

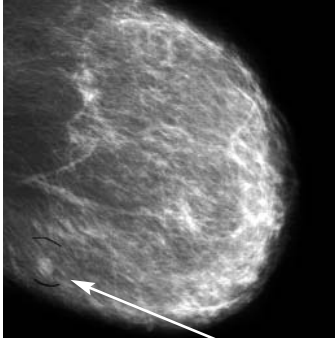
Routine use of Beekley O-shaped mole markers for clarifying skin lesions that mimic pathology in mammograms.

Have you ever encountered a situation where a suspicious area showed up on a patient's film and you called the patient back for a diagnostic work-up....only to discover that the "suspicious area" was really a mole? Would you like a more effective way to decrease the need for costly, time consuming additional views while providing a higher standard of care for your patients? On mammograms, moles frequently present problems when

they appear to mimic a new mass and possibly even a cancer. Many mammographers note the presence of moles on the breast diagram, but this fails to take into consideration that the shape of the breast is altered by compression. Raised moles image about 10% of the time and you never know when. They often image on one view and not the other and may image one year and not the next.

Unmarked moles can be a source of confusion and alarm.

Case 1: Analog Study



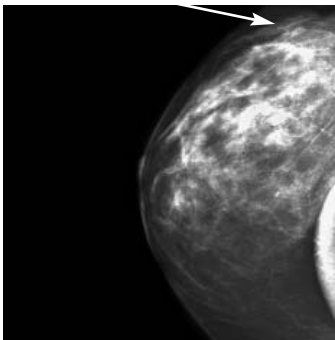
On this MLO standard view, a nodule appears in the deep inferior left breast.



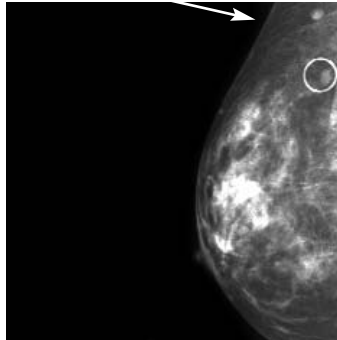
This MLO spot compression additional view taken with mole marker in place **clarifies** that the nodule **is not** the skin mole.

A 60 year old woman presented for bilateral screening mammography. This study demonstrates a nodule in the deep inferior left breast that was questioned by the Radiologist on the standard view. An MLO spot compression view of the left breast was performed with a mole marker in place. It indicates that the mammographic finding **does not** represent a skin mole. Accordingly, this prompted the performance of a left breast ultrasound and subsequently, a core biopsy that confirmed "Invasive Ductal Carcinoma". *In this case, the mole did not image on the standard view and therefore the nodule could have been mistaken for the mole. Marking the mole on the standard view would have immediately clarified that the density was not the mole.*

Case 2: Digital Study



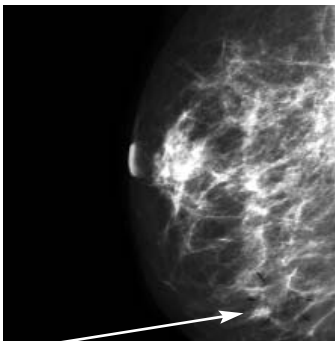
On this CC standard view, a nodule appears posteriorly in the upper outer quadrant of the right breast.



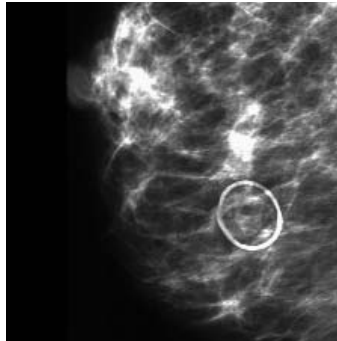
Modified CC view of right breast taken with a mole marker in place **clarifies** that the mammographic finding **does not** represent the skin mole.

