Prevention Matters

| A FOX CHASE CANCER CENTER RISK ASSESSMENT PROGRAM PUBLICATION | FALL/WINTER 2022

Interview with a Young Breast Cancer Survivor: Dani Bennov

How did you come to Fox Chase and the Risk Assessment program?
I first learned about this program when I made the decision to switch all my care to Fox Chase. I'm 4 years out from my diagnosis and continue to stay in remission! When I received my diagnosis, Fox Chase was the first place I went to. I was living in South Philadelphia and ultimately made the decision to go to another cancer center due to proximity. I wish I could have stayed at Fox Chase. Not only is it an entirely cancer-focused institution, but its size compared to big institutions makes you feel more comfortable and personal. I feel like the care from top to bottom, sincerity of medical staff and faculty, and top level health and research make Fox Chase and its Risk Assessment program unique and incomparable.

Why have you decided to undergo genetic testing?
When I was diagnosed with breast cancer at the age of 25, it came as a huge shock. There was no family history of breast cancer anywhere in my family—I was the first. I had genetic testing when I was initially diagnosed. I tested negative for a genetic mutation. At that time, it was a relief and disappointment because I didn't have an answer as to why this was happening.

Earlier this year my dad was diagnosed with prostate cancer at age 72. In June of this year, my mom was diagnosed with a rare and complicated form of leukemia called AML at age 64. I was asking myself, "Why is this happening?" and I couldn't help but think the irrational thought that it all started with me and I somehow "infected" our family in some way.

I went to the Risk Assessment program once again because now there were 3 random cancers that popped up in my family within 4 years. I spoke with Hannah Campbell, a genetics counselor and we decided to do a comprehensive test of 36 genes. A few weeks later, I got a call with my results. I had this feeling that the test was going to come back all negative, and it did.

It was a mixed bag of emotions. I was relieved that I didn't have any genetic mutations, but I was also disappointed and frustrated. I still had no answers as to why I got breast cancer and why my parents got cancer. I'm lucky that my oncologist, Dr. Obeid, is also the Director of Breast/Ovarian genetics program at Fox Chase. The field of genetics and genetic research is always growing and changing. One day, I hope, I'll get answers. But for now, through lots of processing and therapy, I've come to terms with not knowing why cancer has ravaged my family.

Why did you choose mastectomy for your treatment?
While I always have a choice, I didn't really have a choice in whether or not to have a mastectomy if I wanted to live. My triple positive breast cancer was very aggressive and a mastectomy was part of the solution. Even though the cancer was localized to just the right breast, I decided to have a double mastectomy so I didn't have to fear the possibility that it would spread to the opposite breast. I also chose a double mastectomy for symmetry reasons. My body and breasts betrayed me and I just wanted them off my body.

When you had your mastectomy, why did you choose not to have reconstructive surgery?
I chose to have DIEP Flap reconstruction (tissue from a woman's lower belly is surgically removed, shaped and attached to the chest to form a new breast) with my double

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mastectomy because I wanted to have somewhat natural breasts. Implants are prone to complications and they eventually need to be replaced. I didn't want anything foreign in my body.

How did your breast cancer diagnosis affect your body image?
My diagnosis and surgeries ruined my body image. I've always struggled with body dysmorphia. Before cancer, I was the healthiest I've ever been, and I looked and felt great. I had long, beautiful, curly hair. It was a part of who I was. I had some curves, large breasts, and sex appeal. Looking back, I was cute as hell.

One of my first thoughts after I got that call was "oh my god, I'm going to lose my hair". Then it turned into "oh my god, I'm going to have my breasts chopped off".

During my treatment I gained 20-30 lbs. The following years, because of menopause and estrogen suppression medication that helped reduce my chance of recurrence, I gained more weight. My preexisting polycystic ovary syndrome (PCOS), made weight loss feel impossible; no matter what I tried.

My DIEP Flap reconstruction completely ruined the way I look. During surgery, the doctor takes skin, tissue, and fat from your abdomen, I took on a whole new shape. I became a box with countless scars, a semi paralyzed abdomen (part of what happens from the surgery) and boobs that weren't really shaped normally anymore. Oh, and I had no nipples. Four reconstructive surgeries later and I still feel odd in my body.

