

The Clinton Chronicle

October 22, 2014

BREAST  
CANCER

AWARENESS  
MONTH

From **diagnosis**  
to •

**Winning**

*We're all in the fight together*



# Mammogram is key to early detection

By Larry Franklin

For Breast Cancer Awareness 2014

Laurens County Memorial Hospital was the first hospital in the upstate to offer digital mammography. At the time, before the county's health care system merged with Greenville Health System, it was Laurens County Hospital. Digital mammography offers better quality imaging, according to the women who administer mammograms at the Breast Care Center inside the hospital.

Digital mammography uses digital receptors and computers instead of x-ray film to help examine breast tissue for breast cancer. The signals can be read on computer screens, permitting more manipulation of images to theoretically allow radiologists to more clearly view the results.

Digital mammography is also utilized in some biopsies.

Kim Amick, manager of radiology at Laurens County Memorial Hospital, said the hospital offers screening mammograms to help determine if a patient might have a problem such as breast cancer. Usually a woman having a screening mammogram does not have any symptoms of breast cancer.

After the screening, a diagnostic ultra sound might be used to determine what the problem is. At that point, the patient might be referred to a surgeon for a biopsy, which would determine if the problem is breast cancer.

It is up to the patient which surgeon they use. Many local patients are referred to surgeons in Laurens County. Amick said some post testing has to be performed in Greenville.

Currently, no treatment for breast cancer is offered at the Laurens County Memorial Hospital, the staff said.

Lisa Brooks, a mammogram/x-ray technician, said the Breast Care Center is performing many more mammograms than in years past. The increase is due to better education and more instances of breast cancer being identified, she said.

The Center staff performs as many as 15-20 mammograms a



**With a smile.** From left, Kim Amick, manager of radiology, and mammogram/x-ray technicians Debra Hill and Lisa Brooks pose in front of the digital mammography equipment at Laurens County Memorial Hospital. Increased education and awareness of breast cancer is resulting in more women -- and men -- having screening mammograms performed, they said.

-- Photo by Larry Franklin

day with as many as five of them identifying problems that need more screening. A mammogram takes about 20 minutes.

Debra Hill, a mammogram/x-ray technician, said women need to regularly perform a self breast exam. Amick said the self exam should be monthly and should be performed the same time every month.

Also, beginning at age 40, women should have an annual mammogram, she said.

Males need to check for breast cancer, too, the Breast Care Center staff said. "We're finding it more and more," Amick said. "If (a man) has a mother or sister that had

breast cancer, they're at higher risk."

The screening and diagnostic procedure for men is just like it is for women, the staff members said.

Men have breast tissue and like all cells of the body, a man's breast duct cells can undergo cancerous changes.

The staff at the Breast Care Center said they are dedicated to helping their patients and offer "a mammogram with a smile," Hill said.

According to information from GHS, a woman's best partner in the pursuit of breast health is her physician. Every woman needs to find a doctor with whom she is

comfortable, have regular yearly checkups and decide with her physician when she needs to have breast exams, including screening mammograms.

The three keys to early detection are: self exams, clinical breast exams and screening mammograms.

All women can get breast cancer -- even those with no family history. The two most important risk factors for breast cancer are being a woman and growing older.

Early detection and treatment gives a patient a high chance of surviving breast cancer.

# The truth about breast cancer myths

## THE BREAST CANCER MYTH

Finding a lump in your breast means you have breast cancer.

### THE TRUTH

Only a small percentage of breast lumps turn out to be cancer. But if you discover a persistent lump in your breast or notice any changes in breast tissue, it should never be ignored. It is very important that you see a physician for a clinical breast exam. He or she may possibly order breast imaging studies to determine if this lump is of concern or not.

Take charge of your health by performing routine breast self-exams, establishing ongoing communication with your doctor, getting an annual clinical breast exam, and scheduling your routine screening mammograms.

## THE BREAST CANCER MYTH

Men do not get breast cancer; it affects women only.

### THE TRUTH

Quite the contrary, each year it is estimated that approximately 2,190 men will be diagnosed with breast cancer and 410 will die. While this percentage is still small, men should also check themselves periodically by doing a breast self-exam while in the shower and reporting any changes to their physicians.

Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Men carry a higher mortality than women do, primarily because awareness among men is less and they are less likely to assume a lump is breast cancer, which can cause a delay in seeking treatment.

## THE BREAST CANCER MYTH

A mammogram can cause breast cancer to spread.

### THE TRUTH

A mammogram, or x-ray of the breast, currently remains the gold standard for the early detection of breast cancer. Breast compression while getting a mammogram cannot cause cancer to spread. According to the National Cancer Institute, "The benefits of mammography, however, nearly always outweigh the potential harm from the radiation exposure. Mammograms require very small doses of radiation. The risk of harm from this radiation exposure is extremely low."

The standard recommendation is an annual mammographic screening for women beginning at age 40. Base your decision on your physician's recommendation and be sure to discuss any remaining questions or concerns you may have with your physician.

## THE BREAST CANCER MYTH

If you have a family history of breast cancer, you are likely to develop breast cancer, too.

### THE TRUTH

While women who have a family history of breast cancer are in a higher risk group, most women who have breast cancer have no family history. Statistically only about 10% of individuals diagnosed with breast cancer have a family history of this disease.

