

2019

BREAST SEMINAR SERIES

Faculty

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

**Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach**

**A FULLY INTERACTIVE,
UNIQUE LEARNING EXPERIENCE**

Sept 18-21, 2019

**Hotel Falkensteiner
Bulevar Mihaila Pupina 10K
BELGRADE, Serbia**

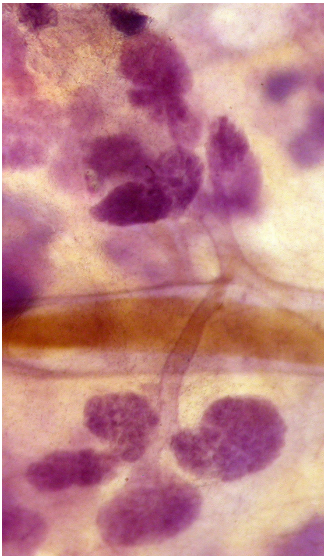
Designed for:

**Radiologists • Surgeons • Pathologists
Gynecologists • Radiology Technologists**

*This course provides extensive knowledge about diagnostic
breast imaging, differential diagnosis of breast diseases, impli-
cations for management and newest diagnostic technologies*



3D image of the breast tissue



3D image of the breast tissue



26 Category I
CME credit hours.

**NEW
course
design**



2019

BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases
Using the Multimodality Approach. An interactive course.

László Tabár, MD, FACR (Hon)
Course Director

FACULTY and COURSE ORGANIZERS



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

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



Natasha Pujic Stanisavljev, MD
Course Organizer

*Board Certified Radiologist
Department of Radiology, General Hospital
Sremska Mitrovica*



Jelena Simovic, MD
Course Organizer

*Board Certified Radiologist,
Department of Radiology, General Hospital
Sremska Mitrovica*

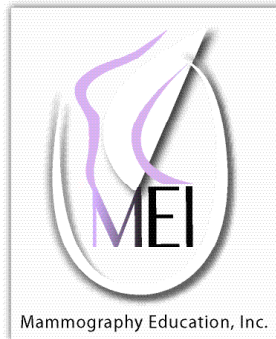


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Mammography Education, Inc. is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians. Mammography Education, Inc. designed these medical education activities for a maximum of **26 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.

NEW COURSE DESIGN

- * The 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**.

CREDITS

We would like to thank the sponsors for their support of the teaching seminars of Mammography Education, Inc (list of vendors will be presented at the beginning of the course)



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Using the Multimodality Approach. An interactive course.

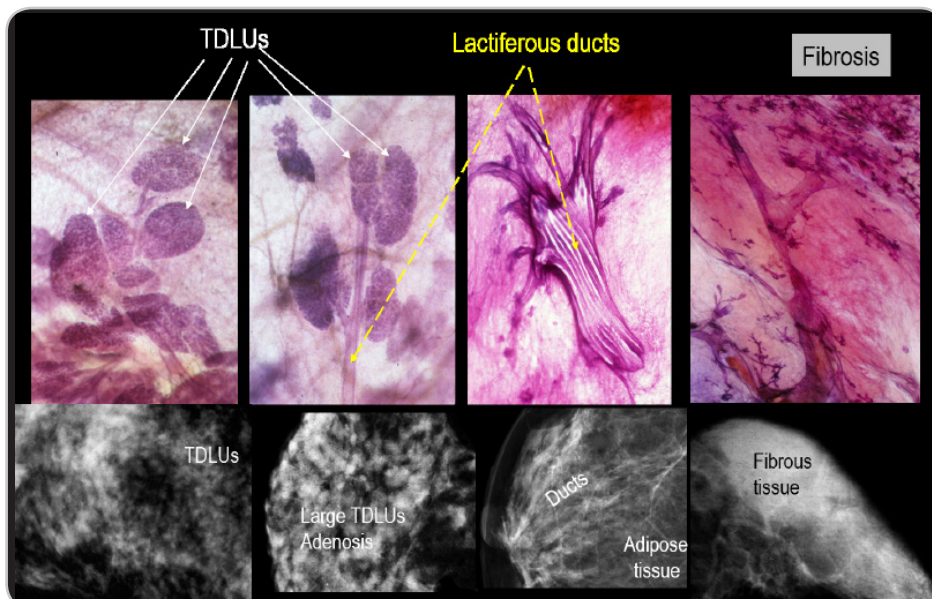
László Tabár, MD, FACR (Hon)

Course Director

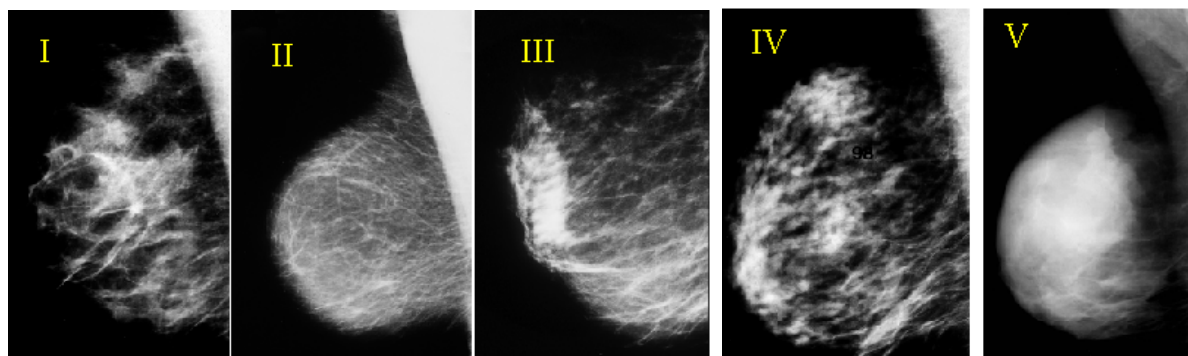
Day 1 Morning lectures between 8:30 AM and 12:00 PM. Break: 10:30 AM

9:00 INTRODUCTION FOLLOWED BY DIDACTIC LECTURES COVERING:

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

IV



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BREAST SEMINAR SERIES of MEI

Detection and Diagnosis of Breast Diseases

Using the Multimodality Approach. An interactive course.

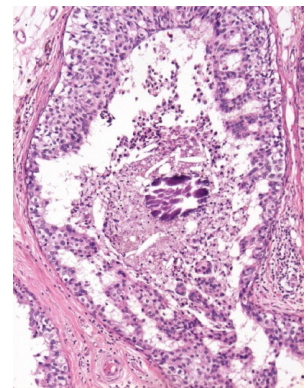
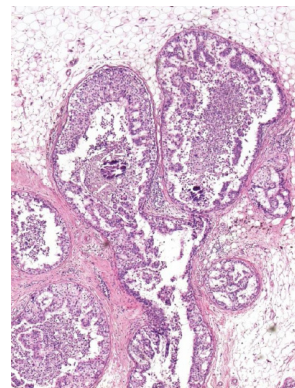
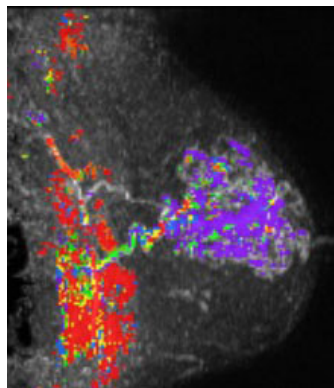
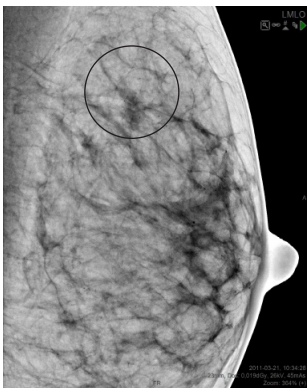
László Tabár, MD, FACR (Hon)
Course Director

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.

