

Digital Breast Tomosynthesis

Dr Jones & Partners Medical Imaging has been offering Digital Breast Tomosynthesis (DBT) at our specialist breast clinics at St Andrew's Hospital and Burnside Hospital for several years. We are pleased to announce we are expanding our fleet to offer DBT services at our Modbury, Southern Specialist Centre, Mt Barker Hospital, Pt Lincoln Hospital and Whyalla Hospital clinics.

"DBT involves technology that produces a 3D image of the breast"

Digital Breast Tomosynthesis (DBT) offers the potential advantage of detecting breast cancer where standard digital mammography may be limited by dense breast tissue or overlapping tissues which may hide a lesion.

DBT involves technology which produces a 3D image of the breast. The DBT takes a series of low dose x-rays through the breast at different angles. It produces a stack of images displayed as fine slices through the breast, utilising volumetric imaging with reconstructed images. VolparaDensity™ software is used in conjunction with DBT to provide an objective assessment of breast density.

The clinical criteria on the referral may include, but is not limited to, the following:

- + The patient or a family member has been diagnosed with breast cancer.
- + A medical practitioner found symptoms and/or indicators suspicious for malignancy (cancer).
- + The patient presented with breast tenderness and/or dense breast tissue.

Questions, Enquiries or Bookings:

Burnside Hospital
8403 3115

Mt Barker Hospital
8188 7750

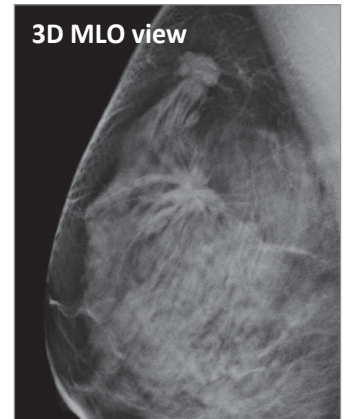
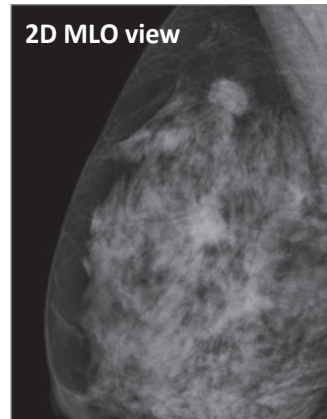
Southern Specialist Centre
8307 3418

Whyalla Hospital
7624 9720

Modbury
8397 5851

Pt Lincoln Hospital
7625 3647

St Andrew's Hospital
8402 4488



Key Benefits of Digital Breast Tomosynthesis

- + Improved sensitivity and specificity of cancer detection in all breasts.
- + Increased cancer detection in dense breast tissue above what is achievable in standard digital mammography alone.
- + Reduced recall rates for assessment of benign lesions.

Case Study 01

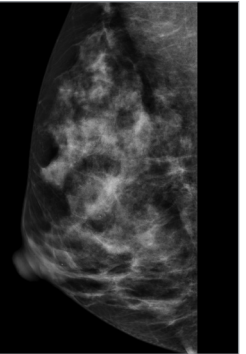
- Clinical History**
- + 50 year old female
 - + Strong family history of breast cancer
 - + Dense breasts (BIRADS D) on previous mammogram

- Examination**
- + Routine screening with Tomosynthesis

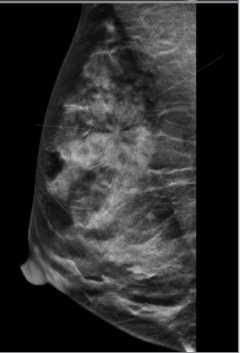
- Findings**
- + Routine mammogram showed normal appearances
 - + Tomosynthesis showed a small stellate mass superiorly in the right breast

- Conclusion**
- + 7mm, grade 1 carcinoma. Fully excised

2D MLO view



3D MLO view



Case Study 02

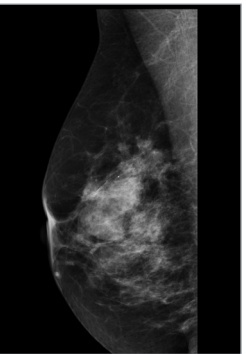
- Clinical History**
- + 59 year old female
 - + Lumpy breasts, new palpable lump superiorly in the right breast

- Examination**
- + Routine mammogram with Tomosynthesis

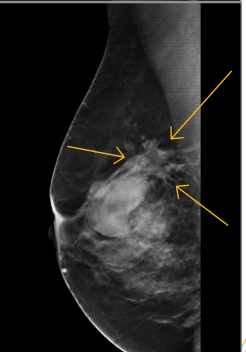
- Findings**
- + Routine mammogram showed multiple circumscribed masses consistent with cysts
 - + Tomosynthesis showed additional stellate lesion superiorly
 - + Ultrasound showed cysts at palpable lump but second solid irregular mass measuring 26mm

- Conclusion**
- + Invasive lobular carcinoma

2D MLO view



3D MLO view



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