



Surviving Breast Cancer

**The Survivors:
two different
stories**

After Cancer

**Check-Up
On Yourself**

**The Unexpected
Road to
Recovery**

**Weighing
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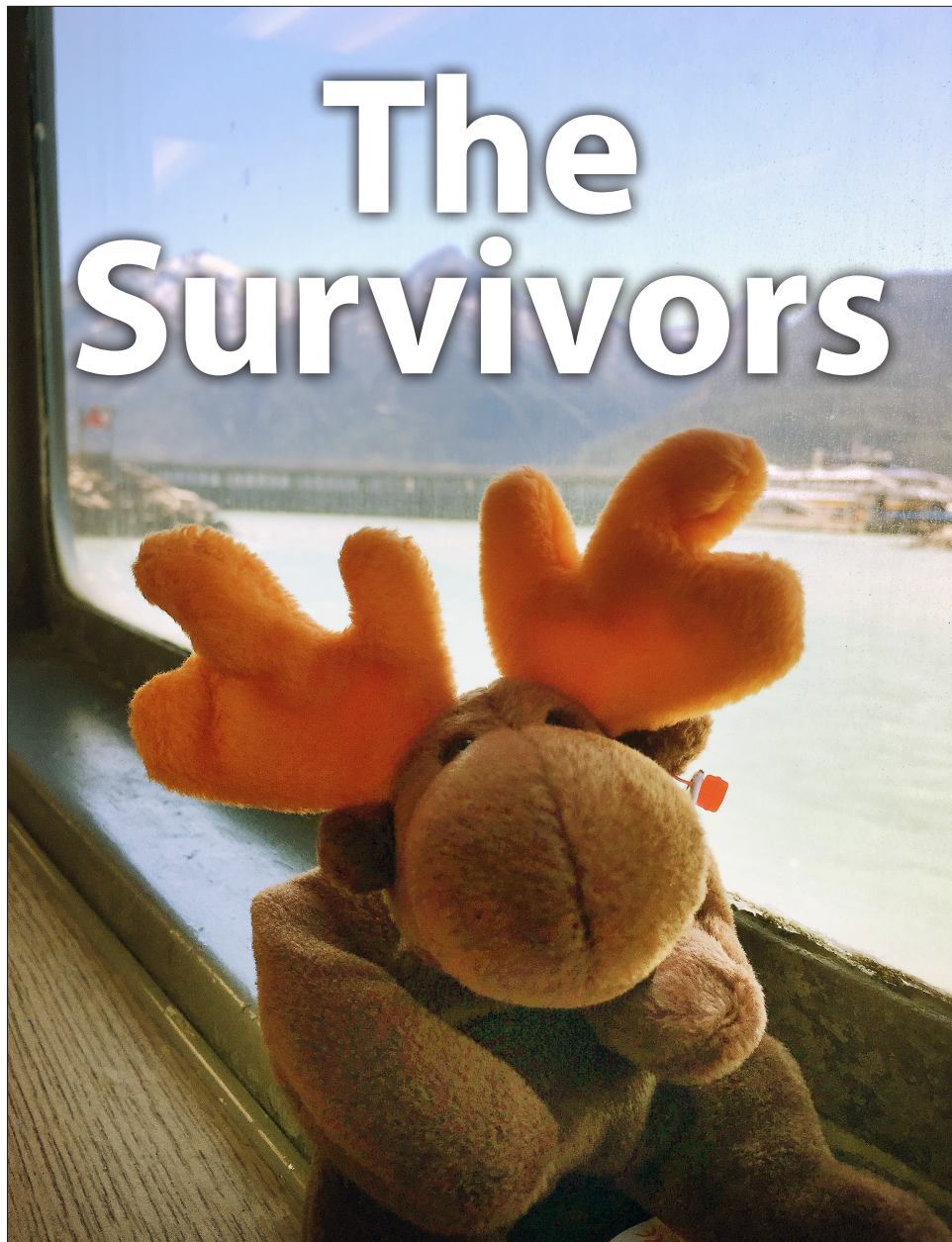
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Breast cancer affects not only women, but their family as well. This is a follow up and look at two very different survivor stories.

