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Recipe Card

Pumpkin-Orange Muffins

Canola oil spray	1-1/2 cups unbleached flour
1 egg	1/2 cup sugar
1/2 cup skim milk	1 tsp. baking powder
1/2 cup canned pumpkin	1 tsp. cinnamon
1/4 cup canola oil	3/4 tsp. nutmeg
1 tsp. dried grated orange zest	1/4 tsp. salt

Per serving

Calories	191
Fat	7g
<i>(less than 1g saturated fat)</i>	
Carbohydrate	29g
Protein	4g
Dietary Fiber	1g
Sodium	134

Preheat oven to 375 degrees. Spray muffin tin lightly with spray oil. In a medium bowl, beat egg, milk, pumpkin, oil and grated orange zest, mixing well. In a separate bowl, mix together dry ingredients. Mix into pumpkin mixture. Spoon batter into greased muffin tin, filling each 1/2 to 2/3 full, and bake until pick inserted in middle of muffin comes out clean, about 20 to 25 minutes. Remove from oven and set on wire rack to cool, about 5 to 10 minutes. Remove muffins and allow to cool completely on rack. Serve immediately or store in plastic bag or other sealed container, but do not refrigerate. (If you make more than one batch, you can freeze extras.) Makes 9 muffins.

Prevention *matters*

FOX CHASE
CANCER CENTER

Summer/
Fall
2008

Pet Visitors Benefits Patients and Staff

Mary Margaret, Beau and Angel, canine volunteers at Fox Chase Cancer Center, enjoy warm greetings on their rounds of patient rooms and staff areas. The dogs know just where to stop for their “Scooby-Doo” doggie treats.

Francie rescued Mary Margaret, a Dachshund/German Shepherd mix, from the Katrina disaster. A cancer survivor, Francie felt their volunteer work would benefit all parties. Patients would have a bright spot in their day, and Francie and Mary Margaret would progress in their own healing. Mary Margaret’s name honors the hospice nurse who cared for Francie’s sister, who also had cancer.

Joyce Ford has two visiting dogs: Beau, a Lhasa Apso, and Angel, a Coton de Tulear, both rescued pets. Joyce first learned about visiting dogs while her mother was in a nursing home in North Carolina. She saw how much joy the dogs brought to the patients and decided to volunteer with her dogs as a way to give something back to the community.

With their humans, nine dogs certified as pet visitors now come to Fox Chase every week to cheer people in waiting areas and hospital rooms

Passing the Test

Francie and Joyce have registered their pets with Therapy Dogs Inc., whose motto



Francie Trager with Mary Margeret



Beau (left) and Angel

Studies show that pet visitors:

- Decrease anxiety and despair
- Lower stress levels
- Help people cope with illness, loss and depression
- Provide diversion
- Encourage communication
- Increase staff and patient morale



is “Sharing Smiles and Joy.” This group formed in 1990 “to provide registration, support and insurance for members who are involved in animal assistance activities.”

To register, each dog meets with a Tester/Observer (T/O) to see how it reacts to strangers and other dogs. The T/O will also rate the dog’s basic obedience and comfort level with all types of petting.

It takes several visits with the T/O to complete a dog’s registration and earn the “Therapy Dogs” tag on its collar. The

group gives no training, only helpful tips to assure that the visits made with patients are safe for them and the dogs.

Patients aren’t the only ones who benefit from visits with Mary Margaret, Beau and Angel. FRAP staff look forward to them as well. They love to see the pets in their colorful kerchiefs and holiday costumes. And, of course, the dogs love the attention people lavish upon them. Everyone, dogs and staff alike, is in a cheerful mood after their visits.

Prevention
Matters

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Upcoming Events

September 1–30th:

Sandy Rollman Ovarian Cancer Foundation "Turns the Towns Teal".

Ribbons will hang in towns across the State of Pennsylvania. For a complete list, visit www.sandyovarian.org.

September 13, 2008

NOCC and PureOlogy's Walk to Break the Silence on Ovarian Cancer

The Philadelphia Chapter presents the 10th Annual 3-Mile Walk to benefit ovarian cancer awareness, education and research Saturday, September 13th, 2008. Opening ceremony begins at 8:30 am, Fairmount Park, Philadelphia, PA
www.phillyovariancancerwalk.kintera.org

September 27, 2008:

Philadelphia Stars Shine for Ovarian Cancer

Taking place at Amtrak's 30th Street Station. This "Night in Hollywood" will feature dinner, dancing, silent and live auctions.

