

SURVIVING BREAST CANCER

Three local breast cancer
stories inside.



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OCTOBER 12, 2022



What to know about prophylactic mastectomy

Breast cancer is the most common cancer diagnosed in American women, and is the leading cause of cancer death in less developed countries, says the Breast Cancer Research Foundation. According to Susan G. Komen, more than 680,000 breast cancer deaths occurred worldwide in 2020.

Breast cancer affects the anatomy of the breasts and can often spread to the lymph nodes. While breast cancer can affect just about any woman (as well as men), certain women are at higher risk for developing breast cancer than others. Such women include those with a family history of breast cancer and/or the presence of genetic markers called BRCA1 or BRCA2 gene mutations, according to the Bedford Breast Institute. Those women have a lifetime risk of up to 87 percent for getting breast cancer and 53 percent for developing ovarian cancer. Other risk factors include the presence of dense breast tissue, exposure to radiation at an early age and having already had cancer in one breast.

What is prophylactic mastectomy?

In instances when breast cancer risk is particularly high, women may opt to undergo prophylactic mastectomy, also called preventative

See **Mastectomy** page 3B

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I didn't plan for breast cancer

BY ROXIE MURPHY
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Tyra Mangrum, mom of two, business owner and hairstylist, was unprepared for a breast cancer diagnosis last month after she discovered a lump in her breast.

"I am 36-years-old and I had not ever had a mammogram yet," Mangrum said. "Typically insurance doesn't cover them until you're 40. It wasn't something that was even on my radar because I don't have a family history of cancer."

Not only did she not have a family history of the disease, but she had breastfed both of her young children in the past six years.

"I had nursed my kids for four years and had read it dramatically decreases your chances of getting breast cancer," she said. "Being 36 and having those things on my side, I wasn't concerned about it."

But she was starting to show signs of something.

"I went in for my yearly exam and had some dense tissue," she said.

But still, being screened for cancer was not on the radar, until other symptoms began to manifest.

"I had been walking at night and occasionally I would get a sharp pain and then it would go away," Mangrum said. "But one night I was walking and it was stronger than normal. I felt my breast and thought it felt hard and another area felt hard. I thought it was weird, but didn't think cancer. I honestly thought the pain was that I had cut myself while shaving my arm pits and had an infection going on. I would be fine in a week or two."

Then Mangrum's mom was positively diagnosed on Sept. 8 with lung cancer.

"During that time, I found out that my mom had to have a biopsy for lung cancer," she said. "I forgot (about the lumps) and wasn't paying attention."

The day her mom was positively diagnosed, Mangrum took her usual nightly stroll and had another sharp pain in her breast.

"I thought I should call the doctor," Mangrum said. "I called on Monday and they said they had an opening tomorrow, but I scheduled it for Friday because I was off on Friday. I still thought I had an infection and just figured I needed an antibiotic."

Things took a turn at the Sept. 16 appointment.

"The doctor started the exam and he wanted me to get a mammogram done that day," she said. "I didn't know what to expect during the exam. There was some discharge and I asked if it was normal and she said no. I started to get scared."

Mangrum's doctor told her not to worry yet, they would get her checked out.

"But when she said the discharge wasn't normal, I started to panic," she said. "I thought 'maybe there is



TYRAMANGRUM with her husband Lee and their children Olivia and Corbin.

something wrong with me."

The doctor did an ultrasound and said Mangrum had three lumps that were concerning — two in her breast and one in a lymph node.

"I am not sure what he said after that because I had to ask him to say it again," Mangrum said.

The doctor sent her for a biopsy the following Tuesday and she was told it could be a few days, maybe even the following week before results were back since the lab was backed up. She got a call back on Sept. 22 — two days later.

"On Thursday around 4 p.m. they said it was cancer in all three masses," Mangrum said. "I needed to have an MRI on my chest to make sure it wasn't

spreading anywhere else, that they didn't see, and meet with a surgeon and oncologist for a treatment plan."

She met with the surgeon and oncologist during the last week of September to discuss the treatment plan — 20 weeks of chemo, a month off, and then a double mastectomy with a lumpectomy and four weeks of recovery before six weeks of radiation.

"They think it will kill it," she said. "I still have to have a PET scan and an Echo," Mangrum said. "It's a fully body scan to make sure the cancer hasn't spread anywhere else in my body. It is spreading already."

Doctors have guesstimated that Mangrum is already in the phases of stage 2 and, Mangrum added, contrary to what everyone hears, doctors don't know what stage it is at diagnosis. They can guess, but they don't know until after all of the tests.

"It has probably been in my body for a couple of years," she said.

Mangrum, who is a self-described cram planner, said having littles at home, an already full schedule and trying to keep things normal while rearranging the family's day-to-day activities to include cancer treatment is hard. Her children, Corbin, 6, and Olivia, 4, have full schedules that keep her husband Lee and herself busy.

"It is scary because my children are so small," Mangrum said. "I would say it is pretty overwhelming and it does need to be done quick. I am a planner and don't do things last minute, but I feel like God is with me and is going to get me through this. He is going to provide for us and I just have to put the work in and get started."

Mangrum is leaning on her faith and her family to get her through.

"I feel confident and have a lot of faith in God," she said. "I can't imagine going through something like this without my faith. I have a lot of people praying for me. It helps when you are in those moments where you do feel alone and have to burst out and pray."