BY LINDA TREST
REPUBLICAN STAFF WRITER
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My Cousin Joan

Two years ago, I wrote, "My Cousin Joan" detailing the losing battle my cousin waged against breast cancer. She died in Alaska where she and her husband, Mike, were taking their trip of a lifetime. Just days into their vacation, she went into the hospital there where she would spend the last two weeks of her life. During those weeks, strangers gathered around and became the couple's support system. They picked her children up from the airport, smuggled a beer to her in the hospital and brought a baby moose for her to marvel at. While Joan died August 3, 2016, Mike survived, but

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his life is profoundly changed.

This summer Mike and his two children arranged to make a return trip to Alaska. "I wanted to finish what Joan and I had started," Mike explained. "I didn't need to go find her there because she is with me always. I just needed to make the trip."

The birth of Mike and Joan's second granddaughter made it impossible for their daughter Michelle to make the trip. Vera Joan's birth was bittersweet for Mike. He couldn't help thinking of how much Joan would have loved to have been there.

Son Dan, who lives and works in Germany, came back for a month and accompanied his father on the two week trip. They spent one week on land and were then joined by Gary and Sharon Karl. Sharon and Joan had been friends since third grade and she served as Joan's maid of honor. Sharon had brought along a Beanie Baby moose and told Mike it was representing Joan on the trip. They made sure the moose saw all the sights.

Mike is now grateful for the way things turned out on the first trip. "It was scripted, it was meant to be that way," he believes. He notes that the couples' time alone in Alaska allowed them a chance to say to each other the things that needed to be said. One of the strangers with him, who later became a friend told Mike that Joan died with dignity. Mike believes that to be true. He remembers the smile on her face when she saw the baby

moose. "I got to see the peace of God in that smile," Mike said. "The peace she has now is even better."

After a year of allowing himself to be completely miserable, Mike is feeling better. He says that Joan was the adventurous one, "I would say oh look, there is some shade to sit in, but Joan was always dragging me into the sun for some fun."

Now, Mike is trying new things. He has taken up biking and has even participated in some organized rides.

He says he felt so much better coming back from the second Alaskan trip. "I accomplished what she - we - wanted to do."

Deb Donatti

Many cancer patients long for the day when they get the news that they are cancer free. Deb Donatti, who was diagnosed with breast cancer several years ago has learned that those words are ambiguous at best. She has learned cancer is considered a chronic illness.

Effects of the disease and the treatment can linger for a lifetime.

"Of course you feel relief if your treatment is successful, but it is completely OK to also feel angry, fearful and to grieve," she believes. "You have gone through a traumatic life experience. I am grateful to be alive but I am not grateful to have had cancer!"

Donatti notes that due to her experience, she has a

50 percent higher risk of recurrence. With every new challenge or illness she says she feels the shock of wondering if the cancer has returned.

Donatti shares that some research says 50% of couples break up after a cancer diagnosis. She and her husband of 29 years Jim, have beat those odds. Yet that statistic must be included in the side effects of this disease.

Chemotherapy can create a whole new set of problems. While it kills cancer cells, it also kills healthy ones. This treatment can result in cognitive delays, neuropathy, kidney, lung and heart muscle damage, plus many other issues.

While one imagines that friends and family gather around to support the patient, Donatti says that is not always true. She notes that sometimes others don't know how to cope.

"No one prepares you for the reality that when you are sick, people will leave you... They have the privilege to just walk away," she laments.

Donatti is emphatic that cancer is not pink and it is not fun. "I don't want a t-shirt, or any other product, to commemorate my experience," she states. She also notes frustration by the way survivors are dressed up in pink and walked around to create profit for companies. She objects to the feel good vibe around cancer in general.

Her life is still greatly affected by a disease from which some believe she has been cured.



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Once treatments end, patients experience a wide range of challenging emotions.

BY MATTHEW M. F. MILLER
CTW Features

Becoming a cancer survivor is a full-time job – a life-changing, all-encompassing experience that changes lives forever. And, since it is such a challenging event both emotionally and physically, it's easy to assume that when cancer treatment ends for those who have had to endure it, the reaction immediately following the last treatment would be immense relief. After all, to those of us who have watched someone we love experience cancer, it's a big relief when it's "over."

