



# HEALTHY LIVING: BREAST CANCER



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# The Cover

Ellie Bliss of Franconia, N.H., is a proud survivor of breast cancer. Photo by Paul Hayes.



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# Who, What, When, Where, and Why?

# LISA MACCINI

Indian Stream Health Center

Breast cancer is one of the most common cancers in American women. Clinical breast health and breast cancer screening are an integral part of a woman's annual physical.

# **BREAST CANCER SCREENING**

a woman's breasts are checked for cancer ical breast exams are examinations by libefore there are any signs or symptoms of the disease. Survival of breast cancer is much higher when the cancer is detected in earlier stages, rather than in later stages. There are different tests that are associated with breast cancer screenings. Three of the main tests include breast self-exams, clinical breast exams, and mammograms.

begin breast self-exams. Breast self-exams are a woman's way of checking her own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarms. As part of the annual exam, the primary care provider will go over breast self-exam techniques and tim-

own, let your health care provider know as soon as possible. Many less serious problems can be the causative agent, but it is important to rule out breast cancer.

Beginning in their 20s and continuing throughout their 30s, clinical breast exams should be completed about every three censed providers, such as a physician, nurse practitioner, physician assistance, or nurse to feel for lumps or changes in the breasts. Beginning in their 40s, women should have clinical breast exams completed yearly.

The chances of getting breast cancer increase as one gets older. Starting at age 40, Women in their 20s are recommended to the American Cancer Society recommends mammograms for women. Mammograms are x-rays of the breast. They are considered the best method to detecting breast cancer early (when it is easier to treat) and before any cancerous spots are big enough to feel or cause symptoms. These mammograms should continue for as long as a woman is in good health. Women ages 50 If you discover anything unusual on your to 74 should have a screening mammogram completed every two years. Sometimes,

Screening tests for breast cancer mean that years with the primary care provider. Clinother factors (such as family history, genetic tendencies, or other findings or risk factors), could warrant additional tests, such as Magnetic Resonance Imaging (MRIs) or biopsies.

> Through changes in the Affordable Care Act, screening mammograms now fall under what are considered "Essential Health Benefits" through health insurance companies. All health insurance companies have to offer their members screening mammograms for free in compliance with ACA regulations. For those without insurance, there are different programs like Let No Woman Be Left Behind in New Hampshire and Ladies First in Vermont that provide low and no-cost screenings for those who qualify. Contact your local primary care provider, health center, or hospital to inquire about such programs.

Lisa Maccini, RN, was born and raised in New Hampshire. She currently works in the Quality Assurance Department at Indian Stream Health Center, and has had a fulfilling nursing career including pediatrics, medical/surgical, school nursing, and skilled nursing liaison.

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# COMPLEMENTARY THERAPIES REDUCE STRESS



Cindy Noyes is the Coordinator of the Complementary Therapy Program at Littleton Regional Healthcare and is the owner of Thyme to Learn Wellness. She has a degree in Personal Approaches to Transformational Healing and has worked in wellness since 2007.

**CINDY NOYES** Littleton Regional Healthcare

Going through treatment for breast cancer - or supporting a loved one through treatment - is an extremely stressful experience. Many hospitals are now incorporating complementary therapies to help patients feel peaceful and reduce stress. The theory is that the more relaxed the patient is, the more energy is spent on healing rather than stress management.

For instance, at Littleton Regional Healthcare, scratching the head of a visiting Bernese Mountain dog can provide a distraction for patients and their families. Specially trained as a therapy dog and accompanied by human companion Barbie Beck-Wilczek, the dogs can provide a wealth of comfort and happy mem-

Music can calm a patient's nerves, raise their spirits, and help them relax. Volunteers who bring music

into the hospital through comple- touching or hovering slightly over system, which eliminates toxins and mentary programs may be singing, the patient's body. This gentle techplaying an electric piano, or other in-nique is reported to help with calm-

struments like guitars, harp, accordion, or bead drum that sounds like ocean waves.

A wide range of Reiki practitioners, massage therapists, meditation providers, and holistic nurses are available volunteer their time at hospitals to support people during a trying time. Many of these volunteers have

businesses of their own and share ogy/infusion. their specialties with the patients.

practitioner's hands are lightly

ing the mind and body by soothing pain and providing comfort for many ailments patients experience headaches, insomnia and upset stomachs body's natural ability to heal itself. Many patients find Reiki to be particularly useful post-surgery and during oncol-

Massage offers a plethora of Reiki is a healing art where the health benefits by improving circulation and stimulating the lymphatic your treatment.

bacteria from the body. Therapists generally provide two types of massage: hand-and-foot or aromatherapy for the face and arms. The muscles are stimulated which promotes relaxation as well as reduces stress and anxiety. In an aromatherapy massage, lavender essential oil is absorbed through the skin. This peaceful sensation can circulate throughout the body anywhere from 20 minutes to 24 hours.

