GATHER YOUR TEAM

A support system can make the difference
The last year had its ups and downs for Kimberly Slickmeyer, but she is forging through it with her faith in God and sense of humor intact.

Her experience with breast cancer begins with her quitting her job as a pharmacy technician to help her mother recover from a back injury in Colorado last year.

“I spent four months there to help her,” she said. “When I came back, it was time for my husband’s insurance renewals, so that meant a physical had to be done.”

During a gynecological exam, a lump was found in her breast.

“The mammogram wasn’t clear, so I had two ultrasounds and a biopsy,” she said. “It was found to be cancer.”

Invasive ductal cancer to be specific.

She felt like it was a punch to the gut. She has no family history of breast cancer.

“It just turns out that my body produces too many hormones,” she said.

Following the diagnosis, she had her teeth pulled, a port put in, started chemotherapy, and a sentinel biopsy — all in one week.

She got through six rounds of chemo, surgery, and a mastectomy.

She also went through 25 rounds of radiation and has three more rounds of herceptin treatment left.

She’s counting the days down to that final treatment, something she said that anyone going through chemo does.

“I weigh 102 pounds soaking wet, so I had two ultrasounds and a biopsy,” she said. “It was found to be cancer.”

During her treatment, she said, ‘Come on, you can tell me. My boobs are too small.’ He smiled and nodded.”

Today, she is recovering from a hysterectomy.

She credits her team at the Cancer Center for getting her through this fire — along with her church family and husband, children and grandchildren.

“This doesn’t define me,” she said. “I take it one day at a time, pray a lot and just try to have a really good attitude.”

That attitude is also giving her a new start. She recently started a college program focused on Biblical studies.

“I want to be a preacher,” she said. “But right now, all I’m doing is getting through the fire, thanks to Amy (Ellis, breast navigator), my medical team, and family. This is the best care I could have gotten anywhere.”
Study finds many double mastectomies unnecessary

W
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en with early-stage cancer in one breast are increasingly choosing double mastectomies — even if they are at low risk of developing breast cancer in the other, healthy breast, a new study published in JAMA found.

Nearly half of women with early-stage breast cancer consider having a double mastectomy, and one in six received it.

“That one in six breast cancer patients chose bilateral mastectomy is really striking. We knew it was increasing, but I don’t think many of us realized just how frequent this is,” said study author Dr. Reshma Jagsi, professor and deputy chair of radiation oncology at the University of Michigan.

Myths and facts

The procedure is known as contralateral prophylactic mastectomy, in which the healthy breast is removed along with the cancerous breast. It’s an aggressive form of treatment that is recommended for women “who are at a very high risk of developing a new breast cancer” such as those with BRCA 1 or 2 mutations, family history or other risk factors, said Susan Brown, senior director of education and patient support for Susan G. Komen.

Especially concerning is the lack of knowledge about the procedure and its benefits, Brown said. Many women diagnosed with early-stage breast cancer decide on the most aggressive treatment with the belief that it will increase their rate of survival, Brown said.

Among patients who considered double mastectomy, only 38 percent knew it does not improve survival for all women with breast cancer, the study found.

Other misinformation muddies the decision-making process. For example, some patients think having a mastectomy on a healthy breast will stop them from having to undergo chemotherapy or other targeted therapies, but that is not true, Brown said.

“Contralateral prophylactic mastectomy will only reduce the risk of breast cancer developing in the healthy breast, but it doesn’t reduce the risk of breast cancer returning in the original breast or coming back later in another part of the body,” Brown said.

What you need to know

“Every surgery we perform can have potential complications. These need to be discussed and need to be taken into account carefully before decisions are made,” said Dr. Virginia Kaklamani, a medical oncologist and head of the breast cancer program at University of Texas Health San Antonio.

It’s important to understand the risks and benefits of treatment and how likely treatment is to positively affect survival rates, Brown said. There may also be post-operative complications, additional costs, and issues related to long-term suffering and quality of life, Brown said.

In the study, almost all patients said peace of mind motivated them to choose double mastectomy.

“They are afraid of another breast cancer; of more biopsies of going through this again,” Kaklamani said.

