

Breast Imaging *updates*

Newsletter for Referring Medical Professionals 2025

EWbc
Breast Imaging Excellence

(585) 442-8029
ewbc.com



Dear Colleagues,

We are pleased to share several exciting updates and recent milestones at Elizabeth Wende Breast Care.

All of our offices—including Batavia—now offer DEXA scans with Trabecular Bone Score (TBS). This advanced technology enhances our ability to deliver more comprehensive bone density evaluations, helping us better support patients with osteoporosis and other bone health concerns. It is our standard of care.

To meet the growing needs of our community, we relocated our Carthage office to Watertown in January 2025. This new, larger, and more accessible facility provides a more comfortable setting for patients.

After a dedicated 19 years with Elizabeth Wende Breast Care, Dr. Posy Seifert retired in December 2024. We are pleased to welcome Dr. Jinnah Phillips, who joined our practice in March 2025.

If you have any questions or need further information about our services, please do not hesitate to reach out.

Warm regards,

Stamatia V. Destounis, M.D., FACR, FSBI, FAIUM
Managing Partner | Elizabeth Wende Breast Care

Philip F. Murphy, M.D. | Lisa Paulis, M.D. | Alena Levit, M.D.
Sarah Vanderlinde, M.D. | Wade Hedegard, M.D. | Jinnah Phillips, M.D



This year marks a significant milestone for us as we celebrate our 50th anniversary of advancing breast health.

We are grateful for the trust, support, and dedication to patient care from our referring medical professionals over the years. Your collaboration has been instrumental in our growth and success, and we look forward to continuing our partnership for many more years to come.

Please be
sure to fill out
area of
concern

Order scripts and materials at
ewbc.com/referring-providers
or call our Physician &
Community Liaison, **Gia Denaro**
at (585) 758-7081

* GUIDELINES AND INDICATIONS for DEXA Scans

The guidelines for DEXA scans vary slightly depending on medical organizations, but general recommendations include:

- **Women aged 65 and older:** Routine screening is essential as the risk of osteoporosis increases with age. (*Every two years*)
- **Men aged 70 and older:** Older men are also at risk of osteoporosis.
- **Postmenopausal women under 65 with risk factors:** Earlier screening may be needed for those with a history of fractures, low body weight, smoking, or a family history of osteoporosis.
- **Men aged 50-69 with risk factors:** Risk factors include long-term steroid use, low testosterone levels, or prior fractures.
- **Anyone who has had a fracture after age 50:** A DEXA scan helps determine if low bone density contributed to the fracture.
- **People with medical conditions affecting bone health:** Conditions like rheumatoid arthritis, chronic kidney disease, or malabsorption disorders (such as celiac disease) can weaken bones.
- **Individuals on medications that impact bone density:** Long-term use of steroids, certain cancer treatments, or medications for thyroid disorders can lead to bone loss.
- **Women during the menopausal transition** with clinical risk factors for fracture.
- **Adults with a fragility fracture.**
- **Adults with diseases** or conditions associated with low bone mass or bone loss.
- **Adults taking medications** associated with low bone mass or bone loss.
- **Anyone being considered for pharmacologic therapy.**
- **Anyone being treated, to monitor treatment effect.**
- **Anyone not receiving therapy** in whom evidence of bone loss would lead to treatment.
- **Women discontinuing estrogen:** Should be considered for bone density testing according to the above indications.



Bone Density Testing (DXA) and Trabecular Bone Score (TBS)

EWBC is dedicated to providing excellent patient care and utilizing the most current technology. Trabecular Bone Score (TBS) enhances our ability to assess bone health effectively. This advanced technology allows for a more precise evaluation of bone quality, aiding in the early detection and management of osteoporosis and fracture risk.

Bone mineral density (BMD) is traditionally measured in DXA scans to assess bone mass in both women and men. TBS is an independent parameter, in addition to the T score and BMD, that provides an assessment of bone quality and microarchitecture, contributing to bone strength. TBS is a better indicator of bone strength than the bone density T score and a better predictor of fracture risk than DXA scores alone. Integrating TBS with BMD and a patient's clinical picture adds value and refines fracture risk analysis, particularly in osteopenic patients.

TBS is our standard of care at ELizabeth Wende Breast Care. TBS should be interpreted in combination with BMD and clinical risk factors. When a TBS is ordered without a full DXA scan, the script must indicate the clinical reason and the diagnosis code.

Important Notes for Ordering DEXA Scans

If ordering a DEXA scan for anyone under the age of 65, please indicate the clinical reason as insurances do not cover screening for osteoporosis.