Guided meditation gives patients by helpful the an opportunity to go on an adventure away from their room, escaping to the ocean, walking in the forest or relaxing by a river. Visualizing a tranquil setting can aid the healing process by calming the mind and body.

Complementary therapies are beneficial for both patients and their caregivers. Ask at your local hospital what complementary options they have available for you during

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# **CHOOSING HOSPICE CARE**

### **ALLISON WRIGHT-ROBERTS**

Caledonia Home Health & Hospice

Many forms of breast cancer are treatable. At Caledonia Home Health & Hospice, we are available to see patients throughout the stages of illness. Whether it's assessing your wound after a mastectomy, or helping you through your symptoms of chemotherapy and radiation. If you've been given a terminal prognosis of



program.

Not familiar with hospice? Here are some things to keep in mind. Our focus is on comfort vs. cure. We have a whole team of people working together to support you and your family or caregivers. Hospice provides a social worker that can with paperwork, planning, and community resources, as well as a chaplain who is available to help with spiritual or emotional pain. We also work with aides, homemakers and volunteers, who provide personal care and respite so the

> family can take a rest. Our goal is for patients to be free of pain, whether it's physical, spiritual or emotional.

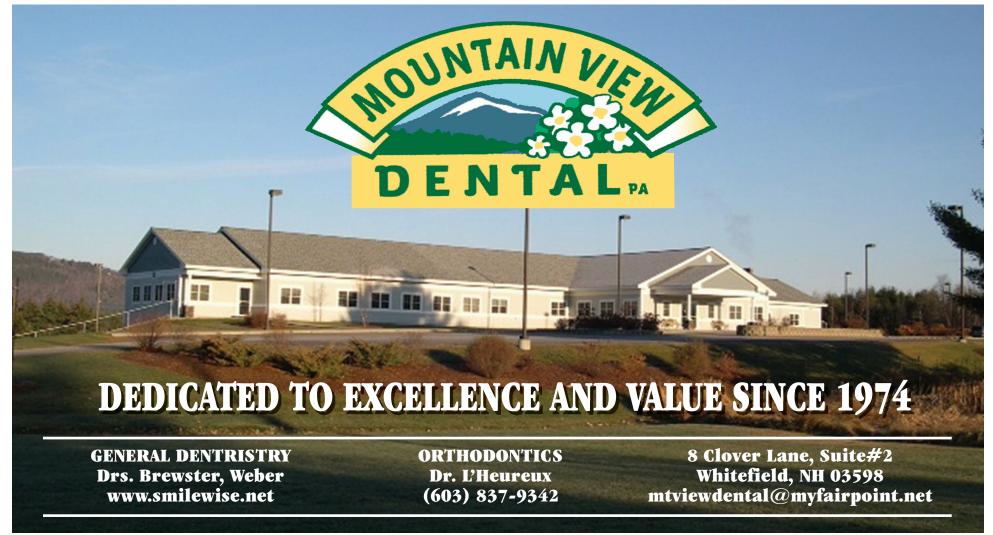
> If you have a serious or terminal illness, it's really important to start thinking, and deciding what kind of care you want, and fill out advanced directives with your provider. Filling this out leaves you in control, and tells your provider, and your family the amount and type of interventions you want. This helps take the burden off your family of making those difficult decisions. Studies show that most people want to die in their own home, surrounded by

Allison Wright-Roberts is the Assistant Hospice Director at Caledonia Home Health and Hospice and has 10 years of home care experience. She graduated from St. Johnsbury Academy and the University of Vermont School of Nursing. She currently resides in Wheelock with her husband and two children. She has lived in this community her whole life and considers it an honor and privilege to help care for the community she was raised in.

loved ones, versus in a hospital connected to machines and invasive tubing.

The Hospice program is paid for by Medicare and Medicaid, and private insurances. Not only does it pay for the staff, it also covers any durable medical equipment, like a hospital bed, wheelchair, etc., that someone may need. Medication to keep someone comfortable is also covered. If you have questions, call and ask.

