
BRASTER®

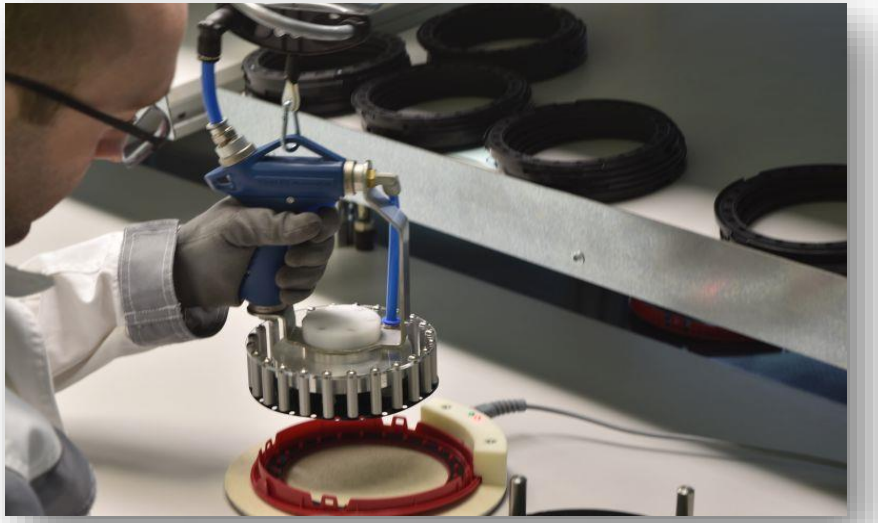
About Braster

Braster S.A. is an innovative Polish telemedical company listed on the Warsaw Stock Exchange. It was founded in 2008 by a group of scientists who have developed a state-of-the-art technology called contact thermography.

In October 2016 Braster S.A. launched **Braster System** - innovative medical device for in-home breast self-examination.

In August 2018 we launched **Braster Pro** – innovative medical device for professional use by Healthcare professionals.

Production plant

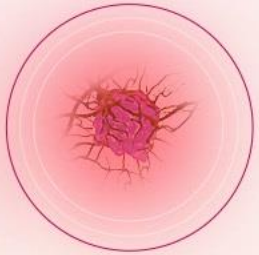


Quality control

Cancer growth

There are two major biological processes that influence cancer growth:

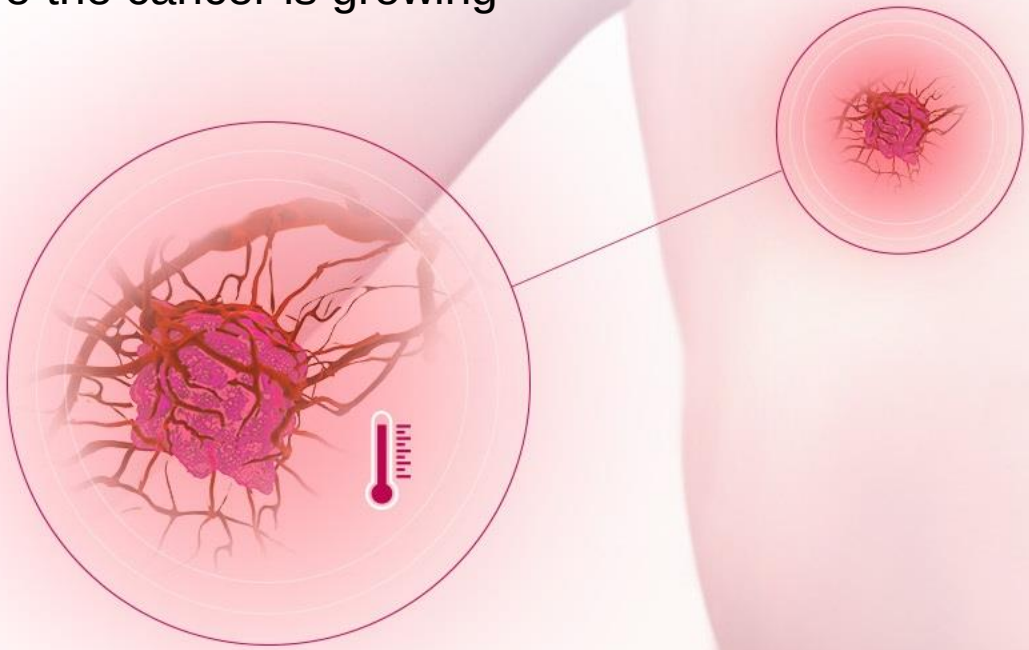
- proliferation
- angiogenesis

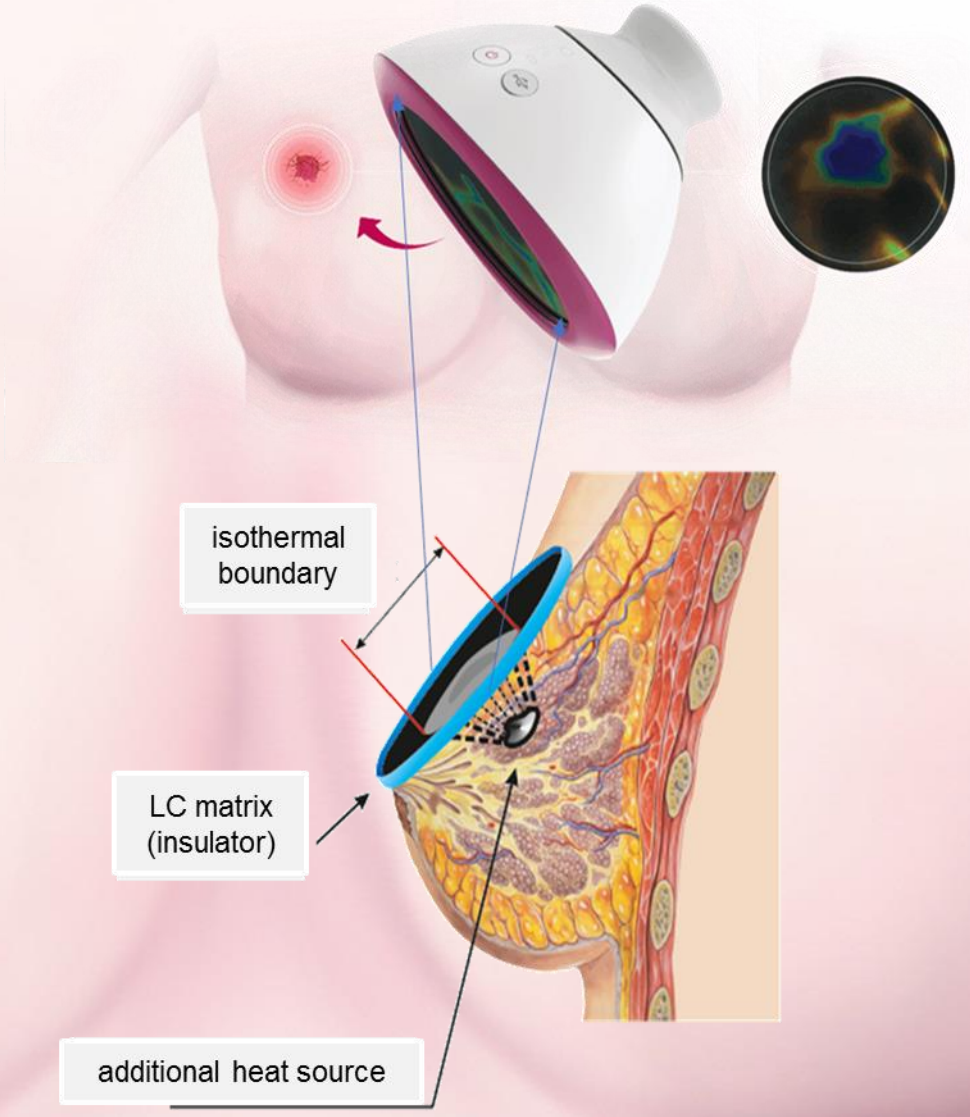


Angiogenesis is the process of forming new vessels, and it plays an essential role in the development of breast cancer and its metastasis

Cancer growth

These two processes result in an increase in surrounding tissue metabolism, and subsequently a higher temperature in the place where the cancer is growing





The increase in temperature starts in the very early stages of cancer development!

BRASTER® PRO

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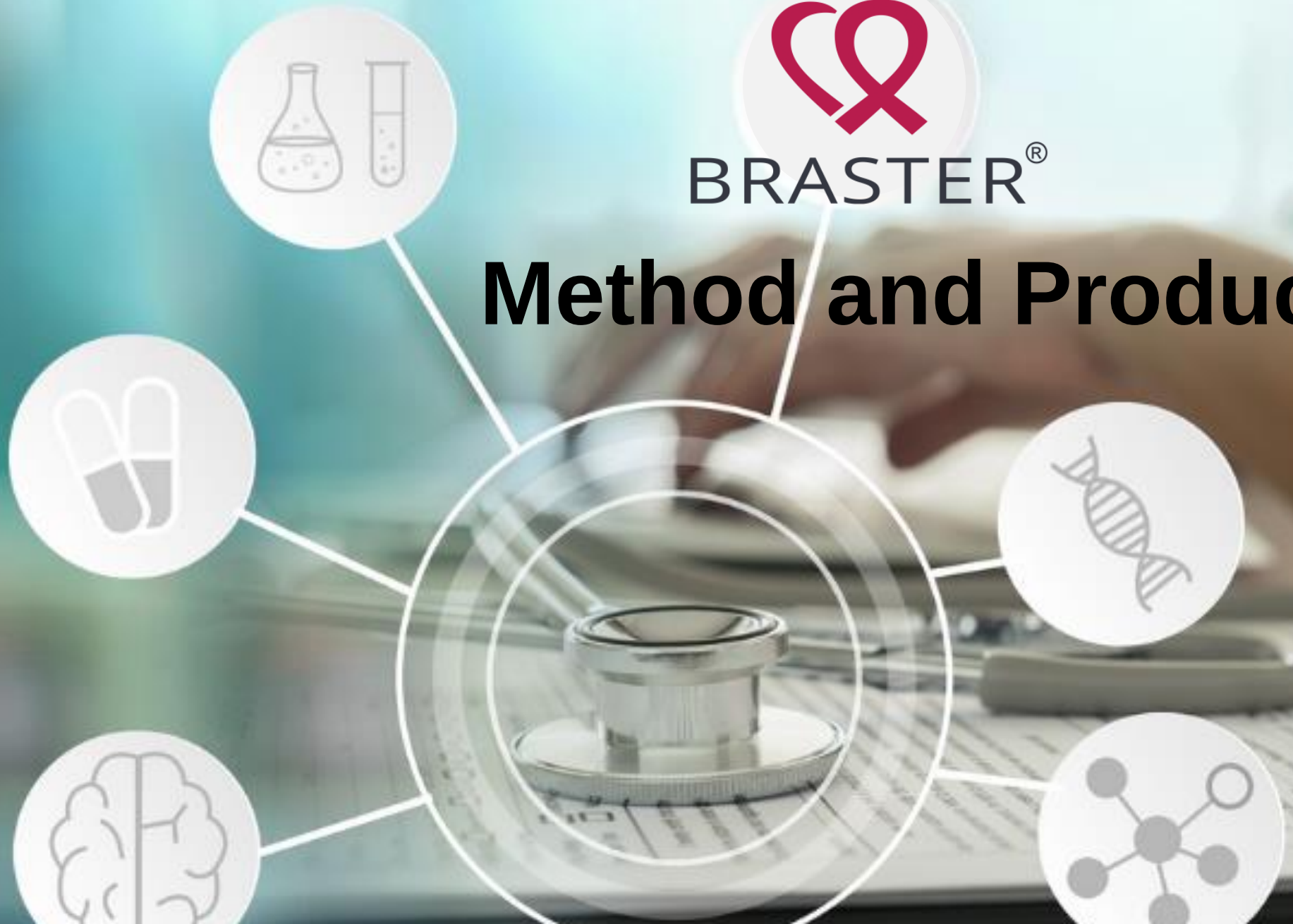
Method and Product

