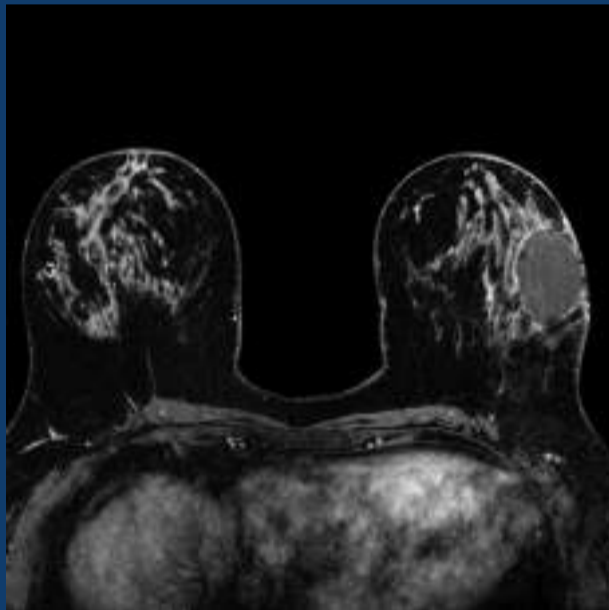
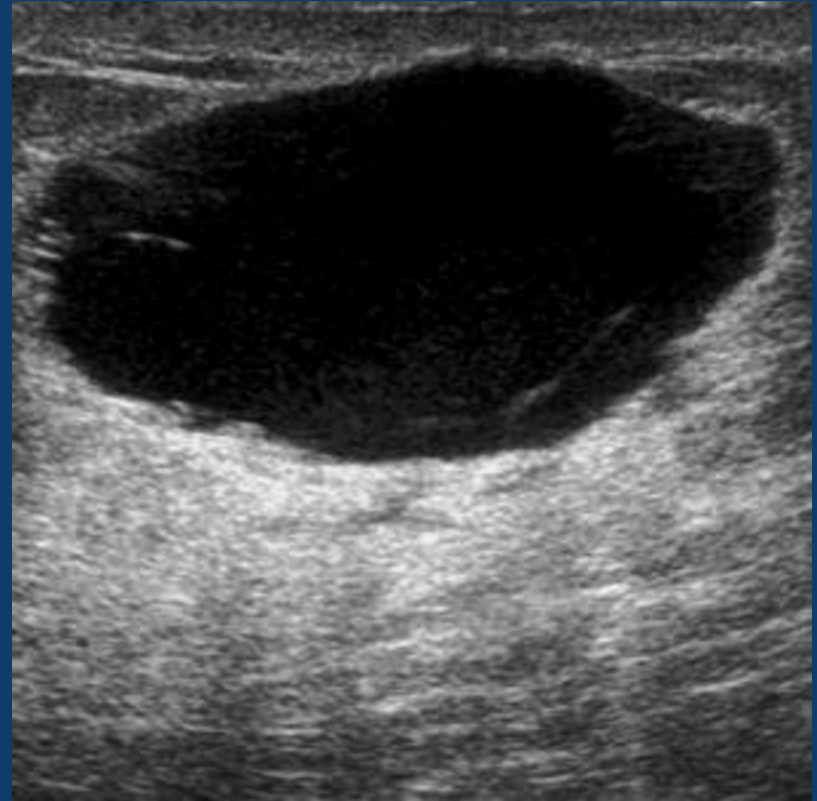
