

BREAST CANCER AWARENESS 2018



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 **THE SALEM NEWS**

Thursday, October 11, 2018

BREAST CANCER AWARENESS



NUMBERS AND FACTS



1 in 8 women
will be diagnosed
with breast
cancer



Every 2 minutes
a case of breast
cancer is
diagnosed



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



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

HOW TO REDUCE RISK



Exercise
regularly



Don't smoke



Drink less
alcohol



Have an annual
mammogram

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survivors live in
the USA.



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breast, survival rate is 99%.



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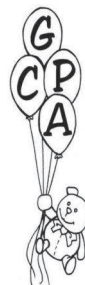


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TO OUR READERS

A journey of hope, strength and courage

It's been seven years since we began our annual Breast Cancer Awareness campaign to highlight the realities of a complex disease that's had a far-reaching impact on our North of Boston communities.

And in that time, we've seen some positive advances made — in detection, in treatment and in lives saved.

The statistics are encouraging.

The American Cancer Society says breast cancer death rates among women declined by 39 percent from 1989 to 2015. That progress is attributed to improvements in early detection and treatment protocols.

Over the last 25 years or so, 322,000 lives have been saved from breast cancer. Currently, the five-year net survival rate in the U.S. is 85 percent.

Breast cancer incidence rates also have been decreasing since 2000 after increasing for the previous two decades.

Still, the disease continues to take its toll. Each year brings news of a family member, friend or co-worker being diagnosed with breast cancer at all stages.

An estimated 266,120 new cases of invasive breast cancer and 63,960 new cases of noninvasive, or in situ, breast cancer are expected to be diagnosed in women in the U.S. this year, according to Breastcancer.org.

We strongly believe many of those patients will successfully recover and go on to live full lives. Sadly, we know all too well that others, through no fault of their own, will face more devastating outcomes.

That tells us that more work needs to be done — in research toward a cure and in advances in treatment to guarantee all women and men afflicted with breast cancer are afforded the chance to survive.

In this year's special section, you will find stories of survivors who share their experiences and offer hope for those facing their own diagnoses. We provide recommendations and advice from the medical community who are



caring for the patients in our cities and towns. We highlight breakthroughs in genetic testing and offer places to turn for more information and support — not only for those fighting the disease, but for their loved ones, too.

We are grateful for the dozens of community and business leaders who have once again stepped forward to support our campaign with their sponsorship. You'll find them throughout these pages, and we hope you join us in thanking them for making this effort possible through their generosity.

Additional copies of this special report are available in the front lobby of The Salem News. Please stop by our office at 32 Dunham Road in Beverly if you'd like a few extra to pass along to those you care about.

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1 in 8 women develops
breast cancer in her lifetime.



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FIGHT LIKE

A GIRL

A Q&A with breast health navigator Debra Gentile

Debra Gentile, RTRM, CN-BI

North Shore Medical Center

Q: I turn 40 this year. Do I really need to begin getting mammograms if I don't have a family history of breast cancer?

A: Yes, beginning annual mammograms at the age of 40 is the single most effective method for detecting breast cancer early. The exam also helps identify changes in the breast that might go unnoticed by you or your doctor. Advances in technology such as tomosynthesis, or 3D mammography, also lead to better detection and greater peace of mind.

Q: In addition to getting an annual mammogram, what else can I do to be more proactive about my breast health?

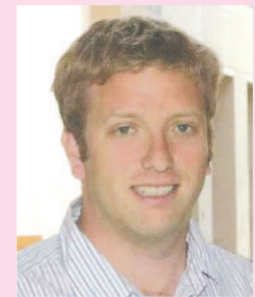
A: Monthly self-breast exams make it easier for you to detect changes in size, shape or color. If you do recognize a change, call your doctor right away. It's also important to live a healthy lifestyle — to stay active and



*Supporting those who are touched by
this disease, remembering those
who have been lost and rallying
for a cure.*



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maintain a healthy weight. Being overweight or obese, especially after menopause, increases the risk of breast cancer. Making careful choices about alcohol consumption can also decrease breast cancer risk. Studies have shown that women who have three drinks per week have a 15 percent higher risk of developing breast cancer than those who do not drink alcohol.

Q: I recently had a mammogram and an abnormality was detected. Should I be worried?

A: Most abnormalities are noncancerous breast conditions such as cysts. With further examination, including one or more specialized tests and procedures, physicians can take a more detailed look at the breast and determine whether cancer is present or a mass is benign — or not cancerous. A biopsy of breast tissue may sometimes be recommended in order to test areas of concern for breast cancer cells. Often, breast biopsy results are benign.

Q: My friend is going through treatment for breast cancer and was assigned a breast health navigator? What role does she play?

A: Breast health navigators

assist patients through the testing and treatment process and answer any questions and concerns. They act as a liaison between the patient and her physician and even talk things through with family members. Having someone to talk to is very reassuring for many patients.

Q: My sister recently had a mammogram and completed a risk assessment questionnaire. What is this?

A: During a patient's annual mammogram, North Shore Medical Center offers a risk assessment questionnaire that helps identify women who may be at an increased risk of developing breast or other cancers based on personal and family history information. If a patient is identified as having increased lifetime risk of breast cancer, she will be directed toward additional testing and counseling as necessary. This assessment also adds valuable information to the patient's health record.

Q: I'm a busy working mom. How can I fit a mammogram into my schedule?

A: North Shore Medical Center offers mammography in four locations throughout the North Shore, with many

offering evening and weekend hours. Mammography services are available at:

- **NSMC Salem Hospital:** 81 Highland Avenue, Salem
- **NSMC Outpatient Services:** 1 Hutchinson Drive, Danvers
- **Massachusetts General/North Shore Center for Outpatient Care:** 102-104 Endicott St., Danvers
- **NSMC Union Hospital:** 500 Lynnfield St., Lynn
- **Lynn Community Health Center:** 269 Union St., Lynn

Q: If additional testing reveals cancer, where do I go for treatment?

