SAN FRANCISCO—A number of interventions can help reduce breast cancer among women at high risk, but uptake is sluggish, and there can be confusion about which agent to prescribe to a given patient. Seema Khan, MD, professor of surgery at Northwestern University Feinberg School of Medicine, Chicago, addressed the topic of pharmacologic risk reduction at the 2011 Breast Cancer Symposium.

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CONFERENCE NEWS: ASCO BREAST

Chemoprevention in Breast Cancer: Which Agents for Which Patients?

Choice of Agent Depends on Patient Variables

By Caroline Helwick

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NAVIGATION & SURVIVORSHIP

AONNN Conference Helps Advance the Patient Navigation Profession

SAN ANTONIO—More than 300 oncology nurse and patient navigators discussed the advancement of their profession at the Second Annual Navigation and Survivorship Conference, a forum for navigators to connect with one another and discuss the changing landscape of patient navigation and survivorship care for patients with cancer. “Ultimately, the networking of these professionals is so important to patient care, because it enables a forum for the sharing of ideas and experiences to impact practice,” said Sean T. Walsh, executive director, Academy of Oncology Nurse Navigators (AONNN).
The Patient's Voice

From Survivor to Teacher

By Cindy Silver

After a long series of treatments for stage IV ovarian cancer, I finished my last chemotherapy session in March 2010. About 2 months later, I realized I missed the camaraderie and friendships I had developed during the hours of waiting for the chemotherapy to be administered. I looked for a support group and soon joined the Scripps GYN Support Group that meets twice monthly. By that point, I had started sharing the story of my journey with ovarian cancer, finding that others were helped when they heard it.

Like so many others, my journey started with a doctor completely ignoring my symptoms and ended with me being treated professionally by a gynecologic oncology team. In telling my story, I found myself becoming more passionate about sharing that part of my journey, because I didn’t want other women to go through what I went through, especially the part where my primary care doctor ignored and patronized my symptoms, even though I sensed something was very wrong.

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Breast Cancer

Patients Discovering...

Continued from page 39

appropriate for their disease and can view research site information, including the closest research site and distance from the patient’s home.

The trial portfolio includes 450 trials, including 275 treatment trials, 84 psychosocial/supportive trials, 32 evaluating diagnosis/ screening, 22 assessing preventive approaches, and 37 in other categories.

“Trials are for all patients,” Cohen stressed. “There is a big myth that they only serve those who are already getting treatment or have run out of options, but 40% of our trials are in the neoadjuvant and adjuvant setting. Wherever you are on the cancer journey, there is an opportunity to participate in a clinical trial. We want patients to consider trials as a routine option for their breast cancer care.”

Users can share their BreastCancerTrials.org history with participating research sites through the Secure Connect message service. This enables the first screening interview to be simplified as well as efficient, and the user can leave a personal message for the research site, such as, “I don’t have health insurance. Can I still enroll?”

The website now also has a weekly trial alert service that informs users when new alerts are available. To receive these alerts, she said.

“The trial alert service has been responsible for a 68% increase in users,” according to Cohen. “It’s prompting users to log in and view newly posted trials.”

During the first year, there were 4587 returning users and this increased to 7736 in year 2 after the trial alert service was launched.

**Who Is Using BreastCancerTrials.org?**

By disease stage, 440 of 1814 users (who saved their history) were stage 0 to III; and recently diagnosed; 746 had completed treatment for stage 0 to III disease; and 628 were living with metastatic disease.

Most current users are 50 to 69 years of age, with women aged 40 to 49 a close second. Most users have been white (non-Hispanic) women with some college education. Fewer than 10% have no more than a high school degree. “Our early adopters are educated and white, but we hope to change this through outreach to underserved populations,” Cohen said.

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“We didn’t have very much background knowledge, which this presentation certainly provided.”

—Second-Year Nursing Student, Azusa Pacific University’s School of Nursing

In early September, I exchanged e-mails with the group’s leader, Peg Ford, expressing my interest in joining. During a long phone conversation/ interview about what her group does, we shared personal things about our lives and cancer journeys. Definitely wanting to be part of the program, I attended the next STS training session. At Peg’s suggestion, I prepared by writing the story of how I was diagnosed and what happened next.

While awaiting the training session, I had an appointment with my gynecologic oncologist, at which I informed him that I had contacted STS and would be attending the training class. He was thrilled and gave me a big hug. He talked about doing Grand Rounds with Peg and the importance of the STS message.

In January 2011, a group of survivors met for our training session. There were 8 trainees, plus Peg and Naomi Whiteacre, a fellow presenter, who was preparing to become an onsite facilitator. Peg shared the story of STS, what the group stood for, what it hoped to accomplish, and was accomplishing. It was very inspirational. She had read our personal stories. I volunteered to be first, just to get it over with. When I finished she gave me some great feedback. In a wonderful supportive way, she told me how to reduce the story so it would fit into a 5-minute timeframe.

After tightening my story, I was thrilled to be chosen to present it at the next STS session at the University of California San Diego. I felt somewhat desperate about wanting the main point of my story to be heard and understood. I wanted these medical students to be so moved that they literally would remember the gist of my story as they became practicing doctors. I hoped they would be inspired to really listen to their patients and understand that they know when something is wrong. As the time approached for our presentations, I felt a little calmer. I thought to myself, “look what you’ve overcome the last few years, this will be a piece of cake.” I was very grateful to be able to read my story though, and not have to memorize it. I thought I managed to get through it pretty well. I got emotional near the end, but didn’t lose control. When I finished, I looked over at Peg. I think she gave me a thumbs up, and I relaxed. It was over.

I was surprised that after our presentations there didn’t seem to be questions from the students. But then after they turned in their questionnaires and some left, others made a real point to come back and thank us for sharing with them. A couple actually came up to me with tears in their eyes (one young lady was really crying) telling me how touched they were by my story. We talked more in depth with a couple of the students about our experiences. In reading the comments about our presentations, I realized that many were moved, indicating that what they saw and heard would make a difference in the way they would one day treat their patients. This is exactly what I hoped this experience would be like. My message was heard. It had to have been one of the most rewarding days of my life.

Meanwhile, over the past few months, our group of STS presenters lost 2 members. Their ovarian cancer recurred, and they lost their courageous battles. Two wonderful women whose courage took my breath away. Although it’s been devastating and heartbreaking losing these wonderful women, it has made us realize even more how important a program like STS can make a difference to save more women’s lives.