

Cancer Awareness 2021



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RGH still taking Power of Pink in new directions

By Michelle Smith

Each year, Rappahannock General Hospital hosts a Power of Pink event; an occasion to celebrate the successful journey of cancer survivors, and to educate the community.

In the past, events have included special guest speakers, live music, and buffet-style spreads with shrimp, meatballs, chopped fruits, and varieties of cheese on the menu. Local businesses donated gifts ranging from bath bombs and makeup cases to plants and gift certificates for jewelry and salon services. Guests were given gift bags and had opportunities to be awarded additional prizes.

Without a doubt, the Power of Pink has been an event that guests not only enjoyed and looked forward to from year to year, but it's one that's left many impressed.

At one event, an guest named Mattie Hicks expressed surprise at what she found. "When I came I just thought it was going to be a small gathering, but this was really nice," she said. Hicks, who graduated from Brookvale High School in 1966, explained that she had just moved back to area after 52 years. In her family "people usually died of heart attacks so that's mostly what we thought about. But one of my older sisters is a breast cancer survivor, so now the issue has hit closer home," she explained. "So, this event was a great experience for me because we didn't do all of this when we were growing up. And a lot of people didn't know about breast cancer, I don't think."

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Beverly Randolph, winner of the first weekly drawing, shows off her prizes (a gift basket of luxury items and a gift certificate to Vine) with Debbie Woodle, RGH lead mammographer and Leanne Moughon, RGH imaging technologist.

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How “wonderful” the events were and “how good it is to have this type of thing available for people in the community” are the types of sentiment that you repeatedly heard from people who attended the Power of Pink.

Several years ago, Fran Victor, then the R.N. breast navigator, offered a memorable explanation of the thinking behind the events, saying the RGH staff give up their time and whatever they can to make this a thing for the community because they’re so invested.

And why are they so invested?

“You’ve got to remember we’re taking care of our mothers, our sisters, our brothers. We’re taking care of our neighbors. This is just a really small community and very tight knit,” said Victor.

With that, she said the community could expect to not only see the Power of Pink every year but could look for the hospital to come from a different direction each year.

Due to the escalation of COVID-19 precautions in the community, RGH decided to cancel the annual event this year—or at least they canceled the in-person gathering. But the hospital found a way to come from a different direction to keep the spirit alive and thriving.

“We’re excited to channel some of the Power of Pink momentum into fun promotions to encourage breast cancer awareness and the importance of regular mammograms,” said J. Alan Bailey, RGH vice-president administrator. The hospital announced that throughout October, RGH is offering mammography participants a small gift, entering them into weekly gift basket drawings, and will have a drawing for a pink designer bag at the end of the month.

“It is fun to incorporate festive new elements to keep the conversation and awareness going surrounding breast cancer and the importance of regular mammograms,” said Bailey.

What to expect after an abnormal mammogram

After delaying due to the pandemic, you finally schedule your mammogram. Once the images are taken and analyzed, you’re told there is something abnormal and your doctor wants to take next steps. What can you expect next?

Hearing you have an abnormal mammogram can be scary, but remember, getting called back is common and does not necessarily mean you have breast cancer. What it means is there is something that your health care team wants to look at more closely. This may be calcifications, dense breast tissue, a cyst or several other things. Try to keep in mind, fewer than one in 10 women called back for more tests are found to have cancer, according to the American Cancer Society.

Many women delayed mammograms due to the pandemic and providers are urging women age 40 and older, as well as those in

high-risk groups, to schedule this important appointment as soon as possible. Early detection through regular mammograms provides critical preventative care because it provides insight into what’s happening inside your body. If you do have breast cancer, the earlier you find it, the more treatable it is.

Next steps after an inconclusive mammogram

Exploring your options and knowing what to expect after receiving an inconclusive mammogram is important and can help relieve some anxiety you may be experiencing. The radiologist who reviewed your images will likely make recommendations based on what they see and what they want to learn more about. Next steps could include another mammogram, an ultrasound scan or an MRI. Feel free to ask questions and inquire about new technology that could be available to you.



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CANCER CARE FOR THE UNIVERSE OF YOU

"I can still be beautiful": Camera shows breast cancer doesn't get the last word

By Kitty Bottemiller



If dealing with COVID and its ongoing fallout hasn't been confounding enough, consider the added shock of just learning you have the Big C, and that it's breast cancer.

Cancer is the second-leading cause of death, behind heart disease, among all females, according to the Centers for Disease Control and Prevention.

Two local women diagnosed with breast cancer in the last year have undergone enough medical treatment for a lifetime. Now they're getting the royal treatment and will appear in a bound photo book starring them and published for them — a move to help them rebuild their confidence and support other cancer survivors, too.

Their ordeals have taken a toll, but they're hopeful the worst is past. Each jumped at the chance to share their journeys, seeing it as a way to help ease the minds of others waiting anxiously for mammogram results, those recently diagnosed, and others who someday may be.

Advancements in treatment and what science theorizes may be due to cutbacks in use of hormone replacement therapy are making a difference. Vigilant screening and early detection are helping more women survive it.

Still, this year, roughly one in eight women will develop invasive breast cancer, according to the non-profit breastcancer.org.

