

OCTOBER 4, 2017

SURVIVING Breast Cancer

**Understanding
inflammatory
breast cancer**

**How women
can make
mammograms
more
comfortable**

**The stages of
breast
cancer**

**Two local
breast cancer
survivors**



A SPECIAL SUPPLEMENT TO THE
GASCONADE
COUNTY

Republican

No two stories are the same

BY ROXIE MURPHY
REPUBLICAN STAFF WRITER
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Amy Kiso-Bledsoe of Belle fought her breast cancer battle from Jan. 3, 2011 to Jan. 5, 2013.

"People always say you don't fight through cancer alone," Kiso-Bledsoe said. "Yes and no."

Her personal journey started in Dec. 2011 when she was traveling for work.

"I was in the hotel and I felt a lump, and because I am a mom and it was close to Christmas, I put off going until January," Kiso-Bledsoe remembers.

She started with her primary care physician, and he sent her for a mammogram. The same day she also had an ultrasound, CAT scan and biopsy.

"I had for sure one tumor in my right breast," Kiso-Bledsoe said. "Then we figured out who we wanted to go to."

The shock of what she was hearing took a while to sink in.

"Finding the lump was one thing, and I knew that was probably what it was," Kiso-Bledsoe said. "When you actually hear the word and somebody says it is cancer—it is like being rolled over by a semi truck. You are in a fog



AMY KISO-BLEDSCOE, center in purple, poses with her extended family after walking a lap at the annual Maries County Relay for Life event.

See **Kiso-Bledsoe**, Page 3B

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Kiso-Bledsoe • from page 2B

and you can't hear anything after that word. I didn't take anything in, people were talking, and I was stuck on that word cancer."

The mom of four remembers telling family and friends.

"Everyone has an idea of who they want you to go to, what you should eat... everyone has an opinion. It was officially the day from hell," she said.



BEFORE TREATMENT

Starting treatment

"I picked Ellis Fischel Cancer Center and Dr. Tamara Hopkins in Jefferson City was my oncologist," Kiso-Bledsoe recalled. "She is wonderful by the way."

A surgeon also recommended a port to draw blood, insert an IV or administer chemotherapy through. By Jan. 20 she had started chemotherapy.

"It's not fun," Kiso-Bledsoe said as she described the procedure. "You sit in a chair, in Dr. Hopkin's office it was a recliner, and they hook you up. It's an all day process."

The all-day process would start with general medications such as Benadryl, nausea and heartburn medicine.

"I did my chemo—at that time—one day every three weeks," Kiso-Bledsoe said.

Within the first week, her hair started to fall out.

"For me, that was much more traumatic because it took away my identity, gender—everything," Kiso-Bledsoe said. "It got so bad just walking that my husband shaved my hair off."

Three months later—March
 Treatments continued from January through March. That April she received a bilateral mastectomy.

"During that, they removed both breasts," Kiso-Bledsoe said. "I didn't see the point in removing just one."

Doctors also removed lymph nodes on both sides to make sure they got everything.

"They removed 14 lymph nodes and several tumors," she said. "The surgery was multiple hours, I was sedated, and the recovery time in the hospital was short."

Indeed, Kiso-Bledsoe went home the

next day. She said there wasn't a time that she wasn't surrounded by family. Tubes that had to be emptied daily allowed for drainage. It was almost a month before they could be removed.

"Until I had the surgery, I didn't realize how much I used those muscles," Kiso-Bledsoe said, describing months that she slept in a recliner.

Without the chemotherapy, her hair started to grow back. Then between June and July she started a different kind of chemotherapy—but the hair loss started again.

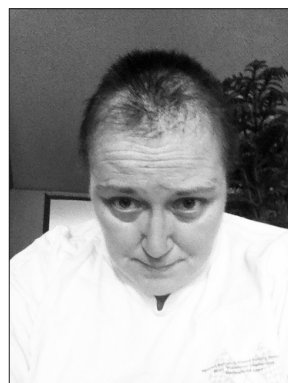
"You get nauseated and they give you medicine for that; there are all these extra medicines you are taking for side affects. And losing my hair again was not very fun," she said.

Feeling isolated in the battle

It was during her second round of treatments where Kiso-Bledsoe said she was the most negatively affected by the hair loss.

"I was in a store in Jefferson City and I didn't wear things on my head because it hurt," she remembers. "The clerk said 'thank you, sir' and I felt I had lost my identity because of my hair."

The second incident occurred at the Belle High School where her children



HAIR LOSS

were in attendance.

"I was dropping something off at the high school and I heard a student ask if that was his mom," she still remembers the student's response. "He said 'Hell no! my mom has hair!'"

Kiso-Bledsoe said as a mom, community member and school board member, she decided she was not going to let that go. At the time, her sons Braxton and Garrett were attending the school.

"My kids weren't going to get made fun of and it was extremely disrespectful," she said.

She had seen the students walking towards a math class and stopped to talk with the teacher.

