

## A day in the life of a breast imaging center

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The Montclair Breast Center performs about 6,000 mammograms a year, according to its physician-founder, Nancy Elliott. Of that number, 120 women are diagnosed with breast cancer.

Following are the stories of four patients who came to the center on Sept 22. Their experiences show that regular mammograms can mean the difference between spotting the disease in its early, more curable phase, and detecting it at a later, more dangerous stage. Even for women who aren't at a high risk for breast cancer, routine mammography screening, starting at age 40, is crucial, Elliott said.

"People who don't have risk factors don't think it'll happen to them," she said. "They think, 'It doesn't run in my family,' or 'I breast-fed my kid for six months.' Most women who get it don't have risk factors."

Here is a day in the life of a breast imaging center:

### **10:30 a.m.**

She repeats what the doctors have told her, that this is "the best type of cancer to have." But she's scheduled for a lumpectomy in a few hours, so she doesn't sound

convinced.

"My life has changed because I'm worried," says the 55-year-old Bloomfield woman, who wants to be identified only as "Marty."

"I'm hearing a lot of horror stories. I have to be careful which ones I listen to."

As it turns out, Marty's story has a happy ending.

She was declared cancer-free after a 7-by-5 centimeter-size piece of tissue was removed from her breast, according to Nancy Elliot of the Montclair Breast Center, who performed the operation.

But before she hears the good news, Marty must undergo a procedure called a "wire localization" in which a needle and wire are inserted into her left breast. This is done so that, during surgery, Elliot can locate the tiny spot where pre-cancerous cells were detected.

Marty stands throughout the procedure, her perforated breast sandwiched by the two plastic squares of the mammography machine. At first, Marty, whose breast is numb with anesthesia, chats with the medical staff and seems fine. A few minutes later, she faints.

"It was a traumatic thing for me. I guess because I was trying to be strong and because I was trying to get it over with. You always want to put on a brave front, but you have that fear," says Marty, who is married with one child, a college-aged daughter.

Fainting during the procedure isn't uncommon, says William Ko, the physician who inserted the needle. "They're nervous, and there's a lot of stress. Most guys would pass out quicker than that."

A few days after surgery, Elliot tells Marty that the pre-cancerous cells hadn't spread beyond a small area inside her breast ducts, a form of the disease called "Ductal Carcinoma In Situ" (DCIS). In fact, they'd all been removed during her biopsy.

The survival rate for DCIS is 99 percent, according to Elliot, although 10 percent of women could get a reoccurrence of cancer in the same breast within 10 years. Elliot doesn't recommend radiation therapy for Marty, though she's due to consult with a radiation oncologist for more information.

Because Marty's sister had breast cancer, which also was cured, Elliot recommends the drug tamoxifen, which reduces the rate of reoccurrence and is often prescribed to women with a family history of breast cancer. The drug has a 1 percent risk of blood clots and endometrial cancer, but Elliot thinks the benefits outweigh the risk.



"I'm taking it one day at a time," she said. "You always have to be on your guard and you have to be very positive. But I'm extremely relieved.

**12:30 p.m.**

On the dark field of Grace Laratta's mammogram, there's a white spot. It looks like a large pearl.

It is, in fact, Stage 2 breast cancer, a tumor that's 3 centimeters wide, says Melissa Lee, a radiologist at the center.

"When they're between 1 and 2 centimeters, it's 30 to 40 percent more likely that the cancer will spread to a lymph node," says Lee. "The goal is to try and detect cancer at an early stage, when things aren't visible and you can't feel a lump."

Laratta of Bellville-- whose sister survived breast cancer -- had her first, and last, mammogram 10 or 15 years ago. She's not sure when. Elliot estimates that she had breast cancer for at least three years before she noticed the lump.

A month later, Laratta, 66, mentioned the lump to her daughter, Grace Sasso, who made an appointment for her mom to be examined at the Montclair center.

"She was always putting off the mammograms," said Sasso. "Her kids were always more important. Her grandkids. She was always doing for us."

Laratta doesn't like to think about her cancer, especially now. "You feel so much healthier when you don't know. You're happy, you're dancing, you're eating. Then, all of a sudden, you find out that you're sick," says Laratta, who has four children and nine grandchildren. "The less I know about things, the better."

According to Moira Davis, head nurse at Montclair center, that's a typical attitude for many women of Laratta's age. It might explain why they're less likely to get mammograms. "To them, getting a mammogram is looking for trouble," said Davis.

Before her lumpectomy, Laratta's greatest fear wasn't that the cancer would spread -- it was the pain of surgery and recovery. If it were up to her, she wouldn't have had the surgery at all.

