Think Pink
Early Detection Saves Lives

Courage
Hope
Strength

Catherine Wentworth-Johnson
The Daily Post-Athenian & Starr Regional Medical Center
A breast cancer diagnosis couldn’t stop a local woman from doing what she loves most – working with the community.

In early September of 1998, Catherine “Cacky” Wentworth-Johnson had an appointment with her gynecologist in Cleveland and he recommended she have a mammogram.

“I said I had just had one two months ago,” Wentworth-Johnson said.

Nonetheless, she had a biopsy done and was told that “this doesn’t look bad.”

However, on the following Wednesday at around 5:30 p.m., Wentworth-Johnson got the news.

“She called me and said ‘I’m so sorry to tell you that it has come back positive,’” Wentworth-Johnson said.

That led to appointments with a surgeon and an oncologist to start fighting back against the breast cancer.

“It was so close to my chest wall that they couldn’t give me the ‘Red Devil’ – it was too close to the heart,” she said, referring to the medication doxorubicin by its nickname, the “Red Devil.”

That led to three lighter chemotherapy treatments, 30 radiation treatments and then three more ses-
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sions of chemotherapy.

Wentworth-Johnson said it was initially difficult to get the news.

“I was in a state of shock,” she said about hearing word of the diagnosis. “She had said this didn’t look bad and I was thinking ahead that I would have a mastectomy – my oncologist said he had to take my whole breast off.”

Hearing the diagnosis wasn’t the toughest part, however.

“The hardest thing was to call my son and daughter” and tell them, she said. “They were very supportive.”

Despite the diagnosis and the difficult treatment, Wentworth-Johnson stayed active in the community.

The woman who turned 82 on St. Patrick’s Day is now a 23-year cancer survivor who has two children, eight grandchildren and 12 great-grandchildren with a 13th on the way soon.

Wentworth-Johnson originally got a bachelor of arts degree from Tennessee Wesleyan University (then College) as a double major in piano performance and education.

She would later teach music at Calhoun Elementary School and French and English at Englewood High School.

Later she gave private piano lessons, worked at WCPH radio station in Etowah for eight years and then moved on to Johnson Real Estate from there.

She was also an active member at Mars Hill Presbyterian Church for 15 years and is now an active member at Keith Memorial United Methodist Church where she is the pianist and occasional organist.

Despite the diagnosis and her regular treatments, Wentworth-Johnson said she didn’t slow down much.

“They would take me home (from treatment) on Friday and I would be back at work on Tuesday,” she said. “That was the secret to getting through it – I didn’t lie down and think ‘poor me.’”

She said friends and family also helped her through it, as “23 people called to offer to take me to radiation, plus I had my daughter and my sister and brother-in-law. I was well taken care of.”

After her diagnosis, Wentworth-Johnson said her first call was to her boss and she had a definitive message for him.

“I told him I’m going into this with the feeling that I’m going to beat it,” she said, noting that is the most important thing when battling breast cancer. “It is not a death sentence. Science has developed so much more than what they had 23 years ago. Look at me – how I have been blessed to have 23 years and to have the family that I have.”

She said conquering it mentally is the first step to overcoming it.

“Go into it with a positive attitude – OK, I’ve got cancer, I’ll do what they say, I’ll rearrange my diet so I eat properly and I’ll try to get as much rest as possible,” she said. “I didn’t have that much time to rest, but I enjoyed what I did.”

While domestic violence impacts people of all races, cultures, genders, socioeconomic class, and religions, there are disparities in how it affects communities of color and other marginalized groups.

Economic instability, unsafe housing, neighborhood violence and lack of safe child care and social support can further worsen uncertain conditions. Additionally, the COVID-19 pandemic has further isolated people; thus, affecting victims’ ability to receive help and/or report their situation.

Similarly, the pandemic has delayed an estimated 3.9 million breast cancer screenings nationally. With fewer screenings, there are fewer diagnoses of breast cancer, which may result in some cancers being diagnosed at later stages with poor prognoses.

Domestic violence is preventable. In Tennessee, the Coalition to End Domestic and Sexual Violence provides healing through counseling, prevention education and advocacy for children, adults and families affected by sexual violence. In addition, the Tennessee Coalition to End Domestic and Sexual Violence offers a variety of prevention training and educational programs throughout the year.