A: In the event that you do receive a cancer diagnosis, the Mass General/North Shore Breast Health Center offers care on the North Shore, provided by professionals from both North Shore Medical Center and Massachusetts General Hospital. Services include:

- Breast MRI
- Breast cancer diagnostics
- Breast surgery
- Cancer care
- Patient support services

Debra Gentile, RTRM, CN-BI, is a breast health navigator at North Shore Medical Center. To learn more about the breast health program at NSMC, visit nsmc.partners.org/breast_health.



Courtesy photo

Breast health navigators like Debra Gentile at North Shore Medical Center act as a liaison between a patient and a physician and provide guidance through the testing and treatment process.

Mammograms: Screening out the myths

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



Myth: I'm too young for a mammogram.

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

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

Fact: The American College of Radiology recommends annual screening mammograms regardless of symptoms or family

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

history. Early stage breast cancers may not exhibit symptoms. Women whose breast cancer is caught in its earliest stages have a five-year survival rate of 99 percent.

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

Fact: Women with breast implants can

still have regular mammograms. Special positioning and additional images may be needed, but the procedure is possible.

Myth: Mammograms are ineffective.

Fact: According to British Columbia Cancer Screening, mammograms are the gold standard for detecting breast cancer early. Mammograms may detect breast cancer two to three years before a woman or a health care provider can feel lumps.

Myth: Mammograms are foolproof.

Fact: Mammogram screenings are not perfect and are just one tool in helping to detect cancer. Age or breast density can influence the appearance of breast tissue on mammograms. It's important to note that the inherent qualities of the cancer and how it responds to treatment can affect outcome — even if the breast cancer is detected earlier, according to Johns Hopkins Medicine.

Myth: Mammograms are the only imaging tools.

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

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

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

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

Knowing breast anatomy is important for health

The breast cancer advocacy and research group Susan G. Komen indicates that, according to the most recent data available, 1.7 million new cases of breast cancer occurred among women worldwide in 2012.

Western Europe, North America and northern Europe have the highest breast cancer incidences in the world, according to the International Agency for Research on Cancer and the World Health Organization.

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

The structure of the breast is complex and composed of fat, glandular tissue, connective tissue, lobes, lobules, ducts, lymph nodes, blood vessels and ligaments.

The following is a breakdown of the common components of the breast:

■ **Fat cells:** The female breast is largely fat cells called adipose tissue. This tissue extends from the collarbone down to the underarm and across to the middle of the rib cage. The main purpose of adipose tissue is to store energy in the form of fat and insulate the body.

■ **Lobules:** Each breast contains several sections that branch out from the nipple. Lobule glands make milk and are often grouped together to form lobes. There may be between 15 and 20 lobes in each breast, according to the Cleveland Clinic. Each lobe has roughly 20 to 40 lobules.

■ **Ducts:** Connecting the lobules are small tubes called ducts. The ducts carry milk to the nipples of the breasts. There are around 10 duct systems in each breast, each with its own opening at the nipple.

■ **Nipple:** The nipple may be the most recognizable part of the breast. It is in the center of the breast. The lobules will squeeze milk into the ducts, which then



transfer it to the nipples. Most nipples protrude outward, but according to Health magazine's medical editor Roshini Rajapaksa,

M.D., some women have flat or inverted nipples. The nipples do not have a singular hole for the milk to come out like an artificial

bottle nipple. Rather, there are many lactiferous duct outlets in each nipple that correspond to the ducts in each breast.

■ **Lymph system:** Snaking through the adipose tissue are lymph vessels and nodes. The lymph system distributes disease-fighting cells and fluids as part of the immune system, according to the National Breast Cancer Foundation Inc. Bean-shaped lymph nodes in fixed areas through the system filter abnormal cells away from healthy tissue.

■ **Areola:** The areola is pigmented skin surrounding a nipple. The areola contains tubercles called Montgomery's glands, which secrete lubricating materials to make breastfeeding more comfortable.

Changes in any areas of the breast may be indicative of cancer. That is why women are urged to understand their breasts' "normal" appearance and feel so they can recognize any changes and address them with a doctor right away.



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BRYAN EATON/Staff photos

From left, Dina Crawford, Carol Gamble, Ilene Harnch-Grady and Arleen Damon, together with Rose Russo, not pictured, are the founders of North of Boston Cancer Resource, a comprehensive digital resource guide to complementary health care services for cancer patients and their families.

A complementary assist

North of Boston Cancer Resource offers a place for patients, families to turn

By JILL OESTREICHER
GROSS
CONTRIBUTING WRITER

People diagnosed with cancer — and their loved ones — need special support to get through the

challenges of the illness, and a new website portal is helping to provide just that.

North of Boston Cancer Resource offers a database of vetted services designed to complement chemotherapy, radiation and surgery.

It was conceived by five area women with a connection to cancer.

The steering committee, all volunteers, first convened in August 2016, and this past June, the first part of their dream was realized

when the website launched.

“Complementary therapies are incredibly important to go alongside conventional treatment,” said founding member Ilene Harnch-Grady.

Harnch-Grady is the director of the YWCA of Greater

Newburyport’s Encore, a free, 12-week program for people with a cancer diagnosis.

“This is a critical piece of going through your treatment and beyond,” she said. “If we can make life easier for people with a diagnosis,

that changes their world, it makes the journey that much easier. The big word here is support.”

The comprehensive digital resource guide spans several cities, including Newburyport, Haverhill,

Danvers, Salem, Andover and Lynn. Hundreds of complementary programs integrated with cancer treatment are listed, such as wig fitting, oncology massage, gentle yoga and exercise programs, and support and stress reduction groups.

“When people can release tension and stress and relax, treatment goes better,” said Carol Gamble, another founding member of the resource network with decades of health care experience.

She is a certified yoga teacher and volunteer at the Anna Jaques Cancer Center in Newburyport. Arleen Damon, Rose Russo and Dina Crawford are also part of the steering committee.

