



Helping us to Help our Patients

As you know, compliance with Health Insurance Commission guidelines is an element in our professional lives which demands increasing levels of attention.

This is particularly so when referring patients for breast work-ups. Communication between Breast Imaging and the HIC has reinforced the importance of compliance when referring patients for mammography.

Your patient will only obtain a rebate from Medicare if one of the following conditions apply, and the appropriate clinical information is written on the request:

- 1. The patient presents with a clinical breast symptom or sign,
2. The patient has a family history of breast cancer,
3. The patient has had a previous breast cancer.

Please note if a patient presents for screening mammography, which does not attract a Medicare rebate, the patient will be required to pay for this service.

If you have any questions in regard to this, we will be pleased to speak with you - please call Breast Imaging on (08) 9383 2799.

Image Online

In March, Breast Imaging will launch its new website - www.breastimaging.com.au

For medical practitioners the site will offer the resources to find out the latest breast imaging research and seminar dates, as well as the best links to source more information.

The site will also have a strong community emphasis offering people the opportunity to find out more about breast cancer and breast imaging techniques. This function is interactive, offering a bulletin board where people can post personal stories, news and ask the Breast Imaging team questions.

"We wanted to create a site that is not only an information source, but also is a form of support for women with breast cancer. Our site allows women to ask us questions, post their own story and hear feedback," said Dr Peter Goodwin.

"Many women we see at our clinics have questions about breast imaging. That's why we wanted our website to take some of the mystery out of the procedure."

"The dedicated medical section makes it directly relevant to West Australian GPs and surgeons, allowing them to gain the latest information on breast imaging."

The Breast Imaging website launches in late March - www.breastimaging.com.au - be sure to save it in your favourites!

Please be our guests at a charity event for the Cancer Foundation of WA

A Meeting of Beautiful Minds

Put away your stethoscope, give the nurse the night off and close the surgery - you have a movie premiere to attend.

Breast Imaging is holding a special complimentary screening of Oscar nominated and Golden Globe winner A Beautiful Mind for their premiere Movies for Charity event, to raise funds for the Cancer Foundation of WA's breast research projects.

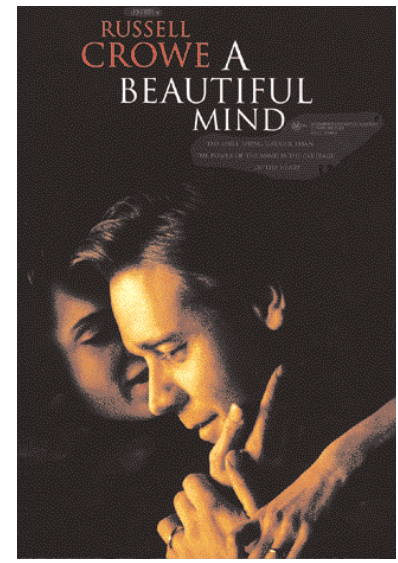
The critically acclaimed film stars Russell Crowe (Best Actor) and Jennifer Connelly (Best Supporting Actress) and is inspired by the life of John Forbes Nash Jr. a mathematical genius who made an astonishing discovery early in his career.

Already, you and a partner have received your invite in the post so don't delay in securing your seats by calling Jen on 1800 639 726.

The night is on us, so come and enjoy an evening with your peers on Friday, March 8, at the Astor Cinema in Beaufort Street, Mt Lawley. Drinks start 6.10pm and the movie starts at 6.30pm.

We can guarantee it will be a meeting of Beautiful Minds.

See you there!



breast imaging THE

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BREAST FILE

welcome...

Hello and welcome to the first edition of The Image.

As most of you will know, Breast Imaging is the only private diagnostic breast radiology practice in Perth that focuses purely on the breast.

So as you would expect, this magazine will be dedicated to keeping you up to date with the latest breast imaging procedures and our news.

Our lead story, The Band Aid Biopsy, focuses on the vacuum assisted core biopsy device, which offers an attractive alternative for early diagnosis of breast cancer and benefits women by being less invasive than traditional techniques. And now it has a Medicare item number.

The whole team is excited about our new website, set to go live in March, so keep an eye out for that.

We also give you news on the Breast Imaging West Australian email survey and tell you about our up and coming event - Movies for Charity - which will raise funds for the Cancer Foundation of WA and give you hardworking GPs a good night out. Make sure you RSVP early as we have limited seats.

