

# BREAST CANCER AWARENESS 2018



# HOPE FIGHT CURE

**SURVIVORS' STORIES • TREATMENT ADVANCES • SCREENING AND PREVENTION • SUPPORT NETWORKS**

**The Eagle-Tribune**

Friday, October 12, 2018



This Breast Cancer Initiative is brought to you by

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and these local partners:



# A journey of hope, strength and courage

It's been seven years since we began our annual Breast Cancer Awareness campaign to highlight the realities of a complex disease that's had a far-reaching impact on our North of Boston communities.

And in that time, we've seen some positive advances made — in detection, in treatment and in lives saved.

The statistics are encouraging.

The American Cancer Society says breast cancer death rates among women declined by 39 percent from 1989 to 2015. That progress is attributed to improvements in early detection and treatment protocols.

Over the last 25 years or so, 322,000 lives have been saved from breast cancer. Currently, the five-year net survival rate in the U.S. is 85 percent.

Breast cancer incidence rates also have been decreasing since 2000 after increasing for the previous two decades.

Still, the disease continues to take its

toll. Each year brings news of a family member, friend or co-worker being diagnosed with breast cancer at all stages.

An estimated 266,120 new cases of invasive breast cancer and 63,960 new cases of noninvasive, or in situ, breast cancer are expected to be diagnosed in women in the U.S. this year, according to Breastcancer.org.

We strongly believe many of those patients will successfully recover and go on to live full lives. Sadly, we know all too well that others, through no fault of their own, will face more devastating outcomes.

That tells us that more work needs to

be done — in research toward a cure and in advances in treatment to guarantee all women and men afflicted with breast cancer are afforded the chance to survive.

In this year's special section, you will find stories of survivors who share their experiences and offer hope for those facing their own diagnoses. We provide recommendations and advice from the medical community who are caring for the

patients in our cities and towns. We highlight breakthroughs in genetic testing and offer places to turn for more information and support — not only for those fighting the disease, but

for their loved ones, too.

We are grateful for the dozens of community and business leaders who have once again stepped forward to support our campaign with their sponsorship. You'll find them throughout these pages, and we hope you join us in thanking them for making this effort possible through their generosity.

Additional copies of this special report are available in the front lobby of The Eagle-Tribune. Please stop by our office at 100 Turnpike St. in North Andover if you'd like a few extra to pass along to those you care about.

**KAREN ANDREAS**  
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# After the 'Jolie Effect' Assessing breast cancer risk

## Lahey Health

When Angelina Jolie made the decision in 2013 to have a bilateral prophylactic mastectomy in order to reduce her risk of developing breast cancer, the Hollywood icon unknowingly started a trend.

Dubbed the "Jolie Effect," research has shown that in the years following the actress's public decision to have the procedure, mastectomy rates nearly doubled.

After seeing an uptick in the years following Jolie's decision, Lahey Hospital & Medical Center has now started to see a decline in breast cancer patients opting for a prophylactic mastectomy.

According to Dr. Julie

O'Brien, medical director of the Comprehensive Breast Health Center at Lahey Hospital, breast cancer patients used to reference Jolie when making the decision to have a prophylactic mastectomy.

Jolie had a genetic mutation, BRCA1, that drastically increased her chances of developing breast and ovarian cancer. In fact, because of that mutation, Jolie had a 60 percent to 80 percent chance of developing breast cancer over her lifetime, compared to a less than 12 percent chance for a woman with no family history and no genetic mutation.

There are a number of reasons for the decline in mastectomy rates, according to O'Brien.

At Lahey, for example,

patients debating the procedure are encouraged to consult with Dr. Cary Meyer, a behavioral psychologist to discuss additional options. There's also a focus on personalized care at Lahey that focuses on making the right decision for the patient.

However, according to O'Brien, for breast cancer patients, a prophylactic mastectomy does not improve their overall chance of survival, and it comes with its share of risks.

"It is important to note that Angelina Jolie did not have breast cancer. She had a genetic mutation in the BRCA1 gene, which put her at a high risk for the future development of breast cancer," O'Brien said. "Having the procedure can increase the chances of

potential complications, and there are also side effects to mastectomy from a physical and emotional standpoint. For example, patients have permanent numbness of the chest wall following the procedure."

To help patients understand their lifetime risk of developing breast cancer, patients at any Lahey facility who are scheduled for a mammogram take a risk assessment survey that helps determine what is their calculated risk for developing breast cancer and what is their risk for having a genetic mutation. According to O'Brien, determining a patient's risk is much more informative, since only 5 percent to 10 percent of breast cancer diagnoses are secondary



Determining risk factor is a key tool for women in planning their approach to breast cancer.

to a known genetic mutation, while 90 percent to 95 percent of breast cancer patients likely develop the disease from aging, hormone exposure, diet and environmental exposures.

"We are focused on getting patients to understand their lifetime risk for developing breast cancer and from there, if necessary, evaluate patients in the breast center to discuss high-risk breast cancer screening with bilateral breast MRI in combination with routine screening

3D mammography, as well as to refer patients to genetics for counseling and possible genetic testing," O'Brien said.

"Patients oftentimes rush into a decision after learning they have breast cancer because a breast cancer diagnosis is an emotionally charged one," she said. "However, the impacts from having a prophylactic surgery can be life-altering, and so, the focus must be on educating patients of their options so that they may make an informed decision."

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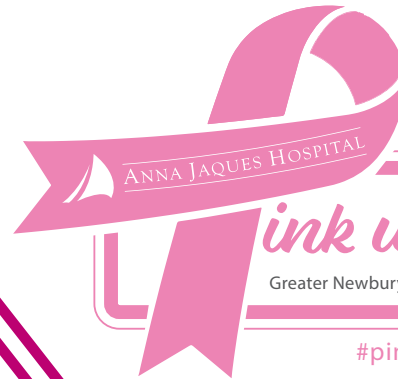


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# Beyond the front desk: The cancer diagnosis

## Dr. Lana Shikhman

Elliot Breast Health Center



It is 8 a.m. at the Elliot Breast Health Center, and concerned women and men flood the office with breast lumps, nipple discharge and skin changes. Most of these findings will be benign, but the anticipation of “bad news” is palpable.

More so, it is the fear of the unknown that slows the footsteps and quiets the crowded changing room. Perhaps if someone shed some light on what will happen aside from a change of clothing and the anticipated mammogram, the heart will slow down a bit and

soften the alarming pang in the chest.

So how does it all work?

### First step

We want to meet you and get to know you. If you are here for screening, only imaging studies will be performed. If you are here for specific symptoms, then you will spend a bit more time with us. We want to see how long things have been concerning you and interfering with your lifestyle. This may seem uncomfortable, dressed in a gown talking about your breast health and sharing intimate things with someone you just met. But we need to hear your concern, see it and be able to feel it. The more we know, the more accurate the diagnosis.

### Second step

Once we have seen, heard and examined you, we need to obtain imaging studies. These studies allow us to see deep into the breast tissue and give us even

more information to decide on what would be the best course of action. The most common imaging modalities include a mammogram and an ultrasound. They function in tandem, like two close friends, stronger and more accurate in combination.

### Third step

Once we have more information from your imaging and physical exam, we will decide whether your symptoms are harmless and/or suspicious and require additional workup. Suspicious findings on a mammogram or physical exam, or both, require more direct confirmation. That means we need to get some tissue in the area of concern: a biopsy. This is done with the help of ultrasound, mammogram or MRI, depending on which picture shows it the best. We inject numbing medication into the skin and then use a specialized needle to obtain tissue samples through a small skin opening.

The results take about three to

five days, at which time someone from the office will call you or schedule an appointment to discuss things in person. If the lesion is benign (the majority are), then the phone call will be a reassuring one and you will be informed of the next imaging study and/or follow-up you may need. If the biopsy yields a cancer diagnosis, we have a lot to talk about and we get you back into the office immediately.

### Fourth step

The cancer diagnosis visit is a long one. We encourage that you bring someone with you during that appointment. You will meet with one of our dedicated breast surgeons and discuss the next immediate steps that are necessary to achieve a cure. Most of the time, a specific surgical procedure is required. Depending on your age and cancer type, you may meet with our nurse practitioner for a genetic assessment and counseling. You may also need radiation therapy and/or chemotherapy. The order of

these therapies may be switched or eliminated altogether depending on the type of cancer you have. The therapy is tailored to you, and a multidisciplinary team of specialists will help you make these complex decisions. Once the treatment is complete, you will have a yearly visit with us to make sure you remain healthy.

Most importantly, if you are a woman over the age of 40, please continue with your yearly screening mammograms. Eat plenty of fruit and veggies. Exercise at least three times a week for 30 minutes to maintain a healthy lifestyle. And if any trouble should arise, please contact us, now having a better understanding of what happens beyond the front desk.

