

Spirit of

# *Pink*





## SURVIVORS STAND UP TO CANCER

LouAnn Alexander of Phoenix, Arizona, was again diagnosed with breast cancer in early 2009 after undergoing lumpectomy, chemotherapy and radiation in 1998 for a self-discovered nodule. Last year, the trim, effervescent 28-year Southwest Airlines flight attendant chose bilateral mastectomy—removing both breasts. Like many newly diagnosed women, rushed and “in shock,” LouAnn wasn’t offered complete reconstruction options. “You must ask,” she says.

A failed initial reconstruction and stubborn infection did not deter her. LouAnn vowed, “I won’t allow this to impact the rest of my life.”

She coincidentally heard of “incredible work” at St. Charles Surgical Hospital ([www.scsch.com](http://www.scsch.com)) and Center for Restorative Breast Surgery ([www.breastcenter.com](http://www.breastcenter.com)) in New Orleans, Louisiana. There, Frank DellaCroce, MD, FACS; Scott Sullivan, MD, FACS; and Christopher G. Trahan, MD, direct an internationally recognized, dedicated hospital for women seeking the most advanced methods of breast reconstruction utilizing the body’s own tissue. More than 3,000 procedures have been performed—many on women for whom traditional reconstruction methods are not possible.

After her successful stacked DIEP flap procedure by Dr. Sullivan, LouAnn is ecstatic. Pioneered at the center, it’s another option for thin women and utilizes sophisticated microsurgical techniques for greater volume to the reconstructed breast. Other advanced procedures such as SIEA, SGAP and IGAP spare important, necessary functional muscles.

“I feel so blessed I only had breast cancer,” LouAnn says. “When I look in the mirror, my breasts are so natural I don’t have that daily cancer reminder. No one would know they’re not my “originals.”

By: Stephanie Stephens



St. Charles Surgical Hospital



Barbara Monsees, MD, Siteman Cancer Center



## FOR YOUNG WOMEN

The innovative Young Women's Breast Cancer Program (YWBCP) began in 2001 at the Siteman Cancer Center at Washington University and Barnes-Jewish Hospital in St. Louis. Young survivors help implement strategies that meet the age-relevant needs of other young women. Participants interface with "peer advisors;" receive individual support; utilize education programs and fun, health-focused activities; and help raise awareness while contributing to research.

More at [www.siteman.wustl.edu/ywbcp.aspx](http://www.siteman.wustl.edu/ywbcp.aspx)

### TAKE CHARGE OF YOU

More than 2.5 million breast cancer survivors know that the earlier breast cancer is found, the better. According to the American Cancer Society, the size of a breast cancer tumor and how far it has spread are the most important factors in predicting the patient's outlook. Awareness of early detection, paired with advances in technology, is visibly increasing survival against the most frequently diagnosed cancer in women.

Late last year, the United States Preventive Services Task Force (USPSTF) stopped recommending routine mammogram screening for women ages 40 to 49. The American Cancer Society responded, recommending annual screening using mammography and clinical breast examination—despite any limitations—for all women beginning at age 40. Additionally:

- Women in their 20s and 30s should have a clinical breast exam as part of a periodic (regular) health exam by a health professional, at least every three years.
- Breast self exam is an option for women starting in their 20s. Women should be told about its benefits and limitations. Women should report any breast changes to their health professional right away.

