

Know your risk
Newest technology
for earlier detection

Breast density
Find out exactly
what it means

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**MEDIA
PLANET**

March 2012

BREAST HEALTH

3

TIPS

TO LIFELONG
PREVENTION
AND CARE



EARLY DETECTION SAVES LIVES

Giuliana Rancic, celebrity and breast cancer survivor,
reflects on the power of positive attitude



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CHALLENGES

Your fight against **breast cancer** starts long before your first mammogram.



Every woman needs access to breast health care

We've made tremendous strides over the past two decades in improving awareness, early detection, and survival rates for women diagnosed with breast cancer. Still, we are painfully aware of the work that remains to be done to make sure that the nation's most vulnerable women have access to the screening, diagnostics, and treatment they need.

and getting women the care they need. Clinicians at our health centers, for example, perform nearly 750,000 breast exams each year. If something is detected during one of these exams, we are able to refer eligible patients for low-cost—and in some cases no-cost—diagnostic services, such as mammograms. If a woman is diagnosed with breast cancer, the health center staff will also try to help her find affordable treatment.

Taking charge

Many women aren't sure when and whether they need clinical breast exams, or what kind of exam is appropriate. One of the most important messages that we impart to patients is that mammography is just one piece of the prevention puzzle. Our health care providers educate and reduce the stigma and fear associated with cancer. In many families, especially among the nearly one million African-American women and Latinas we serve, there is

"One of the most important messages that we impart to patients is that mammography is just one piece of the prevention puzzle."



Cecile Richards
President, Planned Parenthood Federation of America and Planned Parenthood Action Fund

scant amount of health history information due to the lack of access to regular health care. In addition, many African-American women aren't aware that they have the highest incidence of breast cancer before age 40. And for Latinas, breast cancer is the leading cause of cancer death. Through early care and education, women are able to learn these facts and work with clinicians to figure out the best course of preventive care.

The importance of finding a cure for breast cancer can never be overstated. But until we have one, improving access to the services that allow women to be diagnosed and treated early is one of the most important weapons we have in the battle against breast cancer.

To make an appointment in your area for well woman visit—which includes a clinical breast exam—visit plannedparenthood.org.

CECILE RICHARDS

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WE RECOMMEND



Genetic Testing
When to take the next step in prevention

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"Knowing your family's medical history can shed light onto your own health."

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I should know.
I'm a breast
cancer survivor.

Breast exams are an essential part of every woman's preventive health care. By detecting breast cancer at its earliest, most treatable stage, breast screenings save lives.

Every year, Planned Parenthood health centers provide 750,000 clinical breast exams. Planned Parenthood doctors and nurses also teach patients about breast care, refer them for vital mammograms, ultrasounds, and biopsies, and follow up to make sure they receive the care they need and deserve.

For more information on Planned Parenthood breast health services and to read about the patients we've helped, please visit PlannedParenthood.org.

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INSPIRATION



Question: What happens when a well-known entertainment journalist, constantly in the public eye, is diagnosed at the young age of 36 with breast cancer?

Answer: She utilizes her platform to become an advocate for early detection.

A proactive approach to breast cancer

You went through the news of your diagnosis in the public eye. How did you manage to handle this situation gracefully?

As you can imagine, it was definitely very difficult to deal with the diagnosis at the beginning and I struggled with whether or not to go public with the information. After a lot of soul searching and long talks with my husband Bill, I realized that by going public, it gave me the opportunity to reach millions of women and encourage them to become proactive about their health. On the new season of our reality show *Giuliana & Bill*, we bring viewers along on some of our journey in the hopes of spreading awareness to our viewers and letting women see that none of us are invincible when it comes to our health. I have been able to keep

my sanity by focusing on the positive things in my life like my great job and wonderful husband and family, instead of focusing on the negative. At the end of the day, I realized I am blessed to have an incredible platform where I can reach millions of women who watch me on *E! News*, *Fashion Police* and *Giuliana & Bill* each week and I feel a responsibility to share my challenges with them in the hopes of easing their struggles.

Breast cancer affects not only the patient, but also their loved ones. How did you and your husband stay strong together through this period?

My husband has been my rock throughout this entire process. When you go through something like this, you realize what you are each made of and you realize your strengths and weaknesses. My husband's strengths were to keep me focusing on all of the wonderful things in my life as well as gathering as much information as possible to make educated decisions when it came to my medical protocol. I can't imagine having to go through this without him and my heart bleeds for women who don't have a strong partner or support system when going through breast cancer. That's why it's important to

lend your support in any way possible when a woman in your life is going through a health crisis.

What kind of role does attitude play in battling breast cancer?

