

how to handle  
a cancer diagnosis

the risk factors  
for breast cancer

breaking down the  
mastectomy procedure

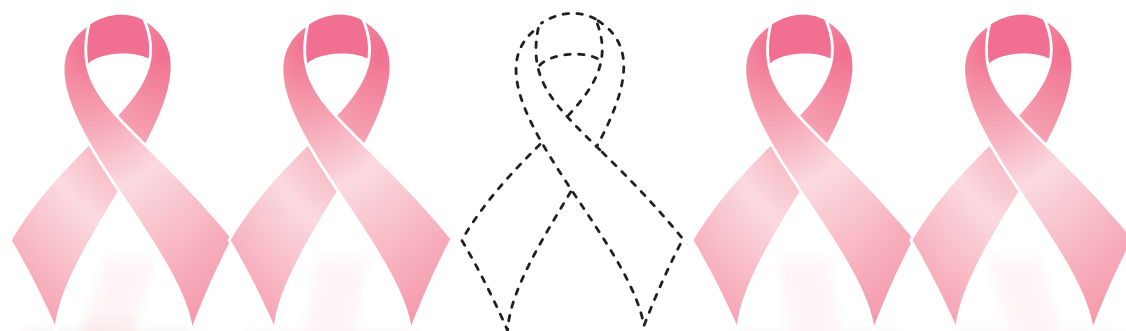


# BREAST CANCER AWARENESS

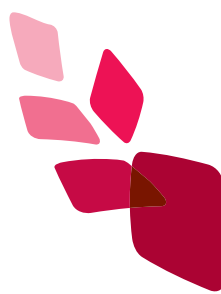
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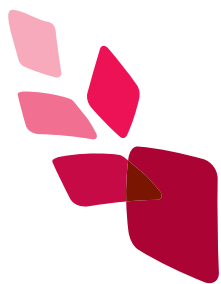


\*For every thousand women, 0.7 will lose their fight with breast cancer.



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# THE RISK FACTORS FOR BREAST CANCER



**C**ancer is a formidable foe. Among women, no cancer poses a greater threat than breast cancer, which the World Health Organization reports is the most often diagnosed cancer both in the developed and developing worlds. Gaining a greater understanding of breast cancer may not prevent the onset of this disease that kills hundreds of thousands of women each year, but it might increase the chances of early detection, which can greatly improve women's chances of survival. The following are the established risk factors for breast cancer.

## GENDER:

Being female is the single biggest risk factor for developing breast cancer. Men can get breast cancer, but the risk for men is

substantially smaller than it is for women. According to Breastcancer.org, roughly 190,000 women are diagnosed with invasive breast cancer each year in the United States alone.

## AGE:

The American Cancer Society notes that about two out of every three invasive breast cancers are found in women ages 55 and older, whereas just one out of every eight invasive breast cancers are found in women younger than 45. The WHO notes that instances of breast cancer are growing in developing countries, citing longer life expectancies as one of the primary reasons for that increase.

## FAMILY HISTORY:

According to the WHO, a family history of breast cancer increases a woman's

risk factor by two or three. Women who have had one first-degree female relative, which includes sisters, mothers and daughters, diagnosed with breast cancer are at double the risk for breast cancer than women without such family histories. The risk of developing breast cancer is five times greater for women who have two first-degree relatives who have been diagnosed with breast cancer.

## MENSTRUAL HISTORY:

Women who began menstruating younger than age 12 have a higher risk of developing breast cancer later in life than women who began menstruating after their twelfth birthdays. The earlier a woman's breasts form, the sooner they are ready to interact with hormones and chemicals in products that are

hormone disruptors. Longer interaction with hormones and hormone disruptors increases a woman's risk for breast cancer.