These local women have emerged from surgery, radiation, and chemotherapy. Also hair loss, weight-gain, and wretched nausea, and are eager to resume normal lives.

Whatever new norm COVID brings, for some, it may have nothing on Big C's lasting effects.

It's their time

Entering their next phase of recovery under medical direction, and fewer lonely trips into medical facilities for updates — COVID restrictions have prevented anyone from accompanying them — they got an unexpected reason to celebrate themselves and a mondo mood boost.

After hearing about a unique fortitude-bolstering project, Tracey McKinley, office manager at Green Valley Arizona Oncology, called the two patients there to inform them about a boudoir photography project being offered gratis by the photographer. Her mission is to produce a personal book of alluring images to help breast-cancer survivors "find their way back to beauty and sexy" after losing body parts, hair, health, vigor, and fitness as they focus on survival.

"If there is no way back to the Before Times, at least there is a way to help accept and embrace the New Normal," said Jana Suchy, the Tucson-area photographer.

Both cancer survivors — Sofia Ruiz of Sahuarita and Mikel Moore of Tubac — were enthused with the idea and contacted Suchy. She sat down with them to outline the production process, calm any nerves they might have, and scope out their color, clothing, and theme preferences. They ended up booking an all-day session of staging, costume changes, and picture-shooting.

One of their better days in a while, both of the survivors said.

The setting was a lovely Tubac residence surrounded by breathtaking desert scenery. Suchy arrived with a van full of equipment, props and a load of leather, lace, fringe, bubbles, baubles, feathers, and the piece de resistance — stiletto heels in all the right sizes. Hair, makeup, and nails also played a part.

A girls-day-out made to order. What woman wouldn't dream of it after months isolated at home, under the weather, and facing unfathomable challenges daily? Let the pampering begin.

Life was good

In July 2020, Ruiz was a 44-year-old with a full life, fantastic health, and no family history of breast cancer; she didn't smoke or drink and had a job she loved.

Then one day she discovered a lump in her left breast, a false alarm. It turned out to be a simple cyst that quickly disappeared, just like her doctor said. But a few months later, a lump appeared in the other breast, this one cancerous.

Already beside herself awaiting the prognosis, she felt more anguish yet from TV reports of COVID reaching the world with force and delaying her exam slightly, she said.

Days after her echo-sonogram (high-frequency sound waves used to produce images), she was summoned by the doctor.

"I was diagnosed with HER2-positive breast cancer," an aggressive form, she said.

There she was, without extended family since she, her husband, and youngest daughter had moved back to Sahuarita a few years back after living in Spain while their oldest daughter finished college.

"I sat in shock with little knowledge of this horrible reality," she said. "With half my family in Ecuador and the other in Spain, I felt a little unprotected and alone."

Immediate family buoyed her positivity along with supportive, communicative medical staff who "became like family," she said.

"I had to keep going ... there was no other option."

Co-workers, clients and other sympathetic acquaintances offered kind words and gestures. One organized a walk to one of her favorite places to pray for her health, all more meaningful while she experienced myriad emotions and fear as she realized that, due to her weakened immune system, COVID could kill her.

With all that support, "I was grateful to receive very good advice from women who had gone through this process, which made me feel less alone."

Following chemotherapy, she underwent exploratory surgery. No cancer cells were found.

That news "made me feel like I was born all over again," she said. Next came radiation, then maintenance meds, expected to finish soon. Quarterly checks with her oncologist will follow.

She recalled the day the oncology office called about the photo opportunity.

"I loved knowing I could do something for other women with breast cancer," she said. "The experience was very charming, it made me a stronger and safer woman after cancer and that life has given me another chance."

She hopes her story will help others realize the importance of medical checks and self-exams, and credits self-discipline for saving her life.

"After the long process of cancer treatment, this project was an incentive, something that heals the soul. Jana is a professional and I loved the end result."

Facing it logically

Moore, her new friend and sister cancer survivor, had a slightly different path to the boudoir shoot, but an outcome just as profound.

Like Ruiz, she relocated from out of state. Other than an aunt in Phoenix, most of her family is in Michigan, including a step-daughter and new grandson.

"I have great 'breasties,' friends also going through or have gone through breast cancer," she said.

She talks with her mom almost daily, and her best friend let Moore move in after she was diagnosed with breast cancer (on her birthday last year, of all days) and "has been critical to my ability to get through treatment," taking her to appointments and video-calling in to key doctor visits, Moore said.

Also like Ruiz, she had no known family history of cancer, and faced the situation logically, "fairly matter of fact," she said.

Previously, she'd been working long hours. Except for morning visits to the gym, where she was preparing for a heavy-lifting competition, "I was a slave to my job," Moore said.

She initially moved to Arizona nine years ago while employed by a manufacturing facility in Michigan that transferred a bunch of material to be built in Nogales, Sonora. She was appointed materials manager to oversee the plant.

"When that job was done I was so in love with the area I couldn't leave," she said. Until her diagnosis, she was tending bar. As she was getting in shape for competition, the pandemic struck. Then, for her, cancer.

"I had a lump that I ignored for the better part of a year," she said. Two doctors told her it was probably a fibroadenoma (treatable, noncancerous lumps typically occurring in women between ages 15 and 35; Moore is 33). She was advised to get imaging.

