Rare Cancer Associated from Textured Breast Implants

Since 2011, the FDA identified a confirmed link to a specific type of breast implant and breast implant-associated anaplastic large cell lymphoma, or BIA-ALCL - a form of cancer of the immune system called non-Hodgkin's lymphoma. The World Health Organization (WHO) describes BIA-ALCL as a T-cell lymphoma that may arise within 7-8 years after the insertion of breast implants with textured surfaces. By 2017, as much as 359 cases and 9 deaths (2.5%) have been identified since the inception of this study. The texture of the implant's coating has been said to cause inflammation and scarring that can lead to lymphoma, while others attribute the texture to trap bacteria which may lead to cancer. Imaging specialist Dr. Robert Bard (NYC) suggests regular monitoring for any shifts in the current status of the implant and its surrounding area. "Fluid build up may be imaged by 3D sonography or by MRI scans as well. Fluid may be aspirated and analyzed via ultrasound without rupturing the implant or puncturing nearby arteries." (continue to pg 4)

Joint Task Force with Global Foundation Forms Male Breast Cancer Screening Program in NYC

After a recent news report about 15 male breast cancer cases from 9/11 first responders in Sept, 2018, Dr. Robert Bard, the NY Cancer Resource Alliance (NYCRA) and the Male Breast Cancer Coalition (MBCC) collaborated to form a task force of public awareness and a dedicated imaging program for the northeast to help address this gender-specific health threat. "...Lately, I'm seeing more and more men developing benign and malignant breast tumors- and not just with firefighters," states Dr. Bard.

MBC Early Detection Program to Address Rising Cancer Cases

According to the MBCC, health reports show an est. of 2550 new cases in US with a mortality rate between 280-480. Over the past 10 years, new cases show a 22% increase and mortality rate is at 19% from previous years. Advocates attribute much of these numbers to the lack of public information, misdiagnoses and the emotional resistance in men about a commonly "female" disease. "Our Mission is to educate people globally about the risk of breast cancer in men, ultimately giving men the same fighting chance that their female counterparts have... just like Lung Cancer, Brain Cancer and Liver Cancer- it knows no gender, age or race." says MBCC co-director Cherri Ambrose.

The spirit of the Coalition's survivors and ambassadors is driven to get the word out about this unique yet growing health concern. "Over time, the MBCC, as with every organization, finds their voice in the public advocacy area," states Ms. Ambrose. "Awareness is the answer to saving lives- especially with breast cancer... our service to the community is to wake people up to get a checkup- and to know that this type of cancer is very real and it does not discriminate!"

2X Cancer Survivor Promotes ‘Get Checked Now’ Campaign for Recurrence Prevention

“I contracted Male Breast Cancer TWICE… just when I thought it was gone the first time. Cancer doesn't give up so neither should you! Stay proactive with a RECURRANCE PREVENTION plan to KEEP CANCER AWAY”, says Marc Futterweit (NJ) Survivor/Senior Ambassador for Male Breast Cancer Coalition. Doctors will never guarantee that your cancer is gone forever. The Medical Community suggests subscribing to proper health and nutritional standards to support continued prevention.

OUTSMART CANCER TODAY by managing a healthy (and organic) nutritional lifestyle, a regular fitness regimen and an annual screening program with a trusted cancer imaging professional. Early detection and cancer recurrence prevention should be in every survivor’s TO-DO list!” (continue to pg 4)
The Road to Doppler Imaging: Working with the Pioneers
By Dr. Robert L. Bard

In 1976, during my early days as a young radiologist, I was approached by DR. HENRY LEIS JR., the pioneer doctor who wrote the very first text on breast cancer and developed mammography 18 as a means of early diagnosis of breast cancer.

He confessed with great concern that he had all these patients with lumpy or cystic breasts developing tumors that he could clearly feel but the mammogram kept missing it. Seeking my help through sonogram technology, we worked on his patients together and the sonogram clearly identified and quickly diagnosed a mass as either a cancer or a benign cyst in a dense, lumpy breast. Since then we’ve incorporated the sonogram in high-risk patients’ regimen every six months religiously because it finds tumors while they’re small and “tumpectomy” surgery is curative if the mass is less than 1 cm. This is alongside doing mammograms once a year in women over 50 or unless they have a history of cancer- at which case, we do it starting at age 45.

Why Go Doppler?

There are other ways of looking at blood flow in tumors. CAT scans and CT radiation imaging was spectacular at finding breast cancer except the radiation dose was so high that patients were developing lung cancer from it. Also, claustrophobic people couldn’t fit into the CT or the MRI tube. MRI also uses the blood flow technology but some people are allergic to the contrast from the CT or the MRI. Also, the MRI contrast is depositing now in the brain, causing other problems that we’re just being aware of. The Doppler Sonogram is technically instantaneous. You put the probe on the target organ, find the area, pinpoint it, press a button and seconds later you have the map showing the types and location of the vessels. You have a program on the computer to give you a vessel density measurement which shows how aggressive this is. Instead of the genetic markers showing how aggressive a tumor will be, this is a visual way in seconds that’s being used worldwide to show cancer vessel aggression. (Contd. in www.bardblogs.com)

