

Breast Cancer Awareness



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Us TOO Florence
Prostate Cancer Education/Support on the Oregon Coast
www.ustoooflorence.org

BOB HORNEY, CHAPTER LEADER/FACILITATOR
Us TOO Florence has two monthly meetings for your convenience:

- **Tuesday Evening Group (2nd Tuesday)**
5-7 p.m. - Presbyterian Church of the Siuslaw
Urologist Dr. Bryan Mehlfaff attends.
- **Tuesday Lunch Group (3rd Tuesday)**
12 noon - 1:00 p.m. - Ichiban Restaurant
Urologist Dr. Roger McKimmy attends.

Contact Bob for more information:
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Detecting Breast Cancer

Breast cancer already is one of the easiest-to-find cancers; mammograms and other imaging tools are effective and widely used in identifying and diagnosing tumors. Scientists are looking for ways to enhance the current options available for breast cancer screening, such as 3D mammography, a procedure that takes pictures from a variety of angles around the breast and then builds a 3D-like image. Assessment tools must be measured in terms of their effectiveness not only in finding malignant tumors but in not creating false positives, i.e. telling a woman she has cancer when she doesn't. This procedure is being tested for that effectiveness.

Treatment

Breast cancer can be divided into subgroups that affect the way doctors treat them, using specific hormone therapies to target cells. A study on patients with an estrogen receptor cancer found a test that looks at certain genes can help some women safely avoid chemo. The Food and Drug Administration has approved several breast cancer treatments that target specific cell-growth molecules, and more of these treatments are being developed.

There have been advances in the treatment of hormone receptor-positive advanced breast cancer that have been shown to prolong the time until chemo is needed, possibly extend survival and prevent relapse. In HER2-positive breast cancer (HER2 is a protein; elevated levels are found in some women with breast cancer), the FDA has approved a number of therapies that show positive effects in treating this type of cancer, preventing a relapse or keeping the disease from spreading to the brain.

Breast Cancer's Emotional Toll

Both the cancer and treatment take a hard toll on the body, leading to fatigue, nausea, lowered immunity and many other symptoms. But it also takes a mental toll, both on the person with cancer and his or her family and friends.

The American Cancer Society talks about how people fighting breast cancer often find themselves overwhelmed with emotion, including depression, anxiety, fear and other feelings of distress.

Even after successful treatment, survivors may feel stress and worry. The ACS says many people are concerned the cancer will come back, or they still feel or see physical effects from the treatment, including surgery scars and other changes to their body, or effects on other parts of life, such as altered relationships or missing out on opportunities at work. Cancer is also an expensive disease, leading to financial worry.

Breast cancer can bring with it specific emotional issues. Mastectomies mean women's bodies look dramatically different, and they may not like their new look or may struggle to get

accustomed to it. Survivors often worry about changed sexuality after breast cancer; this is even more pronounced in young women who have gone through treatment. They worry about the effects of the cancer and subsequent treatments on their fertility. Chemo also has been connected to early menopause in some women.

Family members, friends and caregivers also may experience many emotions, along with worry that they can't help a loved one or don't know what to do.

According to the ACS, treatment for these emotional issues during and after treatment are critical for overall good health. Many hospitals or cancer treatment centers offer support groups for survivors and family members; talk to your oncologist or primary care provider about connecting with one of those groups, or ask for a referral for a counselor who specializes in such issues. Churches can often be a source of support for people, while others prefer to join an online support group.

For people with questions or who want general support, the ACS' Reach to Recovery program matches people in treatment with a local volunteer who had breast cancer who can provide answers, offer support and help make cancer treatment be a less isolating experience.

Breast Cancer in Men

Breast cancer occurs in breast tissue, which both women and men have. Although it's rare, male breast cancer does happen.

It's diagnosed and treated similarly in all genders, so early diagnosis remains key. The science around the cause of male breast cancer is unclear, according to the Mayo Clinic, same as most types of most cancer, though male breast cancer is even more mysterious. People of all genders are born with some breast tissue and milk-producing glands (lobules) that transport milk to the nipples and fat. When a girl hits puberty, she develops more breast tissue, and boys do not. Boys, however, do still have the breast tissue with which they were born.

The most common type of breast cancer in men is ductal carcinoma, which begins in the milk ducts.

Just as with women, there is research indicating a family history of breast cancer increases the likelihood of a man getting the disease. Gene mutations like BRCA2 (the same mutation actress Angelina Jolie had that put her at a high risk of breast cancer) increases a man's risk of breast cancer and prostate cancer. Older age remains a risk factor, as does exposure to estrogen, obesity or liver or testicular disease. Men who are born with Klinefelter's syndrome, a genetic condition in which some boys have more than one copy of the X chromosome, also increase a man's likelihood of contracting breast cancer.

