

Think

October 2018

A Special Supplement to

the Oneida Daily Dispatch

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the Oneida Daily Dispatch

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Did you know?

Pathology reports are documents that contain diagnoses after doctors have examined cells and tissues under a microscope. According to the National Cancer Institute, pathology reports, which play an important role in diagnosing and treating cancer, also may contain information regarding the size, shape and appearance of a specimen as it looks to the naked eye. People who are diagnosed with breast cancer may receive pathology reports that indicate the presence of tumor necrosis. According to the nonprofit organization Breastcancer.org, the presence of tumor necrosis means that dead breast cancer cells were found within the tissue sample. Tumor necrosis, though it is often limited to a small area within the tissue sample, suggests a patient is battling an aggressive form of breast cancer.



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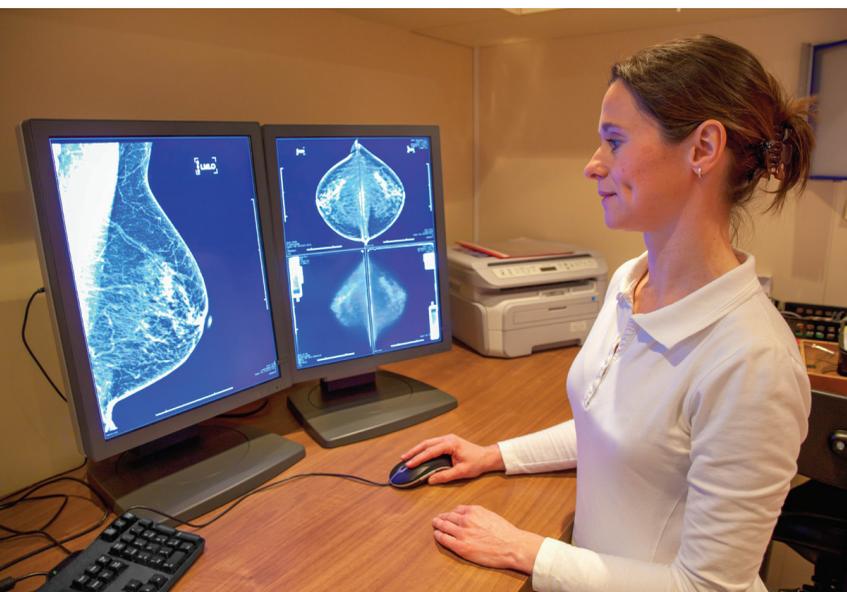
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Determining breast cancer stage

When receiving treatment for breast cancer, women will learn about cancer staging. According to the nonprofit organization Breastcancer.org, determining the stage of the cancer helps patients and their doctors figure out the prognosis, develop a treatment plan and even decide if clinical trials are a valid option.

Typically expressed as a number on a scale of 0 through IV, breast cancer stage is determined after careful consideration of a host of factors. The staging system, sometimes referred to as the TNM system, is overseen by the American Joint Committee on Cancer and ensures that all instances of breast cancer are described in a uniform way. This helps to compare treatment results and gives doctors and patients

a better understanding of breast cancer and the ways to treat it. Breastcancer.org notes that the TNM system was updated in 2018, but before then was based on three clinical characteristics:

- T:** the size of the tumor and whether or not it has grown into nearby tissue
- N:** whether the cancer is present in the lymph nodes
- M:** whether the cancer has metastasized, or spread to others parts of the body beyond the breast

While each of those factors is still considered when determining breast cancer stage, starting in 2018, the AJCC added additional characteristics to its staging guidelines, which make staging more complex but also more accurate.

Tumor grade: This is a measurement of how much the cancer cells look like normal cells.

Estrogen- and progesterone-receptor status: This indicates if the cancer cells have receptors for the hormones estrogen and progesterone. If cancer cells are deemed estrogen-receptor-positive, then they may receive signals from estrogen that promote their growth. Similarly, those deemed progesterone-receptor-positive may receive signals from progesterone that could promote their growth. Testing for hormone receptors, which roughly two out of three breast cancers are positive for, helps doctors determine if the cancer will respond to hormonal therapy or other treatments. Hormone-receptor-positive cancers may be treatable with medications that reduce hormone production or block hormones from supporting the growth and function of cancer cells.

