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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 non-invasive, 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 Gloucester Daily Times. Please stop by our office at 36 Whittemore St. if you'd like a few extra to pass along to those you care about.

KAREN ANDREAS
Publisher

**Gloucester Daily Times and
North of Boston Media Group**

SONYA VARTABEDIAN
Managing editor, Features,
Magazines and Special Projects
North of Boston Media Group
NOBMG.com

RESOURCE DIRECTORY

Organizations

- **American Cancer Society:** National organization dedicated to cancer research, education, advocacy and support; cancer.org.
- **Breastcancer.org:** Nonprofit organization dedicated to providing the complete, up-to-date information about breast cancer; breastcancer.org.
- **Breast Cancer Research Foundation:** Dedicated to prevention and finding a cure for breast cancer, raising over \$440 million in support of clinical research worldwide; bcrf.org.
- **BreastFree:** Information resource for women who are considering or who have decided to have no reconstruction after mastectomy; breastfree.org.

- **CancerCare:** National nonprofit whose mission is to provide free professional help to people with all cancers and their loved ones through counseling, education, support groups and direct financial assistance; cancercare.org.
- **Cancer Hope Network:** Connects those currently undergoing cancer treatment with trained volunteers who have experienced a similar diagnosis and treatment; cancerhopenetwork.org.
- **Fox Chase Cancer Center:** Offers resources to help parents talk with young children about cancer; foxchase.org/support.
- **Living Beyond Breast Cancer:** Nonprofit educational organization committed to improving the quality of lives of women affected by

- breast cancer; lbcc.org.
- **MyLifeLine.org:** Easy-to-use, personalized online platform that allows patients to create a web support community; mylifeline.org.
- **National Breast Cancer Coalition:** Grassroots effort dedicated to ending breast cancer by 2020 through action and advocacy; breastcancerdeadline2020.org.
- **National Coalition for Cancer Survivorship:** Advocates for cancer patients on the national level and offers free educational resources for patients; canceradvocacy.org.
- **Stand Up To Cancer:** Research-funding organization focused on innovation and collaboration between researchers; standuptocancer.org.

- **Susan G. Komen:** Raises funds for research, education and outreach through community events; komen.org.
 - **Young Survival Coalition:** Focuses on the unique issues and challenges faced by women 40 and younger diagnosed or living with breast cancer; youngsurvival.org.
- Government resources**
- **Centers for Disease Control:** cdc.gov.
 - **National Cancer Institute:** cancer.gov.
 - **Office on Women's Health of the U.S. Department of Health and Human Services:** Womenshealth.gov.
 - **U.S. Food and Drug Administration:** fda.gov.

- **U.S. National Library of Medicine:** nlm.nih.gov.
- Support and advocacy**
- **American Psychosocial Oncology Society:** Raises awareness of and addresses the psychological needs of people affected by cancer; offers a helpline for referrals and recommendations for counseling services; apos-society.org.
 - **FORCE: Facing Our Risk of Cancer Empowered:** Aimed at educating and supporting women and families with a hereditary risk of breast and ovarian cancer; facingourrisk.org/index.php.
 - **Mothers Supporting Daughters with Breast Cancer:** Offers free booklets and peer-to-peer support services; mothersdaughters.org.

- News and information**
- **Johns Hopkins Breast Center:** Provides information on choosing treatments and doctors, Ask an Expert questions and answers, second-opinion options, a Patient Bill of Rights, and more; hopkinsmedicine.org/breast_center/index.html.
 - **Oncolink:** Free cancer information resource maintained by the University of Pennsylvania; oncolink.org.
 - **Vital Options International:** Nonprofit organization that produces The Group Room, a video discussion series featuring interviews with leading cancer health care providers and researchers; vitaloptions.org.
- Source: Breastcancer.org*

BREAST CANCER AWARENESS



NUMBERS AND FACTS



1 in 8 women will be diagnosed with breast cancer



Every 2 minutes a case of breast cancer is diagnosed



Breast cancer is the most common cancer for women in the USA



Every 13 minutes a woman dies of breast cancer in the USA

HOW TO REDUCE RISK



Exercise regularly



Don't smoke



Drink less alcohol



Have an annual mammogram

THERE IS A HOPE



2.9 million female survivors live in the USA.