For more information, visit https://tnco-alition.org/ or call the 24-hour crisis hotline and support line at 1-800-356-6767.

The Tennessee Breast and Cervical Screening Program (TBSCP) provides breast and cervical screening services to uninsured and underinsured women and diagnostic testing for qualifying men and women. Learn more about the program at https://www.tn.gov/health/health-program-areas/fhw/rwh/tbscp.html or contact your local health department for more information.

For additional information about the Tennessee Breast and Cervical Screening program, e-mail TBSCPHealth@tn.gov or call 1-877-969-6636.
Get your mammo

It’s an hour that could save your life

According to the American Cancer Society (ACS), breast cancer is the most common cancer in women in the U.S., behind only skin cancers. In fact, the ACS puts the average risk as one in eight chance that a woman will develop breast cancer in her lifetime. And according to the World Health Organization, breast cancer is now the most common cancer globally, claiming 12% of new cancer cases.

Breast cancer is also the second leading cause of cancer death in women, superseded only by lung cancer. So, that’s some not-so-good news. How about some good news? Those death rates have been steadily dropping. Statistics show that the overall death rate from breast cancer decreased by 1% each year from 2013 to 2018.

Now, the question is “why?” Well, the decreases have been associated with several factors, including better treatments and earlier detection through screenings. Here's some more good news. You can get screened by scheduling a simple, routine mammogram. A mammogram takes only about one hour, once a year, but its benefits can last much longer.

Mammograms help detect breast cancer earlier than waiting for symptoms to appear. That's an incredibly important weapon in the fight against breast cancer because that early detection can result in an easier and more effective treatment if cancer is discovered.

While there are certain risk factors for breast cancer – including lifestyle-related risks, as well as some risk factors you cannot change, like your family medical history – some breast cancer patients have no risk factors or even any symptoms. And 85% of breast cancer cases are in women with no family history of the disease. That's why early detection is so vital to finding and treating breast cancer.

If you are a woman 40 or older, you should be including an annual mammogram in your yearly health journey. If you are at higher risk, you may need to begin annual screenings sooner.

Some of those risk factors include genetic mutations, having dense breasts, certain reproductive histories, being overweight after menopause, a family history of breast and ovarian cancer, a personal history of radiation therapy or hormone replacement therapy, a history with the drug diethylstilbestrol (DES) and a lack of physical activity.

As with other health issues, it's important to have a discussion with your trusted provider about your lifestyle and risks and to determine the right time for you to begin annual breast cancer screening. October is Breast Cancer Awareness Month, so if you haven't already scheduled your mammogram for the year, now is a great time to get it on your calendar and get the peace of mind that comes from taking charge of your health. It's one hour a year that could save your life.

If you would like to schedule a mammogram or talk with a provider about your breast health, call (423) 374-6571 or visit the “Find a Doctor” tab at StarrRegional.com

For more information on breast cancer and mammograms, visit breastcancer.org and cdc.gov/cancer/breast

The Starr Regional Breast Center offers a comfortable and welcoming environment. Our imaging services include:

- Digital mammography
- Breast ultrasound
- Bone density test
- Stereotactic & ultrasound core biopsies

To schedule a mammogram, call 423.744.3372.
How physical activity can help in the fight against breast cancer

SPECIAL TO THE DPA

Breast cancer is a complex disease that affects millions of women across the globe each year. Though the American Cancer Society reports that only about 4% of women diagnosed with breast cancer in the United States are under age 40, women of all ages can take steps to protect themselves against this deadly disease.

Exercise benefits women in myriad ways and that includes lowering their risk for breast cancer. The ACS notes that researchers are increasingly linking exercise to a reduced risk for breast cancer.

Though the reasons behind that link remain unclear, some theorize that the positive effects of exercise on body weight, inflammation, hormones and energy balance could be why regular physical activity helps women reduce their risk for breast cancer.

Body weight and breast cancer

The National Cancer Institute reports that being obese after menopause can significantly increase a woman’s risk for breast cancer. In addition, the ACS attributes the rise in hormone receptor-positive breast cancers to an increased prevalence of excessive body weight.

Routine exercise is a highly effective way to lose weight and keep weight off, which in turn could lower women’s risk for breast cancer.

