Northern Westchester Hospital’s Yorktown Imaging Site
Provides a Complete Solution for Women’s Imaging
THE BREAST-IMAGING EXPERIENCE SHOULD PROVIDE MORE THAN IMAGES OF TISSUE AND ANSWERS AS TO THE PRESENCE OR ABSENCE OF POTENTIAL ABNORMALITIES — IT SHOULD IMPART PEACE OF MIND, FOSTER EMPOWERMENT AND ENGAGE PATIENTS AS PARTNERS IN THEIR CARE. PATIENTS SHOULD LEAVE THEIR APPOINTMENTS FEELING STRONGER AND MORE KNOWLEDGEABLE THAN WHEN THEY ARRIVED.

WITH THE FULL COMPLEMENT OF ADVANCED BREAST-IMAGING MODALITIES AND A STAFF THAT IS PASSIONATE ABOUT BREAST HEALTH, NORTHERN WESTCHESTER HOSPITAL’S YORKTOWN IMAGING HAS SET ITSELF APART AS A REGIONAL LEADER IN WOMEN’S SPECIALTY RADIOLOGY BY SEAMLESSLY UNITING THE HIGHEST LEVEL OF QUALITY, SAFETY AND PATIENT-CENTERED CARE.

LOCATED IN YORKTOWN HEIGHTS, Yorktown Imaging provides the entire spectrum of imaging services available at Northern Westchester Hospital’s Women’s Imaging Center in Mount Kisco. At Yorktown Imaging, attending physician of women’s imaging and fellowship-trained breast-imaging specialist Stefanie Zalasin, MD, plays an integral role in maintaining the high level of care that is essential in screening for and diagnosing breast cancer. Dr. Zalasin’s specialty training and more than 15 years of experience in a variety of breast-imaging techniques uniquely position her to interpret images and identify causes for concern.

“It is very important for patients to have mammograms and other breast-related tests performed at a location where the clinician reading them is proficient at...
identifying anything that warrants further investigation; abnormalities in breast tissue can be quite subtle,” Dr. Zalasin says. “Patients are best served by a fellowship-trained specialist who understands the nuances and complexities of breast imaging.”

LEADING-EDGE TECHNOLOGY
Complementing Dr. Zalasin’s expertise is Yorktown Imaging’s array of advanced breast-imaging technologies. One of these is digital 3-D tomosynthesis, a type of enhanced mammography that produces multiple images of the breast rather than a single image, as is the case with conventional 2-D digital mammography. A 2014 study in JAMA found that compared with 2-D digital mammography alone, 2-D digital mammography in conjunction with tomosynthesis decreased the frequency of women having to return to imaging centers for additional testing due to potentially false-positive results by 15 percent. Conventional digital mammography plus tomosynthesis detected approximately five to six cancers per 1,000 patients screened, compared with 2-D digital mammography’s rate of approximately four per 1,000.

The 3-D tomography generates thin image slices that allow Dr. Zalasin to view, enhance and manipulate individual layers of breast tissue on a screen. “This capability improves diagnostic accuracy,” Dr. Zalasin says. “We are able to rule out problems more easily. It also becomes clearer when additional imaging or testing is necessary.”

The images are loaded immediately into an image review system, which Dr. Zalasin uses to examine the images shortly after they are taken. Often, she is able to meet with patients before they leave the office to personally share the results of their mammograms, providing them a further measure of peace of mind. If additional imaging is required, Dr. Zalasin can order and perform the testing during the same visit, sparing patients the anxiety of waiting for a result and the stress of coordinating new appointment times.

For patients who require more testing, such as those who have dense breasts, Yorktown Imaging is equipped with additional imaging modalities, including ultrasound and MRI. Dr. Zalasin performs the ultrasound procedure herself so she can compare it to the initial findings from mammography for optimal results.

“Ultrasound adds an additional level of investigation to the screening process for women with dense breasts,” Dr. Zalasin explains. “However, they still need to follow the screening guidelines our staff and their referring provider recommend for them, including having routine mammograms. At Yorktown Imaging, we continue to endorse the screening guidelines of the American College of Radiology and Society of Breast Imaging that have effectively reduced the number of lives lost to breast cancer in the past several years. Women should begin having annual routine mammograms at age 40. Building a strong record of what normal breast tissue looks like helps make abnormalities easier to find.

