

BREAST CANCER AWARENESS 2017

STORIES OF HOPE & INSPIRATION



Laurie
D'Amore

"I want women to be aware there is this other type ... of breast cancer and the symptoms are different."



Judy
Lacroix

"I believe ... cancer patients need to be treated 'somewhat normal,' as there is nothing normal about this whole process."



Carol
Clark

"The cancer made me a much stronger person. I'm blessed that I survived."

ALSO INSIDE:

Who's
at risk

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To Our Readers

Gratitude for those who share, care

In preparation for our sixth annual Breast Cancer Awareness campaign, we put out a call to the North of Boston community seeking personal stories that would help us bring attention to this pervasive disease.

We hoped to hear from a few people willing to share their experiences as a patient, a caregiver, or a family member or friend.

Instead, we heard from dozens of people, each with a different story. Some called to talk about their own bouts with breast cancer. Others called to highlight the strength and determination of a family member or friend. Some wanted to shed light on a program or treatment that made a difference for them.

They offered guidance and advice. They issued warnings. They provided encouragement.

But the main motive they had for reaching out was repeated over and over again by each woman: If I can help just one person ...

With that in mind, we introduce you to Laurie, Judy and Carol, and several others like them in various stages of breast cancer. Their stories are interspersed with contributions from our area medical community, the latest research on risk factors and prevention strategies, and information on programs available to support patients in every stage of the disease.

We applaud the women who shared their stories for their courage, for putting other women ahead of their own privacy and, in some cases, pain, in hopes of sparing them the same journey.

A sincere thank-you to the many community and business leaders who have made this guide possible through their sponsorships. You'll see their messages not only in these pages, but also throughout our newspaper and website during the month of October. They are spreading the "power of pink" throughout our region.

When you see a pink ribbon this month, we hope you are reminded of the

This year, the realities of breast cancer personally struck the North of Boston Media Group family.

Our director of human resources, Laurie D'Amore, has been undergoing treatment for stage 3 inflammatory breast cancer since being diagnosed with the aggressive and rare form of the disease in February.

Laurie, whose story you will read on page 6 of our special report, has faced her diagnosis with steadfast determination and a winning attitude.

As Laurie continues to move toward a positive outcome, North of Boston Media Group is donating \$5,000 in her name to the Inflammatory Breast Cancer Program at Dana-Farber Cancer Institute in Boston, where she is being treated.

The donation aims to benefit services and research toward a cure for women facing the same diagnosis as Laurie.

— Karen Andreas

importance of early detection and join with us in making this pledge:

I PLEDGE TO:

- » Schedule my mammogram.
- » Perform a monthly self-exam.
- » Exercise regularly.
- » Follow a healthy, low-fat diet.

Copies of this special report are available at the front lobby of the Gloucester Daily Times. Please stop by our office on Whittemore Street in Gloucester if you'd like a few extras to pass along to those you love. And please thank the sponsors whose generosity has made this effort possible.

KAREN ANDREAS
 Publisher
 Gloucester Daily Times and
 North of Boston Media Group

SONYA VARTABEDIAN
 Editor, Features and Special Projects
 North of Boston Media Group



THE RISK FACTORS: UNDERSTANDING THE ODDS



Cancer is a formidable foe. Among women, no cancer poses a greater threat than breast cancer, which the World Health Organization reports is the most-often diagnosed cancer both in the developed and developing worlds.

Gaining a greater understanding of breast cancer may not prevent the onset of this disease that kills hundreds of thousands of women each year, but it might increase the chances of early detection, which can greatly improve women's chances of survival.

The following are the established risk factors for breast cancer.

■ **Gender:** Being female is the single biggest risk factor for developing breast cancer. Men can get breast cancer, but the risk for men is substantially smaller than it is for women. According to Breastcancer.org, roughly 190,000 women are diagnosed with invasive breast cancer each year in the United States alone.

■ **Age:** The American Cancer Society notes that about two out of every three invasive breast cancers are found in women ages 55 and older, whereas just one out of every eight invasive breast cancers are found in women younger than 45. The World Health Organization notes that instances of breast cancer are growing in developing countries, citing longer life expectancies as one of the primary reasons for that increase.

■ **Family history:** According to the WHO, a family history of breast cancer increases a woman's risk factor by two or three. Women who have had one first-degree female relative, which includes sisters, mothers and daughters,

Proactive prevention

While certain breast cancer risk factors, including gender and age, are beyond women's control, the American Cancer Society notes that certain factors are related to personal behaviors.

Alcohol consumption is one such lifestyle-related risk factor for breast cancer. Compared with nondrinkers, women who consume between two and five alcoholic drinks per day have about a 1.5 times greater risk of developing breast cancer than women who abstain from alcohol. A woman's risk of developing breast cancer increases only slightly compared to nondrinkers if she has just one alcoholic beverage per day.

Weight is another breast cancer risk factor that women can control. Women who are overweight or obese have a greater risk of developing breast cancer than those who are not. Prior to menopause, women's ovaries make most of their estrogen, with fat tissue making just a small amount. But women's ovaries stop making estrogen when they enter menopause, at which time fat tissue produces most of their estrogen. Having excessive fat tissue can increase estrogen levels and raise a woman's risk for breast cancer.

If or when a woman decides to have children can also affect her risk for breast cancer. According to the American Cancer Society, women who have not had children or who had their first child after turning 30 have a slightly higher risk of being diagnosed with breast cancer than women who had many pregnancies and became pregnant at an early age.

diagnosed with breast cancer are at double the risk for breast cancer than women without such family histories. The risk of developing breast cancer is five times greater for women

BREAST CANCER 2017: THE FACTS

- About 1 in 8 U.S. women (about 12 percent) will develop invasive breast cancer over the course of her lifetime.
- In 2017, an estimated 252,710 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 63,410 new cases of non-invasive (in situ) breast cancer.
- About 2,470 new cases of invasive breast cancer are expected to be diagnosed in men in 2017. A man's lifetime risk of breast cancer is about 1 in 1,000.
- Breast cancer incidence rates in the U.S. began decreasing in the year 2000, after increasing for the previous two decades. They dropped by 7 percent from 2002 to 2003 alone. One theory is that this decrease was partially due to the reduced use of hormone replacement therapy by women after the results of a large study called the Women's Health Initiative were published in 2002. These results suggested a connection between HRT and increased breast cancer risk.
- About 40,610 women in the U.S. are expected to die in 2017 from breast cancer, though death rates have been decreasing since 1989. Women under 50 have experienced larger decreases. These decreases are thought to be the result of treatment advances, earlier detection through screening and increased awareness.
- For women in the U.S., breast cancer death rates are higher than those for any other cancer, besides lung cancer.
- With the exception of skin cancer, breast cancer is the most commonly diagnosed cancer among American women. In 2017, it's estimated that about 30 percent of newly diagnosed cancers in women will be breast cancers.
- In women under 45, breast cancer is more common in

African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic and Native American women, the risk of developing and dying from breast cancer is lower.

- As of March 2017, there are more than 3.1 million women with a history of breast cancer in the U.S. This includes women currently being treated and women who have finished treatment.

- A woman's risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer. Less than 15 percent of women who get breast cancer have a family member diagnosed with it.

- About 5 to 10 percent of breast cancers can be linked to gene mutations (abnormal changes) inherited from one's mother or father. Mutations of the BRCA1 and BRCA2 genes are the most common. On average, women with a BRCA1 mutation have a 55 to 65 percent lifetime risk of developing breast cancer. For women with a BRCA2 mutation, the risk is 45 percent.

