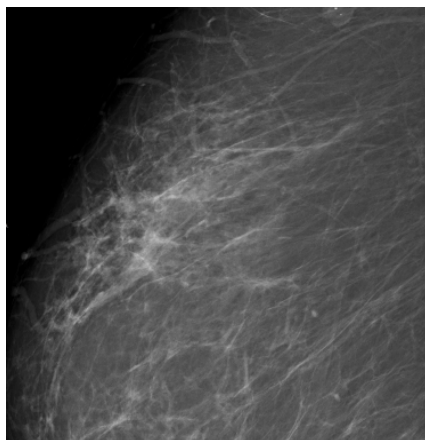
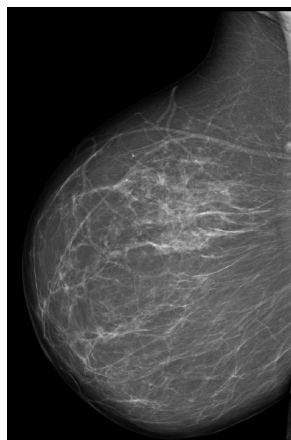
Radial scar



Neoductogenesis

ANALYSIS of MALIGNANT LESIONS PRESENTING as RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome

1) **Duct forming invasive carcinoma / Neoductogenesis** cases presenting on the mammogram as architectural distortion. **The role of MRI in diagnosing diffuse breast carcinoma**



Non-calcified architectural distortion: extensive duct forming invasive cancer

HANDS ON SCREENING. SESSION 2: Normal cases (a) mixed with cases having architectural distortion (b).

EVALUATION OF SCREENING. SESSION 2.

4:30 PM End of Day 1



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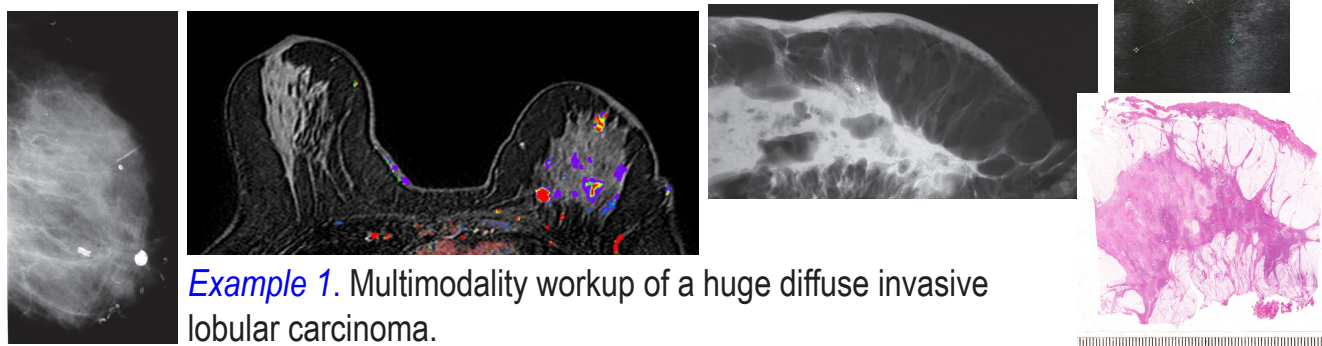
Combined Multimodality Diagnosis of Breast
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Course Director

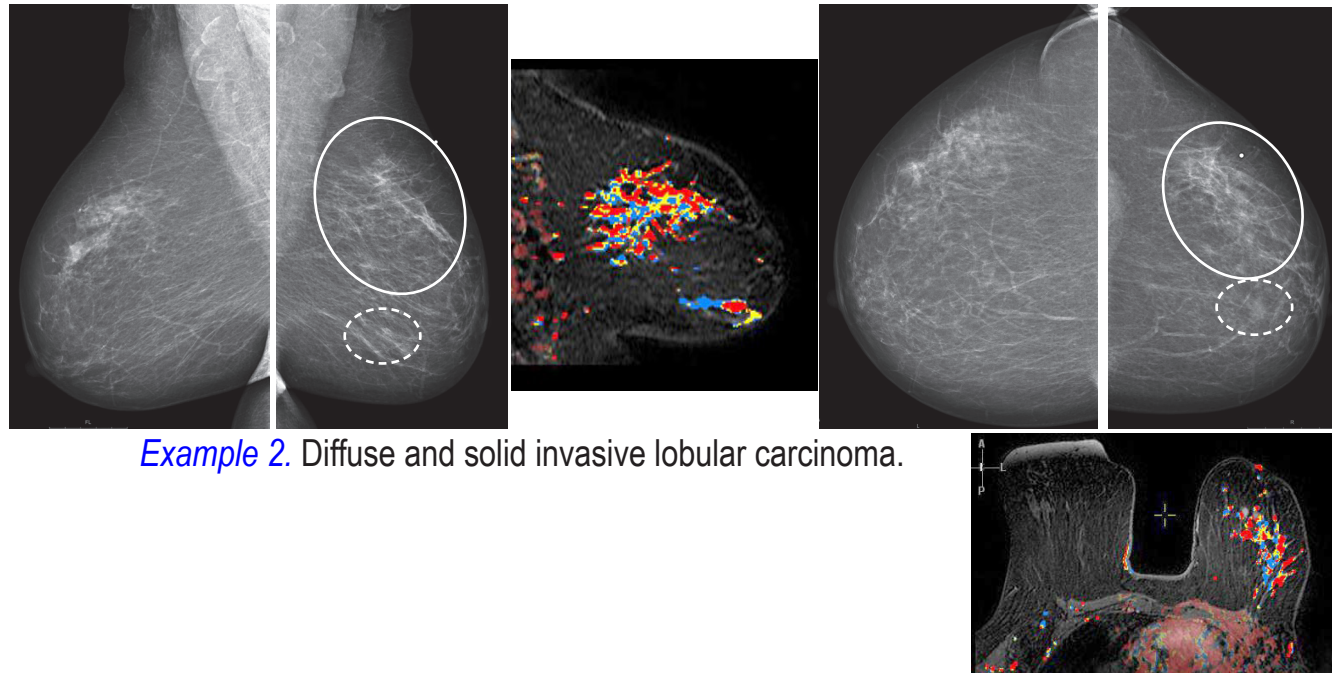
2nd day Morning lectures between 8:30 AM and 12:00 PM. Breaks at 10:00 and at 11:00 AM

