



# PIPER BREAST CENTER™ *Communiqué*

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## **THE RESULTS OF A MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF PATIENTS WITH BREAST CANCER AT THE PIPER BREAST CENTER**

~ By *Daniel Dunn, MD, and Tamera Lillemoe, MD*

The Piper Breast Center was established in 1995. A multidisciplinary approach for the treatment of patients with breast cancer was the paradigm, which we followed from the beginning. The weekly multidisciplinary treatment planning conference has been one of the means we use to keep all members of the treatment team informed of the latest in surgical, medical oncology, radiation oncology, pathology, radiology, nursing and clinical research. More recently rehabilitation, physical therapy, lymphedema treatment and complementary treatments have become an integral part of the multidisciplinary approach to diagnosis and treatment of breast cancer.

In 1997, we began a study of our patients with breast cancer. We enrolled more than 500 patients into a clinical research study using the sentinel node biopsy technique and followed them over a five year period. Of the patients enrolled, only 16 patients (3 percent) sought treatment elsewhere, thereby leaving the study. The results of our study are as follows:

### **Survival:**

Cancer related deaths in Stage I breast cancer: 1 percent (3/285 patients)

Cancer related deaths in Stage II breast cancer: 4 percent (7/187 patients)

Overall five year cancer related deaths, all patients (Stages I, II and III): 3 percent (14/526 patients)

### **Recurrence:**

Five year local recurrence rate after lumpectomy and radiation therapy: 2 percent

Recurrence rate in Stage I breast cancer: 2 percent (6/285 patients)

Recurrence rate in Stage II breast cancer: 3 percent (6/187 patients)

We are extremely proud of our results; they compare very favorably with other breast cancer centers in America. We feel our successful patient outcomes reflect on our multidisciplinary approach to breast cancer. These extraordinary results would not have been possible without the cooperation of all the physicians, nurses and administrative personnel at the Piper Breast Center, and the willingness of our wonderful patients who graciously agreed to participate in our study.

As our success grows, so do our volumes; the number of patients with breast cancer seen at the Piper Breast Center increased from 500 to more than 600 patients with newly diagnosed breast cancer in 2007. All of us at the Piper Breast Center are extremely appreciative of the dedication of our multidisciplinary team. We are also profoundly grateful for the loyalty of our patients and their willingness to advance our cause.

### **Did You Know?**

~ By *Stephanie Remark, RT (R)(M)*

October is National Breast Cancer Awareness Month. This month is dedicated to raising awareness about the importance of early breast cancer detection. Mammography is still the best tool for detecting early breast cancers. Piper Breast Center, along with the American Cancer Society, recommends that annual mammography begin at age 40.

The Piper Breast Center reminds you that anyone can make an appointment for a routine mammogram at our facility. You do not need a physician order for this routine screening. However, any breast abnormality that requires imaging needs a physician order.

Piper Breast Center has also partnered with the American Cancer Society and the Minnesota Department of Health to provide free or low-cost mammography to eligible women. For more information or to determine if you qualify, contact the Piper Breast Center.



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## MALE BREAST ABNORMALITIES

~ By John O'Leary, MD, PA

Abnormalities of the male breast are quite common. Benign (non-cancerous) problems include skin lesions and infections. Fortunately, serious problems are rare. Gynecomastia, or enlargement of the male breast, is the most common condition for which medical attention is sought.

Gynecomastia affects at least 50 percent of males with two peaks in incidence. One peak occurs in the teen years and the other in late middle age. Both are likely related to hormonal changes. Physical examination and mammography in older patients can almost always confirm the diagnosis.

Asymptomatic gynecomastia generally runs for a specific time and eventually subsides. It is best treated by observation. Surgery is considered for pain and cosmetic reasons.

Male breast cancer represents only one percent of all breast cancers and just one

percent of male cancers in general. Forty percent of the time, these occurrences are associated with family history. Unfortunately, because of its rarity and lack of public awareness, it is often diagnosed late and lymph node involvement is common. However, if discovered early, male breast cancer does respond to treatment as well as breast cancer found in females.

Treatment usually involves a mastectomy and occasionally radiation. Additional therapies are the same as those used in cases of female cancer. The rarity of male breast cancer greatly diminishes the cost-effectiveness of screening programs, although they may be practical in patients with strong family histories. Greater awareness on the part of physicians and the public can lead to earlier evaluation and treatment with improved outcomes.

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## USE OF ACUPUNCTURE TO TREAT BREAST PAIN

~ By Zena Kocher, acupuncturist, Institute for Health and Healing

Breast pain is one of the most common breast symptoms experienced by women. Once this pain has been assessed by a physician as non-pathological, treatment is limited to reassurance and medications, which can have side effects. Oriental medicine lends a different perspective and a milieu of treatment options for breast pain.

Generally, in Oriental medicine, breast pain is caused by what is called Qi constraint. Qi is the flow of energy or life force in the body. When the Qi is not able to flow properly, it becomes stuck and pain occurs. Acupuncture and herbal medicine are the main ways that Qi is balanced. Oriental dietary therapy, self massage and exercises can also be administered. For instance, in general

Oriental medicine would suggest that a woman stop eating spicy foods and drinking caffeine and alcohol as they also constrain the Qi. Adding foods like broccoli, cauliflower and peppermint tea to the diet can help move the Qi and help overall breast health.

The Institute for Health and Healing's outpatient clinic offers Oriental medicine provided by certified and licensed practitioners. Treatment protocols can vary, but generally four acupuncture treatments over a period of two weeks can improve non-cyclical pain. When breast pain is relieved, overall quality of life improves for most women.

If you are interested in learning more about acupuncture, please contact the Institute for Health and Healing at 612-863-3333.

## THE IMPORTANCE OF COMPRESSION IN MAMMOGRAMS

~ By Kevin Edleman, MD, radiologist

When one of my partners asked me to write an article on the importance of proper compression in mammography, I felt a little sheepish at first since I am a male and have never had a mammogram. I thought about asking one of the Piper Breast Center technologists to perform the compression portion of the exam on me without actually taking the image; however, I was a little scared that the tech might get a little overzealous if given the opportunity to do that to me specifically.

In all seriousness, proper compression is extremely important. Our technologists are not trying to abuse patients. They are simply trying to get the best images possible. Proper compression does several things. First of all, proper compression decreases the radiation dose by decreasing the thickness of the tissue. Proper compression decreases blurriness due to motion. This is especially important for evaluating microcalcifications within the breast, which can be an early sign of cancer. If there is motion, images may have to be repeated. With good compression, breast tissue spreads out allowing us to better differentiate normal tissue from possible masses, which are a potential sign of breast cancer. If the breast tissue is not spread out adequately, we may need the patient to return for additional views to help differentiate normal tissue from a potential mass or, worse yet, a potential mass may be completely hidden and not evaluated at all.

In conclusion, proper compression decreases the necessary radiation dose, helps reduce retakes, decreases callbacks and gives the radiologists the best chance of finding any potential cancers. The technologists are not trying to inflict pain; they are simply doing their job which is to get the best images possible.

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