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**Breast Imaging Rotation**  
**BC Cancer**  
**600 West 10th Avenue, Vancouver, BC V5Z 4E6**

**Level: PGY 2,3,4,5**

**Rotation Supervisor: Dr. Tanya (Tetyana) Martin**

**Introduction**

The Breast Imaging division at the BC Cancer serves multiple key roles in women's health. It is an active component of a multidisciplinary management and follow-up of current BC Cancer patients. The department also acts as a tertiary referral center for review of outside studies, breast biopsies and fine wire localization (FWL) prior to OR. The group is a member of the BC Cancer Breast Screening Program, as well as a major referral center for screening breast MRI for women at high risk for breast malignancy. This diverse involvement will offer the resident well-rounded exposure to breast imaging, with particular value in various procedures and breast MRI.

Residents will receive an orientation organized by the rotation supervisor or department secretary on the first day of the block. He or she should meet with Dr. Tanya Martin for any clarification of rotation objectives or expectations. An informal interim evaluation and the end of rotation ITER will be scheduled at this time. Residents are encouraged to discuss any particular interests or requests pertaining to breast imaging with Dr. Tanya Martin or any of the breast radiologists.

The rotation objectives are categorized in accordance with the CanMEDS competency framework.

**Medical Expert**

To familiarize with the classification of neoplastic disease of the breast

- Including precursor lesions (DIN), in situ and invasive carcinomas
- Recognize and describe their imaging features on mammography, ultrasound and MR

To participate in tertiary center breast imaging consultation and breast procedures in order to:

- Develop approach to investigation of microcalcifications, asymmetry, architectural distortion and masses
- Develop skills in stereotactic, tomosynthesis, US-guided and MR-guided biopsy, as well as fine-wire localization utilizing various modalities
- To gain familiarity with screening mammography
- To gain basic understanding of management of breast neoplasia
- Medical, radiation and surgical oncology role in management of breast cancer
- Recognize and describe the post-treatment imaging findings

**Communicator**

- To demonstrate effective interaction with patients, including empathy and clarity
- To obtain informed consent effectively
- To provide accurate, concise, complete and timely findings through verbal and written reports

**Collaborator**

- To appreciate the multidisciplinary approach to breast cancer management, and the role of diagnostic imaging within it
  - Attendance/participation at weekly Breast Radiology -Pathology conferences (every Wednesday 12-1pm) and multidisciplinary Breast Rounds (Friday 12-1pm) is encouraged
- To provide consultation to referring physicians, appropriate to level of training
- To respectfully interact with technologists, administrative and clerical staff, and other physicians

**Leader**

- Implement processes to ensure personal practice improvement
- Set priorities and manage time to integrate practice and personal life
- Apply the science of quality improvement (i.e., discussion of potential audit) to contribute to improving systems of patient care
- Contribute to a culture that promotes patient safety, including recognition of patient safety issues, and utilization of health informatics to improve patient safety
- Demonstrate leadership skills to enhance health care

**Health Advocate**

- To gain understanding of the epidemiology of breast cancer, including genetic risk factors
- To gain understanding of the organization of the BC Cancer Breast Screening Program

**Scholar**

- To facilitate one's learning through appropriate use of resources, including staff, texts and online sources
- To critically appraise and utilize current literature where appropriate
- Contribute 2 interesting cases to the teaching file (PowerPoint format)

**Professional**

- To provide ethical care with compassion
- To accept responsibility to self, including one's education
- To accept and utilize constructive criticism
- To demonstrate satisfactory attendance, punctuality, sound work ethic, and initiative
- To recognize and respect own limitations, and seek assistance appropriately

**Expectations for exam volume (by week)**

1. Mammography: 30-50
2. Ultrasound: 10-20
3. Interventional procedures: 10 – 15
4. MR: 2 – 10 (PGY level dependent)
5. Screening mammography: 1 – 2 sessions

**Reading List:**

1. BI-RADS – Breast Imaging Atlas – ACR 4th or 5th edition
2. Breast Imaging – the Core Curriculum Series by Gilda Cardenosa
3. Breast MRI: Diagnosis and Intervention by Elizabeth Morris and Laura Lieberman
4. Current relevant publications

**Screening mammography day** – discuss with Dr. Tanya Martin at the beginning of the rotation

- At beginning of week, choose a screening day
- Pre-read exams
- Review pre-read cases with the attending radiologist

**Daily Responsibilities:**

## PGY2 and 3:

- Review and dictate all mammograms and US studies
- Perform as many procedures as possible
- In CERNER check BCC VA US and BCC VA MG for patients lists
- Remind mammo and US technologists in morning that you are on and where to find you
- Technologists present all cases to the resident first
- Resident to scan US patients
- If uncertain, review the case with the responsible radiologist prior to letting the patient go
- Review all reported studies with the radiologist
- Observe mammography technique with mammo technologists at the beginning of the rotation

## PGY 4 and 5:

- Review and dictate breast MRI
- Review and dictate all mammograms and US studies
- Perform as many procedures as possible
- In CERNER check BCC VA US, BCC VA MG and BCC VA MR for patients lists
- Remind mammo and US technologists in morning that you are on and where to find you
- Technologists present all cases to the resident first
- Resident to scan US patients
- If uncertain, review the case with the responsible radiologist prior to letting the patient go
- Review all reported studies with the radiologist