8:30 ANALYSIS of MALIGNANT LESIONS PRESENTING as RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome, cont.

2) Diffuse forms of invasive breast cancer: the most deceptive and frequently missed cancer of the breast. The value of ultrasound and MRI in finding and diagnosing diffuse invasive breast cancer subtypes. Case demonstrations, histologic-imaging correlation with long-term outcome.



Example 1. Multimodality workup of a huge diffuse invasive lobular carcinoma.



Example 2. Diffuse and solid invasive lobular carcinoma.

HANDS ON SCREENING. *SESSION 3:* Normal cases (a) mixed with cases having architectural distortion (b,c), (both duct forming invasive carcinoma and diffusely invasive breast cancers).

EVALUATION OF SCREENING. *SESSION 3.*

12:00 PM Lunch



2015 BREAST SEMINAR SERIES of MEI

Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
*Professor emeritus of Radiology
Course Director*

2nd day **Afternoon lectures between 1:00 AM and 4:30** **Breaks at 2:30 and at 3:30 PM**

1:00 DIDACTIC LECTURE SERIES COVERING THE FOLLOWING TOPICS:

ANALYSIS of CALCIFIED MALIGNANT BREAST LESIONS ORIGINATING in the MAJOR DUCTS.

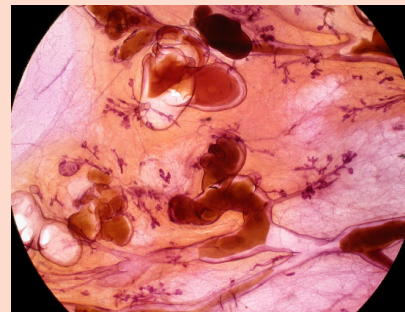
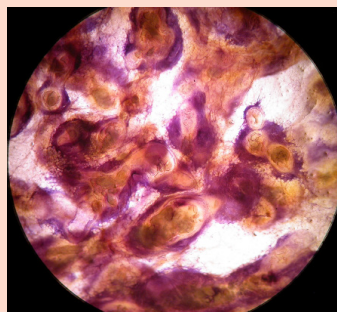
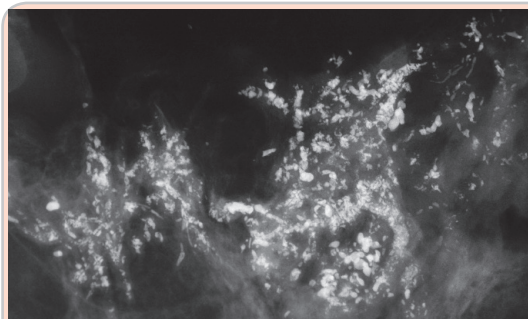
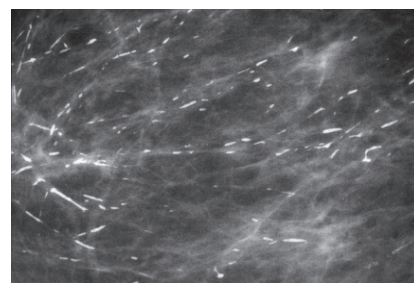
Clinical presentation, mammographic appearance and patient outcome.

Diffuse duct forming invasive carcinoma / neoductogenesis cases presenting on the mammogram as any of the four malignant type of calcifications within the major ducts (DAB). The role of MRI in diagnosing diffuse breast carcinoma.

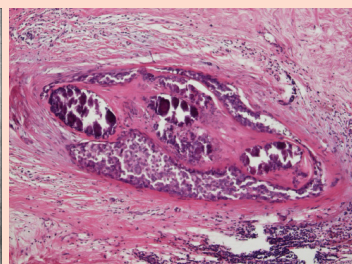
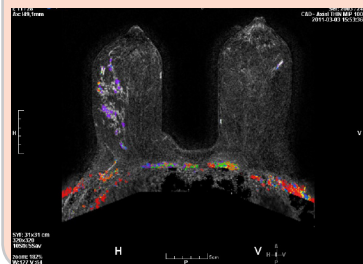
BREAST DISEASES ORIGINATING IN THE MAJOR DUCTS

- **Benign type calcifications** originating in the major ducts
 - a) Secretory disease type calcifications
- **Malignant type calcifications** originating in the major ducts:

Four different types of calcifications: a) fragmented casting type, b) dotted, snake skin-like, c) skipping stone-like and d) pearl necklace-like



a) Fragmented casting type calcifications. **Example 1.**



Example 2.