The group used input from cancer survivors to structure the guide and is continually adding to it. In order to be included on the website, each resource completes an application that includes a personal statement, a listing of credentials and an interview — a process that authenticates the listings for patients and medical providers.

Gamble recalls a cancer survivor at one of her recent yoga classes.

“She was standing in mountain



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

pose and just beaming,” Gamble said, explaining how rewarding it was to see her student at peace while overcoming her diagnosis with a complementary therapy.

Many programs on the site have a fee, but some programs are available for no charge or on a sliding scale, such as Healing With Hope, a yoga and meditation support group run by Harvey Zarren, M.D., at North Shore Medical Center in Lynn, and a gentle yoga class led by steering committee member Damon, a two-time breast

cancer survivor, at Roots to Wings Yoga & Healing in Newbury.

Initial funding for the development of the site and related promotional materials came from Anna Jaques Hospital, Lahey Health, Swasey Foundation, and Montbleau and Associates. The group attracts the attention of patients and potential resources that seek to be included through area medical providers, cancer-related events, Facebook and word-of-mouth.

“North of Boston Cancer

Resource and the complementary care they are providing, both in our clinic and in the community, has already shown measurable benefits in patient care and continues to exceed our expectations,” said Jonathan D. Eneman, M.D., medical director for Anna Jaques Cancer Center, affiliated with Beth Israel Deaconess Medical Center. “I cannot thank this group enough for all of their dedication and care.”

Gamble said oncology physicians understand the need for additional patient services and support before, during and after treatment.

“Physicians want to know people are reliable,” Gamble said of the programs and services listed on the site, which she stresses is still a work in progress. “They’re entrusting us with these very special people.”

Harnch-Grady agrees.

“Providers understand it’s not just chemotherapy, radiation or surgery,” she said. “It’s also about the process before and after.

“The whole idea is to enhance the well-being of people who have cancer,” she said, emphasizing the physical, emotional and spiritual programs available for cancer

A DATABASE OF SUPPORT

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

- 978-225-3452
- info@nbcancerresource.org
- nbcancerresource.org
- facebook.com/nbcancerresource

patients and their families on the North Shore.

While concrete figures on the number of site visitors and clicks on the website are not yet available, the steering committee is looking to the future and the dream of one day possibly opening a physical wellness center for people with cancer, using the Dempsey Center in Lewiston, Maine, as inspiration.

Fundraising and possibly obtaining an official nonprofit status are next on the group’s to-do list.

“We’re looking to expand the network and the support for it,” Gamble said. “This has to be sustained. It can’t just be a pretty website.”

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- Eileen McNeil, breast cancer survivor
- Rita Mullin, breast cancer survivor
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A BOOST FOR #KARASTRONG

Beverly softball squad rallies for teammate with breast cancer



Kara McGarigal poses with her teammates and her daughter, Sophie, during the "Bras Out for Breast Cancer" fundraiser on Aug. 16.

When you're part of a team and one of your teammates is in need, there's only one thing you do — you grab the ball and pitch in.

That's exactly what members of Kara McGarigal's softball team did over the summer.

The Beverly Women's Softball League turned its final regular-season games on Thursday, Aug. 16, at Innocenti Park into a "Bras Out for Breast Cancer" fundraiser to help McGarigal with her medical expenses. The single mother from Beverly was diagnosed with breast cancer in June.

The players dressed in pink and added bras to their uniforms in honor of McGarigal, who threw out the first pitch of her team's game.

McGarigal was touched by the show of support by the league and her team, which went on to win the league championship the following week.

Between donations collected at "Bras Out for Breast Cancer" and the contributions that followed, the effort raised \$4,000 for McGarigal, who underwent a mastectomy last month.

As McGarigal recovers, her friends have created the hashtag #karastrong and have been sending a cardboard cutout of McGarigal — whom they have named Kickass Kara — around on adventures to show their continued support for their teammate, as well as to make her smile.

Another fundraiser — a "Cash for Kara" benefit featuring R-rated hypnotist Frank Santos Jr. — takes place Saturday, Oct. 13, from 7 to 10 p.m. at St. Peter's Episcopal Church in Beverly. The event will also include raffles, music and light refreshments. Tickets are \$20.

For more information or to make a donation, call Trish Shatford at 978-578-2774.



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JARED CHARNEY/Courtesy photos

Romayne Kwiatek makes a statement at first base.



Kara McGarigal kisses her daughter, Sophie, a senior at Beverly High School.



McGarigal poses with Kerri Boudreault as teams gather at the fundraiser.



McGarigal serves as coach at third base, occupied by Monique Fiahlo.



McGarigal checks out Spencer Deschenes' T-shirt before the games kick off.



McGarigal wipes away tears before throwing out the first pitch of her team's game.



Signs hanging up around the field lend support, along with team T-shirts stating, "Breast cancer just picked a fight with the wrong chick."



McGarigal admires Liz Hering's personalized shirt before the start of the action.

Standing up to an epidemic

Cape Ann researcher's new book takes aim at origins of cancer

BY GAIL MCCARTHY
STAFF WRITER

When Susan Wadia-Ells lost a friend to breast cancer, she took her years

of research skills and immersed herself in the subject of breast cancer and what women can do to protect themselves from the disease that now claims the



Manchester-by-the-Sea resident Susan Wadia-Ells is the author of the forthcoming book "Busting Breast Cancer: with four simple steps to keep breast cancer out of your body: Our Personal Revolution."

HADLEY GREEN/Staff photo



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lives of 113 women in the United States each day.

Wadia-Ells, from Manchester-by-the-Sea, did her master's degree work in energy economics and political development at Tufts University in Medford, and her doctorate is in feminist psychology and autobiographical writing.

But she has now spent the past decade investigating published research on what is known about why one woman develops breast cancer, while another does not.