## LIFESTYLE CHOICES:

A 2005 comparative risk assessment of nine behaviors and environmental factors published in the U.K. medical journal *The Lancet* found that 21 percent of all breast cancer deaths across the globe are attributable to alcohol consumption, overweight and obesity and physical inactivity. Women can do nothing to control breast cancer risk factors like gender, age and family history, but making the right lifestyle choices, including limiting alcohol consumption, maintaining a healthy weight and living an active lifestyle, can reduce the likelihood that they will develop breast cancer.

**KNOWING THE RISK FACTORS FOR BREAST CANCER MAY HELP YOU TAKE PREVENTATIVE MEASURES TO REDUCE THE LIKELIHOOD OF DEVELOPING THE DISEASE.**

**M**illions of people are diagnosed with cancer every year. One of the leading killers of men, women and children across the globe, cancer affects those diagnosed as well as their families and friends.

Cancer treatments continue to evolve, which should come as welcome news to men and women diagnosed with this often treatable disease. That group figures to expand in the coming years, as the World Health Organization estimates the number of new cancer cases will rise by about 70 percent over the next two decades.

Regardless of how far cancer research has come, a cancer diagnosis remains a cause for concern. Handling such a diagnosis well can help patients in their fights against the disease and improve their chances of making a full recovery.

### LEARN ABOUT YOUR DISEASE.

Physicians will make suggestions and recommendations to their patients, but it's ultimately up to patients to make decisions regarding their treatments. Learning about your disease may help you feel more comfortable about the decisions you will be asked to make during your fight. The Mayo Clinic also advises men and women to determine their comfort

# HOW TO HANDLE A CANCER DIAGNOSIS

levels with regard to their disease. Some may prefer to learn only the basics of their disease, trusting major treatment decisions to their physicians, while others want to know as much as possible so they can be the primary decision-maker regarding their treatments. Don't be afraid to leave major decisions to your physician if you find yourself becoming overwhelmed with information about your disease.

### EMBRACE YOUR SUPPORT SYSTEM.

Friends and family members can be wonderful resources during your fight against cancer. The

Mayo Clinic advises cancer patients to keep the lines of communication with their loved ones open, sharing updates about your treatments and discussing any decisions you may be facing. Feelings of isolation may grow if you stay tight-lipped about your disease, so embrace your support system, accepting any help your loved ones offer.

