



MODESTO
RADIOLOGY
IMAGING

THE VIEW

SPRING 2004



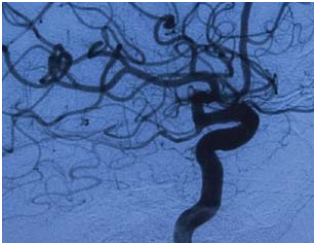
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Interventional Radiology

Ever since X-ray was discovered more than a century ago, radiologists have been busy at devising better ways of seeing the inside of the human body and detecting diseases in a noninvasive manner.

Advances in computer technology over the past thirty years have allowed development of sophisticated imaging techniques such as ultrasound, computed tomography, magnetic resonance imaging, and digital angiography. These methods have revolutionized the practice of medicine by offering more information on a person after a ten minute scan than it is ever possible by physical examination.

At the same time, a group of radiologists, mostly with surgical or critical care background, recognized the power of real-time anatomic imaging. They began to experiment with miniature instruments that can be seen and manipulated under x-ray guidance. The goal is to develop minimally-invasive ways to treat diseases which previously required open surgery. Over the years, these radiologists have perfected many techniques that replace or complement traditional surgeries. They have been especially successful at fighting diseases of the vascular system. Some of the innovations include: angioplasty balloons and vascular stents to treat blood vessel blockage, coils to treat aneurysms of the arteries, laser and radio frequency catheters to treat varicose veins, and catheters to remove blood clot from blood vessels.

The Society of Interventional Radiology was formally established in 1991 to represent and accredit these practitioners of image-guided, minimally-invasive surgery. An interventional radiologist has the skills of a diagnostic radiologist, but he also undergoes additional training to clinically manage the patient and perform treatment.

Over the years, the Modesto Radiological Medical Group have built a successful practice in interventional radiology to serve the needs of our community. We have four fellowship-trained interventional radiologists actively providing subspecialty care to patients. In addition to vascular disease, we are also actively involved in spinal pain management, treatment of non-resectable tumors, and gynecological interventions such as uterine fibroid embolization. The great majority of procedures we perform are on a same day, outpatient basis.

The trend in medicine is for continued development of less invasive and effective techniques so that patients may return to their normal lives quickly. The

interventional radiologists are proud to be at the forefront of that trend. To better serve our community, we at Modesto Radiology will soon open an outpatient interventional center where consultations and procedures can be performed in the least stressful manner. We understand the experience of receiving treatment is just as important as the successful treatment outcome. We aim to provide top notch service to our patients like we have been doing in our diagnostic imaging center.

- Stephen Liu, M.D.



UPCOMING EVENTS

Look for the opening of Modesto Interventional Radiology (MIR), in early April. The office will be located at 1524 McHenry Ave., Suite 340.

You can learn more at:
www.ModestoInterventionalRadiology.com.

ANNOUNCEMENTS

Modesto Radiology is pleased to announce the association of three new radiologists in the coming months:

Ajit S. Nijjar, M.D. 6-24-04
Kirk R. Simon, M.D. 7-1-04
Iwan Tjauw, M.D. 7-7-04



Computer Aided Diagnosis

Each year in the United States approximately 200,000 women will be diagnosed with some form of breast cancer.

More than 40,000 women die each year with breast cancer. It is the leading cause of non-preventable cancer in women. Currently a woman's lifetime risk for breast cancer is approximately 12%.

It is generally accepted that the longer a cancer remains in situ, the more likely it is to be a killer cancer. Cancers are more often successfully treated and cured when detected at small size. Early detection is the key to improved survival.

The Two County study done in Sweden in the late 1970s and early 1980s and published in the lancet in 1985, showed a reduced mortality rate for women screened only with mammography. At the time it was the largest controlled study ever done on mammographic screening and the results precipitated great interest in widespread screening for breast cancer in this country. Since 1985 there has been continuous and significant improvement in the mammographic image chain, resulting in detection of smaller cancers with lower doses of radiation. Although radiographic imaging remains the cornerstone of cancer detection it is no longer alone as the only reliable imaging technique to detect sub-centimeter breast cancers.

