The value of contrast enhanced spectral mammography (CESM) in the assessment of lobular breast cancer

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The Value of Contrast Enhanced Spectral Mammography (CESM) in the Assessment of Lobular Breast Cancer

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Background

Lobular tumours are known to be more difficult to size accurately by conventional imaging (ultrasound and FFDM) and are more likely to be multifocal or bilateral than other subtypes. NICE CG80 advises consideration of MRI for accurate staging of lobular cancers if planning breast conserving surgery. CESM compares favourably to MRI in terms of sensitivity, specificity and tumour sizing\(^*\). Is this equally applicable to tumours of lobular subtype?

Results

Flow Chart to show the clinical pathway of CESM patients with lobular tumours

T-test comparing CESM with MRI sizing (a) and CESM with pathology sizing (b)

- a-There was a non-significant difference between size at CESM (mean=56.53mm) and at MRI (mean=56.14mm).
- b-There was a non-significant difference between size at CESM (mean=29.95mm) and at final pathology (mean=27.25mm).

Discussion

In our small, retrospectively reviewed cohort, the lack of consistency between lobular breast cancer at core biopsy and the final pathology is interesting. If we are to advise further imaging, the pre-operative tumour assessment must be accurate. The classification and consistency of reporting lobular subtype at core biopsy is a challenge recognised by pathologists.

Conclusion

The patients included in this series are a highly-selected group, presenting symptomatically. However, we have observed no significant difference in sizing of lesions with CESM vs MRI and/or final pathology. In patients with lobular tumours, CESM can be considered a useful alternative to MRI.