


# INTOUCH

News from the Baylor Charles A. Sammons Cancer Center at Dallas ■ Fall 2010



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 **BAYLOR**  
Charles A. Sammons  
Cancer Center at Dallas

HEALTH CARE

# Understanding Gynecologic Cancers

By Carolyn M. Matthews, M.D., gynecologic oncologist on the medical staff at Baylor University Medical Center at Dallas

The American Cancer Society (ACS) estimates that more than 83,000 women will be diagnosed with a gynecologic cancer this year. Recognition of certain symptoms as abnormal can lead to earlier diagnosis, which can lead to improved chances for cure.

## Cervical Cancer

According to the ACS, approximately 12,200 new cases of cervical cancer will be diagnosed this year in the United States. While cervical cancer remains the number one cause of gynecologic cancer death in the world, widespread use of Pap smears in this country has led to earlier detection and reduced mortality rates. Unfortunately, almost half of the women diagnosed with cervical cancer in this country have not had a Pap smear in the preceding five years.

### Risk Factors

Infection with high-risk human papillomavirus (HPV) is the most significant risk factor. While there are more than 100 strains of HPV, including those that cause the common wart, there are only a few that are considered high risk for causing cervical cancer. Exposure to HPV is quite common, but most women have a transient or short-lived infection. HPV can be transmitted through vaginal, anal or oral sex. Exposure to high-risk HPV during puberty is particularly concerning for increasing risk.

The number of sexual partners may affect your exposure to high-risk HPV. Delaying onset of sexual activity until the late teenage years or early 20s may reduce risk through avoiding exposure to high-risk HPV during a crucial “window” when the cervical tissue is most susceptible to infection from HPV.

Other risk factors for developing cervical cancer include smoking, HIV infection and multiple pregnancies.

### Symptoms

Symptoms of cervical cancer include bleeding after intercourse as well as any abnormal bleeding—either bleeding between menses or menses that are heavier than expected. Vaginal discharge also may occur. Rarely patients will experience pelvic pain. Although these symptoms may occur in women without cervical cancer, affected women should consult their physician.

### Diagnosis

Symptoms of cervical cancer are often identified by early screening through an annual Pap smear. HPV testing can be added to the Pap smear as determined by the patient and her physician.

If the Pap smear is abnormal, the next step is generally a colposcopy, in which the cervix is viewed with the aid of a small magnifying scope to identify any abnormalities. A biopsy is performed to make a diagnosis and determine whether an early cancer might be present.

Patients with abnormal bleeding usually have an abnormal area on the cervix that can be seen with the naked eye and a biopsy can confirm the diagnosis.

### Treatment

Patients with early diagnosed cervical cancer have treatment options including cone biopsy and simple hysterectomy. Those with minimally invasive cervical cancer have treatment options including radical hysterectomy and node dissection. Typically the ovaries do not have to be removed for most patients with cervical cancer and there are select patients who may be treated with fertility-sparing surgery.

Patients who have advanced cervical cancer, as well as those with high-risk early stage cancer, are generally best treated with a combination of chemotherapy and radiation therapy.

### Prevention

The U.S. Food and Drug Administration approved a vaccine to prevent infection with the high-risk types of HPV that most commonly cause cervical cancers. This vaccine is recommended for females aged 11 to 26, preferably administered before onset of sexual activity and prior to possible HPV exposure.

## Ovarian Cancer

The ACS estimates that 21,000 American women will be diagnosed with ovarian cancer this year. Ovarian cancer typically affects women older than 50, but can



affect younger women as well. It is uncommon in women under 30. When diagnosed in stage I the estimated cure rate is more than 90 percent, but most women are not diagnosed until stage III or IV. Ovarian cancer is the leading cause of gynecological cancer death in the United States.

**Risk Factors**

Women who have other family members with breast and/or ovarian cancer are at increased risk. Never having children is a risk factor for ovarian cancer, while use of oral contraceptives reduces risk. With the exception of Japan, ovarian cancer is much more common in industrialized countries and is rarely seen in developing countries.

**Symptoms**

Ovarian cancer is often called the cancer that whispers; symptoms of ovarian cancer are common and are often mistaken for other problems. Women should be aware of the symptoms of ovarian cancer and should consult with their physician if they have the following symptoms:

- abdominal/pelvic/low back pain
- bloating
- constipation
- early satiety—feeling full quickly
- increased abdominal girth
- pain during intercourse
- urinary frequency
- fatigue

“These are all symptoms to pay attention to,” says E. Colin Koon, M.D., Ph.D., a gynecologic oncologist on the medical staff at Baylor University Medical Center at Dallas. “Unfortunately, many of the symptoms of ovarian cancer are commonly experienced; they can be vague and subtle, but important. The latest advice is to ‘listen to the whispers your body is telling you.’”

C. Allen Stringer, M.D., chairman of the department of obstetrics and gynecology and physician on the medical staff at Baylor Dallas, adds, “Ovarian cancer has no or few symptoms until the later stages, when it is often more difficult to treat. Because the risk for many of these cancers increases with age, women should continue regular physical exams as recommended by their physician.”

**Diagnosis**

Ovarian cancer is often suspected based upon the patient’s presenting symptoms and physical exam findings. CT scans are helpful in identifying the presence of an ovarian mass, ascites (free fluid in the abdominal cavity) and thickening of the peritoneum, which is suggestive of tumor implants on intra-abdominal surfaces.

**Treatment**

While treatment of ovarian cancer is highly individualized to the patient, it generally involves a combination of both chemotherapy and surgery. Chemotherapy may be placed into the peritoneal cavity or it may be given intravenously. Often clinical trials are available, allowing

patients to participate in research opportunities.

