

# In Touch

## Know Your Risk For Breast Cancer

### Center For Breast Care Will Help Calculate Your Odds

**W**omen who come in for an annual mammogram at The Center For Breast Care may receive something extra: A voluntary, comprehensive assessment analyzing her personal risk for developing breast cancer.

“Every woman should know her own risk. Prevention is now available for women who are at high risk for developing breast cancer,” says oncologist Lalita Pandit, M.D., who directs the cancer genetics program at Orange County Regional Cancer Center. “The results of this assessment may also indicate the need for further genetic testing to assess hereditary breast cancer risk.”

Developed by the National Cancer Institute (NCI), the risk assessment is designed to help calculate the likelihood of developing breast cancer within the next five years and over a lifetime. Women who choose to participate in this assessment complete a short medical history questionnaire related to breast cancer risk factors, including age, race, family history,

age at first period, age at first child’s birth, previous number of biopsies and previous breast cancer diagnoses.

The results are tabulated immediately and reviewed by a qualified healthcare professional, who provides counseling about risk management and prevention. Women whose results indicate a higher probability of developing breast cancer also receive information about Tamoxifen, which may help reduce the risk of developing breast cancer.

“The Center for Breast Care is committed to bringing advanced screening programs to women. We are one of the first breast centers in the country to implement a comprehensive breast health program – including risk assessments for women at our center,” says Joel Berman, M.D., medical director of



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## KNOW YOUR RISK

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The Center For Breast Care.

"We will provide the results of the assessment to both the woman and her physician to help facilitate important discussions about breast health issues."

The American Cancer Society recommends annual mammograms for all women age 40 or older. Earlier or more frequent screening measures may be recommended for woman with a family history of breast cancer. For more information about the new breast cancer risk factor screening or to schedule an appointment for a mammogram, please call The Center For Breast Care at (714) 966-5001.

## DR. JUSTICE APPOINTMENT

### **Dr. Justice Re-Elected President of ACS Board**

Medical Director Glen R. Justice, M.D., has been re-elected president of the Board of Directors for the American Cancer Society, Orange County Region. During his one-year term, he will serve as the organization's official spokesperson and medical resource on all matters related to oncology. His responsibilities also include preparation of the annual cancer control update for the region.

Dr. Justice also is a member of the board of directors for the organization's California Division. A volunteer speaker and technical advisor for the American Cancer Society since 1989, he was selected because of his medical expertise in both clinical practice and scientific research.

"We are proud to have someone with

Dr. Justice's credentials and reputation as our president," says Regional Executive Director Diane Dietsche. "He has given the term 'partnering' true meaning, merging the strengths of Fountain Valley Regional Hospital and Medical Center with those of the American Cancer Society."

Prior to his election, Dr. Justice served on the board of directors for the region's West Orange County unit, including two terms as vice president of cancer control. He has also been a member of several committees supporting cancer control programs for breast and prostate health, tobacco cessation and nutrition.

Dr. Justice has been medical director of the Orange County Regional Cancer Center since 1995.

## EVERY FRIDAY

### Comprehensive Breast Exam

- Instruction in breast self examination
- Clinical breast exam
- Mammogram screening

**\$65** Cash price  
Every Friday

Call today

(714) 966-5001

*Expires September 29, 2001*

## OCOS ACCREDITATION

### **OCRCC Receives Three-Year Approval from American College of Surgeons**

Orange County Regional Cancer Center has received a full, three-year approval, without contingencies, from the American College of Surgeons' Committee on Cancer. This is the maximum approval that may be conferred upon a hospital or cancer treatment center by that organization.

The Commission on Cancer establishes national standards, reviews and approves program surveys according to those standards, and recommends approval awards. Hospitals and treatment centers

are voluntarily surveyed on how well these standards are met through multidisciplinary programs addressing prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease and multiple primary tumors, psychosocial support and the hospice concept.

Since 1975, the oncology program at Fountain Valley Regional Hospital and Medical Center has received continuous approval from the American College of Surgeons' Commission on Cancer.

## Research at the Heart of Expanded OCRCC Programs and Services

**R**esearch, specialized programs and patient care services continue to grow rapidly at Orange County Regional Cancer Center. Last year alone, more than 100 patients were enrolled in clinical studies at OCRCC. At this time, we have 40 active clinical trials in progress.

