Role of contrast enhanced digital mammography in post treated breast cancer

Thesis
Submitted for partial fulfillment of M.D. Degree in Radiodiagnosis

Presented By

Nora Gamal Abdel Hafez El Kholy

Master degree f radiodiagnosis Faculty of Medicine Ain Shams University

Supervised By

Prof. Dr./ Hanaa A.Elkader Ahmed

Professor of Radiodiagnosis Faculty of Medicine Ain Shams University

Prof. Dr./ Maha Hussien Helal

Professor of Radiodiagnosis National cancer institute Cairo University

Prof. Dr. / Ahmed Fathy Abdel Ghany

Professor of Radiodiagnosis Faculty of Medicine Ain Shams University

Dr. / Omar Farouk Kamel

Lecturer of Radiodiagnosis Faculty of Medicine Ain Shams University

Faculty of Medicine
Ain Shams University
2018

ACKNOWLEDGEMENT

First of all, thank GOD who gave me strength to complete what I've started.

I would like to express my sincere thanks and deep gratitude to my professors and supervisors; my dear Prof. Dr. Hanaa Abdel Kader Professor of Radio-diagnosis, Ain Shams University for accepting the idea of this work, her efforts and encouragement. I carry all respect and appreciation for her help and support.

Words could not express my sincere thanks and respect I carry to my dear Prof. Dr. Maha Hussein Helal, professor of Radiodiagnosis, National Cancer Institute, Cairo University for her unlimited support, encouragement, precious advices and great efforts in supervising this work.

It was an honor to me to carry out this work under her guidance and expert supervision.

My special thanks and deep appreciation for Prof. Dr. Ahmed Fathy Abdel Ghany professor of Radio diagnosis, Ain Shams University and Dr. Omar Farouk lecturer of Radio diagnosis, Ain Shams University for their support and effort in making this study possible, certainly I am greatly pleased to have had the opportunity to work under their supervision.

All warm feelings to my family MY mom and my brothers ... GOD bless you all and keep you all always around me ... May GOD help me to payback any little thing from what you always do for me.

For my dear friends and colleagues, who always gave me help and support ... Thank you.

I would like to thank every patient who shared and had patience to help us complete this research, may this be of help to future ones.

"To the soul of my father Who is always giving me the strength to carry on"

CONTENTS

Contents	Page
Abstract	ı
List of abbreviations	Ш
List of tables	IV
List of figures	V
Introduction and Aim of work	1
Review of literature:	
Anatomy of the female breast	5
Pathological review of breast cancer	19
An overview on treatment options of breast cancer	37
Mammographic findings of post treatment changes	48
Contrast enhanced digital mammography	62
Patients and methods	82
Results	87
Case presentation	107
Discussion	
Summary and conclusion	
References	
Arabic summary	

ABSTRACT

This was prospective study carried on 69 female patients presenting with history of previous treatment of breast cancer, who require follow up. It included 63 post-operative patients and 6 patients who had received NAC. The results were studied and correlated. One of the imaging modalities is contrast-enhanced spectral mammography (CESM) that improves the sensitivity for breast cancer detection without decreasing specificity as it provides higher contrast and better lesion delineation than mammography alone. CESM is an imaging technique combining digital mammography with intravenous injection of iodinated contrast media to detect hypervascularized lesions. Addition of iodinated contrast agent to mammography facilitates the visualization of breast lesions.

