



Little Pink Ribbon Book
3rd Edition



The Power of a Promise, 28 Years

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure® and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested nearly \$1.5 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure, breast health or breast cancer, visit www.komen.org or call 1-877 GO KOMEN.

In 2009, our NC Foothills Affiliate of the Susan G. Komen for a Cure celebrated our tenth year anniversary. The Komen NC Foothills Affiliate is a three-county Affiliate, which includes Burke, Caldwell and Catawba Counties. Over the past 10 years, we have granted over \$1,000,000 to local agencies for breast cancer screening, treatment, and education. The Komen NC Foothills Race for the Cure on October 17, 2009 had a record attendance of 2,120 participants and raised over \$170,000. For more information about our affiliate or to find about volunteering, go to HYPERLINK "<http://www.komenncfoothills.org>" www.komenncfoothills.org or call 828-328-CURE (2873). Clothing and other merchandise purchased from our website help benefit both our Affiliate and our national organization.

One of the earliest projects of our Education Committee was to create the "Little Pink Ribbon Book," a breast health resource guide for women facing breast cancer. In its third edition, this comprehensive guide will help you find important information concerning breast cancer education, screening, diagnostic, treatment and support services. Please consult your healthcare provider to discuss your specific concerns.

Special Thanks to:

Breast Cancer Resource Directory of North Carolina

Blue Ridge Health Care Resource Directory

Cancer Resource Guide of Caldwell County

Surviving Cancer: Resource Guide for Catawba County

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EARLY DETECTION

FREQUENTLY ASKED QUESTIONS ABOUT EARLY DETECTION

Who is at risk for developing breast cancer?

The two most significant risk factors for developing breast cancer are being female and getting older.

What can I do to detect breast cancer early?

Early detection and treatment offer the best chance of surviving breast cancer. Susan G. Komen for the Cure® recommends the following screening guidelines.

1. Breast Self Awareness
2. Clinical breast exam by a trained medical professional at least every 3 years beginning at age 20, and annually after age 40.
3. Annual screening mammography beginning at age 40.

These guidelines are for women with no known risk factors. Women with breast health concerns and/or a family history of breast cancer should consult a healthcare provider.

Men are also at risk for developing breast cancer. A breast lump or change in a male breast needs to be examined by a healthcare provider immediately.

Does mammography hurt?

Most women do not find mammography painful, but it can be slightly uncomfortable.

If no one in my family has had breast cancer, do I need a mammogram?

Yes. Although having breast cancer in your family may increase your risk, 3 out of every 4 women who are diagnosed with breast cancer do not have a family history of breast cancer.

Can the radiation from a mammogram cause breast cancer?

Modern mammography equipment uses very small doses of radiation and does not cause an increased risk of breast cancer.

Do I need to get a mammogram only once?

No. In order to detect changes early, you must have regularly scheduled mammograms, usually once a year beginning at age 40.

If I'm age 65 or older, should I have a mammogram?

Yes. Yearly mammograms are very important for women 65 years and older because growing older is a major risk factor.

Can I afford a mammogram?

Most insurance companies pay for screening mammograms, and there are many low and no cost programs available in the Foothills area. In Caldwell and Catawba counties, call your local Health Department for free mammography services. In Burke County, contact Jan Hollar at 828-580-6703. Medicare also covers clinical breast exams and mammograms, as well as other preventive services. Medicare will pay for annual mammograms for all Medicare eligible women age 40 and older, and waive the Part B deductible. For more information, call the Medicare Hotline at 1-800-MEDICARE.

I'll probably die if I have breast cancer, so why would I want to know?

Breast cancer caught early can be treated successfully, increasing the chances of long-term survival. However, you must screen each year to detect any abnormalities at an early stage.

If I have breast cancer, will I lose my breasts?

Due to early detection, many new treatment options are available which include saving a woman's breast.

**THE THREE ESSENTIAL COMPONENTS OF
EARLY BREAST CANCER DETECTION**

1. Breast Self Awareness

Susan G. Komen for the Cure® recommends that you:

Know your risk

Talk to your family to learn about your family health history

Talk to your provider about your personal risk of breast cancer

Get screened

Clinical Breast Examination

Mammogram

**Know what is normal for you and see your health care provider
right away if you notice any breast changes**

Make healthy lifestyle choices

Maintain a healthy weight

Add exercise into your routine

Limit alcohol intake

2. Clinical Breast Examination

Get a clinical breast examination at least every 3 years beginning at age 20 and every year after age 40. A clinical breast examination includes two parts: visualization and palpation. Your healthcare provider will examine your breasts carefully looking for changes such as dimpling, scaling, or puckering; discharge from the nipples; and, differences in appearance, size or shape between the two breasts. The next step is palpation: using the pads of the fingers, your healthcare provider will carefully examine both breasts, the underarm and collarbone areas.

3. Mammography (Two types)

Screening Mammogram: Used to evaluate a woman who is not currently experiencing breast problems. The radiologist looks for any abnormality that may indicate an early sign of breast cancer. Mammography can detect breast cancer even before it is large enough to be felt in the breast. Women aged 40 and older should have a screening mammogram.

Diagnostic Mammogram: Used to evaluate the breast of a woman who has symptoms of disease such as a lump, or whose screening mammogram showed an abnormality.



BREAST HEALTH EDUCATIONAL RESOURCES

(These services are free of charge. Call ahead for an appointment. Many will teach classes to groups and organizations, also at no charge.)

BURKE COUNTY

Blue Ridge Healthcare System..... 828-580-6703
2201 S. Sterling Street
Morganton, NC 28655

Burke County Health Department828-439-4400
700 East Parker Road
Morganton, NC 28680

CALDWELL COUNTY

Caldwell County Health Department 828-426-8400
Bernhardt-Morganton Blvd., SW
Lenoir, NC 28645

W.E. Stevens Jr., Cancer Care Center at Caldwell Memorial Hospital
828-757-5443
1031 Morganton Boulevard
Lenoir, NC 28645

CATAWBA COUNTY

Catawba County Breast Cancer Coalition 828-326-2176
810 Fairgrove Church Road
Hickory, NC 28602

The Breast Health Center at Catawba Valley Medical Center
828-326-2176
810 Fairgrove Church Road
Hickory, NC 28602

The Cancer Care Center at Frye Regional Medical Center
828-324-3596
420 N. Center Street
Hickory, NC 28601

MAMMOGRAPHY FACILITIES AND SERVICES

Many offer low or no-cost mammograms. Call ahead to see if you qualify.

BURKE COUNTY

Blue Ridge Healthcare System

Grace Hospital 828-580-6905

2201 S. Sterling St.
Morganton, NC 28655

Valdese Hospital 828-879-7611

720 Malcolm Blvd.
Valdese, NC 28690

Blue Ridge Radiology 828-433-1235

201 East Parker Road
Morganton, NC 28655

Burke County Health Department 828-439-4400

700 East Parker Road
Morganton, NC 28655

CALDWELL COUNTY

Caldwell County Health Department 828-426-8400

1967 Morganton Blvd., SW
Lenoir, NC 28645

Caldwell Memorial Hospital

The Center for Breast Health 828-757-5502

1031 Morganton Boulevard
Lenoir, NC 28645

CATAWBA COUNTY

Catawba County Health Department 828-695-5800

3070 11th Ave. Dr. SE
Hickory, NC 28602

Catawba Valley Medical Center Diagnostic Facility 828-326-3858

1501 Tate Blvd.,
Hickory, NC 28602

FryeCare 828-315-7015

1781 Tate Blvd., SE, Suite 101
Hickory, NC 28602

Medicare Part B provides free annual mammograms for women age 65 and up. Call your local Health Department for other free screening programs available. In addition, many employers offer free annual mammograms for their employees. Please check with your company's employee benefits department for more details.

BREAST CANCER TREATMENT

SURGICAL TREATMENTS

Lumpectomy involves removal of the lump and surrounding rim of normal tissue. Some of the underarm (axillary) lymph nodes may be removed to see if the cancer has spread. This is called axillary node dissection. The lump and the lymph nodes are examined by a doctor (pathologist) who checks the tissue for the number and kind of cancer cells (if malignant). The pathologist's report will help your doctors to decide if you need more surgery and will help the breast cancer staff to determine what other care you may need. Lumpectomy is almost always followed by radiation therapy.

Sentinel Lymph Node Biopsy (Lymphadenectomy) involves making a small incision in the underarm area on the side of the breast cancer and taking a sample (one to three) of the lymph nodes. These "sentinel nodes" are the lymph nodes most likely to contain cancer if it has spread. To identify the sentinel nodes a procedure called lymphoscintigram may be performed. This is done the day of breast surgery. A substance with a small amount of radioactivity will be injected into the breast. A nuclear medicine scan will be performed to identify the drainage pattern of the lymph vessels. Next, in the operating room, a special blue dye will be injected near the site of the original tumor. Lymph nodes that are radioactive and/or those that turn blue will be removed. These sentinel nodes are then examined by both visual and special tissue techniques in the lab to determine whether breast cancer cells are present in the lymph nodes.

To view the Consensus Statement of the American Society of Breast Surgeons on Sentinel Lymph Node Biopsy or Sentinel Lymphadenectomy, see www.breastsurgeons.org.

Partial or Segmental Mastectomy or Quadrantectomy involves removal of up to 1/4 or more of the breast, depending on findings. Axillary (underarm) lymph nodes may also be removed. Radiation therapy is usually given following surgery. More breast tissue is removed in this method than in a lumpectomy.

Simple or Total Mastectomy involves removal of the entire breast.

Modified Radical Mastectomy involves removal of the breast, skin, nipple, areola, and most of the axillary lymph nodes on the same side.

Prophylactic Mastectomy is a subcutaneous mastectomy done before

any evidence of cancer can be found, for the purpose of preventing cancer. This procedure is sometimes recommended for women at very high risk for breast cancer.

Radical Mastectomy involves very extensive removal of the entire breast, axillary lymph nodes and the chest wall muscles under the breast. This procedure, once very common, is now rarely performed because of the severe disfigurement and side effects associated with it with no better outcome than modified radical mastectomy.

