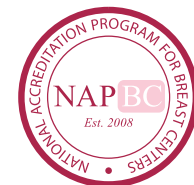


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# COVID-19 and breast cancer guidelines

The novel coronavirus COVID-19 first appeared in late 2019 and has changed life for the foreseeable future. While many people are quick to focus on the ways COVID-19 has impacted their abilities to shop, visit with friends and relatives or travel, the virus has made life especially difficult for people with preexisting health conditions.

Medical News Today reports that the symptoms of COVID-19 may be more severe for breast cancer patients. Furthermore, the Centers for Disease Control and Prevention notes that undergoing cancer treatment can weaken the immune system, further increasing a person's vulnerability to infection. Specifically, targeted therapies, chemotherapy and radiation can weaken the immune system and compromise its ability to fight off the coronavirus. Furthermore, these treatments also may cause lung problems that can exacerbate COVID-19 symptoms, particularly among breast cancer patients whose cancer has metastasized to the lungs.

In April 2020, new guidelines for the prioritization and treatment of breast cancer patients during the COVID-19 pandemic were released, compiled by a group of U.S. medical organizations, including the National Accreditation Program for Breast Centers, the American College of Radiology and the Comprehensive Cancer Network. At hospitals where resources and staff have become limited due to COVID-19 treatment efforts, doctors have had to define which breast cancer patients need urgent care and which can have delayed or alternative treatments.

These measures can help balance maintaining positive survival outcomes as well as reducing risk of exposure to the virus, according to the American Society of Breast Surgeons.

Breast cancer patients have been broken down into priority levels of A, B and C for urgency of care.

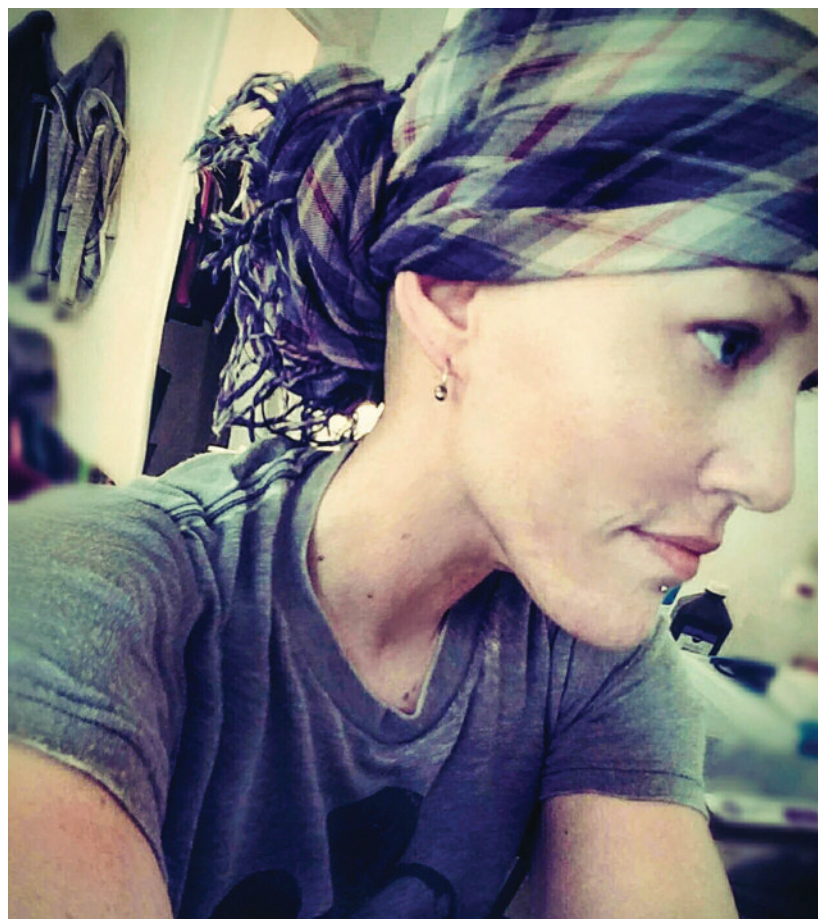
- **Priority A:** A patient has conditions that are immediately life-threatening or require urgent treatment.

- **Priority B:** A patient has conditions that don't require immediate treatment, but he or she should begin treatment before the end of the pandemic.

- **Priority C:** A patient has conditions for which treatment can be safely put on hold.

