

Welcome Dr. Zook
Quality of Life Study
Blood Donation for Research
Know Your Family History

p2-3

Department of Clinical Genetics
Ask the Genetic Counselor
Risk of Ovarian Cancer
MAN 2 MAN: Prostate Awareness

p4-5

Chemoprevention Corner
Keystone Program
Mark Your Calendar

p6-7

Prevention *matters*

FOX CHASE
CANCER CENTER

**Fall/Winter
2009 – 2010**

Risk Assessment Program

Welcome to our new Risk Assessment Program (RAP) newsletter!

Our newsletter now features the various divisions of our Risk Assessment Program:
Breast, Ovarian, Gastrointestinal, Prostate, Melanoma, and Lung.

Taking Charge, the former Prostate Risk Assessment newsletter, will now be a part of our combined RAP Newsletter. We are excited to offer you this “one-stop” approach to cancer risk assessment and hope you find our newsletter to be informative.

Contact the Risk Assessment Program at: 877-627-9684 or www.fccc.edu/rap

Meet your Risk Assessment Physicians



Hossein Borghaei, DO
Director
Lung Cancer
Risk Assessment



Angela Bradbury, MD
Director
Breast & Ovarian Cancer
Risk Assessment



Mary Daly, MD, PhD
Chair
Department of
Clinical Genetics



Veda Giri, MD
Director
Prostate Cancer
Risk Assessment



Michael Hall, MD, MS
Director
Gastrointestinal Cancer
Risk Assessment



Matthew Zook, MD, PhD
Director
Melanoma
Risk Assessment

Editors:

Nina F Galpern, BS, MS
Carla Mazar, BS, MS
Honey Salador

Graphic Design:

Sara Buonopane, BS

Contributors:

Wen-Chi Chang, PhD

Carol Cherry, MSN, RN
Margie Clapper, PhD
Melanie Corbman, MS, CGC
Andrea Forman, MS, CGC
Taylor Kim, BS
Agnes Masny, CRNP, MSN, RN
Candace Peterson, MS, CGC

Christina Rybak, MS, CGC
Colleen Sands, M.P.H.
Helen Schmidheiser, BS
Arlene Wartenberg, EdD

WELCOME...

Matthew B. Zook joins staff of Melanoma Risk Assessment Welcome, Dr. Zook to Fox Chase Cancer Center!

Dr. Zook received his MD and PhD (microbiology and immunology) from Thomas Jefferson University in Philadelphia. Dr. Zook completed his residency at the Department of Dermatology and Cutaneous Biology also at Jefferson. Dr. Zook's vision for Melanoma Risk Assessment is a comprehensive approach for patients with a higher risk for melanoma as well as those already diagnosed. Patients will receive a personalized assessment and a plan will be developed to monitor and reduce their melanoma risk. Dr. Zook will study how genes and the environment interact to cause melanoma as well as study ways to improve the treatment of melanoma and other skin cancers.

We welcome Dr Zook's participation in the Fox Chase Cancer Center Risk Assessment Program and wish him well in his new position.



Quality of Life Study Recently Published

As many women in our Risk Assessment Program are aware, quality of life is important when deciding about removing ovaries to

lower risk of ovarian cancer. A recent research study comparing quality of life in two groups of Risk Assessment Program women was recently published in the journal *Gynecologic Oncology* (March 2009).

Who took part in the study?

- Two groups of women at risk for ovarian cancer took part: 38 women chose to have their ovaries removed and 37 chose screening instead of surgery.
- Women in both groups shared similar characteristics related to age, race, education, and marital status.
- The groups were different in that more women in the surgery group had had genetic testing or had had breast cancer than the women in the screening group.

What type of study was this?

- This was a *prospective* study, meaning we collected information going forward in time from when women joined the study. This is our first choice in how to do research, as opposed to a retrospective study, where we ask people to remember things from the past.

How was the study done?

- We asked women to fill out surveys about quality of life issues, such as menopause symptoms, depression, body image and sex life.
- We collected the surveys over a year at 4 timepoints: when women joined the study (baseline) and at one month, 6 months and 12 months after surgery or after deciding against surgery.

- We looked at what women reported to see if there were differences between the 2 groups and if their experiences changed over time. We also checked to see if there were differences in women who were younger or older than age 45.

What were the results?

- Both groups were similar at baseline in overall quality of life. More women in the surgery group reported hot flashes and vaginal dryness so it is possible that more women choosing surgery were already closer to menopause.
- Women who had surgery had more pain, hot flashes, vaginal dryness and less satisfaction with sex at one month compared to baseline and also compared to the screening group, but by 6-12 months these differences had disappeared. Women younger than 45 had more of these changes than those over 45.
- There were no differences in body image or depression between the groups at any time point.

What's the "take-home message"?

