

BREAST CARE CENTER newsletter

It has been some time since our last newsletter and there are so many interesting initiatives we need to share with you! It is an exciting time to be involved in breast cancer treatment and research because of the unique opportunity we currently have to harness scientific tools to make a real difference in how we care for people. So, without further ado, let's get started. I will send another newsletter soon.

Laura Esserman, MD

THE UCSF CANCER SURVIVORSHIP PROGRAM

by Deborah Hamolsky RN, MS, AOCNS

As treatments improve, the likelihood of surviving cancer continues to rise. Today, more than ever before, women, men, and children diagnosed with cancer are likely to live as "survivors" for a long time after their diagnosis and initial treatment. To better meet the complex needs of these individuals, UCSF is establishing a Cancer Survivorship Program.

At the UCSF Breast Care and Prostate Cancer Centers, we have focused a great deal of effort on the delivery of care at the time of diagnosis. However, we are aware that continuing care beyond this acute phase of treatment is not being coordinated as well as we would like. Our commitment to evidence-based, shared decision-making can and should be extended to life after treatment and recovery. In this phase, people seek to prevent the recurrence or progression of cancer, manage symptoms and side effects, and adapt to their new life as a cancer survivor.

In upcoming months, with input from the people we have treated, we will be developing, and initiating the first phase of the UCSF Cancer Survivorship Program. Its goals are to:

- Improve care and support after acute treatment by tailoring further interventions to each individual's need and risk.
- Establish a comprehensive, secure, online personal health survey system to track recovery from treatment, assess and manage symptoms, and track long-term problems and outcomes, with the goal of improving clinical care delivery.
- Ensure that our systems are capable of rapidly and efficiently identifying and contacting patients who may benefit from new research findings on a drug's efficacy, metabolism, or risk.
- Establish a buddy system to pair those who have just completed their initial cancer treatment with veteran survivors.

We look forward to easing the transition to wellness for breast and prostate cancer survivors, most of whom can look forward to many productive years of life. Those of you returning to the BCC for treatment and follow-up can expect some exciting changes as we implement this new program. ■



'Tree of Life' by Brian and Michele Hooley

NEWS FROM THE RESEARCH FRONT

By Michelle Melisko, MD and Hope Rugo, MD, and Laura Esserman, MD

EPIDEMIOLOGY OF BREAST CANCER IN THE UNITED STATES AND THE ROLE OF HORMONE REPLACEMENT THERAPY

Over the past two decades, the rate of breast cancer has increased. However, in 2003, for the first time, rates began to decline. Using data from the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry, Dr. Peter Ravdin, from the MD Anderson Cancer Center, showed that the decline was largest amongst women aged 50 years or older in the United States. The decline from 2002 to 2003 was 7%, which translates to a reduction of approximately 14,000 breast cancer cases in 2003 compared to 2002. The decline has continued since 2003 at about the same rate, and essentially only affects women with estrogen receptor positive tumors who are older than age 50.

What is the cause of the decline? Two potential hypotheses include 1) declining use of screening mammography and 2) declining use of hormone replacement therapy (HRT). However, it is unlikely that the small decline in screening could fully account for the observed decline in breast cancer incidence. In contrast, there has been a precipitous decline in the use of HRT following the publication of the Women's Health Initiative (WHI) Study in the United States and the Million Women Study in the United Kingdom, both released in 2001 and 2002. Both studies showed that the use of HRT with combined estrogen and progesterone did not provide the expected benefits but was associated with an increased risk of breast cancer. Patient use of HRT rapidly declined, from about 62 million prescriptions in 2001 to 27 million in 2003, then 18 million in 2005! Ravdin, and now other investigators, have argued successfully that this rather specific decline in hormone receptor positive cancer in mostly post-menopausal women is very likely due to the massive shift in use of HRT since 2002. Does that mean that HRT is totally out? Certainly for more than very short term combined replacement with estrogen and progesterone, the risks appear to outweigh the benefits. In contrast, women who have had their uterus removed who took estrogen alone in the WHI and had never taken progesterone did not have an increase in breast cancer. So, if HRT is taken, it is important to minimize the use of progesterone.

ADVANCES IN CHEMOTHERAPY AND TARGETED THERAPIES FOR EARLY BREAST CANCER

A number of clinical trials have demonstrated that trastuzumab (Herceptin) given in combination with or following adjuvant chemotherapy improves outcomes in early breast cancer. An update of the BCIRG 006 study was presented at San Antonio IN 2006, with a median patient follow up time of 3 years. 3222 women with early stage HER2+ breast cancer were randomized to standard chemotherapy with or without trastuzumab for a year, or to a newer chemotherapy treatment (docetaxel, carboplatin, and trastuzumab (TCH)) with trastuzumab. The addition of trastuzumab to standard chemotherapy significantly reduced recurrence as well as death from cancer. Both chemotherapy treatments appeared to work equally well. One of the nice things about TCH is that it is associated with much less risk of heart toxicity compared to standard treatment. So, for now, TCH appears to offer a reasonable and effective alternative in the adjuvant treatment of HER2+ early breast cancer.

