Berrien County

We Care

CANCER SERVICE

Cancer Support Group NEWSLETTER

THE MISSION OF THE BERRIEN COUNTY CANCER SERVICE:

To provide free skilled home nursing services, equipment, information and supplies at cost for cancer patients and their families in Berrien County.

October 2008 **(269) 429-3281 or (269) 683-7460** **VOLUME XVII ISSUE X**

The **BERRIEN COUNTY CANCER SUPPORT GROUP** is a group for patients, family members and care givers. Come share successes, feelings, fears and practical methods of coping with the physical and emotional aspects of living with the diagnosis of cancer.

Autumn

No, no, I must protest against the word
Too often given to this season—"sad."
All things need not be true that we have heard,
For autumn tries to tell us it is glad
Because there have been spring and summer blooms;
It now bedecks itself in colors, all
Rich royal bronze and red and gold costumes:
The trees and fields will take a curtain call
Before retiring for their winter sleep.

Yes, there is something vital in the air,
Impellent urge of praise, profound and deep,
As though Nature, lifting her head in prayer,
Recounts past blessings. Summer slips away,
And smiling whispers she'll be back some day.

Author Isla Paschal Richardson

United Way

what matters.

Breast Cancer: A brighter outlook

Why the rates are now falling

After a decade-long rise, breast cancer rates suddenly started dropping in 2003. Now, two studies may have found a likely reason: Millions of women quit taking estrogen treatment for menopause symptoms in 2002, after a large study showed that the hormone raises the risk of breast cancer.

One unpublished study, led by researchers at the University of Texas M.D. Anderson Cancer Center, found that the incidence of breast cancer increased steadily from 1990 to 1998, then stabilized until 2002. But the rate plunged 7 percent in 2003–the disease was diagnosed in 14,000 fewer women than in the previous year. Cases of estrogen-receptor-positive breast cancer—the most common kind, fueled by estrogen—plummeted 12 percent in women 50 to 69 years old, the group most likely to use hormone replacement therapy.

The other study, from Stanford University and Kaiser Permanente in Northern California and published in the Journal of Clinical Oncology, evaluated women ages 50 to 74 in Kaiser's health plan. From 2001 to 2003 estrogen use fell by 68 percent while breast-cancer rates dropped 10 percent.

Both of those studies suggest that discontinuing estrogen therapy may stop the growth of emerging breast tumors. If you are considering such therapy, our medical consultants continue to recommend limiting it to short-term use and only for treatment of moderate to severe symptoms of menopause.

Simple steps may reduce your risk

Routine changes, such as doing household chores, cutting back on red meat, and consuming less fat, may reduce the risk of breast cancer.

Researchers in Europe and Canada studied more than 200,000 women ages 20 to 80. After six years, premenopausal women who spent some 20 to 30 hours a week cooking, cleaning, or doing other chores had 20 percent less breast-cancer risk than women who spent little time on housework. The risk reduction rose to 30 percent in those who did more than 30 hours of work. After menopause, the apparent risk reduction was 15 to 20 percent. Those findings, combined with previous research, suggest that regular, moderate physical activity may provide more breast-cancer protection than conventional workouts that are more intense but less frequent.

In a second study, researchers from Harvard University and elsewhere followed more than 90,000 women for 12 years. Those who ate more than five servings of red meat a week were 42 percent more likely to develop the most common kind of breast cancer than women who ate fewer than three servings.

Red meat is often loaded with fat—and eating less fat may reduce the risk of recurrent breast cancer, a study sponsored by the National Cancer Institute found. Researchers assigned two-fifths of some 2,400 breast-cancer patients to a low-fat diet and asked the rest to continue their regular diet. After five years the risk of recurrence was 24 percent lower in the low-fat group. While that anticancer payoff is less certain for lower-risk women, those with a personal or family history of breast cancer should consider trying to reduce fat intake, perhaps as low as 15 percent of total calories.

Definition of breast cancer: Cancer that forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). It occurs in both men and women, although male breast cancer is rare.

