



Risk & Danger

- RISK & DANGER, *L. DONOSO BACH*
- THE RISKS AND BENEFITS OF MEDICAL TREATMENTS, *A. FREEMAN*
- IMPROVING RISK LITERACY, *M. JENNY*
- HEALTHCARE & ENTERPRISE RISK MANAGEMENT, *P. KEADY*
- CYBER INFECTION CONTROL, *J. MUCKLOW ET AL*
- BLOCKCHAIN TECHNOLOGY THE SOLUTION TO HEALTHCARE'S DATA WOES?, *S. KLEIN ET AL*
- WEARABLES RISK, *J. BOCAS*
- RADIOLOGY SPECIALTY AT RISK? *S. BAKER*
- RISKS OF CONTRAST AGENT ADMINISTRATION, *H. THOMSEN*
- WHISTLEBLOWING IN HEALTHCARE, *P. WILMSHURT*
- WHY I BECAME A RADIOLOGY WHISTLEBLOWER, *S. CHOWDHURY*

FUTURE OF IMAGING, *P. SIDHU*

THE LATEST IN BREAST IMAGING, *G. FORRAI*

SERVANT LEADERSHIP: A JOURNEY, NOT A RACE, *L. BELTON ET AL*

HOW TO ENERGISE COLLABORATIVE THINKING, *D. MAGBOULE*

PROTECT YOUR MEDICAL DEVICE SYSTEMS, *ECRI*

MEDICAL DEVICE SECURITY

TESTING LABS LAUNCHED, MEDICAL STUDENTS & EHR USAGE *L. ROBSON*

5 BUSINESS ANALYTICS TOOLS TO IMPROVE OPERATIONS, *J. SCHWARZ*

LAB AUTOMISATION & NEW REVENUE DOORS, *S. POLHILL*

RESPONSIBLE RESEARCH INNOVATION, *P. KAPTEIN*

REVOLUTIONISING CARDIOVASCULAR MEDICINE, POINT OF CARE

FOUNDATION, *D. HILMI*

NEW INDICATIONS FOR CORONARY CT ANGIOGRAPHY, *V. SINITSYN*

ULTRASONOGRAPHY IN CLINICAL PRACTICE: NEW ROLES FOR AN OLD ACTOR?, *S. S. ÖZBEK*

ATRIAL FIBRILLATION, *R. WAKILI*

PERSON-CENTRED APPROACHES, *C. WRIGHT*

AFRICA HEALTHCARE FEDERATION, *A. THAKKER*



The latest in breast imaging

Prof. Gabor Forrai speaks with HealthManagement about the future of the European Society of Breast Imaging (EUSOBI) and the latest guidelines and recommendations for women in mammography.



Gábor Forrai

President
European Society of Breast
Imaging (EUSOBI)
office@eusobi.org
eusobi.org
Head of the Department
of Radiology
Duna Medical Center
Budapest, Hungary
forrai.gabor@t-online.hu

EUSOBI recently updated its recommendations on information for women on mammography. What are the main updates? Also, why is it important to involve consumers, the Europa Donna organisation, in developing the recommendations?

We mainly updated the information about new mammographic technologies, which includes tomosynthesis and contrast-enhanced spectral mammography (CESM) methods. The tomosynthesis and contrast-enhanced spectral mammography are two new key methods, so that's why it's important to include detailed information especially as they become more popular with the public.

EUSOBI has issued suggested guidelines about MRI, mammography and screening. These papers appear in scientific journals, but the intention is to reach both women and non-radiology doctors with this information, because of how specialised the information is (which methods to use/which is obligatory etc). To directly target patients with information is obviously quite unusual for a scientific society.

We have a group of national societies, so we have made direct contacts in the last 2/3 years with the European breast imaging societies. We generally ask them to translate their findings in the papers dedicated to these issues into their own language, otherwise it will be too difficult to comprehend. This will also appear on EUSOBI's updated website (eusobi.org), which includes a partnership with 30 other countries.

Could you give an insight into the latest mammographic technologies and how they have developed?

Contrast-enhanced spectral mammography (CESM) and tomosynthesis are the latest technologies.

CESM is still in its experimental phase. Its place in imaging is still not 100% established, but so far we have seen promising results. It is a good technique compared to MRI because it's cheaper, it's more accessible as there are more mammography machines than MRI scanners, and there are more radiologists who report mammography than MRI. And to perform a biopsy it's also much easier to do this via mammography than an MRI. These are the direct advantages

of contrast-mammo. However, there are of course still some possible disadvantages. Firstly, we have to wait for the scientific results before introducing technique to the routine care. Secondly, the method is a little invasive because we have to administer intravenous contrast; indeed, it's the same as MRI, but in comparison to tomosynthesis, for example where there is no injection involved, it makes the screening/diagnostic process a little more comfortable. Thirdly, there is x-ray.

