



# PIPER BREAST CENTER *Communiqué*

Spring 2002

Volume Two, Number Two

## **PIPER BREAST CENTER ASSEMBLES BREAST CANCER EXPERTS Area Physicians Address the Recent Mammography Issues**

*In early February, the Piper Breast Center hosted physicians who are breast cancer experts – oncologists, breast surgeons, primary care doctors, and breast radiologists – to discuss mammography. The physicians came from area breast centers and hospitals, specifically Piper Breast Center, Abbott Northwestern Hospital, Jane Brattain Breast Center, Fairview Southdale Hospital, Fairview-University Medical Center, North Memorial Medical Center, United Hospital, Mercy & Unity Hospitals, Regions Hospital, Fairview Ridges Hospital, Fairview Lakes Hospital and Methodist Hospital. The result of the meeting was a letter to primary care physicians, which is summarized below.*

Recently, there has been public debate about the value of mammograms for healthy women. In an article published in a respected medical journal, the authors reviewed eight studies, published years ago, that form the foundation for the belief that screening mammograms reduce breast cancer deaths. The authors came to a different conclusion.

Women now are justifiably concerned about whether mammograms are worthwhile. We, as dedicated specialists in breast cancer diagnosis and treatment, wish to comment. The public debate over the conclusions of these trials is obscuring recognition of the important advances in breast cancer diagnosis and treatment that are occurring. Some of those advances include:

1. In the early 1990s, deaths from breast cancer in the United States dropped by 2 percent each year. Recently, that number has dropped by 3.4 percent each year.
2. The National Cancer Institute data shows that the death rate from breast cancer in screened women in their 40s and 50s is significantly reduced.
3. All research trials show a reduction – beginning six or more years after screening began – in breast cancer deaths. This benefit could be seen before many of our current improved therapies were commonly used, demonstrating the benefit was due to screening mammography, not just improved therapy.

4. We routinely see higher cure rates for smaller, less advanced breast cancers more commonly found among women evaluated by screening mammography.
5. There is little evidence breast cancer treatment is different among countries in Europe. Yet Sweden, with consistent screening, has had a 50 percent drop in breast cancer mortality. The United Kingdom has experienced a sharp decline after ten years of screening. Denmark, which does little screening, currently has the highest rate of breast cancer death.

Mammogram technology has continually improved since these studies have concluded. We now can add ultrasound and can perform less invasive biopsies. Screening finds smaller cancers that allow for a lumpectomy rather than a mastectomy.

We believe that to discard the benefits of screening mammograms, based on a controversial reworking of old information, is not in the best interest of the public health. We recommend that women continue to have screening mammograms in accordance with the guidelines of the American Cancer Society and the National Cancer Institute. These organizations have continued to support these guidelines, despite the current controversy, in the firm belief that mammography screening does save lives.

### **Did You Know ...**

*~ By Stephanie Hedberg, RT(M)*

Even if a woman has breast implants, a yearly mammogram is recommended beginning at age 40. Special positioning techniques are used with women who have implants to acquire additional images to evaluate the breast tissue.

If you have implants, please notify the scheduler when arranging your appointment to allow adequate time for your exam.



**ABBOTT  
NORTHWESTERN  
HOSPITAL**

**Virginia Piper  
Cancer Institute**

*Allina Hospitals & Clinics*

## WHAT TO DO WITH A SECOND CHANCE OF LIFE A Touching Profile of Volunteer Jane Griffin

“Breast cancer has been a blessing in disguise. I believe it turned me into what I’m supposed to be.”

Turning life’s hardships into opportunities seems to be a way of life for Jane Griffin. Diagnosed with breast cancer at the age of 41, Griffin was shocked, but with her conquering approach, she successfully completed her treatment at Abbott Northwestern Hospital. Hoping to inspire other patients with her positive attitude, the staff asked Griffin to volunteer by meeting with patients with similar diagnoses.

Since that time in 1991, Griffin has been a mainstay in the hospital’s cancer program by serving on the Patient Advisory Board, Piper Building Planning Board, and the Piper Breast Center Planning Committee before the Breast Center opened in 1995. But most important to Griffin is her work with breast cancer patients through one-to-one meetings and classes.

