

Imaging for Women News

630 NW Englewood Road
Kansas City, MO 64118
Phone: (816) 453-2700
Fax: (816) 453-9943



*At Imaging for Women
-We'll take care of You!*



«AddressBlock»

Published by the Staff of Imaging for Women. Editor: Troy D. Voeltz, MD, DABR

Imaging for Women News

Congrats to the winners of last month's drawing — Shelly at Plattsburg Medical and Winnie at Meritas Comprehensive Surgery.

- WE OFFER:**
- Mammography**
2D/3D
Digital w/ CAD
 - All Types of Ultrasound**
Abdomen
Breast
Carotid
Gallbladder
Kidney
Lower Extremity
Arterial
Venous
 - OB:
Complete
Limited
Biophysical
Profile
 - Pelvis
Soft Tissue
Sonohysterography
Thyroid
Venous
Doppler
 - Osteoporosis Detection & Consultation**
 - Lateral Spine Fracture Analysis**
 - Breast Biopsies**
Ultrasound-guided
Stereotactic
 - Body Composition Analysis**

November is the month to be thankful.

Imaging for Women appreciates every patient that you send to us.

Thank you for trusting us with their care.

It's Chiefs Mania Time!!

We need your help! Please complete the enclosed Physician Office Satisfaction Survey. Let us know what we're doing right and where we need to make changes.

Our goal is to provide great service to our patients and to you, our referring physicians and their referral specialists.

After you complete the survey, enter your name in the drawing for two tickets to see the Chiefs take on ...

the Tampa Bay Buccaneers on 11/20/2016, at 12:00 pm,

and

the Oakland Raiders on 12/08/2016, at 7:25 pm.

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November 2016

We'll take care of You!

News you can use!

The State of Breast Cancer

I have been interpreting mammography and other breast studies for over 30 years. I have seen the science progress from xeromammography (the blue pics) to film screen to digital and now 3D tomographic mammography. Breast ultrasound didn't exist in the early years; now we have advanced to high quality ultrasound scanning where we are able to detect tiny (<1cm) cancers. We are even to the point of employing ultrasound to screen women with dense breasts to improve our breast cancer detection rate. MR became a useful tool; unfortunately, radiology has not been able to bring the costs down sufficiently to make this a routine screening tool for all women. This is an area of current research.

In the 80s we were lucky to find a minimal (<1cm) cancer. If we did, it was more luck than skill. Now, we routinely find cancers of this size. Why? 1. The technology is significantly better. 2. Our training and experience level is definitely better. 3. There is more sharing of skill sets through CME training. 4. We measure ourselves against national data bases to determine if we need to alter our practices. 5. We monitor our output by critical overseeing accreditation bodies. *(This weeded out a lot of the people who just wanted to make money and didn't care about quality.)*

However, just at the zenith of practice, breast imagers are under a barrage of criticism. We are told that we are harming women, scaring women. Ask yourself, would you rather have a biopsy that comes out negative for cancer once in a while or find a cancer that has already metastasized to your bone, liver or lymph nodes? Personally, I think that these claims are not based on reality, but are the real war on women. Screening costs money and our government is spending a lot of money. Why not decrease costs? Why? Because it affects outcome!!! Please stand with us to continue to save the lives of our female patients. Let's find breast cancer as early as possible where the treatment is often less and the outcome is usually better.



Mark J. Malley, MD, DABR



Please remember that I am here to assist you if something is not going smoothly. Call me on my direct line.

Phyllis Fulk,
Administrator
(816) 268-3309.

Thank you for trusting IFW with your patients.