



SURVIVING Breast Cancer

Haslag whips breast cancer thanks to early detection



ant,” Haslag said. “The doctor told me it was so small that I never would have felt it, which is why it’s just as important to have a mammogram every year.”

Doctors took a biopsy and ran additional tests. “We caught it at stage zero before it had a chance to grow,” said Haslag.

Once the small growth was discovered in a milk duct, Haslag said things got crazy fast. “We had a lot of things to decide,” she said. “I wasn’t ready to accept it. When you’re diagnosed with any form of cancer, it’s a scary situation, but I was as well as it did for Loose Creek native Shannon Haslag, 52, of Wardsville.

“I’m cancer-free,” said Haslag, who was diagnosed with intraductal carcinoma in situ of the right breast on Nov. 4, 2020, and was rid of the disease after surgery on Dec. 30, 2020. “I was lucky. The doctors were able to get it all in one surgery.”

She credits early detection with winning the battle after an annual mammogram in October 2020 revealed a tiny growth. “I’ve always self-tested, and that’s very import-

antly, doctors were able

to perform reconstruction surgery at the same time. “They weren’t sure implants would be an option until they got inside,” said Haslag. “There were no issues or infections. Having only one surgery was a blessing, and I started the new year knowing I was free of cancer without needing chemotherapy or radiation.”

Haslag has a first cousin who battled breast cancer, but it was a different type. “Mine is not genetic, so I have nothing to pass on to my two grown daughters,” she said.

Still, it’s crucial to self-test regularly. “Some women may not think it’s a big deal, but it is,” Haslag said. “If something seems off, recheck it, and if you feel a lump or are concerned, get it checked out quickly. Early detection makes a world of difference.”

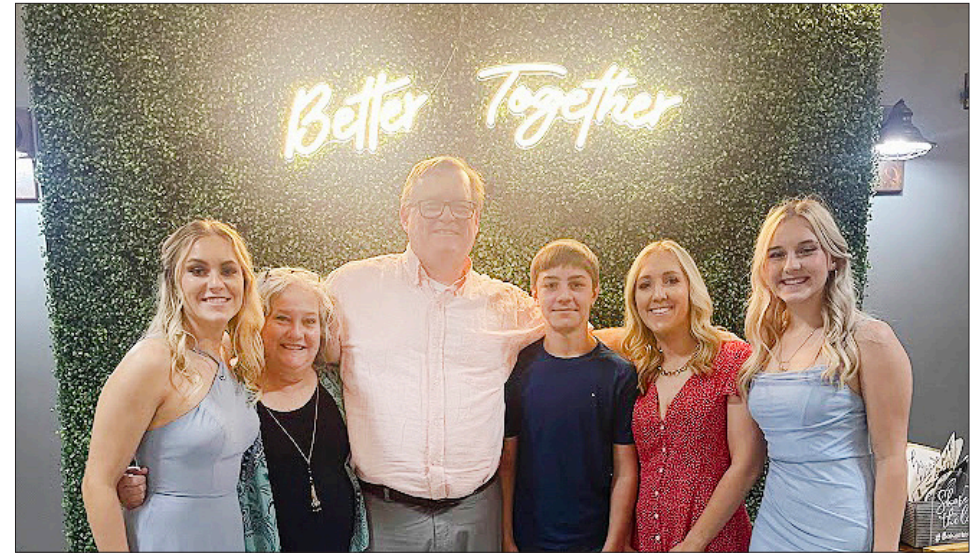
Haslag also suggested women remind their friends and family to get yearly mammograms. She would schedule hers in October every year because that’s Breast Cancer Awareness month. “It’s easy to remember that way,” Haslag added.

She noted that daughters of women who develop breast cancer should begin mammograms 10 years earlier than the age of the cancer patient. Haslag was diagnosed at the age of 49, which means she’s making sure her daughters begin testing at the age of 39, if not sooner.

Though 2020 was a harrowing year, Haslag is pleased she got through it. “I’m happy to be cancer-free,” she said. “I am also grateful I have more time to spend with my grandsons.”

Local librarian leans on family

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The American Cancer Society compiles many breast cancer statistics as a guide to people experiencing the condition. Breast cancer is the most common cancer affecting women in the United States after skin cancers. The average risk of a woman in the U.S. developing breast cancer is about 13 percent. The median age at the time of breast cancer diagnosis is 62, and a very small percentage of women younger than 45 receive a breast cancer diagnosis.

