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Boston Public Health Commission

Breast cancer: Young women are not immune

The results of her biopsy came as a shock to Tonia Hines.

She was told that she had calcium deposits in her right breast, but was not quite sure what that meant. She had seen the results of her mammogram and saw the white specks on the film that her doctors considered suspicious.

But word that she had breast cancer was the last thing she expected to hear.

"She can't be talking to me," Hines recalled, referring to her doctor. "Who is she talking to?"

The doctor was definitely talking to Hines, but Hines was having none of it.

After all, she had no known behavioral risk factors and no family history of breast cancer.

More important, she didn't have the usual symptoms.

"How could I have cancer?" Hines said. "I didn't have a lump."

But there are many misperceptions surrounding breast cancer.

"Breast cancer is not a single disease,"

said Dr. John K. Erban, the director of clinical programs and co-director of the Gillette Center for Breast Cancer at Massachusetts General Hospital. "It's many diseases. There are many types of breast cancer."

Breast cancer is the second deadliest cancer in women, trailing only lung cancer. More than 40,000 women are expected to die from the disease in 2008.

Most breast cancers develop in the lobes of the breast, where milk is produced, or in the ducts that transport milk to the nipple. Cancer can be invasive, meaning that it has spread, or non-invasive, or in situ, meaning that it has remained in its original site.

According to the American Cancer Society (ACS), more than 182,000 estimated cases of invasive breast

cancer and 68,000 non-invasive cases will be diagnosed in this country this year.

Age and race are significant risk factors for breast cancer. The median age at diagnosis is 61. Almost 42 percent of the cases occur in women 65 and older, and only 12.5 percent in women under the age of 44. The incidence of breast cancer is highest in white women, but

“Breast cancer is not a single disease. It’s many diseases. There are many types of breast cancer.”

— Dr. John K. Erban



Tonia Hines discovered her breast cancer during her first mammogram at the age of 40. Hines, now 42, is a participant in The Wellness Community support group at The Dimock Center.

the death rates tell a different story.

As reported by the National Cancer Institute, an arm of the National Institutes of Health, death rates in blacks are 37 percent higher than those in whites and twice the rate of Asians, American Indians and Hispanics.

The reason for the disparity is unclear. Erban attributes it to many factors.

"It is probably due in part to the stage of breast cancer at which some blacks receive treatment," Erban said. "Some blacks may not have access to optimal care. It may also be biological — that blacks tend to get a more aggressive disease."

One such aggressive disease is a basal-like cancer that, according to the Carolina

Breast Cancer Study in 2006, was shown to be more prevalent among pre-menopausal African American women.

Luisa Knight was 33 years old when she was diagnosed with triple-negative breast cancer, a type of basal-like cancer that disproportionately affects black and Hispanic women.

It is so named for its lack of "receptors" for estrogen and progesterone — both hormones — and HER2, a growth-promoting protein. Because of its triple-negative status, the disease does not respond to receptor-targeted treatments, such as tamoxifen and herceptin, that have proven successful in treating breast cancer and have largely contributed to

Hines, continued to page 4

A survivor's story of persistence

Regular exercise has been a part of Kimmah McDowell's life for as long as she can remember. Kickboxing was her sport of choice and according to her doctors, enabled her to withstand potentially devastating treatments.

In January 2005, she found a lump about the size of a marble in her right breast. She initially thought it was a cyst that usually came and went with her menstrual cycle.

Just to make sure, she went to her primary care physician, who assured her that it was nothing serious. But McDowell had other thoughts.

"I knew something was wrong," she said. "It wouldn't go away. Cysts go away."

The "cyst" was the least of her problems.

Other symptoms started to appear the following month. She said that her right breast became tender and enlarged — double the size of her left breast. Although she is brown-skinned, she had definite undertones of red in her skin.

The problems didn't stop there. Her



Kimmah McDowell, 32, was the survivor spokesperson for the American Cancer Society's Relay for Life held in April in Pomona, Calif. McDowell is a three-year survivor of inflammatory breast cancer.

breasts started dimpling. "I noticed it on the underside of my breast," she said. "I had just one. When I checked the following day, I had dozens of dimples."

What she was experiencing was peau d'orange, a condition that causes the skin of the breast to resemble the skin of an orange.

She also experienced another symptom. Her breast was warm to the touch. "It actually became pretty hot," McDowell said. Her nipple flattened.

