

BREAST CANCER AWARENESS MONTH



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JOINING FORCES

Welcoming Abramson Cancer Center to Chester County Hospital

By Francis T. Strong

In the fall of 2013, when Chester County Hospital and the University of Pennsylvania Health System announced their intention to join forces, the potential for both systems, for their communities and, most importantly, for their patients, was clear.

“The University of Pennsylvania Health System is a world renowned leader in patient care, education and research,” Kevin Holleran, Esq., chairman of The Chester County Hospital Foundation, said at the time. “We are excited about bringing these resources, knowledge, and expertise to our community, and accelerating our vision to be the leading provider of care in our region and a national model for quality service excellence and financial stewardship.”

“We fully believe that they will make the best partner for our Health System,” agreed Michael J. Duncan, President and CEO of the hospital. “We will blend the clinical excellence and innovative aspects of Penn with our longstanding and deep-rooted mission to serve our community.”

When discussing the state of Penn Medicine two years later, Dean J. Larry Jameson, MD, PhD, reported in a speech made in Philadelphia, “Penn Medicine’s footprint is rapidly expanding. The time has long since passed when most clinical activity took place on this campus. ... We recently acquired Chester County Hospital with their many outpatient facilities. ... It’s important to engage in this refreshed look at the clinical environment, because there is a growing emphasis on population health and coordination of care. This gives us a larger footprint for clinical trials, for referrals, and for advanced care.”



Mike Duncan announces the relationship with Abramson Cancer Center.

Chester County Hospital’s cancer program was a founding member of the Penn Cancer Network, and its further integration with Penn Medicine, more specifically as an Abramson Cancer Center site, has enabled the program to foster even greater collaboration in patient care.

Chester County’s Cancer Program has maintained accreditation by the Commission on Cancer of the American College of Surgeons since 1978, and its Breast Health Program has been accredited by the National Accreditation for Breast Cancers since 2010. The Abramson Cancer Center is a world-renowned leader in cancer research, patient care, and education, and has been designated a Comprehensive Cancer Center by the National Cancer Institute since 1973.

Before the merger, there had

already been a relationship between the two hospital systems in the areas of oncology, radiology, and maternal fetal medicine, so further integration of the cancer-fighting efforts was a natural evolution. Initial integration efforts in cancer care have resulted in thoracic surgery and neurosurgery specialists now holding clinics at Chester County, enabling patients to be seen closer to home for consultations and follow up care.

Shared Medical Records

One of the major enhancements is bringing all of Penn Medicine onto one information technology platform, allowing access of patient records to the wide range of primary-care doctors, specialists and other personnel with whom a patient will come in contact. This change alone is “epic,” according

to Dennis A. Berman, MD, Medical Director of Chester County Hospital’s Cancer Program.

“What this does is allow all Penn Medicine physicians to have one line of sight,” Dr. Berman says. “Say you’re being cared for by myself and other Penn doctors. Instead of each one of us having his or her own chart, you have a single electronic record that we all write in. All the tests, all the treatments, X-rays, phone calls, they are all in one chart.”

Network of support

Nurse Navigators coordinate and streamline patient care, from scheduling initial appointments, to diagnostic testing, to visits with specialists, to treatment. The integration enhances the Chester County navigators’ ability to work with their counterparts in Phil-

The Abramson Cancer Center is a world-renowned leader in cancer research, patient care, and education, and has been designated a Comprehensive Cancer Center by the National Cancer Institute since 1973.



Andre Konski, MD



Dennis Berman, MD

Abramson

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Philadelphia and vice-versa. There is true collaboration with both groups in order to provide expedited patient services. Navigators provide advocacy, education and support for patients and families across the continuum of care.

“Often, when a patient’s treatment is complete, their question is, ‘What’s next?’” says Cindy Brockway, Director of Oncology Support Services. We provide Survivorship Navigation to assist patients in answering this question. Survivorship planning focuses on a follow-up plan including medical visits, screenings, treatment summaries, educational materials, and team contact information. Patients and families may benefit from a support group during their active treatment and during survivorship. Because of the integration, the navigators and social workers are able to refer to support groups here in West Chester. “If there isn’t a particular support group locally, there may be one available at other Penn locations, such as Valley Forge, Radnor, Lancaster or a location downtown,” Brockway adds.

Clinical trials

Another crucial component that integration provides is bringing cutting-edge research, clinical trials, and treatments closer to home for Chester County patients. “The biggest area for

us, in radiation, is access to clinical trials that patients otherwise wouldn’t have been able to participate in to test new treatments,” says Dr. Andre A. Konski, Medical Director of the hospital’s Department of Radiation Oncology and a Professor of Clinical Radiation Oncology at Penn Medicine. “We have upgraded our technology and we are using it in new and innovative ways that will allow us to treat cancer patients in the community without making them travel to Philadelphia.”

Such access can be critical to a patient’s quality of life. “If you’re not feeling well, it’s hard to make an hour drive into Philadelphia for treatment and then have another hour drive home,” adds Dr. Konski. “Better to have the same treatment regimens available here and drive 10 minutes. That makes a big difference for patients and their families, reducing their stress and the financial burden they have to endure.”

Consistency of care

Even more important from the patient perspective, integration means that wherever care is received in the Penn Medicine network, the same exacting, high-quality standards will be in place.

“Try to imagine if someone is sick and scared, and wondering where the best place is to go for treatment. We want to be able to say that whether they visit a Penn Medicine office in Valley Forge or Radnor or one of our locations in West Chester, Exton or Kennett Square, the care, the protocols, the

quality controls, down to how doses are mixed in the pharmacy, are all the same high quality,” Dr. Berman says.

“Penn Medicine spans a large group of practices, from the University of Pennsylvania Hospital to Lancaster General, coming online to groups in Cherry Hill, so the goal is to provide the same quality, standardized care across the network.”

“There’s a lot of planning going on that wasn’t happening before,” says Dr. James Metz, chairman of Penn Medicine’s Department of Radiation Oncology and the Henry K. Pancoast Professor of Radiation Oncology. “Communication between physicians at Penn Medicine and Chester County has gone up exponentially. We’re evaluating pathways to deliver the best care, both locally and system-wide.”

Chester County Hospital’s integration provides almost as many therapies and treatments available in Chester County as there are in Philadelphia. Leading oncology surgeons and neurosurgeons are just as likely to be working in the suburbs as the city.

“Integration is going great, and it is fabulous for patients,” Dr. Berman says. “For staff, there has been a workflow change – you can’t always do things the way you were used to doing them – personally I think it’s going very well.”

Dr. Metz agrees, “The integration has been very smooth. You can feel the excitement in Chester County and at Penn Medicine downtown to make this successful and it’s great to see. In the end, it’s the patients who are going to benefit.”

New science

The integration also comes at an important moment for cancer treatment.

“This is a really exciting time from an oncology standpoint,” Dr. Berman says. “There are so many new treatments coming online, including cellular and targeted treatments. I’ve been in practice a long time, and before we might see modest gains in treatments, say with melanoma or lung cancer, and now we can make major inroads. Former President Jimmy Carter, for example, had melanoma in the brain, and he is now cancer free. This is pretty exciting stuff.”

Those times, combined with the integration between Chester County Hospital and Penn Medicine, bode well for patients.

And, as Dean Jameson said in his 2015 speech: “If we have the right people, armed with the right resources and tools, and the right culture, we’ll thrive.”



Vice President Biden Launched “Moonshot” Effort at Abramson Cancer Center

Days after President Obama announced the “moonshot” to find a cancer cure during his 2016 State of the Union in January, Vice President Joe Biden visited Penn’s Abramson Cancer Center to kick off the national effort he said aims to “accelerate the progress already underway” – much of which is happening right here in the Philadelphia region.

“You’re on the cusp of some breakthroughs,” Biden said. “In my terms – not your medical terms – we are at an inflection point in the fight against cancer.”

While researchers have made significant headway in the fight, the field is not without its challenges, the Penn faculty members who gathered for a roundtable discussion at the event agreed. Data sharing needs to continue but expand and silos at and among academic medical centers and drug companies need to be broken down, he said, in order to speed up progress. This year also finds the National Cancer Institute with its biggest budget increase in 10 years, but Biden stressed that more support from the private and public sector and philanthropists is essential to get us closer to cures and better treatments for the host of cancers diagnosed every day—some, he recognized, more complex and deadly than others.

Chi Van Dang, MD, PhD, director of the Abramson Cancer Center of the University of Pennsylvania, has been named to the Blue Ribbon Panel that will help inform the scientific direction for the National Cancer Moonshot Initiative.

