

# thinkpink

25 years of Awareness, Education and Empowerment

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## 25 years of Awareness, Education and Empowerment

Welcome to the Herald-Tribune Media Group's first "Think Pink" publication, celebrating the 25th anniversary of National Breast Cancer Awareness Month.

The past 25 years has seen an enormous change in the national dialogue on breast cancer due, in no small part, to the National Breast Cancer Awareness Month (NBCAM) organization. ([www.nbcam.org](http://www.nbcam.org)).

In "Think Pink," the Herald-Tribune has endeavored to help carry out the NBCAM mission: offering practical information, health and wellness news, first person testimonials, local resources and more, to assist in spreading the word about important breast cancer realities.

In recognition of this 25th anniversary milestone, here are five simple ways to celebrate breast cancer awareness in your own life, courtesy of the NBCAM organization and ARA Content:

### Know your risks

The risk of developing breast cancer is not the same for all women. According to the National Cancer Institute age is the single most important risk factor for breast cancer. But research has also shown that personal and family history of breast cancer, alterations in certain genes, reproductive and menstrual history, body weight, level of physical activity and alcohol consumption are among the factors that affect a woman's risk of developing breast cancer. Talk to your doctor about your risk of developing breast cancer.

### Practice healthy habits

While there are some breast cancer risk factors that women cannot avoid – such as age and genetics – there are also steps that women can take to help prevent breast cancer on their own. Women should know that exposure to tobacco and excessive alcohol consumption are risk factors for breast cancer, as well as other cancers. In addition, research suggests that women can decrease their risk of cancer simply by eating healthy and exercising regularly.

### Schedule your annual mammogram

Evidence shows that early detection of breast cancer greatly improves a woman's chance for successful treatment, and scheduling regular mammograms is the most effective way of catching cancer early. The American Cancer Society recommends that all women age 40 and older should have a screening mammogram every year, and should continue to do so for as long as they are

in good health. For more information about breast cancer and screenings and to locate a free or low-cost clinic, visit [www.cdc.gov/cancer/breast](http://www.cdc.gov/cancer/breast) or call (800) CDC-Info.

### Know that there is hope

Thanks to early detection and improvements in treatment, more women are surviving breast cancer, remaining disease-free and living longer, healthier lives. Today, nearly 90 percent of women who are diagnosed with breast cancer will survive their disease at least five years, up from just 75 percent 35 years ago, according to the National Cancer Institute.

### Educate yourself

Empower yourself by learning as much as possible about breast cancer. While October is National Breast Cancer Awareness Month, the NBCAM organization wants to remind you that breast cancer awareness and education is important all year long.

For more information, visit the [www.NBCAM.org](http://www.NBCAM.org) Web site, a year-round resource for breast cancer patients, survivors, caregivers, and the public.

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# A Brighter Future

*Detection and treatment options improve over 20 years*

The past 20 years in breast cancer detection and treatment are marked by both hope and tears.

Because of advances in early detection and treatment, breast cancer death rates continue to fall, especially among women 50 and younger, but it remains the second most deadly – and second most common – cancer among American women. One in eight women will be diagnosed with breast cancer in their lifetime.

And while overall breast cancer deaths have been falling by about two percent per year since the early 1990s, a newly released report by the American Cancer Society report shows a stark contrast between Caucasians and African Americans.

Breast cancer death rates were 38 percent higher in African American women in 2006, according to ACS' Breast Cancer Facts & Figures 2009-2010 report. It notes that African American women are more likely to be diagnosed at a later stage, when their cancer is less treatable. Researchers attribute some of the decline in breast cancer cases among white women to decreased use of postmenopausal hormone replacement therapy (HRT), which has been linked to increased risk of breast cancer.

"While there is much to celebrate in the fight against cancer, this report is also a strong reminder that far too many women still die of breast cancer and of the work yet to be done," says Elizabeth "Terry" T.H. Fontham, MPH., Dr.PH., American Cancer Society national volunteer president. "We need to make sure all women have access to information to help them reduce their risk and to resources to ensure early detection and the best possible treatment."

## Advances in Early Detection & Treatment

Unlike 20 years ago, women now have access to an array of advanced diagnostic and treatment technology, genetic testing and clinical trials.



Dr. James Fiorica, MD

The advances in breast imaging alone have made a significant impact on the breast cancer survival rate, says Gynecological Oncologist James Fiorica, MD, medical director of Sarasota Memorial's Women's Cancer Care Services.

"New technology like digital mammograms, MRI and ultrasound allow doctors to find breast cancers at an ever earlier stage, when the cancer is easier to treat and chances of survival are greatest," Dr. Fiorica says.

Although traditional or analog mammograms (also known as film-screen) are still widely available, digital mammography has emerged as the new standard of early screening for breast cancer. Just as digital cameras have revolutionized the way we take and view photos, digital mammography is making it possible for physicians to evaluate and interpret abnormal breast tissue in greater detail than ever possible with film mammography. Physicians can zoom in, magnify and optimize different parts of the breast tissue, making it easier to diagnose cancer in even the most difficult cases, such as younger women with dense breasts and women with implants.

Yet, despite studies that show women can cut their chance of dying from breast cancer by up to 30 percent by getting regular mammograms, nearly half of women over age 40 do not receive annual mammograms, Dr. Fiorica noted.

"Some women think they are not at risk unless they have a family history of breast cancer," Dr. Fiorica says. "Sadly, that's not the case. Only 5 to 10 percent of all breast cancer cases are due to mutated genes associated with an inherited breast cancer."

## RESOURCES:

- The American Cancer Society's Breast Cancer Facts & Figures report is available online at [www.cancer.org](http://www.cancer.org).
- Free mammograms are available for women in need. For information, call Sarasota Memorial's Breast Health Center at 941-917-2636.

## By The Numbers

More than **192,350 American women** will be diagnosed with breast cancer in 2009.

That equals about **1 in 8 women.**

Of these women, more than **40,000 will lose their lives** to the disease.

However, there are more than **2.5 million breast cancer survivors** in the United States.

**Breast cancer is the most common cancer among women in Florida.**

During 2009, in the U.S., **about 1,910 men will be diagnosed and 440 men will die of breast cancer.**



## Screenings Crucial in Breast Cancer Detection

**B**reast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer. Talk to your doctor about which tests are right for you, and when you should have them.

■ **Mammogram:** The most effective means to detecting breast cancer, a mammogram is an X-ray of the breast. Mammograms can detect breast cancer early, when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. If you are age 40 years or older, be sure to have a screening mammogram every one to two years.

■ **Clinical breast exam:** A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes.

■ **Breast self-exam:** A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit). See page 8 for the "Five Steps of a Breast Self-Exam."

Having a clinical breast exam or a breast self-exam does not decrease risk of dying from breast cancer. If you choose to have clinical breast exams and to perform breast self-exams, be sure you also get regular mammograms.

Breast cancer screenings are typically available at clinics, the local hospital or a doctor's office. If you want to be screened for breast cancer, call your doctor's office. They can help you schedule an appointment. Most health insurance companies pay for the cost of breast cancer screening tests.

For more information on cancer prevention and control, visit the Centers for Disease Control and Prevention Web site at [www.cdc.gov/cancer](http://www.cdc.gov/cancer).



### Mammograms or MRIs?

It's a question many women ask themselves as they try to choose which technology detects breast cancer earlier?

The answer is simple, says Gynecological Oncologist James Fiorica, MD, medical director of Sarasota Memorial's Women's Cancer Care Services. All women need mammograms, and only certain women need an MRI, he says. MRI scans are an extra option for high-risk patients or those with certain risk factors, but an MRI is not considered a substitute for a mammogram.

Based on your condition and risk factors, your physician may recommend one or more of the following breast imaging studies or tests:

#### DIGITAL MAMMOGRAPHY

Digital mammography is different from a standard (or analog) mammogram. Digital mammography provides greater detail, giving radiologists access to more information so they can make the best possible assessment. With

digital pictures, the physician can zoom in, magnify, and optimize different parts of the breast tissue in the picture without having to take an additional image. Digital mammography can be particularly useful in younger women who often have dense breasts, women with breast implants and other cases that are difficult to evaluate with conventional mammography. With digital technology the procedure is completed more quickly, and the clarity of the images means fewer retakes are needed.

#### BREAST ULTRASOUND

A breast ultrasound uses sound waves to make a picture of the tissues inside the breast. It can show all areas of the breast, including the area closest to the chest wall, which is hard to study with a mammogram. A breast ultrasound is used to see whether a breast lump is filled with fluid (a cyst) or if it is a solid lump. An ultrasound does not replace the need for a mammogram, but it is often used to check abnormal results from a mammogram.

