

BREAST CANCER AWARENESS



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RESEARCH

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The Eagle-Tribune.

FRIDAY, OCTOBER 17, 2014



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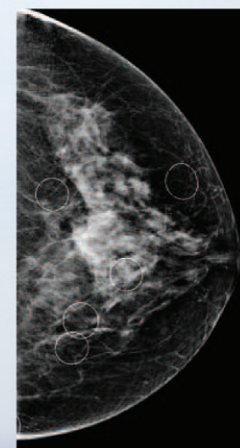
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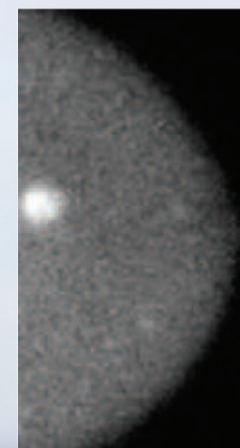
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Grab your mom, sisters and friends and enjoy an evening focused around you! This event will feature a panel of breast cancer experts who will discuss detection, treatment, surgery and breast reconstruction as well as stop-by Q&A with OBGYN, physical therapy and much more. 21+ only. Advance registration is required.

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Welcome to our Breast Cancer Awareness special report

An alarm went off on my iPhone yesterday: Time to schedule my mammogram.

I made that annual October calendar entry three years ago when we began this effort to promote Breast Cancer Awareness throughout the Merrimack Valley and southern New Hampshire. Like many women who spend so much time taking care of kids and work and home, we sometimes need that little reminder to take care of ourselves, too.

I am proud to present this special report on Breast Cancer Awareness with hopes that this will be a resource — and a reminder — that prevention is possible. On these pages, you'll read stories of inspiration, stories of medical advances, and stories of practical matters.

Early detection is key to surviving breast cancer. That means along with mammograms, monthly self-exams are a must. The National Breast Cancer Foundation tells us that when breast cancer is detected



Karen Andreas

early, at the “localized stage,” the five-year

survival rate is 98 percent.

Still, other facts are alarming:

1 in 8 women will be diagnosed with breast cancer in their lifetime. And last year alone, there were 232,000 new invasive cases diagnosed, and 39,620 deaths.

A sincere thank you to the dozens of community and business leaders who have made this guide possible through their sponsorships. You'll see their messages not only in these pages, but also throughout our newspaper and website during the month of October. They are spreading the ‘power of pink’ throughout our region.

When you see a pink ribbon this month, I hope you are reminded of the importance of early detection, and this pledge to be a survivor:

I PLEDGE TO:

- Schedule my mammogram
- Perform a monthly self-exam
- Exercise regularly
- Follow a healthy, low-fat diet
- Quit smoking

Copies of this special report are available at the front lobby of the The Eagle-Tribune. Please stop by our office on Turnpike Street in North Andover if you'd like a few extras to pass along to those you love. And please thank the sponsors whose generosity has made this effort possible.

Karen Andreas

KAREN ANDREAS

Publisher

The Eagle-Tribune

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Is proud to be
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for Breast Cancer.



Adding quality to life with palliative care

Most breast cancer patients and their families feel strongly that treating the pain, symptoms and emotional distress associated with cancer management is as important as treating the disease itself.

Many patients experience debilitating symptoms, such as fatigue, pain and nausea, along with the stress of dealing with a serious illness, which has an impact on work and family.

Adding palliative care to breast cancer treatment can lessen symptoms and support the best possible quality of life for the patient, family and caregivers.

What is palliative care?

If you are confused by palliative care, you are not alone. Since it is a relatively new medical specialty, many people don't know what it is or how it can help. Palliative care focuses on the relief of pain and other symptoms to improve quality of life.

Although often mistakenly associated with hospice care, palliative care can be prescribed at any stage of illness and can be just as important in breast cancer treatment as chemotherapy or surgery.

"Patients with cancer, including breast cancer, do better when they feel better," said Julie Bushey, RN, MSN, OCN, palliative care manager with Merrimack Valley Hospice.

