

The Star-Ledger

FINAL EDITION

TODAY'S FORECAST: Fog with drizzle,
then thundery rain in the afternoon.

at 7 A.M.
56°

at 2 P.M.
62°

at 7 P.M.
61°

DETAILS,
PAGE 51

FRIDAY, OCTOBER 15, 2004

35 CENTS

THE NEWSPAPER FOR NEW JERSEY

breastcancer awareness month

This is another in a series of stories on breast cancer appearing each Friday in October.

A difficult diagnosis

Inflammatory breast cancer is rare, and often hard to detect

BY ANNECLA STEWART
STAR LEDGER STAFF

Like many women, Heather Brown of Montclair thought a diagnosis of breast cancer always started with detecting a lump. That was until a little over four years ago, when she developed a rare form of the disease that showed up in quite another way.

Called inflammatory breast cancer, or *in situ* for short, the disease first appeared in Brown as a redness and swelling of her right breast. The dark area around her areola — called the areole — also appeared to be “dimpling,” and her nipple seemed to be retracting.

Because Brown, who at the time was 39, was nursing her 9-month-old daughter, Halle, she thought it was related somehow. Brown went to see her obstetrician-gynecologist, who told her she had a mild infection. He put her on antibiotics.

“I went back one week later for follow-up and it hadn’t gotten better,” she recalled.

She saw a breast specialist next, who prescribed a different antibiotic for a week to see if it would make any difference. In her mind, it didn’t, although the doctor swore he saw an improvement.

Brown was sent for an ultrasound anyway, but it didn’t pick up any abnormalities.

Unlike most breast cancer, inflammatory breast cancer usually escapes detection by mammogram or ultrasound because it grows in nests or cords, rather than as a confined, solid tumor.

In their efforts to establish a diagnosis of inflammatory breast cancer, every doctor she saw early on kept saying, “If she has a lump or had a fever, Brown had to keep telling them ‘no.’” Yet, she learned something was wrong.

“I was very frustrated. I knew my body, and my doctors didn’t,” she said.

Brown was finally referred to the Montclair Breast Center by her pediatrician. It was there that director Nancy Elliott listened to her story, took one look at her inflamed breast and knew this could be far worse than an infection.

“The complication here is that she was breastfeeding. But in 15 years of practice, I find that women are very in tune with their breasts...,” said Elliott, a breast surgeon.

Before leaving Elliott’s office that day, Brown underwent a biopsy. The results, which she received in a couple of days, came back positive for cancer.

According to the American Cancer Society, inflammatory breast cancer comprises just 1 to 3 percent of the 218,000 breast cancers diagnosed in the United States each year. Still, that represents thousands

of women with one of the most deadly forms of breast cancer there is. The incidence is higher among African-American women, compared to whites or other ethnic groups.

“Unfortunately, many in the medical profession, including doctors and nurses, are not that aware of it,” said Ginny Mason, executive director of the Inflammatory Breast Cancer Foundation, a non-profit research and education group based in Bainbridge Island, Wash.

Inflammatory breast cancer is fast-growing and always presents in the most advanced stages — three or four. That means at time of diagnosis, lymph node involvement is customarily assumed.

Elliott recommends that women wait no longer than two weeks to see a breast specialist if they have symptoms such as redness or swelling that are not going away, especially if

they have tried antibiotics. The foundation says give it a week.

“When you look at it under a microscope, you can see that the cancer cells have already invaded the skin,” said Deborah Toppmeyer, director of the New Jersey Comprehensive Breast Cancer Center based at the Cancer Institute of New Jersey in New Brunswick.

For women diagnosed with inflammatory breast cancer, the prognosis is not great. Five-year survival rates approach 50 percent, but women in whom the disease has already spread to other organs at time of diagnosis usually fare worse, according to American Cancer Society statistics.

But those statistics are based on old cases, and the good news is that newer treatments and combinations of therapies are resulting in some patients living longer.

CANCER

CONTINUED FROM PAGE 53

Difficult diagnosis

underwent more chemotherapy treatment. It was followed up with radiation.

During 2001, she remained fairly stable and was on the popular breast cancer drug tamoxifen. Brown was even feeling well enough to take a couple of classes at Montclair State University, earning some missing credits and finally completing her degree in elementary education.

When tests showed her cancer coming back, Brown had her ovaries removed in the fall of 2002, a move designed to reduce her body's production of estrogen, a hormone known to feed tumor growth. But her cancer did end up spreading, with spots later becoming visible on her bones and on her liver.

Her left breast then showed signs of tumor activity, resulting in a second mastectomy in November 2003.

"There were some who didn't think I would see my daughter's fifth birthday. All the books I read pretty much said the same thing," she said.

Through it all, Brown has refused to give up and has been her own best advocate, keeping up with all the latest therapies and sharing treatment decisions with her doctors.

Currently, she is on a combination of two drugs — herceptin and taxotere—which studies have shown to be a more effective treatment for women with metastatic breast cancer that overexpresses a protein called HER-2, as is the case with Brown.

"She's doing very well and has experienced very minimal side effects. Her disease has really stabilized nicely," said Conti, who frequently consults with Toppmeyer at the Cancer Institute on Brown's case.

Brown, who is married to a contractor, Norman, stays busy with volunteer work — at her daughter's school, Mountainside Hospital and with the Junior League. She also talks to women's groups about her experience in the hopes it will raise awareness.

"Listen to your body and don't be afraid to get a second opinion" is the advice she constantly gives.

Next month, Brown will be presented with a special honor — The Award of Courage — by officials at Mountainside Hospital. Happiness Unlimited, a Morristown wish-fulfillment program for adults with cancer, granted her request that the traveling expenses of her parents and stepmother be covered so they can be on hand for the Nov. 13 event at the Westmount Country Club in West Paterson.

She's hoping another wish will come true, too — being around for her daughter's sixth birthday next June.

■ *More information on inflammatory breast cancer can be obtained on the Web site of the Inflammatory Breast Cancer Foundation, www.ibcresearch.org or by calling the foundation at 1-877-786-7422.*

An aggressive treatment regimen is recommended. Brown first had to undergo three months of chemotherapy before Elliott performed a mastectomy to remove her right breast in August 2000.

"For this type of cancer, there is some data to suggest that giving chemotherapy before a surgical approach may lessen the likelihood it will spread to distant organs, or delay the timing of the spread to other organs," explained John A. Conti, who is Brown's doctor and an oncologist with Essex Oncology of North Jersey, based at Mountainside Hospital in Montclair.

The practice, which has five doctors, sees less than a half dozen cases of inflammatory breast cancer a year, according to Conti.

Following her mastectomy, which was performed by Elliott, Brown
[See **CANCER**, Page 54]

The symptoms

One or more of the following are typical symptoms of Inflammatory Breast Cancer.

■ Swelling, usually sudden

■ Itching

■ Pink, red, or dark colored area, sometimes with texture similar to the skin of an orange

■ Ridges and thickened areas of the skin

■ What appears to be a bruise that does not go away

■ Nipple retraction

■ Nipple discharge, may or may not be bloody

■ Breast is warm to the touch

■ Breast pain, ranging from a constant ache to stabbing pains

■ Change in color and texture of the aureole, the darker skin surrounding the nipple