*Dr. Lana Shikhman has been with the Elliot Breast Health Center since September 2014. She is board-certified by the American Board of Surgery and is a member of the American College of Surgeons, the American Society of Breast Surgeons and Women in Surgery.*

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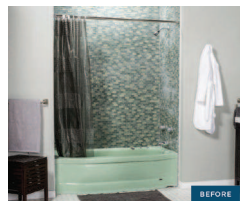
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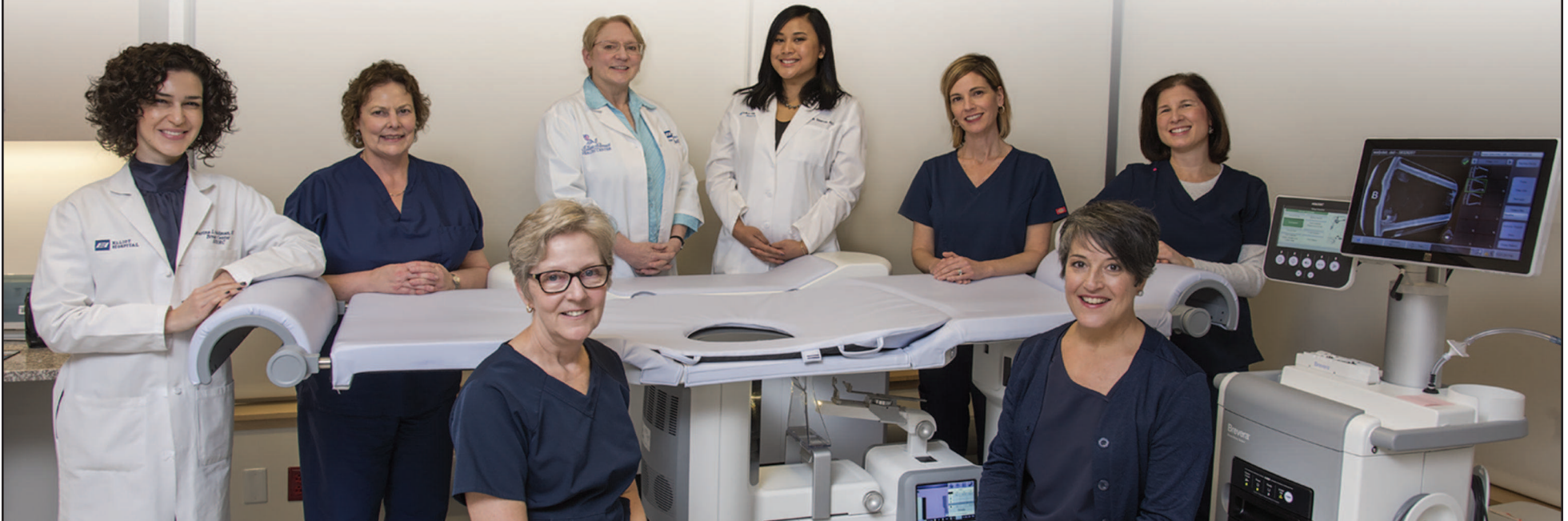
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"The technology that we are now using is a game changer for the community and we are told we are the only center in all of New England using both the Hologic Affirm and the Hologic Brevera biopsy technology," explained Dr. Marina Feldman, Elliot Breast Radiologist. "The ability to biopsy small areas of interest that may not be visible using other imaging techniques provides a significant advantage to our physicians and their patients.

Integrating this ability into a system that allows these procedures to be performed with patients in the prone position represents a transformative innovation in breast biopsy." Feldman added.

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The availability of 3D™ imaging for biopsy guidance facilitates the localization and accurate targeting of lesions, including those that can be challenging to detect with conventional imaging techniques. In addition, this new biopsy technology from Hologic has several key advantages over standard X-ray biopsy procedures, including faster targeting and fewer X-ray exposures, resulting in shorter patient procedure time and reduced patient dose.

Dr. Feldman further explained, "The use of the Brevera is also extremely advantageous to us as it provides real-time imaging of the specimen and has a unique automated post-biopsy specimen handling system that allows the pathologists to receive tissue that has never been touched from the moment we take the biopsy. Our patients are comfortable for the procedure and confident that the tissue we extract is reaching pathology through the most sophisticated technology and yielding fast and accurate results."

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# A UNIVERSAL MISSION

## Lawrence General Hospital focuses breast health outreach on Latinas

By ZOE MATHEWS  
STAFF WRITER

Lawrence General Hospital wants to have a “charla” — or chat — about breast health.

The hospital has been holding charlas at various locations across the Merrimack Valley in coordination with the YWCA, to provide local women with education and information about breast health.

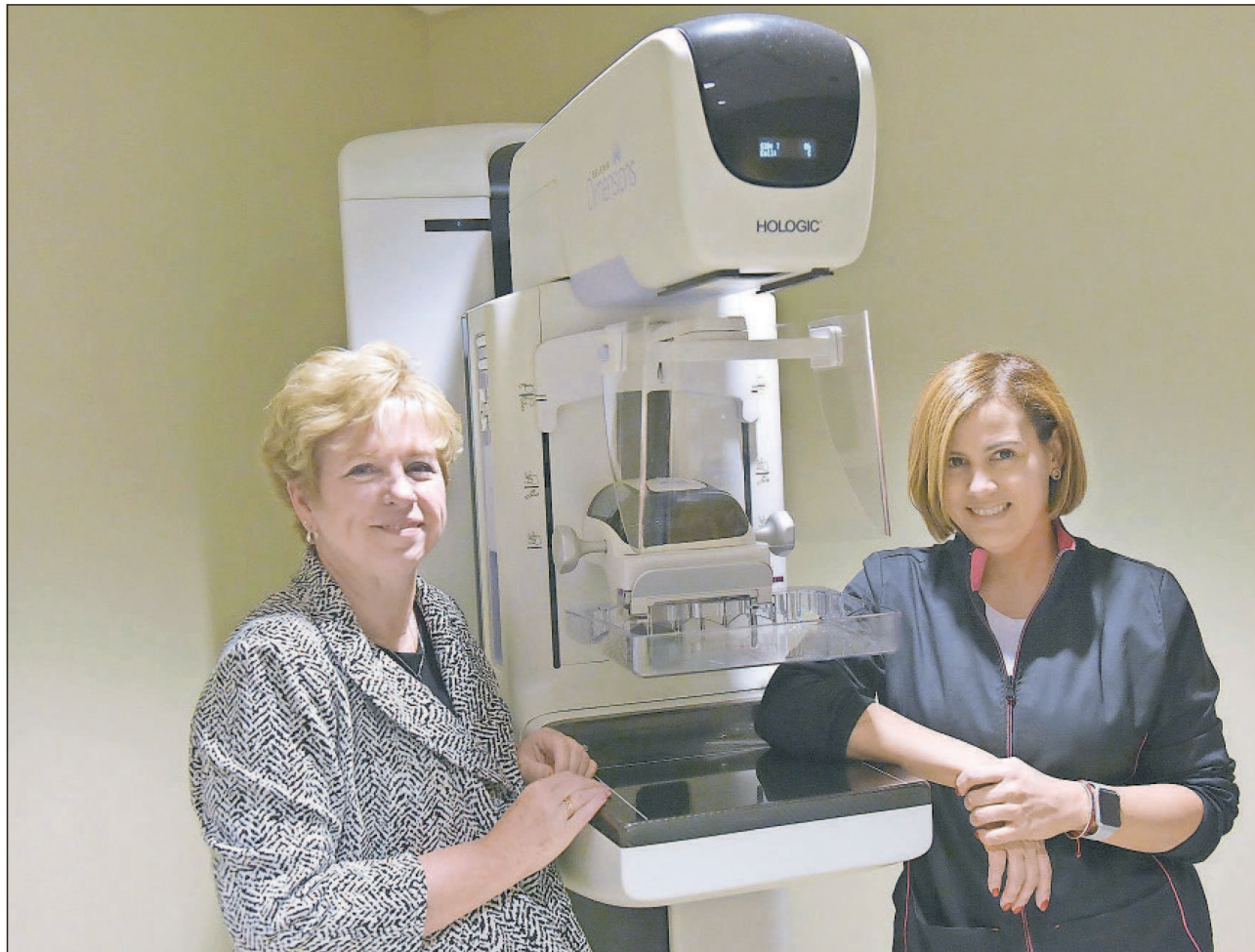
In churches, beauty salons, homes and other informal gathering spaces, women and men receive vital information through the hospital’s Latina Breast Health Outreach Program, in collaboration with the YWCA Northeastern Massachusetts in Lawrence.

The program, which began in 2011, has served more than 5,500 Latinas in the community, providing essential education about the importance of mammograms and maintaining overall breast health.

“The charlas are a way to get into the community,” said Debra Dailey, director of radiology at Lawrence General.

