

Breast Cancer AWARENESS 2023

Strength • Courage • Hope

INSIDE

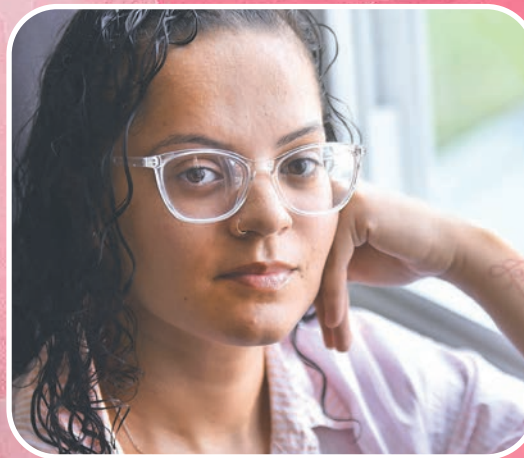
Survivor stories
Frequently asked
questions
Screening and
prevention



"I tell everyone that
early detection is key."
Joanne Peavey



"It's a sisterhood you don't really
want to belong to."
Linda Sheehan



"Don't let the diagnosis take over."
Stephany Martinez



"If you feel something strange,
say something."
Charlie Girardi

The Eagle-Tribune



FAQs about breast cancer

The World Health Organization reports that roughly 2.3 million women were diagnosed with breast cancer in 2020. By the end of that year, there were nearly 8 million women alive who had been diagnosed with the disease in the previous half-decade.

A breast cancer diagnosis inevitably leads to questions about the disease. The bulk of those questions undoubtedly are asked by the millions of women who are diagnosed with breast cancer. But millions more individuals, including friends and family members of recently diagnosed women, may have their own questions.

Women can discuss the specifics of their diagnosis with their physicians. In the meantime, the following are some frequently asked questions and answers that can help anyone better understand this potentially deadly disease.

What is breast cancer?

Cancer is a disease marked by the abnormal growth of cells that invade healthy cells in the body. Breast cancer is a form of the disease that begins in the cells of the breast. The National Breast Cancer Foundation notes that the cancer can then invade

surrounding tissues or spread to other areas of the body.

Can exercise help reduce my breast cancer risk?

The NBCF notes that exercise strengthens the immune system and women who commit to as little as three hours of physical activity per week can begin to reduce their risk for breast cancer. However, even routine exercise does not completely eliminate a woman's risk of developing breast cancer.

Is there a link between diet and breast cancer?

The organization Susan G. Komen, a nonprofit source of funding for the fight against breast cancer, reports that studies have shown eating fruits and vegetables may be linked to a lower risk for breast cancer, while consuming alcohol is linked to an increased risk for the disease. In addition, the NBCF reports that a high-fat diet increases breast cancer risk because fat triggers estrogen production that can fuel tumor growth.

Is there a link between oral contraceptives and breast cancer?

The NBCF reports that women

who have been using birth control pills for more than five years are at an increased risk of developing breast cancer. However, the organization notes that risk is very small because modern birth control pills contain low amounts of hormones.

Can breastfeeding reduce breast cancer risk?

Breastfeeding and breast cancer are linked, though the NBCF notes that the role breastfeeding plays in lowering cancer risk depends on how long a woman breastfeeds. The World Cancer Research Fund International notes that evidence indicates that the greater number of months women continue breastfeeding, the greater the protection they have against breast cancer.

Is there a connection between stress and breast cancer?

The NBCF notes that researchers have found that traumatic events and losses can alter how the immune system functions, which can provide an opportunity for cancer cells to establish themselves within a person's body. The NBCF urges women to identify ways to keep their stress levels in check.

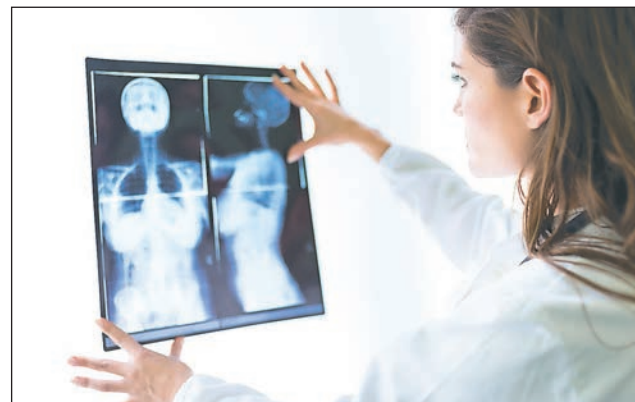
What distinguishes the different types of breast cancer?

Individuals can experience a whirlwind of emotion upon being diagnosed with cancer. No one ever expects to receive such a diagnosis, so the moment a physician delivers such news can be emotional and compromise a person's ability to focus. Once those emotions settle down and individuals resolve to overcome the disease, they typically have a lot of questions.

One of the questions doctors will attempt to answer is which subtype of cancer a person has. For example, when doctors initially deliver a breast cancer diagnosis, they may explain that further testing will be

necessary to determine precisely which type of breast cancer an individual has. Identifying the subtype of breast cancer helps doctors choose the most effective course of treatment, but it's understandable if patients and their families become confused during the process.

The American Cancer Society notes that breast cancer type is determined by the specific cells in the breast that become cancer. The Mayo Clinic reports that a medical team will use a tissue sample from a patient's breast biopsy or, for patients who have already undergone surgery,



the tumor to identify the cancer type.

There are many types of breast cancer, but some are more common than others. Invasive and non-invasive (also referred to as

"carcinoma in situ") are the two main subtypes of breast cancer.

According to the University of Pittsburgh Medical Center, the most common types of invasive breast

cancer are invasive ductal carcinoma, which affects the inner lining of the milk ducts, and invasive lobular carcinoma, which originates from the glands that produce milk.

The UPMC reports that the most common in situ types are ductal carcinoma in situ, which is cancer that remains within the milk ducts, and lobular carcinoma in situ, which does not often develop into breast cancer but is considered a risk factor for an invasive form of the disease.

The ACS notes that triple-negative breast cancer is an aggressive form of breast cancer that accounts

for roughly 15% of all breast cancers. Triple-negative breast cancer can be difficult to treat.

Less common types of breast cancer, each of which account for between 1 and 3 percent of diagnoses in a given year, include Paget disease of the breast, angiosarcoma and phyllodes tumor.

A breast cancer diagnosis marks the beginning of a sometimes lengthy but often successful journey that has ended in full recovery for millions of women across the globe. More information about the various types of breast cancer can be found at cancer.org.

What you should know about breast lumps

Breast cancer is a cause for concern for millions of women. Each year, about 264,000 cases of breast cancer are diagnosed in women in the United States, according to the Centers for Disease Control and Prevention. Globally, data from the World Health Organization indicates that roughly 2.3 million women were diagnosed with breast cancer in 2020.

One of the more notable symptoms of breast cancer is the presence of a lump in the breast. Though not all lumps are malignant, it's important that women learn about breast anatomy and lumps as part of their preventive health care routines.

Mount Sinai says that breast lumps can occur at any age in both men and women. Hormonal changes can cause breast enlargement and lumps during puberty, and boys and girls may even be born with lumps from the estrogen received from their mothers.

