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Multi-enery "color" X-ray A new technique for enhanced Radiological-Pathological correlation in Breast Cancer

Attention This slide set contains explicit images of breastcancer operation specimen

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Introduction

- Breast cancer develops in a genetically predisposed malformed breast lobe
- Breast cancer is widespread and multifocal in the majority of cases regardless of the size of the largest invasive component
- Multifocality and disease extent are independent prognostic factors not addressed by the TNM classification
- Large-format histological sections are currently considered the only optimal tool for pathological evaluation of a breast cancer resection specimen

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Lindquist et al, Pathol Res Int, 2011 Tot et al, Hum Pathol, 2011

Large vs conventional histological slide



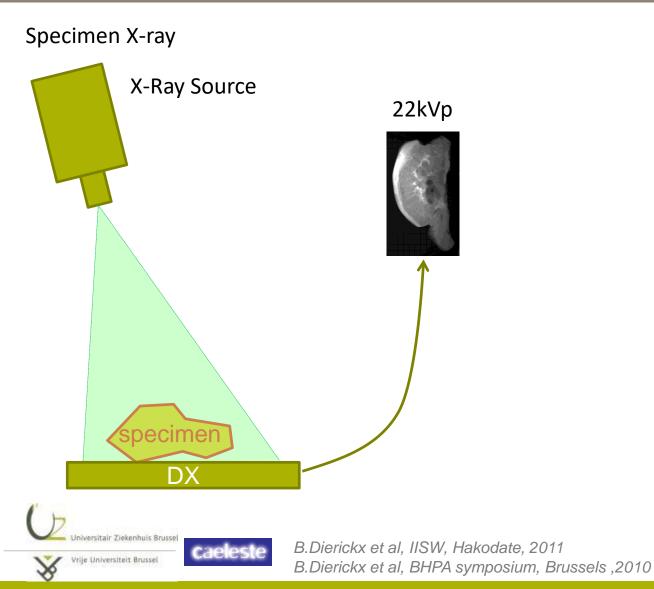
PRO

- Optimal tumor size evaluation
- Radio-Patho tumor correlation
 - → Multifocality
 - → Extent
 - → Margin assessment

Tibor Tot, The Breast, 2010

CONTRA

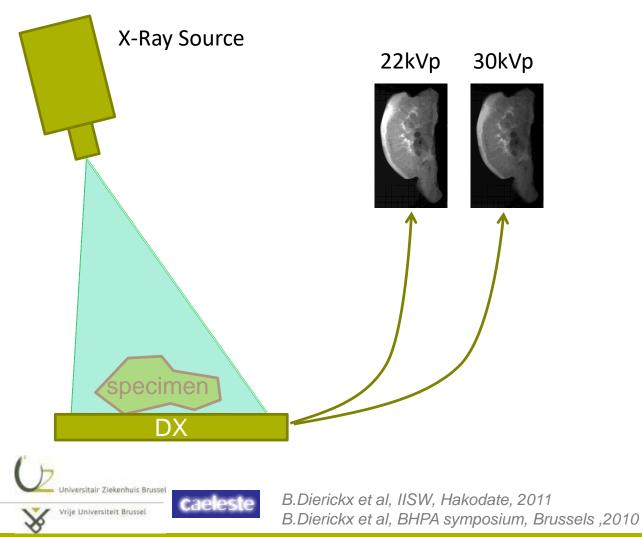
- Technical limitation (size, distortion)
- Increased cost
 - → 25% consumables
 - \rightarrow 50% personnel time
- Non-standard format
 - → Storage problem
 - → Microscope fitting problem