Fragmented casting type calcifications (breast cancer of ductal origin DAB).

HANDS ON SCREENING. SESSION 4: Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c) (both duct forming invasive carcinoma and diffusely infiltrating breast cancers).

EVALUATION OF SCREENING. SESSION 4.

4:30 PM End of Day 2



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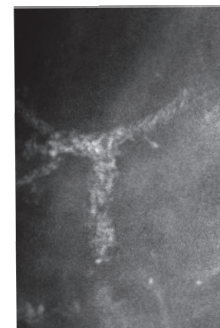
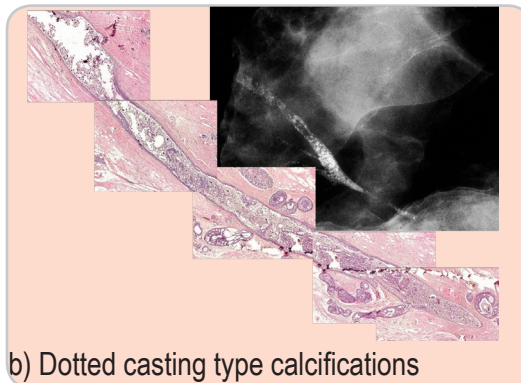
Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

3rd day

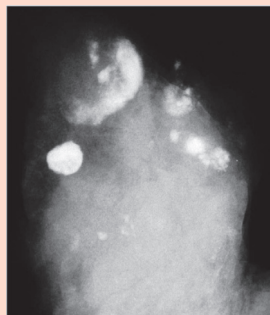
Morning lectures between 8:30 AM and 12:00 **Breaks** at 10:00 and at 11:00 AM

ANALYSIS of CALCIFIED MALIGNANT BREAST LESIONS ORIGINATING in the MAJOR DUCTS, cont.
Clinical presentation, mammographic appearance and patient outcome. **The role of MRI in diagnosing diffuse breast carcinoma.**

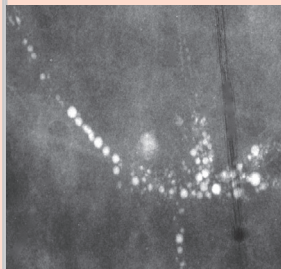
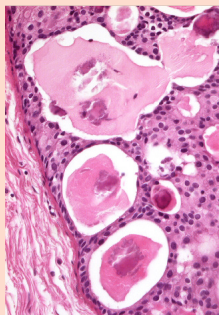


snake skin-like

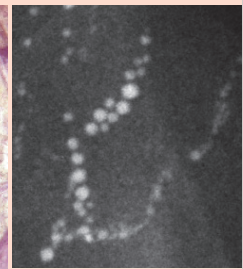
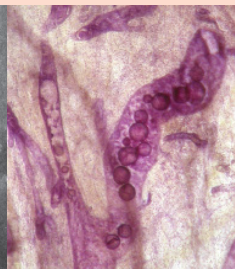
- * The concept of **neoductgenesis**. Long-term follow-up results. New aspects, correct terminology.
- * The role of breast MRI examination in demonstrating the extent of Gr 3 "in situ" carcinoma.
- * Mammographic /3D histologic correlation helping to explain the underlying pathophysiology and outcome.



c) Skipping stone-like calcifications



d) Pearl necklace-like calcifications



Practice of calcification analysis. Faculty-audience interaction.

HANDS ON SCREENING. SESSION 5: Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c), (both duct forming invasive carcinoma and diffusely invasive breast cancers) and calcifications localized within the major ducts (d,e).

EVALUATION OF SCREENING. SESSION 5.

