

# BREAST CANCER AWARENESS



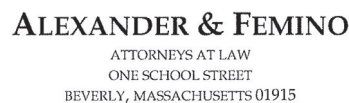


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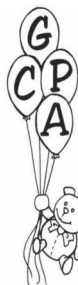
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From the Publisher

# A commitment to continue the fight

**F**ive years ago, we started our annual Breast Cancer Awareness campaign to highlight the realities of a disease that has had a far-reaching impact on our North of Boston communities.

In that time, we've seen some positive advances made in the screening and treatment of breast cancer.

Today, most women North of Boston have access to digital breast tomosynthesis, also known as 3D mammography, which is considered a revolutionary diagnostic tool to improve early detection of breast cancer.

Risk assessment tools are being developed to give women more control over their health and potentially allow for an earlier diagnosis. And immunotherapy is increasingly being explored as a new weapon in fighting the disease.

Yet, the truth is that 1 in 8 women still stand to be diagnosed with breast cancer in their lifetime. According to the American Cancer Society, about 246,660 new cases of invasive breast cancer will strike women this year. And about 40,450 women will die from the disease.

There is, however, some promising news. The mortality rate surrounding the disease among many groups continues to decline.

I am proud to present this year's



**Karen Andreas**

special report with the hope it helps to continue that downward trend. Through stories that offer both practical information and personal experiences, we aim to provide a resource for women and men, caregivers and patients, and those of us who find ourselves touched by this complex disease.

We extend a sincere thank you to the dozens of community and business leaders who have helped us

spread the "Power of Pink" through their sponsorship. You'll see their messages not only within these pages, but also throughout our newspapers and websites during the month of October.

Copies of this special report are available at the front lobby of The Salem News. Please stop by our office at 32 Dunham Road in Beverly if you'd like a few extras to pass along to those you love. And please thank the sponsors who have made this effort possible through their generosity.

*Karen Andreas*

**KAREN ANDREAS**  
Publisher  
The Salem News and  
North of Boston Media Group





Courtesy graphic

# Breast Cancer 2016: The Facts

The American Cancer Society estimates that in 2016, there will be 246,660 new cases of invasive breast cancer in U.S. women. When looking at a number that large, it is important to consider it as more than just a statistic.

These “numbers” could be your close family members, friends or colleagues. Some of these diagnoses may be more serious

than others, but one thing is constant: These patients need our support and love as they work through the difficult process of survivorship.

Consider the following numbers compiled by the Susan G. Komen organization, the world’s largest nonprofit source of funding for the fight against breast cancer:

- Breast cancer causes more

deaths than any other type of cancer in women ages 20 to 59.

- Most breast cancer diagnoses and deaths occur in women over age 50.

- Diagnoses in younger women usually have a BRCA1 or BRCA2 gene that has mutated.

- Breast cancer is the most common type of cancer developed during a pregnancy. About 1 in

3,000 pregnant women will be diagnosed with breast cancer each year.

- Incidences of breast cancer have increased slightly each year in African-American women.

- African-American women have the highest breast cancer mortality rate, while Asian-Americans have the lowest.

- Cases of breast cancer in men

have slightly increased in the past 30 years.

- Mortality rates are highest in Washington, D.C.; Louisiana and Mississippi.

- 30,700 new cases of breast cancer are expected in African-American women this year.

- From 1990 to 2013, mortality rates have decreased by 37 percent.

# Be proactive: Take steps to prevent breast cancer

NORTH SHORE  
MEDICAL CENTER

It seems the older people get, the more responsibilities they have in their lives. And sometimes with life's increasing stresses, women don't always take the time to take care of themselves.

When it comes to their breast health, some women might even ask, "Do I really need an annual mammogram?"

Debra Gentile, R.T.R.(M), the Breast Health Navigator at North Shore Medical Center, says that getting a yearly mammogram is the single most effective method for detecting breast cancer early. That's also when it is most treatable, she says.

Here are some tips from

Gentile on breast cancer prevention:

#### Know Your Breasts:

Monthly self breast exams are critical. If you are familiar with your breasts, you will be able to detect whether there has been a change in their size, shape or color. You will also notice any swelling, redness or change of the nipple. You should call your doctor right away if you see any of these changes.

**Be Active:** A healthy lifestyle is the first step in the prevention of breast cancer. Make sure you are getting plenty of exercise and that you're at a healthy weight. Being overweight or obese, especially after menopause, increases your risk of breast cancer.

#### Get a Mammogram:



Starting at age 40, schedule your mammogram annually. This exam is used to find and diagnose breast cancer early. Mammograms can detect breast cancer and show

changes in the breast even years before you or your doctor can feel them. Tomosynthesis, or 3D mammography, can result in better detection and greater peace of mind.

One in eight women will be diagnosed with breast cancer in his or her lifetime. Gentile recommends people live a healthy lifestyle and take the steps they can to prevent the disease.

North Shore Medical Center offers screening mammography at four locations:

- NSMC Salem Hospital in Salem
- NSMC Outpatient Services in Danvers
- Mass General/North Shore Center for Outpatient Care in Danvers
- NSMC Union Hospital in Lynn

In addition, the team at Mass General/North Shore Breast Health Center says it combines the expertise of NSMC and Massachusetts General Hospital to provide the

highest caliber of care in a supportive, convenient and patient-focused manner.

Administrators say the oncology experts at the Cancer Center offer a multidisciplinary approach to breast cancer care using the most advanced technology and latest research available.

The center offers:

- Breast screening exams, including breast tomosynthesis (3D mammography) and breast MRI
- Breast cancer diagnostics
- Breast surgery
- Cancer care
- Patient support services

To learn more about NSMC's services, visit [nsmc.partners.org](http://nsmc.partners.org).



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BREAST HEALTH CENTER

## WORKING TOGETHER TO FIGHT BREAST CANCER



Detecting and treating breast cancer takes a team of experts working together to keep you healthy.

The Mass General/North Shore Breast Health Center combines the expertise of Massachusetts General Hospital and North Shore Medical Center to provide the highest caliber of care in a supportive, convenient and patient-focused manner.

For more information, call **978-573-4455** or visit [massgeneral.org/northshore](http://massgeneral.org/northshore).



3-D Mammography at the Mass General/North Shore Breast Health Center

### BREAST TOMOSYNTHESIS NOW AVAILABLE AT THREE NORTH SHORE LOCATIONS

Breast tomosynthesis, also called 3-D mammography, provides a clearer, more accurate view of the breast, enabling doctors to pinpoint the size, shape and location of any abnormalities. Tomosynthesis can result in better detection and greater peace of mind.

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Mass General/North Shore Breast Health Center, Danvers



All Mass General and North Shore Medical Center mammography facilities are licensed and accredited by the ACR, FDA and the Commonwealth of Massachusetts, Department of Radiation Control Program.

# Out-running breast cancer

## North of Boston native changes course after breast cancer diagnosis

By ALAN BURKE  
STAFF WRITER

Every runner knows the feeling. You've set a good pace. You feel great. Everything is going right. And yet there are potholes you might not see, cars and bikes and people coming from nowhere, frost heaves and slippery puddles. And at some point, it may happen, down you go.

Sara O'Brien, 34, will no doubt keep all this in mind when she runs the Newburyport Half Marathon on Oct. 23. Now more

than ever, she knows how unpredictable the hazards of running and life can be.

O'Brien is a breast cancer survivor. The Reading High graduate's ordeal began in June 2012 when she bought a sports bra and it didn't quite fit.

"I noticed it was uncomfortable on the right side," she recalled.

That worried her. And the concern didn't go away. She saw her doctor at Lahey Hospital & Medical Center in Burlington and received a diagnosis of invasive, ductile carcinoma. Breast cancer.

As a runner, a former state and New England champion in track and field, O'Brien could have expected that youth, good health and good eating would give her an immunity to such things. She was in the midst of her career, putting to use a 2004 undergraduate degree in engineering from Columbia University in New York and a 2010 master's from Boston University in nutritional science.

For the advanced-practice registered dietitian at Lahey, the cancer



Courtesy photos

Sara O'Brien enjoyed the support of her co-workers while undergoing radiation treatment for breast cancer at Lahey Hospital & Medical Center in Burlington, where she works. The teddy bear is a kind of talisman passed to anyone being treated at the center. O'Brien declined to buy a wig after losing her hair and became known to patients and staff as "the bald dietitian."



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*Sandra Moynihan, wife of Gerard Moynihan, breast cancer victim - 2005*

*Lisa Bernstein, breast cancer survivor*

*Carol Kansadi, breast cancer survivor*

*Eileen McNeil, breast cancer survivor*

*Rita Mullin, breast cancer survivor*

*Barbara Surdam, breast cancer survivor*

diagnosis didn't seem right, didn't seem fair.

### Fighting off the disease

Surgery under Dr. Stephen Karp was scheduled for Sept. 11, 2012, at Lahey Medical Center in Peabody. It's a portentous date, but O'Brien is quick to remember all the important dates in her battle with cancer.

Given her small breasts — "I wore a bra that was barely a size A" — she joked with the doctor, wondering how much there was to take in the lumpectomy. On the other hand, the growing tumor was visible to the naked eye.

The operation was successful but the cancer was not beaten so easily. A follow-up examination revealed bad news; the cancer had spread to her lymph nodes.

Twelve weeks of chemotherapy followed. O'Brien downplays the side effects. She was given shots to maintain her white blood cell count. Her sense of taste changed. Toward the end of the treatment, she began feeling very tired. Yet, she missed a mere seven days of work. And, she notes, "I lived by myself. Responsible for no one." That reduced the stress somewhat.

On the other hand, there were others who made themselves responsible for her. Particularly family members, including her father and mother, John and Christine, from Lowell.

"My mother did come and take me grocery shopping. ... She came with me to all my appointments," she said.

For that matter, O'Brien admits surprise at the extent of support from friends and family, former classmates, people she hadn't heard from for years.



**Sara O'Brien is training for the Newburyport Half Marathon on Oct. 23 after having beat breast cancer in recent years. She is a former Massachusetts and New England champion in track and field at Reading High School.**

"You learn how many people are there for you," she said.

She covered a wall with all their messages of encouragement.

Radiation treatments supervised by Dr. Lyubov

Girshovich followed the chemotherapy. O'Brien lost all her hair, but declined to buy a wig.

"(At work) I was the bald dietitian. ... I would go around bald as a cue ball," O'Brien said,

laughing.

Lahey co-workers responded with support. Many at the hospital had gone through similar trials. In fact, the staff passes around a teddy bear to whoever is dealing



**A registered dietitian who subscribed to good health and eating, Sara O'Brien was diagnosed with breast cancer in 2012, despite her healthy lifestyle and lack of genetic markers for the disease.**

with cancer. For a time, O'Brien got the bear.

"I have amazing co-workers," she said.

"Those nights you didn't sleep, your brain turned to really bad things and you go to a dark place."

Their support helped beat back the demons, keeping O'Brien's spirits and determination high.

"It was almost like a blind ambition," she said. "I would kind of take it one day at a time."

At the end, "I was given the all-clear," she said.

As a preventative, O'Brien's oncologist, Dr. Corrine Zarwan, has put her on a drug called Tamoxifen for the long term. It will control hormone levels thought to contribute to the disease, but it has the unfortunate side effect of creating hot flashes. Worse yet, having children is no longer an option for her.

### A new outlook

On the other hand, the outcome is much better than it would have been in years past. She said of her doctors, "I'm very happy with their work."

Her breast now has "a

slight dimple. ... Physically I look much the same.

Emotionally I'm totally different," she said.

Originally an engineer, she had an engineer's personality.

"I was fairly closed off. I would give 'yes' or 'no' answers," she said.

But these days, she's a lot more open. She has a new perspective on life.

"I don't get stressed out like I used to," O'Brien said.

Her training regime as a runner includes a new coach — her boyfriend, Bob Gutmann. He came into the picture after her diagnosis.

She volunteered to participate in a drug trial designed to help others who might contract the disease. She admits to unease over the fact that despite her healthy lifestyle and a lack of genetic markers for it, she came down with breast cancer.

Why did it happen to her? Samples of blood and samples of the tumor were sent to various studies. Yet it remains a question that, so far, no one can answer.

# REMEMBERING LYNDA

## Lynda J. Talbot Memorial 5K Walk/Run raises funds in support of patients, research

Stacy (Talbot) Bazyliniski was 12 years old and Julie (Talbot) Donnelly was 10 when their mother, Lynda J. Talbot of Danvers, was first diagnosed with breast cancer.

