FROM LEFT: Mack Barnes, MD; Laura Jones, RN; Lynn Holt, genetic counselor; Helen Krontiras, MD; and Carol Baird, CRNP.

# team effort

## A new group at UAB offers women comprehensive prevention and treatment of female cancers.

BY JULIE KEITH PHOTOS BY LIBBA YOUNG

IF YOU'RE LIKE ME, you've recently been confused by seemingly contradictory data on female reproductive health: Birth control pills are good for preventing ovarian cancer but can add to your breast cancer risk. Women who have a family history of breast cancer shouldn't undergo hormone replacement therapy (HRT) for the same reasons, though it's beneficial for women with bone loss. You should start annual mammograms after age 40, though earlier if you have a family history of breast cancer. And what is "family history" anyway?

Thanks to UAB's new clinic, The Lynne Cohen Preventive Care Program for Women's Cancers, women can have these and other confusing questions regarding breast and ovarian cancer answered in one location by a team of doctors, nurses, researchers, and geneticists. Part of a five-institution consortium that includes Bellevue Hospital and NYU in New York, USC/Norris in Los Angeles, and MD Anderson in Houston, UAB's Program, located in the Kirklin Clinic, is providing women with comprehensive care in an innovative way.

**High Risk or Not?** Dr. Helen Krontiras, the breast surgical oncologist who leads the breast team, explains that the Program is designed to enhance the care that women are already receiving from their doctors, even if they are at other medical centers. "A woman's family physician or gynecologist knows much of the information that's out there, but they typically don't have the time to spend with their patients that we have or the most up-to-date recommendations. We are very thorough," she says.

I can vouch for her. During my annual exam with my doctor in July, we talked about my mammogram schedule, my breast cancer risk (my mom passed away from breast cancer in 1993; her sister was recently diagnosed and treated as well), and whether it was safe for me to use hormone-based birth control. She answered many of my questions, but, realizing I wanted more information, referred me to Dr. Krontiras.

Before my first appointment, I filled out a very detailed family history, as well as an equally detailed personal medical history. I also had St. Vincent's send my mammogram films over to UAB. A few days later, I sat down for a one-hour consultation with Carol Baird, CRNP and Coordinator of the Breast Cancer Prevention Clinic, and Lynn Holt, a genetic counselor, who had worked through the histories I provided to assess my risk.

Carol first explained my risk of developing cancer was based on factors such as my age, my race, my age when my first child was born, whether I had had a breast biopsy, and if that biopsy showed any signs of hyperplasia, or atypical cell growth. She was able, using the Gail Model Risk Assessment Tool, to show my risk for developing invasive breast cancer in five years, and then over the course of my lifetime. She also compared my results to a woman with average risk factors.

Next, Lynn used my family history information to show me the likelihood that I had deleterious mutations of the BRCA1 or BRCA2 gene, which would significantly increase my risk of developing a hereditary form of breast cancer. She also explained that women who are at an increased risk for breast cancer might also be at a higher-than-normal risk for ovarian cancer, which is also indicated by mutations of the BRCA genes. If a woman's family history suggests an increased probability of a deleterious mutation, a blood sample is collected. If a mutation is found, the Lynne Cohen team, including Laura Jones, RN and coordinator of the Ovarian Cancer Clinic, and Dr. Mack Barnes, the gynecologist oncologist who works with ovarian cancer risk patients, join forces with the breast team to develop prevention and treatment options for the patient.

**Exam Time** After the consulation, at which Carol also gave me recommendations on self-exams (monthly), mammograms (for me, yearly), and lifestyle (exercise, eat a low-fat diet, don't smoke, don't drink in excess), Dr. Krontiras performed a breast exam. She explained what she was looking for (abnormal lumps, bumps, rashes or redness), and then took me to see radiologist Dr. Wanda Bernreuter, who reviewed my mammograms. Dr. Bernreuter walked me through each film, telling me what she was looking for and explaining how my breast tissue has changed over the years.

I learned, in my afternoon at UAB, that based on what I currently know about my family and myself, I do not have a significantly elevated risk of developing breast cancer. I also learned that even though my aunt has also had breast cancer, I likely don't have a mutation of the BRCA genes. (My mother's cancer was pre-menopausal, and my aunt's was post-menopausal.) Nor is there anything to indicate I have an increased risk of developing ovarian cancer. But things can change. My risk for developing any kind of cancer, like all of us, increases as I age. Now that I've met with the Lynne Cohen team at UAB, I know I have a resource to use if something tips the scales in a different direction. Coupled with the treatment I already receive from my own doctor, that's a powerful weapon to have in my healthcare arsenal. ○

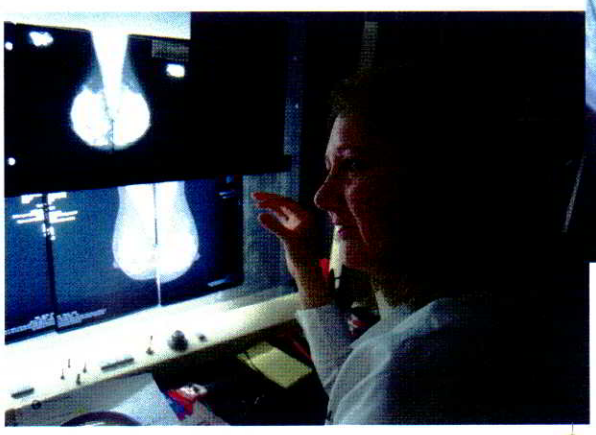
### HARD CHOICES

Many women who visit the Lynne Cohen Preventive Care Program for Women's Cancers at UAB do not get the good news that I did. A strong family history of breast or ovarian cancer may be found, which could lead to genetics testing. Or, other factors could indicate an elevated risk. Women who find out their risks of breast and/or ovarian cancers are high face treatment options that run the gamut from taking prophylactic tamoxifen, originally a breast cancer treatment drug that can reduce the incidence of invasive breast cancer by roughly 50 percent, to having their ovaries or breasts removed before cancer even develops. Or, as genetic counselor Lynn Holt explains, they could face the scenario of a suggested strong family history (lots of relatives with breast and/or ovarian cancers) but no evidence of a known deleterious gene mutation. Then what do you do?

Health care choices are often hard, and high-risk women face several of them. The UAB team counsels women to consider their age (do you want to know that you're carrying a gene mutation in your early twenties?), whether they've finished having children, and what the repercussions are of certain treatments. For example, Tamoxifen, taken in late-middle age, can kick start menopause. Having one's ovaries removed puts you into menopause, not an ideal scenario for a young woman. Lots of factors should be considered before embarking on any kind of treatment, and the team at UAB is well equipped to guide women through all of them.

For more information on the Lynne Cohen Foundation and the consortium of health institutions, visit their Web site at www.lynnecohenfoundation.org.

To contact the Lynne Cohen Preventive Care Program for Women's Cancers at UAB, call (205) 975-1980.



Radiologist Dr. Wanda Bernreuter reviews mammogram films with each patient.