

# BREAST CANCER AWARENESS 2019

## STRENGTH COURAGE HOPE



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**MENTOR, COUTURE FOR A CURE PARTICIPANT**  
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### INSIDE

Survivor stories

Treatment  
advances

Screening and  
prevention

Facts and myths



**MOTHER PRESERVING SICILIAN  
HERITAGE IN GLOUCESTER**  
SURVIVOR FELICIA MOHAN



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EVERYTHING IS POSSIBLE  
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 **THE SALEM NEWS**

Thursday, October 10, 2019



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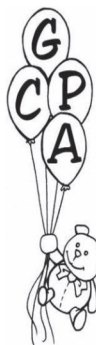
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## TO OUR READERS



Staff file photo

Laurie D'Amore, North of Boston Media Group's director of human resources, lost her valiant battle with inflammatory breast cancer last November.

# A resolve to continue the fight

"I didn't feel sick, I had no symptoms, and lo and behold, there it was."

"Being diagnosed rattles you. I don't know if that will ever go away."

"I remember saying I don't want to die." The words are raw, honest, direct.

They're not faceless sound bites, but rather statements spoken by real women — mothers, sisters, co-workers — faced with the realities of breast cancer.

They are among the estimated 1 in 8 women at risk of being diagnosed with breast cancer in their lifetime.

And they have joined with us to share their stories as we present our eighth annual Breast Cancer Awareness Campaign.

Their motives are noble. They want to educate the greater North of Boston community, to motivate women to be vigilant about their health, to inspire hope, and to let others like them know they are not alone.

In the pages of this special supplement, you will meet Nancy and Felicia, Catherine and Patricia, Cathy and Erin. You will learn about initiatives occurring and innovations developing throughout North of Boston to aid women and men as they wage war against this pervasive disease.

You will hear from medical professionals who are caring for the patients in our cities and towns. And you will find useful information on treatment breakthroughs, diagnostic tools and more.

Two years ago, North of Boston Media Group's director of human resources was among the brave women telling her personal story. Laurie D'Amore fought stage 3 inflammatory breast cancer with the utmost of grace, determination and candor. Sadly, at age 53, she succumbed to the aggressive disease in November 2018. We dedicate this year's Breast Cancer Awareness Campaign to her as a powerful reminder that we need to continue our resolve toward finding new treatments and a cure for breast cancer.

We offer our gratitude to the many community and business leaders who appear throughout this supplement in support of our campaign. Please join us in thanking them for making this initiative possible through their sponsorships.

Additional copies of this special supplement are available at The Salem News office, 32 Dunham Road, Beverly. We encourage you to share them with others as we join together in spreading awareness and hope.

**KAREN ANDREAS**  
Publisher  
The Salem News and  
North of Boston Media Group

**SONYA VARTABEDIAN**  
Managing editor, Features, Magazines  
and Special Projects  
North of Boston Media Group



# WHAT YOU NEED TO KNOW ABOUT BREAST CANCER

THE SECOND LEADING CAUSE OF DEATH AMONG U.S. WOMEN

A WOMAN IN THE U.S. HAS A

**1 IN 8**

OR 12.4% LIFETIME RISK OF BEING DIAGNOSED WITH BREAST CANCER

## WHAT IS BREAST CANCER?

Cancer causes cells in the body to change and spread out of control. The cells eventually form a lump or mass called a **TUMOR**. Most breast cancers either begin in the breast tissue made up of glands for milk production, called lobules, or in the ducts that connect the lobules to the nipple.



## SIGNS & SYMPTOMS

The most common sign is a painless **LUMP** in the breast. Sometimes breast cancer spreads to underarm lymph nodes and causes a lump or swelling, even before the original tumor is large enough to be felt. Less common symptoms include breast pain or heaviness, persistent changes such as swelling, thickening or redness, and nipple abnormalities such as discharge or retraction.

**STAGES OF BREAST CANCER:** 0 (least advanced), I, II, III and IV (most advanced)

## TRENDS IN CANCER RATES

Rates dropped sharply between 2002 and 2003. From 2005 to 2014, the rate has been stable.



Source: American Cancer Society - Breast Cancer Facts & Figures 2017-18, breastcancer.org  
Graphic by Heather Bremer | CNHI News Indiana

## GETTING A DIAGNOSIS

Breast cancer is typically detected either during a screening examination before symptoms develop or after a woman notices a lump. If cancer is suspected, microscopic analysis, through needle **BIOPSY** or **SURGICAL INCISION**, is required to diagnose the disease and determine the stage and type.



## RISKS YOU CAN'T CHANGE

- Getting older
- Genetic mutations
- Reproductive history
- Dense breasts
- Personal history of breast cancer or disease
- Family history of breast cancer
- Previous treatment using radiation therapy
- Took diethylstilbestrol while pregnant

## THOSE YOU CAN CHANGE

- Not being physically active
- Taking hormones
- Reproductive history
- Drinking alcohol
- Being overweight or obese after menopause



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



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# Improving breast cancer surgery with Magseed technology

## Dr. Ashling O'Connor

Breast Health Center,  
Lahey Outpatient Center,  
Danvers



Breast cancer is one of the most commonly diagnosed female cancers, killing an estimated 627,000 women each year, according to the World Health Organization. In this year alone, an estimated 268,600 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 62,930 new cases of noninvasive breast cancer.

Detection of breast cancer in its earliest stages offers women the best long-term prognosis. With improved imaging techniques and more sensitive mammograms, we are now detecting cancers at very

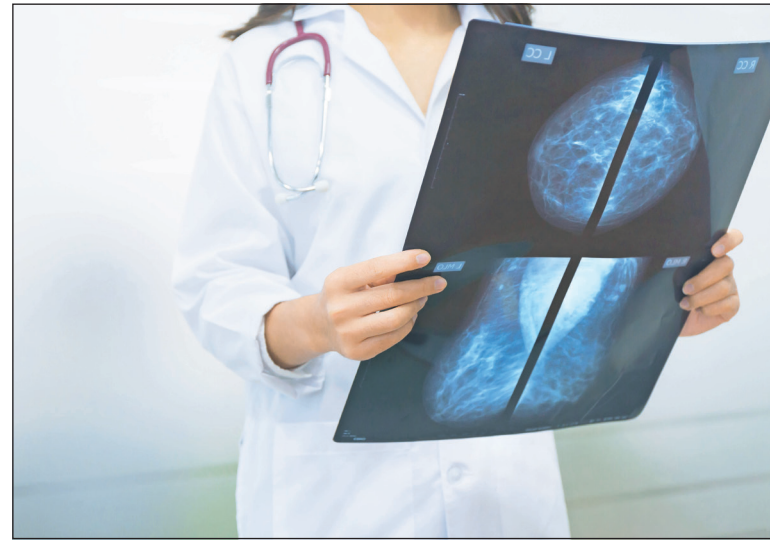
small sizes. These tumors are often unable to be felt, so in order for the surgeon to be able to accurately find them in the operating room, we need a way of marking the tumor.

In the past, we used to place a wire into the tumor guided by either mammogram or ultrasound the morning of the surgery. This method, while effective, was not very comfortable for the patient.

The wire can also become dislodged before surgery and can lead to surgical delays and potentially another surgery later on, as the surgeon may not be able to remove the entire tumor. This puts undue stress on everyone.

In seeking a solution for our patients, last year, Lahey Hospital & Medical Center; Beverly Hospital; and Lahey Outpatient Center, Danvers, started to utilize a new magnetic surgical technology called Magseed to localize where the tumor is in the breast.

Approved by the Food and Drug Administration, the Magseed is a magnetic chip that is placed next to



the tumor through a small needle. This is done a few days before the surgery at the patient's convenience. At the time of surgery, the surgeon can locate the magnetic chip by using a small handheld scanner. The marker gives off a signal that allows medical teams to accurately determine where the tumor is located, enabling the

surgeon to make a smaller incision. But with all the advancements in breast cancer, early detection and awareness are critical in treating this disease and women should follow these simple guidelines for early breast detection:

■ **Mammogram:** Yearly mammograms are recommended starting at age 40 and continuing for as

long as a woman is in good health.

■ **Clinical breast exam:** A clinical breast exam is recommended every three years for women in their 20s and 30s and every year for women 40 and over.

■ **Breast awareness and breast self-exam:** Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam is an option for women starting in their 20s.

■ **Breast MRI:** Some women — because of their family history, a genetic tendency or certain other factors — should be screened with MRI in addition to mammography. (The number of women who fall into this category is small: less than 2% of all women in the U.S.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

*Ashling O'Connor, M.D., is a breast surgeon at the Breast Health Center at Lahey Outpatient Center, Danvers.*

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# ‘I was always preparing for a day like that’

## Early detection proves a lifesaver for Beverly mom of four

By DAN MARRA  
LAHEY HEALTH

Catherine Roberts knew her chances of being diagnosed with breast cancer were high. It was a family birthright of sorts — her great-grandmother, grandmother, mother and aunt have all been diagnosed with the disease.