Philadelphia Breast Cancer Family Registry Update

Thanks to all our participants who took the time to complete the new follow-up questionnaire mailed out over the last several months. About 60% of the participants in the Registry have completed and sent back their questionnaires. Their names went into a drawing for three gift cards. The winners of the raffle are:

Dr. Harvey Baker, Ms. Gertrude Tower and Ms. Sondra Zuckerman

If you haven't had a chance to complete your questionnaire, we still want to get your updates. We appreciate all the support you give to this ongoing research.

Many of you have asked us to keep you up-to-date on the ongoing research efforts of the Registry. The following articles have recently appeared in scientific journals:

- **Alcohol metabolism, alcohol intake, and breast cancer risk: a sister-set analysis using the Breast Cancer Family Registry.** Terry et al, *Breast Cancer Research and Treatment* (2007)
This study looked at differences in alcohol consumption and metabolism in women with breast cancer compared to their sisters without breast cancer. The research focused on genes responsible for alcohol metabolism. The researchers found no link between alcohol intake and changes in these genes, regardless of breast cancer history among the sisters.
- **Smoking and risk of breast cancer in carriers of mutations in *BRCA1* or *BRCA2* aged less than 50 years.** Breast Cancer Family Registry et al, *Breast Cancer Research and Treatment* (2008)
In this study, researchers examined the effect of cigarette smoking on breast cancer risk in non-Hispanic white women under the age of 50 years who carry a harmful mutation in *BRCA1* or *BRCA2*. The results showed that smoking is associated with increased risk of breast cancer before age 50 in mutation carriers.
- ***BRCA2* mutation-associated breast cancers exhibit a distinguishing phenotype based on morphology and molecular profiles from tissue microarrays.** Bane et al, *American Journal of Surgical Pathology* (2007)
This research looked at the largest group of *BRCA2*-associated breast cancers studied to date. Consistent with other studies, the research found that these tumors had specific features. These findings could help streamline genetic testing, alter the frequency or type of screening for breast cancer and may affect who might benefit from chemoprevention (drugs or other substances used to prevent cancer).
- **Validation study of the LAMBDA model for predicting the *BRCA1*- or *BRCA2*-mutation carrier status of North American Ashkenazi Jewish women.** Apicella et al. *Clinical Genetics* (2007).
A mathematical model called LAMBDA proved more accurate than other models at predicting whether an individual woman in this population carries a mutation in *BRCA1* or *BRCA2*, based on her personal and family cancer history.

GINA Becomes Law

After 13 years of winding the way through Congress, the Genetic Information Nondiscrimination Act of 2008 (GINA) became law when the President signed it May 21, 2008. This law protects people from discrimination by insurers and employers because of genetic information.

GINA co-sponsor Senator Edward Kennedy said, "GINA is the first major new civil rights bill of the new century". He co-sponsored the bill with Senator Olympia Snowe.

Some laws like HIPAA (Health Insurance Portability and Accountability Act of 1996) do protect privacy of genetic information. However, GINA broadens existing laws. It extends protection to individual health insurance plans and limits insurers' ability to raise insurance premiums for an entire group.

Baseline Protection

Many states have their own laws against genetic discrimination. GINA sets a national baseline level of protection while letting states have stronger laws.

GINA does:

- ban group and individual health insurers from using genetic information to determine a person's eligibility or premium
- prohibit an insurer from requiring a person to have a genetic test
- bar employers from using genetic information in making employment decisions (hiring, firing, etc.).
- protect genetic information of an individual or a family member when using genetic services

GINA does not:

- prevent health-care providers from recommending genetic tests to their patients
- mandate insurance coverage for any specific tests or treatments
- cover members of the military
- address use of genetic information for disability, long-term care or life insurance

How the Law Works

GINA protects genetic information for people who carry a mutation in a cancer susceptibility gene, not people with a diagnosed genetic disease. GINA calls diagnosed genetic disease "manifest disease." In most cases, insurers will be aware of it.

An example is a policy covering a 21-year-old woman and her mother. If the daughter is found to carry a BRCA gene mutation and her mother has breast cancer (manifest disease), GINA protects the daughter's genetic information, not the mother's breast cancer. The insurance company already knows the mother's diagnosis in order to cover treatment. However, GINA does protect BRCA test results for the mother as well as the daughter.

