Surviving Breast Cancer

Cancer Treatment
Know the Facts

Early Detection
Screening Guidelines

Cancer Research
The role of marijuana

E Section
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The Lima News
Surviving Breast Cancer

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Breast cancer develops from cells in the breast. The most common sign of breast cancer is a new lump or mass, but most are benign. Other signs include a generalized swelling of part of a breast (even if no lump is felt), skin irritation or dimpling, nipple pain or retraction, redness or scaliness of the nipple or breast skin, or a spontaneous discharge other than breast milk.

**Prevention**

We don’t know how to prevent breast cancer, but it’s possible for a woman of average risk to reduce her risk of developing the disease. Lifestyle factors, such as reducing alcohol use, breastfeeding, engaging in regular physical activity, and staying at a healthy weight, are all associated with lower risk. Estrogen-blocking drugs, such as tamoxifen and raloxifene, can reduce the risk of developing breast cancer in some high-risk women. Some risk factors can’t be changed, such as age, race, family history of disease, and reproductive history.

**Detection**

The earlier breast cancer is found, the better the chances for successful treatment. A mammogram can often show breast changes that may be cancer before physical symptoms develop. For this reason, the American Cancer Society recommends the following guidelines for finding breast cancer early:

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms if they wish to do so.
- Women ages 45 to 54 should get mammograms every year.
- Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

All women should be familiar with the known benefits, limitations and potential harms linked to breast cancer screening.

Screening MRI is recommended for women at high risk of breast cancer, including women with a strong family history of breast or ovarian cancer, those with a lifetime risk of breast cancer of about 20% to 25% or greater according to risk assessment tools that are based mainly on family history, those with a known breast cancer gene mutation, and women who were treated with radiation therapy to the chest when they were between the ages of 10 and 30.

**Treatment**

Treatment is most successful when breast cancer is detected early. Depending on the situation and the patient’s choices treatment may involve breast conservation surgery or mastectomy. In both cases, lymph nodes under the arm may also be removed. Women who have a mastectomy have several options for breast reconstruction.

Other treatments are radiation therapy, chemotherapy, hormone therapy and monoclonal antibody therapy. Often two or more methods are used in combination. Patients should discuss all treatment options with their doctors.

**Who is at risk?**

**Gender:** Being a woman is the greatest risk factor for breast cancer, but men also can develop breast cancer.

**Age:** The risk of developing breast cancer increases with age. Most invasive breast cancers are primarily found in women age 50 or older.

**Heredity:** Breast cancer risks are higher among women with a family history of the disease. Having a first-degree relative with breast cancer increases a woman’s risk, while having more than one first-degree relative who has or had breast cancer before the age of 40 or in both breasts increases a woman’s risk even more. However, it’s important to remember that most women with breast cancer don’t have a first-degree relative with the disease.

**Other risk factors**

- Post-menopausal hormone therapy with estrogen and progesterone therapy
- Being overweight or obese, especially after menopause
- Alcohol use
- Physical inactivity
- Long menstrual history
- Never having children or having first live birth after age 30
- Previous history of breast cancer or certain benign breast conditions

**Quality of life issues**

From the time of diagnosis, the quality of life for every cancer patient and survivor is affected in some way. They may be affected socially, psychologically, physically and spiritually.

Concerns that patients and survivors most often express are fear of recurrence; chronic and/or acute pain; sexual problems; fatigue; guilt for delaying screening or treatment, or for doing things that may have caused the cancer; changes in physical appearance; depression; sleep difficulties; changes in what they are able to do after treatment; and the burden on finances and loved ones. Women with breast cancer often feel uncertainty about treatment options and have concerns about their fatigue, sexuality and body image.
American Cancer Society Recommendations for the Early Detection of Breast Cancer
Guideline for women at *average risk* for breast cancer

**Ages 40 – 44**
Women should have the option to start screening with a mammogram every year.

**Ages 45 – 54**
Women should get a mammogram every year.

**Age 55 and older**
Women can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
Research highlights American Cancer Society’s investment

American Cancer Society Inc.
North Central Region

The American Cancer Society helps people with breast cancer in every community. Our research program has played a role in many of the prevention, screening and treatment advances that help save lives from breast cancer today. And, we continue to fund research to help save even more lives in the future.

From our researchers on staff
The American Cancer Society employs a staff of full-time researchers who pursue the answers that help us understand how to prevent, find and treat cancer, including breast cancer.