It’s why the Beverly mother of four started preventive care as early as possible.

Roberts, 41, was diligent with self-exams, had genetic testing and started receiving annual mammograms in her mid-30s — five years earlier than the recommended age of 40. She worked to stay in shape and eat healthy.



Courtesy photo

**Catherine Roberts sits for a family portrait with her husband, Kevin, and their four children — Wes, 12; Toby, 10; Maeve, 8; and Reese, 2. She said that her family is what motivates her to remain vigilant about her regular screenings for breast cancer.**

But even with all her focus on prevention and early detection, Roberts was still in shock after a routine mam-

“In the back of my head, I was always preparing for a day like that,” Roberts said. “But really, you can never quite prepare for the news.”

That mammogram found a cancerous tumor on her breast.

It was caught early. And Roberts required only radiation and medication to battle the tumor, avoiding the need for chemotherapy.

“I had no idea I had a lump,” Roberts said. “I didn’t feel anything. Catching it early was certainly a blessing.”

For women who have no family history, self-examination and regular doctor’s appointments become even more critical, said Kim Willis, nurse practitioner and breast health navigator at Lahey Outpatient Breast Center.

“Early detection and prevention is the goal in educating women on breast health and their personal risk of breast cancer,” Willis said. “We can cure breast cancer if it is found early.

“Guiding women in the correct way of doing a self-breast exam, advocating for clinical breast exams with their yearly physicals, and knowing when to start annual screening mammograms are critical to early detection of breast cancer.”

Roberts knows she was lucky. She now has a breast MRI and mammogram every six months. And her four children are one of the biggest reasons why.

“It’s not just me I need to think about,” Roberts said. “I have four kids and they’re the ones who keep me going. Being diagnosed rattles you. I don’t know if that will ever go away.

“I still get emotional when I think about it, but I’m grateful. I know how lucky and fortunate I am.”

## Genetic testing may detect cancer risk

While there is no guaranteed way to prevent cancer, genetic testing can help individuals better understand their risks for certain types of cancer.

Genetic testing looks for specific markers that can indicate the likelihood that a person will develop a certain disease.

Since cancer sometimes appears to run in families, people with a family history of the disease may benefit from hereditary testing. Some genetic tests examine rare inherited mutations of certain protective genes that may be indicative of cancers of the breasts or ovaries. These genes include BRCA1 and BRCA2. The National Cancer Institute states that mutations in genes that control cell growth and the repair of damaged DNA are likely to be associated with increased cancer risk.

It’s important to note that even if a cancer-predisposing mutation is present in one’s family, an individual will not automatically inherit the mutation. And even if the person does, there’s no guarantee that it will lead to cancer.

According to the National Cancer Institute, mutations in hereditary cancer syndromes are inherited in three ways: autosomal dominant, autosomal recessive and X-linked recessive inheritance.

Autosomal dominant inheritance occurs when a single altered copy of the gene is enough to increase a person’s chances of developing cancer. Autosomal recessive inheritance occurs when a person has an increased risk of cancer only if he or she inherits an altered copy of the gene from each parent.

A female with a recessive cancer-predisposing mutation on one of her X chromosomes and a

*If you feel you are a candidate for genetic testing, speak with your doctor.*

normal copy of the gene on her other X chromosome is a carrier, but will not have an increased risk of cancer. Having two mutations makes her more likely to get cancer. Men are less likely to get cancer from this mutation because they only have one X chromosome.

Researchers continue to develop tests to examine multiple genes that may increase or decrease a person’s risk for cancer. Such tests may facilitate a proactive approach that can detect cancer before it spreads.

If you feel you are a candidate for genetic testing, speak with your doctor. Risk is based on things like personal medical history and family history. Testing may be conducted by a trained doctor, nurse or genetic counselor. Patients will go through some sort of genetic counseling and be asked a number of questions about their lineage and the family history of the disease in different branches of their family trees, which will help to determine if further testing is warranted.

Testing may be done on a sample of blood, cheek cells, urine, hair, amniotic fluid or other bodily tissues. Results will be interpreted by experts, and the information will be shared.

An increased risk for cancer does not guarantee that a person will get cancer. However, it can help an individual make certain lifestyle choices and become aware of symptoms so that cancer can be caught early.

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# An innovator in patient care

## Dr. Schwartz leading the way in cancer treatment on the North Shore



Dr. Joel Schwartz, center, receives the 2019 Hope Begins Here award from Boston North Cancer Association President Susan McCarthy and Vice President Kevin McCarthy.

LIGHTSHED PHOTOGRAPHY/Courtesy photo

BY WILL BROADDUS  
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NORTHOFBOSTON.COM

This May, the Boston North Cancer Association gave its 2019 Hope Begins Here award to Dr. Joel Schwartz, director of oncology services at Mass General/North Shore Cancer Center in Danvers.

The association provides North Shore communities with resources for cancer treatment, prevention, care and education, and its award recognized Schwartz's "deep commitment to the care of families facing the challenges of cancer throughout the communities north of Boston."

That was only the most recent time that a local institution has recognized the work of Schwartz, who received an honorary doctorate from Salem State College in 1998.

The citation for that degree described "unprecedented improvements in the quality of patient care" that Schwartz initiated after joining the North Shore Cancer Center in 1990.

"We became part of Mass General Hospital in 2009," Schwartz said. "Prior to that, we were the North Shore Cancer Center, which was a subsidiary of North Shore Medical Center."

In particular, Salem State's citation mentioned "multidisciplinary management clinics in breast cancer, urologic cancer and thoracic malignancies," which Schwartz started so that surgical, medical and radiation oncologists could meet to determine the best course of treatment for each patient.

"It was ahead of its time at the time," Schwartz said. "I was trained at the National Cancer Institute in Bethesda, Maryland, and it was something we did that

*"One of the biggest changes has been the involvement of genetics in breast cancer patients. Some believe every breast cancer patient should see a genetic counselor."*

**Dr. Joel Schwartz**

I brought to Salem, then Peabody when I came. The notion was to have multiple people in a room reviewing a patient's case before anyone went down any avenue of management."

This approach helps eliminate any need to "backtrack" in a patient's care, Schwartz said, and it has become standard practice for oncology departments.

"It has become the best way of managing a patient with cancer," he said.

Schwartz said that the breast cancer clinics at Mass General/North Shore Cancer Center are currently seeing six to eight new patients each week.

In the years since he introduced a multidisciplinary approach to treating this disease, a number of new developments have occurred that are currently being offered at Mass General/North Shore Cancer Center.

"One of the biggest changes has been the involvement of genetics in breast cancer patients," Schwartz said. "Some believe every breast cancer patient should see a genetic counselor."

Determining the extent to which genetics may influence the development of cancer can help determine the best course of treatment.

"Genetics counselors take a detailed family history and personal history from

the patient, and if testing is deemed indicated and the patient agrees, draw a blood test," Schwartz said.

Immunotherapy, which uses the body's own immune system to fight malignancies, has become another pillar in the treatment of breast cancer, Schwartz said. Two subtypes of breast cancer have been identified that have been approved for immunotherapy by the Food and Drug Administration.

"In the old days, breast cancer was treated with surgery, radiation, chemotherapy and hormonal therapy — the latter if hormone receptors (are) positive in the tumor," Schwartz said. "Now, HER2-positive cancers can be treated with those same modalities, plus the drug known as trastuzumab (or Herceptin), which targets HER2 and triple negative cancer."

Also, for breast cancer patients who undergo surgery, new methods have been developed to reduce disfigurement.

"There are many differences in surgical techniques on the part of plastic surgeons, and nipple-sparing mastectomies that have evolved over time, as well," Schwartz said.

Another major development over the years at Mass General Hospital/North Shore Cancer Center has been its focus on breast cancer prevention.

This hasn't caught on as well as the team had hoped, Schwartz said, but he is hopeful that the number of women making use of this resource will rise.

"We identify by a patient's history, by mammography findings, patients who are at high risk," Schwartz said. "We have a high-risk breast cancer prevention clinic. That's something we weren't doing 20 years ago."

## Proud to Support Breast Cancer Awareness and Research



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# Debunking common breast cancer myths

Information is a critical asset in the fight against breast cancer.

Learning to distinguish between accurate and false information can be especially valuable.

Despite researchers' best efforts, some myths about cancer still prevail. Some of these myths are about cancer in general, while others refer to specific cancers, including breast cancer.

Myths about breast cancer can be as harmful as accurate information is helpful, so learning the truth and debunking those myths can be an important part of women's preventive approach to breast cancer.

■ **Myth: Drinking milk increases your risk for breast cancer.** The American Cancer Society notes that early studies raised concerns that drinking milk from cows treated with hormones

could increase a person's risk for breast cancer.

However, ensuing research failed to find a clear link between the two. In fact, a 2002 study published in the International Journal of Epidemiology found no significant association between dairy fluid intake and breast cancer risk.