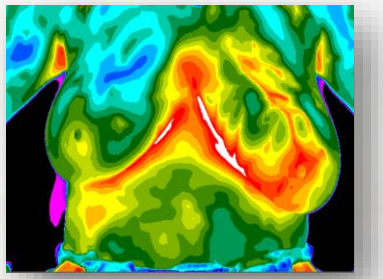


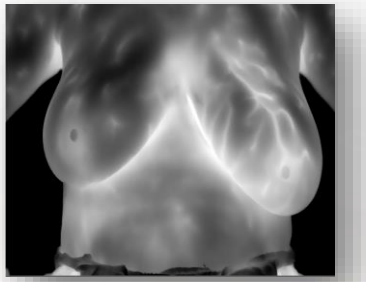
Thermography

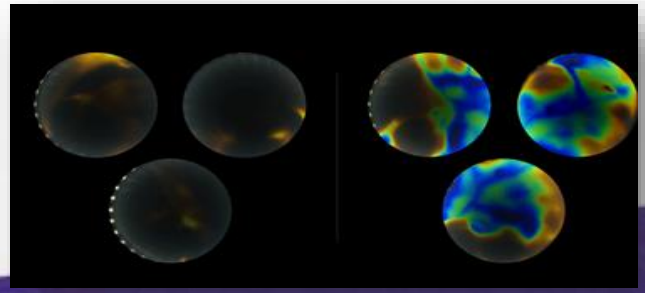
Thermography- imaging, detection and registration of the temperature in the examined body.

Remote-sensing thermography - the image is obtained without the need of contact of the device and the Surface of examined body; the technique is based on heat transfer through radiation [e.g. infrared (IR) thermographic cameras, pyrometers];

Contact thermography - the image is obtained through the contact of the device with examined surface based on heat transfer by thermal conduction [e.g. liquid-crystal forehead thermometers, Braster device].

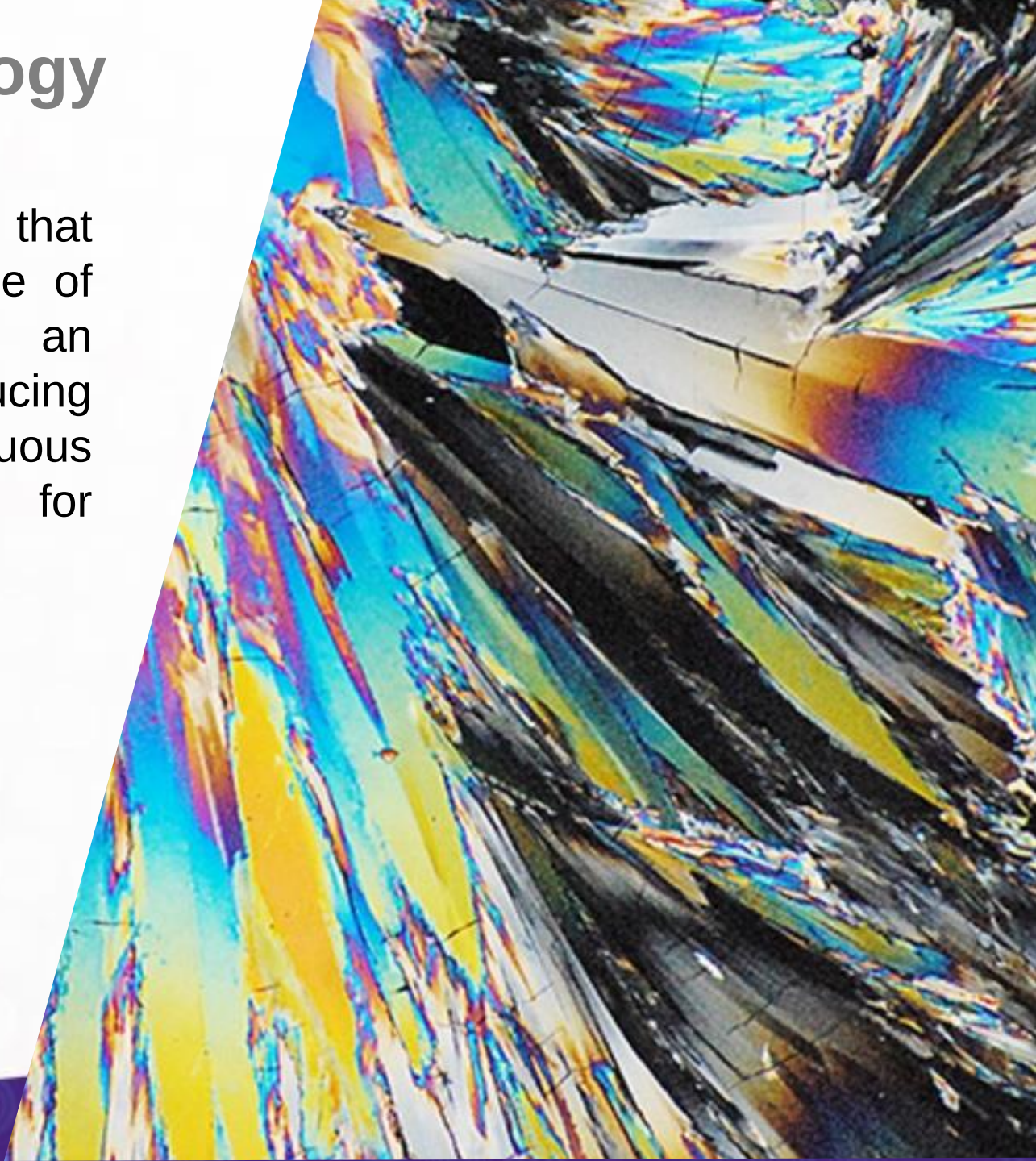




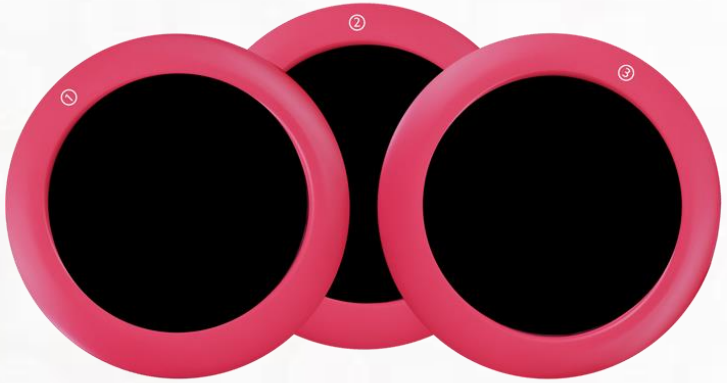


Unique liquid-crystal technology

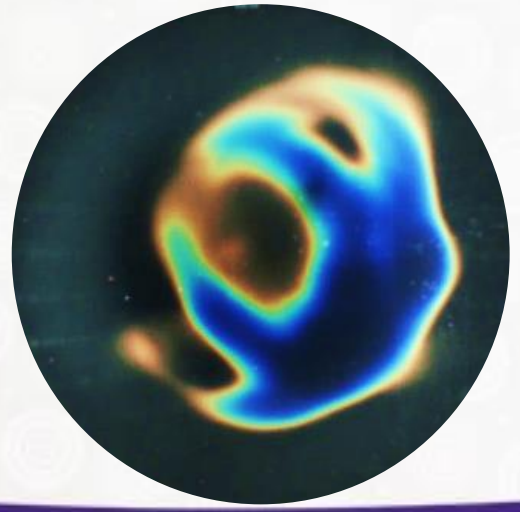
Liquid crystals are chemical compounds that exhibit the properties of liquids and those of crystalline solids. BRASTER S.A. has an innovative, proprietary technology for producing mixtures of liquid crystals and a Continuous Liquid Crystal Film (CLCF) technology for applying liquid-crystal emulsion on the film.



Thermographic matrices



BRASTER PRO is delivered with a set of 3 thermographic matrices which use liquid crystals to present breast surface heat distribution in the form of a colorful map



Each matrix in a set is calibrated to a different temperature range to compensate for differences in body temperature across patients:

