

Breast Cancer AWARENESS 2023

Strength • Courage • Hope

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Survivor stories

Frequently asked questions

Screening and prevention



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



"I consider myself one of the lucky ones."
Cara Leighton Frangipane



"You really have to share your gratitude."
Dierdre Baker



"I thought it was just my back hurting."
Leslie Robbins

Frequently asked questions 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.



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Vikki Rundlett, wife of Webb Rundlett, succumbed to breast cancer - 2008

Sandra Moynihan, wife of Gerard Moynihan, succumbed to breast cancer - 2005

Rita Mullin, breast cancer survivor

Barbara Surdam, breast cancer survivor

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A wig boutique that can change your life.

by Nancy Parshley

MY STORY: In 2016 I started wearing wigs because of natural aging hair loss. Truth is, I never had good hair. I was so scared that my hairline was receding most of my life. I didn't tell a soul. Any woman out there going through hair loss knows the feeling all too well and you feel alone. You're NOT.



Nancy and her clients having a moment

I started Mane Attraction Wigs because I wanted to help break any negative stigma associated with wearing a wig. I personally feel comfortable wearing a wig as an alternative to my natural hair — it took me a bit, but I got there, and I'll help you get there too. In fact, I think of a wig as simply



Nancy & Amanda exploring new color options

an accessory. When I lay out my outfit, I lay out my wig. Fake eyelashes, nails, makeup, piercings, extensions, bot-ox and fillers — all accepted by todays standards. But tell someone that you're getting a wig and

they'll look at you horrified and say "oh, you don't need that — you look fine". Well, I say it is fine to wear a wig to boost how you look and feel. It's better than fine - it's fantastic and life-changing.

Many times with a cancer diagnosis, or alopecia, concerns about appearance can be especially troubling. Even though you are battling a serious illness, your hair loss is overwhelming to some. It's emotional, no matter if you had good hair or bad, it's your crown. My goal is for that piece of your journey to be a positive experience and allow you to focus your energy on healing.

For my fellow ladies that weren't blessed with great hair; ask yourself if your hair has ever restricted you from regular activities. For example, does the forecast of wind, rain or humidity ruin your day? Does the thought of riding in a convertible or with the window



Nancy and Susan having fun striking a pose in their wigs together!

down create anxiety about your hair? How about swimming at the pool, or being splashed by your kids? I say start living. It's truly life-changing. I do more now than I ever did. Roll down the window and let the wind catch your new hair. (Trust me, it won't blow off!)

Wigs are fun, fabulous, fashionable and quite comfortable. Wigs give me confidence and I want you to feel the same way.



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Nancy Parshley,
CEO and Wig Enthusiast
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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.

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 who are diagnosed with breast cancer have no family history of it.

Exercise increases our oxygen levels and can help reduce inflammation, potentially lowering the risk of breast cancer.

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■ 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 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.

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

Courtesy photos



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



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

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

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 fibrocytic 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!

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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For Dierdre Baker, accepting help was key

BY DUSTIN LUCA
dluca@northofboston.com

Dierdre Baker's breast cancer battle is measured in several ways: A 1.6-inch, stage 1 tumor was subjected to three oncologists, one heart doctor, two ER doctors, seven chemotherapy and 20 radiation treatments, one lumpectomy, 84 miles ridden in the Pan-Mass Challenge, and a surprise tattoo from a loved one including the words "DB Strong."

Her niece's tattoo might have been one of the best surprises coming from "DB's" journey toward remission and the triumphant ringing of a bell at the end of the journey this past August.

"I didn't realize how much I meant to her," said Baker, who lives in Manchester-by-the-Sea. "She had shared with me that she had been through some very rough times, and I was the one who just kept reaching out to her. I didn't realize that until she got the tattoo."

While the tattoo stands out in her journey, it wasn't the biggest lesson she received along the way.

Baker discovered a lump in her right breast during a self-exam in November 2022. It was diagnosed Dec. 19, and after a brief but intense battle and treatments at Mass General Cancer Center in Danvers, she was declared cancer-free on Aug. 11, 2023.

