

GIVE CANCER *the* BOOT

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Mom's breast cancer spears daughter's career and early testing

By Mary Billiter
For the Star-Tribune

Patricia Bell was 6 years old when her mother died of breast cancer. It became a turning point in her life. "I saw what my mother went through. I used to go with her to her cobalt treatments. That's what they used to call it," she said of the radiation treatment, or cobalt therapy, used in the 1960s in an effort to destroy cancer cells. The side effects from the treatments left Bell's mother weak.

"She needed crutches, and my brother was a handful with those crutches," Bell said with a slight laugh at the memory.

Bell's mother was only 36 years old when she was diagnosed with breast cancer.

"It was 1962 and a month after I was born. My mom found a golf ball-sized lump under her arm," Bell said.

Yet despite this finding, Bell's mother found it difficult to get a diagnosis.

"She was a nurse and she was persistent. She sought out treatment and a biopsy," Bell said of the testing that discovered the breast cancer.

Her mother battled breast cancer for six years. She died at the age of 42. Bell knew then her plans for the future.

"I decided to be a doctor. So when I did my rotations and went through each department, I was the most comfortable taking care of women," said Bell.

Bell finished her residency in 1993 and began a career as an obstetrician-gynecologist. When she moved to Wyoming she began work at the Community Health Centers of Central Wyoming. Bell and her husband, Patrick Saunders, welcomed the birth of twin girls in 2002. Two years later, Bell went in for BRCA genetic testing.

"Because of my mom, because now I was a mom, because I had girls, because now it mattered," Bell said of her motivation to undergo testing.

According to the Mayo Clinic website, the BRCA gene test is a blood test that uses DNA analysis to identify harmful changes or mutations in either one of the two breast cancer susceptibility genes — BRCA 1 and BRCA 2. Women who have inherited mutations in these genes face a much higher risk of developing cancer and ovarian cancer compared with the general population.

"The testing wasn't nearly as advanced as it is now, but it all came out negative. So my risk was just slightly higher for breast cancer," Bell said of her family history.

So in September 2014, when the 53-year-old found a lump in her breast, she didn't initially do anything about it.

"I was in denial," she said.

The self-exam also wasn't alarming to her.

"The lump felt to be about a centimeter

in size, with a smooth wall; there wasn't any skin dimpling or pulling in on my nipple, all signs that pointed to benign," said Bell, who waited six months until her annual exam in March before any further action was taken.

"My doctor also felt the lump and sent me in for a mammogram. The lump didn't show up real well so they did an ultrasound and it still didn't show up really well on ultrasound either," Bell said.

A biopsy was performed in which a core piece of breast tissue was removed. However, despite these procedures, Bell admitted that denial remained at the helm of her emotions.

"At this point, I was still telling myself that it was benign because I didn't want to admit it," she said and paused. "But once I had to admit it, I imagined surgery and radiation."

However, the 2 1/2-centimeter tumor in Bell's breast and the additional findings of cancer in her lymph nodes placed Bell's breast cancer at stage 2B.

Breast cancer is classified by stage to take into account the size of the tumor, the number and location of lymph nodes with cancer and whether the cancer has spread to other areas of the body.

As a result, Bell's course of treatment that she had imagined would be limited to surgery and radiation was not a possibility.

"I thought chemo was off the table because we caught it early enough,"

Bell said. She stressed that most cancer survivors do not want chemotherapy.

"The side effects. It's basically a poison. So they come close to killing you and then they back off just a little bit," she said.

Bell underwent a lumpectomy to remove the cancer from her breast and a single-node biopsy to remove the cancerous lymph node. Six weeks later, she began chemotherapy.

"I was OK at the beginning," she said. "I knew I had to do what I had to do. But it wasn't until two or three weeks into it, a little short of halfway through, when I started to get a little depressed about it."

Her emotional drop also coincided with a physical change in her appearance.

"I lost my hair and I felt like I was going through this alone. I started to have thoughts like, 'What if I can't raise my kids?'" she said.