In 2010, 23 years after Lynda's first diagnosis, the daughters lost their mom to cancer and launched the annual Lynda J. Talbot Memorial 5K Walk/Run in her memory.

Nearly 500 people turned out for this year's sixth annual walk/run in Danvers on Sunday, Sept. 25.

Over the past six years, the event has raised more than \$140,000 to support Care Dimensions Pediatric Hospice Facility, the Beth Israel Plastic and Reconstructive Surgery Fund, and other causes. Additionally, scholarships were awarded to three well-deserving Danvers High School seniors this year. Financial assistance was also given to several local families battling cancer.

The mission of the annual 5K is to financially assist local families battling cancer, support breast cancer research and the efforts of palliative and hospice care provider Care Dimensions, and award scholarships to high school graduates.

— Dani Baldassare

**TOP:** Bruce Talbot, husband of the late Lynda Talbot, blows an air horn to start the race from Great Oak School in Danvers.

**BOTTOM LEFT:** People cheer on fellow participants in last month's Lynda J. Talbot Memorial 5K Walk/Run in Danvers.

**BOTTOM RIGHT:** Runners and walkers pause for the playing of the national anthem at the start of this year's event.







**ABOVE:** Members of the Danvers High School girls soccer team pose for a photo before the start of September's fundraising walk/run.



**RIGHT:** Bruce Talbot, husband of the late Lynda Talbot, and Karen Donnelly offer their encouragement to participants.



*Supporting those who are touched by this disease, remembering those who have been lost and rallying for a cure.*



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# 'Kickin' It with Kelly'

## Mom of 2 battles breast cancer head on

MASS GENERAL/NORTH SHORE CANCER CENTER

In May 2014, North Reading resident Kelly Donahue found a lump in her breast during a self-breast exam. She immediately called her primary care physician who scheduled a mammogram at Massachusetts General/North Shore Breast Health Center in Danvers.

The mammogram results came back unclear, which prompted her primary care physician to also order an ultrasound. The ultrasound showed a mass, which was determined to be cancerous.

"I have no family history of breast cancer and was shocked by the news," Donahue said. "I never thought this would happen to me because I have always

taken care of myself by eating well and exercising."

It was recommended that Donahue undergo a lumpectomy with 16 weeks of chemotherapy treatment. After considering all her options and consulting with her physician, Donahue decided on a double mastectomy.

"Being the mom of two young children I did not want to worry about a possible recurrence of breast cancer," Donahue said.

Mass General/North Shore Cancer Center oncologist Amy Comander, M.D., saw Donahue through her treatment.

"I would go armed with a notebook filled with questions and Dr. Comander always took the time to make sure I got my

answers. She would even email her colleagues to get their opinions on some of my questions and called me at home after my treatments to check on me," Donahue said. "I definitely hit the jackpot in having Dr. Comander as my oncologist."

The team at Mass General/North Shore Cancer Center says it combines the expertise of Massachusetts General Hospital and North Shore Medical Center to provide the highest caliber of care in a supportive, convenient and patient-focused manner. The oncology experts at the Cancer Center offer a multidisciplinary approach to breast cancer care using the most advanced technology and latest research available.



Courtesy photo

**Kelly Donahue, third from the right, poses with her family. After being diagnosed with breast cancer in 2014, Donahue underwent a double mastectomy. This past June, she raised \$10,000 to benefit the annual North Shore Cancer WALK.**

Nearly two years after her initial cancer diagnosis, the mom of two is back doing all the things that she loves to do with her family. One of those things includes participating in the annual North Shore Cancer WALK.

"I want to help raise money for other patients who might be battling

cancer so they can receive the same excellent care that I did at North Shore Medical Center and the Mass General/North Shore Cancer Center," Donahue said.

Her fundraising goal for the WALK this past June was \$5,000, which she far exceeded due to the generosity of family

and friends. She ultimately raised \$10,000 for her team, "Kickin' It with Kelly." Donahue is already thinking about how she can top that in 2017.

"It might be hard to beat that amount next year," she said, "but if I can beat cancer, it doesn't seem so daunting."

*October is Breast Cancer Awareness Month*

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# Understanding a breast cancer diagnosis

## FAMILY FEATURES

Whether it's October or not, breast cancer is one of the most recognized cancers in the world. Thanks to massive public awareness campaigns, nearly everyone understands the significance behind a pink ribbon, but how many can say they have breast cancer knowledge beyond pink?

The truth is, breast cancer is extremely complex and not a one-size-fits-all disease. It's classified into different types based on the unique biology of each tumor, including the size, whether and where it's spread, how it looks under the microscope and what's causing it to grow at the cellular level, according to the American Cancer Society.

Understanding the various biological features is critical, as they help determine

treatment decisions and directly affect patient outcomes.

As breast cancer survivor Pamela Cunningham knows all too well, knowledge is power when navigating a breast cancer journey. When diagnosed with Stage II HER2-positive early breast cancer, an aggressive type of the disease, Cunningham said that while she understood there were different stages, she was shocked to discover there were so many different types.

In fact, her mother had faced breast cancer several years earlier and neither Cunningham nor her father knew what kind her mother had.

To better understand her diagnosis, she talked with friends who had faced similar situations and even sought a second opinion. After learning more, Cunningham felt



Photo courtesy of Getty Images

**Asking questions and assembling a support team are key steps to take in approaching a breast cancer diagnosis.**

confident in her decision to receive a treatment regimen that helped shrink her tumor prior to undergoing surgery to remove it.

"I'm really thankful I went the way I did," Cunningham said. "I would advise other women to do their own research, find out the available treatments and don't

be afraid to ask your doctor about all of your options and possible side effects."

Cunningham and her oncologist, Dr. Karen Tedesco, offer the following tips to help patients more fully understand how to approach a breast cancer diagnosis.

**Strength in Numbers:** The

news of a cancer diagnosis can be incredibly overwhelming to patients and their loved ones. Make the most of the first few doctor appointments by bringing a friend outside of the immediate family to ensure the information is being absorbed and the right questions are being asked.

**Build a Support Team:** In addition to family and friends, it's important to have a strong health care and surrounding support team. Seek out nurse navigators, local breast support groups and financial assistance to ensure you're properly informed and have all the resources you need. Do not hesitate to consider a second opinion until you feel 100 percent confident in your health care team and treatment plan.

**Understand Your Diagnosis:** Learning about your specific

type of breast cancer is essential because the unique biology of your tumor can directly impact your breast cancer journey. Knowing the four S's — stage, size, status and subtype — of your tumor can help you better understand your diagnosis and the treatment options available to you.

**Ask Questions, Then Ask More:** Consider asking your doctor the following questions: Are you eligible for clinical trials? Are there special treatments geared toward your specific type of breast cancer? Do I need surgery? Does surgery have to be the first step? Being actively involved can help ensure each patient receives the best treatment option for them.

*For more tips to help process a breast cancer diagnosis and to better understand the four S's, visit [gene.com](http://gene.com).*

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# Is risk-reduction surgery for you?

A long family history of cancer may put you at a greater risk of contracting the disease. Usually, when cancer is hereditary, a family passes down mutated genes. These genes can become out of control and are likely to cause cancer.

If you do have a long-running history of cancer in your family, you should have regular check-ups with your doctor. Susan G. Komen reports that patients who discover their cancer during Stage I have a 90 percent survival rate. This statistic underscores the importance of staying on top of your health as you age.

One of the keys to beating breast cancer is catching it before it is able to spread to your lymph nodes.

If you are at high risk, there are many options to



Courtesy photo

**If preventative major surgery is not the path you want to travel, there are still ways to keep your risk of breast cancer down. Frequent checkups will let you and your health professional know exactly where you stand.**

consider to remain cancer free. Risk-reduction surgeries are becoming a common option for those who are at the highest risk level for breast cancer.

#### Effectiveness

Bilateral prophylactic mastectomy — the surgery to remove both breasts in order to reduce the risk of breast cancer — has been

shown to drop the risk of cancer by 95 percent, according to Cancer.gov.

This surgery is usually meant for women with family histories showing the

BRCA1 or BRCA2 gene. According to the National Cancer Institute, these two genes account for 20 to 25 percent of hereditary breast cancers.

Your doctor will be able to determine if you have these gene mutations with a simple blood test, and can then walk you through your options.

#### Risk involved

As with all major surgeries, the removal of both breasts is one with many factors to consider. Potential harms that may arise are similar to any major surgery, including major bleeding or infection.

Experts also note that receiving this surgery may cause anxiety concerning body image. Speak with your physician about the psychological side effects while you are deciding to

commit to this surgery.

#### Other options

If you decide that preventative major surgery is not the path you want to travel, there are still ways to keep your risk down.

Frequent checkups will let you and your health professional know exactly where you stand. Talk with your physician or oncologist about how frequently they recommend you be tested.

Chemoprevention is the use of drugs to delay cancer's development in high-risk patients. The Food and Drug Administration has approved several of these drugs and shows that they will reduce the risk of breast cancer in patients at higher risk.

Again, always consult with your physician to discuss the specifics of your health in relation to starting new drugs or treatments.

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# A STRONG STAND

## Diet, exercise and body weight can impact breast cancer survival, recurrence

By BEV BENNETT  
CTW FEATURES

Following a nutritious diet, maintaining a healthy weight and being physically active may reduce your risk of breast cancer.

These recommendations are based on years of research.

But now medical experts are turning their attention to breast cancer survivors.

Might the same strategies that guard against breast cancer reduce the possibility of a recurrence?

Although it's too soon for definitive answers, studies are providing some direction for improving your post-cancer wellness.

Making beneficial food choices, slimming down if recommended and getting regular exercise may reduce the likelihood of a breast cancer recurrence.

Filling your plate with colorful vegetables, fruit, lean protein and whole grains while avoiding a lot of high-sugar foods and heavy alcohol consumption are positive steps for general good health.

Add in high-fiber foods and soy foods for their cancer-fighting link.

"Women who consume moderate soy — one or two servings a day — may have better survival," said Alice G. Bender, a registered dietitian nutritionist and head of nutrition programs at the American Institute for Cancer Research in Washington, D.C.

Opt for whole-food soy sources, such as edamame.

Dieting, which may seem like a good move, can be a complicated strategy.

Some women lose weight during cancer treatments because they have trouble eating.

"People think it's good to lose weight during



Courtesy photos

**Small changes to your diet can help survivors avoid gaining back lost weight. Filling your plate with colorful vegetables, fruit, lean protein and whole grains are also positive steps for general good health.**

treatment," Bender says, urging against it. "That's not the way you want to lose weight."

Unintentional weight loss during treatment can be a health warning.

Other women may gain weight because they're less active.

Health experts don't exactly know when dieting is most advantageous, according to Wendy Demark-Wahnefried, Ph.D., a registered dietitian, professor and Webb Endowed

Chair of Nutrition Sciences at the University of Alabama at Birmingham.

For women who are overweight or obese, and have been treated for early stage breast cancer, BWEL — a breast cancer weight-loss study that's just beginning — may answer the question of whether losing weight reduces the risk of breast cancer recurrence.

Health experts, however, don't suggest waiting for proof to moderate your calorie intake.

But they do recommend a prudent approach.

Aim to keep weight steady during treatment, Bender said. "You don't want to lose weight and you don't want to gain it."

Ask your oncologist, if still in oncology care, about the best time for you to begin a weight-loss plan. If you've finished cancer treatment, look for a dietitian who is part of an oncology group. You can find a dietitian who is certified in post-cancer care,

said Demark-Wahnefried, an associate director at the University of Alabama at Birmingham Comprehensive Cancer Center.

When dieting is appropriate, avoid schemes that could have a yo-yo effect.

Losing weight for the short term, only to regain it, might have a negative impact, Demark-Wahnefried said.

Instead, drop pounds gradually through small changes, said Melinda R. Stolley, Ph.D., a professor in

the department of medicine and associate director of prevention and control for the Cancer Center, Medical College of Wisconsin, in Milwaukee.

Unlike dieting, the thinking on exercise doesn't have many caveats.

Observational studies on breast cancer survival and exercise show a risk reduction for breast cancer mortality among women who are physically active, according to Christine Friedenreich, Ph.D., a scientific

leader in cancer epidemiology and prevention research at Community Health Sciences, University of Calgary, in Alberta, Canada.

Exercise can start during treatment.

“Being active during treatment and after has benefits in muscular strength, endurance and fatigue levels. There’s a better quality of life after treatment,” Friedenreich said.

