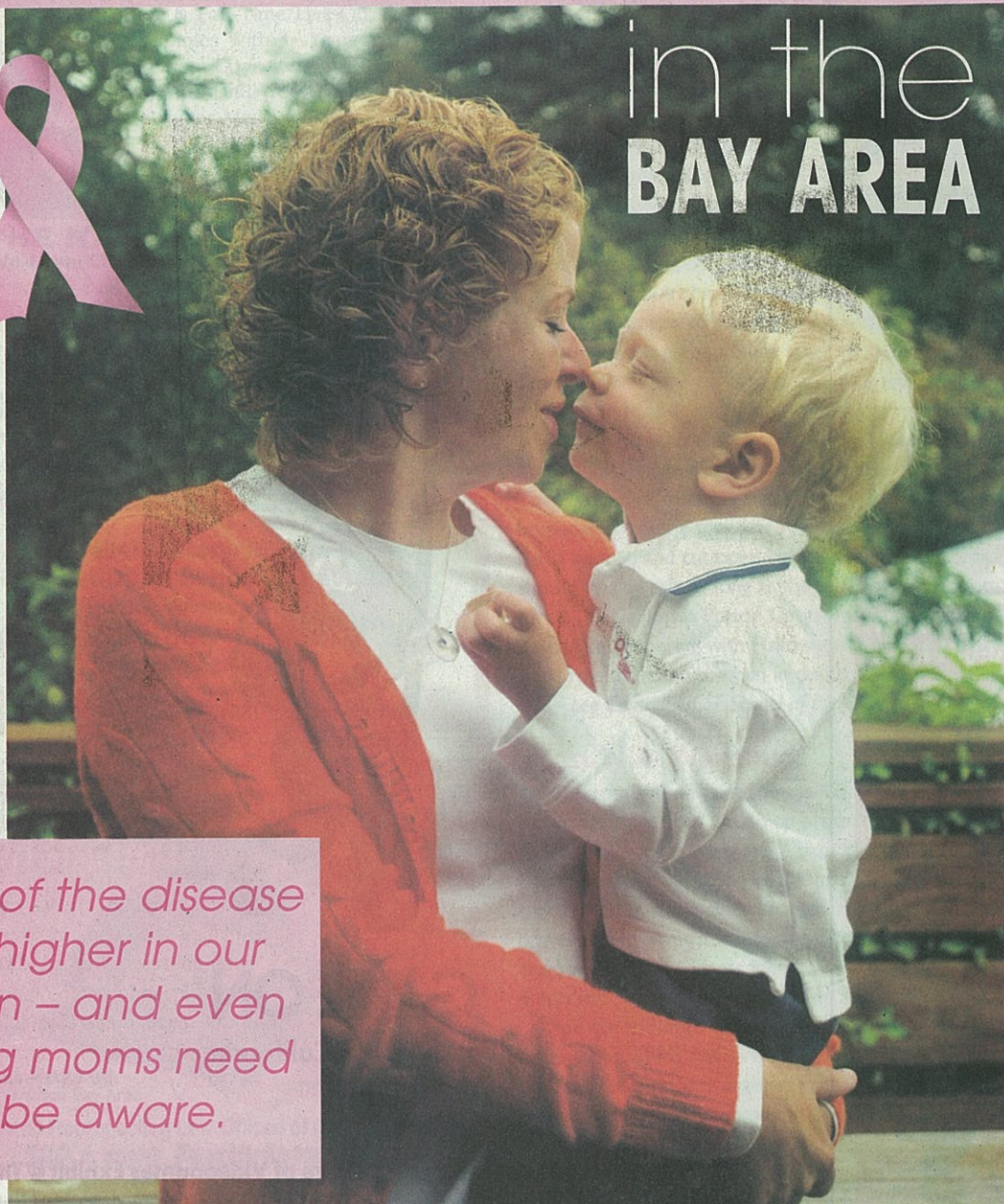


# Breast Cancer

## in the BAY AREA



*Rates of the disease  
are higher in our  
region – and even  
young moms need  
to be aware.*

**Oakland mom Alexis Pelosi had just stopped breastfeeding her son Dominic when she discovered a lump last year. PHOTO BY JESSE DRURY**

**By Jennifer Shaw**

**M**arcie Hall-Mennes of San Francisco was 13 weeks pregnant this past March when she noticed a small lump in her right breast. It just felt like an itch, she recalls. A team of doctors and nurses, including her OB-GYN and an oncologist, thought there was no cause for alarm because the mass was soft and it moved

around. But they agreed to do an ultrasound.

