

Wende Logan-Young, M.D.

**Catering to the patient is the latest trend. In upstate New York, one doctor has been taking that approach for years** By Randi Hutter Epstein, M.D.

## Inside A Breast-Cancer Clinic

**i**t's six o'clock on a cold, clear evening in Rochester, New York. Wende Logan-Young, M.D., is in the backseat of her car. Wrapped around her forehead is a headband with a flashlight sticking out, the same one she uses for night skiing. But now she needs the light to review notes on her forthcoming book on breast cancer.

The car phone rings. It's a patient. A forty-two-year-old woman with breast cancer needs to talk.

A patient is calling a doctor in the evening without a medical emergency? On her car phone? Didn't doctors stop giving out personal phone numbers about the same time they stopped making house calls?

This is standard practice for this sixty-one-year-old radiologist who seems more at ease in fly-fishing gear than formal attire; a cancer expert who revels in her tales about rankling male colleagues back in the seventies by insisting that patients should be treated with respect and get test results as quickly as possible.

"The moment a woman finds out she has breast cancer, there is blocking, denial," says Logan-Young.

"When we give them the news, their heads are spinning. They may have questions and I answer them, but they won't remember. So they have my number, and if I'm not home, my husband gives them my car-phone number." She has a driver so she can use this time for work.

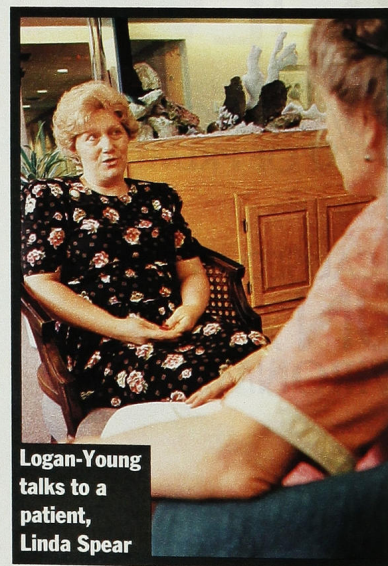
**b**reast cancer is many women's worst nightmare. It is the leading killer of women between the ages of thirty-five and forty-nine. According to the American Cancer Society, this year breast cancer will strike 180,200 American women and 43,900 will die from it. For many women, the terror is not only the fear of dying but also the profound sorrow they experience, rightly or wrongly, that they are losing a piece of their womanhood. Breasts symbolize sensuality. They provide the newborn's nourishment.

For that very reason, Logan-Young had long envisioned creating a retreat for women: a comfortable ambience, state-of-the-art technology, medical expertise and fast results. Sometimes, waiting for the verdict—cancer or not cancer—can be the most trying time of all. "I wanted to make it more like a home. Women working together toward the solution of a problem," says Logan-Young.

The Elizabeth Wende Breast Clinic, named after Logan-Young's mother, is a multidagnostic center, which means it has most of the tools used to detect breast cancer. There is mammography, ultrasound and biopsy. Women learn whether they have cancer and discuss treatment options before they meet with their surgeons.

Traditionally, women had been shuttled from doctor to doctor for a diagnosis—a lengthy, sometimes nerve-shattering experience. One doctor does the physical exam. Another doctor, maybe a week or so later, would do the mammogram. And another doctor, after another wait, would do the biopsy. About twenty years ago, most

physicians only did open surgical biopsies. Today, some biopsies are as simple as using a needle to retrieve tissue that can provide answers rapidly (*continued on page 109*)



Logan-Young talks to a patient, Linda Spear

JORG BROCKMANN



## BREAST-CANCER CLINIC

Continued from page 104

with less cost, pain and scarring.

There are many clinics like Logan-Young's. No one knows the exact count; many mammography centers call themselves breast clinics but do not provide other services. Some centers do even more, from surgery to psychiatric consultations.

Logan-Young intentionally limits her center to diagnosing breast cancer, not treating it. She says that many women travel hundreds of miles to her for their mammograms. (Women have come from as far away as South America and Africa.) If they need surgery, she says, they are better off closer to home, near friends and family. She strives to maintain a good rapport with the six hundred doctors who refer patients to her. And she feels that the best approach is for the patient's main doctor to choose the surgeon. "We are not trying to take over the patient's care, just helping physicians with the problem-solving."