**Genetics**

Between five and 10 percent of women with ovarian cancer have a genetic predisposition to their cancer. Ashkenazi Jewish women and those who have a strong family history of breast and ovarian cancer should consider screening for the genes which denote a higher risk for development of ovarian cancer. “When certain gene markers are present, the patient, along with her physician, can develop a plan to help reduce her risk of developing ovarian cancer or to diagnose it as early as possible.” (See story on page 11 for more information about the Hereditary Cancer Risk Program at Baylor Charles A. Sammons Cancer Center at Dallas.)

**Uterine Cancer**

Uterine cancer arises in the endometrium, the lining of the uterus. It is the most common gynecologic cancer in this country, occurring in approximately 43,000 women this year according to the ACS.

**Risk Factors**

Obesity is the most common modifiable risk factor for uterine cancer. While even a 20 pound weight gain can increase risk, 50 pounds overweight can increase risk as much as 10 times that of a woman with a normal weight. Adult onset diabetes, essential hypertension, and use of certain medications such as unopposed estrogen or tamoxifen can increase risk for uterine cancer. A very small percentage of uterine cancers have

a genetic predisposition; a clue that one may have a genetic or familial predisposition includes a family tree with multiple relatives with uterine or colon cancer.

### **Symptoms**

Postmenopausal bleeding is the most common symptom of uterine cancer. While only 15 percent of women with postmenopausal bleeding actually have cancer, it is a serious symptom and warrants prompt evaluation by a physician. Premenopausal patients with uterine cancer typically present with abnormal bleeding and often have a lifelong history of unpredictable menses.

### **Diagnosis**

Uterine cancer is diagnosed through a biopsy. Usually this can be done in the office, but occasionally a dilation and curettage (D&C) must be performed in the operating room if office biopsy is not feasible.

### **Treatment**

The mainstay of therapy for uterine cancer is surgery, including a hysterectomy and bilateral salpingo-oophorectomy. Pelvic lymphadenectomy and para-aortic node sampling is performed in patients who have high-grade or deeply invasive uterine cancers. Some women may be candidates for minimally invasive robotic surgery. Radiation therapy and chemotherapy are individualized to the patient based upon risk factors identified at surgery, including depth of invasion into the underlying uterine muscle and whether or not there is any nodal spread or lymphatic or vascular invasion.

## **Vaginal Cancer**

Vaginal cancer is quite rare. It usually occurs in women who have a prior history of abnormal Pap smears or cervical cancer.

### **Risk Factors**

HPV infection and prior treatment for cervical cancer are risk factors for vaginal cancer.

### **Symptoms**

Abnormal vaginal bleeding or vaginal discharge are the most common symptoms of vaginal cancer.

### **Treatment**

Treatment for vaginal cancer generally involves a combination of chemotherapy and radiation therapy. Selected patients with small tumors of the upper vagina or the lowermost portion of the vagina might have surgery as a part of their treatment.

## **Vulvar Cancer**

Vulvar cancer is diagnosed in approximately 400 women per year in this country. It usually occurs in postmenopausal women, although HPV-related cancers in young women seem to be increasing in frequency. The diagnosis of vulvar cancer is frequently delayed by many months—either the patient does not seek medical diagnosis or a physician treats the patient's symptoms without doing a biopsy of an abnormal vulvar lesion.

### **Risk Factors**

HPV infection can be seen in vulvar cancers, though not all are related to HPV. Chronic inflammation, such as occurs with vulvar inflammatory disorders like *lichen sclerosus et atrophicus*, can predispose women to the development of vulvar cancer. Tobacco use is a significant risk factor for vulvar cancer and is seen in the majority of women with vulvar cancer.

### **Symptoms**

Most women present with a vulvar nodule, growth, or sore that they or their partner have noticed. Some women will note bleeding, discharge, burning or itching.

### **Diagnosis**

Biopsy of any suspicious vulvar lesion is important and can be done quite easily in the office with a local anesthetic.

### **Treatment**

Excision of the vulvar cancer is the mainstay of therapy. Typically the groin lymph nodes are removed as well, and post-operative radiation therapy is individualized based on risk factors identified from surgery.

“The most important thing to remember with the female reproductive cancers is to pay attention to your body and to have regular screening exams,” says Dr. Koon. “While research is ongoing to identify ways of making an earlier diagnosis, early evaluation of symptoms and reduction of modifiable risk factors, such as smoking and obesity, remain important in improving outcomes of patients with gynecologic cancers.”

# Research Hopes to Help Detect Ovarian Cancer at Earlier Stages

*By E. Colin Koon, M.D., Ph.D., gynecologic oncologist on the medical staff at Baylor University Medical Center at Dallas*

The area of research that would make the greatest impact on ovarian cancer survival is detecting the disease in its earliest stage when it is confined to the ovary, before it has the opportunity to spread. Five-year survival from stage I ovarian cancer is as high as 95 percent, but ovarian cancer is rarely caught so early.

Currently, there are no accurate methods of screening for early detection of ovarian cancer. A pelvic ultrasound is one method, but it is not particularly accurate. There is a test called CA-125. It is a protein (tumor marker) that circulates in the blood and is elevated in patients with ovarian cancer. Other factors may contribute to an elevated CA-125, such as pregnancy, benign fibroids and ovarian cysts.

While it was discovered more than 30 years ago, the function of the marker remains elusive. It is only elevated in approximately 50 percent of stage I ovarian cancers, and it can be elevated in a variety of benign conditions, making it neither sensitive nor specific to ovarian cancer.

Researchers are attempting to develop new tumor markers for ovarian cancer that can be detected in the patient's blood or urine. However, after approximately 10 years, no single marker or combination of markers

has been found that will accurately predict the presence of an early stage ovarian cancer.

Another area of research is determining which patients are likely to respond to conventional therapy and which patients are not likely to respond. Approximately 80 percent of patients with ovarian cancer can achieve a complete clinical response with surgery and chemotherapy, leaving approximately 20 percent of ovarian cancer patients who won't respond to such therapy.

