

COMMUNITY NEWSLETTER

From a Simple Journey to a Surprising, Transforming Adventure...

By *Melanie E Royce, M.D., Ph.D.*

In 2004, I began a simple journey that took me from Houston, Texas, to Albuquerque, New Mexico. It was my expertise that brought me to Albuquerque; it is my passion that keeps me here. That passion is beating breast cancer and caring for those diagnosed with it. I am the director of the Multidisciplinary Breast Cancer Program at the University of New Mexico and the Chair of the Medical Scientific Review Committee (MSRC) at the New Mexico Cancer Care Alliance (NMCCA). My specialty and expertise are in treating and researching breast cancer. Like most worthwhile journeys, mine has been accentuated with successes and challenges. But along the way, the simple journey revealed surprising discoveries that have transformed it into an extraordinary adventure.

A multidisciplinary team approach is one of the hallmarks of excellence in both the care of breast cancer patients and the advancement of breast cancer research. One of my first tasks in New Mexico has been creating a multidisciplinary team. This has involved bringing together individuals of various specialties that are essential in the effective management of breast cancer for our patients. In this task I found my first of many surprises. A gift – there is no better word than that to describe the discovery of wonderful people who help make a vision become reality. There are several of them, too many to mention them all by name here. I must however share three particular gems.

One is an energetic and highly skilled breast surgeon, Dr. Anne Marie Wallace. With Dr. Wallace on the team, our patients get state-of-the-art surgical management. Second is a seasoned plastic surgeon, Dr. Brett Baack. He took the time out of his

busy practice to certify in Oncoplastic Surgery so that he might offer our patients their best breast reconstructive options. Third is our highly competent genetic counselor, Lori Ballinger. When it comes to her work, she has impeccable judgment.

Despite recent advances, far too many patients still die of breast cancer. We must do more. To save lives, we need to learn more about the biology of breast cancer. To save lives, we need to develop innovative technologies for better diagnostics and prognostication. To save lives, we need novel therapies that are more effective and less toxic. Daunting as it may seem, these are possible through sound, hypothesis-driven research. One of the delightful surprises of my journey was discovering the superb scientific and technological capability here in New Mexico. Let me highlight a couple projects we are currently working on.

The first involves developing magnetic resonance spectroscopy for breast cancer, a collaboration led by Dr. Stefan Posse. This project could have an immediate applicability in breast imaging for improved diagnostics and assessment of response to therapy. The second collaborative project builds on the work of Dr. Eric Prossnitz relating to a novel estrogen receptor, GPR30. Among other things, we are investigating the role of GPR30 in inflammatory breast cancer (IBC), work that is part of wider research collaboration with the M. D. Anderson Cancer Center.

A unifying principle in our collaborations is the translation of our science from bench to bedside. Understanding that much research remains to be done, we have established the Extended Breast Cancer Registry and Tissue Repository (EBCR)

to serve as a resource for future research.

Despite my Ph.D. training, in New Mexico my journey has led me to commit foremost as a clinician. This is partly because I am passionate about clinical trials. Currently, we have more than a dozen therapeutic clinical trials open through the NMCCA. Among the many surprises I consider most rewarding, is our patients' enthusiasm and robust participation to clinical trials. I am excited that they too are invested in making a difference in our fight against cancer, in leaving a legacy for generations to come.

Leaving the M. D. Anderson Cancer Center and joining the UNM Cancer Center was in a way the end of a journey, but also the beginning of an adventure. That adventure continues. No one knows how adventures end, but everyone knows they are exciting. The future holds much promise. I for one usually love adventures and, like a child on her first visit to Disneyland, hope the adventure never ends. But this is one adventure I dream will end, and soon. My dream is a day when cancer is no longer a threat. Until that day comes, this adventure must continue.

For more information about Tissue Repository, see page 7.



Melanie E Royce, M.D., Ph.D.

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October is Breast Cancer Awareness Month

October is Breast Cancer Awareness Month – a good time for all women to learn about breast health, early breast cancer detection and healthy habits to abide by all year round.

KNOW YOUR BREAST CANCER RISK AND WHAT IT MEANS.

Rick factors that you may be able to control and modify may include:

The most important factors that increase one's risk for breast cancer are being a woman and growing older.

