

Milano, 21 Settembre 2018

Breast MRI bases and cases



2nd look ultrasound

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Razionale

Meta-analisi **RM mammaria CMC** (44 studi)

Elevata SENSIBILITÀ' 90%

Moderata SPECIFICITÀ' 72%



Reperti aggiuntivi RM 16-48%

Rischio di FALSI POSITIVI

Peters NHGM, Rinkes IHMB, Zuijthoff NPA et al. Meta-analysis of MR imaging in the diagnosis of breast lesions. Radiology 2008;246:116-124.

Falsi Positivi RM

Linfonodi

Malattia cistica

Radial scar

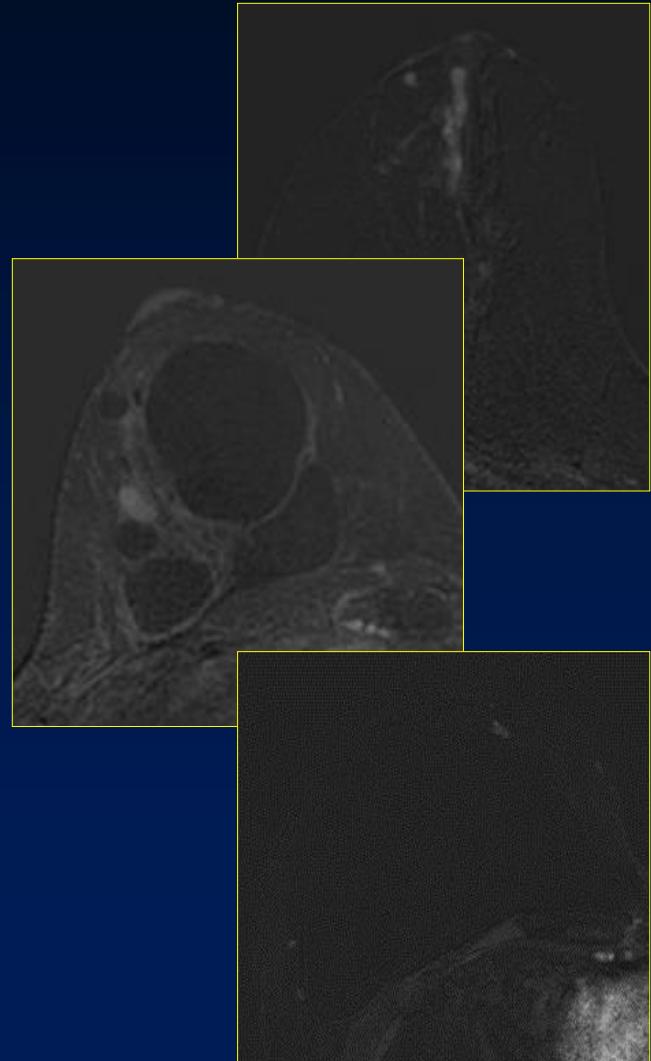
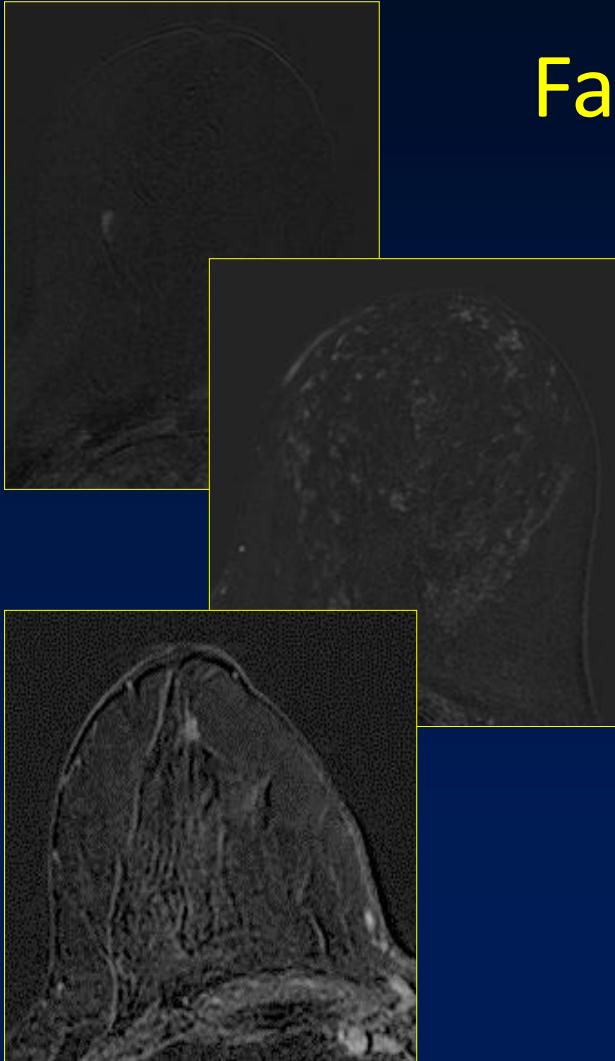
Adenosi

Fibroadenoma

Papilloma

Liponecrosi

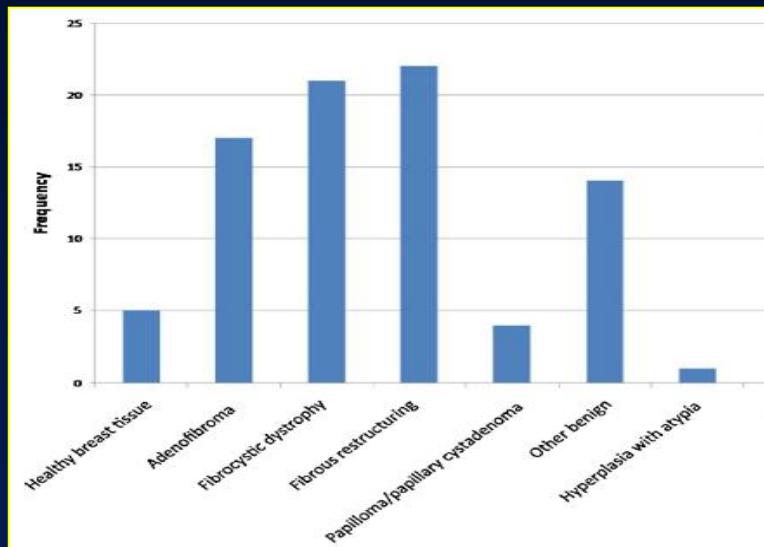
...FP da artefatti!



2nd look ultrasound

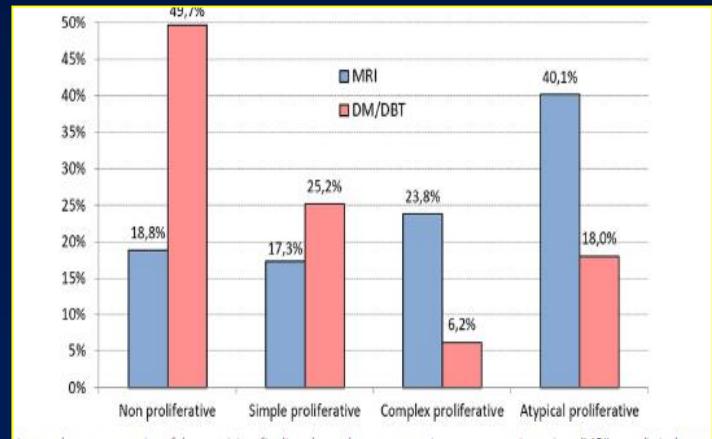


Falsi Positivi RM



76% (82/108) reperti RM aggiuntivi visibili 2nd look US non maligni

45% (202/366) reperti RM aggiuntivi non visibili 2nd look US non maligni



Nouri-Neuville M et al. Diagn Interv Imaging 2014;95:197-211.

Kuhl C et al. Not all false positive diagnosis are equal. Breast Cancer Research 2018;28:13.

RM stadiazione locale

MULTIFOCALITA'
MULTICENTRICITA'
BILATERALITA'

FALSI POSITIVI



¿ RISCHIO OVER-TREATMENT ?

RM stadiazione locale

MULTIFOCALITÀ
MULTICENTRICITÀ
BILATERALITÀ

FALSI POSITIVI



*Non convertire intervento CONSERVATIVO in MASTECTOMIA
per reperti RM aggiuntivi SENZA conferma istologica*

Possibili soluzioni

- ✓ Rispetto indicazioni
- ✓ Rispetto timing
- ✓ Esami buona qualità

- ✓ 2nd look US / DBT
- ✓ Biopsia RM guidata
- ✓ Follow up RM (NO PRE-CHIRURGIA)

Possibili soluzioni

✓ Rispetto indicazioni

Table 1 Indications for breast MRI

- Screening of women at high risk of breast cancer
- Preoperative staging of newly diagnosed breast cancer (ipsilateral and contralateral)
- Evaluation of the effect of neoadjuvant chemotherapy
- Evaluation of women with breast implants
- Occult primary breast carcinoma (search for breast cancer in patients with metastases and negative mammography and ultrasound)
- Suspected local recurrence*
- Problem solving (equivocal findings at mammography/ultrasound)*

*When needle biopsy cannot be performed

Other new indications were recently proposed, such as nipple discharge [8] and evaluation of lesions with uncertain malignant potential (so-called high-risk or B3 lesions) detected at mammography or ultrasound, and needle-biopsied under their guidance [9]

Possibili soluzioni

- ✓ Rispetto timing

NO 1[^] e 4[^] settimana di ciclo mestruale

Stimolazione
ormonale

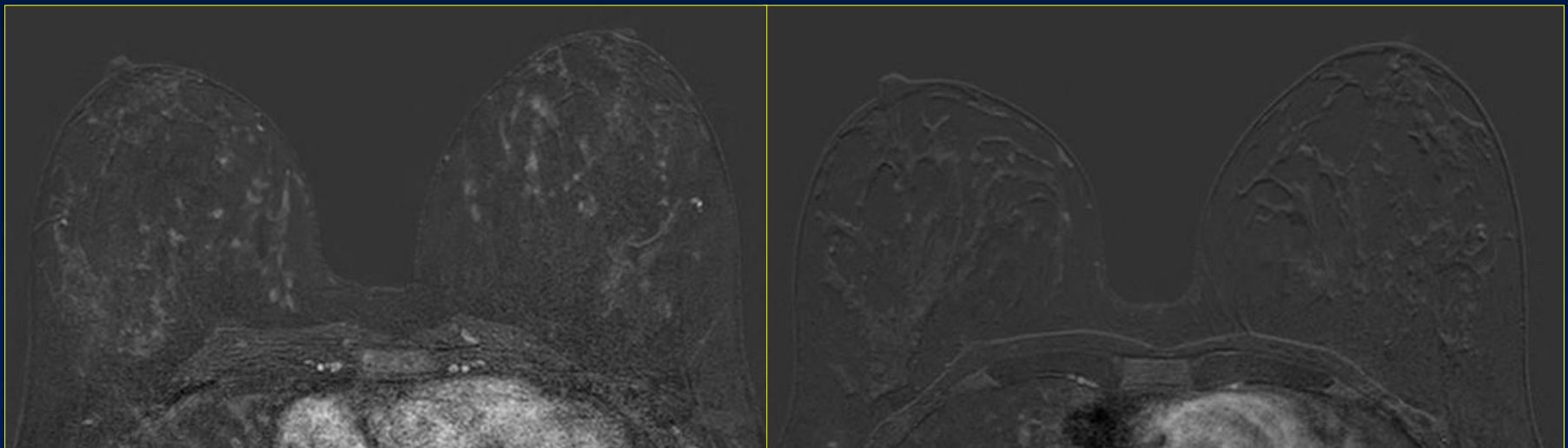


vascolarizzazione

Rischio di UBOs (Unidentified Breast Objects)

