



# SURVIVING Breast Cancer



## Woman diagnosed with breast cancer after finding lump while breastfeeding

**S**tories of breast cancer usually start the same way: with a lump. That was unfortunately the case for Sarah Snelson, of St. James, who discovered a lump while breastfeeding her youngest son. This latest change in her body came during a time of other major life changes. "I had a baby, built a house and got cancer in the same year," said Sarah, who was 28 years old when she was diagnosed with stage 3 breast cancer. In addition to the lump, Sarah noticed other concerning symptoms. "I just had a baby, so I wasn't really sure what to expect, but I was losing a

lot of weight," she said. "I was starting to feel sick a little bit but [I thought it was mostly from] having a baby." When she felt the lump, she suspected something was different. After visiting her doctor, Sarah was referred to the Phelps Health Comprehensive Breast Center, where she underwent an ultrasound and a mammogram. "They [Breast Center staff] were very easy to work with," she recalled. Both tests were completed in one day, and while Sarah was worried about doing these tests so quickly, she said she felt reassured by the staff's calming manner. Sarah returned the next day for a biopsy,

and a sample of the lump was taken for testing. Soon afterwards, she received the news that not only had she tested positive for breast cancer, but the cancer had spread to her lymph nodes. A cancer diagnosis is a life-altering experience. "Having to say you have cancer is very hard," she said.

### One in eight chance

According to the American Cancer Society, one in eight women will develop breast cancer during her lifetime. In fact, breast cancer is the most common cancer in women in the US after skin cancer. Certain risk factors may increase a woman's chances of getting breast cancer. Breast cancer can be hereditary as gene changes or mutations passed on from a parent can place a woman at higher risk for developing breast cancer.

After a blood test, Sarah learned that she has an inherited mutation to the breast cancer gene, which she believes came from her father's side of the family. Her grandmother (her dad's mother) lost her battle with breast cancer in her 30s. In addition, Sarah's aunt also passed away from metastatic breast cancer (cancer that has spread to other parts of the body). Despite her family history, Sarah said she didn't think she would get breast cancer at a young age. Most cases of breast cancer are found in women ages 55 and older.

### Quality cancer care, close to home

After learning of her diagnosis, Sarah said she wanted to receive care at the Phelps Health Delbert Day Cancer Institute in Rolla. Not only did she want to stay local, Sarah also wanted a caring doctor who would answer her questions. "I found that here at Phelps Health," she said. Sarah said she highly recommends the DDCI and always felt like she received a warm welcome from the doctors, providers and staff at Phelps Health. For radiation therapy, Sarah saw Christopher Spencer, MD, MS, DABR, medical director of the DDCI and medical director of radiation oncology at Phelps Health. Sarah also received care from Kan Huang, MD, PhD, MS, a medical oncologist and hematologist and medical director of DDCI Infusion Center; and Logan Shockley, a certified family nurse practitioner (FNP-C) who specializes in medical oncology and hematology, at the DDCI.

"I had Dr. Huang, and she was incredible. She was full of knowledge and just made me feel like I was going to be OK. And Logan Shockley helped me through all the treatments and [answered] all my questions," Sarah said.

In addition, Sarah mentioned receiving exceptional care from nurses Hillary Black and Tiffany Williams.

"All of them have been amazing," she said, adding that when she was having a bad day, staff noticed and did what they could to make things better.

### Individualized treatment plans

At the Phelps Health DDCI, an individualized treatment plan is developed for each cancer patient.

For Sarah, her treatment first involved about five months of chemotherapy. After the first two chemo sessions, her tumor shrank.

To make sure the breast cancer didn't spread, she underwent a double mastectomy (surgical removal of both breasts) followed by around six weeks of radiation therapy. Sarah said the tumor was too big to perform a lumpectomy, where only a portion of the breast is removed.

These treatments took a toll on Sarah, who noted that recovering from the treatments' side effects has been a struggle

**SARAH SNELSON** and her husband, Casey, and their two boys, are shown after Sarah rings the Bell of Hope, signifying her last treatment for breast cancer.

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# What to know about prophylactic mastectomy

**B**reast cancer is the most common cancer diagnosed in American women, and is the leading cause of cancer death in less developed countries, says the Breast Cancer Research Foundation. According to Susan G. Komen, more than 680,000 breast cancer deaths occurred worldwide in 2020.