5:00 PM. End of Day 1.



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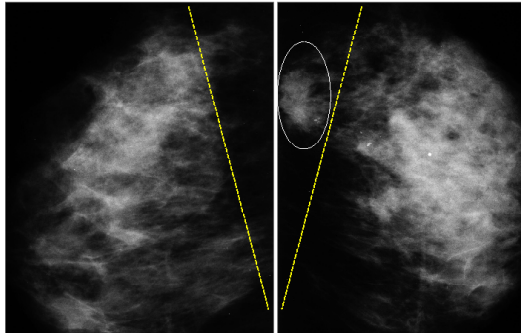
László Tabár, MD, FACR (Hon)
Course Director

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

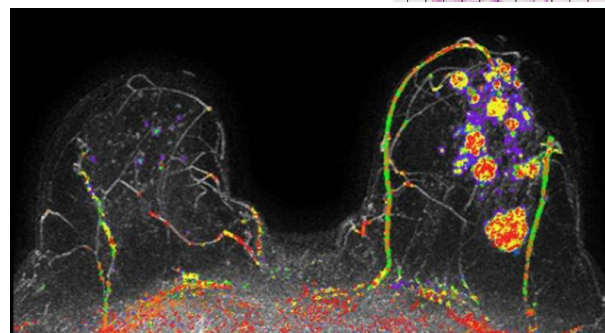
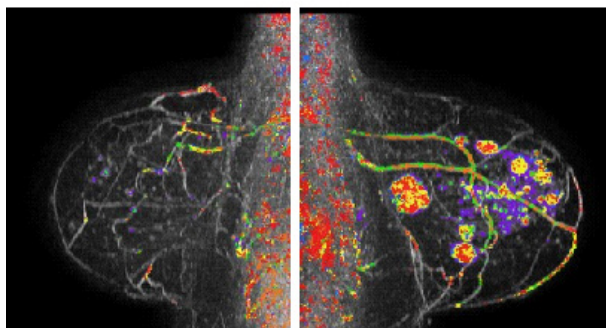
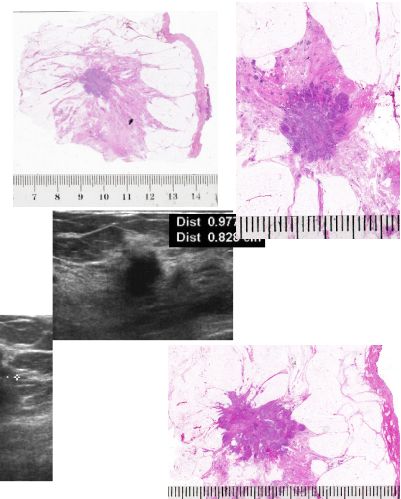
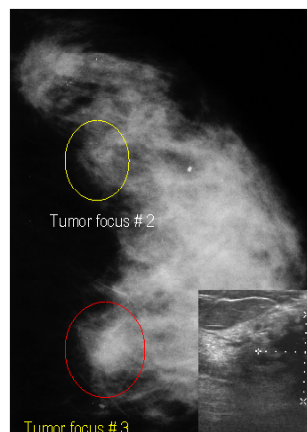
8:30 **HOW TO FIND THE INVASIVE BREAST CANCER WHEN IT IS STILL SMALL.** SCREENING COMBINED WITH AN ANALYTICAL APPROACH FOR THE DIFFERENTIAL DIAGNOSIS OF STELLATE / SPICULATED LESIONS (AAB) *Continuation*

- **A systematic method for viewing mammograms.** Areas on the mammogram where most breast cancers will be found. Viewing dense breasts. Parenchymal contour changes, non-calcified architectural distortion, **unifocal / multifocal / diffuse breast cancers.**

- **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.



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



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



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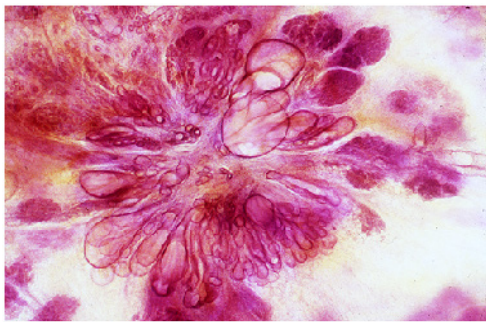
László Tabár, MD, FACR (Hon)
Course Director

Day 2 Afternoon lectures: 1:00 PM - 4:30 PM.

Breaks: 2:30 PM and 3:30 PM

1:00 AM ASYMMETRIC DENSITIES ON THE MAMMOGRAM

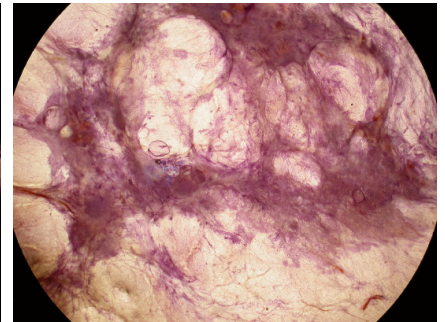
- Didactic workup of *non-specific asymmetric densities without architectural distortion*
 - Didactic workup of *non-specific asymmetric densities with architectural distortion*
- A suggested algorithm for the workup of lesions with architectural distortion.



Radial scar



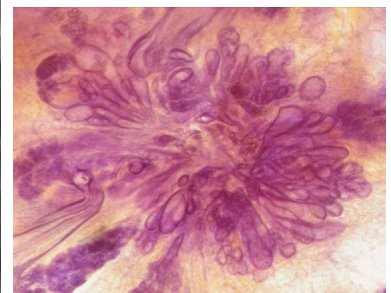
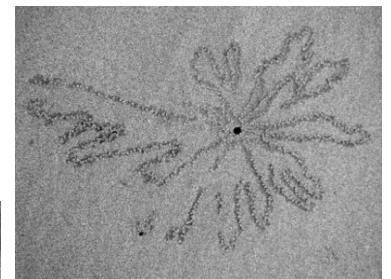
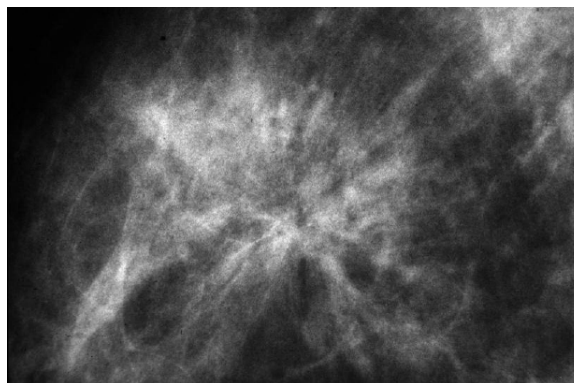
Neoductogenesis (DAB)



Diffusely infiltrating cancer of mesenchymal origin

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

Radial scar / sclerosing ductal hyperplasia



4:30 PM. End of Day 2.