But it wasn't just finding the right wig that helped Bell during a low point in her battle against breast cancer. Even though Bell was supported by her husband and daughters, there was a common link she shared with her angel. "Judy had made it through her cancer treatment and it helped me change my attitude."

Bell, who had a history of depression prior to being diagnosed with breast cancer, was also vigilant about her mental health during her treatment. Depression is one of the side effects of chemotherapy.

"My medication was increased," Bell said, noting that staying on top of her symptoms was key. "The side effects of chemo is that you have no control over the side effects."

Bell was given a one-week reprieve after eight weeks of chemotherapy before she began radiation treatments. Bell underwent 36 radiation sessions. Bell's husband devised a way to keep her spirits strong throughout the process.

"Patrick would remind me how many days I had left. He had a count day with day-to-day reminders," said Bell.

"Everybody's journey is different," she said. "Things that happened to me won't necessarily happen to someone else."

Even though she waited six months between finding the lump in her breast and having her mammogram, Bell was given an 80 percent survival rate. Bell, who is a wife, mother, sister, daughter, OB-GYN, and now cancer survivor, has a higher rate of living cancer-free because her mammogram resulted in additional screenings that detected her cancer.

"Just get diagnosed early. Just get it done. That has to be hammered home," she said. "Get the mammogram. Just get it done." ■

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Dr. Patricia Bell puts on her cap while standing for a portrait on Sept. 24 outside her office at the Community Health Center of Central Wyoming in Casper. Bell, an OB/GYN at the center, recently completed treatment for breast cancer.

RYAN DORGAN, STAR-TRIBUNE

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Wyoming Rate of Mammogram Screenings

By Mary Billiter
For the Star-Tribune

The statistics are staggering and could not get any worse. According to a recent fact sheet from the Susan G. Komen Wyoming Affiliate office, the breast cancer screening rate for women in the Equality State ranks 50th in the United States.

According to Candida Odde, missions manager for the Komen Wyoming Affiliate, there are several reasons that the Cowboy State ranks statistically lowest in annual mammogram screenings.

"A Wyoming woman has to travel on average about 70 miles to a screening facility for basic services, and that's not even accounting if a woman needs oncology services once they get a diagnosis," said Odde.

With 47 percent of the state designated as "frontier," the fact sheet notes that 35 percent of Wyoming residents live in areas with inadequate access to primary care, which makes interstate travel a requirement.

However, Dr. Geoffrey Smith, radiologist at Casper Medical Imaging and Outpatient Radiology, questions the travel statistic.

"I think that's pretty exaggerated," he said. "In Wyoming, we have 23 county hospitals and county facilities that have direct access to mammography screening or have mammographic capabilities. Other than Pavillion or Four Corners, the average woman has no further to drive than the city limits to get a screening."

"There's greater accessibility to screening than the reading public thinks," said Smith, who is in his 25th year in radiology

in Wyoming.

If accessibility is not the issue, then why does Wyoming have one of the lowest turnout ratings for annual mammograms?

When obstetrician-gynecologist Patricia Bell moved to Wyoming and began work at the Community Health Centers of Central Wyoming, she was surprised that women were not getting annually screened. She credited the low rate to two variables.

"It's the fault of the providers who do not think to ask," she said. "They will say, 'Do you want a mammogram?' Don't give a woman an out. They need to be saying, 'When are we going to schedule your mammogram?'"

The second commonality Bell noticed was that women delayed their annual mammogram based on the unknown.

"It's fear. But it is not nearly as bad as women think it is," said Bell, who was diagnosed with breast cancer in March. She underwent surgery, chemotherapy and radiation. She just finished her course of treatment that left her without any hair, a new scar on her breast, and an 80 percent survival rate. She has a higher rate of living cancer-free because she went in for her mammogram.

"With a mammogram you get squished, but it's not a vise. You are not sitting there for maybe more than a minute and a half," said Bell, whose outlook would make the most mammogram-resistant woman rethink a screening.