It is important to note that the vast majority of breast lumps are benign. The National Institutes of Health says 60 to 80% of all breast lumps are noncancerous. The most common causes of breast lumps are fibroadenomas and fibrocystic changes. Fibroadenomas are small, smooth, moveable, painless round lumps that usually affect women who are at an age to have children, indicates the Merck Manual. They are noncancerous and feel rubbery.

Fibrocystic changes are painful, lumpy breasts. This benign condition does not increase a woman's risk for breast cancer. Symptoms often are worse right before one's menstrual period, and then improve after the period begins.

Additional factors can contribute to the formation of lumps. Breast cysts are fluid-filled sacs that likely go away on their own or may

be aspirated to relieve pain. Complex cysts may need to be removed surgically. Sometimes cysts also may form in milk ducts throughout the breasts.

Lumps also may be the result of injury. Blood can collect under the skin and form a type of lump called a hematoma. Other lumps may be traced to lipomas, which is a collection of fatty tissue or breast abscesses, which typically occur if a person is breastfeeding or has recently given birth.

Additional causes of lumps can be discussed with a doctor. Though the majority of lumps are not a cause for concern, it is important for people to regularly feel their breasts to check for abnormalities.

Doctors may recommend annual mammograms to women age 40 and older. In its earliest stages, breast cancer may produce little to no visible symptoms, but a mammogram may be able to catch something early on.



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A sister's encouragement lives on

For Joanne Peavey, early detection helped her fight the same cancer as her late role model

BY TERRY DATE
tdate@northofboston.com

Joanne Peavey notes that her birth date, 5/11/55, reads like an equation — which is fitting.

The Haverhill resident has been a bookkeeper or an accountant most her life.

Even as a teen, in Melrose, she tabulated end-of-day receipts for a small grocery.

Her birth order is five, the middle child of nine Hodgson siblings.

She and her sisters and brothers could always count on the oldest, Kathy Cheney.

“She was our rock,” said Peavey, 68.

Into adulthood, they depended on Cheney, who lived in Windham and was a beloved Billerica elementary school teacher for 36 years and a mom.

She survived uterine cancer at 36. Then, after two decades, she was diagnosed with breast cancer and died four years later at age 60 in 2007. She taught school to the end.

For years, Peavey didn’t get mammograms.

But later, starting at 50, following their big sister’s encouragement, Peavey and her sisters opted for regular breast cancer testing.

In May 2022, Peavey’s screening found something. She wasn’t worried until she got four messages on her phone. Her doctors wanted her to come in.

On the way, a car cut her off in traffic.

This is Massachusetts, after all. She read a sticker on the back of the car, and it brightened her outlook — “With God, all things are possible.”

She’s a believer.

At the meeting, however, a surgeon told her she had triple-negative breast cancer and the growth needed to come out.



Joanne Peavey poses with one of her brothers, Robert Hodgson, after she buzzed off her hair during her treatment for breast cancer last year.

Courtesy photos

Now Peavey was nervous. More so when she Googled “triple-negative breast cancer.” It’s what her sister had, an aggressive form that is more likely to spread elsewhere in the body and recur. It requires surgery, chemotherapy and radiation.

Peavey has two children, now adults, a daughter and son, Laura and Bob.

Peavey called her daughter and asked her to go to dinner that night, a weeknight.

Her daughter sensed something was up and said yes, adding, “Let’s go for a walk first.”

Laura brought her cousin Liz Stratton, Cheney’s daughter.

Stratton is an oncology nurse at Anna Jaques Hospital in Newburyport. She decided to work with cancer patients after her mom died.

The three women walked at Riverside Park in Haverhill. Peavey told her daughter about the diagnosis, stage 1 triple-negative breast cancer.

It was not easy. Laura and her brother had already lost one parent to cancer.

Peavey’s husband, Bob, died of

pancreatic cancer in 2012.

Stratton, now aware of Peavey’s diagnosis, told her aunt that the doctor she worked with was an extraordinary oncologist and that she would trust him with her life.

Stratton could arrange for Peavey to see him, Dr. Jonathan Eneman, medical director of the Anna Jaques Cancer Center affiliated with Beth Israel Deaconess Medical Center, in Newburyport.

Next, Peavey visited her son in Methuen and told him the hard news.

Still, she felt positive about Stratton’s recommendation. The family rallied around her and decided they were going to face the cancer together.

“It felt like good things were in place,” Peavey said.

She met with Eneman.

He explained what triple-negative breast cancer is and how chemotherapy could be “yucky,” and that surgery was the first thing.

She had surgery, a lumpectomy, with Dr. Peter Hartmann, who directs the Gerrish Breast Care Center at Anna Jaques Hospital in Newburyport.

Triple-negative accounts for



Joanne Peavey, standing, far left, poses with her parents and eight siblings.



Joanne Peavey’s oldest sibling, Kathy Cheney, of Windham, had triple-negative breast cancer and died in 2007.

about 15% of breast cancers and is more common in younger women and in African American women, Hartmann said.

Hormonal growth drives most breast cancers; others are a result of a protein called HER2.

But triple-negative grows independent of these factors.

The first round of chemo was yucky, Peavey said.

But the remaining three rounds weren’t nearly as bad. The

medications prescribed kept the side effects in check.

Her hair fell out, and Stratton shaved her aunt’s head.

Peavey and her sister-in-law went shopping and found the perfect wig. It was the same color, dirty blond, and style as Peavey’s hair, but the cost was staggering, \$2,500.

Insurance covered only \$500.

The sister-in-law told Joanne she was getting the wig. She would pay for it. In the end, Peavey also contributed and members of her Bible reading group surprised her with a contribution.

Peavey received four weeks of radiation, administered five days a week into September 2022.

As of last October, no cancer was detected.

She got to ring the bell, a joyous tradition to celebrate the completion of treatment.

She got all her cancer treatment at Anna Jaques and continues to have an MRI there every six months to check for recurrence.

Her last MRI was this September, and it came back clear.

“I tell everyone that early detection is key,” Peavey said.

Informing primary care and OB-GYN doctors of any family history of breast or ovarian cancer is also important, Hartmann said.

The history informs recommendations for high-risk screening and genetic testing, he said.

PINK

Is Everyone's Color

Our mothers, our sisters, our partners, our daughters, our friends ... **More than 2.3 million cases of breast cancer occur each year, making it the most common cancer among adults worldwide, according to the World Health Organization.** During Breast Cancer Awareness Month in October and all year, we encourage everyone to raise awareness of the importance of breast self-exams and mammograms. **Early detection saves lives!**

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Rose Leonard-Flynn gets moving to give back

BY MIKE LABELLA
mlabella@northofboston.com

It has been 12 years since Rose Leonard-Flynn was diagnosed with breast cancer. Since that time, she has thrown her heart and soul into finding a cure for cancer by raising more than \$300,000 for the American Cancer Society.

She raises money each year through two events, a series of dance shows called Move for the Movement, featuring amateur and professional dancers, and her Rosebud Relay, a 24-hour walking event around her Haverhill neighborhood.

This past January marked the 11th year of Move for the Movement, a noncompetitive event she held at Sutton High School and concluded with four shows at the Collins Center for the Performing Arts in Andover.