The reality, however, is different. For cancer patients, it's not over and, according to Dr. Lynne Wagner, deputy chair, cancer control and outcomes program, Wake Forest University, finishing treatment can be a relief

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tempered with anxiety but it can also cause some patients to be depressed. “It’s somewhat individual, from a research perspective,” Dr. Wagner says.

Christie Rigg, El Cerrito, Calif., a breast cancer therapist and survivor herself, notes that when someone is diagnosed with cancer, “Life becomes incredibly busy. It’s like your job is dealing with the cancer,” she says. “I said cancer should come with a secretary — you’ve got appointments, surgeries, chemo, biopsies, bills — and everything else needs to keep going.”

As a result, she says, a lot of the women she works with don’t begin to process their emotions until treatment ends and those feelings bubble up.

Additionally, with all those appointments comes a built-in support system that cuts off cold turkey, Dr. Wagner says. “You’re getting good support from the medical team and coming in every day,” she says. “Then you transition from regular contact and a lot of patients are left out on their own.”

Further, there’s the follow-up looming out there and between treatment and that appointment there can be a sense of helplessness because patients are no longer “actively” fighting cancer. Fear of the unknown results of all this treatment also compounds these other emotions.

Both Rigg and Dr. Wagner stress to the patients they work with that feeling any of this and more is completely normal. Just as each cancer and treatment plan is individual, so is the range of emotions one may feel about finishing and attempting to resume “normal” life. Rigg finds that women who share their stories in groups realize quickly they are not alone in these feelings.

Reconnecting with social networks, exercise, and taking stock of priorities going forward can all help patients during this transition. Making healthy lifestyle choices can also empower patients to feel more “in control” of their situations during this time. Dr. Wagner says advocacy work can also be helpful, whether fundraising, counseling or volunteering with a cancer organization.

It’s important to realize that cancer is a life-changing event and because of that, patients are “really going through a grieving process,” Dr. Wagner says. “Part of that loss is that the view of themselves has changed—their view of a vibrant healthy person and they’re reminded of mortality. That’s quite a loss.”

The National Cancer Institute has a comprehensive booklet online on just this topic, which can be found at www.cancer.gov/cancertopics/life-after-treatment.

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Check-Up On Yourself

When it comes to wellness, prevention is key. Knowing how to talk to your doctor could set you on the road to a healthier year

BY BEV BENNETT
CTW Features

Ladies, if you haven't had a check-up in who knows how long, get on the phone today for the sake of yourself and your loved ones.

When you're scheduling your first routine physical, or first in years, you may anticipate a conversation similar to speed dating.

You want your doctor to know as much as possible about you, but you have a limited amount of time to share it.

In addition, you may wonder if, as in speed dating, you should omit a few less appealing facts until the patient-doctor relationship progresses.

Although physicians each have their own preferences about how much they want to address in one session, they do have general areas of agreement.

Here are five things physicians want to hear from you during that first visit.

1. Why You Made the Appointment

"You may say you're here for a physical but you probably have an issue," says Dr. Richard Sadovsky, professor in the department of family medicine, SUNY-Downstate

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“Be clear to say why you’re here. The doctor will explore that,” Dr. Sadovsky says.

Have ready your list of concerns. Some physicians want your top 3; others don’t mind all 30.

“We take an ‘everything’s on the table approach,’ but not everything might be addressed on the first visit. It may take more than one visit to address all the concerns,” says Scott Massey, professor of physician assistant studies and program director, Misericordia University, Dallas, Pennsylvania.

Prioritize — introduce the most urgent health matters first.

If you’re unsure, think about any symptoms you experience. Ask yourself whether these are continuous and whether they’re getting worse, says Dr. Christopher Fitzgerald, internal medicine-pediatrics, Cedars-Sinai Health Systems, Cedars-Sinai Medical Group, Beverly Hills, Calif.

“If symptoms are getting worse we have to address them,” Dr. Fitzgerald says.

