

2020

# Eurasian Federation of Oncology Breast Cancer Forum, Moscow 7 Oct

CONFERENCE ABSTRACTS

THE PHYSICIAN - JOURNAL OF INTERNATIONAL HEALTH

## Team

---

### Organiser

**Somasundaram SUBRAMANIAN, MD,**  
Surgical Oncologist & OncoPlastic Surgeon,

Founder & CEO, Eurasian Federation of Oncology (EAFO)  
& EAFO Educational and Research Center (EAFO ERC), Moscow, Russian Federation  
Chair, Board of Directors, Eurasian Cancer Research Council (ECRC)

**Mob:** +7-915-333-30-66; +7-925-77-11-078

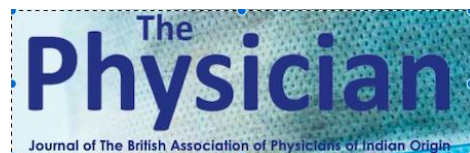
**Email:** [drsoma@eafo.info](mailto:drsoma@eafo.info); [drsoma@gmail.com](mailto:drsoma@gmail.com)



Curated by Bapio Institute for Health Research, Bedford, UK  
<https://www.bapio.co.uk/bihr>



Published with BAPIO Publications, Bedford, UK  
The Physician ©  
2021 | Feb 21



## Contents

TEAM	1
CONTENTS	1
CAN ABUS REPLACE HHUS?	1
HISTOPATHOLOGICAL EVALUATION OF SURGICAL BREAST CANCER SPECIMENS AFTER NEOADJUVANT CHEMOTHERAPY BY USING DIGITAL RADIOGRAPHY	1
EFFICACY ERIBULIN SECOND LINE TREATMENT OF METASTATIC BREAST CANCER BESTS ITS LATER USE: BASED ON THE MORDOVIAN REGIONAL CLINICAL PRACTICE ANALYSIS	2
INHIBITORS OF CYCLIN-DEPENDENT KINASES 4/6 FOR BREAST CANCER PATIENTS WITH DIFFERENT SOMATIC MUTATIONS OF THE PIK3CA GENE	2
ARE ALL BREAST TUMOURS PRIMARY?	3
MODERN TRENDS IN ONCOPLASTIC BREAST SURGERY	3
MODERN ASPECTS OF THE BREAST-CONSERVING SURGERY AFTER NEOADJUVANT CHEMOTHERAPY IN PATIENTS WITH BREAST CANCER CT1-3N0-3M0	4
GIANT FIBROADENOMA BREAST AND BREAST CANCER- IS THERE A HIDDEN LINK ?	5
EXPERIENCE OF USING ACR BI-RADS Â® CLASSIFICATION IN ONCOLOGIST-MAMMOLOGIST PRACTICE.	5

#EBC\_AB\_13

Can ABUS replace HHUS?

ERSHTEIN, Margarita, Junior Researcher  
 Russian Scientific Center of Rentgenoradiology,  
 Federal Breast Care Center, Moscow, Russian  
 Federation  
[margarita.ershstein@gmail.com](mailto:margarita.ershstein@gmail.com)

#### Background

Nowadays X-ray is not the only option for detection early Breast cancers. There are a few new technologies which can supplement mammography especially in case of high dense breast. For a long time, the main option was handheld ultrasound (HHUS). It increased number of recalls, increased the examination time and could reduce the number of examined patients. In some studies, there was no significant difference in efficacy between automated breast ultrasound system (ABUS) and HHUS, but ABUS study was performed by nurses. It means that the time spent by a doctor may reduce. We decided to replace HHUS with ABUS for patients with high dense breast tissue and followed it by multiparameter HHUS for suspicious lesions.

#### Purpose

The purpose of this research was to determine the possibility of using ABUS instead of HHUS for patients with high dense breast without losing quality.

#### Methods

The study was conducted within 6 months (01-2018 to 06-2018) and involved 242 women with high dense breast (Dj, D BI-RADS 2013), mean age was 47.0. All women were examined by standard digital mammography (MG), ABUS and HHUS with high-frequency linear probes. Verification was performed in 122 cases.

#### Results

Correlation of the results between HHUS and ABUS was more than 95 %. The discrepancies were found only in benign lesions less than 8 mm. Any discrepancies were found for categories BI-RADS 4 b and c, 5 (19%). Cancers were proved in 30 cases (12%), including one DCIS and two IDC up to 5 mm. Combination of methods increases the sensitivity and slightly decreases the specificity. In the analysis of prognostic value, the area under the curve (AUC) was estimated for MG at only 0.81, for combinations of methods at 0.89. Ultrasound and ABUS have the same added value to MG. The time spent by a doctor on one study was reduced by an average of 2 times (3,5-7 min vs. 14 min).