She has a plan though.

"Yes, things might come up during that plan that messes with the timeline, but that is life, and things don't

See **Mangrum** page 15B

Mastectomy

• From page 2B

mastectomy. This is the surgical removal of one or both breasts with the intent to dramatically reduce the risk of developing breast cancer.

Rate of risk reduction

The Mayo Clinic says prophylactic mastectomy reduces the risk of developing breast cancer by 90 to 95 percent among women with BRCA gene mutations. It is roughly the same risk reduction for women who already have had breast cancer or have a strong family history of the disease and then have a breast removed.

Studies indicate that preventative mastectomy of the unaffected breast (called contralateral prophylactic mastectomy) in cases when breast cancer occurred in the other breast, when no genetic mutations or hereditary risk factors are present, has little to no effect on overall survival rate. This is a surgery only for those with very high risk.

Why isn't risk reduced completely?

Not all breast tissue can be removed during a prophylactic mastectomy. That is because breast tissue can sometimes be found in the chest, armpit, skin, above the collarbone, or on the upper part of the abdominal wall, states the Mayo Clinic. It is impossible to remove all breast tissue cells during surgery. Although risk reduction is significant after mastectomy, that risk cannot be eliminated entirely.

Risks associated with prophylactic mastectomy

There are some risks associated with prophylactic mastectomy, both during the procedure and afterwards. BreastCancer.org says bleeding or infection, fluid collecting under the scar, delayed wound healing, scar tissue formation, loss of sensation in the chest, and complications while being put under anesthesia are all possible. Women are urged to carefully consider the pros and cons before opting for the surgery.

Alternatives

Prophylactic mastectomy is only one option for women at high risk for developing breast cancer. Some alternatives include:

- Ultrasounds, physical exams, and mammograms every three to six months for the rest of the patient's life.
- Medication that can reduce risk of developing breast cancer.
- MRIs in addition to mammograms.
- Surgery to remove the ovaries, which can decrease both the risk of breast and ovarian cancers. It may reduce breast cancer risk by up to 50 percent if performed before age 50.

Breast cancer risk is higher in some individuals, which may prompt discussions about prophylactic mastectomies.



Woman diagnosed with breast cancer after finding lump while breastfeeding

Stories of breast cancer usually start the same way: with a lump.

That was unfortunately the case for Sarah Snelson, of St. James, who discovered a lump while breastfeeding her youngest son.

This latest change in her body came during a time of other major life changes.

"I had a baby, built a house and got cancer in the same year," said Sarah, who was 28 years old when she was diagnosed with stage 3 breast cancer.

In addition to the lump, Sarah noticed other concerning symptoms.

"I just had a baby, so I wasn't really sure what to expect, but I was losing a lot of weight," she said. "I was starting to feel sick a little bit but [I thought it was mostly from] having a baby."

When she felt the lump, she suspected something was different.

After visiting her doctor, Sarah was referred to the Phelps Health Comprehensive Breast Center, where she underwent an ultrasound and a mammogram.

"They [Breast Center staff] were very easy to work with," she recalled.

Both tests were completed in one day, and while Sarah was worried about doing these tests so quickly, she said she felt reassured by the staff's calming manner.

Sarah returned the next day for a biopsy, and a sample of the lump was taken for testing. Soon afterwards, she received the news that not only had she tested positive for breast cancer, but the cancer had spread
See **Lump** page 5B

SARAH SNELSON and her husband, Casey, and their two boys, are shown after Sarah rings the Bell of Hope, signifying her last treatment for breast cancer.

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Lump • From page 4B

to her lymph nodes.

A cancer diagnosis is a life-altering experience. “Having to say you have cancer is very hard,” she said.

One in eight chance

According to the American Cancer Society, one in eight women will develop breast cancer during her lifetime. In fact, breast cancer is the most common cancer in women in the US after skin cancer.

Certain risk factors may increase a woman’s chances of getting breast cancer. Breast cancer can be hereditary as gene changes or mutations passed on from a parent can place a woman at higher risk for developing breast cancer.

After a blood test, Sarah learned that she has an inherited mutation to the breast cancer gene, which she believes came from her father’s side of the family.

Her grandmother (her dad’s mother) lost her battle with breast cancer in her 30s. In addition, Sarah’s aunt also passed away from metastatic breast cancer (cancer that has spread to other parts of the body).

Despite her family history, Sarah said she didn’t think she would get breast cancer at a young age. Most cases of breast cancer are found in women ages 55 and older.

Quality cancer care, close to home

After learning of her diagnosis, Sarah said she wanted to receive care at the Phelps Health Delbert Day Cancer Institute in Rolla.

Not only did she want to stay local, Sarah also wanted a caring doctor who would answer her questions. “I found that here at Phelps Health,” she said.

Sarah said she highly recommends the DDCI and always felt like she received a warm welcome from the doctors, providers and staff at Phelps Health.

For radiation therapy, Sarah saw Christopher Spencer, MD, MS, DABR, medical director of the DDCI and medical director of radiation oncology at Phelps Health.

Sarah also received care from Kan Huang, MD, PhD, MS, a medical oncologist and hematologist and medical director of DDCI Infusion Center; and Logan Shockley, a certified family nurse practitioner (FNP-C) who specializes in medical oncology and hematology, at the DDCI.

