

Breast Cancer Awareness Month: Q&A with Dr. Patricia Krakos of Texas Radiology Associates

Dr. Patricia Krakos of Texas Radiology Associates, founding member of radiologist-owned alliance Collaborative Imaging, loves making a difference in people's lives, especially women. This desire to help women began in 1992 when she started practicing breast imaging. This also means Dr. Krakos isn't a stranger to breast cancer diagnosis, which has also affected her personal life with a family member passing away from breast cancer at 33. Her daughter also received a genetic abnormality for breast cancer, making her more susceptible to being diagnosed with the disease as well.

Dr. Krakos has witnessed the positive impact radiology can make on a person and family. With her incredible background in breast imaging, Dr. Krakos shares insights on her path to radiology and how female patients can educate themselves on the benefits and expectations of regular screenings in honor of Breast Cancer Awareness month.



What led you to pursue a career in radiology and what's your experience with mammography?

I love being able to make a difference in people's lives. Once I got into the field of radiology, I learned that I enjoyed working with women. This career has allowed me to work in multiple disciplines, interventional procedures and patient interaction. After completing my fellowship at Baylor University Medical Center, I went into the mammography subspecialty and have been in the realms of breast cancer practice since 1992.

When should a woman start thinking about making an appointment for a mammogram?

It's worthwhile for women to begin getting mammograms at age 40. You're preserving more years of life. If there's anything we can do as radiologists, it's educating the public and referring physicians about the benefits. We need to screen all women as it helps reduce the death rate.

The best time to get a mammogram is about a week to 10 days after a woman's menstrual cycle. Otherwise, because of the hormone levels, it makes it a little harder to read the mammogram report

How would you describe mammography to a new patient?

The breasts are in compression for a very short period of time. If a woman has sensitive breasts, they can take Advil about an hour before they go in for their appointment. After the appointment, women can expect to get their results within a day or two. The reports are sent to both the patient and the patient's doctor. There are two kinds of mammograms: diagnostic mammograms and screening mammograms. The most common is the screening mammogram and this is when a woman comes in for the screening and is experiencing no lumps or problems in the breasts. It's when women do feel a lump or are experiencing anything abnormal that we schedule a diagnostic mammogram. Something to keep in mind is that 10% of screening mammograms will require the patient to come back for additional pictures as there's a possibility that something's off. Women get anxious about this, but most of the time it turns out that everything is fine. This is explained over the phone with patients to help with the initial anxiety. Communication with our patients is key.

How do you educate your female patients on the benefits of regular screening?

A big piece of the education process is educating the referring doctors first. 75% of women that receive a breast cancer diagnosis have no risk factors. This comes as a shock to a lot of people. Only a small percentage of cases are hereditary. And 70% of women that die from breast cancer did not have mammography screenings.

Today, more women are getting screened and there are much better treatments now, including gene therapy and different types of chemotherapy. Because of this, the number of women that have died from breast cancer has decreased by 40%. If you can detect breast cancer early, the women often don't have to undergo chemotherapy or other treatments – and their prognosis is better. And if women are anxious, I'm there to help calm

their fears. I truly enjoy being able to make a difference.

Have there been any technology advancements at your practice as it relates to mammography?

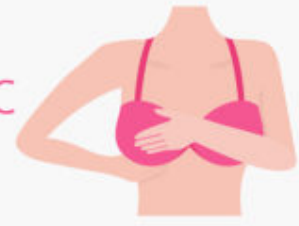
3D mammograms have been a huge improvement to the field. They have improved our ability to see cancer on the mammograms and decreased the number of pictures that need to be taken. We also now do needle biopsies for an official breast cancer diagnosis, rather than having to go to surgery.

Make a difference. Share the facts below to spread awareness.



BREAST CANCER

WOMEN'S HEALTH INFOGRAPHIC



Breast cancer is cancer that develops from breast tissue

2nd This is the 2nd place in the frequency among oncological diseases in the world

from **13** to **90** years at this age, women have a risk of developing breast cancer

from **8,000** to **1,000,000** annually registered cases of breast cancer in women in the world

CAUSES



DIAGNOSTICS



mammography, MRI



ultrasonic research



self-examination

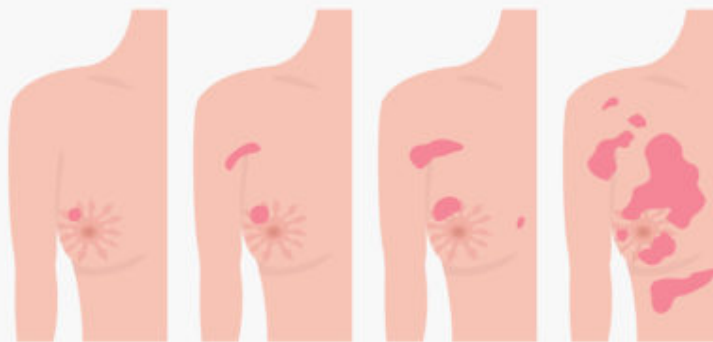


consultation with a mammologist



biopsy, cytological analysis

BREAST CANCER STAGES



stage I

stage II

stage III

stage IV

TREATMENT



mastectomy surgery



hormone therapy



radiation therapy



chemotherapy

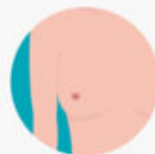


targeted therapy

SYMPTOMS



in the early stages without symptoms



nipple retraction



enlarged lymph nodes in the armpits



nipple discharge



lump or swelling by touch



breast differs in shape and size from the other