

GIVE CANCER THE BOOT

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Early detection can be key

MARY BILLITER
For the Star-Tribune

Subashini Furman educates her patients on cancer so they know what they're fighting.

"The first thing I tell a patient — and it applies to breast cancer or any cancer — is that cancer is one of your family of cells," she said. "I have a lot of patients that have curable cancers that can virtually kill them, but they feel well."

The medical director of radiation oncology at Cheyenne Regional Cancer Center is a proponent of screening exams, such as mammograms, to find cancers before they cause symptoms.

"You cannot wait until you get a symptom, because cancer is part of your own family of cells, so your body doesn't see it as a threat," said Furman.

Early detection — when cancers are found when they are small and haven't spread — leads to better outcomes, she said.

But education also plays a role. Furman has discovered many patients go online and self-diagnose their symptoms. The hazard there, Furman cautions, is that often patients compare symptoms in dissimilar situations.

"You have to compare apples to apples," Furman said. "But you also have to compare the same apples. You have to compare a Golden Delicious with a Golden Delicious. If you don't, there are huge problems. No two patients will be treated the same way."

That misunderstanding is one of the reasons Furman prioritizes education. The other is to help alleviate fear.

"People fear the treatments more than the disease," Furman said.

Worry about the potential side effects often keeps patients from seeking treatment. But, Furman said, those side effects do carry sig-



KATHRYN BAKER, COURTESY

Dr. Subashini Furman, radiation oncologist at CRMC, with several of her team members (from left): Nancy Chuhryalya, radiation therapist; Jessie Wright, dosimetrist; Furman; Brenda Squires, chief radiation therapist; Lauren Peterson, simulation therapist; Nyoka Carter, LPN. The equipment in the background is a Varian TrueBeam™ Radiotherapy System, which can be used to treat cancer anywhere in the body where radiation therapy is indicated, including lung, breast, prostate and head and neck. This system was installed at CRMC's cancer center when the center opened in 2014.

nificance.

"We want to see some effects that show that the treatment delivered is working," she said. "So side effects are important and necessary, because the body is responding."

As a radiation oncologist, Furman seeks to give her patients information to combat myths. For instance, many patients believe they will lose their hair during radiation treatment.

"Radiation is a local treatment. It's impossible for someone to lose their hair if I direct

radiation at the breast," she said, explaining that hair loss is a systemic effect from chemotherapy that transmits through the blood.

"The way we treat cancers — we have to attack cancer smart, not necessarily big," she said. That's why routine mammograms and annual pelvic exams are key in early detection for women.

Often, a breast cancer diagnosis or even the fear of one clouds reasoning.

"You don't have a mastectomy because you think you're going to cure breast cancer. Can-

cer wants out. So taking out the breast, you can change the biology," Furman said.

Since cancer wants to spread, when the breasts are removed, it can reach the vital organs.

"You don't change the biology by doing a radical surgery. The question becomes: How can you change the biology?" she said.

The answer, Furman says, is systemic treatment therapy. Any treatment that enters the bloodstream, such as a daily pill, is systemic. Maximizing systemic therapy is a common treatment with breast cancer.

According to Furman, surgery and radiation are finite, but systemic therapy isn't.

"A cancer cell is immortal. If you want someone to be cured, you can't get rid of 90 percent or 99 percent — you can't leave any cancer cells behind. Curing cancer means you have sterilized 100 percent of the cancer cells through systemic therapy," she said.

However, if a woman with breast cancer had to have radiation, she wouldn't have to leave Wyoming to receive quality care, Furman said.

"Radiation is very precise," she explained. "I have the technology in Cheyenne. Cancer treatments are standardized. You get the same amount of radiation as you would in Denver, Casper or Cheyenne. The radiation dose is standardized. It is illegal and unethical to take a cancer and treat it any way than the proven way. Your cure rate is identical here as it is at John Hopkins."

"Breast cancer is highly curable — even stage four. It's not a death sentence,"

She also noted that one important part of the process is selecting a cancer care team.

"Find someone you trust that will be a partner with you," she said. "And understand your diagnosis, so you can make the very best decision for yourself."

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About 11 cancer survivors contributed to this mural as part of a Paintfest America event.

Adding Zest to life after diagnosis

Experts say patients do better with a positive outlook

MARY BILLITER
For the Star-Tribune

Tammy Thiede's corner office in the Cheyenne Regional Cancer Center is warm, bright and inviting.

