

2nd World Congress on **Breast Cancer**

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Is preoperative breast MR for staging breast cancer still helpful-Our experience

Preoperative planning for breast conservation including imaging and correlative pathology help to accurately stage the patients with early stage 1 and stage 2 breast cancer. Preoperative breast MR for early breast cancer staging has been compared with mammography and ultrasound for accuracy of staging. Accuracy of staging by imaging is reported to be dependent on the presence or absence of an in situ component as well as ductal versus lobular pathology. At our institution preoperative breast MR is performed following percutaneous needle biopsy for patients with high grade DCIS, invasive ductal or lobular carcinoma, and with no extenuating co-morbidities. This practice has become standard for patients diagnosed in our breast center as well as outside referrals since 2008. This now allows for 5 and 7 year retrospective evaluations for the use of preoperative breast MR and its accuracy for staging. Other factors to be discussed for staging accuracy will include effect of percutaneous needle biopsy on lesion size prior to breast MR or following breast MR, and the accuracy of lesion size measurement depending on breast density.

Biography

Garnetta Morin-Ducote received her Medical degree from the LSU Health Science Center (formerly LSUMC-NO) in New Orleans, Louisiana where she stayed for internship training. She completed a radiology residency at University of Tennessee Medical Center, Knoxville, Tennessee. She is board certified by the American Board of Radiology. She belongs to the Society of Breast Imaging, American College of Radiology, American Roentgen Ray Society and is an Associate Professor of radiology. She is currently the Director of the University Breast Center.

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