October 2026 | Edition 1

NYSRS MSS NEWSLETTER

From the Editors

Dear Friends and Colleagues,

Welcome to the inaugural edition of the New York State Radiological Society (NYSRS) Medical Student Newsletter. We are excited to launch this quarterly publication as a platform committed to educating, informing, and connecting medical students across New York State.

This newsletter was created with a simple mission: to highlight the evolving role of radiology not only as a cornerstone of modern medicine, but also as a driver of innovation, advocacy, education, and health equity. While radiologists are often recognized for their expertise in diagnostic imaging and image-guided procedures, they also play a critical role in shaping healthcare policy, advancing research, improving access to care, and promoting evidence-based screening practices that directly impact patient outcomes. Through each issue, we hope to showcase these broader contributions while providing practical educational content relevant to trainees.

We selected breast cancer screening as the focus of our inaugural issue because it represents one of the most impactful intersections of radiology, public health, and advocacy. Early detection through appropriate screening has transformed breast cancer outcomes, yet significant disparities in access to screening and follow-up imaging remain. Recent legislative efforts, evolving screening recommendations, and ongoing discussions surrounding breast density and supplemental imaging highlight the important role radiologists play in advancing equitable, patient-centered care.

Looking ahead, this newsletter will continue to explore timely topics in radiology, including emerging imaging technologies, legislative and advocacy initiatives, educational “Radiology Pearls”, research highlights, and opportunities for medical students and trainees to become involved within the field. Our goal is to foster curiosity, encourage meaningful engagement, and strengthen the local New York State radiology community through education and collaboration.

We are grateful for your readership and support as we begin this new initiative and look forward to growing this publication together in the issues to come.

Sincerely,
Christian Calistro (MS-3, NYITCOM) and Jasmine Choi (MS-2, SUNY Downstate COM)



Christian Calistro



Jasmine Choi

What to Know About Breast Cancer

Breast cancer is the most common cancer diagnosed in women after nonmelanoma skin cancer, accounting for nearly 30% of all new cancers in women, and is the second leading cause of cancer-related death among women in the United States. In 2026 alone, an estimated 321,910 women will be diagnosed with invasive breast cancer (American Cancer Society data), and approximately 1 in 8 women (13%) will develop invasive breast cancer during their lifetime. Although breast cancer can occur in men, it is overwhelmingly more common in women, with a female-to-male incidence ratio of approximately 126:1.

Early-stage breast cancer is frequently asymptomatic and is often detected through routine screening mammography or other breast imaging. When symptoms do occur, they may include a palpable breast mass, nipple inversion, nipple discharge, or signs of regional or distant metastatic disease. Definitive diagnosis requires tissue biopsy of lesions identified on clinical examination or imaging studies.

Breast cancer treatment is highly individualized and relies on a multidisciplinary approach involving breast surgery, radiation oncology, medical oncology, radiology, and pathology. Depending on disease stage and tumor biology, treatment may include surgery, radiation therapy, chemotherapy, endocrine therapy, HER2-targeted therapy, immunotherapy, or combinations of these modalities. Prognosis is influenced mainly by stage at diagnosis underscoring the importance of early detection through screening, lymph node involvement, and tumor receptor status (estrogen receptor, progesterone receptor, and HER2 expression).

