



# PIPER BREAST CENTER™ *Communiqué*

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## REDUCING THE RISK OF RECURRENCE

~ By Stuart Bloom, MD

**Q:** My breast cancer was diagnosed over five years ago. I had a lumpectomy, followed by chemotherapy and radiation. I have just completed five years of hormonal therapy. But I'm still worried! Is there anything else I can do to reduce the chance of my cancer coming back?

**A:** First off, congratulations. Five years is a big milestone. The vast majority of women in your situation remain cancer free. But half of all relapses occur more than five years out from the original diagnosis. Recent studies have shown there may be a few ways to make your high chance of remaining cancer free even higher.

- 1. Even if you've been off of tamoxifen for a while, consider going on an aromatase inhibitor.** The National Cancer Institute of Canada conducted a study in women who had completed five years of tamoxifen. Half got the aromatase inhibitor (AI) letrozole, and the other half a placebo. After it was shown that letrozole increased the chance of staying cancer free, women who had been taking a placebo were offered the chance to take letrozole. Many women began taking it, even if they had stopped tamoxifen one to seven years earlier. The women who began letrozole increased their chance of remaining cancer free to 95.1 percent, compared to 91 percent for those who did not take it, a 63 percent reduction in the risk of relapse. As an added bonus, the women on letrozole had an 82 percent reduction in cancer in the opposite breast. Finally, if you have already been treated with an AI, I would encourage you to discuss with your oncologist participating in a clinical trial that looks at extended use of these drugs.
- 2. Exercise.** Okay, nobody wants to hear this, but the truth is studies have shown that regular exercise not only improves overall quality of life, it reduces the risk of recurrence in breast cancer survivors. For example, the Nurses' Health Study showed that walking just three to five hours a week at an average pace reduced the chance of a breast cancer relapse by 40 percent. This effect was seen most clearly in women with a history of estrogen positive disease.
- 3. Low fat diet.** The interim results of the Women's Intervention Nutrition Study showed that women with a history of early stage breast cancer who reduced their dietary fat intake to 15-20 percent of total calories, had a corresponding drop in their risk of breast cancer recurrence, from 12.4 percent to 9.8 percent, (a 24 percent reduction) at five years of follow-up. Because the study lost its funding, patients were not followed after five years, but it is certainly reasonable to assume the diet to be beneficial after this period.
- 4. Get mammograms.** Mammograms detect recurrent breast cancers when they are smaller and easier to treat. But there have actually been a few studies that have shown regular screening reduces the risk of relapse. For example, a study from Finland reported the risk of recurrence was cut in half in breast cancer survivors who underwent mammographic screening as compared to those who did not.
- 5. Reducing stress?** Reducing stress certainly improves quality of life in breast cancer survivors (as it does in everybody!) but so far, there have been no studies showing stress reduction reduces the risk of recurrent cancer.
- 6. Stay tuned.** There are new studies being reported every day. Specialists in breast cancer will be aware of these new developments and pass them on to their patients as they become available. The results of these studies have already resulted in a sustained drop in both breast cancer incidence and mortality. There's no reason to think this won't continue for the foreseeable future.

## Did You Know ...

Piper Breast Center physicians, Margit Bretzke, MD, Deborah Day, MD, and Tamera Lillemoe, MD, were honored at a breast cancer benefit hosted by the American Cancer Society on April 11, 2008, in Bloomington, Minn. They were recognized for their expertise and outstanding contributions to breast health care.

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We welcome Stuart Bloom, MD, medical oncologist, who recently joined Minnesota Oncology Hematology, P.A. He will provide consultations at Piper Breast Center along with MOHPA colleagues Margaret MacRae, MD, and Paul Zander, MD.



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## DXA SCAN CAN REVEAL YOUR RISK FOR OSTEOPOROSIS

~ By Stephanie Remarke, RT(R)(M), Cristyna Smithers, CDT, Beverly Trombley, MD

Long before you ever have a fracture, a DXA scan can detect signs of osteoporosis, a debilitating bone-thinning disease that affects many adults. Annually, more than 700,000 Americans experience a fractured spine and 250,000 fracture a hip.