HER2 status: This helps doctors determine if the cancer cells are making too much of the HER2 protein. HER2 proteins are receptors on breast cells made

by the HER2 gene. In about 25 percent of breast cancers, the HER2 gene makes too many copies of itself, and these extra genes ultimately make breast cells grow and divide in ways that are uncontrollable. HER2-positive breast cancers are more likely to spread and return than those that are HER2-negative.

Oncotype DX score: The oncotype DX score helps doctors determine a woman's risk of early-stage, estrogen-receptor positive breast cancer recurring and how likely she is to benefit from post-surgery chemotherapy. In addition, the score helps doctors figure out if a woman is at risk of ductal carcinoma in situ recurring and/or at risk for a new invasive cancer developing in the same breast. The score also helps doctors figure out if such women will benefit from radiation therapy or DCIS surgery.

Determining breast cancer stage is a complex process, but one that can help doctors develop the most effective course of treatment. More information is available at www.breastcancer.org.

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Breast Cancer survival rates soar



Early detection and better treatment options are improving the chances of surviving breast cancer.

A breast cancer diagnosis can be a devastating blow. Upon receiving such a diagnosis, people may begin to ask questions about treatment and the impact cancer may have on their personal lives. Many people who are diagnosed with cancer also begin to wonder about their mortality.

An estimated 266,120 new cases of invasive breast cancer and 63,960 new cases of non-invasive, or in situ, breast cancer are expected to be diagnosed among women in the United States this year, according to Breastcancer.org. According to the latest statistics presented by the Canadian Breast Cancer foundation, 26,300 women and 230 men had been diagnosed with breast cancer in Canada in 2017.

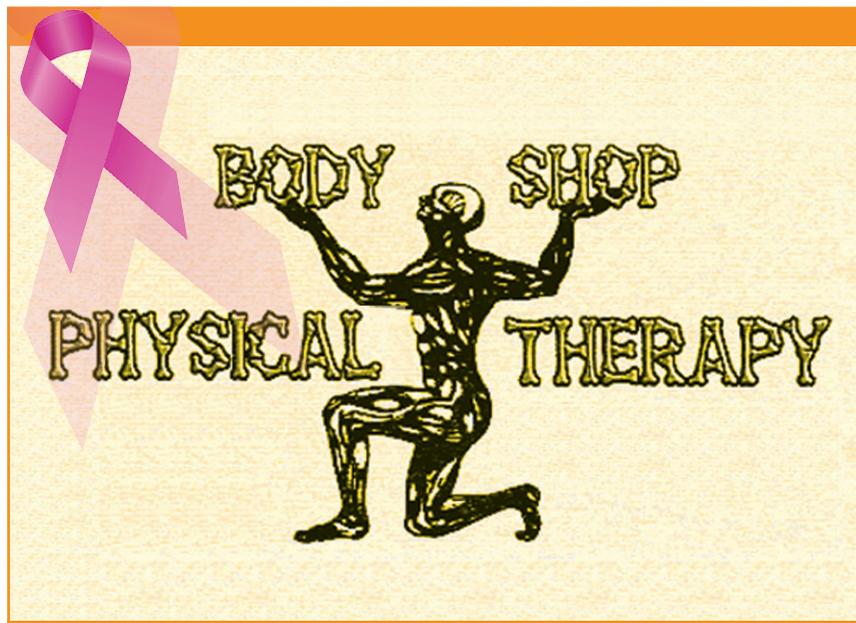
The good news is that breast cancer incidence rates began decreasing in 2000 after increasing for the previous two decades. In addition, death rates from breast cancer have been decreasing steadily since 1989.

The National Cancer Institute says that the change in age-adjusted mortality rates are an indicator of the progress being made in the fight against breast cancer. The most recent SEER Cancer Statistics Review released in April 2018 indicates cancer death rates among women decreased by 1.4 percent per year between

the years of 2006 and 2015. The American Cancer Society says that decreasing death rates among major cancer types, including prostate, colorectal, lung, and breast cancers, are driving the overall shift in survival. The ACS says breast cancer death rates among women declined by 39 percent from 1989 to 2015. That progress is attributed to improvements in early detection and treatment protocols. For anyone doing the math, over the last 25 years or so, 322,000 lives have been saved from breast cancer.

