

The POWER of Pink

4 ways to take back control from breast cancer

(BPT) It is no secret that dealing with breast cancer is hard. It can turn lives upside down, inspiring concerns on topics as wide-ranging as maintaining daily routines, paying for treatment and life expectancy. Underlying it all is its emotional toll. According to a survey by Ford Warriors in Pink, 44 percent of breast cancer patients report needing help maintaining a positive outlook, while 43 percent report needing help maintaining their self-confidence. As supporters, we want to alleviate the burdens on our loved ones, yet only 28 percent of Americans say they know how to best support a patient during and after treatment. Although the emotional journey of cancer is complex and there is no one-size-fits-all solution, there are ways you can help those experiencing it feel more in control of their situation. Encourage your loved ones to engage in activities that nourish their spirit and support them in pursuing avenues for self-care to help them maintain a positive outlook on life.

Expand your world
Many patients feel as though breast cancer takes hold of their life as its own. Remind your loved one that cancer is not the center of their world by encouraging them to pursue their passions. "Amidst chemo and radiation, you're constantly finishing battles. But when life is constantly pushing you down, you need more wins. So I decided to hike through the rainforest in Colombia immediately post radiation," says breast cancer survivor Lara Mehanna. Participating in new experiences - even those in your own hometown - can allow those who have been touched by breast cancer to refocus on their spirit. Treat your loved one to an experience that aligns with their interests, like a local pottery or cooking class, to provide a much-needed outlet as they continue their fight.

Create peace of mind
Mindful meditation is one



Photo by photographer Ryan Cordwell for Wanderlust Festival. Because yoga is a gentle exercise with a variety of modifications, it can be a manageable exercise for patients at different stages of their journey.

method of self-care that helps lower anxiety and stress. As part of her "integrated care" treatment plan, breast cancer survivor Ana Mostaccero practiced meditation and visualization exercises prior to surgery. "Doing these exercises helped me to not only reduce stress, but to begin practicing an all-around mindful life with heightened perspective and appreciation for what my mind and body were experiencing." Help your loved one tap into their own inner peace by making meditation easily accessible to them. Popular personal meditation app Headspace offers meditations specific to every phase of the cancer journey.

Channel your chi

breast cancer often brings feelings of being betrayed by your body. "It took a long time to learn to trust my body again," says survivor Amber Tumbow. "For so long it felt like my own body turned against me in a constant state of battle. I began practicing yoga, and slowly but surely I was able to feel more in control." Because yoga is a gentle exercise with a variety of modifications, it can be a manageable exercise for patients at different stages of their journey. Start a regular yoga practice with your loved one to encourage regular activity, keep them motivated, and help them reconnect with their bodies. Look for programs like the Wanderlust 21-Day Challenge that can be done at home and are designed especially with breast cancer patients in mind.

Empower with community
Cancer can feel alienating. While patients undoubtedly appreciate the support of family and friends, they can also feel like no one understands

what they are going through. Connecting with others who have also experienced cancer can help patients feel less alone. "The greatest blessing was support from fellow survivors, the Models of Courage community," shares survivor Jessica Ayers. "Being diagnosed so young, I felt alone. Hearing the stories of those who had gone through the same thing as me, and seeing their strength as they offered support, advice and love completely changed my outlook on my disease. It turned me into a warrior." No matter what you choose to do, it's important to let your loved ones know that you are there to support them, on days good and bad. By doing so, you can provide vital support for making your loved one's journey just a little bit easier. For free patient support resources such as Headspace meditations and the Wanderlust 21-day yoga challenge visit www.fordcares.com.

2017 risks for breast cancer

Personal history of breast cancer
A woman with cancer in one breast has a 3- to 4-fold increased risk of developing a new cancer in the other breast or in another part of the same breast. This is different from a recurrence (return) of the first cancer.

Dense breast tissue
Women with denser breast tissue (as seen on a mammogram) have more glandular tissue and less fatty tissue, and have a higher risk of breast cancer. Unfortunately, dense breast tissue can also make it harder for doctors to spot problems on mammograms.

Lifestyle-related factors
Not having children, or having them later in life. Women who have not had children or who had their first child after age 30 have a slightly higher breast cancer risk. Having many pregnancies and becoming pregnant at an early age reduces breast cancer risk.

Pregnancy reduces a woman's total number of lifetime menstrual cycles, which may be the reason for this effect.

Alcohol
Consumption of alcohol is clearly linked to an increased risk of developing breast cancer. The risk increases with the amount of alcohol consumed. Compared with non-drinkers, women who consume 1 alcoholic drink a day have a very small increase in risk. Those who have 2 to 5 drinks daily have about 1 1/2 times the risk of women who drink no alcohol. Excessive alcohol use is also known to increase the risk of developing cancers of the mouth, throat, esophagus, and liver. The American Cancer Society recommends that women limit their alcohol consumption to no more than 1 drink per day.