One thing pushed her to fight and win: support from those around her. And for that, she's



Dierdre Baker rings the bell to declare herself cancer-free on Aug. 11, eight months after her diagnosis.

now pushing anyone currently hurt by cancer — either as a patient or someone who cares for one — to effectively demand the same.

"At the beginning of all of this, immediately, I had 15 close friends form 'Dierdre's Village,'" she said. "One of them had dinner at her house and invited all of our village. This was in the very beginning of it all."

Baker was reluctant to ask for and accept help, something that she said is normal.

"Everybody's embarrassed to ask for help," she said. "It's hard to ask for help, especially when you don't know the help you're going to need."



Baker poses with supporters on Singing Beach in Manchester-by-the-Sea after she found out she was in remission this past summer.

Courtesy photos

Friends pushed Baker to create an Amazon wish list to populate as things came to mind so they would have things to buy to support her, she said. At that point, the strategy clicked: Forced support needed to be accepted for it to work.

Do you know someone fighting cancer, and are you hitting a coffee shop or pizza place? Call them on the way there and ask what they want.

"Someone wrote me, 'I'm at a bakery. Do you like sourdough bread?'" Baker recalled. "I said ... sure."

Baker found that accepting help was key to her survival, so it isn't just on the support to force the situation. It's also on the patient to make use of it.

"Think about the things that will specifically help you," Baker said. "Be very specific, and don't be afraid to ask. I now reflect upon every decision I've been a part of, and everybody I've wanted to help. I realized that I want to help, want to do something, but I need to be told exactly how to help."

Sometimes, that help will come back in the future. Baker points to her niece's tattoo as one example.

"I was her support," she said, pausing to breathe and gather her words, describing a period of hardship her loved one faced previously. "It was full-circle almost. And when you do these things, you don't realize the impact you're making on people."

For that, Baker said she had one final lesson.

"If I've learned anything during this process, it's that you really have to tell people, really have to share your gratitude for people and the situations you're in," she said. "That's what happened, and it was such an eye-opener."

Deb De Lucca will pay tribute to Carole King.

Courtesy photo



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, non-profit 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.

From back pain to a stunning diagnosis

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.

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 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.

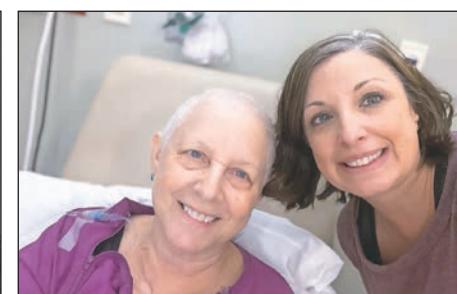
DeGregorio, who lives in North Reading, called the whole experience "extremely scary and painful and hectic."

"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.



Courtesy photos
Leslie Robbins poses during an October 2022 hiking trip in Maine's Acadia National Park, a few weeks before her breast cancer diagnosis.



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



These flowers were a surprise from the Ellie Fund. The reflection of the sunset in this image gave mom and daughter a renewed sense of hope.



Robbins reads a book to her grandson, Nicky, who brought her joy during a tough time.

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

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.

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.

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 the *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.

Pastor recounts long walk from cancer

BY STEPHEN HAGAN
shagan@northofboston.com

Putting cancer behind her has been no easy task.

But the Rev. Valerie Roberts-Toler is hopeful that being free from the disease for more than 10 years is evidence that she will continue to live a healthy life.

In addition, she is grateful to the dozens of people who rushed to her support 12 years ago when she was being treated for breast cancer.

Roberts-Toler is known to many on Cape Ann as the former pastor at the United Methodist churches in Gloucester and Rockport. Both churches closed in November 2022.

But the bad news started for Roberts-Toler back in October 2012 when she discovered a lump in her breast. Following a biopsy, she was diagnosed with stage 1 HER2-positive breast cancer.

According to the American Cancer Society, treatment for stage 1 breast cancer often calls

for surgery and radiation therapy, often with chemotherapy or other drug therapies either before or after surgery.

“As anyone knows who has received this diagnosis, the icy fear was paralyzing,” Roberts-Toler said. “Another biopsy was needed to obtain clear margins. I felt adrift.”