If you have a first degree relative with breast cancer: If you have a mother, daughter, or sister who developed breast cancer below the age of 50, you should consider some

form of regular diagnostic breast imaging starting 10 years before the age of your relative's diagnosis.

If you have a second degree relative with breast cancer: If you have had a grandmother or aunt who was diagnosed with breast cancer, your risk increases slightly, but it is not in the same risk category as those who have a first degree relative with breast cancer.

If you have multiple generations diagnosed with breast cancer on the same side of the family, or if there are several individuals who are first degree relatives to one another, or several family members diagnosed under age 50, the probability increases that there is a breast cancer gene contributing to the cause of this familial history.

## THE BREAST CANCER MYTH

Breast cancer is contagious.

### THE TRUTH

You cannot catch breast cancer or transfer it to someone else's body. Breast cancer is the result of uncontrolled cell growth of mutated cells that begin to spread into other tissues within the breast. However, you can reduce your risk by practicing a healthy lifestyle, being aware of the risk factors, and following an early detection plan so that you will be diagnosed early if breast cancer were to occur.

## THE BREAST CANCER MYTH

If the gene mutation BRCA1 or BRCA2 is detected in your DNA, you will definitely develop breast cancer.

### THE TRUTH

According to the National Cancer Institute, regarding families who

are known to carry BRCA1 or BRCA2, "not every woman in such families carries a harmful BRCA1 or BRCA2 mutation, and not every cancer in such families is linked to a harmful mutation in one of these genes. Furthermore, not every woman who has a harmful BRCA1 or BRCA2 mutation will develop breast and/or ovarian cancer. But, a woman who has inherited a harmful mutation in BRCA1 or BRCA2 is about five times more likely to develop breast cancer than a woman who does not have such a mutation." For people who discover they have the harmful mutation, there are various proactive measures that can be done to reduce risk. These include taking a hormonal therapy called Tamoxifen or deciding to take a surgical prevention approach which is to have bilateral prophylactic mastectomies, usually done with reconstruction. Most women will also have ovaries and fallopian tubes removed as well since there is no reliable screening test for the early stages of developing ovarian cancer.

## THE BREAST CANCER MYTH

Antiperspirants and deodorants cause breast cancer.

### THE TRUTH

Researchers at the National Cancer Institute (NCI) are not aware of any conclusive evidence linking the use of underarm antiperspirants or deodorants and the subsequent development of breast cancer.

*Material courtesy of the National Cancer Institute.*

## Breast cancer risk factors

A "risk factor" is anything that increases your risk of developing breast cancer. Many of the most important risk factors for breast cancer are beyond your control, such as age, family history, and medical history. However, there are some risk factors you can control, such as weight, physical activity, and alcohol consumption.

Be sure to talk with your doctor about all of your possible risk fac-

tors for breast cancer. There may be steps you can take to lower your risk of breast cancer, and your doctor can help you come up with a plan. Your doctor also needs to be aware of any other risk factors beyond your control, so that he or she has an accurate understanding of your level of breast cancer risk. This can influence recommendations about breast cancer screening — what tests to have and when to

start having them.

Risk factors you can control

**Weight.** Being overweight is associated with increased risk of breast cancer, especially for women after menopause. Fat tissue is the body's main source of estrogen after menopause, when the ovaries stop producing the hormone. Having more fat tissue means having higher estrogen levels, which can increase breast cancer risk.

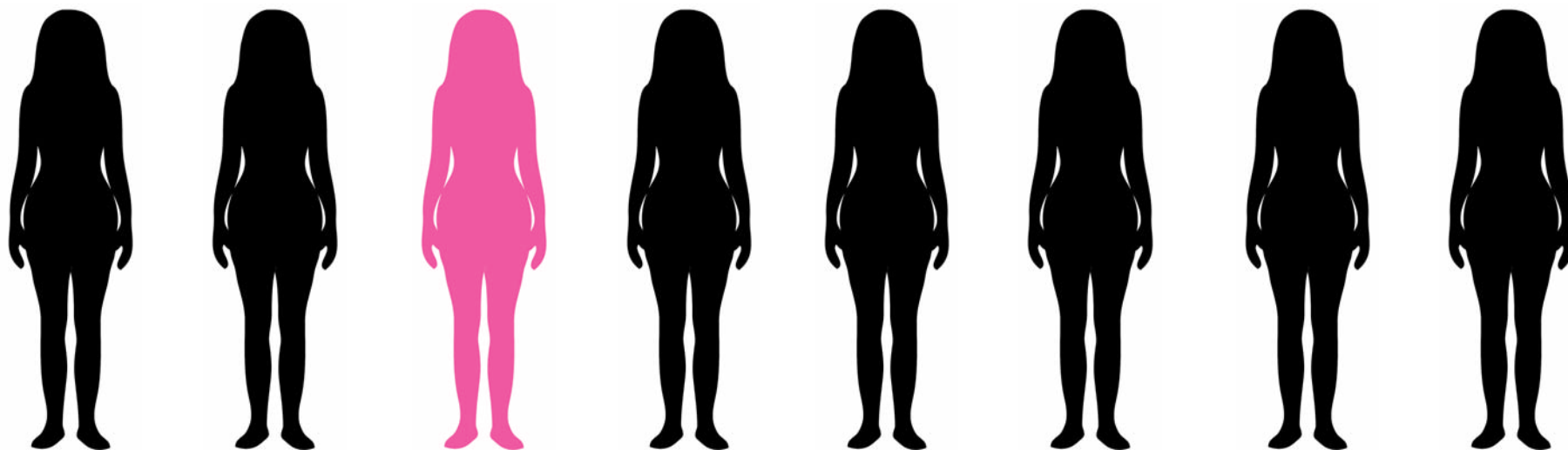
**Diet.** Diet is a suspected risk factor for many types of cancer, including breast cancer, but studies have yet to show for sure which types of foods increase risk. It's a good idea to restrict sources of red meat and other animal fats (including dairy fat in cheese, milk, and ice cream), because they may contain