Being sedentary and breast cancer

Exercise is a not a sedentary activity and that could be another reason why women who are physically active have a lower risk for breast cancer. The ACS notes that more than one study has linked sitting time to a higher risk of various diseases, including breast cancer.

Researchers with the ACS analyzed data from 77,462 women, who they followed for an average of 15.8 years. None of the participants had cancer when the study started, but researchers found that women who sat for six or more hours per day during their free time had a 10% greater risk for invasive breast cancer than women who sat for less than three hours per day during free time.

Does physical activity really reduce breast cancer risk?

The human body is complex, and a host of factors, including those like age that women have no control over, can affect cancer risk. However, engaging in routine physical activity seems to be an effective way for women to reduce their risk for breast cancer.

In fact, the Breast Cancer Research Foundation estimates that one-third of all breast cancer cases could be prevented with positive lifestyle choices that help women maintain a healthy weight, including exercise.

Routine physical activity can be a significant weapon in women’s arsenal as they continue their efforts to prevent and overcome breast cancer.
Breast cancer treatments can affect immune system

SPECIAL TO THE DPA

Treatment for breast cancer is highly effective.
Five-year survival rates for breast cancer have increased dramatically in recent decades and much of that success can be credited to cancer researchers and campaigns designed to inform women about the importance of screenings.

Breast cancer is highly treatable, but treatment typically leads to some unwanted side effects. According to Johns Hopkins Medicine, women undergoing treatment for breast cancer may experience a host of side effects, including fatigue, pain, headaches and dental issues.

Cancer treatments, most notably chemotherapy, also can take a toll on women’s immune systems.

Why does chemotherapy affect the immune system?

Chemotherapy targets these abnormal cells, but also can affect fast-growing cells that are healthy and normal.

So chemotherapy can damage cells throughout the body, including those in bone marrow. When bone marrow is damaged, it’s less capable of producing sufficient red blood cells, white blood cells and platelets.

Breastcancer.org notes that the body is more vulnerable to infection when it does not have enough white blood cells.

Does chemotherapy always weaken the immune system?

The effects of chemotherapy on the immune system depend on various factors. According to Breastcancer.org, a patient’s age and overall health may influence the effects of chemotherapy on their immune systems.

Young, healthy patients may be less vulnerable to infections from weakened immune systems than aging, less healthy patients. However, Susan G. Komen notes that the median age for breast cancer diagnosis in the United States is 63, so many patients are likely to be affected by the impact that treatment can have on their immune systems.

The length of treatment and amount of medicines patients receive also can affect the impact of chemotherapy on patients’ immune systems.

Breastcancer.org notes that being administered two or more chemotherapy medicines at once is more likely to affect the immune system than just one medication.

Other treatments

Chemotherapy is not the only treatment that can affect breast cancer patients’ immune systems. The Cancer Treatment Centers of America® notes that surgery, radiation, CAR T-cell therapy, stem cell transplants and even immunotherapy can affect the immune system.

Surgery can overtax the immune system and compromise its ability to prevent infections and heal wounds caused by the procedure. Like chemotherapy, radiation therapy can damage healthy cells and lead to an increased risk of infection.

And while immunotherapy is designed to boost the immune system by helping it recognize and attack cells more effectively, it also can lead to an overactive immune system that attacks healthy cells.

Cancer treatment is often highly effective. However, patients may need to work with their physicians to combat treatment side effects that can adversely affect their immune systems.

Men Get Breast Cancer, Too.

Approximately one out of every 100 diagnosed U.S. breast cancer cases is a man. While rare, it does happen.

To learn the warning symptoms, visit cdc.gov/cancer/breast/men
A breast cancer diagnosis can change patients’ lives in ways they never imagined. That’s especially so in the rare instances when women under 40 are diagnosed with the disease.

According to the American Cancer Society, it’s uncommon for women under 40 to receive a breast cancer diagnosis. In fact, data from the ACS indicates that only about 4% of all women diagnosed with breast cancer in the United States are under age 40.

But 4% is nothing to brush aside, especially when the ACS estimates that more than 300,000 women in the United States are diagnosed with breast cancer each year. That means roughly 12,000 women under 40 in the U.S. will be diagnosed with breast cancer this year and many of those women will understandably express concerns about cancer recurrence in the years to come.