"As a former oncology nurse for over 25 years, I understand the impact that symptoms of a cancer diagnosis and treatment may have," she said. "With palliative care, patients typically experience improved relief from both physical and emotional symptoms, which translate to better quality



"With palliative care, patients typically experience improved relief from both physical and emotional symptoms, which translate to better quality of life, greater satisfaction with care, fewer emergency room visits and reduced burden on the family and other caregivers," says Julie Bushey, palliative care manager with Merrimack Valley Hospice.

of life, greater satisfaction with care, fewer emergency room visits, and reduced burden on the family and other caregivers."

The palliative care team of Merrimack Valley Hospice includes physicians, nurse practitioners and social workers with extensive experience in pain and symptom management, as well as the physical, emotional and spiritual issues that often accompany a serious illness.

They offer patient-centered, problem-focused consultation and treatment recommendations in the comfort and privacy of the patient's home, which helps to provide insight into the needs of the entire family unit.

They work closely with the patient's oncologist and primary care physician to manage what can be very difficult treatment

side effects, such as fatigue, pain, nausea, loss of appetite and weight loss.

They can assist the patient and family with challenging medical decisions and help to coordinate care with other medical professionals.

The palliative social worker can also assist the patient and family by providing a listening presence and teaching coping skills and techniques to help reduce stress and anxiety that may accompany the physical symptoms.

A typical palliative care visit could include:

- A comprehensive patient assessment by a nurse practitioner,
- Recommendations to manage complex pain and other symptoms,
- Identification of the patient's goals of care and recommendations to achieve those goals,
- Referral to other community organizations, such as the American Cancer Society or to local breast cancer support groups,
- Emotional support, education and counseling for the patient and family.

"A breast cancer diagnosis can be overwhelming, not only for the patient but the entire family," Bushey said. "Our clinical team can help to alleviate physical symptoms while also counseling women on coping strategies to deal with the many emotional issues and day-to-day stress that can impact quality of life." The goal of palliative care is to help reduce symptoms and to provide support for patients and their families.

For more information on the palliative care program of Merrimack Valley Hospice, call 1-800-475-8335 or visit homehealthfoundation.org.



Because feeling better makes everyone feel better

Getting the right kind of care to manage side-effects of treatment is important to feeling more like yourself. Palliative care can bring higher quality of life to those facing symptoms like fatigue or pain. Adding expert advice and support, palliative care professionals work with your oncologist and primary care physician to help meet your goals.

If you or someone you love is facing a serious illness, ask a physician about adding palliative care to the plan. For more information, call 978-552-4186.



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Breast Medical Oncology and
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Beth Israel Deaconess Medical Center



At the Gerrish Breast Care Center at Anna Jaques Hospital, we firmly believe that patients benefit most when cared for by a team. Our affiliation with Beth Israel Deaconess Medical Center brings together skilled physicians, like breast surgeon Dr. Peter Hartmann of AJH and breast oncology specialist Dr. Nadine Tung of BIDMC, to provide collaborative,

individualized care. Together, the care team provides a fast, accurate diagnosis and develops a highly personalized treatment plan. Patients have easy access to advanced clinical services, including genetic testing, and a dedicated Patient Navigator to provide the medical and emotional support they need. At the Gerrish Breast Care Center, compassionate world-class care starts *and* ends close to home.



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When was your last mammogram?



Screening Mammograms are an important step in detecting breast cancer early. Yet only about half of all women ages 40 to 65 report having a mammogram within the past year, according to the American Cancer Society (ACS).

By ANNA FRANKENFIELD
HOLY FAMILY HOSPITAL

An annual mammogram remains the best tool for breast cancer detection, yet statistics still show that not enough women are getting screened.

According to the American Cancer Society (ACS), only about half of all women ages 40 to 65 report having a mammogram within the past year. That percentage decreases with lack of health insurance coverage, immigration status, level of education and ethnicity.

Despite the facts that cancer is sometimes not detected by a mammogram, and that mammograms can also show an abnormality that ends up not being cancer at all, current evidence confirms that mammograms offer a substantial benefit to women in their 40s,

“It’s important to eliminate any barriers that prohibit women from getting screening mammograms so we can detect breast cancer at its earliest stages when it is most treatable.”

Fernando Romero, MD, FACOG, a board certified OB/GYN affiliated with Holy Family Hospital in Methuen

and that they play an important role in reducing breast cancer mortality.