■ **Myth: Lumps indicate breast cancer.** The National Breast Cancer Foundation says that only a small percentage of breast lumps turn out to be cancer. However, abnormalities or changes in breast tissue should always be brought to the attention of a physician.

■ **Myth: Mammograms cause breast cancer to spread.** This myth is rooted in the incorrect notion that breast compression while getting a mammogram causes the cancer to spread. However, the National Breast Cancer Foundation insists



that cannot happen. In fact, the National Cancer Institute touts the benefits

of mammograms, while the American Cancer Society recommends women

between the ages of 45 and 54 get mammograms every year. For additional

breast cancer screening guidelines, visit the ACS at [cancer.org](http://cancer.org).

■ **Myth: Women with a family history of breast cancer are likely to develop breast cancer, too.** This myth is dangerous because, if taken at face value, it can give women with no family history of breast cancer a false sense of security. However, the National Breast Cancer Foundation notes that only about 10% of individuals diagnosed with breast cancer have a family history of the disease. The Centers for Disease Control and Prevention notes that a woman's risk for breast cancer is higher if she has a first-degree relative, including a mother, sister, daughter or even a male family member, who have had the disease. But breast cancer can affect anyone, regardless of their family history.



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# In a split second, life is put in perspective

## Gloucester woman calls on faith, family and tradition in battling breast cancer

By GAIL MCCARTHY  
GMCCARTHY@  
NORTHOFBOSTON.COM

Felicia Mohan went for her annual checkup the week she turned 48.

It was an uneventful checkup that January 2017 day in Boston, and even the breast exam did not raise any concerns for the lifelong Gloucester resident.

Mohan's doctor fit her in for a routine mammogram, too, so she could avoid making another trip into Boston.

There was no immediate news about the results, so Mohan assumed that all was well.

Then came the call about the need for further imaging, which often happens with patients who have dense breast tissue, which can make it difficult to get a clear reading.

After the next test, they put her in a room and called in her husband from the waiting room.

"Then I knew. They said, 'We see something and want you to come back for a biopsy as a precaution,'" Mohan recalled. "I was a little spooked, but not yet alarmed."

About a week after the biopsy, Mohan started thinking that no news was good news.

"I remember it was like a Friday, and I thought I should call, but decided to wait the weekend," she said. "On Monday, I called the imaging center, and I was told they would have my primary care doctor call right back.

"My heart dropped, and I had a pit in my stomach," she said. "I'll never forget that day."

### 'Everything happened so fast'

Mohan learned that she had ductal carcinoma in situ at stage zero.



Courtesy photo

**Following Felicia Mohan's breast cancer diagnosis in 2017, the ornate, 10-foot-tall altar erected in her home for the annual St. Joseph's novena was adorned in pink.**

"Life gets put in such perspective, all in a split second," she said. "I remember saying I don't want to die. I have twins, and I want to see my grandchildren some day.

"The doctor said, 'Don't freak out yet' and 'please don't jump the gun,'" she recounted. "I took a deep breath and called my husband, who was, of course, shocked and immediately supportive. I said, 'I don't want to tell anyone until I have a plan in place.'"

Her primary care doctor at Brigham and Women's Hospital in Boston scheduled an appointment with a surgeon at Dana-Farber Cancer Institute, explaining she would most likely need a lumpectomy. A cancellation led to an appointment three days later with a surgeon who typically is booked months out.

In the meantime, she called her gynecologist and went to see him the next day.

"I was shaking like a leaf, and he said, 'I don't know what kind of stress you've been under, but that stress needs to stop and it needs to

stop now,'" Mohan said.

Mohan had indeed been under tremendous stress, as her father was falling deeper into Alzheimer's disease.

"(The doctor) said we are seeing a high percentage of women with DCIS who are under great stress, and your autoimmune system can be affected when this continues over long periods of time," Mohan recalled. "He said whatever the stress is, it's not worth the effect it's having on your health."

Two days later, Mohan was left waiting in an exam room at Dana-Farber for over an hour. When the doctor finally entered, Mohan learned she had been conferring with the radiologists who discovered breast cancer in several spots in both breasts.

Their recommendation, based on Mohan's history, was a double mastectomy.

"It went from going to see what are my options to finding out I had no options," she said. "It's a blur after that, and everything happened so fast."

Surgery was set for Feb. 23.



PAUL BILODEAU/Staff photo

**Mohan enjoys a quiet moment at Niles Beach in Gloucester.**

"It took me a few days to wrap my head around what was happening and what was about to happen," she said. "I immediately turned to my faith. I found clarity in prayer as to how I was going to stay strong and focused throughout my cancer journey. For me, that was keeping it private.

"You don't know what it's like until the doctor says you have cancer — your world changes. Everyone gets through their cancer diagnosis and treatment differently. No one should judge any woman on her choice of treatment or how she takes her journey."

### Maintaining a sense of normalcy

Mohan knew it was time to talk to her children, now 21.

"I wanted to stay strong for them. I didn't want to rock their world, and I knew in my heart I was going to be OK," she said. "I must have done 7 million rosaries, and I prayed to have strength to protect my kids. I wanted to keep life as normal as possible."

In the Mohan household, that meant going forward with plans for their annual

St. Joseph's novena, a nine-day open house focusing on prayer and a long-standing Sicilian tradition. That also meant erecting the ornate St. Joseph's altar and preparing massive amounts of food, from homemade pasta to desserts to the family's own limoncello.

"I said St. Joseph's is going to happen because if I need prayer more than ever, it is this year," Mohan said.

But in order to pull off the annual novena — scheduled to begin in March, two weeks after her surgery — she realized she had to tell a few women in her close circle of friends because she knew she couldn't complete the preparations alone, especially since she'd be completely sidelined following the surgery.

That year, the 10-foot-tall altar was pink.

On the morning of day one of the novena, Mohan — whose maiden name is Ciaramitaro — shared the news with extended immediate family and the women who prayed the rosary.

That night — 14 days after surgery — the usually fashionably dressed Mohan donned a baggy shirt and sweater to shield her post-surgery condition from those attending. She planned to stay seated during the novena, because that way, no one would be able to hug her since she was unable to lift her arms or even hold a cup of water or accept a bottle of wine as a hostess gift.

When the novena ended on March 19, Mohan prepared herself for the ordeal of breast reconstruction, which began with another excruciatingly painful surgery two days later. Because her cancer had not spread, Mohan said that balloons that start stretching the skin for reconstructive surgery were inserted during

the procedure.

At the same time, her father took a downward turn.

"No one wanted to tell me my father was dying in the wake of the extremely painful procedure, after which my husband literally carried me to bed," she said. "I remember him waking me up in the afternoon to tell me that my father may not make it through the night and he wanted to give me the option to say goodbye."

She knew what she needed to do. So her husband, Barry Mohan, carried her from bed to the car and into the nursing home and sat her on a chair next to her father. She brought rosary beads from the altar and the statue of a sleeping St. Joseph, a gift from a priest, which was placed on her father's chest.

"We sang the rosary, and I told him to go and we would be fine," Mohan said. "He died two days later, one month to the day after my mastectomy."

Mohan continued with the reconstruction. Months after the initial procedure, she began undergoing a series of fat transfers from her own body. She underwent six fat transfers before ultimately receiving a newly developed implant with a design that required fewer fat transfers overall.

More than two years out from her initial diagnosis, Mohan knows she's lucky.

"I didn't need radiation or chemotherapy. I was blessed because it was caught in a routine mammogram," she said. "I fought the battle, but the women who have to undergo the radiation and chemotherapy — they are the real warriors."

Come January 2020, Mohan will once again begin planning for the St. Joseph's novena — with a renewed spirit.



# Can diet prevent breast cancer from spreading?



Courtesy photos

Researchers suggest that limiting the consumption of the amino acid asparagine, which is found in foods like asparagus and legumes, may help minimize the spread of cancer in the body.

Healthy diets that include plenty of antioxidant-rich fruits and vegetables that can boost the body's natural immune system can help people in their fight against cancer.

While some foods, namely unhealthy, high-fat/high-caloric foods, are best avoided, women who have been diagnosed with breast cancer who want to prevent the spread of cancer to other areas of their bodies may want to cut some surprising foods from their diets, too.

Preliminary research now suggests limiting the consumption of asparagine, an amino acid, to dramatically reduce the ability of cancer to spread to other parts of the body. A study published in the journal *Nature* found that reducing asparagine consumption in laboratory mice with triple-negative breast cancer could dramatically reduce the ability of the cancer to travel to distant sites in the body.

Asparagine is found in foods



like asparagus, whole grains, soy, seafood, eggs, poultry, beef, legumes and more. While reducing asparagine will not affect the original breast cancer tumor, it could stop cancer from showing up elsewhere in the body.

Researchers suspect that many women with breast cancer do not lose their lives to the original breast cancer tumor, but instead, they succumb to metastases or subsequent

growths away from the primary site.

"Our study adds to a growing body of evidence that suggests diet can influence the course of the disease," said Simon Knott, Ph.D., associate director of the Center for Bioinformatics and Functional Genomics at Cedars-Sinai in California and one of two first authors of the study.