- Breast cancer that is positive for the BRCA1 or BRCA2 mutations tends to develop more often in younger women. An increased ovarian cancer risk is also associated with these genetic mutations. In men, BRCA2 mutations are associated with a lifetime breast cancer risk of about 6.8 percent; BRCA1 mutations are a less frequent cause of breast cancer in men.

- About 85 percent of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.

Source: breastcancer.org

Did you know? Survival rates

According to the World Health Organization, breast cancer survival rates vary greatly worldwide. While survival rates range from 80 percent or better in North America and countries such as Sweden and Japan, those figures drop to roughly 60 percent in middle-income countries. Low-income countries fare the worst, with survival rates below 40 percent.

The WHO attributes the low survival rates in low-income countries to inadequate diagnosis and treatment facilities and the lack of early detection programs.

Early detection is often essential with breast cancer, as late-stage survival rates are low regardless of where a person lives.

For example, the American Cancer Society notes that, in the United States, the five-year relative survival rate for breast cancers detected in their earliest stages (often referred to as "stage 0" or "stage 1") is 100 percent. The five-year relative survival rate in the United States is considerably lower for stage 4 breast cancers, at right around 22 percent.

who have two first-degree relatives who have been diagnosed with breast cancer.

- **Menstrual history:** Women who began menstruating younger than age 12 have a higher risk of developing breast cancer later in life than women who began menstruating after their 12th birthdays. The

earlier a woman's breasts form, the sooner they are ready to interact with hormones and chemicals in products that are hormone disruptors. Longer interaction with hormones and hormone disruptors increases a woman's risk for breast cancer.

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Breast cancer — without the lump

Media group's HR director faces rare and aggressive diagnosis

By JILL HARMACINSKI
STAFF WRITER

Laurie D'Amore thought she'd pulled a muscle.

But, in February, when the discomfort over her right breast near her armpit didn't subside, she decided to call her gynecologist.

"They said it could be a cyst," said the 52-year-old mother from Haverhill.

The doctor immediately sent her for an ultrasound

and then a mammogram. "I knew it wasn't good," D'Amore said.

She was soon diagnosed with inflammatory breast cancer, a very rare and aggressive form of the disease.

Inflammatory breast cancer, which progresses rapidly, accounts for 1 to 5 percent of breast cancers diagnosed in the United States, according to the National Cancer Institute.



Laurie D'Amore, North of Boston Media Group human resources director, wants to educate women about the symptoms of inflammatory breast cancer, which differ from more typical forms of the disease.

Amanda Sabga/Staff photo



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"I did not know there was such a thing. I had never heard of it until I was diagnosed," D'Amore said.

D'Amore, the longtime human resources director for North of Boston Media Group, which includes the Gloucester Daily Times, is speaking out about her diagnosis and the treatment she's been receiving during October, Breast Cancer Awareness Month, in hopes of educating other women.

She is currently in a clinical trial at Dana-Farber Cancer Institute in Boston. During the past seven months, she's undergone 16 weeks of chemotherapy and also had a double mastectomy.

Ahead of her now is another round of chemo, followed by radiation, she said.

"I want women to know about inflammatory breast cancer ... to be aware there is this other type of breast cancer and the symptoms are different," D'Amore said.

D'Amore said she did regular checks of her breasts

WHAT IS INFLAMMATORY BREAST CANCER?

- Difficult to diagnose, as often there is no lump(s) that can be felt during a physical exam.

- The cancer is aggressive and can arise between scheduled mammograms. Symptoms are often present for less than six months.

- Symptoms are a rapid onset of redness and swelling in the breasts, a peau d'orange appearance (ridged or pitted skin), and abnormal breast warmth. Swollen lymph nodes may also be present under the arm, near the collarbone or both.

Source: National Cancer Institute

for lumps and was only four months late for a suggested mammogram when she was diagnosed.

But unlike other breast cancers, the telltale sign of inflammatory breast cancer is not a lump.

Inflammatory breast cancer is marked by a redness, swelling and a

peau d'orange appearance (ridged or pitted skin) on the breast and abnormal breast warmth, with or without a lump, according to the National Cancer Institute.

D'Amore said she immediately called Dana-Farber for an appointment following her initial diagnosis.

Before her appointment, she logged onto Dana-Farber's website and started reading information on breast cancer. The description of inflammatory breast cancer stunned her.

"I was like, 'Oh, my God. This is what I have,'" she said.

The confirmation by the surgeon at Dana-Farber came almost immediately. Similar to others facing the same disease, D'Amore was diagnosed with stage 3 cancer.

The first phase of her care at Dana-Farber involved a multitude of tests, including an MRI, PET scan, CT scan, cardiovascular tests and genetic testing.

The thorough and intense

rounds of testing determine "how far the disease has progressed and if (the cancer) has gone anywhere else," D'Amore said.

D'Amore tested positive for the genetic marker that causes breast cancer.

"From my mother or my father, I got that mutated gene," she said.

Her mother, at age 85, suffers only from arthritis. But on her father's side, some distant relatives had breast cancer.

Based on her genetic makeup, D'Amore said at some point in her life, "I was going to get breast cancer."

Her Dana-Farber team includes an oncologist, surgeon, radiation oncologist, primary infusion nurse and clinical nurse.

"They are all really great," she said.

She is also actively involved in a private support group with others who have inflammatory breast cancer.

The past seven months have presented an array of challenges and emotions for D'Amore.

She said the worst part of the disease, so far, has been losing her thick, dark hair.

"It came out very quickly after my fourth treatment," she said. "When I showered, it came out in handfuls. I had hair all over my clothes, wherever I sat. It looked like a baby wig in my (shower) drain."

One Saturday morning, while her husband and daughter were out, D'Amore decided to simply shave her entire head.

"I did cry. It was a big deal," she said. "But I didn't hesitate. I took the clippers and cut it all off."

It took about two weeks after that before D'Amore would face her own family without a hat or a scarf on.

Now, after undergoing the double mastectomy and returning to work, D'Amore has hair growing back in and regularly leaves the house in her natural state.

"Hiding the fact I have breast cancer just didn't feel right," she said.

D'Amore has been buoyed by the tremendous support

she's received from her family, friends, neighbors and co-workers. She cannot say enough good things about her husband, Peter, and daughter Michaela, 18, who started college this fall in Florida.

At work, D'Amore is well-known as a person you can rely on when you need help. Now, the tables have been turned.

"My friends and neighbors take turns bringing me to treatments," she said. "And my co-workers have also offered."

Above all, D'Amore wants to sound an alarm for women and make them aware of inflammatory breast cancer. The median age for diagnosis is 52; however, she pointed to women in her support group who are much younger.

She urges women to be aware of the symptoms and act if they have any concerns.

"If you have a rash or any of these symptoms, don't write it off," she stressed. "Don't wait."



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**Dr. Lyudmila Sutherland
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Dr. Sutherland was born in the Ukraine and came to America at a young age with her family. She grew up in the North Shore area and graduated from Salem High School. She went on to attend the University of Hartford where she graduated Summa Cum Laude with a Bachelor's Degree in health sciences. In 2012, Dr. Sutherland received her Doctor of Optometry degree from the New England College of Optometry and subsequently completed a residency with the VA Boston Healthcare System, specializing in primary care and low vision optometry. She is fluent in both English and Russian.

In practice, her interests are comprehensive eye care, contact lenses, and dry eye disease. Dr. Sutherland is a member of the Massachusetts Society of Optometry, the American Optometric Association, and the American Academy of Optometry.

Outside of optometry, Dr. Sutherland and her husband, Brian, are active members of local community organizations. They also greatly enjoy traveling, along with their young son, Aiden.



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Lahey clinician aims to treat the whole patient

LAHEY HEALTH

He was only 42 when he died. Dr. Krishna Gunturu was barely a teenager when her father lost his battle with lung cancer.

