



SURVIVING BREAST CANCER

THREE LOCAL STORIES

Living through the language of cancer ...page 3

Area breast cancer advocate helps get Allergen implants pulled from market...page 5

Depression risk with breast cancer ...page 6

A SPECIAL SUPPLEMENT TO THE

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Republican

OCTOBER 2, 2019



A breast cancer diagnosis is something no one wants to receive. But the burden of breast cancer is substantial.

In fact, the World Health Organization notes that breast cancer is the most commonly occurring cancer in women worldwide.

Thankfully, breast cancer survival rates are high in many parts of the world, particularly in developed countries such as the United States, Canada and Japan.

See **Options** page 3B



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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Living through the language of cancer

Cancer has been a personal experience for Marilyn Rademacher of Owensville. From her diagnosis with breast cancer in 2005, she was labeled a cancer fighter, later a survivor, and more recently she became a “survived by” when her sister-in-law died of pancreatic cancer.

Marilyn’s journey began in 2003.

“I went in for a mammogram; they thought they saw something, but didn’t know what it was,” she said. “They wanted to do a biopsy, so I went in and they did.”

The whole process took over an hour, and when the doctors were done, they still didn’t know what the mass was.

“They said ‘come back in six months and we will do another mammogram,’” Marilyn said.

Six months later, it was the same thing. Another six months, no changes.

“I was trusting my doctor, is what I was doing,” Marilyn said.

As October 2005 arrived things got busy, and she didn’t schedule her appointment.

“I always did the mammogram in October, but in this particular October, I put it off till mid-month, and then I had this pain (in the right breast),” she said. “I thought ‘what is this?’ it brought me to tears.”

Marilyn went to the local doctor, and the doctor’s response surprised her.

“She said ‘pain is good, because cancer has no pain,’” but the response wasn’t comforting. “I said ‘who’s talking cancer?’”

Things escalated quickly. Her local doctor sent her to Jefferson City to a cancer doctor, but she couldn’t get in until the first week of November.

“I was not impressed with him at all,” she recalls. “His bedside manners were terrible.”

The next thing she knew, she was visiting one doctor after another.

“The one from New York found out we lived on a dairy farm and asked which cow gives chocolate milk,” Marilyn remembers. “I had bad vibes. They wanted to do chemo, surgery, more chemo and radiation.”

But she came home not feeling good about any of it.

“If you’re not feeling good about it, don’t do it,” she said. “I called the doctor back who had given me the diagnosis and said ‘if this is cancer, I want a cancer doctor in a cancer hospital.’”

Dec. 9, 2005, she and her husband, Charles, traveled to the University Hospital Columbia and met with Dr. Paul Dale, the number one breast surgeon at the time. They also had the number one chemotherapy doctor, and the number one radiation doctor.

“The radiation doctor sent me to Jefferson City Capital Region Medical Center-Goldschmidt Cancer Center instead,” Marilyn said.

When they were done at the doctor’s office, it was December, so they went Christmas shopping.

“We came home to a message on the answering machine from Ellis Fischel Cancer Center,” she said. “But it was a Friday and I waited all weekend on pins and needles.”

Ellis Fischel Cancer Center called first thing Monday, Dec. 14, and asked the Rademachers if they could come into the office.

“We need you to come up here and get pre-operation stuff done, so we can do surgery on the 15th (Dec. 2005).” she said.

Marilyn thought the cancer would be minor, but Dr. Dale

said the breast had to come off.

“I thought ‘you’re kidding!’” She said. But he wasn’t.

Stage 3

It turns out it was already in stage 3; she and her husband left for Columbia.

“After the pre-op stuff, we went shopping and he asked what I wanted to wear to recover in,” she said.

They looked around Columbia Mall.

“I started out in nightwear, but didn’t want to be in pjs, and it was December, but nothing caught my fancy,” Marilyn recalls. Then they came to the sporting goods department. “I found some sweatshirts that would zip up and down and I thought ‘fabulous!’”

The surgery was to remove Marilyn’s right breast, which included 34 lymph nodes; it took place so quickly, that reconstruction wasn’t an option.

“He said ‘we don’t have time to worry about that right now; give it a year,’” she remembers.

Think positive

Her doctors had told her to always think positive, so she did the surgery, and prepared herself mentally and emotionally for the outcome.

“They told me in the beginning that thinking positive is the best thing, and I put that in my heart and flew with it,” she said.

The next day, doctors removed her right breast, which had three cancer tumors, a total of 5.5 cm, and 34 lymph nodes that contained three irregular lymph nodes and a fourth that was “rubbery.”

“I didn’t know after the surgery I would have to carry drains,” she said. “They gave me a gizmo to wear, but the pockets inside the sporting good jacket were perfect, and it felt better to be dressed than I would have been in a housecoat or nightgown. I could pull on that shirt, zip it up and put on my jeans. Any time

See Marilyn page 3B

Options • From page 2B

While survival rates are lower in developing countries, it is encouraging to know that the average five-year survival rates are as high as 90 percent in some nations. That suggests that the strategies used to successfully fight breast cancer in developed nations may one day prove as effective in developing nations, potentially leading to a sharp decline in global breast cancer deaths.

