



October 2004  
Volume 8, Number 4

# Touch of Courage

. . . . . Connection  
Cedar Valley Breast Cancer Task Force

## Alternatives to Whole Breast Radiation

by Dr. Douglas Duven

### Inside this Issue

- 1** Alternatives to Whole Breast Radiation
- 2** IA Advocates Help Save Breast Cancer Research Program
- 2** Quilt Raffle
- 3** A Survivor's Story
- 3** Touch of Courage Breast Cancer Support Group
- 3** October is Breast Cancer Awareness Month

The standard recommendations for treatment of breast cancer are mastectomy or partial mastectomy with Whole Breast Radiation (WBR). Patients with early stages of breast cancer may be offered a partial mastectomy (lumpectomy) followed by radiation treatment to the breast. This should assure the patient that they are reducing their chances of a recurrence in the same breast, an outcome that is similar to complete removal of the breast.

Those choosing partial mastectomy will have WBR as outpatient therapy for 30-35 days over a 5-7 week time period. For some, this WBR may interfere with jobs and pose a transportation problem for those who travel to radiation treatments. Until recently there has been no alternative to WBR. Currently, however, there are radiation alternatives on the horizon and at a limited number of facilities that are usually involved in a study, that take less time than WBR. These alternative treatments take 20 minutes, twice daily for five days. Early study results suggest these shorter radiation alternatives have similar results as WBR.

The two alternatives to WBR are brachytherapy and intraoperative radiation. Because 80% of recurrences of breast cancers in a lumpectomy occur within 1/2 inch of the biopsy site, the radiation alternatives focus on the lumpectomy site and some surrounding tissue.

The first alternative, brachytherapy, has been utilized for years in cancers of the prostate, lung and sarcomas and currently promises to be useful with breast cancer. Two types are available:

- 1) Multiple catheter based brachytherapy – This treatment requires multiple small catheters (tubes) to be placed into the breast and left in place for 5 days. Twice a day for 5 days a radioactive seed is placed into each catheter for 20 minutes. Once treatment is finished the catheters are removed.
- 2) Balloon catheter brachytherapy – This treatment requires placement of a soft balloon attached to a catheter into the lumpectomy cavity. A tiny radioactive seed is placed twice daily into the balloon for 5 days. Once treatment is finished the balloon is then removed.

The second alternative to WBR is intraoperative radiation. This alternative can be done at the same time as the lumpectomy. The radiation therapist brings into the operating room a radiation source that is given after the lumpectomy has been performed but the incision is not closed. The cavity in which the cancer has been removed is given a one-time, 20-minute dose of radiation, which is about equal to six weeks of WBR.

Currently, these alternatives are available primarily in studies and are not yet readily available in all communities. Additionally, not all patients are candidates for the WBR alternatives. Favorable patients are post-menopausal women with stage To, T1, T2, small tumors and negative lymph nodes. Patients that are pre-menopausal, have large tumors or have small breasts may not be candidates for alternative therapy.

On a positive note, current studies continue to explore the outcome of each alternative and all seem to have

Cedar Valley Cancer Committee  
200 E. Ridgeway, Suite 300  
Waterloo, IA 50702  
319-272-2880

similar results to six weeks of WBR. Outcomes so far show similar rates of recurrence, good cosmetic results and high patient satisfaction. Other benefits include no longer having to travel for several weeks to the WBR appointments and less loss of income due to spending less time away from work.

## Iowa Breast Cancer Advocates Help Save Breast Cancer Research Program

The landmark Department of Defense Breast Cancer Research Program (DOD BCRP) was saved by Iowa Breast Cancer Advocacy Network (IBCAN) and National Breast Cancer Coalition (NBCC) advocates. On July 22, 2004, both the U.S. House and Senate passed the DOD Appropriation bill containing a separate \$150 million earmark for the DOD Breast Cancer Research Program. This was a triumph for IBCAN, NBCC and our grassroots network because an earlier Senate version of the DOD Appropriations bill jeopardized the integrity of the program by eliminating its funding earmark. Due to incredible grassroots efforts, members of the Senate and House were inundated with faxes, phone calls, and visits insisting that they adopt the House language maintaining the DOD BCRP's separate earmark and funding the program at \$150 million. Our grassroots efforts prevailed, the House language was adopted and the DOD BCRP was saved!

Iowa's Senator Tom Harkin was instrumental in saving this unique and innovative program. Each year a bipartisan group of Senators and Representatives circulates a letter, signed by more than half the members of Congress, to the Chairman and Ranking Member of the DOD Appropriations Subcommittee, asking for continued funding for the program. Senator Harkin is an author of the letter. This year the program was almost lost in committee, but, with Senator Harkin's hard work, bipartisan support and the insistence of advocates

from across the country, the program will continue with level funding.

Before you cast your vote in November, find out where your candidates stand on these essential issues. The Voting Record of our Iowa Senators and Representatives is included in this newsletter.

To join the Iowa Breast Cancer Advocacy Network go to Iowa Breast Cancer Edu-action's web site [www.iowabreastcancer.org](http://www.iowabreastcancer.org) or call Christine Carpenter (319) 266-0194.

## Quilt Raffle

For the second year, Tracy Elliott has made and donated a quilt to be raffled with the proceeds going to the Cedar Valley Breast Cancer Task Force. Tracy works for Drs. Singh and Sangha at the Covenant Cancer Treatment Center. When she heard Heather Burgett was presenting a Breast Cancer and Women's Health Conference, she offered her time and talents to make a quilt to be raffled. This year's raffle raised \$950 for the Breast Cancer Task Force!

