This conference takes place at 7am on the first Thursday of the month on 4th floor Borwell – your badge is needed for entry, go through doors, turn left, you will see the multiheaded scope on left past anatomic pathology.

**Goals**

1. To increase your exposure to both benign and particularly malignant breast imaging by reviewing the key biopsy cases from the previous month
2. To provide radiological-pathological correlation in a clinical and teaching arena
3. To facilitate rapid image review for rad-path correlation

**Cases to be put on the conference list**

Time constraints limit how many biopsies that can be reviewed during this conference, so these are identified on the biopsy record sheet, or occasionally after the results become available.

Typically studies that are NOT reviewed are:

- Classic cancers (e.g. obvious spiculated masses)
- Fibroadenomas unless atypical
- Calcifications where sampling is good
- Cysts

Any study where there is a question of rad-path correlation MUST be reviewed, at this point we are also reviewing all MRI guided biopsies

**Reviewing studies for stereo/US path conference**

- The list of cases for the conference is usually circulated at the beginning of the week by Brit Kvinlaug or one of the other administrative assistants.
- If 2 residents are on the service, you can divide the studies between you, however the teaching element will be enhanced if you both review all studies prior to the conference
- The cases that will be reviewed at the conference will be identified on the document circulated (in white), your learning will be markedly enhanced however by reviewing all biopsies.
- For each case that will be seen at conference, you should review the studies on the PACS workstation and identify the images of interest as recommended below.
  - Identifying the key images is a central learning point
  - Look up key information in CIS - find out the patient's story and the images most relevant to it (e.g. subtle finding on screening mammogram)
  - Have the list of patients ready in a public folder under Breast (date) in Imagecast for viewing in pathology
  - Go through the study, correlating with the pathology and identify which images are the key ones to be shown at conference (annotate)
  - We recommend keeping a list, write down the key studies (e.g. "LCC and LCC mag from 1/20, specimen from 1/28" and any clinical details)
  - At conference be prepared to call up these images for viewing and others if we request them
If you have any questions, after you have reviewed the cases, please ask one of us (preferably the one who did the biopsy)

Key images

- These are the films that you should have reviewed (as a minimum) and have ready to show

- For stereos of microcalcifications:
  - Regular view mammo that shows the calcs best
  - Mag view
  - Comparison only if important
  - Specimen film stereo bxs

- For stereos of masses and asymmetric densities
  - Regular view mammo that shows mass best
  - Compression view
  - Comparison if important (e.g. lesion showed slow growth with time)
  - Specimen film if taken

- For ultrasound guided biopsies of masses
  - Regular view mammo
  - Compression view if present
  - Ultrasound of mass (pre biopsy)
  - Specimen film if taken

For abnormalities much better or only visualized on DBT, please download AVI from Hologic workstation and capture in thumb drive to upload during conference.

1. For MRI guided biopsies
   - identify the key sequence (usually G+ or subtraction) and image(s) on the breast MRI
   - Original G+ and subtraction images that provoked the biopsy
   - Biopsy images (usually axial) of G+ pre and post needle placement, biopsy cavity
   - Make sure you know what was the index lesion and reason for performing the study.
   - Keep a list, write down the key studies (e.g. "series 7, images 24 and 65")
   - At conference be prepared to call up these images for viewing and others if we request them