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NKMS Society

Rounds

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Screening Mammography Controversies

The controversy surrounding screening mammography recommendations will likely be reignited this summer when the United States Preventative Services Task Force (USPSTF) reissues screening guidelines. As you are aware, in 2009 they dropped the recommendation for screening under 50 and above 74 with biannual screening from 50-74. In addition they did not recommend clinical or self breast exams. Although most major groups continued to endorse the prior recommendation for yearly mammography beginning at age 40, there has been a reduction in screening utilization from 8-15% nationwide since 2009.

Screening mammography is the most intensively investigated exam in medical history. At least 8-9 long term randomized studies have shown a reduction in mortality from breast cancer from 30-35% after screening programs were started. Interestingly, the Canadian study is the major outlier showing no reduction in mortality. This study which began in the 1980s has been criticized on many fronts including outdated equipment and poor training, but most importantly was a lack of randomization. Women were given breast exams prior to being placed in the mammo-

graphy or no mammography arm. Four times as many women with clinical evidence of advanced breast cancer were placed in the mammography arm of the study. Not surprisingly, this group did not show benefit from screening. Shortly after initial results were released the World Health Organization dismissed the study as highly flawed, yet this study was cited by the task force and rehashed in the British journals in 2014 reigniting the controversy.

Breast cancer mortality remained unchanged until the early 1990s when it began to decline coinciding with widespread availability of high quality mammography. As opposed to the severely flawed Canadian study, the other major randomized studies have shown reduced mortality from screening for ALL age groups beginning at age 40. In our practice between 20-25% of newly diagnosed cancers are in women under 50. Certainly significant advances in treatment contribute greatly to the reduction in mortality, but detection of disease at early stage is also important. Male breast cancer has not shown the same mortality reduction over this time period as men are not rou-

tinely screened and are not diagnosed until their disease is clinically evident.

Modern screening mammography has resulted in a shift from diagnosing late stage disease to early stage and pre-invasive cancers. The increased detection of early stage disease especially DCIS has been criticized by some as leading to over-treatment. Should not the detection and eradication of early disease leading to less cases of advanced breast cancer be the goal of screening? We need to strive to continue to find small cancers while improving our knowledge of how best to treat (or possibly not treat) early disease.

No medical test is perfect and mammography is no exception. The Breast Leadership members at SEMC which include the experts in diagnosing and treating breast cancer endorse yearly mammography beginning at age 40 as the foundation for early detection and improved survival. Discussion between doctor and patient is suggested for high risk patients who may benefit by earlier and additional screening methods.

Jackie Sweeney, MD Radiology Associates of Northern Kentucky

Tomosynthesis Finds More Invasive Breast Cancer

Every year more than 40 million women in the U.S. undergo a screening mammogram, to detect non-palpable breast cancer. Their breasts are compressed between two plates and imaged from both top to bottom and side to side. Both cancerous masses and micro calcifications, that can indicate early cancer, show up as white areas on a mammogram. But normal breast tissue that is glandular and fibrous appears as white areas on a mammogram too. This normal breast tissue can obscure small hard to detect breast cancers. Digital mammography misses about 15 to 20% of all breast cancers, particularly in women who have dense breast tissue.

False alarms are also a concern with traditional mammograms. Approximately 10% of the 40 million women screened annually are re-examined for a suspicious finding. Only a small percentage of these women end up with a biopsy and only 25% of biopsied patients end up with breast cancer.

There is now a new form of mammography available at St. Elizabeth called 3D-mammography or tomosynthesis. The study begins the same way as a conventional mammogram, with the breast being placed into compression. The x-ray tube then moves in a circular arc around the breast and takes multiple low dose images that can be reconstructed into a 3D view. 3D tomosynthesis would be similar to taking pictures of individual pages of a book rather than taking just a picture of the front and side of a book.

This new technology was approved by the Food and Drug Administration in 2011 for use along with conventional digital mammography. Breast cancer screening with 3D Mammography is an advance over digital mammography. This new technology improves breast cancer detection rates and results in fewer false alarms. A recent study of nearly 500,000 women published in the Journal of the

American Medical Association reveals a 40% increase in the cancer detection rate and a 15% decrease in the recall rate. The better detection rate should translate into more lives saved and the lower recall rates should lessen anxiety for patients as they await their test results. The radiation dose with 3D mammography is slightly higher than conventional mammography, but still remains within safe levels.

