



January 2006
Volume 10, Number 1

Touch of Courage

. Connection
Cedar Valley Breast Cancer Task Force

HER-2/NEU TESTING AND HERCEPTIN

By Dr. Joginder Singh, M.D.

Inside this Issue

- 1** HER-2/NEU Testing and Herceptin (continued on page 2)
- 2** Touch of Courage Breast Cancer Support Group
- 3** 8th Annual Celebration for Breast Cancer Task Force
- 4** Building Bears
- 5** A Survivor's Story
- 5** Pink is Pretty Breast Cancer is Not!
- 6** Iowa Breast Cancer Edu-Action

About 200,000 women are diagnosed with breast cancer each year in the United States and 40,000 women die each year due to this disease.

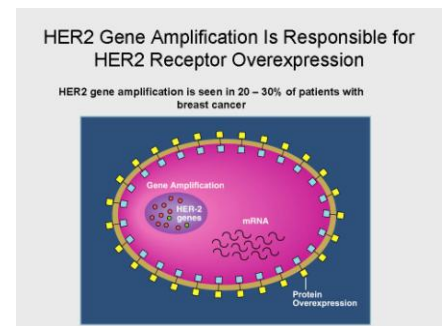
There are different factors which determine the chances for recurrence after primary surgery (of mastectomy or lumpectomy and radiation therapy) and different factors which determine survival of patients who have metastatic breast cancer.

It's known that tumor characteristics such as estrogen and progesterone receptors, as well as grading of the tumor, determine the prognosis in women with breast cancer. However, clinicians have been surprised many times that some women with large tumors and many positive lymph nodes have no recurrence while other women with only small tumors have recurrences. Similarly, in patients with metastatic breast cancer (breast cancer spread to other organs) it is known that women with disease only in the bones live longer than women who have disease in the lungs, liver and brain. However, there are exceptions to the rule.

The clinicians and scientists have been studying women with small tumors who had recurrences and a subset of metastatic breast cancer patients who have a rapid progression of disease to determine why some patients have aggressive cancers and others do not. One of the genes that was found to be of

prognostic value, and later found to be useful for treatment, is HER-2/NEU.

HER-2/NEU is a gene that helps control how the cells grow, divide and repair themselves. About 30% of breast cancers have too many copies of the HER-2/NEU gene. The HER-2/NEU gene directs the production of special proteins, called HER-2 receptors, on the cells.



Cancer with too many copies of HER-2 or too many HER-2 receptors tends to grow fast and are associated with an increased risk of spread. They do respond very well to the treatment that works against HER-2/NEU. This targeted therapy is called Herceptin. It works specifically by binding to HER-2/NEU positive cancer cells and killing them.

There are two tests for HER-2/NEU:

IHC Test (ImmunoHistoChemistry)
The IHC test shows if there are too many HER-2 receptor proteins in the cancer cells. The results of the IHC test can be zero (negative), 1+

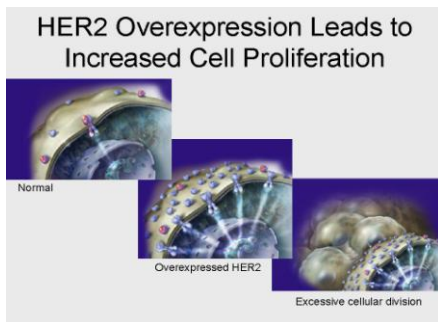
Cedar Valley Cancer Committee
1607 Heath Street
Waterloo, IA 50703
319-232-3219

Website:
www.cedarvalleybreastcancer.org

(negative), 2+ (borderline) or 3+ (positive).

FISH Test (*Fluorescent In Situ Hybridization*) The FISH test shows if there are too many copies of HER-2/NEU gene in the cancer cells. The results of the FISH test can be positive (extra copies) or negative (normal number of copies)

Finding out which HER-2/NEU test was done is important. Only cancers that have 3+ or FISH positive will respond well to therapy that works against HER-



2/NEU. If you have 2+ test results on immunohistochemistry, the test result is borderline. Some patients respond to Herceptin and others do not. If the results by immunohistochemistry are 2+ you should ask to have the tissue tested by FISH test. The results by FISH test are more accurate and determine whether the tumor will respond to Herceptin or not. The FISH test is the preferred method for testing at this time.