I chose not to have my nipples reconstructed or tattooed on. I couldn't tell you why, but I just didn't. I don't miss my nipples. In September 2021, I began a mastectomy cover up tattoo on my entire chest, and that has been extremely validating and is helping me with my body image. Every day is a struggle to feel good in a body that still betrays me. I call it my "flesh prison".

My body is still constantly changing. The way I gain weight has completely changed. My shape has completely changed. My skin is still changing. Late term side effects occur to this day, even four years out from treatment. I'm still learning to accept and love my body. It's a struggle literally every day. I have two nude pictures of myself that I struggle to look at but refuse to get rid of.
Oddly enough, I thought I looked pretty good during my treatment. Shockingly, cutting off my hair was one of the most liberating experiences of my life. I looked great bald, and my big purple glasses hid my lack of eyebrows. To this day, I still rock a cropped cut! I don't think I'll ever have long hair again.

How have you regained self-confidence?
I am a Young Leadership Advocate with Living Beyond Breast Cancer, and along with breast cancer awareness, I direct my efforts to being as open as possible so others feel validated and not alone. I strongly believe that the things I talk about, should be normalized and not considered "taboo". I have a big mouth and like to talk, and sometimes I'm uncouth and vulgar—but in a good way! So I use it to my advantage. I try to give a voice to people who don't feel comfortable talking about personal things. They often feel like they're the only one. I've had people thank me, and tell me that I make them feel validated, heard and not alone.

Who/where did you turn for help and support?

I'm very lucky in that my family lives only 45-60 minutes away in Bucks County, and my sister lived in South Philly not far from me. I also had a support system of friends and an amazing roommate and close friend that was basically my caretaker. I tried to live my life as best I could. I traveled, I spent a lot of time outside, especially in my backyard hammock, I had friends come over to help. I got over the fear of asking for help. I threw a pre mastectomy goodbye to my breasts party.

I also found organizations like The Breasties, that bring together young people diagnosed with reproductive cancers. It made me feel like I wasn't alone as a 25-year-old going through breast cancer. It helped me so much. Then I found Living Beyond Breast Cancer. I never wanted anyone to feel like I did—alone. I love helping people and I can't shut up!

Most of all, I found so much support with Facebook online communities. It may sound odd to have friends and such strong relationships with people you've never met, but it's so real. I know that wherever I go, I will have someone to turn to. When and if we actually meet these in real life, we get excited and connect like we've been friends for ages. I'm in an online community for lots of reasons, and they are sometimes my lifeblood! I would recommend them to anyone and everyone. Things have come such a long way in the last few years in regards to young women (and men) coming together online and in real life with cancer diagnoses of all kinds. It wasn't like that when I was diagnosed in 2018, but I'm so glad things have moved forward. I now have friends and a community of young people who I can completely relate to. It's truly magical.

What would you say to other young women and men with a cancer diagnosis?
You're never alone, even when you think you are. And this may sound corny, but you never know how strong you are until it's the only option you have.

Sources:
The Breasties: https://thebreasties.org/
Living Beyond Breast Cancer: https://www.lbbc.org/

WELCOME TO THE TEAM!

Yael Freiberg, MS, LCGC, Genetic Counselor

I am originally from Los Angeles, California. I completed a bachelor of science in biological sciences with a minor in gender studies at the University of Southern California. During my time at USC, I joined a genetics lab to study Robertsonian translocation and then I stuck around in the lab for a few more years after graduation to earn a master's in molecular genetics and biochemistry. After that, I worked in cancer genetics at the USC Norris Comprehensive Cancer Center, assisting the genetic counselors and enrolling patients into one of the research studies there. I came to Philadelphia to earn a master's in genetic counseling from the University of Pennsylvania, which I completed this past spring. I am very excited to start my genetic counseling career in the Risk Assessment Program at Fox Chase Cancer Center and look forward to providing high-quality care to our patients at Fox Chase and at Temple University Hospital!

