



Touch of Courage

. Connection

Beyond Pink TEAM

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Why are there Different Treatments for Breast Cancer?

By Cassandra Foens, M.D., FACR

Did you ever wonder why some women get chemotherapy but others don't? Or why some women are eligible for shorter courses of radiation than others? There are reasons why we choose some treatments and not others for patients. All cancer treatment falls in to one of three categories: surgery, radiation therapy and drug therapy either with true chemotherapy, or hormonally based therapies or now more targeted drugs. Each one of these therapies functions differently in the human body and so we choose between them based on what we believe is the most likely problem associated with the cancer.

Surgery is certainly important in breast cancer. The goal of surgery is to remove any obvious cancer from the breast and assess the status of the lymph nodes. Almost all breast cancer patients will undergo surgery, but patients must remember that the surgeon can only remove what he or she can see. Removing the tumor from the breast is important, but will not necessarily prevent the cancer from showing up later in other places in the body or even in the breast itself, in patients who have had a lumpectomy. That is why surgery is rarely used alone in breast cancer. We consider surgery to be a local treatment – that means it only works in the local area where the surgery is done.

Radiation therapy is also a local therapy. The advantage to radiation

is that we can treat a larger area than the surgeon may be able to remove. We can also treat areas that the surgeon may not be able to reach, such as certain lymph node areas. Radiation is also very good at killing any microscopic cancer cells – cells that may be present but cannot be seen with the naked eye. This is why surgery and radiation are often done together in many cancers – the surgeon removes the actual mass that he can see, and the radiation cleans up any cancer that may be left behind microscopically. All women who have had a lumpectomy should be offered radiation therapy after surgery, and at least some women who have had a mastectomy need to be considered for radiation as well.

Unlike surgery or radiation, drug therapy is a systemic therapy – it treats the whole body. The obvious advantage here is that you do not need to know where all the cancer cells are to treat them – both surgery and radiation require a target. However, because the whole body is exposed to the drug used, side effects can occur far away from the location of the original cancer. We usually define chemotherapy as the use of certain chemicals that are toxic to cancer cells given by IV therapy, but that definition is changing. Certain traditional chemotherapy drugs are now available orally. Since breast cancer can be a hormone-dependent cancer in some women, some oral endocrine therapies may be useful

in changing the patient’s hormonal status to affect cancer growth. And there are newer drugs that target certain molecules known to be important in cancer growth – factors that can increase blood supply in a cancer mass, or growth factors that cancers make to encourage growth.

So how do we decide? We want patients to have both local control and systemic control. So for local control we rely on surgery followed by radiation therapy in women who choose lumpectomy. For patients who choose mastectomy, radiation therapy usually is not needed unless the patient has risk factors predicting an increased chance of local recurrence – these are things like a large tumor, positive lymph nodes, skin involvement, etc. Systemic therapies are added when we believe there is a risk that the cancer will spread beyond the breast and/or lymph nodes. In older women with cancers sensitive to estrogen, endocrine therapies such as Tamoxifen or Arimidex may be sufficient. In younger women or women who do not have estrogen sensitive tumors, chemotherapy with drugs such as Adriamycin, Cytoxan, Taxol, 5FU and other may be needed. If we test the tumor and see that it has markers for certain growth factors, then some of the newer targeted agents may be used – for example in women who have the Her2Neu marker present, they will likely receive Herceptin, while someone who does not have this marker will not get this drug.

As you can see, this can be a complex decision making process – that is the reason that multidisciplinary evaluation of breast cancer patients is so important. If a woman can be evaluated by a surgeon, a radiation oncologist and a medical oncologist before she makes any decisions about how she wants to treat her

cancer, she has a better chance of making good informed decisions about her healthcare.

5th Annual Pink Ribbon Run!

Mark your Calendar for the 5th Annual Pink Ribbon Run on Saturday, October 1! The committee is organizing the best event to date in hopes of bringing in greater funds for the Beyond Pink TEAM to help families affected by breast cancer. Funds raised at this event are guaranteed to stay in our community.