"I have heard all the excuses," she said. "My breasts are too small; they won't find anything.' But it is amazing what they can find."

For women who have had breast



augmentation, mammography will not damage the cosmetic enhancement.

"The mammogram machine will not make the implants pop," said Bell of another common concern. "With the technology, they know how to work around the implant."

Smith concurred and noted, "A mammogram can find a dot — things that are amazingly small, almost the size of dust. But it is not 100 percent perfect. Mammography is part of breast cancer screening, but it's not the whole thing," said Smith, who explained that ultrasound is often used with breast cancer screening.

Still, women in Wyoming delay making the appointment. If finances are a concern, the Susan G. Komen Foundation has financial assistance for women in need or who are underinsured for mammograms. Odde contributes one factor to a tradition steeped in the West.

"The 'cowboy up' culture plays into it. A little of what we say is to pull yourself up by your bootstraps and go on with life," said Odde, who believes this mindset factors into the statistical equation.

"I think women tend to put themselves last, especially if there's a financial need.

For ranching women, time away from work is another concern. They will miss at least half a day of work, if not a full day. They don't have the time and they're not going to stop and deal with a silly little thing like take care of themselves. So they push it back."

Unfortunately, delaying an annual mammogram can be detrimental.

"A difference in time can be the difference in diagnosis, and sometimes it can be a difference of life and death," said Odde.

Smith has seen firsthand the downside to delaying.

"My standpoint in the trenches from practicing in the community when you see day-to-day the lives that are impacted when you blow screenings off can have a significant, adverse impact on a person's longevity," he said.

From his experience, the radiologist is a proponent of preventive care and cancer screenings.

"When there's a gap in screening and then they present with a tumor we could have caught earlier," Smith said. "It's frustrating as a professional, because the diagnosis could have been different." ■

Wyoming Affiliate of Susan G. Komen finds need for support



By Candida Odde

Wyoming Affiliate of Susan G. Komen

As the U.S. Preventative Task Force has doubled down on the changing guidelines for preventive health services such as well women checkups and mammography, it has created a lot of confusion among health care professionals and patients alike. At a time like this, it is more important than ever that a woman be empowered to discuss any concerns that she might have about her body with her doctor. The Wyoming Affiliate of Susan G. Komen supports the Breast Self-Awareness model of educating women about possible changes in their breasts. Included in the BSA model are both tactile and visual cues of potential concerns that should be addressed by a woman and her physician. These cues include:

- Lump, hard knot or thickening inside the

- breast or underarm area
- Swelling, warmth, redness or darkening of the breast
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that does not go away

Along with promoting this message of BSA to Wyoming women to "know your normal" or know what is normal for your own breasts, the Komen Wyoming affiliate is working to further patient navigation efforts throughout the state. Through the 2015 Komen Wyoming Community Profile process, the Affiliate found that there was "a need for more support for breast cancer patients in the form of patient navigators or support groups" and that financial barriers and access to services are two priority

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever, and in 1982, that promise became Susan G. Komen, the world's largest breast cancer organization. The Wyoming affiliate is one of over 100 affiliates on the front lines dedicated to ending breast cancer in their communities. Komen affiliates fund innovative programs that help women and men overcome the cultural, social, educational and financial barriers to breast cancer screening and treatment. Through events like the Komen Wyoming Race for the Cure, the Wyoming Affiliate has invested almost \$3M in community breast cancer programs in Wyoming. Up to 75 percent of net proceeds generated by the affiliate stays in the state. The remaining 25 percent funds national breast cancer research. For more information, call 307-432-4029 or visit www.komenwyoming.org.

Visit these websites for more information:

- www.komen.org/BreastCancer/BreastSelfAwareness.html
- www.komenwyoming.org/understanding-breast-cancer/local-resources/

problems for Wyoming women. In response to these findings, the affiliate has granted funds into 20 of the 23 Wyoming counties to help financially support local agencies in becoming the breast health navigators within their own community.