Lisa Garro of Vienna was 48 when she received a breast cancer diagnosis in January 2015.

“I was in complete shock,” she said. “My doctor didn’t say much but handed me a paper with all the information on it because she said from her experience, patients did not remember anything she said because of the shock. She was correct.”

Before the diagnosis, Garro had noticed a dent in her breast rather than a

lump like in many breast cancer cases. When she got her diagnosis, she learned that her type of cancer was different from the average case.

Garro’s diagnosis was Invasive Lobular Carcinoma (ILC), which meant the cancer had developed in the lobules. Breast lobules are the milk-producing glands. Most breast cancers occur in the ducts of the breast as Invasive Ductal Carcinoma (IDC). ILC is the second most common type of breast cancer. It makes up about 10 percent of breast cancer diagnoses while IDC makes up about 80 percent of breast cancer diagnoses.

Other than the inden-

tation, Garro did not notice any symptoms before her diagnosis. According to Johns Hopkins Medicine, some types of ILC do not cause symptoms, but some types cause symptoms including an area of thickening, swelling or fullness in the breast; a nipple turning inward or a change in breast texture.

ILC is sometimes harder to detect, particularly on mammograms, than other types of breast cancer. It also grows slower than other breast cancers.

Garro said she received her diagnosis shortly before the cancer would have started to spread. It had just broken the membrane. Test results showed it had not entered her lymph nodes.

Another test informed Garro that though her family has a history of breast cancer, the type she had was not hereditary. Her family had a history of cancer, which prepared her outlook on the condition.

“Both of my parents died of other types of cancer, so I’ve already experienced the ‘life is short’ perspective,” she said.

Treatment options for ILC are often similar to other types of breast cancer. Doctors may recommend follow-ups including an MRI, ultrasound or biopsy of the breast. Depending on the size of the cancer, treatment can include a lumpectomy or mastectomy.

Garro’s treatment began the month after her diagnosis when she had a lumpectomy to remove the cancer. The procedure didn’t remove all the cancer, so she had to have another.

When it came time to choose a treatment plan, Garro had a dilemma.

“I was the children’s librarian at the time,” she said. “I didn’t want to do chemo and lose my hair because I was afraid the children I read books to would be afraid of me.”

After more testing, the doctors found that the chance the cancer would return without Garro undergoing chemotherapy would only be between one and two percent. Garro said that chance of return was about the same as what her doctors wanted to see regardless of if she went through chemotherapy.

Instead of chemotherapy, Garro went to 30 radiation treatments to target the cancer cells left behind after her surgery. She also underwent endocrine therapy to block estrogen because the hormone can cause breast cancer. ILCs are often very responsive to anti-hormonal medications.

Garro said many radiation plans for cancer like the one she had only include 25 treatments, but her doctor recommended an extra five sessions because she was younger than many breast cancer patients. She went to Jefferson City for treatments every weekday for six weeks. Her last radiation treatment was in May 2015.

During treatments, Garro continued to work at the library after going to radiation therapy each morning.

“Radiation makes one very tired, so I would yawn a lot throughout the day,” she said. “There were a couple of days where I just had to go home and sleep it off.”

Garro said during her treatments, she leaned on her family for support. Her husband Dave and daughters Becca, Rachel and Nora kept her motivated. She also stayed involved in community activities and her work at the Heartland Regional Library locations.

Cancer treatments leave lingering effects. Garro said that she has experienced other health issues following her treatments, and her immune system is now compromised. People who are immunocompromised have to take extra precautions to avoid getting sick.

“I think the biggest takeaway is that once you receive a diagnosis of cancer and go through all the treatments, it will never leave you,” Garro said. “I still worry about it coming back and the side effects to all the surgeries and medication leave one’s body in a declined state.”

Garro said her advice was to women of all ages was to make sure they stay up-to-date on their cancer screenings.

“I would like to encourage women to get their mammograms,” she said. “Don’t wait, don’t hesitate. The earlier you catch it, the better the outcome.”

BY NEAL A. JOHNSON
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Breast cancer — indeed, any form of cancer — is a scary diagnosis, and it doesn’t usually end as well as it did for Loose Creek native Shannon Haslag, 52, of Wardsville.

“I’m cancer-free,” said Haslag, who was diagnosed with intraductal carcinoma in situ of the right breast on Nov. 4, 2020, and was rid of the disease after surgery on Dec. 30, 2020. “I was lucky. The doctors were able to get it all in one surgery.”