“I had Dr. Huang, and she was incredible. She was full of knowledge and just made me feel like I was going to be OK. And Logan Shockley helped me through all the treatments and [answered] all my questions,” Sarah said.

In addition, Sarah mentioned receiving exceptional care from nurses Hillary Black and Tiffany Williams.

“All of them have been amazing,” she said, adding that when she was having a bad day, staff noticed and did what they could to make things better.

Individualized treatment plans

At the Phelps Health DDCI, an individualized treatment plan is developed for each cancer patient.

For Sarah, her treatment first involved about five months of chemotherapy. After the first two chemo sessions, her tumor shrank.

To make sure the breast cancer didn’t spread, she underwent a double mastectomy (surgical removal of both breasts) followed by around six weeks of radiation therapy. Sarah said the tumor was too big to perform a lumpectomy, where only a portion of the breast is removed.

These treatments took a toll on Sarah, who noted that recovering from the treatments’ side effects has been a struggle both physically and mentally.

“When I started treatment, I tried to power through it all, but [chemo] definitely knocks you down,” Sarah said, noting that chemotherapy drugs have strong effects.

Sarah said she was active before her cancer diagnosis. However, after treatments, she found it hard to lift a 5-pound bucket or a 30-pound child. She remembers not having any energy to hold her children and having to rely on the help of her and her husband’s parents.

In remission

According to her latest scans, Sarah no longer has any cancer in her body.

“I’m just taking medication to hopefully never have to go through this again. It’s been nice to not have an IV hooked into my body every week,” Sarah said.

Since being in remission, Sarah said she has done her best to return to her normal activities. She helps her husband, Casey, on the family farm and enjoys spending time with her two boys, watching them grow up.

Sarah said her youngest son - the one she was breastfeeding when she discovered the lump — has been called a lifesaver. “I ate healthy. I exercised. I just never thought I would have something in my body trying to kill me, but I did. I do not think I would have found it [lump] if I was not breastfeeding,” she said.

Even after finding the lump, Sarah initially ignored it for a few weeks.

“I wish I didn’t because I wondered if it [cancer] would have been stage 1 or stage

See Lump page 14B

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Five-year survivor gives back to community

BY LINDA TREST
REPUBLICAN STAFF WRITER
ltrest@wardpub.com

Michelle Glosser was 39 in July 2016 when she noticed a lump about the size of a shooter marble in her right breast. Her doctor assured her it was just a cyst, drained it and sent her home. Within two weeks, the cyst returned, this time the size of a grapefruit. A biopsy revealed metaplastic triple negative cancer.

That is a very concerning diagnosis.

According to cancer.com: *Metaplastic breast cancers can also behave more aggressively than other kinds of breast cancers. Metaplastic tumors are often, though not always, "triple-negative", which means that they test negative for estrogen and progesterone receptors, as well as for the HER2/neu protein.*

Michelle was referred to an oncologist and a surgeon. She learned this was a fast-growing, very invasive form of cancer. Her surgeon recommended a round of chemotherapy before having a lumpectomy.

Michelle and her family were living in

O'Fallon, but had just signed a contract on property near Gerald. The impending move added to the stress the diagnosis created. She had a daughter in college and a son in seventh grade.

Chemo treatments lasted through the move until January, but the tumor was reduced from nine centimeters down to six millimeters. The lumpectomy was performed in February and radiation began after she healed.

After a follow-up mammogram in September 2017, Michelle learned the cancer was back. The new tumor was located right in front of where the lumpectomy had been done. Her doctor speculated that perhaps one little stray cell had been missed.

This time a new surgeon prescribed a single side mastectomy be done. It was followed by another round of chemo. There were no more radiation treatments this time since Michelle had already had all the radiation she could receive in her lifetime.

Last month, Michelle celebrated five years with no cancer diagnosis. She notes that she will never be considered cancer free, but rather is a five-year survivor.

While grateful to be five years removed from the nightmare, the experience is not one she will ever forget.

The Christmas following the mastectomy was hard on her family both emotionally and financially. Michelle turned to Gerald Community Outreach and the wonderful volunteers there who helped make Christmas happen that year. She is so grateful for their support that she is now the volunteer director at Community Outreach.

The worst part for her was the fear that she would not be around for her children as they matured. Another horrific part for her was the loss of hair. Not the hair on her head, that can be hidden with wigs and caps, she notes. It was the loss of her eyelashes and eyebrows. She remembers thinking how ugly she felt. Every time she looked in a mirror she saw a cancer victim.

Her husband was very supportive, reminding her that her beauty came from within. He also had to help her bathe, shower and shave her head before the radiation treatments. The scar on her chest did not help make her feel more attractive.

There aren't any local in-person support groups and Michelle says she probably wouldn't have gone to them anyway. Her time and energy were spent fighting the cancer. Plus, her weakened immune system meant she needed to limit her exposure to others. She did find some good support groups on Facebook. This was a place she was able to find women who could sympathize with what she was going through and offer practical advice.

Michelle has words of advice for women of all ages.

Do regular self breast exams. She did not and was just plain lucky to feel her lump.

Get annual mammograms. She did not because the advice then was to get your first mammogram at age 40. She was only 39.

If diagnosed with cancer, find the most experienced surgeon for your specific type of cancer. Michelle feels a mastectomy rather than the lumpectomy would have been a better course of action for her.

