

Dear Readers,

In this issue, you will note that I have omitted the WHAT'S NEW section. I have done this to accommodate a longer GUEST WRITER entry that speaks to the issue of breast cancer in patients of color. I will resume our usual format in the next issue.

Best regards,

Dr. Silvana Martino



Breast Cancer Advisor

BY DR. SILVANA MARTINO • FEBRUARY 2012

BIOLOGY BASICS

In this issue, I want to further discuss the topic we began to review last month; adjuvant systemic therapy. To summarize, these are the drugs used at the time of initial diagnosis of invasive breast cancer. Their purpose is to increase your chances of being cured. The three categories of drugs considered are hormones, HER2 directed drugs and chemotherapy.

HORMONES

If the tumor is hormone positive (estrogen or progesterone receptor positive), hormonal therapy is advised. In post-menopausal women, the preferred hormones are the aromatase inhibitors such as Arimidex, Femara, or Aromasin. They appear to be of equal efficacy, so each person and their oncologist can pick their favorite brand. Tamoxifen can be used in women who are post-menopausal, but it is a bit inferior to the aromatase inhibitors. It is a good alternative in someone who cannot tolerate the side effects of the aromatase inhibitors.

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Biology Basics continued

In women who are either pre or peri-menopausal, tamoxifen is the preferred drug. Some oncologists, especially in Europe, prefer to add a hormone that turns off ovarian function in women who are not yet post-menopausal in addition to giving tamoxifen. Whether this is superior or necessary is not clear, and there are ongoing studies addressing this question. Other hormones such as Faslodex, Megace, or male hormones which are used in advanced disease, are not used in this setting since no one has demonstrated them to be better than Tamoxifen or the aromatase inhibitors. Evista is also not used for this purpose.



In men with early hormone receptor positive breast cancer, the standard therapy is tamoxifen. At present, there is very little data using the aromatase inhibitors.

HER2 TARGETED THERAPY

This line of therapy is used when the tumor is HER2 positive. Presently, there is only one approved HER2 targeted therapy in the adjuvant setting; the drug Herceptin. Both lapatinib (Tykerb) and pertuzumab are being studied and compared to Herceptin. There is good data suggesting that the combination of Heceptin and pertuzumab is superior to either alone. I anticipate that this agent will be approved for use by the FDA. The data on lapatinib is less clear at present.

CHEMOTHERAPY

Which chemotherapy drugs to use are in part related to whether one is planning to use Heceptin or not. The chemotherapy programs most studied in combination with Herceptin are Adriamycin, Cytoxan and a taxane (either Taxol or Taxotere), or Taxotere with Carboplatin. Other chemotherapy programs can be used, but we do not know that they are as effective. If one is not using Herceptin, one has more chemotherapy options. These include Cytoxan-methotrexate-5fluorouracil (CMF), Adriamycin-Cytoxan (AC), Taxotere-Cytoxan (TC), and Adriamycin-Cytoxan-Taxol or Taxotere (ACT). Each of these can be given in several different ways.

It is best to think of each program as a recipe. Each is composed of certain ingredients that are combined in certain quantities and schedules. If you alter a program, you cannot be sure it will give the same results.

BIOGRAPHY

Dr. Silvana Martino

is the Director of Breast Cancer Research and Education at The Angeles Clinic Foundation. She is board certified in internal medicine and medical oncology. Dr. Martino has specialized in the treatment and research of breast cancer for over three decades. She is a nationally recognized leader in the field of breast cancer. Her body of work has included research in breast cancer prevention, treatments for early breast cancer and metastatic disease. Dr. Martino has conducted and coordinated large national and international studies which have resulted in changing the standard of care worldwide.

QUESTIONS & ANSWERS

Q Dr. Martino, my doctor has told me that I have a low vitamin D level and has advised I take pills to correct this. He never checked it before, so why is he so concerned with it now?

A The answer is that your doctor is continuing to learn new information. That is a good quality. We have known for a long time that vitamin D was necessary for healthy bones. What has been appreciated more recently is that vitamin D has protective effects against other medical conditions such as heart disease, various cancers, autoimmune disease, diabetes and more. It also has an effect on our moods.

During my early training I remember learning that in the U.S. there was more breast cancer in northern states than in southern states. There was no explanation for this at the time, it was simply an observation. When I first learned of the connection between breast cancer and vitamin D levels, I suspected that this might be the explanation. The primary source of vitamin D is sunlight which stimulates the synthesis of vitamin D in the skin. It is suggested that we spend 20 minutes daily in our bathing suit in direct sunlight to promote this process. Even those of us who live in California do not do this on a regular basis; consequently even in areas that are sunny, many of us have low levels of vitamin D. This is even more of an issue in areas



that are not sunny, in winter season, and in people who spend their time indoors which I suspect are most of us. Many of us must use pills to supplement and achieve the proper level. The best way to know your level of vitamin D is to measure it in your blood. Most authorities advise that the blood level should be kept at a minimum of 40ng/mL, and preferably between 50 to 80. In summary, I would advise that you follow your doctor's advice, and that you take enough vitamin D daily to achieve these levels.

