

Carol Franc Buck

BREAST CARE CENTER

NEWSLETTER

Fall 2012

EXCITING DEVELOPMENTS

This fall, we are excited to push forward on a number of exciting initiatives. The I-SPY 2 TRIAL, our screening phase 2 adaptive design trial for women with stage 2 and 3 breast cancer is now open in 21 sites across the country. We are proud to be introducing and testing a number of new and promising agents for the first time

in women with early stage breast cancer. Our process involves first taking a sample of a woman's tumor, profiling it, and determining whether it is biologically "high risk" — that is, whether the risk for recurrence is early. If it is, women can go on to receive standard chemotherapy either with or without a new agent that we are testing. The goal is to see whether we can make the tumor shrink or go away completely, and whether the new drugs improve

that chance. The reason we start with chemotherapy first (so called "neoadjuvant therapy") is because the order of therapy does not matter, which makes it safe. Often it is better to start with chemotherapy because it makes the surgery and the surrounding decisions easier. Response to therapy does matter, and we can often tailor the surgical and radiation approach based on how much tumor is left after chemotherapy. We are very proud to have worked with the FDA to help make this approach a way to get accelerated approval for new agents that show promise and improve the chance of tumor shrinking.

We are also pushing ahead with our *Hair to Stay* program, where we are studying a number of devices to see how well they preserve hair during chemotherapy. Many of you have said how important this is to you, and if it is important to you, it is important to us. We are doing our best to learn more about how to

use these devices, set expectations, and support our patients in their quest to keep their hair.

We are working on improving quality of life by trying to lessen the chance of complications. That is the purpose of our lymphedema prevention and exercise programs. If you have had more than 4 lymph nodes removed, you should learn more about our programs. Our survivorship program is also focused on learning more about how best to manage side effects of treatment, which are often more common than recurrence. And of course, the Athena Breast Health Network is going live at UCSF and across all of the 5 UC medical centers this fall! We will also be demonstrating the Athena approach to risk assessment and prevention in partnership with Safeway this fall at three Safeway store locations across the state and October 7, at **Taste for the Cure**.

We hope you enjoy our fall newsletter. We will back in the spring with more information about budding programs. We are excited about our upcoming **Taste for the Cure**, now united with our **Taste for Science**, so you can learn more about all of the programs we have at UCSF and all of the wonderful people that make them happen! Hope to see you at the JCCSF on **Sunday October 7!**

— Laura J. Esserman, MD, MBA

INSIDE:

| | |
|--|----|
| New Faces of the UCSF Athena Breast Health Network..... | 2 |
| Dr. Foster to Run Half-Marathon with Patients | 2 |
| Hair to Stay..... | 3 |
| Exercise & Survivorship | 4 |
| Lessons Learned in Breast Reconstruction | 5 |
| BreastCancerTrials.org | 6 |
| When Should New Clinical Trial Results Be Put into Practice? | 7 |
| Update on I-SPY 2 | 7 |
| New BCC Lymphedema Program | 8 |
| Hats Stand 4 Hope..... | 10 |
| Calendar of Events | 10 |
| Director's Circle 2012 | 11 |
| Breast Care Center Honor Roll | 11 |
| Taste for the Cure: A Taste of Science..... | 12 |



INTRODUCING...

New Faces of the UCSF Athena Breast Health Network

LAUREN RYAN, MS, LCGC



Some of you may have already met Lauren Ryan, MS, LCGC, genetic counselor and Athena Breast Health Specialist. In August, Lauren became the first Athena Breast Health Specialist to provide risk assessment to our UCSF Athena patients. As you may recall, the Athena Breast Health Network is a new UC-wide collaboration that aims to improve breast health by tailoring breast care for each woman based on her own personal cancer risk. At each UC Athena site, Breast Health Specialists will often be the face of Athena, one of the first people an Athena patient meets at UCSF in the course of receiving personalized breast care.

Lauren helps Athena patients understand their breast cancer risk and prevention options, lets them know how they can reduce their risk, and navigates them towards the most appropriate risk-reducing resources. She talks with them about elevated risk such as family history and personal health factors, such as what is learned through blood tests. Lauren also consults with patients referred to her by the Breast Care Center.

Lauren finds it exciting to be a part of Athena. She has always enjoyed science, particular the study of genetics, and wanted a career in which she could help families. Genetic counseling allowed her to combine both interests. Now a part of Athena, Lauren feels that she is contributing to the well-being of a whole population, one woman at a time, through her counseling of Athena patients on breast cancer risk in an effort to decrease the incidence of breast cancer. When Lauren isn't at UCSF, she enjoys riding her motorcycle, bike trips, and relaxing with friends.

JULISSA CABRERA



Julissa Cabrera, joined the UCSF Athena Breast Health Network site team in October 2011. As the UCSF Athena Clinical Coordinator, she interacts with patients who have indicated during mammogram scheduling that they are willing to participate in Athena. Julissa then contacts them to introduce them to Athena and get their permission to donate a small amount of saliva or blood. She finds that most patients want to give a sample because they believe in the work that UCSF is doing, and are excited by the mission of Athena.

