



overview

Women's Health Overview

Determine Your Breast Cancer Risk

October is Breast Cancer Awareness Month, a time when this all-too-common disease is on many of our minds. For some, that includes celebrating friends and family who are survivors or remembering those who are gone. Many women choose this month as the time to participate in the annual ritual of mammography or other self-care activities.

In my practice, I see a lot of women who are concerned about breast cancer risk. I am frequently asked when or how often to have mammograms, the age to start, if additional imaging is warranted (such as ultrasounds or MRIs) and whether genetic testing is recommended. The first step for me in making these recommendations is assessing a woman's individual risk. The second step involves a discussion of goals, values, fears, and pros and cons of various strategies for managing individual risk. This is a process currently known as "shared decision making."

Risk assessment helps to determine whether a woman is at average or high risk of breast cancer. Note that I didn't use the term "low

risk" in this description. In the United States, one in eight women will be diagnosed with breast cancer in their lifetime, or 12.5 percent. Those at lower risk are young women in their 20s and 30s, with the risk increasing with age. As such, I define average risk as risk similar to other women of the same age, versus higher than average risk for age.

Other personal factors besides age play a role in determining risk. These may include reproductive factors such as giving birth, age at the time of the first child's birth, breastfeeding history, age of first menstruation, age of menopause or the use of certain menopausal hormones. Women who have had breast biopsies that showed atypia also have a higher than average risk. Last but certainly not least is family history.

One of the most well-known risk calculating tools is called the Gail Model. Check it out for yourself at www.cancer.gov/bcrisktool. This tool incorporates some of the risk factors listed above and limited

see Risk pg 4

Take the test:

Online assessment tool

Go to cancer.gov/bcrisktool:

Enter your:

- Medical History
- BRCA1 or BRCA2 status (if known)
- Age
- First Menstrual Period
- First Childbirth
- Relatives with Breast Cancer
- Breast Biopsy History
- Race/Ethnicity

Learn your five-year and lifetime risk of developing breast cancer. Discuss any concerns with your health care provider.



From the chairman

In this edition of our newsletter we continue the last issue's discussion of wellness. Maintaining a healthy diet and simultaneously increasing physical activity are necessary to maintain or achieve a healthy weight. Doing so improves a multitude of measures of our health. Reductions in diabetes, hypertension and cancer occur. Sleep is more restful and joint and low back pain can improve. The payoff is extraordinary.

We also are pleased to introduce a new faculty member, Dr. So-Youn Kim, who is joining us from Northwestern University. Her research focuses on the preservation of fertility in patients undergoing treatment for cancer. Dr. Kim is a wonderful addition to the department and to The Fred & Pamela Buffett Cancer Center. Our ability to treat cancer continues to improve but concerns about the ability to conceive can occur for our younger patients. Some methods such as egg and sperm donation have been around for a long time. If fertility can reliably be preserved, allowing natural conception, it would be of significant benefit to our patients.

Finally we are approaching Breast Cancer Awareness Month. Dr. Griffin's article about risk assessment strategies is particularly useful and timely. We encourage our readers to have conversations with their healthcare providers about this important topic. Strategies for risk reduction are available and appropriate for some patients. In others, earlier screening with breast imaging is recommended.

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Women's Health Overview

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An alternative electronic version of the newsletter is available. If you would like to receive this electronic version in addition to the print version, or instead of, please email your request to ljmolczyk@unmc.edu.



App Your Way to a Healthy Weight: *A Dietitian's Take on Picking the Best Mobile Option*

If you search the word “nutrition” in the app store on your phone or tablet, the number of results just might overwhelm you. Some track specific nutrients, others offer advice on weight loss and exercise. So how do you know what to choose?

There is no perfect nutrition app because everyone has unique nutrition goals and preferences. It's all about picking the right one for you. Studies show that people who use food and fitness tracking apps are more engaged and focused on their goals, and as a result, they have better weight loss results than those who don't use an app. Long-term weight loss, however, is not correlated with app use because many users stop using the app and fall away from the plan.

Apps are evolving all the time with new features for users. For example the app **Snapcarbs** uses photo recognition to count the carbohydrates in your meal. The app **Lose It!** has a barcode scanner so you can just zap a food package with your phone to track it. These features can help reduce user burnout.

Some people use apps to determine the nutrients needed for medication doses such as insulin or to manage serious food allergies. It is important for these users to know there is almost no regulation of the nutrition apps available, and this can lead to incorrect information.

