

WHY ONLINE GAMES ARE SO ADDICTIVE

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Reader's Digest

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NEW HOPE

In the Fight Against
BREAST CANCER

| What's on the Horizon
and What's Here Now

PLUS
A Husband's
Guide to Being
There for Her

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**NICOLAS
CAGE**
The Story He
Had to Tell

BOXING
Your Way to
Better Health

IS THERE A **PSYCHOPATH** IN YOUR LIFE?

CURING BREAST CANCER



We're nearly there, thanks to these
new treatments | BY LAM LYE CHING

ADAPTED FROM ARTICLE BY LISA DAVIS

In an operating theatre in London's Middlesex Hospital, Linda Lines lies unconscious. Sterile green gowns drape her body, leaving exposed only her right breast and outstretched arm. Linda has breast cancer; in the upper part of her breast, a mass of runaway cells has grown to about the size of a pea. Given her age - 55 - and the size of her tumour, Linda is typical of the thousands of women diagnosed with invasive breast cancer each year. But her experience is about

to take a sharp turn from the typical.

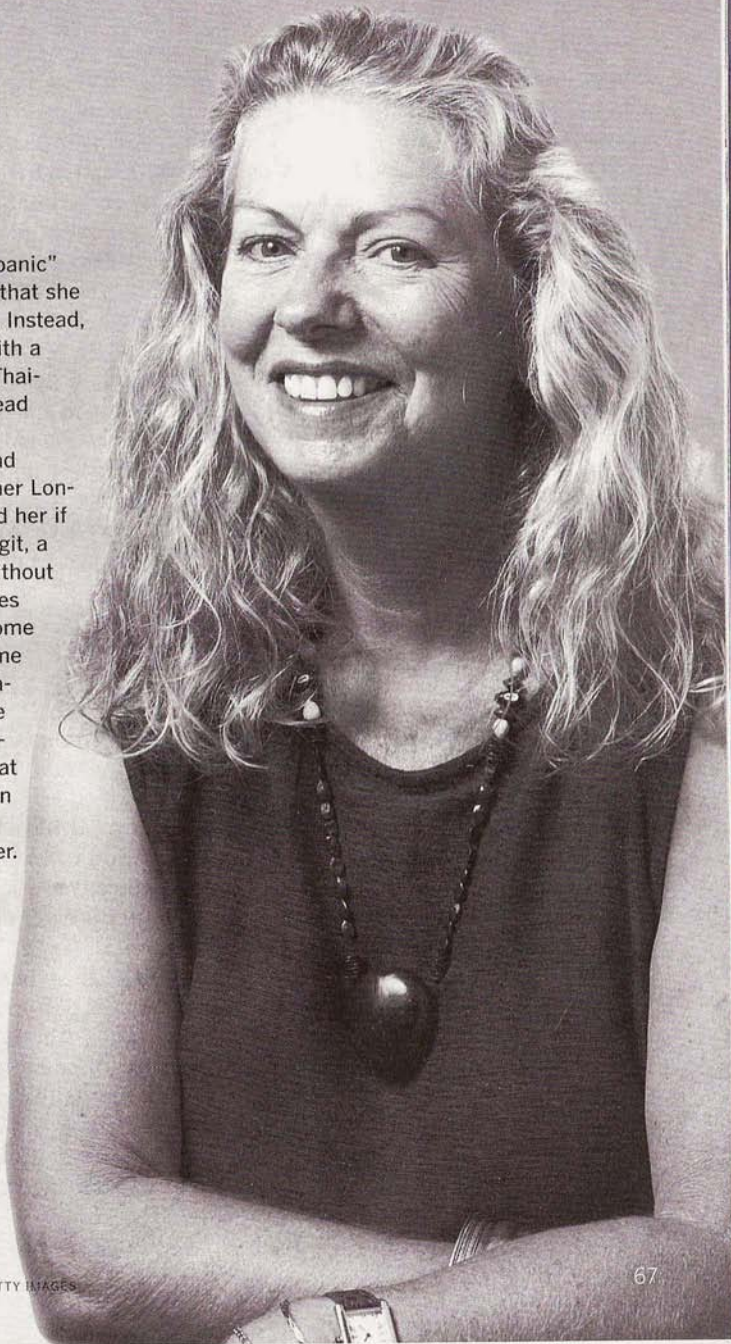
After the tumour is neatly excised, surgeon Jayant Vaidya reaches for a slim probe with a tiny metal sphere at one end and inserts it into Lines's breast. He is going to deliver radio waves directly on to the tumour site.

