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Research for You

Does cancer run in my family?

For a woman who has seen her grandmother, mother and then sister diagnosed with breast cancer, knowing the answer could be lifesaving. Advances in gene research mean women no longer have to wonder; a blood test can reveal if an abnormal cancer-causing gene has been inherited.

"When people know they have an increased risk of cancer, they have a better chance of preventing the disease or detecting it early, when the chance of cure is higher," said W. Abe Andes, M.D., professor of internal medicine (hematology/oncology).

Andes directs the Family Cancer Screening and Counseling Program, offered by the Comprehensive Cancer Center of Wake Forest University. The program assesses a person's risk of developing cancers with a genetic link: breast, colon, ovarian and prostate cancer.

"If several members in a family develop cancer, it could be simply by chance," Andes said. "Or they could have forms of hereditary cancer. About 5 to 15 percent of cancer cases are linked to defective genes that can be passed from one generation to the next."

The program is open to anyone concerned they may have a family history of cancer. The staff uses a family's medical histories to develop a family tree, or pedigree. This helps show whether there is a family pattern of cancer and helps estimate the risk to family members.

For some types of cancer, including breast cancer, a blood test can tell whether someone has inherited an abnormal gene that may lead to cancer. Since this genetic information could affect employment, insurance coverage, or lead to other concerns, the program offers clients education and counseling about the benefits and possible risks of testing. Test results are kept strictly confidential.

The results of the pedigree and blood testing are carefully explained in counseling sessions. If clients are found to have an increased chance of developing cancer, they are told what to do to reduce the risk. This might include lifestyle changes, more frequent screening tests or other measures.

Hereditary Cancer?

The following guidelines can, but don't always, indicate hereditary cancer:

- Cancer that occurs in more than one generation.
- Cancer that occurs in several close relatives.
- Cancer that occurs years earlier than average.
- A close relative who has more than one type of cancer.

Breast cancer: Early detection can save your life



With promising signs of recovery, Edwina Thompson and Gretchen Kimmick, M.D., have much to smile about.

In the midst of a stressful move from Winston-Salem to Raleigh, Edwina Thompson discovered a sore spot on her breast during a self examination. "Probably just a bruise from carrying the boxes," she first thought. But as she examined it further, she found that the painful area was a large lump. After a sleepless night, Thompson contacted her gynecologist to set up some tests. Two ultrasounds and one biopsy later, her fears were confirmed: she had breast cancer.

Like many women, Thompson had postponed getting a mammogram. For years she busied herself by serving the Winston-Salem community — chairing committees for the CIAA basketball tournament, the Arts Council and many others. Thompson was so busy that she left little time to care for herself. "It can't happen to me," she thought. Thompson was lucky. She checked herself regularly and detected the tumor in its early stages.

Breast Cancer Awareness Month

October is breast cancer awareness month, and doctors at the Comprehensive Cancer Center of Wake Forest University are hoping that stories like Thompson's will encourage other women to seek regular check-ups and mammograms.

The American Cancer Society projects that 184,300 women will be diagnosed with breast cancer in the United States during 1996 (4,800 in North Carolina). Almost one-fourth of these women will die from the cancer. The statistics for African-American women alone are even more troubling; nearly a third of those diagnosed will die from breast cancer.

Why is there such a large disparity in the mortality rates of these women? Gretchen Kimmick, M.D., of the Comprehensive Cancer Center explains that recent research suggests it's more than just a socioeconomic issue. African-American women are less likely to seek regular screening. In addition, the cancer that affects them grows at a faster rate than breast cancer found in white patients. These two factors are a deadly combination.

Regular Screening is Essential

No matter what the race of the victim, the best prognosis stems from early detection. Regular self examinations and mammograms are essential in detecting breast cancer before it's too late. By catching cancer in the early stages, doctors have a better chance of removing the tumor completely and preventing the cancer from spreading.

Such was the case with Thompson. Thanks to regular self examinations, she was able to detect the fast-growing cancer at an early stage. Now, with aggressive treatment, Thompson is approaching the one-year anniversary of her diagnosis and is showing promising signs of recovery.

Thompson realizes how important the early detection was to her prognosis. "I've been very blessed... and maybe for a reason," she said. "Maybe it's to get more women to really pay attention to this and diligently schedule mammograms. Breast cancer can happen to anyone. You need to look out for yourself and take care of yourself."