The American Cancer Society (ACS) reports that in the United States death rates from breast cancer in women have been declining since 1990 due in part to early detection by mammography screening, and improvement in treatments. Currently, 60 percent of breast cancers are diagnosed early when patients have a 98 percent five-year survival rate.

“It’s important to eliminate any barriers that prohibit women from getting screening

mammograms so we can detect breast cancer at its earliest stages when it is most treatable,” said Fernando Romero, MD, FACOG, a board certified OB/GYN affiliated with Holy Family Hospital in Methuen. “Women 40 and older should know that they don’t need a referral to schedule a routine annual mammogram. They can call and schedule it themselves.”

Women considered at high risk for breast cancer based on certain risk factors, should get an MRI and a mammogram every year because

although an MRI is considered a more sensitive test, it may still miss some cancers that a mammogram could detect.

Gretchen Mathieu, manager of the Breast Care Center at Holy Family Hospital in Methuen, said that breast cancer has touched the lives of more women in our country than any other cancer, yet it’s also highly treatable if detected early. “Mammography is one of our greatest tools for detection,” she added.

Though incidences of breast cancer begin to drop when women reach their 80s, the American Cancer Society offers no specific age to stop mammography screening, saying that decision should be made on an individual basis based on the potential benefits and risks of each patient’s overall health status and estimated longevity.

Breast self exams help detect changes

Some women feel very comfortable doing breast self exams regularly with a systemic step-by-step technique, while others are more comfortable simply feeling their breasts with a less systemic approach, such as while showering, or getting dressed.

The goal is to report any breast changes to a health care provider right away. In addition, a woman should see her doctor immediately if she identifies any of the following warning signs: a lump or thickening in the breast or armpit; puckering, dimpling or other breast skin changes; a retracted nipple; or bleeding or discharge from the nipple.

Women in their 20s and 30s should have a breast exam as part of their regular health checkups at least every three years. Performing breast self exams prior to 40 will also help you familiarize yourself with what is normal for your breasts.

Women 40+ should have a clinical breast exam every year and perform monthly self-exams.

Women at greater risk of breast cancer should have a breast care schedule designed by their physician.

Risk factors include a previous history of breast cancer, family history of breast cancer or a precancerous breast condition.

When: For women still menstruating, breast self-exams should be done 7 to 10 days after the first day of menstruation. After menopause, pick one day a month that you’ll remember (like the date of your birthday).

Inspection: Look in the mirror with and without movement checking skin, nipples, nipple inversion, dimpling and changes in texture. You are looking for symmetry in both breasts. Any change that creates asymmetry should be reported to your doctor.

Palpation: This is best done reclined or semi-reclined on a couch or chair. The arm on the same side of the body as the breast you are checking should be bent up and behind the head to spread out breast tissue.

Technique: Press against the chest wall in a reproducible pattern (such as concentric circles) moving from the outside of the breast to the center, but also going deep into the armpit. Be sure to press against the solid table of the chest wall - not breast against breast as in squeezing.

Women who choose a step-by-step approach should have their technique reviewed by their health care provider during a regular physical exam. Health care providers often have a breast model to help you familiarize yourself with what to look for when performing breast self-exams.

UMass Lowell researcher uses nanotech to kill cancer cells

By TERRY DATE
STAFF WRITER

NORTH ANDOVER — A researcher at nearby UMass Lowell is putting a bulls-eye on breast cancer cells.

Prakash Rai and his team are sealing cancer-fighting drugs inside minute particles that target and kill cancerous cells. A coating around the particles prevents the body from recognizing the drugs as a foreign material, the researcher said.

Their work, supported by more than \$725,000 in grants from the National Cancer Institute, compares the delivery of drugs against cancerous and noncancerous, normal cells.

And that's a key in Rai's testing — whether the drugs spare disease-free cells, killing only the cancer cells.

"You want the particles to be taken up by the cancer cells, not the healthy (ones)," said Rai, 32, an assistant professor in chemical engineering.

Light microscopes take images that reveal the drugs' presence in particles and the cells, Rai said.

The grants are aimed at HER2+ and triple-negative breast cancer, two of the deadliest forms of the disease.

It is cancer nanotechnology work — and gratifying, Rai said.

