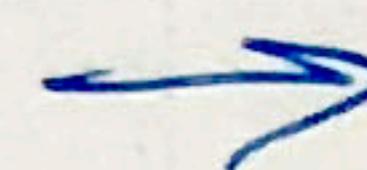


DIAGNOSTIC  
MAMMO  
RESULTS

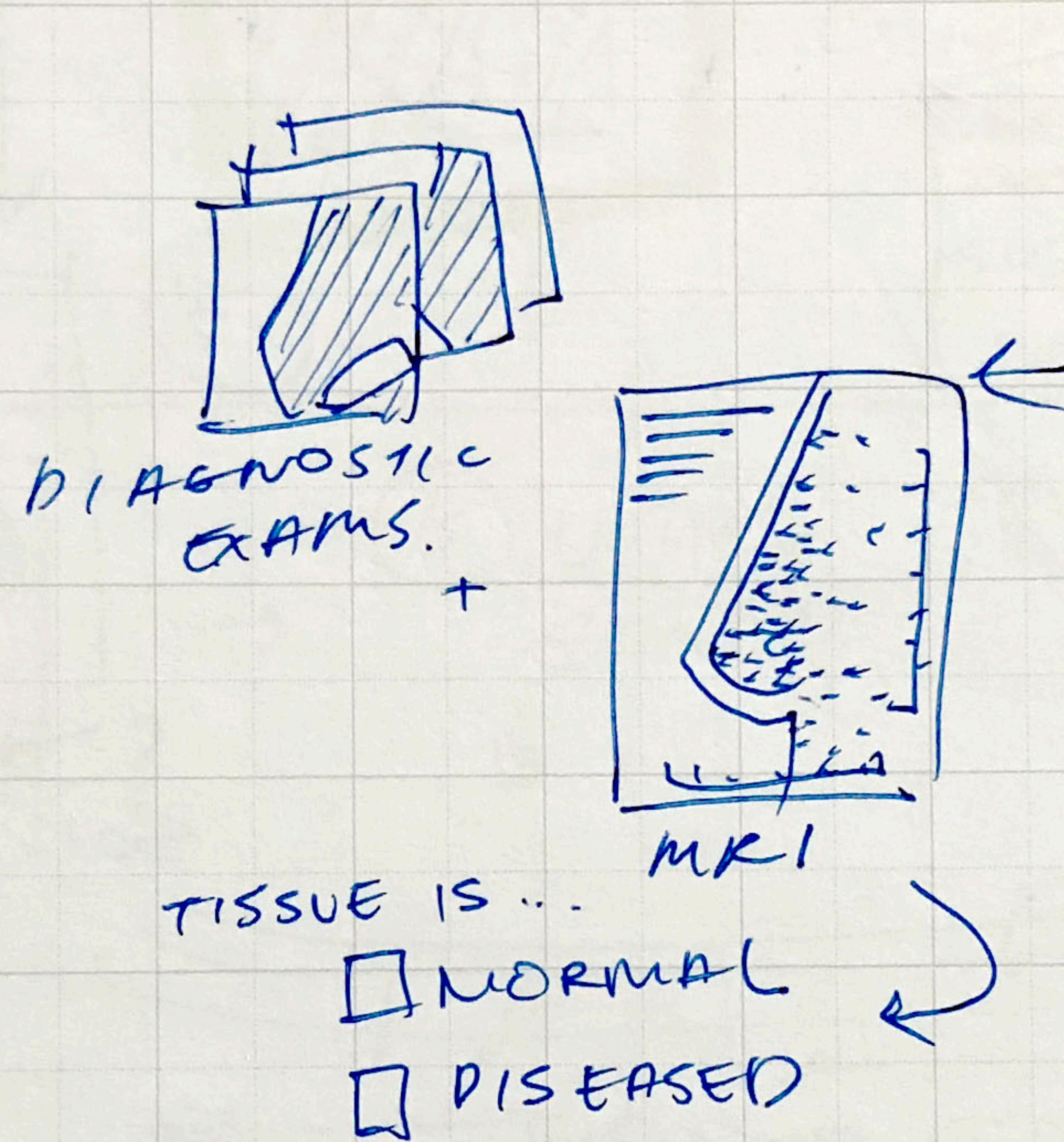
①B



EXAM  
RESULTS  
ARE  
INCONCLUSIVE



MRI TO  
ASSESS THE  
EXTENT OF  
DISEASE