Tomosynthesis is far more advanced. Thousands of women undergo this method, and this method is already well proven to find small invasive cancers compared to simple digital mammography, which would not necessarily be able to pick these up. This clearly outweighs conventional mammography as well, of course. It is widely agreed that this method will eventually replace the process of mammography.

“ THE USE OF ULTRASOUND
AS A STETHOSCOPE IS IN ITS INFANCY
BUT THE WAY FORWARD IS TO
TEACH IT EARLY ”

Screening is used as a routine method for each patient, but we still have to wait for scientific proof that it works to use it and that it saves life and not only works during the first round of screening, but also in further rounds. Tomosynthesis seems to be a revolutionary method. However, it's still not introduced in any country's official screening programme because we are still waiting for scientific data.

There is some data that states that tomosynthesis detects 30-40% of invasive cancers and that it also decreases the number of recalls. Recalls are decreased so detection of invasive cancers is increased, which is proven, but it's still not used by the whole population. This could be down to the fact that it's a new technique which means a lot of centres would also have to buy these machines. This explains why tomosynthesis is not everywhere yet but it certainly is growing.

What are the benefits of contrast-enhanced spectral mammography versus MRI?

Contrast mammography is at least comparable to MRI, but it's still unclear if it is as sensitive and specific, and we may find that patients will profit from a contrast mammogram instead of an MRI. MRI has, in fact already proven benefit for women with high-risk – however the same is still under investigation with CESM.

What are you looking forward to at the EUSOBI meeting?

We try to include two main types of programmes in the meeting. Firstly, we deal with routine methods that are used by everyone, as well as lectures where we speak about methods as a general update. For young radiologists, we try to ditch the fine details of the classic methods. We also provide an update for experienced radiologists, as not everyone has the time to read all the latest scientific papers.

We are also speaking about very new developments which are investigated by scientists. This will be interesting going forward as we compare how different methods have evolved over the last decade and more. The developments in breast imaging are so swift, which is great.

We will have a national societies meeting where we meet with over 30 societies to discuss the latest trends, problems and news in Europe, which gives each country the opportunity to express their point of view, which is always quite surprising since it highlights how Europe is quite unique in that we all have various approaches. The accessibility of the equipment and the number of specialists etc in each country influences views a lot, so in this way we try to help each other as much as possible. In my opinion, this reiterates that Europe is not just one country, it symbolises a collection of countries that are all part of Europe.

We also have close contacts with other countries, including Israel and many others. We have many radiologists coming from outside of Europe to undergo the European Diploma in Breast Imaging diploma (EDBI), which proves that people are striving for the highest European standards of breast imaging. More than half of the candidates taking the exam come from Arabic countries, which highlights the value of the EDBI even outside of Europe.

As we know the views on screening are largely split. How do you think this will develop over time?

The opinions about screening are uniform among doctors and radiologists who are dealing with patients, so they naturally see how useful screening is.

I've personally carried out screening for a very long time and I'm very happy to meet patients who originally came for screening when we detected small cancers, and continue to come back yearly for screening and we see that they have recovered. So we see in a lot of cases how extremely useful screening is.

I don't understand why some scientists find it challenging to try proving that screening is not good for women. Of course everything in science has to be questioned, but articles that are anti-screening are based on generally very badly conducted studies with a pre-conception to manipulate the reader into viewing screening as a negative thing. This doesn't make sense, since screening is the most proven useful method of all medical procedures, including chest x-ray or abdominal ultrasound. There is lots of data and more than 30 years of follow-ups in different parts of the world to prove this. All of these published statements that are anti-screening just make women uncomfortable and unsure, which results in a lot of deaths since there is a 35% higher risk of death from breast cancer for women who don't undergo screening.

Finally, what are the plans for the future of EUSOBI?

The future plan is to continue to be the leading European breast imaging radiology society. We are publishing guidelines and organising courses and meetings. We are also working on improving our connection with clinical oncological societies, firstly in the European Union and also worldwide.

We have a strong relationship with our American counterpart, the Society of Breast Imaging. We are planning to organise meetings and workshops together. We ensure we offer regular updates about what is happening in breast imaging around the world.

We also cover new scientific ideas, and we now emphasise diffusion-weighted imaging (DWI) in the field of breast imaging. The first DWI meeting will be held during the EUSOBI meeting in Berlin. This gathers scientists who deal with DWI. We are trying to find out its place to fine tune this method to publicise to breast imagers to use this technique. ■