- what you eat
- how much you weigh, and maintaining a healthy weight
- how much you exercise
- whether you smoke
- whether you drink alcohol and if so, how much and how frequently
- the types of chemicals in your environment
- whether you took hormone replacement therapy (HRT) for menopausal symptoms for five years or longer

RICK FACTORS THAT INCREASE YOUR RISK FOR GETTING BREAST CANCER THAT YOU CAN'T CONTROL:

- Age
- Personal history of breast cancer
- Family history
- Certain breast changes
- www.breastcancer.org/risk/genetic/ " Genetic alterations
- Menstrual history
- Race
- Breast density
- Exposure to DES (diethylstilbestrol): DES is an estrogen-like hormone used in the past to help women prevent miscarriage.

- Late pregnancy or no pregnancy

It is important that you discuss your risk with a health care professional.

If you are at high-risk, you will want to discuss prevention and earlier or additional screening options.

MONITOR YOUR BREAST HEALTH.

To find breast cancer early when it often can be treated successfully, you should ask your doctor about when and how often you should check your breasts changes. Recommendations depend on your risk, but in general women should:

- Have mammograms after age 40 every 1 or 2 years, then annually by age 50 and above
- Have yearly clinical breast exams
- Obtain risk assessment from a physician

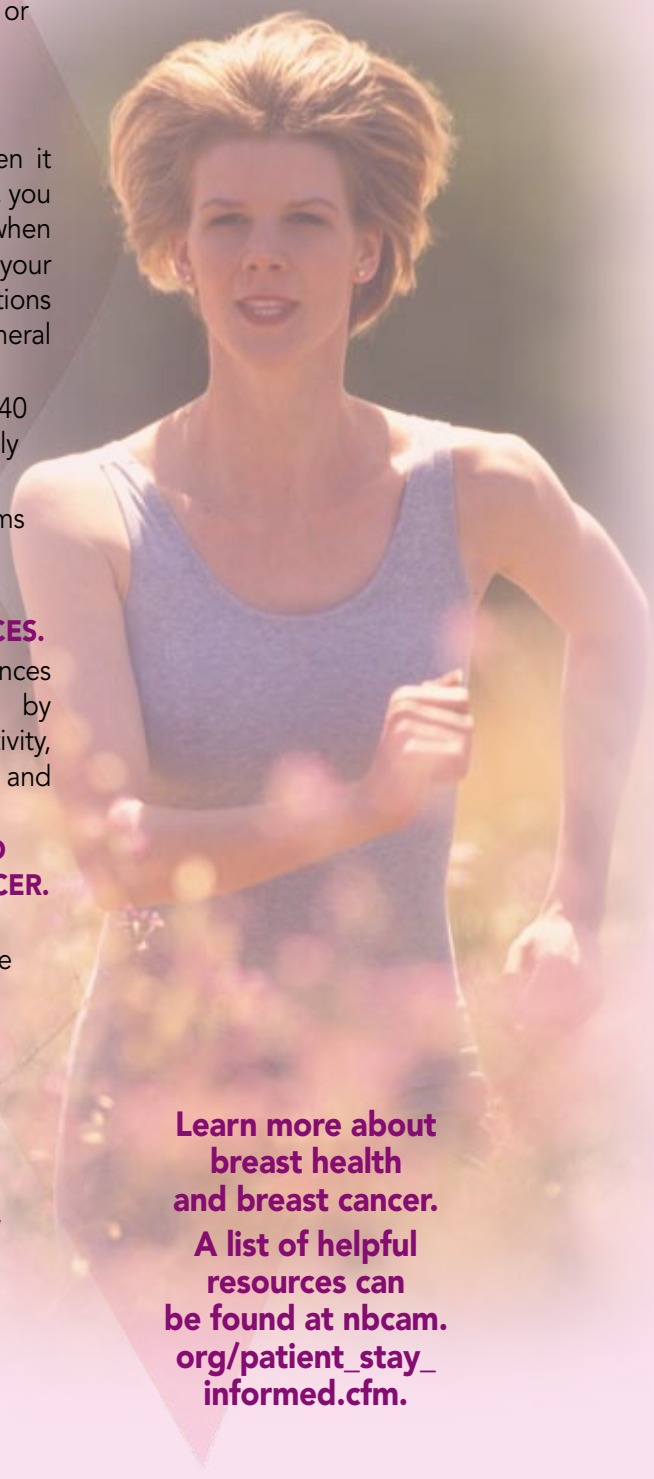
MAKE WISE LIFESTYLE CHOICES.

