VA San Diego Healthcare System
Breast Cancer Survivor's Newsletter

December 2008/January 2009
Vol: I, No 4

K.T. McKinsey, RN, MBA (5 yr Survivor),
Kathleen Ober, PhD, FNP-C
(2 year survivor)
Veronica Reis, PhD (15 yr Survivor),
Marla Namboothiri, RN, MSN (7 year survivor)

For information on local American Cancer survivor meetings please call 1-800 ACS-2345 or go to www.**cancer**.org

Support Programs & Services

Meet other survivors, find or offer support on the Cancer Survivors Network. Find lodging, workshops, transportation, and other services and products for cancer patients, survivors, and loved ones.

Medical News:

From MD ANDERSON Cancer Center:
www.cancerwise.org

Article date:
November 2008

Treatment Lowers Breast Cancer Recurrence
Chance of Return Still Significant

"Most women want to know what the odds are of their cancer returning," says Abenaa Brewster, M. D., assistant professor in M. D. Anderson's Department of Clinical Cancer Prevention."

Breast cancer patients who received adjuvant systemic therapy (AST) (hormone therapy and chemotherapy) after breast surgery have a relatively low risk of disease recurrence, but the chance of the cancer returning is still significant to oncologist seeking better treatments.

"The risk of recurrence may indicate a need to consider extended treatment to further lower the risks for some women," Brewster says.

Extended hormone treatment with Femara (letrozole) is available only for post-menopausal women with hormone receptor positive tumors who have completed five years of tamoxifen therapy.

Information **<u>Article date:</u>** **<u>November 2008</u>** **Article from National Cancer Institute (NCI)** **<u>www.cancer.gov</u>**	**More Accurate Method of Estimating Invasive Breast Cancer Risk in African American Women Developed** A new model for calculating invasive breast cancer risk, called the CARE model, has been found to give better estimates of the number of breast cancers that would develop in African American women 50 to 79 years of age than an earlier model which was based primarily on data from white women. Both models were designed to be used by health care professionals and should either be used by them or in consultation with them. Researchers at the National Cancer Institute (NCI), part of the National Institutes of Health, and their collaborators report on the study methodology and results online in *JNCI* on November 27, 2008.
<u>Information</u> **ABC News Oct. 30 2008**	**When Hot Flashes Are Good News** A study in the November issue of Lancet Oncology describes a finding that women with breast cancer treated with either tamoxifen or anastrozole (Arimidex) had a lower recurrence rate. If the woman was treated with either of the above drugs and developed vasomotor symptoms—night sweats, hot flashes and sweating—and/or joint pain after they started their medicine, then chances that their breast cancer would return were lower than for a woman who did not develop either symptom. The end result was that, if a woman had vasomotor (usually called menopausal) symptoms, the chance that her breast cancer would return was decreased about 16 percent. If she had joint symptoms, the recurrence rate was reduced by 41%. And, if she had both the reduction in risk was 47 percent.

Article by:
Veronica A Reis, PhD
Staff Psychologist
VA Palo Alto

Going through Treatment (Surgery, Chemotherapy, and/or Radiation Therapy)

Many women have understandable concerns about the side effects of going through breast cancer treatment. Will surgery be disfiguring? Will I lose my hair? How much energy will I have? Am I going to look like a cancer patient? What does this mean for how I feel about my body? Will my partner still find me attractive or will I be able to find a partner? These are all normal questions and concerns.

Significant advances in breast cancer treatment have been made which have allowed treatment to become more individualized (i.e., less one-size-fits-all). This means that it will be important for you to talk with your doctor(s) or nurse(s) about the things that are of concern to you.

One difficult thing about going through treatment might be having to focus more intensely on yourself than usual. Many women are used to taking care of and helping others. Going through treatment can leave you with less energy to do this as fully as usual. Some women have said they felt "selfish" while undergoing treatment. While feeling that way, is understandable, it might help to keep the airline safety reminder in mind: "Make sure you have your own oxygen mask secured and that oxygen is flowing before assisting others." In other words, if you do not take care of yourself, you do not have as much to offer others.

Recipe Corner

Bread Pudding Florentine

Here's a great make-ahead dish from Holly Clegg, coauthor of Eating Well Through Cancer: Easy Recipes & Recommendations During and After Treatment.

- 5 large eggs
- 4 large egg whites
- 3 cups skim milk
- ¼ cup Dijon mustard
- Salt and pepper to taste
- 1 (16-ounce) loaf day-old French bread, cut into 16 slices, divided.
- ½ pound mushrooms, sliced
- 1 teaspoon minced garlic
- 1 onion, chopped
- 2 (10-ounce) boxes frozen chopped spinach, thawed and squeezed dry
- 1 tablespoon all-purpose flour
- 1 ½ cups shredded reduced-fat Swiss cheese, divided

Instructions:
In a mixing bowl beat eggs and egg whites with milk, mustard, salt, and pepper; set aside. Place half the bread slices in a 13x9x2-inch non-stick baking dish coated with nonstick cooking spray. In a skillet coated with nonstick cooking spray, sauté the mushrooms, garlic, and onion until tender. Add the spinach and flour, stirring to mix well. Season with salt and pepper to taste. Spread mixture over bread. Sprinkle with 1 cup cheese. Top with remaining bread. Sprinkle with remaining 1/2 cup cheese. Pour egg mixture over casserole and refrigerate 2 hours or overnight. Bake at 350 degrees for 40 to 50 minutes or until puffed and golden.
Makes 10 to 12 servings.

Food Facts
Nutritional Information Per Serving:
Calories 240
Protein (g) 16
Carbohydrate (g) 28
Fat (g) 7