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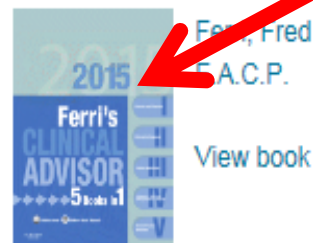
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Fred F. Ferri M.D., F.A.C.P.

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The following nonmalignant breast lesions can simulate breast cancer on both physical and mammogram examinations:

- Fibrocystic changes
- Fibroadenoma
- Hamartoma

Workup

- Physical examination:
 1. Mass detected by patient or medical professional: workup required
 2. Negative mammogram: breast cancer not ruled out
 3. Sonogram: to demonstrate mass to be cyst, usually eliminating need for further workup
 4. Screening with both MRI and mammography might rule out cancerous lesions better than

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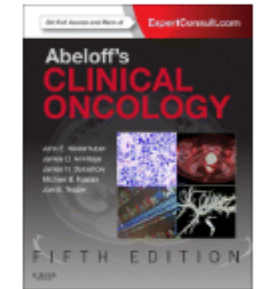
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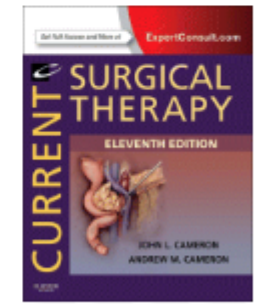
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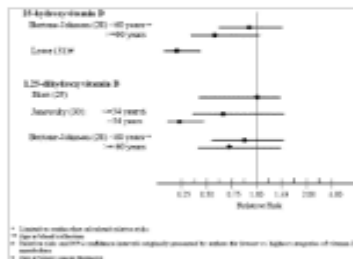
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IMAGE



Vitamin D and Breast Cancer

Annals of Epidemiology.

Bertone-Johnson, Elizabeth R., ScD. Published July 1, 2009. Volume 19, Issue 7. Pages 462-467. © 2009.

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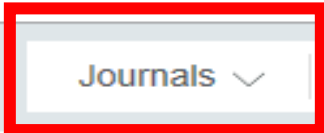
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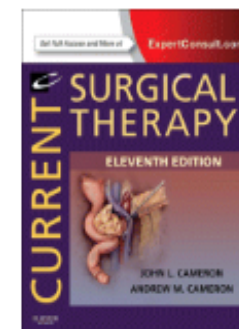
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Maskarinec, Gertraud; Morimoto, Yukiko... Show all. Published April 1, 2011. Volume 35, Issue 2. Pages 188-193. © 2010.

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Selected estrogen receptor 1 and androgen receptor gene polymorphisms in relation to risk of breast cancer and fibrocystic breast conditions among Chinese women 📄

Cancer Epidemiology.

Sakoda, Lori C.; Blackston, Christie R.... Show all. Published February 1, 2011. Volume 35, Issue 1. Pages 48-55. © 2010.

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Definition

The term *breast cancer* refers to invasive carcinoma of the breast, whether ductal or lobular.

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Etiology

- Precise mechanism of carcinogenesis not understood. Gene expression analysis has altered the way breast cancer is perceived in that it is no longer regarded as a single disease. Estrogen receptor (ER)-positive and ER-negative cancers are clinically distinct diseases. So-called triple negative breast cancers constitute approximately 20% of all breast cancers but have different behavior than non-triple negative. The term refers to absence of the estrogen, progesterone, and HER2/neu receptors. Absence of these receptors removes an important target for

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Gold Standard. Published November 10, 2014.
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DRUG MONOGRAPH Docetaxel