In most patients, the cancer will reoccur and then, may have developed a resistance to platinum-based chemotherapy. As the disease progresses, most patients will develop a resistance to chemotherapies. Currently, we have no method that will accurately predict who is resistant to such therapies. If we could accurately predict that, we could direct those patients into clinical trials or other treatments earlier.

When women have an isolated complex pelvic tumor, there is no way of accurately identifying if the tumor represents cancer or a benign mass without performing surgery. Performing a biopsy of the mass is certainly less invasive, but risks spreading the cancer into the abdomen and pelvis if it was previously confined to the ovary. While surgical techniques continue to improve, no surgery is without risks. For some patients, surgery presents significant risk, and it would be helpful to determine which patients have the highest chance of cancer and need to proceed with surgery despite the

risk. CA-125 is a biomarker that is elevated in some ovarian cancers.

Baylor Charles A. Sammons Cancer Center at Dallas is working with Texas Oncology and Baylor Institute for Immunology Research to find new approaches to these problems. Much has been learned regarding the transformation of normal cells into cancer cells; however, relatively little is known about the interaction of the tumor with the patient's immune system. Rather than looking for a specific protein from the cancer in patients' blood, we are now looking at the body's immunologic response to the cancer itself. While it is well recognized that the body's immune system plays a major role in fighting infection from bacteria and viruses, the immune system also appears to have a significant role in fighting cancer which medicine has just begun to understand. In the future, we may be able to direct new therapies that favorably alter the immune response to fight the cancer.

Also, we are researching gene transcriptional profiling using microarrays to determine the body's immunologic response to ovarian cancer. By using microarrays, we are able to test for the expression of thousands of genes at a time with only a small sample of blood or tissue. It is important not only to determine which genes are being expressed and which genes are not, but also to analyze the level of the genes' expression. This will give a specific "fingerprint" (biomarkers) for the response which can be correlated with immunologic and clinical

databases. Damien Chaussabel, Ph.D., is the principal investigator working on the microarrays research.

This process of transcriptional profiling using microarrays has already proven beneficial in melanoma and breast cancer, as well as in other immunologic-mediated diseases such as lupus and rheumatoid arthritis.

The five goals of this research are:

- to identify biomarkers of early ovarian cancer so it can be detected earlier when survival rates are much higher;
- to identify biomarkers for patients who are unlikely to respond to conventional therapy so they may be recommended for clinical trials for platinum-resistant disease;
- to identify biomarkers that are more sensitive and specific than those currently in use, such as CA-125, to follow the progression of ovarian cancer;
- to identify biomarkers to help determine which patients with ovarian tumors have cancer and which do not, to better triage those who would benefit from surgery;
- to identify the process of the body's immunologic response to cancer so it might be possible to develop new therapies to eradicate ovarian cancer.

**For more information about this or other cancer research being performed at Baylor Dallas, please visit [BaylorHealth.com/CancerResearch](http://BaylorHealth.com/CancerResearch) or contact the Office of Clinical Oncology Research Coordination at 214.818.8472.**

Cancer research studies on the Baylor Dallas campus are conducted through Baylor Research Institute, Mary Crowley Cancer Research Center, Texas Oncology and US Oncology. Each reviews, approves and conducts clinical trials independently.

## Counseling Available For Cancer Patients

Cancer can cause many emotional responses that may come at any time during and even after treatment. Experts are beginning to recognize the emotional toll cancer takes on patients and their recovery. A program at Baylor Charles A. Sammons Cancer Center at Dallas is working to help patients deal with these issues.

Renee Phillips, Ph.D., licensed clinical psychologist, is working through the Virginia R. Cvetko Patient Education Center to help identify and counsel patients with gynecologic cancer in need of assistance. In September, she began consulting with outpatient oncology patients. "Cancer raises a lot of issues—vulnerability, loss of control, mortality, isolation, fear and anger—and can cause anxiety, depression and post traumatic stress," says Phillips. "Everyone deals with these issues in their own way."

Women facing gynecological cancers face their own special challenges, she says. "Issues can include treatment-induced menopause, loss of feminine identity, disturbance of body image and sexuality. Everyone I work with has a unique reason to seek help."

Phillips works with patients to increase coping skills and help them mentally process their cancer diagnosis. "This can include verbalizing and reflecting on an array of emotions from disbelief to sadness and anger," she says.

Some issues women experience include communication difficulties, grief over loss of body image, the loss of child-bearing ability and attending to one's own needs. "Sometimes therapy focuses on helping patients adjust their hopes and dreams for the future," says Phillips. "For some, examining meaning and purpose can be a part of the cancer journey itself."

Patients are referred to Phillips by physicians, nurses, social workers and chaplains. Implementation of a distress screening measure, called the Distress Thermometer, for patients with cancer also helps identify psychosocial needs and provide appropriate resources. "Psychological distress is often not addressed, and studies have shown the consequences can decrease quality of life and increase health care costs," says Phillips. "It is so beneficial for patients to be treated as a whole person, beyond receiving quality medical care."

**For more information about Virginia R. Cvetko Patient Education Center, support groups and programs, please visit [BaylorHealth.com/Cvetko](http://BaylorHealth.com/Cvetko) or call 214.820.2608.**



*InTouch* is a publication of Baylor Charles A. Sammons Cancer Center at Dallas. *InTouch* provides information about cancer: prevention, screening, diagnosis and treatment options. It also provides information to patients and their caregivers to help manage the challenges of cancer through educational and support programs and events, sponsored by Baylor Sammons Cancer Center and Texas Oncology.

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Cancer research studies on the Baylor Dallas campus are conducted through Baylor Research Institute, Mary Crowley Cancer Research Center, Texas Oncology and US Oncology. Each reviews, approves and conducts clinical trials independently. Their clinical trials are listed together, in this publication, for the convenience of patients and physicians.

