



# Cancer Support Group NEWSLETTER

[www.bccancerservice.org](http://www.bccancerservice.org)

## 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 2009

(269) 429-3281 or (269) 683-7460

VOLUME XVIII 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.

## Weaves the Autumn Scene

Autumn's woven once again  
Colors bright and bold,  
High upon the mountaintop  
Valleys just below.

Seems there's loveliness to see  
Everywhere I look,  
Like an artist paints the scene  
In a picture book.

Colors chosen for each tree  
Crimson beauty bold,  
Followed by the artist's brush  
Dipped in purest gold.

Still a vision to behold  
Hints the color green,  
Rarest loveliness of earth  
Weaves the Autumn scene.

Author: Katherine Smith Matheny



what matters.™

# Breast Cancer

## Via: National Cancer Institute

### Yesterday

Approximately 75% of women diagnosed with breast cancer survived their disease at least 5 years.

Mastectomy was the only accepted surgical option for breast cancer treatment.

Only one randomized trial of mammography for breast cancer screening had been conducted.

Clinical investigation of combination chemotherapy, using multiple drugs with different mechanisms of action, and of hormonal therapy as post-surgical (adjuvant) treatment for breast cancer was in its earliest stages.

Hormonal treatment of inoperable or advanced breast cancer with tamoxifen, a selective estrogen receptor modulator (SERM), was being investigated but had not yet been approved by the U.S. Food and Drug Administration (FDA).

Genes associated with an increased risk of breast cancer had not yet been identified.

### Today

Nearly 90% of women diagnosed with breast cancer will survive their disease at least 5 years.

Breast-conserving surgery (lumpectomy) followed by local radiation therapy has replaced mastectomy as the preferred surgical approach for treating women with early-stage breast cancer.

Routine mammographic screening is an accepted standard for the early detection of breast cancer. The results of eight randomized trials and of the National Cancer Institute-American Cancer Society Breast Cancer Detection Demonstration Projects established that mammographic screening can reduce mortality from breast cancer.

Combination chemotherapy has become standard in the adjuvant treatment of women with early-stage breast cancer. The goal of this systemic therapy is to eradicate cancer cells that may have spread beyond the breast. Neoadjuvant chemotherapy, or chemotherapy given before surgery to reduce the size of the tumor and to increase the chance of breast-conserving surgery, is being studied in clinical trials.

Hormonal therapy with SERMs, such as tamoxifen, and aromatase inhibitors is now standard in the treatment of women with estrogen receptor-positive breast cancer, both as adjuvant therapy and in the treatment of advanced disease. Estrogen receptor-positive breast cancer cells can be stimulated to grow by the hormone estrogen. SERMs interfere with this growth stimulation by preventing estrogen from binding to its receptor. In contrast, aromatase inhibitors block estrogen production by the body. FDA-approved aromatase inhibitors include anastrozole, exemestane, and letrozole.

Tamoxifen and another SERM, raloxifene, have been shown in clinical trials to prevent the development of invasive breast cancer in women at high risk of this disease. Tamoxifen has already been approved by the FDA as a breast cancer prevention drug.

The monoclonal antibody trastuzumab is being used to treat breast cancers that overproduce a protein called human epidermal growth factor receptor 2, or HER2. This protein is overproduced in about 20% of breast cancers. These HER2-overproducing cancers tend to be more aggressive and are more likely to recur. Trastuzumab targets the HER2 protein, and this antibody, in conjunction with adjuvant chemotherapy, can lower the risk of HER2-overproducing breast cancer recurrence by 50% compared with chemotherapy alone.

The study of large groups of related individuals (kindreds) has led to the identification of several breast cancer susceptibility genes, including BRCA1, BRCA2, TP53, and PTEN/MMAC1. Mutations in BRCA1 and BRCA2 account for approximately 80-90% of all hereditary breast cancers, and women who carry mutations in these genes have a lifetime risk of breast cancer that is roughly 10 times greater than that of the general population.

### Tomorrow

We will exploit our rapidly increasing knowledge of genetics, molecular biology, and immunology to develop even more effective and less toxic treatments for breast cancer. We will expand our ability to target and disrupt the effects of molecular changes that cause breast cells to become cancerous. In addition, we will use this knowledge to personalize breast cancer therapy. For example:

Gene expression analysis has led to the identification of five subtypes of breast cancer that have distinct biological features, clinical outcomes, and responses to chemotherapy. This knowledge should allow the development of treatment strategies based on an individual's tumor characteristics.