"Back to that 'I was a slave for my job' part," she said. "I couldn't take time off to get it imaged, mainly due to myself not wanting to take time off, and didn't have insurance, so I let it go for way too long."

It wasn't until COVID restrictions closed bars that she got it imaged.

"It had gotten so big that I had to move my breast while lifting at the gym. It hurt so bad all the time by the time I did anything about it."

Doctors soon discovered metastasis in her liver and prescribed a course of doxorubicin, an anthracycline known as "red devil" for its color and most concerning side-effect, cardiac toxicity. She also got a blast of radiation beads into her tumors via femoral artery.

Other chemo and treatments may be needed later, she said. Heart-rending just thinking about it, but Moore said she trusts the doctors and is grateful for their care.

Two surgeries claimed about half her right breast; the initial tumor removed about 4x3 centimeters. A similar amount was taken a second time to get clear margins. Most recently, she's been taking oral chemo twice daily.

"It's been hard at times but I have definitely learned how strong I am physically and emotionally, Moore said.

"Between losing my hair and gaining weight I have never felt less like a woman."

Muscle tone also went by the wayside due to being homebound for months.

"The worst days kept me in bed, sometimes multiple days at a time. I couldn't eat without getting sick; even the smell of food made me sick."

Her friend Sue made sure she always had water and cared for Moore's animals while she healed.

"She's a real godsend," Moore said. Compassion from Sue and others has helped her weather reactions to her diagnosis.

"I had several people offer their internet doctor

information, some friends that checked in on me daily, and others that couldn't handle talking to me anymore because they didn't know what to say. Seeing all three types of people has been very eye-opening.

"Hardest was going into treatment alone," she said. "It made it really difficult to retain all the information that you were getting during appointments."

Several friends, other family, and especially her grandson and step-daughter have been crucial to her recovery.

"Knowing they are rooting for me and that they need me to be healthy always helped me push forward and keep my chin up."

She's been in remission for a year.

"I'm already back to the gym have been going steadily again for the last few weeks and feeling great... sore, but great! It's definitely one of my Zen places."

She's also studying to be an electrician at Pima Community College.

"I am super excited to have a career again," she said.

An idea takes root

Suchy fell into boudoir work in 2010, when a friend asked if she'd take photos of his wife in this way, she said.

"I didn't even know boudoir was a thing," but clients liked her work and encouraged her to pursue a career in it.

"A year later, I did."

She's shot clients in six states since her pilot project in Montana, although outside of the cancer-survivor realm.

"I don't recall that I knew any survivors personally at the time I created Pink-Ribbon Boudoir, but now it's hard to find anyone who hasn't been somehow touched by breast cancer.

"Survivors have fought for their lives ... and are left with lingering effects on their bodies, their lives, and often their relationships."

Though it's time-consuming, the effort has been an unmitigated success, she said. Several weeks are involved from initial consult to photobook delivery. She helps fund it through individual, businesses, corporate donations, sponsorships and is working with non-profits to help provide more sessions so the survivors don't have to pay.

After Suchy's pilot Pink-Ribbon project in Montana, she recalls a 30-year survivor, then 70, saying she considered it a validation that survivors are whole and attractive and desirable, and that she felt the experience could help others move forward physically and emotionally.

"It's not what God gave me, but my new normal is still beautiful," Suchy remembers a 34-year-old double-mastectomy survivor saying. "We lose a lot of self-esteem. (This) is very much a sisterhood."

A one-year survivor sliced to the crux: "When I was diagnosed with breast cancer, they took my breast and probed it, drilled it, augured it, cut it, and finally they cut it off," Suchy said she remembers clearly. "I lost the sense of intimacy and pleasure with my body...dressing up helped bring it back."

Moore said at a time when she wasn't feeling like much, "Jana made me feel so beautiful, it was so great to see a few of the pictures and really see how I can still be so beautiful."

WHY BLACK WOMEN ARE MORE AT RISK OF DYING FROM BREAST CANCER



Health equity means that everyone has a fair and just opportunity to be as healthy as possible. Yet, according to a recently released report, Black women in the United States face a perfect storm of issues spanning across every aspect of the health care system and society at-large that are causing them to die about 40% more often from breast cancer than white women. Indeed, in some metropolitan areas, the gap can be as high as 74%

Why is this happening? As the report, “Closing the Breast Cancer Gap: A Roadmap to Save Lives of Black Women in America,” by breast cancer leader Susan G. Komen highlights, despite advances in science and increased access to early detection nationally, Black women face the combined effects of racial, gender, ethnic, and other forms of bias while navigating systems and institutional structures in which entrenched inequities remain the status quo. This experience is felt by Black women nationwide, regardless of their income, education, or insurance status.

For example, one Black health care professional who participated in a focus group for the report noted that her own experience is poor when she goes for treatment without her “white coat.” “I was ignored until the doctor came into the room and started asking me very specific questions. The way I answered made the doctor stop and ask my background. I asked, ‘why does it matter?’ She said, ‘Do you work in the health care field?’ I said, ‘More or less.’ ... She stopped, and she said, ‘Oh, so what’s your title?’ I said, ‘It’s Dr.’, and within 30 minutes I was upstairs in a room. If I get treated this way, then what do other people go through? I really felt like I was just another Black face, until they understood that this Black face came with a level of influence and authority.”