Michelle now sees her oncologist two times a year and always has blood tests to

See **Community** page 7B

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7 ways to reduce breast cancer risk

Many women are concerned about the potential for developing breast cancer in their lifetimes. Breast cancer is the second-most common cancer among women in the United States and Canada. Despite that prevalence, there are ways for women to reduce their risk for breast cancer.

While it is impossible to change family history or genetic markers like gene mutations that increase breast cancer risk, the following are seven ways women can lower their risk.

1. Exercise regularly and maintain a healthy weight. Physical activity and monitoring calories can keep weight in check. The Mayo Clinic recommends at least 150 minutes per week of moderate aerobic activity or 75 minutes per week of vigorous aerobic activity. Strength training at least twice a week also is recommended. Being overweight or obese increases a woman's risk for breast cancer.

2. Consume a healthy diet. The link between diet and breast cancer risk is still being studied. However, research suggests that a diet high in vegetables and fruit, and calcium-rich dairy products, but low in red and processed meats may lower breast cancer risk.

3. Avoid or limit alcohol consumptions. Alcohol increases risk of breast cancer, even in small amounts. For those who drink, no more than one alcoholic drink

a day should be the limit. The more a woman drinks, the greater her risk of developing breast cancer, states the Mayo Clinic.

4. Undergo genetic counseling and testing. Women concerned about a genetic connection or family history of breast cancer can speak to their doctor about testing and counseling that could help them reduce their risk. Preventive medicines and surgeries might help those at elevated risk for breast cancer.

5. Limit hormone therapy. Combination hormone replacement therapy for post-menopausal women may increase risk of breast cancer, indicates the Centers for Disease Control and Prevention. Similarly, taking oral contraceptives during reproductive years may increase risk. Women can speak with their physicians to weigh the pros and cons of taking such hormones.

6. Breastfeed children, if possible. Breastfeeding has been linked to reducing a woman's risk of developing breast cancer.

7. Learn to detect breast cancer. Women should get to know their bodies so they can determine if something is awry as early as possible. Early detection of breast cancer increases the chances that treatment will prove successful.

Women can embrace various strategies to reduce their risk of developing breast cancer.

Community • From page 6B

help detect whether the cancer has come back.

Even with insurance, the financial repercussions from fighting cancer are staggering. After paying on the debt for five years, Michelle says it is now down to the last \$1,200.

The cancer diagnosis has changed Michelle's outlook. Now she only does what is good for her. Luckily for Gerald, one thing that is good for her is giving back to the community.

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How to support loved ones who have breast cancer

Efforts to educate women about breast cancer have helped raise awareness of the disease and just how treatable it is when detected early. Despite that, a diagnosis can still be difficult for women and their families. When someone close to you is affected by breast cancer, priorities suddenly change and you may be wondering what you can do to provide the support needed to help this person navigate any ups and downs that could be on the horizon.

A breast cancer diagnosis does not produce a uniform response. While one loved one may embrace others wanting to help, another may feel she is a burden and exhibit an unwillingness to accept help. In the latter instance, being a supportive bystander may require walking on eggshells. Even still, there are some universal ways to lend support when a friend or a loved one has been diagnosed with cancer.

- Offer practical support. Cancer affects the body in a number of ways. Energy levels may wane and certain symptoms may arise. Side effects

See **Support** page 9B



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Support • From page 8B

from treatments also can make it difficult to continue with daily tasks. So an offer to help with tasks associated with daily living, such as cooking meals, gardening, washing clothes, or cleaning up around the house, can be practical and much appreciated. Approach the individual and ask questions in pointed ways. Rather than, "What can I do to help?", which may result in an answer of, "Nothing," figure out a way to pitch in and then ask if that would be acceptable. This may be, "Would you like me to run to the supermarket for you today?"

• Offer emotional support. Someone with breast cancer may just need a person who can be there and listen. A hug, a nod of understanding or even a companion who can chat and take the person's mind off the cancer can be immensely helpful. Keep in mind that emotions may change on a dime, and some emotions may be directed at support systems. While it can feel hurtful, remember the real reason for any outburst is the disease. Patience is needed at all times.

• Learn what you can about breast

cancer. Research the type of cancer your loved one has, which may make it easier to understand what to expect. If the person is amenable, you may consider accompanying her to appointments to hear firsthand about the next steps in her treatment and recovery.

• Maintain a positive attitude. It's never easy knowing someone you love is sick. They are going through their own emotional roller coaster, and support systems can lift their spirits by maintaining positive attitudes. Avoid wearing rose-colored glasses, but try to remain as upbeat as possible.

• Find a support group. Professional support groups are great resources for coping with a cancer journey. Supporting a person with cancer takes its own unique toll, particularly when caring for a spouse, child or mother with breast cancer. Support groups for support networks can be helpful.

Individuals diagnosed with breast cancer may need a little extra love and support. It's up to caregivers and friends to step up and provide what is needed.

