

Surviving Breast Cancer

Four local breast cancer stories inside:

Dyana Glaser, page 3

Tyra Mangrum, page 3

Pat Guill, page 4

Kim Noyes, page 8



A SPECIAL SUPPLEMENT TO THE

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Republican

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Breast cancer is a cause for concern for millions of women. Each year about 264,000 cases of breast cancer are diagnosed in women in the United States, according to the Centers for Disease Control and Prevention. Globally, data from the World Health Organization indicates roughly 2.3 million women were diagnosed with breast cancer in 2020.

One of the more notable symptoms of breast cancer is the presence of a lump in the breast. Though not all lumps are malignant, it's important that women learn about breast anatomy and lumps as part of their preventive health care routines.

Mount Sinai says that breast lumps can occur at any age in both men and women. Hormonal changes can cause breast enlargement and lumps during puberty, and boys and girls may even be born with lumps from the estrogen received from their mothers.

It is important to note that the vast majority of breast lumps are benign. The National Institutes of Health says 60 to 80 percent of all breast lumps are non-cancerous. The most common causes of breast lumps are fibroadenomas and fibrocystic changes. Fibroadenomas are small, smooth, moveable, painless round lumps that usually affect women who are at an age to have children, indicates the Merck Manual. They are non-

See **Lumps** page 3B

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Each journey is unique, like you

BY ROXIE MURPHY
ADVOCATE STAFF WRITER
rmurphy@wardpub.com

In June 2022, Dyana Glaser was diagnosed with breast cancer during a routine yearly checkup. Unlike many women who have chosen the traditional method to remove cancer from their bodies, Glaser took a road less traveled and chose not to undergo chemotherapy to kill the disease.

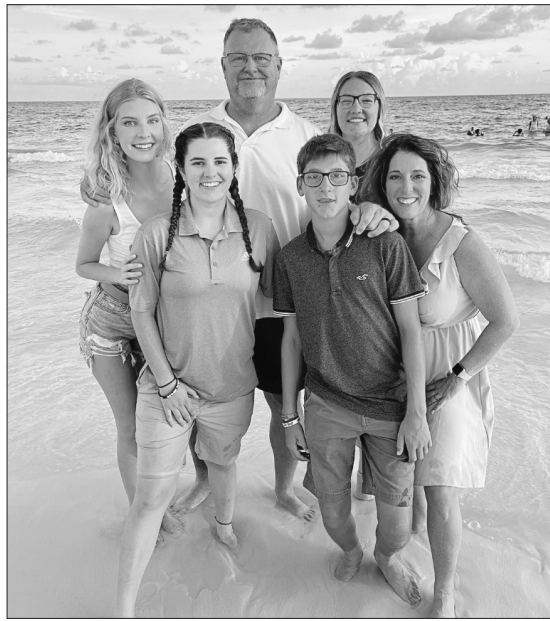
“I had an option to remove both breasts without treatment,” Glaser said. “No radiation or chemo. Or do a lumpectomy that would require radiation/chemo. I chose a mastectomy.”

A mastectomy is the removal of one breast, a double mastectomy is the removal of both breasts, either partially or entirely, to treat or prevent breast cancer. Women believed to be at a higher risk for breast cancer will sometimes opt for mastectomies as a preventative measure.

Her insurance didn’t initially pay to have both breasts removed because doctors only found cancer in one breast. However, once the surgery on the second breast began, what doctors initially thought was benign growth was actually cancer. Her insurance paid for the removal of the second breast after the surgery had taken place.

“No one talks about that,” Glaser said. “I have received most of my care from (Barnes-Jewish Hospital in St. Louis). It’s been a year since my mastectomy, but since then I have had complications.”

Many of the women who began their mastectomy journey



DYANA GLASER (far right) with her husband Keith (Spaz), children Brooke and Taylor Wildebrandt, Keigan Glaser and Jeani McIntyre.

who support her.

“When I went into have one of my surgeries last year in September, my hairdresser Tyra Mangrum, was diagnosed with breast cancer,” Glaser said. “My husband and always my sisters (have assisted me with making decisions). One of them is always at the doctor’s with me, listening and asking questions. They have seen more pictures of me than they want to.”

Everyone from siblings to cousins has been with her on her journey.

“I don’t know if the battle is ever over,” Glaser said, but to others who may be following in her footsteps, she said, “Stay positive as much as you can. Keep your tribe close. Your journey with breast cancer is unique just like you, and most importantly trust in God!”

when she did are already in the reconstruction phase.

“I won’t have reconstruction until next year,” Glaser said.

In the meantime, other surgeries have been performed. Aside from the frustration of being behind in the process and the pain from additional infections, Glaser said that the thought process that simply having everything removed and then reconstructed is the easiest way to go isn’t necessarily the case. There are other things to consider when going that route.