12:00 Lunch

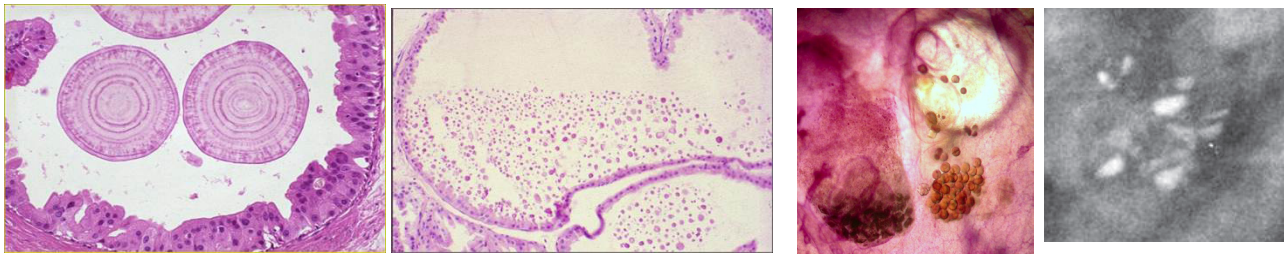


3rd day

Afternoon lectures between 1:00 PM and 4:30 Breaks at 2:30 and at 3:30 PM

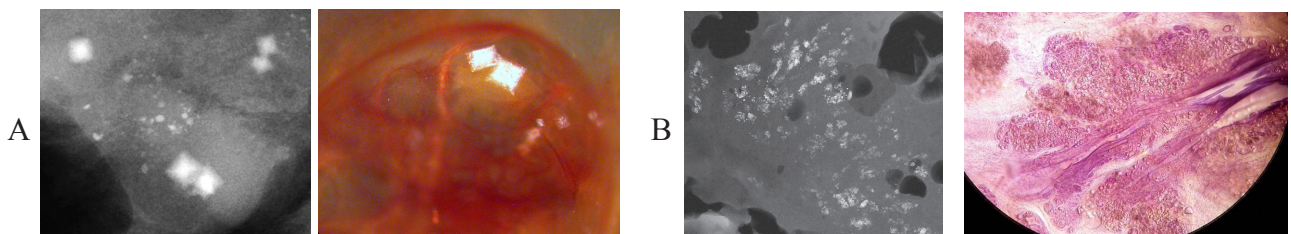
1:00 ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- **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.



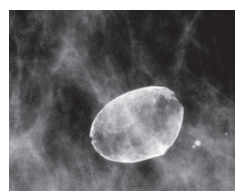
Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications" on the mammogram.

- Detailed analysis of calcifications associated with hyperplastic breast changes Weddellites (A), powdery calcifications (B), pleomorphic calcifications on the mammogram.



BENIGN TYPE CALCIFICATIONS - LOCALIZED OUTSIDE THE GLANDULAR TISSUE

- Interactive evaluation and differential diagnosis of benign versus malignant type calcifications
- Assigning probability of malignancy to the various calcification subtypes
- Indications and contraindications for preoperative needle biopsy of calcifications
- Short-term follow up of calcifications: pitfalls
- The obviously benign type calcifications.



4:30 End of Day 3



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Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

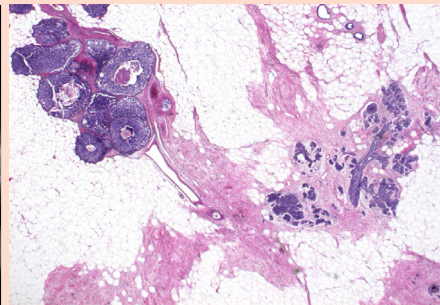
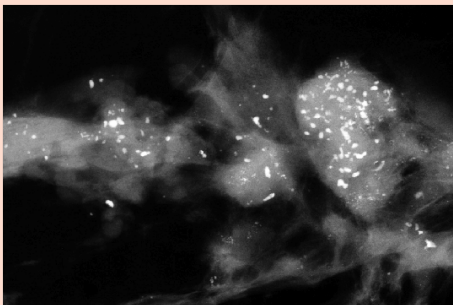
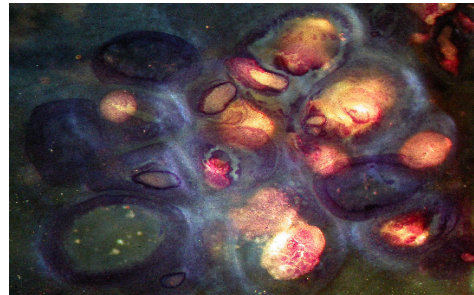
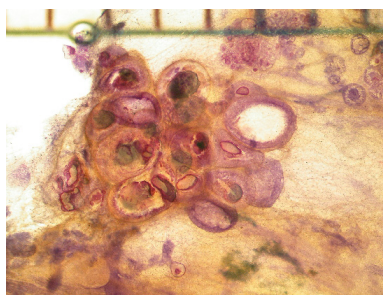
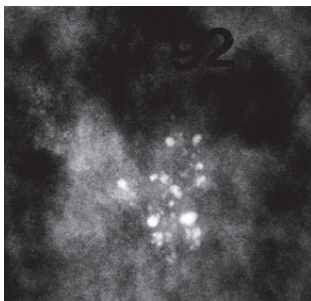
László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

4th day

Morning lectures between 8:30 AM and 12:00 **Breaks at 10:00 and at 11:00 AM**

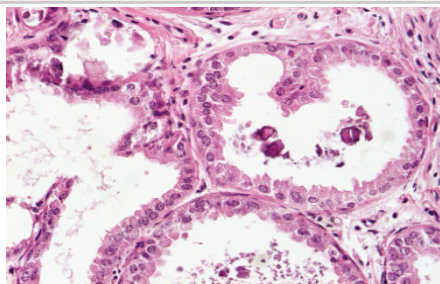
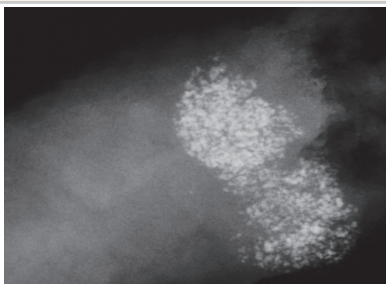
8:30 THE DIDACTIC LECTURE SERIES WILL COVER THE FOLLOWING TOPICS:

Grade 2 cancer *in situ*: Mammographic / 3-D histologic / MRI correlation of cases with crushed stone-like/pleomorphic calcifications on the mammogram.