Docefrez | Taxotere
Drug Information Provided By Gold Standard

Description: Docetaxel is a semisynthetic antineoplastic agent that is very similar to paclitaxel in structure, mechanism of action, and spectrum of antitumor activity. Docetaxel differs structurally from paclitaxel at the C-10 position where it has a hydroxy group instead of an acetyl group and contains an OC(CH₃)₃ moiety on the C-13 side chain as opposed to a benzamide phenyl group. Docetaxel was isolated in 1986 as a result of the National Cancer Institute (NCI) screening program for natural cytotoxic products. It is synthesized from 10-deacetyl baccatin III, a noncytotoxic substance extracted from the needles of the European yew tree (*Taxus baccata*). Due to the ready supply of docetaxel, it progressed rapidly through preclinical and clinical trials as compared to paclitaxel. Nonhematologic toxicities differ between docetaxel and paclitaxel; fluid retention and skin lesions are more severe with docetaxel. Docetaxel has been researched in breast, colorectal, head and neck, gastric, lung, and ovarian cancers. It is effective alone or in combination with other agents such as doxorubicin, vinorelbine, cyclophosphamide, and fluorouracil, for the treatment of anthracycline-resistant advanced or metastatic breast cancer due to the lack of cross-resistance with anthracyclines. Preliminary results of a large phase

Drugs

acetaminophen



Go to: Outline

Indications & Dosage

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DRUG MONOGRAPH

Acetaminophen

APAP | Acephen | Acetaminophen Infants | Actamin | Adprin B ...

Drug Information Provided By Gold Standard

Description: Acetaminophen (APAP, paracetamol) is a para-aminophenol analgesic and the active metabolite of phenacetin. Due to the toxic effects of phenacetin at therapeutic doses and the availability of acetaminophen, phenacetin is no longer used. Acetaminophen possesses analgesic and antipyretic activity similar to aspirin; however, acetaminophen has no peripheral antiinflammatory activity or effects on platelet function. Acetaminophen was first used in clinical medicine in the 1890's. It is effective in the relief of both acute and chronic pain and may be preferred over NSAIDs due to fewer hematologic, GI, and renal effects. Acetaminophen is the preferred analgesic/antipyretic for patients in whom aspirin is contraindicated and in those with underlying renal disease for episodic, though not chronic, use. [23977](#) In addition, acetaminophen has been recommended by the American Lung Association as the first line treatment for aches and pains associated with the flu, by the American Geriatrics Society for both minor and persistent pain in elderly patients [35614](#) , and by the American College of Rheumatology as first-line therapy for osteoarthritis of the hip or knee [35976](#) . The drug has a

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FULL TEXT ARTICLE

Expert Consensus for Multimodality Imaging Evaluation of Adult Patients during and after Cancer Therapy: A Report from the American Society of Echocardiography and the European Association of Cardiovascular Imaging

Journal of the American Society of Echocardiography.

Plana, Juan Carlos, MD, FASE, Chair; Galderisi, Maurizio, MD, FESC, Co-Chair... Show all. Published September 1, 2014. Volume 27, Issue 9. Pages 911-939. © 2014.

FULL TEXT ARTICLE

2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults

JACC (Journal of the American College of Cardiology)

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American Society of Clinical Oncology - Medical Specialty Society. [1997 05 01]

Adjuvant Chemotherapy and Adjuvant Radiation Therapy for Stages I-III A Resectable Non-small-Cell Lung Cancer 

American Society of Clinical Oncology. [2008 06 27]

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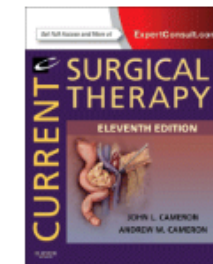
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"Do I Want to Quit?" Quiz

American Academy of Family Physicians. August 12, 2014.

1.5 Gram Low Sodium Diet

Available in English & Spanish. ExitCare, LLC. December 15, 2014.

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Available in English, Tagalog... Show all. ExitCare, LLC. December 15, 2014.

17-Ketosteroids

Available in English & Spanish. ExitCare, LLC. March 12, 2015.

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مثال : Breast cancer

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BREAST CANCER SCREENING AND PREVENTION

Ferri's Netter Patient Advisor. June 2, 2012.

Breast Augmentation

Available in English & Spanish. ExitCare, LLC. March 13, 2015.

Breast Augmentation, Care After

Available in English & Spanish. ExitCare, LLC. March 13, 2015.

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Metformin Hydrochloride Modified-release tablet

Elsevier Gold Standard. Published April 16, 2014.

