

# The Experts' View on Mammograms: What to Know for Ultimate Breast Health

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00:03 - 00:56

**Dr. Madhavi Raghu**

Hi, everybody. My name is Madhavi Raghu, and I am a radiologist who specializes in breast imaging. Welcome to our podcast Breast Assured: Conversations About Breast Health. We are kicking off our first episode for Breast Cancer Awareness Month and we are recording from our office at Connecticut Breast Imaging at Danbury, Connecticut. I am here today with two esteemed guests, Dr. Jaime Szarmach and Emma Hansen. Dr. Jaime Szarmach is also a fellowship trained breast imager, and she has just joined our practice. Secondly, we have Emma Hansen, who is the manager for Connecticut Breast Imaging and a navigator at our practice. Today, we're going to touch upon a few topics related to how one picks a breast center and the basics of what constitutes a breast radiologist.

00:56 - 01:23

**Dr. Madhavi Raghu**

And finally, we will discuss the impact of COVID 19 on breast imaging. Dr. Szarmach, we're so excited that you're here, I think for our audience, perhaps you can just clarify, first of all, what is a radiologist? What does the training entail? And secondly, you are a breast imager. So what does that mean? What does it mean to be fellowship trained?

01:23 - 01:55

**Dr. Jamie Szarmach**

Hi, Dr. Raghu, I'm Dr. Jaime Szarmach. It's a pleasure to be here and nice to meet everyone out there today. A radiologist is a physician. After four years of medical school, physicians choose to do a residency, and radiology is one of the choices. A radiology residency is five years. You do one year of medicine or surgery, and then four years of radiology, and a radiologist essentially uses pictures to diagnose abnormalities. They use all sorts of imaging – ultrasound, X-ray, MRI – to make diagnoses for patients.

01:55 - 01:56

**Dr. Madhavi Raghu**

So that's great.

01:56 - 02:00

**Dr. Madhavi Raghu**

I mean, I think that sounds like it's a lot of training and specialized training.

02:00 - 02:15

**Dr. Jamie Szarmach**

It is. You have to know, you know, the entire body and every possible process that happens in the body, and what the imaging appearances is of that. So, at the end of your five-year residency, you can choose to do a fellowship or not. And a lot of people choose to become an expert in one area.

02:15 - 02:25

**Dr. Jamie Szarmach**

I chose to do a fellowship in breast imaging, which would include breast MRI, breast ultrasound, mammography, breast biopsies and also biopsies of the armpit or axilla.

02:25 - 02:39

**Dr. Madhavi Raghu**

Well, that sounds like it's extensive training for breast imaging. So, would it be appropriate to say that when patients come into a breast center, that their studies are often read by breast imagers?

02:40 - 02:56

**Dr. Jamie Szarmach**

I think the majority of people reading breast imaging studies in the country just have five years of training and are general radiologists. There certainly are many imaging centers where somebody with a fellowship, an expert in breast imaging who had a year extra of training would be reading your studies.

02:56 - 03:09

**Dr. Madhavi Raghu**

So, what is the advantage of having one's mammogram or breast ultrasound or even their procedure being performed by somebody who's specialized in breast imaging? What is it that they're bringing to the table?

03:09 - 03:43

**Dr. Jamie Szarmach**

With the mammogram, you definitely will get a more accurate read, and what that means is somebody who has more experience is likely to find more cancers on a mammogram, and they're likely to dismiss more things as normal that truly are normal, less false positives. So, a more accurate read. As a fellowship trained breast imager, this is all I do every day. Patients who come to our center or to any mammography center have a lot of anxiety, and we're specially trained and well experience in dealing with anxiety and fear and getting them through their imaging as well as any procedures that they may need.

03:43 - 03:54

**Dr. Madhavi Raghu**

So, you know, a lot of women and patients wonder about this, and I personally also wonder about it. How does one pick a breast facility? What are things that they should be looking for?

03:55 - 04:06

**Dr. Jamie Szarmach**

Definitely, the equipment is important. You can only see what your equipment will let you see. So, I would definitely look for a center that has 3-D or Tommo synthesis, 3-D mammography. I would also look at who's reading the study – are they fellowship-trained breast imagers? Is this is all they do? I would also look at, with the facility, is it just a screening facility or can they offer diagnostic imaging, which is, if there's an abnormality on your screening mammogram, what do you do next? Can they handle that? Do they perform biopsies at the facility? Can that practice handle that? Do they have a system in place to sort of get you from your screening and if there were an abnormality to diagnosis? Personally, I would also want a breast center where there were not only imaging but also, you know, surgeons, if I might need one, or other breast health professionals in case you needed them.