The research from this study was conducted at more than a dozen institutions.

Apart from dietary restrictions, metastasis also could be greatly limited by reducing asparagine synthetase using the chemotherapy drug L-asparaginase.

More research is needed as to whether similar results can be produced in human trials, making avoiding asparagine currently a helpful, but not entirely foolproof, method for preventing the spread of breast cancer to other areas of the body.

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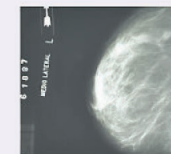


## 9 THINGS TO KNOW ABOUT MAMMOGRAMS

Mammograms are the best screening tool available to detect breast cancer early, when it's easier to treat. Here's what you need to know to make your mammogram go as smoothly as possible:

### 1. WHAT IS A MAMMOGRAM?

A mammogram is an **X-RAY OF THE BREAST** that's used to find breast changes. The X-ray machines used for mammograms produce low-energy X-rays and expose the breast to much less radiation compared with those in the past.



### 2. WHERE TO GET IT

Find a center that **SPECIALIZES** in mammograms. The Food and Drug Administration certifies mammogram facilities that meet high professional standards of quality and safety. If you find a facility you like, stick with it for your annual checkup.

### 3. WHEN TO SCHEDULE IT

It's best to schedule your mammogram about **A WEEK AFTER YOUR MENSTRUAL PERIOD**. Your breasts won't be as tender or swollen, which means less discomfort during the X-ray.

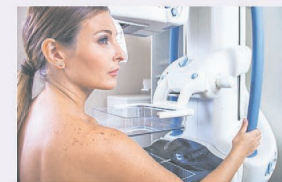


### 4. WHAT TO WEAR

Wear a **TWO-PIECE OUTFIT** because you will need to remove your top and bra. Do not apply deodorant, antiperspirant, powder, lotion or ointment on or around your chest that day. These products can appear as white spaces on the X-ray.

### 5. WHAT TO EXPECT

The entire procedure should take about **20 MINUTES**. The breast is compressed between two plastic plates for a few seconds while an X-ray is taken. It's repositioned and compressed again to take another view. This is then done on the other breast.

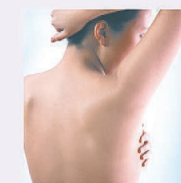


### 6. GETTING THE RESULTS

You should get your results within **10 DAYS**. If you don't, you should call to ask about them. If doctors find something suspicious, you'll likely be contacted within a week to take new pictures or get other tests. **BUT THAT DOESN'T MEAN YOU HAVE CANCER.**

### 7. WHAT YOU PAY

For uninsured or low-income women, free or low-cost services are available. Call the **AMERICAN CANCER SOCIETY** at 1-800-227-2345 to find a program near you.



### 8. DOING SELF EXAMS

Medical professionals encourage adult women to perform **BREAST SELF-EXAMS** at least once a month. Forty percent of breast cancers are detected by women who feel a lump. If you find a lump, schedule an appointment with your doctor, but **DON'T PANIC** — eight out of 10 lumps aren't cancerous.

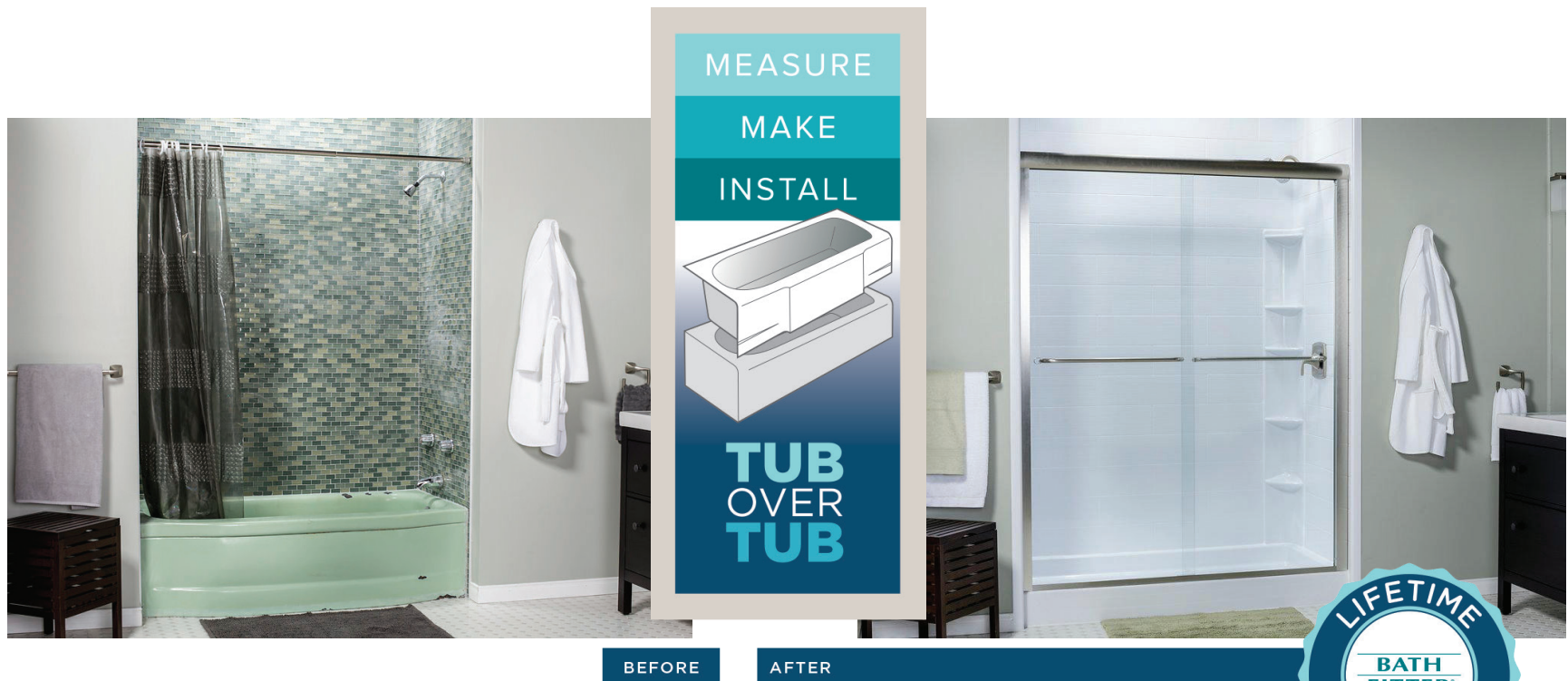
### 9. WHEN TO START SCREENING

According to the American Cancer Society, women 40 to 44 should have the choice to start annual mammograms if they wish to do so. Women age 45 to 54 should get mammograms every year. Women 55 and older should have mammograms every two years.





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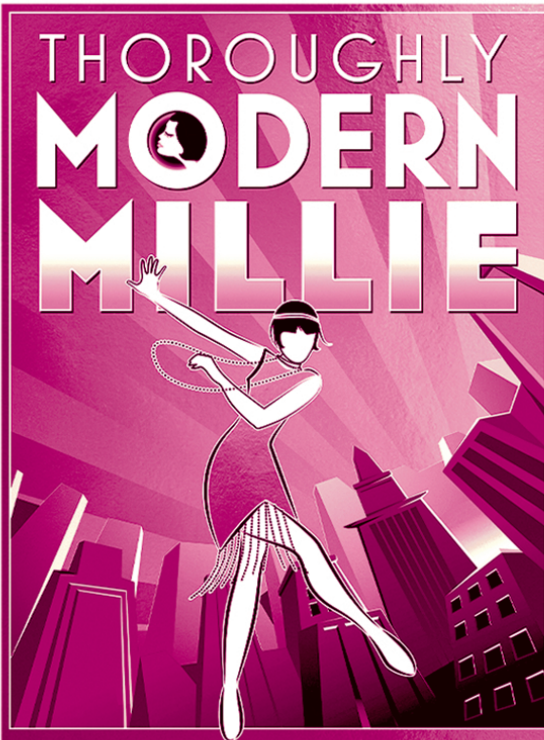
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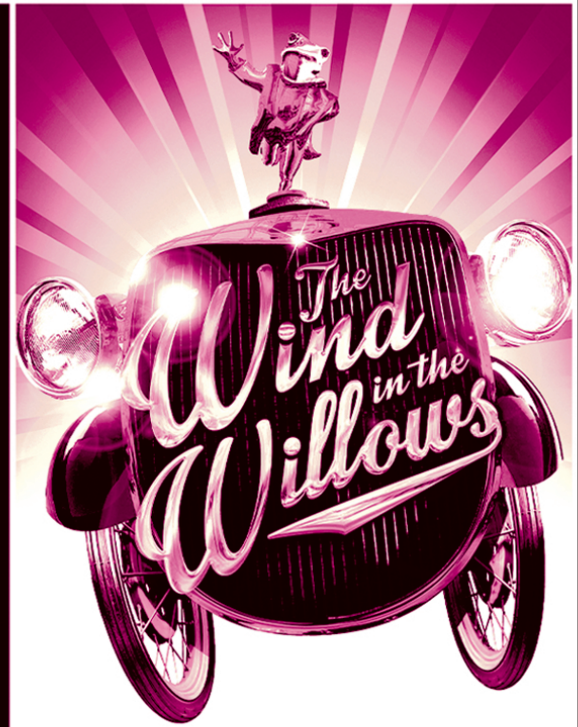




