

# In Touch

## Know Your Risk For Breast Cancer

### The Center for Breast Care Will Help Calculate Your Odds

Women 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 some women who are at high risk for developing breast cancer,” says oncologist Lalita Pandit, M.D., who directs the cancer genetics program at Fountain Valley 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 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.,

*Continued on page two*

## Inside

*Preventing Breast Cancer*

*The Cancer Registry*

*Expanded Programs  
and Services*

*Our Cancer Center  
Through The Years*



## KNOW YOUR RISK

*Continued from page one*

Medical Director of 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 women with a family history of breast cancer. For more information about the 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 Fountain Valley Regional Cancer Center since 1995.

## EVERY FRIDAY

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*\* 90 regular cash price*

## ACOS ACCREDITATION

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

**F**ountain Valley Regional Cancer Center (FVRCC) 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 designed to address prevention, early diagnosis, pretreatment evaluation, staging, optimal treatment, rehabilitation, surveillance for recurrent disease and multiple primary tumors, psychosocial support and the hospice concept.

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*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.*

## **Preventing Breast Cancer**

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

**T**here 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.

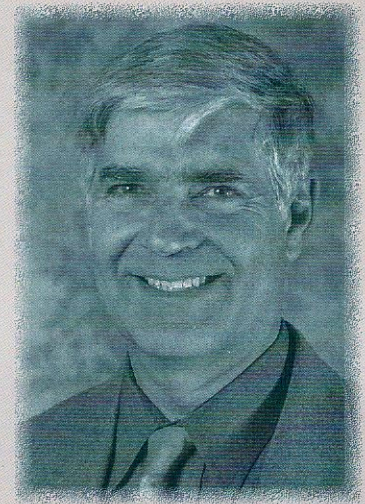
In cancer, we have to look back to Paul Ehrlich, who coined the name "chemotherapy," and to his discovery of Salvarsan, an organic arsenical drug, which proved effective in the treatment of syphilis. Later came the discovery of penicillin by Sir Alexander Fleming in 1928, followed by a myriad of drugs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



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

the study early because it was felt unethical to continue in view of these findings. They wanted the high-risk women in the control group to also have the opportunity to take Tamoxifen.

The Center for Breast Care at Fountain Valley Regional Hospital and Medical 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 Kopezak, 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 the United States. If you have questions or wish to become a part of this study, call Dr. Kopezak 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 treatment alternatives, and important information about prevention and early detection.

Fountain Valley 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.

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

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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, to help patients receive advanced multidisciplinary treatment and care.

"Our data is compared with state and national survival rates to determine if 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 may merge into a national reporting system.

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 find they are happy, functional—and outliving their cancer," she says.

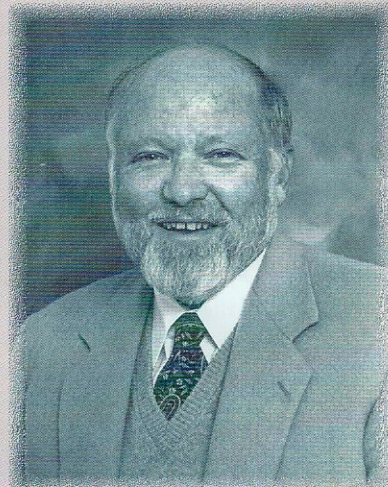


## Research at the Heart of Expanded FVRCC Programs and Services

Research, specialized programs and patient care services continue to grow rapidly at the Fountain Valley Regional Cancer Center. Last year alone, more than 100 patients were enrolled in clinical studies at FVRCC. At this time, we have 35 active clinical trials in progress.

FVRCC researchers recently published four articles for the American Society of Clinical Oncology (ASCO). The articles were presented at the organization's annual meeting in May. The 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.

Additionally, FVRCC 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.



By Glen R. Justice, M.D.  
Medical Director  
Fountain Valley Regional Cancer Center

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*Last year alone, more than one hundred patients were enrolled in clinical studies at FVRCC.*

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### **New Early Detection Programs**

We now offer a screening assessment for any woman who is concerned about breast cancer risk, and more than 1,300 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.

FVRCC is also embarking on an 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, FVRCC 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 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 FVRCC. 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 pleased she has returned to the field of oncology, and is here working with us.

# Fountain Valley Regional Hospital and Medical Center

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USC/NORRIS CANCER NETWORK

*in affiliation with*

Fountain Valley Regional Hospital and Medical Center




## Our Cancer Center 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'Heary, 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'Heary 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.



**1995**  Glen R. Justice, M.D., appointed OCRCC Medical Director.

*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.

Construction begins on new OCRCC building.



The Center for Breast Care opens in new OCRCC building.

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

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

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

Genetic Counseling program opens.

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

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

Change name of cancer center program to Fountain Valley Regional Cancer Center.

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