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Institute

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of cancer in
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Financial support for
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Harry and Jeanette
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The Northeast Regional Cancer Institute is a non-profit community-based agency working to ease the burden of cancer in Northeastern Pennsylvania throughout Lackawanna, Luzerne, Pike, Susquehanna, Wayne, and Wyoming Counties. Focusing on research, education, and survivorship, the Cancer Institute invests all of its resources in this region.

Partnering with the Cancer Institute to achieve its goals are community leaders, volunteers, healthcare professionals, and a cooperative network of nine partner organizations in Northeastern Pennsylvania.

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Insights



SPECIAL EDITION - BREAST CANCER

this
special
issue...

BREAST CANCER: The Second Leading Form of Cancer Among American Women

Among American women, breast cancer is the most common form of cancer (excluding skin cancer), according to statistics provided by the American Cancer Society.

Breast cancer accounts for more than 30% of all cancers in women. Approximately 43,500 women and 400 men die from this disease each year.

In the United States, new cases of breast cancer have been increasing at a rate of just more than one percent per year since the 1940's. The number of new cases rose considerably in the 1980's - most likely due to

increased screening. Since that time, the rate has leveled off.

The incidence of breast cancer in the U.S. varies from state to state and among ethnic groups. In Pennsylvania, approximately 131 in every 100,000 women were diagnosed each year with a new case of breast cancer between 1996 and 2000. Pennsylvania, along with two other states, rate 18th highest among the 50 states for the diagnosis of new breast cancer cases between 1996 and 2000.

The incidence of breast cancer is higher among Caucasian women than in Latino, Asian or African American women.

Community Education & Outreach

Detecting Breast Cancer pg. 2

Diagnosing Breast Cancer pg. 3

Treatment Options pg. 4

Resources pgs. 6-7

Community Participation

A Breast Cancer Survivor Story pg. 5

Who is at risk?

There are several major factors that increase a woman's chances of developing breast cancer.

- ♦ **Age** Women over 40 and especially older than 50 have a higher risk. A woman over age 60 is at greatest risk.
- ♦ **Family History** A woman's risk of breast cancer increases if her mother, sister or daughter had breast cancer. The risk increases further if these relatives had cancer in both breasts and if it occurred before menopause. Having other relatives with breast cancer on either the mother's or father's side of the family may also increase a woman's risk.
- ♦ **Reproductive History** A woman's risk increases if she never gives birth, or if she gives birth for the first time after 30.
- ♦ **Menstrual History** A woman whose menstrual periods began early (before age 12) and/or who went through menopause late (after age 55) are also at increased risk.
- ♦ **Personal History** A woman who has had breast cancer in one breast has an increased risk of developing cancer in the other breast.
- ♦ **Diet & Exercise** It is thought that women who are physically inactive throughout life may be at increased risk. Additionally, there is some evidence that a high-fat diet may increase the risk of breast cancer. Some studies indicate that a woman increases her risk of breast cancer by the amount of alcoholic beverages she consumes.



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WYOMING VALLEY HEALTH CARE SYSTEM



Detecting Breast Cancer

There are three main screening tests used to detect breast cancer.

Screening Mammogram

A mammogram is a low-dose x-ray of the breast used to detect cancer that is often too small to be felt in a breast examination.

The National Cancer Institute recommends that women in their 40's and older have a mammogram every one or two years. Women who are at higher risk of developing breast cancer should consult their physician to determine whether or not to have a mammogram completed before age 40 and how often the exam should be performed.

Screening mammograms can show a breast lump before it can be felt. They can also show microcalcifications - specs of calcium that can be signs of cancer. Nevertheless, mammograms cannot show everything. About 10 - 15% of cancers that can be felt (for example, lumps) do not show on a mammogram.

Clinical Breast Exam

A clinical breast exam involves the physical exam of the breast by a healthcare professional. The doctor, nurse, nurse practitioner or physician's assistant uses the pads of the fingers to feel for lumps while the patient is standing or sitting up and lying down. The areas under both arms are also examined. Women age 20 - 39 should have a clinical breast exam every three years. At age 40, the frequency of the exam should increase to yearly.

Symptoms

The most common sign of breast cancer is a lump or thickening of the breast tissue. Lumps that do not appear to change in the way they feel or do not go away are of particular concern.

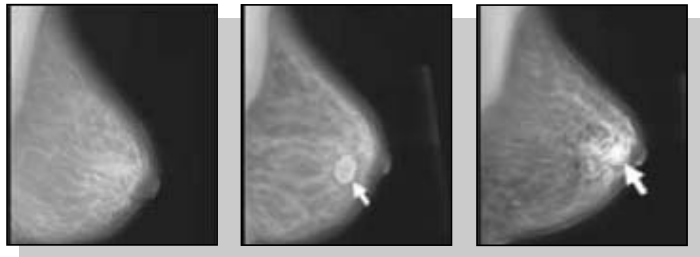
Other signs include swelling, soreness of the skin, redness, or changes in the nipple, including it being drawn toward the chest, changing shape, or becoming crusty.

