



Breast Cancer **AWARENESS**

SCREEN TIME

FAQ
about
breast cancer
screening

THE PHYSICAL TOLL

The effects
of breast cancer
on the body



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The Daily News of Newburyport and the Gloucester Daily Times*

Thursday, October 15, 2026

What to know about breast cancer screening

Preventive health care emphasizes healthy lifestyle choices like eating a nutritious, well-balanced diet and avoiding a sedentary lifestyle. Screening for various diseases, including cancer, is another important component of preventive health care that encourages individuals to be proactive in relation to their overall health.

Women may hear about breast cancer screening as early as adolescence. Despite that, it's common for women of all ages to have questions about breast cancer screening. Here are some of the most frequently asked:

When should breast cancer screening begin?

This is not a one-size-fits-all answer. The American Cancer Society advises

women at average risk to begin screening between the ages of 40 and 44.

Women are considered at average risk if they have no personal history or strong family history of breast cancer. Women also are considered at average risk if they do not have gene mutations linked to breast cancer or a history of chest radiation therapy prior to age 30.

While the ACS notes women at average risk have the option to begin screening prior to age 44, the organization advises women to schedule annual mammograms beginning at age 45 and to continue getting them through age 54. If screenings do not show anything by age 54, women can then choose to get a mammogram every other year beginning at age 55.

What if I am at elevated risk for breast cancer?

Women who do not meet the criteria for average risk due to personal or family history will need to begin screening much earlier. The ACS recommends women at high risk for breast cancer get a breast MRI and a mammogram every year beginning at age 30. But the ACS also advises women to make this decision after careful discussion with their health care team.

It's also notable that the ACS indicates that an MRI should never be substituted for a mammogram, as it's possible an MRI will miss cancers a mammogram will find.

What is a 3D mammogram?

3D mammography is a relatively new screening

option that has piqued many women's curiosity in recent years. Brown University Health reports that a 3D mammogram rotates in an arc and takes X-rays of the breast at different angles, ultimately producing a more detailed view for radiologists to examine. This tends to detect more cancers and produce fewer false positives.

By contrast, a 2D mammo-

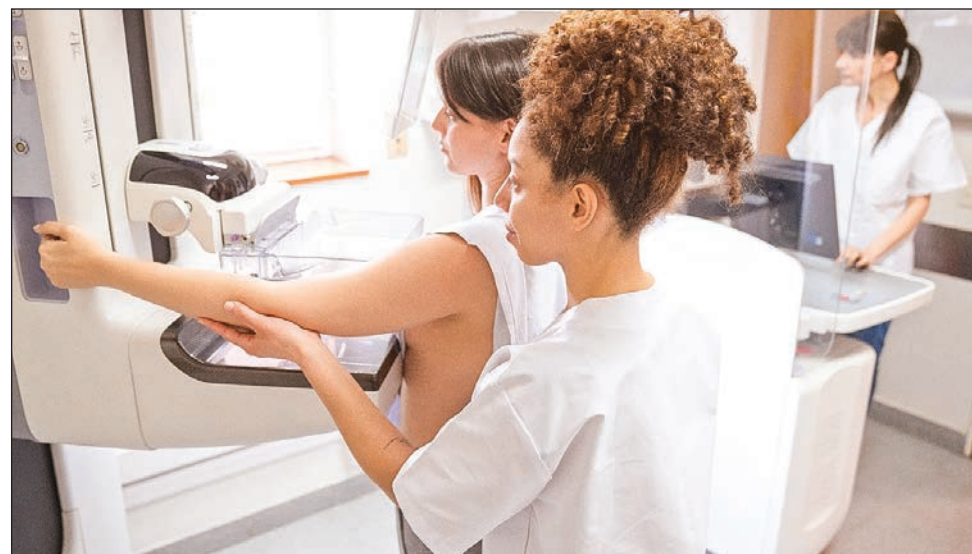
gram takes single X-rays at two different angles. But the ACS notes many breast imaging centers do not have 3D mammography. If given the choice between a 2D mammogram or none at all, women should always get the 2D mammogram.

Are mammograms foolproof?

While mammograms are highly effective at detecting

breast cancer, they are not perfect. The O'Neal Cancer Center notes that dense breast tissue can make breast cancer detection more difficult.

Because no screening is perfect, it's imperative that women adhere to screening guidelines even if results are consistently negative and they do not feel anything unusual during self-examinations.



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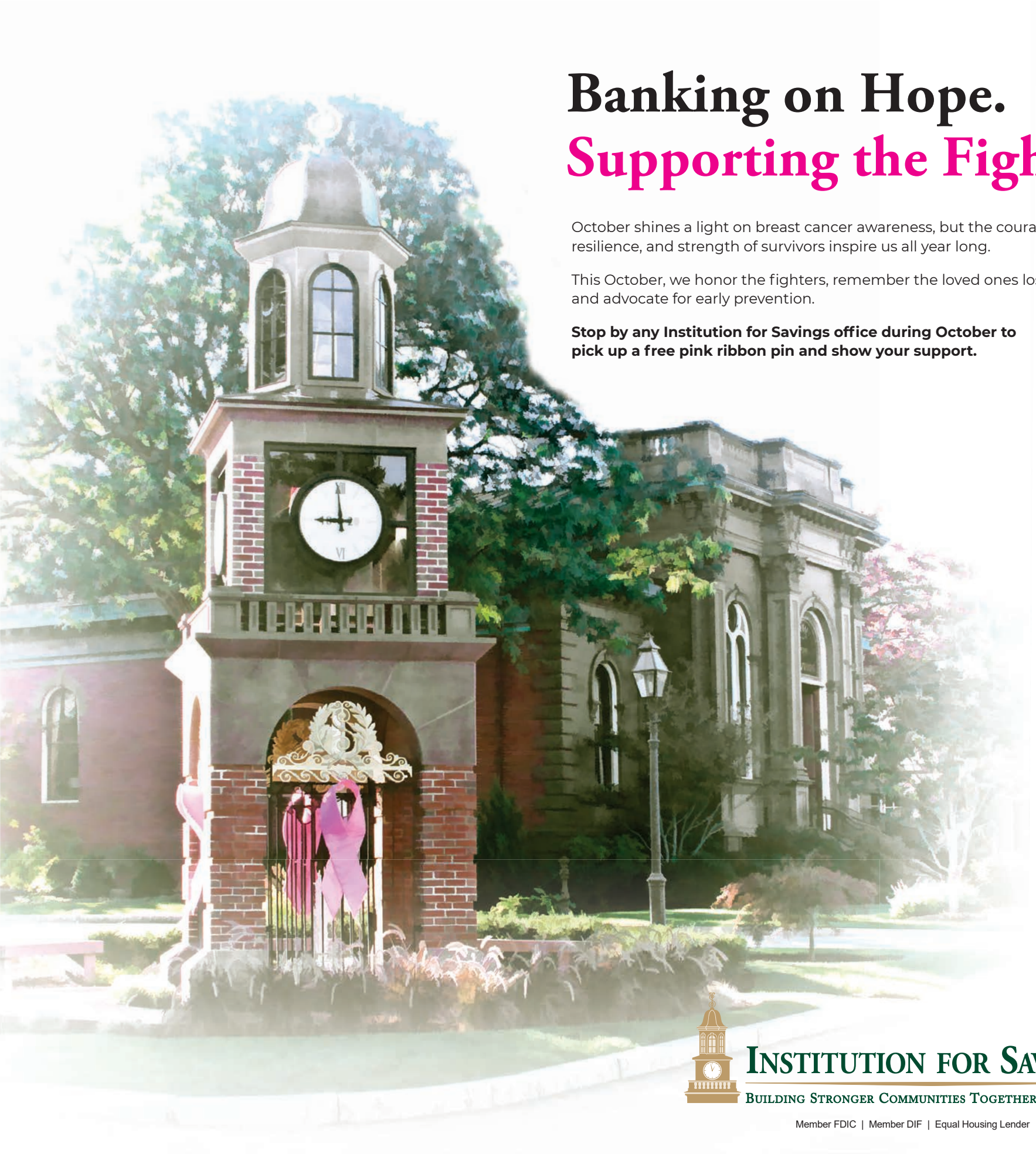
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The backbone of early detection