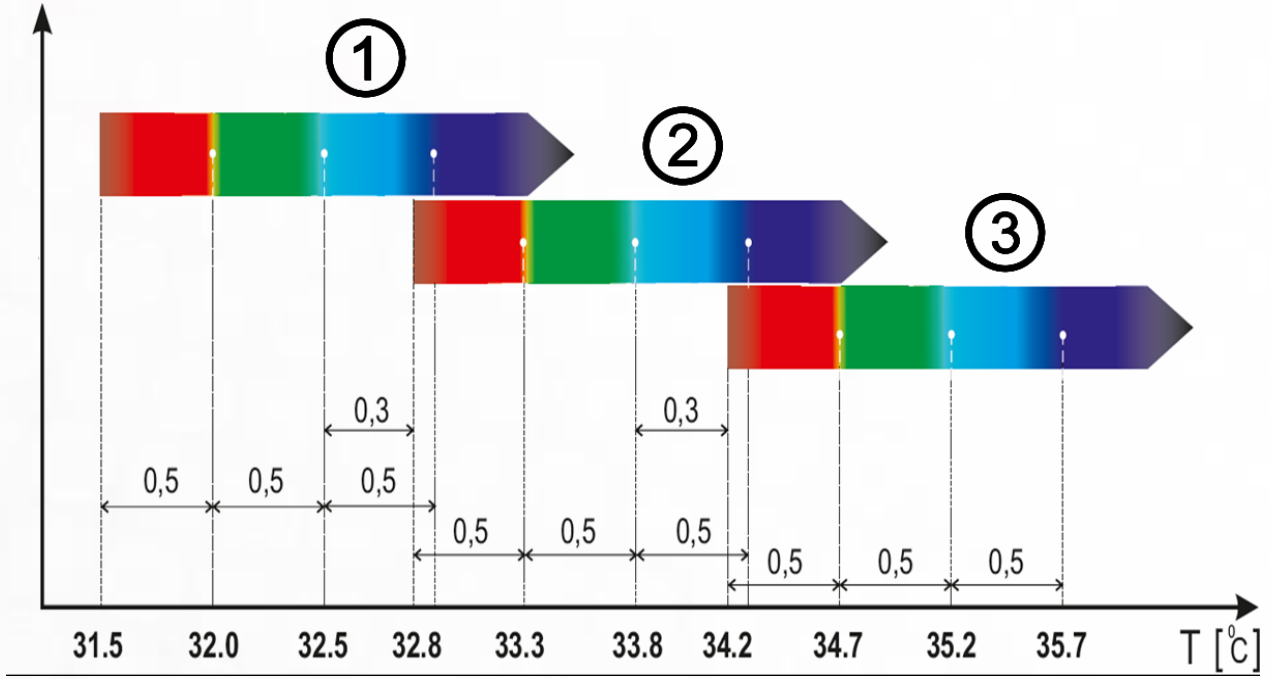
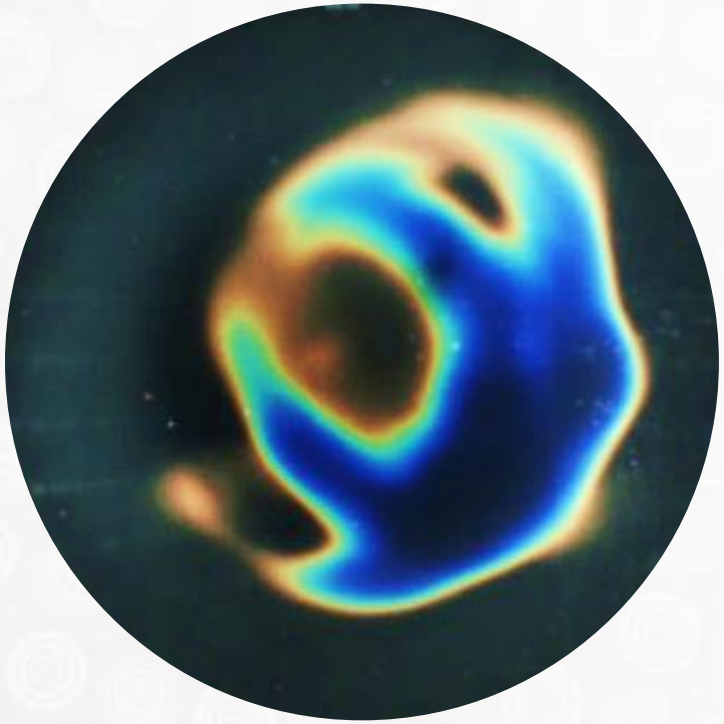
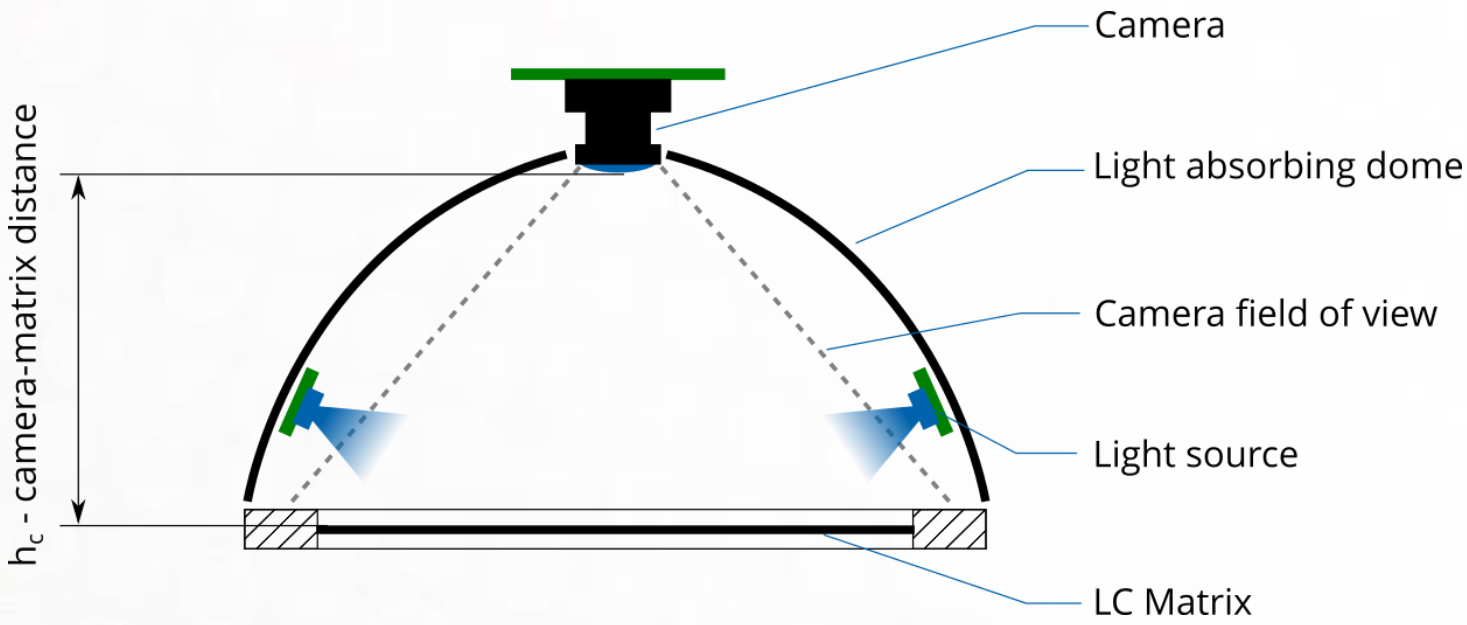


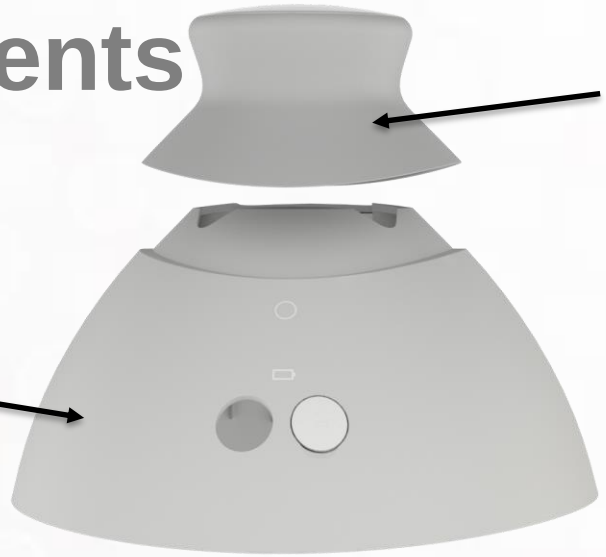
Image acquisition device

Heat map presented on the surface of liquid crystal matrix during examination is illuminated with LEDs and captured with visible light spectrum camera





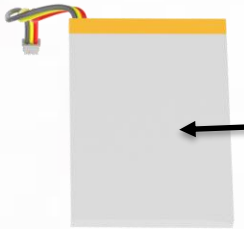
Main components



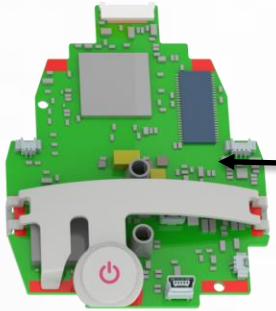
Housing

Hand Grip / Examination button

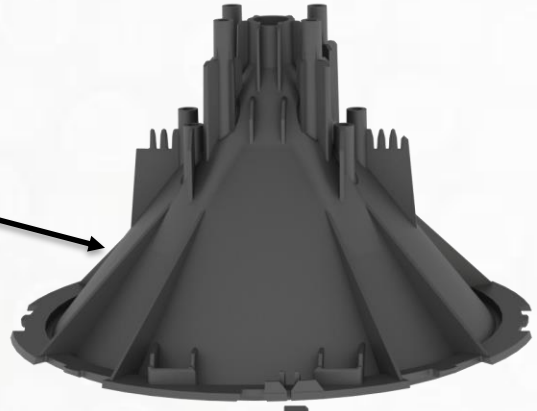
Digital camera



Li-Ion rechargeable battery



Main PCB



Light chamber

LED strip

Light shield, diffuser

Braster Pro breast examination

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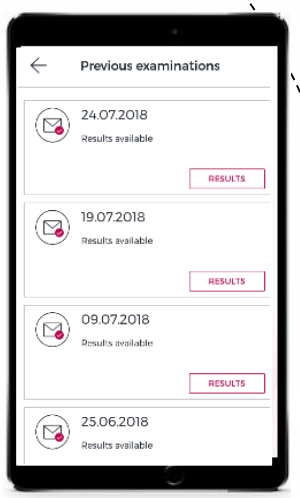
Mobile app
guides through the examination and informs about the result

Device
Braster Pro

Certified medical experts
control of the interpretation process

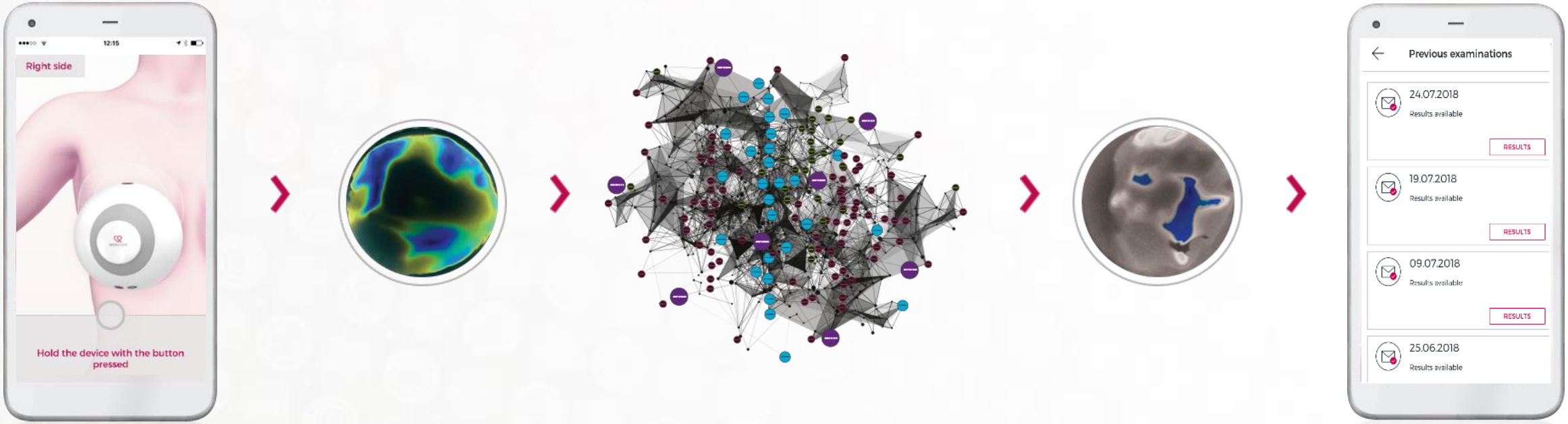
Images are sent for interpretation to telemedical center

Examination result



Telemedical center
where the automatic interpretation of the breast thermographic images is performed (Braster AI)

System for automatic interpretation Braster AI



New generation alghorithms - **DEEP LEARNING NETS**

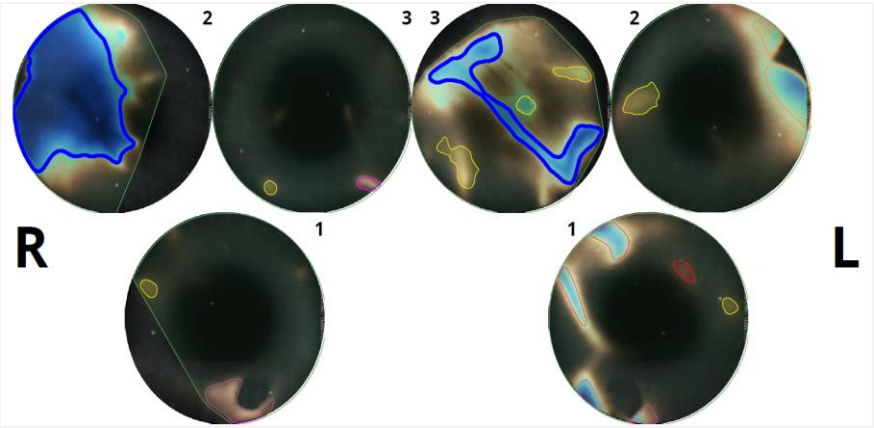
Braster AI Algorithms

Thermal images of two breasts are analysed and compared in three main parameters:

Thermal Asymmetry – a thermal difference between hottest areas in both breasts

Structural Asymmetry – difference in number of the thermal structures between both breasts

Area Asymmetry- a significant disproportion between the areas of main structures of both breasts



Details of Braster® AI analysis

	Value:	Norm:
Thermal asymmetry parameter:	0.00	from -2 to 2
Structure asymmetry parameter:	0.00	from -2 to 2
Main thermal structure area ratio:	-3.12	from -4 to 4
Main difference ratio of surface thermal structures areas:	-42216.50	from -20,000 to 20,000

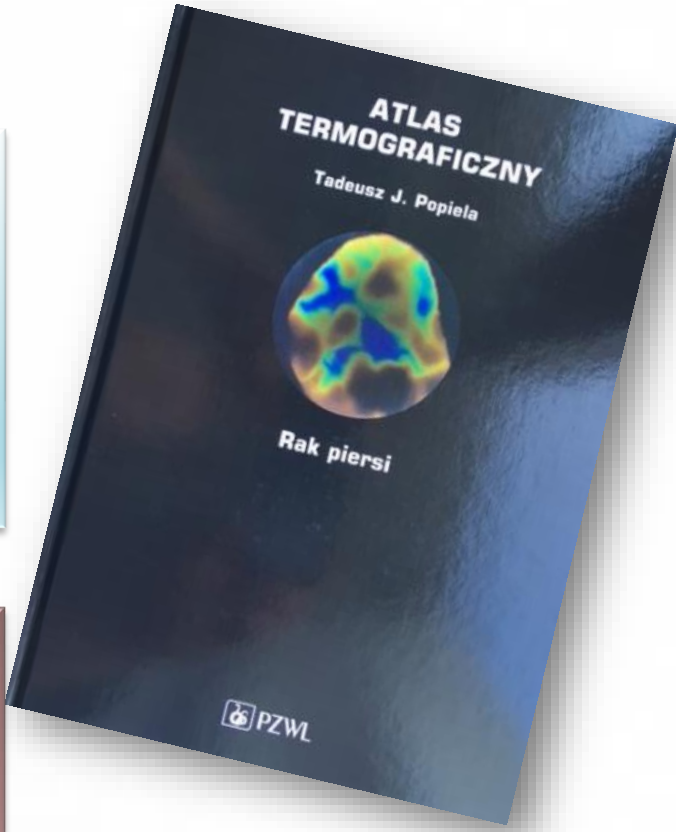
Braster Pro – clinical validation

1. **BRA/03/2013 (ThermaCRAC)** – „ Multicentre, observational study comparing the effectiveness of the Tester BRASTER ™ device in diagnosing and differentiating breast pathology in women to standard diagnostic methods; n = 736 (proof of concept)

2. **BRA 03/2014 (ThermaRAK)** - multicentre observational study conducted to collect data from thermographic examination and data from imaging and histopathological examinations necessary to prepare the atlas of thermal pathologies. n = 360;

3. **BRA/11/2014 (ThermaALG)** – Multicentre observational study assessing the diagnostic effectiveness and clinical usefulness of the new version of the interpretation algorithm of the thermographic examination in the diagnosis of breast pathology in women; n=274 (registration study)

4. **INNOMED_BRASTER_2016_01**– Multicentre observational study assessing diagnostic effectiveness of contact thermography in comparison with ultrasound examination, mammography and breast biopsy; n=3000 (PMS)



Observational study ThermaAlg

https://clinicaltrials.gov/ct2/show/NCT03858738

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A multicenter study conducted to assess the diagnostic effectiveness of the interpretation algorithm of thermographic images in detecting breast cancer.

Methodology: the study included 3 groups of patients, two symptomatic groups with USG or MMG score BIRADS 4/5 divided according to age into patients (50- and 50+) and a control group with the USG score BIRADS ½ (n=274)

The primary goal of the study was to determine the effectiveness of diagnostic contact thermography using the manual algorithm of assessment the thermographic images compared to breast ultrasound, mammography and histopathological examination of the lesion.

The secondary goal was the validation of automatic algorithms using artificial intelligence in the assessment of thermographic images.

Patients under 50 years of age:

- Sensitivity 81,5 % (95% CI 64,1; 92,6)
- Specificity 87% (95%CI: 79,7; 92,4)
- PPV 71,0% (95%CI: 53,7; 85,8)
- NPV 93,6% (95%CI: 85,6; 97,8)

ThermaALG (clinical trial) conclusions

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Braster + US

- **positive** result in contact thermography **increases** the likelihood of diagnosis of breast cancer more than **twofold**

- **negative** result in contact thermography **decreases** the likelihood of diagnosis of breast cancer more than **threefold**

Observational study INNOMED

https://clinicaltrials.gov/ct2/show/NCT03858738

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Prospective multicentre (**24 sites**) observational study conducted by Collegium Medicum Jagiellonian University in Krakow.

Methodology: 3000 patients; 3 groups : A: women US BIRADS 4-5 < 50 C: women US BIRADS 4-5 ≥ 50 B: control group of women BIRADS 1-2; 18-49; ≥ 50

The primary goal :
Diagnostic effectiveness of contact thermography in comparison with ultrasound examination, mammography and breast biopsy

The secondary goal :
Validation of algorithms for automatic interpretation of thermographic images (deep learning algorithm)

Results Q4 2019

- The average sensitivity of contact thermography is 60.7-61.8%
- The specificity of contact thermography is between 62.7 – 85.4%
- The results obtained indicate the limited use of contact thermography as an independent screening method

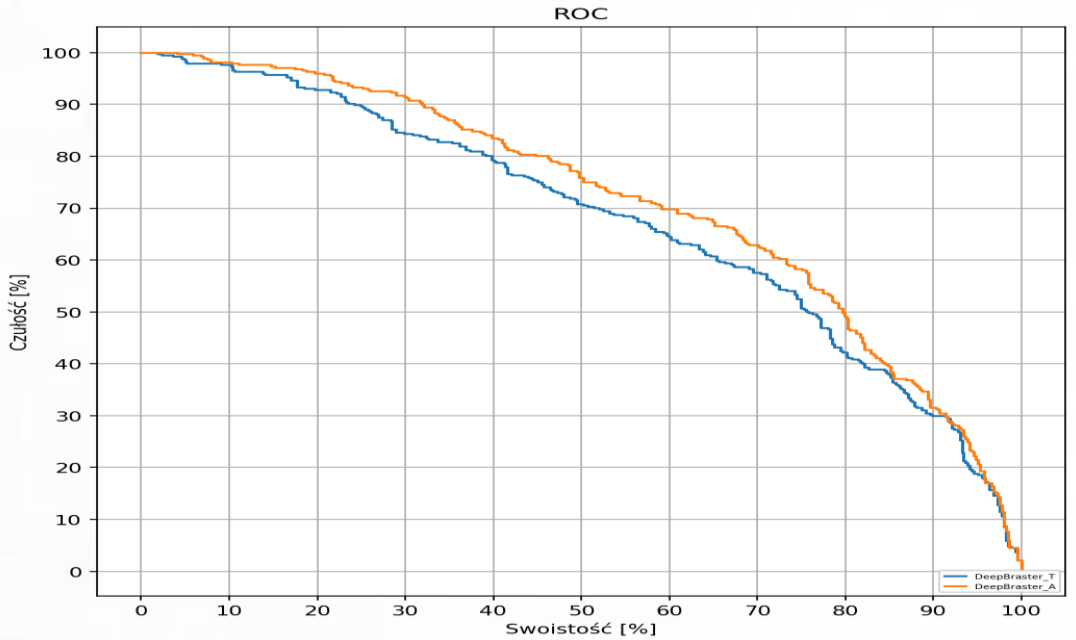
INNOMED Study Results

- The average **sensitivity** of contact thermography is 60.7-61.8%
- The **specificity** of contact thermography is between 62.7 – 85.4%

PPV in the group of women <50

BIRADS	PPV-usg	CNT-usg	PPV-Braster+	CNT-Braster+	PPV-Braster-	CNT-Braster-
4a	-	0	-	0	-	0
4b	8.5%	71	19.2%	26	2.2%	45
4c	75.0%	8	100.0%	5	33.3%	3
4a-c	15.2%	79	32.3%	31	4.2%	48
5	100.0%	14	100.0%	10	100.0%	4

ROC Curve (sensitivity-specificity)



BIRADS 4 (from ultrasonography) with a positive result in **thermography increases the positive predictive value more than twofold**, while a negative result of this test **significantly reduces** this value.

This confirms the **use of contact thermography as a complementary method** to breast ultrasound (similar results were obtained in the BRA11 / 2014 ThermaAlg study)

Braster Pro - intended use & contraindication

- is intended for breast examination of women over 18 by HCP
- is an adjunct to recognized modalities such as ultrasound and mammography
- detects thermal asymmetry in women's breasts which can be correlated with breast pathology
- proved efficient regardless of the size of the breast, its density or aesthetic implants

Contraindications for Braster Pro examination:

➢**Patient who are undergoing or have completed anti-cancer therapy of breast cancer**

➢Temporary contraindications:

pregnancy or breastfeeding (up to three months after weaning);
general infection, with a body temperature of or in excess of 38˚C;
breast infection with pain, skin redness and bruises (when said symptoms are present);
surgical procedure in the breast area with benign lesion diagnosis:

- ❖fine-needle biopsy (FNB) – up to four weeks after the procedure,
- ❖core-needle biopsy (CNB) or Mammotome's breast biopsy – up to 6 months after the procedure,
- ❖breast tumor resection – up to 12 months after the procedure;

➢**aesthetic implant placement**, filler injections (e.g. hyaluronic acid) and lipotransfer **– up to 12 months after the procedure.**