A 78 year old woman presented for bilateral screening mammography. This study demonstrates a nodule posteriorly in the upper outer quadrant of the right breast that was questioned by the Radiologist on the standard view. A modified CC view performed with a mole marker in place indicates that the mammographic finding **does not** correlate to a skin mole projecting over the lateral aspect of the breast which then prompted further evaluation. *In this case also, marking the mole on the standard view would have immediately distinguished the mole from the nodule and may have prevented the need for the extra view.*

Case 3: Digital Study



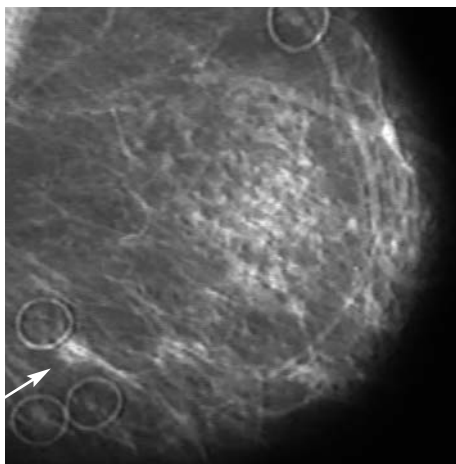
On this MLO standard view, a nodularity is seen projecting over the inferior aspect of the right breast.



An MLO spot compression view of the right breast using mole markers now **clarifies** that the nodularity **is attributable** to the skin mole obviating any further evaluation.

A 74 year old woman presented for bilateral screening mammography. This study demonstrates a nodularity projecting over the inferior aspect of the right breast that was questioned by the Radiologist on the standard view. An MLO spot compression additional view of the right breast utilizing mole markers was performed and indicates that the nodularity was attributable to a skin mole obviating any further evaluation. *In this case, the extra view could have been prevented if the mole had been marked for the standard view.*

Case 4: Analog Study



A follow-up exam - MLO standard view with ALL moles marked with Beekley O-SPOTS identifies a parenchymal density that had previously been disregarded as a mole. It is now clear that this density was not a mole, subsequently biopsied and proved to be a carcinoma.

On a previous mammogram, a patient with multiple skin moles had some of the moles marked. No other abnormality was seen at that time. On a follow-up examination at a different facility, the patient had all the skin moles marked with Beekley O-SPOTS®. It is now clear that there's a small parenchymal density between the moles that does not correspond to the mole markers. This was biopsied and subsequently proved to be a carcinoma. This case demonstrates the importance of marking ALL raised moles. Had this protocol been followed on the previous exam, the parenchymal density would have been identified earlier and reduced the risk for delayed diagnosis.

Marking every patient, every time with O-SPOTS® Mole Markers reduces the risk of misdiagnosis by clearly identifying moles and other types of skin lesions.

Routine use of a mole marker the first time, every time in either analog or digital mammography, can clarify the questions presented by skin lesions mimicking pathology.

Adopting a mole marking protocol can:

- Clarify questions and increase communication.
● Eliminate unnecessary costly, time consuming additional views or repeats.
● Save Radiologist reading time.
● Reduce risk of misdiagnosis.
● Relieve the patient of considerable anxiety.
● In the worst case, prevent an unnecessary biopsy.
● Provide permanent documentation for future reference wherever the patient's films travel.

When a raised mole casts a shadow on an exam and does not image on prior studies due to flattening, it has to be considered a true parenchymal mass, perhaps a new cancer, until proven otherwise. Additionally,

a mole imaging as a nodule may be seen on the CC view, but not on the MLO projection. Today, this continues to be a source of confusion and potential alarm.

The Beekley O-SPOTS® circular marker has become widely accepted for its use in identifying moles and other types of skin lesions providing a higher standard of care for your patients.



O-SPOTS® unique shape and medical grade, hypoallergenic latex-free adhesive insures that it stays securely in place on every patient, for every view, even in difficult areas such as near the nipple or in a skin fold.

Cases provided by:
Medical Imaging Center, P. C., Bloomfield, Connecticut
Lawrence & Memorial Hospital, New London, Connecticut