E-mail your questions to:
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BREAST CANCER DIFFERENCES BASED ON ETHNICITY

Breast cancer incidence and survival vary considerably among racial and ethnic groups. Whites in the U.S. have a higher incidence than African Americans, Hispanic/Latinos, Asian American and Pacific Islanders, American Indian and Alaska Natives. However, it is the African American population that has the poorest survival. The inferior outcome of this population has been recognized for several decades.

Many reasons have been proposed to explain this observation. The suggested reasons fall into two categories: (1) social-economic and (2) biological. It is likely that both are correct.

I spent many years both training and working at Wayne State University in Detroit, Michigan. The Detroit area has a large population of African Americans. It was there that I first became aware that African American patients did not do as well. One of our local oncologists, Dr. Clarence Vaughn, who had a large African American patient base noted that a disproportionate number of his patients had hormone negative breast cancer. This imparted a more aggressive biology. More recently, it has been observed that triple negative breast cancer (hormone negative and HER2 negative) is more prevalent in this population. The very first man with breast cancer that I met was also African American.

Among breast cancer advocate groups there are some that are dedicated to educating and supporting patients of color. I recently met the organizer of such a group, Dr. L. Imani Price. I invited her to serve as a GUEST WRITER and give us some of her thoughts and insights into this issue. Please note that the advice and references found at the end of her article apply to all of us.

Reference: Siegel R, et al, Cancer Statistics, 2011, The Impact of Eliminating Socioeconomic and Racial Disparities on Premature Cancer Deaths, CA a Cancer Journal for Clinicians, Vol 61, Numb 4, July/August 2011, pg212-236

GUEST WRITER

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CLINICAL PSYCHOLOGIST

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ORGANIZATION ([HTTP://WWW.HOPEAGAINSTBC.ORG](http://www.hopeagainstbc.org))

"The only way we will reduce breast cancer mortality rates in communities of color is for each woman to feel empowered about her ability to influence her health outcomes. Most women feel powerless to maintain good health, but nothing could be further from the truth. Good breast health involves proactively engaging in total healthy living."

The breast cancer awareness movement is more than 20 years strong, and as a result, the all familiar pink ribbon is etched in our hearts and minds as the universal symbol for the fight against the disease. Famous

faces around the globe have come forward to share details about their breast cancer diagnosis, while other famous faces have come forward to encourage women to get involved in the fight.

Countless breast cancer awareness organizations are

sounding the battle cry for women to engage in early detection methods, clinical trials, and better overall healthy lifestyles. Yet, with all of the breast cancer information available to women, that message does not appear to be resonating for many women in communities of color.

For many women, what is learned about breast cancer comes from their families and the misinformation received from previous generations. Unfortunately, what most parents learned about breast cancer was based on old wives tales, few facts and no science. And if you are active in your church, as many of us are, we were told it is not proper or Christian-like to discuss breasts in polite circles.

Despite all of the access to information about breast cancer that exists, myths and widely held fatalistic attitudes continue to permeate the minds of many women in communities of color.

My grandmother's generation believed it best to never speak of the "c" word unless you whispered the word among adults. If you developed the disease, denial prevented its growth and prayer was the treatment of choice. If a woman should succumb to cancer then she did not pray enough or she had hidden sins that prevented God from healing her. My mother's

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generation was the see no evil, hear no evil, speak no evil group. If someone was diagnosed with cancer, you did not visit that person (if you were allowed to know they had the disease) for fear you too could catch it. For many women this diagnosis created feelings of fear, shame, and embarrassment. My generation which has been affectionately called, "Generation X" was told you developed breast cancer from wearing underwire bras and using antiperspirants. If you developed the disease, you were advised not to have surgery for fear the air would cause it to spread. In too many communities of color, prevention and early detection are rarely encouraged except mammograms. To perform a

self-breast exam is often considered deviant behavior for "touching yourself".

We must dismiss everything we heard about breast cancer that created fear in our minds and learn that we have POWER to influence our health outcomes. The American Cancer Society (ACS) and the National Cancer Institute (NCI) estimate that 25% to 30% of cancers in the United States could be avoided. The cause of most cancers is due to poor eating habits, inactivity (not exercising), smoking, and obesity (being overweight). Obesity is believed to account for 20% of

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cancer deaths in women and 14% for men. Smoking accounts for 30% of cancer deaths in men and women.

What are YOU doing to reduce your risks of developing breast cancer? Here are a few suggestions that EVERY woman can do to reduce her risks:

Maintain a healthy body weight throughout your lifetime.

The best way to control weight is to balance our daily calories with the amount of physical activity we do to burn it off. Weight gain has been associated with an increased risk for developing breast cancer. According to the American Cancer Society (Breast Cancer Facts & Figures, 2011-2012), a study with 80,000 registered nurses found that women who gained 55 or more pounds after age 18 had a 50% greater risk of developing breast cancer. The most recent data by ACS reported that 74% of African American women and Latinas were considered overweight or obese, compared to 58% of Caucasian women.