RADIATION THERAPY

Radiation therapy uses special X-ray beams to kill local cancer cells that may remain behind where the lump was removed from your breast. Occasionally, radiation therapy is used after a woman has a mastectomy. It can also be used to shrink the tumor prior to surgery. Radiation therapy may be given either externally or internally for breast cancer.

External radiation involves daily, brief, painless treatments, usually for six to seven weeks. Before you go for any treatments, you will go through a dry run called a **simulation**. You will have to lie still on your back. Small, permanent marks (tattoos) will be placed on your skin for external radiation. These marks allow the radiation technologists to aim the therapy beam precisely. As you lie with your hand above your head, (the hand on the same side of your body as the cancer), a specialist will measure your breast to decide the right amount of therapy for you.

During the last five days of external radiation, some women will have a procedure called **boost**. The boost is an extra bit of radiation directly aimed at the original tumor site. During this time, a different kind of radiation machine is used. **Electron beams** (a special kind of radioactive particle that gives off energy that does not penetrate very deeply) are directed at the original tumor site. The area of boost may become a little red, similar to a sunburn. If you experience any pain or difficulty during this procedure, let your radiation oncology nurse or doctor know immediately.

High Dose Rate Brachytherapy (internal radiation) is a relatively new form of radiation therapy following lumpectomy for breast cancer. A balloon catheter is inserted into the cavity created by a lumpectomy (the surgical removal of a breast tumor). MammoSite is the catheter type most commonly used in our affiliate area. By internally delivering radiation directly to the tissue surrounding the original tumor, MammoSite

minimizes radiation exposure to healthy tissue, and its treatment course of one to five days reduces the time and travel burdens often associated with external radiation therapy.

The most common side effects of radiation therapy are fatigue and skin changes, such as redness at the radiation site, dryness, peeling, or a change in the color of your areola, nipple or breast. Your radiation oncology nurse will suggest ways for you to take care of these symptoms. These expected side effects of treatment will gradually disappear over weeks to months after you finish your course of radiation.

CHEMOTHERAPY

Chemotherapy for breast cancer is a systemic (whole body) treatment. During chemotherapy one or more anti-cancer drug(s) will be given through an intravenous line or administered by mouth in pill form. Some drugs come from plant sources; some are made in a laboratory. Most women receive chemotherapy for breast cancer as an out-patient in a clinic or outpatient department of a hospital. However, there are instances during which you would receive chemotherapy as an inpatient of a hospital (e.g., high-dose chemotherapy).

The goals for chemotherapy are to cure cancer, prevent its spread, decrease the speed at which cancer grows, kill cells that have moved from the original tumor site to other parts of your body, or to relieve some of the symptoms caused by cancer. Ask your doctor or nurse to explain to you what you can expect from the chemotherapy you receive.

Chemotherapy is typically given in a 21-day cycle, you receive the drug on Day 1, then get a 20-day break. In a 28-day cycle, you usually receive the drug on Day 1 and Day 8 and then get a 20-day break. The process is repeated for three, six or 12 months, depending on your type of cancer and on the type of chemotherapy. All chemotherapy regimens are specific to each patient and are subject to change. Please discuss this with your healthcare provider.

Because these drugs act on normal cells, you will probably experience some side effects as these cells are destroyed. The most common side effects are loss of energy (fatigue), hair loss, mouth soreness, nausea and vomiting, infection and bleeding. Your experience with any side effect depends on both the drugs you receive and your body's reactions to them. Your healthcare team will work with you to minimize any side effects that you have.

HORMONE THERAPY

Synthetic hormones or hormonal suppressants are given either alone or with other anti-cancer drugs to inhibit the growth of breast cancers that are hormone-sensitive. The most common hormonal drug used is Tamoxifen or Arimidex, but you might also receive progestins, estrogens or androgens. Whether your doctor suggests this treatment depends on the results of a hormone-receptor test of your tumor. There are newer treatments such as Raloxifen (Evista), aromatase inhibitors, and other new compounds.

IMMUNOTHERAPY

Immune therapies are drugs meant to boost your immune system. These are given to allow the chemotherapy to continue in a timely fashion so that the chemotherapy treatment does not have to be delayed by having to wait for blood counts to recover. A common immunotherapy drug is G-CSF (granulocyte colony-stimulating factor). This drug helps to reduce your risk of infection after chemotherapy by stimulating your bone marrow to make infection-fighting white blood cells called neutrophils. A new form of treatment is based on antibodies that are specific to the tumor marker, HER-2/neu. The treatment is called Herceptin.

COMPLEMENTARY THERAPIES

Complementary and alternative medicine – also referred to as *integrative medicine* - includes a broad range of healing philosophies, approaches, and therapies. A therapy is generally called *complementary* when it is used in *addition* to conventional treatments; it is often called *alternative* when it is used *instead* of conventional treatment. (Conventional treatments are those that are widely accepted and practiced by the mainstream medical community.) Depending on how they are used, some therapies can be considered either complementary or alternative.

Complementary and alternative therapies are used in an effort to prevent illness, reduce stress, prevent or reduce side effects and symptoms, control or cure disease. Some commonly used methods of complementary or alternative therapy include mind/body control interventions such as visualization or relaxation, manual healing including acupressure and massage, homeopathy, vitamins or herbal products, and acupuncture.

Conventional approaches to cancer treatment have generally been

studied for safety and effectiveness through a rigorous scientific process, including clinical trials with large numbers of patients. Often, less is known about the safety and effectiveness of complementary and alternative therapies. Some of these therapies are finding a place in cancer treatment – not as cures, but as complementary therapies that may help patients feel better and recover faster.

Cancer patients considering complementary and alternative medicine should discuss this decision with their doctor or nurse, as they would any therapeutic approach, because some complementary and alternative therapies may interfere with their standard treatment or may be harmful when used with conventional treatment.

PHYSICIAN REFERRAL

Discuss treatment options and physician referrals with your primary physician. Don't be afraid to ask for a second opinion and feel free to ask any and all questions. For physicians in your area, call your local hospital for a current listing and services that are provided for surgery, medical oncology, radiation oncology, reconstructive surgery, lymphedema treatment, etc.

Burke County

Blue Ridge Healthcare Systems..... 828-580-6703

Caldwell County

Caldwell Memorial Hospital 828-757-5571

Catawba County

Catawba Valley Medical Center..... 828-324-2273

Frye Regional Medical Center 828-324-3391



CANCER TREATMENT CENTERS/PROGRAMS

Cancer treatment centers/programs coordinate a specialized team of healthcare providers to address cancer health concerns and facilitate diagnosis, treatment, education and emotional support at one central location. The following are frequently asked questions regarding cancer treatment programs:

- What are the different medical services offered at the cancer center?
- What medical/surgical specialists do you have on staff?
- Do you have a second opinion program?
- What hospitals/physician practices are affiliated with your program?
- What educational or emotional support services do you offer?
- What culturally relevant services are available for me?
- Do you have a cancer resource library available?
- Is my insurance plan accepted at this office?
- Will you bill my insurance company?

CANCER CENTER REFERRALS

- For a list of American College of Surgeons cancer programs, call 1-312-202-5085 or Internet: www.facs.org. Also available is a free national ACS Cancer Program Approved Directory.
- For a complete list of the National Cancer Institute's designated comprehensive cancer centers, call 1-800-4-CANCER or Internet: www.nci.nih.gov.

CLINICAL TRIALS

Clinical trials are scientific studies of new treatments or combinations of treatments that are under investigation. Each trial is designed to answer a specific scientific question about treatment methods.

In clinical trials, patients are randomly assigned to a control group, either to a standard treatment or to the new treatment being studied. Neither you nor your physician can choose the group you are assigned to during a clinical trial. Each patient's progress is followed and treatment results are compared. It is through this process that accurate scientific comparisons can be made between the established therapy and the new therapy being studied. Ask your physician whether there are any clinical trials for which you may be eligible.

For general information about clinical trials call:

American Cancer Society

1-800-ACS-2345, www.cancer.org

The Susan G. Komen Breast Cancer Foundation

1.800.I'M AWARE , www.komen.org

For specific clinical trial information call:

American Cancer Society Matching Trial Information

1-800-303-5691

Cancer Information Service of the NCI

1-800-4-CANCER, www.nci.nih.gov



POST-TREATMENT ISSUES

HORMONE REPLACEMENT THERAPY (HRT)

Your doctor should advise you about whether to continue taking hormone replacement therapy at the time you are diagnosed with breast cancer. Generally, hormone replacement therapy (HRT) is not recommended for women who have been diagnosed with breast cancer.

Researchers have found a way to use hormones in therapy against breast cancer. This is called **hormone manipulation**. By blocking estrogen, **Tamoxifen, Arimidex, Evista** and other similar drugs can block the growth of cancer cells. If your tumor is estrogen receptor (ER) positive, these drugs may be a good treatment for your newly-diagnosed breast cancer. ER is the estrogen receptor found in the nucleus (center) of the tumor cell. The ER allows cells to use estrogen to grow. Tamoxifen or Arimidex can be used alone, with chemotherapy or following chemotherapy. Tamoxifen is also being used to prevent breast cancer from developing in some high-risk women. You may want to ask your doctor about this.

LYMPHEDEMA

What is lymphedema?

Lymphedema is the collection of lymph fluid that may occur in your arm or hand after lymph nodes have been removed or damaged from your underarm area (axilla) during breast cancer surgery.

What is lymph fluid?

Lymph is the colorless fluid containing the white blood cells that fight infection and disease. Lymph fluid travels through channels of the lymph system throughout your body much like blood travels through arteries and veins.

What are lymph nodes?

Lymph nodes are small, pea-sized organs located along the lymph channels. They are grouped in clusters. Their job is to trap bacteria or cancer cells to keep them from spreading throughout the body. They are clustered in areas throughout your body such as underarms (axilla), groin, neck, chest and abdomen. The ones in your chest and underarm are the ones that collect the lymph fluid from your breast. This is why they are often removed at the time of surgery.