Mammography is still the foundation of breast screening

Kimberly Willis, NP-C



I have worked in the breast health field for more than 15 years and have specialized in oncology for

most of my 28-year career. As a nurse practitioner and the daughter of a two-time breast cancer survivor, I strongly believe in the role of mammography in early detection and will continue to advocate for it with my patients, friends and family.

Over the last few years, I have increasingly found myself defending the role of mammography in breast cancer screening for average- and high-risk women. I believe the message surrounding screening recommendations has become overwhelming and confusing for many people.

I have heard women say that because they have dense breast tissue or other risk factors, mammography “does not work for them.” When I hear that statement, I immediately feel compelled to provide education, clarify current recommendations, and encourage even better collaboration among providers in how we discuss preventative breast health and screening with our patients.

The American College of Radiology, the Society of Breast Imaging and the American Cancer Society recommend annual screening mammography as the primary method for maximizing early detection and reducing breast cancer



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mortality, even in women with denser breast tissue.

Over the years, technology has evolved from 2D imaging to 3D tomosynthesis imaging. While this technology is available in many breast imaging centers, it is not universally offered.

3D imaging “slices” the breast tissue in 1 mm increments, allowing radiologists to “page through” the breast and examine it layer by layer. 3D imaging has been shown to significantly improve cancer detection rates, especially in denser breast tissue, compared to 2D imaging, while also reducing recall rates.

More importantly, mammography is still our best modality for finding precancerous changes in the breast and the earliest form of breast cancer, known as stage 0 ductal carcinoma in situ.

Atypical cells or pre-invasive forms of breast cancer typically appear in the form of calcifications, which resemble little grains of salt on a mammogram. These abnormalities in the breast are typically not felt on breast exams and are not always seen with breast ultrasound or breast-dedicated MRI.

We know when early stage

cancer is found, we can significantly improve overall survival and cure rates. Treatment may be more effective, and less aggressive interventions may be possible.

The goal of screening mammography is to find breast cancer at its earliest stage. Supplemental screening tools, like breast ultrasound and breast MRI, can be used alongside annual mammograms, but they do not replace them. Determining if you may benefit from these additional screening options should involve a thoughtful conversation with a breast specialist or

your primary care provider.

What is right for one person may not be right for another. It is also important to understand that each imaging modality looks for something different and can detect abnormalities at different phases of development.

The belief that one modality is “better” than another is a concerning misconception that can lead to missed opportunities for detection or preventative care becoming fractured. Yes, some women will benefit from some or all modalities of imaging based on their individual risk factors, but the annual screening mammogram remains the backbone of early breast cancer detection.

For those seeking breast health services, the Breast Health Center at Beth Israel Lahey Health Care Center — Danvers offers a multidisciplinary approach

Did you know?

The American Cancer Society reports that as many as 10% of breast cancer cases are thought to be caused by gene changes passed down through families. Those changes, also known as mutations, can affect a number of genes, including the BRCA1 and BRCA2 genes, which both play a role in tumor suppression.

A woman with a mutation in the BRCA1 or BRCA2 gene has up to a 70 in 100 chance of being diagnosed with breast cancer in her lifetime. Men with a mutation in BRCA1 or BRCA2 also are at greater risk of breast cancer, even though instances of the disease among men are rare.

Mutations in other genes, including the TP53, STK11, PTEN, CDH1 and NF1 genes, among others, also are associated with a higher risk for breast cancer.

Women with a family history of breast cancer, and particularly a first-degree relative like a mother, sister or daughter who has had the disease, also are at greater risk for breast cancer compared to women with no such family connection.

to care planning, providing advanced technology, including 3D mammography, and compassionate, clinical care. The center is nationally accredited through the American College of Surgeons, National Accreditation Program of Breast Centers.

To learn more, visit beverlyhospital.org/services/breast-health.

Kimberly Willis, NP-C, is the nursing coordinator and certified breast patient navigator at the Beth Israel Lahey Health Breast Health Center at Beth Israel Lahey Health Care Center — Danvers.

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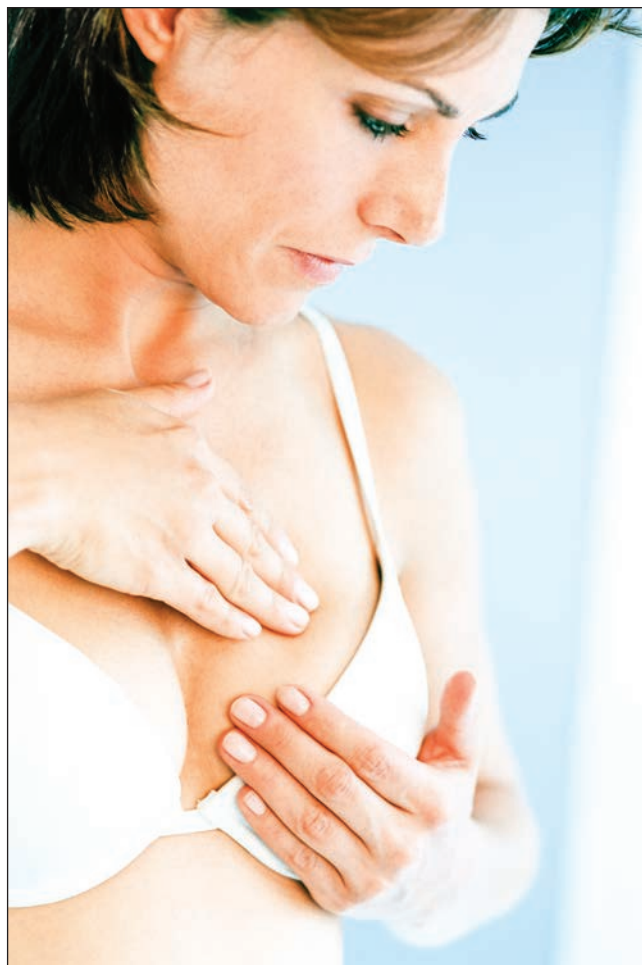
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How to best conduct a breast self-examination

There are various ways to detect breast cancer in the earliest stages of the disease. Self-examinations are one way to be mindful of potential changes in the breasts and bring them to the attention of medical professionals.