“Looking back, I always loved to volunteer. With this second chance at life, I wanted to work with women, especially those who were newly diagnosed,” Griffin said. “This is simply my job.”

Griffin’s passion was contagious – her mother began contributing to the Piper Breast Center with special gifts that brighten the Center to this day. “My mother knew how much I loved this place and gave flowers once a week [anonymously],” Griffin said. “Right before she passed away, my mother set up a flower fund so there would always be flowers at the Piper Breast Center.” In addition, Griffin’s mother donated funds for the tea cup collection and a desk for the volunteer greeters, like Griffin’s sister, Nancy, who now also volunteers.

“My life’s goal is to be here as long as I can and make a difference in the quality of care,” Griffin said, but she emphasizes that she is only one person in a larger group effort. “Every single person in the Piper Breast Center – the technologists, nurses, doctors, schedulers, volunteers – has that human touch. Everything works because everyone cares. It is such a nurturing place, and women need that just as much as they need the technology.”

“Giving to others is a very important thing in my life,” Griffin said. “And I’m the one who benefits; I get 10 times more in return when I volunteer.”

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## FUNDS FROM YEARLY RACE FOR THE CURE EVENT BENEFIT PIPER BREAST CENTER

This year on Mother’s Day, like many years in the past, Minnesotans will lace up their walking shoes and take part in the 5K Twin Cities Race for the Cure to support breast cancer research, education, screening and treatment.

Proceeds from the Twin Cities Race for the Cure help the Piper Breast Center fund important breast health initiatives, such as diagnosing uninsured women with breast abnormalities. Seventy-five percent of the proceeds from the race remain in the Twin

Cities, helping programs like the Piper Breast Center provide breast health education and breast cancer screening and diagnostic services for the medically underserved.

Race for the Cure is an event of the Twin Cities Affiliate of The Susan G. Komen Breast Cancer Foundation. The Foundation was established in 1982 by Nancy Brinker who named it in memory of her sister, Susan, who died of breast cancer at age 36. For more information on the Twin Cities Race for the Cure, call 763-545-6020.

## JOURNAL CLUB KEEPS SPECIALISTS CURRENT IN BREAST CANCER RESEARCH

~ By David Pence, MD

One Monday morning each month, before the workday begins at Abbott Northwestern, doctors and scientists gather to share bagels, coffee and the latest in medical literature about breast health and cancer. At each of these meetings, commonly called Journal Club, one doctor or scientist chooses current articles and leads discussions on breast cancer diagnosis or treatment.

Journal Clubs have long been a mainstay of university academic centers to keep specialists current in their field and to pass on knowledge to new resident physicians. From its beginning, Piper Breast Center has offered patients a single door to access all their breast care needs, including cancer diagnosis and treatment. Before the Breast Center opened that door, we needed to establish a team of scientists and physicians who could offer not only advice, but the specialized services needed for diagnosis and treatment.

The challenge was to build an interdisciplinary medical team that combined the intellectual tradition of universities with the practice tradition of large clinics. This blend of intellectual curiosity and clinical practice has become rare in modern medicine.

The medical challenge was to build a true interdisciplinary medical team. We needed the best of the intellectual tradition of universities wedded to the practice tradition of multi-disciplinary large clinics. Physicians from many different areas of the hospital attend the monthly Journal Club, creating a constant learning system on how to best carry out procedures.

To new Piper Breast Center doctors and patients, this system is unique. As one patient said, “This is my first time with breast cancer. I came here because of the doctors and staff. I knew it wasn’t the first time for them.” It is not just patient choice but physician collaboration that makes Piper Breast Center extraordinary. A healing community is built on the competence, cooperation and collaboration of doctors and nurses who create a culture of continual learning.

Yet, the Journal Club is marked not only by discussion, but also by argument and challenges. Like every great intellectual enterprise, a true community of learning prefers critical thinking to flattery.

Each day, a patient walks through a single door at Piper Breast Center and is offered many choices partly because of the many doctors and scientists who continue the honorable intellectual tradition of reading and discussion known as Journal Club.