Breast Cancer will touch a lot of us. One in eight women will be diagnosed with breast cancer within their lifetime. It's important to take care of yourself do monthly self-breast exams, do mammograms as recommended, and follow up with your provider. Eat a healthy diet and exercise. It can be scary finding a lump. Although most lumps are not cancerous, they should never be ignored! If you are diagnosed with breast cancer, know that you are never alone. There are lots of community and other resources to help you.





Yellow Black

# WEEZA SANDERSON LOBBIES FOR CANCER DOLLARS

### **BY LEAH CAREY**

Staff Writer

Weeza Sanderson has been in remission for 14 years. But for her, the experience of breast cancer isn't a far-off memory.

"You're never cancer free. It's something you live with every day," she said earlier this month. "I want a cure found. It's a horrific disease. "

Sanderson feels so passionately about finding a cure that she has gone to Washington, D.C., to lobby with the American Cancer Society for the last three years.

### **Lobbying for funds**

"We actually go to each senator and representative," she said. "There are 576 people there from every state in the country. They hit all the congressmen, all the senators, all in one day."

Sanderson has spoken with the Vermont delegation about her own experiences - including the fear and stress that came with almost being given the wrong type of chemotherapy one morning - in the hopes that they will increase funding for cancer research and co-sponsor bills related to cancer treatment.

This year one of the big topics during her trip to Washington in September was palliative care. "If they support the bill,



it would support funding and training personnel so it's available in the different hospitals," she explained. "It's where the doctors and supporting staff help the cancer patient from the beginning all the way through, even after treatment, to make sure that their needs are met; to try to coordinate things and help them through the process and make it less difficult for them. Because it's a very emotional thing. It's extremely scary."

## Sanderson's journey to health

Sanderson's story began in 1999. "I had a normal mammogram in November of '98. In January of '99 I found the lump and it turned out to be stage 2. It was a very aggressive cancer," she said. "I was one of the lucky ones that it didn't get in my lymph nodes. But he said because of the type of cancer it was, there was an extremely high chance that there are small particles in the blood that I can't see."

Chemotherapy was a foregone conclusion for Sanderson. But whether or not to have a mastectomy was a choice that had to be made. Her doctor told her that the chances were 50/50 whether she really needed it or not. "All I could think was, I want it off my body. I don't want anything!"

The chemotherapy regimen that Sanderson took was really tough on her and she still experiences after-effects today. "First of all, you deal with chemo brain. Everybody laughs about it, but it's very true. It affects your short-term memory." She said that it affected her joints and aged her body

faster than normal. But the protocols have

changed over the last 14 years, she said. "I think everything has improved."

She doesn't regret her course of chemotherapy at all, even though it was difficult. It gave her a sense of power in the face of a frightening diagnosis. "When you're having chemo, you're fighting it. Once you've got over the initial blow, at least you feel like you're doing something. You're still scared, but your head is in fighting so you feel like you're accomplishing something," she said. "It was a rough road, but I'd do it again tomorrow. It saved my life."

# **Helping others**

In addition to her lobbying work, Sanderson is also active with organizing the local Relay for Life walk each year. She also provides support for those recently diagnosed and in treatment through the Reach To Recovery program.

"I like them to know that the American Cancer Society has an 800 number that has support 24/7," she said. "I more or less let them ask me what's on their mind."

Locally, she wants patients to know that Norris Cotton North has medical records folder available that will help you keep track of appointments and compartments for your records. "You can keep everything in one spot," she said. "It's one good way to keep yourself organized."

And she has one important bit of advice that she tries to give everyone she talks with: "The most important thing is to write things down. If you have questions, start writing them down. Because even with a good brain you forget!"

In all she does, Sanderson has one overarching hope, "I want the death rate to go down," she said. "Maybe someday we won't have those three words: You have cancer."



Today Weeza Sanderson breeds donkeys. "They're the only barnyard animal that comes to you purely for affection."

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# CARE MANAGEMENT THROUGH YOUR JOURNEY



**LISA BOUCHARD** Indian Stream **Health Center** 

In the primary care setting, care management departments can play a significant role in supporting a woman through her journey with breast cancer. There are many things that need to be considered and having the support of a care management team on a patient's side is essential. Once a breast cancer screening has found an abnormality, there are a large number of follow-up appointments and care coordination activities that will need to take place. This can be a very frightening time in a patient's life, and having a team of care managers ready and able to assist a

patient can be a very calm- that the paing and helpful resource.