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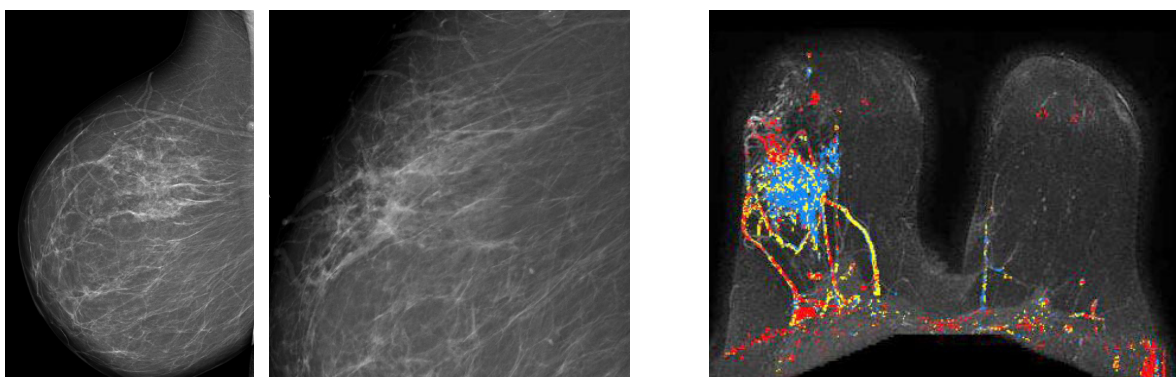
Day 3 Morning lectures: 8:30 AM and 12:00 PM.

Breaks: 10:00 AM and 11:00 AM

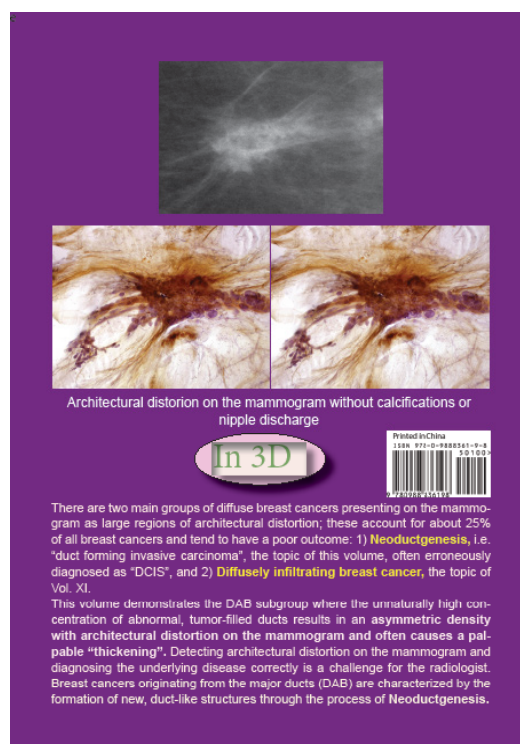
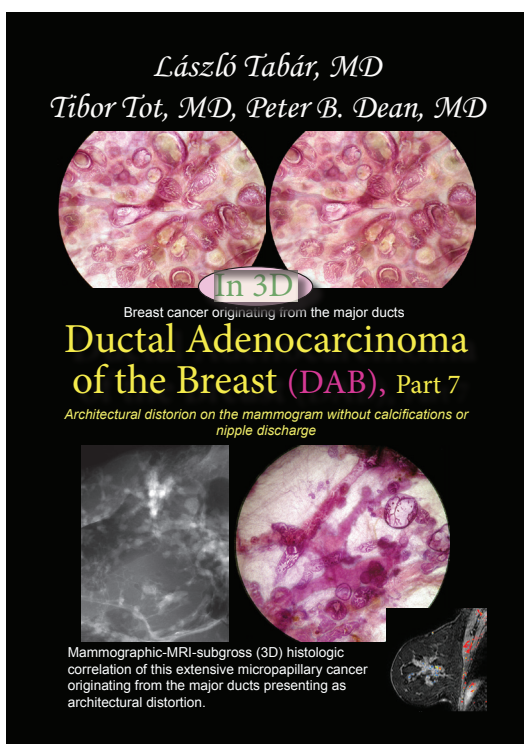
8:30 AM ANALYSIS of **MALIGNANT LESIONS** PRESENTED as non-calcified RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome.

- **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



12:00 PM - 1:00 PM Lunch

VIII



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Detection and Diagnosis of Breast Diseases

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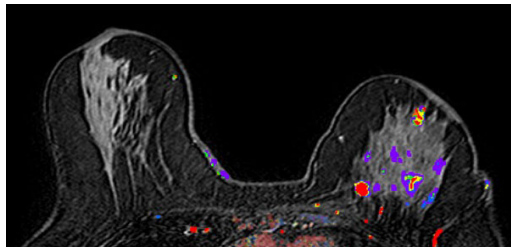
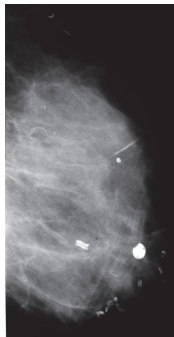
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Day 3 Afternoon lectures: 1:00 PM and 4:30 PM.

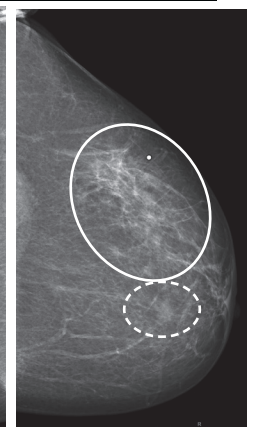
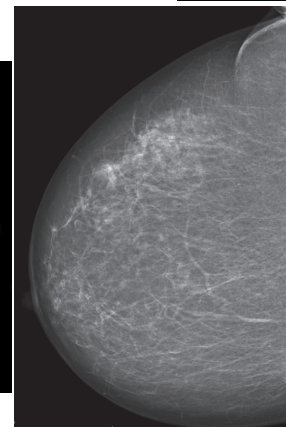
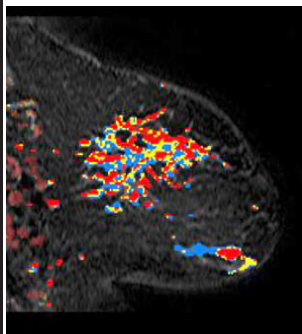
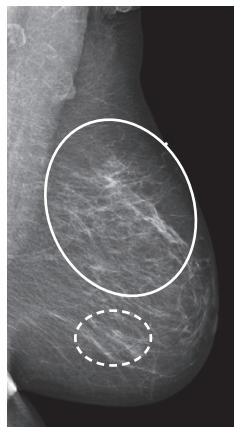
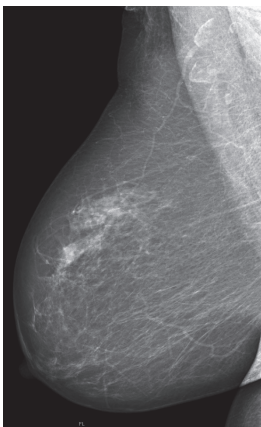
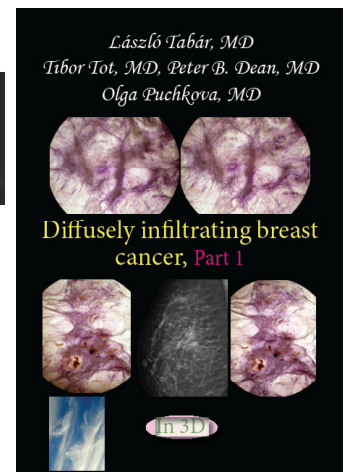
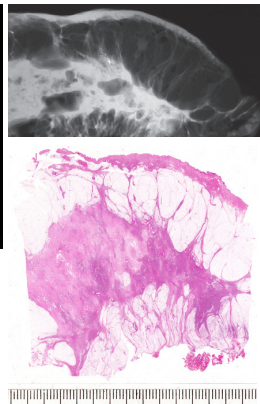
Breaks: 2:30 PM and 3:30 PM

1:00 PM ANALYSIS of MALIGNANT LESIONS PRESENTING as RADIATING STRUCTURES on the mammogram. Clinical presentation, mammographic appearance and outcome, cont.