Cancer facts & figures
Our Surveillance and Health Services Research program analyzes data on breast cancer each year as part of our Cancer Facts & Figures report and every 2 years in our Breast Cancer Facts & Figures report. These publications provide detailed analyses of cancer incidence and mortality trends in the United States, as well as the latest information on risk factors, early detection, treatment and current research. Key breast cancer findings in the US include:
- About 266,120 women will be diagnosed with breast cancer in 2018.
- About 40,920 women will die from the disease in 2018.
- Breast cancer is not only a women’s disease. In 2018, nearly 2,550 men will be diagnosed with breast cancer, and 480 men will die from it.
- Breast cancer death rates decreased by 39% between 1989 and 2015 (the most recent year for which data are available). That adds up to about 322,600 fewer breast cancer deaths. This decrease is attributed to improvements in early detection (through increased awareness and screening) and treatment.

Studying breast cancer causes and prevention
In addition to the Facts & Figures reports, our internal research team is also:
- Continually analyzing data from Cancer Prevention Study II (CPS-II). We began this study in 1982 to study the link between lifestyle and cancer. Here are some things we’ve learned so far:
  - Postmenopausal women who walk at least 7 hours a week lower their risk of breast cancer by 14%.
  - Postmenopausal women who lose 10 or more pounds and keep it off for at least 5 years might reduce their risk for breast cancer.
  - Gaining 60 or more pounds after age 18 doubles a woman’s chance of breast cancer after menopause.
  - Women who smoke – especially those who also drink alcohol – may be at an increased risk for breast cancer.
- Conducting a new multiyear cancer prevention study, Cancer Prevention Study-3 (CPS-3). The focus of this study is to learn more about cancer risks and how to prevent cancer, including breast cancer. Visit cancer.org/cps to learn more about our Cancer Prevention Studies.

Research grants
The American Cancer Society funds scientists and medical professionals who research cancer or train at medical schools, universities, research institutes and hospitals throughout the United States. We provide millions of dollars to multiple grants each year. Here are some examples of the research we fund:
- A 3-D method of growing breast tissue in a lab dish to study precancerous cells to find ways they can be destroyed before they become tumors. This especially pertains to those who carry the altered form of the BRCA1 gene, as their cancers develop when these women are young, and the cancers are aggressive. The current strategies are to monitor with frequent mammograms and have surgery to remove the breasts.

By the numbers
As of Aug. 1, 2018, the American Cancer Society is funding 155 breast cancer grants and has supplied $61 million toward breast cancer grant funding.
American Cancer Society Inc.
North Central Region

There is no sure way to prevent breast cancer. But there are things you can do and talk to your healthcare provider about that might lower your chances of getting breast cancer. Getting regular screening tests is the best way to find breast cancer early.

Breast cancer risk factors you can change

Some breast cancer risk factors are related to lifestyle and personal behaviors. These are things you can help to control. Here are some things you can do that may lower your risk:

- Limit or avoid alcohol. Drinking alcohol has been linked to an increase in risk for breast cancer. The American Cancer Society recommends no more than 1 alcoholic drink per day for women or 2 alcoholic drinks per day for men.
- Stay active and keep a healthy weight. Being active can help lower breast cancer risk. Being overweight or obese before and after menopause may have different effects on certain types of breast cancer. Regular exercise and good food choices are important. The American Cancer Society recommends that adults get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week.

Breast cancer risk factors you cannot change

Some risk factors cannot be changed. For example, breast cancer is much more common in women than in men. And, as you get older, your risk of breast cancer goes up. Most breast cancers are found in women age 55 and older. Talk to your healthcare provider about these risk factors and about breast cancer screening.

Personal or family history

- A woman with cancer in one breast has a higher risk of getting a new cancer in the other breast or in another part of the same breast.
- A woman has an increased risk for breast cancer when a close blood relative has had breast cancer (mother, father, sister, brother, daughter).

Inherited gene changes

- Some breast cancers can happen because of a gene defect (mutation) passed down from a parent. Mutations in the BRCA genes are the most common causes of inherited breast cancer in women at a young age (although they account for only a small number of breast cancers overall). Other, less common gene mutations may also lead to inherited breast cancers. Your healthcare provider can discuss the pros and cons of genetic testing for these changes, and may refer you to a genetic counselor.

Race and ethnicity

- Overall, white women are slightly more likely to get breast cancer than African-American women. But in women under age 45, breast cancer is more common in African-American women.

