



Fall 2004

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Visions for the Future

Marshall Mintz, M.D., President

Since its inception almost 40 years ago, Fairfax Radiological Consultants, P.C. has grown to become the largest privately owned operation of freestanding imaging centers in the Commonwealth of Virginia. We continue to grow, but will always continue to value the relationships we have with referring physicians, their staff and patients.

I would like to take this opportunity to introduce the first quarterly issue of "Views and News" and hope that it serves as a valuable source of information. Please feel free to send any comments or suggestions to pritter@frcpc.net.

New Service Now Available at Inova Fairfax Hospital

Breast MRI Guided Biopsy & Diagnostic Breast MRI- Advancements in the Detection of Breast Cancer

Elise Berman, M.D.

Inova Fairfax Hospital now offers MRI guided breast biopsy, a vital component in the evaluation and management of breast disease. Because of the advanced techniques and special equipment required, Inova Fairfax Hospital is currently the only facility in the area that provides this service. In February 2005, with the opening of a fourth

MRI unit, Breast MRI guided biopsy will transfer to The Fairfax MRI Center*.

Diagnostic Breast MRI is a highly sensitive examination for the detection of breast cancer. It is a tool that is complementary to, not a substitute for, mammography. It can detect cancers that cannot be seen by mammography or ultrasound.

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October is Breast Cancer Awareness Month

...Every Day is Breast Cancer Awareness Day at Fairfax Radiology



Mammography

Although there has been debate about the benefit of mammographic screening in reducing breast cancer mortality, numerous randomized trials as well as population based screening evaluations have clearly shown that early detection of breast cancer through mammography greatly improves treatment options, the chances for successful treatment, and survival. Mammography is the single most effective method of early detection, since it can identify cancer several years before physical symptoms develop. Treatment is more successful when cancer is discovered early. (American Cancer Society-Breast Cancer Facts & Figures 2003-2004)

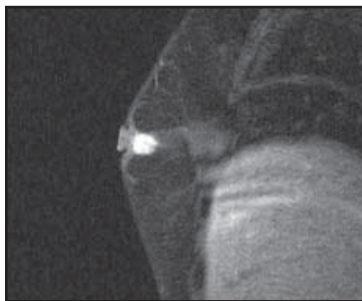
Breast MRI Guided Biopsy & Diagnostic Breast MRI-- Advancements in the Detection of Breast Cancer

cont. from cover

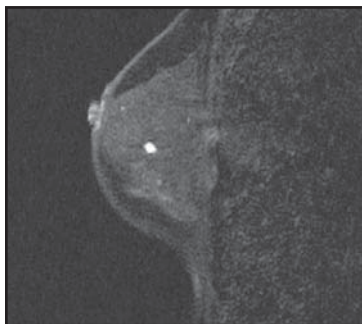
Images are taken without and then with intravenous contrast. The exam takes approximately 20 to 30 minutes. Breast MRI is available at The Fairfax MRI Center* which has state-of-the-art scanners, breast imaging coils, and highly trained radiologists dedicated to breast imaging and interpretation.

The ability to perform breast MRI guided biopsy is critical for differentiating between benign and ma-

lignant lesions that are identified by MRI, but cannot be localized by alternate means. Breast MRI guided biopsy is performed by introducing a needle into the breast through a small skin nick. Multiple core biopsy samples are then obtained with a vacuum assisted biopsy device. The procedure takes approximately 30 minutes and is well tolerated by patients.



45 year old female with metastatic lymphadenopathy in her axilla. Breast MRI demonstrated the primary tumor which could not be detected on physical exam or seen on mammography.



72 year old female with biopsy proven cancer elsewhere in the breast. A pre-operative MRI demonstrated this ring enhancing mass in a different quadrant than the known tumor. This mass could not be found

with mammography or ultrasound and was therefore biopsied with MR guidance. The results showed infiltrating ductal carcinoma.

