



PIPER BREAST CENTER™ *Communiqué*

October is National Breast Cancer Awareness Month

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SENTINEL LYMPH NODE STUDY: THE RESULTS ARE IN

~ By Daniel Dunn, MD, Tamera Lillemo, MD and Sally Fraki, RN, manager,
Virginia Piper Cancer Institute Clinical Research

In 1997, Piper Breast Center physicians began performing sentinel lymph node biopsies. This procedure identifies the first lymph node under the arm that could contain cancer cells if the breast cancer were to spread. If no cancer cells are found in the sentinel lymph node, there is no need to remove the remaining lymph nodes under the arm.

In that same year, the Piper Breast Center (PBC) began enrolling breast cancer patients in a clinical research study to determine what effect this procedure had on long-term survival and recurrence rates. The study followed 526 of these patients. Through the work of the research staff at the Virginia Piper Cancer Institute and the generous support of Foundation donors, the study has concluded with a five-year follow up on these patients.

The overall five-year survival of our patients (stages 0-III) was 97.3 percent. The five-year survival rate for patients with Stage I breast cancer (tumors less than 2 cm with no lymph node involvement) was 99 percent. For patients with Stage II breast cancer (tumors 2 cm-5 cm and /or lymph node involvement), 96 percent survived five years. Sixty-two percent of our patients had a lumpectomy with a sentinel lymph node biopsy, followed by radiation therapy as their primary treatment, and only seven patients (2 percent) had local recurrence.

These results exceed or are comparable with results reported anywhere in the United States. PBC patients are treated with a multi-disciplinary team approach. Their treatment plans are determined with input from medical oncologists, radiation oncologists, surgeons, radiologists and pathologists who work together in patients' ongoing care. The latest in technology and treatment are made available to our patients. It is through the work of the PBC nurses, the diligence of the research staff and the cooperative effort of the physicians that our patients have such excellent outcomes. The generous participation by our patients in these studies allows the Piper Breast Center to improve the care of breast cancer patients in our community.

Did You Know ...

Piper Breast Center is now fully digital!

~ By Stephanie Remarke, RT, (R)(M)

This exciting news means that we no longer have film mammography. Your mammogram is taken using the same positioning technique and amount of compression, but we no longer have to wait to develop the films in the darkroom. The images appear on a computer screen in the mammography room. The technologist is able to verify breast positioning and imaging technique very quickly. The digital images are then sent electronically to the radiologist's high-resolution computer station and the final reading of the mammogram is completed.

Volunteer Opportunities

Volunteers are vital members of the health care team who provide an excellent experience for patients and visitors at the Piper Breast Center. We are currently looking for volunteers who can serve as greeters and assist with other light duties as needed. Our hours of operation are 7 a.m. - 5 p.m. Volunteer shifts are flexible and are divided into three-to-four hour increments. If you are interested in becoming a Piper Breast Center volunteer, please contact 612-863-4281.



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BREAST HEALTH CARE BY AGE

~ By Carol Bergen, RN, clinical manager, Piper Breast Center

Breast care is an important aspect of taking care of your lifetime health. Women of all ages should be knowledgeable about breast health and cancer screening.

Every day, questions arise about cancer screening recommendations:

- *I was diagnosed with breast cancer at age 46. When should my daughter get her first mammogram?*
- *What if I'm too young to have mammograms?*
- *What about the woman in her later years – age 90 + with health limitations?*
- *I don't have a family history of breast cancer, so why be concerned?*

Recommendations vary due to individual and family health histories so it's always good to discuss your breast care with your health care provider. However, there are basic guidelines for you to follow.

Age 20-39

- A clinical breast examination (CBE) should be done by a doctor or nurse once every three years, at a minimum. Ideally, a CBE will be done when you have your annual Pap smear.
- Breast self-examination (BSE) should be done a week to 10 days after your menstrual period. Most changes in breast tissue are not cancer and take place at various stages of every woman's life. These changes may be due to aging, menstrual cycles, menopausal status or fibrocystic conditions causing breast tissue to feel lumpy. Some medications, such as hormones, may have side effects that cause breast changes. BSE can help

women understand the architecture of their own breast tissue and differentiate between what is common and what is unusual. Unusual changes should be reported to your doctor or nurse practitioner right away.

Age 40 and older

- annual mammogram
- annual CBE
- monthly BSE

Women who are younger than 40 and have risk factors for breast cancer should check with their health care provider regarding individual mammogram recommendations. For example, the daughter of a woman diagnosed at age 46 may start mammograms at age 36. Notably, most women diagnosed with breast cancer do *not* have family history or other risk factors.

Senior women who are in their late 80s or 90s may choose to continue annual mammography. If physical or health compromises limit the individual, she and her health care provider may consider CBE as a screening alternative.

Talk to your health care provider about any questions or concerns you may have. Always report any unusual change in breast tissue – bloody discharge from the nipple, a new lump or thickening in the breast or underarm area, an inverted nipple, or skin changes such as dimpling, pitting or itching. Early detection is critical to successful treatment and cure.

BREAST CANCER RISK AND BREAST CANCER SCREENING

~ By Deborah L Day, MD and Shari Baldinger, MS

All women are at risk for developing breast cancer. The most common risk factors are being female and advancing age. One of eight average-risk women who lives to be 90 will develop breast cancer. The American Cancer Society recommends annual mammography starting at age 40, in conjunction with an annual clinical breast examination by a health care professional and monthly self-breast examination for screening. Mammograms have been proven to be an effective tool in detecting most breast cancers at an early stage, which in turn saves lives.

Some women are at greater risk for developing breast cancer than the average population, because of genetic or environmental factors. Women with a family history of breast or ovarian cancer (usually more than one close relative diagnosed prior to menopause), a known BRCA1 or 2 mutation, breast biopsies showing pre-malignant pathology, or a personal history of chest radiation therapy for treatment of Hodgkin's disease are at higher risk. In very high-risk women, initiating screening at a younger age and using more sensitive modalities may be helpful.

Recently, the American Cancer Society issued new evidence-based guidelines recommending that, in addition to mammography, annual breast MRI screening should be used by women who face lifetime risks of breast cancer of greater than 20-25 percent. MRI has been shown to be very sensitive in detecting breast cancers that may be missed by mammography in this unique group of women. For most women, this additional screening is not needed and may actually create more harm than good, as many unnecessary biopsies may result.

Women should talk to their doctors to assess breast cancer risk and determine which screening method is best.

NEW SUPPORT GROUPS

The Virginia Piper Cancer Institute is pleased to offer new support and education groups for women with breast cancer. All support groups are free of charge and vouchers are provided to cover parking costs. To learn more or to register, contact Pamela Jacobs at 612-863-5310. Watch for the next issue of *Communiqué* to learn more about these support groups.

Communiqué is produced for friends of Abbott Northwestern's Piper Breast Center, 800 East 28th Street, Minneapolis, MN 55407-3799, 612-863-3150.

Medical editor ~ Beverly Trombley, MD

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