In recognition of her efforts, the American Cancer Society Northeast Region presented Leonard-Flynn with the Sandra C.

Labaree Volunteer Values Award, which is given to volunteers who exemplify the values of the American Cancer Society. Only a few people receive this honor in New England each year.

Leonard-Flynn, 56, defers to her many volunteers who make Move for the Movement such a success each year.

Formerly an education support professional at Tilton School in Haverhill, Leonard-Flynn was appointed the city's assistant city clerk in March.

After she was diagnosed with breast cancer in May 2011, she underwent nine operations over the next six years, along with 36 rounds of radiation treatments.

Cancer has also affected other family members, including her sister, Kim Henning, who fought breast cancer and is also a survivor, and her brother, Edward Leonard, who survived thyroid cancer.

Her father-in-law, Jack Flynn, wasn't so lucky and in 2010 succumbed to a rare form of cancer.



Courtesy photo

Rose Leonard-Flynn has raised more than \$300,000 for the American Cancer Society over the past 11 years.

In June 2012, Leonard-Flynn began participating in the annual Relay for Life of Greater Haverhill, which raises thousands of dollars each year for the American Cancer Society.

"I don't want my two daughters to hear they have cancer and I

don't want my future grandchildren to hear it, and that's why I do it," she said. "You may be a survivor, but you're always waiting for that shoe to drop."

Since that time, her Relay for Life team, Rosie's Riveters, has raised thousands of dollars in the fight against cancer. When the Relay for Life went virtual during the COVID-19 pandemic, Leonard-Flynn connected with her neighbors and created the 24-hour Rosebud Relay walk on Pilgrim Road as another way to raise money for the American Cancer Society.

"This year, I walked 42 miles in 24 hours in May," she said. "As the night went on and I needed to rest, I tagged another member of my walking team, so there was always someone walking, then I resumed my walking until the end, when we popped a bottle of Champagne."

Leonard-Flynn said that she doesn't walk around the clock for accolades, but instead for others who can't.

"I do it for people who are being treated and may not have the motivation or support system," she said. "And I do it because I want to eradicate cancer."

While participating in her first Relay for Life, she heard stories of how other cancer survivors were raising money in the fight.

"I knew I needed to do something more, so after talking with my husband, James, and our daughters, Rachael and Jessica, and since I was a dance mom, we came up with the idea to hold a dance event," Leonard-Flynn said. "That first year, we held our first Move for the Movement in Haverhill High School's auditorium, and it sold out."

She said that her Move for the Movement burst into the world and has been going strong ever since. Tickets for January 2024 are on sale now at move4tm.org.

"My hope for the future is that we eradicate cancer so that no one will have to go through surgeries and treatments again," Leonard-Flynn said.

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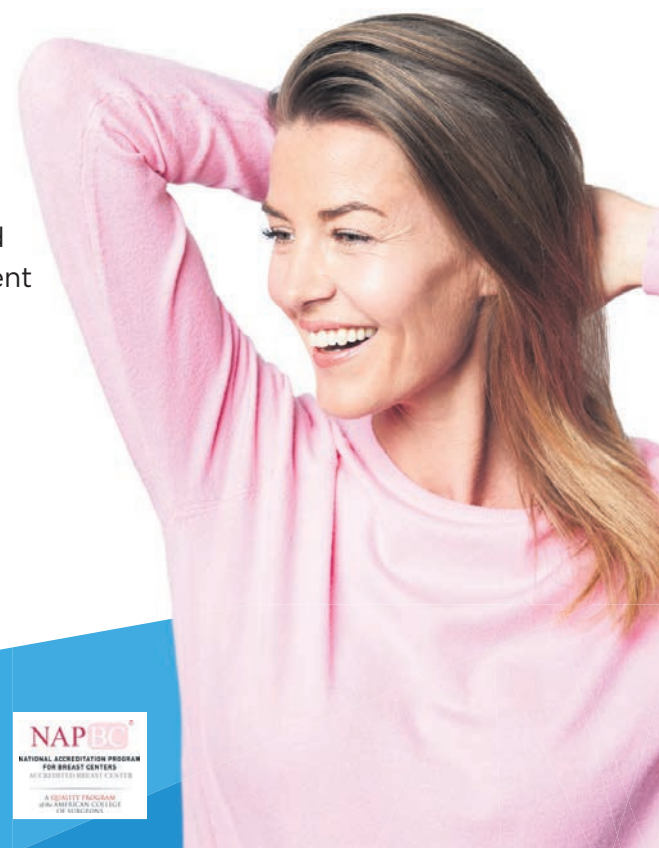
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'I was amazingly fortunate'

Charlie Girardi thankful after a close call with male breast cancer

By WILL BROADDUS
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Charlie Girardi's mastectomy was followed by an alarming amount of swelling.

"My wife said I was a D cup," he said.

Girardi, who is 70 and has lived in Atkinson, New Hampshire, since 1977, wore a drainage bag for a week or two until the swelling disappeared.

But that was in 2015, and he said it's hard now to tell that he even had surgery, which was performed by Dr. Paula Muto.

"I don't think they went into any of the muscle tissue, just the mammary tissue," Girardi said. "They removed the nipple. Fortunately, the way Dr. Muto did it and with the hair on my chest, it's unrecognizable. It's just a scar there and the scar looks like a nipple. It works out well, so if you take my shirt off in the gym or outside, it's not even noticeable."

But while it may look on the outside like nothing even happened, Girardi knows that he had a close call and will always be grateful for how things turned out.

"I was amazingly fortunate to catch it so early," he said. "What I was reading at the time was that most men don't catch it until it's too late."

Girardi, who graduated from Tenney High School in Methuen in 1970 and married his wife in 1974, said that he was told in 2015 that there were around 2,000 cases of male breast cancer per year.

He said that number was growing, and the fact that

DID YOU KNOW?

Each year in the United States, about 2,400 cases of breast cancer are diagnosed in men, according to the Centers for Disease Control and Prevention. Roughly 270 men will be diagnosed with breast cancer this year in Canada, according to the Canadian Cancer Society.

Macmillan Cancer Support says men have a small amount of breast tissue behind their nipples, where breast cancer potentially can develop. Breast tissue in boys and girls is the same until puberty, when girls start to develop more.

Men with breast cancer experience symptoms that are similar to those experienced by women. Possible signs to be aware of include:

- Skin dimpling or puckering
- A lump or swelling, which is typically – but not always – painless
- Nipple retraction
- Redness or scaling of the nipple or breast skin
- Discharge from the nipple, which may be clear or blood-tinged

The American Cancer Society advises that sometimes breast cancer can spread to the lymph nodes under the arm or around the collarbone and cause a lump or swelling in these locations. The protrusion may be noticeable even before the original tumor in the breast is large enough to be felt.

For more information on male breast cancer, including survivor stories and resources, visit malebreastcancerhappens.org.

people seem to be finding it late has resulted in poor outcomes.

"The mortality rate of men is considerably higher," Girardi said. "Not in numbers, but percentage of mortality is higher in men than women because men are not checked for it."

But he also said male breast cancer is easy to find, and awareness of that fact fortunately seems to be growing, as well.

"What does it take, in the shower, just to feel?" he said. "You're rubbing soap across yourself anyway. If you feel something strange, say something. I can't tell you how thankful I was. The doctor basically saved my life by saying, you've got to do this."

