



Breast Cancer AWARENESS

*I truly believe that a
mammogram saved
my life.*

—Peggy O'Neill,
Breast Cancer Survivor

OCTOBER 18, 2019
IS NATIONAL MAMMOGRAPHY DAY.

Mammograms and Screening

By Nolan Lister
Enterprise Staff Writer
and Green Shoot Media

As part of Breast Cancer Awareness month, the medical staff at Livingston HealthCare is reminding women to schedule their biyearly breast cancer screening.

"We just want you to get the treatment you need," said Livingston HealthCare radiological technologist and mammographer Sara Pinson.

Pinson said women between the ages of 50 and 80 should be screened for breast cancer every two years. Women with a family history of breast cancer may need to undergo screenings earlier and more frequently.

3D MAMMOGRAPHY

Since 2017, the local hospital has used a 3-D mammography machine, which Pinson said is 25 to 60 percent more effective at identifying cancerous lumps in breast tissue.

"With standard 2-D imaging, it's like looking at the cover and spine of a book," Pinson said. "With this new technology, it's as if we can look at each of the individual pages of the book."

SYMPTOMS AND SCREENING

According to the American Cancer Society, the most common symptom of breast cancer is a new lump or mass in the breast that wasn't previously there.

A mass that is painless and hard and has irregular edges is more likely to be cancer, but malignant tumors can be soft, round or painful. When you find a new lump, go to the doctor. This means women need to know what their breasts look and feel like, so regular self-exams are beneficial.

Other possible symptoms include swelling of the breast, skin dimpling or irritation, breast pain, nipple retraction, pain or discharge or the skin of the breast or nipple turning red, scaly or thick. Breast cancer also can manifest in swollen nodes in the armpit or around the collarbone.

During an annual physical, a doctor will examine a woman's breasts and lymph nodes for changes. This is typically the first step even when a woman knows something has changed. Breast tissue can change with time; women develop cysts, and menstruation and menopause can affect breast tissue. Doctors also ask about a woman's family history with all types of cancer, particularly breast, uterine and ovarian cancers. Based on the exam and discussion, a doctor may decide further testing, ultra-



Photo courtesy Livingston HealthCare

Radiological technologist Sara Pinson explains a mammogram with the 3-D mammography machine at Livingston HealthCare.

sound or other screening in addition to a mammogram, is needed.

In an ultrasound, the doctor is able to isolate the affected area and get a visual of sorts of the lump. Its size, shape, density and other factors can help determine if this is a tumor, a cyst or just a change in fatty tissue.

If women are interested in help with the costs of their mammograms, Livingston HealthCare Marketing and Communications Manager Whitney

Harris said they can contact Montana Cancer Control Programs by calling (888) 803-9343 or visiting <https://dphhs.mt.gov/publichealth/Cancer/CancerScreening> to see if they are eligible for a screening program.

If there is any additional financial burden after using this state program, patients are encouraged to reach out to the Livingston HealthCare Foundation by calling (406) 823-6710, according to Harris.



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PINK RIBBON

The Silence of Breast Cancer

Breast Cancer Awareness Month started in 1985 to encourage women to get regular mammograms, as a way to detect breast cancer at an early stage of the disease, therefore increasing long-term survivorship.

The Pink Ribbon is now the symbol for breast cancer survivorship, and you can see it throughout the world. When we see this symbol of pink, we think about all the women we know who have been diagnosed with breast cancer – those who have survived and those who have died. It is a way for friends and family to bring passion to loved ones and let women know, “We care, we are thinking about you, you are not alone.”

A FIRST LADY SETS AN EXAMPLE

It was not always comfortable talking about breast cancer, telling the story of diagnosis and treatment. In a recent interview with an 84-year-old woman, she shared her experience with breast cancer in 1970. “I was diagnosed with breast cancer and had a mastectomy. At that time, it was shameful for me and my hus-

band, so I was not allowed to talk about it with friends and family. The shame was deep, and I was alone.” We can imagine the needless emotional pain she endured during this time – if only she could talk about it, she could find support. This “silent” trend continued until Betty Ford got diagnosed with cancer a few years later. She endured radical surgery for breast cancer in 1974, and reassured many troubled women by discussing her ordeal openly. The First Lady set a visible example that influenced women nationwide, and it helped prompt a significant change in public attitude. As soon as possible, she resumed her duties as hostess at the Executive Mansion and her role as a public-spirited citizen.