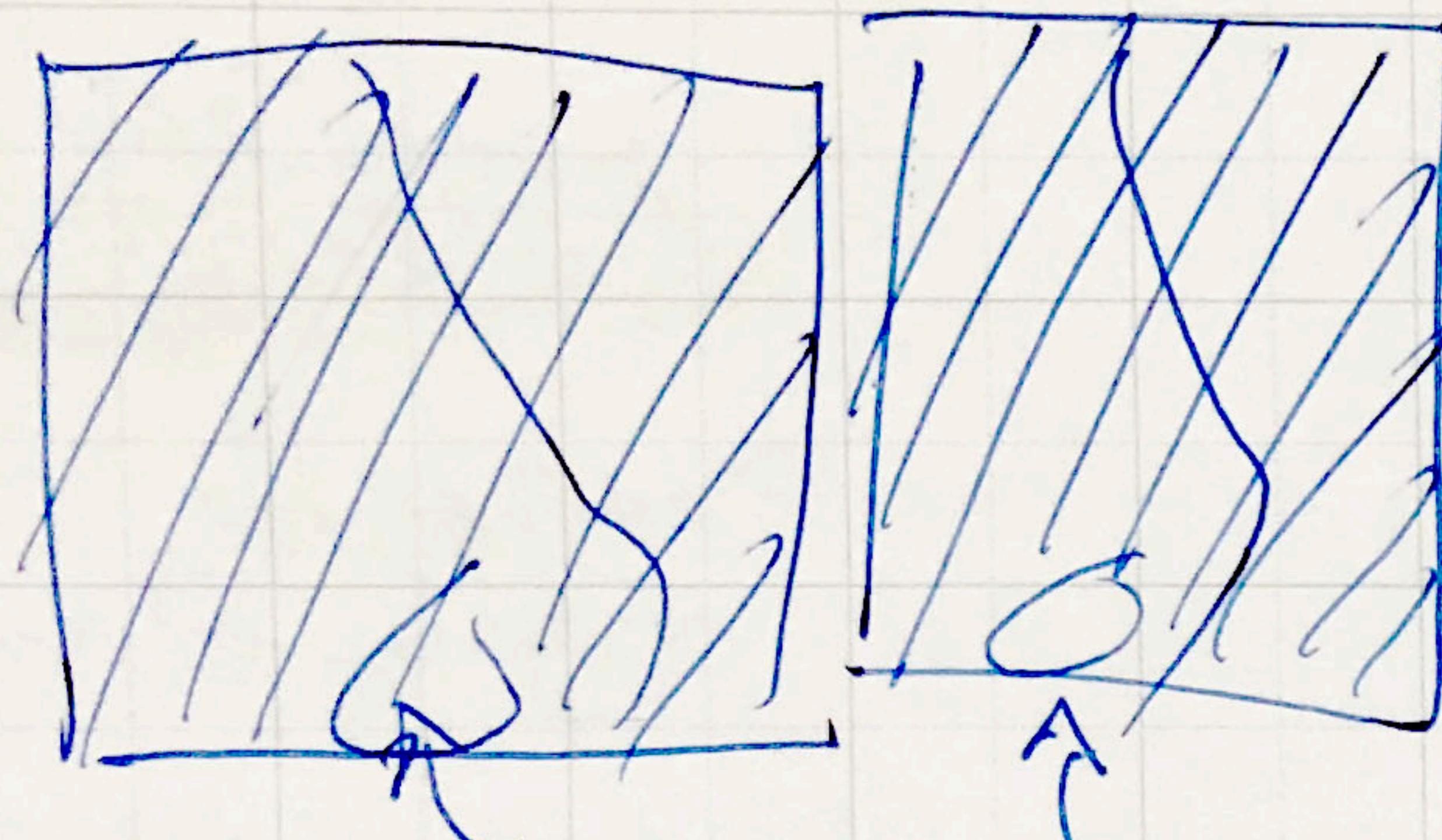
involutionstudios  
MRI of Breast.  
magnetic resonance  
imager.

→ better for  
looking @ lumps.

(higher fidelity  
than mamo,  
ULTRA, or  
CT.  
for breast lumps,

\* suspicion of  
B.C.