04:44 - 04:49

**Dr. Madhavi Raghu**

Absolutely. I think having coordinated care is actually critical for a patient's health.

04:50 - 05:04

**Dr. Madhavi Raghu**

So, what about being able to talk to the radiologist? I mean, I can attest to this when my mother goes in for her mammogram, I don't know that she gets the opportunity to speak with her radiologist. So, are we, you know, is this something that patients should ask for? Is there a value in that?

05:05 - 05:34

**Dr. Jamie Szarmach**

Absolutely. If a patient has a question about their exam while they're there, they should absolutely ask to speak with the radiologist if there is one on site. Sometimes is not one on site, then the radiologist can always give you a call, or sometimes somebody else at the facility might be able to answer your question. If you have a question about the report, you should absolutely contact the facility and somebody should get back to you with a satisfactory answer to your question. I know at my own facility, wherever I am, if there's a patient that wants to talk to me, I'm always happy to talk to them.

05:34 - 06:15

**Dr. Madhavi Raghu**

Right, and I think having that open door communication is actually key because I think patients have so many questions related to just navigating through their breast health. You know, which brings up an interesting point in addition to looking for expertise at a breast center. We are currently in the midst of a pandemic. Whether we're at the beginning or tail end, it's hard to tell. Maybe I'm going to direct this question for Emma: what are the things that they should look for in terms of the center's cleanliness and policies related to COVID, and perhaps you could also walk us through the process of, you know, checking a patient in?

06:15 - 06:58

**Emma Hansen**

Yeah, absolutely. So hello, everyone my name is Emma. It's nice to be here today. Some things to look for when you go into any office, but particularly in, you know, we're doing this in our office is advanced cleaning techniques. So, any office should have already been cleaning, you know, after every patient. But we are taking the extra time here, before and after every patient to clean any surface that you as a patient or us, as technologists, radiologists, anything we've touched gets wiped down and then is allowed to dry thoroughly. Linen is changed between every patient if you're having an ultrasound and of course, fresh gowns should be a given.

06:58 - 07:46

**Emma Hansen**

Currently at our office, the process as Dr. Raghu asked, when you walk in, we have a hand sanitizing station right when you walk in. So that's the first thing you'll see. Our women at the front desk, the ladies are great at trying to reduce the paperwork that you're going to be given. But if you do have to sign anything, you are given your own pen. And we do not ask for that back. That is for you to keep. You are the only person who has touched and used that pen. The technologist will come and get you from the waiting room. We open the door for you, so you walk right through. We get you changed, like I said in the fully wiped down cleaned dressing room, and then we bring you directly into the mammo or the ultrasound room. So we really try to lower the amount of rooms that you are in so that you know you are touching less things; everything we know is clean.

07:46 - 08:07

**Emma Hansen**

And, you know, from that time, it really is just about, like I said, fully disinfected rooms making sure that our hands are clean. We, as techs and radiologists, wash in and out, and try to explain what that means, either using the hand sanitizer or actually washing our hands any time we enter or leave the exam room.

08:07 - 08:19

**Dr. Madhavi Raghu**

So that's great. I mean, that sounds like a very thorough process. Now, when a patient has to check-in, are they getting checked in virtually in the car or do they have to walk into the building to get checked in?

08:19 - 09:09

**Emma Hansen**

Currently, if there is paperwork that we're able to send ahead of time, which for certain exams there are, we will send that to them. We will also try to take updated information over the phone at time of check-in as well so that when they come in, we've kind of expedited that process. Currently, patients are coming in, you know, to check-in. Previously, at the height of COVID, we were having patients call from their car and they were not coming in until the time of their exam, which is something that we are prepared to do again you know, as cases rise. But at the moment, patients are allowed to come in. Masks are mandated, obviously, and we are actually a fully vaccinated office. So, all staff, vendors, anyone that comes in and out regularly has to be vaccinated so our patients can know that everyone taking care of them has been fully vaccinated.