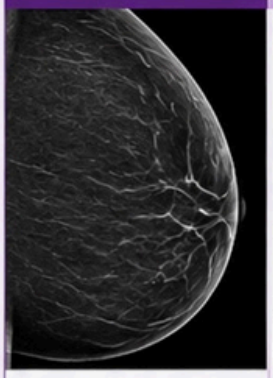
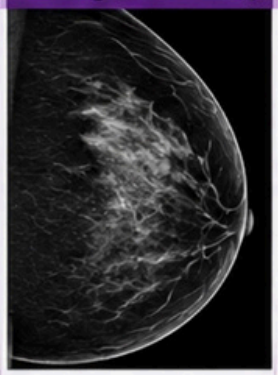
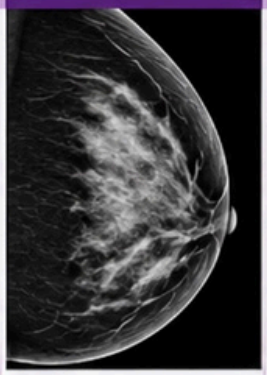
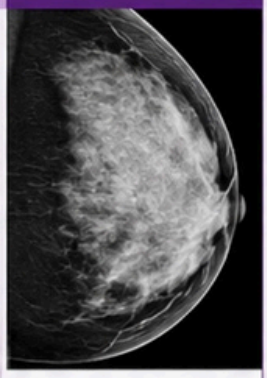
Detecting breast cancer at an earlier stage improves survival and is associated with less extensive surgery, fewer lymph node metastases, and reduced need for aggressive systemic therapies. Screening mammograms may prompt a breast cancer diagnosis many years prior to the formation of a mass within the breast that becomes advanced enough to detect clinically. For women at average risk, the American College of Radiology (ACR) recommends annual screening mammography beginning at age 40. There is broad consensus that timely access to evidence-based breast imaging remains one of the most effective strategies for reducing breast cancer mortality.





1. BREAST DENSITY: THE 4 CATEGORIES

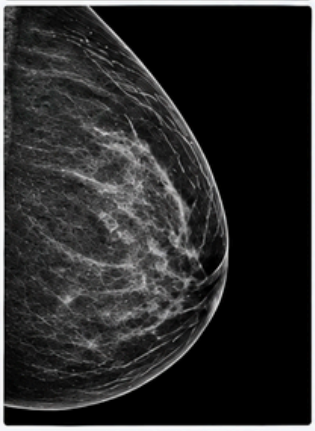
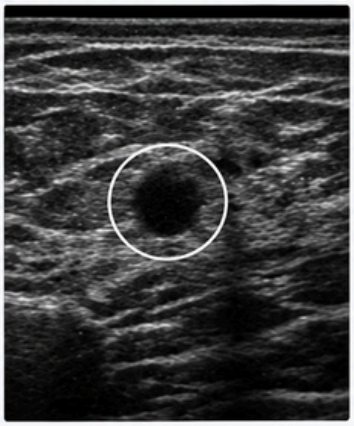
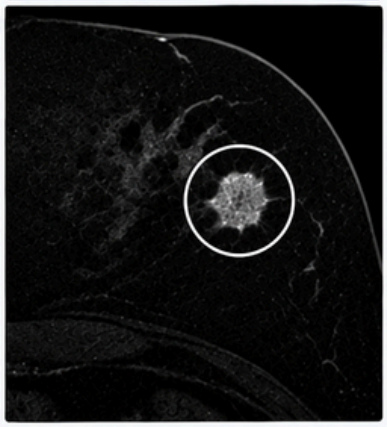
ACR BI-RADS® Breast Composition

a. Almost Entirely Fatty	b. Scattered Areas of Fibroglandular Density	c. Heterogeneously Dense	d. Extremely Dense
			
The breasts are almost entirely fatty.	There are scattered areas of fibroglandular density.	The breasts are heterogeneously dense, which may obscure small masses.	The breasts are extremely dense, which lowers the sensitivity of mammography.
Density <25%	**Density 25–50%**	**Density 51–75%**	**Density >75%**

Why it matters: Higher breast density can mask cancers on mammography and is an independent risk factor for breast cancer.

2. SUPPLEMENTAL SCREENING: ULTRASOUND & MRI CAN FIND MORE

Occult Cancer Not Seen on Mammography

Mammogram (2D)	Whole Breast Ultrasound	Breast MRI (Contrast Enhanced)
		
No definite abnormality seen on mammogram.	Irregular hypoechoic mass (~1.1 cm) detected.	Enhancing mass with washout kinetics – suspicious for malignancy.

Key Point: Supplemental imaging (US or MRI) can detect cancers that are occult on mammography, especially in dense breasts.