While self-exams can help individuals learn how their bodies normally look and feel, major medical organizations like the American Cancer Society no longer recommend doing formal, regimented monthly self-exams.

That's because most breast lumps are not cancer, according to the ACS, which notes that a painless, hard mass with irregular edges is more likely to be cancer but

also acknowledges that cancer-related lumps or masses can be soft, round, tender or painful.

Instead, there is a greater push toward breast self-awareness.

According to BreastCancer.org, regular step-by-step self-exams do not decrease breast cancer mortality rates. In some instances, they can cause unnecessary anxiety and lead to biopsies after the discovery of benign lumps.

But it can still be helpful to incorporate self-exams into a preventive health care routine. Here's how to conduct an exam, courtesy of BreastCancer.org.

► **1.** Examine your breasts in the mirror with hands on

hips. Look for breasts that are evenly shaped without visible distortion or swelling. Also look to ensure that the breasts are their usual size, shape and color.

► **2.** Raise your arms, and look for the same things.

► **3.** Look for signs of fluid coming out of one or both nipples.

► **4.** Lie down, and use your right hand to feel your left breast. Then switch to use your left hand to feel your right breast. Use a firm, smooth touch with the first few finger pads. Press down with your fingers and move them in a circular motion that's about the size of an inch around. Go around each breast from top to bottom, side to side.

Be sure to cover the entire breast from collarbone to the top of the abdomen, and from your armpit to your cleavage.

► **5.** Feel your breasts while you are standing or sitting. Many people find this easiest in the shower when the skin is slippery. Conduct the same hand movements as in the previous step.

While many lumps are benign, women should not hesitate to call the doctor to check out a new lump or breast change.

Getting to know one's breasts through self-exam can lead to early detection of breast cancer at a point in time when the disease is most treatable.

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What's next: Steps to follow after a diagnosis

A breast cancer diagnosis can be jarring, and millions of women receive such news across the globe each year. BreastCancer.org estimates that 321,910 women in the United States will be diagnosed with invasive breast cancer in 2026, as well as 60,730 new cases of ductal carcinoma in situ, a noninvasive form of the disease.

After learning they have breast cancer, individuals may not know what to do next. Certain steps may not take away the initial shock but can help people prepare for what's ahead.

Gather information

The first step is to learn more about your diagnosis. This should include details about the type, stage and hormone receptor status of the breast cancer from your doctor. Now is the time to ask the doctor to clarify anything you do



not understand. He or she also may begin to spell out a treatment plan.

Unless the cancer is very aggressive, you likely have time to seek a second opinion. Another specialist can confirm the diagnosis and offer a second opinion about

a potential treatment plan.

After all expert opinions are gathered, you also may want to learn more through reputable sources like the Mayo Clinic or the American Cancer Society before making any treatment decisions.

Share the news

Some people want to keep their cancer diagnosis a secret, but it can be helpful to let loved ones know early on. This will help you build a strong support system that can offer emotional support and additional assistance

when needed. Treatment may leave you feeling weakened and ill, and you might need some helpers to lighten your load. A counselor or therapist also can help you navigate the emotions of a breast cancer diagnosis.

Accept help

It can be difficult for those who are independent to admit they need assistance. You can take the reins by making a list of tasks or responsibilities that you may need help with. This way when people ask what they can do, you'll have answers at the ready. Ideas include help with meal preparation, childcare, errands and transportation, or keeping you company during treatments.

Prioritize self-care

Breast cancer can take a lot out of a person. Trying to maintain some sense of

normalcy can help. Consider gentle exercise, relaxation techniques and activities that bring a smile to your face. Remember to choose healthy foods and find ways to manage stress as much as possible. Be patient with yourself, as it can take time to adapt to a diagnosis and treatment.

Speak with your employer

Breast cancer can affect your ability to work. There likely will be appointments with doctors and consultations with your care team. Looping your employer in is a smart idea.

Many supervisors will be supportive of your needs. You also may want to speak with human resources about any services that could be available to you, or how you can allocate personal time off for your treatment and care.

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Breast cancer terms to know

A recent analysis from the International Agency for Research on Cancer and collaborators estimated that 3.2 million new cases of breast cancer will be diagnosed annually across the globe by 2050. That would mark a significant increase in annual cases since 2022, when the World Health Organization reported that 2.3 million individuals were diagnosed with breast cancer.

Though breast cancer affects millions of women and their support networks each year, it's not always so easy to understand all of the terminology surrounding the disease.

With that in mind, people recently diagnosed with the disease or those who know someone in such a position can learn these common terms to make their journey to recovery a little easier to navigate.

► **Ductal carcinoma in situ (DCIS):** Many terms related to breast cancer can be scary, but DCIS is among the more welcoming words a doctor may utter. DCIS is a noninvasive form of breast cancer that doctors

may characterize as "stage 0." Breast cancers identified as DCIS are very early stage and highly treatable.

► **Invasive ductal carcinoma (IDC):** Susan G. Komen, an organization dedicated to raising breast cancer awareness, notes that IDC is a form of the disease that begins in the milk ducts but has spread into surrounding breast tissue and possibly into the lymph nodes or other parts of the body.

► **Lumpectomy:** According to Susan G. Komen, a lumpectomy is a surgical procedure that removes only the tumor and a small amount of tissue around it. Most of the breast skin and tissue is left in place during a lumpectomy.

► **Mastectomy:** A mastectomy is a surgical removal of the breast. Susan G. Komen notes that there are different types of mastectomy. A modified radical mastectomy removes the breast, the lining of the chest muscles and some of the lymph nodes in the underarm area. This procedure is used to treat early and local advanced breast cancer. A total mastectomy

involves surgical removal of the breast but no other tissue or nodes.

► **Hormone receptor status:** Hormone receptor status indicates whether or not a breast cancer requires hormones to grow. Susan G. Komen notes that a significant number of hormone receptors on a breast cancer cell indicate it needs the hormone to grow.

► **Family history:** Family history refers to current and past health conditions of a given individual's biological family members. Family history of breast cancer is considered a risk factor for the disease.

► **Ki-67 Rate:** Susan G. Komen notes that this is a common way to measure proliferation rate. The more cells the Ki-67 antibody attaches to in a given tissue sample, the more likely the tumor cells will grow and divide rapidly.