"Breast cancer has been a massive and growing American epidemic for the past three decades, but no one is calling it that," she said. "Yet, more than 250,000 women in the U.S. will be diagnosed with breast cancer during 2018, according to the American Cancer Society — and the actual numbers might even be higher."

Wadia-Ells' forthcoming book "Busting Breast Cancer: with four simple steps

to keep breast cancer out of your body: Our Personal Revolution," is the result of her decadelong project to uncover blacked-out, ignored and misrepresented research that finally can explain to women why and how that first breast cancer cell is created, she said.

"We can no longer wait for the cancer industry to protect women's lives," Wadia-Ells said. "Breast cancer treatment is a thriving multibillion-dollar industry today. Women must take charge of our own bodies, prevent this disease and shut down this industry."

She said her book will describe:

- Why and how obesity in women of all ages helps create that first breast cancer cell.

- Why and how all birth control drugs, some IUDs and menopausal drugs are causing thousands of breast cancer diagnoses in women who may use any of these progestin-based drugs.

- Why and how sufficient

vitamin D-3 can provide protection against developing breast cancer.

- Ways to address whole-body inflammation, which raises risk factors.

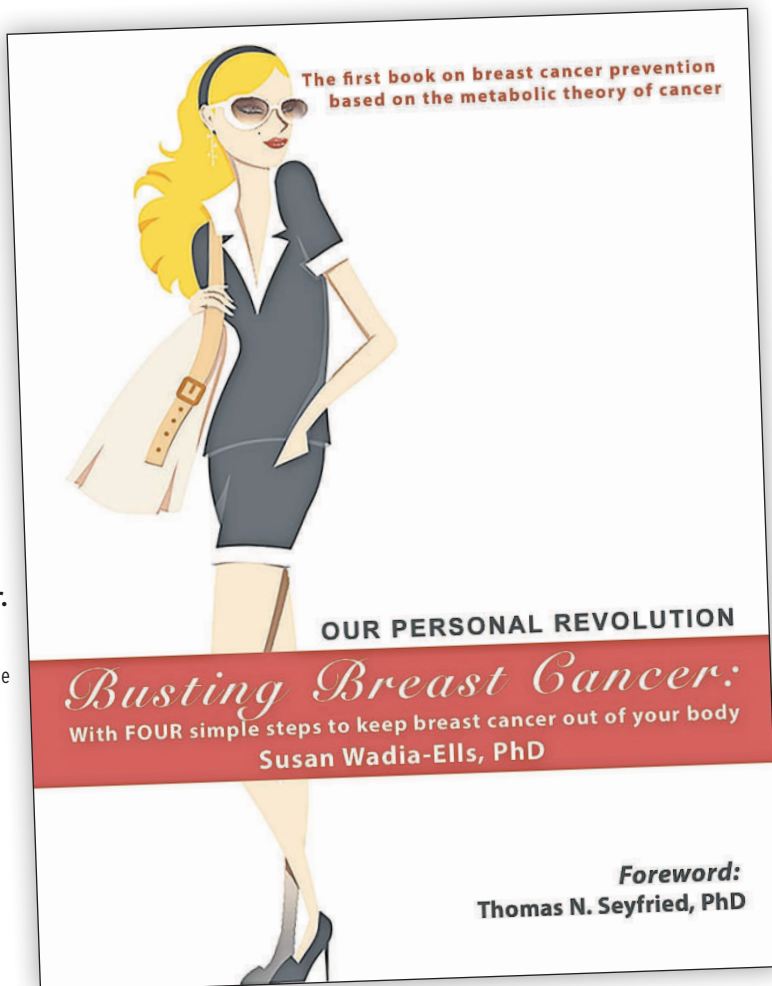
After many years of research, Wadia-Ells said she had a breakthrough moment when Boston College biologist Thomas Seyfried's groundbreaking book "Cancer as a Metabolic Disease: On the Origin, Management, and Prevention of Cancer" was published in 2012.

Wadia-Ells said that Seyfried's work pieced together long-ignored published research from past decades that illustrates and proves how cancer is "best defined as a mitochondrial metabolic disease rather than as a genetic disease."

"Happily for me, his work is the reason I was able to finally finish my 'how to' book because he pieced together a biologically sound theory on how that first breast cancer cell starts," said Wadia-Ells, who

A working cover is shown for Susan Wadia-Ells' new book, which is due out in December from Girl Friday Productions. For more information, visit bustingbreastcancer.com.

Courtesy image



contacted Seyfried to ask for his guidance and oversight as she completed her book.

“Most of the epidemiological studies about breast cancer prevention ‘do’s and don’ts’ that I had uncovered since 2008 now fell into place, once I understood the metabolic theory.”

“The new metabolic theory of cancer is all good news,” she said. “We finally understand why one woman develops breast cancer, while another does not.”

Seyfried wrote the foreword to Wadia-Ells’ breast cancer prevention book, including the following: “I applaud Dr. Wadia-Ells in boldly tackling the underlying causes of the breast cancer epidemic, and in providing practical solutions to reduce the epidemic. All women, and anyone interested in preventing cancer, will benefit from reading this book.”

Wadia-Ells said her book seeks to empower women to take responsibility for preventing breast cancer by focusing on losing excess body fat, reducing chronic stress from bad relationships and careers, and increasing vitamin D-3 levels to at least 60 ng/ml.

“Using a ketogenic lifestyle to lose all of your excess body fat, and keeping very high levels of vitamin D-3 in your body, year-round, are two of the most important steps a woman can take to keep breast cancer out of her body,” she said.

“Breast cancer has been a massive and growing American epidemic for the past three decades, but no one is calling it that. Yet, more than 250,000 women in the U.S. will be diagnosed with breast cancer during 2018, according to the American Cancer Society — and the actual numbers might even be higher.”

Susan Wadia-Ells

“By incorporating a ketogenic lifestyle, at least a few weeks each month, you can turn your body’s operating system into a fat-burning machine, enabling a woman to block breast cancer cells from taking root.”

