



## Talking To Your Doctor About HALO<sup>®</sup>

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Don't be shy about asking your doctor about HALO. We all need to take control of our healthcare, and HALO is so new your doctor may not have heard about it yet. Most doctors have extremely busy practices and appreciate when new information is brought to their attention.

A good conversation starter might be "Doctor, like most women, I'm concerned about getting breast cancer and want to be as proactive as possible about knowing my risk level. Would the new HALO Breast Pap Test give me earlier warnings of increased risk?"

HALO helps detect cellular changes years before they might develop into a cancerous lesion. These cellular changes don't always progress to cancer. In fact, in the majority of cases, our bodies repair the defect without any interventions. But women with these cellular abnormalities are 400 to 500% more likely to develop breast cancer, so they need to take steps to reduce their risk, such as diet changes, exercise and reduced alcohol consumption, and they need to be monitored more closely and more frequently than the average woman.

If your doctor has heard of HALO, there may be several reasons why he or she might not offer it. Some of these reasons are discussed here.

***HALO is so new, there is no insurance coverage for it, and you would have to pay for the test yourself.***

True. Medical procedures are not usually covered by insurance until they have been available for 2 or more years. The test will cost you about \$100 each year.

***I haven't seen any clinical data proving that HALO is effective.***

While the HALO machine itself is new, we have known for decades that the fluid in breast ducts is very useful for predicting breast cancer risk. Before HALO, the breast fluid had to be collected manually using time-consuming, uncomfortable procedures that are unacceptable to women and impractical for

the doctor's office. Supporting articles can be found on our website at:

<http://www.neomatrix.com/resources/Breast-Health-Literature.aspx>

***Even if we find abnormal cells in the breast, there is nothing we can do about it.***

It's true there is no magic bullet to repair cellular abnormalities, but there are several changes a woman can make to help her body repair them and reduce her risk. Diet changes, exercise and reducing alcohol consumption can reduce breast cancer risk, as can adjustments to hormone replacement therapy. There is also a drug called Tamoxifen that has been shown to reduce the incidence of breast cancer by 86% in women with "atypical ductal hyperplasia", the cellular abnormality that HALO helps to detect. However, Tamoxifen is associated with side effects that need to be weighed carefully against its benefits, and it should only be taken after careful consultation with your doctor and a breast specialist.

In addition, you and your doctor will develop an enhanced monitoring plan so that if cancer does develop, you have a better chance at finding it at an earlier, more treatable stage.

***A normal or negative result from HALO doesn't guarantee that you don't have or won't develop breast cancer.***

This is true. HALO is a screening test to help evaluate your risk of developing breast cancer in the future so you and your doctor can make important decisions about risk reduction and more frequent or enhanced testing. It is not intended to rule out the possibility of breast cancer. But no cancer screen is 100% accurate, including mammograms and cervical Paps. With screens, more valuable information comes from the abnormal or positive results than from normal or negative results. This is one reason why it's important to have the HALO test annually. Just as with cervical Paps, with each consecutive annual test, the likelihood of missing an abnormality decreases.