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By Will Smith

THE BREAST HEALTH CENTER, NAMED FOR A LOCAL BRONXVILLE RESIDENT, IS THE RADIOLOGY DEPARTMENT’S CROWN JEWEL. LED BY LYNN CHINITZ, MD, A BOARD-CERTIFIED RADIOLOGIST DEVOTED TO FINDING BREAST CANCER AS EARLY AS POSSIBLE, THE CENTER OFFERS PATIENTS DIAGNOSTIC AND SCREENING MAMMOGRAMS AND BONE DENSITY IMAGING IN A NEW SPA-LIKE SETTING AT NEWYORK-PRESBYTERIAN/LAWRENCE HOSPITAL IN BRONXVILLE.

N NOVEMBER 2014, the Center opened to the public. Patients can take comfort in knowing that the Carol H. Taylor Breast Health Center is a Breast Imaging Center of Excellence. The American College of Radiology (ACR) recognized the Center with the honor given to facilities that voluntarily seek and earn ACR certification in mammography, stereotactic breast biopsy, breast ultrasound and breast MRI. Obtaining those certifications is a team effort, as certification is dependent on the training, skill and continuing medical education of staff including physicians and technologists.

The Carol H. Taylor Breast Health Center has been designated a Pink Ribbon Facility, a distinction given to digital breast imaging centers that use leading-edge technology to improve the mammography experience.
It has also earned a three-year accreditation and commendation as a “Best Practice” from the American College of Surgeons’ National Accreditation Program for Breast Centers (NAPBC). This is another distinction available only to breast centers that voluntarily undergo a stringent assessment for performance and compliance with NAPBC standards for breast care, including screening and imaging quality, achievement of high performance standards, and a multidisciplinary approach to treatment and ongoing improvement plans. The NAPBC examines performance in every discipline of breast imaging, including screening mammography, diagnostic mammography, ultrasound and MRI, along with every type of biopsy.

One of the requirements for NAPBC accreditation is the presence of a nurse navigator. NewYork-Presbyterian/Lawrence Hospital offers this service to help cancer patients obtain all of the specialty services they need and integrates the nurse navigator into the treatment plan following diagnosis.

“The nurse navigator program is personalized and flexible to help the patient handle the challenges of cancer care. For instance, she can help the patient make other doctors’ appointments. It’s like having a family member with you, but a family member who’s experienced, and trained to know the right questions to ask,” says Lynn Chinitz, MD, Director of the Carol H. Taylor Breast Health Center at NewYork-Presbyterian/Lawrence Hospital, Assistant Professor of Radiology at Columbia University Medical Center and a member of ColumbiaDoctors Medical Group. She earned her medical degree at the State University of New York Downstate College of Medicine, completed an internship and residency at Beth Israel Medical Center, and performed a fellowship at St. Luke’s-Roosevelt Hospital Center.

Preya Ananthakrishnan, MD, FACS, is a breast surgeon at NewYork-Presbyterian/Lawrence Hospital, Assistant Professor of Clinical Surgery at Columbia University College of Physicians and Surgeons and a member of ColumbiaDoctors Medical Group. She earned her medical degree at the University of Louisville School Of Medicine, completed a residency at UMDNJ and Saint Peter’s Medical Center, and performed a fellowship at the John Wayne Cancer Institute in Santa Monica, California.

Elise Desperito, MD, is a board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital and Assistant Clinical Professor of Radiology and Associate Director of the Radiology Residency Program at Columbia University Medical Center, and a member of ColumbiaDoctors Medical Group. She earned her medical degree, completed a residency in diagnostic radiology and performed a fellowship in abdominal imaging and diagnostic radiology at Georgetown University Medical Center.

Lauren Friedlander, MD, is a board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital and an Assistant Professor of Clinical Radiology at Columbia University Medical Center and a member of ColumbiaDoctors Medical Group. She earned a medical degree at Harvard Medical School, completed an internship at Mount Sinai Medical Center, a residency at the Hospital of the University of Pennsylvania and a fellowship at Memorial Sloan Kettering Cancer Center.

Improving Care Through Precision Imaging

The Center offers a variety of services including breast MRI, breast ultrasound, stereotactic biopsy, digital mammography and bone density testing. A new generation of imaging technology is now available at the Center providing increased accuracy and efficiency. Three-dimensional mammography offers a more complete picture of breast health.

“Three-dimensional mammography takes multiple images of the breast and allows us to, in essence, scroll through the breast tissue from top to bottom or side to side, eliminating some of the overlap inherent in two-dimensional imaging,” says Lauren Friedlander, MD, a board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital, Assistant Professor of Clinical Radiology at Columbia University Medical Center, and member of ColumbiaDoctors Medical Group.
“Enhanced views of breast tissue enable us to find more invasive cancers than we can with 2-D mammography. Finding cancers that might otherwise go undetected pays obvious benefits in terms of treating the disease in its earlier, more survivable stages,” adds Dr. Friedlander.

