

## Preview of the Medifocus Guidebook on: Breast Cancer

Updated October 15, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Breast Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Breast Cancer (185 pages; Updated October 15, 2009), please:

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# 1 - Background Information

## Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

*Medifocus.com* has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

## About Your MediFocus Guidebook

### ***Introduction***

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

### ***Guidebook Organization and Content***

#### **Section 1 - Background Information**

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

#### **Section 2 - The Intelligent Patient Overview**

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

### **Section 3 - Guide to the Medical Literature**

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

*Linking to Abstracts:* Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

## **Section 4 - Centers of Research**

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

## **Section 5 - Tips on Finding and Choosing a Doctor**

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## **Section 6 - Directory of Organizations**

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

## 2 - The Intelligent Patient Overview

# BREAST CANCER

### Introduction

#### ***Breast Anatomy***

The female breast contains two main types of tissues: *glandular tissue* and *supporting (stromal) tissue*. The glandular part of the breast includes the lobules and ducts. In women who are breast feeding, the cells of the lobules produce milk, which is then carried inside the ducts (milk passages) to the nipple. The support tissue of the breast includes fatty tissue and fibrous connective tissue (ligaments that support the breast). The female breast is made up of glands that produce and release milk after childbirth. The glands that make the milk are called *lobules* and the tubes that connect them to the nipple are \* called *ducts*. The breast itself is made up of lobules, ducts, and fatty, connective, and lymphatic tissue.

Lymph\_ is a clear fluid that contains immune system cells. The fluid is carried in lymph vessels that lead to small, pea-sized collections of tissue called *lymph nodes*. Most lymphatic vessels of the breast lead to lymph nodes under the arm called axillary nodes.

#### ***Benign Breast Conditions***

There are several types of tumors that can occur in the breasts. Most are benign and are related to fibrocystic changes. *Cysts* are fluid-filled sacs and *fibrosis* refers to the forming of connective tissue or scar tissue. Benign breast tumors are abnormal growths, but they do not appear outside of the breast and they are not life threatening.

Breast cancer is the most common cancer among women, other than skin cancer. It is the second leading cause of cancer death in women after lung cancer.

There is ongoing debate regarding the malignant potential of certain benign lesions of the breast. Although suspicious dysplastic changes can be seen in various non-malignant breast diseases, their actual precancerous potential is not well defined.

Benign breast conditions include:

- Columnar duct hyperplasia
- Adenosis - *Adenosis* is a common finding in biopsies of women with fibrocystic changes and refers to enlargement of breast lobules, which contain more glands than usual. A collection

of lobules with adenosis may be large enough to be felt. There are several names for this condition, including *aggregate adenosis*, *tumoral adenosis* or *adenosis tumor*. *Sclerosing adenosis* is a special type of adenosis in which the enlarged lobules are distorted by scar-like fibrous tissue. Some studies have found that women with adenosis have about the same (slightly increased) risk of developing breast cancer as do women with usual hyperplasia (about 1.5 - 2 times the risk of the general population with no breast changes).

- Papillomas - Intraductal papillomas are wartlike growths of gland tissue and fibrovascular tissue (fibrous tissue and blood vessels). Papillomas often involve the large milk ducts near the nipple. These result in a bloody nipple discharge. Papillomas may also be found in small ducts in areas of the breast further from the nipple. If the papilloma is large enough to be felt, a needle biopsy can be done. The usual treatment is to remove the papilloma and a part of the duct it is found in, usually through an incision at the edge of the areola (the darker colored area around the nipple).

## **Breast Cancer Statistics**

- With the exception of non-melanoma skin cancers, breast cancer is the most common type of cancer in women.
- Breast cancer is the second leading cause of cancer deaths in women (lung cancer is number one).
- According to the American Cancer Society, about 178,500 new cases of invasive breast cancer are expected to be diagnosed in the U.S. in 2007.
- The American Cancer Society also estimates that in 2007, about 40,500 American women will die from breast cancer.
- Currently, there are approximately 2 million breast cancer survivors in the U.S.
- The life-time risk of a woman developing breast cancer is about 1 in 8 (13%).
- The incidence of breast cancer is 5.5% for women with one affected first-degree relative (mother; sister; daughter) and 13.3% for those with two affected first-degree relatives.
- Eight of nine (89%) women who develop breast cancer do not have an affected first-degree relative.
- The good news is that death rates from breast cancer continue to decline, particularly in women age 50 or younger, due to earlier detection through screening and advances in treatment.