► **Local treatment:** This refers to treatment that focuses on removing cancer from areas local to the breast, including the breast itself, as well as the chest wall and lymph nodes in the underarm area.

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Every story is different.

Every journey matters.

This Breast Cancer Awareness Month, Newburyport Bank stands alongside those affected by breast cancer, honoring their strength and supporting a future filled with hope.



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JOURNEY WELL

Kindness, connection and hope

North of Boston Cancer Resource offers community and support

For one woman living with breast cancer, the past year has been marked by treatment, uncertainty and daunting moments — but also by an unexpected source of comfort: the kindness of a community and the support of North of Boston Cancer Resource.

Its mission — to enrich the well-being of people living with cancer by empowering and supporting the whole person — resonated deeply.

“Their mission is pure kindness,” Susan Heeter said. “Through their program, I’ve been gifted massages, Reiki, art therapy. It all helps and, ultimately, translates to pure goodness and healing.”

NBCR’s vision of enhanced well-being and survivorship for people with cancer in our community by offering support that cares for the whole person has been its driving force. Over the last 10 years, NBCR has enriched, empowered and educated thousands of people affected by cancer.

Previously funded solely through donations and grants, NBCR held its first 5K fundraiser in 2025 to help sustain its free access to healing and supportive services — services that have made a meaningful difference for Heeter and so many others and are often not covered by insurance.

The overwhelming response demonstrated both the growing need for NBCR’s services and the community’s desire to help ensure these resources remain available to those facing cancer.

Building on that support, NBCR is planning its third annual 5K for Saturday, May



Survivors and practitioners volunteer at North of Boston Cancer Resource’s second annual “Cancer Doesn’t Care but WE Do 5K” run and walk this past spring.

1, 2027, hosted by Newburyport Brewing Co.

What began in 2016 as a dream shared by five local women — professionals in the health and wellness field — has grown into a trusted community resource. United by a common purpose, they set out to connect people living with cancer to healing therapies, supportive services and resources that could help ease the distress of a cancer diagnosis, promote healing and enrich well-being throughout the cancer journey and beyond.

NBCR recognizes that cancer care involves more than medical treatment. People may also need support managing stress, fatigue, pain, anxiety, changes to their bodies, and the emotional challenges that accompany diagnosis and treatment.

“A cancer diagnosis can be devastating and disorienting, not to mention a financial burden,” said Dina

Crawford, co-founder and former NBCR board president. “We want to be here for people to help them through the emotional distress, as well as the physical toll of the disease and side effects of treatment.”

Since 2020, NBCR has funded more than 900 healing sessions, a value of more than \$90,000. These sessions of supportive and complementary therapies offered through a network of experienced practitioners who are vetted through a cancer-focused application process have included oncology massage, acupuncture, yoga therapy, guided imagery, Reiki, health coaching, nutrition counseling and manual lymphatic drainage.

Through its gift certificate program, NBCR helps make these services available at no cost to people who might otherwise be unable to afford them. For women like Heeter, the practitioners

themselves became part of the healing experience.

“The practitioners of these services are kindness personified,” Heeter said. “If you know anyone who could benefit, do reach out. They have been nothing but spectacular.”

“No one can truly prepare you for the emotional shock of a cancer diagnosis. No matter how many people you have known with cancer, your story is entirely your own,” fellow breast cancer survivor Melissa Martin said. “In the spring of 2025, I went to my annual screening mammogram just like I was making a quick run to the grocery store — it had been an important, regular item on my checklist for 15 years.

“The months that followed were a whirlwind of imaging, biopsies, a bilateral mastectomy and radiation,” she said. “While the medical professionals were amazing, I was consumed by waves

of shock, grief and unease. I needed a different kind of support. That is when I found the North of Boston Cancer Resource community, and I could finally breathe a little easier.”

NBCR’s support also extends to education and community connection. Its free Speaker Series has offered more than 50 programs on topics like meditation, chair yoga, healthy eating, mindfulness, journaling, acupressure, managing fatigue, expressive arts and self-care. Over the years, more than 550 participants, including Martin, have found both valuable resources and a warm and supportive community.

“While healing from treatment, I immersed myself in the NBCR community,” Martin said. “I watched their Speaker Series videos, read everything on the website and connected with remote programming through the Dempsey Center. I saw examples of others who had walked this cancer journey and were thriving, and their stories gave me immense hope when I was feeling discouraged.”

“Our goal is to share empowering information and practices that people can incorporate for their well-being and healing in the long term,” said Linda Febles, newly appointed executive director.

NBCR works closely with healthcare professionals and local cancer centers to help people living with cancer find supportive resources throughout the region.

Dr. Colleen Yavarow, an oncologist who serves on the NBCR board while practicing at Anna Jaques Cancer Center, has witnessed the organization’s impact firsthand.

“Most patients can’t afford beneficial services such as oncology massage and

acupuncture, which are typically not covered by insurance,” Yavarow said. “NBCR has been instrumental in funding and guiding patients to receive these important therapies at no cost.

“As an oncologist, I see the ongoing benefits of this support. When patients more effectively complete chemotherapy, they have better symptom management and improved overall well-being,” Yavarow said. “I can’t thank NBCR enough for these gifts, which have vastly enhanced and improved the quality of life for patients and their families.”

NBCR also maintains an online directory of cancer-specific programs, supportive services, organizations and other resources available to people living with cancer in communities north of Boston. The website has had over 27,000 unique visitors over the last eight years.

“For the people who turn to NBCR, the organization’s impact is about much more than a massage, an acupuncture appointment, a Reiki session or an educational program,” Febles said. “It’s about knowing someone is there. It’s about finding connection during an isolating time. It’s about discovering resources that might otherwise be out of reach. And sometimes, it is simply about experiencing kindness when it is needed most.”

For NBCR, that spirit of kindness is at the heart of its work — helping people living with cancer feel supported, empowered and cared for as they navigate their own unique journeys.

For more information about available resources or to support NBCR’s work, go to nbcancerresource.org or email info@nbcancerresource.org.

Courtesy photo

Hope starts with heart.



When you lead with hope, you find strength
in the hearts of those around you.

This Breast Cancer Awareness Month, we stand with the fighters,
celebrate the survivors, honor those we've lost, and recognize the
caregivers and communities who offer unwavering love and support.

Because when we stand together, hope grows stronger. And it all starts with heart.





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October is Breast Cancer Awareness Month.

Talk to your doctor about scheduling a mammogram, because early detection saves lives.