EMERGING OPTIONS FOR THE TREATMENT OF LOCALLY ADVANCED OR METASTATIC BREAST CANCER

Lapatinib (Tykerb) is an oral medication that targets two receptors; the epidermal growth factor (EGFR) and HER2/neu receptor proteins. A preliminary analysis was presented of a study investigating lapatinib combined with paclitaxel (Taxol) as neoadjuvant therapy (treatment before surgery) for patients with newly diagnosed HER2+ inflammatory breast cancer. Nearly 80% of the patients had a clinical improvement in response to the treatment. Three out of 21 patients who had surgery had no evidence of residual invasive tumor in the breast or in the axillary lymph nodes. This is very interesting as inflammatory breast cancer can be hard to treat.

Lapatinib was FDA approved in combination with the chemotherapy capecitabine (Xeloda) for the treatment of HER2+ metastatic breast cancer that has progressed after treatment with chemotherapy and trastuzumab, based on a clinical trial published in the New England Journal of Medicine. The study treated 324 women

with HER2+, metastatic breast cancer, previously treated with an anthracycline, taxane, and trastuzumab with either capecitabine alone, or capecitabine with lapatinib. Women who received the combination had better tumor shrinkage, and their disease was controlled for longer than the women who received capecitabine alone (8.4 months compared to 4.4 months). There was no difference in how long the women lived after starting treatment, but less women developed brain metastases during the study treatment. The combination was pretty well tolerated; the main side effects are diarrhea and a mild skin rash.

What does this mean for patients with HER2+ breast cancer? Lapatinib is an oral medication, and it offers another treatment option for this aggressive disease. So far, it appears that lapatinib may have fewer side effects on the heart, and there is interest in understanding the mechanisms of resistance (tumor growth) to trastuzumab to see if lapatinib can be effective for these hard to treat cancers. Lapatinib will be tested in early stage, HER+ breast cancer in combination with trastuzumab or alone both before and after surgery to see what approach works better; both drugs will be given with standard chemotherapy. In metastatic or advanced cancer, lapatinib is being tested in a number of ways. At UCSF we have tested lapatinib in combination with the anti-angiogenic drug bevacizumab (Avastin); our early data suggests that this is a very effective combination treatment. In addition, we have an exciting new study that has just opened that is evaluating increasing doses of lapatinib alone, as data from the laboratory of our colleague, Dr. Mark Moasser, suggests that higher doses could be effective even in very unresponsive cancers. Lapatinib is also being tested as a treatment for women with brain metastases.

NO BENEFIT FROM TAXOL? WHAT DOES IT ALL MEAN???

On October 11, 2007, Dr. Dan Hayes and his collaborators from a national clinical trials study group that includes UCSF, called the CALGB, published a paper in the *New England Journal of Medicine*. On that same day, headlines across national newspapers and the internet made bold (and misleading) statements such as “Chemotherapy is not useful in most patients”. What did this data mean and how does it impact treatment?

CALGB 9344 was a national clinical trial published in 2003, which randomized 3121 women with early stage breast cancer that had spread to the lymph nodes to the chemotherapy treatment doxorubicin (adriamycin) and cyclophosphamide (cytoxan, called ‘AC’) with or without paclitaxel (Taxol) following primary surgery. Adding paclitaxel to AC improved outcome; women had less recurrences and lived longer. This treatment became the standard of care for higher risk early stage breast cancer following its initial presentation in the late 1990’s. Subsequently, it was found that giving the chemotherapy every two weeks was more effective than the previous standard of every three week dosing.

In this new study, the stored tumor samples from patients who participated in the study were tested for estrogen and progesterone receptors (ER, PR) as well as HER2. The study found that there was a big difference in response to paclitaxel based on these tumor characteristics. Patients with tumors that were either HER2+ or ER and PR negative appeared to derive a big benefit from receiving paclitaxel, but patients with ER or PR positive cancers that were also negative for HER2 did not seem to benefit at all. This data actually fits in nicely with much of what we understand about the effects of chemotherapy – which works generally better in fast growing aggressive cancers compared to slow growing cancers. In addition, hormone therapy is tremendously effective, so when it works well, chemotherapy may add very little in terms of preventing cancer recurrence.