“I just had my ovaries removed, and they have started me on some preventative medicine for bone cancer,” Glaser said.

Glaser is the first woman in her family to have breast cancer and the battle has been a struggle of wondering if she is making the right choices. Luckily, she has friends who have been there for her along the way and family

Lumps

• From page 2B

cancerous and feel rubbery.

Fibrocystic changes are painful, lumpy breasts. This benign condition does not increase a woman’s risk for breast cancer. Symptoms often are worse right before one’s menstrual period, and then improve after the period begins.

Additional factors can contribute to the formation of lumps. Breast cysts are fluid-filled sacs that likely go away on their own or may be aspirated to relieve pain. Complex cysts may need to be removed surgically. Sometimes cysts also may form in milk ducts throughout the breasts.

Lumps also may be the result of injury. Blood can collect under the skin and form a type of lump called a hematoma. Other lumps may be traced to lipomas, which is a collection of fatty tissue or breast abscesses, which typically occur if a person is breastfeeding or has recently given birth.

Additional causes of lumps can be discussed with a doctor. Though the majority of lumps are not a cause for concern, it is important for people to regularly feel their breasts to check for abnormalities. Doctors may recommend annual mammograms to women age 40 and older. In its earliest stages, breast cancer may produce little to no visible symptoms, but a mammogram may be able to catch something early on.

Cancer free, but the journey isn’t over

BY ROXIE MURPHY
REPUBLICAN STAFF WRITER
rmurphy@wardpub.com

Last October, Tyra Mangrum shared in the *Breast Cancer Awareness Edition* that she had just been diagnosed with breast cancer and was beginning her journey to fight the battle against the disease. She was nervous and scared, but determined because she knew what she was fighting for.

Now, a year later, Mangrum’s battle has led to a double mastectomy and lymph node removal as of April. She was declared cancer-free in August. However, her journey is far from over as reconstruction and a hysterectomy are scheduled in December.

After her surgery in April,

Mangrum’s test results were still showing cancer cells.

“The pathology report on the lymph node showed live cells still,” Mangrum said. “The chemotherapy had not fully killed it. So one week later I went back into surgery to remove another branch of lymph nodes.”

Mangrum said she and her doctors had initially hoped they wouldn’t have to take out more lymph nodes.

“Unfortunately, we had to take more lymph nodes anyway,” she said. “That caused some cording which is common in lymph node removal, but makes recovery a little more difficult.”

Cording is caused by hardened lymph vessels and feels like a tight cord running from armpit down the inner arm, sometimes to the palm of the hand. Raised cord can sometimes be felt

across the arm, chest or breast, which limits movement. It can be treated with therapy in weeks or months that follow surgery.

Next came the radiation. She began with 28 rounds.

“I went daily for that,” Mangrum said. “I corded again after radiation cause it tends to tighten everything back up again. I’m in physical therapy and have exercises to do daily at home.”

Lymphatic drainage is another problem and requires a pump that she wears nightly to help remove fluid so it doesn’t build up and cause full blown lymphedema.

“I had a blood test in August that will determine if any residual disease is detected, and it showed I am cancer free!” Mangrum said. “That being said, I still have reconstructive surgery and

a full hysterectomy ahead of me in December.”

Doctors discovered Mangrum’s cancer is hormone-driven. To reduce the risk of reoccurring, she will need to take medication for the next 10 years.

“Since my medication has a risk of causing uterine cancer — yes, you read that right — I am having a full hysterectomy to avoid getting a different type of cancer,” Mangrum explained. “It’s been a long year and still more to go, but I have had an army of prayer warriors by my side every step. The support we have received through this has been such a beautiful blessing. God heard our prayers and answered, and I know he will be with me through the last bit of this journey.”



Rolla retiree faces breast cancer with resilience and hope

Having worked at Phelps Health for 19 years, Pat Guill was familiar with the signs of breast cancer. The 82-year-old Rolla resident was diagnosed with the disease in April 2023.

“During a self-exam, I found a lump,” said Pat, who retired from the organization in 2006. “Because of this discovery, I wasn’t really surprised by the cancer diagnosis.”

As far as a family history, Pat is unsure, as she is adopted. Aside from being diagnosed with type 2 diabetes in 2019, Pat is in fairly good health.

Throughout her tenure at Phelps Health, the former employee worked in Plant Operations, Radiation Oncology and the Clinical Quality and

Measurement (CQM) Department. Given her nearly 20 years of working in healthcare, Pat instinctively knew her next step: a mammogram. She promptly scheduled the screening procedure at the Phelps Health Comprehensive Breast Center, where she was able to get an appointment within the week.

Ready to fight

“I’m just thankful it (the breast cancer) was caught early on,” said Pat, who added that the cancer was isolated to one lymph node. “As soon as I found out, there was no question in my mind. I was going to fight it.”