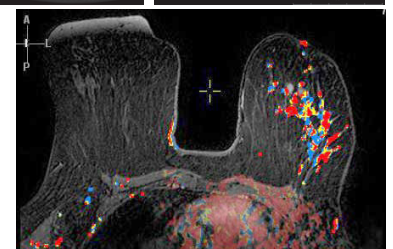
2) **Diffusely infiltrating breast cancer of mesenchymal origin**: the most deceptive and frequently missed cancer of the breast. The value of **ultrasound** and **MRI** in finding and diagnosing this spider's web-like malignancy. Case demonstrations, large section histopathologic-imaging correlation. Long-term outcome.



Example 1. Multimodality workup of a huge diffusely infiltrating breast malignancy of mesenchymal origin.



Example 2. Diffusely infiltrating (spider's web-like) carcinoma of mesenchymal origin in the upper half of the breast and a spherical, round lesion, originating from the TDLU (AAB) is seen in the lower portion of the left breast.



Interactive session for detecting architectural distortion on the mammogram.

4:30 PM. End of Day 3.



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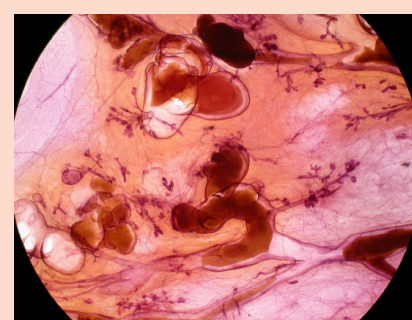
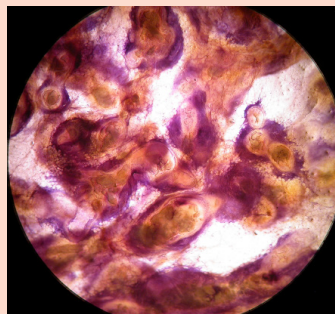
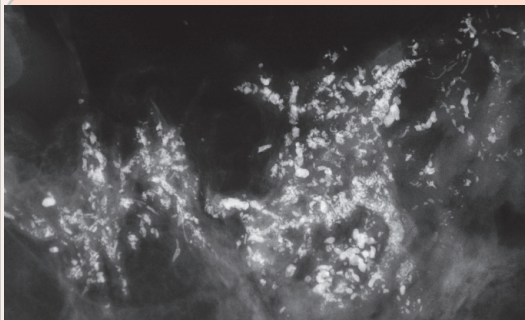
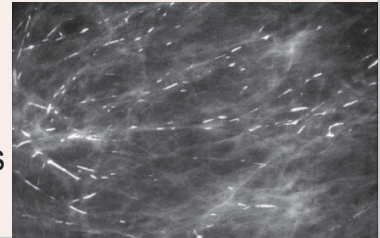
Day 4 Morning lectures: 8:30 AM and 12:00 PM. Breaks at 10:00 and 11:00 AM

8:30 AM INTERACTIVE LECTURE SERIES WILL COVER THE FOLLOWING TOPICS.

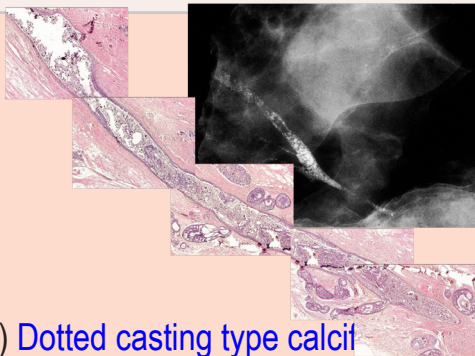
ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

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.**



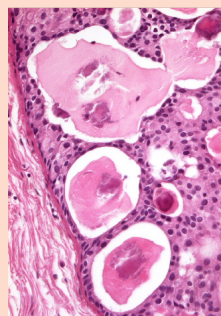
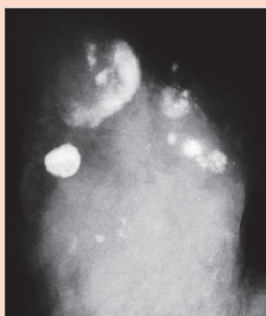
b) **Dotted casting type calcif**

* **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.

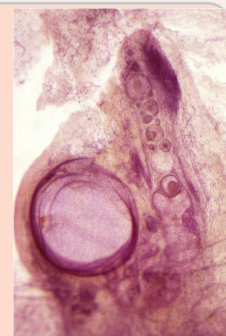
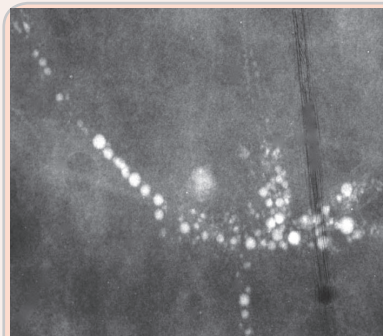
* The concept of **neoductgenesis**. Long-term follow-up results. New aspects, correct terminology.

* 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 calcifica-**

12:00 PM - 1:00 PM Lunch

Day 4 Afternoon lectures: 1:00 PM Break: 2:00 PM

MALIGNANT:
Necrosis, no fluid

Ca++ in necrosis

Type 1
FRAGMENTED CASTING
(solid bars)

Diffuse, lobar disease

Grade III solid cell proliferation

MALIGNANT:
Necrosis, no fluid

Ca++ in necrosis

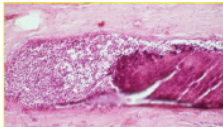
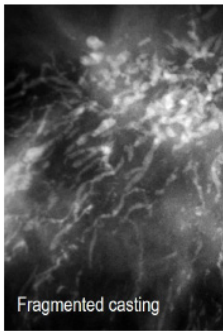
Type 2
DOTTED CASTING-TYPE
(snakeskin-like)

-Diffuse, lobar disease

-Grade III

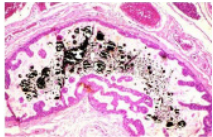
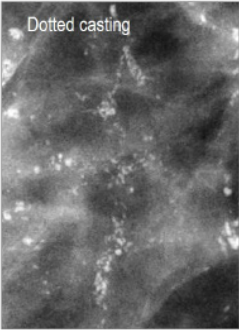
-micropapillary cell proliferation

Ductal Origin
Ca++ on the mammogram

Fragmented casting

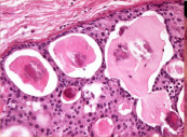
Ductal Origin
Ca++ on the mammogram

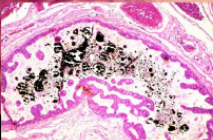
Dotted casting



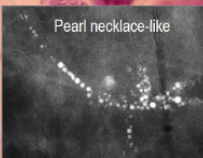

Fragmented casting




Skippin stone-like




Dotted casting

Pearl necklace-like

Interactive calcification analysis.

