
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

It'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.

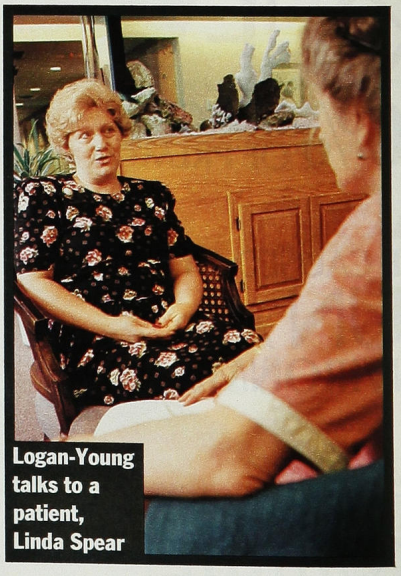
"The moment a woman finds out she has breast cancer, there is blocking, denial," says Logan-Young. "When we give them the news, their heads are spinning. They may have questions and I answer them, but they won't remember. So they have my number, and if I'm not home, my husband gives them my car-phone number." She has a driver so she can use this time for work.

Breast 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 multidiagnostic 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

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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."

Logan-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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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)*

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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 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.

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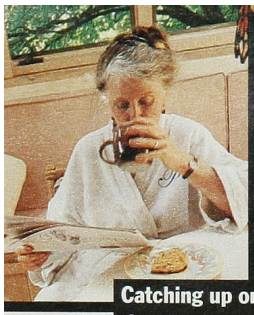
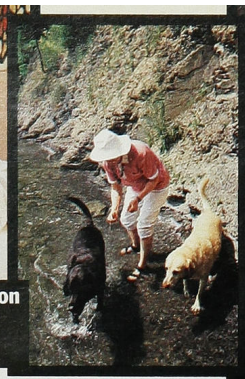
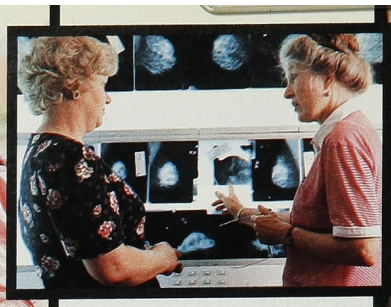
*Name has been changed.

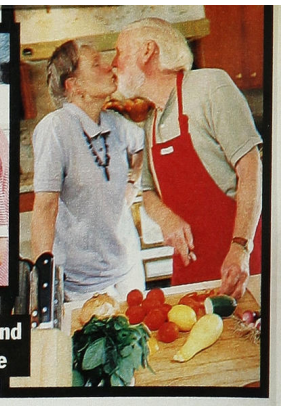


Catching up on the news before work



Patients are welcome to phone





Day's end at home

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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 reports on the same day to the referring physicians 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.

For 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 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.

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