Phelps Health Radiation Oncologist Chris Spencer, MD, MS, DABR, then
 See **Lump** page 5B

FORMER PHELPS Health employee Pat Guill is undergoing cancer treatment at the Phelps Health Delbert Day Cancer Institute in Rolla.



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Lump • From page 4B

ordered four weeks of daily radiation treatments for Pat at the nationally accredited Phelps Health Delbert Day Cancer Institute (DDCI) in Rolla. Thankfully, her side effects have been mild, and Dr. Spencer has been great to work with, she said.

“My treatments last about 15 minutes, and the Radiation techs do everything they can to make me comfortable, including offering me a blanket,” Pat said. “I do notice I have been a little more fatigued. Afterwards, the targeted area is slightly uncomfortable, but the feeling usually subsides with Tylenol.”

Following radiation

Following radiation and more tests, she will be on a chemotherapy pill for five years.

Having called Rolla home since 1968, Pat never considered going anywhere else for treatment.

“Why would you want to drive to a big city? I don’t love the traffic,” she added. “So, it’s never been a question for me or my husband. I think you’d be hard pressed to get better treatment somewhere else. I’ve had a great experience. Everyone has been

welcoming and personable.”

The future

Looking to the future, Pat and her husband hope to resume traveling.

“We love camping with our two kitties,” she said. “We like Branson, in particular. After I retired, we traveled to Alaska and the Virgin Islands. Hopefully, this spring, we can start traveling again.”

Pat also shared this advice. “While I was doing self-exams, I didn’t keep up on my mammograms like I should have. Hopefully, my diagnosis can serve as a reminder for others to get screened.”

Early Detection Is the Best Prevention

The American Cancer Society recommends that women at average risk for breast cancer begin yearly mammograms at age 40. If you have a family history of the disease, talk to your healthcare provider about specific screening recommendations. To schedule a mammogram, call Phelps Health Centralized Scheduling at (573) 458-7737.



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Formalized education on breast cancer survivorship can help nurses provide more streamlined care

By 2040, an estimated 26 million Americans will be living as survivors of cancer. While advances in technology and medical treatments have increased their survival rates, cancer survivors are still at a higher risk than the general population for both a return of their cancer or a new type of cancer forming. They are also at higher risk for developing cardiovascular issues and lymphedema, a chronic condition of swelling caused by disruptions to the body's lymphatic system.

In a new study at the University of Missouri, researchers found that Advanced Practice Registered Nurses (APRNs) recognized the importance of breast cancer survivorship care and were willing to proactively plan the best next steps for their patients. They also found that these clinicians would benefit from receiving formalized and standardized education about treating breast cancer survivors. This would likely improve and streamline the health care provided by

the APRNs, who are well-positioned to care for the growing population of cancer survivors.

According to Allison Anbari, an assistant professor in the MU Sinclair School of Nursing who led the study, by approaching cancer survivorship as a chronic condition, similar to hypertension or diabetes, researchers can equip clinicians with the information they need to in turn help better educate cancer survivors, thus improving their long-term health outcomes.

To better understand the experiences of APRNs caring for breast cancer survivors, Anbari interviewed APRNs about how they were helping plan care for their patients as well as potential areas for improvement.

"What we found is that while APRNs are doing a great job, they were often learning about breast cancer survivorship care on the job and used previous experiences of helping breast cancer survivors to inform current or future care plans for patients," Anbari said. "If

we start to think of cancer survivorship as a chronic condition, similar to hypertension, we can create a more formalized, standardized approach that provides clinicians with more systematic and streamlined trainings, resources, and education so that they can be even more successful going forward."

The findings could lead to more formalized education, including lectures or webinars, specifically about cancer survivorship when they are in residency, in practicum, in clinical rotations or as undergraduate students.

"Educating patients about symptom management, monitoring their body, continued surveillance screenings, echocardiograms and clinical breast exams is crucial," Anbari said. "Basic things like healthy diet and exercise can reduce the chances of cancer coming back or new cancers forming. Also, asking more holistic questions about stress, mental health, mammogram scheduling and follow-up appointments with oncologists can be extremely helpful as

well."

As a two-time breast cancer survivor herself, Anbari received six chemotherapy agents, immunotherapy, two types of radiation, two surgeries, reconstruction and physical therapies.

"Patients with diabetes get formally educated with programming and education about all kinds of things like foot health, skin health, and the glycemic index of foods, but the information for cancer survivors is currently not as formalized or standardized," Anbari said. "If we can help streamline the process for clinicians to have the education and resources they need, the trickle-down effect of what the patients learn will ultimately improve their health outcomes."

Anbari added that emerging technologies, such as electronic health records and telehealth, can play a critical role in assisting APRNs and other non-oncology clinicians.

