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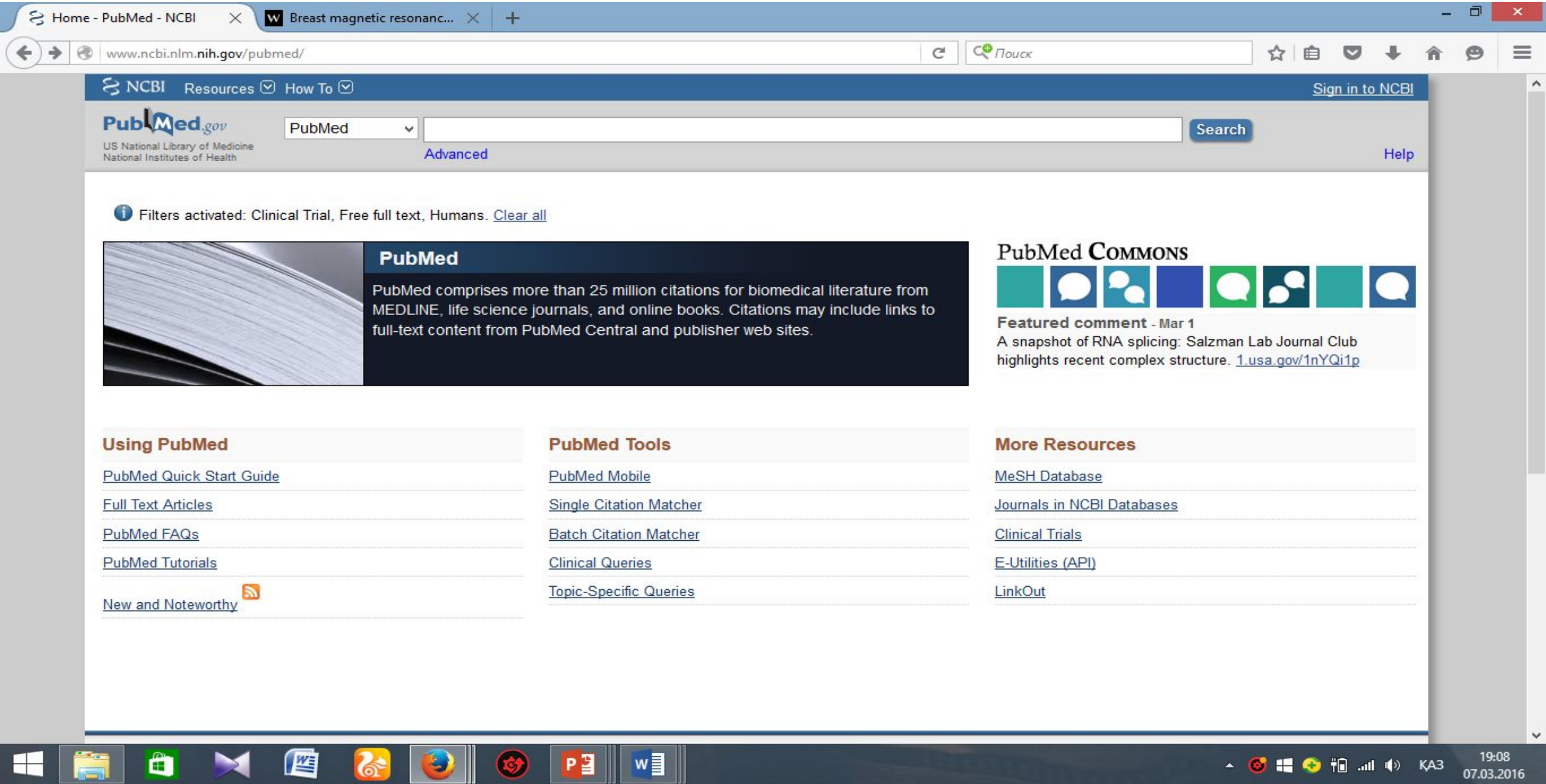

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Breast magnetic resonance image screening and ductal lavage in women at high genetic risk for breast carcinoma.

