

# Mercy Women's Center

December 2005

## Stough in the international breast MRI arena

Rebecca G. Stough, MD, clinical director of Breast MRI of Oklahoma/Mercy Women's Center, is finding herself in increasing demand as an expert speaker for breast MRI and biopsy methods.

Some of her 2005 speaking engagements:

- Ethicon key customer course on developing a breast MRI program (Cincinnati)
- Consulting with and training radiologists at a new Aurora breast MRI facility in Taiwan, plus one of the featured speakers at a regional breast conference in Taiwan with Dr. Steven Harms, developer of RODEO™ technology
- Featured speaker at "Advancements in Breast Imaging and Intervention" at Napa Valley, along with notable breast experts Drs. Tommy Cupples, Michael Lagios, William Poller and A. Thomas Stavros
- Webcasts for Ethicon – "Establishing a Breast MRI Practice"
- One of four featured users of breast-dedicated Aurora MRI and RODEO™ at 2005 Radiological Society of North America

On the docket for 2006:

- Featured speaker at the February 2006 International Betty Ford Breast Cancer symposium (Grand Rapids, Michigan)
- Featured speaker at the Japan Breast Cancer Society, July 2006 (Kanazawa, Japan)

*Dr. Rebecca G. Stough, clinical director of Breast MRI of Oklahoma and Mercy Women's Center.*



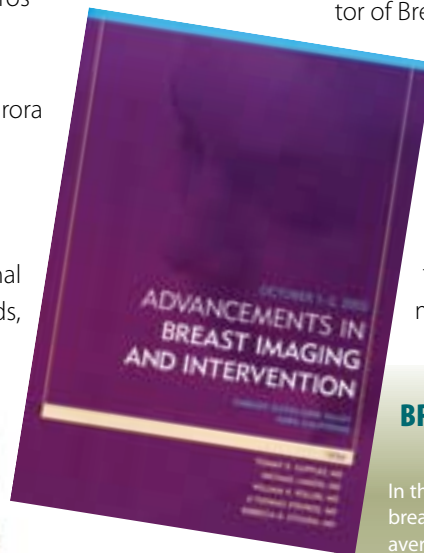
*Dr. Rebecca Stough and Dr. Steven Harms, developer of RODEO™ MRI, served as instructors in the interpretation of breast MRI at a conference in Taiwan in 2005.*



*Alan Hollingsworth, MD*

## Hollingsworth to address American Society of Breast Disease

In April 2006, Dr. Alan Hollingsworth, medical director of Breast MRI of Oklahoma and Mercy Women's Center, will address the general assembly at the American Society of Breast Disease on the subject of "MRI Screening in High Risk Patients." Dr. Hollingsworth supervises the data collection and analysis at Breast MRI of Oklahoma while maintaining a practice devoted to breast cancer risk assessment and genetic testing.



### BREAST CANCER MANAGEMENT MORE THAN DOUBLES AT MERCY

In the decade prior to 1999, the number of breast cancers treated at Mercy Health Center averaged 140 per year. After investing in the success of Mercy Women's Center, including the first digital mammography services in Oklahoma, the number of breast cancers treated at Mercy in 2004 reached 350.



## *Breast MRI of Oklahoma selected as beta test site*

Upgrades in radiology are inevitable, and the process has already begun with the revolutionary RODEO™ MRI. **Breast MRI of Oklahoma/Mercy Women's Center was selected as one of four beta sites in the U.S. – and the only site in Oklahoma – to work with this latest version of the technology.** With RODEO™ High-Res-Plus, the slices are half the thickness as before (approximately 1.4mm), and the software package allows automated fat suppression so virtually all patients qualify for the RODEO™ technology, rather than only selected patients as before.

### **SISTER ACT**

Our two MRI technologists are sisters – Christina Wayland (left) and Angela Lee. While still a mammography tech, Angie first worked with Dr. Hollingsworth in 1989.



### **BREAST MRI OF OKLAHOMA PERFORMS 3,500TH STUDY**

In January 2002, Dr. Rebecca G. Stough launched the first comprehensive breast MRI program in Oklahoma, more than one year prior to the arrival of breast-dedicated equipment in the state. Since that time, Breast MRI of Oklahoma has performed more than 3,500 studies, **bringing the level of experience to that of the major cancer centers in the US where MRI was pioneered.** As a result, both Drs. Stough and Hollingsworth are being called into the spotlight for presentation of the outcomes derived from their extensive database (see related stories).



*Dr. Rebecca Stough presents at one of Mercy's monthly Breast MRI-Pathology Conferences.*

## **Mercy initiates third breast conference**

Adding to the current **Multidisciplinary Breast Conference** and the **Breast MRI-Pathology Conference**, both of which are CME-accredited, Mercy Women's Center is starting a **Pre-treatment Breast Conference**. This is a weekly working conference (no didactic presentations) wherein all newly diagnosed breast cancer patients to be treated at Mercy Health Center will be discussed in an interdisciplinary setting. Also, any image-guided breast biopsies where there is a lack of concordance between pathology and radiology will be reviewed in this forum as well.

## **Mercy Health Center to launch brachytherapy program in 2006**

With increasing clinical evidence that partial breast radiation yields excellent results in properly selected patients, the **Radiation Oncology Department at Mercy will begin offering Mammosite™ brachytherapy in 2006.** Patient selection will be discussed each week in the Pre-Treatment Breast Conference and breast MRI will be an integral part of this process.

