

National Breast Cancer Awareness Month

FAMILY MATTERS



The Pantagraph/LORI ANN COOK-NEISLER

Marcia and Jeff Mays discuss Marcia’s cancer with their daughters Ali, 5, left, and Emily, 7, right, in their kitchen on Sept. 17. The couple has been honest with their children since Marcia was diagnosed with inoperable, stage IV breast cancer, but they haven’t overwhelmed them with information.

Talking important for dealing with cancer in a family

By Paul Swiech
pswiech@pantagraph.com

NORMAL — Emily and Ali Mays know their mother has cancer, it’s not going away and she will die.

Emily is 7 years old. Ali is 5.

Their mother, Marcia, 42, has inoperable, stage IV breast cancer.

“Mommy has cancer. It makes me sad,” Emily said recently in the Mays home in Normal before dinner. The first-grader, sitting beside her father, Jeff, continued to do her homework at the kitchen table as she answered questions.

Ali, sitting on her mother’s lap, listened as the kindergartener did her homework.

Asked what they thought about cancer, both girls gave thumbs down.

“Mommy gets really sick sometimes,” Emily said.

Who takes care of mommy when she’s sick?

“God takes care of mommy,” Emily said. “But Ali and I bring mommy blankets. We help mommy feel better.

“Sometimes we can’t go to the pool because mommy’s boobie hurts,” Emily continued. Instead, they go to the museum or play at home.

“We pray to God that mommy is better,” Emily said.

Marcia and Jeff, also 42, haven’t kept secrets from their daughters since Marcia was diagnosed with breast cancer on Aug. 31, 2010. They also haven’t overwhelmed them with information, have made their talks



Marcia is creating memories for her daughters with simple activities, such as reading to them, going for bike rides or styling their hair, as she is doing here for Ali.

appropriate to their girls’ ages and tried to keep their lives as normal as possible.

In difficult circumstances, they have provided a good example of how to communicate with your children about a cancer diagnosis and treatment, said Candi Gray, licensed clinical social worker at the Community Cancer Center in Normal.

Marcia, a special education teacher in Morton, began experiencing abdominal pain in May and June 2010. During the next couple of months, she had several tests and her appendix was removed. At first, doctors thought she had Crohn’s disease, an inflammatory bowel disease that Jeff has.

Next, doctors suspected signet ring cancer of the small intestine. Further tests revealed stage IV, inoperable breast cancer that had spread to the small intestine, stomach, colon and bones.

“The doctor told Marcia, ‘Maybe we’ll be able to get you to five years,’” Jeff recalled. “So I said, ‘What do we do after five years?’ And she said, ‘That’s the life expectancy.’

“I thought ‘This can’t be.’”

“It was devastating,” Marcia said.

“It hit me: this is cancer. You can’t just take a pill and make it better. This can kill her,” Jeff said.

“I realized that I needed to keep it together for her,” he said. “Then I thought, ‘Oh my God, the kids! How are going to explain it to them?’”

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Football team goes pink for the cause

By Patti Welander
pswelder@gmail.com

BLOOMINGTON — Unlike some boys his age, 10-year-old Dylan Tracy of Bloomington thinks it’s “cool” to wear pink.

This month, he will get the opportunity to sport the color as he and his Bloomington Cardinals youth football teammates join the fight against breast cancer.

“It’s fun because the pros wear it in football in October, too” Tracy said.

But the real reason he wants to wear pink is more personal than imitating NFL players. “My mom had it,” he said.

Dylan Tracy isn’t the only one in the Cardinals organization with a personal connection to the disease. The Cardinals’ campaign to raise

awareness and money for the Susan G. Komen for the Cure’s Passionately Pink for the Cure campaign began last year as a way to support longtime Cardinals’ volunteer Beverly Campbell, who was diagnosed with breast cancer earlier in the year.

At home games in October, the 114 players on the Cardinals’ teams will wear pink socks and pink ribbons on their helmets.

The 48 cheerleaders also get in on the action, sporting pink bows in their hair. And nearly 100 fans and coaches purchased special Cardinals pink ribbon T-shirts and sweatshirts.

Pink ribbons are even painted in each end zone, and pink cupcakes are sold at the concession stand.



The Pantagraph/STEVE SMEDLEY

Bev Campbell of Bloomington is a longtime volunteer with the Bloomington Cardinals Youth Football team, is shown Thursday at Ewing Park II in Bloomington with information.

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Respect all, fear none in fight

By Mia Smith

I believe I have found a cure for the negative effects of breast cancer. The treatment plan should be to surround oneself with 15 amazing young women whose daily work ethic and desire to succeed would inspire the most desperate of cancer victims. Inject family and friends whose love and encouragement will never fade. Add to that a therapy of prayer and doses of community support and defying breast cancer becomes a reality.

