

Schubert credits self-testing for beating breast cancer

BY NEAL A. JOHNSON **UD EDITOR**

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sayoung mother, Osage County Health Department Billing Specialist Dianna Schubert survived Hodgkin's lymphoma, a type of cancer that affects the lymphatic system, which is part of the body's germ-fighting immune system.

That was in 1984. "I thought I was homefree after I beat it," said Schubert, who put her head down and got through it. "I was raising three little boys, so I didn't really have time to think about sick with the chemo."

was older and wiser, and because of her brush with cancer, she was vigilant.

"The Hodgkins was not in an organ or anything; it was just sitting in my chest," she said. "In 2020, I was diligent about getting checked by the doctor. I had done all my mammograms. I was checking myself, and that's when I found it. So it was kind of out of left field. I hadn't prepared myself for that, and I don't think you can ever prepare for that. I didn't expect it to be as bad as it was because I had all

Schubert was religious about self-testing once a month and highly recommends all women keep to that schedule. "Some do it more often than others, but at least once a month, women need to check themselves," she added. "I truly believe it saved my life. If I hadn't kept testing and checking myself, I might not have found it until it was way too late. And it could have caused my death."

my mammograms."

She scheduled an appointment immediately. "I just felt a knot, and when they did testing and went through all of the exams, it was a lot bigger than they expected and had spread more over into my lymph nodes," said Schubert. "They didn't really tell me that it was stage three or four, but it was probably a three. That's what I'm thinking anyway, but they didn't tell me. They had to take my lymph nodes out, so that told me it was a lot worse than I thought

Schubert underwent a

double mastectomy to remove the diseased lymph nodes. "It was supposed to be a single, but I told him I didn't want to have problems with the other one, so I told them to take both of them," she said. "That was my choice."

In September 2020, she began five months of chemotherapy, followed by 25 sessions of radiation, five days a week for five weeks. "The worst part was being sick because I don't like to get sick," said Schubert, noting she still has dry skin and looks like she's been sunburned on one side. That was bad, but not near as bad as getting

Sadly, her husband In June 2020, Schubert, of nearly 50 years, Ron, 2020 as Dianna was going through chemo. "It was a rough year, that's for sure," said Schubert. "He was a great provider, father, and husband."

In 1984, when Schubert battled Hodgkin's, Ron was a long-distance truck driver, so he wasn't at home as much. "My mom lived close, so I would spend the weekends with her, and she would look after the boys," she said. "I was very fortunate."

Schubert said that none of the ladies in her immediate family have battled breast cancer. "I had one aunt who had breast cancer, and that's probably been 50 years ago; I also had a niece that was treated for breast cancer," she added, noting she preaches to her female relatives including two daughtersin-law — to schedule yearly mammograms and self-test.

She also has granddaughters that need to consider testing. "I tell them they need to get checked," Schubert said. "I hope it gets you their attention and that they pay attention to it, especially when they get a little older, but it can happen anytime.'

Schubert recommends women visit their regular doctor for a mammogram, but there are other resources, including the Ellis Fischel Mobile Mammography Van, which occasionally visits Osage County.

"I tell everybody about the mammogram van," she said. "If women can't get to that, their regular doctor can do the test, or they can schedule

an appointment with an OBGYN. "Even though the Hodgkins wasn't in an organ, it still never really left my mind. That's what I tested and always went to the doctor regularly because that is so important."

Schubert has participated in the Relay for Life, a benefit for the American Cancer Society. "Being part of the survivors' walk on the track was pretty cool," she added.

Her daughter-in-law made Schubert a shirt. "I wear it proudly. It's got a pink heart, I have a pink sign on my car, and my son gave me a little stone with the pink sign on it," she said.

Family is everything

to Schubert, whose son, 70, who lives near Meta, passed away in October Gabriel, and his wife, April, have two daughters, Kaytlin, Kayla, and a son, Kaleb. Jeremiah and Nicole Schubert have two daughters, Ashlee and Skye, and a son, Jeremiah Jr. They have a granddaughter, Katalina, who just turned 3. Joshua Schubert is single and moved in with his mother to help out after Ron passed away. "He didn't want me living down there



PHOTO BY NEAL A JOHNSON OSAGE COUNTY Health Department Billing Specialist Dianna Schubert survived two brushes with cancer. In 1984, she beat Hodgkin's lymphoma and in 2020, Schubert won her battle with breast cancer.

by myself in our house," Schubert explained. "We had plenty of rooms, so I told him Joshua could have one of the rooms. He helps me take care of things around the house. It was good that he moved in with me right after my hus-

band passed away because it gets kind of lonely."

She counts her blessings every day. "I'm grateful to have survived breast cancer because it gave me more time with my family," said Schubert.