Alghorithm for Braster Pro

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18-49

negative

positive

routine check in planned time

diagnostic examination

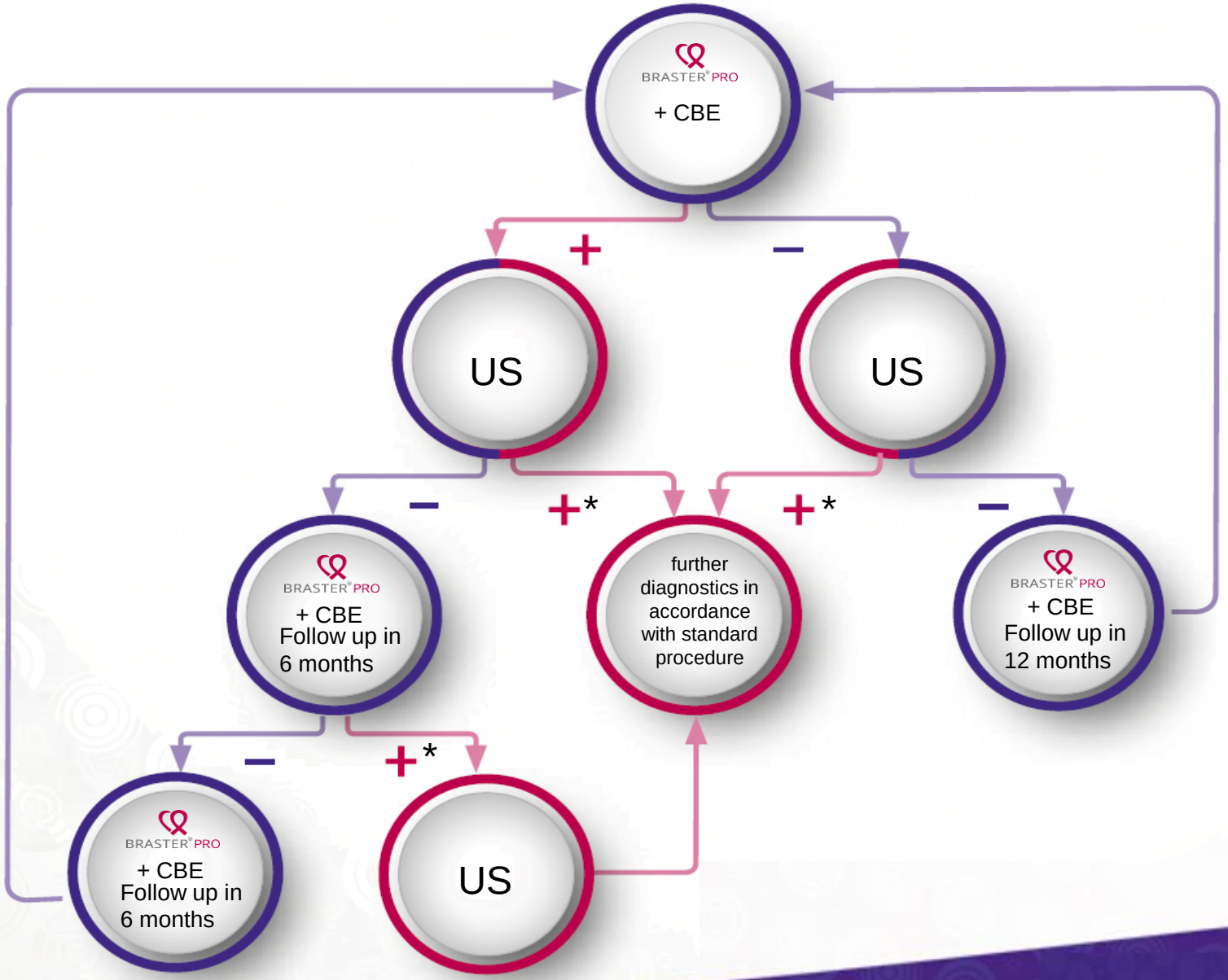
*Polish medical societies recommend routinely performing a breast ultrasound examination at an annual time interval

50 +

MMG screening

After 2 years next screening MMG

Alghorithm for Braster Pro



+ positive

− negative

*BI-RADS 4a – follow up in 6 months according to BI-RADS procedure

CBE – Clinical breast examination (PALPATION)
US- Ultrasound

1.Petronella G.M.Peer,M.Sc., Age-Dependent Growth Rate of Primary Breast Cancer; CANCER June 1,1993,Vol 71,No.11
2.L.Titus-Ernstoff, Breast cancer risk factors in relations to breast density (United States); Cancer Causes Control (2006) 17:1281-1290

Braster Pro- who can perform an examination

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Doctor

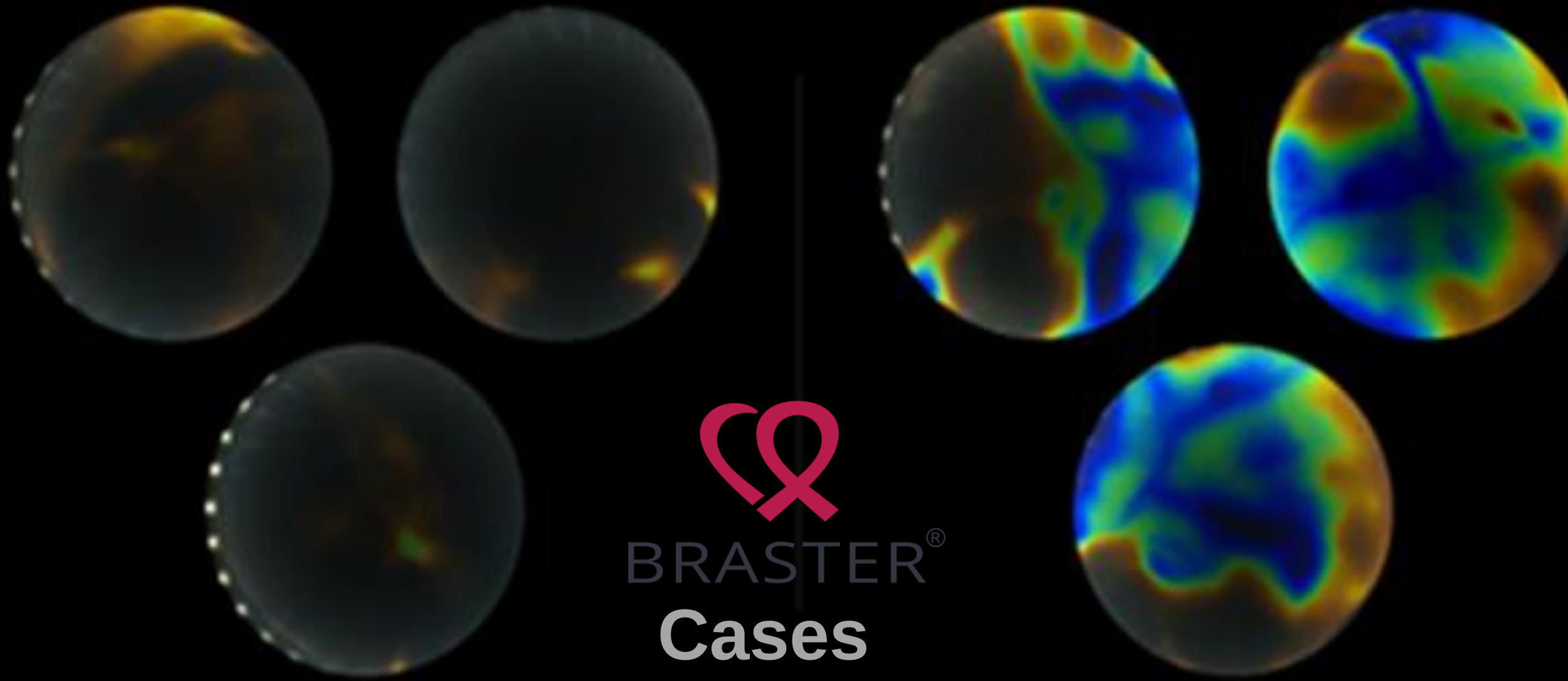
Doctor performs CBE or US or MMG with Braster examination result ready

Midwife performs CBE with Braster examination.

Midwife

+

Doctor



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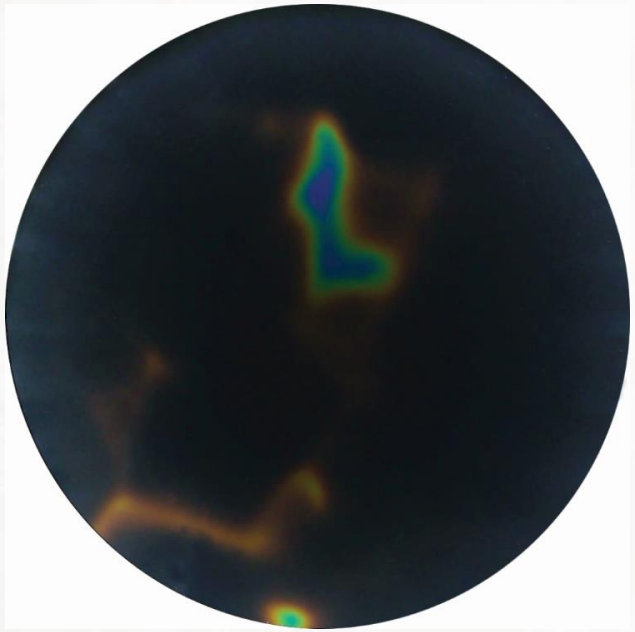
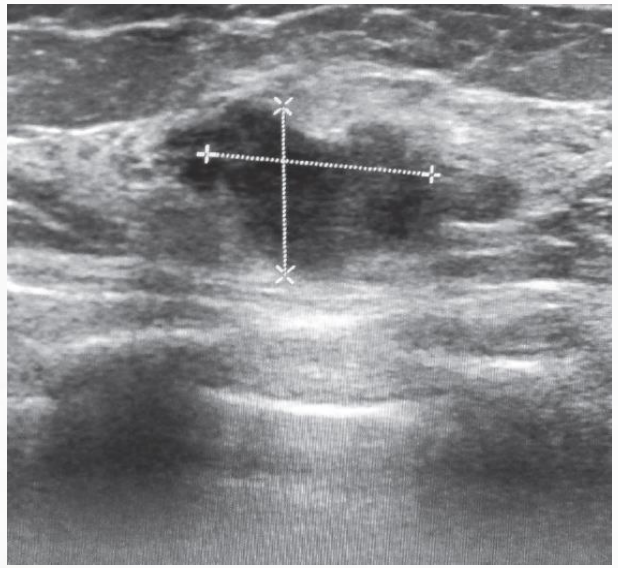
Cases

CASE 1

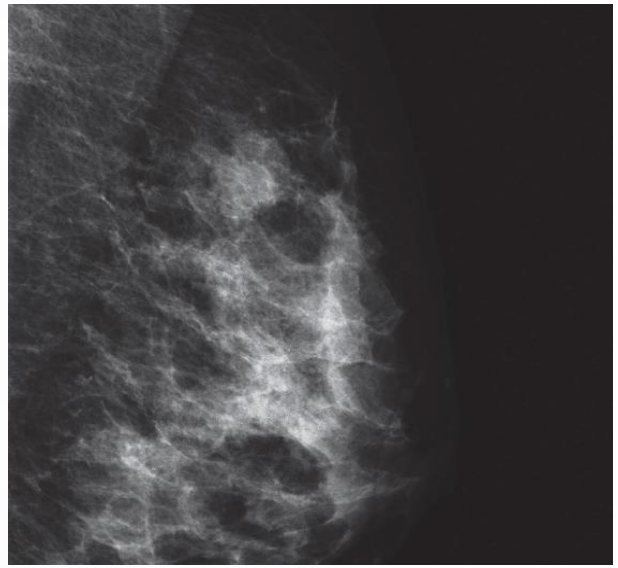
Age: 49 years
Breast composition: fatty-glandular
Focal change: palpable
Hist-pat: invasive ductal carcinoma*(carcinoma ductale invasivum)*



In the left breast, an irregular focal hyperthermia which is corresponding to a verified cancer.



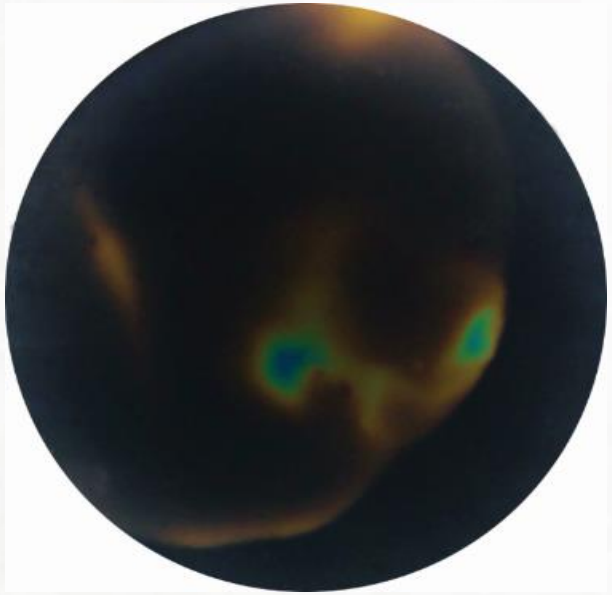
Ultrasound: In the left breast, at the perimeter of the 2 o'clock position, an irregular hypoechoic mass (measuring 16 x 12 mm) is visible; BI-RADS 4b.



