



Welcome to the BCRC-WA August 2012 Newsletter

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*Update on BCRC-WA research in 2012
by Professor Arlene Chan*

It is timely for me to convey to you our thanks and appreciation for the donations that have been received so far.

We have several ongoing research projects that have been made possible through your support.

A summary of two of these projects is given below, and I will brief you on other studies in the coming newsletters.

Many women who have been recommended to take aromatase inhibitors (anti-hormone tablets) as part of their breast cancer treatment complain of sore and stiff joints.

Although this is a recognized side effect of this family of drugs, very little research has been done to evaluate the cause of this symptom or how to manage this unpleasant side effect.

Many of us in the Mount Breast Group are aware that joint pain and stiffness occurs more frequently (perhaps up to 60-75% of women) than what has been reported in the large published trials on aromatase inhibitors (often stating less than 25%).

In response to this, I initiated a trial in late 2010 whereby the effectiveness of pure emu oil is being tested.

There are anecdotal reports of the value of emu oil in a variety of ailments including speeding up wound healing, improving skin softness and also for alleviating pain from osteoarthritis.

This trial – JUST (joints under study trial) – invites women who have been on an aromatase inhibitor for at least 3 months and are experiencing severe joint pain and/or stiffness.

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Update on BCRC-WA Research In 2012

By Professor Arlene Chan

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Women are given an 8 week course of either pure emu oil or placebo oil to rub into their joints. After 8 weeks, all women are offered pure emu oil.

This study is now half-way through its recruitment (also being conducted in Melbourne and Adelaide) and we look forward to seeing if a simple intervention such as this may make life more comfortable for many breast cancer patients.

Another project that has been initiated is trying to understand the effectiveness of our current chemotherapy drugs in women with 'triple negative breast cancer' (TNBC).

This type of breast cancer is considered somewhat more aggressive and to date,

whilst chemotherapy is often effective, there are no specific drugs available to target this kind of breast cancer. There are a number of new and potentially effective drugs being studied, but we are still months to years away from when these agents will be used as part of standard treatment.

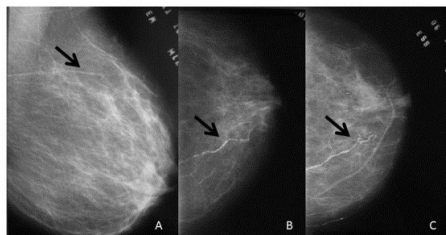
It is therefore important to 'look back' (this is called a retrospective study) at how effective the best current standard chemotherapies have been in women who have had TNBC.

From this we can learn about aspects of their treatment that result in giving them the best outcome. We hope to identify factors, which can improve prognosis (i.e the long term cure) for TNBC, and begin to apply these strategies now.

BCRC-WA Supports Local Breast Cancer Research

The first round of research grant applications were reviewed by the BCRC-WA Research Committee in April and I am pleased to announce that Professor Lyn Fritschi and Dr Alycea McGrath were successfully awarded funding for their projects.

Professor Frishci's study entitled "Breast Density, Arterial Calcification, Cancer in the Breast, Environment and Employment Study (BCEES)" will look into whether there is an association between the density of the breasts on mammography and breast cancer in Western Australia, as well as whether calcification of arteries seen on mammograms is associated with risk of vascular disease. Dr McGrath's study "Quality of life and patient satisfaction in breast cancer patients following mastectomy, reconstruction and irradiation: A prospective study conducted at Royal Perth Hospital with a retrospective analysis



Pictorial indicating the different classifications of the intensity of vascular calcifications:

into survival and local control" will evaluate the satisfaction level and quality of life of women who have undergone mastectomy with reconstruction and radiation therapy.

We look forward to the results of these studies from Perth researchers who continue to contribute information to the improved care of patients with breast cancer.