Possibili soluzioni

- ✓ Rispetto timing



OK 2^a settimana di ciclo mestruale

Possibili soluzioni

✓ Esami buona qualità

- Bobina dedicata multicanale
- Risoluzione temporale e spaziale
- Studio dinamico - Sottrazione
- Lessico BI-RADS

Eur Radiol (2008) 18: 1307–1318
DOI 10.1007/s00330-008-0863-7

NEWS FROM EUSOBI

R. M. Mann
C. Kuhl
K. Kinkel
C. Boetes

Breast MRI: guidelines from the European Society of Breast Imaging

EUROPEAN JOURNAL OF CANCER 46 (2010) 1296–1316

Magnetic resonance imaging of the breast: Recommendations from the EUSOMA working group

Francesco Sardanelli ^{a,*}, Carla Boetes ^b, Bettina Borisch ^c, Thomas Decker ^d,
Massimo Federico ^e, Fiona J. Gilbert ^f, Thomas Helbich ^g, Sylvia H. Heywang-Köbrunner ^h,
Werner A. Kaiser ⁱ, Michael J. Kerin ^j, Robert E. Mansel ^k, Lorenza Marotti ^l,
Laura Martincich ^m, Louis Mauriac ⁿ, Hanne Meijers-Heijboer ^o, Roberto Orecchia ^p,
Pietro Panizza ^q, Antonio Ponti ^r, Arnie D. Purushotham ^s, Peter Regitnig ^t,

RM



COMPLETAMENTO/DUBBIO

IMAGING TRADIZIONALE

i SOLUZIONE !

RM



COMPLETAMENTO/DUBBIO

IMAGING TRADIZIONALE

i SOLUZIONE !

RM

¿ NUOVI DUBBI ?



RM



COMPLETAMENTO/DUBBIO

IMAGING TRADIZIONALE

i SOLUZIONE !

RM



¿ NUOVI DUBBI ?



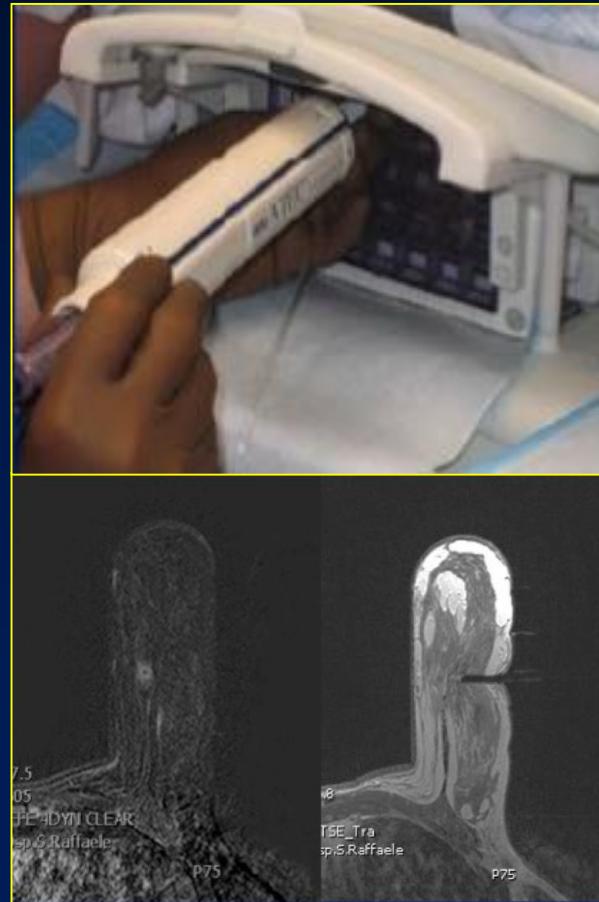
2nd LOOK ECOGRAFICO/BIOPSIA RM/RM 6 MESI

2nd look ultrasound



Biopsia mammaria RM guidata

- ✓ Centri dedicati
- ✓ Elevati costi
- ✓ Gadolinio
- ✓ Decubito prono obbligato



2nd look ultrasound

- ✓ Localizzare il reperto RM aggiuntivo
- ✓ Guidare il prelievo microistologico

2nd look ultrasound



	N° lesioni	% 2 nd US+	Associazioni 2 nd US+	Popolazione
Panizza 1997	14	79%		
La Trenta 2003	93	23%	npl	
Sim 2005	48	67%	npl	R FAM
Beran 2005	73	89%	npl	
Shin 2007	38	71%	mass	BC pz
Wiratkapun 2008	97	47%	mass	cm
Linda 2008	173	83%		
Meissnitzer 2009	519	56%	mass	cm
Demartini 2009	167	46%	mass	
Destounis 2009	196	70%		BC pz
Abe 2010	202	57%	npl	mass
Carbognin 2011	62	71%	mass	cm

2nd look ultrasound



	N° lesioni	% 2 nd US+	Associazioni 2 nd US+	Popolazione
Candelaria 2011	131	87%	mass	
Luciani 2011	55	76%	mass	BC pz
Ha 2011	34	35%		BC pz
Laguna 2011	123	62%		BC pz
Fiaschetti 2012	84	51%		BI-RADS 3
Lourenco 2012	118	46%		BI-RADS 3
Kim 2012	75	40%	mass	BC pz
Aracava 2014	68	67%		
Hong 2014	121	87%		
Hsu 2015	102	43%	npl	
Peter 2016	45	34%		
Park 2018	94	90%		BC pz

Detection rate
2nd US
23 – 90%

Meta-analisi 2nd look ultrasound

- ✓ Metanalisi 17 studi
- ✓ Detection rate 22.6% - 82.1%
Pooled detection rate 57.5%
- ✓ Prevalenza di malignità reperti RM aggiuntivi 2 – 51%

Meta-analisi 2nd look ultrasound

- ✓ Detection rate 2nd look
- ✓ Lesioni maligne ($p = 0,0001$)

→ Probabilità di malignità > se VISIBILE 2nd look US

Meta-analisi 2nd look ultrasound

- ✓ Detection rate 2nd look
- ✓ Lesioni mass-like ($p = 0,0001$)
- ✓ Lesioni di grandi dimensioni

Meta-analisi 2nd look ultrasound

Se reperto RM
aggiuntivo è visibile
a 2nd US, qual è la
probabilità che sia
maligno?

Meta-analisi 2nd look ultrasound

- ✓ VPP 2nd US 30.7%
(4% – 56%)

Se reperto RM aggiuntivo è visibile a 2nd US, qual è la probabilità che sia maligno?

2nd look ultrasound



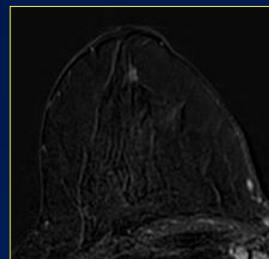
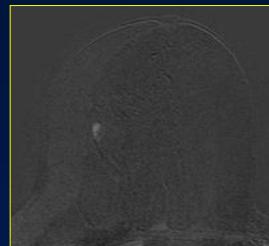
Probabilità di malignità > se **VISIBILE** 2nd look US



Caratteristiche di benignità



Agobiopsia ecoguidata



2nd look ultrasound



Probabilità di malignità > se **VISIBILE** 2nd look US

- Caratteristiche di benignità
- Agobiopsia ecoguidata



**Reperti US
“subdoli”**

2nd look ultrasound



Meta-analisi 2nd look ultrasound

Se reperto RM aggiuntivo **NON** è **visibile** a 2nd US, qual è la probabilità che **NON** sia maligno?

Meta-analisi 2nd look ultrasound

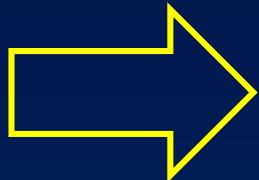
- ✓ VPN 2nd US **87.8%**
(46.2% - 100%)

Se reperto RM aggiuntivo **NON** è **visibile** a 2nd US, qual è la probabilità che **NON** sia maligno?

2nd look ultrasound



Se reperto RM **NON VISIBILE** a 2nd look ecografico
probabilità di malignità del **12.2%**



2nd look ecografico negativo non esclude
possibilità di malignità

Spick C, Baltzer PAT. Diagnostic utility of second-look US for breast lesions identified at MR imaging: systematic review and meta-analysis. Radiology 2014;273:401-409.

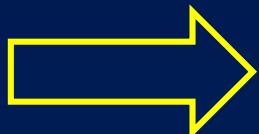
2nd look ultrasound



2nd look DBT

- 520 RM preoperatorie
- 164 reperti RM aggiuntivi
- 2nd US 114/169 (69.5%)
- 2nd DBT 32/50 (19.5% sul totale)

Non mass
Focus
BIRADS 4 RM
14/32 npl o high risk



Detection rate complessiva 146/164 (89%)

Mariscotti G, Houssami N, Durando M et al. Digital breast tomosynthesis (DBT) to characterize MRI-detected additional lesions undetected at targeted ultrasound in newly diagnosed breast cancer patients. Eur Radiol 2015;25:2673-2681.

2nd look ultrasound



2nd look DBT

- 135 RM preoperatorie
- 84 reperti RM aggiuntivi
- 2nd US 44/84 (52%)
- 2nd DBT 42/84 (50%)
- 2nd US + DBT 23/84 (27%)

Non mass e DCIS
30/42 npl o high risk

COMPLEMENTARE
A 2nd look US



Detection rate complessiva 63/84 (75%)

Tips and Tricks

1. Valutazione attenta dello studio RM (T1, T2, DWI, 3D)
2. Sede della lesione nei 3 piani dello spazio
3. Distanza e rapporti con il capezzolo
4. Distanza e rapporti con altri punti di repere
5. Dimensioni e morfologia

Park VY, Kim MJ, Kim EK et al. Radiographics 2013;33:1361-1375.
Trop I et al. Curr Probl Diagn Radiol 2010;39:200-211.

