

BREAST CANCER

AWA REN ESS, P R E V E N T I O N & T R E A T M E N T



THE PAST COUPLE OF YEARS HAVE POSED CHALLENGES TO JUST ABOUT EVERYTHING, AND BREAST CANCER prevention is no exception. After an extended period where the number of screenings taking place – so critical to the process of early detection – were down dramatically, the good news is that more and more women are getting back into the routine of regular breast health checks.

It is important to remember to rise to the challenge of preventing breast cancer together and encourage screenings of our friends, family and colleagues.

All women need to be informed by their health care provider about the best screening options for them. When you are told about the benefits and risks of screening and decide with your health care provider whether screening is right for you – and if so, when to have it – informed and shared decision-making can take place which is the most powerful weapon against the onset of breast cancer.

Although breast cancer screening cannot prevent breast cancer, it can help find breast cancer early, when it is easier to treat. The CDC asks all women to talk to their doctors about which breast cancer screening tests are right for them, and when they should have them.

In honor of October being Breast Cancer Awareness Month, we have gathered a collection of articles and information to help keep our readers apprised of the latest movements in the fight against breast cancer.

BREAST CANCER AWARENESS, PREVENTION & TREATMENT

Put Yourself First: What to Expect for Your Next Mammogram

Mammograms are the premier tool for detecting breast cancer as early as possible. “When you know what to expect, you’ll find that getting a mammogram is an easy way to put yourself first and take care of your health,” said James Kuo MD, co-medical director of PIH Health Breast Center Whittier.

Here’s how to prepare for your next mammogram:

1. Talk to your primary care doctor about when and how often you should get mammograms. For most women, doctors recommend once every year, starting at the age of 40, unless you have risk factors for breast cancer. Women at an elevated risk for breast cancer may need to start earlier or supplement with a breast MRI. Follow your doctor’s recommendations to help detect breast cancer early—when it is easiest to treat.

2. Choose a facility and schedule your appointment. If possible, go to a facility that is recognized for excellence and specializes in breast imaging. If your breasts are more likely to be tender or swollen during the week before your period, it may be more comfortable to avoid mammography during that time.

3. Bring previous records. If you’ve had breast screenings done at other facilities, bring those records with you or arrange to have them sent to the new facility so they can be used as a basis for comparison. This should include both images and reports for mammograms, biopsies and any other screenings or breast procedures performed.

4. Follow instructions. Most facilities will give you instructions for what to do when you come for your mammogram. Most of the time, no special preparations are needed on your part.

5. Inform the facility about any areas of concern and any breast changes you’ve noticed while scheduling. If you have any breast symptoms you are concerned about, let the facility know in advance so they can schedule you for the appropriate imaging study. Sometimes you would be better served by a diagnostic exam instead of a screening. Also inform the facility if you think you might be pregnant or you are breastfeeding.

6. Relax. Some people dread getting mammograms because they feel they are uncomfortable, but remind yourself that it’s only a few minutes of discomfort that can potentially save your life (breast compressions only last 10 to 15 seconds per image). The more you relax and think positive thoughts, the less bothered you will be by the test.

7. Congratulate yourself. Getting routine mammograms is an important step in maintaining your breast health. Be proud of yourself for taking that step.



PIH HEALTH: A PARTNER IN BREAST HEALTH

For comprehensive cancer detection and treatment, PIH Health is here to help. PIH Health employs an outstanding team of highly trained, dedicated physicians, technologists, and nurses who are experts in detecting breast cancers and knowledgeable in all aspects of breast health. Its expert team is ready to walk you through every step of your mammography and care.

PIH Health has mammography centers in Downey and Whittier where patients can expect state-of-the-art, accurate and timely breast imaging services from a team that follows the highest standards for safety and quality. PIH Health offers the latest in diagnostics, such as 3D digital mammography (tomosynthesis), breast MRI, breast ultrasound, ultrasound-guided needle biopsy, MRI-guided needle biopsy, stereotactic or tomosynthesis-guided needle biopsy, and fluid aspirations. The PIH Health team also assists surgeons with wire localizations.

When patients choose PIH Health for a screening mammogram, they receive a clearer,

more accurate picture of their breast, so there’s less chance of a need for additional tests. That’s because PIH Health offers 3D mammograms to all patients. This tool improves the ability of mammography to detect early breast cancers – using digital x-ray technology to capture multiple images of the entire breast from different angles to produce high-resolution detail that allows radiologists to identify any signs cancer.