That was after he felt a lump above his right nipple while taking a shower, then told Dr. Frank Oberti about it in an annual physical.

"He was concerned, but he wanted to make sure, so he sent me to Holy Family for a mammogram," Girardi said. "They may end up doing an ultrasound just to see what's in you, don't be too alarmed," Oberti said. "They do that

when they see something."

Girardi went in for these procedures in late July, and the radiologist who looked at the ultrasound of his lump wasn't sure what it was but said it should definitely be excised.

"The thing he was concerned with was that there was blood flow to the lump," Girardi said.

The three or four weeks that he had to wait for an appointment with Muto felt like an eternity, and Girardi said the lump began to grow sore in the interim, which alarmed him even further.

After it was removed and tests revealed that the lump was cancerous, Muto performed the mastectomy within 10 days.

Girardi's postoperative care includes annual mammograms on his other breast and checkups with Muto. He also visits with Dr. Pedro Sanz-Altamira at Dana-Farber Cancer Institute — Merrimack Valley, which was previously in Lawrence but is now in Methuen, who gives him breast exams and put Girardi on hormone therapy for five years.

Girardi has also received BRCA gene tests, which analyze DNA for mutations that can increase the likelihood of getting breast cancer.

"My brother had it tested, as well," Girardi said. "He told his doctor what happened with me and he had the test."

Girardi has had other serious health challenges, including a quadruple bypass in 2020, but said he breathes easier now about the possibility of getting cancer again.

"I take one day at a time, and enjoy every moment we have, because regardless of what your health conditions are, you could walk out in the street and some idiot could come down the road and run you over," he said.

But Girardi also said that, in the aftermath of his initial diagnosis and treatment, Facebook support groups



TIM JEAN/Staff photo

Charlie Girardi, a male breast cancer survivor, and his wife, Terri Girardi, pose outside their Atkinson, New Hampshire, home.

and pages dedicated to male breast cancer, including Male Breast Cancer Happens, helped him deal with his new reality.

"They have a lot of information there, and support for those that have it,"

said Girardi, who also recommends watching the May 11 Facebook video posted by Cherie Mathews, a breast cancer survivor and the founder of Heal in Comfort, <https://tinyurl.com/4by76kd2>.

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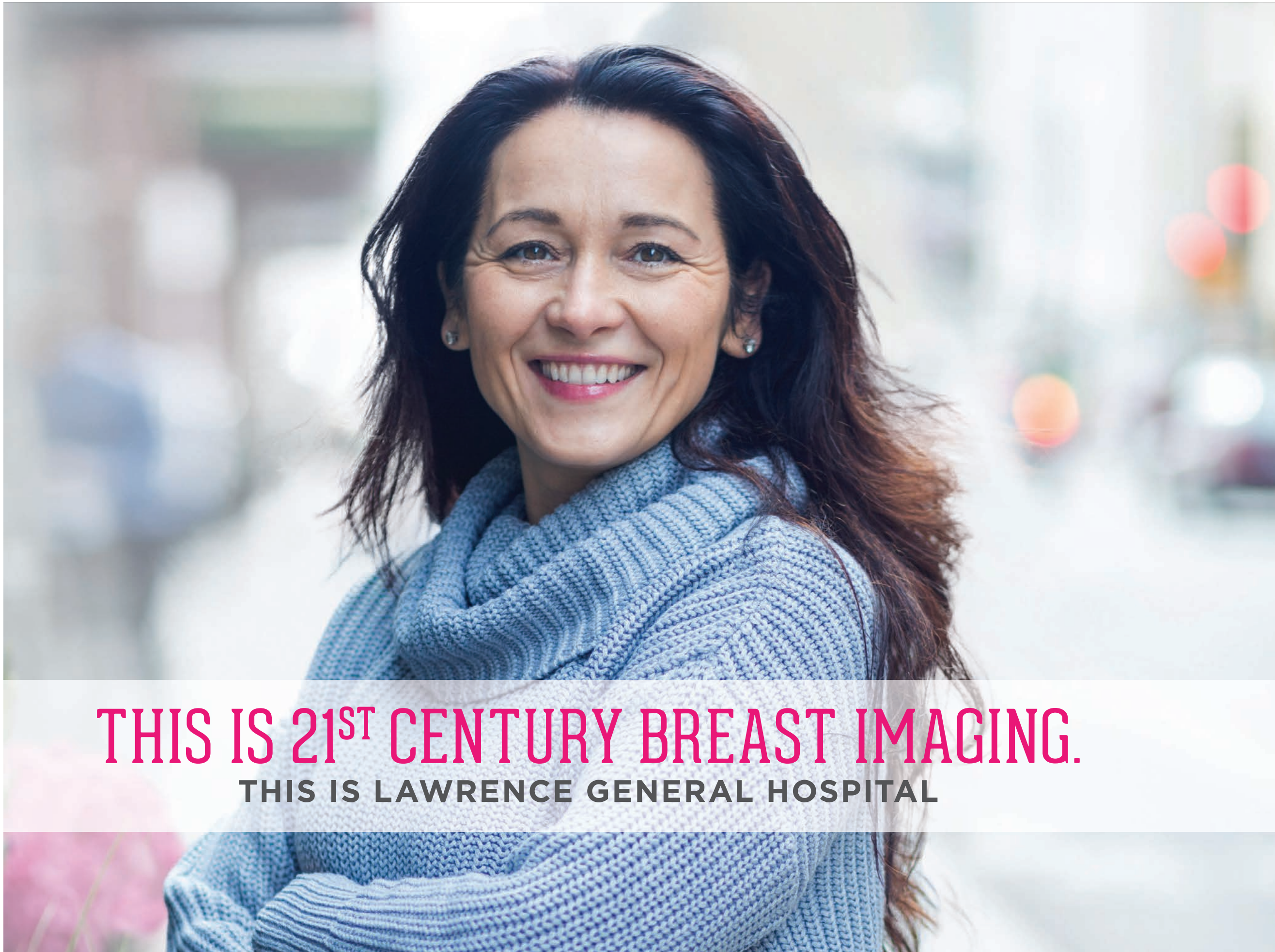
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'To the world, I was better'

Stephany Martinez's battle hasn't ended with remission

By TEDDY TAUSCHER
ttauscher@northofboston.com

On the surface, Stephany Martinez's battle with breast cancer was over. The cancer was in remission and it was time to return to normal life.

Immediately, she got a letter from work instructing her to return. So just a week after finishing radiation treatment for stage 3 hormone-positive breast cancer, she returned to her job as a manager at a retail store.

"To the world, I was better," said Martinez, 32. "I didn't feel like I was ready, but on paper, it was like you have to be ready."

In a matter of days, she went from sitting for almost nine months straight to standing for eight hours during the workday, as well as spending four hours in the car for her commute.

"I would wake up at 6 a.m. in the morning in pain," she said.

Since she couldn't drive, Martinez's husband would

then drive her to her job two hours away.

"I felt very exhausted all the time, even if I had eight to 10 hours of sleep," she said. "My body, it was giving out on me."

By the second hour at the job, she was barely hanging on and her whole body was cramping up.

"After my seventh to eighth hour, that was it, there was no more Stephany," she said.

