

# Health

CONTACT: SARAH GRIESEMER :: 732-643-4204 :: SGRIESEMER@NJPRESSMEDIA.COM

## BREAST CANCER AWARENESS MONTH

Cheryl Hampton (center) and Rosemary Roberts (right) talk with breast surgeon Dr. Debra Camal, medical director at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center. Hampton and Roberts are technologists at the center, and both were treated by Camal for breast cancer. BOB BIELK/STAFF PHOTOGRAPHER



# A CHANCE OCCURRENCE

Co-workers, neighbors bond over breast cancer diagnoses

By Susan Bloom :: For NJ Press Media

### HELP SUPPORT THE CAUSE

The 2011 Making Strides Against Breast Cancer Walk in Point Pleasant Beach begins at 10 a.m. Sunday.

For more information, call 732-758-8259, ext. 209, or visit [makingstrides.acs.events.org/pointpleasant](http://makingstrides.acs.events.org/pointpleasant).

Rosemary Roberts and Cheryl Hampton work alongside each other at the Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center in Long Branch. As it happens, Roberts, 48, an interventional technologist, and Hampton, 53, an imaging technologist, also are neighbors, living just one house apart on the same street in Neptune.

But as they would find out, they would share another, more life-altering coincidence within two weeks of each other in 2009 — a breast cancer diagnosis that would launch both women onto the other side of their equipment and into the world of their patients.

Roberts' diagnosis came at age 45 following a routine mammogram she felt compelled to get in honor of her late mother. "My mother died from breast cancer in 1994, and as someone who was already in the field back then, it bothered me that I hadn't forced her to get checkups along the way or done more to help her prevent it," Roberts said. "I thought the least I could do was be vigilant about getting checkups myself."

She was surprised by but not completely unexpected of the news she received — she had a pre-cancerous "atypia" in one breast and early-stage cancer in the other.

"I always knew in the back of my mind that I would get breast cancer, because my mother had it," she said.

Faced with issues in both breasts and the chances of a recurrence if she had a lumpectomy, which she felt was high given her family history, Roberts opted for what she believed was "the best fix for me" — a bilateral mastectomy.

On the other side of their shared workplace, Hampton, a 34-year veteran of the industry, was dealing with the "surreal" outcome of her own routine

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## ANGIOPLASTY ADVANCES MADE

# Overnight stay not always needed

HealthDay

Heart patients who have stenting procedures to open up narrowed arteries fare just as well if they are released the same day as if they are sent home a day or two later, new research shows.

"(Discharging patients the same day) wasn't associated with any increased risk at all," said Dr. Sunil V. Rao, lead author of a study appearing in the Oct. 5 issue of the *Journal of the American Medical Association*. "We were surprised. Not only were the results similar but ... they were almost identical."

The current practice at most centers is to keep patients overnight for observation.

"(Same-day discharge) is long overdue," added Dr. Craig Narins, professor of medicine at the University of Rochester School of Medicine. "Some of the recent advances in angioplasty have made the procedure so safe and, for select patients, the likelihood of immediate complications are just so low it just makes sense to do this. It's definitely the wave of the future."

The biggest advance, said Narins, is the procedure is now done through the radial artery (in the wrist) rather than the

*"These are simple and straight-forward angioplasty procedures that go well without complications."*

**DR. CRAIG NARINS**,  
University of Rochester School of Medicine

femoral artery (in the thigh).

"That makes the likelihood of vascular/bleeding complications very, very low after the procedure," he said.

Stenting procedures, or percutaneous coronary intervention (PCI), involve placing a balloon (balloon angioplasty) or a stent in a narrowed coronary artery to open it up and ease blood flow.

More than 1 million of these procedures are performed each year among Medicare beneficiaries, making it one of the most common medical procedures in the United States.

Other countries, including many in Europe as well as India and Canada, already are doing the procedure on an outpatient basis, said Rao, associate

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## People's Pharmacy

By Joe Graedon & Teresa Graedon

### A reflux that's like no other

**Q.** Your advice on getting off acid-suppressing drugs (PPIs) makes it clear you've never experienced rebound reflux. I am a nurse, and I take omeprazole, lansoprazole or whatever other PPI I can get.

I just laughed at your suggestion that "gradual tapering might be beneficial." Rebound reflux is unlike any heartburn you've ever experienced; it is much worse than reflux before PPIs. Nothing touches it — not antacids, not water, not milk, nothing. It is the most fierce, insistent pain you can imagine. The only thing that stops it is taking another PPI pill.

I have tried tapering, but I can never get much past a day before I need more. Tums and Roloids have absolutely no effect. Someone needs to look into this and try to figure out how those of us who were prescribed Prilosec and other PPIs 15 years ago can stop taking them. It's the one medication you will never forget to take.

**A.** Gastroenterologists disagree about the difficulty of stopping an acid-suppressing drug such as esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec) and rabeprazole (Aciphex). A Danish study (*Gastroenterology*, July 2009) found that people without heartburn experienced distressing reflux after stopping proton pump inhibitors (PPIs). Other specialists, however, are skeptical (*Editorial, American Journal of Gastroenterology*, July 2010).

**Q.** My family has switched almost entirely to using sea salt in cooking. Are we now at greater risk of developing a goiter because we're not using iodized salt?

**A.** If you don't get iodine from other sources, you might develop a goiter — an enlarged thyroid gland that is working overtime to produce thyroid hormone. The Recommended Dietary Allowance of iodine is 150 micrograms per day for an adult. You can get adequate amounts by eating fish (cod, haddock, perch, shrimp, etc.), dairy products or baked potato. Many multivitamins contain iodine.

**Q.** I've had a terrible cough, so violent that I've wet and sometimes even soiled myself. For the past several weeks, I've been vomiting from coughing so hard. I take lisinopril and amlodipine for high blood pressure. I suspect that one of them is the cause of my horrid cough. Is this possible?

**A.** The most common and bothersome side effect of popular blood pressure drugs such as benazepril, captopril, enalapril, fosinopril, lisinopril and ramipril is an uncontrollable cough. Many readers have reported throwing up because of this side effect. Although amlodipine is unlikely to cause cough, it can lead to swollen ankles because of fluid retention. Other side effects may include headache, dizziness, nausea and fatigue.

Write to the Graedons via their website, [www.PeoplesPharmacy.com](http://www.PeoplesPharmacy.com).



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