

# A Journey With Breast Cancer: Keys To One Woman's Survival

## *Breast Cancer Is The Leading Cause Of Cancer Death Among Hispanic Women*

(NAPSA)—Breast cancer is the most commonly diagnosed cancer and the leading cause of cancer death among Hispanic women. Unfortunately, fewer than 40 percent of Hispanic women age 40 and older have regular breast cancer screenings, which makes them more likely to be diagnosed with late-stage tumors—at which point survival rates are lower.

“Hispanic women with breast cancer tend to be younger and to have larger, more advanced tumors. It is important for women over 40 to have mammograms every year,” Dr. Maurice Berkowitz, of East Valley Hematology/Oncology in Burbank, Calif., said. “The earlier the cancer is found, the better the chances are that the treatment will work.”

Martha Ontiveros, 47, is thankful every day that her breast cancer was caught early. “I am so grateful that I went to the doctor when I did,” Ontiveros said. “If I wasn’t so diligent about my annual mammograms and didn’t pay attention to my body, I might not be here today.”

Ontiveros, who immigrated from Mexico at 15, was determined not to be part of the statistics. An annual mammogram detected a benign lump in Martha’s breast. A few months later, while performing a breast self-exam, Martha realized that the lump had changed. She went to her doctor, and was diagnosed with Stage II, HER2-positive breast cancer.

HER2-positive breast cancer is an aggressive form of the disease that accounts for approximately 25 percent of all breast cancer cases and is caused by an overexpression of a protein called HER2 in tumor cells. Research has shown that women with HER2-positive breast cancer have a greater likelihood of recurrence, poorer prognosis, and decreased survival compared to women with HER2-negative breast cancer. Special testing is required to identify women who have HER2-positive breast cancer.

“The first couple of days after my diagnosis, I wondered if I needed to say my goodbyes. But I was ready to put up a fight



**Martha Ontiveros, Breast Cancer Patient**

against the cancer,” Ontiveros said.

Through the support of her husband, family, and friends, Ontiveros began the aggressive treatment her doctor recommended. Surgery was scheduled immediately, followed by chemotherapy and Herceptin, a drug that specifically targets HER2-positive cancer cells.

Ontiveros wants other women to be educated about the risk of breast cancer, to know their bodies, and to have open communication with their healthcare providers.

“Early in my diagnosis, I felt uncomfortable with the attention I received, but I soon realized I could take advantage of my situation and educate others,” Ontiveros said. “I started getting phone calls from relatives and friends asking about my health, and I took the opportunity to tell them my story and to encourage them to be diligent with screenings, both monthly self-exams and yearly mammograms.”

Thanks to surgery, targeted therapy, and early diagnosis, Ontiveros has shown no sign of cancer for two years.

Every person who has HER2-positive breast cancer is unique and no cancer treatment works for every person.

### **Who is Herceptin for?**

Herceptin, as part of a treatment regimen containing doxorubicin, cyclophosphamide and paclitaxel, is indicated for the adjuvant treatment of HER2-posi-

tive breast cancer. Herceptin as a single agent is indicated for the adjuvant treatment of HER2-positive node-negative (ER/PR negative or with one high-risk feature) or node-positive breast cancer, following multi-modality anthracycline-based therapy.

Herceptin in combination with paclitaxel is indicated for treatment of HER2-positive metastatic breast cancer. Herceptin as a single agent is indicated for treatment of HER2-positive breast cancer in patients who have received one or more chemotherapy regimens for metastatic disease.

**What important safety information should I know about Herceptin?**

### **Boxed WARNINGS and Additional Important Safety Information**

**Herceptin treatment can result in heart problems, including those without symptoms (reduced heart function) and those with symptoms (congestive heart failure). Some patients have had serious infusion reactions and lung problems; fatal infusion reactions have been reported.**

Worsening of low white blood cell counts associated with chemotherapy has also occurred. The most common side effects associated with Herceptin were fever, nausea, vomiting, infusion reactions, diarrhea, infections, increased cough, headache, fatigue, shortness of breath, rash, low white and red blood cells, and muscle pain.

Because everyone is different, it is not possible to predict what side effects any one person will have. If you have questions or concerns about side effects, talk to your doctor.

**For additional prescribing and important safety information, including boxed WARNINGS for Herceptin, please call 800-821-8590 or visit [www.herceptin.com](http://www.herceptin.com).**

To connect with another breast cancer survivor, call Living Beyond Breast Cancer’s Survivor Helpline at 1-888-753-LBCC (5222) or for additional information visit [www.herceptin.com](http://www.herceptin.com).