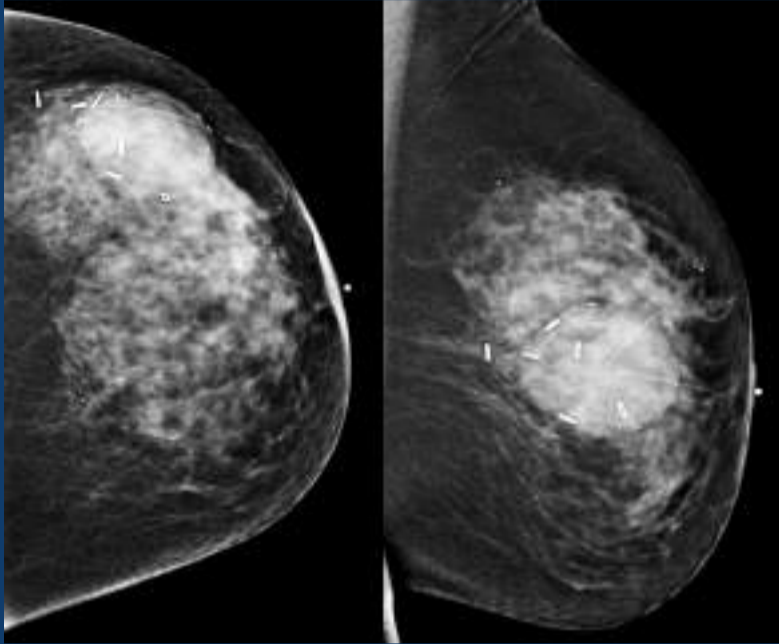
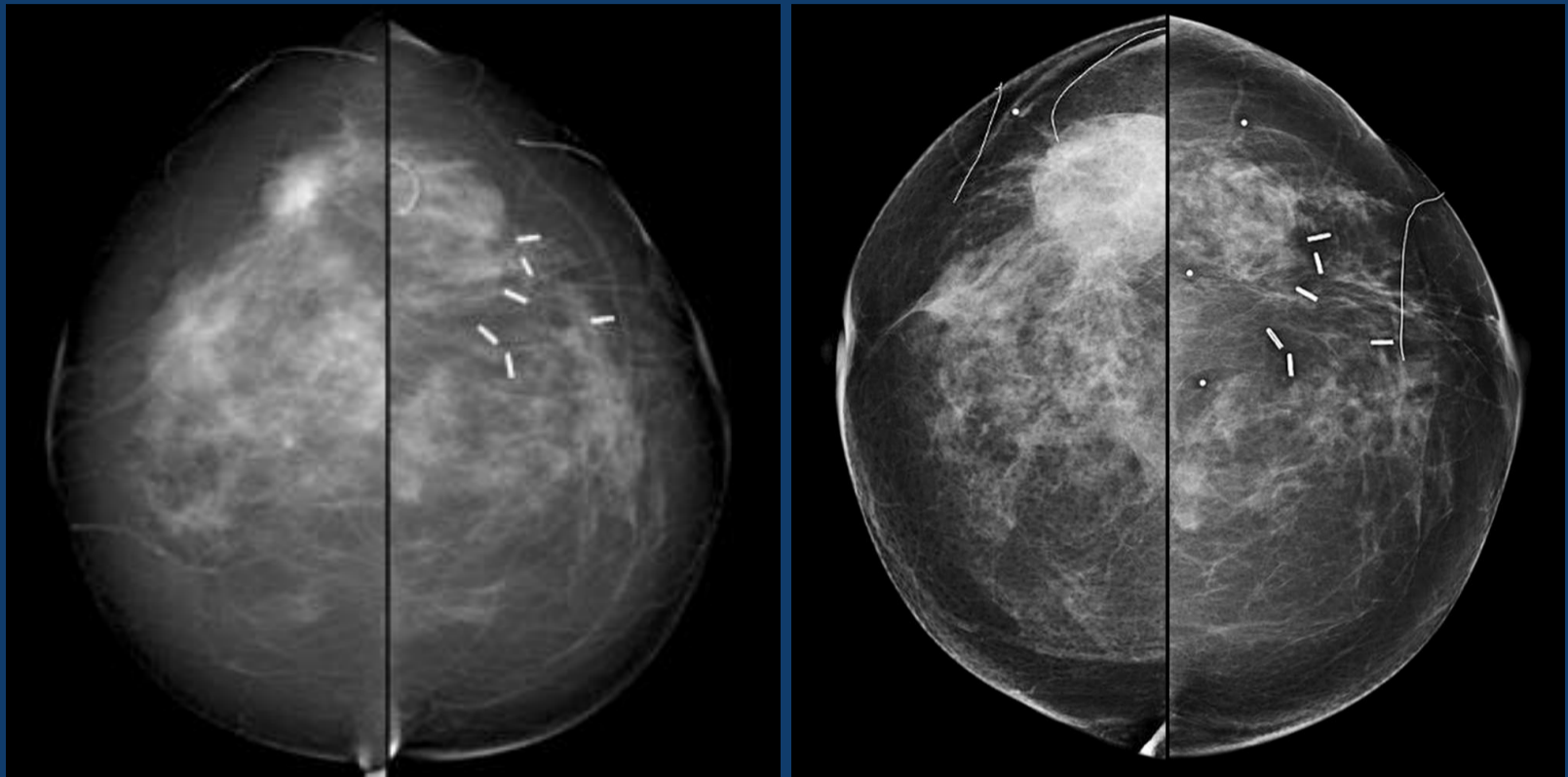