Estimated new cases and deaths from breast cancer in the United States in 2008:

New cases:	182,460 female	-- 1990 male
Deaths:	40,480 female	-- 450 male

Breast changes occur in almost all women. In fact, most of these changes are not cancer (these changes are called benign).

Common breast changes include:
Lumpiness
Single lumps
Nipple discharge

Changes can also happen monthly, due to your period.

What have scientists learned about the relationship between antiperspirants or deodorants and breast cancer?

In 2002, the results of a study looking for a relationship between breast cancer and underarm antiperspirants/deodorants were reported. This study did not show any increased risk for breast cancer in women who reported using an underarm antiperspirant or deodorant. The results also showed no increased breast cancer risk for women who reported using a blade (nonelectric) razor and an underarm antiperspirant or deodorant, or for women who reported using an underarm antiperspirant or deodorant within 1 hour of shaving with a blade razor. These conclusions were based on interviews with 813 women with breast cancer and 793 women with no history of breast cancer.

Findings from a different study examining the frequency of underarm shaving and antiperspirant/deodorant use among 437 breast cancer survivors were released in 2003. This study found that the age of breast cancer diagnosis was significantly earlier in women who used these products and shaved their underarms more frequently. Furthermore, women who began both of these underarm hygiene habits before 16 years of age were diagnosed with breast cancer at an earlier age than those who began these habits later. While these results suggest that underarm shaving with the use of antiperspirants/deodorants may be related to breast cancer, it does not demonstrate a conclusive link between these underarm hygiene habits and breast cancer.

In 2006, researchers examined antiperspirant use and other factors among 54 women with breast cancer and 50 women without breast cancer. The study found no association between antiperspirant use and the risk of breast cancer; however, family history and the use of oral contraceptives were associated with an increased risk of breast cancer.

Because studies of antiperspirants and deodorants and breast cancer have provided conflicting results, additional research is needed to investigate this relationship and other factors that may be involved.

Can antiperspirants or deodorants cause breast cancer?

Articles in the press and on the Internet have warned that underarm antiperspirants (a preparation that reduces underarm sweat) or deodorants (a preparation that destroys or masks unpleasant odors) cause breast cancer. The reports have suggested that these products contain harmful substances, which can be absorbed through the skin or enter the body through nicks caused by shaving. Some scientists have also proposed that certain ingredients in underarm antiperspirants or deodorants may be related to breast cancer because they are applied frequently to an area next to the breast.

However, researchers at the National Cancer Institute (NCI), a part of the National Institutes of Health, are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer. The U.S. Food and Drug Administration (FDA), which regulates food, cosmetics, medicines, and medical devices, also does not have any evidence or research data that ingredients in underarm antiperspirants or deodorants cause cancer.

Lumpiness

Most women have some type of lumpiness in their breasts. Some areas may be more dense than others and can feel lumpy in an exam. What you are feeling may be glandular breast tissue.

Breast Changes Due to Your Period

Many women have swelling, tenderness, and pain in their breasts before and sometimes during their periods. You may also feel one or more lumps during this time because of extra fluid in your breasts.

Because some lumps are caused by normal hormone changes, your health care provider may suggest watching the lump for a month or two to see if it changes or goes away.

Single Lumps

Single lumps can appear at any time and come in various types and sizes. Most lumps are not cancer, but your health care provider should always check the lump carefully. He or she may do more tests to make sure the lump is not cancer.

Nipple Discharge

Nipple discharge is common for some women. It is fluid that comes from the nipple in different colors or textures. Usually, it is not a sign of cancer. For example, birth control pills and other medicines, such as sedatives, can cause a little discharge. Certain infections also cause nipple discharge. However, for women who are going through or have passed menopause, nipple discharge can be a sign of cancer.

See your doctor if you have nipple discharge for the first time, or a change in your discharge's color or texture. He or she may send a sample of the discharge to be checked at a lab.

Mammograms are used for both screening and diagnosis.
A screening mammogram is used to find breast changes in women who have no signs of breast cancer. Most women get two x-rays of each breast.

If your screening mammogram shows a breast change since your last one, or if you or your health care provider notice a change, you may need to have a diagnostic mammogram. That means more x-rays are taken to get clearer, more detailed pictures of the breast.