See **Community** page 11B

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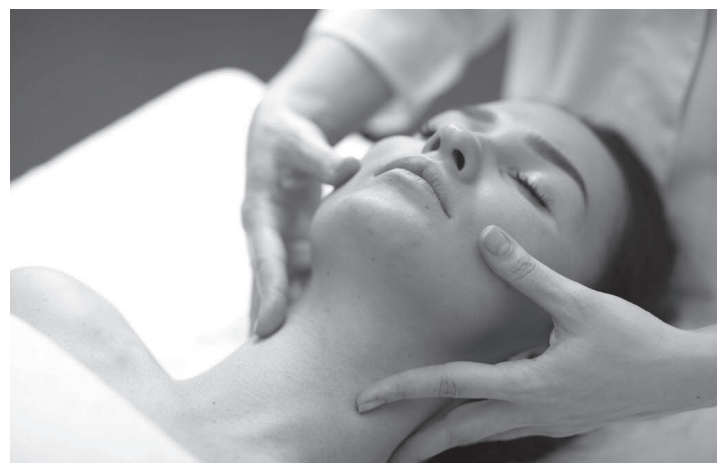
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What distinguishes the different types of breast cancer?

Individuals can experience a whirlwind of emotion upon being diagnosed with cancer. No one ever expects to receive such a diagnosis, so the moment a physician delivers such news can be emotional and compromise a person's ability to focus. Once those emotions settle down and individuals resolve to overcome the disease, they typically have a lot of questions.

One of the questions doctors will attempt to answer is which subtype of cancer a person has. For example, when doctors initially deliver a breast cancer diagnosis, they may explain that further testing will be necessary to determine precisely which type of breast cancer an individual has. Identifying the subtype of breast cancer helps doctors choose the most effective course of treatment, but it's understandable if patients and their families become confused during the process. The following rundown can help breast cancer patients understand this crucial next step after diagnosis.

How is breast cancer type determined?

The American Cancer Society notes that breast cancer type is determined by the specific cells in the breast that become cancer. The Mayo Clinic reports that a medical team will use a tissue sample from a patient's breast biopsy or, for patients who have already undergone surgery, the tumor to identify the cancer type.

What are the types of breast cancer I might be

diagnosed with?

There are many types of breast cancer, but some are more common than others. Invasive and non-invasive (also referred to as "carcinoma in situ") are the two main subtypes of breast cancer.

According to the University of Pittsburgh Medical Center, the most common types of invasive breast cancer are invasive ductal carcinoma, which affects the inner lining of the milk ducts, and invasive lobular carcinoma, which originates from the glands that produce milk.

The UPMC reports that the most common in situ types are ductal carcinoma in situ, which is cancer that remains within the milk ducts, and lobular carcinoma in situ, which does not often develop into breast cancer though it is considered a risk factor for an invasive form of the disease.

The ACS notes that triple-negative breast cancer is an aggressive form of breast cancer that accounts for roughly 15 percent of all breast cancers. Triple-negative breast cancer can be difficult to treat.

Less common types of breast cancer, each of which account for between 1 and 3 percent of diagnoses in a given year, include Paget disease of the breast, angiosarcoma and phyllodes tumor.

A breast cancer diagnosis marks the beginning of a sometimes lengthy but often successful journey that has ended in full recovery for millions of women across the globe. More information about the various types of breast cancer can be found at cancer.org.



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“Through my adult life I have always tried to know that there is some sort of good in all bad. It’s been rough at times, but I always find it. Not sure what the real message is with this new battle, but I will find it and it might be the ones I am already learning, don’t know yet.” — Kim Noyes



PHOTOGRAPH SHARED with permission. Kim Noyes hopes that this photo will educate women on the damage breast cancer does to the body.

BY LINDA TREST
REPUBLICAN STAFF WRITER
ltrest@wardpub.com

The last few months have been challenging for Kim Noyes, 63, of Leslie.

After a mammogram in July, she was referred for further testing. A biopsy revealed she had invasive lobular carcinoma. It had spread to two lymph nodes on her right side.

A mastectomy was determined to be the safest course of action. Noyes chose to have a double mastectomy to eliminate the disease from spreading to her left breast and to provide some uniformity to her chest.

During the mastectomy in late September, a total of six lymph nodes were also removed.

Many are familiar with Noyes through her work with partner Tony Wilburn and their work with Dry Creek Bloodhounds. They give demonstrations of their hounds in action across the region. They are part

of the Gerald-Rosebud Fire Protection District. Noyes is also a K9 handler and a 32-year Walmart associate.

While Noyes reports the biopsy was more painful than she expected, the recovery from the mastectomy also poses many challenges.

However, neither of these has been the worst part of this process for Noyes. She says the hardest part was having that mass in her body and having to carry it around with her until it was able to be removed through surgery.