## **Types of Breast Cancer**

There are two major types of breast cancer: *noninvasive* (in situ) and *invasive* (spreading).

- Noninvasive Breast Cancer (in situ)
  - *Ductal carcinoma in situ* (DCIS) also called intraductal carcinoma - It is often now referred to as *ductal intraepithelial neoplasia* to emphasize its non-life threatening nature.
    - confined to the ducts
    - best diagnosed by a mammogram
    - nearly 100% cure rate
  - *Lobular carcinoma in situ* (LCIS) and Atypical lobular hyperplasia
    - not a true cancer, but increases the risk for cancer developing later
- Invasive (spreading) Breast Cancer - Stromal invasion and metastasis to regional lymph nodes or distant organs are the hallmarks of fully developed breast carcinomas.
  - *Infiltrating ductal carcinoma* (IDC)
    - starts in the duct and invades the fatty tissue of the breast and other parts of the body
    - most common type of breast cancer (nearly 80% of cases)
  - *Infiltrating lobular carcinoma* (ILC)
    - starts in the lobules and can spread to other parts of the body
    - accounts for 10-15% of breast cancers

## ***Hormone Receptor Classification***

Breast cancer cells may contain receptors, or binding sites, for hormones like estrogen or progesterone. Cells containing these binding sites are known as *hormone receptor-positive* cells, and they may be less aggressive than cells which lack these binding sites called *hormone-receptor negative*. Women have a better prognosis if their tumors are hormone receptor-positive.

High grade and hormonally unresponsive tumors are more frequently found in younger women, while low grade, hormonally responsive tumors are more frequent in older women.

## ***BRCA Testing***

The breast cancer (BRCA) gene test is a blood test to check for specific changes (mutations) in genes called *BRCA1* and *BRCA2* that are associated with an increased risk of developing breast cancer. A positive result for the BRCA1 or BRCA2 gene indicates a 36% - 85% increased risk of developing breast cancer, but does not predict whether breast cancer will actually occur. BRCA gene mutations occur in 5-10% of women with breast cancer, and are most frequently identified in women under age 50. Young patients with BRCA 1 mutations have an approximately 20% chance of developing breast cancer before age 40 and an 80% chance before age 70. In young breast cancer patients of Ashkenazi descent, 20% have BRCA 1 gene mutations and 2.6% have BRCA 2 mutations.

This test may be useful for people with a strong family history of breast cancer and sometimes for those who already have the disease. It is used to help women (and men) with a strong family history of breast cancer find out if their chance is high enough to increase screening efforts or to consider prevention measures-such as taking medicine (Tamoxifen), having a preventive mastectomy, oophorectomy (removal of the ovaries), or other measures.

It is important to remember that testing for these genetic mutations is not simple. Thousands of mutations exist and current genetic tests are not perfect. Researchers are working to improve the sensitivity and specificity of these tests.

## ***Risk Factors for Breast Cancer***

- Age - the risk increases with age - 75% of all diagnosed cases of breast cancer are among women 50 years of age and older
- Genetic Factors - Genetic mutations on the BRCA1 and BRCA2 genes
- History of breast cancer in a first-degree relative (mother; sister; daughter)
- Personal history of breast cancer
- Race - white women are more likely to develop breast cancer, however, African American women have the highest rate of deaths due to the disease
- History of radiation exposure, particularly during puberty
- Menstruation before age 12 (due to longer period of increased hormone levels)
- Menopause after age 50 (due to longer period of increased hormone levels)
- Nulliparity or late parity - women who have never had children or had their first child after age 30 are at greater risk
- Birth control pills - there is a higher risk for up to 10 years after stopping oral contraceptives
- Estrogen replacement therapy (ERT) - there may be a higher risk for women who use ERT longer than 10 years
- Alcohol - Women who consume 2-5 drinks per day have an increased risk
- Smoking
- Dietary intake of animal fat (especially red meat) and high-fat dairy foods
- Obesity - Especially in post-menopausal women who are not taking hormones
- Abnormal findings (atypical hyperplasia) on previous breast biopsy