Julissa likes to come to work because she knows that what she is doing is going to change lives. In her Athena role, she has an opportunity to interact with women who are willing to collaborate with the Athena program as patients. She finds it a privilege to listen to these patients talk about themselves and their health. ■

DR. FOSTER TO RUN HALF-MARATHON WITH PATIENTS

Robert Foster is a runner, a plastic surgeon, and the Director of Breast Reconstructive Service at the Breast Care Center. After years of observing many of his breast cancer patients seem to become stronger both emotionally and physically after treatment, Foster had an idea about how he might honor their extraordinary courage and strength. He approached Nike, as the annual Nike Women's Half Marathon happens to take place during Breast Cancer Awareness Month, October, in San Francisco. Nike backed Foster, reserving 5 spots in this year's race for 5 of his patients who will run with him as they celebrate together their inspiring journeys. Watch for our coverage of Dr. Foster and his patients in the next issue of the BCC newsletter! ■



Robert Foster, MD, after completing this year's Bay to Breakers marathon in San Francisco

Carol Franc Buck
BREAST CARE CENTER
NEWSLETTER

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HAIR TO STAY

by Kate Serrurier

The UCSF *Hair to Stay* program evaluates options for reducing hair loss — one of the most dreaded complications that breast cancer patients face when undergoing chemotherapy. Thanks to the Tauber Family Foundation, the *Hair to Stay* program has enabled us to support patients in their efforts to save their hair and to study devices that are being used. One device, the Dignitana machine, is moving towards FDA approval. For another, we are collecting efficacy and tolerability information for patients using the Penguin Cold Cap Therapy through a registry trial.

The Dignitana Pilot study has completed its accrual goal of enrolling 20 patients with stage I breast cancer. An independent panel — consisting of a hairdresser, statistician, and dermatologist — has evaluated photographs taken of each patient before each treatment and at follow-up visits to evaluate the efficacy of the DigniCap. This preliminary data on the devices' efficacy and safety, as well as the patients' quality of life, will be used in planning a definitive 120 patient study of the Dignitana device with the FDA.

COLLECTING DATA

The *Hair to Stay* program is continuing to help collect data on patients, such as Chris Vanstone, who chose to use the Penguin Cold Cap system. Chris had her chemotherapy infusions at UCSF in part because of the accessibility of the Hair to Stay Cold Cap Freezers as well as the opportunity to document her experience through participating in the UCSF Penguin Cold Cap Registry. “Between having the freezer and a place to stay in the infusion center to change my caps, made the experience way



A patient gets a little help from her husband putting on the cold cap.

easier. We didn't have to stress about dry ice and we had everything we needed,” Chris said. “And we'd learn something medically too — we knew that if the caps worked, we could help future treatment down the road.”

When Chris found out she needed chemotherapy, “everyone just thought it should be OK for me to lose my hair. You resign yourself to everything in this whole process, like losing your breasts and not caring about what you look like.” But through using the cold caps, “I still looked halfway normal.” The most important effect for Chris was the impact this had for her kids. “With little kids, I didn't want to have that ‘I've got breast cancer’ sign. It's really, really hard on the kids. And they wanted to forget — and fortunately they were able to forget a lot of times...my kids could not be more thankful, I'm sure,” Chris said. She's also thankful that during her 6 months of chemotherapy, she was able to go to the grocery store and “not have people stare at me.” Reflecting on keeping her hair through chemotherapy, Chris says, “you can't control all of these other things, but at least I had something I could hold on to some hope — and keeping my hair allowed me to do that.”

Dr. Michelle Melisko and Dr. Hope Rugo, co-principal investigators of the

pilot and registry studies, explain their importance. While scalp cooling devices do not preserve hair for every patient or for every chemotherapy regimen, “this possibility during chemotherapy allows patients to better cope with the challenges of chemotherapy,” says Dr. Rugo. Dr. Melisko adds, “And after chemotherapy, the caps help facilitate a more rapid transition back to normal life.”

This is exactly what Chris has found. While chemotherapy-induced hair loss can persist for up to a year after treatment, Chris noted, with an ease and gratefulness evident in her tone, how “incredibly nice” it was to attend her first, post-treatment community event without needing “to sit and talk about breast cancer.” Keeping the majority of her hair through treatment allowed her to “move on.”

EXPANDING PROGRAM

In the near future, Dr. Rugo and Dr. Melisko are hoping to expand the *Hair to Stay* program by conducting a larger, pivotal study with the Dignitana device. They also plan to expand the Penguin Cold Cap registry to include patients with other tumor types and more objective data collection including photographs documenting hair loss. This more comprehensive information will help inform patients in the future of the anticipated success rates for a particular chemotherapy regimen.

Looking forward, Chris says, “I need a haircut right now. But I tell you, it's so much easier for me.”

All of our clinicians support the testing of these devices. We know it matters to our patients and we want to support them. ■

Kate Serrurier is a second year UCSF Breast Care Center intern and the Lymphedema Study Coordinator.

EXERCISE & SURVIVORSHIP

JANE CLARK AND YOU

Clinical evidence shows that regular exercise speeds recovery for breast cancer survivors, promotes treatment effectiveness, and reduces side effects. Exercise can greatly improve and significantly enhance feelings of well-being, whether you are in treatment or have completed your active treatment.

At the Breast Care Center, you may participate in several programs designed to assist you in adopting exercise as a critical component to your survivorship. Your instructor and trainer will most likely be Jane Clark, a certified Cancer Exercise Trainer who has focused on cancer and exercise for over 12 of her 20+ years in the fitness industry. Jane created many of the exercise programs available at the UCSF Comprehensive Cancer Center, and continues to work with Breast Care Center clinicians to develop and improve programs and exercises addressing our specific needs.

All Breast Care Center survivors can take advantage of a free, one-hour, individual **Exercise Counseling** session with Jane during which the following topics will be discussed:

- Your health history
- Your diagnosis and treatments
- Your background in exercise and movement
- Your goals for exercise
- Your resources for exercise
- Any limitations or restrictions you may have
- And how to move forward safely in incorporating exercise as a lifestyle



Jane Clark

Based on your information, Jane will personalize an exercise program and give you written recommendations to help you achieve your goals. Your program might include aerobic exercise, weight (or resistance) training, balance, range of motion, yoga, Pilates, or swimming. If you have access to a gym, she might include that resource, or the exercise program may be designed for you to do at home. Jane works with you to determine what plan would best fit your needs so that you can stick to it comfortably and successfully.

This unique program is offered free of charge to all UCSF cancer patients through generous grants from the Mount Zion Health Fund and Genentech at the UCSF Helen Diller Comprehensive Cancer Center through the Joseph and Ida Friend Cancer Resource Center. Please call the Cancer Resource Center at (415) 514-6430 to schedule an appointment.