#### Conclusion

1) The usage of MG in combination with ultrasound techniques increases the efficiency of diagnosis.

2) Diagnostic value of ABUS as an additional method to mammography is comparable to the HHUS in patients with high dense breast.

3) ABUS reduces the time spent by a doctor on one study by half.

4) ABUS might be perspective technology for using in screening because of ability of following up, examinations standardization and high patient throughput."

Keywords: Automated Breast Ultrasound System; Breast Cancer; High dense Breast

#EBC\_AB\_12

Histopathological evaluation of Surgical Breast Cancer specimens after Neoadjuvant Chemotherapy by using Digital Radiography

TELEZHNIKOVA Inessa, Junior Researcher, SETDIKOVA Galiya, Lead Researcher, PAKLINA Oksana, Lead Researcher, KHOMERIKI Sergey, Head of the Laboratory.

Moscow Clinical Scientific and Practical Center, Histopathology laboratory, Moscow, Russian Federation

[inesssa@inbox.ru](mailto:inesssa@inbox.ru)

#### Objective

This study aimed to measure the residual disease of breast cancer after neoadjuvant chemotherapy.

#### Materials & Methods

The retrospective study was of 30 patients who underwent radical surgical treatment after neoadjuvant chemotherapy. Those patients had nonpalpable breast cancer, and for a found lesion, at gross dissection, we used imaging the faxitron<sup>®</sup> system. Specimen radiography reports were compared to the histopathology evaluation. Data on the patient, tumour, and surgical factors were collected.

#### Results

In our study, RCB-0 was found in 27/30 cases, and RCB-I was 3/30. Margin resection in all patients was R0. The tumour bed was detected in 29 cases (96.7%) using digital X-ray, clips and microcalcifications were detected in 30 patients (100%). The size of the tumour bed on the digital image was less compared to the gross examination.

#### Conclusions

In the case of non-palpable lesions in the breast, it is impossible to reliably measure the degree of tumour regression after neoadjuvant chemotherapy without using the faxitron<sup>®</sup> system. Due to the histological structure of the breast and fibrous tissue, it is easy to miss essential areas during a gross examination. Also,

the use of this system reduced the incidence of sample re-dissection and the total study time.

Breast Cancer; Neoadjuvant Chemotherapy; Digital Radiography; Residual Disease; Histopathological Evaluation

No Conflict of interest

#EBC\_AB\_11

[Efficacy Eribulin Second line treatment of Metastatic Breast Cancer bests its later use: Based on the Mordovian Regional Clinical Practice analysis](#)

SKOPIN Pavel, Professor, IVASHIN Artem, Assistant Professor, SKOPINA Yulia, Assistant Professor, EVSTIFEEV Sergey, Assistant Professor, KULAEV Mikhail, Assistant Professor

Aims:

to assess the eribulin efficacy and safety in patients with metastatic breast cancer (mBC) and in different lines of therapy.

Materials & Methods:

An analysis of 23 patients with mBC who received eribulin at the oncological dispensary of the Republic of Mordovia from 2017 to 2020 was performed. The average age of the patients was 58 years (range 37 to 67). Most had the luminal HER2-negative mBC (61%), 30% had triple-negative, and 9% had the HER2-positive subtype. Visceral metastases were present in 83% of patients. Metastasis to the lungs were observed in 65% of patients, to the liver - 26%, bones - 30%, distant lymph nodes - 35%, soft tissues/skin - 30%, brain - 13%. The number of previous lines of therapy for mBC ranged from 1 to 4 (anthracyclines and taxanes 87%, capecitabine - 22%). Eribulin was administered in the standard regimen at a dose of 1.4 mg / m<sup>2</sup> as a 5-minute i/v infusion on days 1 and 8 of a 21-day cycle until disease progression. The tumour was assessed every 9 weeks according to RECIST1.1 criteria. The safety was assessed according to the CTCAE 4.03.

