



JALBCA

JUDGES AND LAWYERS BREAST CANCER ALERT

Vol. 13 No. 1

Editor: Martha L. Golar, Esq.

February 2009

FEBRUARY 2009 MONTHLY PROGRAM

- DATE:** Tuesday, February 10, 2009
- TIME:** 6:30 – 7:30 pm
- PLACE:** Skadden Arps Slate Meagher & Flom
4 Times Square, NY, NY (between 6th & Broadway)
- SUBJECT:** DCIS: What Is It? How Should It Be Treated?
How Does DCIS Affect the Staging of Tumors?
- SPEAKER:** Deborah Axelrod, M.D.
Director of Clinical Breast Services and Breast Surgery and
Medical Director of Community Cancer Education and Outreach
at NYU Cancer



Young Survival Coalition Annual Conference for Young Women Affected by Breast Cancer

February 27 - March 1
at the Hilton Anatole in Dallas, TX

Visit the conference website at www.youngsurvivorsconference.org
to get more information, register, obtain scholarship information
as well as view our 2008 conference archives.

JALBCA NOVEMBER PROGRAM

On Monday, November 17, 2008, Ms. Roberta Gelb of SHARE was the guest speaker at JALBCA's monthly program. Her topic was: "Talking to Friends, Family and Colleagues About Your Breast Cancer." Ms. Gelb spoke candidly and took questions from the audience, who openly shared their experiences and those of workers, friends and family who faced that difficult ordeal. Her presentation was peppered with anecdotes derived from her personal experiences.

Ms. Gelb, a breast cancer survivor, started by advising on how to navigate the health care system, from the initial diagnosis, to getting second and third opinions and dealing with "unsympathetic" medical practitioners. As a self-labeled "Patient Navigator", Ms. Gelb advocates for cancer patients and survivors in the local NY area, as well as leads conferences, all while working full time in her own business as a consultant for office support and computer-systems.

Ms. Gelb spoke of the support group that she leads for survivors and their loved ones. She wants cancer patients to know that they are not alone, and suggested that women get a buddy system for their regular mammograms. She described her reaction when she was diagnosed and how she struggled with whom to tell, including her 85- year old mother. She believes there are "seven stages" to the process, including anger. Ms. Gelb noted that patients often undergo personality changes – vacillating from mean-spirited to nice, outgoing to introverted, and back again. Being self-employed, Ms. Gelb decided to tell her clients about her diagnosis and how her schedule might be

impacted by the initial surgery, the chemotherapy treatments, and the reconstruction that would follow. As with many women, she was left with breast asymmetry as a result of her surgery. Before getting saline implants, she explained how she followed the advice of using shoulder pads to fill up her bra. She added a touch of humor when she described how the pads tended to "migrate" up to her shoulders when she moved.

Ms. Gelb further discussed the emotional experience of telling people about her cancer diagnosis, some of whom were insensitive, including members of her family. Her husband was sympathetic and also found solace in a men's group. Overall, she feels that telling friends, family and co-workers is an important part of the experience. She recommended composing a list of people to tell for practical purposes, and others would be offended if not told. There were those she found could not be told because they could not handle the information well and could react badly. Some friends unexpectedly did not want to be bothered, while others "stepped up to the plate" and offered a higher level of friendship, equally unexpected. Finally, there were those who should not have made the disclosure list, as she ended up taking care of them! Many of those who eventually find out offer unsolicited advice, or make assumptions. Ms. Gelb suggested sharing limited details, and thanking them for their advice.

Her role as a caregiver to cancer patients, some of whom were close friends, was traumatic, so she understands what is involved in supporting a cancer patient. Often, the caregiver decides that he/she knows what is best for the patient. Caregivers

should encourage second opinions. Many people, however, do not appreciate the importance of a second opinion. Even "sophisticated" women, including doctors and savvy patients, can get "brain-freeze" upon hearing the first diagnosis of breast cancer. This is why it is so important to have another person present, in order to hear the important details explained by the medical provider. Ms. Gelb encourages patients to seek many opinions on choice of doctor, types of surgery, chemotherapy and subsequent reconstruction, and to do their "homework" in order to feel good about their course of treatment, as she did. Coordinating such care – among radiologists, surgeons and oncologists - is tough going in Ms. Gelb's experience. Mistakes can be made, and she urged patients to stay on top of the medical team - being in control is just as important as trusting the medical providers in her opinion.

The workplace has its own set of problems - asking for and taking time off, job security, changes in one's personal appearance and the effects of chemotherapy and radiation all can be challenges for the cancer survivor. Many in the group shared their personal stories, some heart-warming, others very discouraging. Most agreed that every workplace has a different culture, and it should be a subjective choice of the patient as to whom and how to disclose information. In law firms, as an example, ethical issues might arise - how to handle one's clients; how much to reveal to clients about your prognosis; what to expect prospectively.

At the end of the program, it was clear that the journey traveled by each breast cancer patient is unique and all-encompassing. Obtaining the

support of friends and family, assembling a team of top-notch medical professionals, and becoming an informed patient is the optimal way to face any cancer, courageously.

NOTE: This article was prepared by JALBCA's Susan B. Solomon Intern, Janet Eshaghoff.

NEW BREAST HEALTH CENTER AT SOUTHAMPTON HOSPITAL IS NAMED FOR ELLEN P. HERMANSON

Southampton Hospital's new breast health center, planned for a late spring 2009 opening, has been named The Ellen P. Hermanson Breast Health Center. Ellen Hermanson was JALBCA's first Executive Director. The existing center at the Hospital will move to a new, spacious area in the Hospital and will have a private entrance to the east of the Hospital's main entrance on Meeting House Lane. The new space will be 3,320 square feet, almost triple the original size. The Hospital believes this will greatly enhance the center's ability to serve the growing demand for services in a state-of-the-art, patient-centered facility close to home. All breast-related services will be located within the new center. Funding for the construction has been pledged by The Ellen P. Hermanson Foundation.