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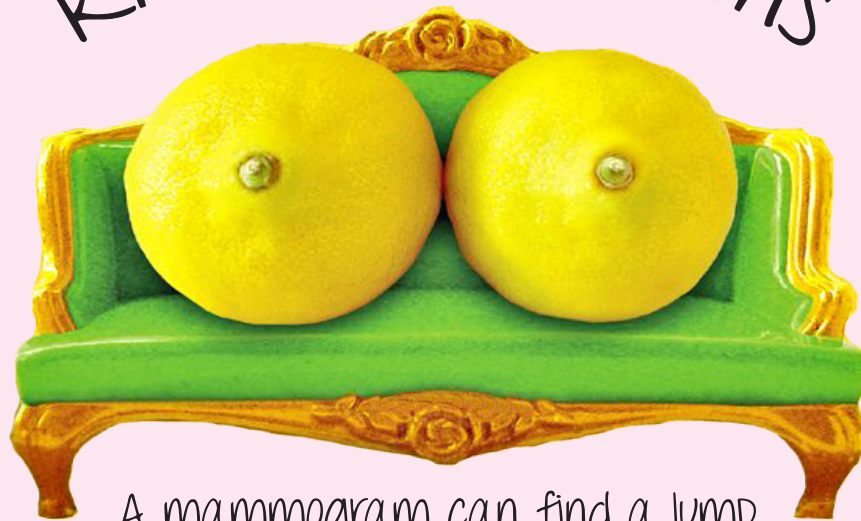
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Breast cancer is a cause for concern for millions of women. Each year about 264,000 cases of breast cancer are diagnosed in women in the United States, according to the Centers for Disease Control and Prevention. Globally, data from the World Health Organization indicates roughly 2.3 million women were diagnosed with breast cancer in 2020.

One of the more notable symptoms of breast cancer is the presence of a lump in the breast. Though not all lumps are malignant, it's important that women learn about breast anatomy and lumps as part of their preventive health care routines.

Mount Sinai says that breast lumps can occur at any age in both men and women. Hormonal changes can cause breast enlargement and lumps during puberty, and boys and girls may even be born with lumps from the estrogen received from their

mothers.

It is important to note that the vast majority of breast lumps are benign. The National Institutes of Health says 60 to 80 percent of all breast lumps are non-cancerous. The most common causes of breast lumps are fibroadenomas and fibrocystic changes. Fibroadenomas are small, smooth, moveable, painless round lumps that usually affect women who are at an age to have children, indicates the Merck Manual. They are non-cancerous and feel rubbery.

Fibrocystic changes are painful, lumpy breasts. This benign condition does not increase a woman's risk for breast cancer. Symptoms often are worse right before one's menstrual period, and then improve after the period begins.

Additional factors can contribute to the formation of lumps. Breast cysts are fluid-filled sacs that likely go away on their own or may be aspi-

rated to relieve pain. Complex cysts may need to be removed surgically. Sometimes cysts also may form in milk ducts throughout the breasts.

Lumps also may be the result of injury. Blood can collect under the skin and form a type of lump called a hematoma. Other lumps may be traced to lipomas, which is a collection of fatty tissue or breast abscesses, which typically occur if a person is breastfeeding or has recently given birth.

Additional causes of lumps can be discussed with a doctor. Though the majority of lumps are not a cause for concern, it is important for people to regularly feel their breasts to check for abnormalities. Doctors may recommend annual mammograms to women age 40 and older. In its earliest stages, breast cancer may produce little to no visible symptoms, but a mammogram may be able to catch something early on.

What distinguishes the different types of breast cancer?

Individuals can experience a whirlwind of emotion upon being diagnosed with cancer. No one ever expects to receive such a diagnosis, so the moment a physician delivers such news can be emotional and compromise a person's ability to focus. Once those emotions settle down and individuals resolve to overcome the disease, they typically have a lot of questions.

One of the questions doctors will attempt to answer is which subtype of cancer a person has. For example, when doctors initially deliver a breast cancer diagnosis, they may explain that further testing will be necessary to determine precisely which type of breast cancer an individual has. Identifying the subtype of breast cancer

helps doctors choose the most effective course of treatment, but it's understandable if patients and their families become confused during the process. The following rundown can help breast cancer patients understand this crucial next step after diagnosis.

How is breast cancer type determined?