In these circumstances, a double mastectomy “can avoid years of anxiety and ongoing fears. For some women that’s a great benefit,” Brown said.
Losing your hair is a common side effect of chemotherapy, yet it can be incredibly traumatic. There are beautiful ways to cope.

Hair should grow back after treatments are done, said Linda Whitehurst, a 28-year volunteer with Look Good Feel Better, a program that provides beauty workshops to improve self-esteem and quality of life for women undergoing chemotherapy, radiation and other cancer treatments.

Teaching women how to cover their heads with colorful scarves is one way to help them build their confidence and self-esteem.

“It’s all about the transformation and finding normalcy,” Whitehurst said.

Women going through a difficult time “don’t want to stand out. They want to fit in,” said Deborah Flynn, manager of the Friends’ Place at Dana-Farber Cancer Institute in Boston.

Whether done in a workshop, by watching YouTube videos or simply by practicing in front of a mirror, there are endless possibilities to creatively manage the effects of hair loss. Scarves are a trendy alternative to wigs and hats, Flynn said.

“Wigs can be hot, and hats are not for everyone. Scarves are fashionable,” Flynn said.

They can be intimidating to someone who is not used to wearing them. Here are some of the experts’ tips for how to tie, drape, twist and wrap a headscarf, as well as how to pick what’s right for you.

Start square

Take a 3x3 square of the scarf or a single. Pull a single end down and tuck a small section into place with a knot. Tuck the other end in place with another knot.

Stay stable

Cotton scarves wrinkle, Waverly scarves will not. Cotton scarves will also not stay in place. You can add satin lining to make it easier to keep in place.

Good choice

Scarves can be anywhere from $15 to $300. The choice is up to you. If you want a scarf that will last a lifetime, choose one that is worth the extra money.

Not too far

When planning the scarf, realize you’ll want to add a few inches to the length so it’s not too short.

Scrunch the ends

“It’s hard to look like one isStyle in a scarf. “It’s hard to look like one is wearing a headscarf, as well as how to pick what’s right for you.
BREAST CANCER AWARENESS

Here are tips on how to style a 60-by-30-inch square scarf. Fold it into triangle. Pull the front over the forehead and knot the ends over the point in the triangle. Bit of excess fabric above the knot to achieve a fuller look. You can add a pair of socks to make it look like there’s hair underneath.

If you tried a basic babushka, try the rosette turban. Use a large oblong scarf folded into a triangle. Place scarf on head with one end to one ear and knot. Twist one end tightly and wind around in the end and repeat with other end. If need be, hold ends in bobby pins.

Silky scarves stay in place better than silky ones, Flynn said. “For extra traction, wear a cotton beanie under the scarf to keep it in place,” she said.

Cotton scarves made of crinkled fabric are also good because they don’t slide, Whitehurst said. Other popular choices include tie-dyed or batik with lots of color.

For a down look, placing a scarf on the forehead, avoid putting it too far down or you’ll end up with “the Cabbage Patch look,” Whitehurst said. Instead, tie it up near the hairline.

The look

To look at a beautiful scarf laid out flat and see what it will look like, take the scarf and roll it around in your hand. Scrunch it up to get a better idea of what it will look like when you’re wearing it, Whitehurst said.

For more information

Look Good Feel Better is supported by the American Cancer Society and the Professional Beauty Association. Its beauty programs are available across the United States. Visit lookgoodfeelbetter.org and type in your ZIP code to find a free program near you. Or, call 1-800-395-LOOK (5665) and get a self-help kit that includes a video with scarf-tying tips mailed to you for free.
When facing a breast cancer diagnosis, there’s strength in numbers. A new study finds that half of women relied on three or more people to help them process breast cancer treatment options.

“The big takeaway is that most women with early-stage breast cancer are involving multiple people — not just a spouse or partner — but other family, friends and colleagues to help them make informed decisions,” said Dr. Lauren P. Wallner, assistant professor of general medicine and epidemiology at the University of Michigan and lead author of the paper, published in the journal Cancer.