Additionally, she touts the benefits of detoxification, which includes daily meditation practice, dry skin brushing and infrared saunas, among other methods.

“It’s critically important to cleanse the body of stress and chemicals that suffocate our breast cells’ power batteries, thus creating those first cancer cells,” she said.

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From The Staff at **Garden City Pediatrics**

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BEYOND ANGELINA JOLIE ASSESSING BREAST CANCER RISK

Lahey Health

When Angelina Jolie made the decision in 2013 to have a bilateral prophylactic mastectomy in order to reduce her risk of developing breast cancer, the Hollywood icon unknowingly started a trend.

Dubbed the “Jolie Effect,” research has shown that in the years following the actress’s public decision to have the procedure, mastectomy rates nearly doubled.

After seeing an uptick in the years following Jolie’s decision, Lahey Hospital & Medical Center has now started to see a decline in breast cancer patients opting for a prophylactic mastectomy.

According to Dr. Julie O’Brien, medical director of the Comprehensive Breast Health Center at Lahey Hospital, breast cancer patients used to reference Jolie when making the decision to have a prophylactic mastectomy.

Determining risk factor is a key tool for women in planning their approach to breast cancer.

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Mastectomy surgery: WHAT TO EXPECT

Jolie had a genetic mutation, BRCA1, that drastically increased her chances of developing breast and ovarian cancer. In fact, because of that mutation, Jolie had a 60 percent to 80 percent chance of developing breast cancer over her lifetime, compared to a less than 12 percent chance for a woman with no family history and no genetic mutation.

There are a number of reasons for the decline in mastectomy rates, according to O'Brien.

At Lahey, for example, patients debating the procedure are encouraged to consult with Dr. Cary Meyer, a behavioral psychologist to discuss additional options. There's also a focus on personalized care at Lahey that focuses on making the right decision for the patient.

However, according to O'Brien, for breast cancer patients, a prophylactic mastectomy does not improve their overall chance of survival, and it comes with its share of risks.

"It is important to note that Angelina Jolie did not have breast cancer. She had a genetic mutation in the BRCA1 gene, which put her at a high risk for the future development of breast cancer," O'Brien said. "Having the procedure can increase the chances of potential complications, and there are also side effects to mastectomy from a physical and emotional standpoint. For example, patients have permanent numbness of the chest wall following the procedure."

To help patients understand their lifetime risk of developing breast cancer, patients at any Lahey facility who are scheduled for a mammogram take a risk assessment survey that helps determine what is their calculated risk for developing breast cancer and what is their risk for having a genetic mutation. According to O'Brien, determining a patient's risk is much more informative, since only 5 percent to 10 percent of breast cancer diagnoses are secondary to a known genetic mutation, while 90 percent to 95 percent of breast cancer patients likely develop the disease from aging, hormone exposure, diet and environmental exposures.

"We are focused on getting patients to understand their lifetime risk for developing breast cancer and from there, if necessary, evaluate patients in the breast center to discuss high-risk breast cancer screening with bilateral breast MRI in combination with routine screening 3D mammography, as well as to refer patients to genetics for counseling and possible genetic testing," O'Brien said.

"Patients oftentimes rush into a decision after learning they have breast cancer because a breast cancer diagnosis is an emotionally charged one," she said. "However, the impacts from having a prophylactic surgery can be life-altering, and so, the focus must be on educating patients of their options so that they may make an informed decision."

Mastectomy is a treatment for women diagnosed with breast cancer or those who are genetically predisposed to cancer. The removal of one or both breasts, mastectomy surgery may involve removing just the breast tissue or, in some cases, the lymph nodes, as well.

Women on the precipice of mastectomy surgery will naturally have many questions concerning the procedure and projected recovery. The process of recovering is different for everyone, and not all mastectomies are the same.

The following is a general idea of what patients can expect before and after mastectomy surgery.

Before surgery

A mastectomy is performed under general anesthesia, advises the nonprofit group Susan G. Komen. Therefore, patients should expect to undergo routine physical exams and may require a surgical pre-clearance from a doctor and the surgical hospital or center. Blood tests and an EKG may be ordered, as well.

Prior to surgery, patients can begin making plans for child care, meal preparation, shopping, work requirements and more. As mastectomy is an invasive procedure, patients may experience pain and fatigue after surgery. Having various plans in play well before the surgery date can relieve some stress and help patients focus on their recoveries.

Purchase comfortable clothing that will be loose around the arms and chest. Zip-up tops or those with front buttons afford



Before undergoing mastectomy surgery, it's a wise idea to understand what's involved.

easy access. Some women also opt to get fitted for post-op garments, including a lymphedema sleeve. Lymphedema is a swelling of the area, and it is a common side effect. It is helpful to be prepared before such items are needed.

After surgery

Mastectomy surgeries typically last between two and three hours. Some may

last longer if reconstruction is performed at the same time. Patients will be admitted to a hospital stay for a day or two and moved to a recovery room, and will need to be driven home upon discharge.

Expect to be bandaged and possibly have a surgical drain at the wound site. The nonprofit resource Breastcancer.org says that the drain usually remains in place one to two weeks after surgery. Fluid will have to be emptied from the detachable drain bulb a few times per day. Sutures that are dissolvable will not require removal.

Patients should follow the recovery plans outlined by their doctors. Rest is most important during this time, so do not overdo exercise or other activities, although some movements to relieve shoulder stiffness may be advised.

Pain, numbness, itching and myriad other symptoms may occur. Take pain medications only as needed and directed. Weakness is expected in the arms and shoulders. Ask for help lifting, moving or picking up items.

Emotional side effects can be just as profound as physical ones. Fear of the cancer, body image issues and a sense of loss can occur. Having a strong support team can help, as can speaking with a professional counselor.

It can take several weeks to start feeling like oneself again after mastectomy surgery. Women should not hold themselves up to anyone else's standards and be patient and hopeful because this challenging time is temporary. Learn more at Breastcancer.org.