"I went to the teacher and told her what happened and she was happy to let me address the class," Kiso-Bledsoe said. "I told them I didn't have hair because I was in my second treatment of breast cancer.

How do you think my kids would feel if they heard you say that? How would you feel if it was your mom?"

Time and treatments continue

"I did four more rounds of chemotherapy and six or seven weeks of radiation," Kiso-Bledsoe said.

Starting at the end of October, the radiation treatment was 15 minutes a day, Monday through Friday.

"They told me I was young enough, they wanted to hit it hard so it wouldn't come back," she said. "You go into this huge room with a huge metal door so no one else comes in contact. This thing comes around and it zaps you, but you don't see or feel radiation."

At first the treatments weren't bad, but after three weeks, she began to get the radiation burn.

"It felt like I was getting sunburned from the inside to the outside," Kiso-Bledsoe said, trying to describe the pain. "Where they radiated became extremely red and blistered all over. I had so much pain with that—they ended up putting me on morphine."

The morphine didn't help and the blisters didn't heal until January, a month after the treatments stopped.

"They said that was some of the most severe burning they had ever seen," Kiso-Bledsoe said.

Coping

Kiso-Bledsoe worked for Health Net Federal Services as a councilor before her diagnosis, serving service members throughout the state. The director of the corporation was supportive of her fight.

"As soon as I told my director of the diagnosis, she said 'Amy, you take a year off, whatever you need, and your job will be here when you are ready,'" Kiso-Bledsoe said.

The director called her, checked up on her and her family and sent food through various services.

Even with her background as a councilor, Kiso-Bledsoe said she had never really understood the concept of depression until she began her fight. She was driving to the pharmacy one day to pick up medicine, "and the thought came into my head 'you could drive off the road—you could end this.' It was very interesting that happened and I was so shaken I pulled over and called a friend," Kiso-Bledsoe said.

Kiso-Bledsoe said she also started an email chain she called Amy's Allies—like in times of war—to help her get by.

"I would write these emails, putting it all out there," she said.

The emails went to her preacher, family and friends and they would forward them on.

"They easily went to over a thousand

people throughout the world, they supported me," she said. "I had always been there for them and it was their turn to be there for me. People I had never met were telling me how much I meant to them."



CHRISTMAS 2012

By Christmas of 2012, Kiso-Bledsoe remembers waking up early and going downstairs to wrap a bow around herself. She had made it another year.

Clean

"I was seeing an oncologist on a regular basis, and on Jan. 5, 2013, I was pronounced clean," she said.

Regular checks continued, but so did her celebration for life.

"Since then, the family participates in the Relay for Life event, and the special walk at the beginning," Kiso-Bledsoe said. "That is so significant, because some are still fighting and some have been pronounced clean for a long time."

In October 2012, she was selected to be a Calendar Girl for the Community Breast Care Project, and spoke at the April 2017 Relay for Life Survivor Dinner.

"It can affect everybody from very young to very old," she said. "It doesn't discriminate."

Picking up the pieces

Kiso-Bledsoe's one year battle with cancer affected more than just her immediate family—including her husband, Will Bledsoe, the two oldest boys, now 22 and 19 respectively, and the younger two children, Zachariah, 15, and Alaina, 13.

"Once you get the diagnosis, you realize how precious every moment is, and you just don't want to waste it," Kiso-Bledsoe said. "It is very hard and very challenging; as a mom, it is very hard for them."

For a long time, she said if it ever came back, she wouldn't do anything.

"It is hard physically, mentally and emotionally to go from working several

Choosing the right cancer care specialist for you

Oncologists stay up-to-date on all of the latest research and treatment options concerning cancer, which should help calm patients' concerns about working with a new doctor.

Cancer is a word no one wants to hear. Unfortunately, according to BreastCancer.org, around one in eight women in the United States will be diagnosed with breast cancer this year, while the Canadian Breast Cancer Foundation notes that one in nine Canadian women will receive the same news.

A cancer diagnosis is more manageable when patients have knowledgeable and supportive medical teams on their side. Taking an active role in one's care can help cancer patients feel more in control. One of the most important steps a person can take after receiving a cancer diagnosis is to find an oncologist who offers the ideal blend of skills and support.

A doctor who diagnoses cancer is not necessarily the one who will guide patients through their treatments. Typically, general practitioners will refer patients to an oncologist, who specializes in treating individuals with cancer. Oncologists can be found in many different settings. Some practice in university hospitals, community medical centers or private practices. Oncologists



stay up-to-date on all of the latest research and treatment options concerning cancer, which should help calm patients' concerns about working with a new doctor.

Finding the right oncologist after receiving a cancer diagnosis requires patience. The following are some tips for cancer patients and their families as they begin searching for an oncologist.

- Speak with a trusted doctor. A family doctor may be able to recommend an oncologist. The American Cancer Society advises newly diagnosed cancer patients ask their doctors, "If you were in my place, which doctor would you see first?"

- Research cancer specialties. The American Society of Clinical Oncology

advises cancer patients to select a doctor who specializes in their type of cancer. Find out if the doctor received any advanced training, and make certain he or she is board certified in oncology.