Dense breast tissue or other breast conditions

- A mammogram can help you and your healthcare provider to know if you have dense breasts. Women with dense breasts have an increased risk for breast cancer. Breast density can be affected by factors such as age, menopausal status, the use of certain drugs, pregnancy and genetics.

- Some benign breast conditions may also increase a woman’s risk for breast cancer. Your healthcare provider can discuss your risk related to these conditions.

Early menstruation (before age 12) or menopause after age 55

- Having more menstrual cycles in her lifetime increased a woman’s breast cancer risk. This is because of longer exposure to the hormones estrogen and progesterone throughout the menstrual years.

Other things that may affect risk:

- A woman who had radiation therapy to the chest because of another cancer when she was younger has a higher risk of breast cancer.
- A woman who took an estrogen-like drug called DES (diethylstilbestrol) during pregnancy (or if her mother took it) may have a slightly higher risk of breast cancer.

Where Would Your Family Be If You Were Out of the Picture?

It’s not something anyone likes to think about, but if you have a family who depends on your income to live, you need life insurance to protect them.

Call Adam Walls with Primerica to find out just how inexpensive good coverage can be. Ask about a free Financial Needs Analysis.

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Help the American Cancer Society save lives

American Cancer Society Inc.
North Central Region

The American Cancer Society’s mission is to save lives, celebrate lives and lead the fight for a world without cancer. We’re the only cancer organization offering services and support for every aspect of a cancer diagnosis and treatment.

CONDUCTING BREAST CANCER RESEARCH

$64.3M+: invested in breast cancer research grants as of March 2019

160: Research grants funded relating to breast cancer as of March 2019

HELPING PATIENTS, SURVIVORS, AND CAREGIVERS IN 2018

118M+: Visits to our website cancer.org, featuring the latest, most accurate information on virtually all topics related to cancer

3.2M: Outreach and education interventions since 2011, through our CHANGE* program (Community Health Advocates implementing Nationwide Grants for Empowerment and Equity)

1.42M: Calls and live chats handled by our 24/7 helpline

Approximately 34K+: Wigs provided, saving patients approximately $2.2M

Nearly 480K: Free rides given to treatment

477K+: Free nights of lodging provided to cancer patients and caregivers near treatment

34K+: Patients guided through the health care system by our patient navigators

5.4K+: One-on-one support services provided to breast cancer patients

RALLYING COMMUNITIES

200: Making Strides Against Breast Cancer events held across the United States

1.2M+: Making Strides participants

$60M+: Raised last year through Making Strides events

MAKING PROGRESS TOGETHER

Breast cancer death rates are down since 1989. In 1989, deaths per 100,000 women were 33. In 2016, there were 20 deaths per 100,000 women.
Understanding family cancer syndromes

Few, if any, families have not been affected by cancer. While no individual or family is immune to cancer, some families may be more at risk of developing certain types of cancer than others.

In many instances, cancers that run in families can be linked to behaviors that families share. For example, families that smoke tobacco may be more vulnerable to cancer than those that don’t, as the smoke from tobacco is known to contain dozens of carcinogens. Cancer can affect multiple generations even in families in which only one person smokes, as exposure to secondhand smoke also increases cancer risk.

But poor behaviors or the effects of those behaviors are not the only cancer risk factors that can be passed down from generation to generation. According to the American Cancer Society, between 5 and 10 percent of all cancers result directly from gene mutations inherited from a parent. When cancers within a family are strongly linked to such mutations, this is known as family cancer syndrome.

Cancer is not necessarily caused by a family cancer syndrome, even if gene mutations are inherited. But the following factors may make it more likely that cancers in a family are caused by a family cancer syndrome:

- Many cases of the same type of cancer, especially if the cancer is considered uncommon or rare
- Cancers that occur at an abnormally young age within a family compared to the median age such cancers are typically diagnosed among the general population
- More than one type of cancer in a single person
- Cancers that occur in both of a pair of organs, such as in both kidneys, both breasts or both eyes
- More than one childhood cancer in siblings
- Cancer that occurs in a sex that is not usually affected by that type of cancer, such as a man being diagnosed with breast cancer

Before discussing the potential of a family cancer syndrome with their physicians, men and women can survey their family histories with the disease. Adults can make a list of the people in their families who have been diagnosed with cancer, noting their relationship to each individual and which side of the family each person is on. List the type of cancers each person was diagnosed with, placing an asterisk or note next to types that are considered rare or unusual. In addition, list the age of diagnosis for each family member and whether or not they developed more than one type of cancer. While this may be difficult to determine, try to learn if each relative diagnosed with cancer made any lifestyle choices that might have contributed to their diagnosis. Such choices include smoking, alcohol consumption, diet, and activity level.