Weighing the breast density factor

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

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

age and BRCA1 and BRCA2 mutations increase risk more. However, at this time, health care providers do not routinely use a woman's breast density to assess her breast cancer risk, according to Susan G. Komen.

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

similar breast characteristics.

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

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

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

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



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Breast cancer primer: A glossary of medical terms

Axillary nodes: The lymph nodes under the arm.

Benign: Not cancer.

Bilateral: Affecting or about both the right and left sides of body. For example, a bilateral mastectomy is removal of both breasts.

Biobank (tissue repository): A large collection of tissue samples and medical data that is used for research studies.

Bioinformatics: The field of endeavor that relates to the collection, organization and analysis of large amounts of biological data using networks of computers and databases.

Biopsy: Removal of tissue to be looked at under a microscope.

BRCA1/BRCA2 Genes (breast cancer genes): Genes that help limit cell growth. A mutation in one of these genes increases a person's risk of breast, ovarian and certain other cancers.

Breast cancer: An uncontrolled growth of abnormal breast cells.

Breast density: A measure used to describe the relative amounts of fat and tissue in the breasts as seen on a mammogram.

Calcifications: Deposits of calcium in the breast that appear as bright, white spots on a mammogram.

Cell: The basic unit of any living organism.

Chemotherapy: A drug or combination of drugs that kills cancer cells in various ways.

Clinical breast examination: A physical exam done by a health care provider to check the look and feel of the breasts and underarm for any changes or abnormalities, such as lumps.

Clinical trials: Research studies that test the benefits of possible new ways to detect, diagnose, treat or prevent disease. People volunteer to take part in these studies.

Core needle biopsy: A needle biopsy that uses a hollow needle to remove samples of tissue from an abnormal area in the breast.

CT scan (computerized tomography scan): A series of pictures created by a computer linked to an X-ray machine. The scan gives detailed internal images of the body.

Cyst: A fluid-filled sac.

Data mining: The ability to query very large databases in order to satisfy a hypothesis ("top-down" data mining); or to interrogate a database in order to generate new

hypotheses based on rigorous statistical correlations ("bottom-up" data mining).

Diagnosis: Identification of a disease from its signs and symptoms.

DNA (deoxyribonucleic acid): The information contained in a gene.

DNA sequencing: The technique in which the specific sequence of bases forming a particular DNA region is deciphered.

Expression (gene or protein): A measure of the presence, amount and time-course of one or more gene products in a particular cell or tissue. Expression studies are typically performed at the RNA (mRNA) or protein level in order to determine the number, type and level of genes that may be up-regulated or down-regulated during a cellular process, in response to an external stimulus, or in sickness or disease.

Family history: A record of the current and past health conditions of a person's blood-related family members that may help show a pattern of certain diseases within a family.

Genes: The part of a cell that contains DNA. The DNA information in a person's genes is inherited from both sides of a person's family.

Gene expression: Process in which a gene gets turned on in a cell to make RNA and proteins.

Genetic testing: Analyzing DNA to look for a gene mutation that may show an increased risk for developing a specific disease.

Genome: The total genetic information of an organism.

Genomic testing: Analyzing DNA to check for gene mutations of a cancer tumor.

Genomics: The study of genes and their functions.

Hormones: Chemicals made by certain glands and tissues in the body, often in response to signals from the pituitary gland or the adrenal gland.

Immunotherapy: Therapies that use the immune system to fight cancer. These therapies target something specific to the biology of the cancer cell, as opposed to chemotherapy, which attacks all rapidly dividing cells.

Implant: An "envelope" containing silicone, saline or both, that is used to restore the breast form after a mastectomy.

Informatics: The science of

Tomosynthesis, or 3D mammography, uses a digital mammography machine to take multiple two-dimensional X-ray images of the breast, which are then combined into a three-dimensional image through computer software. The technology is known to better detect invasive breast cancers.

information; the collection, classification, storage, retrieval and dissemination of recorded knowledge treated both as a pure and as an applied science.

Invasive breast cancer: Cancer that has spread from the original location into the surrounding breast tissue and possibly into the lymph nodes and other parts of the body.

Lesion: Area of abnormal tissue.

Linear accelerator: The device used during radiation therapy to direct X-rays into the body.

Lumpectomy (breast conserving surgery): Surgery that removes only part of the breast — the area containing and closely surrounding the tumor.

Lymph nodes: Small groups of immune cells that act as filters for the lymphatic system. Clusters



Courtesy photo

of lymph nodes are found in the underarms, groin, neck, chest and abdomen.

Lymphedema: Swelling due to poor draining of lymph fluid that can occur after surgery to remove lymph nodes or after radiation therapy to the area.

Malignant: Cancerous.

Mammogram: An X-ray image of the breast.

Mastectomy: Surgical removal of the breast. The exact procedure depends on the diagnosis.

Medical oncologist: A physician specializing in the treatment of cancer using chemotherapy, hormone therapy and targeted therapy.

Metastasize: When cancer cells spread to other organs through the lymphatic and/or circulatory system.

MRI (magnetic resonance imaging): An imaging technique that uses a magnet linked to a computer to make detailed pictures of organs or soft tissues in the body.

Mutation: Any change in the DNA of a cell. Gene mutations can be harmful, beneficial or have no effect.

Nipple-sparing mastectomy: A breast reconstruction procedure that removes the tumor and margins, as well as the fat and other tissue in the breast, but leaves the nipple and areola intact.

PET (positron emission tomography): A procedure where a short-term radioactive sugar is given through an IV so that a scanner can show which parts of the body are consuming more sugar. Cancer cells tend to consume more sugar than normal cells do. PET is sometimes used as part of breast cancer diagnosis or treatment, but is not used for breast cancer screening.

Prognosis: The expected or probable outcome or course of a disease.

