

SURVIVING BREAST CANCER



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A SPECIAL SUPPLEMENT TO THE

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The risk factors for breast cancer

No two women are the same. But when it comes to breast cancer, women from all walks of life share various risk factors for a disease that the World Health Organization indicates is the most frequent cancer among women.

Risk factors are anything that affects the likelihood that individuals will get a certain disease. In regard to breast cancer, the American Breast Cancer Foundation notes that various factors, some that result from lifestyle choices and others that

See **Risk** page 3B



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Breast self-exam provides early detection for Owensville woman

BY ROXIE MURPHY
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Tammy Kelly isn't a stranger to talking about breast cancer. Out of four of her friends, she was the third to be diagnosed with the disease that is caused by abnormal cell growth and has taken many lives.

"When I was a teenager, (cancer) wasn't that common, but now it's everybody," Kelly said when asked about her diagnosis.

Kelly said she does the prescribed self-checks at home, and that is how she discovered the lump on her left breast.

"I don't have insurance so I hadn't been to the doctor," she said. "I normally check and hadn't done it for a while."

One night while she performed a self-check, she thought she felt something on her left side that wasn't on the right side. So she asked her friends who were currently or had previously fought cancer.

"They said I had better get it checked," Kelly said. "I checked with Compass Health, and the doctor said she didn't think it was anything because the lump moved around."

But Kelly still felt that something wasn't right. "I was going to let it go, but decided to get a second opinion," Kelly said.

She saw a pamphlet at the doctor's office that gave her information for other clinics.

"It got me into Mercy Washington for a mammogram and ultrasound," Kelly said. "That was in February."

Her oncologist (cancer doctor) said they could see the lump but weren't for sure what it was and recommended a biopsy. After the biopsy, everything happened fast.

"I was called and they said it did come back as cancer," Kelly remembered.

Kelly was scheduled for surgery.

"On March 11, I had my first surgery," Kelly said. "Then they called and said 'we are afraid we didn't get it all.'"

Two things happened after that — Kelly was scheduled for an MRI and the novel coronavirus COVID-19 was officially acknowledged in the United States.

"They found three more spots, so I had six spots altogether," Kelly said.

Doctors made a schedule for another surgery. Kelly's son David Kelly and daughter Shania Wilson were taking turns driving her to appointments. It was David who drove his mother to the doctor before her second surgery, but her children and family were not allowed inside this time.

"Because of COVID, everyone had to stay outside. I even waited in the car until the surgeon called and someone came down to get me before the surgery," Kelly said.

Through it all, she had those three friends that stood by her.

"My friends and I would get together before each surgery," Kelly said. "Sometimes we would go shopping or out to eat or just walk around — kind of like moral support."

She was in constant communication with her doctors even during COVID-19 hit and closed the

hospitals to elective surgeries.

"The surgeon would tell me stuff over the phone, but after the second surgery, she said I could take pictures and sent them to her. But I never did," Kelly said.

Six weeks after the surgery came 20 radiation treatments, but again because of COVID-19, those appointments were scheduled and rescheduled multiple times. To make things considerably more confusing, Kelly was seeing multiple doctors and their information didn't always agree.

"The radiation doctor confused me because the surgeon was telling me something different to watch for or what could happen," Kelly said. "They changed visits and appointments due to the coronavirus."

Kelly said while she didn't fully understand why the appointments had to be changed so much, she knew the COVID-19 was partially responsible because the doctor wasn't traveling in and out of St. Louis as much and coming to the Washington facility.

At the end of her surgeries and radiation treatments, Kelly went into the Mercy facility for the final check on June 18, where she was pronounced

See **Tammy** page 3B

Risk • From page 2B

are not changeable, can increase a woman's risk of developing breast cancer. Recognizing these risk factors can help women make any necessary changes and even highlight the importance of routine cancer screenings that can detect the presence of the disease in its earliest, most treatable stages.

Lifestyle-related risk factors

The ABCF notes that certain habits or behaviors can increase a woman's risk for breast cancer. But the good news is that women who understand the link between certain habits or behaviors and breast cancer can avoid those behaviors to decrease their risk of developing the disease. According to Breastcancer.org, the following are some habits, behaviors or lifestyle choices that can increase a woman's risk for breast cancer.

- Alcohol consumption: Breastcancer.org notes that researchers have uncovered links between the consumption of alcoholic beverages and hormone-receptor-positive breast cancer. One study found that women who consume three alcoholic beverages per week have a 15 percent higher risk of developing breast cancer than women who don't drink at all. And while research into the connection is limited, a 2009 study found a link between alcohol consumption and breast cancer recurrence.