Having a close family member die from cancer is traumatizing for most people, let alone a teenager. The feeling of helplessness and the uncertainty is something Gunturu knows all too well.

Now an oncologist at Lahey Hospital & Medical Center in Burlington, Gunturu has launched a survivorship clinic to help patients and their families deal with the stress and struggles of cancer treatment.

“In oncology, we’ve become really good at taking care of people and having cancer survivors live longer,” Gunturu said. “But we need to do much

more than that. We need to start looking at the entire patient — physically, socially, financially, how it is impacting their relationships — and not just focus on the disease.”

Growing up in rural India, Gunturu and her family lacked that support. Her father succumbed to lung cancer less than six months after he was diagnosed. Both Gunturu and her brother were teenagers, and their father’s job as a teacher was the primary source of income for the family.

“We were young when he got sick,” she said. “My brother and I didn’t have a lot of emotional support. We had a hard time processing what was going on.”

So when Gunturu began training in the U.S., she began researching programs to help cancer



Courtesy photo

Lahey oncologist Krishna Gunturu’s survivorship clinic aims to help patients and their families navigate through the challenges of cancer.

survivors and their families deal with the many challenges a cancer diagnosis presents, outside of just treating the disease. She wanted to make sure families have the support they need, which is why, when she came to Lahey, she

launched a survivorship clinic.

The clinic, which meets the first and third Friday of the month, has patients and their family members meet with a physical therapist, dietitian, nurse practitioner or a physician, and

a psychologist.

“We want to know what the patients and families are dealing with,” Gunturu said. “The clinic supports patients who are wondering about the right foods to eat after treatment, how they can lose weight they may have gained from medications, how to manage emotional issues surrounding a cancer diagnosis, how to be effective in their return to work, and other concerns. These are the issues we’re trying to learn about.”

After meeting with the clinic members, the team meets and discusses if the patient needs to be referred to other specialists. They could recommend that a patient needs further physical therapy or pulmonary rehab, that they set up time to meet with a psychologist, or maybe that they be put in touch with a social

worker as financial issues might be a concern.

“Having these services all coordinated for the patient can make their cancer journey easier,” Dr. Gunturu said. “Receiving a cancer diagnosis can be overwhelming, but this can help people deal with those challenges.”

The program, which combines a number of services under one roof, is one Gunturu said her family could have benefited from after her father’s diagnosis.

She hopes it’s something all cancer patients and their families at Lahey can take advantage of.

“Cancer is just part of a person,” Dr. Gunturu said. “We’re trying to give the patient and their family a better quality of life. We want to take care of the patient as a whole person and not just focus on the disease.”

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From patient to advocate

Survivor is the state lead ambassador for the Cancer Action Network

By GAIL MCCARTHY
STAFF WRITER

The tiny lump was easy to ignore. Caught up in the fast pace of modern living, Carol Clark did not react immediately to the change in her breast. But she didn't wait too long.

And as soon as she learned the diagnosis — stage 2 breast cancer — she wasted no time. It was the week before Thanksgiving, and she was 41.

That was 19 years ago.

Clark, a Gloucester resident who is a paralegal at Tinti Law in Salem, continued to work while going through chemotherapy.

"I told my doctor I did not have time for this, and let's get this started," said Clark, who does not have a family history of breast cancer.

Every three weeks, she would get a blood draw on a Friday in advance of undergoing treatment that next Monday. She would stay away from people all weekend. Then, she would take the Tuesday after treatment off to sleep all day and returned to work on Wednesday.

"I just wanted it over with," Clark said. "I look back and say, 'Was I crazy?' But I didn't sit back. Instead, I copped an attitude to fight this. My friends were very supportive, and I had a good network of support."

A few years after Clark finished her treatments, the American Cancer Society put a notice in the newspaper about a fundraising Relay for Life event.

"And that's what got my foot in the door with the cancer society," she said.

She volunteered for that event for many years. Then in 2005, she was approached by the American Cancer Society's Cancer Action Network to be an ambassador. That's when her advocacy work began.

Clark has been the state lead ambassador for the American Cancer Society Cancer Action Network in Massachusetts for three years.

She works with network staff to manage volunteer activities across the state and attends meetings with lawmakers. At times, she teams up with her volunteer counterparts from all 50 states, working at the national level to develop legislative campaign strategies.

"With my fellow advocates, we take action to make cancer a national priority," said Clark, whose father died of

HOW TO CONNECT

The American Cancer Society's 24-hour phone line is 800-227-2345. Anyone interested in advocacy work can contact the organization through www.acscan.org.

pancreatic cancer when she was 19.

Current priorities include increased funding for cancer research, raising the age to buy tobacco to 21, and support for the Palliative Care and Hospice Education and Training Act.

"I'm giving back in a way that I could not have envisioned," Clark said. "It's powerful to be with these people from across the country. We are in this together until we find a cure.

"We see the changes," she said. "But it takes a long time to get things passed."

It is not uncommon to see Clark sporting multiple colorful bracelets, which have significance beyond fashion.

"I wear bracelets to remember friends who I have lost, so they are with me every day," she said. "I feel blessed to have gone through it and to be OK. And the work I do now, well, I feel like I'm doing this for my friends who aren't here anymore."

Clark has a message: Don't be in denial.

"I waited longer than I should have because I couldn't accept it," she said. "But thankfully, I went to the doctor. I didn't curl up in a ball and say, 'Woe is me.'

"You have to get out there and knock on doors to find help," she said. "And talk to people. Twenty years ago, people didn't really talk about it, but that is not the case anymore."

Among the services provided by the American Cancer Society are a 24-hour-a-day phone line where people can call anytime to begin to find help when they don't know where to start and the Road to Recovery program, which helps patients find rides to treatment. Most local hospitals also provide cancer support groups, Clark said.

Clark knows that there is much work ahead, but she is ready for the task.

"I'm so fortunate to be around to talk about it and perhaps help someone else," she said. "The cancer made me a much stronger person. I'm blessed that I survived."



Paul Bilodeau/Staff photo

Breast cancer survivor Carol Clark shows off the arm full of colorful bracelets she wears in memory of friends she has lost to the disease. Clark, a Gloucester resident who is a paralegal in Salem, is the lead ambassador for the American Cancer Society Cancer Action Network in Massachusetts.

Retired guidance counselor has pointed advice for other women

By TERRY DATE
STAFF WRITER

Deb Tierney of Danvers had looked ahead to retiring from her high school guidance counselor position, to having more time with her grandchildren and to travel.

Then, last January, at 56, six months after she had retired from St. John's Preparatory School in Danvers, she was diagnosed with breast cancer. So much for plans, she thought.

Since February she has undergone major surgery and chemotherapy, and is scheduled for radiation treatment this month.

The experience has left her with gratitude for the advanced care she has received through Massachusetts General Hospital, and for the coverage her

insurance has afforded.

But the crucible of invasive and aggressive triple-positive breast cancer has taught her two life-and-death lessons she is compelled to share.

One, disregard the recommendation that women 55 and older only have mammograms every two years.

"I disagree with that," she said, pointing out that cancer risks increase as women age. "I never stopped having annual ones. Luckily, this mammogram I had in January picked up the cancer."

Her second recommendation is that women with dense breasts get more extensive testing since they are more likely to develop breast cancer.

Many mammogram results arrive with a disclaimer at the bottom saying

She believes being informed and proactive is the best route to positive change, and in supporting those virtues through openness.

cancer in women with dense breasts may not be detected, and that they should contact their doctor for more information, Tierney said.

But she wants that information to be explicit and expanded — for women to know that an MRI and ultrasound provides more complete testing and information for women with dense breasts.

In addition to mammography, Tierney had an MRI, and it detected a tumor in

her other breast.