- Choose a convenient location. The location of the doctor's office as well as the oncologist's hospital affiliation may play a role in the decision. While some people will travel all over for the best care, being closer to home may be a priority for others.

- Confirm care will be covered. When a list of preferential oncologists has been made, patients must confirm that doctors will accept their insurance coverage to avoid potentially hefty out-of-pocket

costs.

- Learn about different services. Some oncologists work with an extensive group of people who offer well-rounded care. These can include nutritionists, physical therapists, social workers, and specialty registered nurses. If this is a priority to you, locate an oncologist with such a team under one roof.

Once cancer patients choose an oncologist who meets their particular needs, the road to getting well can be that much easier to navigate.



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In honor of Breast Cancer Awareness Month, Phelps County Regional Medical Center (PCRMC) is offering free mammograms on Monday, October 30th, for women who are at least 40 years old and financially qualify. There are 40 free mammograms available in Rolla and 10 free mammograms in Waynesville. The Phelps Regional Health Care Foundation is covering the cost of these as a community service. To determine eligibility, please call PCRMC Centralized Scheduling at 573-458-7737.



Guide to the mastectomy procedure

A breast cancer diagnosis is something no one wants to receive. Dealing with any form of cancer can be overwhelming, but a breast cancer diagnosis can be particularly challenging, especially when physicians recommend mastectomy to their patients.

The Mayo Clinic notes that mastectomy is an umbrella term used to describe several different procedures. While it's largely thought of as removing one or both breasts, mastectomy may also refer to removing lymph nodes under the arms.

Lumpectomy is another word that may come up when physicians discuss treatment options with patients who have been diagnosed with breast cancer. Lumpectomies occur when a tumor and surrounding tissue is removed, but most of the breast is left intact.

For reasons that are not entirely understood, Susan G. Komen reports that rates of some types of mastectomies are on the rise. A unilateral mastectomy is the removal of one breast, and a bilateral mastectomy is the removal of

both breasts. However, a woman may choose to have a healthy breast removed as a preventative measure called a contralateral prophylactic mastectomy, or CPM. Susan G. Komen says that rates of CPM have been steadily on the rise, and women choosing to undergo the procedure tend to be young and well educated.

Any mastectomy has its share of risks that women must weigh against the benefits. Doctors or nurses will explain the procedure before patients enter the operating room. Surgical plans may differ depending on whether a modified radical mastectomy, simple mastectomy, skin-sparing mastectomy, or nipple-sparing mastectomy will be performed. A mastectomy procedure typically lasts up



to three hours, but it may take longer if reconstruction of the breast is part of the surgery.

Mastectomy is usually performed under general anesthesia,

so patients will need to arrange for transportation home from the hospital. Many women find they can go home the same day of the procedure, though women should discuss their options with their physicians ahead of the surgery.

Incisions will be closed with sutures after the surgery is completed. In some cases, a plastic drainage tube will be inserted where the breast was removed. This tube helps clear away any fluids that accumulate after the surgery. Women may feel some pain, numbness and pinching sensations in the surgical area. There will be a bandage over the site, and

instructions will be given on caring for the wound and changing the dressing.

It's important to keep in mind that some of side effects of mastectomy procedures are permanent and irreversible, whether or not a person undergoes reconstruction. Removing breast tissue eliminates the ducts that produce milk, so breastfeeding will not be possible after surgery. Also, the breast and much of the surrounding area may remain numb due to nerves that are severed when breast tissue is removed. How much sensation returns varies from woman to woman. Women can direct any questions they have regarding wearing bras or breast prosthetics to their surgical teams.

Mastectomy is a common treatment option for women who have been diagnosed with breast cancer. Although mastectomy may seem scary, women can rest assured that many have been there before them and there is a wealth of information available to assuage their fears.

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IT MAY take a few months, but hair can be restored after chemotherapy and other cancer treatments have ended.

Regrow healthy hair after chemo

Chemotherapy is designed to attack rapidly dividing cells. Unfortunately, hair follicles are some of the fastest-growing cells in the body. That's why, within a few weeks of beginning chemotherapy treatment for breast cancer, many women report losing some or all of their hair.

BreastCancer.org says that some chemotherapy treatments will only cause hair loss on the head. Others can also cause the loss of hair elsewhere on the body. No treatment can guarantee that hair will not fall out during or after chemotherapy. However, planning ahead for changes in appearance, and taking the steps to help strengthen hair when it begins to grow in again — typically several weeks after treatment — can make a difference.

It's important to note that hair almost always grows back after chemotherapy. However, women must be mindful that there may be some distinct changes when hair grows back. Hair can regrow with a different texture. Hair may be curly when it was once straight. Hair may now be thick instead of thin. Hair color may change as well. Other people experience little to no changes.

How quickly hair grows back depends on individual health. It can take up to three months before women get a full a head of hair. As the body recovers from chemotherapy and more effectively processes vitamins and other nutrients, those nutrients will be delivered to hair follicles.

