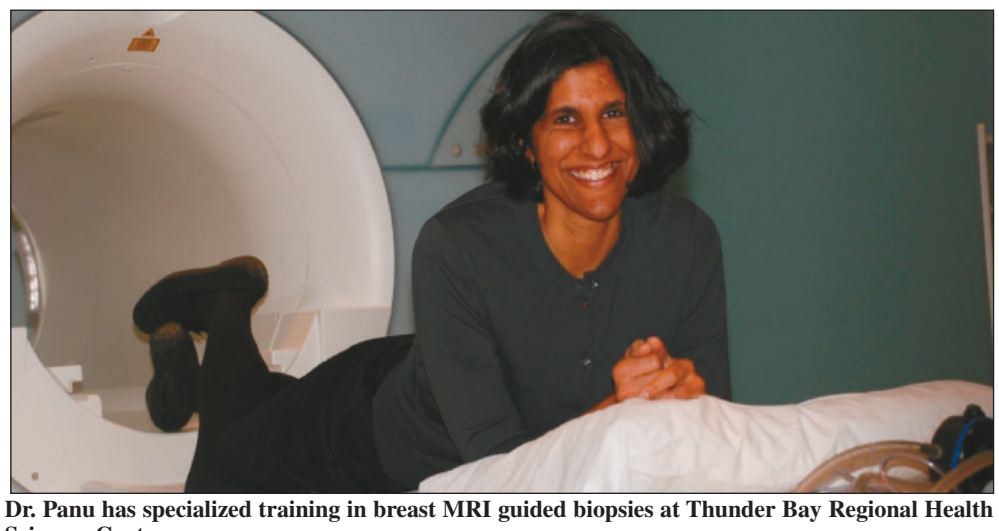
Lead Radiologist returns to Thunder Bay after training in New York City

By: Kim Latimer



Dr. Panu has specialized training in breast MRI guided biopsies at Thunder Bay Regional Health Sciences Centre.

DR. Neety Panu, lead radiologist at Thunder Bay Regional Health Sciences Centre (TBRHSC), completed an advanced fellowship in Breast and Oncological Imaging at Memorial Sloan-Kettering Cancer Center in New York. She recently returned to Thunder Bay to continue to practice radiology full-time and is now skilled in the interpretation of Breast MRI (Magnetic Resonance Imaging) and breast MRI guided biopsies and oncological (cancer) imaging.

"Training with the leaders and pioneers in imaging, notably oncology and breast imaging, has truly been an exceptional experience," says Dr. Panu. "It is these many experiences that I am excited to bring back to our community … and ultimately further our already successful diagnostic imaging program. One of our first undertakings is to step forward in breast imaging to develop a truly comprehensive program."

Memorial Sloan-Kettering Cancer Center is one of the world's premier cancer centers, offering collaborative education programs for physicians. Each year, specialists treat more than 400 different subtypes of cancer at Sloan-Kettering, working together to improve patient's chances for a cure or control of their cancer. Sloan-Kettering offers medical consultation, diagnostic imaging, chemotherapy, pharmacy services, cancer screening, and integrative medicine services.

Sloan-Kettering is known for its advanced, innovative therapies. Their Disease Management Program includes 16 multidisciplinary cancer teams; meaning patients are treated by as many different specialists as needed for their particular type of disease including radiologists, surgeons, medical oncologists, radiation oncologists, pathologists, psychiatrists, and nurses. "It was the ideal professional development environment for an accomplished lead radiologist like Dr. Neety Panu who will impact breast cancer services in our region," says Michael Power, Regional Vice President of Cancer Care Ontario, VP of Cancer and Diagnostic Services TBRSHC, and CEO of Thunder Bay Regional Research Institute (TBRRI).

Her training coincides with the purchase and anticipated arrival of the new Breast MRI coil at TBRHSC's Linda Buchan Centre. It was purchased in partnership with TBRRI, Thunder Bay Regional Health Sciences Foundation and TBRHSC. Both patients and scientists at TBRRI will be among a select few in Ontario who will have access to world-class Breast MRI technology.