NYSRS Advocacy in Action: NY Leads the Way in Lifesaving Breast Imaging

Historically, financial barriers have prevented many patients from obtaining physician-recommended supplemental breast imaging after an abnormal screening examination or when they are at elevated risk for breast cancer. To address these disparities, Governor Kathy Hochul signed New York's Expanded Breast Imaging Coverage Law (S.2465-C/A.1696-C) during Breast Cancer Awareness Month in October 2024. Effective January 1, 2026, the law requires New York-regulated health insurance plans to cover medically indicated screening and diagnostic mammography, breast ultrasound, and breast MRI according to nationally recognized evidence-based clinical guidelines, while eliminating most patient charges, including deductibles, copayments, and coinsurance.

The legislation is expected to particularly benefit women with dense breast tissue, individuals with hereditary or familial risk factors, and patients requiring diagnostic evaluation after an abnormal screening mammogram by improving access to timely, evidence-based breast imaging regardless of financial circumstances.

The New York State Radiological Society (NYSRS) played an instrumental role in advancing this landmark legislation. Through its Breast Imaging and Government Affairs Committees, the NYSRS worked closely with legislative sponsors to strengthen the bill, mobilized radiologists and trainees across the state to advocate for its passage, and urged Governor Hochul to sign it into law. By championing policies that expand access to medically appropriate imaging and reduce barriers to care, the NYSRS continues to demonstrate how radiologists improve patient outcomes not only through image interpretation in reading rooms but also through advocacy that shapes healthcare policy and promotes equitable access to lifesaving screening and diagnostic services.

Looking Beyond New York

New York’s legislation also provides important context for the federal Find It Early Act, a bipartisan bill introduced in Congress in 2025. Like New York’s law, the proposed federal legislation seeks to eliminate out-of-pocket costs for medically indicated breast imaging, while expanding access for women at increased risk of breast cancer. If enacted, the Find It Early Act would extend similar protections nationwide by requiring coverage through Medicare, Medicaid, TRICARE, Veterans Affairs healthcare, and even private insurance plans. In many respects, New York has emerged as a national leader in breast imaging advocacy, demonstrating how state-level legislation can improve healthcare access and serve as a model for broader federal policy initiatives aimed at promoting earlier diagnosis, reducing health inequities, and improving breast cancer outcomes.



Breast Imaging as a Radiology Subspecialty

Breast imaging is a dynamic subspecialty of radiology that combines image interpretation, patient care, procedures, and multidisciplinary collaboration. Medical students may be introduced to breast imaging during their radiology rotations, breast health or surgery experiences, and/or dedicated clinical lectures, where they learn how mammography, breast ultrasound, and breast MRI are used for screening, diagnostic evaluation, and cancer staging.

Breast radiologists also perform image-guided interventional procedures, including stereotactic, ultrasound-guided, and MRI-guided core needle breast biopsies, as well as localization procedures before surgery. This makes breast imaging unique within radiology because radiologists interact directly with patients, explain imaging findings and procedures, obtain informed consent, and provide reassurance during what can be an anxiety-provoking diagnostic process.

Students and residents in radiology rotations gain exposure to the workflow of screening and diagnostic mammography, learn to recognize common benign and malignant imaging features, and observe how breast radiologists communicate recommendations and biopsy results with patients and referring clinicians. Through this combination of diagnostic interpretation, hands-on procedures, and longitudinal patient interaction, breast imaging offers an opportunity to experience radiology as a highly patient-centered and clinically integrated subspecialty.



Category	New York Expanded Breast Imaging Coverage Law	Find It Early Act
Status	Signed into law	Proposed federal legislation
Implementation	Effective January 1, 2026	Pending Congressional approval
Coverage Area	Applies to New York-regulated health insurance plans	Would apply nationwide
Patient Cost	Eliminates most patient cost-sharing	Eliminates patient cost-sharing
Covered Imaging	Screening and diagnostic mammography, breast ultrasound, and breast MRI	Similar expanded coverage nationwide
Clinical Guidelines	References nationally recognized clinical practice guidelines	Similar evidence-based approach