Every day, she felt constant pain and constant cramping.

After two months, she decided to move to a new job where she could work fewer hours.

"I realized I couldn't jump into life like I thought I could," she said. "Mentally and physically, it was just impossible."

Martinez said she learned that she could make it back to normal life, but she had to do it at her own pace.

"You really need to figure out and kind of study your body," she said.

She began an exercise routine and consulted her doctor, who changed her medication.

"I began building my body



Stephany Martinez, of Lawrence, has been in remission from breast cancer for two years. The photos on the wall, taken shortly after her treatment, inspire her to stay positive. The tattoo on her arm, of a clock framed by two roses, reminds her that time doesn't stop for you, so continue to bloom like a flower.

CARL RUSSO/
Staff photo

up for the fight," she said.

Martinez said that the battle to return to a normal life is not mentioned often, compared to the time spent battling cancer.

Thinking back, she wishes she could have taken more time coming back to normal life.

"I wish I could have given myself time to reflect on what my body needed," Martinez said.

Life outside work was also a struggle. Tasks like caring for her daughter, now 12, and driving and cooking were still difficult.

"Then you get the depression, then it's like why did I survive and everybody else didn't," Martinez said. "Every single day is a why."

She said her positive mindset allowed her to overcome the obstacles.

"Don't let the diagnosis take over," Martinez said.

Her daughter and husband also kept her going every single day.

"They don't let me give up," Martinez said. "They also fight with me."

"It's never-ending," she said. "I know every day is going to be a challenge, and

I am willing to tackle it head on."

She also wants to highlight that breast cancer poses a real threat to younger people. Most doctors offer mammograms starting at age 40.

Martinez said undergoing treatment took up dozens of hours of her weeks.

"It's doctor's appointments, it's you not feeling well, you being on the phone with MassHealth," she said. "It takes up 40 to 50 hours a week of your week, just dealing with active breast cancer."

Two years later, she still feels the effects of her cancer and still has some days when she is in pain. She is also still dealing with medical bills.

"I live paycheck to paycheck just like everybody else," she said. "Just fighting with the insurance, making sure they can pay it, it's ongoing."

So what is her biggest piece of advice?

"Just never give up, your diagnosis does not stop you," Martinez said. "There is more to you, you just need to find it."



Courtesy photo
Deb De Lucca will pay tribute to Carole King.

Fundraiser blends 'Wine, Women & Song'

Anna Jaques Hospital in Newburyport is partnering with the Institution for Savings to support breast care services in the community with the fundraiser "Wine, Women & Song" on Thursday, Oct. 19, from 6 to 9 p.m. at Blue Ocean Music Hall on Salisbury Beach.

The signature event will feature music by Home Again: A Tribute to Carole King, headlined by vocalist Deb De Lucca. The band will perform multi-award-winning hits from the acclaimed singer-songwriter's memorable career.

The evening will also include

silent and live auctions, a wine pull featuring bottles of fine wine valued at \$20 to \$100-plus, a light dinner, a complimentary beverage, and more.

For a decade, the hospital and bank have united to creatively raise awareness and promote the prevention of breast cancer in the community. The partnership aims to increase awareness of the complex disease, while highlighting the resources available in the community to advance detection, treatment and survivorship.

Prior to the concert, Dr. Peter Hartmann, a breast specialist and surgeon leading the Gerrish Breast

Care Center at Anna Jaques, and the hospital will recognize seven community-based, nonprofit partners that serve the nonmedical needs of local patients. There will also be remarks from a breast cancer survivor.

The live auction will feature three notable items: a 14-karat white gold bracelet set with 55 diamonds, donated by M.K. Benatti Jewelers of Newburyport and valued at \$8,000; an intimate farm-to-table garden dinner party for 12 in Newbury donated by Bryce and Mary Jo Anderson; and a four-night stay on

Nantucket in the four-bedroom, 4.5-bath cliff home of Nancy and Jeff Caswell, valued at \$10,000.

Tickets for the event are \$125. Reserved tables for six and eight are available.

Proceeds will support the programs available to the community at the Gerrish Breast Care Center and Anna Jaques Cancer Center affiliated with Beth Israel Deaconess Medical Center.

To purchase tickets, become a sponsor or learn more, visit giving.bilh.org/annajaqueshospital/wine-women-song.

Leslie Robbins grateful for family, fund amid treatment

By PAUL LEIGHTON
pleighton@northofboston.com

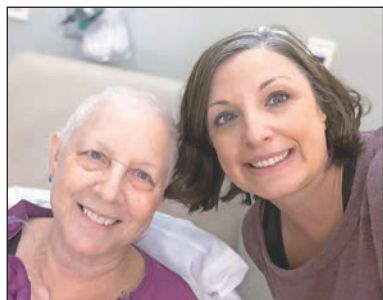
When Leslie Robbins' back started hurting last summer, she assumed it came from working in her garden. A few months later, medical tests revealed the real cause.

A CT scan showed a cancerous mass that was destroying Robbins' spine, to the point where doctors were worried that her spine could collapse. A biopsy then determined that she had stage 4 breast cancer, which had spread to her spine.

The news stunned Robbins, a 69-year-old Beverly resident whose mammogram just a few months earlier had been normal.

"It shocked me," Robbins said. "I had no indication that it could be cancer-related. I just thought it was my back hurting."

The cancer diagnosis sent Robbins down a long road of treatment that continues to this day. It's a road that she might not have been able to navigate without the support of her family and an organization she had never heard of before.



Courtesy photo

Leslie Robbins, left, and her daughter, Amelia DeGregorio, smile at Mass General/North Shore Cancer Center in Danvers.

First, Robbins underwent a six-hour spinal fusion surgery on Dec. 21 at Massachusetts General Hospital in Boston. Then came two weeks of radiation and 12 weeks of chemotherapy. Her first round of chemo sent her into anaphylactic shock, a potentially life-threatening allergic reaction.

Robbins said she received tremendous support from her daughter, Amelia DeGregorio, and her family, including Robbins' 6-year-old grandson, Nicky. When

LOOKING FOR SUPPORT?

The Ellie Fund is available to all women and men undergoing active breast cancer treatment who reside or receive treatment in Massachusetts.

Services include grocery assistance, transportation to medical appointments, light housekeeping, child care reimbursement, prepared meal delivery, and funding for acupuncture and oncology massage therapy.

The fund was founded in 1995 by brothers Jeff and Eliot Popkin in honor of their mother, Eleanor "Ellie" Popkin, who died at age 49 in 1987 after a 15-plus-year battle with breast cancer.

To apply for help or for more information, visit elliefund.org.

Robbins was doing physical therapy in the hospital, Nicky would stand at the far end of the hallway and say, "You can do it, Nanny!" as she walked toward him.

"She would do it for him,"

DeGregorio said.

DeGregorio, who lives in North Reading, called the whole

experience "extremely scary and painful and hectic."

"I just spent many days and nights at MGH with Mom at the beginning and basically left everything at home to my husband (Mark)," she said. "The two of them (Mark and Nicky) were amazing. I would FaceTime with them at night."

Robbins' sister, Shelley, was also a big help, flying in from Kansas three times to stay with Robbins.