McDowell finally demanded a mammogram from her doctor. She said the report came back negative. Undeterred, McDowell then requested an ultrasound. It too came back. No cancer.

Making matters worse, McDowell's primary care physician continued to assure her that she didn't have cancer, even though McDowell said she once pulled up her blouse to show the doctor how different her breasts looked.

Fed up, McDowell, still thinking that the cyst was the cause of the problem, asked to have it removed. Three days after the procedure, doctors told her what she already sensed.

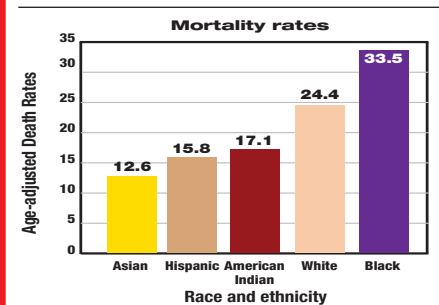
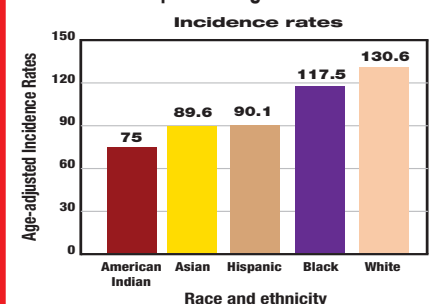
She did, in fact, have cancer.

At that point, McDowell went for a second opinion at the City of Hope

McDowell, continued to page 4

The disparity of breast cancer

For reasons not well understood, blacks have a lower incidence of breast cancer than whites, but between 2001 and 2005, the death rates were almost 40 percent higher.



Figures are age-adjusted to the 2000 U.S. standard population, per 100,000 women

Source: SEER Cancer Statistics Review, 1975-2005, National Cancer Institute, Bethesda, Md.

Breast cancer: Increase awareness to increase survival

A doctor's point of view

While researchers and physicians have made significant strides in battling breast cancer and developing new treatments to help patients live longer, healthier lives, the deadly disease continues to strike a large number of women throughout the world.

Though both women and men have the potential to develop breast cancer, according to the American Cancer Society, it is 100 times more likely for a woman to be diagnosed with breast cancer than a man, and one out of eight women will develop the disease in her lifetime. Given these statistics, it is important for every woman to understand her individual risks of developing breast cancer and to be aware of preventive measures she can take to minimize her risk.

A woman's risk for developing breast cancer increases with age; most women with the disease are over the age of 50. In addition, women with a family history of breast cancer as well as certain genetic mutations are at increased risk. Women who begin menstruation at an early age or experience menopause after age 55 are more prone to develop the disease.

"Every woman faces different risks for developing breast cancer, which depends on her genetic makeup and lifestyle choices," said Laura Holland, M.D., a gynecologist in the Women's Health Program at Whittier Street Health Center. "Although a woman cannot change her genetic makeup, there are things that she can do to decrease her risk of getting the disease, and there are measures she can take to detect breast cancer at an early stage. I tell all of my patients that they should get annual mammograms after the age of 40. I also instruct them on how to perform self breast



Laura Holland, M.D.
Women's Health Program
Whittier Street Health Center

examination, and instruct them on the benefits of leading a healthy life."

For instance, a high intake of fat in the diet and alcohol consumption in excess of one to two glasses per day may increase a woman's risk for breast cancer. Those who have prolonged exposure to the hormone estrogen, either naturally or as a hormonal replacement, should also be aware of their increased risk of breast cancer.

Though the chances for developing breast cancer are much less likely for men than women, men share similar symptoms, such as a lump or thickening of the breast or changes in the nipple or skin of the breast. Breast cancer that has spread can produce bone pain, weakness and weight loss.

Each person's treatment plan will depend on her diagnosis and recommendations from her physician. Breast cancer treatments may include chemotherapy, radiation and surgery in varying combinations. If surgery is necessary, a woman may receive either a lumpectomy — the removal of a lump in the breast — or a mastectomy, the removal of the entire breast.

Since it is possible for the cancer to spread to other parts of the body even after treatment, it is imperative to build a relationship with your primary care physician in order to maintain a regular follow-up schedule. Keep your doctor informed about any symptoms or changes that may occur in your health.

"Primary care physicians serve as an important resource to patients when it comes to questions about breast cancer and all issues related to their general health," said Holland.