When it comes to battling breast cancer, I have found attitude is everything. Like most people, I have gone through the cycle of grief... shock, denial, anger, despair...and allowed myself to fall on the floor and just cry. In the end though, I always picked myself up and forged ahead knowing that I can choose to focus on the negative or I can focus my energy on the positive things in my life instead. I choose to focus on the positive. For instance, I was fortunate enough to have found breast cancer in an earlier stage unlike many women who don't discover it until it has spread and become very detrimental to their health. So even though I have breast cancer, I did catch it early and that to me is a positive. There are times, especially in the beginning, when I wanted to curl up in bed and quit fighting, but I realized that that's the easiest thing to do. The hardest thing to do and the test of true strength is to get back up and keep fighting because if you can do that, then you have true inner strength.

Do you plan to get involved with breast cancer research advocacy in any way now?

Since my diagnosis, I have become very involved with an organization called Bright Pink based in Chicago (bebrightpink.org). Their main mission is to support women with breast cancer and to educate all women about breast cancer prevention. I am also in the midst of launching a program call Fab-U-Wish. I created this as a way to brighten the lives of women going through breast cancer by making them smile through providing an exciting experience such as enjoying a spa day with her girlfriends or attending a movie premiere of their favorite celebrity.

You returned to work fairly soon after surgery. How did you know you were ready?

I was anxious to get back to work as soon as doctors gave me the green light because I knew it would be a great

distraction from all of the health issues I was going through. It was great being back at work. Instead of lying in bed feeling sorry for myself every day, I was able to return to my life and laugh with friends and feel normal again.

GIULIANA RANCIC

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RED CARPET READY. Giuliana on the red carpet at the SAG Awards speaking with George Clooney and girlfriend Stacy Keibler. PHOTO CREDIT: BRANDON HICKMAN



PHOTO: ANDREW ECCLES

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NEWS

TIP

3

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UNDER 25QUESTION
& ANSWER

Dr. Jacqueline Napoletano
Diagnostic
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Breast Cancer
Coalition

When should a woman get a mammogram and how often?

The American Cancer Society recommends women receive an annual mammogram beginning at age 40. If a woman is in a high-risk category, screening can be started 10 years earlier.

I have been told that I have dense breasts. What does that mean?

No two women have the same appearance on mammography. The breasts are made up of a mixture of fat and glandular elements. The less fat and the more glandular elements create an image of a denser breast. Dense breast tissue decreases the sensitivity of the mammogram for finding the cancer. Overall, mammography has an approximately 80 percent sensitivity for detecting cancer.

Are there other screening tools?

Breast MRI is an appropriate and effective screening tool in a small subset of women. A 2007 American Cancer Society panel recommended annual screening using MRI in addition to mammography for women at high lifetime risk (20-25 percent or greater). The best example of this is the high-risk group of women who carry the BRCA 1 or 2 genes.

DR. JACQUELINE NAPOLETANO

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BREAST IMAGING, A CLOSER LOOK

Question: What vital prevention options are out there along with mammograms?

Answer: Breast imaging is the newest way to detect breast cancer at extremely early stages, or when recently diagnosed.

New advancements in technology are allowing for earlier detection of breast cancer. While mammograms are still a vital aspect of breast health, certain technologies, enhance the discovery of breast cancer.

How it works

The BSGI test, also known as Molecular Breast Imaging, is an adjunct to mammography and is administered to

women with dense breasts, inconclusive mammograms, women who are at high risk for breast cancer—meaning women who carry the breast cancer gene—or women who were newly diagnosed with breast cancer.

Dr. Rachel Brem, Director of Breast Imaging and Intervention at George Washington University Medical Center, said that in 10 percent of newly diagnosed women, there is a second cancer in that breast or the other breast that wouldn't be known without this test.

The test is an injection of a low dose radioactive material that allows doctors to see up to 2 or 3-millimeter cancers that would have otherwise been missed by mammograms.

It saves lives

The test was instrumental in the case of Shelley Barnes, who was diagnosed with breast cancer in 2008 and underwent radiation treatment and a lumpectomy. It was suggested she get the BSGI test. Due to her young age and no family history of breast cancer she was a good candidate for the test.

Along with her annual mammogram, she started receiving the BSGI test in 2009. In 2010, the BSGI test showed a small cancer on her left breast, which was not detected by the mammogram.

"It was very beneficial for me that it detected something that a mammogram did not," Barnes said. "It is

now part of my yearly regimen."

After the BSGI detection, Barnes had another lumpectomy and also underwent chemotherapy and radiation treatment.