“When I started there was skepticism about putting cancer patients on an exercise regimen. Now there’s acceptance of physical activity as part of treatment,” she said.

How much exercise should women get?

The advice for the general public is to get at least 150 minutes of moderate-intensity exercise, which could be brisk walking, plus two or more days of muscle-strengthening exercise each week.

Doubling that to 300 minutes a week is even better for women dealing with breast cancer, Friedenreich said.

In her studies, women who exercised at the highest levels did see greater benefits.

And there’s no age limit.

Reviewing studies on physical activity during various stages, the positive



**Women need at least 150 minutes per week of moderate-intensity exercise.**

effects are about the same throughout life, according to Friedenreich.

“Late-life activity may be even more beneficial because of (women’s) increased body-fat levels,” she said.

The real challenge is keeping up the momentum for a lifetime.

“We see even five years later (women) lose the incentive or motivation to maintain a healthy lifestyle,” Bender said.

In addition, the underlying worry about recurrence

may lead to overeating, according to Stolley.

Based on her intervention study, Moving Forward, designed for African-American breast cancer survivors, Stolley suggested that programs that not only bring together breast cancer survivors, but also focus on wellness beyond cancer, can be beneficial.

Women liked being in a group with other survivors who knew what they’d been through, but that focused on broader health issues, not just breast cancer, she said.



Courtesy photo

**The foods you choose may help reduce your risk of breast cancer.**

## 8 whole-health foods for cancer prevention

The foods you choose may help reduce your risk of breast cancer.

Here are eight to eat:

### 1. Red, yellow and orange peppers, carrots, sweet potatoes and cantaloupe

These are very rich in plant substances called carotenoids.

“Research has found that women who have higher levels of carotenoids are at lower risk for breast cancer,” said Vandana Sheth, a registered dietitian nutritionist and spokeswoman for the Academy of Nutrition and Dietetics.

### 2. Dark green leafy vegetables

Kale, spinach, collard

greens and Swiss chard deliver carotenoids that in lab studies inhibited the growth of certain types of breast cancer cells, according to the American Institute for Cancer Research.

### 3. Blueberries

These are packed with antioxidants, Sheth said.

### 4. Walnuts

In animal studies, mice that were fed walnuts cut their breast cancer in half, according to the dietitian.

### 5. Salmon

Consuming this fatty fish, rich in omega-3 fatty acid, may reduce women’s risk of breast cancer,

according to a report from AICR.

### 6. High-fiber foods

Black beans, barley, lentils, raspberries, skin-on pears and broccoli are good choices.

Aim for 30 to 45 grams a day for cancer prevention, Sheth recommended.

### 7. Apples

The peel delivers dietary fiber and the flesh contains plant chemicals that act as protective antioxidants.

### 8. Garlic and onions

These members of the allium family slowed the development of breast cancer in animal studies.



**Experts say maintaining a healthy body weight is one key to surviving and preventing breast cancer.**

# Caring for the whole person

## Comprehensive health care approach targets all of a patient's needs

### LAHEY HEALTH

Over the past few decades, the treatment of cancer has advanced exponentially. And while the medical field continues to improve its methods for early diagnosis and treatment, hospitals and health systems are increasingly emphasizing treatment of not just the disease, but the whole patient.

Cancer centers now focus on nutrition and physical therapy before and after cancer diagnosis and treatment. Studies have shown the healthier a patient is, the better their outcome.

Some are also taking it a step further, focusing on the psychological and social health of their patients.

The idea is to try to provide a more complete



Dr. Cary Meyer

approach," said Cary Meyer, Psy.D., a behavioral oncologist who treats breast cancer patients at the Comprehensive Breast Health Center at Lahey Hospital & Medical Center.

"The goal is to attend to all of a patient's needs in an integrated fashion," he said.

The breast health center, which is part of the Lahey Health network of hospitals and clinics, has locations in Peabody and Burlington, and also in Derry, New Hampshire.

The Comprehensive Breast Health Center takes a "multidisciplinary," or

team, approach to care. Surgical, medical and radiation oncologists work closely with psychologists, nutritionists, social workers, physical therapists and pharmacists who all specialize in cancer care.

While Meyer consults with the many women diagnosed with breast cancer, he often works with patients who are considering having a risk-reducing mastectomy. This type of procedure has been made more popular in recent years by celebrities Angelina Jolie and Christina Applegate.

For women considering this procedure, Meyer conducts an assessment to determine their understanding and their questions about their diagnosis and treatment options, as well

as any "psychosocial" supports the team can provide.

Additionally, he works with patients and the hospital's genetic counselors to assist in the decision-making process. They discuss options, expected outcomes and what impact the surgery could have on the patients' lives. He also provides women, their spouses and families with supportive care and counseling.

"Because of our improved abilities in assessing a woman's risk of developing breast cancer based on family history and genetic testing, we can often identify women who are at much higher risk for breast cancer," said Meyer, who sees patients at both Lahey Hospital and Beverly Hospital.

"For example, we know

that certain women may have up to an 80 percent lifetime risk of getting breast cancer, so for them it might make sense to consider the surgery."

Just being diagnosed with cancer is traumatic enough for most people, Meyer said. But for women to then weigh the option of having a mastectomy, it becomes even more difficult, he said.

Meyer has been working with cancer patients facing those decisions for more than two years across the Lahey Health system. He said talking through the decision-making process seems to help women most.

"It's normal for people in complex and stressful situations, like receiving a cancer diagnosis, to make quick decisions," Meyer said. "We

often have the impulse to get a decision out of the way and move forward in the hope of reducing our discomfort. Slowing down the decision-making process is important and oftentimes, very helpful."

Meyer added that the decision is ultimately up to the patient. He's there for support and counsel.

"We are careful to take a neutral stance. Our goal is to help them make the decision that's best for them," he said.

*The Comprehensive Breast Health Center at Lahey Hospital & Medical Center is part of the Lahey Health network, with sites in Peabody, Burlington, Beverly Hospital, Addison Gilbert Hospital in Gloucester and in southern New Hampshire.*

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# Annual screenings critical in saving lives

LAHEY HEALTH

Despite many recent advances in diagnosing and treating breast cancer, there is still a long road ahead to beat this deadly disease once and for all. Every year, approximately 300,000 women in the United States are diagnosed with breast cancer, and 40,000 women will die from it. Breast cancer is the second-leading cancer cause of death in women.

What we do know is that routine screening can and does save lives. Today, we have the ability to better screen women through 3-D mammography, which decreases false alarms, improves cancer detection and provides doctors with more detailed images. We join the National Comprehensive Cancer Network in recommending annual screening mammograms for average-risk women starting at age 40. Still, this is not a complete solution for women who are at high risk for developing breast cancer due to family history or certain genetic mutations.

Guidelines from the American Cancer Society and National Comprehensive Cancer Network state that women who have greater than a 20 percent lifetime risk of developing breast cancer should also have annual breast MRI screenings in addition to annual screening mammograms, because MRI technology is more sensitive in detecting certain cancers. Some higher-risk patients should also undergo genetic testing for a growing panel of known mutations, which are linked to increased breast cancer risk, including the well-known BRCA1 and BRCA2 mutations.

The first step toward better screening for high-risk women is finding out who they are. Today, 95 percent of BRCA carriers who have not developed cancer are unaware they have this gene mutation, and 99 percent of women who meet the criteria for annual breast MRI do not



Courtesy photo

From left, Dr. Rebecca Yang, director of Lahey Health's Peabody Comprehensive Breast Health Center and Beverly Hospital Breast Health Center; Kimberly Willis, certified breast patient navigator and nurse practitioner at Beverly Hospital Breast Health Center; and Jean O'Brien, M.D., associate medical director and breast imaging section chief of Beverly Hospital Breast Health Center, discuss a case at Lahey Outpatient Center in Danvers.

## LEARN MORE

Dr. Rebecca Yang will discuss the new risk assessment tool during a Conversations on Cancer program presented by Lahey Health on Monday, Oct. 24, at the Boston Marriott Peabody, 8 Centennial Drive, Peabody.

Exhibits and demonstrations are planned starting at 4:30 p.m., followed by the speaker program at 6 p.m.

Yang is director of the Lahey Hospital & Medical Center and Lahey Medical Center, Peabody Comprehensive Breast Health Centers and Beverly Hospital Breast Health Center.

Visit [laheyhealth.org](http://laheyhealth.org) for more information.

undergo this screening.

This is why Lahey Health breast centers are in the process of launching a free breast cancer risk assessment tool, which will be offered to all women undergoing their annual screening mammogram. The risk assessment program will empower patients and providers to determine if additional screenings would be

beneficial in managing breast cancer risk. It is supported by certified geneticists who can assist with patient education and decision-making.

This risk assessment tool does not replace annual screening mammography or clinical and self-breast exams. In fact, 80 percent of women who are diagnosed with breast cancer do not have any significant risk factors for the disease and have no family history of breast cancer. Still, it is a powerful new tool that can help women better understand their risk and manage their health along with their care team.

Empowering more women with risk-based breast MRI screening or genetic counseling could lead to earlier treatment and fewer breast cancer deaths. Catching breast cancer early saves lives and reduces health care costs. Patients who are diagnosed with early-stage breast cancer have approximately a 98 percent five-year survival rate. That survival rate drops to approximately 15 percent for patients who are

diagnosed with cancer when it has spread outside the breast to other organs.

We are getting better at detecting and treating breast cancer. We encourage women, in partnership with their caregivers, to continue taking advantage of all the tools at their disposal.

■ ■ ■

Prepared by Kelley M. Cornell, M.D., associate medical clinical director at Winchester Hospital Breast Care Center; Cathleen Kim, M.D., section chairwoman of breast imaging for Lahey Hospital & Medical Center; Delphine Lui, M.D., associate medical imaging director at Winchester Hospital Breast Care Center; Jean O'Brien, M.D., associate medical director and breast imaging section chief of Beverly Hospital Breast Health Center; and Rebecca Yang, M.D., director of Lahey Hospital & Medical Center and Lahey Medical Center, Peabody Comprehensive Breast Health Centers, and Beverly Hospital Breast Health Center.

# The what, how and when of mammograms

Each year, millions of women over age 40 have yearly mammograms to screen for breast cancer. These breast X-rays have been proven to reduce the number of deaths from the disease, especially for women 50 years and over, according to the National Cancer Institute.

While cancer screening can be intimidating for some women, knowing what to expect can make the process easier.

"A goal of screening mammograms is to detect cancer before it is clinically apparent," Dr. Susan Crook said. "Breast cancer is easier to treat and patients have better outcomes and quality of life when breast cancer is detected early."

Annual mammogram screenings are recommended once a woman turns 40. If she has a first-degree relative with a history of breast cancer, she should begin screenings 10 years prior to the age her relative was first diagnosed.

"So if a patient's mother was diagnosed at 45, the woman would start annual screenings at age 35," Crook said.

Sometimes, misconceptions about mammograms cause women to hesitate in scheduling a screening.

"Some women think a mammogram will be painful and include a lot of radiation," Crook said. "To be honest, it isn't exactly comfortable. We must compress the breast in order to immobilize it and reduce the radiation dose. But the amount of radiation you receive from a mammogram is low. It's approximately

*"Tomosynthesis is a newer technology that has been proven to increase cancer detection, while decreasing false positives."*

Dr. Susan Crook

equal to seven weeks of background radiation you absorb from your natural surroundings."

As you prepare for your first mammogram, here's what you can expect:

- A mammogram lasts about 20 minutes.
- You'll remove any clothing above the waist.
- Don't wear lotions or deodorants.
- Each breast will be compressed between two metal plates while the X-ray is taken.

"You may be asked if you would like a 3-D mammogram, or tomosynthesis," Crook said. "Tomosynthesis is a newer technology that has been proven to increase cancer detection, while decreasing false positives. We believe all women benefit from tomosynthesis, but the benefit may be greatest in women with dense breasts."

Crook did advise checking with your health insurer to make sure tomosynthesis is covered.

She also said to be sure to ask any questions you may have, adding that while a mammography may be somewhat uncomfortable, the information they provide could be invaluable.

"Mammograms save lives," she stressed.

— CNHI News Service

# NOT BACKING DOWN

## Area woman shares story of longtime battle with breast cancer

BY BREANNA EDELSTEIN  
STAFF WRITER

It was a waiting-room conversation between strangers that changed Shanna Pinet's life a decade ago.

Before one of her first chemotherapy treatments, another woman battling breast cancer turned to her and said, "As long as you stay positive, you will outlive it."