Screening Recommendations

The Breast Screening Center at Ardmore Plaza recommends the American Cancer Society guidelines, which are as follows:

BREAST SELF EXAMINATION

Age 20 and over: Monthly

CLINICAL BREAST EXAMINATION

Age 20-39: Every 3 years
Age 40 and over: Yearly

MAMMOGRAPHY

Age 40-49: Every 1-2 years
Age 50 and over: Yearly

Community Health Calendar

October

National Breast Cancer Month

Thursday, October 10,

12 noon & 5 p.m.
Free Depression Screening
Kitty Hawk Room, Piedmont Plaza I
1920 West First Street

Saturday, October 12,

11:30 a.m.-1:30 p.m.
How to Throw a Block Party: Replacing
Violence with Sports, Recreation & Fun
Free total cholesterol, blood pressure and
glucose screenings provided by
Target Health
YWCA Week Without Violence
YWCA -1201 East Street

October 9, 14, 22, 29,

November 6, 13,

Weight Management Program
Orientation Classes
The Center for Health Promotion
One Piedmont Plaza, 1920 W. First Street
(Call for times and registration information)

Health On-Call

For information on these events, or for more information, or to schedule a copy, call 716-2255, or toll-free 800-446-2255

http://www.bgs-m.edu

Minimizing hand disability

Ronald Lynch grimaced and made a loosely closed fist. That fist is nothing short of remarkable, considering less than four months ago, Lynch's left hand was sliced to the bone by a machine used to cut mattress quilting. The blades sheared through muscle, arteries and the tendons of his three main fingers. Lynch, a 27-year-old technician from Lexington, spent five days in the hospital, where he had surgery to reconnect the tendons and graft a vein to replace the artery.

Lynch was making a fist for physical therapist Ann Lucado at the Hand Center of CompRehab, the comprehensive outpatient rehabilitation center of the Bowman Gray/Baptist Hospital Medical Center, where Lynch came for rehabilitation of his hand.

The Hand Center provides diagnosis and treatment to patients with hand problems like Lynch's (post-traumatic injury) and also problems caused by degenerative disease such as rheumatoid arthritis, chronic pain due to repetitive stress or overuse, pain and cold intolerance related to blood vessel disease, and congenital problems.

Team Approach

By using a team approach, the Hand Center offers its patients a wide range of specialists in one program, which means added convenience and comprehensive care. Staff includes orthopedic and plastic surgeons with added qualifications in hand surgery, physical and occupational therapists with specialized certification in treatment of the hand, and the support of neurologists, rheumatologists, radiologists, rehabilitation nurses and medical psychologists.

The team approach helped save Lynch's hand. "Scar tissue on his tendons was preventing him from having full range of motion," said Lucado. "After a certain point, his progress hit a plateau." Lynch returned to surgery to have the scar tissue removed. His team worked together to rehabilitate his hand after the second surgery. That's when his therapy really took off.

Using exercises in physical therapy, a passive joint motion splint that stretches the taut tendons while Lynch sleeps, wound treatment and a holistic approach to healing the hand, therapists like Lucado gave Lynch the tools to reclaim his functionality.

Lynch said he is optimistic about the future. Although Lynch has done much of the work himself, he also credits the staff with his success. "They really know their stuff," he said, then



Ronald Lynch has teamed up with experts like Ann Lucado at the Hand Center to restore function to his once mangled palm and fingers.

"When you come into therapy for the first time, you're hurt and you're vulnerable, and you could just be pushed through like cattle. But I have never had that feeling here."

— patient Ronald Lynch

added that the staff makes a point to know him, too. "They know me when I come in," he said. "They ask for my input on my treatment plan. They are real good to me."

CompRehab Plaza

When the Hand Center moves to the new CompRehab Plaza on Miller Street, later this fall patients like Lynch will benefit from having all outpatient therapy in one convenient location. "We'll have lots of expertise in one location," said Carla Blue, occupational therapist and founding member of the Hand Center. "That means better processes, better flow, and better care for our patients."

One thing won't change for Blue, though, and that's the friendships she makes along the way. "It's when a patient you haven't seen in two years comes back to see you how good you're doing," Blue said. "That's the real reward working with the patients."