



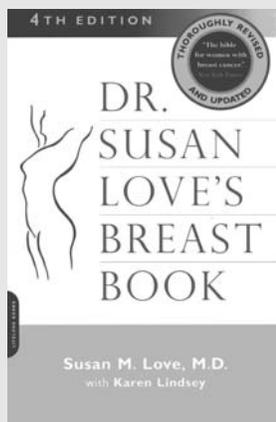
Call of the Amazons

Humboldt Community Breast Health Project

Volume 9, Issue 2

Breast Cancer 2008 & Beyond

An evening with
Susan Love, MD &
Ellen Mahoney, MD, FACS



Thursday,
June 19, 2008
7:00-9:00 p.m.
Van Duzer Theatre,
HSU

A benefit for the
Humboldt Community
Breast Health Project

Join us for an engaging conversation
about new screening techniques
& advances in treatment.

Question & answer period. CEs available.
Book signing with Dr. Susan Love.

Tickets \$25

Available at Lima's Professional Pharmacy (Eureka
& McKinleyville), Green's Fortuna Pharmacy,
Dr. Mahoney's office in Arcata & at the door

We want all of our clients and interested
community members to benefit from this
extraordinary opportunity. Generous sponsors
have made it possible to offer financial assistance;
call HCBHP at (707) 825-8345. ❖

DCIS & A Research Study in Humboldt County

by Ellen Mahoney, MD, FACS

Is ductal carcinoma-in-situ (DCIS) a form of breast cancer?

The answer is a definite "sometimes, but...", representing yet another gray area in breast cancer. The history and background is illuminating as to why and how this can be the case, and it also lights the path to progress.

The use of the term "carcinoma" in the name of this condition is a historical one, and does not reflect reality in most cases, as you will see below. Most cells in DCIS cannot and never will be able to travel outside the breast to set up colonies in other parts of the body, a capability necessary to be termed "cancer."

DCIS was first described in the 1930s, but was rarely found before 1980 when biopsies of non-palpable mammographic findings began to be routine. Major studies of the effectiveness of mammography in the detection of changes that might be breast cancer did not begin until well into the 1960s. Until that time, all breast cancer was diagnosed by the detection of a lump or other physical finding. Frozen sections, allowing a pathologist to examine tissue during the surgery before a permanent specimen is prepared, were not available widely until the mid-twentieth century, and then only in select institutions. The one-stage radical mastectomy was the standard of care. By the time that the lesion was examined under the microscope the procedure was finished. (This makes the determination of true family history of breast cancer going back more than three generations problematic to this day.)

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From the Director by Catherine Andrews

There is a German expression that “April does whatever it pleases.” As I write this, rain is lashing my window and I am mad at capricious April. As the new and first full time Executive Director of the Breast Health Project, I am attempting to fill the shoes of our beloved Dawn Elsbree. She stepped out of them in order to spend more time with her young family, and I am pulling them on in hopes that I can make them my own.

All my life I have been mad at the capricious, consuming ways of cancer but I am learning that cancer may not be the fickle tyrant it once was. We are learning to control it. Even our language is changing: we are no longer “victims,” we are “survivors.” A groundbreaking study being conducted right here in Humboldt County by Drs. Ellen Mahoney and Susan Love may lead to an intraductal approach to destroy the lining of the breast ducts from which breast cancer arises, making cancer theoretically impossible. We may advance from learning how to control breast cancer to being able to prevent breast cancer.

Since the HCBHP opened its doors eleven years ago, we have had over 23,000 contacts in person or by phone with women with breast or gynecologic cancer concerns, or their families or friends. In 2007, 75% of local women diagnosed with breast cancer sought us out as a refuge of education,

support and hope. Many return for information or reassurance long after completing treatment. The Breast Health Project is, in turn, what our clients have made it – a circle of community, of people who have come together to learn, to heal, and to help others heal. We are collectively determined that no one in our community will fall through the cracks, and yet there are underserved and difficult to reach populations who are still doing just that. It is our mission to reach these people.

Please read on about some of the many activities at the HCBHP and consider how you can help support its mission as a volunteer or through donations. We exist due to your generosity and it is through this generosity that we are able to give back to greater numbers in our community.

