

MONTHLY NEWSLETTER

October 2005

HEPATOMA DINNER LECTURE

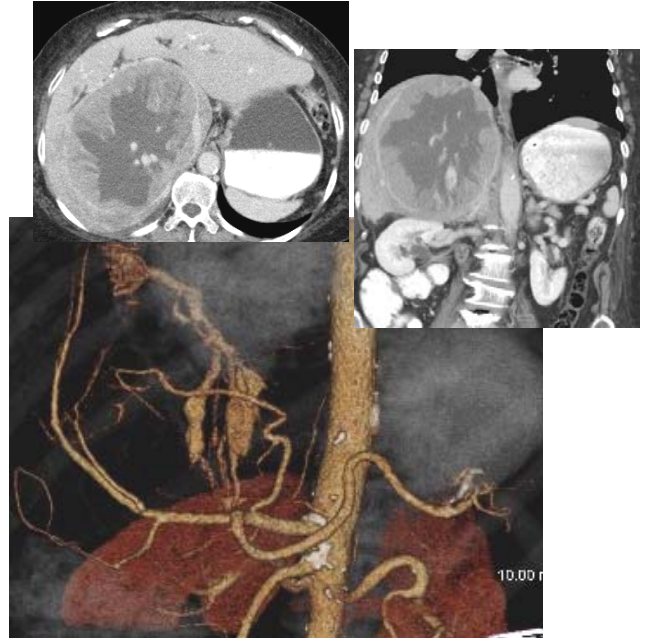
On Thursday November 10, Main Street Radiology will present **“Diagnosis and Treatment of Hepatocellular Carcinoma”** at Burton & Doyle Restaurant.

Yong Hahn, M.D., a Body-Imager at MSR will discuss updates in imaging of Hepatocellular Carcinoma. David Rogers, M.D., an Interventional Radiologist at MSR will discuss Minimally-Invasive Treatment of Hepatoma.

1 hour of category I CME credit will be awarded to participants.

Burton & Doyle is located on 661 Northern Blvd. in Great Neck. Appetizers and Sign-in will be at 6:30 pm with Dinner and Lecture starting at 7:00 p.m.

Please call Katerina or Kerry at 718-428-1500 to RSVP by November 3.



MSR INSTALLS FIBEROPTIC TLS

With the opening of the Downtown Flushing office, Main Street Radiology installed Transparent Local Area Network Services (TLS). TLS is a high-speed interconnection between multiple Local Area Networks (LAN) in geographically separated facilities, which enable communications to occur between multiple sites, with the ability to access remote servers as easily and quickly as if all employees and servers were located in the same building.

Each LANs for Main Street Radiology, including our three imaging centers, are inter-connected through Verizon TLS. Each LAN connection has a single mode fiber optic cable which transmits 100Mbps data to each location, approximately 50-100 times faster than DSL, cable, or T1 lines.

The installation of TLS at MSR, as well as our 100% digital imaging services, paperless data storage, and centralized phone system, enables the three offices of MSR to function much like a single large office. Our staff is able to retrieve information from any of the offices instantaneously, and our Radiologists are able to view any study immediately.

MSR is one of the first Radiology practices in the Tri-state area to install TLS.

FREE MAMMOGRAMS TO HONOR NATIONAL MAMMOGRAPHY DAY

For more than 20 years, the National Breast Cancer Awareness Month (NBCAM) in October has educated women about breast cancer, especially early detection through Screening Mammography, as well as clinical and self breast examinations. October 21, 2005 is National Mammography Day (The third Friday in October) proclaimed by President Clinton in 1993.

To honor NBCAM, Main Street Radiology will perform Screening Mammography free of charge at our Downtown Flushing Office on Friday, Saturday, and Sunday **October 21-23**. We hope to perform approximately 100 free Screening Mammography examinations. Uninsured Queens residents qualify for this program. Any Recall/Diagnostic Mammography and/or Breast Ultrasound examinations recommended as the result of these Screening Mammograms will also be performed free of charge.

CASE OF THE MONTH

INTERVENTIONAL BREAST MRI

History: A 44 y.o. woman who had a new focal asymmetry seen on her most recent mammogram in the CC view only (Figures 1 and 2). There were no palpable or sonographic abnormalities. The patient was referred to Main Street Radiology for a breast MRI.

Findings: Dynamic-enhanced breast MRI (Figure 3) shows an 11 mm enhancing lesion in the right breast, corresponding to the mammographic abnormality. Since the abnormality could not be localized by any other modality, as the lesion was not seen on ultrasound and must be seen on two views on mammograms, the patient underwent MRI guided clip placement (Figure 4), followed by conventional mammographic needle localization.

The biopsy results were a 1 cm invasive ductal carcinoma.

Discussion: Magnetic Resonance Imaging (MRI) is a useful tool in the management of breast disease. While not appropriate for everyone, it can be helpful in patients with difficult mammographic or clinical findings, for patients with cancer, and for the evaluation of breast implants.

In women at high risk for developing breast cancer, MRI identifies an otherwise unsuspected cancer in 4% of patients (*AJR* 2003; 181:619-626). In women with cancer in one breast, MRI identifies additional sites of cancer in the contralateral breast in 6% (*AJR* 2003;180:333-341) and in the ipsilateral breast in 16% (*AJR* 2003;180:901-910).

