

HEALTH AWARENESS

New Guideline Helps Doctors Diagnose Breast Cancer

(NAPSA)—About one in eight women will be diagnosed with breast cancer, but the disease is much more than a statistic to Ruth Chermok.

Chermok is a breast cancer survivor who was diagnosed with ER/PgR-positive breast cancer at age 46. “I was on top of the world. Rick, my high school sweetheart, and I had just celebrated our 25th wedding anniversary and had started our lives as empty nesters. Life throws you for a loop sometimes. Shortly after, I was diagnosed with ER/PgR-positive breast cancer.”

Thanks to her medical team, Chermok can count herself as a survivor.

That team included a pathologist—a physician who examines cells, bodily fluids, and tissues to diagnose disease. And now, pathologists have a new tool to help them give their patients the best possible care: new evidence-based recommendations from the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO) that will improve the accuracy of ER and PgR testing in breast cancer.

As many as two-thirds of breast cancers are ER and/or PgR-positive with their growth influenced by activation of the estrogen receptor pathway. Accurate determination of tumor phenotype is critical to properly select therapy options and individualize treatments.



New breast cancer guideline helps improve communication between pathologists, other clinicians, and patients.

In particular, the new guideline recommends that breast cancer patients should have their tumor tested for estrogen and progesterone receptors, and that the testing should be performed by an accredited laboratory that follows specific testing procedures and handles the samples in a consistent way.

According to Elizabeth Hammond, M.D., FCAP, co-chair of the CAP/ASCO Hormone Receptor Testing in Breast Cancer Panel, a board-certified pathologist at Intermountain Healthcare, and professor of pathology at the University of Utah School of Medicine, “Increased attention to simple measures such as the handling of tissue specimens from the moment they are taken from the patient to when they reach the pathologist, the uniform fixation of specimens, the standardization and validation of lab assays, rigorous reporting procedures and

greater access to treatment interventions have the potential to significantly improve breast cancer outcomes around the world.”

The CAP/ASCO Panel also expects that the new ER/PgR guideline will foster improved communications among cancer specialists and also between patients and their doctors. “It is our hope that the CAP/ASCO ER/PgR guideline will facilitate processes at each health system and institution, so that appropriate measures to ensure accurate predictive biomarker testing [including ER/PgR] are in place and that breast cancer patients receive the highest quality care possible,” says Dr. Hammond.

Chermok agrees. “My skilled team of a radiologist, surgeon, and pathologist had brought me this far, and I had great confidence that my pathologist had correctly identified the nature structure of the tumor cells, and given the oncology team the information necessary to create a plan of treatment.”

The College of American Pathologists offers two websites, www.MyHealthTestReminder.org and www.MyBiopsy.org. These sites can help a woman remember to schedule her next mammogram, as well as provide her a patient guide if she is diagnosed with breast cancer, including breast cancer that is ER/PgR-positive.

For more information, visit www.cap.org.