



Breast Cancer Awareness

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SURVIVOR STORY | BY ANDREA HARWOOD PALMER

LISA GRASSI-BARTLETT

I was forty years old. And I kept feeling a lump at the 2 o'clock region of my breast. So I saw a PA at my doctor's office. She thought that it was just a fibrocystic mass and nothing to be concerned about.

Fast forward, I started having additional symptoms. I called the doctor back. They thought maybe I just had a clogged milk duct and didn't think I needed to worry. At the time, my son was two and a half. Fortunately, a few months after that I was scheduled for a routine mammogram. That's when they saw a shaded area, which prompted an ultrasound, which then prompted another exam and a biopsy.

All of the doctors were sure the biopsy would come back negative. But when I got the call, it had come back positive. I had what was called Ductal Carcinoma In Situ, or DCIS. The cancer never left the milk duct.

I was shocked. Every medical professional I had talked to assured me I didn't have cancer.

I remember standing in my kitchen, walking over and picking up my phone. I was home alone. It was a sunny day. I was getting ready to go out and do yard work. I thought, 'I'll call and find out real quick! I had no concerns at all whatsoever. The ultrasound tech had told me, 'Oh, you see how it's kind of smooth? Usually cancer is jagged! The doc that did my biopsy told me he didn't think it was cancer based on all of his experience. My OBGYN said it wasn't cancer. So when I called and they said, 'You have breast cancer,' I was floored.

My mother passed away from ovarian cancer at age 50. My grandmother had breast cancer as well. I had been going to the CR Wood Cancer Center in Glens Falls initially. Given my family history, after my diagnosis I started seeing a doctor who specializes in female cancer at Sloan Kettering in New York City.



"I've talked to a lot of women who have found something, and it's been poo-pooed. You have to be proactive. You have to push to get the diagnostics you need to discover it early."

Lisa Grassi-Bartlett

down to New York City every week on the train for the reconstruction phase. When they did the mastectomy, they put expanders in my chest. They added saline little by little every week, because there was no breast tissue to build off of. Four years ago, I had the implants replaced. They wear out, you know, like a tire.

I've talked to a lot of women who have found something, and it's been poo-pooed. You have to be proactive. You have to push to get the diagnostics you need to discover it early. Recently, I was having burning behind the implant on my left breast. My OB wants to do an MRI. My insurance doesn't want to pay for it. I'm like, 'I'm a 17 year breast cancer survivor! And you're not going to pay for my MRI?' Then my breast surgeon tried to get it through, and my insurance still won't pay for it. I'm going to have to pay out of pocket. That's with Fidelis. If I can't get an MRI, as a 17 year cancer survivor, who on earth can? It's crazy.

I don't think I have a heroic story. I only gave up a body part. I just watched my friend Joann go through torture and back. That's why I say for me it feels like I got off with a band-aid.

It's the not knowing the whole time, that's the worst. Once you know what you're up against or not up against, it's totally different. Statistically, the majority of the time women find their own lump. The most important thing is to not ignore it, and not settle. Get the diagnostics you need to diagnose you early on. You really have to be proactive and advocate for your own health.

In Glens Falls, they had recommended radiation for the shaded area. When I went down to Sloan, they did an MRI. They found an additional suspicious area on the bottom of my right breast. Had I been radiated just in the 2 o'clock area, who knows how I would have ended up. I'm very fortunate. They also found that one of the makeups of my carcinogens was HER2-positive, which is a more aggressive form that grows more rapidly than other types. My doc-

tor recommended a double mastectomy because of my family history.

I had the surgery down at Sloan Kettering. I had to pay about \$50,000 out of pocket, because even with all referrals from my physicians, my insurance company would not cover all of it. I'll give Aflac a little plug—they were sending me money like crazy to reimburse me for travel and everything. We had just signed up for their cancer policy.

After the mastectomy, I had to go

Follow these steps to do a **SELF-EXAM**

GREEN SHOOT MEDIA

You should be checking your breast for changes at least once a month, according to the National Breast Cancer Foundation and Johns Hopkins Medical Center. About 40% of diagnosed breast cancers are detected by women who feel a lump and get it checked out. Here's how to properly conduct a self-exam.

