NHMedical
A MONTHLY REPORT ON TIMELY HEALTH TOPICS

NEW HAMPSHIRE UNION LEADER
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THIS MONTH:
BREAST CANCER

US survivors of all cancers reaches 18.9 million

■ Female breast cancer survivors are projected to reach 5.3 million by 2035 — an increase of 1 million from 2025.

Provided by American Cancer Society

The number of people living with a history of cancer in the United States is estimated at 18.6 million as of Jan. 1, 2025 and projected to exceed 22 million by 2035, according to a new report, Cancer Treatment and Survivorship Statistics, 2025, led by the American Cancer Society (ACS).

Highlights of the study

The three most prevalent cancers are prostate (3,552,460), melanoma of the skin (816,580), and colorectal (729,550) among males and breast (4,305,570), uterine corpus (945,540), and thyroid (859,890) among females.

About one half (51%) of survivors were diagnosed within the past 10 years, and nearly four out of five (79%) survivors were aged 60 years and older.

The number of survivors varies by state, from almost 2 million in California to about 32,000 in Wyoming and 29,000 in the District of Columbia, largely reflecting population size.

The number of female breast cancer survivors is projected to reach 5.3 million by Jan. 1, 2035 — an increase of one million women from 2025, marking the largest projected growth among the top 10 most prevalent cancers.

The study also found notable disparities in treatment for many common cancers, including lung and colorectal. The findings are published in CA: A Cancer Journal for Clinicians, alongside its consumer-friendly companion, Fast Facts: Cancer Treatment and Survivorship, available on cancer.org.

"Behind every survivor of cancer, there is a story of resilience, but also of unmet needs," said Dr. Nikita Sandeep Wagle, principal scientist, cancer surveillance research at the American Cancer Society and lead author of the report. "Many survivors cope with critical issues, such as long-term effects of treatment, financial hardship, and fear of recurrence. It's vital we recognize and respond to these needs in an equitable manner."

Meet four Granite State breast cancer survivors

Heidi Werner

INSIDE: Read their stories

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• Ciara, Page B?

No Flavors this week

The monthly NHMedical sections takes the place of this week's Flavors section. Flavors, with Our Gourmet, returns next week.

A TISSUE ISSUE

METRO CREATIVE CONNECTION

Tomosynthesis, or 3D mammography, is an advanced breast imaging technique that takes multiple images from different angles, which are then reconstructed into a 3D image.

Understanding breast tissue density leads to more accurate diagnoses

By Kathleen D. Bailey
Special to the Union Leader

Dr. Lana Shikhman, a physician with Elliot Breast Health Center, has seen impressive progress in research and treatment since she's been in the field. "There have been monumental leaps over the past 50 years," she said. While the automatic response used to be removal of the breast or lymph nodes, the entire philosophy of treatment has changed. "We're looking at breast-conserving," she said, adding, "it's the least invasive option. There's less chemo, less radiation."

Shikhman and Dr. Marina Feldman head a team of doctors and radiologists who work closely with each other, and with local gynecologists and primary care providers, to diagnose and treat breast cancer. Their aim is that no woman, or man, goes undiagnosed.

When the tissue is an issue

The two women are joint directors of the Breast Health Center, with Feldman handling imaging and Shikhman heading the clinical piece. They say one of the best ways of "breast conserving" comes from early diagnosis, and one of the challenges to diagnosis is dealing with dense breast tissue.

KATHLEEN BAILEY

Dr. Marina Feldman, seated, and Dr. Lana Shikhman, direct the Breast Health Center at Elliot Hospital. They frequently encounter patients with dense breast tissue, which often masks cancer, and strive to detect those cancers early on.

Dense breast tissue isn't necessarily a problem, Feldman explained. Fifty percent of the population has some tissue density.

The tissue becomes an issue when the patient has cancer, and the cancer can't be diagnosed through a traditional mammogram. Feldman explained: "There are two types of breast tissue, 'fatty' tissue and hormonally active glandular tissue. If you have dense breast tissue, it is seen as white on the mammogram. The fatty tissue looks darker on the mammogram, and the glandular looks white.

"When you're interpreting the mammogram, someone's dense breast tissue will show up white. But the cancer also shows up white, and the dense tissue may obscure the cancer," she said.

Of the dense tissue, there are also two main types: "extremely dense" and "heterogeneously dense." In the extremely dense category, more than 50 percent of the breast tissue is dense. In the heterogeneously category, there are significant areas of both dense and fatty tissue.

Shikhman contributed, "The proportion of fatty tissue to glandular tissue is as diverse as the population, and can be the result of diet, physical issues or other factors."