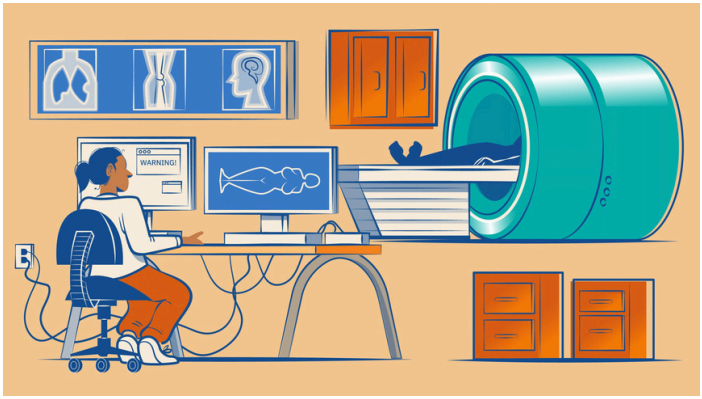


Advocacy: How Medical Students Can Make a Difference



Become Involved in Professional Organizations

a. Join organizations such as the ACR to stay informed about current legislative priorities and advocacy initiatives. https://www.acr.org
b. The ACR also has a program called Communities Crushing Cancer as Part of the Radiology Health Equity Coalition.(Communities Crushing Cancer (CCC) | Radiology Health Equity Coalition)
c. Volunteer for advocacy committees that promote patient-centered healthcare policy.



Educate Your Local Community

a. Organize educational events through radiology interest groups or student organizations focused on breast cancer screening
b. Share evidence-based information with community organizations to increase awareness of screening recommendations and available resources.



Share Your Voice

a. Write letters to legislators that highlight the importance of equitable access to breast imaging and early detection.
b. Use social media responsibly to amplify evidence-based messaging and promote public awareness of breast cancer screening.

Engage with Policymakers

a. Meet with your local legislators to discuss the importance of evidence-based breast cancer screening and access to medically appropriate imaging.
b. Learn more: https://www.ama-assn.org/medical-students/medical-student-advocacy.



Radiology Pearl: Breast Cancer Screening: What Every Medical Student Should Know

Screening mammography remains the cornerstone of breast cancer screening and is one of the most effective tools for reducing breast cancer mortality through the early detection of clinically occult disease. Current screening recommendations emphasize an individualized, risk-based approach that considers a patient's age, personal and family history, breast density, genetic predisposition, and overall breast cancer risk.

Average-Risk Women

For women at average risk of breast cancer, the American College of Radiology (ACR) and Society of Breast Imaging (SBI) recommend annual screening mammography beginning at age 40 and continuing for as long as a woman remains in good health with an anticipated life expectancy of at least 5-7 years. Patients should be encouraged to practice breast self-awareness and promptly report any new breast changes to their healthcare provider.

High-Risk Women

Women at increased risk for breast cancer - including those with pathogenic BRCA1 or BRCA2 mutations, a calculated lifetime breast cancer risk of ≥20%, prior chest irradiation at a young age, or a strong personal or family history of hereditary breast cancer syndromes - should undergo individualized screening. Most high-risk patients benefit from annual breast MRI in addition to mammography, with screening often beginning before age 40, depending on the underlying risk factor. For many hereditary cancer syndromes, annual breast MRI is initiated between 25 and 30 years of age with annual mammography beginning at age 30.

Breast Density Matters

Breast density describes the mix of fatty tissue versus fibrous and glandular tissue in your breasts as seen on mammogram. It is not based on breast size or firmness (see Figure 1). Approximately 40-50% of women have dense breast tissue, which both reduces the sensitivity of mammography and is associated with increased breast cancer risk. For appropriately selected patients, supplemental imaging with breast ultrasound or MRI may improve cancer detection beyond mammography alone. New York's Expanded Breast Imaging Coverage Law, highlighted in this issue, helps improve access to these supplemental imaging exams by reducing financial barriers when they are clinically indicated.

Clinical Pearl

Think “risk first”. Before recommending a screening strategy, identify whether your patient is at average risk or high risk. While annual mammography starting at age 40 remains the standard recommendation for most women, high-risk patients frequently require earlier screening and supplemental breast MRI.