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Why individual risk matters

Exploring the links between hormones, menopause and breast cancer

Dr. Ashling O'Connor



It seems to happen all at once. Everything is fine until you're standing in the kitchen at 3 a.m. wondering why

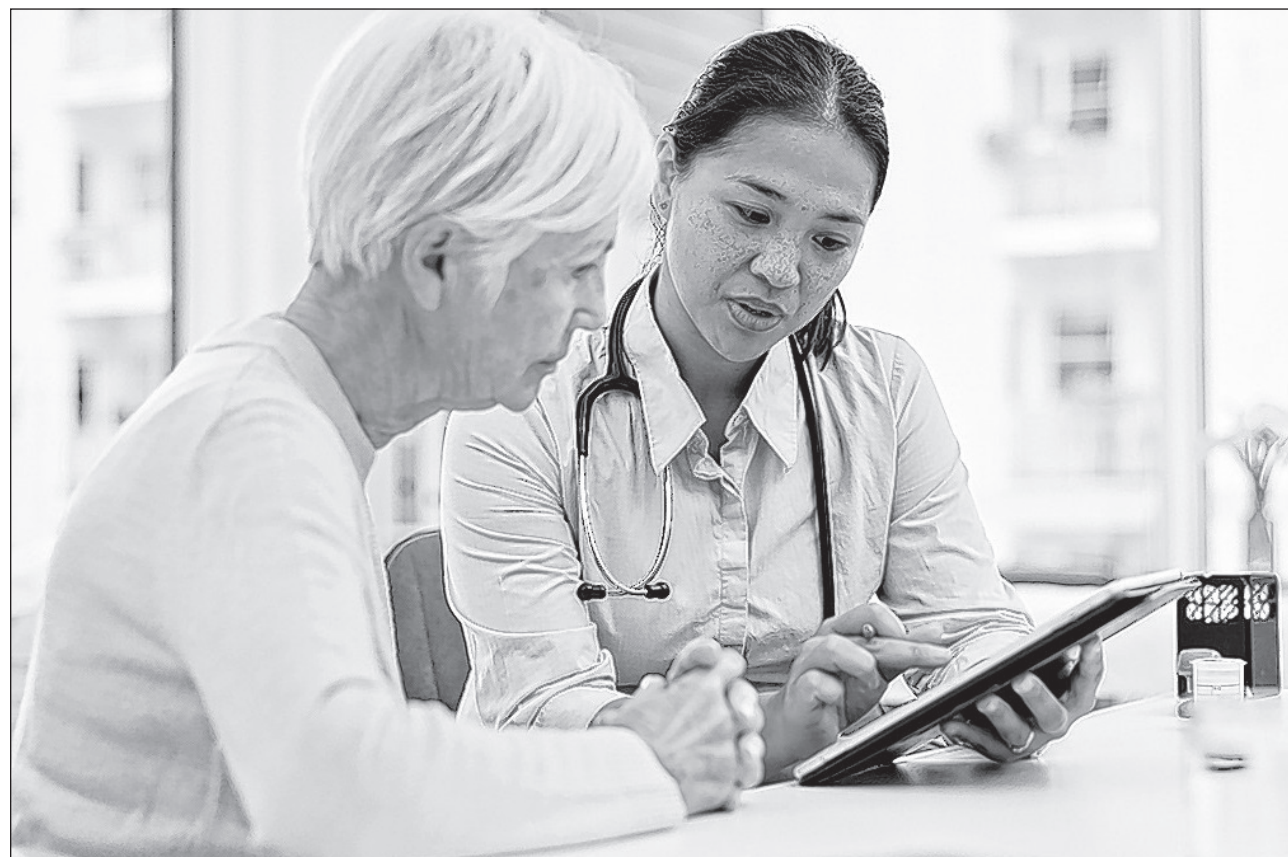
you came in there, unable to sleep and considering climbing into the freezer because your internal thermostat has gone haywire.

Hormone replacement therapy has had quite the roller coaster of public perception for treating menopause over the decades and still causes confusion today.

Estrogen therapy was first introduced clinically in the 1940s and by the 1970s was viewed as a near-miracle treatment for menopause, promising healthy bones, healthy skin and relief from hot flashes. It was a life-changer, until suddenly it wasn't.

Findings from the Women's Health Initiative later raised concerns about increased risks of breast cancer, cardiovascular disease, stroke and blood clots among some women using combination estrogen-progesterone therapy. As researchers continued to analyze the data, a more nuanced picture emerged. Risks and benefits were found to vary based on factors such as a woman's age, time since menopause, uterus status, hormones prescribed, and her underlying health and breast cancer risk.

The result is an important



lesson: HRT is not a single treatment, and its safety and effectiveness depend on the individual receiving it. Anyone considering HRT should speak with a trusted clinician for advice.

First, not all hormones are the same. Broadly, there are two categories:

► **Systemic hormone therapy**, which circulates throughout the body and is used primarily for hot flashes, night sweats and other menopausal symptoms. Generally, it should be paired with a progesterone in women with a uterus to protect against endometrial cancer.

► **Low-dose vaginal estrogen**, which acts locally and is used mainly for vaginal dryness and recurrent urinary tract infections, with minimal absorption into the body.

Second, all women do not have the same risk factors. Most fit into three categories:

1. The average-risk woman

This is a woman without a personal history of breast cancer or significant risk factors such as a genetic mutation or strong family history. For healthy women younger than 60 and within 10 years of menopause, hormone therapy is considered an appropriate option when there are no contraindications. It remains the most effective treatment for hot flashes and many other menopausal symptoms.

The relationship between HRT and breast cancer risk is complex and depends on factors such as the type of hormones used, a woman's age and her individual risk profile. An informed discussion with a physician can help determine the best approach.

2. The higher-risk woman who has never had breast cancer

Women with significant

breast cancer risk factors, including a strong family history or those with BRCA mutations, should undergo a thorough breast cancer risk assessment before considering hormone therapy.

This is particularly important for BRCA carriers who enter menopause early following risk-reducing oophorectomy. Current evidence has not shown an increased risk of breast cancer from hormone therapy in BRCA carriers without a personal history of the disease, and a BRCA mutation alone does not automatically rule out hormone therapy.

3. The woman who has had breast cancer

The conversation is different for women with a personal history of breast cancer, particularly hormone receptor-positive disease. Because some breast cancers grow in response

to estrogen, systemic hormone therapy is generally not recommended, although rare exceptions may be considered.

However, several non-hormonal treatments can help manage menopausal symptoms. Low-dose vaginal estrogen may also be considered for some women with a history of estrogen-dependent breast cancer because absorption into the bloodstream is minimal and studies have not shown a clear increase in recurrence risk.

The takeaway is that hormone therapy is not one-size-fits-all. For many women, HRT remains a safe and effective option, while others may be better served by alternative approaches. The most important step is an informed conversation with a trusted clinician.

As a breast cancer surgeon, my goal is always to

Did you know?

According to the University of Texas MD Anderson Cancer Center, alcohol increases a person's risk for seven types of cancer, including breast cancer.

An advisory report from the U.S. surgeon general indicated that drinking alcohol increases breast cancer risk more than any other cancer in women. In fact, more than 16% of the 270,000 breast cancer cases in women in 2019 were linked to alcohol consumption.

Alcohol contains ethanol, which the body breaks down into a cancer-causing substance known as acetaldehyde. Acetaldehyde causes DNA damage, which also can occur due to oxidative stress caused by alcohol. Alcohol also can alter levels of estrogen and other hormones associated with breast cancer.

