

Paint the Town Pink!

October Is Breast Cancer Awareness Month



A Publication of The Pampa News 2024

Pink the Dean at Clarendon College

Clarendon College is raising student scholarship and emergency aid money during Breast Cancer Awareness Month.

Decee Surratt, Program Director for Clarendon College Cosmetology, is working with students and staff in Pampa, Amarillo, Canyon, and Childress to make this year's Pink the Dean a success.

Clarendon College is hosting a variety of activities including jeans days throughout the month as well as campus funfest carnivals on Thursday, 10/24/2024, to raise both awareness of breast cancer and money to help stu-

dents. This year's goal is \$1,500.00.

Last year, the goal was \$1,000.00, and students raised \$2,100.00, which not only got Dr. Michael Davis, Clarendon College Dean for Career and Technical Education, pink hair, but also got his face painted for Halloween.

Dr. Davis will have his hair colored hot pink on Wednesday, 10/30/2024.

If anyone would like more information or would like to donate to this worthy cause, please contact either Decee Surratt at 806-322-7871 or Dr. Davis at 806-665-8801.



Dr. Mike Davis during the 2023 Pink the Dean event

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Not If, But When: How a Preventative Measure Saved Her Life

By GENEVA WILDCAT

In 2015, Candi Reeves McCormick would have procedural bloodwork done per the insurance policy of the company she worked for at the time.

Pushing through the physical exhaustion and fatigue she had been feeling, Candi believed it was nothing more than the affects of a busy life.

Working full time and keeping up with her kids and their busy school and sports schedules, it only made sense that it was just stress and it was taking a toll on her body.

Her boss, however, didn't believe that her inability to literally physically move from her desk was a normal symptom of exhaustion. Something was wrong.

"My blood work came out-not normal," she said. "Things that they look at when people have cancer-your red blood count and your white blood count-all of my platelet levels were extremely elevated."

"I was having breast problems as it was with cysts and other different things. So when they started looking more into it, they did a BRCA test and mine showed a 99.9% risk of getting breast cancer. So it wasn't a matter of if I get it, but when I get it."

The BRCA test uses a sample of blood or saliva to determine the genetic risk of many different types of cancer. Candi's results showed that her risk of breast and colon cancer were extremely high.

She was surprised to learn that the genetic risk didn't come from her mother's side, as is usually the case, but from her father's side.

"A lot of people are under the impression that it comes from the mother's side, but once they did a study on my family history, it did not come from my mother's side: it came straight from my father's side. Nobody on my mother's side ever had cancer. But on my biological father's side, my aunt passed away from triple negative breast cancer, my grandmother passed away from triple negative breast cancer, and my cousin passed away from triple negative breast cancer. So every bit of that was on his

side." Upon receiving the news, Candi was given two options: have a mammogram every three months until the breast cancer develops or have breast removal and prevent it.

"As I listened to the lady on the phone, I was in shock. After we made the appointment to go meet with her, I automatically knew I didn't want to go every three months for a mammogram just waiting for this to happen."

"I immediately made the choice for the removal. There was no thinking about it, there was no *let me sit on it for a minute*. It was *when can I have the surgery?*"

"So we opted for the removal and I had planned to have the reconstruction done around the same time. However, my body was not handling the surgery well."

While it is common knowledge that surgery of any kind comes with its own risks, Candi's situation was about to take another turn where she would learn that her fight was far from over.

"Looking into it, my platelets were elevated to 890. Your platelets should run anywhere from one to four. That's when I found out I had leukemia."

"So it took two years just to have the reconstruction because when you have leukemia and your platelets are so high, you're very high-risk during surgeries. They have to get them down at a normal level which meant getting put on chemo."

"I got put on chemo pills and my levels finally went down to normal and I got the reconstruction done in 2017. But in the meantime, I got staph in between those years and was on home care for about a year."

What can be considered one of the most traumatic moments of her life, Candi had the love and support of her husband and kids who helped her through it all, helping her heal along the way.

"My kids, through the surgeries, through the home care, through everything-they took care of me," Candi said through tears. "They were my strength, my husband, Jeff, was my strength and



God was my strength."

"Ultimately, breasts didn't matter. Seeing my kids graduate and watching them move on in life is what I was going for. It's only as tough as you make it and I was never going to let my circumstances bring me down because I still had my life."

When asked if she would have ever gotten the blood test done had it not been for the company and genuine concern of her boss, Candi, without hesitation, said no.

"In fact, I wasn't even going to go. My husband had insurance so I didn't feel like I needed theirs. But my boss is the one who demanded it because I was literally falling asleep at my desk, no energy at all. I just couldn't keep up."

"My boss said, *I've seen you take on a lot, but you can't even move from your desk. You're going to have this blood test done*. So had it not been for them, I probably would have turned out like the rest of my family with stage 4 can-

cer. I probably would've just ignored all the signs and went about my business and never would've known what my body was fighting."

While her possibility of breast cancer was quickly prevented, her fight with leukemia is still ongoing. She cautions that while her genetic history did show her at risk of cancer, leukemia is not hereditary.

