



Touch of Courage

. Connection Beyond Pink TEAM



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Cedar Valley Cancer Committee
1607 Heath Street
Waterloo, IA 50703
319-232-3219

Website:
www.cedarvalleybreastcancer.org

OPTIONS IN BREAST CANCER RADIATION THERAPY

By Chris Hagness, Ph.D

Radiation therapy

If you've talked with a radiation oncologist, then you've already heard about the benefits of radiation treatments for your particular type of breast cancer. The standard of care for radiation therapy of breast cancer is whole breast external beam radiation. In this type of radiation therapy, high-energy x-rays produced in a machine pass through the breast to deliver the radiation. Whole breast radiation therapy is often given after a lumpectomy or mastectomy (also called chest wall irradiation). This type of treatment is given 5 days a week for up to 7 weeks. The most common side effect of this treatment is skin redness.

Breast brachytherapy

Brachytherapy is a method of delivering radiation using a small radioactive source. The source is placed inside the area to be treated. For breast brachytherapy, the source has to be placed inside the breast tissue where the tumor was removed. This requires teamwork between your surgeon and your radiation oncologist. The radiation is delivered from inside the breast and targeted to the area where the cancer was. The amount (dose) of radiation given is less than conventional therapy because it is given over a shorter time. Breast brachytherapy is typically given twice per day for 5 days. The side effects of this type of treatment are skin redness, bruising, and breast

pain – common side effects of breast surgery.

Advantages and disadvantages

Neither type of treatment makes the patient radioactive after the treatment is finished. The obvious advantage of brachytherapy is the shorter treatment time. But brachytherapy and conventional radiation therapy, which is still the standard of care, are fundamentally different. This difference may or may not be given its due consideration when discussing your treatment options with your physician.

Conventional radiation therapy irradiates the whole breast, giving the same radiation dose to all of the breast tissue. Brachytherapy irradiates only a small area of the breast, around where the tumor was located before it was surgically removed. This is called partial breast irradiation.

Partial breast irradiation

The supposed benefit of partial breast irradiation is that it limits the amount of radiation to healthy breast tissue, thereby reducing the potential for side effects. This is a concept that is applied to radiation treatments given in other parts of the body, where there are nearby organs such as the liver or kidneys which may suffer serious side effects. Not all physicians believe this is a wise approach to the treatment of breast cancer, however.

There are two main reasons why partial breast irradiation remains controversial:

- 1) The breast is not an organ. An organ has a membrane that encapsulates the tissue. Breast tissue is sandwiched between the muscular chest wall and the skin, and is permeated by blood vessels, lymphatic ducts, and mammary glands. Cancer that arises in breast tissue has no physical membrane to prevent its spread to nearby breast tissue, and the likelihood of it spreading is high because of the vessels and ducts.
- 2) There are no nearby organs that require protecting from the radiation. In general, the only tissue that receives more radiation with conventional therapy is the breast being treated and the skin around it. The only side effect that can be reduced using partial breast irradiation is skin reaction, which is usually easily manageable and disappears sometime after the treatments are finished.

In the mind of a physician, it would be bad for a patient to suffer side effects during treatment. However, it may be worse for a patient to go through a partial breast treatment and later have a recurrence of breast cancer outside the treated area. Because it has been used once already, it may be impossible to use radiation again to treat the recurrence. That physician has spared the breast from radiation only to lose it to surgical resection, or may have allowed an undetected area of cancer in that breast to go untreated, grow, and possibly metastasize. Whole breast irradiation will kill cancer cells in the entire breast, including those away from the area that was removed surgically, and is a more cautious choice of treatment.

Clinical studies

There is now data available from studies indicating that partial breast irradiation can be used safely and reproducibly. Reported local recurrence rates are low and comparable to conventional whole breast radiation therapy. It should be noted that patients enrolled in these studies were carefully selected to minimize the risk of local recurrence. Appropriate patient selection is essential to successfully treating patients with partial breast irradiation as an alternative to whole breast radiation therapy. Also, the data from these studies has only been collected for five years or less. Because breast cancer recurrence may happen up to 10 years or more after treatment, the final numbers have yet to be reported and may yet change.