In New England, it is often a long distance between the patient's primary care setting and their eventual place of treatment. Sur- tinuation of geons may be necessary to complete complete biopsies, lumpec- health and tomies, and mastectomies. wellness Medical oncologists may be needed to determine if lows for the the patient is a candidate for chemotherapy, and which dosage and type is appropriate. Radiation oncologists may be needed to candidate for radiation therapy, and how that would need to be carried out. Plastic surgeons may be desired to determine reconstruction options for the patient as well. From a care management perspective, the care coordination involved in synchronizing these services and keeping them all progress is of the utmost importance. Additionally, making sure that the patient's primary care provider is knowledgeable about the course of actions

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and in their local areas.

maries of their treatments. treatments to the patient in ways that make the most sense. Care managers can help the patient make a plan for monitoring the longterm effects of the cancer treatment, and give suggestions on what to look out for. agements,

Some treatments may afup-to-date on the patient's fect other aspects of a patients' health (such as beginning of their breast previously diagnosed cardiovascular problems or after its end. Often, care bone issues). Patients may like assistance in making tient to make a health and sure that they are able to tion, in order to keep themselves focused and ready to set goals. tackle a breast cancer diagor therapy programs.

well taken care of, both at can assess the situation and larger diagnostic facilities relay any assistance that they may find for the pa-Care management can as- tient. Symptom managedetermine if the patient is a sist patients in getting sum- ment can also be a facet that care managers can as-They can also help explain sist breast cancer patients with.

portation

can also be

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some. Care

managers

For breast cancer survivors, care managers can play a vital role in staying connected and informed about re-screenings, testings, further symptom manetc. managers are able to stay with the patient from the cancer journey until far managers work with the pawellness plan, identifying take control of aspects of the patient's goals. The care their situations themselves, managers will then offer resuch as exercise and nutri- ferrals and suggestions to help the patient attain their

Breast cancer journeys nosis. Care managers can are never meant to be taken link patients to different re- alone. Talk to your medical sources, including nutri- home today to inquire tionists and exercise about their care manageprograms. They can also ment programs. Women are link patients with support encouraged to speak to a programs, such as Breast care manager about what Cancer Survivors programs they may be able to assist with.

Lisa Bouchard, RN, brings 13 years of experience to the Care Management Department at Indian Stream Health Center, where she serves as the Department Supervisor. Lisa firmly believes in a holistic, patient-centered approach and attributes her patients' successes to their own dedication to bettering their overall health.



# **WORKING** THROUGH CANCER

BY MATTHEW M. F. MILLER **CTW Features** 

Breast cancer statistics paint a staggering picture of a disease that will impact the lives of everyone. According to the American Cancer Society, 235,030 Americans will be diagnosed with breast cancer in 2014, and 40,430 will die from the disease. What gets lost in these raw numbers, however, are the issues that extend far beyond overcoming the disease itself.

A new study out of the University of Michigan, Ann Arbor, found that nearly one-third of breast cancer survivors that were employed when they began cancer treatment were unemployed four years later. Women who received chemotherapy were the most likely not to be working.

The study surveyed 746 working women at the time of early-stage breast cancer diagnosis, and then followed up four years later. Thirty percent of those women were no longer working at the time of the follow-up, 55 percent of those women said it was important for them to work and 39 percent were actively seeking employment.

"Many doctors believe that even though patients may miss work during treatment, they will 'bounce back' in the longer term. The results of this study suggest otherwise," says lead study author Dr. Reshma Jagsi, associate professor of radiation oncology at the University of Michigan Medical School. "Loss of employment is a possible long-term negative consequence of chemotherapy that may not have been fully appreciated to date."

With higher numbers of chemotherapy patients reporting unemployment, researchers say it is possible that the need to take off time from work during the treatment could lead to long-term employment issues.

Aside from employment issues, many breast cancer survivors reported overall financial hardships, with 25 percent of women saying they are worse off financially

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# **ORAL CARE FOR BREAST CANCER PATIENTS**



DR. ROY BREWSTER AND DR. BERND WEBER Mountain View Dental

Every dentist has encountered patients who have been diagnosed with breast cancer. We know how important it is that the patient be supported with a healthy mouth prior, during and after cancer treatment is administered.

### **Prior to treatment:**

Your physician will advise you to see your dentist to be sure there are no active infections in your gums (gingivitis or periodontitis – bleeding gums), loose teeth, abscesses around the root tips of your teeth or tooth decay that would require a filling.

Cancer treatments can weaken the immune system making you more susceptible to infections. It is important that limit your chances of infection from any oral bacteria.