*Jane says that “the most important thing to remember is to AVOID INACTIVITY!”
Please call Jane to help you get moving today.*

Jane is also a Certified Personal Trainer and Pilates Instructor and teaches the **Core and More** class sponsored by the Cancer Resource Center, and conducted at the UCSF Osher Center for Integrated Medicine. The Core and More class includes Pilates-based mat exercises to improve core strength and stability, range of motion activities, flexibility, balance and muscular strength exercises. Jane uses rollers, bands, balloons, body weight and play in this fun class specifically designed to improve physical functioning in cancer patients and survivors. You will need to get your physician’s written permission to participate in this and other classes sponsored by the Cancer Resource Center. The physician’s form can be found on line or at the Cancer Resource Center. Before attending Core and More, please call Jane at (415) 722-5314.

Jane teaches other classes throughout the city that may be closer or more appropriate for you. This will also be discussed in your Exercise Counseling session. ■



LESSONS LEARNED IN BREAST RECONSTRUCTION

Improving outcomes from the surgeon's point of view, the oncologist's point of view and, most importantly, the patient's point of view.

by Anne Warren Peled, MD
and Chetan Irwin, MD

One of the major goals of our joint breast surgery and plastic surgery group at the Breast Care Center is to improve outcomes after breast reconstruction. This includes reconstruction after lumpectomy as well as total breast reconstruction after mastectomy. By looking at previous patient outcomes from these procedures and coming up with ways to solve surgical challenges, we are able to improve outcomes and develop new reconstructive options for patients.

One problem we tackled was to make the skin envelope of the breast look more like it did initially. We do this safely by saving the skin of the nipple and areola at the time of mastectomy. We call it total skin-sparing mastectomy. Improving outcomes after total skin-sparing mastectomy and immediate breast reconstruction has been an important focus of our group over the past decade.

We have found that modifying certain surgical factors, including the type of mastectomy incision used and the type of reconstruction performed, can affect post-operative complications of the preserved nipple skin. We have learned how to minimize damage to the nipple skin and how to successfully preserve the nipple skin in nearly all cases. A recent article discussing over

650 total skin-sparing mastectomy cases performed at the Breast Care Center showed rates of complete nipple skin loss of less than 2%. Careful placement of incisions, complete coverage of expanders, and delaying expansion can further reduce complications after total skin-sparing mastectomy and immediate reconstruction. Increasing the time between radiation therapy and exchange of tissue expanders for permanent implants also seems to decrease infection or implant loss. All in all, the total skin-sparing mastectomy is safe and has better cosmetic outcomes compared to older techniques.



Anne Peled, MD

Another aspect of breast surgery we have worked to improve in our group is reconstruction of breast tissue defects left at the time of lumpectomy. In many circumstances, the amount of breast tissue removed in the lumpectomy can significantly impact the appearance of the breast post-operatively. By reshaping the remaining breast tissue using breast reduction and breast lift techniques, we are able to improve the cosmetic appearance of the breast in an oncologically safe way. Additionally, the use of these techniques can increase the number of women who are able to have lumpectomy instead of mastectomy, and thus reduce the possibility of post-operative complications, particularly in women who need post-operative radiation therapy.



Chetan Irwin, MD (above), is a Research Fellow in Plastic and Reconstructive Surgery at the UCSF Carol Franc Buck Breast Care Center. Anne Peled, MD (inset at left), is a Plastic Surgery resident at UCSF. She recently completed a 2-year research fellowship at the Breast Care Center focusing on outcomes after breast reconstruction.

FUTURE DIRECTIONS:

Fat grafting is the process of using liposuction techniques to collect fat tissue from one part of the body and inject it somewhere else. Fat from the abdomen for instance, can be transferred to an area of need, for example, the breast after lumpectomy or mastectomy, in order to give volume back where it was removed. We are developing a program to identify all the situations where our patients might benefit from this procedure just as we did for total skin-sparing mastectomy. As the procedure is offered to patients that could benefit, we will be systematically collecting data at the time of fat grafting and in subsequent clinic visits to ensure that this exciting reconstructive option is improving outcomes from the surgeon's point of view, the oncologist's point of view and, most importantly, the patient's point of view. ■

BREASTCANCERTRIALS.ORG

STARTING SMALL TO AFFECT SOMETHING REALLY BIG

BreastCancerTrials.org is a free online service that matches women and men to breast cancer studies that best fit their needs. There are over 800 breast cancer studies open in the United States, according to **BreastCancerTrials.org** (BCT), which can make finding the right trial for anyone seem daunting. But the BCT “Matching Tool” uses your health history to sort through all of these studies to identify those that match your health situation. It wasn’t always so.

In 2005, UCSF and NCI investigators tested the first paradigm of a clinical trials matching service in a

research pilot of the website that was to become **BreastCancerTrials.org**. That first research project had humble aspirations: to connect individuals who already knew about clinical trials to existing trials. People wanted to participate in trials but weren’t being referred by their doctors. It was frustrating for those patients because they were just learning about their diagnosis and disease and there was no easy or online way to find clinical trials.

“What we simply wanted then,” says Elly Cohen, PhD, BCT Program Director and an Assistant Adjunct Professor, School of Medicine, “was to

attract those patients who wanted to explore clinical trials, and who were already aware that there may be something applicable to them.”

