

Breastlink Matters

Quarterly Newsletter

SPRING 2008



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A Letter from John Link, MD



As so many of you know, much has changed in breast cancer care in the past year. The ability to deliver the best care possible has been seriously challenged. Community oncologists have needed to be increasingly innovative in order to support the delivery of the best possible care – the care that each patient deserves.

Our goal and commitment to our patients, as oncologists, has been, always, to re-invent what we do in service of the state of the art in medicine and to allow us to deliver that care. In respect of that commitment, we have entered into a new phase in our development as breast dedicated oncologists. On April 1, 2008, Breastlink became the comprehensive breast care division of a dedicated medical imaging company called RadNet. The joining of our practice with RadNet will allow us the flexibility to continue to provide the state of the art in breast cancer care and to be a leader in breast cancer innovation. We will have access to the latest technology in imaging, new therapeutics and complementary care as well as the ability to develop exciting concepts in wellness and survivorship.

Dr. Howard Berger, the CEO of RadNet believes that RadNet/Breastlink will become a model of excellent and cost effective care that will serve as the model of the future in “single disease” oncology care. We cherish the care that we have delivered at Breastlink and only considered this opportunity because we have the fullest confidence in the team at RadNet and their commitment to excellence in comprehensive breast care.

We will continue to participate in and to enhance the offerings available through clinical research and our affiliation with the Barbara K. Robinson Research Program, as well as our university and research cooperative group relationships (SWOG, NSABP and ACOSOG).

What is most exciting about this endeavor is what we will have the chance to do for women through new opportunities to deliver the very best care. We thank each of our patients for allowing us to be your oncologists and look forward to continuing to serve your needs even more comprehensively in the future.

RadNet Announces It's Entry into Comprehensive Breast Disease Management Services

"The continuum of care for breast cancer is highly inefficient. When a woman has her annual or bi-annual mammogram and an abnormality is found, the process by which she pursues further diagnosis and treatment is ordinarily poorly managed and organized." said Dr. Howard Berger, President and CEO of RadNet. "In many cases, women endure anxious weeks or months pursuing referrals for further tests and investigating treatment options with multiple physicians in disparate locations. Patient frustration, confusion and worry often result. Patients often are not well informed of their treatment options and can waste valuable time seeking knowledge and evaluating their choices."

"With Breastlink, we have bundled focused breast disease expertise including imaging, interventional procedures, genetic counseling, medical oncology and surgery. This service offering is an efficient comprehensive solution for women." added Dr. Berger. "Essential to the continuum of care is imaging, RadNet's core business. Imaging is utilized extensively throughout the breast cancer process. Mammograms, breast MRI, stereotactic, MRI and ultrasound guided biopsies and other radiology services are integral in identifying and determining the most

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SURVIVORSHIP

by James Waisman, MD & Lisa Donley, MFT



James Waisman, MD

“I have been a breast medical oncologist for over 25 years. In that time, breast cancer care has experienced a paradigm shift from crisis management to a continuum of care that includes now, significantly, the concept of ongoing survivorship – survivorship for patients who have been treated and are recurrence free as well as for patients in ongoing treatment for metastatic disease. And I confess to using some very new vocabulary with patients as a result of this paradigm shift. I am, for example, beginning to tell women who have received chemotherapy after their breast surgery that they are likely to be cured of their cancer. This is a scientific reality not hyperbole”, says Dr. Waisman.



Lisa Donley, MFT

He continues by saying, “I am telling women with metastatic disease that they should consider themselves living with a chronic disease that will require appropriate treatment rather than a “terminal” disease model in which palliation is the goal. I am telling women that we now have data that says that the most significant thing they can do to impact their breast cancer risk is to do aerobic exercise 5 hours per week and reduce their caloric intake from fat to 20% of their daily caloric intake. When we discuss systemic therapy, we are also discussing concerns about changes in cognition and fertility that may not be justified “losses” from treatment – because we now have an ever increasing ability to provide options and choices which are more respectful of quality of life as well as quantity of life – with informed decision making. Molecular profiling of tumors allow us to decide with more precision the risk benefit equation in assessing the use of chemotherapy.”