A digital mammogram is another way to take a picture of your breasts. The procedure for having a digital mammogram is the same as for a screening mammogram, except that it records the x-ray images in computer code instead of on x-ray film.

What Mammograms Can Show
The radiologist will look at your x-rays for breast changes that do not look normal. The doctor will look for differences in each breast. He or she will compare your past mammograms with your most recent one to check for changes. The doctor will also look for lumps and calcifications.

Lump (or "mass")
The size, shape, and edges of a lump sometimes can give doctors information about whether or not it may be cancer. On a mammogram, a growth that is benign often looks smooth and round with a clear, defined edge. Breast cancer often has a jagged outline and an irregular shape.

Calcifications
A calcification is a deposit of the mineral calcium in the breast tissue. Calcifications appear as small white spots on a mammogram. There are two types:

Macrocalcifications are large calcium deposits often caused by aging. These are usually not a sign of cancer.

Microcalcifications are tiny specks of calcium that may be found in an area of rapidly dividing cells.

Calcium in the diet does *not* create calcium deposits (calcifications) in the breast.

If calcifications are grouped together in a certain way, it may be a sign of cancer.

Depending on how many calcium specks you have, how big they are, and what they look like, your doctor may suggest that you have:
A different type of mammogram that allows the radiologist to have a closer look at the area
Another screening mammogram, usually within 6 months

Other tests such as ultrasound or biopsy

Are Mammogram Results Always Right?
No. Although they are not perfect, mammograms are the best method to find breast changes. If your mammogram shows a breast change, sometimes other tests are needed to better understand it. Even if the doctor sees something on the mammogram, it does not mean it is cancer.

New Study of Targeted Therapies for Breast Cancer Establishes Model for Global Clinical Trials

Two targeted medications designed to treat an aggressive form of breast cancer are being tested in a new study involving 8,000 participants in 50 countries across six continents -- a clinical trial that investigators hope will provide a new model for global cancer research. This trial, dubbed ALTTO (Adjuvant Lapatinib and/or Trastuzumab Treatment Optimization study), will be one of the first global initiatives in which two large, academic breast cancer research networks covering different parts of the world have jointly developed a study in which all care and data collection are standardized, regardless of where patients are treated. The networks are The Breast Cancer Intergroup of North America (TBCI), based in the United States, and the Breast International Group (BIG) in Brussels, Belgium. TBCI consists of six National Cancer Institute (NCI)-funded clinical trials cooperative groups. NCI is part of the National Institutes of Health

ALTTO is designed to answer the most pressing questions regarding use of two widely used cancer agents: whether one agent is more effective, which agent is safer for patients, and what benefit will be derived by taking the drugs separately, in tandem order, or together? The trial is a randomized, Phase III study, which is considered a gold standard method for proving drug effectiveness.

The two agents tested in ALTTO are drugs designed to treat HER2-positive tumors, which is a particularly aggressive form of cancer that affects approximately 20 percent to 25 percent of breast cancer patients. Both agents, trastuzumab (Herceptin) and lapatinib (Tykerb), have already been approved by the U.S. Food and Drug Administration for use for treatment of HER2-positive breast cancer. ALTTO will provide the first head-to-head comparison of trastuzumab and lapatinib in the earliest, most treatable stages of cancer. It will also be one of the first large-scale studies to evaluate lapatinib's effectiveness in treating early breast cancer.

HER2-positive breast cancer is caused by an excess of HER2 genes or by over-production of its protein, the HER2 cell surface receptor. Trastuzumab consists of large antibodies that once injected into patients, latch on to the portion of the HER2 protein that sits on the outer surface of the cancer cell whereas lapatinib acts by entering a cancer cell and binding to the part of the HER2 protein that lies beneath the surface of the cell.

The trial is unusual in that it has two different designs depending on whether patients with stage I or stage II breast cancer have already been treated with chemotherapy. The study thus will compare four different regimens of targeted therapy administered over a 52-week period. Patients will be randomized to receive either trastuzumab or lapatinib alone, or trastuzumab followed by lapatinib, or the two treatments in combination.