### **Common side effects of treatment:**

Mouth sores (ulcers) can form on your gums, tongue and lips. These can even become severe enough to delay your treatments. This happens because chemotherapy and radiation can alter healthy cells in your mouth. Because your immune system is low, you become more vulnerable to these mouth infections.

Dry mouth is due to the lack of saliva (spit) or decrease in saliva flow. This is due to cancer medications, chemotherapy and radiation which affect the salivary glands. Less saliva means more food sticking to and around your teeth, more bacteria in the mouth and around the gums, more cavities and other infections such as mouth sores.

Chemotherapy reduces blood clotting and could cause mild to severe bleeding from mouth sores. This could compromise your ability to eat nutritiously which in turn stresses your body.

### **During treatments:**

For relief of these side effects there are topical treatments like coating agents to form a protective film over the sores. Painkillers which numb the sores may help, but can ultimately prevent you from feeling if you are causing more damage to these sores as you are eating and brushing your teeth. Talk to your dentist about using over-the-counter toothpastes that contain fluoride, aloe vera and allantoin which claim to be naturally soothing and gentle.

Brush twice each day. Use a toothbrush with extra soft bristles and soak this toothbrush in hot water to soften it even more, so that you are not causing more discomfort or damage to the gums and other tissues in your mouth.

Floss daily as this removes plaque between teeth. Be gen-

you begin your treatments with good oral health so that you tle while flossing so as not to cause excessive bleeding or cause another sore in your mouth. Remember that plaque sitting on the teeth and gums is a bacterial magnet and that bacteria can cause infection.

> Rinsing your mouth often will help to remove debris that gets into all the crevices between and around your teeth, thus reducing your decay rate and chances for infection. If you are experiencing bouts of nausea with vomiting, rinsing will also help to remove the residual acids that can damage your enamel. Reduce eating citrus fruit and other high acid foods for the same reason. Drink plenty of water.

> Avoid alcohol-based mouth rinses as these will only further irritate mouth sores and dry mouth. Crunchy foods, spicy foods and alcohol are all irritating to your mouth sores and gums. If mouth sores get worse it could cause delays in your treatment, until you get these under control.

> Try these rinsing solution ideas from the National Institutes of Health:

- 1 teaspoon salt in 4 cups of water
- 1 teaspoon baking soda in 8 oz. of water
- Half teaspoon salt and 2 tablespoons baking soda in 4

### **After treatments:**

Continue with all of the above. See your dentist regularly, at least twice yearly, or more if needed.

Dr. Roy Brewster started his practice in Whitefield, N.H., in 1974. In 2003 Dr. Bernd Weber became a partner in the practice. In December of 2005 the practice name changed from Brewster & Weber to Mountain View Dental.

# Working

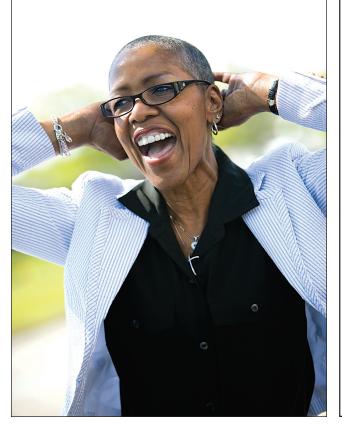
Continued from Page 10 than the were pre-diagnosis.

"As oncologists, we are proud of the advances in our ability to cure an increasing proportion of patients diagnosed with breast cancer. But as treatments improve, we must ensure that we do not leave these patients in financial ruin because of our efforts," Jagsi says.

Race had a major impact on the findings, as Spanishspeaking Latinas were the most likely to be impacted, with debt more likely to be reported by English-speaking Latinas and Blacks than by Whites.

According to the study, other important factors that made a woman more likely to experience these hardships include: age less than 65, household income less than \$50,000, part-time work at diagnosis, reduced work hours after diagnosis, lack of substantial prescription drug coverage, breast cancer recurrence and undergoing chemotherapy.

"These patients are particularly vulnerable to financial distress," Jagsi says. "We need to ensure appropriate communication between patients and their doctors regarding the financial implications of a cancer diagnosis and treatment decisions to help reduce this long-term burden."



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# WHY WOMEN NEED LIFE INSURANCE

### **DIRK ELSTON**

Passumpsic Financial Advisors a division of Passumpsic Savings Bank

Today, women have more financial responsibilities than ever before. Whether you are single, married, employed, or a stay-at-home mom, you probably need life insurance. Life insurance can help pay for the costs of funeral and burial services, estate administration, outstanding debts, estate taxes, and the uninsured expenses of a final illness.