### PREPARE FOR CHANGE.

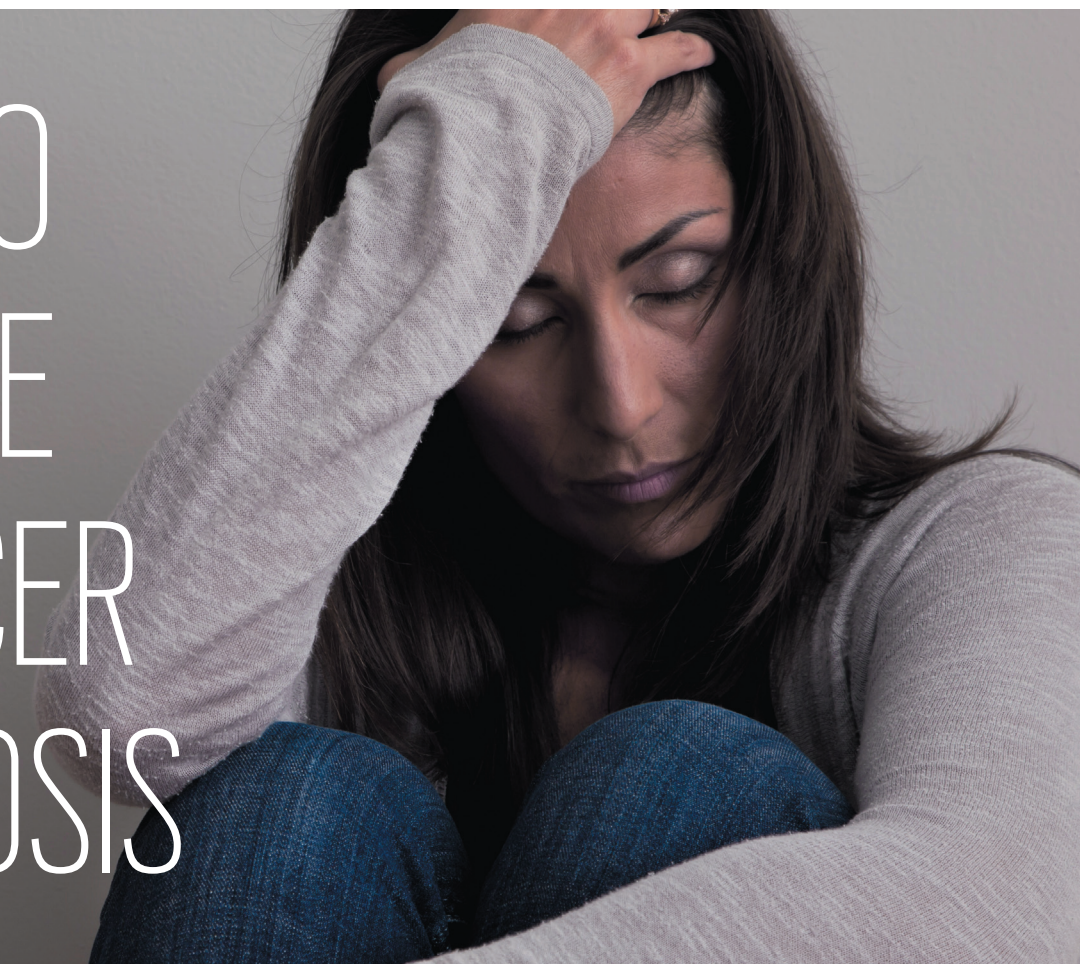
Cancer treatments have come a long way over the last several decades, but they may still produce unwanted side effects, such as fatigue and hair loss. The Mayo Clinic notes that

**RECEIVING A CANCER DIAGNOSIS IS A LIFE-CHANGING EVENT. HOW PATIENTS HANDLE THEIR DIAGNOSIS CAN HAVE A DRAMATIC IMPACT ON HOW SUCCESSFULLY THEIR BODIES TAKE TO TREATMENT.**

cancer support groups may be especially helpful as cancer patients prepare and ultimately deal with the changes that accompany their treatments. Ask your physician about the likely side effects of your treatment and if he or she has any suggestions regarding how to handle those side effects.

### REVISIT YOUR PRIORITIES.

Patients will have to devote a lot of time and energy to successfully navigate cancer treatments. Revisiting your priorities to determine what's truly important can help you clear away personal clutter so you have more energy as you fight your disease.



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## Did you know?

According to the World Health Organization, breast cancer survival rates vary greatly worldwide. While survival rates range from 80 percent or better in North America and countries such as Sweden and Japan, those figures drop to roughly 60 percent in middle-income countries. Low-income countries fare the worst, with survival rates below 40 percent. The WHO attributes the low survival rates in low-income countries to inadequate diagnosis and treatment facilities and the lack of early detection programs. Early detection is often essential when battling breast cancer, as

late-stage survival rates are low regardless of where a person lives. For example, the American Cancer Society notes that, in the United States, the five-year relative survival rate for breast cancers detected in their earliest stages (often referred to as "stage 0" or "stage I") is 100 percent. The five-year relative survival rate in the United States is considerably lower for stage IV breast cancers, at right around 22 percent.