So what do we do? It is clear that some ER or PR positive cancers do benefit from AC followed by paclitaxel, so now we have to figure out which ones. It may be that treatment with paclitaxel, or its sister drug docetaxel (Taxotere) may be just as good or better, and we may be able to avoid the use of AC in many patients in the future. How are we going to move forward? Tests that can evaluate the gene expression may help us a lot – one study has looked at the ability of the cancer genes to predict the benefit of chemotherapy added to tamoxifen! The large national trial called ISPY, run by Laura Esserman, has collected tumor biopsies during chemotherapy before surgery, and will give us a lot of information about the benefit of chemotherapy, as well as specific types of chemotherapy, in the treatment of subsets of breast cancer. For now? We have to tailor our treatment recommendations based on our best understanding of cancer biology. That means that some hormone receptor positive cancers will still be best treated with AC followed by paclitaxel, but other options must be considered as well. ■

TOOLS FOR PERSONALIZED MEDICINE STARTING TO MAKE THEIR WAY TO THE CLINIC

Hope Rugo M,D, Elad Ziv MD, Laura Esserman MD and the Breast Care Center Faculty and Staff

We want to let you know about new information that may be important to women who are taking or are thinking of taking tamoxifen to treat or prevent breast cancer. A new test is available that could provide additional information about the effectiveness of this treatment in a specific individual. If you are NOT taking or considering taking Tamoxifen, this will not apply to you, but you may find it interesting!

INHERITED ENZYME VARIATIONS MAY AFFECT TAMOXIFEN'S EFFICACY

Researchers have learned that the way a specific person processes drugs can make a difference in how effective a therapy is. We are beginning to shift our thinking away from a "one drug fits all" model to one that tailors therapies to an individual's genetic makeup and environmental exposures.

Pharmacogenomics is the term used to describe testing individuals' DNA to determine if their particular genetic makeup will allow them to benefit from a specific drug. Many drugs are broken down or "metabolized" in the liver by the cytochrome P450 enzyme system. Tamoxifen is processed by a specific enzyme in this system called CYP2D6, which is inherited in several forms. A small number of women appear to inherit a variation of this enzyme that does not process Tamoxifen very well. Therefore, women with slow or poor processing of Tamoxifen may not receive as much benefit.

Researchers are not sure how common this variant of the CYP2D6 enzyme is. Current estimates are that it may exist in 5-7% of women; we do not know yet how common it is in other ethnic populations. More women need to be tested to learn specific information about how the enzyme variant affects different ethnic groups.

SHOULD YOU BE TESTED FOR THE ENZYME VARIANT?

We are holding information sessions about the possible value of being tested for the CYP2D6 variant. If you are taking Tamoxifen now, you would have the option of being tested for CYP2D6 after attending the session. Through a collaboration with Roche Diagnostics and Affimetrix, we will be able to offer testing as part of a research study at UCSF.

If you choose to get tested, the results of the test will be released to your physician. You and your breast cancer physician should discuss the results and determine what, if any, changes should be made to your treatment. For the vast majority of people, the test will show normal processing and no change in treatment will be necessary. IF and ONLY IF, you have the inactive variant of the enzyme, we will suggest that you meet with your treating physician to discuss the implications of the results on your treatment. We will also offer you the option of having your blood stored in a bank for future testing should studies show that this or other new tests could provide information about the best strategies for breast cancer treatment and prevention.

ANTIDEPRESSANTS' EFFECT ON TAMOXIFEN METABOLISM

Some drugs also appear to interfere with or slow down the metabolism or processing of tamoxifen. In particular, the antidepressant drugs Paxil or Prozac appear to have this effect. If you are taking Tamoxifen and either Prozac or Paxil, please come to an educational session or call (415) 353-7070 and make an appointment to see your oncologist or surgeon so we can discuss possible changes to your antidepressant treatment.

WHAT SHOULD YOU DO?

1. If you are considering taking or are currently taking Tamoxifen, discuss this testing opportunity with your provider at your next appointment and consider attending one of the educational sessions listed below.
2. If you would like to attend an educational session, please call the research coordinator, Wendy, at (415) 353-7921 to RSVP. If you leave a message, please leave your name and number, your doctor's name and number, and which session you plan on attending. ■

TAMOXIFEN AWARENESS EDUCATIONAL SESSIONS

February 25, 6pm - 8pm

February 27, 11am - 1pm

March 3, 6pm - 8pm

March 31, 6pm - 8pm

All sessions will last about 2 hours and will be in conference room H3805, third floor of the UCSF cancer center.