Another strong source of support came from the Ellie Fund, an organization based in Needham that supports breast cancer patients. DeGregorio said that she had never heard of the Ellie Fund until a few months before, when she was invited to a fundraiser in Andover for the organization. She was so impressed that she made a donation and planned to become a volunteer.

A short time later, her mother was diagnosed. DeGregorio called up a woman from the Ellie Fund whom she had met at the fundraiser and said, "You're never going to believe this. My mom has breast cancer."

The Ellie Fund quickly stepped in with not only financial assistance in the form of grocery gift cards and house-cleaning services, but emotional support.

"I was having a really hard time at one point, and they sent me flowers," Robbins said. "It was just so thoughtful. They didn't even know me. I was a stranger to them. It just says something about their organization. They were a godsend to me."

Robbins, who has always been active, said she is doing better, although she is no longer scrambling over rocks in Acadia National Park in Maine, as she was doing a few weeks before her diagnosis. The cancer is "stable" and no longer growing, and she is receiving cancer drug infusions every three weeks to keep the disease under control.

Based on her experience and the unexpected assistance by the Ellie Fund, Robbins said she would encourage women in similar circumstances to reach out for resources.

"You don't know what's out there until you look," she said.

PUT THE BRAKES ON BREAST CANCER!



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Raising awareness of a valuable resource

Linda Sheehan wants survivors to know about free prostheses

By MONICA SAGER
msager@northofboston.com

Three years ago, Linda Sheehan made an appointment at Lady Grace in Woburn to meet with a post-breast surgery specialist.

Sheehan's fitter measured her and provided her with different styles and sizes to try on. She said they treated her "like royalty." The prosthesis, which fits into the bras that Sheehan picked out, was even delivered in a beautiful pink velvet box with satin. Now, she gets a new prosthesis and six bras each year, covered by her health insurance.

The bras come in a variety of shapes, sizes and designs. Women can choose from sports bras to convertible ones that work with shirts with different sleeve or collar styles. Sheehan notes that she often hears that women have one breast bigger than the other, but "it's not like this." The prostheses, however, are able to help.

"They're not just old 'Mimi bras,'" Sheehan said. "It's a good feeling because most of breast cancer is



TIM JEAN/Staff photos

Methuen resident Linda Sheehan has survived two bouts with breast cancer.

not a good feeling. This gives you the feeling of femininity."

Sheehan, 65, and other women are able to get bras like this thanks to the Women's Health and Cancer Rights Act. The act helps protect many women with breast cancer who choose

to have their breasts reconstructed after a mastectomy, a full removal or just partial, according to the American Cancer Society.

Mastectomy benefits under the act cover the reconstruction of the affected breast, surgery and reconstruction of other



Sheehan shows an array of bras and a case for the breast prostheses that her insurance covers each year.

breast to make the two look alike, as well as any external breast prostheses.

Following her two stints with breast cancer, Sheehan was left without a "chunk," as she calls it, of her left breast. Places like Lady Grace, however, allow her to get a custom breast form, personalized to her own body. The prosthesis ensures that the bra doesn't shift throughout the day, Sheehan said.

Sheehan has been breast cancer-free since 2020 and was declared officially in remission this past June. Her first diagnosis happened in her 40s, when a doctor found ductal carcinoma in situ during a routine mammogram of her milk ducts. It was noninvasive, defined as stage 1, and was confined to one area in Sheehan's right breast.

Chemotherapy helped extinguish the disease.

In mid-January 2018, Sheehan's doctor confirmed that a spot on her left breast was cancer. This time, it had the ability to spread throughout the body through her lymph nodes. Luckily, it was contained to the upper-left breast. Sheehan, however, needed surgery that left her without a part of her body.

In most cases, the purchases at Lady Grace are covered by insurance, according to its website. Medicare and most major health plans cover most or all of the purchase.

Sheehan, who now goes every August for a mammogram and each February for a full MRI, wants to make sure everyone else knows about the resource. Whenever she makes a visit to

the shop to get more bras, she posts about it to her Facebook.

Everybody knows someone affected by breast cancer, so the information can be helpful to anyone, she said.

"I'm sad that nobody tells you," Sheehan said. "It's fallen on the survivors to tell people. It's a sisterhood you don't really want to belong to."

Sheehan also has spoken out at Relay for Life events. She was diagnosed with a mutation of the ataxia telangiectasia mutated gene. This increases her risk for certain cancers, including breast cancer. She mentions this in her speeches.

One family at the Relay for Life event came with their daughter, Sheehan said. Sheehan had discussed the different effects that ATM mutation has and how if both parents have the mutation, it can manifest as an immune deficiency with difficulties with brain and motor skills. The family immediately knew that is what their daughter had, providing some clarity to their more-than-50-year journey. They told Sheehan they were going to get tested.

"If you can touch one person or make just one person aware of something that's going to help them, that's what my goal is," Sheehan said.

What are late effects of breast cancer treatment?

Many side effects of breast cancer treatment, such as fatigue, go away shortly after treatment ends. However, the organization Susan G. Komen notes that some women experience late effects of cancer treatment, which are new side effects that present months or even years after treatment for breast cancer has ended. Late effects vary, and many breast cancer survivors experience no such symptoms. But, according

to Macmillan Cancer Support, a United Kingdom-based organization devoted to supporting individuals living with cancer, some late effects may be permanent.

There's no way of knowing who will experience late effects of breast cancer treatment. However, a 2019 study published in *Journal of Midwifery & Women's Health* indicated that as many as 90% of breast cancer survivors experience long-term consequences as a

result of treatment.

Susan G. Komen notes that some of the more common late effects of breast cancer treatment include:

- Bone health problems
- Changes in the look and feel of the breast, including after lumpectomy, radiation therapy and/or reconstruction
- Early menopause or menopausal symptoms, such as hot flashes

■ Emotional distress and depression

- Fatigue or insomnia
- Fear of recurrence
- Infertility
- Joint and muscle pain
- Sexuality and intimacy issues
- Weight gain

Susan G. Komen notes that research into breast cancer care, including how to improve life for survivors, is ongoing. In the meantime, women undergoing

treatment, those who have recently completed treatment or even patients who have not received treatment in years but are experiencing side effects are urged to speak with their physicians about the various ways to improve quality of life should any of these symptoms appear or continue to present.

More information about late effects of breast cancer treatment is available at komen.org.

Penny Morang Richards an advocate for screening, self-care

BY JILL HARMACINSKI
jarmacinski@northofboston.com

Don't be surprised if Penny Morang Richards asks if you, or someone you love, has had a mammogram.

If you haven't, she will even offer to take you for a breast cancer screening.

"This is life or death for people," said Richards, a former Eagle-Tribune columnist and reporter who lives in North Reading.

Diagnosed with breast cancer in 2007, Richards later wrote "My Breast Cancer Sally," a motivational handbook of sorts for others facing the disease.

A definition of sally, she notes, is a sudden charge out of a besieged place against an enemy.

"It's kind of a how-to," Richards said of her book, which is available through Amazon.

Now age 70, Richards still writes and is also a justice of the peace who has proudly served over hundreds of wedding ceremonies.

She and her husband, Dave, also run a medical scholarship

foundation in memory of their daughter, Penney "PJ" Richards, who was killed in a motorcycle crash in 2009.