UPDATE ON THERMOGRAPHY 2009

Thermography is an examination that produces images based on the temperature of the skin of the breast. The basis of the examination is that the skin overlying a cancer has a higher temperature than surrounding breast tissue. The heat of the cancer is produced by angiogenesis, e.g., rapid turnover of new blood vessels in the cancer. The appeal of the technique

derives from the fact that it is non-invasive, uses no radiation and does not involve any discomfort as may occur during the compression of a mammogram.

Interest in thermography peaked in the 1960s and 1970s. The technique was compared to xeromammography and clinical examination in a study involving 16,000 women.¹ In a separate trial, the Breast Cancer Detection Demonstration Project, the results of thermography were found to be inconsistent and the technique was eliminated from the study.² The false positive rate was 25% and the false negative rate was 60%. Because the findings of thermography have been inconsistent and unreliable it has been largely abandoned as both a screening and diagnostic tool. It has also been suggested that women who undergo a thermogram that is interpreted as normal may delay having a mammogram in the mistaken belief that it is an adequate substitute.

The New Zealand Technology Assessment Clearing House for Health Outcomes and Health Technology Assessment recently reviewed international literature and the use of thermography for screening and diagnosing breast cancer.³ Consistent with the fact that most of the literature was based on outdated technology they found that the evidence does not support the use of thermography as a breast cancer screening or diagnostic tool.

Recently, however, there has been renewed interest in thermography due to technological advances including digitalized high-resolution imaging with sophisticated network image analysis capabilities. Indeed, one current study claimed a sensitivity rate of 97% for the detection of cancer.⁴ But this study was not a randomized prospective study comparing the techniques. All the patients in

the study were undergoing breast biopsies on the basis of a previous abnormal mammogram. The authors of this study caution that thermography is not a substitute for screening mammography and suggest it be used as an adjunct in diagnosis. They also note that inflammation or infection can lead to false positive results.

Numerous highly respected organizations support the use of mammography and do not support the use of thermography for the detection of breast cancer, including the American Cancer Society, and the American Medical Association. Until randomized controlled studies utilizing the current technology of thermography can demonstrate value from this technique, it should be avoided as an unnecessary test with limited sensitivity and reliability, adding cost without proven benefit. To date, mammography is the only examination that has been proven to be effective as a screening technique for breast cancer.

NOTE: This article was generously contributed by Julie Mitnick, MD, radiologist and member of JALBCA's Science Advisory Board. Dr. Mitnick is the founder of Murray Hill Radiology and Mammography in New York City and many New Yorkers rely on her services for state-of-the-art diagnostic mammography.

1. Feig SA, Shaber GS, Schwartz GF, Patchefsky AI, Libshitz HI, Ediken J, et al. Thermography, mammography, and clinical examination in breast cancer screening. *Radiology* 1977; 122(1):23-127.

2. Brenner RJ, Parisky Y. Alternative Breast-Imaging Approaches. *Radiol Clin N Am* 45 (2007) 907-923.

3. Royal Australian and New Zealand College of Radiologists Breast Imaging Reference Group policy on the use of thermography to detect breast cancer 2001.

4. Arora N, Martins D, Ruggerio D, Tousimis E, Swistel AJ, et al. Effectiveness of a noninvasive digital infrared thermal imaging system in the detection of breast cancer. *Amer J Surg* 2008; 196, 523-526.

CALENDAR/CONTACTS

ADELPHI NY STATEWIDE BREAST CANCER

Hotline & Support Program
Adelphi University School of Social Work
Garden City, NY 11530
www.breastcancerhotline@adelphi.edu

CancerCare

275 Seventh Avenue
New York, NY 10001
www.cancercare.org
1.800.813.HOPE (4673)

MEMORIAL SLOAN KETTERING CANCER CENTER

Post-Treatment Resource Program
Educational Forums
215 E. 68th St., Ground Fl.
New York, NY 10021
www.mskcc.org/mskcc/html/59513.cfm
212.717.3527

Bendheim Integrative Medicine Center
1429 First Avenue (at 74th Street)

JALBCA

c/o Jennifer Fiorentino
Executive Director
1324 Lexington Avenue, PMB 324
New York, New York 10128
www.jalbca.org

Address Service Requested

SHARE (*Self-Help for Women with
Breast or Ovarian Cancer*)
1501 Broadway, Ste. 704A
New York, NY
www.sharecancersupport.org
212.719.0364

DATE: Thursday, February 12, 2009
TIME: 6 – 7:30 pm
PLACE: SHARE Main office
SUBJECT: What's New in Treating

Metastatic Breast Cancer: A
Focus on Current Research,
Clinical Trials and New
Approaches

SPEAKER: Dr. James Speyer, Professor
and Medical Director, NYU
Cancer Institute, New York
University Langone Medical
Institute. He will be joined
by Lilla Romeo, SHARE
advocate, who will present a
patient's perspective.

DATE: Tuesday, March 17, 2009
TIME: 7:30 – 9 PM
SPEAKER: Laura Weinberg, President
of the Great Neck Breast
Cancer Coalition
The speaker will present the
latest research on
environmental toxins and
their link to hormonal
cancer. She will offer ways
to reduce exposure in the
home environment and will
provide information on
products that may contain
carcinogens and chemicals
that may mimic estrogen.
PLACE: Queens SHARE
SUBJECT: Breast and Ovarian Cancer
and the Environment