(RE)INTRODUCING CINDY PERLIS:

DIRECTOR OF ART FOR RECOVERY AND NEWLY APPOINTED MANAGER OF THE CANCER RESOURCE CENTER

By *Meridithe Mendlesohn, MPA*



Cindy Perlis, director of the nationally acclaimed Art for Recovery program at the UCSF Comprehensive Cancer Center, has taken on additional responsibilities- with her appointment as manager of the Ida and Joseph Friend Cancer Resource Center.

The Cancer Resource Center offers information, emotional support and community resources for those dealing with cancer. Its wide range of services promote wellness and foster a sense of community. Cindy sees great synergy between the Cancer Resource Center and Art for Recovery, a program that she has directed since its inception in 1988. She looks forward to guiding both programs in her new role.



Over the past 20 years, Art for Recovery has developed into a program that offers patients, visitors and medical staff opportunities to explore their feelings through the expressive arts. Patients find support in a safe and sacred space where they can express their deepest feelings at a time when illness has encroached upon their lives. Art for Recovery has received much acclaim for the award-winning Firefly Project (a monthly exchange of letters and art work between teens throughout the Bay Area, UCSF Medical, Pharmacy and Nursing Students and adults coping with cancer and AIDS), the Breast Cancer Quilts Project, the Healing Garden Music Series, as well as for its art-making, art support groups and writing workshops. All projects are offered free of charge to anyone dealing with cancer.



Please visit the Art for Recovery website at: <http://cancer.ucsf.edu/afr>

And the Cancer Resource Center website at: <http://cancer.ucsf.edu/crc>



MEET THE NEWEST MEMBERS OF OUR HEALTHCARE TEAM

LYNN C. BEACH, RN, MS, FNP, joined the Breast Care Center (BCC) as a nurse practitioner in September 2007. She earned a bachelor's degree in biology from Santa Clara University in 1994, a bachelor's degree in nursing from the University of Pennsylvania in 2000, and a master's degree as a family nurse practitioner at UCSF in 2004. Before joining the BCC, Lynn worked as a registered nurse in the Pediatric Intensive Care Unit at UCSF Children's Hospital and as a nurse practitioner and clinical manager in a local women's and fertility clinic. Apart from her professional nursing activities, Lynn has served as a volunteer with the UCSF AIDS Health Project and as a board member of the Tenderloin AIDS Resource Center. Over the past nine years Lynn has also completed five full marathons and seven triathlons, including Ironman Canada in 2006.

JANINE FIGALLO RN, MS, CNS, OCN, joined the Breast Care Center team as a triage nurse in August 2007. After earning her bachelor's degree in nursing at Dominican College in San Rafael, Janine worked for several years in the bone marrow transplant program at UCSF Medical Center, and then earned dual master's degrees in Oncology/Genomics at UCSF. Janine performed the majority of her graduate work at the Breast Care Center, in both the clinic and the Cancer Risk Program. After graduate school, Janine worked for two years as an associate clinical scientist at Genentech, Inc. She enthusiastically refers to her return to the Breast Care Center as "coming home." Janine, who minored in English Literature as an undergraduate, collects old books and is the proud owner of many vintage classics. Her hobbies include yoga, hiking, and writing poetry.

TARA LACEY, RN, MS, NP, another new nurse practitioner at the BCC, was born in London, Ontario, Canada. She completed her Bachelor of Science in Nursing in Canada. Her first job after graduation was on an oncology unit in Yuma, Arizona. Her second job as a RN was a traveling position specializing in oncology and cardiology in multiple states including Arizona, California, Oregon, and Texas. This position eventually brought her to UCSF in the spring of 2000. She worked on the Hematology/Oncology Unit for over six years. During that time she attended the UCSF School of Nursing and completed her Masters in Nursing specializing as a Nurse Practitioner in both oncology and gerontology. Her love of traveling has never diminished and she has recently come back from a trip to Nepal in which she hiked up to Mt. Everest Base Camp.

USING INFORMATION TECHNOLOGY TO STREAMLINE CARE

By Ed Mahoney and Laura Esserman, MD

A wealth of data is generated at health care institutions such as UCSF, but it is often difficult for doctors and researchers to easily analyze this information to improve patient care. The data is typically stored in a form that makes posing even the simplest research questions a significant undertaking. Our Center of Excellence Program is developing a software application that will remedy this situation by using modern relational database technology to store information in a form that can be easily queried for clinical care. We are designing tools that can be used at the point of care to collect information and an infrastructure that provides a means to aggregate data in a matter of seconds for the whole population we care for. Eventually we believe this will offer a whole new way of collecting, gathering and analyzing information on all women with breast cancer.