Family cancer syndromes are rare, but understanding them can still help families make the right lifestyle choices. More information about family cancer syndromes is available at www.cancer.org.
Attitudes about marijuana are changing. Such changes are reflected in legislation that has legalized marijuana in many areas and, in some instances, unofficially decriminalized possession of small amounts of marijuana in other places.

Shifting attitudes about marijuana, also known as cannabis, may be attributed to various factors, including medical research. Though research studying the effects of marijuana on recovering cancer patients is ongoing, cancer patients and their families may be curious about the potential for cannabis to assist in their recoveries.

What is marijuana?
Marijuana is a plant that originated in central Asia but is now grown in many parts of the world. According to the National Cancer Institute, the cannabis plant produces a resin that contains compounds known as cannabinoids, which are active chemicals that, when ingested, affect various parts of the human body, including the central nervous system and the immune system. One active cannabinoid is cannabidiol, or CBD, which the NCI notes may relieve pain and inflammation without making users feel the high that other cannabinoids produce.

What are some other potential effects of cannabinoids?
The NCI notes that research has shown that cannabinoids may be able to do more than relieve cancer patients' pain and inflammation. While additional research is necessary, the NCI says cannabinoids may be able to block cell growth. The NCI points to studies in mice and rats that have shown that cannabinoids may inhibit tumor growth by causing cell death, blocking cell growth and blocking the development of blood vessels that tumors need to grow. Cancer is marked by the uncontrolled division of abnormal cells, so the potential for cannabinoids to block that growth is a significant benefit. In addition, the NCI cites laboratory and animal studies that have shown that cannabinoids may be able to kill cancer cells while protecting normal cells.

Have cannabinoids been linked to particular cancers?
Studies have shown that cannabinoids may have an effect on various types of cancer, including breast cancer and liver cancer. The NCI notes that a laboratory study of delta-9-THC, the main active cannabinoid in marijuana, in liver cancer cells indicated that the cannabinoid damaged or killed the cancer cells. Another laboratory study of CBD in estrogen receptor positive and estrogen receptor negative breast cancer cells showed that CBD caused cancer cell death while having little effect on normal breast cells.

Societal attitudes about marijuana are shifting, and ongoing research regarding its potential benefits in treating cancer may be changing the way the medical community views marijuana as well.
Cancer is the second leading cause of death across the globe. According to the World Health Organization, cancer was responsible for an estimated 9.6 million deaths in 2018. That statistic highlights just how serious a threat cancer can be.

While cancer claims the lives of millions of people each year, a cancer diagnosis is most definitely not a death sentence. In fact, five-year survival rates for various cancers detected in their early stages are very high. For example, the organization Cancer Research UK notes that more than nine in 10 bowel cancer patients will survive the disease for more than five years if it’s diagnosed at the earliest stage. Five-year survival rates are similarly high among patients diagnosed with early stage breast and ovarian cancer.

Men and women who have been diagnosed with cancer will work with various healthcare professionals as they begin and advance through treatment. The American Cancer Society notes that the following are some healthcare professionals who may form a cancer care team.

- **Anesthesiologists**: A professional who administer drugs or other agents, such as gasses, that can put patients into a deep sleep or alleviate pain. Anesthesiologists typically perform these tasks during surgical procedures.
- **Case manager**: Case managers coordinate patients’ care throughout diagnosis, treatment and recovery. Case managers work in a liaison-type role between patients and their insurance companies. This job is sometimes called a navigator.
- **Clinical nurse specialist**: A clinical nurse specialist, or CNS, is a highly educated individual who works closely with the entire cancer care team. These professionals have advanced training and clinical experience in a certain area of medical and nursing practice.
- **Discharge coordinator**: Discharge coordinators are often nurses or social workers who help make sure patients have what they need to continue their recovery when they leave the hospital.
- **Dosimetrist**: A specially trained and certified individual who calculates and plans the correct dose of radiation therapy for cancer treatment.
- **Medical oncologist**: A doctor who specializes in diagnosing and treating cancer with chemotherapy and other drugs.
- **Nurse practitioner**: A nurse practitioner, or NP, may be referred to as an advanced practice registered nurse. These professionals have a master’s or doctoral degree and special certification and work closely with doctors, helping to diagnose and manage care.
- **Oncologist**: A doctor who specializes in diagnosing and treating cancer.
- **Palliative care specialists or team**: A group of healthcare professionals that may include doctors, nurses, pharmacists and others, who work together to help patients manage symptoms such as pain, nausea or fatigue.
- **Pathologist**: A doctor who specializes in diagnosing and classifying diseases through lab tests and examining tissues and cells with a microscope.
A breast cancer diagnosis is something no one wants to receive. But the burden of breast cancer is substantial. In fact, the World Health Organization notes that breast cancer is the most commonly occurring cancer in women worldwide.

