

October is Breast Cancer Awareness Month

By CAROL L. FORHAN, SURVIVOR

Pink Ribbons, Pink Shirts, walks, runs, fundraisers, and now in 2021 because of the COVID-19 and the Delta Variant we return to virtual auctions, benefits, and other events that we hope will continue to help raise more AWARENESS and funds in our communities.

What is so special about this month of October?

It is like other months that bring awareness of a special need. Every disease or affliction now has a colored ribbon to commemorate their cause, whether it is Heart Month, Diabetes Month, Alzheimer's Month, and so on. October 1-31 is a campaign month intended to educate people about the importance of early screening and detection of Breast Cancer. This month is personal for me. It was my personal fight with breast cancer at a young age with unknown causes. At the age of 43 I had my

first mammogram, I had just learned how to do breast self-exam by watching CBS Journalist, Connie Chung on a TV program she presented on breast self-exam. I also had a close friend at the age of 39 years old diagnosed with breast cancer and she encouraged me to get a mammogram after I felt a lump in my armpit. I am so thankful for both of them and the encouragement of my friend I am sure she saved my life. I was then diagnosed with Stage 2B-breast cancer with all of my lymph nodes involved on the same side.

Breast cancer effects 1 in 8 women who will get diagnosed with cancer in her lifetime, and some men actually get breast cancer as well. Many years of research has been done on this disease, and breast cancer comes in many forms and stages. We know about the BRAC genes and HER-2, but not all cancer



is inherited. Great strides have been made in research to find the cause, different treatments and therapies then are developed to kill the cancer cells. Some treatments like surgery can make one lose a breast(s), some treatments will cause you to lose your hair, self-esteem and dignity, and unfortunately some will die.

We can replace a breast with a prosthesis or with reconstructive surgery or do nothing, our hair will grow back as well as our self-esteem and dignity. Many women work through the process

day by day, whether at a job or career and/or keeping up a home, children, spouse, daily chores and just day to day living.

Many friendships develop in this cancer club, help and encouragement from another survivor, like the American Cancer Society's Reach to Recovery program. Support groups may become a part of your life for now, (if you choose too). We move on, some tell others of their survivorship some tell no one. When we do the survivors' page, in our NCW Media newspapers the first week of October, we are happy to show our smiling faces that we are surviving and thriving and showing others that life goes on. If you know of someone that didn't tell her story, then that is a personal choice and is respected.

Though it is scary, cancer does not have to be a death sentence, and cancer is not a one person disease, it affects

the whole family.

A few things that are very important to remember and you will be reminded especially in October Awareness Month.

Get a mammogram.

Know your family history.

Learn to do breast self-exam. If a relative like, mom, grandmother, or aunt have or had breast cancer, depending on your age, the current recommendation for a mammogram is 45 years old or earlier. Schedule a consultation with your doctor or health provider. Call the American Cancer Society for free information, 1-800-ACS, or www.cancer.org

When or if you are diagnosed, you have the right to get a second or even a third opinion. Surgery is not always the answer, talk to your team of doctors and nurses, and other caregivers. BE an advocate for yourself, or take someone with you to be an advocate. Ask questions, do

your research, but do not just rely on internet information, it can be misleading. There are also some great books and magazines you can read. One of the best books about the breast anatomy therapies and other information, is Dr. Susan Love's Breast Book. There are different therapies and opinions out there. 31 years ago I was not expected to live "5" years; and years ago I heard the phrase

"I want to see Breast Cancer eradicated in my life time!" and it still hasn't been eradicated. I still have Hope and Faith that it will happen before my 4 granddaughters have to deal with it. I thank God everyday that I have another day to enjoy, by continuing my faith career as an ordained deacon in my church, a business owner, community leader and supporter of many causes. Have Faith my friend, I will support you as well. Sincerely, Carol Forhan, 31 years, Surviving and Thriving!

Breast Cancer Glossary

COMPILED BY CAROL FORHAN

Educate yourself on these terms when your doctor talks to you about breast cancer

Adjuvant therapy: Treatment such as chemotherapy, hormonal therapy, or radiation used following surgery to cure, reduce, or control cancer.

Aspiration: The use of a hollow needle and syringe to suction out fluid or cells from a cyst or tumor.

Atypical lobular hyperplasia: Abnormally shaped cells multiplying excessively in the normal tissue of a breast lobule.

Axillary: In the armpit.

Benign: Not cancerous.

Biopsy: Tissue or cells removed from the body and examined microscopically to determine whether cancer is present.

Calcifications: Small calcium deposits in breast tissue that can be seen by mammography.

Carcinoma: Cancer that arises from epithelial tissue (tissue that lines a cavity or surface); occurs often in the breast.