Another tough part of the process was her having to temporarily give up working with her dogs. “This will seem trivial to many I think, but I miss the dogs and working with them,” she admits. “They are my sanity and I am just now getting back with them,”

Radiation treatments are definitely in Noyes’ future and she will be on estrogen blockers for 10 years.

During the mastectomy, Noyes chose

See **Fight** page 15B



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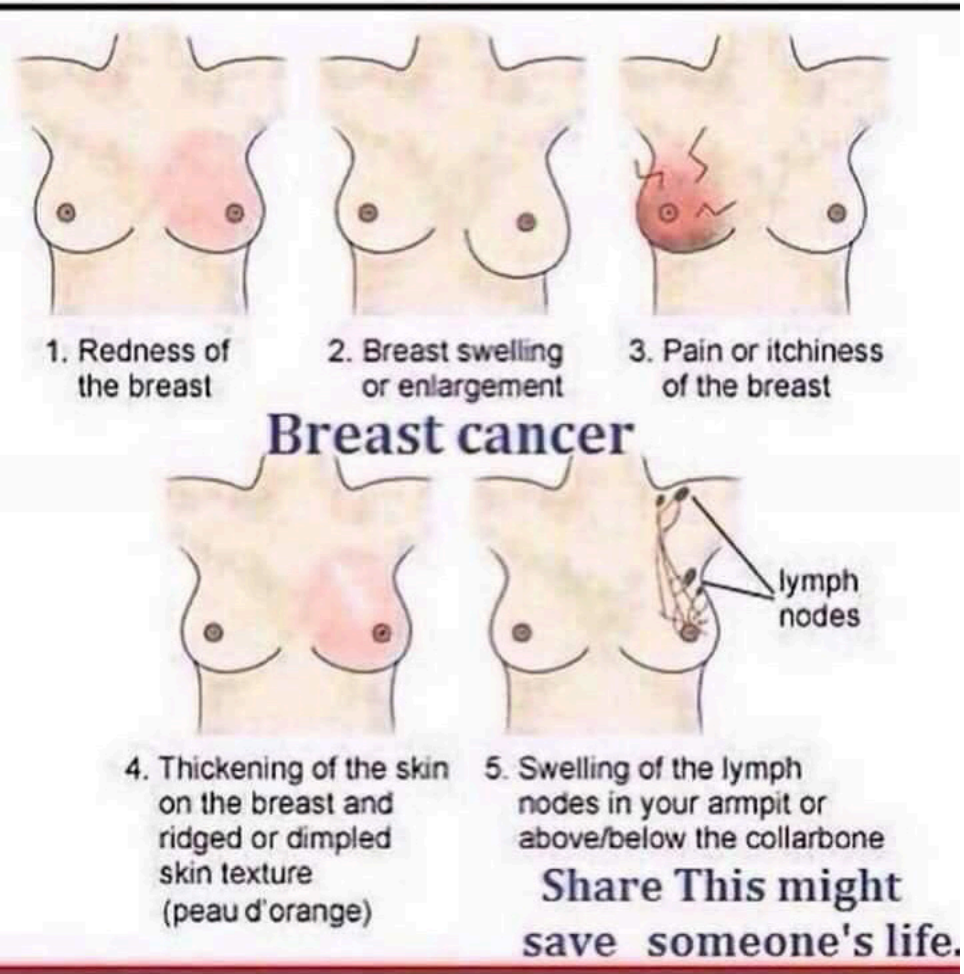


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What to know about breast cancer recurrence



Millions of women across the globe are survivors of breast cancer. Those women serve as inspiration to millions more individuals, even as they bravely live with the threat of recurrence.

The Cleveland Clinic notes that most local recurrences of breast cancer occur within five years of a lumpectomy, which is a common breast cancer treatment during which cancer cells and a small margin of healthy breast tissue are removed. Even if recurrence is unlikely and/or beyond a woman's control, the lingering notion that breast cancer return at any moment can be difficult to confront. Learning about recurrence could calm the nerves of breast cancer survivors and their families.

Defining recurrence

A second diagnosis of breast cancer does not necessarily mean women are experiencing a recurrence. The Cleveland Clinic notes that breast cancer that develops in the opposite breast that was not treated and does not appear anywhere else in the body is not the same thing as recurrence. Recurrence occurs when the cancer is detected in the same breast in which the disease was initially detected. Breastcancer.org notes that cancer found in the opposite breast is likely not a recurrence.

How recurrence happens

See **Recurrence** page 11B

October is Breast Cancer Awareness Month



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Owners: John & Taylor Nowak with Office Manager Rebecca Withouse (center).

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The relationship between breast density and cancer risk

A host of variables affect a woman's risk for breast cancer. Some variables are related to a woman's lifestyle. For example, the American Cancer Society reports that a sedentary lifestyle can increase breast cancer risk. In addition, the ACS notes that women who consume unhealthy diets are at greater risk of becoming overweight or obese, which also increases breast cancer risk.

