

Dear Readers,

I wish to thank each and every one of you for your participation and support of the Breast Cancer Advisor newsletter. What began in August of 2011, continues to grow as The Angeles Clinic Foundation and generous donors like you have worked together to provide patients, their families, and caregivers, information that assists them in understanding their diagnosis and treatment options, thereby allowing them to make more informed decisions. We trust that you will continue to find value in information that is authoritative, scientific and based on sound clinical experience. The newsletter, which now reaches subscribers in the U.S., Canada, Mexico, and Europe, not only informs patients, but also doctors who can more effectively spread knowledge to those in need.

The Breast Cancer Advisor is fully supported by your donations and not influenced through any pharmaceutical funding, providing you with a clear, unbiased voice. On behalf of all of us at The Angeles Clinic Foundation, I would like to once again thank you and ask for your continued support of the newsletter through your generous, tax-deductible gift today.

With gratitude and best wishes to each of you,
Dr. Silvana Martino

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Breast Cancer Advisor

BY DR. SILVANA MARTINO • August 2012

BIOLOGY BASICS

In the last issue I described our understanding of how and where breast cancer spreads. I will now describe how to proceed when a recurrence is suspected. Recurrences can be divided into two categories: (1) a local recurrence, or (2) a distant recurrence. The approach is different. For this issue, I will deal with distant recurrences. I will discuss treatment of local recurrences in a subsequent issue.

When a recurrence is suspected, three important questions must be answered. These are: (1) is it really a recurrence of the prior cancer, (2) what is the extent of the recurrence process, and (3) are there manifestations of the recurrence which require immediate medical treatment? These three questions are answered simultaneously and in a coordinated fashion. Your medical oncologist is generally in charge of overseeing this process.

One must be certain that it is a recurrence of breast cancer. Other medical conditions including other cancers must be considered. Therefore, if at all possible a biopsy of an area in question should be performed. One does not need to biopsy all the areas in question, generally one area is adequate. This is a critical step. Not only

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does it allow confirmation that you are dealing with cancer, but also defines whether it is the same cancer as the original. A biopsy also allows one to repeat the estrogen receptor, progesterone receptor, and HER-2 neu testing. Though these were probably done on the original tumor, we know that they can change and be different in a recurring process. Other analysis of the metastasis can also be performed to try and find other mutations which may allow better and more informed treatment choices.

To define the extent of tumor involvement, you will need a physical exam, blood work and various scans. These procedures are also important in identifying whether emergency therapy is needed. Certain complications require prompt treatment or they can quickly compromise one's life and function. These are known as oncological emergencies. Included are tumor of the brain or surrounding structures, compromise of heart or lung function as may occur with fluid accumulation, obstruction of the intestines or urinary system, impending bone fractures, impending compromise

of the spinal cord, elevation of calcium level in the blood, severe anemia and bleeding. These complications often need correction before anti-cancer therapy is started.

Once the above issues are assessed, then one is able to decide on appropriate therapy against the cancer. The modalities to consider are surgery, radiation and various drug therapies. Once metastases have occurred, the role of surgery is limited. At this point, the goal is not to try and surgically resect all obvious metastases. Though this may seem logical, it has not been found to be effective. Only some metastases are apparent to the eye and to various scans. There are other areas of involvement that are not as yet apparent. Surgery cannot remove much of the tumor burden, so by itself it has limited value. I will discuss the role of surgery more thoroughly at another time. The same basic limitations apply to radiation. It can be used for specific problems such as brain metastasis, but again it cannot remove all tumors. Neither surgery nor radiation provided total body therapy, and this is what is needed for most circumstances of recurrent, metastatic disease. The one modality which can encompass most of the body is drug therapy. Since drugs enter the blood stream, they are carried in blood to most parts of the body, even areas where you don't realize you have disease.

There are many effective drugs for the treatment of metastatic breast cancer. How to choose among them will be the topic for the next issue.

'Hope' is the thing with feathers —

That perches in the soul —

And sings the tunes without the words —

And never stops — at all —

— Emily Dickinson

BIOGRAPHY

Dr. Silvana Martino

is the Director of Breast Cancer Research and Education at The Angeles Clinic Foundation in Santa Monica, California. 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.

DR. MARTINO'S
CURRICULUM VITAE

WHAT'S NEW

1. Breast Cancer After Hodgkin's Lymphoma

Radiation exposure, even many years previously, is known to increase the risk of many cancers, including breast cancer. Women previously treated for Hodgkin's lymphoma, particularly if radiation was part of their treatment have been recognized as being at higher risk for the subsequent development of breast cancer. This article, published in the June 2012 issue of *The Oncologist*, adds detail to our understanding of these women.

The data used was obtained from the Surveillance, Epidemiology and End Results (SEER) program of the National Cancer Institute. It encompassed the dates 1973-2007. Included were 9,620 women with a diagnosis of Hodgkin's lymphoma (HL). Among them, 316 subsequent breast cancers occurred. During this same period, 450,413 women without Hodgkin's lymphoma were diagnosed with breast cancer and were used for

comparison. Several important observations were made in this comparison.