Pain or tenderness in the breast that lasts throughout the menstrual cycle should be reported to a physician, as this can be another indication of cancer.

Breast Self-Examination

Women can take an active role in early diagnosis by taking time to know their own breasts through regular self-examinations. Women should examine their breasts once a month after age 20. The best time for women still getting their menstrual period is 7 - 10 days after the start of the period, when the breasts are least tender. Pick an easy-to-remember day of the month so as not to forget this monthly exam.

While breast self-examinations are important, they are not a replacement for screening mammograms and clinical breast exams.



A screening mammogram is used to find breast changes in women who have no signs of breast cancer. Most women get two x-rays of each breast, and doctors look at these x-rays for any breast changes that don't look normal. Shown above are mammograms of three different women: the first is normal; the second is a benign cyst (not cancer); and the third is cancer.



Resources for Young Women Affected by Breast Cancer

Young women with breast cancer face unique challenges. While breast cancer is most common among women over 40, younger women - even women in their 20's - can and do get breast cancer.

Because of their age, these women have specific concerns. For example, young women, especially those recently out of college, might not have health insurance. They might be concerned about dating after breast cancer. And they might be concerned about whether or not they will be able to have children.

Thankfully, there are several resources available to young women affected by breast cancer, including the Young Survival Coalition and Sharsheret.

Young Survival Coalition

The Young Survival Coalition is an international network of breast cancer survivors and supporters dedicated to the critical concerns and issues unique to young women affected by breast cancer. The Coalition seeks to educate and influence the medical, research, breast cancer and legislative communities to address breast cancer in women under 40.

In addition, the Young Survival Coalition provides community programs, including:

- An informational website www.youngsurvival.org
- An annual conference for young women affected by breast cancer
- An educational video, entitled "You Are Not Alone"
- A television documentary and companion book entitled *Fighting For Our Future*

For additional information about the Young Survival Coalition, its programs and services, call 1-877-YSC-1011.

Sharsheret

Sharsheret is a national not-for-profit organization of cancer survivors dedicated to addressing the unique concerns of young Jewish women facing breast cancer. Services offered include the following:

- The Link Program, which pairs newly diagnosed women or those at risk with cancer survivors who can share their experiences and address individual concerns.
- Resource information specific to the needs of young Jewish women
- Quality of life programs that address such things as the cosmetic side effects of treatment or coping with breast cancer during parenthood.
- Community programs such as medical symposia, health information packets and education and outreach events.

For information about Sharsheret, call 1-866-474-2774, or visit the website at www.sharsheret.org.

Breast Cancer Resources



www.cancernepa.org



www.cancercare.org



www.youngsurvival.org



www.cancer.gov

Living Beyond
Breast Cancer
www.lbbc.org



www.komen.org



Treatment Options for Breast Cancer

There are numerous treatment options available. Breast cancer patients should take time to learn about and discuss various treatment options with their physician and other health care specialists. Some women prefer to have a family member or friend with them when they are exploring treatment options. A second opinion may also be sought by the patient and is sometimes required by insurance companies.

There are five main types of treatments for breast cancer. Many women receive a combination.

Surgery

Most breast cancer patients undergo surgery. In breast-sparing surgery, the cancerous areas are removed without removing the breast. Types of breast-sparing surgery include lumpectomy, breast-conserving surgery, segmental mastectomy or partial mastectomy.

In addition to any of the above procedures, the surgeon often makes a separate incision to remove the lymph nodes under the arm to determine whether the cancer cells have entered the lymphatic system.

Following breast-sparing surgery, most women undergo radiation treatment to destroy cancer cells that might remain in the breast.

A mastectomy involves the removal of the breast. In most cases, the lymph nodes are also removed. As with breast-surgery, radiation often follows.

Radiation Therapy

Radiation therapy uses high-energy rays to kill cancer cells. Some women - especially those with large tumors - have radiation therapy, sometimes with chemotherapy or hormonal therapy, before surgery to destroy cancer cells and shrink tumors.

Patients undergoing external radiation are given treatments via a machine every five days for several weeks.

Patients being treated by internal, or implant radiation, receive radioactive material placed in thin plastic tubes put directly in the breast for several days. This procedure is done while the patient remains in the hospital.

Chemotherapy

Chemotherapy involves the use of drugs to kill cancer cells. In the case of breast cancer, chemotherapy usually involves a combination of drugs given either intravenously or by pill. Most chemotherapy treatments are given on an outpatient basis, although some women may need to stay in the hospital during their treatments.

