

Think *Pink*

October 2016 | A Special Supplement to
The Oneida Dispatch



Dealing with Diagnosis

How to handle a cancer diagnosis

Recognizing Risk

The risk factors
for breast cancer

Understanding Mastectomy

Breaking down the
mastectomy procedure

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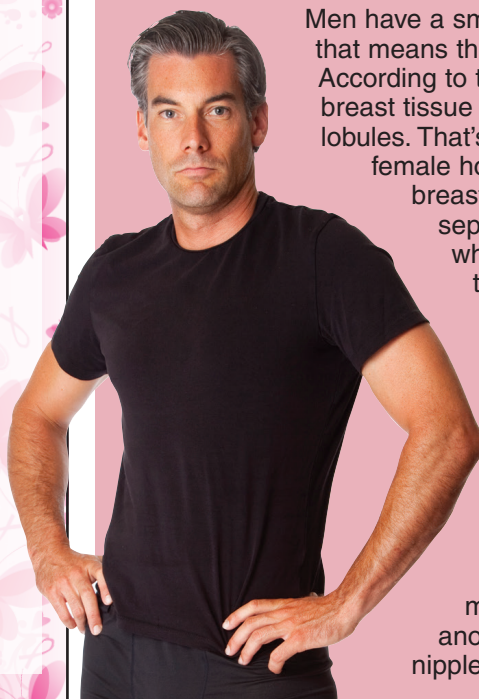
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Did you know?



Men have a small amount of breast tissue, and that means they can be affected by breast cancer. According to the American Cancer Society, men's breast tissue has ducts, but only few, if any, lobules. That's because men do not have enough female hormones to promote the growth of breast cells. Breast cancer can be separated into several types based on what the cancer cells look like under the microscope. They can be in-situ, meaning non-invasive or pre-invasive. They also may be invasive types that have spread to the ducts in the breast tissue. Breast cancer is about 100 times less common among men than among women. Only about 2,600 new cases of invasive breast cancer will be diagnosed in men this year. But men who feel lumps or other anomalies in the area around the nipple should consult their physicians.



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How to handle a cancer diagnosis

Did you know?

Doctors treating patients who have been diagnosed with cancer will eventually present pathology reports as a means of helping patients better understand their disease. Upon confirming the presence of cancer, doctors will conduct tests on their patients to determine the size and appearance of the cancer, how quickly the cancer is growing and if there is anything to suggest that the cancer has spread to healthy tissues near its point of origin. Doctors may also use these tests to determine if hormones, genetic mutations or other things in the body are influencing the cancer's growth and development. The results of these tests will be included in the patient's pathology report. Patients who find their reports difficult to understand or those experiencing anxiety after reading their reports should go over any questions they might have with their physicians. 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.

Millions 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 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 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.

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.

The risk factors for breast cancer



Cancer 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.

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The stages of breast cancer

Upon 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. More information about breast cancer is available at www.breastcancer.org.



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Giving back

By John Brewer
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Liverpool native Shelly Straub is a self-described mother, partner, daughter, sister, and friend. She is also a breast cancer survivor.

Straub was diagnosed with breast cancer in October 2013 at the age of 40 after her mother urged her to get screened for what the American Cancer Society calls the most prevalent cancer among United States women. The diagnosis was an utter shock.

"Nobody in my family has had breast cancer," Straub recalls. "It was completely unexpected."

What followed that diagnosis is mostly a blur: a double mastectomy, four months of chemotherapy, and dozens of radiation treatments. Straub was fighting, but going through hell.

One of the things Straub remembers from her battle was the outpouring of support from friends, family and the Central New York community. She recalls people sending gifts,

Cancer survivor prints guide to help others in their fight against breast cancer

dinners, and flowers to her home throughout her fight. "I'm 100 percent grateful," she said. "Central New York is a fantastic community."

Despite the outpouring of support, or perhaps because of it in a way, Straub was plagued with worry following the end of her radiation treatment in 2014. Because of her treatments and pain, she could not remember if she properly thanked all the people who supported her. In fact, Straub did not even know some of her well-wishers as they were strangers in the community who had heard of her fight with breast cancer and wanted to help.

"Did I do the right thing for all the people who did right by me?" Straub asked herself.