If breast cancer is found early and confined to the breast, survival rate is 99%.

Mammograms: Screening out the myths

Mammograms have long been an important tool in women's fight against breast cancer. But for as long as mammograms have been recommended, myths have prevailed concerning the procedure and its benefits and risks. Learning to distinguish between mammogram myths and facts can help women recognize the importance of these effective screenings.

Myth: I'm too young for a mammogram.

Fact: A yearly mammogram is recommended for women age 40 and older to help detect breast cancer early. This may lead to less aggressive treatment and a higher rate of survival.

Myth: I don't need an annual mammogram because I have no symptoms or family history.

Fact: The American College of Radiology recommends annual screening mammograms regardless of symptoms or family history. Early stage breast cancers may not exhibit symptoms. Women whose breast cancer is caught in its earliest



Mammograms are considered an effective tool to help women detect breast cancer – sometimes two to three years before a lump can even be felt.

stages have a five-year survival rate of 99 percent.

Myth: I have breast implants, so I can't get screened.

Fact: Women with breast implants can still have regular mammograms. Special positioning and additional

images may be needed, but the procedure is possible.

Myth: Mammograms are ineffective.

Fact: According to British Columbia Cancer Screening, mammograms are the gold standard for detecting

breast cancer early. Mammograms may detect breast cancer two to three years before a woman or a health care provider can feel lumps.

Myth: Mammograms are foolproof.

Fact: Mammogram screenings are not perfect and are just one tool in helping to detect cancer. Age or breast density can influence the appearance of breast tissue on mammograms. It's important to note that the inherent

qualities of the cancer and how it responds to treatment can affect outcome — even if the breast cancer is detected earlier, according to Johns Hopkins Medicine.

Myth: Mammograms are the only imaging tools.

Fact: Breast MRI, breast ultrasound and newer 3D breast mammography are alternative imaging methods that can help obtain different views of breast tissue, particularly for women with dense breasts.

Myth: I can't get a mammogram without a prescription.

Fact: In many cases, women do not need to obtain a doctor's order or a prescription to get a screening mammogram. Individuals can self-refer for an annual appointment.

Mammograms can detect breast cancer early, dramatically improving women's chances of beating the disease. Having a better understanding of mammograms can help women calm any concerns they may have regarding these valuable screenings.

Did you know? Pathology reports

Pathology reports are documents that contain diagnoses after doctors have examined cells and tissues under a microscope.

According to the National Cancer Institute, pathology reports, which play an important role in diagnosing and treating cancer, also may contain information regarding the size, shape and appearance of a specimen as it looks to the naked eye.

People who are

diagnosed with breast cancer may receive pathology reports that indicate the presence of tumor necrosis.

According to Breastcancer.org, the presence of tumor necrosis means that dead breast cancer cells were found within the tissue sample.

Tumor necrosis, though it is often limited to a small area within the tissue sample, suggests a patient is battling an aggressive form of breast cancer.

Weighing the breast density factor

Breast cancer risk is influenced by many things, including heredity, age and gender. Breast density is another factor that may affect cancer risk and the ability to detect breast cancer in its earliest stages, say some experts.

According to the report "Mammographic density and the risk and detection of breast cancer," published by The New England Journal of Medicine, as well as data from the National Cancer Institute, women with high breast density are four to five times more likely to get breast cancer. Only age and BRCA1 and

BRCA2 mutations increase risk more. However, at this time, health care providers do not routinely use a woman's breast density to assess her breast cancer risk, according to Susan G. Komen.

Density does not refer to the size or shape of the breast, and it may not be apparent by just looking at the breasts. Usually, women do not learn they have dense breasts until their first mammograms. Dense breasts have more glandular and fibrous tissue. Density may be hereditary, meaning mothers and daughters can share similar

breast characteristics.

Dense breasts cannot easily be seen through on a mammogram, which can make detecting lumps and other abnormalities more difficult. This can lead to missed cancers or cancers that are discovered at later stages. Women with dense breasts may require additional screening methods, such as a breast ultrasound or an MRI, in addition to yearly mammogram screenings.