The now 38-year-old said she's been able to watch her daughter become a ballerina, and celebrate more wedding anniversaries with her husband, Dave, thanks to those few uplifting words.

With the time she feels she's been gifted, the Atkinson, New Hampshire, resident and former Miss New Hampshire participant also established the Fabulously Fighting campaign, a social media-driven effort to encourage women living a similar reality to see the beauty in themselves.

Near the end of October, a book she penned under the name Fabianna Marie will be available online and in stores across the world. It will bear the same name as her encouraging crusade, "Fabulously Fighting."

### 'It all happened very quickly'

Pinet's "new normal" began with a general feeling of sickness and unease, followed by an eventual diagnosis of lupus, an autoimmune disorder.

To remove some pressure from her back and joints, which was worsened by the illness, a breast reduction was suggested. It was during a consultation that medical experts found the cancer.

"It all happened very



**Shanna Pinet, who has been battling breast cancer for 10 years, poses for a family photo with her husband, Dave, and daughter, Mackenzie.**

quickly," she said. "I was in the consultation when

they did the mammogram, and from there I went right to get an ultrasound and a biopsy. Within two weeks

### MISS PINK PAGEANT

Miss Pink Pageant is a nonprofit organization that supports local families affected by breast cancer by providing funds to cover the cost of medical bills and basic necessities during times of treatment.

The nonprofit organization participates in various events throughout the year. At its annual signature event, breast cancer survivors "compete for a cause and fight for a cure" in a formal pageant. One winner is crowned "Miss Pink." The 2016 event took place this past spring in Danvers and raised more than \$15,000.

Miss Pink 2016 is Alexandra "Lexi" Therberg, an Air Force

veteran, wife and mother of two boys. She was diagnosed with breast cancer in September 2015. As Miss Pink 2016, Therberg will travel across New England to raise breast cancer awareness, bring breast cancer education to the general public and share the mission of the Miss Pink Organization.

Miss Pink Pageant is joining with the Center for the Performing Arts in North Andover for Party in Pink, a zumbathon fundraiser, on Friday, Oct. 21 at 7 p.m., at the arts studio, 1820 Turnpike Road. A \$20 donation will be accepted at the door. Learn more at [misspinkpageant.com](http://misspinkpageant.com).

*"At one point, after eight rounds of chemo, I had been cleared. But I was at a checkup a couple months later and we were looking at another spot on my breast. It has since spread to my kidney and is considered incurable. I'm on a low dosage of chemo every day."*

**Shanna Pinet**

I was having a partial mastectomy."

Today, regardless of the diagnosis, most women opt to have a complete mastectomy to lessen the chances of the disease showing up again, she explained.

"They kept saying, 'You're so young, why would you want that, we can do the partial,' she said. "Hindsight is 20/20 and I should have pushed harder. I think there's more technology out now, and to be honest, doctors are more aware that it's more important for women to have their lives instead of their breasts."

Since then, it's been a long journey of radiation

and more than 40 rounds of chemotherapy. And there is no cure in sight.

"At one point, after eight rounds of chemo, I had been cleared," she said. "But I was at a checkup a couple months later and we were looking at another spot on my breast. It has since spread to my kidney and is considered incurable. I'm on a low dosage of chemo every day."

Medications that treat lupus combined with the cancer-fighting drugs often leave Pinet feeling run-down.

"Fabulously Fighting" will touch on how to get through those days, where the sickness feels



Courtesy photo  
Shanna Pinet

*“What Shanna’s doing is incredible. It’s how we’re inspired every single day — seeing women like her who are able to keep pushing on. She’s changing lives.”*

Ashley Shultz

all-consuming. Insights from Dave and their 12-year-old daughter Mackenzie, who has no memory of her mother being completely healthy, will also be shared.

A portion of each book sale will be donated to the Miss Pink Pageant, a Massachusetts-based nonprofit that’s been aiding local cancer patients with daily needs since 2010.

The organization holds an annual benefit event to celebrate the lives of breast cancer survivors and the true beauty, courage and hope they each possess, according to 28-year-old founder Ashley Shultz. A new Miss Pink is crowned,

## ‘FABULOUSLY FIGHTING,’ COMING SOON

Shanna Pinet penned her new book, “Fabulously Fighting,” under the name Fabianna Marie.

The book is slated to be released near the end of October, both online and in stores across the world.

A portion of proceeds from each book sale will benefit the Miss Pink Pageant.

and that woman represents the organization for a year.

“Funds raised from the event help support transportation to appointments, cost of medical bills, doctor’s office co-pays and other bills,” Shultz said.

“What Shanna’s doing is incredible. It’s how we’re inspired every single day — seeing women like her who are able to keep pushing on. She’s changing lives.”

Weeks before the book is set to hit shelves, Pinet is already working on a follow-up, and preparing for a trip to Los Angeles with a publicist to meet with networks interested in turning her story into a screenplay.

As always, she said, her husband will be by her side. “The second book is going

to be a parent’s guide,” she said. “How do you talk to your kids about cancer? My husband and I never wanted to scare Mackenzie, but we have always told her the truth. If something ever happened to me, we never wanted her to feel lied to.”

Though her debut book is set to be released during Breast Cancer Awareness Month, it will still be relevant well after October ends.

“It’s great that we have a month that’s dedicated to awareness and fundraising, but the reality is that this is all year,” Pinet said. “Twelve months a year, every single day. That’s when I want to encourage people battling breast cancer.”

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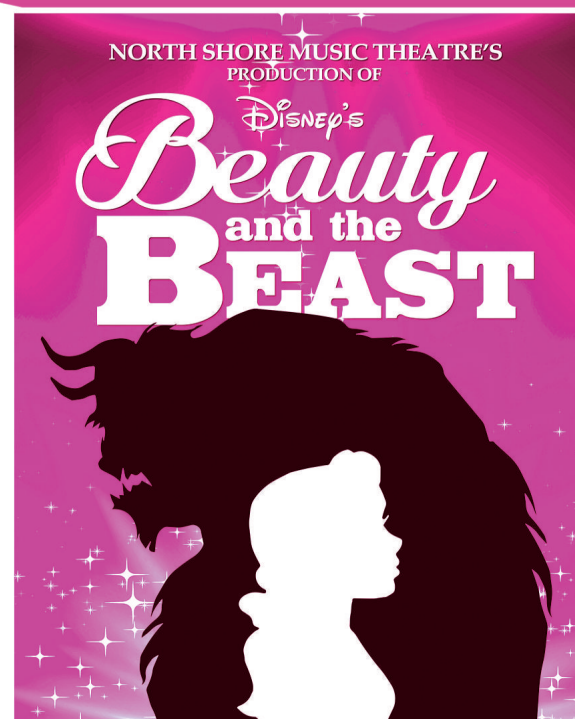


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# In Yiayia's memory

After losing her grandmother to breast cancer, one area woman becomes powerful advocate for healthy living and non-GMO foods

By KELLY BURCH  
CORRESPONDENT

It's not often a personal passion syncs up with a professional career and both are stronger as a result.

However, Aimee Tsakirellis has had the chance to do just that, bringing her passion for healthy eating and cancer awareness to her role as the director of marketing at Cedar's

Mediterranean Foods, Inc., based in Haverhill.

"I took it on as my mission to spread the idea that our products are not only healthy, but can be used as opportunities to be healthier overall," said Tsakirellis, a Haverhill resident.

Tsakirellis grew up watching her beloved grandmother, Aglaia Tsakirellis, affectionately known as Yiayia, fight breast cancer.



The death of Aimee Tsakirellis' grandmother from breast cancer has fueled a passion within the director of marketing for Cedar's Mediterranean Foods, Inc. to educate people about the importance of healthy eating and the benefits of non-GMO foods.

Courtesy photo



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## WORKING AGAINST THE TIDE

The Massachusetts Breast Cancer Coalition was founded in 1991 by women concerned about the lack of attention that breast cancer was receiving. The organization helped Massachusetts lead the way in breast cancer

awareness, becoming the first state to declare breast cancer an epidemic. One of MBCC's missions is raising awareness about the environmental carcinogens that are found in air, water, soil, food and consumer

products. Each year, the organization hosts events to raise money and awareness to continue to fight against breast cancer. To learn more, become involved or donate, visit [mbcc.org](http://mbcc.org).

"It was one of the worst experiences of my life," Tsakirellis said.

Yiayia had moved to the United States from Greece when Tsakirellis' father was young. Although she came alone with two young children, Yiayia was determined to succeed in America. She taught herself English by watching "Sesame Street," and worked to ensure that her children grew up to be successful.

"She had always been a rock and a super strong influence for everyone in my family," Tsakirellis said.

Yiayia was diagnosed with breast cancer while she was living in Haverhill. Although she initially beat the cancer with chemotherapy and radiation, the cancer came back, while Yiayia was living back in Greece, on the small island of Lesbos where the Tsakirellis family is from.

"Cancer care is awful there," Tsakirellis said. "If you're over 80, they say, 'Well you had a nice wonderful life, it's time to wind down.'"

Tsakirellis' grandmother returned to Boston for treatment, and her cancer went into remission a second time. But four years ago, it came back with a vengeance.

"It kind of was just everywhere," Tsakirellis said.

"With the Mediterranean diet, the cancer stats are much lower. We could do something to encourage people to know more about what they put into their bodies, and to keep themselves healthier."

Yiayia passed away just a month before Tsakirellis' wedding in 2013. Yiayia was 86 years old, and while some would

### WHAT ARE GMOs?

GMOs are genetically modified organisms, plants or animals, whose DNA has been changed in order to be produced more easily for food. Some people worry about the health impacts of eating GMO products. Organizations like the Non-GMO Project certify and label products that are free from GMOs, like Cedar's Hommus.

For more information, visit [nongmoproject.org](http://nongmoproject.org).

say she lived a long life, Tsakirellis knows that cancer stole years she should have had with her grandmother.

"All the women in her family lived to be over 100," she said. "We thought we'd have her for 20 more years, but cancer had a different path for her."

A heartbroken Tsakirellis, who was 27 at the time, knew that she wanted to carry on in Yiayia's memory, and that her job at Cedar's was the perfect way to do that.

"I really wanted to educate people about how healthy eating can change your whole life," she said. "It's been proven that a healthy lifestyle and the foods that you eat can help prevent cancer."

For Tsakirellis, there was a natural link with the healthy, simple foods at Cedar's, and the awareness work she was doing in her personal life. She had recently become involved with the Massachusetts Breast Cancer Coalition, an organization that raises awareness for breast cancer and environmental carcinogens.

"I thought, 'What a perfect alignment for what we're doing,'" she said.

Cedar's began providing its products to the Massachusetts Breast Cancer Coalition for its events, including Against the Tide, a family-friendly, multi-sport fundraiser that supports the

organization's work.

In addition to handing out Cedar's hommus, Tsakirellis has spent time educating participants at the events about healthy lifestyles.

"We could do something to help (participants) know more about what they put into their bodies and to keep themselves healthier," she soon found.

At the same time, Tsakirellis heard about the Non-GMO Project, an organization that certifies foods and products that are free from genetically modified organisms (GMOs). Some people believe that GMOs are tied to cancer and other health issues. She helped lead an effort to have Cedar's hommus certified as GMO free.

"We are truly committed to people putting healthy, clean food into their bodies," she said. "I realized we had to become certified just to show people that we have a commitment to healthy, clean foods."

For Tsakirellis, combining education about health with certified, quality food products is the ideal way to honor her grandmother.

"Everybody eats food every day. Everyone knows someone affected by cancer," she said. "That connection fueled me to make it my mission to pass on the education that I have to others so they can prevent an early good-bye."



Courtesy photo

A young Aimee Tsakirellis poses for a photo with her Yiayia, the late Aglaia Tsakirellis, who battled breast cancer before passing away at age 86.

## From Greece to Haverhill and across the U.S.

Cedar's Mediterranean Foods' story began in Greece, where Abe and Layla Hanna perfected their hommus recipes.

When the family moved to Haverhill, the hommus recipe came with them. As the business grew throughout New England and beyond, the company expanded its products to include other Mediterranean foods.

The national company is based in the Ward Hill section of Haverhill, where all products, including that original hommus recipe, are made.

# The power of choice

ANNA JAQUES HOSPITAL  
NEWBURYPORT

Nancy Jones will never forget Dec. 4, 2015, at 12:04 p.m.

“Everything froze — my thoughts, my emotions,” she said. “I felt like I was watching a movie.”

Doctor: “How are you doing?”

Jones: “You tell me.”

Doctor: “Nancy, we found cancer.”