OCRCC researchers recently submitted six articles to the American Society of Clinical Oncology (ASCO), and we anticipate they may be published and presented at that organization's annual meeting in May. These articles focus on such diverse areas of oncology research as new types of growth factors, red blood cell production, potential new treatments for lung cancer, and new insights into the genesis of breast cancer.

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*Last year alone, more than 100 patients were enrolled in clinical studies at OCRCC.*

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Additionally, OCRCC is participating in the high-profile Study of Tamoxifen and Raloxifene (STAR) For The Prevention of Breast Cancer through USC/Norris Comprehensive Cancer Center. We are pleased to be a part of this national, multi-center study comparing the efficacy of Raloxifene versus Tamoxifen, which has already been clinically shown to reduce the incidence of breast cancer in high-risk women by as much as 50 percent.

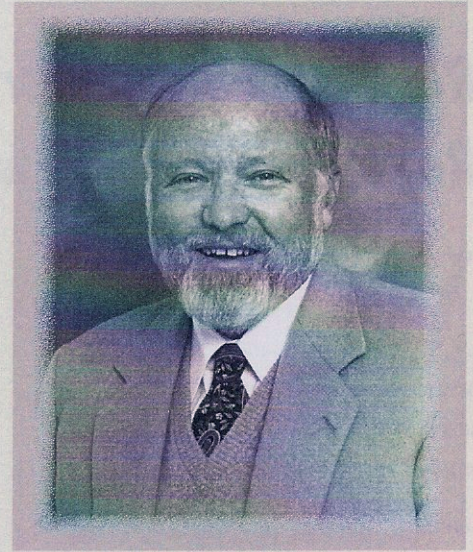
### **New Early Detection Programs**

We now offer a screening assessment for any woman who is concerned about breast cancer risk, and more than 1,000 women have already taken advantage of this service. Those determined to be at high risk have also been provided with information about genetic counseling, risk management, and the possible preventive benefits of Tamoxifen.

OCRCC is also embarking on a very aggressive spiral CT screening program in order to detect lung cancer at earlier, more treatable stages. As part of this effort, we are also developing a multidisciplinary thoracic oncology program, which will include pulmonary specialists, radiation and medical oncologists, radiation therapists, pathologists and thoracic surgeons.

### **Zero Tolerance for Pain**

In addition to providing aggressive, individualized care based on highly advanced research, OCRCC remains equally committed to finding better ways to enhance our patients' lives. In February, our "Controversies in Cancer" series examined the psychosocial impact of pain, depression and fatigue, and featured guest speakers Carey Stratton Hill, Jr., M.D., from the University of Texas, MD Anderson Cancer Center, and Kathy Kravitz, R.N., M.A., from City of



*By Glen R. Justice, M.D.*

*Medical Director*

*Orange County Regional Cancer Center*

Hope National Medical Center.

It was a most insightful program for medical professionals, patients and family members in attendance.

In closing, I am pleased to introduce new Administrative Director Nancy Lean, R.N., M.H.S.A., who brings more than 20 years of experience to OCRCC. In addition to a master's degree in health services, Nancy's professional background includes research nursing at the Comprehensive Cancer Center for the University of Miami.

Prior to joining our team, Nancy was the administrator over several home health agencies through Tenet Home Care, in Fort Lauderdale, Florida. She also taught nursing classes at Florida Atlantic University, in Boca Raton. We are very pleased she has returned to the field of oncology, and is here working with us.

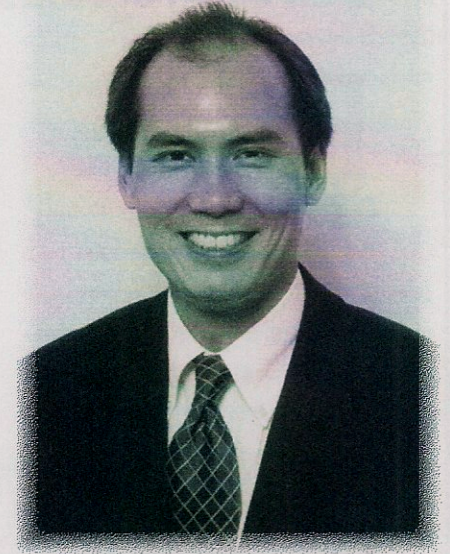
## Recommendations for Breast Reconstruction Following Mastectomy

**W**ill breast reconstruction after mastectomy worsen my chances of surviving breast cancer? This question is often asked by patients when we are discussing surgical options for breast cancer treatment.

