



Touch of Courage

. Connection

Beyond Pink TEAM

JANUARY 2009

Volume 13

Number 1

Inside this Issue

- 1** Breast Reconstruction Current Options and Treatments
- 2** Breast Reconstruction Options (cont)
- 2** How to Know when Distress is Normal, or More Serious
- 3** Community Support Overwhelming
- 4** Pink Ribbon Run
- 4** Save these Dates
- 4** Young Cancer Survivors on Facebook!
- 5** A Survivor's Story
- 5** Touch of Courage Support Group
- 6** Iowa Breast Cancer Edu-Action

Cedar Valley Cancer Committee
 1607 Heath Street
 Waterloo, IA 50703
 319-232-3219

Website:
www.cedarvalleybreastcancer.org

Breast Reconstruction Current Options and Treatments By Deniz F. Bastug, MD, FACS

Breast Cancer continues to be one of the most prevalent forms of cancer for women. Currently, breast cancer will affect approximately one out of every 7 to 8 women, an increase from previous decades. There still remains no cure for breast cancer, but research is strong in that direction. Advances are made yearly in detection and diagnosis, in treatment protocols, as well as other factors and associated conditions affecting the discovery of breast cancer in a woman.

Treatment involves a multitude of factors including family history, genetic components, type of breast cancer, and individual personal preferences regarding treatment options. For all these reasons, treatment of this disease is heavily individualized and consists of a concerted effort by many different specialties, including the general surgeon, oncologist, geneticist, and radiation oncologist. The reconstructive portion of treatment is performed by a plastic surgeon, and this article will touch on the various reconstructive options.

When considering reconstruction after mastectomy, a woman must consider many factors. The first important question to ask should be 'is reconstruction right for me?' Women choose breast reconstruction for many reasons, and the method of reconstruction chosen is very individualized. This depends on personal desire,

physical attributes, type of breast cancer, lifestyle and psychological characteristics. No matter which method of reconstruction is chosen, it usually will entail multiple surgical procedures.

Breast reconstruction can be performed at the time of mastectomy, known as *immediate reconstruction*, or anytime later, typically months to years, which is known as *delayed reconstruction*. The timing of the reconstruction depends again on individual desire, but many times is more influenced by the disease itself, i.e. whether other adjuvant treatment such as radiation or chemotherapy will be needed. Once the timing is determined, the next step is in determining which type of reconstruction is best for the individual.

There are many types of reconstruction available, but all fall into one of two types. Either a portion of one's own body will be used, known as *autologous* reconstruction, or a breast implant will be used. Sometimes the two are combined. The procedures vary in complexity, recovery time and risks. Despite the method chosen, all can give a nice cosmetic result, and again choice is based on individual preference, anatomy, type of cancer and lifestyle.

Probably the gold standard in reconstruction these days is the

autologous reconstruction, which is using a women’s own tissue to create the breast. This is done with what is called a flap. This flap, which consists of skin, underlying fat, underlying muscle, and associated blood vessels can be taken from many different areas of the body. These are too numerous to go into detail here but these flaps can come from the abdomen (called a TRAM flap), from the back (a Latissimus Dorsi flap), or from other areas such as the buttocks region (Gluteal flaps). These flaps are either left attached to the underlying muscle, or can be completely disconnected from the muscle and placed into the chest to create the breast using microsurgical techniques. Flap or autologous reconstruction involves complex surgery, longer recovery time, affects other parts of the body and have the greatest risks. The benefits of these trade-offs are typically beautiful and very natural appearing breasts.

The alternative to the autologous reconstruction uses an implant to recreate the breast mound. In certain instances this can be performed as a one time procedure, but typically this will be at least a two stage process. Following a mastectomy, there is deficient skin. The various flaps provide for this skin, otherwise we need to place a special type of implant called an *expander* to stretch the skin and muscle slowly. This provides the room for the second procedure where the expander is removed and a permanent implant is placed.

Women have a choice of either saline implants or silicone implants as the permanent prosthesis. There has been a lot of press in the past regarding silicone implants, and unfortunately this has only confused and frightened women. Countless

studies over the past 16 years have been performed, all verifying the safety of silicone implants. However there is still apprehension in some women. Talking to your plastic surgeon is the best way to get the information you need to make the proper informed choice.