For Roberts-Toler, the symptoms from the treatment soon began.

“Of course, I lost all my hair,” she said. “At the time, I was serving at a church in western Massachusetts. In this position, there was no place to hide.”

But then something amazing happened.

On Roberts-Toler’s last Sunday before starting medical leave, one of the women in church approached the pulpit and presented the pastor with a soft felt hat.

“I bent my head to put it on, and when I looked up, all of the women in the congregation were wearing the same soft hats that they had

made,” she said. “Clearly and blessedly, I was not alone in this life-changing journey. The waves were high, but I was not alone in the boat.”

After losing her hair, Roberts-Toler decided to visit Cancer House of Hope. The facility is a center for spiritual, emotional and practical support for those suffering cancer. Several locations can be found in the state, including many in central Massachusetts.

Part of the center’s offerings included good-quality wigs. Plus, the wigs are free.

Many of the participants donate their wigs when they are no longer needed.

“Looking at this large box of wigs, I couldn’t help but think how they represented the stories of so many women and of so much suffering,” Roberts-Toler said. “I had been dreading this task. So, I asked my administrative assistant, Joyce Scanlon, to come with me. This would not have been included in any part of her job description for sure.”

According to Roberts-Toler, her assistant’s presence “transformed the experience.”

“She brought a handheld mirror for me to use and proceeded to give me her good-natured but honest feedback as I tried on many wigs,” she said. “Before long, we were both laughing. Some of the wigs made me look way older than I felt. Others made me look just plain silly. But we ended up finding one. As so often happens, our laughter transformed the experience.”

Roberts-Toler credits her assistant with just being there — something that served as a gift during this traumatic experience.

“That is always the best gift we can give anyone suffering through a traumatic time,” she said. “Like each of the women of the church had done, Joyce came alongside of me. Because she could face this, I could face it.”

Roberts-Toler reports that for more than 10 years, she has been free of cancer — certainly bringing a sense of relief and comfort.



Staff file photo

The Rev. Valerie Roberts-Toler and her husband, the Rev. Printice Roberts-Toler, recently served as the pastors of the Rockport and Gloucester United Methodist churches.

Having friends and family to lean on did not hurt.

“I will never forget how the support of the entire congregation lifted me and my family like a wave carrying back to dry land,” she said. “Each of them became a sign of God’s presence.”

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Kristen LeBlanc pushed through for her children



Courtesy photo

Kristen LeBlanc and her children, Cole, Luke, Noelle and Brooke, celebrate her last day of chemotherapy in November.

By MICHAEL McHUGH
mmchugh@northofboston.com

Topsfield resident Kristen LeBlanc has always had a passion for health and fitness.

Running marathons and relay races and even doing CrossFit throughout all four of her pregnancies, she is often made fun of by friends for her extreme commitment to exercise and dieting habits. That's why it came as a particular shock to LeBlanc when she was diagnosed with stage 2 triple-negative breast cancer at the age of 39.

"I thought that I was doing everything right with diet and exercise, I've always been like that," LeBlanc said. "So when I was diagnosed, I couldn't believe it."

It wasn't until LeBlanc discovered a large lump on her left side while breastfeeding her youngest daughter that she realized something could be wrong. Upon receiving her diagnosis just two days after Noelle's first birthday, LeBlanc was immediately confronted with the thought of the worst-case scenario — the possibility that her kids, ages 8, 6, 4 and 1, could grow up without

a mom.

"I was just in this haze of appointments and meetings, and everyday seemed to get harder and harder," LeBlanc said. "I would hold it together during the day, and then break down every night. I just had to switch my mindset to be more hopeful and positive, because I had four kids and I still needed to be a mom for all of them."

After having genetic testing done, LeBlanc discovered that she tested positive for the BRCA2 mutation, explaining the origins of her cancer and dramatically changing the course of her treatment.

"So looking back, I could have done everything right, and I still had this genetic predisposition I didn't know about that made my chances of getting cancer higher," LeBlanc said. "Now, we have to test our kids to see if they carry the gene, as well."

Working as a school counselor at Masconomet Regional Middle School, LeBlanc said that focusing her energy on helping others and being around a caring community was a huge part of her recovery.

