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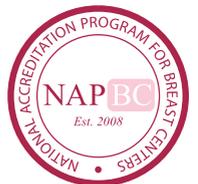
THE NEWS-HERALD

SUNDAY, OCTOBER, 13, 2019



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As the **only** accredited breast center in Lake County, Lake Health has a long history of helping patients not only **survive** breast cancer, but **thrive**.



LAKE HEALTH OPENS CANCER PREVENTION CENTER

Facility offers range of services for prevention and risk assessment including predictive genetic testing

The Lake Health Cancer Prevention Center at the Perrico Health Campus will focus on genetic testing to determine if a patient is at high risk for the development of breast and other forms of cancers. The new testing program and facility will make it easier and more convenient for patients to identify and manage their cancer risk.

The Cancer Prevention Center provides patients access to the most advanced services for the prevention of cancer, including genetic testing to help identify inherited gene mutations that may increase risk for developing breast cancer, colon and prostate cancer, melanoma, pancreatic cancer, ovarian cancer and other diseases.

“I’ve spent my career trying to detect cancers in an early stage. This is the first time I’ve felt positive about more effectively preventing cancer completely, especially in some patients at higher than average risk. New advances in genetic testing enable us to delve deeper into cancer risk – in fact, we can now screen for a total of 34 genetic markers that show if a patient is predisposed to developing certain cancers in their lifetime,” said gynecologist Liese Vito, MD, medical director of the Lake Health Cancer Prevention Center.

Most cancers are related to lifestyle choices like smoking, not exercising and eating unhealthy foods, Dr. Vito said, but genetic testing can be a powerful tool to identify cancer risk, especially for individuals with a family history of cancer. And although genetic testing cannot predict whether an individual will actually develop



cancer, understanding one’s risk can allow for prevention focused medical and lifestyle interventions.

“Detailed genetic information helps us make individualized recommendations to reduce a patient’s risk of developing cancer and create a personalized screening plan to detect cancer early when it’s most treatable. Surgeries or medications may be appropriate in some cases to further reduce a patient’s risk so they won’t have to face cancer in the future,” Dr. Vito said.

In patients with a BRCA1 or BRCA2 gene mutation, for example, their lifetime risk for developing breast cancer can reach 50-70 percent compared to a 12 percent risk for the general population. Women who develop breast cancer with one of these mutations also tend to have more aggressive disease and develop cancer at a

younger age. For this high-risk group, Dr. Vito said frequent multimodality screening using MRI and ultrasound has been shown to detect cancer at an early, potentially curable stage—2-3 years sooner than with traditional mammography.

Lake Health offers cancer risk assessments to patients at routine mammography and gynecological visits with an anticipated roll out to all primary care offices by the end of the year. The comprehensive self-assessment, which is completed on an iPad, calculates risk in minutes based on family history and factors specific to the individual, such as age of first pregnancy. For patients identified as high risk, genetic testing will be offered and a blood or saliva sample collected at that same visit. A pre-test education video helps patients navigate the basics of hereditary cancer and

Lake Health offers cancer risk assessments to patients at routine mammography and gynecological visits with an anticipated roll out to all primary care offices by the end of the year.

genetic testing before deciding to proceed.

Results are typically available within 2-3 weeks. A physician will provide the results in person and discuss implications for future care. No-cost genetic counseling also will be made available to patients who test positive for a cancer gene mutation.

Lake Health has partnered with Ambry Genetics to provide genetic testing to eligible patients. Due to Ambry’s extensive contracts with insurance companies, testing is affordable and accessible for the majority of patients. Four out of five patients pay \$0 and for those who do pay, they pay on average less than \$100.

“The American Cancer Society estimates that in 2019 there will be 1.7 million new cancer cases diagnosed in the United States. Beyond the physical and emotional toll, the high costs of cancer care are a burden to patients and their families. Genetic testing gives us the opportunity to more effectively prevent cancer and save lives,” Dr. Vito said.

For more information about hereditary cancer risk, call 440-918-4630.

Potential treatment options after a breast cancer diagnosis

(Metro Creative) 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:** Chemother-

SEE PAGE 10



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A JOINT VENTURE OF LAKE HEALTH AND UNIVERSITY HOSPITALS

Debunking common myths associated with breast cancer

(Metro Creative) Cancer claims the lives of millions of people across the globe every year. But the fight against cancer is anything but hopeless, as the World Health Organization notes that between 30 and 50 percent of all cancer cases are preventable.