**Risk Factors, Page 6**



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## Risk Factors

### From Page 2

hormones, other growth factors, antibiotics, and pesticides. Some researchers believe that eating too much cholesterol and other fats are risk factors for cancer, and studies show that eating a lot of red and/or processed meats is associated with a higher risk of breast cancer. A low-fat diet rich in fruits and vegetables is generally recommended. For more information, visit our page on [healthy eating to reduce risk of breast cancer](#) in the Nutrition section.

**Exercise.** Evidence is growing that exercise can reduce breast cancer risk. The American Cancer Society recommends engaging in 45-60 minutes of physical exercise 5 or more days a week.

**Alcohol consumption.** Studies have shown that breast cancer risk increases with the amount of alcohol a woman drinks. Alcohol can limit your liver's ability to control blood levels of the hormone estrogen, which in turn can increase risk.

**Smoking.** Smoking is associated with a small increase in breast cancer risk.

**Exposure to estrogen.** Because the female hormone estrogen stimulates breast cell growth, exposure to estrogen over long periods of time, without any breaks, can increase the risk of breast cancer. Some of these risk factors are under your control, such as: taking combined hormone replacement therapy (estrogen and progesterone; HRT) for several years or more, or taking estrogen alone for more than 10 years, being overweight, regularly drinking alcohol



### Recent oral contraceptive use.

Using oral contraceptives (birth control pills) appears to slightly increase a woman's risk for breast cancer, but only for a limited period of time. Women who stopped using oral contraceptives more than 10 years ago do not appear to have any increased breast cancer risk.

**Stress and anxiety.** There is no clear proof that stress and anxiety can increase breast cancer risk. However, anything you can do to reduce your stress and to enhance your comfort, joy, and satisfaction can have a major effect on your quality of life. So-called "mindful measures" (such as meditation, yoga, visualization exercises, and prayer) may be valuable additions to your daily or weekly routine. Some research suggests that these practices can strengthen the immune system.

Risk factors you can't control

**Gender.** Being a woman is the most significant risk factor for developing breast cancer. Although men can get breast cancer, too, women's breast cells are constantly changing and growing, mainly due to the activity of the female hormones estrogen and progesterone. This activity puts them at much

greater risk for breast cancer.

**Age.** Simply growing older is the second biggest risk factor for breast cancer. From age 30 to 39, the risk is 1 in 228, or .44%. That jumps to 1 in 29, or just under 43.5%, by the time you are in your 60s.

**Family history of breast cancer.** If you have a first-degree relative (mother, daughter, sister) who has had breast cancer, or you have multiple relatives affected by breast or ovarian cancer (especially before they turned age 50), you could be at higher risk of getting breast cancer.

**Personal history of breast cancer.** If you have already been diagnosed with breast cancer, your risk of developing it again, either in the same breast or the other breast, is higher than if you never had the disease.

**Race.** White women are slightly more likely to develop breast cancer than are African American women. Asian, Hispanic, and Native American women have a lower risk of developing and dying from breast cancer.

**Radiation therapy to the chest.** Having radiation therapy to the chest area as a child or young adult as treatment for another cancer significantly increases breast cancer risk. The increase in risk seems to be highest if the radiation was given while the breasts were still developing (during the teen years).

**Breast cellular changes.** Unusual changes in breast cells found during a breast biopsy (removal of suspicious tissue for examination under a microscope) can be a risk factor for developing breast cancer. These changes include overgrowth of cells (called hyperplasia) or ab-

normal (atypical) appearance.

**Exposure to estrogen.** Because the female hormone estrogen stimulates breast cell growth, exposure to estrogen over long periods of time, without any breaks, can increase the risk of breast cancer. Some of these risk factors are not under your control, such as:

starting menstruation (monthly periods) at a young age (before age 12)

going through menopause (end of monthly cycles) at a late age (after 55)

exposure to estrogens in the environment (such as hormones in meat or pesticides such as DDT, which produce estrogen-like substances when broken down by the body)

**Pregnancy and breastfeeding.** Pregnancy and breastfeeding reduce the overall number of menstrual cycles in a woman's lifetime, and this appears to reduce future breast cancer risk. Women who have never had a full-term pregnancy, or had their first full-term pregnancy after age 30, have an increased risk of breast cancer. For women who do have children, breastfeeding may slightly lower their breast cancer risk, especially if they continue breastfeeding for 1 1/2 to 2 years. For many women, however, breastfeeding for this long is neither possible nor practical.

**DES exposure.** Women who took a medication called diethylstilbestrol (DES), used to prevent miscarriage from the 1940s through the 1960s, have a slightly increased risk of breast cancer. Women whose mothers took DES during pregnancy may have a higher risk of breast cancer as well.

Let's defeat breast cancer.  
WE'RE STRONGER  
TOGETHER.