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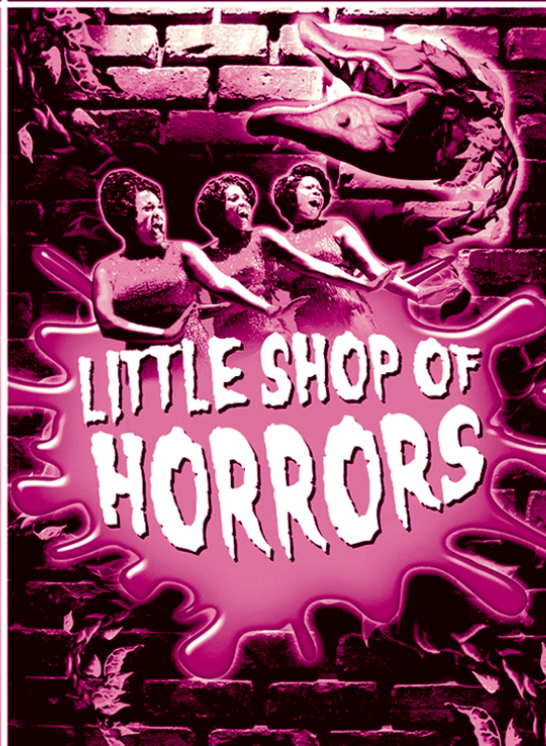
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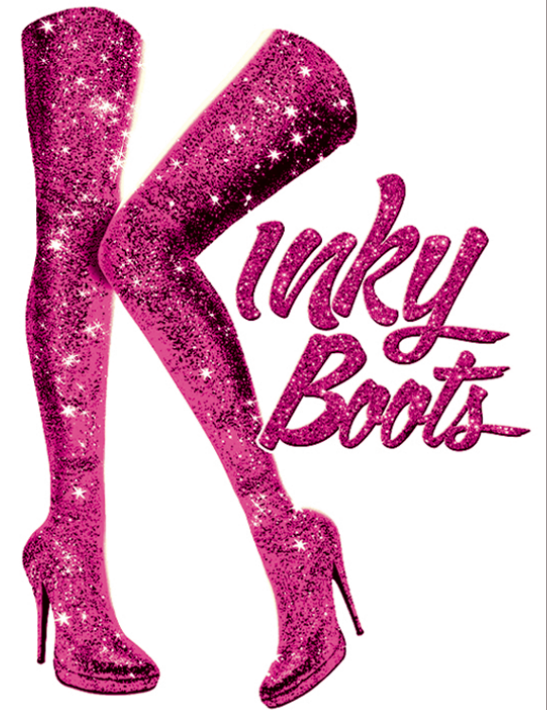
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# Dressing with confidence

## Survivor's stylish jackets make life after surgery 'A Little Easier'

By TERRY DATE  
TDATE@NORTHOFBOSTON.COM

The French blue recovery jackets were named the "Jacki" in 2001 shortly after Cathy McGrath imagined them into existence.

Since 2004, McGrath's Lawrence-based nonprofit, A Little Easier Recovery Inc., has given more than 20,000 of the jackets free of charge to breast cancer patients, including those who have received care at 17 health facilities in Massachusetts.

The Jacki, outfitted with interior pockets, boosts the confidence of patients whose post-surgery bodies are draped with drainage tubes.

Donning a Jacki, they

slip into a fashionable and practical garment that covers the tubes and accommodates the drain receptacles.

The wearers then can head out for anything, a mundane meeting or silver anniversary, less likely to worry themselves with self-consciousness, McGrath said.

"These women are able," McGrath said. "They are fighting for their lives. It's not just that. They are fighting for their lives back."

The Jacki creation story leads back to McGrath in March 2001.

The North Andover woman was in the hospital after a mastectomy and feeling pain as she tried to arrange her awkward surgical drains.



Breast cancer survivor Cathy McGrath, right, of North Andover, the founder of A Little Easier Recovery and creator of the Jacki, which she is wearing, poses with Maureen Cardinal, her neighbor and the executive director for her Lawrence-based nonprofit. The jackets have been distributed to 47 hospitals in 16 states this year alone.

Courtesy photo

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The tubes, to prevent infection, drain fluid from incisions. The fluid collects in lemon-shaped vessels hanging at a patient's hip.

"What do I do with these? How do I hold them in place when I leave the hospital?" wondered McGrath, a mother of three.

Someone suggested that she buy a carpenter's tool belt at Home Depot and put the vessels in the pockets where tape measures, chalk line and framing squares go.

Nix that, she thought.

She had her sister bring over one of her husband's shirts, a white, button-down oxford, a roomy shirt in which she could stitch pockets.

She later brainstormed a name for her design, playing an associative game that started with the johnny that she was wearing in the hospital.

It went something like this: "Johnny, Jackie, jacket, former first lady and fashion icon Jacqueline Kennedy Onassis — the Jacki."

Voilà.

In time, as she felt better, McGrath stumbled through iterations of the jacket.

She gave it



Courtesy photos

**The Jacki recovery jacket has several pockets sewn inside for breast cancer patients to securely tuck their post-surgical drains.**

all-around pockets — set at the top and bottom — in which to tuck the drains securely.

Velcro seams allowed one-handed dressing and easy access for nurses and doctors.

In 2004, McGrath enlisted the help of a neighbor, also a mother

of three, Maureen Cardinal, to send the first jackets into the world.

They brought a dozen jackets to Brigham and Women's Hospital and Tufts Medical Center, asking them to test the garments.

Within a week, the women knew

they had hit a home run.

The surgeons at those hospitals were taking jackets to other hospitals to patients who needed them most.

Cardinal, a former data professional, became the nonprofit's executive director, a salaried position. Her duties include grant writing, communications, accounting and distribution.

The garments, valued at \$70 each, are funded through corporate sponsorships and donations.

Contributions to the nonprofit over the past six years have totaled almost \$1.15 million, according to tax information posted online.

The jackets are made in China and shipped to a rented space on Parker Street in Lawrence.

There, volunteers hang, steam, size, tag and bag the Jackis and Jacks (for men, based on a baseball theme). The jackets come in different sizes and colors, though the primary color is French blue.

Around 33 volunteers from the Merrimack Valley help the nonprofit.

More than 1,000 Jackis have been given out this year. Nurses and surgeons distribute them to their patients at 47 hospitals in

16 states.

Recent shipments went to Brigham and Women's Faulkner Hospital and Massachusetts General Hospital, both in Boston.

Over the years, McGrath has received lots of thank-you letters from Jacki recipients.

They have come from women who related the confidence they gained wearing the jacket.

Some of them wrote about going to high school reunions or milestone birthday parties.

One woman wrote that after having surgery and wearing the Jacki, she had the confidence to give the eulogy at her father's funeral.

A mom said the Jacki let her play "Thomas the Tank Engine" with her child, McGrath said.

The jackets help women forge ahead with life experiences.

"Life doesn't stop at diagnosis," McGrath said. "It just becomes more complicated."

Helping people with breast cancer gratifies McGrath.

"Because this is such an unfair fight and a long journey," she said, "if we can make it easier for them, it is worth it."

For more information, visit [alittleeasierrecovery.org](http://alittleeasierrecovery.org).

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# BREAST CANCER

## NATIONAL STATISTICS



**3.1 million** U.S. women living with history of breast cancer in 2019

### INCIDENCE & DEATH

**271,270**

Estimated **NEW CASES** diagnosed in 2019 (Female & male cases combined)

**42,260**

Estimated **DEATHS** in 2019 (Female & male cases combined)

**2,670**

Estimated new cases in **MEN** in 2019



### MORTALITY TRENDS



Overall breast cancer death rates increased by 0.4 percent per year from 1975 to 1989, but since have decreased rapidly for a total decline of 39 percent through 2015.

### WHO GETS BREAST CANCER?

#### AGE FACTORS

Breast cancer incidence and death rates generally **INCREASE WITH AGE**. At 80 and older, however, rates go down, likely due to lower rates of screening or detection of disease before 80.

#### Median Age of Diagnosis

**62 YEARS OLD**

The median age of diagnosis is younger for black women (59) than it is for white women (63).

#### GEOGRAPHY



Breast cancer mortality rates among **WHITE WOMEN** tend to be highest in the North Central, Mid-Atlantic and Western regions of the U.S.

Among **BLACK WOMEN**, the highest death rates are found in some of the South Central and Mid-Atlantic states as well as California.