Early diagnosis and treatment is critical for best outcomes in male breast cancer, which can be harder since it's not always the first condition tested for, so knowing the symptoms is important. These include a painless lump in or thickening

of the breast tissue, changes to the nipple (redness, scaling or turning inward) or nipple discharge or changes to the skin covering the breast area. Men who see these symptoms should ask their doctor for further assessment. According to the Mayo Clinic, diagnosis and treatment is similar to what women experience: clinical breast exams, medical imaging that enables the doctor to see problem areas, or a biopsy, during which the doctor extracts tissue from the suspected tumor and tests it.

Male breast cancer is often hormone-related, so doctors may recommend hormone therapy in addition to surgery, chemotherapy and radiation.

Questions to Ask

A breast cancer diagnosis is scary, and often patients don't know what to ask when their doctor tells them what's happening.

Although you have a cancer treatment team and you'll have opportunities to ask questions at subsequent appointments, it can be helpful to have an idea of what you need to know as you go to follow-up appointments and meet other care providers.

Don't be afraid to ask your doctor about their experience treating this type, getting a second opinion and any detail you don't understand. This can help you not only get the information you need but also take some measure of control over your life during a difficult time. The American Cancer Society has lists of questions to help you.

When You're Diagnosed

- How big is the cancer? Where exactly is the tumor?
- Has it spread to lymph nodes or other organs?
- What stage is it? What does that mean?
- Who else will be on my treatment team?
- How much will this cost? What does my insurance cover? Is there a patient advocate who can help me through the financial side of this?

Before and During Treatment

- What are my options for treatment? What are the positives and negatives of each?
- How long should I expect treatment to last?
- What side effects will I experience?
- What treatment do you recommend/what regimen would you do if you were diagnosed with this type of cancer?
- Are clinical trials an option? Should I look at that?
- Will I lose my hair? How will treatment affect my daily life?
- What happens if this treatment doesn't work?
- How will we know if the treatment is working?
- Are there ways to manage side effects?
- What lifestyle changes should I make during treatment — a different diet or exercise regimen, for example?
- If I experience depression or anxiety, what resources are available?

Surgery

- What type of surgery is best for me?
- Should I consider a full mastectomy, even though the cancer hasn't spread?
- How long will recovery take? How much of that will be in the hospital versus at home?
- What will happen during recovery? Will I have stitches

or staples, will there be a drain coming out of the site?

- What are my options for breast reconstruction? What are the risks?

The Reach of Breast Cancer

Did you know that breast cancer is the second most common cancer in women? Or that men can get breast cancer? Or that, when caught and treated early, many types of breast cancer have almost a 100% cure rate?

Breast cancer — which occurs when breast cells grow out of control, form a tumor and become malignant — affected more than 250,000 people in 2018, according to the National Cancer Institute. About 3.5 million women are living with breast cancer in the United States, and more than 12% of women will be diagnosed with breast cancer in their lifetimes.

The number of deaths from breast cancer is 20.6 per 100,000 women per year; the death rate among all cancers (men and women) is 163.5 per 100,000 people, so breast cancer has a much higher rate of survival. It typically responds very well to treatment; almost nine out of 10 women treated for breast cancer are alive five years after their diagnoses. The success of treatment is heavily dependent on how early in the cancer's development it's diagnosed; more than 60% of cases are found in the early stages of cancer, before it's metastasized to other organs, the treatment of which has a 99% five-year survival rate.

Breast cancer, like all types of cancer, doesn't have a lot of easy answers about what causes it or what people can do to lessen their chances of developing a tumor. However, researchers have identified some contributing factors.

A family history of cancer is a big one. Women whose grandmothers, mothers or sisters had breast cancer should talk to their doctors about effective testing techniques at an earlier age than is normally recommended. Other possible factors include having dense breast tissue; exposing breast tissue to estrogen because of late menopause, never giving birth, early menstruation or being older at the birth of a woman's first child. Taking hormones also may contribute. Health factors like alcohol use and obesity also may contribute to cancer risk for all cancers.

We don't know how to prevent cancer, but there are steps women can take that are thought to reduce the risk of breast cancer; these protective factors include estrogen-only hormone therapy after a hysterectomy, healthy eating and exercise and other lifestyle factors.

Breast Cancer Treatment

For the most part, breast cancer is quite treatable. Much of its treatability depends on what stage the cancer is when diagnosed — the earlier, the better.

The National Cancer Institute, a branch of the National Institutes of Health, lists several options for treatment — surgery, radiation, chemotherapy and hormone or targeted therapy. Sometimes, surgery is all that's needed; in other cases, cancer patients may need several of these types of treatment to fight the tumor.



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