PATIENT EDUCATION

Saxagliptin, Metformin Hydrochloride Oral tablet, extended-release

Elsevier Gold Standard. Published April 16, 2014.

PATIENT EDUCATION

Dapagliflozin, Metformin Hydrochloride Oral tablet, extended-release

Elsevier Gold Standard. Published November 29, 2014.

PATIENT EDUCATION

Glyburide, Metformin Hydrochloride Oral tablet

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What is this medicine?

What should I tell my health care provider before I take this medicine?

How should I use this medicine?

What if I miss a dose?

What may interact with this medicine?

What should I watch for while using this medicine?

What should I tell my health care provider before...

- serious infection or injury
- vomiting
- an unusual or allergic reaction to metformin, other medicines, foods, dyes, or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Take it with meals. Swallow whole, do not crush or chew. Follow the directions on the prescription label. Take your medicine at regular intervals. Do not take your medicine more often than directed.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

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Evaluation of chest pain



3

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Brett E. Fenster, MD, Assistant Professor, Department of Medicine, Division of Cardiology, National Jewish Health, Denver, Colorado; Howard D. Weinberger, MD, Professor, Department of Medicine, Division of Cardiology, National Jewish Health, Denver, Colorado; Andrew M. Freeman, MD, Assistant Professor of Medicine, Department of Medicine, Division of Cardiology, National Jewish Health, Denver, Colorado. Published August 6, 2013. Last updated August 5, 2013.

FIRST CONSULT

Acute coronary syndromes

Michel R. Hoenig, MD. Published November 15, 2013. Last updated October 31, 2012.

FIRST CONSULT

Acute myocardial infarction

Roxana Mehran, MD, Professor of Medicine (Cardiology) and Director of Interventional Cardiovascular Research and Clinical Trials, Zena and Michael A. Wiener Cardiovascular Institute, Mount Sinai School of Medicine, New York, New York; Kleanthis N.



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Evaluation of chest pain

Revised: August 5, 2013

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Key points

- Chest pain results from a wide spectrum of clinical entities involving almost any organ in the chest cavity, as well as neuropsychiatric conditions
- It is critical to rule out life-threatening causes of chest pain, such as [myocardial infarction](#) , [aortic dissection](#) , [pulmonary embolism](#) , and [pneumothorax](#)
- Chest pain is much more often due to a non–life-threatening cause than to a life-threatening cause; however, even non–life-threatening chest pain may be significantly disabling and often chronic
- A rapid, focused history and physical examination done concurrently with selected tests, such as electrocardiography, blood tests, and chest radiography (or other imaging as directed by symptoms) is appropriate in cases of potentially life-threatening chest pain. After this, a thorough

First Consult chest pain

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Coagulation studies

D-dimer

Brain natriuretic peptide

Drug screen

Chest radiography

> Serum biomarkers

Description

- Cuffed venous blood sample

Normal ranges

- Creatine kinase: 40 to 150 U/L
- CK-MB: 0 to 7 ng/mL
- Cardiac troponin T: 0 to 0.1 ng/mL
- Cardiac troponin I: 0 to 0.04 ng/mL
- Myoglobin: 19 to 92 µg/mL

Comments

- Markers of myocardial injury
- Levels typically are normal in patients with unstable angina and elevated in patients with

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Pulmonary hypertension

Austin B Thompson, MD; Randolph L Pearson, MD... Show all. Published February 5, 2014. Last updated October 26, 2010.

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Sickle cell disease

Sophie Lanzkron, MD; Jennifer Domm, MD; Kevin Sweet, MS, CCC. Published May 13, 2010.

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Gastroesophageal reflux disease in adults

Linda Lee, MD. Published June 30, 2012. Last updated June 28, 2012.

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Cor pulmonale

Andrew M. Freeman, MD, FACC, FACP, Director of Clinical Cardiology and Operations, Assistant Professor of Medicine, National Jewish Health, Denver, Colorado; Abraham D. Abernethy, MD, Department of Pediatrics, University Hospitals Case Medical Center, Cleveland, Ohio... Show all. Published July 21, 2013. Last updated July 20, 2013.

