Surviving Breast Cancer

2015 | Star Beacon

Ashtabula County Medical Center, University Hospitals offer services to women.
Breast cancer detection begins with ... you

ASHTABULA — National statistics show that one in eight women will develop breast cancer.

Because early detection opens the door to more treatment options, health experts say it is important to see a physician regularly — especially as people get older.

In the past, it was common for breast cancer to go undetected until a woman felt a lump in her breast. She would see a physician who would order a test to confirm or rule out breast cancer.

Today, thanks to mammograms, potentially cancerous cells are detected almost as soon as they start spreading — and before forming into a lump that can be felt.

Mammograms, the gold standard test for detecting breast cancer, use X-rays to show the internal tissue of the breast. Ashtabula County Medical Center offers digital mammography at ACMC and at Conneaut Family Medical Center.

To ensure the earliest detection of cancerous cells, physicians recommend most women have a mammogram every year starting at age 40. Mammography tests should be accompanied by regular clinical breast exams by a health professional. Schedule a clinical breast exam every three years for those in their 20s and 30s. Starting in their 40s, they should have one every year.

Whether someone finds a lump or a physician sees something during a mammogram, the doctor might schedule a breast MRI or breast biopsy.

A breast MRI combines a magnet with radio waves to create a detailed image of the breast.

“A breast MRI is not a replacement for mammograms. It is normally used when a mammogram or other test shows a mass in the breast, or if the woman has a history of breast cancer,” said ACMC Director of Imaging Nancy Shaw-Hertzog. “It can also be used if a woman has had previous surgery on the breast that resulted in scar tissue.”

All digital mammograms and breast MRI images taken at ACMC are reviewed by an onsite Cleveland Clinic radiologist. The images can be shared with the patient’s physician via electronic medical records.

If a physician determines a breast biopsy is needed, ACMC offers stereotactic breast biopsies. With this procedure, a physician uses a digital image to guide a needle into the breast to collect a sample of tissue.

Stereotactic breast biopsy is minimally invasive and eliminates the need for an open surgery under general anesthesia. Patients who have had stereotactic breast biopsy at ACMC have reported little to no pain during and after the procedure, according to the hospital.

A physician may refer a patient to an oncologist or suggest additional testing if there is a concern about cancer.

“The earlier we can detect the cancerous growth, the more options we have for treatment. Do not put off scheduled exams or recommended tests,” said Cleveland Clinic Oncologist Mohammed Varghai, MD, who sees patients full-time at ACMC. “We do all the tests and, if necessary, treatment right here in Ashtabula.”

A physician’s referral is needed to schedule a mammogram, and patients should contact their family physician or OB/GYN for a referral. Once they have a physician’s order, schedule a mammogram at ACMC or Conneaut Family Health Center by calling 440-997-6950.

In addition to the regular clinical breast exam, women should perform breast self-examinations every month. The early warning signs of breast cancer include:

- Swelling of all or part of a breast, even if you can’t feel a distinct lump.
- Dimpling or puckering in the breast skin.
- Redness, scaliness or thickening of a nipple or breast skin.
- A nipple turned inward.
- Breast or nipple pain.
- Nipple discharge (other than breast milk), especially if it’s bloody.

There is a greater health risk for those who choose to wait until they feel a lump to seek a diagnosis from a physician.

Breast cancer can spread to lymph nodes under the arm or around the collarbone even before the original tumor in a breast is large enough to be felt.

Visit www.acmchealth.org for more information.
Geneva — Comprehensive breast cancer care is available to Ashtabula County women at UH Conneaut and Geneva medical centers.

The two hospitals serve as “community-based” cancer centers that are associated with University Hospitals' Seidman Cancer Center, according to information on the UH website. The Geneva and Conneaut locations put patients in contact with UH cancer specialists. The sites can link patients with experts in the field of medical, surgical and radiation oncology; pathologists, plastic surgeons, medical geneticists, nurse practitioners and genetic counselors.