DXA scans, or bone mineral density tests, are specialized X-rays of the lower spine and hip. They are fast, painless and require less radiation exposure than regular X-rays.

At the Piper Breast Center, many women schedule a DXA scan at the same time as their annual mammogram. Bone mineral density tests are recommended for all women over age 65, as well as men and younger women who have risk factors for osteoporosis. You

should discuss your risk factors and how often you may need the test repeated with your doctor.

To ensure accurate results, repeat tests should be done on the same equipment and by the same technologists each time, if possible. Technologists and radiologists at the Piper Breast Center are certified by the International Society of Clinical Densitometry, which indicates they have completed specialized training in bone mineral density testing and are knowledgeable about performing the test and interpreting results.

Your test results will be sent to your referring provider within three to five business days. Your referring provider can discuss the results with you.

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## QUESTIONS ABOUT BREAST HEALTH AROUND

~ By Registered Nurses at Piper Breast Center

You don't have to have breast cancer to have questions about breast health. At the Piper Breast Center, triage nurses field dozens of calls a day from women with a wide range of questions.

One of the most common questions is about breast pain and whether it is cancer. In most cases it isn't, especially when the pain comes and goes with the menstrual cycle. By asking callers about their pain, the triage nurses can often alleviate their anxiety or help them decide whether they should talk to their doctor about it.

Another common concern is from women who are pregnant and notice breast changes. While it's important to notice

changes and determine if follow-up is needed, it's also important for women to know that just because there's been a change does not mean it is breast cancer.

News reports or information on the Internet can also generate calls. In recent years, more women have called regarding hormone therapy and whether they should avoid it. The triage nurses help women understand the pros and cons of hormone therapy and encourage them to discuss it with their primary doctor.

When callers are looking for breast health or cancer information and resources, the triage nurses are there to help.

*If you have questions about breast health, call the Piper Breast Center at 612-863-3150.*

## GOT VITAMIN D?

~ By Gregory A. Plotnikoff, MD, MTS  
Medical Director of Abbott Northwestern's  
Institute for Health and Healing

Both osteoporosis and fractures can be reduced with adequate vitamin D. Many cancers, including breast, colon, ovary and skin cancers, as well as diseases like hypertension, diabetes and multiple sclerosis, are strongly correlated with low vitamin D levels.

Recent studies have shown that 50 percent of American women taking osteoporosis medications have low vitamin D levels, as do 65 percent of the post-menopausal women presenting to the University of Wisconsin Osteoporosis Center. Are you sure you are protected?

Minnesotans of all ages are at high risk for insufficient amounts of this "sunshine vitamin." Why? Sunlight, which helps the body produce vitamin D, is too weak here from September to April. Milk and many vitamins don't contain enough D. Sun Protection Factor-8 blocks vitamin D production by 95 percent. Dark skin, age, body size and some medications significantly increase the amount of sunlight needed to produce vitamin D. And, of course, working indoors for long hours blocks vitamin D production by 100 percent.

Most Minnesotans should take at least 1,000 IU a day of cholecalciferol (D3). Blood levels of vitamin D should be measured with a test called 25-OH-vitamin D. At the recent National Institute of Health conference on vitamin D and cancer, experts testified that the ideal level is greater than 32 ng/ml (80 nmol/l). Prescription treatment is often needed for levels less than 20 ng/ml (50 nmol/l).

Vitamin D blood tests are just part of the holistic nutritional assessment that is available at the Institute for Health and Healing. Additional services include acupuncture, bio-feedback, therapeutic massage, holistic medical, Ayurvedic and healing coach assessments. For more information, please call 612-863-3333.

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Communiqué is produced for friends of Abbott Northwestern's Piper Breast Center,  
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Medical editor ~ Beverly Trombley, MD

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