As mentioned earlier, reconstruction usually involves more than one procedure, and many times one of these procedures needs to address the opposite breast. Often the non-reconstructed side needs something done to it in order to achieve symmetry with the reconstructed side. This can involve a breast lift (mastopexy), a breast reduction or a breast enlargement (augmentation). Once the reconstructions are done, symmetry has been achieved and the woman is well healed, one more decision needs to be made. This is whether or not to have a nipple and areola reconstructed. Several methods are also available for this, but fall into two categories, either tattooing or flap reconstruction if an actual protruding nipple is desired.

Breast reconstruction is a decision based on many factors involving many decisions and individual circumstances. In careful discussion with your plastic surgeon the best method for you can be determined. It is also very important to be aware that federal law requires insurance companies cover breast reconstruction for mastectomy following breast cancer, as well as cover procedures on the opposite breast to achieve symmetry. With the widely available options present, mastectomy alone need not be the endpoint for breast cancer. Through education and involvement in the decision making process, breast reconstruction can be a very fulfilling and satisfying option.

How to Know when Distress is Normal, or More Serious

**From the ACS booklet
“Distress - Treatment Guidelines
for Patients”**

Distress is a normal part of having cancer. Some signs or symptoms that could indicate distress is becoming excessive:

- Feeling overwhelmed by fears
- Feeling so sad that cannot go through treatment
- Unusual irritability and anger
- Inability to cope with pain, fatigue and nausea
- Poor concentration
- Difficult time making decisions
- Feeling despair and hopelessness
- Constant thoughts about cancer and/or death
- Trouble sleeping
- Trouble eating
- Family conflicts/issues seem impossible to resolve
- Questioning your faith/beliefs
- Feeling worthless and useless

Things from the past that may make you or your family member more vulnerable might include:

- Having a relative who died as a result of cancer
- Having a recent loss
- Having had depression or suicidal thoughts in the past
- Reliving a painful event from your past that seems unrelated to the current situation
- Having thoughts of harming yourself or someone else

If any of these signs or symptoms is present, talk to your doctor or nurse. You and your family member may need help with distress.

Community Support Overwhelming Dee Hughes, Chair Beyond Pink TEAM

The concerns of women diagnosed with breast cancer are present every day of the year. However, our consciousness is raised during Breast Cancer Awareness Month each October when we hear stories about survivors and see so much pink. Not that wearing pink or pink ribbons is going to cure breast cancer, but it is an easy way to rally people together for a cause and show their support.

The community support the Beyond Pink TEAM received this past October has been overwhelming. We were present at many events throughout the month and many organizations raised money for the Beyond Pink TEAM. To name a few:

- The Pink Ribbon Run sponsored by Community Mainstreet of Cedar Falls raised over \$15,000 for the Beyond Pink Fund to provide financial assistance to women and men with breast cancer.
- Panera Bakery and Café of Waterloo and Cedar Falls donated \$.25 from each Pink Ribbon Bagel sold.
- A quilt raffle and silent auction raised over \$2,000 at the Breast Care Conference.
- The CBE Group donated nearly \$5,500 from their casual day funds.
- The Black Hawk Hockey team raffled pink hockey sticks and referee jerseys.
- The Design Studio donated 50 pink carnations for breast cancer survivors at our annual luncheon.
- Grundy Center Chamber of Commerce gave us proceeds from their *Girls Night Out* event in October, amounting to \$352
- Covenant Medical Center donated \$1,000 in proceeds from *Celebrating Life with Laughter* at Jokers and sponsored this year’s Beyond Pink TEAM luncheon.
- Allen College students accepted donations to the Beyond Pink TEAM in exchange for pink ribbons.
- The Dew Drop Inn in Gilbertville held a bake sale, raffle and chili supper for us and raised over \$1,400.
- Vickie Holmes sponsored *Men in Skirts* at taverns in Oelwein and surrounding area, and raised over \$2,000 from patrons.
- Jo Slickers donated a beautiful Longaberger Basket to raffle, as well as pink coffee mugs.
- Teachers in Grundy Center donated their casual day donations to the Beyond Pink TEAM.
- Jiva Salon and Spa donated money from haircuts and a statue raffle.
- UNI’s Gamma Phi Beta sorority raised \$800 doing a Kickball Tournament.
- Regions Bank donated proceeds from their casual day.