Upon being diagnosed with breast cancer, patients will be educated about a host of potential treatment options. The Centers for Disease Control and Prevention note that breast cancer is treated in several ways, and the course of treatment a doctor recommends will depend on the kind of breast cancer and how far it has spread. In addition, according to Breastcancer.org, breast cancer is made up of many different kinds of cancer cells, which often necessitates the use of various types of treatments to get rid of the cancer.

The following are some treatment options doctors may discuss with breast cancer patients.

Surgery

Breastcancer.org notes that surgery is typically the first line of attack against breast cancer. The CDC says the goal of surgery is to cut out cancer tissue. Some common breast cancer surgeries include lumpectomy, in which the tumor and a small amount of surrounding tissue is removed, and mastectomy, in which all of the breast tissue is removed.

Chemotherapy

Chemotherapy is used to treat various types of cancer and involves the administration of special medicines to shrink or kill existing cancer cells. Breastcancer.org notes that chemotherapy is sometimes administered prior to surgery in an attempt to shrink the cancer.

Radiation therapy

Radiation therapy aims to kill cancer cells using high-energy rays that are similar to X-rays. Sometimes referred to as “radiotherapy,” radiation therapy is overseen by a radiation oncologist who specializes in this type of treatment.

Hormonal therapy

Estrogen makes hormone-receptor-positive breast cancers grow, and hormonal therapy, which may be referred to as “anti-estrogen” therapy, aims to reduce the amount of estrogen in the body and block its action on breast cancer cells.

Targeted therapies

These therapies, which Breastcancer.org notes are generally less likely than chemotherapy to harm normal, healthy cells, target specific characteristics of the cancer cells. Cancer cells can have many characteristics, so there are various types of targeted therapies.

Breast cancer treatments can be highly effective in the fight against breast cancer, particularly when the disease is caught in its early stages.

Marilyn • From page 3B

I went to any doctor, they asked me if I could recommend anything, and I would recommend those shirts.”

When chemotherapy treatments started, they would stay at a lodging - Wyatt Guest House located at 1580 Jewell Avenue in Columbia, across the street from the cancer center. The House provided lodging on a sliding scale to patients.

Chemotherapy

Marilyn said the doctors wouldn't tell her that she was cancer free; instead they set up four chemotherapy treatments to be followed by radiation treatments.

“They gave me a choice of treatments once a week, once every other week or once every three weeks,” she said.

Unsure what to do, Charles' cousin went to a Dr. Ridenhour, who was from Belle, and passed along his contact information.

“I called him between Christmas and New Years asking his advice on which chemo,” she said. “He said ‘tell them you want the Old Gold Standard’ and I did. So they said ‘every two weeks then.’”

Maxine

Marilyn had a chemotherapy port put in near her left collarbone Dec. 28, 2005, and started chemotherapy in February 2006. In the meantime, she was given a prosthetic breast to wear.

“I called her Maxine,” Marilyn said. She explained, “Maxine was in all the cartoons in the newspaper and on the computer at the time. She used to say things like ‘I’m wearing an I Wonder Where They Went Bra or My Chest went to my drawers.’”

She later decided there was no need for reconstructive surgery. She and Maxine were doing fine.”

February through August 2006, Marilyn kept her chin and spirits high. There were things she hadn't thought about, like losing her hair.

“I had my husband go buy me hair clippers so he could cut it off,” Marilyn said. “He asked if I wanted it on guard seven, and I said I didn't care because it was clogging up the drains and it was everywhere.”

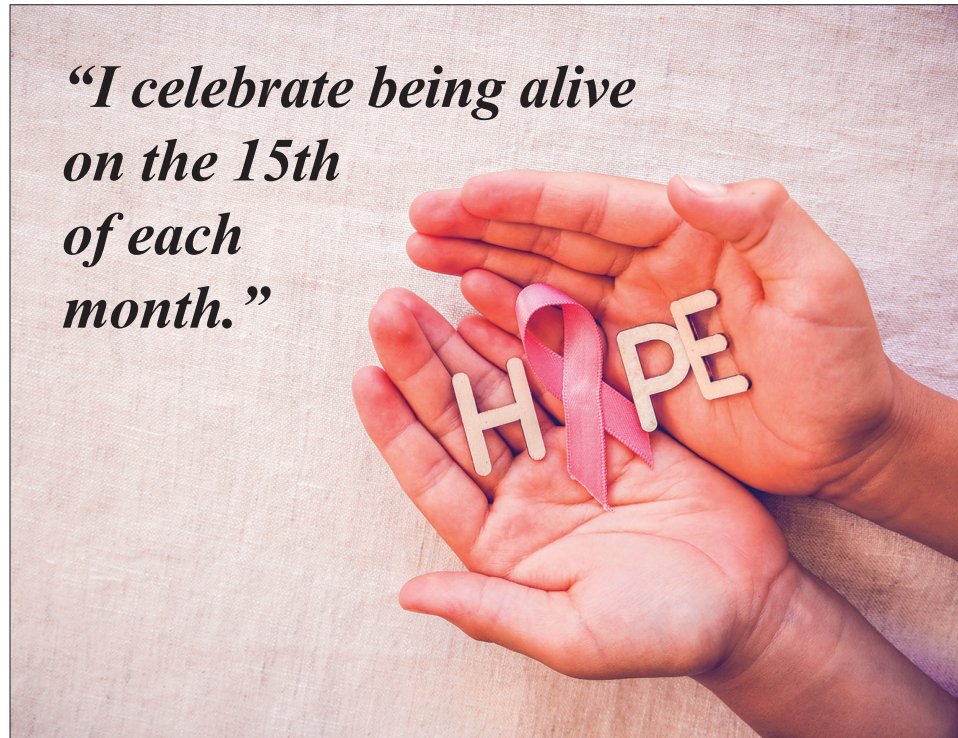
The doctor's office in Columbia had a box of free turbans, out of which she found purple one made of silk.