“My commitment is not for the next 12 months,” Biden told the crowd, which also included elected officials and the press. “I’ve been stunned by the overwhelming response of welcoming me, to ask me to be the facilitator and convener....I plan on doing this the rest of my life.”



Dr. Chi Van Dang, Mike Duncan, Dr. Dennis Berman, Dr. Lynn Schuchter, and Ralph Muller were among the leaders who established Abramson Cancer Center at Chester County Hospital.



Dr. Kanski discusses a personalized treatment plan with a patient.

Accelerated Partial Breast Irradiation at Chester County Hospital

Targeted Therapy Reduces Patient Treatment Time and Exposure

Accelerated Partial Breast Irradiation (APBI) is a catheter-based breast cancer treatment that reduces the patient's treatment time while reducing exposure to radiation. APBI's localized form involves radiation delivered directly to the part of the breast where the tumor was removed. In most cases, this is the part of the breast where most cancers are likely to recur.

After a lumpectomy, a surgery in which a tumor and some surrounding tissue is removed, a catheter is inserted into the cavity left behind after the removal of the tumor. APBI then delivers radiation through the catheter to destroy any remaining cancer cells in the breast tissue. Once inserted, the catheter is left in place for the rest of the treatment course.

APBI's highly targeted treatment affects less of the healthy tissue and major organs close to the breasts, preventing excessive damage to the heart, lungs, skin and muscles. "By treating just the lumpectomy site versus the whole breast, we are able to avoid much of the healthy tissue. This helps minimize side effects to other tissues, which provides a great benefit to patients," says Ann Marie Siegal, MD, Radiation Oncologist

at Abramson Cancer Center at Chester County Hospital.

Depending on the diagnosis and staging of the breast cancer, a patient's treatment time is twice a day over the course of one week for a total of 10 treatments.

APBI is more commonly used with patients who have small, low grade tumors and when no cancer cells are found at the edge of the tissue that was removed in surgery, also known as margin negative. "In order to determine the best treatment option, we follow national eligibility guidelines including those from the American Society for Radiation Oncology and the American Brachytherapy Society," says Andre Kanski, MD, Medical Director, Radiation Oncology at Abramson Cancer Center at Chester County Hospital.

A patient's level of comfort is always considered as well. "A treatment plan is patient dependent. During our assessment to determine if a patient's cancer meets the right criteria for APBI, a catheter is left in a patient's breast for about a week and a half while the pathologist examines the breast tissue and lymph nodes under the patient's arm, which are removed at the time of cath-

eter placement. If the patient's tumor meets predetermined guidelines and the patient is comfortable with taking care of the catheter, then APBI may be a good option once it's determined to be an effective choice of treatment," Dr. Kanski adds.

Patients are supported by an entire breast cancer team, no matter their route of treatment. Their surgeon, radiation oncologist, and other members of the breast cancer team are knowledgeable on criteria and eligibility for all breast cancer treatments. In addition, Chester County Hospital regularly connects with its Penn Medicine colleagues downtown. "We have a department in the city that is involved in our cases. It's an advantage to our patients because it offers additional peer review. Patients have access to Penn physicians here at Chester County as well as a network in Philadelphia," says Dr. Siegal.

APBI has been available at Abramson Cancer Center at Chester County Hospital for just under two years. By providing APBI as an additional treatment option, it gives the hospital's comprehensive breast program a full range of opportunities for a patient's treatment plan.

Prone Breast Radiation Therapy: Treating Cancer Face Down at Chester County Hospital

Prone Breast Radiation Therapy is a treatment that places women with early stage breast cancer face down (prone position) while undergoing radiation treatments. Women are positioned on a specially-designed table with a breast board to help them lay comfortably on their stomach while the breast hangs away from the body.

Radiation is then administered to the cancerous breast while the healthy breast is kept close to the body. By keeping the cancerous breast away from the body, radiation exposure to the heart and lungs is minimized, lowering the risk of long-term complications such as heart disease or lung damage.

"We minimize as much exposure to the heart and lungs as possible to prevent any issues down the road. We look at all of the treatment options and decide on which plan will provide the best care with the least amount of radiation exposure for each patient," says Ann Marie Siegal, MD, Radiation Oncologist, Abramson Cancer Center at Chester County Hospital.

This treatment is especially beneficial for women with larger breasts. Previously, women with larger breasts laid on their back (supine position) to receive radiation. This position allowed gravity to pull the breasts closer to the body, which could cause additional exposure to internal organs.

The prone position ensures radiation is dis-

PRONE » PAGE 5



A therapist demonstrates the prone position.

Prone

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tributed evenly and accurately while preventing excessive exposure to major organs. "For these patients, prone breast radiation therapy gives us a great opportunity to maximize treatment to the cancerous cells and minimize treatment and exposure to normal tissue," says Andre Konski, MD, Medical Director, Radiation Oncology, Abramson Cancer Center at Chester County Hospital.

Depending on the patient, lying face down may also provide the additional benefit of helping them feel more comfortable during their treatment. Some patients may not tolerate one position over the other, so providing both options allows patients to more easily maintain their place while receiving treatment. "One position may be more optimal as far as doses are concerned, but we have the capability of blocking radiation to healthy tissue no matter if they are face down or lying on their back. If the patient is uncomfortable, then that placement may not be the best option for them," Dr. Siegal comments.

The Abramson Cancer Center at Chester County Hospital has been offering prone breast radiation therapy for just about a year and has received positive feedback. "Patients who are comfortable in the prone position have been pleased with their treatment," says Dr. Siegal. "It gives us another option of supplying patients with the best possible care without being limited to just one type of treatment," adds Dr. Konski.



Drs. Andre Konski and Ann Marie Siegal with TrueBeam™, a linear accelerator used to treat cancer patients.

Wearing a bra after a mastectomy

When treating breast cancer, doctors may explore various options based on a patient's symptoms and how far the cancer has advanced. In addition to radiation, chemotherapy and removal of the tumor (lumpectomy), mastectomy may be part of the treatment plan.

Personal and medical reasons have increased the number of mastectomies being performed. According to Harvard Medical School, mastectomy has been effective in curing or at least retarding early-stage breast cancer. And today, surgeons can reconstruct breasts quite well through plastic surgery. However, whether women choose reconstructive surgery or not, they may need a little help getting used to their new bodies and feeling comfortable in bras and clothing.

- Find a good fit. A large percentage of women may not be wearing the right bra size even before mastectomy surgery. After surgery, it is essential to find the right fit. A good mastectomy bra fitter can help a person find the right size bra for her body and a shape that feels the most comfortable. Certified mastectomy fitters may be found by doing a little research and may even be covered by insurance.

- Discover your style. Depending on scarring or where tissue was removed, some women may need particular bra styles, such as a camisole or a fuller-coverage bra. Once correct measurements are taken, shoppers should try a variety of different bra styles until they determine which ones feel the best in terms of support and coverage.

- Consider a breast form or prosthesis. Women who have not had reconstructive surgery can wear an artificial breast form after mastectomy. This device helps balance the body and can offer a better bra fit on the side of the body where the breast has been removed. These prostheses come in different materials and can be custom-designed to provide a similar feel to natural breast tissue. Some forms adhere directly to the body, while others will fit into the pockets of mastectomy bras. Women can be fitted for a prosthesis around four to eight weeks after surgery.

- Change bras and prostheses regularly. Many women do not know that bras have a shelf life. The average bra should be replaced every three months to a year. Prostheses should be replaced every one to two years, says the American Society of Clinical Oncology.

It can take some time for a woman to be comfortable with her new body after mastectomy surgery. Getting the proper fit for a bra can help improve confidence and help women feel better in their clothing.

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Getting to Know Chester County Hospital's Breast Cancer Task Force

We interviewed several physicians on the Breast Cancer Task Force at Chester County Hospital to get an inside perspective on their philosophy of care and how their role impacts patients with breast cancer.



Fredric B. Squires, MD
Chairman, Chester County
Hospital Department of
Radiology

Q: What is your philosophy of care?

A: I believe in treating each patient as if they were one of my own family members.

Q: What influenced you to become a Radiologist?

A: While I was attending Temple University School of Medicine, I had an inspirational Radiologist, Mary Fisher, as one of my mentors. She encouraged me to pursue radiology as a specialty. I enjoy being a Radiologist because this specialty allows me to utilize my knowledge of anatomy and problem solving to find small breast cancers.