Glandular tissue is active, and cancers tend to expand, Shikhman said, adding, "They tend to live in women who have robust, active tissue."

"Women ask us, 'What can I do?'" Feldman said. "You can't control this, any more than you can control your eye color." The next question is usually, "Should everybody be

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Two types of dense breast tissue

- **Extremely dense:** More than 50 percent of the breast tissue is dense.
- **Heterogeneously dense:** There are significant areas of both dense and fatty tissue.

"Women ask us, 'What can I do?' You can't control this, any more than you can control your eye color. ... You should be aware, but not concerned."

DR. MARINA FELDMAN
Breast Health Center at Elliot Hospital

Dartmouth expands cold cap therapy service

■ Nashua clinic is now equipped to offer service that helps patients reduce hair loss during chemo treaments.

By Robert Levey
Special to the Union Leader

Dartmouth Cancer Center has begun offering cold cap therapy to chemotherapy patients at one of its southern New Hampshire clinics, expanding a service that had only been available at its Lebanon location for several years. Now offered at Dartmouth Cancer Center Nashua, the therapy brings the treatment closer to patients throughout the region.

"The reception to cold cap has been terrific," said Dr. Linda Vahdat, MD, MBA, interim section chief of medical oncology and hematology and deputy director of Dartmouth Cancer Center. "Patients don't want to lose their hair."

Cold cap therapy, which involves wearing a chilled cap before, during, and after chemotherapy infusions, constricts blood vessels in the scalp and lowers the temperature of hair follicles. This process both reduces blood

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PHOTO PROVIDED BY EXETER HOSPITAL

Many hospitals offer the Paxman Scalp Cooling system to chemotherapy patients.

Tissue

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concerned?" No, according to Feldman. "You should be aware but not concerned."

Every Elliot patient who has a mammogram will have their tissue density noted on their report. If the density is heterogeneously or extremely dense, they will also receive a letter.

Family history can be a factor, and Feldman said, "When we interpret your mammogram, we also look at your family history."

One indicator of dense tissue is the BRCA gene, according to the National Cancer Institute. The BRCA1 and BRCA2 genes produce proteins that help repair damaged DNA. According to the National Cancer Institute, everyone has two copies of each of these genes, one copy inherited from each parent. But some people also inherit a harmful change (also called a mutation or pathogenic variant) in one of these genes, which increases their risk for breast and ovarian cancer.

Through their Genetics Department, Shikhman and Feldman work with patients on the BRCA gene and other early warning signs. "There are many family history factors, and they can increase your breast cancer risk 50 to 70 percent," Shikhman said.

METRO CREATIVE CONNECTION

The computer screen in the foreground shows the 3D-constructed breast image during a mammogram.

Knowing your options

Feldman reiterated that dense breast tissue, in itself, is not necessarily the problem. But it makes detection of cancer more difficult. And that's where what the doctors call "adjunct screening" comes in.

The traditional model of breast cancer screening has been the 2D mammogram, according to Feldman. But for several years, Elliot has been doing the 3D mammogram, also known as tomosynthesis. "We are 100 percent tomosynthesis," she said. "This allows us to look at a number of serial images, instead of one 2D image. We are looking at 1 millimeter slices of tissue."

With dense tissue there's "a lot of overlap," she said, adding, "this gets rid of the overlap. It's that level of precision. When it's negative, we feel very comfortable saying, 'It is negative.'"

The Elliot Breast Health Center offers several types of adjunct screenings, depending on the patient and the degree of tissue density. The adjunct screenings offered include the whole-breast ultrasound and/or the whole breast MRI. A recent recommendation of the American College of Radiology determined that patients with heterogeneously dense tissue qualify for a supplemental MRI. Before, Shikhman said, it was recommended only for those with extremely dense breast tissue.

The first step in determining the benefits of an adjunct screening, according to Feldman, is a discussion of risks and benefits between the provider and the patient. This could be with the primary care provider or gynecologist, she said.

Finding cancer under dense tissue is a concept practiced by the Breast Health Center's radiologists, all of whom are trained in dense-tissue work. "They sub-specialize in dense tissue," Feldman said.

Looking back and looking ahead

Both physicians agree that breast cancer diagnosis and treatment have progressed since they entered the field. It used to be more of a "cookie-cutter" approach, according to Feldman.

"There's been a big shift toward more individualization, customization." She sees it at the Elliot, where, she said, "Our job is to educate the patient, and then to support whatever decision they make."

"We consider their work, their location, their family members," Shikhman contributed. "Our aim is to return people to as normal a life as possible."

Feldman is also pleased with the accuracy of today's tests. "We can now identify and diagnose breast cancer the size of chalk dust," she said.