Women in **ALASKA** had twice the incidence rates than those in the Southwest U.S. during 1999-2009.

#### RACE/ETHNICITY

Incidence and death rates for breast cancer are **HIGHER** among non-Hispanic white and black women than other groups.

#### Incidence Rates 2011-15

Average annual rate per 100,000, age adjusted to the 2000 U.S. standard population:

Non-Hispanic white: 130.1

Non-Hispanic black: 126.5

American Indian & Alaska Native: 100.9

Hispanic: 93

Asian & Pacific Islander: 92.9

#### Death Rates, 2012-16

Non-Hispanic white: 20.6

Non-Hispanic black: 28.9

American Indian & Alaska Native: 14.5

Hispanic: 14.3

Asian & Pacific Islander: 11.3

Non-Hispanic black women have the highest rates before age 40 and are **MORE LIKELY TO DIE** from breast cancer at every age.





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# Comprensión at the table

## Group provides support for Spanish-speaking women with cancer

By TERRY DATE  
TDATE@NORTHOFBOSTON.COM

Hot coffee, worried minds and emotion.

All have a place at the *Círculo de Vida* table.

The support group for Spanish-speaking women who are living with cancer or in its wake meets monthly on the campus of the Dana-Farber Cancer Institute in Boston. Just down the street from Fenway Park.

The women sit at a rectangular table in an unadorned upstairs room at the Yawkey Center for Cancer Care, a 13-story, shimmering glass and terra-cotta building facing Brookline Avenue.

Rachel Allende, a clinical social worker who speaks three languages, Spanish

among them, has been the group's moderator for 10 of its 11 years.

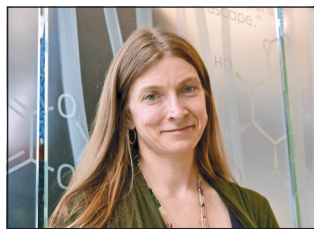
This afternoon, on the cusp of fall, she's in a ground-floor office at the Yawkey Center, reflecting on *Círculo de Vida* — Circle of Life.

Many of its women have or have had breast cancer.

When they meet late mornings for the appointed 90 minutes — which often extends longer — the agenda invariably visits tears and laughter, disagreement and consolation, and trust and understanding.

People walking at the end of the hall can hear and feel the energy in the distant room. Allende said that the gatherings generate transformations.

"One month, a woman



TERRY DATE/Staff photo

**Círculo de Vida group moderator Rachel Allende oversees the support group for Spanish-language speakers.**

comes in struggling around a diagnosis, and the next month, that woman is giving support to another woman," Allende said. "It is really beautiful."

The participants communicate with a clarity and familiarity that a common language affords. They feel understood, not



Courtesy photo

**From left, Boston Marathon Jimmy Fund Walk participants Perfecta Castro, Raquel Perez Cepero and Cindy Barajas get together in the Dana-Farber Blum Resource Center prior to the Sept. 22 event.**

just as cancer survivors but as immigrants — a circumstance that has likely impacted their experience of their illness and medical care, Allende said.

In their group, the women, primarily from Boston and the Merrimack Valley, talk in Spanish about cancer, treatment, health and their day-to-day lives.

Presentations, in Spanish or interpreted, include topics on breathing and relaxation, genetics, exercise, and nutrition.

Many of the women are strong in their faith and lend each other strength. Support group member and Lawrence resident Martha Peña is a group ambassador to her hometown, the Immigrant City. She spreads word of the group, drives people to the sessions and even sits with them at appointments.

Peña, diagnosed with sarcoma in 2012, joined the group in 2013. For six years, she has been a regular at

the *Círculo de Vida* table.

"She calls it her second family," Allende said.

Peña said that the group makes her think that she is not alone.

"Participating in the group lessens depression, anxiety and fatigue," Peña said, her words translated to English. "We motivate each other to endure our chronic illnesses and to keep up with our medical care."

Most, if not all, of the group's members were born somewhere other than the United States, Allende said.

Some come from places where treatment options are limited and a cancer diagnosis is especially dire, and where talk of the disease is unwelcome, Allende said.

Moreover, a mother — like all moms, regardless of background — might feel she is shorting her responsibilities to her family if she, often the central caregiver, talks about her cancer.

In *Círculo de Vida*, the women have a place to

speak freely and to feel as they truly do.

The group has about 60 people on its mailing list. Any given month, a dozen or so members attend the sessions. They are open to any Spanish-speaking woman who has received or is receiving treatment for cancer.

Conversations are confidential.

The group formed in 2008. Veronica Sanchez-Varela, a psychology fellow doing her practice at Dana-Farber Cancer Institute, and Magdalena Contreras, now the institute's director of community benefits, recognized a need for the group.

Allende said that it is especially gratifying to see members forge friendships outside the group.

On Sunday, Sept. 22, the group took part in its first Boston Marathon Jimmy Fund Walk, joining more than 8,000 walkers on the last day of summer.

The walk has raised more than \$135 million in 30 years for cancer research and patient care.

On Sept. 22, the 31st year of the walk, 21 people on the *Círculo de Vida* team walked the 5K leg of the 26.2 miles, with a goal of raising \$5,000 for the Jimmy Fund.

As of Sept. 30, the group had raised over \$4,200. It is accepting donations until Oct. 31 through its fundraising page, [danafarber.jimmyfund.org/goto/circulodevida](http://danafarber.jimmyfund.org/goto/circulodevida).

"They were all excited and energetic and, by the end, all tired and very proud," Allende said. "It was wonderful for the walkers to represent our group and their community and for them to feel the energy and enthusiasm of the thousands of others walking."

And they brought their own energy to the route, the kind generated at the *Círculo de Vida* table.

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# Mastectomy: What to expect before and after

Mastectomy is a treatment for women diagnosed with breast cancer or those who are genetically predisposed to cancer.

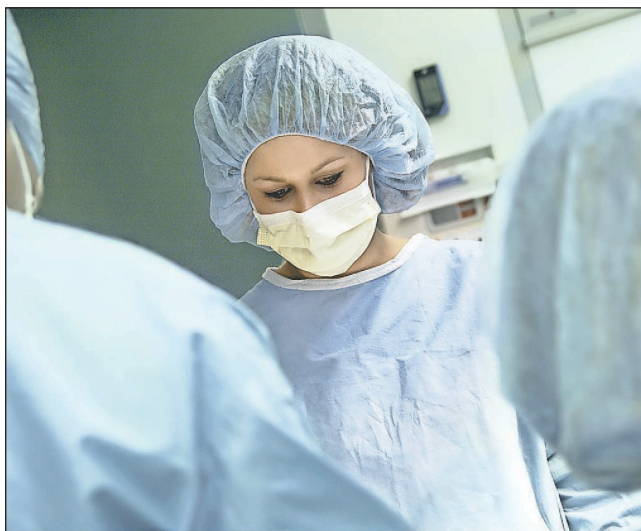
The removal of one or both breasts, the surgery may involve removing just the breast tissue or, in some cases, the lymph nodes, as well.

Data from the Agency for Healthcare Research and Quality points to a 36% increase of both single and double mastectomies between 2005 and 2013, the most recent year for data.

Women on the precipice of mastectomy 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:



Courtesy photo

**Women are encouraged to prepare beforehand for post-mastectomy needs in an effort to relieve some of the stress and be able to focus entirely on recovery.**

#### 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 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

Mastectomies 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 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.

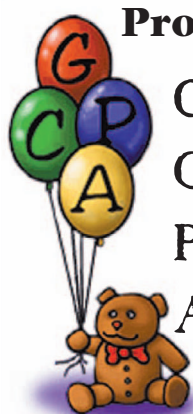
Patients should follow the recovery plans outlined by their doctors. Rest is most important during this time, so do not overdo exercise or other activities, although some movements to relieve

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 a mastectomy. 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.



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# Warriors among us — and a Wonder Woman

Miss Pink Organization and its annual pageant celebrate beauty, strength and courage



Photos by Joseph Prezioso

The Pink Warriors enter the room to cheers at the 2019 Miss Pink Pageant. The annual benefit celebrates the lives of breast cancer survivors and raises funds to support patients through their journeys.

BY ALYSE DIAMANTIDES  
ADIAMANTIDES@  
NORTHOFBOSTON.COM

For her first round of chemotherapy treatment, Erin O'Malley decided to dress up in something special: a Wonder Woman costume.

O'Malley, a DJ and radio personality for Mix 104.1 in Boston, was diagnosed with stage 2 breast cancer in June 2018. For each round of treatment, she continued wearing that superhero costume to remind herself of her inner strength.

"Wonder Woman doesn't only help herself, she helps those around her," said O'Malley, recalling how the boldly colorful costume always put a smile on people's faces.

Channeling her inner warrior, O'Malley started bringing in small "presents of strength," like pairs of socks, inspirational bracelets or "Cancer Sucks" coloring books for the other breast cancer patients to hold onto during their chemotherapy treatments.

"The outpouring of love I received was overwhelming," O'Malley said.