HERCEPTIN IN METASTATIC BREAST CANCER

Herceptin alone

The studies of patients with HER-2/NEU positive breast cancers given Herceptin as a single agent showed 14% of the women’s tumors were resistant to chemotherapy. This was a significant result, especially since metastatic breast cancer, which is

HER-2/NEU positive, tends to be aggressive

Herceptin with chemotherapy

In other studies, women with breast cancer got even better results when they took Herceptin together with chemotherapy drugs. Herceptin has been studied with many drugs including Taxol, Adriamycin (doxorubicin) and Navelbine. The combination of Herceptin and chemotherapy also improved survival in women with metastatic breast cancer.

A small number of women who took Adriamycin and Herceptin had significant heart problems, including congestive heart failure. This is a condition in which the heart is unable to pump effectively. At this time, Herceptin along with Adriamycin should be avoided.

Herceptin in adjuvant treatment of breast cancer

Adjuvant treatment is a treatment given to women whose cancers have been removed by surgery. The purpose of adjuvant treatment is to prevent recurrences of the breast cancer in other organs of the body.

In recent trials, 3,300 women with early stage breast cancer, whose tumors were removed by surgery, were given adjuvant treatment with a combination of Herceptin and chemotherapy or chemotherapy alone. Patients showed a 52% decrease in disease recurrence when Herceptin was given with chemotherapy compared with chemotherapy alone. This is a major advance for thousands of women with breast cancer. These results are examples that we are at a major turning point in the use of targeted therapies to eliminate suffering and death from cancer.

Herceptin, however, is not for everybody. Patients with breast cancer, which do not have HER-2/NEU expression, do not respond or benefit from Herceptin.

Heart failure

One of the most fearful side effects of Herceptin is heart failure and this poses a dilemma for patients who have a small chance for recurrence. In these patients, the benefit from adding Herceptin to chemotherapy or Herceptin therapy alone, is small. Patients on Herceptin therapy should be monitored regularly even though the chance of heart failure is low (up to 4.1%). Anytime there is evidence that Herceptin is causing a decrease in the pumping force of the heart (ejection fraction), Herceptin should be stopped.

Touch of Courage Breast Cancer Support Group – Change in Meeting Location

The Touch of Courage Breast Cancer Support Group continues to meet on the first Monday of every month (unless it’s a holiday). However, they are now meeting at the **Kimball Ridge Center on 2101 Kimball Avenue**. The meetings are held at 1:30 and 5:30 p.m.



Kimball Ridge Center

The Support Group invites any woman or man who is dealing with breast cancer to attend the support group meetings. Spouses and significant others are also welcome.

8th Annual Celebration for Breast Cancer Task Force

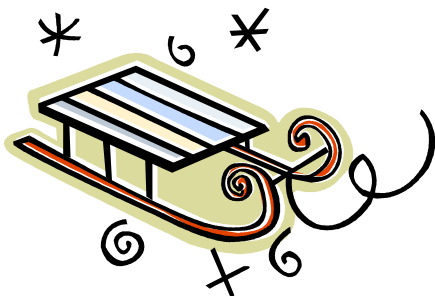
By Christine Carpenter

The Eighth Annual Celebration of Accomplishments and Goals was held at the Allen College on Friday, October 7, 2005. In the morning, two educational programs were presented. Dr. Boriana Kamenova, CVMS Oncology, spoke on the “Effects of Chemotherapy on the Brain and Memory”. Dr. Kamenova answered so many questions from the audience; it was a great learning opportunity. We greatly appreciate the gift of her time and expertise. Barb Daniels of A New Image and Jill Roberts of Clark & Associates, presented “Product Options for Women Following Breast Cancer Surgery” which included an historical look at early prosthesis, as well as the current options.



Jill Roberts and Barb Daniels

The morning sessions were followed by the celebration luncheon and program. Featured luncheon speakers were Kim and Steve Luebbers. Kim, a young breast cancer survivor, shared some of the difficulties she faced as a younger person living with cancer. Her husband, Steve, shared how difficult a cancer diagnosis is for the spouse also. They were both very inspirational and helped all of us realize the more specialized needs of the younger cancer patient. One of the Breast Cancer Task Force’s goals is to address some of these needs.



Edie Oltmann

Task Force member, Edie Oltmann, was recognized for her many years of dedicated service to our organization. She is greatly appreciated for her knowledge, wisdom and energy. It is due to all of our great committee members that the Cedar Valley Breast Cancer Task Force is able to accomplish so many things.