The American Cancer Society notes that breast cancer type is determined by the specific cells in the breast that become cancer. The Mayo Clinic reports that a medical team will use a tissue sample from a patient's breast biopsy or, for patients who have already undergone surgery, the tumor to identify the cancer type.

What are the types of breast cancer I might be diagnosed with?

There are many types of breast cancer, but some are more common than others. Invasive and non-invasive (also referred to as "carcinoma in situ") are the two main subtypes of breast cancer.

According to the University of Pittsburgh Medical Center, the most common types of invasive breast cancer are invasive ductal carcinoma, which affects the inner lining of the milk ducts, and invasive lobular carcinoma, which originates from the glands that produce milk.

The UPMC reports that the most common in situ types are ductal carcinoma in situ, which is cancer that remains within the milk ducts, and lobular carcinoma in

situ, which does not often develop into breast cancer though it is considered a risk factor for an invasive form of the disease.

The ACS notes that triple-negative breast cancer is an aggressive form of breast cancer that accounts for roughly 15 percent of all breast cancers. Triple-negative breast cancer can be difficult to treat.

Less common types of breast cancer, each of which account for between 1 and 3 percent of diagnoses in a given year, include Paget disease of the breast, angiosarcoma and phyllodes tumor.

A breast cancer diagnosis marks the beginning of a sometimes lengthy but often successful journey that has ended in full recovery for millions of women across the globe. More information about the various types of breast cancer can be found at cancer.org.

Treatments considered after a breast cancer diagnosis

A recent article in the January/February 2023 edition of *CA: A Cancer Journal for Clinicians* noted that roughly 3.8 million cancer deaths have been averted since 1991. That figure represents a 33 percent overall reduction in the cancer death rate over the last three-plus decades. A host of variables have combined to make that reduction possible, and advancements in cancer treatment are one such component.

Despite improvements in cancer survival rates, the disease remains a formidable foe. Women know that all too well, as various forms of the disease, including breast cancer, continue to affect millions of women each year. The World Cancer Research Fund International reports that breast cancer was the most common cancer in the world in 2020, accounting for 12.5 percent of all new cases diagnosed in that year. When diagnosed with breast cancer, women will soon begin treatment, and the following are some of the options doctors may consider as they devise treatment plans.

- **Chemotherapy:** The aim of chemotherapy is to destroy cancer cells or slow their growth. The National Breast Cancer Foundation® notes that chemotherapy employs a combination of drugs, which are usually administered orally or intravenously. Chemotherapy is a systemic therapy, which means the drugs will travel in the bloodstream throughout the entire body. That's likely why, according to the organization Cancer Research UK, nearly everyone who receives chemotherapy experiences some level of fatigue.

- **Radiation:** The NBCF notes that radiation therapy utilizes high-energy rays to kill cancer cells. Radiation therapy affects only those parts of the body that are treated with radiation, so it might not lead to the same level of fatigue as chemotherapy. However, cancer care teams often utilize both radiation and chemotherapy to treat cancer. When treating breast cancer, radiation therapy is often utilized to destroy any remaining mutated cells in the breast or armpit area after surgery.

- **Hormone therapy:** The American Cancer Society notes that some types of breast cancer are affected by hormones. In such cases, the receptors on breast cancer cells attach to hormones like estrogen and progesterone, which enables them to grow. Hormone therapy prevents such attachments. The ACS indicates that hormone therapy is often utilized after surgery to help reduce the risk of recurrence. Unlike chemotherapy and radiation therapy, which are generally administered over a relatively short period of time, hormone therapy is usually taken in pill form for five years.

When discussing a course of treatment with breast cancer patients, doctors may also recommend newer treatments like targeted therapies. The NBCF notes that these treatments, which utilize drugs designed to block the growth of breast cancer cells in specific ways, are often administered in combination with chemotherapy.

Doctors utilize various treatments to help breast cancer patients overcome their disease. Women are urged to ask as many questions as possible as they discuss treatment options with their cancer care teams.

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Know the basics of Breast Cancer

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Breast cancer starts when cells in the breast become abnormal and start dividing rapidly. According to the American Cancer Society (ACS), most breast cancers start with cells in the milk ducts which are the tiny tubes that run from the lobules (glands that make breast milk) to the nipple.

Are there symptoms?

In the beginning, breast cancers don't usually cause symptoms. That's why the ACS recommends regular breast cancer screening.