Good for Clinical Research

The new law should have positive effects on clinical research. Fear of discrimination has been an obstacle for willingness to take part in clinical research that collects genetic information. Also, GINA protection may encourage people who are considering genetic testing and increase their comfort level with having the test results included in their medical records.

The next step is for federal agencies to write regulations for how GINA will apply to various situations. These regulations will include the details for health insurers and employers about how to comply with the law.

After a period of public comment, health insurance regulations will go into effect in May 2009. Regulations relating to employment will take effect in November 2009.

Hudson KL, Holohan, MK and Collins, FS. "Keeping Pace with the Times—The Genetic Information Nondiscrimination Act of 2008," *New England Journal of Medicine*, June 19, 2008, pages 2661-2663.

Biosample Repository Helps Cancer Research

Fox Chase Cancer Center's Biosample Repository serves as a source of information and blood samples for researchers at Fox Chase and potentially around the world. Directed by geneticist Andrew K. Godwin, Ph.D., the Repository supports a wide range of Fox Chase research projects that need human biological specimens.

Researchers use these biosamples and personal information to study how genes, lifestyle and our environment may lead to cancer and to help find new ways to prevent, diagnose and treat it. The Biosample Repository collects samples and data from people of all ages and races, with or without cancer, to provide the most useful resource possible.

If you are interested in participating, all personal information will remain confidential. The studies and personal data are strictly for research and will not be linked with your name. Therefore, you will not receive results of any studies.

How You Can Help

Men and women treated at Fox Chase Cancer Center as well as their relatives and friends may help research by signing up for the Biosample Repository.

- Sign an informed consent form.
- Donate blood (about three to seven tablespoonfuls) drawn from a vein in your arm. Patients undergoing surgical procedures may also consent to donate any tissue that is not needed for studies to reach a diagnosis.
- Complete a questionnaire about family history of cancer, personal medical history and lifestyle (including cancer risk factors).
- Talk to your family members about signing up.

If you want to take part or find out more about it, please call 215-214-1652 or (toll-free) 1-888-831-6466. You may also visit our web site at <http://www.fccc.edu/prevention/studies/biosample>.

In Your Shoes Evening

The Margaret Dyson Family Risk Assessment Program (FRAP) held its first-ever In Your Shoes Evening on July 28, 2008. The purpose was to bring together young women who have a family risk of breast or ovarian cancer. They either have a parent with an altered BRCA (BRCA) gene, they have a BRCA alteration themselves, or both.

A Different Impact

Mary B. Daly, MD, PhD, founding director of FRAP, and genetic counselor Melanie Corbman realized that finding out you carry a BRCA alteration has a different impact on younger women than on older ones.

A woman who learns she is a BRCA carrier when she is 40 or 50 may already have a family and career. She may have peers who have had cancer and can relate to this information.

A woman in her 20s is at the start of so many possibilities—relationships, career, family planning—and may now need to factor in this newly discovered risk of breast and ovarian cancer. While her friends are busy deciding what to wear to go out this weekend, she faces very different decisions and may not have peers to relate to.

Sharing Personal Stories

We wanted to provide a forum for these young women to meet and share their stories. Invitations went to FRAP participants with daughters aged 18 to 30 and to women in this age range who have joined our program at either Fox Chase Cancer Center or a Fox Chase Partner hospital.

Philadelphia-area cancer genetic counselors also gave out invitations. FORCE (Facing Our Risk of Cancer Empowered) became an official co-sponsor. It issued In Your Shoes invitations through its web site and Philadelphia Chapter.

During the In Your Shoes Evening, we provided basic facts on BRCA testing, screening and prevention options and implications for family members. Several young women who have gone through the testing process kindly offered to talk about it.

We viewed excerpts from Joanna Rudnick's film *In the Family*. When Joanna was 28 years old, she learned she inherited a BRCA alteration from her mother, an ovarian cancer survivor. Joanna wrote, directed and acted in this beautiful film about her own experiences and those of several other families.

Maureen Sagot, PhD, LPC, helped facilitate small-group discussions based on the personal stories and film vignettes during the In Your Shoes Evening. The annual FORCE Conference in Tampa, Fla., in May 2008 also featured a preview of the film, which will air Oct. 1, 2008, on PBS.