While millions of women consume alcohol without ever developing breast cancer, those at elevated risk for the disease may want to avoid it. Even women considered at average risk for breast cancer should limit their consumption if they choose to drink.

treat breast cancer, prevent recurrences and help women live their best lives.

Menopause can be challenging. The right approach depends on the patient sitting in front of you and, ideally, includes some sleep, less brain fog and, hopefully, no need to climb into the freezer.

Ashling O'Connor, M.D., is a breast surgeon at Beverly Hospital and Lahey Clinic, Peabody, both part of Beth Israel Lahey Health, and medical director of the Beth Israel Lahey Health Breast Health Center at Beth Israel Lahey Health Care Center — Danvers.



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Grateful Friends to Go Pink! against cancer



Courtesy photos

From left, Debi Bright, programs director and board member of Grateful Friends; Walter Hartford, vice president of the board; and Rebecca Beckman, president of the board, promote the Go Pink! campaign.

Grateful Friends is growing, and this fall, the North Shore-based nonprofit is asking Essex and Middlesex counties to grow with it.

Through financial assistance, signature Comfort Baskets and community partnerships, Grateful Friends provides practical support that helps ease some of the everyday burdens that can accompany cancer treatment. The organization works with oncology social workers and healthcare professionals across the region to help connect patients with support.

In 2026, Grateful Friends introduced an updated brand and launched a new website, reflecting the organization's continued growth and commitment to increasing its visibility throughout the communities it serves. So far this year, Grateful Friends has delivered more than 80 Comfort Baskets and provided more than \$64,000 in financial assistance to local adults with cancer.

On Thursday, Oct. 22, Grateful Friends will launch a new annual awareness and fundraising campaign, Grateful Friends Go Pink!

Businesses, schools, organizations and individuals are invited to wear pink, spread the word and help raise \$50,000 for Grateful Friends programs. That goal could fund the equivalent of approximately 175 Comfort Baskets or provide financial assistance for more than 60 local



Supporters of Grateful Friends' Go Pink! campaign will receive gear in exchange for their donations.

adults with cancer, depending on how funds are distributed.

Every shirt worn, photo shared and conversation started can help reach someone who may need support or knows someone who does.

This fall also marks the launch of the Grateful Friends Youth Division, a new leadership and service opportunity for high school students. Beverly High School is the founding chapter, with students spearheading Go Pink! at their school this October. Danvers High School has also started a chapter and is helping with the campaign.

As the program grows, Youth

How to get involved

- Donate \$25 to receive an official 2026 Go Pink! T-shirt. Other swag is available for higher donations.
- High school students can participate with a minimum \$5 donation.
- Wear pink on Oct. 22 at work, school or wherever you are.
- Share Go Pink! with your friends, co-workers, classmates, customers and community.
- Help an adult with cancer, caregiver, social worker or oncology provider learn about Grateful Friends.

Division chapters at high schools throughout Essex and Middlesex counties will lead Go Pink! in their schools. Students can also organize Comfort Basket drives and Build-a-Basket events, volunteer with Grateful Friends, and bring their own ideas to the organization.

Grateful Friends welcomes interest from high school juniors and seniors who want to bring a Youth Division chapter to their school. Visit gratefulfriends.org/youth-division for more information.

For Go Pink! event participation and donation information, go to gratefulfriends.org/events-1/gfgopink. And follow [@gratefulfriendscare](https://www.instagram.com/gratefulfriendscare) on social media for campaign updates, stories and other ways to get involved.

Halloween dance to benefit MBCC education programs

A festive night out in Boston will support the Massachusetts Breast Cancer Coalition.

The 29th annual Lesbian & Friends LGBTQIA+ Dance: Halloween Bash for Breast Cancer Prevention takes place Saturday, Oct. 24, at Club Café.

The evening will kick off with a VIP Party from 6 to 8 p.m. The guest of honor is the Rev. Irene Monroe, an African American lesbian feminist public theologian, preacher and columnist



The Rev. Irene Monroe

and human rights. Monroe is also a longtime MBCC volunteer and

whose work centers on the intersection of religion, social justice and LGBTQIA+ rights. Through her writing and public advocacy, she has helped shape national and international dialogue on faith, equality

and supporter of the dance.

"We believe meaningful change begins with people who have the courage to speak up, challenge injustice and build community," said Cheryl Osimo, MBCC's executive director. "By honoring her, we celebrate the compassion and conviction our communities need now more than ever."

The party will also feature a beginner merengue dance lesson led by Liz Nania, founder and director of OUT to Dance, and

complimentary hors d'oeuvres.

The main celebration follows from 8 to 11 p.m. and will offer an energetic dance floor and a costume contest with prizes. DJ Christina of San Francisco will provide music throughout the evening.

VIP tickets are \$40 in advance and \$45 at the door. General admission is \$20. All guests must be at least 21.

Money raised from the event will directly support MBCC's

education programs, providing vital health information to communities on how to reduce exposure to harmful chemicals in everyday products and environments. MBCC, established in 1991, is the state's leading breast cancer organization dedicated to preventing the environmental causes of breast cancer through education, research advocacy and policy change.

For tickets and more information, visit mbcc.org/dance.

A look at inflammatory breast cancer

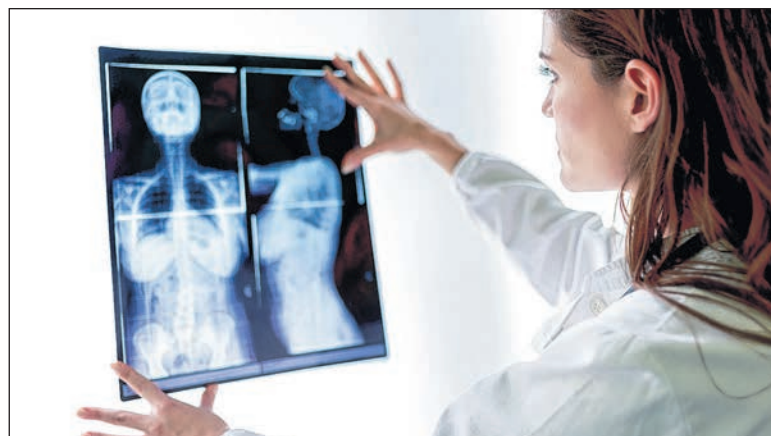
The World Health Organization reports that roughly 2.4 million new cases of breast cancer are diagnosed each year. That makes breast cancer the most common cancer in women across the globe.

There are various types of breast cancer, and some are more common than others. Inflammatory breast cancer diagnoses are rare, but the condition still merits the attention of those seeking to learn as much as possible about the disease.

What is inflammatory breast cancer?

The National Breast Cancer Foundation notes that inflammatory breast cancer occurs when cancer cells infiltrate the skin and lymph vessels of the breast. According to Breastcancer.org, IBC often begins in the milk ducts, which are the tubes that carry milk from the lobules to the nipple.

