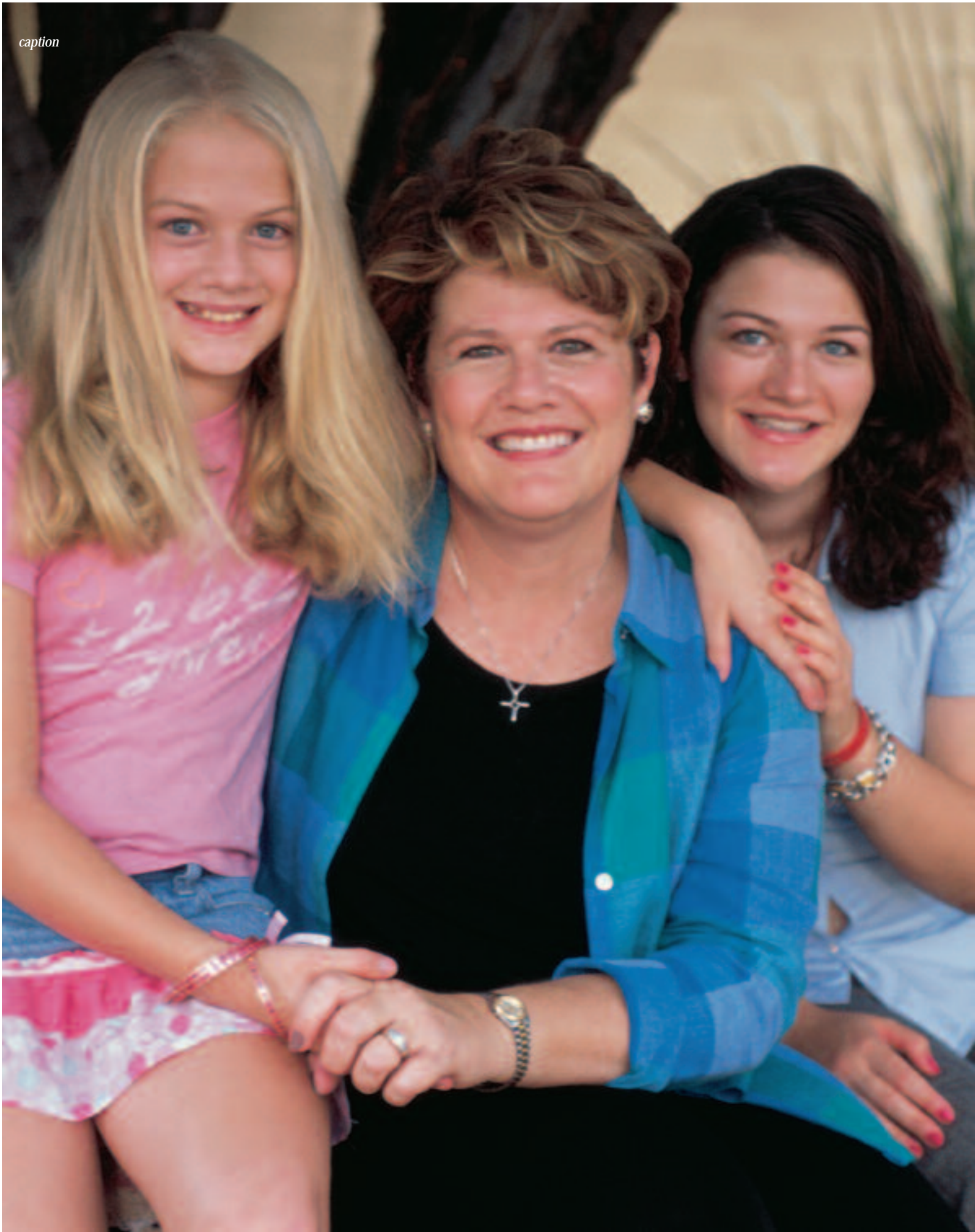


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# A WIFE, A MOTHER, A WOMAN

A woman diagnosed with cancer knows intellectually that surgery to remove part or all of her breast may be necessary to save her life. But what's going to save her emotional and psychological sense of who she is as a woman, as a wife, as a mother, as a whole and healthy person?

When Wendy Cianci was told she had breast cancer, her first thoughts were "What's the best thing I can do to prolong my life? What can I do to eradicate this problem?" Her children were then ages 4 and 10, and she wanted to stick around to be there for them. If a mastectomy was necessary, she'd have it done.

But Wendy's next thoughts were about "all the consequences, like my married life. What would my husband think of me?"