“In addition to providing education on breast health, we also schedule screenings and connect women to additional services like health insurance and primary care,” she said. “Once a screening is scheduled, we also make reminder calls to ensure that patients get to appointments, and assist with navigation should they need follow-up visits or treatment.”

Elena Santana, a mammographer at Andover



Debra Dailey, left, director of radiology at Lawrence General Hospital, and Elena Santana, bilingual breast health coordinator and mammography supervisor, stand beside an imaging machine at the women’s health imaging center at Andover Medical Center. Both women say that increasing access to the Latina population is among their priorities.



Lawrence General Hospital serves women through its Latina Breast Health Outreach Program at its women’s health imaging center at Andover Medical Center, pictured, as well as at the main hospital campus in Lawrence.

Medical Center, said the bilingual aspect makes all the difference, given that a call from a doctor is intimidating on its own, let alone with a language barrier.

“When patients come in, Latinas who need additional imaging ... we find speaking to them in Spanish” really helps, she said. “The communication part is so important.”

Latinas tend to be diagnosed with late-stage breast cancer more often than most other ethnicities, according to the Susan G. Komen Foundation. This

is due to lower mammography rates among them, as well as more delays in receiving follow-up care when a screening finds an abnormality.

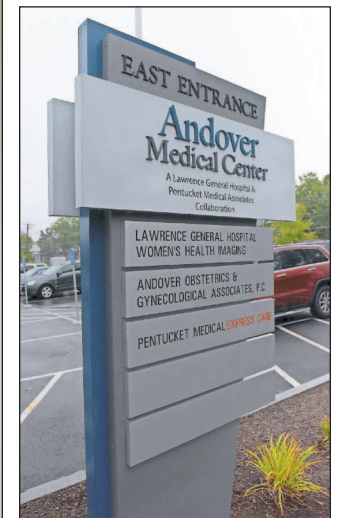
This cultural disparity reinforces why the Breast Health Outreach Program continues to be relevant and important. The program primarily targets Latina women in Lawrence, but is open to men and women across the Merrimack Valley.

The Breast Health Outreach Program is staffed by two employees who

### CONNECTING TO CARE

Mammographies and other breast health services are provided at:

- Lawrence General Hospital, 1 General St., Lawrence
  - Andover Medical Center, 323 Lowell St., Andover
- To learn more about the Latina Breast Health Outreach Program, call 978-946-8000, ext. 2437.



TIM JEAN/Staff photos

Lawrence General Hospital’s women’s health imaging center is located on the third floor of Andover Medical Center.

work in close collaboration with a team of bilingual YWCA outreach health ambassadors.

The program recently was awarded a \$10,000 grant from the Eastern Bank Charitable Foundation.

Santana said the grant will be used to continue their outreach, pay for wigs for patients in treatment, buy transportation vouchers for those who need assistance getting to and from appointments, and help with copays.



# Spotlight shines on ‘courageous role model’

## Congressional aide to be honored for her ‘inspirational leadership’

By PAUL TENNANT  
STAFF WRITER

If you have a problem with a federal agency, such as getting your Social Security check or receiving benefits from the Department of Veterans Affairs, and you live in the 3rd Congressional District, chances are you’re going to be helped by June Black or one of the nine constituent service specialists she supervises.

Black, a lifelong Lawrence resident, is the district director for U.S. Rep. Niki Tsongas, D-Lowell, who is preparing to retire Jan. 3 after representing the 3rd District for the past 11 years.

Black, who earned her bachelor’s degree in government from Simmons College in Boston and holds a Master of Public Administration from the University of New Hampshire, and her staff handle thousands of requests for help from the roughly 735,000 people who live in the district, which is centered in the Merrimack Valley.

She is also a two-time survivor of breast cancer and a tireless advocate for people who have been afflicted with that disease and other health challenges.

Her work has not gone without recognition. The Greater Lawrence Family Health Center has chosen her to be this year’s recipient of the Rosalyn Kempton Wood Award for Inspirational Leadership.

The honor will be presented to her at the ninth

annual In Pink Brunch and Comedy Show, which will take place Saturday, Oct. 27, from 11 a.m. to 2 p.m. at Andover Country Club.

She will share the spotlight with Loretta LaRoche, a comedian, stress coach and motivational speaker.

The first time Black was diagnosed with breast cancer was in 1990 when she was 37. Women are generally advised to start having regular mammograms when they reach 40, but Black underwent the procedure ahead of time.

Her family, she explained, has a history of cancer. It’s a good thing she went for that early screening because it detected a malignant growth.

Early detection probably saved her life, she said. She underwent surgery, as well as chemotherapy and radiation, being treated at Dana-Farber Cancer Institute in Boston.

Black described her chemotherapy treatment as “short, but strong.”

“I had excellent health care,” she said.

For the next 24 years, she was cancer-free. Her activism in the Whitman Street Neighborhood Group in Lawrence led to a job as manager of the Lawrence office for then-Congressman Martin Meehan, D-Lowell.

Then, in 2014, a mammogram showed what she called “a tiny spot” that turned out to be malignant. Again, she underwent surgery, chemotherapy and radiation.



RYAN HUTTON/Staff photo

**Breast cancer survivor June Black of Lawrence, a longtime aide to Congresswoman Niki Tsongas, is this year’s recipient of the Rosalyn Kempton Wood Award for Inspirational Leadership given out by the Greater Lawrence Family Health Center. The award will be presented Oct. 27.**

Medical treatment for cancer had improved considerably from her first bout, she discovered.

Black also learned she has the BRCA1 gene. It’s “highly likely” a person with that gene will have cancer, she said. Because of that genetic factor, her daughters, Theresa Taft and April Black, receive regular mammograms.

Black herself has either a mammogram or an MRI every six months, just to make sure she’s cancer-free, she said. So far, she has remained healthy for the past four years.

She said that she has two things going for her in her two-time struggle with breast cancer. First, the

cancer was detected early both times.

Second, she has been covered by excellent health care plans.

“I was very fortunate,” she said.

In addition to her duties as a top aide to the Merrimack Valley’s congresswoman, Black works hard to increase awareness about breast cancer. This includes participation in the Jimmy Fund Walk and Relay for Life, both of which raise money for cancer research and treatment.

She was the keynote speaker for the Lawrence Mayor’s Health Task Force Annual Breakfast in 2015. In her role as district director for Tsongas, she often provides the Greater Lawrence

Family Health Center with information on legislation and policy matters, according to Mary Lyman, development and community relations manager for the center.

“June Black is a truly deserving recipient of the third annual Rosalyn Kempton Wood Leadership Award,” said John Silva, president and chief executive officer of the Greater Lawrence Family Health Center. “While tirelessly working for many years to improve the lives of Merrimack Valley residents, she has also served as a courageous role model and advocate for women’s health, especially for those who suffer from serious and life-threatening

illness. We in the Valley are proud of her leadership and commitment to better health for our community.”

Like her boss, Black will be retiring when the new Congress is sworn in on Jan. 3.

“It’s time,” she said. If the 3rd District’s new representative or his or her staff have questions, “I’m a phone call away,” she added.

Again, like Tsongas, Black is looking forward to spending more time with her grandchildren: Nolan, 7; Samuel, 4; and Lydia, 2. They are all the children of Drew and Theresa Taft.

She said that she and her husband, Stephen Black, have remained in Lawrence because of “family and community.”

# HOW, WHY AND WHAT NEXT?

## Getting to the heart of patient concerns

Successful diagnosis and treatment of breast cancer, as with any disease, rely on patients receiving accurate information in a timely manner. Unfortunately, that is not the case for many women.



**Durathun Farha, M.D.**

“Often the first appointment with a new patient is devoted to dispelling myths,” said Durathun Farha, M.D., a primary care physician at Steward Medical Group. “There is usually a well-meaning relative who shared an article on social media or the patient is in a panic over tabloid reports. These myths and half-truths around breast health can impede the process of getting a patient the care they need.”

Farha shares the following most common myths she encounters daily, and offers explanations to each one.

**Myth: If it’s a lump, it’s cancer**

The texture and landscape of the breast will vary from woman to woman, and some breasts are “lumpy” feeling, but this bumpy tissue is normal and very different from a traditional lump that may develop — and neither is necessarily indicative of breast cancer. While the development of a lump is often what will alert us to a change in breast health, the lump itself may be the symptom of a benign condition, and breast cancer can present without the detection of a lump at all.

Women should report any changes to the breast, including pain in the breast or nipple, irritation, swelling, dimpling, thickening of the skin, redness, discharge other than breast milk, scaliness, or the turning in of the nipple. Breast cancer can also begin to swell in underarm lymph nodes before a tumor is felt. In addition, a mammogram may pick up breast cancer that has no outward symptoms at all.

**Myth: Antiperspirant causes cancer**

Simply put, no, it does not.

There are no conclusive studies in medical journals that link breast cancer to antiperspirant use and very little scientific evidence to support this claim. In response to this particular myth, a study was conducted and researchers found no link between breast cancer risk and the use of antiperspirants or deodorants.