To promote healthier hair growth, individuals may want to try changing their diets to include ingredients that can be beneficial to hair growth and health. The following are some foods to try.

- **Salmon:** Salmon and other fatty fish contain omega-3 acids that can fuel shiny, full hair. The body does not make omega-3s, so they must be acquired through food.
- **Greek yogurt:** Greek yogurt contains an ingredient known as pantothenic acid, or vitamin B5. This can help improve blood flow to the scalp and also may assist against hair thinning and loss.
- **Iron:** Iron contained in organ meats, fortified cereals, whole grains, and legumes can protect against hair loss.
- **Eggs:** Rich in biotin, eggs can help hair grow. Biotin also helps strengthen brittle fingernails.
- **Avocados:** Avocado contains healthy oils that can fight dry hair and promote shine.

Hair loss is a temporary side effect of cancer treatment. With time, patience and a healthy diet, hair can return.

No treatment can guarantee that hair will not fall out during or after chemotherapy. However, planning ahead for changes in appearance, and taking the steps to help strengthen hair when it begins to grow in again — typically several weeks after treatment — can make a difference.

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Many women know that a lump, pain or some other abnormality in the breast may be indicative of breast cancer. But a rash, redness or swelling may also be linked to a rare form of breast cancer known as inflammatory breast cancer.

Understanding inflammatory breast cancer

Many women know that a lump, pain or some other abnormality in the breast may be indicative of breast cancer. But a rash, redness or swelling may also be linked to a rare form of breast cancer known as inflammatory breast cancer.

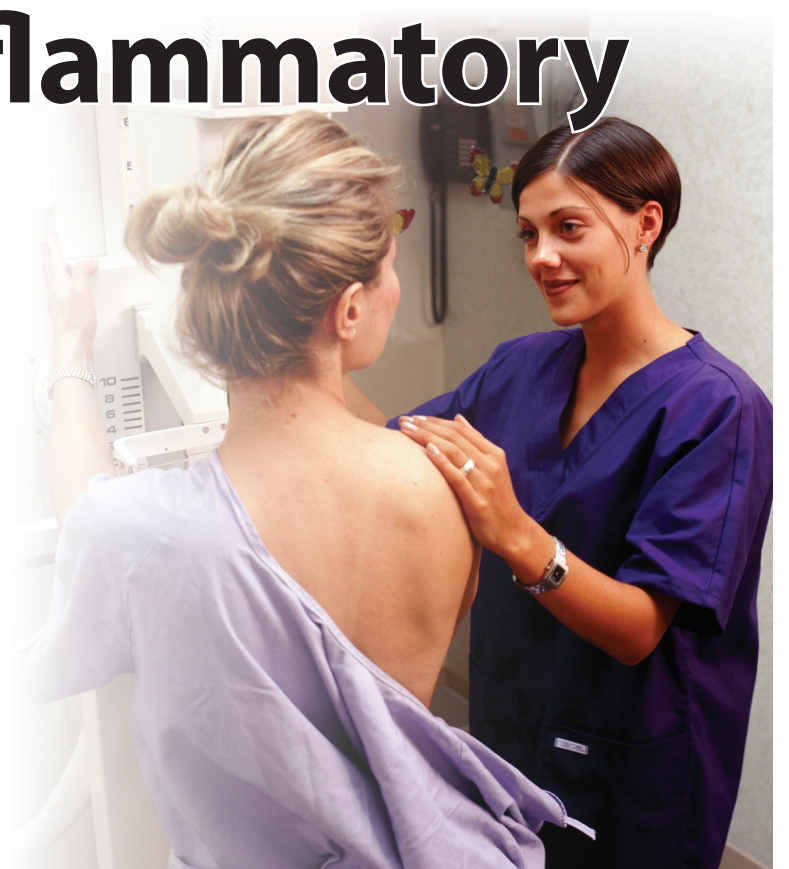
Inflammatory breast cancer, or IBC, accounts for roughly 1 to 5 percent of all breast cancers in the United States. The symptoms of IBC can differ from symptoms of other forms of breast cancer, and a rash-like appearance may be part of it, according to Healthline.

The National Breast Cancer Foundation, Inc., says IBC is a fast-growing breast cancer that infiltrates the skin and lymph vessels of the breast. When IBC is present, no distinct tumor or lump can be felt and isolated in the breast. Instead, earlier symptoms include the appearance of a rash

or small irritation that may be mistaken for an insect bite. Over time, the irritation can become more red, swollen and warm. Other changes to the breast skin may occur, including nipple inversion or flattening, a pitted appearance to the skin or dimpling. This dimpling is caused by a buildup of fluid in the breast that's due to cancer cells blocking the lymph vessels. This prevents the fluid from draining normally.

IBC is a very fast-moving cancer. By the time symptoms are discovered, IBC may already have advanced to Stage 3, necessitating aggressive treatment. This usually includes a combination of surgery, radiation, chemotherapy, and hormone treatments.

Breast cancer comes in many different forms and can present in various ways. Never overlook any abnormality on or around the breast.