Breast cancer patients are further urged to take extra caution in their daily activities to help reduce the risk of contracting COVID-19. That means always wearing a mask or another face covering when interacting with other people. This advice may be applicable even if a six-foot distance can be maintained. Wash hands frequently, especially when coming in from public places. If possible, ask a friend or family member to do your shopping or run errands for you to limit exposure to other people and crowds.

Breast cancer patients may have to discuss the possibility of altering or delaying treatment for breast cancer with their oncologists because of increased risk factors presented by COVID-19. Together, patients and doctors can work to keep breast cancer patients as healthy as possible.



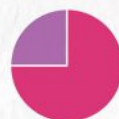
## BREAST CANCER

#WhatYouNeedToKnow

2,800,000

American women have survived breast cancer.

Breast cancer affects women of ALL races.



75 PERCENT of those with breast cancer have NO FAMILY HISTORY of the disease.

1 in 8



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**While many people are quick to focus on the ways COVID-19 has impacted their abilities to shop, visit with friends and relatives or travel, the virus has made life especially difficult for people with preexisting health conditions.**

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# The risk factors for breast cancer



No two women are the same. But when it comes to breast cancer, women from all walks of life share various risk factors for a disease that the World Health Organization indicates is the most frequent cancer among women.

Risk factors are anything that affects the likelihood that individuals will get a certain disease. In regard to breast cancer, the American Breast Cancer Foundation notes that various factors, some that result from lifestyle choices and

others that are not changeable, can increase a woman's risk of developing breast cancer. Recognizing these risk factors can help women make any necessary changes and even highlight the importance of routine cancer screenings that can detect the presence of the disease in its earliest, most treatable stages.

### Lifestyle-related risk factors

The ABCF notes that certain habits or behaviors can increase a woman's risk for breast cancer. But the good news is that women who understand the link between certain habits or behaviors and breast cancer can avoid those behaviors to decrease their risk of developing the disease.



According to Breastcancer.org, the following are some habits, behaviors or lifestyle choices

that can increase a woman's risk for breast cancer.

- **Alcohol consumption:** Breastcancer.org notes that researchers have uncovered links between the consumption of alcoholic beverages and hormone-receptor-positive breast cancer. One study found that women who consume three alcoholic beverages per week have a 15 percent higher risk of developing breast cancer than women who don't drink at all. And while research into the connection is limited, a 2009 study found a link between alcohol consumption and breast cancer recurrence.

- **Sedentary lifestyle:** Exercise consumes and controls blood sugar and limits blood levels of insulin growth factor. That's an important connection, as insulin growth factor can affect how breast cells grow and behave. A sedentary lifestyle also can increase a woman's risk of being obese, which the ABCF notes is a

**SEE PAGE 10**

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# The vital role of a cancer support network

The moment a person is diagnosed with cancer can elicit a variety of emotions. Fear of what's to come is a common reaction to such a diagnosis, and some people may feel alone upon learning they have cancer. But no cancer patient should face their diagnosis and treatment alone. In fact, a strong support network can be vital to patients' recoveries.

According to Weill Cornell Medicine, recent changes in the health-care industry have shifted the burden of care from the hospital to the home. That underscores the importance of a strong support network. Many of the challenges cancer patients face in the months after diagnosis will be new, and patients can expect a range of emotions.

According to Breast Cancer Now, a charitable organization that funds one-third of breast cancer research in the United Kingdom, women may experience emotions such as shock, anger, disbelief, anxiety, and sadness after being diagnosed with breast cancer. Having loved ones there to help them make sense of those emotions and stay positive as they navigate their way through the treatment process is essential.

In addition to providing emotional support, loved ones of breast cancer patients may need to take on additional roles as they help their friends or family members face the challenges that lay ahead. Because of the industry changes noted by Weill Cornell Medicine, cancer caregivers and support networks may need to prepare themselves to take on the following roles, each of which is vital to cancer patients'



survival.

- **Monitor the disease:** Support networks may need to keep track of how their loved ones' disease is progressing and if there are any complications from treatment.

- **Manage symptoms:** Breastcancer.org notes that treatment causes severe side effects in many women. Such side effects may include nausea/vomiting, diarrhea, constipation, pain, arm swelling, shortness of breath, and skin irritation. Thankfully, most of these side effects can be treated. In addition, Breastcancer.org notes that most side effects ease up after treatment is completed. In the meantime, support networks may need to help patients manage those symptoms, performing a host of tasks to make their loved ones' lives easier. For example, patients experiencing shortness of breath may be incapable of performing chores around the house. In such instances, members of a support network can tackle those chores until their loved one bounces back.