MALIGNANT:
No necrosis, fluid

Ca++ in proteinaceous fluid

Type 3
"DISCOID"
(skipping stone-like)

-Diffuse lobar disease

-Grade II

-Micropapillary or/and cribriform

MALIGNANT:
No necrosis, fluid

Ca++ in proteinaceous fluid

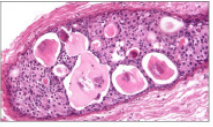
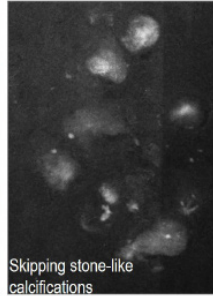
Type 4
"PEARL NECKLACE"

-large psammoma body-like calcifications within ducts

-Grade I or/and 2

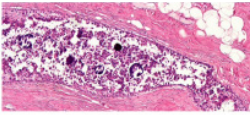
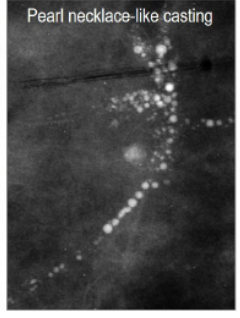
-Micropapillary, cribriform.

Ductal Origin
Ca++ on the mammogram

Skipping stone-like calcifications

Ductal Origin
Ca++ on the mammogram

Pearl necklace-like casting



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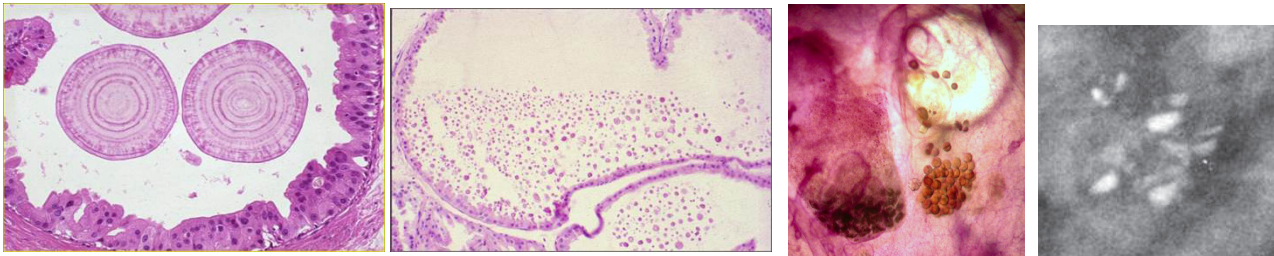
László Tabár, MD, FACR (Hon)
Course Director

Day 4 Afternoon lectures: 2:30 AM - 4:30 PM.

Break at 3:30 PM

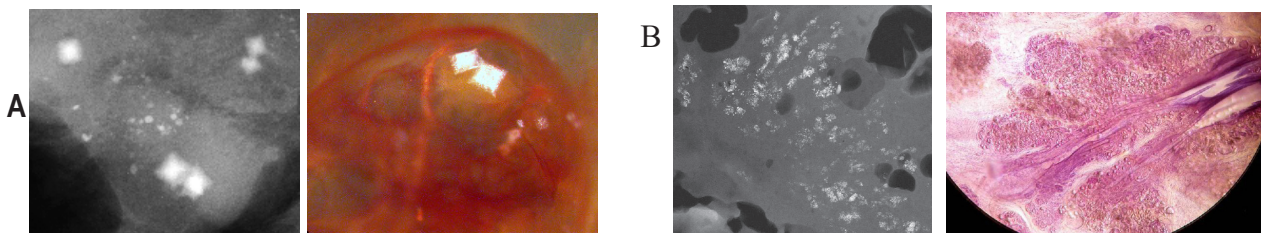
2:30 PM ALGORITHM FOR CLASSIFYING BREAST DISEASES ACCORDING TO THEIR SITE OF ORIGIN

- **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.

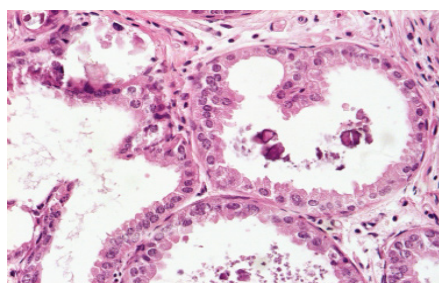
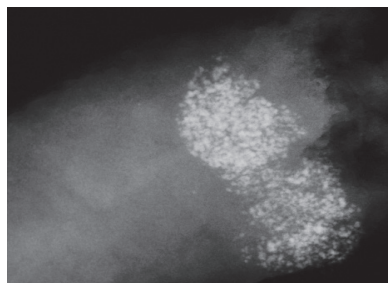


Conventional and 3D histology images of small breast cysts containing sediment of psammoma body-like calcifications, seen as "teacup-like calcifications" on the mammogram.

- Detailed analysis of calcifications associated with hyperplastic breast changes: Weddellites (A), powdery calcifications (B), cluster skipping stone-like calcifications on the mammogram.



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



Grade 1 *in situ* carcinoma:
Mammographic / 3D histologic / MRI correlation of cases with powdery calcifications on the mammogram.