They hope to see even more progress in the next five to 10 years. Shikhman said she's interested in seeing better access to fertility preservation for younger breast cancer patients. "Some of our women are younger, so I'd like to see a more family-friendly approach," she said, noting that with the right support, it's still possible for some survivors to breastfeed.

She also wants to see more support for seniors, noting, "There are functional 90-year-olds who have breast cancer."

Feldman said she hopes to see better access to the annual screening, and better education of the public. "An annual screening beginning at age 40 will save most lives," she said.

"The yearly mammogram," Shikhman agreed, "remains the gold standard."

For more information, visit elliothospital.org.

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>
> **DR. MARINA FELDMAN**
> Breast Health Center at Elliot Hospital

Cold cap

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flow and limits the amount of chemotherapy drugs that reach the hair follicles.

Though available to any chemotherapy patient, the treatment is particularly relevant for breast cancer patients, as first-line chemotherapies for breast cancer commonly cause hair loss. According to Vahdat, who specializes in treating breast cancer, including metastatic and triple hormone negative cases, preserving hair during treatment has significant psychological benefits.

"Not losing hair is very important for many patients," she explained. "It preserves a sense of privacy for the patient — and when patients look in the mirror, they don't look sick … It makes a big difference in leading a 'normal' life while undergoing cancer chemotherapy."

The treatment, however, is not necessarily new. "When I arrived at Dartmouth Hitchcock Medical Center in 2022 from Memorial Sloan Kettering Cancer Center in New York City, where I worked previously, I was surprised that there was no cold cap program available," noted Vahdat. "We had been using cold cap therapy there for at least 10 years."

Oncology programs in the Netherlands and France had started to offer this therapy to chemotherapy patients at least five years before that. "It has been around for about 15 years and has been proven to be safe and effective," she added.

Currently, there are no specific eligibility requirements for cold cap therapy at Dartmouth Cancer Center, as any patient undergoing chemotherapy there can take advantage of the treatment.

"While it may not prevent all hair loss, cold cap therapy can significantly lessen it for some patients with solid tumors," said Vahdat, who expressed hope for expanded access to the therapy. "In the future, I would like to see it available free of charge to anyone who wants to use it."

In addition to seeing patients at both Dartmouth Hitchcock Medical Center in Lebanon and Dartmouth Cancer Center Nashua, Vahdat conducts research into depleting copper reserves in triple-negative breast cancer patients to shrink tumors.

To learn more about Vahdat or cold cap therapy, visit cancer.dartmouth.edu.

MARK WASHBURN

Dr. Linda Vahdat, facing the camera,, is the interim section chief of medical oncology and hematology and deputy director of Dartmouth Cancer Center.

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> **DR. LINDA VAHDAT**
> Dartmouth Cancer Center

SURVIVOR HEIDI WERNER

Diagnosed at age 44, she was determined to be an 'A+ patient'

Provided by Exeter Hospital

When Heidi Werner was diagnosed with breast cancer in 2023 at age 44, she quickly devised a plan: become an "A-plus patient." She entrusted her care to Exeter Hospital's Michael & Jeanne Falzone Center for Cancer Care and Core Physicians and focused her energy on her physical and mental well-being.

As her care team guided her through biopsy, surgery, 16 cycles of chemotherapy and radiation, Werner took a project management approach to her recovery. She joined Exeter's young adult cancer support group, attended weekly art therapy sessions and met regularly with a psychosocial therapist specializing in oncology and an oncology dietitian.

She also used every available resource to assist her through the 10-month debilitative state that followed: health-monitoring technology, financial grants while out of work, and pharmaceutical trials and emerging protocols that the providers at Exeter had their pulse on.

"I hit acceptance early," said Werner, who lives in Jaffrey. "Rather than micromanaging, I trusted my team with my treatment and focused on being the best patient I could be."

Werner knew she was at higher genetic risk — her maternal grandmother and several relatives had breast cancer — so she began screenings in her late 30s. Still, her diagnosis was non-genetic: stage 1A hormone receptor-positive (HR+) breast cancer, detected early through ultrasound in a tumor less than one centimeter in size in her right breast.

"It's considered one of the more common, most researched cancers with the longest-standing medical treatment protocol," Werner said.

She could have sought care in New York City, where she lived for 20 years, or another metropolitan hospital. Instead, she chose to remain in New Hampshire and stay with family on the Seacoast, fully confident in the care at Exeter's newly expanded and renovated cancer center, which is affiliated with Beth Israel Deaconess Medical Center (BIDMC) of Boston. Exeter and BIDMC are part of Beth Israel Lahey Health.