#### BREAST MRI

Breast MRI (magnetic resonance imaging) is a test that may be used to distinguish between benign (noncancerous) and malignant (cancerous) areas. Performing this test may reduce the number of breast biopsies done to evaluate a suspicious breast mass. Although MRI can detect tumors in dense breast tissue, it cannot detect tiny specks of calcium (known as microcalcifications), which account for half of the cancers detected by mammography. MRI scans are an extra option for high-risk patients or those with certain risk factors, but an MRI is not considered a substitute for a mammogram.

#### GENETIC TESTING.

Approximately 5 to 10 percent of women with breast cancer have a hereditary form of the disease. It is believed that inherited alterations (called mutations) in the BRCA1 and BRCA2 genes are involved in 30 to 70 percent of all inherited cases of breast cancer; the likelihood is highest in families with one or more cases of ovarian cancer. Since the vast majority of breast cancer cases are not due to inherited alterations in the BRCA1 or BRCA2 genes, most women would not benefit from genetic testing. For men and women with a family history of breast and ovarian cancer, genetic testing may indicate whether they have an increased chance of developing breast cancer. There are, however, many things to think about before getting tested.

For information about genetic counseling or breast cancer screening options, call Sarasota Memorial's Breast Health Center at 917-2636.

### Steps for Early Detection

The Susan G. Komen Breast Cancer Foundation recommends a three-step approach to breast cancer screening:

1. Breast self-exams
2. Clinical breast exams
3. Mammography

Depending on a woman's age, it could involve a combination of all of the above. Women with a family history of breast cancer or other concerns about their personal risk should consult with a health care provider. Screening tests may need to be done more often and/or started earlier than usual.

#### By age 20:

- Begin monthly breast self-exams.
- Have a clinical breast exam at least every three years.

#### Age 40:

- Continue with monthly breast self-exams.
- Begin having annual clinical breast exams.
- Schedule annual mammograms.

As part of a total approach to breast health, it is also important that women become familiar with their own bodies; play an active role in their own health; and develop a close partnership with their health care providers.

- Marisa Colon Osorio



# Better Breast Health

## Hospitals Take Aim Against The Odds

If you are a woman, you have a one in eight chance of being affected by breast cancer during your lifetime, according to the National Cancer Institute. But you can fight against breast cancer odds through regular screenings and by taking steps to reduce risk factors.

Hospitals and breast care facilities in HCA's West and Central Florida division – including Blake Memorial Hospital – are committed to providing the latest in technology and services to help guard against, find, and defeat breast cancer.

“The most important step women can take for breast health is to know their own bodies,” according to Linda Lemon-Steiner, FACHE, MPH, RN, chief operating officer, Doctors Hospital of Sarasota. “Preventable care is a woman's first line of defense against breast

cancer,” says Linda. “In Sarasota County alone, one out of four women who needed breast cancer screening didn't get it. Why? Women focus on their family's health – and neglect their own. Women feel uncomfortable with the test. Denial is a factor. The breast care center at Doctors Hospital addressed each of those concerns with individualized care in an atmosphere of caring support.”

### Early Detection Essential

In addition to breast self exams, the American Cancer Society recommends that women in their 20s and 30s receive clinical breast exams at least every three years, while women in their 40s should have their breasts examined by a medical provider annually. After age 40, women should also receive a mammogram each year.

Women should consult with their doctors to learn their risk for breast cancer based on personal and family health histories. Those at higher risk may need to start breast imaging screenings before age 40, and their physicians may recommend breast magnetic resonance imaging (MRI) as a screening tool.

“Yearly mammograms should be done without fail for women over 40,” says John P. Rioux, MD, FACS general surgeon at Fawcett Memorial Hospital. “We are finding very early stages of breast cancer now, which means treatment may be more effective. But it is the combination of everything – breast self exams, clinical exams, and mammograms – that is so vital for early diagnosis and treatment with more favorable outcomes.”

– Blake Medical Center and [www.hcawestflorida.com](http://www.hcawestflorida.com)

### Resources at Blake Medical Center

#### FREE SUPPORT GROUP: CARING FRIENDS

This group is designed for cancer patients, their families and friends in coping with cancer and its treatment. The group meets every Wednesday at Blake Medical Center in the Dolphin/Pelican Room from 5:30- 6:30 p.m. For more information, call (941) 798-6267.

#### CANCER CARE

Cancer is the second leading cause of death in this country and Blake Medical Center is committed to meet and exceed the many standards required for the American College of Surgeon's Commission on Cancer (ACoS CoC). To become accredited, Blake has committed to regular meetings of the Cancer team, which includes surgeons, medical oncologists, radiation oncologists, pathologists, radiologist and hospital clinical and support staff to proactively review patient cases.

#### LOCATIONS:

**Blake Outpatient Imaging**  
2010 59th Street West, Bradenton

**Blake Imaging**  
2020 59th Street West, Bradenton

Appointments: (941) 798-2140, Option 2

# GIVING YOURSELF HOPE







Get to know your breasts. The feel and the look of them. The more you examine your breasts, the more you will learn about them and the easier it will become for you to tell if something unusual has occurred. It has been shown that with regular breast self-exams and annual doctor exams, the chance of detecting cancer early dramatically improves.

### Risk Factors

There are some conditions that may increase the chance of women contracting breast cancer:

- Having no children.
- Using oral contraceptives, depending on age and length of time they were taken.
- Using post-menopausal hormone replacement therapy (HRT).
- Abuse of alcohol.
- Obesity and eating a high-fat diet.
- Lack of physical activity.

### Five Steps of a Breast Self-Exam

<p><b>1 Standing</b></p>  <p>With your shoulders straight and your arms on your hips, face a mirror. Breasts should be their usual size, shape and color.</p>	<p><b>2 Raised arms</b></p>  <p>Raise your arms and look for any visible distortion or swelling. If dimpling of the skin, nipple movement, redness, soreness or swelling are apparent, notify your doctor.</p>	<p><b>3 Discharge check</b></p>  <p>While you're at the mirror, gently squeeze each nipple to check for any discharge (this could be a milky or yellow fluid or blood).</p>	<p><b>4 Lying down</b></p>  <p>Lie down with one hand placed over your head and feel each breast with the other hand. Apply pressure to check deep tissue for any lumps or abnormalities.</p>	<p><b>5 In the shower</b></p>  <p>Examine the breasts while you are standing or sitting. You may want to try this method in the shower, while the skin is slippery.</p>
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### Once a Month

Examine yourself several days after your period ends. Your breasts are least likely to be swollen and tender then. Or you can choose a day that is easy to remember.

Check for any change in the look or feel of your breasts. Report any changes to your doctor. Use the chart to the right and check off each month to keep track.







# Breakthroughs in the Science of Breast Cancer



## One Breast Cancer Treatment, Just for You

Thanks to a new development in genomic testing, breast cancer patients may now have a better understanding of their disease and how best to fight it. A multi-institutional team of scientists has designed a method that can help clinicians predict the survival rate of patients and how to most effectively treat their cancer.

Using equipment present in most hospital laboratories, researchers measured the activity level of more than 20,000 genes to better understand those genes that might be “turned on” or “turned off” in each tumor and how a disease might progress.

“Here we have developed a method that can be used in the everyday clinic and has the potential to benefit all breast cancer patients,” says study co-author Charles Perou, Ph.D., associate professor of genetics and pathology in the University of North Carolina School of Medicine, Chapel Hill. “Based on the genomics of a tumor, we can make good predictions about how a patient might do, but we can also define predictive markers that tell us which drugs to give patients.”

Using DNA microarrays, Perou’s team scanned thousands of genes within tumor samples of breast cancer patients. Classifying genes into one of five categories, researchers were able to identify specific genomic signatures corresponding to distinct disease outcomes. Research also showed that the test could predict how a tumor will respond to common chemotherapy regimens.

“We’ve demonstrated that this test can predict the likelihood a patient will relapse and can define the biologic subtype of their tumor – pieces of information that together could be used to make treatment decisions,” Perou says. “The idea is for clinicians to use this knowledge to help determine what drugs a patient should get and should not get.”

– By *Mirielle Cailles* © CTW Features

## Breast Cancer Treatments Go Meta

Metastasis via the blood stream is the most common cause of death in breast cancer patients, but a new medical finding could soon make it testable and, ultimately, more easily preventable.