"There have been major improvements in the management of patients with early breast cancer in the last few years, so this new study builds on this knowledge and sets an example of the new era: good science, good worldwide collaboration," said Edith Perez, M.D., an oncologist in the North Central Cancer Treatment Group (NCCTG) at Mayo Clinic in Jacksonville, Fla., who will lead the study for TBCI. "It may be that using two treatments that work in different ways against HER2-positive breast cancer offers a complementary strategy that is more powerful than either drug alone."

ALTTO will be one of the first trials of its scope in which translational research -- taking science from bench to bedside -- plays a critical role, investigators say. In ALTTO, biological material will be collected from thousands of patients in order to determine a tumor profile that responds best to the drugs -- information that could lead to individualized patient care and, possibly, to development of next generation agents.

"The difference between this study and many that came before it is that the collection of biological materials occurs as the trial is being conducted, not as an afterthought. While there are exceptions, not many companies or organizations have been willing to invest in that kind of research before," said Martine J. Piccart, M.D., Ph.D., professor of oncology at the Université Libre de Bruxelles, Belgium, and lead investigator for BIG, which she founded in 1996. "Now we have the chance to optimize therapy with powerful drugs in order to provide the best treatment possible for each of our patients."

Perez and Piccart led the development team of the ALTTO trial and will act as the study's co-principal investigators. On behalf of BIG and TBCI, these two lead investigators have been working toward collaborative clinical studies for a number of years. The ALTTO study, they say, represents a new paradigm that blends the high standards of both systems in order to test the latest breast cancer treatments as efficiently as possible in thousands of women worldwide.

"The NCI greatly appreciates the work that Mayo Clinic, TBCI and BIG are doing to help advance our understanding of the complex mechanisms that underlie different types of breast cancer," said Jo Anne Zujewski, M.D., a senior investigator in the clinical investigations branch at NCI. "We hope that this model of international collaboration is one which we can build upon in the future."

Lapatinib, in combination with the chemotherapy drug capecitabine, was approved by the U.S. Food and Drug Administration in March 2007 for the treatment of advanced or metastatic HER2-positive breast cancer in patients who had received prior therapy with three agents -- an anthracycline, a taxane and Herceptin. GlaxoSmithKline is providing the study drug, as well as additional financial support for the ALTTO trial. All drugs carry potential side effects, and more information of side effects for lapatinib and trastuzumab can be found in the Q&A at http://www.cancer.gov/newscenter/pressreleases/ALTTOQandA. NCI and GSK also provided comment and input on the design of the study.

NCCTG will act as the treatment base for ALTTO in North America. BIG is a network of 41 non-U.S. research groups from around the world. Its Brussels-based BrEAST Data Center is providing centralized data management for the global study (including the United States). The other members of TBCI include the Eastern Cooperative Oncology Group (ECOG), the Cancer and Leukemia Group B (CALGB), the Southwest Oncology Group (SWOG), the American College of Surgeons Oncology Group (ACOSOG), and the National Cancer Institute of Canada Clinical Trials Group (NCIC CTG).

To date, more than 300 centers around the world have enrolled patients into ALTTO. Full enrollment is expected to involve about 500 centers in the United States and more than 800 centers in Europe and the rest of the world. A complete listing of ALTTO participating sites can be found by searching for ALTTO at http://www.cancer.gov/clinicaltrials/EGF106708.

October is National Breast Cancer Awareness Month

In Loving Memory

During August 2008, Memorial Donations were generously made by and for the following people:

In Memory of Bill Armstrong
Tom & Jane Bailie, Bridgman

In Memory of Sandy Boon
F.M. Konya, St Joseph

In Memory of Dennis Borst
Ruth Owca, St Joseph

In Memory of Constance Mae Brandt
Mr. Gale E Evenson, Genoa City WI

In Memory of James R Collis Sr
Joyce Coniglio, Benton Harbor

In Memory of Linda Lee Gyori
Ruth Lagoni, Garland TX

In Memory of Winifred Johnson
Pfizer Foundation Matching Gifts Program
Princeton NJ

In Memory of Edward Radde
Norine Radde, St Joseph

In Memory of Floyd Stelter
Elvera Stelter, Baroda

In Memory of Marion Wafford
American Legion Auxiliary
Unit No 344, Galien

In Your Honor

During August 2008, donations were generously made by and in honor of the following people:

In Honor of BCCS's 60 Years of Service
Ruth Lagoni, Garland TX
Arden & Vada Pridgeon, St Joseph

The Berrien County Cancer Service sends our sincere sympathy to all those who have recently lost loved ones. We thank all of our generous donors. Your donations are very much appreciated and will help cancer patients in Berrien County. Thank you!