Breast cancer affects the anatomy of the breasts and can often spread to the lymph nodes. While breast cancer can affect just about any woman (as well as men), certain women are at higher risk for developing breast cancer than others. Such women include those with a family history of breast cancer and/or the presence of genetic markers called BRCA1 or BRCA2 gene mutations, according to the Bedford Breast Institute. Those women have a lifetime risk of up to 87 percent for getting breast cancer and 53 percent for developing ovarian cancer. Other risk factors include the presence of dense breast tissue, exposure to radiation at an early age and having already had cancer in one breast.

### What is prophylactic mastectomy?

In instances when breast cancer risk is particularly high, women may opt to undergo prophylactic mastectomy, also called preventative mastectomy. This is the surgical removal of one or both breasts with the intent to dramatically reduce the risk of developing breast cancer.

### Rate of risk reduction

The Mayo Clinic says prophylactic mastectomy reduces the risk of developing breast cancer by 90 to 95 percent among women with BRCA gene mutations. It is roughly the same risk reduction for women who already have had breast cancer or have a strong family history of the disease and then have a breast removed.

Studies indicate that preventative mastectomy of the unaffected breast (called contralateral prophylactic mastectomy) in cases when breast cancer occurred in the other breast, when no

genetic mutations or hereditary risk factors are present, has little to no effect on overall survival rate. This is a surgery only for those with very high risk.

### Why isn't risk reduced completely?

Not all breast tissue can be removed during a prophylactic mastectomy. That is because breast tissue can sometimes be found in the chest, armpit, skin, above the collarbone, or on the upper part of the abdominal wall, states the Mayo Clinic. It is impossible to remove all breast tissue cells during surgery. Although risk reduction is significant after mastectomy, that risk cannot be eliminated entirely.

### Risks associated with prophylactic mastectomy

There are some risks associated with prophylactic mastectomy, both during the procedure and afterwards. BreastCancer.org says bleeding or infection, fluid collecting under the scar, delayed wound healing, scar tissue formation, loss of sensation in the chest, and complications while being put under anesthesia are all possible. Women are urged to carefully consider the pros and cons before opting for the surgery.

### Alternatives

Prophylactic mastectomy is only one option for women at high risk for developing breast cancer. Some alternatives include:

- Ultrasounds, physical exams, and mammograms every three to six months for the rest of the patient's life.
- Medication that can reduce risk of developing breast cancer.
- MRIs in addition to mammograms.
- Surgery to remove the ovaries, which can decrease both the risk of breast and ovarian cancers. It may reduce breast cancer risk by up to 50 percent if performed before age 50.

Breast cancer risk is higher in some individuals, which may prompt discussions about prophylactic mastectomies.

## Lump • From page 11

both physically and mentally.

"When I started treatment, I tried to power through it all, but [chemo] definitely knocks you down," Sarah said, noting that chemotherapy drugs have strong effects.

Sarah said she was active before her cancer diagnosis. However, after treatments, she found it hard to lift a 5-pound bucket or a 30-pound child. She remembers not having any energy to hold her children and having to rely on the help of her and her husband's parents.

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## Breast cancer coverage continues on page 13 and 14.

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# Vienna woman's cancer journey was scary

## Now she's there for her grandsons

BY LAURA SCHIERMEIER  
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Since she was about 40 years old, Vienna woman and Maries County native, Paula Fannon Meyer, always had an annual mammogram. As a nurse, she knew the importance of screening and early detection of breast cancer.

Then COVID-19 hit. As with so many other people, she got behind on her mammogram by about a year. She had "an incident" with her right breast and consulted her general practitioner who urged her to have a mammogram done right away. She had the mammogram on March 5, 2021.

"I don't care who you are, when they say they think you have cancer, it takes your breath away," said Meyer, who was 63 years old at the time. After she was told she probably had cancer, she began to physically feel the lump in her breast.

She had a biopsy done at Capital Region Medical Center in Jefferson City. Her surgeon, Dr. Diane Light, came to her and said she had cancer in her breast. Meyer said she replied to the surgeon, "Is it bad?" And, Dr. Light responded that all cancer is bad.

### That was the beginning of her cancer journey

Multiple doctors began to consult with her, discussing the options, which can become overwhelming for deciding what to do. She said Dr. Light was good and helped guide her through it.

From the surgery, the tissue was sent off. Meyer said, "Science is wonderful," as the lab results can tell doctors what the tumor is made of and can determine the correct treatment.