4:30 End of the course



2019

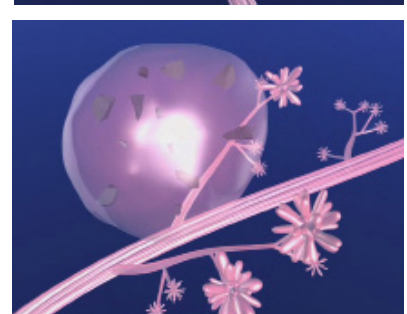
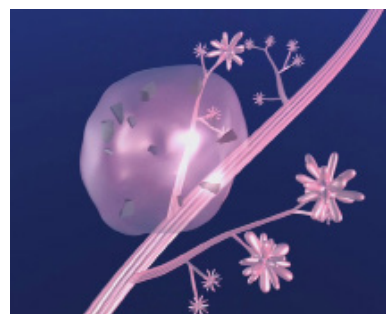
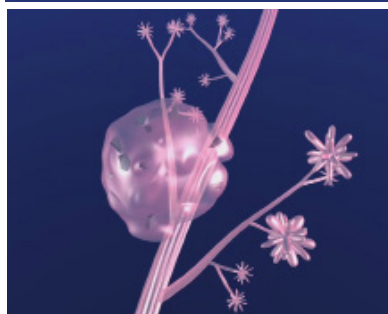
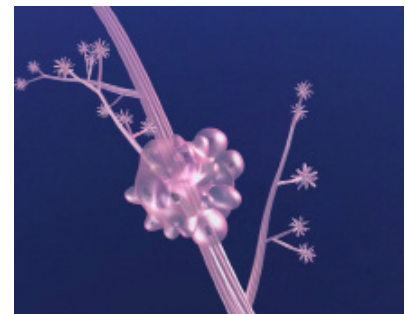
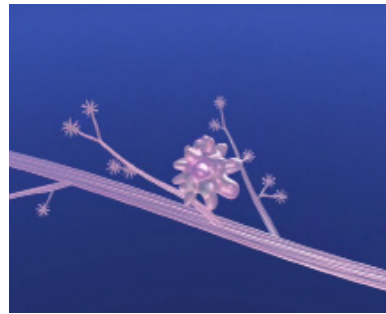
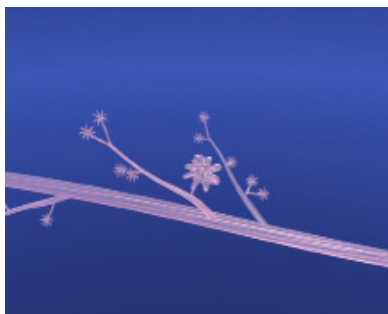
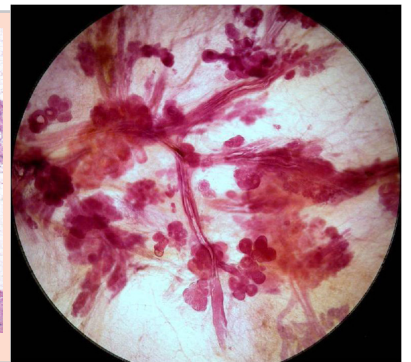
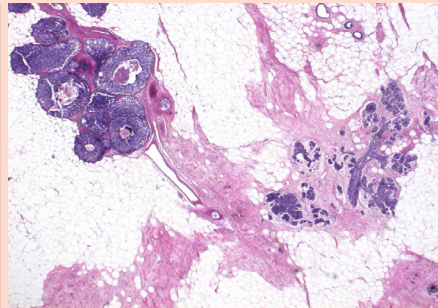
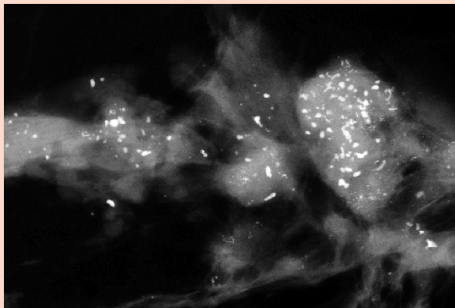
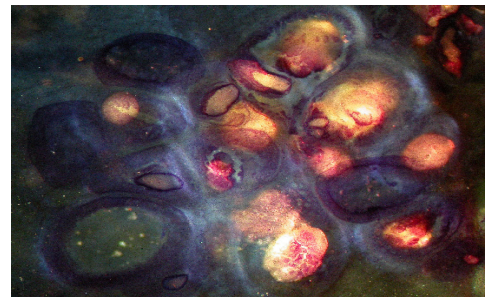
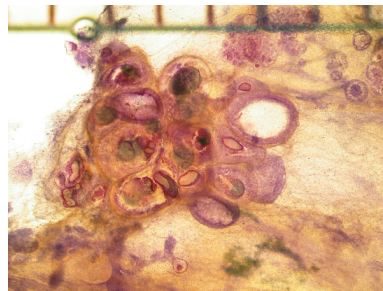
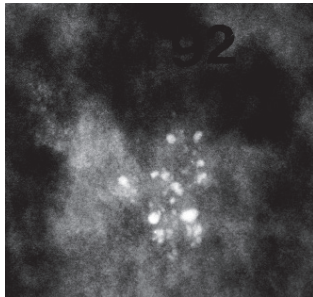
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Detection and Diagnosis of Breast Diseases

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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**For more information and
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breast.cancer.course@gmail.com

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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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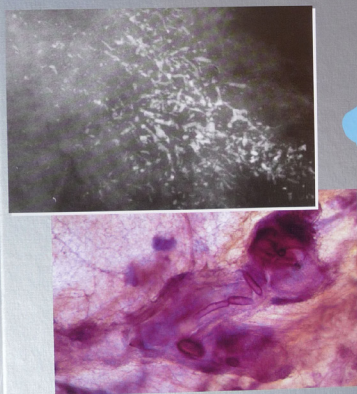
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Breast Cancer Early Detection with Mammography

Casting Type Calcifications: Sign of
a Subtype with Deceptive Features

László Tabár
Tibor Tot
Peter B. Dean

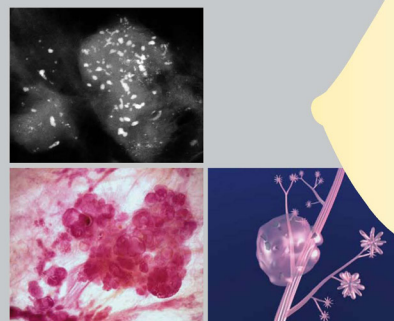


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Breast Cancer Early Detection with Mammography

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



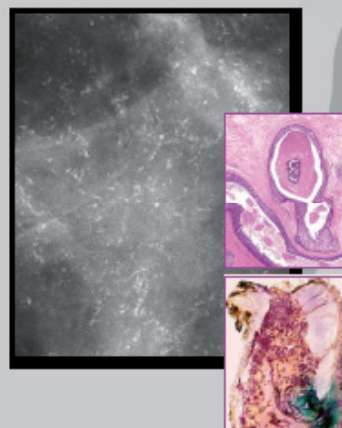
Detection,
Interpretation,
and Pathologic Correlation

Thieme

Teaching Atlas of Mammography

László Tabár
Peter B. Dean

With the contribution of Tibor Tot
4th edition



Thieme



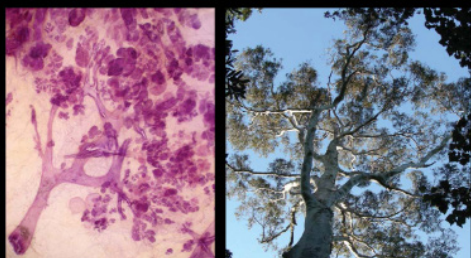
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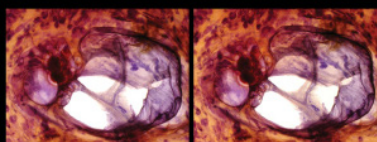
Detection and Diagnosis of Breast Diseases
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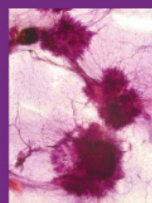
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Understanding the Breast in Health and Disease



In 3D



Multifocal breast cancer

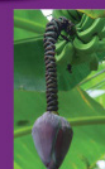


Sea urchins

In 3D



In situ ductal carcinoma

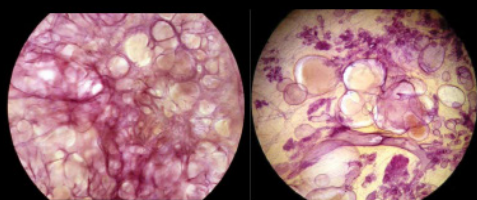


Banana flower

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.

www.mammographyed.com

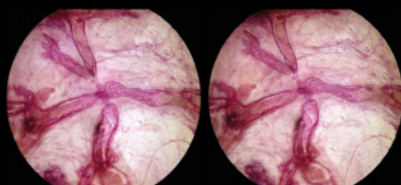
László Tabár, MD,
Tibor Tot, MD, Peter B. Dean, MD,
Miklós Tarján, MD



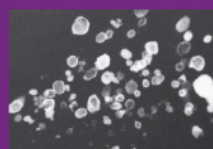
cysts in a prostate

breast cysts

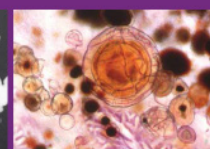
Prostate and Breast: Brother and Sister Organs



In 3D



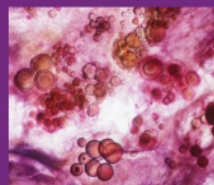
Prostate calcifications



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.