Rai did post-doctoral nanotechnology research on cancer at Mass General Hospital. He was at the hospital from 2008-2012. Prior to that, he worked on using nanoparticles toward neutralizing anthrax at Rensselaer Polytechnic Institute (RPI) for his graduate

research.

He is glad to be using his experience in the nanotechnology field to fight cancer.

"It's one of those horrible diseases that has been bothering us for a long time," he said.

When he was in his early teens in India, one of his favorite teachers, a general science teacher, Mrs. Pinto, developed and recovered from breast cancer.

She was a dedicated teacher who cared about her students, and Rai enjoyed learning from her. He remembers biology lessons and learning about lungs.

He was shocked to hear five years later that the disease had returned and killed his former teacher.

He and his fellow researchers may be able to spare other children from losing their teachers and



UMass Lowell/ Courtesy photo

Prakash Rai, assistant professor of chemical engineering at UMass Lowell, has received more than \$725,000 from the National Cancer Institute at the National Institutes of Health to develop a drug-delivery method with an imaging agent that would allow doctors to see injected drugs as they target breast cancer cells in patients.

loved ones. Rai and his colleagues have begun the first stage of testing their particles, in flat laboratory dishes.

Now the focus is moving to the second stage — tests on lump-like structures more representative of the disease.

If all goes well, Rai would like to see others take their work to the next phase of testing, which is human studies.



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Methuen college student takes role in research

By TERRY DATE
STAFF WRITER

LOWELL — The chemical engineering student from Methuen is only 20 but already has a role in breast cancer research.

Since 2013 Bobby Yassini has donned a white lab coat, plastic gloves and goggles in the university's Co-op Scholar program.

He regularly joins several graduate and undergraduate students in a fifth-floor lab at Olsen Hall, UMass Lowell. Their work targets especially deadly forms of the disease — HER2+ and triple-negative breast cancer.

Yassini's stellar high school record earned him entry to the scholar program. It places high-achieving students in paid jobs where they learn from research and under mentors in their fields of interest.

Yassini worked the program full-time the summer of 2013 and works it part-time during the school year.

The research feeds Yassini's abiding interest in medicine, and his help assists professor Prakash Rai's nanotechnology cancer study.

The study forges ahead among beakers, dishes and cell cultures, among light-scanning machines and freezers. It tests whether cancer-fighting drugs placed inside minute particles effectively target cancerous cells and spare healthy cells.

Yassini loads liposomes — tiny bubbles — with the cancer-fighting drugs and metallic nano-particles. His math skills help him calculate concentration values in the breast cancer research, determining how much of what drug or particle to use



Bobby Yassini of Methuen, 20, is doing breast cancer research at UMass Lowell. Yassini, a chemical engineering student at the university, plans to go to medical school.

TERRY DATE/Staff photo

and his friends, many of whom also study chemical engineering.

Rai said bright students play a valuable role in the research project.

Yassini enjoys the cooperation and fellow feeling on the research team, and values mentoring they receive from Rai.

Yassini entered UMass Lowell as a sophomore by virtue of math and science advanced placement classes he completed in high school. They included physics, biology and calculus classes.

He has been interested in medicine since high school. Junior and senior year he worked at Methuen's Holy Family Hospital in the cardiac rehabilitation department doing office filing.

He graduated from Methuen High School in 2012.

in a given situation.

Light microscopes take

images that reveal the

drugs' presence in particles

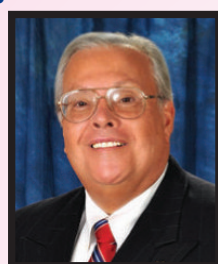
and cells, Rai said.

The work excites Yassini,

Sal Lupoli, Chairman and Joe Bevilacqua, President/CEO of the Merrimack Valley Chamber of Commerce invite you to join us and 1,000 MV Chamber Members in our fight against Breast Cancer.



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President/CEO



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MARIA'S STORY



Pay attention to your body

BY MARIA FINOCCHIARO

It all started when I felt a lump in my left breast in April 2010.

I was 45 years old but immediately flashed back to being a teenager when I had a cyst from my right breast removed, my sister too had a history of cysts, but this was the real "C" word, cancer, and I never thought it would happen to me.