The sun has turned the spatter of raindrops to crystal and the sky is a rainbow. I have made my peace with April. ❖

HCBHP Endowment
at the Humboldt Area Foundation
.....
Another way to donate. Call to learn more!

Humboldt Community Breast Health Project

is a community resource of support and education for those facing a breast health concern or a diagnosis of breast or gynecologic cancer. ❖ We are a client-centered, grassroots organization with services provided by breast cancer survivors and their support persons. ❖ We promote healthy survivorship through education, healing support and hope, enabling each person to become their own best medical advocate. ❖ We support and challenge our community to address breast health concerns responsibly and holistically. ❖ As survivors we heal through service and by bearing witness to others.

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The Amazon Breast Nest

A New Home for Breast Forms & Wigs

We have added a new service for women who experience breast surgery or chemotherapy thanks to the McLean Foundation and the commitment of warmline volunteer Mie Matsumoto. The Amazon Breast Nest closet contains breast forms, bras and other accessories for mastectomies and lumpectomies. It is now possible for a woman to become acquainted with options in a private setting either prior to or after surgery – allowing her the opportunity to learn what makes her most comfortable. Because breast forms come in many styles and shapes it is very helpful to try different options before making a choice. Mie, who attended a workshop to learn more about how to assist women, says “I’m thrilled to be able to help in this way and welcome requests for assistance.”



Mie Matsumoto

The closet also includes wigs for women experiencing hair loss due to chemotherapy. We are grateful to Cate Holm and the wonderful staff at Kalos Salon in Arcata for their efforts to shampoo, cut, style and care for the wigs. Anyone who chooses to use one of these wigs is invited to have it cared for by the Kalos team at no cost.

The majority of the breast forms and wigs have been donated by the American Cancer Society and by the women of our community, and we continue to welcome donations. We will do our best to meet the needs of those without insurance coverage. For women who have insurance (including Medicare and MediCal) the cost of at least one breast form and two bras per year is generally covered, and we can help with referrals to local fitters as well as informational materials and catalogs. Our goal is for every woman to have access to options, and to find the one that makes her the most comfortable in her changed body.

Others who participated in this project include Robert Thoman our carpenter, Harriet Watson, Barb Sage, Dawn Elsbree, and many women who donated breast forms and wigs. Feel free to stop by and have a look. ❖



7th Annual Benefit Raffle Drawing June 7th!

Dreaming of sunset-watching, surfing, and snorkeling? Perhaps formal gardens, fine wines, and art museums are more your style? **You still have a chance to win one of four vacation trips – France, Hawaii, Mexico, or, closer to home, a tree house on the Van Duzen River.**

The drawing will be held on June 7th at 7:30 p.m. during Eureka Arts Alive. The Vanity Salon at 1st and F will be our hub that evening, with KHUM radio broadcasting live as the four winning tickets are drawn. The work of five artists who all have a connection with the Breast Health Project – Kathryn Corbett, Richard Duning, Jill Faulkner, Joyce Radtke and Patricia Sennott – will be on display at the salon during the month of June.

This is our biggest fundraiser, and we hope you will help us reach our goal of \$80,000. Many of you have bought tickets over the years and we appreciate your continued support for the benefit of local women and their families.

Help us reach our goal of \$80,000 by June 7!

Tickets are just \$10 each or 3 tickets for \$25, 7 tickets for \$50, on up. As they say, if you don't play, you can't win! Call (707) 825-8345 for tickets. ❖

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Project News...continued from page 3

8th Annual WeCAN Seminar

The Women’s Cancer Advocacy Network Seminar (WeCAN) in April brought together 65 volunteers, clients, and members of the medical community for education and personal growth. The role of heredity in breast and ovarian cancers, decision making about genetic testing, and supporting people diagnosed with cancer were some of the topics presented by speakers Ellen Mahoney, MD, FACS, Kathleen Mott, RN-C, MS, NP, Ken Nakamura, MSW, and a panel of clients, Irene Blackburn and Carole Anderson, moderated by Julie Ohnemus, MD. Laughter Yoga with Sparkie Lovejoy and Jorge Zubieta was a perfect way to end the day.