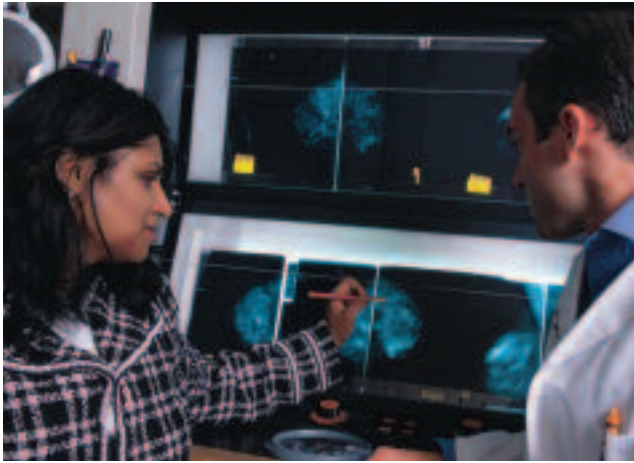
Luckily for Wendy, her husband's response couldn't have been more supportive. "His instant reaction," Wendy says, "was 'Don't even go there.' He did not want me to worry about that."

Even with a husband's reassurance, concerns like Wendy's are very typical, says breast surgeon Brenda Moorthy, DO, who is on staff at both John C. Lincoln Hospitals.

"There is a small percentage of patients who'd rather have a double mastectomy (both breasts removed) than to have to worry about cancer coming back," Dr. Moorthy says, "but most women do worry about what they'll look like after surgery."

"Most women are scared when they realize they're facing surgery," she says. "They're not only scared of surgery, but they're scared about the way they'll feel about themselves after they've lost a part of themselves."

Those are emotions Wendy knows all too well. "I got to experience how it is to be without a breast during the year between my mastectomy and my reconstructive surgery," Wendy says, "and I hated myself for that year. It was hard to lose



*caption*

my hair with chemotherapy, but I always knew that it would grow back. But a breast is very different. It was almost like mourning for the loss of my breast.”

As Wendy explains, when a woman loses a breast, or even part of a breast, she feels like she loses part of her identity as a woman.

That’s why Dr. Moorthy has perfected a specialized breast cancer surgical excision technique for women whose cancers can be treated without a total mastectomy.

For women who only need part of their breast tissue removed, Dr. Moorthy performs a procedure which preserves as much healthy tissue as possible called “oncoplasty” — a combination of oncologic and plastic surgery techniques to obtain the best cosmetic results.

In oncoplasty, the surgeon separates the healthy breast tissue from the chest wall and reshapes it so that the patient’s post-surgical breast maintains a normal shape.

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“What we don’t want is for her breast to have a ‘divot’ where the tumor was removed,” Dr. Moorthy says.

“In all cases, the issues to be considered include removal of the tumor, addressing the lymph nodes and follow-up radiation or chemotherapy,” she says, “so our ability to conserve breast tissue depends on the size, location and aggressiveness of the cancer.”

If the tumor is larger, cancerous cells may have spread to the lymph nodes. Lymph nodes are sequentially connected to each other throughout the body; the first in a line, closest to the tumor, is called the “sentinel.”

“There’s a way to find the sentinel lymph node in surgery,” Dr. Moorthy says, “so we can send it to the lab for testing. If it does not have cancer cells, then it’s highly unlikely that any of the other lymph nodes downstream have cancer cells. That means we don’t have to do further lymph node surgery.”

If the biopsy does determine that the sentinel node contains cancer cells, then it’s necessary to remove the remaining 20 to 40 lymph nodes in the area, she says.

For women whose cancer has advanced to the point that a mastectomy is necessary, Dr. Moorthy works with John C. Lincoln’s plastic and recon-

structive surgeons like Pablo Prichard, MD, to make sure her patients get the reconstructive work they need.

“Reconstructive surgery is always a personal choice for the individual,” Dr. Prichard says. “It’s not essential to save a woman’s life. But for some women it’s really important to look the way they did before they were diagnosed with cancer. For them, my role involves weighing with her all the risks and benefits of the different types of breast reconstructions.

“Whether it be autologous (her own) tissue, an implant, or a combination of the two, a plan is developed with the patient that is tailored to her particular situation and goals,” Dr. Prichard says, noting that the plan depends on the effects of her particular cancer and possible





post-operative treatments such as chemotherapy or radiation. Other factors which must be considered include her personal level of physical fitness and normal activity.

“Once we decide on a plan for her surgery,” he says, “it is then my role to give her the best possible result using the agreed upon technique. Involving the patient in her care gives her a sense of empowerment that I believe is also therapeutic,” Dr. Prichard says.

After surgery, most patients get chemotherapy, and then radiation to be sure all of the cancer is eliminated.

Dr. Moorthy says most women are happy to find they can keep their appearance, but offering a surgical approach that makes such a result most likely is just part of what Dr. Moorthy offers. She sees herself as part of an overall breast care system that provides comprehensive treatment and a compassionate approach.

That’s what Linda Jasper of Los Angeles experienced when she was referred to Dr. Moorthy by the staff at The University of Southern California.

