

*The Fight Pink Report*TM

Breast MRI Scanning : Knowing how important it is to read your medical records and know what they say!

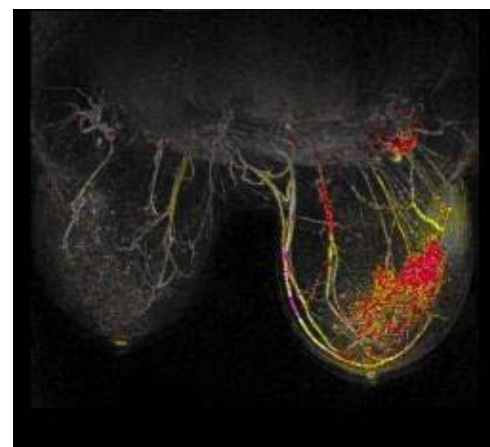
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Breast MRI Scanning is an adjunct to Mammography. It provides additional information to compliment to Mammogram. It is not an alternative to, or replacement for Mammograms. The hope is that such non-invasive studies will contribute to our progress in learning how to predict the behavior of tumors, and in selecting proper treatments. Breast MRI is an evolving technology and is not a replacement for standard screening and diagnostic procedures (clinical self exams, mammogram, fine needle aspiration or biopsy).

The recent interest in MRI of the breast follows reports that many malignant lesions get brighter following the intravenous administration of a contrast agent. MRI has been shown to detect small breast cancer lesions that are sometimes missed by mammography, and MRI can successfully image the dense breast (usually found in younger women) for underlying and unsuspected breast cancers. Breast implants may be evaluated faster, safer, and with less

patient discomfort. Cancer involving the margins of breast masses may be better visualized with Breast MRI. The extent of breast cancer may be underestimated with mammography. One in three women will have their surgical planning altered based upon the results of the Breast MRI Scan. Proper surgical planning should result in a better outcome for the patient. The shape and vascular enhancement pattern of lesions can be analyzed. In very dense breasts, lesions may be more readily detected than by other imaging exams.

Some MRI manufacturers have tried to adapt their general MRI scanners to allow for Breast MRI Imaging. The Aurora scanner has been specifically designed to optimally visualize breast tissue and underlying lesions. No other MRI Scanner can make this claim. The system design offers the patient increased comfort, less claustrophobia, and faster examination time. Added benefits include single visit for bilateral breast examination and more



Infiltrating Ductal Carcinoma

convenience for the patient. The same MRI test on other general-purpose MRI scanners may require performance on two separate visits, with two intravenous injections, an increased cost to the patient, based on the limitations of technology with a retrofitted breast MRI coil.



Support Resources

- Cancer Fears Me www.cancerfearsme.org
- American Cancer Society www.cancer.org 1.800.227.2345
- Living Beyond Breast Cancer www.lbbc.org
- The Triple Negative Breast Foundation www.tnbcfoundation.org/indexhtml
- National Cancer Institute www.cancer.gov 1.800.422.6237
- The Young Survivor Coalition www.youngsurvival.org
- My Hope Chest www.myhopechest.org
- Cancer Care www.cancercares.org 1.800.813.4673



Your Personal Promise™

Getting the most out of making a Difference,
Ordinary people doing extraordinary things!

Koryn

Your Personal Promise™

Whether a survivor or an activist, contact Fight Pink™ for details on how to submit "Your Personal Promise™" on how **you** are saving lives and helping to end breast cancer forever!

We are looking for real women and men who are survivors, activists, and want to contribute to the Fight Pink™ cause. We will post Your Personal Promise™ story; tell us how you are getting the most out of making a difference!

We take the stories put into our hands and from them build a bridge into other less informed lives, so that daily we pass over it on errands of education and awareness for the purpose of saving lives!

When I was diagnosed with breast cancer in October, 2008, I asked HOW COULD THIS HAVE HAPPENED? I had faithfully gotten my mammograms every year since turning 40. I had my annual gynecological exams. I went to see a surgeon when I felt a lump. I was told everything was fine. But when I had my first biopsy in September, 2008, and went to get the written pathology report at the nurse's station, the nurse accidentally printed out all of the lab and x-ray reports I had at that facility for the past 2 years! I told her that was okay, and that I had a long wait in the pharmacy so this would give me some "reading material". We laughed and I went on my way.

What I began to read was no laughing matter! What I found was a mammogram report from 18 months prior (March, 2007). I had gone for a diagnostic mammogram and ultrasound of an area where I could feel a lump. The surgeon could feel the lump too. In the report the radiologist wrote these words:

"An incidental mass found behind the areola, more pronounced on today's images".

...In other words, a mass behind the nipple. That is precisely where my first cancer (invasive ductal carcinoma) was discovered! WHAT? More pronounced??? More pronounced than WHEN?? Compared with my mammogram a year earlier? It never said. He then went on to say that he found nothing on imaging of the area where I felt the lump and that he was to examine. His findings? Benign. Case closed. And so the clock ticked on and my cancer grew.

If I had seen that report, those words would have alarmed me enough to pursue it further. My referring doctor was never informed and I was never informed. As I tell every woman I meet now...**you must be your own health advocate.** When you have your mammogram and they send you that letter in the mail saying to come back in a year, do not rest until you have the written transcribed report from your radiologist. Doctors see so many reports and sadly some things slip through the cracks. It could be you. It was me.

Please! When you have your next mammogram, ask when the written report will be available, and then go and physically get it for yourself. Do not depend on them to mail it to you. They rarely do this. But it is YOUR health record and you are entitled to it. It could save your life, or at the very least, it could save your breast.

Koryn

"If this prevents even just one woman from going through what I have, then sharing my story is all worth it. I will not sit in silence anymore!"



Read Koryn's Survivorship Story online [here!](#)

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