Thank you to Tracy for making the beautiful quilt, and to Heather for raffling it at her conference.

Tracy is already making plans for next year's quilt so be watching for it on display next summer at the Cancer Treatment Center.



**Tracy Elliott displays the quilt she made and donated for raffling at the Breast Cancer and Women's Health Conference.**

The Breast Cancer and Women's Health Conference was held at the new PIPAC Centre in Cedar Falls and 370 people attended. The Centre was a wonderful facility to hold the conference and the speakers were excellent.

Funds raised by this raffle will be used for the Support Group facilitator, this newsletter and scholarships to the National Breast Cancer Coalition Advocacy Conference in Washington, DC. A new project underway is the development of lymphedema support services for uninsured women.

State	Member	DoD Letter FY 05	Environmental Act HR 1746/S983	Genetic Nondiscrimination HR 1910
IA	Sen. Charles E. Grassley (R)	X	X	NA
IA	Sen. Tom Harkin (D)	X	X	NA
IA	Rep. Jim Nussle (R-01)	X	X	
IA	Rep. James A. Leach (R-02)	X	X	X
IA	Rep. Leonard Boswell (D-03)	X	X	X
IA	Rep. Tom Latham (R-04)	X	X	X
IA	Rep. Steven A. King (R-05)	X	X	
<b>NV = did not vote</b> Member of Congress either was not present for the vote or is a non-voting member.		<b>NA = not applicable</b> Member of Congress could not take action on this item because it was only available to Members in the other chamber of Congress.		

### Iowa Legislators' Voting Record

## A Survivor's Story

By Carolyn Weichers

I was diagnosed with breast cancer in September of 1995. I had had several bouts with lumps and even a biopsy in previous years, but it was a shock to me and my family when I had a lump that was malignant. I can remember the hopeless feelings I had and the scary questions I wanted answered; but I wasn't sure I really wanted to know the answers. My husband and I felt the need to move quickly and to get every bit of information we could and to get it right now. It was not something we wanted to be patient about. We did get answers and we found everyone to be helpful but found that we had to work through things in our own way. I underwent chemotherapy and radiation treatments for the rest of that year. It was an experience that has ultimately changed my life.

There are many events that have brought me to the peace that I have now, living with the threat of breast cancer. I have, through many different channels, met other women that are brave and strong just as I feel I am. Together we have tried to do something to educate women in our world about breast cancer. I became one of the original members of Iowa Breast Education and we took on the huge project of writing an Iowa Breast Cancer Resource Guide. It was a tremendous amount of work but what a worthwhile project. Finally, I felt that my having experienced breast cancer would actually make a difference to others! It was very important to me to get information out to women right at the beginning of their diagnosis. I felt strongly that that is the time they need the most support and this Resource Guide will do that!

The other avenue that introduced me to breast cancer women, was my volunteering for the Reach to Recovery Program of the American Cancer Society. I know there is a close community of breast cancer survivors. We are a strong and vital group of women. We are braver than we ever

thought we could possibly be. This sisterhood and closeness begins when we first hear the diagnosis of breast cancer. From then on we need to be with others who have had similar experiences. We need to ask and answer questions and communicate hope and strength to each other. I have found this sisterhood to be a healing touch for me and I want to share it with others. Therefore I am a strong advocate of the Reach to Recovery Program and take part in the visits very often.

Breast Cancer survivors are awesome women. They are strong and have a huge voice when they work to help each other. Get involved in some aspect of this great sisterhood and you will be the one to be rewarded!

### Touch of Courage Breast Cancer Support Group

The Touch of Courage Breast Cancer Support Group continues to meet on the first Monday of every month (unless it's a holiday), with the meetings being held at Covenant Cancer Treatment Center at 200 E. Ridgeway Avenue in Waterloo at 1:30 and 5:30 p.m.

**For those of you who are long term survivors, please remember what a critical role you play in the journey of the newly diagnosed.**

**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.**

### October is Breast Cancer Awareness Month

Each October we observe breast cancer awareness month. It is a good time to look at your own breast health care plan. Are you following recommended guidelines? How about your friends and family members? Now is a good time to remind them how important

good breast health practices and early detection of breast cancer are.

In order to detect breast changes as early as possible with current technology, a three-step plan is recommended. First, all women need to have annual clinical breast exam by a health care professional. Your doctor or health care provider should do a very thorough breast exam. If he or she barely touches your breast, you may need to ask for a more complete exam or choose a different provider.

Second, we all need to do monthly breast self-examinations. Changes can occur between our annual visits to our health care providers. By performing exams monthly, we become very familiar with the pattern of our breast tissue, and we will know when a change occurs. No one knows your body better than yourself.

Thirdly, women over the age of 40 should have annual mammograms. Even though mammograms are not perfect and do not find breast cancers as early as we would like, it is the most effective test available at this time for the early detection of small breast cancers. To make mammograms effective, they need to be done regularly, not every few years. Even then, not all breast cancers will be seen on a mammogram.

All three steps work together for the most effective results. When one leg of a three-legged stool is missing, it is not stable and will topple over. When only one or two steps of the three-step plan are followed, it is not as accurate and a breast cancer is more likely to be missed.

Do yourself a favor this October. If you are overdue for your physical or mammogram, schedule it now. If you don't do your monthly breast self exams, start this month. Make breast care an important part of your life.

*Printing donated by  
Cedar Valley  
Medical Specialists  
- General Surgery*