CURRENT METHODS IN IMAGE GUIDED BREAST BIOPSY

Stuart Silver April 24, 2004

OBJECTIVES

- Review development of current techniques
- Discuss stereotactic breast biopsy
- Discuss US guided breast biopsy

OBJECTIVES

- Introduce MRI guided biopsy
- Introduce vacuum-assisted biopsy devices

ALONG THE WAY

- Emphasize the importance of concordance between biopsy results and expected diagnosis
- Review breast biopsy results at Victoria General Hospital breast centre
- Discuss the role of the radiologist in directing and managing image guided biopsies

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IMAGE GUIDED BREAST BIOPSY

 Developed as alternative to fine wire guided excision biopsy

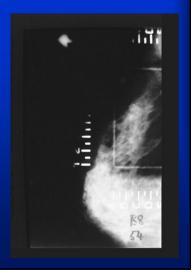
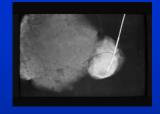


IMAGE GUIDED BREAST BIOPSY





 Traditional wire guided excision biopsy cancer rates 20-30%

IMAGE GUIDED BREAST BIOPSY

- Accurate and reliable
- Decreased patient morbidity
- Cost effective
- Used for abnormal imaging findings, not palpable abnormalities

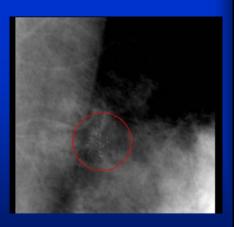
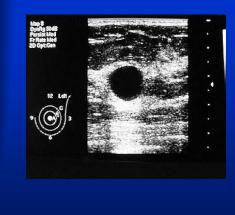


IMAGE GUIDED BREAST BIOPSY

- Fine needle aspirate cytology
- Core biopsy histology



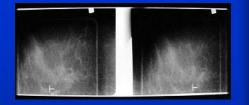
IMAGE GUIDED BREAST BIOPSY

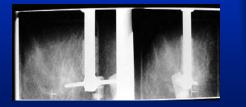


- Not every lesion that can be biopsied, should be biopsied
- Radiologist determines which lesion needs biopsy, and appropriate method

STEREOTACTIC BREAST BIOPSY

- Computer determines depth from 2 images obtained at different angulations
- Now used almost exclusively for microcalcifications



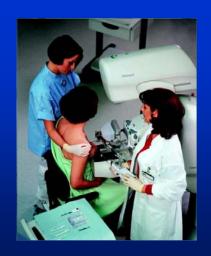


STEREOTACTIC BREAST BIOPSY

 Stereotactic add on to standard mammography machine



STEREOTACTIC BREAST BIOPSY



- Advantages: cost, space, efficiency
- Disadvantages: access to some calcifications limited, vasovagal episodes

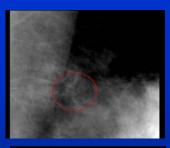
STEREOTACTIC BREAST BIOPSY



- Prone stereotactic table
- Advantages: improved access to micros in all locations, patient comfort
- Disadvantages: cost, space, efficiency

STEREOTACTIC BREAST BIOPSY

- Accuracy depends on showing representative micros on specimen X-ray
- Histology must be correlated with imaging
- If biopsy results do not match expectation, follow up!

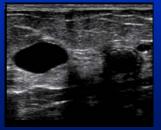




US GUIDED BREAST BIOPSY

- US initially limited to cyst vs. solid
- Improved resolution has increased sensitivity and *specificity*





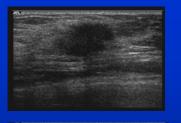
US GUIDED BREAST BIOPSY

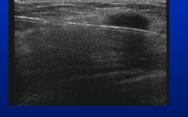


- Advantages: improved resolution allows accurate biopsy of lesions to 3mm
- Fast, comfortable, real-time confirmation of needle position

US GUIDED BREAST BIOPSY

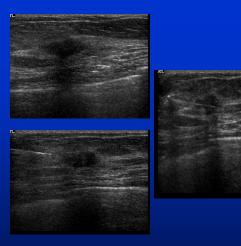
- Accuracy determined by operator
- Histology must be correlated with imaging.
- If biopsy results do not match expectation, follow up!

