

Educational Programme

EP-1 Breast Cancer Imaging

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Imaging techniques play a vital role in early diagnosis, pretherapeutic management and follow-up during and after treatment of breast cancer. In practice, only mammography, and ultrasound as supplementary technique are commonly used for this assessment and can guide interventional procedures, as fine-needle aspiration or microbiopsy. Other examinations require more evaluation with a particular place for RMI which plays yet an important role in the management of the treated breast. Diagnosis in symptomatic women can be carried out in front of a palpable mass, Paget's disease, serous or bloody nipple discharge, inflammatory process, revealing nodes or metastasis or in special cases as pregnancy or symptomatology in men. Diagnosis of infraclinical cancers can be performed in asymptomatic patients. Mammography is then the only examination which could be performed. Performance of mammography in early detection of minimal breast cancers leads to the possibility of mass screening among 50 and more aged women. Infraclinical abnormalities leading to the diagnosis of cancer are microcalcifications, round opacities, spiculated masses, architectural distortion or asymmetrical density gradient. In this assessment, the radiologist should not miss too many cancers, nor should he request too many unjustified biopsies. Apart from its diagnostic value, mammography plays an important role in locoregional assessment and follow-up after conservative treatment. Imaging in breast cancer can only be optimal if there is a high quality level, quality control and permanent evaluation, and if there exists intradepartmental collaboration at all levels, in the interest of the patients.

EP-2 What the Non-Surgeons Have to Know about Surgery?

R.-E. Mansel. *UK*

Abstract not available.

EP-3 Follow-up after Primary Treatment

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Abstract not available.

EP-4 Surveillance of a Patient with Metastatic Disease

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Thanks to the optimal use of endocrine treatments, chemotherapy, radiotherapy and other supportive measures, patients with metastatic disease have a median survival of 2 years and 20% may survive more than 5 years. The clinician's aims are symptom control and quality of life, requiring close monitoring of symptoms, response and therapy-induced side-effects. Specific investigations with imaging techniques and laboratory tests must be guided by anamnesis, physical examination and known localizations of disease. For bone metastases which are particularly difficult to evaluate by imaging, attention should be paid to complaints (pain) and bone-related events of (pathologic fractures, hypercalcemia). Systematic monitoring of tumour markers is of limited efficacy and rising levels should not be the sole reason for changing therapy. Under chemotherapy, haematology, renal and liver functions must be followed closely. Anamnesis must disclose drugs likely to interfere with these functions, or altering metabolism or excretion of cytotoxics. During anthracycline-based chemotherapy, ventricular function has to be monitored according to the cumulative level reached, taking into account cardiac antecedents and mediastinal irradiation. Adequate file documentation, with use of standard criteria for evaluating performance, response and toxicity are instrumental and in standard practice follow-up should be the same as that within the frame of clinical trials.