Hormonal Therapy

Hormonal Therapy may be used if lab tests show that the breast tumor has hormone receptors. Hormonal Therapy prevents cancer cells from getting the natural hormones that the cancer cells need to grow.

Hormonal Therapy can be given as a medicine, such as tamoxifen, or through surgery to remove the woman's ovaries if she has not gone through menopause.



Radiation therapy is just one treatment option available for breast cancer.

Recovery and Rehabilitation

Recovery varies from one woman to another, depending on the stage of the disease and the type of treatment. Before a woman can return to her usual activities she should consult her physician; typically, a woman is able to resume activities a month or two after treatments is completed.

After surgery, women should exercise the arm and shoulder to regain strength in these areas and to help reduce pain and stiffness in the neck and back.

Performing certain exercises and resting with one arm propped upon a pillow can prevent or reduce lymphedema after surgery. Exercise is often done under the direction of a physician or physical therapist.

The Northeast Regional Cancer Institute offers many programs designed to support individuals coping with cancer, including patients, their families, friends and caregivers, as well as people who have moved beyond the disease.

For a complete listing of programs, visit the Cancer Institute website at www.cancernepa.org.

A Breast Cancer Survivor Story: "I have learned to live with breast cancer, and not die from it..."

by Toni Ann Bartoletti

My battle with cancer started in June of 2002 when I was diagnosed with breast cancer. I was 49 years old and I thought my life was over. I remember hearing the dreaded words "it's cancer, Toni Ann" as if it were yesterday.

Cancer has a way of invading your life when you are least expecting it. My life was good that year: my daughter had just gotten married and my grandson was to be born in December. I didn't think I was going to live to see him come into this world. That is when I knew I had to fight the fight of my life. I had so much to live for.

I had a lumpectomy in July of 2002, started chemotherapy in September of 2002, and radiation in January of 2003. I didn't know what to expect of all the things that were going to happen to me. The doctors and nurses all explained the treatments to me, but it doesn't become real until it happens.

I remember the day of my first chemotherapy treatment; I couldn't even get out of the car to go into the doctors office. I was so frightened of the unknown. When I walked into the chemo room, I only saw people much older than me and I felt more scared than ever. I wondered why this disease got me.

As the weeks went on and the chemo continued I did get sicker and more depressed than I ever



Toni Ann Bartoletti shares a smile with her grandson, Trenton, who was born six months after Toni Ann was diagnosed with breast cancer in 2002. Today she is cancer-free, and is able to enjoy all of life's sweet moments with her family.

thought I could be. At that point I really didn't believe I was going to beat the cancer.

Chemotherapy has a way of doing that to you. We cancer patients call it "chemo brain." I really lost a part of me that I haven't gotten back yet. I feel as though I lost a whole year of my life. So many different emotions surfaced when I had cancer. Most times I just wanted to be by myself so I didn't have to face any of the fears I had. That way I didn't have to talk to anyone. I felt so alone during this time because the only other person that I knew with cancer wasn't here any longer. I tried to express my feelings to others but no one under-

stood. I knew I had to find someone or something that knew what I was dealing with because I couldn't do it alone any longer.

I did find that support group and I have made long lasting friends as a result of having cancer. I realized that there were other people that were facing the same fears that I had. Knowing that was probably the most healing for me. I was not alone anymore.

Today I am cancer free. I have learned to **live with** breast cancer and not die from it. I now try to enjoy life to the fullest. I try to live each day as if it were my last. I now want to help other cancer patients that have the fears I once had.



Lymphedema Management Program Offered in NEPA

Approximately 30% of women who receive lymph node dissection and/or radiation as part of their breast cancer treatment develop lymphedema.

Lymphedema is an excess of fluid in the tissues caused when the lymphatic system is impaired. The long-term swelling associated with lymphedema causes infection, decreased function and circulation of the arm, pain and, in some cases, cosmetic deformities.

Once lymphedema occurs, it cannot be cured. It can, however, be managed in ways that can reverse the effects of the condition and avoid a worsening progression.

Allied Services and John Heinz Institute, both partner hospitals of the Northeast Regional Cancer Institute, offer a Lymphedema Management Program. The program consists of the following:

- Lymphatic massage techniques known as manual lymph drainage

- Compression bandaging using low stretch bandages
- A gradual program of resistive and aerobic exercises designed to improve lymphatic circulation
- Patient education to prevent the risk of infection

Most insurance companies may cover this program with a physician's referral. For additional information, contact the Allied Services Women's Health Center at (570) 348-1360.

Program Offers Free Mammogram and Pap Tests to Eligible Women

Maternal and Family Health Services, Inc., offers mammograms and pap tests free of charge to eligible women in Pennsylvania who meet the following eligibility standards:

- Age 50 -64 (a limited number of women under age 50 can be served if they meet the eligibility requirements)
- Low to moderate income. For example, \$23,925 for 1 person or \$32,075 for a family of 2. For more than 2 members, add \$8,150 for each additional member
- No insurance or limited insurance

Services offered include:

- Clinical breast examination
- Mammogram
- Pelvic examination and pap test
- Education on breast self-exam
- Follow-up diagnostic care for certain abnormal results.