What causes the arm to swell after surgery?

Your arm may swell, but not everyone's does. It swells because the number of pathways for the lymph fluid to drain from the arm are reduced by the removal of or damage to the lymph tissue during surgery or radiation therapy. Fewer channels to drain the fluid can result in collection of fluid in the arm (swelling). The extent of lymph tissue removed or damaged relates to how much swelling you may experience. Swelling may occur weeks, months, or even years after treatment. Prior to surgery, talk to your doctor about post-operative exercises that should be started as soon as you awaken from surgery. Also, ask for a **Reach to Recovery** consult before your surgery.

Are there any precautions I should be aware of?

Yes. Because the lymph channels and nodes have been removed (or decreased) on the side of your surgery, you must take extra caution to protect your hand and arm from injury, cuts, scrapes and insect bites. You may have less protection against infection in that arm. Some people wear a medical alert bracelet with this information on it. It is important to remind healthcare workers to avoid drawing blood and measuring your blood pressure on that arm. It is also recommended that you wear gloves while doing housework, gardening and other activities that may put your arm or hand at risk for injury. In addition, it is possible for lymphedema to occur years after you have finished your treatment. Therefore, taking care and being aware are your two best keys to avoiding or managing lymphedema. These are just a few of the precautions.

For more information, contact the National Lymphedema Network (NLN) at 1-800-541-3259 or www.lymphnet.org. Lymphedema alert bracelets are available for a fee.

Can I use anti-perspirant or deodorant under my arm after my surgery?

You should not use deodorants or anti-perspirants while you are healing from surgery on the armpit on the side of your surgery. Once you are healed, you may use either anti-perspirants or deodorants. Some doctors will recommend use of deodorants only. You should talk about this with your healthcare team.

What can I do about the swelling? Is it permanent?

You should talk with your doctor about this. Sometimes, elevation of the arm for brief periods throughout the day is adequate to promote fluid drainage. Other methods to reduce swelling include arm exercises and gentle massage that specifically promote lymph drainage. Your

doctor should refer you to a practitioner who specializes in lymphedema treatment if you have a persistent problem with this. More severe cases may require use of pressure sleeves to compress the arm. Lymphedema can be a permanent condition in some cases.

How do I choose a lymphedema therapist?

When considering a therapist, you might want to consider how much training he or she has. If you have questions about credentials and education standards, contact the National Lymphedema Network at 1-800-541-3259 or www.lymphnet.org.

How can Manual Lymph Drainage help lymphedema?

Manual Lymph Drainage is a massage technique used to improve the flow of lymph using light, rhythmic strokes. Practitioners state that by improving lymphatic circulation, different symptoms can be corrected and the immune system improved. This therapy may be effective for lymphedema that sometimes follows breast surgery

Local Lymphedema Therapy Resources

Burke County

Blue Ridge Healthcare System, Grace Hospital and Valdese Hospital
2201 South Sterling Street
Morganton, NC 28655
828-879-7536 Fax:828-879-7537

Caldwell County

Foothills Area Lymphedema Treatment Center, a division of Caldwell Memorial Hospital
1031 Morganton Blvd., Suite A
Lenoir, NC 28605
828-757-6226 Fax:828-757-6289

Catawba County

Frye Regional Medical Center
Occupational Therapy Department
420 N. Center Street
Hickory, NC 28601
828-324-3379 Fax:828-345-5587

Catawba Valley Medical Center

810 Fairgrove Church Road
Hickory, NC 28602
828-326-2131 Fax:828-322-6559

MENOPAUSE

What is menopause?

Menopause is the absence of menstrual periods due to the reduced function of the ovaries. This can occur naturally with aging or from damage to the ovaries. This naturally occurs in women beginning in their 40's and 50's.

Will chemotherapy cause me to experience menopause?

Before menopause, your ovaries produce estrogen. Estrogen is responsible for your monthly menstrual cycle and reproduction. Some chemotherapy drugs interrupt (temporarily or permanently) ovarian function, which can result in early (or chemotherapy-induced) menopause. This type of menopause can be permanent and has the same effect on your body as naturally occurring menopause.

What are some of the typical side effects of menopause?

Hot flashes ("power surges"), night sweats, vaginal dryness and irregularity or absence of monthly menstrual periods are the most common effects of menopause. Menopause is also associated with bone loss due to reduced calcium stores in the bone. After treatment some women resume their menstrual cycle. If you do not, you should seek advice about calcium replacement and exercise to promote bone health.

What can I do to manage side effects of menopause, such as hot flashes and vaginal dryness?

You should discuss menopause management strategies with your doctor or nurse. Many people are beginning to explore the use of alternative therapies, such as herbs or soy products, in the management of hot flashes. You should certainly check with your doctor before proceeding with this approach. You must always be cautious about the possibility of drug interactions or ingesting a substance that may promote cancer. Other considerations include choosing loose-fitting, comfortable clothing and regulating the temperature control to suit your preference. There are also prescription drugs that can decrease hot flashes effectively. Vaginal dryness can be addressed through the use of lubricants prior to sexual activity. There are many products available without prescription to remedy this problem. Persistent vaginal itching should be investigated to rule out the possibility of infection.

OSTEOPOROSIS

What is osteoporosis?

Osteoporosis or “porous bones” is a condition of decreased bone mass. Bone is living tissue that continuously undergoes breakdown and rebuilding (at a cellular level) as a normal body process. Peak bone mass is usually reached by age 38. Then, bone begins to lose mass as part of the aging process. As bone mass is lost, bones become brittle. Men generally lose 20-30 percent of their bone mass over their lifetime, and women generally lose 45-50 percent of their bone mass. Decreased bone mass can lead to an increased risk of bone breakage and disability.

What are the risk factors? Why is this important to me now?

As a person receiving cancer treatment, you are at increased risk for osteoporosis. Risk factors for osteoporosis include:

- Early hormone deficiency (menopause)
- Chronic malnutrition
- Smoking
- Alcohol consumption
- Limited weight-bearing exercise
- Family history
- Ethnicity--more prevalent in Caucasian (white) and Asian women
- Small body frame

Chemotherapy can interfere with your normal production of hormones due to its effect on ovarian function. Reduction or failure of ovarian functional automatically places you at increased risk for osteoporosis. It is important that you discuss prevention and treatment strategies with your doctor or nurse.

Would I know if I had osteoporosis? Can I be tested for it?

Early changes in bone density are usually painless. Osteoporosis is a “silent” disease, and most people don’t know they have osteoporosis until they break a bone. That is why it is important to know the risk factors and learn what you can do to prevent bone deterioration.

Testing can be done for osteoporosis. First, you should have a thorough health history and physical exam to determine your risk factors for osteoporosis. Then, your doctor will discuss or recommend that you have a **bone mineral density test** if you are considered to be at high risk. It is a safe, painless and non-invasive test. This establishes your baseline bone density and provides useful information in determining the best course of action for you.

Can I prevent osteoporosis?

Yes. There are a number of strategies recommended to reduce your risk for osteoporosis. You should consider:

- Eat a well-balanced, nutritious diet
- Increase intake of Vitamin D and calcium in your diet
- Avoid excessive animal protein, salt and caffeine
- Quit smoking and avoid excessive alcohol intake
- Take a calcium supplement that reduces the natural breakdown process of the bone, which can be accelerated in some individuals. Remember, talk to your doctor before taking *any* medications.
- Increase weight-bearing exercises, such as walking. Talk to your doctor before starting any exercise program.

Your healthcare team is available to advise you in these strategies. Please do not hesitate to initiate this discussion with them.

SEXUALITY

(Body Image, Relationships and Physical Changes)

Every woman's body image and sense of sensuality and sexuality is unique. No two people have exactly the same response or feelings when they learn they have breast cancer. Breast cancer can be treated by lumpectomy (only the tumor is removed and the breast is radiated) or mastectomy. These surgeries can be overwhelming and emotionally difficult for some women. For others, it is a relief to have the cancer removed.

Breasts are part of many women's sexual identity. Breasts are symbolic of nurturing, sustaining new life and intimacy. The loss of a breast can be very threatening to your sense of self. It is important for you to be open about your feelings for yourself and your spouse, lover or partner.

If I have a mastectomy, will I be disfigured?

Because a mastectomy today is done to preserve muscle, disfigurement may not be an issue. It is very important that you discuss this fully with your surgeons. You may want to consider options regarding breast reconstruction at the time of your initial surgery. If so, you should be referred to a plastic surgeon for a full discussion of your options. In some situations, reconstruction is not advised at the time of your initial surgery, but can be done at a later date after all your cancer treatment has been completed. Reconstruction can also be chosen years down the road.

What if I choose not to have reconstruction?

External breast prosthetics are available to help minimize the visual alteration of losing a breast. There are many different options available to you. You might want to consider this when deciding about surgery and potential reconstruction options.

Will my sex life be different after breast cancer?

Chemotherapy for breast cancer can sometimes cause a woman to go into premature or early menopause. This can be difficult for a woman physically, emotionally and sexually. The symptoms of early menopause are sometimes more severe than those which occur with natural menopause. These symptoms can include hot flashes, vaginal dryness and low sexual desire, as well as depression, anxiety and increased irritability. Other menopausal issues include increased risk of heart disease and osteoporosis.

Are there solutions to the sexual problems I might face?

The good news is that there are solutions for these problems. Hot flashes can be treated with specific drugs prescribed by a doctor. Some women have also found Vitamin E or soy products to be helpful. As always, check with your doctor before taking any medications.

Vaginal dryness can be improved with the liberal use of a lubricant such as Lubrin, K-Y Jelly, Ortho Personal Lubricant, Surgilube, Today Personal Lubricant or Astroglide. Replens, a vaginal moisturizer, can be used three times a week. Recent studies have found that both Estrace (an estrogen cream used vaginally) or Estring (a vaginal ring with slow-release of estrogen) restore the vaginal tissues without increasing estrogen in the rest of the body.