"They did a needle biopsy and their faces suddenly changed," says Hall-Mennes, 33, whose daughter Ava turned 3 in May.

Hall-Mennes, a child psychiatrist with no family history of breast cancer, was diagnosed with stage-one ductal carcinoma – an early but invasive cancer. To remove the mass, she had a lumpectomy, which was performed under local anesthesia to minimize exposure to the fetus. At that time, her doctors



determined that more surgery would be needed and scheduled it for St. Patrick's Day.

"I'm Irish, so that was a bit depressing," she says.

After Hall-Mennes was 18½ weeks pregnant and had been assured that the fetus's organs and brain had already developed, she was advised to have four rounds of chemotherapy. Her obstetrician worked with her oncologist to select safe drugs that would reduce the risk of side effects. Subsequent ultrasounds revealed that the baby was doing well. Julia was delivered safely on Aug. 31. If a CT-scan and MRI determine that there are no cancer cells in the liver, lungs or bone, she will be able to breastfeed for a few weeks before starting a one-year, weekly infusion of Herceptin, a cancer-prevention drug.

Hall-Mennes may seem too young for breast cancer, but she's not alone. According to the Northern California Cancer Center, in the San Francisco Bay Area, one-fifth of the invasive breast cancer cases occur in women younger than 50 years of age. Epidemiologist Theresa Keegan reported that non-Hispanic white women younger than 50 have a breast cancer incidence rate that is 10.5-percent higher than elsewhere in the state, and 13.5-percent higher than in similar regions in the country.

While the incidence of breast cancer in young women is still a rare occurrence nationally, it is more common in our region.

"Unfortunately it's not uncommon enough. Half of my practice is made up of women who are 45 and younger," says Dr. E. Shelley Hwang, a breast surgeon and associate professor at UCSF Medical Center.

"Even mothers of small children need to be aware of breast cancer risk."

## Detection and Treatments

In July 2002, San Francisco attorney Angela Padilla, then 36, had recently returned home from Guatemala, where she adopted her infant daughter Isabella. She was attending a family wedding in New York when she became aware of her under-wire bra pushing against a lump on her left

breast. Padilla had noticed the lump six months earlier in the shower, but had ignored it.

"I'm athletic. I don't drink or smoke. I eat healthy foods. I didn't think I was at risk for breast cancer," she says.

The next day, Padilla had an appointment



**Marcie Hall-Mennes of San Francisco was in her second trimester when she learned she had breast cancer. Pictured here with daughter Ava.** COURTESY OF HALL-MENNES

with a gynecologist to get a second opinion for her endometriosis, a benign abnormality in the ovaries. She also underwent a mammogram and sonogram. Diagnosed with a cancer that her doctors said was "very aggressive with a poor prognosis," Padilla underwent a quadrantectomy (removal of a large portion of the breast), and six rounds of chemotherapy and radiation.

After her fifth chemotherapy treatment,

***While the incidence of breast cancer in young women is still a rare occurrence nationally, it is more common in our region.***

Padilla was hospitalized with a high fever in January 2003.

"I was in an isolation area, no flowers and fruit, no newspapers on my bed," she recalls. "After five days I somehow pulled through."

Due to the aggressive nature of her illness, Padilla had her ovaries removed that year and was prescribed Tamoxifen, a breast-cancer prevention drug. In 2004, she had a mastectomy on her right breast. Currently,

she is undergoing treatment with an aromatase inhibitor, or hormonal therapy, to halt her body's production of estrogen.

For San Ramon resident Karen Barnes, 37, discharge from the nipple of her left breast signaled a problem in April 2001.