Who needs life insurance?

### Working women

Increasingly, families depend on the income of two working parents. Your income helps cover the cost of ordinary living expenses such as food, clothing, and utilities, and perhaps savings for your children's college education, and your retirement. Life insurance protects your family by providing proceeds that can be used to replace your lost income.

### Single women

Often, women, like men, think that it's not necessary to buy life insurance because they have no dependents. Life insurance can provide necessary funds to pay off car loans, education loans, debts, a mortgage, taxes, and funeral expenses that might otherwise be the responsibility of family members. Also, the cash value of permanent life insurance may be used to supplement retirement income.

### Single moms

You're most likely primarily responsible for your child's support. Life insurance can provide ongoing income to cover child-care costs, medical expenses, debts, and future college costs.

### Stay-at-home moms

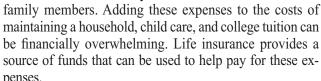
Maintaining a household is a full-time job. The cost of the services performed by a stay-at-home mom could be quite significant if someone had to be hired to do them. Your

**Pediatrics** 

surviving spouse may have to pay for services such as child care, transportation for your children, and housekeeping. Proceeds from your life insurance can help your spouse pay for services that keep the household running and allow your spouse to keep working.

## Family caregiver

Many women find themselves providing care for both children and elderly



### **Business owner**

You may be one of the increasing number of women business owners. Life insurance can be used to provide cash for company expenses such as payroll or operating costs while your estate is being settled. Also, life insurance can be a useful tool for business owners structuring buy-sell arrangements or providing benefits to key employees.

### **Bottom line**

Life insurance protection for women is equally as important as it is for men. However, women's life insurance coverage is often inadequate. It may be time to consult an insurance professional who can help you assess your life insurance needs, and offer information about the various types of policies available.

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Dirk Elston, Infinex Financial Consultant, member of the Passumpsic Financial Advisors team, has over 18 years of experience in the financial services industry. For more information visit www.passumpsicbank.com/investments.

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# 5 Rules For Effective Physicals

### BY BEV BENNETT

**CTW Features** 

If you're scheduling your first routine physical, or first in years, you may anticipate a conversation similar to speed dating.

You want your doctor to know as much as possible about you, but you have a limited amount of time to share it.

In addition, you may wonder if, as in speed dating, you should omit a few less appealing facts until the patient-doctor relationship progresses.

Although physicians each have their own preferences about how much they want to address in one session, they do have general areas of agreement.

Here are five things physicians want to hear from you during that first visit.

### 1. Why you made the appointment

"You may say you're here for a physical but you probably have an issue," says Dr. Richard Sadovsky, associate professor of family medicine, SUNY-Downstate Medical Center, Brooklyn, N.Y.

"Be clear to say why you're here. The doctor will explore that," Dr. Sadovsky says.

Have ready your list of concerns. Some physicians want your top 3; others don't mind all 30.

"We take an 'everything's on the table approach,' but not everything might be addressed on the first visit. It may take more than one visit to address all the concerns," says Scott Massey, professor of physician assistant studies and program director, Misericordia University, Dallas, Pa.

Prioritize – introduce the most urgent health matters first. If you're unsure, think about any symptoms you experience. Ask yourself whether these are continuous and whether they're getting worse, says Dr. Christopher Fitzgerald, internal medicine-pediatrics, Cedars-Sinai Health Systems, Cedars-Sinai Medical Group, Beverly Hills, Calif.

"If symptoms are getting worse we have to address them," Dr. Fitzgerald says.

Physicians will also encourage you to mention symptoms you consider trivial, especially if recurring and bothersome, such as intermittent heartburn.

"There may be a disease lurking under trivial symptoms," Massey says.

### 2. Your health history

Include your medical records, medications, family history going back to your grandparents and your lifestyle habits, Massey says.

Smoking, drinking and lack of sleep, can affect your health.

Don't hold back because you think you'll be judged.

"Most doctors aren't judgmental, even with things that might be embarrassing. If you feel you can't be honest, get another doctor," Dr. Fitzgerald says.

### 3. Your expectations

If you have a tendency to be deferential – to not ask for

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# **ANXIOUS AFTERMATH**

After cancer treatments end, many patients experience a range of emotions - and not all of them are happy

> BY MATTHEW M. F. MILLER CTW Features

Cancer treatment is a full-time job, an all-encompassing experience that changes lives forever. And, since it is such a challenging event both emotionally and physically, it's easy to assume that when cancer treatment ends for those who have had to endure it, the reaction immediately following the last treatment would be immense relief. After all, to those of us who have watched someone we love experience cancer, it's a big relief when it's "over."