These issues are exacerbated by the socioeconomic impacts of segregation, unfair employment practices, and racist policies, like redlining, that still divide many metropolitan areas today. For example, many Black women face difficulties finding high-quality cancer care located near them. In the report, one Dallas-area health care provider recounted how a 65-year-old woman walked about 10 miles in the July heat to get to her screening mammogram. By the time she got to the hospital she was dehydrated and had to go to the emergency room to get fluids before her screening. And those who rely on Medicaid or similar insurance are often turned away once they arrive or are forced to wait hours to see someone.

These transportation and insurance issues are just a few of the barriers tragically impacting Black women today. Whether it’s standard care, the availability and affordability of diagnostics and follow-up care, unfair public policies, insurance practices, and implicit bias and racism, the report authors stress that Black women are dying more than white women because our systems are failing them at every step in their breast cancer journey.

Leveraging the insights and solutions recommended in the report, Komen is launching a new initiative called Stand for H.E.R. – a Health Equity Revolution, to take specific action in each of the 10 U.S. metropolitan areas where disparities are the greatest. Made possible by funding from Robert Smith and the Fund II Foundation, this initiative will include several specific interventions to improve the quality of care and to overcome obstacles and bias, including connecting women to care through culturally competent patient navigators.

The hope is that by launching this initiative, other organizations and community stakeholders will join with Komen to address the long-ignored issues that continue to marginalize the Black community.

(StatePoint)

1 in 5 Cancer Patients Report Financial, Disease Status, or Racial Discrimination in New Study

One in five patients with cancer reported receiving unfair treatment because of their finances, disease status, or race and ethnicity, according to a new study collaboration by the University of Alabama-Birmingham (UAB) using data from the Patient Advocate Foundation (PAF), a national non-profit organization providing case management and financial aid to individuals with chronic illness.

The study used data from a longitudinal nationwide survey PAF sent to adults with current or previous cancer treatment who had received PAF services from July 2019 to April 2020. In total, 587 patients with cancer responded.

“I don’t think that health care teams are aware that patients feel this way – it’s really eye-opening.”

Of the 23% of respondents who reported having received unfair treatment, more than half (58%) reported this treatment was from a doctor, nurse, or healthcare provider. Less than half (46%) reported unfair treatment from an insurance company, 41% from the healthcare system, and 14% from a pharmacist.

When asked why they were treated unfairly, respondents indicating unfair treatment due to education status, sex, or sexual/gender orientation were uncommon. Instead, the most common reasons for unfair treatment were disease or condition (42%), income or ability to pay (36%), and race and ethnicity (17%). However, 50% of respondents who identified as Black, Indigenous, or people of color (BIPOC) reported high mistrust in medical providers.

“There are historical reasons why people may feel discriminated against in the health care setting, but we haven’t properly explored how socioeconomics affect

patient perceptions of how they’re being treated,” said study co-author Nicole E. Caston, MPH, clinical data analyst at the UAB Division of Hematology and Oncology. “I don’t think that health care teams are aware that patients feel this way – it’s really eye-opening.”

Most survey respondents were female (72%) and about one-third were BIPOC. The most commonly reported cancers were hematologic (32%) and breast (32%).

“Previous survey data collections have indicated problems associated with financial toxicity in our PAF patients for quite some time,” said Kate Gallagher, MPH, vice president of health services research at Patient Advocate Foundation. “Seeing our recent data confirm not only the tangible ways in which it manifests – from bankruptcy to inability to afford utilities—but also the ways in which financial concerns can directly affect the relationship between the patient and their providers was remarkable.”

Co-author Gabrielle Rocque, MD, associate professor at the UAB Division of Hematology and Oncology, agreed, noting, “The majority of people who said they felt discrimination said they felt it from their provider or nurse. It adds a layer of complexity to the idea that providers should talk about costs with patients. These conversations should be approached with nuance, so that patients feel like they’re an equal partner in the care team and always treated with dignity.”

The researchers compared responses among those who reported fair treatment and those who reported unfair treatment. Respondents reporting unfair treatment were more likely to be unemployed/other (21% vs. 12%), have private insurance (35% vs. 26%), earn less than \$48,000 annually (77% vs 71%), and report more mistrust in medical providers (57% vs. 24%).

What Veterans should know about bladder cancer

The end of military service doesn't always mean the end of hardships for those who served. As they age, many veterans can be faced with health challenges, including cancer. In fact, each year, approximately 40,000 new cancer cases in veterans are reported, and bladder cancer is among the top five most frequently diagnosed types of cancer among patients treated by the U.S. Department of Veterans Affairs (VA). It's important for veterans to take note of their individual risk factors and learn what to do if bladder cancer is detected.

Risk of Bladder Cancer

Bladder cancer can happen to anyone, but there are some factors that make a person more likely to develop and be diagnosed with it. For example, the risk of bladder cancer increases with age and is more likely diagnosed in patients over the age of 55.

