

LIFOCUS

HEALTH CARE

By KRISTEN D'ANDREA

As fiercely as staunch supporters of thermograms defend the technique as a useful screening tool in the fight against breast cancer, radiologists opposed to the alternate method are just as fierce disputing its validity.

Approved by the FDA in 1982 as an adjunct to mammography, breast thermography measures and maps the heat on the surface of the breast using a special heat-sensing camera. Its premise is based on its ability to identify and compare temperature changes that occur in areas of the breast where there is new, abnormal blood vessel growth – potential sign of a tumor.

In September, Anthony Carrino, a practicing chiropractor in West Islip for 21 years, opened Long Island Thermography in Brightwaters, the only free-standing thermography center on Long Island. He said thermography has yet to be utilized to its fullest potential and is not getting the attention it deserves as an investigational procedure that can be used to detect breast cancer at its earliest stage.

The detection of the disease is controversial. Carrino points to the uproar that began in 2009 when the U.S. Preventive Services Task Force evaluated the breast cancer industry and offered a revised recommendation for women to start mammographic screening at age 50 rather than 40.

Supporters of routine screening mammography argue it's the most effective technology available. According to the American College of Radiology, mammography has helped reduce breast cancer mortality in the United States by nearly one-third since 1990.

"Nothing should be evaluated in absence of a good, quality mammogram," said Dr. Melinda J. Staiger, director of the Women's Imaging Center at Good Samaritan Hospital Medical Center in West Islip.

But in September 2010, the New England Journal of Medicine published results of a Norwegian medical study conducted from 1996 to 2005, stating that only a third of the reduction-in-deaths rate is actually attributable to mammograms. The study concluded increased awareness and improved treatments factor more heavily into patients' survival than mammograms.

Concerned about the "significant radiation exposure" patients receive during the procedure, Carrino said "mammo-



New controversy over breast cancer screening techniques

Thermograms come to Long Island

grams may not be the best form of technology" for detecting breast cancer.

Despite thermography's appeal – it's non-invasive and doesn't expose patients to any radiation – Hillary Rutter, director of the Adelphi New York Statewide Breast Cancer Hotline and Support Program, is skeptical.

"I'm certain we need more research into better techniques to detect breast cancer, but this doesn't seem it's been proven to be effective," she said.

Rutter said the fact thermography is not covered by health insurance or offered at large teaching hospitals on Long Island raises red flags.

Rightfully so, according to Staiger. "There is no indication [thermography] is in any way superior to more proven technologies that have been evaluated exhaustively with peer-reviewed, credited trials," she said.

While mammograms give off low-level doses of radiation, Staiger said a woman who started breast cancer screenings at 40 would incur the same risk of dying from radiation-induced breast cancer as someone traveling 10 minutes in a car, 100 miles in an airplane or smoking one-eighth of a cigarette. Additionally, radiation-free breast ultrasounds and breast MRIs are "the single best additional screening test for women with dense breasts and high risk, [and] are both subject to rigorous, peer-reviewed clinical trials," she said.

In contrast, "nobody has shown any clinical evidence that [thermography] should be part of anyone's screening regimen," Staiger said.

In separate statements released last year, the American College of Radiology and the Society for Breast Imaging expressed their lack of support for breast screening using thermography. The Society for Breast Imaging said it doesn't support the technology as an adjunct to breast screening, citing the lack of studies supporting its effectiveness.

Dr. Steven Mendelsohn, CEO of Zwanger-Pesiri Radiology, said, "If I thought thermography was useful, we would have it here, and other hospitals and radiologists on Long Island would offer it," he said. "There's just no diagnostic value to it." With nine locations on Long Island, Zwanger-Pesiri performs 225 mammograms and 75 breast ultrasounds every day.

Since opening six months ago, Long Island Thermography has completed

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thermograms on fewer than 60 women, and detected breast cancer in three cases, Carrino said.

One of the cases where breast cancer was discovered involved a patient who came to the facility with an active case of breast cancer but did not alert Carrino or his staff prior to the procedure. Already diagnosed with breast cancer, the woman wanted to check the accuracy of thermograms because she didn't want to keep getting mammograms, Carrino said. Another case involved a 32-year-old woman who had never had a mammogram. Carrino said the thermogram revealed an area of high temperature change. After being sent to her OB/GYN for an ultrasound, which subsequently revealed a lump, the woman had a lumpectomy.

IF IT CAN SAVE A FEW LIVES, IT'S WORTH IT — ESPECIALLY HERE ON LONG ISLAND

Staiger cautioned thermography is "extraordinarily non-specific" noting the measurement of differences in breast tissue that it picks up could be attributed to abnormalities other than cancer, such as infection, injury or vascular lesions.

Lorraine Pace, breast cancer survivor and founder of Breast Cancer Help and the Long Island Cancer Help and Wellness Center in Bay Shore, said she's optimistic insurance companies will begin to fund thermograms in the near future.

"If it can save a few lives, it's worth it – especially here on Long Island," she said, noting thermograms might be appealing to young women with a family history of breast cancer who are too young for a mammogram.



ANTHONY CARRINO: Thermography has yet to be used to its fullest potential.

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