Maria Kadlec, BSN, RN, Nurse Navigator

I began my career in healthcare as a Medical Assistant for a multidiscipline geriatric practice on the Temple University Hospital – Jeanes Campus. With the dedicated support of family and friends, I was able to work full-time in the practice and pursue BSN degree on weekends at Holy Family University. In 2001, I graduated from Holy Family's Nursing Program and began my career at Fox Chase Cancer Center, in the Graduate Nursing Program. At Fox Chase, I was afforded the opportunity to work with top-tier healthcare professionals who personified aspects of kindness, compassion, and courage while remaining leaders in the field. During my 11-year tenure at Fox Chase, I was primarily devoted to the Thoracic/Head and Neck/ Surgical Stepdown Unit, assisting in lung and head/neck cancer patient recovery after surgery. While in this unit, I was also presented with the opportunity to work in various medical inpatient units, as well as the ICU.

Briefly following Fox Chase, I accepted a new challenge working as a home care nurse. While this experience offered many new opportunities, I knew my 'home' was at Fox Chase.

With a position as Nurse Navigator, I returned to Fox Chase in the summer of 2013. As a Nurse Navigator for lung cancer, sarcoma, and head and neck cancer, I was able to broaden my scope of knowledge while working with wonderful clinicians. This year, I recently made the move to Nurse Navigator of Clinical Genetics in the Risk Assessment Program. With this position, aided by the exceptional staff and medical professionals at Fox Chase, I am able to continue to demonstrate best practices in the field while embodying qualities of kindness, compassion, and courage for my patients.

Kim Schrank, Clinical Genetics Assistant

I am happy to join the Clinical Genetics Department as a Clinical Genetics Assistant. I have been with Fox Chase for 5 years. I previously worked in the Ambulatory Care Department as a central scheduler, I spent most of my years at Desk 4 in the Young Pavilion scheduling for the GI department. I look forward to learning more about Genetics and excited to be part of a great group.

Devora Schapiro, MSPAS, PA-C, Physician Assistant

Devora is a licensed Physician Assistant in the states of PA and NJ. She completed her Bachelor of Arts in Genetics at Rutgers University and her Master of Science in Physician Assistant Studies at CUNY York College in Queens, NY. She joined the Department of Clinical Genetics in 2022, where she evaluates patients in the high-risk setting based on their personal or familial risk of cancer, offering screening recommendations accordingly. Devora's scheduled clinic days will be Tuesday p.m./Friday a.m. effective February 2023.

CALLING ALL POSITIVE PATIENTS

Recently, the National Comprehensive Cancer Network (NCCN) released a new version of their Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic (BOP) guidelines regarding changes to cancer screening and risk reducing surgery recommendations. These guidelines apply to people who carry certain pathogenic (disease-causing) mutations that are related to increased risks for **breast** and/or **ovarian** cancer, among other types of cancer.

These updates don't change a person's genetic test results, but may change what is considered the best screening to manage their increased cancer risks. While most of the recommendations for patients who have a pathogenic mutation have remained the same, we've compiled a list of genes with notable changes in screening recommendations for breast and/or ovarian cancer risk.

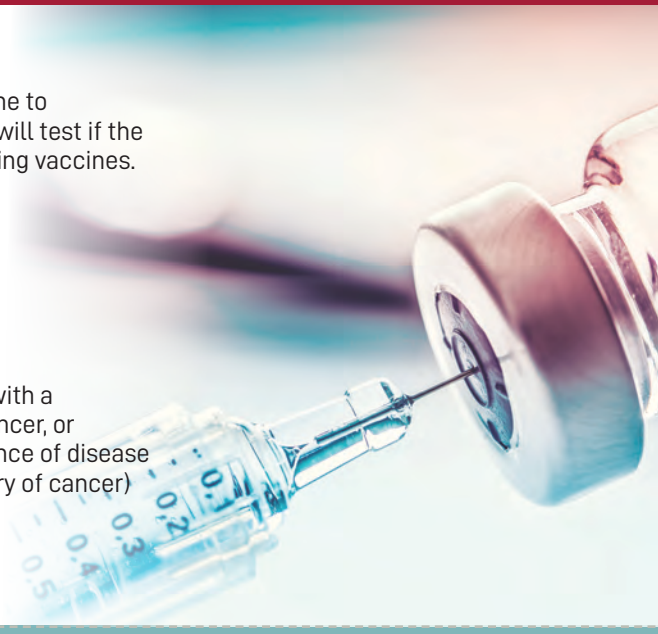
We encourage anyone who has a mutation in one of the following genes to discuss the most up-to-date guidelines with their physicians and to see what is the most appropriate plan for them moving forward. If you have further questions, please free feel to reach out to the Department of Clinical Genetics at FCCC by calling 877-627-9684.