Other risk factors include:

- Smoking
- Exposure to certain chemicals

- History of bladder infections or irritation
- Family history of bladder cancer
- And for Vietnam veterans, the VA has added exposure to Agent Orange to that list

Signs of Bladder Cancer

Understanding an individual's potential risk, as well as the signs and symptoms of bladder cancer is essential, as early detection can expand treatment options and improve outcomes. The most common sign of bladder cancer is painless-but-visible blood in the urine. However, other signs to watch for include:

- Pain during urination
- Changes in the frequency or ability to urinate
- Lower back pain on one side of the body

Detecting Bladder Cancer

A cystoscopy is a standard medical procedure that allows a urologist to look directly into the bladder for suspicious tissue. Historically, cystoscopies have been done using white light. However, there is also a procedure called Blue



Light Cystoscopy that uses both white and blue light to create an enhanced view. Veterans and others who suspect that they may have bladder cancer should ask a urologist for more information on Blue Light Cystoscopy. To learn more, visit <https://rebrand.ly/About-Cystoscopy>.

Anyone who has a potential risk factor for bladder cancer needs to be informed about the disease, as well as their options during and after diagnosis. That information, plus access to the right care, can equip everyone for their cancer battle.

(StatePoint)



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- ✓ Be aware.
- ✓ Get screened.
- ✓ Never give up.

We're all in this together.

Emmy Award Winner Miles O'Brien Named Chair of "Less Cancer" Board

"Less Cancer," the 501(c)(3) Next Generation Choices Foundation, has named Emmy Award winning journalist Miles O'Brien as its new chairman of the board, and added two industry leaders to its board of directors-- George Ohrstrom of Clarke County, VA, and Rob Marino of Warrenton, VA.

Veteran journalist Miles O'Brien, winner of six Emmy Awards, has served on the board of Less Cancer since its inception in 2004. He was elected chairman of the public charity in 2021. Having lost both grandmothers, his mother, and his sister to cancer, O'Brien is passionate about prevention of the disease.

"I have lost too many loved ones to cancer over the years. It is high time we develop a better understanding of the environmental causes of this scourge. Bill Couzens and Less Cancer have been the vanguard on this crucial topic, sparking a national conversation among academics, politicians, policy advocates and the general public. I am honored to help this organization in any way I can."

—Miles O'Brien

Miles O'Brien is the science correspondent for the PBS NewsHour; a producer, director, writer and correspondent for the PBS documentary programs NOVA and FRONTLINE; and an aviation analyst for CNN. He owns MOBIAS Media, Inc., a production company that creates award-winning documentary films for PBS and other educational and corporate clients.

For nearly 17 of his 39 years in the news business, O'Brien was a staff correspondent and anchor for CNN, based in Atlanta and New York. He served as the network's science, environment and aerospace correspondent and the anchor of various programs, including American Morning. He has won numerous awards, including six Emmys, a Peabody, and a DuPont.

George Ohrstrom is co-chair of the Piedmont Environmental Council and chair of the Clarke County Planning Commission. He is also a member of the Clarke County Easement Authority, the Berryville Area Development Authority, and the Virginia League of Conservation Voters. He is past president of the Friends of the Shenandoah River. An avid fly-fisherman, Ohrstrom founded The Downstream Project to promote natural resource conservation through visual arts and the internet. The charity helps regional nonprofits in the Shenandoah Valley and Chesapeake Bay watersheds with their online needs.

Rob Marino is executive director of the Fauquier Free Clinic in Warrenton, VA, providing primary medical, dental, and mental health care services to low-income families in Fauquier and Rappahannock counties in Virginia. He has served on the board of the Virginia Association of Free and Charitable clinics as well as the Mental Health Association of Fauquier County.

Less Cancer Founder and President Bill Couzens said, "Less Cancer takes pride in facilitating continuing medical education in prevention for physicians, nurses, and public health professionals. We are thrilled to have these leaders join the board to advance the cause of cancer prevention."

About Less Cancer

Founded in 2004, the Next Generation Choices Foundation is a 501(c)(3) public charity known more widely as "Less Cancer" (LessCancer.org). Based in Warrenton, VA, the organization works to educate the



Veteran journalist Miles O'Brien, winner of six Emmy Awards, has been elected chairman of the Less Cancer board of directors in 2021.

public, create proactive public policies, and offer continuing education credit to physicians, nurses, and public health professionals regarding cancer prevention. Less Cancer signifies a new paradigm for addressing cancer, one focused on prevention. This is a departure from previous treatment-focused approaches, which focus on beating, conquering, or curing cancer.

Doctors across U.S. reporting spike in cancer diagnoses

Doctors are seeing a spike in cancer diagnosis due to pandemic delays

Lisa Krause is glad to be back in the gym. Because of COVID, the IFBB pro bodybuilder spent most of her time preparing for competition at home. The pandemic kept her from lifting at her usual gym and pushed back her annual gynecological screening by four months.

And when she finally got it, "it hit me like a ton of bricks," she said.

Doctors found a benign tumor on one of her ovaries. Krause ended up getting a hysterectomy.

"I was lucky, but I think that had I not gotten it out, Dr. Thomas said that potentially it could've turned to cancer," Krause said.

Krause's surgeon, Dr. Bijoy Thomas, says nationwide doctors are seeing a spike in cancer diagnoses due to pandemic delays. He says locally the numbers aren't as dramatic because screenings, while fewer, were still a priority.