A test to save your life

To provide its patients with easy access to mammograms, the Whittier Street Health Center has for the past six years partnered with Dana-Farber Cancer Institute to bring the institute's mobile Mammography Van to the health center once a month.

Whittier offers sensitive medical care and maintenance of health for women of all ages. The center recommends that all women over 40 years old receive an annual mammogram — a safe, very accurate X-ray photograph of the breast that

helps doctors diagnose patients' breast health.

Sarah Reinstein, a clinical case manager and breast health patient navigator at Whittier, works with Dana-Farber to coordinate the center's monthly "MammoVan" visits.

"Whittier is proud to provide our patients with access to the MammoVan, the only mobile mammography program in Massachusetts, in our efforts to reduce breast cancer morbidity and mortality, improve access to quality care, and address health disparities experienced by women of racial, ethnic and other minority populations in our community," she said.

Despite the van's nontraditional health care setting, Reinstein is quick to point out the credentials of its talented staff.

"As part of the MammoVan visit, skilled, board-certified mammography technologists from Dana-Farber perform the exams, and films are interpreted by board-certified radiologists with extensive experience dedicated to mammography," Reinstein said. "Clinicians also provide breast health education to women 40 years of age and older, regardless of their ability to pay."

The service provided by the van is critical for Whittier's patient population, Reinstein notes, because the health center does not have mammography equipment on site. She estimates that nearly 60 women, many of whom have a history of breast cancer in their family or have reached the age of 40, utilize the MammoVan's services at Whittier each month.

Patients are either referred from their primary care physicians or have previously visited the MammoVan for a screening, according to Reinstein. But the goal isn't merely to get patients to schedule an exam once — it's to keep them coming back year after year.

"It is our practice to keep track of our patients in an electronic system so that we can make them aware that they are due for an annual breast cancer screening," Reinstein said.

Following the screening, patients' information is sent to Dana-Farber to be analyzed. The results are then sent back to Whittier's physicians, who share them with the patients.

"If a patient receives an abnormal result, her doctor will counsel her and connect her with a specialist in order to receive a diagnostic mammogram at a nearby medical facility or hospital," Reinstein said.

To illustrate the importance of the partnership that brings Dana-Farber's Mammography Van to Whittier Street, Reinstein tells the story of one patient "who has been having an annual mammogram at the MammoVan for years and has never showed any signs of breast cancer." She recently received an abnormal mammogram.

"The patient was sent to the medical facility of her choice for a diagnostic mammogram to determine if she should receive a biopsy," Reinstein explained. "When the diagnostic mammogram confirmed the abnormality detected on the MammoVan, the patient was scheduled for a biopsy, which indicated that she did indeed have breast cancer."

Thanks to that patient's ability to get examined at the MammoVan, Reinstein said, she is now undergoing treatment at Boston Medical Center, and "we all hope that she is on a road to a full recovery."

"Her experience underscores the importance of access to critical health services — in a welcoming and compassionate environment — for people of all ages, regardless of their ability to pay," Reinstein said.



Sarah Reinstein
Patient Navigator
Whittier Street Health Center

Fight breast cancer.

Approximately 182,460 women in the U.S. will be diagnosed with breast cancer in 2008.

But the good news is that breast cancer deaths are on the decline. Most likely because of early detection and improved treatments.

So talk with your doctor about your risk factors and make breast self-exams, regular clinical exams, and annual mammograms after age 40, part of your healthy lifestyle.



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The do's and don'ts of mammograms



- Don't use deodorant, body lotion or powder before the exam
- Schedule the mammogram after your period, when your breasts are less tender
- Take your previous mammogram with you if you are going to a new facility

Breast cancer

Questions & Answers

1. If a woman does not have breast cancer in her family, does that mean she will not get breast cancer?

Family history — having a first-degree relative, such as a mother or sister, with breast cancer — is an important risk factor. But women with no family history can still get it. Approximately 70 percent to 80 percent of women who get breast cancer do not have a family history of it.



Joseph R. Betancourt, M.D.
Director of the Disparities Solutions Center, Massachusetts General Hospital

2. Do all breast cancers start with a lump?

A lump on the breast is one of several signs that a woman may have breast cancer. A new lump or mass on the breast or armpit is the most common sign of breast cancer, but it is not the only sign. Other signs include a change in the breast or nipple, such as irritation or puckering (that looks like an orange), or non-milk fluid from the nipple.