Using a suite of tools called the Communication and Care Plan, we are compiling the most critical information for women with breast cancer: the list of their biopsies, surgical procedures and pathology results.

The pathology part of the application, which is being developed by a multidisciplinary team of surgeons, pathologists, the cancer registry and software engineers, provides three main benefits to the Breast Care Center.

- The data is entered using a series of Web-based forms that allow the user to enter information easily and logically, providing more protection against error.
- A summary report is produced from the entered data, which can be used by surgeons and oncologists to provide better care for patients after they undergo cancer surgery. Important information a provider needs to make patient care decisions is presented in a clear and concise manner, with the most critical information listed first. This summary information will then always be available for providers and patients alike.
- The pathology application includes a query system that allows the researcher to ask questions, producing a result in seconds, when previously it could take weeks of manual effort to get the same information. This query system can be used for many purposes, from identifying patient populations that require follow-up care to providing quality improvement information to see if changes in clinical procedures are having a noticeable effect on patient results.

All of this information is protected by a secure authentication system so that patient privacy is respected.

Initially, this system will improve care by making critical information readily available to health providers during treatment. But as more and more data is collected, we will find ways to use this information to explore many aspects of cancer diagnosis and treatment. Like the Survivorship Program highlighted on the cover of this newsletter, this software system is part of a comprehensive effort to change the way we gather and use information to improve patient care. Look for updates about this program in our next newsletter. ■

COGNITIVE FUNCTION STUDY BEGINS

By Hope Rugo, MD

Breast cancer is the most common cancer in women, with more than one million new cases of the disease diagnosed worldwide each year. Increased awareness and emphasis on early detection, as well as more effective treatments, have resulted in significant improvements in survival.

Improved chemotherapy regimens have played an important role in better outcomes. But, as with any treatment, chemotherapy can have a down side. Physical side effects, such as nausea, fatigue, and hair loss, are common and, while often debilitating, they are temporary. A less talked about side effect is the loss of concentration, memory, and cognitive function that can impact quality of life both during and after treatment. Despite growing awareness of the problem of “chemobrain,” limited research has been conducted on the subject. Studies that have been performed to date are hard to evaluate, because they did not include any testing before chemotherapy was given.

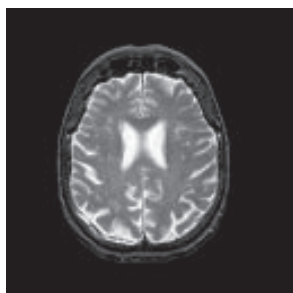
In order to better understand and evaluate the effects of chemotherapy on cognition, Dr. Rugo and her colleagues at Lawrence Berkeley Laboratories are beginning a study that will test various aspects of cognitive function in postmenopausal women receiving chemotherapy for early stage breast cancer. Because little is known about whether and why these cognitive effects might occur, study participants will undergo special imaging of the brain, called magnetic resonance imaging (MRI) and positron emission tomography (PET) scans. These will provide useful information about whether cognitive symptoms are linked to changes in blood flow in particular parts of the brain.

The study will enroll postmenopausal women who are receiving one of three different types of treatments for their breast cancer:

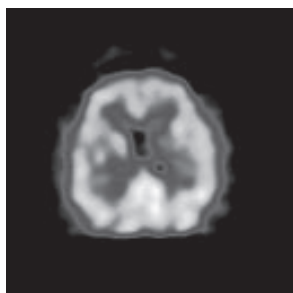
- chemotherapy and hormone therapy
- hormone therapy alone
- chemotherapy alone

Women will undergo a two-hour set of cognitive tests that will be repeated four times: once before they start their treatment, again after they complete their chemotherapy or about six months into their hormone therapy, and twice more over a one-and-a-half-year period. In addition, a total of three PET and MRI scans will be performed over a time period of two years. Twenty healthy postmenopausal women will also participate in this to serve as controls for comparison.

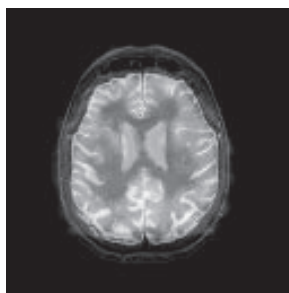
If you are interested in participating in or learning more about this study, please contact Meghan Rourke at 415/353-9638. ■



Brain MRI scan



Brain PET scan



MRI and PET scan overlay

UCSF CAROL FRANC BUCK BREAST CARE CENTER (BCC) NURSES AND CERTIFICATION

By Debby Hamolsky, RN, MS, AOCNS

Certification in oncology nursing demonstrates that a nurse has specialized knowledge and experience in cancer care. Three nurses at the UCSF Breast Care Center have chosen to obtain this certification, which is awarded through The Oncology Nursing Certification Corporation (ONCC). While many excellent, competent and compassionate nurses are not certified (it is a choice in most settings), the ONCC describes certification as “an objective, measurable way to ensure that a professional nurse has the knowledge to practice competently within the specialty of oncology nursing.”