"The cancer doesn't scare me. It's what they do to you," she said. "The lump didn't hurt until the biopsy ... But the doctor said, 'Grace, you don't have a choice in this, you have to get the operation.'"

When its over, Laratta is calm, even though a "sizable portion" of her upper left breast is removed, along with 12 lymph nodes. Four of them were cancerous, said Elliot.

Laratta will be tested to see if cancer has spread to other parts of her body and an oncologist has recommended chemotherapy. According to Elliot, the five-year, cancer-free survival rate for a patient like Laratta is 70 to 75 percent with chemotherapy and between 55 and 60 percent without it.

Laratta's sister-in-law, whose breast cancer also had spread to her lymph nodes, was cured after having chemo seven years ago. But Laratta doesn't know if she'll go that route.

"Don't people who die eventually have chemo, too?" she asks. "I don't like the idea of them putting needles in me."

Despite her ordeal and her doubts, Laratta is uncomplaining and often upbeat. Within a few days of surgery, she is on the phone with her 3-year-old grandson, singing "When You're Smiling."

"My kids call to ask if I'm okay, I just say, pray for me, kids. You just have to trust in God," she says.

To her daughter, Laratta is living up to her first name, "Grace."

"She's showing so much composure and dignity," said Sasso. "The way she's not pitying herself. I've never admired her more than I do now."

## **2 p.m.**

When Jennifer Ryan felt a shooting pain in her breast, she had to remind herself to think like a doctor.

"My first thought was 'relax.' You just reached for something, it's probably muscular," says Ryan, a general practitioner with an office in Caldwell.

Ryan, who lives in Montclair, is usually diligent about getting her annual mammograms, but she's recovering from painful back surgery and hasn't had a mammogram since January 2002.

The process is uncomfortable and "squeezes your breast as flat as a pancake." But Ryan doesn't mind. "It's the price you pay for having your life saved," she says.

After her mammogram, Ryan waits for the results in a small, inner waiting room, where a dish of candy sits beside "Dr. Susan Love's Hormone Book" and "The Book of Calm."

Nicole Levy, a medical assistant who oversees the room, is expert at small talk and dealing with results of bad news, according to nurse Moira Davis. "She'll chat about the weather," she says. "If someone's crying, we don't leave them in that area."

When Ryan is summoned back to the mammography room for "additional views," she looks worried.

A nurse has explained that this isn't cause for alarm. "It just means we need more information." But Ryan has a history of breast "calcifications," which are sometimes a pre-cursor to cancer.

Lee is called in to examine the additional mammograms, which show a "density" in Ryan's left breast.

She squints at the screen and finally declares, "It looks like normal

tissue."

Still, Ryan is sent to Elliot for a breast exam and an ultrasound, which can detect breast cancers that the mammogram misses. Cancer shows up as white on a mammogram, which makes it harder to find in women who have dense breast tissue, which also shows up white. That explains why mammograms miss 30 percent of breast cancers, says Elliot. On an ultrasound, the cancer shows up as black.

Ryan's ultrasound is clear and Elliot finds no lumps during an exam.

"Breast pain increases around menopause. It hardly ever is due to breast cancer," she tells Ryan. "Its probably hormonal."

"I didn't know that," says Ryan with a relived laugh. "What the heck! It hurts like a son of a gun."

Elliot tells her that the pain should go away in a few weeks. If it's still there in two months, she should schedule another appointment. But for now, she has a clean bill of health.

"These are normal breasts," says Elliot. "Normal, painful breasts."

**4 p.m.**

Jeanne Kane is about to be told she needs a biopsy.

"I don't think I've ever told anyone that, and they've been like, 'oh, kay,'" said Elliot.

But Kane, 59, is actually grateful.

"I feel its good news, that someone found something," said Kane, of South Orange.

Kane's mother was diagnosed with breast cancer 17 years ago, and like many women with a family history of the disease, she worries that for her, the same fate is inevitable.

"They're the ones who will say, 'I was just waiting for this to happen,'" says Moira Davis.

But Marcie Hertz, the physician in charge of Kane's treatment, is reassuring. Only a few abnormal-looking flecks were spotted on her mammogram, which revealed some calcifications. They appear as minuscule white dots, barely visible to the naked eye.

"When you need a magnifying glass, that's a good thing," says Lee, the radiologist.

"With cancers this small -- if it is cancer -- it would take five or six years before you even felt a lump," says Hertz.

She shows Kane the room where she'll get a "stereotactic biopsy mammotone," in which a needle is inserted to glean tissue. This involves lying face down on a padded table with holes cut out for the

breasts.

"It's going to be fine," says Hertz. "You're going to be just fine."

"I know," Kane says with a nervous smile. "I'm an educated customer."

A few days later, Kane gets the results of her biopsy. It's negative.