Protein: Any of various naturally occurring extremely complex substances that consist of amino acid residues joined by peptide bonds, contain the elements carbon, hydrogen, nitrogen, oxygen, usually sulfur and occasionally other elements.

Proteomics: The cataloging of all the expressed proteins in a particular cell or tissue type, obtained by identifying the proteins from cell extracts.

Prophylactic mastectomy: Prevent-

ive surgery where one or both breasts are removed in order to prevent breast cancer.

Radiation oncologist: A physician specializing in the treatment of cancer using targeted, high-energy X-rays.

Radiation therapy: Treatment given by a radiation oncologist that uses targeted, high-energy X-rays to kill cancer cells.

Radiologist: A physician who reads and interprets X-rays, mammograms and other scans related to diagnosis or follow-up. Radiologists also perform needle biopsies and wire localization procedures.

RNA (ribonucleic acid): A molecule made by cells containing genetic information that has been copied from DNA. RNA performs functions related to making proteins.

Sentinel node biopsy: The surgical removal and testing of the sentinel nodes — the first axillary nodes in the underarm area filtering lymph fluid from the tumor site — to see if the node contains cancer cells.

Stage of cancer: A way to indicate the extent of the cancer within the body. The most widely used staging method for breast cancer is the TNM system, which uses Tumor size, lymph Node status, and the absence or presence of Metastases to classify breast cancers.

Targeted therapy: Drug therapies designed to attack specific molecular agents or pathways involved in the development of cancer. Herceptin is an example of a targeted therapy used to treat breast cancer.

Tomosynthesis (3D mammography, digital tomosynthesis): A tool that uses a digital mammography machine to take multiple two-dimensional X-ray images of the breast. Computer software combines the multiple 2D images into a three-dimensional image.

Tumor: An abnormal growth or mass of tissue that may be benign (not cancerous) or malignant (cancerous).

Ultrasound: Diagnostic test that uses sound waves to make images of tissues and organs. Tissues of different densities reflect sound waves differently.

Sources: Susan G. Komen; Federal University of Rio Grande do Sul, Brazil

Key factors help determine breast cancer stage

When receiving treatment for breast cancer, women will learn about cancer staging. According to the nonprofit organization Breastcancer.org, determining the stage of the cancer helps patients and their doctors figure out the prognosis, develop a treatment plan and even decide if clinical trials are a valid option.

Typically expressed as a number on a scale of 0 through 4, breast cancer stage is determined after careful consideration of a host of factors. The staging system, sometimes referred to as the TNM system, is overseen by the American Joint Committee on Cancer and ensures that all instances of breast cancer are described in a uniform way. This helps to compare treatment results and gives doctors and patients a better understanding of breast cancer and the ways to treat it.

Breastcancer.org notes that the TNM system was updated in 2018, but before then was based on three clinical characteristics:

■ **T:** The size of the tumor and whether or not it has grown into nearby tissue.

■ **N:** Whether the cancer is present in the lymph nodes.

■ **M:** Whether the cancer has metastasized, or spread

to other parts of the body beyond the breast.

While each of those factors is still considered when determining breast cancer stage, starting in 2018, the AJCC added additional characteristics to its staging guidelines, which make staging more complex, but also more accurate.

■ **Tumor grade:** This is a measurement of how much the cancer cells look like normal cells.

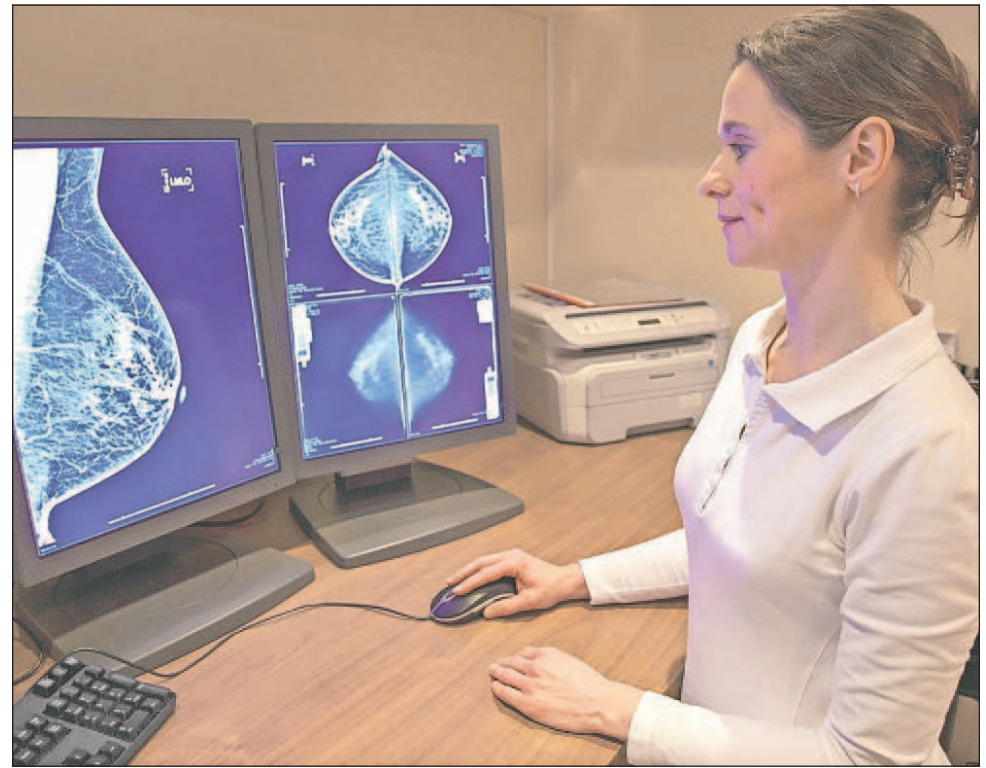
■ **Estrogen- and progesterone-receptor status:** This indicates if the cancer cells have receptors for the hormones estrogen and progesterone. If cancer cells are deemed estrogen-receptor-positive, then they may receive signals from estrogen that promote their growth. Similarly, those deemed progesterone-receptor-positive may receive signals from progesterone that could promote their growth.