You can help reduce your chances of developing breast cancer by engaging in regular physical activity, maintaining a healthy weight, and limiting alcohol intake.

KNOW COMMON SIGNS AND SYMPTOMS OF BREAST CANCER.

Although not always present or an indication of breast cancer, the following are common symptom experienced by women with breast cancer.

- A change in how the breast or nipple feels
- A change in how the breast or nipple looks, such as dimpling, a lump or redness
- Nipple discharge (fluid)



Learn more about breast health and breast cancer. A list of helpful resources can be found at nbcam.org/patient_stay_informed.cfm.

Breast Cancer Clinical Trials

Adjuvant Clinical Trials

NSABP B-39: A randomized phase III study of conventional Whole Breast Irradiation vs. Partial Breast Irradiation for Women with Stage 0, I or II BC

PACCT-1: ECOG PACCT-1: Program for the Assessment of Clinical Cancer Tests (PACCT-1) Trial Assigning Individualized Options for Treatment. The TAILORx Trial

S0221: Phase III Trial of Continuous Schedule AC+G Vs. Q 2 Week Schedule AC, Followed by Paclitaxel Given Either Every 2 Weeks or Weekly for 12 weeks as Post-Operative Adjuvant Therapy in Node-Positive or High Risk Node Negative Breast Cancer

B-42: A clinical trial to determine the efficacy of five years of letrozole compared to placebo in patients completing five years of hormonal therapy consisting of an aromatase inhibitor (AI) or tamoxifen followed by an AI in prolonging Disease-Free survival in postmenopausal women with hormone receptor positive breast cancer

IBCSG 24-02: A Phase III trial Evaluating the Role of Ovarian Function Suppression and the Role of Exemestane as Adjuvant Therapies for Premenopausal Women with Endocrine Responsive Breast Cancer

S0307: A Phase III Trial of Bisphosphonates as Adjuvant Therapy for Primary Breast Cancer

Neoadjuvant Clinical Trials

0514C: Phase II trial of GW572016 (Lapatinib) in Her-2 over expressing Breast Cancer: Biologic correlative study

Z1031: A Randomized Phase III Trial Comparing 16 to 18 Weeks of Neoadjuvant Exemestane (25 mg daily), Letrozole (2.5 mg), or Anastrozole (1 mg) in Postmenopausal Women with Clinical Stage II and III Estrogen Receptor Positive Breast Cancer

Z1041: A Randomized Phase III Trial Comparing a Neoadjuvant Regimen of FEC-75 Followed By Plus Trastuzumab with a Neoadjuvant Regimen of Paclitaxel Plus Trastuzumab Followed by FEC-75 Plus Trastuzumab in Patients with Palpable and Operable Breast Cancer

CO-MIRB 02-824: Differential gene regulation during neoadjuvant therapy trial of epirubicin/Cyclophosphamide (EC) vs. Docetaxel/Capecitabine (DX) regimens in patients with large ER-positive and ER-Negative Breast Cancer

BMS 163100: A Randomized Phase II Biomarker Neoadjuvant Study of Sequential AC Followed by Ixabepilone Compared to Sequential AC Followed by Paclitaxel in Women with Early Stage Breast Cancer Not Over expressing HER-2 and Estrogen Receptors

Advanced or Metastatic Clinical Trials

Pharm A6181094: A Phase 3 Study of SUO11248 in Combination with Paclitaxel versus Bevacizumab with Paclitaxel in the First-Line Advanced Disease Setting in Patients Having Breast Cancer

S0226: Phase III Randomized Trial of Anastrozole Versus Anastrozole and Fulvestrant as First Line Therapy for Post Menopausal Women with Metastatic Breast Cancer

BMS Pharm CA 163131: A Randomized Phase II Study to Evaluate the Combinations of Ixabepilone Plus Capecitabine or Docetaxel Plus Capecitabine in the Treatment of Metastatic Breast Cancer

Pharm A6181099: A Randomized, Phase 3 Study of Sunitinib in Combination with Capecitabine Compared with Capecitabine in Patients with Previously Treated Breast Cancer

S0622: Phase II Studies of Two Different Schedules of Dasatinib (NSC-732517) in Bone Metastasis Predominant Metastatic Breast Cancer



Medical Oncology At Presbyterian Celebrates One-Year Anniversary

New Mexico Cancer Care Alliance has had a meaningful and long-standing relationship with Presbyterian Healthcare Services. Presbyterian is one of NMCCA's founding members and continues to demonstrate their shared value of cancer research. Last month marked the one-year anniversary of Presbyterian's Medical Oncology and Hematology services and the opening of the chemotherapy infusion center at the Kaseman campus.