Mammographic / histologic correlation of pleomorphic calcifications

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



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

HANDS ON SCREENING. SESSION 6: Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c) (both duct forming invasive carcinoma and diffusely invasive breast cancers), calcifications localized within the major ducts (d,e) and in the TDLUs (f).

EVALUATION OF SCREENING. SESSION 6.

12:00 PM Lunch



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Course Director

4th day

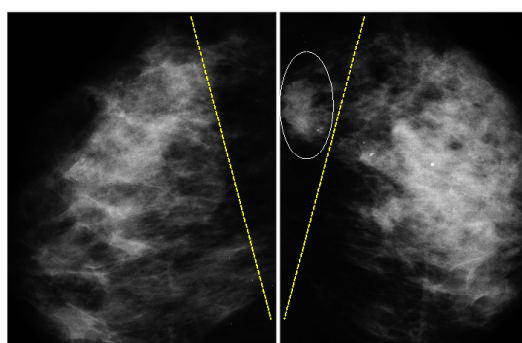
Afternoon lectures between 1:00 PM and 4:30 Breaks at 2:30 and at 3:30 PM

1:00 **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 LESIONS.

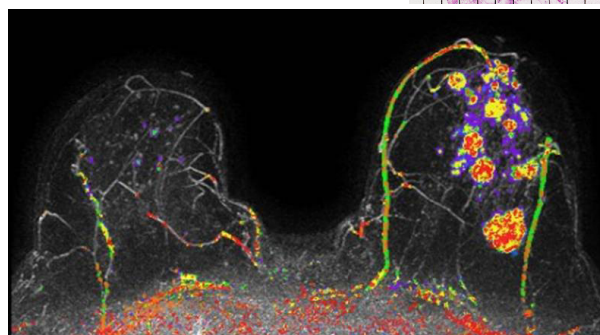
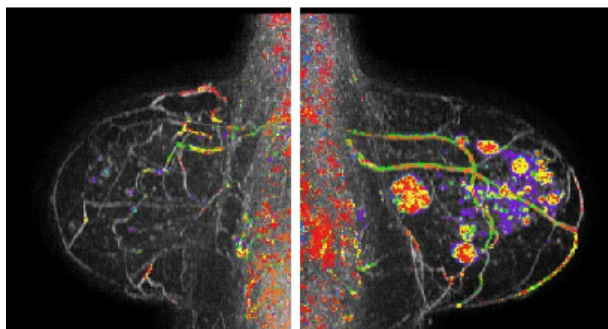
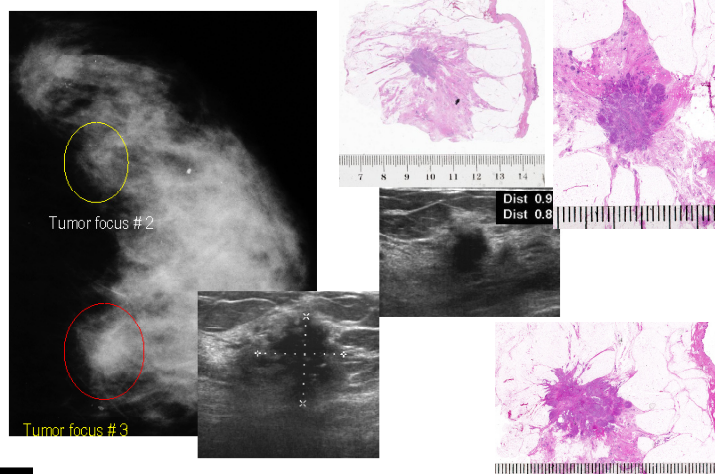
- A systematic method for viewing mammograms. Areas on the mammogram where most breast cancers will be found.
- Viewing dense breasts. Potential solution. 3D automated US using CAD. - [Inciardi, M.](#)
- Viewing relatively easy-to-read breasts

HANDS ON SCREENING. SESSION 7: Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c) (both duct forming invasive carcinoma and diffusely invasive breast cancers) calcifications localized within the major ducts (d,e) and TDLUS (f) 1-14 mm unifocal and multifocal stellate and circular tumors (g)

EVALUATION OF SCREENING. SESSION 7.