Currently there is a confusing array of options, including breast-conserving therapy with lumpectomy and radiation therapy, modified radical mastectomy, and modified radical mastectomy with immediate or delayed reconstruction. Every patient has different needs. Different operations will work better for different patients.

there are clearly psychological benefits for breast reconstruction. Interviews with patients undergoing breast reconstruction after mastectomy for cancer reveal that over 90 percent of the women are satisfied with the results of reconstruction, and 100 percent would recommend reconstruction to other women with breast cancer.

Another important issue when considering the option of breast reconstruction is the safety of the procedure in oncologic terms. Review of the medical literature reveals no differences in cancer-related outcomes between patients who underwent reconstruction and those who did not. These findings apply even to very aggressive breast cancer.



*Dr. Philip Chin, M.D.  
Surgical Oncologist*

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*Every patient has different needs.  
Different operations will work better  
for different patients.*

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In recent years, attitudes toward the surgical management of patients with breast cancer have undergone significant change. There is a clear trend for the avoidance of radical operations. As part of this trend, there is a need for improvement in cosmetic results after deforming breast cancer surgery. The consideration of quality-of-life issues without jeopardizing patient survival has become a significant movement in current research efforts in the field of breast cancer therapy.

When a patient requires a mastectomy,

In the March 2000 issue of the Journal of the American College of Surgeons, I co-authored a paper with several other researchers at the City of Hope that examined the outcomes of patients with inflammatory breast cancer who underwent breast reconstruction. Inflammatory breast cancers account for less than 6 percent of all breast cancers diagnosed in the U.S. and have the most aggressive clinical course of breast cancers. Until recently, only two to four percent of these patients survived past five years. Over

the past two decades, however, advances in using combined modality therapy have led to significant improvement in the treatment of this disease, increasing the five-year survival rate to between 20 and 50 percent.

The paper found that breast reconstruction in patients with inflammatory breast cancer did not delay diagnoses of cancer recurrence, compromise treatment or adversely affect patient survival. The significant psychological and aesthetic benefits of breast reconstruction should be an option to be considered for most women with breast cancer.

It is important to remember that quality-of-life issues are as important as survival to many cancer patients. With this in mind, reconstructive procedures should be considered an integral part of the comprehensive therapy for patients with breast cancer.

## Preventing Breast Cancer

**W**hat a remarkable statement! Perhaps this is a dream of the oncology medical world finally come true.

In the history of medicine there have been many exciting breakthroughs. Look to the first anatomically correct drawings of Andreas Vesalius in 1543, the description of the circulation of blood and the function of the heart by William Harvey in 1628, and the first true use of anesthesia by William Morton to remove a tumor of the neck at Massachusetts General Hospital in 1846.

There was the pioneering of preventive medicine and antisepsis by Sir Joseph Lister in the 1860s, causing a 30 percent decrease in surgical mortality of the time; the bacterial studies of Louis Pasteur and Robert Koch; and the breakthrough in the treatment of diabetes mellitus with the discovery of insulin by Sir Frederick Banting and Charles Best in 1921. And these are only a few of the highlights.

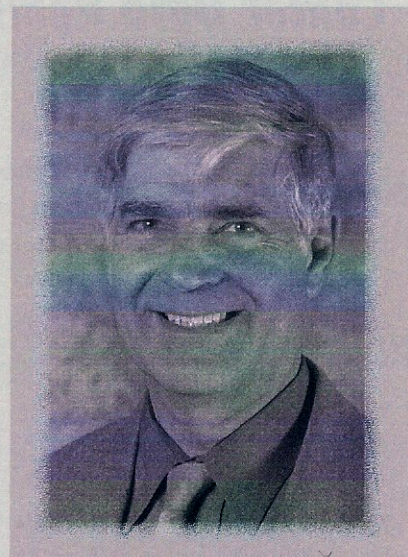
In cancer, we have to look back to Paul Ehrlich, who coined the name "chemotherapy," and to his discovery of Salvarsan, an organic arsenical drug, which proved effective in the treatment of syphilis. Later came the discovery of penicillin by Sir Alexander Fleming in 1928, followed by a myriad of drugs targeting normal and cancer cells: alkylating agents, which work by impairing cell

division, and antimetabolites, that interfere with enzymes and block vital cell processes. And the list goes on and on with all the recent developments in immunotherapy and the highly specific anticancer drugs of today.