While Dr. Brem calls the BSGI a "problem-solving tool" she also stresses the fact that "it absolutely does not replace mammography."

"[BSGI testing] is a game-changer," Dr. Brem, whose own mother's breast cancer was detected through BSGI testing, said. "It's a life saving advancement. We get to find cancers that we wouldn't have seen."

MARY ANN GEORGANTOPOULOS

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Genetic testing: Insight on risks

Each year, over 200,000 women in the United States are diagnosed with breast cancer. About 15 percent of women diagnosed have had a family member who was diagnosed as well.

Knowing your family's medical history can shed light onto your own health. It is suggested that women with a strong family history of breast cancer undergo genetic testing. The results can lead to awareness, and ultimately less stress.

What is genetic testing?

Genetic testing is a type of test that identifies gene mutations and the chances of someone developing or



Debbie Saslow, Ph.D., director of breast and gynecologic cancer for the American Cancer Society

passing along a genetic disorder.

A blood test is done and sent to a lab in Utah that looks specifically at the two genes associated with hereditary breast cancer, said Debbie Saslow, PhD, Director of Breast and Gynecologic Cancer for the American Cancer Society.

"Genes are made up of DNA, and DNA are letters," Saslow explained of the test. "The lab looks at the gene sequencing for misspellings."

"Sometimes a slight spelling error doesn't change the meaning of the

book," she said. "Other times, it scrambles up the whole thing."

Is testing right for you?

A woman should always consult her doctor and a genetic counselor about her family history, Saslow said. Genetic testing is for women with a strong family history of breast cancer. A woman is considered to have a strong family history if two or more relatives, from the same side of the family, either had breast cancer diagnosed at an early stage (premenopausal), two or more relatives with ovarian cancer at any age, or if one of the relatives had cancer in both breasts.

In order for the testing to be done, blood needs to be drawn by the

woman who does not have breast cancer, as well as from the relative who does.

Saslow said there are two major benefits to genetic testing: awareness and peace of mind.

If a woman finds out she carries the breast cancer gene mutation, she can take action to reduce her risk.

The American Cancer Society recommends that women who have gene mutations take an MRI.

There are also certain drugs that lower breast cancer risks as well as prophylactic surgery, where a woman can opt to remove her breasts or ovaries as a preemptive measure.

MARY ANN GEORGANTOPOULOS

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When a Mammogram Is Not Enough...

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- Questionable Mammogram
- Family History of Breast Cancer
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NEWS

Nancy Cappello, PHD

Title: Founder, AreYouDense.org



Advocating for women with dense breasts

Nancy Cappello is no stranger to the scare dense breast tissue may cause. Two months after her mammogram, Cappello had her annual at the OBGYN. That is when her doctor felt a thickening in her breast. Following protocol, Nancy went for another mammogram as well as an ultrasound.

While the second mammogram also came back normal, the ultrasound picked up something suspicious. It was a 2.5-centimeter tumor the mammogram had failed to spot.

"I didn't understand why my mammogram didn't catch the cancer," Cappello said. "Isn't that why I went for screenings?"

Cappello's doctor told her she had dense breast tissue. Never having heard the term before, she went back home to do some research.

The results of her research were "astonishing." According to her research, 40 percent of women have dense breasts and cancer is four to six times more likely in these women.

Only a few states, such as Connecticut, Texas and as of July 1, 2012, Virginia, require the report

that referring physicians give to their patients include a woman's breast density.

"I knew I wasn't alone," Cappello said. "I knew that if this was happening to me, it was happening to other women."

Taking action

Despite going through cancer treatment of her own, Cappello was ready to put up a fight to help educate and advocate for women with dense breasts.

She brought the issue to the Connecticut legislature and in 2009 passed the Breast Density Notifica-

tion Bill in Connecticut.

She also created *Are You Dense?* and *Are You Dense? Advocacy* to educate and support women going through the same thing she did.

"We know that by adding ultrasound you can increase detection," Cappello said.

Visit AreYouDense.org for more information. In addition, the FDA is conducting a public hearing by the Radiological Devices Advisory on April 11 at the Hilton in Washington D.C.

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QUOTE



Rachel Brem, MD

The time is now

It's an exciting time as women are more aware and knowledgeable. Studies show that we can increase the early detection of breast cancer in women with dense breasts by at least 30 percent by using automated breast ultrasound in conjunction with mammography."

- Rachel Brem, MD,
Breast imaging expert and
researcher at GWU

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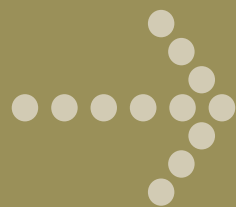
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