Question 1. Regarding mammography findings of ductal carcinoma in situ (DCIS):
(a) Microcalcifications detected on mammography are commonly due to DCIS.
(b) Most screening-detected DCIS cases are identified as abnormal microcalcifications on mammography.
(c) Coarse popcorn-like calcifications are typical of DCIS.
(d) Linear-branching microcalcifications are suspicious for DCIS.

Question 2. Regarding DCIS on ultrasonography:
(a) Currently, DCIS is more commonly detected on sonography than on mammography.
(b) DCIS only presents as abnormal microcalcifications on sonography.
(c) Differential diagnoses for intraductal masses include papillomas and DCIS.
(d) Ductal ectasia can be associated with malignancy and any co-existing intraductal mass with mobile internal echoes should be biopsied.

Question 3. Regarding breast magnetic resonance (MR) imaging:
(a) Mammography is more sensitive than MR imaging in identifying DCIS.
(b) MR imaging is superior to mammography and breast ultrasonography in assessing the extent of disease in the preoperative setting.
(c) MR imaging kinetics is more important than evaluation of lesion morphology in the assessment of non-mass enhancement.
(d) The clumped enhancement pattern on breast MR imaging is of no clinical significance.

Question 4. Regarding the clustered ring enhancement sign on MR imaging:
(a) This MR imaging sign has a high negative predictive value.
(b) The presence of clustered, small enhancing ring lesions is strongly associated with DCIS.
(c) Lesions such as papillomas and atypical ductal hyperplasia may also demonstrate this MR imaging sign.
(d) The ‘picture-frame’ sign is a variant of the clustered ring enhancement sign and should be biopsied.

Question 5. Regarding breast biopsies:
(a) Vacuum-assisted biopsy is more expensive but less accurate than spring-loaded core needle biopsy.
(b) Papillary lesions diagnosed from core needle biopsies may have a small malignant upgrade rate in subsequent breast excision surgeries.
(c) Asymptomatic breast ductal ectasia without suspicious features on imaging usually does not require biopsy.
(d) When the MR imaging clustered ring enhancement sign is observed, surgical resection should be considered even if the percutaneous core biopsy reveals benign histological findings.