As a group, the women with a prior diagnosis of HL were 2.4 times more likely to develop breast cancer. The risk was highest among patients who were 19 years of age or younger at time of their treatment. The risk decreased progressively as the age of diagnosis of HL increased and approached that of the general population as the women were diagnosed with lymphoma at age 50 or later. This confirms prior observations demonstrating that the female breast is most vulnerable to the damaging effects of radiation during the teenage years when the breasts are developing. The increased risk for breast cancer was noted from 5 years post HL treatment onward. Those whose treatment included radiation had a higher risk of breast cancer than those whose treatment did not include radiation. The difference between these two groups persisted for at least 30 years.

Women with breast cancer developing after treatment for HL were younger at diagnosis, were more likely to have breast cancer in the external portions of the breast, were more likely to have tumors that did not express hormone

receptors, and were more likely to be diagnosed at a somewhat lower stage. The lower stage at diagnosis is possibly a reflection that these women were being watched and screened more closely. In spite of this, their

prognosis is not better, but is somewhat worse. Their breast cancer tends to be more aggressive and they are also more prone to develop a second breast cancer of the opposite breast as well.

I found this article to be one of the more informative on this topic in part because of its level of detail. We previously thought that these women were more prone to breast cancer on the inner half of the breast, but as radiation techniques have changed in the treatment of Hodgkin's lymphoma, so has the location of breast cancer.

The incidence of Hodgkin's lymphoma is increasing among both children and young adults. More intensive therapy has resulted in a cure rate

of approximately 75%. This reflects clear therapeutic success. However, we need to recognize that young women with this diagnosis, especially if they received radiation, must be watched closely for the subsequent development of bilateral breast cancer.

This confirms prior observations demonstrating that the female breast is most vulnerable to the damaging effects of radiation during the teenage years when breasts are developing.

Reference: Risk, Characteristics, and Prognosis of Breast Cancer after Hodgkin's Lymphoma, Veit-Rubin N, Rapiti E, Usel M, Benhamou S, Vinh-Hung V, Vlastos G, Bouchardy C, *The Oncologist* 2012;17: 783-791.

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2. The Addition of Gemcitabine Does Not Improve Outcomes in the Treatment of Early Breast Cancer

The addition of systemic drug therapies to surgery and radiation at the time of initial diagnosis (adjuvant therapy) has resulted in considerable improvement in the outcomes of men and women with early breast cancer. Two of the most commonly used chemotherapy programs are Taxotere-Adriamycin-Cytosin (TAC) and dose dense Adriamycin-Cytosin followed by Taxol (AC-T). Research done in metastatic disease has shown that the combination of Taxol and gemcitabine (Gemzar) are superior to Taxol alone. Based on this, the NSABP conducted trial B-38 to evaluate the effectiveness and toxicity of comparing these three adjuvant chemotherapy programs. From 2004 to 2007, 4,894 node positive patients were randomized (like the flip of a coin) to TAC, AC-T and AC-T with Gemzar. Patients have been followed for about 5 years. Thus far, the three treatments have shown the same results. There is no difference between them in tumor recurrence or survival.

There is some difference in the type of toxicity noted. Patients who received TAC had more lowering of blood counts and more diarrhea. The two Taxol treatments had more neuropathy.

Though this is considered a study with negative results, it actually gives us important information. Knowing that the addition of Gemzar is not beneficial is important and saves many from being given a drug that adds only side effects. Also, knowing that dose dense AC-T and TAC are the same is also valuable and allows a choice. The decision of which to use can be based on which side effects a patient may tolerate best.

Though “negative studies” are frequently forgotten and often times not published, they can provide important information. Knowing what not to do can be as important as knowing what to do.

Reference: presented by Dr. Sandra Swain at the American Society of Clinical Oncology meeting, June 2012.



QUESTIONS & ANSWERS

Q Dr. Martino, I am on chemotherapy and have been told that my blood counts would go down. My doctor and chemotherapy nurse both told me that I now have a high risk of getting infections. I asked them whether I should stay in the house and avoid people and they said that it was not necessary. Why not? Isn't it better to avoid getting an infection?

A It is correct that while you are receiving chemotherapy you are generally more prone to getting an infection. The degree of risk varies with the type of chemotherapy, whether you are receiving products to raise your blood counts or not, how low your counts drop and how long they stay down. Most patients will not develop an infection during chemo. The most common types of infections that may occur are infected sores of the lips and mouth, colds, pneumonia and urinary tract infections.

There are some things that are worth doing to reduce your risk. They are simple and things that we should all do whether on chemo or not. Avoid people who are clearly infected if possible. This may mean changing your seat in a theater, for example. Avoid close contact with those who are infected. Avoid kissing, hugging or shaking hands with infected individuals. Wash your hands often. Restrict visitors to your home while they are infected. Protect your skin by wearing protective gloves when you are cooking,

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Questions & Answers continued

baking and gardening. Avoid hot tubs unless it is your own. I prefer that my patients do not get too aggressive with their finger or toe nail cuticles. Many infections are not transferred from others but rather are your own viruses, bacteria and fungi that simply are able to grow more effectively while your immune system is suppressed.