So enjoy the newsletter and I look forward to seeing you at Movies for Charity on March 8.

Until then.

Dr Peter Goodwin



The Breast Imaging Clinic in Cottesloe.

Breast Perceptions

Only a small minority of West Australian women carry out monthly breast self examinations and many do not know the best time to self exam, according to findings from Breast Imaging's latest email survey.

"We found only 17% of women conducted monthly breast checks, instead many do bi-monthly or six monthly self exams. Most worrying is that 31% surveyed had never conducted a breast self-examination," said Breast Imaging's radiologist Dr Peter Goodwin.

"We have seen a significant number of women recently with large cancers who missed the opportunity to detect their cancer earlier because they didn't perform regular breast checks."

"Women seem to know they should do checks, but often forget or their busy lives mean they prioritise other lifestyle demands," said Dr Peter Goodwin.

The random email survey of 200 West Australians conducted in December 2002 also uncovered the following:

GP's Come Second to Mum The majority of women said if they found a breast lump they would talk to their mother first (30%), while 29% would go to their GP. Partners were next with 26% and friends were last on the list.

No More Red Faces 90% of women do not feel embarrassed when talking to their GP's about personal matters and breast issues.

Positive Body Image The majority of women surveyed have a positive attitude to their breasts - 41% said they liked their breasts a lot, 55% answered they quite liked them and only 4% made negative comments.

When to Check 43% of women know the best time to conduct a breast check while the majority got it wrong with many thinking a breast self exam should be done a week before (instead of after) a woman's period begins.

Men and Breast Cancer More than a quarter of women know that although rare, men can get breast cancer too.

Breast Cancer Worries Breast cancer is a big concern for most women, the survey found 60% had moderate worries.

Breast Imaging The majority of those surveyed understood what a mammogram involved (79%), while only 43% could define a breast ultrasound.

This procedure offers greater accuracy by taking 8 times larger tissue samples than the spring loaded core biopsy needle.

The Band Aid Biopsy

In November 2000 Medicare announced an item number for the breast procedure vacuum assisted core biopsy device. This decision made the minimally invasive breast biopsy procedure readily available and affordable for the first time since it entered the market in 1996.

Six months later, Breast Imaging was one of the first Western Australian imaging clinics to install the biopsy technology (often referred to by its brand name Mammotome). Dr Peter Goodwin, radiologist at Breast Imaging describes the patient benefits of the procedure.

“For patients undergoing vacuum assisted core biopsy as opposed to surgery biopsy, the advantages are clear. It is minimally invasive, results in no significant scarring, is performed under local anaesthetic, does not require stitches, takes under an hour and, once completed, the patient gets a band aid and goes home.”

The real impact of this procedure is it offers greater accuracy by taking 8 times larger tissue samples than the spring loaded core biopsy needle; Dr Goodwin finds this particularly useful in the case of breast micro-calcifications, which make up approximately 50% of nonpalpable breast lesions.

“Most calcifications are recognised as benign by appearance, however 3-4% need to be explored through biopsy and Mammotome harvests calcifications in virtually all instances.”

Dr Peter Goodwin concludes that since 80% of breast biopsies are benign, vacuum

assisted core biopsy is an attractive alternative for early diagnosis of breast cancer.

How does vacuum assisted core biopsy work?

The patient is placed in the prone position and a small amount of local anaesthetic is injected into the breast.

Under mammographic control, the radiologist inserts the biopsy needle through a tiny incision in the skin (approximately 5mm). The correct position is confirmed with further mammographic (stereotactic) imaging.

After the probe has been positioned, the breast tissue is drawn into the device's sampling chamber using vacuum assistance. Then the rotating cutting device is advanced and a tissue sample (about 18mm in length) is collected and retracted through the probe for collection.

The probe can be rotated through 360 degrees in the area of the lesion, stopping approximately every 30 degrees to take a sample. This allows multiple tissue samples to be captured without repeated needle insertions.

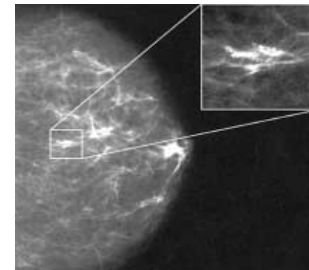
After sampling is completed a small sterile clip can be deployed through the needle to mark the biopsy site in case further investigation is required.