"You cannot delay cancer screening because the sooner we catch cancer, there is a higher chance we can, God willing, potentially cure people of cancer," Thomas said.

Krause says even though she's in the best shape of her life, the surgery rocked her world.

But she wasn't about to let it slow her down. 12 days later she was back in a bikini posing for the judges.

Krause says she hopes others, no matter what their fitness level, will learn and live because of her experience.

"I know that some people are a little bit afraid because they feel as though 'Oh I don't know if there's something wrong with me maybe I don't wanna know.' But you do want to know, and you need to face that fear," Krause said.

Washington Football Team kicks off initiatives for increasing breast cancer awareness and research

Washington Football Team announced its annual Breast Cancer Awareness game, presented by Inova Schar Cancer Institute, would take place on October 10th against the New Orleans Saints. For over 22 years, Washington Football Team and the Washington Football Charitable Foundation have been encouraging their community and fans to THINK PINK®. The franchise will continue that tradition of advocacy by elevating community partners and promoting breast cancer and early detection awareness among the organization, community, and NFL fans nationwide throughout the month of October.

Beginning September 21st, fans purchasing a single game ticket to the October 10th game at WashingtonFootball.com/ThinkPinkTicket could “bundle in” a Breast Cancer Awareness (BCA) t-shirt. The limited-edition Washington Football Team Burgundy, Gold & Pink T-shirt will feature a unique design for the 2021 season. Proceeds from the t-shirt and ticket bundle will benefit the Brem Foundation to Defeat Breast Cancer and the Zeta Tau Alpha (ZTA) Foundation. Washington Football Team and Co-CEO Tanya Snyder launched the inaugural THINK PINK® event 23 years ago this October, and ZTA has been an instrumental partner in launching and expanding the NFL’s THINK PINK® and “Crucial Catch” initiatives in the decades since.

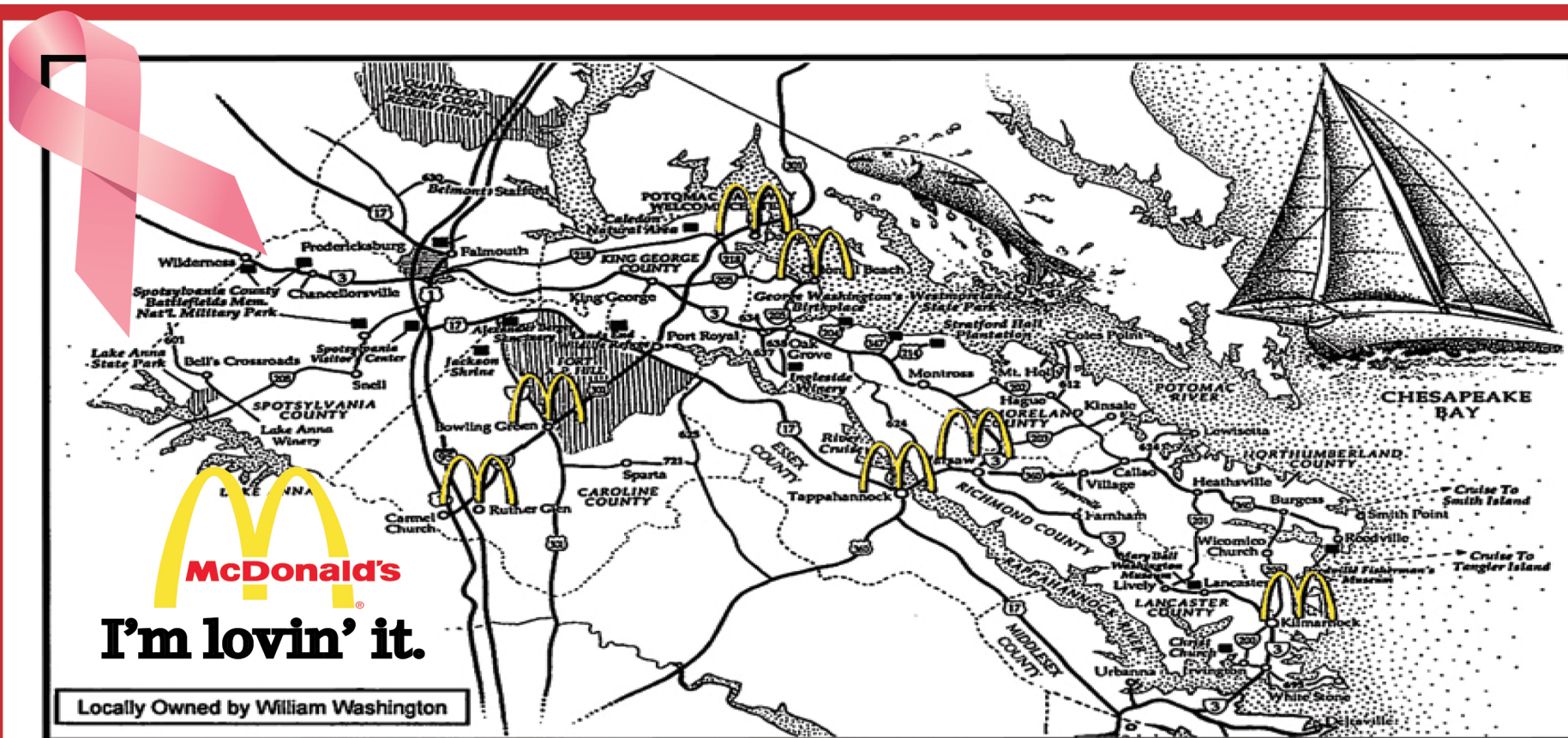
In-game activations included Washington Football Team gameday staff wearing pink uniforms for the New Orleans Saints game on October 10th. 40,000 “Tackle Cancer” pink rally towels were handed out at the stadium gates courtesy of Inova Schar Cancer Institute, and an additional 5,750 white towels were given out to represent the one in eight women in the United States who will be diagnosed with breast cancer in their lifetime. Tanya and ZTA representatives handed out 45,000 Pink Ribbons to fans, and the field was decorated with Breast Cancer Awareness colors, including a pink version of the Washington Football Team logo in the endzone. Additionally, Mrs. Snyder and the Washington Football Charitable Foundation welcomed the All-Star Survivors, 30 women whose lives have been affected by breast cancer, to the game to honor and recognize them.

