

## Promising Mayo Clinic Technology Joins The Fight Against Breast Cancer

Mayo Clinic





Most of us know someone who has been affected by breast cancer.

In fact, the American Cancer Society estimates that roughly 1 in 8 woman will have invasive breast cancer at some point in her life, and that approximately 1 in 35 women will die from breast cancer. However, the number of deaths resulting from breast cancer is on the decline, and many people believe this decline is due to earlier detection and better treatment.

A team of researchers at the Mayo Clinic, including Deborah Rhodes, M.D., Michael O'Connor, Ph.D., and Carrie Hruska, Ph.D., has spent the last seven years developing and evaluating ways to improve the detection and monitoring of breast cancer. This research, supported by Mayo Clinic, Gamma Medica Ideas Inc. and the National Institutes of Health, has resulted in technologies exclusively licensed to Gamma Medica Ideas for use in their molecular imaging systems.

This set of intricate algorithms and hardware embedded into the imaging device allows for
efficient detection of breast cancer and a drastic reduction in the radiation dosage administered

## to women during screening procedures.

At times, current mammography technology is unable to detect breast cancer, especially in women with dense breast tissue. The molecular breast imaging algorithms and device hardware technology from Mayo Clinic, coupled with the detector technology at Gamma Medica Ideas, creates a method of diagnosis and monitoring that can overcome the detection problem involved with dense breast tissue. Molecular breast imaging is also less expensive than alternative techniques like contrast enhanced breast MR.

This technology has the potential to improve the quality of life of large numbers of women, provides a less expensive alternative method for detecting breast cancer and offers a more robust detection system. Most importantly, earlier detection and lower doses of radiation make it very appealing to patients and practitioners.

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