Quality clinical service is the cornerstone of Presbyterian's program, which is personified in Dr. Mitch Binder, the program's Medical Director and a respected leader in medical oncology circles. Working alongside Dr. Binder are Dr. Bernard Agbemadzo and Dr. Kathryn

Faccini. Presbyterian's medical oncologists are board certified in medical oncology and hematology (among other things) and all three physicians recognize and embrace the importance of clinical trials in their collective practice.

Since opening its doors a year ago, the medical oncology unit has treated over 900 new patients and participated in 19 research studies involving multiple types of cancer. Those are remarkable numbers for a start-up program according to Dean Putt the Practice Administrator. Putt says he could not be more pleased with the performance and dedication of the staff and their commitment to helping current and future patients deal with their disease.

While Presbyterian has gone to great lengths to partner with the industry leaders, invest in the latest technologies, attract excellent physicians and staff, and actively participate in cancer research, the ultimate measure of success is found in the satisfaction of patients. The Cancer Center at Presbyterian celebrated its one-year anniversary by remembering and appreciating all the patients who have come through its doors to do battle with their disease. NMCCA would like to congratulate Presbyterian on a successful and rewarding first year and wish them many more years of helping individuals and families to overcome cancer.

When I Take a Trip

By Debby Knotts

When I take a trip I plan for it. I check routes with google maps, multiple times. I want to know where I am going and how I will get there. I do not like getting lost.

In May 2006, at 55, I discovered I had breast cancer. I was on a trip I had not planned for. At first, I felt lost and I wanted to fix it. My next concern was how I would tell my daughters. I had one daughter in Law School in Virginia, the other in high school in Albuquerque. First, I called my older daughter. Her analytical nature immediately kicked into gear. I could hear her clicking away on her keyboard as she searched the internet, providing me with endless resources. It was tougher with my younger daughter. She sat there, cried, and said that she did not want to lose me. "Fix-it" Mom said, "Sweetheart, I'm tough, don't worry, I'm going to be around for a good long time". I was no longer lost, I was going to make the best of the situation, and plan my trip.

That summer things happened very quickly, I wanted it that way. I wanted to get on with the rest of my life, and get over this cancer thing. I opted for a mastectomy and no reconstruction (that was a decision I was not ready to make). I had an amazing team at the UNM Cancer Research and Treatment Center, with Dr. Royce and Dr. Wallace at the core.



I am not one to take much at face value. I want to know why things are done the way they are. I challenged my oncologist as to why there had not been more advancements in treatments for breast cancer. Her response was that a small percentage of women diagnosed with breast cancer opt to participate in clinical trials. She told me about a trial I qualified for, and chose to participate. It feels great to be able to contribute to research that could help improve treatment for others.

I completed my chemo in December 2006. I am on Femara for 5 years. I decided after chemo that I was going to take charge of my health. I took up swimming, started running, and re-established cycling. I had aches and pains, but I worked around them.

My teenage daughter goes swimming with me three days a week at 5:00AM, and has for two years now. Six months after chemo I did my first sprint triathlon with my daughter. This summer I did two sprint triathlons, and confronted a little bump in the road. I was diagnosed with deep vein thrombosis. I am now the proud owner of a filter in a vein to catch blood clots and compression stockings. I had to stop running and cycling. Oh well, there is always swimming. Who knows, maybe next year, I will try out for senior Olympics. Now that would be a trip!

Sharing Your Thoughts

*Have you participated in a clinical trial?
Would you like to share a few words
about your experience?*

If so, we'd love to include your thoughts in our newsletters.

Contact Debbie Putt at dputt@nmcca.org
Or write to: NMCCA, 801 University Blvd. SE,
Suite 102, Albuquerque, NM 87106.



Don't Miss Out!