Education about breast density is gaining traction in some areas, thanks to informed women and advocacy groups like

AreYou-Dense.org. Some states in the United States are part of "inform" lists, in which radiologists include information about breast density on mammogram reports so women and doctors can make decisions about extra testing.

Even if a woman does not live in a state where density is shared, she can request the information from the radiologist or doctor. Dense breasts show up with more pockets of white on mammograms than gray fatty tissue in less dense breasts. Cancer also appears white, and, therefore, tumors can be hidden.

Beyond Angelina Jolie

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.”

Win the battle against
Breast Cancer



Early Detection is Key...

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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 way to treat it.

Breastcancer.org notes that the TNM system was updated in 2018, but before then was

based on three clinical characteristics:

- **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



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

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.

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.

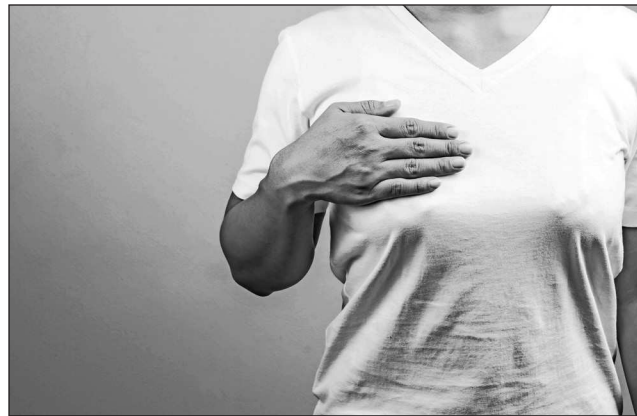
Women diagnosed with breast cancer may want to begin their treatment journeys by educating themselves on the anatomy of the breast so they can better understand their disease and how it develops.

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.

Standing up to an epidemic

Cape Ann researcher's new book takes aim at 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



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."

HADLEY GREEN/Staff photo

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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 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.

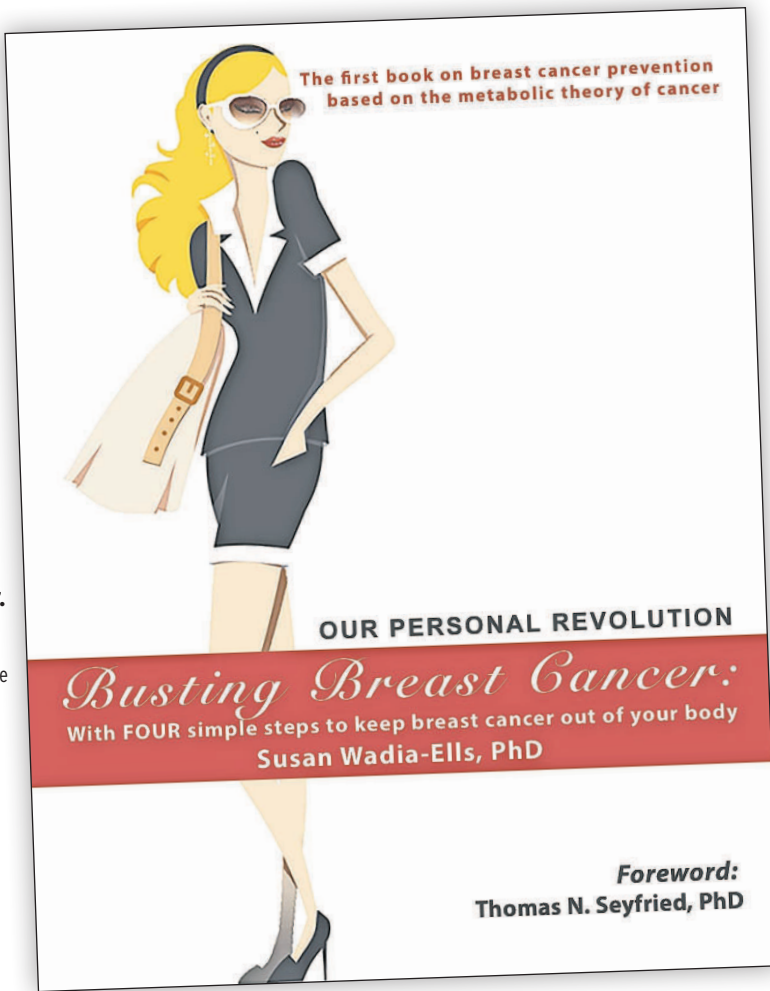
After many years of research, Wadia-Ells said she had a breakthrough moment when Boston College biologist Thomas Seyfried's groundbreaking book "Cancer as a Metabolic Disease: On the Origin, Management, and Prevention of Cancer" was published in 2012.