- There are short-term changes in quality of life after removing ovaries, especially related to menopause symptoms, but this improves over time.
- We hope that what we learned from this study will help other women who are considering a surgical decision to remove their ovaries.

Many thanks to the women in the Risk Assessment Program who took part in this study!

“...has made it possible to give many women a better idea of their risk of breast and ovarian cancers.”

Blood Donation for Research

People who participate in cancer research help to give doctors new tools to prevent and treat cancer. By using donated blood samples, researchers can open a window into the molecular, cellular and genetic world of cancer.

The discovery of the BRCA1 and BRCA2 genes in the 1990s has made it possible to give many women a better idea of their risk of breast and ovarian cancers. However, many questions remain:

What are the jobs of the BRCA1 and BRCA2 genes?

Why do some people with a BRCA alteration get cancer while others do not?

What determines which cancer, or cancers, an individual will get, and at what age?

The Risk Assessment Program (RAP) and Biosample Repository (BR) team at Fox Chase Cancer Center (FCCC) have partnered with researchers around the world to learn the answers to these questions. The goal is to find ways to reduce the number of BRCA-related cancers, and discover new treatments.

Other efforts include studies to understand how our genes and the environment interact to cause other types of cancer. We are looking at genetic markers in the blood to see if we can find certain kinds of cancer at a very early stage. In the case of prostate cancer, genetic markers may help determine who needs intensive screening for prostate cancer, and who does not. We are also studying genetic markers that can help doctors predict how their patients with certain gastrointestinal tumors will react to their medications. This research is made possible because of the blood samples and health history information donated to the Risk Assessment Program and Biosample Repository at FCCC and other research programs.

Current participants who have never donated blood for research may also call to schedule an appointment.



If you would like to join in these research efforts please call 1-877-627-9684.

Top 10 Reasons to Know Your family history

10 It's a FREE medical screening that you can do in the privacy of your own home.

9 Because personalized medicine is "in." One-size-fits-all medicine is so last century.

8 It's a good way to know your risk for conditions seen in your relatives.

7 Because when you need to know, they may not be there to ask.

6 Because with a little help from the past, you can change the future.

5 Because it's not just recipes that get passed down in families.

4 It's a priceless gift to leave to your children.

3 It doesn't cost a thing and it could save your life!

2 Because you owe your mother a phone call anyway.

1 Because every family has a story, but not every family has YOUR story.

Department of Clinical Genetics

Under the leadership of Dr. Mary Daly, this department will provide many of the services that have been available through the various risk assessment programs at Fox Chase, as well as newly expanded services, through one central department.

Some examples of the opportunities available through the Department of Clinical Genetics include:

High risk
gastrointestinal
screening clinic

High risk breast
screening clinic

High risk prostate
screening clinic

Clinical genetic
counseling and risk
assessment for a
variety of cancers

Genetic testing

The breast screening clinic will work closely with the services in the new Women's Cancer Center. Genetic counseling services will be available for anyone with a personal or family history of cancer who is interested in learning whether they may have an inherited risk of cancer. Genetic counselors are available to discuss a wide range of inherited cancers and coordinate genetic testing as appropriate. Genetic counseling will be billable to most patients' health insurance companies.

We will continue our long history of expanding knowledge about inherited cancers and its impact on patients and families. Everyone who was previously seen through one of our Risk Assessment Programs has contributed, and continues to contribute, to this great research. We know that our future patients will carry on this important tradition.

Risk of Ovarian Cancer from Hormone Therapy Should you worry?

Recently, there have been reports that women who have taken hormone therapy are at a higher risk of developing ovarian cancer than women who have not. In a recent study from Copenhagen University reported in the July 15 2009 Journal of the American Medical Association, researchers studied information from national registries. They found women who used hormones, or used them in the past, had a higher risk of ovarian cancer than women who never used hormones. Risk did not seem to depend on the type of hormones (estrogen alone or estrogen and progesterone combined) how long hormones were used, or whether they were taken by pill or patch.

You may hear about this study on the radio or read about it in the paper. The media reports

say this study shows a 38% increase in ovarian cancer. This is misleading because findings from the study mean that there is about one extra ovarian cancer per 8,300 women taking hormone therapy each year. Another way to say this is: with hormone replacement therapy, you may see one more case of ovarian cancer than normally occurs. **Bottom Line: Should you worry? No.** This study does not change the current guidelines on hormone therapy in postmenopausal women. The guidelines urge women to use the smallest possible dose for the shortest time period. If you are considering taking hormones for menopausal symptoms, you should discuss with your doctor how long you will take hormones and consider all the benefits and risks.

Ask the Genetic Counselor: I have many different types of cancer in my family. Should I have genetic testing?