Learning about cancer is one of the best ways for people to protect themselves from this deadly disease. Researchers continue to learn more about cancer everyday and routinely discover that information once thought to be accurate was actually off-base.

Despite researchers' best efforts, some myths about cancer still prevail. Some of these myths are about cancer in general, while others refer to specific cancers, including breast cancer. Myths about breast

cancer can be as harmful as accurate information is helpful, so learning the truth and debunking those myths can be an important part of women's preventive approach to breast cancer.

- **Myth:** Drinking milk increases your risk for breast cancer. The American Cancer Society notes that early studies raised concerns that drinking milk from cows treated with hormones could increase a person's risk for breast cancer. However, ensuing research failed to find a clear link between the two. In fact, a 2002 study published in the International Journal of Epidemiology found no significant association between dairy fluid intake and breast cancer risk.

- **Myth:** Lumps indicate breast cancer. The National Breast Cancer



Foundation, Inc.® says that only a small percentage of breast lumps turn out to be cancer. However, abnormalities or changes in breast tissue should always be brought to the attention of a physician.

- **Myth:** Mammograms cause breast cancer to spread. This myth is rooted in the incorrect notion that breast compression while getting a mammogram causes the cancer to spread. However, the NBCF insists that cannot happen. In fact, the National Cancer Institute touts the benefits of mammograms while the ACS recommends women between the ages of 45 and 54 get mammograms every year. For additional breast cancer screening guidelines, visit the ACS at www.cancer.org.

- **Myth:** Women with a family history of breast cancer are likely

to develop breast cancer, too. This myth is dangerous because, if taken at face value, it can give women with no family history of breast cancer a false sense of security. However, the NBCF notes that only about 10 percent of individuals diagnosed with breast cancer have a family history of the disease. The Centers for Disease Control and Prevention note that a woman's risk for breast cancer is higher if she has a first-degree relative, including a mother, sister, daughter, or even a male family member, who have had the disease. But breast cancer can affect anyone, regardless of their family history.

Information is a valuable asset in the fight against breast cancer. Learning to decipher between accurate and false information can be especially valuable.

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Did you know?

Though women may notice various signs and symptoms that could be indicative of breast cancer, breast pain is generally not one of them. The National Breast Cancer Foundation, Inc.® notes that there are various harmless causes of breast pain, such as puberty, menstruation and child birth, but that breast pain is not commonly a symptom of cancer. However, in rare instances breast pain may correlate with cancer. For example, breast tumors may cause pain, but cancerous tumors are not generally reported as painful. Though it may not be linked to breast cancer, breast pain should still be reported to a physician immediately, advises the NBCF.

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From the Doctor's Perspective...



My philosophy of patient care is simply to provide them the very best care. Being a double board-certified surgeon, in plastic and general surgery, uniquely allows me to do this. I am constantly researching new procedures and technology. I have a team

approach so my patients can fully benefit from the skills and care of my dedicated hospital and office staffs. Together, we integrate elements of personalized care with technological ability and modern techniques.

Georgi lives in Osceola, Wisconsin. She had a tender spot she was suspicious about, so she had a mammogram, then an ultrasound, then a biopsy. Two days later, she got a phone call from the radiologist who told her she had cancer and expressed her condolences.

Georgi's a sweet person and she contacted me for some advice on breast reconstruction. It's very emotional to get a diagnosis

of breast cancer. We discussed how we could manage not only her cancer, but how to reconstruct her in a way that really makes her happy. She is highly active, with two daughters, a career, and a serious hobby of riding cutting horses and reined cow horses, which are performance type horses. It's very intense and requires a lot of core muscle and upper body muscle. She was perfect candidate for a new procedure that I am uniquely qualified to perform, nipple-sparing, prepectoral single-stage breast reconstruction.

This procedure is exciting for me as a surgeon for many reasons, but especially because my patients don't need to undergo the painful expansion for six months. Pain is a big concern, and many patients choose only the mastectomy without having reconstruction. Prepectoral means I place the implant and Alloderm above the muscle, and that eliminates the animation defect, by reinforcing the soft tissues of the mastectomy flaps. By putting the gel direct implant in a single stage, my patients are back to normalcy with their incisions healed in only a few weeks.