Women who are at a high risk for developing breast cancer often start regular MRIs and mammograms at age 30.

Early detection is key as treatment options get more complex as the cancer progresses. Simpler treatment is more likely to be effective in the early stages.

When breast cancer progresses enough to cause symptoms, the most common is a new lump or mass in the breast, according to the ACS. Other symptoms can include swelling, skin irritation, dimpling, redness or scaling on the skin of the breast or nipple, painful nipples, nipple discharge, or a lump in the underarm.

It's important to remember that not all breast lumps are cancer. Most are fluid-filled cysts, collections of fibrous tissue or some other type of unusual growth, none of which will spread beyond the breast or be life-threatening. However, any lump or change in a breast should always be examined by a healthcare provider.

What is the screening like?

Screenings can include a breast exam, mammogram, ultrasound or an MRI. If your doctor suspects there's even a slight chance that cancer could be present, he or she will order additional tests. These may include specialized imaging tests and a biopsy. According to the ACS, a biopsy is the only way to confirm that cancer is present. It involves removing a sample of tissue and inspecting it under a microscope to look for signs of cancer.



How is breast cancer treated?

Treatment options for breast cancer can include surgery, radiation therapy, chemotherapy, hormone therapy or immunotherapy, sometimes a combination of treatment options are needed. Things to take into consideration before developing a treatment plan are the type and stage of the cancer, the person's general health and personal preferences. Each treatment option has both benefits and drawbacks.

Am I at an increased risk for breast cancer?

You may be at an elevated risk due to the following factors:

- Age — Most cases of invasive breast cancer occur in women 55 and older.
- Family History — Your risk for breast cancer increases if others in your family also had the disease. The risk is about doubled if your mother, sister or daughter was affected.
- Dense Breast Tissue — Women who have dense breasts have an elevated risk for breast cancer.
- BRCA1 or BRCA2 Mutation — Mutations in these genes, which normally help

prevent uncontrolled cell growth, may be inherited. These mutations greatly increase breast cancer risk. However, there are options for managing this risk. Your doctor can tell you more about them.

- Birth Control Use — Women who are using birth control pills have a slightly higher risk of getting breast cancer than women who have never used them. However, after 10 years without the pills, the increased risk seems to disappear.

- Birth and Breastfeeding — Women who have not had children or who had children later in life have a slightly higher risk of getting breast cancer than women who had children earlier. For women who had children before the age of 30 and breastfed, evidence suggests their risk may be slightly lower, especially if they did so for 1 1/2 to 2 years.

- Combined Hormone Therapy — Combined hormone therapy (estrogen and progesterone) has been shown to increase breast cancer risk. The risk may return to normal within three years of stopping the therapy. Use of estrogen alone does not seem to pose a similar danger.

- Weight — Carrying excess weight seems to raise breast cancer risk. That's particularly true if the weight is mostly around your mid-section.

- Alcohol — Drinking alcohol regularly—even just one drink a day—increases breast cancer risk. The more you drink, the greater the risk.

Are there ways to reduce my risk?

You can reduce your risk of developing breast cancer by not drinking alcohol, getting regular exercise and maintaining a healthy body weight, according to the ACS.

If you have a strong family history of breast cancer, talk to your doctor about other options for breast cancer prevention. Medicines or (in rare cases) surgery may be used to reduce risk in very high-risk women, notes the ACS.

Remember, breast cancer is most treatable when caught early. Become familiar with how your breasts normally look and feel to ensure possible changes are noticed early. Don't hesitate to report changes to your healthcare provider — your care is why we're here.



Breast cancer FAQ

The World Health Organization reports that roughly 2.3 million women were diagnosed with breast cancer in 2020. By the end of that year, there were nearly eight million women alive who had been diagnosed with the disease in the previous half decade.

A breast cancer diagnosis inevitably leads to questions about the disease. The bulk of those questions undoubtedly are asked by the millions of women who are diagnosed with breast cancer. But

millions more individuals, including friends and family members of recently diagnosed women, may have their own questions. Women can discuss the specifics of their diagnosis with their physicians. In the meantime, the following are some frequently asked questions and answers that can help anyone better understand this potentially deadly disease.

What is breast cancer?

Cancer is a disease marked by the abnormal growth of cells that invade healthy cells in the body. Breast cancer is a form of the disease that begins in the cells of the breast. The National Breast Cancer Foundation notes that the cancer can then invade surrounding tissues or spread to other

areas of the body.