Stages on the Journey

Though all invited to In Your Shoes are part of a family with a known hereditary risk of breast and ovarian cancer, the young women may be at different places in their journey. Some

have already had testing and are in the midst of making decisions based on the test results. Other women are still in the process of deciding if they want to have testing. It was a wonderful evening of learning, sharing and connecting.

The evening featured delicious refreshments. Many local restaurants, salons and boutiques kindly gave away generous gift certificates.

We hope to make this an ongoing program and welcome suggestions for the future. Ideas for upcoming programs include continuing to meet with this group several times a year; having a program for young women to attend with their significant others; and forming a group for young women to attend with a parent or other support person.

For more information, please contact Melanie Corbman, MS, CGC, at 215-214-3749 or by e-mail: Melanie.Corbman@fcc.edu.

Dear FRAP participant,

We would like to take this opportunity to inform you and your family that genetic testing is becoming increasingly popular and is now available directly to the public without the need for a qualified genetic healthcare provider. The Family Risk Assessment Program (FRAP) maintains that genetic education, counseling, appropriate interpretation of genetic test results and medical management recommendations are crucial elements in the cancer risk assessment process. We take pride in providing our participants with high quality cancer risk assessment and our risk assessment team, which includes certified genetic counselors, nurses, medical doctors and researchers, is committed to helping you fully understand this complicated process. We want to commend you for taking charge of your hereditary cancer risk and joining our program and we look forward to serving you and your family members for years to come. Please share your genetic counseling experience with your friends and family who are interested in pursuing genetic testing so their experience can be both positive and empowering. As always, thank you for your continued support!

Sincerely, The Fox Chase Cancer Center FRAP team

CHEMOPREVENTION



Skin Cancer – A Threat All Year!

As summer ends, don't forget that skin cancer remains a year-round threat. Whether you travel to the Caribbean or to Colorado to ski, watch how much time you spend outdoors and protect your skin from sunburn.

Skin cancers, including basal-cell carcinoma, squamous-cell carcinoma and melanoma, result from overexposure to ultraviolet (UV) radiation from the sun. More than 1 million new cases of skin cancer are diagnosed each year. Most could be prevented by following the proper sun safety steps.

To find out if you are eligible for the Melanoma Family Risk Assessment Program, call 215-214-1448 or 1-888-FOX (1-888-369-2427) on weekdays.

Skin Cancer Prevention and Early Detection



See your doctor or clinic if you notice changes in your skin moles such as:



A CHANGE IN SENSATION



A CHANGE IN TEXTURE



A NEW MOLE



A CHANGE IN COLOR



A MOLE THAT RISES IN HEIGHT



A CHANGE IN SIZE



CHANGES IN SHAPE

If you see these changes in your moles, then see your doctor or a dermatologist for a complete evaluation. Also see your doctor or a dermatologist if you notice persistent red, scaling, crusted or bleed-ing sores that will not heal.

Artwork courtesy of the New Mexico Skin Cancer Project-A program of the New Mexico Health Coalition.

Prevention Tips:

Avoid or protect yourself from prolonged exposure to the sun.

- UV rays are strongest and most harmful between 10 a.m. and 4 p.m.
- Cover exposed areas with light clothing.
- Wear a broad-brimmed hat and sunglasses that block UV rays.

Apply sunscreen often.

- Use sunscreen with a sun protection factor (SPF) of 30 or higher that blocks both ultraviolet A and B rays.
- Apply two coats of sunscreen to all exposed areas of the body—including ears, hands, feet and lips—before you go out.
- Reapply sunscreen every two hours and also after swimming or exercising heavily.
- Use sunscreen all year long when spending time outdoors.

Do not sunbathe or use indoor tanning devices.

- Indoor tanning lights can cause skin burns and premature aging as well as increasing the risk of skin cancer.
- Self-tanning products are safe and effective for those who want to look tanned.

Protect infants and small children from sun exposure.

- Keeping infants in the shade with protective clothing is safest.
- For small children, you can use sunscreens (SPF 30 or higher).

Examine your entire skin monthly (even the bottoms of your feet). Look for any suspicious changes that may represent skin cancer. These include:

- Persistent redness or scaling
- Crusting or bleeding
- Increased size or itching

For moles (pigmented lesions), you can recognize suspicious changes by the A-B-C-D rule.

- Asymmetry: part of a mole doesn't match the rest of it
- Border irregularity: moles with ragged margins
- Color Variation: varied colors, especially black tones
- Diameter: moles bigger than a pencil eraser