Tips and Tricks

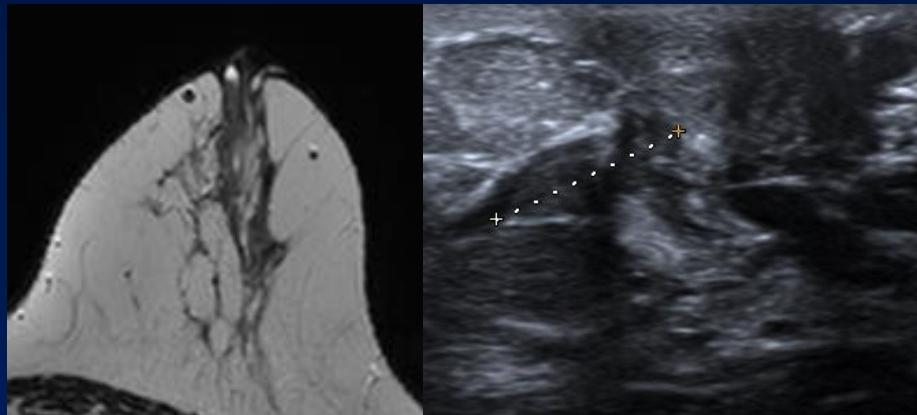
1. Valutazione attenta dello studio RM (T1, T2, DWI, 3D)

Corrispettivo T2 reperto RM

Valutazione dell'area

retroareolare in T2:

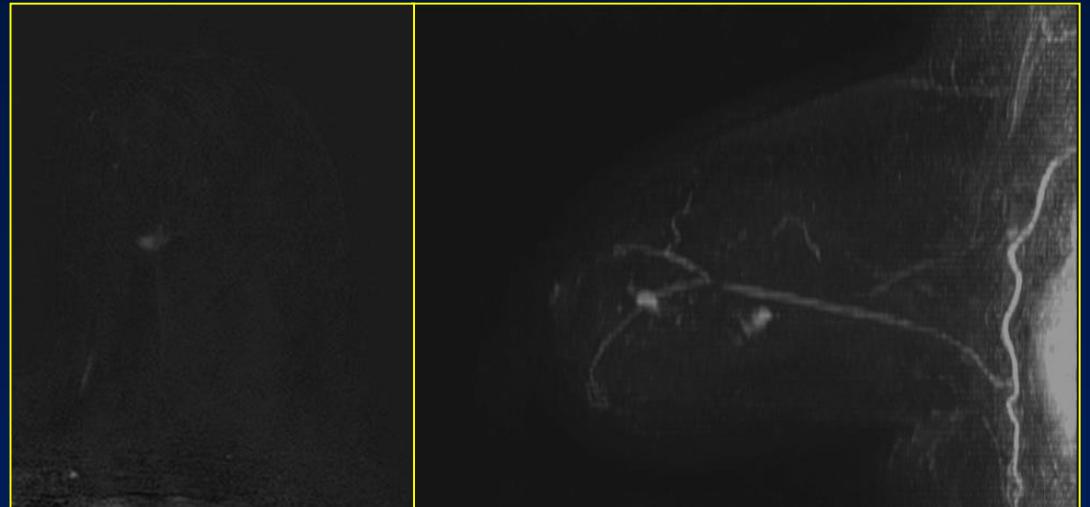
- ✓ Ectasia duttale RM
- ✓ Lesioni intraduttali 2nd US



Tips and Tricks

2. Sede della lesione nei 3 piani dello spazio

Ricostruzioni 3D



Tips and Tricks

Posizione della mammella dipende dal decubito: RM

Prono

Mammelle per gravità dentro
bobina

No compressione



Tips and Tricks

Posizione della mammella dipende dal decubito: ECOGRAFIA



Supino – supino / obliquo

Braccio sollevato

Tessuti compressi (specie
tessuto adiposo)

Tips and Tricks

Dislocazione maggiore nei seni adiposi ($p < 0.0001$)

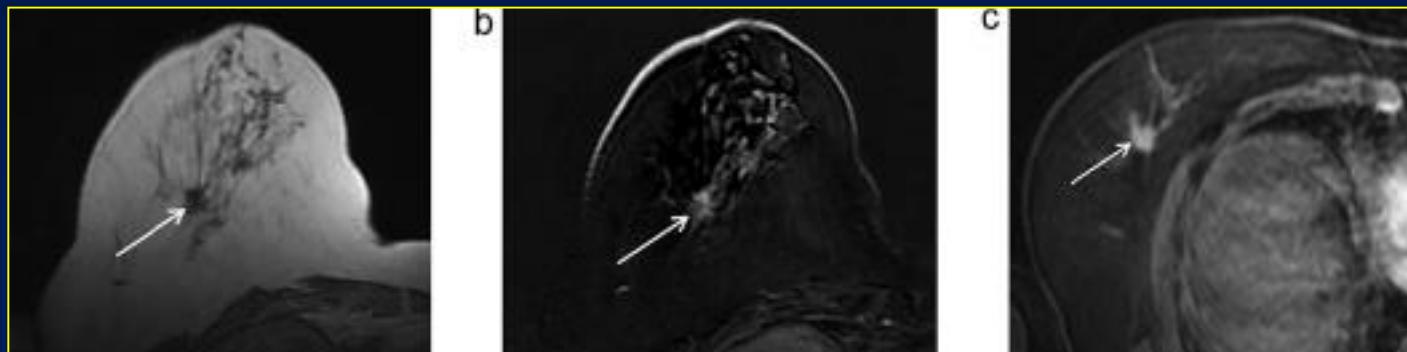


Telegrafo M, Rella L, Ianora AAS et al Supine breast US: how to correlate breast lesions from prone MRI. Br J Radiol 2016;89:1-7.

Tips and Tricks

3. Distanza e rapporti con il capezzolo

- ✓ Dislocazione da decubito PRONO a SUPINO 3-6 cm (massima AP)
- ✓ Distanza lesione-capezzolo parametro più riproducibile

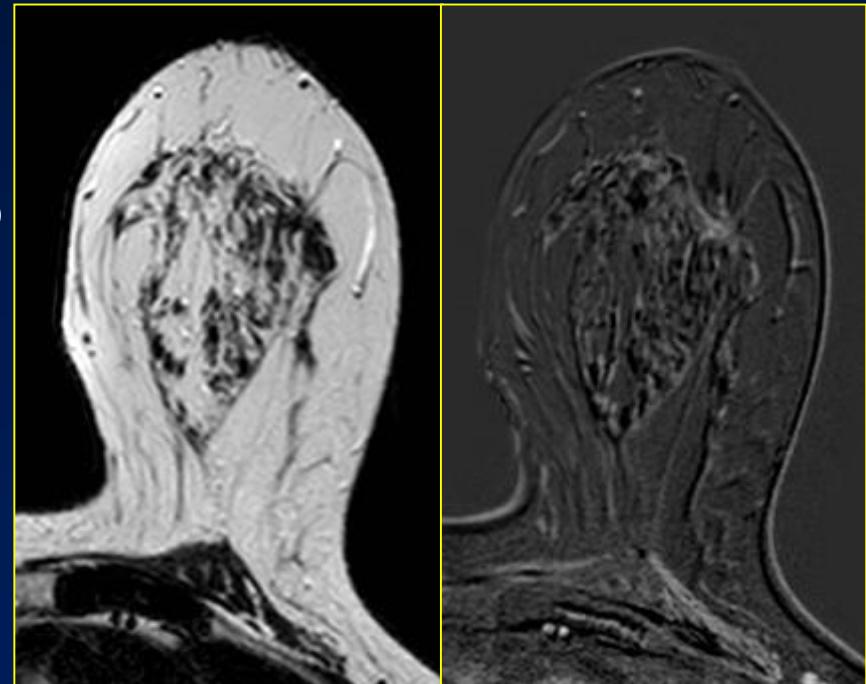


Carbonaro LA, Tannaphai P, Trimboli RM et al. Contrast enhanced breast MRI: spatial displacement from prone to supine patient's position. Preliminary results. Eur J Radiol 2012;81:771-774.

Tips and Tricks

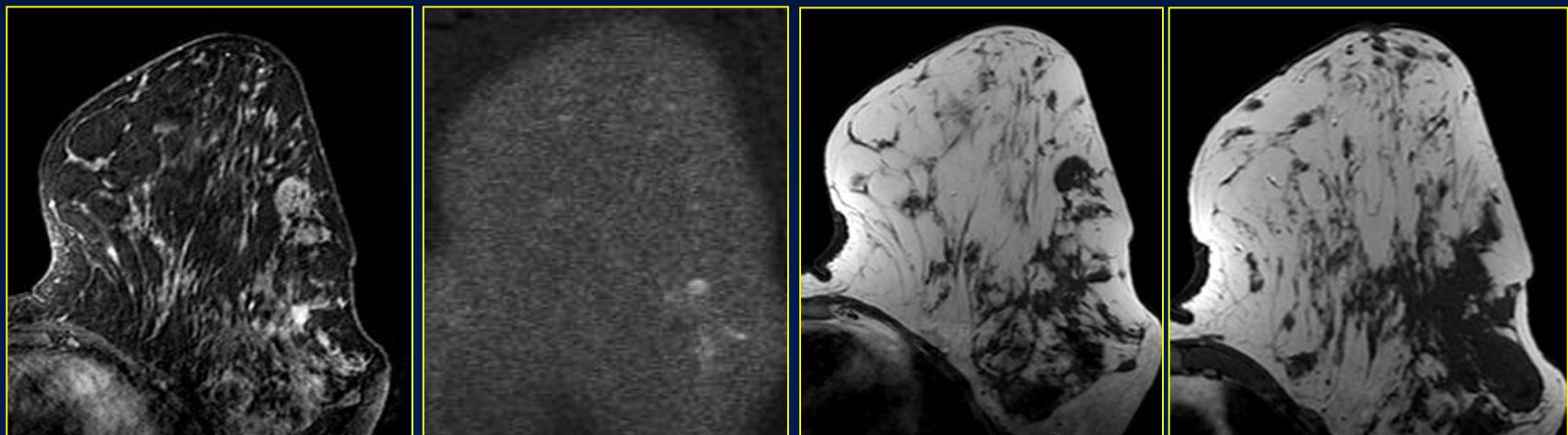
3. Se lesione lontana dal capezzolo

- ✓ Tessuto adiposo sottocutaneo se superficiale
- ✓ Fascia retromammaria se profonda