The medical experts at Johns Hopkins Medicine note that learning to cope with fears of breast cancer recurrence is an important part of the recovery process. Those same experts note that various lifestyle changes can help women regain their health, strength and optimism and quell any fears they have about cancer recurrence.

• Take care of yourself, both emotionally and physically. Johns Hopkins Medicine urges breast cancer survivors to put their own needs first sometimes.

That can be difficult for younger breast cancer survivors with children at home, but prioritizing their own emotional well-being can help women overcome their fears of recurrence. Support groups can connect women with fellow breast cancer survivors and women should not hesitate to discuss any fears or concerns with their doctors.

It’s also vital that women prioritize their physical well-being. Routine exercise and a healthy diet can help women reduce stress and maintain a healthy weight, which can reduce risk for recurrence.

• Stay on top of screenings and vaccinations. Another way to reduce the risk of cancer recurrence is to stay up-to-date on screenings, flu shots and vaccinations.

Annual physicals and screenings for cardiovascular conditions like high cholesterol and diabetes can help women stay on a healthy path forward.

• Monitor vitamin D levels. Johns Hopkins Medicine notes that the Nurses Health Study found a link between low levels of vitamin D and breast cancer incidence.

It remains unknown if vitamin D supplements can lower risk of breast cancer recurrence, but maintaining sufficient levels of vitamin D can promote overall health. Women can speak with their physicians about vitamin D and which supplements to consider.

In addition, spending 20 minutes per day in the sunshine while wearing sunscreen with a minimum SPF of 30 can help women reach recommended levels of vitamin D.

Cancer recurrence is a significant concern for survivors. However, various strategies can help women reduce their risk for recurrence and help them regain their optimism for the future.
COVID-19 and breast cancer guidelines

The novel coronavirus COVID-19 first appeared in late 2019 and has changed life for the foreseeable future. While many people are quick to focus on the ways COVID-19 has impacted their abilities to shop, visit with friends and relatives or travel, the virus has made life especially difficult for people with pre-existing health conditions.

Medical News Today reports that the symptoms of COVID-19 may be more severe for breast cancer patients. Furthermore, the Centers for Disease Control and Prevention notes that undergoing cancer treatment can weaken the immune system, further increasing a person’s vulnerability to infection.

Specifically, targeted therapies, chemotherapy and radiation can weaken the immune system and compromise its ability to fight off the coronavirus. Furthermore, these treatments also may cause lung problems that can exacerbate COVID-19 symptoms, particularly among breast cancer patients whose cancer has metastasized to the lungs.

In April 2020, new guidelines for the prioritization and treatment of breast cancer patients during the COVID-19 pandemic were released and compiled by a group of U.S. medical organizations, including the National Accreditation Program for Breast Centers, the American College of Radiology and the Comprehensive Cancer Network.

At hospitals where resources and staff have become limited due to COVID-19 treatment efforts, doctors have had to define which breast cancer patients need urgent care and which can have delayed or alternative treatments. These measures can help balance maintaining positive survival outcomes as well as reducing risk of exposure to the virus, according to the American Society of Breast Surgeons.

Breast cancer patients have been broken down into priority levels of A, B and C for urgency of care.

• Priority A: A patient has conditions that are immediately life-threatening or require urgent treatment.
• Priority B: A patient has conditions that don’t require immediate treatment, but he or she should begin treatment before the end of the pandemic.
• Priority C: A patient has conditions for which treatment can be safely put on hold.

Breast cancer patients are further urged to take extra caution in their daily activities to help reduce the risk of contracting COVID-19. That means always wearing a mask or another face covering when interacting with other people. This advice may be applicable even if a six-foot distance can be maintained.

Wash hands frequently, especially when coming in from public places. If possible, ask a friend or family member to do your shopping or run errands for you to limit exposure to other people and crowds.

Breast cancer patients may have to discuss the possibility of altering or delaying treatment for breast cancer with their oncologists because of increased risk factors presented by COVID-19.

Together, patients and doctors can work to keep breast cancer patients as healthy as possible.
Breast cancer can appear in men as well.

Symptoms of male breast cancer

SPECIAL TO THE DPA

Breast cancer is one of the most common forms of cancer diagnosed among the female population. Though breast cancer may seem like a disease that's exclusive to women, breast cancer can affect men as well.

