

Breast MRI available at California Advanced Imaging at Atherton

Dr. Rita Sohlich is Chief of Breast Imaging at Marin General Hospital and California Advanced Imaging at Atherton. Board Certified Radiologist with Fellowship training in Breast Imaging from UCSF



Can Breast MRI Help Us?

Q: There was a lot of Media attention recently about claims that breast MRI is better than Mammography. Is this true?

□Dr. Sohlich: The best breast cancer screening tool available today is mammography. Other types of imaging, like breast ultrasound and MRI are used in addition to mammography in certain circumstances. Every woman over 40 should have a mammogram every year, no matter whether she has undergone a breast MRI or not.

Q. Could you give us an example of some situations where a woman may benefit from breast MRI?

Dr. Sohlich: If a patient has a known cancer and we are trying to better define the amount of disease within the breast, an MRI may be helpful. Also, it can be used to look at her other breast to make sure that side is healthy. It is also very useful if there is cancer found in a lymph node, but not seen within the breast on a mammogram.

Q: When might a doctor want a breast MRI in a woman without a known cancer?

Dr. Sohlich: MRI can be useful as a problem solving technique. If there is a questionable finding on a mammogram, the MRI may be used to clarify matters. Also, it can be of benefit to women who are at high risk for breast cancer and have a strong family history of breast cancer.

Q. Can any facility perform and interpret breast MRI? Does it matter where I have my MRI performed?

Dr. Sohlich: It is critical to have a breast MRI performed at a reputable facility that has perfected their technique for breast MRI. Of equal importance is an interpretation from a specially trained breast imager who has experience with breast MRI. Also, breast MRI is best interpreted in concert with the mammogram and/or any ultrasound that has been performed.

Q. Does breast MRI find all cancer?

Dr. Sohlich: No. But it is a very good technique for finding invasive cancer in the breast. It isn't as good for finding non-invasive cancer or ductal carcinoma in situ.

Q. Will insurance pay for breast MRI?

Dr. Sohlich: Sometimes different companies have different policies and procedures regarding reimbursement, and these are quite variable in my

experience. Unfortunately, of recent, a Radiologist was advertising falsely about the use of breast MRI and charging large out of pocket fees that women were paying based on fear. I understand that person is being prosecuted for his misconduct. Because we are in an environment where women want to take control of their healthcare (and where insurance companies do not always reliably reimburse), we feel it is important to bring down the cost of the procedure to make it more accessible.

Q. Are there any new developments in Breast MRI?

Dr. Sohlich: I am excited about a new software program to help process the data from breast MRI's. It is sort of analogous to the computer-assisted diagnosis for mammography. We now have this technology available in Marin and Atherton. The computer helps process the enhancement information from the breast. This advanced technology will make our interpretations more accurate by greatly improving image quality. It also allows us to do both breasts at the same time thus shortening the patients scan time in the MRI unit.

Dr. Sohlich brings her knowledge and expertise to two state-of-the-art, digitally networked outpatient MRI centers in the Bay Area; California Advanced Imaging at Atherton and Marin Magnetic Imaging. If you and your physician determine a breast MRI may assist you in your diagnosis, please choose one of our convenient locations.

For patient scheduling please call:

California Advanced Imaging at Atherton
(650) 364-3080 or Marin Magnetic Imaging
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CLINICAL INDICATIONS FOR CONTRAST BREAST MR

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- **Lobular cancer:** Difficult to detect by mammography, this insidious cancer is commonly multi-focal/multi-centric or bilateral (10%) and a frequent cause of positive surgical margins.
- **Occult breast cancer:** About 0.3% of breast cancers present with malignant axillary nodes yet have normal breast exams and mammograms; hence, standard treatment has been mastectomy. MR can locate the primary in the majority of cases, allowing breast conservation surgery.
- **Close or positive surgical margins:** Inadequate margins are reported in up to 50% of lumpectomies, requiring additional resection. MR can often locate residual or additional tumor foci. If routinely used pre-operatively, as in Europe, MR can decrease re-operation rates and can be very useful for surgical planning in difficult or challenging cases.
- **Post-operative scar vs. tumor recurrence:** At 6 months or more after surgery, “mature scar,” which may simulate cancer morphologically, does not enhance. Recurrent tumor does enhance and usually has a malignant type enhancement curve.
- **High risk screening: breast cancer gene carriers; prior treatment for lymphoma:** These women are at great risk for breast cancer. MR and ultrasound are valuable adjuncts to mammography for improved detection of breast malignancy in these high risk patients, but MR is not an appropriate exam for general screening.
- **Neo-adjuvant chemotherapy or brachytherapy:** MR improves accuracy of the tumor size and staging as well as document tumor response and detection of multifocality/multicentricity.
- **Suspected multiple or bilateral cancers:** MR readily shows multifocal or multicentric tumors, and has a high negative predictive value; i.e., a negative MR significantly improves diagnostic confidence. Unsuspected contralateral tumors may be detected in 5-10% of cases.
- **Implants and known or suspected cancer:** MR is not adversely affected by implants or silicone. This improves diagnostic confidence and allows ultrasound-guided needle biopsy when needed. Women with a history of liquid silicone injections can benefit from MR screening. MR is also the most reliable exam for assessment of implant rupture.
- **Problematic mammogram:** In carefully selected cases, MR may be helpful with equivocal or suspicious mammographic findings; detailed mammographic evaluation and ultrasound should be performed first, however.

Important Note: MR and ultrasound may not detect some *in situ* carcinomas and other low-grade, benign or malignant lesions and is an adjunct to mammography. We consider *in situ* carcinomas to be primarily a mammographic diagnosis. If you have questions on other indications, please call us. California Advanced Imaging at Atherton (640) 364-3080