A patient's response to chemotherapy is influenced not only by the tumor's genetic characteristics but also by inherited variation in genes that affect a person's ability to absorb, metabolize, and eliminate drugs. This knowledge should allow prediction of tumor response to and the likelihood of severe adverse effects from individual chemotherapy drugs or classes of drugs. It should also aid in the design of more effective and less toxic chemotherapeutic agents.

Breast cancer isn't just a woman's disease. Men also have breast tissue that can undergo cancerous changes. While women are about 100 times more likely to get breast cancer, any man can develop breast cancer. Male breast cancer is most common between the ages of 60 and 70.

The prognosis for male breast cancer is the same as for breast cancer in women. In the past, male breast cancer was often diagnosed at a more advanced stage, which may have led people to believe it had a worse prognosis. Although male breast cancer and breast cancer in women are similar, important distinctions such as breast size and awareness affect early diagnosis and survival in cases of male breast cancer.

### **Symptoms**

Knowing the signs and symptoms of breast cancer may help save your life. The earlier the disease is discovered, the more treatment options and the better chance of recovery you have.

The most common sign of breast cancer for both men and women is a lump or thickening in the breast. Often the lump is painless. Other male breast cancer symptoms include:

Skin dimpling or puckering

Development of a new retraction or indentation of the nipple

Changes in the nipple or breast skin, such as scaling or redness

Nipple discharge

### **Causes**

Cancer is a group of abnormal cells that grow more rapidly than do normal cells. Cancer cells also have the ability to invade and destroy normal tissues, either by growing directly into surrounding structures or after traveling to another part of your body through your bloodstream or lymphatic system. Microscopic cancer cells form small clusters that continue to grow, becoming more densely packed and hard.

In most cases it isn't clear what triggers abnormal cell growth in breast tissue in men. But doctors do know that about one in six cases of breast cancers in men are inherited, compared with about 5 percent to 10 percent of breast cancers in women.

Defects in breast cancer gene 1 or 2 (BRCA 1 or BCRA 2) put you at greater risk of developing breast cancer. Other inherited genes also may increase your risk of developing breast cancer. Knowing your family history is important to determine your chance of inheriting an abnormal gene.

Most genetic mutations related to breast cancer aren't inherited, but instead develop during your lifetime. These acquired mutations may result from radiation exposure, such as receiving chest radiation therapy in childhood, or from other, as yet unknown, factors.

### **Risk factors**

A risk factor is anything that makes it more likely you'll get a particular disease. But not all risk factors are created equal. Some, such as your age, sex and family history, can't be changed. Others, including smoking and a poor diet, are personal choices over which you have some control.

Having one or even several risk factors doesn't necessarily mean you'll become sick — some men with more than one risk factor never get breast cancer, whereas others with no identifiable risk factors do.

Factors that may make you more susceptible to breast cancer include:

Age. Breast cancer is most commonly diagnosed in men between the ages of 60 and 70, with an average age range of 65 to 67.

**Family history.** If you have a close relative, such as a mother or sister, with breast cancer, you have a greater chance of also developing the disease. About one in five men with breast cancer have a relative who's had it, too. Just because you have a family history of breast cancer doesn't mean it's hereditary, though.

**Genetic predisposition.** In men, nearly 20 percent of breast cancers are inherited. Defects in one of several genes, especially BRCA1 or BRCA2 put you at greater risk of developing breast and prostate cancers. Usually these genes help prevent cancer by making proteins that keep cells from growing abnormally. But if they have a mutation, the genes aren't as effective at protecting you from cancer.

Men with a BRCA2 mutation have a 6 percent lifetime risk of breast cancer — about 100 times more than other men's risk. Inherited mutations in the cell-cycle checkpoint kinase 2 (CHEK-2) gene and the p53 tumor suppressor gene also make it more likely that you'll develop breast cancer.

**Radiation exposure.** If you received radiation treatments to your chest as a child or young adult, you're more likely to develop breast cancer later in life.

**Klinefelter's syndrome.** This condition results from an abnormality of the sex chromosomes, X and Y, present at birth (congenital). A male normally has only one X and one Y chromosome. In Klinefelter's syndrome, two or more X chromosomes are present in addition to one Y chromosome. The Y chromosome contains the genetic material that determines the sex of a child and related development.

The extra X chromosome that occurs in Klinefelter's syndrome causes abnormal development of the testicles. As a result, men with this syndrome produce lower levels of certain male hormones — androgens — and more female hormones — estrogens, which can cause noncancerous breast growth (gynecomastia). Men with this condition may be at greater risk of breast cancer, though this connection is still unclear.

