Standardized Approach to a Woman Presenting with a Palpable Lump
Downstaging

- Where early detection and treatment are available and accessible:
  - 5-year survival rates exceed 80%

- Breast cancer can be detected early through early diagnosis and screening
  - Early diagnosis: based on awareness of signs and symptoms of cancer; entails recognizing warning signs and taking prompt action
  - Screening: systematic use of testing, such as mammography, across an asymptomatic population to detect and treat cancer or pre-cancers

Triple Test

1. Clinical Breast Examination
2. Diagnostic mammography
3. Ultrasound
   • Biopsy
Clinical Breast Examination

- Potential for high false positives (up to 80%)
- Patient factors
- Examiner factors
- Currently positive CBES need referral and evaluation
  - Barriers for >85% living in rural communities in Africa
Imaging the World
Rural Ugandan Experience

- Community outreach and education
- 212 women with self-detected lump screened with CBE at community health center
- 44 (21%) had palpable lump
- 11 (28%) examined by ultrasound at a community health center had a suspicious mass
- Only four underwent biopsy and all diagnosed with breast cancer (2 with early stage)
- 75% with palpable lumps on CBE did not need a biopsy or referral
Diagnostic Ultrasound
Causes of Palpable Lumps

- Normal breast tissue
- Rib
- Cyst
- Mass
Normal Breast Tissue
Rib

Muscle

Rib

Pleura

Muscle

Rib
Palpable Lump

Mass

Muscle

Rib
Biopsy Sampling Technique

Pre Biopsy Image

Post Biopsy Image
Specimen Collection
Diagnostic Mammography
Palpable Lump

- Mass
- Muscle
- Rib
Quality Control

- Communicating and Reporting
  - Breast Imaging Reporting and Data System (BI-RADS)
- Optimal reading environment
- Equipment
- Technical staff
- Access
- Minimize risk
  - Following patient outcomes
  - Minimize false positives and negatives
ACR Breast Imaging Reporting and Data System (BI-RADS)

Using BIRADDS lexicon allows for more consistent, more accurate assessments and recommendations and supports tracking/medical audit of program
Key BI-RADS Components

- Terms to describe lesions (lexicon)
- Terms for assessments and associated recommendations
- Guidelines for follow-up and outcome monitoring
  - Definitions for medical audit
  - Desirable goals in practice
### Simplified BIRADS Report

<table>
<thead>
<tr>
<th>1. Finding</th>
<th>Shape</th>
<th>Margin</th>
<th>Echogenicity</th>
<th>3. BI-RADS and Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass</td>
<td>Round/Oval</td>
<td>Circumscribed</td>
<td>Hyperechoic</td>
<td>0 - Needs additional images</td>
</tr>
<tr>
<td></td>
<td>Irregular</td>
<td>Not Circumscribed</td>
<td>Not Hyperechoic</td>
<td>1 – Negative-Clinical follow-up</td>
</tr>
<tr>
<td>Normal Finding</td>
<td></td>
<td></td>
<td></td>
<td>2 – Benign – Clinical follow-up</td>
</tr>
<tr>
<td>Special Cases:</td>
<td>Infection</td>
<td></td>
<td></td>
<td>3 – Probably Benign – Short interval follow-up</td>
</tr>
<tr>
<td>Cyst</td>
<td>Lymph Node</td>
<td></td>
<td></td>
<td>4 – Suspicious - FNA</td>
</tr>
<tr>
<td>Fat Necrosis</td>
<td>Galactocele</td>
<td></td>
<td></td>
<td>5 – Highly Suspicious - FNA</td>
</tr>
</tbody>
</table>

**2. Location:**

- Right
- Left
- Axilla
- Subareola

___ o’clock ___ cm fn

**Size:** __________ cm
The End