Patients like Georgi can have a single operation for the oncology portion of their breast cancer treatment, and at the same time undergo an immediate breast reconstruction using the Aloderm material that gets incorporated into their body, get revascularized as their own tissue, and it

reinforces their implant reconstruction for a longer lasting and more beautiful result. After the lymph nodes closest to the tumor are removed, they are tested for cancer, which determines whether patients need radiation or chemotherapy. In many cases, they do not.

Georgi is an amazing woman, willing to travel 800 miles to trust me to perform her surgery, which we believe was the first in Northeast Ohio to be performed completely by a single doctor. She is very tight with her daughters, who were very emotional about their mom's condition and treatment. To lighten the situation for them, she named her tumor "Earl" so they could all look forward to singing the Dixie Chicks song, "Goodbye Earl." I am so happy and proud that they sang it... I think we heard them in Ohio.



From a Patient's Perspective...

Dear girlfriend who just found out you have breast cancer,

Yes, I know, I don't know you and you don't know me, but we are now and forever linked by a shared experience, breast cancer. Your story and my story are probably very different, no two are the same. But no matter how different our journeys, I feel connected to you and that connection makes me want to reach out.

If I could, I would ask you to meet me for a walk in the park or a cup of coffee so we could share our stories in person. But this will have to do. I am going to tell you my story. My hope is that you find this story when you are up in the middle of the night or early morning in the deep dives of a Google search. My wish is that by reading my story you begin to feel like you are not alone. Because that is what I did, I read stories and called girlfriends walking this path and it gave me comfort.

My story begins with a mom who had breast cancer when I was in college. So when I turned 32 I had my first mammogram. I have had so many mammograms, ultrasounds and MRIs, that just those records alone have their own folder at my surgeon's office. 18 years after my first mammogram, my story took a turn with the diagnosis of precancerous conditions that increase the chances of cancer. After 4 needle biopsies and 2 surgical biopsies over the next 2 years, in February 2017, I was diagnosed with PLCIS, which is breast cancer. PLCIS is not common, so there is not a typical treatment. But all doctors agreed that for me a bilateral mastectomy was the best treatment.

My next logical response was to learn everything I could about mastectomies. There is a lot out there! An overwhelming, where do I begin? This is where my story took an interesting turn. Just a few days before my biopsy, there was an article in our local paper about a new procedure for mastectomy and reconstruction that was being performed by a friend of ours from church, Dr. Paul Vanek. The article told the success story of Georgi Anderson who had recently had the surgery. My mom loves to share interesting articles with our family, so she sent it to me. I got it in the mail and gave it a quick look, thinking "that's nice, but I won't need that." I was sure this biopsy, like the 5 before it, would not lead to anything. As you now know, I was wrong.

So as I sat hunched over the computer researching mastectomies, my head swirling from everything I had read, I suddenly remembered the article, and reread it. Oh how a few days can change your perspective on the importance of a story. I read it again and again. Pre-pec skin sparing mastectomy... what? This procedure had not shown up in my searches. So now I was really lost. I mean, seriously, it is enough to have to wrap your head around the whole, "I have cancer," now I had more choices to make.

The next part of the story might seem like it is made up. And when it happened, I actually turned to my husband and said to him, "You have got to be kidding!" My head full, way too full of information, I left for church. I sat down and not 2 minutes later, Paul Vanek, the doctor in the article, sat down right in front of me! Crazy, right? I have witnesses, if you don't believe me.

You know what is better than Google to help you make a decision? A caring, accomplished surgeon who can answer your mind-boggling questions. And the next best thing? A girlfriend who has been through it. Within a short time, I was able to talk with Georgi, the woman featured in the newspaper article. Georgi shared her story with me, answered my questions, calmed my fears, and let me know I was not alone.

Two months later, I had a bilateral pre-pec skin sparing mastectomy with reconstruction.

As a teacher, I value and hold people to a high standard of knowledge, skill and heart. I want students to leave me with knowledge and skill, but most important I want them to use these to make the world better. Because I knew Dr. Vanek for over 20 years, I know through personal experience and many friends that he is exceptional at his craft. But what has always impressed me most is his commitment to caring for his patients. And this extends to his entire staff.