# Everything is a surprise!

By Susan Tallman

For Breast Cancer Awareness 2014

Are you familiar with “Surprise Lady”? SNL? Well, if you know not what I speak off, Google “surprise lady SNL” and see what you find.

I think of this hilarious clip often because my husband tells me all the time that everything with me is a surprise.

For example: I am surprised when I find my phone in his car, but didn't even know I was missing it. My response is usually, with joy, “Oh! there's my phone!”

When you are not a planner, like myself, it does reason that many things are a surprise. I don't even know what is coming down the pipe, so when I travel through my day, alas, many things I didn't plan arise, and I am pleasantly surprised. Now, don't get me wrong, there are times that these ‘surprises’ really are a catastrophes and those times are certainly my nemesis. I try many ways to harness myself and my schedule. I use my iPhone, it reminds me the day before and an hour before an event. However, you have to remember to put the events in the calendar in the first place.

I LOVE calendars and office



Susan Tallman

supplies. I just started a new system, in fact, that is a daily calendar that I can put down my whole day—and it is color coded-FUN!

I will report back how this is working for me...but, by next month this calendar could be obsolete. I am addicted to the journey or search for a ‘system’ to solve my planning challenge. I have books and books on organization, my husband tells me to STOP buying books looking for the answer. Be the answer, be the

ball, Danny.

When you have a problem you have to first admit the problem. Yes, I have a problem with scheduling my life.

Second, one has to WANT to fix the problem. Yes, I ‘want’ to be more organized and scheduled to fit into the lives of others. However, the problem is, I don't WANT to LIVE a scheduled life.

I like the element of surprise in my day. But more importantly, I don't want to be disappointed. There is a quote that says, “If you want to make God laugh, tell him your plans.” I don't believe God laughs, but I believe that we are in control of nothing. Really, we are not.

Some major events in my life were not scheduled, and definitely not wanted, and they happened anyway. Life happens and I don't want to be disappointed when I can't meet the demand of my calendar. None of us should.

Breast cancer has taken two years of my life. In these two years, life had to be rearranged, prioritized, and cut back. BUT, surprisingly, it was a great two years. I learned a lot, met some amazing people, have created life-long friendships, and I gained a knowledge I am sure I couldn't have acquired any other way.

The cancer ‘surprise’, made me

scream in the first instant that it jumped out, but then the surprise was gone, and I realized I was OK, and how ridiculous it was that I was scared of THAT. Stupid cancer in a clown mask!

Did you know that October is Breast Cancer Awareness month? No? Do you live under a rock?

Well, if you are one of those women that anticipate the surprise of a cancer diagnosis and refuse to get a mammogram, I am here to tell you that life is not on a calendar that you cross off each day, life is about each moment before you and no matter the circumstances that moment can be a blessing.

If you are scared, that is OK, get someone to go with you, I will go with you-just go! So, now I will go against my own nature and tell you to SCHEDULE YOUR MAMMOGRAM-you may be surprised it is not that scary!

*(Susan Tallman is a two-time breast cancer survivor and the president of the Laurens County Cancer Association. 1337 Medical Ridge Road. Office Hours: Tues & Thurs 10am -12pm. Office: 864-833-3976. Cell: 864-872-5464. Fax: 864-833-3997.)*

## Dealing with the fear that comes with the “c” word

Is it breast cancer?

Are you worried about a lump or other symptom you think might be breast cancer? Find out what the symptoms of breast cancer are and what to do if you think you have one.

Fear of first diagnosis

Most people think their risk of getting breast cancer for the first time is higher than it really is. Try to get a realistic idea of your risk from your doctor. Your risk is affected by many factors. Many people who review their risk factors find out that their risk is lower than they'd expect.

The fear of being diagnosed with breast cancer makes some people



avoid going to the doctor. But the sooner you see a doctor, the sooner you can know what your situation is. Never let fear stop you from making a good choice when it comes to your healthcare.

Fear of recurrence

Are you concerned that a change in your body, or symptoms that don't involve your breast, mean that cancer has come back or spread?

If you have a personal history of the disease, you have very different worries. You may already have had a good deal of treatment, and now you are being followed carefully to make sure you are okay and free of any signs of recur-

rence. You obviously want to do everything possible to lower the risk of cancer returning.

Living with advanced disease

If you are dealing with recurrent or metastatic disease, you may be worried about what tests and treatments you need, whether your current treatment is working, and what therapies you might need in the future.

Lowering breast cancer risk

How do you know you're doing everything you can to keep your breast cancer risk as low as possible? Is there anything you could do to lower the risk further?

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October is National Breast Cancer Awareness Month. An Early Breast Cancer Detection Plan should include: age 20- self exams; ages 20-39 - clinical breast exams every three years; ages 40-49 - having a mammogram every 1-2 years; ages 50 and older - having a mammogram every year.

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# Women should develop self-awareness

By Larry Franklin

For Breast Cancer Awareness 2014

The biggest thing a woman (and a man) can do to prevent breast cancer – or at least to catch it early – is developing more breast self-awareness, Dr. Joni M. Coker said.

Coker is an ob/gyn practicing at Carolina Women's Center with Dr. Timothy J. Harkins. Their office is located at 102 Medical Park Court in Clinton.

In recent years, the health care profession has moved away from self exams to breast self-awareness, Coker said.

A woman should be aware of her breasts to the point that she will immediately notice any skin changes, rashes, changes in the way her breasts look or feel, as well as symptoms such as pain or discharges from the nipples.