- Sedentary lifestyle: Exercise consumes and controls blood sugar and limits blood levels of insulin growth factor. That's an important connection, as insulin growth factor can affect how breast cells grow and behave. A sedentary lifestyle also can increase a woman's risk of being obese, which the ABCF notes is a risk factor for breast cancer among postmenopausal women.

- Smoking: Smoking has long been linked to cancer, and Breastcancer.org notes that smoking has been linked to a higher risk of breast cancer in younger, premenopausal women.

Unchangeable risk factors

Unfortunately, many risk factors for breast cancer are beyond women's control. For example, the ABCF notes that roughly two out of three invasive breast cancers occur in women age 55 and older. Women cannot change their ages, but recognizing the link between age and breast cancer risk is important, as such a recognition may compel more women 55 and older to prioritize cancer screening.

Gender and family history are two additional unchangeable risk factors for breast cancer. Women are much more likely to get breast cancer than men. In addition, Breastcancer.org notes that between 5 and 10 percent of breast cancers are believed to be caused by abnormal genes that are passed from parent to child.

Women are not helpless in the fight against breast cancer. Knowledge of breast cancer, including its various risk factors, is a great weapon against it as women look to reduce their risk of developing the disease.

Tammy • From page 3B

cancer-free. Her four-month battle was at an end, but she would have to continue to have check-ups for the next several months.

"I have to go back on Nov. 3 to do the blood test. I have been worried if they will let me come in and do it," Kelly said. "I keep worrying about it coming back."

The difference between her journey in February and now in October is stark.

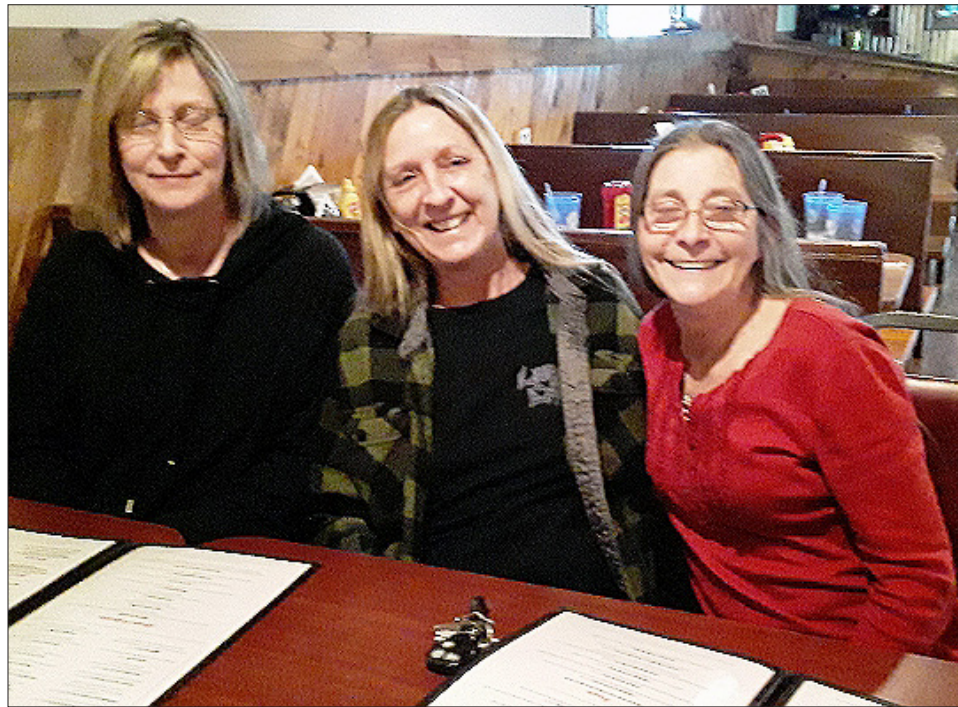
"I was worried when they first told me. Like, do I have it all through my body? Now I worry if it is going to come back."

Kelly says she has continued to stay vigilant about self-checks — especially now, but is concerned with all the scar tissue from the first surgery that she wouldn't know what is and isn't a lump.

"How would I be able to find a second one with the scar tissue?" she asked. "The radiation doctor told me it would get to a point that it will change and then I would know the difference between a lump and scar tissue."

The unknown hasn't dissuaded her from the self-checks.

"I think people need to do the breast exams," she said. "I did self-check and



TAMMY KELLY'S support group included Patricia Kennedy (left) and Bonnie Woemmel (right).

my friend Trish did too, but she had to go back three or four times before they got them to do something."

During her journey, Kelly was open with her friends and family, sharing

information as it came.

"They all knew I was going to see doctors," she said. "Then I just had to keep everybody informed."

As COVID-19 restrictions loosened

at the hospital, she noticed longer wait times to see her doctors.