When I went to my first pre-op appointment, I was shaking, literally. The whole experience

was finally real. I wasn't just sitting at my laptop Googling; I was making a decision about something that was going to happen to me. From the moment I was greeted at the desk, I started to feel the commitment to caring at Dr. Vanek's office. Kind words, an offer to get me a glass of water, an encouraging hug, reassurance that I was in good hands and would be well cared for. Each and every person I came into contact with that day demonstrated that this was a place committed to caring for patients first. And Dr. Vanek demonstrated this the most. At this moment in my life, what I needed more than anything was to hear and feel that it was going to be OK. That I was not alone in this journey and that I was in good hands. And even before I heard all the specifics of the surgery and reconstruction, I was at peace.

You can find details of what exactly a bilateral pre-pec skin sparing mastectomy with reconstruction is, but I want to tell you what it meant to me and why I chose it. This type of surgery meant that I would still "look like me" although a LOT perkier! Birthmarks, freckles and scars from my first 2 surgeries would still be there. I know this sounds funny, but especially my February surgery scar was important to me. As my youngest daughter told me, "that scar is your sign of hope." It meant cancer had been found and was being treated. Having skin sparing surgery meant that these parts of me, these signs of hope, remained.

This type of surgery meant I would go under anesthesia with breasts and I would wake up with them. I know this is not part of everyone's story. I am very close to women who could not have this experience. I was very grateful for this being a part of my story.

This type of surgery meant that I was off prescription pain medicine within 4 days of surgery and off of over the counter pain meds after 3 weeks. Because this surgery placed the implant over my muscle and did not require expanders, my pain and thus the need for pain medicine was greatly reduced.

This type of surgery meant I would not lose muscle strength or mobility. A few years back I lost a considerable amount of weight through changing what I eat and exercise. Being able to run, lift weights, and do yoga are important to how I live every day, to be the best version of me.

This surgery meant I could get back to life sooner. For me that meant I could be there for my daughter when she had her wisdom teeth out, just 3 weeks after my surgery. Always the planner, I purposefully, scheduled my surgery with 6 weeks left in the school year so my absence was the least disruptive to my students.

During the 6 weeks of recovery, I did need to rest and lay low. I learned that healing takes time and energy. I learned that this part of the journey is very individual. Everyone heals in their own way.

What does my future hold? I am now cancer free and do not need further treatment. I am so grateful. I find comfort in knowing that Dr. Vanek will continue to be a part of my future, so he can carefully watch over my continued healing and make any necessary adjustments. And Dr. Vanek will see me yearly for the rest of my life. Although I love to be in charge, I want to know that there is an expert keeping an eye on things for me.

So dear girlfriend, that is my story for now. I hope reading it helped to answer some of your questions and brought you some comfort during this challenging time in your life. I have learned many life lessons through this experience, but the most important lesson is that there are many, many kind and loving people in this world and their love will carry you through this. I am sending some of that love, to you, right now.

Your friend,
Mary

(This letter has been edited due to space. You can read the entire original letter at MentorPlasticSurgery.com)



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Best of Health

Bra fitting after mastectomy or reconstruction

Bra manufacturers insist that millions of women wear the wrong size bras. According to an international survey of 10,000 women from Swiss lingerie company Triumph, 64 percent of women are



wearing the wrong size bra. Other studies suggest that figure is closer to 80 percent.

While it can be challenging for women with healthy breasts to get the right fit, a well-fitting bra is essential, especially for those who have undergone mastectomy or reconstruction after breast cancer.

Post-mastectomy and lumpectomy procedures vary. Some women opt for a prosthesis, which is essentially a breast form (silicone, foam or fiber-fill) that is placed inside of a bra or attached to the chest wall. Other women choose to undergo surgical reconstruction that will involve the insertion of an implant.

Depending on the procedure they undergo, women may need to purchase special bras called "mastectomy bras." John Hopkins Medicine advises that mastectomy boutiques and specialty shops

carry a variety of prosthetics and garments. Such shops also may employ certified fitters who are skilled at fitting women who have undergone treatment for breast cancer.