In a new study by New York-Presbyterian Hospital/Weill Cornell Medical Center, funded by the National Cancer Institute, researchers identified a new breast cancer metastasis marker called Tumor Microenvironment of Metastasis (TMEM). The density of the TMEM-marker was more than double in patients that developed systemic metastases compared with the patients with only localized breast cancer.

“Currently, anyone with a breast cancer diagnosis fears the worst, that the cancer will spread and threaten their lives,” says senior author Dr. Joan G. Jones, professor of clinical pathology and laboratory medicine at Weill Cornell Medical College. “A tissue test for metastatic risk could alleviate those worries, and prevent toxic and costly measures like radiation and chemotherapy.”

According to the National Cancer Institute, 40 percent of breast cancer patients suffer a relapse and develop metastatic disease, and more than 40,000 women die from it each year.

“If patients can be better classified as either low risk or high risk for metastasis, therapies can be custom tailored to patients, preventing over-treatment or under-treatment of the disease,” says Dr. Brian D. Robinson, resident in Anatomic Pathology at NewYork-Presbyterian Hospital/Weill Cornell Medical Center and co-author of the study.

The discovery could directly impact survival rates by giving doctors the ability to assess each individual’s likelihood to develop metastasis based on more accurate information.

“Traditionally, the likelihood of breast cancer metastasis is estimated based on tumor size, tumor differentiation – how similar or dissimilar the tumor is compared to normal breast tissue – and whether it has spread to the lymph nodes,” Jones says. “While these are useful measures, TMEM density directly reflects the blood-borne mechanism of metastasis, and therefore may prove to be more specific and directly relevant.”

– *Matthew M. F. Miller* © CTW Features

## Who is at Risk?

A new study uses a well-known condition to predict who might be at risk for postmenopausal breast cancer.

Forty-seven million Americans suffer from metabolic syndrome, a condition related to insulin resistance marked by abdominal obesity, high blood sugar and high blood pressure.

Doctors already know that metabolic syndrome can heighten risks for heart disease and diabetes. Now a team of researchers across America has found it may also be related to postmenopausal breast cancer.

Because the metabolic syndrome results in increased insulin levels, researchers believe that associated effects on interrelated hormones such as estrogen may occur. Ultimately, says researcher Dr. Geoffrey C. Kabat of the Albert Einstein College of Medicine, New York City, more progress can be made.

“This study suggests that having the metabolic syndrome itself or some of its components may increase a woman’s risk of postmenopausal breast cancer,” says Dr. Kabat, an epidemiologist. “However, much more work is needed to understand the role of these metabolic factors and their interplay with better established breast cancer risk factors, such as reproductive and hormonal factors.”

Previous studies, according to Dr. Kabat, had inconsistently attempted to identify individual

components of breast cancer and metabolic syndrome, and his study was the first to assess whether women with markers for metabolic syndrome were also at risk for breast cancer.

The study followed almost 5,000 women, ages 50-79, who had displayed symptoms of metabolic syndrome. Of those women, 165 were diagnosed with breast without diabetes, and the researchers found that those with metabolic syndrome in the three to five years prior to their diagnosis had a doubling of risk for breast cancer. Elevated blood sugar, triglyceride and diastolic blood pressure levels also were markers of breast cancer risk.

Dr. Tim Byers, associate the Colorado School of Public Health, Denver, says this study suggests a concrete link between breast cancer and increased weight.

“We have assumed that the relationship between weight and breast cancer risk is due to increased circulating estrogens among postmenopausal women who are overweight or obese,” he says. “An alternative explanation is explored here: that some other aspect of the metabolic syndrome might be involved, such as growth stimulating effects of insulin, or insulin-like growth factors.”

– *Perry Gattegno* © CTW Features

Currently, anyone with a breast cancer diagnosis fears the worst, that the cancer will spread and threaten their lives. A tissue test for metastatic risk could alleviate those worries, and prevent toxic and costly measures like radiation and chemotherapy.

– *Dr. Joan G. Jones*



# You Are Not Alone

*Kim Brylow talks about her breast cancer battle*

When I began battling breast cancer this past January it felt like I became a different person. I was no longer the one smiling as you passed by my office; nor was I the one sitting across from you at lunch chatting about our relationship challenges. There was a stranger on the mat next to you at yoga. There was definitely one less friend at happy hour. Was I still your co-worker? Yes. Was I still your best female friend? Yes. Was I still your confidant? Yes. But for a while I needed to take care of me, and that meant letting go of you.

Although I was no stranger to breast cancer, this time was going to be different; the long-term risks were much higher, I was older (slightly). I had changed physically and mentally, and tests that confirmed a genetic link erased most options. I became the woman crying as she faced her surgeon, this time to make a decision that would forever change her body. I became the woman with her oncologist reviewing the chemotherapy plan grappling to understand while the voice inside her head was screaming. I became the woman desperately searching the face of her plastic surgeon to find reassurance that he could reconstruct a body so she would not be afraid to see it in a mirror.

I have spent the better part of this year engaged on many fronts, most unexpected. My mother moved to Florida to help and she was a blessing; she is a two time breast cancer survivor and knows how difficult the journey is. But was it possible to be comforted by family and encouraged by friends, yet feel alone? Definitely. When May turned into June my health took a desperate turn for the worse and I fell to my lowest point. I was unbelievably ill and sincerely wanted to throw in the towel; I had had enough and needed to find my saving grace. I found it!

Attending a Look Good...Feel Better class, sponsored by the American Cancer Society in my area was a step in the right direction. It led me to Jennifer, the cheerleader of her chemo room and, despite an unbelievable challenge, remains an inspiration to everyone she meets. Through Jennifer, I met Jessica who was diagnosed with breast cancer while pregnant with twins! Her 'what will be, will be' attitude lightens up our support group. Deanna, who Jennifer met in chemo, is an equally amazing woman with the most beautiful new dark curls. She is a two-time breast cancer survivor who is now battling cancer in other parts of her body; her gentleness is disarming and her positive outlook is contagious. I have found comfort in the stories, smiles, laughter, and the tears we share that are part of our journey.

It was through the suggestion of a friend that I visited the Wellness Community in Sarasota for a Pilates class. I was still going



through physical therapy, my mobility was limited, and I was concerned that I would not fit into the class. I was greeted by a warm and welcoming group of women in various stages of treatment and recovery. They were confident with themselves and okay with their Pilates skill level; a very kind woman on the mat next to me frequently whispered words of encouragement and reminded me to do only what I was able. Although this particular class was too challenging for where I was physically, I left feeling better about myself and began to accept that my disabilities were temporary.

Losing my job earlier in the year and knowing I did not have a familiar place to go back to when this was all over was a blow to my self esteem. With everything else that was on my plate, it was the last thing I needed to worry about. It became necessary to do something to lift me up and stimulate my mind. I channeled frustration

*Continued on page 13*



Look Good... Feel Better gives women support and tools to manage the changes in appearance during cancer treatments.

## Hope Is Beautiful

### Looking better helps cancer patients feel better

For Nancy Lumb, one of the hardest parts of having cancer was dealing with the appearance-related side effects of treatment.

"I never cried when I was told I had breast cancer or had to tell my mother and husband," says Lumb. "I only cried when I started to lose my hair. Cancer has a way of robbing you of your femininity."

Enhancing a woman's self-confidence, by giving her the support and tools she needs to manage her changing appearance during cancer treatment provides renewed hope. It gives her the strength she needs to face her treatment and recovery with greater confidence. When women look better, they feel better.

A survey by Look Good...Feel Better – a national public service program that helps women cope with the appearance-related

changes of cancer treatment – and Harris Interactive found that 86 percent of women in treatment credit looking better with feeling better.

As Lumb explains, "I discovered that I can look as good as I did before I got sick, maybe even better." To read more about her experience or share your own inspiring story, visit [www.lookgoodfeelbetter.org](http://www.lookgoodfeelbetter.org).

Look Good...Feel Better is a collaboration between the Personal Care Products Council Foundation, the American Cancer Society and the National Cosmetology Association, and is dedicated to improving the lives of women, men and teens undergoing cancer treatment by offering advice on how to cope with the appearance-related side effects of chemotherapy, radiation and other forms of treatment.

– Courtesy of ARAContent

*Continued from page 12*

and anxiety toward something creative and close to my heart. I rebuilt my website ([www.WeWillBeatIt.org](http://www.WeWillBeatIt.org)) and started reaching out to women who share this special journey. It is with much enthusiasm that I look to the future of the site and as it becomes an online place for comfort and support. It has helped me regain focus and a much needed feeling of accomplishment.

I am making great progress getting back to me – the one whose glass is always half full.

The one who can smile and laugh with ease. The one who can accept that this is only temporary and it will never change who I am on the inside.

