



April 2005
Volume 9, Number 2

Touch of Courage

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Cedar Valley Breast Cancer Task Force

MRI: An Exciting New Imaging Tool in Breast Cancer Diagnosis and Treatment Planning

by John Halloran, M.D.

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Although MRI is not a new imaging tool, effective breast MRI for cancer detection has developed only over the last several years. For many years MRI has been used to evaluate breast implants for rupture and now is one of the most exciting and promising tools in the fight against breast cancer.

There are two types of MRI scanners: “open MRI” and “high field MRI”. Open MR scanners have a more open design suited for patients who are claustrophobic. Another advantage of the “open MR” is that biopsies can be performed without having to remove the patient from the scanner. “High field” MR scanners have a short tunnel (called a gantry) and are similar in shape to a computed tomography (CT) scanner. MRI works by using a magnetic field.

Breast MRI examinations require the patient to have an intravenous (IV) catheter for administration of MRI contrast dye. Contrast is administered because it helps detect tumors. Many new, abnormal blood vessels form within tumors resulting in a much greater number of blood vessels in tumors than normal breast tissue. Consequently, more contrast dye localizes in the tumors than in the normal breast tissue making tumors appear “bright” and more easily identifiable on the MRI images. Some benign breast lesions may appear “bright” on MR images. Approximately one-third of lesions thought to be cancer on MR turn out to be benign lesions. Therefore, it is important to have the ability to perform MRI guided biopsies at the site performing breast MRI. This allows biopsy of tumors that may be evident only on MRI.

Advantages of MRI over mammography and CT include no radiation exposure and superior sensitivity in detection of subtle differences in the breast tissue. Disadvantages of MR include the cost and its limitation in distinguishing benign from malignant tumors.

Potential Uses of Breast MRI

- Screening patients with breast implants and/or “dense” breasts
- Breast cancer treatment planning: size and number of tumor(s)
- Problem solver

“Dense” breast tissue may obscure breast cancer on mammography. Breast implants limit visibility of breast tissue on mammography. MRI does not have these limitations. The sensitivity of mammography in the detection of cancer in “dense” breasts is reported between 45% to 60% compared to 81% to 95% for MRI.

The most exciting capability of breast MRI may be its ability to assist in decisions regarding breast cancer treatment. Effective surgical planning and treatment of breast cancer depends on accurate assessment of the extent of the cancer, the size of the tumor, and the presence of other cancer sites.

MRI clearly is better than mammography in identifying additional sites of tumor. Breast cancer frequently is present at more than one site at the time of diagnosis. These other tumors may occur adjacent to the known tumor or even in the opposite breast. Identification of more than one tumor

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may change cancer therapy. The presence of more than one tumor may result in higher rates of cancer recurrence and may be a contraindication to breast conservation surgery. A University of Pennsylvania study showed more than one-third of patients with breast cancer had more extensive disease depicted on MR compared to mammography and treatment planning was altered in more than one-third of these patients (based on the MRI information). MRI effectively screens for cancer in the opposite breast. In an American College of Radiology Imaging Network study, 9% of patients diagnosed with breast cancer had a cancer in the opposite breast as well.

MRI is very effective in determining the size of breast tumors. It has been used to follow the response of cancer to chemotherapy and in deciding between mastectomy and breast conservation surgery after completion of chemotherapy.

Breast MRI can be a problem solver. It is used to evaluate patients with inadequately visualized or indeterminate lesions on mammography and patients with atypical findings e.g., negative mammogram and enlarged axillary (arm pit) lymph nodes. A study by the University of Pennsylvania and Mayo Clinic showed MR clearly defined all breast lesions that were poorly demonstrated on mammography. In addition, MR successfully identified 86% of breast malignancies in patients with axillary lymph node metastases with an unknown site of breast cancer (by mammography and physical exam findings).

Breast MRI is an exciting advancement in breast cancer evaluation. Its diagnostic capabilities are invaluable and these capabilities will continue to grow with the constant advances in MRI technology.

Relay for Life – 2005

The 2005 Relay for Life will take place on June 10 at 6:00 p.m through Saturday, June 11 at 10:00 a.m. The 16-hour fundraising walk aims to raise awareness of the need for knowledge and funding for cancer research. There will be games for children, available camp sites, bands, luminaria lighting and many activities throughout the 16-hour Relay. Proceeds help provide community awareness programs for those with cancer and their family members, and for those who may be diagnosed in the future. Teams are being formed now so please find it in your hearts to either become a member of a team or to sponsor a team member.