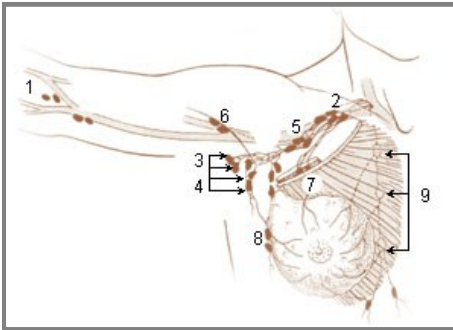
Axillary Surgery For Breast Cancer

Dr Diane Hastrich - Breast Surgeon

Cancer cells can spread from a cancer growing in the breast through microscopic lymphatic channels up to the local lymph nodes.

Most of the lymph fluid from the breast goes through the lymph nodes under the arm (axilla).

Most women in this situation will now be advised to have a sentinel lymph node biopsy. The sentinel node(s) is the first node in the group of axillary nodes to collect the lymph flow from the area of the cancer in the breast.



Lymph Nodes of the Upper Limb and Breast

When planning surgery for invasive breast cancer the surgeon will need to assess by clinical examination and breast imaging whether the cancer has spread to the axillary nodes.

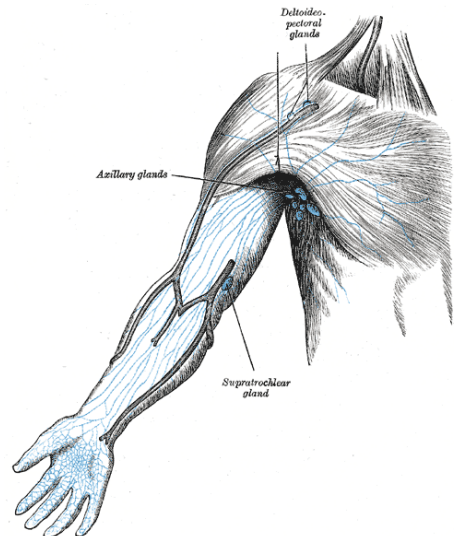
If the axillary lymph nodes are found to be abnormal pre-operatively, removal of all the lymph nodes under the arm – axillary clearance will generally be recommended.

Removing abnormal nodes prevents cancer growing under the arm. Knowledge of nodal involvement is also important in understanding the biology of the cancer so appropriate drug treatment can be recommended to prevent spread of the cancer beyond the breast and axilla.

If the breast cancer is small and there is no obvious sign of spread to the axilla there is still a risk of approximately 20% of having involved nodes.

The sentinel node is identified by injecting a very small amount of radioactive material near the cancer a few hours before surgery. The surgeon removes the node or nodes that have collected the radioactivity – the sentinel node(s) which is then examined in detail by the pathologist. If the sentinel node is clear – no further surgery is required.

If the sentinel node contains significant cancer cells, further surgery to remove the remaining nodes may be required because there may be residual disease in the axilla. Sentinel node biopsy has proven to be an accurate way of assessing the axilla and has allowed more selective axillary surgery in many women with breast cancer.



The superficial lymph glands and lymphatic vessels of the upper extremity.

So You Have Been Told You Need Radiotherapy

Dr Mandy Taylor – Radiation Oncologist

So... you've been told you need radiotherapy as part of your breast cancer management – it may not be as bad as you think.

Radiotherapy (also called 'radiation treatment' or 'x-ray treatment') is routinely recommended after breast conserving surgery to optimise local control (minimise the likelihood of breast cancer recurring in the affected breast) and improve breast cancer survival.

Radiotherapy uses high energy x-rays to destroy clinically undetectable cancer cells that may be left in the breast despite your recent surgery.

Breast radiotherapy is painless – no needles, no injections. Nothing touches you during treatment. It won't make you nauseated, your hair won't fall out, your immune system and blood counts will not be affected, you won't be radioactive and you won't glow in the dark.

However, radiotherapy is a nuisance. It involves an uninterrupted course of outpatient treatment administered daily (Monday to Friday) over 5-7 weeks (25-35 individual treatments).

The actual treatment takes only a few minutes each time although you will usually be in the Radiotherapy Department for approximately half an hour/day. You will be well and should be able to drive to/from treatment or use public transport. You should also be able to continue your normal activities including work, exercise (including swimming) and child-care.