A similar scenario has unfolded in Canada. Breast cancer mortality rates in Canada recently decreased to 21.4 percent, down from 21.8 percent in 2011, states data from the Canadian Cancer Society. Currently, the five-year survival rate for breast cancer among Canadians is 87 percent, and the five-year net survival in the United States is 85 percent.

Increased knowledge about breast cancer, early detection through examinations and mammography and improved treatments are helping to drive up the survival rates of breast cancer. Although this does not make diagnosis any less scary, it does offer hope to those recently diagnosed.



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Menopause and breast cancer risk



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.



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Ask the Expert:

Should you consider a 3D Mammogram?

October has quickly become synonymous with Breast Cancer Awareness, and rightfully so. Breast cancer is the second leading cause of cancer related death in women after lung cancer. On average about one in eight women will be diagnosed with invasive breast cancer during their lifetime according to the American Cancer Society.

It is widely accepted that a mammogram screening is a women's best defense in detecting breast cancer in its earliest stages. However, with advancing technology a woman's options has become more confusing over recent years. Today, more women are being asked by their imaging center if they'd prefer a 3D Mammogram as opposed to the traditional option, a 2D Mammogram.

A 3D Mammogram, also known as Tomosynthesis, is a newer form of technology for breast cancer screening that produces more images than a traditional 2D Mammogram. According to experts, compared to your traditional 2D Mammography, a 3D Mammography offers several significant benefits including up to a 30% increase in cancer detection.

The main difference between a 3D Mammogram and a 2D Mammogram is the number of images it captures. Traditional mammograms result in a few single compressed images where 3D Mammograms capture many images from different angles. "Where 2D images have their shortcomings is that you can't see around normal or dense breast tissue which could surround a cancerous mass," said Ryan Dockery, MD, lead Radiologist at Oneida Healthcare. "With 3D Mammography, I'm able to see around and beyond tissue making it easier for me to identify a cancerous mass."

A simple analogy is if one was trying to examine an apple. A traditional 2D Mammogram would produce an image of

the entire apple from front to back which a radiologist would need to look through to identify any areas of concern. A 3D Mammogram would produce sliced images of the same apple allowing the radiologist to move around any visual obstructions that would hinder his or her diagnosis. "It's (3D Mammograms) the equivalent of being able to go inside a picture, which is more advantageous to a more definitive diagnosis."

Another benefit of 3D Mammogram is the potential decrease in patient call-backs. "Compared to 3D, a 2D Mammogram lends to a higher probability of an unclear diagnosis and the requirement for further testing. This can include additional mammograms and or biopsies which could have otherwise been avoided if the patient received a 3D Mammogram initially." He also noted the benefit of reducing unnecessary anxiety for the patient in lieu of a call back for further testing.

Not all imaging centers currently provide 3D Mammograms. Oneida Healthcare was one of the first to offer it locally at their outpatient imaging center, Gorman Imaging located at 139 Fields Drive in Oneida. Dr. Dockery recommends identifying a center that provides the 3D option. "From the position of a Radiologist, 3D Mammograms give me the best opportunity to make an accurate diagnosis. I recommend 3D to all my female family members and friends."

In February of 2017, New York health insurers became mandated to provide coverage for 3D mammograms without copays, coinsurance or deductibles. The American Cancer Society advises all women to begin annual mammogram screenings by age 45 and switch to screenings once every two years at age 55. The American College of Radiology and Society of Breast Imaging recommend women start mammogram screenings at age 40.



RYAN DOCKERY, MD,
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3 potential side effects of breast cancer treatments

Cancer is a painful, potentially life-threatening disease. Though discomfort might be the first warning sign that compels people to visit their physicians on the road to receiving a cancer diagnosis, cancer treatments can produce a host of side effects, including pain, as well.

According to the Sidney Kimmel Cancer Center, breast cancer treatments can create both long-term side effects and late side effects. Long-term side effects are those that begin during treatment and continue after all treatments have stopped, while late side effects refers to symptoms that can appear weeks, months or even years after treatments have ended.

The list of potential side effects of breast cancer treatments is lengthy, but may include the following conditions or issues.