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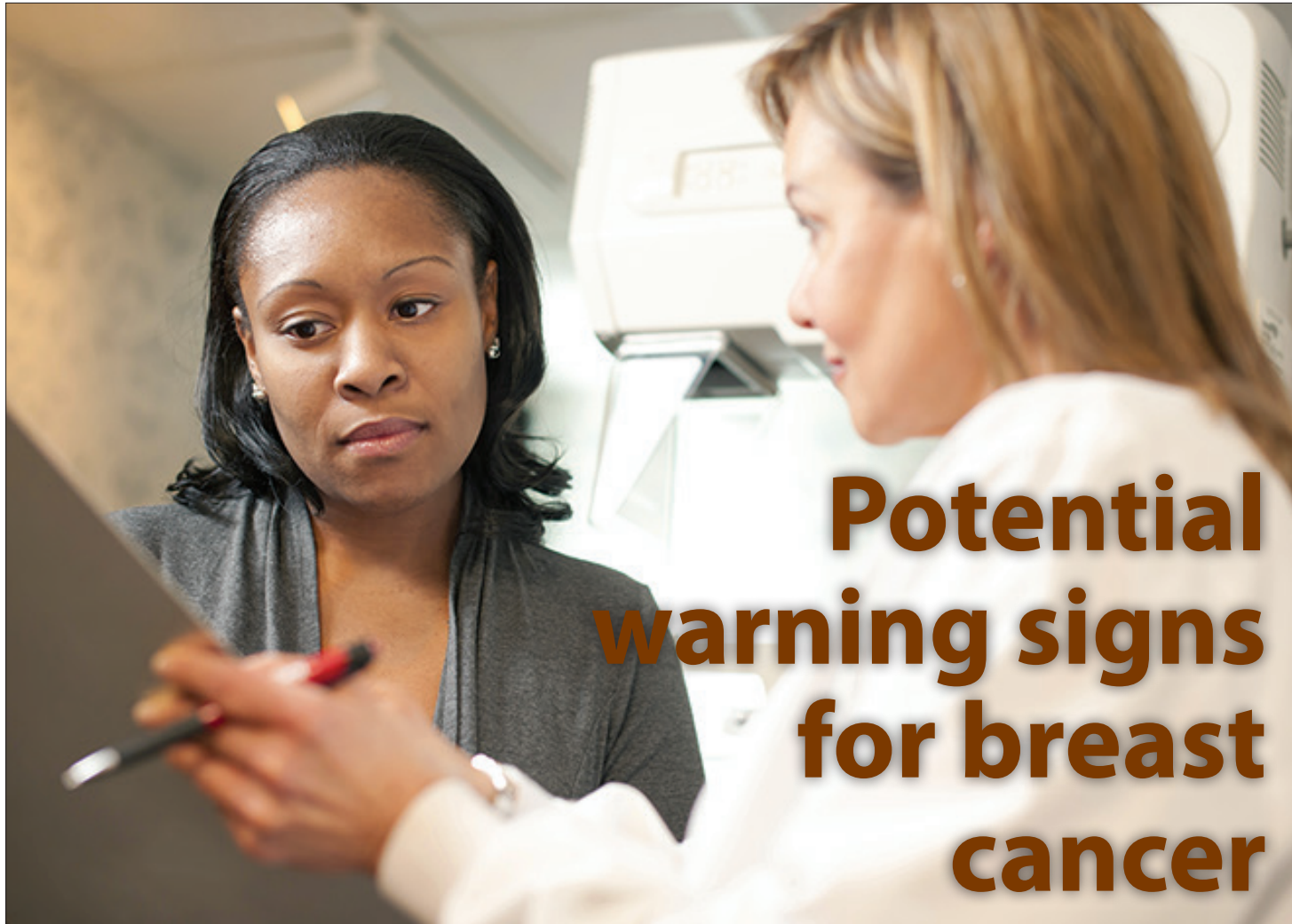
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Potential warning signs for breast cancer

Breast cancer is the most commonly occurring cancer in women across the globe.

According to the World Cancer Research Fund International, there more than 2.26 million new cases of breast cancer in women in 2020.

Such figures are sobering, but it's important to recognize that breast cancer survival rates have improved dramatically in recent decades, providing hope to the millions of women who may be diagnosed with the disease in the years to come.

Various factors have helped to improve breast cancer survival rates, and education
See **Warning signs** page 11B