What these experiences have revealed to me is strength within myself I had all but forgotten I had, as well as a support system built of fellow survivors, friends, and family that make me feel truly blessed. Hand in hand we will face each new challenge and relishing every success. We will never be alone; we are in this together.



# Diet Power

## Fruits, Veggies and Fiber Cut Recurrence Rates

By Mirielle Cailles

**D**octors have always recommended a healthy diet of fruits and vegetables to patients. But for a sub-group of early-stage breast cancer survivors, following that advice may be life changing.

A recent clinical trial has shown that a diet loaded with fruits, vegetables and fiber – and is somewhat lower in fat compared to standard federal dietary recommendations – can cut the risk of second breast cancers in survivors, specifically those who didn't have hot flashes, by approximately 31 percent.

“Women with early stage breast cancer who have hot flashes have better survival and lower recurrence rates than women who don't have hot flashes,” says Ellen B. Gold, PhD., professor and chair of the University of California, Davis, Department of Public Health Sciences and first author of the study. “Our results suggest that a major change in diet may help overcome the difference in prognosis between women with and without hot flashes.”

Typically, hot flashes are associated with lower circulating estrogen levels, while the absence of hot flashes is associated with higher estrogen levels. Reducing the effect of estrogen is a major treatment strategy in the fight against breast cancer.

The study, led by researchers at the Moores Cancer Center at the University of California, San Diego, along with six other sites, divided its 3,088 participants, all breast cancer survivors, into two dietary groups. One half of the 447 participants who reported having no hot flashes were randomly assigned to the high-vegetable fruit diet.

The trial found that those on the special diet had a rate of 16.1 percent of a second breast cancer event, while participants on the federally recommended diet had a 23.6 percent rate of recurrence. The dietary effect was particularly larger for women who had been through menopause, with a 47 percent lower risk rate.

These findings come on the heels of a report last year from the original study, the Women's Healthy Eating and Living Trial (WHEL), which found no overall difference in recurrence among the two diet groups.

According to the WHEL study principal investigator, John P. Pierce, PhD., this specific dietary pattern is only significant for women with higher levels of estrogen.

“It appears that a dietary pattern high in fruits, vegetables and fiber, which has been shown to reduce circulating estrogen levels, may only be important among women with circulating estrogen levels above a certain threshold,” Pierce says.

© CTW Features

## An Apple a Day ...

**W**hen it comes to keeping the doctor away, apples may actually do the trick. Six recent studies have shown that increasing amounts of fresh apple extract had an inhibitory effect on the mammary tumors in rats. The study highlights the importance of phytochemicals, also known as phenolics, found in apples and other fruits and vegetables.

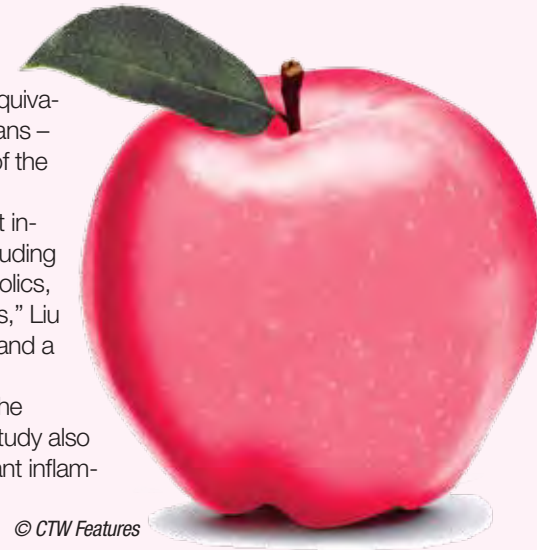
“We not only observed that the treated animals had fewer tumors, but the tumors were smaller, less malignant and grew more slowly compared with the tumors in the untreated rats,” says Rui Hai Liu, Cornell University associate professor of food science and a member of Cornell's Institute for Comparative and Environmental Toxicology, Ithaca, N.Y.

Results showed that compared to the 81 percent of the control group that developed adenocarcinoma, a highly malignant tumor and the main cause of death for breast cancer patients, rats fed either low,

medium or high amounts of apple extracts – the equivalent of either one, three or six apples a day in humans – only developed the tumor 57, 50 and 23 percent of the time respectively.

“These studies add to the growing evidence that increased consumption of fruits and vegetables, including apples, would provide consumers with more phenolics, which are proving to have important health benefits,” Liu says. “I would encourage consumers to eat more and a wide variety of fruits and vegetables daily.”

According to Liu, apples provide 33 percent of the phenolics that Americans consume annually. His study also found that apple phytochemicals inhibit an important inflammation pathway in human breast cancer cells.



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# Whole Healing

## Leah Vartanian chose a blend of East & West

By Emily Leinfuss

When Leah Vartanian was diagnosed with breast cancer in November of 2005, she considered her options. While a great believer in “alternative” medical care, she decided to get treatment the regular “AMA way.” The reason? She had witnessed a friend – who chose to solely use non-Western medicine to treat her cancer – die from the disease.

But that didn't mean she didn't want to use non-standard approaches to her medical care. What it did mean was she wanted to blend: to find a balance between the two. And she did. During the entire time she was treating her illness – during surgery, chemotherapy and radiation – Vartanian says she was much less sick than she could have been due to the strength of her acupuncturist's treatments and recommendations.

“Because I went to Dr. Zhao and got regular acupuncture treatments and took his herbal remedy I sailed through chemo and radiation,” she says.

Dr. Ruan Jin Zhao, president of the Center for Traditional Chinese Medicine ([www.chinesemedicalscience.com](http://www.chinesemedicalscience.com)), and a Scientific Advisor to the H. Lee Moffit Cancer Center, Research Institute in Tampa is the go-to doctor when it comes to cancer treatment and Chinese Medicine.

Zhao's “secret weapon” is his Chinese herbal formula – called Bing De Ling – that has been scientifically proven to increase the body's gamma interferon levels. Zhao explains that the body has two natural weapons: antibodies and cytokine. The gamma interferon falls into the cytokine family. “This is a substance that can really kill the cancer cells,” he says, adding that studies on Bing De Ling were published in the



journal DNA and Cell Biology.

In addition, acupuncture works as a tonic on the body and mind. “More and more I find acupuncture helps release the symptoms of suffering and makes it easier to go through the rough (chemotherapy and radiation) treatment,” says Zhao, who has more than 20 years of experience in the field.

Vartanian agrees. “Honestly, my treatment was chemo every three weeks. I was Looney Toons for the first week but then the next two weeks I was fine. I know it was due to the Bing De Ling and the acupuncture,” she says.

Zhao says he, like Vartanian, is an advocate of blending Eastern and Western medicine. “We have to accept that chemotherapy, surgery and radiation saves a lot of lives. I even push my patients to go the surgery,” he says.

He also encourages them to do the follow-up with short-term chemo and radiation for lumpectomies. “With

my patients I saw five cases where – without radiation – the cancer came back exactly along the wound of the cut,” he says. “I don't want to take any chances.”

An additional benefit to acupuncture treatment is that it helps calm anxiety. “When people are newly diagnosed and come to me, the acupuncture helps get rid of panic. It makes them peaceful so they can think about how to plan their treatment,” Zhao explains.

### Skin Care: Feel No Burn

Another element of “alternative care” that was very helpful during Vartanian's treatment was herbal skincare. “The radiation can really cause some burns, but I didn't get any, and I have skin as white a whale's underbelly,” she says. Some of the lotions and potions she recommends are:

■ **Lavender oil**, which has natural antiseptic and anti burn qualities. Find lavender oil in some Lindi Skin care products – which are developed to ease the burden of common side effects of chemotherapy and radiation.

■ **Aloe Vera**, which increases the availability of oxygen to the skin and thereby aids synthesis and strength of the skin tissues. According to Sloan-Kettering Cancer Center, recent studies suggest that some components of aloe may have anticancer effects.

■ **Shea butter**, which is high in antioxidants and Vitamin E. Vitamin E is an antioxidant that helps repair damaged skin.

### Yoga Stretching

Finally, after treatment was over and Vartanian was cancer-free, she still had some effects from the surgery. “I had had a lumpectomy and the skin across my chest just felt unnaturally

tight. A friend of mine encouraged me to do restorative yoga. She said it was a nice way to reconnect with your body,” she explains.

Vartanian sought out help from Lynn Burgess, owner of Yoga From the Heart, in Sarasota ([www.yoga-fromtheheart.com](http://www.yoga-fromtheheart.com)). “I knew Lynn before, so I went to her for a private lesson. It was very valuable and she is a great teacher. Lynn taught me what to do at home,” she explains.