09:09 - 09:45

**Dr. Madhavi Raghu**

Exactly. And I think that's actually a very important point to make that everybody is vaccinated and that we're taking all the appropriate precautions to make sure patients and staff are protected appropriately. As we know, one of the things that's happened with the COVID-19 pandemic is the fact

that we've seen a dip in screening mammograms. So, I don't know if Dr. Szarmach, if you want to speak to the fact that, you know, first of all, maybe you want to explain to us what is an interval cancer because this is one thing that we are seeing more of and the impact it has on the patient.

09:45 - 10:33

**Dr. Jamie Szarmach**

Interval cancers are cancers that are not detected on mammography. They're cancers that are detected in between normal screening intervals and with COVID, women were holding off on their mammograms and having a longer interval between screening exams, so more cancers were being detected in other ways. The important thing now is to know it is safe to come in and have your mammogram. You know, we're taking the precautions that are necessary and waiting could be more detrimental to you because cancers are when they're found smaller and earlier on mammography, they're more easily treatable and the treatments are less aggressive and have less effect on the patient. So, it is important, and I don't think that patients should wait now that we have appropriate precautions in place and all of the staff has been vaccinated. It is safe and patients should come in and have their mammograms.

10:34 - 11:15

**Dr. Madhavi Raghu**

So, yeah, so we do see some, you know, we're seeing interval cancers, but then we're also seeing cancers that are in patients who haven't come in for screening for perhaps two years or so. And you know, my understanding is for the average risk woman, we're recommending annual screening mammography, and I think that it's important to get patients back on that cycle. You know, I think there's been recent data to suggest that cancer screenings dipped by nearly 90 percent during COVID times, so I think it's about time to kind of start bringing patients back in. So, in terms of the interval cancers though, maybe you can speak a little bit about the type of patients we see them in, maybe younger, do they have denser breasts?

11:15 - 11:32

**Dr. Jamie Szarmach**

The interval cancers tend to be more aggressive cancers, and yes, they tend to be seen in younger patients with denser breasts, and they tend to be more aggressive cancers. So, it's important for a woman to know her risk and to know maybe about other screening modalities that may be available, you know, depending on her risk.

11:33 - 11:38

**Dr. Madhavi Raghu**

And I think that's why it's important for patients to really not delay something like this.

11:38 - 12:04

**Dr. Madhavi Raghu**

Now, the other thoughts I wanted to get from you is societies have made some mention about potentially changing the date of one screening mammogram based on their vaccine. If a patient desires to get their COVID 19 vaccine, the question is, should we have patients delay their screening after their first or second dose? Do you think it makes a difference?

12:05 - 12:46

**Dr. Jamie Szarmach**

We're not having patients wait to delay their screening exams. They've already waited because of COVID, so we don't want them to wait any longer. We understand that the vaccine can cause the lymph nodes in the armpits to swell. We understand it has a certain appearance to it. We've become very comfortable with that appearance and in an average risk woman who comes in for a screening mammogram who just had a vaccine. A lot of those cases, you know, we can safely say that it's normal, even if they do have, you know, some enlarged lymph nodes as long as the woman is of average risk and the clinical story fits. So I don't think any woman should delay their screening mammogram exam because they've recently had the COVID vaccine.

12:46 - 12:53

**Dr. Madhavi Raghu**

You know, in addition to the COVID-19 vaccine, we're heading into the fall season, it's flu vaccine time.

12:54 - 12:59

**Dr. Madhavi Raghu**

Can you speak a little bit about the impact of the flu vaccine on mammography?

13:00 - 13:43

**Dr. Jamie Szarmach**

We've known for years that vaccines, flu vaccine, tetanus vaccine, a lot of the pneumonia vaccine can cause the lymph nodes to react on the side that you get the vaccine. Early on with the COVID vaccine in December, we started seeing the large lymph nodes in patients, sometimes on the mammogram or the ultrasound, and we suspected that it was from the vaccine because we had already had the experience in the past with other vaccines doing this. So it's important to know if you do go get your screening mammogram and you are told that you have enlarged lymph nodes on the side that you recently had a vaccine, usually we'll do a short interval follow up and it resolves – not to be too worried, but to definitely follow up.

13:43 - 13:59

**Dr. Madhavi Raghu**

So basically, you're saying that if one were to receive their vaccine, be it COVID-19 vaccine or any other vaccine, it should not deter them from getting their screening mammogram?

**Dr. Jamie Szarmach**

Precisely.

**Dr. Madhavi Raghu**

And not every abnormal lymph node is due to cancer?

14:00 - 14:04

**Dr. Jamie Szarmach**

Correct. There's many other reasons that a lymph node might be swollen.