RIBBON ENCOURAGES OPEN TALK

The Pink Ribbon may have started to encourage regular mammograms, but it has done much more to allow people to openly talk about their cancer experience. Cancer is frequently accompanied by isolation, both physically and emotionally. People going through chemotherapy will be fatigued, and careful to stay away from large crowds of people due to reduced immune function. There is also a feeling of isolation because many friends and family don’t know what to say, so they say nothing at



all and create distance from the survivor.

In 2019 there is no reason to be alone or ashamed of a cancer diagnosis. In Montana, we have Cancer Support Community – a place for cancer support, education and hope. One of the support groups is called

So, next time you see the Pink Ribbon, please take a moment to remember those women in your life who have been touched by breast cancer. Include them in your life, talk with them about their experience, share in their fears, sadness and joy. Take time to embrace life right along

INCLUDE THEM IN YOUR LIFE, TALK WITH THEM ABOUT THEIR EXPERIENCE, SHARE IN THEIR FEARS, SADNESS AND JOY. TAKE TIME TO EMBRACE LIFE RIGHT ALONG WITH THEM.

Bosom Buddies, where many women meet twice each month to talk, to cry, to laugh. They find hope and promise in the future through their shared experience and build a community within themselves. These women have become good friends, and a beacon of light for many who are newly diagnosed with breast cancer.

with them. If you would like help talking about any cancer diagnosis, contact Cancer Support Community at 582-1600 or www.cancersupport-montana.org

*Submitted by Becky Franks
Executive Director
Cancer Support Community Montana*

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The Reach of Breast Cancer

Did you know that breast cancer is the second-most common cancer in women? Or that men can get breast cancer? Or that, when caught and treated early, many types of breast cancer have almost a 100% survival rate?

Breast cancer, which occurs when breast cells grow out of control, form a tumor and become malignant, affected more than 250,000 people in 2018, according to the National Cancer Institute. About 3.5 million women are living with breast cancer in the United States, and more than 12% of women will be diagnosed with breast cancer in their lifetimes.

The number of deaths from breast cancer is 20.6 per 100,000 women per year. The death rate among all cancers (men and women) is 163.5 per 100,000 people, so breast cancer has a much higher rate of survival. It typically responds very well to treatment; almost nine out of 10 women treated for breast cancer are alive five years after their diagnoses. The success of treatment is heavily dependent on how early in the cancer's development it's diagnosed. More than 60% of cases are found in the early stages of cancer, before it's metastasized to other organs,



Livingston women, from left, Denise Nevin, Connie Campbell, Marcia Noe and Peggy O'Neill, who have all been through breast cancer treatment, share their stories and mentor other women. See their stories on Pages 6 and 7.

and the treatment of these cases has a 99% five-year survival rate.

Breast cancer, like most types of cancer, doesn't have easy answers about what causes it or what people

causes breast cancer. Researchers have identified some common contributing factors.

A family history of cancer is a big one. Women whose grandmothers,

include having dense breast tissue, late menopause, never giving birth, early menstruation and being older at the birth of a woman's first child. Taking hormones also may contribute. Health factors like alcohol use, smoking and obesity also may contribute to cancer risk for all cancers.

We don't know how to prevent cancer, but there are steps women can take that are thought to reduce the risk of breast cancer; these include considering, with the advice of a doctor, alternatives to hormone therapy in some situations and healthy eating, exercise and lifestyle factors.

ABOUT 3.5 MILLION WOMEN ARE LIVING WITH BREAST CANCER IN THE UNITED STATES, AND MORE THAN 12% OF WOMEN WILL BE DIAGNOSED WITH BREAST CANCER IN THEIR LIFETIMES.

can do to lessen their chances of developing it. Genetic and environmental factors, likely in most cases a combination of both, contribute to the damage in the DNA of cells that

mothers or sisters have had breast cancer should talk to their doctors about effective testing techniques at an earlier age than is normally recommended. Other possible factors

OCTOBER

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DEVELOPING LOCAL SUPPORT

Park County Cancer Alliance

By Nolan Lister
Enterprise Staff Writer

Barb Oldershaw is there because she was a caregiver. Tom Clark shows up because he lost the love of his life. Melanie Cobb is a survivor herself. Charlotte Tolinger's siblings were recently diagnosed with cancer.

They are all there for different reasons, but they are all looking for the same thing.