"(COVID-19 restrictions) made the experience better because they got me in and I got to go right back there. I didn't have to wait. Towards the end, more people started coming in and I had to wait," she said.

It was more than just waiting. The people Kelly saw were in various stages of illness.

"I feel like I had it easy," she said. "One of my best friends ended up having a double mastectomy. When you are in there talking to people that has been going through stuff, you just think that (you're) not that bad. You get a chance to talk to people. I feel lucky that I caught it at the very first."

Kelly says she didn't lose her hair like her friend did since she had radiation and not chemotherapy, and her battle wasn't strung out over a long period. Her diligence played a big part in early detection.

"The one doctor, if I would have followed her — they said 'thank God you questioned that and got a second opinion,'" Kelly said.

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What to expect after cancer treatment ends

Once the initial shock of a breast cancer diagnosis wears off,

many patients are ready to get down to business and begin treatment. Based on data collected by the SEER database, which is maintained by the National Cancer Institute, five-year survival rates for breast cancer in the United States are excellent. If the cancer is localized or regional (spread to nearby structures or lymph nodes), the survival rate is 99 percent and 86 percent, respectively. If the cancer has spread to distant parts of the body, the five-year survival rate is 27 percent. These survival rates underscore the importance of early detection and treatment.

Treatment may induce feelings of anxiety among patients. Equally scary can be what to expect after treatment ends. Here's a closer look at what comes next.

After surgery

If treatment involves surgery for a lumpectomy or mastectomy, patients will move to into the recovery room after surgery to wake up from anesthesia. BreastCancer.org says if you are feeling any pain, now is the time to speak up, as staff in the recovery room assess your pain and vital signs.

Many surgeries are completed on an outpatient basis. However, more invasive surgeries that involve lymph node dissection require a hospital stay.

Doctors will set up a schedule of follow-up care to check surgical sites and monitor healing. Radiation or chemotherapy may be used in conjunction with surgery and may continue even after surgery.

After chemotherapy

Chemotherapy causes an "enormous assault" on the body, according to Marisa Weiss, MD, founder of Breastcancer.org. Many of the hurdles that people feel post-treatment are lasting fatigue. WebMD says a phenomenon called "chemo brain" can occur. This is a mental change characterized by an inability to focus and memory deficits.

In addition, after chemo ends, it may take up to six months for hair to start to grow back, and hair that grows back may be a different color and have a different texture.

After radiation

The American Cancer Society says side effects from radiation may vary depending on the patient. Extreme fatigue is often noted, and such feelings may come and go.

Some people experience skin changes in the radiation treatment area. The skin

See **After treatment** page 6B

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Early warning signs for breast cancer

Breast cancer affects millions of women across the globe every year. According to the World Health Organization, breast cancer is the most frequent cancer among women, affecting 2.1 million women each year. As daunting as that may seem, the WHO also notes that early diagnosis can greatly reduce a woman's risk of dying from breast cancer.

Women can be proactive in the fight against breast cancer by learning to identify early warning signs of the disease.

The nonprofit breast cancer advocacy organization Susan G. Komen® notes that the warning signs for breast cancer are not the same for all women, but the most common signs include a change in the look or feel of the breast or a change in the look or feel of the nipple. A discharge from the nipple is another common warning sign of breast cancer.

Physical changes in the breast can vary, but Susan G. Komen® advises women who notice these changes to bring them to the attention of their physicians immediately:

- Lump, hard knot or thickening inside of the breast or underarm area
 - Change in the size or shape of the breast
 - Swelling, warmth, redness or darkening of the breast
 - Dimpling or puckering of the skin
- Women with breast cancer also may notice physical changes in their nipples,

Women concerned by a lump or lumpy texture are urged to discuss those concerns with their physicians immediately.

including:

- Itchy, scaly sore or rash on the nipple
- Pulling in of the nipple or other parts of the breast

It's important that women recognize that physical changes in their breasts are not necessarily indicative of breast cancer. In fact, the American Breast Cancer Foundation notes that not all lumps in the breast cause cancer and that many such lumps are benign. Fibroadenomas and intraductal papillomas are examples of

benign lumps, though it's important to note that even benign conditions such as these may put women at greater risk of developing breast cancer.

Susan G. Komen® notes that breast tissue naturally has a lumpy texture. If lumpiness can be felt throughout the breast and it feels like your other breast, then it's likely that this is just the

normal texture of your breasts. However, women concerned by a lump or lumpy texture are urged to discuss those concerns with their physicians immediately.

Discharge from the nipple is another potential sign of breast cancer, but Susan G. Komen® notes that such discharge is rarely a sign of cancer. Discharges that occur without squeezing the nipple, occur in only one breast or are bloody or clear are potentially indicative of more serious conditions, including breast cancer.

