



PIPER BREAST CENTER™ *Communiqué*

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BONE HEALTH

~ by Beverly Trombley, MD

Bones. We don't think about them often, but we probably should. Bone health is an integral part of an individual's overall well-being.

Adult bones seem solid and unchanging, but they are actually remodeling all the time. Bones are the body's framework, holding a person up against gravity. Muscles pull on bones to move you when you walk, sit and bend. Humans have cells that reabsorb bone and cells that form bone; both are working to mold a body's bones in relation to these stresses. When everything is working correctly, the cells keep bones strong and capable. However, reabsorption can outpace formation of bone under a number of circumstances—as you age, when you are taking particular medications, and when you don't exercise. In these instances, bones can weaken and become brittle. The weaker the bone, the more likely it is to break. It's important to exercise—that way muscles stress your bones in the way they are meant to be stressed—and be sure that you consume enough calcium and vitamin D. Whatever the condition of an individual's bones, diet and exercise help strong bones stay strong and weak bones become stronger.

Sometimes more than exercise may be needed. A “fragility fracture” means a weak bone breaks when a healthy bone would not. These fractures are painful and may be associated with life-threatening conditions. “Osteoporosis” is a diagnosis that means bones are weak and at risk for fragility fractures. Bones may break from minimal trauma or just from the stress of gravity (in cases of spinal compression fractures, for example). “Low bone density” means that bones are weaker than normal, but not necessarily at risk for fracture. An individual with low bone density or osteoporosis may need medication and lifestyle changes to strengthen bones. Though anyone may be affected, these conditions are more common in post-menopausal women. Unfortunately, there are no warning signs. An individual may not know problems exist until a bone breaks.

A DXA study is a painless, non-invasive way to test for these conditions. This 10-minute study is performed while an individual lies on a table, fully clothed. Reasons to consider this study are family or personal history of a fragility fracture, steroid use (such as Prednisone), smoking (current or past) and menopause. This test is available to women and men at Piper Breast Center, 612-863-3150. Since every person is unique, you should talk to your doctor if you think this may apply to you.

Join us for the Race for the Cure!

The Twin Cities' Race for the Cure is Sunday, May 10 at the Mall of America in Bloomington, Minn. We hope you'll stop by our booth to visit with staff and physicians from the Piper Breast Center and representatives of other Allina Breast Care Services.

The Flower Fund

Fresh flowers are a charming part of the Piper Breast Center experience. The flower fund was created with the hope of always providing flowers to brighten the Center and the lives of the patients it serves. The Piper Breast Center welcomes all donations to help continue this tradition. For more information on making a donation, please contact the Abbott Northwestern Hospital Foundation at 612-863-4126.



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EXERCISE AND ITS RELATION TO BREAST CANCER REDUCTION

~ by Diane Stoller, MD

When an otherwise healthy, fit person who has “done everything right” receives a cancer diagnosis, it seems unfair on many levels. While the individual may feel like throwing away the gym bag and curling up with a pint of ice cream, data indicates that healthy habits could be some of your strongest allies in recovery. The Journal of Clinical Oncology, June 2007, reported a prospective study of 1,500 early-stage breast cancer survivors who were followed for 11 years. The study found that those who ate a healthy diet and exercised the equivalent of a fast walk for 30 minutes, five days a week, cut their chances of dying from the disease by 50 percent. That is the kind of improvement medical professions get excited about.

A smaller group of 12 women with metastatic breast cancer was followed by researchers. They participated in workouts for one hour, three times each week. At the end of the study, the women’s flexibility had improved 100 percent, balance increased 30 percent and cancer-related fatigue decreased 34 percent. When people become more fatigued, they rest more and become “deconditioned.” They do

less and less; their quality of life suffers. This study indicates that even women with advanced disease benefit from exercise.

Weight gain and bone loss commonly are reported in breast cancer survivors. The Yale University School of Nursing showed that a group of postmenopausal breast cancer patients in a supervised walking program did not gain weight nor lose muscle mass or bone density. Although medications are available for bone density problems, there are no medications to prevent weight gain and muscle loss.