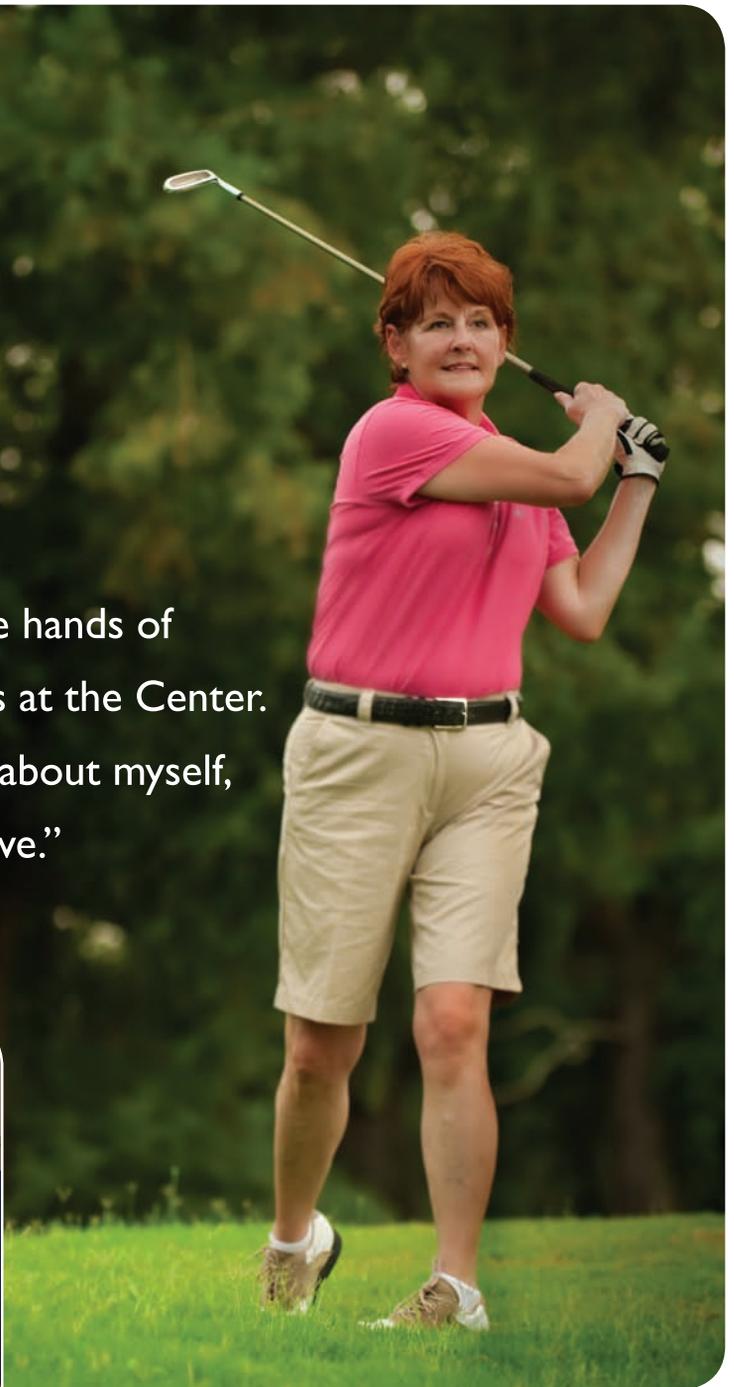
- Women with a higher risk of breast cancer should talk with their doctor about the best screening plan for them. This might mean starting mammograms when they are younger, having extra screening tests (such as an MRI), or having exams more often. Your doctor can help you determine whether you may have a higher-than-average risk for breast cancer.

A renowned specialist in breast imaging and diagnostic radiology, Barbara Monsees, MD, advocates for women at the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, Missouri ([www.siteman.wustl.edu](http://www.siteman.wustl.edu)). This researcher, study author and mentor is the Ronald and Hanna Evens Professor of Women's Health, Radiology at Washington University. Dr. Monsees is named one of the Best Doctors in America and one of America's Top Doctors. A survivor herself, she encourages women to "know thyself."

"Even if regular breast self-examination is not recommended, a woman should be familiar with her body," she says. "If she finds a lump or another sign of cancer, she should bring that to the attention of her physician even if she had a

“I simply put myself in the hands of these wonderful doctors at the Center. Now I feel much better about myself, and I am even more active.”

– Barbara Ory  
*breast cancer survivor*



## CENTER FOR RESTORATIVE BREAST SURGERY

Affiliated with St. Charles Surgical Hospital, the only hospital in the world dedicated to reconstructive surgery for women facing breast cancer.