Results

Due to the small sample size, we did not reveal significant differences in the drug efficacy in different biological subtypes of mBC. The overall response rate (ORR) when using eribulin in the 2nd line was 42%, and the control of tumour growth was 92%, which was significantly higher than when using the drug in the 3rd lines: ORR - 18%, control of tumour growth - 54% (p<0,05). Progression-free survival (PFS) with eribulin therapy ranged from 2 to 8 months, median PFS for line 2 was 5.7 months, for line 3 - 4.2 months (p>0.05). The analysis of AEs associated with the eribulin demonstrated a low toxicity of the studied drug. Grade 1-2 neutropenia was observed in 39% of

patients, grade 3-4 neutropenia - 22%, no febrile neutropenia, grade 1-2 thrombocytopenia - 13%. Dose reduction was performed in 17% of patients. No drug withdrawal due to toxicity was observed.

Conclusion:

Until recently, the use of eribulin in metastatic breast cancer has been postponed as long as possible, as the "last resort" after using all possible treatment options. However, new scientific evidence and the increased availability of eribulin to our patients have prompted the early prescription of eribulin. This tactic has justified - with a low frequency and degree of side effects, administration of eribulin after progression to anthracyclines and taxanes increases the likelihood of achieving a clinical response and long-term tumour control.

Keywords: Metastatic Breast Cancer Chemotherapy; Eribulin

The authors declare no conflicts of interest

#EBC\_AB\_10

[Inhibitors of Cyclin-dependent Kinases 4/6 for Breast Cancer Patients with different Somatic Mutations of the PIK3CA Gene](#)

IZMAILOV Adel, Chief Medical Officer, AKHMATGAREEVA Kamila, Oncologist, SULTANBAEVA Nadezhda, Oncologist, AYUPOV Rustem, Candidate of Medical Sciences, Deputy Chief Physician for Medical Affairs, MENSHIKOV Konstantin, Associate Professor of the Chair of Oncology, MUSIN Shamil, Oncologist, NASRETDINOV Ainur, Oncologist, SULTANBAEV Alexander  
*Republican Clinical Oncology Dispensary, Ministry of Healthcare of the Republic of Bashkortostan, Ufa, Russian Federation*  
[alexandersultanbaev@gmail.com](mailto:alexandersultanbaev@gmail.com)

Relevance.

Breast cancer is a leader in malignant neoplasms structure. Among patients diagnosed with breast cancer, luminal subtypes predominate, which have relatively better prognosis with non-luminal subtypes. Large part of patient who takes hormonotherapy has primary and secondary resistance to therapy, which is due to the activation of alternative signal transduction pathways that stimulate the proliferation of cancer cells. A mutation in the PIK3CA gene is one of the aggravating factors. This mutation one of the frequent genetic disorder in cancer cells. Its occurrence ranges from 16.4% to 45.0%.

Materials and methods.

We analyzed a treatment of group of hormone-positive and HER2-negative patients with metastatic breast cancer in 2020 was carried out. All patients took

combination therapy with CDK4/6 inhibitors and aromatase inhibitors or fulvestrant. In all cases patient had progression after previous hormone - or chemotherapy. The following mutations were identified: C420R (exon 7), E542K (exon 9), E545A (exon 9), E545G (exon 9), E545K (exon 9), Q546E (exon 9), Q546R (exon 9), H1047L (exon 20), H1047R (exon 20), H1047Y (exon 20), and E545D (exon 9). The material for research is tumour tissue. A total of 31 patients with breast cancer were tested. A mutation in the PIK3CA gene was detected in 14 patients, of whom E542K - in 4, E545K - in 5, H1047R - in 4, H1047L - in 1. Results and discussion.

A mutation in the PIK3CA gene was found in 14 samples of tumour tissue out of 31 patients included in the study. This indicates that a mutation in the PIK3CA gene is a factor in the poor prognosis of the course of metastatic breast cancer. The duration of treatment with CDK4 / 6 inhibitors until disease progression in the group with the PIK3CA gene mutation varied from 3 to 6 months and was average 4.2 +0.6 months. In 5 cases the E545K mutation was observed, in 4 cases the E542K mutation and in 2 cases the H1047R mutation. Conclusion. The PIK3CA mutation involved in the mechanisms of carcinogenesis is an important predictor of the response to mBC therapy. The data of molecular genetic testing showed that the most common mutations are found in the 9th and 20th exons of the PIK3CA gene (64% and 36%, respectively). Patients with a mutation in the PIK3CA gene compared with a group of patients without mutations showed worse results in progression-free survival.

