

Great Neck OB/GYN New Breast Cancer Screening Test

To our patients at Great Neck Obstetrics & Gynecology:

Breast Cancer is the leading cause of cancer death in women aged 20-59. Our practice is pleased to offer a new test to evaluate breast cancer risk. This test is designed to identify women who are at elevated risk for breast cancer, but may not realize it. In fact, 70% of women who get breast cancer have NO family history and NO other identifying risk factors for the disease.

The HALO Breast Pap Test detects abnormal cells in the milk ducts, where 95% of all breast cancers originate. The test can detect pre-cancerous changes in the breast seven to ten years BEFORE the cancer is seen on a mammogram. Mammograms show breast cancers after they have been present in the breast for 3-5 years. Pre-cancerous changes that are detected can then be followed with more aggressive prevention therapies and screening tests (including medication, MRI's and lifestyle changes that can reduce risk-avoiding estrogen replacement, smoking, decreasing weight, and avoiding alcohol).

The HALO Breast Pap Test takes just five minutes and is recommended for all women. A combination of warmth, suction and massage is applied to the breast with a device similar to a breast pump. About half of women tested will produce breast fluid. The fluid is then analyzed for abnormal cells just like a cervical pap smear. If atypical cells are found in the breast fluid, breast cancer risk is increased by up to 5 times. If no fluid is produced, the woman is at low risk. The test is an annual test and does NOT replace your regular mammogram.

We consider this test to be on the cutting edge of early breast cancer risk assessment and prevention. We strongly recommend that all women be tested annually with the HALO system. If you are interested, our physicians will be happy to provide you with written information and can test you today or schedule you for a 5 minute HALO Breast Pap Test at your convenience.**

Name: _____ **D/O/B:** _____

Yes: _____ **No:** _____

Signature: _____ **Date:** _____

**This is a screening test that is not yet covered by any insurance carriers. The fee for this test is \$125 and expected at time of service.