Gene:	Previous Recommendations: (NCCN BOP 2.2022)	Updated Recommendations: (NCCN BOP 1.2023)	What's the Change?
ATM	Annual mammogram starting at age 40. Consider breast MRI with contrast starting at age 40.	Annual mammogram starting at age 40. Consider breast MRI with contrast starting at age 30-35.	Breast MRI screening for ATM mutation carriers can now begin younger.
BRIP1	Consider risk reducing salpingo-oophorectomy at age 45-50.	Recommend risk reducing salpingo-oophorectomy at age 45-50.	Risk reducing surgery is now a standard recommendation for those with BRIP1 mutations, while in prior guidelines surgery was a consideration.
CHEK2*	Annual mammogram starting at age 40. Consider breast MRI with contrast starting at age 40.	Annual mammogram starting at age 40. Consider breast MRI with contrast starting at age 30-35.	Breast MRI screening for CHEK2 mutation carriers can now begin younger.
PALB2	Insufficient evidence for ovarian cancer risk reduction. Manage based on family history.	Consider risk reducing salpingo-oophorectomy at age >45.	PALB2 mutation carriers can now consider risk reducing surgery for ovarian cancer risk.
RAD51C and RAD51D	Insufficient evidence for breast cancer risk management. Manage based on family history.	Annual mammogram starting at age 40. Consider breast MRI with contrast starting at age 40.	RAD51C and RAD51D mutation carriers can now consider increased breast cancer screening.
	Consider risk reducing salpingo-oophorectomy at age 45-50.	Recommend risk reducing salpingo-oophorectomy at age 45-50.	Risk reducing surgery is now a standard recommendation for those with RAD51C and RAD51D mutations, while in prior guidelines surgery was a consideration.
STK11	Insufficient evidence for risk reducing mastectomy. Manage based on family history.	Annual mammogram and breast MRI with contrast starting at age 30. Discuss option of risk reducing mastectomy.	STK11 mutation carriers can now consider risk reducing surgery for breast cancer risk.

*For individuals who have CHEK2 I157T specifically: at this time, the risk of breast cancer appears to be lower for this mutation than it is for other mutations in CHEK2. As a result, screening recommendations for CHEK2 I157T mutation carriers should be based on personal and family history.

EXPERIMENTAL VACCINE FOR BRCA 1/2

A new research study is being conducted at UPENN to test an experimental vaccine to potentially prevent cancer for people with BRCA1 or BRCA2 mutations. This study will test if the vaccine is safe (without significant side effects) and test a new way of administering vaccines. It will also test whether the vaccine activates patient's immune system.



Eligibility:

- Females and males age 18+
- Females must be post-menopausal
- Group A currently enrolling: Adult cancer subjects
  - Carrier of a pathogenic or likely pathogenic mutation in BRCA1 or BRCA2 with a diagnosis of invasive breast cancer, invasive ovarian cancer, pancreatic cancer, or prostate cancer with completion of adjuvant therapy and no clinical evidence of disease
- Patient enrollment into Group B (those with BRCA 1/2 mutations and no history of cancer) will start after completion of Group A enrollment in early winter.