A woman should also have a close connection with a primary care physician and make sure they are receiving a yearly physical exam, Coker said.

As a specialist in obstetrics and gynecology, Coker does not treat breast cancer and will refer a patient to a general surgeon once a suspicion of breast cancer has been established.

Breast cancer originates in the breast. More than 200,000 women in the United States are diagnosed each year with breast cancer.

And while breast self awareness is a key to early detection, only 10% of breast cancer is discovered



**Detection and prevention.** Jamie Adair, left, director of marketing at Laurens County Memorial Hospital, reviews some breast cancer literature with Dr. Joni M. Coker, an ob/gyn with Carolina Women's Center in Clinton. They are shown in The Breast Care Center at Laurens County Memorial Hospital. -- Photo by Larry Franklin

through a lump in the breast. "Ninety percent of breast cancers can't be felt," Coker said.

Thus, mammograms – both routine and diagnostic – are the biggest source of diagnosis.

Once a patient is referred to a general surgeon, the surgeon may perform an ultrasound imaging in the surgeon's office and may biopsy the lump. Treatment will be recommended by the surgeon and an oncologist.

The most common breast cancer is ductal cancer, which involves the ducts of the breast. Ductal cancer

is most commonly treated by surgery, radiation and chemotherapy.

The type of treatment recommended to the patient will depend on how invasive and extensive the breast cancer is, Coker said. Also, the surgeon and oncologist will take into account whether the cancer is present in just one breast or both breasts and whether it has moved to the patient's lymph nodes.

An annual physical exam performed on an adult woman should include a breast and pelvic exam, Coker said. Women over age 40 should have a screening mammo-

gram every 1-2 years, she said, but there are differences of opinion in the medical community as to how often a woman should have a mammogram.

The down sides to too many mammograms are cost, increased exposure to radiation and the anxiety caused when a woman is called back to the physician's office for more tests and maybe a biopsy.

Women should be on the lookout for changes on the outside of the breast – discrepancies that are new, any visible change, any difference in one breast from the other.

"If they notice something, they should seek help from a physician," Coker said.

High risk factors for breast cancer include a first degree relative (a parent or sibling) who had breast or ovarian cancer, a male relative who had breast cancer and a woman with a relative who had breast cancer at a young age (under age 50).

A healthy diet is important, Coker said, but more for general health reasons and not as a way to prevent breast cancer. Women should maintain a balanced, low-fat diet with a balance of the basic food groups – fruits, vegetables, grains, dairy and protein.

The most important prevention, Coker said, is for a woman to stick to established guidelines – a screening mammogram at age 40 and to notice any changes in the breast.

Catching breast cancer early is the key, she said, as it is with any cancer.

## There are several stages of fear that women with breast cancer will confront

Most people go through several stages of fear when they are first diagnosed. The stages, and the order in which they happen, are very similar in most people:

You just can't believe what you've heard and completely deny it.

You get angry at the doctor who told you and anyone else, such as a lab technician or nurse, who read a result to you.

You appeal to a higher power and ask over and over, "Why did this happen to me?" or "What did I do to deserve this?"

You feel resigned, as if there's nothing you can do to help yourself.

You accept the truth, hard as it may be, and decide to fight with everything you've got in you.

A big part of the fear of breast cancer diagnosis is all the uncertainty and the feeling that you've lost control of your life – being swept away on an uncharted journey that you don't want to take. It's hard to imagine how anything good could happen on this particular trip.

It turns out that this isn't neces-

sarily so. While no one wants to be diagnosed with breast cancer, many people in treatment or finished with treatment say that the experience made them stronger and helped them to become closer to their families and friends and learn more about themselves. Being diagnosed is never easy, but once you start the process of getting the best available doctors, the best information, and the best support you can from those who love you, you are in good hands.

### Personal Quote

*"My mother died of breast cancer when I was five. Whenever I saw friends or relatives diagnosed, it was always like, 'Oh, God. That could be me.' It was always in the back of my mind. I worried about it all the time. It was almost to the point where I was afraid of talking about it at all."*

— Eileen



**Walking for awareness.** Sisters of Zeta Tau Alpha sorority at Presbyterian College along with breast cancer survivors and people walking in honor or memory of someone dealing with breast cancer take a turn around Irwin Belk Track at Bailey Memorial Stadium Oct. 4 - the Pink Out game for Blue Hose football sponsored by ZTA. They are walking in front of the visitors stands, and the visiting crowd from Western Carolina University is greeting the walkers with a standing ovation. This month, with the help of the National Football League and volunteers, ZTA (founded in 1898) distributed thousands of breast cancer awareness pink ribbons at NFL stadiums around the country, including the Carolina Panthers Oct. 5. The distribution is part of the NFL's A Crucial Catch campaign. - Photo by Vic MacDonald

## There are different types of breast cancer

Though every woman with breast cancer has a unique experience, researchers have identified major types of breast cancer to help us better understand the disease. They refer to these various types as different "carcinomas." Your doctor will find out what type of breast cancer you have in order to plan the best treatment for you.

A breast-cancer diagnosis of any type can feel overwhelming, but we hope that this information helps you feel more confident as you work to overcome the challenges of cancer.

Doctors classify breast cancer primarily according to:

**Location:** The **part of the breast** where it starts.

**Spread:** Whether and where the cancer has **spread**.

Doctors also refer to **recurrent breast cancer**, which means cancer that reappears after treatment.