Most patients will gradually develop a temporary skin reaction corresponding - and limited to - the area being treated (your breast). The severity of this side effect varies considerably between individuals, however, it typically looks and feels a bit like sunburn.

It develops slowly over the treatment course, is at its worst for a week or so right at the end before it resolves rapidly and completely.

You will be provided with moisturising creams by the Department, where you have your treatment. These will help with the discomfort you may experience and will ensure that the skin reaction resolves quickly.



The cells in our body contain DNA (Deoxyribonucleic acid). DNA is also the principle target of ionising radiation. Radiation tends to damage cancer cells because they are rapidly synthesising DNA.

So You Have Been Told You Need Radiotherapy

You will also be monitored carefully during the treatment course itself and additional skin care advice will be provided if/when necessary.

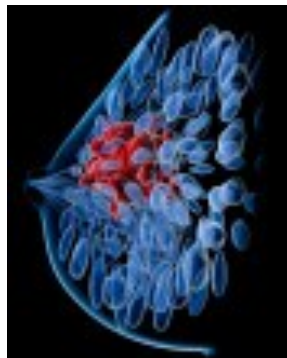
Additionally, the treated breast will sometimes feel a little tender and firm. This is fairly common and may persist for some months after treatment however it usually resolves without complications.

Other side effects of breast radiotherapy are very rare but can include pneumonitis (temporary lung inflammation), rib pain and rib fracture and secondary (treatment-induced) cancers.

Cardiac injury (heart damage) is usually not associated with modern breast radiotherapy techniques.

The possibility of any of these rare but potentially serious side effects occurring is far outweighed by the likelihood of breast cancer recurrence without adequate breast cancer treatment – which includes radiotherapy.

However, you should talk to your treating Radiation Oncologist if you have any particular concerns about these or other side effects or about any other aspects of your radiotherapy treatment about which you may be unsure.



Since November 2011 BCRC-WA has provided monthly morning teas for people with breast cancer.

It is reassuring to know that people are empowered with information and emotional support, setting them on their path to tackle breast cancer with the best possible information to lead a quality life.

Italian Penne Pasta Salad

Ingredients:

300g wholemeal penne pasta
1 red capsicum, deseeded and cut into eighths
1 large red onion cut into large wedges
2 handfuls of cherry tomatoes, halved
Olive oil
Balsamic vinegar
4-6 artichokes in olive oil, cut into slices
A handful of kalamata olives
1 tbsp of drained capers, chopped
A handful of pine nuts, toasted
A handful of fresh basil leaves, torn



Method:

1. Cook pasta in large saucepan of boiling water, uncovered, until al dente (9-10min). Drain and rinse with cold water.
2. Place onion, capsicum and cherry tomatoes in a roasting pan. Drizzle with olive oil and roast in a moderate oven (180 c)
3. Check after 30-35 minutes. Drizzle with balsamic vinegar and roast for a further 8-10minutes.
4. When cool, chop the onion and capsicum. Add all the pan juices to the pasta salad.
5. Place pasta in a large bowl with roasted vegetables, artichokes, olives, capers and torn basil leaves.

BCRC-WA

Breast cancer is one of the most common cancer's in women, with over 12,500 case diagnosed in Australia each year.

In Western Australia, approximately 1,100 women will be newly diagnosed with breast cancer each year.

As a result of the national screening program and greater community awareness of the need to present with breast symptoms, the vast majority of women are usually diagnosed with early stage cancer, which is potentially curable.

In addition, there is a large body of scientific evidence that demonstrates survival is improved when appropriate use of drug therapy is given following breast surgery.

To achieve higher cure rates and enable treatments to be given with fewer side effects, it has been essential that high quality clinical research be undertaken with breast cancer patients, as well as in the laboratory.

BCRC-WA was formally established for the purpose of consolidating the breast cancer expertise already in existence within the Mount Breast Group, to provide greater organisational structure to the conduct of clinical trials, encourage local research endeavours which focus on improving patient-centred care.

We also provide patient support groups and educational activities which are all directed to patient needs when their breast cancer is diagnosed and in relation to their treatments. Your support will be used to enable these aims.





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