For more information, visit the vaccine study page: https://tinyurl.com/yds9ax6r

Exploring Ancestry-Specific Genetic Risk for Triple-Negative Breast Cancer

Michael J. Hall, MD, MS, is a lead author on the study and chair of the Department of Clinical Genetics at Fox Chase Cancer Center

Although women of African descent experience higher incidence and mortality from triple-negative breast cancer (TNBC) than women of other races or ethnicities, a recent study shows that the magnitudes of gene-specific risks of TNBC were similar across different racial/ethnic groups.

"The standard belief has always been that the BRCA1 gene is the major gene associated with TNBC, but work from our own and other groups suggested there is an expanded array of genes that were also associated with this cancer subtype," said Dr. Hall. "In our earlier research we showed that other genes in addition to BRCA1 are also associated with increased risk of TNBC."

TNBC accounts for about 10% to 15% of all breast cancers. The term triple-negative breast cancer means the cancer cells don't have estrogen or progesterone receptors or the protein HER2, potential points of attack that physicians can use to fight cancer, so there are fewer treatment options.

In the current study, Hall and collaborators expanded on their earlier findings to examine how the magnitude of gene-specific risk of TNBC varies by race/ethnicity. To do this, they examined clinical and genetic records from women referred for multigene cancer panel testing and then used risk modeling to determine whether there was a gene-ancestral interaction.

"The reason to ask this is we know triple-negative breast cancer is a lot more common in African-American women. While in general we think these high-risk genetic mutations are evenly distributed in the population by race/ethnicity, we wanted to see if variations in race/ethnicity-specific risks existed and could be explained by gene-specific variability in risk," said Hall.

Through this study, researchers confirmed that increased risk of triple-negative breast cancer was highest in patients with the gene BRCA1. Additionally, increased risk was also associated with the genes BARD1, PALB2, RAD51C, RAD51D, and BRCA2.

"When we broke down those overall associations of risk by each racial group, we didn't see any strong evidence of variability by race," said Hall. "In other words, the gene-specific risk of triple-negative breast cancer was similar across the different racial groups we examined."

Hall's study, "Ancestry-Specific Risk of Triple-Negative Breast Cancer Associated with Germline Pathogenic Variants in Hereditary Cancer Predisposition Genes," was presented in a poster session during the ASCO Annual Meeting, on June 3-7 in Chicago.
https://ascopubs.org/doi/abs/10.1200/JCO.2022.40.16_suppl.10517

MAN 2 MAN

Hereditary Cancer Gene Variants in Hispanic Men with a Personal or Family History of Prostate Cancer

Prostate cancer is the most common non–skin cancer in men in the United States, with over 160,000 new diagnoses each year. It is the most diagnosed cancer in men of Hispanic descent and the fourth leading cause of cancer death.

There is a growing recognition of the hereditary component of prostate cancer. Studies have identified high rates of hereditary mutations in different groups of men with prostate cancer.

Minimal information is available on these mutations in minority men. More importantly, on Hispanic men at risk for prostate cancer.

A recent study conducted by researchers from University Health-San Antonio, TX identified mutations in hereditary cancer genes at a significant rate in a unique group of South Texas Hispanic men with either a personal or family history of prostate cancer.

This study used a multigene germline testing panel to test Hispanic men enrolled in a community based prostate cancer screening program. Hispanic men that had developed prostate cancer while on study or men with a first degree family history of prostate cancer at enrollment in the study were eligible. A total of 263 men participated; 26 men affected by prostate cancer with a family history, 51 men affected by prostate cancer without a family history and 186 unaffected men with a family history. A 30 gene germline genetic testing panel was performed on previously provided blood samples.

Results showed 10 of the 263 subjects (3.8%) had a pathogenic or likely pathogenic mutation. The mutations identified were in CHEK2, APC, ATM, BRCA2, BRCA1, MUTYH, and CDH1 genes. In addition, 77 Variants of Uncertain Significance (VUS) were identified. These findings show that Hispanic men have at the same or possibly higher incidence of pathogenic mutations compared to non–Hispanic white men. This should encourage the use of genetic testing in Hispanic men at risk or diagnosed with prostate cancer.