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

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.

Courtesy image



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, 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.

“Using a ketogenic 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.

“Breast cancer has been a massive and growing American epidemic for the past three decades, but no one is calling it that. 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.”

Susan Wadia-Ells

“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.

Chemotherapy vs. radiation: The basics

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.

Learn more about various cancer therapies at The National Institutes of Health's MedLine Plus website, nlm.nih.gov/medlineplus/druginformation.html.



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Understanding inflammatory breast cancer

Many women know that a lump, pain or some other abnormality in the breast may be indicative of breast cancer. But a rash, redness or swelling may also be linked to a rare form of breast cancer known as inflammatory breast cancer.

Inflammatory breast cancer, or IBC, accounts for roughly 1 percent to 5 percent of all breast cancers in the United States. The symptoms of IBC can differ from

symptoms of other forms of breast cancer, and a rashlike appearance may be part of it, according to Healthline.

The National Breast Cancer Foundation says IBC is a fast-growing breast cancer that infiltrates the skin and lymph vessels of the breast. When IBC is present, no distinct tumor or lump can be felt and isolated in the breast. Instead, earlier symptoms include the appearance of a rash or small irritation that may be

mistaken for an insect bite.

Over time, the irritation can become more red, swollen and warm. Other changes to the breast skin may occur, including nipple inversion or flattening, a pitted appearance to the skin, or dimpling. This dimpling is caused by a buildup of fluid in the breast that's due to cancer cells blocking the lymph vessels. This prevents the fluid from draining normally.

IBC is a very fast-moving

cancer. By the time symptoms are discovered, IBC may already have advanced to stage 3, necessitating aggressive treatment. This usually includes a combination of surgery, radiation, chemotherapy and hormone treatments.

Breast cancer comes in many different forms and can present in various ways. Never overlook any abnormality on or around the breast.



Inflammatory breast cancer is a fast-growing breast cancer that often presents with different symptoms than other types of the disease.

Breast cancer in men: What to watch for

While the vast majority of breast cancer diagnoses involve women, men are not immune to the disease.

According to the American Cancer Society, the lifetime risk of getting breast cancer is about 1 in 1,000

among men in the United States. By comparison, the risk for women in the United States is 1 in 8.

While a man's risk for breast cancer is considerably lower than a woman's, the American Cancer Society

still estimates that roughly 480 men will die from breast cancer in 2018, when more than 2,500 new cases of invasive breast cancer will be diagnosed in men.

In addition, the ACS notes that black men diagnosed

with breast cancer tend to have a worse prognosis than white men.

Though breast cancer may be a disease widely associated with women, men should not hesitate to report any discomfort to their

physicians, as the National Cancer Institute notes that men are often diagnosed with breast cancer at a later stage than women.

The ACS suggests that men may be less likely to report symptoms, thereby leading to

delays in diagnosis. The more advanced the cancer is at the time of diagnosis, the lower the patient's survival rate.

Men are urged to report any discomfort or abnormalities in their chests to their physicians immediately.

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Steve Lambert, Jr. (left), Ralph E. Martin (right)

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COPING WITH BREAST CANCER

By JOHN ZAKTANSKY
CNHI NEWS SERVICE

The steps leading up to a life-changing diagnosis — such as breast cancer — can take many routes, but the general buildup can be similar.

“A test is done because there is a concern. A doctor calls you and wants to talk with you about it. You know there could be some bad news, but you aren’t sure what that may be,” said Dr. Anthony Ragusea, a psychologist in Pennsylvania.

One way to navigate such a potentially pivotal appointment? Bring a loved one or friend.

“Once you hear a big diagnosis, you may not hear what is said next, such as treatment recommendations or a prognosis,” Ragusea said. “It can be hard to



The psychological impact of a breast cancer diagnosis is different for each person, and it can manifest itself in ways that are hard to predict, according to one psychologist.

think rationally when you are dealing with something so potentially emotional.”