When Logan-Young opened her clinic in 1976, women's comfort was not a top priority and few physicians wanted to work with her. "Wende did tremendously important pioneer work, creating a clinic at a time when women's issues were not as favored or well handled as they are today," said Laszlo Tabar, M.D., director of the department of radiology at Salun Hospital, in Sweden. Logan-Young sees about twenty-five patients every day, spending about fifteen minutes with each—more time, of course, for those with cancer.

She credits her mother and two of her sisters with getting the clinic off the ground. One sister, an X-ray technician, did the mammograms; the other decorated; her mother served as the office facilitator—all practically for free. Her clinic was so unsuccessful financially for the first five years, she had to work night shifts elsewhere to make extra money. Since then, she has been able to hire full-time staff. Her sisters no longer work there.

Back then, says Logan-Young, "it

was considered heresy for a radiologist to give results and discuss treatment options with patients." Even today, she adds, "we have doctors who love us and doctors who hate us. It's hardly ever in between. A few have said, 'Why did you do this to my patient?' As if the women are their possessions."

**L**ogan-Young's day typically begins at about five, but last night she set her clock wrong and now wakes up her husband and two dogs an hour earlier. "Boy, do I feel silly," says the doctor, who admits she's "a bit scatterbrained" about her own life.

Oh, well. She uses the extra hour to do things she never has time for—she brings her buttery scone and cup of tea to bed in her home nestled in the woods along one of the Finger Lakes, an hour outside Rochester. Then she takes her husband's usual role of going out for a romp with the dogs. An hour later, she showers and heads to work.

**7 A.M.** Women are already waiting at the clinic. They are dressed in thin white gowns, heads buried in magazines. They sit as far apart as possible. No one speaks. Despite an

atmosphere that looks more like a cozy living room than a doctor's office—there is traditional American furniture, floral wallpaper, a coffee table with a selection of herbal teas and even a fish tank—these women are not here to gab.

**7:12 A.M.** Logan-Young arrives wearing a sky-blue turtleneck, checked slacks and hiking boots. She looks like a friendly neighbor, someone who should be toiling in the garden (she does love weeding). "We got rid of the white coats," she says. "It puts a wall between us and the patients." Her gray hair is piled in a bun.

The vast majority of women who come here have mammograms that show healthy breast tissue, and leave without speaking with a doctor. Their films are read immediately by radiologists, and patients with normal films are told right away. Women who feel lumps or have suspicious lesions get a breast exam and ultrasound by a doctor.

"One of the things people don't understand is that cancer and [harmless] cysts all look white on the mammogram," Logan-Young explains. "We can't tell them apart until we do ultrasound." (continued on page 112)

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## BRIEF SUMMARY OF PRESCRIBING INFORMATION FOR THE PATIENT

### PREMPRO™ Brand of conjugated estrogens/medroxyprogesterone acetate tablets.

This summary describes when and how to use estrogen/progestin drugs and the benefits and risks of treatment.

#### ESTROGENS INCREASE THE RISK OF CANCER OF THE UTERUS IN WOMEN WHO HAVE HAD THEIR MENOPAUSE ("CHANGE OF LIFE"). THIS FINDING REFERS TO ESTROGENS GIVEN WITHOUT PROGESTIN.

Progestin drugs taken with estrogen-containing drugs significantly reduce but do not eliminate this risk. If you use any estrogen-containing drug, it is important to visit your doctor regularly and report any unusual vaginal bleeding right away. Vaginal bleeding after menopause may be a warning sign of uterine cancer. Your doctor should evaluate any unusual vaginal bleeding to find out the cause.

#### ESTROGENS/PROGESTINS SHOULD NOT BE USED DURING PREGNANCY.

Estrogens do not prevent miscarriage (spontaneous abortion) and are not needed in the days following childbirth. If you take estrogens during pregnancy your unborn child has a greater than usual chance of having birth defects. These birth defects may affect the baby's urinary system and sex organs.