Once the procedure is completed, the probe is removed and pressure applied to the biopsy site to minimise bruising.

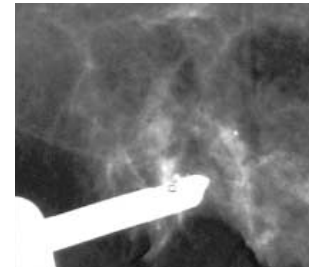
Breast Imaging's Mammotome reporting time is between 24 - 48 hours. If you or your patient would like to know more about the technique please call (08) 9383 2799.

Vacuum assisted core biopsy and open surgical biopsy compared:

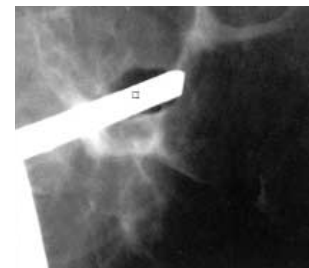
Vacuum assisted core biopsy	Open surgical biopsy
Minimally invasive, requires approximately 0.6cm incision	Requires 3 - 5 cm incision
Usually no significant scarring	May potentially cause substantial scarring
Performed under local anaesthetic on an out-patient basis	Performed under local or general anaesthetic
Does not require stitches	Requires stitches
Procedure takes less than one hour	Procedure takes more than one hour
Patients can usually return to normal activity shortly after procedure	Requires at least one full day recovery after procedure
Costs significantly less than traditional methods and now has a Medicare number	Costs more than vacuum-assisted core biopsy
Usually provides a definitive diagnosis based on tissue samples	Provides a definitive diagnosis based on tissue samples



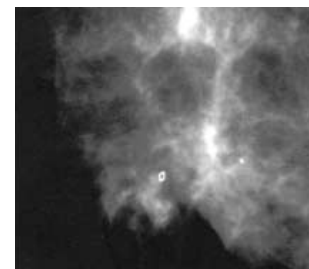
Pre-biopsy Mammogram.



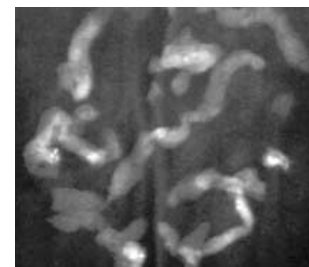
Probe aligned with Calcifications.



Post-biopsy Stereotactic image.



Deployment of MicroMark™ Clip



Specimen Radiograph



Hyalinized Calcified Fibroadenoma.

Images courtesy of Ethicon Endo-Surgery Inc.
The Mammotome® System. Small. Simple. Clean.



Dr Peter Goodwin checks mammograms (far left), Dr Julian Frayne (left).

RADIOGRAPHER IN FOCUS

21 Years and Still Loving It

It all started in 1980 - Dr Frayne was looking for radiographers to join him in his new mammography clinic and Jan was looking for a new challenge. At the time she didn't realise this clinic would be her working life for many years to come.

During her time at Breast Imaging, Jan has seen many changes in technology - the move from zeromammography to film screen, the development of high resolution film offering detailed imaging with a very low radiation dose, and the introduction of dedicated breast ultrasound and image guided biopsy techniques.

“Working at Breast Imaging also meant I was one of the first people in the southern hemisphere to work with a prone biopsy table which the clinic acquired before anyone else in 1988,” Jan said.

“Technology changes fast - we are now using a minimally invasive new vacuum assisted biopsy procedure.”

So is it the improvements in technology and continually building on her knowledge that Jan enjoys the most?

“That's stimulating, but the patient interaction is just as rewarding. Many patients come here feeling nervous and our aim is to attend to their needs. Often it just means listening to their worries and offering a few calming words, but for them it means a lot.”

And how does Jan see the future of Breast Imaging?

“The future is bright - we are committed to bettering high standards and keeping up to date with the latest technological advancements.”



There's one person knows the ins and outs of Breast Imaging better than anyone - senior radiographer and sonographer, Jan Townsend. She was there at the outset and twenty-one years later she is still enjoying the job.

Jan Townsend with a patient during mammogram (right) and ultrasound (above right).

