

BREAST CANCER

Awareness

October 23-24, 2021 • Special Section



BREAST CANCER FACTS

- 1 in 8 women in the United States will be diagnosed with breast cancer in her lifetime.
- In 2021, an estimated 281,550 new cases of invasive breast cancer will be diagnosed in women in the U.S. as well as 49,290 new cases of non-invasive (in situ) breast cancer.
- 63 percent of breast cancer cases are diagnosed at a localized stage (there is no sign that the cancer has spread outside of the breast), for which the 5-year survival rate is 99 percent.
- This year, an estimated 43,600 women will die from breast cancer in the U.S.
- Although rare, men get breast cancer too. In 2021, an estimated 2,650 men will be diagnosed with breast cancer in the U.S. and approximately 530 will die.
- Breast cancer is the most common cancer in American women, except for skin cancers. It is estimated that in 2021, approximately 30 percent of all new women cancer diagnoses will be breast cancer.
- There are over 3.8 million breast cancer survivors in the United States.
- On average, every 2 minutes a woman is diagnosed with breast cancer in the United States.

SOURCE: National Breast Cancer Foundation

INSIDE:



ALONE WITH CANCER

How treatment, support changed for some patients during the pandemic.
Page 5A.

Here's why October is breast cancer awareness month.
Page 3A.



Local survivor still dealing with after-effects of breast cancer treatment.
Page 1B.



Submitted photos

Bevalie Borrelli was diagnosed with breast cancer on her 56th birthday.

Oxford survivor's breast cancer diagnosis ends in a full mastectomy

BY FAITH DORN
Special to the Star

Bevalie Borrelli always got her annual checkup. "In July of 2020, I got a mammogram. A few days later, the doctor called me to tell me I needed a 3-D mammogram because there was something suspicious, and the radiologist didn't like what they saw," Borrelli said. Borrelli was told that they would wait a while to see how it developed. That was particularly concerning for Borrelli because her mother, Ann Willingham, is a breast cancer survivor. "My mom said absolutely not to wait and to get a second opinion," Borrelli said. "I got an appointment with Dr. Anna Knight at Birmingham Breast Care, who scheduled a mammogram and an MRI. She did not like what she saw and said whatever it was needed to come out." She went back about two weeks later on Oct. 28, her 56th birthday. "The doctor came in with tears in her eyes and told me I had ductal carcinoma close to the back of my breastbone. I would have never felt it because it is so close to the breastbone," Borrelli said. She was given the choice of

doing a lumpectomy, radiation and chemotherapy or a full mastectomy. The doctor did a full mastectomy and took out six lymph nodes on Dec. 1. "I had to go back every week for the first five or six weeks to expand the bag for the reconstruction," Borrelli said. "I had my final surgery on June 26 when they put the implants in." Dr. Knight told her that if she had waited six months, it could have been a lot worse. At the time of surgery, the cancer was still in the tumor. Borrelli found that her mastectomy pillow helped with her pain. "If you are in the car, it goes around you, and the seatbelt goes on it. I slept with it," explained Borrelli. She is thankful for her family and friends' support. "Everyone was praying for me, knowing I had my kids there was a big help. I am just thankful every day that I am here. I have a grandbaby that is going to be here any day now. I am going to be here for her, my daughter and my son. I am a very blessed person," Borrelli said.

Faith Dorn is a freelance writer in Anniston. Contact her at faith.h.dorn@gmail.com.

“ I am just thankful every day that I am here. ”
— Bevalie Borrelli





Breast cancer survivor, health officials encourage women to get yearly mammograms

BY KELCI MCKENDRICK
Enid News & Eagle, Okla.

Two years ago, Sandy Schapansky was busy with work and in her personal life, so she put off her yearly mammogram for a few months to let things slow down.

Then, the COVID-19 pandemic hit, so she put it off even longer — until she felt an unusual lump in her left breast in September 2020.

Schapansky, a certified medical assistant at Integris Women's Health Enid, immediately scheduled a mammogram, and soon after, on Oct. 2, 2020, she received her diagnosis: stage three breast cancer.

After having a lumpectomy and receiving chemotherapy and radiation therapy treatments throughout the past year, Schapansky got the news that she was cancer-free on Thursday, and she is encouraging others to get their annual mammograms and to know their bodies.

"If you get your mammograms consistently, and you know your breast tissue, you have a better chance of being on top of the diagnosis early," Schapansky said. "Somewhere in that timeframe when I skipped, that's when my cancer came on. Had I just gone ahead and gotten that mammogram ... that could've given me a heads-up, and maybe it wouldn't have been in my lymph nodes."

Melanie Hutchinson, a physician at St. Mary's Family Medicine North, said because of COVID-19, a lot of people had put annual check-ups and screenings such as mammograms on the back-burner.

Now, she said, it's time to start getting back into a normal routine of getting those yearly screenings and visits with your doctor.

"Keeping up on your routine

DETERMINING IF YOU HAVE DENSE BREASTS

Women are being encouraged to get their annual breast cancer screening and for good reason. Screening can save lives.

But what if your mammogram shows that you have dense breasts?

Dr. Christine Klassen, a Mayo Clinic Breast Clinic physician, has more on what it means to have dense breasts.

Starting at age 40, Mayo Clinic encourages women to get their annual mammograms. Sometimes you may get an unexpected result like being told you have dense breasts.

"Breast density is a radiologic term, and it's specifically referring to how the breast tissue appears on a mammogram," says Dr. Klassen.

The breast tissue is made up of fibrous tissue, glandular tissue and fatty tissue. Dr. Klassen says dense breasts may make screening more difficult.

"The dense breast tissue on a mammogram is when we see a lot of that glandular and supportive tissue, and not so much of the fatty tissues."

Breast density is assigned one of four levels: A, B and C, and D, which is extremely dense.

"The higher-density group has about four times the risk of a cancer, compared to the lower-density group," she says.

Annual mammograms remain an important screening tool. Dr. Klassen says additional testing may help.

"We do think that there's some benefit to getting the 3D mammogram, or the mammogram with tomosynthesis, which helps radiologists scan through the field of the breast and get a better sense for what's a true mass."

— Deb Balzer, Mayo Clinic News Network

screenings is how we catch diseases early," Hutchinson said.