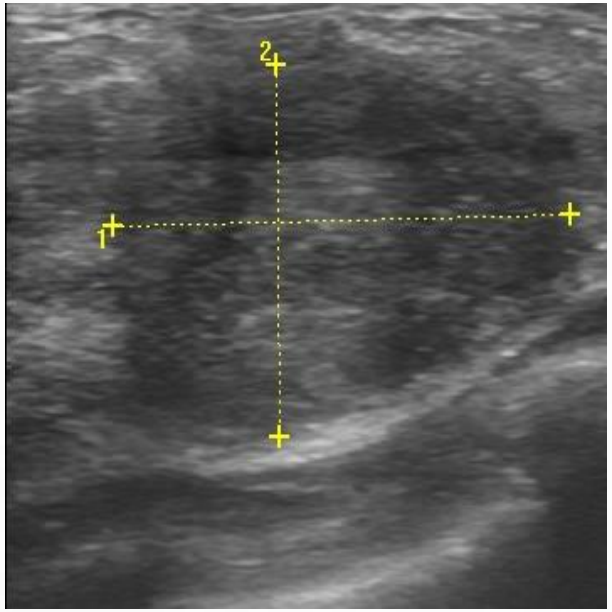
MMG MLO: No suspicious focal changes or clusters of microcalcifications are visible; BI-RADS 1.

CASE 2

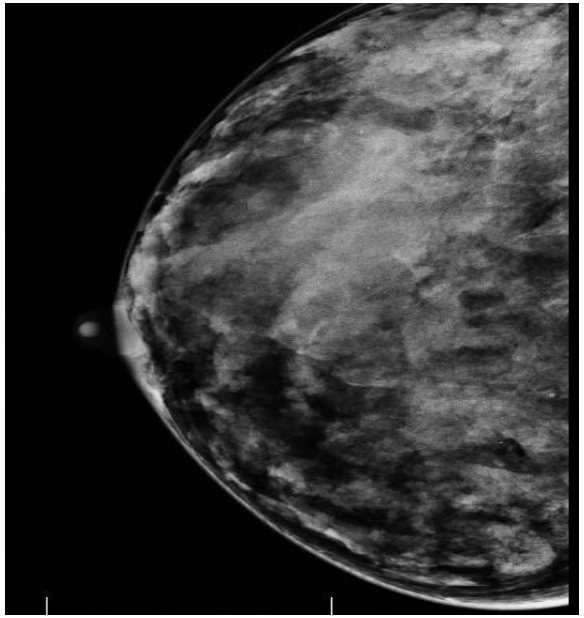
Age: 39 years
Breast composition: dense glandular
Focal change: non-palpable
Hist-pat: invasive ductal carcinoma (*carcinoma ductale invasivum*)



A focal hyperthermia was observed in the lower outer quadrant of the left breast, in the location previously visualized through ultrasound examination.



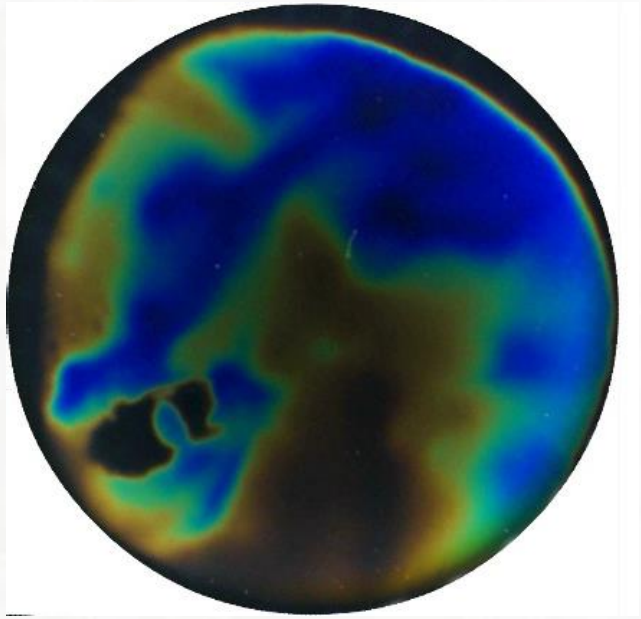
Ultrasound examination of the left breast revealed a 17 x 24 mm oval, hypoechoic lesion, with indistinct margins in the lower outer quadrant, at 4 o'clock axis, BI-RADS 4b



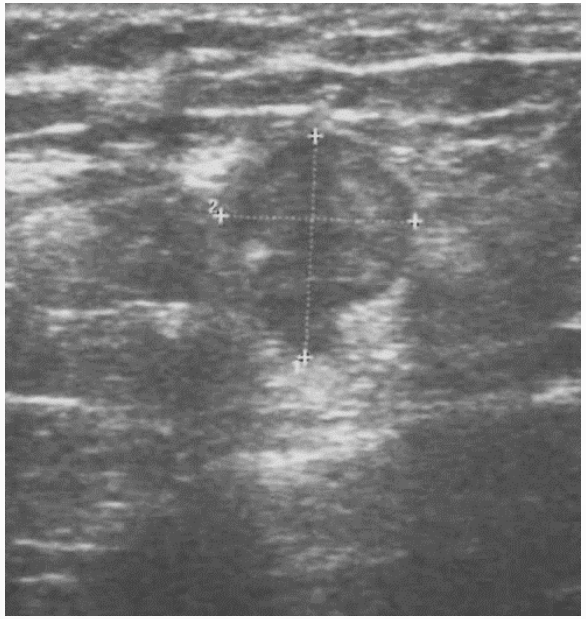
Due to the type of breast tissue (i.e., dense glandular tissue according to Wolfe's classification), mammographic examination had reduced sensitivity. The mammogram did not detect any suspicious areas or clusters of calcifications. BI-RADS 0

CASE 3

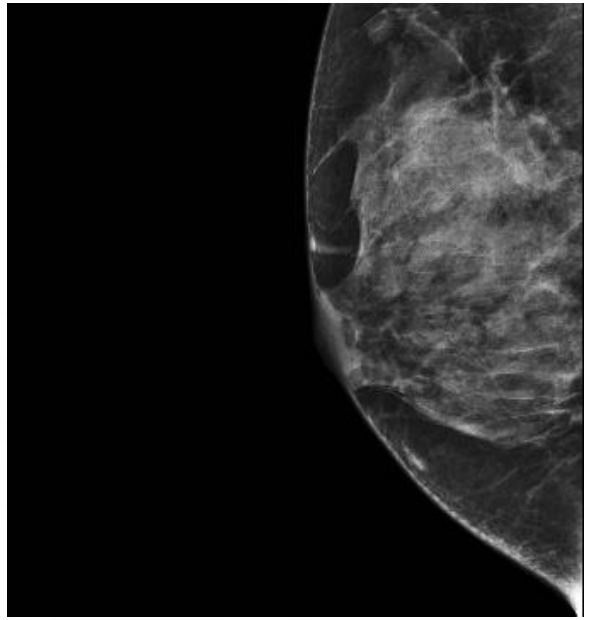
Age: 40 years
Breast composition: dense glandular
Focal change: non-palpable
Hist-pat: invasive ductal carcinoma(*carcinoma ductale invasivum*)



Thermography showed irregular hyperthermy localised in the centre of right breast, on the border of the upper quadrants.



On ultrasonography several simple cyst were noted in both breast.
In the right breast at the 12 o'clock axis irregular hypoechoic lesion 33x18mm was identified, suspicious of maliganancy, BI-RADS 4b



Oval, well circimscribed foci up to 10mm in diameter were seen, no suspcious mass or clusters of calcifications was found, qualified patient for an additional ultrasound evaluation, BI-RADS 0

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Opinions & Publications

Opinions

BRASTER®

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Medical center Maichin Dom

2, Zdrave str.

1463 Sofia, Bulgaria

To whom it may concern,

This is to confirm that Braster Pro system, manufactured by Braster SA in Poland, has been supplied to our Clinic Maichin Dom in Sofia.

Braster Pro is an innovative solution for breast examinations performed by healthcare professionals in clinical setting. The system consists of a high-tech device which uses contact thermography, user-friendly mobile application, automatic interpretation algorithms detecting potentially dangerous changes in breasts and telemedical centre with experienced medical experts. The examination result is available within 48 hours and is sent directly to the doctor's account. The functionality of the account allows the doctor to review all the patients' results as well as check and download thermographic images.

We want to emphasize that the patients are willing to undergo Braster examination because it is painless, safe and takes only 20 minutes. The system which includes mobile app for smartphones and tablets connects wirelessly to the device, providing intuitive instructions throughout the entire examination.

The results are credible and in case when needed they can be confirmed with other modalities.

We decided to use Braster Pro system as we strongly believe that combining various types of examination increases the chance of detecting alarming changes at an early stage of the disease, which may allow for less invasive treatment and enhance the probability of a complete recovery.

Dr. Miroslav Georgiev

Manager

Medical center Maichin dom

МАМОЛОГІЯ
КОНФЕРЕНЦІЯ

Современный подход к профилактике рака молочной железы: ...ческих скрининговых программ ...ринговых методик

А.А. Ковалев

POLSKIE TOWARZYSTWO GINEKOLOGII ONKOLOGICZNEJ

POLISH SOCIETY OF ONCOLOGICAL GYNECOLOGY

Warszawa 15.10.2018

OPINION
FROM THE POLISH SOCIETY OF ONCOLOGICAL GYNECOLOGY
REGARDING THE USABILITY OF BRASTER PRO SYSTEM AS A COMPLEMENTARY METHOD FOR BREAST CANCER DIAGNOSTICS IN THE CLINICAL SETTINGS

Introduction

Cancer is one of the most common causes of death in Poland and in the world. According to the National Cancer Registry data, in 2015, 23.6% of women died because of cancer. In 14.1%, the cause of death in women was breast cancer.[1]

...ly introducing new therapies, the mortality rate decrease, however the morbidity is ...onstantly increasing.[1] In order to provide the best accuracy and benefit from the latest ...ethods of treatment, it is necessary to ensure the widest possible access to effective ...condary prevention.

...ording to the report from the Supreme Audit Office, from January 2018: "in Poland ...e is no comprehensive, consistent and functional system of secondary health ...hylaxis, including planning activities in this area, supervision of their ...mentation and evaluating the obtained effect."[2] In 2017, doctors providing basic ...icare services implemented limited health prevention tasks to their practice. In the ...f a breast examination, we have information about the examination or its refusal ...13.5% of patients.[2] We can therefore assume that 86.5% of women were not ...a breast examination at the general practitioner's clinics.

...g to a survey conducted by the Chair and Department of Preventive Health, ...f Health Sciences, at Poznan University of Medical Sciences, the most common ...knowledge and preventive activities for women is from a gynecologist

...he above data, as oncological-gynecologists, we face the question of how to ...patients with fast and effective secondary prevention for breast cancer.

...s of early detection of breast cancer, an important element of prophylaxis, ...ensitivity (21-41% depending on the patient's age), is self-examination.[4] ...do not self-examine their breasts because they are not aware of how to do

...DERN PROBLEMS
...QUIRE MODERN SOLUTIONS
...V TECHNOLOGY IS SHAPING HEALTHCARE

...odern problems require modern solutions

Vivek Tiwari
Founder, and CEO,
Medikabazaar

You must have seen this statement quite a few times while scrolling through social media.