She had a double mastectomy.

Tierney knows some women with breast cancer might be hesitant to share information about their condition.

But she believes that being informed and proactive is the best route to positive change, and in supporting those virtues through openness.

Tierney is retired from guidance counseling; but she continues to give guidance on breast cancer.

Her oncologist, surgeon and radiologist tell her she's being treated for a cure.

And Tierney hasn't abandoned her plans to spend more time with her grandkids and travel with her husband.



Courtesy photo
Deb Tierney of Danvers, a retired guidance counselor at St. John's Prep, was diagnosed with breast cancer in January. She is advocating for women to be proactive with the disease by getting tested more thoroughly and more frequently.

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Mother and daughter united against cancer

By WILL BROADDUS
STAFF WRITER

A diagnosis of cancer affects the whole family. But the blow was twice as hard for Mary Ann Andrews and her daughter, Seleina Waible, who were diagnosed seven weeks apart.

Andrews, 76, was in the midst of being treated for cancer of the lymph nodes in April 2016 when her daughter was diagnosed with breast cancer.

"While I was ending my radiation treatments, she then started her chemo treatments," Andrews said. "It was not a good year for us."

Andrews' cancer was found in one of her saliva glands, and it was treated with surgery first. When the cancer spread to lymph nodes in her neck, she received radiation therapy, from April until June 4, 2016. The treatments burned the taste buds in her tongue.

But Andrews didn't have long to think about these effects before her attention turned to her daughter, who was diagnosed April 29, 2016.

"I had to forget about myself, and I had to think of her," she said.

Waible's breast cancer was detected by mammogram.

"At the time, it was estimated to be stage 3, but they don't really know that," said Waible, a 46-year-old married mother of three.

Before her tumor could be removed, it had to be shrunk with chemotherapy, which started that June and was administered every three weeks at Dana-Farber Community Cancer Care Center in Methuen. The treatments were supposed to continue for six months, but Waible's doctors opted out of her final session, because she was getting so sick.

"I had many reactions to the chemo — low white



Courtesy photo

Seleina Waible, second from left, who was diagnosed with breast cancer in April 2016, is pictured this past April at Catwalk4Cancer at Central Catholic High School in Lawrence with, from left, her children, J.J. and Jordyn Waible, and her parents, Mary Ann and Walter Andrews. Waible's diagnosis came seven weeks after her mother learned she had cancer.

blood cells, anemia, low potassium, MRSA and C. diff (bacterial infections)," she said. "And the potassium was heart-related, so I was in the cardiac unit when I was admitted. I lost 70 pounds."

Andrews said her husband, Walter, who had already survived his bouts with prostate cancer in 2002 and colon cancer in 2008, ended up having to help take care of and support not only her, but their

daughter and her family, too, all of whom live on the same street in Methuen.

Waible had a full mastectomy on Nov. 14, 2016, and was discharged and declared cancer-free on Nov. 22, two days before Thanksgiving. She had six more rounds of chemotherapy after surgery to lessen the chance of the cancer's recurrence. Those treatments were milder than the initial rounds, she said, and she slowly felt better.

"I ended up opting for cosmetic surgery," Waible said. "Sept. 8 of this year was the last surgery. Right now, I feel fabulous. I could not feel better. It's amazing how quickly your body heals."

Waible advised anyone with breast cancer that it's going to be tough, but they have to keep fighting.

"You can't ever want to give up, and you will get better," she said.

She also said that family

members and friends of cancer patients should know that shows of support are important.

"Even if you don't get a reply, it means the world," Waible said. "Send cards."

She said patients can establish pages online at Caring-Bridge, which allows them to keep loved ones informed of what they're going through. The pages also give patients a record of their progress.

"It reminds you how far you've come, and how strong you are," Waible said.

Andrews said it was "unbelievable, the people who came forward" to help them both. She and Waible were also a great help to each other.

"I think my daughter and I had a very positive attitude and also we kept a sense of humor," Andrews said. "I would go with her for her chemo treatments, and the nurses would get a kick out of us. It wasn't going to get us."

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An artful healing

Survivor finds herself through power of creativity

By TERRY DATE
STAFF WRITER

In winter 2015, architect Amy Bloom ceded her breasts and hair to cancer. A year later, she felt herself slipping away.

It was then that Sassy and friends emerged, perky characters drawn from the architect's imagination.

Months later, reinforcements arrived, actually, a reinforcement — “Pink Ribbon Gal,” a collage created from shredded medical records and bills.

Now, Bloom — a 37-year-old breast cancer survivor — has founded Staying

A-Breast, an Andover support group for women recently diagnosed with breast cancer.

Bloom, a married mom with two young children, 5 and 7, has added helping others to her quest to help herself. In retrospect, the drawings, collage and support sessions seem a natural progression.

On Sept. 22 at 6:30 p.m., nine women at the Staying A-Breast gathering talked for 2½ hours in a donated room at the YMCA in Andover. It was their first meeting, all of them in different stages of breast cancer — the woman among them diagnosed the longest

since only 2014.

Bloom was diagnosed with stage 3 breast cancer in 2015, after having discovered a lump during a self-exam. The disease had spread to her lymph nodes. Two weeks later, she had a double mastectomy.

By 36, she had endured chemotherapy, radiation, ovary removal, hormone therapy and breast reconstruction.

During treatment, Bloom was immersed in medical attention and drew strength from hospital support groups. After the treatment, she despaired of being without two features that so often define



Terry Date/Staff photo

Amy Bloom, who was diagnosed with stage 3 breast cancer in 2015, holds one of the first drawings she did of a pinup girl with a mastectomy. She recently formed a support group, Staying A-Breast, for young women like herself in various stages of breast cancer.

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women in popular culture — beautiful hair and breasts.

Bloom says she recalls thinking, “What’s left of me as a woman?”

In her depression, she started doodling. She remembers drawing a bear. Then a woman. She liked the woman’s looks.

“I was like, ‘I’m going to make her topless and give her a mastectomy,’” Bloom said.

Bloom got excited. She couldn’t wait to draw more of these strong, beautiful, sexy post-mastectomy pinups. A waitress toting a milkshake, “survivor” written on her bottom. A woman at a masquerade ball.

One of her first pinups was of Sassy — a woman wearing a black hat, one shoulder lifted, hands on hips.

“My favorite day was when my father said they were too racy,” she recalled. “I said, ‘Yes,’ That

“These horrible test results and pamphlets and things that once made me cry, I wanted to turn them into something fun.”

**Amy Bloom,
breast cancer survivor**

is my point. If you can think that these women are too sexy, then I’ve just met my goal. That is all I wanted.”

Bloom grew up in Reading and went to Reading High School, graduating in 1998. She went on to Rhode Island School of Design, earning a Bachelor of Fine Arts in architecture, and then met her husband, Jeremy Bloom.

Today, she designs homes, working out of her own home in Andover.

About a year ago, besieged by a paper trail from her breast cancer

ordeal, she wanted to make the remnants go away.

“These horrible test results and pamphlets and things that once made me cry, I wanted to turn them into something fun,” she said.

She sorted two big stacks, keeping only essential documents, shredding the rest.

From the shreds, she made a collage, a confident woman with piercing blue eyes. “Pink Ribbon Gal,” she named it.

Bloom had glue on her fingers as the collage took shape, bits of paper stuck to her.

“But I loved it,” she said.

Her drawings and the collage are therapeutic. The works bring smiles to family, friends and those who have gone through breast cancer.

It’s with this same desire for healing that Bloom formed Staying A-Breast based on her support group during treatment



Terry Date/Staff photo

A detailed look at Amy Bloom’s collage, “Pink Ribbon Gal,” made from the paper trail of documents that resulted during her treatment for breast cancer.

at Dana-Farber Cancer Institute.