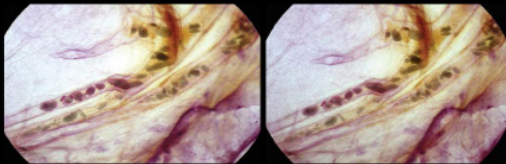


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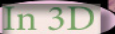
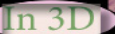
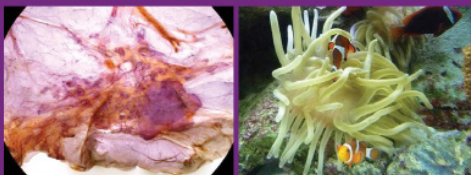
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Breast cancer of ductal origin with microcalcifications

Ductal Adenocarcinoma of the Breast (DAB), Part 1

8 mm poorly differentiated invasive breast cancer associated with neoductogenesis (DAB)

A photograph reminiscent of neoductogenesis with associated tiny invasive tumors



In 3D



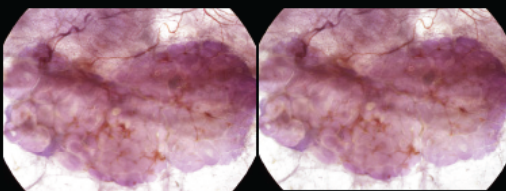
Fragmented casting type calcifications make the cancerous duct-like structures visible on the mammogram.



Neoductogenesis 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.

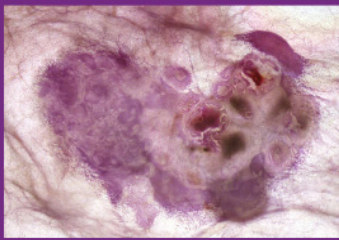
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An axillary lymph node populated with metastases mimicking *in situ* cancer

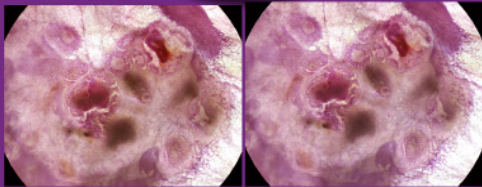
Ductal Adenocarcinoma of the Breast (DAB), Part 2





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.



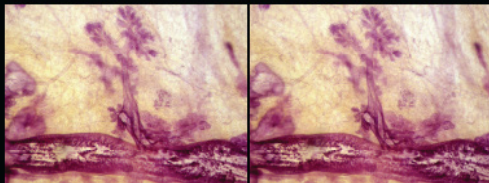
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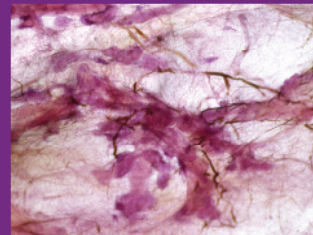
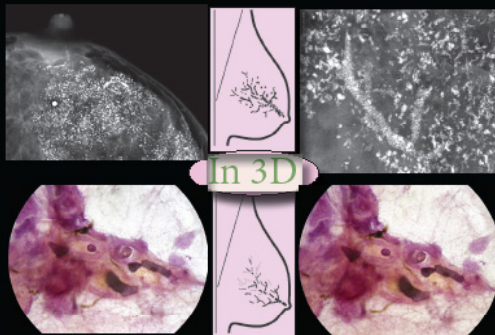
László Tabár, MD, FACR (Hon)
Course Director

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Tibor Tot, MD, Peter B. Dean, MD



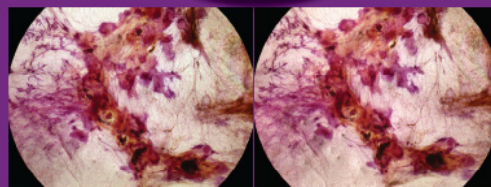
Micropapillary breast cancer of ductal origin associated with a normal TDLU

Ductal Adenocarcinoma of the Breast (DAB), Part 3



Neoductogenesis (DAB)
associated with angioneogenesis

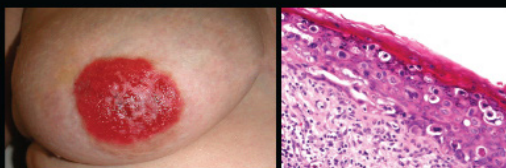
In 3D



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.

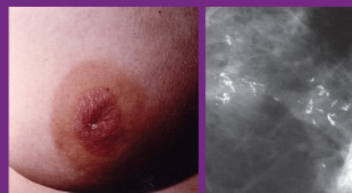
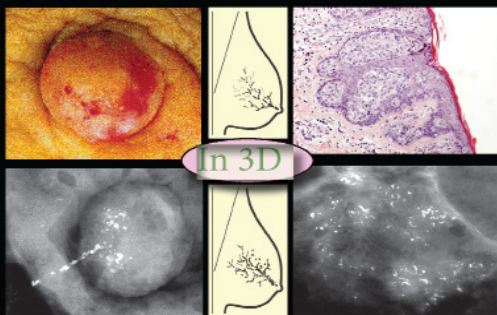
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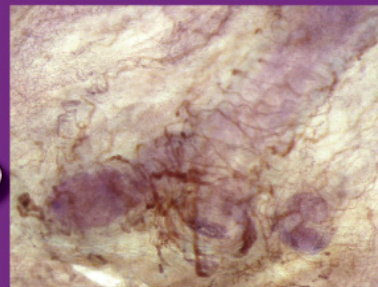
Paget's disease of the nipple

Paget's cells in the epidermis
of the nipple

Ductal Adenocarcinoma of the Breast (DAB), Part 4



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



Cancer-filled duct in Paget's disease with angioneogenesis

In 3D

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.



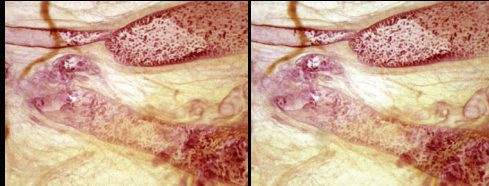
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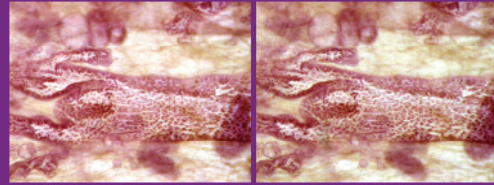
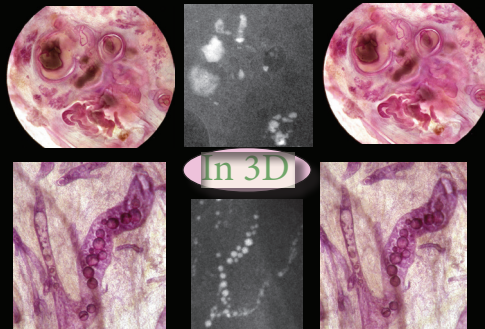
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Course Director