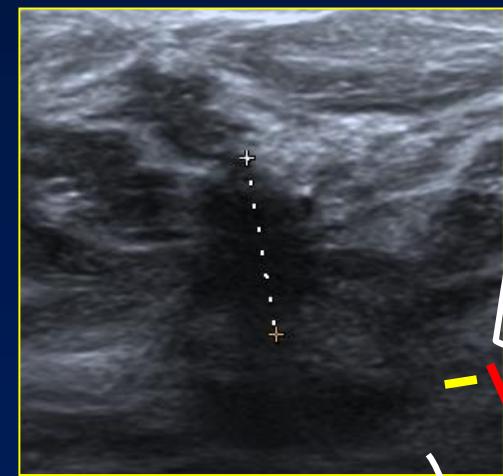
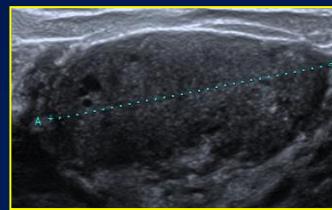
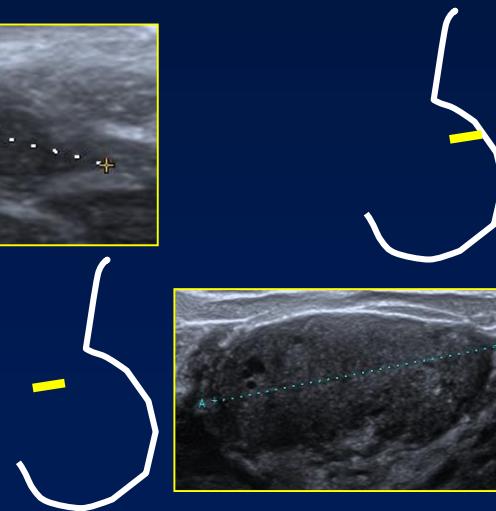
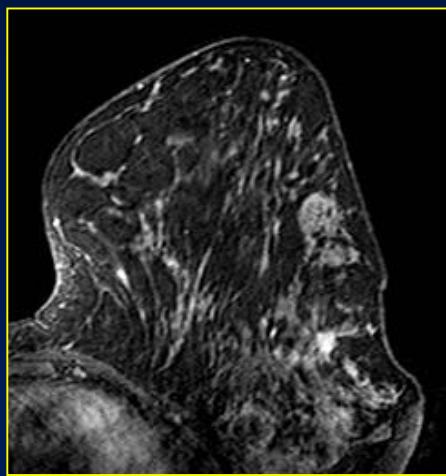
Tips and Tricks

4. Distanza e rapporti con altri punti di repere



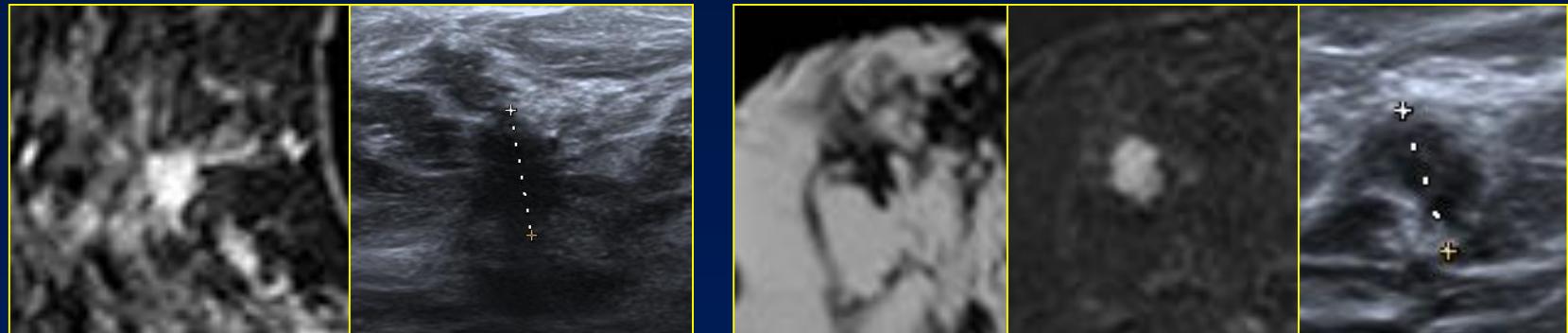
Tips and Tricks

4. Distanza e rapporti con altri punti di repere



Tips and Tricks

5. Dimensioni e morfologia



Tips and Tricks

Non mass-like enhancement non visibile a 2nd look US



2nd look o revisione DBT
microcalcificazioni o distorsioni architetturali ?

Clauser P, Carbonaro LA, Pancot M et al. Eur Radiol 2015;25:2830-2839.

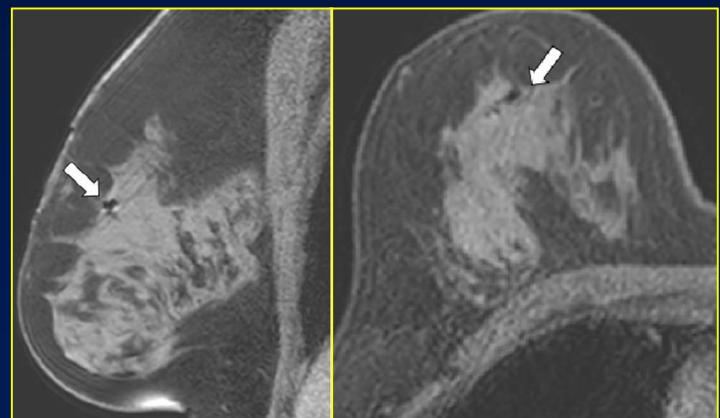
Mariscotti G, Houssami N, Durando M et al. Eur Radiol 2015;25:2673-2681.

Tips and Tricks

Posizionamento **clip** per verifica RM sede prelievo (T1w GRE)



Se clip non è posizionata correttamente



Biopsia RM-guidata BIRADS 4 e 5

Song SE, Cho N, Han W. Post-clip placement MRI following second-look US-guided core biopsy for suspicious lesions identified on breast MRI. Eur Radiol 2017;27:5196-5203.

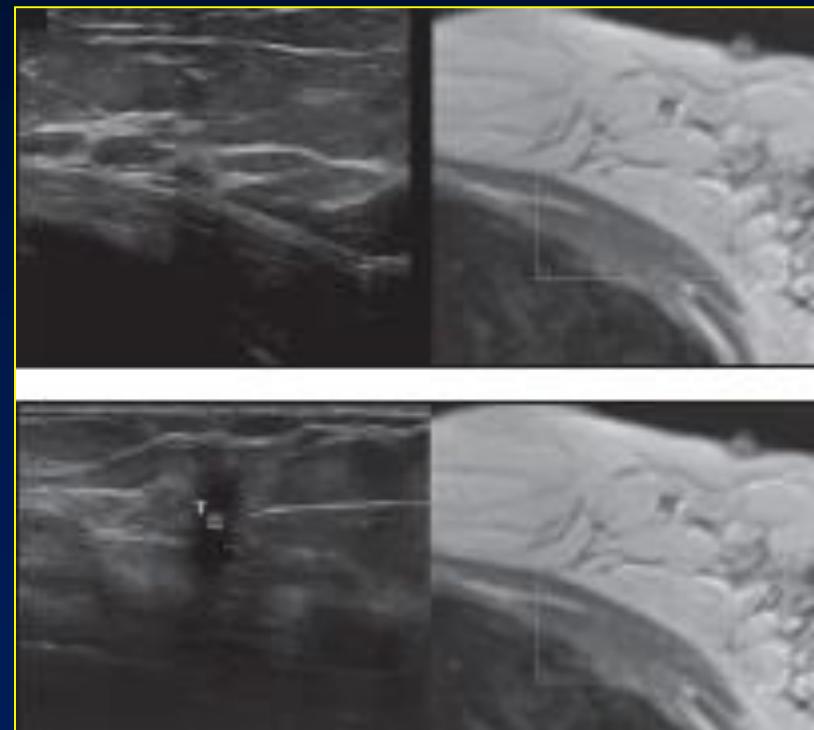
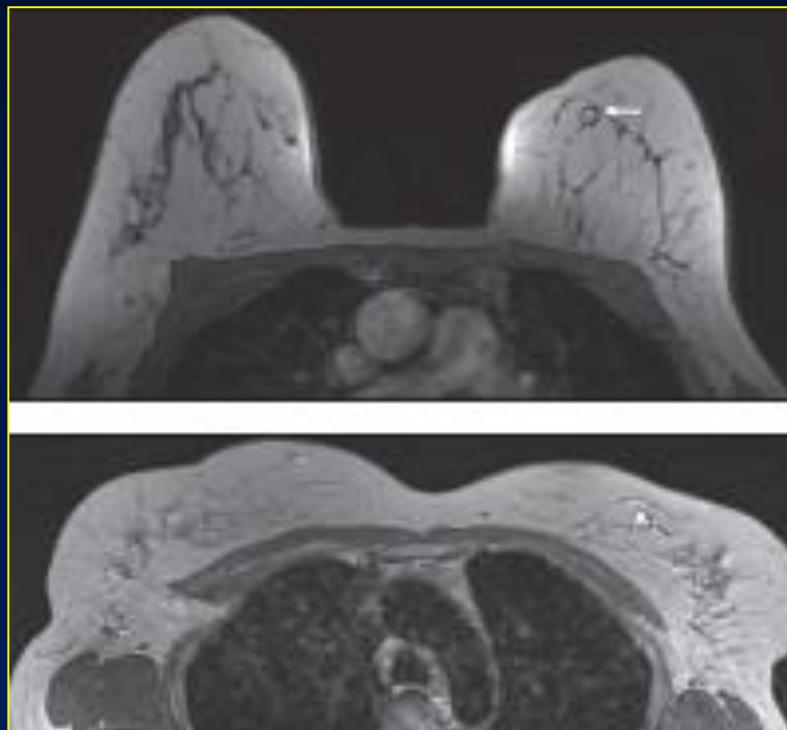
Cosa ci riserva il futuro?



2nd look ultrasound



Volume navigation technique



Aribal E, Tureli D, Kucukkaya F, Kaya H. Volume navigation technique for ultrasound-guided biopsy of breast lesions detected only at MRI. AJR 2017;208:1400-1409.