3. Why is the death rate for breast cancer higher in blacks? What can black women do to improve survival rates?

In the United States, although more white women are diagnosed with breast cancer than black women, more black women die from the disease. Research suggests breast cancer may not be found early enough in African American women because of unavailability of, or reluctance to get, mammograms. Some patients may not receive the proper treatment after being diagnosed with breast cancer. It is important for women, beginning at the age of 40, to have a yearly breast exam and mammogram. It is equally important to followup if tests show abnormal results. Taking these steps will greatly increase the chance of detecting the cancer early and decreasing its likelihood of spreading.

4. Can an injury to the breast cause breast cancer?

An injury to the breast can cause redness, soreness or a bump that may resemble signs of breast cancer, but in general there is no evidence to suggest that an injury can cause breast cancer.

5. Are mammograms harmful? Can they cause cancer?

A mammogram, an X-ray of the breast, is an easy and safe tool for detecting cancer. The amount of radiation that a patient is exposed to during a mammogram is minimal and not great enough to cause cancer. According to the American Cancer Society, even if a woman had yearly mammograms from the age of 40 to 90, she will have received a very low cumulative dosage of radiation. Mammography exams are the most effective tool for detecting cancer even before the appearance of signs such as a lump.

6. If a woman has lumpy breasts, is her risk of breast cancer higher?

Having lumpy breasts, or fibrocystic changes, does not increase your chance of getting breast cancer. In fact, many women experience shape and texture changes in their breasts during their life. It is still important, however, to have all lumps in the chest region examined immediately by your doctor to rule out the possibility of breast cancer.

7. Is breast cancer curable?

If the cancer is detected early enough, it can be successfully treated. When detected early, breast cancer-related deaths can be reduced by 30 percent. Treatments vary and include surgery, chemotherapy, radiotherapy and hormone therapy. The most effective way to cure breast cancer is to catch it early and begin proper treatment.

8. Is there a relationship between hormonal replacement therapy and breast cancer?

In 2001, a large research study called the Women's Health Initiative found that more women taking estrogen plus progesterone were diagnosed with breast cancer and had irregular mammograms than women not on estrogen-progesterone therapy. It is best to discuss with your doctor if hormone replacement is right for you.

Elizabeth J. Donahue and Marina Cervantes of the Disparities Solutions Center participated in the preparation of these responses.

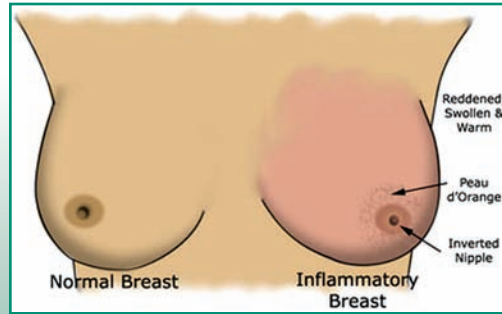
Risk factors

- Older age
- Early age at menstruation
- Older age at first birth or never having given birth
- A personal history of breast cancer or benign breast disease
- A first-degree relative — mother or sister — with breast cancer
- Treatment with radiation to the breast or chest at an early age
- Breast tissue that is dense on a mammogram
- Hormone replacement therapy
- Obesity
- Drinking alcoholic beverages
- Genetic mutation

Source: National Cancer Institute

A closer look

The female breast contains lobes, which are made up of smaller sacs called lobules, in which milk is produced. Thin tubes called ducts carry the milk from the lobules to the nipple when a

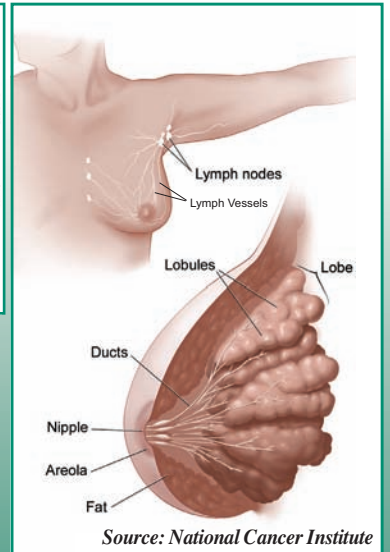


Source: Virtual Medical Centre

woman is breastfeeding. The breast also contains vessels that carry clear fluid, or lymph, to small, round organs called lymph nodes.

Most breast cancers begin in the ducts or lobules. Inflammatory breast cancer, on the other hand, begins in the lymph vessels, causing noticeable changes to the breast.

