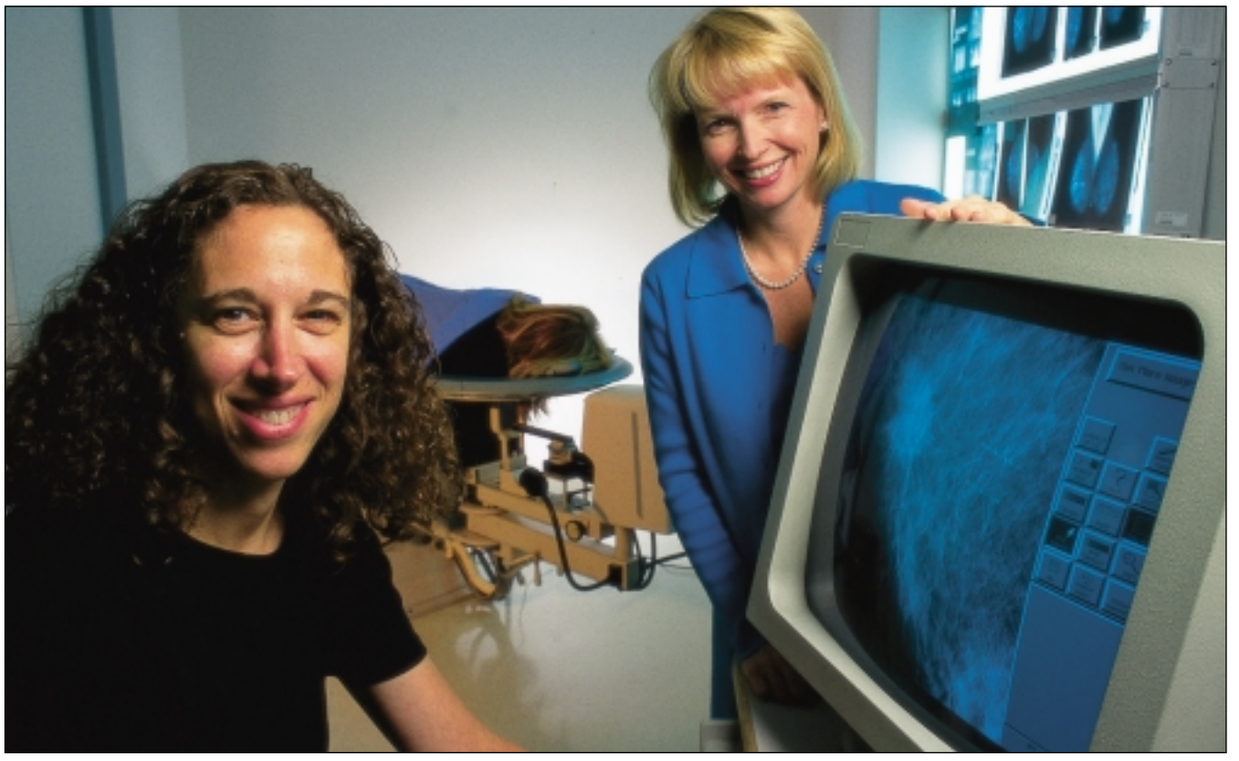

Dr. Cynthia Goralnik (left) and Dr. Thereasa Reiman specialize in the early detection of breast cancer.

Breast Cancer: Good News with Early Detection

As we begin this new century, bombarded by the facts and figures of the "dot-com information age," it is tempting to feel panic when we are confronted by American Cancer Society statistics that during the next year more than 180,000 women will be diagnosed with breast cancer and 40,000 women will die. It is easy to overlook the fact that actual breast cancer related deaths are beginning to decline due to early detection and treatment and that women have treatment options and years of survival that were not available to their mothers and grandmothers in the past century.

The days are long gone when a women underwent general anesthesia and surgery not knowing whether she would wake up with one breast or two. According to radiologist, Dr. Threasa Reiman, "Thanks to improved medical imaging and diagnosis, today, the vast majority of women go to surgery knowing the type and approximate size of their breast cancer. Along with their surgeon and family, they have chosen the most appropriate surgical procedure and have discussed subsequent treatment and reconstruction options." She and fellow radiologist, Dr. Cynthia Goralnik, strongly agree that breast care and breast cancer detection and treatment requires a team approach with the patient at the very center of the decision making process. "Collaboration and cooperation between the patient and all healthcare professionals involved in diagnosis and treatment is crucial," stresses Dr. Goralnik. "This includes radiologists, primary care physicians, surgeons, medical oncologists, radiation oncologists, pathologists and others."

