

# Aiding Women in The Fight Against Breast Cancer



CANCER CARE NORTHWEST IN SPOKANE, WA, PROVIDES PATIENTS WITH A UNIQUE APPROACH TO BREAST CANCER MANAGEMENT AND TREATMENT. RECENTLY, MD NEWS SPOKE WITH FOUR RENOWNED BREAST CANCER SPECIALISTS ON STAFF AT CANCER CARE NORTHWEST — JONI NICHOLS, M.D., MEDICAL ONCOLOGIST; STEPHANIE MOLINE, M.D., FACS, SURGICAL ONCOLOGIST; MARYAM PARVIZ, M.D., SURGICAL ONCOLOGIST; AND SARITHA THUMMA, M.D., MEDICAL ONCOLOGIST — TO DISCUSS THE BREAST CARE CENTER'S MULTIDISCIPLINARY APPROACH TO CANCER CARE.

**Q** Why is a multidisciplinary breast care program important for patients?

**Dr. Moline:** Breast cancer is not just a surgical disease. To achieve the best possible outcomes, a multidisciplinary approach must be taken. This allows all providers to work together to help develop the most appropriate treatment plan.

**Dr. Thumma:** Evidence suggests that patients benefit most from a team approach to cancer care in which various health care professionals work together to make all modalities available. Here at Cancer Care Northwest, medical, surgical and radiation oncologists, social workers, and nutritionists all work together to provide the best possible care. A cancer diagnosis is very stressful for patients, and by offering all of the necessary services under one roof, we can help ease patient anxiety.



Stephanie Moline, M.D.,  
FACS, surgical oncologist

**Q** What age do you recommend women begin screenings for breast cancer? Are there any exceptions?

**Dr. Parviz:** This has been an area of controversy for many providers since the U.S. Prevention Task Force changed the recommended age to begin mammograms from 40 to 50. At Cancer Care Northwest, we still follow guidelines set forth by the American Cancer Society that state that annual screening mammograms should begin at age 40. If a patient is at an elevated risk for breast cancer then screenings may begin at an earlier age based on her personal risk factors.

**Dr. Nichols:** For some women, earlier screening may be indicated due to genetic predisposition or family history of breast cancer. I still also recommend women perform a monthly self-breast exam. Unfortunately, we still see a significant number of women with breast cancer in their 20s and 30s. Performing monthly exams allows women to become more familiar with their own breast tissue and better able to bring any changes to the attention of their providers.

**Q** What groups of women are at a higher risk for breast cancer?

**Dr. Parviz:** Certainly, any woman with a family history of breast cancer — especially if she has first-degree relatives who have had the disease — has an elevated cancer risk. Women who are postmenopausal and on hormone replacement therapy and women who have had radiation therapy to their chest at a pubertal age are also at an increased risk. Other risk factors can include mutations in breast cancer susceptibility (BRCA1 or BRCA2), obesity, significant alcohol intake, early menstruation and never having children.



Maryam Parviz, M.D.,  
surgical oncologist

**Q** What additional tests or screenings are available to this high-risk population?

**Dr. Thumma:** If a woman is at a high risk for developing breast cancer, then we recommend screening mammograms begin at an earlier age. Breast MRI is recommended in

addition to mammography screenings. Genetic testing to determine whether or not a woman is a carrier for a BRCA mutation is also available.

**Dr. Moline:** Breast ultrasound may also be indicated for screening. Breast MRI is not a perfect answer for screening, although MRI has a higher sensitivity for breast cancer than ultrasound, ultrasound is often easier to use and has wider availability.

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**Q** If a woman is found to have a higher risk for breast cancer, how will those results impact her and her family?



Joni Nichols, M.D.,  
medical oncologist

**Dr. Nichols:** Women who carry a BRCA mutation have a lifetime cancer risk of greater than 80%. They also have a 40% chance of a second cancer occurrence after treatment. First-degree relatives of women who have a BRCA mutation have a 50% chance of carrying the mutation themselves, and this mutation often leads to aggressive cancers in younger women that are harder to treat. Because

of this, it is important for families to participate in genetic counseling to discuss every option available.

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**Q** Are there any steps that can be taken to possibly prevent and/or lower her cancer risk?

**Dr. Thumma:** An abnormal BRCA gene increases a woman's risk significantly of developing both breast cancer and ovarian cancer. For screening, we recommend an annual mammogram and breast MRI and a Pelvic ultrasound every 6 months. CA125 lab tests for ovarian screening are offered. If women are mutation carriers, they may choose to undergo prophylactic bilateral mastectomies. Once they have completed their families, prophylactic surgery to remove the ovaries is recommended. Prophylactic mastectomy decreases the risk of breast cancer by greater than 90% and prophylactic oophorectomy decreases the risk of ovarian cancer by more than 90% and also provides approximately 50% risk reduction in breast cancer. Women at higher risk should be counseled about appropriate self-exam and awareness information.