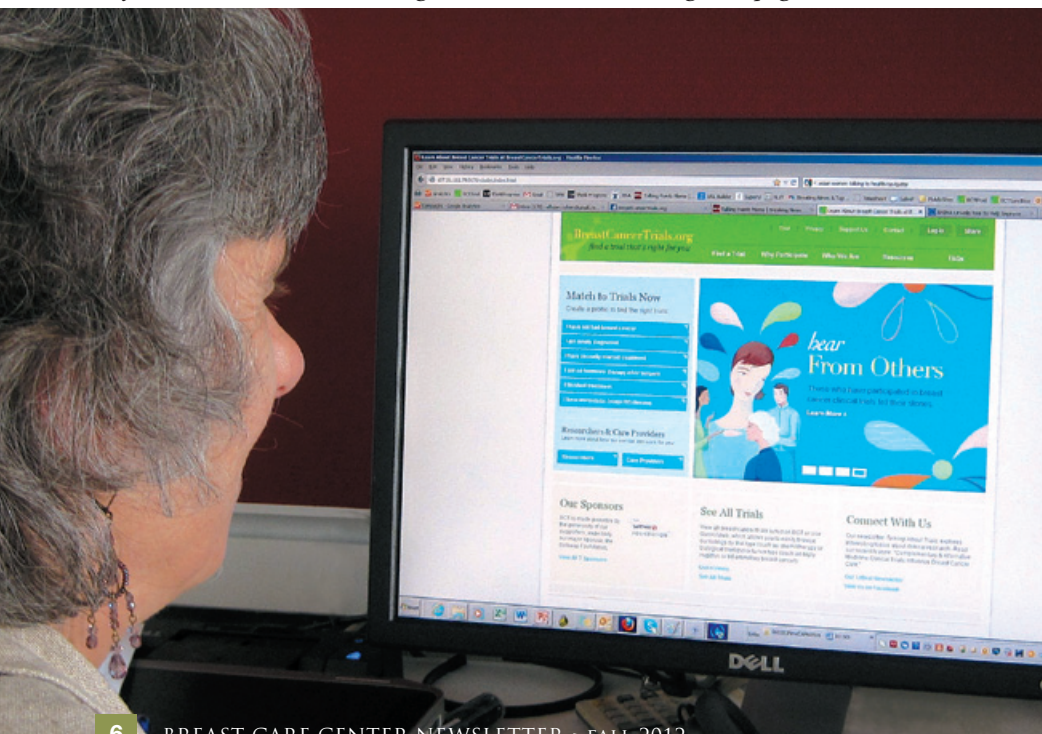
Between 2005 and 2008, BCT grew from a local research program to a national matching program, again mostly driven by patient need. But this time patients were actively looking for information on line and sorting through an extraordinary proliferation of websites about breast cancer. It became apparent that BCT no longer needed to serve just the patients who already knew about clinical trials, but to educate those who didn’t as well. “Expanding our educational content became one of our goals in 2008,” Elly said, in order to “make information about treatment options and clinical trials more accessible.”

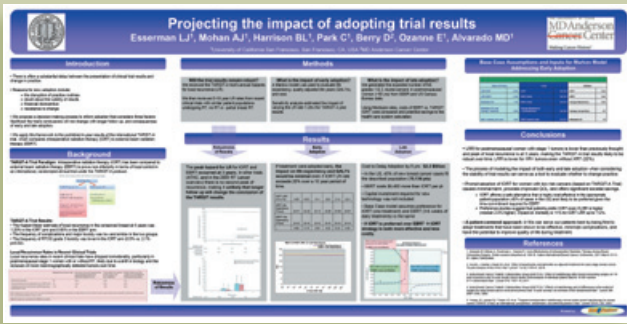
In 2011, **BreastCancerTrials.org** redesigned their website to make it easier for users to navigate clinical trial resources. Elly said she particularly wanted to make the site welcoming to all breast cancer patients, post-treatment survivors, and those at risk. The new website features a Quick Views option that enables a user to easily access and share trials organized by categories such as biological therapy, vaccine treatment, complementary and alternative medicine, triple negative breast cancer and inflammatory breast cancer.

The work of **BreastCancerTrials.org** — raising awareness about clinical trials and matching people with clinical trials that are personalized for their health situation — is leading the way in encouraging patients to consider trials as an option for care. ■

The new website features a Quick Views option that enables a user to easily access and share trials organized by categories such as biologic treatment, vaccine treatment, complimentary alternative medicine, triple negative breast cancer and inflammatory breast cancer.

Elly Cohen, PhD, and the redesigned BreastCancerTrials.org homepage





WHEN SHOULD NEW CLINICAL TRIAL RESULTS BE PUT INTO PRACTICE?

PROJECTING THE IMPACT OF ADOPTING TRIAL RESULTS*

Research presented at the 2011 SABCs by Esserman LJ, Mohan AJ, Park C, Berry DA, Ozanne E, Alvarado MD. UCSF; M.D. Anderson

There is often a substantial delay between the presentation of clinical trial results and change in practice. The reasons for slow adoption include the disruption of practice routines, doubt about the validity of results, financial disincentive, and resistance to change. So we ask the question: when should the breast cancer community consider putting new clinical trial results into practice? We propose a decision-making framework that considers three factors: will a trial's conclusions change with longer follow-up? What are the consequences of early adoption? What are the consequences of late adoption? We applied this framework to the results of the international TARGIT-A trial, which compares intraoperative radiation therapy (IORT) to external beam radiation therapy (EBRT). The analysis demonstrated that prompt adoption of the IORT intervention would cause minimal harm, provide an improved quality of life, and offer significant societal savings (upwards of \$2.2 billion). A more general take-away is the importance of a patient-centered approach: we can serve our patients best by being first to adopt treatments that have been shown to be effective, minimize complications, and have the potential to improve quality of life during treatment. ■

• 2011 San Antonio Breast Cancer Symposium Presentation: [PD06-08] Projecting the Impact of Adopting Trial Results. http://www.abstracts2view.com/sabc11/view.php?nu=SABC11L_1421

Poster reviewed here by Brittany Harrison, 2011-2012 UCSF Breast Care Center Intern.