MammoSite balloon catheter brachytherapy

MammoSite is one method of breast brachytherapy. After the surgeon removes your tumor, an uninflated balloon is gently placed inside the tumor cavity through a small incision. A catheter will remain outside of your breast which allows the radiation source to be inserted into the balloon. The MammoSite balloon can be placed either during your lumpectomy surgery or up to 10 weeks later in a separate procedure. Once in place, the balloon is inflated with fluid to fit snugly into the tumor cavity. The balloon remains inflated for the entire time you are receiving radiation therapy.

A tiny radioactive source will then travel from the machine, through the catheter, and into the inflated balloon inside your breast. The source will remain in the balloon for about 10 minutes while it delivers radiation. Once you have received the prescribed dose of

radiation, the source is retracted back into the machine. Usually on the same day as your last radiation treatment, the balloon will be deflated and removed.

Is it for me?

Anyone can receive the standard of care, whole breast radiation therapy. For breast brachytherapy, appropriate patients are over 45 years of age and have early-stage breast cancer with tumors greater than 2 cm in size, invasive ductal type, negative surgical margins, and negative lymph node status.

Radiation therapy with brachytherapy is an accepted treatment for breast cancer and is covered by most insurers. Specific coverage for MammoSite or other treatment options will depend on your individual health plan.

More information on MammoSite can be found on their website at www.mammosite.com.

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). However, they are now meeting at the **Kimball Ridge Center on 2101 Kimball Avenue**. The meetings are held at 1:30 and 5:30 p.m.

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.



Plant it Pink – Hope Blooms for Breast Cancer By Dee Hughes

On a beautiful day, several Beyond Pink TEAM members planted 400 pink tulip bulbs in a flower bed at the Covenant Cancer Treatment Center. Next spring you will see 400 Pink Impression tulips in bloom. At that time we will be launching our Plant it Pink – Hope Blooms for Breast Cancer campaign.

We will take orders for pink tulip bulbs next spring and summer for a fall delivery. Our goal is to have 10,000 Pink Impression tulip bulbs planted during October, Breast Cancer Awareness Month, to honor the 10,000 persons who will be diagnosed with cancer that year.



Left to Right: Deanna Hughes, Jeannie Mullen, Barb Daniels, Nancy McHone, Laara Duggan and Sue Witwer

In the spring of 2008, tulip beds throughout the Cedar Valley will be abloom in a sea of pink as a reminder of the importance of breast cancer awareness for all the women in our lives. We also need to be reminded that men can get breast cancer also.

Watch for more information in the spring about Plant it Pink.

Quilt Raffle

Another beautiful quilt was donated by Cedar Valley Medical Specialists Department of Oncology to be raffled at the 2006 Breast Care Conference. The conference, sponsored by the Breast Care Center, was held on October 2 at the Pipac Centre in Cedar Falls. Money raised from the raffle was donated to the Beyond Pink TEAM.



Deb Van Hauen won this quilt autographed by Cokie Roberts and Gloria Steinem

This unique quilt was autographed by author and journalist Cokie Roberts, and by American feminist icon, Gloria Steinem. Both of these influential women are living with breast cancer. The lucky winner of this special quilt was Deb Van Hauen. Congrats to Deb, and a big thank you to CVMS Oncology staff!

Starbucks Coffee Company Partners with Beyond Pink TEAM By Dee Hughes

The Starbucks Coffee Company is a strong supporter of local charities. The Beyond Pink TEAM is very fortunate to be a recipient of their volunteerism. The staff and management of the Cedar Falls Starbucks is such a fun group of people and so willing to give of their time to raise money for the Beyond Pink TEAM.