Breast cancer is a formidable foe. But women who arm themselves with knowledge of the disease, including its early warning signs, are in better position to overcome it.

***After treatment •
From page 5B***

may appear red, irritated, swollen, or blistered. Over time, the skin may become dry, itchy or flaky. Depending on certain types of radiation treatment, radioprotective drugs may be offered to help protect certain normal tissues.

Follow-up

Doctors will prescribe a regimen for follow-up care. Every few months women may expect a visit at first. The longer you have been cancer-free, the fewer follow-up visits will be required. Mammograms on any remaining breast tissue will be scheduled between six and 12 months after surgery, and annually thereafter.

Bone density tests and blood and imaging tests also may be recommended if you are taking certain medications or have physical indicators that the cancer might have come back.

Getting back on track after breast cancer treatment can take time. Eventually, life can return to normal, especially for patients with a good support team in place.

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Become educated, know your breasts

BY LINDA TREST
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Do you have dense breast tissue? You don't know? Then ask. It can be vitally important in early detection of breast cancer.

This is just one of many things Angela Adams learned after she was diagnosed with the disease this summer.

Adams, 47, is an LPN and her work as a hospice nurse gives her an advantage in navigating our complex medical system. Still, even she has struggled to determine the best course of treatment for her particular case.

"I should not have to steer this ship," Adams remembers feeling at the beginning of her

journey. But she did, and she urges other women to become educated, informed and proactive in their own breast cancer treatment.

It began in early July when she developed a sore nipple. There was no redness, drainage or swelling. She reports her breast felt heavy, likening it to a nursing mother who needs to feed her baby soon. Nothing terribly out of the ordinary and after about four days, the tenderness subsided, only to be replaced by a small lump at the base of her nipple. Then her nipple began to invert. She had also noticed that her breasts no longer seemed symmetrical and her shirts didn't hang quite right on her.

It was time for her yearly mammogram, so Adams called her primary care physician to report the lump and asked her to place an order for a mammogram. A couple of weeks later Adams arrived for her late afternoon mammogram only to learn it couldn't be done. Somehow she had been scheduled for a routine mammogram, not the more comprehensive diagnostic mammogram she required. Because it was late in the day and the diagnostic mammograms are done at a different location, she was sent home to reschedule. This took an additional week or two.

When she was able to have the mammogram, Adams learned she had dense breast tissue. Cancer cells show up light in color on the mammogram, but so does dense tissue. This makes it hard to distinguish between the two. Often, an ultrasound is the only way to see cancer cells in dense breast tissue. This was

ordered for Adams.

The ultrasound results showed two more spots of probable cancer in her breast. A biopsy was scheduled which confirmed Stage 2 breast cancer. Unfortunately, that diagnosis would not hold.

Further tests revealed the cancer had spread to her liver. A liver biopsy was done and she was then diagnosed with Stage 4 metastatic breast cancer.

After that news, the oncologist suggested that they not treat the cancer aggressively. Adams felt differently.

Adams has three children ages 26, 15 and 13. She and her husband Jeff moved

to a new home outside Rosebud late last year. She has a meaningful job that makes a positive difference in

people's lives everyday. She has many, many reasons to fight for her life.

And so she will.

Last week she began a fairly aggressive program of chemotherapy. She will receive a dense dose therapy every other week. After completing the chemotherapy, she and her oncologist will look at targeted therapies for her liver.

Adams has learned there is a strong genetic link between prostate cancer and the type of cancer which she has. Her father died of prostate cancer at age 51.

Much of her time now is spent getting the information she needs to make informed decisions about her treatment and care. She advises all women to do the same.

Adams urges women to do the following:

- Learn whether or not you have dense breast tissue. If you do, ask for/demand ultrasounds in addition to mammograms.
- Faithfully perform regular monthly breast exams, paying special attention to the area around and under the nipple.
- Know your family medical history and learn how it may affect your own health.
- If diagnosed with breast cancer, learn all you can on treatment options.
- Do not be afraid to question anything.
- Make your voice heard, if you have trouble speaking up, find an advocate to speak for you.

After revealing to another health professional the anger she felt through all this, Adams was given some good advice.

"Stay pissed," she was told, "it's what will get you through this."

"Stay pissed, it's what will get you through this."