There was no palpable lump, but biopsies found that cancerous cells were present and had spread to her lymph nodes. Her treatment included a mastectomy, six months of chemotherapy, and 30 radiation treatments. She also joined a clinical trial for Herceptin, a promising breast-cancer prevention drug.

When it comes to checking out breast abnormalities, Barnes, a mother of two, urges women to trust their intuition.

"If you feel something that's not right, I tell people to persist," she says.

Beth Lind, 40, debunks the notion that a malignant breast lump does not hurt. The Danville resident recalls driving home from Lake Tahoe in the summer of 2004 and noticing that her seatbelt was causing

discomfort where it crossed her chest.

"I felt some pain, not earth shattering, but enough for me to find the lump," the attorney says, describing what turned out to be stage-one ductal carcinoma. Other potential signs of breast cancer include dimpling skin, an inverted nipple, or any change in the shape, texture or color of the skin, according to the American Cancer Society.

At any age, but particularly for young women who tend to be diagnosed with more aggressive breast cancers, early detection is the key to effective treatment and survival. Radiologist Dr. Ira Kanter notes the recent addition of ultrasound to the

traditional mammogram in some medical practices as a way to detect more tumors. While magnetic resonance imaging is not standard for screening, it has become an effective tool for assessing the effectiveness of treatment.

Computer-aided digital mammograms may serve to expedite the diagnosis, allowing the radiologist to manipulate the image as the "computer reads pixel by pixel and

*Continued on the next page*



## Breast Cancer

*Continued from the previous page*

marks anything that shouldn't be there, like a second pair of eyes," says Meredith Mendelson, administrative director of the Carol Ann Read Breast Health Center to be opened in 2006 at Alta Bates Medical Center in Berkeley.

Still, the prevailing medical advice for women younger than 40 – who characteristically have denser breast tissue that is more difficult to examine – is doing self exams seven to 10 days after the start of their period, and getting annual breast checks by their physician.



**Breast-cancer survivor and Dublin resident Michelle Williamson with children, Devin, 4, and Madeline, 6.** COURTESY OF DOUG WILLIAMSON

## Causes and Recurrence

A diagnosis of cancer inevitably raises questions about the causes of cancer – and possible prevention. Oakland resident Alexis Pelosi gets frequent exercise, has a healthy diet and drinks only occasionally. The attorney was 32 and had just stopped breastfeeding her then 6-month-old son Dominic when she found a lump in her right breast in February 2004. She was diagnosed with stage-two ductal carcinoma, with no lymph node involvement.

While her lifestyle did not seem to put her at risk, her family history did. Pelosi's mother died of ovarian cancer and she tested positive for the BRCA1 gene, a genetic mutation linked to breast cancer.

"The drinking I did in college or the eating of Cheetos did not cause this," she says. "I had a very strong disposition to getting cancer."

Because of her history, Pelosi decided to have a double mastectomy, intensive chemotherapy, and most recently, a hysterectomy in July.

"I didn't get very sick," Pelosi says. "I was very tired and had a poor appetite during my treatment ... The hardest part was losing my hair and my eyelashes. I had beautiful blond hair," she recalls.

Her locks have since returned. Due to concerns about the potential impact of hormonal fluctuations on a possible future pregnancy, Pelosi is working with an egg donor and surrogate to have a second child.

Women with a strong family history of breast cancer should have their baseline mammogram at age 35, advises Lisa Bailey, a breast surgeon at Alta Bates. But before getting tested for BRCA1 and BRCA2 genes, Bates suggests consulting a genetic counselor because other genes may also increase the risk.

While Pelosi was at high risk, many women diagnosed with breast cancer have none of the known risk factors. They are

frustrated by the lack of a specific cause, particularly as they cope with the fear of recurrence.

In April of this year, Dublin resident Michelle Williamson, 37, was watching television when she felt a hard, golf-ball-sized lump under her arm and on her left breast. That following Monday, she showed up on her doctor's doorstep. A mammogram, ultrasound and subsequent needle biopsy revealed a 2.3-centimeter lump, a stage-one ductal carcinoma, which was characterized as "extremely aggressive."