Visit our website at www.cedarvalleybreastcancer.org to see the services we offer. We welcome committee members, so please call Dee Hughes at 319-235-3179 for more information.



Kim and Steve Luebbers



Building Bears By Patty McClain

Being diagnosed with breast cancer is a very frightening experience. It begins with the questionable mammogram, moves on to the biopsy that confirms the diagnosis and then finishes with being told you have breast cancer. Your anxiety level is at an all-time high. It doesn't matter what type or stage your cancer is. The diagnosis is a life altering experience.

I was diagnosed with ductal carcinoma in situ. My cancer was very small and caught in the earliest stage. The lucky part of my diagnosis was that I had been very negligent in getting my mammograms and had not had one in seven years. I just happened to do the right thing at the right time.

The lumpectomy, for me, was an especially fearful experience. I had never had surgery and being doctor phobic presented its own set of problems for me. I was waiting for surgery at United Medical Park with my husband, sister-in-law, and a friend. They were very supportive and tried to calm my fears and distract me. A long-time friend walked in and handed me a teddy bear. The bear, named Tucker, was soft and squishy and just right for holding. I sat there waiting for surgery, holding this bear and I realized that somehow this bear was helping relieve my stress and was a great comfort. I took him to surgery with me and he was there when I woke up. He went home with me and at night while I slept he acted as another layer of protection as I healed.



My feelings of gratitude motivated me to do something for other women with breast cancer. I ordered more "Tuckers" and changed their bows to breast cancer fleece scarves. I added tags which read "This bear is given to you with love by another woman touched by breast cancer." There is something very comforting about knowing that someone else has been where you are and is concerned about you.



The bears are now given to women while they are waiting for surgery at United Medical Park. Soon they will be available for women at Sartori, Covenant, and Allen Hospitals. These bears are made possible by donations from many sources. Friends and businesses, and even women who have received these bears, have made it possible by their donations. Substantial donations have been made by Curves of Waterloo and Cedar Falls, and Starbuck's Coffee in Cedar Falls. I never knew that the "bear program" would grow so large. I am just glad that something good came from my experience with breast cancer. It shows that a little love and gratitude can go a long way.

In October, Starbucks hosted "Build A Bear For Breast Cancer" at College Square Mall. There, employees and friends tied scarves and attached tags to 144 bears.



A Survivor's Story

By Jane Goodin

It was the best of times, it was the worst of times! The year 1992 was an eventful one. My only daughter got married, my husband and I celebrated our twenty-fifth wedding anniversary and my twenty-fifth class reunion and I was diagnosed with breast cancer.

I was looking and feeling great. I had lost all those unwanted pounds and had been exercising regularly. I had noticed a "bump" on my left breast but thought it was due to the weight loss. In October at my annual physical my family doctor was immediately suspicious. I had had a mammogram just eleven months prior which was normal. This mammogram showed there was definitely something there.

I had a wonderful surgeon who, after a biopsy, decided a lumpectomy was the best surgery for me. In 1992, most surgeons in this area were performing mastectomies, so I was grateful for his willingness to be "on the cutting edge". No pun intended! At 43 I was still very vain and the thought of losing a breast had been a life long nightmare. The surgery went well and only one lymph node was involved.

The following year was a blur of doctor visits, chemotherapy followed by radiation and more chemotherapy, tests and x-rays. After all treatment ended, a visit to University Hospitals in Iowa City confirmed that I was a candidate to take tamoxifen; which I did for seven years. Throughout this year I continued to work. My employer was very willing to work around my health issues. Some weeks I could only work three days and others four.

A year after diagnosis, when all treatment was finished, I became panicky. I was accustomed to seeing a doctor every week. Now I didn't need to come back for three months. My family and friends appeared to believe all was over and fine and it was time to move on. Trouble was, it wasn't over for me. Everything was still very real. A co-worker and fellow breast cancer survivor invited me to a meeting of the breast cancer support group. I went apprehensively as I am not comfortable speaking in front of people. The group was small and as we went around the room we could introduce ourselves and give a short synopsis of our cancer story or we could just listen. I was immediately put at ease and wondered why I had waited a year to come.

The support group was my salvation. Some months we had group discussion. Other months we had speakers such as the oncology and radiation doctors or surgeons specializing in reconstructive surgery. During these presentations some of my fears were put to rest as to whether the lumpectomy was as effective as mastectomy. Talking to other breast cancer survivors helped me realize most of the emotions and physical conditions I was experiencing was normal.