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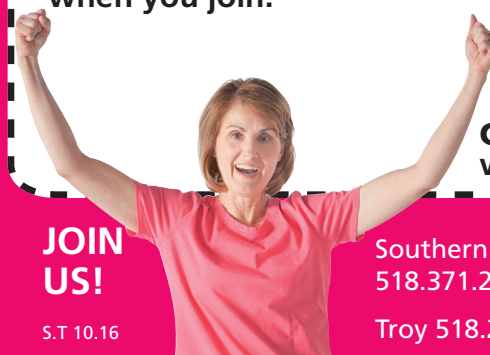
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# THE STAGES OF BREAST CANCER

**U**pon receiving a breast cancer diagnosis, patients will soon receive a pathology report that informs them about the stage their cancer is in. The stage indicates how advanced the cancer is and whether or not it is limited to one area of the breast or has spread to other tissue or even other parts of the body. Understanding the stages of breast cancer can help patients cope with their diagnoses more effectively.

Once the doctor has completed all the necessary testing, patients will then receive their pathology reports, which will include the stage of the cancer. The following rundown of the various stages of breast cancer can help breast cancer patients better understand their disease.

## STAGE 0

Non-invasive breast cancers are considered to be in stage 0. When doctors have determined the cancer is in stage 0, that means they have not seen any indication that the cancer cells or the abnormal non-cancerous cells have spread out of the part of the breast in which they started.

Breast cancer patients may hear the term “five-year survival rate” when discussing their disease with their physicians. The five-year survival rate refers to the percentage of people who live at least five years after being diagnosed with cancer. According to the American Cancer Society, the five-year survival rate for women with stage 0 breast cancer is nearly 100 percent.

## STAGE I

Stage I refers to invasive breast cancer and is broken down into two categories: stage IA and stage IB. Stage IA refers to invasive breast cancers in which the tumor is up to two centimeters and the cancer has not spread outside the breast. The lymph nodes are not involved in stage IA breast cancers. In some stage IB breast cancers, there is no tumor in the breast but there are small groups of cancer cells in the lymph nodes larger than 0.2 millimeter but not larger than two millimeters. But stage IB breast cancers may also refer to instances when there is both a tumor in the

breast that is no larger than two centimeters and small groups of cancer cells in the lymph nodes that are larger than 0.2 millimeter but no larger than two millimeters. The ACS notes that the five-year survival rate for stage I breast cancers is roughly 100 percent.

## STAGE II

Stage II breast cancers are also divided into two subcategories: stage IIA and stage IIB. Both subcategories are invasive, but stage II breast cancers are more complex than stage 0 or stage I breast cancers. Stage IIA describes breast cancers in which no tumor can be found in the breast, but cancer that is larger than two millimeters is found in one to three axillary lymph nodes (the lymph nodes under the arm) or in the lymph nodes near the breast bone. But an invasive breast cancer can still be considered stage IIA if the tumor measures two centimeters or smaller and has spread to the axillary lymph nodes or if the tumor is larger than two centimeters but not larger than five centimeters and has not spread to the axillary lymph nodes.

Stage IIB breast cancer describes breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters, and there are small groups of breast cancer cells in the lymph nodes. These small groups of cells are larger than 0.2 millimeters but no

larger than two millimeters. Stage IIB may also be used to describe breast cancers in which the tumor is larger than two centimeters but no larger than five centimeters and the cancer has spread to between one and three axillary lymph nodes or to lymph nodes near the breastbone. Tumors that are larger than five centimeters but have not spread to the axillary lymph nodes may also be referred to as stage IIB breast cancers. The five-year survival rate for stage II breast cancers is about 93 percent.

## STAGE III

Stage III cancers are invasive breast cancers broken down into three categories: IIIA, IIIB and IIIC. When patients are diagnosed with stage IIIA breast cancer, that means doctors may not have found a tumor in their breast or the tumor may be any size. In stage IIIA, cancer may have been found in four to nine axillary lymph nodes or in the lymph nodes near the breastbone. Tumors larger than five centimeters that are accompanied by small groups of breast cancer cells (larger than 0.2 millimeter but no larger than two millimeters) in the lymph nodes also indicate a breast cancer has advanced to stage IIIA. But stage IIIA may also be used to describe breast cancers in which the tumor is larger than five centimeters and the cancer has spread to one to three axillary lymph

nodes or to the lymph nodes near the breastbone.