Meyer said early detection of cancer is so important because a small cancer can be caught and the less invasive the surgery has to be.

In her labs, they did a HER2 test, which if positive, is a breast cancer that has tested positive for a protein called human epidermal growth factor receptor 2 (HER2). This protein promotes the growth of cancer cells. In about one of every five breast cancers, the cancer cells have extra copies of the gene that makes the HER2 protein.

For Meyer, the first lab test from the biopsy said she was HER2 positive. This has to be treated as well as the cancer. The tumor was sent to a specialty lab to tell whether or not she would need chemo. It came back she did not need chemo and it was HER2 negative.

She is a medical person and does research to inform herself about what is going on in her body. She also is very intuitive about it. Meyer arranged to go to Siteman Cancer Center in St. Louis because of the confusing lab results. She said Siteman was an excellent resource for her. The tissue sample taken during her biopsy was sent to them for testing. It was negative for HER2.

Medical professionals spoke to her about all of her options and advised her. They recommended surgery and she considered all of the options. She chose to have the lumpectomy.

Meyer had the lumpectomy at Capital Region. She explains a lumpectomy is a conservative treatment to remove a very small tumor from the breast. For her what was removed was less than a centimeter in size, probably because it had been caught early.

### Three lymph nodes also were removed

She had to have radiation, which she had for 16 weekdays in a row, no weekends. To get the radiation, patients undress, put on a gown and lie on a table. A machine passes over the top of the patient and shoots beams of radiation. It only lasts a few seconds. They do a CAT scan to do mapping and imaging. Patients get tattoo lines, which are used to do the mapping so they know where the radiation is supposed to go. The radiation was done at Goldschmidt Cancer Center in Jefferson City.

Radiation is weird, she said. You don't feel it, just lie still and the machine passes over. Patients have to have it because even after surgery to remove the tumor, a small piece of cancer may be left. They have to make sure to get all the cancer cells, thus

the radiation follows surgery. Some people get burns, but she did not. But she felt tired and had some issues with dry skin.

Meyer said removing lymph nodes can cause long term issues. She's still dealing with it. At first she lost a lot of strength and it took a long time to get it back. She has scar tissue.

After nearly a year since the diagnosis, lumpectomy and radiation, she's just now starting to feel like herself. She was so scared when she found out she had cancer and is so happy that she got through it. But, once you've had cancer you become more aware you could have it again so you develop a more healthy lifestyle. She found out she is a strong person.

During her cancer journey, her son, Adam, was at her side throughout the whole process. "He was strong and supportive," she said as he took her to the hospital and stayed with her. Adam went to every important appointment with her. Meyer said she was so nervous and it was helpful to have someone there to help her remember what the doctors' said and to help make decisions.

After her surgery, her cousin, Holly, came to stay with her. Her sister, Stephanie, and niece, Rizza came to stay with her and provided care and support. The healing process was longer than she expected it to be.

Meyer said she is lucky to live in this community as the women who already had been on their own breast cancer journey, came forward and provided help to her.

Shanda Snodgrass was kind enough to go to her very first appointment with her. Her strength, encouragement and knowledge were so helpful to Meyer.

Meyer said that older women tend to worry less about breast cancer, but they should know there is more risk as they age. She didn't have any breast cancer in her family, yet she had it anyway.

As a nurse, as with other health professionals, Meyer encourages women to have their mammograms annually, and to do monthly self breast exams. If something doesn't feel normal, don't be afraid to ask about it. And don't be afraid to ask questions. As a patient, it is your right to ask.

When she was first diagnosed with breast cancer, Meyer said her grandson, Jimmy, was 14 months old. She was so sad and afraid she was not going to be there for him to watch him grow up, or there for the rest of her family and friends.

Now, Jimmy is almost three years old and another grandson, Warren, is a year old. Both are a joy to her life. Now she can be there for them and be a mom to Adam and Rachel and grandma to their boys.

"I am so thankful to be able to get through this and be a grandma."

**PAULA FANNON** Meyer did what she had to do medically to deal with her breast cancer diagnosis. At Christmastime 2021, her grandson, Jimmy, helped her make Christmas cookies.



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— MARK TWAIN

# Family history increases risk for breast cancer

**M**illions of people across the globe will be diagnosed with breast cancer this year.

In fact, only certain skin cancers affect more women than breast cancer within the United States and Canada.