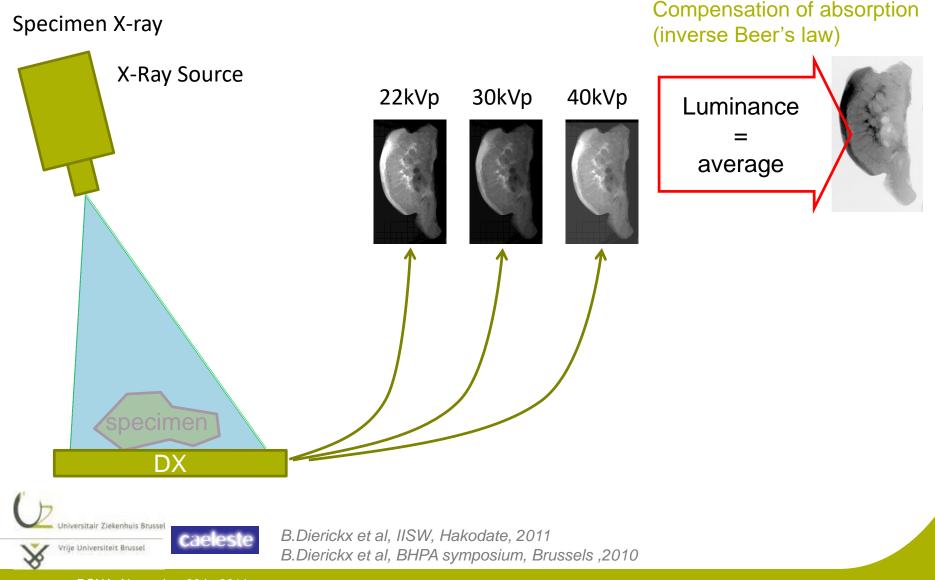
RSNA, November 30th, 2011

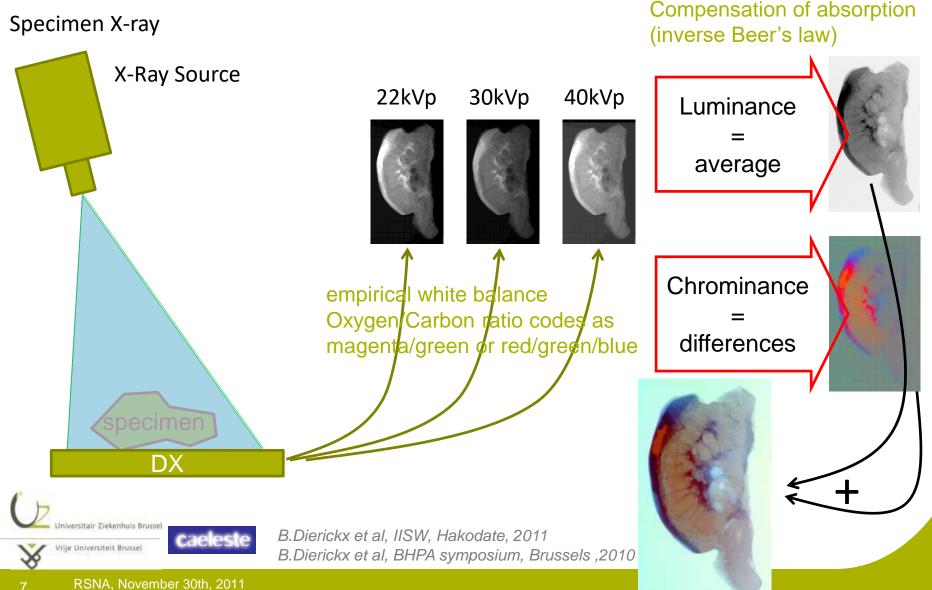
4

Specimen X-ray



5





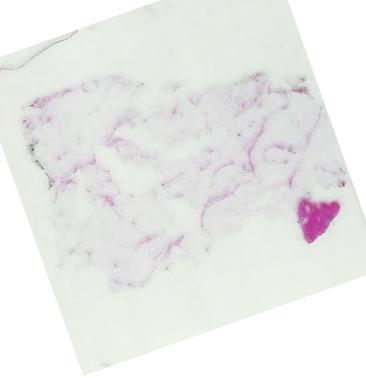
Material and methods

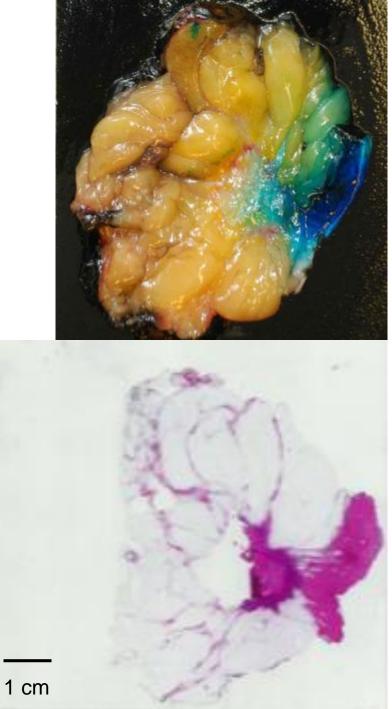
• Specimen

- → 38 breast resection specimens / 35 cancer
- → Conventional gross slicing 1cm thickness
- Multi-energy specimen 'color' X-ray
 - → Identification of tumor
 - → Tumor size
 - → Tumor bed extension
 - → Tumor multifocality
 - → Tissue heterogeneity: necrosis, calcifications, bleeding
- Radio-pathological correlation
 - → Conventional histopathological report (8-12 small blocks/slides)
 - → Mapping color X-ray by large- and normal format histopathology
 - → Correlation of tumor extent and node involvement

