

FLUSHING OFFICE TO OPEN AUGUST 16

Our new downtown Flushing office at 136-25 37th Avenue is scheduled to open on August 16. Our multi-lingual staff has recently started booking appointments for exams.

Our state-of-the-art 100% digital Radiological facility will provide MRI, CT, X-ray, Ultrasound, Mammography, DEXA, and Nuclear Medicine services. The office is conveniently located 2 blocks from the Main Street train station and across the street from the municipal parking lot.

Appointments and other inquiries can be made through our centralized phone number (718-428-1500).

OPEN HOUSE SEPTEMBER 14

Open house at our Downtown Flushing office will be on September 14 from noon to 7 p.m. All physicians and staff are welcome. It will be a great opportunity to meet the Radiologists and staff, as well as tour the facilities. Hors d'oeuvres and drinks will be served.

REFERRAL PADS IN CHINESE AND KOREAN

To better serve our downtown Flushing community, MSR referral pads are now available in Chinese and Korean. Please contact our office for delivery of these pads. Also, if there are additional languages that may benefit your patients, please contact Pauline at 428-1500.



MSR CELEBRATES FIFTH ANNIVERSARY

On July 31, 2000, Main Street Radiology opened our doors with 5 employees. 5 years later, we are about to open our third office, and currently employ nearly 100 technologists, nurses, receptionists, and clerical staff. We are extremely thankful to our patients and referring physicians for our continued growth.

Following are highlights of events at MSR.

- 7/31/00:** First Bayside office opens at 32-25 Francis Lewis Boulevard.
- 4/01:** First monthly newsletter.
- 10/14/02:** Second Bayside office opens at 44-01 Francis Lewis Blvd.

- 10/02:** 1st PET scan performed in Queens.
- 10/02:** First Outpatient facility in Queens to perform interventional vascular procedure.
- 2/03:** RIS (Radiology Information System) and Voice-recognition Dictation System integrated, allowing automatic E-mail of reports.
- 2/03:** Activated our website, www.mainstreetradiology.com
- 3/03:** Started valet parking services.
- 6/03:** PACS (Picture Archiving and Communication System) installed, allowing referring physicians to view exams through the internet.
- 10/27/03:** First 16-detector spiral CT installed in Queens

- 11/03:** New 3D imaging workstation installed
- 11/03:** First CT coronary angiogram performed in Queens.
- 12/03:** Implemented CAD (Computer-aided detection) software for screening mammography
- 11/04:** Digital X-ray and Fluoroscopy installed
- 1/04:** Full-time IT (information technology) specialist hired.
- 1/05:** MSR 100% digital with installation of digital Mammography
- 8/16/05:** Third office to open in Downtown Flushing at 136-25 37th Avenue.

CASE OF THE MONTH

EXTRA-NODAL LYMPHOMA

History: 71 y.o. female with palpable lymph nodes in the left axilla. Biopsy was performed and revealed Non-Hodgkins Lymphoma [NHL]. The patient was referred to Main Street Radiology for staging.

Findings: CT of the chest, abdomen and pelvis demonstrated left axillary lymphadenopathy. No other findings suspicious for lymphoma were identified.

The PET scan performed one month later (Figure 1) demonstrated abnormal increased activity in the left axilla consistent with known lymphoma in this region.

However, the PET scan also demonstrated a large mass of increased metabolic activity consistent with an 8 cm tumor in the dome of the liver (Figures 1 and 2) which was not noted on the CT scan (Figure 3). Upon further review it was likely present on the CT but was of a density similar to the adjacent liver.

Discussion: The staging of lymphoma has traditionally involved both

‘morphologic’ [CT] and ‘physiologic’ [Gallium scan] imaging. While several studies have shown PET and Gallium imaging to have similar specificities, PET imaging has been shown to be more sensitive than Gallium scan imaging and has since replaced Gallium scan imaging as the ‘physiologic’ study of choice for staging lymphoma.