National Breast Cancer Awareness Month

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Important women's health screenings

Routine medical screenings are an essential element of a healthy lifestyle. Many health screenings are recommended for both men and women, but women also should include some gender-specific testing in their health routines.

"An ounce of prevention is worth a pound of cure." That popular adage can be applied to personal health, particularly with respect to women's health screenings.

• **Breast cancer:** Both men and women can get breast cancer, but women are at a far greater risk than men. According to Breastcancer.org, roughly one in eight women in the United States will develop invasive breast cancer over the course of her lifetime. The Canadian Cancer Society says breast cancer is the second leading cause of death from cancer in Canadian women. The earlier a woman finds breast cancer, the better her chance for survival. Cancers caught early are less likely to spread to the lymph nodes and vital organs than cancers caught at later stages. Recommendations on mammogram screening start time and

frequency vary with age and risk factor, so women should discuss and develop an individualized plan with their doctors.

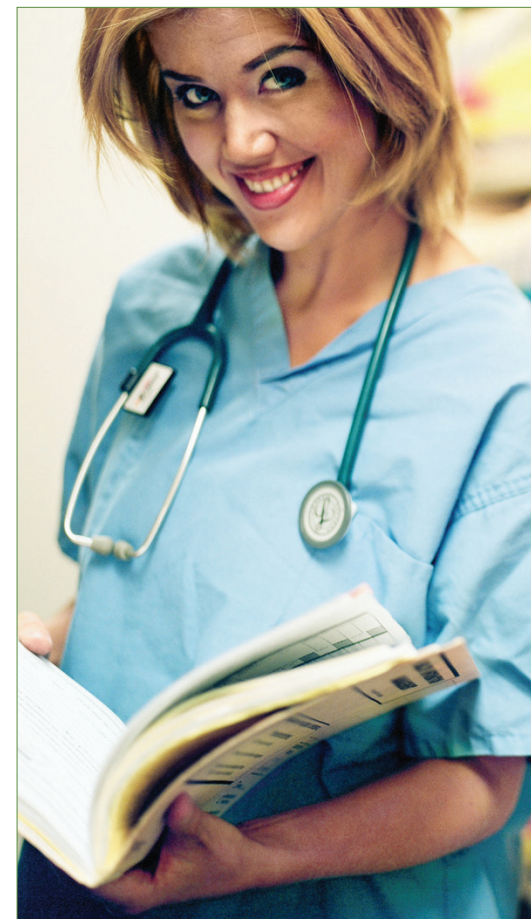
• **Cervical cancer:** Doctors advise that women should receive pelvic exams beginning at age 21, or earlier for women who are sexually active. Pap smears are screenings that help detect the presence of cancerous cells on and around the cervix that may be indicative of cervical cancer. Guidelines continually change regarding the frequency of Pap smear testing, but the general consensus is women age 30 and older may need screening every three years if they have not had any abnormal tests in the past, according to Everyday Health. Women should speak with their gynecologists regarding how frequently they should be tested for cervical cancer.

• **Bone density test:** Osteoporosis, a weakening of bones that causes them to become more fragile, may initially be symptom-free. Osteoporosis is often discovered only after a fracture. The National Osteoporosis Foundation says that estrogen decreases during menopause can cause bone loss, which

is why women have a higher risk of developing osteoporosis than men. In addition to healthy living habits, bone mineral density tests beginning at age 65 or earlier can help identify problems early on. Certain risk factors may require women to begin receiving bone density tests before age 65.

• **Skin cancer screening:** A report from the National Cancer Institute appearing in the Journal of Investigative Dermatology revealed startling melanoma trends among young women. This deadly skin cancer is rising in incidence. Screening for changes in skin markings can help identify melanoma and other non-melanoma cancers early on. Skin should be checked by a dermatologist or a general health professional during regular physicals.

Guidelines recommended by the U.S. Preventive Services Task Force, a group of experts in disease prevention, also recommend these screenings for women: blood pressure, cholesterol, colorectal cancer, and diabetes. Proper care and early identification of illness risk factors can keep women on the road to good health.



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Post-breast cancer exercise pointers



Surgery is often part of treating breast cancer. According to the American Cancer Society, doctors may recommend women undergo breast biopsies, lymph node biopsies or removals, lumpectomies, mastectomies, or breast reconstructions as part of their treatments.

Surgery is often an effective way to treat breast cancer, but it does come with some side effects. The ACS notes that breast cancer surgery can affect how well women move their shoulders and arms, as pain and stiffness can weaken both areas. In addition, women's ability to take deep breaths may be compromised after surgery, and they may have difficulty performing normal everyday activities like dressing, bathing and brushing their hair.

Exercise may seem impossible after breast cancer surgery, but the ACS recommends women exercise after surgery to get their arms and shoulders moving again. The ACS notes that exercise can be especially important to women who underwent radiation therapy after surgery, as radiation can affect movement in the arm and shoulder long after treatment has ended. Regular exercise after radiation treatment can help women maintain mobility in their arms and shoulders.