Testing for hormone receptors, which roughly two out of three breast cancers are positive for, helps doctors determine if the cancer will respond to hormonal therapy or other treatments. Hormone-receptor-positive cancers may be treatable with medications that reduce hormone production or block hormones from supporting the growth and function of cancer cells.

■ **HER2 status:** This helps doctors determine if the cancer cells are making too much of the HER2 protein. HER2 proteins are receptors on breast cells made by the HER2 gene. In about 25 percent of breast cancers, the HER2 gene makes too many copies of itself, and these extra genes ultimately make breast cells grow and divide in ways that are uncontrollable. HER2-positive breast cancers are more likely to spread and return than those that are HER2-negative.

■ **Oncotype DX score:** The oncotype DX score helps doctors determine a woman's risk of early stage, estrogen-receptor positive breast cancer recurring and how likely she is to benefit from post-surgery chemotherapy. In addition, the score helps doctors figure out if a woman is at risk of ductal carcinoma in situ recurring and/or at risk for a new invasive cancer developing in the same breast. The score also helps doctors figure out if such women will benefit from radiation therapy or DCIS surgery.

Determining breast cancer stage is a complex process, but one that can help doctors develop the most effective course of treatment.



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

Did you know? Pathology reports

Pathology reports are documents that contain diagnoses after doctors have examined cells and tissues under a microscope. According to the National Cancer Institute, pathology reports, which play an important role in diagnosing and treating cancer, also may contain

information regarding the size, shape and appearance of a specimen as it looks to the naked eye.

People who are diagnosed with breast cancer may receive pathology reports that indicate the presence of tumor necrosis. According to Breastcancer.org, the

presence of tumor necrosis means that dead breast cancer cells were found within the tissue sample. Tumor necrosis, though it is often limited to a small area within the tissue sample, suggests a patient is battling an aggressive form of breast cancer.

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'BELIEVE' IN WHAT'S POSSIBLE

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



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Despite having stage 4 breast cancer herself, Priscilla Westaway has made a commitment to aiding other cancer patients through her new foundation, Believe Anything and Everything is Possible.

BY MIKE LABELLA
STAFF WRITER

What began as a small exhibition of photographs to raise money to help cancer patients and their families with expenses has transformed into a non-profit organization with the same meaningful goal.

Priscilla Westaway, a Salem native now living in Methuen, says she knows how hospital bills for cancer treatment can strain a family's finances because she's a cancer patient herself.

To raise money to help ease the financial burden of people undergoing cancer treatment at seven Lahey Health Cancer Centers, including the Lahey

Clinic in Peabody where she is treated, Westaway is holding a two-day Art Gala on Thursday, Oct. 18, and Friday, Oct. 19, in the Hartleb Technology Center on the Haverhill campus of Northern Essex Community College.

More than 100 pieces of art, including paintings, photographs, sculptures, pottery, cigar-box guitars and other works, will be available for purchase.

"I also take blown-glass classes, so my blown glass will be for sale at this event, as well," she said.

All of the artwork is being donated to the fundraiser — the proceeds from which will support Westaway's new foundation, Believe Anything and Everything is Possible.



Courtesy photos

After years of pursuing her photography, Priscilla Westaway has recently taken to the art of blown glass. Her pieces will be for sale at her Art Gala fundraiser on Oct. 18 and 19 at Northern Essex Community College in Haverhill.

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

Westaway, 51, was diagnosed in 2015 with stage 4 breast cancer, for which she continues to receive treatment.

An art major at Northern Essex Community College, she launched her first "Photo for a Cause" fundraiser last October.

"I felt compelled to do something, so I combined my love of art and photography for the pressing need not currently being addressed," she said about her reasons for initiating her original fundraiser.

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

Bolstered by the success of "Photo for a Cause," Westaway brought her fundraising to a new level by obtaining nonprofit status for her new foundation.

"We continue to give to families within the Essex County areas, and so far, we have given \$8,300 to families

IF YOU GO

- **What:** Believe Anything and Everything is Possible Art Gala
- **Where:** Northern Essex Community College's Hartleb Technology Center, 100 Elliott St., Haverhill
- **When:** Thursday, Oct. 18, 9 a.m. to 5 p.m., and Friday, Oct. 19, 11 a.m. to 8 p.m.
- **How much:** Free admission
- **More information:** [believe anything.org](http://believeanything.org)

in need," she said. "I know that does not sound like a lot, but for a foundation just starting out, I feel that we are helping a lot of families at this time."

As she explains on her foundation's new website, believeanything.org, Westaway provides patients and their families going through cancer treatments with financial assistance so that they don't have to choose between the basic necessities versus the treatments and medications they need.

"Assistance is provided in the form of gasoline cards so that patients can get to and from treatments, grocery

cards so that patients do not have to choose between food and copays for medications and taxi rides so that patients can make it to medical appointments," she said.

Westaway, a registered and certified pharmacy technician, is fully aware of what a cancer diagnosis can do to a family's budget.

"The costs are many, including PET scans, various treatments, medication, labs, doctor's visits, lengthy hospitalizations and more," she said. "And like many other cancer patients, I do holistic treatments, as well, including reiki, acupuncture and sound healing, and I eat all organic, which can get very expensive."

Westaway works closely with social workers at Lahey, who inform her of families in need.

"I've been told that the reaction by patients is often overwhelming," she said.

"We'll be hosting two or three fundraising events per year, and I'll also be seeking grants, which I could not do without my nonprofit status," she said.

In addition to her

support from NECC, Westaway said Merrimack College in North Andover

wants to become involved with the two-day art event, with the school's students

and faculty potentially donating artwork for display and sale.

October is also Domestic Violence Awareness month

Just like with Breast Cancer, early detection and awareness can save lives.



Essex District Attorney
Jonathan Blodgett

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