## ESTROGEN/PROGESTIN DRUGS

PREMPRO is a combination of two hormones, an estrogen and a progestin. This hormone combination has been shown to provide the benefits of estrogen replacement therapy while lowering the frequency of a possible precancerous condition of the uterine lining. This therapy is not intended for women who have had a hysterectomy (surgical removal of the uterus).

Estrogens have several important uses but also some risks. You must decide, with your doctor, whether the risks of estrogens are acceptable when weighed against their benefits. Check with your doctor to make sure you are using the lowest possible effective dose.

With PREMPRO therapy several menstrual-like bleeding patterns may occur. These may range from absence of bleeding to irregular bleeding. If bleeding occurs, it is frequently light spotting or moderate menstrual-like bleeding, but it may be heavy. Please discuss your bleeding pattern and set up an appropriate schedule for follow-up care with your physician.

## USES OF ESTROGEN

To reduce menopausal symptoms: Estrogens are hormones produced by the ovaries of normal women. The decrease in the amount of estrogen that occurs in all women, usually between the ages of 45 and 55, causes menopause. Sometimes the ovaries are removed during an operation causing "surgical menopause." When the amount of estrogen begins to decrease, some women develop very uncomfortable symptoms, such as feelings of warmth in the face, neck, and chest, or sudden intense episodes of heat and sweating ("hot flashes" or "hot flushes"). Using estrogen drugs can help the body adjust to lower estrogen levels and reduce these symptoms. Some women have none or only mild menopausal symptoms; in others, symptoms can be severe. These symptoms may last only a few months or longer. Taking PREMPRO can alleviate these symptoms. If you are not taking hormones for other reasons, such as the prevention of osteoporosis, you should take PREMPRO only as long as you need it for relief from your menopausal symptoms.

To prevent brittle bones: After age 40, and especially after menopause, some women develop osteoporosis. This is a thinning of the bones that makes them weaker and more likely to break, often leading to fractures of spine, hip, and wrist bones. Taking estrogens after the menopause slows down bone loss and may prevent bones from breaking. Eating foods that are high in calcium (such as dairy products) or taking calcium supplements (1000 to 1500 milligrams per day) and certain types of exercise may also help prevent osteoporosis. Since estrogen use is associated with some risks, its use in the prevention of osteoporosis should be limited to women who appear susceptible to this condition. The following characteristics are often present in women who are likely to develop osteoporosis: white or Asian race, thinness, cigarette smoking, family history, and early or surgical menopause.

To treat vulvar and vaginal atrophy (itching, burning, dryness in or around the vagina, difficulty or burning on urination) associated with menopause.

## WHEN ESTROGENS SHOULD NOT BE USED

During pregnancy (see Boxed Warning): If you think you may be pregnant, do not use any form of estrogen-containing drug. Using estrogens while you are pregnant may cause your unborn child to have birth defects. Estrogens do not prevent miscarriage.

If you have unusual vaginal bleeding which has not been evaluated by your doctor (see Boxed Warning): Unusual vaginal bleeding can be a warning sign of cancer of the uterus, especially if it happens after menopause. Your doctor must find out the cause of the bleeding so that he or she can recommend the proper treatment. Taking estrogens without visiting your doctor can cause you serious harm if your vaginal bleeding is caused by cancer of the uterus.

If you have had cancer: Since estrogens increase the risk of certain types of cancer, you should not use estrogens if you have ever had cancer of the breast or uterus.

If you have any circulation problems: Estrogen drugs should not be used except in unusually special situations in which your doctor decides that you need estrogen therapy so much that the risks are acceptable. Women with abnormal blood clotting conditions should avoid estrogen use (see RISKS OF ESTROGENS AND/OR PROGESTINS).

When they do not work: During menopause, some women develop nervous symptoms or depression. Estrogens do not relieve these symptoms. You may have heard that taking estrogens for years after menopause will keep your skin soft and supple and keep you feeling young. There is no evidence for these claims and such long-term estrogen use may have serious risks.