### By Location

Ductal breast cancer starts in the breast ducts—the parts of the breast where milk travels. For more information on medullary breast cancer, a rare type that can start in the ducts, please see the **glossary**

Lobular breast cancer starts in

the lobes of the breast—the parts responsible for milk production.

Paget's Disease starts in the nipple. It commonly comes with marked symptoms, including itching, burning and an eczema-like condition around the nipple, sometimes accompanied by oozing or bleeding.

Phyllodes tumors are rare tumors that occur in the stroma or, connective tissue, of the breast. These tumors are more common in premenopausal women and can be benign (not cancerous) or cancerous.

Inflammatory breast cancer occurs in the skin of the breast. Unlike other breast cancers, it frequently does not have a lump.

### By Spread

In situ refers to cancer that has remained in the tissue where it started. All of the types of breast cancer listed above can stay in situ. Ductal carcinoma in situ (DCIS) remains in the ducts, for example. Lobular carcinoma in situ (LCIS) remains in the lobules.

Invasive cancers have moved out of breast ducts or lobules into nearby breast tissue. If in situ cancers begin to spread, doctors call

them invasive.

**Lymph nodes:** Once breast cancer has become invasive, it can move to other parts of the body, most commonly to the lymph nodes in the underarm (also called the axillary lymph nodes). Lymph nodes are located throughout your body and help make up the lymphatic system, an important part of your immune system. The lymph nodes can provide an avenue for cancer to spread to other parts of the body.

**Metastatic** refers to cancer that started in the breasts but has moved to other parts of the body. It has spread beyond the breast and surrounding lymph nodes. You might also hear this called stage IV, mets or advanced breast cancer, though "advanced" can also describe stage-3 cancers. See our page on **stages** for more. Metastatic breast cancer can feel especially intimidating, but know that many women live long, productive lives after this diagnosis.

### Recurrent Breast Cancer

Breast cancer sometimes returns after treatment, even when it seemed to have disappeared. Doctors call this recurrent breast cancer. Recurrence, like metastatic

breast cancer, can seem overwhelming—but the young women of YSC know that we can face it with confidence and hope.

Recurrent breast cancer can remain in situ or it can spread.

Local recurrence means breast cancer that returns to the same place it started. For example, a patient treated for ductal breast cancer may have recurrent breast cancer in the breast ducts.

Regional recurrence means breast cancer that returns after treatment and appears in other, nearby parts of the body.

Distant recurrence means breast cancer that has returned and metastasized, meaning it has reappeared and spread to distant parts of the body. This can also be called advanced, metastatic, or Stage IV breast cancer.

### Testing for Type

Preliminary information about your cancer's type will come from a biopsy and imaging tests such as ultrasounds, mammograms and MRIs. More specific answers can come from your **pathology report**. Your doctor will also describe your cancer in more detail by classifying its "stage."



**Pink, Blue and White, joining forces.** Sisters of Zeta Tau Alpha sorority, the PC cheerleaders and others walk along the Irwin Belk Track at Bailey Memorial Stadium Oct. 4 in the sorority's annual walk against breast cancer. October is Breast Cancer Awareness Month, and the fund-raising for research and awareness efforts are a national charity for ZTA. - Photo by Vic MacDonald



**Standing against breast cancer.** Clinton High JV cheerleaders stood against breast cancer in their pink socks Oct. 9. The varsity cheerleaders' Homecoming banner Oct. 3 was a pink-ribboned Fight Like a Devil message, and CHS announced the Oct. 17 game against Union County visiting Wilder Stadium as the football Pink Out for Red Devil fans. - Photo by Vic MacDonald

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The LCCA is a non-profit organization dedicated to providing quality of life services to those facing the uncertainties of cancer in our own communities of Laurens County, SC through education, support, and direct services.

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# Living your best: quality of life after breast cancer diagnosis

Young women facing the challenges of breast cancer deserve to live full and meaningful lives. Every day, YSC (Young Survival Coalition) works to make those lives even better.

You also have many options, personally, for making your life the best it can be. Regardless of your stage, the treatment you endured or where you are in your breast cancer experience, you can and should strive for your highest quality of life. That will mean something different to every young woman. We all experience breast cancer differently and value different things in our lives. Circumstances change, too, and achieving your best life might mean different things on different days and call for different approaches.

We talk about quality of life all over our website—here, you'll find in-depth information and tips on many of the physical and psychological challenges young women with breast cancer face. For almost every topic, you'll find an enlightening audio file, printed brochure and additional resources packed with useful information.

## Body Image

Females, society, sexiness, womanhood and body image...it's already complex enough. A breast cancer diagnosis adds even greater complexities that others often can't imagine. You may have strong emotions about your body right now, but you can also feel hopeful about adapting to the changes brought on by breast cancer.

As women, we learn early in life that breasts matter. Breast cancer and treatment bring changes to the body, especially these parts we've learned to value so highly. Some body changes last just a short time, and others last forever. With the loss of a breast or breasts, scars, hair shedding, complexion changes and weight gain or loss many young women feel ashamed or afraid that others will reject or feel sorry for them.

Even after the signs and symptoms of treatment fade, you might feel troubled by your body's changes. Your loved ones might also have some difficulty dealing with changes in the way you look. This can be hard on you, too. Feelings of anger and grief are natural. Feeling bad about your body can also lower your sex drive. And a loss of or reduction in your sex life can make you feel even worse about yourself. Learn more about facing



this challenge in our section on *sexuality and intimacy*.