In the last decade we have witnessed tremendous advances in scientific knowledge of genetics. We focused on questions such as: How do genetic abnormalities result in cancer? Who should go through genetic counseling and testing? What are the potential benefits and potential risks of genetic testing? BRCA1 and BRCA2 are two of the known genetic mutations that increase a person’s risk of getting breast or ovarian cancer. Frequently discussed as a problem that affects American Jewish women of Eastern European descent, we now know that these genetic abnormalities occur in many ethnic groups. This conference provided an opportunity to bring these complex issues into sharp focus through education and discussion. ❖

HSU Student Nurse Intern Program

Victoria Lynne Anderson completed her Community Public Health Internship at HCBHP this spring. She says she “felt blessed to have the opportunity to learn from our clients and their families as well as from volunteers and staff.” Victoria took a special interest in improving our lending library and as a result of her hard work our library remodel is now finished and the books are housed in a beautiful new bookcase. She graduated from HSU in May and plans to pursue a nursing career out of the area. We wish her success in all her endeavors. ❖



Victoria Anderson

Our Library

Over the last ten years our library has grown from a collection of journal articles on breast cancer to a full resource and lending library with texts on all aspects of breast cancer, an expanding collection on gynecologic cancer, as well as tapes, videos and DVDs. As a result of the efforts of many volunteers and staff, we have just completed a library redesign, categorizing the books by subject for easier access. Two bookcases with thousands of journal articles have become an electronic library, which continues to be added to on a daily basis thanks to our Information Specialist, Sue Mossman, and several new volunteers.

Once the redesign was complete our HSU Nurse Intern, Victoria Anderson, contacted one of her friends to ask if he would build us a new bookcase to accommodate our collection. Brady Gittins agreed and before we knew it a



Brady Gittins & Our New Bookcase

beautifully built, custom bookcase was delivered. The supplies were donated by Arcata Do It Best Lumber and we thank them for their generosity.

If you have read books that you found helpful on your cancer journey and would like to donate to our library or recommend a title, please give us a call. We welcome your suggestions. ❖

AmeriCorps/VISTA Volunteers

We are saying farewell to Devon Heim, who is heading off to law school after spending a year with us as an AmeriCorps/VISTA volunteer. Devon took on many responsibilities, from Sales for Survivors (enrolling 53 businesses who donated a percent of one day’s sales last fall) to developing job descriptions for volunteer needs. We marvel at how she has matched volunteers with rewarding jobs, particularly for our website, database and e-library. Devon will be missed, as staff and as a friend.

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Project News



Project News...continued from page 4

We welcome Kaylee Baucom, who joins the Breast Health Project family as our new Americorps/VISTA volunteer. Having just graduated from HSU with degrees in French and Women's Studies, she looks forward to work that will get her closer to her community. Kaylee had originally planned to work on a Peace Corps project abroad, but after her mother's recent cancer diagnosis she chose to stay closer to her family in Southern California. We are fortunate to have her here.



Kaylee Baucom

Americorps/VISTA is a program open to anyone, young or old. Volunteers In Service To America (VISTAs) work with non-profits in service to the community at minimal cost to the organization. They receive a stipend and an education benefit from AmeriCorps. ❖

Volunteer Voices



Sandy Sweitzer

Sandy Sweitzer

Sandy became a Warmline volunteer in November. She moved from Sonoma County where she worked as a volunteer coordinator at a breast health resource center. Sandy, a breast cancer survivor, is "reminded again and again of the importance of listening" when she talks to clients.

She is touched by the community here and the grassroots nature of the Breast Health Project. Sandy is a jewelry maker and enjoys making her own glass beads.

Rhonda Mitchell

"Hello, this is Rhonda..." We hear Rhonda's cheery voice every Monday when she comes in to make reminder calls to support group participants. She has also begun taking on other tasks that need doing around the office. Rhonda recently moved from the Bay Area and she enjoys collecting antiques and attending musical and theatre events.



Rhonda Mitchell

Janet Waddell

After finishing treatment for breast cancer, Janet thought that the Breast Health Project would be a good place to give back to her community. She will be adding gynecologic cancer information to our electronic library as we strive to better serve women with gynecologic cancer. Janet taught life skills and communication, modern rhetoric, and family patterns and communications at Graceland University.