According to the American Cancer Society, breast cancer is the most common cancer diagnosis among women in the United States, and there is a 1 in 8 chance that a woman will develop breast cancer sometime in her life.

Ryan Royal, manager of Radiological Services at Integris Bass Baptist Health Center, said because October is Breast Cancer Awareness Month, patients often get the reminder to schedule their annual mammograms.

Royal said because of that, the number of mammograms performed typically increases during the month of October, so Integris Bass is scheduling appointments for mammograms every Saturday this month to help give patients more availability.

"(Breast Cancer Awareness Month) rings the bell, so to get everybody in this month, we opened up Saturdays," he said. "October hits, and ... it reminds them, so it's just a good month to get it

in."

Hutchinson said the older women get, the more likely they are to develop breast cancer, which is why she said yearly mammograms should be discussed at age 40 and initiated no later than age 50.

According to the ACA, women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms if they wish, and women ages 45 to 54 should get mammograms every year. Women 55 and older should switch to mammograms every two years or can continue with yearly screening.

National Breast Cancer Foundation encourages adult women of all ages to perform breast self-exams once a month, stating that the breast self-exams can help people to be familiar with how their breasts look and feel so they can alert health care professionals if there are any changes.

Twenty-five years ago, Schapansky discovered an abnormality in her right breast. It turned out to be microcalcifications, which are small calcium deposits that look like white specks on a mammogram.

Schapansky said that being aware of her breast tissue made the lump she discovered in her left breast two years ago concerning.

"I think women need to know their breasts," Schapansky said. "They should not feel awkward about doing a breast exam and knowing that tissue."

It's important for people to know their bodies, Hutchinson added.

"As far as breast self-awareness and knowing, 'OK, this is new. I've never felt this before. I have a new mass. I have a change in pain. I have a different discharge,' — those would all be reasons to ... to see a provider and talk about what kind of breast imaging is appropriate," Hutchinson said.

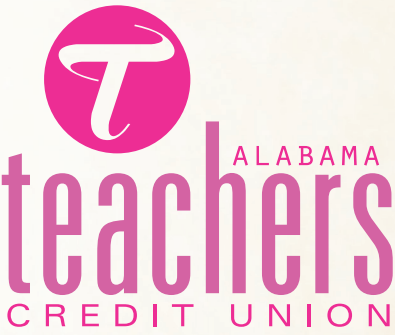
“ Keeping up on your routine screenings is how we catch diseases early. ”
— Melanie Hutchinson, a physician at St. Mary’s Family Medicine North

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We believe in a cure, and in the human spirit’s ability to overcome great adversity. Until the day comes when we are free from the threat of breast cancer, education and awareness are of the utmost importance. Early detection saves lives. Join us as we fight to build a world with more birthdays, for our generation and for the future.



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What are some of the treatments for breast cancer?

BY VALLEAN JACKSON

Special to The Daily Home

No cure for breast cancer has been found yet, but multiple treatments have been developed to increase a patient's life span.

All available treatments are best discussed between the patient and their health care provider to determine the best plan for their case and their particular stage of breast cancer. However, here is some information about available options.

This is for informational purposes only and to not be used for self-determination about what treatment to choose with consultation with your physician.

Surgery

Surgery is the most common form of treatment for breast cancer, and there are two types of surgeries depending on the size of the tumor. Lumpectomy involves most of the breast remaining, but the tumor is removed as well as the small margins around the tumor. This can also be known as breast conserving surgery. The second form is mastectomy, which is the removal of the entire breast.

Reconstructive surgery

Reconstructive surgery is another option that is performed by a plastic surgeon. This option can be done using the tissues from another part of the body or with implants.

Radiation therapy

Radiation therapy is another popular option for treatment. This form of treatment involves the use of high energy x-rays and other particles to destroy cancer cells, and this can be done before or after surgery. External beam radiation therapy, intra operative radiation therapy, and brachytherapy are all different forms of radiation therapy. External beam is the most common, according to cancer.net, as it is a form of therapy given from a machine outside of the body.

Systemic therapy

Systemic therapy is the use of medicines to destroy the cancer cells. There are four systemic therapy options:

chemotherapy, hormonal therapy, targeted therapy and immunotherapy. Chemotherapy is used to deter the cells from making more cells and used to help shrink a large tumor, and/or reduce the disease from coming back. Hormonal therapy is used as an anti-hormone blocker type of therapy and helps lower hormone levels. Targeted therapy helps to block the spread and growing of cancer cells and hopefully prevent destruction of healthy cells. Immunotherapy is used to help boost the body's natural defense to help fight the disease.

Overall, there are more in depth options that have been developed, but each treatment is best to be discussed with your provider to receive the best care and results.

Here's why October is breast cancer awareness month

BY KATHERINE RODRIGUEZ

nj.com

Every October, we have all seen that little pink ribbon or people wearing pink.

Most are aware that the color pink is synonymous with National Breast Cancer Awareness Month.

However, it's not widely known how or why National Breast Cancer Awareness Month started, and why it takes place in the month of October.

Here is what you need to know.

Why is October Breast Cancer Awareness Month? How did it begin?

National Breast Cancer Awareness Month began in October 1985, when the American Cancer Society and the pharmaceutical division of Imperial Chemical Industries formed a partnership.

Former first lady Betty Ford helped raise awareness as a breast cancer survivor herself. She was diagnosed

when her husband former President Gerald Ford served in the White House, shedding more light onto the issue.

What is the goal of Breast Cancer Awareness Month?

The initial goal of National Breast Cancer Awareness Month was to give women the facts about breast cancer and early detection methods so that they could stay on top of their breast health and prevent cancer.

The movement eventually grew so that medical organizations, government agencies, and nonprofits worked with survivors during the month of October on fundraising initiatives for research, education for women on the importance of regular screening for breast cancer via mammograms, and other early detection methods.

Breast cancer survivors and patients are also encouraged to share their stories throughout the month of October.

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Anniston support group welcomes local breast cancer survivors

BY VALLEAN JACKSON
Special to The Daily Home

Steel Magnolias in Anniston is a breast cancer support group that was created in 2001 to help those going through a trying time and let them know that they are not alone. The non-profit organization is staffed by volunteers who seek to stand in the gap for those who may need extra support or don't otherwise have a support system in their lives.