14:04 - 14:10

**Dr. Madhavi Raghu**

Should a patient be alarmed if the patient is advised to come back in a few months?

14:10 - 14:29

**Dr. Jamie Szarmach**

The patient shouldn't be alarmed. There's definitely characteristics of lymph nodes when they're reactive to something that's benign, not cancer that we look for. And then we recommend a short interval follow up. And there's characteristics that suggest malignancy, or cancer in a lymph node that we look for, and we would be more likely to suggest a biopsy.

14:29 - 14:41

**Dr. Madhavi Raghu**

Well, it sounds like you are so seasoned that you probably are well versed in distinguishing one versus the other. And when you say short interval follow up, what are you talking? What is the time frame?

14:41 - 14:52

**Dr. Jamie Szarmach**

So usually what we'll do is either a three month follow up. Usually it's ultrasound that we used to see the lymph nodes in the armpit, or we'll do a six month ultrasound, depending on our level of concern.

14:53 - 15:02

**Dr. Madhavi Raghu**

We're heading into October and it has a special significance for people like you and I. So maybe you want to talk a little bit about Breast Cancer Awareness Month?

15:02 - 15:11

**Dr. Jamie Szarmach**

October is Breast Cancer Awareness Month. It's a very busy month, lots of women like, and we encourage them to come out and have their screening mammograms in October.

15:11 - 15:33

**Dr. Madhavi Raghu**

So I think it's important to get the word out and really encourage patients, not just for breast cancer screening, but all types of cancer screening and also resume normal health care appointments, because, you know, we are getting safer and we want patients to return and help us take care of them. So Breast Cancer Awareness Month is right around the corner and we encourage you to get your screening mammograms.

15:33 - 15:41

**Dr. Jamie Szarmach**

If you're 40 years old and you haven't had your screening mammogram yet or older, October is a great month to get your screening mammogram done.

15:41 - 15:49

**Dr. Madhavi Raghu**

And as you mentioned, you know, our facility is offering patients Tomosynthesis, which I think allows us to see through the breast better.

15:50 - 15:55

**Dr. Madhavi Raghu**

Do you want to speak a little bit about what Tomosynthesis is and the advantages of Tomosynthesis?

15:55 - 16:49

**Dr. Jamie Szarmach**

Tomosynthesis was FDA approved in February of 2011, in the United States. I started reading Tomosynthesis Exams myself in August of 2011, so I have a lot of – over a decade of – experience with 3-D mammography. And you can use Tomosynthesis and 3-D mammography interchangeable – they're the same thing. And what we found very early on with adopting this new modality, was that we were finding more cancers, significantly more cancers in the mammograms where the patient had had Tomosynthesis. And we were also able to dismiss more things as normal. Our cancer detection went up and then our callback rates for things that were abnormal went down because we were able to know more normal things as normal, and have less false positives. The downside to Tomosynthesis is it can add radiation to an exam, but now we've developed ways to reduce that so that the radiation dose is roughly equivalent to what it used to be.

16:49 - 16:53

**Dr. Madhavi Raghu**

Correct. And for the audience, maybe you might want to explain what a callback is. What does that constitute?

16:54 - 17:08

**Dr. Jamie Szarmach**

A callback is when we see something we deem as abnormal on a screening mammogram and we ask the patient to come back for either additional mammographic views or possibly ultrasound, to try and determine if it's a significant finding or if it's a normal finding.

17:08 - 17:25

**Dr. Madhavi Raghu**

Right, and that's obviously a scary experience I can imagine for many patients that I get to speak to as well. So, when patients return for additional imaging or diagnostic work, you know, what is it? How do you what do you typically do for those patients?

17:25 - 18:06

**Dr. Jamie Szarmach**

So, each patient is different, they'll come back for either additional mammographic views, ultrasound or both, and they will not leave the facility without their results is the important part. They'll have their imaging and then the doctor will go over the results with them. Sometimes everything is normal and the patient can return back to a routine exam next year. Other times we deem that a short interval follow up is necessary. And sometimes, the patient needs a biopsy and the physician reading interpreting the exam will go over everything with the patient in full detail as much as the patient needs before the patient leaves the facility, and any other appointments that may be necessary will be scheduled at that time.