In order to support these navigators in

becoming the breast health expert in their community, a team of collaborators also converged to create the Breast Health and Cancer Resource Directory to assist providers, community health agencies, and patient navigators in guiding women through the breast health and cancer continuum of care.

10 Tips to Reduce Breast Cancer Risk

By Lisa Iannucci
CTW Features

All women are at 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 are 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 reoccurrence by 60 percent," says Dr. Ruth Lerman, a Beaumont Health Institute 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.

4. CHILL OUT

According to the Foundation for Women's Cancer, when your body is stressed, it makes stress hormones and these hormones bind with cancer cells. "Stress does a lot of damage to your body and it predisposes you to cancer," Kirkland 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 health care providers believe that a mammography 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 ww5.komen.org or the National Breast Cancer Foundation at www.nationalbreastcancer.org. ■

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Eat Pink!

10 Foods for Breast Cancer Recovery and Prevention

By Bev Bennett
CTW Features

What you eat could play an important part in your personal fight against breast cancer.

Consuming nutrient-packed foods, maintaining a normal weight, getting exercise and avoiding both smoking and heavy alcohol consumption can help reduce your risk of developing breast cancer.

These same steps may increase your potential for surviving it, according to Alice Bender, registered dietitian nutritionist, associate director of nutrition programs, American Institute for Cancer Research (AICR), Washington, D.C.

Here are 10 foods Bender and other cancer-nutrition specialists recommend:

1. BERRIES

"There's lots of research on berries and other colorful fruit," Bender says.

In animal studies a six-month diet of black raspberries were shown to reduce breast tumor volume in rats by 70 percent.

Although the protective potential for humans is still being studied, berries, which are high in antioxidants, can be a beneficial addition to your diet.

2. DARK LEAFY GREENS

Kale, spinach, romaine lettuce, Swiss chard and mustard greens are excellent sources of dietary fiber and folate.

These robust vegetables also contain carotenoids. Some laboratory research finds that carotenoids can inhibit the growth of certain types of breast cancer cells, according to the AICR.

3. FISH

Choose fish that is high in omega-3 fatty acids, says Lori Magoulas, Ph.D., registered dietitian, Rutgers Cancer Institute of New Jersey, New Brunswick.

Some, though not all, studies show that women who consume more

omega-3 rich fish, such as salmon, have a reduced risk of breast cancer compared with those who eat little fish.

In addition, salmon is high in vitamin D, which is being researched for its breast cancer fighting potential.

4. LEGUMES:

There's an inverse association between the consumption of fiber-containing foods and all-cause mortality, according to a 2014 report on breast cancer survivorship produced by the World Cancer Research Fund International/American Institute for Cancer Research Continuous Update Project Report.

Dried beans are an excellent source of dietary fiber, as well as folate, a vitamin that helps repair damaged cells.

5. SOY

The same 2014 study on breast cancer survivorship looked at soy consumption. The evidence suggests an inverse relationship between consuming foods that contain soy and all-cause mortality.

Bender describes the link as "limited, suggested evidence" and suggests consuming soy in moderation, such as a half-cup of tofu.

If soy is one of those foods you've been told to avoid if you've had breast cancer, talk to your health care provider.

6. TOMATOES

Postmenopausal women who consume more tomatoes are at lower risk for breast cancer, according to a study conducted by Adana A.M. Llanos, Ph.D., assistant professor at the Rutgers School of Public Health and the Cancer Institute of New Jersey.

Tomatoes are rich in lycopene, which encourages the body to produce higher levels of adiponectin, a protein involved in the regulation of blood sugar and fat metabolism.

A one-cup serving of tomato juice or a combination of a bowl of tomato soup, a half-cup of tomato-based pasta sauce and a tablespoon of ketchup during



the day yields a beneficial amount of lycopene, according to Llanos, who conducted her research as a fellow at the Ohio State University Comprehensive Cancer Center.

