

Lecture 2 Questions

1. Is there a time when breast cancer can be dx from nipple discharge only...meaning there is absence of a mass?
 - a. Yes. A DCIS (or small invasive cancer), particularly if it is close to the nipple, can present with nipple discharge without having any mass. When such DCIS extends to the nipple, the disease is called Paget's disease.

2. US is highly user dependent and optimal training is required. Need for high resolution machine with correct probe setting. These are limitations that go hand in hand in the said low resource settings. How do you reconcile this with the need to pick early lesions?
 - a. Automated US machines, which are now becoming available at low prices, are the best solution for such low resource setting. Note that we don't have an automated mammogram or automated breast MRI. But we do have automated ultrasound machines.

3. Do you perform routine breast cancer screening with US or just supplemental to mammograms?
 - a. Not, at least it is not done routinely. In the United States, mammography is the recommended modality for breast cancer screening. As you mentioned, US is only used as a supplemental test to mammogram. My institution provides supplemental US screening for our patients in addition to mammograms; however, many breast care centers in the United States do not provide screening US at all (not as the primary tool nor as a supplemental test).

4. Thank you for your presentation sir. I had a 27 year old lady with bilateral axillary lymph nodes with thickened cortices, no mass seen in the breast. I gave her a BIRADS 3 and a short term follow-up scan. I didn't get worried because she told me she shaves her armpits weekly because she loves sleeveless dresses. So I asked her to stay away from shaving for the 3 months and to rescan her then. Do you think I should call her for a biopsy?
 - a. It is difficult to comment on the patient without looking at the entire clinical history and the actual radiology images. However, as a general rule, the chance of breast cancer in a 27-year-old woman is very low. The chance of having bilateral breast cancer at this age is even lower. Another consideration is systemic conditions such as lymphoma, which can present with bilateral axillary adenopathy. So, I would have notified the clinicians to rule out lymphoma (fever, fatigue, abnormal blood test, etc.) and had requested a short term follow up (BI-RADS 3) in 3 months to re-evaluate. If the conditions don't improve, then a biopsy will be needed.