"The addition of Breast MRI to the Linda Buchan Center is a huge and exciting step forward, providing the patients of Northwestern Ontario with a world-class comprehensive Breast Imaging Center," says Dr. Panu. "We are poised to be leaders in the field of Breast MRI with our industry partner Sentinelle Medical," she adds.

Dr Panu says her training at Sloan-Kettering has prepared her to ensure that the new Breast MRI program and the ongoing development of the Linda Buchan Centre continue to achieve regional success.

"The development of a comprehensive breast imaging center, investment in professional development, the purchase of the Breast MRI coil and newly formed industry partnership with Sentinelle medical, all illustrate our drive to deliver the best care possible to patients and our ongoing ambition to become a world-class regional cancer program and health sciences centre," says Dr. Panu.

What is breast MRI

Breast MRI (Magnetic Resonance Imaging) is a technology used to further investigate breast concerns first detected with mammography or other imaging exams such as ultrasound. While mammography uses low dose x-rays to image the breast, MRI uses powerful magnetic fields to create images of the breast.

How is it performed?

The patient is positioned on a special table inside the MRI system opening where a magnetic field is created by the magnet. The images can be taken at various angles. Each MRI exam lasts approximately 20-25 minutes. The most useful MRI technique for breast imaging uses a contrast material which is injected into a vein in the arm before or during the exam. This contrast agent helps produce stronger and clearer images and "highlights" any abnormalities.

What are the benefits?

There are many benefits to breast MRI. It is highly sensitive to small abnormalities that can sometimes be missed with other exams. For instance, a mammogram or ultrasound of the breast may reveal breast cancer in one area while an MRI may show that small tumors are present in several areas. This can have a major impact on management often changing the course of treatment. As well, an MRI also determines whether breast cancer has spread into the chest wall. If so, a patient may need to undergo chemotherapy before breast cancer surgery. Furthermore, MRI can also detect cancer recurrences in women who have already been treated for breast cancer with lumpectomy. Another major benefit of MRI is that it can often show if a breast implant is leaking or ruptured. Breast MRI is the most notable recent advancement in breast imaging.

Sharp rise in skin cancer; dermatologist says keep yourself covered

By Graham Strong

SUMMER days are meant for getting out and enjoying the outdoors. Just don't forget to cover up, says Dr. Ron Mahler, a dermatologist in Thunder Bay.

"It's not that hard to grasp – skin cancer is a real problem, and it's an increasing problem," Dr. Mahler said.

By simply covering your skin and limiting your sun exposure, you can greatly reduce your risk, he says. "It's a very common sense approach."

You might be surprised to find out that skin cancer is actually the most common form of cancer today. Rates in Canada have skyrocketed – this year alone, there are expected to be over 80,000 new cases of skin cancer diagnosed. Almost 6,000 Canadians will die of skin cancer in 2010.

The real tragedy is that it is highly preventable and is usually highly treatable when caught early. By taking a few precautions and doing self-exams, you can greatly reduce your risk of skin cancer.

To help get the message out, Regional Cancer Care partnered with the Canadian Dermatology Association and the Canadian Cancer Society to host a skin cancer screening clinic. The clinic was designed specifically for high-risk patients including fair-skinned people and those who work outdoors.

Dr. Mahler and Dr. John Kraft screened 111 people during the one-day clinic held in June, up from 102 last year.

Most importantly, they caught two suspected cases of melanoma, and 37 people needed further follow-up.

"The screening clinic increases skin cancer awareness and creates an opportunity for people to participate in screening," said Lori Della Vedova, Manager of Cancer Screening Programs at Regional Cancer Care.

Della Vedova said that the screening clinic, now three years running, is so popular that people have to book an appointment. Next year, they hope to have more doctors available to help do screening.

Although the clinic only runs once a year, Dr. Mahler says self-exams can save lives too. "Everyone can see their skin, and it's not difficult to do. The general things we are looking for are easy to pick up," he says.

Dr. Mahler recommends people look for moles or freckles that are changing, have irregular edges, or look very different from the others. In this Internet Age, it is also easy to Google "skin cancer" to see examples.