Every Monday and Thursday at noon inside The Shane Lalani Center for the Arts, the Park County Cancer Alliance and local yoga instructor Savannah Barnes host Mindful Yoga for Cancer.

Anyone affected by cancer can attend the yoga classes at no cost to them thanks to a \$5,000 grant from AMB West Philanthropies.

A PARTICULAR BRAND OF YOGA

Part of the grant funding went toward sending Barnes to Duke University to receive special training in this particular brand of yoga.

The current level of funding will

keep the program running through July of next year.

"Our goal is to maintain the program beyond that because we see the value in it," said Park County Cancer Alliance board member Jessica Warren.

WHEN ASKED WHAT HE FEELS UPON LEAVING THE CLASS, CLARK SAID, "I FEEL LIKE IT'S A NICE DAY."

Clark said he took care of his wife, who was diagnosed with cancer, for four years before she died three years ago.

"Seeing someone you love dying, it's a tough journey," Clark said. "It changes you."

He said the yoga classes were physically tougher than he expected, but they have helped him emotionally.

When asked what he feels upon leaving the class, Clark said, "I feel like it's a nice day."

Barb Oldershaw works as the program director for Park County Community Foundation, the fiscal sponsor of the Cancer Alliance, but has also spent time as a caregiver working with cancer patients.

Oldershaw attends the yoga classes as well and said though sharing experiences with the group is not part of the curriculum, "just being in the same room is nourishing, comforting."

A now-defunct local nonprofit

called Chicks 'n Chaps that worked with county residents affected by cancer donated the initial seed money that helped create Park County Cancer Alliance.

The Park County Fair Board also donated approximately \$4,400

raised during the Tough Enough to Wear Pink night of the Livingston Roundup last July.

FINANCIAL ASSISTANCE

Park County Cancer Alliance has used the vast community support to build a network that stretches across the county.

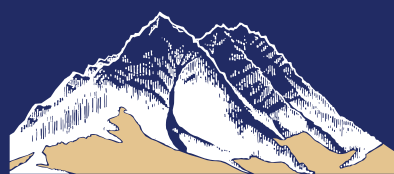
Those in need can apply for financial assistance. In addition to the yoga classes, the alliance also plans to form a support group. They are looking to partner with the Food Resource Center to offer cooking classes for cancer patients. The organization also hopes to soon offer strength training classes.

A community survey will soon be sent out to better assess the needs of the community and help plan future programming.

"We're still brand new. These are baby steps," Warren said. "We have a wish list of all kinds of things we'd like to do."



Enterprise photo by Nolan Lister
Tom Clark pauses for a moment after Mindful Yoga for Cancer at Breathing Room Yoga at The Shane Lalani Center for the Arts in Livingston.



Bank of the Rockies

bankoftherockies.com



Bank of the Rockies Livingston and Clyde Park branches are selling Pack the Place in Pink T-Shirts with all proceeds being donated to help defer cost for those currently being treated for breast cancer. Stop in to purchase your T-Shirt today!





Enterprise photos by Nate Howard

During a gathering hosted by The Livingston Enterprise at The Soup Bar Oct. 9, Livingston women, from left, Denise Nevin, Connie Campbell, Peggy O'Neill and Marcia Noe, stand behind gifts of comfort and support they made and gave to others or received themselves.

(Continued from Page 6)

Every person diagnosed with breast cancer has a unique story, a unique set of challenges, a unique sequence of moments that helps get them through. What helps one person may not help another and what may seem comforting one day may not the next. Still, common threads of caring, coping and hope weave through the stories.

FRIENDS, FAMILY, FAITH AND HUMOR

One common thread is the need to find people to support and help and then to lean on them.

Connie Campbell, a breast cancer survivor from Livingston, said hearing the word "cancer" as a diagnosis leaves "a lot of questions going through your head," and made her start looking for answers while feeling too overwhelmed to find them.

"You don't have time to think about it. You need to reach out to organizations or people," she said.

Connie found other women who were also going through treatment to be the easiest to share the experience with. When she learned about two retreats, one for women with all types of cancer and one specifically for breast cancer, she applied for both. She appreciated the education

and friendship she found there so much, she attended both several times.

Cancer Support Community Montana held Mending in the Mountains retreat earlier this month at the 320 Guest Ranch in Big Sky.

The free weekend retreat, according to Cancer Support Community's website, is "a time of healing, relaxation, friendship, education and laughter."