For more information:
https://pubmed.ncbi.nlm.nih.gov/35260348/

Updates in Pancreatic Cancer Screening Eligibility for Individuals with BRCA2, ATM, or PALB2 Mutations

Michelle McSweeny, MS, LCGC, Genetic Counselor

The Cancer of the Pancreas Screening-5 Study (CAPS5) is an ongoing clinical trial that is investigating the best way to screen for pancreatic cancer in individuals who are at higher than average risk to develop pancreatic cancer. This study screens individuals for pancreatic cancer using various methods, including MRI of the abdomen with contrast (MRCP) and tumor marker blood tests. Individuals who qualify for this study typically have a strong family history of pancreatic cancer (at least two close relatives on the same side of the family with pancreatic cancer, with one being a first-degree relative of the individual who is screening) or they have a genetic mutation that significantly increases pancreatic cancer or chronic pancreatitis risk. The genes that are associated with the highest pancreatic cancer risks are: CDKN2A, STK11, PRSS1, PRSS2, & CTRC.

If an individual has a mutation in any of these genes, they qualify for screening through CAPS5 even if they have no family history of pancreatic cancer. If an individual has a mutation in a gene that is associated with a slight increased risk for pancreatic cancer (BRCA1, MLH1, MSH2, MSH6, EPCAM & PMS2), they still need to have two or more close relatives with pancreatic cancer to qualify for screening through this study.

CAPS5 recently updated their eligibility criteria for individuals who have mutations in the BRCA2, ATM or PALB2 genes. If an individual has a mutation in one of these genes, they qualify for pancreatic cancer screening even if they have no known family history of pancreatic cancer. If you or a relative has a mutation in one of these genes and you are interested in pancreatic cancer screening, you may give us a call to discuss your options. Screening through the CAPS5 study is offered at the University of Pennsylvania and Johns Hopkins University, among others. Although Fox Chase is not part of the CAPS5 study, individuals can still undergo pancreatic cancer screening here outside of the clinical trial.

For more information, visit
https://clinicaltrials.gov/ct2/show/NCT02000089

To schedule an appointment to discuss your pancreatic cancer screening options with a gastroenterologist at Fox Chase, you can call 215-214-1424.

My Internship Experience as a Summer Student at Fox Chase Cancer Center, Cancer Prevention and Control Program

I am Juan Pablo Chavez Salas, a first-year graduate student pursuing a master's degree in nutrition at Hunter College in New York City. I am originally from Mexico, have been working as a chef and want to pursue my certification as a Registered Dietitian. This past summer, I was fortunate to be selected for the Student Cancer Research Institute (SCRI) to attend Fox Chase Cancer Center as an intern. I worked under supervision of Dr. Michael Hall in the Department of Clinical Genetics. My work involved helping to enroll patients in several research studies.

One study that I worked on was a Fox Chase collaboration with MANNA, a Philadelphia-based non-profit nutrition organization that provides medically tailored meals and education to people with serious illnesses, including cancer. I helped enroll patients with early and advanced colorectal cancer undergoing chemotherapy. The purpose of the study was to evaluate a comprehensive nutritional program incorporating MANNA's medically tailored meals and dietary counseling to improve side effects of chemotherapy, such as malnutrition and loss of muscle mass and strength. I learned to interact with patients, explain the study and obtain their consent, conduct several muscle function assessment tests, and collect and review data on patients' dietary behavior.

A second project that I was involved in was a sponsored by the National Institute of Health. The study explored perception of genetic testing and genomics among Latinx cancer patients. I enrolled Spanish speaking patients in focus groups and transcribed the interviews from Spanish to English.

Finally, I worked with Dr. Hall on a literature review of the latest findings and ongoing clinical trials about nutrition for patients diagnosed with Lynch syndrome; given their perceived interest and willingness to include a nutrition plan as part of their cancer treatment.

Under Dr. Hall's direction, I was able to participate in a fascinating work environment with a committed and talented team involved in clinical research. The team was kind and patient enough to provide advice and share their professional experiences in their respective fields and made me feel welcome and valued. I would like to thank Dr. Michael Hall, Dr. Sarah Bass, Yana Chertock, Kara Stromberg and the support team from the Student Cancer Research Institute Summer Program, Dr. Olorunseun Ogunwobi, Dr. Carolyn Fang, Yuku Chen and Rubia Shahbaz, as well as Dr. Khursheed Navder and Dr. Steven Trasino at Hunter College for this opportunity.