In 1995, Lanora Johnson was diagnosed with breast cancer and had a hard time finding the adequate support that she needed, and at the time support groups were not as popular. With the help of a friend and a few other women, Steel Magnolias was created and bloomed from about five women to about 35 to 50, and the numbers continue to grow.

"I am a 16-year breast cancer survivor," said Margaret Taylor, who serves as office manager and a board member for Steel Magnolias. "I have been here

since 2006, and over the years, the biggest problem seen from women who come in to join is having a lack of support when they need it most. When in transition of this disease, to have the support of family and friends is very important, but that is not the case for everybody. When you don't have that support, it can make things seem a little harder to get through. It is highly needed to be told and reminded that you are loved. Sometimes knowing what to say can be hard, but just being there when needed can say a lot during a hard time."

Taylor says that the Steel Magnolias name comes from a place of strength, as women are said to have to be made of steel in order to beat this disease. One of their mission statements is that they ask God to enlarge their territory, not to give more women breast cancer but to enlarge the territory to those that need their help. She added that the goal overall is to let people know that they do not have to be alone.

The support group welcomes resi-



dents of Talladega and St. Clair counties.

Steel Magnolias is located across from Regional Medical Center in Anniston and makes available to breast cancer survivors bras, scarves, prostheses and care packages. The group will send care packages anywhere in the world to benefit those in recovery, and conducts

several community outreach and education programs. It functions through donations and fundraisers, such as an annual golf tournament.

"One piece of advice that I would give to anyone is to try to always keep a positive attitude," Taylor said. "Steel Magnolias is a safe-space organization, and we are here for you. There is hope for recovery. In my opinion, life is good, even after breast cancer. As a survivor myself, I would not change what I have been through because it led me to meeting and getting to help so many people."

The best reward of being a part of the organization, she added, "is seeing the pain lifted from the eyes of those that come through our doors. By having bras and prostheses, it helps them feel like a woman again. You never stop being a woman of course, but giving back that piece of them in a sense helps to give them a feeling that is well-needed, and I love being a part of that change. It honestly gives me such joy to help someone, especially when I know what they are going through."

ALONE WITH CANCER: How treatment, support changed for some patients during the pandemic

BY NICOLE VILLALPANDO
Austin American-Statesman

"No one fights alone."

That was Jennifer Cartlidge's mantra all last year when the 47-year-old was diagnosed and being treated for stage 2 breast cancer.

She wore that mantra on a custom bracelet each time she had a chemotherapy treatment. Her two best friends made bracelets with the mantra to wear each time Cartlidge had a treatment and texted photos to her.

Cancer treatment during the COVID-19 pandemic can be a lonely place, but Cartlidge found ways to bring in her friends and family, and found connection in virtual support groups.

"The pandemic has really isolated survivors," says Jeannine O'Deens, the executive director of Susan G. Komen in Austin, Central Texas and East Texas. "They've had to be in an oncologist's office and hear they had breast cancer without their husband there. It's not the same as having somebody side by side."

Fighting that alone feeling

When Cartlidge officially received her diagnosis in the middle of March 2020, Texas had just shut down for COVID-19. Hospitals were preventing visitors except for caregivers of children or adults with conditions like dementia. Treatment centers and doctor's offices also limited who could come through their doors, mostly restricting access to patients only.

"I've felt a little bit alone in this whole process," Cartlidge says. "Normally, you would have people by your side through everything. There were appointments where I had to go through it alone."

Doctors' appointments were also different, with check-ins with her doctor and nurses by telehealth and online chats. "I didn't meet the oncologist face-to-face for several months," she says.

Her friends or family members had to drop her off at the entrance to a hospital or treatment center while she walked in alone for in-person procedures.

She says in normal times, she would have been the patient who invited friends and turned chemo into a party. During the pandemic, she did each treatment sitting in an infusion chair alone. Social distancing safety measures meant that she and the other patients getting chemotherapy were kept isolated from one another.

Her only interaction was with the nursing staff, who became like an extended family. "It's really about the staff that's there," she says.

When her chemo port became

infected in July 2020 during a COVID-19 surge, she was alone in the hospital for three days.

During treatment she was also immune compromised, which meant that she had to isolate in her house. People would drop off things or she'd talk to them in a distanced way.

As people got vaccinated and we learned more about COVID-19, some of the early restrictions eased. Dr. Caroline Coombs-Skiles of Texas Oncology says hospitals are now letting a family member come with a patient before a surgery, and Texas Oncology now allows one family member or friend to come with a patient during an appointment.

When those visitors were restricted, Coombs-Skiles would follow up with a phone call to whichever family member a patient wanted her to call to share information about the diagnosis and the upcoming surgery.

Telemedicine, though, has opened up options because even more family members can attend appointments with the patient as long as the patient agrees. Coombs-Skiles says "if anything good can come of COVID, telemedicine is one of them."

She says it's revolutionized the way she can share results and the frequency at which patients can connect with her to ask questions, as well as the way she can connect them to available resources, including nurse navigators and support groups.

"It's helpful to know they are not alone," Coombs-Skiles says. "There are resources they can tap into."

Building her personal army

Cartlidge found ways to build her network of supporters and live that "No one fights alone" mantra.

Friends Amy Harvey and Amy Evans kept texting photos of them wearing their bracelets on chemo days.

The nurses at Baylor Scott & White Cancer Center in Round Rock made an exception and snuck in her husband, Mike Wiesman, so he could be with her to ring the bell on her final chemo treatment.

Her mother-in-law, Susan Davis, told her, "when you lose your hair, I'm going to shave my hair with you." She made good on that promise. First she shaved Cartlidge's hair, then her own.

"It's those little things that get you choked up," Cartlidge says.

Davis also came to stay with Cartlidge for two months after her double mastectomy last October. "She would take me on walks to the edge of the driveway and back," Cartlidge says, because that's what Cartlidge had the



energy to do.

Tapping into cancer support groups

As great as her friends and family were, Cartlidge needed the support of women who had been there before her.

She joined the Susan G. Komen virtual support group survivor calls. There she learned tips such as suck on a lemon drop to get the metallic taste of chemo out of your mouth, and put ice packs on your hands and feet to avoid neuropathy.

"So much of what you have to do when you go through chemo just sucks," Cartlidge says. "The support group calls were huge for me. It did give me a point of connection."