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Vienna woman's cancer journey was scary

BY LAURA SCHIERMEIER MCA STAFF WRITER lschiermeier@wardpub.

ince she was about 40 years old, Vienna woman and Maries County native, Paula Fannon Meyer, always had an annual mammogram. As a nurse, she knew the importance of screening and early detection of breast cancer.

Then COVID-19 hit. As with so many other people, she got behind on her mammogram by about a year. She had "an incident" with her right breast and consulted her general practitioner who urged her to have a mammogram done right away. She had the mammogram on March 5, 2021.

"I don't care who you are, when they say they think you have cancer, it takes your breath away," said Meyer, who was 63 years old at the time. After she was told she probably had cancer, she began to physically feel the lump in her breast.

She had a biopsy done at Capital Region Medical Center in Jefferson City. Her surgeon, Dr. Diane Light, came to her and said she had cancer in her breast. Meyer said she replied to the surgeon, "Is it bad?" And, Dr. Light responded that all cancer is bad.

That was the beginning of her cancer journey

Multiple doctors began to consult with her, discussing the options, which can become overwhelming for deciding what to do. She said Dr. Light was good and helped guide her through it.

From the surgery, the tissue was sent off. Meyer said, "Science is wonderful," as the lab results can tell doctors what the tumor is made of and can determine the correct treatment.

Meyer said early detection of cancer is so important because a small cancer can be caught and the less invasive the surgery has to be.

In her labs, they did a HER2 test, which if positive, is a breast cancer that has tested positive for a protein called human epidermal growth factor receptor 2 (HER2). This protein promotes the growth of cancer cells. In about one of every five breast cancers, the cancer cells have extra copies of the gene that makes the HER2 protein.

For Meyer, the first lab test from the biopsy said she was HER2 positive. This has to be treated as well as the cancer. The tumor was sent to a specialty lab to tell whether or not she would need chemo. It came back she did not need chemo and it was HER2 negative.

She is a medical person and does research to inform herself about what is going on in her body. She also is very intuitive about it. Meyer arranged to go to Siteman Cancer Center in St. Louis because of the confusing lab results. She said Siteman was an excellent resource for her. The tissue sample taken during her biopsy was sent to them for testing. It was negative for HER2.

Medical professionals spoke to her about all of her options and advised her. They recommended surgery and she considered all of the options. She chose to have the lumpectomy.

Meyer had the lumpectomy at Capital Region. She explains a lumpectomy is a conservative treatment to remove a very small tumor from the breast. For her what was removed was less than a centimeter in size, probably because it had been caught early.

Three lymph nodes also were removed

She had to have radiation, which she had for 16 weekdays in a row, no weekends. To get the radiation, patients undress, put on a gown and lie on a table. A machine passes over the top of the patient and shoots beams of radiation. It only lasts a few seconds. They do a CAT scan to do mapping and imaging. Patients get tattoo lines, which are used to do the mapping so they know where the radiation is supposed to go. The radiation was done at Goldschmidt Cancer Center in Jefferson City.

Radiation is weird, she said. You don't feel it, just lie still and the machine passes over. Patients have to have it because even after surgery to remove the tumor, a small piece of cancer may be left. They have to make sure to get all the cancer cells, thus the radiation follows surgery. Some people get burns, but she did not. But she felt tired and had some issues with dry skin.

Meyer said removing lymph nodes can cause long term issues. She's still dealing with it. At first she lost a lot of strength and it took a long time to get it back. She has scar tissue.

After nearly a year since the diagnosis, lumpectomy and radiation, she's just now starting to feel like herself. She was so scared when she found out she had cancer and is so happy that she got through it. But, once you've had cancer you become more aware you could have it again so you develop a more healthy lifestyle. She found out she is a strong person.

During her cancer journey, her son, Adam, was at her side throughout the whole process. "He was strong and supportive," she said as he took her to the hospital and stayed with her. Adam went to every important appointment with her. Meyer said she was so nervous and it was helpful to have someone there to help her remember what the doctors' said and to help make decisions.

After her surgery, her cousin, Holly, came to stay with her. Her sister, Stephanie, and niece, Rizza came to stay with her and provided care and support. The healing process was longer than she expected it to be.

Meyer said she is lucky to live in this community as the women who already had been on their own breast cancer journey, came forward and provided help to her. Shanda Snodgrass was kind enough to go to her very first appointment with her. Her strength, encouragement and knowledge were so helpful to Meyer.

Meyer said that older women tend to worry less about breast cancer, but they should know there is more risk as they age. She didn't have any breast cancer in her family, yet she had it anyway.

