

# Danbury's Female Trailblazer: All About Dr. Mah's 20+ Years in Breast Imaging Radiology at Danbury and New Milford Hospitals

## Connecticut Breast Imaging

00:04 - 00:29

**Dr. Madhavi Raghu**

Hello and welcome to *Breast Assured*, the podcast about Breast Health. I am Dr. Madhavi Raghu, Director of Breast Imaging at Connecticut Breast Imaging in Danbury, Connecticut. We're so glad you can join us today. We'll be joined by our very own Dr. Anna Mah to learn a little bit more about her background and why she decided to become a breast imager. Dr. Anna Mah has been with our practice for nearly 20 years. I hope you enjoy the conversation.

00:37 - 00:38

**Dr. Madhavi Raghu**

So welcome, Dr. Mah.

00:38 - 00:40

**Dr. Anna Mah**

Hello. Good morning, everybody.

00:40 - 00:48

**Dr. Madhavi Raghu**

So, Anna, Anna Mah, let's start from the beginning. What actually got you interested in radiology?

00:49 - 01:45

**Dr. Anna Mah**

So I grew up in Ohio, and my father was a radiologist, and he has now retired. But my exposure to the world of medicine for a long time was really just through radiology, because that's what I thought doctors did. I mean, obviously, I knew there were other kinds of doctors, but to me, that was like the main thing. And so when I went to medical school and then you rotate through all the different divisions and surgery and pediatrics and everything, there were other things I liked, but it just was in my mind, I guess, very familiar, and I liked the fact that you were kind of a consultant to the other doctors. You had to know a lot about everything, which is a little intimidating, but at the same time, you know, the doctors are coming to you looking for help and answers. And so, it was a part of that – I was, you know, following my father's footsteps. But also, I liked the camaraderie of being helpful to the other physicians.

01:46 - 02:00

**Dr. Madhavi Raghu**

Right – no, for sure. You're absolutely like a physician's physician in some way. So then how did your path lead from radiology into breast imaging? Because in breast imaging, you're almost like at the forefront of patient care.

02:00 - 02:42

**Dr. Anna Mah**

It's kind of the best of both worlds to me, I guess I thought because a lot of radiology, you sit in a room by yourself and now you're staring at a computer screen talking into a Dictaphone, and doctors do come down and talk to you about the images, but a lot of it is kind of removed from the people you're helping – from the patients. And breast imaging was the one, you know there's interventional radiology also, but breast imaging was one of the few things where you're more in touch with the patients. You're seeing the patients first. And we talk to a lot of our patients. Obviously, we do the biopsies so you're there with the patient. You are much more integral part of their care than in some other parts of radiology. So I enjoyed that.

02:43 - 03:08

**Dr. Madhavi Raghu**

It's absolutely true, because I think that, you know, patients come in, they have so many questions. And sometimes I think some of those questions are really difficult to be answered by the primary care physicians or OBGYN and as a breast imaging specialist, you know, we have some of these expertise and some of these questions that we can answer for them. So it's a departure really from the traditional radiologist paradigm in terms of how they're practicing.

03:08 - 03:38

**Dr. Anna Mah**

Right, Right, right. It does seem to me, when I was going through all the different parts of radiology, the most rewarding. Also as a woman, it's something that I think a lot of women radiologists which are still aren't that many, kind of feel that they should know a little bit more about. They're going to have to do it in private practice because in a lot of private practices you're doing everything and maybe you would have to do a little bit more of that than a man, depending on what how the private practice works. So I thought I would get to know as much as I can about it since I would have to do it.

03:38 - 04:04

**Dr. Madhavi Raghu**

That's right. I mean, breast imaging is a huge part of many practices. And it's sort of like the gateway because, you know, every woman over 40 needs to be screened anyway. Right. So they are coming in and they have to be evaluated. But I think that the difference is – and you can tell me a little bit about this – I mean, over time, I think the specialty has evolved to become more of a patient facing subspecialty.