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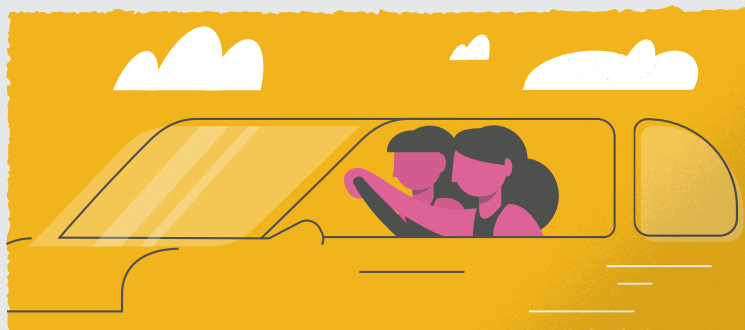


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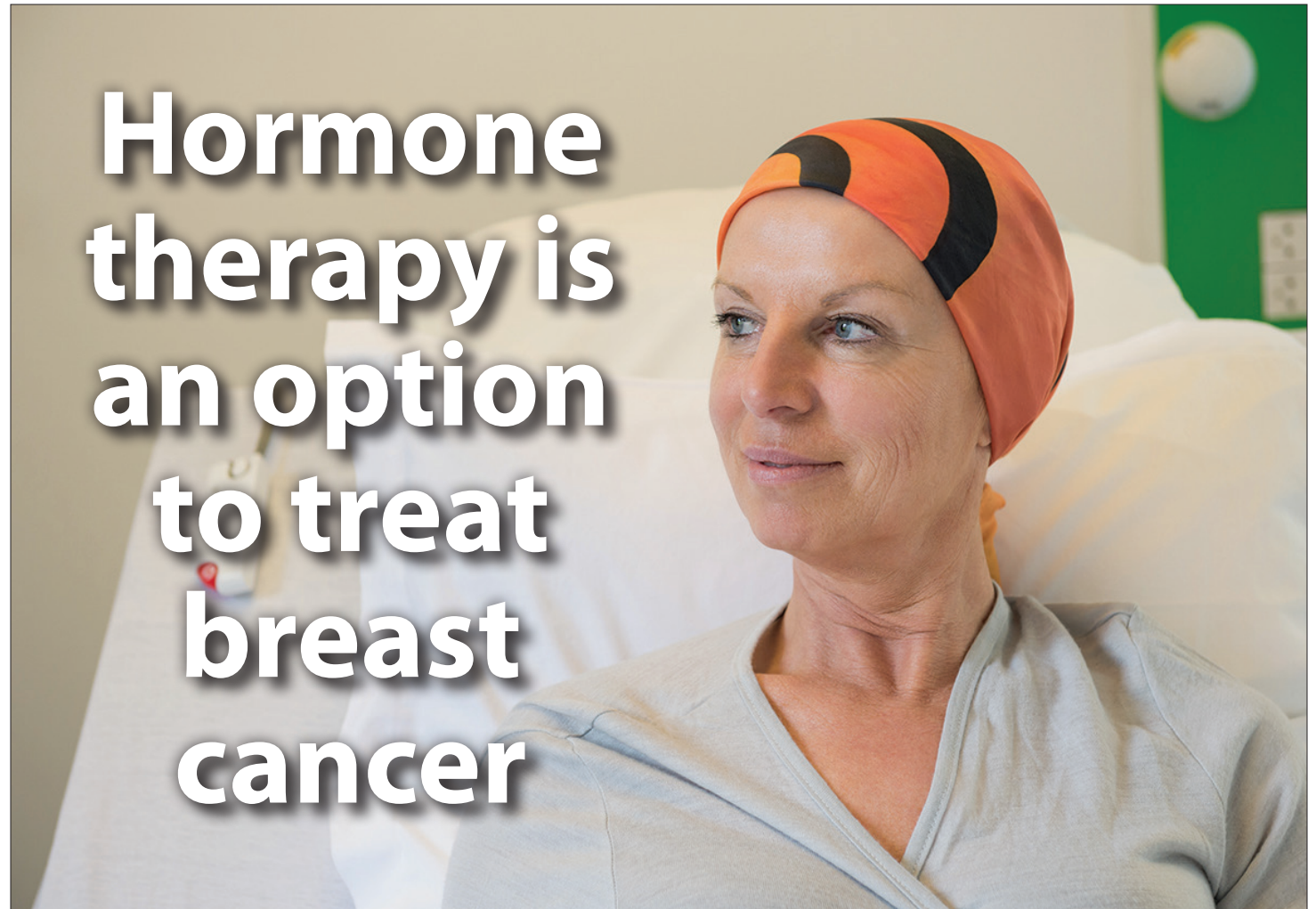
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Hormone therapy is one of the many types of treatment used in the fight against breast cancer.

Hormone therapy helps address breast cancers that are affected by hormones like progesterone and estrogen. With such cancers, the breast cancer cells have receptor proteins that attach to estrogen and progesterone to help the cancer cells grow. Hormone therapy treatments, also called endocrine therapy, help stop the hormones from attaching to receptors. The therapy also can decrease the body's production of certain hormones.