It is possible this myth began because of the trace amounts of aluminum and parabens found in many products. However, aluminum is not absorbed through the skin, and while some parabens have been found in cancerous cells, they have not been shown to be a cause of cancer. Further studies indicate that 99 percent of the U.S. population show some form of a paraben in tested urine.

**Myth: Cancer likes big breasts**

Cancer has no preference when it comes to breast size, which is evident when men are diagnosed. All breasts are candidates and risk does not increase with size. Larger breasts can be harder to examine, but all women need to conduct self-exams, schedule

- To learn more about issues surrounding breast cancer or to schedule an appointment with Dr. Durathun Farha, call 978-722-7979.
- To schedule a mammogram at Holy Family Hospital in Methuen, call 978-722-3800. For an appointment in Haverhill, call 978-521-8121.

routine screenings, and discuss all breast changes during visits with both their primary care physician and OB-GYN.

**Myth: Radiation in mammograms cause cancer**

While it is true that radiation is used in mammography, the amount is so small that any associated risks are tiny when compared to the huge preventive benefits reaped from the test. Mammograms can detect lumps well before they can be felt or otherwise noticed, and the earlier that lumps are caught, the better one’s chances for survival.

“A diagnosis of breast cancer can be devastating to any woman, and she will have many questions and concerns ranging from how and why to what now,” Dr. Farha said.

“I find it helpful to my patients for me to address every concern — no matter how unfounded in fact they may be — so we can move on to the heart of the matter, which is getting her on a path to treatment and recovery.”

Holy Family Hospital’s Women’s Imaging Centers offer women an easily accessible facility utilizing innovative 3D (Methuen only) digital mammography and ultrasound technologies, including stereotactic biopsy, ultrasound-guided biopsy and bone-density scans, to provide the full spectrum of imaging services.

Every October, the Women’s Imaging Center recognizes Breast Cancer Awareness Month with extended hours for screening mammograms to make it as convenient as possible for women to get their annual mammograms. Most insurance plans cover annual screening mammograms for women in full, and no referral is required.

*Source: American Cancer Society, [cancer.org/cancer/breastcancer/](http://cancer.org/cancer/breastcancer/)*

# Knowing breast anatomy is important for health

The breast cancer advocacy and research group Susan G. Komen indicates that, according to the most recent data available, 1.7 million new cases of breast cancer occurred among women worldwide in 2012.

Western Europe, North America and northern Europe have the highest breast cancer incidences in the world, according to the International Agency for Research on Cancer and the World Health Organization.

Women diagnosed with breast cancer may want to begin their treatment journeys by educating themselves on the anatomy of the breast so they can better understand their disease

and how it develops.

The structure of the breast is complex and composed of fat, glandular tissue, connective tissue, lobes, lobules, ducts, lymph nodes, blood vessels and ligaments.

The following is a breakdown of the common components of the breast:

■ **Fat cells:** The female breast is largely fat cells called adipose tissue. This tissue extends from the collarbone down to the underarm and across to the middle of the rib cage. The main purpose of adipose tissue is to store energy in the form of fat and insulate the body.

■ **Lobules:** Each breast contains several sections



that branch out from the nipple. Lobule glands make milk and are often grouped together to form lobes. There may be between 15 and 20 lobes in each breast, according to the Cleveland Clinic. Each lobe has roughly 20 to 40 lobules.

■ **Ducts:** Connecting the lobules are small tubes

called ducts. The ducts carry milk to the nipples of the breasts. There are around 10 duct systems in each breast, each with its own opening at the nipple.

■ **Nipple:** The nipple may be the most recognizable part of the breast. It is in the center of the breast. The lobules will squeeze milk

into the ducts, which then transfer it to the nipples. Most nipples protrude outward, but according to Health magazine’s medical editor Roshini Rajapaksa, M.D., some women have flat or inverted nipples. The nipples do not have a singular hole for the milk to come out like an artificial bottle nipple. Rather, there are many lactiferous duct outlets in each nipple that correspond to the ducts in each breast.

■ **Lymph system:** Snaking through the adipose tissue are lymph vessels and nodes. The lymph system distributes disease-fighting cells and fluids as part of the immune system, according

to the National Breast Cancer Foundation Inc. Bean-shaped lymph nodes in fixed areas through the system filter abnormal cells away from healthy tissue.

■ **Areola:** The areola is pigmented skin surrounding a nipple. The areola contains tubercles called Montgomery’s glands, which secrete lubricating materials to make breastfeeding more comfortable.

Changes in any areas of the breast may be indicative of cancer. That is why women are urged to understand their breasts’ “normal” appearance and feel so they can recognize any changes and address them with a doctor right away.

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# TODAY: WE ARE LOOKING AT BREAST IMAGING IN A WHOLE NEW DIMENSION

At Lawrence General, all women in the Merrimack Valley have access to the most advanced breast imaging, read by the physician who led the development of the technology. This includes 3-D mammography, or Breast Tomosynthesis, which provides radiologists with a detailed, 3-D view of the breast and results in better detection. In fact, 3-D mammography increases the detection of invasive breast cancers by 41% over traditional mammography, and the detection of all breast cancers by 29%. Moreover, because it can produce such precise, high-quality images, fewer women are being called back for additional scans.

Breast Tomosynthesis is state-of-the-art technology offered here at Lawrence General and it's leading to improved health outcomes across the community. Today, amazing innovations are taking place at Lawrence General Hospital. To watch a video on Breast Tomosynthesis, featuring 3-D breast imaging pioneer and director of Lawrence General's Breast Imaging program, Dr. Elizabeth Rafferty, please visit [lawrencegeneral.org/breastimaging](http://lawrencegeneral.org/breastimaging).

Breast imaging services are available at three convenient locations: In Lawrence or Methuen, call **978-946-8103** or in Andover, call **978-475-5213**.

The mammography units are licensed by the Massachusetts Department of Public Health - Radiation Control Program.



# TODAY. WE ARE LOOKING AT BREAST IMAGING IN A WHOLE NEW DIMENSION

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The mammography units are licensed by the Massachusetts Department of Public Health - Radiation Control Program.



Lawrence General Hospital  
**INSIGHTS**



BRYAN EATON/Staff photos

Jeanette Cattan, left, fits Marie Quigg of Haverhill with a wig at the Gerrish Breast Care Center at Anna Jaques Hospital in Newburyport. Cattan, a breast cancer survivor, runs the American Cancer Society's Look Good Feel Better program at the center.

# Looking good and feeling better

## Breast cancer survivor helps boost patients' self-confidence



Jeanette Cattan says the American Cancer Society's Look Good Feel Better program is a wonderful way for cancer patients to gain some self-esteem. She initiated the program at Anna Jaques after her own breast cancer diagnosis.

By KATIE LOVETT  
CONTRIBUTING WRITER

The news of a cancer diagnosis changes one's life in an instant and brings with it a lot of emotions. There's fear, worry and loss — the loss of self-esteem, self-confidence and control over much of your life.

Diagnosed with breast cancer in 2013, Jeanette Cattan underwent six months of chemotherapy and six weeks of radiation, as well as a mastectomy and reconstructive surgery.

Cattan, who was living in Newton, New Hampshire, at the time with three very young children, sought treatment at Anna Jaques Hospital in Newburyport.

She said that she was grateful she was able to receive stellar care locally without having to commute into Boston.

Anna Jaques' state-of-the-art Gerrish Breast Care Center, located across from the hospital at Newburyport Medical Center, and its affiliation with Beth Israel Deaconess Medical Center gave her added confidence in her decision and helped ease her stress, Cattan said.

The Gerrish Breast Care Center has

*“The Look Good Feel Better program is one of the first ways you can gain control over a very uncontrollable situation.”*

Jeanette Cattan

recently opened a satellite office in its Haverhill Medical Offices building to better serve patients in the greater Haverhill area.

“It really is a great opportunity to have the resources nearby and not have to travel,” Cattan said. “I really was blessed that I was able to get treated so close to home and by such a caring hospital.”

But the rigorous treatment and its impact on her appearance took a toll, said the 43-year-old former Peabody resident who now lives on Plum Island in Newburyport.

That ultimately became another thing that cancer would have control over her.

She found a way to take some of that control back through Look Good Feel Better — a free national program

# 'Couture for a Cure': Celebrating survival and strength

Celebrating Survival: "Couture for a Cure," a fashion show and luncheon held in honor of Breast Cancer Awareness Month, is delighted to be celebrating its fifth year.

While honoring survivorship in all its shapes and forms, the event also promotes the power of looking good and feeling good, which professionals say has therapeutic benefits for patients battling cancer.

Sponsored by the Newburyport-based Anna Jaques Hospital and Institution for Savings, "Couture for a Cure" supports the Gerrish Breast Care Center at Anna Jaques.