So what should you pick? Here are some dietitian's tips:

1. Read the ratings and reviews. Choose an app that is established and has several reviews. Try to find apps that have endorsements from professionals such as doctors and registered dietitians.
2. You don't have to do everything the app says! Some apps are incredibly detailed and may be distracting you from your targets. For example, **MyFitnessPal**, a popular food tracking and weight loss app, will notify you when your sodium and sugar are in excess. That doesn't necessarily mean you are not meeting your calorie goal for weight loss. In such a case, do your best to stay focused on calorie counting and eating healthfully in general. Nobody likely meets all of the targets every day.
3. Do your best to assess an accurate activity estimate. Many weight control apps ask your activity level, but they tend to overestimate how many calories you burn. If you are sedentary all day and work out hard for an hour at the gym in the evening, you should still enter sedentary as your activity level. By contrast, a person who has a job where they move all day but does not dedicate daily exercise time, may enter a higher activity level such as light to moderate.



4. Ask yourself and people around you if you are eating and drinking things that you might be forgetting to enter into the app. For example, if you have a candy bowl at the office, you'll need to be aware of how many pieces you take, and log that in addition to your meals and snacks. Your app can't provide an accurate picture of your nutrition if you're not being honest.

Contributed by
Meghan McLarney, RD, LMNT, CDE
Nebraska Medicine Diabetes Center

Risk continued from pg 1

family history to estimate a five-year breast cancer risk and a lifetime risk. This tool is designed for women age 35 and older who might be considering screening options. On the same web page, there are links to other key information about breast cancer risk, prevention, screenings and more.

For a woman with a strong family history of cancer, this risk tool alone is not adequate to truly assess risk. A strong family history might include a close relative that was diagnosed with breast cancer at a young age (before age 45), multiple relatives on the same side of the family with breast cancer or other cancers, two or more cancers in one individual in the family, or a family history of ovarian cancer or other genetically associated cancers. If you have any of these factors, it may be helpful to meet with a genetic counselor. Genetic counselors use more robust risk calculators to help define risk and determine if there is a need for genetic testing. The world of genetic testing has become increasingly complex, and genetic counselors are specially trained professionals who determine the right tests for the right patients. They are then able to interpret the results and begin the conversation about how to best manage risk.

Armed with this information, a woman and her provider can discuss options for breast

cancer screening and prevention. Over the past decade, the guidelines regarding screening for average risk women have become varied. The American College of Obstetricians and Gynecologists continues to recommend that women be offered mammograms every year starting at age 40, with a discussion of pros and cons of screening. For women at high risk (those with a lifetime risk above 20 percent based on a robust risk calculation from a genetic counselor), additional screening might be offered.

There are also opportunities for breast cancer prevention. For those of us at average or high risk, maintaining a normal weight through good diet and exercise and limiting alcohol consumption decreases our risk. High risk women may be candidates to take medications that decrease breast cancer risk.

Every woman is unique. If you don't have a plan for breast cancer screening, October may be the right time to schedule an appointment with your provider to discuss your risk and what screening and prevention opportunities are best for you.

Contributed by Jennifer Griffin, MD, MPH
UNMC Department of Ob/Gyn



**OLSON CENTER
FOR WOMEN'S HEALTH**

Mission Statement

The Mission of the Olson Center for Women's Health is to provide a national comprehensive health science center at the University of Nebraska Medical Center. Based in the Department of Obstetrics and Gynecology, the center enables UNMC to make distinctive strides in education, research, and service through innovative approaches to women's health issues.

Want More Information?

Visit our website: **OlsonCenter.com**

Learn more about our healthcare providers, services, and programs available at the Olson Center for Women's Health. Our website also offers women's health information. Here are a few topics:

- Breastfeeding
- Breast Health & Disease
- Cardiovascular Health
- Gastrointestinal Health
- Gynecologic Health
- Reproductive Endocrinology/Infertility
- Pregnancy
- Wellness
- Incontinence

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Breast Services provided by the Olson Center for Women's Health

- **Suspicious Lumps**
- **Breast Pain and Benign Breast Conditions**
- **Fibrocystic Disease**
- **Risk Analysis/Genetics**
- **Breast Cancer Diagnosis or Second Opinion Consultations**
- **Lactation and Breastfeeding**
- **Mammography and Women's Imaging**