A stage IIIB breast cancer diagnosis indicates the tumor may be any size and has spread to the chest wall and/or the skin of the breast, causing swelling or an ulcer. The cancer may have spread to up to nine axillary lymph nodes or may have spread to the lymph nodes near the breastbone.

In stage IIIC breast cancer, doctors may not see any sign of cancer in the breast. If there is a tumor, it may be any size and may have spread to the chest wall and/or the skin of the breast. To be categorized as stage IIIC, the cancer must also have spread to 10 or more axillary lymph nodes or to the lymph nodes above or below the collarbone or to the axillary lymph nodes or lymph nodes near the breastbone. The ACS notes that women diagnosed with stage III breast cancer are often successfully treated and that the five-year survival rate is 72 percent.

## STAGE IV

Invasive breast cancers that have spread beyond the breast and lymph nodes to other areas of the body are referred to as stage IV. Stage IV breast cancer may be a recurrence of a previous breast cancer, though some women with no prior history of breast cancer receive stage IV diagnoses. The five-year survival rate for stage IV breast cancers is 22 percent.

**MANY CANCER PATIENTS FIND THAT LEARNING ABOUT THEIR DISEASE HELPS THEM EFFECTIVELY KEEP THEIR EMOTIONS IN CHECK AND CAPABLY HANDLE THE UPS AND DOWNS OF THEIR TREATMENTS.**

*More information about breast cancer is available at [www.breastcancer.org](http://www.breastcancer.org)*

# GUIDE TO THE MASTECTOMY PROCEDURE

**A** breast cancer diagnosis is something no one wants to receive.

Dealing with any form of cancer can be overwhelming, but a breast cancer diagnosis can be particularly challenging, especially when physicians recommend mastectomy to their patients.

The Mayo Clinic notes that mastectomy is an umbrella term used to describe several different procedures. While it's largely thought of as removing one or both breasts, mastectomy may also refer to removing lymph nodes under the arms.

Lumpectomy is another word that may come up when physicians discuss treatment options with patients who have been diagnosed with breast cancer. Lumpectomies occur when a tumor and surrounding tissue is removed, but most of the breast is left intact.

For reasons that are not entirely understood, Susan G. Komen reports that rates of some types of mastectomies are on the rise. A unilateral mastectomy is the removal of one breast, and a bilateral mastectomy is the removal of both breasts. However, a woman may choose to have a healthy breast removed as a preventative measure called a contralateral prophylactic

mastectomy, or CPM. Susan G. Komen says that rates of CPM have been steadily on the rise, and women choosing to undergo the procedure tend to be young and well educated.

Any mastectomy has its share of risks that women must weigh against the benefits. Doctors or nurses will explain the procedure before patients enter the operating room. Surgical plans may differ depending on whether a modified radical mastectomy, simple mastectomy, skin-sparing mastectomy, or nipple-sparing mastectomy will be performed. A mastectomy procedure typically lasts up to three hours, but it may take longer if reconstruction of the breast is part of the surgery.

Mastectomy is usually performed under general anesthesia, so patients will need to arrange for transportation home from the hospital. Many women find they can go home the same day of the procedure, though women should discuss their options with their physicians ahead of the surgery.

Incisions will be closed with sutures after the surgery is completed. In some cases, a plastic drainage tube will be inserted where the breast



**MASTECTOMY IS A COMMON TREATMENT OPTION FOR WOMEN WHO HAVE BEEN DIAGNOSED WITH BREAST CANCER. ALTHOUGH MASTECTOMY MAY SEEM SCARY, WOMEN CAN REST ASSURED THAT MANY HAVE BEEN THERE BEFORE THEM AND THERE IS A WEALTH OF INFORMATION AVAILABLE TO ASSUAGE THEIR FEARS.**

was removed. This tube helps clear away any fluids that accumulate after the surgery. Women may feel some pain, numbness and pinching sensations in the surgical area. There will be a bandage over the site, and instructions will be given on caring for the wound and changing the dressing.