“A ladies group makes them,” she remembers.

Support group

Her support system was wide, and she kept friends and family up-to-date on her fight via computer, where she would request prayers. It was the time she spent with her family and grandbabies that kept her moving too.

“I celebrate being alive on the 15th of each month.”



“My daughter-in-law, Crystal, would have me over for lunch every day,” she remembers. “I would play with Mackenzie, then 4-years-old, and Harm, then 2-years-old.”

One day the kids were playing on the floor while she sat on the couch, and she decided to play with them. Sliding off the cushions to the floor, she caught Mackenzie's attention.

“Mackenzie pulled off the turban and said, ‘I’m going to wash your hair,’” she remembers.

Her granddaughter made noises like turning on water while sitting on the couch behind her grandmother. Then she rinsed, dried and primped it.

“She got down on the floor, grabs my face in her hands and looked me straight in the eye and says ‘grandma, you are beautiful,’” Marilyn said. “I needed that. Then I ruined the ‘no hair — hairdo’ by putting the turban back on. She was using her imagination, and it didn't bother her that I was like a peeled onion.”

My turn to help

From 2005 to 2010, she continued to take medications to make sure the cancer was eradicated. At the end of 2015, beginning of 2016, Marilyn's sister-in-law, Anna Rademacher was helping her go back and forth for her dentist appointments.

“It seemed she had just helped me, when suddenly it was her turn to need help,” Marilyn said.

Anna had just sold her First Street coffee shop, Farmers Mercantile, in Owensville, and made plans to visit Germany when she noticed something not quite right. It wasn't long before she was diagnosed with Pancreatic Cancer, which gave her an eight percent chance of

survival. She was 67-years-old.

“When she was still at her home, doing a bit of this and that, she lost her hair,” Marilyn said. “I said ‘Anna, you need to cut it off.’ I know it sounds harsh. I got her a wig, and she wore it, but would

leave it off more than on.”

Anna's close friends would take turns coming to see her and some would fill in to take her to treatments if Marilyn and Anna's brother, Charles, couldn't do it.

“I talked to Anna's close friends and asked if they could get her to cut her hair or get a wig. Her friend almost had her ready to cut it, but then she changed her mind,” Marilyn said. “It was Sandy that talked her into a wig.”

As the helper versus the fighter, Marilyn said there were a lot of “tough love” moments.

“Anna was 69-years-old when she passed in 2017,” said Marilyn, who is now 69-years-old herself. Since doctors were unsure of her cancer status after removing her breast in 2005, she considers herself cancer free for the past 13 years and nine months.

“I celebrate being alive on the 15th of each month,” Marilyn said.

Advice

If there is anything Marilyn would pass on, it was that meals were appreciated — especially ones she didn't have to cook. Her support system was amazing, and buy shirts from the sporting goods section.



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Area breast cancer advocate helps get Allergen implants pulled from market

BY BUCK COLLIER
 SPECIAL CORRESPONDENT

Raylene Hollrah of Hermann has added a most impressive item yet to her resume as a leading advocate for breast cancer patients: Helped cure cancer.

That is, she was instrumental in helping prevent future cancer cases resulting from a particular breast implant by helping convince federal government regulators that the product should be pulled from the market. So, in a manner of speaking, she likes to think she — and a lot of other women who have become involved in the cause — helped cure this particular cancer.

“Breast cancer is very much a part of me,” Hollrah said, sitting behind her desk at the American Family Insurance agency in Hermann. A successful businesswoman, Hollrah has this agency and one in Warren County. But more and more of her time is being spent, it seems, on the road as the head of Just Call Me Ray, an organization she founded dedicated to helping breast cancer patients.

For Hollrah, the journey that will take her this week to a global conference on breast implants in Rome began a dozen years ago with the diagnosis all women fear they might have to deal with at some point in their life. At 33, she was told she

had breast cancer.