Janet Waddell



Eva Laevastu

Eva Laevastu

If you've taken a look at the website lately, you have noticed a lot of changes. Eva has been revamping our website to make it more user-friendly and informative. She is also helping with the continuing development of our database. A retired Air Force

Colonel, with great computer and organizational skills, Eva knows how to get things done.

Cindy Somers

Cindy has been helping us with many behind-the-scenes jobs, from packaging queasy pops for chemo kits to making health fair info packets. Her thoughtful attention to detail and positive personality are much appreciated. Recently Cindy has started working on our database. She also volunteers at Mad River Community Hospital three days a week and she likes to walk, read and take drives on nice days. ❖



Cindy Somers





Ione M. Ellis



Ione M. Ellis

February 12, 1940 – April 23, 2008

The Breast Health Project community lost a colleague and a deeply respected friend this spring. Over these years Ione made enormous contributions both to the Project, as a Board member and a volunteer, and most importantly to our understanding of what it means to live well with advanced disease. It was a privilege to learn from Ione as she faced the challenges of inflammatory breast cancer while keeping her focus on what meant the most to her. She was cared for by a team of physicians she trusted and respected including Drs. Cory Spencer, Michael Harmon, Ellen Mahoney, Julie Ohnemus and Dr. Hope Rugo of UCSF Medical Center. She died surrounded by her devoted and loving family. We thank her family for sharing Ione with us these past eight years.

This is my prayer

by Karyn D. Kedar (*a poem loved by Ione*)

May I be at one
With the various parts of myself.
So that mind and heart work together.
So that the conversations in my head
Form a choir in perfect harmony.
So that what I do is supported by my
Heart's desire
Like a shadow dancing behind a child
At play.
To be connected to the world,
Inspired by the sun and the wind.
To realize that every breath is a gift
And every blizzard has its place.
To be embraced by love for the people in my life.
So there is no fear, no suspicion, no separation
There is only love.

Ione outlived her prognosis by many years. Here are excerpts from a piece she wrote for this newsletter in the sixth year of her journey: "I wish I could say that I accept my plight gracefully. I don't. I have moments of anger, frustration, and despair. I write poems to dispel my demons. Overall, I do not dwell on where I am going, but rather on what joys come with each step, each day... Nature is a solace for my soul. I am nourished by a visit from a friend, a call from a loved one, a hug, or most particularly, by the warmth of my husband's hand in

lone by Kay Thornton-Fitts

Suffering introduced us
We would not have met in church
nor a business meeting
We would not have met in a garden shop
She had given up her rose garden
for "trees and weeds" in Humboldt County

Suffering set us squarely
on this highway of cancer travel
showed me how to shoulder
some of the heavy load she carried
allowed us a breath of laughter now and then
made us tougher and more tender

In this world of suffering
she showed me how to put my feet
back firmly on the ground
how to keep that load from pulling
me right out into space
I have lost a friend
but my feet remain planted



Ione M. Ellis

mine.... I learned that nothing is as important as the relationships we share with others. To use a perhaps overtired metaphor, my path is strewn with roses – not just rose petals, but the whole flowers with stems and thorns included!"

Ione participated in the Breast Cancer Support Group until the formation of the Advanced Disease Support Group two years ago. Women with any type of Stage 4 cancer meet weekly to share information, share their journeys and offer each other support. Here are a few comments from a conversation that took place in that group just a few days after Ione's death. She meant so much to them.

- ◆ "She was the most philosophically grounded person I had ever known...."
- ◆ "There was always grace in whatever she said. She would cut right to the bone but hold it in a place of grace...."
- ◆ "What I saw was courage and that courage touched each of us and reminded us that courage is inside us too...."
- ◆ "We had lunch in the garden of my cluttered home. Ione wrote a poem about the clutter and what it might mean...."
- ◆ "Ione liked red shoes...."
- ◆ "Ione is such a beautiful name." ❖



Guys' Night



Guys' Night

Our support group is a group of men who are all caregivers – men who are supporters of a partner with cancer.