Hartman AR[1], Daniel BL, Kurian AW, Mills MA, Nowels KW, Dirbas FM, Kingham KE, Chun NM, Herfkens RJ, Ford JM, Plevritis SK.

Author information

Abstract

BACKGROUND: Intensive screening is an alternative to prophylactic mastectomy in women at high risk for developing breast carcinoma. The current article reports preliminary results from a screening protocol using high-quality magnetic resonance imaging (MRI), ductal lavage (DL), clinical breast examination, and mammography to identify early malignancy and high-risk lesions in women at increased genetic risk of breast carcinoma.

METHODS: Women with inherited BRCA1 or BRCA2 mutations or women with a >10% risk of developing breast carcinoma at 10 years, as estimated by the Claus model, were eligible. Patients were accrued from September 2001 to May 2003. Enrolled patients underwent biannual clinical breast examinations and annual mammography, breast MRI, and DL.

RESULTS: Forty-one women underwent an initial screen. Fifteen of 41 enrolled women (36.6%) either had undergone previous bilateral oophorectomy and/or were on tamoxifen at the time of the initial screen. One patient who was a BRCA1 carrier had high-grade ductal carcinoma in situ (DCIS) that was screen detected by MRI but that was missed on mammography. High-risk lesions that were screen detected by MRI in three women included radial scars and atypical lobular hyperplasia. DL detected seven women with cellular atypia, including one woman who had a normal MRI and mammogram.

CONCLUSIONS: Breast MRI identified high-grade DCIS and high-risk lesions that were missed by mammography. DL detected cytologic atypia in a high-risk cohort. A larger screening trial is needed to determine which subgroups of high-risk women will benefit and whether the identification of malignant and high-risk lesions at an early stage will impact breast carcinoma incidence and mortality.

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49-50 жас аралығында маммография жасау әйелдердің сүт безі қатерлі ісігінен болатын өлім-жітімді 20-25% азайтады.

- **Авторлары:** Hartman AR[1], Daniel BL, Kurian AW, Mills MA, Nowels KW, Dirbas FM, Kingham KE, Chun NM, Herfkens RJ, Ford JM, Plevritis SK
- **Публикациясы:**Cancer. 2004 Feb 1;100(3):479-89
- **Зерттеу тәсілі:МРТ,маммография,түтіктік лаваж**

- ***Objective:***

  Intensive screening is an alternative to prophylactic mastectomy in women at high risk for developing breast carcinoma. The current article reports preliminary results from a screening protocol using high-quality magnetic resonance imaging (MRI), ductal lavage (DL), clinical breast examination, and mammography to identify early malignancy and high-risk lesions in women at increased genetic risk of breast carcinoma.

- **Мақсаты:**Сүт безі қатерлі ісігінің даму қаупі жоғары әйелдердегі мастэктомияның балама алдын-алу шараларының бірі-ол скрининг жасау.Бұл мақала магнитті резонанстық көрсетілім,кеуде қуысының көрсетілімі мен маммография сияқты жоғары сапалы скрининг зерттеулерді жүргізе отырып,қорытынды жасайды,ал ол өз кезегінде ерте өлім-жітімі мен қатерлі өспенің даму қаупі бар әйелдерді тіркеу үшін қажет

  - Мастэктомия-сүт безін хирургиялық операция арқылы алып тастау

- **METHODS:**

Women with inherited BRCA1 or BRCA2 mutations or women with a >10% risk of developing breast carcinoma at 10 years, as estimated by the Claus model, were eligible. Patients were accrued from September 2001 to May 2003. Enrolled patients underwent biannual clinical breast examinations and annual mammography, breast MRI, and DL.