Cancer is a common disease, affecting about 1 in 2 men and 1 in 3 women in the United States. Most cancer is not due to a hereditary risk. However, when certain types of cancer occur multiple times in the same person, on the same side of the family, or at young ages, it is possible that a hereditary risk of these cancers may be present in the family. The most common hereditary cancer syndromes involve families with multiple breast and/or ovarian cancers, or families with colon, uterine, and/or ovarian cancer. Some families may have a hereditary risk of uterine, breast, and thyroid cancer, or melanoma and pancreatic cancer.

If you are concerned that a hereditary risk of cancer may run in your family, you may want to schedule a meeting with a genetic counselor. The genetic counselor will draw out your family tree and ask about the different cancers in the family and ages at diagnosis. The counselor will help you decide whether or not genetic testing for an inherited risk of cancer is right for you. Remember, only about 5-10% of all cancers are due to a genetic risk. The Fox Chase Cancer Center Risk Assessment Program can help determine if your family is at risk. They will guide you through the genetic testing process and high risk screening, if appropriate.

*"The Fox Chase
Cancer Center
Risk Assessment
Program can help
determine
if your family
is at risk."*





9.20 thru 9.26 is Prostate Cancer Awareness week at FCCC

MAN 2 MAN

September 2009
Prostate Cancer Awareness Month

Recent Prostate Cancer Screening Studies

Last year, approximately 28,000 men died from prostate cancer. Screening for prostate cancer remains a controversial area for the general male US population. This is because screening sometimes finds cancers that are not fatal and do not need treatment. This is called "over-treatment." Recently, two studies were published which focused on whether screening for prostate cancer using the PSA test improved survival from prostate cancer. One study was performed in the United States and the other was conducted in Europe. The US study followed men ages 55-74 years for seven years of screening and reported no apparent survival benefit to PSA screening for prostate cancer. The European study found a potential 20% benefit for survival from prostate cancer screening using the PSA test. These reports highlight the need to better identify which men will die of prostate cancer and the importance of research to study the best screening strategies to find fatal prostate cancer.

The two studies described above only included a very small fraction

of high-risk men (those with a family history of prostate cancer and African American men). This makes our efforts regarding prostate cancer risk assessment at Fox Chase Cancer Center more important than ever. We focus on the early detection of prostate cancer in men at high-risk and can contribute greatly to understanding how better to screen high-risk men. The medical information, questionnaire information, and blood samples provided by our participants are all being studied to better define which high-risk men may develop aggressive prostate cancer. We are using donated blood samples to look for genetic markers which may more precisely predict the risk for prostate cancer. **Participants may also call us with any specific questions at 215-728-2406.**

We would like to take this opportunity to thank our participants, referring physicians, and Fox Chase Partners for their continued support of our program. Together, we will make great strides in advancing efforts to prevent death from prostate cancer.

"Together, we will make great strides in advancing efforts to prevent death from prostate cancer."

Ask the Genetic Counselor

Is there a prostate cancer gene that I can be tested for?

Despite much research, there is no genetic test available specific to prostate cancer risk at this time. Scientists have yet to identify a gene responsible for a large percentage of prostate cancer cases. We know that alterations in the BRCA1 and BRCA2 genes slightly increases a man's risk of prostate cancer, but these alterations are primarily associated with increased risks for breast and ovarian cancer in women. Research is continuing here at Fox Chase and around the world to identify other genetic changes associated with prostate cancer in order to offer genetic testing to men at increased risk.

Chemoprevention Corner: Cancer, Physical Activity and You

On-line shopping, video games and suburban life – a recipe for decreased physical activity! We drive instead of walk and search for the latest gadgets to do our routine tasks. According to recent reports, the average American watches 4 1/2 hours of television each day! While it is well known that a sedentary lifestyle leads to weight gain and obesity, you may not know that it also increases your risk of developing certain types of cancer. The strongest link is with colon cancer where exercise has been found to decrease the risk of colon cancer by at least 20% in both men and women. Regular exercise most likely helps prevent breast cancer after menopause and endometrial cancer. Cancer survivors who exercise experience less fatigue and have a better quality of life.

How Active Are You?

The first step in improving your health is to determine your current level of physical activity. The following quiz will help you.

1. How physically active is your work – whether at a job or home?
 - a. Not very active – I spend most of the day sitting.
 - b. My job isn't active but I make an effort when I can to be active.
 - c. Very active – always on the move.
2. How would you rate your current level of fitness?
 - a. Not in good shape.
 - b. Average shape for my age.
 - c. Excellent shape.
3. If you were on the 8th floor and needed to go to the 10th, do you:
 - a. Take the elevator.
 - b. Take the stairs, if not in a hurry.
 - c. Always take the stairs.
4. Do you engage in sports or an active hobby, such as swimming, walking, dancing, jogging, cycling?
 - a. Almost never.
 - b. About once a week.
 - c. Several times a week.
5. If you have to pick something up at a store half a mile away, would you:
 - a. Drive or take a bus.
 - b. Walk if a sunny day.
 - c. Always walk or cycle.