Faculty Spotlight: Dr. Stamatia Destounis

Breast radiologist, Chair of the ACR Breast Imaging Commission, President-elect of the NYSRS (Starting as president this month!), NYSRS representative to the 2026 Medical Society of the State of New York (MSSNY) House of Delegates



1. What initially drew you to breast imaging, and what has kept you passionate about the field throughout your career? Early on I became interested in radiology as I was fascinated by imaging and disease process detection. I settled on breast imaging when as a second-year radiology resident I followed a radiologist that examined a patient with a breast concern, performed an ultrasound and reviewed findings with the patient. I was so impressed by the patient-physician interaction and the open communication. Interacting with my patients for the last 33+ years has kept me interested, invested and curious about how to continue doing the best I can to identify new pathways to detect breast cancer early and work on methods identifying those at risk for the disease.
2. Your research has explored supplemental screening modalities such as ultrasound and breast-specific gamma imaging. How has your perspective on breast cancer screening evolved over the last decade? Every decade has brought new and improved technology. I was excited to transition my practice to full field digital mammography over two decades ago and subsequently to digital breast tomosynthesis 15 years ago. In addition, as my practice is in New York State January of 2013 [when breast density notification legislation was enacted in NY] we embarked on our screening ultrasound practice for patients with dense breast tissue on mammography. We have continued to review new modalities and added contrast studies and molecular imaging as we understood the importance of supplemental screening in certain populations of patients.
3. In your experience, what are the greatest barriers preventing patients from obtaining timely breast cancer screening and appropriate follow-up care, particularly in diverse urban populations? There are many factors: cultural, fear of having cancer detected, fear of the screening examination, fear of getting called back and a needle biopsy and how that may affect their lives, lack of health insurance, lack of access, lack of understanding of the importance of screening.
4. One of the recurring challenges in breast imaging is managing patients with dense breast tissue. What advances do you think have most meaningfully improved cancer detection in this population, and where do gaps still remain? I believe breast ultrasound that was easy for the patient to understand and easily accessible led the way to educating our patients into what supplemental screening may mean but certainly the biggest cancer detection rates are found with contrast studies and molecular imaging, These however are more expensive may not be available to every patient given geographic location and may leave smaller practices out of the equation as they are not able to afford to offer these more costly modalities. The gaps are lack of access, lack of health insurance covering these supplemental screening exams
5. Many patients with probably benign (BI-RADS 3) findings are lost to follow-up despite the importance of short-interval surveillance. What strategies have you found effective in improving patient adherence and education? Clear and transparent communication physician to patient regarding the importance of short term follow up and following with the patient if they don't return by educated staff that can answer questions, deal with insurance concerns, reassure the patient explain the importance of follow up again. Telephone communication instead of email, text or letter is very important.