Physicians will also encourage you to mention symptoms you consider trivial, especially if recurring and bothersome, such as intermittent heartburn.

“There may be a disease lurking under trivial symptoms,” Massey says.

2. Your Health History

Include your medical records, medications, family history going back to your grandparents and your lifestyle habits, Massey says.

Smoking, drinking and lack of sleep, can affect your health.

Don’t hold back because you think you’ll be judged.

“Most doctors aren’t judgmental, even with things that might be embarrassing. If you feel you can’t be honest, get another doctor,” Dr. Fitzgerald says.

3. Your Expectations

If you have a tendency to be deferential — to not ask for what you need because you don’t want to be perceived as a “bad” patient — you may not be getting appropriate care.

Don’t be afraid to speak up.

“You want the physician to know what concerns you,” Dr. Sadovsky says.

Being forthright helps physicians as well, he says.

4. Your Follow-Through Plans

Ask your physician what your next steps should be. These may include treatment for any conditions, screening tests according to your age and risk factors and a review of the test results.

5. Your Doorknob Question

This is what you bring up when you or the physician are halfway out the door.

Ideally this wouldn’t come up because you came prepared and are feeling comfortable with the physician.

But, speak up if something is still on your mind.
“In my practice I would rather have a patient ask and take an extra minute than not,” Dr. Fitzgerald says.

It’s easy to play Internet MD, looking up symptoms for various conditions you’ve self-diagnosed.

There are advantages and disadvantages to this, Dr. Fitzgerald says.

You could use the information to take better care of yourself. But if you visit a site that’s not from a credible source, you could be misinformed.

Your health professional is likely to commend you on your desire to be up to date, but then recommend you not get too far ahead or read too much into the symptoms, Massey says.

For guidelines on the frequency of a physical exam and screening tests for your age and gender, visit the National Institutes of Health website at: <http://1.usa.gov/PTHNDZ>.

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Therapies such as acupuncture, Yoga, massage and exercise are moving into the cancer-treatment mainstream

BY DANA CARMAN
CTW Features

A cancer diagnosis brings about many uncertainties, but one common theme is a desire to do whatever it takes to get better. One of the most frequent questions Dr. Cesar Santa-Maria, an oncologist with Chicago's Northwestern Medicine, gets from breast cancer patients is, "What else can I be doing to improve my outcome?" As the holistic approach to healing has become more mainstream overall, increasing numbers of providers are offering and suggesting complementary therapies to assist breast cancer patients during treatment. Not to be confused with alternative medicine, which takes the place of traditional medicine, "these complementary therapies are designed to help strengthen the patient's immune system and to help the patient manage the side effects of the conventional cancer treatment," says Shana Deneen, a naturopathic doctor and acupuncturist at Deenen Natural Health, Tulsa, Oklahoma. Taken together with traditional treatment, there is growing evidence as well as anecdotal evidence that complementary therapies can improve outcomes and quality of life.



"I think if there is a one-size-fits-all complementary therapy, it is exercise," says Tim Pearman, Ph.D., professor and director of supportive oncology at Northwestern University, Feinberg School of Medicine.

"Physical activity helps to boost immunity, reduce inflammation, reverse insulin resistance, build strong bones and support healthy digestion," Deneen says. Its vast benefits support whole body health, which is the basis of complementary treatments. Other treatments may include acupuncture, massage therapy, nutritional guidance and support, hydrotherapy, yoga, prayer, music or art therapy and counseling.

Not all therapies are created equal, however, and even providers that specialize in natural healing caution that self-prescribing therapies is not best. There are nontraditional treatments that may seem fine in theory, but may

interact or counteract the effects of the necessary traditional treatments a patient is receiving. For example, Deneen points out studies suggest that curcumin, a supplement used to combat inflammation, can interfere with Adriamycin, a common chemotherapy for breast cancer. "It's essential to have a deep level of understanding of natural therapies in order to make safe and appropriate recommendations for patients undergoing cancer treatments," Deneen says.

While years ago complementary therapies were seen as a more fringe option, they've moved into the mainstream in the last decade, Pearman says. Some of that is attributable to more studies being funded on these therapies, while the larger portion is that patients are seeking it out more often.