Sign up to Receive the **NMCCA
Community Newsletter
Today!**

email Debbie Putt at
dkputt@nmcca.org
or register on-line at
www.nmcca.org

Electronic versions of NMCCA newsletters available at
www.nmcca.org/whatsnew/newsletters.htm

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Montoya Creative

CASA ESPERANZA: Providing a Soft Place to Land

By Eileen Cook, CEO Casa Esperanza



Suppose for a minute that you are among the 8,000 New Mexicans each year who learn that they have cancer. Or imagine that you live in rural New Mexico and that your spouse, child, or your parent has just been diagnosed with cancer. Your doctor confesses that although there is a limited amount anyone in your town can do, there are doctors in Albuquerque who may be able to help. This is the scenario that has been faced by more than 22,000 families over the last 16 years – families who have found hope in a home-away-from-home at Casa Esperanza.

Since 1992, Casa Esperanza has provided a loving home away from home for families undergoing a profoundly difficult experience. The families who call upon the services of Casa Esperanza are often simultaneously faced with the emotional roller coaster of caring for a seriously ill family member, the stresses of being away from home in a large, sometimes overwhelming city, being financially strapped and sometimes quitting their jobs in order to remain near their husband, wife, child or relative.

For families facing cancer, Casa Esperanza provides all the material comforts of home. But

Casa's truest comforts don't come from furnishings and appliances, but rather from the humanity within. At Casa Esperanza, we believe in the family and in its importance in supporting individuals dealing with cancer. We believe that Casa Esperanza is a family affair. Casa Esperanza provides the simple amenities which patients and families may find lacking in

commercial facilities. We can accommodate 28 families at a time and the house is designed for both long and short term stays. Both rooms (sleeping up to 3) and suites (sleeping up to 5) are available, and each of the family units has a private bath, telephone line and television. Four central kitchens and a spacious community room/dining area encourage therapeutic interaction and sharing among families. A conference room offers privacy for individual, family, or small group counseling. An enclosed outdoor playground and landscaped outdoor patios and courtyards add to the family atmosphere. Nearby walking and jogging paths enhance the site's desirability for guest families.

By offering activities and programs such as get-acquainted potluck suppers, music nights, support groups, parties and special social get-togethers, Casa Esperanza creates a positive atmosphere where emotional support is abundant. Most importantly, Casa Esperanza makes it possible for families to remain together while facing the challenges of coping with cancer.

The complexity of the health care system

often leaves cancer patients feeling confused, lost or alienated, and Casa Esperanza's Patient Navigation Program works to eliminate barriers in healthcare. The program was developed to help our families by guiding them through the



Spencer Thomas and his wife Emily preparing a wonderful dinner for the residents of Casa Esperanza

various services involved and connecting them with appropriate resources and support. The program is designed to enhance the delivery of cancer care, improve quality of life and reduce the cancer burden by assisting patients, survivors and their families with accessing much needed health and social services, both while they are with us at Casa Esperanza and after they return to their home communities.

For additional information on how to become an ambassador for Casa Esperanza or to reserve a room, please contact our office at 505-277-9880.

Thank You!

The New Mexico Cancer Care Alliance would like to thank the following:



COMMUNITY FOUNDATION
leadership • trust • legacy

New Mexico Cancer Care Alliance would like to acknowledge a grant from Albuquerque Community Foundation that allows us to publish our newsletters and conduct our educational programs.



Special thanks to Whole Foods for their generous donation



Thanks to BCBS For their generous donation and support.

Hormone Receptor Status: What Does it Mean to the Treatment of Breast Cancer?

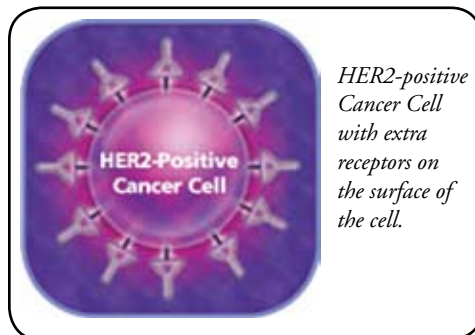
By Judy Perotti and Melanie Royce, M.D.

One of the most important things women and men can do after a diagnosis of breast cancer is to begin to learn about the disease. When you understand your breast cancer, you can partner with your doctor more effectively to make better decisions about your treatment.