Nine years later, Candi, despite the occasional doctor's appointments, is living her best life and along with her story comes a few pieces of advice from both a physical and emotional standpoint.

"I don't let this consume my life and I don't sit around and think *oh my gosh, I have this*. It's just become a part of my life. I give thanks to God every morning when I wake up."

"Knowledge is key and I had to learn that the hard way. Get your checkup and pay attention to what your body is trying to tell you. Don't postpone it."

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Breast Cancer Awareness Month

By SUZANNE PRESSON, WHNP-BC

October is breast cancer awareness month. It began in 1985 as a collaboration between the American Cancer Society and Imperial Chemical Industries Pharmaceuticals to promote awareness, mammograms, and early detection to fight breast cancer.

According to the American Cancer Society, death rates from breast cancer have been steadily decreasing since 1989. Between 1989 and 2021, there has been a 42% decline. Increased awareness, early detection, along with improvement in treatment is thought to be the driving factor.

In 2024, it is estimated that approximately 311,000 women will be diagnosed with invasive breast cancer, meaning the cancer has spread to the surrounding breast tissue.

Around 56,000 women will be di-

agnosed with ductal carcinoma in situ (DCIS). DCIS is considered non-invasive or pre-invasive. And 42,250 will die from breast cancer. (Statistics obtained from the American Cancer Society)

Breast cancer is considered by most people to occur in women. While this is true, men can get breast cancer as well. Just under 3000 men in the US will be diagnosed with invasive breast cancer in 2024 and around 500 will die.

Those numbers are staggering. But the good news is, there are more than 4 million survivors, including those still in treatment, in the United States today.

With greater awareness, earlier detection and improved treatment, these statistics can be better.

Being familiar with what your breast looks and feel like is an important part of breast health. Symptoms include

lumps or masses in the breast, changes in the size and shape of the breast, even if a lump is not felt.

Changes in the skin, such as dimpling or the skin looks like an orange peel. Breast or nipple pain, the nipple retracts or turns inward, Nipple discharge (not breast milk). Red, dry, flaking or thickening of the skin around the nipple or breast. Enlarged lymph nodes under the arm or around the collar bone.

These symptoms are not always cancer but should be evaluated by an experienced health care provider who can decide on testing and treatment that is appropriate.

Routine screening should be started at the age of 40 and yearly thereafter. Women at high risk for breast cancer, should have a breast MRI and mammogram yearly beginning around 30 years of age. Speak with your healthcare pro-

vider to discuss the American Cancer Society recommendations and what is considered high risk.

Remember, not every breast lump or change in the breast tissue is cancer but should be taken seriously and evaluated by your healthcare provider. You know your body and if you notice a change, pay attention and have it checked. You are the advocate for your health.

Suzanne is a Women's Health Nurse Practitioner that was born and raised in Pampa, TX. She has been serving the Pampa area in Women's Health for over 40 years. First as a labor and delivery nurse at Highland General Hospital/ Coronado Community Hospital in Pampa and for the past 30 years as a NP specializing in women's health, beginning at the Texas Department of Health clinic and now at the Pampa Medical Group. She received her NP certificate from the University of Texas Southwest Medical Center at Dallas and her master's in nursing from WTA&M in Canyon, TX

New Studies Spotlight Crucial Elements in Breast Cancer Survivorship and Treatment Adherence

PER BREASTCANCER.ORG

CHICAGO, IL—Recently, Breastcancer.org presented key research findings at the 2024 Annual American Society of Clinical Oncology (ASCO) Meeting held in Chicago, IL and virtually. Each year, Breastcancer.org conducts research surveys on topics important to our breast cancer community to uncover unmet needs and provide unique insights that help to problem-solve and advance care.

Researchers have unveiled significant findings that underscore the importance of survivorship care plans and effective provider communication in managing breast cancer survivorship and treatment adherence. Two groundbreaking studies shed light on the psychological impact of survivorship care plans on fear of recurrence and the role of provider communication in patient adherence to treatment.

Study 1: Survivorship Care Plans and Fear of Recurrence in Breast Cancer Patients

In the first study, researchers examined the impact of survivorship care plans on the fear of cancer recurrence among breast cancer survivors. Conducted between July and August 2023, the study involved 997 participants recruited by Breastcancer.org from site users and its online community discussion forum. The participants, all U.S. residents diagnosed with breast cancer

in the past decade, completed an anonymous survey assessing their survivorship care, receipt of survivorship care plans, and fear of recurrence.

Key findings from the study include: Only 32.1% of participants reported receiving a written survivorship care plan, while nearly half (49.4%) did not receive one.

Breast cancer survivors overall had a median fear of recurrence score of 20 (on a scale of 0-36), with 43.2% experiencing clinically significant fear.

Notably, those patients who had received a survivorship care plan had almost half the risk of experiencing clinically significant fear of recurrence (OR 0.54, p=0.013).

Despite high satisfaction with overall survivorship care, the study highlights a critical gap in the provision of survivorship care plans.