Q: What insight does a Radiologist provide about breast cancer that guides a patient's treatment plan?

A: In order to diagnose breast cancer at its earliest stages, a Radiologist will use mammography, breast ultrasound, breast MRI as well as image guided biopsy. These tools help us find small breast cancers and allow us to recommend the best course of treatment for each patient.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: The dedicated compassionate professionals who work in the Chester County Hospital Radiology department work together closely with each other, our patients and referring physicians to give each patient individualized, compassionate world class care.



Ann Marie Siegal, MD
Chairperson, Breast Health Task
Force/Breast Services
Radiation Oncologist, Chester
County Hospital Department of
Radiology

Q: What is your philosophy of care and how did it influence you to become a Radiation Oncologist?

A: I believe my philosophy of care is related to why I became a Radiation Oncologist. I unfortunately saw my father diagnosed with a malignancy at a young age and watched him battle the disease for many years. During that time, I became fascinated with medicine and thought I would always dedicate my life to helping others with a cancer diagnosis.

However, more importantly, I saw such incredible compassion and perseverance from my father's nurses and physicians during a time when I'm sure my mother and I thought our whole world was crumbling. It was a journey that I never forgot. To this day, I always try to remind myself of the anxiety and loss of control that comes with a cancer diagnosis and the trust a patient must have in their doctor. It is not a lesson learned in medical school and I remind myself that it is a privilege to be a physician in a patient's life during difficult times.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: Chester County Hospital physicians and caregivers have always seemed to possess the qualities that made me believe in medicine and its possibilities at a young age. This hospital and its employees strive to be the best at what they do. The Breast Health Program is a team of highly motivated, caring, and committed members who truly enjoy and respect one another. It has been an honor to work with my patients over the years and to call Chester County Hospital my hospital.



Catherine Porter, DO
Breast Surgeon
Penn Women's Specialty Center

Q: What is your philosophy of care?

A: I believe every woman with breast cancer should have access to the best health care available without having to sacrifice compassionate, personal care within her community. I recognize that for many women, being diagnosed with cancer can become the scariest time of her life. It is my responsibility to treat each woman in that moment, not just the cancer.

Q: What influenced you to become a breast surgeon?

A: I decided to pursue breast surgical oncology because it is unique among other fields of general surgery. There is a continuity of care and long-term patient relationship in regards to follow-up and surveillance. I also find the science of breast oncology intellectually fascinating and challenging.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: Chester County Hospital has strived to recruit and maintain the highest caliber of health care professionals to provide the best care to our patients. There is a cohesiveness in all aspects of breast cancer care, from the women's imaging program, medical oncology, radiation oncology and surgical oncology, along with the nurse navigators to guide the patient through the process. This high level of care has been evident in the positive feedback our patients give us. It is a culture that we have worked hard to collectively create and maintain in order to provide the best quality of care.



Liza Perez Jodry, MD

Medical Director of Transfusion
Medicine/Breast Pathologist
General Surgical Pathologist/
Cytopathologist
Chester County Hospital

Q: What is your philosophy of care?

A: The entire health care team at Chester County Hospital shares a similar philosophy of care: to work together in a multidisciplinary fashion to make sure our patients get the best quality of care.

Q: What influenced you to become a Pathologist?

A: As a medical student at the Hospital of the University of Pennsylvania (HUP), I realized that the Pathologist was the doctor's doctor. A Pathologist is the physician who gives critical information to the ordering physicians so they can appropriately treat their patients. I realized that if I became a Pathologist, I would be able to have a positive impact on the care of many patients. Although I knew I would not have direct contact with patients, I really loved the idea that I would work closely with the treating physicians to make sure the patient was accurately diagnosed and the best treatment for a cure was chosen.

Q: What insight does a Pathologist provide about breast cancer that guides a patient's treatment plan?

A: As a member of the Chester County Hospital Breast Health Program and multidisciplinary Breast Cancer Task Force, I participate in the weekly working conferences. Being the breast Pathologist on a case, I am the "hidden physician" on the patient's large multidisciplinary team. Patients never meet their Pathologists so they do not realize how critical a Pathologist's role is in determining their treatment plan.

Most of our cases are reviewed by four Pathologists at a daily conference. For patients with breast cancer, we conduct a comprehensive diagnosis to determine the tumor size and important information about the tumor cells that are critical for predicting survivorship. These indicators can only be determined by a Pathologist. We provide extremely detailed reports for each cancer diagnosis and for optimal patient care to the treating physician. Only with this precise information can a patient's treatment plan be determined and given.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: Chester County Hospital sets extremely high standards by all involved with the care of a patient; from initial contact with the patient, to a timely diagnosis, treatment and follow up with the patient. Our team cares for our community on a level that is unparalleled.



Lisa W. Pinheiro, MD

Director, Breast Imaging at
Chester County Hospital
Clinical Assistant Professor of
Radiology

Q: What is your philosophy of care?

A: My philosophy of care is to provide the highest quality, state-of-the-art care to our patients in a comfortable, nurturing environment. Women facing a diagnosis of breast cancer are often in a very stressful situation, and part of my job is to help them through this difficult time as best I can.

Q: What influenced you to become a Radiologist?

A: My interest in Breast Imaging (a subspecialty of radiology) developed early in my career as I realized the direct impact that we have on our patients. Most patients don't even realize what Radiologists do, so our personal interactions can have a lasting influence on a woman, and her attitude toward screening mammography and all breast imaging.

Q: What insight does a Radiologist provide about breast cancer that guides a patient's treatment plan?

A: A Radiologist needs to understand the implications of specific diagnoses, the limitations of the different types of breast biopsy techniques, and the big picture of interpreting breast imaging studies of all types. This information is critical for treatment planning for Breast Surgeons, Oncologists and Radiation Oncologists. We are typically the first doctor that patients interact with when diagnosed with breast cancer, so setting the tone and moving the patient forward in a timely fashion to appropriate specialists is important to put women on the right path.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: Chester County Hospital is a unique place. Although our geographic setting is far from Penn Medicine's academic centers in the city, the same high standards of care are utilized. We are fortunate to be able to offer our patients leading-edge technology, and have been early adopters of the many exciting advances in the diagnosis of breast cancer. As a community-based hospital, however, the personal touch that our entire breast center team provides is clearly a very big differentiator.



Michele T. Tedeschi, MD

Hematologist Oncologist
Chester County Hospital

Q: What is your philosophy of care?

A: My philosophy of care is to remember that the patient is a person not just a disease. It is important to remember that in addition to dealing with the emotional strain of a diagnosis and treatments that accompany this state, that the patient is still mom or dad and needs to work and care for others. I try to adjust the therapy to allow for life. That is what the overall goal is striving to achieve.

Q: What influenced you to become a Hematologist Oncologist?

A: I decided to pursue oncology as a specialty because I was intrigued by the science of the disease. I find it astounding that a minor mutation in a gene or cell process can have such a dramatic effect, causing the cells to grow out of control. The potential for new, targeted therapeutic options is amazing. My hope for the future is that we will be able to replicate the positive responses we have had with some diseases, such as Chronic Lymphocytic Leukemia (CLL) and Gastrointestinal Stromal Tumors (GIST). In these cases, the mutation is corrected with oral chemotherapy giving the patient long-term remission from the disease. I am hopeful more targeted therapies will become available for many other diseases in our future.

Q: In your opinion, what differentiates the care at Chester County Hospital?

A: I am thrilled to be part of Chester County Hospital's team that cares for our oncology patients. I feel we have the ability to create personal relationships with our patients, giving us an additional opportunity to make the patient as comfortable as possible in this often frightening time in their lives.

The Breast Cancer Task Force also includes Hematologist-Oncologist Dr. Cheryl Johnson.

Have a Little Faith and a Lot of Support



L to R: Marlesa Moore, MD, Penn OB/GYN; Brenda Bryant, Penn Medicine Abramson Cancer Center; Ingrid Gales, Chester County Hospital, Financial Counselor; Olenga Anabui, Penn Medicine Abramson Cancer Center, MPH Candidate/Intern.

Chester County Hospital Partners with Church Wellness Group to Educate the Community and Reduce Breast Cancer Deaths

WEST CHESTER, PA » On a cloudy Sunday in early October, 90 women gathered to share a meal and hear breast cancer survivors and health professionals share their knowledge and stories about the importance of routine mammograms and early detection. While the air outside may have been chilly, the support and genuine concern shared in that room warmed everyone's hearts.