①

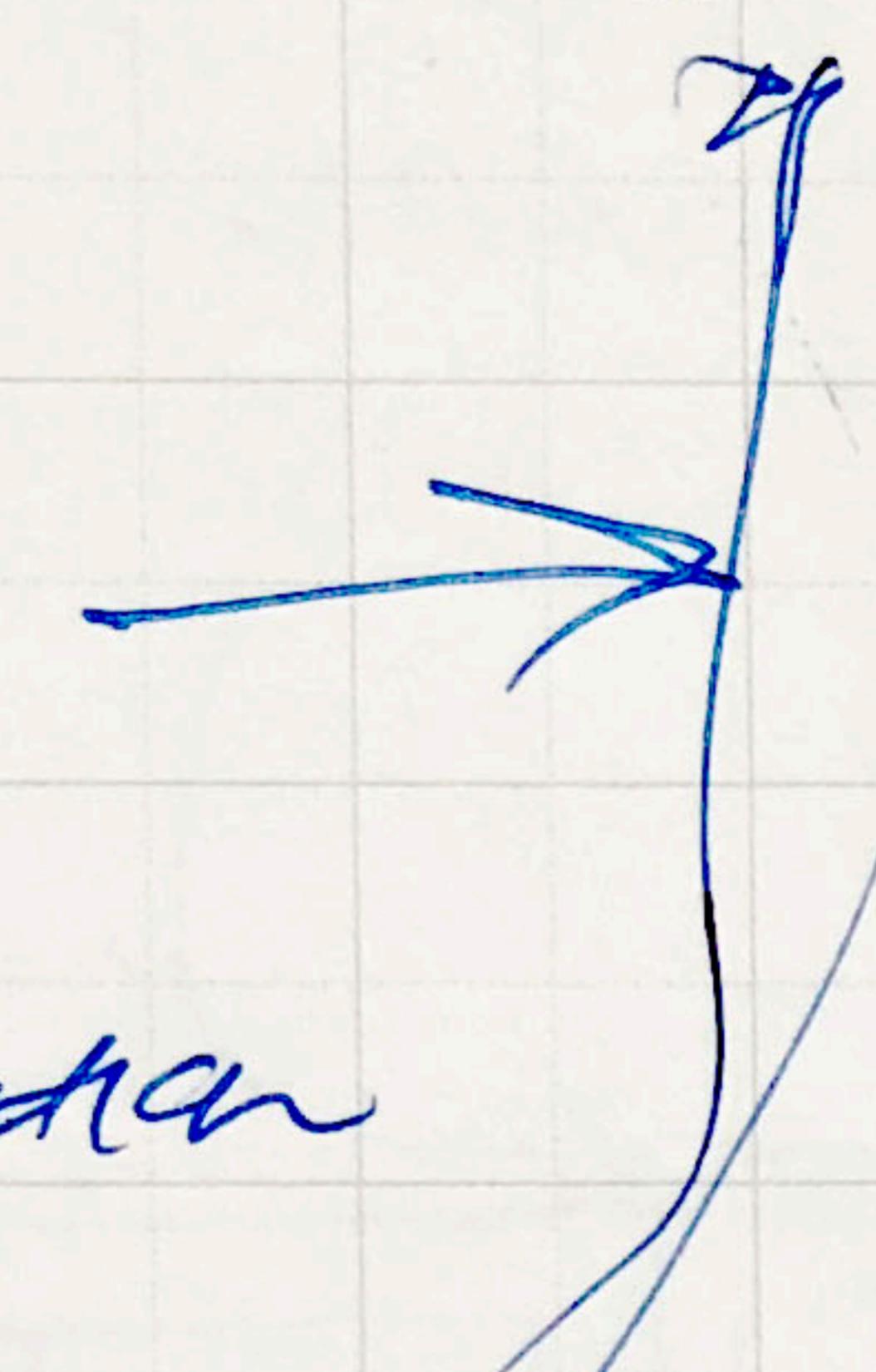


→ RESULTS show  
white calcification  
area.

— BUMP IS FELT ON  
BREAST

②

ULTRA sound on lumps.



③



- a.  solid mass
- b.  cyst filled w/ fluid.
- c.  combination

SONOGRAM. → EXACT SIZE:

- LOCATION OF BUMP
- DETAILS OF SURROUNDING TISSUE

③A  
SOLID  
MASS  
DETECTED.

④A POSSIBLY  
CANCEROUS

HIGHER  
FIDELITY IMAGING  
OR  
BIOPSY.

→ ③B CYST FILLED/  
FLUID.

④B ~~FIND A SURGEON~~

⑤B ASPIRATE CYSTS /

BIOPSY = FINE NEEDLE  
ASPIRATION  
(FNAB)

④C

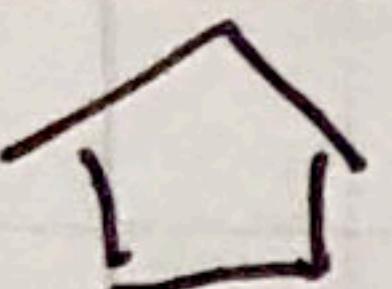
⑤C

②A  
+  
ULTRA

CORE NEEDLE BIOPSY SCENARIOS.