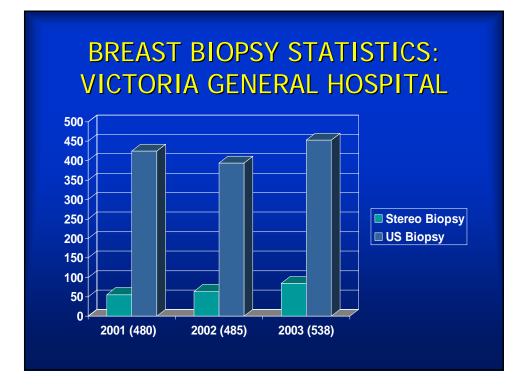


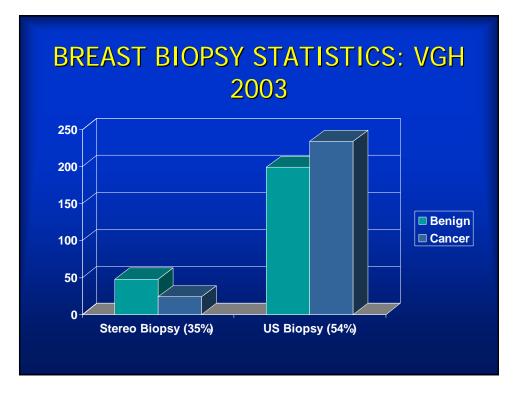


US GUIDED BREAST BIOPSY

- Most commonly performed image guided breast biopsy
- Accurate and reliable when performed by experienced operator







BREAST BIOPSY STATISTICS: VGH 2003

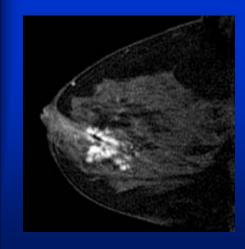
- Non-diagnostic biopsies:
- Stereo 1/85 1%
- US 4/453 0.8%
- Non concordant biopsies:
- Stereo 19/85 22% 12%
- US 56/453

- **MRI GUIDED BREAST BIOPSY**
- Expanding role of MRI in breast imaging
- Increased sensitivity, decreased specificity
- Most lesions can be localized with US





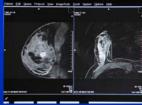
MRI GUIDED BREAST BIOPSY



- Indications : search for occult primary, screen in high risk – dense breasts, assess for multifocal disease.
- Need to be able to biopsy MRI detected lesion

MRI GUIDED BREAST BIOPSY

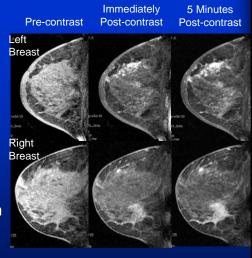






MRI GUIDED BREAST BIOPSY

- Advantages: allows biopsy of lesion only seen at MRI
- Disadvantages: cost, time, patient comfort, accuracy
- Difficult to confirm accurate biopsy, difficult to correlate histology with imaging.



VACUUM-ASSISTED BREAST BIOPSY

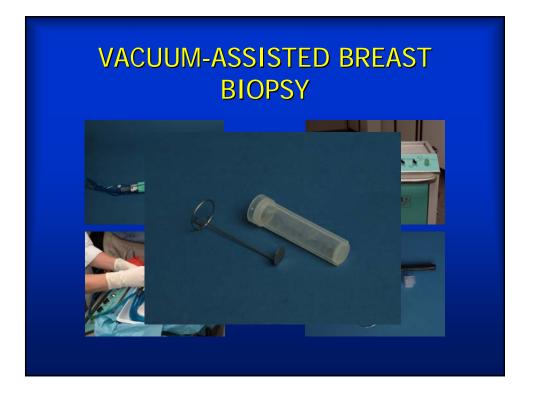
- Developed to increase yield for histology
- Automated vacuum-assisted core biopsies, needle size 9-12 Fr



VACUUM-ASSISTED BREAST BIOPSY

 Placement guided by mammography (stereotactic), US or MRI

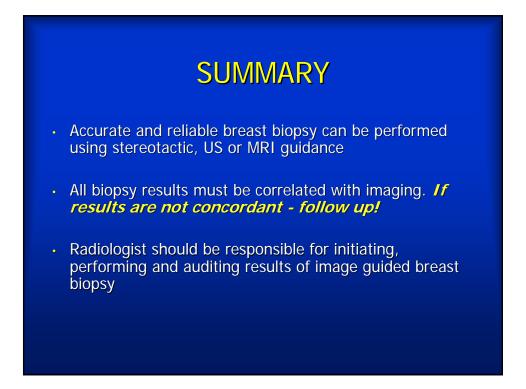




VACUUM-ASSISTED BREAST BIOPSY

- Advantages: large sample size, single needle placement
- Disadvantages: cost (\$20,000/yr at VGH), time, trauma





US GUIDED BREAST BIOPSY