1. Fatigue

The nonprofit organization Breastcancer.org notes that fatigue is the most common side effect of breast cancer treatments, with some estimates suggesting it affects as many as 90 percent of all patients. Some breast cancer patients may experience fatigue after treatment and find it's worsening because they are eating less and not getting enough nutrients. In such instances, the initial fatigue may make people too tired to cook, ultimately contributing to more fatigue when they are not eating or eating convenient yet potentially unhealthy foods. Cooking healthy foods in bulk when fatigue is not overwhelming and accepting others' offers to cook is a great way for cancer patients to ensure their diets are helping them combat fatigue and not making fatigue worse.

2. Lymphedema

Johns Hopkins School of Medicine notes that, following breast cancer treatment, some patients may suffer from lymphedema, a condition characterized by the accumulation of lymphatic fluid in the tissues. Lymphedema most often occurs in the arms, but can contribute to swelling in other parts of the body as well. Why some people suffer from lymphedema after treatment and others don't is a mystery, though surgeons at Johns Hopkins Breast Center have noticed a low occurrence of lymphedema in patients who have undergone sentinel node biopsies or axillary node dissection. Breast cancer patients are at risk of lymphedema for the rest of their lives after treatment, and while there's no way to prevent it, patients should avoid getting needle sticks or blood pressure tests in arms where lymph nodes were removed. In addition, any injuries or cuts in arms where lymph nodes were removed should be treated with vigilance.

3. Infertility

Many women will stop menstruating while undergoing chemotherapy or after chemo treatments, and that cessation is often temporary. These irregularities may be traced to hormonal therapies that make the ovaries stop producing eggs. However, in some instances, even premenopausal women may have trouble getting pregnant after hormonal therapy. Breastcancer.org notes that women whose periods do not return after treatment may still be fertile, but also notes that women who are close to menopause when beginning chemo may become permanently infertile. Women who have been diagnosed with breast cancer who are concerned about post-treatment infertility should speak with their physicians immediately about their prospects of getting pregnant after treatment, including fertility treatments and the potential safety risks of getting pregnant after being diagnosed with breast cancer.

Regrowing and caring for hair after chemotherapy

Chemotherapy and radiation are common treatment options for people who have been diagnosed with cancer. While radiation may be targeted at specific areas, chemotherapy is systemic. This means it affects the entire body. As a result, as chemotherapy kills fast-growing cancer cells, it also kills or slows the growth of healthy cells, including hair cells, that divide and grow quickly, explains the National Cancer Institute.

When chemotherapy treatment is completed, the body is typically capable of regenerating new hair, but that can take some time. Women who consider their hair a large part of their identity may have strong concerns and fears regarding hair loss and what their hair may look like when it begins to regrow. Understanding what to expect and what they can do to facilitate the

regrowth of hair can help women better handle what lies ahead.

New hair typically begins to grow within one to two months of the last chemo treatment. Breastcancer.org says people who have undergone chemotherapy may notice soft fuzz forming on their head roughly two to three weeks after the end of chemo. This will be followed by real hair growing at its normal rate one month afterward. Two months after the last treatment, an inch of hair can be expected. How hair grows back elsewhere on the body, such as the eyelashes, eyebrows and pubic area, varies from person to person. Experts at the Robert H. Lurie Comprehensive Cancer Center's Dermatologic Care Center at Northwestern University in Chicago recommend speaking with a doctor if hair is not regrowing quickly, which can be the result of

low levels of iron or zinc or even thyroid problems.

To help the process along, some doctors suggest the use of supplements like biotin. The National Institutes of Health says biotin is a B vitamin found in many foods that helps turn carbohydrates, fats and proteins into energy. There is some evidence that taking biotin can help thicken and speed up the growth of hair and nails, but more research is needed. Rogaine®, the baldness treatment, also may be advised, as it's been shown to speed hair regrowth in breast cancer patients who have lost their hair, advises Health magazine.

It is not uncommon for hair grown after chemotherapy to look and feel different from hair prior to treatment. Someone who once had straight hair may develop a wavy mane



afterwards. While drastic changes are not common, blonde hair may darken.

As hair grows in, certain areas on the head may grow faster than others. Working with an experienced stylist can help a person achieve a look that is evened out and stylish at any length. Rosette la Vedette, a headwear retailer and cancer resource, suggests making a first trip back to the salon a special experience with a glass of champagne. Cutting hair won't make it grow faster, but it can help a woman return to a sense of normalcy.

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What to expect before and after mastectomy surgery

Mastectomy is a treatment for women diagnosed with breast cancer or those who are genetically predisposed to cancer. The removal of one or both breasts, mastectomy surgery may involve removing just the breast tissue or, in some cases, the lymph nodes as well.