## ① SELF EXAM.

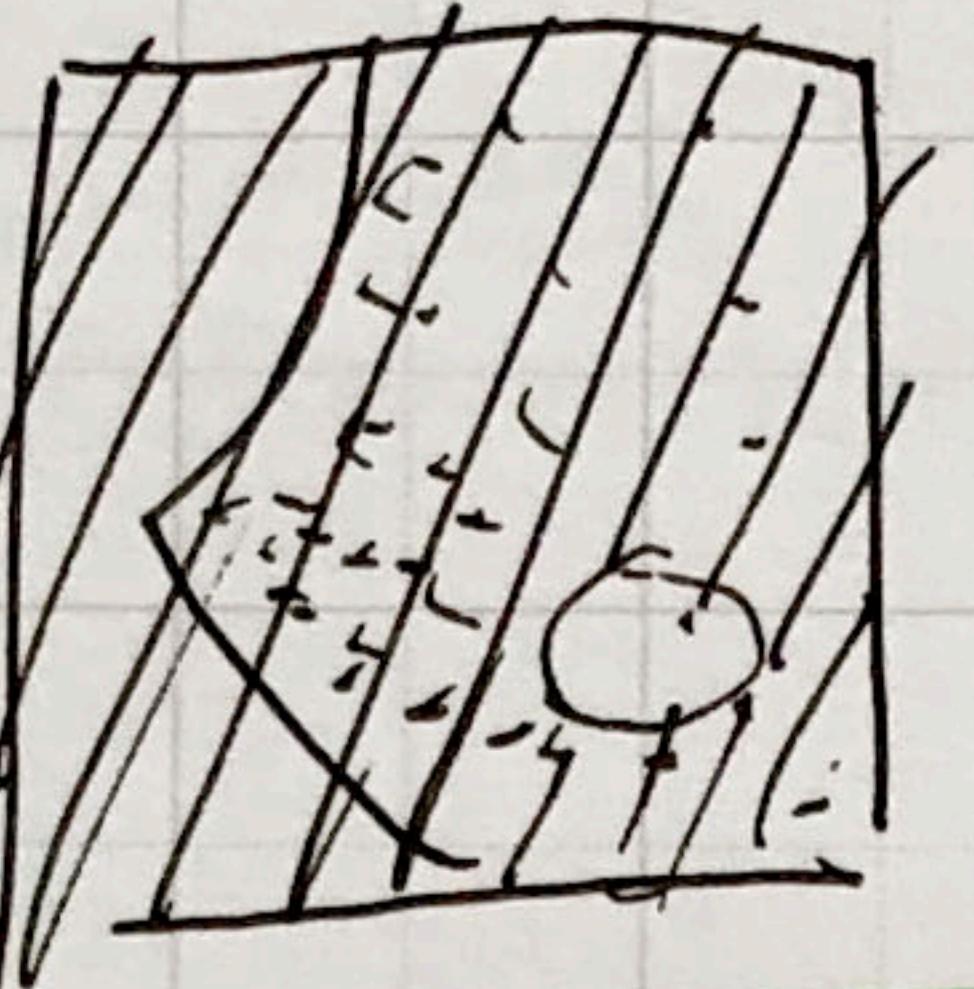
FEELS A LUMP.



## ② MAMMO DOCTOR EXAMINES →

## ③ MAMMO.

(feels suspicious tissue).



## ④ NO IMAGING EQUIPMENT.

FREETHAND CORE-NEEDLE BIOPSY

removing small amount of suspicious tissue.

Fever.  
Side effects

①. GOES FOR AN ANNUAL MAMMO. SCREENING.

(no lump felt).

## ②.

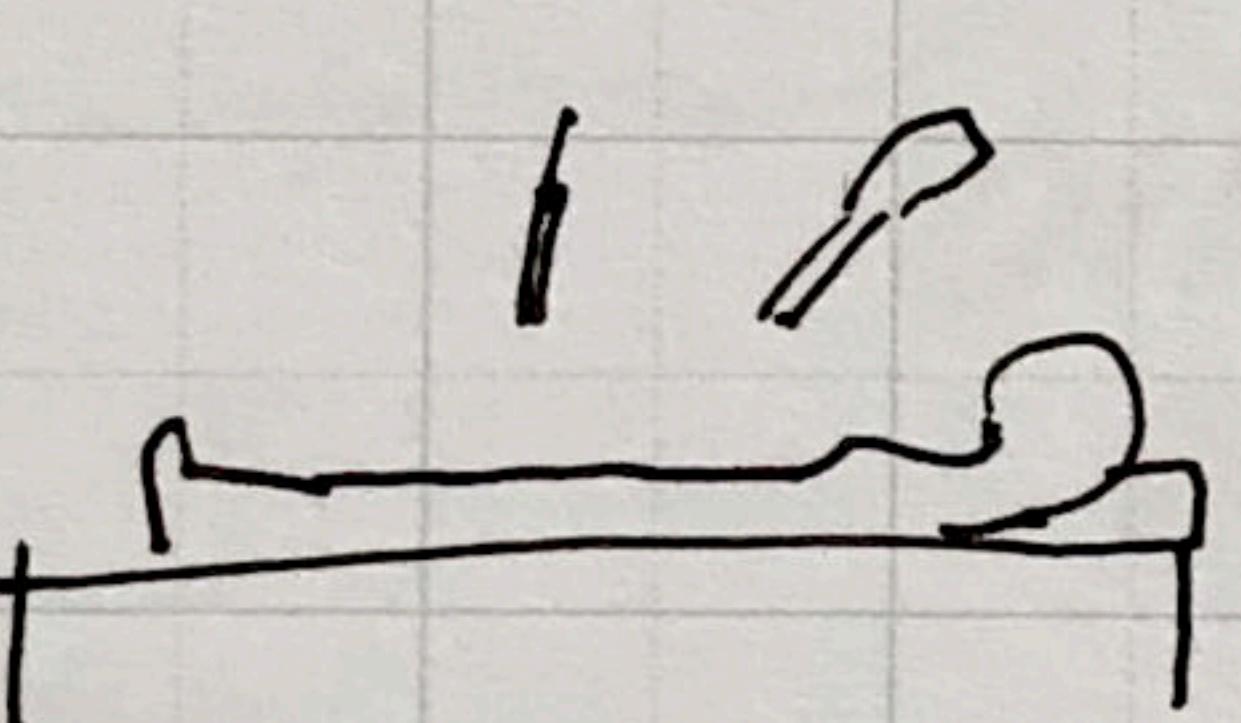


③. ULTRA SOUND.



④ SUSPICIOUS TISSUE

⑤ ULTRASOUND-GUIDED BIOPSY.