Women should know that their bodies may change after undergoing a mastectomy. It may be necessary to get sized after surgery and frequently thereafter to accommodate for weight loss/gain and other changes as one ages. The Pink Bra, a mastectomy bra specialty retailer, advises every woman should have her bra and breast form fitting checked at least once per year to allow for changes in weight or body shape that may occur as a result of post-surgery treatment.

Certain bra styles may feel and look better to women than others, depending on the type of surgery and reconstruction they had. For example, a camisole bra may help cover

surgical scars while a conventional strap bra might be suitable when no tissue has been removed under the clavicle. It may take some trial and error to find a brand, style and size that is most comfortable.

A surgeon will recommend the appropriate time to start wearing a prosthesis or undergo further reconstruction. He or she also can advise when substantial healing has occurred so that bra fittings will be most accurate. A physician may write a prescription for any prosthetic device or mastectomy bra so patients' insurance companies will cover them. John Hopkins says that, in the United States, most insurance companies will cover up to four mastectomy bras per year.

When properly sized and fitted for a woman's needs, post-mastectomy bras will look natural and feel comfortable.



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Learn to make mammograms more comfortable

(Metro Creative) Mammograms remain one of the best methods to detecting breast cancers, giving women the opportunity to start treatment early if cancer is detected. In countries with early access to quality screening and treatment, breast cancer survival rates are now greater than 80 percent.

The organization Mammography Saves Lives says that, since 1990, mammography has helped reduce breast cancer mortality in the United States by 40 percent. Mammograms usually take around 20 minutes. During a traditional mammogram, a woman's breast is placed between two plates. One plate holds the breast in place, while the other takes images, and the breasts must be compressed to get clear pictures of breast tissue. Some women find the process to be uncomfortable.

Women should not put off mammograms because they are worried about discomfort. There are many ways to avoid pain during mammograms that can make the entire experience more comfortable.

Even though mammograms can be essential parts of preventive healthcare, many women avoid them because of pain and other discomfort. However, women should not put off mammograms because they are worried about discomfort. There are many ways to avoid pain during mammograms that can make the entire experience more comfortable.

- Schedule the mammogram for a week after a menstrual period

when hormonal swings are less likely to increase breast sensitivity.

- Caffeine can make the breasts more tender. Reducing caffeine consumption for two weeks before the mammogram can help.
 - Keep your feet and trunk facing forward and simply turn your head at the mammogram machine.
 - Reduce tension by breathing deeply a few times before the procedure.
 - Try a pain reliever before the mammogram.
 - Ask the mammography center if it has padding, as cushioning between the breasts and the plates of the mammogram machine can reduce pain.
- By taking these steps, women may be more comfortable during mammograms, which can play a vital role in the detection and ultimate treatment of breast cancer.

Regrow healthy hair after chemo

(Metro Creative) Chemotherapy is designed to attack rapidly dividing cells. Unfortunately, hair follicles are some of the fastest-growing cells in the body. That's why, within a few weeks of beginning chemotherapy treatment for breast cancer, many women report losing some or all of their hair.

BreastCancer.org says that some chemotherapy treatments will only cause hair loss on the head. Others can also cause the loss of hair elsewhere on the body. No treatment can guarantee that hair will not fall out during or after chemotherapy.

However, planning ahead for changes in appearance, and taking the steps to help strengthen

SEE PAGE 11

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MaryAnn's
FAMILY HEARING



Don't be like me. I didn't find the time for those unpleasant yearly mammograms. erroneously, I thought breast cancer was not something I needed to be concerned with since no one in my family had it. I once went 7 years between mammograms.

It just so happened that when I did go year 7, a small but aggressive type of cancer was discovered. Had I put the test off just one more year, year 8 would have found spread of the aggressive cancer. Had I gone for my mammogram at year 6, the results would have been negative, so I would have most likely put it off for several more years, and the cancer would have been allowed to run rampant all those years.

When I was told I had cancer, I felt oddly blessed. Blessed because I chose the right year to go, or that God chose the right year to motivate me to go. Blessed because I knew the people in both my personal and work life were awesome and would see me through.

So don't be like me. Don't wait until you feel like going for a mammogram. Make the time to go. Your health is of paramount importance! *MaryAnn Bencin*

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The relationship between exercise and cancer

(Metro Creative) Exercise benefits the body in myriad ways. Studies have shown that routine exercise can help people effectively maintain healthy weights, sleep better at night and have more energy throughout the day. But exercise also may play a role in preventing one of the world's most deadly diseases.