برای تشخیص افتراقی بیماری Chest Pain به سمت پایین حرکت کنید .
مثلا ممکن است درد قفسه سینه مربوط به
Gastroesophageal Reflux disease in adults باشد.



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Definition

The term *breast cancer* refers to invasive carcinoma of the breast, whether ductal or lobular.

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Etiology

- Precise mechanism of carcinogenesis not understood. Gene expression analysis has altered the way breast cancer is perceived in that it is no

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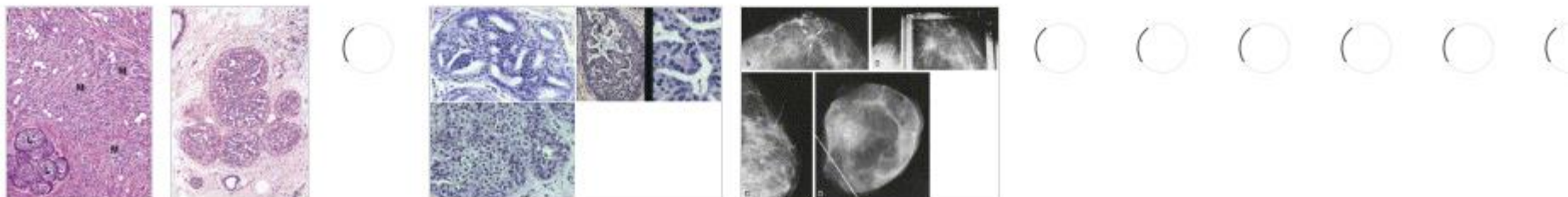
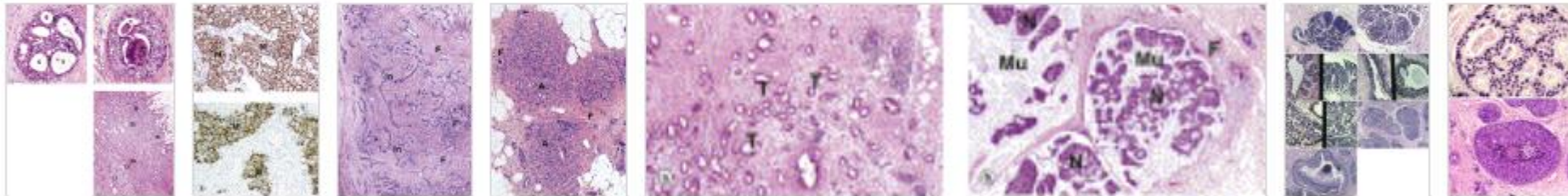
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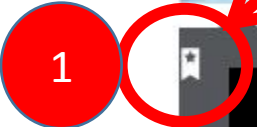
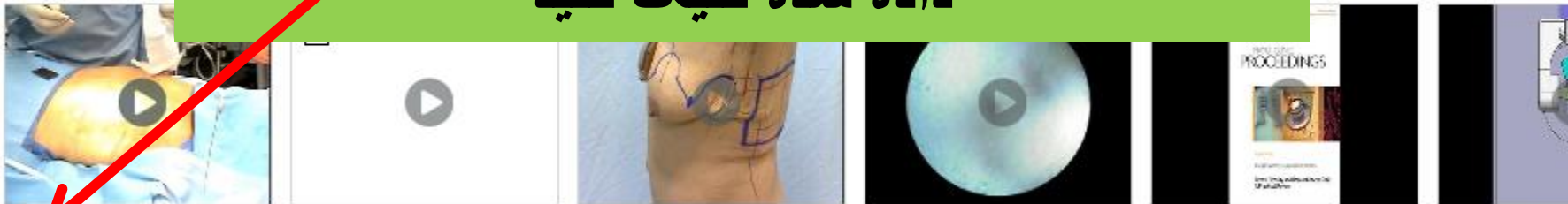
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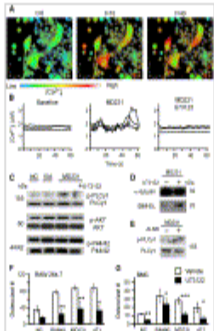


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Hussein, Osama; Tiedemann, Kerstin; Komarova, Svetlana V.. Published February 1, 2011.