Routine breast cancer screening is important for all women, but even more so for those at higher than average risk. PIH Health helps to identify higher risk women through its High-Risk Screening Program. Whether a woman checks in for her annual screening mammogram or any imaging exams related to the breast, she is given a questionnaire that helps to identify if there is an elevated risk for breast cancer. If she is at higher-than-average risk, she will receive information on how to manage her risk, such as lifestyle changes, medications, surgical options and additional screening methods like magnetic resonance imaging (MRI).

PROVIDING RESEARCH-DRIVEN AND PATIENT FOCUSED CARE

Should a diagnosis occur, PIH Health combines its expertise with breakthrough therapies and technologies, and supportive care. PIH Health offers coordinated and personalized treatment plans tailored specific to each patient to address and meet their long-term healthcare needs.

At the time breast cancer is identified, patients are paired with a diagnosis specific nurse navigator who guides them through the process of physician consultation and additional assessment, treatment and survivorship. Cases are discussed in a weekly multidisciplinary tumor board composed of pathologists, radiologists, medical oncologists, radiation oncologists, surgeons, oncology certified nurses and support service professionals, to ensure comprehensive assessment and care. Additionally, site specific

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cancer conferences in breast malignancies provide focused recommendations for this disease.

Patients also have access to an expanded offering of oncological clinical research trials, including the newest breast cancer treatments and therapies not yet widely available to provide additional options for patients in their battle with cancer. A wide range of support services, including palliative care, behavioral health resources, nurse navigators, support groups and more are available to help PIH Health patients feel better physically and emotionally, and offer guidance and encouragement throughout their cancer journey.

A DEDICATION TO EXCELLENCE

Patients can feel confident they will receive high-quality breast imaging services at PIH Health. PIH Health Breast Center Whittier is a Breast Imaging Center of Excellence, and is also accredited by the National Accreditation Program for Breast Centers, a recognition given to breast centers that provide exceptional care and demonstrate a firm commitment to offering patients significant advantages in their battle against the disease.

To schedule a mammogram today at PIH Health, visit PIHHealth.org/Mammogram or call (562)906-5692. To learn more about cancer care at PIH Health, visit PIHHealth.org/Cancer.

PIH Health Breast Center Whittier located at 12393 Washington Boulevard, Whittier, CA 90606.



Providence Hospitals in L.A. Innovative, Leading-edge, Compassionate Cancer Care



At 28, Holly Hammond found a lump in her breast, frightening, but not nearly as terrifying as the diagnosis – Stage 4 triple negative invasive ductal carcinoma. Now three years later, Hammond is cancer free thanks to advanced therapies at Providence hospitals.

Hammond, who carries the BRCA breast cancer gene, underwent a double mastectomy, chemotherapy, radiation and the latest immunotherapy with the doctors at Providence Cedars-Sinai Tarzana Medical Center. She's checked for recurrence every two months and so far, so good.

"My doctors saved my life," she said. "If I had been diagnosed two years ago, I wouldn't have had access to the immunotherapy drug I was prescribed. It's really game changing the way we handle cancer now."

Hammond's surgical oncologist Nimmi Kapoor, M.D., medical director of the breast program at Providence Cedars-Sinai Tarzana said she's inspired by her patients and is grateful to partner with colleagues using the latest research, technology and therapy to save or extend the lives of her breast cancer patients.

In her seven years at the Tarzana hospital, Dr. Kapoor has seen continuing advancements, beyond medicines, that ease the way for patients while providing surgeons convenience, such as access to imaging equipment and other ancillary services in the operating room, reducing the amount of time the patient needs to be under anesthesia.

The American Cancer Society estimates about 264,000 women and 2,400 men in the U.S. are diagnosed with breast cancer each year. Approximately 43,780 people died in 2021 of breast cancer, a number that can be reduced significantly with annual mammograms and self-breast exams. Early detection is the key to saving lives.

Janie Grumley, M.D., director of the comprehensive breast program at Providence Saint John's Margie Petersen Breast Center, can attest to that. She has a patient, in her 40s with three young sons, she calls the "poster child for mammograms" who found her cancer early and was treated with novel therapies.

"We were able to perform oncoplastic breast-conserving surgery and intraoperative radiation therapy on the patient in one day, preserving as much of the breast as safely possible for a better cosmetic outcome," she said. "The cancer is removed, and the breast reconstructed in one procedure rather than in follow-up surgery."

Intraoperative radiation involves a dose of radiation during surgery directly to the affected area of the breast, often eliminating the need for weeks of post-surgical radiation treatments.