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Ductal Adenocarcinoma of the Breast (DAB), Part 5

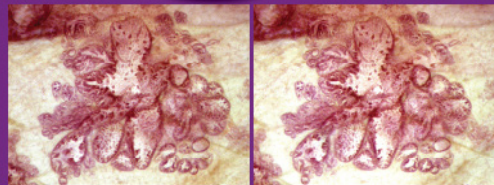
Fluid producing DAB subtypes associated with calcifications



Fluid producing micropapillary breast cancer of ductal origin (DAB)



In 3D



Neoductogenesis in micropapillary breast cancer of ductal origin (DAB)

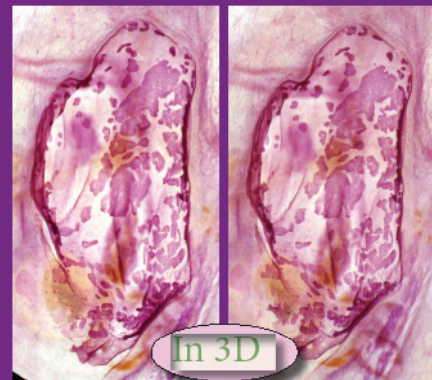
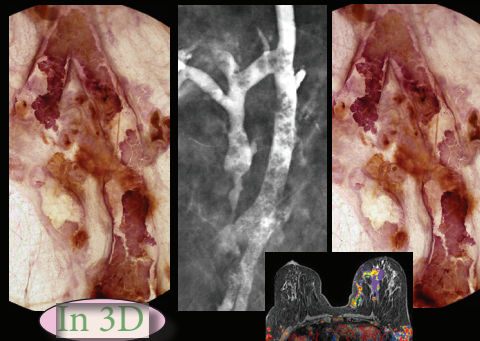
This volume describes the subtypes of breast cancers that arise in the major ducts, produce a viscous, proteinaceous fluid. Little or no necrosis is present. The calcifications formed within the fluid have characteristic, but deceptively benign appearance, although the malignancy may extend throughout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

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

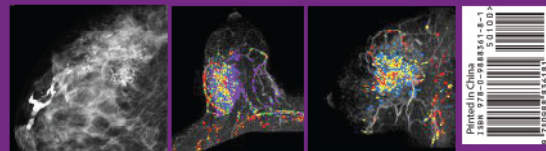


Bloody and serous nipple discharge

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 (subgross, 3D) histology in cases when the underlying cause of the discharge is fluid-producing breast cancer originating from the major ducts (DAB).



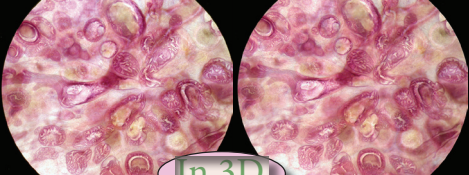
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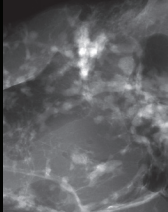


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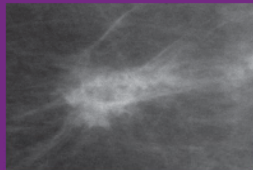
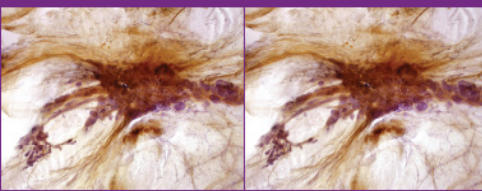
Breast cancer originating from the major ducts

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

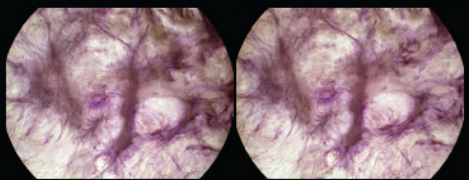
In 3D

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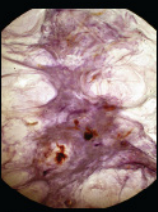
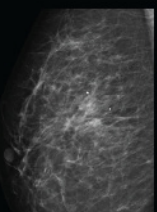
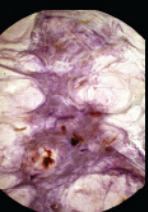
There are two main groups of diffuse breast cancers presenting on the mammogram as large regions of architectural distortion; these account for about 25% of all breast cancers and tend to have a poor outcome: 1) **Neoductogenesis**, i.e. "duct forming invasive carcinoma", the topic of this volume, often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

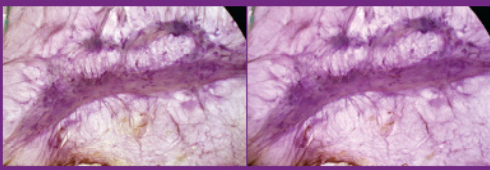
László Tabár, MD
Tibor Tot, MD, Peter B. Dean, MD
Olga Puchkova, MD



Diffusely infiltrating breast cancer, Part 1

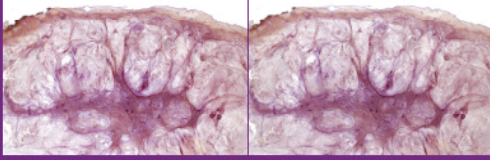
In 3D



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

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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.

MEI Course Registration Form

Chosen Course (City): _____

Mammography Education, Inc.
4429 East Spur Drive
Cave Creek, Arizona 85331 USA
Tel: +1 (480) 419-0219 Fax: +1 (480) 419-0219
Email: info@mammographyed.com
Web: <http://www.mammographyed.com>

Personal Information

First Name	_____	Initial	_____	Zip/Postal Code	_____
Last Name	_____			Country	☐
Credentials	_____			Email	_____
Address	_____			Office Phone	_____
City	_____			Home/Cell Phone	_____
State/Province	☐			Fax Number	_____

Professional Information

Previously Attended MEI Courses (year & city) _____

☐ Medical Doctor:
 ☐ Resident ☐ Military ☐ Fellow
 ☐ Radiologist ☐ Surgeon ☐ Pathologist ☐ Oncologist ☐ Gynecologist ☐ Other: _____

☐ Radiology Technologist

☐ Other: _____

Institution or Business where you practice

Name	_____	Zip/Postal Code	_____
Address	_____	Country	☐
City	_____	Email	_____
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Credit Card

Card Type ☐ VISA ☐ MasterCard ☐ American Express

Card Number _____

Expiration Date (MM/YY) _____

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CANCELLATION POLICY:

If for any reason you find it necessary to cancel your registration you must notify Mammography Education, Inc. **IN WRITING 30 DAYS PRIOR TO THE COURSE DATE** to receive a 50% refund. If written notice is not received in our offices, all monies will be forfeit and no refund will be issued. No refunds will be given to participants who do not show up for their designated course, again without notifying Mammography Education, Inc. in writing 30 days prior to the course start date.

Billing Address is Same as Personal Address ☐ Yes	State/Province	☐
Billing Address _____	Zip/Postal Code	_____
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Or, check made payable in US Dollars and drawn on a US Bank to Mammography Education, Inc.

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COURSE TRANSFERS:

If you find it necessary to transfer from one course to another after your registration is received, a \$75.00 administrative fee will be charged in addition to any difference in tuition. Note that **COURSE TUITION CAN ONLY BE HELD FOR ONE (1) YEAR.**