It's Not a mammogram

A self-exam is useful, but remember, it's not the same as a mammogram or other imaging that can detect cancer in its very earliest stages.

For the most effective medical care, combine self-exams with regular doctor's appointments and age- and health-appropriate cancer screenings.

Some signs to look for during your breast

exam are nipple tenderness, lumps, thickening, changes in skin texture or enlargement of pores in the skin of the breast. Also examine your underarm area as the breast tissue spreads around your sides and armpits.

Lying down

When lying down, your breast tissue will spread against the chest wall. Place a pillow under your shoulder and raise that arm above your head. Using the opposite hand, move the pads of your fingers around your breast, covering the entire area and armpit. Use light, medium and firm pressure. Check for nipple discharge and lumps, then repeat for the other side.

In front of a mirror

With your arms at your sides, look at your breasts as you raise your arms over



ADOBE STOCK VIA
GREEN SHOOT MEDIA

your head. You're looking for changes in the contour, swelling, dimpling of the skin or changes in the nipples. Rest your palms on your hips and press firmly to flex your chest muscles. Look for dimpling, puckering or changes, particularly on one side. Don't be alarmed if your breasts aren't symmetrical; most women's aren't.

In the shower

Hold one arm up and behind your head. Using your fingertips, check the entire

breast and armpit area on that side by pressing down with light, medium and firm pressure. Look for lumps, thickening, a knot or any other changes.

If you notice any changes, don't panic. Most lumps aren't cancer. But you do need to check with your doctor for a clinical exam whenever you have concerns. Combined with regular medical care and more in-depth screening, such as mammography, self-exams are a powerful tool in the early detection and successful treatment of breast cancer.

THE BREAST CENTER AT GLENS FALLS HOSPITAL CELEBRATES

Breast Cancer AWARENESS MONTH

Warren, Washington and Hamilton Counties
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Cancer Services Program

Your partner for cancer screening, support and information

Statistics show about 1 in 8 women will develop breast cancer in their lifetime. Detect it early at the Breast Center at Glens Falls Hospital.

The Breast Center partners with the Cancer Services Program of Warren, Washington and Hamilton Counties who provides free breast exams and breast cancer screening, free cervical cancer screening and free colorectal cancer screening to women 40 to 64 years of age who do not have health insurance coverage. This program is supported with funds by the state of New York.

The Breast Center at Glens Falls Hospital provides a comprehensive approach to women's health. From 3D mammography to ultrasounds and biopsies, we are here for you every step of the way.

In honor of Breast Cancer Awareness Month, we encourage you to schedule your annual mammogram today. Call the Breast Center at Glens Falls Hospital at 518.926.5333.



Glens Falls Hospital

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SURVIVOR STORY | BY ANDREA HARWOOD PALMER

STEPHANIE HILL

“I was 38 years old. I had stopped breastfeeding my 7 month old baby girl and noticed there was a lump. I was thinking it was a clogged milk duct. It was tiny at that point. A couple months later, I felt it again in the shower and it was way bigger.

I made an appointment to have it looked at, thinking it might be a cyst. Those are common in my family. Then I got the phone call. My doctor said, ‘I don’t mean to be insensitive, but we need to get you into treatment immediately.’

I just couldn’t believe it. It’s one of those things you read about in a book or see in a movie. You never think you will hear the words spoken to you. When I first made my appointment, I really wasn’t thinking about the seriousness of it. I thought it was just a little cyst they were going to take out. I didn’t realize the seriousness of it until I physically went into the office for more information.

I was putting a lot of my faith in God. I felt like I would be protected, and I think that helped my thinking. I didn’t want to get stuck in a negative mind-state. It would have just made treatment even worse and more stressful. I wanted to keep a positive frame of mind. I kept believing that God would get me through it, and that everything was going to be okay.

My pathology reports came back between a Stage 1 and Stage 2. It was triple negative ductal carcinoma. My doctor

told me there was only one treatment plan for it, and that was surgery, chemotherapy and radiation.

It was a lot of information at once, and the type of cancer I had made it even more scary. It has an 85% chance of coming back within the first 5 years. My kids were 11 and 9 years, and 7 months old at the time.