Some factors that may protect women against breast cancer include:

- Breast feeding

- Early age at first birth
- Increasing parity (number of childbirths)
- Exercise - Research has suggested that life-long exercise may offer some protection against breast cancer
- Tamoxifen use has been shown to reduce the risk of estrogen-receptor-positive breast cancer. However, the risk of certain side effects make the routine use of tamoxifen unfeasible.

Breast cancer also affects more than 1,000 men in the United States every year. Although routine screening is not recommended for men, most of the treatment options are the same as for women.

## ***Screening for Breast Cancer***

The primary goal of breast cancer screening is to reduce subsequent breast cancer mortality through early detection. Breast cancer screening, however, yields both false-positive and false-negative results. False-positive results can lead to anxiety, additional costs, and morbidity due to unnecessary diagnostic evaluations. After 10 years of annual screening in the United States, it is estimated that 1 in 2 women will have at least one false-positive mammogram result, and 1 in 5 women will have at least one false-positive clinical breast examination result. False-negative mammography examinations occur in approximately 20-40% of women with breast cancer.

The American Cancer Society recommends that:

- Yearly mammograms start at age 40 and continue for as long as a woman is in good health.
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s and every year for women 40 and over.
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

Several studies have found that breast self-examination has no positive effect on breast cancer mortality and leads to almost double the rate of biopsies due to false-positive findings. Therefore, most national groups no longer recommend breast self-examination. However, it is still beneficial for women to become familiar with the contours of their own breasts.

If a change occurs, such as development of a lump or swelling, tenderness, skin irritation or dimpling, nipple pain or retraction (turning inward), redness, itching or scaliness of the nipple or breast skin, or a discharge other than breast milk, you should see your health care professional as soon as possible for evaluation. A lump that is painless, hard, and has uneven edges is more likely to be cancer, but some rare cancers are tender, soft, and rounded. For this reason, it is important that any new breast mass, lump or thickening be checked by a health care professional with experience in diagnosis of breast diseases. Most of the time, these breast changes are not cancer.

## The Role of Magnetic Resonance Imaging in Breast Cancer Screening

A study published in the March 29, 2007 issue of the *New England Journal of Medicine* (Vol. 356; No. 13; pp. 1295-1303) reported that Magnetic Resonance Imaging (MRI) evaluation can detect cancer in the contralateral (opposite) breast in women with recently diagnosed breast cancer that is missed by both mammography and clinical examination at the time of the initial breast cancer diagnosis. In this study, 969 women who were recently diagnosed with breast cancer but had no abnormal findings by either mammography or clinical exam in the opposite breast underwent MRI evaluation. Cancer was detected in the opposite breast in 30 of the 969 (3.1%) of women with a high degree of accuracy as confirmed by a cancer-positive breast biopsy.

Up to 10% of women who are diagnosed with cancer in one breast develop cancer in the opposite breast. If you have been recently diagnosed with breast cancer, ask your doctor if you should also undergo an MRI evaluation of the opposite breast.

The American Cancer Society recently issued new guidelines recommending MRI screening, in addition to mammography, for some women who are considered to be at high risk for developing breast cancer. Currently, the new guidelines apply only to women who:

- Have tested positive for either the BRCA1 or BRCA2 mutation
- Have a first-degree relative (parent, sibling, child) who has tested positive for the BRCA1 or BRCA2 mutation
- Have been determined to have a lifetime risk of breast cancer of 20%-25% or higher based on various risk factors such as family history of breast cancer, among others
- Have undergone radiation therapy to the chest area between the ages of 10 and 30
- Have been diagnosed (or have a first-degree relative who has been diagnosed) with one of the following syndromes:
  - Li-Fraumeni syndrome - a syndrome that predisposes people to developing certain types of cancers including soft-tissue sarcoma, breast cancer, leukemia, osteosarcoma, and melanoma.
  - Cowden syndrome - a rare syndrome characterized by numerous benign, tumor-like growths called *hamartomas* that increases the risk for developing certain cancers including breast, thyroid, and uterine cancer.
  - Bannayan-Riley-Ruvalcaba syndrome - a rare inherited disorder that predisposes individuals to the development of both benign and cancerous tumors. The most common sites of cancer are the breast and thyroid gland.