Jones was talking to Peter Hartmann, medical director of the Gerrish Breast Care Center at Anna Jaques Hospital in Newburyport.

“The world just literally stopped on its axis,” the Salisbury resident said. “It was a surrealistic, life-changing kind of moment. The one thing that I clearly remember from that conversation was Dr. Hartmann saying the only reason the cancer was found this early was because I had a 3D mammogram. Otherwise, we may not have known until next year at the earliest.”

The cancer was diagnosed at the earliest stage possible, Stage 1A.

“The emotional impact and experience is still very strong, and, of course, the treatments have a physical impact,” Jones said.

Jones went back to work that day.

“Two co-workers stopped by to check on me,” she said. “I couldn’t say the words. My eyes filled with tears, and they knew. Over the next few weeks, as I wrestled with my diagnosis, I couldn’t spit out the words, ‘I have breast cancer.’ I could speak very intelligently all around it, but when I had to say those words, they stuck in my throat.”

Anna Jaques Hospital offers 3D mammography at three locations in Newburyport, Amesbury and Haverhill. The latest and most advanced technology in breast cancer screenings and detection, the hospital’s medical team says 3D mammography is the biggest breakthrough in breast cancer detection in 30 years



Nancy Jones says being diagnosed with breast cancer has caused her “to look at my health and my life through a different lens.”

Courtesy photo

because it provides clinicians with a level of clarity proven to improve accuracy and reduce callbacks and biopsies.

Six years ago, Jones began having routine mammograms every six months due to dense breast tissue. It was a check-off on her to-do list, and she never gave it a second thought. Her experience in November 2015, around Thanksgiving, was what led her to that December day.

“As usual, I went in for my mammogram and waited for the results,” Jones said. “The technician came out and said they were seeing something and would like to do an ultrasound.”

Jones had the ultrasound that same day and, based on those findings, was scheduled for an ultrasound biopsy three days later.

“I had a routine appointment with Dr. Hartmann that following Friday so he would go over the results with me then,” she said.

Back in Hartmann’s office, when Nancy learned she had breast cancer, he sat with her, explained the treatment protocols and discussed options. Then, she met with registered nurse Kathy Porter, patient

navigator at the Gerrish Breast Care Center. In her role, Porter provides support to women throughout their care.

“I am a data person,” Jones said. “Kathy immediately picked up on that. She leaned in, squeezed my hand and then gave me a number of comprehensive and understandable resource tools about cancer. It had all the data I wanted and prevented me from getting lost on the internet.”

Since these initial meetings, Jones has had a lumpectomy and has just recently completed a series of radiation treatments.

“Dr. Hartmann, Dr. Claire Fung, Dr. Jonathan Eneman and the entire team at Anna Jaques are wonderful. I can’t speak highly enough of everyone,” Jones said. “In an undignified time, everyone always respects my dignity and meets me with warmth, and just the right touch of humor. They are always supportive and patient, taking the time to discuss every question on my list.”

Jones said that she has been living “a new normal” since her diagnosis.

“I have breast cancer.” These words and this entire experience have caused me to look at my health and my life through a different lens,” she said.

“We all have a finite amount of time here. It’s OK to be picky, be selective and be respectful of yourself. Be deliberate in your self-care and the choices you make. Your body is the only vessel you have. For me, these are things I have understood intellectually, and now I am living them from the heart. ... For such a tough experience, it brings me new perspectives that I hope I never lose sight of.”

Jones’ aunt, on her father’s side, was diagnosed with breast cancer in her 60s, but that’s the only history of breast cancer in her family.

Because of dense breast tissue, Jones and her doctors established a proactive screening schedule. The medical team said her experience is proof that an early detection strategy does work.

“I urge women of all ages to discuss their breast health and history with their physician,” Jones said.

# Staying ahead of breast cancer

## Assessing, managing personal risk

PETER HARTMANN, M.D.,  
FACS

MEDICAL DIRECTOR  
GERRISH BREAST CARE CENTER  
ANNA JAQUES HOSPITAL  
NEWBURYPORT

A risk assessment will never prevent breast cancer. However, it is a powerful tool for estimating your risk. The information will help you and your physician develop a personal screening and prevention plan specific to your health history. Taking this critical step could ultimately help you detect this disease early, when it is most treatable.

### EVALUATION TOOLS

The Gerrish Breast Care Center at Anna Jaques Hospital in Newburyport is affiliated with Beth Israel Deaconess Medical Center, a major teaching hospital of Harvard Medical School. The center utilizes various risk assessment tools such as the Gail Model and the Tyrer-Cuzick IBIS Breast Cancer Risk Evaluation Tool.

The Gail Model was designed by researchers at the National Cancer Institute and the National Surgical Adjuvant Breast and Bowel Project.

The Tyrer-Cuzick IBIS Breast Cancer Risk Evaluation Tool was designed by Jack Cuzick, director of Wolfson Institute of Preventive Medicine in London and head of Centre for Cancer Prevention at Queen Mary, University of London.

These models present a series of questions and, based on your answers, estimate your risk of

developing breast cancer within the next five years (Gail Model), or 10 years (Tyrer-Cuzick Model), and within a lifetime (each model uses a different life expectancy).

Some examples of risk factors considered include:

- Age
- Age at first period
- Age at birth of first child (or not given birth)
- Family history of breast cancer (including male family members)
- Number of past breast biopsies
- Number of breast biopsies showing atypical hyperplasia
- Race/ethnicity

These assessments are also accessible online. Regardless of how and where you take the assessments, the questions, your responses and the results should be discussed with your physician.

For example, most people think of family risk in terms of first-degree relatives — sister, mother and daughter. Your risk is actually impacted by second- and even third-degree relatives, such as grandparents, cousins, aunts and even great-grandparents.

Knowing who in your family, male or female, has been affected by any form of cancer is very important.

Different cancers have shared genetic pathways, and the complete family history can demonstrate a pattern. Understanding potential genetic abnormalities can be very helpful in your planning.

Access to genetic testing and counseling, a rapidly growing field, is available at the Gerrish Breast Care Center and through its affiliation with Beth Israel Deaconess Medical Center.

Your discussion is extremely valuable and can reveal critical details beyond the questions in the

assessment. Collectively, this information creates a strong foundation for your plan.

#### MANAGING RISK

Risk management is about making decisions and taking action in those areas where you have control: managing your health, planning and following your screening schedule. Women should have a screening mammogram every year beginning at age 40. In addition to these familiar screening guidelines, there are risk-specific guidelines that are dependent on your personal risk assessment. That's why assessing your personal risk is the most effective first step.

There are also some common-sense habits that you can adopt, including exercising, maintaining a healthy weight and not smoking. These habits are also helpful in managing your risk for other diseases. When you don't exercise and are overweight, the



**Dr. Peter Hartmann, medical director of the Gerrish Breast Care Center in Newburyport, says risk assessments reveal critical details for a prevention plan.**

Courtesy photo

different for everyone.

#### BRINGING IT ALL TOGETHER

The team at Gerrish Breast Care Center works closely with its patients and utilizes all of these resources to create a plan that patients feel confident in and comfortable with. With the addition of 3D mammography and enhanced imaging capabilities, the hope is the need for additional imaging will be reduced, especially for women with more dense breasts, where it has traditionally been more difficult to capture details.

The ultimate goal is to implement a prevention plan and create opportunities for early detection so that instead of patients spending their days wondering about the "what ifs," they can enjoy their days knowing they have a plan in place.



*Dr. Peter Hartmann is medical director of Gerrish Breast Care Center at Anna Jaques Hospital in Newburyport.*

amount of estrogen your body produces increases, and that increases risk. A well-balanced diet and modest alcohol consumption can also help you manage risk. It's all about

moderation.

#### CONSIDERING RISK-REDUCTION THERAPY

During the last 20 years, risk-reduction therapy has emerged as a preventive

option for high-risk women. If appropriate and a patient chooses this therapy as part of their plan, the medication can reduce their risk by as much as 50 percent.

As with any medication, there are side effects to consider. Some women will trial the medication to see if this option is right for them. It's a personal decision, and the experience is

## October is also Domestic Violence Awareness month

Just like with Breast Cancer, early detection and awareness can save lives.

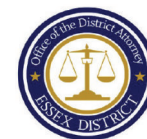
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# Easing the pain



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Patients should make it a top priority to communicate with their doctors about painful symptoms.

## Experts urge patients not to suffer through distress, discomfort in silence

By MARLA R. MILLER  
CTW FEATURES

When it comes to pain associated with breast cancer, it's normally not the lump itself that causes pain, but post-surgery pain and the mental and emotional distress that can accompany the illness.

Metastatic breast cancer that spreads to the bones and other parts of the body also can cause significant pain, which may require working with a pain specialist or palliative care.

Experts say the most important thing is for patients to discuss their pain with their oncologist since

chronic pain can affect mind, body and spirit.

"The main thing is, communication is key; patients need to talk to their treating providers to prevent pain when possible or manage it if it has occurred," said Dr. Lynn Henry, a breast oncologist and associate professor of internal medicine

at University of Michigan. "That's why we have patients come back and see us and tell us about the symptoms they are having, whether it's a worrisome kind of symptom or something we can provide reassurance for."

Patients with breast cancer commonly experience emotional distress, including

anxiety, fatigue, depression and long-term sleep problems due to the stress of the diagnosis and treatment. With early-stage breast cancer, the goal is to cure the breast cancer so they can get back to life again.

"Most people, if they're going to have pain, will have it at the time of the

intervention, right after surgery or radiation or during chemotherapy," Henry said. "Only a minority of patients will have any sort of long-term difficulty with it; for most people it's a fairly acute issue."

Regardless, pain control should be a standard part of treatment for all people with

breast cancer, and that may involve a team including an oncologist, surgeon, pain specialist, chiropractor, physical therapist, massage therapist and mind-body therapist or psychologist. It may take some time to find the right combination and types of pain treatment that work best, but it can be worth it to be able to enjoy daily life, especially for younger patients who have families and careers.

“Pain is subjective and the patient is the sole authority of whether pain is disrupting their quality of life, sleep at night, function at work or with family and friends,” said Dr. Read Rahman, the medical director of pain management at Cancer Treatment Centers of America at Midwestern Regional Medical Center. “They need to get it evaluated and find out why this is happening because pain is a warning sign.”

Research shows 25 to 50 percent of breast cancer patients will experience some level of pain — ranging from mild to severe or shorter episodes to longer-lasting pain — as a result of the cancer itself or related to treatments such as surgery, chemotherapy, radiation therapy, hormonal therapy, and other anti-cancer medications.

“If you get a twinge that goes through your breast, it’s more of a psychological worry that the breast cancer is coming back,” Henry said. “The big problem is long-term, chronic pain. We think it’s sort of the long-term effects on the nerves as they try to regenerate themselves. You injure the nerves when you cut them in surgery and some in radiation.”

#### PAIN WITH SURGERY

Breast surgery poses the most acute pain, but it’s usually short lived in cases of a lumpectomy, where only a portion of the breast is removed. The recovery time for a mastectomy averages six to eight weeks, and pain varies based on the patient and breast reconstruction with a plastic surgeon.

“Most of the time, it’s pretty minimal and a pretty



Courtesy photo

#### Yoga offers relief for the emotional stress that many breast cancer patients suffer.

quick recovery as an outpatient procedure. They may experience discomfort for a couple of days,” said Carrie Williams, a breast cancer nurse navigator at Spectrum Health Cancer Center in Michigan. “Mastectomy surgeries are bigger surgeries with a longer recovery time and they get pain medications prescribed by the surgeons.”

Roughly 25 percent of breast cancer surgery patients experience significant, persistent pain six months after the procedure, and research published in *The Journal of Pain* showed that women with preoperative breast pain have the highest risk for extended post-surgical pain.

#### PAIN WITH TREATMENT

Radiation treatment can cause skin discomfort, including peeling and burning of the skin, and there are certain types of chemotherapy for breast cancer that can cause peripheral neuropathy. Toenails and fingernails may even fall off.

With metastatic breast cancer, pain can be related to treatment or the cancer itself. If it travels to other parts of the body, particularly the bone, it can be painful and require a variety of treatments. Neuropathic pain is often described as a sharp, tingling, burning or shooting

feeling, and can be caused by a tumor putting pressure on nerves or the spinal cord, causing injury and pain.

The tumor itself is often treated through surgery, chemotherapy or hormone therapy to shrink the tumor and alleviate pain. Radiation therapy and surgery are options for the pain of bone metastases.