- **Administer medication:** Breast cancer patients may be too overwhelmed to handle their own medications, so support networks can take over this important responsibility for them.

- **Assist with personal care:** Some patients may experience fatigue after treatment. In such instances, support networks can help patients

maintain their personal hygiene.

Support networks can be vital to helping cancer patients overcome their disease and navigate their way through successful treatment regimens.



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# An Amazing Break-Through Procedure for Breast Cancer Patients

## 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, nipplesparing, 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.



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## 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)



# Shop Smart this October to Benefit Breast Cancer Patients

(StatePoint) It is not always easy to tell how your charitable dollars are going to be used, especially during National Breast Cancer Awareness Month.

Honored every October, this is a time of year when many companies use pink logos on product packaging to symbolize support for breast cancer-related charities. Unfortunately, these symbols are not always backed by a promise that proceeds will directly support research or those living with breast cancer.

In the case of Susan G. Komen and its Live Pink program, the organization works closely with all its partners to ensure program details are transparent to consumers. And this year, 18 companies are donating a percentage of the proceeds from the sale of select products to Komen. As many consumers are doing much of their shopping online these days, Komen has created a site that makes it easy and safe to shop for a cause. Visit [livepink.org](http://livepink.org) to shop and learn more.

“It just takes a moment to get involved and make a difference in the fight against breast cancer,” says Sarah Rosales, vice president of Corporate Partnerships, Susan G. Komen. “We’re honored to have so many partners giving consumers an opportunity to support breast cancer patients and fund lifesaving research.”

Want to ensure you are making the biggest impact possible? Before making any purchase you assume benefits the fight against breast cancer, Susan G. Komen recommends asking the following questions:

1. Who is the program supporting? Is it clear what charity is benefiting from the program? Susan G. Komen, for example, requires all of its partners to clearly state that their program benefits the organization. In many cases, they will include Komen’s iconic logo on their packaging.

2. How will the charity use the donation? It should be clear where



the proceeds go. Look for programs that support organizations which take a 360-degree approach to fighting the disease by funding breakthrough research, supporting compassionate public policy and providing patient support.

3. How is the program structured? Transparency is key. Is the company clearly stating how the money is raised and how much will be going

to charity? For example, if it’s a donation per purchase structure, ask how much of the purchase price benefits the charity. Is there a minimum or maximum contribution? Is it a flat donation regardless of sale?

By shopping savvy this National Breast Cancer Awareness Month, you can ensure your purchases are making the biggest impact possible.



## Headcovering options for cancer patients

A cancer diagnosis can be difficult to process. However, advancements in cancer research over the last several decades have helped more people survive such diagnoses. That should come as good news to people who have recently been diagnosed with breast cancer.

The Centers for Disease Control and Prevention says breast cancer is the second most common cancer among women in the United States. Breast-

Cancer.org estimates that 276,000 new cases of invasive breast cancer and around 49,000 non-invasive cases are expected in 2020 in the United States. The Canadian Cancer Society says breast cancer is the most commonly diagnosed cancer among Canadian women, and the second most commonly diagnosed cancer in the country.

Breast cancer treatment depends on the stage of the cancer, personal choices as well as doctor recommendations. Other factors like preexisting conditions or health history also may play a role in determining patients’ treatments. In many cases, chemotherapy is included in a treatment plan. Chemotherapy targets fast-growing cancer cells in the body to prevent cancer from spreading and to shrink tumors. However, the American Cancer Society says other normal cells that are fast-growing can be affected by chemotherapy and cause side effects. These cells include blood-forming cells in bone marrow, hair follicles, cells in the mouth, digestive tract cells, and reproductive system cells.

**Many women confront chemotherapy-related hair loss with head coverings, and they have various options at their disposal.**