The Mayo Clinic says hormone therapy is only used for breast cancers that are found to have receptors for estrogen or progesterone. Doctors refer to

See **Hormone therapy** page 9B



Hormone therapy is an option to treat breast cancer



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Hormone therapy • From page 8B

these types of cancers as estrogen receptor positive (ER positive) or progesterone receptor positive (PR positive). Doctors who specialize in analyzing blood and body tissue will study a sample of cancer cells to see if they have receptors for estrogen or progesterone.

It is important not to mistake hormone therapy for breast cancer with menopausal hormone therapy, which is sometimes called hormone replacement therapy, advises the National Cancer Institute. With menopause treatments, progesterone and estrogen may be used to relieve symptoms of menopause. Cancer hormone treatment does the opposite. The therapy blocks the growth of ER or PR positive breast cancer cells. Typically, drugs are used to stop estrogen and progesterone from helping breast cancer cells grow; otherwise, drugs or surgery will be used to keep the ovaries from making these hormones. Radiation therapy aimed at the ovaries also may help stop hormone production.

Various drugs may be used during the course of hormone therapy. These include aromatase inhibitors that block estrogen production. Other drugs called selective

estrogen receptor modulators bind to estrogen receptors to prevent estrogen from attaching to cancer cells.

The NCI notes that research has shown that adjuvant hormone therapy after surgery for ER-positive breast cancer causes reduced risks of breast cancer recurrence, including new breast cancer in the other breast, for at least five years. Sometimes hormone therapy can be used to prevent breast cancer in women who are at increased risk of developing the disease.

The Mayo Clinic says that an oncologist will determine the type of hormone therapy that will be right for a particular type of receptor positive breast cancer. There are some side effects of hormone therapy that depend on the type of treatment. Hot flashes, night sweats, vaginal dryness, mood swings, loss of libido, and risk of blood clots may be possible. Doctors can weigh the risk between the benefits and side effects of hormone therapy.

In addition to chemotherapy, radiation and surgery, hormone therapy may help some patients overcome a breast cancer diagnosis.

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Death rates from breast cancer have been decreasing steadily since 1989.

A breast cancer diagnosis can be a devastating blow. Upon receiving such a diagnosis, people may begin to ask questions about treatment and the impact cancer may have on their personal lives. Many people who are diagnosed with cancer also begin to wonder about their mortality.

An estimated 266,120 new cases of invasive breast cancer and 63,960 new cases of non-invasive, or in situ, breast cancer are expected to be diagnosed among women in the United States this year, according to Breastcancer.org. According to the latest statistics presented by the Canadian Breast Cancer foundation, 26,300 women and 230 men had been diagnosed with breast cancer in Canada in 2017.

The good news is that breast cancer incidence rates began decreasing in 2000 after increasing for the previous two decades. In addition, death rates from breast cancer have been decreasingly steadily since 1989.

The National Cancer Institute says that the change in age-adjusted mortality rates are an indicator of the progress being made in the fight against breast cancer. The most recent SEER

Cancer Statistics Review released in April 2018 indicates cancer death rates among women decreased by 1.4 percent per year between the years of 2006 and 2015. The American Cancer Society says that decreasing death rates among major cancer types, including prostate, colorectal, lung, and breast cancers, are driving the overall shift in survival. The ACS says breast cancer death rates among women declined by 39 percent from 1989 to 2015. That progress is attributed to improvements in early detection and treatment protocols.

Breast cancer mortality rates in Canada recently decreased to 21.4 percent, down from 21.8 percent in 2011, states data from the Canadian Cancer Society. Currently, the five-year survival rate for breast cancer among Canadians is 87 percent, and the five-year net survival in the United States is 85 percent.

Increased knowledge about breast cancer, early detection through examinations and mammography and improved treatments are helping to drive up the survival rates of breast cancer. Although this does not make diagnosis any less scary, it does offer hope to those recently diagnosed.

COVID-19, breast cancer guidelines



The novel coronavirus COVID-19 first appeared in late 2019 and has changed life for the foreseeable future. While many people are quick to focus on the ways COVID-19 has impacted their abilities to shop, visit with friends and relatives or travel, the virus has made life especially difficult for people with preexisting health conditions.

Medical News Today reports that the symptoms of COVID-19 may be more severe for breast cancer patients. Furthermore, the Centers for Disease Control and Prevention notes that undergoing cancer treatment can weaken the immune system, further increasing a person's vulnerability to infection. Specifically, targeted therapies, chemotherapy and radiation can weaken the immune system and compromise its ability to fight off the coronavirus. Furthermore, these treatments also may cause lung problems that can exacerbate COVID-19 symptoms, particularly among breast cancer patients whose cancer has metastasized to the lungs.