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## Celebrating Victories Over Cancer

Virginia R. Cvetko Patient Education Center, part of Baylor Charles A. Sammons Cancer Center at Dallas hosts several annual events to celebrate victories over cancer. These events include a luncheon and are free and open to survivors, but reservations are required.

## Breast Cancer Survivor Celebration

Monday, Oct. 11

Keynote speaker: Kathy LaTour, cancer survivor and editor-at-large for *CURE* magazine, will discuss "One Mutant Cell."

**For more information visit [BaylorHealth.com/Cvetko](http://BaylorHealth.com/Cvetko). Reservations are required. Please call Virginia R. Cvetko Patient Education Center at 214.820.2608.**

## Prostate Cancer Survivor Celebration

A celebration was held in early September for survivors of prostate cancer.

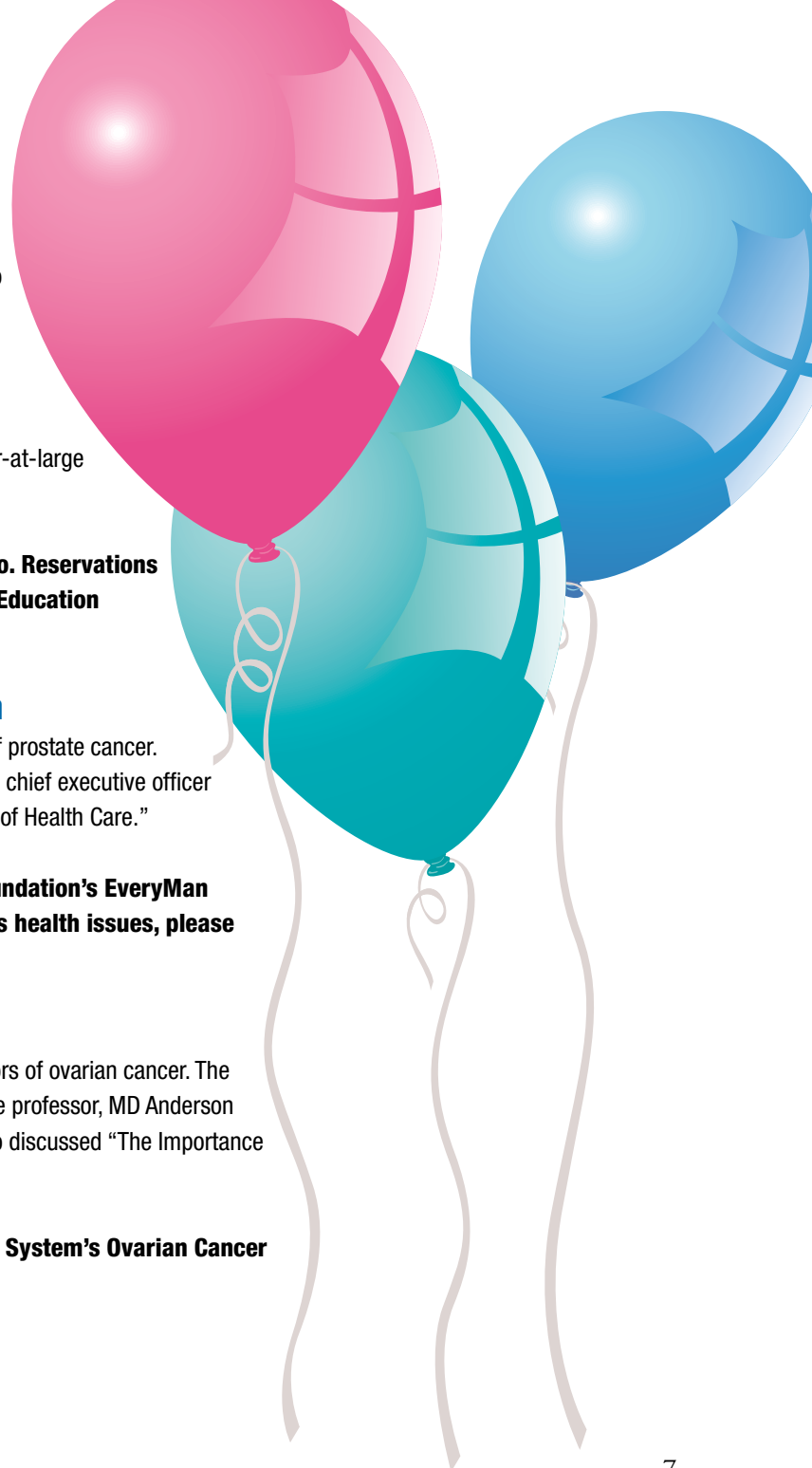
The guest speaker was Joel Allison, FACHE, president and chief executive officer of Baylor Health Care System who discussed "The Future of Health Care."

**To learn more about Baylor Health Care System Foundation's EveryMan initiative that raises funds and awareness for men's health issues, please call 214.820.4721.**

## Ovarian Cancer Survivor Celebration


A celebration was held in late September to honor survivors of ovarian cancer. The keynote speaker was Lois M. Ramondetta, M.D., associate professor, MD Anderson Cancer Center's department of gynecologic oncology, who discussed "The Importance of Hope During Treatment."

**To learn more about donating to Baylor Health Care System's Ovarian Cancer Research Fund, please call 214.820.4721.**



# Marching Forward

## Breast Imaging Advances in Detection



More than 192,000 women were estimated to be diagnosed with invasive breast cancer last year, according to the American Cancer Society (ACS). Breast cancer also affects men, with the ACS estimating almost 2,000 men receive a breast cancer diagnosis annually.