Before the pandemic, these groups would get together in person every few weeks. "You could get a physical hug," Cartlidge says. Now it's a virtual one.

Through those calls, she heard from women who had been through cancer two and three times. "It was super reassuring and comforting," she says. "I can get through this. It's not a death sentence."

All of Susan G. Komen's support continues to be online, but O'Deens says, "there are some silver linings. It's expanding our reach to women and supporters who may not have had the bandwidth to get there."

Even after the pandemic is over, O'Deens says she thinks the nonprofit will continue to offer virtual support groups because people who don't live close by can still participate and feel

connected.

Celebrating an end to chemo

Last September, when Susan G. Komen was holding a virtual walk in Austin, Cartlidge remembered her sorority doing the walk while she was in college at the University of Texas.

She called Harvey and Evans and asked if this would be something they would do with her. Just like when they showed up at her doorstep 30 minutes after she told them about her diagnosis, they showed up and helped plan a celebration for Cartlidge in their local park. They enlisted the help of a philanthropy group at Cedar Park High School that was looking for a project during the pandemic. Twenty people walked with Cartlidge while others held up signs in support, blew bubbles and celebrated her with a Champagne toast.

Her husband named their team "Double Bubbles" after a Cheech and Chong reference to breasts. It had to be "Double Bubbles," she says, "after everything he did to support me through it. So much of it he couldn't be there for."

Team Double Bubbles will be back for this year's Susan G. Komen More than Pink Walk, which will be both in-person and virtual.

"No one fights alone," Cartlidge says. "I really did come to understand I'm not really alone. There are resources, people who are supporting you, even if they can't physically be there."

Get your cancer screenings

"One of the downsides to (the pandemic) is people stopped doing their screenings," says Dr. Caroline Coombs-Skiles of Texas Oncology. That includes mammograms, colonoscopies and annual well check doctor visits.

Screening centers are open with COVID-19 safety measures.

Doctors worry that cancers that could have been caught in 2020 are now being caught a year later and potentially at a more advanced stage.

"That's going to affect breast cancer statistics for at least the next decade," Coombs-Skiles says.

More cancer resources

- Breast Cancer Resource Center, a local support and resource network, [bcrcc.org](#)
- Regarding Cancer, a local support and resource network, [regardingcancer.org](#)
- American Cancer Society, [cancer.org](#)
- Carebox Program, which helps people with cancer with needed supplies, [careboxprogram.org](#)



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"It isn't painful, just aggravating"



Stephen Gross/The Anniston Star

Local survivor still dealing with after-effects of breast cancer treatment

BY FAITH DORN
Special to the Star

Lanita Price Bennett believes in doing everything she can to prevent bad health issues.

"I have taken every vaccine available; you name it — I've taken it," explained Bennett. "I've gotten my yearly mammogram for 40 years."

In 2020, her yearly mammogram was scheduled for May 10, but it had to be rescheduled to later that June.

In early July, the doctor said Bennett needed a repeat mammogram and a sonogram because something had shown up. She got a biopsy in mid-July and went back to get the results in late July.

"My husband, Stan, and I would regularly deliver meals for Meals on Wheels, and we thought we'd go in that morning for the appointment and head on to our route," Bennett said.

The doctor told Bennett she had a very aggressive triple-negative invasive ductal carcinoma. With the surge of COVID-19 at the time, her doctor was not certain how long surgery would be an option, but he did have an opening at 6 a.m. the next morning. Bennett decided to get her surgery then.

"Because of COVID restrictions, my husband couldn't come in with me. He has been by my side for 41 years, so him not being allowed to come in was tough," said Bennett.

Dr. Michael Hall performed the surgery, and Bennett was home later the same day. At a follow-up appointment, Dr. Hall referred her to Dr. Asim Sehba, who told Bennett that hormone treatments were not going to work because of her type of cancer.

Bennett received chemotherapy treatments on Sept. 1, Sept. 21, Oct. 13 and Nov. 3 of 2020.

She was informed that her surgery increased her rate of survival by 75 percent and receiving chemotherapy increased her rate of survival by 15

percent.

"I lost my hair shortly after the first treatment, and I had some taste issues. Water didn't even taste right, and I had some fatigue," Bennett said.

In mid-January of 2021, Bennett had what she assumed was an allergy. A chest x-ray and a scan of her lungs revealed she had pneumonia caused by the chemotherapy.

Dr. Raul Magadia informed her that the good news was she had the immune system of a 20-year-old.

"Unfortunately, the bad news was that since it wasn't related to my immune system, there is not much the doctors could do," Bennett said. "Antibiotics every day can cause resistance, as well as lung and kidney damage."

Bennett has a prescription for an antibiotic, and she typically makes it about 12 or 14 days before experiencing shortness of breath.

"It isn't painful, just aggravating. There is no surgery that will correct it," Bennett said.

Bennett is looking into getting a percussion vest like some COVID or cystic fibrosis patients use.

Even after cancer and while dealing with pneumonia, Bennett never stays in bed all day.

"I get out of bed and get dressed everyday. We just are not doing Meals on Wheels because I cannot risk exposure," she said.

The Bennetts regularly provide meals for St. Michael's clinic in Anniston, where Lanita's niece is a physician's assistant. They also regularly provide meals for the RMC COVID unit meal train.

"I would go crazy if I just sat here. I just feel so fortunate that they caught it early. We don't have to go to Birmingham. We have a fantastic hospital right here," Bennett concluded.

Faith Dorn is a freelance writer in Anniston. Contact her at faith.h.dorn@gmail.com.

Don't be indifferent. Breast cancer is a real threat to women under 40, too

BY LAUREN COSTANTINO
Miami Herald

Two weeks ago I turned 30, with a lot on my mind — excelling at work, furnishing a new apartment, wondering "Why does my lower back suddenly ache?" That kind of stuff. Perhaps the last question on my mind was, "What age should I schedule a mammogram?"

Still 10 years away from 40, I didn't feel much urgency to even think about mammograms. But, after speaking with a friend who was recently diagnosed with breast cancer — she's 37 — my feelings have changed. October is National Breast Cancer Awareness Month, and you've no doubt already seen the pink campaigns around — for good reason. Breast cancer is the most common cancer in American women, excluding skin cancers, and the average risk of a woman getting breast cancer sometime in her life is about 13 percent, according to the American Cancer Society.

cer Society.

