Mayo School of Continuing Medical Education

Updating Your Breast MR and Biopsy Skills: An Interactive Approach to Interpretation and Biopsy Techniques

August 13-14, 2004
The Grove Park Inn Resort and Spa
Asheville, North Carolina

www.mayo.edu
**Course Description**

This course is targeted for experienced breast and body imagers with interest in developing and expanding their breast MR skills. Didactic lectures will cover imaging options and interpretive instruction using the ACR Breast MR Lexicon. Workshops will allow autonomous viewing of complete studies with known diagnoses in their entirety in a DICOM viewing format, and simulation of real-time biopsy using commercially available biopsy technology, complete with step-wise electronic biopsy images. The unique design of the course will allow participants to expeditiously gain the knowledge and confidence they need to employ these techniques in their own practices, and initiate questions to anticipate challenges they may encounter as well as tools that can be used to independently problem-solve.

**Course Learning Objectives**

Upon completion of this conference, participants should be able to:

• analyze imaging protocol options for breast MR
• identify appropriate clinical indications for breast MR
• evaluate practice integration issues
• identify benign and suspicious processes and describe them using the ACR Breast MR Lexicon
• establish criteria for MR guided breast biopsy patient selection
• formulate a working knowledge of MR guided breast biopsy software, hardware and instrumentation.

**Intended Audience**

This conference is targeted for experienced breast and body imagers (physicians) with interest in developing and expanding their breast MR skills.

**Continuing Medical Education for Physicians**

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Mayo Foundation designates this educational activity for a maximum of 13 category 1 credits towards the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.

**Educational Grants**

This course is supported in part by educational grants from Aurora Imaging, Bard Biopsy, Confirma, Inc., MRI Devices Corporation, Siemens Medical Systems, and Suros Surgical Systems, in accordance with ACCME Standards.

**Date and Location**

The course will be held August 13 - 14, 2004 at The Grove Park Inn Resort and Spa in Asheville, North Carolina.

**Registration**

To register, complete the attached registration form and return by mail or fax. The registration fee includes tuition, course syllabus, continental breakfasts, refreshment breaks, and lunches. Although it is not Mayo School of Continuing Medical Education policy to limit the number of registrants for a course, conference room facilities may necessitate closing of enrollment; therefore, early registration is strongly advised. A letter of confirmation will be sent upon receipt of payment and completed registration form. Please present the confirmation letter when checking in at the meeting registration desk.

**Cancellation Policy**

Your registration fee, less a $75 administrative fee, will be refunded when Matrix Meetings, Inc. receives written notification before July 14, 2004. No refunds will be made after July 14, 2004.
Travel Information
Registrants are responsible for their own transportation to and from the meeting. Please check with your local travel agent with regard to travel arrangements.

Climate: Average temperatures in Asheville during mid August are in the low eighties. Be sure to bring sweaters and jackets for cooler evenings and possibly the meeting room.

Lodging Accommodations
The Grove Park Inn Resort and Spa is listed on the National Register of Historic Places and best described as “one of America’s truly legendary resorts.” Set in Asheville, North Carolina where the Blue Ridge and Great Smoky Mountains converge, The Grove Park Inn Resort and Spa is a grand mountain resort. Amenities include the 18-hole Donald Ross-designed golf course, indoor and outdoor tennis and swimming, a new world-class spa, and indoor sports center, which provides a comprehensive fitness and recreation facility. The Asheville area offers an array of tours and activities. You can visit studios featuring exquisite handmade arts and crafts, unique galleries, and the world-famous Biltmore Estate. You will enjoy beautiful mountain scenery, cultural activities and a variety of outdoor adventures. Additional information on the Grove Park Inn Resort and Spa may be found at www.groveparkinn.com and area information at www.asheville.com.

A block of rooms has been reserved for our group at a special course rate of $239, plus taxes, for a single/double accommodation at The Grove Park Inn Resort and Spa. Hotel rooms are limited. Reservations should be made directly with The Grove Park Inn Resort and Spa as soon as possible, and certainly no later than July 1, 2004. To ensure our special group rates, please use the attached reservation form or if calling for reservations, state that you are attending the course.

Recreation/Leisure Activities
The Spa includes a renovated Sports Center with an indoor pool. This world-class spa offers a comprehensive range of services. Since the Spa is very popular, advance reservations are encouraged. Please call The Grove Park Inn Resort and Spa at 800-438-0050 ext. 7720 to make Spa reservations.

Other tours and activities can be arranged through the concierge desk by calling 800-438-0050 ext. 7705 to make reservations.

Faculty
Course Director
Elizabeth R. DePeri, M.D.
Department of Radiology
Mayo Clinic

Course Co-Director
Michelle D. McDonough, M.D.
Department of Radiology
Mayo Clinic

Mayo Clinic Faculty
Betty Anne Mincey, M.D.
Multidisciplinary Breast Clinic
Robert A. Pooley, Ph.D.
Department of Radiology

Guest Faculty
David A. Bluemke, M.D., Ph.D.
Department of Radiology
Johns Hopkins University
Baltimore, Maryland

David R. Byrd, M.D.
Department of Surgery
University of Washington
Seattle, Washington

Maura N. Dickler, M.D.
Breast Cancer Medicine Service
Memorial Sloan-Kettering Cancer Center
New York, New York

Elsie Levin, M.D.
Faulkner-Sagoff Center
Faulkner Hospital
Boston, Massachusetts

Susan Orel, M.D.
Breast Imaging Section
University of Pennsylvania
Philadelphia, Pennsylvania