This year's event takes place Thursday, Oct. 25, from 11 a.m. to 2 p.m. at Blue Ocean Event Center at Salisbury Beach.

Karen Andreas, regional publisher for North of Boston Media Group, including The Daily News of Newburyport, the media sponsor for the event, will serve as master of ceremonies.

The celebration will begin with a "Look Good, Feel Good" Marketplace where local boutiques, salons, fitness studios and shops will display their



## IF YOU GO

- **What:** Fifth annual Celebrating Survival: "Couture for a Cure" presented by Newburyport's Anna Jaques Hospital and the Institution for Savings
- **When:** Thursday, Oct. 25, 11 a.m. to 2 p.m.
- **Where:** Blue Ocean Event Center, 4 Oceanfront North, Salisbury Beach
- **How much:** \$50
- **More information:** Visit [ajh.org/celebratingsurvival](http://ajh.org/celebratingsurvival) or call Mary Anne Clancy at 978-225-1324.

products and services. These include jewelry, skin and hair products, and many more items that help instill a feeling of beauty from head to toe.

No one will go away empty-handed, as visitors will also be spoiled with plenty of samples, swag and discount coupons.

Information and resources for cancer patients will also be available.

Following a plated lunch, guests will then be treated to a fashion show featuring the latest fall styles from the region's shops.

J. McLaughlin, Elephant's Trunk, Bobbles & Lace, Meraki, Dani Kaye, Smitten, Farley's of Newburyport and more will draw from their finest lines and accessories to put on a chic display.

The models taking to the pink carpet will include cancer survivors, along with some local "heroes," members of the Gerrish Breast Care Center team, and perhaps a surprise celebrity model or two.

Tickets are \$50, with all proceeds going directly to benefiting patients at the Gerrish Breast Care Center. Sponsorships and table vendor spots to support the cause are also still available.

## Regrowing and caring for hair after chemotherapy

Chemotherapy and radiation are common treatment options for people who have been diagnosed with cancer. While radiation may be targeted at specific areas, chemotherapy is systemic. This means it affects the entire body. As a result, as chemotherapy kills fast-growing cancer cells, it also kills or slows the growth of healthy cells, including hair cells, that divide and grow quickly, explains the National Cancer Institute.

When chemotherapy treatment is completed, the body is typically capable of regenerating new hair, but that can take some time. Women who consider their hair a large part of their identity may have strong concerns and fears regarding hair loss and what their hair may look like when it begins to regrow. Understanding what to expect and what they can do to facilitate the regrowth of hair can help women better handle what lies ahead.

New hair typically begins to grow within one to two months of the last chemo treatment. Breastcancer.org says people who have undergone chemotherapy may notice soft fuzz forming on their head roughly two to three weeks after the end of chemo. This will be followed by real hair growing at its normal rate one month afterward.

Two months after the last treatment, an inch of hair can be expected. How hair grows back elsewhere on the body, such as

the eyelashes, eyebrows and pubic area, varies from person to person. Experts at the Robert H. Lurie Comprehensive Cancer Center at Northwestern University in Chicago recommend speaking with a doctor if hair is not regrowing quickly, which can be the result of low levels of iron or zinc or even thyroid problems.

To help the process along, some doctors suggest the use of supplements like biotin. The National Institutes of Health says biotin is a B vitamin found in many foods that helps turn carbohydrates, fats and proteins into energy. There is some evidence that taking biotin can help thicken and speed up the growth of hair and nails, but more research is needed. Rogaine, the baldness treatment, also may be advised, as it's been shown to speed hair regrowth in breast cancer patients who have lost their hair, advises Health magazine.

It is not uncommon for hair grown after chemotherapy to look and feel different from hair prior to treatment. Someone who once had straight hair may develop a wavy mane afterward. While drastic changes are not common, blond hair may darken.

As hair grows in, certain areas on the head may grow faster than others. Working with an experienced stylist can help a person achieve a look that is evened out and stylish at any length.

offered through the American Cancer Society. Cattan first became aware of it as a high school student at Whit-tier Regional Vocational Technical High School in Haverhill.

A hairstylist today, Cattan attended a presentation on the program, which teaches makeup and hair techniques to cancer patients, and it struck her as something she would like to volunteer with one day.

Life got in the way of that plan for a while — until Cattan was undergoing her treatment.

Discouraged and suffering

from low morale, Cattan looked up the program. The closest hospital at that time to offer Look Good Feel Better sessions was Lahey Hospital in Burlington. She made the drive, unsure of what she'd find. She worried the session would be depressing.

"I found it was just the opposite," she said. "It boosted my self-confidence."

Cattan knew that she wanted to bring the program to Anna Jaques, and she received full support from staff.

She recalled words she heard from Dr. Peter

Hartmann, the medical director of the Gerrish Breast Care Center, as she was undergoing her treatment. The better you can feel with a positive mental attitude, he told her, the better you can get through the course of treatment.

"The Look Good Feel Better program is one of the first ways you can gain control over a very uncontrollable situation," Cattan said.

The two-hour program at Anna Jaques runs for four sessions a year, with the next group scheduled for Oct. 12. It is open to patients

of all ages with all types of cancer. Patients undergoing treatment at any hospital are welcome to attend.

Participants are given a bag full of over \$200 worth of cosmetics and beauty products, all donated from major companies, such as Lancome, Avon and Smashbox. They also watch a video presentation by fashion consultant and TV star Stacy London, which discusses wardrobe textures and colors intended to ease the discomfort of cancer treatment and also boost morale.

In addition, Cattan has

started a wig bank for cancer patients, which is available at each session, as well as by appointment. The natural and synthetic-hair wigs are offered free to women who have a financial need.

Cattan has been tapped to be one of the models at this month's Celebrating Survival: "Couture for a Cure" event hosted by Anna Jaques and the Institution for Savings.

The event will include a mini fashion show, featuring Cattan and other cancer survivors along with hospital and Gerrish Breast

Care Center staff modeling clothes from local shops. There will also be a marketplace of local vendors, salons and fitness studios, at which Cattan will have a table with information on the Look Good Feel Better program.

"I've never been a model for anything in my life," Cattan said with a laugh. "It will be really fun."

For more information on the wig bank or the Look Good Feel Better program through Anna Jaques Hospital in Newburyport, call Cattan at 978-204-4720 or visit [lookgoodfeelbetter.org](http://lookgoodfeelbetter.org).

# 'IT TAKES A COMMUNITY TO HEAL'



Courtesy photos

Rose Leonard-Flynn, fourth from left, is seen onstage with some of the dancers in one of her earlier "Move for the Movement" fundraisers. She has raised \$90,000 for the American Cancer Society through the event, as well as through her participation in Haverhill's annual Relay for Life. The next "Move for the Movement" is set for January and will include six shows over weekends in Andover and Sutton.

## 'Rosie' turns personal battle into a 'Movement' to help others

BY JILL OESTREICHER GROSS  
CONTRIBUTING WRITER

For Haverhill resident Rose Leonard-Flynn, daily breast self-exams in the shower have long been a part of her routine. That early detection step saved her life six years ago when she felt a lump and knew she needed medical attention.

Nine surgeries and 36 rounds of radiation therapy later, Leonard-Flynn, 51, credits the support of her community of family, friends and physicians with getting her healthy.

Months of meals, rides to treatment, and encouraging cards and visits prompted her to start raising funds to help find a cure for cancer. She has generated \$90,000 through annual community events, including the "Move for the Movement" dance performance she spearheaded just months after her first surgery.

"It takes a community to heal," she said on a recent afternoon. "I was incredibly blessed. People were so kind and thoughtful. They were so appreciated."

Her journey with cancer started almost 25 years ago while pregnant with her first daughter. She discovered a lump in her left breast. The precancerous mass was biopsied and removed, and yearly mammograms became a part of her annual health care routine.

For years, mammography did not show anything concerning, but when Leonard-Flynn was 44, she felt a change in her breast tissue and knew something was amiss.

"Those things work if you use them," she said of the

Rose Leonard-Flynn and her support team host two major fundraisers a year.

"Move for the Movement," a dance celebration to benefit the American Cancer Society, features about 2,500 dance performers in six shows over two weekends in January – Jan. 12 at Sutton High School in Sutton and Jan. 19 and 20 at the Everett J. Collins Center for the Performing Arts at Andover High School. For more information, visit [move4tm.org](http://move4tm.org).

Leonard-Flynn's Rosie's Riveters team has been an integral part of Haverhill's 24-hour Relay for Life benefiting the American Cancer Society for the past six years. The 2019 installment is set for June 7 at Northern Essex Community College in Haverhill. Visit [relay.acsevents.org](http://relay.acsevents.org).

For those facing a breast cancer diagnosis, Leonard-Flynn strongly recommends the American Cancer Society's toll-free hotline (800-227-2345), which she herself used when she needed a friendly voice and couldn't leave her bed.