Keywords: Endocrine Therapy; Metastatic Breast Cancer; PIK3CA; Luminal Subtype; CDK4/6 inhibitors  
No Conflict of interests

#EBC\_AB\_9

[Are all Breast Tumours primary?](#)

EREMEEVA, Elizaveta, Pathologist, PAKLINA Oxana, Pathologist, Botkin Hospital, ERYGIN Dmitry, Surgeon, City Clinical Oncological Hospital, Moscow, Russian Federation  
[galiya84@mail.ru](mailto:galiya84@mail.ru)

Objective

Breast metastases from extramammary neoplasms are extremely rare (0,2-1,4%), and even more so is metastasis of colon cancer to the breast. Despite its rarity, metastatic disease to the breast is an important diagnostic issue because its treatment differs greatly from that of primary cancer. The literature describes

no more than 100 cases of colorectal cancer metastasis to the breast.

Results

A 79-year-old female complained of general weakness and the presence of a palpable tumour in the right breast. On physical examination, a tumour measuring 33 Å— 33 Å— 26 mm was found in the right breast at the 5 o'clock position, 2,0 cm from the nipple. She underwent a CT of the chest, which confirmed the clinical impression of a solid rounded formation with a fuzzy uneven contour breast mass. The patient underwent core biopsy of the breast mass, and histological examination of the specimen was interpreted as intestinal adenocarcinoma metastasis. No data about other site metastases. According to the colonoscopy, a tumour of the splenic bend of the colon was diagnosed. The morphological study - invasive colorectal adenocarcinoma, low-grade. Simultaneous surgical treatment was performed in the following volume: right breast sectorial resection with laparoscopic left-sided hemicolectomy. In histological examination, Tumours in the breast and colon was same. In IHC ER, PR, CK7 and GATA-3 all were negative. CDX-2, CK20, villin was positive, confirming the diagnosis of metastasis from the colon. The patient was discharged with the diagnosis: invasive colorectal adenocarcinoma, low-grade with metastasis in the right breast. pT2N0M1 R0 LV1 Pn0. Conclusion Metastasis to the breast from colon adenocarcinoma is very rare. The colon cancer metastasized to the breast can be synchronous or metachronous. Metastasis of colorectal cancer in the breast is associated with a poor prognosis and the life expectancy after detection of a tumour in the breast does not exceed 12 months.

Keywords: Breast; Metastases; Cancer

We have no conflict of interests

#EBC\_AB\_8

[Modern Trends in Oncoplastic Breast Surgery](#)

ZIKIRYAKHODZHAYEV, Azizzhon, ERMOSHCHENKOVA Maria, BAGDASAROVA Darya, BOSIEVA Alana, DUADZE Ilona

*D Hertsen Moscow Oncology Research Institute (branch of the NMRRC of the Ministry of Health of Russian Federation), Department of Oncology and Reconstructive Plastic Surgery of the Breast and Skin, Moscow, Russian Federation*

[azizz@mail.ru](mailto:azizz@mail.ru)

Introduction.

The highest priority for modern clinical oncology is functionally-sparing and organ-conserving treatment. Oncoplastic breast surgery (OBS) have been widely used. This term means resection of the breast for

cancer using plastic surgery to restore the shape of the breast, in most cases with one-stage correction of the contralateral breast. Purpose. It was the creation of various techniques of oncoplastic breast surgery, applicable for the appropriate localization of breast cancer (BC) and the evaluation of surgical, oncological and aesthetic results.

Methods.

From 2013 to 2019 in the P.A. Herzen Moscow Cancer Research Institute, organ-conserving surgery were performed in 620 patients with BC with an average age of 54.3. Stage 0 was diagnosed in 4.7%, I 53%, IIA 27.7%, IIB 6%, IIIA 5%, IIIC 3.4%, IIIB 0.2%. Radical resection in the standard version was performed in 310 patients with breast cancer, oncoplastic breast surgery in authors' modifications" in 310. The results were assessed via a questionnaire, that had been developed by authors and includes 22 questions, and via Breast Q.

Results.

Within 5 years, local recurrence was detected in 7 patients (1.13%), it required mastectomy with one-stage reconstruction. According to questionnaire the average score in assessing aesthetic and psychological results was excellent.

Conclusion.

OBS is ablative surgery with a good cosmetic result. It's an adequate alternative to radical mastectomy with reconstruction on condition of proper selection of breast cancer patients. If there are indications for organ-conserving treatment of breast cancer and patient's decision concerning this surgery, patient should be offered methods of oncoplastic surgery for prevention of psychological and emotional stress, effective rehabilitation, and a quick return to active social life.