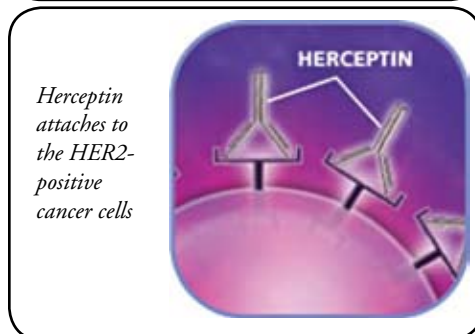
An important characteristic to know about your breast cancer is the hormone receptor status. Some breast cancer cells have receptors, known as estrogen- (ER) and progesterone-receptors (PR) that are sensitive to the hormones estrogen and/or progesterone. When these receptors are stimulated they send signals to the cell to divide and grow. You can think of the hormones as 'feeding' the cancer cell so that it can grow more rapidly. If the cancer cells have a high proportion of ER and/or PR they will be very sensitive to those hormones and they will grow more rapidly. A low proportion or no ER/PR receptors means that the cancer cells have very little, if any, sensitivity to estrogen and/or progesterone. The more ER/PR receptors a cancer cell has the more it is 'fed' by these hormones.

The hormone receptor status of a tumor will determine if you are a candidate for hormone therapy. A tumor with cells that have many estrogen and/or progesterone receptors, it is called ER or PR positive. A tumor with cells that have very few or no ER or PR receptors, it is called ER or PR negative. A patient with an ER and/or PR positive tumor is a candidate for hormone therapy. The term hormone therapy may seem confusing. If hormones are causing the tumor to grow faster, why give hormone therapy? Actually a more accurate term would be anti-estrogen therapy, however this form of treatment for breast cancer began being referred to as hormone therapy, and it is the term that is used today.

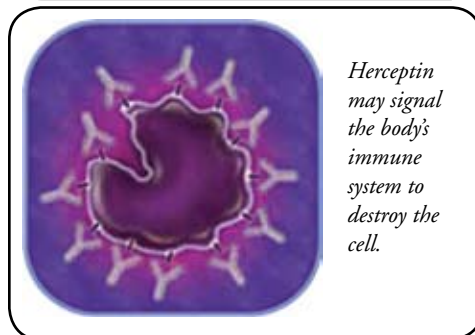
Presently there are now several forms of hormone therapy, but two are most commonly used. The drug tamoxifen works by finding and occupying, or sitting on, the estrogen receptor. When the estrogen receptor is blocked it cannot stimulate the cell to grow. The other hormone treatment for women who are postmenopausal is called an aromatase inhibitor (AI). After menopause estrogen is produced by the adrenal glands. There is a long series of chemical changes that happen before the actual estrogen is produced. One of the steps in the process needs the enzyme aromatase to work. The aromatase inhibitor blocks aromatase and estrogen is not



HER2-positive Cancer Cell with extra receptors on the surface of the cell.



Herceptin attaches to the HER2-positive cancer cells



Herceptin may signal the body's immune system to destroy the cell.

produced. If there is less estrogen in a woman's body the ER receptors are not stimulated.

Another important hormone receptor is HER2. Breast cancers can be categorized as being HER2-positive or HER2-negative. About 15 to 20% of women with breast cancer have HER2-positive tumors.

HER2-positive breast cancer has more than the normal number of HER2 genes in the cells of the tumor. This means that there are more HER2 receptors on the surface of the cells. The receptors are activated and once activated the receptors send signals to the cells to grow and divide.

Studies indicate that the drug trastuzumab (Herceptin) is effective in the treatment of HER2-positive early stage breast cancer and HER2-positive metastatic breast cancer (cancer that has spread to other parts of the body). Trastuzumab specifically targets and binds to the HER2

receptors on the tumor cell surface and may decrease the number of messages sent to the cell that tell it to grow and divide. Trastuzumab may also signal the body's immune system to destroy cancer cells and may work with chemotherapy (e.g., paclitaxel/Taxol) to destroy HER2-positive cancer cells. Trastuzumab does not treat HER2-negative breast cancers. Lapatinib (Tykerb) is another inhibitor used to target the HER2 protein. It is usually given after a patient progresses on trastuzumab.