When breast cancer spreads, it travels through the lymph nodes to other organs — usually the bones, liver, lungs and brain.



Source: National Cancer Institute

Signs and Symptoms

Unlike most breast cancers, inflammatory breast cancer doesn't appear as a lump, but looks more like an infection or inflammation. Advanced cases of other types of breast cancer may share similar symptoms.

- One breast larger than the other
- Red or pink skin
- Swelling
- Rash (entire breast or small patches)
- Orange-like texture of skin of breast (peau d'orange)
- Skin hot to the touch
- Pain and/or itchiness
- Ridges or thickened areas of breast
- Nipple discharge
- Nipples that appear inverted or flattened
- Swollen lymph nodes under the armpit or in the neck

Source: M.D. Anderson Cancer Center

Healing the racial divide in health care

Dr. Joseph Betancourt wrote the book on health care disparities. Now he's trying to erase them.

When Joseph Betancourt was in medical school, he often saw children acting as interpreters for family members who did not speak English. Originally from Puerto Rico, and as the only Spanish-speaking medical student on his team, he had to interpret for hospitalized patients.

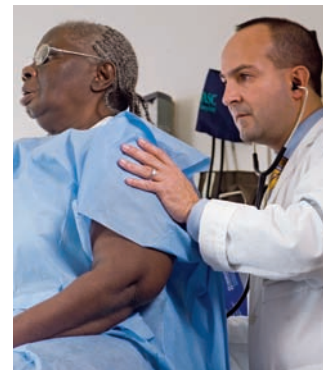
Years later, Joseph Betancourt, MD, MPH, co-authored a landmark study by the Institute of Medicine that found striking inequities in health and health care for racial and ethnic minorities across the US.

When Massachusetts General Hospital president Peter Slavin, MD created the Disparities Solutions Center at MGH, he chose Dr. Betancourt to lead it. "It is time to move from diagnosing the problem to treating it," said Dr. Slavin.

The MGH Center is the first hospital-based Disparities Solutions Center in the country to move disparities beyond research into policy and practice. It has \$3 million in support from MGH and Partners HealthCare.

The Disparities Solutions Center will:

- advise MGH in its efforts to identify and address racial and ethnic disparities in care;
- develop and evaluate customized solutions to



eliminate disparities in the health care community in Boston and beyond;

- educate, train and expand the number of leaders working to end disparities nationwide.

Perhaps most important, the center will transfer what it learns to hospitals and health centers, community groups, insurers, medical schools, educators, government officials, and of course, physicians and nurses across the country.

One of the Center's first efforts is the new Diabetes Management Program at the MGH Chelsea Health Care Center, where more than 50 percent of patients are Latino. Latinos are more likely than whites to die from diabetes complications including kidney failure, blindness, heart disease, and amputations.

MGH Chelsea health professionals will help patients control their diabetes, get regular screenings, and prevent complications through telephone outreach, individual coaching, and group education sessions in English — and Spanish.

Translating talk into action is what Dr. Betancourt has been doing all his life.

More information at Boston Public Health Commission at www.bphc.org

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increased survival rates.

Fortunately, standard chemotherapy is still effective for many women with triple negative cancer.

When Knight was told of her diagnosis, she, too, had an out-of-body experience.

“OK,” she said she thought to herself. “It can’t be bad because it’s negative. It seemed like a positive thing to me.”

It wasn’t.

Knight’s problem started two years ago. Her mother had died of breast cancer at the age of 44 and Knight was extremely diligent in performing self-examinations. One day, while in the shower, she felt a lump in her left breast.

She went to her primary care physician and a mammogram was done. The mammogram was negative.

But according to Knight, “the lump kept growing.”

Four months later, she went back to her doctor and was told that she was too young and that nothing was wrong.

She finally went to see a gynecologist, who had the opposite opinion. “I’m very concerned about this lump,” Knight said her gynecologist told her. “I’m going to send you to a breast specialist.”

The breast specialist ordered a biopsy, which confirmed cancer.

“That’s the last thing I heard,” Knight recalled. “I started crying and didn’t hear anything after that.”

A few moments later, Knight said she started to pull together. “Why am I crying?” she asked herself. “It won’t make it better, but I was hoping it was a lie.”

She decided to go to Dana-Farber Cancer Institute for her treatment. They offered her a clinical trial that consisted of chemotherapy followed by a mastectomy, another bout of chemotherapy and radiation.

