



MEDICAL DIRECTOR SPOTLIGHT



Arlene Sussman, MD

Dr. Sussman is Medical Director at vRad (Virtual Radiologic), the nation's largest telemedicine company and radiology practice with 500+ physicians. She is responsible for the clinical operations of vRad's mammography services.

Dr. Sussman holds medical licenses in 46 states and Washington, D.C. She has more than 20 years of dedication to breast cancer education and awareness. Her areas of expertise include digital mammography, breast sonography, breast MRI and stereotactic- and ultrasound-guided biopsy. She is a graduate of Cornell University Medical College; she did her radiology residency at St. Luke's-Roosevelt Hospital and a mammography fellowship at New York University Hospital. She previously served as director of the department of radiology, outpatient division at Memorial-Sloan Kettering and as director of Women's Imaging at Winthrop University Hospital. In addition to teaching appointments at Cornell University Weil Medical College and the New York Institute of Technology, she is a member of the Long Island Radiological Society and the Society of Breast Imaging.

How did you get into medicine?

I gravitated toward the sciences in high school and went to Cornell University to study science. After four years, I had completed more than 80% of the requirements for medical school without even thinking about it. So I took another year to finish all of the requirements, applied and, happily, got in to Cornell's medical school.

How did you decide to focus on radiology?

At the time, the medical research I came across was mostly based on the 40-year-old white male, and we extrapolated that data to other groups – the elderly, women and children. There was a lack of research specific to women, and that encouraged me to find a way to better represent them. It became important to find a specialty where I could focus on women's health.

Radiology was a perfect combination of academic learning, being a medical detective, interacting with patients and thinking about the medicine behind patient care. After my radiology residency and fellowship in mammography, I started in private practice. What was thrilling was the immediacy of helping patients. If there was a problem, I could address it on the spot. We could get more images while the patient waited, and I could look at them and provide answers quickly. It was gratifying to help patients overcome the anxiety and the lack of control, which can be scary and intimidating for patients who suddenly find themselves not in charge of their own lives. Through communication and education, I found I could help empower patients with knowledge and be a partner in their care; that is a positive, powerful tool. And that's why I love what I do.

How did you connect with vRad?

After some time in private practice, I moved to Memorial Sloan Kettering as director of the department of radiology, outpatient division. It was a very academic position; I was losing the connection with patients and wanted to reach a larger cross-section of the female population. Around this time, I was courted by the private practice New York Radiology Alliance (NYRA) to spearhead their efforts to implement a mammography program for hospitals in the Tri-State area. This weren't many people doing breast intervention at the time so many women went to the operating room. We saw that biopsies could be a better option for patients than surgery, so I took up the challenge.

Then we wanted to build it beyond the Tri-State area since no one was offering such a service on a large scale. Digital mammography was still in its infancy and there were significant challenges around the technological infrastructure. There were few fellowship-trained radiologists reading mammograms back then, and I felt women were getting short-changed. They deserved better care and that meant providing women access to subspecialists. So when NYRA merged with vRad in 2010, we discovered that both groups had the same idea to grow telemammography services.

continued on next page

Women in rural areas now have the same access as women in large urban settings, and vRad helped develop and deliver that service.



When we met it was a perfect marriage. vRad was also thinking about how to solve the challenges we encountered. One of the main problems was dealing with the large digital data sets. Firstly, cancers and regular breast tissues are quite similar in appearance. The structures in the breast have low contrast – it all can be one shade of gray. So to pick out individual structures in mammography, unlike CT, you need very high resolution images, which translate into a lot of data. And early on, transmitting that much data in a timely way was challenging, but we tackled that issue.

vRad developed the technology infrastructure, and we worked out a system to send digital images to a mammography fellow, giving women access to subspecialists for the first time. No one offered these services on a large scale. The practice has grown ever since; we are the largest provider of telemammography services and we continue to grow.

The only thing I can't do for a patient now is hold her hand or give her a hug, but I can do everything else, including interact live with her and her physician via our Live Video Diagnostics solution. That is a huge step forward for a lot of women who were unaware that breast imaging specialists are out there. Women in rural areas now have the same access as women in large urban settings, and vRad helped develop and deliver that service.

What do you think the future holds for your specialty?

The next logical step is to intervene on a patient's behalf at a distance so I think robotics will play a role in the future. If a patient in rural Texas has an incision made and a clinician can put the proper tool near or in the breast, then I can do the rest remotely via live imaging. This kind of experimental work is being done in other body parts so there is no reason why we can't do it with breasts. I want us to head in the direction where telemedicine and telehealth meet in a new way.

What is your greatest professional accomplishment?

When I started in private practice, I had an older female patient in for a mammogram. She had all of these findings that looked benign at first look. So I told her that it was normal and she went on her way happy. But the case stayed with me, and I had a gut feeling that I could not shake off. So I went back to her mammogram and noted that of the 25 round nodules, one just wasn't perfect.

It was tough to call her back in, but when I called her, I told her that there was something there I couldn't quite figure out; I wasn't happy but couldn't figure out why. I needed her to come back in for additional pictures just to be safe.

So after more pictures and a biopsy, I diagnosed her with an invasive ductal carcinoma. She survived and I still see her every year. It was a moment of clarity where I realized you must trust your instincts – these are people and not pictures. For me, the lesson was to trust yourself and don't be afraid to tell your patients the absolute truth.

What makes vRad different as a practice?

The physicians are intimately integrated into the design, structure and growth of the practice; that is vital to its success. The executives at the helm work well with the physicians and the technical staff. Another big piece is the people who work in our operations center. They are the Gold Standard for how teleradiology should operate. They are the important glue that holds this process together 24/7/365. They help our team remain efficient and allow us to read mammograms and get them back to physicians in 48 hours.

What do you want referring physicians to know about vRad?

We care about their patients – they are not just pictures. We care about what happens. I also think they have a vital role in helping reach more women and educating and encouraging them to have yearly mammograms, which are an effective prevention tool. The risk of breast cancer increases with advancing age. At the age of 40, your odds of getting breast cancer are 1 in 250; at 50, your odds are 1 in 50; and at 80, your odds are 1 in 8.

What do you want patients to know about mammography and going through screenings?

Relative breast size doesn't lower or increase your risk of getting breast cancer. Go for your mammogram once a year starting at the age of 40. You can't know by feel, the only way to be sure is to get screened. Period.

**Learn more about us.
Contact vRad today at
800.737.0610 or go to
www.vrad.com.**

Talk To Us About:

-  RADIOLOGY SERVICES
-  ANALYTICS & BENCHMARKING
-  QUALITY ASSURANCE
-  WEBINARS & EDUCATION
-  PARTNERSHIPS

CONTACT US