“After a lumpectomy, it is important to start a yoga practice with gentle poses that bring balanced freedom of movement to the shoulder and gently stretch the chest,” explains Burgess. “Through restorative yoga poses, Leah and I created a home practice that helped her physically and fostered feelings of relaxation and a sense of well-being.

It is very important to work at recovering from surgery, Vartanian explains. “I took private lessons because I was not ready to stretch in the way you would need to in a class. The restorative yoga was what I needed,” she says.

But today Vartanian takes the regular scheduled classes at Yoga From The Heart and has gained full range of motion. “Almost everybody can get the full range of motion back, but you have to work at it, through yoga or Pilates,” she says.

Like many, the experience of breast cancer has changed Vartanian. Now cancer-free for more than three years, her perspective on her life is very different. “Before diagnosis I was a voracious, escapist reader. I would read light fiction, romance and junk. Now I only read non-fiction.”

“I'm still married to the same man. I have the same life. But now I don't want to escape it.”





# Community Assets



## *Susan G. Komen for the Cure gives locally and where it counts the most*

The Florida Suncoast Affiliate of Susan G. Komen for the Cure® ([www.komensuncoast.org](http://www.komensuncoast.org)) was founded in 1999 by a dedicated group of individuals led by Dr. Barbara Hall (Bourland). They began with just a race to raise money for one small grant in Pinellas County.

Then, in the spring of 2001 another dedicated group, lead by Harriet Maltz and including Fran Lambert, began the process that lead to the organization's Sarasota affiliation. "Our first endeavor was to provide awareness in the area and raise some funds. The initial project was called Circle of Hope, says Lambert. "We canvassed all quadrants of St. Armands Circle and signed up many stores that agreed to give a percent of sales on a specific Saturday in October," she explains.

In 2004, the local group held its first Lunch for the Cure fundraiser, which this year will be held on Friday, January 29 at The Hyatt Regency Sarasota. Honorees Molly and David Jackson, owners of New Balance Sarasota, are dedicated to the cause.

### New Balance Support

"The Jacksons have been very active: both through the New Balance store with all the people who do the three-day race for the cure, and by donating and giving time," says Lambert, who explains that Molly's sister died this year from the disease.

Lambert notes that Susan G. Komen is a granting organization that gives up to 75 percent of funds back into the community through which they were raised. The money goes to non-profit organizations that are fighting to change the impact of breast cancer on women and families.

Since early detection is the best prevention, donations often go to initiatives that boost awareness of the disease, says Lambert. For example, statistics show that African-American women are more likely than Caucasian women to die from breast cancer at every age. The death rate can be attributed to a number of factors, including lack of affordable health care.

That is why one initiative backed by Susan G. Komen is focused on bringing attention to breast cancer resources to that population. "Every year on Mother's Day, all the black and Hispanic churches in this area, through the Newtown Breast Cancer Awareness Project, hand out breast cancer information. We call it 'Pink Sunday' because there is a sea of pink at church on Mother's Day," says Lambert.

That is not the only example. In the Sarasota and Manatee Area, 2009 the grantees for donations to Susan G. Komen include:

- **Be Smart Mammogram**, South County Community Clinic of Sarasota County Health Department - \$25,032 – Provides breast health education and mammograms for low income, uninsured women in South Sarasota County. [www.sarasotahealth.org/services/screenings.htm](http://www.sarasotahealth.org/services/screenings.htm)
- **Breast Health Nurse Navigator Program**, Sarasota Memorial Hospital - \$43,800 – Navigation promotes treatment immediately, by ensuring timely diagnosis from the moment of suspicious findings, through further diagnosis and resolution. [www.smh.com](http://www.smh.com)
- **Newtown Breast Cancer Awareness Project**, Gulf Coast South Area Health Clinic Center - \$25,000 – To implement a community health worker program that addresses breast health education and preventative breast health behaviors among medically under-served African American women in Sarasota County and Hispanic women in Manatee County. [www.gsahec.org](http://www.gsahec.org)
- **Screening and Diagnostic Services for Uninsured/Underinsured Women**, Sarasota Memorial Health Care System - \$132,697.72 – Provides 500 uninsured, under-served women primarily between the ages 40 to 49 with screening, diagnostic and treatment services. [www.smh.com](http://www.smh.com)
- **Allies for Life**, The Wellness Community of Southwest Florida, Inc. - \$50,935 – This grassroots project will create small groups and one-on-one peer breast health education experiences for 1,900 underserved women in Sarasota and Manatee Counties. [www.wellness-swfl.org](http://www.wellness-swfl.org)
- **Mammography Voucher Program**, Manatee County Health Department - \$130,172.40 – Provides full scale breast health education and screening services to uninsured women ages 40 to 49 and assure repeat participation from previous women participants. [www.doh.state.fl.us](http://www.doh.state.fl.us)
- **Susan G. Komen for the Cure Treatment Support for Breast Cancer Survivors**, Manatee County Health Department- \$39,536 – Provides financial assistance to individuals currently going through breast cancer treatment to help assure treatment is continual and seamless. [www.doh.state.fl.us](http://www.doh.state.fl.us)



# Free Support

*The Wellness Community offers active hope*

The Wellness Community is a national non-profit organization dedicated to providing free emotional support, education and hope for people affected by cancer. Through participation in professionally led support groups, educational workshops and mind/body programs utilizing the Patient Active Concept, people affected by cancer learn vital skills to regain control, reduce feelings of isolation and restore hope—regardless of the stage of disease.

The Wellness Community offers a wide variety of programs, always at no charge, and all intended to help cancer patients and their loved ones play an active role in the recovery process. TWC programming is offered in a home-like setting where people with cancer and their caregivers join a community of others fighting the same disease. Services include professionally facilitated support groups, relaxation and visualization sessions, light exercise programs, nutrition workshops, and educational programs. All services are offered

to both cancer patients and their caregivers.

Here in our community, the Southwest Florida Wellness Community, originally on Clark Road, opened a second in Bradenton, at 410 4th Avenue East, just across the street from Manatee Memorial Hospital, plus a satellite program on Longboat Key and it continues to provide services at satellite locations in Newtown and Venice.

Celebrating its eighth year in operation and serving more than 5,000 people affected by cancer, Southwest Florida's Wellness Community continues to provide its most sought after prescription: Hope!

## The Wellness Community Programs

### ■ Support Groups for Cancer Patients.

Weekly, ongoing, professionally facilitated therapeutic support groups for people with cancer. Support groups meet for two hours each week.

### ■ Support Groups for Caregivers, Friends and Families of Cancer

**Patients.** Led by Wellness Community facilitators, these groups meet weekly and focus on reducing stress through various skills, such as sharing ideas on supporting a loved one.

■ **Programs for Children.** Individual and family counseling for parents and families, play therapy for children, and counseling for teenagers, conducted by licensed therapists.

■ **Networking Groups.** Monthly drop-in groups organized around a specific cancer diagnosis.

■ **Individual Counseling.** Brief, problem focused counseling for cancer related issues for patients and caregivers, provided by licensed therapists and advanced graduate student interns supervised by staff.

■ **Workshops.** Participatory learning opportunities and "Ask the Doctor" sessions offered by professionals on varied topics.

■ **Exercise Programs.** Classes led by qualified instructors who teach participants appropriate exercise and movement techniques to aid in their recovery including Yoga, Tai Chi, and Qi Gong.

■ **Monthly Luncheon.** Mainly for socialization, this meeting is often followed by a presentation on nutrition.

■ **Horticultural Therapy.** This program, designed by a professional Horticultural Therapist, is for those who love flowers and plants, both outdoors (butterfly garden) and indoors.

■ **Mind/Body Connection.** Regularly scheduled discussions, professionally led, to explore how the immune system works, and the relationship between psychological factors and the general health.

■ **Couples & Cancer.** A discussion group formed to share experiences about the impact of cancer on relationships.

## Wednesday, October 21

### Breast Health Symposium

A free community education event featuring Sarasota Memorial breast health specialists discussing the latest advances in early detection, genetic testing, treatment and prevention

11 a.m.-1 p.m.

Sarasota Memorial's Institute for Advanced Medicine, 5880 Rand Blvd.

917-7777

[www.smh.com](http://www.smh.com)

## Saturday, October 24

### Making Strides Against Breast Cancer

This 5-K walk at the Sarasota Polo Grounds has a goal to raise \$370,000 for the American Cancer Society (ACS).

Registration 7:30 a.m., Walk 9 a.m.