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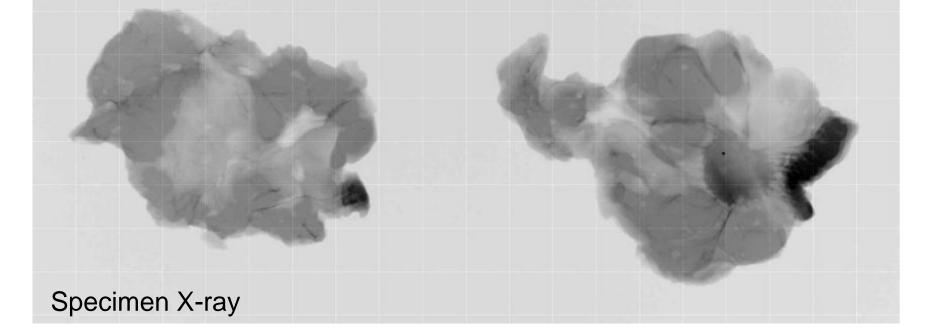


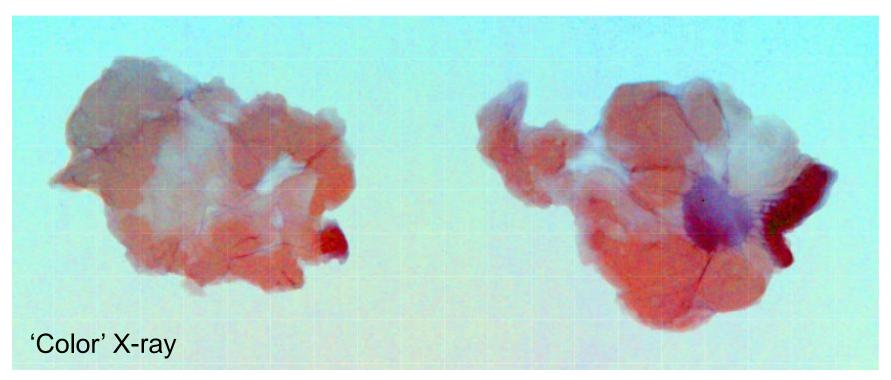


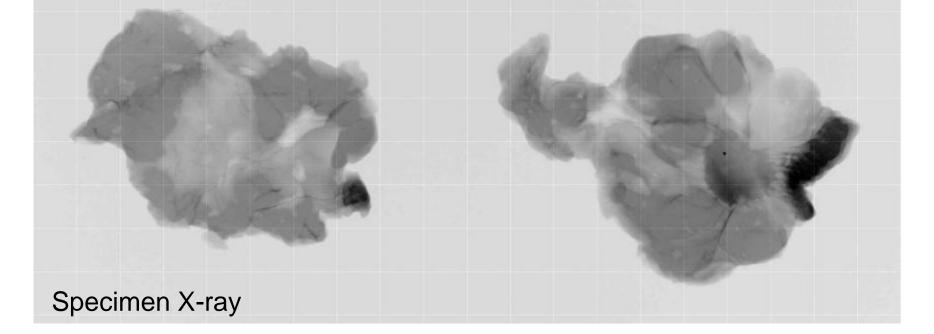


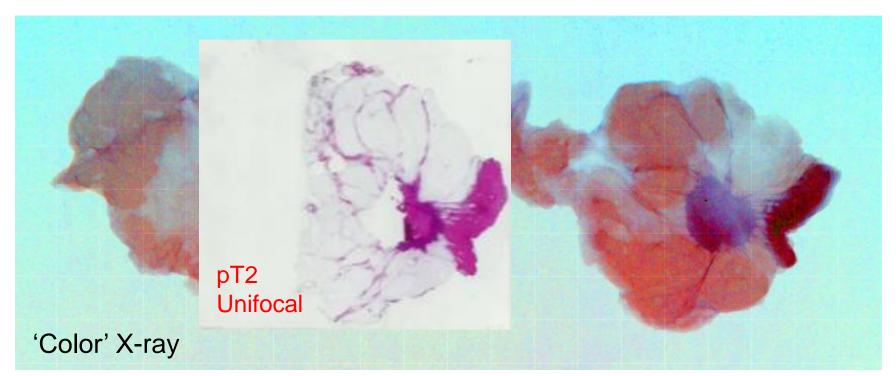
Original diagnosis: pT1c Unifocal

