



PATIENT TESTIMONIAL

It is my pleasure to share my experience and benefits I received from the new breast imaging technology, Positron Emission Mammography (PEM). I know that if it weren't for the PEM study I had, I would have needed to travel down the road of breast cancer not once, but twice. For a single mother of three children, this technology is invaluable! Here is my success story:

Up until March 2007, I have had normal yearly regular mammograms. I have had uncomplicated reconstruction breast lift surgery with implants in September 2005 and revision in August 2006, which I believe leads to difficult interpretation.

In late March 2007, I found a lump in my left outer breast which turned my routine screening mammogram into a diagnostic mammogram with magnification views and ultrasound imaging. These studies identified four (4) suspicious lesions which required biopsy – two on the left and two on the right.

In April, the day prior to the biopsy and scheduled MRI, I had a PEM scan that found two additional lesions **not** seen on the mammograms or ultrasound. The day of the MRI and biopsy, I ended up not being able to have the MRI for technical reasons. However, the images of the PEM study were given to the radiologist, and my four (4) biopsies turned into six (6) biopsies, four on the left and two on the right.

The pathology report from the biopsies revealed that my presenting complaining lump was positive for invasive ductal carcinoma. The other three originally scheduled biopsies were negative. The two added biopsy sites (identified only on PEM) were positive for lobular carcinoma in situ (LCIS).

Because of the multiple sites, and the fact that there were two carcinomas, my surgeon and I decided to do a bilateral mastectomy with reconstruction. Incidentally, the surgical pathology found a "random" fifth lesion in the left breast, and the other site on the left that was negative on biopsy was positive at surgery. No spread was found to the right breast or lymph nodes, although because of my prior reconstruction surgery, my surgeon was unsure she got the sentinel node.

All in all, because my breast cancer was found at such an early stage, Stage I-A, with no spread to the lymph nodes, I only need radiation treatments to the chest wall and nodes, followed by five years of Tamoxifen daily.

So, had I not had a PEM scan, my treatment would have been breast conservation with just a lumpectomy and radiation because my secondary cancer (LCIS) would not have been detected and the second biopsy was a false negative. It would have just been a matter of time before the LCIS reared its ugly head and make me go down this road again with perhaps a worse scenario as far as staging and the potentially more extensive disease.

JG