Although research is still being conducted into determining which patient populations reap the most benefit from 3-D mammography, the modality is known to be beneficial for women with dense breast tissue. Breast tissue is composed of a mix of fibroglandular and fatty tissue; the more of the former that’s present, the denser the tissue. Properly identifying cancers and other masses in dense breast tissue poses a challenge for radiologists using two-dimensional mammography; when healthy breast tissue overlaps, it may create the appearance of abnormal tissue.

Three-dimensional mammography makes it much easier for radiologists to identify overlapping areas, improving the accuracy of screenings and diagnoses and reducing the need for follow-up imaging.

Designing an Environment for More Compassionate Care
Prior to the opening of the Center, NYP/Lawrence’s breast health program shared space with the rest of the Radiology Department, but the new Center offers a dedicated location for breast health patients.

“We felt we needed a more intimate place for all our patients to go where they can feel comfortable,” Dr. Chinitz says.

The focus on patient comfort is evident from the moment patients enter the Center. The modern and thoughtfully decorated environment features private dressing and consultation rooms, TVs, reading material, music and art to help put patients at ease.

“The entire facility is built around the idea of making an inherently stressful time as comfortable an experience as it can be,” Dr. Friedlander says. “Physical interaction and personal contact help relieve a lot of anxiety. Beyond the physical environment, the fact that we discuss results with patients helps make the experience less stressful.”

This kind of personal attention is one of the hallmarks of the Center. All staff members, from the front desk staff to the physicians, go out of their way to make patients feel safe and well cared for.

“What we do as breast imagers is often different from what other radiologists might do,” says Elise Desperito, MD, board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital, Assistant Clinical Professor of Radiology and Associate Director of the Radiology Residency Program at Columbia University Medical Center, and member of ColumbiaDoctors Medical Group.

“We treat each patient with respect and kindness and try our best to address their individual needs.”
— Elise Desperito, MD, board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital, Assistant Clinical Professor of Radiology and Associate Director of the Radiology Residency Program at Columbia University Medical Center and a member of ColumbiaDoctors Medical Group.

Elise Desperito, MD, board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital, Assistant Clinical Professor of Radiology and Associate Director of the Radiology Residency Program at Columbia University Medical Center, and member of ColumbiaDoctors Medical Group, comforts a patient during an ultrasound of her breast performed by ultrasound technologist Barbara Brown, RDMS.
Our referring physicians are thrilled to have such a comprehensive center for breast care. It makes the patients’ experiences and the physicians’ lives that much better because they’re not trying to put together a treatment plan involving oncologists, radiologists and surgeons from different places. It’s really nice when everything is cohesive and in one place.”

— Lauren Friedlander, MD, board-certified radiologist at NewYork-Presbyterian/Lawrence Hospital and Assistant Professor of Clinical Radiology at Columbia University Medical Center and a member of ColumbiaDoctors Medical Group

The radiologist and nurse navigator begin guiding the patient through the treatment process immediately following diagnosis.

“All the treating physicians speak frequently,” says Preya Ananthakrishnan, MD, FACS, breast surgeon at NewYork-Presbyterian Lawrence Hospital, Assistant Professor of Clinical Surgery at Columbia University College of Physicians and Surgeons, and member of ColumbiaDoctors Medical Group. “A radiologist who diagnoses a breast cancer will often call me on the same day and tell me about the patient, who can come to my office and see me immediately.”

In some cases, the patient might need to see a medical oncologist rather than, or in addition to, a surgeon. Either way, the providers and nurse navigator coordinate visits, sparing patients additional anxiety.

Surgical Options that Minimize Physical and Mental Scars

Ultimately, as important as it is for patients to feel comfortable, the Center’s most important goal is finding breast cancer as early, and as localized, as possible. Radiologists work closely with NYP/Lawrence surgeons to determine the best course of surgical treatment for breast cancer patients.

When possible, surgeons perform a lumpectomy, in which the surgeon removes only the tumor itself and a small margin of surrounding breast tissue. Oncoplastic reconstruction can eliminate any divots or dents in the breast caused by the lumpectomy itself.

Other times, the breast must be completely removed to reduce the chances the cancer will return. Mastectomy’s potential for negative psychological effects is well documented, so a procedure that preserves the appearance of the breast as much as possible while still being oncologically effective may be important for the patient’s emotional and physical well-being.

“Nipple-sparing mastectomy involves keeping the skin envelope, including the nipple and areola, but removing all underlying breast
“I try to read every patient’s imaging on the spot while she’s here, and I do any necessary extra imaging during the same visit. This way no one goes home nervous; I’ll show her the finding and tell her what’s going on.”

— Lynn Chinitz, MD, Director of the Carol H. Taylor Breast Health Center at NewYork-Presbyterian/Lawrence Hospital, Assistant Professor of Radiology at Columbia University Medical Center, and a member of ColumbiaDoctors Medical Group