Werner said she was drawn to Exeter's state-of-the-art technology, including its cutting-edge linear accelerator, an innovative tool for radiation treatment; along with its sunlit infusion area, zen gardens and calming spaces designed for healing.

She credits her medical team — certified oncoplastic surgeon Dr. Rong Tang; Director of Medical Oncology Dr. Panos Fidias; her radiation oncologists and other oncology specialists — with providing personalized, compassionate care.

"I am certain I made the right choice to stay at Exeter," she said. "The individualized attention was far greater than I would have received at a large urban hospital."

PROVIDED BY HEIDI WERNER

Breast cancer survivor Heidi Werner captures her portrait in May 2025 against the backdrop of Pepperrell Cove, Kittery Point, Maine. In May 2023, Werner rented a beach house at Pepperrell Cove with her caregivers to recover from her lumpectomy surgery at Exeter Hospital. She continues to return to Pepperrell Cove every May to celebrate her survivorship.

> *"I hit acceptance early. Rather than micromanaging, I trusted my team with my treatment and focused on being the best patient I could be."*
>
> **HEIDI WERNER**
> Breast cancer survivor

Werner now takes daily estrogen-suppressing medication, receives twice-yearly infusions for bone health and, under Fidias's guidance, is on a new FDA-approved daily targeted therapy to reduce recurrence risk.

PROVIDED BY HEIDI WERNER

"Untitled," an acrylic on canvas created with a palette knife by breast cancer survivor Heidi Werner in December 2023 during an art therapy class for cancer patients at Exeter Hospital. Werner attended the art sessions regularly during her cancer treatment at Exeter.

She also participates in FDA-approved testing that compares her blood samples to her tumor's DNA every six months to catch early signs of recurrence.

"Heidi's decision to stay local with her care and receive leading-edge treatment from our extraordinary clinical team is a true testament to the comprehensiveness and excellence that our patients receive at Exeter," said Debra Cresta, president of Exeter Hospital.

Werner encourages women to stay vigilant with their screenings and consider genetic testing if there is a family history. She hopes to empower women facing a similar diagnosis to remain positive, ask questions and pursue all available resources.

"Understanding what is happening is a great coping mechanism to fear," she said. "Being in this beautiful part of New Hampshire and having access to this extraordinary regional hospital in Exeter where I felt like I was getting top-tier care both technically and from my providers allowed me to fully engage in my healing."

SURVIVOR MARIANA ESPINAL

Stay positive and advocate for yourself

Provided by American Cancer Society

CAITLIN EYE PHOTO

Mariana Espinal

It wasn't your typical Valentine's Day for Mariana Espinal of Nashua. She was waiting for news that you don't want to hear on any holiday.

In January 2025, she was showering and, as she normally does, was completing a self-exam, just like her gynecologist had taught her to do it. She found a lump, and it wasn't under her armpit. She went to her gynecologist, who recommended she get a mammogram.

She contacted numerous hospitals in the area, and Catholic Medical Center had the earliest appointment. CMC conducted a mammogram, ultrasound, and later a biopsy.

On Feb.14, just 10 days shy of her 33rd birthday, Espinal learned she had stage 2, triple-negative ductal breast cancer (TNBC). TNBC accounts for about 10-15% of all breast cancers and tends to be more common in women younger than 40 years old. It has the same signs and symptoms as other common types of breast cancer, but it is more aggressive and invasive, growing and spreading faster, with fewer treatment options.

Triple-negative breast cancer refers to the fact that the cancer cells don't have estrogen or progesterone receptors, which are proteins found in some breast cancers. Breast cancer cells taken out during a biopsy or surgery are tested to see if they have certain proteins. Knowing the hormone receptor status of a cancer is important because it helps determine the treatment options.

Espinal's oncology surgeon, Dr. Jessica Ryan of CMC, discussed the results of the biopsy. "She explained that in a lot of cases, once you discover the cancer, you can go into surgery, but since it was triple negative, they had to attack the cancer with chemotherapy first," said Espinal.

Espinal's physician recommended three rounds of chemo followed by a lumpectomy, removing the area where the lump is.

"I'm a very positive person. After coming to terms with my diagnosis, I told my doctor, let's come up with a plan so I can keep living my normal routine. Yes, this happened, it sucks. Let's work on a plan to fix it."

Since starting the process, she has lost all of her hair, a situation she is grappling with. "That's our vanity as a woman. Over the past three months, I have learned to embrace the bald. I have wigs, I have turbans, I have a beanie, and I only wear it when it's cold. I have embraced the bald," said Espinal.