2nd look ultrasound – Caso 1

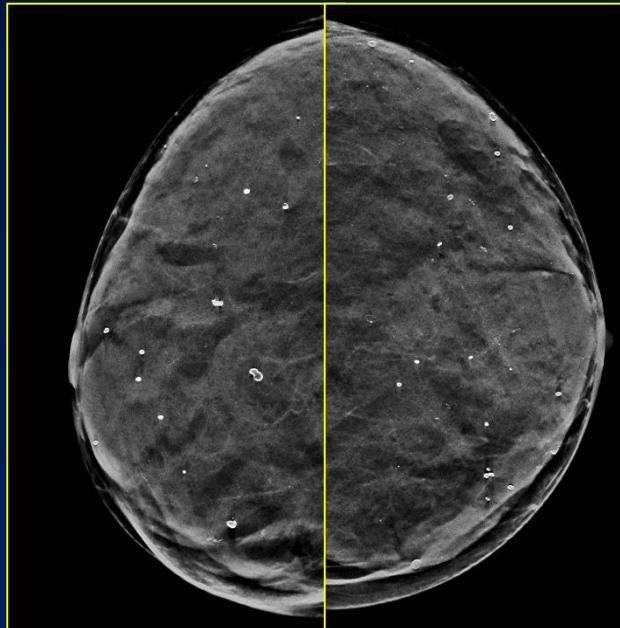


61 anni

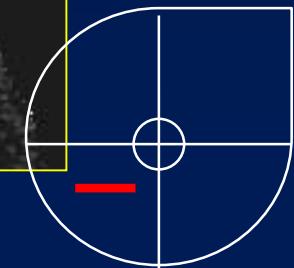
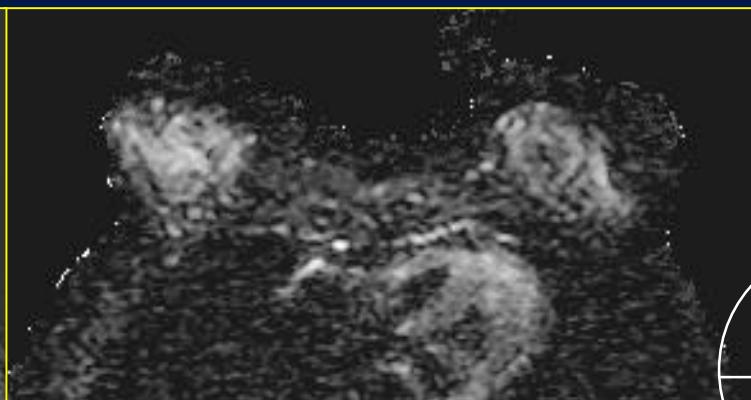
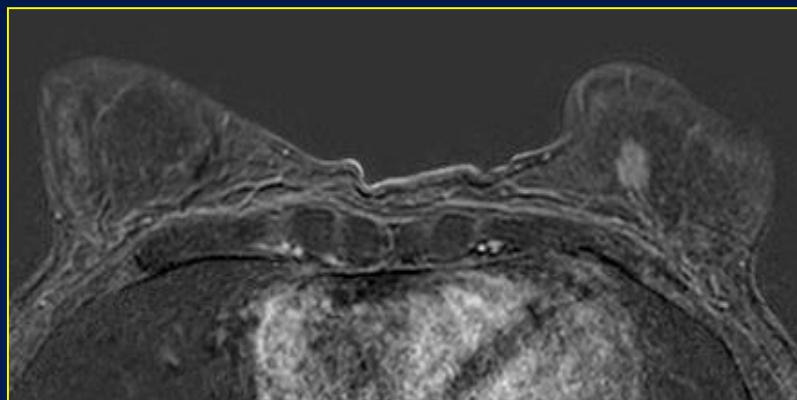
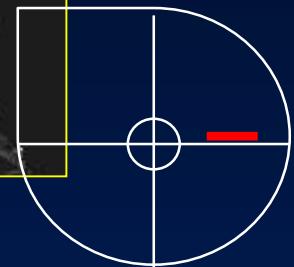
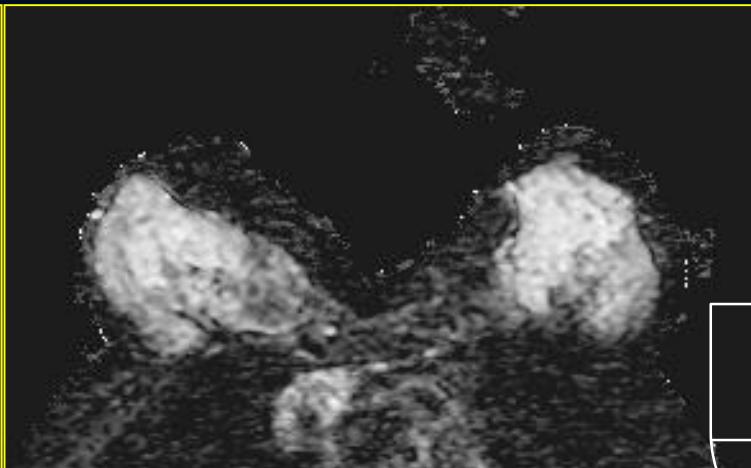
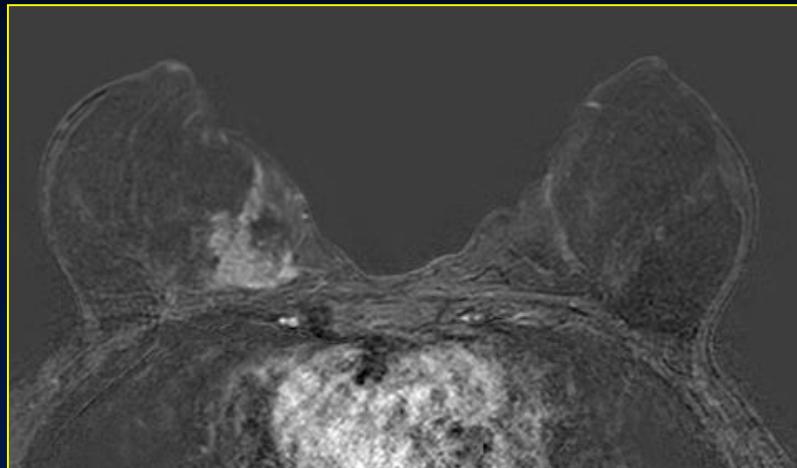
Familiarità per neoplasia
mammaria

Nodulo palpabile QQMM destra

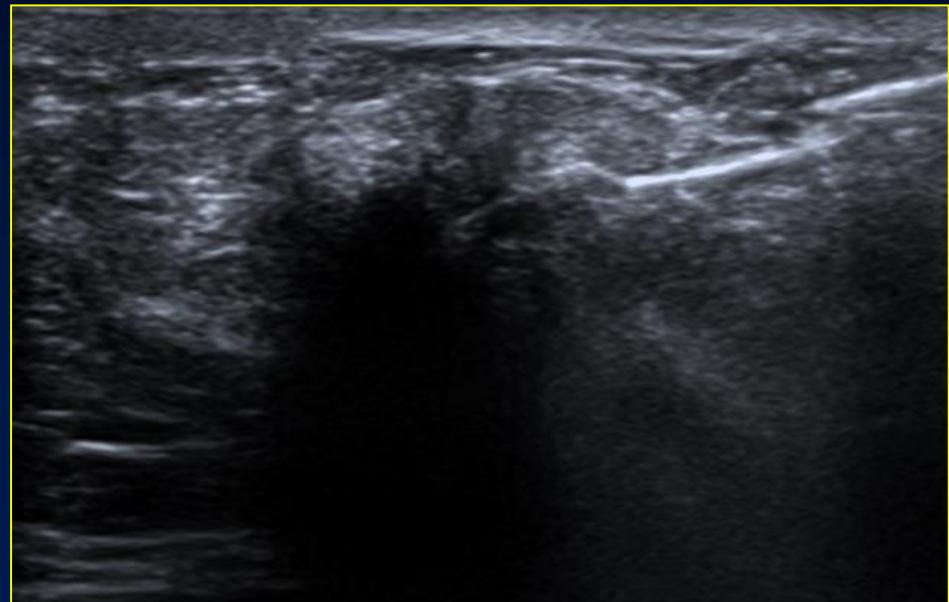
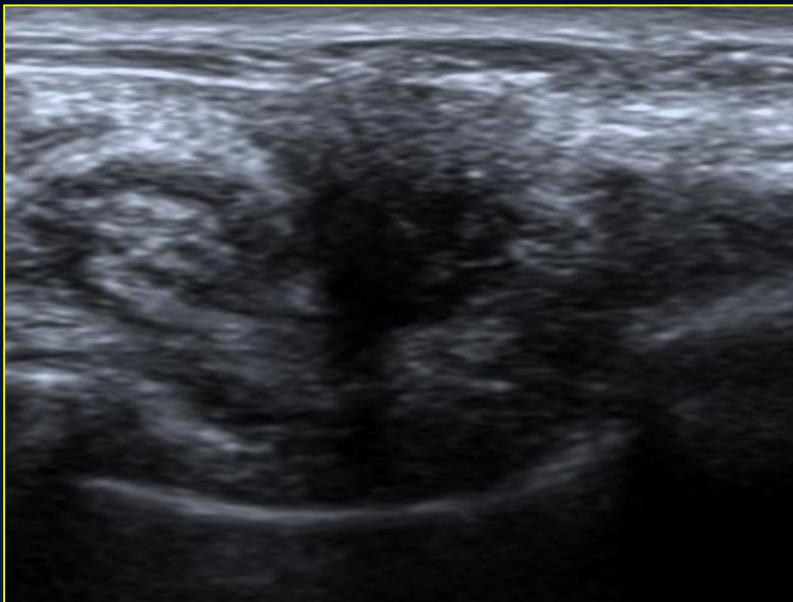
E.I. Carcinoma lobulare infiltrante



