

SIENA WOMEN'S HEALTH EXPERT BREAST PHYSICIANS



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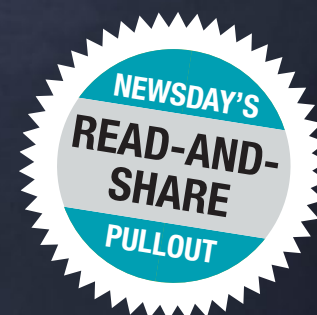
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Breast Health CARE GUIDE

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Breast Cancer. We hear the statistics every October during Breast Cancer Awareness Month. **ONE IN EIGHT WOMEN** will be diagnosed with breast cancer in their lifetime, and according to the National Breast Cancer Foundation, it's rare, but **APPROXIMATELY 2,470 MEN** will be diagnosed with breast cancer and an estimated 460 will die each year. In turn, we heed the call to get screened. But breast cancer knows no season. It can strike at anytime. So it serves us well to take precaution year 'round. Even with the encouraging knowledge that the death rate from breast cancer has been on the decline for almost 30 years, it is still critical to be mindful of your risks and proactive about your care. However, if you are faced with a breast cancer diagnosis, know that there are scores of medical experts on hand to walk you through your options. Here, an overview of risk, prevention and treatment.

Be Mindful—Starting Now

Adopt positive lifestyle habits. Living healthfully has been shown to reduce breast cancer risk—even in high-risk women. The Mayo Clinic says:

DAILY

- **Maintain a healthy weight and exercise:** Being overweight or obese—especially after menopause increases your risk.
- **Limit alcohol and don't smoke:** Studies linking alcohol and breast cancer risk found the more you drink, the higher your risk.
- **Breastfeed:** Nursing your baby has preventative benefits.

MONTHLY

- **Breast Self-Exams (BSE)** – For the earliest detection, practice regular self-exams to sense what feels normal for you, as breast texture and sensitivity changes throughout the menstrual cycle. A monthly BSE for men and women is recommended beginning at age 18.

YEARLY

- **Schedule your screening mammogram** – This is crucial in detecting cancers early on, before they become symptomatic (like a palpable lump). Cancers found during screening tend to be smaller and confined to the breast.



3 Myths & Facts About Breast Cancer

1) MYTH: A lump in the breast means cancer. **FACT:** The majority of lumps are not cancerous, however it's important to consult your doctor about any changes in your breasts.

2) Myth: I'm too young to get breast cancer. **FACT:** Although your breast cancer risk increases with age, men and women of all ages are at risk.

3) Myth: If I have chemo I can never become pregnant. **FACT:** Depending on age and type of chemotherapy, fertility often returns after treatment.



BREAST CANCER CARE GUIDE

You feel healthy. You've followed all the recommended preventive guidelines—and still—your screening mammogram raises suspicion. Next, your care team steps in.

BREAST RADIOLOGIST

This expert reads your screening and diagnostic mammograms, breast ultrasounds and breast MRIs Magnetic Resonance Imaging (MRI). The radiologist also performs breast biopsies and localizations for breast surgeries. Screening tools include:

- Diagnostic Mammogram.
- Breast Ultrasound.
- Breast MRI.
- 3-D Mammography: Detects more invasive breast cancers,

and reduces the number of false positives and callbacks.
• 3-D Prone Breast Biopsy Table: New design allows patients to lie down during tissue sampling.

BREAST SURGICAL ONCOLOGIST

After abnormal imaging is detected, the patient consults a surgeon who is typically the lead physician in a multidisciplinary team. The consultation covers the entire treatment plan, including chemotherapy, radiation, hormonal therapy and surgical options:

1. Partial Mastectomy (lumpectomy) – cancer is removed from the breast along with some healthy tissue surrounding it. The rest of the breast is left intact.
2. Mastectomy – the entire breast tissue is removed, but oftentimes the surgeon can preserve the skin and nipple.

RECONSTRUCTIVE/COSMETIC BREAST SURGEON

After a mastectomy, patients can opt for immediate reconstruction, or delay it for months—even years. The most common methods:

- Implants –saline or silicone is used, but silicone is considered more natural looking. Expanders are also used to stretch skin and chest muscle to prepare for permanent implants. **New:** a needle-free method utilizing at-home, remote-control technology, lessens discomfort and requires fewer office visits.
- Flap reconstruction – the patient's own tissues are used to rebuild the breast. Donor sites include the abdomen, thighs and buttock.

Written by Marie Wolf. Sources: St. Catherine of Siena Medical Center: Dr. Anne Green, Breast Radiologist Medical Director, Breast Imaging. Dr. Diana Yoon-Schwartz, Ph.D., Reconstructive and Cosmetic Surgeon, Administrative Director, Reconstructive Microsurgery. Dr. Jana Deitch, Breast Surgeon, Medical Director, Breast Health Services; breast-cancer.adelphi.edu; mauerfoundation.org; mayoclinic.org. For more information: sienawomenshealth.org

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