Dr. Marisa C. Weiss, founder and chief medical officer for Breastcancer.org and lead author of the study, emphasized, "Our findings indicate that survivorship care plans play a vital role in lowering the fear of recurrence among breast cancer survivors. Unfortunately, most people don't receive survivorship care plans. Ensuring that more patients receive and understand these plans could significantly improve their psychological well-being and improve confidence in their post-treatment prognosis."

Study 2: Provider Communication Skills and Treatment Adherence in Breast Cancer Patients

The second study explored the relationship between patient-reported provider communication skills and adherence to recommended breast cancer treatment. Conducted concurrently with the first study, it surveyed the same cohort of 997 participants to assess their understanding of provider explanations and treatment adherence.

Highlights of the study include: A majority (93.4%) of participants reported that their doctors usually or always explained things in a way they could understand.

However, only 27.9% felt their doctors definitely explained the possible long-term side effects.

Poor provider communication was strongly linked to lower treatment adherence, with patients reporting poor communication being 64% less likely to adhere to recommended treatment (OR 0.36, p<0.001).

Minoritized groups were more likely to report inadequate communication, though the differences were not statistically significant.

Dr. Fumiko Chino, of Memorial Sloan Kettering Cancer Center and an author of the study, noted, "Effective communication between providers and patients is crucial for treatment adherence. Our study underscores the need



for healthcare providers to ensure better patient education about both short-term and long-term side effects to improve adherence to treatment protocols."

Conclusion and Future Directions

Both studies highlight critical aspects of breast cancer care that need immediate attention. Ensuring widespread implementation of survivorship care plans and enhancing provider communication could significantly improve survivorship outcomes and treatment adherence. Future research should focus on identifying and overcoming barriers to survivorship care plan implementation and improving communication strategies to support diverse patient populations.

Men Get Breast Cancer, Too

By KATHY GILLER, SUBMITTED TO THE SUSAN G. KOMEN WEBSITE

I think it is human nature to remember a day perfectly when something unforgettable happens. Some of us may recall exactly where we were and what we were doing during the moon landing (yes, I'm that old!), or more recently when 9/11 happened. Good or bad, momentous occasions stay with us forever. I am Kathy Giller, and the day my husband, Lee, walked into the house to tell us that he had breast cancer will always be etched in my memory. Those are life-altering words for anyone to hear, but to hear them from a man was truly unexpected.

We had known that men could get breast cancer, yet it still never occurred

to us that the small lump Lee felt was anything more than a cyst. And because breast cancer did not enter our minds, Lee ignored the lump for nearly six months before finally seeing a doctor. My otherwise healthy and fit husband was diagnosed at the young age of 48 with Stage II breast cancer. Lee underwent a mastectomy, had 17 lymph nodes removed, endured four months of chemotherapy, and six weeks of radiation.

After nearly seven years of being declared cancer-free (no evidence of active disease), Lee had a recurrence. He was diagnosed with Stage IV breast cancer. It had metastasized to his liver, lungs and bones. For the second time of his life, Lee was fighting to survive.

He participated in many clinical trials, some with amazing results. They gave us time. Lee lived almost five years in spite of being told his life expectancy would only be around 26 months.

From the moment Lee was first diagnosed in 2005 until his death in 2017, Lee lived with breast cancer as the epitome of courage, grace and optimism. Even during his worst days of treatment, he never complained or asked, "why me?" In fact, he would say, "why not me?" In spite of some people who would actually snicker upon learning that Lee had breast cancer, he was never embarrassed by being diagnosed with what so many people still consider to be only a woman's disease. This is what inspired us to take this dark chap-

ter and turn it into something meaningful.

Lee dedicated his life to spreading the important message that breast cancer does not discriminate. The best I can do now is to honor his life by continuing our work to educate people about male breast cancer. I am so grateful to be partnering with Susan G. Komen on the creation of "The Lee Giller Male Breast Cancer Fund" that focuses on educating people about the risks men also face.

Losing Lee has been devastating for me and our family, but if we can pay it forward by helping others through this breast cancer journey, Lee's life and light will continue to shine on.

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Groups At Elevated Risk For Breast Cancer

The number of women diagnosed with breast cancer in 2020 exceeded two million. That figure, courtesy of the World Health Organization, underscores the significance of the threat posed by the disease.

Though no one is immune to breast cancer, researchers have concluded that certain groups have a higher risk of developing the disease than others. Women who recognize their personal risk for breast cancer may not be able to change certain factors that increase their chances of developing the disease. However, recognition of their personal risk could put women in position to lower that risk in other ways. According to the WHO, the following are some groups who are at elevated risk of developing breast cancer.

- **Women:** Johns Hopkins Medicine reports that less than 1 percent of all breast cancer cases occur in men. Though it's still important for men to recognize they're not immune to the disease, women must also recognize that nearly all of the more than two million annual breast cancer diagnoses across the globe are found in women.

