

## Raising hope

As the search for a cure continues, things are looking up in the breast cancer battle. Six exciting innovations are improving detection, treatment, and quality of life for the growing ranks of survivors.

BY LESLIE PEPPER

In the breast cancer community, women are getting restless. After all, it's been 45 years since General Electric introduced the nation's first dedicated mammogram machine. *Come on already—where's the cure?*

With so much focus on that final frontier, it's easy to lose sight of the many advances happening along the way. "The fact is, we're now preventing more women from developing breast cancer, detecting it at more treatable stages, curing more cases, and providing better support to survivors," says M. William Audeh, M.D., director of the Samuel Oschin Cancer Center at Cedars-Sinai Medical Center in Los Angeles. "Of course, we still have a long way to go, but every innovation, every new understanding builds on the ones that came before. We're in the midst of a very exciting time." For proof of that, look no further than these six groundbreaking strides.

### MAMMOGRAMS IN 3-D

Traditional mammography is the gold standard for breast cancer screening, but it's not perfect. In two-dimensional images, dense or overlapping tissue can hide malignancies or lead to false positives (and needless follow-up testing) by making benign areas look suspicious. Now a 3-D technique, approved by the U.S. Food and Drug Administration in February, seeks to reduce such problems.

Called digital breast tomosynthesis, the new approach works by capturing a series of X-ray images from multiple angles. A computer then combines the images into a unified rendering that a radiologist can

manipulate to reveal the inner structure of the breast. “With 3-D images, it’s easier to see through layers of breast tissue, identify abnormalities, and pinpoint where they are,” says Laura Shepardson, M.D., an imaging specialist at the Breast Center at Cleveland Clinic. “In the long run, I believe this technique will improve breast cancer detection rates and reduce the number of unnecessary callbacks.” Early findings are promising. Studies reviewed by the FDA showed that 3-D mammograms improved doctors’ ability to distinguish cancerous abnormalities from benign ones by 7 percent, a statistically significant jump.

One note: For the time being, mammography centers are performing 3-D screenings in conjunction with traditional mammograms, an approach known as combo imaging. This exposes women to an additional dose of radiation. For this reason, digital breast tomosynthesis might be best for those who’ve had problems with traditional mammograms in the past, Shepardson says. Your doctor can tell you if it’s right for you.

To find out if 3-D mammography is available in your area, visit the developer’s online directory at [pinkribbon.hologic.com](http://pinkribbon.hologic.com), then enter your ZIP code and look for centers with a “3-D breast imaging facility” logo. More are being added every month.

**SCREENINGS WITH BENEFITS**

Discomfort, inconvenience, fear. There’s no shortage of reasons women skip mammograms. To nudge patients into showing up, some imaging centers have started sweetening the pot with perks. Earlier this year, for example, Holy Family Medical Center in Des Plaines, Illinois, announced that women who went for mammograms during the month of March could enjoy complimentary manicures and massages afterward, courtesy of a local salon. Appointment bookings during the promotion soared by 50 percent. “Patients told us that having a fun incentive created a sense of community and helped take some of the fear out of the process,” says hospital marketing director Theresa Olson, who came up with

**Recommended reads**

**Overwhelmed by the breast cancer books in stores? Start with these notable recent releases. They cover all the bases—whether you’re a patient, a survivor, or simply someone who wants the latest on this urgent women’s health issue.**

**Dr. Susan Love’s Breast Book**

They don’t call it “the bible of breast care” for nothing. This comprehensive fifth edition, by eminent breast surgeon and patient advocate Susan M. Love, offers new information on breast cancer risk factors, treatment advances, alternative therapies, sexuality, and much more. \$22, *Da Capo Lifelong Books*

**Promise Me**

Nancy Brinker, founder of the breast cancer mega-charity Susan G. Komen for the Cure, shares the story of how her sister’s death from breast cancer imbued her with a mission to eradicate the disease. It’s an inspiring tale of sisterhood, devotion, and determination. \$15, *Three Rivers Press*

**Just Get Me Through This!**

Breast cancer survivor Deborah Cohen and oncologist Robert Gelfand offer a warmly written guide on what to expect—and what to do—after diagnosis. In this updated edition, they cover medical topics such as symptoms and treatments, plus related issues such as communicating the news to family members and navigating financial challenges. \$15, *Kensington Trade*