We are usually a small group. We talk, we share, and we listen. Participants at first were not at all sure they wanted to come to such a group – to leave their partner at home and just sit around and talk with a bunch of guys. In fact, each has said that this is a good night out – that it helps them to realize that they are not alone and that others too are walking a similar path.

You may find that you are able to help other men by sharing your experiences or simply by listening to their stories. There are two facilitators who are there not as counselors, but as supporters. ❖

Guys' Night
1st & 3rd
Mondays
6:00-7:30 p.m.

The group is confidential and offered at no cost. We become better caregivers and partners as we learn to take better care of ourselves.

Call HCBHP at (707) 825-8345 if you are interested in attending or for more information.



David McMurray & Richard Duning, Facilitators

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Frozen sections, as difficult to interpret as they can be in breast disease, were not the only analytic limitation. Before 1950 there were few surgical pathologists in general, and until then there was not even one in every state. No wonder, then, that the subtleties of breast pathology were under-appreciated. Most women treated for breast cancer never, ever, had a pathologist look at their tissue. Surgeons were their own pathologists, operating on a palpable lump, deciding at the table whether it looked malignant by eyeballing it, and if so, proceeding to radical mastectomy. For years after widespread mammographic screening was instituted in the 1970s, all DCIS seen under the microscope was seen in association with invasive cancer, and therefore was considered to be the earlier stage of an inevitably life-threatening condition, an "obligate precursor."

When mammography became widespread, patterns of microcalcifications were noted. The initial biopsies done to correlate these mammographic findings with the appearance of cells under the microscope were done by the surgeon estimating the location of a mammographic finding and performing a biopsy in the corresponding area of the breast. The needle and hookwire approach was developed in the 1980s, and greater precision in the removal of tissue became possible. At this point, cases of "pure" DCIS began to be identified. Some cells had features that seemed more like normal breast cells, and these were called "low-grade," and the more bizarre cells, called "high-grade," were considered to be progressions from the earlier state.

In both cases, mastectomy was performed. By that time the modified radical mastectomy was becoming the standard, so at least chest wall muscles were not removed. Because involved lymph nodes were not found in these cases, ultimately the standard of care changed to "simple" mastectomy (few or no lymph nodes removed) except in cases where the area of DCIS was greater than 4 cm (1.6 inches). The more aggressive lymph node dissections were still being done, so about 30% of these women ended up with lymphedema, but all were comforted by the fact that there was now a 99% chance that they would never have breast cancer on the affected side.

Some doctors and patients were even performing mastectomies and node dissections on lesions that seemed to be between benign and DCIS, so great was the faith

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that DCIS was simply the earliest stage of breast cancer. Even after lumpectomy and radiation became the norm for small invasive cancers, women with DCIS were still advised to have mastectomies, since their breast tissue was considered to have a “field defect” in which all of it was at risk of developing invasive cancer.

Several developments called this simplistic, but seemingly logical, scenario into question. The heroes of this story are pathologists who are still working, showing again how recent these advances are. We owe a debt of gratitude in particular to Drs. David Page, Michael Lagios, and William Dupont. These pathologists refined their classifications of DCIS types based on appearance of cells and cell patterns, and also established that some of these distinctions were very difficult to make. Several studies showed that eminent experts in the field, sent the same slides to read, disagreed widely on their diagnoses – not only on the subtype of DCIS but also on whether a lesion was DCIS or a step down from DCIS, “atypical ductal hyperplasia” (ADH). This led to a pause in enthusiasm for radical treatment, particularly since it coincided with the beginning of patient activism in breast cancer.

A landmark study of biopsies done before the widespread availability of mammograms showed that most of these women, though they clearly had DCIS in their biopsy from many years before, never developed breast cancer! The second surprise was that “low-grade” DCIS, if it ever became breast cancer, became breast cancer after a much longer period of time, and tended to become the type of invasive breast cancer that has relatively good behavior, whereas “high-grade” DCIS became a nastier cancer sooner and more often. Autopsy studies also showed that up to 25% of women have some form of DCIS in their breasts at death from any cause, a figure that is much higher than the incidence of breast cancer observed in a population. From these studies and more, we are now able to tell our patients that only about 30% of women diagnosed with DCIS today will ever develop invasive breast cancer in their lifespan, and that the process of change from DCIS to invasive breast cancer in such cases likely takes years.