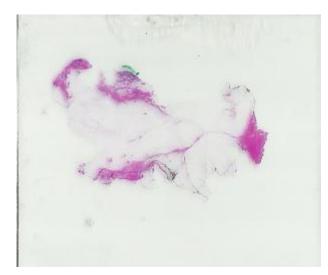
Large format slide: pT2 Unifocal



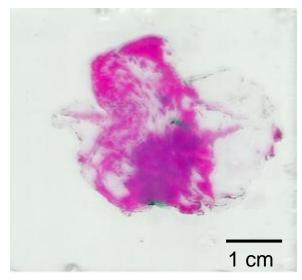


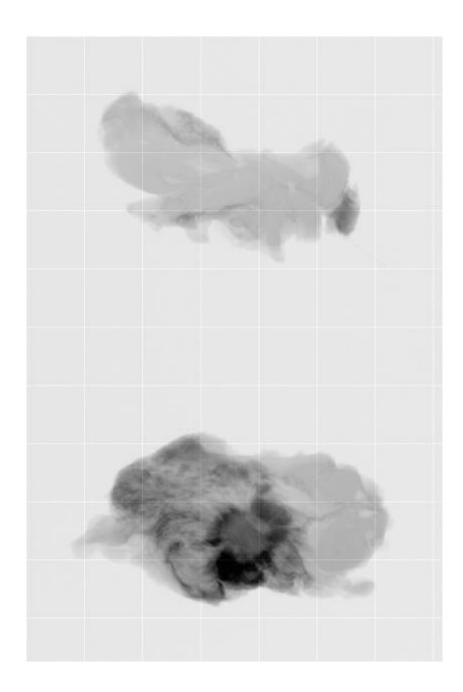


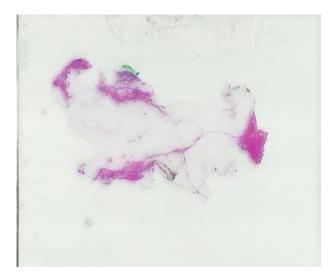




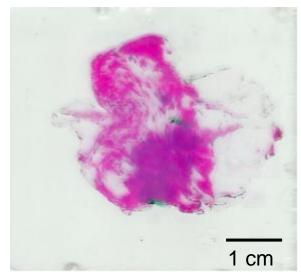
Original diagnosis: pT1c, Unifocal,Limited