My doctor suggested genetic testing to check for markers, which helps determine if a lumpectomy or double mastectomy is the best approach. Fortunately, mine came back as non-genetic, so we were able to do just the lumpectomy.

The cancer made me lose a lot of weight, really fast. I had been breastfeeding, but I was shocked at how rapidly I was losing weight. I had cancer and didn’t even know it for awhile.

My sense of taste is different since my treatment. Water tastes funny. French fries don’t taste right. Also, the chemo caused osteoporosis, which is common. I broke my foot recently, from what would have otherwise been a minor injury. I bruise very easily now.

It was really hard going through this during COVID. Before the Coronavirus, I had brought my baby with me to all my appointments. I wasn’t able to do that for all of my appointments with COVID. I had to go by myself. It’s not a very fun thing to go through by yourself.

I completed my last treatment on June 23rd of this year. From now, I’ll get tested every 6 months. So far, the prognosis is good. My doctors were really great. I had full trust in all of them.”

“I was putting a lot of my faith in God. I felt like I would be protected, and I think that helped my thinking. I didn’t want to get stuck in a negative mind-state. It would have just made treatment even worse and more stressful. I wanted to keep a positive frame of mind.”

Stephanie Hill



TAKE NOTICE OF CHANGES IN THE BREAST

GREEN SHOOT MEDIA

A change in breast tissue doesn't automatically mean you have cancer. Some changes in the breast are normal for your stage of life. If you're concerned, of course call the doctor, but there's probably not a reason to panic.

Probably not anything to worry about

Many changes in the breast are because of fluctuating hormones, such as when a woman is about to start her menstrual cycle or when she's pregnant. Here are some times you may notice a difference in your breasts that's not worrisome:

■ **Before or during your cycle:** Your breasts may feel swollen or tender, and that's normal. You may even feel a lump because of extra fluid in your breast. You should always call a doctor if you feel a lump, but the doctor may schedule a return visit when you're not on your cycle to check the breast.

■ **During pregnancy:** Your body undergoes a lot of changes during pregnancy, and one of them may be larger and more painful breasts. They may even feel lumpy as the glands that produce milk gear up for breastfeeding. While breastfeeding, you may also get a painful condition called mastitis when a milk duct becomes blocked. Mastitis causes the affected breast to become warm and feel lumpy and painful. You can get medications from your doctor to help.

■ **Before and after menopause:** Your hormone levels are changing, and that can make your breasts feel tender and lumpy. As your levels drop off after menopause, these conditions usually stop.

■ **If you're taking hormones:** You may be utilizing menopausal hormone therapy or taking birth control. These hormones may cause your breasts to become more dense, making a mammogram more difficult to read. Let your provider know about these and all other medications you take.



ADOBE STOCK VIA GREEN SHOOT MEDIA

Symptoms to be concerned about

If you feel any change in your breast that you're worried about, even if it's explained by one of the above reasons, call your doctor and have it checked out. Some symptoms that should raise a red flag are:

■ **A lump or firm feeling in your breast or under your arm:** It could be a hormonal change, but it could be something more nefarious. Do regular self-exams so that you know what your breasts feel like but remember, they are no substitute for a mammogram.

■ **Nipple changes or discharge:** This discharge can be any of several colors or textures. It could be something as simple as an infection of the side effect of medications, but it should always be checked out.

■ **Itchy, red, dimpled or puckered skin:** Again, this could just be minor irritation, but it could be something worse. Call the doctor.

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SURVIVOR STORY | BY ANDREA HARWOOD PALMER

MELISSA IVES

“I went in for my mammogram this past May as a follow-up to a routine physical. They asked me to come back for another. I didn’t think much of it. Then I got a call the following week, saying I needed a biopsy. Within 3 days, I had a cancer diagnosis.

I had no signs of breast cancer. It was found on that routine mammogram—otherwise, I would never have known it was there until it was much further along.

I had the biopsy done at the end of May, and my doctor called me on June 1st and asked me to come into her office. She said, ‘This isn’t good news, but it also isn’t the worst news!’ She told me I had breast cancer, but that it was a noninvasive cancer completely contained within the milk duct, Ductal Carcinoma In Situ (DCIS). That means it hasn’t invaded elsewhere. But it can become invasive if it breaches the duct wall.