It has panoramic views of Wyoming's state Capitol and the gardens that surround the center. It feels like stepping into a home, not a cold, sterile medical environment.

"The minute you become diagnosed with cancer, you become a survivor," said Thiede, the oncology service line director at Cheyenne Regional Cancer Services.

"We really try to celebrate that you're a survivor. Some people are a survivor for two weeks or 10 or 12 years or longer," said Thiede, who coordinates a survivor picnic at least twice a year.

She is in her 38th year at Cheyenne Regional Medical Center, where she began her career as a student X-ray technician in 1977.

Her move into oncology was, as Thiede explained, "the next step in my career."

The Cheyenne Regional Cancer Center is the only accredited oncology/cancer program in Wyoming.

When it opened two years ago, the vision was to ensure all patients could maintain a higher quality of life and hope for a brighter future.

"We find patients do better if they have a positive outlook. It's not just after treatment ends. Survivors will volunteer and become pink ribbon advocates for breast cancer," said Thiede.

"It keeps them from miring down in the depression. It is tough. It's a life-altering statement when someone says, 'You have cancer!'"

She knows the challenges from experience. Two years ago, Thiede's husband, Doug, was diagnosed with prostate cancer.

"You have to find the positives," said Thiede. "If you find the positives, it helps."

However, staying optimistic can be challenging, Thiede says.

"Every time you have something done, you'll worry. If it's time for your mammogram, you'll worry until you get the results.

That's not an impact on positivity — that's just a normal reaction," said Thiede. "If you've had something in the past, we fall back on what we know. We automatically assume for the worst. We all do it."

Even after treatment, the worries can remain, and the center tries to allay those concerns as well. At the end of treatment, breast cancer survivors at Cheyenne Regional Cancer Center are given a care plan that details their treatment, significant reactions and what the future holds.

"Our care doesn't stop because treatment has," said Thiede.

The care plan is helpful for breast cancer survivors who may have had daily treatment including radiation and chemotherapy.

"It is really freaky when you've spent six months every week doing something to treat your cancer. It's normal to think, 'I should be doing something for my cancer, or it will come back,'" Thiede said.

To assist in the transition, breast cancer survivors can lean on an oncology nurse who is a certified breast health navigator.

"You feel kind of bereaved. It's a common feeling. The contact person will be someone that is there for breast cancer survivors to contact so that they can go on to living a healthy life," said Thiede.

The oncology nurse navigator is a phone call away and can provide reassurance when it's needed most.

"Fatigue is a common thing people go through during treatment, so when they have energy they do too much, and the next two days they are set back and feel awful. When they call, we're here to tell them, 'You just fell into the normal pitfalls of what happened,'" Thiede said. "We just all want to be back to normal and those down days when you worry about something — don't. We'll walk you through it."

The adjustment to life outside a cancer center can be difficult even with help. But rediscovering your zest for life is possible.

"We celebrate everything we can," said Ryea O'Neill. "From all those little moments to the big moments, like ending chemotherapy, where they get to ring the bell."

It's not just the breast cancer survivors who celebrate at Rocky Mountain Oncology in Casper. O'Neill, the community relations and marketing manager, said the clinic's staff members share in the joy when survivors see progress.



KATHRYN BAKER, COURTESY

Bev Gross paints a western meadowlark at a Paintfest America event.



KATHRYN BAKER, COURTESY

Wyoming's canvas, featuring the western meadowlark and Indian paintbrush, was sent on to the Paintfest America organizers after it was done.

"We're celebrating on their behalf, so they're not doing it alone," O'Neill said. "It shows them the support system they have."

Both Rocky Mountain Oncology and Cheyenne Regional Cancer Center offer support groups for breast cancer survivors.

"All are welcome regardless of where they're at in their treatment," said Sam Carrick, the patient navigator at Rocky Mountain Oncology.

Carrick finds that the fluctuations in attendance for the group creates an atmosphere where support is fostered.

"Most survivors want to know what's normal," said Carrick.

Carrick is in her first year at Rocky Mountain Oncology after a career with a local church.

"This is my new ministry: helping people through this journey," she said. "There are sad days, and there are victories."

In addition to the support groups, Rocky Mountain Oncology and Cheyenne Regional Cancer Center offer yoga, birthday celebrations and other events, like painting, for breast cancer survivors.