**Living Well Beyond Breast Cancer**

Penned by breast oncologist Marisa C. Weiss and her mother, Ellen Weiss (a breast cancer survivor), this fully revised second edition offers a road map for living a rich and meaningful life *after* treatment ends. Topics include new advances in follow-up care, managing the risk of recurrence, and finding closure. \$20, *Three Rivers Press*

**Pink Ribbon Blues**

In this provocative and eye-opening critique, medical sociologist Gayle Sulik, Ph.D., makes the case that breast cancer culture is increasingly frivolous and commercialized—with patients paying the price. \$30, *Oxford University Press*

—Catherine Guthrie



the idea. (For more anxiety-busting strategies, read “Outsmart Mammogram Stress” on page 210.)

Facilities elsewhere are seeing similar results. In a campaign introduced last fall by the Seattle Cancer Care Alliance, women who signed an Internet pledge to get a mammogram (and recruited friends to do likewise) became eligible for prizes such as retail gift cards and hotel accommodations. More than 3,000 women took the oath. And at St. Francis Regional Medical Center in Shakopee, Minnesota, groups of friends and coworkers are lining up for “mammo parties,” during which they’re feted with flowers, massages, manicures, snacks, and music. “These programs are proof that low-cost motivators can make a real difference for women’s health,” Olson says.

#### RECONSTRUCTION WITHOUT THE WAIT

In the past, women who wanted breast reconstruction after a mastectomy often were told they first had to finish chemotherapy, a process that can take months. The concern was that breast implants and tissue flaps could mask residual cancer cells, interfere with treatment, or even cause cancer to spread. A new study is putting that fear to rest. Researchers at UCLA Medical Center looked at 10 years of data on women with advanced breast cancer, comparing those who had mastectomy alone versus mastectomy with immediate reconstruction. The results, published this summer in the journal *Plastic and Reconstructive Surgery*, show that immediate breast reconstruction does *not* increase the risk of complications or interfere with treatment.

In fact, separate studies show that same-day reconstruction has several advantages, including better cosmetic outcomes, shorter recovery time, and lower costs. Body image is a factor, too. “In my experience, women who want reconstruction and get the procedure immediately after mastectomy go home feeling less depressed and more optimistic about their prospects,” says Risal Djohan, M.D., a plastic surgeon at Cleveland Clinic.

#### SUPPORT GROUPS IN DISGUISE

Research shows that support groups can improve quality of life for breast cancer patients and survivors by uniting them with people who understand their fears and challenges. But many women opt out because they’re turned off by the classic support-group setting—think circle of folding chairs in a hospital basement. In response, some groups are taking a decidedly different tack.

One such program is Casting for Recovery, which hosts no-cost fly-fishing retreats around the country for patients and survivors. Although women are free to discuss their health, breast cancer isn’t the focus. “Getting out and doing something that doesn’t directly relate to cancer helps women feel whole again,” executive director Lori Simon says. “At the same time, making friends with others who’ve gone through similar trials helps them feel less alone.” This year, Casting for Recovery ([castingforrecovery.org](http://castingforrecovery.org)) expanded to 34

## Personal breakthroughs

Some of the most important breast cancer advances happen in our hearts and minds, as these four women can attest.

“When a close friend my age was diagnosed and treated for breast cancer, it was a real wake-up call: Breast cancer *isn’t* just an older woman’s disease. I’m going for my first mammogram this month.”

*Nan Fitzpatrick, 40; Sacramento*

“I was one of those women who never appreciated my body or felt happy with how I looked. After I was diagnosed with breast cancer, I started exercising, adopted a healthy eating plan, and stopped beating myself up. Today I’m grateful for my life and all the amazing things my body can do—like run a half-marathon!”

*Mary Beth Gibson, 46; Toano, Virginia*

“Until someone I know was treated for breast cancer, I didn’t realize how long the process takes. Now I’m aware of the need to offer my support for the long term, not just when a friend or loved one first receives the news.”

*Cathy Smith, 42; Bellevue, Washington*

“I recently learned that I’m positive for BRCA1—also known as the breast cancer gene—and made the difficult decision to have a prophylactic double mastectomy. My mother made the same choice several years ago and came through the experience healthy and strong. She’s helping me understand that I, too, can get through this.”