University Hospitals has provided additional services geared to women's health over the past several months, said JoAnne Surbella, director of ambulatory services at UH Conneaut and Geneva medical centers. Dr. Samir Ahuja, an obstetrics and gynecology specialist, recently began making Saturday visits to UH's Ashtabula Health Center, Surbella said.

Also, a complimentary shuttle service has been launched to take women in need of transportation to their UH appointments. Patients should contact Community Care ambulance to schedule a ride, Surbella said.

Emphasis on breast cancer awareness at this time each year has paid dividends, Surbella said. Plenty of people contact UH for care information in the fall, she said.

“A lot of attention is paid (to awareness) in October,” she said. “We are very, very busy.”

UH Geneva is home to the Center for Women's Health, which specializes in women's wellness and care. In addition to a wide range of specialized health care, the center includes rooms designed to allay anxiety about breast-related procedures that prevent women from seeking care, Surbella said.

The Center for Women's Health, according to its website, offers:

**ADVANCED MAMMOGRAM TECHNOLOGY**

Digital mammography, unlike traditional mammograms, produces highly detailed pictures that enable doctors to magnify images and shift contrast and color. Radiologists use this technology to detect slight changes in breast tissue, which facilitates earlier treatment. The digital system also enables medical team members to share images and consult with physicians in multiple locations.

**FREE MAMMOGRAM CLINIC, SCREENING**

Clinical breast examinations and screening mammograms for uninsured women ages 40 to 64 who reside in Ashtabula and Lake counties and meet financial qualifications are available. For information call 440-998-0695.

**BREAST HEALTH EDUCATION**

To promote breast cancer awareness, UH Geneva Medical Center offers breast health education and instruction on breast self-examination to community groups and local schools. Nationally certified nurses from the community outreach team visit high school throughout Ashtabula Country to discuss breast health care. To request a presentation, call 440-998-0680.

**EVENTS SUPPORT SURVIVORS**

For years, UH Conneaut and Geneva medical centers have sponsored walks and runs to race funds for cancer research, bring attention to the disease, salute survivors and honor the deceased.

Turnout has been “tremendous” at women's events this year, Surbella said.
WE ARE WOMEN.
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University Hospitals Seidman Cancer Center  CARE beyond CANCER.
Erin Chrusciel has had three different types of cancer, including breast cancer. She spent 10 years in and out of doctors’ offices, enduring numerous tests, surgeries and treatments that left her feeling broken. She wanted to get everything back in shape — her mind, body and spirit. At her therapist’s recommendation, she sought out ROW, which stands for Recovery on Water, “a rowing team that gives survivors of breast cancer the unique opportunity to interact, become active in their recovery, and gain support from fellow survivors.” The Chicago-based program has played a hugely important role for Chrusciel, 50, of Evanston, Illinois. “It is allowing me to move. I feel invigorated. I am going outside. I see people. I’m rowing again. That was such a gift to me,” she says.

Whether it's rowing or another activity, exercise is imperative for women undergoing breast cancer treatments or in recovery. Studies show that exercise, even after diagnosis, is associated with prolonged survival and improved quality of life. In a 2012 systematic review, the Fred Hutchinson Cancer Research Center and National Cancer Institute found that 27 out of 45 observational studies showed consistent evidence that “physical activity is associated with reduced all-cause, breast cancer-specific and colon cancer-specific mortality.” Additionally, a 2011 analysis of studies regarding physical activity and survival after breast cancer showed that the mortality rate for women who were very active dropped 34 percent when compared to women who weren’t. According to the American Cancer Society, there is increasing evidence that not only is exercise beneficial during treatment and in recovery but that it can reduce the risk of getting breast cancer.

While the evidence is clear, the reality is murky. A recent study conducted at the University of North Carolina at Chapel Hill found that 65 percent of the breast cancer survivors followed were not meeting the U.S. Department of Health and Human Services recommendations of at least 150 minutes of moderate activity or 75 minutes of vigorous physical activity per week. African American women participants reported lower activity levels prior to diagnosis and lower drops in activity after, which is particularly problematic as African American women have higher breast cancer mortality rates.

