

Learning Series - #6



Making sense of medical terminology - BREAST DISORDERS

Tools for diagnosis

1 Mammogram

- Screening X-rays that usually begin at age 50, repeated every 2 years
- Earlier screening with significant risk factors (family history, etc)

2 Ultrasound

- Typically ordered for suspicious lesions
- If resolved on repeat ultrasound, then no follow-up required
 - If mass seen again on repeat, often 2 years of 6 month follow-up ultrasounds are done to confirm stability

3 Tomosynthesis

- A multi-planar X-Ray:
- Can be done at the same time as mammogram
- Will yield similar results to ultrasound but takes less than 5 minutes to administer

4 MRI

- Costly and not widely available in smaller centers or in Canada so can be difficult to obtain

5 Needle Biopsies

- Are not definitive as they may miss an important portion of the mass, so should be used in conjunction with imaging or full excisional biopsy if doubt remains

Breast Imaging Reporting And Data System (BIRADS)

Breast imaging uses the BIRADS system to stratify risk as well as to prescribe appropriate follow up of suspicious image findings. Categories include:

BIRADS 0 – Unable to qualify - repeat imaging required

BIRADS 1 – A negative study

BIRADS 2 – Definitely benign finding



BIRADS 3 – Unlikely malignant follow-up recommended

BIRADS 4 – Should be investigated

BIRADS 5 – Strongly suggests malignancy

BIRADS 6 – Proven malignant lesions

Benign imaging and biopsy pathologies and their cancer risk

Negligible risk	Low risk	Moderate risk
Simple cyst or fibroadenoma, lipoma	Complex cyst, complex fibroadenoma	Atypical Ductal or Lobular Hyperplasia; Lobular Neoplasia Lobular Carcinoma In Situ

Calcifications on imaging

Benign	Suspicious
Coarse (“popcorn”), secretory (rod, cigar-shaped), vascular, skin or dermal, rim-like; smooth, round, oval	Fine linear, linear branching, pleomorphic, clustered, soft tissue mass

Breast Cancer Pathology

DCIS - Ductal carcinoma in situ

- Most common type of breast cancer and usually presents as clustered microcalcifications
- Low mortality risk but is a precursor lesion to invasive carcinoma
- Can develop into invasive carcinoma after 15 years from in situ diagnosis – continued close follow up is a necessary during underwriting process

LCIS - Lobular carcinoma in situ

- Usually incidental finding and in younger women
- Can be diffuse involvement of both breasts
- Not a precursor lesion but is a marker for development of invasive disease

Invasive ductal carcinoma

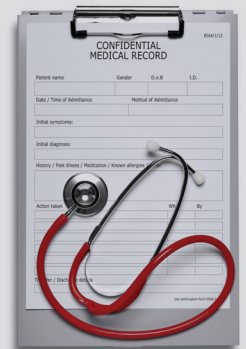
- Most common of invasive lesions (85%)

Invasive lobular carcinoma

- 4-10% of all invasive lesions
- Tends to be multicentric and have an increased risk of bilateral disease

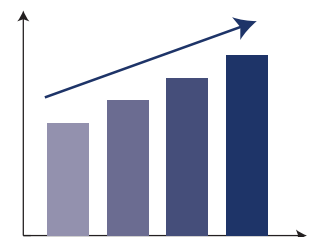
Other subtypes

- Occur with much lower frequency (some like papillary, colloid and tubular carcinomas)
- Indolent in character
- Carry a favorable long-term prognosis



Breast cancer Risk Factors

- Age > 50
- Female Gender
- Race - Indigenous, Hispanic, Asian, Black, Caucasian (ordered low to high)
- Personal or family history of breast cancer
- Hormonal: early menarche, older age at first pregnancy, delayed menopause, menopausal
- Obesity
- Benign breast disease and/or dense breast tissue
- Habits: alcohol and smoking



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