The event, titled "Pink Ribbon Sunday," was held October 2, 2016 at Shiloh Presbyterian Church Community Outreach Center, in Oxford as a primary

educational kick-off event for a breast cancer awareness project focused in southern Chester County. The goal of the organizers is to reduce breast cancer incidences and mortality among African American women (and men) in Chester County.

Chester County Hospital's Community Health and Wellness Services began this project as a result of its collaboration with the Chester County Health Department to complete a Community Needs Assessment. This assessment uncovered data that showed African American women in Southern Chester

County, specifically the Lower Oxford area, have higher incidences of breast cancer deaths compared to many other areas of the county. (See Graph)

"This finding caused us to tap into what the barriers in care or education are in this community and how to break them," shared Julie Funk, Director of Community Health and Wellness Services. "This event was considered a first step in the process, and an important one to address the issue and enhance our commitment to helping women in this community prevent breast cancer,

or detect it at an earlier, more treatable stage."

In addition to Pink Ribbon Sunday, the hospital established a work team that includes hospital representatives (Kelly Scott, Breast Health Nurse Navigator; Judy Suska, Oncology Program Director; Susan Pizzi, Manager Patient Education; Julie Funk, Community Health and Wellness Services Director), community agencies (La Comunidad Hispana of Kennett Square and Oxford); Brenda Bryant, Outreach Coordinator/Health Educator for the Penn

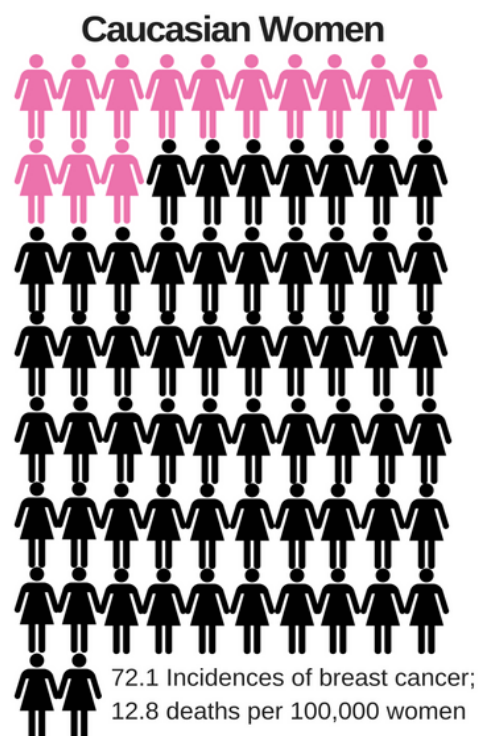
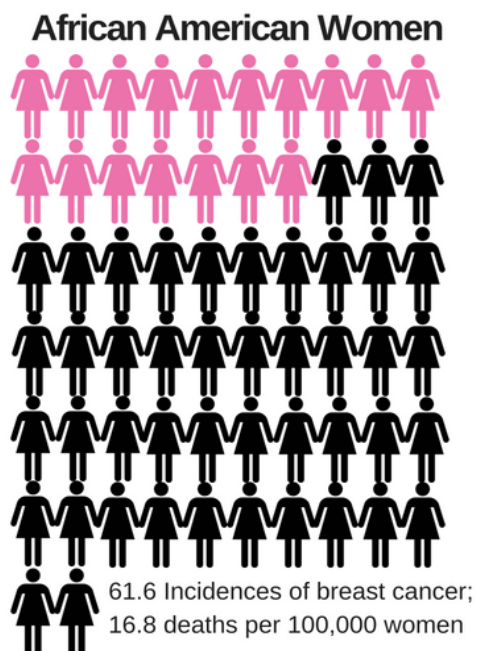
several women from the Shiloh Presbyterian Church congregation and Oxford community.

Shiloh Presbyterian Church is a small church that serves as an anchor to the African American community in the Lower Oxford area. The hospital's Community Health and Wellness Department has worked with the wellness committee of the church for the past three years on various health programming, education and screening. The women of the church prepared the meal on Pink Ribbon Sunday and gra-

Breast Cancer Incidence and Death Rates (per 100,000) by Race

Chester County, 2008-2012

 Incidence Rate  Deaths



Graph: Source, PA Department of Health, Division of Health Informatics

Faith

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ciously welcomed the community to the event. “The women at Shiloh are connected to this community and we are so thankful for their partnership. They’re really opening the door for us to make a difference for the women,” said Funk.

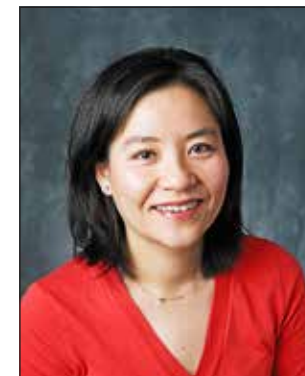
Since the initiative’s inception, the team has been hard at work surveying African American women in southern Chester County for the purpose of gathering information from this community to assess belief and barriers to mammogram screenings. These surveys were done at street fairs, during individual encounters, by various community partner groups and at Pink Ribbon Sunday. “The results from the collection of surveys will help to define the next steps in this process,” according to Funk.

Completed surveys have been sent to the Chester County Health Department who will tabulate the data. This information will be used to create further programming intended to overcome barriers and provide an appropriate response to them.



Marlesa Moore, MD, Penn OB/GYN, reviewing the importance of a Clinical Breast Examination as part of their Breast Health Care plan.

Penn Women’s Specialty Center Welcomes Fellowship Trained Breast Surgeon



Susan S. Chang, MD

Penn Medicine is pleased to welcome Breast Surgeon Susan S. Chang, MD, to the division of Endocrine and Oncologic Surgery. Dr. Chang received her Bachelor of Arts degree from the University of Pennsylvania and her medical degree from Temple University School of Medicine in Philadelphia. She completed her internship and residency at the University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School in New Brunswick, New Jersey. She completed a Breast Oncology fellowship at John Wayne Cancer Institute in Santa Monica, California. Dr. Chang is board certified in surgery and specializes in breast surgery. She is an active member of the American College of Surgeons and the Society of Surgical Oncology.

Dr. Chang joins Catherine Porter, DO, in practice and is available to see patients at Penn Women’s Specialty Center Fern Hill. Dr. Chang will perform surgery at Chester County Hospital. To schedule an appointment, please call 610-423-4556 or 1-800-789-PENN.



A WORLD LEADER IN CANCER TREATMENT AND PATIENT CARE

Abramson Cancer Center at Chester County Hospital

Since 1982, cancer patients and their families have trusted Chester County Hospital for our excellence and expertise, and turned to us for our compassion and convenience. As part of Penn Medicine's Abramson Cancer Center, a world leader in cancer treatment and research, we can offer even more advanced therapies and innovative cancer care, right here at home. From early detection, diagnosis, treatment, education and outreach — to research, clinical trials and support groups — we're bringing the cure within reach. At Chester

County Hospital, we treat you like a member of our own family, providing accessible cancer care in a patient-friendly environment. Our cancer specialists are experienced in the most up-to-date procedures and have streamlined access to the latest technologies and clinical trials at Penn Medicine. With a team-based, collaborative approach, we'll create the most convenient, personalized, treatment plan to meet your specific needs.

Our scope of services includes:

- Gynecologic Oncology
- Hematology-Oncology
- Radiation Oncology
- Thoracic Surgery
- Breast Health
- Continuum of Care
- Cancer Registry

Our cancer care teams include:

- Hematology and Medical Oncologists
- Radiation Oncologists
- Surgeons
- Radiologists
- Pathologists
- Dosimetrists
- Medical Physicists
- Oncology Nurses
- Radiation Therapists
- Research Nurses
- Cancer Data Center
- Care Coordinators
- Social Workers
- Nutritionists
- Nurse Practitioners

Navigating the cancer treatment process can be a complex and confusing journey. Here at Chester County Hospital, we have patient support services in place to help guide you and your family through your experience with the disease. Serving as a link between patients, physicians and services, our cancer

care coordinators provide the education, support and resources you need. Penn Medicine's Abramson Cancer Center at Chester County Hospital. We're bringing innovative, compassionate cancer care within reach. Why? Because your life is worth Penn Medicine.



701 East Marshall Street, West Chester

To make an appointment, call 800.789.PENN (7366), or visit ChesterCountyHospital.org/abramsoncancer.