“One of the biggest misconceptions I still encounter regarding breast cancer screening is that women can forgo an annual mammogram if they have no family history of breast cancer,” Dr. Zalasin continues. “That couldn’t be further from the truth. About three-fourths of women who develop breast cancer have no close family history of the disease. The annual screening mammography recommendation is for all women with average risk of developing breast cancer.”
Dr. Zalasin reviews the findings and recommendations of a study with a patient.

Breast MRI is another option for enhanced imaging. This technology can also be used to screen for breast cancer in certain groups of patients, such as women with dense breasts or implants and those who are at high risk for breast cancer. Images captured by breast MRI are extremely detailed and can be enhanced with the use of gadolinium-based contrast material to provide Dr. Zalasin and her colleagues a more precise view of breast tissue that aids other clinicians in staging cancer.

“If we discover a suspicious mass and additional testing has not dispelled our concerns, I can use any of our modalities to perform image-guided needle biopsies,” Dr. Zalasin says. “Using imaging to guide the biopsy helps ensure healthy tissue is spared and that the tissue we sample is from the exact location in question.”

Dr. Zalasin says, “A diagnosis of cancer or the need for additional testing can increase that discomfort. As breast health specialists, it is our job to create an environment and experience that is as calming as possible for our patients, whether they are here for routine screening or follow-up imaging, or are living with breast cancer.”

From the moment patients walk through the doors, they encounter an atmosphere of tranquility and privacy that extends from a women’s-only waiting room to the soothing changing and exam rooms.

“We’ve worked to create a place where our patients can feel peaceful and understood,” Dr. Zalasin says. “Our providers, nurses and administrative staff personify our philosophy of attentiveness.”

Whether a patient visits Yorktown Imaging for a screening mammogram, an image-guided biopsy or another service, the staff ensures she knows what to expect. “Prior to her appointment, each patient receives a phone call from one of our nurses, who walks her through each step of her exam or procedure and answers her questions,” Dr. Zalasin says. “Having that information in advance is extremely comforting.”

TURNING PATIENTS INTO PARTNERS
Ensuring patients are thoroughly informed about their care is essential to building a strong partnership. The staff at Yorktown Imaging strives to make sure patients feel comfortable asking questions, understand the information they are given and know that the team is always available to address concerns — in short, patients are encouraged and empowered.

When breast cancer is found early, before it spreads or grows, we can save lives. At Yorktown Imaging, we never lose sight of the importance of our work.”

— STEFANIE ZALASIN, MD
to be active participants in their health care. This deep level of provider-patient interaction is nowhere more evident than in the one-on-one consultations Dr. Zalasin has with patients to discuss the results of their exams—consultations that can have a profound impact on patient outcomes.

This framework of partnership was apparent in the case of a woman who had a normal screening mammogram and was found to have dense breasts.

“Immediately after the exam, I met with her and we discussed why supplemental screening was important, given that she had dense breasts and a strong family history of breast cancer,” Dr. Zalasin says. “Having this conversation allowed me the opportunity to explain her risk factors, understand her concerns and answer her questions. She scheduled a breast MRI, which revealed an abnormal finding. I performed an MRI-guided biopsy, and that led to the diagnosis of an early-stage breast cancer. Because of the depth and breadth of our imaging capabilities, the patient was able to have all of her exams conducted conveniently at Yorktown Imaging, and she is doing well.”

In another instance, Dr. Zalasin was able to expedite testing for a woman whose screening mammogram revealed calcifications in the breast tissue.

“I discussed her mammography results with her on the same day, explained in detail how we conduct a biopsy and helped her schedule the procedure. I also consulted with her referring physician, sharing what we had found and my recommendations,” Dr. Zalasin says.

**RIGOROUS COLLABORATION**

Throughout the screening, diagnosis and treatment process, Dr. Zalasin and her colleagues place a high priority on close collaboration with the primary care physicians, nurse practitioners and other providers who refer patients to Yorktown Imaging. They also partner with cancer navigators from Northern Westchester Hospital, who help coordinate treatment and testing and provide educational resources and a stable, reassuring presence for individuals diagnosed with cancer.

In Defense of Dense Breasts

**BREASTS ARE COMPOSED** of a combination of glandular tissue, ducts, fibrous tissue and fat. Breasts with a higher-than-average amount of fibrous and glandular tissue in comparison with the amount of fat are considered dense.