I was in shock. It didn’t seem real at first. I remember sitting in my car outside the doctor’s office, looking at the pathology reports from the biopsy. It felt like it was for someone else. I thought, ‘This can’t happen to me. I’m the one who doesn’t get sick! For the first time in my life, I felt like I wasn’t invincible.’

If there’s a fundraiser, I’m the first one to volunteer or make a basket. I never imagined I would be on the other side of it.

So I was caught at Stage 0, before it became invasive. When cancer is caught at that stage, it’s almost always curable. Once it breaches the duct wall and goes into the surrounding breast tissue, it becomes invasive cancer and is Stage 2 immediately.

It was strange, it felt like good timing when I was diagnosed. With COVID, everything was shut down. There were tons of appointments available, because no one was going to the doctor. In one respect, life was moving slower. It took some of the stress out. If it had happened during non-COVID times, we would have been going to multiple sporting events, practices, to and from school, travelling for work... all that stuff was on hold when I was diagnosed. In one respect, it made

“I just turned 42. I’m young. I want to tell other women in my age group who think they’re invincible like I did—you’re not.”

Melissa Ives

my diagnosis a little easier. Another thing is, there were so few people going to the doctor, I had a lot of available appointment times to choose from. I don’t think the speed of my treatment would have happened outside of COVID. I would have had to wait longer for appointments.

I had a lumpectomy. They removed the area where they saw the tumor, and the existing tissue around it. After surgery, I went through radiation. I did that because radiation catches any cancer cells that might be left behind. Healthy cells can reproduce and replace themselves, but cancer cells cannot. So radiation kills all cells, and then healthy cells come back and cancer cells do not.

I had 33 radiation treatments over 6 weeks, which was nearly every day. It’s not as horrible as it sounds. The CR Wood Cancer Center has such a great process in place. Since I work in Saratoga, I went to that location for radiation. I would leave my workplace at 12:15pm, go get radiation treatment, and be back at my desk by 12:40pm. They are amazing. They have everything set up, you do your treatment and you’re out.

When I go to the Center for my follow-up appointments, I see people who have it much worse than I did. I feel so grateful and thankful that I caught this so early. If I had caught it later, not only would my prognosis be less positive, but I would have had to go through much harsher treatment.

The one calming force throughout everything were the Nurse Navigators at the Cancer Center. You just have all this new information you’re trying to process. You don’t really know what to do with. And the hard part about going through cancer during COVID is that I had to do everything by myself. There were no visitors



allowed. My husband dropped me off for surgery and picked me back up, like take-out. After my diagnosis, I was in shock. Vicki Yattaw from the Cancer Center called me. She literally sat with me on the phone for over 2 hours, going through my biopsy results and explaining everything it to me in detail. She gave me an idea of what to expect for treatment and everything along the way. It gave me that extra bit of comfort. Vicki said to me, ‘You just inherited the nicest group of stalkers for an indefinite time in your life. If you ever need anything, if anything ever comes up—we’ll be here for you!’

Emotionally, having to do things by yourself is really hard. They’re telling you life changing information from behind a mask. Providers will tell you how hard it is too. They want to hug you. They want to comfort you. They want to see your face. As many times as I saw my radiation oncologists, I’m not sure I would recognize them without a mask on. It takes the personal aspect away from it a little, which is really hard.

The tumor removed from my body had a nuclear grade 3, which means it was at the highest risk of eventually becoming invasive cancer. If I hadn’t caught it as early as I did, the chances of it becoming invasive were very high.

You never think it can happen to you, and then it does. My wish is that other people would not put this off. With technology now, they can catch this so

much earlier. To be told you have cancer, and then be told your type of cancer is 99% curable because of how early it was caught, is huge.

I have good insurance, and I still had to pay out of pocket quite a bit. I can’t imagine how someone who doesn’t have insurance manages. It makes you appreciate things you took for granted in the past.