That question helped spawn Hope Chest for Charity, a completely volunteer not-for-profit Straub created to help other Central New Yorkers in need, a way of returning all the favors and support she received during her fight. And while Hope Chest does support breast cancer awareness, the charity does not limit its support to just one cause, instead seeking to help anyone in need from those who have less publicized forms of illness such as pancreatic cancer to a family displaced by fire.

One of Straub's goals at Hope Chest for Charity was to create a CNY Breast Cancer Community Resource Guide. Immediately following her diagnosis and throughout her treatment, Straub was inundated with materials about breast cancer. From how to acquire a wig to planned awareness events to living with PTSD and survivor's guilt following remission, Straub remembers having mounds of information, but the timing of when she received different resources was off.

When she was ready to shop for a wig, she couldn't remember what she had done with the brochure addressing that exact stage in the recovery process. She would learn of awareness walks just days in advance and be unable to attend even though she wanted to. She was beyond frustrated with keeping track of the volumes of material, so she came up with her own solution: a publication that provided all the different resources she had acquired in one place. No more chasing down pamphlets received months ago;

instead, everything would be in a single piece of literature.

Printing publications, however, requires a decent chunk of change. Enter the Oneida Fire Department.

In October 2015, after raising money for breast cancer awareness by selling pink T-shirts with the de-



PHOTO COURTESY SHELLY STRAUB

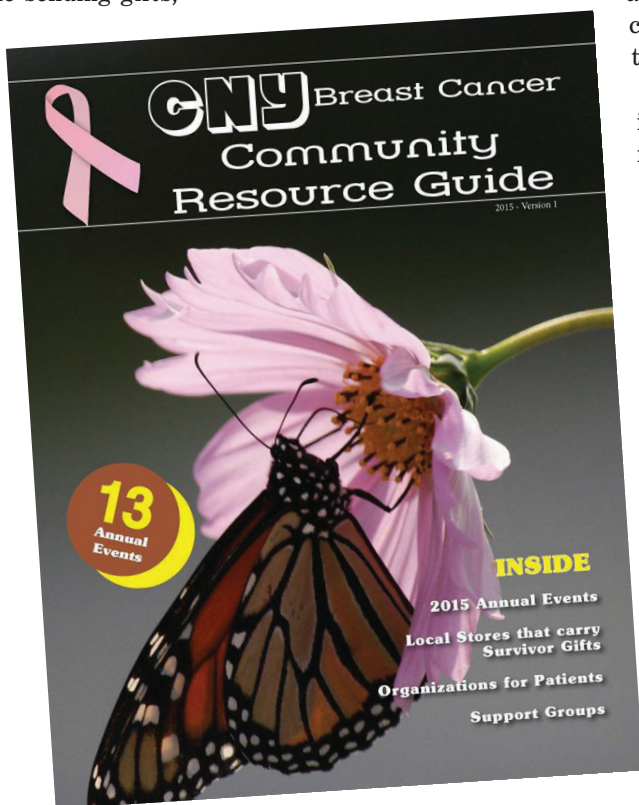
Shelly Straub and her mother Gail Iannuzzi attend the Susan G. Komen breast cancer walk at the New York State Fairgrounds on May 14.

partment's crest, the OFD struggled to find a suitable charity to receive its efforts. Then, firefighter Dennis Relyea learned of Straub's Hope Chest for Charity during weekend guard duty in Syracuse where he served with Straub's partner and her brother. The OFD immediately reached out to Straub, and shortly thereafter, the CNY Breast Cancer Community Resource Guide was born.

The guide includes local organizations, events, products, books and blogs in an organized, magazine-style publication for the newly-diagnosed, as well as survivors and supporters who want to get involved in the breast cancer community, a starting point of where to go for those looking to take a proactive role in the fight.

"A huge thanks to the Oneida Fire Department to get it into hands of those who need," Straub said. "It's my way of taking every single resource there was and putting them in one place, without bias or favoritism. That's why I felt it was important."