Idaho Physical Activity and Nutrition Program

If you chose “a” three or more times, you definitely need to increase your physical activity. If you haven't exercised regularly for awhile, start by adding 10 minutes of an activity you enjoy to your daily routine and gradually increase it to 20 minutes per day. If you already exercise, more is always better. Using a combination of different types of activities will not only increase your overall strength but will also make it more interesting and enjoyable.

AEROBIC activities raise your heart rate and include walking, hiking, jogging, dancing and even vacuuming and sweeping. This type strengthens your heart and lungs, lowers your blood pressure, keeps your weight down and increases brain function. As with any exercise, make sure to warm up first, cool down after and slowly increase your speed and distance.

STRENGTH exercises work your muscles against weight. This is done using free weights, weight machines, resistance bands or just your own body weight for resistance. This type of activity helps prevent muscle loss while building muscles and bone density. Strength activities also reduce pain and stiffness. Again, it is important to warm up, cool down and use proper technique. If you have difficulty doing the recommended 8-12 repetitions, the weight is too heavy; if 12 repetitions are too easy, you will need to add more.

STRETCHING works your joints through a full range of motions. Cold muscles can be injured easily, so make sure you warm up. Hold a stretch 10-30 seconds and try to target each muscle group: chest, back, legs, arms and shoulders.

START AN EXERCISE PROGRAM TODAY! It will restore your energy, rebuild your muscle mass, reduce your risk of cancer and increase your enjoyment of life!

* Adapted from the American Institute of Cancer Research

Mark your calendar!



September

Turn the Towns Teal
Sandy Rollman Ovarian
Cancer Foundation
Info@sandyovarian.org

September

**Ovarian Cancer
Awareness Month**
National Ovarian
Cancer Coalition
www.ovarian.org

September

**Prostate Cancer
Awareness Month**
National Prostate
Cancer Coalition
www.fightprostatecancer.org

September 20

**2nd Annual Miles for
Melanoma of Delaware**
www.miles4melanomade.org

September 23

**Lung Cancer Education
Advocacy Program (LEAP)**
6–8:30 pm
FCCC auditorium
To register call Lisa Santi,
215-728-2480.

September 26

**Conversations about
Colorectal Cancer**
National Colorectal
Coalition and Fox Chase
Cancer Center
<http://www.ccalliance.org>

October

**National Breast Cancer
Awareness Month**
www.nbcam.org

October 11

**2009 Making Strides
Against Breast Cancer
of Philadelphia**
American Cancer Society
Philadelphia Museum of Art
<http://makingstrides.acsevents.org/>

November

**Lung Cancer
Awareness Month**
www.lungcanceralliance.org

Keystone Program in Personalized Risk and Prevention

The Keystone Program in Personalized Risk and Prevention, led by Dr. Mary Daly and Dr. Margie Clapper, aims to increase the pace of medical progress against cancer. The Keystone Program encourages

Fox Chase scientists and clinicians to work together to discover molecular markers and new imaging approaches of cancer risk. The Keystone Program has led to the merger of all of the individual risk

assessment programs at Fox Chase into one comprehensive program, called the Risk Assessment Program. The Risk Assessment Program now increases our ability to treat at-risk family members

across multiple cancer types and makes it possible to study the interaction of genetic and environmental risk factors, such as diet, tobacco smoke and hormones, in cancer risk.

Lemon Dijon Salmon

Ingredients:

2 Tbsp. Dijon mustard

1 Tbsp. plus 1 tsp. olive oil,
divided

1 Tbsp. fresh lemon juice

1/4 tsp. salt

1/2 tsp. pepper

4 (4 oz.) salmon fillets

1 Tbsp. chopped fresh dill

Lemon slices as garnish

Directions:

Preheat oven to 425 degrees.

Whisk mustard, 1 tablespoon olive oil, lemon juice, salt and pepper together in a small bowl. Set aside.

Place salmon fillets on baking sheet lined with aluminum foil brushed lightly with 1 teaspoon olive oil. Spread mustard mixture evenly over topside of each salmon fillet.

Bake for 8 to 10 minutes or until fish flakes with a fork. Sprinkle evenly with dill and garnish with lemon slices

Makes 4 servings.

(Reprinted with permission from the AICR)



Per serving: 260 calories • 17 g total fat (3 g saturated fat) • 1 g carbohydrate • 23 g protein • 0 g dietary fiber • 390 mg sodium.

Philadelphia, PA 19111-2497

333 Cottman Avenue

Risk Assessment Program

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