Our patients have access to research, innovation, technology and shared expertise from across the 52-hospital Providence system. Programs at Providence Cedars-Sinai Tarzana; Providence Holy Cross Medical Center in Mission Hills; Providence Little Company of Mary Medical Center Torrance; Burbank's Providence Saint Joseph Medical Center; and Providence Saint John's, Santa Monica; are built on innovation, compassion, quality care and a commitment to ease access for patients.

Breast cancer detection continues to improve. In his 17 years at Providence Little Company of Mary, radiologist Michael Stein, M.D., medical director of the imaging

center, has seen mammography technology advance from equipment he likened to a 35mm camera utilizing film that evolved to digital photography. Today, tomosyntheses, called 3D mammography, is much more effective in detecting cancer, while reducing false positive findings.

Annual screening mammograms, he said, are 80 percent effective and proven to reduce the risk of dying from breast cancer. "We now have better equipment," he said, "but no imaging is perfect."

Committed to the Providence Promise, *know me, care for me, ease my way*, Providence cancer centers support their patients at a most vulnerable time and remain with them beyond treatment and into recovery. Nurse navigators are a most valued and trusted resource for patients and often begin to manage their care once biopsies are ordered.

Navigators guide patients through the complexities of cancer care, counselling them through biopsies, working with oncologists, surgeons, radiologists and other clinicians to schedule appointments, explaining therapies in plain language, meeting with families and offering referrals to educational and support services.

Navigators also help patients understand and follow their cancer treatment plans, guidance shown to improve outcomes.

Johanna Ongjoco, an assistant nurse manager for infusion services, including chemotherapy, at Providence Holy Cross, filled in temporarily as nurse a navigator. Regardless of her role, she said, she knows exactly what her patients need. A breast cancer survivor, Ongjoco shares her experience with patients and with the survivors' support group she leads.

"It's so rewarding to care for people on this journey, and now to take my own experience to truly connect with my patients, to understand their worries and their pain, and to help their families," she said.

This personalized service continues once treatment subsides. Remy Peters, a registered dietitian, runs the Thrivorship program at the Roy and Patricia Disney Family Cancer Center at Providence Saint Joseph. The program offers free services and was created to help cancer patients, survivors and their caregivers manage the physical, mental and emotional impacts of cancer.

Patients receive some free sessions of massage, acupuncture and/or hypnotherapy, sound healing, tai chi and yoga designed to relieve cancer's effects. She also provides free nutrition guidance to help patients, especially those in treatment for head and neck cancers, find healthful food to stay well-nourished through chewing and swallowing difficulties.

"I want to minimize fear but also address false hope," she said. "I tell them 'These are the things that could happen,' so they are prepared and have a plan. I think educating people is very important, and I want them to come to me, not to Dr. Google."

Petersen encourages family members participate to help patients absorb information. "Thrivorship" builds confidence and empowers her patients.

"It ignites in them a real feeling of hope. People are so grateful when they realize they're not victims. They're rock stars."

BREAST CANCER AWARENESS, PREVENTION & TREATMENT

The Fight for Safety of BPA in Food Packaging

Earlier this year, the Food and Drug Administration (FDA) agreed to reconsider the safety of using bisphenol A (BPA) in polycarbonate plastics, metal can coatings, and other materials that contact food, potentially setting the stage for strict new limits on the harmful chemical. FDA's decision comes in response to a food additive petition filed by a coalition of physicians, scientists and public health and environmental organizations. The law requires that the FDA make a final decision by October 31, 2022.

Since the coalition submitted the petition in January, a groundbreaking new study has added to the already compelling new evidence that BPA triggers children's immune systems. The study of more than 3,000 mothers and their children linked BPA exposure in the womb to higher rates of asthma and wheezing in school-age girls. The research reinforces last year's unanimous findings by a panel of experts convened by the European Food Safety Authority (EFSA).

"Based on studies not previously considered by FDA, the EFSA Expert Panel found that harmful effects from BPA exposure can occur at levels tens of thousands times lower than previously thought," said Maricel Maffini, coauthor of the petition who holds a doctorate in biological sciences. "These studies show that extremely low exposures to BPA can lead to an overactive immune system likely producing out-of-control inflammation. This inflammation can then trigger wheezing and asthma-like effects."