*Julie Moon, 33; Athens, Georgia*

—Reported by C.G.

states, and of the 4,500 women who have participated, roughly 70 percent had never been to a support group before.

Beyond Boobs! ([beyondboobsinc.org](http://beyondboobsinc.org)), a Virginia nonprofit that serves younger patients, is another unorthodox group. The organization got its start several years ago, when cofounders Mary Beth Gibson and Rene Bowditch posted bright green flyers around town inviting patients to meet. “We purposefully avoided using pink paper,” Gibson says. “We were rebelling.” Last year, the grassroots upstart grew to four locations (with more to come) that now serve several hundred premenopausal cancer survivors. The lively meetings are held in members’ homes, often include guest speakers and female friends, and focus on all aspects of healthy living—not just the particulars of disease management. In addition, members plan regular outings where the sole focus is fun, like the time one group ventured to a saloon and ended up taking turns on a mechanical bull. “Some support groups feel like AA meetings, with people talking only about their disease,” Gibson says. “We believe that breast cancer doesn’t have to define you. The rest of your life doesn’t stop.”

20%

**of patients  
with invasive  
breast cancer  
could safely  
keep their  
lymph nodes**

#### LYMPH NODES LEFT INTACT

When women are diagnosed with cancerous breast tumors, doctors typically perform a biopsy of the sentinel lymph node, the site under the arm where cancer is most likely to migrate next. If that area tests positive for cancer cells, the protocol has been to surgically remove *all* the underarm lymph nodes along with the tumor, presumably to stop the cancer from spreading any farther. Though extensive lymph node surgery comes with a high risk of complications, such as lymphedema, a chronic swelling of the arm, doctors have long believed it improves patient survival.

One team of U.S. researchers wasn’t so sure. If breast cancer is in an early stage—confined to a small mass, with a positive sentinel node—and the patient is also receiving chemotherapy and radiation to the entire breast, is risky lymph node removal really necessary? The surprising answer, published this February in the *Journal of the American Medical Association*, is no. The study looked at 891 women who fit these criteria, tracking their outcomes over six years. All



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**Laura Shepardson, M.D.**  
imaging specialist,  
Breast Center at Cleveland Clinic

the women underwent lumpectomies to remove their tumors, but some had all their lymph nodes removed while others kept their nodes. By the end of the study, there was no difference in mortality rates between the groups—more than 90 percent of all the women survived, even if their lymph nodes were left untouched. In other words, chemo and radiation by themselves were just as effective at stopping the spread of cancer.

“This research is a fine example of how we can tailor the extent of surgery to the extent of the patient’s disease,” says study coauthor Monica Morrow, a surgical oncologist at Memorial Sloan-Kettering Cancer Center in New York City. “It will spare many women the side effects of lymph node removal while still providing excellent cancer control.”

**PATIENTS WHO SHAPE THE LAW**

Years ago, breast cancer carried a stigma that left many patients too embarrassed to discuss the disease with their families, never mind their elected officials. Henda Salmeron is a living example of how much things have changed. In 2009, the Dallas real estate broker was diagnosed with stage IIB breast cancer—including a 4-centimeter tumor—just six months after a mammogram came back “clear.” Only then did Salmeron learn she was

among the 40 percent of women who have dense breast tissue, which can hide tumors during traditional mammograms.

Rather than stew, Salmeron sprang into action: “I felt that all women should be informed about their breast density,” she says. “That way, they’d know to ask their doctors about the need for additional imaging, such as an ultrasound or MRI.” Salmeron worked with Texas lawmakers to draft a bill that would require every mammogram center in the state to notify patients of their breast density in writing. Her mission succeeded: The legislation, known as Henda’s Law, took effect in September. And as this magazine went to press, similar laws were pending in several other states.

You can help shape the law in your state with Lobby Me Pink, a new smartphone app created by New Jersey breast cancer surgeon Kathleen T. Ruddy. Available for the iPhone, Blackberry, and Android, the nonpartisan app allows you to plug in your ZIP code, get the name and contact information for your elected representatives, and call or e-mail them about breast-related issues that are important to you. “The app turns every smartphone in the country into a 24-hour voting booth,” Ruddy says. “Making our voices heard on Capitol Hill is an important part of turning breast cancer awareness into action.” ■