Breast Cancer; Breast-Conserving Surgery; Margin Status; Volume of tissue removed; Cosmetic results  
No conflicts of interests

#EBC\_AB\_7

Modern Aspects of the Breast-Conserving Surgery after Neoadjuvant Chemotherapy in Patients with Breast Cancer Ct1-3N0-3M0

BOSIEVA Alana, ZIKIRYAKHODZHAYEV Azizzhon,  
ERMOSHCHENKOVA Maria, VOLCHENKO  
Nadezhda

Ð. Hertsen Moscow Oncology Research Institute  
(branch of the NMRRC of the Ministry of Health of  
Russian Federation) Oncomorphology Department,  
Moscow, Russian Federation

[ms.bosieva@mail.ru](mailto:ms.bosieva@mail.ru)

Introduction.

While the "no tumour on ink" cells at the margins of resection approach is generally accepted for breast conserving surgery (BCS) breast cancer patients, it remains unclear whether it is oncologically safe for BCS after neoadjuvant chemotherapy (NACT). The aim of the research was to study the optimal width of the resection margins in BCS after NACT and the effect on local-free and overall survival in breast cancer patients.

Materials and methods.

In the period of 2013 to 2018 was analyzed the medical data of 76 patients with breast cancer who underwent NACT at the first stage and BCS at the second stage. The average age was 54.6 years (median (Me) = 49.4 years, standard deviation (σ) - 9.2 years). The average follow-up period was 34.8 months (95%, CI 30.6-38.9). Stage IIA breast cancer was diagnosed in 38.3% of patients, IIB - 32.1%, IIIA - 4.9%, IIIC - 18.5%. Most often, in 67 (80.7%) cases, invasive carcinoma of a nonspecific type was detected. Distribution of patients depending on the immunohistochemical type of tumour: luminal type A - 15.6%, luminal type B, Her2/neu-negative - 33.8%, luminal type B, Her2/neu-positive - 8.5%, Her2/neu - positive type - 15.6%, triple negative type - 26.5%. BCS in the form of traditional radical resections were performed in 37.3% of patients, oncoplastic resections (OPS) - 62.7%, among them: modified E. Hall-Findlay technique - 10.8%, Z-triangle excision technique with Z-flap closure - 6.0%, T-invers - 22.9%, Round-block -1.2%, Batwing - 3.6%, SBW-method - 8.4%, M. Lejour - 1.2%, Grisotti - 1.2%, combined glandular pedicle - 1.2%, combined skin-glandular flap - 1.2%, TDL - 2.4%, thoracoepigastric flap - 2.4%. All patients underwent urgent and planned morphological examination of the resection margins. Dyes were used to mark the edges.

Results.

In a planned morphological study, the width of the resection margins  $\geq 1$  mm was established in 1.5% of breast cancer patients, 2-5 mm - 4.5%, 5-10 mm - 17.9%, more than 10 mm - 76.1%. The reoperation rate was 1.3%. Local-free survival in patients after BCS with resection margins less than 2 mm was 98%, more than 2 mm - 96.20%, overall survival with resection margins less than 2 mm was 98%, more than 2 mm - 98%, which has no statistically significant difference. Conclusion. There was no statistically significant difference in local-free and overall survival rates for resection margins of more and less than 2 mm. The approach of "no tumour on ink is oncologically safe in BCS after NACT. Keywords: Breast Cancer; Neoadjuvant Chemotherapy; Breast-Conserving Surgery; Resection margins

No conflict of interests

#EBC\_AB\_6

## Giant fibroadenoma breast and breast cancer- is there a hidden link ?

GUPTA Priti, (PG Resident), MATHUR AV (Professor)  
Shri Guru Ram Rai Institute of Medical Sciences,  
Department of General Surgery, Dehradun, India  
[docprigit Gupta@gmail.com](mailto:docprigit Gupta@gmail.com)

### Introduction

#### Case presentation

A 15-year-old female presented to the surgery outpatient department of SMIH hospital with the chief complaints of asymmetrical bilateral enlargement of breasts. Patient first noticed the lump around 4 years back in the form of small nodule, which increased progressively in size. She also complained of associated dull aching type of pain in the right breast since last 1 month. There was no history of breast trauma, fever, anorexia or weight loss. Patients medical and family history were non-contributory. Her menstrual cycles were regular and she did not take any hormonal therapy.

