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Breast Screening: The MRI Option

The new scanners - are they any better?

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- Columnists
- LI History
- Student Briefing
- Corrections

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Like most breast cancer survivors, Amy Hughes gets her mammogram every year, praying that she never has a recurrence. But in her most recent screening last month, the doctor noticed a suspicious spot.

Dr. Mark Novick, medical director of the Manhattan East Breast Imaging Center, was unable to distinguish the area on the mammogram, so he gave her two options. She could wait six months to see if anything developed or she could have a breast MRI performed at the center immediately and learn the results that same day.

Hughes needed to know.

So within a few hours she became one of the first women in New York to undergo a breast MRI on a new FDA-approved machine specifically designed to image a woman's breasts. The Manhattan East center is the first in the state to acquire the breast scanner, developed by the Massachusetts-based Aurora Imaging Technology Inc.

It is one of nine in the United States. Currently, breast centers in New Jersey, Pennsylvania, Massachusetts, Florida, Oklahoma and Tennessee have the "breast-dedicated" scanner.


The procedure brought relief to Hughes, 48, whose daughter Sarah is the 2002 Olympic gold-medal figure skater. The suspicious spot was scar tissue.

"It was incredible the way I was able to see it right away on a computer. I left that clinic with peace of mind," Hughes said.






Though Hughes was impressed by the new technology, some debate exists about whether the new Aurora breast MRI machine holds any real advantages over the general MRI used by hospitals. In other words, just as a rose is a rose; can we say a breast MRI is a breast MRI?

MRI (magnetic resonance imaging) uses magnetic fields and radio waves - instead of X-rays - to produce images of the soft tissues of the body. Experts note that MRI is not used for routine breast cancer screening and is not a replacement for mammograms. However, when used as a supplemental screening tool, MRI can detect tumors or small abnormalities sometimes

Video

 [Judy Cartwright Explains Breast MRI Technology](#) (Newsday.com)
Mar 11, 2003 (RealVideo)

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HOME PAGE

TRAFFIC

SPORTS

BUSINESS

OPINION

Part 2 / FEATURES

ENTERTAINMENT

CLASSIFIEDS

ARCHIVES

SITE INDEX



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missed by mammograms at an early and more treatable stage.

In a 2001 report the Institute of Medicine, an arm of the National Academies that advise government agencies, found MRI to be useful as an adjunct tool in detecting tumors in women with breast implants or dense breasts, both of which can interfere with interpretation of X-ray mammograms. But the study stated that mammography remains the gold standard in screening breast cancer.

In a separate study published in the Journal of the National Cancer Institute, researchers found that breast MRI was superior to mammography in detecting breast cancer in young women at high risk for the disease.

Still, even though MRI shows promise, most doctors have been reluctant to accept the technology mainly because it results in a significant number of false positives - abnormalities when no cancer is present - leading to unnecessary biopsies.

In the past three years, several hospitals in New York City, such as Memorial Sloan-Kettering Cancer Center and New York University Medical Center, have begun using breast MRI to plan surgery after a breast cancer diagnosis or to differentiate recurrent cancer from scar tissue in survivors like Amy Hughes.

All of the facilities that have been performing breast MRIs in New York have been using standard scanners, which can be used on different parts of the body, with a coil attachment for imaging of the breasts.

The Aurora machine, in contrast, is anatomically designed solely for the woman's body and has been fine-tuned for the imaging of breast tissue. The woman lies on her stomach with her breasts placed in cushioned openings containing the signal receiver, and she moves feet first into the magnet.

But, Dr. David Dershaw, director of breast imaging at Sloan-Kettering, said the images produced by the conventional scanners in hospitals are the same quality as those produced by the Aurora.

"These units are good, but they have no advantage over the general MRI. They are not better," Dershaw said. "And I think women have to be careful. It seems when they say 'breast-dedicated,' there is an implication the machine does a better job, and that's not true."

Novick said the computer system used with the new breast MRI machine makes it easier to interpret the images. "The Aurora is specifically tailored for the imaging of the breast, everything from the inner workings of the magnet to the table where the woman lies," Novick said. "I would never say that the final images are superior to a general MRI machine. But I would say that when a patient is treated to the highest level of comfort, there is a better chance of getting a good image."

For a health center specializing in breast care like Manhattan East, the Aurora makes sense economically because it costs less to acquire and operate than a whole-body scanner.

In addition, Novick said having a mammogram and breast MRI in a private practice eliminates the hassle of scheduling an appointment at a busy hospital's radiology department. "Here, we have everything a woman needs for breast care within the same room in one visit," he said.

The major barrier to MRI for the patient remains cost. At Manhattan East, a breast MRI runs \$1,500. Because MRI is still not considered a standard procedure, Novick said, the reimbursement varies depending on the insurance company.

Even so, he is confident that as more private practices install breast MRI machines, surgeons and patients will come to rely on them. "It's an expensive technology. But, frankly, if I was a woman who needed an MRI, I wouldn't be asking how much. I would be asking, Where can I get it?"

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