Connie appreciated all of those things about the retreat when she went years ago and the activities that are part of the weekend.

The other retreat Connie attended is focused one activity, fly fishing. Casting for Recovery, another weekend retreat offered annually and at no charge to participants, provides women with breast cancer an opportunity to "gather in a natural setting and address quality of life and survivorship issues."

It also provides them all the necessary gear and expert guides to fly fish, an activity that happens in a beautiful setting and that can sometimes be a kind of physical therapy for some who have had surgeries like mastectomy.

The retreats are still part of Connie's life. She has lasting friendships and keeps in touch with some of the women. She also makes fly fishing-themed gifts every year for Casting

for Recovery participants. She wants to give back the generous support she was so touched by when she attended.

Peggy O'Neill and Denise Nevin, breast cancer survivors in Livingston, also attended Mending in the Mountains. Both of them say they appreciated sharing common experiences with others. For Denise, once she had the experience, she didn't want to continue to return.

"It was really great, but then I didn't need to go back anymore," she said.

Denise found her best support in her family. She remembered one day when she was alone and having a hard time with side effects of chemotherapy. Her daughter came over with a care package of what seemed like all of the little things that would help her at that moment. To Denise, it showed she was not alone and that her daughter was not only there but also really listening and feeling with her.

Another breast cancer survivor from Livingston felt very afraid about side effects and taking chemotherapy medication one day.

"I thought I couldn't do it," she said.

She parked herself on her couch after, and then her husband slept the entire night on the floor next to her. That kind of support from her

husband and other family members helped her through all of her treatments.

Marica Noe of Livingston said she believes her experience with breast cancer "ended up being a positive one due in great part to the support of family and friends."

She also found another source of support, her faith.

Faith is another thread in the stories women shared. Marcia said she kept her spiritual relationship at the forefront, and that meant she was never alone.

Denise shared a book another breast cancer survivor gave her, *Grace for Each Hour: Through the Breast Cancer Journey* by Mary Nelson. Denise's original copy was full of notes and marks, and it helped her through her treatment.

Peggy O'Neill said *Breast Cancer and Me* by Shields Valley author Lois Olmstead was helpful to her. Lois' writing is known for being rooted in faith and also for its humor.

That, a sense of humor, is another thread.

"Laughter is good, even at yourself," Marcia said.

Peggy said she learned not to be upset about things that won't make a difference in life.

"Don't sweat the small stuff," she said.

Denise had a lot of fun with her daughter and parents, decorating her shaved head, wearing funny wigs and T-shirts. She let that lead to taking care of herself and her appearance as a way of not giving in and letting the treatment take over.

Not letting the treatment take over is the thread that may be the most difficult part and, at the same time, the secret to living with cancer.

Confronting an uncertain future head on makes not giving in and staying strong a tall order. Two breast cancer survivors who shared their stories are also women who lost sisters to breast cancer.

Being unsure about what will happen makes "going forth," as Katie called it, incredibly difficult.

"I guess that's living, getting out and doing things. Don't let the grass grow under your feet," said Connie.

She said, "You're not the only one going through what you're going through."

Marcia's advice: "Realize this is only a season of your life. It is not totally you."

THE ROAD TO REMISSION

Breast Cancer Treatment

For the most part, breast cancer is quite treatable. Much of its treatability depends on what stage the cancer is when diagnosed — the earlier, the better.

The National Cancer Institute (NIC), a branch of the National Institutes of Health (NIH), lists several options for treatment: surgery, radiation, chemotherapy and hormone or targeted therapy. Occasionally, surgery is all that's needed; in most cases, cancer patients may need several of these types of treatment.

SURGERY

Almost all people with breast cancer will require surgery. Patients may get a lumpectomy, in which the tumor, other affected tissue and the surrounding normal tissue are

removed. In the early stages of cancer, this may be sufficient. For more advanced cancer, a total mastectomy, removal of the entire breast, or a double mastectomy may be required. Many patients with one or both breasts removed opt for follow-up reconstructive surgery after treatment.

Breast cancer often spreads to lymph nodes first, so removing some of those nodes may be necessary. Doctors may opt to remove the first lymph node to receive drainage from a tumor, known as a sentinel lymph node, since that is where cancer is likeliest to spread.