"I worked through all of my treatment. The only time I took

off was when I had surgery," she said. "And it gave me a sense of normalcy during a time when things weren't normal."

LeBlanc is grateful for all the support she received from family and friends, as well as the Topsfield and Masco communities.

"That's literally how I made it through. People were constantly checking in on me, encouraging me to keep going or making meals for my family," she said. "I can't emphasize how much that meant and how important it was. Just something like a short text message would totally switch my mood if I was having a bad day."

While the chemotherapy eliminated the majority of her cancer, LeBlanc remains in treatment and on an oral post-chemotherapy pill, Lynparza, to get rid of the trace bits of cancers that remain.

Throughout the process, LeBlanc found that connecting with others who were also fighting cancer helped her "feel less alone."

"I don't accept help easily, and it was hard for me at first," she said. "But I think that this can be such a hard time in people's lives, so if someone's offering to make it a little bit easier, take them up on it."

Brenda Johnson has learned the importance of self-detection

By CAROLINE ENOS
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Brenda Johnson was only eight weeks out from her last mammogram and a clean bill of health when she discovered a lump on her right breast in January.

The lump was about the size of a dime and located near her nipple. At first, she thought it might be just a pimple since the mark was on the surface of her skin. But because she has a history of precancerous cells in her breasts, she made an appointment with her nurse practitioner at the Breast Health Center at Beth Israel Lahey Health Care Center — Danvers.

Johnson, who lives in Manchester-by-the-Sea and owns Richdale & Sub Express with her husband, Kevin, underwent a mammogram, ultrasound and biopsy. Five weeks later, doctors

told her that the lump was indeed cancerous.

"There were hundreds of thoughts running through both my husband's and my heads," Johnson said. "It's hard to know the whole picture until after you have gone through the process. The doctors all ask if you have any questions, but it's hard to know what exactly you should be asking."

The news was what she feared, but also expected, she said. The lump had grown to the size of a nickel within weeks of finding it and was warping the appearance of her nipple, making it look sucked in.

Johnson was given the option of having another lumpectomy, a treatment she had undergone the year before after a mammogram found suspicious areas deep within her left breast that turned out to contain precancerous cells.

Her other avenues for treatment: removing one or both of her breasts. She ended up having a double mastectomy three months after discovering the lump.

"It's very emotional, and I even had to talk to a therapist for a while, because it's just like taking away your womanhood," Johnson said. "That's the way I perceived it."

Johnson also underwent four rounds of chemotherapy over another three months, though she was able to keep her hair thanks to new scalp-cooling technology. She is scheduled for her final breast reconstruction surgery this October.

Her treatment kept her from working for about four months, putting more pressure on her family and their other employees to run their business without her. "Luckily, I have a strong team

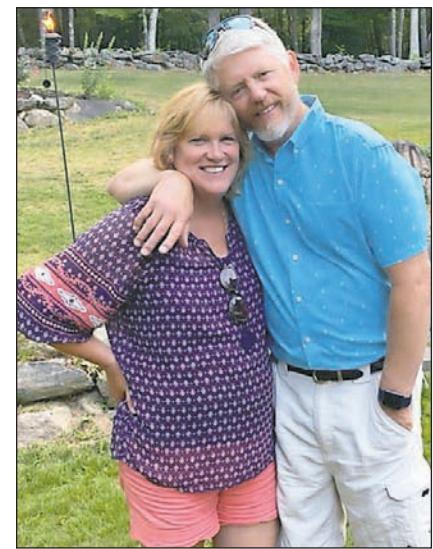
behind me, and my husband's been amazing as far as being there to support me," she said.

She will have to do hormone blocking for the first five years after her double mastectomy since the tumor was estrogen-based. Otherwise, she is on the road to recovery, amid which she marked her 60th birthday at the end of September.

"Each milestone birthday, you think, is going to be hard to deal with," Johnson said. "But they weren't until this one."

Johnson encourages others to stay vigilant about their health.

"Know your body and have things checked rather than push them aside," she said. "I could still have the cancer in my body right now and not find out until I had my routine mammogram two months from now. By then, it would have been too late, probably."