After childbirth or when breast-feeding a baby: Estrogen should not be used to try to stop the breast from filling with milk after a baby is born. Such treatment may increase the risk of developing blood clots (see RISKS OF ESTROGENS AND/OR PROGESTINS).

If you are breast-feeding, you should avoid using any drugs because many drugs pass through to the baby in the milk. While nursing a baby, you should take drugs only on the advice of your health care provider.

## RISKS OF ESTROGENS AND/OR PROGESTINS

Cancer of the uterus: The risk of cancer of the uterus increases when estrogens are used alone, the longer they are used, and when larger doses are taken. There is a higher risk of cancer of the uterus if you are overweight, diabetic, or have high blood pressure.

The hormone combination you will be taking contains estrogen and progestin. This combination has been shown to provide the benefits of estrogen replacement therapy while reducing the risk of a precancerous condition of the uterine lining.

Additional risks may be associated with the inclusion of a progestin in estrogen treatment. The possible risks include unfavorable effects on blood fats and sugars. Usually, the smaller the dose and the shorter the duration of treatment, the more these effects are minimized. Check with your doctor to make sure you are using the lowest effective dose and only for as long as you need it.

Cancer of the breast: Most studies have not shown a higher risk of breast cancer in women who have ever used estrogens. However, some studies have reported that breast cancer developed more often (up to twice the usual rate) in women who used estrogens for long periods of time (especially more than 10 years), or who used high doses for shorter time periods. The effects of added progestin on the risk of breast cancer are unknown. Some studies have reported a somewhat increased risk, even higher than the possible risk associated with estrogens alone. Others have not. Regular breast examinations by a health professional and monthly self-examination are recommended for all women.

Gallbladder disease: Women who use estrogens after menopause are more likely to develop gallbladder disease needing surgery than women who do not use estrogens.

Inflammation of the Pancreas: Women with high triglyceride levels may have an increased risk of developing inflammation of the pancreas.

Abnormal blood clotting: Taking estrogens may increase the risk of blood clots. These clots can cause a stroke, a heart attack, or a pulmonary embolus, any of which may cause death or serious long-term disability.

Excess calcium in the blood: Taking estrogens may lead to severe hypercalcemia in women with breast and/or bone cancer.

During pregnancy: There is an increased risk of birth defects in children whose mothers take this drug during the first four months of pregnancy. Several reports suggest an association between mothers who take these drugs in the first trimester of pregnancy and genital abnormalities in male and female babies. The risk to the male baby is the possibility of being born with a condition in which the opening of the penis is on the underside rather than the tip of the penis (hypospadias). Hypospadias occurs in about 5 to 8 per 1,000 male births and is about doubled with exposure to these drugs. There is not enough information to quantify the risk to exposed female fetuses. However, enlargement of the clitoris and fusion of the labia may occur although rarely.

Therefore, since drugs of this type may induce mild masculinization of the external genitalia of the female fetus, as well as hypospadias in the male fetus, it is wise to avoid using the drug during the first trimester of pregnancy. These drugs have been used as a test for pregnancy, but such use is no longer considered safe because of possible damage to a developing baby. Also, more rapid methods for testing for pregnancy are now available. If you take PREMPRO and later find you were pregnant when you took it, be sure to discuss this with your doctor as soon as possible.

## SIDE EFFECTS WITH ESTROGENS AND/OR PROGESTINS

In addition to the risks listed above, the following side effects have been reported with estrogen and/or progestin use:

- Nausea, vomiting, pain, cramps, swelling, or tenderness in the abdomen.
- Yellowing of the skin and/or whites of the eyes.
- Breast tenderness or enlargement.
- Enlargement of benign tumors of the uterus.
- Irregular bleeding or spotting.
- Change in amount of cervical secretion.
- Vaginal yeast infections.
- Retention of excess fluid. This may make some conditions worsen, such as asthma, epilepsy, migraine, heart disease, or kidney disease.
- A spotty darkening of the skin, particularly on the face; reddening of the skin; skin rashes.
- Worsening of porphyria.
- Headache, migraines, dizziness, faintness, or changes in vision (including intolerance to contact lenses).
- Mental depression.
- Involuntary muscle spasms.
- Hair loss or abnormal hairiness.
- Increase or decrease in weight.
- Changes in sex drive.
- Possible changes in blood sugar.