The size of a woman’s support network matters. “People faced with a new cancer diagnosis are still processing the information. They are often scared and overwhelmed. They are not able to grasp all the details. It’s helpful to have support, someone with them who can help weigh the pros and cons of what the doctor is saying and the different treatment options,” Wallner said.

Larger support networks were associated with more deliberation about treatment, which is critical as treatment options become more complex, Wallner said. More deliberation suggests patients are thinking through pros and cons, discussing it with others and weighing the decision care-
fully. The more people a woman has supporting her, the better her decisions are, Wallner said.

“When patients are diagnosed with cancer, there’s this rush to get through the treatment process. But for patients with early-stage breast cancer, they have some time to decide on their treatment choice,” Wallner said. “The idea that women are discussing their options more with their family and friends and potentially thinking through that decision more carefully is reassuring. Engaging these informal support networks could be a way to prevent women from rushing into something.”

The study found that only 10 percent of women said they had no personal decision support network. Nearly three-quarters said their support network talked with them about their treatment options and frequently attended their appointments.

African-American and Latina women reported larger networks than did white women. Women who were married or partnered also reported more support. Even among women without a partner or spouse, many had large support networks.

Women reported children, friends, siblings, parents and other relatives were involved in their decision-making.

How you can help
Offer to go with to an appointment and take notes. “It is incredibly helpful to have another set of eyes and ears,” Wallner said.
Help with research
“If you’re internet-savvy, help do research and track down information,” Wallner said.
Just be there
“On a basic level, just being present lets the patient know she is not alone,” Wallner said.
Doctors need to involve others
“Physicians should be aware that women want to include others in their treatment decisions,” Wallner said.
A woman without a support network may need extra help or information during the decision process.

“It starts with something as simple as physicians asking patients who is helping them make their treatment decisions. That can then guide the conversation, such as the amount of resources the physician provides and to whom they communicate that information,” she said.
Breast Cancer Awareness

Gene mutations and breast cancer

By MELISSA ERICKSON

In the fight for a cure for breast cancer, BRCA1 and BRCA2 get a lot of attention, but many people don’t understand how these genes’ mutations affect their risk of developing the disease.

BRCA1 and BRCA2 (short for BReast CAncer 1 and 2) are human genes that produce tumor-suppressor proteins, according to the National Institutes of Health. These proteins help repair damaged DNA and play a role in cell growth and cell division.

These are genes we all have in our bodies. It’s when these genes have mutations — or mistakes — that a person’s risk rises for developing breast and other forms of cancers, according to Memorial Sloan Kettering Cancer Center.

Only about 5 to 10 percent of all breast cancers diagnosed in the United States are due to inherited gene mutations known to increase risk, according to the American Cancer Society. BRCA mutations affect men, too. Men with BRCA2 mutations are at an increased risk for getting prostate cancer.

A new study published in JAMA reveals how much having “breast cancer genes” increases the risk of cancer. Women with genetic mutations in the “breast cancer genes” have about a 70 percent chance of developing breast cancer in their lifetimes. The findings are based on an analysis of nearly 10,000 women with mutations in either the BRCA1 or BRCA2 gene.

The risk of developing breast cancer varies — it can double — depending on specific mutations within the genes, the study found. Having close family members with breast cancer also increased risk.

Other key findings:
- Among women who had not been diagnosed with breast cancer before the study, those with BRCA1 mutations faced a 72 percent chance of developing breast cancer by age 80, and the BRCA2 carriers had a 69 percent chance of developing breast cancer by age 80.
- The rate of new breast cancer cases increased rapidly among younger women, but leveled off around ages 30 to 40 for BRCA1 carriers and 40 to 50 for BRCA2 carriers.

When Lura Hawkins got her annual mammogram in 2013 at The Women’s Center at Cookeville Regional, the results showed an invasive tumor beginning to grow in her left breast. Because the test caught the lump in its very early stages, Hawkins was able to have it removed via mastectomy before it invaded neighboring tissues and lymph nodes, meaning she was able to avoid chemotherapy. And now, nearly four years later, she’s still cancer-free.

“I can’t stress enough how important it is to get your yearly mammogram.”

LURA HAWKINS Breast Cancer Survivor