I went to Lawrence General for a mammogram in May, just as I had every year

since turning 40, but despite the lump my mammogram came back negative. Even four months prior, when I had a physical in January, everything was fine, but in the back of my head I just knew something wasn't right.

And then it hit me in the face, literally! When I was at the doctors for my physical I had received a handout in the office that was now hanging in front of my face on my refrigerator door, when the words warning

about a "False Negative" jumped out at me.

I made a call to my doctor and another mammogram was ordered as well as an ultrasound for that same day, both still produced inconclusive results. Penny Bardsley, RN, was the Breast Care Navigator at the time and helped coordinate the Breast MRI that was ordered for me as a follow up.

Shortly after the MRI, a surgeon called back with the results, it looked

suspicious for cancer and he wanted to perform a MRI Breast Biopsy to confirm. By August the lump had grown and the results from the biopsy showed that I did in fact have breast cancer.

After the results came back, I went for a second opinion where I received the same news, I had an aggressive, invasive form of breast cancer.

What I didn't know was that the next chapter of my life was about to begin. It all became clear when Dr.

Yamil Kouri told me that the cancer had started approximately three years prior.

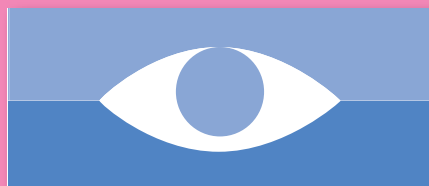
I believe that the mind works with the body, and thinking back to where I was 3 years before my diagnosis, I had a lot of stress and had not been taking good care of myself. I felt strongly that there was a connection between those circumstances and my present condition.

From then on I worked closely with the team at Commonwealth

Oncology-Hematology and began the journey to save my life and start healing.

I will never forget the call from Dr. Kouri, he said that the chemotherapy should start right away and when I asked him what the prognosis was, he said "you will be cured." Those words became my truth and inspiration; it was the only outcome I would let myself believe.

I found my inner strength and peace which led to acceptance.



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In addition to chemotherapy, my treatment included a mastectomy and then radiation, which left me with third degree burns. I performed a complete review of my life and made the appropriate changes like eating healthy, exercising, weight loss, and pursuing a path towards spirituality. This path has helped me learn to stay present in the here and now, to pay attention to my body and remember to care for and love myself.

In May 2013 I began the process of reconstructive surgery. During this time I also met Patrice Peddle, RN, Breast Care Coordinator.

I started attending her support group and she encouraged me to participate in the Breast Cancer Awareness Month Kick-Off Breakfast. This led to the next step on my path to heal. At the breakfast I not only attended as a cancer survivor but I also represented Lawrence General as I shared my experience from a patient's point of view.

I'm extremely grateful

for my co-workers and to Lawrence General Hospital. I was able to continue working through my chemotherapy and radiation and they provided me with help and support during this difficult time in my life.

Although the journey has been difficult, I'm grateful; I may not have changed my life in such a significant way if it weren't for this experience.

My motto is that "the future is the past healed."

My message for everyone is to pay attention to your body, and if you notice any changes to see your doctor. It's important for anyone with a cancer diagnosis to look within themselves to find strength and love.

I'm also excited for the future of Lawrence General Hospital; the mammography services at the new Andover Medical Center will offer patients 3D (Tomo) Digital Mammography, significantly reducing the number of false negatives and improving early detection rates.



Maria Finocchiaro

About mammography at Lawrence General Hospital

LGH offers access to mammograms at multiple locations, including the South Pavilion for Imaging Services which houses the hospital's Breast Imaging Center of Excellence.

LGH is designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR) demonstrating accreditation in Mammography, Breast Ultrasound, and Ultrasound

Guided Biopsy as well as Stereotactic Breast Biopsy.

The 12,500 square foot South Pavilion for Imaging Services has the latest advances in imaging technologies, and a soothing spa-like environment for patients. It offers the most advanced diagnostic systems available including a fully open-bore MRI with the Ambient Experience — the only one in the state. It utilizes a state-of-the-art projector system transferring the room into a virtual theater. Patients

choose music, soft lighting and images projected on specially designed walls to create a calming landscape.