Although breast cancer is the second leading cause of cancer death among women in the United States, death rates have been declining since 1990. Experts believe this results from women:

- being better educated
- being more proactive about their breast health, including performing routine breast self-exams (BSE)
- being more aware of screening guidelines
- being more aware of advancing technology that can help detect many problems early, when they are most curable

“Women understand that getting a screening mammogram according to their doctor’s recommendations and ACS guidelines is a priority,” says Cheri Marchant-Armstrong, RT (M), manager of Baylor University

Medical Center at Dallas Darlene G. Cass Women’s Imaging Center. “This emphasis on regular screening, along with advancements in technology such as digital mammography and diagnostic tools, can help get them treatment as early as possible.”

### Symptoms

The most common sign of breast cancer is a new lump or mass. A lump that is painless, hard and has uneven edges is more likely to be cancer. But some cancers are tender, soft and rounded. It is important to have these checked by a physician.

Other signs include:

- swelling of all or part of the breast
- skin irritation or dimpling
- uncommon breast pain
- nipple pain or the nipple turned inward
- redness, scaliness or thickening of the nipple or breast skin
- a nipple discharge other than breast milk

### Diagnosis

According to the ACS, there are three main screening methods women should practice:

- breast self-exam (BSE)—is an option starting in their 20s
- clinical breast exam—Women in their 20s and 30s should have a clinical breast exam as part of a regular exam by a health expert, at least every three years. After age 40, women should have a breast exam by a health expert every year.
- mammogram—women age 40 and older should have a screening mammogram every year and should continue as long as you are in good health.

“Women should also consult their physician to determine if they have reasons to increase or alter their screening regimen,” says Marchant-Armstrong. “This can include a previous history of breast cancer or a strong family history of breast or ovarian cancers. You and your physician can determine if genetic testing is appropriate.” (See story about Baylor Sammons Cancer Center’s Hereditary Cancer Risk program on page 11.)

Technology advances have enhanced the ability of physicians on the medical staff at Baylor Dallas to pinpoint many cancers at an earlier stage than ever before. Baylor Dallas' Darlene G. Cass Women's Imaging Center has two locations that offer screening, diagnostic and interventional procedures including all digital mammography. The Dallas campus location also offers breast magnetic resonance imaging (MRI). They also provide a full range of diagnostic services, including breast ultrasound, breast biopsy, cyst aspiration and bone density screening and evaluation.

The imaging center on the Baylor Dallas campus also features advanced diagnostic technology including the new positron emission mammography scan (PEM). "This device can help provide useful information about subtle changes in breast tissue," says Marchant-Armstrong. "PEM is a highly advanced medical imaging tool that is relatively a new, advanced application of positron emission tomography scanning specific to the breast. We can view both normal and abnormal metabolic activity, as well as the anatomic details of any area where this activity is taking place."

This technology is most often used to detect and localize breast cancer and determine the extent of the spread of cancer and its response to therapy. "This information can help your physician better understand what is occurring with your breast and determine the most effective treatment options," she says.

**To schedule a mammogram, receive more information about breast health or download forms for a scheduled breast imaging appointment, please visit [BaylorHealth.com/DallasBreastImaging](http://BaylorHealth.com/DallasBreastImaging) or call 214.820.2430.**

## Darlene G. Cass Women's Imaging Center Recognitions

Both locations of Baylor Dallas' Darlene G. Cass Women's Imaging Center were named as one of five nationwide "Top Women's Imaging Centers to Watch in 2009" by *Imaging Technology News*. The five recognized centers were selected based on their achievements in innovation, operational efficiency, customer service and teamwork.

### Centers of Excellence

Both Baylor Dallas' Darlene G. Cass Women's Imaging Center locations have been designated as "Breast Imaging Centers of Excellence" by the Commission on Quality and Safety and the Commission on Breast Imaging. Both centers also are accredited by the American College of Radiology (ACR) in mammography and have participated in the ACR voluntary accreditation programs in stereotactic breast biopsy, breast ultrasound and ultrasound-guided breast biopsy.

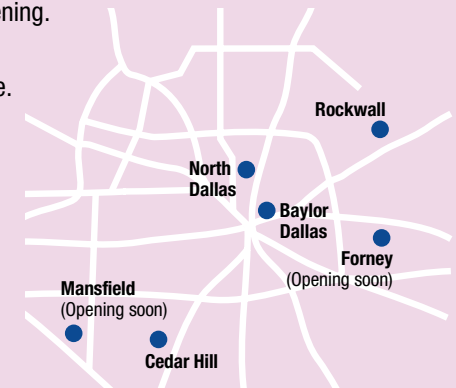
## Baylor Dallas Opens New Satellite Screening Mammography Centers

Experts believe the increase in the number of women surviving breast cancer today is partly related to women being better educated and more proactive about regular screening.

- Regular screening results in early detection.
- The earlier treatment begins, the higher the chances for a successful outcome.

Advancements in screening technology have also increased early diagnoses. Baylor University Medical Center at Dallas is making sure advanced screening technology is convenient for women by opening breast imaging centers in:

- Rockwall (opened June 2010)
- Cedar Hill (opened August 2010)
- Forney and Mansfield (opening in Spring 2011)



"To bring quality screening mammography to women in the suburbs and rural areas, we used to offer our mobile mammography units," says Cheri Marchant-Armstrong, RT (M), manager of Baylor Dallas' Darlene G. Cass Women's Imaging Center. "We have found this isn't the best way to offer quality patient care."

The new facilities are conveniently located within these communities and offer advanced screening technology, including digital mammography. If an area of concern is detected, patients will be referred for advanced diagnostic imaging at Darlene G. Cass Women's Imaging Center. There are two locations that offer advanced diagnostic imaging—on the Baylor Dallas campus and in North Dallas.

"We have a capacity to screen up to 32 patients at each satellite facility every day," says Marchant-Armstrong. "We are working to understand each community's preferences for convenient hours and Saturday availability. Our goals are to provide easy access, advanced technology and quality patient care right in your neighborhood."

# When the Diagnosis is Breast Cancer

After Laura Granado's sister was diagnosed with breast cancer, it made her more diligent about having her yearly mammogram and performing monthly self exams. During one of those routine self exams, she discovered a lump.