“I went through the treatment protocol,” she said, ticking off first a mastectomy and then standard chemotherapy and then **10 years of oral chemo therapy**. And then rigorous follow-up program with her doctors. It is the importance of that follow-up stage that Hollrah emphasizes in her advocacy efforts. “That’s the reason I’m sitting here today,” she said.

But Hollrah’s battle with cancer didn’t end after that initial experience, as bad as it was. It was just beginning.

Five years later, five years after receiving breast implants, her health took a sudden turn. “I had immediate late onset swelling” of the breasts, she said. She was then diagnosed with “breast implant-associated anaplastic large-cell lymphoma (ALCL).” “That’s a mouthful,” she laughs. But certainly it was no laughing matter at the time Hollrah was diagnosed, being only the 25th such case of the disease in the United States and the 61st case worldwide.

Hollrah was able to make connections with MD Anderson Hospital in Houston, the world-famous cancer-treatment facility. She was determined to beat the disease. “I moved down there for five months,” she said.

Literally one of only a handful of
 See **Advocate** page 6B

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Depression risk with breast cancer

BY LINDA TREST
 REPUBLICAN STAFF WRITER
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Lois Johnston of Gerald believes a simple mammogram saved her life and she urges all women to have the test regularly.

Four years ago at age 76, Lois went in for a routine mammogram, she had one the year before with no problems.

This time she was asked to stay after the procedure. Then she was given the devastating news that they had detected cancer in her right breast and she needed surgery as soon as possible.

Lois struggled to come to grips with the news, but found a surgeon to perform the surgery before she had even left the mammography office.

The following week she had her right breast removed along with the lymph nodes in that arm.

The next morning she was released from the hospital. She felt fine. In fact, she was surprised that there was really no pain.

“This is wonderful,” she thought. “I

feel great.” Her first day home she dusted furniture and did light housework.

Five days later, things were no longer so fine. She began crying for no reason and couldn’t stop.

Having suffered from depression years earlier during menopause, Lois suspected that she was beginning another bout of it.

Her doctor prescribed medication. And then more medication.

While Lois is cancer-free four years after her diagnosis, she still struggles with the depression.

According the Susan G. Komen website, <https://ww5.komen.org>, “A breast cancer diagnosis can bring on a wide range of emotions including shock, fear, sadness, anger and grief. These feelings are normal.”

In these cases, support groups or seeing a therapist can be helpful in coping with these feelings.

Clinical depression is indicated when the following symptoms last more than two weeks:

- A constant sad mood on most days
- A loss of pleasure in activities you used to enjoy

- Poor concentration
- Nervousness
- Feeling tired for no reason
- Change in eating and sleeping habits
- Withdrawal from friends and family
- Feeling hopeless, worthless or guilty
- Frequent thoughts of death or a desire to die

Depression needs to be treated and that treatment may include anti-depressant medication, counseling or psychotherapy.

Your oncologist should be consulted before taking any medication for depression as some can interfere with treatments.

While Lois may be cancer-free, she is still not free from the effects of the disease. Although she no longer has the crying bouts, she often spends an entire day sleeping. That results in a sleepless night the next night.

Lois points out that depression comes from a chemical imbalance and is nothing to be ashamed of. She wishes more women would talk honestly about the problem and would seek help to treat it.

Advocate • From page 5B

such cases in this country at that time, Hollrah became a case study for MD Anderson. “I had 17 doctors,” she said. “There was a whole group following me.”

At the head of that contingent was Dr. Mark Clemens, who would become close to Hollrah in the battle for breast-implant cancer victims in the coming years.

Initial efforts to have the particular breast implant taken off the market was met with rejection not only from pharmaceutical companies, but from government regulators and doctors, as well. Hollrah said she and Clemens were disheartened — but perhaps not surprised — to run smack into the reality they were up against: “Profits over patients,” she said.

That was August of 2013. And that was the spark that ignited Hollrah’s passion for cancer victims. “That’s when I started my advocacy work,” she said.

Her efforts began to bear fruit. “I See **Advocate** page 11B

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Learn to make mammograms more comfortable

Mammograms remain one of the best methods to detect breast cancers,

giving women the opportunity to start treatment early if cancer is detected. In countries with early access to quality screening and treatment, breast cancer survival rates are now greater than 80 percent.

The organization Mammography Saves Lives says that, since 1990, mammography has helped reduce breast cancer mortality in the United States by 40 percent. Mammograms usually take around 20 minutes. During a traditional mammogram, a woman's breast is placed between two plates. One plate holds the breast in place, while the other takes images, and the breasts must be compressed to get clear pictures of breast tissue. Some women find the process to be uncomfortable.

Even though mammograms can be essential parts of preventive healthcare, many women avoid them because of pain and other discomfort. However, women should not put off mammograms because they are worried about discomfort. There are many ways to avoid pain during

mammograms that can make the entire experience more comfortable.