While that means IBC is an invasive ductal carcinoma,



Breastcancer.org reports that inflammatory breast cancer signs and symptoms are very different from other types of IDC.

What is different about IBC?

Many forms of breast cancer are characterized by the development of a lump in or near the breast that's often the first sign of the disease. However, the NBCF notes that this is not typical of IBC. IBC cells block lymph channels in the

skin, which can make the breast appear red, swollen and inflamed.

What are additional signs of IBC?

A feeling of thickness or heaviness in the breast or visible swelling are common early signs of IBC, according to Breastcancer.org. The NBCF notes that symptoms begin to appear when the lymph vessels of the breast become blocked by cancer cells.

Symptoms may include:

- ▶ Areas of skin discoloration that are pink, red or purple. A discolored area typically covers more than one-third of the breast.
- ▶ A persistent rash that looks like an insect bite or a bruise.
- ▶ Swelling or firmness that typically affects one breast.
- ▶ Itching, pain and/or burning in the breast. These symptoms are persistent, and one breast may feel warmer than the other.
- ▶ Skin may appear pitted like an orange peel.
- ▶ Changes in the nipple, including inversion, which occurs when a nipple turns inward. A nipple also may flatten or dimple.
- ▶ Lymph nodes near the collarbone or under the arm become swollen.

The suddenness of IBC

The NBCF notes that the rash associated with IBC may appear suddenly. Women may go to sleep at night without a rash but then awake in the morning with a breast that looks red, pink, purple

or discolored. Some rashes will not go away, while some women experience a rash that comes and goes over time. But the rapid onset of symptoms is a hallmark of IBC, according to Breastcancer.org.

What causes IBC?

The cause of IBC remains a mystery, and doctors are unsure if there are any unique risk factors for it.

How common is IBC?

The National Cancer Institute estimates that between 1% and 5% of all breast cancers are IBC. While age is often cited as a risk factor for breast cancer, IBC differs somewhat from other forms of the disease in that it is most common among women younger than 40.

IBC also is more common among Black women and women who are overweight. But researchers remain uncertain why IBC tends to affect these groups more than others.

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The World Health Organization reports that breast cancer was the most common form of the disease among women in 164 of 186 countries in 2024. The footprint of breast cancer is significant, and millions of women and their families confront that impact each year.

Breast cancer affects women in different ways. While each woman's experience will be different, the following are some of the ways breast cancer can affect the body.

► **Increased feelings of tiredness:** Fatigue is a side effect of breast cancer and the treatments for it. WebMD notes that the fatigue women may feel while battling breast cancer can last for months after treatment, and sometimes even longer than that.

But women may not be helpless against breast cancer-related fatigue. In fact, WebMD notes that eating a well-balanced diet, getting sufficient sleep and staying

as physically active as possible are some ways women may be able to alleviate the tiredness that can appear during and even after treatment.

► **Changes to the skin:** According to Breast Cancer

Trials, which is an organization made up of breast cancer doctors and researchers devoted to finding better treatments for the disease, the underlying tumor can affect the skin, blood vessels and the lymphatic

system. That can lead to an assortment of skin changes, including some that might be the first sign of breast cancer.

Redness, dimpling, thickening of the skin on the breast or underarm,

scaliness, and persistent itching are some of the skin changes that women may experience while battling breast cancer.

► **Swelling in the upper body:** WebMD notes that the lymph nodes from the arm

near the breast containing the tumor are sometimes removed during surgical treatments. That removal may be vital, but it also can contribute to a buildup of fluid that leads to swelling in the arm, chest and even abdominal region. Stiffness and soreness in these areas also may develop.

Chemotherapy drugs also can lead to the buildup of fluid that eventually can contribute to swelling in the arms and legs.

► **Bone loss and vulnerability to fractures:** The Endocrine Society notes that hormonal therapy for breast cancer can make patients vulnerable to fractures. Fracture rates may be as high as 20%, and postmenopausal women may be particularly vulnerable to broken bones after hormonal therapy for breast cancer.

Bone loss also may occur because treatments for breast cancer can decrease estrogen. Lower levels of a type of estrogen hormone known as estradiol has been linked to osteoporosis.

What breast cancer can do to the body



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Explaining metastatic breast cancer

Breast cancer remains a formidable foe, but the tireless efforts of researchers and organizations that raise awareness of the disease have helped improve the prognosis for millions of women across the globe. Thanks to those efforts, the American Cancer Society can report that the five-year survival rate for localized breast cancers is now greater than 99%.

While the vast majority of women with breast cancer are diagnosed when the disease is in its earliest and most treatable stages, some develop metastatic breast cancer, which is an advanced form of the disease.

What is metastatic breast cancer?

The National Breast Cancer Foundation notes that “metastatic” is a medical term used to define the

process by which cancer cells spread to other parts of the body. Metastatic breast cancer occurs when breast cancer cells spread to other parts of the body beyond the breast and nearby lymph nodes.

Which stage is metastatic breast cancer?

Metastatic breast cancer can indicate recurrence, and women confronting such situations may recall that staging is an important part of confronting the disease. The ACS notes that staging helps doctors identify if the cancer has spread and, if so, how far. The earliest stage breast cancer is stage 0, and the most advanced stage is stage 4. Metastatic breast cancer is considered to be stage 4.

Is there a cure for metastatic breast cancer?

The organization Susan G. Komen, which advocates

for women with breast cancer and supports research into the disease while aiming to raise awareness of it, notes that there currently is no cure for metastatic breast cancer.

Treatment for metastatic breast cancer aims to extend life and help women to maintain their quality of life. Susan G. Komen notes that ongoing clinical trials may provide women with an opportunity to try new treatments. In addition, various studies are currently being conducted in the hopes of improving treatment options.

What are the symptoms of metastatic breast cancer?

The NBCF notes that the symptoms of metastatic breast cancer can vary depending on how far the cancer has spread and where in the body it has progressed to. But the experts at

Johns Hopkins note women who previously have been treated for breast cancer can keep an eye out for these symptoms that suggest the disease has spread:

- ▶ Unusual or persistent back or neck pain that cannot be explained by an injury or exercise
- ▶ Pain in the bones
- ▶ Unexplained shortness of breath
- ▶ Profound fatigue or malaise
- ▶ Headache
- ▶ Seizures
- ▶ Mood changes
- ▶ Difficulty with speech
- ▶ Changes with vision

What is life like after a metastatic breast cancer diagnosis?

No two women are the same, so each experience with metastatic breast cancer will be different. However, Susan G. Komen notes that managing side effects,



including controlling pain, is an area of focus when living with metastatic breast cancer.

Supportive care aimed at improving quality of life,

including tending to the physical, emotional, social and spiritual needs of a person diagnosed with metastatic breast cancer, also is part of life after a diagnosis.