Original diagnosis: pT1c, Unifocal,Limited

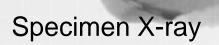


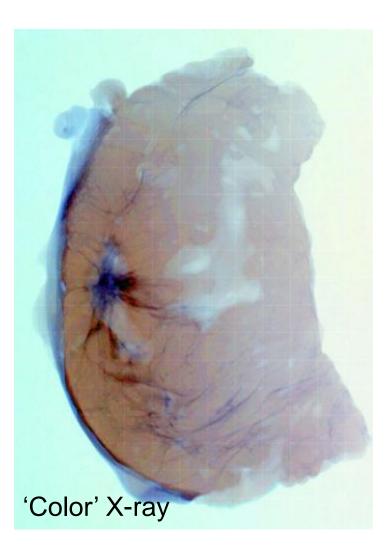
pT1c Multifocal Extensive

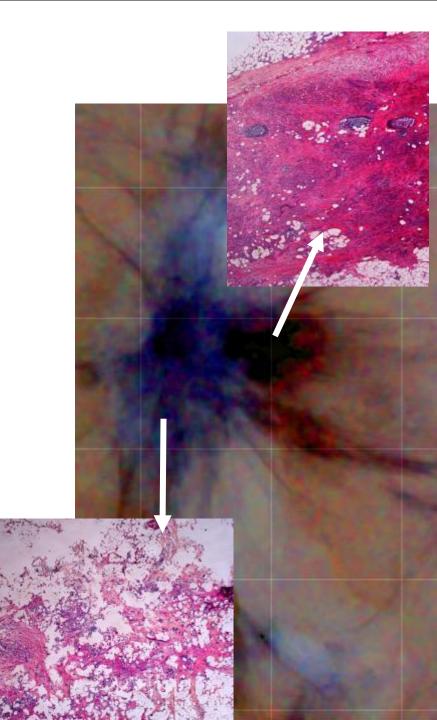
'Color' X-ray



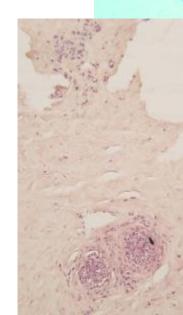
Original diagnosis pT1c ? Unifocal





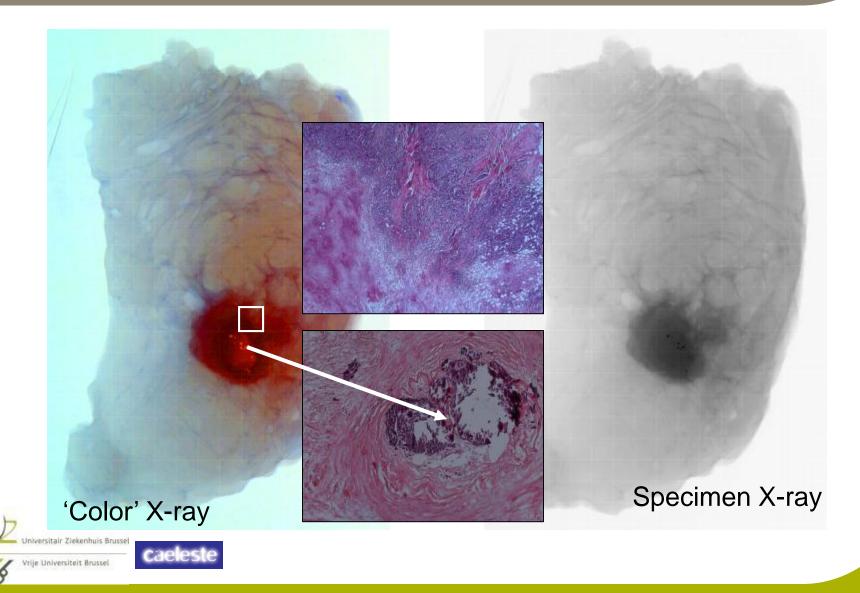


pT2 Multifocal Extensive





Tumor heterogeneity and calcifications





Assessment of multifocality and disease extent

	Primary pathology report	Conventional X-ray (pathologically confirmed)	'Color'X-ray (pathologically confirmed)	p-value colorX vs primary
Multifocal	6/35 (17%)	8/35	12/35 (35%)	0,001*
Extensive disease (> 4 cm ²)	7/35 (20%)	10/35	15/35 (43%)	0,04



*p-value calculated on all tumor foci



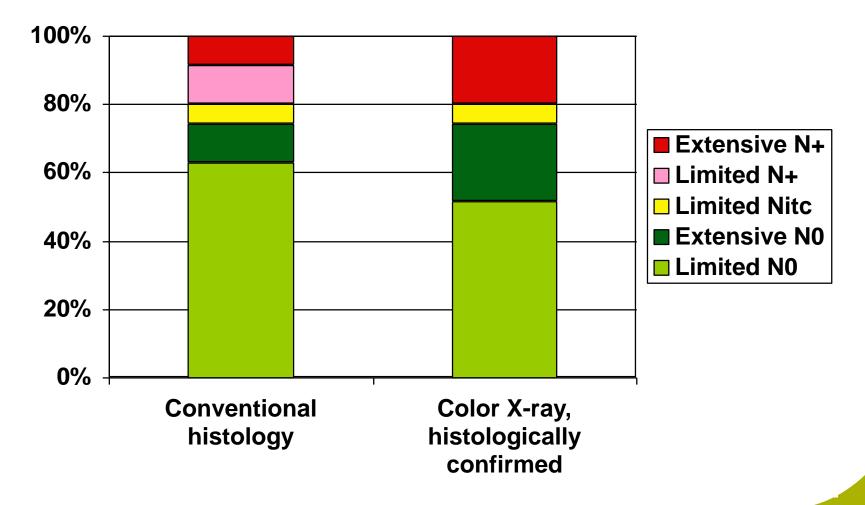
Assessment of tumor size and pT-stage

	Primary pathology report	'Color' X-ray (pathologically confirmed)	p-value
Size (mm) <i>Largest invasive</i> focus	10,75 (mean) 3-50 (range)	19,6 (mean) 8-100 (range)	0,01
pT-stage	T1a 1 T1b 2 T1c 13 T2 20 T3: 0	T1a 0 T1b 1 T1c 9 T2: 23 T3: 2	





Correlation between tumor extension and node status



'Color' X-ray specimen mammography

- detects tumor, heterogeneity, calcifications
- multifocal tumor spots
- tumor extension
- is a promising tool to assess tumor complexity
- may be an adjunct or replacement to large-format histological slides for radio-pathological breast cancer correlation



Thank you!

• Caeleste

Bart Dierickx

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Radiology

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