Barriers to exercise are not insignificant for breast cancer patients. Treatment eats up a lot of time and can cause significant fatigue and pain. Depression can accompany
Breast Cancer
Awareness

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dissection (removal of lymph nodes) usually in an arm, following axillary lymphedema, which is swelling, due to a possible increased risk of patients may not be exercising is easy” during treatment and recovery. 

Another reason breast cancer patients may not be exercising is due to a possible increased risk of lymphedema, which is swelling, usually in an arm, following axillary dissection (removal of lymph nodes) or radiation. Dr. Cesar Santa-Maria, an oncologist specializing in breast cancer with Northwestern Medicine in Chicago, says that generally exercise is recommended during breast cancer treatment and recovery and encourages his patients to do so. He acknowledges lymphedema is a consideration and recommends patients speak with their oncology teams to assess that risk and take the proper precautions, which may include holding off on limb exercises for about the first four to six weeks after axillary surgery or radiation. However, Dr. Santa-Maria points out that a majority of patients do not develop lymphedema and in the event of it, there are ways to manage it, including exercise. “I think the role of exercise is very important for breast cancer recovery.”

Studies and statistics on exercise’s role in recovery are just one part of the whole picture. It wasn’t the mortality rates that sent Chrusciel back to the sport she once loved in college — it was the need to take back her body and mind. “Being active reminded me that I am a vital person,” she says. “You remember that as long as you are on this Earth and doing something, you are a valuable member of society and I had sort of lost that sense of myself — that I was of any value to anybody. Rowing gave me back that sense of value.”

Jenn Gibbons, founder of ROW, notes the women she works with on the water may share the common thread of breast cancer, but that is secondary to the fact that they are athletes. “You see these women having gone through this experience of not being able to trust their bodies to becoming powerful through this non-traditional and challenging sport,” Gibbons says. “It’s so inspiring.”

There is mounting evidence that not only is exercise a key component of recovery from breast cancer but it can reduce breast cancer risk. According to the American Cancer Society, which recommends exercise pre- and post-diagnosis, some studies have shown that as little as 1.25 to 2.5 hours a week of brisk walking reduced a woman’s risk by 18 percent. Walking 10 hours a week reduced it even more. Other studies have indicated the reduction of risk is much higher, in the range of 30 to 40 percent when compared to women who are not active. ***
All women are at a risk for breast cancer and, the older you get, the more that risk increases. How much a person can reduce her own risk depends on the factors at play.

“There are risk factors for breast cancer that we can’t control, including your age and gender,” says Deb Kirkland, RN and patient navigator at The Hoffberger Breast Center at Mercy Medical Center in Baltimore, Maryland. “But there some simple changes you can make that will bring that risk down.”

Here are 10 simple changes you can make in your everyday life starting right now that could reduce your breast cancer risk:

1. FACTOR IT ALL IN
   “Every woman should take the Gail Model assessment test (www.cancer.gov/bcrisktool), which measures your risk for breast cancer,” says Dr. Pedro Serrano-Ojeda, chief radiation oncologist and owner of Caribbean Radiation Oncology Center, Doral, Florida. “You will be asked eight questions and get your level of cancer risk. However, it doesn’t take into account obesity, which has surpassed the use of tobacco as a risk.”

2. GET MOVING
   Get off the couch and exercise, whether it’s a brisk walk around the block, a treadmill workout at the gym or a session of skating at the local roller rink. “Exercising three to five hours a week helps to decrease your risk of breast cancer by 40 percent, and if you’ve already had breast cancer it reduces your risk of recurrence by 60 percent,” says Dr. Ruth Lerman, a Beaumont Health internist specializing in breast health and disease and mind-body medicine in Michigan.

According to the National Cancer Institute, there have been more than 60 studies about the
connection between exercise and reducing the risk of breast cancer. While the benefits have been proven, how much risk it reduces varies in each study (from 20 to 80 percent).

3. DROP THE POUNDS
"Overweight women have a decreased rate of breast cancer, but after menopause, getting to a normal weight actually decreases your risk of post-menopausal breast cancer," Lerman says.