Being overweight or obese
Being overweight or obese has been found to increase breast cancer risk, especially for women after menopause.

Before menopause your ovaries produce most of your estrogen, and fat tissue produces a small amount of estrogen. After menopause (when the ovaries stop making estrogen), most of a woman's estrogen comes from fat tissue. Having more fat tissue after menopause can increase your estrogen levels and thereby increase your likelihood of developing breast cancer.

The connection between weight and breast cancer risk is complex, however. For example, risk appears to be increased for women who gained weight as an adult but may not be increased among those who have been overweight since childhood. Also, excess fat in the waist area may affect risk more than the same amount of fat in the hips and thighs. Researchers believe that fat cells in various parts of the body have subtle differences that may explain this.

The American Cancer Society recommends you maintain a healthy weight throughout your life by balancing your food intake with physical activity and avoiding excessive weight gain.

Lack of physical activity
Evidence is growing that physical activity in the form of exercise reduces breast cancer risk. The main question is how much exercise is needed. In one study from the Women's Health Initiative, as little as 1 1/4 to 2 1/2 hours per week of brisk walking reduced a woman's risk by 18%. Walking 10 hours a week reduced the risk a little more. To reduce your risk of breast cancer, the American Cancer Society recommends 45 to 60 minutes of intentional physical

activity 5 or more days a week. Factors with uncertain, controversial, or unproven effect on breast cancer risk.

High-fat diets
Studies of fat in the diet have not clearly shown that this is a breast cancer risk factor. Most studies have found that breast cancer is less common in countries where the typical diet is low in total fat, low in polyunsaturated fat, and low in saturated fat.

On the other hand, many studies of women in the United States have not found breast cancer risk to be related to dietary fat intake. Researchers are still not sure how to explain this apparent disagreement. Studies comparing diet and breast cancer risk in different countries are complicated by other differences (such as activity level, intake of other nutrients, and genetic factors) that might also alter breast cancer risk.

More research is needed to better understand the effect of the types of fat eaten on breast cancer risk. But it is clear that calories do count, and fat is a major source of these. High-fat diets can lead to being overweight or obese, which is a breast cancer risk factor. A diet high in fat has also been shown to influence the risk of developing several other types of cancer, and intake of certain types of fat is clearly related to heart disease risk.

The American Cancer Society recommends eating a healthy diet with an emphasis on plant sources. This includes

vegetables and fruits each day, choosing whole grains over processed (refined) grains, and limiting consumption of processed and red meats.

Breast implants
Several studies have found that breast implants do not increase breast cancer risk, although silicone breast implants can cause scar tissue to form in the breast. Implants make it harder to see breast tissue on standard mammograms, but additional x-ray pictures called implant displacement views can be used to examine the breast tissue more completely.

Chemicals in the environment
A great deal of research has been reported and more is being done to understand possible environmental influences on breast cancer risk.

Of special interest are compounds in the environment that have been found in lab studies to have estrogen-like properties, which could in theory affect breast cancer risk. For example, substances found in some plastics, certain cosmetics and personal care products, pesticides (such as DDE), and PCBs (polychlorinated biphenyls) seem to have such properties.

Although this issue understandably invokes a great deal of public concern, at this time research does not show a clear link between breast cancer risk and exposure to these substances. Unfortunately, studying such effects in humans is difficult. More research is needed to

better define the possible health effects of these and similar substances.

Tobacco smoke
Most studies have found no link between cigarette smoking and breast cancer. Although some studies have suggested smoking increases the risk of breast cancer, this remains controversial.

An active focus of research is whether secondhand smoke increases the risk of breast cancer. Both mainstream and secondhand smoke contain chemicals that, in high concentrations, cause breast cancer in rodents. Chemicals in tobacco smoke reach breast tissue and are found in breast milk.

The evidence on secondhand smoke and breast cancer risk in human studies is controversial, at least in part because smokers have not been shown to be at increased risk. One possible explanation for this is that tobacco smoke may have different effects on breast cancer risk in smokers compared to those who are just exposed to secondhand smoke.

A report from the California Environmental Protection Agency in 2005 concluded that the evidence about secondhand smoke and breast cancer is "consistent with a causal association" in younger, mainly pre-menopausal women. The 2006 US Surgeon General's report, "The Health Consequences of Involuntary Exposure to Tobacco Smoke," concluded that there is "suggestive but not sufficient" evidence of a link at this point. In any case, this possible link to breast cancer is yet another reason to avoid secondhand smoke.

as better treatments.

Higher risk
Women whose close blood relatives have breast cancer have a higher risk for this disease. Having one, first-degree relative, (mother, sister, or daughter) with breast cancer almost doubles a woman's risk. Having a 2nd first-degree relative increases her risk about 5-fold. Although the exact risk is not known, women with a family history of breast cancer in a father or brother also have an increased risk of breast cancer. Overall, about 20% to 30% of women with breast cancer have a family member

with this disease. (This means that 70% to 80% of women who get breast cancer do not have a family history of this disease.)