The World Health Organization notes that cancer is annually

responsible for about one in six deaths across the globe, making it the second leading cause of death in the world. Many of those deaths can be prevented by employing some simple yet effective strategies, such as avoiding tobacco products and applying sunscreen before going out in the sun. And while researchers aren't exactly sure why, the National Cancer Institute notes that substantial evidence suggests



high levels of physical activity are linked to lower risks of several cancers.

The relationship between exercise and cancer risk is complicated. The NCI notes that nearly all of the evidence that links physical activity to cancer risk comes from observational studies. In such studies, individuals report on their physical activity and are then followed for years to see if and when they are diagnosed with cancer. While such studies are no doubt valuable, they cannot definitively establish that

physical inactivity causes cancer or that physical activity prevents cancer. All they can do is establish a link between physical activity and lower cancer risk.

As mysterious as the relationship between exercise and cancer can seem, researchers can theorize about the connection between the two. For example, the Dana-Farber Cancer Institute notes that scientists have recently begun probing the connections between exercise, the immune system and cancer

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TREATMENT OPTIONS FROM PAGE 3

apy 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.

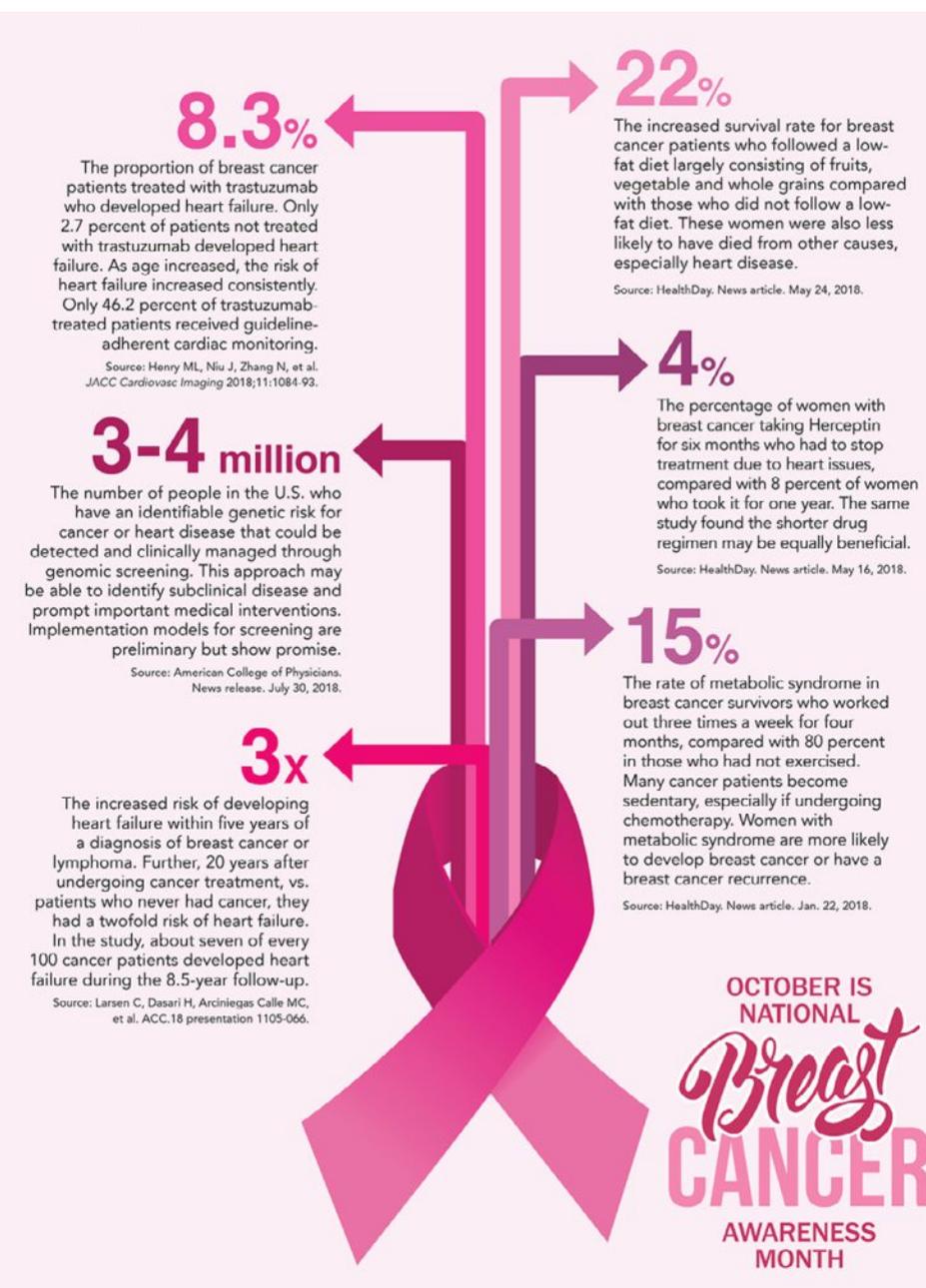
- **Radiation therapy:** Radiation therapy aims to kill cancer cells using high-energy rays that are similar to X-rays. Sometimes referred to as "radiotherapy," radiation therapy is overseen by a radiation oncologist who specializes in this type of treatment.