6. As technology continues to evolve - with digital breast tomosynthesis, MRI, molecular imaging, and now artificial intelligence - how do you envision the future landscape of breast cancer screening over the next 10-15 years? I believe we will pursue precision medicine with personalized screening, patient's risk status will be evaluated routinely, and patients will continue to be educated regarding importance of screening, risk status and personalized screening protocols. AI will continue to be important in our clinical practice and allow us to concentrate on the difficult patient scenarios, difficult imaging patterns and continue to increase our productivity and efficiency.
7. Your scholarship has emphasized improving cancer detection while balancing costs, workflow, and patient outcomes. How should healthcare systems approach implementing newer imaging technologies equitably so that advances benefit all patient populations? Health care systems need to review all current literature and research and perform their due diligence to be certain the new technology they are considering will affect positively all populations of patients and the intended benefit is for all patients.
8. What role do you believe radiologists should play beyond image interpretation in advocating for preventive care, patient education, and health equity? Breast radiologists may be overall the most clinical of the specialty as they communicate with the patient in alerting the patient of an abnormal imaging exam, of the need of additional diagnostic evaluation, of the need for a biopsy including risks and benefits of the procedure and may contact the patient in many cases with biopsy results. During this journey a radiologist may speak with family members, communicate with the pathologist, engage the surgeon, and collaborate with the entire health care team of the patient. Radiologists are leading in the front in advocacy speaking up for their patients speaking with legislators and lobbying to create policy that includes screening and diagnostic work ups for patients and require health insurance companies to cover fully for their patients. Bills in Congress currently such as the Find It Early Act are policy creations to help our patients receive the lifesaving imaging tests they may need.
9. Looking back on your research career, is there a particular study, patient experience, or professional moment that significantly shaped your perspective on breast imaging or advocacy? In the early 1990's we brought stereotactic biopsy to our area. The ability to perform a needle biopsy on an indeterminant lesion identified on imaging and offer the patient a less invasive option and results quickly and not obligate the patient to a surgical biopsy. In the case of benign results patients did not have to undergo any surgery and were in most cases back to work same day with very few side effects.
10. Finally, what advice would you give NY-based medical students who are considering a career in radiology - especially those interested in breast imaging, research, or healthcare advocacy? Spend time at a breast center or breast imaging facility, identify a mentor and work on a project you are interested in, soak up as much information as you can about the subspecialty to be certain this is the right subspecialty for you, attend a breast radiology society meeting. Engage with breast radiologists at your program and also engage and collaborate with your state chapter Radiological Society. There you will find many radiologists with similar interests and very willing to mentor, offer advice, work through challenging scenarios you may encounter and be a support system. Our annual ACR meeting offers a wealth of information on health care advocacy and this is where you will see that radiology makes a difference in not only detecting disease but also advocating for payment by health insurance plans of life saving modalities, creating policy, educating radiologists on the business of our specialty, and seeing how advocacy is at work firsthand.

SCREENING RECOMMENDATIONS AT A GLANCE (ACR/SBI)

PATIENT POPULATION	RECOMMENDED SCREENING
Average Risk (ACR/SBI)	Annual screening mammography beginning at age 40
Lifetime Breast Cancer Risk ≥20%	Annual breast MRI + mammography
Prior Chest Irradiation at a Young Age	Annual breast MRI beginning around age 25–30, followed by annual mammography
Dense Breasts	Consider supplemental breast ultrasound and/or breast MRI based on individual risk factors and shared decision-making

Rad Reflect



Researching the Find it Early Act 2025 reinforced my understanding that improving patient outcomes requires more than advances in medical technology—it also depends on equitable access to care. While I was already familiar with the importance of screening mammography, I gained a greater appreciation for the socioeconomic barriers that prevent many women from completing recommended follow-up imaging. Learning about the financial burden of diagnostic mammography, ultrasound, and MRI highlighted how insurance coverage can directly influence timely cancer detection and survival. I was particularly struck by the disparities affecting women with dense breast tissue and Black women, who continue to experience worse outcomes despite available screening technologies. This project also emphasized the important role that physicians and medical students can play as advocates by supporting legislation, educating patients, and engaging with policymakers. Overall, researching this topic strengthened my commitment to promoting health equity and reminded me that effective healthcare extends beyond the clinic to include advocacy for policies that improve access for all patients. ~ Jasmine Choi



Developing the inaugural NYSRS Medical Student Newsletter has been one of the most formative experiences during my time/tenure in the NYSRS. Building this publication from the ground up challenged me to translate evolving clinical evidence, screening guidelines, and healthcare policy into content that is both accessible and meaningful for fellow medical students. This experience also reinforced my desire to pursue a career in diagnostic radiology, ideally here in New York State, where I hope to contribute not only through clinical practice but also through research, education, and advocacy. This issue also carries personal significance for me, as my mother is currently undergoing treatment for breast cancer. Supporting her throughout this journey has reinforced the profound impact that early detection, compassionate care, and advances in breast imaging can have on patients and their families. Finally, I would like to again express my sincere gratitude to my co-editor, Jasmine Choi, the NYSRS Executive Committee, our faculty contributors, and the physician mentors who generously shared their time, expertise, and encouragement throughout this project. ~ Christian Calistro



Upcoming NYSRS Events

- NYSRS All Members Meeting
  Fall 2026: 10/17/2026 8:00 AM - 12:00 PM ET

