# ABR AMERICAN BOARD OF RADIOLOGY

### **BREAST STUDY GUIDE**

- Masses
  - Feature Descriptors (e.g., margins, shape, density, location, associated features)
  - Management
  - Palpable Lump with "Negative" Imaging
  - Fat-containing Masses
- Calcifications
  - Morphology Descriptors
  - o Distribution Descriptors
  - Malignant/Suspicious
  - o Typically Benign
  - Management and Biopsy
- Architectural Distortion
- The Altered Breast
  - o Postcancer Therapy
  - o Reconstruction
  - o Implants
  - Augmentation of other types
  - $\circ$  Reduction
  - Postbiopsy
- Asymmetries
  - o Types
  - Imaging Evaluation
  - Management
  - Skin Abnormalities
- Lymph Nodes
  - Normal and abnormal morphology on mammography, ultrasound, and MRI
  - Differential diagnosis of adenopathy
  - Management and biopsy
- Male Breast
  - Malignant Disease
  - Benign Conditions
- Ductography
  - o Indications
  - o Technique

- o Findings
- Breast MRI
  - Technical Parameters/ACR standards for optimizing image quality
  - Indications/Contraindications
  - Finding Descriptors (masses, non-mass enhancement, foci)
  - Kinetics
- Interventional
  - $\circ \quad \text{Indications}$
  - Potential Complications
  - Ultrasound-guided Biopsy
  - Stereo-guided Biopsy
  - MRI-guided Biopsy
  - Concordance of Imaging and Pathology Results
  - o Management of Benign, High Risk, and Malignant Results
  - Needle Localization
  - Sentinel Node Biopsy
- QC/QA
  - MQSA Regulations
  - Audit Outcomes Analysis
  - Positioning
  - o Artifacts/Image Quality (mammography, ultrasound, and MRI)
  - Analog and Digital QC
- Symptomatic Patient Management
  - Lump/Palpable Mass
  - Nipple Discharge
  - Infection/Suspected Abscess
  - Diffusely Swollen, Inflamed Breast
  - o Breast Pain
- Ultrasound
  - Technical Parameters/ACRS standards for optimizing image quality
  - Labelling
  - o Indications
- Screening
  - Breast Cancer Risk Factors
  - o Imaging Guidelines for Normal Risk and Elevated Risk Patients
  - Breast Cancer Epidemiology
- Diagnostic Work-up
  - Additional Views
  - $\circ$  Ultrasound
  - Triangulation/Lesion Correlation
- Diffuse Increase in Density

### SAMPLE QUESTIONS:

Questions may be single best answer or in a format of clinical decision-making with multiple steps or parts to the question/case. The vast majority will be image related.

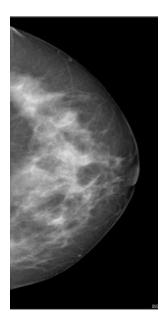
### Sample Question 1:

In a well-positioned mammogram:

- A) the pectoralis muscle should be concave on the mediolateral oblique view.
- B) the pectoralis muscle should extend to the posterior nipple line on the mediolateral oblique view.
- C) the pectoralis muscle thickness should be greater than 1 cm on the craniocaudal view.
- D) the CC view should be exaggerated to include the axillary tail.
- E) the length of the posterior nipple line on the craniocaudal view should be 1 cm greater than on the mediolateral oblique view.

#### Key = B

## Sample Question 2:





Images of the left breast are obtained for a 44-year-old woman. What is the most appropriate BI-RADS assessment?

- A) Category 1: Negative
- B) Category 2: Benign
- C) Category 3: Probably Benign
- D) Category 4: Suspicious
- E) Category 5: Highly Suggestive of Malignancy

Key = B Updated 10/2/2015

NOTE: Study Guides may be updated at any time.