So far, the Cedar Falls Starbucks has helped make bears for the Breast Cancer Bear program, made pink bead bracelets that they sold at the October 21 Black Hawk Hockey game and in their store, sold pink ribbon lapel pins, pink ribbon pledge cards for their store’s wall, and volunteered to help serve at our October 27 luncheon.

Thanks to everyone at Starbucks for their support. This is a very important partnership to us. Stop in to the Cedar Falls, Starbucks, see what they have going on to support the Beyond Pink Team, and enjoy a beverage.



9th Annual Celebration of Accomplishments

On Friday, October 27, our 9th Annual Celebration of Accomplishments was held at Covenant Medical Center. The celebration featured guest speakers, outstanding volunteer recognition, as well as lunch. Cedar Falls Starbucks Coffee employees volunteered to assist with serving the lunch.

The topic for the speakers was Survivorship in Action. Cindy Harris and Kathy Boeckmann each shared their story of going from breast cancer patient to advocate for other women living with breast cancer.

Cindy has attended the National Breast Cancer Coalition Advocacy Conference in Washington, D.C. twice. While at the conference, she attended Lobby Day and was able to convey to our legislators her concerns about the connection between chemicals and breast cancer. She is an avid chemical-free gardener and promotes the use of safe alternatives to household cleaners.

politics into advocacy work for breast cancer research funding. She volunteers to help on many projects, keeps in contact with our legislators in Washington and has gone to the National Breast Cancer Coalition



Sue Witwer and Christine Carpenter

Advocacy Conference and Lobby Day in Washington, D.C. three times. Congratulations, Sue, and thank you for all you do!

If you are living with breast cancer and would like to be invited to the October 2007 Celebration, please contact Dee Hughes at 319-235-3179. We would love to have you join us.



Kathy Boeckmann and Cindy Harris

Kathy was a surgical nurse when she was diagnosed with breast cancer. Soon after her diagnosis, she was asked to work in a local breast care center. She thought she knew about breast cancer when she started there, but after helping women every day with their breast cancer diagnosis, she realized how much more there was to learn. She has worked tirelessly to help her patients, to educate fellow nurses and to be an advocate for all living with breast cancer.

Each year we recognize one of our committee members for her dedication to the Beyond Pin Team and/or Iowa Breast Care Edu-Action. This year, the honor goes to Sue Witwer. Sue has been able to channel her love of

Gallagher Bluedorn Performing Arts Center Supports the Beyond Pink TEAM

In honor of Breast Cancer Awareness Month, the Gallagher Bluedorn Performing Arts Center held a women's health fair before the October 21, 2006 Wailin' Jennys concert. The Beyond Pink TEAM had a table staffed by committee members Christine Carpenter and Eileen Daley. The organizers of the event spoke with Christine and Eileen and were very impressed with what our organization is doing for women and men living with breast cancer. They decided they would collect donations from those attending the concert for our organization. We were thrilled to receive the \$1,116.00 for our Beyond Pink Fund which provides financial assistance to low-income women dealing with the screening, diagnosis or treatment of breast cancer.

A Survivor's Story By Stephanie Garner

My journey with breast cancer began in my late twenties when I found a lump and had my first mammogram. The outcome was good and I went about my life. Twenty years later, at the age of 46, I found another lump. This time, the outcome was not what I had experienced in my twenties. After a mammogram that was negative, I requested an aspiration that revealed atypical cells and a biopsy confirmed cancer. The diagnosis was Stage II her2 neu positive breast cancer.

I was angry. My life was everything I had hoped for. I had recently remarried and was happier than I had ever been. My children were doing well and I had just started a new career as a real estate appraiser.

I approached breast cancer as I have most things. I jumped in headfirst. I kept working through my treatments, missing only a few days of work. I was fortunate and did not get sick from the chemotherapy. Six weeks of radiation and life went on. This was my anger/denial stage. This was my "I'm fine, I'm going to win" stage. I kept my feelings inside and kept going. I was scared. I thought of breast cancer often and feared I was going to die. My body would not let me avoid breast cancer. I had shooting pains in my breast and a buildup of lymph fluid in my breast that was drained periodically to relieve pain. Eventually my body overcame the affects of my treatments and I began to recover physically.