UPDATE ON I-SPY 2

PRESENT ACHIEVEMENTS AND FUTURE DIRECTIONS

by Matt Salesi

Clinical trials are integral to the development of new treatments for diseases like cancer, but most drugs don't make it through these trials. Unfortunately, many even fail in the final phase, after over a billion dollars was spent. According to a recent feature in the journal *Nature*, "solving this problem may require fundamental changes to the clinical-trial system to make it faster, cheaper, more adaptable and more in tune with modern molecular medicine."

This sentiment echoes the goals of the national I-SPY 2 TRIAL, developed and spearheaded at UCSF. I-SPY 2 is actually the combination of several novel ideas in breast cancer clinical trial design: patients are treated with standard chemotherapy, usually in combination with an experimental drug, *before* going to surgery (termed *neoadjuvant* therapy) so doctors can see right away how much the tumor has shrunk and thus how effective the drugs are. Blood and tissue samples are collected over the course of therapy so that researchers can search for the molecules called biomarkers that reveal information about the type and severity of each patient's specific cancer. Most important, I-SPY 2 allows us to test some of the exciting new drugs — in combination with standard treatment — and learn from each patient as the trial proceeds. Subsequent patients are more likely to be assigned to drugs that have worked well against biologically similar tumors in others.

I-SPY 2 has opened at 19 trial sites across the United States and screened more than 500 patients since its inception in mid-2010. Now in its second year, I-SPY 2 continues to grow. Three new sites are set to open in the U.S. in 2012, and for the first time, I-SPY 2 will be expanding internationally.

There are currently several experimental drugs being evaluated in the trial, along with a standard-treatment control arm, and several more are in the pipeline for future inclusion (see www.ispy2.org). All of the current and projected I-SPY 2 drugs target different molecular pathways in cancer cells, and the trial will sort out which drugs work best against tumors with certain biomarkers, ultimately determining who will benefit from which treatments.

I-SPY 2's original approach and successful progress have earned the trial recognition in scientific and public circles. In their 2011 *Cancer Progress Report*, the American Association for Cancer Research states that personalized trials like I-SPY 2, which examine tumor biomarkers in concert with experimental drugs, "have the potential to transform cancer research and dramatically improve patient care." I-SPY 2 was also featured in a recent nationally-aired segment on NBC Nightly News.

Continued on next page

NEW BCC LYMPHEDEMA PROGRAM: TREATMENT AND PREVENTION

by Erin Duralde

The Breast Care Center is taking new steps to reduce breast cancer-related lymphedema (BCRL), a painful, chronic condition that can arise after breast cancer treatment. Surgery to remove lymph nodes from the axilla and radiation to the area can damage the lymphatic system, which is responsible for absorbing and transporting fluid throughout the body. With their lymphatic systems compromised, some patients may develop a condition known as lymphedema, which can lead to progressive swelling, pain, loss of

joint mobility, and skin infection. Rates of lymphedema can be as high as 40% in high-risk patients, such as those who undergo complete axillary node dissection or axillary radiation. Fortunately, the development of sentinel lymph node dissection as an alternative to axillary node dissection has significantly reduced the risk of lymphedema for many patients. Nevertheless, this remains a concern after treatment for some BCC patients.

ACTIVITY VS. INACTIVITY

Traditionally, clinical guidelines for patients at risk for developing BCRL have required restrictions on upper body

activity after axillary surgery that must be maintained beyond the recovery period to mitigate the ongoing risk of BCRL. As a result, some women alter their daily activities to avoid lifting and carrying objects, limiting their functionality and quality-of-life.

Recent studies, however, suggest this need not be the case. Exercise physiologists at the University of Pennsylvania have demonstrated that upper body strength training is not only safe for patients at risk for developing BCRL after surgery, but actually reduces the chance that a woman will develop BCRL. In patients at high-risk for developing BCRL, they found a reduction from 22% incidence in a group who did not do any upper body strength training to 7% incidence among those who participated in a strength training program.

BCC Director Dr. Laura Esserman saw the impact this groundbreaking research could have on patients' lives and took action to bring exercise into standard post-operative care for our patients. With the dedicated leadership of Reconstructive Surgery Research Fellow Dr. Anne Peled, Dr. Esserman and other clinicians from the BCC and the Physical Therapy department have created a BCC Lymphedema Risk Reduction Program based around the benefits of exercise for patients at risk for BCRL. New services include a monthly patient education session, a referral program to Physical Therapy for high risk patients to learn upper body strength training exercises, and a new study to test a specially-tailored yoga program's effectiveness at reducing BCRL.

Advanced Practice Nurse Debby Hamolsky and physical therapists Betty

UPDATE ON I-SPY 2 *Continued from previous page*

But even I-SPY 2's continued success is not enough to overcome barriers to the identification and approval of new cancer therapeutics. An equal commitment to process innovation is necessary in the regulatory bodies that must approve all drugs for safety and effectiveness. The good news is that the U.S. Food and Drug Administration (FDA) is fully on board with I-SPY 2. In a recent joint commentary in the *Journal of the American Medical Association (JAMA)*, Janet Woodcock, MD, the Director of the Center for Drug Evaluation and Research at the FDA, and Laura Esserman, MD, the Principal Investigator of the I-SPY 2 TRIAL, announced the FDA's plans to issue draft regulatory guidance that will facilitate the adoption of early-endpoint, biomarker-driven trials like I-SPY 2 — essentially giving its blessing to I-SPY 2.

According to Dr. Woodcock, "Better options for patients with high-risk breast cancer are urgently needed." As an innovative, cooperative venture among academic institutions, industry leaders, and government, I-SPY 2 continues to serve as a model for the future of cancer drug development. You can learn more about the I-SPY 2 TRIAL at www.ispy2.org, or in the resources listed below.