“I take care to explain to patients that there is nothing wrong with dense breast tissue,” says Stefanie Zalasin, MD. “It’s simply a genetic trait, similar to having brown hair instead of blond or blue eyes instead of brown. However, dense breasts can make screening for breast cancer more difficult.”

Breast tissue can vary in density. The size and shape of breasts do not matter—density can affect any type of breast, and imaging is the only way to determine whether a patient has dense breasts. Fibrous and glandular tissues appear white on a mammogram, as do certain types of tumors. Telling them apart on the resulting images is a complicated task even for the most experienced breast imagers.

In 2013, New York state began requiring physicians to send letters to patients whose breasts are identified as dense during a mammogram. Today, 27 states have such laws, and several others have legislation in the works to mandate this type of alert. At Yorktown Imaging, Dr. Zalasin has a one-on-one discussion with each patient found to have dense breasts and ensures patients understand the findings, as well as why supplemental imaging could be necessary to screen for abnormalities.

“These consultations get more accurate information in women’s hands,” Dr. Zalasin says. “It is important to reassure women that being told you have dense breasts does not mean you have cancer. It’s simply a factor that may indicate the need to take a closer look with another modality, such as breast MRI, to identify abnormalities we might wish to investigate further.”

Hologic Selenia Dimensions helps find cancers earlier and reduce callbacks. Hologic’s 3D MAMMOGRAPHY technology is becoming the new standard of care in leading breast centers around the world.
Yorktown Imaging staff, from left: Gail Valloni, receptionist; Mark Lapham, Site Manager; Brandi Rebsom, mammographer; Stefanie Zalasin, MD; Vanessa Tannheimer, ultrasonographer; Michelle Vescio, RN; Wendy Anderson, scheduling coordinator; John Brandofino, MRI technologist; and Joanne Yacovelli, receptionist

“Referring providers are vitally important to the continuity of care for our shared patients,” Dr. Zalasin says. “I am happy to work with them in determining the optimal screening schedule for their patients, as well as the most appropriate modalities to use when tests are indicated. I partner with referring providers to ensure images and test results transition with their patients to the next stage of care, if they need to see a surgeon or an oncologist.”

Dr. Zalasin encourages providers with questions about Yorktown Imaging’s approach to imaging management and surveillance or even the referral process to contact her Yorktown Heights office.

“For additional information about breast imaging at Northern Westchester Hospital and Yorktown Imaging, visit nwhradiology.org.”

Guided by an Expert Hand

THE DEDICATED EXPERTISE of Stefanie Zalasin, MD, has helped create an environment at Yorktown Imaging in which breast-imaging excellence and patient-centered care can flourish.

Dr. Zalasin’s journey as a breast-imaging specialist began during a residency at The Mount Sinai Hospital in New York. Prior to this residency, she completed her undergraduate degree at City College of the City University of New York and received her medical degree from the Icahn School of Medicine at Mount Sinai.

Dr. Zalasin served as chief resident of the radiology program during her training at The Mount Sinai Hospital. There, she met a breast-imaging specialist who piqued her interest in this subspecialty and inspired her to pursue it. The clinician became Dr. Zalasin’s mentor, and Dr. Zalasin followed in her footsteps by completing a fellowship in mammography and body imaging at Memorial Sloan Kettering Cancer Center in New York.

“I have always been passionate about working with patients, but many radiology subspecialties don’t feature much interaction with them,” Dr. Zalasin says. “I was drawn to breast imaging precisely because of the patient contact element. For me, breast imaging combines the best features of practicing medicine: I use the advanced tools at my disposal to search for abnormalities and perform interventions, and I empower women to be their greatest breast health advocate.”

Before joining Northern Westchester Hospital last year, Dr. Zalasin spent 15 years honing her skills in mammography, breast sonography, breast MRI, percutaneous biopsy and needle localization at Murray Hill Radiology and Mammography in New York. Her passion for teaching doesn’t just extend to patients. She spent much of her career training future generations of breast-imaging clinicians as an assistant clinical professor of pathology at The Mount Sinai Hospital.

“Ultimately, our goal is to provide patients and their clinicians with as much information as possible to identify, treat and manage breast cancer,” Dr. Zalasin says. “Early identification is the key to extending the lives of women with breast cancer. Our careful work and collaborative approach make a big difference in patients’ lives.”

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