Exercising after breast cancer surgery can restore movement, but it's important that women take into account the following pointers, courtesy of the ACS,

before beginning a regimen.

Speak with your physician

Discuss exercise with your physician after undergoing surgery. Doctors may prescribe physical or occupational therapy, and some may even refer patients to cancer exercise specialists. Simply jumping back into your pre-surgery exercise routine can be dangerous, so bring up exercise immediately after surgery or during a followup visit.

Expect some tightness

Doctors may suggest women begin exercising a week or more after undergoing breast cancer surgery. It's normal to feel some tightness in the chest and armpit after surgery, but the tightness will begin to subside as you exercise. Report any persistent tightness or pain to a physician immediately.

Some burning, tingling, numbness, or soreness may also occur

These symptoms may be felt on the back of the arm and/or on the chest wall and are often a result of the surgery irritating some of your nerves. The

See **Exercise**, Page 11B

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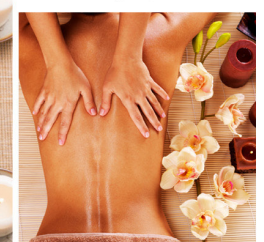
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Bra fitting after mastectomy or reconstruction

While it can be challenging for women with healthy breasts to get the right fit, a well-fitting bra is essential, especially for those who have undergone mastectomy or reconstruction after breast cancer.

Bra manufacturers insist that millions of women wear the wrong size bras. According to an international survey of 10,000 women from Swiss lingerie company Triumph, 64 percent of women are wearing the wrong size bra. Other studies suggest that figure is closer to 80 percent.

While it can be challenging for women with healthy breasts to get the right fit, a well-fitting bra is essential, especially for those who have undergone mastectomy or reconstruction after breast cancer.

Post-mastectomy and lumpectomy procedures vary. Some women opt for a prosthesis, which is essentially a breast form (silicone, foam or fiber-fill) that is placed inside of a bra or attached to the chest wall. Other women choose to undergo surgical reconstruction that will involve the insertion of an implant.

Depending on the procedure they undergo, women may need to purchase special bras called “mastectomy bras.” John Hopkins Medicine advises that mastectomy boutiques and specialty shops carry a variety of prosthetics and garments. Such shops also may employ certified fitters who are skilled at fitting women who have undergone treatment for breast cancer.

Women should know that their bodies may change after undergoing a mastectomy. It may be necessary to get sized after surgery and frequently thereafter to

accommodate for weight loss/gain and other changes as one ages. The Pink Bra, a mastectomy bra specialty retailer, advises every woman should have her bra and breast form fitting checked at least once per year to allow for changes in weight or body shape that may occur as a result of post-surgery treatment.

Certain bra styles may feel and look better to women than others, depending on the type of surgery and reconstruction they had. For example, a camisole bra may help cover surgical scars while a conventional strap bra might be suitable when no tissue has been removed under the clavicle. It may take some trial and error to find a brand, style and size that is most comfortable.

A surgeon will recommend the appropriate time to start wearing a prosthesis or undergo further reconstruction. He or she also can advise when substantial healing has occurred so that bra fittings will be most accurate. A physician may write a prescription for any prosthetic device or mastectomy bra so patients’ insurance companies will cover them. John Hopkins says that, in the United States, most insurance companies will cover up to four mastectomy bras per year.

When properly sized and fitted for a woman’s needs, post-mastectomy bras will look natural and feel comfortable.



Exercise • from page 10B

sensations of burning, tingling, numbness, and soreness may even increase a few weeks after surgery. But the ACS advises women to keep exercising through these symptoms unless they notice unusual swelling or tenderness, which should be

reported to physicians right away.

Exercise after a warm shower

A warm shower may warm and relax

muscles, making exercise less painful.

Dress appropriately

Comfortable, loose fitting clothing can make it easier to do exercises, as such attire is not restrictive.

More information regarding exercise after breast cancer surgery, including specific exercise recommendations, can be found at www.cancer.org.

How to make mammograms more comfortable

Mammograms help to detect breast cancer early, improving women's prognosis as a result. Susan G. Komen states that mammography is the most effective breast cancer screening tool in use today.

When women should begin getting mammograms remains open to debate. The American Cancer Society now recommends that women between the ages of 45 and 54 receive annual mammograms.

Despite the benefits of mammograms, many women avoid them out of fear of the pain and discomfort associated with the procedure. But researchers are examining how much pressure mammogram machines need to apply to get accurate breast images.

Until widespread customized mammograms are offered, women can take various steps to reduce the amount of discomfort they feel while undergoing these important screening procedures.

• Apply a topical numbing gel. BreastCancer.org says a study found that applying a numbing gel an hour before having a mammogram resulted in less

discomfort when compared to placebo and other pain-reduction techniques. Be sure to discuss application of the gel with your physician prior to your procedure.

• Schedule your procedure for the right time. Do not schedule a mammogram right before or during a menstrual cycle, when breasts already are very tender due to hormonal changes. Waiting until seven to 14 days after a period is a better bet.