Suggestions: (1) Limit the consumption of foods & beverages with added sugars and high fat counts; (2) Eat smaller portions (see <http://www.choosemyplate.gov/>); (3) incorporate vegetables & fruits, whole grains, beans, and lower-calorie beverages into your daily diet;

... a study with 80,000 registered nurses found that women who gained 55 or more pounds after the age of 18 had a 50% greater risk of developing breast cancer.

(4) limit the processed and red meats eaten; and (5) make physical fitness part of your daily routine.

Get your body moving. The overall health benefits of physical activity are well documented in research. Exercise helps to maintain a healthy body weight, reduces obesity, provides endorphins for feeling good, and improves your overall attitude about healthy habits. The Centers for Disease Control and Prevention (CDC) suggests physical activity for adults to improve health and for muscle-strengthening. The CDC suggests 150 minutes per week (2 hours, 30 minutes) of moderate-intensity aerobic exercise and muscle strengthening activities for adults 18 and older. For the greatest health

benefits, the CDC suggests 300 minutes (5 hours) per week of exercise. The National Cancer Institute (NCI) reported 4 or more hours of exercise per week was associated with lower breast cancer risk. In a case study with African Americans, strenuous physical activity of more than 7 hours per week was associated with a decreased risk for breast cancer.

Community studies by the American Society (Cancer Prevention & Early Detection Facts and Figures, 2011) reported 25% of adults report no leisure-time activity, and only 49% meet minimum recommendations for

moderate activity. Similarly, only 35% of youth meet recommendations.

Suggestions by the CDC to get started: Break up your daily activity goal into smaller amounts of time. For example, you could break the 30-minute a day recommendation into three 10-minute sessions or two 15-minute sessions. Just make sure the shorter sessions are at least 10 minutes long. Find something you enjoy doing (dancing, yoga, walking, zumba, Tae Bo, any fitness video you choose) and commit to doing it! For fun and encouragement, recruit a friend to get involved with you. Also, you don't have to belong to a gym or the YMCA; you can walk around your yard, neighborhood, the grocery store, or the mall. Just get started!

Load up on your fruits and veggies. The research on the connection between our diet and breast cancer is inconclusive, but eating healthy has been associated with a reduction in body fat which has been associated with a reduction in breast cancer. Your daily fruit and vegetable needs are based on your calorie needs which are determined by your age, gender, and physical activity level. 5 or more servings per day are generally recommended for adults in the U.S. The CDC reported only 24% of U.S. adults and 20% of U.S. high school students eat 5 or more servings of fruits and vegetables per day.

Suggestion: Eating healthy to reduce your risk of developing breast cancer does not have to be bland or tasteless. In fact, many of your favorite fruits and

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vegetables can easily be incorporated into meals you already eat. Smoothies are a great way to incorporate both fruits and vegetables, along with your low calorie dairy item (non-fat milk or yogurt, or sugar free ice cream). Try adding strawberries, blueberries, or bananas to your waffles, pancakes, cereal, oatmeal, or toast in the mornings. Have fruit as a mid-morning snack. For dinner, add broccoli, green beans, corn, or peas to a casserole or pasta. (Find more suggestions at <http://www.fruitsandveggiesmatter.gov/index.html>).

Limit your alcohol consumption. Women who drink one or fewer drinks per day have a lower risk of developing breast cancer, than women with a higher intake. The risks for breast cancer increases as the amount of alcohol consumed increases. ACS reported women who had 2 drinks per day showed a 21% increase in breast cancer risk. It is important to note that the risk is dose-dependent and not based on the type of alcohol consumed.

The best way to reduce breast cancer mortality rates in our communities is to look within. Start with YOU making the decision to change your attitude and behaviors toward breast cancer by becoming an active participant in practicing prevention, then encourage someone you know to do the same. YOU have the power to make a difference in the fight against breast cancer. YOU are more powerful than YOU know.

Pink Pearls of Hope Breast Cancer Organization

<http://www.hopeagainstbc.org>

The Angeles Clinic FOUNDATION

The Angeles Clinic Foundation is a nonprofit organization whose purpose is to sponsor and support programs, services, education, advocacy, and research related to cancer. Our goal is to make a difference in all aspects of the lives of people touched by cancer. Your support is important in the fight against cancer and the journey towards a cure.

Upcoming Foundation Events

For more information, please call us at
(310) 582-7909

Melanoma Education Symposium

March 24, 2012 • 8:00 AM - 12:00 PM
Four Points Sheraton
Los Angeles, CA

Breast Cancer Seminar

April 22, 2012 • 3:00 - 5:00 PM
Smith College Club of Los Angeles
Studio City, CA

Breast Cancer Seminar

May 3, 2012 • 7:00 - 9:00 PM
Temple Beth Hillel
Valley Village, CA

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