**Exposure to estrogen.** If you take estrogen-related drugs, such as those used as part of a sex change procedure, you have a much higher risk of breast cancer. Estrogen drugs may also be used in hormone therapy for prostate cancer. Such drugs may slightly increase your risk of breast cancer, though not enough to outweigh the benefit of treating prostate cancer.

**Liver disease.** If you have liver disease, such as cirrhosis of the liver, your body's androgen activity may be reduced and its estrogen activity greater. This can increase your risk of gynecomastia and breast cancer.

**Excess weight.** Obesity may be a risk factor for breast cancer in men, because it increases the number of fat cells in the body. Fat cells convert androgens into estrogen, increasing the amount of estrogen in your body and, therefore, your risk of breast cancer.

**Excessive use of alcohol.** If you drink heavy amounts of alcohol, you have a greater risk of breast cancer.

### **When to seek medical advice**

Most breast lumps in men are a result of enlarged breasts (gynecomastia), not breast cancer. However, it's important to have lumps evaluated promptly. If a problem exists, you can have it identified and treated as soon as possible. See your doctor if you discover a lump or any of the other warning signs of breast cancer.

### **Tests and diagnosis**

Because male breast cancer is rare, routine screening mammograms (mammography) generally aren't recommended for men. If, however, you have a strong family history of breast cancer, consider talking to your doctor about developing a breast-screening program.

If your doctor suspects breast cancer, to diagnose your condition he or she may conduct a number of tests including breast examination (clinical breast exam), mammograms (mammography) or other tests:

**Clinical breast exam.** During this exam, your doctor examines your breasts for lumps or other changes. He or she may be able to feel lumps you missed and will assess how large the lumps are, how they feel, and how close they are to your skin and muscles. Your doctor will also examine the rest of your body for signs that the cancer has spread, such as an enlarged liver or lymph nodes.

**Mammogram.** A mammogram uses a series of X-rays to show images of your breast tissue. This test may be even more accurate in men than in women, because men don't have dense breast tissue that can make it difficult to distinguish abnormal from normal tissue or breast cysts. During a mammogram, your breasts are compressed between plastic plates while a radiology technician takes the X-rays. If you find the compression too uncomfortable, tell the technician.

**Breast ultrasound (ultrasonography).** Your doctor may use this technique to evaluate an abnormality seen on a mammogram or found during a clinical exam. Ultrasound uses sound waves to form images of structures within the body.

**Nipple discharge examination.** Your doctor may collect nipple discharge if you're experiencing it. The discharge is then examined for cancerous cells.

**Biopsy.** A biopsy is the only way for your doctor to know whether a lump or abnormality is cancer. Biopsies can provide important information about an unusual breast change and help determine whether treatment is needed and, if so, the type of treatment required. To obtain a tissue sample, your doctor may use one of several procedures.

**Fine-needle aspiration biopsy** is used for lumps you or your doctor can feel. During the procedure your doctor uses a thin, hollow needle to withdraw cells from the lump. He or she then sends the cells to a lab for analysis.

**Core needle biopsy,** a radiologist or surgeon uses a hollow needle to remove tissue samples from a breast lump. A number of samples, each about the size of a grain of rice, may be taken, and a pathologist then analyzes them for malignant cells. The advantage of a core needle biopsy is that it removes tissue, rather than just cells, for analysis.

**Surgical biopsy,** your surgeon removes all or part of a breast lump. In general, a small lump will be completely removed (excisional biopsy). If the lump is larger, only a sample will be taken (incisional biopsy). The biopsy is generally performed on an outpatient basis in a clinic or hospital.

**Estrogen and progesterone receptor tests.** If a biopsy reveals malignant cells, your doctor will recommend additional tests — such as estrogen and progesterone receptor tests — on the malignant cells. These tests help determine whether female hormones affect the way the cancer grows. About 90 percent of male breast cancers have estrogen receptors, and more than 80 percent have progesterone receptors. If the cancer cells have receptors for estrogen or progesterone or both, your doctor may recommend treatment with a drug such as tamoxifen, which prevents estrogen from binding to these cells and stimulating growth.

**HER2 testing.** If the biopsy shows malignant cells, your doctor may also test the sample for the presence of a protein called human epidermal growth factor receptor-2 (HER2), which promotes the growth of cancer cells. About 30 percent of male breast cancers have too much of this protein. Such cancers are usually more aggressive, growing and spreading more quickly than do other breast cancers. Once identified, this type of cancer is treated with a drug called trastuzumab (Herceptin). This medication keeps the protein from stimulating the growth of breast cancer cells.