Multifocal invasive and in situ carcinoma on an area measuring 180X60 mm pN 4/9



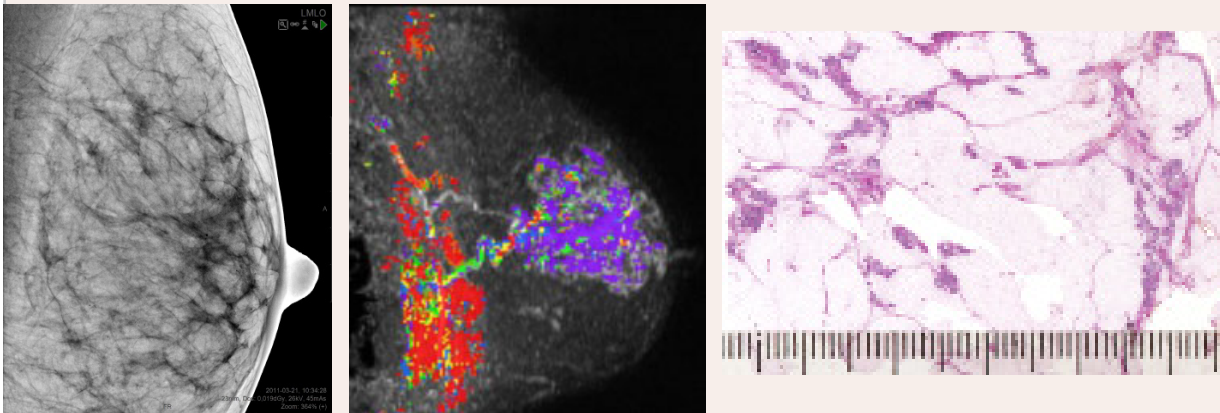
4:30 End of Day 3



5th day

Morning lectures between 8:30 AM and 12:00 Breaks at 10:00 and at 11:00 AM

8:30 PRACTICE IN PERCEPTION OF SUBTLE, NON-CALCIFIED CANCERS.

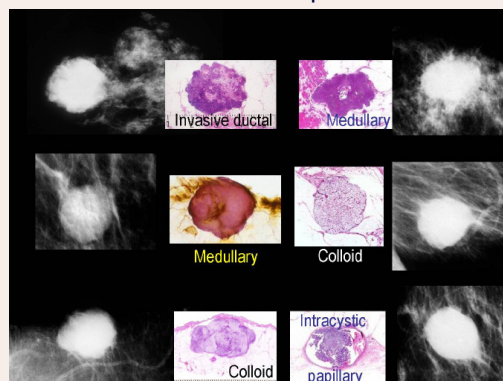


Subtle mammography finding / MRI shows that the entire lobe is filled with a diffuse breast cancer, confirmed at histology

ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- **Malignant circular cancers originating in the TDLU:** clinical presentation, histology, mammographic appearance, breast ultrasound, MRI and outcome

- A) Invasive breast cancer ("ductal")
- B) Medullary cancer: one of the fastest growing breast cancers:
- C) Mucinous / colloid cancer: rare and special form of breast cancer



Demonstration of the histologic heterogeneity of circular/oval breast cancers

HANDS ON SCREENING. SESSION 8: Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c) (both duct forming invasive carcinoma and diffusely invasive breast cancers) calcifications localized within the major ducts (d,e) and TDLUS (f) 1-14 mm unifocal and multifocal stellate and circular tumors (g,h).

EVALUATION OF SCREENING. SESSION 8.

12:00 PM Lunch



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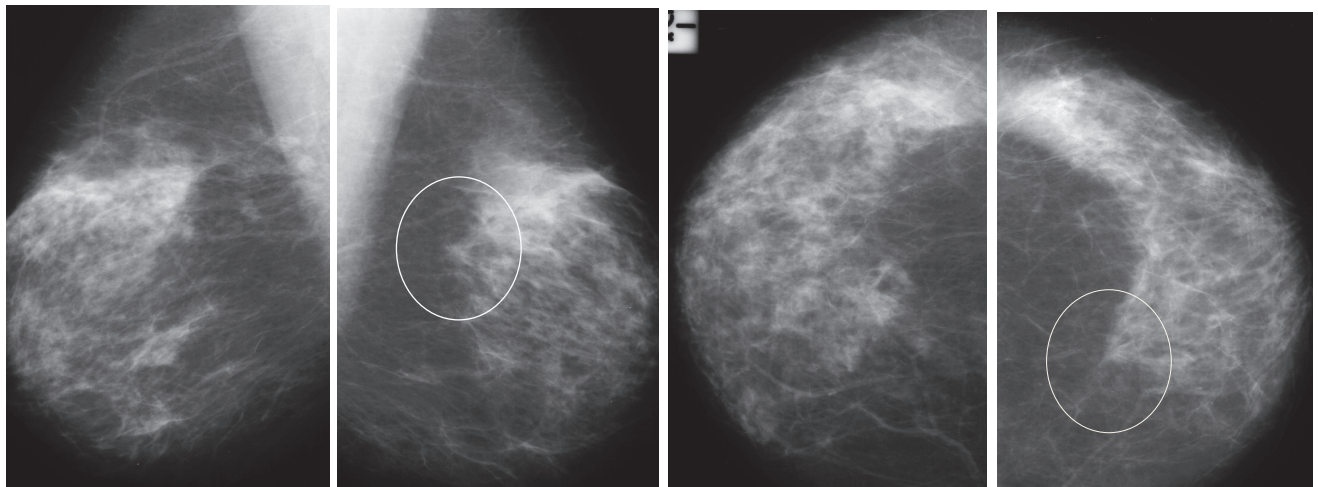
László Tabár, MD., FACR.(Hon)
Professor emeritus of Radiology
Course Director

5th day

Screening between 1:00 PM and 4:00 Break at 2:30 PM

HANDS ON SCREENING. **SESSION 9:** Normal cases (a) mixed with cases having non-calcified architectural distortion (b,c) (both duct forming invasive carcinoma *and* diffusely invasive breast cancers) calcifications localized within the major ducts (d,e) and TDLUS (f) 1-14 mm unifocal and multifocal stellate and circular tumors (g,h,i).