Our three ONCC-certified nurses are Suzie Eder and Mary Lou Ernest, who are both Advanced Oncology Certified Nurse Practitioners, and Debby Hamolsky, who is an Advanced Oncology Certified Clinical Nurse Specialist.

Our entire BCC nursing team (including Lynn Beach, Maureen Cannon, Janine Figallo, Tara Lacey, Brigid Miralda) share an ongoing commitment to provide skilled and compassionate care to our wonderful patients and their loved ones. We want to congratulate our ONCC-certified nurses. We are very proud to have you at the BCC.

SUZANNE EDER, RN, NP, AOCNP (CERTIFIED IN 2005)

Suzie began her nursing career in her native New York City. After receiving her bachelor's degree in nursing from Hunter College, she worked at The New York Hospital, where she was one of the founding nurses of an AIDS unit. After moving to California, Suzie joined the bone marrow transplant unit at UCSF, where she worked for three years. During this time, she completed a family nurse practitioner program at UCSF.

Suzie joined the staff of the UCSF Breast Care Center after working as a family nurse practitioner in primary care and in an asthma specialty program. At the BCC, she focuses on breast cancer follow-up and prevention. She is particularly interested in improving the quality of life for breast cancer survivors and women at risk for developing breast cancer.



MARY LOU ERNEST, RN, MS, NP : NURSE PRACTITIONER

Mary Lou Ernest has been a practicing nurse for more than 38 years, and has spent 20 of those years caring for cancer patients, including those with melanoma, renal cell, bladder, prostate and breast cancer. For 10 years, she also coordinated clinical trials in oncology. These trials involved biological therapies, including interferon, BCG and interleukin. As the number of trials grew, Mary Lou assumed more administrative responsibility for the research program. However, she realized she missed patient care and returned to school to earn her degree as a nurse practitioner.

For the last 11 years, Mary Lou has been involved with breast cancer. She is particularly interested in symptom management, illness prevention, and helping people cope with the loss of loved ones. She wants to help people identify self-care practices that they can incorporate into their daily lives to keep them healthy.

Mary Lou obtained her associate's degree in nursing at St. Mary's College in Minneapolis, and her bachelor's degree in nursing from Incarnate Word College in San Antonio, Texas. She earned her master's of science degree as a clinical nurse specialist in oncology at UCSF and a post-master's certificate as a geriatric nurse practitioner.

In her free time, Mary Lou enjoys horseback riding, yoga, hiking, skiing, knitting, and caring for her dog Isaac, a six-year-old Dalmatian.



DEBORAH HAMOLSKY, RN, MS, AOCNS : ADVANCED PRACTICE NURSE;
ASSISTANT PROFESSOR, DEPARTMENT OF PHYSIOLOGICAL NURSING, UCSF

Debby Hamolsky has practiced oncology nursing since 1980. A member of the UCSF Carol Franc Buck Breast Care Center since 1993, Debby develops programs at the center, provides direct clinical care, and gives educational and emotional support to women with breast cancer and other breast health concerns.



Over the years, Debby has worked as an inpatient oncology staff nurse, a home-care case manager, a research assistant for breast-cancer nursing studies, and an oncology and AIDS clinical nurse specialist. She is also deeply committed to community-based work and advocacy, and has taught special education in the inner city, provided substance-abuse counseling, worked with adolescents in the juvenile-justice system and administered a community-based clinic.

Debby has lectured locally and nationally on such topics as breast cancer and breast health, cultural competency in patient care, sexuality, chemotherapy, grief and bereavement, and pain management. She has also trained Bay Area community organization volunteers to work effectively with people with cancer.

Debby has received the Jeanne M. Yalon Award for excellence in oncology nursing at UCSF. She has written a chapter on oncology nursing in “Everyone’s Guide to Cancer Treatment,” as well as chapters on breast cancer in an oncology nursing text. She is currently working with a multidisciplinary group to develop a survivorship program within the UCSF Cancer Center.

“DR. MARY” WHITEHILL

Everyone needs support when they go through breast cancer treatment, and for Napa veterinarian Mary Whitehill, that support came in canine form. Her three Labradors, Kona, Holy and Velvet, were by her side throughout her recovery from cancer surgery. Whitehill, known as “Dr. Mary” at the Napa Small Animal Hospital, where she is a part owner, was diagnosed with breast cancer in the spring of 2005. She sought a second opinion at UCSF, where an MRI showed a far more invasive cancer than initially supposed. In June 2005 she underwent a mastectomy at UCSF with a TRAM Flap reconstruction, followed by three months of chemotherapy. Her three dogs were there to bolster her spirits during her recovery.