People who are concerned about a freckle or mole should talk to their family doctor or go to a walk-in clinic – and the sooner, the better.

"There are people who have never looked at their skin. They're in the pool and someone says, 'Hey, what's that on your back?' and they come in and it's too late," Dr. Mahler said.

Like most things, the best medicine for skin cancer is prevention. Using proper sunscreen when you are outside, wearing a hat and appropriate clothing, and avoiding peak sun times can all help greatly reduce the risk.

Tanning beds should be avoided too, despite some claims that they are safe. Any exposure to UV rays can be dangerous. There is now scientific evidence directly linking artificial tanning to skin cancer.

Parents can help their kids by properly protecting them, encouraging them to stay away from tanning beds, and promoting good sun awareness early.

"We estimate that close to 80% of your lifetime sun exposure comes before you're 18 years old," Dr. Mahler. "It's very hard to change the attitudes of adolescents and young adults. But certainly young children, if we make sure they are wearing sunscreen and a hat when they go out, it becomes a habit."

Ask Dr. Panu:

DO you have a question for our lead radiologist? If so, we want to hear from you.

Send your questions via email to: **askanexpert@tbh.net**

**Please note: All contributions from anywhere in Northwestern Ontario are welcome. Our editorial team reserves the right to select and answer questions. If your question is selected, it will appear with an answer in subsequent health pages provided by Regional Cancer Care Northwest to the Chronicle Journal. If you have concerns for your health or the health of a family member, please contact your primary healthcare provider or a community healthcare service provider.*

What is Radiology?

The Ontario Association of Radiologists define radiology as a "clinical specialty of increasing complexity and one that is taking on therapeutic as well as diagnostic aspects. The practice of radiology involves performing a variety of different medical diagnostic imaging procedures, and the interpretation of those procedures in order to make a diagnosis of a disease or disorder."

Generally, patients are referred for diagnostic imaging services by their own physician and the radiologist provides a written interpretation report for the referring physician. Radiologists diagnose virtually all diseases including cancer, heart disease inflammatory, infectious and degenerative diseases, neurological conditions, women's health and osteoporosis.

Radiologists use various imaging modalities including x-ray, fluoroscopy, ultrasound, nuclear medicine, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) to diagnose and treat disease, disorders and trauma cases.

What is the difference between a Radiologist and a Radiology Technician?

A radiologist is a doctor who has specialized training in obtaining and interpreting medical images. The radiologist is also the doctor who performs many imaging guided biopsies.

On the other hand, a radiology technologist is responsible primarily for operating the radiographic equipment to produce images. They also explain procedures to the patient, position the patient, and adjust immobilization devices to obtain optimum views of specific areas of the body. The technologist moves the imaging equipment into position and adjusts equipment controls to set exposure using established guidelines. The technologist may also operate mobile x-ray equipment to obtain images in the emergency room, operating room, or at the patient's bedside.

Why do I need a Radiologist in the first place? Won't my own doctor look at the pictures?

No, special qualifications and training including four years of medical school and five years in specialization (Diagnostic Radiology) are required to interpret images. Interpreting images is considered a medical specialization and this is not the role of other primary care providers or specialists.

Where does someone go to get an education in this field and what's required to become a Radiologist?

To become a radiologist you must first be accepted into medical school and complete medical training (four years). Following this is a five year residency program, involving rotary medical and surgical specialties; there are 14 available programs in Canada. For greater expertise many radiologists spend one more year sub-specializing in one particular area of radiology. After residency, in order to obtain certification in Canada, a radiologist is required to write board exams to obtain Royal College Certification (this involves multiple examinations, including written and oral exams).

Do Radiologists work closely with patients?

There is a misconception that radiology is far removed from patient care. Some people think that radiologists sit at their computers and read images all day; this is certainly not the case. Many radiologists spend hours of their time interacting with patients. This is most common when performing biopsies using imaging guidance such as CT or ultrasound.

Material has been provided by Thunder Bay Regional Health Sciences Foundation and its partners.