Women are living after their breast cancer diagnosis to experience the long term impacts of treatment on bone health, cardiovascular health, the risk of other cancers, and the consequences of menopause impacting sexuality. For the first time these issues are considerations from the very first patient contact. Clearly, preventing and curing breast cancer remains our primary imperative. With greater assurance of longevity, the quality of a woman’s “survivorship” is more and more an integral consideration in care. In the past year our professional society, the American Society of Clinical Oncology, has developed guidelines for patients and their oncologists addressing the quality of life of the survivor as a critical part of patient care – no longer considered incidental. Understanding the importance of lifestyle changes in diet and exercise in modifying breast cancer risk has brought us together with family practitioners, internists and cardiologists in looking at patients from a holistic viewpoint.

We are beginning to understand that lifestyle aspects which we have long known to be helpful to maximizing your cardiac health may actually be even more important to you as a breast cancer survivor. And... we need to support you in the process of engaging new lifestyle choices - eating and exercising in such a manner that you decrease your risk of heart attack, stroke...and breast cancer or its recurrence. Supporting the ongoing recovery and wellness of the “whole” patient requires the collaboration of caregivers from a wide variety of disciplines to implement coordinated strategies to improve and maintain your overall health and well being. This is more than progress – it is revolutionary, it is a new day in breast cancer. Like “apple pie and motherhood”, we have been recommending weight loss and fat restriction and aerobic exercise for a long time and now we have better scientific data that truly supports an even more comprehensive understanding of the benefit of those lifestyle changes.

Through our recent affiliation with RADNET, we feel that we are uniquely able to respond to the continuum of patient care needs. As oncologists this relationship will allow us to develop new dimensions of care that will support our patients even more comprehensively. We are truly excited about the shared vision with RADNET. We see ourselves expanding our clinical focus to increasingly include quality of life and survivorship concerns as part of our central mission – not secondary concerns but essential concerns. In addition, our research team will be developing protocols that will further assess the impact on breast cancer risk and recurrence that may be achieved through diet and exercise. We are actively engaging the dialogue around “chemo brain” and sexual recovery after breast cancer treatment, just to identify two major survivorship concerns.

“Twenty five years ago, when I became a breast oncologist, we dreamed of the day that we would be able to develop a focus on survivorship care in addition to treatment. We are thrilled with the changes in our vocabulary...“cure”, “living” with cancer, coordinating and collaborating with other health care disciplines to insure that YOU are seen in a holistic way means great progress has been achieved”, says Dr. Waisman.

Thank you for giving us the ongoing privilege of being your caregivers on this remarkable journey.

Inspiration by Gayle Brinkenhoff



When I was 33 years old, my mother was dying from metastatic breast cancer. She told my sister and me to go get mammograms, and we promised we would. So, I went to have mine, feeling rushed and hassled, and grumbling "this is a waste of time. I'm too young to have cancer." After a mastectomy, 6 times through chemo (including a double stem cell transplant), 3 separate courses of radiation therapy, and every anti-estrogen drug under the sun; not to mention: 18 birthdays, 1 divorce, a wonderful new marriage and the birth of another baby (did I tell you I have 7 amazing kids), here I am, and my Mom was right.

In March of 1990, having been diagnosed with metastatic breast cancer, I met Dr. Waisman for the first time at the Breast Center in Van Nuys. I followed him to USC Norris and then to Breastlink, 66 miles from my home in Ventura; I would follow him to the ends of the earth. A friend once asked me: "Why do you continue to see that doctor, the cancer keeps coming back?" I said "Duh."

I'm happy and blessed to still be alive. In the beginning I had a choice. I could acknowledge, accept and face "the fight" head-on, or I could curl up into a ball. I learned how to fight hard in many ways, such as, learning new makeup skills so I wouldn't look like a hairless Chihuahua, doing yoga, learning to knit, and most importantly helping other women in my community during their rough times. I was also sad and cried a lot, and that was O.K. too.

Along with Dr. Waisman, my family and friends have never faltered and I am so grateful. Now, my husband and I run our company, Athena Cosmetics, makers of Revitalash. www.revitalash.com. A portion of our profits go to breast cancer research. It feels good to give back.