Adhering to a "crossing one bridge at a time" approach, Williamson had a lumpectomy followed by high dose chemotherapy, administered through a vascular port. The day after her treatment, she went in for a shot of Neulasta, a long-acting protein to boost her white blood cell count. In

addition to six weeks of radiation, she has also had to take medications to elevate her red blood cells, alleviate nausea and diminish anxiety. She has requested a PET scan after radiation is completed.

"I want to go head to toe to make sure. Obviously if cancer cells are awakening somewhere else, I'd like to know," explains Williamson, who keeps a list of signs of potential recurrence. They include chronic bone pain, skin rashes, redness or swelling, chest pain or shortness of breath, weight fluctuation or chronic abdominal pain, according to the American Society of Clinical Oncology.

While the possibility of recurrence looms in her mind, the reason she got breast cancer in the first place is just as vexing.

"I work out three to four days a week at 5:30 in the morning. I eat healthy. I thought, *Continued on page 20*

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## Breast Cancer

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*How in the world is this happening to me? We were totally floored," says Williamson, who has no family history of breast cancer.*

Such questions are common among breast cancer patients.

***"I work out three to four days a week at 5:30 in the morning. I eat healthy. I thought, How in the world is this happening to me?"***

— Michelle Williamson

"There's a lot of concern about it and there are some chemicals that mimic estrogens," Bailey explains. "We need a lot more research."

Since 1995, members of the Marin County Breast Cancer Watch, a nonprofit that conducts research into the causes of breast cancer, have been sponsoring studies to uncover reasons why the Bay Area ranks the highest in the world for white, non-Hispanic women getting breast cancer. Marin County tops the list for women older than 50.

"Ten years ago, our organization was called a group of hysterical women," says the group's executive director and nurse practitioner Janice Barlow. "The idea that the environment played a role was a radical idea, but certainly in the last five years very few breast cancer researchers can definitively say environment doesn't play a role when (only) 30 to 50 percent of breast cancers can be accounted for by traditional risk factors."

Their current studies include examining the normal development of the mammary gland and studying the early sexual maturation of 400 girls starting at age 6, while concurrently taking blood and urine samples to detect exposure to chemicals such as Bisphenol A, which is found in the lining of cans and certain plastics and has been linked to breast cancer.

While research is being pursued, women can take practical steps. To lower the risk of cancer recurrence, Bailey recommends a proactive approach, including following a low-fat, high-fiber diet, not smoking, limiting alcohol consumption, reducing stress and exercising.

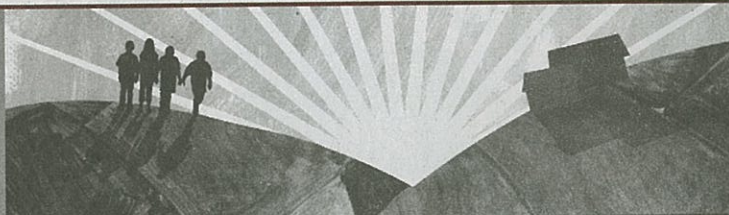
## A Positive Prognosis

While tumors in younger women tend to be more aggressive, they also tend to respond better to chemotherapy, especially when paired with new "target" therapies, such as Herceptin, according to Dr. Judith Luce, professor of medicine at UCSF and director of oncology services at San Francisco General Hospital.

Dr. Peter Wong, an oncologist at San Ramon Regional Medical Center, agreed. Wong cites encouraging, ongoing research into the effectiveness of Avastin, which cuts off blood vessels to cancer cells. Radiation oncologist Dr. Michael Forest notes improvements in radiation techniques, such as three-dimensional treatment planning and partial breast radiation, to avoid unnecessary exposure to the heart and lungs.