While they have a smaller concentration than women, men have breast tissue, which means it's possible for them to develop breast cancer. Male breast cancer is most common in older men, but it is important that men recognize that the disease can strike them at any age.

Types of male breast cancer

- Ductal carcinoma: Cancer that begins in the milk ducts. Nearly all male breast cancer is ductal carcinoma.
- Lobular carcinoma: Cancer that begins in the milk-producing glands. This type is rare in men because they have few lobules in their breast tissue. Especially rare types of breast cancer that can occur in men include Paget's disease of the nipple and inflammatory breast cancer.

Diagnosis

BreastCancer.org says that a small study of breast cancer in men found that the average time between first symptoms and diagnosis was about 19 months. This can be startling because early diagnosis can be vital to survival.

Through the realization that breast cancer can happen to men and more education and awareness, men can feel more comfortable about discussing changes to breast tissue with their doctors.

Male breast cancer is a very real occurrence, albeit a rare one. It is important that men take any abnormalities in their chests seriously.

Did you know that approximately one out of every 100 diagnosed U.S. breast cancer cases is in a man? While rare, it does happen. According to the CDC, the most common symptoms are a lump or swelling in the breast, redness or flaky skin in the breast, irritation or dimpling of breast skin, nipple discharge and pulling in of the nipple or pain in the nipple area.

While treatment for breast cancer is the same for men as for women, risk factors can be a little different. They include older age, genetic mutations, family history of the disease, history of radiation or hormone therapy, Klinefelter syndrome, conditions that affect the testicles, liver disease and obesity.

Men with a family history of breast or ovarian cancer, or who have a family member with the BRCA1 or BRCA2 gene mutation, should share that information with their provider so that he or she can help guide you on any potential steps for genetic testing and early detection.

And living a healthy lifestyle, including maintaining a healthy weight and getting in regular physical activity, can help all men lower their risk for the disease.

• redness or scaling of the nipple or breast skin
• discharge from the nipple, which may be clear or blood-tinged

The American Cancer Society advises that sometimes breast cancer can spread to the lymph nodes under the arm or around the collar bone and cause a lump or swelling in these locations. The protrusion may be noticeable even before the original tumor in the breast is large enough to be felt.

Men should realize that enlargements or issues affecting both breasts (not on just one side) typically is not cancer. Enlargement or changes to both breasts in men can be caused by weight gain, medications or heavy alcohol consumption.

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• skin dimpling or puckering
• a lump or swelling, which is typically (but not always) painless
• nipple retraction

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The risk factors for breast cancer

SPECIAL TO THE DPA

No two women are the same.

But when it comes to breast cancer, women from all walks of life share various risk factors for a disease that the World Health Organization indicates is the most frequent cancer among women.

Risk factors are anything that affect the likelihood that individuals will get a certain disease. In regard to breast cancer, the American Breast Cancer Foundation notes that various factors, some that result from lifestyle choices and others that are not changeable, can increase a woman’s risk of developing breast cancer.

Recognizing these risk factors can help women make any necessary changes and even highlight the importance of routine cancer screenings that can detect the presence of the disease in its earliest, most treatable stages.

Lifestyle-related risk factors

The ABCF notes that certain habits or behaviors can increase a woman’s risk for breast cancer. But the good news is that women who understand the link between certain habits or behaviors and breast cancer can avoid those behaviors to decrease their risk of developing the disease. According to Breastcancer.org, the following are some habits, behaviors or lifestyle choices that can increase a woman’s risk for breast cancer.

- Alcohol consumption: Breastcancer.org notes that researchers have uncovered links between the consumption of alcoholic beverages and hormone-receptor-positive breast cancer. One study found that women who consume three alcoholic beverages per week have a 15% higher risk of developing breast cancer than women who don’t drink at all. And while research into the connection is limited, a 2009 study found a link between alcohol consumption and breast cancer recurrence.

- Sedentary lifestyle: Exercise consumes and controls blood sugar and limits blood levels of insulin growth factor. That’s an important connection, as insulin growth factor can affect how breast cells grow and behave. A sedentary lifestyle also can increase a woman’s risk of being obese, which the ABCF notes is a risk factor for breast cancer among postmenopausal women.

- Smoking: Smoking has long been linked to cancer and Breastcancer.org notes that smoking has been linked to a higher risk of breast cancer in younger, premenopausal women.