#### MEDICATION FOR PAIN

Pain medications include anti-inflammatory drugs, narcotics, pain blockers and steroids. There is concern around long-term use of opioid pain medications because they can be addictive and have various side effects. They are typically used for people who have arthritis, like bone on bone pain, and often for acute pain following surgery, but they don’t work very well for nerve pain, according to Henry.

Another category of drugs used in treatment are anti-estrogen drugs or aromatase inhibitors that lower estrogen levels to prevent the growth of hormone-receptor-positive breast cancer cells to keep the cancer from returning. They also have been found to cause different types of pain, including stiffness and pain in the hands, knees and feet, Henry said.

She is currently doing research on aromatase inhibitors and pain. Studies

have found exercise and acupuncture are helpful, along with the drug Cymbalta, an antidepressant also approved to treat pain conditions.

“There are studies going on regarding chronic pain following breast cancer and patients taking these anti-hormone drugs for many years; it impacts their quality of life and we’re trying to find ways to allow people to stay on the medications but not have an impact on their day-to-day living,” Henry said.

Neuropathic pain control may involve nerve injections, implanted pain pumps or nerve stimulation devices, like Transcutaneous Electric Nerve Stimulation, to help promote nerve regeneration.

Palliative treatments for breast cancer that has spread to the liver can include radiation therapy to reduce the size of the tumor on the liver.

#### EMOTIONAL AND MENTAL DISTRESS

Cancer centers like Spectrum and Cancer Treatment Centers of America take a team approach, pairing patients and their families with navigators or social workers who connect patients to other resources and alternative therapies, including yoga, meditation, nutrition counseling, acupuncture, reiki, emotional freedom technique or tapping, guided imagery,

deep breathing, counseling, support groups and other relaxation and stress management techniques, to deal with the physical and emotional pain.

“The mind and body are so much connected,” said Victoria Mahboub, a mind-body therapist at Cancer Treatment Centers of America at Midwestern Regional Medical Center. “If you don’t feel well physically, that is going to impact how you feel mentally. When the body is in pain, the mind checks out so we work on reintegrating the mind with the body.”

Breast cancer is not an individual disease and often affects intimate partner relationships, families with young children, and issues around self-esteem and body image.

“Each person responds to the psychological pain associated with physical pain in a different way,” Mahboub said. “We work a lot with families, helping to build insight into the loss of having cancer, helping mothers who may have some physical restrictions or fatigue from certain treatments. We help them manage the grief that comes with having cancer.”

At Spectrum, breast cancer patients can try music or art therapy to help calm them during treatments. Navigators like Williams help patients access a variety of care and support services, including treatment for pain and emotional distress.

“That’s our biggest issue with our patients because we have so many young ones with young children and they’re working and trying to keep the family together,” Williams said. “Dealing with the stress of it, a lot of people have financial stresses, and childcare issues and getting back and forth to treatments so we get our social workers involved.”

They all agree there is no need to suffer in silence because help is out there.

“There is going to be pain associated with cancer, whether it’s emotional or physical, but there’s lots of support out there and services available,” Williams said.

## SEEKING A SPECIALIST

Patients who experience severe pain or do not feel it’s being well-managed may want to request working with a pain specialist.

These providers specialize in pinpointing and controlling pain using a variety of integrative therapies, including pharmacology, physical and massage therapy, injections, acupuncture, relaxation techniques and counseling for mental and emotional issues.

They do a comprehensive assessment, history and physical exam, and ask patients to describe the pain, rate it and how long they have had it, which helps determine the plan of care. Pain specialists act in a supportive role to the medical oncologist and other providers.

Medical experts say the goal of pain management is to maximize pain control with the least amount of medication. Pain is usually easier to treat when it first starts, so waiting until the pain is severe can make it harder to treat and may require more medication.

Pain, especially chronic pain, can take a toll on one’s ability to cope and handle daily life, so it is important patients speak up. The goal is to find an individualized treatment plan that works best for each patient, said Dr. Read Rahman, medical director of pain management at Cancer Treatment Centers of America at Midwestern Regional Medical Center.

# CARE FOR THE CAREGIVER

The role of caretakers may vary among patients, but the need to take care of oneself remains constant

Coping with illness can be a difficult undertaking, especially with something as serious as breast cancer. When someone close to you is suddenly diagnosed with breast cancer, you may be left wondering how to help.

Whether you're giving emotional support, assisting with doctor appointments or doing everyday chores that your loved one is unable to complete, you are a caregiver.

Accepting the new role of caregiver may be tough. You may experience a total lifestyle change and try to put your loved one before your own needs. Ignoring your own needs can cause you to become less effective as a caregiver.

## CRUCIAL SUPPORT

The role of a caregiver varies by situation. The National Cancer Institute defines a caregiver as "the person who most often helps the person with cancer and is not paid to do so."

Caregivers typically serve as aides or companions and assist with cooking, transportation and everyday chores. A good caregiver is crucial to the emotional and physical support system for a cancer patient.

## BE GOOD TO YOURSELF

It may seem that your wants and needs are secondary to those of your affected loved one. The experts at The National Cancer Institute point out that fulfilling your own

needs will make you a more effective caretaker.

It may be hard to talk to your loved one about how you're feeling when you know that they are dealing with so much already. But having an outlet to express yourself and your feelings can help you maximize your ability as a caregiver.

Support groups can offer a great amount of therapy as you can discuss your feelings with people in similar situations. Talking with others can be a way of forcing yourself to relax. This can be difficult with the amount of stress and feelings you may be experiencing, but even a weekly group setting can help you put things in perspective.



Good caregivers are crucial to cancer patients.

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# Start your own support group

Have you asked yourself how you can help in the fight to stop breast cancer? Maybe your family members or friends have been affected by the disease. The good news is that it is easy to start your own group to help raise donations and awareness for breast cancer.

A smart thing to sort out before planning your group is how often you want your group to meet. Consider planning your meetings on a weekly or bi-weekly schedule. Once a month may be easier for everyone to plan around, but may make it difficult to keep the group's momentum going.

## MAKE YOUR GROUP UNIQUE

Check to see if a similar group already exists in your area. It may be counter-productive to begin a new group instead of assisting an already-established group. Consider joining forces with like-minded groups to enhance your capabilities.

Your local oncology nurse or social worker can assist you in finding existing groups, or you can call the Cancer Support Community

Helpline (888-793-9355) to locate other local groups.

Look for ways to differentiate your group's activities. This can include inviting educated guest speakers to offer their insights on the disease and how to overcome it.

## BECOMING A GREAT LEADER

If starting a group is your idea, you may be looked to as the leader. There are many factors to consider when deciding whether you should be a leader, or whether another member should take the helm of your group.

If you've got the passion for the group objective and are skilled in coaching others to success, a leadership role may be the perfect fit.

When looking for someone else in the group to step into a director-type role, a current patient or survivor of breast cancer can make a great candidate. Someone who has experienced cancer can share in others' struggles and convey their perspective of how to cope with the disease.



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Joining with others in the fight against breast cancer can be a source of tremendous support.

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# Alternative methods to supplement conventional medicine

By LISA IANNUCCI  
CTW FEATURES

Approximately 12 percent of women in the United States will develop invasive breast cancer during their lifetime. Sat Dharam Kaur, the author of “The Complete Natural Medicine Guide to Breast Cancer” (Robert Rose), says that she wants to prevent a disaster in the future by helping to reduce these numbers.

“When diagnosed with breast cancer, every woman thinks the only thing they need to do is follow the doctor’s orders and have surgery, chemotherapy and radiation and it’s over,” said Kaur, who has a naturopathic practice that specializes in the prevention and treatment of breast cancer.

“I use things that come from nature or from a

healthy lifestyle to reduce a woman’s risk before they are even diagnosed, but if they are already diagnosed I work in conjunction with, and not replace, conventional medicine to help treat and reduce their chances of a recurrence.”

Breast cancer is the most frequently diagnosed cancer among women in 140 of 184 countries and is the most common cause of cancer death in women.

Kaur explains that women who search for natural therapies once they are diagnosed do so because they want to feel empowered.

“In my experience, they typically ignore natural medicine until they are diagnosed, but once they are, they want other information other than what’s coming from the medical doctors,” she said.

Kaur said that making

healthier changes can happen at any point in a woman’s life.

“I have no judgment of women who decide to change now,” she said.

“I’ll put women on a program where they are given supplements, exercise 40 minutes a day and take relaxation breaks.”

In addition to dietary and exercise changes, Kaur also works with women on making psychological changes as well.

“There are several known psychological links to breast cancer that have been researched and point to valid existing factors, including if a woman has repressed anger and has trouble setting boundaries and saying no,” she said.

“Body and mind are linked. That repressed anger can cause stagnation in the liver and the liver partly governs the

breast. It doesn’t cause cancer, because breast cancer is a multi-factorial disease, but it does contribute to the expression of breast cancer.”

Kaur said that women who suffer from depression and/or a history of sexual, physical and emotional trauma also are at a higher risk of being diagnosed with breast cancer.

“We can do something about all of these once they are recognized,” she said.

“All of these emotional situations can affect the immune system. You can’t separate mind and body, but that pattern is changeable.”

Kaur suggests meditating on a daily basis.

“It gives you a break from the repetitive patterns that are running the show and helps you to find peace and harmony,” she

said.

“You should also cultivate an intense self-love, self-forgiveness and self-appreciation. Notice your thoughts — the ones that are not helpful — and step away from those thoughts.”

If you’re new to making healthier changes, Kaur suggests starting with the most important first — diet.

“The big list of supplements that I recommend are antioxidants and you can get those in your diet,” she said. “Antioxidants reduce the risk of all cancers, slow down the aging process and help you feel more youthful and vital. They also support your immune system.”

Kaur said that antioxidants are found in berries, legumes, nuts, and seeds and fruit. “Green tea, especially matcha green tea, is

really high in antioxidants and so are goji berries,” she said.

Eating a healthier diet also helps to reduce inflammation in your body.

“The more inflammation in the body, the more that cancer will grow,” she said.

“The foods that increase inflammation are meats, dairy and peanuts and nightshades, if the person is susceptible to them. Take anti-inflammatories such as fish oil, put flaxseed oil in your salad dressing or use cumin, which slows down the division of cancer cells. That’s key.”


She also encourages women to take a vitamin D supplement. “If every woman had optimal vitamin D levels, we’d reduce the incidence of breast cancer by 60 percent globally,” she said.

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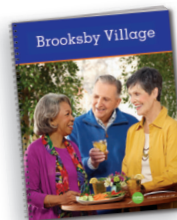
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# After breast cancer, get HEART SMART

## Survivors must continue to remain vigilant about their health

BY BEV BENNETT  
CTW FEATURES

The good news about cancer is that so many people are surviving, says Alice G. Bender, registered dietitian nutritionist, head of nutrition programs at the American Institute for Cancer Research.

Breast cancer death rates have been falling on average 1.9 percent each year between 2004 to 2013, according to statistics from the National Cancer Institute.

But Bender follows this up with a cautionary note:

“Now they (survivors) are also living long enough to be at risk for other chronic disease,” she said.

That’s why health experts promote a nutritious diet, weight loss and exercise for a good future after breast cancer.

“Looking at other diseases and quality of life, losing weight would be beneficial,” said Wendy Demark-Wahnefried, Ph.D., a registered dietitian and professor at the University of Alabama at Birmingham.

One major concern for women is heart disease.

According to the National Institutes of Health, 1 in 4 women dies from heart disease — the No. 1 cause of death for both men and women. Medical experts are discovering that mental stress affects women in different, and in some cases, more devastating ways, especially if they already have coronary conditions.

One study that looked at adults with heart disease found that women who have mental stress are more prone than men to decreased blood flow to the heart (myocardial ischemia), which

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Courtesy photos

The good news about cancer is that so many people are surviving, says Alice G. Bender, a registered dietitian nutritionist at the American Institute for Cancer Research.

### TAKE HEART

The leading causes of death among all women in the United States are:

- 1. Heart disease: 22.4 percent
- 2. Cancer: 21.5 percent
- 3. Chronic lower-respiratory diseases: 6.1 percent

- 4. Stroke: 5.8 percent
- 5. Alzheimer's disease: 4.6 percent
- 6. Unintentional injuries: 3.8 percent
- 7. Diabetes: 2.8 percent

- 8. Influenza and pneumonia: 2.3 percent
  - 9. Kidney disease: 1.8 percent
  - 10. Septicemia: 1.6 percent
- Source: U.S. Centers for Disease Control and Prevention

could lead to a heart attack.