To be a part of the team, or to donate to the team, please contact:

Marie Iverson
Team Captain
233-1398

In addition to this year's Relay will be the Survivor Recognition Reception to take place after the reading of survivor names during the program that evening. All survivors are invited to submit their names and to attend the reception. The survivors recognized do not have to be a part of a team, do not have to donate to a team and is at no cost to the survivor.

Forms to submit a survivor name can be obtained from:

Candy Nardini
American Cancer Society
210 Kimball Avenue - Ste. 130
Waterloo, IA 50702

The Cedar Valley Breast Cancer Task Force will, for the fifth year, sponsor a team. The Task Force is pleased to accept new members, support or donations.

We hope you will join us on June 10 and 11, 2005 for some part of the 16 hours of fellowship, fun and fundraising for a very worthy cause that touches each and every one of us now, or may in the future.

NBCC Honors Representatives

Please join use in thanking Iowa Senator Tom Harkin (Democrat) and Representative James Leach (Republican) who were honored by the National Breast Cancer Coalition (NBCC) for receiving a perfect score for supporting all of NBCC's priorities in the 108th Congress. What wonderful and incredible progress we are making!

Fran Visco, President of NBCC wrote:

On behalf of the National Breast Cancer Coalition (NBCC), and more than three million women living with breast cancer, I would like to thank you for supporting all of our legislative priorities in the 108th Congress. Your achievement is noted in NBCC's 108th Congress Voting Record, which can be viewed on our website at www.stopbreastcancer.org. The Record measures Congressional support for our legislative priorities in terms of votes, co-sponsorship, and signing onto Dear Colleague letters in support of legislation. The NBCC sets its legislative priorities after a great deal of research and analysis. We then educate both our grassroots constituency and policymakers on our priorities. Our network of activists across the country adopts this legislative agenda because we firmly believe that passage of this agenda will move us forward in our mission to eradicate breast cancer. NBCC appreciates your leadership and dedication in helping us achieve our goal. As one of 96 Senators and Representatives to support all of our priorities, you have shown yourself to be committed to substantive breast cancer policy.

Please contact Sen. Harkin at 202-224-3254 and Rep. Leach at 202-225-6576 to thank them for their ongoing support!

Visit www.stopbreastcancer.org to learn more about the NBCC legislative priorities.

My Three Breast Cancers By Marsha Allen

I first felt a ripple in my breast in early 1996 and saw three different doctors from the spring to the fall, but no one could feel anything. In October, I had a mammogram and areas of concern were found in both breasts. Dr. Duven did a bilateral biopsy and cancer was detected in the right breast. In December of 1996, at the age of 54, I had a lumpectomy of the right breast. My youngest daughter had just graduated from college and moved home to help out.

I had no trouble with the surgery or radiation that followed except for burning on the breast and a very, very sore nipple. The staff at the Cancer Treatment Center made the 10 minutes a day I spent there a breeze. I was then put on Tamoxifen but wasn't able to tolerate the drug. My husband and family were very supportive but we felt that I had been handed a death sentence as both my grandmothers and my mother died from cancer, as well as my mother-in-law.

Five years passed quickly and I went in for my last check-up with mammogram. I was riding on air. I had made it to the five year mark! However, I received a call telling me that I needed my right breast biopsied. It turned out to be an aggressive cancer. I had decided that if my cancer ever returned, I would go the M.D. Anderson Cancer Research Center in Houston, Texas. Surgery took over 12 hours – I had a mastectomy, rebuilding of the right breast, and reduction of the left breast. As the physician was finishing the reduction on the left breast, he felt an area of concern and did a biopsy that came back as cancer. This cancer had not shown up on any mammograms in Iowa or Texas. The surgeon was called back in and a lumpectomy was then performed on the left breast.

My sister was waiting for me when I got out of surgery and was the best moral support that I could have asked for. I brow beat her into singing hymns

for me as I thought I was dying. I had no feeling in my right arm or strength in my fingers to push the morphine button. I had nine giant (bagel sized) drainage tubes in me but by the second day I was walking around the nurses's station. Twelve days later I was back in Iowa and shortly began aggressive chemotherapy which was very rough. I often felt unwell, but did not want to give into the discomfort. I got dressed and went out to breakfast each morning, though sometimes my mouth was too sore to eat. I felt God was only going to give me so much time, so I was going to do what I wanted with it. Sitting home and complaining just didn't fit my agenda.

I lost all of my hair so I bought a wig, but it itched my head and it was cold. I began to use turbans which I liked better. However, one Sunday I was in church and became overheated and sick. I thought *either the turban goes or I go*. I reached up and took that thing off my head, right in front of God and everyone else! It was liberating. It was wonderful. After that, I went bald.