Richards was diagnosed with breast cancer at age 54. Other women in her family had been previously diagnosed with breast cancer, so Richards said she knew she needed to be vigilant.

She underwent a lumpectomy, chemotherapy and radiation. Her breast cancer diagnosis was straightforward, and she underwent treatment at Winchester Hospital.

"You have a relatively simple cancer," Richards said, recalling what doctors imparted to her and noting that there are many different variations of breast cancer.

"Chemo wasn't fun and radiation wasn't bad," she said. "I never thought it would kill me."

The treatments left her bald, but Richards said that didn't bother her.

"I was proud I was bald," she said. "I was proud I lost my hair."

She had previously colored her hair, covering grays. After



treatment though, when her hair grew back in a "salt and pepper" hue, Richards said she embraced it.

"I was proud of everything I've gone through," she said.

Richards said she has a mammogram every 366 days.

Today, Richards is also a volunteer at Mass General/North Shore Cancer Center in Danvers. She sits with, listens to and comforts others having treatments.

Penny Morang Richards' book aims to inspire others going through breast cancer treatment.

Courtesy photo

DID YOU KNOW?

The length of time a women will receive treatment for breast cancer will ultimately depend on a host of variables unique to each individual.

According to the nonprofit organization Living Beyond Breast Cancer, an individual diagnosed with early stage breast cancer can be in active treatment for about one year. The administration of medicine, the performance or surgery and ongoing therapies are all considered part of active treatment.

The Mayo Clinic reports that chemotherapy, a treatment option that uses various drugs to destroy cancer cells or slow their growth, can last between three to six months for patients diagnosed with early stage breast cancer. Treatment with chemotherapy can extend beyond six months for individuals with advanced-stage breast cancer.

Hormonal therapy also can extend the time breast cancer patients are in treatment, as the American Cancer Society reports that this option typically requires taking a pill for five years. However, hormonal therapy can extend past five years in certain instances.

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Getting fit against breast cancer

Exercise a powerful tool in reducing risk of disease

Dr. Ashling O'Connor



Since early childhood, I wanted to be a surgeon like my father. I grew up watching

him leave for the hospital, mysterious leather bag in hand, and return hours later, content and filled with tales of long surgeries and successful outcomes. It was inevitable that I would follow in his footsteps. So here I find myself, 12 years into a career as a breast cancer surgeon.

I love my job. I love my patients. There are days that I wonder how I got so lucky. But I dream of the day that my job is obsolete, and I can pursue my second passion of owning a coffee shop by the sea, mug of dark coffee in hand and the aroma of freshly baked focaccia wafting from the stove.

That wistful dream is not without hope. Over time, we are becoming more successful at detecting breast cancer earlier, treatments have improved and surgery is trending to become less aggressive. Curing breast cancer is the norm rather than a rarity. Daily, we hear exciting news about

potential vaccines on the way.

What can we do now to prevent breast cancer? How can we stop recurrences? How can we lessen our worries about the future? The answer may be more attainable than we think.

For several years, researchers have focused their attention on the effects of exercise, and the results are quite remarkable.

In a recent study of 15,000 women, researchers found that women who did 2.7 hours of moderate exercise or 1.5 hours of strenuous exercise a week had a 20% lower risk of breast cancer than those who exercised less.

These same results are seen in many similar studies. A 2020 British study looked at over 47,000 premenopausal women and 126,000 postmenopausal women. They found a 23% reduction in risk of breast cancer in premenopausal women and a 17% reduction in postmenopausal women.

So how does exercise work? There are many potential mechanisms:

■ **Reduces estrogen levels:** Regular physical activity can help reduce estrogen levels in the body. High levels of estrogen are associated with an increased risk of breast cancer, particularly in postmenopausal women. Exercise can help balance hormones, which may reduce the risk of hormone-sensitive breast cancers.

■ **Maintains healthy weight:** Exercise can help individuals maintain a healthy body weight or lose excess weight. Being overweight or obese is a known risk factor

for breast cancer, especially after menopause. Exercise can contribute to weight management, reducing the risk of breast cancer.

■ **Enhances immune function:** Regular physical activity has been shown to increase the level of proteins called myokines that can help the body fight cancer cells. Our natural immune system seems to increase production of cells such as natural killer cells and cytokines that target and destroy cancer cells.

■ **Reduces inflammation:** Chronic inflammation in the body is associated with an increased risk of various diseases, including cancer. Exercise increases our oxygen levels and can help reduce inflammation, potentially lowering the risk of breast cancer.

■ **Improves insulin sensitivity:** Physical activity can enhance insulin sensitivity, which is important for blood sugar regulation. Insulin resistance has been linked to breast cancer risk, so improving insulin sensitivity through exercise can be beneficial.

■ **Enhances mental health:** Exercise reduces stress, anxiety and depression. Chronic stress and mental health issues can have an

impact on overall health, including the immune system's functioning. Reducing stress and improving mental well-being may indirectly lower the risk of breast cancer.

■ **Promotes healthy lifestyle choices:** Engaging in regular exercise often leads to other healthy lifestyle choices, such as a balanced diet and reduced alcohol consumption. These factors also contribute to a reduced risk of breast cancer.

■ **Improved treatment outcomes:** Gone are the days of advising patients undergoing treatment for breast cancer to stay in bed and rest. Cancer is typically treated with a combination of surgery, chemotherapy, radiotherapy and immunotherapy. Exercise can not only help improve side effects, it can increase the effectiveness of treatment. This results from exercise increasing blood flow and rapidly flushing the areas of cancer with cancer-fighting immune cells. Studies have shown that, particularly for breast cancer patients, overall survival rates are improved by implementing an exercise program after treatment.

The American Cancer Society recommends at least

150 minutes of moderate intensity exercise or 75 minutes of vigorous exercise a week.

Interestingly, it seems that the effects are not permanent. Like many things, it's a "use it or lose it" phenomenon. So, consistency here is key.

Believe me, I know how hard it is to squeeze in time to exercise every week. Jobs, kids, household chores, great shows on Netflix — they all get in the way and compete for our time. As someone who has fallen off the exercise train more times than I care to mention, I've learned a few things.

Finding a form of exercise that is fun will make it easier to motivate yourself. For some people, that's a spin class with loud pumping music. For others, it's an early morning walk outside. Everyone is different. Friends who hold you accountable are key. Arranging to meet a group of people at the gym for a Sunday morning workout class followed by a protein shake (or margarita) helps. For me, finding a great trainer at the local gym has been beneficial. Gyms can be intimidating, and having someone to show you the

DID YOU KNOW?

Family history is considered a risk factor for various diseases, and breast cancer is no exception.

According to Cancer Research UK, having a first-degree relative, which includes a mother, sister or daughter, diagnosed with breast cancer approximately doubles a woman's risk for breast cancer.

However, the American Cancer Society notes that only about 5 to 10% of breast cancer cases are thought to be hereditary. Hereditary cases of breast cancer are those that result directly from gene mutations passed on from a parent.

The relatively small percentage of hereditary cases is important to note, as it means that the vast majority of women diagnosed with breast cancer have no family history of it.



ropes and keep you showing up helps so much.