Race and ethnicity
White women are slightly more likely to develop breast cancer than are African-American women. However, African-American women are more likely to die of this cancer. At least part of this seems to be because African-American women tend to have more aggressive tumors, although the reasons for this are not known. Asian, Hispanic, and Native American women have a lower

risk of developing and dying from breast cancer.

Cancer statistics such as these are presented in an updated edition of the American Cancer Society's Breast Cancer Facts and Figures. The publication provides updated cancer research facts about breast cancer, including incidence, mortality, and survival trends for breast cancer, as well as information on early detection, treatment, and factors that influence risk and survival.

Visit the American Cancer Society's Cancer Statistics Center for more key statistics.

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Honoring Breast Cancer Survivors



Linda DeLeon is retired and likes to sew. She is a 46 year survivor.



Joyce Steele is a housewife and loves candy making. She is a 36 year survivor.



Carol L. Forhan Survivor: 27 years. NCW Media, co-owner, ad manager, ordained Episcopal Deacon, ALFA past Royal Lady, 2017 First Lady, and board member. Interests: Photography, church, loving my 5 grandchildren!



Orlanna Keegan is a United States Postal Clerk, at Lake Chelan Post Office. Her interests include church, time with family, travel, and Disney. She is a 24 year, 10 month survivor.



Barbara Rist Blankenship is retired, She likes gardening, reading, yard work, her grandkids, Chelan Senior Center. She is a 20 year, 1 month survivor.



Suzanne Newby is retired from Safeway. Her interests include cooking, crafts, and camping. She is a 20 1/2 year survivor.



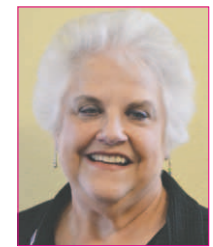
Sandi Gruenberg Interests are family, Soroptimist of Chelan, Chelan Chase, raising money for Breast Cancer Research. She is a 18 year, 2 month survivor.



Nancy Baum is retired and loves kayaking, biking, golfing and boating. She is a 17 year, 10 month survivor



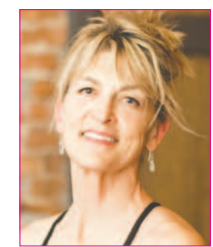
Vicki Hoffman is a music assistant with the Lake Chelan School District; and likes being with her family, especially her 4 month old granddaughter. She is a 17 year, 4 month survivor.



Karen Gordon Interests include singing, music, reading and walking. She is 16 year, 8 month survivor.



Carol Simpson is retired and her interests include walking, yoga/pilates, knitting and reading. She is 16 year, 2 month survivor.



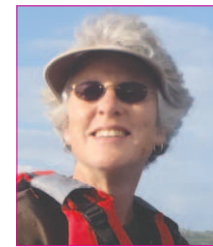
Lynda Kennedy is the owner/operator of Yogachelan Yoga Studio. Her interests include yoga, golf, hiking and gardening. She is a 14 year survivor.



Pat Batdorf is retired and is a Food Bank volunteer and a member of Lake Chelan Hospital Guild B. She is a 14 year survivor.



Karen Webb is a retired LPN and medical transcriptionist. Her interests include scrap booking. She is a 13 year survivor.



Anne Brooks is a school bus driver. Interest includes electric vehicles, being outside and quilting. She is a 12 year, 6 month survivor.



Teresa Flores Beason is retired and likes camping with family, cross stitching and crocheting. She is a 12 year survivor.



Eilene Brown is retired and likes decorating, volunteers at the museum, yoga and reading. She is a 8 year, 8 month survivor.



Heather Smith is a Office Manager and her interests include snowmobiling, reading and camping. She is a 7 1/2 year survivor.

Dear Readers: Over the years we have had a lot of women's faces and stories, including my own, on these special October BCA pages. I started this "Tribute of Hope" many years ago and honor those who support the cause. These special pages have inspired other communities to show the "face of cancer". Our newspapers have also won top awards from newspaper groups in the U.S. and Canada. We hope you take the time to read the articles and information about breast cancer. One other fact, it is that men can also get breast cancer, it is rare but yes it does happen. Please

check out all statistics on the American Cancer Society's website. We want to continue to show you faces and names of those who have been there, to give Hope to those who are newly diagnosed or who are still struggling. Cancer of any kind is not an individual disease, it is a family disease, everyone is involved when a loved one, a friend, a neighbor has been diagnosed. No one wants cancer and IT is scary. October is also National Mammography Month, please get a mammogram- it can save your life. it did mine. Whether you as a survivor have or had cancer(s), and do not want to talk about it, we

still honor and want to support YOU! We also want to remember those who fought the battle(s) and lost. No woman is immune from this dreaded disease, one in eight will be diagnosed this year and every year until we find a CURE. Pray for a Cure! My doctor's written reports said that I may survive maybe five years, I am now a 27-year survivor, I am Blessed. **Carol L. Forhan** Thank you and please support the business sponsors seen in these pages.