She considered the

group’s members soul mates. They shared stories and laughed about not

having nipples.

“Who else can you laugh with about that?” she said.



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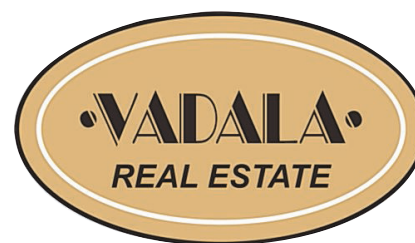


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Kathryn Riley, Boston Red Sox/Courtesy photo

Miss Pink 2017 Shanna Pinet performs the national anthem during the Mother's Day Breast Cancer Awareness Red Sox game at Fenway Park.



Ashley Lynn Photography/Courtesy photo

Shanna Pinet waves to the crowd after being named Miss Pink 2017 on Saturday, April 8.



Ashley Lynn Photography/Courtesy photo

Ashley Shultz, left, founder and president of the Miss Pink Organization, greets guest Jackie Bruno-Finley, a reporter for NBC Boston and NECN contributor.

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'Miss Pink' inspires hope

Pageant celebrates breast cancer patients, survivors

By MICHAEL CRONIN
STAFF WRITER

Poise, eloquence, style — these are all invaluable traits to have when competing in a typical beauty pageant.

The Miss Pink Pageant, however, requires something else: resilience.

Along with supporting the fight against breast cancer, the annual pageant wishes to rewrite society's expectations of beauty. It celebrates women who thrive in life regardless of their diagnosis and actively work within their communities to help those affected by the disease.

Ashley Shultz, founder and president of the Miss Pink Organization, lost her grandmother and great-grandmother to ovarian cancer and breast cancer, respectively.

"I watched my Nana fight her hardest," she said. "She

fought for her family and not for herself."

Shultz wanted to create something that recognized women like her grandmother.

"When she lost her hair, she would look at pictures and say how beautiful she used to feel," she said. "But to me, she had never been so beautiful. She was strong, she was courageous and she was a fighter."

Living with a high risk of contracting breast and ovarian cancer caused Shultz to struggle with confidence. Instead of succumbing to her own self-doubt, she, too, chose to fight for those who needed support.

In 2010, the first Miss Pink Pageant was held.

Since then, numerous women have hit the runway at Danversport Yacht Club to share their stories and raise awareness.

Proceeds from the event support Miss Pink Organization services, which include educating the public on ways to prevent breast cancer, helping families cover medical costs, partnering with medical organizations that are seeking a cure, and offering ways to better health and wellness.

Judges vote for who they believe can best articulate the reality of breast cancer, but also encourage those who are living with disease. This year, they chose Shanna Pinet, whose motto is: "Cancer is what I have, not who I am."

"I am grateful for who I have become, in part because I fought this disease for over 12 years," said Pinet, who lives in Atkinson, New Hampshire. "I am so much more than a cancer fighter or 'Pink Warrior.' I am a mom, a wife, a friend, a sister, a daughter and an advocate."



The Miss Pink Pageant 2017 contestants and survivors strike a pose.

Ashley Lynn Photography/
Courtesy photo

After being diagnosed with BRCA1-positive, triple-negative, metastatic breast cancer at the age of 27, Pinet felt as though her body wasn't hers anymore. She struggled with self-confidence as the numerous side effects from chemotherapy and radiation changed her appearance in ways she was not comfortable with.

As a way to cope, she started a blog, which in turn inspired "Fabulously Fighting," her award-winning memoir released in November 2016.

It was Shultz who suggested that Pinet compete in the pageant.

At first, Pinet was hesitant.

"I was intrigued, but unsure I could step back onto the stage," she said. "Ashley assured me that this was a celebration of women and not a beauty contest. I decided it was time to regain my confidence, accept my body for all that it has been through and participate."

Since being crowned Miss Pink 2017, she has participated in numerous fundraising and awareness events. A short list includes: singing the national anthem at the Mother's Day Breast Cancer Awareness Red Sox game at Fenway Park, honoring nurses at the Sailing Heals Nurse's Appreciation Cocktail Party in Manchester-by-the-Sea, and being recognized as a "bombshell" by Boston Bombshells Against Breast Cancer.

Pinet said that her future plans include "continuing my work with the Miss Pink



Ashley Lynn Photography/Courtesy photo

Miss Massachusetts 2017 Julia Scaparotti, left, poses with last year's Miss Pink, Lexi Theberge.

Pageant and keeping advocacy at the forefront of my actions."

Shultz applauds Pinet's journey of resilience.

"She is someone we all look up to," she said, calling her "a tremendous blessing to our organization."

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PAYING IT FORWARD

Grateful survivor turns a negative into a positive through her fundraisers

By JENNIFER SOLIS
CORRESPONDENT

Marie Aloisi was diagnosed with stage 2 breast cancer on her 40th birthday.

“Great birthday present, right?” she said.

Thirty years and multiple bouts with cancer later, the 70-year-old retired travel agent from Salem is more determined than ever to pay forward the care and kindness she insists were keys in her recovery.

On Sunday, Oct. 15, Aloisi hosts her fourth cancer support fundraiser at the Holiday Inn and Suites in Peabody.

The biennial “Pay It Forward” fundraiser features music, buffet dining, gift baskets and raffles, with all proceeds going to a cause near and dear to Aloisi’s heart.

Funds raised benefit Windows of Hope, a nonprofit shop at Beth Israel Deaconess Medical Center in Boston specializing in products and services for men and women with cancer that helped Aloisi when she was being treated there.

Aloisi has raised \$20,000 since launching “Pay It Forward,” thanks in part to a little help from her friends, including Maureen Sheehan, who has coordinated the baskets of high-end gifts and more than 40 restaurant certificates to auction at this year’s fundraiser.

Four years after her first mastectomy at Beth Israel Deaconess, Aloisi learned she had cancer in her other breast.

In 2009, she was struck once again when a scan revealed malignant tumors in her lungs and esophagus. She had the bottom section of her left lung removed, along with most of her esophagus, and a swallowing tube was inserted during a nine-hour surgery.

“I was pretty sick for a good year after that,” she recalled.

But cancer wasn’t done. In 2014, nodules on her right lung were discovered and successfully treated with radiation therapy using robotic technology at Beth Israel Deaconess.

Aloisi said the people around her helped hold her up during her lowest points.

“This isn’t just a patient issue; the caretakers suffer, too, and



Marie Aloisi, second from right, with her son, Mark, right; sister-in-law Mary Connors, and William “Chip” Sanders, Mark Aloisi’s boss at the Seagate Hotel & Spa in Delray, Florida. The Seagate donates a hotel stay and spa package to Marie Aloisi’s “Pay It Forward” fundraiser. The T-shirts were a thank-you gift from Marie Aloisi.



Marie Aloisi and her husband, Joe, at the 2015 “Pay It Forward” fundraiser.

they deserve credit,” she said.

Aloisi credits a little tough love from her husband, Joe, with helping her rebound from an

emotionally depressed state following the repeated diagnoses.

“You’ve got to snap out of this,” her partner of 47 years told her

one day.

The mother of two and grandmother of three realized he was right.

“Nobody wants to be around a depressed person all the time,” Aloisi acknowledged.

So she got up off her recliner chair and decided to get on with living her life.

In addition to a supportive family, Aloisi praised the team at Beth Israel Deaconess, especially Dr. Mark Huberman, oncologist, and Dr. Sidhu Gangadharan, chief of thoracic surgery and interventional pulmonology, with providing extraordinary care.

“They’re my lifeline,” she said.