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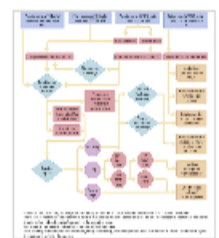
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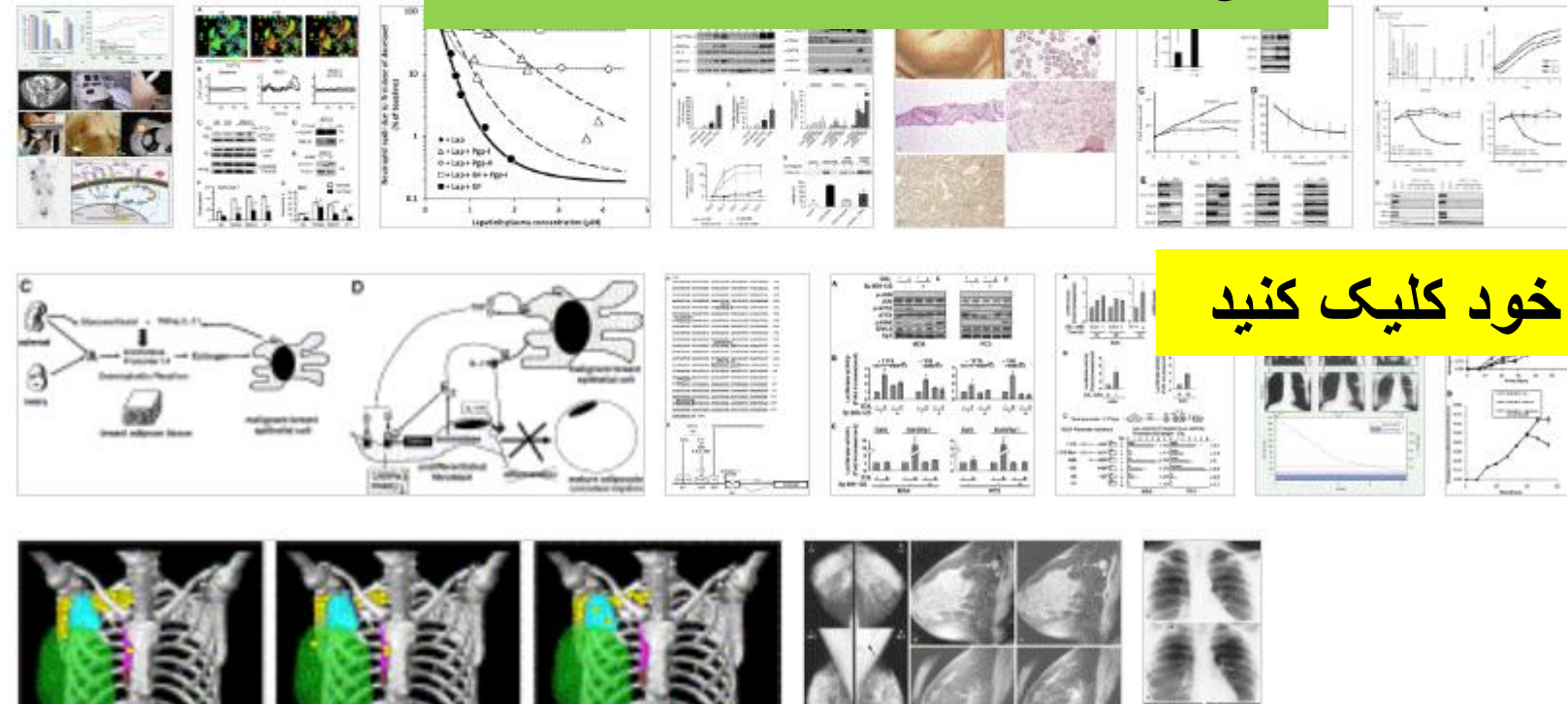
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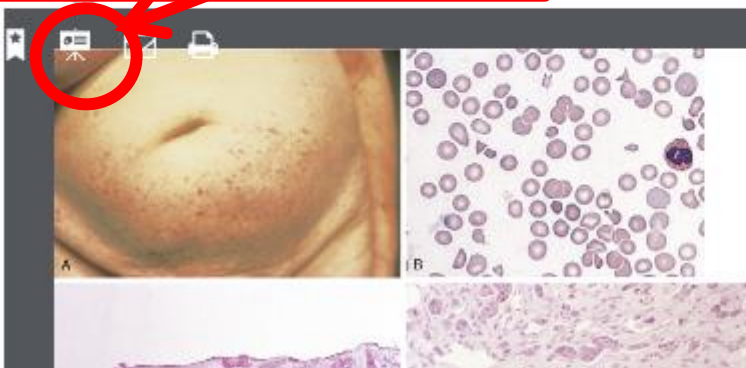
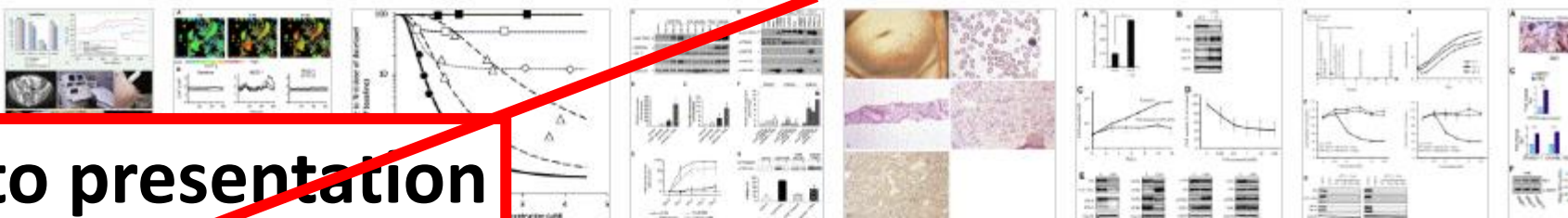