I just turned 42. I’m young. I want to tell other women in my age group who think they’re invincible like I did—you’re not. I get it that mammograms are uncomfortable. But that 20 minutes of my time may have given me 20 more years with my kids, or more. Because it was caught early. I hope that other people take advantage of diagnostic testing. If your insurance does not cover it as a preventative procedure, there are programs out there that can help you pay for it.

I’m healthy. I feel great. I’ll go back for scans periodically, and as for right now, I’m in the 99% curable percentile. The odds are very much in my favor. My doctors are not concerned.

Everyone I met along the way went above and beyond. I’m so lucky to have a great group of friends in this community. As soon as my friends heard, they were sending me meals and GrubHub gift cards. They were amazing. I feel lucky to live in this area with such a great care system and support network. There are good people here.”

What you need to know before you get a **MAMMOGRAM**

GREEN SHOOT MEDIA

Mammograms are X-ray pictures of your breast used to help detect breast cancer early, a time when the disease is most treatable. Regular mammograms are some of the best tests doctors have to detect breast cancer early, the Centers for Disease Control and Prevention says.

When should I get a mammogram?

The American Cancer Society recommends regular, annual mammograms for women 45-54 years old. Before then, women over 40 can start to have the annual screening with mammograms if they or their health care providers choose to. Women 55 and older can switch to mammograms every two years if they want.

Screening should continue as long as a woman is in good health and expected to live 10 or more years. Because of family history, genetics or other factors, some women should also get MRIs along with their mammograms.

How is a mammogram done?

You'll stand in front of an X-ray machine and a technologist will place your breast on a clear plastic plate. Another plate will firmly press your breast from above. The steps are repeated for a side view.

The technologist will not be able to tell you your results, which will instead be handled by a radiologist. It may be uncomfortable, but it will only take a few minutes. Try not to schedule your mammogram near your menstrual cycle as this can make your breasts more tender and the X-ray more uncomfortable.

Don't wear perfume, deodorant or powder as these products can show up as white spots on the mammogram. Try to wear a top with a skirt or pants instead of a dress as you'll need to undress from the waist up.

When will I get my results?

You will usually get your results within a few weeks. If you haven't heard within 30 days, contact your health care provider or the mammography facility. If your mammogram is normal, you should continue to get mammograms at the regular intervals. Mammograms work best when they can be compared with previous ones.

If your mammogram is abnormal, that doesn't necessarily mean you have cancer, but you should have additional mammograms, tests or exams. You may be referred to a breast specialist or a surgeon, but again, that doesn't mean you have cancer or need surgery. These doctors are experts in diagnosing breast problems and they can do follow-up tests.

a team approach



We're the region's leading provider of services for the prevention, diagnosis and treatment of breast disease. We've put together the advanced technology, the expert team, and the commitment to a comprehensive approach, so women can feel confident that they are being cared for completely.



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SURVIVOR STORY | BY ANDREA HARWOOD PALMER

JANET PRATT

“It’s been a year and a half journey that kind of ended yesterday.

It was April 2019. I had felt a lump a few months before, in February. I kind of thought it was just a cyst and waited to see if it would go away. It didn’t. I set an appointment in April, right after my last family vacation. The doctor wasn’t concerned, but said I could get a mammogram and ultrasound if I wanted to. I said I would like to do that.

During the mammogram, the technician just kept taking more and more pictures. I thought, ‘Something’s not right!’ When I had the ultrasound, she was looking at my lymph nodes and asked if I’d noticed anything with them. The original nurse came in and said, ‘We put in a referral to the surgeon,’ which alerted me that something wasn’t right. The next week I had a breast MRI, which is when you go face first into the MRI machine. So that was super fun. Then I met with the surgeon, who said I needed some biopsies. I had 4 biopsies done.

On May 24th, 2020, my doctor told me I had stage 3A breast cancer. I was 36 years old. My daughter Amy was 18 months old. We were just starting to get going with parenting and hoping to have a 2nd child. And then boom, nope. I was told my cancer was hormone positive and that it was probably not a good idea for me to conceive my own children going forward, because of the hormones that drive the cancer to grow. I was able to have eggs harvested and frozen as embryos with my husband Mike. So we have 7 little babies hanging out in our freezer.