“I was comfortable talking with her,” Linda says, “because she’s a woman. It added to the human-ness of the conversation. She not only knew what she was talking about, she took her time and used words anyone could understand.

## We all need a Buddy when it comes to protecting our health

For 12 years, Channel 12’s Lin Sue Cooney has been passionate about signing women up for Buddy Check 12, a program designed to help women protect themselves from breast cancer. Now with John C. Lincoln Hospitals backing Buddy Check 12, the program is reaching more women in the North Valley.

Buddy Check 12 uses monthly reminders from Lin Sue and an ever-changing array of incentives and free gifts to keep women motivated to perform breast self exam on the 12th of each month. Self exams, along with physician exams and routine mammograms, are the best defense a woman can have from the disease that 3,500 Arizona women will be diagnosed with this year.

Like Buddy Check 12, John C. Lincoln’s Breast Care Center has long known the importance of having two people looking out for a woman’s breast health. That’s why two physicians read every screening mammogram performed at the Breast Care Center. It’s like getting a free second opinion in just one visit, because each radiologist reviews each screening mammogram independently so they’re not influenced by the other doctor’s findings.

“These free ‘second opinions’ can increase the rate of breast cancer detection and that saves lives. If caught early, breast cancer survival rates can be as high as 95 percent,” according to Jane Thomsen, RN, clinical coordinator of the Breast Care Center.

That fact, along with the pure fun of participating in Buddy Check 12, can help women become strong advocates for their own health. Here’s how you can join with them in the fight against breast cancer:

- Sign up for monthly Buddy Check 12 reminders by e-mail or phone. Call (602) 462-1212 or log on to [www.JCL.com/breasthealth](http://www.JCL.com/breasthealth)
- Schedule an annual mammogram For a screening mammogram read by two doctors, call the Breast Care Center at John C. Lincoln North Mountain Hospital, 250 E. Dunlap, at (602) 870-6079.



**John C. Lincoln's Breast Care Center is by far a different experience.** There is no comparison — they are so wonderful, providing compassionate care and preserving patients' dignity — **I will never go anyplace else!**"

— Wendy Cianci



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"Best of all, it was clear that I could ask any questions I wanted. Before I left, she said again that if I thought of something later I could call her with additional questions," Linda says.

Throughout the process of working with patients to develop a plan of care, Dr. Moorthy observes, the most important thing is to make sure the patient knows that all options open to her are being considered, and that her personal feelings about her plan of care are getting equal consideration.

To have the most options possible should breast cancer strike, early detection is essential. That's the role of the Breast Care Center at John C. Lincoln North Mountain Hospital.

"Our job is to provide the very best care possible," says Breast Care Center clinical coordinator Jane

Thomsen, RN. According to Wendy, they succeed very well.

"I've been to other mammogram and breast care clinics," Wendy says. "But John C. Lincoln's Breast Care Center is by far a different experience. There is no comparison — they are so wonderful, providing compassionate care and preserving patients' dignity — I will never go anyplace else!"

Whether women are coming in for preventive care, like annual screening mammograms, or for diagnostic or therapeutic procedures, "We're very careful every step of the way to make sure all options are considered and that each woman understands what they are," Jane says.

"Along with monthly self-exams, an annual screening mammogram is the most important thing a woman can do to protect herself and make sure breast cancer can be caught at its earliest and most treatable stage," Jane says.

The Breast Care Center starts by providing a free second opinion for every woman who comes to them for her annual screening mammogram. To make sure nothing is missed, every single screening mammogram at the Breast Care Center is reviewed independently by two board certified radiologists, doctors who have years of special training and accreditation in medical imaging.

If suspicious tissue is detected, "We want our patients to have the least invasive treatment possible which will

preserve their health," Jane says. That's why the Breast Care Center offers follow up testing with ultrasound and/or MRI imaging, followed if necessary by stereotactic needle biopsies.

With financial help from Fry's Food & Drugs, the Breast Care Center recently acquired a new state-of-the-art stereotactic biopsy unit that uses 3D imagery and computer guidance to precisely position a needle to extract cells from questionable breast tissue. In many cases, this non-surgical technique allows patients to avoid open incisional biopsies.

However, for some patients, more invasive procedures are necessary and that's why Dr. Moorthy's approach is so important. Before she recommends surgery, she goes to great lengths to make sure that surgery is the patient's last resort.

"Just because a patient has a breast lump doesn't mean she automatically needs surgery," Dr. Moorthy says. "It may be benign and need no treatment." Dr. Moorthy, whose medical practice is named "Comprehensive Breast Center of Arizona," makes every effort to live up to her label.

"Each patient is special and has her own priorities and needs," Dr. Moorthy added. "It's our job to be sure that each patient's priorities and needs are recognized, respected and addressed, so that we do everything we can to provide her with the results that she, as an individual, deserves."