- **Women 50 and older:** The Centers for Disease Control and Prevention reports that most breast cancers

are found in women who are 50 years old or older. A report from the National Cancer Institute indicates that a 30-year-old woman has a 1 in 204 chance (0.49 percent) of being diagnosed with breast cancer, while a 40-year-old has a 1 in 65 chance (1.55 percent) of being diagnosed. By the time women reach age 60, their risk is 1 in 28 (3.54 percent), while a 70-year-old has a 1 in 24 chance (4.09 percent) of being diagnosed. Though women of any age can get the disease, the risk clearly increases as women get older.

- **Women who meet the criteria for being overweight or obese:** The non-profit organization Susan G. Komen®, which helps to raise funds for the fight against breast cancer, notes that women who are overweight or obese after menopause have a 20 to 60 percent higher risk of developing breast cancer than women who are not overweight or obese. The American Cancer Society reports that having more fat tissue increases breast cancer risk because it raises estrogen levels. However, the ACS notes the link between weight and breast cancer risk is complicated, so it's worth it for women concerned about their cancer risk to open a dialogue with their physicians.



- **Women who consume alcohol:** The MD Anderson Cancer Center reports that alcohol consumption and breast cancer risk are linked. Though the precise cause of the link is unknown, one theory suggests that consuming alcohol can increase estrogen levels as well as the levels of other hormones associated with breast cancer. However, the MDACC warns that the risk is very low, particularly for women who

limit their consumption to one drink or less per day. Routinely consuming more than one alcoholic drink per day is a cause for concern.

It's vital that women recognize their risk for breast cancer. Though any woman can be diagnosed with breast cancer, certain factors, including some that can be avoided, can increase a woman's risk for the disease.

The Different Types Of Breast Cancer

The term "breast cancer" does not describe a single type of cancer, but rather several forms of a disease that can develop in areas of the breast. The American Cancer Society says breast cancer type is determined by the specific cells in the breast that become cancerous. There are many different types of breast cancer, and the medical community's understanding of the disease is based on decades of research and millions of patients treated.

In 2001, Dr. Charles Perou first classified breast cancer into subtypes based on genomic patterns. The Breast Cancer Research Foundation says breast cancer is broadly divided into two types: non-invasive breast cancers and invasive breast cancers. Non-invasive breast cancers are called Stage 0 breast cancers or carcinomas in situ. These are thought to be the precursors to

breast cancer, says the BCRF. While non-invasive breast cancers are not initially life-threatening, if left untreated, they can develop into invasive breast cancers, which can be fatal.

Here is a look at some of the different types of breast cancer.

- **Invasive ductal carcinoma:** This is the most common type of breast cancer, advises the National Breast Cancer Foundation, Inc.®. Invasive ductal carcinoma accounts for 70 to 80 percent of all breast cancer diagnoses in women and men. This cancer forms in the milk ducts and spreads beyond.

- **Invasive lobular carcinoma:** This is the second most common type of breast cancer, accounting for 10 to 15 percent of diagnoses, says the BCRF. Invasive lobular carcinoma originates in the milk-producing glands of the breast known as lobules. Tumors that form

due to invasive lobular carcinoma more commonly grow in lines in the breast rather than in lumps, so they present differently on a mammogram.

- **Inflammatory breast cancer:** Inflammatory breast cancer is a rare, fast-growing type of breast cancer. The inflammatory name comes from the appearance of the skin of the breast. It looks red and inflamed, which is caused by breast cancer cells blocking lymph channels in the breast and skin, says Breast Cancer Now, a research and support charity.

- **Tripe-negative breast cancer:** The NBCF says a diagnosis of triple-negative breast cancer means the three most common types of receptors known to cause most breast cancer growths are not present in the cancer tumor. These receptors are estrogen, progesterone and the HER2/neu gene. Since the tu-

mor cells lack necessary receptors, certain treatments like hormone therapy and drugs that target these receptors are ineffective. Chemotherapy is still an option.

- **Metastatic breast cancer:** This type of breast cancer is also known as Stage IV breast cancer. Metastatic breast cancer originates in an area of the breast, but spreads (metastasizes) to another part of the body, most commonly the bones, lungs, brain, or liver, indicates BreastCancer.org.

Individuals hoping to learn more about breast cancer should be aware that there are various types of the disease. Which type an individual has is an important variable doctors consider as they plan a course of treatment.

Oral Contraceptive Use and Breast Cancer

Breast cancer may never be far from the minds of women, particularly those who have experience with the disease. The American Cancer Society says about 310,720 new cases of invasive breast cancer are diagnosed in women in the United States in a given year. The World Health Organization says globally 2.3 million women were diagnosed with breast cancer in 2022, and 670,000 died from the disease.

Naturally, women want to do all they can to reduce their risk of developing breast cancer. While it is not possible for women to eliminate their breast cancer risk, recognition of certain variables that can increase risk can help them make more informed decisions. Such variables include the link between breast cancer and hormonal oral contraceptives.

Oral contraceptives are used by women to prevent pregnancy. The organization Susan G. Komen says that use of oral contraceptives is linked to a 20 to 30 percent increased risk for breast cancer. However, nearly all of the research on the link between oral contraceptives and cancer risk comes from observational studies, including both large prospective cohort studies and population-

based case-control studies, indicates the National Cancer Center. Researchers cannot definitively say if oral contraceptives cause or prevent cancer.