It also helps to win a national championship during the middle of battle.

In June of 2011, I was still thrilled with the result of the 2010-11 team's success of finishing fourth in the country, but something wasn't quite right. Fatigue seemed to be a daily struggle. That month also happened when I was diagnosed with HER2neu positive breast cancer. I discovered a lump in my right breast a month after receiving results of a clear mammogram.

The clear mammogram was a false belief that I was safe for another year. I was not one to regularly self-examine and so it was by divine intervention that I stumbled upon the tumor. A long day at basketball camp prompted me to hop in the whirlpool tub. In my haste to get in, I forgot to grab the loofa sponge. I improvised by using my hands lathered with liquid soap. In the instant my hand grazed across my chest I knew my life was in for a dramatic change. The lump was distinctive.

Within five days, I was scheduled for a biopsy. The results were quick and by the following week I was meeting with Dr. Raines to discuss surgery. I would have surgery only to learn that the type of cancer I had would require chemotherapy and radiation. I would need the services of Dr. Srirratana and Dr. Woodhouse of the Community Cancer Center.



Illinois Wesleyan basketball coach Mia Smith and her team salute their fans after a win over St. Thomas in the NCAA D-III semi-final game at Hope College's DeVos Fieldhouse in Holland, Mich., in March.

For the next two weeks, I went to appointments in a daze. I heard only the words I most feared: Chemo will cause your hair to fall out in about 14-16 days. For someone who has had long hair her entire life, losing it was like losing an appendage. One friend promptly proclaimed, "But your hair will grow back and a wig is temporary. You can't grow another arm." How selfish of me to worry about losing my hair.

My family has always been a pillar of support. In particular, my grandma was always the one we turned to when things were difficult. She came through by going with me to St. Louis to find a wig made of real hair that was similar to the way I was used to wearing my hair. That wig saved me.

If one has to have cancer, Bloomington-Normal is the place to do it. A wonderful article written by (Pantagraph sports writer) Randy Reinhardt allowed me to tell my story publicly. I knew there was a reason I was dealt the cancer card and in my heart I knew it was to help promote awareness of the disease — but more importantly it would bring awareness to my team of young women.

As a result of the article, I

began to receive emails, gifts and cards from all across the country. The message was always the same: "You are in our prayers." I know that I am a product of the power of prayer.

The women's basketball team at Illinois Wesleyan University has a motto that we live by: "Respect All, Fear None!"

The season opened. The determination and work ethic the girls put forth was inspiring. On Nov. 23, we traveled to Whitewater, Wis., for a game against the 11th ranked team. That game was the turning point. I knew I was not fighting a battle on my own. As the lineups were announced under the spotlights that pierced the (dark) arena, the starters took the floor in their green uniforms.

On their uniforms, pink ribbons had been embroidered to read "Coach Smith." Emotion overwhelmed me. We lost the game, but I knew I was winning a bigger battle. I wasn't fighting alone. I know longer was fearful of my opponent (cancer).

Each day brought new developments for me, some cancer-related, but most were IWU women's basketball-related. As I watched my team battle and ultimately

play their way to the national title, I realized that fighting cancer is much like playing a basketball game. "Respect All, Fear None" applies to cancer fighters just as it does to teams preparing and battling opponents.

In a year that was both the worst of my life and ultimately the best, I have found that God always has a plan for me. I feel very blessed his plan was for me to fight cancer while watching my girls slide their way through multi-colored confetti piled on the floor in celebration of a battle fought hard and won!

Smith is the head women's basketball coach at Illinois Wesleyan University.

PINK

FROM PAGE 1

While the effort may seem "fun," the importance isn't lost on Tracy, who still remembers when his mom was going through treatments five years ago. "I remember coming home from kindergarten and her sitting on the recliner with my dog," he said.

While his teammates might not have those experiences, they aren't any less motivated to help.

"The kids go over the top for it," said Cardinals board member Mary Sieg. "Last year, they even wore pink tape on their ankles."

All the enthusiasm makes Dylan's mom, Jacki, feel supported. "I'm not overly emotional, but I get choked up when I see the pink all around," said Tracy, who was diagnosed at age 39 after experiencing sharp pain in her breast.

For Campbell, who never missed a practice or game before her diagnosis in the spring of 2011, the outpouring of pink gave her an extra boost during some difficult rounds of chemotherapy.

"I thought it was neat," she said of last year's fundraising efforts. "It's not just for me, though. I have a daughter-in-law and close friend who also had it," said Campbell, whose cancer was diag-

nosed after a routine mammogram.