"I kind of knew deep down it was cancer because my sister had breast cancer," she says. "I knew there was a 50-50 chance I'd get it."

After a biopsy revealed it was cancer, she underwent a double mastectomy and reconstructive surgery at Baylor Charles A. Sammons Cancer Center at Dallas.

Today, more than ever, women understand the importance of detecting breast cancer early. There are several types of breast cancer of which women should be aware. Any changes in your breast condition, including discharge should be discussed with your physician.

## *Types of Breast Cancer*

Breast cancers can be non-infiltrating (in situ or contained to the original location) or infiltrating (invasive or not contained to the original location).

### **Invasive ductal carcinoma**

Invasive ductal carcinoma is a cancer that starts in the milk ducts of the breast before breaking through the wall of the duct and invading the fatty tissue of the breast. This is the most common form of breast cancer, accounting for approximately 80 percent of invasive cases.

### **Ductal carcinoma in situ**

Ductal carcinoma in situ, also known as intraductal carcinoma, is a type of breast cancer in which abnormal cells are found in the lining of the milk duct but have not spread into the breast tissue. It is usually a noninvasive cancer. If left untreated, however, it may become invasive. It is almost always curable.

### **Infiltrating lobular carcinoma**

Infiltrating (invasive) lobular carcinoma begins in the lobules of the breast where breast milk is produced and spreads to surrounding tissues or the rest of the body. This accounts for about 10 percent of invasive breast cancers.

### **Lobular carcinoma in situ**

Lobular carcinoma in situ (LCIS) is a condition that is only found in the lobules of the breast. Not a true cancer, this condition indicates an increased risk of developing breast cancer later, possibly in both breasts. It is especially important for women with lobular carcinoma in situ to have regular clinical breast exams and mammograms.

**To learn how to perform a breast self exam (BSE), get information about breast health or receive a free BSE shower card, call 214.820.3535 or 1.800.4BAYLOR.**



Laura Granado,  
breast cancer  
survivor

# Family Counts When Looking for Genetic Links

It is becoming more widely known that certain types of cancer have a genetic link. Women are learning to look to their family tree to find mothers, aunts, grandmothers and cousins who had breast and/or ovarian cancer. There are also now ways to use that information along with genetic testing to determine if you also carry either of the breast cancer genetic mutations (*BRCA1* or *BRCA2*) that may increase your risk of breast, ovarian or even colon cancer. However, women need to look beyond the maternal side of their family tree when investigating family health history. These gene mutations can also come from the father's side of the family.

"In families where a majority of male offspring are observed for a couple of generations, the mutation may go undetected," says Estelle Brothers, RNC, a genetics nurse for Baylor Charles A. Sammons Cancer Center at Dallas' Hereditary Cancer Risk Program. "In this scenario, the mutation could be passed through the generations without an occurrence of cancer commonly seen with BRCA mutation."

There is a 50 percent chance of any child inheriting a gene mutation from either parent, explains Brothers. "For instance you have two siblings; one is female and the other male. The female may not have inherited the mutation but the male did. He can pass the mutation on to his daughter and he may never have cancer," she says. "If we have a case of a BRCA gene mutation and

no cancer history on the mother's side, we strongly suspect it came through the male line."

For Joyce Starling, a breast and ovarian cancer survivor, she realized her own family history had a strong cancer background and was tested for her children. She tested positive for a *BRCA* gene mutation. When she learned these gene mutations can come from either side of the family and her husband had a strong family cancer history as well, he was also tested to be sure he did not test positive for the *BRCA2* gene mutation, which he did not. Her 30-year-old daughter did test positive for the *BRCA1* gene mutation and her adult son will also be tested to see if he carries the mutation.

If genetic testing is performed, counseling with a genetics nurse is recommended to understand the results. "Understanding the information this testing provides is critical," says Brothers. "If someone tests positive for a mutation—whether from the father's side or the mother's—they need to understand their options. Even if results come back negative, the anticipation and uncertainty awaiting the results makes it difficult to comprehend right away that their risk of developing breast and ovarian cancer is no greater than anyone else's."

Counseling is especially important if a woman did not think she had a family history and discovers a mutation from her father's side of the family. "Often they can

be relieved to know why they got the cancer," says Brothers. "Sometimes things just happen that are beyond our control."

"The most important thing to remember is to not be afraid," says Cristiana Viada, RN, BSN, program manager of Baylor Sammons Cancer Center's W.H. and Peggy Smith Breast Center. "Knowledge is power. You really want to know what is going on in your body. We often care so much about what we look like on the outside, we have to be careful to take the time to check the inside as well."

W.H. and Peggy Smith Breast Center is the only comprehensive program in North Texas that has earned accreditation by the National Accreditation Program for Breast Centers.

**To learn more about Baylor Charles A. Sammons Cancer Center at Dallas' Hereditary Cancer Risk Program, please call 214.820.3535 or visit [BaylorHealth.com/DallasHereditary](http://BaylorHealth.com/DallasHereditary).**



# Prostate Cancer Gives all Men a Reason To Be Tough



Some modern “tough guys” have something in common besides their brawn and bravado—Actor Robert DeNiro; former Senator and Vietnam prisoner of war Bob Dole; former Secretary of State and Joint Chiefs of Staff Gen. Colin Powell; and Gen. Norman Schwarzkopf, commander of the U.S. Central Command of Coalition Forces in the 1991 Gulf War.

All of these “tough guys” are prostate cancer survivors.

They are like the thousands of other men—grandfathers, fathers, uncles, brothers and cousins—who face prostate cancer each day. According to the American Cancer Society (ACS), more than 190,000 new cases are estimated in 2010. Better education about screening and advanced treatment methods are helping those diagnosed with prostate cancer face better outcomes than ever before.