Indications for Diagnostic Breast MRI

- ◆ Demonstrate the extent of tumor prior to surgery
- ◆ Detect the presence of multifocal and contralateral tumor
- ◆ Screen high risk patients
- ◆ Detect recurrent tumor at lumpectomy site
- ◆ Evaluate patients with positive margins following lumpectomy
- ◆ Identify primary tumor in patients with axillary lymphadenopathy or cancer of unknown primary
- ◆ Evaluate implants for rupture
- ◆ Follow-up an equivocal mammographic finding or physical exam
- ◆ Cannot distinguish between benign and malignant calcifications seen on mammography

If you would like more information about Breast MRI Services please visit our web site at www.fairfaxradiology.com or call 703-698-4465

*The Fairfax MRI Center is owned by Inova Fairfax Hospital. Management and professional services are provided by Fairfax Radiological Consultants, P.C.



Elise Berman, M.D.

Specialty: Body Imaging

*Fellowship-Cross-Sectional & Breast Imaging-Johns Hopkins Hospital
Residency-Diagnostic Radiology-Johns Hopkins Hospital
Residency-Diagnostic Radiology-Beth Israel Deaconess Medical Center
M.D.-Tufts University School of Medicine, 1995; Joined FRC in 2001*



Maria C. Albano, M.D.

Specialty: CT/Ultrasound

*Fellowship-Abdominal CT/Ultrasound/MRI-Beth Israel
Deaconess Medical Center
Residency-Diagnostic Radiology-New York Presbyterian-Well Cornell Center
M.D.-Tufts University School of Medicine, 1996; Joined FRC in 2002*

A New Reliable Way to Obtain Noninvasive Colonoscopy

Maria C. Albano, M.D. & J. Richard Choi, Sc.D, M.D.

In the United States, approximately 1 in 17 people will develop colorectal cancer. Colorectal cancer is the second leading cause of cancer deaths with men and women being at equal risk. Fortunately, with proper screening, colorectal cancer is a largely preventable disease if detected early enough.

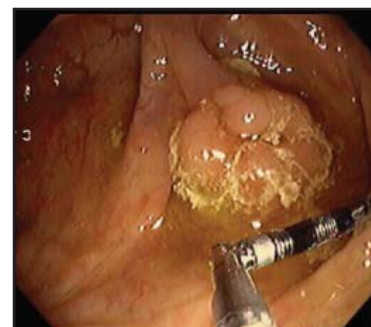
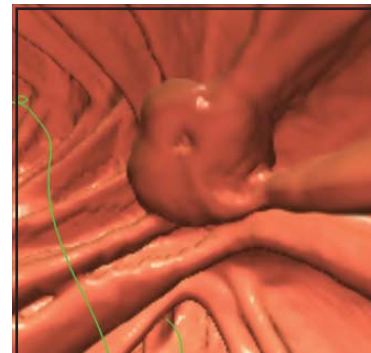
The American Cancer Society currently recommends that all asymptomatic adults undergo regular colorectal screening starting at age 50. Despite clinical evidence that colorectal cancer incidence and mortality can be reduced with routine screening, adherence to these screening recommendations remains low. One reason for this is the perceived invasive nature of exams such as the sigmoidoscopy and colonoscopy.

Certain factors increase the risk of developing colorectal cancer. These include a family history of colon cancer, inflammatory bowel disease and certain polyposis syndromes.

3D Virtual Colonoscopy, an exciting new modality that addresses many of the shortcomings of current colorectal screening, is a new service offered by FRC. It promises high accuracy, better tolerance, and is less invasive than current screening methods. It is ideal for those patients that are reluctant or are unable to undergo conventional screening, has a medical contraindication for sedation, coagulopathy, or history of unsuccessful conventional colonoscopy.

Colon preparation is performed one day prior to the exam. This consists of a low residue diet and bowel cleansing preparation. During the exam a small rubber catheter is self-inserted into the rectum and the colon is insufflated with room air under patient control to tolerance. No bowel relaxant or intravenous

contrast is used. The entire examination, including colonic insufflation, takes approximately 10 to 15 minutes.