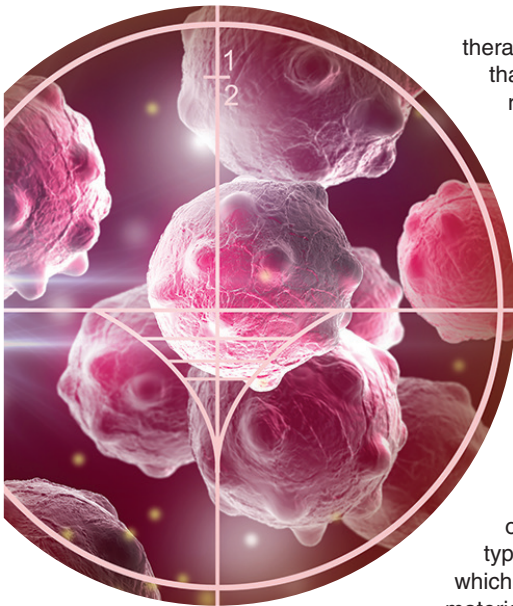
Now, anytime Straub heads to a breast cancer awareness event, she totes a backpack full of the guides, saving others from the frustration she experienced, helping guide them to appropriate resources. Copies of the guide can also be found in various CNY hospitals or online at www.hopechestforcharity.com/breast-cancer-guide.html



COURTESY OF SHELLY STRAUB

The CNY Breast Cancer Community Resource Guide is a free publication that includes local organizations, events, products, books and blogs, in print or as a downloadable document for the newly diagnosed and for survivors and supporters who want to get involved in the community.

The types of radiation therapies



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.

Radiation 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

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Genetic testing may detect cancer risk



Cancer affects people from all walks of life. While there is no guaranteed way to prevent cancer, genetic testing can help individuals better understand their risks for certain types of cancer.

Genetic testing has been developed for many diseases. Such testing looks for specific markers that can indicate the likelihood that a person will develop a

specific disease. Genetic testing has been used to diagnose genetic disorders such as muscular dystrophy and fragile X syndrome. Genetic testing also is used to raise awareness about risk factors for Down's syndrome.

Since cancer sometimes appears to run in families, people with a family history of the disease may benefit from hereditary testing. Some genetic tests examine rare

inherited mutations of certain protective genes that may be indicative of cancers of the breast or ovaries. These genes include BRCA1 and BRCA2. The National Cancer Institute says mutations in genes that control cell growth and the repair of damaged DNA are likely to be associated with increased cancer risk.

It's important to note that even if a cancer-predisposing mutation is present in your family, you will not automatically inherit the mutation. And even if you do, it is no guarantee that it will lead to cancer. The NCI says that mutations in hereditary cancer syndromes are inherited in three ways: autosomal dominant, autosomal recessive and X-linked recessive inheritance. Autosomal dominant inheritance occurs when a single altered copy of the gene is enough to increase a person's chances of developing cancer. Autosomal recessive inheritance occurs when a person has an increased risk of cancer only if he or she inherits an altered copy of the gene from each parent. A female with a recessive cancer-predisposing mutation on one of her X chromosomes and a normal copy of the gene on her other X chromosome is a carrier but will not have an increased risk of cancer. Two mutations makes her more likely to get cancer. Men are less likely to get cancer from this mutation because they only have one X chromosome.

Researchers continue to develop tests to examine multiple genes that may increase or decrease a person's risk for cancer. Such tests may facilitate a proactive approach that can detect cancer before it spreads.

If you feel you are a candidate for genetic testing, speak with your doctor. Risk is based on things like personal medical history and family history. Testing may be conducted by a trained doctor, nurse or genetic counselor. Patients will go through some sort of genetic counseling and be asked a number of questions about their lineage and the family history of the disease in different branches of their family trees, which will help to determine if further testing is warranted.

Testing may be done on a sample of blood, cheek cells, urine, hair, amniotic fluid, or other bodily tissues. Results will be interpreted by experts, and the information will be shared. Remember, an increased risk for cancer does not guarantee that you will get cancer. However, it can help you make certain lifestyle choices and become aware of symptoms so that cancer can be caught early. Doctors can help you sort through your options at this point.

Individuals should speak with their doctors about their concerns regarding cancer genetics and potential mutations that may be indicative of heightened cancer risk.