- **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.

Breast cancer treatments can be highly effective in the fight against breast cancer, particularly when the disease is caught in its early stages.



HEALTHY HAIR FROM PAGE 9

hair when it begins to grow in again — typically several weeks after treatment — can make a difference.

It's important to note that hair almost always grows back after chemotherapy. However, women must be mindful that there may be some distinct changes when hair grows back. Hair can regrow with a different texture. Hair may be curly when it was once straight. Hair may now be thick instead of thin. Hair color may change as well. Other people experience little to no changes.

How quickly hair grows back depends on individual health. It can take up to three months before women get a full a head of hair. As the body recovers from chemotherapy and more effectively processes vitamins and other nutrients, those nutrients will be delivered to hair

follicles.

To promote healthier hair growth, individuals may want to try changing their diets to include ingredients that can be beneficial to hair growth and health. The following are some foods to try.

- **Salmon:** Salmon and other fatty fish contain omega-3 acids that can fuel shiny, full hair. The body does not make omega-3s, so they must be acquired through food.

- **Greek yogurt:** Greek yogurt contains an ingredient known as pantothenic acid, or vitamin B5. This can help improve blood flow to the scalp and also may assist against hair thinning and loss.

- **Iron:** Iron contained in organ meats, fortified cereals, whole grains, and legumes can protect against hair loss.

- **Eggs:** Rich in biotin, eggs can help hair grow. Biotin also helps



strengthen brittle fingernails.

- **Avocados:** Avocado contains healthy oils that can fight dry hair and promote shine.

Hair loss is a temporary side effect of cancer treatment. With time, patience and a healthy diet, hair can return.

EXERCISE AND CANCER FROM PAGE 10

risk. Such research is rooted in the notion that exercise can reduce inflammation, an acute or chronic response by the immune system that can contribute to cancer risk.

The NCI also notes that the many biological effects of exercise on the body might shed light on the potential link between routine physical activity and a lower cancer risk. For example, the NCI says exercise lowers levels of certain hormones, such as insulin and estrogen, that have been linked to cancer development and progression. Exercise also has been linked to improved immune system function, and a stronger immune system is more capable of fighting various conditions and diseases, including cancer.

The relationship between routine exercise and cancer remains a mystery in many ways. But the potential for exercise to lower cancer risk is yet another reason for people of all ages to embrace physically active lifestyles



October is... **Breast Cancer Awareness Month**
www.NationalDayCalendar.com



Early detection is key to beating breast cancer. Did you schedule your mammogram yet?

According to the American College of Radiology and the National Comprehensive Cancer Network, annual mammograms are recommended starting at age 40 and continuing for as long as a woman is healthy. In fact, early detection increases your chance for successful treatment and cure from 50 percent to more than 90 percent.

No matter how busy you are, it's important to take time to have a mammogram.

Lake Health offers digital mammography at **five** convenient locations throughout Lake County and recently added 3D mammography.