Lawrence General Hospital's South Pavilion for Imaging Services offers Bone Densitometry (DEXA), Computed Tomography (CT), Interventional Radiology, Magnetic Resonance Imaging (MRI), Nuclear Medicine, Ultrasound, X-Ray and Women's Health Services, including Digital mammography, Breast ultrasound, Stereotactic biopsy, Breast MRI and the one-on-one attention of a Breast Health Navigator.

Digital mammography provides physicians with the clearest possible images, which allows for more accurate detection and diagnosis of breast cancer. The superior-resolution provides for faster and more accurate breast exams, and the computer-aided detection assists radiologists in detecting malignancies in cells.

Patients will soon have access to additional high-tech diagnostic screening

tools at The Andover Medical Center, opening in November 2014, a new outpatient center on Lowell Street in Andover. The Andover Medical Center will feature Breast tomosynthesis (3D digital mammography), providing both a regular digital mammogram and an enhanced 3D image based on the 2D images. Studies have suggested screening with digital mammography plus breast tomosynthesis may find more breast cancers than digital mammography alone.

Scheduling a mammogram does not require a physician referral and is essential in the early detection of abnormalities. LGH performs over 7,000 screening mammograms per year and is licensed by the Massachusetts Department of Public Health – Radiation Control Program.

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One woman's search for answers becomes resource for Granite State

By SHANNON FLYNN
CORRESPONDENT

The genesis of the New Hampshire Breast Cancer Coalition started with Nancy Ryan's hunger for knowledge.

Ryan was blindsided by her own diagnosis of stage 3 breast cancer, after several normal mammograms, in 1989.

"Based on my own personal experience, I was very troubled by the fact that the message out there was sort of a one-size-fits-all kind of message," she said. "I had followed all the recommendations for screenings and when I found the little lump, I called several organizations for more recommendations on what I should do, and the message was pretty consistent. 'Do your self exam and see your doctor and have your mammograms.' But there was no information about what to do if mammogram comes back normal but you have an abnormality."

Trying to find the answers to her questions, she attended a 1991 breast

cancer convention in Chicago, where she met members of the National Breast Cancer Coalition.

At the time, the national group was launching the signature drive, "Do The Write Thing," to increase federal funding for the disease.

Ryan joined the drive and returned home to New Hampshire hoping to collect 850 signatures to send back to Washington. Instead, she sent 4,000 signatures.

While working on this campaign, Ryan met other women in New Hampshire who also wanted to form their own coalition.

"In August of 1992, I met with 10 New Hampshire women for dinner in Concord, and we decided, on the spot, that we wanted to form the New Hampshire Breast Cancer Coalition," Ryan said.

Ryan has served as president for the NHBCC for the last 20 years.

The NHBCC is an all-volunteer, statewide advocacy organization. Its mission is to advocate for and provide assistance to women and



Nancy Ryan (right) is shown with New Hampshire Breast Cancer Coalition Board Members at the National Breast Cancer Coalition annual summit last May.

men diagnosed with breast cancer.

The coalition works hand in hand with the National

Breast Cancer Coalition, raising money and bringing awareness to the disease. The coalition also conducts

several different fundraisers each year to support the services they provide. Those services include

ABOUT THE NEW HAMPSHIRE BREAST CANCER COALITION

- **Founded in:** 1992
- **President:** Nancy Ryan of Lee, N.H.
- **Services offered:** Educational information, support fund
- **For more information:** nhbcc.org

a collecting resources and information for those who are diagnosed as well as a support fund, to defray the costs of treatment.

The NHBCC does not require formal membership or dues. Instead, members and supporters add their name to the NHBCC database.

According to Ryan, there are approximately 1,200 names in the database, and that number continues to grow.

The coalition's headquarters is located at Ryan's home in Lee. To contact the NHBCC visit their website at nhbcc.org or call Ryan at 603-659 3482.

Deadline 2020: The fight to end death from breast cancer

By SHANNON FLYNN
CORRESPONDENT

Since its founding in 1991, the National Breast Cancer Coalition's main objective has been to raise awareness of breast cancer and money to fight it.

In 23 years, federal funds for breast cancer research have grown from \$90 million a year to \$800 million a year, according to Nancy Ryan, president of the New Hampshire chapter of the coalition.