Courtesy photo
Brenda Johnson poses with her husband, Kevin. The Manchester-by-the-Sea resident was diagnosed with breast cancer this year after finding a small lump on her breast.

'My anxiousness grew and grew'

Chyanne Stowell recounts harrowing experience with benign mass

BY GAIL McCARTHY
gmccarthy@northofboston.com

When Chyanne Stowell was just shy of her 28th birthday, she received some news that brought her life to a standstill.

At a routine gynecological exam, a very large mass was found in her breast. Her story ends well because the mass was benign, but it required extensive surgery and recovery. The mass was a hamartoma, a malformation made up of an abnormal mixture of cells and tissue.

While she knows her story does not fit exactly into the realm of breast cancer, the Rockport native said that if there had been resources available at the time, such as a newspaper article to refer to, it would have helped her in knowing she was not alone. She

wants to share her story in case it can help someone else going through a similar situation.

"The tumor was completely benign. However, due to the size, I had to sign documents stating that they may need to perform a mastectomy and I wouldn't know what I was waking up to," Stowell said. "Thankfully, they were able to remove the tumor in whole and perform only a partial mastectomy. The doctors were very puzzled on this rare situation due to the size of the tumor and my age."

Her medical odyssey began in 2018, when during a breast exam, the doctor felt a tiny slip that prompted her to find the lump in Stowell's right breast.

"Very calmly, she said she thinks it may be a cyst and gave me a referral," said Stowell, now 32. "I was a little concerned. I went to a breast cancer center in Danvers. I went there thinking I'd get an ultrasound and be done."

"But the energy shifted very quickly and what turned into a 45-minute session, then turned into a three-hour session with more imaging and 3D imaging," she said. "They found I had a free

floating mass, 4 inches by 3 inches. It wasn't attached to the breast tissue so you could move it around and why it went undetected until the most recent exam when the doctor felt a slip."

That initial session when a few biopsies were taken turned into a total of 12 biopsies because of the large size of the mass.

"That was a recovery in itself. It was a very painful experience," Stowell said. "At every appointment, the energy shifted and my anxiousness grew and grew each time because it was such a strange thing because of my age and my health, and what they were finding didn't match or correlate."

It was more than a week before she got the results.

"All 12 were benign, but due to the size, it needed to come out," she said. "It was a day surgery, but the scary part is that they never knew exactly what it was — they labeled it, but they were still unsure."

"I had to sign paperwork going into surgery that I might wake up with a mastectomy," she said. "They were not sure why it wasn't connected and will they have

to reshape the breast and will I need cosmetic surgery and would they have to remove the nipple? I signed the 'do-what-you-need-to-do' papers, and that was scary at the age of 27."

In the end, Stowell had a partial mastectomy because they moved some of the tissue around.

"My surgeon was amazing. He was able to cut into the muscle under my armpit and go in that way to remove it and reshape it," she said. "He was by my side when I came to and excited to tell me it was only a partial."

Still, her recovery took three months.

"And it was my dominant side, so I was in a sling for a while and told not to lift anything more than a coffee mug for the first 30 days," she said. "It was more painful than I thought it would be."

Stowell said they took photos of the tumor when it was removed and asked if they could use them in research for doctors because it was a rare situation.

"Of course, I said yes," she said. "I now get imaging done yearly to follow up, and it's all been good ever since."

Stowell currently lives in Idaho, having previously lived in Colorado off and on for a while, but returns to Cape Ann in the summers to work and visit with family.

"I fell in love with the mountains and wanted to find a new area to explore," said Stowell, who enjoys diverse activities, from fly fishing to sewing.