Unchangeable risk factors

Many risk factors for breast cancer are beyond women’s control. For example, the ABCF notes that roughly two out of three invasive breast cancers occur in women age 55 and older.

Women cannot change their ages, but recognizing the link between age and breast cancer risk is important, as such a recognition may compel more women 55 and older to prioritize cancer screening.

Gender and family history are two additional unchangeable risk factors for breast cancer. Women are much more likely to get breast cancer than men. In addition, Breastcancer.org notes that between 5% and 10% of breast cancers are believed to be caused by abnormal genes that are passed from parent to child.

Women are not helpless in the fight against breast cancer. Knowledge of breast cancer, including its various risk factors, is a great weapon against it as women look to reduce their risk of developing the disease.
Pregnancy and breast cancer

SPECIAL TO THE DPA

Breast cancer affects millions of women across the globe every year.

While some women may be at greater risk of breast cancer than others, no woman is immune and that includes expecting mothers.

The National Breast Cancer Foundation, Inc.® notes that pregnant women can be diagnosed with breast cancer, though such diagnoses are rare. In fact, Breastcancer.org notes that instances of women developing breast cancer during pregnancy are so rare that only small studies have thus far been conducted in regard to treating pregnant women with the disease. However, there are various treatment options for expecting mothers diagnosed with breast cancer.

Each woman is different and treating breast cancer in pregnant women will depend on a host of factors. The NBCF notes that the size of the tumor, its location and the term the pregnancy is in will help to determine the safest, most effective treatment plan.

According to Breastcancer.org, a mastectomy with axillary lymph node dissection will likely be recommended to women who have been diagnosed with breast cancer during the first trimester of their pregnancies.

That recommendation will be based on guidelines established by the National Comprehensive Cancer Network.

Surgery will be recommended because radiation therapy is not safe during pregnancy. Once women have undergone successful surgery, the NCCN guidelines suggest waiting until the second trimester to begin chemotherapy.

Doctors treating women diagnosed with breast cancer during the second trimester of their pregnancies may recommend either mastectomy or lumpectomy, a surgical procedure in which a lump is removed from the breast. Such recommendations align with NCCN guidelines.

In addition, women who receive a lumpectomy would wait until after their children are born to receive any necessary radiation therapy or hormonal therapy. That’s because radiation is not safe during pregnancy and the NBCF notes that the effects of hormone therapy on unborn children are not entirely understood.

The NCCN guidelines advise that women diagnosed with breast cancer during the third trimester of their pregnancies undergo a mastectomy or lumpectomy with axillary lymph node dissection.

Chemotherapy is safe during the third trimester, but radiation and hormone therapies will be delayed until after the child is born.

Pregnant women are only rarely diagnosed with breast cancer. But as scary as such a diagnosis can be, women should rest assured that treatment is safe, even if it entails a combination of therapies.
How to manage pain medications during breast cancer treatment

Breast cancer researchers have worked tirelessly over the last several decades as they work to eradicate the disease once and for all.

While breast cancer still affects millions of women across the globe each year, advancements in treating the disease have dramatically improved five-year survival rates, providing patients and their families with hope as well as a realistic expectation of a long, healthy life after cancer.

According to Breastcancer.org, women diagnosed with breast cancer in 2020 and beyond have an array of treatment options to fight their disease. That marks a stark contrast from recent history, when treatment options were considerably more limited.

Though treatment options have expanded and improved survival rates, women diagnosed with breast cancer can still expect to confront some side effects as they navigate their way through treatment.

Pain is one of the more common symptoms breast cancer patients experience, both before diagnosis and during treatment. In fact, breast cancer treatment plans typically include strategies to address pain. Breastcancer.org notes that most breast cancer patients can get complete relief for their pain. However, it may take some time before the right formula is found and patients can return to enjoying daily activities.

The American Cancer Society notes that medication is typically part of cancer patients’ pain treatment plans. Breast cancer patients accustomed to taking medication each day can consider these tips to effectively manage their medications as they progress through their treatments.

• Take your medication on a regular schedule. The ACS advises cancer patients who have been diagnosed with chronic pain to take their medications around the clock on a schedule, rather than taking it only when pain is severe. Schedules can be adjusted, but patients should not do so on their own. Pain medication schedules should only be adjusted after speaking with a physician.