• Take pain relief pills. A physician may suggest taking ibuprofen or acetaminophen prior to the appointment to reduce discomfort before and after the procedure.

• Speak with the technician. Women can express their concerns about pain to the mammogram technician, who might suggest various ways to minimize discomfort.

• Learn about padding. Find an imaging center that uses padding on mammogram plates. MammoPad is a soft, white, single-use foam pad that is invisible to X-rays.

• Avoid caffeine. Some women find that caffeine contributes to breast tenderness. Avoid caffeine the week



before the procedure.

Mammograms are an important health care tool. Reducing discomfort may

encourage women to follow guidelines regarding mammograms more closely.

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Breast cancer at 30

BY LINDA TREST
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Jamey Ebker-Hahne was only 30 years old when she found a dime-size lump in her breast. While the discovery alarmed her, the sudden death of her father just a few weeks later became her primary focus.

Jamey and her husband, Jason, own Family Traditions Restaurant in Gerald. Jamey does the majority of the cooking there. They have two children, a son who is 10 and a daughter who is 13.

While grieving her father, Jamey also had to manage the restaurant and put in long hours there.

Finally, Jamey was ready to address the lump and all its implications. On May 2, she began a series of tests. That dime size lump was growing rapidly and was confirmed to be cancer. A second lump was found.

No sign of cancer was found in her lymph nodes, but the appearance of the second lump meant the cancer was spreading and Jamey had to quickly make some important decisions.

There was no history of breast cancer in Jamey's family. Her genetic testing came back negative. There is no way to know how the cancer entered her system, although Jamey says her doctors mentioned both the oral and patch birth control methods she had been using could have played a part.

Let's go back to those important decisions Jamey faced. While both lumps were in the same breast, the second lump indicated the cancer was spreading. There was a 50 percent chance cancer would show up in her other breast.

By this time, that dime-size lump was now the size of a golf ball. Doctors told her the cancer she had rated a nine out of ten for aggressiveness.

In order to be safe, on July 29, 2016 she underwent a double mastectomy. This meant both breasts were removed, thereby eliminating the possibility that the cancer would reappear in the other breast. These terms are somewhat deceiving, because a mastectomy actually removes MOST of the breast. A thin section of breast tissue is left behind, and this tiny amount of tissue can still harbor breast cancer.

A double mastectomy is a serious medical procedure, one that has a long recovery. As a small business owner, Jamey could not afford to take too much time away from the restaurant even though her family very willingly filled in for her.

While recovering from the surgery, Jamey also endured eight rounds of chemotherapy and 36 rounds of radiation. She completed that treatment this past March.

Jamey had no insurance when she discovered the first lump, but her insurance took effect before her surgery. Then her insurance was cancelled before she began her radiation and chemotherapy. At the beginning of this year, she once again had insurance in place that has covered everything once she met her deductible.

Still, she was left with staggering medical bills she must pay out of pocket. She has been set up on a repayment plan, but the monthly repayment amount easily equals a nice house payment.

Her sister, Nicole Ebker-Herbel put on two fund raisers to help.

Her physical limitations include not being able to lift one arm, constant fatigue and pain from scar tissue.

Remember that thin layer of breast tissue left behind? There is a ten percent chance cancer will occur there. Jamey says this is always in the back of her mind, a constant worry.

Jamey had expanders inserted into her chest during her mastectomy. These are periodically and painfully enlarged until they will eventually be injected with saline solution to simulate breasts.

That surgery is scheduled for November when doctors will also remove some of the scar tissue that is causing her pain.

Two recent health scares helped Jamey come to the decision that they must close the restaurant, at least temporarily, until she is stronger.

Jamey says she is really big on self breast exams. Mammograms are not recommended for women before age 40. That means that dime size lump would have killed her if she hadn't discovered it herself.

That won't be the case for her children. Her daughter will begin testing at age 18. Her son will begin testing in his early twenties.

It is worth noting here that breast cancer may be a predominately female disease, but men are not exempt.

According to Breastcancer.org, "About 2,470 new cases of invasive breast cancer are expected to be diagnosed in men in 2017. A man's lifetime risk of breast cancer is about 1 in 1,000."

Self exams are important for both sexes.

Kiso-Bledsoe • from page 3B

jobs and chasing kids—then have to stop just to survive," she said.

But she said that isn't what she would say now or to others.

"It is important, you have to move quickly and find the right doctor," Kiso-Bledsoe said. "They will help you get through. Some cancers are more aggressive, and time is really of the essence to treat it and get rid of it."

During her battle, Kiso-Bledsoe said she learned two very important lessons that she would pass on to others who are fighting.

"One—listen to your body. If you need to rest, rest," she said. "Number two I struggle with. Allow others to help."

Kiso-Bledsoe said if it wasn't for her time as a cancer patient, she may never have been where she is now, executive director of the Governor's Council on Disability.