A 2017 cohort study published in the New England Journal of Medicine analyzed the risk of invasive breast cancer in Dutch women who used hormonal contraceptives. The study found that the overall risk of breast cancer from contraceptive use was very low. Relative risk increased with duration of use. Oral contraceptives utilize different hormone combinations and strengths, so results may vary depending on the type of pill being taken.

Once women stop taking birth control pills, their risk for breast cancer begins to decrease, advises Susan G. Komen. After about five years, the risk of breast cancer among women who have taken an oral contraceptive is similar to the risk among women who have never taken the pill at all.

Low-dose pills also may be linked to an increased breast cancer risk just like older, higher-dose forms of birth control. But Susan G. Komen says that the progestin-only "mini-pill," norethisterone, doesn't appear to be linked to breast cancer. So those who are considering birth control



pills may want to speak to their doctors about norethisterone if breast cancer risk is a concern. Similarly, use of a hormonal IUD, a vaginal birth control ring or a birth control patch does not seem to be linked to breast cancer.

Although there is a relatively low risk of breast cancer attributed to use of hormonal birth control, women can conduct their own research so they are in the best position to make informed decisions they can be comfortable with going forward.

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What To Know About Breast Lumps

Breast cancer is a cause for concern for millions of women. Each year about 264,000 cases of breast cancer are diagnosed in women in the United States, according to the Centers for Disease Control and Prevention. The Canadian Cancer Society indicates around 28,600 Canadian women will be diagnosed with breast cancer this year. Globally, data from the World Health Organization indicates roughly 2.3 million women were diagnosed with breast cancer in 2020.

One of the more notable symptoms of breast cancer is the presence of a lump in the breast. Though not all lumps are malignant, it's important that women learn about breast anatomy and lumps as part of their preventive health care routines.

Mount Sinai says that breast lumps can occur at any age in both men and women. Hormonal changes can cause breast enlargement and lumps during puberty, and boys and girls may even be born with lumps from the estrogen received from their mothers.

It is important to note that the vast majority of breast lumps are benign. The National Institutes of Health says 60 to 80 percent of all breast lumps are non-cancerous. The most common causes of breast lumps are fibroadenomas and fibrocystic changes. Fibroadenomas are small, smooth, moveable, painless round lumps that usually affect women who are at an age to have children, indicates the Merck Manual. They are non-cancerous and feel rubbery.

Fibrocystic changes are painful, lumpy breasts. This benign condition does not increase a woman's risk for breast cancer. Symptoms often are worse right before one's menstrual period, and then improve after the period begins.

Additional factors can contribute to the formation of lumps. Breast cysts are fluid-filled sacs that likely go away on their own or may be aspirated to relieve pain. Complex cysts may need to be removed surgically. Sometimes cysts also may form in milk ducts throughout the breasts.

Lumps also may be the result of



injury. Blood can collect under the skin and form a type of lump called a hematoma. Other lumps may be traced to lipomas, which is a collection of fatty tissue or breast abscesses, which typically occur if a person is breastfeeding or has recently given birth.

Additional causes of lumps can be discussed with a doctor. Though the

majority of lumps are not a cause for concern, it is important for people to regularly feel their breasts to check for abnormalities. Doctors may recommend annual mammograms to women age 40 and older. In its earliest stages, breast cancer may produce little to no visible symptoms, but a mammogram may be able to catch something early on.

What To Know About Breast Cancer Recurrence

Millions of women across the globe are survivors of breast cancer. Those women serve as inspiration to millions more individuals, even as they bravely live with the threat of recurrence.

The Cleveland Clinic notes that most local recurrences of breast cancer occur within five years of a lumpectomy, which is a common breast cancer treatment during which cancer cells and a small margin of healthy breast tissue are removed. Even if recurrence is unlikely and/or beyond a woman's control, the lingering notion that breast cancer return at any moment can be difficult to confront. Learning about recurrence could calm the nerves of breast cancer survivors and their families.

Defining recurrence

A second diagnosis of breast cancer does not necessarily mean women are experiencing a recurrence. The Cleveland Clinic notes that breast cancer that develops in the opposite breast that was not treated and does not appear anywhere else in the body is not the same thing as recurrence. Recurrence occurs when the cancer is detected in the same breast in which the disease was initially detected. Breastcancer.org notes that cancer found in the opposite breast is likely not a re-

currence.

How recurrence happens

Treatment for breast cancer is often very successful, particularly in patients whose cancer was discovered early. Recurrence can happen when single cancer cells or groups of cancer cells are left behind after surgery. Breastcancer.org notes that tests for cancer cannot detect if single cancer cells or small groups of cells are still present after surgery, and a single cell that survives post-surgery rounds of radiation therapy and chemotherapy can multiply and ultimately become a tumor.