CHESTER COUNTY HOSPITAL IS ONE OF THE 8 ABRAMSON CANCER CENTER LOCATIONS THROUGHOUT PHILADELPHIA AND SOUTH JERSEY

OUR COMMUNITY OUR PATIENTS OUR RESPONSIBILITY
SHiNE
 Lighting the way to excellence in cancer care, close to home



Members of the SHiNE Committee.

The SHiNE Gala: Support Patients of the Abramson Cancer Center at Chester County Hospital with an Evening of Dinner and Dancing

Date: November 12, 2016

Location: Greystone Hall, 1034 Phoenixville Pike, West Chester

Benefits: The patients of the Abramson Cancer Center at Chester County Hospital

The SHiNE Gala is a dinner dance that raises money to support services for patients living with cancer in Chester County. This year, SHiNE will be hosted in historic elegance at Greystone Hall in West Chester. The evening features an open bar, hors d'oeuvres and dinner. Dance or mingle with other guests committed to giving every patient every advantage in their

battle with cancer.

To be included on the invitation list for 2016, please call: 610.431.5054.

Our SHiNE Mission

SHiNE is a volunteer organization that provides vital services for patients living with cancer.

Cancer has touched all our lives in some way. We may have witnessed the challenges and the struggles that cancer imposed on the life of a loved one, or we may have personally accepted and handled those challenges in

our own battle with this disease.

We are fortunate to live in a community where exceptional cancer treatment is practiced every day at the Abramson Cancer Center at Chester County Hospital.

Our goal is to provide support to the individual so that their strength, courage and heart will continue to SHiNE.

Through the generosity of our sponsors and caring people like you, SHiNE aims to lessen the burdens of this disease by helping the patient confront the challenges of cancer with dignity, determination and hope.

The Chester County Hospital Foundation – Events that Support the Abramson Cancer Center at Chester County Hospital

The Chester County Hospital Foundation helps host numerous special events with the purpose of raising money to support health services and programs, including the cancer patients of the Abramson Cancer Center at Chester County Hospital. The success of the events is the result of dedicated volunteers, creative ideas and your support.

Here is a listing of our events for 2017.

Side Bar and Restaurant Shave off for SHiNE

Date: April 2017

Location: Side Bar & Restaurant, 10 East Gay Street West Chester PA, 19380

Benefits: Patients living with cancer through SHiNE

West Chester's Side Bar & Restaurant staff members stop shaving their beards to raise awareness and funds in support of patients living with cancer in Chester County. Each participant teams up with a local salon to raise money for SHiNE.

Friends, family members and SHiNE supporters celebrate the

SHiNE

FROM PAGE 12

efforts of the bearded staff with the Side Bar and Restaurant SHAVE OFF FOR SHiNE. Enjoy great food and spirits while participants have their beards shaved by their partner salons.

Side Bar Golf Tournament for SHiNE

Date: June 2017

Location: Applecross Country Club, 170A Zynn Rd. Downingtown, PA 19335

Benefits: Patients living with cancer through SHiNE

Side Bar & Restaurant will be organizing its eighth annual charity golf outing. Proceeds from this great day of golf, food and drink will benefit SHiNE. You can enjoy a summer afternoon with the staff of Side Bar & Restaurant and make a difference in the lives of those battling cancer.

Following the golf outing, all participants will go to Side Bar for two hours of open bar and buffet. Join us in making a difference by playing or donating. Services, gift cards, products or other donations help showcase your business and will allow us to raise more money for SHiNE.

Brandywine Valley Heating & Air Conditioning Challenge for Cancer Bike Ride

Date: June 25, 2017

Time: Registration begins at 7:30 am - Rain or shine!*

*All 25, 50, and 63 Mile Riders Must be on the Course by no Later than

9:00 am

Distance: 5, 10, 25, 50 & 63 Mile Rides

Location: Rides begin at Fern Hill Medical Campus, 915 Old Fern Hill Road, West Chester

Benefits: The Abramson Cancer Center at Chester County Hospital and Neighborhood Health

A fun, healthy, meaningful way to celebrate life!

For young families, the family ride is just 5 miles. Bagels, juice and fruit are provided for breakfast and there is a great barbeque following the ride. This year, we will also have bouncy castles, face painting and balloons.

For more experienced riders, the 10, 25, 50 and 63 miles tours are challenging rides through the scenic countryside of Chester County. Spend time making new memories while you make our community a better place for patients living with cancer.

Heart + Sole 5K for Cancer Care

Date: September 17, 2017

Location: Henderson High School, 400 Montgomery Ave. West Chester, PA 19380

Benefits: The Abramson Cancer Center at Chester County Hospital

Route: The 5-kilometer run and 1-kilometer walk weaves its way through the neighborhoods surrounding Henderson High School.

The Heart + Sole 5k began as a run/walk in tribute to one person's memory, but it has since become a collection of teams and individuals each running for their own reason. There are friends and family mem-

bers celebrating victory over cancer. Others are encouraging their loved ones in the fight of their life. For those that have lost their battle with cancer, we remember. And for some, the Heart + Sole is a milestone - a personal goal - in their commitment to good health. For all of us, it's a great way to support patients living with cancer in our own community. The Heart & Sole is dedicated to the memories of Josephine Gatto and Fatiha Khattabi.

26th Annual Wine Festival at Dilworthtown Inn

Date: October 15, 2017

Location: Dilworthtown inn 1390 Old Wilmington Pike West Chester, PA 19382

Benefits: The Abramson Cancer Center at Chester County Hospital and Neighborhood Health

The Dilworthtown Wine Festival benefits the Abramson Cancer Center at Chester County Hospital and Neighborhood Hospice. Enjoy the grand tasting of more than 100 wines, live entertainment, impressive silent auction, performance car show, and artisan shopping gallery. Your VIP tickets allow you access to the exclusive VIP tent, where you will find reserved seating, a variety of gourmet foods, special wines and more.

The Dilworthtown Inn, and the Brandywine and Greystone branches of The Women's Auxiliary to Chester County Hospital jointly organize this event. It is made possible through the generosity of many sponsors.

To learn more about these events, please call 610.431.5054.

Preparing for your mammography visit

Annual mammograms are widely recommended for women beginning at age 40. Some estimates suggest that more than 48 million mammography screenings are performed in the United States every year.

Whether it is a woman's first mammography or her twentieth, preparing for the appointment can ease anxiety and make the experience go more smoothly. The following are some guidelines to consider when preparing for a mammography visit.

- Choose a reputable and certified facility. Select a radiology center that is certified by the FDA, which means it meets current standards and is safe. Many women also prefer to select a facility that is covered by their health insurance. Plans usually allow for one mammogram screening per year.

- Time your visit. Schedule the mammogram to take place one week after your menstrual period if you have not reached menopause. Breasts are less likely to be tender at this time. Also, schedule your visit for a time when you are not likely to feel rushed or stressed. Early in the day works best for many.

- Dress for the occasion. Two-piece ensembles enable you to only remove your shirt and bra for the examination. A blouse that opens in the front may be optimal. Some facilities require you to wear a paper gown for the exam.

- Watch your grooming practices. You'll be advised to abstain from wearing powder, perfume, deodorant, ointment, and lotions on the chest or around the area. These substances may look like abnormalities on the mammogram image, potentially resulting in false positive diagnoses.

- Take an OTC pain medication. Mammograms are not necessarily painful, but they can put pressure on the breasts, which creates discomfort. Breasts are compressed between a plastic plate and the imaging machine. This spreads out the tissue and helps create a clearer picture. If your breasts are tender, medications like acetaminophen or ibuprofen taken an hour before the appointment may ease discomfort.

- Expect a short visit. Mammogram appointments typically last around 30 minutes. The technician will mark any moles or birthmarks around the breasts so they can be ignored on the imaging. You'll be asked to hold your breath as the images are taken. If the images are acceptable, you are free to go. But new images may be needed in some instances.

Mammograms are now a routine part of women's preventative health care. The procedure is simple and appointments are quick and relatively painless.

Metro Creative

Simply You

Post-op breast surgery no longer has to be traumatic. Let the women at Simply You help you decide your best options in private comfortable surroundings. When the choices are about you and your body, make them with certified professionals, women who know how to help.

The staff at Simply You are knowledgeable, mastectomy product fitters who have been working with breast cancer survivors for more than 30 years. Relax in our private fitting rooms, let us answer your questions and show you selections suited just for you. Your personal fitter will guide you into making the best choices for your specific needs.

Our boutiques carry the latest and most innovative products available from manufacturers such as: Amoena, Trulife and Radiant Impressions. Whether you have had a mastectomy, lumpectomy, or reconstructive surgery our Boutiques also carry skin care by Lindi, wigs by Henry Margu, headwear by Hats for You and Hats with Heart and compression garments for lymph edema by Amoena, Juzo and Lymphedivas.