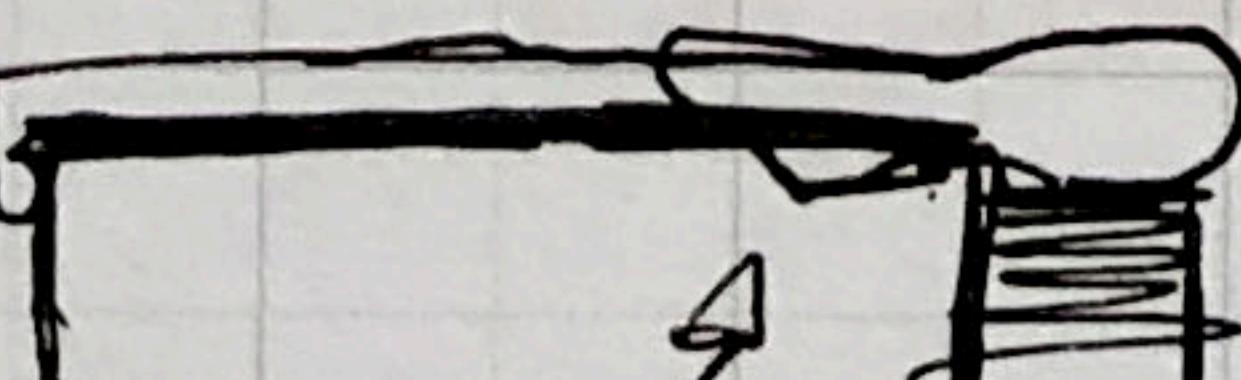


- ① PATIENT LIES DOWN.
- ② DOC USING ULTRA TO GUIDE NEEDLE

## 5B.

STEREOSTATIC ~~BIOPSY~~  
GUIDED CORE-NEEDLE BIOPSY.

30



breast is compressed like a mammogram.

- X-RAY EQUIPMENT
- COMPUTER FOR MAMMO & GUIDING
- NEEDLE

(routinely administered).

NO APPARENT  
SYMPTOMS.(1) ~~LEADERS~~  
~~ASSOCIATE~~.TAKES  
YEARLY EXAM( previous year didn't  
show any calcification ).(2) MAKES  
APPOINTMENT.(3) GOES TO  
OB/GYN(4) SCREENING  
MAMMOGRAM.(5) LESION  
DETECTED(6) RECORDED  
IN  
HISTORY.

(40+): age.

(5B) SUSPICIOUS  
RESULTS.**OB**  
**DIAGNOSTIC  
MAMMO.**(8B) POSSIBLE  
ULTRASOUND/  
MRI.

(-40%)

(5c) SUSPICIOUS  
RESULTS(7B) Higher  
fidelity  
imaging (multiple view  
close up detailed  
shot)(6c) ULTRASOUND/  
MRI.(7B) RESULTS**2A.****1A**

ANT / NAUSEA

+

CHIMOTHERAPY COMBO

) 3-4 weeks x 8 times. > cause of chew.

REUPONSE AFTER CHEMO.

FOR 6 DAYS - AFTER CHEMO  
EVERY DAY, SAME TIME

JAN 12, 2017.

FIRST CHEMO.  
+ 8 hrs sleep.

ABDOMINAL - burning feeling,  
nurse should've stopped +,  
leaked chemo, burned  
skin from inside.

2013

3 weeks for biopsy results.

NEXT CHMO AT FEB 3, 2017

2013 VRAY

(meng)

anal  
results  
show abnormality.

DOSAGE ↕ WEIGHT  
HEIGHT  
GENETIC  
FACTORS.

DRUGS CAN'T TELL  
DIFF

WEEKLY - TESTS  
almost every day

~~WEEKLY~~ -  
1/6 ACITAXOL → PLASTIC  
SURGERY CONSULT

MASTECTOMY

+  
BREAST  
RECONSTRUCTION

RADIATION  
THERAPY (20G).

- risks are "lower"  
to get breast cancer  
than maintain.
- DNA may damage  
to try & maintain  
that might  
not be  
there

every 2-3 days  
(depending)

HET HER2-

involution studios

CHEMOTHERAPY.

SEE THEM ONCE  
A WEEK,

EVERY 3-4 weeks  
to count blood  
cells.

HOME, ETC.

AT PR-OFFICE, INFUSION CENTER

ATTACK ALL DIVIDING  
CELLS. (NOT TARGETED)

- DANGER: ALLERGIES.

BLOOD PRESSURE  
NAUSEA  
NOMITINE.

FATIGUE, DIARRHEA,  
↓ APPETITE  
MEMORY  
SEX DRIVE.

BLOOD PRESSURE

Possible Leukemia (a development)

- AVOID SICK PEOPLE
- RAW MEAT

Blood test - tumor markers, → PET SCAN  
Recurrence  
(7 SCAN.)

RESULTS ↓ 20+8 hrs.

- enlarged colonist  
white blood ↑, stable nodules.

remain on same hormone therapy?