ACS Manatee: 745-1214, ACS Sarasota 365-2858 [www.cancer.org](http://www.cancer.org)

## Wednesday, November 4

### Introduction to American Breast Care Massage Form

11a.m.-4 p.m.

Beauty Plus

3633 Cortez Road, Suite B11, Bradenton

755-7500

[www.wigsandlingerie.com](http://www.wigsandlingerie.com)

## Save the Date

Friday • January 29, 2010

Hyatt Regency Sarasota

# Lunch for the Cure®

*Presented by the Florida Suncoast Affiliate  
of Susan G. Komen for the Cure®*

### The Susan G. Komen for the Cure® Promise:

To save lives and end breast cancer forever by empowering people, ensuring quality of care for all and energizing science to find the cures.

*Sponsorship  
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1-877-506-6927  
[komen.suncoast.org](http://komen.suncoast.org)*

# Who Me?

By Pat Van Stedum

Those were my exact words when the doctor told me I had breast cancer six years ago. He must be mistaken – I ate healthy, I exercised, I did all the right things. Surely he must be mistaken. My 42-year-old cousin, Joanne had breast cancer, she was the one I walked 60 miles for in the 3-Day. She was the one I raised the money for. She was the one we were all worried about – not me.

But there it was staring me in the face! I found the lump myself, ironically on the anniversary of my Mother's death. She was still watching over me, still being a Mom. (Thanks, Mom) I was scheduled for my yearly mammogram that same week. "Don't worry, it's probably nothing" said the doctor. After the sonogram, still the same "Don't worry, it's probably nothing" from him. After the biopsy, the same words echoed. When he called with the results, "stage I" was all I heard. He reassured me it was small, treatable with radiation, and that I would be all right. Somehow his words did not comfort me at the time.

I did all the things you hear about. I cried, I got angry, and then I had a lumpectomy. The tumor was small; no lymph nodes were involved. I was lucky. No chemo, just radiation

as my treatment. I chose a new procedure called MammoSite Radiation. Instead of six weeks, I would just go twice a day for a week. Sounded easy enough and it was. After a catheter was inserted in my left breast, they released radiation through tiny, pellet-like bits called seeds. My daughter and I drove an hour to the office where the procedure took place. The hour's drive was the worst part of it all. After my first dose of radiation, we would shop at a nearby mall, have lunch, then go back later in the afternoon for round two.

Now, six years later I still look back at that time as surreal. How did this happen to me? But I am grateful for so many things: a loving and supportive family, early detection which has led to good results, and being able to spread the word about just that. Early detection, that is key!

My involvement in the Susan G. Komen for the Cure Sun-coast affiliate has enabled me to spread the word to so many through different educational forums, health fairs, Race for the Cure, Lunch for the Cure, etc. Be your own advocate, know your own body, do self-exams regularly. That is the message.



# God Bless

By Jan Brown

**M**y cancer story starts around the beginning of 2008 when I felt a small lump in my right breast. I didn't want to deal with the possibility of it being malignant and decided that it was nothing. After much prodding by my co-workers and sisters I finally sought medical advice. On Friday, June 13th, 2008 I was diagnosed with breast cancer with my sister, Fran, by my side.

To add insult to injury, a staff member at Lakeland Regional Hospital informed me that my insurance would only cover \$7,500 of my surgery and hospital stay and she needed to know how I was going to pay for the rest. You can imagine my shock and anxiety when I received this news. I have had health insurance my entire life and now I was being told I only had a supplement...not true health insurance.

We were all optimistic that the lump would be the size of a grape and the lymph nodes would not be involved, however this was not the case. The tumor was quite invasive and was more like the size of a kiwi. My surgeon broke the news to me when I was in recovery that she had to put a chemo port in me...and that I would lose my very long, blonde hair.

Chemotherapy was the next step in eradicating any possibility of cancer cells floating around in my body. And again, I was painfully reminded that I was underinsured. I came very close to making the decision to not receive chemotherapy because I didn't want to have to endure the side effects and I didn't have \$40,000 to pay for the treatment.

My family would not accept that decision and they made it happen by providing part of the money and getting me set up with Medicaid. The National Breast and Cervical Cancer Treatment Act makes it possible to allow Medicaid to cover women diagnosed with cancer. The problem that so many women face is that they don't have the backing and resources that I had and are left untreated.

Radiation followed the chemo and again the cost was astronomical. But thankfully that problem had been addressed so I was on my way to completing my treatment.

I have come away from this experience knowing that there are many wonderful and compassionate people in the world. While enduring chemotherapy I met awesome people who work in oncology. They seem to be the most compassionate and loving of any group of people that I have ever had the pleasure to have known. And, this may sound crazy but as difficult as having cancer and going through all of the procedures and side affects has been, I wouldn't change the experience for anything in the world.

Now mind you...I don't want to experience this ever again but I can honestly say that I wouldn't change the events of the past year.

It has been a very humbling time in my life and has made me realize how much God does truly love me. I have come away with an incredible confidence because of having survived breast cancer that I have never felt before.

I don't want to experience this ever again but I can honestly say that I wouldn't change the events of the past year.

# A look at the mental health aspects of surviving breast cancer

A breast cancer diagnosis is an enormous physical health crisis, but it is also has a huge psychological and emotional impact. This mental health crisis calls for its own form of treatment.

Emily Leinfuss spoke with psychologist Deborah Kaufman – an expert on anxiety and trauma – about the psychological aspects of living through breast cancer diagnosis and treatment, the after effects, and what kind of help is available.



Deborah Kaufman

The immune system is also strengthened by experiencing love whether it is love of people, animals, flowers, music, art or anything else that is live affirming including religion and spirituality.

search will contribute to understanding the value of psychotherapy for improved overall health and overcoming health challenges.

So, going along with the gender difference theories discussed in that article, medical language that includes words like ‘fighting’ the disease can further exacerbate feelings of powerlessness and fear. The same can be true about aggressive medical treatment approaches.

Q I understand women often suffer from PTSD, major depression or other psychological distress after a breast cancer diagnosis. This is understandable, but what can they do, or what treatment is advisable?

A As with any personal challenge or crisis, the treatment of choice is based on the unique needs and sensibilities of the individual. Currently there is still little integration between medical treatment for breast cancer and treatment that addresses the psychological issues.

So, women have to find their own way to get help to address the psychological issues. If they have already used counseling and psychotherapy to deal with life challenges, they generally use this familiar route for help. If this is outside of their prior experience, it may be difficult to seek this kind of help when they may be overwhelmed by scheduling of medical visits and the sense of panic that often accompanies a cancer diagnosis.

For some women, individual psychotherapy can be very helpful during and after cancer diagnosis and treatment.

For other women, a support group can be helpful. The Wellness Community of Southwest Florida offers support groups for women with breast cancer as well as other services for people diagnosed with cancer and for their family members.

Q I read an older (1989) study that said mind-body interventions – such as psychotherapy or group therapy – do not increase breast cancer survival rates. Have further studies changed this conclusion?

A More recent research may indicate an increase in survival for patients receiving psychological intervention. A 2008 study conducted by researchers from Ohio State University and James Cancer Hospital found that psychotherapy to decrease stress decreased inflammation as well as depression and that these multiple benefits spoke to the importance of including psychological intervention in comprehensive cancer care for emotionally distressed patients.

What may be even more significant than survival rates alone is the improved quality of life for women who receive such intervention and support. I believe that further re-

Q How does psychotherapy, counseling or group therapy help those who are struggling with breast cancer?

A These interventions can help by:

- Increasing acceptance
- Decreasing fear and other uncomfortable emotions
- More effective management of stress
- Identifying and increasing positives ranging from outlook and self-image to support to participation in life affirming activity
- Improved mood

These factors have a positive impact on the immune system. I believe that how I feel about myself and my life has an impact on my physical wellbeing that is as great as or even greater than diet and exercise. The combination of these factors has a synergistic effect that increases our chances for overall health whether we are challenged by a disease or just working on preventive maintenance.

My personal discovery has been reinforced over my years as a psychotherapist, working to help people achieve and maintain a greater sense of peace, happiness and balance in their life.

Q Is there a different set of problems for men than women?

A Absolutely! Research has demonstrated significant differences in sensation, perception and autonomic nervous system function between male and female subjects. I recently was directed to an article by Leonard Sax, MD, PhD, the executive director of the National Association for Single Sex Education that discusses the significance of gender differences in learning. These gender differences affect the way we respond to stress from childhood. The male response to stress tends to be more influenced by the sympathetic nervous system (fight or flight) while the female response to stress tends to be more influenced by the parasympathetic nervous system (rest and digest). Women can become “lethargic, emotionally paralyzed and even nauseated” when dealing with stress. Even the air temperature of the ideal learning environment is approximately six degrees higher for female than it is for males.