Let us help you with insurance questions as we accept Medicare and most insurances.

Whether you choose the boutique in the Independence Mall in north Wilmington or the shop in the Helen F. Graham Cancer center in Newark, you will be greeted with kindness, understanding and sensitivity.

We look forward to meeting with you!



Left to right: Breast Care Schedulers and Nurse Navigators like Mary Pat Rush and Kelly Scott, BS, RN, play an important role in our survivorship and support groups.

Survivorship and Support

Learn more about these programs at ChesterCountyHospital.org/Wellness or by calling 610-738-2300.

The Abramson Cancer Center at Chester County Hospital offers support groups and programs to help patients deal with the often overwhelming emotional effects of cancer. The format varies from an open forum of discussion to planned educational presentations. Patients are also welcome to attend support groups sponsored by the Abramson Cancer Center for areas such as bone marrow transplant, brain tumors, lung cancer and advanced cancer care.

Additional cancer-related support groups and events can be found at www.pennmedicine.org/cancer/about/events.

I Can Cope (online)

Offered in collaboration with the American Cancer Society (ACS), this program is a compilation of education for adults facing cancer – either personally, or as a friend or family caregiver. Knowledge is power, and the more people know about what is happening during cancer diagnosis and treatment, the better equipped they will be to handle each step of the journey. This program can help dispel cancer myths by presenting straightforward information and answers to cancer-related questions.

Art Therapy

The Art Therapy Group is for women and men who have been diagnosed with cancer. The group meets at the Chester County Art Association. Through art, the group explores ways to use the challenges presented by their cancer diagnosis as a stepping stone to personal growth. This ongoing program uses expressive art as an outlet for coping. No artistic ability is necessary – just an adventurous spirit!

Coping with Cancer

This six-week session was created to provide a safe space where cancer patients connect, share, and learn from one another as they cope with cancer treatment, stress, relationships, and emotions. Together, they discuss a wide range of topics and offer a consistent, safe and hopeful support system as the group explores what the cancer journey means to each person. The facilitator will suggest some basic topics, but there will also be plenty of time to delve into anything that is on the minds of the group members in a given week. An additional support group for patients with gynecological cancers is also available.

Look Good... Feel Better

The Look Good . . . Feel Better Program is a free, nationwide, non-medical program supported by corporate sponsors for women who have experienced appearance changes as a result of their cancer treatments. These two-hour workshops offer advice on skin care, lessons for makeup application, demonstration of options for dealing with hair loss, as well as advice for nail care. This workshop is currently held four times a year.

Patients at any stage of their treatment can participate and each person will receive personal attention from professionals trained to meet their needs. At each workshop, the attendee will receive a complimentary cosmetic kit to use and take home with them at the completion of the program.

Survivorship Next Steps Series

This free two-hour, six-week workshop is designed to help cancer survivors make the transition from active treatment to post-treatment care. Expert panelists include clinicians, nutritionists, and fitness experts. Many questions about cancer survivorship and post-cancer treatment will be addressed during the planned sessions focused on various topics, including exercise, emotional health, nutrition and medical management.

Life after breast cancer

The moment a person receives a breast cancer diagnosis, his or her life changes immeasurably. The roller coaster of emotions begins, and suddenly this person is thrust into a schedule of doctor's appointments, treatments and visits from friends and family.

The World Cancer Research Fund International says breast cancer is the second most common cancer in women and men and is the most frequently diagnosed cancer among women in 140 of 184 countries worldwide. Despite that prevalence, the five-year relative survival rate for women diagnosed with localized breast cancer (cancer that has not spread to the lymph nodes or outside the breast) is 98.5 percent, says the American Cancer Society. Survival odds increase as more is learned about breast cancer and more people take preventative measures, including routine screenings. Today, there are nearly three million breast cancer survivors living in the United States.

Breast cancer treatments may last anywhere from six months to a year. Adjusting after treatment may not come so easily at first. But adjustments are easier with time, and many cancer survivors continue to live life to the fullest in much the same way they did prior to their diagnosis.

When treatment ends, patients often still have fears about the cancer, wondering if all of the cancerous cells have been destroyed and worrying about recurrence. But focusing on the present and all of the things you now can do with health on your side is a great way to put your fears behind you.

Many cancer survivors must still visit their doctors after treatments end. Doctors still want to monitor patients closely, so be sure to go to all follow-up appointments and discuss any symptoms or feelings you may be having. Side effects may continue long after radiation or chemotherapy has ended. Your doctor may have suggestions for coping with certain side effects or will be able to prescribe medications to offset these effects. Follow-up appointments should gradually decrease the longer you have been cancer-free.

It's not uncommon to feel differently after cancer treatment, as your body has been through quite a lot. Many women still experience fatigue, and sleep or normal rest doesn't seem to make it abate. Realize this is normal, and how long it will last differs from person to person. It can take months or years for you to experience your "new normal." Things do not happen overnight. While your hair may grow back quickly, it may take some time for you to feel like yourself again. Exercise routines or other lifestyle changes may help you overcome fatigue or make it more manageable.

Speaking with others who have survived breast cancer can help. Join a support group or reach out to others through social media. Getting a first-hand account of what can be expected the first year after treatment can assuage anxiety.



The Abramson Cancer Center at Chester County Hospital
in conjunction with LindaCreedBreastCancer.Org presents a

Free Breast Cancer Screening

OPEN TO WOMEN OVER 40 WITH NO INSURANCE COVERAGE FOR MAMMOGRAMS

Saturday, November 19, 2016
8:00 am - 12 Noon

Chester County Hospital

FERN HILL MEDICAL CAMPUS
915 Old Fern Hill Road, Building D, Suite 400
West Chester, PA 19380

INCLUDES
MAMMOGRAM,
PHYSICAL
BREAST EXAM
AND EDUCATION

TO SCHEDULE AN APPOINTMENT, PLEASE CALL 610.431.5264.

Appointments are limited and required.

Refreshments are served • Interpretation services available

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Chester County Hospital | 610.431.5000 | ChesterCountyHospital.org

GATEWAY MEDICAL ASSOCIATES

Understanding the importance of screenings

By Rannette Schurtz, M.D.

Gateway Medical Associates,
Downingtown

By now everyone knows that October is Breast Cancer Awareness Month. We see the football teams wearing their pink socks, the grocery stores sell pink food, and we are wearing our pink t-shirts and ribbons in all of our offices at Gateway Medical Associates. We are raising awareness for an unfortunately common disease in our country.

Breast cancer is the second most common cancer among American women (skin cancer is first), and the second most common cause of cancer death (lung cancer is first). About 1 in 8 women in the US will develop invasive breast cancer during their lifetime and 1 in 60 of these women will die from breast cancer.

Even though breast cancer screenings are one of the most common discussion points in a health care office, health care providers often get questions, concerns, fear and even push back on the importance of the screening. Here are some of the typical questions I get in the office:

What are typical risk factors?

- Family history- raises your risk however 80% of women who get breast cancer do not have a family history of the disease.
- Race- White women are more likely to get breast cancer (although African American women



Rannette Schurtz, M.D.

are more likely to die from it)

- Starting menstruation before age 12 or going through menopause after age 55
- History of chest radiation for previous cancers
- Exposure to the hormone diethylstilbestrol (DES)
- Having dense breast tissue (risk increases 1.2-2 times)
- Benign Breast Proliferative lesions like fibroadenomas or papillomas
- Alcohol intake - Those who have 2 to 5 drinks daily have about 1½ times the risk of women who don't drink alcohol.
- Obesity - Having more fat tissue after menopause can raise estrogen levels and increase your chance of getting breast cancer.

Studies vary in what BMI is specifically associated with cancer risk, but in general women who are obese are more likely to have breast cancer.

- Inactivity - To reduce their risk of breast cancer, adults should get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week preferably spread throughout the week.

- Having children - Women who have not had children or who had their first child after age 30 have a slightly higher breast cancer risk overall.

Screening....Who, when, how often and which test?

The following are general guidelines based on multiple authorities:

- Screening should be with mammography at an accredited mammography facility
- Women ages 40 to 44 should start annual or biennial breast cancer screening
- Women age 45 to 54 should be screened yearly.
- Women 55 and older should switch to biennial screening or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer or until age 75.

What about Thermography instead a mammogram?