Confirmation by optical colons

For more information about this new service or to schedule an appointment please call our

**Health Screening Coordinator at
703-698-4464**

Vascular & Interventional

The Vascular & Interventional Associates of Fairfax Radiological Consultants, P.C. (FRC) consist of seven board certified and fellowship-trained physicians. FRC's Interventional Radiology services provide evaluation and management, non-invasive diagnosis, and minimally invasive therapies for a wide range of vascular conditions.

Physician Spotlight



Ted P. Chambers, M.D.

Specialty: Vascular & Interventional Radiology

Education: Fellowship-Body Imaging-Johns Hopkins Medical Institutions; Fellowship-Vascular & Interventional Radiology-Miami Vascular Institute, Baptist Hospital of Miami; Residency-Radiology-Univ. of Pittsburgh Medical Ctr., Residency-Orthopaedic Surgery-Univ. of Pittsburgh Medical Ctr., M.D.-Vanderbilt School of Medicine, 1988; Joined FRC in 1997

Revolutionizing the Management of Symptomatic Uterine Fibroids with Uterine Fibroid Embolization

Ted P. Chambers, M.D.

FRC's Interventional section has provided an alternative to surgery for the treatment of uterine fibroids in symptomatic patients since 1998. This alternative, Uterine Fibroid Embolization (UFE), is a "minimally invasive" procedure requiring only a small nick in the skin. It is clinically proven to be successful in reducing the major symptoms of fibroids, including pain, excessive and prolonged bleeding, and frequent urination.



Initially UFE had been performed successfully for decades in the emergent treatment of postpartum hemorrhage. In 1992 UFE was discovered to be effective in treating symptomatic fibroids when patients partici-

pating in an investigation in Paris failed to appear for surgical myomectomy after embolization was performed to reduce operative blood loss. Since then, over 50,000 cases have been performed worldwide.

Success has been high, up to 98% in some studies, with morbidity and mortality low. While the impact of this procedure on fertility is uncertain, successful pregnancies post-UFE have been documented.

Advantages of UFE over Traditional Surgical Methods

- ◆ "Minimally invasive" procedure
- ◆ Preservation of the uterus
- ◆ Improvement in quality of life
- ◆ Fibroid volume reduction on an average of 40-60% at three months
- ◆ Most insurances cover UFE in symptomatic patients
- ◆ Decrease in menstrual bleeding
- ◆ Decrease in pelvic pain
- ◆ Improvements in urinary dysfunction
- ◆ Quicker return to work and normal activities

Patients are typically admitted by the interventional radiologist (IR) for one night after the procedure at Inova Fairfax Hospital (IFH) and are seen for a follow-up visit at FRC's Vascular & Interventional outpatient clinic located at the Prosperity Medical Center on Route 50.

Before, during and after the procedure communication with the patient's gynecologist is given the highest priority. The gynecology community has accepted UFE, and the role of this procedure is expected to grow in management of symptomatic uterine fibroids.

Vascular & Interventional

New Option Available in the Treatment of Varicose Veins

It is estimated that 25% of women and 15% of men have varicose veins. More than half of adults over the age of 65 suffer from painful and unsightly venous diseases. While some patients seek treatment for cosmetic improvements, others are in need of symptomatic relief.

At the Vein Centers of Fairfax Radiological Consultants, P.C. our vascular and interventional radiologists pinpoint the underlying cause of a patient's symptoms through diagnostic consultation. Once the cause of the problem is identified, an individual treatment plan is formulated.

Many options are available in the treatment of varicose and spider veins. Supportive treatment may include exercise, elevation of the legs and or the use of elastic support hose. Corrective treatment methods may include a combination of sclerotherapy, Micro Phlebectomy, VenaCure Laser Treatment, vein ligation and vein stripping, and topical laser treatment.