Hope

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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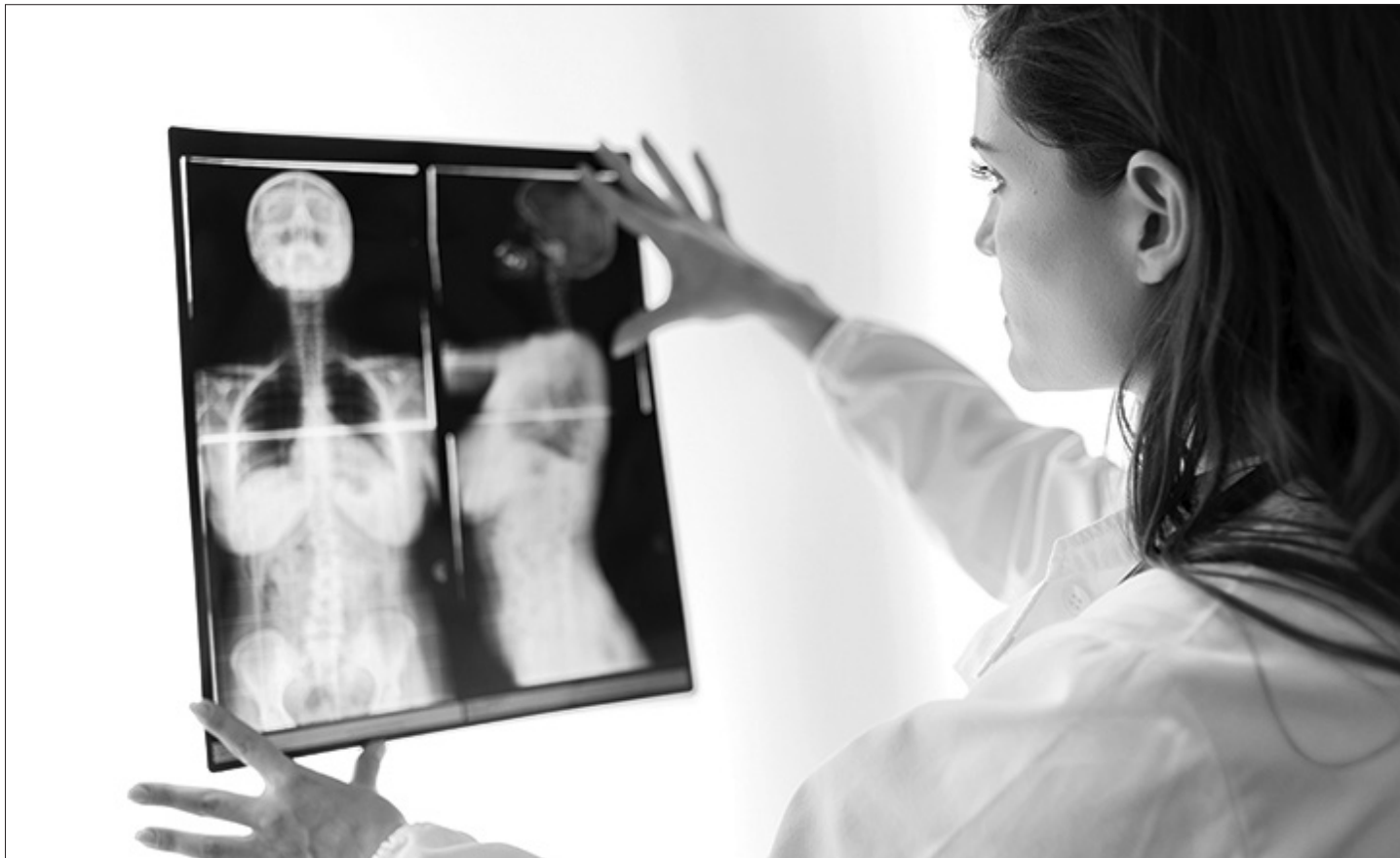
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Three treatment options for breast cancer patients

Millions of women worldwide are diagnosed with breast cancer each year. Such a diagnosis is never welcome, but women should know that survival rates have improved dramatically in recent decades. In fact, the World Health Organization reports that, by the end of 2020, nearly eight million women were living despite having been diagnosed with breast cancer at some point in the previous half decade.

One of the reasons for the improved survival rates is the efficacy of various treatments. The National Breast Cancer Foundation, Inc.® notes that doctors have various options to treat breast cancer, and they often devise treatment plans that include some combination of treatments. Though no one wants to imagine receiving a breast cancer diagnosis, understanding the potential treatments for the disease can help women and their families be more prepared should that day ever arrive. The following are three treatment options physicians may discuss with women as they begin devising ways to overcome the disease.

1. Chemotherapy

Chemotherapy is used to treat various cancers, including breast cancer. Chemotherapy employs various drugs to destroy cancer cells or slow their growth. The drugs administered during chemotherapy are known as cytotoxic drugs and may be administered orally or intravenously. The NBCF notes that chemotherapy is offered to most patients, though doctors will consider a host of variables before deciding if chemotherapy is right for a given patient. Those variables include the type of tumor, its grade and its size.

2. Radiation therapy

During radiation treatments, high energy rays are used to

kill cancer cells. Only cells in the part of the body that is being treated with radiation are affected, so patients needn't worry that other parts of their body will be hit with radiation. The NBCF reports that patients diagnosed with Stage 0 (DCIS) and most diagnosed with Stage 1 invasive cancer or higher can expect doctors to prescribe radiation therapy. Women who have had a lumpectomy also are likely to be prescribed radiation. Two main kinds of radiation are generally considered for breast cancer patients. External beam breast cancer radiation treatment delivers cancer-killing rays through a large machine. Internal breast cancer radiation is a newer treatment that injects radioactive cancer-killing treatments into the affected area.

3. Targeted therapy

The NBCF reports that targeted therapy is commonly used in combination with traditional chemotherapy. Targeted therapy attacks specific breast cancer cells without harming normal cells, which is why it tends to produce less severe side effects than chemotherapy treatments. Targeted therapy employs drugs to block the growth of cancer cells in very specific ways. One example cited by the NBCF is the drug Trastuzumab, or Herceptin®, which is given to women whose breast tumors have too much of the abnormal protein HER2. Though the side effects of targeted therapies tend to be less severe, women may still experience issues like fever and chills, nausea, headaches, and other symptoms after drugs have been administered.

Expanding breast cancer treatments have done much to improve survival rates for patients. Women diagnosed with the disease are urged to play an active role in their treatments and ask any questions they might have before, during and after being treated.

Warning signs

• From page 10B

about the disease is certainly among them. Women are their own greatest allies against breast cancer, and learning to spot its signs and symptoms is a great first step in the fight against this potentially deadly, yet treatable disease.