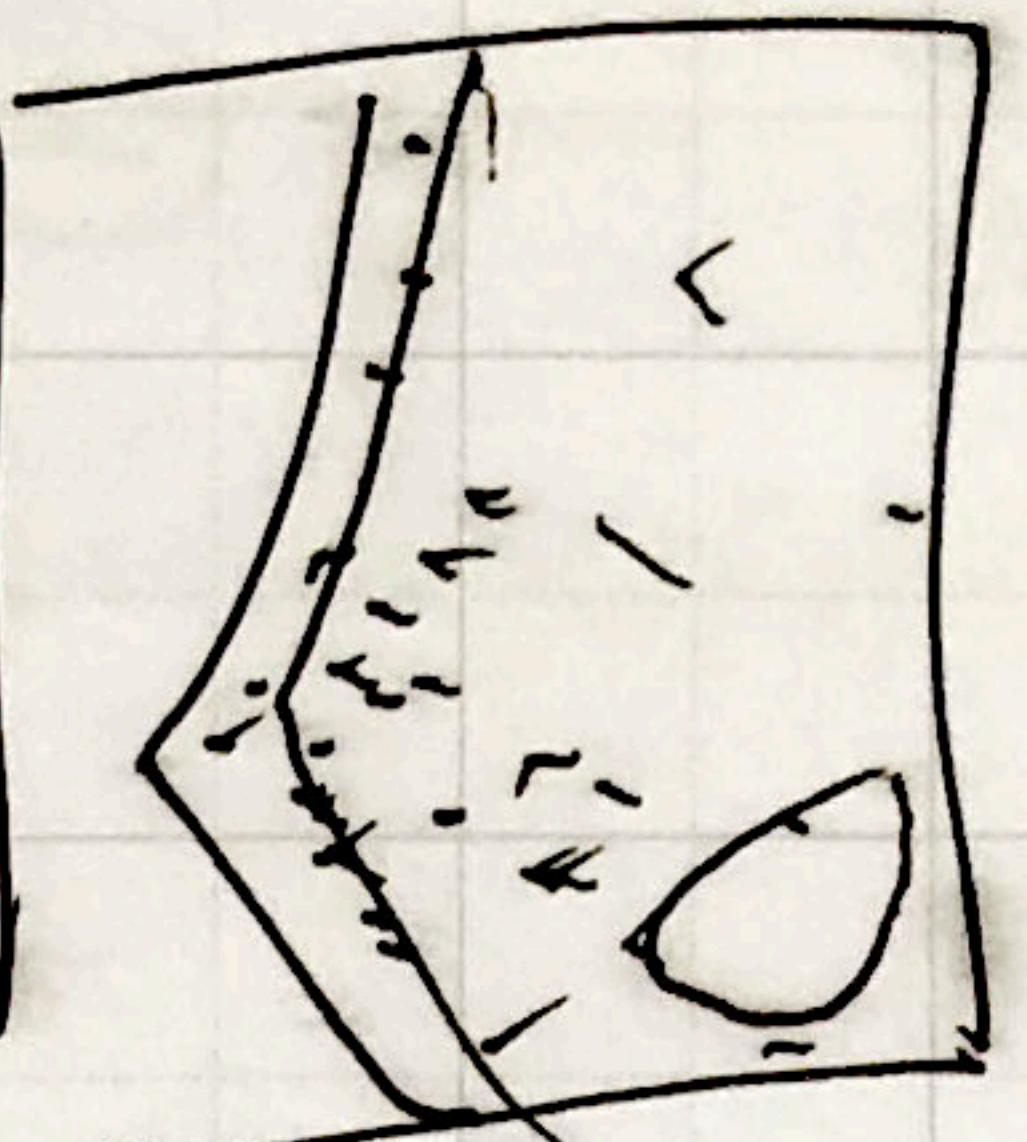
↓ smelks.

OR SCAN - repeat.

↓ over 3 months  
sans for chest (lungs) + MRI

**APPEARANCE:**

- ↳ SIZE
- ↳ LOCATION



**BREAST BIOPSY**  
= TEST THAT REMOVES  
Tissue OR sometimes  
FLUID FROM SUSPICIOUS  
AREA.

① SELF EXAM

→ ② DIAGNOSTIC MAMMO.  
(regular check up.)