TriPoint Medical Center*

7590 Auburn Road
Concord Township, OH 44077

West Medical Center*

36000 Euclid Avenue
Willoughby, OH 44094

Madison Campus

6270 North Ridge Road
Madison, OH 44057

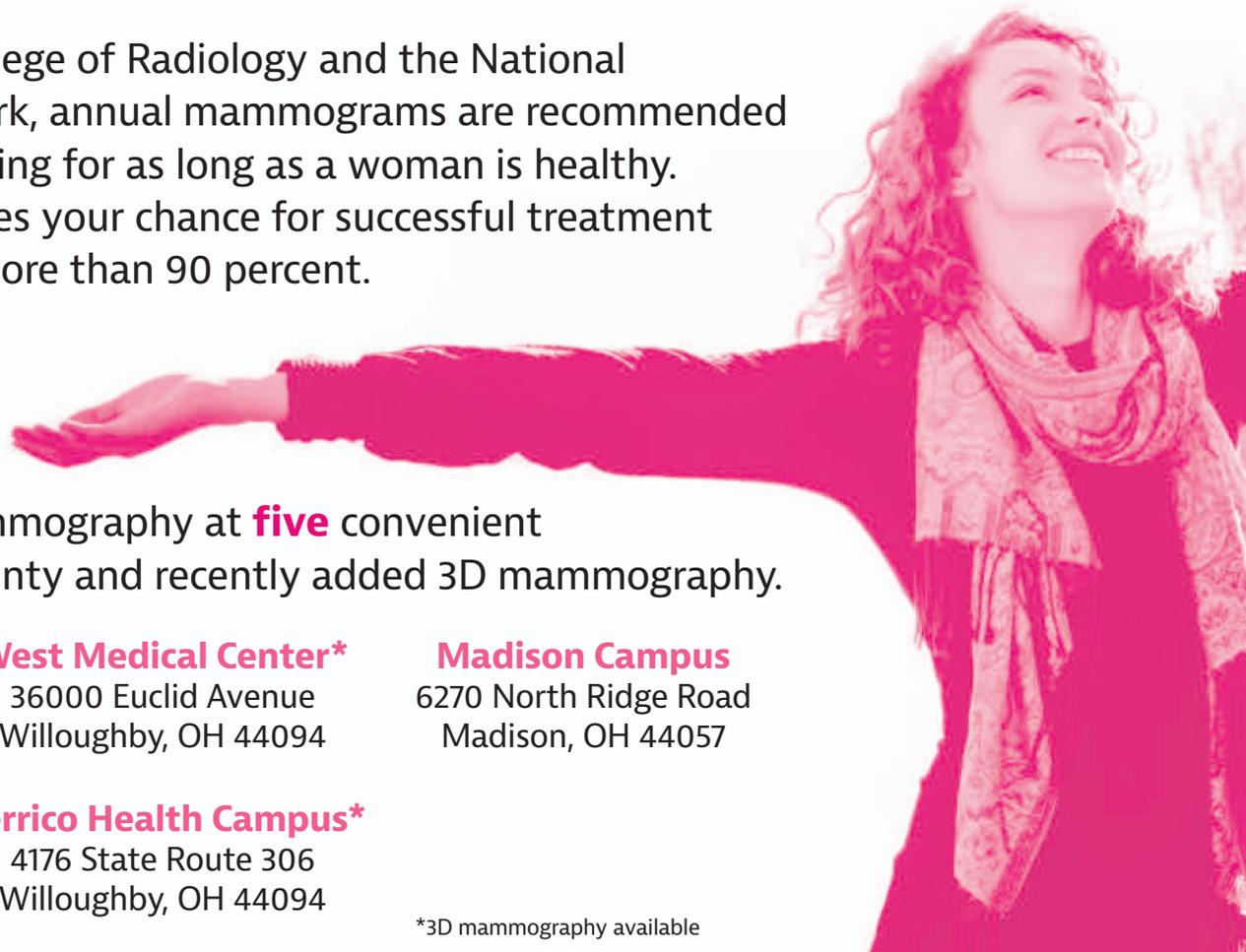
Mentor Campus*

9485 Mentor Avenue
Mentor, OH 44060

Perrico Health Campus*

4176 State Route 306
Willoughby, OH 44094

*3D mammography available



**Schedule your mammogram today! Call Centralized Scheduling at 866-652-5253.
A physician's order is required.**