Types of breast cancer recurrence

There are different types of breast cancer recurrence, including:

- **Local recurrence:** The Cleveland Clinic notes that a local recurrence diagnosis indicates the cancer has returned to the same breast or chest area as the original tumor.

- **Regional recurrence:** A regional recurrence means the cancer has come back near the original tumor, in lymph nodes in the armpit or collarbone area.

- **Distant recurrence:** A distant recurrence indicates the breast cancer has spread away from the original tumor. The Cleveland Clinic notes this is often referred to

as stage 4 breast cancer. This diagnosis indicates the tumor has spread to the lungs, bones, brain, or other parts of the body.

The risk of recurrence

Johns Hopkins Medicine notes that certain variables unique to each individual affect the risk of breast cancer recurrence. This is an important distinction, as women who have survived breast cancer but are concerned about recurrence should know that they will not necessarily experience one, even if a first-degree relative or friend did. The type of cancer and its stage at diagnosis can elevate risk, which also is highest during the first few years after treatment.

The Cleveland Clinic notes that women who develop breast cancer before age 35, which is uncommon, are more likely to experience a recurrence. In addition, women diagnosed with later stage breast cancers or rare forms of the disease, including inflammatory breast cancer, are more likely, though not guaranteed, to experience a recurrence.

The fear of breast cancer recurrence can be tough for survivors of the disease to confront. Sharing concerns with family members and a cancer care team could help survivors overcome their fears.

What The Different Stages Of Breast Cancer Signify

Upon being diagnosed with breast cancer, women and their families are presented with a wealth of information regarding the disease. Some of that information is unique to each patient, but much of it is based on decades of research and millions of successful treatments.

The American Cancer Society reports that cancer staging is a process during which doctors will attempt to determine if a cancer has spread and, if so, how far. Breast cancer stages range from stage 0 to stage IV. Each stage signifies something different, and recognition of what each stage indicates can make it easier for women to understand their disease.

Stage 0

The Memorial Sloan Kettering Cancer Center notes that when a woman is diagnosed with stage 0 breast cancer, that means abnormal cells are present but have not spread to nearby tissue. The National Breast Cancer Foundation, Inc.® indicates stage 0 breast cancer is the earliest stage of the disease and is highly treatable when detected early. Indeed, the American Cancer Society reports a five-year survival rate of 99 percent among individuals diagnosed with stage 0 breast cancer.

Stage I

Stage I is still considered early stage breast cancer. The MSKCC notes a stage I diagnosis indicates tumor cells have spread to normal surrounding breast tissue but are still contained in a small area. Stage I breast cancer may be characterized as stage IA, which indicates a tumor is about as large as a grape and cancer has not spread to the lymph nodes, or stage IB, which indicates the tumor may be slightly smaller but is accompanied by small clusters of cancer cells in the lymph nodes or there is no tumor and only the small clusters in the lymph nodes. The ACS also reports a 99 percent five-year survival rate for patients diagnosed with stage I breast cancer.

Stage II

A stage II breast cancer



diagnosis indicates the tumor is at least 20 millimeters (about the size of a stage IA tumor) and potentially as large as 50 millimeters. The tumor also can be larger than 50 millimeters if no lymph nodes are affected (stage IIB). The ACS notes the size of the tumor may indicate if the cancer is stage IIA or stage IIB. The MSKCC notes that a stage IIA diagnosis could indicate there is no tumor or there is a tumor up to 20 millimeters and the cancer has spread to the lymph nodes under the arm. A tumor determined to be between 20 and 50 millimeters that has not spread to the lymph nodes also indicates a stage IIA diagnosis. A stage IIB diagnosis indicates the tumor in the breast is between 20 and 50 millimeters and has spread to between one and three nearby lymph nodes. According to Cancer Research UK, the five-year survival rate for stage II breast cancer is around 90 percent.

Stage III

Stage III breast cancer is considered regional, which the ACS reports notes had a roughly 86 percent survival rate between 2013 and 2019. The MSKCC notes that a stage III diagnosis indicates the tumor is larger than 50 millimeters and has affected lymph nodes across a wider region than in less developed stages of the disease. Cancers that have

reached stage III may be categorized as stage IIIA, stage IIIB or stage IIIC. The American College of Surgeons reports that stage IIIA indicates a tumor of any size that has spread to between four and nine lymph nodes or a tumor larger than five centimeters that has spread to between one and three lymph nodes. Stage IIIB indicates any size tumor and that the cancer has spread to the chest wall. A stage IIIC diagnosis indicates the tumor can be any size and has spread to 10 or more lymph nodes.

Stage IV

Stage IV is the most advanced form of breast cancer. If the cancer has reached stage IV, that indicates the tumor can be any size and has spread beyond the breast to other parts of the body, potentially including organs and tissues. The ACS reports that survival rate for this stage, which is considered distant, is 31 percent. However, the breast cancer advocacy organization Susan G. Komen notes that only around 6 percent of breast cancer diagnoses in women diagnosed for the first time have reached stage IV at the time of diagnosis.

Staging makes it easier to understand a breast cancer diagnosis. More information about breast cancer staging is available at mskcc.org and cancer.org.



