

*Complete Woman Magazine, October/2007*

## **Breast Cancer**

### **What You Must Know**

**By Tracey Porpora**

While there have been major advances made in the fight against breast cancer, the war is far from over. Although breast cancer death rates among women have been decreasing steadily since 1990 due to earlier detection and better treatments, the fact remains that this year an estimated 178,480 women will be diagnosed with breast cancer, and about 40,460 will die from the disease, according to the American Cancer Society (ACS). “Breast cancer is still a dangerous disease that takes precious lives,” says Dr. Marisa Weiss, president and founder of Breastcancer.org. “Many women in the prime of their lives with families are still dying of this disease.” CW investigates where we are in the fight against breast cancer...an annual update in each October edition.

### **Good News/Bad News:**

“This is a very exciting time in breast cancer. We are developing newer technologies, women are more aware, and the media has been a great ally in helping us achieve this goal,” says Dr. Rachel F. Brem, director of the Breast Imaging and Interventional Center at George Washington University Medical Center in Washington, DC. “The consequence of this is that breast cancer is being diagnosed earlier in its curable stage, and the death rate from breast cancer is decreasing.”

Breast cancer rates are on the decline, largely due to mammography screening and the use of drugs, like Tamoxifen, which is an estrogen blocker for women to prevent recurrence of the disease, says Debbie Saslow, Ph.D., director of breast and gynecologic

cancer for ACS. In fact, a recent ACS study revealed a sharp decrease in the incidence of breast cancer from 2002 to 2003 among women age 50- to 69-years-old. “This is partly due to less women using hormone replacement therapy since studies came out in 2002 that said this wasn't really helping for heart disease, and had a higher breast cancer risk,” she says.

However, with the decline in breast cancer diagnoses comes bad news: it means that fewer women are getting mammograms. In fact, many women still don't have access to lifesaving cancer screenings. ACS reports that 40 percent of American women age 40 and older neglected to have a mammogram in the past year. “If we're not doing as many mammograms, then we're not detecting as many cancers early, and we can expect in the next few years that the rates aren't only going to go back up, but the rates of larger, more advanced cancer is going to go up. So we're going to lose ground in all the progress we've made in detection. It's important to not only get mammograms, but to get them regularly.”

### **Early Detection Saves Lives:**

While it's recommended by the ACS and US Preventive Services Task Force (USPST) that women age 40 and older get a mammogram every year, women with a strong family history should be tested earlier. “Women with a strong family history are those with multiple people all related by blood who have had breast cancer early in life, ovarian cancer at any age, a male relative with breast cancer, or a female relative who had breast cancer in both breasts,” says Saslow. It's recommended that women have regular mammographies, and breast Magnetic Resonance Imaging (MRI) at least five to 10 years

earlier than the age in which their relatives were diagnosed.

A September 2006 study revealed that more cancers were picked up by digital mammograms in women who are under age 50, premenopausal women, and women with dense breasts, says Dr. Carol H. Lee, chairperson of the American College of Radiology Breast Imaging Commission, and professor of diagnostic radiology at Yale University School of Medicine in New Haven, CT. “Digital mammography, which records images onto a computer instead of a film, has become available in many places around the country, and will be increasingly available in the next few years,” she says.

### **Genetic Testing**

Women should know their family breast and ovarian cancer history for up to three generations. “We know we have effective intervention for women who may be at an elevated risk to develop ovarian or breast cancer based on genetic testing results,” says Dr. Elizabeth Poynor, a gynecological oncologist with a private practice, Poynor Oncology and Pelvic Surgery in New York City, who formerly worked at Memorial Sloan-Kettering Cancer Center in New York City for 14 years. “Today, there is more recognition of the importance of family history and detecting hereditary breast cancer, ovarian cancer, and implementing prophylactic, or prevention strategies so women don’t have to get these diseases. Women must remember that it’s not all about breast cancer. Breast cancer goes hand-in-hand with ovarian cancer.” Genetic testing is now more readily available to women today than ever before. “Genetic testing has moved outside of only academic centers, and more into the family practice of oncology,” says Poynor.

### **New Treatments:**

The good news for breast cancer survivors is there have been more new drugs approved to treat the disease. “There are three categories of medicine therapies: chemotherapy, targeted therapies and hormonal therapies,” explains Weiss. “In traditional chemotherapy we now have more agents to use, such as Abraxane. That medicine is a new preparation of Taxol [Paclitaxel], which we’ve had for a long time; now we have a new way of delivering it.” In January 2005, the U.S. Food and Drug Administration (FDA) approved Abraxane, which uses an albumin formulation to deliver paclitaxel, and treat advanced metastatic breast cancer by stopping cancer cells from repairing themselves and making new cells.