### CHAMPION FOR A CURE



Rose Leonard-Flynn poses with her husband, James, and their daughters, Rachael and Jessica.

laminated instruction cards designed to hang in showers. "If you know your body, you know your body."

Her local physician referred her to Dana-Farber Cancer Institute in Boston, where she was diagnosed with stage 3 breast cancer, ductal carcinoma, HER2 negative. The tumor was on her chest wall, and she underwent a bilateral mastectomy.

"I am constantly reminded," she said of her

battle with cancer. "Every time I get in the shower, every time I change my clothes. It never goes away. You look at life as every day, you don't live it in the future."

The self-proclaimed "dance mom" to her second daughter, Jessica, knew she wanted to find a way to help others with cancer. It was during a six-hour car ride in 2012 to upstate New York that she and her family brainstormed the

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# Chemotherapy vs. radiation: The basics

idea of gathering dancers to perform at a benefit at Haverhill High School. The show sold out and raised \$5,000. People had to be turned away at the door due to room capacity limits.

"I couldn't believe how successful it was," she said.

Every year since, she and her husband, James Flynn, have organized a much larger "Move for the Movement" dance performance. This year, it will feature a series of six individual shows over two weekends, staged with the help of more than 20 local volunteers.

"I'm giving back to all of my friends and family, the doctors, everyone who helped me," she said. "It's to help find a cure."

"One day, someday hopefully, this will make their lives easier," she said of people with a cancer diagnosis.

Upcoming shows are scheduled for Jan. 12 in Sutton and Jan. 19 and 20 in Andover. Around 2,500 elite dancers from performance schools across the region are set to present

40 different acts, she said. "Move for the Movement" has such a following that many dance schools now contact Leonard-Flynn to volunteer to perform.

"That's a very humbling thing," she said. "It's not just about me. It's about moving forward and fundraising."

"They've given back in the most powerful way," she said of the dancers.

Funds are primarily generated through ticket sales and are donated to the American Cancer Society through Leonard-Flynn's Rosie's Riveters, a team she created for Haverhill's annual Relay for Life at Northern Essex Community College. For the last six years, her team has committed to walking or running for 24 hours straight, with Leonard-Flynn herself trekking up to 25 miles during 24 hours.

"I'm still here. I'm still alive, so I'm going to do that for me," said Leonard-Flynn, who is already gearing up for next year's Relay for Life on June 7.

Leonard-Flynn has

always loved working with children and was a career nanny before her diagnosis, which allowed her to stay home with her two daughters, Rachael, 23, a graphic designer, and Jessica, 20, a professional dancer with BoSoma Dance Company.

Leonard-Flynn was raised in Tupper Lake, New York, and currently works as an educational support aide at Tilton School, a Haverhill elementary school.

She calls her husband, also a graphic designer, her rock.

"I can't do this without him," she said. "He's been everything from day one. He's been there. He's put up with me."

In 2017, he successfully nominated her to be a YWCA Northeastern Massachusetts' Tribute to Women honoree.

"There's a stronger bond than before," Flynn said of his relationship with his wife. "If any good has come out of it, that would be it. I see us as more than just husband and wife. We're actually best friends."

Cancer can take on many forms and spread throughout the body, infiltrating healthy cells and causing an uncontrolled division of abnormal cells that often turn into tumors.

Various treatment options are available to treat men and women diagnosed with this potentially deadly disease, but the ones most familiar to many people are radiation and chemotherapy. Working with their doctors, patients can explore their treatment options to determine which therapies may be most effective.

## Chemotherapy

Chemotherapy is a cancer treatment in which a patient is administered drugs that are designed to kill cancer cells. These drugs work by attacking the components that allow cells to divide, grow and spread. Many chemotherapy drugs are given intravenously, in cycles, over a couple of

weeks, but some chemotherapy medications may be taken orally. Chemotherapy primarily targets cells that divide rapidly, like cancer cells. But because other healthy cells also divide rapidly, such as cells in the hair and digestive tract, patients may experience side effects in these areas when undergoing chemotherapy treatment, according to the Southeast Radiation Oncology Group.

## Radiation

Radiation surrounds us in various forms. Many people are familiar with ultraviolet radiation from the sun, and radiation can be present in certain minerals and substances as well. The high-energy particles and waves contained in radiation can be used in cancer therapy, according to the American Cancer Society. Radiation therapy can be delivered in various forms. External radiation uses a machine

that precisely directs high-energy rays from outside the body into a tumor and nearby tissue. Internal radiation relies on a radioactive implant placed inside the body near the tumor. Systemic radiation is the delivery of radioactive materials to a patient orally or through an injection.

## Hormone therapy

Doctors may suggest hormone therapy to treat breast cancer. The American Cancer Society says estrogen promotes the growth of cancers that are hormone receptor-positive (roughly 67 percent of breast cancers are). Hormone therapy will lower estrogen levels or prevent estrogen from acting on breast cancer cells. However, it will not work on tumors that are hormone receptor-negative.

Doctors use a combination of therapies to treat breast cancer and other forms of cancer.

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# A complementary assist

North of Boston Cancer Resource offers a place for patients, families to turn

By JILL OESTREICHER GROSS  
CONTRIBUTING WRITER

People diagnosed with cancer — and their loved ones — need special support to get through the challenges of the illness, and a new website portal is helping to provide just that.

North of Boston Cancer Resource offers a database of vetted services designed to complement chemotherapy, radiation and surgery.

It was conceived by five area women with a connection to cancer.

The steering committee, all volunteers, first convened in August 2016, and this past June, the first part of their dream was realized when the website launched.

“Complementary therapies are incredibly important to go alongside conventional treatment,” said founding member Ilene Harnch-Grady.

Harnch-Grady is the director of the YWCA of Greater Newburyport’s Encore, a free, 12-week program for people with a cancer diagnosis.

“This is a critical piece of going through your treatment and beyond,” she said. “If we can make life easier for people with a diagnosis, that changes their world, it makes the journey that much easier. The big word here is support.”

The comprehensive digital resource guide spans several cities, including Newburyport, Haverhill, Danvers, Salem, Andover and Lynn. Hundreds of complementary programs integrated with cancer treatment are listed, such as wig fitting, oncology massage, gentle yoga and exercise programs, and support and stress reduction groups.

“When people can release tension and stress and relax, treatment goes better,” said Carol Gamble,



From left, Dina Crawford, Carol Gamble, Ilene Harnch-Grady and Arleen Damon, together with Rose Russo, not pictured, are the founders of North of Boston Cancer Resource, a comprehensive digital resource guide to complementary health care services for cancer patients and their families.

BRYAN EATON/Staff photo

another founding member of the resource network with decades of health care experience.

She is a certified yoga teacher and volunteer at the Anna Jaques Cancer Center in Newburyport. Arleen Damon, Rose Russo and Dina Crawford are also part of the steering committee.

The group used input from cancer survivors to structure the guide and is continually adding to it. In order to be included on the website, each resource completes an application that includes a personal statement, a listing of credentials and an interview — a

process that authenticates the listings for patients and medical providers.

Gamble recalls a cancer survivor at one of her recent yoga classes.

“She was standing in mountain pose and just beaming,” Gamble said, explaining how rewarding it was to see her student at peace while overcoming her diagnosis with a complementary therapy.

Many programs on the site have a fee, but some programs are available for no charge or on a sliding scale, such as Healing With Hope, a yoga and meditation support group run by

Harvey Zarren, M.D., at North Shore Medical Center in Lynn, and a gentle yoga class led by steering committee member Damon, a two-time breast cancer survivor, at Roots to Wings Yoga & Healing in Newbury.

Initial funding for the development of the site and related promotional materials came from Anna Jaques Hospital, Lahey Health, Swasey Foundation, and Montbleau and Associates. The group attracts the attention of patients and potential resources that seek to be included through area medical providers, cancer-related events, Facebook

and word-of-mouth.

“North of Boston Cancer Resource and the complementary care they are providing, both in our clinic and in the community, has already shown measurable benefits in patient care and continues to exceed our expectations,” said Jonathan D. Eneman, M.D., medical director for Anna Jaques Cancer Center, affiliated with Beth Israel Deaconess Medical Center. “I cannot thank this group enough for all of their dedication and care.”

Gamble said oncology physicians understand the need for additional patient

## A DATABASE OF SUPPORT

North of Boston Cancer Resource is a compilation of verified resources for patients with a cancer diagnosis and their families.

- 978-225-3452
- info@nbcancerresource.org
- nbcancerresource.org
- facebook.com/nbcancerresource

services and support before, during and after treatment.

“Physicians want to know people are reliable,” Gamble said of the programs and services listed on the site, which she stresses is still a work in progress. “They’re entrusting us with these very special people.”

Harnch-Grady agrees.

“Providers understand it’s not just chemotherapy, radiation or surgery,” she said. “It’s also about the process before and after.”

“The whole idea is to enhance the well-being of people who have cancer,” she said, emphasizing the physical, emotional and spiritual programs available for cancer patients and their families on the North Shore.