"The breast cancer patients that I see are interested in natural therapies to help reduce their side effects during treatment and to help prevent breast cancer recurrence," Deneen says. Beyond assisting in their own recovery, Pearman notes that utilizing complementary therapies gives breast cancer patients a hand in their own treatment plan, alleviating some of the feelings of powerlessness that come with the diagnosis. Additionally, more patients are realizing that eradicating cancer requires whole body support.

Nutritional guidance is of particular importance here as Deneen notes that the treatments for cancer as well as the cancer itself can affect a patient's appetite, digestion, and absorption, causing fatigue, weakness and possibly stalling treatments as patients have a tougher time recovering from cycle to cycle.

Additionally, Pearman points out that while it may seem that treatments cause significant weight loss, in the case of breast cancer treatments, weight gain can be a common side effect. Several reasons may account for this, primarily lessened physical activity combined with hormonal changes that prevent weight loss. Working closely with nutrition experts that specialize in breast cancer can help manage and prevent complications that may accompany treatment.

The mind-body connection should

also not be ignored when discussing complementary therapies. Counseling, support groups, meditation, and yoga are just a few ways that patients can center the brain in support of healing. "High levels of stress can negatively impact the immune system," Deneen says. Stress reduction is essential during treatment and recovery.

Many cancer centers now offer these integrative services and cancer-research organizations, including the American Cancer Society, provide information on their web sites, including how to find

providers, illustrating the usefulness of these therapies as well as their place in mainstream medicine. In addition to combatting the effects of breast cancer and its treatment, the simple act of researching, seeking out and utilizing complementary therapies can give patients a psychological boost.

There is great value in a patient's sense of empowerment, which may be the most complementary therapy of all.

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Breast cancer survivors don't always understand their options post-mastectomy

BY LISA IANNUCCI
CTW Features

Breast cancer patients who have a mastectomy have an option to undergo breast reconstruction. It helps the patient to feel whole again after surgery. However, a recent study shows that women need more education about reconstruction options and the risks involved.

"Imagine you're a woman facing a mastectomy," said Edwin Wilkins, M.D.,

See **Reconstruction** page 11B



The Question of Reconstruction

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Pregnancy possible after breast cancer

More women are diagnosed with breast cancer than any other cancer. For many women, one of the more frightening aspects of a breast cancer diagnosis is the potential impact the disease can have on an area of the body often associated with femininity and motherhood.

Cancer.net indicates the five-year survival rate for breast cancer if the cancer is only in one breast is 95 percent. That rate dips to 85 percent if the cancer has spread to the lymph nodes. Even though this is great news, women may worry about the long-term implications of post-cancer life, particularly how they relate to future pregnancy plans.

Early detection and improvements in treatment have markedly decreased the numbers of breast cancer-related fatalities. However, the therapies used to treat breast cancer can affect fertility and a woman's ability to have a successful pregnancy.

Infertility risks and preserving fertility

One of the main concerns women have after surviving a breast cancer diagnosis is the risk of infertility. Susan G. Komen says both chemotherapy and hormone therapy can impact fertility and decrease

the window of time a woman has to have children. This is a particular concern for young women who have been diagnosed with breast cancer. Chemotherapy can damage the ovaries, while tamoxifen, a commonly used hormone therapy, can cause irregular periods or stop the menstrual cycle altogether. Both of these treatments also may bring on natural menopause earlier than usual, according to the International Breast Cancer Study Group.

Young women can opt to have their unfertilized eggs or embryos frozen and stored prior to starting cancer treatment. It's important to meet with a fertility specialist early on to discuss options.

Waiting game

According to the American Cancer Society, some doctors advise breast cancer survivors to wait at least two years after finishing treatment before they try to get pregnant. No research yet indicates that getting pregnant will make women more susceptible to the cancer coming back, nor will pregnancy increase the risks of birth defects or other long-term health concerns in children born to women who have had breast cancer.