One study, published in the Journal of Clinical Investigation in 2003, found that a master gene called ATF3, which helps cells adapt to stress, also could help cancer spread to other parts of the body. Find something that helps you to relax when life gets too stressful. Try meditation, walking or music.

5. DON'T WINE TOO MUCH
"Avoid high alcohol intake," Dr. Serrano-Ojeda says. "There was a study published in the British Journal of Cancer in 2002 of 58,000 women with breast cancer and 95,000 women without. They didn't pinpoint how alcohol increased the risk of cancer, but it showed that less alcohol was better."

6. EAT BETTER
"Eat a diet that's low in fat, high in fiber and rich in fruits and vegetables," says Dr. Deena Graham, an oncologist at John Theurer Cancer Center at Hackensack University Medical Center, New Jersey. "I believe in eating in moderation, not in fad diets. Eat a chocolate chip cookie if you want it. It's not going to cause breast cancer, but just make sure that you are eating enough vegetables that cover the color of the rainbow."

When you're choosing what foods to eat, Kirkland says to focus on a plant-based diet. "You want to know where your food is coming from," she says. "The American Cancer Society says that if everyone ate a healthy diet, nearly one-third of all cancers would be eliminated."

7. HALT THE HORMONES
Serrano-Ojeda says to forget about taking hormones. "Research has shown that taking hormones such as estrogen and progesterone has caused an increased risk of breast cancer," he explains.

8. UP YOUR D INTAKE
The Vitamin D Council says that women who have breast cancer often have a low level of Vitamin D. "Get your Vitamin D level checked," Lerman says. "Women with a higher level of Vitamin D are less likely to develop breast cancer, but not everyone should take the supplement." Talk to your doctor about getting tested and if taking a Vitamin D supplement is right for you.

9. FEEL AROUND
"Every month you should be performing a breast self-exam in the shower to see if you feel something different," Serrano-Ojeda says.

If you're over the age of 40, you should also schedule an annual mammogram. "While there is a lot of controversy, most healthcare providers believe that a mammogram detects early breast cancer," Graham says. "It's not perfect, but it's a good screening tool for someone of average risk. There is some discomfort with mammograms but there are some changes being made to make it a more comfortable experience."

10. WASH IT OUT
Wash that cancer right out of your hair? Well, not exactly, but Serrano-Ojeda says that shampoos that contain parabens such as sulfate could possibly increase your risk for breast cancer. Parabens are a group of compounds widely used as antimicrobial preservatives in food, pharmaceutical and cosmetics products, including deodorant. They are absorbed through the skin and the gastrointestinal tract.

According to the Federal Drug Administration, a study published in 2004 detected parabens in breast tumors, but the study left several questions unanswered.

Simple changes will not eliminate your risk for breast cancer, but it could give you a fighting chance.

For more information on breast cancer, visit Susan G Komen Foundation at www5.komen.org or the National Breast Cancer Foundation at www.nationalbreastcancer.org.

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A s cancer patients are often told, “There’s no right way to do cancer.” But increasing numbers of patients and survivors have something in common besides the Big C. For them, a big part of “doing cancer” is blogging about their experiences. It often starts as a means of keeping family and friends informed, but becomes a way to assist and inspire others facing similar health challenges.

HEATHER LAGEMANN, 33, ALTON, ILLINOIS
Blog: Invasive Duct Tales

One reason I started writing the blog is because everything you read about cancer on the Internet is so heavy. It helped me keep things in perspective, to tell the funny stories that happened in the middle of this incredibly emotional, overwhelming experience. I wanted to have a real conversation. I wrote that it’s OK to be scared, sad, angry, confused and generally not so sunny, that you need to feel these things in order to move through this. But the anger I’m feeling took me off guard. Throughout treatment I was honest and open, and now that treatment is over, I think I’m a little bit angry that all of this happened. I thought I would go on to live my best life. I thought I would just feel grateful, not angry and depressed. This is new for me. I’m moving on with my normal life. I’m working again and I have my daughters. Right now I’m a little bit tired of thinking about cancer. For a while I wasn’t sure what that meant for the blog. But maybe writing is just what I need to put these feelings behind me.