While concrete figures on the number of site visitors and clicks on the website are not yet available, the steering committee is looking to the future and the dream of one day possibly opening a physical wellness center for people with cancer, using the Dempsey Center in Lewiston, Maine, as inspiration.

Fundraising and possibly obtaining an official non-profit status are next on the group’s to-do list.

“We’re looking to expand the network and the support for it,” Gamble said. “This has to be sustained. It can’t just be a pretty website.”

# Key factors help determine breast cancer stage

When receiving treatment for breast cancer, women will learn about cancer staging. According to the nonprofit organization Breastcancer.org, determining the stage of the cancer helps patients and their doctors figure out the prognosis, develop a treatment plan and even decide if clinical trials are a valid option.

Typically expressed as a number on a scale of 0 through 4, breast cancer stage is determined after careful consideration of a host of factors. The staging system, sometimes referred to as the TNM system, is overseen by the American Joint Committee on Cancer and ensures that all instances of breast cancer are described in a uniform way. This helps to compare treatment results and gives doctors and patients a better understanding of breast cancer and the ways to treat it.

Breastcancer.org notes that the TNM system was updated in 2018, but before then was based on three clinical characteristics:



A variety of factors are considered when determining what stage of breast cancer a patient is in, including an evaluation of cancer cells.

■ **T:** The size of the tumor and whether or not it has grown into nearby tissue.

■ **N:** Whether the cancer is present in the lymph nodes.

■ **M:** Whether the cancer has metastasized, or spread to other parts of the body beyond the breast.

While each of those factors is

still considered when determining breast cancer stage, starting in 2018, the AJCC added additional characteristics to its staging guidelines, which make staging more complex, but also more accurate.

■ **Tumor grade:** This is a measurement of how much the cancer cells look like normal cells.

■ **Estrogen- and progesterone-receptor status:** This indicates if the cancer cells have receptors for the hormones estrogen and progesterone. If cancer cells are deemed estrogen-receptor-positive, then they may receive signals from estrogen that promote their growth. Similarly, those deemed progesterone-receptor-positive may receive signals from progesterone that could promote their growth.

Testing for hormone receptors, which roughly two out of three breast cancers are positive for, helps doctors determine if the cancer will respond to hormonal therapy or other treatments. Hormone-receptor-positive cancers may be treatable with medications that reduce hormone production or block hormones from supporting the growth and function of cancer cells.

■ **HER2 status:** This helps doctors determine if the cancer cells are making too much of the HER2 protein. HER2 proteins are receptors on breast cells made by

the HER2 gene. In about 25 percent of breast cancers, the HER2 gene makes too many copies of itself, and these extra genes ultimately make breast cells grow and divide in ways that are uncontrollable. HER2-positive breast cancers are more likely to spread and return than those that are HER2-negative.

■ **Oncotype DX score:** The oncotype DX score helps doctors determine a woman's risk of early stage, estrogen-receptor positive breast cancer recurring and how likely she is to benefit from post-surgery chemotherapy. In addition, the score helps doctors figure out if a woman is at risk of ductal carcinoma in situ recurring and/or at risk for a new invasive cancer developing in the same breast. The score also helps doctors figure out if such women will benefit from radiation therapy or DCIS surgery.

Determining breast cancer stage is a complex process, but one that can help doctors develop the most effective course of treatment.

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# 'BELIEVE' IN WHAT'S POSSIBLE

Through new foundation, cancer patient looks to help others in need

By MIKE LABELLA  
STAFF WRITER

What began as a small exhibition of photographs to raise money to help cancer patients and their families with expenses has transformed into a nonprofit organization with the same meaningful goal.

Priscilla Westaway, a Salem native now living in Methuen, says she knows how hospital bills for cancer treatment can strain a family's finances because she's a cancer patient herself.

To raise money to help ease the financial burden of people undergoing cancer treatment at seven Lahey Health Cancer Centers, including the Lahey Clinic in Peabody where she is treated, Westaway is holding a two-day Art Gala on Thursday, Oct. 18, and Friday, Oct. 19, in the Hartleb Technology Center on the Haverhill campus of Northern Essex Community College.

More than 100 pieces of art, including paintings, photographs, sculptures, pottery, cigar-box guitars and other works, will be available for purchase.

"I also take blown-glass classes, so my blown glass will be for sale at this event, as well," she said.

All of the artwork is being donated to the fundraiser — the proceeds from which will support Westaway's new foundation, Believe Anything and



Courtesy photos

After years of pursuing her photography, Priscilla Westaway has recently taken to the art of blown glass. Her pieces will be for sale at her Art Gala fundraiser on Oct. 18 and 19 at Northern Essex Community College in Haverhill.

Everything is Possible.

The Art Gala is Westaway's first big event since launching her nonprofit foundation.

Westaway, 51, was diagnosed in 2015 with stage 4 breast cancer, for which she continues to receive treatment.

An art major at Northern Essex Community College, she launched her first "Photo for a Cause" fundraiser last October.

"I felt compelled to do something, so I combined my love of art and photography for the pressing need not currently being addressed," she said about her reasons for initiating her original fundraiser.

For that inaugural event, Westaway assembled 100 black-and-white and color photographs donated by 50 artists to display and sell at an exhibition, held in the

**IF YOU GO**

- **What:** Believe Anything and Everything is Possible Art Gala
- **Where:** Northern Essex Community College's Hartleb Technology Center, 100 Elliott St., Haverhill
- **When:** Thursday, Oct. 18, 9 a.m. to 5 p.m., and Friday, Oct. 19, 11 a.m. to 8 p.m.
- **How much:** Free admission
- **More information:** [believeanything.org](http://believeanything.org)

Hartleb center.

Bolstered by the success of "Photo for a Cause," Westaway brought her fundraising to a new level by obtaining nonprofit status for her new foundation.

"We continue to give to families within the Essex County areas, and so far, we have given \$8,300 to families in need," she said. "I know



Despite having stage 4 breast cancer herself, Priscilla Westaway has made a commitment to aiding other cancer patients through her new foundation, Believe Anything and Everything is Possible.

that does not sound like a lot, but for a foundation just starting out, I feel that we are helping a lot of families at this time."

As she explains on her foundation's new website, [believeanything.org](http://believeanything.org), Westaway provides patients and their families going through cancer treatments with financial assistance so that they don't have to choose between the basic necessities versus the treatments and medications they need.

"Assistance is provided in the form of gasoline cards so that patients can get to and from treatments, grocery cards so that patients do not have to choose

between food and copays for medications and taxi rides so that patients can make it to medical appointments," she said.

Westaway, a registered and certified pharmacy technician, is fully aware of what a cancer diagnosis can do to a family's budget.

"The costs are many, including PET scans, various treatments, medication, labs, doctor's visits, lengthy hospitalizations and more," she said. "And like many other cancer patients, I do holistic treatments, as well, including reiki, acupuncture and sound healing, and I eat all organic, which can get very expensive."

Westaway works closely with social workers at Lahey, who inform her of families in need.

"I've been told that the reaction by patients is often overwhelming," she said.

"We'll be hosting two or three fundraising events per year, and I'll also be seeking grants, which I could not do without my nonprofit status," she said.

In addition to her support from NECC, Westaway said Merrimack College in North Andover wants to become involved with the two-day art event, with the school's students and faculty potentially donating artwork for display and sale.

# Standing up to an epidemic

## New book by Cape Ann researcher takes aim at the origins of cancer

By GAIL MCCARTHY  
STAFF WRITER

When Susan Wadia-Ells lost a friend to breast cancer, she took her years of research skills and immersed herself in the subject of breast cancer and what women can do to protect themselves from the disease that now claims the lives of 113 women in the United States each day.

Wadia-Ells, from Manchester-by-the-Sea, did her master's degree work in energy economics and political development at Tufts University in Medford, and her doctorate is in feminist psychology and autobiographical writing.

But she has now spent the past decade investigating published research on what is known about why one woman develops breast cancer, while another does not.

"Breast cancer has been a massive and growing American epidemic for the past three decades, but no one is calling it that," she said. "Yet, more than 250,000 women in the U.S. will be diagnosed with breast cancer during 2018, according to the American Cancer Society — and the actual numbers might even be higher."

Wadia-Ells' forthcoming book "Busting Breast Cancer: with four simple steps to keep breast cancer out of your body: Our Personal Revolution," is the result of her decadelong project to uncover blacked-out, ignored and misrepresented research that finally can explain to women why and how that first breast cancer cell is created, she said.

"We can no longer wait for the cancer industry to protect women's lives," Wadia-Ells said. "Breast cancer treatment is a thriving multibillion-dollar industry



HADLEY GREEN/Staff photo

**Manchester-by-the-Sea resident Susan Wadia-Ells is the author of the forthcoming book, "Busting Breast Cancer: with four simple steps to keep breast cancer out of your body: Our Personal Revolution."**

today. Women must take charge of our own bodies, prevent this disease and shut down this industry."