#### Finding the good

It was May 2018 when O'Malley, 47, found the lump in her breast. Less than six months before, she had gone for a 3D mammogram, which came back clear.

Several rounds of chemotherapy treatment at Dana-Farber Cancer Institute, a double mastectomy and reconstructive surgery followed.

O'Malley is now marking her one-year anniversary of being cancer-free this October.

Known for sharing "feel-good stories" with her listeners, O'Malley, who lives south of Boston with her husband and 6-year-old son, has tried to be completely transparent through



Ashley Herron Shultz, founder of the Miss Pink Organization, receives a kiss from her husband, Nick Schultz, in recognition of all her work staging the annual Miss Pink Pageant in April. Her organization marks its 10th anniversary this year.



New England Patriots cheerleader and cancer survivor Morgan Dzicek entertains the crowd during intermission of the 2019 Miss Pink Pageant.



Herron Shultz gets a hug of appreciation from Miss Pink 2018 Helene Palmer backstage at this spring's pageant.

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Miss Pink 2019 Erin O'Malley, sixth from left wearing her Wonder Woman costume, joins this year's other contestants for a group photo onstage after winning the crown.



The New England Patriots cheerleaders lend their support to the 2019 Miss Pink Pageant. The Miss Pink Organization's Ashley Herron Shultz was a 2017-18 Patriots cheerleader.

the process. Having endured her own experience, she now wants to give back to others.

"I'm going to find the good in this," she said of her aggressive form of triple negative breast cancer. "I knew my story could help women out there."

O'Malley is now an advocate for women, encouraging them to check themselves and never delay their annual appointments.

"Women taking control of their health is so important," she said.

Radio listeners who followed O'Malley's journey on air nominated her for the Miss Pink Pageant this past April. The annual event held at Danversport Yacht Club in Danvers celebrates and honors breast cancer survivors.

As it's become so much a part of her story, O'Malley slipped on her Wonder Woman costume once more for the pageant — where she was crowned Miss Pink 2019 and became this year's Miss Pink ambassador.

Miss Pink Organization founder Ashley Herron Shultz said the pageant winner is someone who spreads the message of hope.

"Erin O'Malley is someone who exemplifies this," she said. "Her story is a complete story of hope; she fills a room with so much light."



Friends, family and supporters pack the hall at Danversport Yacht Club to cheer on all of the Pink Warriors competing in this year's pageant.



Miss Massachusetts Kelly O'Grady and Miss New Hampshire Lexi Chinn pose for a photo while volunteering their time to the 2019 Miss Pink Pageant.

#### Inner beauty and strength

Herron Shultz, 31, founded the nonprofit Miss Pink Organization in 2009 in honor of her

grandmother, who died of ovarian cancer. Throughout her treatments, Herron Shultz remembers

Please see **PINK**, Page S26



Judges applaud the Pink Warriors as they compete in the 2019 Miss Pink Pageant.

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Pink Warrior Erin O'Malley takes the stage in her trademark Wonder Woman costume before being interviewed during the 2019 Miss Pink Pageant.



Contestant Ashley Lowell enjoys her turn on the Miss Pink Pageant runway.



Pink Warrior Julie Andrews puts on lipstick as she readies to go onstage for the Miss Pink Pageant.



Pink Warriors peek out from backstage as a video is played of their personal stories of survival at the 2019 Miss Pink Pageant. The annual benefit celebrates the lives of breast cancer survivors and raises funds to support patients through their journeys.

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## PINK

■ Continued from Page S25

seeing her grandmother's confidence in her physical beauty diminish.

"She didn't feel beautiful anymore, but I never saw her as more beautiful," she said.

Herron Shultz, who has said she struggled with feeling beautiful growing up, also saw her great-grandmother succumb to breast cancer.

"It's a personal mission for me," she said.

The Ipswich resident said the main objective of Miss Pink has always been "to help redefine beauty and celebrate women for their bravery and strength."

Herron Shultz said Miss Pink today has evolved to meet the emotional, physical and financial needs of its "women warriors." Run entirely by volunteers, the organization supports women who are undergoing treatment and their





Miss Pink 2018 Helene Palmer, left, crowns an overjoyed Erin O'Malley as this year's winner at the April pageant. In her role as Miss Pink 2019, O'Malley serves as an ambassador for the Miss Pink Organization.



Miss Pink founder and pageant organizer Ashley Herron Shultz, left, poses with the newly crowned O'Malley on the pink carpet at the 2019 celebration.

families by helping with child care, buying groceries, and providing transportation to and from treatment, as well as covering the cost of medical bills.

Its signature event, the Miss Pink Pageant, drew hundreds this past spring as the organization celebrated its 10th anniversary.

Breast cancer survivors, known as Miss Pink Warriors, are nominated to participate in the event, where they're pampered with a spa day while bonding with one another. Then, they slip into their evening gowns and take to the runway to share their personal stories before a winner is crowned.

"They're being vulnerable," Herron Shultz said. "It shows how true beauty exists in the world."

Support from the community is what makes all of this possible, she added.

"It says a lot about New England as a whole," said Herron Shultz, a former New England Patriots cheerleader.

To raise awareness, Miss Pink is partnering with Boston 25 News and Blue Hill Country Club in Canton to present the Powered by Pink



O'Malley flashes a smile as she takes to the runway in her evening gown.

Runway Show on Thursday, Oct. 24. The event will feature models from Boston 25, local celebrities and several Miss Pink Warriors.

The fashion show, hosted by O'Malley, will allow survivors to "feel empowered and rock the runway," Herron Shultz said.

As she looks back on the last decade, Herron Shultz reflects on how much Miss Pink has grown.

"We've seen such a change in our definition of

beauty," she said. "We can only grow and better support these women."

In the future, Herron Shultz hopes to expand the nonprofit internationally and help more women eliminate some of the stress that they and their families experience while undergoing treatment.

"We have to continue to persevere and create monumental change in the world of breast cancer," she said.



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# BELIEVE ANYTHING IS POSSIBLE

## Cancer survivor turns her artful pursuits into a tool for helping others heal

By MIKE LABELLA  
MLABELLA@  
NORTHOFBOSTON.COM

Priscilla Westaway is nearing her five-year mark as a breast cancer survivor, and to celebrate, she will hold her third annual art gala at Northern Essex Community College in Haverhill.

October is Breast Cancer Awareness Month, and Westaway, 52, of Methuen, is once again inviting area artists to donate and display their work, with a portion of sales going directly to cancer patients North of Boston who are being treated at the Lahey Health Oncology Centers and whose families are struggling with finances.

Her foundation — Believe Anything and Everything is Possible — was formed



Breast cancer survivor Priscilla Westaway has turned her love of art and photography into a tool to help other breast cancer patients.

in 2017. It has raised and donated more than \$20,000

to provide cancer patients with assistance in the form

of gas cards, child care expenses, groceries, copays for medication and other necessities to ease the burden of treatments.

Social workers at the Lahey Clinic work with Westaway to identify families in need of financial help.

“It takes a village to help one cancer patient survive every day,” said Westaway, who was diagnosed with stage 4 breast cancer. “I continue to receive treatment, and I see the need to help other patients and families.”

Artists are invited to donate works for the annual show, which will hang in the Hartleb Technology Center on NECC’s Haverhill campus on Thursday, Oct. 24, from 10 a.m. to 7 p.m. and on Friday, Oct. 25, from 10:30 a.m. to 8 p.m.

The public is invited to peruse the artwork that will be for sale, which will include an assortment of framed photographs, paintings, blown glass and sculptures.

“The artists will receive a portion of the sales, and



Westaway’s blown-glass pieces will be among the artwork and other artistic creations up for sale at her annual benefit this month.

my foundation will receive a portion, as well,” Westaway said.

A reception with the artists will take place Oct. 25 from 4 to 8 p.m. and will include a cash bar presented by a sales representative from Scout & Cellar, which is donating wine to the event. Beer will be available, too, and there will be free appetizers, courtesy of Hanford Supermarkets.

During the reception, ribbons will be awarded in various categories: three ribbons apiece in the categories of paintings and drawings, photographs, sculpture, pottery and ceramics, and other works of art, plus one best of show and one people’s choice ribbon.

As a new part of her fundraiser, Westaway has partnered with Flavia Leal Institute to offer cancer patients and survivors free salon services, including haircuts, facials, manicures and pedicures, and consultations for extensions and wigs.

This night of beauty will be held on Tuesday, Oct. 22, from 6 to 9 p.m. at the institute, 36 Cummings Park Drive, Woburn.

Through another partnership, the Merrimack Valley Quilters will be donating

### IF YOU GO

■ **What:** Third annual Believe Anything and Everything is Possible Art Gala

■ **When:** Thursday, Oct. 24, 10 a.m. to 7 p.m., and Friday, Oct. 25, 10:30 a.m. to 8 p.m.; reception Friday, Oct. 25, 4 to 8 p.m.