- The prostate is a walnut-sized gland located just below the bladder and in front of the rectum in men.
- Prostate cancer is the second most common cancer among American men.
- Approximately one in six men will develop prostate cancer in his lifetime, according to the ACS.

Prostate cancer usually grows slowly and initially remains confined to the prostate gland. If it is detected early, prostate cancer has a higher chance for successful treatment.

Symptoms of prostate cancer include:

- the need to urinate frequently, especially at night
- difficulty urinating or pain and burning while urinating
- weak or interrupted urine flow
- blood in the urine or semen
- leg, lower back or hip swelling, pain or stiffness
- difficulty having an erection

“While these symptoms may mean prostate cancer, they could also indicate another prostate disorder,” says Thomas Hutson, D.O., Pharm.D., co-medical director of genitourinary oncology for Texas Oncology and medical oncologist on the medical staff at Baylor University Medical Center at Dallas. “These can include benign prostatic hyperplasia (BHP), a common non-cancerous enlargement of the prostate or prostatitis, a painful condition causing inflammation, swelling and tenderness in the prostate caused by infection.”

If any of these symptoms are present, you should consult a doctor for a complete examination.

Prostate cancer can be detected with a combination of a digital rectal exam and prostate-specific antigen (PSA) blood test. If prostate cancer is diagnosed, treatment is usually a combination of chemotherapy, radiation therapy and surgery, known as a prostatectomy. Advances in surgical techniques have made the

prostatectomy a minimally invasive procedure for appropriate patients. Baylor Dallas offers the da Vinci® Robotic Surgical System that allows physicians to perform these surgeries with a precisely controlled computer.

“Prostate cancer and its treatment may cause long-term or life-long side effects including incontinence and erectile dysfunction,” says Dr. Hutson. “The cancer can also spread to other organs or the lymph system. Once cancer has spread to other areas of the body, it is more difficult to treat. This is why regular screening as recommended and early detection is important.”

Men with no family history of prostate cancer and who are 50 years and older should have annual exams to detect any prostate health issues early. African-American men and those with a family history of prostate cancer should begin this screening at age 40, as recommended by the ACS.

## New 10-Story Cancer Center Opening Soon

The new Baylor Charles A. Sammons Cancer Center at Dallas which is currently under construction, will be opening early next year. For more information on its progress and to learn more about cancer, please visit our new Web site at [BaylorHealth.com/Sammons](http://BaylorHealth.com/Sammons).



## Virginia R. Cvetko Patient Education Center

Baylor Charles A. Sammons Cancer Center at Dallas' Virginia R. Cvetko Patient Education Center offers many classes and support groups for people with cancer and their caregivers. The Cvetko Center offers general and disease-specific education programs, a variety of educational resources, spiritual and emotional support, and pastoral care.

Services are provided by both staff members and trained volunteers who are cancer survivors. All educational services of the Cvetko Center are provided to patients, family members and cancer survivors free of charge.

The Cvetko Center is located in Baylor Charles A. Sammons Cancer Center at Dallas, Collins Building, Suite 615. **For more information and details, please call 214.820.2608 or visit [BaylorHealth.com/Cvetko](http://BaylorHealth.com/Cvetko).**



### Parking Garage #4

Garage #4 is a six-level, 829-space parking garage next to Baylor Charles A. Sammons Cancer Center at Dallas. This garage is accessible from both Worth Street and Junius Street. **Patients attending Cvetko Center programs will receive a free-parking voucher. Patients attending Cvetko programs in Truett Hospital will also receive a free parking voucher.**

## Baylor Dallas Offers New Prostate Cancer Vaccine

Patients at Baylor Charles A. Sammons Cancer Center at Dallas now have access to Provenge<sup>®</sup>, a new prostate cancer vaccine. Approved by the U.S. Food and Drug Administration (FDA) in May, it is heralded as a landmark treatment in the fight against cancer.

The FDA approved the use of Provenge<sup>®</sup> for the treatment of advanced stages of prostate cancer, and the physicians on the medical staff at Baylor University Medical Center at Dallas are the first in the country to be in-serviced and approved to treat patients with the new Provenge<sup>®</sup> prostate cancer vaccine. Within one week following FDA approval, the vaccine was received and treatment protocols began with eligible prostate cancer patients. "It's an innovative new option for treating patients," says Thomas Hutson, D.O., Pharm.D., co-medical director of genitourinary oncology for Texas Oncology and medical oncologist on the medical staff at Baylor Dallas.

Provenge<sup>®</sup>, or sipuleucel-T, is a therapeutic vaccine that instructs the body's immune system to recognize and kill cancer cells. Patients receiving Provenge<sup>®</sup> provide a blood sample, from which white blood cells are extracted. The white blood cells are then exposed to the substance found in prostate cancer cells. The process "trains" the immune system to react to prostate cancer cells when it is reintroduced to the patient's body through an intravenous infusion. This process is then repeated two additional times, two weeks apart, so the patient receives a total of three doses of cells.

"We're very excited to be the first to offer this new prostate cancer vaccine to our patients," says Alan Miller, M.D., Ph.D., medical director of Baylor Sammons Cancer Center, chief of oncology at Baylor Dallas and medical director of oncology for Baylor Health Care System. "This vaccine provides an alternative treatment option for patients who otherwise have had limited success with other therapies."

**For more information, please visit [BaylorHealth.com/DallasCancer](http://BaylorHealth.com/DallasCancer) or call 214.820.3535.**

# Relaxation Made Easy

Relaxation doesn't come easily to many people. The normal stresses of life—work, kids, finances—often make it difficult. Add a battle with cancer to that mix and relaxation can seem impossible.

Baylor Charles A. Sammons Cancer Center at Dallas offers a special class to help patients with cancer, as well as family members and caregivers, a chance to slow down and learn to relax. *Relaxation Made Easy* is a free class offered through Virginia R. Cvetko Patient Education Center and is held from 10–11:30 a.m. the first and third Friday of each month. Registration is required by calling 214.820.2608.