## REDUCING THE RISKS OF ESTROGEN/PROGESTIN USE

If you decide to take an estrogen/progestin combination, you can reduce your risks by carefully monitoring your treatment.

See your doctor regularly: While you are taking PREMPRO, it is important to visit your doctor at least once a year for a checkup. If you develop vaginal bleeding while taking estrogens, you may need further evaluation. If members of your family have had breast cancer or if you have ever had breast lumps or an abnormal mammogram (breast X ray), you may need to have more frequent breast examinations.

Reassess your need for treatment: You and your doctor should reevaluate your need for estrogens at least every six months.

Be alert for signs of trouble: Report these or any other unusual symptoms to your doctor immediately.

- Abnormal bleeding from the vagina.
- Pains in the calves or chest, a sudden shortness of breath, or coughing blood.
- Severe headache or vomiting, dizziness, faintness, or changes in vision or speech, weakness or numbness of arm or leg.
- Breast lumps.
- Yellowing of the skin and/or whites of the eyes.
- Pain, swelling, or tenderness in the abdomen.

## OTHER INFORMATION

Estrogens increase the risk of developing a condition (endometrial hyperplasia) that may lead to cancer of the lining of the uterus. Taking progestins, another hormonal drug, with estrogens lowers the risk of developing this condition.

You should know, however, that taking estrogens with progestins may have unhealthy effects on blood sugar, which might make a diabetic condition worse.

Some research has shown that estrogens taken without progestins may protect women against developing heart disease. However, this is not certain. The protection shown may have been caused by the characteristics of the estrogen-treated women and not by the estrogen treatment itself. In general, treated women were thinner, more physically active, and were less likely to have diabetes than the untreated women. These characteristics are known to protect against heart disease.

It is important to discuss, in detail, with your doctor or health care provider all the possible risks and benefits of long-term estrogen and progestin treatment as they affect you personally.

This Summary provides the most important information about PREMPRO. If you want to read more, ask your doctor or pharmacist to let you read the professional labeling.

This Brief Summary for Direct-to-Consumer Advertising is based on the current PREMPRO Tablets insert (PI 4665-3) revised May 21, 1997 with the incorporation, in lay language, of pertinent text from the Physician Insert, (CI 4664-3) revised May 21, 1997.

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## BREAST-CANCER CLINIC

Continued from page 109

Before ultrasound, all women with suspicious spots on their mammogram were advised to have surgical biopsies. That meant a lot of unnecessary biopsies and a lot of needless anxiety. For those who are diagnosed with cancer, Logan-Young maintains contacts with the referring physicians or the patient.

**7:31 A.M.** Marion Meradji, a forty-two-year-old woman from Farmington, New York, has the first appointment of the day. She has a lump in her left breast. Logan-Young

enters and says immediately, "Mrs. Meradji, your X ray looks good."

"I always tell them right away if their film is normal," Logan-Young explains afterward, "because that is all they want to hear."

The woman's relief is obvious.

To an unskilled viewer like Meradji, the ultrasound looks like a fuzzy TV screen. Logan-Young points to black circles within the snowy picture. "See those guys? Those are cysts, just sacks of fluid. So," she adds nonchalantly, "you have fibrocystic breasts."

"It's a nuisance," says Logan-Young.

"Your hormones are telling the breast to make milk. The cysts are just fluid backed up."

Nothing needs to be done, though if the cysts become bothersome, physicians aspirate them—draining the fluid with a needle. The procedure is painless and lasts just a few minutes.

As she aspirates, Logan-Young tells Meradji, "You'll feel more lumpy as you get near the change of life or if you're under stress or if you drink a lot of caffeine."

Though many other experts—including breast-cancer (continued)



## BREAST-CANCER CLINIC

Continued

guru Susan Love, M.D.—disagree, Logan-Young insists caffeine promotes cyst development. And when Logan-Young believes something, there is no telling her otherwise. (Scientific studies have not proven that caffeine promotes cyst growth.)