Don't ignore what you feel—it can help to express your emotions. At YSC, we offer opportunities for you to with other young women who have struggled with many of the feelings you might be experiencing. They can offer advice, understanding and support—even a wry joke or two to help you smile as you face your new challenges. Inform yourself with advice and perspective from our *audio files* and *other resources*.

These tips can help you cope:

Try to focus on the ways that coping with cancer has made you stronger, wiser and more realistic. There is so much that makes you valuable.

Mourn your losses. They are real, and you have a right to grieve.

Look for new ways to feel good inside and out. A new outfit, makeup or spa treatment may give you a lift—and remind everyone how good you look.

If you find that your skin has changed from radiation, ask your doctor about ways you can care for it.

Try to recognize that you are more than your cancer. Know that you have worth - no matter how you look or what happens to you in life.

Remember to be kind to yourself - today and every day.

## Fatigue

Breast cancer can rob you of your energy for a number of reasons.

Extreme stress, depression, lack of rest, medications, and various chemical, physical and behavioral factors can all cause fatigue. It can also come from surgery, hormone

therapy, nutritional deficiencies, sleep disturbances, hot flashes and weight gain.

Whatever stage of your breast cancer experience you are in, you should never ignore feelings of extreme fatigue. Tell your doctor or counseling professional.

For more information and a wealth of resources, visit [Cancer.gov](http://Cancer.gov). Some women consider *complementary and alternative medicine* (CAM) to combat fatigue. If interested, make sure you do your research, work with your healthcare team and find reputable providers to determine what's best for you.

## Fertility

Breast cancer treatment can have significant effects on fertility—an issue of special importance to many young women.

## Chemo Brain

Young women facing breast cancer know what we're talking about: chemo brain. The mental cloudiness experienced before, during and after chemotherapy has been a source of worry, jokes and annoyance for most of us. Chemo brain, the mental and cognitive difficulties associated with treatment, is one of the most frustrating side effects of chemotherapy.

Women attribute symptoms like trouble concentrating or multitasking and forgetting details or common words to chemo brain. Some have a subtle, short-lasting experience. For others, it happens immediately and can last a long time. Many fall somewhere in between. Whatever your experience, the tips below can help you cope and continue living well after treatment. As always, talk to your healthcare provider for more information and resources.

Use a daily planner or PDA to keep track of your daily schedule and personal contacts. Keeping "to-do" lists can also help you stay organized and provide reminders.

Regular physical activity not only makes your body stronger, it also decreases tiredness, improves your mood and can make you feel more alert.

Like a physical work out, a positive mental workout like word or math puzzles or a class may help to exercise your brain and keep you more alert.

Get plenty of rest and sleep.

Maintain a healthy diet, including plenty of vegetables and water-based fluids

Make an effort to focus though it



may be difficult. Try to avoid distractions during tasks.

Strive to keep your home and workspaces organized so you can find things in familiar places.

Identify the times, situations and places where you have problems. Journaling or keeping a written record of your memory problems might help you figure out strategies of your own that work even better for you.

## Coping with fear of recurrence

Surviving cancer rarely means a young woman stops worrying—it's normal to have thoughts and concerns about recurrence (the return of your cancer). But remember—you were strong enough to tackle your cancer, and you're strong enough to manage your worries.

Fears of recurrence often peak right after treatment, but they can happen anytime. When follow-up appointments approach, or during any stressful time, you might get anxious again. The fear can range from occasional, yet concerning thoughts to a fear so strong it can affect eating, sleeping and even the joy of living. You can strive to take control of your thought-life, however, and learn effective triggers and coping strategies to keep these fears from controlling you:

Get and stay informed - Learn about your cancer and risk of recurrence, stick to your follow-up care plan and take care of yourself.

Remove any blame - Some women blame themselves for their diagnoses, thinking it happened because of something they did or didn't do. Never blame yourself.

**Quality of Life, Page 15**

# Quality of life

## From Page 2

Cancer does not choose to punish people. It does not discriminate, and it can happen to anyone

**Exercise** — It can improve your mood. Talk to your doctor and begin an appropriate exercise program. Staying active also gives you other things to focus on—like feeling healthy, confident and strong.

**Find ways to relax.** You have countless options—too many to list here—but you can start with our *audiocasts* on yoga, complementary approaches and stress management.

**Acknowledge your feelings and find ways to express them.** Talk to family, friends or other young women diagnosed with breast cancer. Journal, craft or find other creative ways to give voice to your emotions.

**Be authentic** – You don't always have to smile. Even if some people want you to always stay positive, that's not realistic. You've been through more than most young women and you're entitled to a "bad day" now and then.

**Focus on the positive** – Though you have every right to feel bad, still find ways to stay hopeful. Use your energy to stay as healthy as possible.

**Control what you can** – Empower yourself by taking an active role in your healthcare team. Strive to manage the important matters in your life and find resources throughout this site to get the help and support you need.

### Facing Pain

People with cancer often face the extra challenge of pain—another test, but an opportunity to use our coping skills, support network and understanding to become stronger. First, please remember: Not every persistent pain means a cancer recurrence. Pain can result from a number of causes—including scarring, treatment side effects, other health issues and physical exertion.

