Clock Face Localization of Lesion:

Imagine the breasts are a pair of clocks looked at from the front.

Use the clock face position and the distance (on CC or radially on US) from the nipple to localize lesions.

![Clock Diagram]

Triangulating Lesions Using the ML, MLO and CC:

Where lesions will move between the ML and MLO dependent on if they are medial or lateral.

- In general, lateral lesions will move DOWN on the ML relative to the MLO
- In general, medial lesions will move up on the ML relative to the MLO
- Line the nipples up with the images in the following order to project where you would expect to see a lesion on a projection
Triangulating Lesions From Rolled Views:

Rolled views can be used to see if a lesion is superimposition or a true lesion (disappears/less apparent if former), but they can also be used to localize a lesion only seen in one view.

- Rolled views are named by the direction the top half of the breast is ‘rolled’.

If only seen in CC projection, do CC rolled views:

- A lesion in the top half of the breast will move in the same direction as the roll
- A lesion in the bottom half of the breast will move in the opposite direction to the roll
- Central lesions do not move (relative to nipple) between rolls.
So on the CC views, this is what you will see:

Breast in compression viewed from front
"Medial rolled CC view"

"Lateral rolled CC view"

<table>
<thead>
<tr>
<th>True CC</th>
<th>Lateral roll CC</th>
<th>Med rolled CC</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Diagram" /></td>
<td><img src="image2.png" alt="Diagram" /></td>
<td><img src="image3.png" alt="Diagram" /></td>
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<td><img src="image4.png" alt="Diagram" /></td>
<td><img src="image5.png" alt="Diagram" /></td>
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Lesion in top half breast
Lesion in bottom half breast