Q What about other “mind/body” activities, such as yoga, massage and acupuncture: how do these modalities impact those who struggle with breast cancer?

A Yoga, massage and acupuncture strengthen the immune system. A strong immune system is vital to cancer recovery and maintaining ongoing health. The immune system is also strengthened by experiencing love whether it is love of people, animals, flowers, music, art or anything else that is live affirming including religion and spirituality. And let’s not forget about the importance of humor and laughter as immune system boosting activities.

Q There is a major impact on families and friends of breast cancer sufferers. What advice can you give to them – to both support themselves and their friend?

A First of all, I recommend that anyone who wants to provide support should take an honest look at their own fears and fantasies so that they do not project them onto the person they want to help. If this seems very challenging, it might be useful to seek the help of a counselor or psychotherapist to help decrease their own anxiety so that they are more available to support their loved one.

Since the needs of women with breast cancer are personal and individual, in order to provide real support, it is important to find out what your loved one wants and needs in the way of support. Do not assume that you know, rather take the time to find out. Be available without being intrusive.

Q The number of breast cancer deaths has declined steadily in recent years. What is important to know about living life as a breast cancer “survivor?”

A From my perspective, it is more about recovery than survival. It is about living life one day at a time as with any of life’s challenges. Recovery is personal and individual. There is no one right way.

*Deborah S. Kaufman, LCSW, of Anxiety and Trauma Resolution Associates (www.anxietyresolve.com) is a Certified Gestalt psychotherapist and is a Licensed Clinical Social Worker in Sarasota, Florida. She maintains a private practice specializing in anxiety disorders, childhood trauma and sexual abuse.*



# Back to Life

*Cancer treatments may end,  
but the process of healing continues*

By Dana Carman

It's easy to assume that when cancer treatment ends for those who have had to endure it, the reaction immediately following the last treatment would be immense relief. After all, to those of us who have watched someone we love experience cancer, it's a big relief when it's "over."

The reality, however, is different. For cancer patients, it's not over and, according to Dr. Lynne Wagner, director of the



supportive oncology program at the Robert H. Lurie Comprehensive Cancer Center at Northwestern Memorial Hospital in Chicago, finishing treatment can be a relief tempered with anxiety but it can also cause some patients to be depressed. "It's somewhat individual, from a research perspective," Dr. Wagner says.

Christie Rigg, MFT, California-based breast cancer therapist and survivor herself, notes that when someone is diagnosed with cancer, "Life becomes incredibly busy. It's like your job is dealing with the cancer," she says. "I said cancer should come with a secretary—you've got appointments, surgeries, chemo, biopsies, bills—and everything else needs to keep going." As a result, she says, a lot of the women she works with don't begin to process their emotions until treatment ends and those feelings bubble up.

Additionally, with all those appointments comes a built-in support system that cuts off cold turkey, says Dr. Wagner. "You're getting good support from the medical team and coming in every day," she says. "Then you transition from regular contact and a lot of patients are left out on their own." Further, there's the follow-up looming out there and between treatment and that appointment there can be a sense of helplessness because patients are no longer "actively" fighting cancer. Fear of the unknown results of all this treatment also compounds these other emotions.

Both Rigg and Dr. Wagner stress to the patients they work with that feeling any of this and more is completely normal. Just as each cancer and treatment plan is individual, so is the range of emotions one may feel about finishing and attempting to resume "normal" life. Rigg finds that women who share their stories in groups realize quickly they are not alone in these feelings.

Reconnecting with social networks, exercise, and taking stock of priorities going forward can all help patients during this transition. Making healthy lifestyle choices can also empower patients to feel more "in control" of their situations during this time. Dr. Wagner says advocacy work can also be helpful, whether fundraising, counseling or volunteering with a cancer organization.

It's important to realize that cancer is a life-changing event and because of that, patients are "really going through a grieving process," Dr. Wagner says. "Part of that loss is that the view of themselves has changed—their view of a vibrant healthy person and they're reminded of mortality. That's quite a loss."

The National Cancer Institute has a comprehensive booklet online on just this topic, which can be found at [www.cancer.gov/cancertopics/life-after-treatment](http://www.cancer.gov/cancertopics/life-after-treatment).

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# A Family Disease

## How To Tell Your Children You Have Breast Cancer

It is one thing to be able to cope with your own illness – telling children about that illness can be overwhelming. Though you might have a tendency to shield them from your pain, it is important that they be able to understand – at their level – what is happening to their family because of your illness. If they are not informed, their imaginations might be significantly worse than reality.

The amount of information you provide might be dependent upon the age of your children, your relationship with them, and their interest in wanting additional information. Young children (under age 7) may not want or understand details. They might ask questions but they need assurance that they will be taken care of during your illness. Older children (7-12) might be able to understand more. They may even want to accompany you to your appointments. Routine is important to children of all ages; however, school-aged children might worry that their routine will change. Try to do what you can to make sure they still get to do the things they enjoy.

Adolescents often strive to be independent of their parents. Although they might not seek information from you, they may read pamphlets you leave out for them to see. Though they may understand what they should do, they often feel torn by what they want to do. They may be helpful or withdraw. They may avoid sharing their feelings. Children of all ages need to know that you care about them during this difficult time and that you will try to be as available to them as possible.

Be honest. Not telling your children does not protect them. Children know that something is wrong and often make up an “explanation” that is worse than the truth, or blame themselves about why Mom isn’t home or is too tired to play.

Use clear and simple language, including correct medical terms. Don’t over-explain. Some honest information, couched in love and hopefulness, will allow kids to ask for more information when they need it. Reassure your children that you still love them. Let them know the specifics of who will take care of them if you are in the hospital.

*Continued on page 27*



### Sources and Recommended Reading

Just Get ME Through This! A Practical Guide to Coping with Breast Cancer, *by Deborah A. Cohen and Robert M. Felfand, M.D.*

Finding Your Way Through Breast Cancer with Your Loved Ones, *Genentech BioOncology, 2001, www.biooncology.com*

How to Help Children Through a Parent’s Serious Illness, *by Kathleen McCue, MA, LCSW*

How to Talk to a Child When You have Cancer, *Gretchen Curry*

When a Parent Has Cancer: A Guide to Caring for your Children, *by Wendy Schlessel Harpham, MD*

When a Parent is Sick, *by Joan Hamilton, RN, BN, MSc(A)*

When Life Becomes Precious, *by Elise Needell Babcock*

#### Children’s Books

My Mommy Has Cancer, *Carolyn Stearns Parkinson, Illustrated by Elaine Verstraete*

Lifetimes: The Beautiful Way to Explain Death to Children, *by Bryan Mellonie and Robert Ingpen*

Badger’s Parting Gifts, *by Susan Varley*

# Safe and Sound

*Teenage girls can use ultrasound exams rather than invasive biopsies to determine if breast lumps are cancerous*

By Perry Gattegno

A surefire way to ascertain whether a breast lump is malignant is to perform a biopsy. But for teenage girls, breast cancer is rare and the biopsy process can leave permanent damages. That's why a new study's discovery that ultrasound exams on teenage girls can accurately show if a lump is benign is such welcome news.

Radiologists in the study, published in the American Journal of Roentgenology, Leesburg, Va., by the Loyola University Health System, Chicago, performed ultrasound exams on 20 girls ages 13-19 with breast lumps, including one girl with a lump in each breast. The ultrasounds revealed that 15 of the 21 appeared to be benign, while six were suspicious. Doctors followed up with excisional biopsies, the currently accepted method of treatment, or other clinical exams to test the lumps. They were all benign.

Dr. Aruna Vade, lead author of the study and a professor of radiology at Loyola, said that the study suggests an excisional biopsy is not needed if the ultrasound produces unsuspecting results. Excisional biopsies can leave scars or change the shape of the breast. For girls younger than 19, fewer than 25 per 100,000 cases of breast cancer occur each year.

Many benign breast lumps are products of hormonal activity or other normal body functions. While they tend to wax and wane in teenage girls, many are removed in biopsy due to parents' or doctors' concerns.

Dr. Vade said lumps that require surgical attention are those that show progressive growth, are found in patients who have malignant tumor elsewhere in the body or appear in patients with family history of cancer.