"They've been real leaders in making sure that there is adequate funding for breast cancer research — but not only that, (also) making sure the money is well spent," Ryan said.

In 2010, the NBCC realized the progress was not up to par with the investments, so the board launched a new initiative called Breast Cancer Deadline 2020.

"It is an ambitious and strategic plan to

understand by January 1, 2020, how to end death from breast cancer," Ryan said.

One component of Breast Cancer Deadline 2020 deals with the scientific issues behind the disease.

Advocates want to have an understanding of what causes breast cancer, how to prevent it from occurring and how to keep the cells from spreading. (According to Ryan, this is what causes the death of 90 percent of people who die from breast

cancer.)

The Breast Cancer Deadline 2020 campaign has gained a lot of political attention due to the Accelerating the End of Breast Cancer Act, which is currently before a House committee. The legislation directs the president to establish a commission to work toward ending breast cancer by 2020.

"Advocates all over the country have lobbied the members of their Congress to become cosponsors of

the Accelerating the End of Breast Cancer Act, and I am very proud to say all four members of New Hampshire's delegation are cosponsors of this bill," Ryan said. All members of Massachusetts' congressional delegation are also co-sponsors.

Ryan and Deb Smith of Windham, who is a breast cancer survivor and member of NHBCC Board of Directors, said they are confident that by Jan. 1, 2020 there will be a way to end breast cancer.

"Considering how far we've come in the past two decades, I think it's absolutely possible," Smith said. "And having met a lot of the scientists who are involved with the National Breast Cancer Coalition and listening to them speak and seeing what they've done, I'm just so happy that there are amazingly intelligent people out there who are willing to do it. So as long as those people are still on board I think it's feasible."

NANCY'S STORY



You are your own best advocate

BY SHANNON FLYNN
CORRESPONDENT

Nancy Ryan did everything she was supposed to do. She ate right. She exercised. She didn't smoke. She got her baseline mammogram at age 40. She checked her breasts herself for any lumps.

"I had no family history and no reason to suspect that I was at a higher risk than a normal healthy woman," Ryan said.

Then one morning 25 years ago, in bed, she rolled over to answer the phone and felt a lump.

She immediately went to her doctor. She tried to show him the lump, but he had trouble finding it. Another mammogram was scheduled, then another, and they were all normal.

"My internal voice was saying, 'Something is not right here,' " said the 66-year-old from Lee, N.H.

Eventually Ryan went to a surgeon, who ordered another mammogram — also normal. The surgeon did do a biopsy, and discovered Ryan's lump was cancerous.

"It was a type of breast cancer that often doesn't show up on a mammogram," Ryan explained.

By that time, more than a year had passed from the time she first felt the lump to her diagnosis — and still, she had no symptoms.

"I was probably as healthy as I had ever been in my life," she said. "I was an avid bicyclist, I was a runner ... I did 5Ks and jogged around the neighborhood."

During surgery, the doctor discovered Ryan's tiny, hard-to-find-lump was a sizable 8-centimeters, and that the cancer had moved from her breast to her lymph nodes.

Cancer is categorized into four stages — stage 1 being the least severe and stage 4 being most. Because of the size of the lump, and the fact that it migrated, Ryan's cancer had advanced to stage 3.

Due to the seriousness of her condition, Ryan had a modified radical mastectomy.



Nancy Ryan

Her follow up treatment included six months of chemotherapy and six weeks of radiation treatment.

"The lesson I learned was even if a woman's mammogram doesn't show any abnormalities, and if they find something and if there are any unusual thickening or lumps or discharge, they should get back to the doctor right away and they should be checked out right away," said Ryan, who has been cancer-free for 25 years.

The experience caused Ryan to seek out more information about breast cancer, and eventually led her to become an advocate for breast cancer survivors, care and treatment.



Nancy Ryan of Lee, N.H., is the president with the New Hampshire Breast Cancer Coalition and the field co-ordinator for New Hampshire for the National Breast Cancer Coalition.