Keywords: CESM- breast cancer-post operative-neoadjuvent

chemotherapy

LIST OF ABBREVIATIONS

ACR	American College of Radiology
AJCC	American Joint Cancer Committee
Al	Aluminum
BCS	Breast conservative surgery
BIRADS	Breast imaging reporting and database system
CBS	Conservative breast surgery
CC	Craniocaudal
CEDM	Contrast enhanced digital mammography
CESM	Contrast enhanced spectral mammography
cM	Clinical distant metastasis
cN	Clinical regional lymphnode
CR	Complete response
СТ	Computed tomography
сТ	Clinical primary tumor
cu	Copper
DCE-MRI	Dynamic contrast enhanced magnetic resonance imaging
DCIS	Ductal carcinoma insitu
DE	Dual energy
DFS	Disease-free survival
EBRT	External-beam radiation therapy
EGFR	Epidermal growth factor receptor
ER	Estrogen receptor
FNAC	Fine needle aspiration cytology
G	Grade
GE	General Electric
HER2	Human epidermal growth factor receptor 2
IDC	Invasive ductal carcinoma
ILC	Invasive lobular carcinoma
ITCs	Isolated tumor cells
KeV	kilo electron volt
KFT	Kidney function test
KV	kilo volt
kVp	Peak kilovoltage
LCIS	Lobular carcinoma insitu
M	Distant metastasis
MG	Mammography

MLO	Mediolateral oblique
Мо	Molybdenum
MRI	Magnetic resonance imaging
MRM	Modified radical mastectomy
N	Regional lymphnode
NAC	Neoadjuvent chemotherapy
NME	Non mass enhancement
OS	Overall survival
pCR	Pathologic complete response
PD	Progressive disease
pM	Pathological distant metastasis
pN	Pathological regional lymphnode
PR	Progesterone receptor
PR	Partial response
pT	Pathological primary tumor
RECIST	Response evaluation criteria in solid tumors
Rh	Rhodium
RT-PCR	Reverse transcriptase-polymerase chain reaction
SD	Stable disease
SPSS	Statistical Package for the Social Science
Т	Primary Tumor
TDLU	Terminal duct–lobular unit
Tis	Carcinoma insitu
TNBCs	Triple negative breast cancers
US	Ultrasound

LIST OF TABLES

	Title	page
Table 1	Summary of immunohistochemical criteria of defining breast cancer intrinsic subtypes	35
Table 2	Age distribution of the patients participating in the study	88
Table 3	Distribution of benign and malignant groups within the studied population	89
Table 4	Mammography findings among studied lesions	90
Table 5	Distribution of enhancement and non enhancement of the studied lesions	91
Table 6	Distribution of mass and non mass enhancement in the studied lesions	92
Table 7	Distribution of mass enhancement shape in the studied lesions	93
Table 8	Distribution of mass enhancement margin in the studied lesions	93
Table 9	Mass enhancement pattern	95
Table 10	Demonstrate NME distribution	96
Table 11	characteristic patterns of non mass enhancement	97
Table 12	Final pathological results of the studied lesions	98
Table 13	Correlation between pathological findings with contrast uptake, type of enhancement.	99
Table 14	correlation between pathological findings with mass enhancement shape, margin and pattern	99
Table 15	Correlation between pathological findings with non mass enhancement distribution and pattern	100
Table 16	Correlation between mammographic findings and final pathological diagnosis.	101
Table 17	Correlation of CEDM findings and pathological diagnosis	103
Table 18	Demonstrate mammographic and CEDM findings before and after receiving NAC with assessment of therapeutic response	105
Table 19	Demonstrate mammographic and CEDM findings before and after receiving NAC with assessment of therapeutic response	106