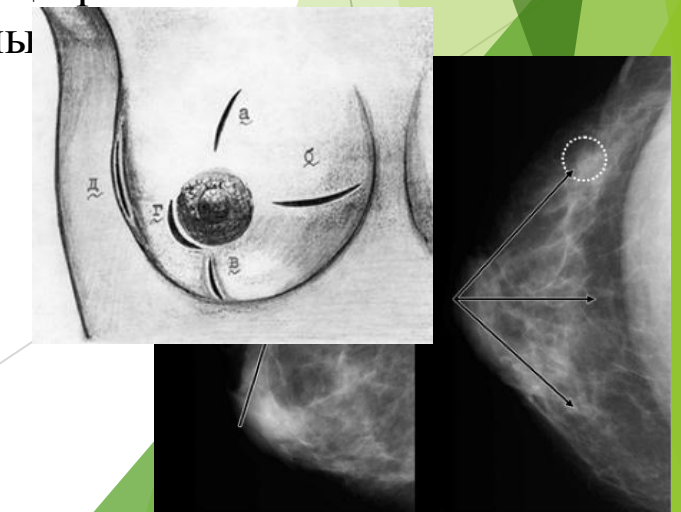
- **Әдіс тәсілі:** Әйелдерде BRCA1 немесе BRCA2 генінің мутациясының тұқым қуалауы немесе немесе 10% ісік даму қаупі бар 10-жылда Клаус моделі деп қабылданды.2001 жыл қыркүйегі мен 2003 жыл мамыр арасында науқастар саны өсті. Тіркелген пациенттер жылына 2 рет клиникалық зерттеулерден және әр жылы маммография,сүт безі МРТ-сы,түтіктік лаваждан өтті.

- **RESULTS:**

Forty-one women underwent an initial screen. Fifteen of 41 enrolled women (36.6%) either had undergone previous bilateral oophorectomy and/or were on tamoxifen at the time of the initial screen. One patient who was a BRCA1 carrier had high-grade ductal carcinoma in situ (DCIS) that was screen detected by MRI but that was missed on mammography. High-risk lesions that were screen detected by MRI in three women included radial scars and atypical lobular hyperplasia. DL detected seven women with cellular atypia, including one woman who had a normal MRI and mammogram.

- **Нәтижесі:**

Жалпы саны 41 әйел өтті. Тіркелген 41 әйелдің 15-і немесе 36,6% кейбіреулері билатеральды овариэктомиядан өткен,ал кейбиреулерінде өту барысында тамоксифен анықталды. BRCA1 тасымалдаушы бір әйелде сүт безі түтігінде МРТ көмегімен қауіптілігі жоғары ісік анықталды,бірақ оны маммографияда өткізіп алғаны анықталды.3 әйелде МРТ көмегімен даму қаупі жоғары ісік анықталды,оларда радиальды тыртықтар және атипті ошақтық гиперплазия болды.Түтіктік лаваж арқылы 7 әйелде жасушалы атипия байқалды,1 әйелде МРТ және маммографияда барлығы қалыпты жағдайда болды.



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- **CONCLUSIONS:**

Breast MRI identified high-grade DCIS and high-risk lesions that were missed by mammography. DL detected cytologic atypia in a high-risk cohort. A larger screening trial is needed to determine which subgroups of high-risk women will benefit and whether the identification of malignant and high-risk lesions at an early stage will impact breast carcinoma incidence and mortality.

- Қорытынды:

Сүт безі МРТ-сы көмегімен,маммографияда жіберіліп алынған жоғары класты DCIS және даму қаупі жоғары ісіктер анықталды.Түтіктік лаваж көмегімен когорттық даму қаупі жоғары жасушалық атипия анықталды.Ауқымды скрининг жасау ісік даму қаупі жоғары топтағы әйелдерді,катерлі ісік екенін,ерте сатыларында даму қаупі жоғары ісіктерді анықтайды,ал олар өз кезегінде сүт безі карциномасы мен өлім-жітім нәтижелеріне әсер етеді.

- DCIS- Ductal carcinoma in situ