Doctors are still not sure whether MRI screening, in addition to mammography, would benefit women who:

- Have already had breast cancer, including ductal carcinoma in situ (DCIS)
- Have lobular carcinoma in situ (LCIS)
- Have atypical lobular hyperplasia (ALH)
- Have atypical ductal hyperplasia (ADH)
- Have a 15%-20% lifetime risk of breast cancer based on various risk factors such as family history of breast cancer, among others

## **Staging of Breast Cancer**

Staging is the process of assessing how far the cancer has spread and is important in making treatment decisions and determining prognosis.

The TNM system provides information about three different aspects of the disease:

- T = Tumor
  - followed by a number 0 through 4 (T0; T1; T2; T3; T4)
  - describes the tumor's size and spread to the skin or chest wall under the breast.
  - a higher number means a larger tumor and/or more spread to tissues near the breast
  
- N = Lymph Nodes
  - followed by a number 0 through 3 (N0; N1; N2; N3)
  - indicates whether the cancer has spread to the lymph nodes near the breast, and if so, whether the affected nodes are attached (fixed) to other structures under the arm
  
- M = Metastasis
  - followed by a 0 or 1 (M0; M1)
  - indicates whether the cancer has spread (metastasized) to other organs of the body or to lymph nodes that are not next to the breast

The individual TNM scores are combined and are used to classify breast cancer into the following Stages of disease:

- Stage 0 - Noninvasive, Carcinoma in situ
  
- Stage I - Cancer cells have not spread beyond the breast and the tumor is no more than about 2 centimeters (cm), or about an inch, across
  
- Stage II - This stage is divided into two groups:
  - Stage IIA
    - the tumor in the breast is less than 2 cm across and the cancer has spread to the lymph nodes under the arm but not to other parts of the body; OR
    - the tumor is less than 5 cm but has not spread to the lymph nodes under the arm or to other parts of the body; OR
    - no tumor is visible in the breast, however, cancer cells have been detected in the lymph nodes under the arm but the cancer has not spread to other parts of the body

- Stage IIB
  - the tumor is less than 5 cm but the cancer has spread to the lymph nodes under the arm but not to other parts of the body; OR
  - the tumor is large (more than 5 cm across), however, cancer cells have not been detected in the lymph nodes under the arm and there is no spread of the cancer to other parts of the body
  
- Stage III - "Locally advanced cancer" - This stage is divided into 3 groups:
  - Stage IIIA
    - no tumor is visible in the breast, however, the cancer has spread to the lymph nodes under the arm (which are stuck together) but the cancer has not spread to other parts of the body; OR
    - the tumor is small (5 cm or less) and the cancer has spread to lymph nodes under the armpit (which are stuck together) but the cancer has not spread to other parts of the body; OR
    - the tumor is large (more than 5 cm) and the cancer has spread to lymph nodes under the armpit (which may or may not stuck together) but the cancer has not spread to other parts of the body
  
  - Stage IIIB
    - any size tumor that is attached to the skin or to the wall of the chest
    - the cancer may or may not have spread to the lymph nodes under the arm
    - the cancer has not spread to any other part of the body
  
  - Stage IIIC
    - a tumor of any size that has spread to the lymph nodes under the armpit and under the breast bone OR to lymph nodes either above or below the *clavicle* (collarbone)
    - the cancer has not spread to other parts of the body
  
- Stage IV
  - any size tumor that has metastasized , meaning that it has spread, from the breast to other parts of body such as the liver, lungs, or bones.
  - the lymph nodes may or may not contain cancer cells

*Recurrent breast cancer* means the disease has recurred despite initial treatment. Most recurrences appear within the first 2 or 3 years but can occur many years later.