04:04 - 04:32

**Dr. Anna Mah**

I think a lot of patients are very aware of where they're going to get their breast imaging and who's there. And I mean, I have patients I've been doing this now for 22 years at Danbury Hospital and in Milford, and I have patients, some patients I've seen for almost all that time. They come back when I'm there, which is a little flattering, they want me to read their studies. And I've seen them, you know, throughout many, many years.

04:32 - 04:52

**Dr. Madhavi Raghu**

And I think that's really nice because one, you're obviously extremely skilled, but secondly, I think it's nice to actually have that continuity of care and that relationship with patients over time, which may not be possible with maybe general radiology. But it's different for breast because, you know, these patients get to know you and you get to know them.

04:52 - 04:52

**Dr. Anna Mah**

Right. Right.

04:52 - 05:03

**Dr. Madhavi Raghu**

And sometimes they need a biopsy, sometimes they get called back. So there are multiple interactions in their time with us as well. So it's nice that you're able to see them over and over again.

05:03 - 05:19

**Dr. Anna Mah**

Yeah, I feel really privileged about that because I definitely have a cadre of patients that every year they come back and I'm like, 'Oh, she's back' and they want to say hello, which is really nice. And if they ever need anything done, you know, then I see them then, which may not be so nice, but hopefully I can take it, you know, doing a good job for them.

05:19 - 05:20

**Dr. Madhavi Raghu**

Right, right.

05:20 - 05:29

**Dr. Madhavi Raghu**

Well, it's nice because when I'm on service with you, I sometimes know that some of those patients will come in to see you. So they're their Anna Mah's special patients.

05:29 - 05:31

**Dr. Anna Mah**

Been here a long time. Yeah.

05:31 - 05:41

**Dr. Madhavi Raghu**

But that's actually that's important because I think patients need to understand that the radiologists are no longer just in a dark room behind closed doors. We actually want to get to know the patients as well.

05:41 - 05:48

**Dr. Anna Mah**

And if I can give them comfort that they know who that person is, they know they're going to have a certain level of comfort with that. Yeah. That's great.

05:49 - 05:50

**Dr. Madhavi Raghu**

Exactly. No, I agree with you.

05:51 - 05:56

**Dr. Madhavi Raghu**

So you've been here for 20 years. Have you been with the Danbury practice for 20 years?

05:56 - 06:12

**Dr. Anna Mah**

I went to medical school at Columbia in New York City. I did my residency and Breast Imaging Fellowship at Columbia. And then I took a job at Danbury Radiological Associates. And that was in the year 2000, and I'm still here.

06:13 - 06:16

**Dr. Madhavi Raghu**

So, at that time, were you the only woman in the practice?

06:16 - 06:39

**Dr. Anna Mah**

I was the only woman in the practice. I was. They had had women before. But I think my understanding, I could be wrong, but I think my understanding is, you know, at that time you had a four year partnership track. Right. So I don't think any of them had ever stayed long enough to become a partner or if they were even on the partnership track. But yeah, I was the first, I was the only woman when I arrived, and I was the first woman partner, I believe.

06:39 - 06:52

**Dr. Madhavi Raghu**

Correct. So in some ways, you were essentially assigned to breast. Well, trailblazer, really? Right. So in some ways, you were expected to read breast imaging, and then.

06:52 - 06:56

**Dr. Anna Mah**

I was hired, you know, to be the head of breast imaging at the time. Right out of my fellowship.

06:56 - 06:59

**Dr. Madhavi Raghu**

Right. Right. And at that time.

06:59 - 07:06

**Dr. Anna Mah**

It was a much smaller right scope of practice. At that time, it was only one location and at the hospital.

07:06 - 07:21

**Dr. Madhavi Raghu**

And at that time was breast imaging film, or was it – I don't think it was digital at all? What were some of the challenges with film reading? I mean, I'll tell you that I actually have never used film. So, you know, it's different.

07:21 - 07:53

**Dr. Anna Mah**

You would come in in the morning, someone would be hired to like hang up all the mammograms, the ones from the night before. You couldn't do it necessarily, you know the way we do it now, right, one at a time, because it was more batch reading. So someone would hang up all the mammograms the night before that were done that day. And then you would come in in the morning, there'd be a whole alternator full of them and a big stack of folders with all their old ones, and you would run through the alternator and that was your screening day. And then in between, you know, they would show you diagnostic cases or do biopsies, but, you know, it's not that different.