EVALUATION OF SCREENING. **SESSION 9.**



4:00 End of course



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Professor emeritus of Radiology
Course Director

For more information and
registration please contact:

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Phone: (480) 419 0227

Fax: (480) 419 0219

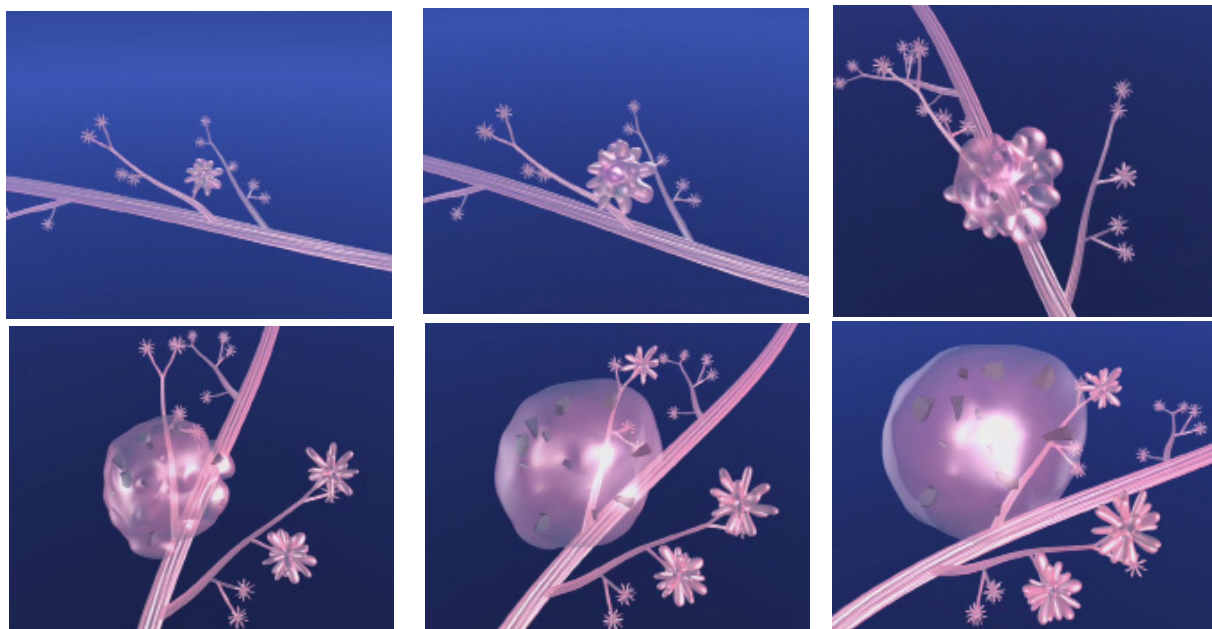
e-mail: info@mammographyed.com

Internet: www.mammographyed.com

Hotel room booking directly with the hotel

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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**.



2015
BREAST SEMINAR SERIES of MEI

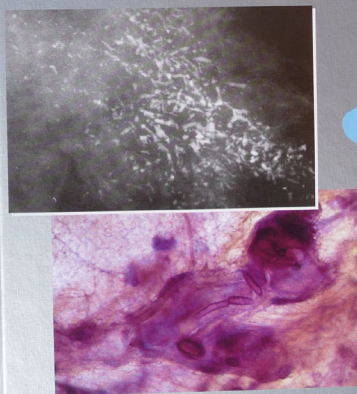
Combined Multimodality Diagnosis of Breast
Diseases and Screening Course

László Tabár, MD., FACR.(Hon)
*Professor emeritus of Radiology
Course Director*

Breast Cancer Early Detection with Mammography

Casting Type Calcifications: Sign of
a Subtype with Deceptive Features

László Tabár
Tibor Tot
Peter B. Dean

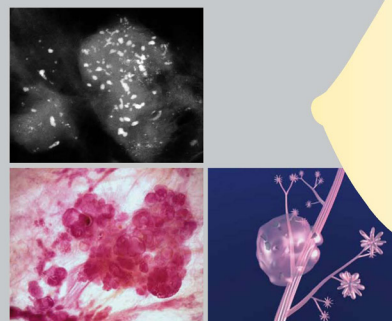


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Breast Cancer Early Detection with Mammography

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



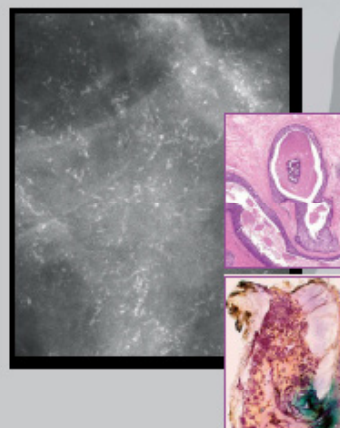
Immunohistochemistry,
Immunofluorescence,
and Cytopathologic Correlation