Women who are at average-risk for breast cancer (meaning they do not have strong family history or a genetic mutation) are told not to worry about breast-cancer screenings until after they turn 40. The American Cancer Society says women between 40 and 44 have the option to start screening with a mammogram each year, and that women 45-54 should get mammograms every year. The Centers for Disease Control and Prevention has similar guidelines.

Earlier this year, Erin Monteleone, a professional dancer who lives in New York City, woke up one morning with a painful lump on the left side of her breast. After some light consultation with Dr. Google, she figured the lump was probably not breast cancer (cancerous lumps aren't usually painful) and went on with her life. Then, Monteleone thought of a friend of a friend who was diagnosed with breast

Please see **CANCER** | Page 2B

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Celebrities who have beaten breast cancer

BY VALLEAN JACKSON
Special to The Daily Home

When October arrives, the month goes pink in support of breast cancer awareness, and many well-known celebrities lend their support to the cause.

Their names and faces may be familiar to us from television screens, movies and other media, but we may not be aware that they are survivors of breast cancer.

For example, if you are a fan of Beverly Hills 90210 and Charmed, one of the stars of both shows, Shannen Doherty, spoke out about her battle of breast cancer in 2015. She encountered a recurrence of breast cancer after her surgery and chemotherapy in 2017. She continued to work, in such projects as the 90210 reboot in 2019, as she believes that, even for people with stage 4 cancer, life does not have to stop.

Seinfeld fans love Elaine Benes, portrayed by Emmy winner Julia Louis-Dreyfus, who announced to the world in 2017 that she had breast cancer. She said her good news was that she had a lot of support from family and friends, and shared that she underwent six rounds of chemo and a double

mastectomy, but soon returned to filming after recovery for the show Veep.

Giuliana Ranic was 36 years old at the time E! Network tv personality shared news about her battle with breast cancer in 2011, enduring a double mastectomy and reconstructive surgery. Her battle with cancer led her to launch the organization Fab-U-Wish, which supports women going through treatments.

Comedian Wanda Sykes is known for giving people a good laugh on and off the screen, but in her personal life, she chose to have a preventative double mastectomy. This decision was prompted by a family history of breast cancer. Sykes said that with both breasts removed, she now has zero chances of getting the disease.

Whether it is Peter Criss, Suzanne Somers, Christina Applegate or your next door neighbor, the battle of breast cancer is not an easy journey. But is not the end, and that is important to know. The women and a few men listed above are proof that success and life after a diagnosis of breast cancer is possible. If you are battling breast cancer, you are stronger than you think! Keep being great and showing the world the warrior you are!

CANCER

Continued from Page 1B

cancer at 38. The nagging feeling just wouldn't go away, so off to the gynecologist she went. After the exam, her doctor suspected the lump was just a cyst, but told her to get a mammogram and ultrasound just to be sure.

During the ultrasound, Monteleone got a strange feeling as she was watching the background images. The technician took a disproportionate amount of images of the right side even though the lump was on the left. She felt like the technician was avoiding eye contact. Turns out, the lump on the left side was benign, but the right side showed some serious cancer-resembling images. The right side? She hadn't felt anything there before. Monteleone is a trained ballet dancer who performed with the Radio City Rockettes for seven years. If there's anyone who knows their body inside and out, it's her. She was shocked.

"Am I stupid? Like, how did I not feel this? How did I not find this?" she said.

Five days, more imaging and a biopsy confirmed her suspicion that she had breast cancer. The radiologist explained Monteleone probably would have to have been an expert to detect any cancerous tissue.

As she walked me through her journey from diagnosis to treatment, I learned some main takeaways about navigating cancer or any other life-altering health diagnosis.

Ask a million questions. The whirlwind of a cancer diagnosis comes with a lot of decisions. You have to find a second opinion doctor, an oncologist, breast surgeons, treatment centers — and they all must be within your network. "You're letting someone cut you open and redo you and it's like, 'Wow, I have to make this decision now? I don't get like months to shop around?'" Monteleone said. Ask your doctors to explain your options to you clearly and ask questions when you don't understand something. Monteleone found the right doctors through her network of friends and healthcare profession-

als. She learned to trust herself and knew when she found the right team. Monteleone quickly learned about her blood cells, how breast cancer spreads, how chemotherapy treatment works and so much more. "You know nothing about it, and suddenly you have to become an overnight expert," Monteleone said. "Because you have to make a decision of who's handling your life."

Advocate for yourself. In the days leading up to her diagnosis, Monteleone was often told to schedule her appointments a week out, but she didn't want to wait that long. She called her insurance company to get things moving along faster, saving her weeks of not knowing about the cancer. In addition to being the squeaky wheel, Monteleone learned how important it is to understand your options, which sometimes means speaking up and asking the doctors to explain more. "You can let your doctor drive the car, but

you best be in the passenger seat next to them, knowing where you're going." All young women should ask their gynecologist to teach them how to perform breast self exams. Learning about your body is important and can help you detect changes. Don't be embarrassed, your life could be on the line.

Get better insurance, even if you think you won't need it. "How much does cancer cost?" Monteleone found herself Googling this question often. Like most life-threatening diseases, cancer is expensive. As a healthy fitness instructor under 40, Monteleone didn't think she needed insurance with a high premium plan. After her diagnosis, she was able to switch from a plan with a very high deductible to a premium plan where she could pay less out of pocket expenses — but this flexibility was granted because of the pandemic, so check your health insurance plan now.

You are stronger than you think you

are. Right now due to the pandemic, Monteleone and other cancer patients have to navigate doctors appointments, long hours of chemo and surgeries all on their own. I asked Monteleone the most important thing she's learned about herself during this process: "That I can be strong. I had to do all these things by myself, to know that I can do it alone is pretty cool." She also learned to value what's important in life. After recovering from a round of chemo — which can be very rough on the body — Monteleone finds any opportunity to dance, go for walks, be with her dog and boyfriend, simply appreciating everything her beautiful body can do.

Join me in wishing Erin Monteleone luck during her sixth and final round of her chemotherapy and during her surgery next month. And please, heed Erin's advice: Schedule your screenings and do your breast self-exams. That includes you too, men. (Yes, men can

breast cancer |



- breast cancer symptoms
- breast cancer awareness
- breast cancer survival rate
- breast cancer signs
- breast cancer now



The story behind the pink ribbon

BY VALLEAN JACKSON

Special to The Daily Home

A pink ribbon symbolizes breast cancer awareness.