Can exercise help to reduce my breast cancer risk?

The NBCF notes that exercise strengthens the immune system and women who commit to as little as three hours of physical activity per week can begin to reduce their risk for breast cancer. However, even routine exercise does not completely eliminate a woman's risk of developing breast cancer.

Is there a link between diet and breast cancer?

The organization Susan G. Komen®, a nonprofit source of

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Late effects of breast cancer treatment

Many side effects of breast cancer treatment, such as fatigue, go away shortly after treatment ends. However, the organization Susan G. Komen® notes that some women experience late effects of cancer treatment, which are new side effects that present months or even years after treatment for breast cancer has ended. Late effects vary, and many breast cancer survivors experience no such symptoms. But according to Macmillan Cancer Support, a United Kingdom-based organization devoted to supporting individuals living with cancer, some late effects may be permanent.

There's no way of knowing who will experience late effects of breast cancer treatment. However, a 2019 study published in the Journal of Midwifery & Women's Health indicated that as much as 90 percent of breast cancer survivors experience long-term consequences as a result of treatment. Susan G. Komen notes that some of the more common late effects of breast cancer treatment include:

- Bone health problems
- Changes in the look and feel of the breast, including after lumpectomy, radiation therapy and/or reconstruction
- Early menopause or menopausal symptoms, such as hot flashes
- Emotional distress and depression
- Fatigue or insomnia
- Fear of recurrence
- Infertility
- Joint and muscle pain
- Sexuality and intimacy issues
- Weight gain

Susan G. Komen notes that research into breast cancer care, including how to improve life for survivors, is ongoing. In the meantime, women undergoing treatment, those who have recently completed treatment or even patients who have not received treatment in years but are experiencing the aforementioned side effects are urged to speak with their physicians about the various ways to improve quality of life should any of these symptoms appear or continue to present. More information about late effects of breast cancer treatment is available at komen.org.

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What to know about breast cancer recurrence



Millions of women across the globe are survivors of breast cancer. Those women serve as inspiration to millions more individuals, even as they bravely live with the threat of recurrence.

The Cleveland Clinic notes that most local recurrences of breast cancer occur within five years of a lumpectomy, which is a common breast cancer treatment during which cancer cells and a small margin of healthy breast tissue are removed. Even if recurrence is unlikely and/or beyond a woman's control, the lingering notion that breast cancer return at any moment can be difficult to confront. Learning about recurrence could calm the nerves of breast cancer survivors and their families.

Defining recurrence

A second diagnosis of breast cancer does not necessarily mean women are experiencing a recurrence. The Cleveland Clinic notes that breast cancer that develops in the opposite breast that was not treated and does not appear anywhere else in the body is not the same thing as recurrence. Recurrence occurs when the cancer is detected in the same breast in which the disease was initially detected. Breastcancer.org notes that cancer found in the opposite breast is likely not a recurrence.

How recurrence happens

Treatment for breast cancer is often very successful, particularly in patients whose cancer was discovered early. Recurrence can happen when single cancer cells or groups of cancer cells are left behind after surgery. Breastcancer.org notes that tests for cancer cannot detect if single cancer cells or small groups of cells are still present after surgery, and a single cell that survives post-surgery rounds of radiation therapy and chemotherapy can multiply and ultimately become a tumor.

Types of breast cancer recurrence

There are different types of breast cancer recurrence, including:

- **Local recurrence:** The Cleveland Clinic notes that a local recurrence diagnosis indicates the cancer has returned to the same breast or chest area as the original tumor.
- **Regional recurrence:** A regional recurrence means the cancer has come back near the original tumor, in lymph nodes in the armpit or collarbone area.
- **Distant recurrence:** A distant recurrence indicates the breast cancer has spread away from the original tumor. The Cleveland Clinic notes this is often referred to as stage 4 breast cancer. This diagnosis indicates the tumor has spread to the lungs, bones, brain, or other parts of the body.

The risk of recurrence

Johns Hopkins Medicine notes that certain variables unique to each individual affect the risk of breast cancer recurrence. This is an important distinction, as women who have survived breast cancer but are concerned about recurrence should know that they will not necessarily experience one, even if a first-degree relative or friend did. The type of cancer and its stage at diagnosis can elevate risk, which also is highest during the first few years after treatment.