Dr. Julie Hergenrather agreed.

“You definitely want to bring a second set of ears and eyes. You will receive a lot of information on what

the cancer is, what the treatment may be, side effects to expect, and so on,” she said. “We know that when patients are stressed, they only remember about 30 percent of what their providers say. It is good to have a second set of ears, and that person

should take notes and ask questions.”

If you think of questions after the initial shock of the appointment, don’t be afraid to make a phone call to your doctor or nurse navigator.

Dr. Rosemary Leeming said that she has learned to handle those early appointments differently with patients.

“Years ago, when I was first in practice, I’d ask people to come in and sit down, but in many cases, they already could guess what was about to come. I began to worry about people driving in anxiously and getting in an accident,” she said. “I began to ask people when and where they wanted to get results by phone. I may call a woman after-hours if I know she’ll be home with her spouse.”

One of the first things she stresses in such a conversation is the realities of breast

cancer — that the condition isn’t an automatic death sentence and is quite treatable in many cases if caught early and treated properly.

“One diagnosis isn’t an end-all diagnosis in many cases,” she said. “A vast amount of people do very well with breast cancer, and it may not mean having to go through the course of treatment we subscribe initially.”

The psychological impact of a breast cancer diagnosis is different for each person, and it can manifest itself in ways that are hard to predict, Ragusea admitted.

“Initially, there is some shock and an inability to understand the depth of the diagnosis, but then in a day or two or so, things may seem to become OK. Then, a couple of days or weeks later, the patient may be

upset again,” he said. “There can be different levels of sadness, anger and even guilt if you feel a diagnosis is your own fault.”

Over time, things typically stabilize as the patient comes to terms with the diagnosis and better understands and gets used to the treatment and how the whole process will affect lifestyles, according to Ragusea.

“But then sometimes things can take a turn for the worst, treatments all of a sudden become harder or it all feels like things are falling apart. Things may go well for a period of time with treatments and little to no side effects, but then the patient feels like she is hit by a ton of bricks,” he said. “You have to be prepared to address those downturns, too.”

One coping strategy that

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can be helpful during the roller-coaster process of a breast cancer course of treatment is distraction, according to Hergenrath.

“We recommend people stick to their normal routine. Get some exercise and talk to people that are important to you. Do some things that are fun and engaging to you,” she said. “It is not helpful for you to stop going to work and sit at home and stew about the situation. These sort of patients seem to ruminate on the topic and feel worse.”

Some people tend to cope by going online and Googling the diagnosis and what may be next — and that process can be beneficial if done correctly, according to Leeming.

“As a general rule, more information is better. The more people know, the more details we can discuss throughout the process. However, it is important to question what is good online,” she said. “We recommend good, well-researched websites such as

those for the National Cancer Institute or the American Cancer Society. There are less-known sites and a lot that people can put out there on any health-related topic can be completely inaccurate and frightening.”

Ragusea recommended developing a strong personal support system for tackling some of the scariest parts of the diagnosis and treatment process.

“It can be really important, but not everyone has one. Leaning on trusted friends and family can be a big relief, but you have to be willing to ask for help despite feeling guilty for burdening others with your problems,” he said.

“Often, friends, family and co-workers are more than willing to help, but don’t want to initiate the conversation because they don’t want to presume the patient needs help or make the patient feel worse. Meanwhile, the patient assumes no one cares because no one is saying anything. It is up to the patient to initiate things

and guide those close to them with what sort of help they need.”

Caretakers of those dealing with a breast cancer diagnosis are also part of the process and need to prioritize open communication with the patient, according to Hergenrath.

“It helps avoid frustration, assumptions and reduces the chances that both sides get upset with each other. It is OK to talk about what it is like being the caretaker and what it is like being the patient,” she said. “It is also good to get more than one person involved in the caretaking process so that one person doesn’t have to handle every step of the process.”

It can be hard for women to put more burden on their family members — especially those that are the primary caretakers of the household, according to Ragusea.