07:53 - 08:04

**Dr. Madhavi Raghu**

It sounds like it was not as smooth of a day, right? Because you would have to sort of stop, maybe remove some films, add some films so that you can look at the diagnostic images right then and there.

08:04 - 08:17

**Dr. Anna Mah**

Right. Right. You know, takes a little bit more time to you'd have to take down all the films and put them in the jacket. And then there were big stacks of jackets everywhere. Takes a little bit more time, but essentially the same thing we do now. We're just, you know, when we click and move the little images on the computer screen.

08:17 - 08:24

**Dr. Madhavi Raghu**

And then things move to digital. And now we have Tomosynthesis, which is a totally different way of practicing.

08:25 - 08:38

**Dr. Anna Mah**

Right, right. Yeah. There have been a lot of changes. At that time, you know, talking to the Dictaphone and then a human being would transcribe the reports and then they would give us a paper copy and we would sign the report. And it was very primitive, really.

08:38 - 09:01

**Dr. Madhavi Raghu**

Right, right, right. So I think now, you know, with access, you know, immediately dictating studies and then patients now have access to those types of reports. It's a different practice. But I think that actually allows us to focus a little bit more on the patients, because if they want immediate reads or if they want immediate care, we're able to deliver that as opposed to I'm envisioning there was a time gap, you know.

09:01 - 09:20

**Dr. Anna Mah**

Right. Obviously there have to be a time gap, right. We would dictate, a human being had to type it, it had to get printed and would come back to us probably, you know, usually the next day. So not too long still. But, you know, now it's, you know, can be done in a matter of few minutes, you know, and then it's automatically available for the clinician to see as soon as we dictate it. Really.

09:20 - 09:30

**Dr. Madhavi Raghu**

Right. And the patient too, because now they have access to their reports and to their studies. So I think that creates unique challenges in itself. Right.

09:30 - 09:31

**Dr. Anna Mah**

I guess overall it's better.

09:32 - 09:45

**Dr. Madhavi Raghu**

Right. So in all this time that you've clearly have so much experience, are there any specific patient examples that have, you know, inspired you or left a mark or, you know, just a memory for you?

09:46 - 10:00

**Dr. Anna Mah**

There have been a lot of young people those stand out a little bit for, you know, not so pleasant reasons. I've been lucky enough to, you know, see a lot of people that I know personally, you know, which is also really rewarding, most of which turned out great.

10:00 - 10:11

**Dr. Madhavi Raghu**

And I think having those personal relationships is actually a huge part of what we do. And it's actually nice. I think breast imaging adds a huge element of humanity to radiology in general.

10:11 - 10:13

**Dr. Anna Mah**

Yeah, it's one of the few.

10:13 - 10:14

**Dr. Madhavi Raghu**

That's right.

10:15 - 10:17

**Dr. Anna Mah**

Personal things, radiology, extremely rewarding.

10:18 - 10:28

**Dr. Madhavi Raghu**

One of the challenges that we are encountering now is just COVID related deficiencies in imaging in terms of patients returning for screening.

10:29 - 10:54

**Dr. Anna Mah**

I mean, at this point, it's been several years. It's been two and a half years, if people haven't returned because they worry about COVID, they definitely need to come back now because now the time gap has been such that you really need to get back into preventative care and make sure that there's nothing going on. I think a lot of people have returned. I feel like I mean, you probably know the numbers better than I do. Is there still a...

10:54 - 11:09

**Dr. Madhavi Raghu**

I mean, there's still a lag, I think, in patients coming in. I mean, one of the other things that I actually just reviewed was the cancer deficit. So even though some patients are still coming in, we're still not quite at the same pre-pandemic cancer levels.

11:10 - 11:11

**Dr. Anna Mah**

Implying that it's out there.