So why the big excitement about another drug? It is because it is one of the first times we have been able to show a 50 percent drop in the incidence of breast cancer development with the use of a drug (Tamoxifen.) We may actually be on the threshold of eventually making a major impact in not only treating, but preventing the development of breast cancer!

The results of a large research undertaking have been very impressive in confirming these findings. Using a program called the Gail Model, this study assessed breast cancer risk by asking women a series of questions about age, race, family history of breast cancer, previous number of breast biopsies, age at menarche, age at first child's birth, age at menopause, and previous breast cancer diagnoses. A number was computed from the answers and used as a determination of risk for developing breast cancer.

In the landmark study, half the women determined to be at an increased risk were placed on the drug Tamoxifen and followed for several years in comparison with a control series. There was a 50 percent decrease in the incidence of breast cancer in the Tamoxifen group. Researchers ended the study early because it was felt unethical to continue in view of these findings. They wanted the high-risk



*Joel Berman, M.D.,  
Medical Director  
Center for Breast Care*

women in the control group to also have the opportunity to take Tamoxifen.

The Center For Breast Care at the Orange County Regional Cancer Center offers a breast cancer risk assessment program also using the Gail Model. Under the aegis of oncologist Lalita Pandit, M.D.; geneticist and counselor Steven Kopczak, Ph.D.; Medical Director Glen Justice, M.D.; oncologist Bichlien Nguyen, M.D.; and myself, we are working with funds from the AstraZeneca Company in collating data from 1,500 women, determining risk factors and placing some of the women on Tamoxifen.

This data will be part of a report to be written in the coming year and a seminal research project which may be extended throughout medical centers in the United States. If you have questions or wish to become a part of this study, please call Dr. Kopczak at (714) 966-5021.

## Cancer Data Registry Monitors Quality

Cancer is as complex as the individual who has it. Each case yields significant statistical data concerning demographics, family history, type and stage of cancer, treatment and outcome. Yet when compared with similar statistics collected and reported on both the state and national level, definite patterns emerge, providing a clearer picture about the most effective treatment alternatives, and important information about prevention and early detection.

Orange County Regional Cancer Center is required by state law and by the American College of Surgeons' Committee on Cancer to report statistical information about every patient who is diagnosed with a malignancy or treated for a relapse at the hospital. Information must be reported in a timely and accurate manner, maintaining the patient's confidentiality.

Since 1975, the hospital's cancer data registry has collected information on about 9,000 cases, and is currently following approximately 4,000 patients.

Cancer Data Registrar Trish Stines, C.T.R., says the process serves as a quality control measure, ensuring patients are receiving advanced multi-disciplinary treatment and care.

"Our data is compared with state and national survival rates to make sure patients are receiving appropriate management of their cancer and then, over time, updated to see how well they are doing," Stines says. "This data is also used to evaluate how well patients are diagnosed and treated at the hospital, and whether there are areas needing improvement."

### Reporting Requirements

Like most states, California recognizes cancer as a reportable disease. The California Cancer Registry collects information from seven regions and merges the data to track effective care by type of cancer, including early detection and prevention programs. Stines says eventually all state cancer registries will merge into a national reporting system.

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*"Caught early enough,  
an early recurrence of  
cancer may be treatable"*

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However, cancer programs approved by the American College of Surgeons' Commission on Cancer are already required to report statistics at the national level. The National Cancer Data Committee, part of the organization's Commission on Cancer, collects the same data to address patient care quality and survival rates.

Uniform codes and standardized software ensure that data is analyzed the same way by both the California Cancer Registry and the National Cancer Data Committee. Both organizations also have safeguards in place to protect patient confidentiality. This confidentiality is also maintained by hospital standards and regulations. Individual patient names are not used in data

reporting, and statistical reports are generated from data compiled from a population, not individuals.

To keep data accurate and up to date, patients are contacted once a year, either by cancer data registry personnel or through the patient's personal physician. Stines says this follow-up procedure has the added benefit of reminding patients to schedule annual check-ups with their physicians.