Whitehill said that a nurse who saw a photo of her dogs in her hospital room suggested she might need to have them stay with friends on her return home, so they wouldn’t jump on her. But Whitehill knew better.

“They were very gentle with me. They always knew when to be quiet—they’re generally a rowdy bunch—and they lifted my spirits.” She credits the dogs with getting her out of the house and walking in the vineyard that borders her home. One dog had to be on a leash, which Whitehill had trouble gripping, so a friend would join her for walks and take on that job. Whitehill even kept her usual sleeping arrangements with the trio, using a long body pillow for a buffer when the dogs piled on her bed at night.



Whitehill, who has nothing but compliments for the UCSF team, sees Dr. Esserman and her nurse practitioner, Suzie Eder, twice a year for follow-up MRIs and mammograms. She also attends a twice-a-month breast cancer support group in Napa.

Whitehill claims her bout with breast cancer has helped her take better care of the patients in her veterinary practice. “Experiencing the level of care and concern offered by the UCSF team made me look at the care I was providing to my patients and their owners,” she said. “It made me a better vet.”

CALENDAR

All events are held at the Cancer Resource Center, 1600 Divisadero Street, San Francisco. These programs are offered free of charge. If you plan to attend an event, please let us know by calling the Cancer Resource Center at (415) 885-3693.

BREAST CANCER FORUM

Wednesday evenings, 6:00-7:30pm

The forum continues under the direction of Hope Rugo, MD. It is a monthly gathering of health care providers, researchers, patients, patient advocates, friends, and families. Topics are varied, but the emphasis is on clinical trials and research. The meetings take place on Wednesday evenings from 6 – 7:30 pm in conference room H3805 on the 3rd floor of the UCSF Comprehensive Cancer Center at 1600 Divisadero. A light dinner is served. For more information, please contact Lauren Metzroth at 415-885-7213 or lauren.metzroth@ucsfmedctr.org

Upcoming Forums are scheduled for
March 12, May 7, and June 11.

NUTRITION & BREAST CANCER

with Greta Macaire, RD

February 20, 4:00 - 5:30pm

Learn the latest research on nutrition and breast cancer and how to better meet your nutritional needs. Limited to 5 patients. Registration required.

CULINARY HERBS & SPICES FOR HEALTH

with Greta Macaire, RD

Wednesday, February 13, 4:00 - 6:00 pm

SHARING FROM THE HEART: COMMUNICATION, INTIMACY, SEXUALITY, AND CANCER

With Karen Schanche, MSW, LCSW,
and David Bullard, PhD

Wednesday, February 13, 5 - 7pm

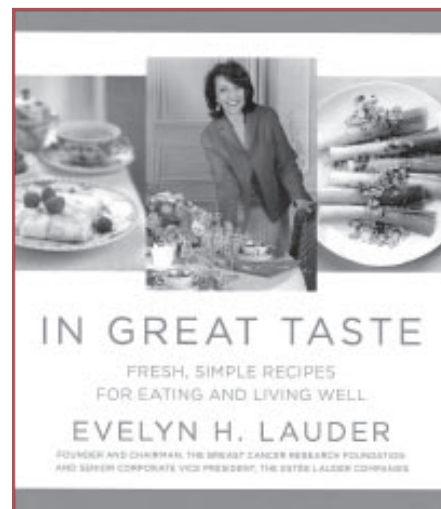
For up-to-date information about events at the
Cancer Resource Center, please check their website at
<http://cc.ucsf.edu/crc>



IN GREAT TASTE:

In Great Taste: Fresh, Simple Recipes for Eating and Living Well

Rodale Books / The Estée Lauder Companies



* Mrs. Evelyn H. Lauder, Senior Corporate Vice President of The Estée Lauder Companies and founder and chairman of The Breast Cancer Research Foundation, has turned her focus to creating a delightful book of recipes, *In Great Taste: Fresh, Simple Recipes for Eating and Living Well*. Drawing on her years of experience working with doctors and nutritionists at leading hospitals, as well as her own personal eating instinct, Mrs. Lauder has created a testament to living well and eating well.

Lavishly illustrated with beautiful four-color photographs, this 224 page, hardcover book of recipes features more than 100 vibrant recipes that will delight the senses and enhance health and well-being.