"By being creative and painting, survivors are thinking with the right side of their brain," said Thiede, whose husband participated in PaintFest America along

"We really try to celebrate that you're a survivor. Some people are a survivor for two weeks or 10 or 12 years or longer."



Tammy Thiede, oncology service line director at Cheyenne Regional Cancer Services

with Cheyenne Regional Cancer Center.

PaintFest America is coordinated by the Foundation for Hospital Art, a nonprofit organization whose objective is to brighten the lives of cancer patients and survivors through art. Cancer survivors and patients painted three murals that represented Wyoming.

"It was pretty much paint-by-numbers," Thiede said with a laugh. "But after a cancer diagnosis, you're constantly using the left side of your brain, the logical side, for all your decision-making."

The color-coded mural provided not only an avenue for participants to tap into their creativity but a way to connect.

"All of these different cancer survivors painted and shared with each other," she said. "They took to each other."

The panels represent each of the 50 states and were unveiled in New York City in August. However, these panels will be returned to Cheyenne Regional Cancer Center, where they were created, to be displayed.

Thiede said the painting event represented more than just a fun outing.

"These kind of things — like painting or going to a survivor picnic — brings the zest into things. Being around others, you get a sense of hope. Like, 'they did it; I can, too!'"

Top 10 things to do if you're diagnosed

MARY BILLITER

We tapped the experts for our top 10 lists. We wanted to know the top 10 to-do's if you're diagnosed with cancer. We were also interested in what people could do for the family of someone diagnosed with cancer. The answers were honest, at times unexpected, and tremendously heartfelt. *Answers from Tammy Thiede, Cheyenne Regional Cancer Center*

1 Don't go home and Google your diagnosis, because you'll get someone's blog page with the worst experience that will scare you to death and what you read most likely will never happen to you.

2 Share with someone. Don't try to keep it all to yourself. You need a support group.

3 Let people do things for you. It's the hardest thing to do, but the people around you want to help. Let them help.

4 Make your own decisions. Don't let other people influence you. Let your heart help you make the decision, because then you'll feel comfortable with it.

5 There's nothing wrong with getting a second opinion.

6 Cancer is not a death sentence.

7 You're a survivor from the minute you're diagnosed and you need to celebrate as such.

8 If you find yourself mired down, tell someone. Sometimes you just need a little something, like therapy or counseling.

9 Find something to smile about every day — you are alive.

10 Own your feelings. It's normal to have your own emotions. It's OK to cry and to laugh.

The role of nutrition in healing

Experts discuss how to make food work with your situation

MARY BILLITER
For the Star-Tribune

T-shirts, bumper stickers and pink ribbons promoting breast cancer awareness abound during October.

From “keep calm and battle on” to “tougher than cancer” to “fighting back until there’s a cure,” the slogans are uplifting and motivational.

But an important part of awareness is recognizing that a patient’s ability to survive breast cancer can begin with the calories they consume, experts say.

“Getting adequate calories is important because your body is doubling the work,” said Sophie Pettipiece, a registered dietitian with Cheyenne Regional Cancer Center. “It’s fighting the cancer and the cancer is growing. The cancer itself is wanting more calories to get bigger.”

Pettipiece, a Wyoming native, worked at Cheyenne Regional Medical Center before shifting into the adjoining cancer center. She interacts with oncology patients daily.

“Cancer is always trying to grow,” she said. “Good nutrition is when you are adequately nourished during treatment, so you can continue treatment. If a patient can’t continue treatment because they have no energy or muscle mass, because the treatment is using up everything they have, then treatment has to be halted.”

Often the side effects of treatment and medication curb a patient’s ability or desire to eat.

“Side effects change from person to person and from cancer to cancer. Sometimes it’s just exhaustion that makes it difficult to maintain good nutrition,” she said. “People with breast cancer want bigger bang for their buck. They need the calories, especially post-surgical. That’s when we’re getting a patient healthy to get back home. So we push calories and protein to get them healing.”

Memorial Hospital of Converse County registered dietitian Ashley Littleton shares similar stories.

“Some of the side effects can be so severe that ‘good nutrition’ isn’t always a priority. At times the priority is making sure people get enough fluid when they are becoming dehydrated. Other times the main goal is finding anything that tastes good and can stay in the system,” said Littleton.