Doctors can also prescribe therapies that address other menopausal issues (depression, anxiety, irritability, increased risk of heart disease and osteoporosis). Several new therapies are now available.

Always remember that who you are has nothing to do with your breasts (although perhaps they may have played a part in your self-esteem or sexual identity prior to surgery). You are special no matter what the size or shape of your body is, and you deserve to be in an open, honest and loving relationship with someone who cares about you--and accepts you--because of who you are in your heart, mind and soul.

TIPS FOR MANAGING YOUR CARE

Remember that this is your body and your life. No matter how helpful your family, friends, and medical team, no one cares about your body and your life as much as you do. You owe it to yourself, to get involved, educate yourself and manage your care. Following are tips from women who have been there and want to make it an easier experience for others.

TIPS DURING DIAGNOSIS:

You have a right to get a second opinion at all stages of your diagnosis and treatment. The majority of physicians encourage second opinions. Be sure and ask how long you have to make your decisions. Except for very rare, fast-growing cancers, by the time a lump has been discovered it has been growing for a number of years. Therefore, you certainly have a few weeks to decide how to deal with it.

Get a copy of your biopsy results, surgery, and treatment notes. Take them with you for all second opinions. It also helps to keep a copy yourself to take to other doctors in the future.

Be sure and take a pad of paper and the list of questions to ask your doctor in this book and/or your own list of questions to each appointment. Asking a family member or friend to accompany you also helps you remember what has been said. Many women also bring a recorder to record critical information.

If you are having a biopsy in an outpatient or hospital day surgery clinic, many women find it helpful to schedule their surgery for the first appointment in the morning to avoid anxious waiting. It also helps to take light reading (books of jokes, magazines, catalogs, etc.) to help relax ahead of time.

Ask a family member or friend to accompany you so that they can divert you by visiting with you ahead of time, talk to the physicians with you, and drive you home afterwards.

You may want to take a bag with a sweater, light blanket and/or pillow to use while you wait. Wear comfortable, loose clothing that you can get in and out of easily (not something you must pull over your head.)

TIPS FOR SURGERY:

Many women have found that it helps to plan for their surgery like they are planning a vacation so that they are not only prepared with all the personal care essentials, but that they also plan for plenty of self-nurturing time to aid in their recovery.

Consider planning a special evening or day right before your surgery. Make it a time to do things you enjoy with people you enjoy.

In planning your hospital stay and recovery, list people you want to call, projects you can do during your recovery, assistance you may need at work and at home, books you would like to read, music you would like to listen to, movies you would like to see, etc. This will keep your mind occupied and help you to feel more in control of your life.

Begin to handle your feelings of shock, grief, anger and loss by writing about them or expressing them to a close family member or friend ahead of time. Do not hesitate to ask your physician for the name of a counselor to help you deal with your emotions. You may also want to visit with your minister, priest or rabbi to take care of your spiritual concerns. This disease affects most women physically, emotionally and spiritually so that a three-pronged approach to dealing with all areas is helpful.

If you like music, consider asking a family member or friend to take a tape or CD player to your room with music you will enjoy following surgery. If you have a VCR or DVD player available, you may also want to bring "happy" videos. Consider bringing a favorite blanket, pillow, or picture to hang on the wall. You might as well make your surroundings comfortable and "homelike."

Many hospitals will let a family member or friend stay overnight in the hospital with you, if you so desire. You will need someone to help support you in the hospital and take you home afterwards. Be comfortable asking your support person to advocate for you during your hospital stay.

Be sure and take comfortable gowns and robes that either button, zip, or snap down the front so that you can easily get in and out of them. You may also want to take a loose robe (button or zip down the front) to wear on your trip home from the hospital. Consider packing some "extra large" safety pins to help secure extra drains and/or tubes. If you are having reconstruction, be sure to obtain the bra your reconstructive surgeon desires you to wear afterwards. Pack socks to keep your feet

warm. Pack toiletries, makeup, toothpaste, gum and/or hard candy and anything else you think you might need to be more comfortable.

Many hospitals will allow you to bring your own regular medications as long as your doctor has prescribed them and notes in your chart that you will be taking them. Check to find out ahead of time.

If you have any special dietary needs, be sure to notify the hospital dietician ahead of time. They are adept at preparing special meals if they have notice.

Most physicians want their patients up and walking as soon as possible. Be aware that walking will help speed your recovery. As soon as you're able, brush your teeth, comb your hair and put on your makeup. It helps you feel better about yourself. Ask your physician about what types of exercise your affected arm needs and when to start.

Ask your physician about taking special vitamins and supplements to aid your body during recovery. Many women use vitamin E oil on their suture line once the stitches have been removed. Remember, *always* get your physician's approval first!

Ask your physician to call the American Cancer Society to have a **Reach to Recovery** volunteer visit you at the hospital or your home. She will have additional tips to share, including exercises which will help you regain full movement of your arm and shoulder. Reach to Recovery volunteers are specially trained breast cancer survivors who provide additional information, including breast cancer support groups.

In the hospital and afterwards, avoid having your blood drawn or blood pressure taken on the arm where the mastectomy was performed. Be vigilant about this! Infection or stasis of blood in the affected arm could cause lymphedema!

If you find your head, neck and shoulders to be sore after surgery, ask your physician if it would be OK for you to have a professional masseuse to massage those areas. You will have to make arrangements for this ahead of time, and your insurance will not pay for it, but many women have found it to be a special, healing treat.

Tell your family and friends how you want them to help. Some women want visitors in the hospital, while others do not. You may need help in preparing meals afterwards and/or carpooling your children to school or taking paperwork to your office. Acknowledge that your family and friends want to help—you may just have to tell them what you want them to do. Do not be shy about discussing your preferences and needs.

TIPS FOR HOME RECOVERY:

You can never have enough pillows. Be sure and have some available ahead of time to position in all the strategic places to support you properly. Remember to keep that affected arm elevated!

Arrange to have extra bandage materials available at home. You may even ask the hospital to send some home with you. If you will be going home with tubes and drains, be sure that you are adequately instructed in their care before you are discharged from the hospital. You might request that a family member or friend receive this instruction to help you in caring for your drains at home.

Arrange to have your bed propped up if you desire. You can also have a sturdy chair placed next to your bed to use as a “hospital rail” to help you sit up and get in and out of bed.

Be sure to arrange to have a small table next to your bed with phone, water, tissue, chap-stick, and other special needs so that you can reach them easily.

Walk, walk and walk some more. Walking at least twice a day will speed your recovery and get you back to your former physical strength. Be sure to do your arm exercises, but check with your doctor before you begin them.

For the first few days, you may want to ask a family member or friend to help you bathe and dress each morning. After that, you can probably do it yourself.

Some women have found it useful to buy or borrow a shower/tub stool to sit on when they bathe. Many have also found that a shower head extender (shower massage type) can make it easier to direct the water where they want.

Help your family confront the scars and their own emotions if you feel comfortable doing so. Prepare yourself and your family ahead of time by looking at pictures.

Keep your sense of humor and your sense of perspective. One woman “wrote” notes to her medical team on her opposite breast with magic marker, another taped a cartoon to her bed, and another woman designed special cards to send to family and friends after her surgery. You might simply want to keep a journal during this time.

TIPS FOR ADJUVANT TREATMENT (CHEMOTHERAPY AND RADIATION)

If you will be having radiation and/or chemotherapy, be sure to have a family member or friend go with you the first time. Then, decide whether you want to go by yourself in the future or would continue to desire some company.

Ask your physician whether you should eat or not. If he or she does not have a firm recommendation, explore it both ways. Some women have found it easier to wait to eat until afterwards; others find treatment easier with a full stomach.

You may have a choice of locations for radiation and chemotherapy. Ask ahead of time to find out. Some women also find that they have a “favorite nurse or technician.” If so, it is perfectly acceptable to arrange your treatments to fit with their schedule.

If you will be having chemotherapy, ask your doctor about the pros and cons of having a permanent intravenous access line put in to make the process easier. If you know ahead of time, you may be able to have this procedure done during one of your earlier surgeries.

If you are having chemotherapy administered by IV, take a book on tape or music. The process can take from 1 to 4 hours depending on the chemo type, how it will be delivered, how your body reacts, etc.

Unless your doctor advises otherwise, drink plenty of water before and after your IV infusion to ensure you are well-hydrated.

Many women have found it helpful to visualize the chemotherapy and/or radiation as a powerful force for good—zapping all the “bad” cells and forming a protective coating around the “good” ones. Positive thinking does help. There are positive imagery tapes to listen to if this appeals to you.

Some types of chemotherapy cause your hair to fall out. If you have been told by your medical team to expect this, you may want to cut your hair short and buy or borrow a wig ahead of time. Other women have used hats and scarves to aid their appearance during this time period. Realize that your hair will grow back.

Some women find that chemotherapy causes a temporary and/or permanent hormone change that puts them into menopause. If so, your

hot flashes *are* hot flashes—not a strange reaction to the medication. Women on tamoxifen also go into a chemical menopause. If your body changes in this way, ask your physician about the possibility of using vitamins and/or herbs.

Communicate everything to your doctor “from hot flashes, changes in bowel patterns, to even a pimple.” Let their office know about any changes you have and about whatever concerns you, even if you’re feeling depressed. They can’t help you if they don’t know what’s happening.

TIPS FOR POST-RECOVERY AND THE REST OF YOUR LIFE:

Know that this, too, will pass. You will be able to get back to your normal routines, and there will be a time when you do not have to see so many doctors.

Be sure and continue with your regular medical checkups and continue to schedule regular mammograms, do monthly breast self-exams and have an annual clinical breast exam.

Consider joining a support group and/or volunteering with the local **Komen NC Foothills Affiliate**, the **American Cancer Society**, your local hospital and/or other groups to reach out to women in similar circumstances.

Be more aware of your body, and its needs. Remember to do all those things your mother probably told you to do—“Eat right, take your vitamins, get enough sleep, and exercise daily.” Also remember to take care of your emotional and spiritual needs, as well. This is the only body you’ll get—you owe it to yourself to take care of it.