While it is true that you are more likely to experience an infection while on chemo, most of us prefer that you use basic preventive measures. We do not advise that you place your life on hold and avoid human contact and restrict social activities. Try to keep your life as normal as possible.

(Q) Dr. Martino, I have been told that I should not eat before I get my chemotherapy as a way to prevent having nausea. Is there any food that is safe for me to have or should I just have water?

(A) I suspect that this is not advice you received from your doctor but rather a non-medical person. Whether you develop nausea is a function of what chemo you are receiving, what anti-nauseants you are being given, and your own nature. In my experience, whether you eat or not before intravenous chemotherapy makes no difference relative to this side effect. There are some oral chemotherapy drugs where the level of absorption varies based on whether you have eaten or not. So, if your chemo is taken by mouth, be sure you discuss this with your doctor.

E-mail your questions to:

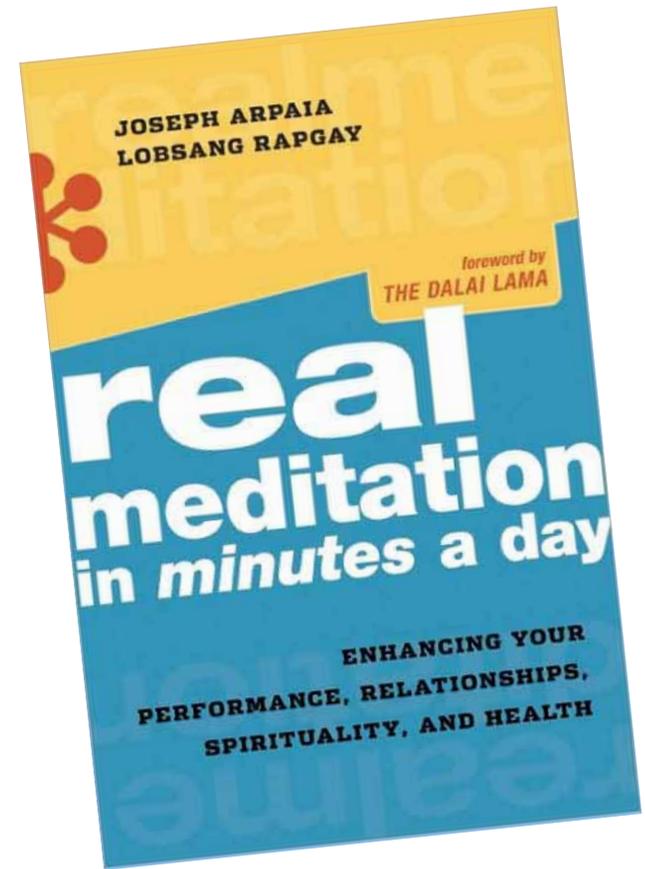
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BOOK REVIEW

Real Meditation in Minutes a Day

by Joseph Arpaia & Lobsang Rapgay

During my lifetime, I have had many responsibilities beyond patient care. Teaching, both other physicians and my patients, has been one of these and one of my favorite duties. There have been times, however, when my students or my patients have been my teachers and have introduced important ideas and people into my life. Recently, one of my dear patients introduced me to a physician who practices Tibetan medicine. From this physician I received a gift of two books. One is entitled REAL MEDITATION IN MINUTES A DAY, by Joseph Arpaia and Lobsang Rapgay. I read this one first because for years I have had an interest in meditation. I have previously read several books on the topic but have never been able to grasp the overall point to meditation. Each book confused me further. All I could grasp was the idea of making my mind go blank or trying to concentrate on some simple object or sound. I have suspected that there must be more to it than this, but could not figure out what it was. Yet the idea has continued to interest me. I assumed that I simply had yet to understand why this practice is important.



This book has had a different effect on me. First of all, it is written in a simple and friendly manner that does not require much interpretation. It has an introductory chapter that deals with several myths about meditation. Clearly, I harbored several of these myths myself, such as meditation is stopping thoughts and meditation is blanking out the mind. It provides a simple explanation of what the practice is. The first paragraph in the introduction answered many of my questions and states:

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“MEDITATION is exercise for your mind. Just as exercise for your body improves your physical abilities, meditation will improve your mental abilities. Meditation enhances whatever you do with your mind: it helps you perceive more clearly, it improves your thinking and memory, and it enhances your creativity. You develop your mind into an ever more effective tool for living.”

I like that. It is simple and clear.

The majority of the book provides instructions on meditative exercises designed to develop five primary mental qualities. These are steadiness, flexibility, warmth, clarity, and spaciousness. These qualities are then applied to health, performance enhancement, relationships, and spirituality. The book also makes use of two imaginary students who are learning meditation and whose experience is used to relate to your own.

So, I am now encouraged that I have some understanding of this process and an organized roadmap of how to achieve these mental goals. Thanks to a dear patient, I am on the path. Join me.

The Angeles Clinic

F O U N D A T I O N

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.



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