Chemo-prevention: The use of drugs or chemicals to prevent cancer.

Chemotherapy: Treatment of cancer with powerful drugs that destroy cancer cells.

Core needle biopsy: Use of a hollow needle to extract a sample of a lump or other suspicious tissue for examination.

Cyst: A lump or swelling filled with fluid or semifluid material.

Duct: A channel in the breast that carries milk from the lobule to the nipple during lactation.

Estrogen: A female sex hormone produced chiefly by the ovaries.

Estrogen receptor: A site on the surface of some cells to which estrogen molecules attach.

False negative: Test results that incorrectly indicate that the tested disease or substance is not present.

Fibroadenoma: A benign, fibrous tumor commonly found in the breast.

Free radicals: Toxic atoms produced by chemical reactions within a cell.

The Self-Breast Exam

Because breast cancer is the most common cancer for women today, routine self-examination is an essential step in catching the disease early.

In fact, according to the National Breast Cancer Association, 40 percent of diagnosed breast cancers are detected by women through self-examination.

By examining yourself on a monthly basis, you will quickly become familiar with your breasts and the surrounding tissue and will easily be able to see or feel an abnormality, such as an unusual lump, changes in the skin or any sort of discharge.

HOW TO LOOK

While physically looking down at your breasts is a good start, it is not adequate for a full examination. To view each section of your breasts equally, you must stand in front of a mirror.

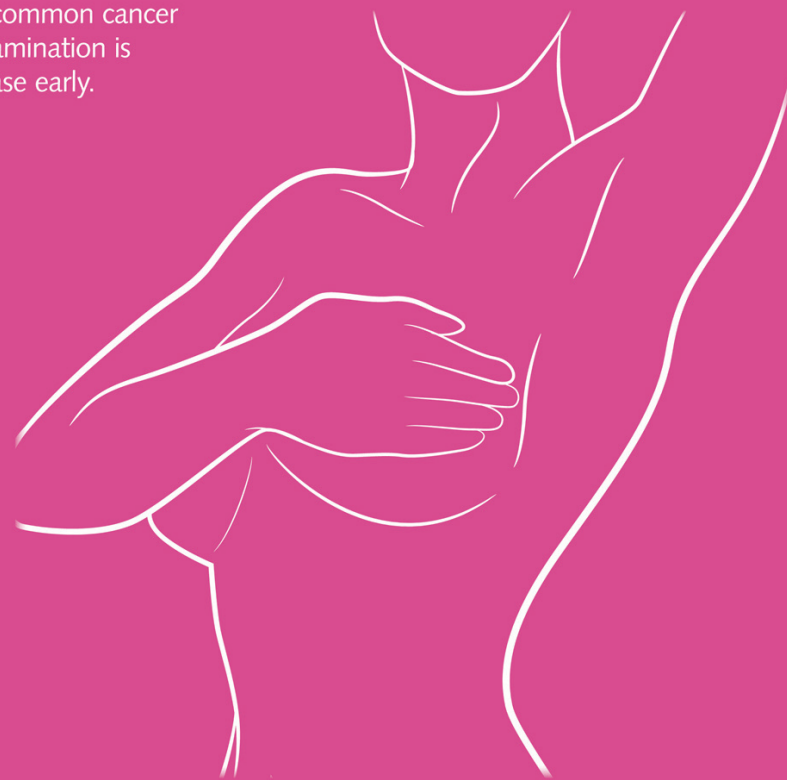
Check for dents, pulls and any sort of odd coloring. Be sure to check your breasts standing straight ahead with your arms resting at your sides, again straight ahead with your arms raised above your head, and again leaning slightly forward with your hands on your hips.

HOW TO FEEL

Just as you do with a visual examination, to properly feel your breasts for abnormalities, you must examine them in several positions.

The shower is an excellent location for an exam, because the water helps your fingers glide over the tissue easily. Use the middle part of your first three fingers (rather than the fingertips) to gently move the breast.

Move your hand from the outside of the breast towards the nipple and then back out to the edge. Do not ignore the fleshy part of your armpit, as this is also technically breast tissue and should not be overlooked.



The other position you should perform a breast exam in is flat on your back. When you are lying down, the breast tissue lays evenly along the wall of your chest.

Lift the arm coinciding with the breast you are examining above your head (left arm with the left breast, right arm with the right breast),

and perform the same movements as in the shower.

Use both light and firm pressure and be cognizant of any pain. Keeping a journal of any abnormalities and follow-up doctor visits is a great way to stay on top of your overall breast health.

Hematoma: A swelling formed of blood. Infrequently occurs at the site of surgery, such as in a biopsy cavity after a lumpectomy.

Hyperplasia: Excessive cell growth.