**Dr. Nichols:** Chemoprevention agents are available for women who have an elevated risk, and we also emphasize lifestyle changes, such as weight reduction, smoking cessation and exercise.

## MEET DR. THUMMA



Saritha C. Thumma, M.D., is the 10th medical oncologist to join the Cancer Care Northwest team. With a clinical interest in thoracic malignancies, she specializes in breast cancer treatment.

Dr. Thumma received her medical degree at St. John's Medical College in Bangalore, India. She completed an internal medicine residency at the Medical College of Wisconsin and received fellowship training in medical oncology, hematology and transplantation at the University of Minnesota. She is board certified in medical oncology and internal medicine by the American Board of Internal Medicine.

Oncology is an ever-evolving field and Dr. Thumma regularly conducts clinical research to ensure patients have access to the latest treatments. She found her niche in oncology because of the compassionate care she is able to provide patients who are dealing with stressful diagnoses and treatment regimens.

"Oncology is a field where you are helping patients when they are most vulnerable," says Dr. Thumma. "A cancer diagnosis is devastating for patients, and they need a physician who is dedicated to providing the best possible care."

Dr. Moline and Dr. Nichols with patient



# GENETIC TESTING: A SNAPSHOT INTO THE FUTURE

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**IN PREVIOUS YEARS**, genetic testing for breast cancer was uncommon. Insurance coverage of genetic testing was rare, and many patients were afraid they would no longer be eligible for insurance if they carried a gene mutation that put them at a greater risk. However, with the passing of the Genetic Information Nondiscrimination Act (GINA) in 2008, the thought process involving genetic testing has changed, which has encouraged more women to seek genetic testing and counseling.

“With the passing of GINA, we have seen more women and their families choose to be tested, which is an important step in reducing the number of patients who develop breast cancer as a result of a genetic mutation,” says Joni Nichols, M.D., medical oncologist

at Cancer Care Northwest. “We are also seeing women who had their first breast cancers 10 to 15 years ago come in for testing, which was not available to them when they were treated. This is important, as it allows us to identify who may also be at an increased risk for ovarian cancer.”

## QUALIFICATIONS FOR GENETIC TESTING

Genetic testing for breast cancer seeks to identify patients who have mutations in breast cancer susceptibility (BRCA1 and BRCA2). These mutations are hereditary and can be passed down through both maternal and paternal lines. Women who have BRCA mutations have an 80% risk of developing breast cancer during their lifetime. Risk for ovarian

cancer is also increased.

At Cancer Care Northwest, all young patients who present with new breast cancers are offered testing to see if the cancer occurred because of a genetic mutation, which increases the risk of a second malignancy. Women who have a first-degree relative who died from or was treated for breast cancer that occurred at a young age and women who are adopted may also be encouraged to seek genetic testing so that enhanced screenings may begin if appropriate.

“Currently, we are only testing for a BRCA1 or BRCA2 mutation,” says Dr. Nichols. “However, as we learn more about other genes involved in breast cancer, we may begin testing for other gene mutations as well, which would allow even more women to benefit.”



What therapies are being used to treat breast cancer at Cancer Care Northwest?

**Dr. Parviz:** Every breast cancer patient is evaluated by a breast surgeon as well as a medical oncologist and radiation oncologist before a treatment course is determined. Surgery is the cornerstone of breast cancer treatment; however, more and more medical therapies are evolving as well. We offer several chemotherapy agents and offer partial breast radiotherapy that is assisted by the use of balloon catheters, which allows for a higher dose of targeted radiation and a shorter treatment course. Oncotype DX testing is also used to identify the tumor’s gene signature to help better identify women who could safely be treated without chemotherapy.



What is new in surgical techniques to treat breast cancer?

**Dr. Moline:** The basic surgical treatment of removing the cancer with a rim of normal tissue is the same over decades, but how this is done improving cosmesis and function has changed. Incorporating the multidisciplinary model into surgical planning is helpful too. We have more to offer in breast conservation with new radiation and chemotherapy combined treatments, and more to offer with plastic surgery reconstruction options than years ago.



What kinds of psychological and emotional support are available for women with breast cancer?

**Dr. Parviz:** Psychological and emotional support is a huge aspect of breast cancer treatment. First of all, there are vast amounts of information that must be discussed with each new patient, and patients have more treatment options to select from, which can in turn be stressful in itself. Secondly, patients have constant reminders of what they have gone through, whether it is putting on their breast prosthesis following a mastectomy or presenting for their annual mammograms and awaiting the results. At Cancer Care Northwest, we offer a myriad of support services, including patient-run support groups and individual counseling opportunities. Family support is also important. For children, we have support groups and also a Kidz Count Camp, which has been hugely successful. Couples’ therapy and financial counseling to help deal with the financial burden of breast cancer are available as well.

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*To learn more about the Breast Care Center and other services available at Cancer Care Northwest, visit [www.cancercarenorthwest.com](http://www.cancercarenorthwest.com).*

*To refer a patient, call (509) 228-1000.*