Satisfied with the probe's position, he signals for the electron generator to be switched on. To the sound of a gentle bleep, it begins generating "soft" X-rays, which pass out through the sphere.

Twenty-five minutes later, Vaidya

Linda Lines

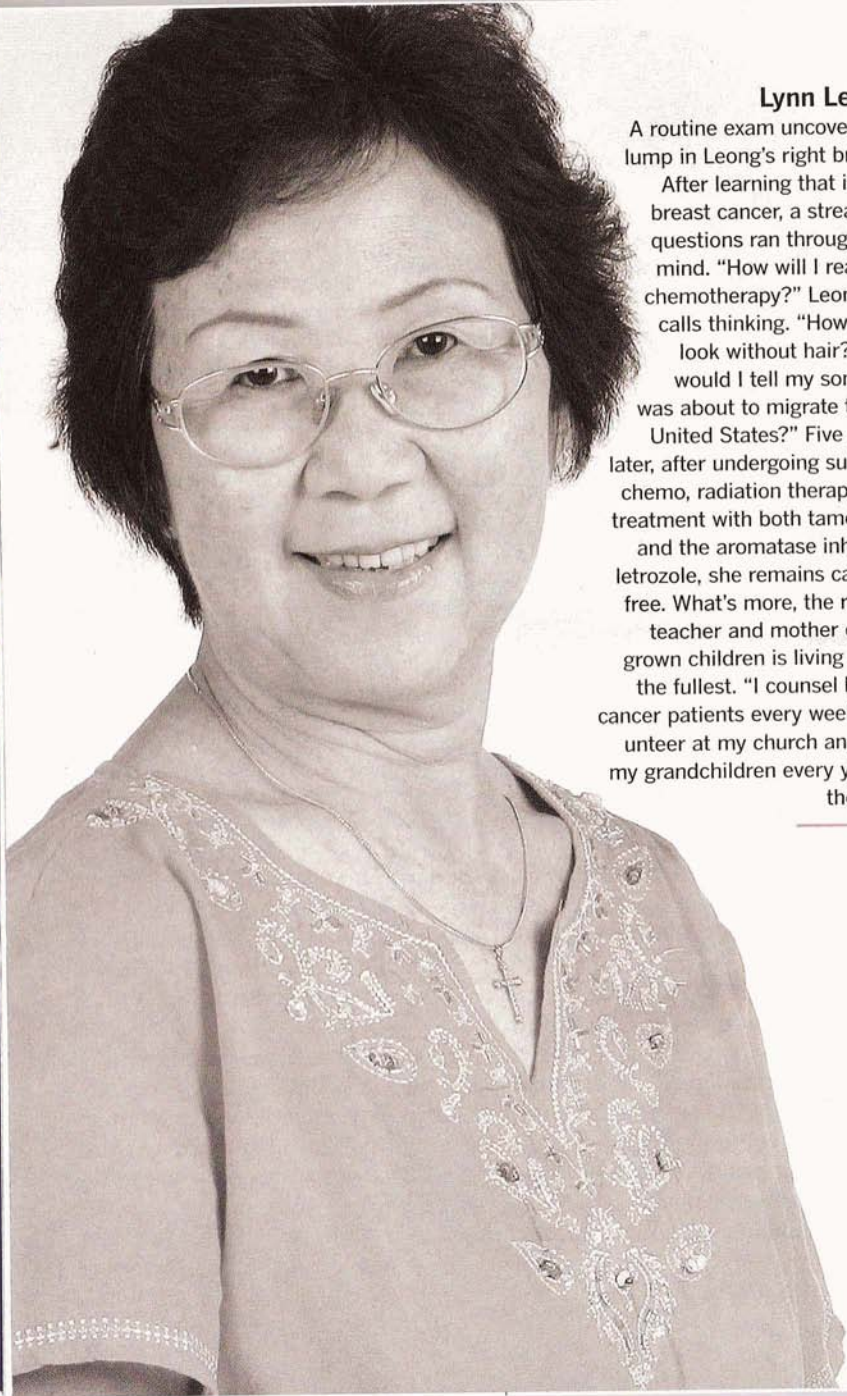
Lines "refused to panic" when she learned that she had breast cancer. Instead, she went ahead with a family holiday in Thailand. There, she read up on treatments, eating healthily and getting fit. When her London surgeon asked her if she'd heard of Targit, a one-off therapy without any follow-up, Lines said she'd have some of that. She became the first British patient to opt for the therapy – a courageous decision that has paid off. Seven years later, she is still clear of cancer.