Espinal is fortunate to have a strong family support system. She lives with her identical twin sister, and her parents live close by.

"I am so fortunate, not once have I gone to treatment by myself — my parents, sister, and older brother and his children have been with me since I started my cancer journey. My chemo oncologist, Dr. Jingjing Hu, and the team at Foundation Hematology and Oncology Center in Nashua, have been very welcoming and make you feel like you are part of their family."

When asked what advice she has for those just learning they have cancer, Espinal suggested having a positive attitude, constantly checking your body, and advocating for yourself. "When I was first diagnosed, I was very shy, but I learned that my health comes first, and I need to advocate for my best interests."

When Espinal was in the early stages of learning she had cancer, she used the American Cancer Society's 24/7 helpline. She was also familiar with the Making Strides Against Breast Cancer Walk that takes place in Concord in October. She plans to attend this year.

For more information and support, visit the American Cancer Society website at cancer.org/breastcancer.

SURVIVOR MELISSA RAUSEO

A testament to second opinions, genetic testing and family support

Provided by St. Joseph Hospital

In December 2018, Melissa Rauseo was enjoying a quiet evening at home when an unexpected moment changed her life. As her dog leaned against her, she felt a sharp pain in her left breast — pain she had quietly endured for months.

When her husband Kevin asked why she flinched, Melissa admitted it was time to get a mammogram. What followed was the beginning of a journey marked by fear, faith, resilience, and the unwavering support of her family.

A diagnosis that changed everything

Rauseo's initial mammogram revealed suspicious areas requiring further testing. Biopsies confirmed ductal carcinoma in situ (DCIS), an early form of breast cancer. She was referred to Massachusetts General Hospital, where doctors recommended a lumpectomy.

But Rauseo's instincts — and the advice of a trusted friend — led her to seek a second opinion. That decision proved pivotal. After additional testing, she learned there were four locations testing positive for cancer. Surgeons recommended a mastectomy. Melissa, fearing a future recurrence, chose a bilateral mastectomy with reconstruction.

Understanding the genetic link

Part of Rauseo's care included genetic testing. She discovered she carried the ATM gene mutation, which significantly increases the risk of developing breast cancer. ATM stands for ataxia telangiectasia mutated, according to medlineplus.gov, and related cancers include breast, stomach, bladder, pancreas and lung.

While the news was difficult, Rauseo also saw it as a gift of knowledge — information that could help her children. Doctors advised that her daughters undergo genetic testing in their late 20s, allowing them to make proactive decisions about screenings and preventive care.

Balancing family and fear

The diagnosis came during a whirlwind year for the Rauseo family: prom, high school graduation, and Melissa and Kevin's 25th wedding anniversary. Overwhelmed, Rauseo worried she would miss milestones with her children. Her doctor, understanding both her medical needs and family priorities, reassured her that surgery could safely wait until after those important celebrations.

Her initial surgery date was set for June 2019, but low iron levels forced a delay until September. For Rauseo, who was mentally prepared to put cancer behind her in June, the change was devastating. "It threw my emotions into a whirlwind," she recalled.

The night before surgery, Rauseo's eldest daughter quietly stood in the kitchen, fear etched on her face. Rauseo reassured her: "I'm doing this because I want to be here — for my husband, my children, and all the important events in their lives."

A day of relief and gratitude

On Sept. 27, 2019, Rauseo underwent a double mastectomy with reconstruction. Surrounded by her care team, she broke down in tears before surgery, terrified of what awaited her. But when her lymph nodes tested negative for cancer, the entire operating room erupted in cheers.

Recovery was challenging, with drains, limited mobility, and the emotional toll of such a major surgery. Kevin stepped into the role of caregiver, managing daily tasks and helping Rauseo navigate even the simplest movements. Their children made sure she was comfortable and supported. "Who knew how difficult it would be just to put on a shirt," she reflected, "but my family made sure I never faced it alone."

Moving forward

Rauseo was surprised to experience little pain after surgery, but the emotional journey remained difficult — the vulnerability of needing care, the weight of uncertainty, and the realization of how precious each day truly is.

Today, Rauseo is cancer-free. She continues to thank God daily for the chance to celebrate milestones she once feared she might miss. Every birthday, graduation, and holiday carries a deeper meaning.

"I emotionally broke down more than once," Rauseo admitted, "but my husband and children lifted me through it. I thank God every day and appreciate every moment. Special occasions are even more special because I wasn't sure if I'd be here to see them."

Rauseo's story is not only one of survival — it's a reminder of the power of second opinions, the importance of genetic testing, and the strength found in family support. Most of all, it is a story of hope, resilience, and gratitude.