- Schedule the mammogram for a week after a menstrual period when hormonal swings are less likely to increase breast sensitivity.
- Caffeine can make the breasts more tender. Reducing caffeine consumption for two weeks before the mammogram can help.
- Keep your feet and trunk facing forward and simply turn your head at the mammogram machine.
- Reduce tension by breathing deeply a few times before the procedure.
- Try a pain reliever before the mammogram.
- Ask the mammography center if it has padding, as cushioning between the breasts and the plates of the mammogram machine can reduce pain.

By taking these steps, women may be more comfortable during mammograms, which can play a vital role in the detection and ultimate treatment of breast cancer.

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Learning about cancer is one of the best ways for people to protect themselves from this deadly disease.

Cancer claims the lives of millions of people across the globe every year. But the fight against cancer is anything but hopeless, as the World Health Organization notes that between 30 and 50 percent of all cancer cases are preventable.

Learning about cancer is one of the
See **Myths** page 9B



Debunking common breast cancer myths

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Options • From page 8B

best ways for people to protect themselves from this deadly disease. Researchers continue to learn more about cancer everyday and routinely discover that information once thought to be accurate was actually off-base.

Despite researchers' best efforts, some myths about cancer still prevail. Some of these myths are about cancer in general, while others refer to specific cancers, including breast cancer. Myths about breast cancer can be as harmful as accurate information is helpful, so learning the truth and debunking those myths can be an important part of women's preventive approach to breast cancer.

Myth: Drinking milk increases your risk for breast cancer.

The American Cancer Society notes that early studies raised concerns that drinking milk from cows treated with hormones could increase a person's risk for breast cancer. However, ensuing research failed to find a clear link between

the two. In fact, a 2002 study published in the International Journal of Epidemiology found no significant association between dairy fluid intake and breast cancer risk.

Myth: Lumps indicate breast cancer.

The National Breast Cancer Foundation, Inc.® says that only a small percentage of breast lumps turn out to be cancer. However, abnormalities or changes in breast tissue should always be brought to the attention of a physician.

Myth: Mammograms cause breast cancer to spread.

This myth is rooted in the incorrect notion that breast compression while getting a mammogram causes the cancer to spread. However, the NBCF insists that cannot happen. In fact, the National Cancer Institute touts the benefits of mammograms while the ACS recommends women between the ages of 45 and 54 get mammograms every year. For additional breast cancer screening

guidelines, visit the ACS at www.cancer.org.

Myth: Women with a family history of breast cancer are likely to develop breast cancer, too.

This myth is dangerous because, if taken at face value, it can give women with no family history of breast cancer a false sense of security. However, the NBCF notes that only about 10 percent of individuals diagnosed with breast cancer have a family history of the disease. The Centers for Disease Control and Prevention note that a woman's risk for breast cancer is higher if she has a first-degree relative, including a mother, sister, daughter, or even a male family member, who have had the disease. But breast cancer can affect anyone, regardless of their family history.

Information is a valuable asset in the fight against breast cancer. Learning to decipher between accurate and false information can be especially valuable.

Did you know?

Though women may notice various signs and symptoms that could be indicative of breast cancer, breast pain is generally not one of them. The National Breast Cancer Foundation, Inc.® notes that there are various harmless causes of breast pain, such as puberty, menstruation and child birth, but that breast pain is not commonly a symptom of cancer. However, in rare instances breast pain may correlate with cancer. For example, breast tumors may cause pain, but cancerous tumors are not generally reported as painful. Though it may not be linked to breast cancer, breast pain should still be reported to a physician immediately, advises the NBCF.



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Breast cancer is a formidable foe. According to the World Health Organization, an estimated 627,000

women lost their lives to breast cancer in 2018. But women are not helpless in the fight against breast cancer, as the WHO notes early detection is critical and could potentially save thousands of lives each year.

A proactive approach is a key component of protecting oneself against breast cancer. While the National Breast Cancer Foundation, Inc.® notes that many breast cancer symptoms are invisible and not noticeable without a professional cancer screening, women can keep an eye out for certain signs of breast cancer they might be able to detect on their own. Monthly self-exams can help women more easily identify changes in their breasts. During such self-exams, women can look for the following signs and symptoms and are advised to report any abnormalities they discover to their physicians immediately.

- Changes in how the breast or nipple feels: The NBCF says nipple tenderness or a lump or thickening in or near the breast or underarm could indicate the presence of breast cancer. Some women may notice changes in the skin texture or an enlargement of the pores in the skin of their breast. In many instances, skin texture has been described as being similar to the texture of an orange peel. Lumps in the breast also

may indicate breast cancer, though not all lumps are cancerous.

- Change in appearance of the breast or nipple: Unexplained changes in the size or shape of the breast; dimpling anywhere on the breast; unexplained swelling or shrinking of the breast, particularly when the shrinking or swelling is exclusive to one side only; and a nipple that is turned slightly inward or inverted are some signs and symptoms of breast cancer that can affect the appearance of the breast or nipple. It is common for women's breasts to be asymmetrical, but sudden asymmetry should be brought to the attention of a physician.

