

## New RFA-Needle treatment

Program **Breast symposium**  
**ARUSHA, March 24th & 25th, 2009**

screening & early diagnosis  
Breast screening & new RFA Needle treatment

### Tuesday March 24<sup>th</sup> 2009

9–10.30 Introduction triple test  
10.30 Tea-Break  
11.00–13.00 Workshop  
ultrasound  
13.00 Lunch break  
14.00–16.00 Workshop Breast  
Needling & microscopy

### Wednesday March 25<sup>th</sup> 2009

9–10.30 Anatomy & Pathology  
10.30 Tea-Break  
11.00–13.00 Workshop  
Microscopy & Ultrasound  
13.00 Lunch break  
14.00–16.00 Demonstration  
RFA-laser needle treatment

The goal of the congress is to bring together doctors interested in primary breast care, breast pathology and new Radio Frequency Ablation (RFA). The focus will be on general practice, hands on training and how to manage patients in one-visit-clinics. The workshops will be held in basic abdominal sessions in the morning (pregnant women) and advanced breast sessions in the afternoon. Advanced workshops will present more complex techniques for ultrasound-guided procedures (punctures, ablation) as well as tips and tricks. Each workshop will include a theoretical part, case presentations, and hands-on training. The number of participants is restricted.

Peter Melkert, Pathologist, Principal  
Director Breast Clinic Holland

*Organizing Committee NGO Mamma's Health Organization (MHO)*

Handout will be available for participants. Social program(26/3-29/3): 3-days safari Ngorongoro Crater, direction Serengeti en Lake Manjara

Costs: PHC – congress Women's Health: 1850 Euro, including hotel and Social program

If you wish to register for participation or information about our activities, please send registration-form or e-mail with your name and details to:  
Congress Office

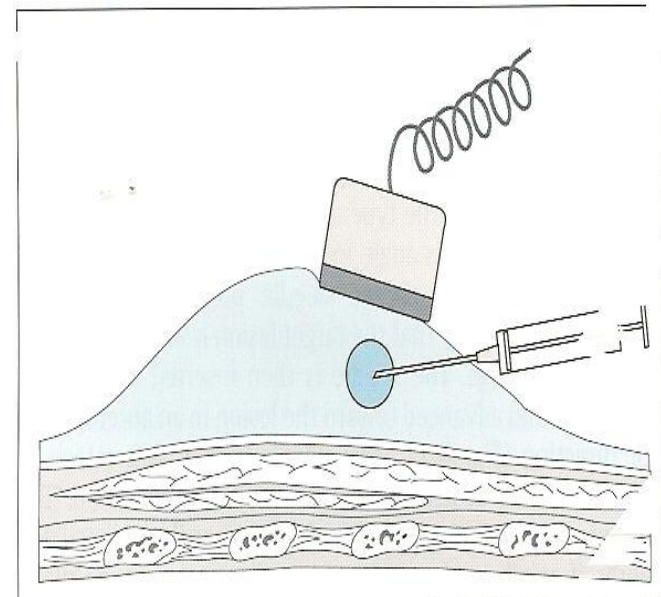
*Dutch Kilimanjaro Foundation*

*P O Box 916, 1180 AX Amstelveen The Netherlands*

e-mail: [phc@borstpoli.nl](mailto:phc@borstpoli.nl)

[www.borstpoli.nl](http://www.borstpoli.nl)

# **Breast Symposium & Practical Course workshops Triple-test ultrasound -microscopy-RFA Needling**



**Women's Health Organisation**  
**3rd annual Breast-Symposium**  
**ARUSHA, Tanzania**  
**March 24th -29th, 2009**

## Introduction.

World-wide breast cancer and cervical cancer are the commonest cancers to effect women. In European countries like England and the Netherlands, where the age standardised incidence and mortality is one of the highest in the world, breast cancer is the single commonest cause of death among women aged 40-50, accounting for about a fifth of all deaths each year. Early cancers detected by annual screening are in 79% of the cases detected in prognostic favorable stages as in situ and small carcinomas (pT1). Studies suggest that micro invasive mamma carcinoma has an excellent prognosis and less radical surgery or nonsurgical techniques should be considered in this low-risk patient population. Nonsurgical ablative techniques are available that may either cool or heat tumors sufficiently to cause complete cell death. Radiofrequency ablation (RFA) induces an area of coagulation necrosis at the site of treatment. RFA is an exciting new treatment option