Realize that you have had a serious illness, and it may have affected your values. Some women find that there are things they have “put off” that they want to do or new directions in their life that they want to consider such as expanding their education or trying a new career. Many women find positive changes at this point in their lives that add a new richness and meaning to relationships and situations.

YOGA FOR BREAST CANCER PATIENTS OR SURVIVORS

Yoga is an ancient science and philosophy that has been used for centuries to help unify the body and spirit. When practiced regularly, yoga can increase motor control, lower blood pressure, reduce stress, and improve concentration, sleep and digestion. Recent studies have

suggested that yoga may not only improve physical strength and stamina, but also lift the psychological well-being of those living with the stress of cancer diagnosis and treatment.

Burke County

Pfifer Wellness Center – For more information call 828-580-6600

Caldwell County

Restorative Yoga – For more information call 828-757-5448

Every Tuesday evening at 5:30pm at the Wig Bank of Caldwell County

Catawba County

New Beginnings Yoga - For more information call 828-315-3596.

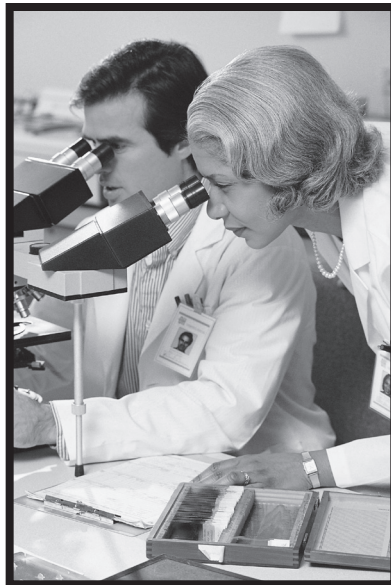
Tuesday evenings at 6pm at FryeCare

New Beginnings Yoga - For more information call 828-326-3002

Wednesday at 4pm at Catawba Valley Medical Center's Fitness Plus

STRIDES FOR RECOVERY

Strides to Recovery is a comprehensive wellness program designed for cancer patients. The 12-week program at Catawba Valley Medical Center includes one-on-one exercise prescription, nutrition counseling and relaxation techniques. Funding for the first year was possible by a Community Program grant from the Lance Armstrong Foundation. This structured program assists cancer patients to regain their strength and stamina. Fee may apply. For more information, contact Fitness Plus at 828-326-3002.



PROSTHESES-BRAS-HATS-WIGS

Hair loss (alopecia) may occur from either chemotherapy or radiation treatments to the head. Alopecia due to chemotherapy is usually temporary. Radiation can cause permanent or temporary hair loss depending on the amount of radiation received. Some insurance companies will reimburse the cost of wigs with a prescription from your physician for a “cranial prosthesis”. Remember to keep your receipt.

Look Good...Feel Better is a free service of the American Cancer Society designed to help women undergoing cancer treatment cope with the appearance-related side effects of their treatment. The class helps women:

- Regain a sense of self-confidence and control over their lives.
- Learn to perform their own makeovers using complimentary cosmetics and skincare products donated by the cosmetic industry.
- Disguise hair loss using wigs, turbans, scarves, and various accessories.

Reach to Recovery is a nationwide network of trained volunteers who listen, give emotional support, provide general information about the breast cancer experience, and consult on prostheses and reconstruction, as well as community resources.

For more information about **Look Good...Feel Better** and/or **Reach to Recovery**, call the Southeast Division of the **American Cancer Society** at 1-800-282-4914 for services nearest you.

WIG SUPPLIERS

American Cancer Society 1-800-282-4914

Blue Ridge Healthcare 828-580-6703

Catawba County Wig Bank 828-326-2176

Provides free gently used and new wigs for cancer patients undergoing treatment. Call for location and hours.

Belladonna’s Design Wigs, etc. 1-800-396-9447

I-77, Exit 28 – Magnolia Plaza

West Catawba

Lake Norman, NC

Has a variety of wigs for all ethnic groups.

Chic Wig of Hickory 828-324-5375

Valley Hills Mall
1960 Hwy. 70 SE.
Hickory, NC 28602

If you are a cancer patient, you may try on wigs at no charge.

Kim's Wigs and Accessories 828-465-6968

113 N. College Ave.
Newton, NC 28658

Large selection of wigs, turbans and wig accessories.

Merle Norman

Catawba County 828-327-0611

Burke County 828-433-1262

Michaila's 828-757-3007

107 SW Main Street
Lenoir, NC 28645

Wigs and turbans in stock – Open Tuesday thru Saturday 10am – 5:30pm

Park Place Hair Design 828-295-9767

379-2 Sunset Drive
Blowing Rock, NC

Full selection of wig, hairpieces and accessories

Silhouettes 828-327-3344

1239 2nd St NE
Hickory, NC 28601

The Wig Bank of Caldwell County 828-726-9111

226 Mulberry Street
Lenoir, NC 28645

Provides free gently used and new wigs for cancer patients undergoing treatment. Call for location and hours.

Also, call the American Cancer Society for a copy of the latest TLC Catalogue offering a large selection of the latest turbans, wigs, bras, prostheses and other products.

MASTECTOMY PRODUCT SUPPLIERS

Mastectomy products are often a vital component in a woman’s recovery after breast cancer surgery. Immediately after mastectomy, a soft, temporary prostheses can be used. These may be obtained through your local Reach to Recovery volunteer or may be provided by your hospital. Ask your physician or nurse for details on what your hospital provides.

Permanent prostheses may be worn when your incision is completely healed with your physician’s approval. This is usually 4-6 weeks after surgery. Have your physician give you a prescription for a “breast prosthesis”. All the suppliers listed below provide breast prostheses and mastectomy bras. Most of these companies also carry a line of swim apparel and lymphedema compression garments.

Ability Prosthetic and Orthotic Services 828-326-7161 or 800-951-4466

American Home Patient of Maiden828-428-9932
501 Island Ford Road
Maiden, NC 28650

Burke Pharmacy828-437-5800
307 Meeting Street
Morganton, NC 28655

Catawba County Wig Bank828-326-2176
437 Main Avenue
Hickory, NC 28602
Provides free gently used and new breast prostheses and mastectomy bras for breast cancer patients and survivors. Call for an appointment.

Chic Wig of Hickory828-324-5375
Valley Hills Mall,
1960 Hwy. 70 SE.
Hickory, NC 28602

East Burke Pharmacy828-397-3420
521A US 70
Hildebran, NC 28637

Hudson Discount Drug828-728-3561
510 Central Street
Hudson, NC 28638

Piedmont Medical Supply828-327-6970

752 4th St. SW
Hickory, NC 28602

*Carries large variety of bras and prostheses. Swim suits available.
Certified fitters.*

Second To Nature800-789-7306

PO Box 972
Millers Creek, NC 28651

*External Breast forms and Bras, In-home consultations in Burke,
Catawba and Caldwell County.*

Silhouettes828-327-3344

1239 2nd St NE
Hickory, NC 28601

Also, call the American Cancer Society for a copy of the latest TLC Catalogue offering a large selection of the latest turbans, wigs, bras, prostheses and other products.



INSURANCE, LEGAL AND FINANCIAL RESOURCES

(Statewide, National and Local Programs)

COBRA (Consolidated Omnibus Budget Reconciliation Act) 202-219-8776

If you recently ended a job (within 60 days) and had health insurance, your former employer is obligated to offer you COBRA insurance for 18 months after your resignation. You must pay the monthly premium, but by law it is your right to be covered by the health insurance policy you started with.

Hill-Burton Program 1-800-638-0742
www.hrsa.dhhs.gov/osp/dfcr

Some hospitals receive funds from the Federal Government so that they can offer free or low-cost services to those who are unable to pay. Eligibility is based on family size and income. You may apply for assistance at any time, before or after you receive care.

Medicare 1-800-MEDICARE
www.medicare.gov

A government-sponsored medical insurance program usually for people who are aged 65 or older. People who have been disabled and receiving Social Security Disability payments for 24 months are also eligible.

Benefits vary from person to person. Medicare is divided in two parts:

Part A: *pays for hospital care, home health care, hospice care, and care*

In certified nursing facilities. It is free.

Part B: *covers diagnostic studies, physician's service, medical equipment used at home, and ambulance transportation.*

Part D: *assists with cost of prescription medications*

Medigap

If you are on Medicare, you may be able to add more coverage with a Medigap policy or a Medicare HMO. Insurance carriers offer different plans. Check with them to get more information.

Social Security Administration 828-328-3609
112 2nd St. Pl. SE, Hickory, NC 28601 1-800-772-1213
www.ssa.gov

If you cannot work, regardless of your age you may be eligible for Social Security disability benefits if your disability has lasted or will last for six months or longer.

North Carolina Department of Insurance

Consumer Service Division(800) 546-5664
P.O. Box 26387
Raleigh, NC 27611-6387
www.ncdoi.com

Veterans Health Administration Cancer Program1-800-827-1000
www.va.gov

Eligible veterans and their dependents may receive cancer treatment at a Veterans Administration Center. CHAMPVA is an additional healthcare benefits program for dependents or survivors of veterans meeting certain criteria. Call for more information.

BURKE COUNTY

Burke County Health Department 828-439-4400
700 East Parker Road
Morganton, NC 28655
Call for information about free breast screening programs available.

First Call For Help (United Way Hotline) 828-438-2115
*This is a free, confidential service linking Burke County residents to services in the community designed to meet their needs. This organization has a listing of area churches and organizations which help people in time of need with financial assistance for rent, medicine, food, clothes, or other needs. **First Call For Help** is sponsored by Burke County United Way.*

Good Samaritan Clinic 828-439-9948
305 West Union St.
Morganton, NC 28655
Call for information about services available.

Salvation Army 828-439-8080
412-A West Fleming Drive
Morganton, NC 28655

CALDWELL COUNTY

Blue Ridge Community Action..... 828-754-9085
Open 8 a.m. to 5 p.m. Monday through Friday.