She said her book will describe:

- Why and how obesity in women of all ages helps create that first breast cancer cell.

- Why and how all birth control drugs, some IUDs and menopausal drugs are causing thousands of breast cancer diagnoses in women who may use any of these progestin-based drugs.

- Why and how sufficient vitamin D-3 can provide protection against developing breast cancer.

- Ways to address whole-body inflammation, which raises risk factors.

After many years of research, Wadia-Ells said she had a breakthrough moment when Boston College biologist Thomas Seyfried's groundbreaking book

"Cancer as a Metabolic Disease: On the Origin, Management, and Prevention of Cancer" was published in 2012.

Wadia-Ells said that Seyfried's work pieced together long-ignored published research from past decades that illustrates and proves how cancer is "best defined as a mitochondrial metabolic disease rather than as a genetic disease."

"Happily for me, his work is the reason I was able to finally finish my 'how to' book because he pieced together a biologically sound theory on how that first breast cancer cell starts," said Wadia-Ells, who contacted Seyfried to ask for his guidance and oversight as she completed her book.

"Most of the epidemiological studies about breast cancer prevention 'do's and don'ts' that I had uncovered

since 2008 now fell into place, once I understood the metabolic theory."

"The new metabolic theory of cancer is all good news," she said. "We finally understand why one woman develops breast cancer, while another does not."

Seyfried wrote the foreword to Wadia-Ells' breast cancer prevention book,



A working cover is shown for Susan Wadia-Ells' new book, which is due out in December from Girl Friday Productions. For more information, visit [bustingbreastcancer.com](http://bustingbreastcancer.com).

Courtesy image

lifestyle to lose all of your excess body fat, and keeping very high levels of vitamin D-3 in your body, year-round, are two of the most

important steps a woman can take to keep breast cancer out of her body," she said. "By incorporating a ketogenic lifestyle, at least a few weeks each month, you can turn your body's operating system into a fat-burning machine, enabling a woman to block breast cancer cells from taking root."

Additionally, she touts the benefits of detoxification, which includes daily meditation practice, dry skin brushing and infrared saunas, among other methods.

"It's critically important to cleanse the body of stress and chemicals that suffocate our breast cells' power batteries, thus creating those first cancer cells," she said.

including the following: "I applaud Dr. Wadia-Ells in boldly tackling the underlying causes of the breast cancer epidemic, and in providing practical solutions to reduce the epidemic. All women, and anyone interested in preventing cancer, will benefit from reading this book."

Wadia-Ells said her book seeks to empower women to take responsibility for preventing breast cancer by focusing on losing excess body fat, reducing chronic stress from bad relationships and careers, and increasing vitamin D-3 levels to at least 60 ng/ml.

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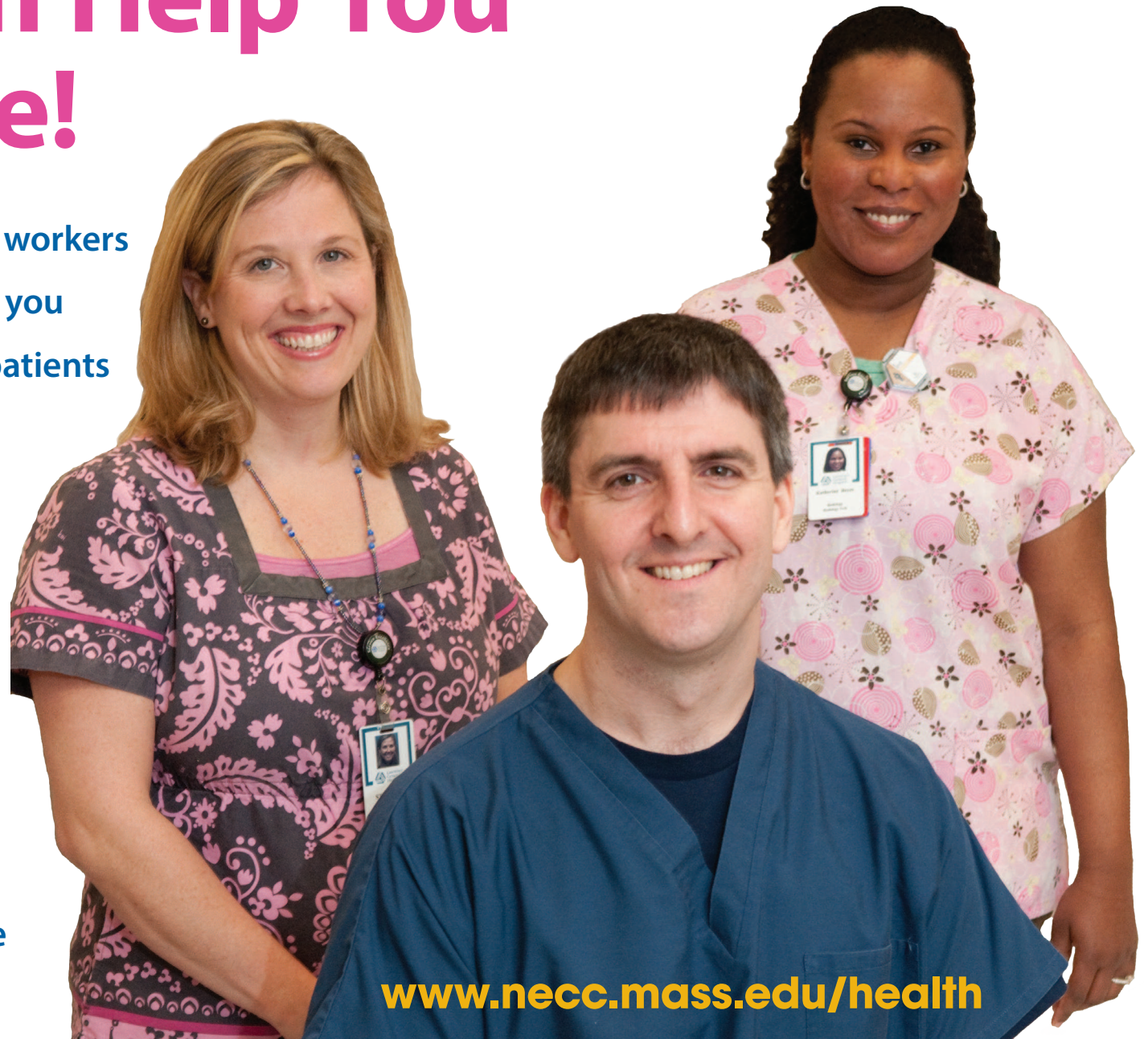
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## Program Open House Events

### LIBERAL ARTS

Friday, October 12, 10 a.m. - 1:30 p.m.  
Haverhill Campus | Lecture Hall A | Spurr Building  
100 Elliott St., Haverhill MA 01830

### HEALTH PROFESSIONS

Friday, November 2, 10 a.m. - 1:30 p.m.  
Lawrence Campus | LC-301 | El-Hefni Allied  
Health & Technology Center  
414 Common St., Lawrence MA 01840

### STEM AND PROFESSIONAL STUDIES

Friday, December 7, 10 a.m. - 1:30 p.m.  
Haverhill Campus | Lecture Hall A | Spurr Building  
100 Elliott St., Haverhill MA 01830

## College Open House

Saturday, October 13, 11 a.m. - 1 p.m.  
Haverhill Campus | Sport and Fitness Center  
100 Elliott St., Haverhill MA 01830

## Info Sessions

The college has regularly scheduled info sessions  
on both the Haverhill and Lawrence Campuses  
[www.necc.mass.edu/info-session](http://www.necc.mass.edu/info-session)

## NECC Health Care Programs

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Paramedic Technology  
Public Health - *iHealth*  
Radiologic Technology  
Respiratory Care

### Certificates:

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Community Health Worker - *iHealth*  
Dental Assisting  
Healthcare Technician - *iHealth*  
Medical Assistant (Day Program)  
Medical Assistant (Evening Program) - *iHealth*  
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But for survivors, it is every single day. We celebrate those who have shown and continue to show courage and perseverance in facing cancer head on.

Stop by any Institution for Savings office during the month of October to pick up a free pink ribbon pin and make a donation to a local community breast cancer support organization.



## JOIN US! OCTOBER 25, 2018

This year's exciting 'Celebrating Survival' event will be held at the Blue Ocean Event Center in Salisbury and will be emceed by North of Boston Media Publisher Karen Andreas. The event will feature a 'marketplace' of local businesses showcasing 'Look Good, Feel Good' related products and services, as well as a fabulous fashion finale! **All proceeds will go directly to the Gerrish Breast Care Center at Anna Jaques Hospital to improve services and support patients and their families.**

For tickets and info, visit: [ajh.org/CelebratingSurvival](http://ajh.org/CelebratingSurvival)



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