And, too, she has never forgotten the compassion of Linda Myers, the Windows of Hope shop manager on hand the day in the summer of 2009 when she went there to try on wigs after her hair began to fall out. When Myers learned that Aloisi’s insurance wouldn’t cover the cost of a wig, she gave it to her free of charge.

“She’s become such a dear friend,” Aloisi said.

Her children, Gina DeSisto, 45, and Mark Aloisi, 42, were the ones who encouraged her to turn

WINDOWS OF HOPE

Windows of Hope is located on the ninth floor of the Carl J. Shapiro Clinical Center at Beth Israel Deaconess Medical Center, 330 Brookline Ave., Boston.

Founded by three-time cancer survivor Carol Mayer, the nonprofit shop helps cancer patients find all types of items, products and resources for use in their journey through the illness. The shop offers everything from wigs, hats and scarves to breast prostheses, specialty creams, books, videos and CDs.

Beyond the items for purchase, Windows of Hope is also a place to “share, laugh and find inspiration,” its operators say.

Windows of Hope is open Monday through Friday from 9:30 a.m. to 4 p.m., or by appointment. Call 617-667-1899.

To donate to Windows of Hope through Marie Aloisi’s “Pay It Forward” campaign, send a check made out to Windows of Hope to Aloisi at 15 Carriage Hill Lane, Salem, MA 01970.

For more on Windows of Hope, visit www.bidmc.org.

a negative into a positive by paying it forward. She decided the best way to do that was to support Windows of Hope.

Sheehan said Aloisi’s can-do attitude has made her the Beth Israel Deaconess’s go-to person to meet one-on-one with people struggling to cope with cancer.

Aloisi said if her story can be an inspiration for others, then she wants to share it.

“There can be light at the end of the tunnel,” she tells other patients. “Think positive and tap into whatever higher power you believe in.”

Aloisi knows she’s still not totally in the clear. She regularly undergoes screenings, and just recently learned she carries the gene for pancreatic cancer. But she refuses to spend her energy worrying about some unknown in the future.

After all, she has grandchildren to play with — Matthew, 6, and 5-year-old twins, Emily and Ryan — and donations for her fundraiser to gather.

“If you could see my house right now, we can’t even sit in my dining room,” Marie said, laughing. “It gives me such a good feeling to help somebody else — and I just thank God I’m still on top of the grass.”

Confronting cancer, living with gratitude

BY WILL BROADDUS
STAFF WRITER

Delbys Cruz is still living with the effects of everything she went through in 2015.

A former assistant principal at Lawrence High School who retired in 2002, Cruz was teaching at the International Institute of Greater Lawrence when she got the news that she had been diagnosed with invasive ductal carcinoma, or stage 1 breast cancer.

"I was making copies to start my work day, and the students were upstairs waiting for me on the second floor," she said. "When the doctor told me, I gave the telephone to my director. From then on, that was more or less my story."

Cruz, 69, was diagnosed on Feb. 3, 2015, and was operated on at Dana-Farber Community Cancer Care Center in Methuen on March 11. Then in April, she went to Dana-Farber Cancer Institute in Boston to seek further input from one of the oncologists there.

"That's where the doctor told me my cancer was aggressive," she said. "They said, 'Delbys, the chemo we're going to use with you is strong. You're going to have side effects.'"

Cruz ended up with ulcers in her mouth



Delbys Cruz today, two years after she was declared cancer-free.

and colon, and suffered damage to her liver, among other problems, as a result of the chemotherapy. She received 33 treatments in all, which were supposed to continue for four rounds, but were suspended after two.

"My doctor said I was so sick, they stopped," she said. "From there on, I was very sick. I was transferred to the nursing and rehab center in Methuen — now it's called Cedarview. I was in treatment for the liver for a year."

Although the treatments made her sick, Cruz also worried that suspending them halfway through would keep her from ever

getting well. In spite of the difficulties, doctors declared her cancer-free on Oct. 26, 2015.

Cruz, who lives in Lawrence, is still taking medication as part of a five-year regimen to keep cancer at bay, and still suffers side effects from her chemotherapy.

But she threw a party at Michael's Function Hall in Haverhill with 90 friends and family to celebrate being cancer-free, and she feels grateful for every moment.

"Every time when I was sick, every night when I open my eyes, I say, 'Wow, I'm still alive, thanks for giving me another day,'" Cruz said. "I stand on my balcony and I see all these kids going to school with their moms. I see people get in their cars and go to work every day. I say, 'I'm so lucky to still be here.'"

Cruz credits her three grandchildren with keeping her going through her illness and chemotherapy, as well as the uncertainty she had to confront when the treatment was suspended.

"When I get much better from all my side effects, I want to talk about this in public, because people sometimes think that breast cancer is nothing, because a lot of women survive," Cruz said. "But every woman's story is different."



Courtesy photos

Delbys Cruz, sitting on the bed while being treated for breast cancer, enjoys a visit from her sister, Migdalia Cruz, standing, far back; family friend, Tita Colon, sitting, left; and Colon's daughter, Rosa Amil.

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'Don't be afraid to draw strength from others'

Community, workplace boost Sheriff's Department administrator

By DYKE HENDRICKSON
STAFF WRITER

Judy Lacroix counts herself fortunate that tests detected her breast cancer at an early stage.

"I listened to my body," said Lacroix, a longtime employee of the Essex County Sheriff's Department and a popular leader of Newburyport's Yankee Homecoming celebration.

"I didn't know there was a problem, but I just didn't feel right. I thought if it's nothing, it's nothing. But I am going to find out."

She went to Anna Jaques Hospital in Newburyport, and learned that she had breast cancer. She's glad she made the trip.

"Something good has to come out of this," said the Newburyport resident. "I

want to tell people to seek medical attention if they aren't sure."

Officials of the National Breast Cancer Foundation say that 1 in 8 women in the U.S. will be diagnosed with breast cancer in her lifetime.

Each year, it is estimated that more than 252,710 women in the U.S. will be diagnosed, but therapies are improving. Medical leaders say that more than 3.3 million breast cancer survivors are alive in the country today.

Lacroix plans to be one of them.

The 67-year-old said she has an aggressive type of cancer. She had a mastectomy in July and in late September was going through chemotherapy treatments.

She has never asked, "Why me?" But she said her day-to-day life has been greatly aided by support from family, friends, co-workers and members of affinity groups like Yankee Homecoming and Opportunity Works, also in Newburyport.

"I bet I have received 150 cards," she said. "I get emails and texts every day, and I so appreciate the support. People have brought meals, and helped in other ways.

"I never knew there was so much caring and affection out there, and that support is helping me now. It makes me stronger."

Lacroix, a Lawrence native who calls herself a "feisty" woman, lives as full a life as most local residents can.

Many longtime residents of Newburyport say the family has been the heart of Homecoming in recent years.

Lacroix has been a board member for years. She also chaired the annual celebration in 1995 and was co-chairwoman in 2007. Her husband, Lucien; her son, Jason; and her daughter-in-law, Jennifer, have also chaired the event.

This summer, Judy attended many Homecoming events in early August, despite having had surgery in July.

"At one point, I just sat in the car, but I watched the flag raising," she said. "Very few people knew that I was undergoing treatment. I want to carry on and be active."

Yankee Homecoming



Bryan Eaton/Staff photos

Judy Lacroix says her family, her community of Newburyport, and her co-workers in the Essex County Sheriff's Department have been supportive of her recovery, which is helping her through her treatment.



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board member Paul Swindlehurst, the event's 2016 chairman, said that Lacroix "sets a wonderful example."

"(She) sets the bar high in her volunteer service, not only with Yankee Homecoming, but with many other organizations in the area," Swindlehurst said. "It seems that she is everyone's 'go-to' person. Judy just gets things done. ... The community benefits from her work."