- Ledford, H. "Translational Research: 4 Ways to Fix the Clinical Trial." *Nature* 2011;477(7366):526-8
- Berry, D.A. "Adaptive Clinical Trials in Oncology." *Nature Reviews Clinical Oncology* 2011 (advance online publication)
- Esserman, L.J. and Woodcock, J. "Accelerating Identification and Regulatory Approval of Investigational Cancer Drugs." *Journal of the American Medical Association* 2011;306(23):2608-2609
- *Cancer Progress Report 2011*, American Association for Cancer Research ■

Matt Salesi was a 2011-2012 UCSF Breast Care Center Intern.

Smoot and Jet Lee share their expertise with patients in free monthly education sessions. These classes provide information on the biology of lymphedema, interventions patients can take to reduce their risk, early signs of the condition, and an overview of lymphedema treatment techniques. Please see the Cancer Resource Center calendar or the ucsfbreastcarecenter.org online events calendar for information on dates and locations.

PROGRAM KICK-OFF

UCSF celebrated the introduction of these services in late February, 2012, when over 50 patients and practitioners convened in Mt Zion's Herbst Hall to kick off the Lymphedema Risk Reduction program. BCC clinicians and staff

Recent studies...have demonstrated that upper body strength training is not only safe for patients at risk for developing BCRL after surgery, but actually reduces the chance that a woman will develop BCRL.



were joined by patients, advocates, area physical therapists, and national lymphedema experts for a night of presentations and a reception led by BCC Director Laura Esserman.

National Lymphedema Network Executive Director Saskia Thiadens spoke about the importance of UCSF's increased focus on post-operative risk reduction and discussed the future of lymphedema prevention and treatment. Then, Dr. Lee Jones of Duke University presented his research demonstrating the varied and profound benefits exercise can impart on a cancer patient's health. Both speakers set the stage for keynote speaker Dr. Kathryn Schmitz of the University of Pennsylvania, who was the Principal Investigator of the Physical Activity for Lymphedema (PAL) trial.

Dr. Kathryn Schmitz traveled from Pennsylvania to share her groundbreaking research with Bay Area clinicians and patients. Schmitz's PAL trial demonstrated the benefit of upper body strength training in reducing lymphedema risk. Since completing the PAL trial, Dr. Schmitz and her colleagues have pared down their exercise program to enable more patients to benefit from the positive effects of strength training. Physical therapists can administer this streamlined program, called Strength After Breast Cancer (SABC), in just four sessions rather than the multi-month regimen carried out by fitness instructors at a gym in the original PAL trial.

Just hours before her presentation, Dr. Schmitz trained UCSF physical therapists to implement SABC. Starting this month, patients believed to be at high risk for BCRL will be referred to a physical therapist for evaluation by their BCC clinician. In the first visit, physical therapists assess patients for early signs of lymphedema before clearing them for an exercise program.

Next, over the course of three sessions, the therapists teach patients safe exercises designed to build upper body strength, mobility, and functionality. At the end, patients are cleared to practice these exercises on their own.

We will also soon be enrolling patients from across the community for a trial to see if, in the context of Schmitz's research, a specially-tailored yoga program might provide similar BCRL risk reduction for patients. Yoga with a focus on upper-body strength and flexibility could be a good alternative to the weight-training program prescribed by Dr. Schmitz and provide additional quality-of-life benefits. We will be enrolling around 50 patients for this study. Dr. Hani Sbitany and Dr. Cheryl Ewing will be overseeing these efforts.

EXERCISE FOR ALL

Finally, for patients at a lower or minimal risk, BCC clinicians encourage participation in our forthcoming Exercise for Wellness course taught by veteran cancer fitness instructor Jane Clark. This class is designed to get patients up and moving after breast cancer surgery and is sensitive to Schmitz's lessons in lymphedema risk reduction.

In the future, we will be testing some procedures to reduce arm swelling from chronic lymphedema, so stay tuned! Please email ucsflymphedema@gmail.com if you are interested in our monthly education sessions, the Exercise for Wellness class, or Strength After Breast Cancer physical therapy program for high risk patients. To enroll in the yoga study, please contact study coordinator Kate Serrurier at Katherine.Serrurier@ucsfmedctr.org. ■

Erin Duralde is a second year UCSF Breast Care Center intern who is the Lymphedema Program Development Coordinator.

BREAST CARE CENTER CALENDAR OF EVENTS

TASTE FOR THE CURE: A TASTE OF SCIENCE

Sunday, October 7 • 11:00 am – 4:15 pm

Join us for this popular annual day of discovery exploring the impact that food and science have on breast health. Features healthy food tastings offered by local chefs, nutritional information and easy recipes. Expert panel presentations by UCSF breast cancer specialists. Musical entertainment provided by Dr. Laura Esserman and her band. No charge. For more information contact tasteforthecure@gmail.com or call (415) 353-7672. Held at the San Francisco Jewish Community Center, 3200 California St., San Francisco. RSVP at tasteforthecure.eventbrite.com

NUTRITION AND BREAST CANCER SEMINAR

Tuesday, October 9 • 5:30 pm

Breast Cancer & Nutrition with Greta Macaire, RD — Learn the latest research on nutrition and breast cancer and how to better meet your nutritional needs. No charge. Held at the Cancer Resource Center. Limited to 5 patients. Registration required. To register, please call the Cancer Resource Center at (415) 885-3693.

ATHENA DEMONSTRATIONS AT SAFEWAY

October • various times and locations

Look for Athena demonstrations in Safeway stores near you this October! (See front page for more information.)

3RD ANNUAL FALL FASHION FRENZY

Saturday, October 20 • 11:00 am – 2:30 pm

Be there for the 3rd Annual Fall Fashion Frenzy, a fun luncheon and fashion show, with auctions and raffle. This fundraiser benefits the Friend to Friend Shop at UCSF Mt Zion, which provides items at no cost to low-income women undergoing cancer treatment. Honoring Meridithe Mendelsohn with Laura Esserman, MD, as guest speaker and ABC7 News Anchor/Reporter Carolyn Tyler as emcee. Held at the Lake Merced Golf Club, 2300 Junipero Serra Blvd., Daly City. Call the Friend to Friend Shop at (415) 353-7776.

