

▶ BREAST CANCER SURVIVORS AND INTIMACY2

▶ BREAST CANCER AND DEPRESSION.....3

▶ RESEARCH STUDIES.....4

Community and Ambulatory Research Enrollment [CARE]
Formerly Research Recruitment and Minority Outreach (RRMO)
Herbert Irving Comprehensive Cancer Center

Hand in Hand

Since 2002

LEGACY STUDY:

BREAST CANCER RESEARCH IN HIGH RISK FAMILIES

Researchers at the Herbert Irving Comprehensive Cancer Center are investigating breast cancer risk within families. For over 15 years, Columbia investigators have been following higher risk families to understand genetics and environmental factors contributing to cancer risk. Specifically, the New York site of the Breast Cancer Family Registry (BCFR) led by Drs. Mary Beth Terry, Regina Santella and Wendy Chung follows over 1,400 families and close to 4,000 individuals in New York and their relatives around the world to understand breast cancer risk.

They are now following the next generation of girls through the **LEGACY Girls Study: Lessons in Epidemiology and Genetics of Adult Cancer from Youth**. The New York site, based at Columbia University Herbert Irving Comprehensive Cancer Center, is one of five sites enrolling girls between the ages of 6 to 13 along with her parent/guardian to participate in the study. Across the five sites of the BCFR, a total of 1,040 girls are participating. The purpose of this research is to study how lifestyle, environment, and biology affect growth and development of young girls and teens, where approximately half of participants have a family history of breast cancer and half have no breast cancer family history. There is growing evidence that the early life environment may be important to breast cancer risk and these researchers are studying whether growth and markers of breast tissue characteristics differ between girls with a breast cancer family history and those without a family history. The girls are followed for 5 years and at each visit girls and their parent/guardian are asked about their daughter's health, growth and development. The daughters also have physical measurements taken such as height, weight and foot size, and provide a saliva sample, a urine sample, and a blood sample. The collection of this data allows us to study childhood exposures in relation to pubertal development, the age when a girl begins her monthly cycles, breast tissue characteristics, and the psychosocial impact of having a breast cancer family history.

Unlike any other youth cohort, the LEGACY cohort is unique in that it is enriched with girls at increased breast cancer risk, given their family history, and covering a wide spectrum of risk. It is currently not known how young girls at increased risk of adult-onset breast cancer can lower their risk, or how such familial risk impacts their behaviors throughout pubertal development. Understanding these relations is necessary for the successful translation of early-life exposure information into health-promoting and breast cancer prevention behaviors during childhood and adolescence.

For more information about The LEGACY Girls Study, please visit our website at www.legacygirlsstudy.org. For more information regarding The Breast Cancer Family Registry, please visit our website at www.bcfamilyregistry.org.



Breast cancer survivors and intimacy

After cancer treatment, some changes to your body are short-term while others may be with you forever. Surgery, chemotherapy or radiation may leave scars. Changes in weight also may alter your appearance.

Sometimes these changes are hard to accept. Some survivors are afraid a loved one may be reluctant to touch or look at them. Feelings of anger and grief because of body changes are natural and may lower your desire to be physically intimate.

It is not unusual for cancer survivors to report sexual problems like worrying about intimacy, not being able to be physically intimate in the same way as



they were before cancer, having menopausal symptoms, or losing the ability to have children.

If your doctor does not ask you about your sex life, you should bring up the topic, especially if you are experiencing problems. The doctor may be able to help you with those issues.

If you have a partner, tell him or her about your concerns and how you feel. Approach the subject openly and try to stay positive. If you are single, join in activities you enjoy. If you begin dating, wait until you feel a sense of trust and friendship before discussing your cancer with this new person.

Most of all, be proud of your body--you are a survivor!

BREAST CANCER FAMILY-BASED INTERVENTION TRIAL BFIT:

Drs. Katherine Crew, Heather Greenlee and Mary Beth Terry of Columbia University are currently conducting a study to determine the best way to communicate information about breast cancer risk factors, breast cancer screening, and breast cancer prevention strategies to women at high risk for developing breast cancer.

If you are interested in participating in this study, you must be a woman who:

- Is between the ages of 35 and 70 years;
- Has never been diagnosed with breast cancer;
- Has a mother, sister, or daughter that was diagnosed with breast cancer before she was 70 years old; and
- Is willing to travel to Columbia University Medical Center for 2 study visits 6 months apart.



As a participant in this study, you will receive information about personal breast cancer assessment techniques and prevention strategies.

You will be asked to complete a questionnaire in person or over the telephone and answer questions about your diet and other health behaviors. We will also call you every 3 months to talk about your health behaviors.

You will be given a physical examination that includes blood pressure, body measurements, and a clinical breast exam, and have your blood taken at the start of the study and 6 months later.

If you are interested in joining this study or would like more information, please call Valencia Sherman-Greenup at 866-532-2348 or email bfit@columbia.edu.

Breast cancer and depression

It is common to feel sad or down when one has been diagnosed with cancer. Many breast cancer survivors often find themselves wondering if they are depressed, or if their mood change is a normal reaction to their life circumstances or their treatment. Breast cancer survivors also ask themselves whether they should seek help for their emotional problems. It is important to distinguish clinical depression from sadness, particularly in cancer survivors.