*Product description taken from the Breast Cancer Research Foundation website at <http://www.bcrfcur.org>

All of Mrs. Lauder's royalties from the sale of 'In Great Taste' benefit The Breast Cancer Research Foundation (BCRF). The BCRF, in turn, directly supports research and programs at the UCSF BCC.

Retail availability: All major bookstores as well as through www.amazon.com. ■

WE CAN HELP YOU BREAK YOUR SMOKING HABIT

The Tobacco Education Center (TEC) at UCSF Medical Center at Mount Zion Hospital and Medical Center offers comprehensive smoking cessation and relapse prevention support. Cessation program sessions are held on an ongoing basis at UCSF Mount Zion Hospital. Suzanne Harris, RN, TTS, a former smoker with more than 20 years experience in helping smokers quit, facilitates group and individual sessions. The TEC cessation program has earned a reputation for excellence. On graduation from the program, more than 50 percent of participants have stopped smoking, and 47 percent are still smoke-free after one year. What better way to help yourself, a friend, or a loved one?

Cessation program classes meet in a weekly 1-3/4 hour session for four weeks. Participants set a “quit date” between the third and fourth weeks. Topics covered include:



- Effects of smoking on your lungs, heart and other organs.
- Effects of carbon monoxide (CO), a by-product of smoking. Participants have an opportunity to have their CO level measured by a simple breathing test.
- Motivation: what it is, how to recognize it and how to build on it.
- Nicotine replacement therapies (gum, patch, inhaler, spray and lozenge) and the smoking cessation medications Zyban and Chantix.
- Emotional factors that maintain the smoking habit and nicotine’s effect on the brain.
- Ways to impact internal thought processes and change behavior.
- Health benefits of cessation.
- Trouble-shooting specific problems that are encountered.
- Setting goals and preventing relapse.

All graduates of the cessation program are eligible to attend a weekly relapse prevention support group, whether or not they have stopped smoking.

The Tobacco Education Center also offers individual appointments with physicians specializing in tobacco dependence treatment.

Registration Fee: \$55 (includes a personal copy of all written materials and loan of videotapes used in the sessions.) To register, or for more information, please call 415/885-7895.

Note from Laura:

We all are looking for what we can do to prevent breast cancer. In the meantime, we do know what we can do to reduce the chance of getting lung cancer, emphysema, and heart disease and that is not to smoke. If you, or someone you care about, smokes, make the effort to help them stop. Use the resources in the community. Together we really can make a difference. ■

Editor: Laura Esserman *Editorial Consultant:* Leslie Lingaas *Design :* Jennifer Melnick, Olio Arts

This newsletter is distributed free of charge to our current patients and to providers and caregivers.

We are very grateful for any support we receive to help offset our printing and distribution cost. If you wish to make a donation, please use the envelope provided in this issue. Thank you!

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*We sincerely regret any errors
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2006 AND 2007 DIRECTOR'S CIRCLE RECEPTIONS



*Laura Esserman, MD, MBA,
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*Gail Stern, Vicki Fleishhacker,
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The beautiful home of Ann and Gordon Getty was the venue for both the 2006 and 2007 Director's Circle receptions for major donors to the Carol Franc Buck Breast Care Center. Sponsors of the event are the Friends of the Breast Care Center. Approximately 125 guests have joined us each year to celebrate our success in raising over \$350,000 annually for the Director's Circle annual fund. These important supporting funds allow Dr. Laura Esserman, Director of the BCC, and her team to pursue unconventional ideas to advance the science of breast cancer and the care of breast cancer patients.

Guests have enjoyed updates from Dr. Esserman reflecting the BCC team's leadership on many important fronts in the breast cancer field. We have been fortunate to have other interesting and inspiring leaders address the group as well (see box). Chair of the "Friends of the BCC" Janet Hunter thanked generous donors for their continuing support of the BCC, and announced that the Friends of the Breast Care Center have raised over \$1 million since 2004. Thank you to Marie Lehman, who served as Event Chair for both receptions. Honorary Chair was Beth Townsend. Special thanks to AGRARIA for their ongoing generosity.

Please plan to join us in 2008 in supporting the extraordinary work of Dr. Esserman and the entire team of doctors, nurse practitioners, and staff of the Breast Care Center.



*Laura Esserman, MD,
MBA, Mark Laret, CEO
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Katherine Tick, Director of Development, UCSF National Center of Excellence in Women's Health: 415-353-9899*

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SPECIAL REQUEST

The Summer 2008 edition of the BCC newsletter will have a special focus on survivorship, and we would love to have your input! Did you finish your treatment for breast cancer at least 10 years ago? Let us share your story with our readers.

Please call Meridithe Mendelsohn at
(415) 476-3793 or email
mendelsohnm@cc.ucsf.edu