THE ROLE OF CONTRAST-ENHANCED MAMMOGRAPHY IN VALUE-BASED BREAST IMAGING

Course Overview

In an era of low reimbursement and high demand for supplemental breast imaging exams, breast imagers require current and reliable information on cost-effective, accurate, and safe breast cancer imaging tools. Contrast-enhanced mammography (CEM) has been shown to provide comparable information to contrast-enhanced MRI at far less cost and greater availability [1,2,3]. CEM has also shown greater diagnostic accuracy than mammography alone or mammography + ultrasound [4,5], and CEM radiation dose falls below the dose limit set by Mammography Quality Standards Act regulations [6].

Dr. Alsheik discusses clinical indications and patient selection; pre-screening requirements for patients who undergo contrast administration; operational workflow and barriers to implementation; and, finally, patient acceptance of contrast-enhanced mammography for supplemental imaging.


Educational Objectives

At the conclusion of this activity, participants should be better able to:

- Evaluate the role of contrast-enhanced mammography (CEM) as a supplemental breast imaging modality
- Discuss the clinical indications for performing CEM
- List the pre-screening requirements for performing CEM
- Describe operational workflow and any barriers to implementing CEM into practice
- Cite the benefits of CEM for patients who undergo CEM, including cost, patient comfort, and availability of real-time results

This activity is supported by an independent educational grant from Hologic, Inc.
Joint Accreditation Statement
In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine and International Center for Postgraduate Medical Education. Postgraduate Institute for Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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The Postgraduate Institute for Medicine designates this enduring material for a maximum of 1.0 *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**SA-CME:** This activity meets the criteria for self-assessment toward the purpose of fulfilling requirements in the American Board of Radiology (ABR) Maintenance of Certification Program.

**The European Accreditation Council for CME (EACCME®)**
The UEMS-EACCME® has mutual recognition agreements with the American Medical Association (AMA) for live event and e-learning materials.

Continuing Nursing Education
The maximum number of hours awarded for this Continuing Nursing Education activity is 1.0 contact hours.

Radiologic Technologists
This program has been approved by the American Society of Radiologic Technologists (ASRT) for 1.0 hour of ARRT Category A continuing education credit.

Faculty

**Nila Alsheik, MD**
Section Chief, Division Breast Imaging
Co-Medical Director, Advocate Caldwell Breast Center
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Following graduation from The Warren Alpert Medical School of Brown University, Dr. Alsheik completed Diagnostic Radiology Residency, Neuroradiology and Breast Imaging Fellowships from the University of Wisconsin School of Medicine and Public Health.

Currently, Dr. Alsheik is Chief of Breast Imaging at Advocate Lutheran General Hospital and the Chair of the Breast Imaging Medical Directors Committee for Advocate Health Care, the largest nonprofit health system in Illinois. She represents Advocate Health Care as the Principal Investigator in their collaborative research efforts with the Breast Cancer Surveillance Consortium and the Metropolitan Chicago Breast Cancer Registry. Clinical interests focus on value-based breast imaging in the era of dense breast inform legislation and radiology resource utilization.
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Nila Alsheik, MD, has received consulting fees from Bard Medical and has provided contracted research for Hologic, Inc.
ICPME and PIM planners and managers have no disclosures to report.

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