There also is a male survivor among the Cardinal volunteer ranks: Mark Rusher, who runs the scoreboard and assists with equipment, also is enthusiastic about the October games.

"It is phenomenal and went over huge last year," he said.

And the Bloomington Cardinals aren't the ones in the area who will be going pink this month.

From the Illinois Fusion soccer teams who will sport pink soccer socks to the Illinois State University Redbird soccer team who will sport pink jerseys, a number of area teams — youth to college — will be raising awareness and money for different organizations.

Jacki Tracy said she appreciates all the community efforts.

"Every time we can raise money for research or awareness, it's a great feeling because the patients benefit," she said.

Still, Cardinals board president Diane Edwards said the games aren't just about raising money. "This truly is about taking time to show our support," she said.

"Donating the money earned is a bonus at the end."

The Cardinals play on Oct. 6 and Oct. 13. Games begin at 1p.m. at Ewing Park II, 1001 Ethell Parkway, Bloomington.

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A step toward a cure



The Pantagraph/STEVE SMEDLEY

Above: Members of the King's Warriors team walk in honor of cancer survivor Tina King of Heyworth, during the second annual Susan G. Komen Race for the Cure on Sept. 8.

Left: Runners and walkers set out at the starting line of the Susan G. Komen Race for the Cure at State Farm Insurance Co.'s Corporate South Campus in Bloomington.

Learn more

Be vigilant

Women should get a clinical breast exam by a health care provider at least every three years beginning at age 20 — and yearly if there's a family history of breast cancer. All women 40 and older should have a yearly clinical breast exam.

Women should get an annual screening mammogram beginning at age 40, but yearly mammograms should begin earlier for women at higher risk of breast cancer.

Women should begin performing monthly breast self-exams beginning at age 20.

By the numbers

During 2011, 161 women and men in the Bloomington-Normal area were diagnosed with breast cancer. From 1998 through 2011, 2,012 people were diagnosed with breast cancer.

Help is available

Mammograms are performed at:

The Women's Center at Advocate BroMenn Medical Center (309-268-5705)

Advocate BroMenn Outpatient Center (309-268-5705)

OSF St. Joseph Medical Center (309-661-5160)

Gale Keeran Center for Women (309-452-9001)

OSF Medical Group-College Avenue Imaging Services (309-661-5160).

Financial assistance to cover the cost of a mammogram is available for women with no insurance coverage or for women who can't meet a high insurance deductible. More information is available at the Community Cancer Center, 309-451-8500.

SOURCE: Jolene Clifford, Community Cancer Center

Support groups

The Community Cancer Center, 407 E. Vernon Ave., Normal, has a variety of support groups for people affected by cancer. All groups meet at the cancer center and the contact number is 309-451-8500 with the exception of the Support Group for Caregivers as noted below:

Cool Club

For children ages 5 through 12 who have a loved one with cancer

Meets after school twice a month

Courageous Kids

For children ages 5 through 12 who have experienced the death of a loved one with cancer

Meets after school twice a month

Teen Group

For teens ages 13 through 18 who have a loved one with cancer

Meets after school twice a month

Teen Grief Group

For teens ages 13 through 18 who have experienced the death of a loved one with cancer

Meets after school twice a month

Advanced Cancer Support Group

For people with recurrent or metastatic cancer

Meets 5:30 to 6:30 p.m. the fourth Thursday of each month

Living with Cancer

For people with any cancer and all stages

Meets 5:30 to 6:30 p.m. the first Tuesday of each month

Breast Cancer

For people with breast cancer

Meets 5:30 to 6:30 p.m. the second Tuesday of each month

ReNew Nutrition Exercise & Wellness

Four-week series of classes covering nutrition, exercise and wellness for breast cancer survivors

Meets several times throughout the year

Support Group for Caregivers

For caregivers of people with cancer

Meets noon to 1 p.m. the third Monday of each month at Advocate BroMenn Adult Day Center/Life Enrichment Center, 207 Landmark Drive, Suite C, Normal

Call Kathryn Johnson, 309-

827-4005

US TOO Prostate Cancer

For people with prostate cancer and their families

Meets 7 to 8:30 p.m. the second Tuesdays of January, April, July and October

Spiritual Pathways

For cancer patients interested in discussing spirituality

Meets 6 to 7:30 p.m. Thursdays every two weeks through Dec. 6

SOURCE: Community Cancer Center

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New breast cancer clues found in gene analysis

ASSOCIATED PRESS

NEW YORK — Scientists have reported that they have completed a major analysis of the genetics of breast cancer, finding four major classes of the disease. They hope their work will lead to more effective treatments, perhaps with some drugs already in use.