Other research suggests that women younger than 50 that had a recent heart attack and experience mental stress are more likely to have reduced blood flow than men of the same age with the same history.

This is of great concern to medical experts.

Women have a higher risk of developing mental stress-induced heart dysfunction, according to Dr. Zainab Samad, associate professor of medicine at Duke University in Durham, North Carolina.

Health researchers are beginning to look at the differences and to identify why some women are so negatively affected.

Duke medical experts reviewed data from a previous study on men and women with decreased blood flow to the heart and stress.

They discovered gender differences in blood platelet formation. Women experienced greater blood platelet clumping, which could cause clots, even though most of the volunteers were on anti-clumping medications, according to Dr. Samad.

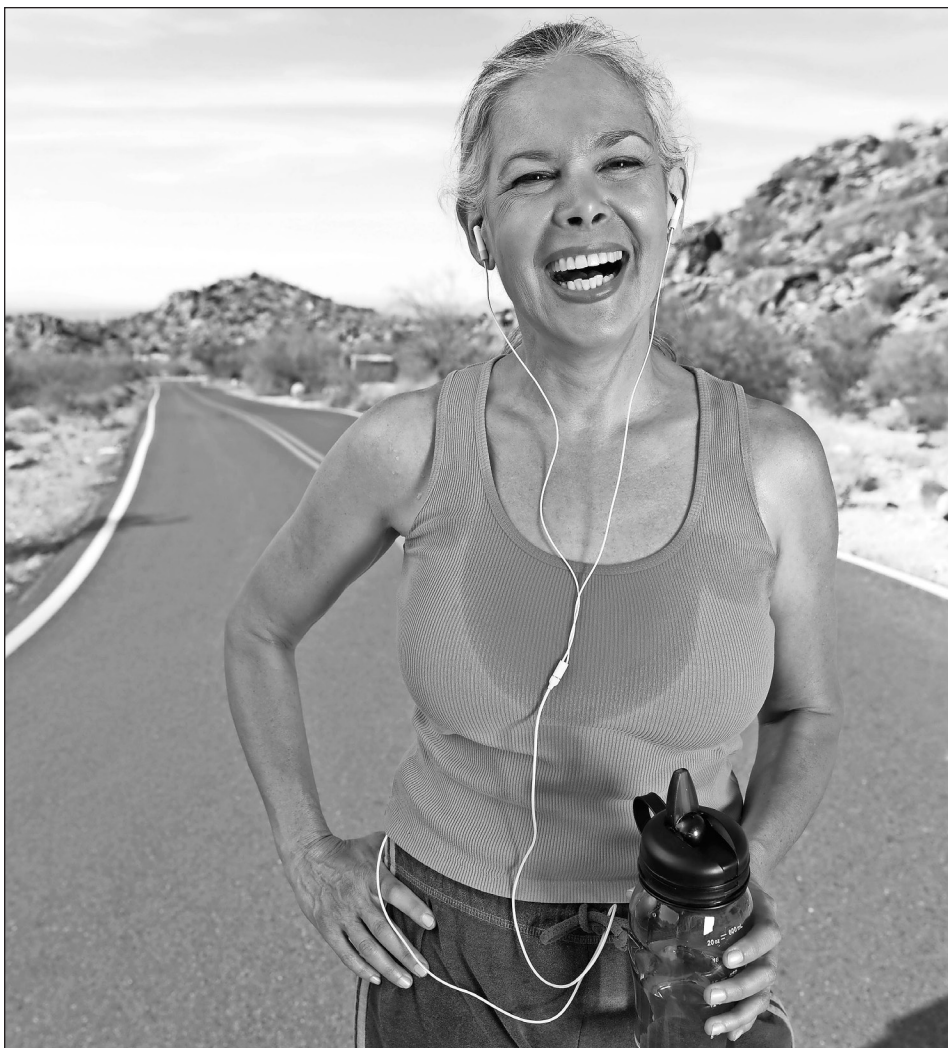
In an Emory University study on adults under 50 who had recent heart attacks, women were about twice as likely as men to experience mental stress-induced blood flow reduction.

"I was not surprised about the results in younger women, but the extent did surprise me," said Dr. Viola Vaccarino, Ph.D., a professor and chairwoman of the Department of Epidemiology at the Rollins School of Public Health, Emory University, in Atlanta.

She doesn't have a definite answer about what it is that makes younger women vulnerable.

If it is mental stress, then the question is why some women are better able than others to handle it.

"You can't put numbers on it as we would how much you weigh, how much you exercise or whether you smoke," said Dr. Charles



**Experts recommend spreading out exercise over the course of a week in order to maximize its benefits.**

Katzberg, a cardiologist at the University of Arizona Sarver Heart Center in Tucson.

Even if you can't determine whether your particular stressors put you at risk, you can take steps to reduce your vulnerability.

It starts with a walk — an exercise that is highly recommended for breast cancer survivors. The American Cancer Society recommends that adults get 150 minutes of moderate intensity exercise or 75 minutes of vigorous intensity exercise every week, and it's recommended that the exercise be spread out over the course of a week.

"It's (walking) been shown to reduce stress and improve cardiovascular function. It's clearly important, especially for high-risk women, to find time every day, or at least every other day to go to the gym, take

long walks. That's my recommendation at this point," Dr. Vaccarino said.

High blood pressure also is of concern and, when it comes to blood pressure, women start to lose their edge over men when they reach menopause.

The risk of hypertension tends to increase after menopause, according to cardiologist Dr. Sunil Pauwaa, as does the risk for breast cancer and breast cancer recurrence, especially in women who are overweight or obese.

At age 65 or older, more women than men are affected by high blood pressure, according to the Centers for Disease Control and Prevention in Atlanta.

It's possible that the post-menopausal drop in estrogen contributes to the rise.

"Estrogen is an antioxidant, an

anti-inflammatory," said Dr. Suzanne Oparil, director of the vascular biology and hypertension program at the University of Alabama at Birmingham.

She also cites studies suggesting that aging and not menopause causes the blood pressure increase.

Whatever the cause, women should get their blood pressure checked when they reach menopause, Dr. Oparil said.

Unfortunately, women may become lax, exercising less and gaining weight after menopause, according to Dr. Pauwaa.

Lose weight if necessary, improve your diet and move, he said.

If your body mass index (the ratio of weight to height) is 25 or more, losing weight will help improve your blood pressure, according to Dr. Pauwaa.



Courtesy photo

**While diet alone will likely not cause or cure cancer, it should be on your health care radar.**

## Healthy fats may reduce risk of breast cancer

Simply put, your body needs fat.

It is crucial to supplying energy, helps process vitamins and delivers essential fatty acids that your body needs but cannot make itself.

While much debated in the health care and dietary sectors, the fact that fat is a helpful part of your diet is starting to gain major traction.

Where the dietary recommendations get muddled is in just how much fat you need, as well as what kinds are suggested as regular additions to your intake. When it comes to breast cancer, researchers have not been able to pinpoint a certain behavior that causes the disease. However, many have determined that a diet containing healthy fats can have great benefits in reducing your risk.

### Why fat is important

In the past, many studies concluded that it's best to avoid fats when it comes to your diet. Did you know that there are certain fats that can promote your well-being?

Your body counts on

vitamins A, D, E and K to operate properly. The only way these vitamins are able to be absorbed is with the help of fats. Eating foods that boast "unsaturated fats" will allow your body to process the vitamins without the harmful risks of a diet high in "saturated fats."

### Incorporating healthy fats

While diet alone will likely not cause or cure cancer, it is a factor that needs to be on your health care radar.

The Harvard School of Public Health has compiled the following tips on how to use fats to your advantage:

— Avoid packaged food that is labeled "0g of Trans Fat."

— At least one meal a day should be packed with Omega-3, which can be found in salmon, walnuts and tuna.

— Lower your intake of saturated fat by eating chicken and fish instead of red meat and cheese.

— Read labels. Even if a food claims to be low-fat, it may still include bad fats such as saturated and trans fats.



# THE MYSTERY OF BREAST CANCER



COURTESY PHOTO/Shutterstock

Exercise is one of the modifiable factors that can affect a woman's risk for developing breast cancer.

By RICHARD G.  
'BUGS' STEVENS

PROFESSOR, SCHOOL OF  
MEDICINE, UNIVERSITY OF  
CONNECTICUT

For most of the common cancers, a major cause has been identified: smoking causes 90 percent of lung cancer worldwide; hepatitis viruses cause most liver cancer; *H. pylori* bacteria causes stomach cancer; human papillomavirus causes almost all cases of cervical cancer; colon cancer is largely explained by physical activity, diet and family history.

But for breast cancer, there is no smoking gun.

It is almost unique among the common cancers of the world in that there is not a known major cause; there is no consensus among experts that proof of a major cause has been identified.

Yet, breast cancer is the most common form of cancer in women worldwide. The risk is not equally distributed around the globe, though. Women in North America and Northern Europe have long had five times the risk of women in Africa and Asia, though recently risk has been increasing fast in Africa and Asia for unknown reasons.

#### Is diet to blame?

Up until about 20 years

ago, we thought it was all about diet. As people abandon their local food sources and begin to eat highly processed foods with lots of fats, the hypothesis went, breast cancer was thought to be more likely to develop.

This hypothesis was logical because when researchers analyzed countries' per capita fat consumption and breast cancer mortality rates, they found a strong correlation. In addition, rats fed a high-fat diet are more prone to breast tumors.

By studying Japanese migrants to California, researchers found that the first generation had low risk like their parents in Japan, but then by the second and

third generation, risk was as high as white American women. So, the genetics of race did not account for the stark differences in the breast cancer risk between Asia and America. This was also consistent with the idea that the change in food from the lean Asian diet to the high-fat American diet causes cancer. So it all made sense.

Until it didn't.

#### Fat is not the answer

Starting in the mid-1980s, large, well-done prospective studies of diet and breast cancer began to be reported, and they were uniformly negative. Fat in the diet of adult women had no impact

on breast cancer risk at all.

This was very surprising — and very disappointing. The evidence for other aspects of diet, like fruits and vegetables, has been mixed, though alcohol consumption does increase risk modestly. It is also clear that heavier women are at higher risk after menopause, which might implicate the total amount of calories consumed if not the composition of the diet.

There is a chance that early life dietary fat exposure, even in utero, may be important, but it's difficult to study in humans, so we don't know much about how it might relate to breast cancer risk later in life.

#### Two kinds of risk factors

The factors shown to affect a woman's risk for developing breast cancer fall into two categories. First, those that cannot be easily modified: age at menarche, age at birth of first child, family history, genes like BRCA1. And second, those that are modifiable: exercise, body weight, alcohol intake, night-work jobs.

The role of environmental pollution is controversial and also difficult to study. The concern about chemicals, particularly endocrine disruptors, started after the realization that such chemicals could affect cancer risk in rodent models. But in human studies the evidence

# DEBUNKING THE MYTHS AROUND BREAST CANCER

Using artificial sweetener, eating tofu and wearing antiperspirant have all been touted, then later discredited, as causes for breast cancer. Cancer myths like these can be harmful or misleading, affecting each person's ability to make healthy and informed lifestyle choices.

Here are some top myths about the disease:

## MYTH NO. 1: Most breast cancer is hereditary.

"False," said Jane Ambro, a cancer prevention specialist. "Approximately 10 percent of breast cancers are considered hereditary in nature." Most breast cancers are not inherited but considered random or "sporadic."

## MYTH NO. 2: I'm too young to worry about breast cancer.

"The risk for breast cancer does increase with age," said Dr. Fred Butler, breast care clinic medical director in Indiana. "However, a personal history of breast disease or ovarian cancer, a close family history, or evidence of a BRCA1 or BRCA2 mutation increases a woman's risk for developing the disease at a younger age."

## MYTH NO. 3: If I have a lump, it's cancer.

"Early breast cancer usually doesn't cause symptoms," says Cindy Barnard, a registered nurse and clinical coordinator for a breast care clinic in Indiana. "Most often, a lump or thickening in the area near the breast or under the arm is not due to cancer. Another health problem could be the cause. Talk to your healthcare provider about any changes you notice in the breast so that the problem can be diagnosed and treated."