A little less than a month later, I had a double mastectomy. Dr. Scalia and Dr. Singh did that for me, and they’re wonderful. I had a month and a half recovery, then started chemotherapy on July 29th.

I had chemotherapy until December of 2019. I lost my hair. I had lots of different symptoms and complications. I was out of work for awhile.

My cancer is HER2-positive. I’m lucky because I was triple positive, which is the easiest one to treat. I had targeted therapy every three weeks for a year, and I just finished that on September 21st of this year. I



just got my port out last Thursday.

It was devastating to get my diagnosis. It changed my entire outlook on life. My daughter was so young. But we have such supportive family and friends. People have just come out of the woodwork to support us—we are so lucky.

I never felt alone in this. I had 2 other friends going through this at the same time as me, and there was a lot of support from them as well. Now, I’m actually mentoring someone who just started her chemotherapy. She’s able to call or text me if she has questions or isn’t feeling well. It’s good to be connected to someone who’s been through it before and can sympathize.

The CR Wood Cancer Center is a phenomenal place from top to bottom. Everyone there is super nice, super supportive. They’re just wonderful, wonderful people. The doctors are informative and helpful. The nurses on the chemo floor, you develop relationships with them because you’re there so much. There’s definitely some special people in that entire center. We’re very lucky to have the in our area.

The Center has Nurse Navigators—nurses specifically trained in Oncology. They sit with you during appointments and take notes. They know you’re busy processing information and may not hear everything. My Nurse Navigator was Lisa Haas, an amazing person. She’s answered



every one of my questions and emails. She calms me down when I’m nervous. She helps me with appointments. She’s been such a blessing. Vicki Yattaw at the Center is amazing too—they’re an incredible team.

Our friends and family have been so supportive. There have been organizations that helped us tremendously. The Pink Fund organization and Livestrong Foundation were amazing. We were recipients of the South Glens Falls Marathon Dance this past fall. There are great organizations out there.

I have a cancer screening in October and then a survivor meeting on October 26th. I anticipate hearing that I have no evidence of disease. I look and feel good. I have my hair back. Life is moving forward.”



DIET, EXERCISE CAN HELP YOU REDUCE RISK OF CANCER

GREEN SHOOT MEDIA

There are lots of factors that contribute to your risk of breast cancer, not just genetics or family history. Lower your risk for breast cancer by following these tips from the Centers for Disease Control and Prevention.

Keep a healthy weight

Try to keep your body mass index, or BMI, at between 18.5 and 24.9. This is a ratio of your weight to height, but it may not be accurate for all body types. This is particularly true after menopause, the Susan G. Komen Foundation says. Talk to your health care professional about an ideal weight for you.

Exercise regularly

Physical activity helps you maintain a healthy weight, reduces risk of cardiovascular disease and diabetes, lowers your blood pressure, reduces your risk for stroke, can ease arthritis pain and reduce depression and anxiety. Get at least 150 minutes of moderate activity or 75 minutes of vigorous aerobic activity per week. Talk to your doctor before you begin an exercise regimen.

Limit alcoholic drinks

Alcohol consumption raises the risk of cancer proportional to the amount of alcohol consumed, the CDC says. That means that the more you drink, the more at risk you are for breast cancer and other cancers. Limit drinks to one per day.

Hormone replacement therapy and oral contraceptives

Women who take these kinds of replacement hormones can affect your risk of breast cancer. Talk to your health care provider about the type of therapy or birth control you take and the associated risks.

Breastfeed your children

Mothers who breastfeed their children have a lower risk of breast cancer, ovarian cancer, type 2 diabetes and high blood pressure. The longer a woman breastfeeds, the greater the benefit.

Women who breastfed for a lifetime total of more than two years got the most benefit from the practice, the Susan G. Komen says. Breastfeeding may be particularly good at lowering the risk of estrogen receptor-negative cancers, which do not need hormones to grow.

If you have a high risk of breast cancer,

there are options, Susan G. Komen says. These include risk lowering drugs such as tamoxifen or raloxifene or a prophylactic mastectomy. Talk to your doctor if you think these options are right for you.



