



CANCER PREVENTION & TREATMENT

MARCH 2006

FROM THE DR'S DESK:

BREAST CANCER

Clinical Discussion: By Avi Retter, MD

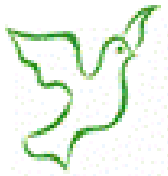
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Breast cancer is the most frequently non-cutaneous diagnosed cancer among women. When found and treated early, the five-year survival rate for breast cancer can be above 98 percent.

Prevention:

- Exercise regularly
- Drugs are available to help prevent breast cancer in women with high risk.

Risks:

- Women over the age of 50 years old are at higher risk
- Women with a family history of breast cancer
- Women with certain inherited abnormal genes
- Women with a previous history of breast cancer
- Obese women with a sedentary lifestyle



Screening:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and

every year for women 40 and over.

- Women should report any breast change promptly to their health care providers.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

Discussion:

There is no consensus as to the appropriate age to begin mammography and appropriate intervals in which it should be performed. Most North American groups suggest a frequency of every year for women over age 50 and every 1-2 years for women ages 40-49.

While the ACOG recommends routine teaching of breast self-exams (BSE), there is even less agreement about patients performing BSE with certain consensus groups stating that there is "fair evidence BSE be excluded from the periodic health examination of women

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SPECIAL POINTS OF INTEREST:

- New clinical trials available!
- Visit our website to sign up to receive periodic newsletters
- Delicious Recipe on page 3
- Free Self Breast Exam card

CLINICAL TRIALS

At the Eastchester Center for Cancer Care (ECCC) we strive to be at the forefront of oncology care in making the latest treatments available to our patients. At our center we offer numerous clinical trials in breast cancer and lung cancer, some of which are only offered exclusively in our center in this geographic region.

What is a Clinical Trial?

A clinical trial is a protocol designed to see if a new drug or therapy will work on cancer and possibly benefit patients. Doctors and researchers collect information on the benefits, side effects, possible applications of new drugs, as well as new drug combina-

tions and dosage information.

What are the phases of Cancer Clinical Trials?

Clinical Trials have four phases:

Phase I – The new drug is tested for safety, side effects and how a

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BREAST CANCER

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aged 40-49 because of excessive work-ups for false-positive examinations..”. As above the ACS recommends that women be educated as to the benefits and limitations of BSE, but should be encouraged to report any abnormal findings to their health care providers.

Patients with a family history of one or more first-degree relatives who developed premenopausal breast cancer may be appropriate candidates for genetic testing (i.e. BRCA1/BRCA2).

For further information or inquiries please contact Dr. Retter at ECCC or email him at retter@eastchestercenter.com.

Please contact us to receive a free waterproof self breast exam card to place in your shower



CLINICAL TRIALS

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drug is administered. A small number of patients are allowed to participate in a Phase I trials. If a Phase I study results show that the drug is safe **Phase II** begins.

Phase II – these protocols involve a larger number of patients and continue to evaluate the safety of the new drug and any less common side effects.

Phase III – these protocols compare the new drug to standard therapies to see if the new drug is more beneficial than the current treatment plan.

Phase IV- these protocols continue to evaluate the

safety and benefits of drugs that have been approved by the FDA and are available to cancer patients.

What are the benefits and risks of participating in a trial?

The benefits:

- Trial participants have access to new drugs;
- They can benefit from new therapies, before it is available to the general public;
- Participants usually receive closely monitored, high-quality care;
- Contribute valuable in-

formation that may influence the future of cancer care for others.

The risks:

- The possibility that a new drug treatment is not better than an existing treatment;
- Unknown side effects may be worse than side effects of standard treatments;
- If patients are randomized, they may receive standard care instead of the new treatment.