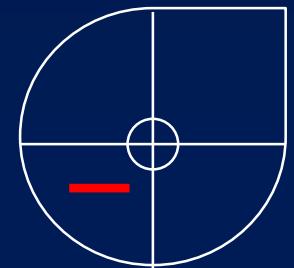
2nd look ultrasound – Caso 1



2nd look ultrasound – Caso 1



E.I. QIM sinistro: Carcinoma lobulare infiltrante



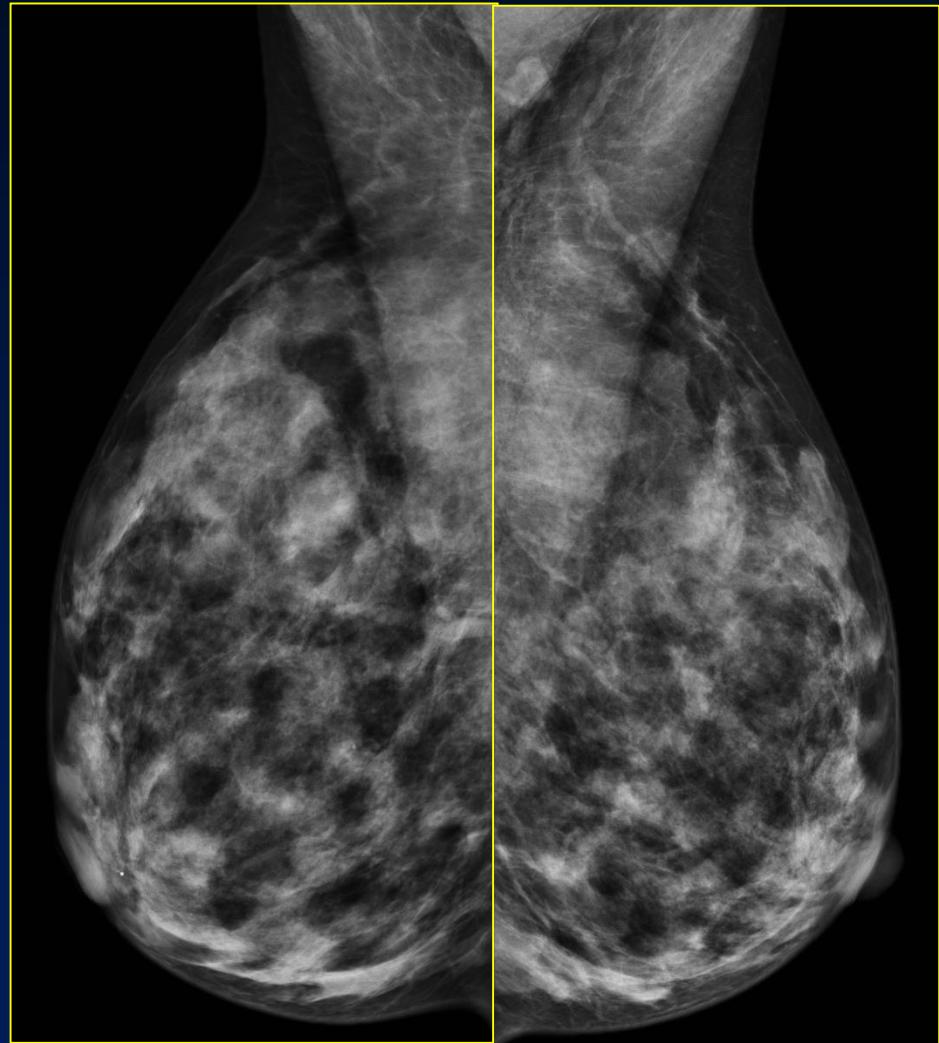
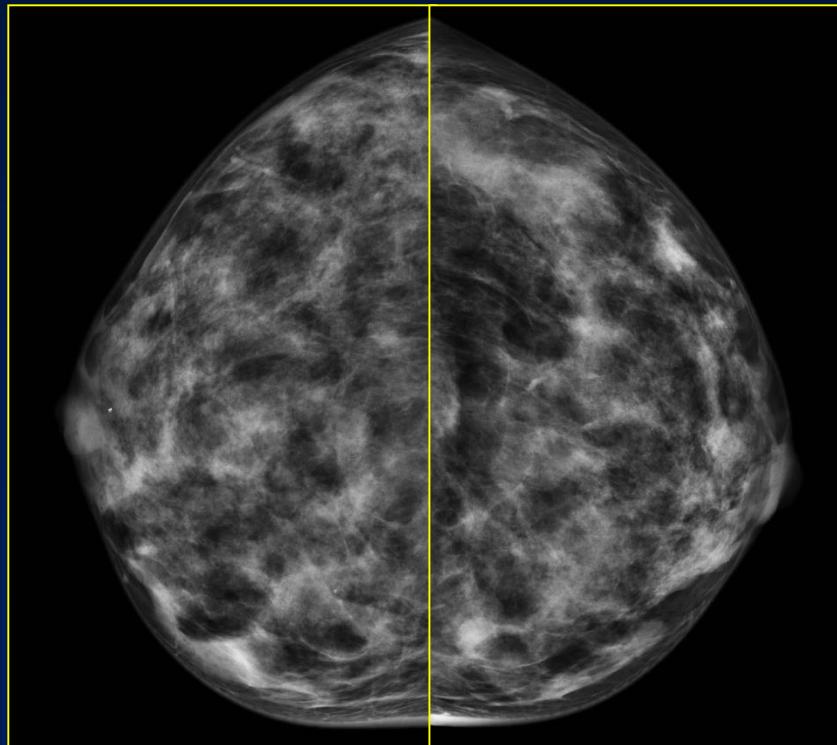
2nd look ultrasound – Caso 2



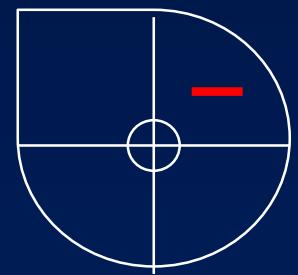
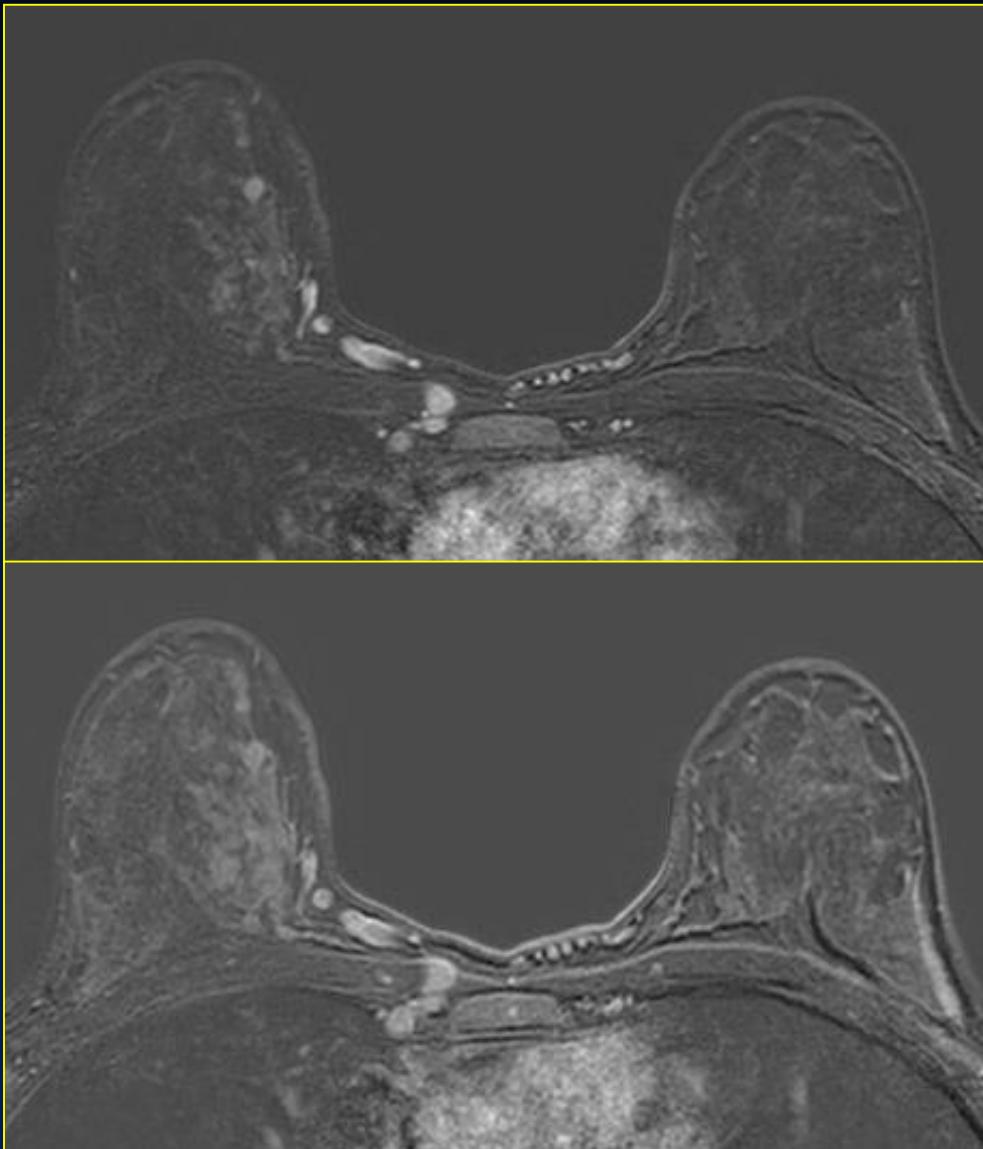
43 anni

Secrezione ematica destra

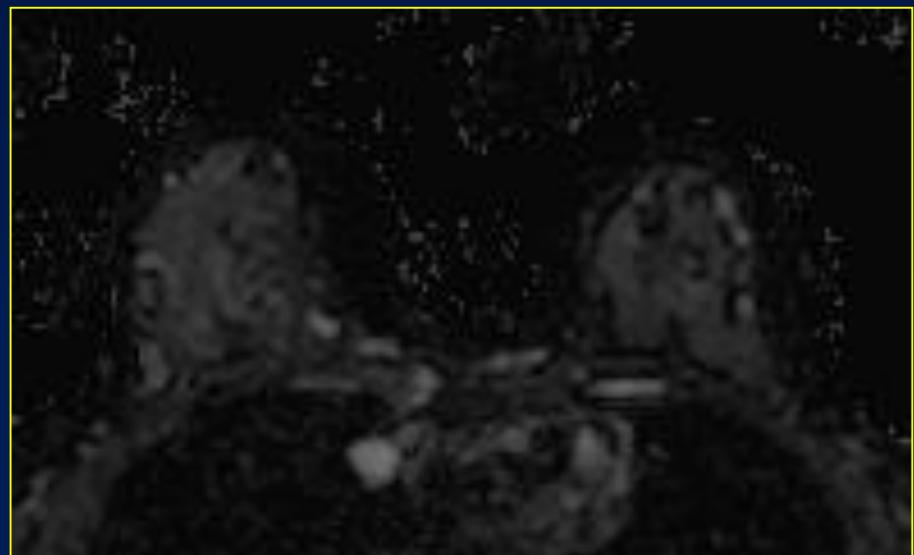
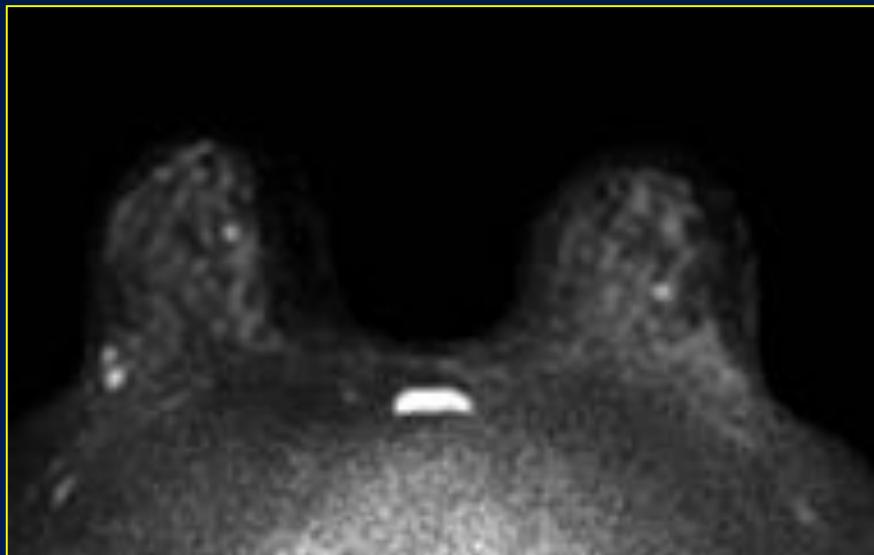
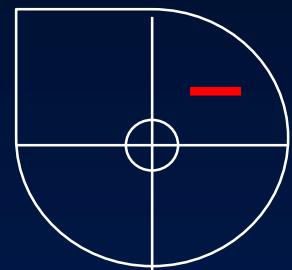
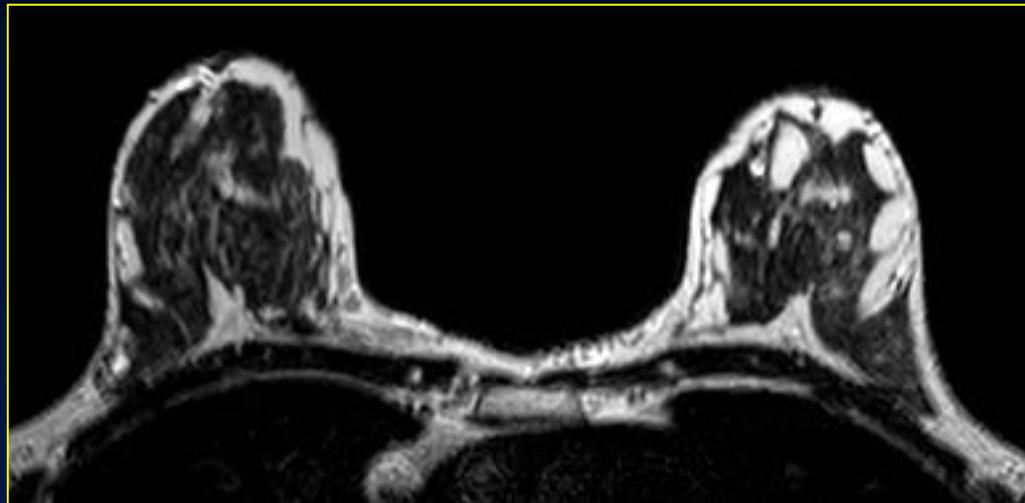
Mammografia ed ecografia –
Striscio CTM+



