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## **NEW HALO BREAST CANCER SCREENING**

Breast cancer is the leading cause of cancer death in women aged 20 to 59 and 8 out of 9 women who develop breast cancer DO NOT have an affected mother, sister or daughter.

My practice has recently implemented a new test to evaluate breast cancer risk. This test is designed to identify women who are at elevated risk but may not realize it – in fact, 70% of women who get breast cancer have NO identifying risk factors other than age.

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 mammogram. In fact, once a cancer is detected on mammography, it has been present for three to five years. Pre-cancerous changes can be followed with more aggressive prevention therapies and screening tests (including medication, MRI’s and lifestyle changes that can reduce risk such as decreasing weight and avoiding alcohol).

The HALO Breast Pap Test takes just 5 minutes, is non-invasive, and is recommended for all women ages 25 and older. A combination of warmth, suction and massage is applied to the breast with a device similar to a breast pump. Most patients feel that the test is moderately uncomfortable but not painful. About half of women tested will produce nipple fluid which is then analyzed for abnormal cells just like a cervical Pap test. The presence of atypical cells in the fluid indicates that breast cancer risk is increased up to 5 times. If there is no nipple fluid produced, the risk of breast cancer is low. This test does NOT replace a regular mammogram but is used as an adjunct to mammography.

I consider this test to be on the cutting edge of early breast cancer risk assessment and prevention. This test is so new that insurance companies are not yet covering this. If nipple fluid is produced it will be sent to the lab for analysis and the lab will bill your insurance company for this. This cost is generally covered by insurance however could be applied to your deductible or have copay or co-insurance for which you will be billed.

\_\_\_\_\_ I desire testing and understand there is a \$75.00 charge.

\_\_\_\_\_ I decline testing.

\_\_\_\_\_ I desire more information.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_