The statement is quite self-explanatory, meaning that more contemporary the problem, more new-age solutions are required to counter and solve it. According to an article by Firstpost in April 2019, India saw its population rise with approximately 450 million inhabitants over 25 years leading up to 2016. In the same period, the population living below the poverty line decreased by half. Here is the flipside. Due to this situation, India is facing what media outlets are calling as a "dual disease burden," which is characterized by an acceleration in communicable and non-communicable diseases, also known as lifestyle diseases. Not only in India, but we are encountering new forms of diseases, infections, and afflictions all around the world, which calls for advanced and modernized healthcare solutions.

Technology's integration with healthcare is and has been providing medical establishments with those state-of-the-art solutions to diagnose and treat patients suffering from complex afflictions. As of this moment, technologically advanced healthcare solutions are no longer in its infancy. 2020 is right around the corner and we are in an era where healthcare is taking the next big step, and this is happening because of various forms of technology. It is to be noted here that these technologies are not only related to patient diagnosis but also directed towards improving the operational efficiency of healthcare facilities. Let's look at some of the trending technologies in healthcare at the moment.

Blockchain is one technology which is revolutionizing the way hospitals collect data. Patient and transaction data is one of the most sensitive information for hospitals. Via blockchain's digital ledgers and record-keeping systems, each critical data will be secure in an age where data privacy is facing some serious questions.

Virtual Reality (VR), according to reports, is poised for a market valuation of $4 billion by 2020. This technology can help hospitals invent new ways of engaging with their patients (virtual tour of facilities, help patients manage their pain), which can help them feel less anxious about visiting medical establishments.

I am keeping the best for last. Artificial Intelligence (AI) is the technology which is not only being implemented on you

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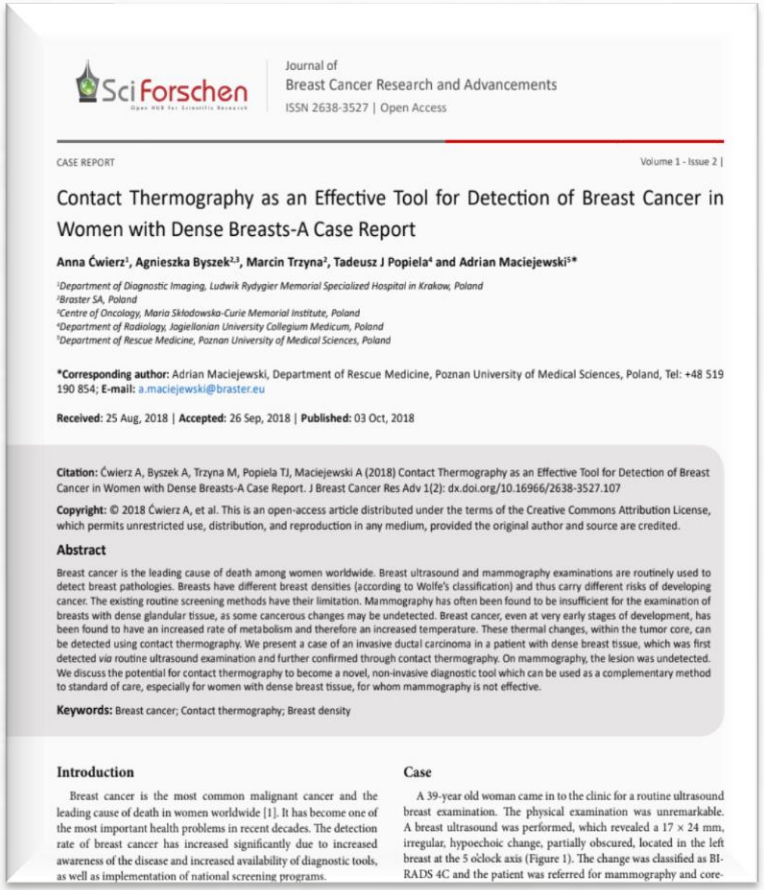
Scientific Papers



SciForschen
Journal of
Breast Cancer Research and Advancements
ISSN 2638-3527 | Open Access

CASE REPORT
Volume 1 - Issue 2 |

Contact Thermography as an Effective Tool for Detection of Breast Cancer in Women with Dense Breasts-A Case Report

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Received: 25 Aug, 2018 | **Accepted:** 26 Sep, 2018 | **Published:** 03 Oct, 2018

Citation: Ćwierz A, Byszek A, Trzyna M, Popiela TJ, Maciejewski A (2018) Contact Thermography as an Effective Tool for Detection of Breast Cancer in Women with Dense Breasts-A Case Report. J Breast Cancer Res Adv 1(2): dx.doi.org/10.16966/2638-3527.107

Abstract

Breast cancer is the leading cause of death among women worldwide. Breast ultrasound and mammography examinations are routinely used to detect breast pathologies. Breasts have different breast densities (according to Wolfe's classification) and thus carry different risks of developing cancer. The existing routine screening methods have their limitation. Mammography has often been found to be insufficient for the examination of breasts with dense glandular tissue, as some cancerous changes may be undetected. Breast cancer, even at very early stages of development, has been found to have an increased rate of metabolism and therefore an increased temperature. These thermal changes, within the tumor core, can be detected using contact thermography. We present a case of an invasive ductal carcinoma in a patient with dense breast tissue, which was first detected *via* routine ultrasound examination and further confirmed through contact thermography. On mammography, the lesion was undetected. We discuss the potential for contact thermography to become a novel, non-invasive diagnostic tool which can be used as a complementary method to standard of care, especially for women with dense breast tissue, for whom mammography is not effective.

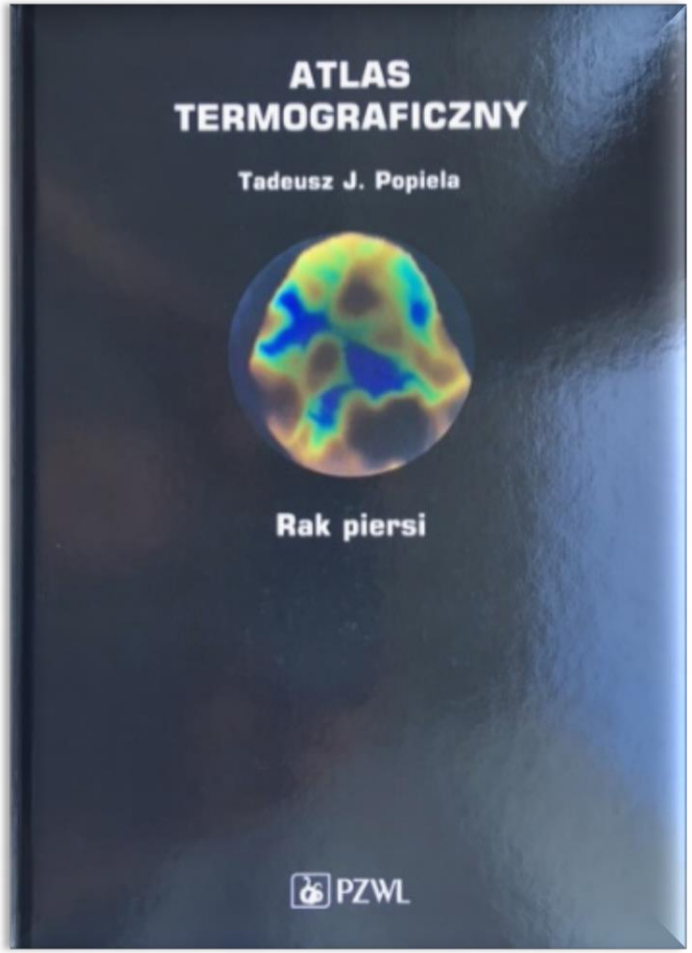
Keywords: Breast cancer; Contact thermography; Breast density

Introduction

Breast cancer is the most common malignant cancer and the leading cause of death in women worldwide [1]. It has become one of the most important health problems in recent decades. The detection rate of breast cancer has increased significantly due to increased awareness of the disease and increased availability of diagnostic tools, as well as implementation of national screening programs.

Case

A 39-year old woman came in to the clinic for a routine ultrasound breast examination. The physical examination was unremarkable. A breast ultrasound was performed, which revealed a 17 × 24 mm, irregular, hypoechoic change, partially obscured, located in the left breast at the 5 o'clock axis (Figure 1). The change was classified as BI-RADS 4C and the patient was referred for mammography and core-

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Czy technologia Braster ma sens?

Joanna Rusecka, 22.03.2019 , Tag: rak piersi, onkologia, termografia kontaktowa, termografia, braster

Ostra krytyka onkologów w sprawie wykorzystania te
przesiewowej w diagnostyce nowotworów piersi spotkał
odpowiedzią firmy Braster, dystrybutora urządzeń opartych
Pomimo tego, że Braster nie czuje się adresatem krytyki
urządzenie jest zarejestrowane jedynie jako uzupełnienie me

Firma Braster od 2016 roku sprzedaje urządzenia, które mają pomóc kobietom we wczesnym wykryciu piersiach. Braster wykorzystuje technologię ciekłokrystalicznej termografii kontaktowej, uzyskane termograficzne pozwalają wskazać potencjalnie niebezpieczne zmiany i nieprawidłowości w piersiach. Urzą wszystkie badania i zostało dopuszczone do obrotu na rynku.

W komunikacie wydanym przez onkologów czytamy, że „nie ma żadnych dowodów potwierdzając wykrywaniu i rozpoznawaniu tego nowotworu oraz jako profilaktycznego badania przesiewowej przesiewowych zmniejszającą umieralność z powodu raka piersi jest mammografia, którą w Polsce moż kobieta w wieku od 50 do 69 lat". Oświadczenie zostało podpisane między innymi przez konsultantó chirurgii onkologicznej, onkologii klinicznej i radioterapii onkologicznej oraz prezesów Polskiego Onkologicznej, Polskiej Unii Onkologii, Polskiego Towarzystwa Onkologii Klinicznej, Polskiego Towarzystwa

Prezes Polskiej Ligi Walki z Rakiem w komentarzu udzielonym dla jednego z portali mówi, że „metody te jak i oparte na ciekłych kryształach umarły w onkologii śmiercią naturalną około 30 lat temu, głównie z czułości" i nie powinny być wykorzystywane w diagnostyce medycznej. Działania firmy Braster, zamias tylko przyczynić się do przeoczenia zmian nowotworowych, a promowanie metody [illegible] jest ci nieetyczne.

owatorska metoda wczesnego wykrywania raka
ersi
9-06-13

Dziś chcemy naszym Czytelniczkom opowiedzieć o nowatorskiej metodzie wczesnego wykrywania raka piersi, jaką jest termografia wykorzystywana w urządzeniu o nazwie Braster. Pytamy o to Tomasza Wojno – specjalistę ginekologa-położnika.

– Wszyscy doskonale wiemy, jak niebezpiecznym nowotworem jest rak piersi – mówi [illegible] w walce z nim dysponowaliśmy dotychczas metodami wczesnej [illegible] rynku pojawiło się

POLSKIE TOWARZYSTWO GINEKOLOGII ONKOLOGICZNEJ

POLSKIE TOWARZYS
GINEKOLOGII ONKOLO

STANOWISKO
POLSKIEGO TOWARZYSTWA GINEKOLOGII O

Odnosząc się do publikacji jakie ukazują się ost
oparciu o testy urządzenia Braster PRO przeprowadzone pr
Towarzystwa Ginekologii Onkologicznej i dostępne publikacj
opracowaną przez nasze Towarzystwo w 2018 roku
wykorzystania systemu Braster PRO jako uzupełnienie w diagn

Nowotwory stanowią jedną z najczęstszych przyczyn zgon
Zgodnie z danymi Krajowego Rejestru Nowotworów w 2015 r
z powodu choroby nowotworowej. W przypadku 14,1% prz
nowotwór piersi.