# Imaging findings following breast-conserving surgery

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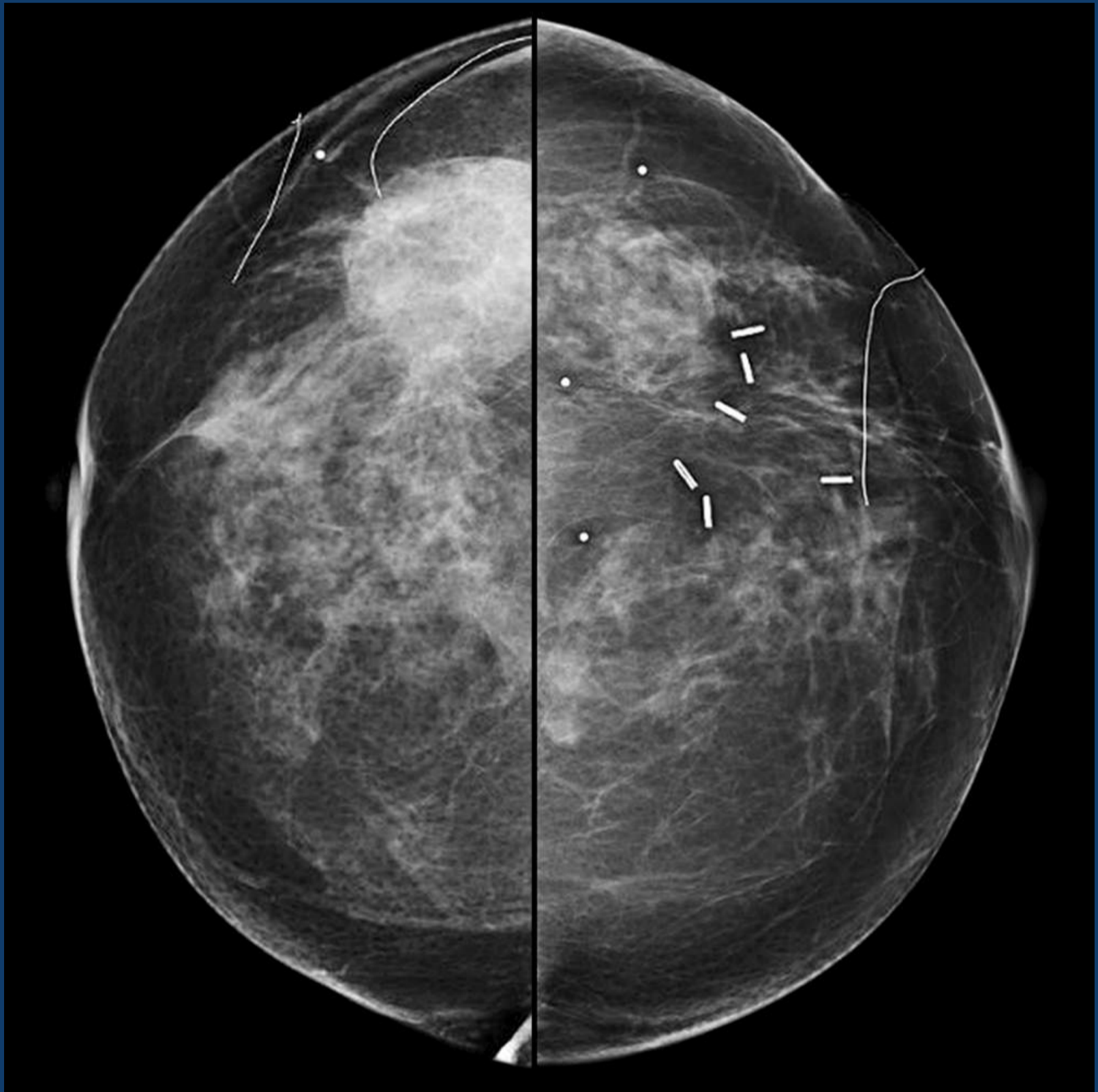