• Familiarize yourself with pain medication side effects. Pain medications may produce side effects such as sleepiness and dizziness. The ACS notes that these symptoms typically improve after a few days, but cancer patients must recognize the threat they pose. Patients may need help getting up or walking and the ACS discourages patients from driving while on pain medication until they are sure of the effects of the medicine.

• Do not crush or break pills. Many medicines are time-release medications in pill form. Taking broken or crushed pills can be very dangerous. Only patients who get the go-ahead from their physicians to take crushed or broken pills should do so.

• Monitor your side effects. No two people are the same, so some cancer patients may react differently to pain medications than others. Keep track of any abnormalities and side effects you experience while taking pain medicine. Discuss them with your cancer care team during each doctor visit, and report severe or uncomfortable symptoms to your physician immediately.

Pain medication can help breast cancer patients overcome a common side effect of both their disease and their treatments. Learning to manage pain medications is vital for patients as they recover from their disease.
How to cope with physical changes resulting from cancer treatment

Among American and Canadian women, breast cancer ranks as either the most commonly occurring cancer or a close second. The World Cancer Research Fund says there were two million new cases of breast cancer in 2018 across the globe, while the American Cancer Society notes the chance that a woman will die from breast cancer is about 2.6%.

For most women, a cancer diagnosis is not terminal. Early detection and thorough treatment helps to improve the five-year survival rate, especially for those with cancer that is localized to the breast or has only minimally spread. Women may have to undergo various forms of treatment, including radiation, chemotherapy and surgery.

The National Cancer Institute notes that, while they're effective, breast cancer treatments can cause changes that affect a woman's physique, body image and sexuality. Some changes will be short-term, such as hair loss or fatigue. Others may be permanent, such as breast loss or scarring from lumpectomy and mastectomy.

Fertility also may be affected, potentially compromising a woman's ability to get pregnant after treatment.

Regardless of the changes, breast cancer patients must realize they are not alone. Scores of women have experienced similar feelings and can be sources of support and inspiration during recovery. In addition, a handful of strategies can help women confront the physical changes resulting from cancer treatment in a positive way.

- Understand that it is okay to feel frustrated, upset or angry with the changes that have occurred. It doesn't make you shallow. Anyone has the right to grieve treatment options that have changed their bodies in various ways.
- Attempt to focus on how cancer treatment and the entire experience has made you stronger and more in tune with life. Cancer can be a wake-up call that sparks positive changes going forward. Focus on your strengths, rather than on what you cannot reverse.
- Look for new ways to enhance your appearance, like a new hairstyle. A makeup makeover also can help. Some women like to splurge on a stylist who can help shape a wig or offer them some innovative ideas to change their appearance.
- Speak with a doctor about what you can do to treat and camouflage skin changes from treatment. Topical creams may alleviate redness or dry patches while other remedies can minimize surgical scarring.

The changes in body image that breast cancer survivors experience tend to be connected to the features that society characterizes as “feminine.” Loss of one or both breasts can greatly affect body image. However, if mastectomy surgery is necessary, speak with your doctor about reconstruction possibilities. There also are very good prosthetic inserts and bras that can mimic the look of natural breasts under clothing.

Physical changes are common after cancer treatment. Women can try a handful of strategies to successfully confront these changes.

Physical, occupational and speech therapies to get you back to your active life.

To see how we can help, call 423.507.3659.
The vital role of a cancer support network

SPECIAL TO THE DPA

The moment a person is diagnosed with cancer can elicit a variety of emotions. Fear of what’s to come is a common reaction to such a diagnosis and some people may feel alone upon learning they have cancer. But no cancer patient should face their diagnosis and treatment alone. In fact, a strong support network can be vital to patients’ recoveries.

According to Weill Cornell Medicine, recent changes in the healthcare industry have shifted the burden of care from the hospital to the home. That underscores the importance of a strong support network. Many of the challenges cancer patients face in the months after diagnosis will be new and patients can expect a range of emotions.

According to Breast Cancer Now, a charitable organization that funds one-third of breast cancer research in the United Kingdom, women may experience emotions such as shock, anger, disbelief, anxiety and sadness after being diagnosed with breast cancer. Having loved ones there to help them make sense of those emotions and stay positive as they navigate their way through the treatment process is essential.