Infiltrating cancer: A cancer that has spread from its site of origin into surrounding tissue.

In situ: Latin for "in place." As part of the term "ductal carcinoma in situ," it means that cancer cells exist and are still contained within the ducts of the milk-producing gland.

Lobules: Milk-producing glands of the breast.

Lymphedema: An accumulation of lymph fluid in the arm, hand, or breast that may develop when lymphatic vessels or nodes have been removed or blocked by surgery, or after radiation therapy. It can appear immediately after treatment or many years later.

Lymph nodes: Small, bean-shaped organs linked by lymphatic vessels. As part of the immune system, they filter out germs and foreign matter. Also

called lymph glands.

Malignant: Cancerous.

Metastasis: The spread of cancer cells from the site of origin to another part of the body.

Metastases: Secondary cancers that form after cancer cells spread to other parts of the body.

Neoadjuvant therapy: Therapy with anticancer drugs or radiation given before surgery in order to shrink a tumor.

Palpable: Able to be felt.

Progesterone: A hormone produced by the ovaries and

adrenal glands; essential for healthy functioning of the female reproductive system.

Radiation therapy: The use of x-rays at very high doses to treat or control disease.

Seroma: An accumulation of lymphatic fluid under an incision.

Content provided by MammoSite Breast Cancer Information. www.mammosite.com

Screening saves lives by helping find breast cancer early.

Finding cancer early may give you more treatment options, including Breast Conserving Therapy instead of a mastectomy.

Get your mammogram. Tell your friends, mothers, sisters, aunts and daughters to do the same. Be a Friend. Tell a Friend. Get Your Mammogram.

Information from American Cancer Society

Women's Cancer Support Group

CHELAN - For more information about the Women's Wellness Group Cancer Support group, contact Anne at 682-8718.

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Honoring Breast Cancer Survivors



Linda DeLeon is retired and likes to sew. She is a 50 year survivor.



Carol L. Forhan Survivor: 31 years Occupation: NCW Media, co-owner and ad manager, Ordained Episcopal Deacon, and Nutcracker Museum Board member.



Orlanna Keegan is a retired United States Postal Clerk, (Lake Chelan Post Office). Her interests include church, time with family, travel, and Disney. She is a 28 year, 10 month survivor.



Barbara Rist Blankenship is retired, She likes gardening, reading, yard work, her grandkids, and her new kitten. She is a 24 year, 1 month survivor.



Sandi Gruenberg is retired. Interests are family, playing with her grandchildren, Chelan Chase, and raising money for Breast Cancer Research. She is a 22 year, 2 month survivor.



Nancy Baum is retired and loves kayaking, biking, golfing, boating and drinking wine. She is a 21 year, 10 month survivor



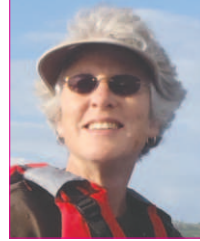
Vicki Hoffman is a music assistant with the Lake Chelan School District; and likes being with her family, especially three granddaughters. She is a 21 year, 4 month survivor.



Carol Simpson is retired and her interests include walking, yoga/pilates, knitting and reading. She is 20 year, 2 month survivor.



Joan Lester is retired and she is a 19 year survivor.



Anne Brooks is a school bus driver. Interest includes electric vehicles, being outside and quilting. She is a 16 year, 6 month survivor.



Nelda Monteleone is 94 years old and has been cancer free for 14 years. She lives at Heritage Heights.



Carolyn Cockrum is an office assistant and her interests include golf and gardening. She is a 6 1/2 year survivor.

Breast Cancer Facts

COMPILED BY CAROL FORHAN, 31 YEAR SURVIVOR

The two main risk factors for breast cancer are: Being female and aging

Statistics

Breast cancer is the second most common cause of cancer for American women except skin cancer, and the overall cause of cancer death in women between the ages of 20 and 39.

In the United States, one in 8 women will develop breast cancer in her lifetime.

An estimated 276,480 new cases of invasive breast cancer are expected to occur in women in this year with an estimated 48,530 additional cases of in-situ (non-invasive) breast cancer.

64% of breast cancer cases are diagnosed at localized stage for which the 5-year survival is 99%. There are more than 2.4 million women in the United States with a history of breast cancer. 42,170 or 1 in 39 women (3%) will die. But there are 3.8 million survivors in the USA.

In the United States, breast cancer is expected to be newly

diagnosed every three minutes, and a woman will die from breast cancer every 13 minutes.

Breast cancer in men

Though rare, 2,620 new cases of invasive breast cancer are expected to be diagnosed, in men in 2020. 520 will die. Black men have the highest breast cancer incidence over all, Hispanic men have the lowest. Median age of diagnosis for men in the U.S. is 68 years old.