LIST OF FIGURES

No of fig.	Title	Page		
Review of literature				
Fig.1	Illustrative diagram for the arrangement of breast structures.	6		
Fig.2	Illustrative diagram for Structure of the mammary gland.	7		
Fig.3	Illustrative diagram for Arterial supply of the breast.	8		
Fig.4	Illustrative diagram for Lymphatic drainage of the breast.	11		
Fig.5	Normal mammogram	14		
Fig.6	Mammography of ACR A breast composition	17		
Fig.7	Mammography of ACR B breast composition	17		
Fig.8	Mammography of ACR C breast composition	18		
Fig.9	Mammography of ACR D breast composition	18		
Fig.10	Microscopic picture of Invasive duct carcinoma	22		
Fig.11	Microscopic picture of classic invasive lobular carcinoma.	23		
Fig .12	Mammography and ultrasound of post treatment mass and fluid	49		
	collection			
Fig.13	Mammography of post operative seroma	50		
Fig.14	Mammography of post radiation therapy edema and skin thickening	52		
Fig.15	Mammography showing resolution of breast edema and skin	53		
	thickening after breast conservation therapy			
Fig.16	Mammography showing post lumpectomy parenchymal distortion	55		
Fig .17	Mammography showing post lumpectomy parenchymal distortion	56		
Fig.18	Mammography showing post operative resolving parenchymal scar	57		
	and edema			
Fig.19	Mammography showing post therapeutic dystrophic calcifications	58		
Fig.20	Mammography showing post therapeutic increasing asymmetry	61		
	representing tumor recurrence			
Fig.21	Demonstration for dual energy CESM	67		
Fig.22	Example patterns of internal enhancement of masses on contrast-	78		
	enhanced spectral mammography			
Fig .23	Mass margin assessment on contrast-enhanced spectral	78		
Fig. 24	mammography Non-more approximate (NNAS), mattering in contrast onbeyond	70		
Fig.24	Non-mass enhancement (NME) patterns in contrast-enhanced	79		
Fig 2F	spectral mammography images Distributions of non-mass aphancament (NIME) nattorns on contract	00		
Fig.25	Distributions of non-mass enhancement (NME) patterns on contrast- enhanced spectral mammography images	80		
	emiancea specual mammograpmy illiages			

	Results	
Fig.26	Types of breast surgery in studied group	87
Fig.27	Distribution of benign and malignant groups within the studied lesions	89
Fig.28	Mammographic findings among studied lesions	90
Fig.29	Distribution of enhancement and non enhancement of the studied	91
	lesions	
Fig .30	Distribution of mass and non mass enhancement in the studies lesions	92
Fig.31	Distribution of mass enhancement shape in the studied lesions	94
Fig.32	Distribution of mass enhancement margin in the studied lesions	94
Fig.33	Mass enhancement pattern	95
Fig.34	NME distribution	96
Fig.35	Characteristic patterns of non mass enhancement	97
Fig.36	Final pathological results of the studied lesions	98
Fig.37	Correlation between mammographic findings and pathological	102
	diagnosis	
Fig.38	Correlation of CEDM findings and pathological diagnosis	103
	Case presentation	
Fig.39	Case 1:	107
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	400
Fig.40	Case 2:	109
a-h	a-d mammography RT, LT CC and MLO views	
Fig.41	e-h CESM RT, LT CC and MLO views Case 3:	113
a,b,c,d	a,b mammography CC and MLO views	113
a,b,c,u	c,d CESM CC and MLO views	
Fig.42	Case 4:	115
a,b,c,d	a,b mammography CC and MLO views	
.,.,.,.	c,d CESM CC and MLO views	
Fig.43	Case 5:	117
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	
Fig.44	Case 6:	119
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	
Fig.45	Case 7:	121
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	
Fig.46	Case 8:	123
a,b,c,d	a,b mammography CC and MLO views	
	c.d CESM CC and MLO views	

Fig.47	Case 9:	125
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	
Fig.48	Case 10 :	127
a,b,c,d	a,b mammography CC and MLO views	
	c,d CESM CC and MLO views	
Fig.49	Case 11 :	129
a-h	a-d mammography RT, LT CC and MLO views	
	e-h CESM RT, LT CC and MLO views	
Fig.50	Case 12 :	133
a-h	a-d mammography Pre, Post treatment CC and MLO views	
	e-h CESM Pre, Post treatment CC and MLO views	
Fig.51	Case 13:	137
a-h	a-d mammography Pre, Post treatment CC and MLO views	
	e-h CESM Pre, Post treatment CC and MLO views	
Fig.52	Case 14:	141
a-h	a-d mammography Pre, Post treatment CC and MLO views	
	e-h CESM Pre, Post treatment CC and MLO views	