Caldwell County Health Department..... 828-426-8400
2345 Morganton Blvd., SW
Lenoir, NC 28645
Call for information about free breast screening programs available.

Department of Social Services (DSS) 828-426-8200
2345 Morganton Blvd., SW
Lenoir, NC 28645
Please call for questions regarding Medicaid and/or food stamps.

Helping Hands Clinic..... 828-754-8565
810 Harper Ave.
Lenoir, NC 28645
Provides medical care and prescription medication to the uninsured residents of Caldwell County. Open Mondays and Thursdays only between 1-9p.m.

Salvation Army 828-758-0165
308 Morganton Blvd.
Lenoir, NC 28645

Yokefellow Christian Service..... 828-757-0217
1602 Harper Ave NW
Lenoir, NC 28645

CATAWBA COUNTY

Catawba County Health Department 828-695-5839
3070 11th Ave SE
Hickory, NC 28602
Call for information about free breast screening programs available.

Cooperative Christian Ministries of Eastern Catawba County.....
828-465-1702
107 East O Street
Newton, NC 28658
Provides financial assistance for medication, food, rent, power and water. Must apply in person and meet financial requirements.

Cooperative Christian Ministries and HealthCare Center of Hickory .
828-327-0970
270 13th Ave. SE
Hickory, NC 28602
Patients who qualify may receive up to 4 prescriptions per month. Also provides financial assistance for food, rent, power and water.

Catawba County Social Services 828-695-5600
Fairgrove Church Road SE
Hickory, NC 28602
(Located behind Catawba Valley Medical Center)
Please call for questions regarding Medicaid and/or food stamps.

Hickory Soup Kitchen 828-327-4828
 131 Main Ave. NE
 Hickory, NC 28601
*Free clinic on Tuesdays and Thursdays from 11:30 to 12:30 am and
 Thursday evening from 6:00-3:30 pm.*

Corner Table 828-464-0355
 122 Main Ave
 Newton, NC 28658

Salvation Army 828-428-8752
 12 West Main St
 Maiden, NC 28650

Salvation Army 828-465-2776
 118 West A Street
 Newton, NC 28658

KNOWING YOUR HEALTHCARE RIGHTS

North Carolina’s appeal and grievance laws apply to all types of health service **plans**. Knowing your rights will help you receive the healthcare coverage you need during your battle with cancer. The North Carolina Department of Insurance is here to help you deal with your healthcare coverage. The following contains only brief descriptions of your rights; if you are experiencing problems with your insurance plan, we encourage you to contact our Department for guidance.

When you or your provider requests a healthcare service, your insurance plan evaluates the necessity and appropriateness of the requested service, procedure, providers and facilities. Before you can be denied care, your plan must obtain information about your medical condition and a medical doctor must evaluate the appropriateness of the denial. State law allows you to challenge your health plan’s decision to deny, reduce or terminate a covered service through a voluntary appeal.

To begin the appeal process, you, your provider or your representative must send a written request to your insurance plan. Within three days, the plan must provide you the name of your appeal coordinator. The plan must make its decision about your appeal request within 30 days of receiving it. If waiting 30 days could jeopardize your health, an expedited review can be requested.

Your rights also extend to grievances against any health plan decision,

policy or action related to the availability, delivery or quality of healthcare services; claims payment or handling; reimbursement for services; or the contractual relationship between you and your plan. You can submit your complaint in writing to your insurance plan. Your plan has 30 days from receiving your grievance to issue you a written decision.

We encourage you to familiarize yourself with your plan's appeals and grievance procedures. For more in-depth information, contact the Department of Insurance Consumer Service Division or download "Guide to Appeals and Grievances" from our website, www.ncdoi.com.

The **Americans with Disabilities Act of 1992** bans discrimination by both public and private employers against qualified workers who have disabilities or histories of disabilities.

The **Federal Rehabilitation Act of 1973** states that federal employers or companies receiving federal funds cannot discriminate against handicapped workers. This law protects cancer survivors in hiring practices, promotions, transfers, and layoffs on the federal level. In addition, you may be eligible for re-employment protection under state laws.

The first issue of health insurance is knowing what you have before you need it. Obviously, the more comprehensive the policy, the better. Never make assumptions about what is covered. Look for general phrases like "covers services of licensed providers". Then if a procedure is not excluded by name and is medically necessary, it should be covered.

As in all purchases, cheapest and easiest is not the best. Many insurers choose HMO's so that they will not have to deal with claim forms, etc., but they give up choice of doctors and even treatment protocols. You need to understand insurance policies and choices before you need treatment.

QUESTIONS TO ASK ABOUT YOUR INSURANCE

- Are annual examinations and mammograms covered?
- What is the policy on new therapies or participation in clinical trials?
- Who can you talk to if you think your care needs to be improved?
- Will the plan pay a percentage of the cost if you seek care from doctors outside your select group?
- Do you pay for a second opinion?

INSURANCE AND FINANCIAL ASSISTANCE RESOURCES

AVONCares Program..... 1-800-813-4673

Provides grants for individual women with limited income and resources who are in need of diagnostic (post-screening) services, transportation and childcare for women with families.

Legal Aid of North Carolina 828-437-8280

Equal Employment Opportunities Commission in Charlotte
..... 1-704-344-6682

Medicare..... 1-800-MEDICARE

A Federal program for people 65 years or older or under 65 and permanently disabled. A free medicare handbook outlines benefits available from the Social Security Administration.

North Carolina Cancer Control Program (CCP)..... 1-800-662-7030

The CCP provides financial assistance for medical care of eligible persons requiring diagnostic and treatment services.

National Cancer Institute 1-800-422-6237

Ask for "Facing Forward" Booklet.

National Coalition for Cancer Survivorship 1-301-650-9127 or
1-877-622-7937

Ask for "Working It Out: Your Employment Rights as a Cancer Survivor."

Patient Advocate Foundation 1-800-532-5274

The Foundation assists in providing legal intervention services with creditors to negotiate reduction or deferment of payments during treatment and helps with legal aid referrals as indicated by patient need.

ADVANCE DIRECTIVES

All adults should decide who to designate to make healthcare decisions for them if they become unable to do so themselves. You may want a family member or close friend to take on this responsibility. It is important that you truthfully and thoroughly discuss your treatment preferences with your doctor and with the person you choose to act on your behalf. Your doctor or hospital can give you information on advance directives that help you prepare documents that meet the state’s legal requirements for this type of arrangement. Three common documents are a living will, healthcare power of attorney and the medical directive.

LIVING WILL

In a living will, you choose whether or not you want medical care used to prolong your life. All states recognize living wills and most states have their own forms. Your living will should be signed, dated, and witnessed by two people who know you well but are not your relatives, potential heirs, or your health care providers.

HEALTHCARE POWER OF ATTORNEY

A healthcare power of attorney names someone to make your medical decisions if you become unable to make them yourself. You can give instructions about any treatment you want or do not want.

Your doctor should have these documents in your medical records, and you should keep copies in a safe place (not a safe deposit box). Be sure someone else knows where these documents are kept.

THE MEDICAL DIRECTIVE

With a medical directive you may specify in advance, while you are mentally alert and competent, certain situations in which you do or do not wish certain medical interventions done to you. Of course, it is impossible to foresee all the situations that might happen to you, but stating your wishes for some situations will be a helpful guide for those who will be making decisions about your care.



ADVOCACY, EDUCATION AND SUPPORT SERVICES

LOCAL PATIENT SUPPORT GROUPS AND EDUCATION SERVICES
PLEASE CALL FOR TIMES AND MEETING LOCATIONS

BURKE COUNTY

Blue Ridge Healthcare Breast Cancer Action Team 828- 580-6703
A group of breast cancer survivors/volunteers who promote breast wellness

HOPE 828- 580-6703
Any Cancer Survivor, Family, Friends

See Multi-County Groups at end of this section for additional groups.

CALDWELL COUNTY

Arm in Arm 828-757-5448
A support group for breast cancer and lymphedema patients. Family and friends are also welcome.

Caldwell County Breast Cancer Coalition 828-757-5448
A group of breast cancer survivors and volunteers who promote breast wellness.

Futures Unlimited 828-757-5448
A support group for all cancer patients. Family members and friends are welcome.

With Love Caregiver Support Group 828-757-5448
Support Group for Caregivers. This group is scripture based.

See Multi-County Groups at end of this section for additional groups.

CATAWBA COUNTY

Breast Friends 315-3596
A breast cancer support and educational group offering emotional support. Family and friends are welcome.

Catawba County Breast Cancer Coalition 326-2176
Community breast cancer education classes for ..churches, civic groups,

industry and supportive services for women facing breast cancer.

Hearts of Hope Breast Cancer Support Group 326-2176
A support group for women facing breast cancer. Family and friends are welcome.

Life Goes On828-485-2300, ext.223 or 828-315-3596
Support/education group for persons affected by all types of cancer. Friends and family welcome.

MULTI-COUNTY GROUPS

Grief Support

Dealing with grief-programs for adults and children through hospice and palliative programs

- Burke Palliative Care Center Grief Support 828-879-1601
- Caldwell County Hospice 828-754-0101
- Palliative Carecenter & Hospice of Catawba County 828-466-0466

I Can Cope

Sponsored by the American Cancer Society (ACS), I Can Cope is a series of educational classes for persons facing cancer

- Burke County 828-580-6703
- Caldwell County 828-757-5443
- Catawba County828-485-2300, ext.223 or 828-315-3596

Look Good Feel Better

*An ACS program that support for women during treatment for cancer
. For women undergoing cancer treatment, it offers free advice on wig selection, wearing turbans, scarves and make-up while receiving cancer treatments. Approximately \$200.00 worth of free cosmetics is given to the women who participate.*

- Burke County 828-580-6703
- Caldwell County 828-757-5443
- Catawba County828-485-2300, ext.223 or 828-315-3596

Reach to Recovery

Sponsored by ACS, Reach to Recovery offers individual consultation for breast cancer patients by specially trained volunteers/survivors.