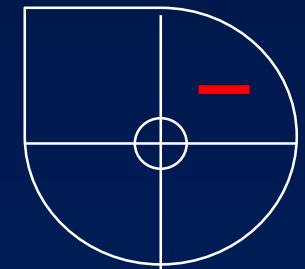
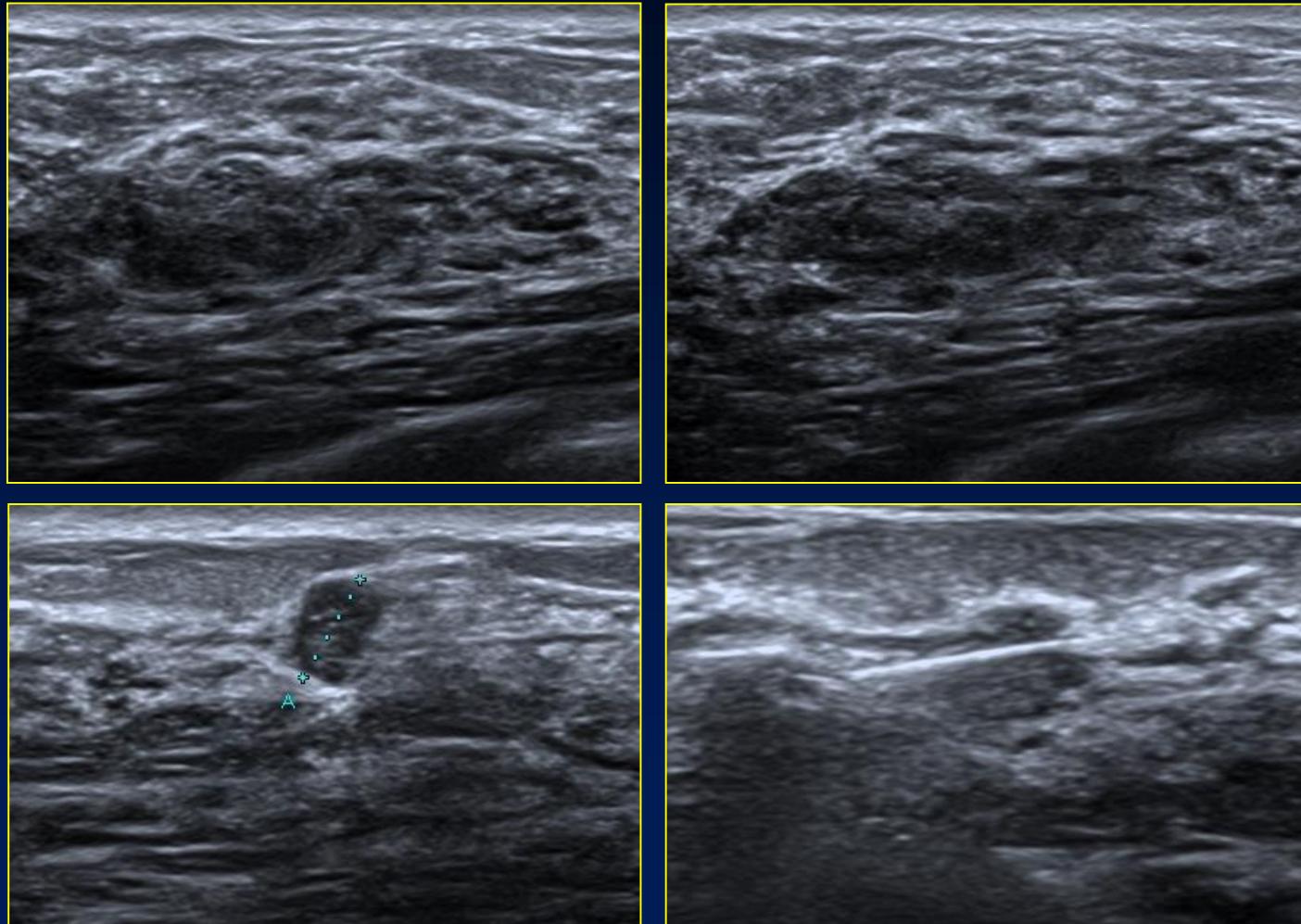
2nd look ultrasound – Caso 2



2nd look ultrasound – Caso 2



2nd look ultrasound – Caso 2



E.I. carcinoma duttale infiltrante con estesa componente in situ

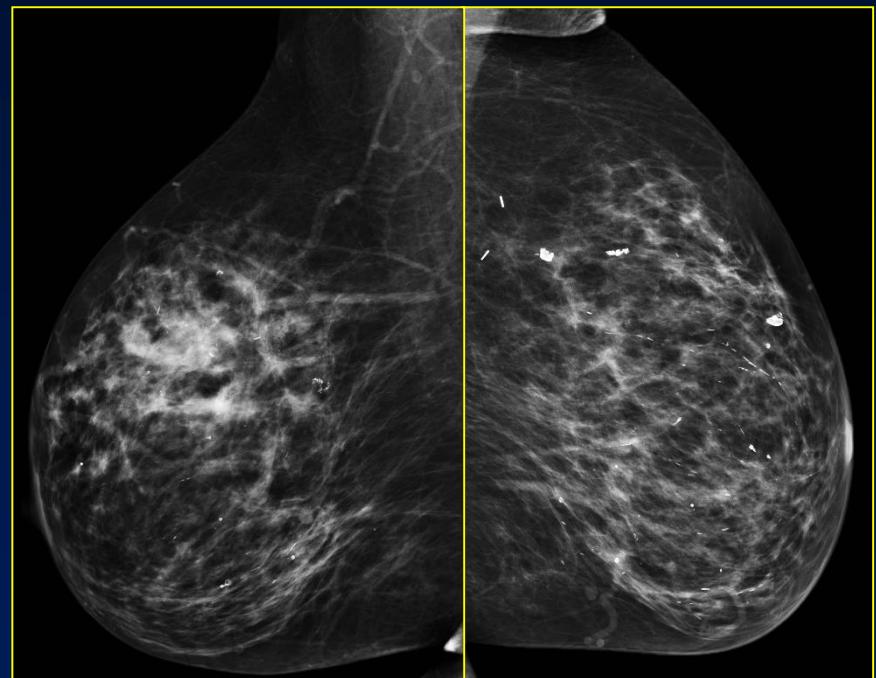
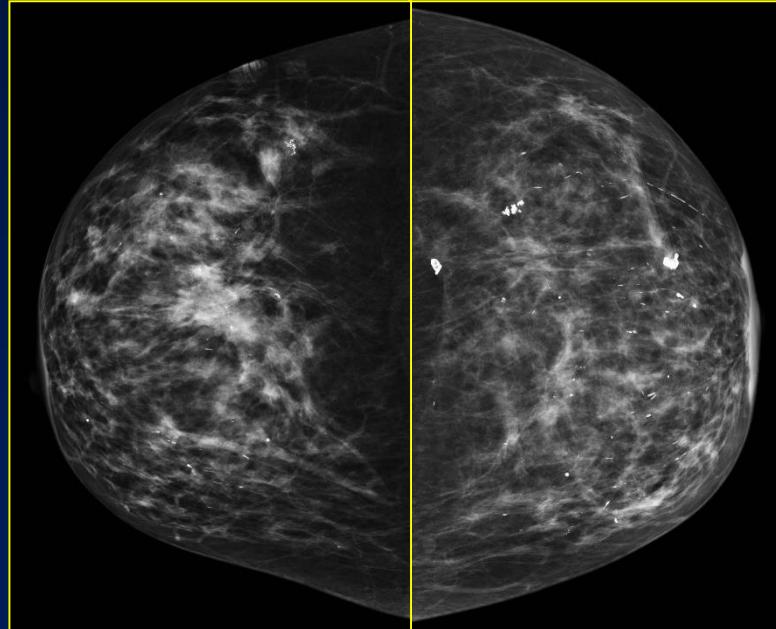
2nd look ultrasound – Caso 3



