

HEALTH



Dr. Emran Imami, right, of TEPAS Breast Center, and medical oncologist Dr. Sumeet Chandra of Cancer Care Centers of Brevard in Melbourne have helped Leticia Davis get cleared of an aggressive form of breast cancer. PROVIDED

Revolutionary cancer treatment helps Melbourne woman get

‘all-clear’

Maria Sonnenberg Special to Florida Today
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On Valentine’s Day this year, Leticia Davis received the antithesis of a sweetheart of a message. She was told what no woman ever wants to hear: she had breast cancer. • Earlier in the year, the Melbourne resident had already received another barrage of bad news when she learned her invasive ductal breast carcinoma, or IDC, had traveled to her lymph nodes. • Instead of giving up, Davis was ready to fight. A fight that more than half a year later, she is winning.

See ALL CLEAR, Page 2C

All clear

Continued from Page 1C

Breast cancer breakdown

Breast cancers are graded from 1-3 and can be estrogen (ER), progesterone (PR) and/or Her-2 receptor positive.

The grade, receptor status and the DNA of the tumor help in predicting how aggressive or treatable cancers are.

Davis' tumor was ER, PR and Her-2 positive, and considered aggressive.

Davis wanted to preserve her breast, so breast surgeon Dr. Emran Imami of TEPAS Breast Center, and medical oncologist Dr. Sumeet Chandra of Cancer Care Centers of Brevard in Melbourne wasted no time in starting treatment.

As the breast surgeon, Imami is generally the first to diagnose breast cancer after patients present with abnormal mammograms or symptoms, such as a breast mass, nipple discharge or skin changes.

"From the surgeon's perspective, we evaluate the tumor size, breast size, skin and lymph node involvement to determine which patients may benefit from medical therapy to get the tumor to shrink prior to surgery," he said.

Chandra added: "Patients with cancer limited to the breast or lymph nodes will generally undergo surgery, either lumpectomy or mastectomy, as the first step in treating the cancer. Patients with small Her-2 positive breast cancer that involve lymph nodes, or cancers 2cm or greater, benefit from receiving an 18-week course of targeted therapy before surgery. This shrinks the tumor allowing for a better cosmetic and curative resection."

New tools for the fight: neoadjuvant chemotherapy

According to a study by Dr. Shahla Masood from the University of Florida Breast Health Center and the University of Florida College of Medicine, "neoadjuvant chemotherapy was originally designed to be used in patients with locally advanced disease in order to convert inoperable tumors into operable tumors."

"Since the introduction of this concept, the significance of neoadjuvant chemotherapy in increasing the rate of



Medical oncologist Dr. Sumeet Chandra of Cancer Care Centers of Brevard in Melbourne talks with patient Leticia Davis, who recently got cleared of an aggressive form of breast cancer. PROVIDED

conservation therapy and the associated reduced morbidity and better self-image has been fully acknowledged."

Davis' journey toward recovery had many steps.

"First, I had a surgery to place a port for easy access for my chemotherapy so the chemo wouldn't eat at my veins as opposed to using a regular vein," said Davis. "I had two bags of chemotherapy and one shot in my thigh that was held there for five minutes slowing pushing the medicine into my thigh. I would go in every three weeks.

"It was a three-hour process, thankfully shorter than most. The very first therapy I had, I had horrible side effects — sores in my throat, bloody noses, runny noses, diarrhea, nausea. A couple of times, I had to get fluids on an unscheduled date because the side effects were just too much."

After the chemotherapy, Imami repeated the mammogram and breast ultrasound and the tumor had almost vanished.

"Since Ms. Davis was concerned about symmetry and aesthetics, I could

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now safely offer her a lumpectomy," Imami said. "When I removed the lump and lymph nodes, no cancer cells were detected. The targeted chemotherapy was extremely effective and gave her a "pathological complete response (pCR)."

The news you want to hear

Aug. 10 was a particularly good day for Davis.

"On Aug.10, I got the all-clear. I am no longer taking the bag chemo, so it is easier and faster," she said. "I am currently still taking the chemo shot in my thigh and that is until March."

There are four broad classes of medications to treat breast cancer: Hormon-

al Therapy, Chemotherapy, Targeted Therapy and Immunotherapy.

Patient's with Her-2 positive cancers, like Davis, were historically felt to have worse outcomes than Her-2 negative patients.

However, with the advent of targeted therapies, such as Pertuzamab and Herceptin, we now see better outcomes.

Targeted therapy downgraded Davis from a Stage IIb to Stage Ib, and fortunately she was among the 18% of women who had a complete pathologic response to treatment.

Davis was able to save her breast and is doing well after a lumpectomy in early August. Soon she will be starting a course of 33 treatments of radiation.

Although she feels tired, she even has been able to continue working.

"My eyes hurt more often with the fluorescent lights and my memory isn't the best anymore," she said. "They call that chemo brain and I use that often!"

It has not been easy, but the prognosis is very encouraging.

"I am head over heels that I am cancer-free right now," she said.