"A lot of surgeons disagree," she concedes. "But far and away, women with cysts tell me they feel better when they're off caffeine."

**7:45 A.M.** Logan-Young heads to her second patient: Kelly Harwood\*, thirty-six, who has had a lump in her breast for twenty years. "If you had just discovered this lump yesterday, I would have wanted to do a needle test and take cells out, but that is not necessary," says Logan-Young. "The best thing is that you had this since the age of sixteen."

Harwood has a fibroadenoma, an overgrowth of the cells that make milk. "Everything is fine," Logan-Young says. "You're going to have this for the rest of your life. Fibroadenomas are no more likely to turn into cancer than the rest of your breast tissue."

**9 A.M.** Susan Roux, M.D., a fellow radiologist at the clinic, enters the office as Logan-Young is examining mammograms and dictating the medical reports. "I have a patient who says the 'hifalutin' music is bothering her. Can we switch to Streisand?" she asks. Logan-Young walks to her CD player and removes Tchaikovsky's Sixth. "We try to have calming music, no big booms," she explains.

**9:45 A.M.** Linda Spear is worried. "I was in the shower, leaning over, and this bump on my breast didn't fall," says the forty-seven-year-old from Rexville, New York. "It got flat, and I remembered you're supposed to be concerned."

Spear is right. Benign breast lumps—sacks of fluid or lumps of fat—fall with the breast. Cancers defy gravity, creating a dimple. Logan-Young views the ultrasound and tells Spear, "You do have something going on." She advises another

\*Name has been changed.

mammogram that will zero in on the area of concern, as well as fine-needle aspiration cytology, or FNAC, that will retrieve a sample of cells for the pathologist to view.

A few minutes later, as she sticks the needle into the lump, Logan-Young and Spear chat about men and marriage. Logan-Young was devastated when her first marriage ended in divorce after twenty-five years, but now lives next door to her ex-husband and his second wife.

When the procedure is over, Logan-Young tells Spear to return in one hour, at which time she will have a pathology report. Back in her office, she says, "This is cancer." On ultrasound, the woman's lump did not appear as a smooth ball, the way a benign tumor would have. It looked more like a splotch of paint, an irregular shape that is the way cancers grow. But nothing is definitive until a pathologist views the cells with a microscope.

The phone rings. It's Bill, Logan-Young's husband. He runs his own advertising agency. "Hi, honey. Kind of swamped now," she says, as if diagnosing cancer is par for the course in everyone's morning. "I love you, too."

**10:46 A.M.** Spear's report comes back with the expected bad news. Logan-Young and her patient stand face-to-face in a room off the crowded waiting area. "I'm sorry. It did show a malignancy," Logan-Young says directly yet in a calming tone. They discuss the plan of attack, beginning with a visit to Spear's internist (whom Logan-Young has already contacted). They talk about lumpectomies versus mastectomies.

Spear is upset, but not surprised. She has a frozen smile on her face as if she is wishing away the grim news. As with most women, it will take days for the reality to sink in.

As she does with all cancer patients, Logan-Young lends Spear a copy of *Dr. Susan Love's Breast Book* (Addison-Wesley, 1995), which explains breast cancer in easy-to-understand terms. She has about three hundred copies of Love's book. (continued)

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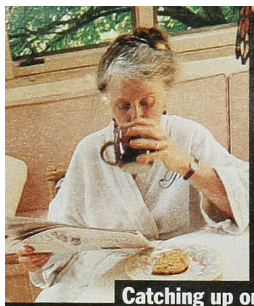
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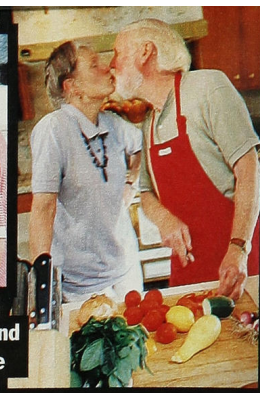
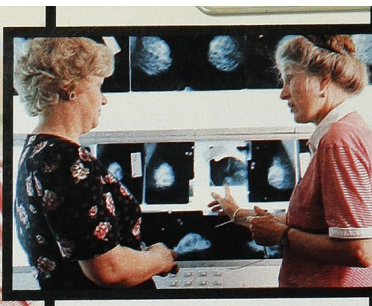




**Catching up on the news before work**



**Patients are welcome to phone**



**Day's end at home**

## BREAST-CANCER CLINIC

*Continued*

Spear tries to smile and say good-bye, but no sounds come out.