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SURVIVOR STORY | BY ANDREA HARWOOD PALMER

ERIN SIEVERS

“I was diagnosed in April of 2016. At the time, I was 32 years old. I was breastfeeding my youngest. I had no family history, no genetic mutations. I had noticed an area on my breast that was getting harder and kind of weird, but I thought it was because of breastfeeding. Finally, my husband, Chad, said he thought something was wrong and that I needed to get it checked out.

So I went in. I never in a million years thought that I would get that diagnosis of breast cancer. I was young and healthy, I had no risk factors. I was totally shocked. My primary doc called and told me the biopsy came back positive. I was like, ‘What do you mean positive? Positive for what?’ She said, ‘Positive for cancer. You have cancer.’

I said, ‘How can that be? There’s no way!’ In my mind there was no way. I figured, I’d get this biopsy and it would be fine. There’s no way it was cancer. I wasn’t even that nervous. I had no family history. I was 32. I was in complete denial. It was a huge shock.

I found out my tumor was kind of big. It was stage 3. It was also triple negative, which is a very aggressive form of breast cancer. Most breast cancers are fueled by estrogen and progesterone hormones. With triple negative breast cancers, they don’t know what fuels the cancer. It’s generally more aggressive, with less treatment options. So I got bad news right away.

I knew I had to fight for my kids, Carter, Luke and Kevin. They were 5, 3 and 1 at the time. It was very overwhelming, but I decided I needed to get it together for my kids, and for everybody. I decided to be really aggressive with treatment. Given the circumstances, I didn’t want to leave any stone unturned. I wanted to make sure I did absolutely everything I could to fight the cancer and keep it from coming back.

I ended up getting a 2nd opinion in Boston, at the Dana-Farber Cancer Institute. They agreed with the local oncologist at Saratoga Hospital, which was good. I did chemo first, followed by a double mastectomy. The whole point of chemo is to see how the cancer responds to the treatment.

“Know your body. Do self-examinations. I was too young to have a mammogram. If you notice something is wrong, or if you find a lump or a bump, just get it checked out right away.”

Erin Sievers

With triple negative and other aggressive cancers, the treatment is typically chemo before surgery so they can see how the tumor reacts to the chemo.

During surgery, they found that my tumor had shrunk somewhat with the chemotherapy, so it was responsive, but that there was additional cancer in my lymph nodes that hadn’t shown up on other imaging. They recommended radiation as well as more chemo. That was kind of a blow. I was hoping to be done. But we hit it really hard. We had to.

After surgery, radiation and a 2nd round of chemo, I went for another visit in Boston. They said there was a clinical trial I might qualify for, which combined immunotherapy and a vaccine for triple negative breast cancer.

It was a peptide vaccine combined with immunotherapy. At that point, there were no immunotherapies that were FDA approved for triple negative breast cancer. The only way you could get it was through a trial. At this point, there are now 2 that are approved for Stage 4 cancer terminal metastatic breast cancer. It was really groundbreaking. My doctor said, ‘You’re young, this is a really new groundbreaking therapy, and I think it would be really good for you to do it.’

So I did the clinical trial in Boston. It went really well. It was tough going out there—I drove back and forth for 6 different treatments.

I finished that in 2018. I’m still in remission with no evidence of disease.

Stage 3 triple negative cancer doesn’t have great survival rates. I feel very blessed that I’m still here and did every-



thing I had to do. I’m really happy I did the clinical trials. I just had a visit in Boston this week and my doctor said eventually immunotherapy would probably be a first line treatment for triple negative cancer. A lot of the data from the trial I was part of is coming in, and looking quite positive. It was nice to be a part of that—to help develop new treatments. There needs to be some patients willing to take a chance, if we’re going to have new therapies and breakthroughs with drugs. Someone has to be willing to see how it works. I felt like it was important for me to do.

I am four years from diagnosis and two years from when my treatment ended. I had longer treatment than a lot of people. It was awesome to be all done and hear there is no evidence of disease. It’s an amazing feeling—there’s nothing better I still go to the doctor every 4 months, either to my local oncologist or to Boston. . It’s still nerve wracking. It’s a super stressful time. There are weeks when you

have your appointments, and you think, ‘I feel okay, so I’m probably okay... but what if something isn’t okay?’