Knowing your body

The American Cancer Society urges women to take note of how their breasts normally look and feel. That knowledge is vital because it helps women recognize when something does not look or feel good to the touch with their breasts. Screening alone may not be sufficient, as the ACS notes that mammograms do not find every breast cancer.

Signs and symptoms

When women are well acquainted with how their breasts look and feel, they're in better position to recognize any abnormalities, which may or may not be indicative of breast cancer. The ACS reports that the following are some potential warning signs of breast cancer.

- **A new lump or mass:** The ACS indicates that this is the most common symptom of breast cancer. A lump or mass that is cancerous is often painless, but hard and has irregular edges. However, lumps caused by breast cancer also can be soft, round and tender. Some even cause pain.
- **Swelling:** Some women experience swelling of all or part of a breast even if they don't detect a lump.
- **Dimpling:** The skin on the breast may dimple. When this occurs, the skin on the breast sometimes mimics the look of an orange peel.
- **Pain:** Pain on the breast or nipple could indicate breast cancer.
- **Retraction:** Some women with breast cancer experience retraction, which occurs when the nipple turns inward.
- **Skin abnormalities:** Breast cancer may cause the skin on the breast to redden, dry out, flake, or thicken.
- **Swollen lymph nodes:** Some women with breast cancer experience swelling of the lymph nodes under the arm or near the collarbone.

The presence of any of these symptoms merits a trip to the doctor. Women with these symptoms should not immediately assume they have breast cancer, as the ACS notes that various symptoms of breast cancer also are indicative of non-cancerous conditions that affect the breasts. Only a physician can diagnose breast cancer, which underscores the importance of reporting symptoms to a doctor immediately.



Millions of people across the globe will be diagnosed with breast cancer this year.

In fact, only certain skin cancers affect more women than breast cancer within the United States and Canada.

The World Cancer Research Fund International says breast cancer is the most commonly diagnosed cancer in women across the globe. Belgium, The Netherlands and Luxembourg had the highest number of breast cancer cases in 2020, while Barbados and Fiji had the greatest number of deaths attributed to the disease. Some of these high case numbers may be attributed to women with family histories of breast cancer — something

See **Family** page 13B



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Recovery • From page 12B

that increases risk significantly.

BreastCancer.org indicates that women with close relatives who have had breast cancer, such as sisters, mothers or grandmothers, are at considerably higher risk of developing breast cancer themselves. Also, breast cancer may occur at a younger age in women with family histories of the disease.

Understanding breast cancer risk is vital for women's health. The following breakdown, courtesy of the Centers for Disease Control and Prevention, can help women from all backgrounds understand their risk for breast cancer.

- Average risk: No first- or second-degree relatives with breast or ovarian cancer, or one second-degree female relative with breast cancer (in one breast only) diagnosed after age 50.

- Moderate risk: This is a somewhat higher risk that may not turn into breast cancer. It occurs when there is one or two first-degree or two second-degree female relatives with breast cancer (in one breast only), with both relatives diagnosed after age 50; otherwise, one or two first- or second-degree relatives with high grade prostate cancer.

- Strong: Women with strong risks have much higher chances of developing breast cancer than the general population. Conditions like having one or more first- or second-degree relatives with breast cancer diagnosed at age 45 or younger, triple negative breast cancer, primary cancer of both breasts, and both breast and ovarian cancer in the same relative are warning signs of increased risk.

It's important for women with increased risk for breast cancer due to family history to discuss options with their doctors. More frequent mammograms and other screening tests may be recommended, and screening at younger ages than the standard age also may be considered. Women who are at high risk may be urged to undergo genetic counseling and testing for hereditary breast and ovarian cancer markers.

Breast cancer can be an especially scary prospect for women with family histories of the disease. By familiarizing themselves with their risks for breast cancer, women can take the necessary steps to protect their long-term health.

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Mangrum • From page 3B

go accordingly,” Mangrum said. “We will just have to adjust and go from there.”

Adjusting is exactly what she has had to do, as cancer doesn't cooperate with a planner.

“I can really only take one day at a time anymore and that is tough because I am a how-much-can-I-do kind of person,” she said. “Then they call and say ‘come in tomorrow’ and I am like ‘ok, let me change everything!’”

While she waits to begin treatment, Mangrum says knowledge is power.

“I like to know about things, research and know ahead of time and this is not something you can have enough time to prepare yourself for,” she began. “Especially being 36. I had my birthday in July and never thought this is what my 36th year would look like. It will take almost my whole year.”

She is staying positive though, and upbeat as she prepares to begin her treatment and doctors and nurses share how a positive outlook seems to speed up recovery.

Still, she can't help but think about how avoidable the seriousness of the situation could have been.

“I have been in this a very short amount of time and one of the things bothering me is that there was more signs to having breast cancer than just finding a lump and I wish that it was taught to younger women because women are getting breast cancer younger,” Mangrum said. “I wish insurance would cover mammograms for younger women who want it because I would have been one of those women who would have started getting them at age 30.”

Instead, she felt like the opposite was true when she began to question what those pains could be.

“Everyone just kept saying ‘you're so young, it is probably nothing,’” Mangrum said. “After the mammogram I felt like something was wrong and everyone is acting different. My husband was positive and was like ‘don't worry

about anything until there is something to worry about.”

As Mangrum's first treatment approaches next Monday and people continue to pray for her wellbeing, she also asks that they include her husband and children.