If you're facing pain during or after surgery or treatment, you don't have to "tough it out." Talk to your healthcare team and work with them to find a cause and a solution. The tips below can help you cope and take on this challenge, too, with confidence:

**Talk with your doctor** – make sure your team knows how much it hurts. Use the 0-to-10 pain scale, where zero means no pain and 10 means the worst pain. Tell your

doctor exactly where it hurts, when it hurts and what the pain feels like. Also share any medications taken or other remedies you've tried. If you use a pain diary (a log of your pain occurrences), bring it with you. These journals can be powerful tools for you and your doctor to combat pain. For help in starting one, check out our *Newly Diagnosed Treatment Navigator*.

**Ask to meet with a pain or palliative care specialist.** They can include oncologists, anesthesiologists, neurologists, neurosurgeons, nurses or pharmacists and can offer you expert advice on controlling your pain.

**Take advantage of all your options and explore various approaches** – prescription medication, acupuncture, meditation, relaxation techniques, physical therapy and many others.

**If you have insurance, make sure you know what your company will and will not cover.**

**The Blow Below the Belt** – Changes in Sexual Desire and Intimate Experiences

Breast cancer can affect the most intimate parts of our lives—the diagnosis and treatment can unfortunately reduce a young woman's libido, often for a long time. Emotional issues and physical changes can follow treatment, and these can also affect young women's sex lives.

Physical changes can come from surgery, radiation and chemotherapy. Women diagnosed with breast cancer may face anxiety, body image and stress. Young women may also face changes for which none of us are really prepared: vaginal dryness, painful intercourse, loss of sensation, symptoms of menopause and worry about sexual encounters. These issues can make young women think of sex as something to avoid.

You probably feel some real emotional and psychological stress about these difficulties. Seek resources and advice, and take some steps to manage these challenges and adapt to your life after treatment. Your doctor, nurse, social worker or other healthcare professional may be able to give you some assistance. Begin the conversation. Understand that many sexual problems don't just go away, and some are easier to solve than others. But you have access to many informational and educational resources to help you cope and be your best.

Remember to:

**Communicate openly with your partner—without blame.** Tell your partner what's going on and how you feel. Ask your partner how he or she feels. Avoid judging yourself or your partner. Listen attentively and ask that your partner do the same. Be careful to avoid misinterpretation on either side—it can be common when discussing intimacy

**Intimacy means more than sexual intercourse.** Even if you don't enjoy sex like you used to, you can explore self-satisfaction, kissing, hugging and just being close. Strive to stay connected.

**Turn your thoughts toward the positive.** Discover new ways to feel sexy and new ways to be intimate. Avoid negative thinking—it will only make intimacy more challenging.

**Be open to change.**

**A Note about birth control:** If you are pre- or peri-menopausal, talk with your doctor about your type of breast cancer and the best birth control method for you.

### Dating

For many young women affected by breast cancer, body image and sexual issues can make dating more challenging. As you struggle to accept the changes yourself, you may also worry about how someone else will react to physical things like mastectomy scars or a reconstructed breast. You might find it awkward to discuss your challenges—living with a life-threatening disease, sexual problems, the need for extra lubricants or your loss of fertility. This can make it even harder to have conversations and feel close with your new partners.

Like many young women, you may wonder how and when to tell a new person in your life about your cancer and body changes. Understandably, you have some fears of rejection—but don't let them keep you from finding the social relationships that will be meaningful in your life. Don't turn cancer into an excuse for not dating or trying to meet people. Like anyone, you won't have a perfect experience on every date, but you will always learn.

**Find out what you can about this new relationship until you develop a feeling of trust and friendship—then you can talk about your cancer.** Consider practicing what you will say to someone if you worry about how you will handle it. Think about how he or she might react, and prepare a response. Remember

that we all face rejection—it often has little to do with your breast cancer. And if it does, that's not who you want to be with anyway.

### Early Menopause

When breast cancer occurs at a young age, it brings on many unique challenges—including the possibility of early menopause. Treatments, specifically chemotherapy and hormone suppression, can make these features of middle age appear too soon.

You can find many resources and link to other young survivors on YSC's *community boards* to help you cope. Researchers also continue to look for new ways to manage these symptoms, so there are good reasons to hope for an even better future. Many young women have been down this road and have found ways to cope with early menopause—you can do it, too.

**Talk to your oncologist or gynecologist about medicines, supplements or other methods to help you control your menopause symptoms.** Make sure you speak to your healthcare team about possible effects on heart and bone health.

**Nutrition and weight management**

Some types of chemotherapy may leave women with challenging weight problems—they can cause survivors to gain weight in a particular way by losing muscle and gaining fat tissue. Unfortunately, this can make losing weight more difficult since many of the usual ways won't work. It's normal to feel some frustration—but be patient with yourself. You have the ability to control a lot of things and make some positive choices, like eating a healthy diet:

**Eat a plant-based diet and have at least 5-9 servings of fruit and vegetables daily.**

**Try to include beans in your diet, and eat whole grains several times daily.**

**Choose foods low in fat and salt.**

**Talk to your doctor about weight-bearing and strength building exercise**

**Keep faith in yourself as you patiently strive to reach and stay at a healthy weight.**

Some young women face a different challenge after their diagnosis—they have no desire to eat, and they lose weight. Talk to your doctor or nutritionist about your appetite and weight challenges. Try eating several, smaller nutritional meals daily. Eat healthy

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