“It is important for the family to let the patient know that it is OK that they are taking on more

responsibility so the patient can focus on treatment — in many cases, this is a way that those close to the patient can contribute and feel useful during the process,” he said. “You can tell the patient, ‘I can’t go through the treatments or take the pain away for you, but I can do this.’”

Ultimately, all breast cancer patients are encouraged to connect with psychology services during their treatment process, even if only to make a connection with counselors in case, down the road, more involved services are needed.

“Many patients right off the bat feel they are handling the initial diagnosis just fine. For me, the first visit many times isn’t about trying to address something, but more about getting some face time, making sure the patient knows I am available,” he said. “If the patient is later struggling more than she thought she would be, or something changes in treatment, they may say they want to come

back.”

Some of the warning flags that Ragusea shares with patients and their caretakers include the inability to function as they once did.

“The patient may not enjoy things she once used to enjoy, may not be able to do her job or even possibly struggle with tasks of daily living, such as cleaning the house or getting dressed or showered or eat appropriately,” he said. “This can be a risky time for a patient. They see they aren’t functioning well, and may start to ask if it is worth continuing.”

These are areas that medical professionals can help the patient and those close to her maneuver through — whether via counseling services or changes to the treatment process. Counseling can also help a patient deal with personal struggles that may come from procedures such as a mastectomy that can alter physical appearance and cause some personal doubts on attractiveness

and sexuality.

“If you feel like treatment could affect a sense of yourself as a mother or wife or woman in general, that can be explored through psychotherapy, where we can explore the basis of those fears,” Ragusea said.

“If it is a matter of worrying about if your husband will no longer find you attractive, we can talk with the husband, determine if those fears are well-founded or not and work to find a viable solution.”

Ultimately, Ragusea said that there are certain traits of patients who tend to navigate the process well.

“The best outcomes come in patients who are assertive about the process, try to get more information and have an active coping style,” he said. “These are patients who have a plan for their own self-care during treatment, a plan for problems they anticipate may come up and a plan for getting help if things start to spiral downward.”

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BRYAN EATON/Staff photos

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.

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, 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



The founding members of the resource network used input from cancer survivors to get started.

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 Zarrin, 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 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

A DATABASE OF SUPPORT

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

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- nbcancerresource.org
- facebook.com/nbcancerresource

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 nonprofit 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.”



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Cracking the code of breast cancer risk

By CALLEY HAIR
TRIBUNE NEWS SERVICE

For Irene Gielen, it was better to know.

Her grandmother had died of breast cancer when she was 40. At 30, Gielen, who works in an oncology clinic, started advocating to her health care provider that she needed to start breast screening younger than the recommended age of 45.

Then, in December 2015, doctors found a tiny suspicious spot in her breast. Gielen decided to undergo genetic testing for any mutations she could have inherited that would heighten her risk for certain cancers.

A few weeks later, Gielen

found out she was BRCA1 positive. It meant she had a hugely increased lifetime risk for cancer — around 60 percent for breast cancer and around 50 percent for ovarian cancer.

Her reaction was unexpected.

“I felt relief. Because I knew there was something,” Gielen said, recovering in her home in Washington State 17 days after an operation to remove her ovaries and fallopian tubes.

“I have an answer, and I know what my game plan is going to be.”

That game plan involved four surgeries, and possibly a fifth. Gielen underwent a double mastectomy in 2016,

followed up by two breast reconstruction surgeries. She had her tubes and ovaries removed in August, and plans to keep an eye on her uterus to see if a hysterectomy will eventually become necessary.

It’s a hard, draining process, both physically and emotionally, she said. But it was an easy decision. A mother of two teenage boys, Gielen is also studying to obtain her master’s degree from Gonzaga University and become a nurse practitioner.

She worries less about the future now.