## *In Loving Memory*

During August 2009, Memorial Donations were generously made by and for the following people:

### **In Memory of Dr Gerald N Beal MD**

Dolores Fester, Benton Harbor  
Bill & Trudy Gillespie, St Joseph

### **In Memory of Arlene (Schultz) Bigelow**

Alberta Beckman, St Joseph  
Linda Cartice, Stevensville  
Jack & Bonnie Miller, Benton Harbor  
Passaro & Kahne Law Office, PLLC  
% T J Passaro, St Joseph  
Helen Steinke, Benton Harbor  
Ruth Twarucsek, Benton Harbor

### **In Memory of Patricia Gardner**

Ed & Pam Behnke, Stevensville  
Thursday Morning Breakfast Club  
% Alice Mann, Benton Harbor

### **In Memory of Dorothy Gast**

Dennis & Shirley Churchill, Watervliet

### **In Memory of Dorothy Golze**

Rosalyn M Reeder, St Joseph

### **In Memory of Joseph R Grathwohl**

Robert H Becksfort, Niles  
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Rob & Kim Harber, Fort Wayne IN  
Mrs Don Kirkendall, Niles

### **In Memory of Joseph R Grathwohl (Continued)**

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### **In Memory of Melissa "Evans" Hammerling**

Grace & Roy Goodman, Benton Harbor

### **In Memory of Mrs Marilyn Kella**

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### **In Memory of Albert E Lawson**

Mr & Mrs Denver Nower, St Joseph

### **In Memory of Mary Marosites**

Roger Rosenthal & Family, Stevensville

### **In Memory Ricard Lee Sandel**

Daniel Sandel, Lawrenceville GA

### **In Memory of Floyd "Bud" Stelter**

Elvera Stelter, Baroda

### **In Memory of Peg Stohrer**

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Mildred Maxwell, Atlanta GA  
Ed & Robin Mileski, Coloma  
Andrew A Schmidtman Jr, St Joseph  
Wayne & Karon Shell, St Joseph  
Micheal & Elaine White, Watervliet

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.

## *In Your Honor*

In August 2009, donations were made by and in honor of the following:

### **In Honor of the 50<sup>th</sup> wedding anniversary of Jerry & Peg Schaffer**

Estella Van Ginhoven, Three Oaks

# Looking Ahead

## **BCCS SUPPORT GROUP – Stevensville**

October 6 & 20 – 1:30 p.m.  
November 3 & 17 – 1:30 p.m.

## **BCCS SUPPORT GROUP – Niles**

October 13 & 27 – 1:30 p.m.  
November 10 & 24 – 1:30 p.m.

## **UOA SUPPORT GROUP – Stevensville**

October 20 – 1:30 p.m.  
November 17 – 1:30 p.m.

**Open House/ Quilt Raffle  
Saturday, October 10<sup>th</sup>  
10:00 am – 1:00 pm  
Raffle Drawing @ 12:00 noon**

HELP, HOPE, BELIEVE

### **DATES TO REMEMBER IN OCTOBER**

October 1<sup>st</sup> ---International Day of Older  
Persons  
October 5<sup>th</sup> ---Improve Your Office Day  
October 12<sup>th</sup> ---Columbus Day  
October 14<sup>th</sup> ---Emergency Nurses Day  
October 15<sup>th</sup> --- National Grouch Day  
October 16<sup>th</sup> ---Bosses Day  
October 17<sup>th</sup> ---Sweetest Day  
October 23<sup>rd</sup> --- National Mole Day  
October 31<sup>st</sup> --- Halloween

### **Blind Support Group**

The visually impaired support group meets at the River Valley Senior Center on the second Thursday of each month @ 10:00 am. If you are interested or know of someone that may need this service, contact:

**Kay Cornwell @ 269-465-6730**

## *Please Consider...*

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 \_\_\_\_\_  
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*Thank you for your generosity!*

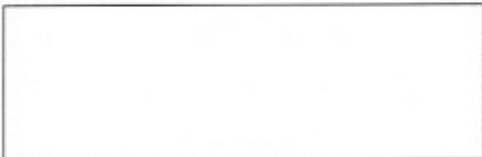
When life gives you limes,  
Make a smile.

Ruth Lagoni

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

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

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

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