As a nurse, as with other health professionals, Meyer

encourages women to have their mammograms annually, and to do monthly self breast exams. If something doesn't feel normal, don't be afraid to ask about it. And don't be afraid to ask questions. As a patient, it is your right to ask.

When she was first diagnosed with breast cancer, Meyer said her grandson, Jimmy, was 14 months old. She was so sad and afraid she was not going to be there for him to watch him grow up, or there for the rest of her family and friends.

Now, Jimmy is almost three years old and another grandson, Warren, is a year old. Both are a joy to her life. Now she can be there for them and be a mom to Adam and Rachel and grandma to their boys.

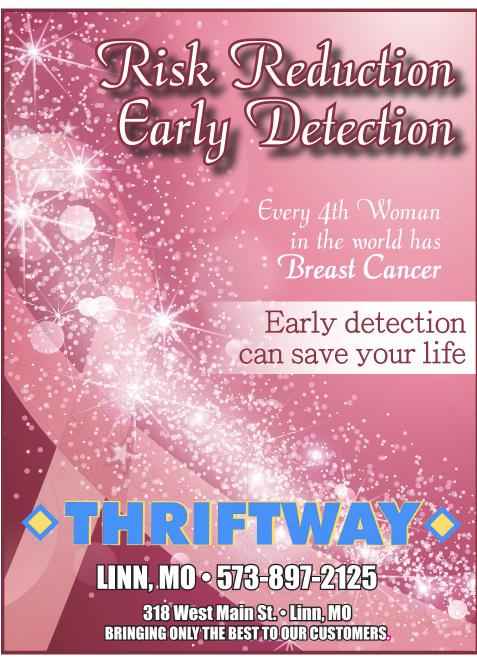
"I am so thankful to be able to get through this and be a grandma."

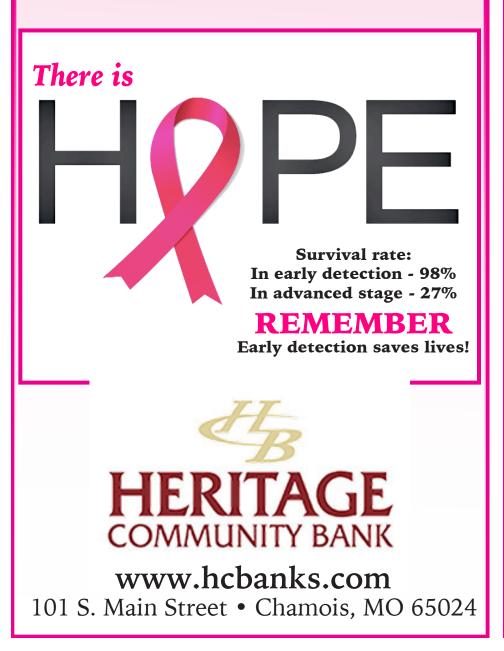














Protective

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important role in

Family history increases risk for breast cancer

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 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

Understanding breast cancer risk is vital for women's health. The following breakdown, courtesy of the Centers for Disease

illions of peo- Control and Prevention, ple across the can help women from all backgrounds understand their risk for breast cancer.

> Average risk: No firstor 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

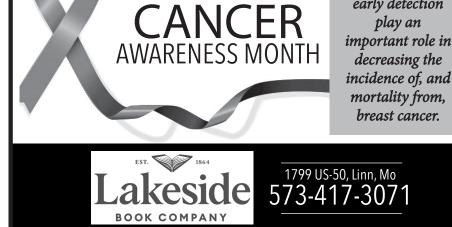
histories of the disease. By familiarizing themselves with their risks for breast cancer, women can take the necessary steps to protect their long-term health.



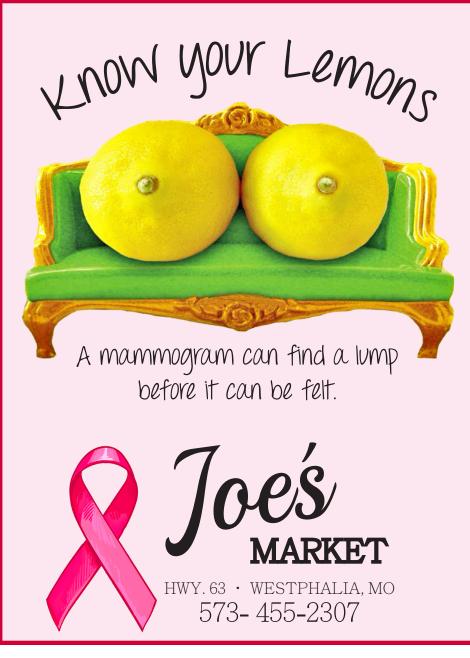
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7 ways to reduce breast cancer risk

any 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

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.