^^ANN SILBEMAN, 57, SACRAMENTO, CALIFORNIA
BLOG: BREAST CANCER? BUT DOCTOR … I HATE PINK!

The blog name came to me right when I was diagnosed. I was picturing the breast cancer community as all these perky women who run races and wear pink. It’s hard for ‘metsters’ (women with metastatic breast cancer, or cancer that has spread) to find online support. I’ve heard stories of women being kicked out of support groups because their story is just too scary. For early stage women, the greatest fear is relapse, whereas our cancer has already come back. The most common question people ask is, 'How can you manage to live when you know you’re going to die?’ I’d learned I had end-stage cancer, and I had accepted it. I only wanted to make it to my youngest son’s graduation, which I did. But then a new drug (Perjeta) came out and put me in remission. In my wildest dreams I didn’t think I’d still be here. I’m making plans again. I’m planning a vacation. I’m thinking about buying a car. I’m shopping for dresses for my son’s wedding next year. I know in my mind that I could get sick again but I’m not going to live that way. Now that I’m better, I feel like I’ve missed all these years and I’m trying to figure out what to do. Some things, like travel, are very hard on me. The blog has been helpful because it gives me something meaningful to do.

KATIE CAMPBELL, 32, WASHINGTON, D.C.
BLOG: KATIE CRUSHES CANCER

I started blogging I think, literally, the day after I was diagnosed. I thought it was a good communication tool, a good way to keep people updated. It was also cathartic. It was
this open space where I could say whatever I wanted. It's also been a space where I can talk to others going through something similar, along with offline and Facebook support groups. I've told them news before I've told my family because with family and friends, you feel you have to protect them in some way. As much as blogging has helped, I've only recently come to terms with living in this sea of uncertainty. For a while it was horrifying – like living in a nightmare. I was young, married and expecting to have my whole life ahead of me, and instead I was told the cancer had spread and I had a year to live. Now, the cancer is in remission, I've had a number of good scans, so I've been able to plan for the future instead of saying my goodbyes. I've been rock climbing, diving with sharks, whitewater kayaking, I climbed a 14,000-foot mountain in Colorado, all to prove to myself that my body still works, that even though part of me is broken in a way, I'm still a whole person. As I shared on my blog, I had the realization that if I'm going to live, I have to keep on living, and if I'm going to die, that's all the more reason to get out there and start living. My advice to others is that your cancer journey is yours alone and you have to find your own way. For me, it helps to be open and put it all out there, but some people turn inward and want to be private.

**BENJAMIN, 31, ARLINGTON, VIRGINIA**
**BLOG: CANCER SLAYER BLOG**

I created this delusion, and it took shape very quickly, that I was literally superhuman. Cancer didn't affect me, didn't bring me down like it did other people. I was 16 and so strong in treatment that one man gave me a Superman shirt and boxers. Later, I had to have my entire hipbone removed, and the whole time I kept asking my surgeon when I'd be able to play tackle football again. I just knew I could because I was Superman. My mind couldn't accept that I'd never run or jump again. I eventually realized I was being unrealistic, but during the second cancer, I still lived by certain rules. I would never complain. I would never bring up cancer. But then I got this powerful urge to write a book (“Twice: How I Became a Cancer-Slaying Superman Before I turned 21,” Woodley Books) and later learned that I'd better talk about it if I wanted to sell books.

So I started blogging. But there's more to it than that. Looking back, that superhero mindset did well for me while I was battling illness, but along with it came this idea that I was superior. It was unethical. I didn't keep up with the other kids I met in treatment. Now, I want to help kids. I have a new book coming out, another version of my story that younger people can read. It turns out that talking about cancer, bending that rule I had, has been one of the most rewarding things in my life.

***
How Has **Pink** Touched Your Life?

*Maybe pink is your mother or daughter. Maybe pink is your sister or best friend. Maybe pink is you.*

During Breast Cancer Awareness Month, we recognize that pink touches many lives in many different ways. No matter what pink means to you, rest assured that ACMC is on your side. From education and prevention—to early detection and treatment options—we’re in your corner every step of the way with:

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