"What we're realizing is that breast cancer is not one disease, but many diseases," says Hwang of UCSF. "The treatment is based on who the patient is, the characteristics of the tumor itself, whether they're pre- or post-menopausal, whether it's a familial cancer, whether it's receptor positive for estrogen or progesterone. We're treating individual patients differently and hopefully

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## Cancer Resources

- **Alta Bates Comprehensive Cancer Center** – Alta Bates Medical Center-Ashby Campus; Alta Bates Campus, 2450 Ashby Ave., Berkeley, CA 94705; 510-204-4444; [www.altabatesummit.org](http://www.altabatesummit.org).
- **Alta Bates Summit Medical Center** – Summit Campus, 350 Hawthorne Ave., Oakland, CA 94609; 510-655-4000; [www.altabatesummit.org](http://www.altabatesummit.org).
- **Eden Medical Center** – 20103 Lake Chabot Road, Castro Valley, CA 94546; 510-537-1234; [www.edenmedcenter.org](http://www.edenmedcenter.org).
- **Contra Costa County Regional Medical Center** – 2500 Alhambra Ave., Martinez, CA 94553; 925-370-5000.
- **J.C. Robinson MD Regional Cancer Center**, at Doctors Medical Center – San Pablo Campus, 2000 Vale Road, San Pablo, CA 94806; 510-970-5000; [www.doctorsmedicalcenter.org](http://www.doctorsmedicalcenter.org).

- **John Muir Medical Center** – 1601 Ygnacio Valley Road, Walnut Creek, CA 94598; 925-939-3000; [www.johnmuirhs.com](http://www.johnmuirhs.com).
- **Marin Cancer Institute**, at Marin General Hospital – 250 Bon Air Road, Greenbrae, CA 94904; 415-925-7000; [www.maringeneral.sutter-health.org](http://www.maringeneral.sutter-health.org).
- **Mt. Diablo Medical Center** – 2540 East St., Concord, CA 94520; 925-674-8200; [www.jmmdhs.com](http://www.jmmdhs.com).
- **San Ramon Medical Center** – 6001 Norris Canyon Blvd., San Ramon; 925-275-9200; [www.sanramonmdctr.com](http://www.sanramonmdctr.com).
- **St. Rose Hospital** – 27200 Calaroga Ave., Hayward, CA 94545; 510-264-4000; [www.strosehospital.org](http://www.strosehospital.org).
- **Washington Hospital Healthcare System** – 2000 Mowry Ave., Fremont, CA 94538; 510-797-1111; [www.whhs.com](http://www.whhs.com).



For a complete list of Bay Area cancer centers, go to [BayAreaParent.com](http://BayAreaParent.com).

Barnes is a testament to such optimism. In March 2004, she gave birth to her son Jake, a blessed event that once seemed implausible. Because chemotherapy caused her ovaries to stop functioning, Barnes did not menstruate for months after treatment.

"It throws your body into pre-menopause. I didn't know if I'd get the functioning back or not," she says.

Her cycle began anew two years ago and she conceived just months later.

"I think about how lucky I am to be here, but Jake has helped me move on and not dwell on it," she says. "I've got this new life."

*Jennifer Shaw, a freelance writer, lives in the Bay Area with her husband and 3-year-old son. She can be reached at [jshaw@seekascribe.com](mailto:jshaw@seekascribe.com).*

**Don't miss Part 2 of our special series on breast cancer in the November 2005 issue.**

we can improve the efficacy of treatment while reducing the morbidity of treatment."

The good news is that mortality from breast cancer has dropped 3 percent annually since 1988. Luce points to the fact that researchers are focusing their energies on

long-term survivorship as an encouraging sign. She notes that studies, such as one that correlates exercise and a reduced risk of recurrence, are additional examples of how researchers are pursuing a more optimistic agenda.

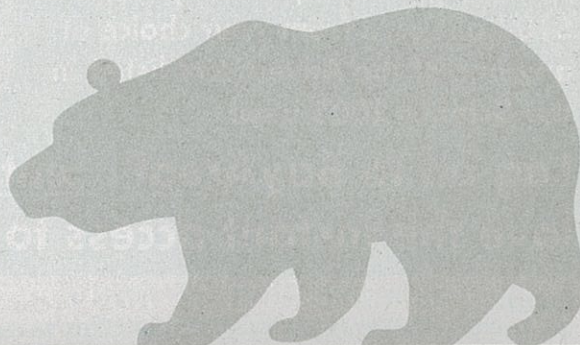
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