Gwen Goyena

When Goyena was diagnosed with breast cancer, she was stunned. "It was unreal. I kept checking the name on the paper with my results. I could not believe they were really my results." Her surgeon told her about a new, less invasive technique called sentinel node biopsy. After the tumour was removed, her doctor took just one sentinel lymph node and seven axillary nodes to see if the cancer had spread. It hadn't, and the procedure was so mild that Goyena walked out of the hospital a few hours later with regular-size bandages on her right breast and underarm.



Lynn Leong

A routine exam uncovered a lump in Leong's right breast.

After learning that it was breast cancer, a stream of questions ran through her mind. "How will I react to chemotherapy?" Leong recalls thinking. "How will I look without hair? How would I tell my son who was about to migrate to the United States?" Five years later, after undergoing surgery, chemo, radiation therapy and treatment with both tamoxifen and the aromatase inhibitor letrozole, she remains cancer-free. What's more, the retired teacher and mother of two grown children is living life to the fullest. "I counsel breast cancer patients every week, volunteer at my church and visit my grandchildren every year in the US."

trial, more than 600 patients have been treated. Vaidya says the results so far have been promising, with few relapses. "So far, there has been no concern at all."

Asian patients will soon benefit from targeted radiation therapy. Targit will be available in Bangkok later this year, and Japanese and Malaysian health authorities are also considering the treatment. "Targeted radiation therapy will be more widely available in Asia in a few years once we have confirmed trial results," says Dr Gurcharan Khera, president of the Malaysian Oncological Society. "However, it's only suitable for early breast cancer patients."

A Kinder Cut

In 1997, after Katherine Teng of Singapore had a breast tumour removed, she had six weeks of radiation therapy and six months of chemotherapy before returning to her life as a senior marketing executive in January the following year. She thought the worst was over. But two years later she began to suffer a painful side effect of her treatment: Her right arm started swelling, eventually growing to two times its normal size. She became increasingly susceptible to serious infections. "I had to be very careful not to get any cuts or even a mosquito bite," Teng says. Once, she spent two weeks recovering at home after picking up an infection from dust mites. "I never thought that I would have such serious medical problems so long after the surgery."

Teng had a moderate case of lymphedema, not because of her cancer but because of a procedure doctors use to diagnose spreading cancer cells. When the surgeons cut out her tumour, they also took lymph nodes from her armpit. This step isn't undertaken lightly. After all, a tumour in the breast never killed anyone; breast cancer becomes deadly only when cells escape the tumour and launch themselves into the rest of the body. One escape route is provided by the lymph system, a fluid-filled highway for immune cells, oxygen, nutrients and cell waste. The lymph nodes trap bacteria and viruses so that white blood cells can kill them — that's why lymph nodes sometimes swell when a person has an infection. The nodes collect cancer cells as well; for many years, breast cancer surgery routinely included lymph node dissection, in which surgeons would remove 10 to 20 nodes from the network under the arm, cutting them away from surrounding nerves and sending them to the lab. If any cancer was found, it meant a whole-body treatment like chemotherapy was in order.

But all that cutting can seriously damage the system of tiny vessels that drains lymph fluid in the region, and radiation therapy can do further harm. The buildup and stagnation of fluid can cause minor numbness and swelling, or it can lead to great pain, dangerous infections and disability.

A new procedure may protect women from suffering the way Teng did. When Gwen Goyena of Manila