# Imaging findings following breast-conserving surgery



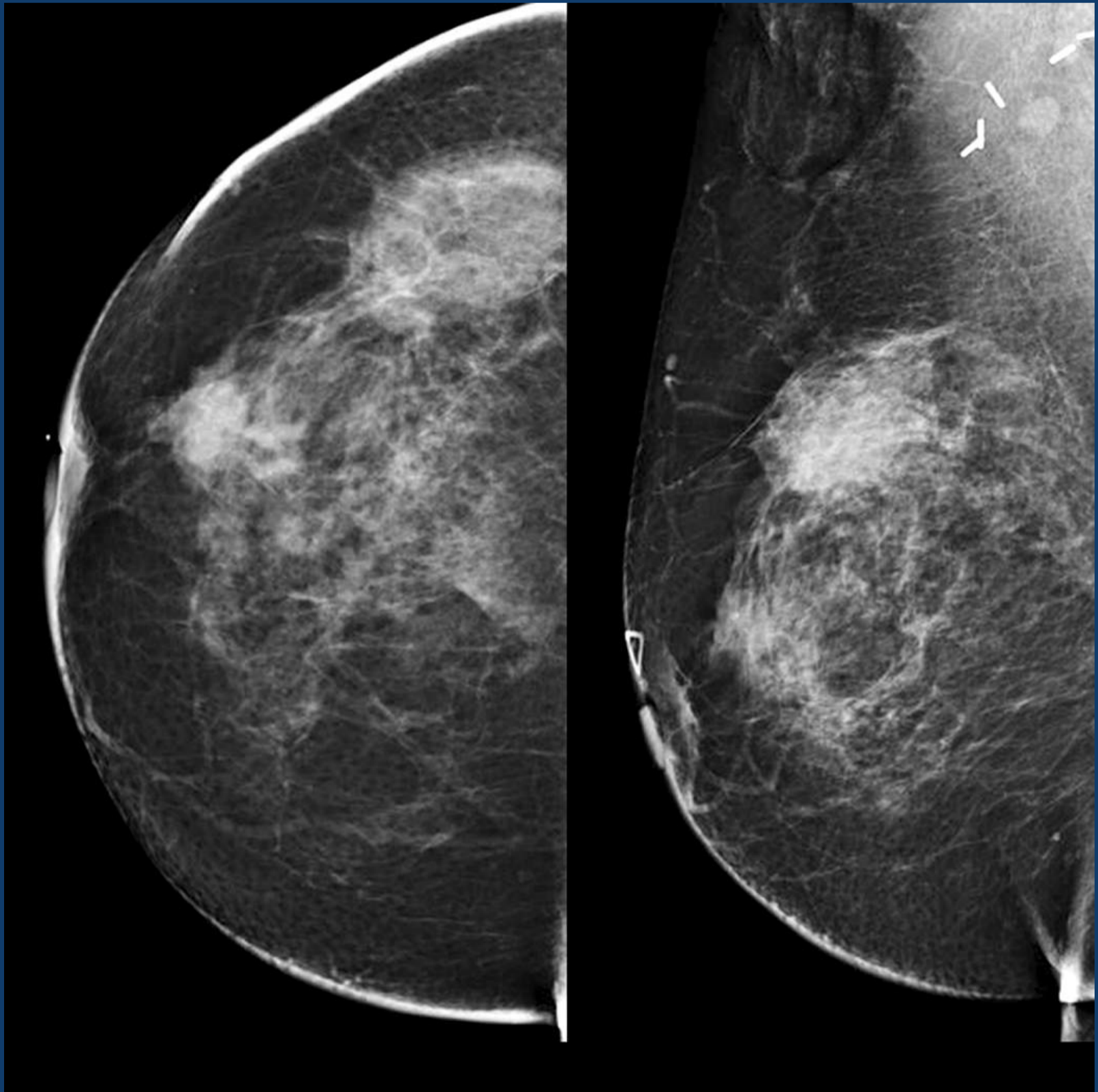
Courtesy Wendie Berg, MD, PhD

# Imaging findings following breast-conserving surgery



Courtesy Wendie Berg, MD, PhD

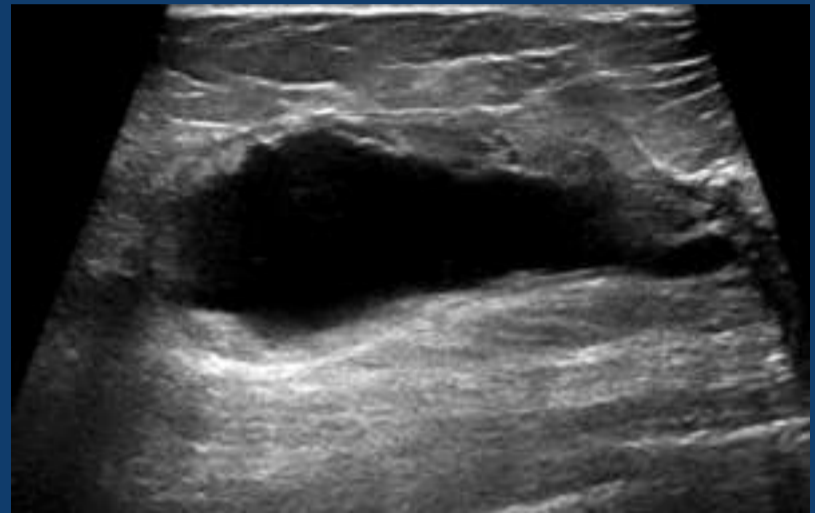
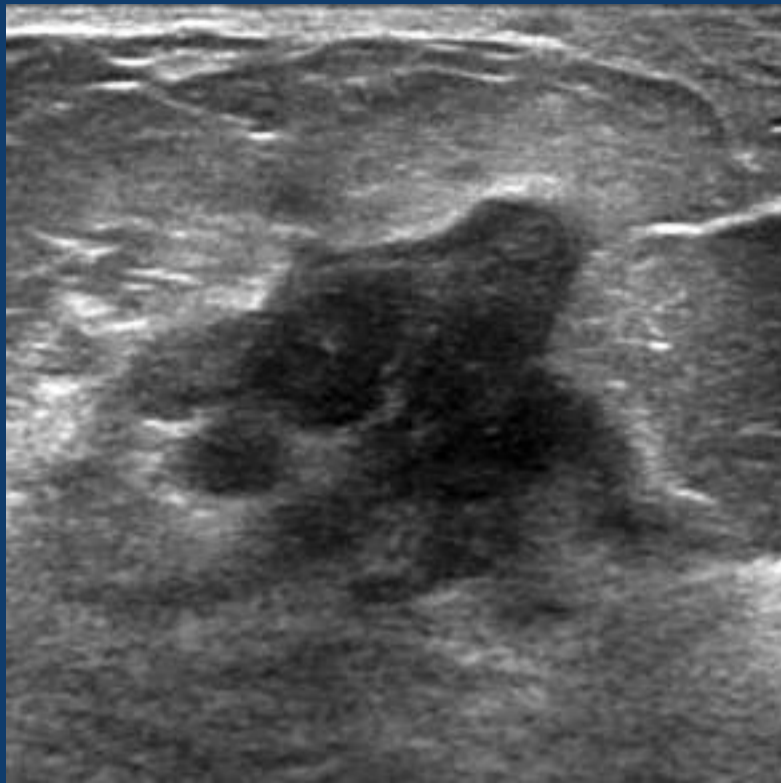
# Imaging findings following breast-conserving surgery



Courtesy Wendie Berg, MD, PhD

# Imaging findings following breast-conserving surgery

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Courtesy Wendie Berg, MD, PhD

## Summary

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- Oncoplastics allows for larger resection while maintaining excellent cosmetic outcomes
- Safe approach in unifocal disease as long as negative margins
- MF/MC disease under investigation
  - Most consider this safe with negative margins
  - Encourage enrollment in Alliance Z11102

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## Imaging Recommendations

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- Mammography/tomosynthesis best for evaluating fat necrosis (most common source of palpable masses)
- US helpful if mammography is suspicious or does not include area of palpable concern
- Time course of MR findings may distinguish postsurgical changes from recurrence
- MR enables visualization of chest wall recurrence more readily than mammography

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