

Review articles for Boot Camp

1. Breast J. 2010 Sep-Oct;16 Suppl 1:S2-4.

Tabár L, Dean PB.

A new era in the diagnosis and treatment of breast cancer.

Abstract

Randomized controlled mammography screening trials, and the evaluation of service screening have unequivocally proven that regular mammography screening significantly reduces mortality from breast cancer. This evidence contradicts the theory of Fisher, claiming that breast cancer is a systemic disease from its inception and undermines the justification for systemic therapy in most screen-detected cancers, because they are still localized to the breast and can be cured by local treatment alone. When high quality mammographic screening is offered at regular intervals to 40- to 74- year-old women, over 50% of the invasive cancers will be detected in the size range of 1-14 mm, fewer than 20% will be axillary node positive, and only about 20% will be poorly differentiated. This predominance of early-stage disease has created a revolutionary new era for those involved in the diagnosis and treatment of patients with breast cancer.

2. Cancer. 2011 Feb 15;117(4):714-22

Hellquist BN, Duffy SW, Abdsaleh S, Björneld L, Bordás P, Tabár L, Viták B, Zackrisson S, Nyström L, Jonsson H.

Effectiveness of population-based service screening with mammography for women ages 40 to 49 years: evaluation of the Swedish Mammography Screening in Young Women (SCRY) cohort.

Abstract

BACKGROUND: The effectiveness of mammography screening for women ages 40 to 49 years still is questioned, and few studies of the effectiveness of service screening for this age group have been conducted.

METHODS: Breast cancer mortality was compared between women who were invited to service screening at ages 40 to 49 years (study group) and women in the same age group who were not invited during 1986 to 2005 (control group). Together, these women comprise the Mammography Screening of Young Women (SCRY) cohort, which includes all Swedish counties. A prescreening period was defined to facilitate a comparison of mortality in the absence of screening. The outcome measure was refined mortality, ie, breast cancer death for women who were diagnosed during follow-up at ages 40 to 49 years. Relative risks (RRs) with 95% confidence intervals (CIs) were estimated.

RESULTS: There was no significant difference in breast cancer mortality during the prescreening period. During the study period, there were 803 breast cancer deaths in the study group (7.3 million person-years) and 1238 breast cancer deaths in the control group (8.8 million person-years). The average follow-up was 16 years. The estimated RR for women who were invited to screening was 0.74 (95% CI, 0.66-0.83), and the RR for women who attended screening was 0.71 (95% CI, 0.62-0.80).

CONCLUSIONS: In this comprehensive study, mammography screening for women ages 40 to 49 years was efficient for reducing breast cancer mortality.

3. Virchows Arch (2000) 437:338-344

Springer-Verlag 2000

T. Tot • L. Tabár • P .B. Dean

REVIEW ARTICLE: The pressing need for better histologic-mammographic correlation of the many variations in normal breast anatomy

Abstract: Mammography screening calls for a reevaluation of the working relationship between physicians dealing with the diagnosis and treatment of breast diseases. In this new era, histologic-mammographic correlation needs to be extended to correctly describe the deceptive mammographic findings that correspond to variations in normal breast tissue. Progress in histologic

mammographic correlation can only be made by overcoming the limitations inherent to the traditional histologic technique by examining a histologic specimen of greater length, width, and depth. There are several distinct advantages to using the large-section histology technique in the diagnosis of breast diseases. The subgross (three-dimensional) histology technique serves to bridge the gap that separates the pathologist and radiologist, bringing them to a common ground for a better understanding of breast morphology. These improvements in communication between the members of the diagnostic team will serve to optimize the sensitivity and specificity of breast cancer diagnosis.

4. Breast Cancer Res. 2008;10 Suppl 4:S3.

Tabar L, Dean PB.

Review article: Thirty years of experience with mammography screening: a new approach to the diagnosis and treatment of breast cancer.

5. Lancet. 2003 Apr 26;361(9367):1405-10

Tabar L, Yen MF, Vitak B, Chen HH, Smith RA, Duffy SW.

Screening results: Mammography service screening and mortality in breast cancer patients: 20-year follow-up before and after introduction of screening.

6. Eur Radiol. 2004 Mar;14(3):383-93

Helbich TH, Matzek W, Fuchsjäger MH.

Review article: Stereotactic and ultrasound-guided breast biopsy.

Abstract: Percutaneous imaging-guided needle biopsy has increasingly become an alternative to surgical biopsy for the histologic assessment of breast lesions. Percutaneous biopsy is faster, less invasive, and less expensive than surgical biopsy. Tissue acquisition is performed with automated core needles or directional vacuum-assisted biopsy probes. Guidance for percutaneous biopsy is usually provided by stereotaxis, ultrasound, and, more recently, under the guidance of MR imaging. Imaging guidance depends on lesion type and the results of diagnostic imaging studies. This article reviews indications, advantages, limitations, and controversial issues in percutaneous imaging-guided biopsy of breast lesions under stereotactic and ultrasound guidance. The

potential for new research opportunities and directions is also discussed

7. Radiology: Volume 248: Number 1-July 2008

Harvey J, Nicholson B, Cohen M.

Finding early invasive Breast cancer: A practical approach

8. Thieme 2005: Book: Tabar L, Tot T, Dean P

Breast Cancer: The art and science of early detection with mammography