Lacroix is also a mainstay within the Middleton office of Sheriff Kevin Coppinger. As an administrative assistant to the human resources department, she helps manage programs for disabled adults and also is involved in coordinating a youth leadership program.

She said the organization has been supportive of her recovery.

"Judy is one of our longest-serving employees and is the matriarch of our office," Coppinger said. "When we heard of her diagnosis, we were all taken aback a little, but since



Normalcy is one of the most important things that people can provide someone who is being treated for breast cancer, Judy Lacroix says.

then, the support has been nonstop.

"Dinners have been

provided, and small gifts and cards have been sent," he said. "Her position will

always be here, but right now, her job is rest and recovery. Her health is the

most important thing, and we are all supporting her."

Members of the youth academy that Lacroix helps supervise have also shown their support through photos, messages and calls.

"I would say to other patients, don't be afraid to draw strength from other people," she said. "The love and kindness that I have felt has really been special."

On days she is feeling up to it, she makes the half-hour drive to the office in Middleton.

She said that going to work is up to her.

"If I feel well, I go to work. They have been great about that," she said. "But I have had days during chemo that I didn't have the strength. They're good with that, too."

She said the organization has been supportive of her recovery.

One of Lacroix's inspirations is son Jason, who is 45.

About 10 years ago, he survived a bout with cancer,

and she takes strength from the courage he showed at that time.

"He is my hero in all this," Lacroix said. "I remember how sick he was — and how brave. He lives right next door, and we often talk about my condition. He has been very helpful."

As she continues the treatments, normalcy is what Lacroix is primarily seeking.

"I believe it is important for me, and I believe for others, that cancer patients need to be treated 'somewhat normal,' as there is nothing normal about this whole process," she said. "It would be very easy to fall into a depression. The routines of daily life such as one's job and even housework become very important."

"By being treated somewhat normal, it will allow me not to live in the shadow of this cancer," she said. "I can and will move forward and fight it with all that I have."

Talk therapy: A healing aid for patients

Receiving a cancer diagnosis can be a profound experience that often changes the course of people's lives. Individuals react to cancer diagnoses in various ways, with some retreating into themselves and others sharing their stories to garner as much strength as they can muster.

A strong support system can help men and women navigate the ups and downs of a cancer diagnosis and subsequent treatments. While many people lean on friends and family members for support, therapists also can help patients as they battle cancer.

Licensed therapists can help treat many of the mental side effects that often accompany a cancer diagnosis. Japanese researchers who reviewed the results of six studies that included 517 patients with incurable cancer and depression

found that talk therapy was shown to help treat depression symptoms nearly as well as antidepressant medications.

Depression is not the only reason a cancer patient may want to speak with a therapist. Cancer also can bring rise to many issues that may be better addressed in a private, judgment-free zone.

According to the American Cancer Society, some additional reasons to seek professional support can include:

- Trouble adjusting to the illness
- Feelings of social or familial isolation
- Family conflicts
- Concerns about quality of life
- Changes in perceptions of body image
- Feelings of grief
- Trouble communicating

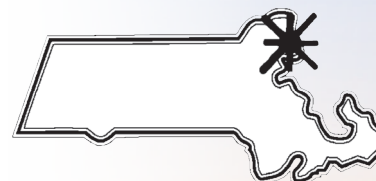
In addition to address- ing these issues, which

are commonly referred to as psychosocial problems, therapists can work with individuals and families in other areas.

Therapists can help their patients find community resources where they can connect with others experiencing similar situations. And therapists can help patients learn about the various ways they can educate themselves about their disease. Some therapists may specialize in offering support, while others may focus on cognitive-behavioral therapy in relation to cancer-induced anxieties.

Cancer patients have many options when the time comes to choose a counselor. They should ask their cancer team to provide references or use the American Psychosocial Oncology Society (apos-society.org) as a source.

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Courtesy photo

Dawn Sudenfield, with her favorite pooch, was able to take the steps necessary to learn she had stage 1 breast cancer, thanks to North Shore Medical Center's risk assessment protocol.

NORTH SHORE MEDICAL CENTER

In early 2016, Dawn Sudenfield's biggest concern was finding a new job, after embarking on a new career path at the age of 51.

But not long into her job search, the Salem woman was diagnosed with breast cancer, and suddenly, her job turned into managing her health.

At her routine mammogram at North Shore Medical Center's Breast Health Center that fall, Sudenfield was asked to complete a breast cancer risk assessment.

Initially developed at Massachusetts General Hospital

as a research project, the assessment analyzes a patient's individual risk factors using clinically validated breast cancer risk models. These models look at a variety of factors, including family history of cancer, age of first menstrual cycle and medical history.

This information, combined with a mammogram, helps physicians determine a patient's individual risk of developing breast cancer and which screening tools are best for the patient.

Following her mammogram, Sudenfield got a call from her primary care physician recommending a breast MRI based on the results of the breast cancer risk assessment.

"Dawn showed a 23.9 percent lifetime risk of developing breast cancer from her assessment," said NSMC's breast health navigator Debra Gentile, R.T.R.M., CN-BI. "Anything above 20 percent is cause for concern, so I alerted her primary care physician of her risk and because of the process we have in place, she knew further testing would be the best course of action."

NSMC began using the breast cancer risk assessment to help doctors identify and treat women at higher risk for hereditary breast and ovarian cancer. It is particularly helpful for managing the approximately 50 percent of women with dense breast tissue, which can mask early signs of breast cancer. The assessment helps physicians determine whom they want to manage more closely, either with closer monitoring or further testing.

NSMC's radiology team works closely with patients' physicians to alert them

AN ALLY IN NSMC'S BREAST HEALTH NAVIGATORS

For Breast Health Center patients needing additional testing, NSMC and MGH's Debra Gentile, R.T.R.M., CN-BI, and Suzanne Mills, R.N., are certified breast health patient navigators with clinical expertise in breast cancer diagnoses and treatment.

In addition to providing education, treatment recommendations and resources, Gentile and Mills are there to comfort and encourage patients, as well as ensure that important follow-up exams or appointments are scheduled when necessary.

The NSMC Breast Health Center offers the breast cancer risk assessment at the following locations:

- NSMC Salem Hospital
81 Highland Ave., Salem
- NSMC Union Hospital
500 Lynnfield St., Lynn
- NSMC Outpatient Services
1 Hutchinson Drive, Danvers
- NSPG Imaging Services
414 Haverhill St., Rowley,
- Lynn Community Health Center
269 Union St., Lynn

The NSMC Breast Health Center is accredited by the Massachusetts Department of Public Health Radiology Control Program and the American College of Radiology. For more information about breast health services, visit nsmc.partners.org/breast_health.

immediately when the results of the assessment suggest additional attention. "I have gone for routine mammograms since the age of 40, and every year, they've been normal," Sudenfield said. "So the news was alarming."

Sudenfield's breast MRI identified an area of concern, which was biopsied. The next night, Sudenfield learned she had stage 1 breast cancer.

Her primary care physician referred her to the Mass General/North Shore Cancer Center in Danvers for treatment.

Sudenfield said the care team at Mass General/North Shore Cancer Center not only exceeded her expectations for excellent care, but for personal support, too.

"Because of my employment situation, I was anxious about my finances," said Sudenfield, who has since started a new job. "The Cancer Center helped me lay out an action plan that worked for me, and that was incredibly comforting."

Sudenfield had two surgeries followed by radiation therapy to treat her cancer, and benefited from the Cancer Center's team approach, where all members of her care team meet regularly to develop an individualized treatment plan.

"I was very pleased with the outcome of Dawn's surgeries," said NSMC and MGH radiation oncologist Daniel Soto, M.D., M.S. "Her case speaks to the benefits of the team approach used at the Mass General/North Shore Cancer Center and how it leads to better and more personalized care for our patients."