Additional data indicates that improvements in self esteem and quality of life, and reduction in anxiety, result from physical exercise programs. Most programs include walking and weight training. If individuals must choose only one type of exercise, they should make it aerobic (one that increases respiration and heart rate). When they are no longer aerobically fit, people lose the ability to do things that are meaningful – like play with their kids or take a walk with a friend. The key is to get up and get going. Exercise can equip us to handle any of life’s challenges.

VOLUNTEERING AT PIPER BREAST CENTER

~ by Bonnie Porte, current volunteer

Every Friday morning, from 7 a.m. until noon, I volunteer as a greeter in the Piper Breast Center’s main waiting room. I love my work and feel that I perform a valuable service for our patients. I am rewarded when my smile and reassuring words help a patient—who might feel a bit anxious—relax and return the smile.

I welcome each patient and walk with her to a changing room or examination room. I give her a comfortable robe to wear and a clipboard for her paperwork. I am able to keep the waiting families and friends informed of the patients’ whereabouts and offer a timeline if their loved one moves from one procedure to another. I serve everyone a cup of coffee or tea in beautiful china cups. I think it’s also important to encourage women to continue regular screening and to assure them that they will be well cared for at Piper Breast Center.

Originally, I decided to volunteer at Piper Breast Center because I’m a retired ob-gyn

clinic administrator. I thought the breast center would be a good fit with my background and interest in keeping up in the medical field. Three years have gone by quickly, and now I’m a member of a team working together to do our best for our patients. Staff members have become my colleagues and friends.

I look forward to my Friday mornings, even though I’m not naturally an early morning riser. If you want to enjoy the satisfaction of helping the flow of patients move smoothly through the Piper Breast Center or volunteering in some other way, I welcome you to join us. We need more women who care.

We are currently looking for volunteers who can serve as greeters and assist with other light duties as needed. Our hours of operation are 7 a.m. – 5 p.m. Volunteer shifts are flexible and are divided into three-to-four hour increments. If you are interested in becoming a Piper Breast Center volunteer, please call 612-863-4281.

BREAST CANCER AND RADIATION THERAPY

~ by Carol M. Grabowski, MD, FACRO

Radiation therapy is commonly used in breast cancer treatment. Patients who opt for a lumpectomy—removal of the breast tumor plus a region of normal breast tissue around the tumor—are advised to follow this procedure with radiation therapy to the remaining breast tissue on the side of the malignancy. This method, also called “conservative management,” has been studied thoroughly in randomized trials on literally thousands of women across many continents. It is equivalent in success to a mastectomy—the surgical removal of all the breast tissue. These procedures hold up measure for measure, when comparing the risk of local return of the tumor in the breast or on the chest wall, and many other measurable survival endpoints.

In some rare cases, mastectomy patients may also be invited to discuss radiation treatment. This includes cases in which the tumor is large, when the tumor is cut across during surgery, when there are four or more positive nodes from the axilla (armpit), and when chemotherapy is given first and the true initial pathologic diagnosis will never be known.

The delivery of radiation therapy is painless. Because it is a local treatment—specific to one area of the body—side effects are related to the area being treated. There is no effect on a person’s mental status after treatments, and patients who drive themselves to treatment can drive themselves home. Radiation treatments are about 20 minutes long, with only a few minutes of actual “beam on” time. The rest of the time is used to re-establish a patient’s position for treatment.

Radiation care involves a comprehensive team of physicians, nurses and therapists, plus a number of important behind-the-scenes people like radiation physicists and medical dosimetrists. Technology in Radiation Oncology is rapidly improving and includes the use of respiratory gating (in which accommodations are made to account for the effect of a patient’s breathing during treatment), pretreatment imaging fusion (CT and kilovoltage imaging) for precise field placement prior to the initiation of treatment, and computer aided planning allowing for tightly defined tumor target definition and maximal tissue sparing.

If you or a loved one is in need of a Radiation Oncology opinion, please do not hesitate to call us at the Virginia Piper Cancer Institute’s Radiation Oncology Department for an appointment at 612-863-4060.

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Medical editor – Lisa Schneider, MD

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