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Exercising after breast cancer

Routine exercise is an essential element of a healthy lifestyle. Exercise can help people maintain healthy weights, reduce stress and lower their risk for various diseases. After surviving breast cancer, many survivors wonder if it's safe to return to the exercise regimens they followed prior to being diagnosed. Breast cancer survivors can benefit from exercise, but it's important that they prioritize safety when working out. Survivors who have had breast cancer surgery may be at risk of lymphedema, a condition characterized by swelling of the soft tissues of the arm, hand, trunk, or breast. That swelling is sometimes accompanied by discomfort and numbness, and some people dealing with lymphedema also experience infection. Breastcancer.org, a nonprofit organization dedicated to providing up-to-date information about breast cancer, notes that some exercise may be especially risky for breast cancer survivors. These exercises include:

- swimming laps using strokes with arm movements
- activities that involve the usage of resistance bands
- pull-ups and push-ups
- certain yoga poses, including downward-facing dog and inversions, that put ample weight on the arms
- elliptical/cross-training machines
- cross-country skiing
- tennis

While breast cancer survivors might want to avoid certain types of exercise, it's important to note that the American Cancer

Society recommends exercise after breast cancer surgery. But exercise should be approached with safety in mind, and breast cancer survivors should heed the following tips to ensure their exercise regimens do not compromise their recovery.

Discuss exercise with your physician and surgeon. Before making exercise a part of your post-recovery routine, speak with your physician and surgeon to determine if there are any movements you should avoid. Your doctor and surgeon can tell you how you will be affected by medications you might be taking as part of your continued recovery.

Take it slowly. If you were an exercise enthusiast prior to your diagnosis, you must recognize that returning to your pre-cancer regimen may not be possible, or that it's likely to take a while before you feel like your old self again. Take a gradual approach, allowing yourself to build strength and not expecting results to appear overnight.

Emphasize form. Place a great emphasis on form when exercising after surviving breast cancer. Many breast cancer survivors undergo surgery as part of their treatments, but even those who did not should still prioritize proper form when exercising, even if it means lifting substantially less weight than you might have prior to your diagnosis.

Rest between sessions. You likely won't be able to exercise on successive days anytime soon, but build off days into your routine so you can rest and recover.



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Talk therapy can help cancer patients heal

Receiving a cancer diagnosis can be a profound experience that often changes the course of people's lives. Individuals react to cancer diagnoses in various ways, with some retreating into themselves and others sharing their stories to garner as much strength as they can muster.

A strong support system can help men and women navigate the ups and downs of a cancer diagnosis and subsequent treatments. While many people lean on friends and family members for support, therapists also can help patients as they battle cancer.


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
- concerns about quality of life
- changes in perceptions of body image
- 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. And therapists can help patients learn about the various ways they can educate themselves about their disease. Some therapists may specialize in offering support, while others may focus on cognitive-behavioral therapy in relation to cancer-induced anxieties.



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1 in 8 women will receive a breast cancer diagnosis during their lifetime.

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Potential side effects of breast cancer treatments

Treatments 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.

As effective as cancer treatments can be, breast cancer patients may still experience some side effects during treatment. Side effects may depend on which course of treatment cancer patients and their physicians pursue, but 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.

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.

Guide to the mastectomy procedure



Mastectomy is frequently used in the treatment of breast cancer.

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 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.

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.

Oneida County Health Department

Free screenings, treatment for those who lack insurance

By **Graham Phillips**

Contributing Writer

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With one in eight women diagnosed with breast cancer in her lifetime, routine exams and mammograms are vital to reduce the risk.

However, women in low-income households often lack health insurance and are less likely to obtain routine examinations.

To remedy this, the Oneida County Health Department, for the past 23 years, has offered free mammograms, pelvic exams and clinical breast exams to uninsured women over 40.

During the week of Oct. 17, the department will be offering screening events through several of their partnerships including Oneida Healthcare and St. Luke's Imaging Center.

Within this week, Planned Parenthood of Oneida and Rome will offer Pap tests, which can uncover cervical cancer or sexually-transmitted diseases.

Angela Partipelo, who has a family history of breast

cancer, says she is thankful for the services the Health Department provides, "They follow through with the treatment and are on top of everything. They make sure that everyone's taken care of, and it's important that treatment is there for those who need it."

She recommends the service to others that who are high-risk and lack an affordable health care program.

Wendy Hunt, who manages for the Cancer Services Program says, "early detection is important, because the earlier cancer is detected, the better the survival rate."

According to the National Cancer Institute, the five-year survival rate for stage-zero or stage-1 breast cancer is near 100 percent, while the stage-2 rate is 93 percent, the stage-3 rate is 72 percent. Highly invasive stage-4 breast cancer has only a 22 percent five-year survival rate.