Littleton often finds the best approach is offered by patients.

“My job is to listen to the symptoms of what is occurring, take that into consideration with the medical picture, and develop a personal nutrition plan. I can tell people that eating salmon can be import-

ant for reducing antioxidants, but the smell of fish can be a huge deterrent when people are going through cancer,” said Littleton.

“Other times, medications can make people severely hungry, and weight gain can become a problem,” she added.

For survivors, nutrition remains a key component in the treatment process.

“Nutritious foods are vital to breast cancer treatment,” Littleton said. “Treatments are geared toward destruction of cancer cells. However, they don’t always know cancer cells from healthy cells. Having meals high in antioxidants can help reduce healthy cell death. Having enough calories can mean the difference between continuing therapy as planned versus having to stop therapy due to the side effects.”

A woman in the battle against breast cancer isn’t alone. When in doubt about nutrition, Pettipiece suggests reaching out to a dietitian versus searching online.

“There’s a million things on the internet and some are helpful, some aren’t,” she said. “A dietitian can help you counter the side effects of chemo and how to make food work with you with your current situation.”

Discovering ways to maintain a proper balance with nutrition and exercise while undergoing treatment can be tough, but it’s not impossible.

“It is important for those starting treatment to be mindful that there will be good days and bad days, and typically people will have patterns,” said Littleton, who encourages those early in their recovery to keep a journal of how they feel and the side effects they experience.

“Knowing that a bad day is three days after treatment but a good day is five can help family and friends help with providing foods,” she said.

Certain foods can help offset nausea and address taste issues.

“Citrus foods will be the best for altered tastes,” said Littleton. “In the middle of treatment, remembering to eat plenty of fruits and vegetables during treatment will help with gastrointestinal issues and provide the vitamins and minerals for cells to fight.”

Littleton cautions against stopping the healthy, nutritional lifestyle people adopted before nearing the end of treatment.

“It is never too late to begin making healthy food choices,” she said. “Choosing lots of fruits and vegetables, consuming foods high in omega-3 fatty acids such as nuts and oils. And I would tell anyone battling with cancer to ask for help or accept the help offered from friends and family. Support from others helps patients focus on their treatment and getting better.”

The skinny on nutrition

Eating well and exercising are two ways to combat cancer. In fact, poor diet and inactivity can increase a person’s cancer risk, according to the American Cancer Society website.

The World Cancer Research Fund estimates that about 20 percent of cancers diagnosed in the U.S. are related to body fat, physical inactivity, excess alcohol consumption and/or poor nutrition, which could be prevented.

The American Cancer Society website acknowledges that many cancer deaths could also be prevented by making healthy choices like not smoking, staying at a healthy weight, eating right, keeping active and getting recommended screening tests. The website provides a list of what screening tests are recommended and when. Find it here: www.cancer.org

Exercising or being active at least 20 minutes a day can make a difference. Eating well and maintaining a healthy weight often presents the greatest challenge for adults.

Here’s a top 10 list compiled by interviews with Sophie Pettipiece, registered dietitian with Cheyenne Regional Cancer Center, and Ashley Littleton, registered dietitian at Memorial Hospital of Converse County.

Top 10 Nutritional Take-Aways

- Avoid trans fatty acid or trans fat in foods. Trans fat is formed through an industrial process that adds hydrogen to vegetable oil, which causes the oil to become solid at room temperature. Trans fat has a longer shelf life, but our bodies can’t digest it. It’s a man-generated cheaper oil that is being used less and less but is still present in some foods, like cake mixes, ready-made frosting and potato, corn and tortilla chips. Many packages of microwave popcorn use trans fat. Fried food can contain trans fat from the oil used in the cooking process.
- When in doubt, read the label. Do a quick scan through the ingredient list for trans fat and partially hydrogenated vegetable oil – which indicates that the food contains some trans fat, even if the amount is below 0.5 grams.
- Look for meats, like chicken, without skin, because it contains extra fat. Avoid pre-packaged chicken, which is seasoned with ingredients that contain trans fat. When cooking meat, drain the excess fat.
- Eat a healthy daily diet of fruits, vegetables and whole grains.
- Eat foods rich with antioxidants. Antioxidants help prevent or stop cell damage caused by oxidants. Antioxidants can be found in fruits and vegetables. Usually the darker the color of the fruit or vegetable, like blueberry and red bell peppers, the more antioxidants it contains. When in doubt, eat a wide variety of colors in fruits and vegetables.
- Consume foods high in omega-3 fatty acids, such as nuts, fish, and leafy vegetables. The human body needs omega-3 fatty acids for many functions, from building healthy cells to maintaining brain and nerve function. Omega-3 fatty acids are essential fats that the body can’t produce on its own, but derive from food. Omega-3 fats have been shown to help prevent heart disease and stroke and play a preventive role in cancer.
- If you’re in treatment for breast cancer, remember that eating plenty of fruits and vegetables during treatment will help with gastrointestinal issues and provide the vitamins and minerals for cells to fight.
- Prepare your meals yourself, so you know what’s going into what you eat.
- When eating out, bypass fried foods and opt for fresh.
- In general, everything can be eaten in moderation.