In April 2020, new guidelines for the prioritization and treatment of breast cancer patients during the COVID-19 pandemic were released, compiled by a group of U.S. medical organizations, including the National Accreditation Program for Breast Centers, the American College of Radiology and the Comprehensive Cancer Network. At hospitals where resources and staff have become limited due to COVID-19 treatment efforts, doctors have had to define which breast cancer patients need urgent care and which can have delayed or alternative treatments. These measures can help balance maintaining positive

survival outcomes as well as reducing risk of exposure to the virus, according to the American Society of Breast Surgeons.

Breast cancer patients have been broken down into priority levels of A, B and C for urgency of care.

- Priority A: A patient has conditions that are immediately life-threatening or require urgent treatment.
- Priority B: A patient has conditions that don't require immediate treatment, but he or she should begin treatment before the end of the pandemic.
- Priority C: A patient has conditions for which treatment can be safely put on hold.

Breast cancer patients are further urged to take extra caution in their daily activities to help reduce the risk of contracting COVID-19. That means always wearing a mask or another face covering when interacting with other people. This advice may be applicable even if a six-foot distance can be maintained. Wash hands frequently, especially when coming in from public places. If possible, ask a friend or family member to do your shopping or run errands for you to limit exposure to other people and crowds.

Breast cancer patients may have to discuss the possibility of altering or delaying treatment for breast cancer with their oncologists because of increased risk factors presented by COVID-19. Together, patients and doctors can work to keep breast cancer patients as healthy as possible.



Well wishes may come in waves when people begin to let loved ones know they have been diagnosed with cancer.

Such wishes may express sentiments like “Get well soon” or “You can overcome this,” but rarely will patients hear, “Good luck with your doctor.” People who have never before battled cancer may not know it, but their choice of which medical professionals will guide their cancer treatment is theirs to make,

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and the decision can determine if their journey to beating cancer is a smooth or bumpy road.

Choosing an oncologist is a significant decision. Patients will want a doctor with experience treating their specific type of cancer, but they also can benefit from working with an oncologist who's receptive to their questions and concerns. The Rogel Cancer Center at the University of Michigan notes that, unless patients are experiencing urgent symptoms like nausea, vomiting and pain, they have time to look for an oncologist.

Few people may know where to begin when looking for an oncologist. The Rogel Cancer Center offers the following tips to help make that decision easier.

- Speak with your primary care physician. Primary care physicians do not specialize in treating cancer, but they are no doubt familiar if not friendly with various doctors who are. That makes primary care physicians great resources.

- Emphasize communication. Look for an oncologist who keeps the lines of communication open and is willing to answer any questions you or loved ones have. Cancer treatment is complicated, and there's bound to be a few bumps

in the road along the way. So patients are liable to have lots of questions, and an oncologist who's ready and willing to answer those questions and speak in reassuring tones if complications arise can help calm patients' nerves.

- Ask yourself some questions. After speaking with some oncologists, ask yourself if you understand each one's explanations about treatment, prognosis and potential side effects. If your understanding of how your treatment will unfold is uncertain after speaking with an oncologist, you might want to keep looking.

- Look for a National Cancer Institute-designated cancer center. The Rogel Cancer Center notes that NCI-designated cancer centers have received recognition for their expertise. Such centers also are high-volume and staffed with doctors who specialize in treating various cancers in an assortment of ways. A list of NCI-designated cancer centers can be found at www.cancer.gov.

Newly diagnosed cancer patients will make many decisions regarding their treatments. One of the most important such decisions involves which doctor will direct treatment.

Surprising facts about cancer

- An estimated 1.8 million new cancer cases will be diagnosed in the United States in 2020, and 606,520 people will lose their lives to cancer in 2020.
- Seventy percent of all deaths from cancer occur in low- and middle-income countries.
- There are more than 100 types of cancer, and any part of the body can be affected.
- Eighty percent of all cancers in the United States are diagnosed in people 55 years of age or older.
- Prostate, lung and colorectal cancers are the most commonly diagnosed cancers in men. Breast, lung and colorectal cancers are the

- most commonly diagnosed cancers in women.
- Roughly 67 percent of Americans diagnosed with cancer survive five or more years after diagnosis.
- Between 30 and 50 percent of cancers are preventable. Tobacco use is the single largest preventable cause of cancer in the world.
- Between 1991 and 2017, there have been two million fewer cancer deaths for the most common types of cancer in the United States.
- Maintaining a healthy body mass index, exercising regularly and eating high amounts of fruits and vegetables are some ways to reduce cancer risk.