The Health Department also offers free follow-up services to women who have no insurance or with high-deductible insurance, if the screening provides potential indications of breast cancer.

If the screening is positive, the department also offers special Medicaid programs to people without

health care. The no-cost programs will provide treatment to those diagnosed.

Hunt says, "women in their early 40s should start a discussion with their doctor about receiving mammograms."

The American Cancer Society recommends that women of average risk of breast cancer receive a mammogram once a year from the age of 45 until the age of 55. At 55 they may switch screenings every two years, or they may continue seeking yearly screenings.

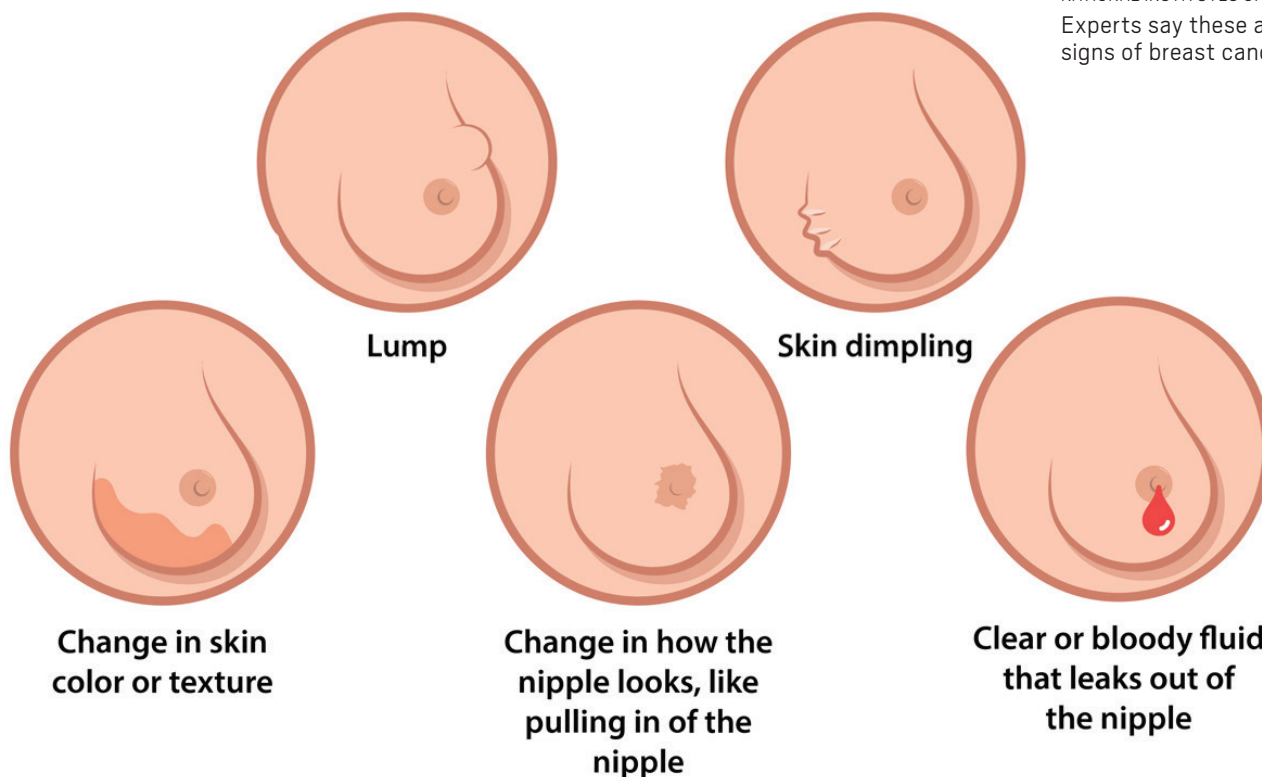
Some of the signs of breast cancer can be:

- A lump on the breast;
- Dimpling of skin;
- Discharges from the nipple;
- A change in the shape or size of a breast.

Hunt warns that if a woman notices any of these signs, she should schedule a mammogram.

For more information or to schedule an appointment, visit OHMCancerservices.org on the web or call (315) 798-5248.

NATIONAL INSTITUTES OF HEALTH VIA WIKIMEDIA
Experts say these are the early warning signs of breast cancer.





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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