In the 1990s, ultrasound imaging made dramatic strides and improved image quality. As a result, ultrasound can now often detect cancers that are unseen by standard radiographic techniques. The early part of the new millennium has seen the more widespread distribution of the latest breakthrough in breast cancer imaging and detection. Magnetic resonance imaging (MRI) can image the soft tissues of the body with great clarity and has proven to be very useful in breast imaging.

Although computers made possible the advancements of ultrasound and MRI, they have only recently been employed to help with review and interpretation of images. Better and better images made possible detection of smaller and smaller cancers, so small that they could be overlooked. Now computer algorithms are available to scan, review and mark on the mammogram areas of interest that need review by the radiologist. All of the previously described imaging techniques including computer aided detection (CAD) are now available at the Breast Health Center at Modesto Radiology Imaging.

Imaging can only find areas suggestive for cancer. Imaging cannot diagnose cancer. To do that tissue must be obtained for evaluation by the pathologist. Until the early 1990s that could only be reliably done by open surgical biopsy. However, since the development of stereotactic imaging techniques, percutaneous biopsy of radiographically detected lesions can now be reliably performed without surgical biopsy. Also now available is ultrasound guided percutaneous biopsy of sonographically detected lesions and MRI guided biopsy is also a possibility.

Since 1985, the radiologists of Modesto Radiology Inc. have incorporated to their practice each new advance described in this article. In our current practice we offer all these techniques to image, detect, and diagnose breast cancer.

Dennis Alsofrom, M.D.
Director Breast Health Center



Modesto Interventional Radiology

Uterine Fibroid Embolization

Uterine artery embolization represents a minimally invasive, outpatient treatment for symptomatic uterine fibroids. The procedure, also known as fibroid embolization, has been proven to be an excellent way to manage the problems that often arise as a result of uterine fibroids. James Hankin, M.D., one of the interventional radiologists at Modesto Interventional Radiology, has performed many of these procedures. For further information, there are excellent websites available discussing uterine fibroids including "society of interventional radiology" and "ask4ufe".

Jim Hankin, M.D.

DOCTOR BIOS

JERRY GRIGOROPOULOS, M.D.



Undergraduate:
Fordham University
Bronx, NY
1989-1993, B.S. Biology

Medical School:
Albany Medical College
Albany, NY
1993-1997, M.D.

Internship:
Albany Medical Center
Albany, NY
1997-1998

Residency:
Resident in Radiology
Albert Einstein College of
Medicine
Montefiore Medical Center
Bronx, NY
1998-2002

Fellowship:
Body Imaging
University of Pennsylvania
Philadelphia, PA
2002-2003

Board Certified 2002

American Cancer Society Breast Cancer Screening Guidelines Updates

Former guidelines (1997) Updated guidelines and information (May 2003)

Women at average risk

Mammography	Annually starting at age 40
CBE (Clinical Breast Exam)	CBE should be part of a woman's periodic health examination, about every three years for women in their 20s and 30s and annually for women 40 and older.
BSE (Breast Self Exam)	Women should report any breast change promptly to their healthcare provider. Beginning in their 20s, women should be told about the benefits and limitations of BSE. It is acceptable for women to choose not to do BSE or to do it occasionally.
Older women and women with serious health problems	Continue annual mammography, regardless of age, as long as a woman does not have serious, chronic health problems. For women with serious health problems or short life expectancy, evaluate ongoing early detection testing.

Women known to be at increased risk

Women known to be at increased risk	Women with a family history of breast cancer should discuss guidelines with their doctors.	Women known to be at increased risk may benefit from earlier initiation of early detection testing and/or the addition of breast ultrasound or MRI.
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LOCATIONS

Modesto Radiology Imaging

1524 McHenry Avenue #100
Modesto, CA 95350
Scheduling: 209.577.4444
Toll Free: 877.870.6700
General Business: 209.577.4444

Modesto Radiology Imaging Associates

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General Business: 209.525.3161

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