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The vital role of a cancer support network

The moment a person is diagnosed with cancer can elicit a variety of emotions. Fear of what's to come is a common reaction to such a diagnosis, and some people may feel alone upon learning they have cancer. But no cancer patient should face their diagnosis and treatment alone. In fact, a strong support network can be vital to patients' recoveries.

According to Weill Cornell Medicine, recent changes in the healthcare industry have shifted the burden of care from the hospital to the home. That underscores the importance of a strong support network. Many of the challenges cancer patients face in the months after diagnosis will be new, and patients can expect a range of emotions. According to Breast Cancer Now, a charitable organization that funds one-third of breast cancer research in the United Kingdom, women may experience emotions such as shock, anger, disbelief, anxiety, and sadness after being diagnosed with breast cancer. Having loved ones there to help them make sense of those emotions and stay positive as they navigate their way through the treatment process is essential.

In addition to providing emotional support, loved ones of breast cancer patients may need to take on additional roles as they help their friends or family members face the challenges that lay ahead. Because of the industry changes noted by Weill Cornell Medicine, cancer caregivers and support networks may need to prepare themselves to take on the following roles, each of which is vital to

cancer patients' survival.

- **Monitor the disease:** Support networks may need to keep track of how their loved ones' disease is progressing and if there are any complications from treatment.

- **Manage symptoms:** Breastcancer.org notes that treatment causes severe side effects in many women. Such side effects may include nausea/vomiting, diarrhea, constipation, pain, arm swelling, shortness of breath, and skin irritation. Thankfully, most of these side effects can be treated. In addition, Breastcancer.org notes that most side effects ease up after treatment is completed. In the meantime, support networks may need to help patients manage those symptoms, performing a host of tasks to make their loved ones' lives easier. For example, patients experiencing shortness of breath may be incapable of performing chores around the house. In such instances, members of a support network can tackle those chores until their loved one bounces back.

- **Administer medication:** Breast cancer patients may be too overwhelmed to handle their own medications, so support networks can take over this important responsibility for them.

- **Assist with personal care:** Some patients may experience fatigue after treatment. In such instances, support networks can help patients maintain their personal hygiene.

Support networks can be vital to helping cancer patients overcome their disease and navigate their way through successful treatment regimens.

How to manage pain medications during breast cancer treatment

Breast cancer researchers have worked tirelessly over the last several decades as they work to eradicate the disease once and for all. While breast cancer still affects millions of women across the globe each year, advancements in treating the disease have dramatically improved five-year survival rates, providing patients and their families with hope as well as a realistic expectation of a long, healthy life after cancer.

According to Breastcancer.org, women diagnosed with breast cancer in 2020 and beyond have an array of treatment options to fight their disease. That marks a stark contrast from recent history, when treatment options were considerably more limited. Though treatment options have expanded and improved survival rates, women diagnosed with breast cancer can still expect to confront some side effects as they navigate their way through treatment.

Pain is one of the more common symptoms breast cancer patients experience, both before diagnosis and during treatment. In fact, breast cancer treatment plans typically include strategies to address pain. Breastcancer.org notes that most breast cancer patients can get complete relief for their pain. However, it may take some time before the right formula is found and patients can return to enjoying daily activities.

The American Cancer Society notes that medication is typically part of cancer patients' pain treatment plans. Breast cancer patients unaccustomed to taking medication each day can consider these tips to effectively manage their medications as they progress through their treatments.

- **Take your medication on a regular schedule.** The ACS advises cancer patients who have been diagnosed with chronic pain to take their medications around the clock on a schedule, rather than taking it only when pain is severe. Schedules can be adjusted, but patients should not do so on their own. Pain medication schedules should only be adjusted after speaking with a physician.

- **Familiarize yourself with pain medication side effects.** Pain medications may produce side effects such as sleepiness and dizziness. The ACS notes that these symptoms typically improve after a few days, but cancer patients must recognize the threat they pose. Patients may need help getting up or walking, and the ACS discourages patients from driving while on pain medication until they are sure of the effects of the medicine.

- **Do not crush or break pills.** Many medicines are time-release medications in pill form. Taking broken or crushed pills can be very dangerous. Only patients who get the go-ahead from their physicians to take crushed or broken pills should do so.

- **Monitor your side effects.** No two people are the same, so some cancer patients may react differently to pain medications than others. Keep track of any abnormalities and side effects you experience while taking pain medicine. Discuss them with your cancer care team during each doctor visit, and report severe or uncomfortable symptoms to your physician immediately.

Pain medication can help breast cancer patients overcome a common side effect of both their disease and their treatments. Learning to manage pain medications is vital for patients as they recover from their disease.



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



Growing Awareness to Save Lives

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

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

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

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