18:06 - 18:53

**Dr. Madhavi Raghu**

Basically, what we're saying is that, you know, if patients do get their COVID vaccine, we're encouraging them to come back in for their screening mammograms and should that mammogram reveal any sort of abnormality in the patient, have them return for additional imaging. When they do return, we have a physician on site who will speak to the patient and explain the process. I think that one of the other benefits of our practice is that we have navigators that can also help patients navigate through the system and through the process. So Emma, I'm sure that, you know, patients must call and ask you about their screening mammograms, especially if it's abnormal. What are some things that you tell patients to help them deal with some of the worry and anxiety related to an abnormal screening mammogram?

18:53 - 19:28

**Emma Hansen**

So, we do actually, as navigators get quite a few phone calls from nervous patients, it's very common and that's part of what we're there for is to help walk them through it. We actually have started a process of calling our baseline mammograms before they come in. And the reason we do that is, you know, we can alleviate some fear by letting a patient know what to expect during the exam. But we also call them to let them know that, you know, after your baseline exam, you are more likely to be called back. And the reasoning for that, you know, of course, is because we don't have anything to compare it to.

19:28 - 20:02

**Emma Hansen**

So we're kind of, you know, going in, you know, it's our first time looking at the breast. And of course, as radiologists looking for breast cancer, our radiologists are going to be extremely cautious. And so we let patients know that most of the time when they're called back, we are being extremely cautious. You know, we always let them know that a doctor will be on site the same day, and that actually helps a lot of patients to know, you know, it's nerve wracking to know that you have to come back. But to know that you're going to know, you know, and speak to a radiologist before you walk out the door kind of alleviates a lot of that fear for a lot of the patients.

20:03 - 20:30

**Dr. Madhavi Raghu**

Agreed. I think that having the ability to speak to a professional about the screening mammogram and the subsequent findings, is always helpful. And that's really important for patients to know that because we're here to care for them and we're here to support the patients. And I think that the whole practice works as a team to help care for the individual and walks them through, from screening all the way through biopsy.

20:30 - 20:52

**Emma Hansen**

Exactly. And I do think that we're all very interconnected in that sense: the technologies work with the radiologists, who work with us, the breast navigators, who then, you know, can work with the surgeons if necessary. And I think the fact that we all work together so well leads to better care for the patient from the time of initial screening until the end when they get those results. So, I do think that makes it more effective for them as patients.

20:52 - 21:20

**Dr. Madhavi Raghu**

And the advantage for patients, for coming, you know, to a dedicated breast facility is that not only are the physicians specialized in breast imaging, but also the technologists, I think, are really highly skilled in various aspects of breast imaging – so maybe you could speak to that a little bit in terms of the mammography technologists and the ultrasound technologists? Do they receive special training?

21:20 - 22:08

**Emma Hansen**

Yes. So to do mammography or breast ultrasound, there are specialties. So they come after you are taught general X-ray or general ultrasound. So similarly to how Jamie is specially trained in breast, so are the technologists. To do mammography, you actually have to sit for a national test to perform mammograms, and that is a very long, very expensive test. So all of them mammographers here have sat and passed that test. I will say that working alongside a fellowship-trained breast radiologists, they are constantly teaching us. So I think that makes us better technologists because that's not something that you receive working just anywhere. But you do get that more when you work with those fellowship-trained radiologists.

22:08 - 22:33

**Dr. Madhavi Raghu**

And I will say that I learned a lot from the technologists that are so highly skilled because they're often teaching me about positioning and what is possible and what we can do for the patients, so I think it's actually a two way street. And very often are our technologists are the face, the front, of what we do for our patients. So having dedicated and committed technologists, caring for patients is actually goes a very long way.

22:33 - 22:50

**Dr. Madhavi Raghu**

Well Dr. Szarmach, this was so helpful. I really want to thank you for your time and for your expertise and for explaining a lot of these processes. And I also want to thank you, Emma, Emma Hansen, for coming on the podcast and explaining some of the processes that we have in place to keep our patients safe.

22:50 - 22:52

**Dr. Jamie Szarmach**

Thank you for having me.

22:52 - 22:53

**Emma Hansen**

And thanks for having me too.

22:55 - 23:15

**Dr. Madhavi Raghu**

Thank you everyone for listening. We are thrilled that you joined our conversation today. We encourage you and your loved ones to get your screening mammogram without delay. You can find us wherever you get your podcasts, including Apple or Spotify. Also visit us on our website at [ctbreastimaging.org](http://ctbreastimaging.org).