On physical examination of right breast there was well defined, non-tender, not mobile giant swelling, firm in consistency present in right upper outer quadrant and for the left breast two large, globular well defined swelling, firm in consistency in upper and lower quadrants (figure 1). On palpation, there was a lump in the right breast which measured 28x14 cm in size and in left breast two swellings of size 13x12 cm and 12x10 cm. The overlying skin was tense and reddish with no local rise of temperature. Based on the patient's age, history and the breast examination, a clinical diagnosis of phyllodes tumour was made.

Her routine haematological, biochemical and microbiological parameters were within normal limits. Fine-needle aspiration cytology (FNAC) of the bilateral breast lump was suggestive of fibroadenoma. Patient was planned for excision biopsy and the excised masses were sent for histopathological examination which showed irregular soft tissue masses with myxoid change on cross section, microscopic examination revealed circumscribed lesion exhibiting epithelial as well as stromal proliferation, focal fibrocystic changes, apocrine changes which were consistent with fibroadenoma.

**Conclusion** The overlapping clinical presentation of giant fibroadenoma and phyllodes should be promptly managed with excision of lesion as early as possible to prevent the morbidity of patient. Secondly the recurrent giant fibroadenoma, phyllodes tumour, virgin hypertrophy have rare but finite risk of invasive breast cancer and are probably part of the spectrum which are showing sensitivity to estrogen and DNA

methylation, so a definite management plan should be made for such patient.

Keywords - Case Report, Giant Fibroadenoma in Early age. No conflict of interest

#EAFBC'20\_4

Experience of using Acr Bi-Rads Â® classification in Oncologist-Mammologist Practice.

GERASHCHENKO Jaroslav (Oncologist)

International Medical Center "Sogaz", Department of General Surgery, Saint Petersburg, Russian Federation  
[9119736687@mail.ru](mailto:9119736687@mail.ru)

At the present stage, the main problem of breast cancer (BC) is the search for optimal methods for its early and accurate diagnosis.

Materials and methods:

retrospectively analyzed MK 427 patients for the period from March 2018 to December 2019. Examination methods: anamnestic, examination, palpation, ultrasound (US) of the mammary glands (MG), X-Ray mammography (XMG), magnetic resonance imaging (MRI).

Results:

US was performed in 397 (93%) patients: in group A - 286 (72%), in group B - 111 (28%). MG was performed in 286 (67%) women: in group A - 165 (58%), in group B - 121 (42%). MRI MG was performed in 19 (4.4%) women: in group A - 10 (52.7%), in group B - 9 (47.3%). MRI was prescribed if XMG revealed changes in categories 0 and 3 according to the ACR BI-RADSÂ® classification, but according to the US data, category 2 was established, since in such patients the findings with XMG were not confirmed or could be clarified during US. MRI was also performed on patients with implants. In group A, breast US protocols issued according to the ACR BI-RADSÂ® system, category 0 in 1 (0.3%) patients, 1 in 28 (9.8%) women, 2-224 (78.3%), 3-31 (10.8%) 0.4-2 (0.7%). XMG category 0 in 31 (18.8%) patients, 1- in 7 (4.2%) women, 2-100 (60%), 3-24 (14.5%), 4-3 (1.8%). MRI category 2 - in 6 (60%) women, 3 in 4 (40%). In group B, US category 0 in 1 (0.3%) patients, 1 in 20 (18%) women, 2-80 (72%), 3-8 (7.2%), 4-1 (0.9%), 5-1 (0.9%). XMG category 0 in 7 (5.8%) patients, 1- in 18 (14.9%) women, 2-63 (52%), 3-31 (25%), 4-1 (0.8%), 5-1 (0.8%). MRI of the 1st category - in 1 (11%) women, 2 in 6 (67%), 3-2 (22%) women. According to the results of the examination, 82 (19%) women did not have breast pathology. At the end of XMG and US, they have BI-RADS Â® category 1 and 2 and no complaints. Recommended round of re-examination after 1 year. 302 (71%) women were prescribed mastopathy treatment and follow-up once every 3 months. 3 women underwent trepane biopsy



and sectoral resection for fibroadenoma. 1 patient with 5 category ACR BI-RADS <sup>®</sup> performed trepane biopsy of MG formation under US control - morphological verification of the process was obtained, adenocarcinoma was detected. The patient is directed to the operational stage of treatment in a specialized oncological institution.

Conclusions:

Using the ACR BI-RADS <sup>®</sup> classification significantly improves the understanding of specialists among themselves, simplifies the decision-making algorithm in favour of performing biopsies, or dynamic control and treatment.

Keywords - BI-RADS; Oncologist; Early Breast Cancer Diagnostic No conflict of interests