The merging of ribbon and symbolism in the United States came about in two huge leaps. The first occurred in 1979 when a wife of a hostage who had been taken in Iran was inspired to tie yellow ribbons around the trees in her front yard, signaling her desire to see her husband come home again.

Step two occurred 11 years later, when AIDS activists looked at the yellow ribbons that had been resurrected for soldiers fighting the Gulf War and turned the ribbon bright red, looped it, spruced it up and sent it onto the national stage during the Tony awards to represent those affected by AIDS.

The stage was set for the evolution of the breast cancer awareness ribbon. Susan G. Komen for the Cure has used the color pink since its inception in 1982. The first Komen Race for the Cure logo design was an abstract female runner outlined with a pink ribbon and was used during the mid 1980s through early 1990s.

In 1990, the first breast cancer survivor program was launched at the Komen National Race for the Cure in Washington, D.C. The survivors wore buttons that were printed in black and white. Later

that year, the survivor program developed, and pink was used as the designated color for Komen to promote awareness and its programs. Pink visors were launched for survivor recognition.

In 1991, pink ribbons were distributed to all breast cancer survivors and participants of the Komen New York City Race for the Cure. Then in 1992, Alexandra Penney, editor-in-chief of Self magazine, wanted to put the magazine's second annual Breast Cancer Awareness Month issue over the top. She did this by creating a ribbon and enlisting the cosmetics giants to distribute them in New York City stores.

In 2007, 25 years after its inception, the Susan G. Komen Breast Cancer Foundation changed its name to Susan G. Komen for the Cure. The name change was accompanied by a new brand image. The new logo included a pink "running ribbon" designed specifically for Komen for the Cure.

This ribbon signifies the promise Komen Founder Nancy G. Brinker made to her dying sister, Susan G. Komen, to do what she could to end breast cancer. Today, any generic pink ribbon can be used to represent breast cancer awareness while the Komen "running ribbon" is reserved solely for use by Susan G. Komen for the Cure.



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Proper nutrition and changes to diet can be beneficial to hair growth and health.

Promoting healthy hair growth after chemo

Chemotherapy is designed to attack rapidly dividing cells. Unfortunately, hair follicles are some of the fastest-growing cells in the body. That's why, within a few weeks of beginning chemotherapy treatment for breast cancer, many women report losing some or all of their hair.

According to BreastCancer.org, some chemotherapy treatments will only cause hair loss on the head. Others can also cause the loss of hair elsewhere on the body. No treatment can guarantee that hair will not fall out during or after chemotherapy. However, planning ahead for changes in appearance and taking the steps to help strengthen hair when it begins to grow in again (typically several weeks after treatment) can make a difference.

It's important to note that hair almost always grows back after chemotherapy. However, women must be mindful that there may be some distinct changes when hair grows back. Hair can regrow with a different texture. It may be curly when it was once straight. Hair may now be thick instead of thin. Its color may change as well. Other people experience little to no changes.

How quickly hair grows back depends on individual health. It can take up to three months before women get a full head of hair. As the body recovers from chemotherapy and more effectively processes vitamins and other nutrients, those nutrients will be delivered to hair follicles.

To promote healthier hair growth, individuals may want to try changing their

diets to include ingredients that can be beneficial to hair growth and health. The following are some foods to try:

Salmon

Salmon and other fatty fish contain omega-3 acids that can fuel shiny, full hair. The body does not make omega-3s, so they must be acquired through food.

Greek yogurt

Greek yogurt contains an ingredient known as pantothenic acid, or vitamin B5. This can help improve blood flow to the scalp and also may assist against hair thinning and loss.

Iron

Iron contained in organ meats, fortified cereals, whole grains, and legumes can protect against hair loss.

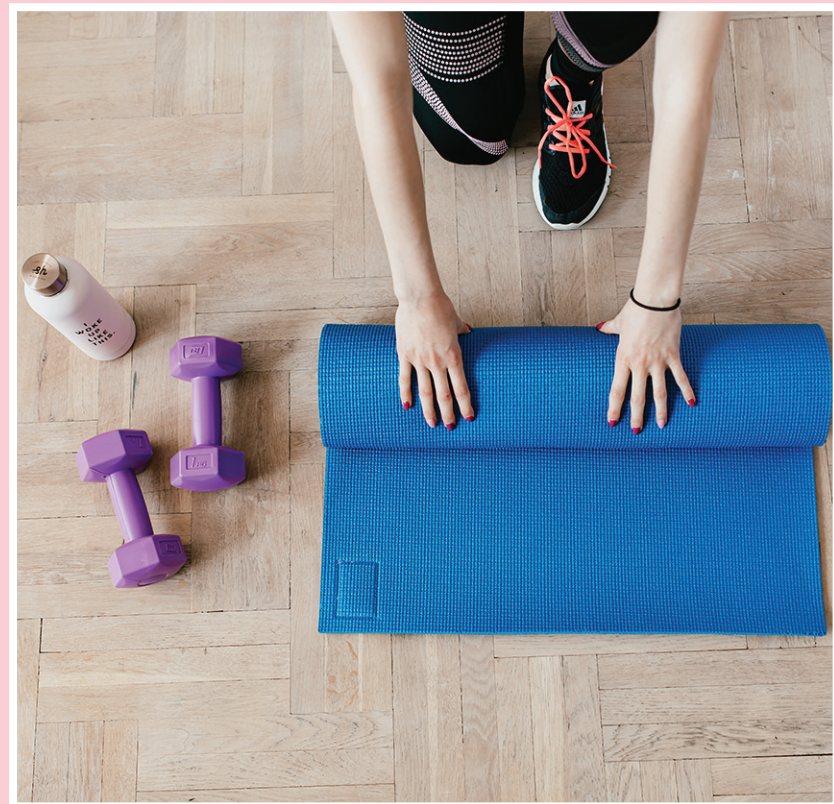
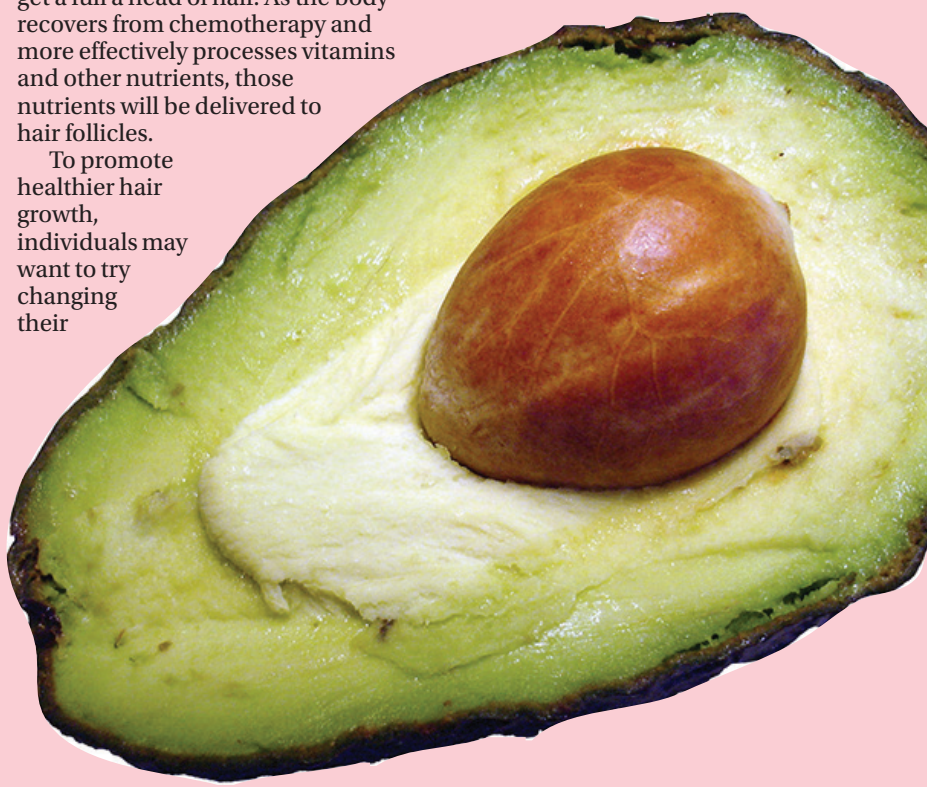
Eggs