“Trial Participants have access to new drugs”



SURGERY WITHOUT A SCALPEL

The Eastchester Center for Cancer Care (ECCC) is proud to announce that it has successfully performed its first non-invasive spine surgery. Radiosurgery is a process using a linear accelerator along with a micro-multi leaf collimator to

deliver a high dosage of radiation directly to the tumor. This requires a team approach involving a neurosurgeon, radiation oncologist, physicist and radiation therapists.

Utilizing x-knife technology we are able to conform

a highly concentrated dose of radiation to destroy the cancer with surgical precision without having to perform any invasive surgical procedure. The patient is able to go home right after the procedure without having to stay



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SURGERY WITHOUT A SCALPEL

overnight.

How it Works:

Stereotactic radiosurgery works the same as all other forms of radiation treatment. It does not remove the tumor or lesion, but it distorts the DNA of the tumor cells. The cells then lose their ability to reproduce and retain fluids. The tumor reduction occurs at the rate of the normal growth rate of the specific tumor cell. In lesions

such as AVMs (a tangle of blood vessels in the brain), radiosurgery causes the



blood vessels to thicken and close off. The shrinking of a tumor or closing off of a vessel occurs over a

period of time. For benign tumors and vessels, this will usually be 18 months to two years. For malignant tumors and metastatic tumors, results may be seen as soon as a couple of months as these cells are very fast-growing.

NUTRITION CORNER

NUTRITION IN CANCER CARE

2005 has come and gone. We are all a year older and probably a couple of pounds heavier. Even if you're not obese, you could probably benefit from eating a healthier diet. There is ever-increasing evidence that lifestyle choices, such as our nutrition and food choices, affect risk factors for cancer.

A diet high in fruits and vegetables is the first step in the right direction. Eating the right fibers (think wheat and whole grains) and healthy proteins such as fish and chicken is also critical. I know it can be hard in our busy daily routines, but finding time to make quick and nutritious meals is definitely worth the effort.

Our nutritionist at Eastchester Center for Cancer Care, Paula Sarracco, has offered the following recipe as an example of a quick and nutritious family

dinner.

Teriyaki Salmon

(For a Family of Four-Ready in Less Than 30 Minutes)

5 tablespoons soy sauce
1 teaspoon minced ginger
3 tablespoons honey
2 tablespoons white wine vinegar
2 garlic cloves- minced
2 pounds salmon, cut into four steaks

Preheat oven to 350 degrees. Mix together ingredients and marinate salmon for 10 minutes. Take Salmon out of marinade and bake in baking dish for 15 minutes at 350 degrees or until fish flakes easily.

Brown Rice

3 cups low sodium chicken stock

1 ½ tablespoon olive oil

1 ½ cups brown rice

Bring stock and olive oil to a boil. Add rice and return to a boil while stirring. Turn down heat and cover. Allow to simmer for 18 minutes, until tender and all the liquid has been absorbed.

Spinach

2 bags pre-cleaned fresh baby spinach (available in most grocery stores)

2 tablespoons olive oil, divided

Salt

Pepper

Heat 1 tablespoon olive oil in skillet. Add one bag of spinach, pinch of salt and pepper and sauté for about 2 or 3

Try this nutritious family dinner:

Teriyaki Salmon
Brown Rice
Spinach

See article for recipe!



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Please visit us on our website!

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The Eastchester Center for Cancer Care is a state-of-the-art cancer treatment center providing unparalleled cancer care for the Bronx, Queens, Westchester and greater New York. We are conveniently located off all major highways and have free parking to make your visit as convenient as possible. Please contact us to learn more about the services we provide.



NUTRITION IN CANCER CARE

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minutes, until thoroughly warmed. Remove to serving dish. Add second tablespoon of olive oil to pan. Add second bag of spinach and a pinch of salt and pepper. Sauté for two to three minutes and move to serving dish.

Voilà! A nutritious family meal in less than 30 minutes. Remember that dieting alone is not enough. Incorporate exercise and other healthy choices, such

as limiting alcohol intake and quitting smoking, into your daily life. Your body will thank you for it. Wishing all of our readers a happy and healthy 2006.