Breast cancer: The mental health journey

MARY BILLITER
For the Star-Tribune

Sam Carrick knew something was wrong when she crossed her arms over her chest.

She knew she needed to schedule an appointment to have her left breast checked by a physician.

But despite a family history of breast cancer, "I put it off," she admits.

In August 2013, when Carrick did meet with her doctor, she was diagnosed with ductal carcinoma.

Ductal carcinoma begins in the milk duct of the breast and can break through the wall of the duct to grow into the fatty tissue of the breast. It's the most common type of breast cancer, according to the American Cancer Society website. But it can spread, or metastasize, to other parts of the body through the lymphatic system and bloodstream.

Carrick's family history includes a relative who had been diagnosed with stage one breast cancer that resurfaced years later, having developed into stage four breast cancer. Carrick's breast cancer was diagnosed at stage one after her lumpectomy.

When a woman is diagnosed with breast cancer, doctors determine whether the cancer has spread. This is called staging. It uses the American Joint Committee on Cancer system, which considers three components: the size of the breast tumor and whether it has grown into nearby areas, whether the cancer has reached the lymph nodes and whether the cancer has spread to other parts of the body.

The earliest stage of breast cancers are called stage 0 for carcinoma in situ because the cancer has stayed in place (in situ).

Breast cancer stages then range from one through four. Generally, the lower the stage number, the less likely the cancer has spread. A stage four cancer typically means a more aggressive, advanced cancer.

Carrick's family history placed her at a higher risk. Her oncology team, led by Dr. Robert Tobin, who had treated two of Carrick's relatives, opted to treat her cancer more aggressively with radiation.

"I had a familiarity with Dr. Tobin and being at Rocky Mountain Oncology when family members had been patients," she said. "I just never expected to be the patient in the oncology clinic."

Carrick was working for a church when she was diagnosed. Three years later, she's in remission, and her new ministry is working as the patient navigator at Rocky Mountain Oncology. She knows firsthand the stress that can accompany a diagnosis.

"When I see the look on new patients' faces, I know their mind is racing," said Carrick. "If we can somehow minimize that feeling, we are doing good things."

Even if a woman thinks something may be wrong with her breast, it doesn't prepare her for the emotional aspects of a breast cancer diagnosis. Depression, anxiety and fear are normal when breast cancer becomes part of a woman's life, according to the American Cancer Society's website.

"The initial response is overwhelming. The C word makes you go straight to, 'I'm going to die,'" said Kelly Shipley, a licensed clinical



COURTESY SAM CARRICK

Sam Carrick, Rocky Mountain Oncology

social worker with Central Wyoming Counseling Center in Casper. "Whether you have a mastectomy or a lumpectomy, radiation or chemotherapy, you have to make choices that suddenly turn into, 'This is part of my body. This is who I am.'"

Shipley is in her 17th year in the field of mental health at CWCC. She has seen patients who were diagnosed with breast cancer.

"This isn't just an appendix that's being removed — it's your breast," she said. "As a woman, our breasts are important and personal to us."

Yet, often when women are diagnosed with breast cancer, the advice they're offered is to remove the breast. This mentality can be damaging.

"Some people will say, 'It's better to remove it and get rid of it.' OK, but for a woman the thought often becomes, 'I'm not going to be a woman anymore,' because our breasts are tied to our identity," said Shipley. "This isn't just a decision for women; men have breast cancer too. But men aren't defined by their breasts — and neither are women, but for women it is a part of their sexuality."