Frank J. DellaCroce, MD, FACS, Scott K. Sullivan, MD, FACS and Christopher G. Trahan, MD

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## YOU MATTER, SO CHOOSE YOU

“Choose You” ([www.ChooseYou.com](http://www.ChooseYou.com)) is the American Cancer Society’s new national movement that inspires women to put their health first and make healthy lifestyle choices to stay well and help prevent cancer. One in three women will get cancer in her lifetime, but about half of cancer deaths could be prevented by maintaining a healthy weight through diet and regular exercise, avoiding tobacco products and getting recommended cancer screening tests. ACS invites you to make a “Choose You Commitment” now to achieve health goals or a positive behavior change, and get tools and support needed to stick to it. Now, go beyond what you know you “should be doing” to what you’re actually doing. And, you’ve got a friend!

recent negative mammogram.” At the Siteman Cancer Center, the sub specialty trained radiologists endorse the American Cancer Society guidelines for breast cancer screening and continue to recommend annual mammograms for average-risk patients, beginning at age 40. High-risk patients may require earlier screening.

When Katie Ostoff of St. Louis was diagnosed through a routine mammogram, the mother of three and nurse anesthetist involuntarily faced her own mortality. The ensuing two hours she spent consulting with “remarkable” Siteman director and Washington University surgeon Timothy Eberlein, MD, “were the most important in my life,” this survivor says. “I just wanted to start ridding my body of cancer. I didn’t have to wait—the process was so efficient, so personal.” Dr. Eberlein performed a double mastectomy, Katie underwent chemo and radiation, and she is cancer-free today.

### IT’S YOUR RIGHT

Screening has to be mandatory for all women, asserts survivor Andrea Ivory, a “CNN Hero 2009” who had health insurance and an annual mammogram.

“When I was diagnosed at 45 with breast cancer, I never asked ‘Why me?’ I asked, ‘What for?’” she says. “Every woman, regardless of her ability to pay, has a right to benefit from the early detection of breast cancer.”

Now her Florida Breast Health Initiative ([www.flbreasthealth.com](http://www.flbreasthealth.com)) brings education, screening and referrals

to women in “forgotten” neighborhoods. She and door-to-door outreach volunteers have visited more than 20,000 homes and helped more than 600 women, delivering a continuum of service—not just one-time intervention.

Most breast experts agree that mammography isn’t a perfect science but is the best option available today. “Some women who are screened will have false alarms; some cancers will be missed; and some women will undergo unnecessary treatment,” says the American Cancer Society’s Chief Medical Officer, Dr. Otis W. Brawley. Additionally, dense breast tissue means there is more gland tissue and less fatty tissue. Women with denser breast tissue have a higher risk of breast cancer. Dense breast tissue can also make it harder for doctors to spot problems on mammograms.

Discussions and data about dense breasts are frank, meant to raise awareness at [www.AreYouDense.org](http://www.AreYouDense.org), founded by Nancy Cappello, PhD. The site urges women told they have dense breasts to be more vigilant, since radiologists are not generally required to divulge breast density. A move is afoot by proponents to pass a national law—like that recently passed in Connecticut—that would require sharing of breast density information with the patient.

The five-year relative survival for female breast cancer patients has improved from 63% in the early 1960s to 90% today, according to the American Cancer Society. Combined efforts of scientists, doctors and survivor advocates predict even more positive outcomes.



## ADVANCED BREAST RECONSTRUCTION PROCEDURES

These microsurgical procedures are performed without sacrificing muscles and strength, compared to less sophisticated techniques.

**1. DIEP: Deep Inferior Epigastric Perforator Flap**

*\*Uses skin and fatty tissue in the abdomen—the most common donor site. The result resembles a “tummy tuck.”*

**2. SIEA: Superficial Inferior Epigastric Artery Flap**

*\*Requires a distinctive blood supply. Less surgical dissection occurs than with DIEP.*

**3. SGAP: Superior Gluteal Artery Perforator Flap**

*\*For thin women or those lacking adequate tummy tissue. Tissue is borrowed from the upper buttock.*

**4. IGAP: Inferior Gluteal Artery Perforator Flap**

*\*Similar to SGAP, but fat is collected from lower hip and buttock.*