A woman's lifestyle is largely up to her, which means women can exert a measure of control over their risk for a disease that the World Cancer Research Fund International reports was the world's most commonly diagnosed cancer in 2020. However, additional variables beyond a woman's control, including breast density, can increase risk for breast cancer.

What is breast density?

The Centers for Disease Control and Prevention notes that breast density reflects the amount of fibrous and glandular tissue in a woman's breasts compared to the amount of fatty tissue in the breasts.

How do I know if I have dense breasts?

Women cannot self-diagnose dense breasts. The National Cancer Institute notes that only a radiologist can determine if a woman has dense breasts, and that's only possible after a mammogram.

What is the significance of breast density?

Breast density and breast cancer are linked, which underscores how important it can be for women to discuss breast density with their physicians. The National Cancer Institute notes that dense breasts are not considered an abnormal breast condition or a disease, though they are a risk factor for breast cancer. Women determined to have dense breasts have a higher risk of breast cancer than women with fatty breasts.

The CDC notes that dense tissue can hide cancers, as the fibrous and glandular tissue in breasts, which is more abundant in dense breasts than fatty breasts, looks white on a



mammogram. That's significant, as tumors also look white on mammograms, which means it's easy to mistake a small tumor for fibrous and glandular tissue.

What can I do if I have dense breasts?

It's important that women with dense breasts open a dialogue with their physicians. This is especially important when switching physicians, as a new doctor can consider this when treating a patient for the first time. Doctors may recommend certain tests to women with dense breasts, particularly after considering a woman's age and family history of breast cancer. The CDC notes that additional testing can produce a false positive result, so women can discuss that likelihood as well. But in some cases, a breast ultrasound or a breast MRI may detect a tumor that a mammogram did not find, so additional testing should not be written off.

Breast density and breast cancer are linked, but the NCI notes that research has indicated that women with dense breasts are no more likely to die from breast cancer than women with fatty breasts. More information about breast density can be found at cancer.gov.

Recurrence

• From page 10B

Treatment for breast cancer is often very successful, particularly in patients whose cancer was discovered early. Recurrence can happen when single cancer cells or groups of cancer cells are left behind after surgery. Breastcancer.org notes that tests for cancer cannot detect if single cancer cells or small groups of cells are still present after surgery, and a single cell that survives post-surgery rounds of radiation therapy and chemotherapy can multiply and ultimately become a tumor.

Types of breast cancer recurrence

There are different types of breast cancer recurrence, including:

- **Local recurrence:** The Cleveland Clinic notes that a local recurrence diagnosis indicates the cancer has returned to the same breast or chest area as the original tumor.
- **Regional recurrence:** A regional recurrence means the cancer has come back near the original tumor, in lymph nodes in the armpit or collarbone area.
- **Distant recurrence:** A distant recurrence indicates the breast cancer has spread away from the original tumor. The Cleveland Clinic notes this is often referred to as stage 4 breast cancer. This diagnosis indicates the tumor has spread to the lungs, bones, brain, or other parts of the body.

The risk of recurrence

Johns Hopkins Medicine notes that certain variables unique to each individual affect the risk of breast cancer recurrence. This is an important distinction, as women who have survived breast cancer but are concerned about recurrence should know that they will not necessarily experience one, even if a first-degree relative or friend did. The type of cancer and its stage at diagnosis can elevate risk, which also is highest during the first few years after treatment.

The Cleveland Clinic notes that women who develop breast cancer before age 35, which is uncommon, are more likely to experience a recurrence. In addition, women diagnosed with later stage breast cancers or rare forms of the disease, including inflammatory breast cancer, are more likely, though not guaranteed, to experience a recurrence.

The fear of breast cancer recurrence can be tough for survivors of the disease to confront. Sharing concerns with family members and a cancer care team could help survivors overcome their fears.

Community • From page 6B

"As the number of cancer survivors continues to go up, this topic will only become more important going forward, and my goal is to help others who may not have had the same privileges or health care access that I had," Anbari said. "APRNs are in a great position to help, as they have advanced training in health assessment and early illness detection, in pharmacology, and in

diagnostics. As researchers, it is our job to support them, which ultimately helps their patients."

"Understanding APRNs' perspectives on providing care to people with a history of breast cancer" was recently published in Journal of the American Association of Nurse Practitioners. Coauthors include Taryn Sandheinrich, Jennifer Hulett and Elizabeth Salerno. Funding for the study

was provided by the MU Sinclair School of Nursing, staggering. After paying on the debt for five years, Michelle says it is now down to the last \$1,200.

The cancer diagnosis has changed Michelle's outlook. Now she only does what is good for her. Luckily for Gerald, one thing that is good for her is giving back to the community.