PROVIDED BY ST. JOSEPH HOSPITAL

Melissa Rauseo

Study: Beta Blockers may halt spread of some 'triple-negative' breast cancers

By David Hurst
The Tribune-Democrat (TNS)

A medication used for decades to treat hypertension and other cardiovascular issues might be able to halt aggressive "triple-negative" breast cancer's spread, a new study shows.

Researchers from Australia's Monash University said beta blockers, which lower effects from stress hormones, might also stop the progression of triple-negative breast cancer in some patients.

Monash scientists published their findings on Aug. 19 in the scientific journal Science Signaling.

Triple-negative breast cancer accounts for approximately 10% to 15% of all breast cancers, according to the American Cancer Society.

Compared to other forms of breast cancer, it generally spreads faster, has fewer treatment options and tends to have a worse prognosis, the ACS says.

The Monash team said they explored the interaction between "signaling" molecules, which have been found to accelerate cancer spread when a receptor called the beta-2 adrenoceptor is activated.

Through their study, they discovered beta blockers can switch off a gene that drives the process called HOXC12, slowing the disease's often-rapid progression, they wrote.

That's an exciting finding that could yield a breakthrough for triple-negative cancer treatment in the future, said senior author Michelle Halls, an associate professor at the university, in a media release.

"Our colleagues at (Monash Institute of Pharmaceutical Sciences), who were also pivotal to this latest study, have previously found that beta blockers are associated with a significant reduction in mortality in people with TNBC," Halls said.

"Now," she added, "we have a much better grasp on why this could be the case."

SURVIVOR CIARA

Not all lumps are the same — trust your instincts

Editor's note: To respect her request for privacy, the following story does not include the survivor's last name or photo.

Provided by American Cancer Society

> **"Cancer doesn't follow a timeline, and doesn't care how old you are. Ask the hard questions and get second opinions; you know your body better than anyone else."**
>
> **CIARA**
> Breast cancer survivor

In 2025, it is estimated that 1,470 female New Hampshire residents will be diagnosed with breast cancer, and 1 in 8 women will be diagnosed with breast cancer in their lifetime in the United States.

In 2023, Ciara of Portsmouth found a lump on her breast through a self-exam. She has always been cautious, as her grandma passed away from breast cancer. She immediately called her doctor, who put her in contact with breast specialists at Dartmouth Hitchcock. She was diagnosed with fibroadenoma, a non-cancerous breast lump, commonly found in younger women. She completed ultrasounds every six months to monitor her breasts. In 2024, the lump was removed, and she continued ultrasounds for six months.

In January 2025, she discovered a new lump. This time, it felt different; the lump was more pronounced, sat over her ribs, and was firm. Her breast specialist completed an ultrasound, and said it looked like a fibroadenoma, which has a 50 percent chance of going away on its own. Ciara asked for a mammogram, as this felt different; she was told she was too young.

The lump continued to grow, and her breast looked larger. In May, she knew something wasn't right. She was able to get an appointment in early June at the Catholic Medical Center Breast Center. She had an ultrasound and biopsy completed, and on June 17 at the age of 27, she learned she had invasive ductal carcinoma grade two, a breast cancer where abnormal cells are found in the milk ducts and have begun to spread into surrounding breast tissue.

"I was shocked. The doctors were confident it was a fibroadenoma, and since they weren't worried, I wasn't either. It took a while for it to sink in and for me to process that I have cancer."

She got a second opinion from Dana Farber Cancer Institute, which recommended she start treatment immediately. She would need to undergo a round of chemotherapy, surgery, and then possibly additional chemotherapy and radiation.

Ciara's physician, Dr. Phillip Poorvu, specializes in young women with breast cancer. He enrolled her in the NEOSTAR trial at Dana-Farber, where he recommended that she undergo four rounds of eight treatments of chemotherapy, which includes antibody and immunotherapy drugs. This treatment is approved for metastatic breast cancer and has been more effective than standard chemotherapy.

"I've been traveling to Boston for treatment and receiving chemotherapy every two weeks. My body is responding to treatment, which is great, but I have a weakened immune system, and my mental health has been up and down. I am fortunate to have such an amazing support system; my parents, fiancé, and friends have been emotionally supportive. I am losing my hair; this has been one of the hardest parts of the process. I know I'm lucky, but I don't always feel lucky."

According to the American Cancer Society, death rates have been decreasing steadily since 1989, for an overall decline of 44% through 2022. The decrease in death rates is believed to be the result of finding breast cancer earlier through screening and increased awareness, as well as better treatments. The risk of a cancer diagnosis in your 20s is 0.1% or 1 in 1,344.