IMAGE Breast Cancer

Atlas of Diagnostic Oncology.

Chen, Wendy Y.; Campos, Susana M.; Hayes, Daniel F... Published January 1, 2010.

FIGURE 10.66 SIMULTANEOUS METASTASES TO MULTIPLE ORGANS. Occasion
simultaneous metastases resulting in conglomerate masses that are diagnostically challenging.

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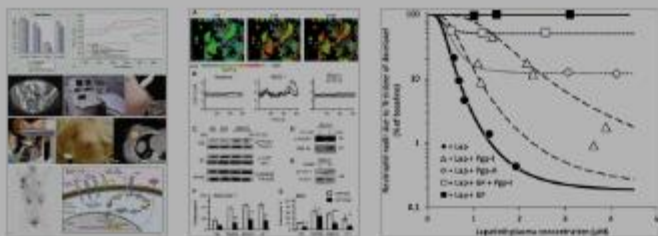
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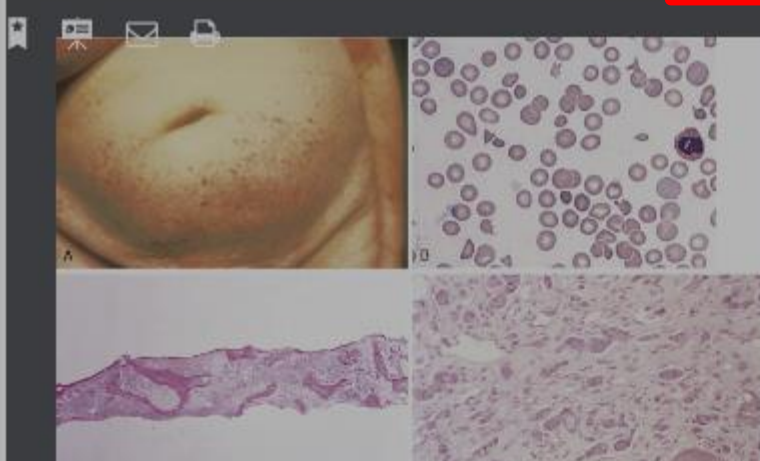


IMAGE Breast Cancer

Atlas of Diagnostic Oncology.