BAY AREA BREAST CANCER FORUM

Wednesday, November 7 • 6:00–7:30 pm

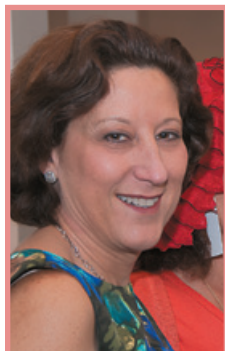
The bi-monthly Breast Cancer Forum continues under the direction of Hope Rugo, MD. The forum is a gathering of health care providers, researchers, patients, patient advocates, friends, and families. Topics are varied, but the emphasis is on clinical trials and research and includes discussion. The meetings normally take place in Conference Room H3805 on the 3rd floor of the UCSF Helen Diller Family Comprehensive Cancer Center at 1600 Divisadero. A light dinner is served. For more information and to register, call Lauren Metzroth at (415) 885-7213 or lauren.metzroth@ucsfmedctr.org ■



Hats created in honor of patients raise funds for research.

HATS STAND 4 HOPE

Hope Rugo, MD, Director of the UCSF Breast Oncology & Clinical Trials Education and a hematologist and oncologist at the UCSF Carol Franc Buck Breast Care Center, knows how important it is to support research. In May, a group of friends, patients, family and caregivers celebrated her efforts and showed how much her research inspired them in a festive and artistic fundraising salute, *Hats Stand 4 Hope* at the Bekris Gallery, San Francisco. The imaginative hat event brought in \$11,000 to fund Hope's research.



Hope Rugo, MD

“This was a deeply inspiring and moving event,” said Hope, “centered on a display of beautiful and wearable artistic hats, created in honor of one of our patients. I am so grateful to our supporters, and most of all to the patients who worked hard to make this event both fun and a rousing success!” Learn more at www.researchwithhope.com. ■

Hope Rugo, MD, is a Professor of Medicine at UCSF and an investigator of SPORE (Specialized Program of Research Excellence in Breast Cancer) in the Bay Area.

DIRECTOR'S CIRCLE 2012

We would like to thank the Friends of the UCSF Carol Franc Buck Breast Care Center for their ongoing development work in support of breast cancer research and programs. The Friends of the BCC started the Director's Circle program which provides a source of unrestricted funding for expanding existing programs and pursuing new opportunities in breast cancer treatment.

\$10,000+

Amy J. Boebel
Dana M. and Robert L. Emery
Ivette and Charles H. Esserman
Marie T. and Robert J. Gallo

\$5,000-\$9,999

Josefina J. and Arnold M. Baptiste
in honor of John W. Park, MD
Howard S. Bloom
in honor of Jeanne S. Eber
Patricia C. Dunn* and
William W. Jahnke
Esserman Family Foundation, Inc.
Deborah B. and H. William Harlan
in honor of Laura J. Esserman, MD, MBA
Jane P. and Robert L. Kahan
Kathryn and Richard H. Kimball
Marie O. and Barry R. Lipman
The Bernard Osher Foundation
in honor of Laura J. Esserman, MD, MBA
Diane B. Wilsey

\$2,500-\$4,999

Anonymous
Carolyn and Preston Butcher
Karin M. and David M. Chamberlain
Susan J. and Peter W. Colby
Loudel A. and Peter Flannery
Susan A. and Sean M. Foley
Roger H. Forbes
Bethany S. and James J. Hornthal
Jan and Mark R. Laret
Leslie Berriman and Nion T. McEvoy
Frances S. Petrocelli
and Charles B. Wilson
Catherine H. and Michael H. Podell
Joan Siboni

\$1,000-\$2,499

Anonymous (2)
Alice P. and Christopher W. Allick
Amy and Seth Barad
Rena G. Bransten

Dan and Stacey Case
Family Foundation
Susan G. Coleman
Gail Stern and George R. Dirkes
Joanne D. and Gordon J. Dow '65
Debbie and Peter Dunne
in honor of Kay V. Dunne
Jeanne S. and Marty Eber
Jacqueline L. and
Christian P. Erdman
Janet L. Farren and James Green
Victoria E. and David Fleishacker
Michele Florian
Marcia Forman
Judith P. and Ernest J. Getto
Ginn Family Foundation
Susan M. and Alan P. Greinetz
Kimberly M. and Timothy J. Harris
Janet N. Hunter and David B. Zenoff
in honor of Laura J. Esserman, MD, MBA
Laurie B. Isenberg and Joel I. Roos
Marilyn G. and Earl W. Kinney

Kate Kelly and Tom Klein
Linda J. and Robert J. Klett
in honor of Laura J. Esserman, MD, MBA
Suzanne M. Lewis-Frankl
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Jacquelyn B. Jones-Lipton
and Martin J. Lipton
Leslie and John A. McQuown
Denise B. and Peter J. Merlone
Beth Mitchner and
Douglas Wertheimer
The Morrison & Foerster Foundation
Nancy J. Murray and Jim Feuille
Marcy Nathan
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in honor of Laura J. Esserman, MD, MBA
Julia H. and Will Parish
Elene Radinskaia and Peter Kozakov
Karen and George Rathman
Linda S. Reeve
Jeanne and Sanford R. Robertson
Joni Rubin and Robert Wiebe

S. K. Sasaki
Carol E. Simmons
Laura Y. and Gregory P. Spivy
Susan V. Sprunk
Valli B. and Robert S. Tandler
Julie Gallo Vander Wall
and The Honorable
David Grant Vander Wall
Christina Hall and Peter A. Wald
Patricia and William Wilson III
Julie Wong '80 and Charles Young

\$500-\$999

Stacia L. and Michael G. Balog
Natasha Boas
Susan O. and Thomas O. Davenport
Kay V. and Peter F. Dunne III
Joanie and Lawrence C. Jones, Jr.
Barbara and Fillmore C. Marks
Lynn and Peter C. Wendell