Ciara recommends that you advocate fiercely for yourself, trust your instincts, push for answers. "Cancer doesn't follow a timeline, and doesn't care how old you are. Ask the hard questions and get second opinions; you know your body better than anyone else."

The American Cancer Society offers resources that can help through a 24/7 helpline, ACS Cares, a mobile app that provides patients, caregivers, and families with resources to navigate their cancer journey with confidence. Learn more at cancer.org.

AMERICAN CANCER SOCIETY

October brings a flowing sea of pink to neighborhoods across the United States as breast cancer survivors, family, friends and members of the medical community come together for the annual Making Strides Against Breast Cancer walks.

ACS celebrates 40 years of Breast Cancer Awareness Month

■ Save the date: Making Strides Against Breast Cancer walks are scheduled for Oct. 19 in Exeter and Oct. 26 in Concord.

Provided by American Cancer Society

October is Breast Cancer Awareness Month. Breast cancer is the most common cancer in women in the United States, except for skin cancers. It accounts for about 30% (or 1 in 3) of all new female cancers each year.

For 40 years, the American Cancer Society has turned breast cancer awareness into action to save lives. Here in New Hampshire, the American Cancer Society offers survivors support in the following areas:

Access to treatment

Having a reliable ride to appointments and a place to stay if travel is required ensures more people receive the vital treatment they need. Through transportation and lodging grants and its Road to Recovery program and Hope Lodge communities, the American Cancer Society ensures anyone who needs a ride or a place to stay during treatment has one free of charge.

Appearance resources

The American Cancer Society's EverYou™ program is a curated collection of quality wigs, headwear, and post-surgical products including bras and breast forms to help people keep feeling like themselves during and after treatment.

Individualized assistance

Through ACS CARES (Community Access to Resources, Education, and Support), ACS offers a customizable program that delivers non-clinical patient navigation support to cancer patients and caregivers. Through a mobile app and personalized support from trained American Cancer Society volunteers, the program provides broader access to resources to mitigate barriers to care, deliver high-quality, reliable information and offer emotional support during the cancer journey.

Be a part of the movement and attend one of two Making Strides Against Breast Cancer Walks this October. The Making Strides Against Breast Cancer of Exeter Presented by ICL Autos Walk in Exeter will take place on Oct. 19 at the Lincoln Street School. The Making Strides Against Breast Cancer of New Hampshire Presented by Concord Imaging Center Walk is scheduled for Oct. 26 in Concord at Memorial Field.

To learn more, visit cancer.org.

Today's treatments built on long history of research

By Joshua Byers
The Tribune-Democrat (TNS)

METRO CREATIVE CONNECTION

Throughout the history of breast cancer, the standard of care remained mostly unchanged until the advent of modern medicine in the 20th century, which has evolved significantly throughout the past 100 years to provide a wide range of treatment options.

The National Breast Cancer Foundation credits dedicated women in the medical field and elsewhere in society for many advancements regarding breast cancer research, knowledge and treatment in that time frame.

"Those affected by breast cancer today have better access to education, treatment and resources due to the culmination of efforts by passionate women impacted by breast cancer who were never satisfied with the status quo and who gave their expertise and voices to the ongoing quest to eradicate breast cancer," the group wrote.

According to a breast cancer timeline on the Chapman University website, the disease can be traced as far back as ancient Egypt around 3000 BCE.

Surgical abilities

It wasn't until the 1700s that surgery was developed as a treatment option. However, at that time the procedure often led to infection.

In the 1840s, when anesthesia was more readily available, it advanced surgical abilities.

The first radical mastectomy was performed in 1882 and typically involved surgeons removing all of the breast tissue, the pectoralis muscle, and in some instances parts of bone in the ribcage.

Mastectomies in several forms, including those that later spared the lymph nodes and muscle, became the standard of care for years.

Radiation & chemotherapy

According to the Chapman timeline, in 1897, radiation was developed as a treatment method, but wasn't widely used for nearly a century, and chemotherapy didn't become available until the 1940s.

Hormonal therapies

Hormonal therapies started in the 1960s, and 20 years later, "due to a growing body of high-quality research, breast-conserving surgical techniques became more widely used in combination with other therapies."

Genetic testing

The BRCA1 and BRCA2 genes were identified as contributing factors to breast cancer in the 1990s, which revolutionized understanding of the disease.

Since then, genetic testing has allowed doctors to address the potential for breast cancer before tumors develop and take precautionary actions to potentially treat patients as early as possible.

More advancements

With breast-preserving options, magnetic seed placement for lumpectomies, chemotherapy, immunotherapy, targeted radiation treatments and a variety of other options, the medical advancements have been dramatic in the past almost 30 years.