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Breast Cancer** also includes the following additional sections:

- **Diagnosis of Breast Cancer**
- **Treatment of Breast Cancer**
- **The Role of Complementary and Alternative Therapies in Cancer**
- **Quality of Life Issues in Cancer**
- **Questions to Ask Your Doctor about Breast Cancer**

To Order the Complete **Guidebook on Breast Cancer** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 3 - Guide to the Medical Literature

### Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 112 Articles
- Clinical Trials Articles - 136 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

**Linking to Abstracts:** Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

## Recent Literature: What Your Doctor Reads

Database: PubMed <January 2008 to October 2009

### Review Articles

1.

#### Management of primary and advanced breast cancer in older unfit patients (medical treatment).

**Authors:** Aapro M; Monfardini S; Jirillo A; Basso U  
**Institution:** Multidisciplinary Oncology Institute, Genolier, Switzerland.  
maapro@genolier.net  
**Journal:** Cancer Treat Rev. 2009 Oct;35(6):503-8. Epub 2009 Sep 16.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC033&ID=19762156>

2.

#### Combining systemic therapies with radiation in breast cancer.

**Authors:** Adamowicz K; Marczevska M; Jassem J  
**Institution:** Medical University of Gdansk, Department of Oncology and Radiotherapy, ul. Debinki 7, 80-211 Gdansk, Poland. krzys.adamowicz@gmail.com  
**Journal:** Cancer Treat Rev. 2009 Aug;35(5):409-16. Epub 2009 May 22.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC033&ID=19464806>

3.

#### Pharmacology and therapeutic efficacy of capecitabine: focus on breast and colorectal cancer.

**Authors:** Aprile G; Mazzer M; Moroso S; Puglisi F  
**Institution:** Department of Oncology, University Hospital of Udine, Italy.  
**Journal:** Anticancer Drugs. 2009 Apr;20(4):217-29.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=OC033&ID=19247178>

The **Guide to the Medical Literature** in the complete **Medifocus Guidebook on Breast Cancer** includes the following sections:

- Review Articles - 112 Articles
- Clinical Trials Articles - 136 Articles

To Order the Complete **Guidebook on Breast Cancer** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

## Centers of Research

### United States

#### **AZ - Arizona**

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#### **CA - California**

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The **Centers of Research** in the complete **Medifocus Guidebook on Breast Cancer** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

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# 5 - Tips on Finding and Choosing a Doctor

## Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Breast Cancer** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

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## 6 - Directory of Organizations

### **American Cancer Society**

1599 Clifton Road NE Atlanta, GA 30329  
800.227.2345; 404.486.0100

[www.cancer.org](http://www.cancer.org)

### **American College of Obstetricians and Gynecologists**

409 12th Street SW Washington, DC 20090-6920  
202.638.5577

[resources@acog.org](mailto:resources@acog.org)

[www.acog.org](http://www.acog.org)

### **American Institute for Cancer Research: Nutrition Hotline**

1759 R Street NW Washington, DC 20009  
800.843.8114 202.328.7744

[aicrweb@aicr.org](mailto:aicrweb@aicr.org)

[www.aicr.org](http://www.aicr.org)

### **Association of Cancer Online Resources**

[www.acor.org](http://www.acor.org)

### **Breast Cancer Network of Strength**

212 W. Van Buren Street Suite 1000 Chicago, IL 60607  
800.221.2141 (hotline) 312.986.8338

[www.networkofstrength.org](http://www.networkofstrength.org)

### **Breast Cancer.org**

7 East Lancaster Avenue 3rd Floor Ardmore, PA 19003

[www.breastcancer.org](http://www.breastcancer.org)

### **Cancer Care**

275 Seventh Avenue New York, NY 10001  
800.813.4673; 212.712.8400

[info@cancercare.org](mailto:info@cancercare.org)

[www.cancercare.org](http://www.cancercare.org)

The **Directory of Organizations** in the complete **Medifocus Guidebook on Breast Cancer** includes a list of selected disease organizations and support groups that are helping people diagnosed with Breast Cancer.

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Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Breast Cancer**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

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