Long Island Cancers: Then and Now
By Erica Miller   Edited by: Sansa Marguilles

Since the early 1940’s, Long Island became riddled with countless cases of toxic waste and hazardous dump sites contaminating groundwater and wells with volatile organic chemicals and carcinogens recognized as the Bethpage Plume “thanks” in part to the Grumman manufacturing plant, Naval Weapons Industrial Reserve Plant and Hooker Chemical/Ruco Polymer site. Record levels of radioactive materials such as chromium and radium continue to plague its drinking water today despite decades of cleanup efforts and water treatment plant upgrades. Scientists have speculated a direct connection between Long Island’s reportedly high rate of breast cancer (alongside other cancers) over the national average and this cancer plume. By 1985, a major study of Long Island patients in the NY State Journal of Medicine showed over 90% of the suspect calcifications that showed up in mammograms were proven benign after surgical biopsy, resulting in unnecessary treatments that nowadays are avoidable. Unfortunately, the increase in inflammation in the breast which was causing the calcification was what instigated the greater risk of developing actual breast cancer. The current 2018 American College of Radiology statistics state that women with dense breasts are 500% more likely to develop benign, or malignant tumors than women without dense or lumpy breasts.
Asbestosis is a well-known disease going back decades related to the asbestos industry and the use of asbestos to insulate everything from boilers in residential houses and heating pipes in commercial settings for many decades. It’s been known that people that worked with this material who may have breathed it in are at an increased risk for asbestosis and asbestos-related lung cancers. Recently, incidents of a great many cancers from the Ground Zero area has (now) been spiking and is said to be attributed to asbestos fibers and other chemicals absorbed through the lungs from exposure to the 9/11 dust. This is all due to the more common lung-related cancers that you might expect (or cancers in the kidneys and liver) and many others that has affected just about every organ and every system in the body.

Asbestos acts as a synergistic agent for accelerating and magnifying the effects of other toxins because the asbestos fibers have no place to go. The body has mechanisms to deal with many toxins and over time, the concentration of these toxins decrease in the body— which is true for many of the petrochemicals and organophosphates and things that were inhaled. Not true for the heavy metals that were inhaled in 9/11 because the body has very poor mechanisms for dealing with heavy metals ingested in any way.

First Responder Joins Advocacy Mission to Battle 9/11 Cancer Threats

"I (still) see and hear about people being diagnosed with cancer every single day from 9/11. I’m afraid there’s no end in sight— it’s because of this that I’m so driven to get myself checked out regularly... and I also try to get everyone to get screenings. However, I can do that, it’s through an article in the paper, or an article online, anything that I can do to get the word out, that’s my passion!" - RICHARD MARRONE

I worked for FDNY EMS during 9/11 to assist in the rescue recovery efforts, working out of Battalion 55 in the South Bronx. I got there after the towers had collapsed and was assigned there on and off for 10 months. It was just everywhere. The DUST was so thick it would dry your eyes out. You couldn’t breathe. There’s nothing you can do to get away from it. I know what was in those particulates—it was asbestos, it was concrete, it was human remains, metals and any possible contamination in a fire... it was all there. We all got certified and tested and some of us continue to get re-tested. As the union delegate (then) I made sure everyone was certified— not because you’re going to come down with an illness but if you worked at 9/11, you may become sick in the future. The probability is there!
NYCRA 2019 Crusade for Early Detection & Prevention: “Get Checked Now!”
Contd. from EXTRA (page 1)

Since 2017, the NY Cancer Resource Alliance joined with public foundations in NY on an awareness project called “GET CHECKED NOW!”-- a 2-part effort supporting both a public educational effort to all local community groups dedicated to raising cancer awareness and presenting the many new treatment options available. Part 2 of the program is the access to advanced Cancer Screening (found by our very own Dr. Robert Bard). This offers some of the most cutting edge technologies made available and affordable to the general public. “GET CHECKED NOW!” battles cancer through public awareness seminars by professional speakers and experienced cancer educators covering a wide range of topics in Wellness and Prevention. They underscore and promote the importance of sensible research to form a confident personal treatment strategy for anyone diagnosed with this disease. (See: AwarenessForACure.org)

Rare Cancer Associated from Textured Breast Implants (BIA-ALCL)
Contd. from (page 1)

Imagine getting a splinter under the skin; first it hurts, then the pain goes away but it starts to swell and become infected with pus and may even burst out through the skin- much the same way a foreign body like a textured implant causes inflammation. We know chronic inflammation is associated with cancer, which is why textured implants need to be scanned periodically with the simple safe sonogram to make sure there’s nothing developing. The textured implant is 90% more likely to cause a reaction and the ALCL cancer than the smooth implant. (for complete article, visit: www.ImplantScreening.com)

A Note from the Doc

Starting off the New Year right means staying in the know about how to keep the bad guys away. The proverbial “apple-a-day” includes reading up on the latest in health news and staying proactive with PREVENTION & WELLNESS.

Our newsletter gives praise to all our patients who continue to stay on top of their checkups and regular exams- let it be Breast, Prostate, Skin and all the other vital areas that our adult lives need to maintain the most positive living standards. This awareness-driven lifestyle can only add to getting the most out of each glorious day!

~ DR. ROBERT L. BARD

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MODERN DIAGNOSTIC SCIENCE NEWS is the official newsletter of BARD DIAGNOSTIC IMAGING - 121 E 60th Street #6A New York, NY 10022 | (212) 355-7017 www.CancerScan.com - Production Designer/Editor: Leonard Grett | Asst. Editors: Carmen Regalito-Dawit / Savannah Yip. Contributing writers: Dr. Jesse A. Staff (www.DrJesseStaff.com) and Erica Miller. Asst. Print Coordinators: Greg Titus & Carmine Galluzzo. Special thanks to: Jennifer Hunt (LEDAY) and NYCRA & Jennifer Cook (BIA-ALCL GROUP), National Cancer Institute (U.S. National Institutes of Health), Marc Futterweit, Peggy Miller & Chet Ambrose (The Male Breast Cancer Coalition), Robert Marrone & Sal Benoitte (EDNY) and Michael Barash (Barash & McGurry-9/11 Attorneys). For more information about the contents of this newsletter, contact our editorial staff at 631-920-5757 or email www.nycracalifornia.com. Copyright (C) 2019 - Bard Wellness Publications. All Rights Reserved.