Dzięki wprowadzaniu nowych terapii spada śmiertel
wzrasta zachorowalność. By móc zapewnić jak najlepszą skute
do najnowszych metod leczenia konieczne jest zapewnien
dostępu do skutecznej profilaktyki wtórnej.

W świetle powyższych danych, jako lekarze ginekol
przed pytaniem, jak zapewnić naszym pacjentkom szybką
wtórną raka piersi.

W procesie wczesnego wykrywania raka piersi istotny
pomimo niskiej czułości (21–41%, w zależności od wieku pacj
Niestety wiele pacjentek nie przeprowadza samobadania pier
sposób to robić. Najwyższą skuteczność w wykrywaniu raka piersi we wczesnym
stadium, sięgającą blisko 90%, moglibyśmy uzyskać łącząc samobadanie
piersi z wykonywaniem badań radiologicznych, przy czym pamiętać trzeba , że
największą czułość wykazuje obrazowanie rezonansem magnetycznym. Niestety koszty
badań obrazowych i ich ograniczona dostępność skłaniają
metod o łatwym dostępie i ni
wymagających specjalistycznej d
młodych, kobiet zdrowych, dla k
wczesnego wykrywania raka piers
starszych badanie mammograficzn

Metodą mogącą spełnić powyższe
Braster PRO wykrywające zmiany t
chorej, w tym powtórnie

МАЙЧИН ДОМ СТАВА ЦЕНТЪР НА БАЛКАНИТЕ

21-05-2019 10:39

Университетската АГ болница вече е сертифицирана за ранна диагностика на рак на млечната жлеза

Най-голямата акушеро-
гинекологична болница у нас
„Майчин дом" вече е
сертифициран референтен
център за Балканските държави за прилаган
съвременната технология за ранен скринин
гърдата. Трима български лекари бяха във В
където обсъдиха напредъка и приложението
заедно с медицински специалисти от цял свя

Технологията за ранната диагностика на рака
млечната жлеза Braster е полска научна разра
основава на контактна термография с течни к
Изследването отнема няколко минути, а резул
анализират от изкуствен интелект. Те позволя
откривани и наблюдавани образувания в мле
с размер от едва 3 мм. Тогава, когато правилн
поставената диагноза води до отлични резул

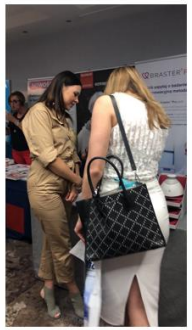
Болницата вече получи и сертификат

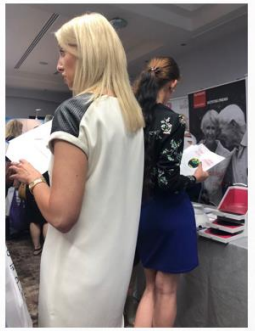
Braster (PL - polski, angielski)

Opublikowane przez: Barbara Tarczyńska [?] · 25 października o 04:2

Poświęćcie dziś kilkanaście minut ⏰aby dowiedzieć się bezpośred
od Pana doktora Bogdana Siwka jakie są standardy w diagnostyce
piersi. Szczególnie gdy ma się 25 lat. Jakie nawyki trzeba w sobk
wyrobić, w czym nieoceniona staje się aktywność partnera, jak bad
Braster Pro wpisuje się w kalendarz profilaktyki raka piersi i wiele
innych, niezwykle ciekawych zagadnień widzianych oczami Specjali
Prelekcja obowiązkowa

2078 wyświetleń





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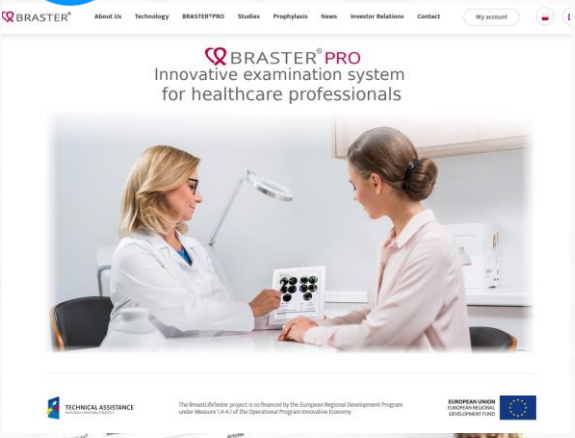

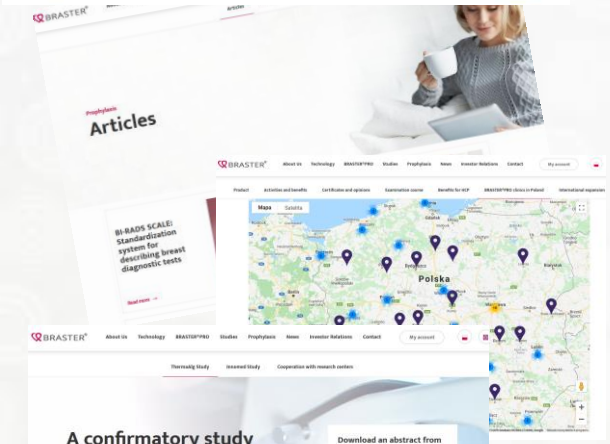

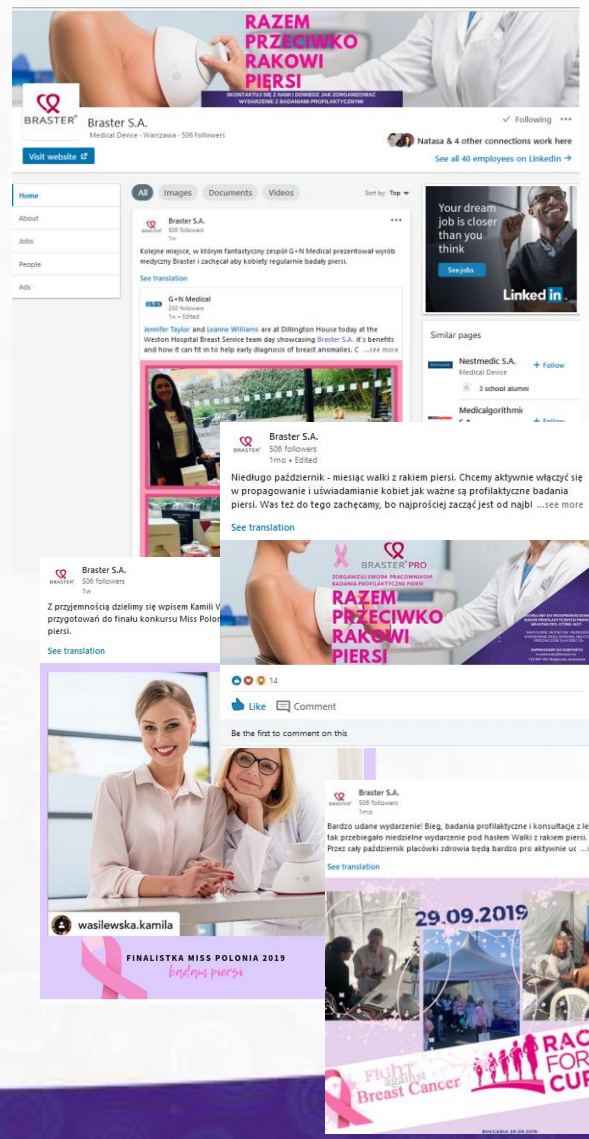

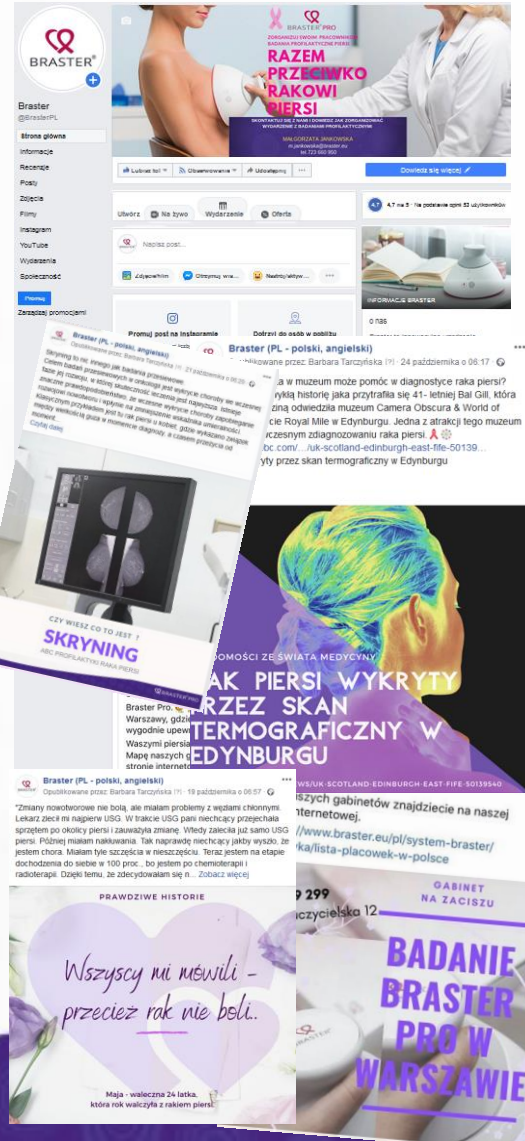

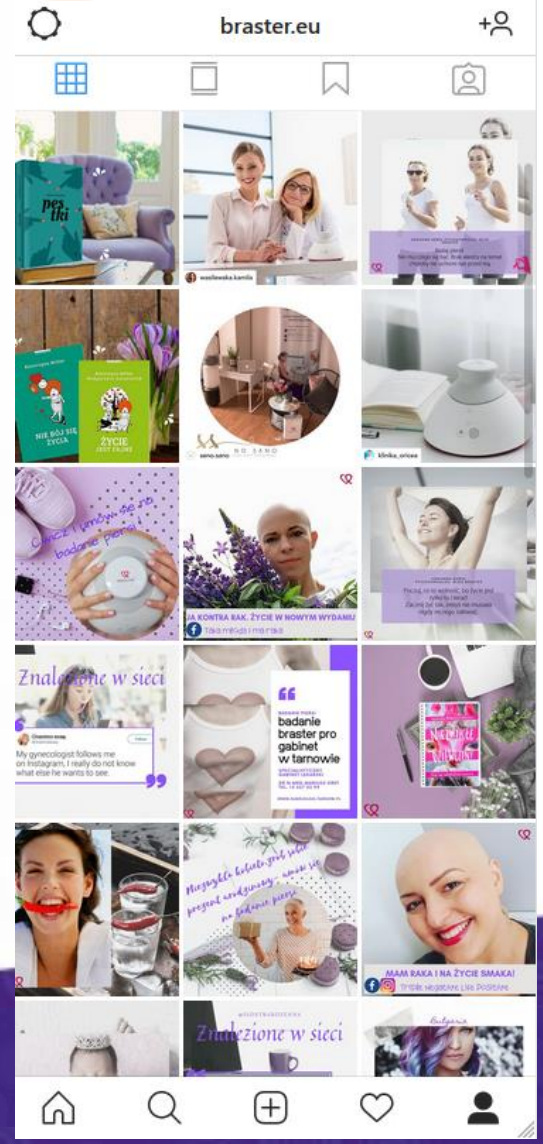


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