VenaCure Laser Treatment, the primary technique used at The Vein Centers, is a new, innovative, minimally invasive outpatient procedure that provides patients an effective alternative to surgical stripping of the greater saphenous vein. The procedure involves inserting a small catheter through the skin to the damaged vein. The laser fiber is then inserted into the vein. The vein is numbed then the doctor turns on the laser. Its targeted energy heats and seals the vein shut. The procedure is painless and is performed using a local anesthetic. The patient is immediately ready to resume normal activities and complications are uncommon.

Recently a 39-year-old woman with severe varicose veins was seen at The Vein Centers outpatient clinic with complaints of throbbing and aching in her left leg. The pain was interfering with her activities of daily living. The treatment plan formulated for her was a combination of Micro Phlebectomy along with the VenaCure Laster Treatment. Following the treatment the results were substantial and are depicted in the images below.

VenaCure Laser Treatment Patient Advantages

- ◆ fast return to normal activity
- ◆ outpatient procedure
- ◆ quick recovery
- ◆ no scarring
- ◆ minimal post-operative pain



Overall the VenaCure Laser Treatment has produced effective immediate results in which 95% of patients surveyed would recommend this treatment to a friend.

The Vein Centers

The Prosperity Medical Center

8505 Arlington Blvd., Suite 130; Fairfax, VA 22031

The Lansdowne-Dulles Imaging Center

19450 Deerfield Ave., Suite 100; Leesburg, VA 20176

Phone: 703-698-4494 ◆ Fax: 703-698-4492

Vascular & Interventional Associates & The Diagnostic Vascular Laboratory

The Prosperity Medical Center

8505 Arlington Blvd., Suite 130; Fairfax, VA 22031

IR: Phone: 703-698-4475 ◆ Fax: 703-573-4237

Vascular: Phone: 703-698-6884 ◆ Fax: 703-698-8278

The Vein Centers services include diagnostic consultation, sclerotherapy, VenaCure Laser Treatment and Micro Phlebectomy. Patients can be seen at either one of two convenient locations in Loudoun County and Fairfax at the Prosperity Medical Center.

Vascular & Interventional Radiologists

Ted P. Chambers, M.D. ◆ Alain T. Drooz, M.D.
Michael G. Karnaze, M.D. ◆ Allen E. Joseph, M.D.
Salman S. Mufti, M.D. ◆ Calvin D. Neithamer, Jr., M.D.
David J. Spinosa, M.D.

Please call our Vein Center Coordinator

*for questions, to schedule a consultation,
or request patient education materials
at 703-698-4494*

FRC & Loudoun Hospital Center

*M*oving Forward in Loudoun



Allen E. Joseph
*Chairman, Diagnostic Imaging Department
Loudoun Hospital Center*

Fairfax Radiological Consultants, P.C. (FRC) began providing diagnostic and interventional radiology services at Loudoun Hospital Center (LHC) in March 2002. Since that time, the group has helped to implement a number of operational changes to improve services to referring physicians and patients. Most importantly, we implemented the PowerScribe voice recognition dictation system, which has substantially improved report turnaround time. We are currently working to implement a centralized scheduling system that will make it easier and faster to schedule imaging studies.

While there is always room for continued improvement, feedback from the Medical Staff both informally and through an FRC-sponsored survey, provided validation that substantial progress has been made. In addition, the Diagnostic Imaging Department is pleased to have recently been named "Department of the Year" by hospital administration after nomination by other hospital departments.

Your continued feedback on the department's operations and the radiologists' performance is greatly appreciated. I am typically on-site at Loudoun Hospital two or three days each week, with Tuesdays being the best day to reach me in my office.

Cornwall Campus Diagnostic Imaging Services to Expand

Allen E. Joseph, M.D.

Diagnostic Imaging Services available on-site at LHC's Cornwall Campus will expand significantly by the end of November 2004.