How can you help? If you want to run or walk, find lots of friends and family to donate to you. We need your support and look forward to seeing you in Cedar Falls on October 1!

Watch this newsletter and the Beyond Pink TEAM's website at cedarvalleybreastcancer.org for details as the race approaches.

Beyond Pink TEAM Chosen as the 2011 Organization that Empowers Women

At the YWCA’s Women of Persimmon celebration on April 7, the Beyond Pink TEAM was honored to learn they were chosen as the 2011 Organization that Empowers Women.

Each year the YWCA recognizes individuals and groups in the categories of Professional Woman, Volunteer, Young Woman of Tomorrow, Youth Advocate, and Business/ Organization that Empowers Women.

Nationally, the YWCA has chosen the color persimmon to represent strength and confidence. The Cedar Valley Women of Persimmon candidates exemplify the YWCA of Black Hawk County’s mission to eliminate racism, empower women and promote peace, justice, freedom and dignity for all. Marty Mullnix nominated the Beyond Pink TEAM because she felt our organization did this. She had become familiar with the Beyond Pink TEAM when she worked for the American Cancer Society.



Dee Hughes attended the luncheon with Marty and received the award for the Beyond Pink TEAM.

Thank you to Marty for nominating us, the YWCA for the recognition, and Larry Phillips of Cole Photography for the photo.



**BPT Members at the
National Breast Cancer Coalition
Advocacy Conference
April 30-May 3 in Washington DC**

A Survivor's Story by Jeanne Rothamel, R.N.

I had my first abnormal mammogram in early 2006. I had microcalcifications. I underwent a stereotactic biopsy which returned as benign. I followed up routinely after that and in August of 2008 my mammogram was abnormal for the opposite breast, again microcalcifications. Again I had a stereotactic biopsy. This time it showed ductal carcinoma in situ (DCIS). I was fortunate that my mammogram, extra views and biopsy were all done the same day. I can't imagine having had to wait longer.

Once the diagnosis was made, I had a MRI and visits with my doctor and his staff. I ultimately decided on bilateral mastectomies with immediate reconstruction.

A lot of people ask why I went with mastectomy instead of lumpectomy, given the diagnosis of DCIS. When I was diagnosed with breast cancer, I was thinking of having bilateral mastectomies and my MRI was rather equivocal. There was a recommendation for a wide excision of my left breast, (DCIS was on the right). The MRI helped cement my decision. I never wanted to have to go through what I was going through again. I felt I made the best decision for myself.

I relied on my doctor and his staff for guidance. Their personal and professional care was the best and it felt good to have a surgeon and staff dedicating their time 100% to breast health.

I was very fortunate to be subsequently hired by this center

upon the retirement of one of their staff members. Today, this position gives me the opportunity to assist women through their evaluations and biopsies. When a cancer diagnosis is made, I'm able to help with the usually overwhelming process, just as I was helped.

I encourage the patients I work with to get as much information and literature as they can, to get an MRI if indicated and then to make the best decision for herself. What other women did may not necessarily work for the newly diagnosed patient. I also caution patients that they likely will hear from family members and friends about other breast cancer patients and opinions. I urge taking all with a grain of salt. Each woman's decision is theirs alone. Each woman's breast cancer is specific and personal to her body. Whatever a woman decides for herself is the right decision for her.

I feel I have a special empathy with my patients and I hope sharing my survivorship helps them too.



Living Green By Cindy Harris

So much rain! My garden would like a few days of sunshine but with the ground soft with moisture it's a good time to install support poles for your tomato plants. You will get a better crop, bigger tomatoes and less splitting on top if you make sure your plant doesn't bend down over the basket supports, pinching off its nutrient supply. You can get a package of green bamboo stakes or use old tent

poles – anything that you can loosely attach the plant to as it grows.