3D Mammography is now available at the Women's Wellness Centers at St. Elizabeth Edgewood and at St. Elizabeth Ft. Thomas.

Anne Kleimeyer, MD
Radiology Associates of
Northern Kentucky

Upcoming Events



Calendar of Events

May 14	General Membership Dinner
May 19	NKMS Executive Board Meeting
June 6-9	AMAA Meeting
June 16	NKMS Executive Board Meeting
July 19	Reds Event
July 21	NKMS Executive Board Meeting

President's Report

What Can I Do? Part VI

Be a delegate to the KMA Convention August 28-31, 2015.

"I always wondered why somebody doesn't do something about that. Then I realized I was somebody." Lily Tomlin

Being a delegate to the KMA convention is a great way to support the organization that looks out for our interests in Frankfort and to help shape its policies. In this age of ever increasing govern-

ment regulation of medicine it is important for our profession to influence what the government does.

NKMS also has much to celebrate at this convention. Our own Ted Miller, will be installed as President of the KMA and Nancy Swikert, who is the current Vice President of the KMA will be on the ballot for President-Elect.

Other highlights of the convention will be the KPPAC reception

on Saturday August 29 at 5:00 PM with the President's dinner to follow. The House of Delegates will meet on Sunday August 30 at noon.

If you are interested please contact Karla Kennedy at: 859-496-6567 or by e-mail at: nkms@nkms.org. Thank you for your help.

Eric Neils, MD, President, NKMS



Practice Update

The Northern Kentucky Medical Society would like to wish success to the graduating residents from the St. Elizabeth Family Practice Center. The following is a list of the 2015 graduates and the practices they will join.

Braden Blankenship, MD

Chrystal Coates, MD

Erica Davis Perrino, MD

Laura Foor, DO

Stefanie Lewis, MD

Dominic Perrino, DO

Brittany Sullivan, MD

Matthew Turner, MD

St. Elizabeth Physicians

Leaving the area (South Carolina)

Leaving the area (Illinois)

OB Fellowship-St. Elizabeth

Leaving the area (Dayton, Ohio)

Leaving the area (Illinois)

St. Elizabeth Physicians

St. Elizabeth Physicians

General Membership Meeting

The General Membership Meeting will be held at the Oriental Wok, (317 Buttermilk Pike, Lakeside Park, KY) on Thursday, May 14, 2015.

The evening will begin with a cash bar at 6:30 PM and dinner will be served at 7:00 PM.

Dinner is complimentary for NKMS physician members and their spouse/guest. Dinner for non-member physicians and their spouse/guest is \$40 per person.

Keynote Speaker: Dr. Jim Nordlund, Dermatologist and Art Docent (Cincinnati Art Museum).

Topic of Discussion: "Dermatology in Art, Seeking Truth or Beauty"

Make plans to attend this year's General Membership Meeting. Please RSVP to the Northern Kentucky Medical Society, Karla Kennedy, at (859) 496-6567 or via email to nkms@nkms.org.



**Northern Kentucky
Medical Society**

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Northern Kentucky's
Physician Network

Address Correction Requested

NKMS Alliance Report

NKMSA/NKMS is gearing up for a really big Annual AMAA/AMA meeting June 6-10 at the Hyatt Regency on Wacker. Kentucky will be highlighted with Dr. Steve Stack from Lexington being installed as the next AMA President and Kim Moser, AMA Director, Legislative Chair and Editor, will receive a prestigious Legislative Award and be installed for another year of service for the AMAA. Rhonda Rhodes, AMAA Task Force Member will be reporting as Dr. Tom Bunnell, KMAA President and Patty Pellegrini, KMAA President Elect, preside over their KMAA chickens. Please join Ilene Bosscher, KMAA Secretary, Dr. Don Swikert, Leg Co-Chair, and Dr. Nancy Swikert, E Connection Editor, along with several other KMAA members at the meeting by registering at the amaalliance.org website.

Hope to see many of you at our wonderful upcoming events.



Nancy Swikert, MD, President, NKMSA