RADIATION AND CHEMOTHERAPY

Chemotherapy consists of drugs that slow or stop the growth of cancer cells and can be used before surgery to shrink a tumor or after sur-

gery to kill any cancer cells still in the body. Done before surgery, chemotherapy can lessen the amount of tissue that needs to be removed.

IN MOST CASES, CANCER PATIENTS MAY NEED A COMBINATION OF SEVERAL TYPES OF TREATMENT.

Radiation, in which X-rays are used to destroy cancer cells, can be used before and after surgery. Both treatments can be critical to surviving cancer, and both may have serious and harmful side effects.

HORMONE AND TARGETED THERAPY

Both of these treatments are used after surgery for the purpose of killing any remaining cancer cells. Hormone therapy limits certain hormones that can cause breast cancer to grow. Reducing the production of

hormones like estrogen or stopping them from feeding the cancer can help to destroy cancer cells still in the body.

Targeted therapy uses drugs that work differently than standard chemotherapy drugs by taking advantage of the ways cancer cells are different from normal cells. A protein present in breast cancer cells is the target of some targeted drugs. Targeted drugs may have different side effects than standard chemotherapy because they target only the cancer cells instead of attacking every cell.

Most survivors offer a similar piece of advice. Seek support. Lean on others. Your closest family members may not be your best caregivers. Reach out to find that person or those people.

How to be a Good Friend ...

Most of us know of someone who has been diagnosed with cancer. Whether this touches a family member, neighbor, friend or co-worker, each person will face a time where they need to respond to the statement, "I have cancer." What to say? What not to say? Some people will simply say nothing for fear of saying the wrong thing, and then appear to be cold and callous in the process. It can be a real struggle and a challenge.

During this time, many people feel a loss of hope, loss of control and increased isolation, but there are things you can do and say to ease the strain. There is not the "right answer" by any means, but there certainly are some "do's" and "don't's" that may be helpful.

Someone you love will most likely be diagnosed with cancer at some point. It is important to acknowledge what they are going through, and to be there for them. Be yourself, offer a listening ear and your love, and you can help them reduce isolation, increase hope and a sense of control in their life.

Submitted by Becky Franks, Executive Director, Cancer Support Community Montana



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BE EDUCATED

Questions to Ask

A breast cancer diagnosis is scary, and often patients don't know what to ask when their doctor tells them what's happening.

Although you have a cancer treatment team and opportunities to ask questions at subsequent appointments, it can be helpful to have an idea of what you need to know as you go to follow-up appointments and meet other care providers.

Don't be afraid to ask your doctor about her experience treating this type of breast cancer. Don't be afraid to get a second opinion, especially if there is any detail you don't understand. This can help you not only get the information you need but also take some measure of control over your life during a difficult

time.

The American Cancer Society publishes lists of questions to help you.

WHEN YOU'RE
DIAGNOSED

- How big is the cancer? Where exactly is the tumor?
- Has it spread to lymph nodes or other organs?
- What stage is it? What does that mean?
- Who else will be on my treatment team?
- How much will this cost? What does my insurance cover? Is there a patient advocate who can help me through the financial side of this?

DURING TREATMENT

- What are my options for treat-

ment? What are the positives and negatives of each?

- How long should I expect treatment to last?
- What side effects will I experience?
- What treatment do you recommend/what regimen would you do if you were diagnosed with this type of cancer?
- Are clinical trials an option? Should I look at that?
- Should I get a second opinion? How do I do that?
- Will I lose my hair? How will treatment affect my daily life?
- What's the goal of my treatment?
- What happens if this treatment doesn't work?
- How will we know if the treatment is working?
- Are there ways to manage side effects?

• What lifestyle changes should I make during treatment — a different diet or exercise regimen, for example?

• If I experience depression or anxiety, what resources are available?

BEFORE SURGERY

- What type of surgery is best for me?
- Should I consider a full mastectomy, even though the cancer hasn't spread?
- How long will recovery take? How much of that will be in the hospital versus at home?
- What will happen during recovery? Will I have stitches or staples, will there be a drain coming out of the site?
- What are my options for breast reconstruction? What are the risks?