11:11 - 11:32

**Dr. Madhavi Raghu**

Implying that it's out there, but that means patients may be coming in at a later stage or, you know, more locally advanced cancer. So I think it is important to come back for screening. One of the other questions that patients and referring doctors ask is the impact of vaccines and whether they should delay their screening mammograms as a result of the vaccine.

11:33 - 11:55

**Dr. Anna Mah**

I think if you just had the vaccine or a booster, it might be wise to delay it a little bit or, you know, try to schedule your vaccine for right after your mammogram, if you could do that because of the lymphadenopathy issue. You know, so you don't want to have to have to come back again and worry about why the lymph nodes are big. So not necessary if it's just doesn't work out that way. It's okay.

11:55 - 12:10

**Dr. Madhavi Raghu**

And I think some of these lymph nodes are prominent even up to six months, actually. So, you know, I mean, we were doing six month follow ups on some of these. But even that data is changing and evolving. And I think we're pretty good about picking out which ones are reactive.

12:10 - 12:20

**Dr. Anna Mah**

Yeah, I think that, you know, it's died down a little bit. We're very well aware of it, so. It's okay if it doesn't work out for scheduling that way. But if you can, try to have your vaccine the next day.

12:20 - 12:35

**Dr. Madhavi Raghu**

Right, exactly. But I think that shouldn't hold people back. I mean, they should still seek screening. I mean, not just for breast cancer screening, even colorectal cancer screening. All of these different preventative health screenings have come down. So it's important to take care of ourselves.

12:36 - 12:41

**Dr. Madhavi Raghu**

So in the last few minutes that we have, I want to ask you some personal questions.

12:41 - 12:42

**Dr. Anna Mah**

Okay.

12:42 - 12:45

**Dr. Madhavi Raghu**

So you have a couple of kids?

12:45 - 13:01

**Dr. Anna Mah**

Yeah, I have two kids. My older son is 21. He just graduated from college. And then my daughter is 19 and she's a second year in college. So we're at home alone now, which is different. But it's good. It's all good. Yeah, they're very well.

13:02 - 13:05

**Dr. Madhavi Raghu**

Quite a challenge early on in your career, I'm sure balancing.

13:05 - 13:08

**Dr. Anna Mah**

Yeah, it all went by in such a blur.

13:08 - 13:10

**Dr. Madhavi Raghu**

That right – that's what most people say.

13:10 - 13:33

**Dr. Anna Mah**

Yeah, yeah, when they're small as it is, but you're so busy. At that time, really, and when they were small, I was working full time, I was taking call, working weekends. My husband was very, very helpful. He, you know, he took care of the babies at night by himself. We didn't have any live in or anything. I did have a nanny, you know, when they were very young. Yeah, but yeah, it went by so fast.

13:33 - 13:57

**Dr. Madhavi Raghu**

And I think it's actually nice as a woman and a woman, female physician, you know, I'm sure that even when patients come in, you know, they do relate to us because we do see so many working women and mothers who come in for breast care. And it is nice to have, again, another point to connect with the patients. Yeah definitely. So what do you do for fun in your spare time?

13:58 - 14:22

**Dr. Anna Mah**

Let me think what I do it for fun. I have a little dog, that's my baby now. I like to knit. You know, it sounds funny when you say it, but that's probably one of my, you know, that's my hobby, I guess you could say. So, yeah, at home, I'm always working on a project. I read a lot. See friends. I have a sister that's nearby, so I see her quite often.

14:24 - 14:24

**Dr. Madhavi Raghu**

Oh, that's cool.

14:24 - 14:25

**Dr. Anna Mah**

Yeah.

14:27 - 14:37

**Dr. Madhavi Raghu**

Well, I just want to thank you for making the time and telling us a little bit about yourself and what drives you to be the breast imager that you are. Thank you. We're very lucky to have you in the practice.

14:37 - 14:38

**Dr. Anna Mah**

Oh, thank you for having me.

14:42 - 14:59

**Dr. Madhavi Raghu**

Thank you all so much for listening. If you enjoyed this podcast, please like and subscribe wherever you listen to your podcasts. Also, share it with a friend. But most importantly, if you or your loved ones haven't had a screening mammogram, we urge you to get one today. See you all next time.