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Tell them what you know, not what you fear. Promise to tell them if things change. You can support your children only if you are getting the support you need. Seek ways to do your own processing and deal with your own fears. Let other family members help whenever possible. Notify your children's teachers so that they can help watch for difficulties. Be realistic. Take good care of yourself. Don't expect to be a perfect parent. Maintain as normal a routine and structure as possible. Spend some quality one-on-one time with your child. Appreciate your child's developmental

age and their unique personality. Watch for behavioral changes. Don't assume a lack of questions means a lack of interest.

Most likely, no one knows your children better than you do. If they are acting in ways you feel is extreme, seek professional help. You might also want to have assistance yourself - both in dealing with your children and with your own thoughts and feelings. In coping with breast cancer, it is important to stay informed, feel confident about your medical care, and to have a network of support.

- Blake Medical Center and [www.hcawestflorida.com](http://www.hcawestflorida.com)

## **Cancer Is a Bitch: or, I'd Rather Be Having a Midlife Crisis**

*Gail Konop Baker, Da Capo*

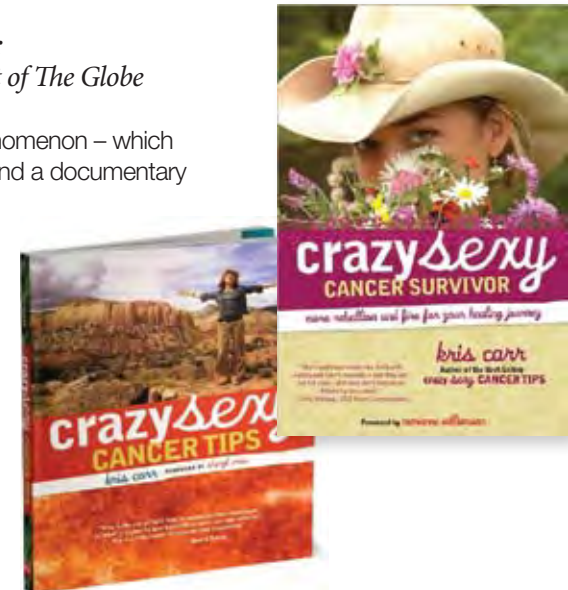
In parts witty and whipping, *Cancer Is A Bitch* is a must-read for everyone – those with or without breast cancer. Baker, an award-winning former columnist at the online magazine *Literary Mama*, was actually writing a novel with the protagonist having breast cancer when she was diagnosed. The book tells a real and funny and poignant tale about juggling midlife and motherhood and marriage (to an oncologist) plus a breast cancer diagnosis.



## **Crazy Sexy Cancer Tips Crazy Sexy Cancer Survivor**

*By Kris Carr, skirt, an imprint of The Globe Pequot Press*

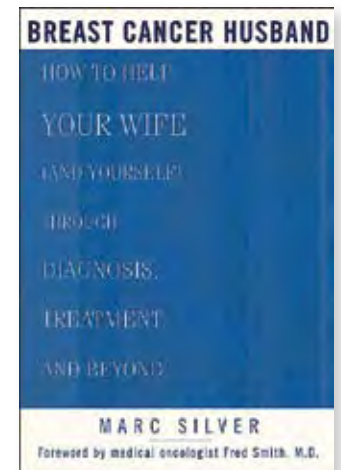
The Crazy Sexy Cancer phenomenon – which consists of books, a Web site and a documentary film – has redefined what it means to be a survivor. Here is a first-hand look at the way Kris Carr gave “cancer a makeover.” Carr invites all the Cancer Cowgirls (and dudes) out there to slide into the driver’s seat, turn on their own internal GPS and become empowered participants in their own healing journey. You Go Girl(s) and Boys!



## **Breast Cancer Husband: How to Help Your Wife (and Yourself) Through Diagnosis, Treatment, and Beyond**

*By Marc Silver, Rodale Press*

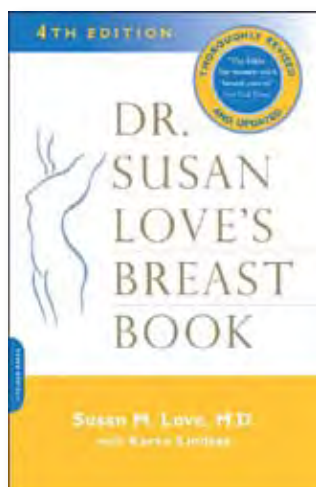
When Marc Silver’s wife was diagnosed with breast cancer he was far from a perfect caregiver. He wished he had a book to help him face the challenges ahead. Drawing upon his skills as a consumer journalist at *U.S. News & World Report*, he wrote *Breast Cancer Husband* to be that book for others.



## Dr. Susan Love's Breast Book

By Susan M. Love, M.D. *Lifelong Books*

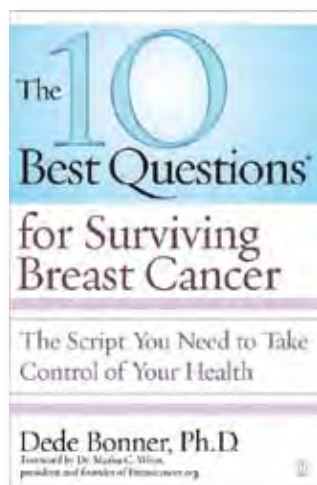
Considered the "bible" of breast-care books when it appeared in 1990, this updated edition includes new biopsy and screening methods, implants, the pros and cons of hormone therapy, new discoveries in breast-cancer treatment, and many other topics.



## The 10 Best Questions for Surviving Breast Cancer: The Script You Need to Take Control of Your Health

By Dede Bonner, *Fireside Books*

The author, who is known as the "question doctor," draws on cutting-edge research and original interviews – including with former surgeon general C. Everett Koop, bestselling author Dr. Susan Love, well-known breast cancer survivors like Betty Rollin, and experts at the top cancer-care centers in the world – for the information in *The 10 Best Questions for Surviving Breast Cancer*.



## Lisa's Story: The Other Shoe

By Tom Batiuk, *Kent State University Press*

The cartoonist Tom Batiuk – best known for his Funky Winkerbean and Crankshaft comics – was profoundly affected by his friend (and a character in the "Funky" strip) Lisa Moore's struggles with breast cancer. *Lisa's Story: The Other Shoe* is a collection of both the 1999 comic strips about Lisa's initial battle with cancer and a series examining her struggle with the recurrence of the disease and its outcome. Additionally, it contains resource material on breast cancer, including early detection, information sources, support systems, and health care.



# Shop for Good

## Happy National Breast Cancer Awareness Month!

**H**mm. Wait. Should we be celebrating breast cancer, when the Breast Cancer Research Foundation says that more than 190,000 cases of invasive breast cancer are expected in women in the United States by the end of the year?

Well, October is the biggest fund-raising month for organizations that struggle to raise awareness, gain resources and foster research to battle the disease. And, since this is the 25th annual National Breast Cancer

Awareness Month, there has been a big push to attain those funds.

You can help. Over the years all kinds of companies and products have come out “pink.” This means they give back a certain amount of profits to the cause. It is easy to argue that the “pink” is a gimmick or a marketing ploy, but every little bit of support can help.

Here are some suggestions of “pink” products you might want to add to your shopping list.



### Kitchen Confident

Add color to your kitchen – and support to the breast cancer movement – with the Cook for the Cure Collection by KitchenAid. For every pink product that is purchased and registered, KitchenAid will donate up to \$50 to Susan G. Komen for the Cure.

[www.kitchenaid.com](http://www.kitchenaid.com)



### Polish Your Pink

The cosmetics company Jessica's new collection, “Pink Power,” was designed to be a symbol of hope, strength and courage. Plus 45 percent of proceeds will be donated to the American Institute for Cancer Research.

[www.jessicacosmetics.com](http://www.jessicacosmetics.com)



### Bliss is Pink

Hershey's has debuted special edition pink ribbon wrappers on Hershey's Bliss chocolates to benefit the Young Survival Coalition (YSC) – an organization that supports women under 40 struggling with breast cancer.

[www.hersheys.com/pledge](http://www.hersheys.com/pledge)



### Run, Don't Walk

New Balance is celebrating its 20 year as a sponsor of Susan G. Komen for the Cure®. In recognition, the company released the New Balance 993 running shoe and is expected to donate \$1 million to the breast cancer organization. New Balance also offers Lace Up for the Cure® footwear, apparel and accessories collection, available year-round.

[www.newbalance.com/personalizethefight](http://www.newbalance.com/personalizethefight)



### Fix Your Pink

Tape and packing supplies are not the first thing you think of as pink, but that has all changed. The Duck Brand has gone pink with select products to benefit the Breast Cancer Research Foundation.

[www.duckproducts.com](http://www.duckproducts.com)