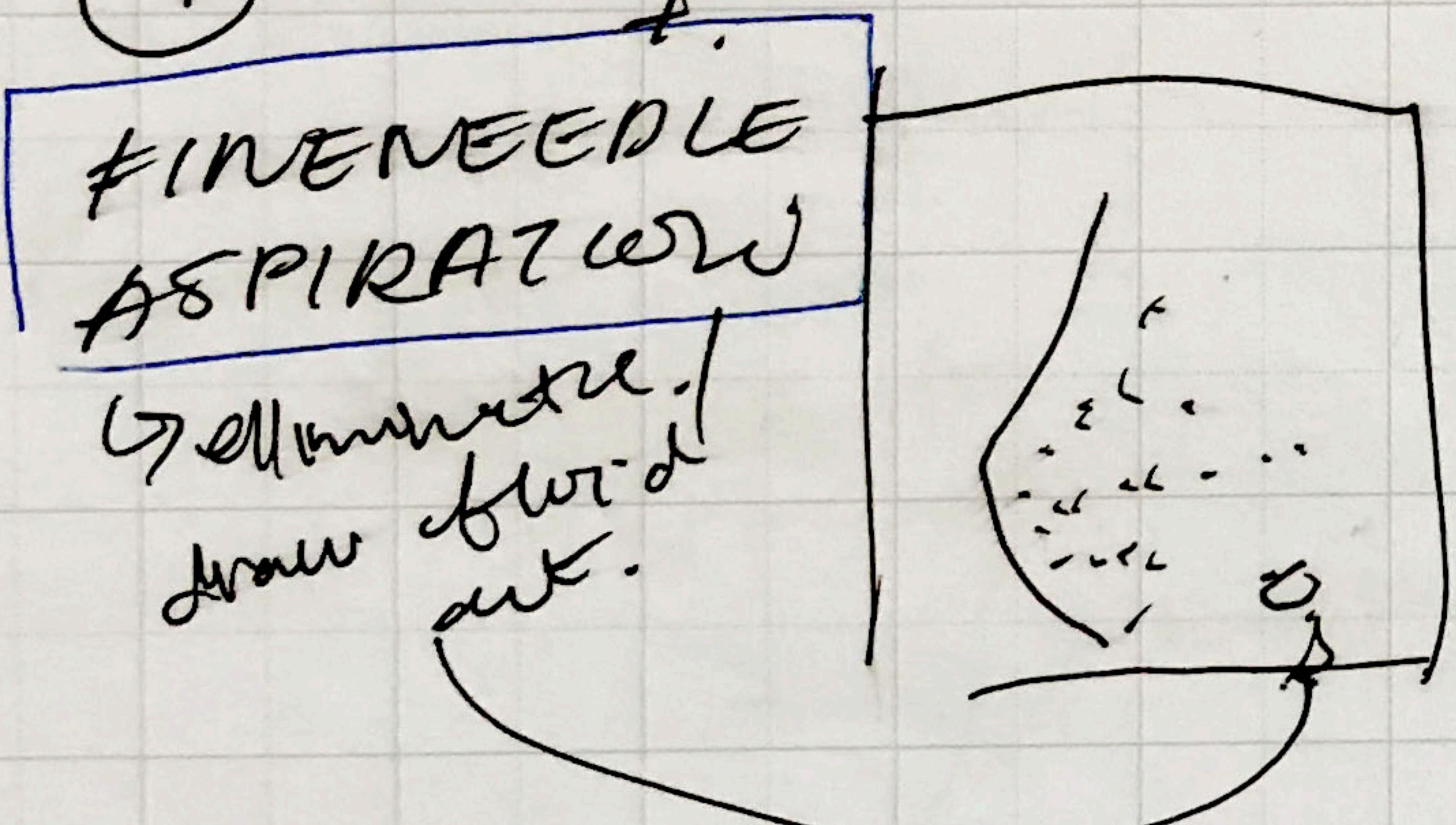
③ FIND / SEE  
SOMETHING

④ POSSIBLY FILLED  
WITH FLUID.

⑤ ULTRA -  
SOUND.

⑥ SCREENING  
MAMMO

→ ⑦ ULTRA SOUND (TO GUIDE  
NEEDLE). ⑧ LUMP  
PERSISTS




3A

↓  
⑨ SURGEON /  
DOCTOR SPECIALIZING  
IN MEDICAL IMAGING.  
(x-rays & scans)

→ **FNA (Bx)** - fine needle  
aspiration biopsy

Sampling for examination.  
cells from lump.



## O. SELF EXAM.

### ① MAMMOGRAM:

↳ SCREENING.

↳ DIAGNOSTIC (FOR 40+).

### ② ULTRASOUND / MRI.

### ③ BIOPSY

↳ FINE NEEDLE ASPIRATION (FNA)

↳ FINE NEEDLE ASPIRATION BIOPSY (FNABX).

↳ CORE NEEDLE BIOP

↳ SURGICAL BIOPS.

### ④ TEST PATHOLOGY REPORT

④b. (Lab tests) - TYPE OF BC.

⑤ DOC → APPONT. DIAGNOS.

### ⑥ TREATMENT PLANNING.

### ⑦ GET A SECOND OPINION

### ⑧ SURGERY

### ⑨ CHEMOTHERAPY

### ⑩ RADIATION THERAPY

### ⑪ HORMONAL THERAPY

### ⑫ TARGETED THERAPY

AC  
AT  
CMF

FAC  
CAF

### ⑬ IMMUNOTHERAPY

⑭ COMPLEMENTARY/HOLISTIC MED.

⑮ DRUGS FOR TREATMENT

⑯ TREATMENT FOR PAIN

↳ SIDE EFFECTS.

P →

## BREAST EXAM.

⑤ DOCTOR DISCUSSES THE REPORTS:

A) NO CANCER FOUND

→ REPORT

cells in lump.  
→ benign

Follow up / treatment

B.) CANCER CELLS ARE FOUND.