Funding for this project is provided by the Pennsylvania Department of Health through a cooperative agreement with the Centers for Disease Control and Prevention.

These services are performed throughout Northeastern PA, including Lackawanna, Luzerne, Monroe, Pike, Wayne and Wyoming counties. For a complete listing of sites, or for information, call Maternal and Family Health Services, Inc. at (800) 367-6347.

Publication Offers Body Image Tips During Cancer Treatment

Some women undergoing cancer treatments sometimes experience visible changes in their body, while other women have less-noticeable changes. Regardless, cancer treatment can affect these women's perception of their bodies.

A publication produced by Shop Well With You, in partnership with the Lance Armstrong Foundation provides a guide for finding clothes and clothing ensembles that help women cancer patients maintain a healthy body-image.

The brochure, entitled **Body Image and Cancer**, features pictures of clothing and apparel styles, from classic and tailored to eclectic and elegant. Each apparel item is accompanied by a "tip" explaining how it can bring out the best in a woman's appearance. There are also sections on head coverings and body-image tips.

Shop Well With You is a national, not-for-profit organization that helps women with a history of cancer improve their body-image and quality of life by using clothing as a means towards wellness.

For additional information or to order a copy of **Body-Image and Cancer**, call 1-800-799-6790, or visit the Web site at www.shopwellwithyou.org.

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Common Methods for Diagnosing Breast Cancer

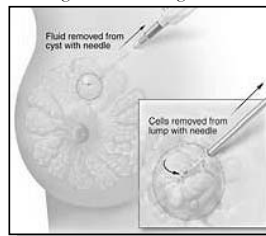
If some kind of breast change or abnormality occurs during screening, the next step involves a diagnostic procedure to determine the possible presence of cancer. Several diagnostic procedures are available.

Medical History and Clinical Breast Exam

The physician often begins by compiling a more comprehensive medical history, including a woman's personal and family history of breast cancer or other illnesses. This is typically followed by another clinical breast examination to more closely evaluate changes in the breast.

Diagnostic Mammogram

Diagnostic mammograms are



Fine-needle aspiration, a common type of biopsy, only takes a few minutes and can be done in a doctor's office. It is often done when a doctor finds a lump that appears to be a cyst.

used to obtain clearer, more detailed pictures of any area that might have appeared abnormal on a screening mammogram. Diagnostic mammograms may focus on a specific area of the breast and might involve special techniques or more views than screening mammograms.

Ultrasound

Ultrasounds use high-frequency sound waves to indicate whether a lump is a fluid-filled cyst (non-cancerous lump) or a solid mass that might be cancer.

Magnetic Resonance Imaging (MRI)

This diagnostic test uses a powerful magnet connected to a computer to make detailed pictures of tissue inside the breast.

Biopsy

The most conclusive way to determine the presence of cancer in the breast is a biopsy. During a biopsy, fluid or tissue is removed from the breast and then examined for cancer cells. There are three types of biopsies.

- **Fine-needle aspiration:** Using a thin needle, fluid and/or cells are removed from the lump in the breast. If the fluid appears to contain cells, it is sent to a lab where a pathologist examines it for cancer.

- **Core biopsy (or needle biopsy):** In this procedure, a thick needle is used to remove breast tissue that is then checked for cancer cells.

- **Surgical biopsy:** There are two types of surgical biopsies. In an incisional biopsy, a surgeon makes an incision to remove a sample of the lump or abnormal area. In an excisional biopsy, the surgeon removes the entire lump or entire abnormal area.

Men & Breast Cancer

Although it makes up less than 1% of all cases, breast cancer can occur in men. Men at any age may develop breast cancer, but it is usually detected (found) in men between 60 and 70 years of age.

Risk factors for breast cancer in men may include the following: exposure to radiation; having a disease related to high levels of estrogen in the body, such as cirrhosis (liver disease) or Klinefelter's syndrome (a genetic disorder); or having several female relatives who have had breast cancer, especially relatives who have an alteration of the BRCA2 gene.

Breast Cancer Staging

If cancer is detected, the physician needs to know the stage, or extent, of the disease in order to develop a treatment plan. The stage is based on the size of the tumor and whether the cancer might have spread to other areas such as the lymph nodes under the arm.

The main clinical stages are Stage 0, Stage I, Stage II, Stage III, Stage IV and recurrent cancer.

While x-rays and lab tests are often helpful in determining the stage of the cancer, the extent of the disease is often not confirmed until after surgery to remove the tumor or tumors.