That makes the decision on breast cancer treatment a very personal one.

"There isn't one right answer to this," Shipley said. "Everyone has to look at themselves and what is the best choice for themselves and make the decision that is OK for them."

The treatment options often are more limited when cancer has advanced.

"Sometimes you don't get much of a choice, especially if you have to have a mastectomy or a hysterectomy," Shipley said. "If you lose your foot, it can change you. But for a woman who has had a mastectomy or hysterectomy, it can change how they see themselves sexually. With a hysterectomy, you can no longer have children, and even though sex isn't always about having children, the difference is that not being able to have children is a loss."

Grief and a sense of loss

are common in the wake of a breast cancer diagnosis.

"It's a loss of who you are, and if you have a mastectomy or hysterectomy, it's a loss of your body," Shipley said. "Being able to deal with those losses in an effective way is an important part of being a survivor."

"You don't get over grief and loss. You learn how to have a new normal, even though you've had this big thing happen to you."

Surgery, treatment and other procedures often take a toll on a patient's physical and mental health.

"I think breast cancer is different because you're looking at your identity. It is different for everyone," said Shipley.

There is no one-size-fits-all approach, which is why Shipley works with women to identify their needs.

"The big C-word can be hard to talk about," she said. "But finding someone comfortable to share these feelings with — a friend, a partner, or finding a counselor — is important."

Healing often involves learning coping skills. Shipley suggests attending a survivor group or connecting with a therapist.

One of the biggest hurdles for survivors is knowing how to talk about their diagnosis. Women often isolate themselves when they don't know how to put words to their emotions. Sometimes, they fear being judged for how they feel.

"Don't be afraid to talk about it to your partner or friend, if that makes sense to you," Shipley said. "But if it doesn't, that's why therapy can be beneficial, because your therapist isn't there to judge."

The key is finding an effective support system and rallying that group for support.

"Some people start to internalize, pulling back and isolating, and it's one of the worst things we can do, because we need support," Shipley said.

Carrick and her husband, Dennis, had just become empty nesters when she was diagnosed with breast

cancer.

Carrick returned to work after her lumpectomy and was able to continue while undergoing radiation treatment. Even though she battled fatigue with radiation, Carrick knew she wanted more quality time with her husband.

"I took up running, and I say that loosely," she said with a laugh, "because my husband is a runner, and if I wanted to spend time with him that was the best way."

Trying something new became a working part of Carrick's recovery.

"I became more open and said yes to new things," she

said. "If people said, 'Let's go to Deadwood,' I said, 'Yeah, let's go. We can do it.' Or 'let's go paint at Artisan Alley,' I said, 'Yeah, let's go.'"

It's not just Carrick's attitude that changed since her diagnosis.

"I'm not as afraid as I used to be," she said. "I'm more open and a lot more patient. Little things don't get to me. And I appreciate the little things."

Focusing on the positives can be difficult in the face of a cancer diagnosis.

"When something bad happens, we have the tendency to look at what we

don't have," said Shipley. "By looking at what you have versus what you don't, you'll realize you have a lot more than you think."

A licensed mental health expert can often help a woman collect the tools to make that switch.

"If you need help, go and find it," said Shipley. "Whether it's your friends, your partner, your therapist — don't feel like you have to do this all on your own, because it makes the journey not so hard. And there's no way around it; it is a hard journey. But with support, you don't have to travel it alone."




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Tickets \$10 available at Rubenesque,
Fashion Crossroads, Punkin's Baby Boutique
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Other "Give Cancer the Boot" Events:
Pink Balloon Release - Sat., Oct. 15 - 9:30 a.m.
Fill the Downtown Merchants' Pink Boots








Kortney Reed, Amy Herden and Whitney Gamroth.

Top 10 things to do for families

MARY BILLITER

Answers from
Ryea O'Neill and
Sam Carrick,
Rocky Mountain
Oncology

- 1 Mow their lawn.
- 2 Shovel their snow.
- 3 Almost every county in Wyoming has a can-

cer foundation. Find the one in your community and donate to these programs. Go to their fundraisers.

- 4 Walk their dog.
- 5 Don't wait for the person to ask for help because most times

they won't. It's part of the human condition and it's a big issue. Instead, offer your help. Offer to grocery shop for them, for example.

- 6 Pick up their kids from school.