UP TO \$500

Earline L. Bryan '74
Sylvia R. and Peter G. Dworkin
Robyn R. and Thomas E. Geissler
Marilyn S. and Bertram C. Gelder
Beverly Hunter
Christine and Jeff Krolik
Joan Z. Lonergan and John Mellow
Laurie Hunter
and Jonathan J. MacQuitty
in honor of Janet N. Hunter
Pamela S. Mann and Mark E. Miller
Barbara A. Morgan-Zaney
and Kevin A. Zaney
D'Arcy P. and Thomas R. Owens
Mary Piel
Genelle Relfe
in honor of Jessica P. Galloway
Sheri and Paul J. Siegel
in honor of Hope Reiner
Katherine W. Sollers
Frederick T. Weiss
Dorothea R. and Harlan L. Wendell

We also want to thank the Blum-Feinsteins for generously hosting the 2011 Director's Circle reception in their home, and Agraria, for providing lovely party favors.

BREAST CARE CENTER HONOR ROLL

Your Support Keeps Us Going!

We want to thank these generous benefactors to the Breast Care Studies and I-SPY 2 program at the Carol Franc Buck Breast Care Center for contributions received during the period between May 19, 2011 and March 30, 2012.

\$100,000+

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California Division

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Ginn Family Foundation

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The Leonard & Sophie Davis Fund
Wollenberg Foundation

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Judith Rosner
in honor of Julie L. Goldman
Robyn L. and Robert Rutledge

\$1,000-9,999

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Kathleen P. Muldoon
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Marilyn M. Cantlay
Linda V. and Thomas J. Coates
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R. Michael Green
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Marsha M.
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Jewish Community Federation
of San Francisco, the Peninsula,
Marin, and Sonoma Counties
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\$500-999

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Benedict P. Kuehne
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Eivind G. Lange
Ann Mather
Michael Shipley

\$100-499

Peter Alevizos
Joann S. and Robert J. Basila
Rosalind K. and Robert W. Chow
Community Health Charities
of California
Franklin Advisers Incorporated
Cindy Friedman
*in honor of Michelle P.
and Robert Goddard*
Matthew J. Gillam
E. B. Kugler
Lynda L. and Edward K. Lee
Jacquelyn B. Jones-Lipton
and Martin J. Lipton
Galia A. Lumas
*in honor of Laura J. Esserman,
MD, MBA*
Macy's Foundation
Guy Mazula
in honor of Felicissima Salvallon
Marylynn Moran
*in honor of Michelle P.
and Robert Goddard*

Jeannine C. and James C. Park
Victoria Parker
*in honor of Michelle P.
and Robert Goddard*
Terry and Gordon Player
in honor of Margaret M. Tan '90
Hilda S. Reingold
Janet G. and Charles J. Shearer
Margaret Tao and Samuel So
Shari K. and Garen Staglin
Margaret Stark-Roberts
and John Anglim
Sherri and Charles Sugarman
*in honor of Michelle P.
and Robert Goddard*
Susan B. and C. Henry Veit
Glory Wicklund
Svetlana and Mikhail Zbarakh
Mia Zuckerkandel

UP TO \$99

Phyllis P. and William F. Boyle
Jamie Carr
*in honor of Michelle P.
and Robert Goddard*

Jean F. Dewees
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Philip H. Conserva
Marni E. Geist
Yvonne and Gary R. Goddard
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Christine Lekutis
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Claudette Parrish
Gael A. Beresford
and Owen M. Raven
Nate Shaffer
in honor of Brady H. Andrews
Diana D. Shkolnik
The Morrison &
Foerster Foundation
United Way of the Bay Area
Marilyn J. Wong
and Ellen G. Wong

If you are aware of others who should be included here, please let us know.
For more information, contact Jody Frederickson at (415) 815-8658 or jfrederickson@support.ucsf.edu.

For appointments call:

Oncology: (415) 353-7070

Surgery: (415) 353-7111

FAX: (415) 353-7021

www.ucsfbreastcarecenter.org

Carol Franc Buck
BREAST CARE CENTER
NEWSLETTER

Sunday, October 7 • 11:00 am – 4:15 pm
San Francisco Jewish Community Center, 3200 California St.
RSVP at <http://tasteforthecure.eventbrite.com>

Join us for

TASTE FOR THE CURE: A TASTE OF SCIENCE

On Sunday, October 7th, the Breast Care Center will once again welcome the public to our annual *Taste for the Cure: A Taste of Science* event at the San Francisco Jewish Community Center. The event will showcase healthy foods, presentations from regional advocacy groups, two expert panels, and revive last year's popular addition — Science Day.

While Bay Area chefs serve up tasty treats, the BCC's premedical interns will present scientific posters in the JCC's beautiful atrium, covering UCSF studies ranging from cold caps for hair preservation to the I-SPY 2 trial. Participants can also complete an online risk assessment process with the help of an Athena Breast Health Specialist and watch a live DNA extraction with a lesson about DNA's role in breast cancer.



After the morning session, BCC Director Dr. Laura Esserman will moderate two panel discussions, "New Approaches to Care" and "Quality of Life During and After Treatment." Panelists slated include Breast Care Center physicians Hope Rugo and Hani Sbitany, and radiology, fertility medicine, and other specialists.

Guests can look forward to tasty bites from a number of Bay Area chefs, and ways to make science delicious. Healthy snacks will be generously provided by chefs from Oren's Kitchen, My Chef Lisa, Healthy Roots, Jordan's Kitchen SF, Lolabees, Modern Larder and more. Modern Larder proprietor Meridithe Mendelsohn will also treat the audience to a cooking demonstration.

Taste for the Cure 2012 is sponsored by the Mount Zion Health Fund, the JCCSF and Give Breast Cancer the Boot. ■