→ REPORT

BIOPSY SAMPLE:

cells in lump:  
cancerous.  
- tumor type  
- tumor growth rate/grade

CANCER FOUND?

YES    NO.

LOOK FOR  
ESTROGEN  
OR  
PROGESTERONE  
RECEPTORS.

PATHOLOGIST  
PERFORM  
LAB TESTS.

SA

c.) POST SURGICAL  
BIOPSY

① PATHOLOGIST

examines tissue  
and samples.

② pathology report:

1-2 weeks

③ completed

④ sent to patient's doctor

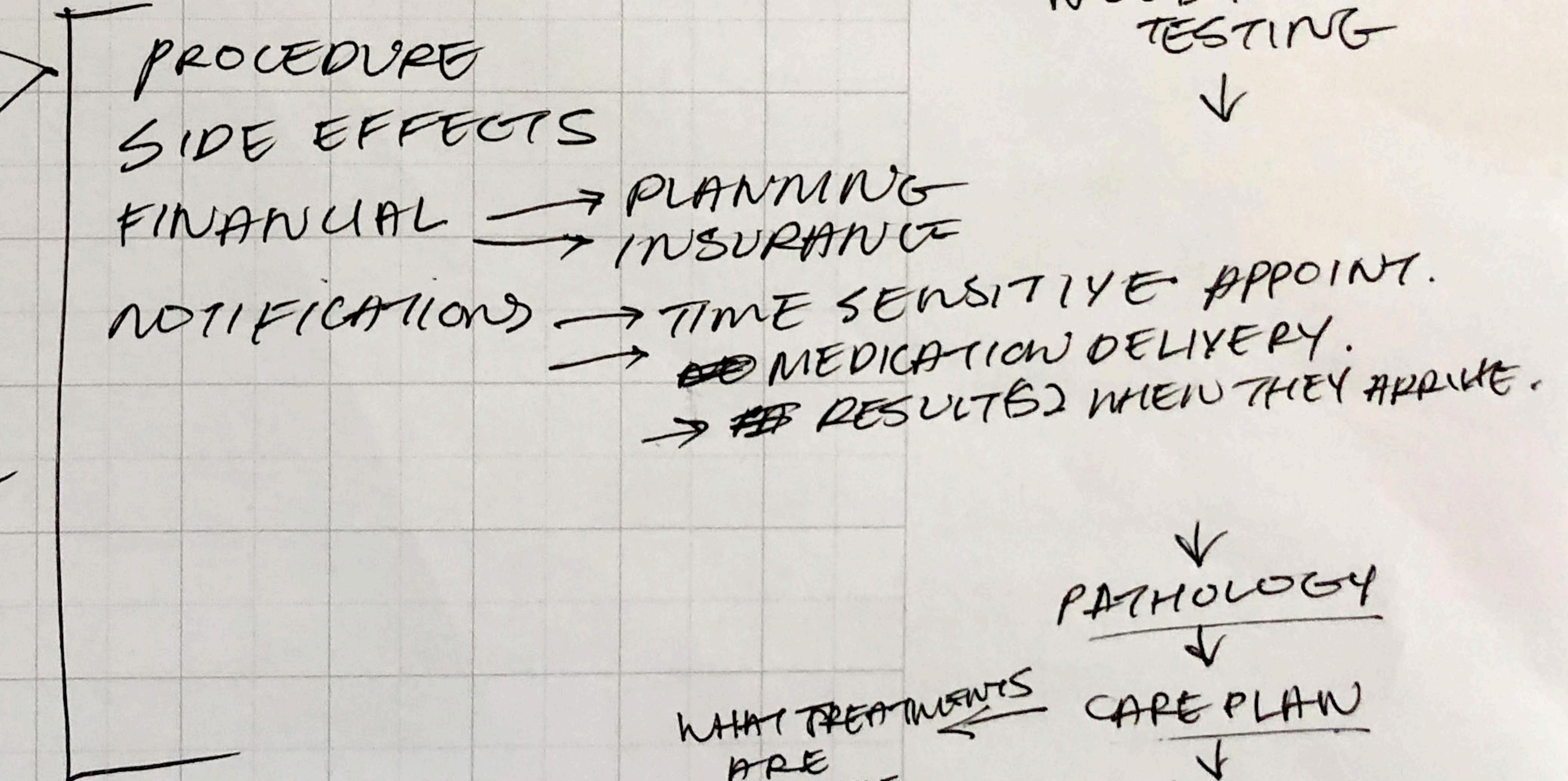
⑤ suspicious area is  
D cancerous  
D non cancer.

+  
full idea of situation.

## GENETIC TESTING.

- ① BY TYPE OF ACTION. → TIMELINE.
- ② BY INFORMATION  
↳ TIMELINE.
- ③ TIMELINE  
↳ INFORMATION.

- ADJUSTMENTS.  
OR  
VS. DOSE GO.  
MAINTENANCE  
PREGNANCY  
FRUSTRATION.



LOG IN  
MAKE AN APPOINT(?)

WHAT HAPPENED AT  
PROCEDURE #  
VISIT.

↓  
WAITING FOR  
RESULTS  
↓  
NEED MORE  
TESTING  
↓