"We cannot prevent breast cancer since we don't yet know the cause," says Dr. Reiman. "Two major risk factors are: being a woman and getting older. I have not yet met a woman who can avoid either of these risks. All women are at risk" she adds. "Many women think that because they have no family history of breast cancer, they don't have to be concerned. While a family history of breast cancer increases a woman's risk of developing breast cancer; most women diagnosed with breast cancer have no family history of the disease."

It has become obvious over the past decades that early detection and treatment means survival. Size matters. More than 95 women out of 100 with breast cancers the size of a pea can expect to be alive and free of disease more than ten years after diagnosis. Early detection means monthly breast self examination beginning at age 20, yearly physical examination after age 40 (every three years prior to age 40) and yearly mammography beginning at age 40. "No single method is foolproof," states Dr. Reiman, "all three are necessary for early detection." "Women with a family history of breast cancer should consult with their physician as they may need to begin screening mammography at an earlier age."

Radiologists play a primary role in detecting tumors too small to be felt and in evaluating the lumps and other findings of the woman and her physician. Mammography is an x-ray examination of the breast performed with the breast compressed between two paddles. Technologists performing this examination have special training and certification. Good compression is not painful but is necessary for a high quality mammogram. According to Dr. Goralnik, there are two types of mammograms. A screening mammogram is a routine 2 view examination of each breast performed yearly on a woman with no symptoms. A diagnostic mammogram is performed on a woman with symptoms or an abnormality on either physical examination or screening mammogram. Additional mammogram views with magnification or compression with smaller paddles are often performed at this time.

Breast ultrasound is an examination of the breast performed with sound waves instead of x-rays. According to Dr. Reiman, this examination is used to evaluate a lump that can be felt or an abnormality detected on the screening or diagnostic mammogram. If a benign diagnosis can be made on the basis of mammography or ultrasound, then nothing more is needed and the woman can be reassured. If breast cancer is still a concern, percutaneous (needle) biopsy can be performed. This procedure is performed in the clinic or hospital as an outpatient. No surgery or anesthesia is necessary. Using a special computerized mammography table or ultrasound a small amount of tissue is taken to sample the area of concern. This is sent to the pathologist for evaluation. A surgical biopsy is an alternative method for primary diagnosis and is the method of choice if any question remains after needle biopsy. Surgery remains the treatment once a tumor is diagnosed, and may include mastectomy, lumpectomy and lymph node sampling.

Other ways of imaging the breast include ductography (done for non-milky nipple discharge), MRI, and Nuclear Medicine (scintimammography, lymphoscintigraphy). These are used in further work up and problem solving and are not "front line" tools.

Doctors Reiman and Goralnik, both members of Valley Radiologists Ltd., have special interest and years of experience in breast imaging. Dr. Reiman came to Phoenix after training at Duke University and the Mallinckrodt Institute of Radiology (Washington University). She is Medical Director of Radiology at Maryvale Hospital. After training and staff appointments at Case Western Reserve University in Cleveland, Dr. Goralnik came to Phoenix by way of Denver where she worked with Dr. Steve Parker, a pioneer in the technique of percutaneous breast biopsy. She is Director of Breast Imaging for Valley Radiologists Ltd.

Full service breast imaging and intervention is available at all four hospitals staffed by Valley Radiologists Ltd. (John C. Lincoln : North Mountain, Thunderbird Samaritan Hospital, Maryvale Hospital, Phoenix Memorial Hospital). Breast Imaging services are provided at 7 Valley Radiologists Ltd. Outpatient locations as well. A new breast center is being planned in northwest Phoenix to consolidate services and eventually provide biopsies and other procedures in an outpatient setting. Valley Radiologists Ltd. performs and interprets over 40,000 mammograms per year. Almost all of which are interpreted independently by two radiologists.

Additional information and imaging site locations available at: (623) 931-7999 and www.valleyradiologists.com ■