Thermography uses infrared sensors to detect heat and increased vascularity in breast

which suggest cancer. However, no study has shown that it is a good screening tool to detect breast cancer early, when the cancer is most treatable. The American Cancer Society does not recommend thermography as a replacement for mammograms. In fact, in 2011 the FDA issues an alert warning the public about misleading claims by thermography practitioners and manufacturers on the screening benefits of the tool.

Can the radiation from the mammogram can cause cancer?

The radiation in a mammogram is 0.48 mSv. To put this in perspective, a chest x-ray gives 0.05 mSv, a Spinal x-ray 1.25 mSv and a CT of the abdomen 8 mSv. Watching television exposes you to 0.00434 mSv per hour. So in essence watching 10 hours of television gives you more radiation exposure than one mammogram!

What if I don't have insurance?

Even if you have no insurance, you may qualify for free or low cost screening through the Pennsylvania Department of Health's Healthy Woman Program. By calling 1-800-215-7494 you can find out if you qualify. They will also cover any follow-up diagnostic testing needed for abnormal screening results.

Final Thought

Screening is choice every patient makes for themselves when educated and counseled by their health care provider. The goal of screening is to catch disease early in its process rather than wait until there are symptoms and the disease is likely farther along in its stages. Early detection of any disease process is the best option for surviving the disease once diagnosed. Please talk to your provider about what options are best for you.

For the complete version of this article, please visit: www.gatewaydoctors.com.

Screening is choice every patient makes for themselves when educated and counseled by their health care provider. The goal of screening is to catch disease early in its process rather than wait until there are symptoms and the disease is likely farther along in its stages.

Early Diagnosis

Breast cancer can affect both men and women and is one of the most common forms of cancer. Thanks to increased awareness and screenings, many cases of breast cancer are diagnosed early and treated successfully. BreastCancer.org says that invasive ductal carcinoma, or IDC, is the most common form of breast cancer, accounting for about 80 percent of all breast cancers. The American Cancer Society says that, although IDC can affect women of any age, it is most common among women age 55 or older. The good news is that this type of cancer is highly curable, provided it has not spread outside of the ducts to other breast tissue. Survival rates for any breast cancers diagnosed in the early stages are excellent.

Testing After Diagnosis

When a person is diagnosed with breast cancer, tests are then conducted to study the cancer cells. According to the National Cancer Institute, such tests are used to determine how quickly the cancer may grow and the likelihood that the cancer will spread throughout the body. These tests also may help doctors determine a course of treatment and if a patient is likely to experience a recurrence of the cancer down the road. One such test is the estrogen and progesterone receptor test, which measures the amount of estrogen and progesterone receptors in cancer tissue. The cancer may grow more quickly in patients who have more of these receptors than normal. In addition to measuring the amount of these hormones in the cancer tissue, an estrogen and progesterone test can determine if a treatment aimed at blocking estrogen and progesterone may prevent the cancer from growing.

Survivor Stories

Sharon Jones

By Virginia Lindak
For Digital First Media

Breast cancer survivor Sharon Jones knows firsthand the importance of getting regular mammograms.

After breast scans last year showed cancer developing in both breasts, Jones, 62, underwent bilateral mastectomies and breast reconstruction surgery.

As the primary caretaker for her sister with cerebral palsy, who lives with her, Jones was used to focusing on other people's health instead of her own.

"I hadn't had a mammogram in five years. I thought, I need to go get one just to be safe. So I went and I got the call to come back and have a second one as well as an ultrasound. When I heard that, it set alarms off," said Jones.

Jones returned for a second mammogram and ultrasound. It was then a radiologist told her they saw something suspicious in both breasts.

"At that point they said they wanted me to go have biopsies. That's when I met Kelly Scott who is the nurse navigator that I was assigned to. My first thought was, I can't get sick, Kelly, I take care of my sister."

Jones noted she was extremely thankful for the assistance Scott provided as her nurse navigator at Chester County Hospital. From scheduling her regular appointments to follow-up phone calls after appointments, Scott was with Jones through every step of the process.

"It just made it so much easier. I was very pleased with the Penn Medicine team at the hospital," said Jones. "I was very happy with the care I was given and the concern they were showing for patients. I would recommend them to anybody."

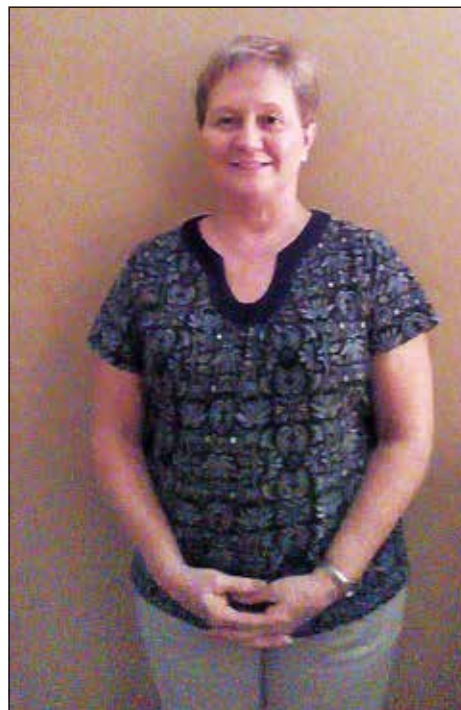
Fortunately, Jones did not have to undergo radiation treatments or chemother-

apy. Jones noted she had several tumors in both breasts and was told there was a good chance of recurrence. After discussions with her breast surgeon Dr. Porter, it was decided that the best route for her was a double mastectomy and reconstruction.

"After the surgery, I had to go see a medical oncologist and a radiation oncologist. The radiation oncologist said the size of the tumor was not large enough to undergo radiation therapy. That is what I was worried about most — not so much the radiation, but the possibility of chemotherapy."

Jones remarked she hopes women get mammograms annually. She's recovered from her reconstruction surgery and will have regular follow-up appointments with several doctors throughout the year. Jones also noted that she's back to doing the things she was doing before, like caring for her sister.

"You've got to do the first step — go get the mammogram. I beat myself up for a couple of years saying, 'Five years since I had my last mammogram? Why did I wait so long?' I was very, very lucky."



Sharon Jones

After breast scans last year showed cancer developing in both breasts, Jones, 62, underwent bilateral mastectomies and breast reconstruction surgery.

Janet Kane

By Virginia Lindak
For Digital First Media

Breast cancer survivor Janet Kane has dealt with cancer before. After a battle with leukemia and thyroid cancer, Kane, 75, was diagnosed with breast cancer last year.

Kane, a hospice nurse, was treated with surgery, chemotherapy and radiation.

"It was a very difficult year. I had chemotherapy and my white blood count went so far down that I was in the emergency room many times. I, of course, lost my hair, so my daughter shaved my head. Then I had 39 treatments of radiation. I live in Kennett Square so I traveled to West Chester every day for 39 days," Kane said.

Despite the numerous treatments and surgeries Kane has been through, she remains positive and encourages women to get checked regularly. She also noted how appreciative she was of the care she received at Chester County Hospital.

"I encourage people to have their mammograms so abnormalities can be found and treated early," Kane said. "I love Chester County Hospital. I feel safe there, I feel taken care of. I've had lots of different surgeries and diseases and so forth, and I've always been treated at the hospital. I've had some absolutely wonderful doctors that listen to me, talk to me and care about me. I highly recommend them."

Kane's breast surgeon was Dr. Pam Scott, who has since retired. She underwent mammograms, ultrasounds, biopsies and surgery.

"The care team at Chester County Hospital is very established in caring for breast cancer patients. They really care, and they follow up. I look at it from a survivor's perspective — they really meet a lot of my needs. I also look at it from a nurse's perspective — they have a good program," remarked Kane.

"They did a biopsy in the right breast and found a tumor. As far as they could see it had not spread, so it was rather small. I caught it early. It did not spread into my lymph node, so I was very fortunate that way," said Kane.



Janet Kane

Kane noted that she had lumpectomies on both breasts, after a biopsy revealed another tumor in her left breast, which was not cancerous. She then underwent chemotherapy.

"I had chemotherapy and started that in early June. I finished up at the end of August. That was a very difficult time because I was so sick," Kane said. "I started the radiation in September and I finished it in December. To me, that was so much easier than chemotherapy."

"I try to always look at the funny part — I couldn't eat for the longest time, now I've gained weight because I'm eating again," Kane said with a laugh.