■ **Where:** Hartleb Technology Center, Northern Essex Community College, 100 Elliott St., Haverhill

■ **How much:** Free admission  
■ **More information:** [believeanything.org](http://believeanything.org)

comfort quilts to Believe Anything and Everything is Possible for distribution to patients at Lahey cancer centers.

Westaway has formed other partnerships, too, including with the Haverly Choral Group, which will be donating proceeds from its annual Christmas concert on Dec. 6 at Methuen Memorial Music Hall to her foundation.

“I feel it’s important to do things like this, because it is giving back in a different way, not just asking people to donate money or purchase something,” she said. “It’s forming partnerships for the foundation and other organizations that are aligned with our mission statement.”

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# PLANTING A NEW SEED

## Garden creator's new mission grows out of battle with breast cancer

BY KATIE LOVETT  
CONTRIBUTING WRITER

Nancy Burke assumed her annual mammogram in September 2018 would be as routine as all the previous ones.

Instead, she received the diagnosis no one ever wants to hear.

Burke, a special education paraprofessional at Haverhill High School, had stage 1 breast cancer.

"I had no worries," Burke, 59, recalled. "I didn't feel sick, I had no symptoms, and lo and behold, there it was."

Immediately, Burke's doctor at Anna Jaques Hospital in Newburyport scheduled a biopsy of the lump on her left breast for the very next day.

She met with Dr. Peter Hartmann, director of the Gerrish Breast Care Center at Anna Jaques, who performed her lumpectomy on Oct. 11.

Following that initial surgery, Burke underwent an additional surgery to address problems that arose during her recovery. She later had a port installed in order to start chemotherapy treatment.

Four months of intensive chemotherapy followed, which left her bald and battling a range of side effects. She was weak and suffered from nausea and dizziness. Because of the risk of germs she could encounter in public places, she was unable to drive or even go food shopping.

Following her final chemotherapy treatment in February, Burke then began radiation treatment, which was administered every weekday for four weeks.

The treatment was difficult, Burke said, but she is grateful she caught the disease as early as she did.

"I was totally shocked and blown away that I had this, because I went (the previous year) and I didn't have it," Burke said.

### A caring presence

Burke is known around Haverhill High for launching a farm-to-school gardening program with her special needs students.

She has said she was inspired to start the school's Learning Garden when she realized the students she was working with did not know how food was grown or where it came from.

She began the program in 2012 with a salsa garden contained within a single, accessible raised bed. It allowed her to bring together her special education students with other students from within Haverhill High School.

The project expanded to include a berry garden contained within a second raised bed and a stew garden in a third raised bed. It also fostered the growth of a garden club made up of students with differing abilities, at different grade levels.

Over the years, various groups of students — from the football team to the



MIKE SPRINGER/Staff photo

**Nancy Burke's student garden project at Haverhill High has brought together students of all backgrounds, abilities and interests.**

wrestling team to recruits in the Junior ROTC program that trains reserve officers — have united as a community to help one another and to make the garden program a success, Burke has said.

About 75 students in several different special education programs are now involved in the hands-on learning initiative. Burke has won statewide recognition for the program, too, including being named a Kale Blazer by the non-profit Massachusetts Farm to School organization.

Burke's absence much of last school year was tough on her students, who happily welcomed her back in the spring after a 7½-month absence. She said when her students saw her walk out to the school bus to greet them on her first day back, they started screaming and jumping up and down.

"They were so excited," she said.

### A personal cause

A year out from her diagnosis, Burke now has a new lesson to impart — one of encouraging others to get a mammogram every single year.

"Everyone knows me for planting the gardens at the school, but now I want to plant a new seed for everyone else: If they see anything funky on their body,

### IF YOU GO

- **What:** Celebrating Survivors – Couture for a Cure Brunch & Fashion Show
- **When:** Sunday, Oct. 20, noon to 2 p.m.
- **Where:** Blue Ocean Event Center, 4 Oceanfront North, Salisbury
- **How much:** \$50 general admission
- **More information:** [ajh.org/celebratingsurvivors](http://ajh.org/celebratingsurvivors)

or something weird — get it checked," she said.

Burke touts the care she received at the Gerrish Breast Care Center at Anna Jaques — from the receptionists and volunteers to the nurses and doctors — with aiding in her recovery.

Burke is honored to be among the cancer survivors chosen to take to the runway on Oct. 20 for Anna Jaques' annual Celebrating Survivors — Couture for a Cure Brunch & Fashion Show at Blue Ocean Event Center at Salisbury Beach.

She will join not only

survivors, but also caregivers, friends and family who have been impacted by cancer, on the pink carpet for the celebration of courage, beauty and strength. The event is presented by the Institution for Savings, Beth Israel Lahey Health and Anna Jaques Hospital.

### Reason to smile

Burke is grateful for the immeasurable love and support she has received throughout her ordeal. Family members took her to all appointments and ran her errands.

Her students and colleagues at Haverhill High rallied around her, too. In February, the Hillies boys and girls basketball teams held a fundraiser to benefit Burke and recent graduate Madison Copeland, who has battled kidney cancer.

For the "blackout" game, players sold lanyards, wristbands and key chains that matched the theme of the evening. Everyone in attendance was urged to dress in black to show support for

Burke and Copeland.

Burke's nurses from the Gerrish Breast Care Center and her doctor, Colleen Yarrow, were among those who turned out for the event. All proceeds were donated to both women to assist with their medical expenses.

Today, Burke continues to recover, but says she is doing well.

Although she can tire easily and sometimes battles nausea, she said, "I feel really good."

She has embarked on her new mission — to share her story. This fall, she teamed with other cancer survivors at local farmers markets to talk about her experience in hopes of promoting early detection.

She also urges everyone to slow down a bit, smile at others more, and avoid taking the little things — like being able to go to a grocery store — for granted.

"You never know what the next day will bring," she said. "Embrace every day. Make the most of everything you have."

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# A MANE CAUSE

## Wig devotee aims to end the stigma of hair loss for breast cancer patients and others

By ERIC CONVEY  
CONTRIBUTING WRITER

Nancy Parshley is a wig evangelist on a mission both commercial and altruistic.

The longtime advertising executive has been wearing wigs for a half-dozen years, even though until recently she sported a full head of hair beneath them.

She was drawn to wigs by the flexibility to pick a hairstyle for any occasion or engage in activities such as snorkeling without worrying about making time to spend hours in front of mirrors to become presentable again.

In 2018, she opened Mane Attraction Wigs alongside the advertising and marketing agency she owns and runs in Danvers.

She was motivated to start the business, she said, when she realized she could help fight a stigma attached to wearing wigs.

Her sister-in-law being diagnosed with breast cancer brought additional focus to her mission.

For the last year or so, Parshley has pursued a market niche providing wigs — sometimes at substantial discounts — to women who have lost their hair due to illnesses such as breast cancer or treatments such as chemotherapy. Women battling medical conditions now comprise about half of her clients.

Concerns about appearance can be especially troubling for women, even as they battle serious illnesses, Parshley said.

“I want that piece of it to be nothing,” she said.

A 2012 research paper by professor Lucia Zannini and colleagues at the University of Milan’s School of Public Health reported medical benefits for women who received what they called



“aesthetic care” for alopecia — or pervasive hair loss.

“Our findings showed that, even if expected, alopecia is experienced as a traumatic event that challenges a woman’s femininity,” the researchers wrote. “Diverging from other studies, the wig is perceived as very helpful, since it camouflages baldness and reduces the ‘sick aspect’ related to alopecia. Patients consider their wig to be a ‘friend.’”

Parshley said the same findings and principles can be applied to women battling breast cancer.

Parshley discussed her affection for wigs in general and her drive to provide



Nancy Parshley

them to women fighting illnesses during an interview in her office, which would

be a nondescript suburban space were it not for the presence of nearly 100 Styrofoam mannequin heads sporting a remarkable variety of wigs.

The “ladies,” as Parshley calls her silent office mates, are wearing just a small portion of the wigs Parshley stocks.

They range in price from about \$129 to \$500 for synthetic materials. A natural-hair wig can cost in the thousands of dollars.

Because they are not being acquired for cosmetic reasons, wigs — or “cranial prostheses,” as prescribed by physicians — are fully or partially covered under

most insurance plans.

Parshley is able to promote wigs for other women because they passed her own tests, including swimming and driving 85 mph in her purple Lexus convertible with its top down.

She works with women of all ages, she said. And while she has yet to serve men, some husbands of women visiting her office have expressed interest in getting wigs.

Parshley took her own commitment to wigs to a new level and, at her husband’s suggestion, shaved off her natural hair to simplify the use of wigs.

For the month of October,

Parshley is hoping to raise awareness and money to aid in the fight against breast cancer. Anyone who makes a donation to Heaps of Hope through Mane Attraction Wigs will receive a pink hair clip-in to wear with pride during Breast Cancer Awareness Month.

As the 60-year-old Parshley ponders eventual retirement, she expects her advertising business will continue without her. She wants, however, to grow the wig enterprise for a long time.

“This is something I’d really like to see take off,” she said.



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