The script must provide detailed clinical reasons, such as medication use, underlying diseases, or radiation exposure. "Screening for osteoporosis" alone is insufficient for insurance coverage.

Dexa appointments can be scheduled with the annual mammogram

Breast Cancer Screening Guidelines & Timeline



For women with dense breasts and family history who desire supplemental screening, breast MRI is recommended.

woman's age or comorbidities. Older women's whole health picture should be considered when it comes to breast cancer screening".

Elizabeth Wende Breast Care follows the breast cancer screening recommendations established by the American College of Radiology (ACR) and the Society of Breast Imaging (SBI), which emphasize annual screening.

New, evidence-based patient-facing breast cancer guidelines from the National Comprehensive Cancer Network (NCCN) call for annual mammograms for all average-risk women over the age of 40 years. This simplifies the message, says the NCCN (NCCN.org)

✓ AVERAGE RISK WOMEN

All women should have a discussion with their primary care physician regarding their breast cancer risk **by age 25** to develop a breast health action plan. Yearly screening mammograms starting at age 40 Every year thereafter as long as in reasonably good health.

✓ WOMEN AGED 75 AND OLDER

No upper age limit if you are in reasonably good health. "ACR and SBI suggest that screening stops being beneficial in women whose life expectancy is less than five to seven years, due to age or comorbid conditions," explains Dr. Stamatia Destounis. "Or when abnormal results from a screening mammogram would not be acted on with diagnostic workup, biopsy, or even surgery — due to a

✓ HIGH-RISK WOMEN

Women with a strong family history of breast cancer or genetic mutation may benefit from starting screening earlier than age 40. Following a risk assessment, some women may have a higher-than-average risk of developing breast cancer, especially if they inherited a genetic mutation or underwent cancer treatment involving radiation therapy to the chest at a young age. These higher-risk women should have a yearly breast MRI screening starting at age 25-30. A breast MRI has a higher chance of finding breast cancer earlier than mammograms in this population. Start yearly mammogram screenings at age 30 in addition to breast MRIs.

Patients should consult their physician as when to start mammography and if any additional imaging is needed, such as a high-risk breast MRI.

MRI Appointment Hours

In response to increasing patient need, we have extended our MRI hours. Appointments are now available Monday - Thursday evenings and weekends (*both Saturday and Sunday*).

Patients and providers can call the High-Risk Department at (585) 758-7050 to schedule an appointment for genetic counseling and/or screening breast MRI.

FREE Mammograms for the Uninsured

through Cancer Services Program and is available for women over 40 who don't have insurance that cover breast screening.

Special Saturday Screening Days at Brighton Office 2025:
Oct 18 | December 13

To schedule an appointment during the week at your convenience for any of our seven locations: (585) 442-3922





Elizabeth Wende
Breast Care
Breast Imaging Excellence

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BATAVIA BRIGHTON GENESEO GREECE VICTOR WATERTOWN WEBSTER

all offices offer same day screening results

Digital Breast Tomosynthesis (DBT), Breast Ultrasound and Dexa

Cancer Risk Assessment & Genetic Testing

Our personalized cancer risk assessment estimates a woman's lifetime risk of breast cancer and determines eligibility for additional screening options like screening breast MRI. We aim for early detection and prevention of breast and other cancers. Patients with a personal or family history of certain cancers are eligible for genetic counseling and testing. These services are available in-person at our Brighton location or remotely via phone or telemedicine.

We can all agree that genetic testing and cancer risk assessment help transform our patients' lives. Both genetic testing panels and cancer risk assessment models have undergone significant transformation themselves.

Genetic testing, once expensive and limited to just two genes, is now much more affordable and analyzes dozens of actionable genes for mutations. As a result, a wider range of patients are now pursuing genetic testing and using the results—along with a risk assessment—to guide their healthcare decisions.

Each positive genetic test report includes a management tool outlining the risks associated with the identified mutation, the appropriate NCCN screening guidelines, and potential options for risk-reducing medications or surgeries, when appropriate. Patients with negative test results also receive guidance based on their personal and family history, even in the absence of a detectable genetic alteration.

As testing panels have expanded and more patients undergo testing, the likelihood of identifying variants of uncertain significance (VUS) has increased. Variants are common—everyone carries DNA changes, and most do not increase cancer risk. A VUS means the laboratory does not yet have enough data to determine its clinical impact. If a variant is reclassified as clinically actionable, an amended report will be issued, and both the patient and provider will be notified. In the meantime, patients with a VUS receive appropriate screening guidelines.