Thankfully, breast cancer survival rates are high in many parts of the world, particularly in developed countries such as the United States, Canada and Japan. While survival rates are lower in developing countries, it is encouraging to know that the average five-year survival rates are as high as 90 percent in some nations. That suggests that the strategies used to successfully fight breast cancer in developed nations may one day prove as effective in developing nations, potentially leading to a sharp decline in global breast cancer deaths.

Upon being diagnosed with breast cancer, patients will be educated about a host of potential treatment options. The Centers for Disease Control and Prevention note that breast cancer is treated in several ways, and the course of treatment a doctor recommends will depend on the kind of breast cancer and how far it has spread. In addition, according to Breastcancer.org, breast cancer is made up of many different kinds of cancer cells, which often necessitates the use of various types of treatments to get rid of the cancer.

The following are some treatment options doctors may discuss with breast cancer patients.

- **Surgery:** Breastcancer.org notes that surgery is typically the first line of attack against breast cancer. The CDC says the goal of surgery is to cut out cancer tissue. Some common breast cancer surgeries include lumpectomy, in which the tumor and a small amount of surrounding tissue is removed, and mastectomy, in which all of the breast tissue is removed.
- **Chemotherapy:** Chemotherapy is used to treat various types of cancer and involves the administration of special medicines to shrink or kill existing cancer cells. Breastcancer.org notes that chemotherapy is sometimes administered prior to surgery in an attempt to shrink the cancer.
- **Radiation therapy:** Radiation therapy aims to kill cancer cells using high-energy rays that are similar to X-rays. Sometimes referred to as radiotherapy, radiation therapy is overseen by a radiation oncologist who specializes in this type of treatment.
- **Hormonal therapy:** Estrogen makes hormone-receptor-positive breast cancers grow, and hormonal therapy, which may be referred to as anti-estrogen therapy, aims to reduce the amount of estrogen in the body and block its action on breast cancer cells.
- **Targeted therapies:** These therapies, which Breastcancer.org notes are generally less likely than chemotherapy to harm normal, healthy cells, target specific characteristics of the cancer cells. Cancer cells can have many characteristics, so there are various types of targeted therapies.
Menopause occurs when a woman's reproductive cycle is over and she can no longer produce offspring. For many women, menopause occurs around age 50.

While menopause itself is not a risk for breast or other cancers, it's important to know that some symptom treatments and other factors can increase the risk for cancer among menopausal women. The North American Menopause Society says that a woman going through perimenopause and menopause may experience various symptoms, which can range from hair loss to food cravings to hot flashes to vaginal dryness. The National Institutes of Health indicates some women undergo combined hormone therapy, also called hormone replacement therapy, or HRT, to help relieve menopausal symptoms such as hot flashes and osteoporosis. This therapy replaces estrogen and progesterin, which diminish in a woman's body after menopause sets in. However, NIH's Women's Health Initiative Study has found that women undergoing HRT have a higher risk of breast cancer, among other conditions.

WebMD says evidence suggests that the longer a woman is exposed to female hormones, whether it's those made by the body, taken as a drug or delivered by a patch, the more likely she is to develop breast cancer. That means that HRT can increase breast cancer risk and also indicates that the longer a woman remains fertile the greater her risk for certain cancers. Females who began menstruating before age 12 or entered menopause after age 55 will have had many ovulations. This increases the risk of uterine, breast and ovarian cancers, states the American Society of Clinical Oncology. It also may impact a woman's chances of developing endometrial cancer.

Gaining weight after menopause can also increase a woman's risk of breast cancer, states the MD Anderson Cancer Center. Therefore, maintaining a healthy weight or even losing a little weight can be beneficial.

Women who enter menopause are not necessarily at a higher risk for breast cancer, but some factors tied to menopause can play a role. Females who want to lower their risk for various cancers are urged to eat healthy diets, quit smoking and maintain healthy body weights.