Care, Act, Remember



- If you are age 40 to 49, talk with your doctor about when to start getting mammograms and how often to get them.
- Women ages 50 to 74 need mammograms every 2 years. You may choose to start getting mammograms earlier or to get them more often.

www.MerrimackValley.info

Contact Dave Tibbetts: (978) 975-8787



Hope



It is estimated that more than 200,000 women in the United States will be diagnosed with breast cancer this year, but we find hope in knowing that there are more than 2.9 million breast cancer survivors in the U.S. today. Great strides have been made in early detection and treatment of breast cancer, and survivors are living proof.



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Coalition focuses on environmental causes, prevention

BY TERRY DATE
STAFF WRITER

Stop it.
That was the Massachusetts Breast Cancer Coalition's rallying cry more than 20 years ago, and it remains its rallying cry to this day. Stop breast cancer.

In the very beginning, 1991, a small group of women's health activists in and around Boston began a drumbeat born of frustration and fear and a need to respond to these emotions.

The women numbered maybe 15. Some with no organizing experience. Some with breast cancer. All wanted information at a time when there was very little. Nor was there hope for new information to emerge anytime soon because little research was being done into breast cancer, said Ann Maguire, a founding member.

Among the small group was a surgeon, Dr. Susan Love, who decades later would write "Dr. Susan Love's Breast Book," a best-seller and bible for a newly diagnosed breast cancer patient.

The group would become Massachusetts Breast Cancer Coalition activists, organizing marches and winning support for laws setting standards for mammogram machines and technicians and those who interpret the results, Maguire said.

Before long, the group's drumbeat pounded out a prevention theme.

Former coalition board President Beverly Baccelli traces the organization's interest in environmental links to breast cancer to 1993 and a two-day conference: "Breast Cancer and the Environment."

Baccelli says the women — many of whom had never



In the early days of the Massachusetts Breast Cancer Coalition, organizers formed a sister research group called the Silent Spring Institute.

ANN MAGUIRE/Courtesy photo

lobbied politicians — felt empowered. Armed with data, they started to call for research funding.

"Women impacted by breast cancer were looking for an outlet for their frustrations, fears and uncertainties with an unpredictable disease that no one really wanted to hear about," Baccelli said. "All that changed."

Activism and the

prevention theme persist at the nonprofit, now with hundreds of volunteers supporting coalition events, campaigns and fundraisers, said Cheryl Osimo, a breast cancer survivor and the coalition's executive director, a staff position.

In 2008, Massachusetts had the highest rate of breast cancer in the nation, and, in 2009, was 5.8 above the natural average, said

Margo Simon Golden, a breast cancer survivor and president of the coalition's board, a volunteer position.

While numerous other breast cancer organizations focus on early detection and treatment, the coalition is largely alone in its focus — rooting out the disease's causes, Osimo said.

Only 5 to 10 percent of breast cancers are inherited, according to national

cancer statistics. Old age and unhealthy habits are believed to be risk factors.

The coalition and its sister organization, the Silent Spring Institute, which researches health risks associated with chemicals in the environment, want more attention leveled on environmental causes of the disease.

The reasoning goes that with evidence establishing links between chemicals

and cancers, the eradication of the former will lead to fewer people getting the disease.

The coalition founded Silent Spring in 1994, a year after Massachusetts breast cancer statistics stated that 11 of the 15 towns on Cape Cod had breast cancer rates 15 percent higher than in other parts of the state, according to the coalition.

The coalition's call to action helped lead to Massachusetts becoming the first state to declare breast cancer an epidemic, coalition organizers said.

The National Cancer Institute estimates almost a quarter-million people will be diagnosed with breast cancer in 2014 — these are new cases — and 40,000 people will die from the disease.

Breast cancer represents 14 percent of all new cancer cases in the United States, and 12.3 percent of women will be diagnosed with the disease at some point in their lifetime, according to the institute.

The Massachusetts Breast Cancer Coalition, with its annual budget of \$200,000, wants to help lower those numbers.

Its board meets every other month, its newsletter goes out to 12,000 recipients. The coalition hosts annual fundraiser/education programs, including its Against the Tide swim, walk, kayak or run events in Hopkinton and Brewster, which raised \$140,000 for breast cancer prevention in 2014.

The 17th annual Lesbians and Friends Dance is also a fundraiser for the coalition. The dance will be held Jan. 25, 2015, in Brookline at the Holiday Inn on Beacon Street.

For more information about the breast cancer coalition or its events, visit mbcc.org.

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