Breast feeding



Depending on the type of breast cancer treatment they receive, many women are still able to breastfeed. However, if radiation or surgery has affected breast health, milk production may be affected and the baby may have difficulty latching on. Using a breast pump to express milk may be an option. However,

commercially produced infant formulas also can provide the nutrition growing babies need.

Choosing to have children after breast cancer is a personal decision. Thanks to medical advancements, the possibility to conceive and raise a family is strong.

Reconstruction • From page 10B

professor and researcher at Michigan Medicine. "Then a plastic surgeon walks in the door and said you can have breast reconstruction, and there are six or seven different options. How do you know what to choose?"

In one study published in the *Annals of Surgery*, researchers at the University of North Carolina Lineberger Comprehensive Cancer Center found that breast cancer patients were only moderately informed about the breast reconstruction procedure, and their knowledge of its complications was low.

"Breast reconstructive surgery has a great potential benefit, but it has to be considered alongside the disadvantages, including the risks of complications," said Clara Lee, MD, a UNC Lineberger member and an associate professor in the UNC School of Medicine Division of Plastic and Reconstructive Surgery.

In this study, researchers surveyed 126 breast cancer patients planning to undergo a mastectomy at the North Carolina Cancer Hospital in Chapel Hill. Researchers found that their average knowledge score about breast reconstruction was 58.5 percent, which Lee said was only moderate knowledge.

"I do think that's a pretty low bar for surgery that's purely optional," said Lee.

Researchers see a need to greater educate women



on making this important decision, but first they need additional information on the risks involved.

Wilkins, and his team of researchers from the Mastectomy Reconstruction Outcomes Consortium (MROC), is the author of a study that found that almost one-third of the 2,300 women studied who had breast reconstruction had some post-surgical complications, 19 percent required follow-up surgery and 5 percent of all patients in the study had reconstructive failure, meaning the implant or tissue had to be removed.

Flap reconstruction — which uses a patient's own natural tissue, usually taken from their abdomen — had a higher risk of complications than breast implants, but

natural tissue reconstruction had a much lower risk of failure than breast implants.

In addition to mastectomy and breast reconstruction, a portion of breast cancer patients will also undergo radiation therapy. This therapy can alter the tissue around the breast, impacting reconstruction efforts.

Another study, also led by Wilkins' team, looked at breast cancer patients who had received mastectomy and reconstruction; 553 also had radiation and 1,461 did not. The women who had implant reconstruction following radiation therapy had more complications from the surgery and were less satisfied with the result than women who had implants but no radiation.

"Women diagnosed with early-stage breast cancer face challenging decisions that will impact both their long-term disease control and quality of life. These findings have considerable

significance for those who have decided to receive post-mastectomy radiotherapy and must select a type of reconstruction," said study author Reshma Jagsi, M.D., D.Phil., professor and deputy chair of radiation oncology at the University of Michigan Medical School.

Wilkins said that the key takeaway from this research is that these are complicated decisions. "As with all health care decisions, patients need up-to-date information that empowers them to actively work with their doctors to choose what's best for them."

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New studies attempt to determine if a mastectomy on a healthy breast is necessary

BY LISA IANNUCCI
CTW Features

When diagnosed with cancer in one breast, women are faced with several treatment options, including a lumpectomy, mastectomy or double mastectomy. Many choose the double mastectomy – even though their other breast is healthy – to reduce the risk of being diagnosed again. Most of these women are content with their decision,

See **Risks** page 13B



Weighing the Risks

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but a recent study shows that a double mastectomy may be unnecessary.

The Mayo Clinic asked more than 621 women who had double mastectomies (also called contralateral prophylactic mastectomy) between 1960 and 1993 if they would make the same choice again. A decade later, eighty-three percent of those who responded were satisfied with their decision. When asked again at the 20-year mark, 92 percent were happy with their decision.

“I think what this study does is adds some literature to the hands of the people counseling patients to say, ‘Whatever decision you make, you’re very likely to be happy with that in the long run, so listen to yourself, and make the decision that’s best for you,’” says lead author Dr. Judy Boughey, a Mayo breast surgeon.