Chen, Wendy Y.; Campos, Susana M.; Hayes, Daniel F... Published January 1, 2010. Pages 325-364. © 2010.

FIGURE 10.66 SIMULTANEOUS METASTASES TO MULTIPLE ORGANS. Occasionally breast cancer metastasizing resulting in complex syndromes that are diagnostically challenging. A 63-year-old patient presented 5 years after complaints of fatigue, malaise, nausea, vomiting, shortness of breath, and multiple areas of bony pain. In addition, some blood in the stools. Physical examination revealed paleness and multiple petechiae and ecchymoses (A)



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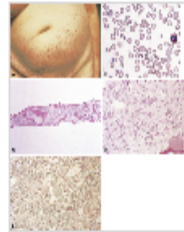
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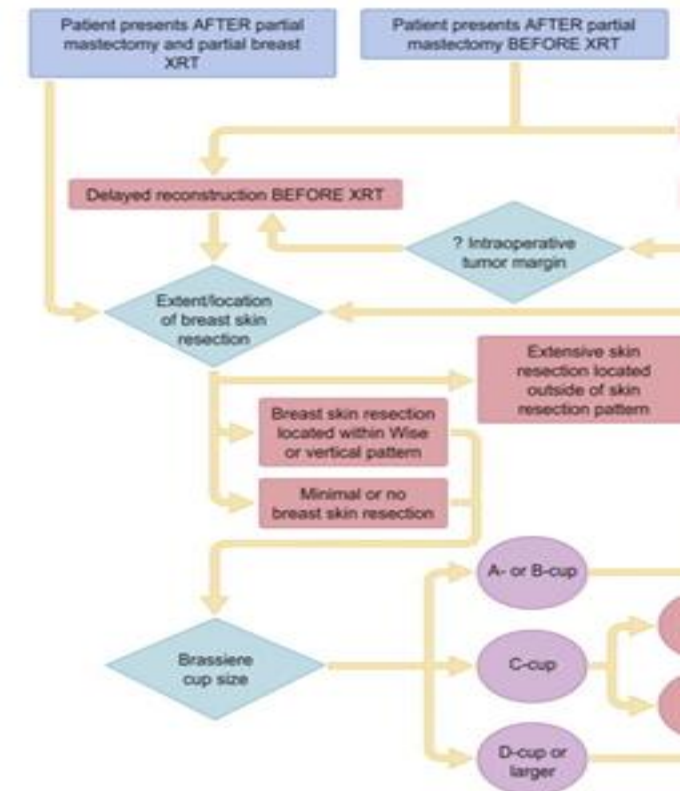
Outline



1



Management algorithm for repair of partial mastectomy defects. (Patient Presents After the near future may become the largest presenting population for repair of partial mastectomy defects. The remainder of the breast parenchyma can be rearranged without the concerns of poor wound healing and the tumor cavity does not need to be elucidated (placement of surgical clip already been made, which may interfere with the design of the skin resection pattern. The management algorithm is based on the extent of the skin resection and the breast size. Patients with D cup sized breasts, or C cup sized breasts will benefit most from a latissimus dorsi flap. Patients with smaller-sized breasts will benefit most from a latissimus dorsi flap. Patients who only underwent partial breast irradiation will desire a completion mastectomy.



- * Scenario of patient who undergoes neoadjuvant chemotherapy with reduction of breast volume.
- † Prior to XRT, only perform the breast reduction on ipsilateral involved breast and perform the breast reduction for symmetry on the contralateral breast.
- ‡ Most applicable to patients with partial defects located in zone 6 or 7 of the breast.
- § When performing a contralateral breast reduction for symmetry procedure only, reduce the volume prior to performing the procedure.

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از بذل توجه شما سپاسگزارم