Today I look on each day as a special blessing from God. I take each day, one day at a time. I look forward to my church meetings, my Red Hat meetings and my garden club meetings. I visit my children and grandchildren. I plan for the future, but I also enjoy today – for this is the day the Lord has made, let us rejoice and be glad in it.

Touch of Courage Breast Cancer Support Group

The Touch of Courage Breast Cancer Support Group continues to meet on the first Monday of every month (unless it's a holiday), with the meetings being held at Covenant Cancer Treatment Center at 200 E. Ridgeway Avenue in Waterloo at 1:30 and 5:30 p.m.

For those of you who are long term survivors, please remember what a critical role you play in the journey of the newly diagnosed.

The Support Group invites any woman or man who is dealing with breast cancer to attend the support group meetings. Spouses and significant others are also welcome.

FREE Mammograms and Physicals for Women who Qualify

Many women are forced to put their own health needs on hold but now there is help available. The Care for Yourself program is a breast and cervical cancer screening program funded by a grant from the Iowa Department of Public Health and is located at the Black Hawk County Health Department. The program is available to any woman age 40 and older who meet the income guidelines, have not had a mammogram in the past year, and who have no insurance coverage for mammograms or Pap tests. It is even available to women who have insurance but can not pay the required deductible or co-pay. Woman under age 40 who are experiencing a breast problem may also qualify.

The program is able to cover pelvic exams, Pap tests, clinical breast exams and mammograms. Certain diagnostic tests are also covered to rule out the presence of breast or cervical cancer. Most clinics/medical offices are enrolled to participate in the Care for Yourself program, therefore most women will be able to see the doctor of their choice for their exam.

Breast and cervical cancer are best treated when detected early! Please call today and schedule your screening. Call Gabbi DeWitt at 292-2225.

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Iowa Breast Cancer Edu-Action

Who Are We?

Iowa Breast Cancer Edu-Action includes breast cancer survivors and their supporters. We are members of the Cedar Valley Cancer Committee. **Our mission** is to serve as a catalyst for the prevention and cure of breast cancer.

What We've Done

- ❖ Visited with our congressional representatives to secure their commitment to breast cancer research.
- ❖ Participated in fax and letter campaigns o Congress for a commitment to a national strategy for the fight against breast cancer.
- ❖ Created the Iowa Breast Cancer Resource Guide, secured funding and distributed 4000+ copies
- ❖ Iowa Breast Cancer Edu-Action is a subcommittee of the Cedar Valley Cancer Committee

❖

We Meet:

When: 7:00 p.m. on the 4th Thursday of each month.

Where: Area Education Agency 7
Special Education Building
Conference Room 5

Need more information?

Call Christine Carpenter
319-266-0194

Support and Rehabilitation Programs

Care and Share	Support group for anyone dealing with cancer. Meets the 1 st Tuesday of every month at 1:30 p.m.
Touch of Courage	Breast cancer support group. Meets the 1 st Monday of every month at 1:30 p.m. and 5:30 p.m.
Reach to Recovery	Provides information and support for women who are faced with breast cancer. Visits available before and after surgery.
Look Good...Feel Better	Consultation with a trained cosmetologist to help a cancer patient feel more comfortable with the physical changes that occur during treatment.

For more information call the American Cancer Society at 319-272-2880 or 888-266-2064.

Resources Available:

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

Allen College of Nursing Library and Media Center 1825 Logan Avenue Waterloo, IA 50703 (319) 235-2005	American Cancer Society 2101 Kimball Avenue, Suite 130 Waterloo, IA 50702 319-272-2880 or 888-266-2064 1-800-ACS-2345 (available 24 hrs)
Breast Care Center at United Medical Park 1753 West Ridgeway Waterloo, IA 50701 319-833-6100	Covenant Cancer Treatment Center 200 E. Ridgeway Avenue Waterloo, IA 50702 319-272-2800 Include Cancer Information Library
National Cancer Institute 1-800-4CANCER	National Coalition for Cancer Survivorship 1-505-764-9956
National Lymphedema Network 1-415-923-3680	Y-Me 1-800-986-8228
Covenant Lymphedema Therapy 319-272-7894	Physical Therapy Partners Lymphedema Therapy 319-233-6995

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: _____ Sate: _____ Zip: _____

\$_____ amount of donation

General Donation Newsletter Donation NBCC Scholarship Fund

Make checks payable to the Cedar Valley Cancer Committee and send to 1067 Heath Street, Waterloo, IA 50703