- Discharge from the nipple: The NBCF notes that any discharge from the nipple, but particularly a clear or bloody discharge, could be a sign of breast cancer. The NBCF also advises women that a milky discharge when they are not breastfeeding is not linked to breast cancer but should be discussed with a physician.

Learning to recognize the signs and symptoms of breast cancer can increase the likelihood of early diagnosis, which greatly improves women's chances of surviving this disease.

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Breast center of excellence

A team approach to care

Breast Cancer. Just hearing the words can ignite anxiety. Imagine if there was a program facilitated by a team of local experts committed to doing everything in their power to reduce that anxiety. What if there was a place where oncologists, surgeons, radiologists, primary care physicians, pathologists, navigators, specialty nurses, and technicians worked side by side with a singular goal to reduce the time from screening to diagnosis to treatment, all while supporting the patient every step of the way?

You don't have to imagine. Capital Region Goldschmidt Cancer Center's newest endeavor, the Breast Center of Excellence (BCE) provides patients a multidisciplinary team equipped with the latest technology to reduce sleepless nights and advance the treatment process.

The guiding principles of the BCE are

simple: to decrease sleepless nights, to provide support to the patients at every step, maintain a multidisciplinary team approach to the care plan and consistently use evidence-based care and best practices.

"The program's concept is not complicated; however, it does require consistent collaboration from many different disciplines," says Raonak Ekram, M.D., oncologist and program director at the Goldschmidt Cancer Center. "We are extremely fortunate to have a team of physicians and nurses who are incredibly dedicated to this program and our patients. As a team we are able to develop individualized treatment plans to treat the whole patient not just the disease."

At the core of the program are specialized nurses dedicated to guiding their patients through treatment protocols and onto survivorship. Navigation and Survivorship Nurse Specialists, Julie Phelps and Kara Thrash, are experienced oncology nurses who work closely with patients to help them understand the treatment process and provide them with resources and support throughout the journey. The navigators are also a resource for

the patients support team, offering education and resources to help them as they embrace their role as a caregiver.

Advancements in diagnostic technology have significantly improved over the years with the addition of 3D mammography and breast MRI's. While these have made detecting breast abnormalities easier, it was the process that needed to be changed to reduce anxiety for patients.

"When a patient hears their screening came back abnormal or inconclusive, the mind automatically leaps to the worst case scenario," says Phelps. "We have worked very hard to streamline our process to reduce the number of days from the time of screening to receiving results to contacting the patient and deciding on the next steps. Our goal is NO sleepless nights"

"Finding out you or someone you love has cancer often leads to more questions than answers," comments Thrash. "Our commitment to our patients and our community is to find the answers and to be there every step of the way. As a team, we rally for our patients."

Advocate • From page 6B

started globally getting hits on my website," she said.

One patient who reached out to Hollrah in 2015 was Terry McGregor of Canada, who had been diagnosed with the disease and given only a few months to live. Hollrah's voice broke with emotion as she explained how she tried to help the woman, emphasizing the need for follow-up visits and maintaining as positive an attitude as possible in fighting the illness.

"Today," Hollrah said, "Terry McGregor is still alive and I had something to do with that."

Indeed, the Canadian woman has become a close friend of Hollrah, as have other ALCL victims, such as Jamee Cook of Dallas, who accompanied Hollrah just days ago on a trip to San Diego to speak to a gathering of the American Society of Plastic Surgeons — a group that, like others, was cool to Hollrah's initial efforts to ban the textured implants believed to be the cause of ALCL but eventually came to recognize the hazard. "We've changed that conversation between the plastic surgeons and the patients," Hollrah said.

McGregor will be joining Hollrah this week at the global conference on breast implants.

Hollrah's efforts focusing on the implants produced by Allergan Pharmaceutical have garnered wide attention. Most recently, those efforts were featured in a

Today Show segment and included in national network newscasts. Hollrah believes all that news coverage figured largely in making July 24 such an important day in the fight against ALCL.

While Aug. 28, 2013, marked the start of Hollrah's advocacy work, July 24, 2019, marks a milestone — perhaps the largest — in her efforts. At the start of that day, word was buzzing among Hollrah's fellow advocates. Something was afoot in Washington, D.C. An emergency telephone call was expected from the U.S. Food and Drug Administration later in the day.

Hollrah received a call from Clemens, her doctor from MD Anderson Hospital in Houston. The FDA had just announced that the Allergan implants were being pulled from the market globally. Hollrah tears up, her voice cracks as she recounts the phone call with the news of the FDA action.

Finally, hopefully, a move is made that would mean no more ALCL victims — at least no new victims of this particular breast implant.

"Since that time, I thought my work was over," Hollrah said. But she was wrong.

"We have decided our work just started July 24," she said, referring to the next level of effort — promoting a policy of informed patient consent regarding breast implants. And to that end, Hollrah points to a major success: The American Society of Plastic Surgeons has adopted the policy.