Data from the Agency for Healthcare Research and Quality says their analysis points to a 36 percent increase of both single and double mastectomies between the period of 2005 and 2013, the most recent year for data.

Women on the precipice of mastectomy surgery will naturally have many questions concerning the procedure and projected recovery. The process of recovering is different for everyone, and not all mastectomies are the same. The following is a general idea of what patients can expect before and after mastectomy surgery.

Before surgery

A mastectomy is performed under general anesthesia, advises the nonprofit group Susan G. Komen. Therefore, patients should expect

to undergo routine physical exams and may require a surgical pre-clearance from a doctor and the surgical hospital or center. Blood tests and an EKG may be ordered as well.

Prior to surgery, patients can begin making plans for childcare, meal preparation, shopping, work requirements, and more. As mastectomy is an invasive procedure, patients may experience pain and fatigue after surgery. Having various plans in play well before the surgery date can relieve some stress and help patients focus on their recoveries.

Purchase comfortable clothing that will be loose around the arms and chest. Zip-up tops or those with front buttons afford easy access. Some women also opt to get fitted for post-op garments, including a lymphedema sleeve. Lymphedema is a swelling of the area, and it is a common side effect. It is helpful to be prepared before such items are needed.

After surgery

Mastectomy surgeries typically last between two and three hours. Some



Learn about what is involved after a mastectomy surgery and how to prepare beforehand.

Patients should follow the recovery plans outlined by their doctors. Rest is most important during this time, so do not overdo exercise or other activities, although some movements to relieve shoulder stiffness may be advised.

Pain, numbness, itching, and myriad other symptoms may occur. Take pain medications only as needed and directed. Weakness is expected in the arms and shoulders. Ask for help lifting, moving or picking up items.

Emotional side effects can be just as profound as physical ones. Fear of the cancer, body image issues and a sense of loss can occur. Having a strong support team can help, as can speaking with a professional counselor.

It can take several weeks to start feeling like oneself again after mastectomy surgery. Women should not hold themselves up to anyone else's standards and be patient and hopeful because this challenging time is temporary. Learn more at Breastcancer.org.

may last longer if reconstruction is performed at the same time. Patients will be admitted to a hospital stay for a day or two and moved to a recovery room, and will need to be driven home upon discharge.

Expect to be bandaged and possibly have a surgical drain at the wound site. The nonprofit resource Breastcancer.org says the drain usually remains in place one to two weeks after surgery. Fluid will have to be emptied from the detachable drain bulb a few times per day. Sutures that are dissolvable will not require removal.

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Sisters make informed choices about their health based upon results of **hereditary cancer risk screening**

Like many sisters, Tarry Marchesane and Chris Mautner share a lot with each other, like sisterly advice, their beautiful smiles, and happy family memories. Unfortunately, one thing these sisters also share is a genetic mutation that puts them at much greater risk for developing breast and ovarian cancer.

Because they both work in healthcare, Tarry is a cardio pulmonary technician at Rome Memorial Hospital and Chris is a radiation therapist for oncology at Rome Memorial Hospital Radiation Medicine, the sisters are acutely aware of the benefits of preventative medical screenings and diligently had routine mammograms each year. In addition, they had a family history of breast cancer which was the reason their 85 year old mother continued to get routine mammograms too. In fact, it was a routine mammogram that detected cancer in their mother in February 2017, but it would be a year later when that diagnosis set in motion the opportunity for Tarry and Chris to learn their own breast cancer risk.

As Tarry said, no one ever looks forward to having a mammogram. "Every time you wonder, are they going to find something? It's stressful," she said. But this mammogram appointment was a bit different, offering Tarry the opportunity to find out more about her cancer risk.

Because the Women's Imaging Center at Rome Memorial Hospital now provides enhanced screening to all Women's Imaging patients to determine hereditary risk factors for certain cancers, Tarry received a questionnaire in the mail prior to her scheduled mammogram appointment.

"I got the questionnaire in the mail and filled it out. It asked questions about my family history of cancer, which included my mother's recent diagnosis," Tarry said.

Following her mammogram, Tarry was provided education on her hereditary cancer risk. After speaking with a genetic counselor

on the phone, she was offered the opportunity to test for her risk.