The number of women diagnosed with breast cancer in 2020 exceeded two million. That figure, courtesy of the World Health Organization, underscores the significance of the threat posed by the disease.

Though no one is immune to breast cancer, researchers have concluded that certain groups have a higher risk of developing the disease than others. Women who recognize their personal risk for breast cancer may not be able to change certain factors that increase their chances of developing the disease. However, recognition of their personal risk could put women in position to lower that risk in other ways. According to the WHO, the following are some groups who are at elevated risk of developing breast cancer.

- **Women:** Johns Hopkins Medicine reports that less than 1 percent of all breast cancer cases occur in men. Though it's still important for men to recognize they're not immune to the disease, women must also recognize that nearly all of the more than two million annual breast cancer diagnoses across the globe are found in women.

See **Groups** page 13B

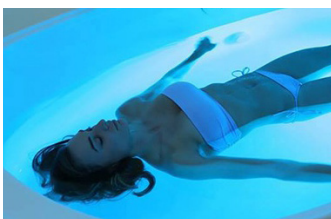
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Groups • From page 12B

• **Women 50 and older:** The Centers for Disease Control and Prevention reports that most breast cancers are found in women who are 50 years old or older. A report from the National Cancer Institute indicates that a 30-year-old woman has a 1 in 204 chance (0.49 percent) of being diagnosed with breast cancer, while a 40-year-old has a 1 in 65 chance (1.55 percent) of being diagnosed. By the time women reach age 60, their risk is 1 in 28 (3.54 percent), while a 70-year-old has a 1 in 24 chance (4.09 percent) of being diagnosed. Though women of any age can get the disease, the risk clearly increases as women get older.

• **Women who meet the criteria for being overweight or obese:** The nonprofit organization Susan G. Komen, which helps to raise funds for the fight against breast cancer, notes that women who are overweight or obese after menopause have a 20 to 60 percent higher risk of developing breast cancer than women who are not overweight or obese. The American Cancer Society reports that having more fat tissue increases breast

cancer risk because it raises estrogen levels. However, the ACS notes the link between weight and breast cancer risk is complicated, so it's worth it for women concerned about their cancer risk to open a dialogue with their physicians.

• **Women who consume alcohol:** The MD Anderson Cancer Center reports that alcohol consumption and breast cancer risk are linked. Though the precise cause of the link is unknown, one theory suggests that consuming alcohol can increase estrogen levels as well as the levels of other hormones associated with breast cancer. However, the MDACC warns that the risk is very low, particularly for women who limit their consumption to one drink or less per day. Routinely consuming more than one alcoholic drink per day is a cause for concern.

It's vital that women recognize their risk for breast cancer. Though any woman can be diagnosed with breast cancer, certain factors, including some that can be avoided, can increase a woman's risk for the disease.



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Know the basics of Breast Cancer

BY BRANDI KINCAID,
MSN, APRN, NP-C, AOCNP
 Capital Region Medical Center

Breast cancer starts when cells in the breast become abnormal and start dividing rapidly. According to the American Cancer Society (ACS), most breast cancers start with cells in the milk ducts which are the tiny tubes that run from the lobules (glands that make breast milk) to the nipple.

Are there symptoms?

In the beginning, breast cancers don't usually cause symptoms. That's why the ACS recommends regular breast cancer screening.

Women who are at a high risk for developing breast cancer often start regular MRIs and mammograms at age 30.

Early detection is key as treatment options get more complex as the cancer progresses. Simpler treatment is more likely to be effective in the early stages.

When breast cancer progresses enough to cause symptoms, the most common is a new lump or mass in the breast, according to the ACS. Other symptoms can include swelling, skin irritation, dimpling, redness or scaling on the skin of the breast or nipple, painful nipples, nipple discharge, or a lump in the underarm.

It's important to remember that not all breast lumps are cancer. Most are fluid-filled cysts, collections of fibrous tissue or some other type of unusual growth, none of which will spread beyond the breast or be life-threatening. However, any lump or change in a breast should always be examined by a healthcare provider.

What is the screening like?

Screenings can include a breast exam, mammogram, ultrasound or an MRI. If your doctor suspects there's even a slight chance that cancer could be present, he or she will order additional tests. These may include specialized imaging tests and a biopsy. According to the ACS, a biopsy is the only way to confirm that cancer is present. It involves removing a sample of tissue and inspecting it under a microscope to look for signs of cancer.

How is breast cancer treated?

Treatment options for breast cancer can include surgery, radiation therapy, chemotherapy, hormone therapy or immunotherapy, sometimes a combination of treatment options are needed. Things to take into consideration



before developing a treatment plan are the type and stage of the cancer, the person's general health and personal preferences. Each treatment option has both benefits and drawbacks.

Am I at an increased risk for breast cancer?