“Stress is a natural part of life,” says Pamela Fox, LCSW, a licensed clinical social worker at Baylor University Medical Center at Dallas. “It is when we have to cope with too many changes at one time or adapt to radical changes that stress can become a serious problem.”

The class starts with facilitators helping participants identify current stressful problems. “Once we identify these issues, whether they are treatment related or not, we develop solutions,” says Fox. Some of the solutions to these problems include tactics such as deep breathing and guided imagery. Guided imagery is where class participants learn to focus on their breathing and develop a mental picture of a relaxing and peaceful place.

“Invariably by the end of the session, participants will say, ‘Wow, how did that happen?’ They take their focus off their problems and work to continuously come to a calming, relaxing place.”

In today's fast-paced society, learning to relax is important for everyone, especially those facing cancer or helping someone face cancer. “Stress can predispose us to other sickness such as high blood pressure and headaches and compromise the healing process,” says Fox. “Whatever a cancer patient or caregiver can do to be more relaxed is paramount for the cancer patient. The goal is for them to manage their stress so it doesn't manage them. This class gives them the tools to do that.”

## *Relaxation Made Easy*

Monthly—first and third Friday  
10 – 11:30 a.m.

The class is free and  
pre-registration is required.

***To register and get details,  
call 214.820.2608.***

Class participants receive a free  
CD to practice the relaxation  
exercises. Additional CDs are  
\$13 each.



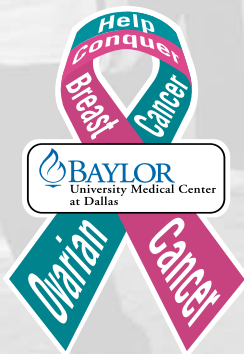
# Fight Cancer With Passion



## Passing the Torch

Baylor Charles A. Sammons Cancer Center at Dallas supported breast and ovarian cancer survivors at the second annual Passing the Torch event, Thursday, Sept. 30 on the Baylor Dallas campus. In honor of Ovarian Cancer Awareness month (September) and Breast Cancer Awareness month (October), Baylor Sammons Cancer Center hosted a relay where a torch was passed from survivor to survivor, celebrating victories over cancer and signifying the genetic link between ovarian and breast cancers.

**Please visit [BaylorHealth.com/PassingTorch](http://BaylorHealth.com/PassingTorch) for more information.**



Show your support for those battling cancer and for fashion at the Pink Passion® Shoe Design and Decorating Contest sponsored by Baylor Charles A. Sammons Cancer Center at Dallas and Saks Fifth Avenue Galleria Dallas.

“Contestants decorate a new shoe with pink flair to support those battling breast cancer and add a touch of teal to support ovarian cancer survivors,” says Jennifer Williams, oncology events and community relations coordinator for Baylor Sammons Cancer Center. “It also symbolizes the genetic link between the two cancers.”

Contest submissions begin in September and run until Oct. 10, 2010.

A panel of judges will select the top ten finalists and one adult winner will be chosen by the live audience at the Pink Passion Fashion Show held at Saks Fifth Avenue Galleria Dallas on Saturday, Oct. 23. The adult winner will receive a shoe shopping spree at Saks Fifth Avenue valued at \$750. A special online “Pink Passion Fan Favorite” and “Kids 12-and-

under” category winner will receive a special prize. All winners will be announced and recognized at the end of the competition.

*For more information about contest rules and submitting entries, please visit [BaylorHealth.com/PinkPassion](http://BaylorHealth.com/PinkPassion).*

## Key to the Cure

Saks Fifth Avenue Galleria Dallas is also hosting a shopping weekend called Key to the Cure. A portion of all receipts from Thursday, Oct. 21 through Sunday Oct. 24, will go to Celebrating Women, a luncheon sponsored by Baylor Health Care System Foundation that benefits research, community outreach and expanded technology for the prevention, diagnosis and treatment of breast cancer. The highlight of the shopping weekend will be the Pink Passion Fashion Show on Saturday, Oct. 23.



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# W Celebrating Women

BAYLOR HEALTH CARE SYSTEM FOUNDATION

Actors Jill Eikenberry and husband Michael Tucker will be the featured speakers as Baylor Health Care System Foundation hosts its 11th annual Celebrating Women luncheon to benefit breast cancer initiatives. Chairwomen for the event are Christie and Cindy Carter and honorary chairmen are Peggy and Carl Sewell. The Circle of Care award recipients will be The Discovery Foundation and Leonard Riggs, M.D., and his wife, Peggy.

**Celebrating Women**  
Thursday, Oct. 21  
Hilton Anatole Hotel  
Dallas  
11:45 a.m.

Just before moving to Los Angeles to begin filming “LA Law,” Eikenberry casually touched her breast and discovered a lump. She had never even had a mammogram and was facing breast cancer. She admitted she was not informed about mammograms and self exams and was “terrified.” She followed her doctor’s recommendation to have a mastectomy but felt she “didn’t have the courage to ask the right questions.”

When she co-produced and hosted the NBC documentary, “Destined to Live” about breast cancer survivors, including First Lady Nancy Reagan, she began to use her breast cancer journey to change her life and the lives of others. Today, she and her husband are breast cancer activists and official spokespeople for the Susan G. Komen Foundation. Eikenberry has discovered that through sharing her experiences and being a proponent of constantly improving health, life can be vibrant and full of self discovery. “I’ve never felt better in my life than now,” she says. “I have enormous vitality and joy every day.”

The Celebrating Women luncheon will be held Thursday, Oct. 21 in the Chantilly Ballroom of the Hilton Anatole Hotel in Dallas. Celebrating Women benefits research, community outreach and expanded technology for the prevention, diagnosis and treatment of breast cancer throughout Baylor Health Care System.

**For reservations and more information on Celebrating Women, please call 214.820.3136.**