It's important to keep in mind that some of side effects of mastectomy procedures are permanent and irreversible, whether or not a person undergoes

reconstruction. Removing breast tissue eliminates the ducts that produce milk, so breastfeeding will not be possible after surgery. Also, the breast and much of the surrounding area may remain numb due to nerves that are severed when breast tissue is removed. How much sensation returns varies from woman to woman. Women can direct any questions they have regarding wearing bras or breast prosthetics to their surgical teams.



# THE TYPES OF RADIATION THERAPIES

**R**adiation therapy is an effective treatment option in the fight against breast cancer. Cancer cells that remain in the breast after surgery can potentially cause significant harm, and radiation therapy can effectively destroy those cells. Cancer cells are less organized than healthy cells, and that makes it hard for cancer cells to repair the damage caused by radiation therapy. According to Breastcancer.org, a nonprofit organization dedicated to providing up-to-date information about breast cancer, there are three main types of radiation:

## EXTERNAL RADIATION:

The most common type of radiation, external radiation therapy employs a linear accelerator that aims a beam of high-energy radiation at cancer-affected areas. Treatment with external radiation is extensive, lasting as long as seven weeks, during which radiation is administered on an outpatient basis five times per week.

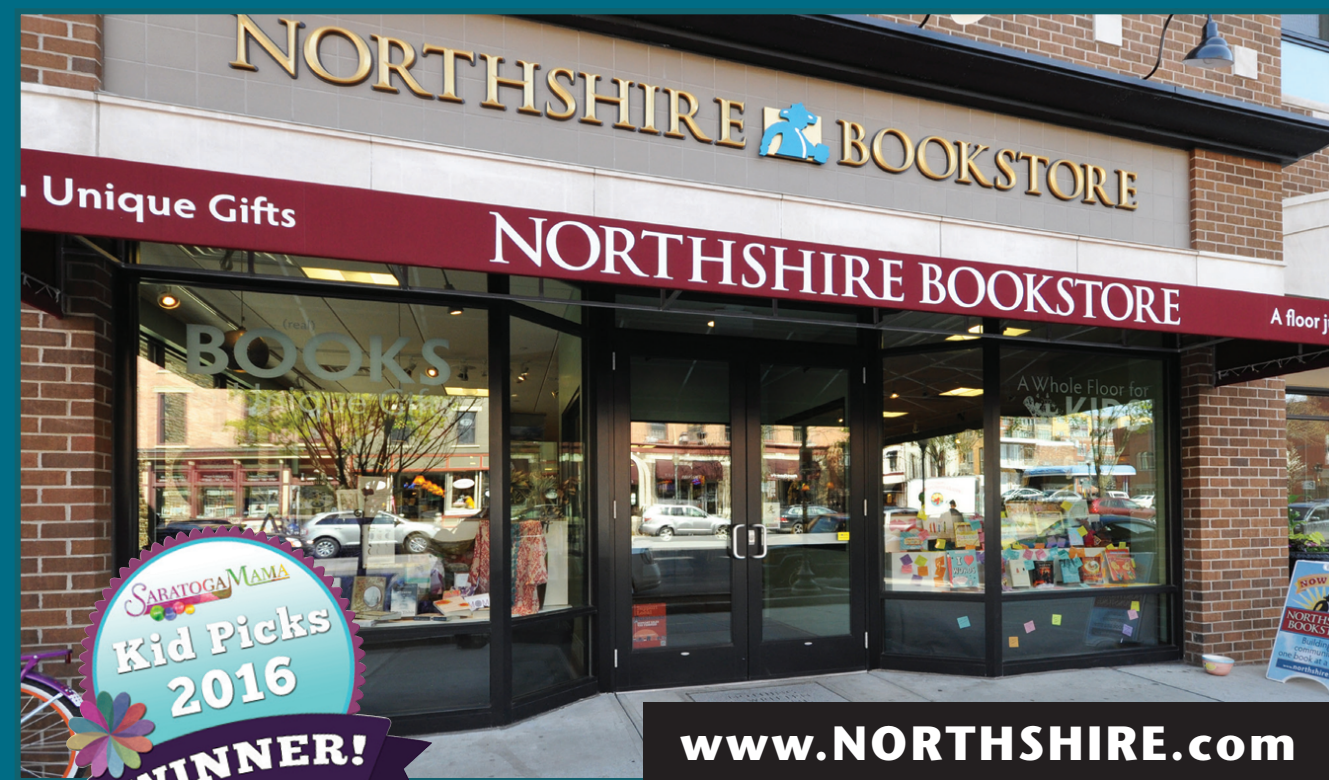
## INTERNAL RADIATION:

Internal radiation therapy is being studied for use after a lumpectomy,

a surgical procedure in which a lump is removed from the breast, often before the cancer has spread to other areas. Internal radiation typically involves the use of seeds, which are small pieces of radioactive material placed in the area where the cancer was prior to the lumpectomy procedure being performed. These seeds work by emitting radiation into the surrounding tissue, which is an area that is at great risk of recurrence. Multiple small tubes or catheters are typically used to deliver internal radiation doses.

## INTRAOPERATIVE RADIATION:

Intraoperative radiation is unique from other forms of radiation in that it is administered during cancer surgery after the cancer has been removed. The underlying breast tissue is exposed during the procedure, when a single, high dose of radiation is directed at the area where the cancer was found. There are two ways to administer intraoperative radiation therapy, neither of which typically takes more than 10 minutes. Debate regarding intraoperative radiation therapy persists, and research is ongoing as to who are the ideal candidates for this relatively new type of treatment.



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# HOW TO IMPROVE QUALITY OF LIFE DURING CANCER TREATMENT



**F**ighting cancer is the biggest priority for people when they have been diagnosed with the disease. After the initial shock of diagnosis has worn off, patients can then take their first steps towards recovery.

Powerful chemotherapy drugs and radiation treatments can kill cancer cells and prevent them from spreading. Individuals may also need other medications to help mitigate the side effects of these treatments. At the end of the day, treating cancer can become a full-time job and one that can have a significant impact on the quality of life of the patient and his or her loved ones. According to the Mayo Clinic, stress, pain and fatigue can severely diminish quality of life during and after cancer treatment.

What's more, family members caring for cancer patients also may experience diminished quality of life. Incorporating some strategies during and after treatment can help cancer patients and their caregivers maintain a high quality of life.

## EXERCISE

Exercise pays numerous dividends for cancer patients. Exercise may help keep cancer, particularly breast cancer, in remission. The American Cancer Society says physical activity has been linked to a 24 percent decrease in breast cancer coming back, and a 34 percent decrease in breast cancer deaths.

Exercise also can affect the following:

- balance
- control weight
- self-esteem

**EXERCISE,  
TALKING ABOUT  
THE CANCER  
AND REDUCING  
FEELINGS OF  
STRESS ARE  
IMPORTANT TO  
MAINTAINING  
QUALITY OF LIFE  
DURING CANCER  
TREATMENT.**

- strength of bones
- lessening risk of blood clots
- reduction of nausea and fatigue

## STRESS REDUCTION

Cancer patients also can benefit from therapies that promote the reduction of stress and anxiety. The Mayo Clinic studied formal sessions that promoted physical therapy, coping strategies or addressing spiritual concerns, and deep breathing or guided imagery to reduce stress. Those who engaged in these therapies showed marked improvement at a critical time in care.