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How a diagnosis can affect mental health

Cancer exacts a physical toll that can compromise the energy levels of anyone. According to the Knight Cancer Institute at Oregon Health & Science University, bone loss, constipation, diarrhea, fatigue, hair loss, and nausea and vomiting are just a handful of the physical side effects of cancer and cancer treatment. But cancer also can affect mental health.

A 2024 study published in the *Galen Medical Journal* found that the emotional and psychological effects of a cancer diagnosis can be significant. Those effects can impact a patient's overall well-being and quality of life. Authors of the study noted that approximately 30% of patients experience cancer-related psychological disorders.

The American Cancer Society adds that the mental health side effects of cancer can remain even after treatment has ended. The ACS



notes that it's important that cancer patients and their families recognize the mental health changes that can occur during and after treatment, as recognition of each may encourage patients to seek the help they need.

► **Anxiety:** The ACS

indicates that a person is at greater risk of developing anxiety if they have, or have had, cancer. There are different types of anxiety, but each is marked by feelings of worry that can make daily life difficult. Cancer-related phobias may affect cancer

patients, who may develop a fear of tests or scans, anxiety about their own death, and/or a fear of recurrence. Anxiety may produce feelings of nervousness or of being on edge, and people may not be able to stop worrying or control their concerns.

Difficulty relaxing and being so restless it's hard to sit still are some additional signs of anxiety.

► **Depression:** The ACS notes that feelings of sadness, grief, or distress, each of which are associated with depression, are a normal response to having cancer. Major depressive disorder, also known as clinical depression, and persistent depressive disorder are the most common types of depression in people who have or have had cancer. Risk of depression may be greater in people who have pancreatic or head and neck cancers. Teens and young adults diagnosed with cancer may be at an elevated risk, as well.

► **Distress:** Cancer-related mental distress is a general term referring to a wide range of feelings that may emerge among people who have or have had cancer. Sadness or depression, anger, hopelessness, lack of

certainty regarding purpose in life, or a sense of mental numbness are all feelings associated with cancer-related mental distress. The ACS notes this distress can make it difficult to function, compromising a person's ability to make appointments or even take medicines that are a vital part of their treatment.

► **Social isolation and loneliness:** The risk for social isolation and loneliness is greater among people who have or have had cancer. The ACS notes that it's normal for cancer patients to feel they cannot relate to other people during treatment, which can add to the loneliness people feel while fighting the disease. Some cancer patients may feel other people are uncomfortable being around them. It's also not uncommon for cancer patients to be fearful about sharing how they feel while combating their disease.

Can adolescents reduce lifetime breast cancer risk?

With much of their lives ahead of them, young adults likely are not spending too much time thinking about their vulnerability to disease.

However, adopting an "it can't happen to me" mentality may cause individuals to engage in habits that can increase their risk for certain illnesses, including breast cancer.

Breast cancer is the most common cancer in women, affecting around 1 in 8 women, reports the American Cancer Society.

The National Breast Cancer Foundation advises that only 5% to 10% of breast cancer cases are linked to

inherited mutations in genes like BRCA1 and BRCA2. That means the majority of breast cancer cases are a byproduct of something other than genetics. Some may be the result of lifestyle choices. Dense breasts, high hormone exposure and obesity are each risk factors for breast cancer.

Adolescents may not be thinking about preventive health care, but that should not stop them from educating themselves about how they can lower their overall lifetime risk of developing breast cancer.

► **Exercise regularly.** Routine exercise and aiming for at least two hours of

recreational physical activity or sports each week can help lower stress and reduce future breast density. Moderate to vigorous movement each day is good for overall health.

► **Eat a balanced diet.** Susan G. Komen advises that focusing on whole foods and a diet rich in vegetables, fruits, fiber and whole grains is important. Also, one should reduce intake of inflammatory foods, such as sugary drinks, processed snack foods and red meat.

► **Avoid alcohol.** Skipping alcoholic beverages during adolescence and into early adult years can protect developing breast



tissue. The National Cancer Institute says some studies found that women who drank alcohol in their teen years may have an increased

risk of breast cancer in adulthood.

► **Skip cigarettes.** Avoiding tobacco use or quitting early can help lower breast cancer

risk. Smoking at a young age significantly increases long-term cancer risk, reports the Breast Cancer Research Foundation.

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What can be done to decrease risk of recurrence

No one knows what to expect upon being diagnosed with cancer. But advancements in medical research have done wonders to improve outcomes over the last half-century. The Cancer Research Institute reports that the overall five-year survival rate for all cancers reached 70% by the end of 2021, a substantial improvement over the 49% rate in the mid-1970s.

Higher survival rates should comfort cancer patients and their families. However, patients and family members may still have recurrence in the back of their minds upon the conclusion of successful treatment. In fact, the American Cancer Society notes that it's common to wonder about recurrence after surviving cancer.

Rates of recurrence vary by type of cancer and the stage at which the cancer



was initially diagnosed. While there is no way to guarantee cancer won't return, the ACS notes that diet, physical activity and the right lifestyle choices can be useful allies for those who want to do everything they can to reduce their risk of recurrence.

Diet

The ACS advises cancer survivors to follow the same guidelines that it recommends to all people looking to lower their risk for cancer.

Research has suggested that the risk of breast cancer recurrence is higher in

women who carry excess weight and do not incorporate many fruits or vegetables into their diets. A low-fat diet rich in fruits and vegetables is recommended to anyone looking to reduce their cancer risk, and such an approach to nutrition can be equally beneficial to

survivors hoping to avoid a recurrence. And avoid eating a lot of saturated fats, which are unhealthy for all people regardless of their medical histories.

Physical activity

The ACS reports that survivors who stay physically active typically live longer and have a lower risk of recurrence compared to survivors who do not exercise. Physical activity also reduces a survivor's risk of developing a new form of cancer.

Survivors are urged to work with their cancer care teams to develop a physical fitness routine that is safe and effective, but the ACS has its own physical activity guidelines for cancer survivors. Those guidelines are available at [cancer.org/cancer/supportive-care/nutrition-activity-with-cancer/acs-nutrition-and-](https://cancer.org/cancer/supportive-care/nutrition-activity-with-cancer/acs-nutrition-and-physical-activity-guide-line-for-survivors.html)

[physical-activity-guide-line-for-survivors.html](https://cancer.org/cancer/supportive-care/nutrition-activity-with-cancer/acs-nutrition-and-physical-activity-guide-line-for-survivors.html).

Lifestyle choices

Poor lifestyle choices after surviving cancer can increase the risk of recurrence. Various cancers have been linked to alcohol consumption, and the ACS advises against drinking. For those who want to drink, ensure you consume no more than one drink per day for women and no more than two drinks per day for men.

Tobacco poses another threat to cancer survivors. The ACS notes that survivors who stop smoking have a lower risk of recurrence and are less likely to develop a second cancer compared to those who continue to use tobacco. The ACS also reports that studies consistently indicate that cancer patients who quit smoking survive longer than those who continue to smoke.

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