“I think it was harder on my husband than it was on me. Because for him, it was

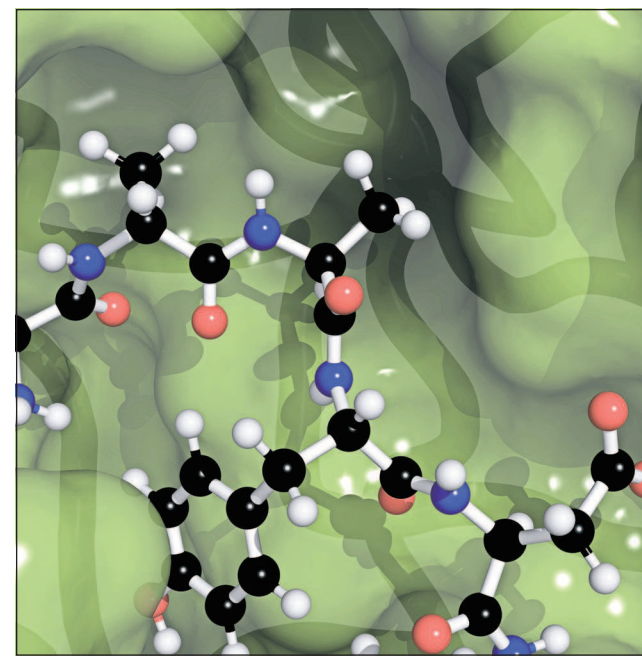
the unknown. But I felt like I could handle it,” Gielen said.

Now 41, Gielen is adding to the growing chorus of patients, doctors and counselors who are advocating for genetic testing as a tool to gauge cancer risk. Genetic tests arm people with the information to make potentially difficult, but necessary, choices about their health — ideally, before they become a cancer patient.

Know your mutations

BRCA1 is one of many genetic mutations linked to an increased risk of cancer.

There are more than 1,000 mutations being studied, but only 35 have been solidly



Certain mutations in the BRCA1 gene are associated with increased breast cancer risk.

linked to an increased risk of cancer. Of those, BRCA1 and BRCA2 are most common, making up about half of breast cancer cases traced to a genetic mutation.

Women with an altered BRCA1 gene have a 50

percent to 85 percent risk of developing breast cancer by age 70, and their risk of developing ovarian cancer is 40 percent to 60 percent by age 85. For BRCA2, the breast cancer risk is the same, though the risk of



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ovarian cancer is lower, at 16 percent to 27 percent.

Other less common mutations are also linked to breast cancer — PALB2, PTEN, CDH1, and dozens of others make up an alphabet-soup's worth of potential markers of increased risk.

However, the vast majority of breast cancer cases aren't linked to any identified mutation. Genetics only account for between 5 percent and 10 percent of breast cancer cases, as far as we know. But it's a rapidly changing body of research, said Dr. Gina Westhoff, an oncologist specializing in gynecology.

"What we're seeing now are that the number of genes being discovered are being better characterized, regarding how much risk they are," Westhoff said. "More and more genes are being added to the list where we should be offering risk-reducing surgery."

The pros and cons of risk-reducing surgeries, like the ones undergone by Gielen, depend on a combination of variables. How high is the risk? How old is the patient? What's the family history? What kind of cancer is the patient at risk for? Is it an easily identifiable cancer like breast cancer, or something like ovarian or pancreatic cancer, that can't be caught early with consistent screening?

It's a dizzying decision. Westhoff strongly feels that any decision requires a guide, preferably one with a medical degree, to help patients sift through all the competing factors.

Once upon a time, genetic tests cost thousands of dollars and could only be ordered by a health care provider. But that's changing, fast.

"What is new is our ability to massively sequence DNA in a very quick and cheap way," Westhoff said. "Now, it's so much easier for people to get tested, because the test is cheap."

Genomes for all

"There are parts of all of us yet to be discovered," declared a recent



A growing number of doctors and counselors are advocating for genetic tests as a way to provide people with information to make potentially difficult, but necessary, choices about their health.

commercial for 23andMe, a popular genetic testing company. "And through our DNA, we are all connected."

Seemingly overnight, 23andMe became the choice for direct-to-consumer genetic testing, with viral videos of people discovering facts about their heritage, ancestry and health snagging millions of views. The company got an additional boost last year, when it became the first direct-to-consumer testing company approved by the Food and Drug Administration to test for 10 genetic mutations linked to certain diseases.

A 23andMe kit for health and ancestry costs around \$200. The sample can be collected in your home, with results sent via mail.

Both Westhoff and her colleague, Dr. Cory Donovan, an oncology surgeon focused on breast health, agree that the democratization of genetic testing is a double-edged sword.