"Caught early enough, an early recurrence of cancer may be treatable," Stines says. "Our annual follow-up also gives us the opportunity to see how they are doing and if they need help accessing hospital resources such as our psychosocial services team."

Stines says contacting patients each year for follow up is one of the most pleasant aspects of her job. It reinforces to her just how many people are surviving cancer.

"When you work with a registry that is as old as we are, it is nice to talk to people who are 20-year survivors and know they are happy, functional—and outliving their cancer," she says.



## OCRCC Through the Years

**1971**

Fountain Valley Community Hospital opens, providing medical and surgical care, including oncology services.

**1975**

The hospital's oncology program receives first accreditation from the American College of Surgeons' Commission on Cancer.

**1992**

Cancer Center Liaison Committee forms to create a "center of excellence" in oncology care, including education and psychosocial support.

**1993**



Terence O'Heany, M.D., appointed interim medical director of Orange County Regional Cancer Center (OCRCC).

**1994**

American Cancer Society (ACS) enters into partnership with OCRCC



**1994**

American Cancer Society Information Center opens on hospital campus, offering resources, information, and guidance, including transportation, lending library and cancer helpline.

**1994**

Highly acclaimed ACS "Reach For Recovery" program debuts. Breast cancer survivors provide outreach and support to patients coping with diagnosis, treatment and recovery.

**1994**

Several hundred wigs arrive at the new Wig Bank established by Joanne O'Heany in ACS Cancer Information Center. Free wigs are available to any woman suffering hair loss related to cancer treatment.

**1995**

USC/Norris Comprehensive Cancer Center affiliates with OCRCC.



Glen R. Justice, M.D., appointed OCRCC medical director.



**1995**

"Look Good, Feel Better," a national ACS program, premieres at OCRCC. Offered monthly, this program teaches female cancer patients beauty techniques to enhance appearance and self image during chemotherapy and radiation treatment.

**1995**

Construction begins on new OCRCC building.



**1996**

The Center For Breast Care opens in new OCRCC building.

**1997**

Leukemia Society of America honors Dr. Justice with its Triumphs Award for his research into Kytril, a drug which reduces the nausea and vomiting associated with chemotherapy.

**1997**

OCRCC grand opening ceremonies are held July 8, featuring actor and cancer survivor Robert Urich as the keynote speaker.

**1997**

OCRCC begins offering "bloodless" medical and surgical oncology care.\*

**1998**

Genetic Counseling program opens.

**1999**

Prosthesis Program opens at the ACS Information Center, providing free prostheses for uninsured women undergoing breast cancer treatment.

**1999**

Children's Cancer Alliance, a pediatric hematology/oncology program, opens in partnership with City of Hope National Medical Center and UCI Medical Center.

**2000**

\* "Bloodless" means medical or surgical treatment without the use of banked (stored), allogeneic blood or blood products. Blood loss often occurs during surgery. A bloodless program endeavors to minimize blood loss by using special blood conservation methods.

## Cancer Information Center Posts Record Figures

Last year, approximately 3,087 individuals walked into the American Cancer Society Information Center looking for answers – an increase over the previous year by 53 percent. The Center also saw a significant increase in the number of telephone calls - 31 percent.

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*“Look Good, Feel Better,” teaching women beauty tips and other techniques to enhance appearance and self image.*

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Special programs offered through the center became busier, too. The Wig Bank experienced a 32 percent increase in volume. *Look Good, Feel Better*, a program teaching women beauty tips and other techniques to enhance appearance and self image during cancer treatment, saw 12 percent more attendees. The new Prosthesis provided

free breast prostheses to 63 women.

Director Joanne O’Heany says these increases attest to the power of word-of-mouth advertising.

“As more and more doctors learn about what we have to offer, they send their patients here. We can answer questions, and pull information and resources for them,” she says. “Our special programs also have become self-perpetuating. At first, I had to work very hard to get donations for the Wig Bank and the Prosthesis Program. Now, I walk into the center and there are bags of donated items just waiting to be given to someone in need.”

The American Cancer Society Information Center is located on the first floor of Orange County Regional Cancer Center. For more information about services, programs and resources available through the center, please call (714) 966-5025.

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## Fountain Valley Region Hospital and Medical Center

Tenet HealthSystem

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