The reality, however, is different. For cancer patients, it's not over and, according to Dr. Lynne Wagner, director of the supportive oncology program at the Robert H. Lurie Comprehensive Cancer Center at Northwestern Memorial Hosin Chicago, pital finishing treatment can be a relief tempered with anxiety but it can also cause some patients to be depressed. "It's somewhat individual, from a research perspective," Dr. Wagner says.

Christie Rigg, El Cerrito, Calif., a breast cantherapist and survivor herself, notes that when someone is di-

appointments, surgeries, chemo, biopsies, bills – and everything else needs to keep going." As a result, she says, a lot of the women she works with don't begin to process their emotions until treatment ends and those feelings bubble up.



that appointment there agnosed with cancer, "Life becomes in- can be a sense of helplessness because pacredibly busy. It's like your job is dealing tients are no longer "actively" fighting canwith the cancer," she says. "I said cancer cer. Fear of the unknown results of all this should come with a secretary—you've got treatment also compounds these other emo-

appointments

comes a built-in support

system that cuts off cold

turkey, Dr. Wagner says.

"You're getting good

support from the medical

team and coming in

every day," she says.

"Then you transition

from regular contact and

a lot of patients are left

out on their own." Fur-

ther, there's the follow-

up looming out there and

between treatment and

patients they work with that feeling any of this and more is completely normal. Just as each cancer and treatment plan is individual, so is the range of emotions one may

Additionally, with all feel about finishing and attempting to resume "normal" life. Rigg finds that women who share their stories in groups realize quickly they are not alone in these feelings.

> Reconnecting with social networks, exercise, and taking stock of priorities going forward can all help patients during this transition. Making healthy lifestyle choices can also empower patients to feel more "in control" of their situations during this time. Dr. Wagner says advocacy work can also be helpful, whether fundraising, counseling or volunteering with a cancer organization.

> It's important to realize that cancer is a life-changing event and because of that, patients are "really going through a grieving process," Dr. Wagner says. "Part of that loss is that the view of themselves has changed—their view of a vibrant healthy person and they're reminded of mortality. That's quite a loss."

The National Cancer Institute has a com-Both Rigg and Dr. Wagner stress to the prehensive booklet online on just this topic, found which can be www.cancer.gov/cancertopics/life-aftertreatment.

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# LYMPHEDEMA AND BREAST CANCER



DR. ALICE F. ROCKE Littleton Regional Healthcare

Unlike other side effects of breast cancer treatment, the swelling caused by lymphedema can be a visible side effect which may appear during treatment or even months after treatment ends.

Lymphedema is an abnormal accumulation of high-protein fluid just beneath the skin in tissues with inadequate lymphatic drainage. Removal of lymph nodes as a part of breast cancer surgery and/or damage to the lymph vessels which can occur during radiation therapy to the underarm or breast can result in inadequate lymph drainage to those tissues. Lymphedema is most commonly seen in the arm or hand on the treated side, but can also occur in the breast, underarm, chest, trunk and/or back.

As the protein-rich lymphatic

fluid accumulates the area can be-body. Radiation directly to come slightly swollen, producing the underarm carries the symptoms of discomfort or tingling. Other symptoms of lymphedema may include a feeling of diation to the breast and tightness or heaviness in the affected area, shooting pains, joint risk. Finally, being obese pain or tenderness and numbness. If the swelling persists, the skin may become thickened; systemic infections can develop as a complication of lymphedema.

velop lymphedema. The range is approximately 20 to 30 percent; evidence to support the recommost patients who develop symptoms do so within three years of treatment. It has been reported to occur as many as 30 years after breast cancer treatment.

No one knows for sure if they will develop lymphedema. However patients can help themselves cluding blood draws) and injury to by knowing their risk factors, taking steps to reduce their risk, and being aware of early symptoms. ration and intensity of any activity Women who have had an axillary dissection (removal of multiple lymph nodes under the arm) are at higher risk of lymphedema compared to those who have had only a sentinel node biopsy (removal of

diation treatments can also affect the lymphatic system by causing the formation of scar tissue which further interferes with the flow of lymph out of the arm and upper

most risk for radiation-related lymphedema but rachest also increase the or overweight may predispose women to developing lymphedema after breast cancer treatments.

