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BARD CANCER DIAGNOSTICS
ADVANCED IMAGING INNOVATIONS

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“Pre-Op Nightmare" Averted by a HAND-HELD SCANNER

Diagnostic science is based on the thorough and systematic study of a patient that includes: physical examination or lab testing (of blood, fluids or skin samples). Patients may intuitively seek a second opinion if there may be distrust or uncertainty in the initial diagnosis. “Survivor Stories” like this one is published in our newsletter because of the many surprise discoveries during an unassuming checkup that leads to finding new answers (or new problems)… all thanks to the advancement of medical imaging.

THWARTING A METASTATIC NIGHTMARE

Based on a true story - contributed by Lina Koscinski | Edited by: Carmen R. DeWitt

“After years of procrastinating, my husband Ted finally managed to book a trip to the dermatologist to remove a few annoying skin tags and a tiny mole from his left shoulder. This elective procedure was purely cosmetic, but were also an irritant whenever he wore collared shirts. The derm's office assistant reassured us that it was a quick and standard procedure of freezing and cutting them out, alleviating any concerns that usually comes with invasive procedures or cutting through skin.

We chose combine the skin doctor visit after my mammogram appointment earlier that day. When we arrived at the radiologist's office, the imaging tech brought us in and chatted us up a bit by showing off one of those new hand-held portable ultrasounds that paired with a cell phone. She was alluding that this was "the future of ultrasound" and an office upgrade to their original 10-year old model. It was actually amazing to see something so small do the kind of diagnostic work that massive machines normally do.

The tech candidly offered to demo this new scanner on my hand, but my husband thought it might be more fun to volunteer his mole out of sheer curiosity. Within a few seconds of probing, an unmistakable look of concern befell on her face as she zeroed in on the mole area clearly stated some kind of new discovery. Her portable scanner revealed irregularities under Ted's skin, calling on the attention of the chief radiologist who entered the exam room. He took over the hand scanner by repeating the probing of my husband's neck, and then re-scanned it with their hospital-sized sonogram appliance that was rolled in from the other end of the room.

He concluded that the mole was a MALIGNANT MELANOMA - a potentially deadly tumor. Ted discussed what would have been our next appointment and it was then that we realized that if the dermatologist would have applied the freezing solution to this mole under 'standard procedure' unaware of what we discovered, the melanoma would have metastasized and fast-tracked to every organ in the body.

Stories like this are apparently not too uncommon- where an unrelated scan would find cancers (or other issues) that could become fatal if remained undetected. Needless to say, I had to reschedule my mammogram -- and also Ted's derm appt., only to get referred a skin cancer specialist. But this slight detour was worth the lesson learned; getting a pre-op scan before ANY invasive procedure could be a real life-saver!

Excerpt from Awareness for a Cure: Survivor Stories (6/2019)

Avoid the risks of unnecessary BIOPSIES

By: Dr. Robert L. Bard | Edited by: Graciella Davi, CSW

When it comes to finding abnormalities in a patient's exam, many conventional-minded doctors tend to tread on the side of caution... but usually at YOUR expense! Finding an unusual spot that appears questionable often warrants the automatic response- "cut it out and send it to the lab for a BIOPSY". As with all invasive surgical procedures (however large or small) conducting a biopsy may carry risks such as bleeding, infections, post-surgical scars and potential damage to nearby tissues and organs -- and others can also fall into further complications.

The year is 2019- the era of the non-invasive tech movement! For over 20 years, biotech developers have invested tremendous resources into subdermal imaging where identifying what's under the skin is (now) most often the first course of action over cutting into it. The age of robotics, artificial intelligence (AI), highly developed laser applications and advanced sonic diagnostic protocols are all fast replacing the age-old scalpel as part of risk reduction, time/cost advantages and increased performance in the world of clinical diagnostics and medical treatment.

Imaging technologies like the 3D & 4D Power Doppler Ultrasound™ is recognized in many countries to accurately and successfully scan, study and fully diagnose cancer tumors in all stages of malignancy. More radiologists and clinicians stand on the side of innovation as they confidently rely on the most current devices to deliver the most accurate readings while bringing significant reduction to patient stress under a scan- many of them perform successfully within mere minutes!

BIOPSY Defined + Cancer Risks

The first biopsy was performed in 1875 by M. M. Rudnev. [1] According to the national Cancer Institute, A BIOPSY is defined as the removal of cells or tissues for examination by a pathologist. The pathologist may study the tissue under a microscope or perform other tests on the cells or tissue. There are many different types of biopsy procedures.

There are 3 types of biopsies: (1) INCISIONAL biopsy, in which only a sample of tissue is removed surgically; (2) EXCISIONAL biopsy, also surgical- where an entire lump or suspicious area is removed; and (3) NEEDLE biopsy, in which a sample of tissue or fluid is removed with a needle. When a wide needle is used, the procedure is called a core biopsy. When a thin needle is used, the procedure is called a fine-needle aspiration biopsy.

Removal of living tissue surgically or through aspiration of cells from the tumor (w/ needle) carry the risk of seeding tumor cells either into the interstitial tissue fluid from where they are carried to lymph nodes, or into the veins draining the tissue from where they enter the vasculature and may travel to lodge into any organ or tissue. There is also a risk of dragging cells along the surgical incision or needle track leading to the possibility of increasing the spread of cancer through biopsy.[2]

For additional features like this one, visit: www.NYCRALLIANCE.org or www.PREVENTION101.org