Also, there are new targeted therapies, which destroy cancer cells. “A new medicine in that arena is Tykerb, which is taken by pill, and works against abnormal genes in breast cancer cells,” says Weiss. “In addition, we’re seeing an expanded use of Herceptin, [which is a monoclonal antibody that uses the immune system to kill tumor cells], and it’s helping more people. Also, Avastin is a medicine that blocks the formation of new blood vessels that cancers make to feed themselves. By blocking the food supply to cancer, you end up starving the cancer,” says Weiss.

Meanwhile, there is more sophisticated methods for delivering radiation therapy today. “We can maximize the radiation to where it needs to go, which is the breast area, and at the same time, avoid it from going to normal tissue,” says Weiss. Radiation therapy is a way to control the cancer within the breast itself, explains Dr. Michael Naughton, assistant professor of medicine, and a breast cancer oncologist at Siteman Cancer Center at the Washington University School of Medicine in St. Louis, MO. “After surgeons remove a tumor, if there are any microscopic cancer deposits left, you need to

eliminate those through radiation therapy,” he says.

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Complete Woman has followed the paths of three young breast cancer survivors for the last two years. We first met these brave women in CW’s October 2005 issue. Two years later, each woman is still waging her own battle against breast cancer.

**Lisa Barry Kerouac, 39, Associate Director of Admissions at DePaul University**

Lisa Barry Kerouac thought the hardest words she’d ever hear were uttered by a doctor who told her she had breast cancer at age 34. “You think it’s hard to hear it [that you have breast cancer] the first time, but I think it was worse the second time,” admits Lisa, who after being in remission for three years is again battling this disease.

Her first bout with breast cancer consisted of a grueling treatment that included the removal of a 5-centimeter lump from her right breast and 15 of her lymph nodes, chemotherapy and radiation, followed by treatment with Tamoxifen, a preventative cancer medication. During that time, Lisa met the love her life, Ed Kerouac, a cancer survivor himself, who proposed to her at the finish line of the September, 2005 Chicago Breast Cancer 3-Day, sponsored by the Susan G. Komen Breast Cancer Foundation. After tying the knot on April 23, 2006, they enjoyed a honeymoon in Italy in January, 2007.

However, Lisa learned that what she thought was her asthma acting up in Italy was really breast cancer that had metastasized in the lining of her lungs. “We were focused on trying to have a family, but I had to have my ovaries removed to be able to have a hormonal therapy treatment. A lot of dreams came crashing down at that moment,” admits Lisa.

Lisa is determined to reach remission again. “I refuse to live my life being fearful, and negative. I really feel blessed. I’m thankful for what I have. ”

### **Stacey Peters, 32, American Cancer Society Health Initiatives Manager**

After finding a lump on her breast when she was 24-years-old, Stacey Peters was diagnosed with Stage II breast cancer. Although treatments of a lumpectomy to remove the malignant 2.7-centimeter tumor, chemotherapy and radiation were successful, one year after her diagnosis Stacey learned the cancer had spread to her liver. More treatment with chemotherapy and a stem cell transplant followed, but the cancer returned to her liver and both breasts in Oct. 2004. Then, in late September 2005, Stacey learned the cancer had spread to her brain.

After being diagnosed with breast cancer, Stacey, who has been married to her high school sweetheart, Eric, since 2003, decided not to follow her previously intended career path to become an accountant. Instead, she was determined to make a difference in the lives of other cancer survivors. Since 2002, she has worked on fundraising efforts for the American Cancer Society (ACS). Last year, she became the American Cancer Society health initiatives manager for the Prairie Land Region of Illinois. “We do a lot for patient

services. Breast cancer patients can come here to get a free wig, or transportation to and from treatment centers,” she says. Stacey also has been an ACS “Reach to Recovery” volunteer, which allows her to help other women diagnosed with breast cancer. In addition, she also organizes a monthly support group in conjunction with other organizations for young women with breast cancer. “This job is so rewarding for me. ACS is an organization that helped me so much, and it feels good to know that what you’ve gone through will help someone else.”

### **Candice Jaeger, 31, Mother**

Since the age of 24, Candice Jaeger has had repeated bouts with breast cancer. But with a strong will to survive, this mother of an eight-year-old daughter refuses to give up hope. After being diagnosed with Stage IIIA breast cancer, Candice had a mastectomy and the removal of 16 lymph nodes. After extensive chemotherapy and radiation treatments, Candice was cancer-free for almost two years. However, the disease spread to her lower backbone, liver and left hipbone. Candice found herself in remission in December 2005. However, it was short lived—a month and a half later Candice found out she had cancer “hot spots” on her spine again, and also on her ribs.

In 2006, an MRI revealed her breast cancer had spread yet again: three tumors had formed in her brain.

Most recently, doctors discovered another tumor on her cerebellum. Although her current chemotherapy may not “reach” her brain area, it’s treating the other cancer in her body.

Candice is determined to reach remission again. “I thought I had a fear of dying. But we’re all going to die. Now, I realize I’m not afraid to die. I’m afraid to leave the ones I love,” she says. “But I have the strength of my family and friends that brings me up when I’m down. This is why I live each day like there is no tomorrow.”