You may be at an elevated risk due to the following factors:

- **Age** — Most cases of invasive breast cancer occur in women 55 and older.
- **Family History** — Your risk for breast cancer increases if others in your family also had the disease. The risk is about doubled if your mother, sister or daughter was affected.
- **Dense Breast Tissue** — Women who have dense breasts have an elevated risk for breast cancer.
- **BRCA1 or BRCA2 Mutation** — Mutations in these genes, which normally help prevent uncontrolled cell growth, may be inherited. These mutations greatly increase breast cancer risk. However, there are options for managing this risk. Your doctor can tell you more about them.
- **Birth Control Use** — Women who are using birth control pills have

a slightly higher risk of getting breast cancer than women who have never used them. However, after 10 years without the pills, the increased risk seems to disappear.

- **Birth and Breastfeeding** — Women who have not had children or who had children later in life have a slightly higher risk of getting breast cancer than women who had children earlier. For women who had children before the age of 30 and breastfed, evidence suggests their risk may be slightly lower, especially if they did so for 1 1/2 to 2 years.

- **Combined Hormone Therapy** — Combined hormone therapy (estrogen and progesterone) has been shown to increase breast cancer risk. The risk may return to normal within three years of stopping the therapy. Use of estrogen alone does not seem to pose a similar danger.

- **Weight** — Carrying excess weight seems to raise breast cancer risk. That's particularly true if the weight is mostly around your mid-section.

- **Alcohol** — Drinking alcohol regularly—even just one drink a day—increases breast cancer risk. The more you drink, the greater the risk.

Are there ways to reduce my risk?

You can reduce your risk of developing breast cancer by not drinking alcohol, getting regular exercise and maintaining a healthy body weight, according to the ACS.

If you have a strong family history of breast cancer, talk to your doctor about other options for breast cancer prevention. Medicines or (in rare cases) surgery may be used to reduce risk in very high-risk women, notes the ACS.

Remember, breast cancer is most treatable when caught early. Become familiar with how your breasts normally look and feel to ensure possible changes are noticed early. Don't hesitate to report changes to your healthcare provider — your care is why we're here.



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Fight • From page 8B

to have expanders put in. The expanders have a port and are filled weekly until they reach a desired fullness. Eventually, these expanders will be replaced with implants.

Noyes has created a Facebook group, Fight Like a Girl. In her usual forthright way, Noyes has documented her journey thus far. She has also included some very frank and candid photos of the aftermath of her biopsy and surgery. There are also a few cute dog pictures sprinkled in.


Noyes hopes this page will provide some educational opportunities, give women (and men) a place to share their experiences, and inject a little humor into her journey. She writes, "I don't need sympathy, I need support, good humor, good friends and peace! Please feel free to ask questions, visit, share fun stuff and be positive."

As is typical of Noyes, even while in the fight of her life, she strives to make life better for others. Breast cancer affects a woman's body in various ways. Though many effects are temporary, women can still discuss strategies to overcome them as they navigate their way through treatment.



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Treatments considered after a breast cancer diagnosis

A recent article in the January/February 2023 edition of CA: A Cancer Journal for Clinicians noted that roughly 3.8 million cancer deaths have been averted since 1991. That figure represents a 33 percent overall reduction in the cancer death rate over the last three-plus decades.

Despite improvements in cancer survival rates, the disease remains a formidable foe. When diagnosed with breast cancer, women will soon begin treatment, and the following are some of the options doctors may consider as they devise treatment plans.

• **Chemotherapy:** The aim of chemotherapy is to destroy cancer cells or slow their growth. The National Breast Cancer Foundation® notes that chemotherapy employs a combination of drugs, which are usually administered orally or intravenously. Chemotherapy is a systemic therapy, which means the drugs will travel in the bloodstream throughout the entire body.


• **Radiation:** The NBCF notes that radiation therapy utilizes high-energy rays to kill cancer cells. Radiation therapy affects only those parts of the body that are treated with radiation, so it might not lead to the same level of fatigue as chemotherapy. When

treating breast cancer, radiation therapy is often utilized to destroy any remaining mutated cells in the breast or armpit area after surgery.

• **Hormone therapy:** The American Cancer Society notes that some types of breast cancer are affected by hormones. In such cases, the receptors on breast cancer cells attach to hormones like estrogen and progesterone, which enables them to grow. Hormone therapy prevents such attachments. The ACS indicates that hormone therapy is often utilized after surgery to help reduce the risk of recurrence. Hormone therapy is usually taken in pill form for five years.

When discussing a course of treatment with breast cancer patients, doctors may also recommend newer treatments like targeted therapies. The NBCF notes that these treatments, which utilize drugs designed to block the growth of breast cancer cells in specific ways, are often administered in combination with chemotherapy.

Doctors utilize various treatments to help breast cancer patients overcome their disease. Women are urged to ask as many questions as possible as they discuss treatment options with their cancer care teams.



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