The Cleveland Clinic notes that women who develop breast cancer before age 35, which is uncommon, are more likely to experience a recurrence. In addition, women diagnosed with later stage breast cancers or rare forms of the disease, including inflammatory breast cancer, are more likely, though not guaranteed, to experience a recurrence.

The fear of breast cancer recurrence can be tough for survivors of the disease to confront. Sharing concerns with family members and a cancer care team could help survivors overcome their fears.

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funding for the fight against breast cancer, reports that studies have shown eating fruits and vegetables may be linked to a lower risk for breast cancer, while consuming alcohol is linked to an increased risk for the disease. In addition, the NBCF reports that a high-fat diet increases breast cancer risk because fat triggers estrogen production that can fuel tumor growth.

Is there a link between oral contraceptives and breast cancer?

The NBCF reports that women who have been using birth control pills for more than five years are at an increased risk of developing breast cancer. However, the organization notes that risk is very small because modern birth control pills contain low amounts of hormones.

Can breastfeeding reduce breast cancer risk?

Breastfeeding and breast cancer are linked, though the NBCF notes that the role breastfeeding plays in lowering cancer risk depends on how long a woman breastfeeds. The World Cancer Research Fund International notes that evidence indicates that the greater number of months women continue breastfeeding, the greater the protection they have against breast cancer.

Is there a connection between stress and breast cancer?

The NBCF notes that researchers have found that traumatic events and losses can alter how the immune system functions, which can provide an opportunity for cancer cells to establish themselves within a person's body. The NBCF urges women to identify ways to keep their stress levels in check.

Breast cancer education can be a valuable asset as women seek to reduce their risk for the disease.

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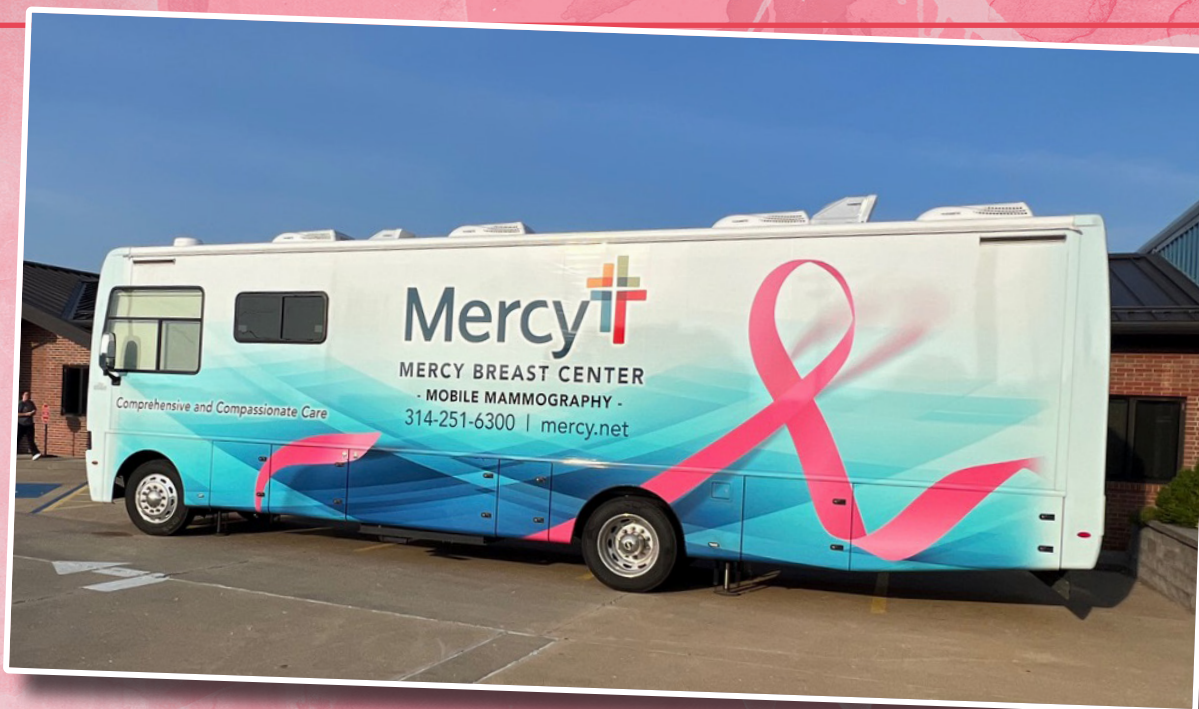
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