Margarita L. Zuley, M.D.
Elizabeth Wende Breast Clinic
Rochester, New York

Technologists (workshops)
Elise (Lisa) N. Broddle, RT(R)(MR)
Mayo Clinic
Jacksonville, Florida

Robin Harville, RT(R)
Mayo Clinic
Jacksonville, Florida

Faculty Disclosure
As a provider accredited by ACCME, Mayo Foundation must ensure balance, independence, objectivity, and scientific rigor in its educational activities. All faculty participating in a Mayo Foundation activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. Disclosure of these commitments and/or relationships will be published in course materials so those participants in the activity may formulate their own judgments regarding the presentation.
Program Schedule

**Day 1**

8:00-8:30  Physics of Breast MR  
*Robert A. Pooley, PhD*

8:30-9:05  Breast MR Lexicon-reading by architecture  
*Susan Orel, MD*

9:05-9:40  Dynamic Imaging-reading by temporal findings  
*David A. Bluemke, MD, PhD*

9:40-10:10  BREAK

10:10-10:45  Imaging Correlation  
*Susan Orel, MD*

10:45-11:15  Interpretation Options-hard/soft copy, sagittal/axial, high resolution/dynamic  
*David A. Bluemke, MD, PhD*

11:15-11:45  Second Look Ultrasound  
*Elsie Levin, MD*

11:45-12:00  Question and Answer

12:00-1:30  LUNCH

1:30-2:00  MR Detection of DCIS  
*Elizabeth R. DePeri, MD*

2:00-2:45  Biopsy Imaging and Technique  
*Michelle D. McDonough, MD*

2:45-3:00  BREAK

3:00-3:45  Interesting Cases-Benign and Malignant  
*Elizabeth R. DePeri, MD*

3:45-4:15  Question & Answer

**Day 2**

8:00-8:45  Interesting Cases-Diagnostic and Biopsy  
*Margarita L. Zuley, MD*

8:45-9:25  Problem Solving for Diagnostic and Biopsy Imaging  
*Michelle D. McDonough, MD*

9:25-10:00  Practice Set-up/Patient Selection/Reimbursement  
*Margarita L. Zuley, MD*

10:00-10:30  BREAK

10:30-11:00  Practice Integration with Multidisciplinary Breast Clinic and Community  
*Betty Anne Mincey, MD*

11:00-12:15  Clinical Applications by the Clinician-Tumor Board  
*David R. Byrd, MD-surgery  
Maura N. Dickler, MD-oncology  
Betty Anne Mincey, MD-breast clinic  
Elsie Levin, MD-radiology*

12:15-1:45  LUNCH

1:45-4:45  Hands on Workshops  
MR case review (computer bank)  
MR guided breast biopsy
Registration Form

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Course Dates: August 13 - 14, 2004

Mail form and payment to:
Matrix Meetings, Inc.
PO Box 1026
Rochester, MN 55903-1026

Telephone: 507-288-5620
Fax: 507-288-0014
Website for course information: www.mayo.edu
E-Mail: matrixmeetings@charter.net

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OE or Updating Your Breast MR and Biopsy Skills: An Interactive Approach to Interpretation and Biopsy Techniques

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Fax: 507-288-0014
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E-Mail: matrixmeetings@charter.net

( Please print or type all information. You may duplicate this form for multiple registrations.)

Name______________________________________________________________________________
Degree □ MD □ DO □ PhD □ PA □ NP □ Other_________________________
Institution __________________________________________________________________________
Medical Specialty ___________________________ E-mail____________________________

Which do you prefer to be your mailing address: □ Work/Business □ Home
Address______________________________________________________________________________
City_________________________State/PV________ZIP/PC________Country_________________
Home Telephone (_____)__________________ Business Telephone (_____)__________________
Int'l Telephone (Country code)__________(City code)__________(Phone)______________________
FAX________________________________________________________________________________
E-mail_____________________________________________________________________________

□ Please check if you have any special accommodation or dietary needs and indicate specific
 need(s):__________________________

Registration Fee
Physician Fee $700 $________________
Residents, Physician Assistants and Nurse Practitioners Fee $600 $________________
Total Payment Enclosed $________________

Payment Method
□ Check Enclosed (make checks payable to Matrix Meetings, Inc.)
□ Credit Card: □ VISA □ MasterCard □ Discover

Card Number (A Matrix Meetings charge will appear on your statement.) Expiration Date

Signature Date

Hotel Registration Form
Rate: $239 Single/Double Room, plus taxes Check in: 4:00 PM Check Out: 11:00 AM
Reservation request and one night’s deposit must be received by July 1, 2004. All reservations
received after this date will be confirmed only if there is space available. Please note guests
checking out prior to their stated departure date will be charged an early departure fee.

Name______________________________________________________________________________
Address____________________________________________________________________________
City_________________________State/PV________ZIP/PC________Country_________________
Home Telephone (_____)__________________ Business Telephone (_____)__________________
FAX________________________________________________________________________________
Arrival Date ____________at ______am/pm    Departure Date_____________ at _____am/pm
Deposit $_________enclosed    □ Credit Card: □ VISA □ MasterCard □ Discover

Cardholder name (as appearing on credit card) Date
Card Number Expiration Date Signature

Special Request: Number of rooms required____ □ Smoking □ Non Smoking
□ Handicap accessible □ Crib required □ King □ Two double beds Other____________
List guests(s) sharing room (if any)____________________________________________________

Return to: The Grove Park Inn Resort and Spa • Attention: Reservations • 290 Macon Avenue
Asheville, NC  28804-3799 USA • Telephone: 828-252-2711  800-438-0050   Fax: 828-252-6040