Dr. Lagios kept track of women who had DCIS diagnosed on breast biopsy in the 1970s and 1980s but who had declined further treatment. Some of these biopsies had removed the focus of DCIS, but others had

involved margins. In a paper published in 1989 he showed that the recurrence rate was 22% at 15 years, with about 60% of the recurrences invasive cancers, and 40% more DCIS. Despite this, there were no breast cancer deaths in these subjects. Again, the link was seen between high-grade cases and higher likelihood of invasive cancer, but now the concepts of lesion size and the importance of negative margins were added to the mix. Based on these observations, refined by more studies, Dr. Lagios, working with Dr. Melvin Silverstein (a surgeon who published the first-ever textbook on DCIS – in 1997) developed the USC/Van Nuys Prognostic Index (VNPI). The VNPI is a scoring system based on lesion size, grade, margins, the presence of necrosis, and patient age. It is aimed at identifying women who could be adequately treated by excision with clear margins, those who still need mastectomy, and those who would benefit from radiation therapy to reduce their chance of recurrence in the breast.

Because the close cooperation between pathologist and surgeon needed to use the VNPI scoring system was not considered to be practical everywhere, the National Surgical Adjuvant Breast and Bowel Project (NSABP) opened Protocol B-17 in which 818 women diagnosed with DCIS were randomized to radiation therapy after lumpectomy or to no radiation. This study showed a benefit for routine radiation therapy after lumpectomy, but it has been criticized by Drs. Lagios and Silverstein for downplaying and failing to control for the technical factors which they had previously identified as important

in reducing the chance of local recurrence. They contend that the protocol shows only that radiation can be used to improve the prognosis for women subjected to suboptimal surgery and pathology. The treatment battle

rages on, and has become part of the informed consent as we counsel our patients on their best options for treatment.

What we really need now is a way of classifying DCIS on the basis of what genes are acting in the cells, not on their appearance under the microscope. Until we have this refinement, we have only imperfect ways of trying to figure out if any one case of DCIS represents one of the minority with the potential to become real breast cancer, or one which will remain DCIS for the patient’s lifetime. One way to do this is to study the abnormal proteins produced

Only about 30% of women diagnosed with DCIS today will ever develop invasive breast cancer in their lifespan, and the process of change likely takes years

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continued stories



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by some of these cells, to see if they can show us which potentially dangerous genes are at work.

Meanwhile, and perhaps most important, the concept of "field defect" has been called into question in a major way. Elegant studies have shown that the breast is not the same across all of its tissue, but has a definite internal anatomy with 6-9 separate "ductal systems" in each breast. Each of these ductal systems produces milk from the lobules and carries it down separately to its own opening on the nipple. If you inspect the nipple of a nursing mother, you see these different points of outflow. What you may not have known is that there is no common pool of milk inside, but that each of these ducts can be viewed as a separate organ. Although these ductal systems intertwine inside the breast, they do not interconnect, so what happens inside one duct is unique to that duct.

Other mammals have their teats (a single duct and associated lobules) in pairs along their abdomen; humans have theirs gathered under a pair of skin envelopes we call "breasts," but inside the breast the ducts remain as separate as teats do in our fellow mammals. Our ductal systems can be visualized as 6-9 complex branching balloons in each breast, each accessible from its opening on the nipple. Breast cancer arises from a set of seemingly random mistakes made by the cells that line a particular ductal system as they divide. In DCIS, these cells are dividing without regard to the body's need for them. Because they cannot leave the duct they are stuffed along the course of the duct. They have a shorter life span than normal ductal cells, and dead cells inside the duct attract calcium, allowing the area to become visible on mammography.

Since we cannot tell for certain which DCIS will eventually become cancer, it is a good idea to get rid of the cells that have mutated to this degree. Until now, surgical excision is the only way, with radiation as a backup to kill DCIS left behind. But we are proposing that there may be other ways to destroy the lining cells of a particular ductal system, by using the same opening for milk at the nipple to access the involved duct to instill a small amount of a drug known to kill cells. In fact, if this works for DCIS, we hope that it might work to destroy all of these lining cells in a normal breast, making breast cancer theoretically

impossible. And unlike mastectomy, which can never remove all of the ductal cells in a breast, all of the cells in the duct are accessible through the nipple. So the "intraductal approach" is theoretically more effective than mastectomy, with the added advantage of preserving the breast.