How Breast Cancer Can Affect Mental Health



Breast cancer is often viewed through the lens of the physical challenges the disease poses. Women undergoing breast cancer treatment often confront fatigue, and many deal with physical changes to their bodies, some of which may be permanent. Though the physical challenges associated with breast cancer are significant, the disease also can take a toll on women's mental health.

Each woman's experience with breast cancer is unique. However, women with breast cancer may confront many of the same mental health challenges that oth-

ers before them have dealt with. Recognition of the effects a breast cancer diagnosis can have on mental health is vital as women work to overcome their disease and go on to live long, healthy lives.

- **Depression:** The American Cancer Society reports that roughly one in four people diagnosed with breast cancer experience depression. Breastcancer.org notes that symptoms of depression include feelings of intense sadness; loss of interest in activities once enjoyed; feelings of extreme irritability or restlessness; isolating oneself or being unable to accept

help; and lack of motivation to perform daily activities, among others. Breastcancer.org notes that women diagnosed with metastatic or triple-negative breast cancer might be more likely to experience depression than those informed they have other forms of the disease. Women who experience early menopause brought on by breast cancer treatments and those concerned about infertility also may be more likely to develop depression.

- **Anxiety:** The organization Living Beyond Breast Cancer® notes more than 40 percent of people diagnosed with breast cancer experience anxiety. Anxiety brought on by a breast cancer diagnosis can be triggered at any time, including upon learning one has the disease, during treatment and even after treatment has concluded. Anxiety levels may increase while waiting for test results, anticipating the start of treatment and even during follow-up treatments. Feelings of being worried all the time; worries shifting from one problem to another; restlessness; difficulty concentrating; and difficulty falling or staying asleep are some common symptoms of anxiety, according to LBBC.

- **Memory loss:** Breast Cancer Now reports that women may feel more forgetful

during and after breast cancer treatment, noting this is often referred to as "chemo brain" or "brain fog." Even women who are not receiving chemotherapy as part of their breast cancer treatment can experience memory loss, the cause of which remains a mystery. The fatigue and difficulty sleeping many women experience during breast cancer treatment may contribute to memory loss. Breast Cancer Now notes keeping a diary, writing things down and planning ahead are some ways to overcome the memory loss associated with breast cancer.

- **Addiction:** Breastcancer.org notes that some of the medicines prescribed during breast cancer treatment can be addictive. For example, opioids to treat pain and additional prescription medications to address anxiety, which can include Xanax and Valium, can be addictive. Taking only prescribed doses can reduce the likelihood of addiction.

Women undergoing treatment for breast cancer may experience various side effects that affect their mental health. Women are urged to speak openly with their physicians and request help combatting any mental health complications that arise before, during and after treatment.

The Relationship Between Breast Density And Cancer Risk

A host of variables affect a woman's risk for breast cancer. Some variables are related to a woman's lifestyle. For example, the American Cancer Society reports that a sedentary lifestyle can increase breast cancer risk. In addition, the ACS notes that women who consume unhealthy diets are at greater risk of becoming overweight or obese, which also increases breast cancer risk.

A woman's lifestyle is largely up to her, which means women can exert a measure of control over their risk for a disease that the World Cancer Research Fund International reports was the world's most commonly diagnosed cancer in 2020. However, additional variables beyond a woman's control, including breast density, can increase risk for breast cancer.

What is breast density?

The Centers for Disease Control and Prevention notes that breast density re-

flects the amount of fibrous and glandular tissue in a woman's breasts compared to the amount of fatty tissue in the breasts.

How do I know if I have dense breasts?

Women cannot self-diagnose dense breasts. The National Cancer Institute notes that only a radiologist can determine if a woman has dense breasts, and that's only possible after a mammogram.

What is the significance of breast density?

Breast density and breast cancer are linked, which underscores how important it can be for women to discuss breast density with their physicians. The National Cancer Institute notes that dense breasts are not considered an abnormal breast condition or a disease, though they are a risk factor for breast cancer. Women determined to have dense breasts have a higher risk of breast cancer than women

with fatty breasts.

The CDC notes that dense tissue can hide cancers, as the fibrous and glandular tissue in breasts, which is more abundant in dense breasts than fatty breasts, looks white on a mammogram. That's significant, as tumors also look white on mammograms, which means it's easy to mistake a small tumor for fibrous and glandular tissue.

What can I do if I have dense breasts?

It's important that women with dense breasts open a dialogue with their physicians. This is especially important when switching physicians, as a new doctor can consider this when treating a patient for the first time. Doctors may recommend certain tests to women with dense breasts, particularly after considering a woman's age and family history of breast cancer. The CDC notes that additional testing can



produce a false positive result, so women can discuss that likelihood as well. But in some cases, a breast ultrasound or a breast MRI may detect a tumor that a mammogram did not find, so additional testing should not be written off.

Breast density and breast cancer are linked, but the NCI notes that research has indicated that women with dense breasts are no more likely to die from breast cancer than women with fatty breasts. More information about breast density can be found at cancer.gov.