The new finding offers hints that one type of breast cancer might be vulnerable to drugs that already work against ovarian cancer.

The study, published online by the journal Nature, is the latest example of research into the biological details of tumors, rather than focusing primarily on where cancer arises in the body.

The hope is that such research can reveal cancer's genetic weaknesses for better drug targeting.

"With this study, we're one giant step closer to understanding the genetic origins of the four major subtypes of breast cancer," Dr. Matthew Ellis of the Washington Uni-

versity School of Medicine said in a statement. He is a co-leader of the research.

"Now we can investigate which drugs work best for patients based on the genetic profiles of their tumors," he said.

The researchers analyzed DNA of breast cancer tumors from 825 patients, looking for abnormalities. Altogether, they reported, breast cancers appear to fall into four main classes when viewed in this way.

One class showed similarities to ovarian cancers, suggesting it may be driven by similar biological developments.

"It's clear they are genetically more similar to ovarian tumors than to other breast cancers," Ellis said. "Whether they can be treated the same way is an intriguing possibility that needs to be explored."

The report is the latest from the Cancer Genome Atlas, a federally funded project that has produced similar analyses for brain, colorectal, lung and ovarian cancers.

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Science getting better at fighting breast cancer

By Dr. Katherine Widerborg

Well, it's breast cancer awareness month, October 2012. This marks another year of fighting a disease that strikes fear into the hearts of many women. Is there anything to allay those fears? Most certainly there is! The improvements in treatment and benefits of early detection are always evolving.

Back in the 1980s, when I was in general surgery training at Loyola University, modified radical mastectomy was the standard of surgical care for almost any woman diagnosed with breast cancer. That means the entire breast and lymph nodes of the armpit were removed. This was an improvement over the original radical mastectomy that removed the breast, lymph nodes and chest wall muscles.

Even then, studies were being done that showed that less surgery was necessary. By the 1990s, breast conservation was becoming a standard option. This meant we were only taking out the tumor and some surrounding healthy breast tissue. When this was followed by radiation to the breast, this was an equivalent option to mastectomy. Breast conservation now can be offered to most women diagnosed with breast cancer.

By the early years of the next decade, we were doing less invasive surgery of the armpit nodes. Sentinel node biopsy was now available and decreased the risk of lymphedema. Lymphedema is swelling of the arm, a possible side effect of any surgery on the lymph nodes. It is often debilitating when it occurs and we try hard to avoid it.

Another change was occurring during this time that made the experience less discouraging for women burdened by the diagnosis of breast cancer. While breast reconstruction sometimes was avail-



Dr. Katherine Widerborg

able to women after mastectomy, it was performed only after waiting at least six months after surgery and sometimes much later. But studies were showing reconstruction could be performed safely at the time of the mastectomy. This is almost always done now. Even the technique of mastectomy has improved with the ability to perform skin sparing mastectomy, where as much skin as possible is preserved. This allows for a better cosmetic outcome after any reconstructive surgery.

Accompanying the improvements of the surgical approach to breast cancer are refinements in the technique of radiation therapy and the medicines administered for breast cancer. Exciting new medicines to treat breast cancer are also being introduced into our armamentarium. Increases in efficacy and reduction in side effects are coupled by more exacting treatment for each patient.

The best thing available in the care of any patient with breast cancer is the multidisciplinary approach where the suggested treatment is tailored for every individual. Every Thursday morning, several of us meet at the Community Cancer Center to discuss our patients who have breast cancer. Present each week at Breast Can-



The Pantagraph/STEVE SMEDLEY

cer Conference are medical oncologists, radiation oncologists, pathologists, radiologists, surgeons, our breast health navigator, our tumor registrar and ancillary personnel. We review the history, physical exam, imaging and pathology of each patient and discuss our thoughts regarding options in our field of expertise. Then, applying the NCCN (National Comprehensive Cancer Network) guidelines, we make our best recommendation for the care of that patient.

For my practice, I have found this multidisciplinary approach the most important thing I can offer my patient. By coordinating care and discussing pros and cons of the different alternatives — including surgical — the care is tailored for each patient. I can then give my patient the reassurance that we are doing everything possible to defeat her cancer.

Dr. Katherine Widerborg is a general surgeon in Bloomington-Normal. She has a special interest in breast health, is a member of Community Cancer Center's Breast Leadership Committee and has been active in Susan G. Komen for the Cure.

Breast Cancer Conference members examines a patients mammography during an early morning meeting held Sept. 20 at the Community Cancer Center in Normal.

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