“It’s hard to believe that we are in our third decade of encouraging fans to “THINK PINK” and make a “Crucial Catch” for Breast Cancer Awareness,” said Tanya Snyder as she reflected on this 23rd season of personally handing out ribbons, with ZTA, to fans at FedExField. “We have surpassed 9 million ribbons and look forward to getting to 10 million as we continue the tradition of highlighting early detection as the number one defense in battling this disease.”

Gameday elements are only the start of this month-long initiative for the Washington Football Charitable Foundation. Washington Football Team is committed to recognizing and celebrating cancer survivors and those who are currently battling breast cancer. The team also promotes early detection best practices, which will be supported through non-game day events such as a BCA Kickoff Event with the National Breast Cancer Foundation. On October 5th, Washington Football Team Staff packaged HOPE Kits for women currently battling Breast Cancer in the DMV. Later this month, Washington’s Women’s Initiative Network (WIN) members will attend an education and awareness early detection workshop hosted by BREM.

On October 12th, the franchise hosted the thirteenth annual All-Star Survivors Celebration, an event focused on supporting and celebrating 30 All-Star Survivors, women whose lives have been affected by breast cancer, and their families. During the event, the breast cancer survivors, or “All-Stars”, received new jeans donated by Gap Inc., custom Color Bar jewelry donated by Kendra Scott, spa services courtesy of Lansdowne Resort and Spa, wigs and scarves provided by the American Cancer Society, and a Washington Football gift bag. All-Stars were treated to lunch, makeup consultations, and massages.

Tanya Snyder, team co-owner and a breast cancer survivor herself, helped introduce the THINK PINK® campaign to the NFL 23 years ago and has made it a top priority for the franchise ever since. Fans can learn more about the franchise’s breast cancer awareness efforts by visiting the THINK PINK® section of the Washington Football Team’s website.



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SOFIE submits Investigational New Drug application to US FDA for pancreatic cancer imaging

SOFIE Biosciences (SOFIE), an established US manufacturer and developer of radiopharmaceuticals, achieves a major milestone with the filing of an IND application to the FDA for a radiopharmaceutical targeting Fibroblast Activation Protein Inhibitor (FAPI). The IND is for a Phase 2, Multicenter, Single Blind, Non-randomized Study of [68Ga]FAPI-46 PET for imaging patients with Pancreatic Ductal Adenocarcinoma (PDAC).¹

This filing, which continues the progress of SOFIE's Global Academic Probe Network, allows select institutions to participate with the Company in generating clinically relevant diagnostic imaging data to support ongoing work in this critical oncologic indication, pancreatic cancer, and numerous other solid tumors and non-oncologic applications.

SOFIE's President & CEO, Patrick Phelps stated, "A PET manufacturing network submitting an IND to the US FDA is a unique development, as well an inflection point for the Company.

Pancreatic Cancer is a formidable disease adversary that requires a meticulously designed theranostic program. As such, SOFIE is pleased to leverage its FAPI diagnostic compound, academic collaborations and Radiopharmacy expertise in support of this endeavor and to ultimately save lives."

Trevor Subero, SOFIE's Senior Vice President of Business Development, and lead of its FAPI advancement program added, "We are proud to build on the inventive work of Professor Haberkorn, Professor Giesel and the University Heidelberg team by taking this important next step in the progression of a FAPI tracer, towards FDA-approved clinical use."

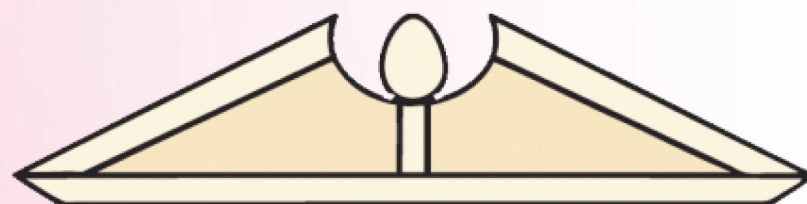
As a measure of ensuring the continued progress with FAPI, the SOFIE leadership and its Board view this important milestone as the first of several INDs for which FAPI is well suited and for which SOFIE will work with leading clinical experts that treat the appropriate indications and have a track record of successfully completing similar clinical trials.