Depression goes beyond the normal sadness that everybody experiences once in a while. Depression involves feelings of hopelessness, helplessness or worthlessness, markedly diminished interest or pleasure in all or almost all activities and recurrent thoughts of death (not only fear of dying).

Depression is also often accompanied by physiological changes such as disruption of normal sleep patterns or changes in appetite. For most depressed cancer survivors, these symptoms tend to worsen over the course of cancer treatment, persist long after cancer therapy, recur with the recurrence of cancer, and significantly impact the quality of life.

Among cancer survivors, up to 58% may have depression. Even though it is clear that a number of breast cancer survivors may be in need of treatment for depression, clinicians and patients often view depression as an expected and reasonable reaction to cancer.

Unfortunately, depression is frequently under-recognized and under-treated in oncology practice. In an effort to test how well treatment for depression worked in these patients, the Columbia University/New

York State Psychiatric Institute in partnership with the Herbert Irving Cancer Center opened a randomized clinical trial that will compare three types of therapy to determine which is most likely to alleviate depressive symptoms and improve the quality of life for breast cancer patients who are suffering with major depression. Patients enrolled to this study will receive 12 therapy sessions within a 16-week period, and will be followed for another 4 months.

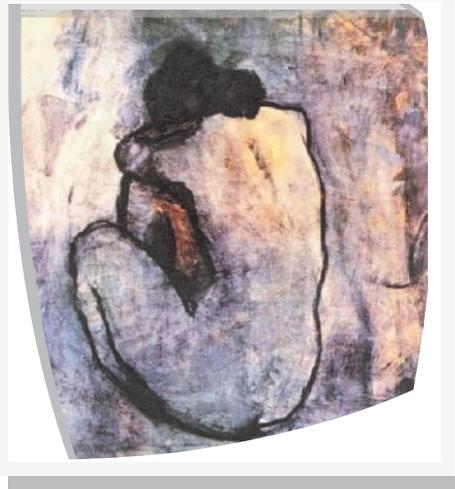
These three methods are:

Interpersonal Psychotherapy (IPT) is a one-on-one treatment between a patient and therapist. This treatment is delivered over a set period of time, usually 12-16 weeks. It has been shown to be useful in treating major depressive disorder, and is remarkably flexible and effective.

Problem-Solving Therapy (PST) is a brief, one-on-one treatment between a patient and therapist that is geared toward the patient's thoughts and behaviors (cognitive-behavioral therapy (CBT)). This treatment has been adapted to treat depression in cancer patients and has shown highly promising results.

Brief Supportive Psychotherapy (BSP) is a relatively unstructured psychotherapy commonly used in clinical practice that focuses on the patient's emotions. It builds a strong relationship between the patient and therapist through listening carefully and empathically to the patient, validating and encouraging toleration of the patient's emotions. It has shown promising results in depressed individuals with cancer and other medical illnesses. - **Dr. Carlos Blanco, M.D.**

For more information about this study, please contact Maria at 212-342-9019.



RESEARCH STUDIES

Much of what is known today about the safety of medicines and medical procedures has come from research designed to answer important scientific and healthcare questions. The Herbert Irving

Comprehensive Cancer Center is currently recruiting and enrolling patients into several research studies involving depression and breast cancer.

Study Name	Study Purpose
Interpersonal Psychotherapy for Depression in Breast Cancer	To look at the effectiveness of talk therapy to improve depression. Contact Maria: 212.342.9019
Predicting Response to Chemotherapy in Women with Breast Cancer	Uses an imaging technique with light to create 3D maps of the breast. Contact Maria: 212.342.9019
Decision Making about Breast Cancer Chemoprevention	Looks at whether healthy women with risk factors for breast cancer decide to take medication to reduce their breast cancer risk. Contact Rossy: 212.342.9019
Breast Cancer Family-based Intervention	To promote breast cancer awareness and prevention strategies for women at high risk for breast cancer. Contact Valencia Sherman-Greenup at 866.532.2348
A Biomarker Modulation Study of Vitamin D in Premenopausal Women at High Risk for Breast Cancer	To study the effects of high dose vitamin D supplementation on breast health. Contact Rossy or Maria at 212-305-0176



COMMUNITY OUTREACH

If you want to learn more about colorectal cancer and the importance of screening, please call Martha Sanchez at 212.304.5705.

For more information, community health educators are available at:

- Broadway Housing Communities 212.568.203 ext. 216
- Dominican Women Development Center 212.740.1929
- Northern Manhattan Improvement Corporation 212.822.8319

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UPCOMING EVENTS

Union Baptist Church Health Fair
240 W 145th St New York, NY 10039
Saturday October 5, 2013 @ 10:00am-5:00pm

Breast Cancer in Women of Color Conference
Saturday October 12, 2013
From 8:30-1:00PM @ 630 Second Ave at 34th St

WORKSHOP SERIES
The Institute for Older Adults @ Isabella Center
515 Audubon Ave @ 190th St NYC
October 21-23, 2013 from 9:30-11:00am



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