The first test of this hypothesis is now underway in Humboldt County. We, along with the Dr. Susan Love Research Foundation, are looking for 30 women newly diagnosed with DCIS on a core needle biopsy who are willing to have the involved duct injected with a small amount of Doxil a few weeks before their lumpectomy or mastectomy. Doxil is doxorubicin, a drug known to kill breast cancer cells, encased in liposomes, fat globules, to slow release. To show the safety of this approach prior to the institution of this study, over 30 women have already had Doxil injected into their breast in other studies, some at even higher doses than will be used in our study, with minimal to no side effects.

Proteins which may be biomarkers for the behavior of DCIS will also be collected before and after the ductal injection, and other monitoring will be included in the study. In addition to a pathology report generated in the usual way, cells from the injected duct will be compared to cells in nearby ducts.

This idea for a completely new approach to DCIS is funded by the California Breast Cancer Research Program and won out over 51 other concepts presented last year. Eminent scientific reviewers from outside the state gave the concept the highest scientific scores. The NSABP has said that if our small study shows promise they will open a multicenter national study using this concept. If you know of anyone newly diagnosed with DCIS, please let them know of the study and have them call my office at (707) 822-7200, or HCBHP at (707) 825-8345, to determine if they are eligible.

An intraductal disease deserves an intraductal approach, because it is logical, and because it holds the promise of maximizing therapy while minimizing or eliminating damage to normal tissue. ❖

The first test of this hypothesis is now underway in Humboldt County. We, along with the Dr. Susan Love Research Foundation, are looking for 30 women newly diagnosed with DCIS

We're Forever Grateful to our contributors

With deep gratitude and appreciation, we thank the following individuals who have made contributions to the Humboldt Community Breast Health Project from November 10, 2007 to April 15, 2008.

Please notify us of any errors.

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calendar of Programs & Events

All HCBHP programs are free of charge.

Support Groups

Arcata Breast Cancer Support Group
1st & 3rd Thursdays of the month, 6:00-7:30 p.m.

Fortuna Breast Cancer Support Group
1st Saturday of the month, 10:00-11:30 a.m.

Gynecologic Cancer Support Group
2nd & 4th Tuesdays of the month, 3:00-4:30 p.m.

Advanced Disease Support Group
For those living with Stage 4 disease
Mondays, 11:00 a.m.-1:00 p.m.

Guys' Night Support Group
For men whose partners have cancer
1st & 3rd Mondays of the month, 6:00-7:30 p.m.

Amazon Writers
For those interested in writing about their cancer journey
2nd & 4th Wednesdays of the month, 3:00-5:00 p.m.

Meeting times may change. Please call (707) 825-8345 to confirm or to add your name to our support group reminder call list. All groups are held at the Project office except the Fortuna Support Group.

Save the Dates!

2008 Benefit Raffle

Drawing at Arts Alive, Vanity Salon, Eureka
June 7, 2008, 7:30 p.m.

Living Beyond Breast Cancer Teleconference

Medical & Quality of Life Updates from the 44th Annual Meeting of the American Society of Clinical Oncology
June 13, 2008, 9:00-10:30 a.m. at HCBHP

Breast Cancer 2008 & Beyond

Susan Love, MD & Ellen Mahoney, MD
HSU Van Duzer Theatre
June 19, 2008, 7:00-9:00 p.m.

Face to Face

July 3, 2008, 5:00-6:00 p.m. at HCBHP
Hosted by Ken Nakamura, MSW

September 4, 2008, 5:00-6:00 p.m. at HCBHP
Hosted by Michael Harmon, MD

Healing Journeys

Memorial Auditorium, Sacramento, CA
September 13-14, 2008

Humboldt Community

Breast Health Project

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HCBHP Hours:

Monday-Friday
9 a.m.-2 p.m.
Evenings by appointment

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7th Annual Benefit Raffle Drawing — June 7th at Arts Alive! See page 3.