7 Offer to provide light housekeeping.

8 Make a meal.

9 Transport them to and from appointments.

10 Listen. They just may need a sounding board.



COURTESY

Connie Burke of Etna, left, celebrates a catch with Casting for Recovery program coordinator Mary Turney of Dubois.

The gift of time

How to support breast cancer fight via volunteering

CHRISTINA SCHMIDT

Maybe you wear pink in October. Maybe you send a check to a breast cancer charity. Maybe you participate in one of many relays and fundraising events held around the state. And maybe – you want to do more.

Each year, hundreds of millions of dollars are spent on research into breast cancer, a disease that will affect one out of eight American women. And while financial support is critical to improving treatments and reaching the ultimate goal of finding a cure, there are additional ways to support the fight against breast cancer through volunteer opportunities.

Started in 1996 in Vermont, Casting for Recovery now hosts 40 retreats in 35 states. The organization combines education, peer support and therapeutic activity in a two-and-a-half-day retreat focused on fly fishing.

Wyoming's program began in 2011 and is held at Absaroka Ranch near Dubois. Mary Turney, program coordinator for Wyoming, said the program has room for 14 participants but had 62 applicants this year. She noted the group wants to offer a second retreat to accommodate more women by the summer of 2018, but the need for specialized volunteers is a challenge.

"It is not an easy problem to solve," said Turney. "There are three key positions that are the toughest ones to fill, medical facilitators – who need to have an oncology background – a psychosocial or oncology therapist and fly fishing instructors."

The medical facilitators answer medical questions and lead discussions about advances in treatment options, side effects and side effect therapy. The oncologist therapist leads additional discussions about the emotional impacts of having breast cancer.

Turney noted the program requires that these medical volunteers be women. However, on Sunday, the final day of the retreat, the program welcomes men and women volunteers to serve as

River Helpers and accompany the participants on a guided fly fishing experience.

The American Cancer Society operates several cancer support programs in Wyoming, two of which rely heavily on volunteers for their success.

Look Good, Feel Better is a signature program of the ACS that focuses on helping cancer patients mitigate the physical effects of cancer treatment such as hair loss and skin damage. They seek volunteers in Wyoming communities who are licensed cosmetologists.

"They cover makeup tips, how to draw your eyebrows if you lose them due to treatment and in general teach you how to feel better while you are going through treatment," said Jana Gurkin, health systems manager for the ACS Wyoming office in Casper. "It also teaches things like if you lose your hair, options for wigs, how to make head wraps and how your skin might change. These are things that folks may not think about when they go in for treatment. They just feel better about themselves, feel pretty and feel like they are something more than cancer patients."

The program is operating in Casper, Cheyenne and Sheridan, with Gillette, Lander and Laramie scheduled to begin soon. Gurkin hopes the program will eventually operate in all major Wyoming communities.

The ACS also operates the Road to Recovery program, which pairs volunteers with cancer patients needing rides to doctor or treatment appointments. With some patients having frequent, even daily appointments, it can be difficult to get to these appointments if the patient does not have reliable transportation or if working friends and family members are unable to take time off work to drive them.

Gurkin said no special skills are needed, only a valid driver's license, proof of insurance, a clean driving record and a willingness to help.

"It is not a huge commitment, and it is not challenging," said Gurkin. "But it is very rewarding, and it is a huge help for the people who need these rides."

For more information about these programs, contact Turney at cfrwyoming@hotmail.com or Gurkin at 307-235-0044.



Left: Debi Marsh of Casper shows off a brown trout while fishing with Scott Wood, a River Helper from Jackson.

COURTESY



Left: Karen Chingman of Fort Washakie fishes with retreat leader and fly fishing instructor Jean Bruun of Jackson.

COURTESY



Right: Tonia Hanson of Buffalo is thrilled with the rainbow trout she caught with assistance from fly fishing instructor Rusti Christenson of Pinedale.

COURTESY

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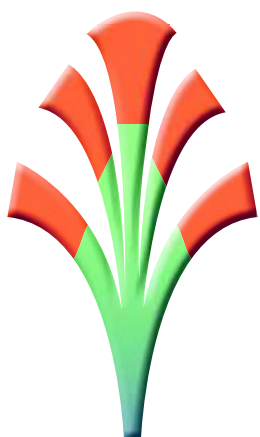
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