... to someone diagnosed with cancer

Do:

- Show empathy. Simply saying, "I'm sorry" is worth a million words, and then ask them how they are doing with a willingness to listen.
- Offer specific help. It is easy to say, "Call me if there is anything I can do," yet this offer is so vague, they will most likely never take you up on it. Instead, offer to do something specific like attend doctor visits with them, mow the yard, shovel snow, bring dinner once a week, clean the house etc.
- Remember them. To help decrease the feeling of isolation, remember to call and visit on a regular basis.
- Talk about other things besides cancer. Cancer can become the main focus in the life of a patient, but each person is certainly more than their cancer diagnosis. It is OK to talk about sports, life, kids, work and travels.
- Offer touch. If you have a relationship that includes hugs or touch, continue to do so. People who have cancer can have pain and treatment that will reduce people's comfort level to touch them, and therefore, increase feelings of isolation. With permission, continue to touch if it feels right to both of you.

- Be there for the long haul. Many people believe that when the treatment is over and the hair grows back, the cancer experience is "over," and yet the diagnosis and side effects are strong and present for the patient. Remember to ask about how they are doing for years to come, and be willing to listen at length if they desire.

Don't:

- Assume to know how they feel. You don't know how they feel, and saying so will trivialize what they are going through. In the same light, it is important not to say, "Everything will be all right," because it may not.
- Give advice. Cancer brings people out of the woodwork with advice on what to eat, what not to eat, amount of rest, and treatments to take. Resist this urge.
- Tell your horror stories. It happens so often, people responding to an announcement of a cancer diagnosis, with a counter story about how their Aunt Betty had that same type of cancer and died. It comes up innocently enough – the news simply brings up memories of Aunt Betty, but the story is really not appropriate.

BEYOND MEDICAL TREATMENT

Living with Cancer

Both cancer and treatment take a toll on the body, leading to fatigue, nausea, lowered immunity and many other symptoms. But they also take a mental and emotional toll, on the person with cancer and her family and friends.

The American Cancer Society talks about how people fighting breast cancer often find themselves overwhelmed with emotion, depression, anxiety, fear or other feelings of distress.

Even after successful treatment, survivors may feel stress and worry. The ACS says many people are concerned the cancer will come back, or they still feel or see physical effects from the treatment, surgery scars and other changes to their bodies. They may experience effects on other parts of life, such as altered relationships or missing out on opportunities at work. Cancer is an expensive disease, leading to financial worry for many living with it.

Mastectomies mean women's bodies look dramatically different. Women may feel a range of emotions, and the surgery may feel similar to an assault. Women may not like their new look and may struggle to get accustomed to it. Survivors often



Enterprise photo by Nolan Lister

From left, Jessica Warren, Instructor Savannah Barnes, Mary Kate Nelson, Barb Oldershaw and Melanie Cobb pose for a photo after a Mindful Yoga for Cancer class at Breathing Room Yoga. See more about the class and Park County Cancer Alliance on Page 5.

worry about changed sexuality after breast cancer; this is even more pronounced in young women who have gone through treatment. They worry about the effects of the cancer and treatments on their fertility. Chemo also has been connected to early menopause in some women.

Family members, friends and caregivers also may experience many emotions, along with worry that they can't help a loved one or don't know

what to do.

According to the ACS, treatment for these emotional issues during and after treatment are critical for overall good health. Many hospitals or cancer treatment centers offer support groups for survivors and family members. Talk to your oncologist or primary care provider about connecting with one of those groups, or ask for a referral for a counselor who specializes in such issues. Churches

can often be a source of support for people, while others prefer to join an online support group.

Local and national organizations offer different options for support in order to limit the negative impacts breast cancer may have in areas of a woman's life besides her health. Women in Park County may start with their health care providers, the Park County Cancer Alliance and Cancer Support Community.



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Sustained by Community**

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"At bosom buddies, I discovered my second family where our commonality is cancer, we speak the same language and our experiences are mutual. Through their support, I have found hope, empowerment and courage. I am not alone."



"I would not have known what to ask my healthcare team without the support of Cancer Support Community. It made a lot of difference in advocating for my own care."

**Our Bosom Buddies Support Group meets at
Cancer Support Community the first & third Tuesday
of the month from 5:30-7pm.**

*Prior to joining a Support Group, an orientation meeting with CSC's Program Director, Amber Reilly, is required.