The idea of whether removing the healthy breast is a good idea has been studied for quite some time. “When we’re counseling women considering having the other breast removed, it’s a very complex and multilayered discussion,” Dr. Boughey says. “Obviously the risk of developing a new cancer in that breast has to be part of that discussion, but the literature shows that the risk for the other breast is really not that high, and that from a medical standpoint we don’t need to recommend that approach.”

Boughey added that what typically drives a patient to a double mastectomy is their own anxiety about a repeat diagnosis and, from a cosmetic standpoint, to need to keep their breasts symmetrical.

However, a study by the University of Michigan Comprehensive Cancer Center recently found that 70 percent of women who have a contralateral prophylactic mastectomy do so even though the risk of having cancer in the healthy breast is quite low.

Their study, which appeared in *JAMA Surgery*, found that nearly 70 percent of the women who had a double mastectomy in their study did not have either a family history or positive genetic test for breast cancer.

“Women appear to be using worry over cancer recurrence to choose contralateral prophylactic mastectomy. This does not make sense, because having a non-affected breast removed will not reduce the risk of recurrence in the affected breast,” says Sarah Hawley, Ph.D., associate professor of internal medicine at the U-M Medical School.

Those women who do have a family history of breast or ovarian cancer or who have tested positive for the genetic mutations in the BRCA1 or BRCA2 genes may be advised to consider a double mastectomy, which can result in more complications and have a more difficult recovery. That is because they are at a much higher risk of cancer developing in the other breast.

“For women who do not have a strong family history or a genetic finding, we would argue it’s probably not appropriate to get the unaffected breast removed,” says Hawley, who is also a research investigator at the Ann Arbor VA Center of Excellence in Clinical Care Management Research and a member of the U-M Institute for Healthcare Policy and Innovation.

Breast cancer patients should be presented with all options and all risks should be discussed before a final decision to have a contralateral prophylactic mastectomy is made.

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Dr. Judy Boughey
Lead author, Mayo Clinic breast surgeon.

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It's the Little Things

Following these 10 easy-to-implement tips could reduce your risk of breast cancer or a recurrence

BY LISA IANNUCCI
 CTW Features

Simply being a woman puts you at a risk for breast cancer, and the older you get, the more that risk increases. It's easy to feel powerless, but there are some things women can do to reduce their risk, but it depends on the factors at play.

"There are risk factors for breast cancer that we can't control, including your age and gender," says Deb Kirkland, RN and patient navigator at The Hoffberger Breast Center at Mercy Medical Center in Baltimore, Maryland. "But there are some simple changes you can make that will bring that risk down."

Here are 10 simple changes you can make in your everyday life starting right

now that could reduce your breast cancer risk:

1. A Comprehensive Look

"Every woman should take the Gail Model assessment test (www.cancer.gov/bcrisktool), which measures your risk for breast cancer," says Dr. Pedro Serrano-Ojeda, chief radiation oncologist and owner of Caribbean Radiation Oncology Center, Doral, Florida. "You will be asked eight questions and get your level of cancer risk. However, it doesn't take into account obesity, which has surpassed the use of tobacco as a risk."

2. Exercise

Get off the couch and exercise, whether it's a brisk walk around the

block, a treadmill workout at the gym or a session of skating at the local roller rink. "Exercising three to five hours a week helps to decrease your risk of breast cancer by 40 percent, and if you've already had breast cancer it reduces your risk of reoccurrence by 60 percent," says Dr. Ruth Lerman, a Beaumont Health internist specializing in breast health and disease and mind-body medicine in Michigan.

According to the National Cancer Institute, there have been more than 60 studies about the connection between exercise and reducing the risk of breast cancer. While the benefits have been proven, how much risk it reduces varies in each study (from 20 to 80 percent).

3. Lose Weight

"Overweight women have a decreased rate of breast cancer, but after menopause, getting to a normal weight actually decreases your risk of post-menopausal breast cancer," Lerman says.

4. Find Peace

According to the Foundation for Women's Cancer, when your body is stressed, it makes stress hormones and these hormones bind with cancer cells. "Stress does a lot of damage to your body and it predisposes you to cancer," Kirkland says.

One study, published in the Journal of Clinical Investigation in 2003, found that a master gene called ATF3, which helps cells adapt to stress, also could help cancer spread to other parts of the body.

