



가 : 2000 7 2001 9 15
가 671 13.2%
가 가 90.4%
가 가
가 429 , 가 가 70 , 가
가 5 가 가
가 81.2% 96.7%
가 16 (2.1%)
가 9 (64.3%)
가 14 0 1

가 가 40 가 가 (Table 1).

가 가 15 가

(가)

6-7

2000 7 2001 9

1

2001 11 30 2002 2 19

가

가

Table 1. Patient's Age Distribution (n = 559)

Age range	Patient number
10 - 19	1
20 - 29	20
30 - 39	122
40 - 49	237
50 - 59	139
60 - 69	36
70 - 79	3
80 - 89	1
Total	559

가

가

가

ACR BIRADS category III

Table 2. Patient Distribution According to Sources

	Ca ⁺⁺	Nodule, Mass	HN, DB	Other	Total*
HPC	64	294	89	97	544 (90.4)
OD, OH	3	11	2	3	19 (3.1)
Self-Referral	0	25	1	13	39 (6.5)
Total*	67 (11.1)	330 (54.8)	92 (15.3)	113 (18.8)	602 (100)

Ca⁺⁺ ; Patients with calcification, Nodule, Mass ; Patients with suspicious nodule or mass, HN, DB ; Patients with heterogeneously dense pattern or extremely dense pattern on mammography, HPC ; Health Promotion Center, OD, OH ; Patients referred from other department or other hospital, Other ; Patients with chief complaint other than calcification or nodule, mass. Numbers in parentheses represent percentage.

* ; Patients who came only for pathologic result of previous examination were excluded.

Table 3. Type and Number of Examinations

		Mag	US	US-g Asp	Mammotome	MM	MR	Misc	Total
HPC	Ca ⁺⁺	46	14			7		2	69
	Nodule, Mass	16	183	34	10	27		2	272
	HN, DB		67	3	1	1	1		73
	Other	21	48	4	1	11	1	2	88
	Total	83 (16.5)	312 (62.1)	41 (8.2)	12 (2.4)	46 (9.2)	2 (0.4)	6 (1.2)	502 (100)
OD, OH	Ca ⁺⁺								
	Nodule, Mass	1	6	4	1	4			16
	HN, DB		1	1		1			3
	Other		2			1	1		4
	Total	1	9	5	1	6	1		23
Self-Referral	Ca ⁺⁺								
	Nodule, Mass		10	5	8	15	2	2	42
	HN, DB		1			1			2
	Other	1	3	1		12		1	18
	Total	1	14	6	8	28	2	3	62
Total		85 (14.5)	335 (57.1)	52 (8.9)	21 (3.6)	80 (13.6)	5 (0.8)	9 (1.5)	587 (100)

Ca⁺⁺ ; Patients with calcification, Nodule, Mass ; Patients with suspicious nodule or mass, HN, DB ; Patients with heterogeneously dense pattern or extremely dense pattern on mammography, HPC ; Health Promotion Center, OD, OH ; Patients referred from other department or other hospital, Other ; Patients with chief complaint other than calcification or nodule, mass. Numbers in parentheses represent percentage.

Mag ; magnification compression view, US ; ultrasonography, US-g Asp ; ultrasonography-guided aspiration biopsy, MM ; mammography, Misc (Miscellaneous) ; extended craniocaudal view, cleavage view, tangential view, axillary view, galactography. Numbers in parentheses represent percentage.

Table 4. Final Results of Biopsied Lesions

		B-B	B-M	I, M-B	I-I	M-M	Total *
HPC	Ca ⁺⁺			4		2	6
	Nodule, Mass	38	1	15		2	56
	HN, DB, Other	1		4	1	2	8
	Total*	39	1	23	1	6	70
OD, OH	Ca ⁺⁺	1	1			1	3
	Nodule, Mass			1		3	4
	HN, DB, Other						
	Total*	1	1	1		4	7
Self-referral	Ca ⁺⁺						
	Nodule, Mass	3		2	2	3	10
	HN, DB, Other	2				2	4
	Total*	5		2	2	5	14
Total *		45 (49.4)	2 (2.2)	26 (28.6)	3 (3.3)	15 (16.5)	91 (100)

Ca⁺⁺ ; Patients with calcification, Nodule, Mass ; Patients with suspicious nodule or mass, HN, DB ; Patients with heterogeneously dense pattern or extremely dense pattern on mammography, HPC ; Health Promotion Center, OD, OH ; Patients referred from other department or other hospital, Other ; Patients with chief complaint other than calcification or nodule, mass. Numbers in parentheses represent percentage.

