

Contact: Melissa Chefec, MCPR Public Relations, 203-968-6625

For Immediate Release

**SCREENING FOR BREAST CANCER MAY SOON BE EASIER:
*New Technologies May Provide More Information Than Standard Screening Tests***

Plainville, NY, November, 2008 –The rate of new breast cancer diagnoses swelled by 30% from 1975 to 2000, after which it stabilized for several years. For two years in a row, the death rate from all cancers has declined and the number of women who died from breast cancer declined by 666 cases, according to the American Cancer Society (ACS). The reasons for this are not clear, although it may be largely attributable to earlier diagnosis and treatment.

Still, breast cancer remains the most common type of non-skin cancer in American women, and accounts for 26% of new cancers in women. By various estimates, between 200,000 and 240,000 new cases of breast cancer are diagnosed each year—as many as 2,000 of which are in men—with over 40,000 deaths resulting from the disease. And even more worrisome, as many as 1 million people may go undiagnosed altogether, despite following some or all of the preventative recommendations. Clearly, better detection methods are needed to reduce the high mortality associated with advanced breast cancer.

Current Screening Tools

The two most important screening tests for breast cancer are an annual mammogram and a manual examination by a physician. A baseline mammogram is recommended at age 35 with annual mammograms beginning at age 40.

“The latest advance in mammography is digital mammography which assembles an image of higher clarity than traditional x-ray technology,” explains Dr. Olga Falkowski, Unit Chief of Breast Pathology and the Associate Medical Director of Acupath Laboratories in New York. “This digital technology is increasingly available at breast imaging centers and may be particularly suited for women under 50, whose breast tissue tends to be denser, and for women genetically determined to be at high risk for developing the disease,” she adds.

For many years, women have also been counseled by physicians to perform monthly breast self-examinations per the recommendations of the ACS, which recently dropped the recommendation as clinical evidence did not show a reduction in breast cancer deaths associated with the practice. “Breast self-awareness is still of critical importance,” Dr. Falkowski emphasizes, “as each woman needs to be aware of what is normal and not normal for her own body, and anything unusual, uncomfortable, or painful in the breasts should be reported immediately to her personal physician for follow up.”

When Suspicious Masses Are Detected

In addition to mammography, ultrasound is increasingly being used in breast cancer screening, particularly in women who are at higher genetic risk. Although ultrasound cannot detect microcalcifications in the breast which appear at early stages of the disease, it is very useful in differentiating masses that appear on x-ray. “Ultrasound waves can provide better visual evidence as to whether the lump is a solid mass or a fluid-filled cyst,” Dr. Falkowski points out.

Tissue sampling is generally the next step in diagnosis. Fine needle aspiration for areas around the areola, and nipple aspiration and ductal lavage are less invasive outpatient procedures than traditional biopsies requiring an incision. “These methods increase the accuracy of diagnosis and provide for appropriate treatment regimens at early stages in the disease when survival rates are highest,” Dr. Falkowski explains, adding that “they are crucial to helping reduce the mortality from this disease.”

Clinical studies are beginning to show the value of several specific imaging modalities to enhance the findings of traditional x-rays and MRI scans, and are also useful for guiding clinicians in performing tissue aspiration.

Computer Aided Detection (CAD) uses lasers to allow radiologists to zoom in on certain suspicious areas of a mammogram film to enhance the value of x-rays.

PET Scans can be used in recurrent cancers to identify, position, and evaluate tumors for specific treatments.

T-Scanners are handheld, 2D imaging devices that doctors can use to pinpoint the location of a possible tumor when mammography or other tests have failed to confirm or eliminate the need for a biopsy.

Early and accurate detection and immediate treatment remain the best tools we have in reducing the mortality from breast cancer. "I cannot stress strongly enough the importance of annual mammography and physical exams, as well as developing a strong body self-awareness to improve a woman's chances of catching breast cancer at the early, treatable stages," said Dr. Falkowski.

###

OLGA FALKOWSKI, M.D. is Board-certified in anatomic and clinical pathology by the American Board of Pathology, and serves as the Unit Chief of Breast Pathology and the Associate Medical Director of Acupath Laboratories, Inc. www.acupath.com