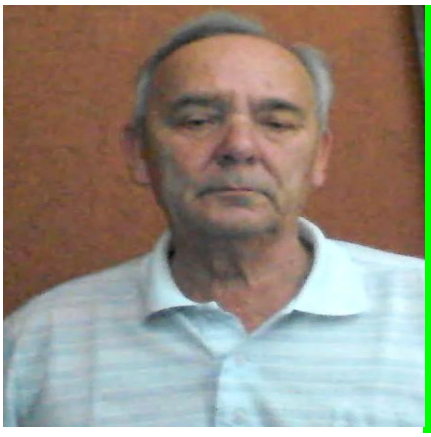


Romabiomed research Lab



IRSCC POLICLINICO SAN DONATO UNIV:MILAN

THE POSSIBILTY OF EMPLOY THE MICRONUCLEUS TEST FOR THE DIAGNOSIS OF THE DOUBT CASES IN THE SCREENING FOR THE DETERMINATION OF BREAST CANCER

MENICAGLI LAURA * MENICAGLI ROBERTO**

Preliminary, and positive results, propose the use of test of the micronucleus , in saliva, for the diagnosis of the cases doubts, detected in screening for breast malignancy

THE CASE DOUBTS – BIRADS 3. PROBABLY BENIGN

BI-RADS ,is a scheme for putting the findings from mammogram screening ,(for breast cancer diagnosis), into a small number of well-defined categories. Although BIRADS started out for use with breast screening mammography, it was later adapted for use with Magnetic Resonance Imaging (MRI) and breast ultrasound (US) as well.

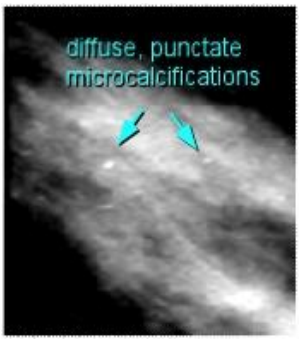
THE BIRADS CASSIFLICATION : 0- incomplete ; 1-negative ;2-benign findings ;3-PROBABLY BENIGN ;4-suspicious abnormality ;5-highly suspicious of malignancy ;6-known biopsy with proven

BIRADS 3 is rarely used nowadays, because BIRADS 4 and 5 are categories that lead to biopsies, and breast biopsy to give a definitive diagnosis. BIRADS 3 often indicates the need for a 6-month follow-up mammogram. THIS CAN CAUSE WORRY AND ANXIETY FOR EVERYONE FOR THOSE 6 MONTHS DUE TO THE UNCERTAINTY OF THE SITUATION. BOTH RADIOLOGISTS AND PATIENTS PREFER FAST ANSWERS RATHER THAN HAVING TO WAIT FOR 6 MONTHS

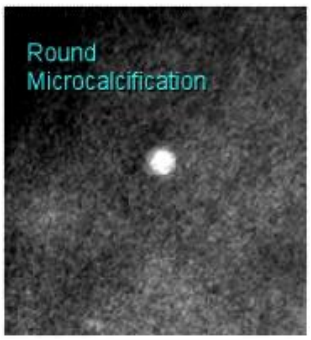
Category 3. Probably Benign

With BI-RADS category 3, a follow-up of 6 months is usually recommended. On the breast cancer screening mammogram there may be a finding of some kind, but the lesion is non-palpable Findings typical of this category include: 1-Clusters of tiny calcifications – round or oval 2-Non-calcified solid nodules (no size limitation but non palpable on physical examination), round, ovoid and well-defined. 3-Selected focal asymmetrical areas of fibroglandular densities (not palpable): This might include concave-outward defined margins, interspersed with fat and without central increased fibular density on two projections. 4-Miscellaneous focal findings, such as a dilated duct or post biopsy architectural distortion without central density 5-Generalized distribution in both breasts. For example, multiple similar lesions with tiny calcifications or nodules distributed randomly In some scenarios a percutaneous biopsy (usually core-needle biopsy) might be considered even for BIRADS category 3. For example, extreme patient anxiety or plans for pregnancy, plans for breast augmentation or reduction surgery, or if synchronous carcinoma is present.

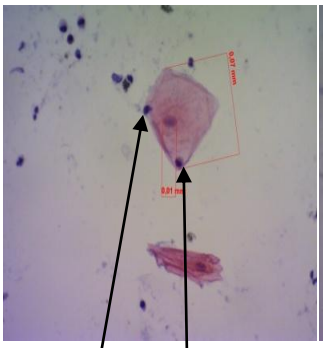
POSITIVE NEGATIVE



These tiny specs are diffuse Punctuate microcalcifications

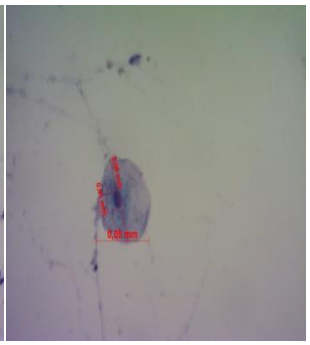


This microcalcification is round, but the edges are not sharply defined (indeminate birads 3)



MICRONUCLEUS

MICRONUCLEUS



not MICRONUCLEI

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2003 -Degree in Medicine and Surgery, University of Milan, Milan, IT
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From 2008 reader for the mammographic screening service organized by the ASL Milano2 (Certified Diploma in senology issued by ISPO, Florence, 2006

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POSTER PRESENTATION

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Roberto Menicagli has completed his PhD at the age of 25 years from Milan University .Postdoctoral studies in biochemistry and molecular genetics, at the faculty of biology at Milan University. He is the director of Roma Biomed Research Lab a Private Medical Service Organization. Has published more than 20 papers in reputed journals ,some also with impact factor ; is also the principal author of 4 international patent ,in the field of the environment, and biomarkers , and has been serving as an editorial board member of two magazine concerning the medical sciences.

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