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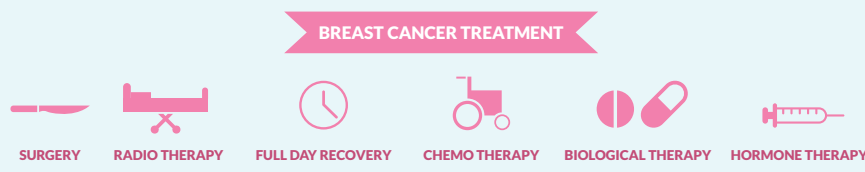
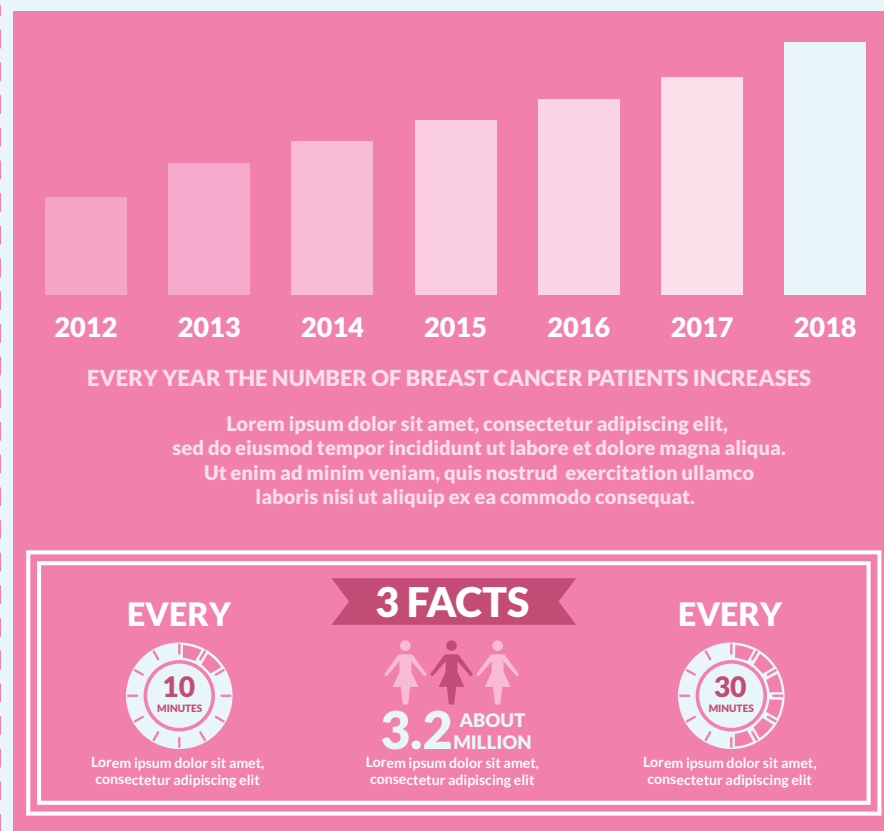
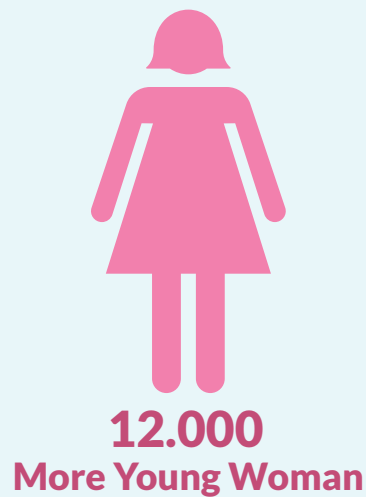
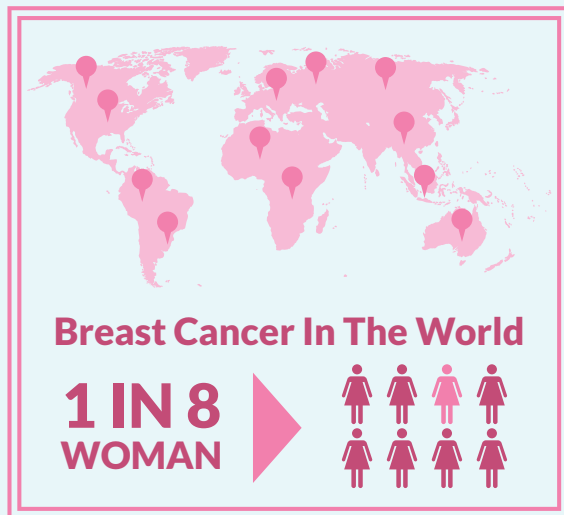
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# BREAST CANCER

## INFOGRAPHIC



### RISK FACTORS FROM PAGE 4

risk factor for breast cancer among postmenopausal women.

- Smoking: Smoking has long been linked to cancer, and Breastcancer.org notes that smoking has been linked to a higher risk of breast cancer in younger, premenopausal women.

**Unchangeable risk factors**

Unfortunately, many risk factors for breast cancer are beyond women’s control. For example, the ABCF notes that roughly two out of

three invasive breast cancers occur in women age 55 and older. Women cannot change their ages, but recognizing the link between age and breast cancer risk is important, as such a recognition may compel more women 55 and older to prioritize cancer screening.