- Burke County 1-800-ACS-2345
- Caldwell County 1-800-ACS-2345
- Catawba County1-800-ACS-2345 or 828-326-2176

TRANSPORTATION RESOURCES

Blue Ridge Healthcare 828-879-7536

Funds for Transportation – contact Financial Counselor for details

Greenway Public Transportation 828-757-8679

Provides transportation for patients in Caldwell County who are disabled and/or age 60 or older.

Catawba County Social Services 828-695-5608

Fairgrove Church Road SE
Hickory, NC 28602

Located behind Catawba Valley Medical Center. Service area includes Catawba County. Will travel to Charlotte, Asheville, etc. From home to hospital, physician offices and other medical agencies only. Some Medicaid patients may receive coverage for transportation. No children under 18 without parents. Fee is free.

Home Run of Catawba Valley Medical Center..... 828-326-3895

810 Fairgrove Church Road
Hickory, NC 28602

Provides transportation to and from CVMC only. Wheelchair accessible. Call Clinical Resource Management to see if you qualify. Service is free. (This was deleted and I am not sure why.

MediVan Transportation Specialists, Inc..... 828-441-2000

3350 Springs Road NE
Hickory, NC 28601

Service area includes Caldwell, Burke and Catawba Counties, Charlotte, Winston-Salem and beyond. Cost is \$40 one way or \$50 round trip for local runs. Round trips include up to 1-hour wait at destination with extra charge. Call for details for longer trips.

Greenway Public Transportation 828-464-9444

3194 SE 15th Ave. Blvd.
Hickory, NC 28602

Located behind Shoney's. Call for application, schedule handicap van, or further details. Service area includes Hickory, Newton and Conover city limits.

INTERNET SUPPORT RESOURCES

American Cancer Society

<http://cancer.org>

American Institute for Cancer Research

<http://aicr.org>

Cancerlinks

<http://www.cancerlinks.org>

National Cancer Institute

www.cancer.gov

Living Beyond Cancer

www.11bc.org

National Center for Alternative & Complimentary Medicine

<http://nccam.nih.gov/nccam/>

National Lymphedema Network

<http://www.lymphnet.org>

Patient Advocate Foundation

<http://www.patientadvocate.org>

The Susan G. Komen for the Cure

<http://www.komen.org>

www.md.com

www.medicalinformation.com

MEDICAL TERMS AND DEFINITIONS

Adjuvant therapy (AD-ju-vant): Treatment given in addition to the primary treatment which is typically surgery for breast cancer. This may mean chemotherapy, radiation, or hormone therapy.

Anesthesia: Loss of feeling or sensation. Local anesthesia may be given to a specific region of the body, such as the breast, by injection of a drug (a local anesthetic) into that area. General anesthesia involves the entire body and may be induced by drugs injected into a vein or inhaled.

Aneuploid: The presence of an abnormal number of chromosomes in cancer cells; determined by flow cytometry. (See diploid.)

Antiemetic: A medicine to prevent or relieve nausea and vomiting.

Areola (a-REE-oe-la): The area of dark-colored skin that surrounds the nipple.

Aspiration (as-per-AY-shun): Removal of fluid from a lump, often a cyst, with a needle.

Atypical hyperplasia (hy-per-PLAY-zha): A benign (non-cancerous) condition in which breast tissue has certain abnormal features. Women with this condition have an increased risk of breast cancer.

Axilla (ak-SIL-a): The underarm.

Axillary dissection (AK-sil-air-ee): Surgery to remove lymph nodes under the arm.

Benign (bee-NINE): Not cancerous; does not invade near-by tissue or spread to other parts of the body.

Biological therapy (by-o-LOJ-I-kal): Treatment to stimulate or store the ability of the immune system to fight infection and disease. Also called immunotherapy

Biopsy (BY-op-see): The removal of a sample of tissue, which is then examined under a microscope to check for cancer cells. Excisional biopsy is surgery to remove an entire lump and an area of normal tissue around it. In incisional biopsy, the surgeon removes just part of the lump. Removal of fluid with a needle is called needle aspiration, removal of a small amount of tissue with a needle is called fine needle biopsy and

removal of tissue with a cutting needle is called core needle biopsy.

Brachytherapy: Internal radiation therapy; may be used following a lumpectomy for breast cancer.

Breast cancer: An uncontrolled growth of abnormal breast cells.

Breast conservation: Breast cancer surgery, called lumpectomy, involving removal of a malignant breast lump and a small margin of surrounding normal tissue. A separate incision is made for the axillary dissection. Lumpectomy is generally followed by radiation treatments to the breast.

Breast self examination (BSE): A method used by women to become familiar with the normal appearance and feel of their breast tissue, so that any change can be detected early.

Bone marrow: The soft, sponge-like material inside some bones. Blood cells are produced in the bone marrow.

Bone marrow transplantation: (tranz-plan-TAY-shun): A procedure in which doctors replace marrow destroyed by high doses of anticancer drugs or radiation. Replacement marrow can be taken from the breast cancer patient before treatment, and the procedure is called autologous (aw-TAHL-o-gus) bone marrow transplantation.

Cancer: A term for more than 100 diseases in which abnormal cells divide without control. Cancer cells can spread through the bloodstream and lymphatic system to other parts of the body.

Carcinoma (kar-sin-OE-ma): Cancer that begins in the lining or covering of an organ, such as breast duct or lobule.

Chemotherapy (kee-moe-THER-a-pee): Treatment with anticancer drugs.

Clinical trials: Research studies that involve patients. Each study is designed to answer scientific questions and to find better ways to prevent or treat cancer.

Colony-stimulating factors: Laboratory-made substances similar to substances in the body that stimulate the production of blood cells. Treatment of the colony-stimulating factors can help cells in the bone marrow recover from the effects of chemotherapy and radiation therapy.

Core needle biopsy: Removal of a cylinder of tissue with a large-diameter cutting needle from a growth or mass for microscope examination.

Cyst (sist): A closed sac of cavity filled with fluid, usually benign. The fluid can usually be removed with a hypodermic needle.

Diagnostic Mammogram: A diagnostic mammogram is used to evaluate a woman with a breast problem/symptom or an abnormal finding on a screening mammogram. This procedure involves two or more x-ray views per breast and is done under the direct, on-site supervision of a board-certified radiologist.

Diagnostic radiologist: A physician who specializes in the diagnosis of diseases by the use of x-rays.

Diaphanography (DY-a-fan-OG-ra-fee): An exam that involves shining a bright light through the breast to reveal features of the tissues inside. The technique is under study; its value in detecting breast cancer has not been proven. Also called transillumination.

Diploid: Normal amount of DNA in a cell; determined by flow cytometry. (See aneuploid.)

Duct: A small channel in the breast through which milk passes from the lobules to the nipple. Cancer that begins in a duct is called ductal carcinoma.

Ductal carcinoma in situ (DUK-tal kar-sin-O-ma in Sy-too): Abnormal cells that involve only the lining of a duct; these cells have not yet spread outside the duct to other tissues in the breast. Also called DCIS or intraductal carcinoma.

Ductal papilloma: A non-cancerous breast tumor, arising in the breast duct that usually cannot be felt. It generally appears as either a bloody or clear nipple discharge.

Endocrine therapy (hormone therapy): Treating breast cancer by changing the hormonal balance of the body instead of using cell-killing drugs.

Estrogen (ES-troe-jin): A female hormone produced by the ovaries and adrenal glands, which may stimulate some cancers to grow.

Estrogen receptor assay (ERA): A laboratory test performed on a

malignant breast tumor to determine if the tumor's growth is stimulated by estrogen or is treatable with antiestrogen drugs.

Excisional biopsy: Surgical removal of an entire growth or mass for diagnosis.

Fibroadenoma: A common benign lump that is generally firm, round and moveable. It is made of fibrous and glandular tissue in the breast. This non-cancerous lump may occur at any age, but is more common in young adulthood.

Fibrocystic condition: A non-cancerous breast condition sometimes resulting in painful cysts or lumpy breasts; also referred to as benign breast disease.

Flow cytometry: A laboratory test performed on malignant breast tissue to determine the growth rate of malignant cells and the presence of abnormal chromosomes. See aneuploid and diploid.

Frozen section: A method of rapid tissue diagnosis. Immediately after some biopsies, a portion of the biopsy tissue may be frozen and a thin slice of tissue is mounted on a microscope slide enabling a pathologist to give an interpretation at the time of the surgery.

Gynecologist (guy-ni-KOL-o-jist): A doctor who specializes in treating diseases of the female reproductive organs.

Hair follicle (FOL-l-kul): A sac from which a hair grows.

Hormonal therapy: Treatment of cancer by removing, blocking, or adding hormones.

Hormones: Chemicals produced by glands in the body. Hormones control the actions of certain cells or organs.

Hormone receptor test: A test to measure the amount of certain proteins, called hormone receptors, in breast cancer tissue. Hormones can attach to the proteins. A high level of hormone receptors means hormones probably help the cancer grow.

Immunotherapy: Treatment of cancer by stimulation of the body's immune system. Also called Biological therapy.

Incisional biopsy: Surgical removal of a portion of the growth or mass for microscope diagnosis.

Infertility: The inability to have children.

Infiltrating cancer: See invasive cancer.

Inflammatory breast cancer: A rare type of breast cancer in which cancer cells block lymph vessels in the skin of the breast. The breast becomes red, swollen, and warm, and the skin of the breast may appear pitted or have ridges. Also called stage III-B breast cancer.

Intraductal: Within the milk duct. Intraductal can describe a benign or malignant condition.

Invasive cancer: Cancer that has spread beyond the layer of tissue in which it developed. Invasive breast cancer is also called infiltrating cancer or infiltrating carcinoma.

Investigational drug: A chemical or biological drug that has been approved for use by drug investigators in research trails, but which is not yet available for commercial use.

Lobe: A part of the breast; each breast contains 6 to 9 lobes.