Breast cancer in ethnic groups

African American women have a higher breast cancer death rate than women of any other racial or ethnic population.

American Indian/Alaska Native females have the lowest breast cancer incidence rates.

Breast cancer and age

The risk of breast cancer increases with age: About 18 percent of diagnoses are among women in their 40's and 77 percent of women with breast cancer are older than 50 when they are diagnosed.

White women have a higher incidence of breast cancer

than African American women after age 40, while African American women have a slightly higher incidence rate before age 40.

Risk and recurrence of breast cancer

Postmenopausal women with early breast cancer are at their greatest risk of disease recurrence during the first five years after diagnosis.

The absolute number and percentage of recurrences in the first five years after surgery is much highest than the following five to 10 years.

Treatment received during these first five years is paramount in combating the disease.

Early Detection

One of the earliest signs of breast cancer can be an abnormality that shows up on a mammogram before it can be felt. The most common signs of breast cancer are a lump in the breast, abnormal thickening of the breast, or a change in the shape or color of the breast. Finding a lump or change in your breast does not necessarily mean you have breast cancer. Additional changes that may also be signs

of breast cancer include:

Any new, hard lump or thickening in any part of the breast/and armpit.

Change in size or shape. Dimpling or puckering of the skin.

Swelling, redness or warmth that does not go away.

Pain in one spot that does not vary with your monthly cycle.

Pulling in of the nipple, nipple discharge that starts suddenly and appears only in one breast.

An itchy, sore or scaling area on one nipple.

It is important for women to practice the elements of good breast health. It is suggested women obtain regular mammography screening starting at the age of 45, or earlier if you have a family history.

Obtain annual clinical breast exams, perform monthly breast-self exams and obtain a risk assessment from a physician.

This information was acquired from the American Cancer Society, 1-800-ACS-2345. Or www.cancer.org. and The Susan G. Komen organization.

Local Support

LOCAL SUPPORT

- * Cancer Care of NCW, Inc. Our House, Wenatchee: 663-6964 or email: cancercare@nwi.net
- * Wellness Place, Wenatchee, 888-9933. Support groups, and resources.
- * Confluence Health/Wenatchee Valley Medical, 663-8711 x 64100 Confluence Health, Breast, Cervical and Colon Cancer Health Program
- * EASE Cancer Foundation, Cashmere: 860-1322 or www.easecancer.org
- * Cascade Medical, Leavenworth, 548-5815.
- * Lake Chelan Community Hospital, Chelan, 682-3300
- * Columbia Valley Community Health, 662-6000
- * Three Rivers Hospital, Brewster, 689-2517
- * Family Health Center, Brewster, 509-422-7629, 800-660-2129
- * Seattle Cancer Alliance, 800-804-8824, www.seattlecca.org

NATIONAL SUPPORT

- * American Cancer Society, (ACS) 800-ACS-2345, www.cancer.org. Programs include: I Can Cope, Look Good, Feel Better, LookGood-FeelBetter.org, 800-395-LOOK Reach to Recovery, a one to one survivors' help program.
- * New Birthday Campaign: Less Cancer, More Birthdays. MoreBirthdays.com, Facebook and blog OfficialBirthdayBlog.com or Cancer.org/circleofsharing.
- * American Society for Therapeutic Radiology and Oncology, 703-502-1550, www.astro.org.
- * American Society of Plastic Surgeons, 800-514-4340, www.plasticsurgery.org.
- * AVON Foundation, www.avonfoundation.org
- * Blood & Marrow Transplant Information Network-Seattle, www.seattlecca.org/bmt, bmtinfoNet
- * Dr. Susan Love Foundation for Breast Cancer Research, 1-310-828-0060 x 157
- * Living Beyond Breast Cancer, 855-807-6386, www.lbbc.org.
- * National Breast Cancer Foundation-1-972-248-9200, NationalBreastCancer.org
- * National Coalition for Cancer Survivorship, Cancersurvivorship.org
- * Susan G. Komen For the Cure, www.komen.org
- * The Breast Cancer Alliance, www.breastcanceralliance.org
- * National Lymphedema Network, 1-510-809-1660, www.lymphet.org.
- * SHARE (Breast Cancer Hotline), 1-866-830-4576, 844-ASK-SHARE, or www.sharecancersupport.org
- * Vital Options International, 1-800-477-7666, www.vitaloptions.org
- * Zero Breast Cancer: 1-415-507-1949, www.zero-breastcancer.org

Free Cancer magazine: print and online: Cancer Today, American Association for Cancer Research, 615 Chestnut St. 17th floor, Philadelphia, PA 19106

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