Certainly Logan-Young has broken the news of cancer to hundreds of women, but that doesn't make it any easier. "Oh, man, this is the worst part of it," she says as Spear leaves the room. "She's holding everything inside. I'm worried she might not have support." Logan-Young does not insist that every woman with breast cancer go to a support group, although she points out that they have been proven to extend lives. She just wants to ensure that every patient has family or friends for emotional support.

"This woman is certainly not your average doctor," Linda Spear later says. "She was involved in all the decision-making of my cancer. And she told me about difficult times she went through that helped me open up about my fears of the disease. She just seemed so genuinely sorry to tell me about my cancer that it made me feel like she really cares."

**12:24 P.M.** Lunchtime. A ham sandwich and a diet soda. Logan-Young eats while reviewing mammograms.

**1:30-5:30 P.M.** For the rest of the afternoon, Logan-Young treats three more patients with cysts, another woman with a fibroadenoma and a woman worried about nipple discharge. A spontaneous discharge from both breasts is usually not worrisome, says Logan-Young. "It's related to hormones," whereas a discharge from one breast may signal an underlying cancer. Another woman, whose pathology report was inconclusive, needs a biopsy. Logan-Young also dictates the results of all mammograms and mails the

so they get results quickly, too.

"It can be easy when you see patients with the same problems every day to be lulled into a sense of not caring," she says. "But I pretend each patient is my mother or one of my sisters, and then I think I maintain a level of empathy."

**5:30 P.M.** The patient flow slows. Logan-Young packs her bags for her ride home.

**6 P.M.** She is on the phone in her car, talking to a woman with breast cancer, someone who had been diagnosed weeks earlier but now has a few lingering questions. The next phone call is from her husband, Bill, telling her to look at the full moon.

**6:20 P.M.** Suppertime. Usually Bill, a sixty-two-year-old "culinary genius," cooks. Tonight, she says, she's given Bill the night off so they can meet at their favorite local haunt, a casual grill midway between the office and home.

Dinner conversation is about kids, fishing, the weather—not cancer. When Logan-Young is with her husband, they do not talk shop.

**8:30 P.M.** Logan-Young is zonked. She says she needs her eight hours of sleep. Tonight she'll check the clock twice. No more four A.M. wake-up calls.

**f**or a woman who does not consider herself very smart—she says she got into medical school because she is good at multiple-choice exams—Wende Logan-Young has come a long way. Sure, she has had rough times: her clinic's rocky start; her divorce; and then

reports on the same day to the referring physicians

after her mother's death from pancreatic cancer, she and her six sisters were depressed for years. "If you could've seen what a neat woman she was, you'd understand. Losing a mother is so hard."

But now she seems to beam from an inner happiness. Maybe it's from a good marriage. Or the pride she has in her four children and four grandchildren. (Her only daughter is also a doctor, an internist in Wisconsin. Her three sons chose other professions.) Or perhaps this high-powered woman is fueled by knowing that she helps so many women conquer or cope with breast cancer. ●

## How to Choose a Breast Clinic

Everyone can't trek to Rochester, New York, so Wende Logan-Young has developed the following guidelines to help you get the best diagnosis.

- 1. Make sure the mammography center is accredited by the American College of Radiology.**
- 2. Don't be swayed by speed. Remember that the center that provides the most rapid results is not necessarily the best.**
- 3. A center that offers fine-needle aspiration biopsies and core biopsies is one that probably does many mammograms and is experienced in reading the results.**
- 4. Though many cities have multidisciplinary centers, going to one is not crucial for proper breast care. Logan-Young believes the most important things every woman can do for the care of her breasts are breast self-exams and annual mammograms.** —R.H.E.

JOIG BROCKMANN