COMPREHENSIVE
breast care
What woman isn’t concerned about receiving a breast cancer diagnosis? Statistics show that 12% of women – one in eight – will develop breast cancer in their life. The good news is that death rates from female breast cancer have dropped 39% since 1989. These decreases are believed to be the result of finding breast cancer earlier through screening and increased awareness, as well as better treatments. This is why United Regional continuously invests in the latest diagnostic and treatment technology and bringing experienced physicians and other clinicians to our community.

Through United Regional’s comprehensive breast care program, women can feel confident that they will receive coordinated care through the guidance of a breast health navigator.

Comprehensive Care at United Regional

**Breast Health Navigator**

*Patients supported throughout their entire care journey*

To help alleviate the apprehension of facing the next steps United Regional has a **certified breast health navigator**, Ellen Cannon, RN, to guide women through the process of additional testing and a possible diagnosis of breast cancer. Ellen serves as the liaison between patients and their physicians. She coordinates care, making appointments with oncologists, surgeons, infusion therapy, and radiation, and provides patients and their families with education and emotional support.
Women in Wichita Falls and the surrounding area have access to the latest breast cancer imaging technology. Breast tomosynthesis, or 3D mammography, uses high-powered computing to convert digital breast images into a stack of very thin layers or “slices”—building what is essentially a 3-dimensional mammogram.

During the exam, the X-ray arm sweeps in a slight arc over the breast, taking multiple breast images in just seconds. A computer then produces a 3D image of breast tissue in one millimeter layers allowing the radiologist to see breast tissue detail in a way never before possible. Instead of viewing all the complexities of breast tissue in a flat image, with 3D mammography the doctor can examine the tissue a millimeter at a time.

This helps radiologists:
- find very small cancers, when they are most treatable
- rule out “false positives,” reducing the number of women who are called back for a diagnostic mammogram
- detect cancers in dense breast tissue, which 80% of women have

To schedule your screening 3D mammography at United Regional, please call 940-764-5050 or visit www.unitedregional.org/medical-services/breast-health-services/.
Additional diagnostics available at United Regional

- **Breast Ultrasound**
  Breast ultrasound uses sound waves to make a computer picture of the inside of the breast. **Ultrasound is used to look at a change in breast tissue that can be seen on a mammogram when comparing the current mammogram to a previous one.** Ultrasound can also be used to tell the difference between fluid-filled cysts and solid masses.

- **Breast MRI**
  A breast MRI is mainly used for women who have been diagnosed with breast cancer, to help measure the size of the cancer, look for other masses in the breast, and to check for masses in the opposite breast.

- **3D Stereotactic Upright Breast Biopsy**
  *The latest technology for accurately pinpointing a mass*
  Biopsies are the only definitive way to determine if a breast abnormality is benign (non-cancerous) or malignant (cancerous). Stereotactic breast biopsy is a minimally invasive alternative to incisional or surgical biopsy. It is used to obtain tiny samples from an abnormal breast mass for examination by a pathologist. **The procedure is completed on an outpatient basis with minimal discomfort and recovery time.**

  The 3D technology provides more precision in locating abnormalities seen only on 3D mammograms, and improves visualization of small calcifications and masses not seen on ultrasound. A computer uses the images to locate the abnormality and calculate precise coordinates. Then the computer guides the physician in placing a thin hollow needle at the target.

  The upright positioning has great advantages over the prone (horizontal) position by allowing biopsy of all abnormalities, especially calcifications, which cannot always be reproduced on prone stereotactic biopsy unit. The upright positioning is also more comfortable for the patient and allows even the most difficult locations to be biopsied.

  A sample of breast tissue is then sent to our pathology lab. If the tissue from the mass is benign, it is recommended that the woman receive a screening mammogram either in six months or in one year, based on physician recommendation.
• **Incisional Biopsy**
  For lumps that can be felt, an incisional or surgical biopsy is recommended. The surgeon removes the mass and surrounding tissue. If lymph nodes are enlarged, the surgeon will remove those too. This tissue is sent to pathology.

• **Pathology**
  *Identifying specifics*
  The Pathology Lab at United Regional will determine if the tissue or tumor is benign or malignant. The report will also identify other factors that will impact treatment interventions such as the size and stage, in situ (non-invasive) or invasive, whether estrogen or progesterone receptive, HER2-positive, and more.

You can go to the American Cancer Society website at [www.cancer.org](http://www.cancer.org) and search “understanding your pathology report” to learn more detailed information about a pathology report.
Treatment Options

Oncologists and surgeons work together with the patient to develop a treatment plan. Treatment can include surgery, chemotherapy, radiation, hormone therapy, immunotherapy and other treatments depending on many factors.

- **Chemotherapy**
  United Regional has an Infusion Therapy Clinic that provides chemotherapy. Sometimes chemotherapy is performed before surgery, after surgery, or both, depending upon the treatment plan.

- **Surgical Intervention**
  Breast surgeons on the staff of United Regional are experienced in working with oncologists and plastic surgeons to help provide the best treatment options for women.

- **Lumpectomy**
  A lumpectomy removes only the tumor and a small rim of non-cancerous tissue surrounding the tumor, leaving most of the breast skin and tissue in place. Radiation therapy is usually given after a lumpectomy to get rid of any cancer cells that may remain.

  Lumpectomy plus radiation therapy is an option for most women who have early breast cancer or ductal carcinoma in situ (non-invasive breast cancer). Lumpectomy may also be an option for some women with locally advanced breast cancer after treatment with neoadjuvant therapy, which can include chemotherapy, radiation therapy, and hormone therapy given before surgery. In some cases, neoadjuvant therapy can shrink a tumor enough that lumpectomy plus radiation therapy becomes an option to avoid mastectomy.

- **Mastectomy**
  Mastectomy is the common option if there are two or more tumors in different areas of the breast; the tumor is large relative to the breast size and neoadjuvant therapy cannot be used; the tumor has spread throughout the breast; or the mammogram showed large areas of suspicious calcifications in the breast.
• Breast Reconstruction
Some women choose to have breast reconstruction to help restore the previous look of the breast or breasts. Reconstruction may be done at the same time as the mastectomy or later. It is important to discuss your reconstruction options with a plastic surgeon before your breast surgery.

Some women choose not to have reconstructive surgery or to do it later. In that case, the surgeon will leave the area as flat as possible so a breast prosthesis can be comfortably fitted to the chest.

At United Regional, plastic surgeons have access to advanced technology that aids in reconstructive breast surgery after mastectomy using the patient’s own tissue to restore the breast. This technology helps our surgeons select the best tissue to use when reconstructing a breast.

While injecting dye into the patient’s blood-stream, tissue with strong blood supply becomes illuminated, while tissue with no blood supply remains dark. This helps the surgeons adjust their approach on-the-spot for optimal results. They can avoid using the bad tissue and work with tissue that has the best chance of surviving and thriving in reconstructing the breast.

Learn more about United Regional’s comprehensive Breast Health Services by visiting unitedregional.org/medical-services/breast-health-services/.