Many recommendations for risk Not all breast cancer patients de-reduction are common sense approaches. There is little scientific mendations but they are based upon the experience of professionals in the field of lymphedema. These are some relatively simple actions and precautions to be used by people at risk for lymphedema:

Skin care - Avoid trauma (inreduce infection risk.

Activity and lifestyle - The duor exercise should be gradually built up with frequent rest periods during the activity. Maintain an optimal weight. Obesity is a major risk factor for lymphedema.

Avoid limb constriction - If iust a couple of lymph nodes). Rapossible, avoid having your blood



pressure taken on the affected side. Carry your purse and other heavy bags on the non-treated side and wear non-constrictive clothing and jewelry.

Hot tubs - Limit your time in hot tubs or saunas to 15 minutes.

Lymphedema progresses through a series of stages. Although it is not curable, it is manageable so that progression to more severe stages is not inevitable. The initial symptoms which seem to come and go such as numbness, tingling, slight heaviness, unusual tiredness and slight swelling represent an early stage of lymphedema and puts a person at risk for more severe lymphedema. A lymphedema therapist can help manage these symptoms and keep lymphedema in check.

# **Physical**

Continued from Page 12

what you need because you don't want to be perceived as a "bad" patient - you may not be getting appropriate care.

Don't be afraid to speak up.

"You want the physician to know what concerns you," Dr. Sadovsky

Being forthright helps physicians as well, he says.

### 4. Your follow-through plans

Ask your physician what your next steps should be. These may include treatment for any conditions, screening tests according to your age and risk factors and a review of the test results.

### 5. Your doorknob question

This is what you bring up when you or the physician are halfway out the

Ideally this wouldn't come up because you came prepared and are feeling comfortable with the physician.

But, speak up if something is still on your mind.

"In my practice I would rather have a patient ask and take an extra minute than not," Dr. Fitzgerald says.

It's easy to play Internet MD, looking up symptoms for various conditions you've self-diagnosed.

There are advantages and disadvantages to this, Dr. Fitzgerald says.

You could use the information to take better care of yourself. But if you visit a site that's not from a credible source, you could be misinformed.

Your health professional is likely to commend you on your desire to be up to date, but then recommend you not get too far ahead or read too much into the symptoms, Massey says.

For guidelines on the frequency of a physical exam and screening tests for your age and gender, visit the National Institutes of Health website at: http://1.usa.gov/PTHNDZ

Dr. Alice F. Rocke is a general surgeon at Littleton Regional Healthcare. Dr. Rocke has been practicing general surgery for 25 years. For the last 15 years her focus has been on breast cancer and benign breast disease. She completed her undergraduate studies at University of Wisconsin, Milwaukee and her internship and residency at Western Pennsylvania Hospital in Pittsburgh, PA. She completed her research fellowship at the University of Pittsburgh, Department of Surgery, Division of Plastic and Reconstructive Surgery in Pittsburgh, PA. Dr. Rocke is certified by the American Board of Surgery, and American Board of Breast Surgeons. She is an active member of the American Society of Breast Surgeons and the Association for the Advancement of Wound Care, National Lymphederma Network. To make an appointment call 603-444-0997.



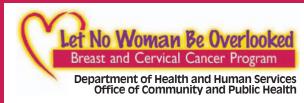
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The Hologic 3D Mammography machine sees greater details than the 2D system. The machine takes both 2D and 3D pictures, thereby allowing physicians to compare images.

Information provided by Northeastern Vermont Regional Hospital.



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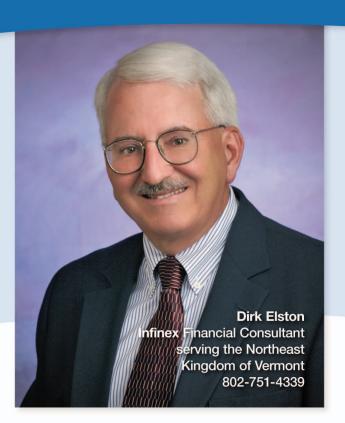
"The tomo images allow for both sensitivity and specino difference in the time the test takes. It's a win-win situation for all involved," said Carol Steiner, Director of Diagnostic Imaging at NVRH.

To learn more about Digital Breast Tomosynthesis, visit www.hologic3d.com.

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L-R: Harlan Herr, MD, Radiologist; Alice K. Rocke, MD, General Surgeon; Debbie Petit, RT (R)(M)(CT); Tina Crowe RT (R)(M)(CT) CNMT; Teri Dimas RT (R)(M)(CT)(MR) CNMT; Julie Ladd RT (R) ARDMS (AB)

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