



FOR IMMEDIATE RELEASE

Mammography May Not Be Enough

MORRISTOWN, N.J. (October 14, 2008) – In New Jersey, breast cancer is as much a political illness as it is a medical one. It is the only disease where radiologists are required by law to send results directly to the patient as well as the health care provider within two weeks of the test date. It is also possible to get a mammogram without a prescription, which is unique among medical tests. However, other tests that are done on the breast, such as an ultrasound or MRI, do not require direct reporting to the patient.

What does this mean for the patient? This regulation provides access to care and access to information, but it can cause some women not to seek the follow-up care they may need. When a woman detects a lump, she is typically sent for a mammogram and an ultrasound. Since 10 percent to 15 percent of cancers are not picked up by mammography, a woman may receive a mammogram report indicating there is nothing to worry about when a doctor simultaneously receives the additional ultrasound report that indicates the need for additional follow-up or that the woman has cancer. Understandably, the latter scenario can lead to the delivery of devastating news a woman was unprepared to receive.

To ensure the medical benefits the law was designed to offer are provided, a woman with a suspicious lump in her breast should be sure to follow up on all of her recommended screenings with a doctor who will look at the big picture, not just the mammogram results. A complete evaluation and personalized treatment plan will give a woman the best chance of a positive outcome. The doctors at Allied Surgical Group, who treat 90 percent of breast cancer patients at the Carol G. Simon Cancer Center at Morristown Memorial Hospital, review all of a patient's test results, family history, age and other factors to decide — together with the patient — what course of action is recommended.

“Our involvement in clinical trials, including Mammosite® (accelerated partial breast irradiation) and Tailor RX/Oncotype DX® (genetic profiling of individual tumors to predict cancer recurrence) and expertise with minimally invasive procedures gives women a wider range of treatment options than ever before possible,” said Dr. Aaron Chevinsky, a surgical oncologist and one of the five surgeons specializing in breast cancer at Allied Surgical Group. “Breast cancer is not a one-size-fits-all disease, like in the past where everyone automatically was recommended for chemo if the tumor was a certain size. Today's advances, like genetic profiling of individual tumors, allow us to customize plans for each individual.”

About Breast Cancer

Breast cancer is the most common cancer among American women except for skin cancers. Breast cancer is also the second-leading cause of cancer death in women, exceeded only by lung cancer, according to the American Cancer Society (ACS). The ACS estimates that 182,460 new cases of invasive breast cancer will be diagnosed and about 40,480 women will die from breast cancer in the United States in 2008.¹ Fortunately, the survival rate is over 90 percent with early detection.

Risk factors for developing breast cancer include advancing age, family history and a personal history of breast cancer, along with the use of hormone replacement therapy after menopause (estrogen and progesterone). Other risk factors include prior radiation to the chest, never being pregnant or having the first pregnancy after age 30, and having dense breasts as revealed during mammography. However, most women diagnosed with breast cancer have no family history of the disease (80 percent) and women who do not present any of these risk factors are susceptible. Therefore, screenings are essential for early detection and yearly mammograms are recommended for all women over 40 years old.

Screenings

Screenings include mammograms, ultrasounds and an occasional breast MRI. If abnormalities are found, the image-guided breast biopsies, minimally invasive stereotactic needle biopsies and MRI-guided biopsies may be necessary. Allied Surgical Group doctors have extensive experience in minimally invasive techniques for breast cancer management, including sentinel node biopsy techniques, oncoplastic techniques for cosmetic lumpectomy and the full range of breast cancer treatment. Screening for two genetic alterations — the BRCA-1 and BRCA-2 gene — is also offered by Allied Surgical Group. Women in the high-risk categories should see their doctor twice each year to monitor their breast health.

Surgical Breast Cancer Treatment

Surgical options for breast cancer include a breast preservation lumpectomy or mastectomy. A lumpectomy is usually an option for women with early-stage breast cancer and a mastectomy may be considered for more advanced stages of the cancer, or for women with other personal and genetic factors that may not make a lumpectomy right for them. The survival rates for both types of treatment are the same. Most breast cancers can be successfully treated with breast preservation; however, consultation with a doctor ensures the best decision.

A lumpectomy removes the breast lump and some normal tissue around it and is most often accompanied by radiation. Chemotherapy is sometimes also needed. For patients who are not candidates for breast preserving therapy, Allied Surgical Group offers the most advanced mastectomy options available, such as skin-sparing mastectomies and

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http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_breast_cancer_5.asp?sitearea=

immediate-tissue-transfer reconstruction. Radical mastectomies are not very common today.

A Patient's Experience

Breast cancer survivor Patricia Byrne of Chatham, was diagnosed with early-stage breast cancer at age 52 while living in Charleston, South Carolina, in 2005. She moved back to Chatham to have Dr. Chevinsky perform a skin-sparing mastectomy in February 2006. Afterward, Patricia discovered that dragon boat racing offered therapeutic benefits to breast cancer patients and survivors and helped create Team SOS NJ in Parsippany. Allied Surgical Group will sponsor TEAM SOS in an effort to help increase breast cancer awareness.

About Allied Surgical Group

The Allied Surgical Group breast cancer surgical team includes Mitchel S. Carter, M.D., F.A.C.S.; Aaron Chevinsky, M.D., F.A.C.S.; William L. Diehl, M.D., F.A.C.S.; Carey Dolgin, M.D., F.A.C.S.; and Leah S. Gendler, M.D., F.A.C.S. They treat between 200 and 300 breast cancer patients annually. These acclaimed surgeons are frequently called upon to speak nationally to educate other doctors and nurses about breast cancer management and the genetic factors that determine breast cancer risk and the latest treatment options.

Allied Surgical Group comprises eight board-certified surgeons, experienced in a wide range of surgical procedures. Areas of expertise include oncology; vascular, advanced laparoscopic and obesity surgery; and minimally invasive surgery. Together, the doctors care for patients throughout the tri-state region with compassion and integrity. Allied Surgical is located at 261 James Street, Suite 2G, Morristown, N.J., and in the Carol G. Simon Cancer Center. For more information, call (973) 267-6400 or visit www.alliedsurgical.org.

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Side Bar

Local Breast Cancer Awareness Outreach

Allied Surgical Group created the Screen for Life video and sponsored the breast cancer survivor supported–dragon boat racing Team SOS NJ. The staff and surgeons from Allied Surgical Group will also participate in the American Cancer Society's "Making Strides Against Breast Cancer" 5K walk in Parsippany on October 19 to help raise awareness for breast cancer treatments by walking and staffing an information table. Registration begins at 8 a.m. and the walk starts at 10 a.m. The community is encouraged to join Allied Surgical Group at the event and to either participate and/or visit the employees at their table.