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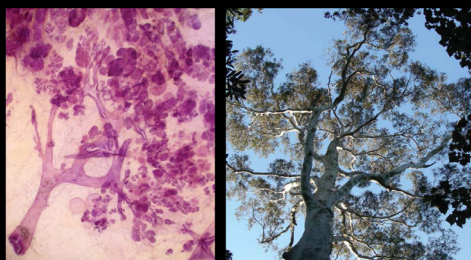
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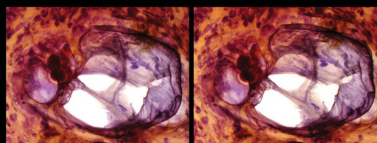
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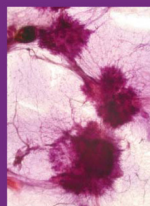
László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD



Understanding the Breast in Health and Disease



In 3D



Multifocal breast cancer



Sea urchins

In 3D



In situ ductal carcinoma

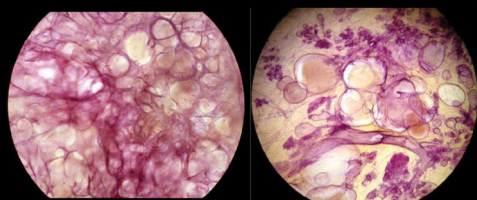


Banana flower

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.

www.mammographyed.com

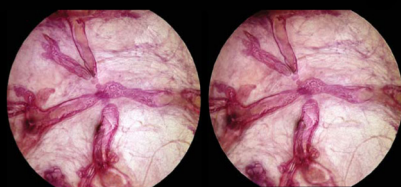
László Tabár, MD,
Tibor Tot, MD, Peter B. Dean, MD,
Miklós Tarján, MD



cysts in a prostate

breast cysts

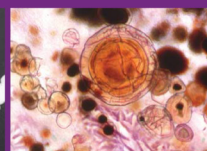
Prostate and Breast: Brother and Sister Organs



In 3D



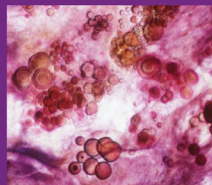
Prostate calcifications



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.



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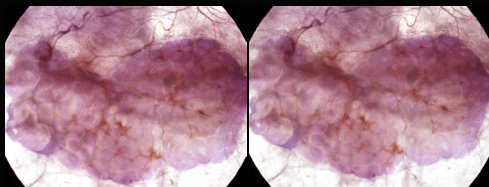
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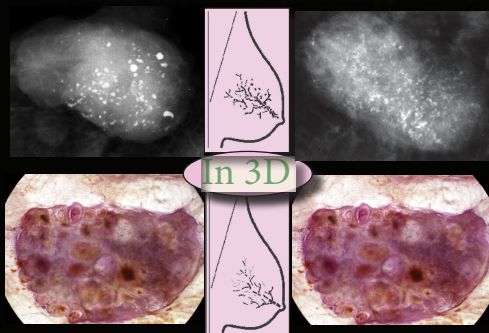
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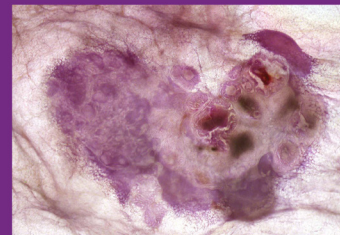


An axillary lymph node populated with metastases mimicking *in situ* cancer

Ductal Adenocarcinoma of the Breast (DAB), Part 2

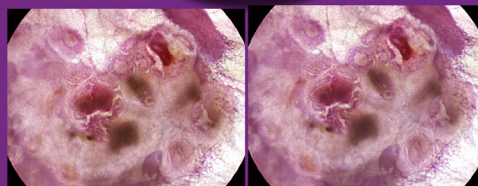


In 3D



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

In 3D

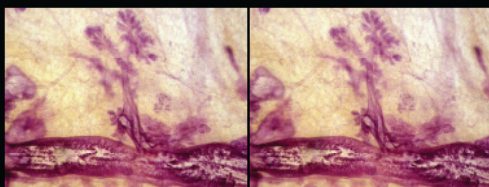


Stereoscopic image pair of the DAB with calcifications within a lymph node

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 (neoductogenesis) in the breast, in the prostate and in the axillary nodes.

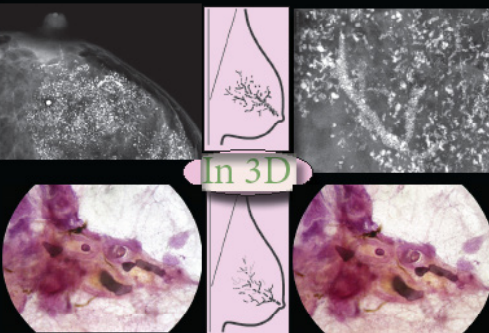
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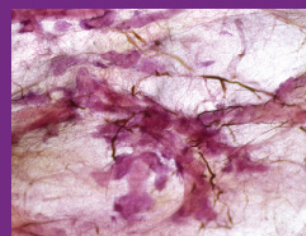


Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3

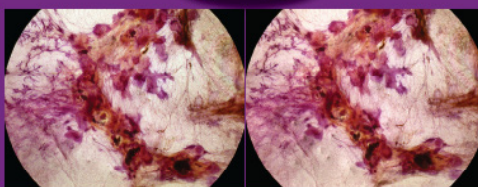


In 3D



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.