"Most Americans get 5,000 times more BPA in their daily diet than the EFSA expert panel

says is safe," said Tom Neltner, Environmental Defense Fund's senior director, safer chemicals. "It is imperative that FDA take action to limit BPA contamination of food. And given the significant risks, industry should not wait for FDA to act. They need to find safer alternatives to BPA or drastically reduce the migration of the chemical into food to protect children from harm."

The January petition and an April supplement were submitted by the Environmental

it's time for the FDA to take immediate action to protect the public from food-based exposures to this hormonally active chemical that increases our risk of breast cancer, and of other serious health problems," said Lisette van Vliet, senior policy manager from Breast Cancer Prevention Partners.

"FDA needs to act immediately to get BPA out of plastics that contact food, adhesives, and coatings in order to protect people's health.

health problems, such as limiting brain development in children and negatively impacting reproductive health."

"These findings are extremely concerning and prove the point that even very low levels of BPA exposure can be harmful and lead to issues with reproductive health, breast cancer risk, behavior and metabolism," said Endocrine Society BPA expert Heather Patisaul, Ph.D., of North Carolina University in Raleigh, N.C. "The FDA needs to acknowledge the science behind endocrine-disrupting chemicals and act accordingly to protect public health."

"It's unacceptable that the FDA is allowing Americans to be exposed to BPA at levels over 5,000 times above what's safe," said Scott Faber, senior vice president of government affairs for the Environmental Working Group. "The Food and Drug Administration must heed EFSA's warnings and take immediate and decisive action to lower our exposures to this dangerous chemical."

"EFSA's findings expand on our knowledge of BPA including data generated by the NTP-FDA joint CLARITY project. And the results are sobering, indicating that the harmful effects from BPA can occur at minuscule levels, far below what we're exposed to. The scientific evidence is now more than enough to require strict limits on the use of BPA in packaging and plastics that come in contact with our food," said Dr. Linda Birnbaum, former director at NIEHS and NTP.

Learn more at bcpp.org.

'Most Americans get 5,000 times more BPA in their daily diet than the EFSA expert panel says is safe.'

Defense Fund (EDF), Breast Cancer Prevention Partners (BCPP), Clean Water Action/Clean Water Fund, Consumer Reports, Endocrine Society, Environmental Working Group (EWG), Healthy Babies Bright Futures (HBBF), EDF consultant Dr. Maricel Maffini, and Dr. Linda Birnbaum, former director of the National Institute of Environmental Health Sciences and National Toxicology Program. The FDA will be requesting public comment on the petition soon.

"Now that the European Food Safety Authority has found harm at levels vastly lower than our typical daily exposures to Bisphenol A,

Early action to curb BPA use will also prevent ongoing release of BPA into the environment, including into water bodies used as drinking water sources," said Lynn Thorp, Clean Water Action/Clean Water Fund national campaigns director.

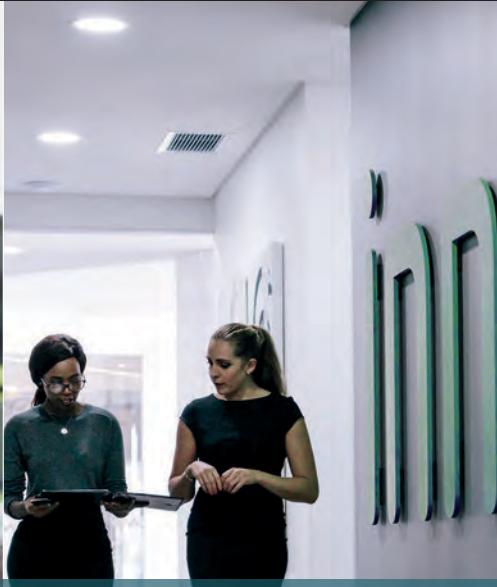
"Given this new data pointing to significant health risks associated with exposure to BPA at low levels, it is critical that FDA set a maximum limit of BPA in food that is safe for consumers," said Michael Hansen, senior scientist, Consumer Reports. "The constant exposure consumers have to BPA in food could pose an unacceptable danger and increase the likelihood of serious



