

Case History

HALO Atypia Causes Enhanced Surveillance, Leading to Early Detection

64-year-old post-menopausal Anna had a HALO Breast Pap Test in March of 2008 as part of her well-woman exam. She produced nipple aspirate fluid from her right breast with cytology findings of mildly atypical ductal cells. She had been having regular mammograms, all of which were normal, but her sister had a history of breast cancer. The patient was then referred to the breast surgeon who ordered a mammogram and breast MRI, which were both normal.

In October of 2008, a follow-up bilateral screening mammogram and right breast ultrasound were both negative.

As part of Anna's annual gyn exam in March of 2009, she again underwent the HALO test, but this time she produced a large volume of bloody fluid from her right breast. Again the cytology showed atypical ductal cells. Follow-up bilateral mammogram and right breast ultrasound were both negative. However, based on the abnormal HALO findings another MRI was done.

Abnormalities Visible on MRI One Year Later

This time two areas in the right breast were suggestive of malignancy. Subsequent ultrasound-guided biopsies of the two lesions confirmed ductal carcinoma in situ (DCIS). Anna underwent a lumpectomy and sentinel node biopsy with pathology showing well-differentiated infiltrating ductal carcinoma measuring 0.5 cm in diameter. She has subsequently undergone radiation therapy and is about to begin systemic hormonal treatment.

Risk Assessment May Save Lives

"Her chance of survival is very high because of the early diagnosis. Had the cancer been discovered at a later time it is likely that her prognosis would be less favorable. I credit HALO for my patient's early breast cancer detection and subsequent treatment" says Anna's gynecologist, Dr. Robin Wedberg.

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