National Cancer Institute Selects ICF for New \$150M Bioinformatics IDIQ

The National Institutes of Health's National Cancer Institute (NCI) recently selected global consulting and digital services provider ICF (NASDAQ:ICFI) as one of three awardees for a new multiple-award indefinite delivery, indefinite quantity (IDIQ) contract to provide biomedical technical and data management support services. The ICF contract has a ceiling value of \$150

million and a term of five years.

ICF will provide a wide array of services to support NCI studies and research projects. Services include communications and web support, data management, cloud-native biomedical computing, analytics and engineering, biomedical computing platform and tool development, bioinformatics, statistical modeling and analysis, and technical, administrative, and project management support.



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Be Aware. Get Screened. Prepare for the future.

Power of Pink Virtual Breast Cancer Walk

WHO: The Mary Washington Hospital Foundation.

WHAT: The Mary Washington Hospital Foundation will host the 2021 Power of Pink Virtual Breast Cancer Walk to benefit the Mary Washington Hospital Foundation Breast Cancer Fund.

WHERE: This year's 2.2-mile walk will take place virtually to ensure participant safety during the COVID-19 pandemic. Groups are not encouraged because of safety concerns, and we ask that participants please adhere to distancing restrictions in effect.

Dress in your best PINK outfit! If your dog walks with you, dress them in their best PINK outfit, too, and share your photos virtually! Are you ready to lace up

your sneakers and take a walk in your neighborhood? At your favorite park? On your treadmill? It doesn't matter where you walk, you are making a difference!

All registered participants will receive a Power of Pink Virtual Breast Cancer Walk branded mask so we can continue to do our part by protecting ourselves and others during this pandemic. Participants will also receive a FREE Chick-fil-A coupon to enjoy, courtesy of Chick-fil-A in Central Park, Fredericksburg, VA.

For more information and to register, visit powerofpink.mwhc.com.

WHEN: Walk anytime and anywhere you choose between Sunday, October 24 and Saturday, October 30.

MWHC recommends colorectal cancer screenings starting at age 45

Mary Washington Healthcare's Regional Cancer Center Colorectal Clinical Team has developed screening guidelines for colorectal cancers. Screening identifies pre-cancerous polyps (abnormal growths) so they can be removed.

Their recommendations are in line with those established by professional organizations whose members include experts in the fields of screening and treating colorectal cancers: American College of Gastroenterology, American Gastroenterological Association, Society for Gastrointestinal Endoscopy, American Society of Colon and Rectal Surgeons, and American Cancer Society.

Screening guidelines can be confusing and conflicting. Recommendations are as follows:

- Colonoscopy is recommended as the best method for colorectal cancer screening, and unlike other methods, colonoscopy can prevent colorectal cancer.
- Routine screening starts at age 45 and can continue to age 80-85.
- If you have a first-generation relative with colorectal cancer, your screening should begin ten years before the age of your relative at diagnosis.

• Frequency of screening is based on previous screening findings, genetic predisposition for colorectal cancer and physician recommendations.

Mary Washington Healthcare's Regional Cancer Center Colorectal Clinical Team is accredited by the American College of Surgeons Commission on Cancer. The clinical team is comprised of physicians who are board certified in surgery, gastroenterology, oncology, pathology, and radiology. Other team members include registered dietitians, genetic counselors and nurses who specialize in endoscopy, ostomy care and oncology navigation.

If you have questions about the preparation process for colonoscopy, insurance coverage for screening, other types of screenings, or concerns specific to your individual health, please contact a gastroenterologist. Mary Washington Healthcare's Health Link representatives can help you locate a gastroenterologist by calling 540.741.1404 or 800.722.2788.

Visit Cancer.mwhc.com for more information about the Regional Cancer Center.

Mary Washington Healthcare Breast Care Program

The Breast Care Program at the Mary Washington Healthcare Regional Cancer Center ensures you receive a lifetime continuum of care. We provide everything, from routine exams for ongoing breast health to specialized services if diagnosed or considered at high risk for breast cancer.

From the moment you are diagnosed, you are a survivor. We take a multidisciplinary, highly personalized team approach toward determining the best management plan for you, focusing on cure whenever possible. Our Breast Cancer Nurse Navigators are ready to provide information, guidance, and support throughout your cancer journey.

Accreditation

Our facility is fully accredited by the National Accreditation Program for Breast Centers through the American College of Surgeons.

NAPBC-accredited centers provide access to comprehensive care by a multidisciplinary team, information about ongoing clinical trials, and new treatment options.



Meet Our Breast Care Team



Kay Blanchard, MD, PhD, FACS
Medical Director, Surgeon



Jeffrey J. Pelton, MD, FACS
Surgeon



Roni Talukdar, MD
Radiologist



Rachel Coggins, DO
Cancer Rehabilitation Medicine



Tiffany G. Simons, RN, MS, C-ANP
Nurse Practitioner



Natalie Gergler, PA-C
Physician Assistant



Ashley Sisson, RN
Cancer Nurse Navigator



Mary Washington Healthcare

Learn more about us at BreastCare.mwhc.com.



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