Mildred Reece is a grandmother of 10, and great-grandmother. Her interests include reading, camping, drawing, taking care of her cat. She is a 7 year survivor.



In metastatic breast cancer, attitude and knowledge are power

(BPT) - A diagnosis of metastatic breast cancer (MBC) can turn a woman's life upside down. The disease, also known as Stage IV breast cancer, occurs when cancer has spread beyond the breast to other parts of the body, including the bones, liver, lungs or brain. MBC is not just one disease - there are many different subtypes and treatment options can vary depending on the subtype of each patient. "Having an open, honest dialogue with my oncologist about my treatment plan and having a positive attitude have helped me feel empowered," says Libby, a nurse manager and MBC patient from Ashland, KY. As someone who has cared for others throughout her career - and for her own husband battling dementia - Libby was devastated to learn in 2015 that the breast cancer she beat 16 years prior had spread to her lungs and become metastatic. She appreciated her oncologist's approach because he stayed focused on what they could do as a team to treat the cancer.

She discussed her diagnosis and the risks and benefits of treatment options with her oncologist, who prescribed an oral medicine called IBRANCE- \bar{E} (palbociclib) along with hormonal therapy called letrozole. IBRANCE

in combination with an aromatase inhibitor, such as letrozole, is approved by the U.S. Food and Drug Administration (FDA) for women like Libby who have not received prior treatment for their metastatic disease, are postmenopausal and have a specific type of metastatic breast cancer that is estrogen receptor-positive (ER+) and human epidermal growth factor 2-negative (HER2-). "Patients often face challenges upon receiving a metastatic breast cancer diagnosis. It's important for both patients and caregivers to find support and understand the treatment options available to them," said Julia Perkins Smith, Senior Medical Director for Pfizer Oncology, the company that developed IBRANCE. For more stories about women living with MBC and to learn more about IBRANCE, please visit MBC-together.com. Libby offers the following insights to other women facing MBC: Choose to make the most of today! Find an oncologist/healthcare team who can fuel your own positive thinking. Always talk to your doctor about which treatments may be right for your individual situation have a support system, including family, friends and co-workers". Tomorrow is not guaranteed and life does not come with a promise of good health or happiness. So, instead, I choose to focus on making the most of today. After all, it's up to us how we spend our time on this earth," says Libby. IBRANCE- \bar{E} (palbociclib) is a prescription medicine used to treat hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) breast cancer that has spread to other parts of the body (metastatic) in combination with: an aromatase inhibitor as the first hormonal based therapy in women who have gone through menopause, orfulvestrant in women with disease progression following hormonal therapy. National Cancer Institute. What you need to know about breast cancer: http://www.cancer.gov/publications/patient-education/WYNTK_breast.pdf. Updated August 2012. Accessed October 12, 2016. American Cancer Society. Breast Cancer: <http://www.cancer.org/acs/groups/cid/documents/webcontent/003090.pdf>. Accessed October 12, 2016. IBRANCE (palbociclib) Prescribing Information. 2017. Pfizer Inc, New York, NY. PP-IBR-USA-0995- \bar{C} 2017. Pfizer Inc. All rights reserved. May 2017

Some basic breast cancer facts and figures

In 2017, according to the The American Cancer Society, an estimated 232,710 new cases of invasive breast cancer were expected to be diagnosed among U.S. women, as well as an estimated 63,410 additional cases of in situ (earliest form) of breast cancer. This year, approximately 40,610 US women were expected to die from breast cancer. Only lung cancer accounts for more cancer deaths in women. However, these decreases are believed to be the result of finding breast cancer earlier through screening and increased awareness, as well

as better treatments. **Higher risk** Women whose close blood relatives have breast cancer have a higher risk for this disease. Having one, first-degree relative, (mother, sister, or daughter) with breast cancer almost doubles a woman's risk. Having a 2nd first-degree relative increases her risk about 5-fold. Although the exact risk is not known, women with a family history of breast cancer in a father or brother also have an increased risk of breast cancer. Overall, about 20% to 30% of women with breast cancer have a family member

with this disease. (This means that 70% to 80% of women who get breast cancer do not have a family history of this disease.) **Race and ethnicity** White women are slightly more likely to develop breast cancer than are African-American women. However, African-American women are more likely to die of this cancer. At least part of this seems to be because African-American women tend to have more aggressive tumors, although the reasons for this are not known. Asian, Hispanic, and Native American women have a lower