Although she beat ALCL and has gone on to help and advocate for many other victims, Hollrah acknowledges the cancer has taken a major toll in her life. Looking to eliminate as much as possible her risk of a future cancer, Hollrah underwent procedures that included a hysterectomy — meaning that daughter Allison would be without biological siblings. "Cancer took my ability to have another child," Hollrah said.

But not her ability to share her love. In 2012, Hollrah and her family took in a young man whose parents both died of cancer. She considers Ryan to be her son. "I'm proud to say now our son is 22."

That's part of the silver lining around her cancer cloud. "Cancer has brought me so much more than grief," she said.

Her efforts in fighting ALCL also curbed Hollrah's involvement in her community. "I had to remove myself completely" from several organizations and boards that she had served on, she said, in order to devote the necessary time to her advocacy work.

And that work, despite the victory regarding the Allergan implants, is far from over.

"Do we have more work to do? Absolutely," she said, as she prepared to take her advocacy efforts to Rome.

Learn more about Hollrah and her efforts at JustCallMeRay.org.

Menopause and breast cancer risk

Menopause occurs when a woman's reproductive cycle is over and she can no longer produce offspring. For many women, menopause occurs around age 50.

While menopause itself is not a risk for breast or other cancers, it's important to know that some symptom treatments and other factors can increase the risk for cancer among menopausal women. The North American Menopause Society says that a woman going through perimenopause and menopause may experience various symptoms, which can range from hair loss to food cravings to hot flashes to vaginal dryness. The National Institutes of Health indicates some women undergo combined hormone therapy, also called hormone replacement therapy, or HRT, to

help relieve menopausal symptoms such as hot flashes and osteoporosis. This therapy replaces estrogen and progesterin, which diminish in a woman's body after menopause sets in. However, NIH's Women's Health Initiative Study has found that women undergoing HRT have a higher risk of breast cancer, among other conditions.

WebMD says evidence suggests that the longer a woman is exposed to female hormones, whether it's those made by the body, taken as a drug or delivered by a patch, the more likely she is to develop breast cancer. That means that HRT can increase breast cancer risk and also indicates that the longer a woman remains fertile the greater her risk for certain cancers. Females who began menstruating before age 12 or entered menopause after age 55 will have

had many ovulations. This increases the risk of uterine, breast and ovarian cancers, states the American Society of Clinical Oncology. It also may impact a woman's chances of developing endometrial cancer.

Gaining weight after menopause can also increase a woman's risk of breast cancer, states the MD Anderson Cancer Center. Therefore, maintaining a healthy weight or even losing a little weight can be beneficial.

Women who enter menopause are not necessarily at a higher risk for breast cancer, but some factors tied to menopause can play a role. Females who want to lower their risk for various cancers are urged to eat healthy diets, quit smoking and maintain healthy body weights.



National Breast Cancer Awareness Month

To lower my risk for breast cancer,

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- *perform a monthly self-exam*
- *schedule an annual physical*
- *start exercising regularly*
- *follow a healthy, low-fat diet*
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Determining breast cancer stage

When receiving treatment for breast cancer, women will learn about cancer staging. According to the nonprofit organization Breastcancer.org, determining the stage of the cancer helps patients and their doctors figure out the prognosis, develop a treatment plan and even decide if clinical trials are a valid option.

Typically expressed as a number on a scale of 0 through IV, breast cancer stage is determined after careful consideration of a host of factors. The staging system, sometimes referred to as the TNM system, is overseen by the American Joint Committee on Cancer and ensures that all instances of breast cancer are described in a uniform way. This helps to compare treatment results and gives doctors and patients a better understanding of breast cancer and the ways to treat it.

Breastcancer.org notes that the TNM system was updated in 2018, but before then was based on three clinical characteristics:

- T: the size of the tumor and whether or not it has grown into nearby tissue
- N: whether the cancer is present in the lymph nodes
- M: whether the cancer has metastasized, or spread to others parts of the body beyond the breast

While each of those factors is still considered when determining breast cancer stage, starting in 2018, the AJCC added additional characteristics to its staging guidelines, which make staging more complex but also more accurate.

- Tumor grade: This is a measurement of how much the cancer cells look like normal cells.

- Estrogen- and progesterone-receptor status: This indicates if the cancer cells have receptors for the hormones estrogen and progesterone. If cancer cells are

deemed estrogen-receptor-positive, then they may receive signals from estrogen that promote their growth. Similarly, those deemed progesterone-receptor-positive may receive signals from progesterone that could promote their growth. Testing for hormone receptors, which roughly two out of three breast cancers are positive for, helps doctors determine if the cancer will respond to hormonal therapy or other treatments. Hormone-receptor-positive cancers may be treatable with medications that reduce hormone production or block hormones from supporting the growth and function of cancer cells.

- HER2 status: This helps doctors determine if the cancer cells are making too much of the HER2 protein. HER2 proteins are receptors on breast cells made by the HER2 gene. In about 25 percent of breast cancers, the HER2 gene makes too many copies of itself, and these extra genes ultimately make breast cells grow and divide in ways that are uncontrollable. HER2-positive breast cancers are more likely to spread and return than those that are HER2-negative.

