

Two views are better than one in 3-D breast screening

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One view 3D breast screening (tomosynthesis) means less radiation dose and about five seconds less compression, but a study from Yale University, New Haven, CT, found that obtaining both views is necessary to help ensure that a cancer won't be missed.

There are practices in Europe that have reported performing only a single view, specifically the mediolateral oblique (MLO) view, said Dr. Noa Beck, the lead author of the study. Two views are standard in the U.S. for 3D [breast screening](#); "we wanted to see if one view would be sufficient," she said. Seven breast imagers reviewed 164 cancers visualized with tomosynthesis and noted on what views the cancers could be seen. The study found that 56% of cancers were equally well seen on both the MLO view and the craniocaudal (CC) view; 34% of the cancers were either better or only seen on the CC view, said Dr. Beck. "The CC view achieves better compression, and this likely explains the reason the CC view showed lesions more clearly. In a few cases, [lesions](#) were only seen on the MLO view because of where the cancers were located in the breast," she said.

The study results emphasize that "obtaining both views is necessary to ensure that a [cancer](#) will be optimally visualized," said Dr. Beck.

Dr. Beck will present her study at the ARRS annual meeting on April 19 in Washington, DC.

Provided by American Roentgen Ray Society

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