"Everything I have gone through has certainly prepared me for this," she said. "You don't have to actively have cancer to be covered by the Americans with disabilities act. I feel like this is the right place for me to be because I can help all disabilities, including those with cancer."

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women will develop invasive breast cancer in her lifetime.

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The stages of breast cancer

Upon receiving a breast cancer diagnosis, patients will soon receive a pathology report that informs them about the stage their cancer is in. The stage indicates how advanced the cancer is and whether or not it is limited to one area of the breast or has spread to other tissue or even other parts of the body. Understanding the stages of breast cancer can help patients cope with their diagnoses more effectively.

Once the doctor has completed all the necessary testing, patients will then receive their pathology reports, which will include the stage of the cancer. The following rundown of the various stages of breast cancer can help breast cancer patients better understand their disease.

Stage 0

Non-invasive breast cancers are considered to be in stage 0. When doctors have determined the cancer is in stage 0, that means they have not seen any indication that the cancer cells or the abnormal non-cancerous cells have spread out of the part of the breast in which they started.

Breast cancer patients may hear the term “five-year survival rate” when discussing their disease with their physicians. The five-year survival rate refers to the percentage of people who live at least five years after being diagnosed with cancer. According to the American Cancer Society, the five-year survival rate for women with stage 0 breast cancer is nearly 100 percent.

Stage I

Stage I refers to invasive breast cancer and is broken down into two categories: stage IA and stage IB. Stage IA refers to invasive breast cancers in which the tumor is up to two centimeters and the cancer has not spread outside the breast. The lymph nodes are not involved in stage IA breast cancers. In some stage IB breast cancers, there is no tumor in the breast but there are small groups of cancer cells in the lymph nodes larger than 0.2 millimeter but not larger than two millimeters. But stage IB breast cancers may also refer to instances when there is both a tumor in the breast that is no larger than two centimeters and small groups of cancer cells in the lymph nodes that are larger than 0.2 millimeter but no larger than two millimeters. The ACS notes that the five-year survival rate for stage I breast cancers is roughly 100 percent.

Stage II

Stage II breast cancers are also divided into two subcategories: stage IIA and stage IIB. Both subcategories are invasive, but stage II breast cancers are more complex than stage 0 or stage I breast cancers. Stage IIA describes breast cancers in which no tumor can be found in the breast, but cancer that is larger than two millimeters is found in one to three axillary lymph nodes (the lymph nodes under the arm) or in the lymph nodes near the breast bone. But an invasive breast cancer



can still be considered stage IIA if the tumor measures two centimeters or smaller and has spread to the axillary lymph nodes or if the tumor is larger than two centimeters but not larger than five centimeters and has not spread to the axillary lymph nodes.

Stage IIB breast cancer describes breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters, and there are small groups of breast cancer cells in the lymph nodes. These small groups of cells are larger than 0.2 millimeters but no larger than two millimeters. Stage IIB may also be used to describe breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters and the cancer has spread to between one and three axillary lymph nodes or to lymph nodes near the breastbone. Tumors that are larger than five centimeters but have not spread to the axillary lymph nodes may also be referred to as stage IIB breast cancers. The five-year survival rate for stage II breast cancers is about 93 percent.

Stage III

Stage III cancers are invasive breast cancers broken down into three categories: IIIA, IIIB and IIIC. When patients are diagnosed with stage IIIA breast cancer, that means doctors may not have found a tumor in their breast or the tumor may be any size. In stage IIIA, cancer may have been found in four to nine axillary lymph nodes or in the lymph nodes near the breastbone. Tumors larger than five centimeters that are accompanied by small groups of breast cancer cells (larger than 0.2 millimeter

but no larger than two millimeters) in the lymph nodes also indicate a breast cancer has advanced to stage IIIA. But stage IIIA may also be used to describe breast cancers in which the tumor is larger than five centimeters and the cancer has spread to one to three axillary lymph nodes or to the lymph nodes near the breastbone.

A stage IIIB breast cancer diagnosis indicates the tumor may be any size and has spread to the chest wall and/or the skin of the breast, causing swelling or an ulcer. The cancer may have spread to up to nine axillary lymph nodes or may have spread to the lymph nodes near the breastbone.

In stage IIIC breast cancer, doctors may not see any sign of cancer in the breast. If there is a tumor, it may be any size and may have spread to the chest wall and/or the skin of the breast. To be categorized as stage IIIC, the cancer must also have spread to 10 or more

axillary lymph nodes or to the lymph nodes above or below the collarbone or to the axillary lymph nodes or lymph nodes near the breastbone. The ACS notes that women diagnosed with stage III breast cancer are often successfully treated and that the five-year survival rate is 72 percent.

Stage IV

Invasive breast cancers that have spread beyond the breast and lymph nodes to other areas of the body are referred to as stage IV. Stage IV breast cancer may be a recurrence of a previous breast cancer, though some women with no prior history of breast cancer receive stage IV diagnoses. The five-year survival rate for stage IV breast cancers is 22 percent.

More information about breast cancer is available at www.breastcancer.org.

Powerfully PINK



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.

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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