Gender and family history are two additional unchangeable risk factors for breast cancer. Women are much more likely to get breast cancer than men. In addition,

Breastcancer.org notes that between 5 and 10 percent of breast cancers are believed to be caused by abnormal genes that are passed from parent to child.

Women are not helpless in the fight against breast cancer. Knowledge of breast cancer, including its various risk factors, is a great weapon against it as women look to reduce their risk of developing the disease.

**Recognizing these risk factors can help women make any necessary changes and even highlight the importance of routine cancer screenings that can detect the presence of the disease in its earliest, most treatable stages.**

## Symptoms of male breast cancer

Breast cancer is one of the most common forms of cancer diagnosed among the female population. Though breast cancer may seem like a disease that's exclusive to women, breast cancer can affect men as well.

While they have a smaller concentration than women, men have breast tissue, which means it's possible for them to develop breast cancer. Male breast cancer is most common in older men, but it is important that men recognize that the disease can strike them at any age.

### Signs and symptoms

Men with breast cancer experience symptoms that are similar to those experienced by women. Possible signs to be aware of include:

- skin dimpling or puckering
- a lump or swelling, which is typically (but not always) painless
- nipple retraction
- redness or scaling of the nipple or breast skin
- discharge from the nipple,

which may be clear or blood-tinged

The American Cancer Society advises that sometimes breast cancer can spread to the lymph nodes under the arm or around the collar bone and cause a lump or swelling in these locations. The protrusion may be noticeable even before the original tumor in the breast is large enough to be felt.

Men should realize that enlargements or issues affecting both breasts (not on just one side) typically is not cancer. Enlargement or changes to both breasts in men can be caused by weight gain, medications or heavy alcohol consumption.

### Types of male breast cancer

Various types of breast cancer can affect men, according to the Mayo Clinic:

- **Ductal carcinoma:** Cancer that begins in the milk ducts. Nearly all male breast cancer is ductal carcinoma.
- **Lobular carcinoma:** Cancer that begins in the milk-producing



glands. This type is rare in men because they have few lobules in their breast tissue.

Especially rare types of breast cancer that can occur in men include Paget's disease of the nipple and inflammatory breast cancer.

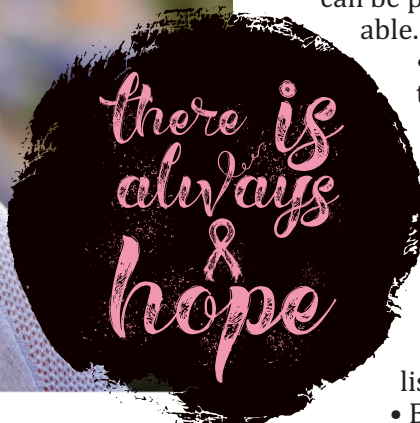
### Diagnosis

BreastCancer.org says that a small study of breast cancer in men found that the average time between first symptoms and diagnosis was about

19 months. This can be startling because early diagnosis can be vital to survival. Through the realization that breast cancer can happen to men and more education and awareness, men can feel more comfortable about discussing changes to breast tissue with their doctors.

Male breast cancer is a very real occurrence, albeit a rare one. It is important that men take any abnormalities in their chests seriously.

## HEADCOVERING OPTIONS FROM PAGE 8



This is why many people lose their hair during chemotherapy treatments.

Many women confront chemotherapy-related hair loss with head coverings, and they have various options at their disposal.

- **Scarves:** Many women like to tie lightweight scarves around their heads. These scarves come in various patterns. Pre-tied scarves that can be pulled on also are available.

- **Cloches:** A cloche is a fitted, bell-shaped hat that gained popularity in the 1920s and 1930s.

- **Turbans:** Turban style hats are pull-on options and are knotted or twisted in the front or side. Some may have decorative embellishments on the front.

- **Baseball hat:** Some base-

ball hats designed specifically for cancer patients provide more coverage than traditional baseball hats by stretching further down the back of the head and neck. They feature a brim and can offer substantial protection while out in the sun. Other baseball hats may come equipped with artificial or real human hair extensions attached inside of the hat to offer stylish options.

- **Wigs:** When a hat or scarf is not desirable, women can consider wigs. Wigs can be undetectable and mimic real hair. To simplify choosing a wig, women can bring a picture of their typical hairstyle. Save a lock of hair from the top front of the head where hair is the lightest to match wig color. Make sure the wig is adjustable. .

Hair loss is a side effect of some cancer treatments. Finding head coverings can bridge the gap until hair regrows.

# 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%**.

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.**