Rich in biotin, eggs can help hair grow. Biotin also helps strengthen brittle fingernails.

Avocados

Avocado contains healthy oils that can fight dry hair and promote shine.

Hair loss is a temporary side effect of cancer treatment. With time, patience and a healthy diet, hair can return.



Nutritionists urge healthy lifestyle to reduce breast cancer risks

BY MARIA WELDALI

Jordan Times, Amman

In light of Breast Cancer Awareness Month, nutritionists and fitness professionals share healthy behaviours that help minimize the risk of developing breast cancer.

"There are many risk factors that we cannot control like our age and family history of breast cancer, however, prevention from cancer and other diseases starts by maintaining a balanced and healthy lifestyle," said Jordanian nutritionist Amani Omar.

Being overweight or obese is linked to an increased risk of breast cancer, according to Omar.

She added that limiting processed foods, being mindful of portion sizes, as well as increasing the intake of fruits and vegetables, which are abundant sources of antioxidants, all help with weight control.

Regular physical activity is essential, Noor Shabsough, a Jordanian fitness expert, told The Jordan Times on Sunday, adding that "it helps in relieving stress and keeping an individual generally healthy".

According to the World Health Organization, behavioural choices and interventions that reduce the risk of breast cancer include: Avoidance of tobacco use, weight control and regular physical activity.

Breast cancer is the world's mostly commonly-diagnosed cancer, the website added.

"My family's support was among the main reasons that helped me get through my fight," Samar Husam, a Jordanian breast cancer survivor, told The Jordan Times on Sunday.

Husam added that now she checks regularly and she adopted a healthy lifestyle to prevent a breast cancer recurrence.

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Early Detection is the Key!*



Q&A on Breast Cancer Awareness

GALLIPOLIS DAILY TRIBUNE, OHIO

October is recognized as Breast Cancer Awareness Month and Holzer Health System recently conducted an interview with Alice Dachowski, MD, a general surgeon, to answer a few questions about the importance of breast cancer awareness and overall health.

The questions and answers appear below:

As a provider, what would you tell patients about the importance of annual mammograms and exams?

Many women in our local communities have delayed routine screening mammography due to the COVID-19 pandemic. A recent study from the Journal of the American Medical Association has confirmed that the “delay in diagnosis of breast cancer will likely lead to presentation at more advanced stages and poorer clinical outcomes.” Screening mammography helps with early detection of breast cancer before it can be felt on physical exam and provides valuable time to start treatment. When breast cancer is detected early there is a much better chance to achieve better clinical outcomes and increase survival rates. Even during this unprecedented time of a pandemic, routine mammographic screening remains a crucial piece in the early detection of breast cancer.

What symptoms or signs should individuals be aware of?

It is very important that patients talk to doctor about their personal risk factors for breast cancer in order to decide when to begin and how often to get mammograms. As shared by the American Cancer Society (ACS), The most common symptom of breast cancer is a new lump or mass. A painless, hard mass that has irregular edges is more likely to be cancer, but breast cancers can be tender, soft, or round. They can even be painful. For this reason, it’s important to have any new breast mass, lump, or breast change checked by an experienced health care professional.

Other possible symptoms of breast cancer include:

- Swelling of all or part of a breast (even if no lump is felt);
- Skin dimpling (sometimes looking like an orange peel);
- Breast or nipple pain;
- Nipple retraction (turning inward);
- Nipple or breast skin that is red, dry, flaking or thickened;
- Nipple discharge (other than breast milk);

Swollen lymph nodes (Sometimes a breast cancer can spread to lymph nodes under the arm or around the collar bone and cause a lump or swelling there, even before the original tumor in the breast is large enough to be felt).

Although any of these symptoms can be caused by things other than breast cancer, if you have them, they should be reported to a health care professional for investigation.

Why is it so important to catch breast cancer in early stages?

According to the ACS, when breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 99%. Early detection includes doing monthly breast self-exams and scheduling regular clinical breast exams and mammograms.