On the one hand, Donovan said, widespread genetic testing is "bringing out a conversation about our families. I feel like

people should be talking with their families about who had what, and when. That, I think, is way more valuable."

"I had a patient who recently found out that her cousin had a genetic mutation, and then she found out she had breast cancer. And she would never had been screened if she had never found out about her cousin," Donovan continued.

But there are definite concerns about the false sense of security that can come with a genetic test, especially one that doesn't require any kind of professional counseling to obtain. For instance, 23andMe has been approved to screen for three mutations linked to breast cancer, but none of them are for the most common red flags. The test screens for a series of rarer mutations, usually found in people with Ashkenazi Jewish ancestry.

"If you didn't know you had Ashkenazi Jewish heritage, if you found out you had one of these mutations, that could be really life-altering and important, and

I don't think that information should be necessarily curtailed. But what's important for people to understand is that's only three of very many mutations we know on BRCA1 and 2," Donovan said.

"What I worry about is that people get tested by 23andMe; have a negative test result; and say, 'I'm safe. Done. I'm not at risk for breast cancer, I'm not going to get my screening, why would I bother?'"

Westhoff said there are other genetic panels patients can order through their doctor that are more comprehensive. Those, too, tend to be relatively affordable, and can give a more complete picture of a person's genetic makeup. But there's still plenty we don't know.

"All genetic testing, you can be falsely reassured, because we only can test for what we understand right now," Westhoff said. "Even the bigger panels, we don't understand all the genes very well and what the magnitude of risk is, so we don't know what to do with that information."

There's another concern, too, linked to privacy.

Genetic testing results go into a national database, and insurers can access that data to guide their decisions on who to cover.

"Health insurance, we have the protection currently (under) the Affordable Care Act. You can't be charged more or dropped off health insurance based on any pre-existing conditions, and cancer genetic mutations are considered pre-existing conditions," Westhoff said.

But for life insurance and disability insurance, no such protection exists.

That shouldn't scare patients off of getting tested if they're concerned about their family history — objectively, getting cancer is worse than being denied life insurance, Westhoff pointed out — but it's one of many factors to consider. And it's a count against testing everyone, for everything, regardless of their family history.

"The biggest barrier to implementing universal testing for everyone, and

the biggest barrier to you ordering the test on yourself today, is there is absolutely no protection in disability and life insurance discrimination," Westhoff said. "Every person I test, I talk to them about those risks, and I say, you just have to go in eyes wide open."

Open eyes

Irene Gielen saw Westhoff for a post-op checkup on Sept. 21. The appointment cleared her for a Sept. 24 return to work, where she cares for patients at the PeaceHealth Southwest Infusion Center in Vancouver.

Her medical training prepared her for becoming a patient, she said. At the checkup, she sat side-by-side at the computer with her nurse, poring over the details of her condition.

Becoming a patient has also made her a better health care provider, she said. Having been on both sides of the process, she can empathize.

"Address the emotional aspect with the patient. Let them know you're here for them," Gielen said. "Having that experience made me a stronger caregiver."

The emotional side of being a patient, though, was still a gut-punch. In particular, Gielen said the decision to remove her breasts meant cutting off a part of her identity. Reconstruction was excruciatingly painful.

"It does not prepare you," she said. "I felt like I went through a complete emotional loss at that time. You lost what you had identified to you. I felt the same way about my ovaries, but not so much. This had more impact."

Despite that, Gielen has zero regrets. The eldest of 10 siblings, she persuaded all of her sisters to get tested for a BRCA mutation. They all tested negative.

"Women in general, we're very strong people, very strong inside physically, mentally, cognitively, spiritually," Gielen said. "Just like I told my sisters — if there's any kind of doubt, you do need to go get tested."

'BELIEVE' IN WHAT'S POSSIBLE

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



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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.

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 non-profit 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 Everything is Possible.



Courtesy photos

After years of pursuing her photography, Priscilla Westway 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.

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

Westway, 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, Westway assembled 100 black-and-white and color photographs donated by 50 artists to display and sell at an exhibition, held in the Hartleb center.

Bolstered by the success of "Photo for a Cause," Westway 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

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:** [believe anything.org](http://believeanything.org)

in need," she said. "I know 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, 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.

Westway, 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.



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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



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