The test was easy, according to Tarry. "I just supplied a sample of my saliva and it was sent to a lab for testing for 28 genetic mutations that impact hereditary risk for eight cancers," she explained. A few weeks later, Rome Memorial Hospital Nurse Navigator Linda Lyon called Tarry to set up an appointment for a meeting with herself and Radiologist John Restivo, MD, chairman of the Medical Imaging department at the hospital. At the meeting, Tarry was told that she tested positive for a BRCA1 mutation.

Specific inherited mutations in BRCA1 and BRCA2 most notably increase the risk of breast and ovarian cancers, but they have also been associated with increased risks of several additional types of cancer. When there are mutations in these genes, cells are more likely to develop additional genetic alterations which can lead to cancer.

Although a positive result to hereditary cancer risk screening does not mean a person will actually develop cancer, for Tarry it meant that she had an 87 percent greater chance of getting breast cancer and a 63 percent greater chance of getting ovarian cancer.

The first thing Tarry did after getting her test results was call her sister and her mother and tell them the findings. Both women then arranged to have the test done too and both received the same results as Tarry. The three women then notified their extended family members so that they were aware of the risk and could choose whether or not to be tested.

"Knowledge is power," Chris said about the benefits of having genetic testing. "Knowing puts you in control of your cancer risk and could possibly save your life."

After giving Tarry her results, Lyon and Dr. Restivo talked to her about her options. Because of the BRCA1 findings, the next course of action was for Tarry to have an MRI of her



SISTERLY LOVE - Tarry Marchesane (left) and her sister, Chris Mautner

breasts. Although the MRI imaging did indicate a suspicious area, a follow-up ultrasound determined that it did not appear to be cancerous.

One option Tarry had was to have follow-up imaging done in another six months to see if there were changes in that area, but Tarry said she did not want to have the anxiety of waiting to see what happened. Tarry decided that the best option for her was to have her breasts removed surgically. She also had her ovaries removed.

"Not everyone gets this opportunity to prevent getting cancer," Tarry said. "Although not everyone would have chosen this, it was what I felt was best for me."

Chris agreed with Tarry and she also opted to have a double mastectomy. Both sisters are also undergoing reconstructive surgery with breast implants.

"I work with cancer patients every day and know first-hand what these patients go through. I have feelings of guilt because having this testing gave me the opportunity to prevent getting cancer. Obviously not everyone gets that opportunity," Chris said. "Knowing your family's medical history is vital," she continued. "I want people to know how important it is to know your family medical history and to share your own medical information with the rest of your family."

Although the sisters have been

there for each other through months of surgeries and recovery, they both stress the importance of support when facing this type of life altering situation. Both credit their husbands for helping them get through the tough days, and Chris explained that there are even on-line support groups of people who have had to make the choice of what to do after learning their hereditary cancer risk. "It has been a very emotional time," Tarry explained, "because you realize that this not only affects you but that you potentially could have passed this genetic mutation on to your children."

"People are always telling us that we are brave and courageous, but we are just doing what we had to do, what was right for us," Chris said. "The one thing I would tell people is that it is so important to follow early detection guidelines. Get screened, get check-ups and be your own health advocate."

"We are so lucky to have hereditary cancer risk screening available at Rome Memorial Hospital," Tarry said. "Because I was able to get tested, Chris and I have been able to reduce our chances of developing breast cancer from 87 percent to one percent. I have no regrets about having the testing and the course of action that I chose and Chris doesn't either. It may not be for everyone, but I would do it all again because of the peace of mind that I feel now."



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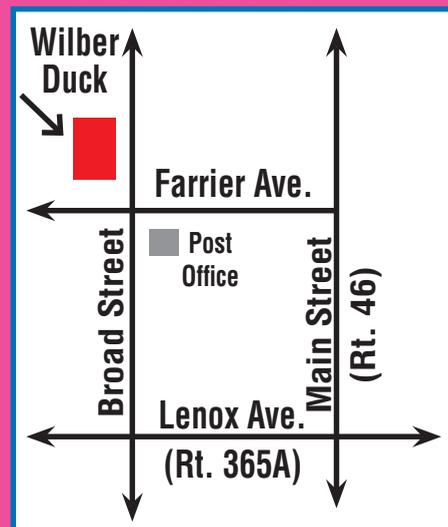
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