## TALK THERAPY

Licensed therapists can help treat many of the mental side effects that often accompany a

cancer diagnosis. Japanese researchers who reviewed the results of six studies that included 517 patients with incurable cancer and depression found that talk therapy was shown to help treat depression symptoms nearly as well as antidepressant medications.

Depression is not the only reason a cancer patient may want to speak with a therapist. Cancer also can bring rise to many issues that may be better addressed in a private, judgement-free zone. According to the American Cancer Society, some additional reasons to seek professional support can include:

- trouble adjusting to the illness
- feelings of social or familial isolation
- family conflicts
- concerns about quality of life
- changes in perceptions of body image
- feelings of grief
- trouble communicating

In addition to addressing these issues, which are commonly referred to as psychosocial problems, therapists can work with individuals and families in other areas. Therapists can help their patients find community resources where they can connect with others experiencing similar situations. Some therapists may specialize in offering support, while others may focus on cognitive-behavioral therapy in relation to cancer-induced anxieties.

# POTENTIAL SIDE EFFECTS OF BREAST CANCER TREATMENTS

**T**reatments for breast cancer have evolved considerably in recent years.

When breast cancer is detected early enough to be categorized as stage 0 or stage I, the five-year survival rate is 100 percent. That's a testament to the hard work of cancer researchers who continue to develop effective ways to treat and defeat breast cancer.

The following are some potential side effects breast cancer patients may encounter during treatment.

## ARMPIT DISCOMFORT

According to Breastcancer.org, a nonprofit organization dedicated to providing up-to-date information about breast cancer, patients may develop armpit discomfort after lumpectomy, mastectomy or lymph node removal surgeries. This discomfort may be characterized by pain, swelling, tenderness, or numbness. The numbness may result when nerves in the armpit are cut during surgery, while tenderness or swelling may occur when

surgeons have to remove some of the tissue under the surface of the skin. Patients who receive radiation therapy may develop irritation or soreness in the armpit because the skin of the armpit is so close to the breast.

## CONSTIPATION

Some breast cancer patients experience constipation because their eating and exercise habits change during treatment. Constipation is a side effect of pain medications such as ibuprofen, so breast cancer patients relying on medication to alleviate some of the pain associated with their disease and treatment may experience constipation as a result. Chemotherapy and hormonal therapy are two breast cancer treatments known to cause constipation as well.

## DRY SKIN

During treatment, breast cancer patients may experience dry skin that is uncomfortable and itchy. This side effect has been linked to chemotherapy,

radiation therapy and hormonal therapy. Dry skin tends to last as long as patients are in treatment, gradually subsiding once treatment has been completed.

## ENDOMETRIOSIS

Endometriosis occurs when the cells that make up the endometrium, or the lining of the uterus, grow outside of the uterus. Hormonal therapy may stimulate the growth of endometrial cells, triggering endometriosis, which is most often found on or under the ovaries, behind the uterus or on the bowels or bladder. Endometriosis may cause pain, fertility problems or heavy menstrual periods. Physicians who suspect their patients have developed endometriosis may perform a laparoscopy, a surgical procedure in which a small cut is made over the abdomen. Once that cut is made, the surgeon will insert a thin tube equipped with a viewing instrument so he or she can look inside the uterus to determine if endometriosis has developed.

**SIDE EFFECTS MAY DEPEND ON WHICH COURSE OF TREATMENT CANCER PATIENTS AND THEIR PHYSICIANS PURSUE.**

## MEMORY LOSS

Breast cancer treatments such as chemotherapy, radiation therapy and hormonal therapy may contribute to memory loss. Ovarian removal or shutdown may also result in memory loss. Memory loss may also result from medications taken during breast cancer treatment. Breast cancer patients who plan to continue working during treatment should discuss with their physicians how to manage potential memory loss and may benefit from informing their employers about the potential for treatment-related memory loss.

More information about potential breast cancer treatment side effects is available at [www.breastcancer.org](http://www.breastcancer.org).

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