There are two methods of testing for HER2 status in women with breast cancer: immunohistochemistry (IHC) and fluorescence in situ hybridization (FISH). The tests are done on breast cancer taken during surgery or a biopsy. Results from both tests are used in the clinical setting and the results of the tests influence treatment choices.

IHC is a protein-based test that is used to provide an assessment of the amount of HER2 protein receptors on the surface of the cancer cells. In HER2-positive tumors there are more HER2 protein receptors than in HER2-negative tumors. The scoring for an IHC test is from 0 to 3+.

- Zero is HER2-negative
- 1+ is considered HER2-negative
- 2+ is considered a borderline or equivocal result
- 3+ is HER2-positive

If an IHC test is reported as 2+, a FISH test is performed.

FISH is a gene-based test used to determine the number of HER2 genes in the cells of the tumor. In HER2-positive breast cancer there are too many copies of the HER2 gene. The results of a FISH test are given as has been HER2-positive or HER2-negative.

The hormone receptor and HER2 status of a breast cancer tumor can be found on the pathology report that is done after a biopsy or surgery. Every patient needs a copy of this report. For help understanding the pathology report you can read the booklet *Your Guide to the Breast Cancer Pathology Report* at breastcancer.org http://www.breastcancer.org/pathology_intro.html or order the brochure *Understanding Your Pathology Report: A Guide for Breast Cancer Patients* (2004) from Y- ME National Breast Cancer Organization at <http://race.y-me.org/site/PageServer?pagename=OrderYMEPublications>.

New Mexico Cancer Care Alliance Welcomes New Participants

At their August 14, 2008 meeting, the Board of Directors of New Mexico Cancer Care Alliance approved Julie Bauman, M.D., Zoneddy Dayao, M.D., Monte Shaheen, M.D., and Linda Butros, M.D. from the University of New Mexico Cancer Center, Albuquerque, David Robbins, M.D., from the New Mexico Veterans Administration Medical

Center, and E. Diane Bowers, M.D. from New Mexico Specialty Care, LLC as new NMCCA Participants. Casa Espernaza was approved as an Affiliate Participant.

NMCCA looks forward to working with these new Participants and to the expertise that they bring to our organization.



The Extended Breast Cancer Registry and Tissue Repository (EBCR)

EBCR is available for all patients who have breast cancer and are treated at the UNM Cancer Center. For more information, call (505) 272-2422, or write the University of New Mexico, 900 Camino de Salud NE, MSC08-4630, Albuquerque, NM 87131.

UPCOMING EVENTS



PRESENTS

The Road to Discovery Emerging Therapies in Blood Cancers

Speaker: Karen LoRusso, MD

November 1, 2008 10:00 am • New Mexico Cancer Care Associates
490-A West Zia Road • Santa Fe, New Mexico

To register, or for more information, please email
Debbie Putt at dputt@nmcca.org or phone 505.272.7819.



Breast Cancer Candlelight Vigil

Lights of Life Celebration

October 25, 2008 at 6:00 pm

This special gathering celebrates and commemorates the lives of those touched by breast cancer, their families and friends. The "Lights of Life" luminarias create an ambiance for this event which includes special guest speakers and the tying of pink ribbons on the "Tree of Life and Hope". We encourage donations for the luminarias. Proceeds benefit the programs and services of People Living Through Cancer so that no one has to face cancer alone. Admission is free. This event will take place at Congregation Albert; 3800 Louisiana Blvd. NE; Albuquerque.

Please call 242-3263 for
information • www.pltc.org



Rally for the Cure

Women's Golf Tournament Oct. 1
at Albuquerque Country Club.
Call Debbie Dunlap 345-6197 for more info.

Open House

Central NM Affiliate of Susan G. Komen for the Cure
Oct 16 4 to 6:30pm at 8200 Mountain Rd. NE Suite 220 Call 265-4649 for more info.

Yes!

I am pleased to contribute to the New Mexico Cancer Care Alliance

TWO WAYS TO GIVE:

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Combined Federal Campaign

All Federal employees have the opportunity to contribute to the Combined Federal Campaign. If you are a Federal employee in Central or Northern New Mexico, you may donate to our campaign. Our charity code is 93229.

United Way Donor Option Plan

During your company's United Way campaign drive; you can specify your donation be given to New Mexico Cancer Care Alliance. For questions, call United Way at 505-247-3671.



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