# Breast tumors

## Imaging and Screening

Early detection is the best health intervention known to reduce cancer mortality. Finding cancer among young women (35-45) when it is small (between 1-10 mm) and has not yet spread to the lymph nodes provides the opportunity for the most effective treatment in the referral hospital. The aim of screening is to detect "killing" breast cancer when it is small, as early as possible, before it has had the chance to spread.

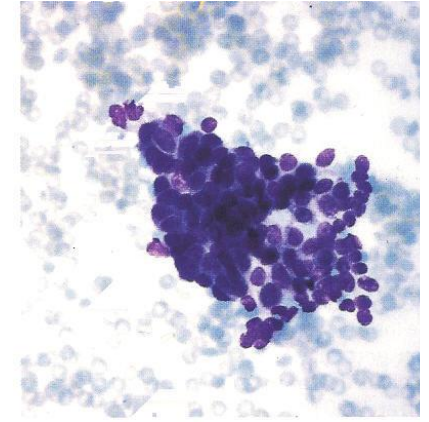
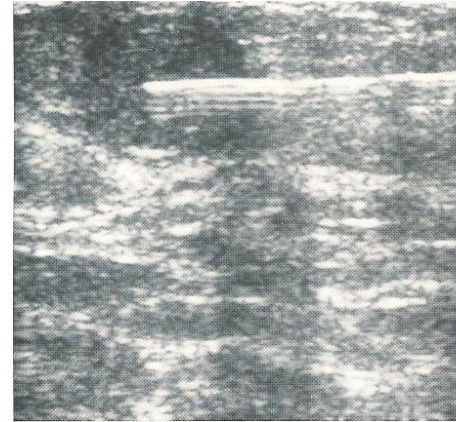
**Cytology.** Cytology has been shown to be effective in reducing the incidence and mortality from cervical cancer in developed countries. Cervical cytology is considered to be a very specific test, its sensitivity is only moderate, depending on the quality of collection and spreading of cells, fixation, staining of smears and availability of well-trained technicians and good cytopathologists.

## Single test (population screening) versus triple test (assessment of high risk women).

Needless to say, we do not have one single method that is 100% sure and therefore we have to choose the next best alternative: the triple approach. False positive results occur with all diagnostic techniques. The sensitivity of clinical examination and mammography varies with age. Triple assessment is the combination of three tests (examination, imaging, needling). The three major modalities of the triple test approach are imaging (mammography or ultrasound), clinical (examination and history) and tissue diagnosis (cytology and histology). There are two end points to assessment: no important abnormalities or referral to the hospital (breast surgeon)

## Ultrasound-guided cytology

The combination of ultrasound and cytology is extremely effective for both palpable and impalpable lesions. Approximately 75% of impalpable lesions requiring biopsy are visible on ultrasound and the remaining 25% are mainly micro calcifications (DCIS). Ultrasound-guided cytology causes the least discomfort for women and lesions are sampled quickly and accurately under direct vision.



## New RFA-Needle treatment

Radiofrequency ablation (RFA) is an exciting new treatment option. RFA induces an area of coagulation necrosis at the site of treatment. The assessment of RFA-treated lesions remains difficult. There is no good standard imaging modality for assessment of the response to therapy. The ideal test seems to be histologic or cytologic evaluation on site of the RFA treated area (on-site pathology). The goal of this pilot experimental study was to assess the use of fine needle aspiration (FNA) during the RFA-procedure as tissue marker to determine the completeness of thermal ablation.

Triple-test, ultrasound, cytology and RFS-needling will be discussed and a "Hands-on training" will be included in the course.