She jumped at the chance. “I wanted to do that,” she recalled. “I would have done anything.”

Knight, 34, has recently completed her radiation and is now an ambassador with the Pink and Black campaign, sponsored by the Boston Public Health Commission to raise awareness of breast cancer among minorities.

The exact cause of breast cancer is unknown, but several factors increase its risk — age, gender, familial or personal history of breast cancer and genetic factors, such as a mutation in BRCA1 and BRCA2, two genes that normally suppress the production of cancerous cells.

The most common symptom of breast cancer is a lump, but not all breast cancers begin that way.

Just ask Tonia Hines.

Hines said she only learned of that medical reality when her doctor told her she had ductal carcinoma, but instead of a tumor, she had calcium deposits that included cancerous cells. The cancer hadn’t spread, but the extent and shape of the calcifications caused the doctors concern.

Hines had a mastectomy and opted for reconstructive surgery. “The breast doesn’t make me, but it’s part of my life,” she explained.

She is now on hormone therapy to reduce the risk of recurrence.

Of greater concern to Hines were her two sons. “They were scared and nervous,” the single parent said. “There was always the fear that the cancer could be elsewhere.”

Survival rates of breast cancer have increased, largely because of early screenings and improvements in treatments. If caught very early, the five-year survival rates are 98 percent, but plunge to 27 percent if the cancer has spread to distant parts of the body.

There are over 2.5 million breast cancer survivors in the U.S. and the number is climbing. A recent study by M.D. Anderson



John K. Erban, M.D.
Director of Clinical Programs and Co-Director
Gillette Center for Breast Cancer
Massachusetts General Hospital

Cancer Center in Houston revealed that the recurrence of breast cancer after five years is low, even in women with more advanced cases.

Many cancers can be caught in the early stages when treatment is most successful. The ACS recommends that yearly screening with mammograms start at the age of 40. More often than not, mammograms can detect changes in the breast or tumors before they are felt and before they invade surrounding tissue.

“For those of very high risk, a yearly magnetic resonance imaging (MRI) is also recommended in conjunction with a mammogram,” said Erban.

An MRI uses magnetic fields instead of X-rays to produce a detailed cross-section of the breast. This combined approach increases the sensitivity in detecting cancers.

A yearly breast exam by a health professional rounds out the annual requirements for breast health.

It is not always possible to prevent breast cancer, but certain lifestyle changes have been found to reduce its risk or recurrence.

“There is strong evidence that both diet, especially decreased consumption of total calories, and exercise can decrease the occurrence and risk of dying from breast cancer,” Erban explained.



Luisa Knight was 33 years old when she was diagnosed with triple-negative breast cancer, a form of breast cancer that disproportionately strikes young black and Hispanic women.

Research has borne that out. The Nurses’ Health Study, sponsored by Harvard University, determined that women who gained weight in their adult years, particularly after menopause, increased the risk of breast cancer compared with those who maintained or lost weight. After menopause, fat tissue is a chief source of estrogen, which fuels many breast

cancers. The benefits of exercise cannot be overlooked. Researchers found that exercising for five or more hours a week throughout life can reduce a woman’s risk of breast cancer by more than 47 percent.

Alcohol has a negative impact. It has been determined that just two drinks a day of any type of alcohol can increase the risk by 21 percent.

The Nurses’ Health Study also revealed that prolonged use of hormone replacements, prescribed to reduce the risk of cardiovascular disease after menopause, also increased the incidence of breast cancer. Women should discuss with their doctors the risks and benefits of continuing use of hormone replacements.

Hines put it well: “It’s a lot of information to process.”

The basics of breast cancer screening

- Start clinical breast exams at least once every three years in your 20s and 30s
- Become familiar with how your breasts normally feel so you can detect changes
- Initiate yearly mammograms and clinical breast exams at the age of 40
- Get a yearly MRI as well as mammogram if you are at very high risk for breast cancer
- Use the combined approach of mammograms and breast exams (and MRIs if recommended) to increase your chance of finding breast cancer early
- Start earlier screening if you are at high risk
- Make sure your mammography facility is certified by the Food and Drug Administration