Until recently in medical history, radical mastectomies, which were an intense approach to eliminating any chance of the cancer returning, were still common.

Other options at the time included cobalt radiation that was damaging to the patient, and aggressive forms of chemotherapy that weren't as targeted as they are in modern treatments.

Comparatively, current surgeries are less invasive, often without the need for any type of mastectomy, and other treatments are targeted with fewer complications for those being cared for.

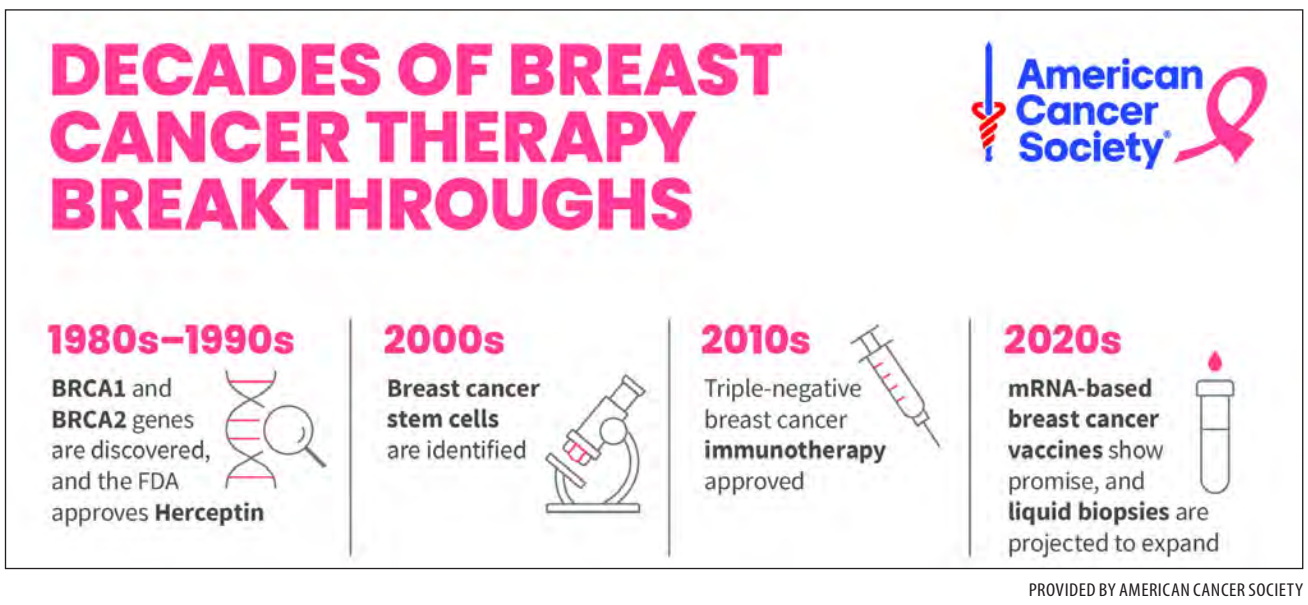
Pre-operative chemotherapies that can shrink tumors and improve survival rates of patients are also in use.

According to the study "Analysis of Breast Cancer Mortality in the US – 1975 to 2019" published in the medical journal JAMA Network: "Improvements in treatment and screening after 1975 were associated with a 58% reduction in breast cancer mortality in 2019."

That's shown as an estimated 64 deaths without intervention and 48 with intervention per 100,000 women decreasing to 27 per 100,000 women.

These reductions are associated with treating metastatic breast cancer; regular screenings; and treating breast cancer in Stages 1 to 3, according to the study.

Roughly one in eight women in the United States is or will be affected by breast cancer, according to the National Breast Cancer Foundation Inc.



PROVIDED BY AMERICAN CANCER SOCIETY

"Those affected by breast cancer today have better access to education, treatment and to resources due to the culmination of efforts by passionate women impacted by breast cancer who were never satisfied with the status quo and who gave their expertise and voices to the ongoing quest to eradicate breast cancer."

NATIONAL BREAST CANCER FOUNDATION

An annual mammogram offers peace of mind. And in the unlikely event that an issue is detected, an early cancer diagnosis significantly increases our ability to treat it and the odds of beating it.

As one of only three National Cancer Institute (NCI) Designated Comprehensive Cancer Centers in New England, Dartmouth Cancer Center is proud to deliver the most personalized, compassionate, and advanced care available. When it comes to cancer, we have a healthy disregard for the impossible.

Schedule your screening at
cancer.dartmouth.edu/breast/screening-mammograms

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