So many have been complaining that with all the rain the ants are coming in and they don't want to put down poison with small children and pets around. Instead, put down corn meal. The ants will take this back to the nest, all will eat dinner, expand and, well, lets just say no more ants.

In Washington this year I learned that lavender is something to stay away from because one's body recognizes it as an estrogen. Anything that acts like estrogen should be avoided. Many cosmetics use lavender as a base and it's used for scent, which may or may not be listed on the ingredients. Face cleansers can also contain chemicals and scents you want to avoid. I use plain, unflavored yogurt. Put it on your face and let set for 3 – 5 minutes and rinse off. If you are in a hurry just put it on, rub and wash off. My face feels great. It's smooth and soft and the make up is completely off. All natural! Bonus, I think my neck looks better.

Save the Date!

July 5 1:30 p.m.
Care and Share Cancer Supp Grp
Covenant Treatment Center
200 E. Ridgeway, Waterloo

July 11 1:30 p.m.
Touch of Courage
Breast Cancer Support Group
2101 Kimball Avenue, Waterloo
Dawn Colbert 415-6430

August 1 1:30 p.m.
Touch of Courage
Breast Cancer Support Group

August 2 1:30 p.m
Care and Share Support Group

August 8 1:30-3:30 p.m.
Look Good, Feel Better
RSV to American Cancer Society
At 866-460-65551

August 11 5:00 – 7:00 p.m.
Splash of Color Event
Waterloo Public Library
Cathy 319-493-8857

Aug 19
Tulip Bulb Order Deadline

September 6 1:30 p.m.
Care and Share Ca Support Group

September 12 1:30 p.m.
Touch of Courage
Breast Cancer Support Group

September 20 4:30-7:30 p.m.
Young CA Survivors Event
AEA267
3712 Cedar Hts. Drive, C.F.
Emily Hodgins 239-8118

October 3 1:30 p.m.
Touch of Courage
Breast Cancer Support Group

October 4 1:30 p.m.
Care & Share Support Group

October 8 9-11:00 a.m.
Tulip Bulb Pickup
Covenant Cancer Treatment Ctr.
200 E. Ridgeway, Waterloo

October 10 1:30-3:30 p.m
Look Good, Feel Better
RSVP to American Cancer Society
866-460-6550



Resources

Information, support, counseling, and educational materials are available from the following:

Beyond Pink TEAM is a local breast cancer organization providing a variety of services. Our website lists services we provide as well as other services available in the Cedar Valley. www.cedarvalleybreastcancer.org

Iowa Breast Cancer Edu-Action is a local advocacy group taking action against breast cancer. www.iowabreastcancer.org

Living Beyond Breast Cancer includes a helpline, newsletter and information. Survivors Helpline: 888-753-5222 www.LBBC.org

Young Survival Coalition connects with other young women diagnosed with breast cancer. www.youngsurvival.org

Cancer Care is a national nonprofit organization offering counseling, support, financial assistance and education to individuals with cancer and their families. www.cancercare.org

Iowa Cancer Consortium offers cancer information and links to resources in Iowa. www.canceriowa.org

American Cancer Society offers cancer information and services. www.cancer.org.

National Breast Cancer Coalition The NBCC’s mission is to eradicate breast cancer by focusing the government, research institutions and consumer advocates on breast cancer. It encourages advocacy for action and change. www.stopbreastcancer.org

M.D. Anderson Cancer Center, University of Texas offers patient and cancer information. www.mdanderson.org

Susan G. Komen for the Cure website offers cancer and social networking information and a newsletter on their website. www.komen.org

Iowa Breast Resource Guide is available on the Iowa Breast Cancer Edu-action website. www.iowabreastcancer.org

Connect with us...

A donation for Touch of Courage is both needed and appreciated. All donations go to support the services of the Cedar Valley Cancer Committee and are tax deductible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$ _____ amount of donation

General Donation Newsletter Donation NBCC Scholarship Fund

Make checks payable to the Cedar Valley Cancer Committee and send to 1607 Heath Street, Waterloo, IA 50703