Those who are diagnosed with breast cancer in early stages have more options available for treatment. Individuals can choose to have a breast lumpectomy and radiation therapy. Those individuals live just as long as those who elect to have a mastectomy with equivalent 5-year survival rates. Most patients diagnosed with breast cancer have no known family history of breast cancer.

What about breast swelling after vaccines? Does that happen? How does that affect my mammogram reading?

Vaccines of all types can result in temporary swelling of lymph nodes as your body’s immune system produces antibodies as intended. If you receive a vaccine too close to the date of your mammogram, it may result in a “false” positive reading of lymph node enlargement. If your screening mammogram is due now, either schedule it before receiving your vaccine or delay it for 4 to 6 weeks after the final dose is administered. If you are having an active breast issue that is concerning you or your doctor, please proceed with any recommended imaging as soon as possible rather than delaying and let the staff at the mammography unit know if you have been recently vaccinated.

Is it true that men can be diagnosed with breast cancer?

Men get breast cancer too. 1 in 100 men are diagnosed with breast cancer in the US each year. The ACS estimates for breast cancer in men in the United States for 2021 are:

Estimated 2,650 new cases of invasive breast cancer will be diagnosed;

Approximately 530 men will die from breast cancer.

The ACS reports that breast cancer is about 100 times less common among white men than among white women. It is 70 times less common among Black men than Black women. For men, the lifetime risk of being diagnosed with breast cancer is about 1 in 833.

What are your final thoughts on breast cancer awareness and maintaining your health?

According to the American College of Surgeons, in 2021 an estimated 281,550 new cases of invasive breast cancer will be diagnosed in women; 2,650 cases will be diagnosed in men; and an additional 49,290 cases of ductal carcinoma in situ (DCIS) will be diagnosed in women in the United States. An estimated 44,130 people will die from the disease (43,600 women, 530 men).

A multidisciplinary team approach with a surgeon, medical and radiation oncologist is very helpful in developing a personalized care plan when one is diagnosed with breast cancer. The most important member of the personalized health care team is YOU! We want to stress to our communities to take care of yourself and maintain your health to the best of your ability. Preventive medicine is key to living the best life possible.

October brings awareness to breast cancer

BY NANCY HASTINGS
Hillsdale Daily News, Mich.

October is National Breast Cancer Awareness Month, an annual opportunity to educate on products and services that benefit breast cancer advocacy, research and patient care services.

However, some say that the excessive amount of pink products on store shelves and online can make savvy shopping a challenge.

“Determining if a given product sold during October actually benefits a breast cancer charity is not always easy,” said Sarah Rosales, vice president of Corporate Partnerships at Susan G. Komen, in a press release.

This year, Komen has partnered with more than 25 companies, and the lineup of products and services available includes everything from specially designed clothing and skin care products, to bagels and bikes.

Rosales says that by shopping with the brands in the Live Pink portfolio during October, you can help fund research and care services that support people through their breast cancer diagnosis, treatment and beyond. To learn more, visit, [komen.org/livepink](https://www.komen.org/livepink).

For other purchases planned this National Breast Cancer Awareness Month, the site recommends asking the following questions:

1. What charity is the program supporting? Do promotional materials about the product or service clearly and conspicuously state this information?
2. How will the benefitting charity use the donation? You should be made aware where your money is going and what charitable programs your purchase will support. Funds raised to benefit Komen, for example, go to support the organization’s advocacy for breast cancer patients, investments in research and a number of direct patient care services.

3. How is the program structured? What percentage or exact amount of the proceeds will go to the charity? Will the company be making a minimum or maximum donation to the charity? Shop only with companies that offer transparency with regards to program details and how donations are structured.

By shopping savvy this October, Rosales says you can support the fight against breast cancer and ensure your purchases are making the biggest impact possible.

Not only does the month of October bring awareness to how to help with funding research, it also brings awareness to health services.

Registered Nurse Molly Craig, the Diagnostic Imaging Nurse Navigator for Hillsdale Hospital, said this month annually brings awareness to health services for the community, ensuring access to necessary high-quality care locally.

“We encourage all to participate in this annual opportunity to recognize and contribute to breast cancer advocacy, research and patient care services,” Craig said. “Breast cancer is the most common cancer globally as of 2021 according to the World Health Organization. Early detection through screening and treatment is essential.”

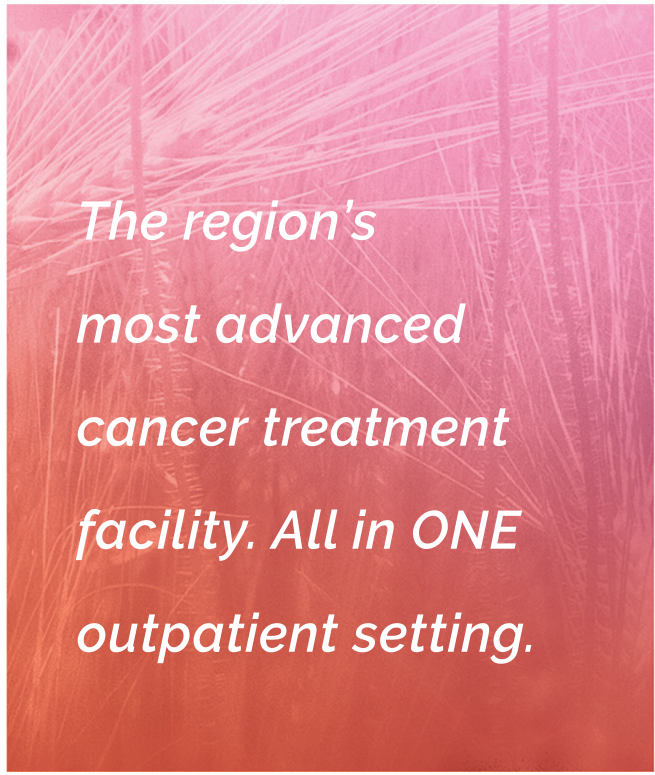
The American Cancer Society and the College of Obstetricians and Gynecologists recommend that all women have yearly mammograms beginning at the age of 40, Craig added.

“Hillsdale Hospital has a new GE 3D Senographe Pristina Mammography System to provide state of the art imaging to identify and prevent breast cancers,” Craig said. “Wear pink, check in with survivors, donate, but above all else, contact your Hillsdale Hospital provider to set up a mammogram screening today.”





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