“(Lee) has been so amazing,” Mangrum said. “When you start to go through this you think about yourself, what is ahead, surgeries and being sick. Then your children — I have babies and they need me and how is this going to work with my kids who need me? Sometimes we forget what it brings to our spouse and it is a lot that my husband is going to have to pick up. I pray for him through this. That he can handle all of the stress and all of the weight on his shoulders.”

She said it is a lot for one person to take on.

“It's a lot to take your wife to these appointments and see what is hurting her and then go home and make supper for the kids,” she said. “I am working a lot to make up for the hours and it is going to be a lot to make up for this. I just want him to be able to handle it. As much as everyone is praying for me, pray for all of us because it is not just me.”

Before treatment can begin, she has to have a port. The port will be/was put in on Oct. 13 so that she can start treatment on Oct. 17.

“Really, we just need grace for all of us because there is a lot at school with kids and sports and I hope we don't forget things in all the chaos,” Mangrum said. “We have an amazing community of people praying for us and offering to bring us meals and we are so grateful for the people in our lives right now.”

Mangrum said she has been working some overtime at her salon, Dirt Road Roots in Rosebud, in preparation for being off of work during treatment. She opened the salon out of her home in April.

Part of being a stylist is knowing that there are things she could do to help keep her hair through treatment — and choosing not to proceed with them.

“There are things out there that can help preserve your hair and I have spent days on the phone about this,” she said. “I could care less about my hair. I honestly thought with cancer, ok, I am not going to have hair for a while and I am not going to have to get up and fix it because that kinda sounds like a blessing and I won't have to worry about it.”

But then she worries about her kids and what they will think if mommy doesn't have hair.

“Then it is probably more scary,” Mangrum said. “My insurance would cover the treatment if it is billed by the hospital, but they just have the machine to use, the outside company charges for it. I know hair and even with the treatment my hair is probably going to look not great and will still need to be cut. I could pay out of pocket, but I would rather use the money to do something with my kids and my hair will grow back.”

While the hair treatment didn't feel like a good use of out of pocket funds, Mangrum decided that being tested to see if she had the cancer gene would be worth it to her children and for their future.

“The preventative measures aren't very affordable,” she said. “But they do have testing for the gene now and I had

that done. It will help (my daughter) in the future. If I do carry the gene, she needs to start being tested for it earlier.”

Most insurances either do not cover the cost of the genetic testing or only cover a portion.

“My insurance does not cover it 100 percent,” Mangrum said. “It can be costly. Mine covered it with a \$200 deductible out of pocket, but that is nothing compared to — for the past couple of years I have not felt good. There were a lot of things that seemed weird. What else could we have tested for? My body was trying to tell me sooner, we just couldn't figure it out.”

Mangrum said she and her family are going to pull through and keep their eyes on the future. Knowledge is power and she will pass as much of it on to her children as possible. Along with her faith.

“I just think He is with me and he has got this. He is going to pull me through,” Mangrum said. “I do believe he has a plan for me through this, but I feel that He is not done with me.

“If my story helps anybody then that is why this is part of my journey. If I can learn something that will help someone else, that is why this is a chapter in my book.”

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Lump • From page 5B

2. Mine was an aggressive cancer, and it was just growing very fast,” she said.

Sarah offered the following advice for others: Don't ignore anything, no matter your age.

“If you think something's wrong, don't doubt it,” Sarah said. “Just go get checked out because if I were to give it another week or two, who would have known [what the outcome would be?]”

The best prevention is early detection. Get screened. The American College of Radiology recommends yearly mammograms starting at age 40 or earlier if you have an immediate family history of breast cancer.

To schedule a mammogram at the Phelps Health Comprehensive Breast Center, call Centralized Scheduling at (573) 458-7737.



They're Counting on You to Make Time for a Mammogram

Early detection of breast cancer greatly increases the chance for successful treatment, which is why mammograms are recommended for women beginning at age 40, or earlier for those with a family history of the disease. Mammograms are your best tool for detecting a breast abnormality before it can be felt, so don't delay; call to schedule your appointment today.

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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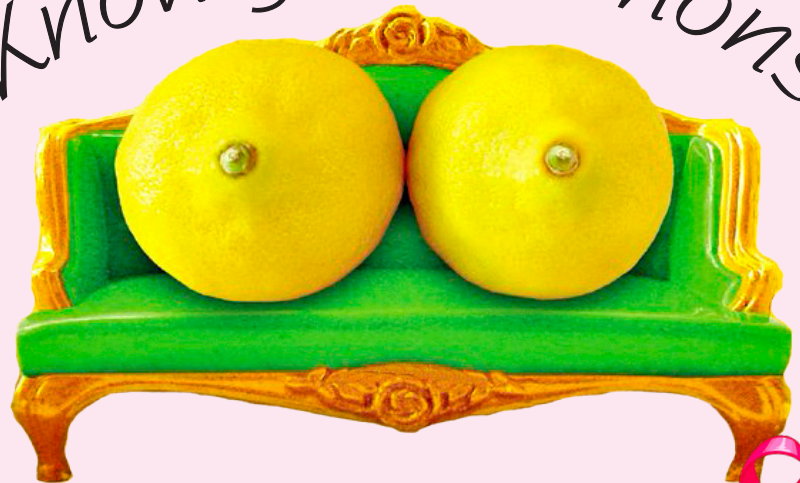
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