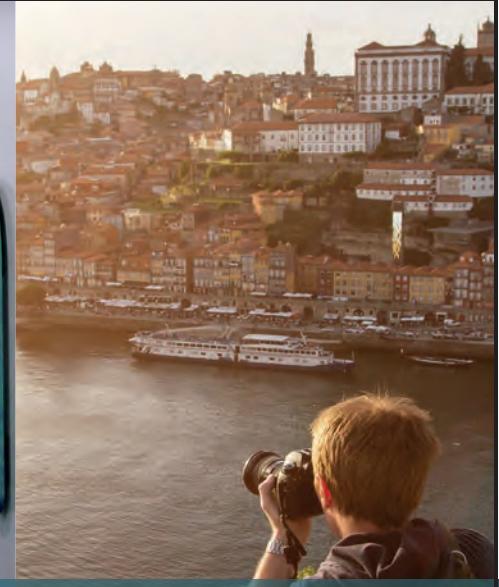
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BREAST CANCER AWARENESS, PREVENTION & TREATMENT

Personalized Immunotherapy for Breast Cancer Studied

An experimental form of immunotherapy that uses an individual's own tumor-fighting immune cells could potentially be used to treat people with metastatic breast cancer, according to results from an ongoing clinical trial led by researchers at the National Cancer Institute's (NCI) Center for Cancer Research, part of the National Institutes of Health. Many people with metastatic breast cancer can mount an immune reaction against their tumors, the study found, a prerequisite for this type of immunotherapy, which relies on what are called tumor-infiltrating lymphocytes (TILs).

In a clinical trial of 42 women with metastatic breast cancer, 28 (or 67%) generated an immune reaction against their cancer. The approach was used to treat six women, half of whom experienced measurable tumor shrinkage.

"It's popular dogma that hormone receptor-positive breast cancers are not capable of provoking an immune response and are not susceptible to immunotherapy," said study leader Steven A. Rosenberg, M.D., Ph.D., chief of the Surgery Branch in NCI's Center for Cancer Research. "The findings suggest that this form of immunotherapy can be used to treat some people with metastatic breast cancer who have exhausted all other treatment options."

Immunotherapy is a treatment that helps a person's own immune system fight cancer. However, most available immunotherapies, such as immune checkpoint inhibitors, have shown limited effectiveness against hormone receptor-positive breast cancers, which are the majority of breast cancers.

The immunotherapy approach used in the

trial was pioneered in the late 1980s by Dr. Rosenberg and his colleagues at NCI. It relies on TILs, T cells that are found in and around the tumor.

TILs can target tumor cells that have specific proteins on their surface, called neoantigens, that the immune cells recognize. Neoantigens are produced when mutations occur in tumor DNA. Other forms of immunotherapy have been found to be effective in treating cancers, such as melanoma, that have many mutations, and therefore many neoantigens. Its effectiveness in cancers that have fewer neoantigens, such as breast cancer, however, has been less clear.

The results of the new study come from an ongoing phase 2 clinical trial being carried out by Dr. Rosenberg and his colleagues. This trial was designed to see if the immunotherapy approach could lead to tumor regressions in people with metastatic epithelial cancers, including breast cancer. In 2018, the researchers showed that one woman with metastatic breast cancer who was treated in this trial had complete tumor shrinkage, known as a complete response.

In the trial, the researchers used whole-genome sequencing to identify mutations in tumor samples from 42 women with metastatic breast cancer whose cancers had progressed despite all other treatments. The researchers then isolated TILs from the tumor samples and, in lab tests, tested their reactivity against neoantigens produced by the different mutations in the tumor.

Twenty-eight women had TILs that recognized at least one neoantigen. Nearly all the

neoantigens identified were unique to each patient.

"It's fascinating that the Achilles' heel of these cancers can potentially be the very gene mutations that caused the cancer," said Dr. Rosenberg. "Since that 2018 study, we now have information on 42 patients, showing that the majority give rise to immune reactions."

'The findings suggest that this form of immunotherapy can be used to treat some people with metastatic breast cancer who have exhausted all other treatment options.'

of cancer approximately five years and 3.5 years, respectively, after their TIL treatment.

The researchers acknowledged that the use of pembrolizumab, which has been approved for some early-stage breast cancers, may raise uncertainties about its influence on the outcome of TIL therapy. However, they said, treatment with such checkpoint inhibitors alone has

not led to sustained tumor shrinkage in people with hormone receptor-positive metastatic breast cancer.

Dr. Rosenberg said that with the anticipated opening early this year of NCI's new building devoted to cell-based therapies, he and his colleagues can begin treating more individuals with metastatic breast cancer as part of the ongoing clinical trial. He noted that this new immunotherapy approach could potentially be used for people with other types of cancer as well.

"We're using a patient's own lymphocytes as a drug to treat the cancer by targeting the unique mutations in that cancer," he said. "This is a highly personalized treatment."

For more information, visit nih.gov.

YOUR CAREER AWAITS

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