The hospital and Fairfax Radiology have worked out an arrangement to shift most of FRC's existing outpatient services from its Lansdowne-Dulles Imaging Center to the Cornwall Campus. When added to the existing service, complement of X-ray and CT scanning already available on-site at Cornwall, these services, along with a later addition of MRI scanning, will create a full-service outpatient imaging center. The additional diagnostic imaging services available in November include ultrasound, bone densitometry and mammography (pending ACR accreditation).

Loudoun Healthcare also recently received state approval to proceed with plans to open a second Magnetic Resonance Imaging (MRI) unit to be located on the Cornwall Campus. Details on the timing of this

portion of the expansion are still being worked out but, MRI will likely be available early in 2005.

This geographic expansion also increases access to the professional services of Fairfax Radiological Consultants who will provide professional interpretations on all the studies generated not only at the hospital's main campus but also for all diagnostic imaging performed at the Cornwall campus. Scheduling for all services will be handled initially through the hospital's Diagnostic Imaging Department and after the first of 2005, through the hospital's new centralized scheduling system.

The expanded imaging services should reduce transfers from the Cornwall Emergency Department into the hospital's main campus at Lansdowne and also will serve as a cornerstone for further development of the Leesburg medical campus.

New Office Openings

Both The Ultrasound Center and Film Library have moved to new locations. The Film Library moved in July and the Ultrasound just recently moved to The Prosperity Medical Center on September 20th.

We appreciate your patience during these important transitions. Steps have been taken to ensure that your patients are not inconvenienced.

If you would like to obtain updated FRC exam request pads, any other physician or patient materials or if you have comments or suggestions please contact our Physician Services Department at 703-698-4444.

The Ultrasound Center
Prosperity Medical Center
8503 Arlington Blvd., LL-100
Fairfax, VA 22031
Phone: 703-698-4498
Fax: 703-280-1566

The Film Library
2730 Prosperity Ave., LL-100
Fairfax, VA 22031
FILM PICK-UP: 703-698-6882

Insurance Updates *as of September 1, 2004*

This is an updated list of insurances as of September 1st 2004. This list is subject to change without prior notification. FRC will inform you of any change to this list at the time of scheduling or visit our website at www.fairfaxradiology.com for a downloadable pdf file.

Please contact our Physician Services Department if you would like an updated list sent or faxed to you at 703-698-4444.

Aetna/US Healthcare

All products

Anthem BC/BS (Trigon)

Indemnity, PPO, POS, Healthkeepers HMO
(not Medicaid, noted as Healthkeepers Plus)

BC/BS CareFirst

All products including Blue Choice (HMO product)

Champus/Tricare Standard

Cigna

All products

Community Care Network (CCN)

First Health/Affordable

Kaiser

All products

Mail Handlers

Only when using the First Health/CCN Provider Network; otherwise out-of-network benefits apply

MAMSI*

All products including MDIPA, Optimum Choice, Alliance, MLH

Medicaid (Virginia and West Virginia; will accept Unicare Medallion II)

Medicare

National Capital PPO (NCPPO)

One Health Plan/Great West

Private Healthcare Systems (PHCS)***

United Healthcare of the Mid-Atlantic & Virginia

All non-Medicare and non-Medicaid products

* Contract does not include services provided at the MRI Center for HMO products (MDIPA and Optimum Choice).

** Patient's out-of-network benefits will apply for all other provider network organizations not listed above

*** PHCS payors are currently unable to reflect FRC as par for Hospital-based services

Note: "All Products" does not include Auto and Worker's Comp plans which may utilize the Insurance Company's provider network.



*The Only Radiology Practice
Your Patients will Ever Need
Health Screenings Now Available*

Mammography
Bone Density Scan
Heart Scan
Lung Scan
3D HeartScan
3D Virtual Colonoscopy

For more Information on any of these screenings
please visit our web site at www.fairfaxradiology.com

Fairfax Radiological Consultants, P.C.
2722 Merrilee Drive, Suite 230
Fairfax, VA 22031

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