Some people don’t really realize that. They think when you’re done, you’re fine. They see your hair come back, they see you look great. They don’t realize that every time you go to the doctor, and every time you talk about it, it brings everything back. I still get anxiety just going to the eye doctor, because it’s a doctors’ office. A lot of people don’t realize the long-lasting effects that having cancer has on you.

Know your body. Do self-examinations. I was too young to have a mammogram. If you notice something is wrong, or if you find a lump or a bump, just get it checked out right away. If you’re able to get a mammogram every year, go and get it done. I put it off because I thought there was no way it could happen to me, and I ended up with Stage 3 cancer. If you notice something, see a doctor right away. Don’t put it off.”

3D mammograms provide another option for women

COURTESY OF CEDARS-SINAI LOS ANGELES
Premium Health News Service

As 3D mammography, also called digital breast tomosynthesis, has become more available nationwide, a big question many women face is whether they should step up and get one. Are they safe, more effective and for every woman?

The answers are yes, yes and yes, said Cynthia A. Litwer, M.D., chief of breast imaging at Cedars-Sinai.

“I recommend 3D mammograms for all women,” the breast radiologist said. “They pick up more cancers because they’re not obscured by dense breast tissue. That is true for all women, of all ages and all levels of breast density.”

Litwer sat down with Cedars-Sinai’s newsroom to address the benefits of 3D mammography.

Q: What is 3D mammography? How does it differ from the previous technology?

A: In general, a mammogram is a low-dose X-ray that allows radiologists to look for changes in breast tissue. The gold standard in breast cancer screening has been 2D digital mammography, which takes two X-ray images of the breast, one from the top and one from the side. It identifies a large number of breast cancers, but its value is limited: The images are flat, making them more difficult to interpret because overlapping tissue can hide cancerous tumors.

3D mammography is an imaging procedure in which an X-ray moves in an arc over the breast, taking multiple images from different angles. The 3D pictures are synthesized by a computer into thin, 1-millimeter images, making it easier to see tumors. The radiologist reviews about 200 to 300 images with 3D mammography, compared to only four derived from a 2D mammogram.

Q: What additional advantages does 3D mammography have over the 2D version?

A: With 2D mammography, we sometimes have to ask patients to come back so we can get different images to confirm that no abnormality is present. With 3D mammography, that occurs less often. Studies have shown that since the advent of 3D mammography, the number of patient callbacks has decreased by 15% to 30%.

Q: Is the 3D mammogram procedure the same as 2D mammography?

A: The breast is positioned and compressed the same way in both procedures.

Q: Who should get 3D mammograms, and at what age should they start them?

A: All women should get them, especially if they have dense breasts; about 50% of women do. The availability and popularity of 3D mammography have grown notably since the Food and Drug Administration (FDA) approved it in 2011.

Yearly screening should start at age 40 for patients with an average risk for breast cancer. Women with a gene mutation such as BRCA 1 or BRCA 2, or those with a strong family history of breast cancer, should consult with their physicians – but normally we recommend they get their first 3D mammograms at age 30.

Q: Do women have to worry about false positive results with 3D mammography?

A: False positives in breast imaging occurs when a mammogram shows an abnormal area that turns out not to be a cancerous growth. With 2D mammography, 1 in 10 patients is recalled for something that may look suspicious and thus requires additional imaging. With 3D mammography, that happens less frequently.

Q: How much more radiation is used with 3D mammography compared with 2D mammography?

A: When 3D mammography is performed with 2D imaging – and many facilities still do that – the amount of radiation is increased. The amount, however, is still within FDA-approved limits. 3D mammograms alone provide an excellent overview of the breast without additional radiation.

Q: How available are 3D mammograms?

A: Many doctors’ offices in the U.S. and Europe have 3D mammography equipment. About half of the U.S. certified breast imaging centers offer it.

Q: Do 3D mammograms cost more than 2D mammography?

A: They cost about \$60 more.

Q: Does insurance cover 3D mammography?

A: It is pretty widely covered by commercial insurance providers, Medicaid and Medicare. Check with your insurance company before your procedure. Imaging centers can assist with insurance issues.

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