This past August, Sudenfield had her first mammogram since being diagnosed a year ago, and was pleased when her results were normal.

"I am so grateful that this new assessment tool was available for me because without it, my cancer may not have been detected and the result wouldn't be so positive," Sudenfield said.

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The pursuit of beauty

Priscilla Westaway gains perspective, focus and peace of mind through her photography

BY WILL BROADDUS
STAFF WRITER

Priscilla Westaway took up photography to battle the effects of chemotherapy.

Some of the treatments she received at Lahey Clinic in Peabody, after being diagnosed with stage 4 breast cancer 21 months ago, were affecting her short-term memory.

"I said to the doctor, 'I don't like this,'" Westaway recalled. "She said, 'Priscilla, go do crossword puzzles.' I said, 'What do you think about school?'"

Westaway, who was born in Salem and lives in Methuen, thought that along with exercising her mind, classes would give her an opportunity to be social, so that she wouldn't be sitting at home alone with her illness. She was interested in other subjects at first, and eventually took digital photography "by accident," but also in response to encouragement from her daughter.

"My daughter said, 'Are you changing careers?' She said, 'I'd be taking all these fun classes,'" Westaway said.

She took her daughter's advice, enrolling at Northern Essex Community College in Haverhill. In addition to improving her skills, taking classes broadened her horizons, putting Westaway in touch with people who share her passion for photography.

Many of these new acquaintances are among

the 50 photographers who are contributing 100 photographs to an inaugural silent auction that Westaway has organized.

"Photo for a Cause" will raise money for cancer patients who are struggling to pay their bills. The photos, which can be seen at photoforacause.org, will be auctioned on Oct. 20 and 21 at the Hartleb Technology Center at Northern Essex, 100 Elliott St., Haverhill. Westaway organized "Photo for a Cause" to help the people she meets when she goes for her monthly chemotherapy, which she describes as "five lovely shots."

"It's three hours you sit around, and you can see — you take it all in," she said. "I know there are people out there who are so stressed, because they can't get what they need."

Westaway is working only one day a week right now, as a pharmacy technician at Hannaford Supermarket in Lowell. She knows that, to people who don't have cancer, that doesn't sound like a heavy workload, but it's about all she can manage. But unlike people who have to struggle with their finances as well as cancer, Westaway gets plenty of help from her partner, Mark Welch, and she feels obligated to pay his support forward.

"He says, 'Priscilla, I want you to live your life and stay focused on what you want to do,'" Westaway said.

While the photo show is intended to help people financially, the pictures Westaway takes are meant to benefit their state of mind. They accomplish that, not by focusing on people as subjects but by sharing images of animals and scenic landscapes.

"It's all about beauty when I take pictures," she said.

Westaway also said she finds animals easier to work with than people, perhaps because her parents had a riding stable when she was growing up, and she has been around animals all her life. That sense of comfort is evident in photos that she took of two goats and contributed to "Photo for a Cause." It's hard not to smile at the pair, who Westaway first encountered at Farm by the River, a bed-and-breakfast in North Conway, N.H.

The third photo she included in the fundraiser, which she calls "The Tree of Life," was taken in Daytona Beach, Florida.

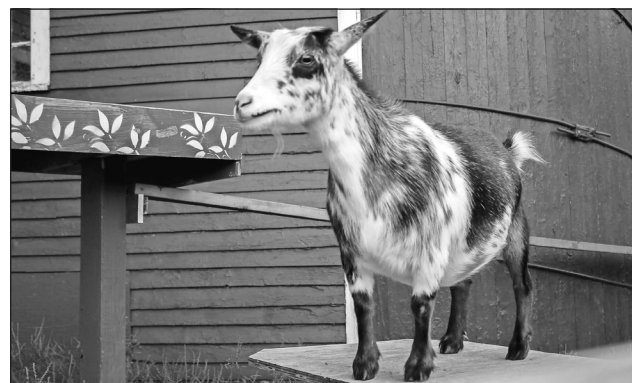
"I'm hoping it's still there after Hurricane Irma," Westaway said. "The tree has been around so long, the branches go down to the ground and back up. It looks like a weeping willow is the only way to describe it. My uncle brought me there because he knows I'm into landscapes."

Westaway said the focus on beauty in her photographs has followed from



CARL RUSSO/Staff photo

Priscilla Westaway repositions one of her clock photos in her "Wall of Time" installation at A Sweet Affair in Haverhill. The Salem-born Westaway is organizing an auction of photos to support breast cancer patients who are struggling to pay their bills.



Courtesy photo

Westaway says that having breast cancer has changed the way she looks at the world. She's pursued her passion for photography, which finds her focusing primarily on animals or beautiful scenes in nature.

her experience with breast cancer.

"In no sense do I want anybody to think I'm in make-believe land with my cancer, but I think it's given me a perspective," she said.

While Westaway took photography classes to keep her mind sharp, she said they had another benefit, too. Having previously approached the world in analytical terms, she now finds that her imagination has become a force to reckon with.

"I'm not saying I'm impulsive, but I've become this creative person," she said. "When I see something in my head, I've got to do it."

Among the things she has felt an urge to create

that looks like a clock made of spoons, painted it black and placed it in the middle of her wall clock.

She also created an image of a clock as a gift for her oncologist, and to express gratitude for the photographers who have donated to "Photo for a Cause."

"Because life is all about time," Westaway said. "People are giving me their time, and my oncologist is making it so I continue to have time."

Westaway said that while she hasn't completely lost her perfectionistic streak, which makes her want to get pictures right the first time, her photos invite viewers to share a new attitude she has developed.

"When I take a picture, I see things a lot different than I would have 21 months ago," she said. "I don't know if that's because I don't take anything for granted anymore. I don't know how to express this ... but people don't stop to smell the roses."

Westaway said that was exactly what she didn't do before her diagnosis, when she spent 20 years caring for other people in state group homes.

"I think I'm the type of person now, I do stop to smell the roses," she said, "as opposed to before."

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The annual mammogram: Making it more comfortable

Mammograms help to detect breast cancer early, improving women's prognosis as a result. Susan G. Komen states that mammography is the most effective breast cancer screening tool in use today.

When women should begin getting mammograms remains open to debate. The American Cancer Society now recommends that women between the ages of 45 and 54 receive annual mammograms.

Despite the benefits of mammograms, many women avoid them out of fear of the pain and discomfort associated with the procedure. But researchers are examining how much pressure mammogram machines need to apply to get accurate breast images.

Until widespread customized mammograms are offered, women can take various steps to reduce the amount of discomfort they feel while undergoing these important screening procedures.

■ **Apply a topical numbing gel.** According to BreastCancer.org, a study found that applying a numbing gel an hour before having a mammogram resulted in less discomfort when compared to placebo and other pain-reduction techniques. Be sure to discuss application of the gel with your physician prior to your procedure.

■ **Schedule your procedure for the right time.** Do not schedule a mammogram right before or during a menstrual cycle, when breasts already are very tender due to

hormonal changes. Waiting until seven to 14 days after a period is a better bet.

■ **Take pain relief pills.** A physician may suggest taking ibuprofen or acetaminophen prior to the appointment to reduce discomfort before and after the procedure.

■ **Speak with the technician.** Women can express their concerns about pain to the mammogram technician, who might suggest various ways to minimize discomfort.

■ **Learn about padding.** Find an imaging center that uses padding on mammogram plates. MammoPad is a soft, white, single-use foam pad that is invisible to X-rays.

■ **Avoid caffeine.** Some women find that caffeine contributes to breast tenderness. Avoid caffeine the week before the procedure.

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