



Radiology and Breast Cancer

BY STEPHANIE M. WURDOCK, ESQ., AND MATTHEW D. ZWICK, MD

Breast cancer affects one out of eight women in their lifetime. The primary tool physicians rely upon to detect, treat, and monitor breast cancer is radiology. In this month's article, healthcare attorney Stephanie Wurdock and radiologist Dr. Matthew Zwick discuss advancements in the field of breast screening and liability issues unique to radiologists.

■ What role does radiology play in diagnosing and/or treating breast cancer?

Normally, breast cancer is detected and monitored via mammogram, a traditional form of radiology that takes a highly detailed

X-ray image of the breasts. However, other imaging modalities can also be used to screen for, diagnose, and monitor the disease.

Magnetic resonance imaging (MRI) uses a magnetic field, radio waves, and a computer to scan the breast without radiation. MRI is more expensive and more accurate than other methods, and is often reserved for high-risk patients.

Ultrasound imaging uses sound waves to scan the breast without radiation. Ultrasound is not as accurate as a mammogram or MRI, but can be used in conjunction with mammogram screening, and is particularly suited for women under 40.

Digital breast tomosynthesis is the newest technology. By creating 3D images of the breasts, this modality overcomes many limitations of traditional mammogram. Its proponents claim that it is more effective and less painful than other breast screening techniques.

■ When and how often should women be screened for breast cancer?

This depends on the woman's risk for breast cancer. For women deemed to be at "average risk" for contracting the disease, the American Cancer Society currently recommends annual screenings from age 45 to 54, and every two years after that. The U.S. Preventive Services

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Task Force, on the other hand, only recommends screening every two years for women ages 50 to 74. That said, an overwhelming majority of Kentucky physicians recommend annual screening mammograms beginning at age 40. For women who are at a “high risk” of breast cancer, screening usually begins at age 35 (or even earlier), and takes place on a yearly basis.

■ What liability issues are unique to radiologists?

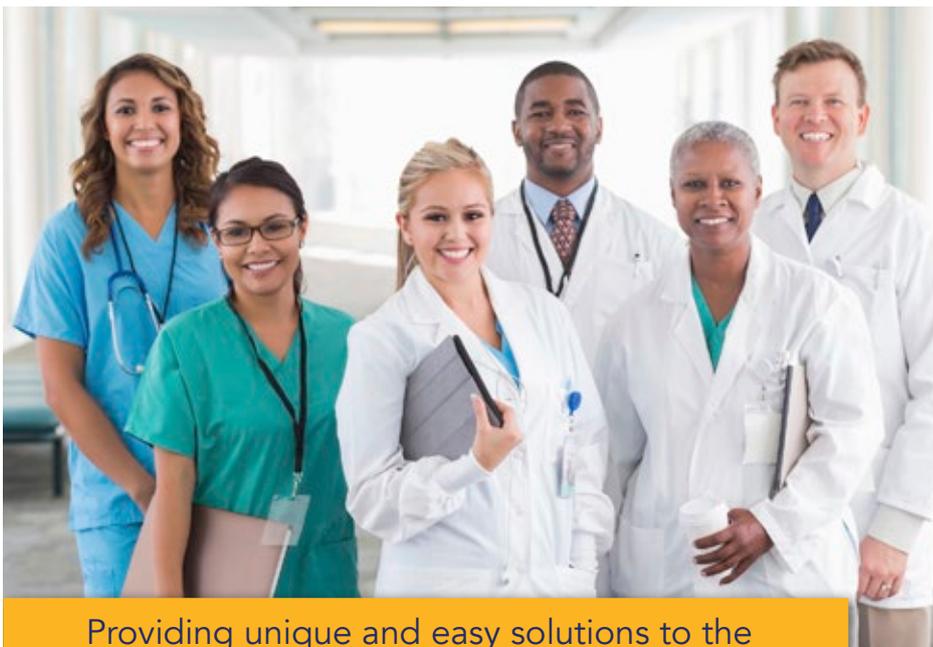
The vast majority of lawsuits against radiologists involve allegations of missed or delayed diagnosis. Often, the radiologist is accused of failing to identify a lesion or other harmful condition, or failing to adequately communicate the significance of radiological findings to the ordering physician. Interventional radiologists may also be sued for sampling the “wrong” anatomical structure, failing to obtain an adequate sample, or injuring an adjacent structure. Often, the radiologist is only one of multiple defendants named in the lawsuit. The ordering physician, radiology practice group, and facility where the study takes place are frequently co-defendants.

■ What can radiologists do to minimize their exposure to liability?

First, a radiologist can minimize exposure to liability by staying up-to-date with developments in the field. This is especially true of radiologists who specialize in reading film of a unique patient population or imaging modality. Next, radiologists should state their findings clearly, thoroughly, and as specifically as possible. Radiologists should also document if they have discussions with ordering physicians. Finally, radiologists should report their observations and impressions to the ordering physician in as timely a manner as possible and document that transmission.

■ Does the patient have any responsibility for his or her medical care?

Under Kentucky law, all patients have a duty to act as a reasonable prudent person. In general, this means a patient should follow medical advice, stay apprised of all test results, and attend all follow-up visits, if possible.



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In terms of radiology, this means that a patient should be diligent in obtaining the results of his or her radiology studies. If a patient does not receive the results within two weeks of the study and a follow-up appointment is not scheduled, the patient should call the ordering physician to obtain the results. If further treatment is recommended, the patient should research, investigate, and weigh her treatment options to the best of her ability. To that end, patients are entitled to seek a second opinion regarding the outcome

of a radiology study or treatment recommendation, and to obtain one free copy of their medical records (which includes radiology reports and images). **MDU**

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