While exercise can be a valuable component of breast cancer prevention and management, it should be part of a comprehensive approach that includes regular screenings, healthy eating and other preventive measures. Before starting a new exercise program, especially if you have underlying health conditions or are currently undergoing cancer treatment, it's advisable to consult with a health care provider or a qualified fitness professional to create a safe and personalized exercise plan.

So here we are. Let's put this article down, lace up our sneakers, do some jumping jacks, maybe take a brisk walk outside and know that together we are fighting to make cancer a thing of the past. In the meantime, I will work on my bread-making skills for that coffee shop by the sea.

Ashling O'Connor, M.D., is a breast surgeon with Beverly Hospital, a member of Beth Israel Lahey Health. She is medical director of the Breast Health Center at Beth Israel Lahey Health Care Center — Danvers and also practices at Lahey Medical Center, Peabody.

Two sides of the story: Survivor and supporter

A daughter's perspective

BY CARA LEIGHTON FRANGIPANE

It was the middle of the night on Aug. 12, 2022, and I woke up suddenly with a shooting pain on the outer side of my left breast. I found a small lump under the skin, about the size of a pea. I immediately started to self-diagnose.

According to the internet, cancer doesn't cause pain, whew. Next, I stumble on hormonal cysts and the internet confirms that those do cause pain. OK, it must be a hormonal cyst. I don't have a history of breast cancer in my family and I'm pretty healthy. It just doesn't make sense.

The next week, my primary care doctor ordered an ultrasound and mammogram. I'm still not worried and think it's going to turn out to be a hormonal cyst.

Boy, was I wrong. Did you know that 85% of women diagnosed with breast cancer have no family history? It's an alarming statistic from breastcancer.org. In fact, breast cancer is the most common type of cancer in the world — another alarming statistic from the World Cancer Research Fund International.

This information blew my mind when I first heard it. I always thought breast cancer was the opposite, that it was 85% hereditary.

When asking my doctors how this happened to me, the response was "just unlucky." Sure, luck may be a small part of it, but after doing a lot of my own research, I think the way I treated my body during my adolescence had much more to do with it.

Sept. 2, 2023, marked the one-year anniversary of my diagnosis. In the past year, I have endured 16 chemotherapy treatments over the course of 20 weeks (AC-T



Cara Leighton Frangipane holds a stuffed moose while in the hospital. "Moose" is her mother's nickname for her.



Frangipane and her husband, William Rehl, are all smiles at Red Rocks in Colorado.

chemo drugs), a double mastectomy and DIEP flap reconstruction. I still plan to have one breast revision surgery and a total hysterectomy with ovary removal before the end of the year. That's four major surgeries in one year all to do with my cancer diagnosis and treatment plan.

I was fortunate to not have to undergo radiation therapy. I'm now on two aromatase inhibitor drugs called Zoladex and anastrozole for at least the next five years of my life, and they have their own host of side effects. After I have a total hysterectomy, I can stop getting Zoladex injections. Some days, I reflect back and it feels surreal to know how drastically my life changed and what I have gone through.

My diagnosis was stage 2/grade 3 invasive ductal carcinoma. From the time I was diagnosed to the time I

started treatment was a little over one month — that month was agonizing. Fearing the cancer was spreading, not having all the answers and waiting for test results to see how far it had spread, not knowing if I would still be here a year from now, the anxiety was unbearable.

I remember thinking when I got the news, "How do I tell anyone I have cancer?" Part of me felt ashamed and embarrassed that this was my fate, and that my body was inferior to those who have never been diagnosed with disease. I was scared. My life was turned upside down in the blink of an eye. I still had all these grand plans to climb the tallest peaks and trek the longest trails. What would happen to those dreams?

Looking back, I consider myself one of the lucky ones. I have the most



Frangipane, center, poses with friends Raequel Rhodes and Monica Johnson.

Courtesy photos



Frangipane is shown hiking one year from her breast cancer diagnosis.

incredible support network of family, friends and colleagues, despite some of the miles that may separate us. I currently live in Denver, Colorado, but grew up in Newbury, and my entire family still lives there.

When I went public with my diagnosis, the outpouring of support was overwhelming. My mother flew out to be with me on multiple occasions. My father checked in with me nearly every day and also came out to visit. My husband took me to every appointment and picked up the slack around the house. He told me I was still beautiful after I had lost all my hair and that he loved me every day. My friends and co-workers cooked many meals and brought us dinner throughout my time on chemotherapy. The company I work for was very flexible with my schedule and allowed me

to take the time I needed to focus on my health. My girlfriends continued to plan big adventures with me for when this is all over.

For these reasons, I am lucky.

I have encountered countless women who are going through this alone, can't afford treatment, lost their jobs and no longer have insurance, have unsupportive spouses, don't have treatment centers close by, and have added travel expenses just to get adequate health care. The list goes on. It's these women who need our help, our support and our kindness.

Cancer has taught me to step back and reevaluate my life. Today, I live my life by doing things that bring me joy and fulfillment with the people I love. My mantra throughout treatment has been, "This is only temporary," and I will come back stronger from it.

A mother's perspective

BY SUSAN GRILLO

When your 36-year-old daughter, who lives 2,000-plus miles away, tells you she has a lump on the side of her breast, you reassure her that it's probably nothing, just a bruise, or maybe fibrocystic tissue because ...

She's a total fitness, skiing, hiking and mountain biking enthusiast. She's in the best shape of her life and has been in training for the last six months to do a "girls only" mountain biking and hut trip over 200 miles from Durango, Colorado, to Moab, Utah, and you just simply KNOW that she's healthy and strong and that a mammogram will prove that. Cara had the mammogram, then an ultrasound, then an MRI, then a biopsy.

It's a shock to learn the truth and hear her words, "Mom, I have breast cancer."

I was wrong, and there was nothing I could do to change the situation. She needed to come home so I could fix everything. That wasn't an option for her, so all I could do was care, offer encouragement, be emotionally strong and supportive, be there as often as possible for every step of the way, listen to her, cry with her, ask questions, do research to learn and understand what she was telling me.

Most importantly, I prayed harder than I ever have in my life. Initially, I withdrew from my social circle and didn't want to do anything or go anywhere. I just needed to preserve all my energy to help my daughter. I prayed a lot, harder than I ever have in my life, filling my heart with love and hope. Eventually, I had the courage to reach out and asked all my close friends and family to pray for her, as well.

After Cara's official diagnosis, her oncology doctor recommended she have a lumpectomy and possibly some chemotherapy or radiation treatment post-surgery. Again, I encouraged Cara to come home for a second opinion and get treated in Boston — again, not an option. After additional genetic and tissue testing, Cara learned that her cancer was a very aggressive milk duct tumor and her treatment program had to change radically to be more aggressive to cure, rather than just treat. The goal was "cancer survivor!"

Despite this extreme diagnosis, Cara maintained strength and courage way beyond my expectations. I began calling her Moose because she loves this animal. When I looked it up, I learned that moose spirit animal energy represents: strength, determination and tenacity. Moose embodies grace and represents adaptation, energy, strength and movement.

The moose is a symbol of independence, self-esteem and wisdom. This is Cara!

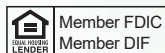
We're Banking on a Cure.

October is Breast Cancer Awareness Month.

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.

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Let's Beat Breast Cancer Together.



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