

MONTHLY NEWSLETTER

July 2004

PHYSICIAN SURVEY RESULTS

In May 2004, MSR-Bayside sent a “physician questionnaire” along with the newsletter. We received numerous responses with helpful information and suggestions. We plan to implement changes based on the results.

As part of the questionnaire, we asked for a “grade” for different facets of our practice. We were extremely pleased

with the results, scoring between 4.2 and 4.8 (out of 5). Our front desk reception received the lowest score (4.2) and we are concentrating much of our efforts in this area.

We have hired official “greeters” at both our offices, whose only job is to welcome each patient as they enter our office and to coordinate the registration

process. We will also have name-tags for all our employees. In addition, a supervisor will always be available at the front desk, and the overall number of receptionists has increased.

We thank all our referring physicians for participating in the survey, and helping us improve our services.

JANE KOO, CUSTOMER SERVICE REPRESENTATIVE

In June 2004, Jane Koo joined Katerina Zoumberakis as Customer Service Representatives for Main Street Radiology.

Jane is one of 5 original employees at MSR-Bayside, starting as a receptionist in July 2000. During the past year, Jane worked at the billing office of MSR specializing in CT and MRI. She is extremely knowledgeable in many areas of our practice, including reception, medical records, and billing. She is also fluent in Mandarin and Cantonese.

Katerina and Jane’s responsibilities will include improving and maintaining our quality of service, addressing any problems raised by patients and referring physicians, and staying in close contact with referring physicians’ staff..



Jane Koo and Katerina Zoumberakis

MRI, CT AND US ACCREDITED BY ACR

Main Street Radiology-Bayside has been awarded a renewal of a three-year term of accreditation in MRI, CT and Ultrasound, as a result of recent surveys by the American College of Radiology (ACR)

The ACR awards accreditation to a radiology practice for the achievement of high practice standards after a

voluntary evaluation of its practice. Evaluations are conducted by radiologists and physicists who are members of the ACR with special expertise in an imaging modality. When evaluating a radiology facility, the ACR reviews the quality of the equipment, personnel, quality control procedures and quality assurance programs, as well as image quality.

MSR-Bayside is also accredited in Positron Emission Tomography (PET), Nuclear Medicine, and Mammography. We are one of only two facilities in Queens with ACR accreditation in all these modalities. For more information, please refer to www.acr.org.

CASE OF THE MONTH

BREAST MRI

History: 30 year old female presented with a palpable abnormality in the right breast. Ultrasound showed an area of heterogeneous echogenicity (figure 1). The mammogram showed dense breasts with a small area of microcalcifications (figure 2). Biopsy showed carcinoma. The patient was then referred to MSR-Bayside for Breast MRI to determine the extent of cancer for surgical planning.

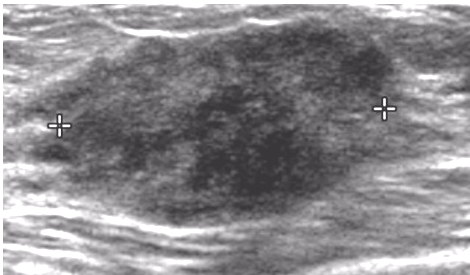


Figure 1

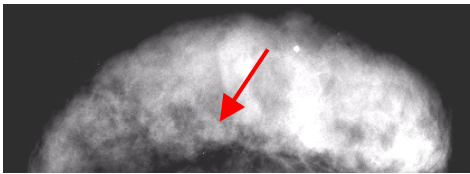


Figure 2

Findings: Post contrast axial and sagittal images (figures 3 and 4) demonstrate an area of intense early arterial phase enhancement (arrows) which corresponds to the sonographic finding. Although the mass is very posterior in location, there is preservation of the fat plane between the mass and the chest wall indicating the absence of chest wall invasion.

The patient underwent lumpectomy and was found to have 2.5 cm invasive ductal carcinoma.

Discussion: A meta-analysis of 16 studies demonstrated the sensitivity of 95% and a specificity of 67% for Breast MRI (Hrung JM, et.al Acad Radiol 1999;6:387-397), significantly

higher than mammography or ultrasound.

At Main Street Radiology, the routine Breast MRI includes images of both breast acquired simultaneously both before and at multiple time-points after the administration of IV contrast. Both the morphology as well as the dynamic enhancement characteristics of lesions are evaluated.



Figure 3

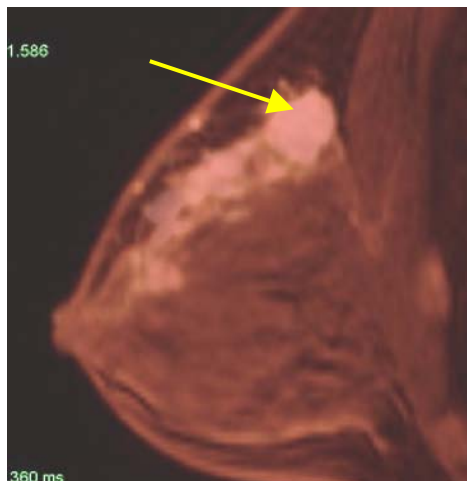


Figure 4

Rapid enhancement and de-enhancement is typical for malignancy (Type III curve on Figure 5). The rapid initial enhancement rate of malignancies is likely due to tumor angiogenesis. Malignant lesions are known to require the recruitment of a large concentration of tumor neo-vessels to permit their continued growth beyond a few millimeters.

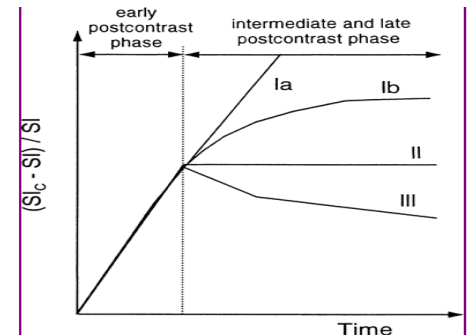


Figure 5

Indications for Breast MRI:

Determine the extent of cancer. Some series have shown that surgical planning has been modified in up to 30% of cases.

Detect occult cancer in patients with metastatic disease of unknown primary.

Palpable abnormalities with a negative mammogram and ultrasound.

Equivocal mammographic or sonographic findings. It is especially helpful in women with dense breasts.

Differentiate post-operative and post-radiation changes from recurrent tumor. Breast MRI can also locate residual or additional tumor foci when there are positive surgical margins.

High-risk patients with BRC1/BRC2. Breast MRI has a high negative predictive value and can increase the detection of occult breast cancer

Evaluate implant integrity and detect cancer in women with breast augmentation.

Patients with nipple discharge.

Medicare and most insurance companies cover Breast MRI.