Breast
Cancer
Care & Research
Fund

BCCRF started the year on a high note with its sponsorship of three educational community lectures, San Antonio Breast Cancer Symposium (SABCS) updates. Nearly 200 breast cancer patients, survivors, advocates and supporters, attended presentations by Dr. James Waisman and advocates Mary Billings and Kim Tankersley in Long Beach and Manhattan Beach. In addition, this year the community lecture series was extended into Orange County where Dr. Bichlien Nguyen and advocates Marisa Sanchez and Kim Tankersley presented. Our goal is to annually provide this significant and often groundbreaking data from the SABCS at many venues.

A new committee has been formed whose mission is to address the needs of the minority communities. They will be focusing on community education programs and providing information on screening and treatment programs for low-income and underserved populations.

In addition to providing advocate scholarships for the San Antonio Breast Cancer Symposium, BCCRF will sponsor two advocates to attend the National Breast Cancer Coalition Fund's Annual Training and lobby day in Washington, DC April 26-29. Please look for their reports on www.breastcancercare.org

By Michele Rakoff

▶ ▶ ▶ Optimal Care Team Profile



Rosie Blancas, CCRP –

I am a research coordinator at the Barbara K. Robinson Research Program. Some of my responsibilities include screening and enrolling clinical study participants; maintaining and dispensing study drug and other study supplies; and completing and ensuring the accuracy of data acquisition.

I started working in clinical research in the pediatric setting and thought I was going to retire doing pediatric clinical trials, but then the opportunity to work at Breastlink come along in 1992. Eight years ago when I started working as a research coordinator at Breastlink, I wanted to do more than earn an income – I wanted to make a difference. And I do – in a small way. Whatever I do day-to-day has to effect people positively. Every time I present a study to someone who needs treatment for their breast cancer, I give them choices. One of those choices is the option to participate in a research study and make a contribution to find a cure to fight this deadly disease. Women with breast cancer need accurate, complete information to make informed decisions about their participation in clinical trials. I am committed to assisting the Barbara K. Robinson Research Program.

For those readers and patients who don't know my personal life, I have been married for 18 years and a mother of two daughters, Erica age 14 and Vanessa age 12 - who are my inspiration in work and life.

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favorable courses of action." Related to the formation of Breastlink, Beverly Radiology Medical Group ("BRMG"), a medical group affiliated with RadNet in Southern California, acquired the services of prominent breast medical oncology physicians John Link, MD and James Waisman, MD, who will continue to provide services at their locations in Fountain Valley, Hawthorne and Long Beach as well as RadNet's existing women's facility in Orange, CA. Additionally, John West, MD, a preeminent breast surgeon, has also joined BRMG and provides his services at RadNet's Breast Care and Imaging Center in Orange, CA.

"We are privileged to begin our Breast Disease Management operations in Southern California with quality physicians such as Dr. Link, Dr. Waisman and Dr. West, who are leaders in their fields of breast cancer treatment and who will join our existing staff of well recognized radiologists specializing in breast imaging." added Dr. Berger. "Although breast imaging and related interventional procedures is not new to RadNet, the Breastlink comprehensive care offering brings RadNet solely from diagnostics into the realm of treatment.

... assessment, imaging, integrated research, and the whole woman in partnership with each individual woman and her unique needs.

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Medical Update on TRIPLE NEGATIVE Breast Cancer

A free Telephone Education Workshop for women living with triple negative breast cancer, their families, friends and health care professionals.

Wednesday, June 4, 2008

10:30am—11:30am Pacific Time (1:30pm—2:30pm Eastern Time)

SPEAKERS

John S. Link, MD

*Founder & President, Breastlink Medical Group, Inc.
Medical Director, Breastlink Medical Group
Medical Director, Long Beach Memorial Breast Center*

Eric Winer, MD

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TOPICS

Overview of Triple Negative Breast Cancer
Treatment Options
Clinical Trials
Follow Up Care
Communicating with Your Health Care Team
Quality-of-Life Concerns
Questions for Our Panel of Experts

REGISTRATION

Call CancerCare at 1-800-813-HOPE (4673)
or register on line at; www.cancercare.org



We want to hear from you! If you have a thought or an idea, please submit it to info@breastlink.com