* ; Number of lesions which were biopsied. Final results after referral to other departments were included.

B-B ; Patients whose radiological diagnosis was benign and pathological diagnosis was also benign, B-M ; Patients whose radiological diagnosis was benign and pathological diagnosis was malignant, I,M-B ; Patients whose radiological diagnosis was indeterminate or malignant and pathological diagnosis was benign, I-I ; Patients whose radiological diagnosis was indeterminate and pathological diagnosis was also indeterminate (proliferative breast lesion with atypia etc.), M-M ; Patients whose radiological diagnosis was malignant and pathological diagnosis was also malignant, Numbers in parentheses represent percentage.

Table 5. Stage of the Cancers Diagnosed in Breast Cancer Early Detection Clinic (n = 14)

Stage	Number of patients
Satge 0	3 (21.4)
Satge I	6 (42.9)
Satge II	3 (21.4)
Satge III	0
Satge IV	2 (14.3)
Total	14 (100)

가 가 90.4%

가 3.1%, 가 6.5%

가 가

가 가 , 가

가 가 가

가 가 (Table 2).

가 , , , 가

가 , , , 가

가

113

21

mammotome

가 429 가 가 가 70

, 가 가 5

671 가

(Table 3).

559 2

112

13.2% 24.6%

가 , 가

가 가

:

mammotome

, 가

가

mammotome

.

가

가 .

가 가

가 가

(Table 3).

81.2%

96.7%

가

가

가

(1).

가

가 .

가 , 1)

가

가 가

17

, 2)

1

16

가

(Table 4).

2.9%

5

12

2.1%

, 3)

17

3

14

0

1

10%

가 9

64.3%

(Table 5)

13.2%

10

0

1

가 7

6

70.0%

96.7%

가

가

가

가

가

가

가 .

1) 2)

가

3)

가

가

가

가

가

14

가

가

18

2.1 - 2.9% , 0

1

가 64.3 - 70.0%

가

가

가

1.0%

2 - 3

(2 - 4)

가

가

30%

2

가

(,)

, 6 - 7%가

가

,

가

가

가

(5)

15 - 20

-

가

가

가

가

가

1. Sickles EA. Periodic mammographic follow-up of probably benign lesions: Results in 3,184 consecutive cases. *Radiology* 1991;179: 463-468

2. : 4
2000;42:1003-1008

3. 5
2000;42: 859-864

가

4. . In 1
. 2001;17-24

가

. BIRADS III
6

3

5. . In 23
. 2001;35-40

Breast Cancer Early Detection Clinic lead in Department of Radiology: Early Experiences¹

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Purpose: To describe the operation of our Breast Cancer Early Detection Clinic, lead by a radiologist.

Materials and Methods: From its opening in July 2000, until September 2001, patients who attended the Breast Cancer Early Detection Clinic at the Department of Radiology were referred mainly from the Health Promotion Center. Additional radiologic examinations were performed immediately, and according to the results, patients were either referred at once to a surgical clinic or a follow-up schedule was arranged for them there. The no-show rate, patient distribution, chief complaint, type and number of additional radiologic examinations, patient compliance rate, biopsy result, rate of cancer detection, and staging of cancers were determined. The merits and demerits of the clinic were also assessed.

Results: A total of 671 patients attended, with a no-show rate of 13.2%. Referrals from the Health Promotion Centre accounted for 90.4% of patient visits. The most frequent complaint was a suspicious nodule at mammography. One additional radiologic examination was performed in 429 patients, two examinations in 70, and three or more examinations in five. The most frequent type of examination was ultrasonography, followed by magnification compression view, mammography, and ultrasound-guided aspiration biopsy. An additional radiologic examination was recommended in 81.2% of patients and compliance rate was 96.7%. Primary breast cancer was diagnosed in 16 patients (2.1%), and was found to be stage 0 and 1 in 64.3% of these. No significant demerits were apparent.

Conclusion: Radiologic examinations play a very important role in the detection of early-stage breast cancer, and the establishment of an early detection clinic lead by a radiologist is a very effective and recommendable approach to screening.

Index words : Breast, diseases
Breast neoplasms, diagnosis

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