For a consultation or appointment call 402.559.4500

21ST ANNUAL
Omaha Women's
Health & Wellness Conference

Friday, October 12, 2018
 La Vista Conference Center



2018 Conference Agenda

- 8:00 AM Registration, Health Fair and Screenings
- 8:50 AM Welcome and Opening Session
- 9:00 AM Breakfast Keynote: Marcia Adler, PhD, RN –
"How to Design a Peak Performance Body Using the Eight Dimensions of Wellness"
- 10:15 AM Refreshment Break, Health Fair, Sponsor Exhibits and Screenings
- 10:45 AM Breakout Session (choose 1, 2, or 3)
 1. *"Medical Cannabinoids: High Expectations"* – Allison Dering-Anderson, PharmD
 2. *"Can Financial Education Improve Health Outcomes?"* – Julie Kalkowski, MSW
 3. *"Skin Health: What You Need to Know, Do and Avoid"* – Megan Arthur, MD
- 12:00 PM Lunch
- 1:00 PM General Session: Sheila Ryan, PhD, RN – *"Cultural Humility... What It Is and Isn't"*
- 2:15 PM Refreshment Break and Sponsor Exhibits
- 2:45 PM Breakout Session (choose 4, 5, or 6)
 4. *"Fostering Resiliency in the Digital Age"* – Jonathon Sikorski, PhD
 5. *"It's More Than Hugging Trees: Sustainability is Integral to Your Health"* – Melanie Stewart, MPA
 6. *"Cardiovascular Risk in Women: Caring for Your Heart"* – Bunny Pozehl, PhD, APRN
- 4:10 PM Closing Session: Angie Jorgensen – *"From Flatlining to Silver Lining"*
 Evaluations and Door Prizes
- 4:30 PM Adjourn

Registration Deadline: Friday, Oct. 5

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: _____ **Evening Phone:** _____ **RN/LPN License Number:** _____

Email: _____

I require a medically-necessary diet (please explain, ex: diabetic): _____

First Breakout Session (choose one) 1 ___ **2** ___ **3** ___ **Second Breakout Session (choose one) 4** ___ **5** ___ **6** ___

Registration is \$59. Olson Wellness Exchange (OWE) members may receive a \$5 discount off the general registration fee. Registration includes breakfast, lunch, lectures and exhibits. No refunds after Oct. 5. For more information about the conference or to become an OWE member, please contact the Olson Center for Women's Health at 402.559.6345. Nursing credit is an additional \$30.

The University of Nebraska Medical Center College of Nursing Continuing Nursing Education is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. This activity is provided for 5.0 contact hours under ANCC criteria.

Course ID: 18OL015

Make check or money order to: **University of Nebraska Medical Center**

Mail check or money order to:
 Omaha Women's Health & Wellness Conference
 Olson Center for Women's Health
 989450 Nebraska Medical Center
 Omaha, NE 68198-9450

Registration Fee	\$59	
OWE Member	– \$5	
Nursing Credit	+ \$30	_____
TSH	+ \$7	_____
Lipid, Glucose		
CBC	+ \$17	_____
Flu Vaccine	+ \$20	_____
Total =		_____

You may register online with a credit card. Go to OmahaWomensHealthandWellness.com
Please note, there is a 2.75% service fee if you pay with a credit card.

Note: The health screenings listed below require pre-registration. Place an "X" by the health screenings you would like to participate in. You will receive a letter in the mail confirming your registration and including your appointment time for these screenings.

Lipid, Glucose, CBC \$17 _____ (includes lipid panel, glucose, complete blood count) TSH for thyroid \$7 _____

Quadrivalent Fluorix Flu Vaccine \$20 _____

(The quadrivalent flu vaccine is designed to protect against four different flu viruses: two influenza A viruses and two influenza B viruses.)

Date of Birth (please provide if having blood work performed) _____



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ADDRESS SERVICE REQUESTED

olsoncenter.com

research news

Welcome Dr. So-Youn Kim



Dr. So-Youn Kim

The Department of Obstetrics and Gynecology and the Olson Center for Women's Health are happy to announce the recruitment of So-Youn Kim, PhD from Northwestern University. Dr. Kim's research focus is on Oncofertility, the study of how cancer treatments work in order to preserve fertility. The goal is to help preserve reproductive function in cancer patients.

One of the most serious side effects of cancer therapies in young women is the loss of the follicles in the ovary. This reduces the number of ova (female germ cells or eggs) available for future fertility and the ability to produce steroid hormones like estrogen and progesterone, which are necessary for normal menstrual cycles, pregnancy and endocrine support of other tissues within the body.

Developing an effective intervention to prevent loss of the follicles will improve the quality of life of young cancer patients. Ongoing research suggests that some fertility protecting (fertoprotective) interventions may have the ability to protect ovarian follicles from the adverse effects of cancer therapies.

Dr. Kim's research goals are to explain how cancer therapies deplete ovarian follicles in the ovary, to develop new therapeutic agents based on the mechanisms of ovarian follicle depletion and to match fertoprotective therapeutic strategies with specific cancer treatments to maintain follicles and fertility.

Contributed by John S. Davis, PhD
UNMC Department of Ob/Gyn

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