Looking Ahead

BCCS SUPPORT GROUP – Stevensville
October 7 & 21 – 1:30 p.m.
November 4 & 18 – 1:30 p.m.

BCCS SUPPORT GROUP – Niles
October 14 & 28 – 1:30 p.m.
November 11 & 25 – 1:30 p.m.

UOA SUPPORT GROUP – Stevensville
October 21 – 1:30 p.m.
November 18 – 1:30 p.m.

Affinity Salon & Spa Benefit
Monday – October 6 – 4:00 – 7:00 p.m.
Call to make your appt: 982-4166
Haircut – Manicure – Pedicure
Proceeds to benefit BCCS!

Breast Cancer Awareness Open House
Thursday, October 9, 2008
10:00 a.m. – 4:00 p.m.
Quilt Raffle
Come Learn About BCCS Services

HELP, HOPE, BELIEVE

DATES TO REMEMBER IN OCTOBER

Friday, October 10th – Emergency Nurses Day
Monday, October 13th – Columbus Day
Thursday, October 16th – National Boss's Day
Friday, October 17th – Mammogram Day
Monday, October 27th – Cranky Co-Worker Day
Friday, October 31st - Halloween

Happy Halloween!!!

Please Consider...

The Berrien County Cancer Service, Inc., is a non-profit organization funded primarily by the United Way, private donations and fund-raisers. We receive no Medicare, Medicaid or other insurance payments. To continue our free services to Berrien County cancer patients, we need your help. Any donation is greatly appreciated.

Donations to our General Fund will help balance our current budget. Donations to our Endowment Fund will help guarantee that the Cancer Service will be available for as long as needed. Your contribution to our non-profit 501(c)(3) corporation is tax deductible – an acknowledgment and receipt for tax purposes will be sent.

Donations can be made in honor of someone or in memory of a loved one. In these instances, we would also like to send acknowledgment to the honoree or next-of-kin so please provide that information when making your donation.

_____ **General Fund** _____ **Endowment Fund**

Your Name _____

Your Address _____

_____

_____

Donation Amount $ _____

In Honor of _____

Honoree's Address _____

_____

_____

In Memory of _____

Next of Kin's Address _____

_____

_____

Thank **you** *for your generosity!*

Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127

RETURN SERVICE REQUESTED

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U.S. POSTAGE PAID
STEVENSVILLE, MI
PERMIT NO. 129

CANCER SUPPORT GROUP – Stevensville Office
1st and 3rd Tuesday of each month - 1:30 p.m.
Berrien County Cancer Service, Inc.
7301 Red Arrow Highway
Stevensville, MI 49127
Phone: (269) 429-3281 or (269) 465-5257

BREAST CANCER SURVIVORS SUPPORT GROUP
3rd Wednesday of each month - 2:00 p.m.
First Baptist Church
1446 E. Main Street
Niles, MI 49120
Phone: (269) 683-2959

CANCER SUPPORT GROUP – Niles
2nd and 4th Tuesday of each month – 1:30 p.m.
Niles Senior Center
1109 Bell Road
Niles, MI 49120
Phone: (269) 683-7460

THE CANCER CONNECTION CAFE
1st Wednesday of each month
First United Methodist Church
132 S. Oak Street
Buchanan, MI 49107
Phone: (269) 695-2706

CANCER SUPPORT GROUP
2nd Thursday / month – 5:30 - 7:00 p.m.
Oncology Care Associates
820 Lester Avenue
St. Joseph, MI 49085
Phone: (269) 985-0029

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