*Interpreting radiologists for Mercy Women's Center include (from left) Dr. Mark Vaccaro, Dr. Angela McCoy, Dr. Nancy Pennington, Dr. Charles Brekke, Dr. Rebecca Stough and Dr. Carol O'dell.*



## Sharon Nall certified as Breast Health Nurse Navigator

Sharon Nall, RN, MS, CNS, OCN, can add one more certification to her many accomplishments. **She is among the first wave of nurses formally trained as “navigators” to assist patients through the complex maze**

**of breast diagnostics and breast cancer treatment.**



In her original role as Dr. Hollingsworth’s nurse, Sharon began coordinating the Risk Assessment/Genetic Testing program and the blood test research collaborations. Soon thereafter, she began assisting

with the breast MRI program and the general activities at Mercy Women’s Center. Now, she will coordinate care for all patients at Mercy Women’s Center who are diagnosed with breast cancer. For her efforts, she was named a recipient of the Pillar of Mercy Award. And for her contributions to Oklahoma City’s Project Woman, she was named recipient of the “Breast Cancer Companion” award by the Susan G. Komen Foundation.

*Sharon Nall, RN, at a familiar location centrifuging blood specimens from our patient-volunteers at Mercy Women’s Center. Prior to obtaining her RN, Sharon was a medical technologist, which makes her perfectly suited to carry out the research protocols designed by Dr. Hollingsworth.*

## Update on screening blood test research

Although the American Cancer Society and others have recommended using breast MRI for high-risk screening, there is currently no insurance coverage available for patients except in very limited circumstances. Yet, breast MRI has vastly superior sensitivity over mammography in all screening studies published.

In order to more efficiently select patients for breast MRI screening, it has been Dr. Hollingsworth’s belief since 1993 that a low-cost screening blood test should be added to mammography. Rather than using “future risk” as a criterion for MRI screening, a positive blood test would select patients “in the present” for MRI if the mammograms were negative.

This vision has propelled Dr. Hollingsworth into collaborations with a large number of researchers working to find just such a blood test.

### PRESENT COLLABORATORS

**Fred Hutchinson Cancer Center** • Seattle, WA

**Matritech, Inc.** • Newton, MA

**CeMines, Inc.** • La Jolla, CA

**A&G Pharmaceuticals, Inc.** • Columbia, MA

**Power3 Medical, Inc.** • The Woodlands, TX

### NEW IN 2006

**Correlogic Systems, Inc.** • Bethesda, MD

*Developers of the Ovachek™ blood test for ovarian cancer*

**Diagenics ASA** • Oslo, Norway

*Recently published preliminary results in Breast Cancer Research*



*Dr. Alan Hollingsworth handles some of the blood samples from Mercy patient-volunteers.*



## *How does breast MRI apply to your specialty?*

### PRIMARY CARE / OB-GYN

- Kern's "triad of error" leading to the majority of malpractice suits
  - 1) Self-discovered lump
  - 2) Young patient
  - 3) Negative mammograms
- Spontaneous discharge from solitary duct with negative or inconclusive ductogram
- Lumps while breast-feeding, unsettled by conventional imaging
- Persistent focal discomfort with negative conventional imaging
- Difficult clinical exam due to lumpiness, plus dense mammograms
- Multiple positive findings on conventional imaging, none of which require biopsy
- High risk screening or high density screening (not covered by insurance)

### GENERAL SURGERY

- Pre-operative staging to evaluate extent of index lesion and to detect multicentric and contralateral disease (alters treatment in 20 percent of patients)
- Patient selection for brachytherapy
- Lumpectomy follow-up, especially in the mammographically dense breast
- Mastectomy follow-up for patients at high risk of locoregional recurrence and/or in the implant-reconstructed breast
- Pre-op preventive surgery in the high-risk patient to r/o occult malignancy
- Diagnostic problems not settled with conventional imaging
- Adenocarcinoma diagnosed in the axilla, but unknown primary

### MEDICAL ONCOLOGY

- Lumpectomy follow-up, especially in the mammographically dense breast
- Mastectomy follow-up for patients at high risk of locoregional recurrence and/or in the implant/reconstructed breast
- Contralateral breast follow-up, especially in the mammographically dense breast
- Assessing response and the extent of residual disease after neoadjuvant chemotherapy
- Adenocarcinoma diagnosed in the axilla, but unknown primary

### RADIATION ONCOLOGY

- Patient selection for brachytherapy
- Lumpectomy follow-up, especially in the mammographically dense breast
- Mastectomy follow-up for patients at high risk of locoregional recurrence and/or in the implant-reconstructed breast

### PLASTIC SURGERY

- Diagnostic problems in the augmented breast
- Evaluating breast parenchyma in patients with extravasated silicone
- Evaluation of implant integrity
- Pre-op reduction mammoplasty or mastopexy, especially when mammograms are dense
- Pre-op preventive surgery in the high-risk patient to r/o occult malignancy

### RADIOLOGY

- In addition to the above, diagnostic problems not settled by conventional imaging – diffuse microcalcifications, extensive cysts and/or fibroadenomas, subtle architectural distortions, free silicone, etc.

BIRADS 4 or 5 focal lesions require biopsy independent of MRI findings