Breast Cancer awareness month

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‘This Isn’t a Journey of Fear for Me’: Samantha Klausé’s Story of Strength and Perseverence

By GENEVA WILDCAT

Around this time almost exactly three years to the day, Samantha Klausé would discover a lump in her breast while tending to her then 10-month-old baby.

Bringing the concern to her doctor, she would be told that it was probably just a clogged milk duct.

She would go on another five months believing that’s all it was until she went to the doctor again in March where she would learn that she had been misdiagnosed and she in fact had breast cancer.

“It’s something you never expect to hear,” she said. “You wonder how people are impacted by cancer. Did they know they were going to end up like this and how do they deal with it? But then you get thrown into it and you realize you don’t have a choice but to move forward. And that was my initial reaction. Like, buckle up, here we go.”

Within just a matter of minutes, Samantha would be taken to another office where she would have a biopsy performed and the doctor would go over the next steps and make appointments for treatment, giving her no time to completely process what was happening.

But Samantha knew that time was of the essence and thinking about her young children, the stakes were extremely high.

“The hardest part of my diagnosis, other than being told I had cancer, was the thought of my four kids. That’s been the power, strength and determination behind my three-year journey this far.”

Samantha knew she needed to tell them what was going on, but she didn’t want to place the burden of the severity of the situation on their shoulders.

She explained to them that she would be taking medicine that would change her appearance and overall well-being, but they didn’t need to be scared and their lives would remain normal.

“I was diagnosed in March and started chemotherapy in April, took six rounds every three weeks so I had several months of it. I lost my hair, which was never a big deal to me. I always had long hair, but was always drawn to shorter hair, so when I shaved my head, it was very liberating for me.”

“My kids adapted well to me shaving my head. The only thing I was skeptical of was I didn’t want to scare them with the changes I was going to be going through. I tried to keep my routine as

normal as possible, but also include them in my decisions.”

After completing six rounds of chemo in July, Samantha would have a mastectomy in August. After further testing showed that her lymph nodes were clear and the storm had seemingly passed, she would find herself in the emergency room that December, right before Christmas.

“It was December 22 and I was sweeping. I felt a pop like I had cracked a rib or something. I had all the kids with me and my husband was on his way home from work. When he got home, I told him that I may need to go to the emergency room. I’m not the kind of person to just jump and go to the emergency room, so it was a big decision for me to go.”

“They did a scan there to see if I had a broken rib or something like that, but they found a couple of masses in my lungs. My breast cancer had metastasized and spread.”

What should have been a time of celebrating with family during the holidays and ringing in a brand new year on a positive note was instead full of doctor’s appointments, scans and tests right from the start of 2024.

By March, Samantha was eager to spend some time with her family and head down to Galveston with her kids to visit her sister during spring break. But things would take another turn.

“I had a pain in my left leg and I thought it was just sciatic nerve pain. I didn’t think anything of it and took a couple of Tylenol. But I wasn’t able to walk pretty much the whole trip. I had a bone scan while I was there and found out that I had cancer in my femur.”

Upon returning home and realizing that the layout of her house would be nearly impossible to maneuver while doing every day tasks, Samantha would move into her parent’s house where they, along with her children and her husband, would care for her both emotionally and physically.

In April, she would have a rod placed in her femur, but because of the severity of the surgery, her other treatments had been placed on hold.

“I actually didn’t get to start treatment until the end of June. I had complications from the femur surgery and had hematoma where I was pretty much bleeding out and we didn’t know why or where, resulting in me getting five blood transfusions.”



Sawyer, Behr, Ellie, Calvin, Samantha and John Klausé

While the endless testing, treatments and surgeries would generally be considered the most traumatic part of her experience, it was the inability to be independent that triggered her emotions.

“I had to teach myself how to walk again. I had to go from a wheelchair to a cane to finally being able to walk independently. Finally being able to come back home was a pretty big thing for me.”

She was able to resume her treatments in August and within just a couple of months, her progress has baffled the doctors, questioning what else she was doing that was aiding in her journey to recovery.

“I told my doctor that I love my life and I love my kids and that’s how I wake up every morning, just happy to be here.”

Along with the support of her family, Samantha recently found out that she also has the support of the entire community of Pampa after receiving a phone call from her sister, revealing to her that she had been chosen to be the recipient of funds raised during Breast Cancer

Awareness Month.

During the month of October, The Garden Owl and T-Shirts and More partnered with the Pampa Firefighter Association are giving a portion of their proceeds to Samantha and her family, a gesture of kindness that has left her completely overwhelmed.

“I feel like there’s worthier people than me and I don’t know if my story is worth telling. The fact that the community would do this for a stranger just blows my mind.”

Samantha’s treatments are still ongoing and she’s fully aware that the battle isn’t over, but she doesn’t allow that to completely overrun her life.

“Besides my weekly treatments, I am here to take care of my kids. I’m here to live this life that I’m fighting for.”

“This isn’t a journey of fear for me. I have a wonderful life and it’s full of hope and there’s a future. I’m just here and I’m livin’.”

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