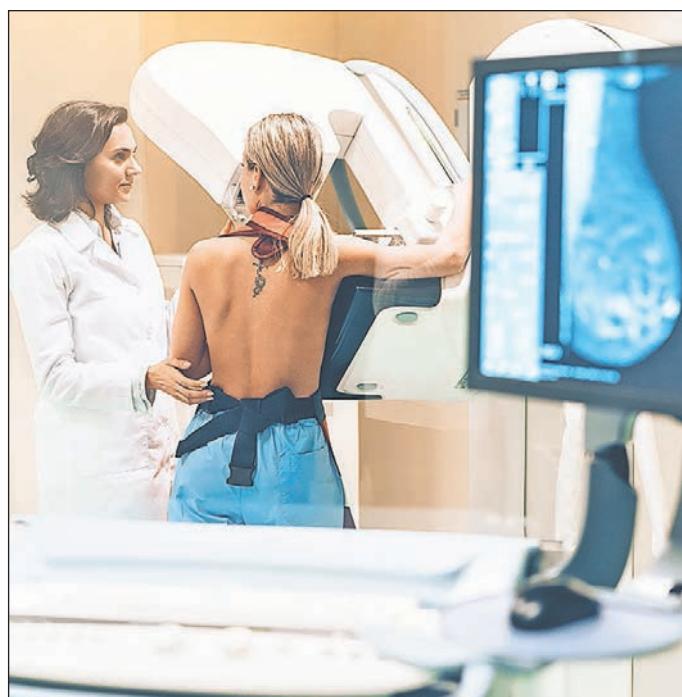
She said that breast cancer does not run in her family.

"It was hard as a young woman to go through what I went through and to feel abnormal at this stage in life," she said. "But I learned that talking about your body is OK. It doesn't mean that you are asking for pity or sympathy."

"You just need your people to come together for support, and you need to talk about that," she said. "I hope that I can maybe provide some light for someone who may find themselves going through something like that. When you're young, you feel like this isn't supposed to happen."

But on Stowell's journey through life, she knows she has been enlightened about what it's like to face a serious health issue.

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.

'I wasn't going to let cancer own me'

Charlene Steed
didn't hold back on
sharing her journey
on social media

BY JOANN MACKENZIE
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Gloucester resident
Amanda Kivlin's mother,
Charlene Steed, is her hero.

A Massachusetts native but long-term resident of Florida, Steed was diagnosed with stage 3 breast cancer in 2013. She was lucky, a doctor told her. She had cancer, but she was going to live. And she did.

Forty-two when she was diagnosed, Steed is 52 today.

Her breasts are gone, but her hair has grown back in a mass of curls.

Although the tumor, which she first detected in the shower, was "the size of a lime" and had, according to doctors, been growing for five to 10 years, it had only metastasized to a few of her lymph nodes.

If it had spread further, especially to the organs,

hers would be a very different story.

As it is, Steed's story is different enough from most survivors' stories you hear today, in that she was the recipient of Adriamycin — a chemotherapy treatment so virulent that it has since been discontinued in the U.S. Taking what was known as the "red devil" because of its side effects and color, Steed did not — and this is putting it mildly — tolerate the chemo with nobility and grace.

Today, advancements in cancer research and funding have yielded new and more effective treatments that are infinitely easier to tolerate. But at the time, Adriamycin was her best chance to live. And Steed had no intention of dying.

"I wasn't going to let cancer own me," she said. "It can take my hair, take my breasts, but it can't take my life."

Once she decided "to own" her cancer, Steed became a warrior. Her weapon? Her phone.

A disarmingly honest and feisty mother and

grandmother, she recorded videos of every step of her journey — the good, the bad and the very ugly — to share on Facebook.

Cancer patients are encouraged to keep a diary of their cancer journey, and many are available to watch online. These videos create a supportive community and a conversation for women navigating cancer and its treatments. Many are funded by cancer organizations and are carefully produced. The women are noble, polite, even cheerful in relating impossibly difficult passages of their cancer journeys.

Not Steed.

Her videos — as shockingly raw as the scars she reveals from her hospital bed after a double mastectomy — leave nothing to the imagination. Some may find this off-putting. But to Steed, it was empowering.

Why?

By sharing her journey with her friends and family — many of whom, like her daughter, live at a distance — she was not alone. She found strength in numbers.

And as her viewers grew in numbers, they cheered her on. For loved ones, like Kivlin, the videos opened the door to let them "participate" in her journey.

Steed "didn't know the first thing about cancer" when she was diagnosed. But she had experienced firsthand what a close friend had gone through and she said that she's glad of that because it prepared her for the reality of what she would go through. Forewarned is forearmed, she felt. So unlike other online videos, Steed's include melt-downs, "pity parties" and language that can't be used here.