As a twelve year survivor, breast cancer is no longer the number one thought on my mind. It is always there but tucked farther back. I strongly recommend attending a support group and experiencing the camaraderie of fellow breast cancer survivors. Live life to its fullest!

Printing donated by:
**Covenant
Medical Center**

Pink is Pretty Breast Cancer Is Not!

By Christine Carpenter

We've spent years looking for cures. Why aren't we looking at the cause? For ten years, October has been painted pink to raise awareness around breast cancer and the need for a cure. It is time to find a cause!

Each year, more than 200,000 women are diagnosed with breast cancer and more than 40,000 die each year. But after a decade of Breast Cancer Awareness months, we still have no idea what causes 80% of breast cancers nor do we know how to prevent any of them.

While Congress and others bathe the country in a sea of pink, believing that things are better, the families impacted by breast cancer know that we need to do more. We need to find the cause to prevent women from suffering from this disease in the first place

Congress now has the unique opportunity to facilitate researching the link between breast cancer and the environment. The NIEHS Breast Cancer and Environmental Research Act (S.757/H.R.2231) is supported by both sides of the political aisle. But, we still need more support!

It's time to move to the next step and tell our leaders that pink is pretty but breast cancer is not. Send a letter today to Congress at www.LessPinkMoreResearch.org



Iowa Breast Cancer Edu-Action

Who Are We?

Iowa Breast Cancer Edu-Action includes breast cancer survivors and their supporters. We are members of the Cedar Valley Cancer Committee. **Our mission** is to serve as a catalyst for the prevention and cure of breast cancer.

What We've Done

- ❖ Visited with our congressional representatives to secure their commitment to breast cancer research.
- ❖ Participated in fax and letter campaigns o Congress for a commitment to a national strategy for the fight against breast cancer.
- ❖ Created the Iowa Breast Cancer Resource Guide, secured funding and distributed 4000+ copies
- ❖ Iowa Breast Cancer Edu-Action is a subcommittee of the Cedar Valley Cancer Committee

We Meet:

When: 7:00 p.m. on the 4th Thursday of each month.

Where: Area Education Agency 7
Special Education Building
Conference Room 5

Need more information?

Call Christine Carpenter
319-266-0194

Support and Rehabilitation Programs

| | |
|-------------------------|---|
| Care and Share | Support group for anyone dealing with cancer. Meets the 1 st Tuesday of every month at 1:30 p.m. |
| Touch of Courage | Breast cancer support group. Meets the 1 st Monday of every month at 1:30 p.m. and 5:30 p.m. |
| Reach to Recovery | Provides information and support for women who are faced with breast cancer. Visits available before and after surgery. |
| Look Good...Feel Better | Consultation with a trained cosmetologist to help a cancer patient feel more comfortable with the physical changes that occur during treatment. |

For more information call the American Cancer Society at 319-272-2880 or 888-266-2064.

Resources Available:

Information, support, counseling, and educational materials are available from the following:

Allen College of Nursing
Library and Media Center
1825 Logan Avenue
Waterloo, IA 50703
(319) 235-2005

American Cancer Society
2101 Kimball Avenue, Suite 130
Waterloo, IA 50702
319-272-2880 or 888-266-2064
1-800-ACS-2345 (available 24 hrs)

Breast Care Center
at United Medical Park
1753 West Ridgeway
Waterloo, IA 50701
319-833-6100

Covenant Cancer Treatment Center
200 E. Ridgeway Avenue
Waterloo, IA 50702
319-272-2800
Include Cancer Information Library

National Cancer Institute
1-800-4CANCER

National Coalition for Cancer
Survivorship 1-505-764-9956

National Lymphedema Network
1-415-923-3680

Y-Me
1-800-986-8228

Covenant Lymphedema Therapy
319-272-7894

Physical Therapy Partners
Lymphedema Therapy
319-233-6995

Connect with us...

A donation for Touch of Courage is both needed and appreciated. All donations go to support the services of the Cedar Valley Cancer Committee and are tax deductible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$ _____ amount of donation

General Donation Newsletter Donation NBCC Scholarship Fund

Make checks payable to the Cedar Valley Cancer Committee and send to 1607 Heath Street, Waterloo, IA 50703