The World Cancer Research Fund International says breast cancer is the most commonly diagnosed cancer in women across the globe. Belgium, The Netherlands and Luxembourg had the highest number of breast cancer cases in 2020, while Barbados and Fiji had the greatest number of deaths attributed to the disease. Some of these high case numbers may be attributed to women with family histories of breast cancer — something that increases risk significantly.

BreastCancer.org indicates that women with close relatives who have had breast cancer, such as sisters, mothers or grandmothers, are at considerably higher risk of developing breast cancer themselves. Also, breast cancer may occur at a younger age in women with family histories of

the disease.

Understanding breast cancer risk is vital for women's health. The following breakdown, courtesy of the Centers for Disease Control and Prevention, can help women from all backgrounds understand their risk for breast cancer.

- **Average risk:** No first- or second-degree relatives with breast or ovarian cancer, or one second-degree female relative with breast cancer (in one breast only) diagnosed after age 50.

- **Moderate risk:** This is a somewhat higher risk that may not turn into breast cancer. It occurs when there is one or two first-degree or two second-degree female relatives with breast cancer (in one breast only), with both relatives diagnosed after age 50; otherwise, one or two first- or second-degree relatives with high grade prostate cancer.

- **Strong:** Women with strong risks have much higher chances of developing breast cancer than the general population. Conditions like having one or more first- or second-degree relatives with breast cancer



diagnosed at age 45 or younger, triple negative breast cancer, primary cancer of both breasts, and both breast and ovarian cancer in the same relative are warning signs of increased risk.

It's important for women with increased risk for breast cancer due to family histo-

ry to discuss options with their doctors. More frequent mammograms and other screening tests may be recommended, and screening at younger ages than the standard age also may be considered. Women who are at high risk may be urged to undergo genetic counseling and testing for hered-

itary breast and ovarian cancer markers.

Breast cancer can be an especially scary prospect for women with family histories of the disease. By familiarizing themselves with their risks for breast cancer, women can take the necessary steps to protect their long-term health.



## How to support loved ones with breast cancer

**E**fforts to educate women about breast cancer have helped raise awareness of the disease and just how treatable it is when detected early. Despite that, a diagnosis can still be difficult for women and their families. When someone close to you is affected by breast cancer, priorities suddenly change and you may be wondering what you can do to provide the support needed to help this person navigate any ups and downs that could be on the horizon.

A breast cancer diagnosis does not produce a uniform response. While one loved one may embrace others wanting to help, another may feel she is a burden and exhibit an unwillingness to accept help. In the latter instance, being a supportive bystander may require walking on eggshells. Even still, there are some universal ways to lend support when a friend or a loved one has been diagnosed with cancer.

- **Offer practical support.** Cancer affects the body in a number of ways. Energy levels may wane and certain symptoms may arise. Side effects from treatments also can make it difficult to continue with daily tasks. So an offer to help with tasks associated with daily living, such as cooking meals, gardening, washing clothes, or cleaning up around the house, can be practical and much appreciated. Approach the individual and ask questions in pointed ways. Rather than, "What can I do to help?" which may result in an answer of, "Nothing," figure out a way to pitch in and then ask if that would be acceptable. This may be, "Would you like me to run to the supermarket for you today?"

- **Offer emotional support.** Someone with breast cancer may just need a person who can be there and listen. A hug, a nod of understanding or even a companion who can chat and take the person's mind off the cancer can be immensely helpful. Keep in mind that emotions may change on a dime, and some emotions may be directed at support systems. While it can feel hurtful, remember the real reason for any outburst is the disease. Patience is needed at all times.

- **Learn what you can about breast cancer.** Research the type of cancer your loved one has, which may make it easier to understand what to expect. If the person is amenable, you may consider accompanying her to appointments to hear firsthand about the next steps in her treatment and recovery.

- **Maintain a positive attitude.** It's never easy knowing someone you love is sick. They are going through their own emotional roller coaster, and support systems can lift their spirits by maintaining positive attitudes. Avoid wearing rose-colored

glasses, but try to remain as upbeat as possible.

- **Find a support group.** Professional support groups are great resources for coping with a cancer journey. Supporting a person with cancer takes its own unique toll, particularly when caring for a spouse, child or mother with breast cancer. Support groups for support networks can be helpful.

Individuals diagnosed with breast cancer may need a little extra love and support. It's up to caregivers and friends to step up and provide what is needed.

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