- Oncotype DX score: The oncotype DX score helps doctors determine a woman's risk of early-stage, estrogen-receptor positive breast cancer recurring and how likely she is to benefit from post-surgery chemotherapy. In addition, the score helps doctors figure out if a woman is at risk of ductal carcinoma in situ recurring and/or at risk for a new invasive cancer developing in the same breast. The score also helps doctors figure out if such women will benefit from radiation therapy or DCIS surgery.

Determining breast cancer stage is a complex process, but one that can help doctors develop the most effective course of treatment. More information is available at www.breastcancer.org.

Be A Survivor!

Take time (now is good) to perform your monthly self-exam, and schedule your annual well-woman check-up and mammogram. Medley Pharmacy in Owensville will be hosting the



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Simple steps to lower breast cancer risk

For a disease as scary as breast cancer, one positive and very important message that deserves to be heard more often during Breast Cancer Awareness Month is that it's a disease that can be prevented.



by Dr. Graham Colditz
Siteman Cancer Center

Research shows that about half of all breast cancer cases could be avoided with healthy steps most women can take. That translates to around 130,000 fewer cases each year in the U.S.

And it's almost never too early, or too late, to take steps that can lower risk. The teen and young adult years are ideal, since

it's an important period in growth and development that can have a pronounced impact on cancer risk later in life. Still, healthy habits picked up in midlife and beyond can have significant benefit, too.

Add movement to your days and keep it fun – dance, garden, play or walk.

Get started with these behaviors, which are also great for the overall health of the entire family.

One of the many benefits of regular physical activity is a lower risk of breast cancer. If you're new to activity – or haven't done it regularly in a while – take the pressure off and just choose something fun that gets you moving more than you normally would. After a while, you can do more if you want, building up to around 30 minutes of moderate activity a day. For families: Be active together. Walk to the grocery store, play ball in the

park or tend a plot in a community garden.

Skip the alcohol.

We now know there's really no risk-free amount of drinking when it comes to cancer, especially breast cancer. The best choice for your health and otherwise is simply not to drink. Choose healthy, alcohol-free drinks instead, bringing your own to gatherings if you need to. For families: Talk with your children about the risks of alcohol and binge drinking, and don't center family meals and parties around alcohol.

Eat more plants.

Healthy, plant-based eating has many benefits, including lowering one's risk of breast cancer. Being plant-based doesn't mean you need to drop meat altogether. But it does mean adding more whole grains, beans, fruits and vegetables to your meals and snacks – and cutting back on meat, especially red and processed meat. For families: Ease into plant-based eating by looking up vegetarian recipes as a family and going meatless one day a week.

Keep weight steady.

We hear so much about weight these days that it's easy to become numb to its importance to our health. But overweight and weight gain in adulthood increases the risk of at least 13 different cancers. Keeping your weight steady – just not gaining weight – is a great goal that can have big health benefits, even if you're overweight. For families: Keep high-calorie, low-quality snacks out of the house. Replace things like sugary soda, chips and cookies with fruits and vegetables, air-popped popcorn

and fizzy water.

Stay smoke-free or get smoke-free.

We can now add breast cancer to the list of many diseases caused by smoking. So, if you smoke, quitting is the most important thing you can do to improve your health. Visit smokefree.gov or call 1-800-QUIT-NOW (1-800-784-8669) for help. For families: Talk with your kids from an early age about the dangers of smoking – and vaping. And be a good smoke-free role model.

Behaviors like these can't erase a woman's chances of getting breast cancer. A lot of different factors come together to cause the disease, many of which are out of a woman's control. But healthy choices can help lower risk, and that applies to pretty much all women – younger, older, those with a family history of cancer and those without.

And that is a really positive, empowering message. It's your health. Take control.

For more ways to lower your risk of breast and other cancers, visit 8ightways.org.

Dr. Graham A. Colditz, associate director of prevention and control at Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, is an internationally recognized leader in cancer prevention. As an epidemiologist and public health expert, he has a long-standing interest in the preventable causes of chronic disease. Colditz has a medical degree from The University of Queensland and a master's and doctoral degrees in public health from Harvard University's T.H. Chan School of Public Health.



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Community for a Cure

We Stand Together in the Fight Against Breast Cancer!

Medical experts agree that early detection is a woman's best defense in overcoming breast cancer. In fact, the National Breast Cancer Foundation reports that when breast cancer is detected in the early, localized stage, the five-year survival rate is 98 percent. The organization encourages every woman to develop an early detection plan consisting of breast self-exams, clinical breast exams and mammograms based on age and health history.

To learn how to perform a monthly breast self-exam, go to www.nationalbreastcancer.org or ask your healthcare professional. A family physician or gynecologist should perform a clinical breast exam as part of an annual visit, and can advise women on the frequency of mammography scheduling.

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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