Source: American Cancer Society

Celebrate National Breast Cancer Awareness Month with Free Events

Date	Activity	Institution	Address	Time	Tel. No.
10/5	“Making Strides” Walk	American Cancer Society	Hatch Memorial Shell, Esplanade	8 - 10 a.m. registration	800-227-2345
10/16	Support group	Spirit Wise Sisters	55 Dimock St., Roxbury	6 - 8 p.m.	617-585-5473
10/16	Mammogram	Whittier Street Health Center	1125 Tremont St., Roxbury	By appointment	617-632-1974
10/18	Conference	Mass. Breast Cancer Coalition	Simmons College The Fenway	8:30 a.m. - 3:30 p.m.	617-376-6222
10/25	Mammogram	Boston Medical Center	Moakley Bldg. 830 Harrison Ave.	8:30 a.m. - noon	617-638-4178
10/30	Mammogram	Mattapan Community Health Center	1425 Blue Hill Ave., Mattapan	By appointment	617-632-1974
Wed.	Support group	The Wellness Community at Dimock	55 Dimock St., Roxbury	10:30 a.m.- 12:30 p.m. 1:30 - 3:30 p.m.	617-442-8800 x1790

McDowell continued from page 1

Cancer Center, a National Cancer Institute-designated Comprehensive Cancer Center.

A doctor there told her what others couldn’t — she had inflammatory breast cancer (IBC), a rare and aggressive form of cancer that occurs mostly in young black women.

She was 29 years old at the time of her diagnosis, and though she had a strong sense that something was terribly wrong, she still broke down when she heard the word “cancer.”

“My eyes filled,” she said. “How could I have breast cancer at my age?”

IBC occurs in less than 5 percent of all cases of breast cancer, and because of its rarity, is often not recognized by doctors.

“If a doctor treats 100 patients a year with breast cancer, only one might be IBC,” said Dr. John K.

Erban, the director of clinical programs and co-director of the Gillette Center for Breast Cancer at Massachusetts General Hospital.

IBC does not begin with a lump, so mammograms don’t readily pick it up. It does not start in the ducts or lobes, as do most other breast cancers. Rather, it begins as cancerous cells in the lymph vessels of the breast. The lymph vessels empty into the lymph nodes, which filter out bacteria and other unwanted substances.

But once a cancer has infiltrated the lymph system, it has quick and ready access to the rest of the body. That’s how cancer cells spread.

The symptoms of IBC resemble an infection, and the most noticeable are redness, swelling and tenderness of the breast. It is characterized by its rapidity, Erban said. “When it is diagnosed, it is Stage III or IV.”

And it comes with no warning. Doctors unfamiliar with IBC initially

treat for an infection, but infections, such as mastitis, in women who are not breast feeding are rare.

But, Erban cautioned, “If a doctor has prescribed antibiotics, thinking it is an infection, you should see an improvement in the symptoms within 48 to 72 hours.”

If the symptoms persist, the woman should see a doctor who specializes in breast disease.

The usual treatment for IBC is aggressive chemotherapy — usually two or more different types of drugs — followed by removal of the breast, then radiation. Another round of chemotherapy is sometimes needed, as well as hormone therapy if the cancer is estrogen-sensitive.

The survival rates have increased once chemotherapy was added before surgery. Also, some experts believe that if IBC does not recur within three to five years of treatment, it might be cured.

McDowell was fortunate. The doctors told her they were glad she was in good shape, because they were going to hit her with everything they had to fight the disease.

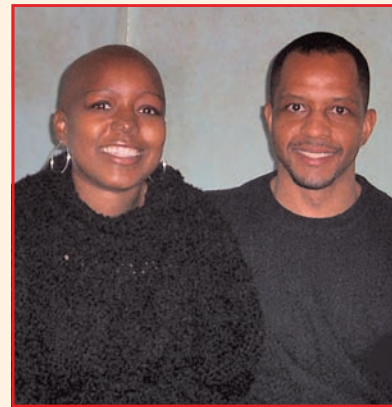
She went through two cycles of different types of chemotherapy. She had surgery and radiation. Fortunately, the cancer had not spread beyond her lymph nodes.

But life is not all bad for McDowell. She got married during the course of her treatment. She was a bald but happy bride.

She still exercises — walks about three miles a day — and is expecting her first baby next March.

And she started the KS Inflammatory Breast Cancer Foundation, dedicated to offering financial assistance, transportation and a support network to cancer patients.

McDowell said she started the foundation for one reason: “Just in case I didn’t make it.”



Kimmah McDowell (left), shown with her husband Charles, lost her hair while undergoing treatment for inflammatory breast cancer.