Find something that helps you to relax when life gets too stressful. Try meditation, walking or music.

5. Drink In Moderation

"Avoid high alcohol intake," Dr. Serrano-Ojeda says. "There was a study published in the British Journal of Cancer in 2002 of 58,000 women with breast cancer and 95,000 women without. They didn't pinpoint how alcohol increased the risk of cancer, but it showed that less alcohol was better."

6. Healthier Eating

"Eat a diet that's low in fat, high in fiber and rich in fruits and vegetables," says Dr. Deena Graham, an oncologist at John Theurer Cancer Center at Hackensack University Medical Center, New Jersey. "I believe in eating in



moderation, not in fad diets. Eat a chocolate chip cookie if you want it. It's not going to cause breast cancer, but just make sure that you are eating enough vegetables that cover the color of the rainbow."

When you're choosing what foods to eat, Kirkland says to focus on a plant-based diet. "You want to know where your food is coming from," she says. "The American Cancer Society says that if everyone ate a healthy diet, nearly one-

See **Tips** page 16B



In the battle against breast cancer, early detection is a woman's most powerful weapon. In fact, according to the National Cancer Institute, when breast cancer is detected in an early, localized stage, the five-year survival rate is 98 percent. That's why it is so important for all women to make breast health awareness a regular part of their healthcare routine.



Growing Awareness to Save Lives

A mammogram can detect breast cancer in its earliest, most treatable stages, and many major health organizations recommend annual mammogram screenings for women beginning at age 40 . Experts also recommend clinical breast exams and breast self-exams to check for breast abnormalities on a regular basis. Any woman noticing unusual changes in her breasts should contact her healthcare provider immediately. Women of all ages should speak to their doctor about his or her personalized recommendations for breast cancer screening.

As we recognize Breast Cancer Awareness Month, we remember the women who have lost their lives to the disease, and we voice our support for those in the fight of their lives.

October is Breast Cancer Awareness Month. These local sponsors join us in raising awareness of the importance of early detection in the fight against breast cancer and the importance of continued support for breast cancer research.

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third of all cancers would be eliminated.”

7. No More Hormones

Serrano-Ojeda says to forget about taking hormones. “Research has shown that taking hormones such as estrogen and progesterone has caused an increased risk of breast cancer,” he explains.

8. Increase Vitamin D Intake

The Vitamin D Council says that women who have breast cancer often have a low level of Vitamin D. “Get your Vitamin D level checked,” Lerman says. “Women with a higher level of Vitamin D are less likely to develop breast cancer, but not everyone should take the supplement.” Talk to your doctor about getting tested and if taking a Vitamin D supplement is right for you.

9. Self-Exam

“Every month you should be performing a breast self-exam in the shower to see if you feel something different,” Serrano-Ojeda says.

If you’re over the age of 40, you should also schedule an annual mammogram. “While there is a lot of controversy, most healthcare providers believe that a mammography detects early breast cancer,” Graham says. “It’s not perfect, but it’s a good screening tool for someone of average risk. There is some discomfort with mammograms but there are some changes being made to make it a more comfortable experience.

10. Improve Your Hair Care

Wash that cancer right out of your hair? Well, not



exactly, but Serrano-Ojeda says that shampoos that contain parabens such as sulfate could possibly increase your risk for breast cancer. Parabens are a group of compounds widely used as antimicrobial preservatives in food, pharmaceutical and cosmetics products, including deodorant. They are absorbed through the skin and the gastrointestinal tract.

Simple changes will not eliminate your risk for breast

cancer, but it could give you a fighting chance.

For more information on breast cancer, visit Susan G Komen Foundation at ww5.komen.org or the National Breast Cancer Foundation at www.nationalbreastcancer.org.

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Beat Breast Cancer, do regular self exams. Be aware.

It is estimated that more than 200,000 women in the United States will be diagnosed with breast cancer this year, but we find hope in knowing that there are **more than 2.9 million breast cancer survivors in the U.S. today**. Great strides have been made in early detection and treatment of breast cancer, and these survivors are living proof.

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