The study also showed greater benefits for women who had a healthy weight, writes Llanos in an email interview.

7. VEGETABLES WITH COLOR

"Definitely getting fruits and vegetables is important to prevent breast cancer and important in recovery," Magoulas says.

"Think of the week: have you eaten anything purple, orange or green? Embrace color," Magoulas says.

8. WALNUTS

"Walnuts are one of the most studied

nuts in terms of cancer," Bender says.

Walnuts contain omega-3 fatty acids and antioxidants that may reduce the risk of breast cancer.

9. WATER

Dehydration may increase your risk of developing breast cancer by inhibiting the removal of carcinogens in the body's cells, according to an older study published in the Journal of Clinical Oncology.

Water is a calorie-free way to stay well hydrated.

10. WHOLE GRAINS

Like legumes, whole grains are a good source of dietary fiber. Different grains contain specific anticancer compounds, so eat a variety.

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Eating During Chemotherapy

CTW Features

For some women, chemotherapy may trigger nausea, mouth sores and lack of appetite.

If you're going through debilitating side effects eating may be the last thing on your mind. And if you're overweight, you may think your aversion to food is an opportunity to lose weight.

Block those thoughts for now.

"I hear all the time that women are pleased they're losing weight during treatment. It's not a good mindset," says Lori Magoulas, Ph.D., registered dietitian, Rutgers Cancer Institute of New Jersey, New Brunswick.

Although it's not uncommon to lose 10 percent of your body weight during this period your goal should be to stay as well nourished as possible.

"You want (to eat) things that build muscle. Your muscle mass allows you to do the things you want to do," says Mary-Eve Brown, registered dietitian, clinical dietitian specialist, The Johns Hopkins Hospital Kimmel Cancer Center, Baltimore, Maryland.

That's why muscle-building protein should be high on your list.

Brown recommends yogurt, fish, lentils and beans that do double duty delivering protein, vitamins and minerals.

If you're fatigued, liquids may be easier to consume than solids. Try bean soups, fruit smoothies or shakes and vegetable juice.

"You get the nourishment of these foods without chewing," Brown says.

Your breast cancer treatment could put you at risk for osteoporosis, according to Brown.

Make sure your diet includes calcium-rich foods, such as dairy.



Hydration during treatment is critical, Brown says. "If you're dry during treatment every thing worse. Nausea is worse. Constipation is worse. Don't get dehydrated," she says.

If you don't experience the normal thirst triggers, make a plan for drinking more.

You should be getting 1 to 1½ ounces of liquid for every kilogram of body weight (divide your weight by 2.2 to get kilograms) daily, Brown says.

And if you're unsure of how to get the nutrients you need, talk to a dietitian specializing in diets for cancer recovery.

Once you're in recovery and have the go-ahead from your health care team, you can plan a healthful weight-loss diet if appropriate.

"We know weight gain increases the risk of breast cancer recurrence," Magoulas says.

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Mental Health in Healing From Breast Cancer

By **Mary Billiter**
For the Star-Tribune

An estimated 231,840 new cases of invasive breast cancer will be diagnosed in women in the United States this year, according to the American Cancer Society.

Currently, there are more than 2.8 million breast cancer survivors in the U.S., comprising women undergoing treatment and those who have completed treatment. With the number of breast cancer cases increasing, more and more women are facing life-altering diagnoses.

Alicja Iznerowicz, licensed clinical social worker at Community Health Centers of Central Wyoming, said when a woman moves from diagnosis to treatment, the process unearths a bevy of reactions.

"There are a lot of emotions someone goes through — fear, anxiety, loss. The loss of hair, the loss of who she is. The fear of death. The fear of pain. The fear of suffering. Those are normal emotions and a response to a life-changing experience," Iznerowicz said.

When obstetrician-gynecologist Patricia Bell discovered a lump in her breast, she initially didn't react. Despite a family history of breast cancer, including the loss of her mother to the disease, Bell admitted she was in denial.