Steed and her husband, Jovan, run a home remodeling business together. He, her children and grandchildren are "the light of my life," Steed said.

But she was also an unabashed alcoholic and

a chain smoker who had never bothered to have a mammogram.

"I am as imperfect as they come," she said.

The chemo, the surgery, the radiation, the journey back to health were more than she thought she could stand, but she stood it.

And if she was unlucky in having to go through such aggressive chemo, Steed, who was uninsured, was lucky, in that her local hospital, Sarasota Memorial, has a community-based center offering free treatment for cancer patients.

Once she "owned" her cancer, she said that she even "rocked her baldness."

When asked if or how cancer has changed her, Steed answers with characteristic honesty: "People tell me I'm nicer."

She also no longer drinks, is dedicated to yoga and wants "to remind everybody



Courtesy photo

Charlene Steed sports pink hair while undergoing treatment for breast cancer.

to listen to their own body."

"Nobody knows your body the way you do," she said.

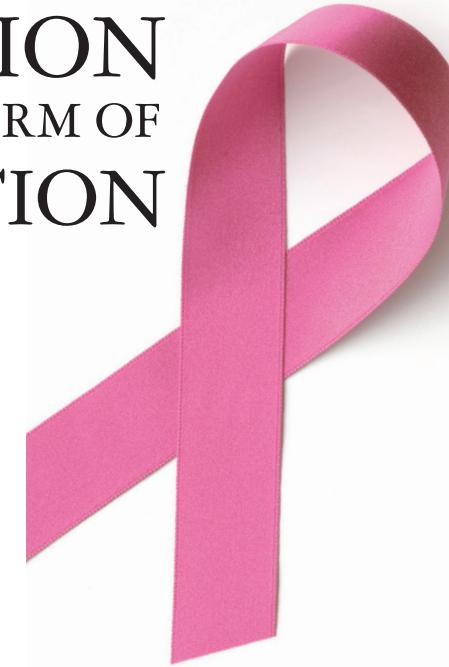
And importantly, you don't have to feel alone. There's plenty of support out there. Let them know you need it any way you can, she said.

Cancer advocates have a saying: "Cancer doesn't define you. It reveals you."

And cancer revealed Steed to be one gutsy lady.

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'Paws for a Cause' helps gives patients a pause

Bring your dogs out to the Clipper City Rail Trail in Newburyport for the second annual "Paws for a Cause."

The second annual fundraiser for the New England chapter of the Karen Wellington Foundation for Living With Breast Cancer will step out from 10 a.m. to noon on Saturday, Oct. 14, starting on Washington Street and walking to Parker Street.

Registration is available online at tinyurl.com/paws-for-a-cause-2023 and costs \$15 per walker and \$10 per dog. On-site registration will also be available for \$20 per walker and \$15 per dog.

Activities along the walk will include a raffle, snacks for people and pups, contests, and photographers taking candids and

professional posed photos of participants.

The nonprofit Karen Wellington Foundation gives vacations, event tickets, spa days and other gifts to women living with breast cancer and their loved ones. The goal is to help recipients put cancer aside briefly and make lasting memories. Recent gifts to patients in the region include a sunset kayaking tour, a stay in Vermont, a beach vacation before surgery and a trip to the White Mountains.

Debbie Hart-Klein, who lost her mother, Jane Hart, to breast cancer in 2008, is the leader of the New England chapter, based in Newburyport.

"The women KWF serves are remarkable for their

strength, resilience, gratitude, kindness and so much more," Hart-Klein said.

"Most would balk at being referred to as 'remarkable.' They tell me that they are not brave or special or warriors or anything other than what they are: women who unfortunately have been diagnosed with breast cancer. They take one day at a time, and we are honored to help brighten even just one of those days."

If you know anyone with breast cancer who can use a break to enjoy life, nominate them for a gift of fun at karenwellingtonfoundation.org/nominate.

For more information, contact Hart-Klein at debbie.newengland@karenwellingtonfoundation.org.

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.



Courtesy photos

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

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.

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.

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