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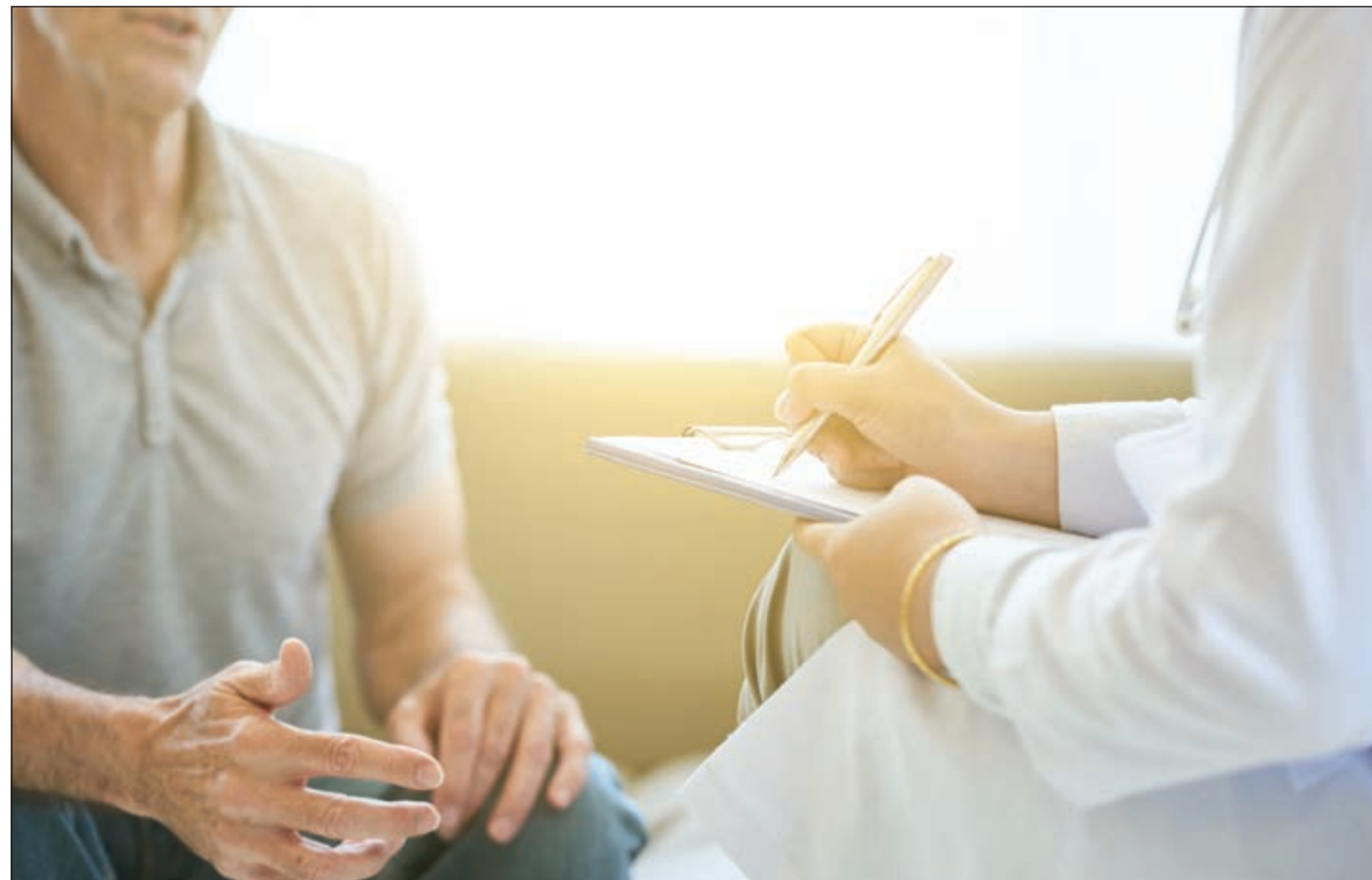
Breast Cancer in Men

Breast cancer occurs in breast tissue, which both women and men have. Although it's rare, male breast cancer does happen.

It's diagnosed and treated similarly in all genders, so early diagnosis remains key. The science around the cause of male breast cancer is unclear, according to the Mayo Clinic. In that way it is similar to many types of cancer, though male breast cancer is even more mysterious. People of all genders are born with some breast tissue and milk-producing glands (lobules) that transport milk to the nipples and fat. When a girl hits puberty, she develops more breast tissue, and boys do not. Boys, however, do still have the breast tissue with which they were born.

The most common type of breast cancer in men is ductal carcinoma, which begins in the milk ducts.