A study was performed at Weill Medical College of Cornell University [Kostakoglu L, et al. Cancer. 2002 Feb 15;94(4):879-88]. 44 patients with lymphoma underwent both PET and Gallium Scan. Discordant PET and Gallium Scan findings were correlated with computed tomography findings or clinical evaluation including repeat PET scans obtained after therapy. 126 sites of lymphoma were identified. Sensitivity for sites of disease was 100% for PET vs. 64% for Gallium Scan.

PET scans also provide several advantages in lymphoma imaging over the traditional CT of the chest, abdomen and pelvis:

ADVANTAGES OF PET vs CT IN LYMPHOMA STAGING

- A larger field of view [skull base to mid thighs]
- Greater specificity for subcentimeter lymph nodes, too small to call as significant on CT
- Detect tumor that is the same density as normal structures on CT [such as in the above described case of hepatic involvement]
- Distinguish post-therapy scar [not metabolically active] vs. residual tumor seen on CT
- Demonstrate changes in response to therapy earlier than CT

CT provides advantages over PET scanning in detection of sites of tumor of very low metabolic activity [as can be seen in low grade lymphoma]. PET scanning is still useful in these cases, however, for detection of sites of tumor that have converted to higher grades, which may be more amenable to therapy.

(Case prepared by Jac Scheiner, M.D.)

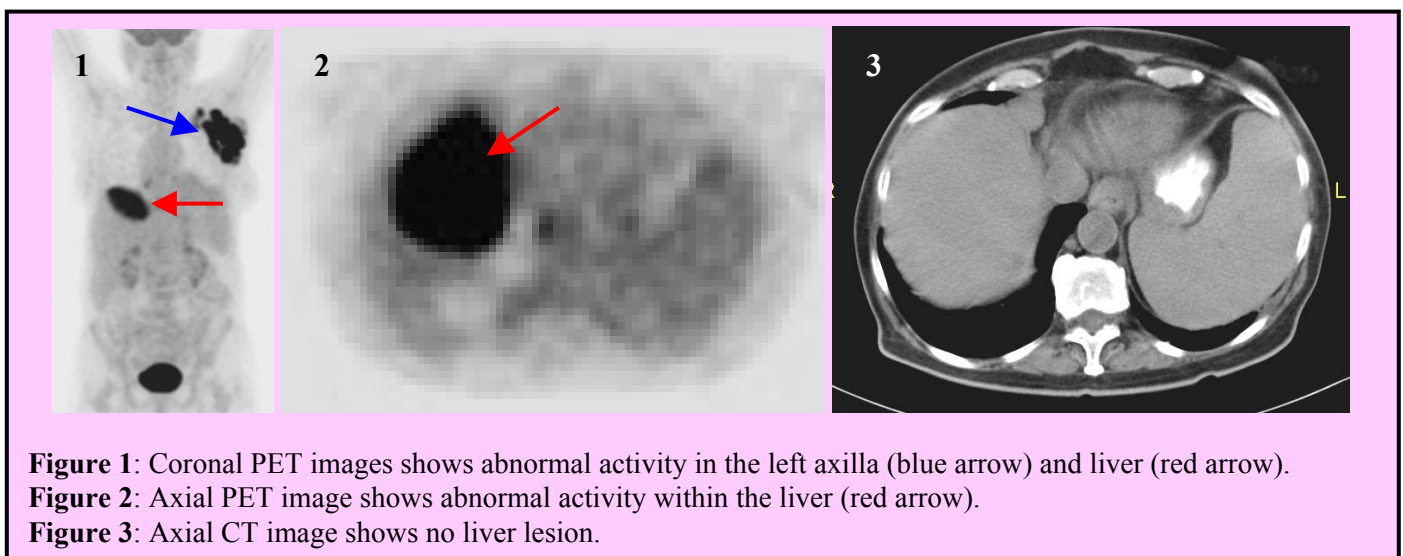


Figure 1: Coronal PET images shows abnormal activity in the left axilla (blue arrow) and liver (red arrow).

Figure 2: Axial PET image shows abnormal activity within the liver (red arrow).

Figure 3: Axial CT image shows no liver lesion.