



the FEMALE cancers

BY FRITZ ESKER

For men and women alike, few words carry as much weight as “cancer.” It conjures fear of both death and of the battle against the disease itself, which can include surgery and chemotherapy. For women, the most feared member of the cancer family is breast cancer, followed by cervical cancer and ovarian cancer. And while some of the fear is justified (after all it is still cancer), great strides continue to be made in the fight against these diseases.

the stats

According to figures provided by the American Cancer Society, there will be 182,460 new cases of invasive breast cancer in the United States in 2008. Approximately 40,480 women will die of the disease. In Louisiana, it is estimated that over 2800 women will be diagnosed with breast cancer and approximately 750 Louisiana women will die of the disease. Breast cancer remains the most frequently diagnosed non-skin cancer in women. The good news is that the five-year survival rate is 98% for women diagnosed with breast cancer before it spreads to other parts of the body.

The American Cancer Society estimates that 21,650 new cases of ovarian cancer will be diagnosed in 2008. There will be approximately 15,520 deaths, roughly 220 of which will be in Louisiana. For cervical cancer, there will be approximately 11,070 new cases and 3,870 deaths in 2008. 210 new cases will be diagnosed in Louisiana.

prevention and advances

With breast cancer, great progress continues to be made and there are exciting developments still on the horizon. “The number one thing is that there’s very good data now that shows obesity is a link to breast cancer,” said Dr. Jay Brooks, chief of hematology and oncology at Ochsner Baton Rouge. The link between obesity and breast cancer is especially important for women who’ve already had the disease, as studies have shown obesity increases the risk of recurrence in women who’ve already had breast cancer.

In addition to this, there are recent preventive measures yielding good results. The drugs Tamoxifen and Evista can be used as preventive medicine for women who are at a high risk of contracting breast cancer. According to Brooks, these drugs can reduce a woman’s risk of getting the disease by 50%. Blood tests and other tests are available to identify high risk women, which can enable them to be proactive in the way they fight breast cancer.

Aside from the new drugs, MRIs are a useful tool for high risk women. While MRIs may not be as specific as mammography, Dr. Mary Beth Lobrano, a radiologist at East Jefferson General Hospital, says that MRIs are very sensitive and can better detect suspicious masses in the breast, as well as differences in blood flow (which can be a sign of cancer). The MRIs are also commonly used to determine the extent of the cancer in the breast before surgery to assist with surgical planning, as well as showing how well the breast is responding to chemo treatments.

For younger women, digital mammography is becoming an increasingly viable option. This is because digital mammography is better able to provide pictures of the denser breast tissue found in younger women (as women get older, fat replaces breast tissue, making it easier to analyze the breast with a traditional mammogram).

what does the future hold?

A development that holds great potential for the future of breast cancer treatment is breast tomosynthesis. Typical mammography looks at three dimensional tissue in a two dimensional way. According to Lobrano, breast tomosynthesis would give doctors three dimensional pictures of breast tissue processed into one millimeter slices (similar to what a CAT scan does).

In addition to this, doctors will be learning new ways to provide individualized treatment for each person's specific breast cancer. "What we're going to be studying is more specific ways of treating individual cancers," said Brooks. Brooks says molecular testing on tumors for certain genetic markers can help doctors make specific recommendations for patients (e.g. whether chemo, surgery, or hormone therapy are the best ways to treat an individual's cancer).

According to the American Cancer Society, research is being done on vaccines as well. A protein called carcinoembryonic antigen (CEA) is present in 40-60% of breast cancer tumors. Currently, researchers are putting the gene for CEA in the virus previously used for smallpox vaccinations and are trying to develop antibodies and immune cells against the tumors.

cervical and ovarian cancer

While breast cancer gets a lot of attention as a serious threat to women's health, cervical and ovarian cancers can be just as deadly and should be monitored just as carefully.

Women can reduce their risks of cervical cancer by getting regular Pap tests (a.k.a Pap smears). According to the National Cancer Institute, pap tests should begin either at the age of 21 or three years after a woman first begins having sexual intercourse (whichever comes first). Tests should be done at least once every three years. Regular testing is crucial for cervical cancer because the disease rarely causes pain or other symptoms (especially in the early stages). In later stages of the disease, women may experience vaginal bleeding between regular menstrual periods, after sexual intercourse, increased vaginal discharge, and bleeding after menopause.

While cervical cancer is relatively easy to monitor with regular Pap tests, ovarian cancer poses a greater challenge. Like all cancers, the survival rates increase with early detection, but the frightening truth is that ovarian cancer can be very difficult to detect early. According to the Mayo Clinic, only 20% of ovarian cancers are caught before they spread into adjacent tissues and organs.

Often, early symptoms of ovarian cancer can mimic digestive disorders, which can lead many women to be misdiagnosed at first. However, doctors are learning more. The Mayo Clinic says that women with ovarian cancer are more likely to consistently experience the following symptoms: abdominal pressure, fullness, swelling, or bloating; pelvic discomfort; and urinary urgency. If you have any of these symptoms, see a doctor. If you've already been diagnosed with something else, ask for a follow-up with a pelvic exam.

the outlook

In the end, cancer is still cancer. As long as it exists, the mere mention of it will scare people. It's a reminder that our lives can suddenly and quickly be placed in mortal danger. But, all we can hope for is progress. And doctors are making progress in combating the various forms of cancer and will continue to make progress for the foreseeable future. So there is hope.

a survivor's story
by fritz esker

Most people are familiar with the old saying, "If life gives you lemons, make lemonade." When life throws you one of its many devastating blows, try to make the most of it. It doesn't mean that the experience itself was a good thing, just that with the right attitude, you can learn lessons and make good things happen from unpleasant experiences. And that's exactly what Martha Harrison Smith did after she was diagnosed with breast cancer.

Smith's diagnosis came in March 2004, when she was 54 years old. Two years earlier, a mammogram showed a growth that turned out to be benign. With her 2004 mammogram, doctors asked for additional tests – an ominous sign. Smith knew this wasn't normal. "I felt in my gut, 'You've got it this time,'" said Smith.

Smith credits this intuition for making the official diagnosis of breast cancer less devastating than if it had taken her completely by surprise. But it still wasn't easy. "Feeling that you have it and knowing that you have it are two different things," said Smith. When she received the diagnosis, Smith cried for a minute, then made plans for how she would combat the disease. She asked God for guidance. She strove to be positive, stating that she wanted other people to be positive towards her and the best way to do that was to be positive herself. She did not want to be thought of as a sick person.

A co-worker of Smith's at the 4th Circuit Court of Appeal was a breast cancer survivor. Knowing her friend beat the disease gave her strength and confidence. To be treated for the disease, Smith received one dose of chemo, followed by a double mastectomy and more doses of chemo and radiation. Fortunately, with the help of medication, Smith did not get the nausea often associated with chemo. Throughout her treatments, Smith stayed at work, only missing the day of the treatments. Her bosses offered her more time off, but Smith would have none of it. "I looked at work as being medicine," said Smith. "I thought, 'If I stay home, I'll just think about what I'm going through.'" In March 2005, she was declared cancer free.

Smith planned to have breast reconstruction surgery, but Katrina put that on the back burner. In December 2006, she returned home and was ready to have the