## Myth No. 4: A nutritious diet prevents breast cancer.

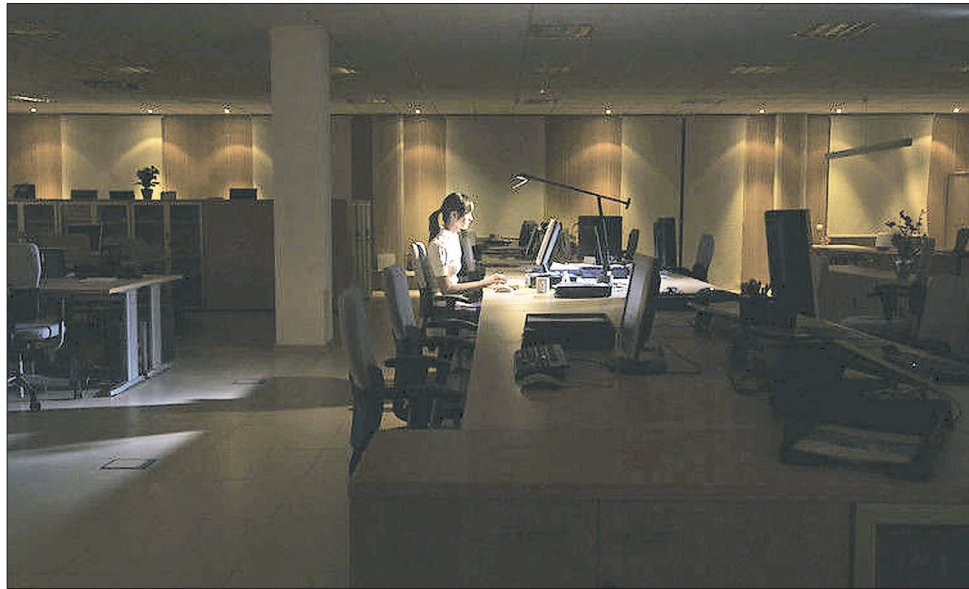
"Breast cancer may not be prevented completely, but a low-fat, plant-based diet can certainly help to reduce your risk," Butler said. "For optimal health, everyone should follow a healthy diet and exercise program and maintain a healthy BMI (Body Mass Index). Early detection is still the best method for preventing serious breast cancer complications."

## Myth No. 5: Only women get breast cancer

"Cancer is an equal-opportunity disease," Ambro said. "Breast cancer also develops in men. Each year, about 2,000 men in this country learn they have breast cancer."

There's good news for anyone concerned about their risk for breast cancer. As more than 2 million breast cancer survivors can attest, diagnosis and treatment for the disease has come a long way. If detected early, the American Cancer Society reports that 90 percent of breast cancers can be successfully treated.

— CNHI News Service



COURTESY PHOTO/Shutterstock

**Electric light and shift work may be factors in breast cancer. Studies have shown that night-working women are at higher risk for breast cancer than day-working women.**

is mixed.

Because child bearing at a young age and breast feeding reduce risk, the incidence throughout Africa, where birth rates tend to be higher, and where women start their families at younger ages, has been lower.

Death rates, however, from breast cancer in sub-Saharan Africa are now almost as high as in the developed world despite the incidence still being much lower. This is because in Africa, women are

diagnosed at a later stage of disease and also because there are far fewer treatment options.

### Are we just finding more cancer?

Since the 1980s, screening by mammography has accounted for some of the increase in incidence in the modern world compared to the developing world, but not nearly enough to explain the entire difference. About 20 percent of the cancers found by mammography are now believed to be of a

type that would never have progressed beyond the very small early stage that mammography can detect. But the problem is that we can't tell which are the benign ones and which are not.

### What about electric light?

Electric light is a hallmark of modern life. So, maybe the introduction and increasing use of electricity to light the night accounts for a portion of the worldwide breast cancer burden.

This might be because our circadian rhythm is


disrupted, which affects hormones that influence breast cancer development. For example, electric light at night can trick the body into daytime physiology in which the hormone melatonin is

suppressed; and melatonin has been shown to have a strong inhibitory effect on human breast tumors growing in rats.

The theory is easy to state but difficult to test in a

rigorous manner. What we do know is that electric light can disrupt our circadian rhythms, and whether this harms our long-term health, including risk of breast cancer, is not yet clear.





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101-1053 (10/14)

# Study: Annual screenings advised for some women over 50

BY MELISSA HEALY  
LOS ANGELES TIMES  
(TNS)

For women older than 50 who have been confused by conflicting advice on how frequently to get a mammogram, some new science is here to guide their decisions.

An ambitious research effort published Monday in the *Annals of Internal Medicine* set out to tailor women's breast cancer screening practices to match their actual risk of breast cancer. It concludes that a woman's breast density should influence the frequency with which she is screened for breast cancer, in addition to such long-recognized breast cancer risk factors as age, ethnicity, personal history

of abnormal breast findings and a family history of breast cancer.

For a small portion of those women, that makes a once-a-year mammogram — twice as often as the current standard — the best bet.

Underwritten by the National Cancer Institute, the study combined the data-collection efforts of breast-cancer epidemiologists with three separate teams of cancer modelers. In the study, women were separated into subcategories based on four levels each of individual risk and breast density.

The research recommends that women older than 50 with dense breast tissue who have higher-than-normal risk of developing breast cancer should get annual mammograms.

These women, however, represent a small minority of women in that age group — less than 1 percent of all women between 50 and 74.

Many women, however, could go as long as three years between mammograms without increasing their risk of death from breast cancer, the study found.

For women with average risk and low breast density, the models showed that there was no difference in deaths averted from breast cancer whether they were screened every two years or every three years. Women who had a mammogram every three years, however, had fewer unnecessary follow-up procedures, including biopsies.

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# Crowdsourcing effort takes aim at deadliest breast cancers

BY LINDSEY TANNER  
AP MEDICAL WRITER

Forget the pink ribbons. Spitting in a tube for science is what unites a growing group of breast cancer patients taking part in a unique project to advance treatment for the deadliest form of the disease.

For many of the 150,000-plus patients nationwide whose tumors have spread to bones, brains, lungs or other distant organs, the hue heralding breast cancer awareness and survival each October is a little too rosy. They know cancer will likely kill them. And they've often felt neglected by mainstream advocacy and medical research.

But now they have a way to get involved, with a big new project that aims to gather enormous troves of information about their diseases in hopes of finding new and better ways of treating patients like them — women whose cancer has spread, or metastasized, and left them nearly out of options.

"Patients want to live and we know that research is the way that we're going to be able to live," said Beth Caldwell, a former civil rights attorney diagnosed with metastatic disease in 2014.

The idea is to gather molecular and genetic clues from as broad a group of metastatic breast cancer patients as possible. With data from thousands of people, researchers think they will be better able target treatments or come up with new ones by answering important questions about the disease. For example: Is there something unique about tumors that spread to the brain, or that recur many years after diagnosis? What allows a very few women to out-live others by many years despite the same prognosis?

Most breast cancer patients are treated at centers that don't do research on tumors, so participating in studies at academic

medical centers far from home is cumbersome at best. Patients sick or dying from their disease face additional hurdles.

This project is different. Patients sign up online, mail in saliva kits for genetic testing, and allow use of their tumor tissue samples and medical records. Researchers use social media to keep them posted about progress, and periodically invite participants to visit the Cambridge lab where their specimens are being analyzed.

The Metastatic Breast Cancer Project is run by scientists at Harvard and Dana-Farber Cancer Institute and was launched last October with funding from the Broad Institute of MIT and Harvard, an independent non-profit group. Using word of mouth and social media, it has already enrolled more than 2,600 patients — a pace nearly unheard of in medical research.

"I enrolled from my recliner in my living room. I did my spit tube in bed," Caldwell said.

The mother of two turned 40 this month, and cancer has reached her brain, lungs, bones and liver. She tries to stay positive, but October "is a month where I just want to hide under the covers and check out," Caldwell said. "I just don't want to be confronted with all this pink garbage."

Lara MacGregor, who runs a nonprofit group for cancer patients, said she feels the same way.

"Everything about breast cancer is about survivors and beating cancer," MacGregor said. "And we're sitting in the wings saying,

"I'm never going to celebrate the end of treatment.'"

MacGregor was pregnant when diagnosed with early-stage breast cancer in 2007. She had both breasts removed plus chemotherapy, and went on with her life thinking she was cured until two years ago, when tests for nagging back pain revealed cancer had returned and spread to her bones.

Now 39, MacGregor read about the project online, decided immediately to take part, and emailed dozens of friends and connections who also signed on.

Before she mailed her saliva kit, "my 8-year-old drew a picture on the box and said, 'thanks for helping my mom,'" MacGregor said. "I hope that real data about real people is going to lead to better treatment options," she said. "My life depends on it."

More than 200,000 people, mostly women, are diagnosed with breast cancer nationwide each year. Most are diagnosed when cancer is at an early, potentially curable, stage. For about 6 percent, or 15,000 patients, the disease has already spread at diagnosis.

And for about 30 percent of patients diagnosed with early-stage breast cancer, the disease will eventually recur in distant parts of the body. The average survival for patients with metastatic disease is about three years.

According to a 2014 analysis from an alliance of breast cancer advocacy groups, less than 10 percent of government and nonprofit groups' investment in breast cancer research in recent years went to studying metastatic disease.

"Metastatic breast cancer in general is an understudied area," said Marc Hurlbert of the Breast Cancer Research Foundation. "We don't know, for example, how the tumor has changed. Is it the same makeup as it was before? Do cells have a different molecular profile than cancer that started first in

## LEARN MORE

- For more details about the Metastatic Breast Cancer Project, visit [mbcproject.org](http://mbcproject.org)
- For breast cancer statistics, visit [bit.ly/1sicnbs](http://bit.ly/1sicnbs)



AP PHOTO/Timothy D. Easley

**Lara MacGregor, who is undergoing treatment, is among the participants in a new crowdsourcing project for metastatic breast cancer research. In just the first year, more than 2,600 affected patients have enrolled in the project, submitting samples and medical records by mail.**

the breast?"

By gathering large numbers of tissue samples and information about how the disease progresses in different people, the project may be able to uncover useful trends. It has produced a few enticing clues already, including small groups of patients who've responded unusually well to standard chemotherapy or to new immunotherapy drugs — some have survived for 10 years or more. The researchers hope DNA analyses will help explain why and lead to treatments that will improve the odds for all patients with the disease.

Data will be posted on a special online site and with the National

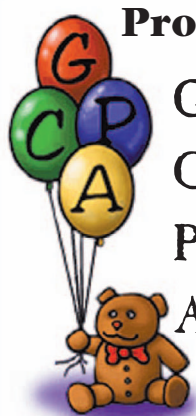
Cancer Institute's genomic data program — making it available to other scientists and boosting the odds of finding better ways to treat patients with metastatic disease.

And proof that crowdsourcing can draw thousands of patients to medical research is an important discovery itself, given how hard that can be, said Dr. Nikhil Wagle, a project leader and an assistant professor of medicine at Harvard and Dana-Farber.

"This project makes them feel empowered, makes them feel like they are making a difference — if not to help themselves, then maybe the next generation of patients," Wagle said.



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Many organizations are involved in fighting breast cancer. Each has its own unique goal, but overall, the focus is ultimately on ending the deadly disease.

Breast cancer can strike anyone. Having to deal with a financial burden on top of the disease can cause stress that may affect an individual's chances of recovery. Fortunately, advocates across the country have built prestigious organizations dedicated to lessening the emotional and financial blow of breast cancer.

The American Breast Cancer Foundation is one of them. It centers its attention on providing financial assistance for screenings and testing for uninsured individuals.

The ABCF offers several programs that benefit the fight against breast cancer. From financial assistance to emotional support and cancer education, the ABCF has become an influential force in the fight against breast cancer.

#### History of ABCF

Formed in 1997, the ABCF uses more than 65 percent of its donations to assist with medical fees and support fundraisers. In 2014, the ABCF was awarded a Gold Level Rating by the GuideStar Exchange for its strides to implement a best-practice model.

When deciding on which organization deserves your support — and money — it's important to look for these types of credentials. Most breast cancer awareness organizations are legitimately committed to the cause, but there are dishonest groups out there, too. People should do their homework and choose an organization with the history, testimonials and track record to make sure they're putting their efforts and dollars in good hands.

#### ABCF programs

Through its Breast Cancer Assistance Program, ABCF provides cancer screenings for individuals who would otherwise not be able to afford them. By providing 45,700 screenings, 1,300 recipients have been diagnosed with breast cancer.

The group's Community Partnership Program works with medical clinics to provide discounted breast cancer services, such as mammograms and ultrasounds.

Like most charities, ABCF is donation driven. Through its website or 24/7 hotline, people can even donate their vehicle. The organization also accepts cash donations, allowing people to make their donation in memory of those who lost their battle with breast cancer.



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