Cancers that cannot be found by mammography, sonography or physical examination can be detected by breast MRI. However, for women to

receive the full benefit from breast MRI, methods for biopsy of MRI-detected lesions are essential.

Breast MRI: Common Indications

- Abnormality seen on one mammographic view
- Unknown primary with negative mammo and US
- Discordant mammographic and sonographic findings
- Atypical mammographic and sonographic features
- Nipple discharge
- Implants, silicone injections
- Evaluate extent of disease in biopsy proven breast cancer
- Response to chemotherapy
- BRCA 1/2 carriers

(Case prepared by Maura Noordhoorn, M.D.)

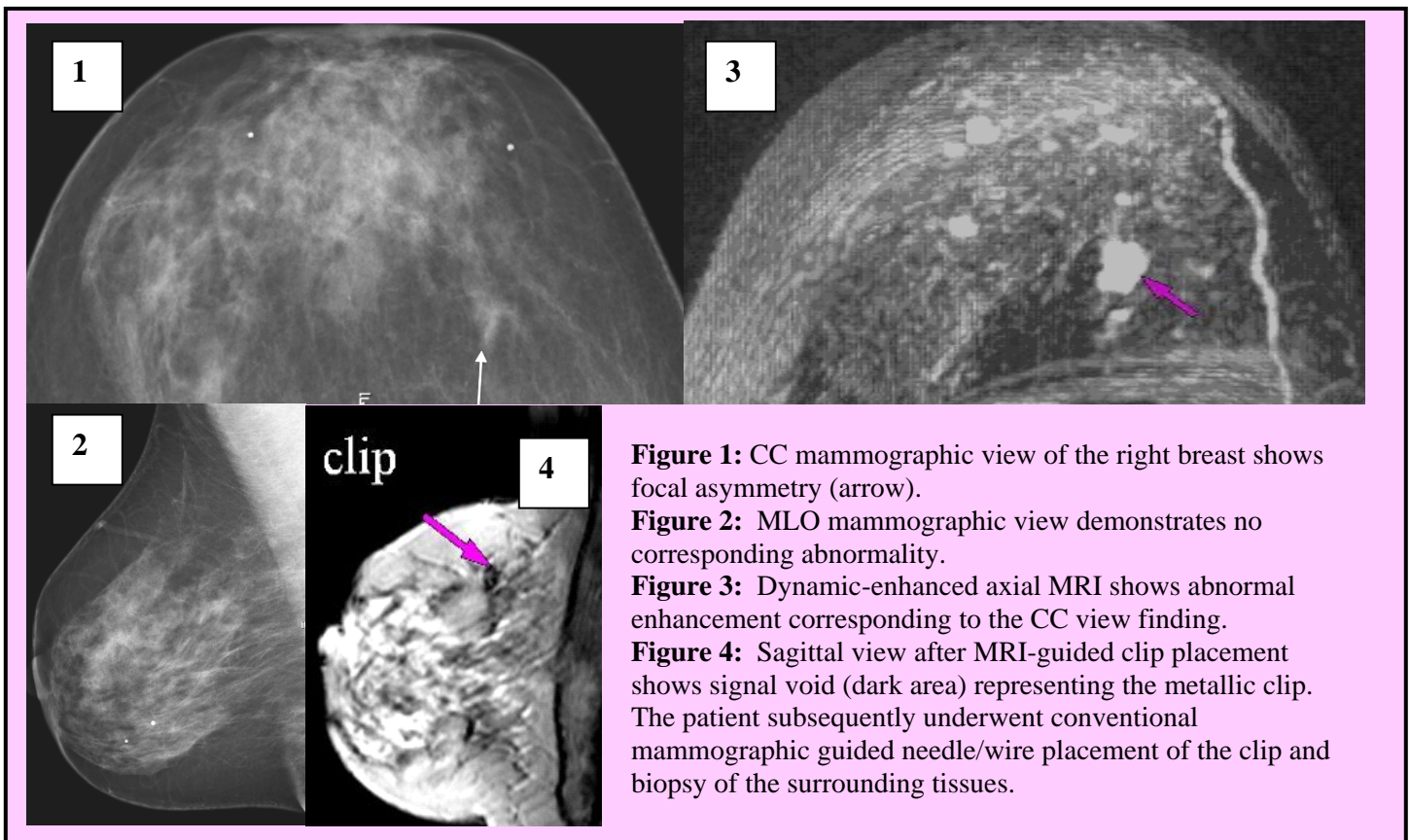


Figure 1: CC mammographic view of the right breast shows focal asymmetry (arrow).

Figure 2: MLO mammographic view demonstrates no corresponding abnormality.

Figure 3: Dynamic-enhanced axial MRI shows abnormal enhancement corresponding to the CC view finding.

Figure 4: Sagittal view after MRI-guided clip placement shows signal void (dark area) representing the metallic clip. The patient subsequently underwent conventional mammographic guided needle/wire placement of the clip and biopsy of the surrounding tissues.