Just as with women, there is research indicating a family history of breast cancer increases the likelihood of a man getting the disease. Gene mutations like BRCA2 (the same mutation actress Angelina Jolie had that put her at a high risk of breast cancer) increases a man's risk of breast cancer and prostate cancer. Older age remains a risk factor, as do obesity, liver or testicular disease and exposure to estrogen.



Men who are born with Klinefelter's syndrome, a genetic condition in which some boys have more than one copy of the X chromosome, also increase a man's likelihood of contracting breast cancer.

Early diagnosis and treatment is critical for best outcomes in male breast cancer, and it's not always one of the first conditions doctors consider when evaluating men.

Knowing the symptoms is important. These include a painless lump in or thickening of the breast tissue, changes to the nipple (redness, scaling or turning inward) or nipple discharge or changes to the skin covering the breast area. Men who see these symptoms should ask their doctor for further assessment. According to the Mayo Clinic, diagnosis and treatment is similar to what

women experience: clinical breast exams, medical imaging like mammography and ultrasound and biopsy, during which the doctor extracts tissue from the suspected tumor and tests it. Male breast cancer has a hormone component, so doctors may recommend hormone therapy. Other treatments are the same as for women: surgery, chemotherapy, targeted therapy and radiation.

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RESEARCH

Breakthroughs

Because it is common and because so many have worked to raise awareness and funds, research has improved breast cancer treatment and survival rates. Researchers are working to identify causes and to develop accurate tests and safer, more effective treatments, even a cure.

The National Cancer Institute (NCI) at the National Institutes of Health (NIH) shares some of the latest breakthroughs in breast cancer research, including clinical trials that could lead to improved care at every stage of cancer treatment. Trials may be available for prevention, screening and treatment.

DETECTING BREAST CANCER

Breast cancer already is one of the easiest-to-find cancers, and scientists are looking for ways to enhance the current screening options available. 3D mammography, a procedure that takes pictures from a variety of angles around the breast and then builds a 3D-like image, is a more recent development, and Livingston HealthCare added that option in December 2017. Assessment tools must be measured in terms of their effectiveness, not only in finding malignant tumors but in avoiding false positives, i.e., telling a woman she has cancer when she doesn't.

TREATMENT

Breast cancer can be divided into subgroups that vary in the way doctors treat them. Some treatments target only the affected area, others utilize whole body systems. Treat-



Enterprise photo by Nate Howard

ON THE COVER AND ABOVE: Breast cancer survivors display gifts made to provide comfort during treatment: three fly fishing-themed gifts made by Connie Campbell for participants in Casting for Recovery retreat and quilts made by Anita Dahms and Martha Fossum.

ment usually includes a combination of surgery, radiation, chemotherapy and sometimes hormone or targeted therapy.

The Food and Drug Administration has approved several breast cancer

newer therapies that show positive effects in preventing recurrence and metastasis in HER2-positive breast cancer (HER2 is a protein; elevated levels are found in some women with breast cancer.)

A BREAST CANCER SURVIVOR OFFERED THE ADVICE: "TALK TO DOCTORS WHOSE JUDGEMENT YOU TRUST, AND FOLLOW THEIR RECOMMENDATIONS."

treatments that target specific cell-growth molecules, and more of these treatments are being developed. Using antibodies and the body's own immune system is another area of research.

There have been advances in the treatment of hormone receptor-positive advanced breast cancer that have been shown to prolong the time until chemo is needed and possibly extend survival and prevent relapse. The FDA has approved a number of

NIH conducts research and gathers resources and information about approved treatments and clinical trials: medlineplus.gov, healthfinder.gov, clinicaltrials.gov.

Some find the number of sources and amount of information available online overwhelming and even confusing or stressful. A breast cancer survivor offered advice: "Talk to doctors whose judgement you trust, and follow their recommendations."

Survivor Marcia Noe, of Livingston,

said, "Go with your instincts when something doesn't feel right; get a second opinion."

OTHER RESEARCH

Researchers are looking at disparities in screening across communities and genetic, racial and cultural differences in forms and rates of diagnosis and survival. They are also studying related issues experienced by breast cancer survivors, including physical and mental health, sleep disturbances, financial impacts and more.

Prevention is another area of research. The rate of breast cancer decreased after 2000 for women over 50 when hormone replacement therapy decreased. While survival rates improve over time, especially for younger women, the rate of women diagnosed has not changed as much. Many feel more resources should be focused on causes and prevention.