Dr. Geoffrey Smith, radiologist at Casper Medical Imaging and Outpatient Radiology, said Bell's reaction was normal.

"I think it's a common trait for all humans. It's natural when we see something that's not right. We set it aside," said Smith, who cautioned against delaying too long.

"In Wyoming, it's not to the point that it puts off their survival. I found that happens more in a bigger city where folks tended to put off medical treatment more," said Smith, who trained in Houston.

However, when Bell's breast self-exam findings were confirmed six months later at her annual exam following a series of tests that included a mammogram, ultrasound and biopsy, she was given the diagnosis of stage 2B breast cancer, based on the size of the tumor and the fact that it had spread to her lymph nodes. Denial was no longer an option and Bell became vigilant about her mental health.

"I had a history of depression prior to being diagnosed with breast cancer," said Bell, who had suffered from postpartum depression after the birth of her twin girls in 2002. Bell worked with her care providers to increase her medication during treatment.

Bell, who received her oncology treatment at Rocky Mountain Oncology, also credited staff members who were watchful for depression.

"Because not everyone recognizes when they are depressed," Bell said.

Iznerowicz cited a few signs of depression: empty moods, major weight loss or gain, loss of interest in activities that were pleasurable, restless, tired, trouble sleeping or sleeping too much, trouble focusing, poor memory and difficulty making decisions.

"Some of these symptoms are expected with cancer survivors, like weight loss or difficulty making decisions. A person is so overwhelmed at a time they have to make a lot of decisions. These aren't necessarily signs of depression. Also a cancer survivor's normal fear of death, which is expected with cancer. This is different from thoughts of suicide," she said.

According to Iznerowicz, a good measure for spotting ongoing, clinical depression is if a person experiences five or more signs of depression every day for two weeks; that's when a cancer survivor benefits from the expertise of a mental health care professional.

"We can evaluate them for their symptoms and that can be treated with medication management in a supportive environment where they can express their feelings," Iznerowicz said.

Program Director Dr. Stephen Finzo at Central Wyoming Counseling Center noted that often when someone is diagnosed with cancer, people want to know how they are doing. However, the subject isn't always easy for the survivor to discuss.

"They may not want to talk about it, not knowing how to explain it, so they start to avoid talking about it," Finzo said.

Withdrawing from friends, even family, is another sign of depression in cancer survivors.

"For the most part, they stop their routine," Finzo said. "They start to withdraw and pull back."

If a woman loses her hair during treatment, it becomes a distinction of her illness during a time when she may need a respite from the constant reminder that she's battling breast cancer.

"Once again it's another outward sign of what she's going through and she can't hide it," Finzo said.

Finzo described depression as a snowball that, over time, builds and adds layers until it has the emotional weight and tipping point of an avalanche. When



a cancer survivor does not want to talk about their cancer or does not know how to talk about their cancer, they withdraw and another layer is added to the snowball.

"Counseling, whether group or individual, allows someone to learn how to explain their illness to their spouse, their children, their employer in more than terms of their stage of cancer. They learn what it is, what it means," Finzo said. This process empowers the cancer survivor to understand their illness.

"Being diagnosed with cancer throws a person into a grief reaction. It changes a person's life. And they question, 'What if it ends my life?' Being open and honest with these feelings and learning how to deal with the stress and anxiety become coping skills for dealing with depression," Finzo said.

Iznerowicz often employs behavior activation therapy for treating depression.

"It's a simple tool where we might go out on a walk. When someone is depressed and they stopped doing the pleasurable things they liked doing before they were diagnosed, like perhaps walking their dog, we get back into the cycle of doing what they liked," she said.

All these little steps, along with the counseling component, contribute to rebuilding a cancer survivor's mental health.

"Cancer is a traumatic event. Depression can hit out of nowhere," Iznerowicz said. "Counseling is a confidential, safe place for a cancer survivor. We want to normalize their feelings and get on the train with them and support them on their journey to get them where they need to be." ■

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