Lobular carcinoma in situ (LOB0yoo-lar kar-sin-O-ma in SY-too): Abnormal cells in the lobules of the breast. This condition seldom becomes invasive cancer. However, having lobular carcinoma in situ is a sign that the woman has an increased risk of developing invasive breast cancer. Also called LCIS.

Lobule (LOB-yool): A subdivision of the lobes of the breast. Cancer that begins in a lobule is called lobular carcinoma.

Local therapy: Treatment that affects cells in the tumor and the area close to it.

Lump: Any kind of mass in the breast or elsewhere in the body.

Lumpectomy (lump-EK-toe-mee): Surgery to remove only the cancerous breast lump; usually followed by radiation therapy.

Lymph (limf): The almost colorless fluid that travels through the lymphatic system. Bacteria or cancer cells that enter the lymphatic systems may be found in the nodes. Also called lymph glands.

Lymph nodes: Bean-shaped structures scattered along the vessels

of the lymphatic system that act as a filter to remove malignant cells, bacterial cells, and other foreign substances. The lymph nodes found in the axilla (underarm, the lymphatic drainage for the breast) are those most likely to be invaded by breast cancer cells. Therefore, some nodes are removed during breast surgery to determine if the cancer has begun to spread.

Lymphatic system (lim-FAT-ik): The tissue and organs (including the bone marrow, spleen, thymus, and lymph nodes) that produce and store cells that fight infection and disease. The channels that carry lymph also are part of this system.

Lymphedema (lim-fa-DEE-ma): Swelling of the hand and arm caused by extra fluid that may collect in tissues when underarm lymph nodes are removed or blocked; sometimes called “milk arm.”

Malignant (ma-LIG-nant): Cancerous; can spread to other parts of the body.

Mammogram (MAM-o-gram): An x-ray of the breast.

Mammography (mam-OG-ra-fee): The use of x-rays to create a picture of the breast.

Mammosite: Name of the system most commonly used in our area for high dose internal radiation after a lumpectomy.

Mastectomy (mas-TEK-to-mee): Surgery to remove the breast.

Mastectomy modified radical: A common type of mastectomy in which the breast, nipple and areola and some of the underarm lymph nodes are removed, while the chest muscles are saved.

Mastectomy, partial: The surgical removal of a portion of the breast, including the cancer and a surrounding margin of normal tissue. See lumpectomy, quadrantectomy, wedge excision and segmental excision.

Mastectomy, radical (Halsted radical): The surgical removal of the breast, chest wall muscles, and underarm lymph nodes. No longer commonly done.

Mastitis: An inflammation of the breast usually occurring during lactation. Symptoms include pain, nipple discharge, fever, and redness and/or hardness over an area of the breast

Menopause: The cessation of menstrual periods; also called “change of life.”

Menstrual cycle (MEN-stroo-al): The hormonal changes that lead up to a woman’s having a period. For most women, one cycle takes 28 days.

Metastasis (meh-TAS-ta-sis): The spread of cancer from one part of the body to another. Cells in the metastatic (secondary) tumor are like those in the original (primary) tumor.

Microcalcifications (My-krow-kaal-si-fi-KA-shunz): Tiny deposits of calcium in the breast that cannot be felt but can be detected on a mammogram. A cluster of these very small specks of calcium may indicate that cancer is present.

Multimodality therapy: Use of two or more treatment methods (i.e., surgery, radiation therapy, chemotherapy, immunotherapy) in combination or sequentially to achieve optimal results.

Oncologist (on-KOL-o-jist): A doctor who specializes in treating cancer.

Ovaries (OH-va-reez): The pair of female reproductive organs that produce eggs and hormones.

Palliative therapy: A treatment used to relieve symptoms when curing the disease may no longer be possible.

Palpation (pal-PAY-shun): A simple technique in which a doctor presses on the surface of the body with his or her fingers to feel the organs or tissues underneath.

Pathologist (pa-THOL-o-jist): A doctor who identifies diseases by studying cells and tissues under a microscope.

Peripheral stem cell support (per-IF-er-al): A method for replacing bone marrow destroyed by cancer treatment. Certain cells (stem cells) in the blood that are similar to those in bone marrow are removed from the patient’s blood before treatment. The cells are given back to the patient after treatment to help the bone marrow recover and continue producing healthy blood cells.

Progesterone (proe-JEST-ter-own): A female hormone.

Progesterone receptor assay (PRA): A test done in addition to the estrogen receptor assay, or ERA that indicates whether a breast cancer

is stimulated by female hormones, and acts as a “check” on the results of the ERA.

Prognosis (prog-NOE-sis): The probable outcome or course of a disease; the chance of recovery.

Radiation oncologist: A physician, specifically a radiologist, who is trained in administering radiation therapy.

Radiation therapy (ray-dee-AY-shun): Treatment with high-energy rays to kill cancer cells. Radiation therapy that uses a machine located outside the body to aim high-energy rays at the cancer is called external radiation. When radioactive material is placed in the breast in thin plastic tubes, the treatment is called implant radiation.

Radiologist: A doctor who specializes in creating and interpreting pictures of areas inside the body. The pictures are produced with x-ray, sound waves, or other types of energy.

Reconstruction: A way to recreate the breast’s shape following removal by mastectomy. Various procedures are available, some of which involve the use of implants. Also referred to as reconstruction mammoplasty.

Remission: Disappearance of the signs and symptoms of cancer. When this happens, the disease is said to be “in remission.” A remission can be temporary or permanent.

Risk factor: Something that increases a person’s chance of developing a disease.

Screening: Checking for disease when there are no symptoms.

Segmental excision: The removal of a portion of the breast tissue. The term does not specify the amount to be removed. It is important that the woman discuss with her surgeon, prior to surgery, the extent of breast tissue removal.

Sentinel Node Testing: A dye is injected into the sentinel, or first, lymph node that receives lymphatic flow from the breast to determine if cancer has spread to the underarm nodes. While this is still experimental, it is hoped that eventually sentinel node testing may alleviate the need for some axillary dissections.

Stage: The extent of the cancer. The stage of breast cancer depends on the size of the cancer and whether it has spread.

Stem cells: The cells from which all blood cells develop..

Stereotactic Needle Biopsy: Mammography is used to locate and guide a needle to a suspicious location in the breast which is not palpable, from which a sample is removed for biopsy.

Surgery: An operation.

Systemic therapy (sis-TEM-ik): Treatment that reaches and affects cells all over the body.

Tamoxifen: Hormone treatment drug used to prevent recurrence of breast cancer by blocking estrogen receptor sites.

Thermography (ther-MOG-ra-fee): A test to measure and display heat patterns of tissues near the surface of the breast. Abnormal tissue generally is warmer than healthy tissue. This technique is under study; its value in detecting breast cancer has not been proven.

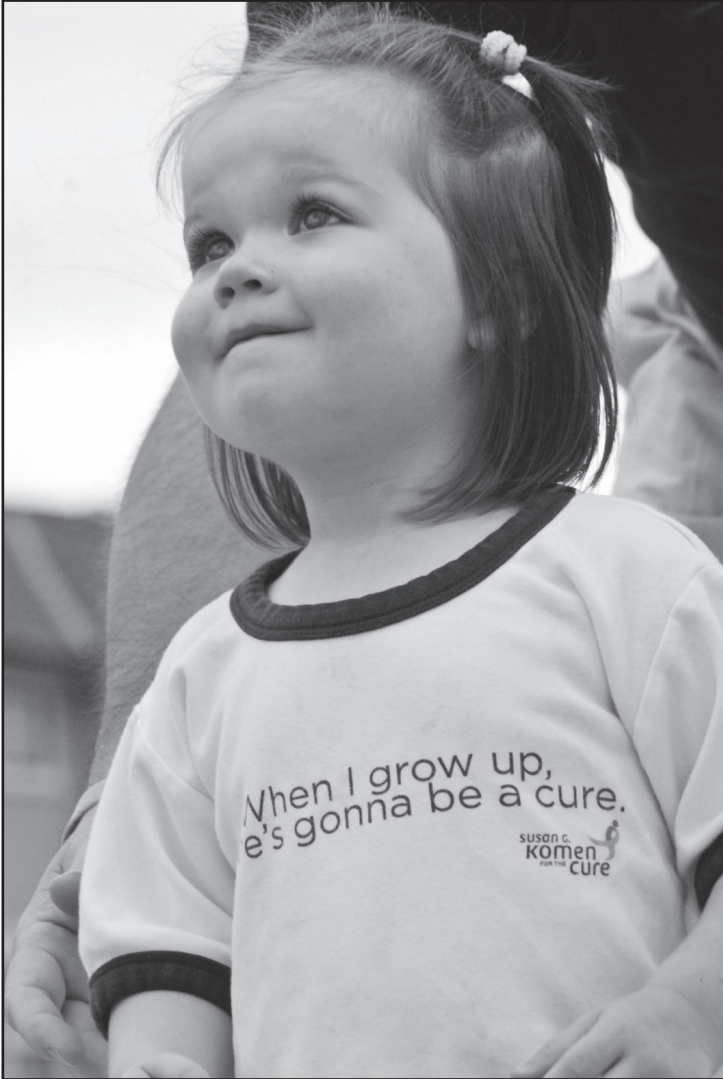
Tissue (TISH-oo): A group or layer of cells that performs a specific function.

Tumor: An abnormal mass of tissue.

Ultrasonography (UL-tra-son-OG-re-fee): A test in which high-frequency sound waves that cannot be heard by humans are bounced off tissues and the echoes are converted into a picture (sonogram). These pictures are shown on a monitor like a TV screen. Tissues of different densities look different in the picture because they reflect sound waves differently. A sonogram can often show whether a breast lump is a fluid-filled cyst or a solid mass.

Xeroradiography (ZEE-roe-ray-dee-OG-re-fee): A type of mammography in which a picture of the breast is recorded on paper rather than on film (now being phased out).

X-ray: High-energy radiation. It is used in low doses to diagnosis disease and in high doses to treat cancer.



The Susan G. Komen for the Cure Promise

To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.



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