In addition to providing emotional support, loved ones of breast cancer patients may need to take on additional roles as they help their friends or family members face the challenges that lay ahead. Because of the industry changes noted by Weill Cornell Medicine, cancer caregivers and support networks may need to prepare themselves to take on the following roles, each of which is vital to cancer patients’ survival.

• Monitor the disease: Support networks may need to keep track of how their loved ones’ disease is progressing and if there are any complications from treatment.

• Manage symptoms: Breastcancer.org notes that treatment causes severe side effects in many women. Such side effects may include nausea/vomiting, diarrhea, constipation, pain, arm swelling, shortness of breath, and skin irritation. Most of these side effects can be treated. In addition, Breastcancer.org notes that most side effects ease up after treatment is completed. In the meantime, support networks may need to help patients manage those symptoms, performing a host of tasks to make their loved ones’ lives easier. For example, patients experiencing shortness of breath may be incapable of performing chores around the house. In such instances, members of a support network can tackle those chores until their loved one bounces back.

• Administer medication: Breast cancer patients may be too overwhelmed to handle their own medications, so support networks can take over this important responsibility for them.

• Assist with personal care: Some patients may experience fatigue after treatment. In such instances, support networks can help patients maintain their personal hygiene.

Support networks can be vital to helping cancer patients overcome their disease and navigate their way through successful treatment regimens.
What to expect after cancer treatment ends

Once the initial shock of a breast cancer diagnosis wears off, many patients are ready to get down to business and begin treatment.

Based on data collected by the SEER database, which is maintained by the National Cancer Institute, five-year survival rates for breast cancer in the United States are excellent.

If the cancer is localized or regional (spread to nearby structures or lymph nodes), the survival rate is 99% and 86%, respectively. If the cancer has spread to distant parts of the body, the five-year survival rate is 27%. These survival rates underscore the importance of early detection and treatment.

Treatment may induce feelings of anxiety among patients. Equally scary can be what to expect after treatment ends. Here’s a closer look at what comes next.

After surgery

If treatment involves surgery for a lumpectomy or mastectomy, patients will move to the recovery room after surgery to wake up from anesthesia. BreastCancer.org says if you are feeling any pain, now is the time to speak up, as staff in the recovery room assess your pain and vital signs.

Many surgeries are completed on an outpatient basis. However, more invasive surgeries that involve lymph node dissection require a hospital stay.

Doctors will set up a schedule of follow-up care to check surgical sites and monitor healing. Radiation or chemotherapy may be used in conjunction with surgery and may continue even after surgery.

After chemotherapy

Chemotherapy causes an “enormous assault” on the body, according to Marisa Weiss, MD, founder of Breastcancer.org

Many of the hurdles that people feel post-treatment are lasting fatigue. WebMD says a phenomenon called “chemo brain” can occur. This is a mental change characterized by an inability to focus and memory deficits.

In addition, after chemo ends, it may take up to six months for hair to start to grow back, and hair that grows back may be a different color and have a different texture.

After radiation

The American Cancer Society says side effects from radiation may vary depending on the patient. Extreme fatigue is often noted and such feelings may come and go.

Some people experience skin changes in the radiation treatment area. The skin may appear red, irritated, swollen or blistered. Over time, the skin may become dry, itchy or flaky.

Depending on certain types of radiation treatment, radioprotective drugs may be offered to help protect certain normal tissues.

Follow-up

Doctors will prescribe a regimen for follow-up care. Every few months women may expect a visit at first. The longer you have been cancer-free, the fewer follow-up visits will be required. Mammograms on any remaining breast tissue will be scheduled between six and 12 months after surgery, and annually thereafter.

Bone density tests and blood and imaging tests also may be recommended if you are taking certain medications or have physical indicators that the cancer might have come back.

Getting back on track after breast cancer treatment can take time. Eventually, life can return to normal, especially for patients with a good support team in place.
Your health means everything.
If you’re 40 or older, don’t put off your annual mammogram. This simple screening can help detect breast cancer early, before signs or symptoms appear. That’s when the odds of successful treatment are highest. Remember, there’s danger in delay. Don’t make your health wait. Schedule your mammogram now!

Schedule your mammogram today!
Call **423.744.3372**