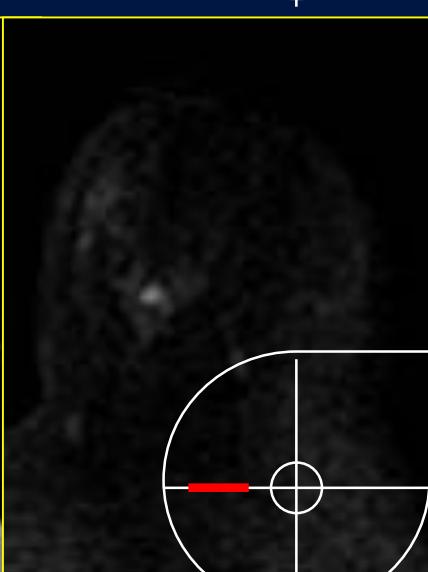
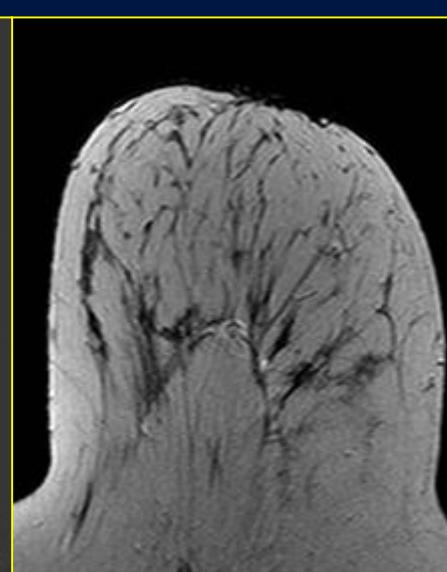
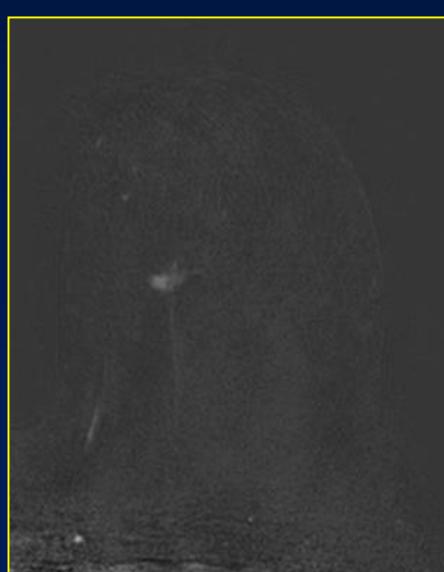
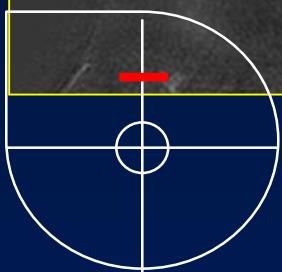
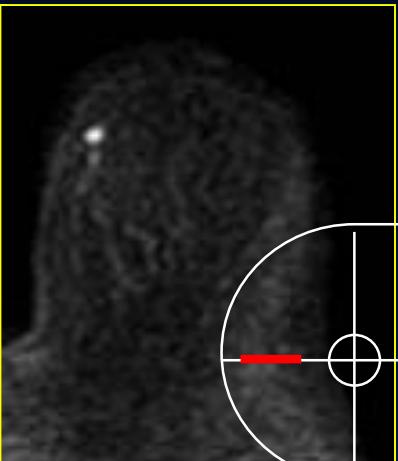
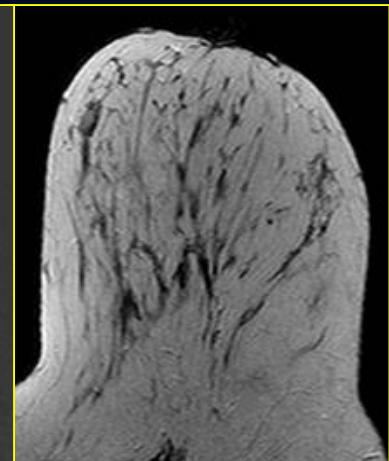
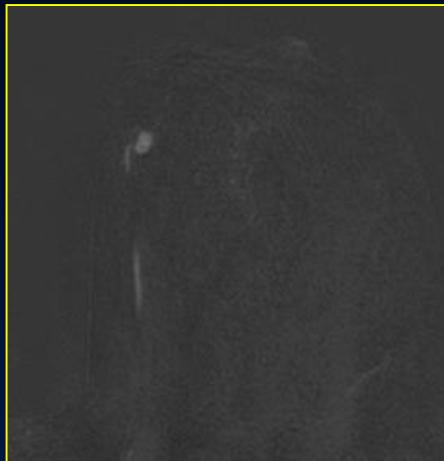
74 anni

Pregressa QUART sinistra

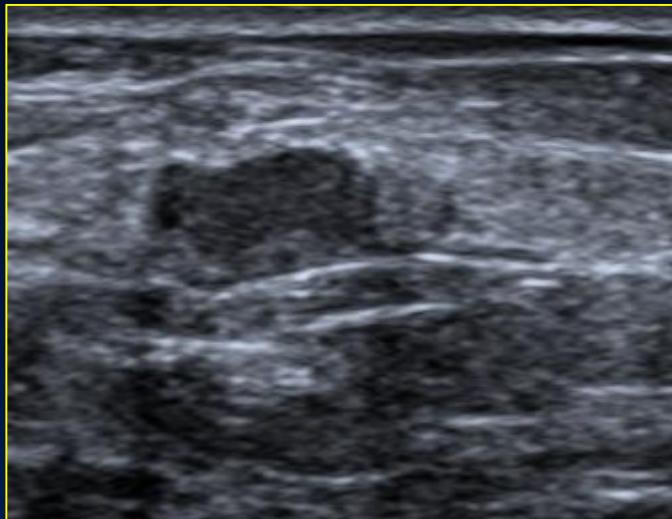
Recente riscontro di neoplasia
multifocale destra



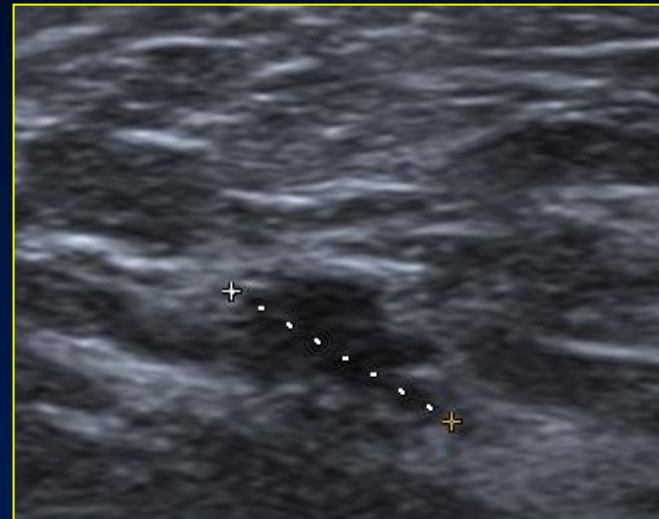
2nd look ultrasound – Caso 3



2nd look ultrasound – Caso 3

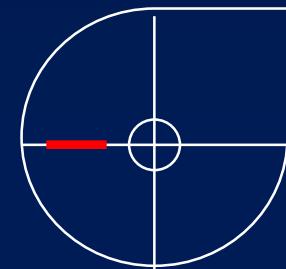


A



B

- E.I. A) Metastasi di carcinoma duttale infiltrante
B) Carcinoma duttale infiltrante



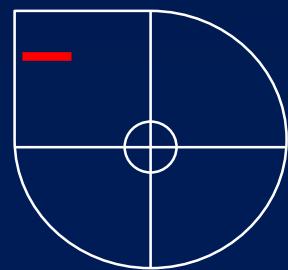
2nd look ultrasound – Caso 4



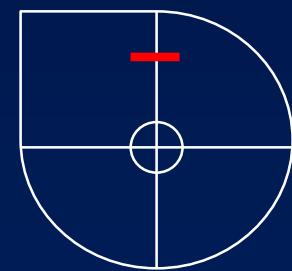
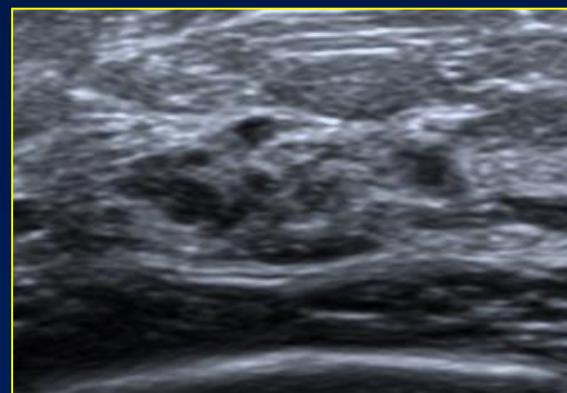
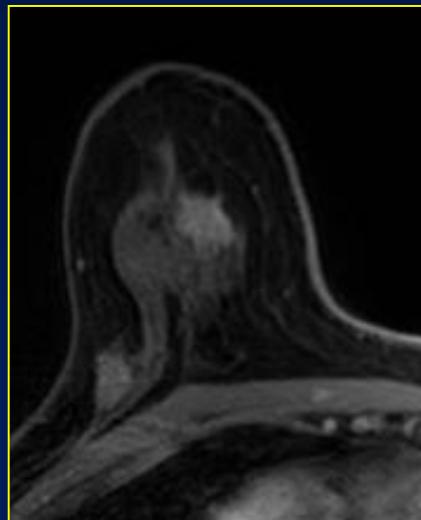
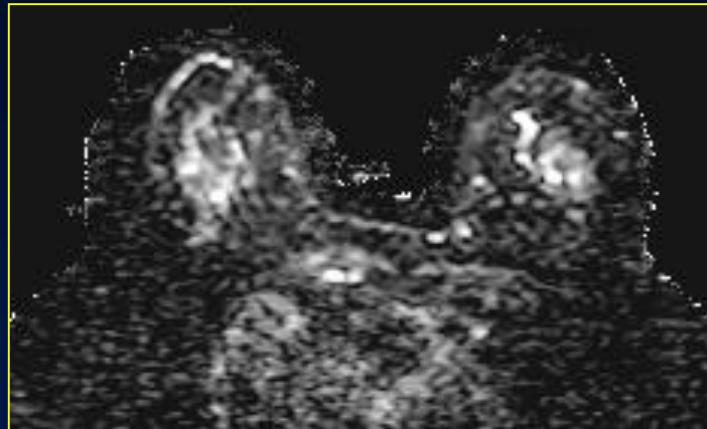
63 anni

FNAB “nodulo” QSE destro

E.C. Cellule di Carcinoma Lobulare



2nd look ultrasound – Caso 4



E.I. Carcinoma Lobulare Infiltrante

Conclusioni

Tecnica utile ed efficace

- ✓ Operatore dipendente
- ✓ Meglio visibili le lesioni di grandi dimensioni, mass-like e maligne
- ✓ Problemi di matching
- ✓ Identificare reperi (capezzolo, cisti, noduli..)

Grazie per l'attenzione!

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Come nani sulle
spalle di giganti

Con 2nd look US vediamo più lontano
grazie all'elevata sensibilità della RM

Grazie per l'attenzione!

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Dott.ssa Alessandra Di Chiara