She continued, "There is a way through. I want to try to encourage and inform. That's the nurse part of me, too. I want to make sure people know what is going on and let them know that it might not be as bad as they think. I'm always encouraging people; please get your mammograms. Just go and have it done. If you catch it early like me, you may not have to lose your whole breast. You just have a lumpectomy and a little scar, and you can go from there."

Breast self-exam guidelines

In addition to scheduling clinical screenings and mammograms, women should routinely examine and massage their breasts to detect any abnormalities. These breast self-exams can be an important part of early breast cancer detection.

Although many women are aware that they should become familiar with their bodies, many are unsure about just how frequently they should conduct breast examinations. Experts at Johns Hopkins Medical center advise adult women of all ages to perform self-examinations at least once a month. That's because 40 percent of diagnosed breast cancers are first detected by women who feel a lump. Establishing a regular breast self-exam schedule is very important.

Begin by looking at the breasts in a mirror. Note the size and appearance

of the breasts, and pay attention to any changes that are normal parts of hormonal changes associated with menstruation. Breasts should be evenly shaped without distortion or swelling.

Changes that should cause concern include dimpling, puckering or bulging of the skin. Inverted nipples or nipples that have changed position, as well as any rash or redness, should be noted. In addition, the same examination should be done with arms raised over the head.

The breasts should be felt while both lying down and standing up. Use the right hand to manipulate the left breast and vice versa. Use a firm touch with the first few fingers of the hand. Cover the entire breast in circular motions. The pattern taken doesn't matter so long as it covers the entire breast. All tissue, from the front to the back of

the breast, should be felt.

The same pattern and procedure should be conducted while standing up. Many women find this easiest to do while in the shower.

It is important not to panic if something is detected. Not every lump is breast cancer. And bumps may actually be normal parts of the breast, as certain areas can feel different than others. But bring any concerns to the attention of your doctor.

Breast self-exams are a healthy habit to adopt. When used in conjunction with regular medical care and mammography, self-exams can be yet another tool in helping to detect breast abnormalities. Doctors and nurses will use similar breast examination techniques during routine examinations.

Metro Creative

Alcohol Risk

Research has consistently shown that consuming alcoholic beverages increases a woman's risk of hormone-receptor-positive breast cancer. According to the American Cancer Society, a woman's risk of developing breast cancer increases with the amount of alcohol she consumes. When compared with nondrinkers, women who consume one alcoholic beverage per day have a slightly higher risk of developing breast cancer. But the risk of developing breast cancer is roughly one and a half times greater for those women who consume between two and five alcoholic beverages per day when compared to nondrinkers. Breastcancer.org notes that experts estimate that a woman's risk of developing breast cancer increases by 10 percent for each additional drink she consumes each day. The risk is considerable for young girls who consume alcohol as well, as teen and tween girls between the ages of nine and 15 who drink three to five drinks per week have three times the risk of developing benign breast lumps, which have been linked to a higher risk of breast cancer later in life.

The stages of breast cancer

When doctors diagnose breast cancer, they typically tell their patients which stage the cancer is in. Men and women with no previous experience with cancer may not know what these stages signify or may not understand the differences between the stages. The following is a rundown of breast cancer stages to help men and women diagnosed with breast cancer better understand their disease.

Why are stages important?

Staging helps doctors determine how far the breast cancer has progressed, but staging also helps doctors determine the best course of treatment to contain or eliminate the cancer. For example, a person diagnosed with stage 1 breast cancer will likely undergo a different course of treatment than someone diagnosed with stage 4.

How are stages determined?

A number of factors determine staging. These factors include:

- the size of the tumor within

the breast,

- the number of lymph nodes affected, and
- signs indicating if the breast cancer has invaded other organs within the body.

Signs that the cancer has spread may be found in the bones, liver, lungs, or brain.

Stage 0 & 1

When breast cancer is detected early, it is often characterized as stage 0 or 1, which means the cancer cells have not spread beyond a very limited area.

Stage 0 breast cancer is a non-invasive cancer where abnormal cells have been found in the lining of the breast milk duct but have not spread outside the duct into surrounding breast tissue. Stage 0 breast cancer is very treatable, but if treatment is not sought, it can spread into surrounding breast tissue.

Stage 1 breast cancer is diagnosed when the tumor is very small and has not spread to the lymph nodes. In certain instances when a person is diagnosed with stage 1 breast cancer, no tumor is found in the breast. When a tu-

mor is found, it is typically two centimeters or smaller. According to the National Breast Cancer Foundation, breast cancer that is discovered and treated at stage 1 has a five-year survival rate of roughly 98 percent.

Stage 2

A stage 2 breast cancer diagnosis means the cancer has begun to grow or spread, but it is still in the early stages and typically very treatable. Stage 2 breast cancer is divided into two groups, stage 2A and stage 2B, a distinction that is made because of the size of the tumor and if the breast cancer has spread to the lymph nodes.

There may or may not be a tumor present when a person is diagnosed with stage 2A breast cancer. If a tumor is present, it is either less than two centimeters and cancer cells are present in less than four axillary lymph nodes or the tumor is between two and five centimeters but has not spread to the lymph nodes.

A tumor is present when a person is diagnosed with stage 2B breast cancer, and that tumor

is either between two and five centimeters and spread to less than four axillary lymph nodes or it is larger than five centimeters but has not spread to any lymph nodes.

Stage 2 breast cancers typically respond well to treatment, but those treatments may be more aggressive than treatments for stage 0 or 1 breast cancers.

Stage 3

Stage 3 breast cancer is an advanced cancer that has invaded tissues surrounding the breast but has not spread to distant organs. Advancements to treat stage 3 breast cancer have made treatment more effective, even if a doctor describes the cancer as "inoperable," which may mean that surgery will not be enough to rid the breast of the cancer in its entirety. Stage 3 breast cancer is divided into a three subgroups, which are determined by the size of the tumor and if the cancer has spread to the lymph nodes or surrounding tissue.

When a person is diagnosed with stage 3A, 3B or 3C breast cancer, his or her physician will

likely discuss treatment plans that include a combination of treatment options.

Stage 4

A stage 4 breast cancer diagnosis means the cancer has spread to other areas of the body, which may include the brains, bones, lungs, or liver. Stage 4 breast cancer is considered incurable, though the NBCF notes that a growing number of women are living longer because their disease is being treated as a chronic condition. Treatment of stage 4 breast cancer may be determined by a patient's access to specialists and sub-specialists, and some patients may be given the opportunity to participate in therapies that are still in the experimental phase. Unlike in years past, many stage 4 breast cancer patients can extend their lives for several years thanks in large part to advancements in research and medical technology.

More information about breast cancer is available at www.nationalbreastcancer.org.

Metro Creative

About 1 in 8 U.S. women — 12% — will develop invasive breast cancer over the course of her lifetime.

In 2016, an estimated 246,660 new cases of invasive breast cancer are expected to be diagnosed, along with 61,000 new cases of non-invasive breast cancer (also known as carcinoma in situ). About 40,450 women are expected to die in 2016 from breast cancer, though there has been a decrease in death rates since 1989, with larger decreases in women under 50. These decreases are thought to be the result of treatment advancements, earlier detection through screening, and increased awareness.

For women in the United States, breast cancer death rates are higher than death rates for any other type of cancer, besides lung cancer.

Except for skin cancer, breast cancer is the most commonly diagnosed cancer among American women. In 2016, it's estimated that just under 30% of cancers diagnosed in women will be breast cancers.

In women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic, and Native-American women, the risk of developing and dying from breast cancer is lower.

As of June 2016, there were more than 2.8 million women with a history of breast cancer in the U.S. This figure includes women currently being treated and women who have finished treatment.

A woman's risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer.


Less than 15% of women who get breast cancer have a family member who has been diagnosed with it.

About 5-10% of breast cancers are thought to be caused by inherited gene mutations (abnormal changes passed through families).

Mutations of the BRCA1 and BRCA2 genes are the most common. Women with a BRCA1 mutation have, on average, a 55-65% risk of developing breast cancer in their lifetimes. For women with a BRCA2 mutation, the lifetime risk is 45%. An increased ovarian cancer risk is also associated with these genetic mutations.

The most significant risk factors for breast cancer are gender (being a woman) and age (growing older).

From the American Cancer Society



The five-year relative survival rate for women diagnosed with localized breast cancer (cancer that has not spread to the lymph nodes or outside the breast) is 98.5 percent, says the American Cancer Society. Survival odds increase as more is learned about breast cancer and more people take preventative measures, including routine screenings. Today, there are nearly 3 million breast cancer survivors living in the United States.



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