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Beth Israel Introduces Two New State-of-the-Art Breast Cancer Procedures

Both procedures score very high marks overall with treatment and cosmetics

NEW YORK, NY – March 1, 2007 - Beth Israel Medical Center's Appel-Venet Comprehensive Breast Service today announced the launch of two groundbreaking procedures being offered by the hospital's breast cancer department. Both procedures follow the philosophy of the department, which is to "achieve a high rate of cure while maintaining the normal appearance of the breast". The two procedures are called the TANE (Transmammary Axillary Nodal Evaluation) method and the Nipple Areola Sparing Mastectomy.

The TANE method reduces the patient's risk of lymphedema and improves the cosmetic outcome of standard diagnostic breast cancer procedures. TANE allows doctors to perform a sentinel lymph node biopsy, a procedure used to detect if cancer has spread to areas beyond the breast. It is performed immediately before or after a lumpectomy or partial mastectomy through a single incision made in the breast. Using special instruments, surgeons are guided to the sentinel lymph node through the breast incision, eliminating the need for a second incision under the arm to remove the sentinel node. Until now, this has been standard practice.

"TANE is ideal for the patient. By avoiding a separate incision under the arm, the risk of lymphedema is reduced. Lymphedema is a chronic swelling of the arm that may result from lymph node removal," said Dr. Sheldon Feldman, Chief of the Division of Breast Surgery at Beth Israel Medical Center in New York City. "Minimally invasive oncoplastic surgical techniques result in minimal scarring and excellent cosmetics. Sentinel node biopsy is performed as part of breast conserving surgery to help determine if chemotherapy is required."

Nipple-areola sparing mastectomy is an important advance in breast cancer treatment and breast reconstruction. This procedure allows a woman to retain her own nipple areola after a mastectomy. During this procedure, the entire mammary gland (the breast) is removed through

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small, hidden cosmetic incisions leaving all of the breast skin including the nipple areola complex intact. During surgery, the tissue immediately under the nipple is analyzed to determine if it is cancer free. If cancer cells are found (5%), the nipple cannot be safely saved. The removed mammary gland is then replaced with a tissue flap or implant to restore the normal shape of the breast. The sensitivity of the nipple is usually diminished. The cosmetic benefits of the procedure are remarkable and the satisfaction expressed by women who have undergone the procedure speaks volumes about the difference it can make in their lives.

“Nipple areola sparing mastectomy is an excellent option for woman who are not able to undergo breast conservation because of breast cancer affecting many different areas of the breast tissue,” said Dr. Feldman. “This procedure is performed by removing the breast tissue through small cosmetic incisions without the need to remove any of the breast skin allowing preservation of the nipple and areola. The removed breast tissue is immediately replaced with fatty tissue removed from another part of the body.”

Dr. Feldman adds that this procedure allows the reconstructed breast to be normal in appearance although sensation is often diminished. About five percent of patients cannot have the nipple preserved because of cancer cells being present. In this situation a new nipple is created and areola made with a tattoo.

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