I experienced a full-blown case of the grieving process. It began with feelings of anger and denial, then bargaining, depression and finally

acceptance. I spent a long time in the beginning stages of this process before I realized what was happening to me. In retrospect, I think I could have benefited from a support group and the wisdom of others who had traveled my road. I may have dealt with my feeling of fear sooner.

I am a four year survivor. I have worked hard to make my way through the grieving process. I no longer think of breast cancer every day. My family and I continue to heal by sharing our fears, thoughts and feelings on occasion. I strongly recommend finding a wise person to share your feelings and fears - maybe it is a support group, a friend, your spouse or a professional. You will heal both physically and emotionally. You can't do one without the other.

Pesticides and Cancer By Christine Carpenter

Diagnosed with breast cancer at age 45, Christine Carpenter set out to find some answers. She found a growing body of medical evidence suggesting frequent exposure to commonly used household and agricultural pesticides pose health threats to all of us. Now, the Cedar Valley Cancer Committee wants to get informed and take action to reduce pesticide use in our area.

Pesticides and Cancer: Acting on What We Already Know was the topic of a forum presented by Dr. Kamyar Enshayan, Program Manager at the Center for Energy and Environmental Education at the University of Northern Iowa. The 50 forum participants created an action plan:

Advocacy

* Talk to superintendents of schools

about stopping chemical spraying and using chemically safe cleaning products.

* Approach City Council and Board of Supervisors about not fogging and eliminating chemical spraying in all parks, buildings, etc. owned/managed by the city or county.

* Approach the County Board of Supervisors about creating a safe place to dispose of toxic wastes.

Education

* Find or create information packets about harmful affects of insecticides and alternatives to their use.

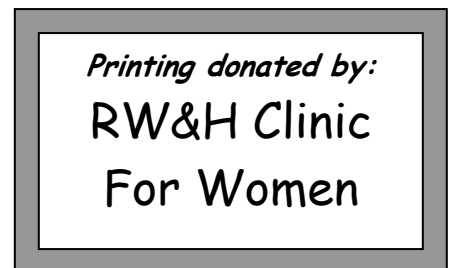
* Provide information to friends, neighbors, community organizations, churches, businesses, hospitals, decision-makers, lawn care companies, etc. about dangers of pesticides and alternatives to their use.

Business

* Ask grocery store managers to: stock organic food products, not store pesticides near food items; and post signs warning public that pesticides are hazardous to your health.

* Ask lawn chemical companies to use safe materials on lawns.

Help us take action by attending our next meeting scheduled for Thursday, January 11, at 7:00 p.m. The Pesticides and Cancer Action group will meet at AEA267, 3712 Cedar Heights Drive, Cedar Falls in Seminar Room E of the Conference Center building. Questions? Call Christine Carpenter 319/266-0194.



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 Beyond Pink TEAM. **Our mission** is to: take Action, Educate, Advocate, Make a difference (TEAM).

What We've Done

For the last ten years we have:

- ❖ Visited with Iowa congressmen to secure their commitment to breast cancer research.
- ❖ Participated in email and phone call campaigns to Congress to secure guaranteed access to quality care for all.
- ❖ Created the Iowa Breast Cancer Resource Guide, secured funding, and distributed 9000+ free copies
- ❖ Translated the ACS Guide "For Women Facing Breast Cancer" into Serbo-Croatian for the Bosnians in Iowa

We Meet:

When: 7:00 p.m. on the 4th Thursday of each month, except November when we meet the 3rd Thursday, and December when we do not meet.

Where: Area Education Agency
267, 3706 Cedar Heights Drive,
Cedar Falls, Special Education
Building, Child Find Room

Need more Information?

Email or call:
Christine.carpenter@cfu.net
(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: _____ 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