

Breast Cancer Awareness
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October is a special month. While we marvel at the beauty of the change in colors amongst the trees, and watch the white flakes fall from the cold sky, in anticipation of a great snow season, PINK is the color of October. Pink ribbons. Pink shirts. Pink colored donation canisters at Von's and other businesses. Pink is the symbol of Breast Cancer Awareness month. Pink should remind us of those afflicted with the disease, those amongst us braving the fight, those at risk, and those who have fallen, and each one of us should be empowered with knowledge of this disease.

Mammoth is a special place for a number of reasons, but that which holds me in awe, is that this community came together, reached into its collective pocketbook, and raised enough funds to establish a mammography center at the Hospital. No other community has done this. This fall the new Mammoth Digital Mammography facility will open and provide this and surrounding communities with the most advanced breast cancer detection capability. Early detection combats Breast Cancer. The Hospital, with the donated funds, purchased the finest digital equipment available-the Hologic Selenia. The digital platform integrates into the filmless Medical Imaging department. This advanced technology is the most sought after imaging device for performance of mammography. The hospital recruited skilled personnel to perform and interpret the examinations.

Beating breast cancer depends on early detection. While breast self examination and periodic breast exams by medical personnel is strongly encouraged, timely annual mammography is singled out as the single most important examination in lowering the morbidity and mortality of breast cancer. Furthermore, digital mammography has been recently proven to be more effective than film screen mammography.

Annual mammography is recommended for most women age 40 and above. Screening mammography is defined as the examination of asymptomatic women: Women free of new lumps, prior history of breast cancer, or other symptoms. Intermittent breast pain is not an indication for mammography, and is almost never associated with breast cancer. If the patient has symptoms, especially a recently discovered breast lump, a diagnostic mammogram is recommended. A diagnostic mammogram uses the same technology, but the examination itself is tailored to also address the symptom or physical complaint. The diagnostic mammogram may be preceded or performed in conjunction with a breast ultrasound.

We encourage all women to know their breasts. For younger, pre-menopausal women, a new lump should be watched through a menstrual cycle, and if it doesn't decrease in size, or grows, it should be brought to the attention of one's personal physician. Most lumps in younger women are benign, but if it persists, seek medical advice and a breast ultrasound. For older women, post menopausal, any new breast lump should be scrutinized by your doctor, and characterized with diagnostic mammography and ultrasound.

Breast Cancer is a common cancer amongst women, and second leading cause of cancer death. It afflicts approximately one of every eight American women during the course of their lifetime. Incidence increase with age, two-thirds of all breast cancer is in women age 50 years or older. Established risk factors for developing breast cancer include advancing age, prior history of personal breast cancer, family history, with emphasis on first-degree relatives with the disease, abnormal breast biopsy and lifestyle. An abnormal high-risk biopsy is one where proliferative changes in the breast tissue, especially atypical hyperplasia. Lifestyle factors include obesity; lack of exercise, and most importantly, birth to few if any children. These factors all revolve around the influence of estrogen on breast tissue. Other notable risk factors include prolonged hormonal supplementation post menopause. Women who have received extensive radiation to the chest, either diagnostic or therapeutic, especially at a young age, are at significant risk for developing breast cancer. Genetic causes of breast cancer have been identified, but these cases account for only about 10-15% of all breast cancers. If a patient has a strong family history for breast cancer, including mother or sisters with pre-menopausal breast cancer, consultation with a physician specialist is encouraged.

There is no established prevention of breast cancer. High-risk women may be considered for estrogen suppression medication, but this is selective and based on a number of factors. Lifestyle manipulation may decrease one's likelihood for developing breast cancer, including exercise, weight control and tempered use of postmenopausal hormonal supplementation. The best universal tool we have is early detection-mammography.

Reasons why to obtain your breast imaging at Mammoth Hospital. State of the art equipment. Expert professional interpretation. I have practiced university-based mammography for my entire professional life, until my retirement from USC to spearhead this endeavor. I remain a committed researcher, practitioner, and author/lecturer on the topic of breast cancer. All breast-imaging studies are performed under my supervision, and I perform all breast ultrasounds. Our mammography technologist, Ms. Debbie Cunningham, is an experienced professional who was heavily recruited to this practice. If there is a suspicion of breast cancer or other significant abnormality in our studies, we shall provide consultation and referral to recognized experts in the Reno/Tahoe region, San Francisco, or Southern California. If diagnosed with breast cancer, no member of this community shall battle this disease alone.