

My Summer Scare

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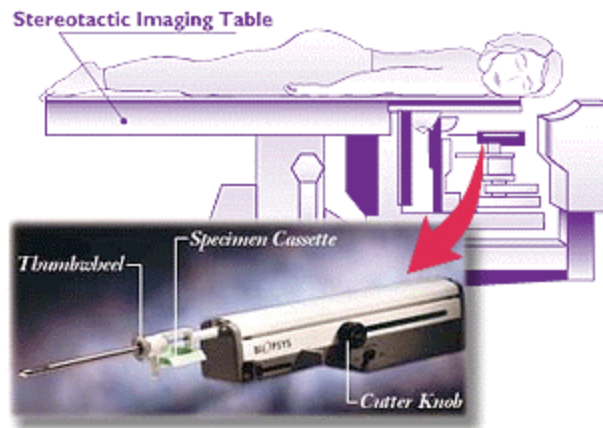
One doctor, reading my breast X ray, ordered a surgical biopsy. I panicked - and I'm glad I did.

Janice M. Horowitz

Like millions of American women, I go faithfully to the radiologist for my annual mammogram. Unlike most women, I got a bad report last month. Tiny specks in my breast, called calcifications, looked to my radiologist as if they had changed since the last time I was tested. Her recommendation: a procedure called a needle-localized excisional biopsy.

I am a medical reporter, so I knew what that meant. Guided by X-ray images, a doctor inserts a wire into the breast to target the calcifications. Then a breast surgeon cuts through the skin, finds the wire and fishes out a sample of tissue large enough to capture the problem spot. It needn't be that bad. If I was lucky, the amount of tissue removed would be the size of a large grape.

But wait a minute! A wire through the breast? A scar? A grape? We're talking about my breasts, which I happen to be quite fond of. And given their modest proportions, I hardly had any to spare. Fear and vanity battled for control. Even though 80% of biopsies are benign, I was terrified the doctors would find cancer. I panicked. I wanted another opinion. Lots of other opinions.



ALTERNATIVE: With the patient facedown, the doctor takes a tiny sample with a thin probe.

This illustration was not included in the original article that was published in the July 5th issue of the Time Magazine.

I showed my mammograms to four other radiologists. Excessive, maybe. But one was equivocal, and the other three said they would never have suggested a biopsy. That was reassuring but confusing. The fact remained that a skilled radiologist had raised the specter of breast cancer, and while other doctors saw things differently, I was stuck. No one could undo her written report, not in this litigious age. Meanwhile, the idea that I might have cancer had taken root. I knew that if I didn't have the tissue analyzed by a pathologist, I'd never stop worrying.

Luckily, getting those other opinions paid off. I discovered that I didn't need a local excisional biopsy after all. Instead, I was a candidate for a kind of minimally invasive breast biopsy called a Mammotome. At

least a quarter of all hospitals and breast centers nationwide are equipped to perform Mammotomes or similar procedures. Why hadn't anyone told me?

It takes a particularly skilled radiologist to do a Mammotome on smaller breasts like mine. If I hadn't found such a radiologist, I might very well have lost a chunk of my breast for no reason. Instead I had a quick, simple procedure. Fully conscious, with only a local anesthetic, I lay facedown on an examining table with a hole in it for my left breast. Then my physician, Dr. Joshua Gross of New York's Beth Israel Medical Center, a leading expert on Mammotomes, located the calcifications with a digital X ray. Through an incision no bigger than a match head, he inserted a hollow probe. Within minutes the suspicious calcifications were vacuumed out and snipped off with a rotating blade, ready for analysis. After about an hour, I was on my way home with an ice pack on a tiny wound. No stitches. No scar. And a few days later, the good news: benign.

Mammotomes are not for everyone. If a woman's breasts are very small or if her problem area is near the chest wall, the procedure may be impossible. Also, some doctors prefer to take out a larger sample of tissue if an area appears very suspicious. But the lesson for the 1 million women who face biopsies each year is that even specialists can disagree. In the end you mustn't be embarrassed to ask another doctor- or two or three- to help you get the information you need to make an informed decision.

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