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I am a dual-fellowship trained surgeon, specializing in benign and malignant breast and thyroid disease. As a surgeon, my role is to help patients make the most informed decisions. I have a special clinical and research interest in **overdiagnosis** (diagnosis of a condition that would not go on to cause symptoms or death if left untreated) and **overtreatment**.

Some cancers, such as prostate cancer and thyroid cancer, occur in healthy persons and do not necessarily require treatment. **Active surveillance** (instead of immediate surgery), may be offered to low risk patients with conditions such as:

- Small papillary thyroid cancers & indeterminate thyroid nodules
- Ductal Carcinoma In Situ (DCIS, also known as stage 0 breast cancer or 'precancer'), via the [COMET](#) trial
- “High risk breast lesions” such as papillomas, [radial scars](#), LCIS, ALH, and ADH found on needle core biopsy

Women should make informed decisions regarding when to begin screening mammography, and how frequently to receive it. Learn more at the links below:

- The absolute benefits and risks of mammography are detailed [here on DCIS 411](#)
- Some low risk women may consider starting screening at age 50, performed every two years, as per the [USPSTF and ACS guidelines](#)
- Link to an [Online tool](#) to help decide when to begin screening mammography
- A personalized breast cancer screening trial is underway to figure out the best way to screen patients based on risk factors, any woman can self-enroll online in the [WISDOM trial](#)