Power Mocha Smoothie

Start your day with more than just a cup of coffee. This delicious mocha smoothie features chilled Purity Coffee, nutritious bananas, energy-rich nut butters and anti-inflammatory turmeric. Coffee contains a variety of phytochemicals, many of which have antioxidant properties. There is plenty of research on coffee and cancer risk with over 1,000 studies on the topic. The latest research suggests it may be protective for some cancers like endometrial and liver. Purity Coffee will also donate 25% to AICR on every future purchase you make.

Ingredients:

- 1 vanilla bean
- 1 frozen banana
- 1 cup brewed Purity Coffee, chilled
- 2 Tbsp. hulled hemp seeds
- 1 Tbsp. unsweetened cocoa powder
- 1 Tbsp. nut butter (e.g. peanut butter, almond butter, cashew butter)
- 1 tsp. fresh turmeric root, minced
- Pinch of black pepper

Directions:

1. Combine all ingredients in a high-power blender or food processor and blend until smooth. Drink immediately.

Makes servings. Per serving: 340 calories, 18 g total fat (3.5 g saturated fat, 0 g trans fat), 0 mg cholesterol, 37 g carbohydrates, 13 g protein, 8 g dietary fiber, 75 mg sodium, 17 g sugar, 1 g added sugar.

Notes

- Brew coffee according to instructions, then let chill in refrigerator overnight.
- One teaspoon of pure vanilla extract can be used in place of the whole vanilla bean. The fresh turmeric root can be replaced with 1/2 teaspoon of powdered turmeric.

For more heathy recipes visit: https://www.aicr.org/cancer-prevention/recipes/

Nutrition Facts

servings per container
Serving size (403g)

Amount per serving
Calories 340

	% Daily Value*
Total Fat 18g	23%
Saturated Fat 3.5g	18%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 75mg	3%
Total Carbohydrate 37g	13%
Dietary Fiber 8g	29%
Total Sugars 17g	
Includes 1g Added Sugars	2%
Protein 13g	
Vitamin D 0mcg	0%
Calcium 43mg	4%
Iron 5mg	30%
Potassium 760mg	15%

*The % Daily Value tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Prevention *matters*

The Department of Clinical Genetics offers one of the most comprehensive risk assessment programs in the Philadelphia region. It encompasses all of Fox Chase Cancer Center's clinical services for people at risk for cancer, as well as innovative research in the areas of cancer prevention and genetics.

CONTACT THE RISK ASSESSMENT PROGRAM:

1-877-627-9684 | foxchase.org/rap | rapinfo@fccc.edu

Mary Daly, MD, PhD
Director, Risk Assessment Program

Michael Hall, MD, MS
Chair, Department of Clinical Genetics

PRACTICE GROWTH AT SATELLITES

The Risk Assessment Program offers high-risk screening clinics that offer long-term follow up care for those at high risk of breast, ovarian, prostate, gastrointestinal cancers as well as others with rare hereditary cancer syndromes. High-risk breast, gastrointestinal, and rare hereditary cancer clinics operate weekly with monthly prostate clinic available at FCCC main campus. Our high-risk breast clinic at Temple campus is available once a month.

The Prostate Risk Assessment Program (PRAP) is a clinic for men at high risk for prostate cancer. Men with 1 first degree relative (father or brother) or 2 second degree relatives (uncle or grandfather) on the same side of the family, or men of African ancestry, or have a genetic mutation are eligible to join our program.

The High Risk Breast Clinic is open for patients with a family history of breast and/or ovarian cancer or have a genetic mutation putting them at higher risk for cancer.

Our program also offers genetic counseling and testing at F**ox Chase, East Norriton, Buckingham,** and **Temple campuses.**

For more information or to schedule an appointment, please call 1-877-627-9684.

Editors: Yana Chertock, Lisa Bealin, and Nicole Ventriglia
Designed by **4545 Creative**

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