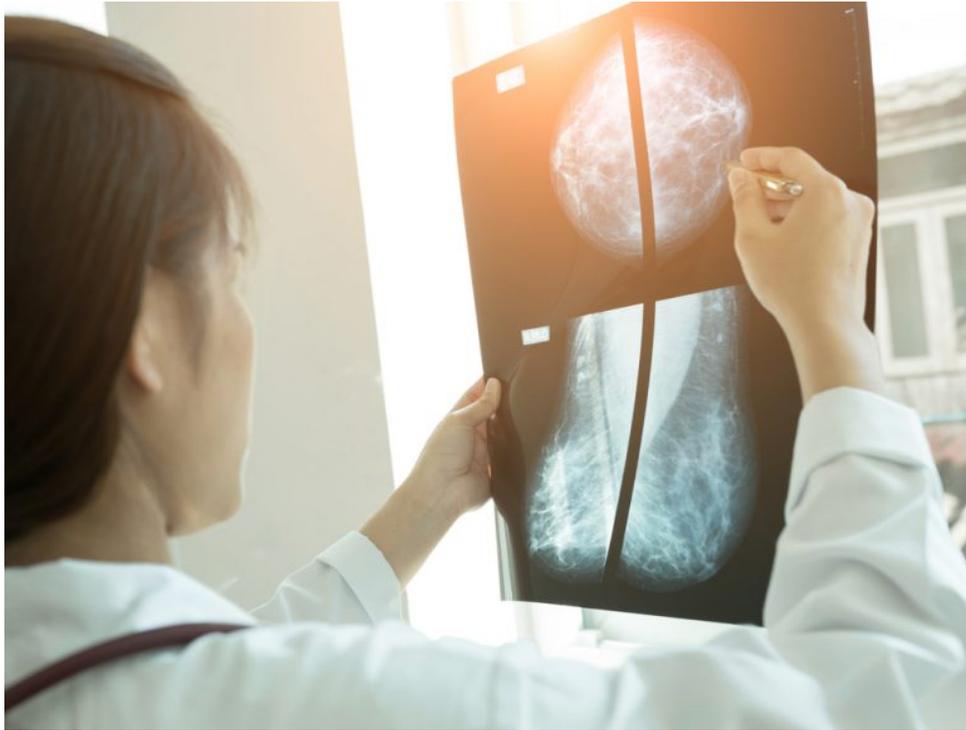


Two health screening examinations that can save lives



Molecular breast imaging and lung cancer screening are important medical advances

Lung cancer screening saves lives

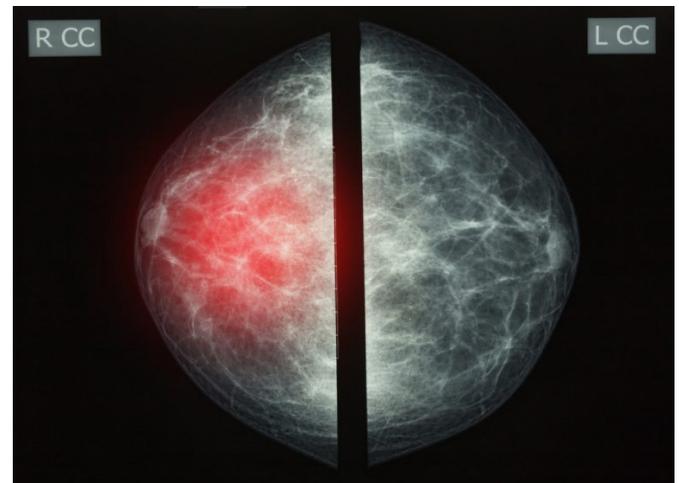
On average, over 430 people die, every day, in the United States from lung cancer. Lung cancer is the leading cause of death in the United States. The numbers of people who die from lung cancer every year are more than those who die from colon cancer, prostate cancer, and ovarian cancer combined.

The good news is that the early detection of lung cancer can have a remarkable effect on saving lives by improving survival rates. Additionally, the early detection of lung cancer allows for minimal surgeries to excise the lung malignancy. Furthermore, lung cancers caught and treated early will also need fewer additional therapies such as chemotherapy and/or radiation treatments.

Doctors have learned that one of the best screening tests for lung cancer in high-risk patients is by using something called low-dose computerized tomography (LDCT). LDCT has multiple advantages including exposing the patient to lower amounts of radiation and being sensitive enough to detect small lung cancers that regular X-rays can miss.

LDCT does not use injectable dyes that can trigger life-threatening allergic reactions. LDCT screening in high-

risk patients can identify and save 20 percent more lives than if LDCT was not used.



Who are good candidates for LDCT?

Good candidates for this test are anyone age 55 or older who smokes or has a history of smoking and:

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- has a history of Chronic Obstructive Pulmonary Disease (COPD) (Please see our column on COPD in *MSR*'s December 7 issue.)
- has a first degree relative with lung cancer (“first degree” includes parents, children and siblings)
- has a history of lung carcinogen exposure to materials like asbestos, arsenic, chromium, and nickel

If you are 55 and have any of the risk factors above, especially smoking, talk to your doctor about getting LDCT lung cancer screening.



Molecular breast imaging

Normally, breast cancer appears as a white spot within a darker breast tissue area on a mammogram. Unfortunately, up to 45 percent of women have abnormally dense breast tissue. This type of breast tissue is also called “fibro-glandular breast tissue.” Dense breast tissue appears as white tissue on mammograms that can hide or cover-up breast cancers or lead to confusion and false-positive identifications of breast cancer.

The solution? Molecular breast imaging (MBI).

In MBI, a unique low-dose radioactive material is injected into the patient. The unique low-dose radioactive material is selected because it is taken up much more by rapidly dividing cells, like breast cancer cells. A special camera is then used to detect any radioactive areas or spots in dense breast tissue.

The results are stunning. MBI, used together with regular mammograms, detects 400 percent more breast cancers in dense breast tissue than with just routine mammograms alone!

If you or a loved one has been diagnosed with fibro-glandular or dense breast tissue, talk to your doctor about adding molecular breast imaging to your next mammogram. It is truly a significant advance in the war against breast cancer.

This article is brought to you by the Crutchfield Dermatology Foundation www.crutchfelddermatology.com/foundation and the Minnesota Association of Black Physicians. www.maaap.org

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