The majority of the money donated to us will go directly to the Beyond Pink Fund at the Community Foundation of Waterloo/Cedar Falls and Northeast Iowa. This fund provides financial assistance to women and men dealing with breast cancer and other breast health issues. The remainder is used to provide services locally, such as the support groups, newsletters, scholarships for breast cancer conferences, awareness activities and more.

Thank you to all of these businesses and dedicated individuals for their support and participation in the events. Together we **are** making a difference in our community.

Pink Ribbon Run by Dee Hughes

Saturday, October 4 was a chilly but beautiful morning for the Second Annual Pink Ribbon Run in Downtown Cedar Falls. More than 260 women, men and children participated in the 5K run/walk with medals awarded in



different categories. The event is organized by Community Mainstreet of Cedar Falls, with all proceeds going to the Beyond Pink Fund.

The organizers were able to get sponsorships to cover all the event expenses, so the entire registration fee from the runners

and walkers went to the Fund. Most of the participants made an additional donation to the Beyond Pink Fund, above and beyond the registration fee. Between sponsorships, registration fees and additional donations, over \$15,000 was raised for the Beyond Pink Fund. The Fund is held at the Community Foundation of Waterloo, Cedar Falls and Northeast Iowa. It is used to help women and men dealing with breast cancer and related breast health issues with uncovered medical expenses.

The Beyond Pink TEAM is very appreciative of everyone who has supported the Pink Ribbon Run. We are privileged to have the Fund as the recipient of the event proceeds, and grateful to Community Mainstreet of Cedar Falls for organizing this successful event.

Save this Date

Ecologist, author and cancer survivor Sandra Steingraber, Ph.D., an internationally recognized expert on the environmental links to cancer and reproductive health will speak at the University of Northern Iowa on **April 6, 2009.**

Steingraber's highly acclaimed book, *Living Downstream: An Ecologist Looks at Cancer and the Environment* presents cancer as a human rights issue. It

was the first to bring together data on toxic releases with newly released data from U.S. cancer registries. *Living Downstream* won praise from international media, including *The Washington Post*, *the Nation*, *The Chicago Tribune*, *Kirkus Reviews*, *Publishers Weekly*, *The Lancet*, and *The London Times*.

She is recognized for her ability to serve as a two-way translator between scientists and activists. In 1999, as part of international treaty negotiations, she briefed U.N. delegates in Geneva, Switzerland on dioxin contamination of breast milk. Interviews with Steingraber have appeared in *The Chicago Tribune*, *USA Today*, *The Cleveland Plain Dealer*, on *National Public Radio*, *The Today Show*, and *Now With Bill Moyers*.

Formerly on faculty at Cornell University, Sandra Steingraber is currently Distinguished Visiting Scholar at Ithaca College in Ithaca, New York. She is married to sculptor Jeff de Castro and has two children.

More Dates to Save

Jan 22 Young Cancer Survivors event, 4:30-7:00pm
AEA 267 Conference Room A
3712 Cedar Heights Dr, CF

Feb 27 Conference for Young Women Affected by Breast Cancer. Dallas, Texas
www.youngsurvivorsconference.org

Young Cancer Survivors on Facebook! by Andrea Wubbena

We now have a group set up on Facebook where the Young Cancer Survivors of the Cedar Valley can "mingle".

Our page will contain the current postings of our upcoming events and a place for you to find other survivors. Check us out, post on the wall – and become a member of the group for the most up-to-date info about Young Cancer Survivors.

To find us in the search bar on Facebook, just type Young Cancer Survivors and look for the Waterloo, IA group. Once you are on our page, click "join group" and you are in!

See you in cyber space!

A Survivor's Story by Brenda Barron

I was diagnosed with breast cancer in November of 2006 at the age of 48. I was already a four year cancer survivor from squama cell carcinoma which required a 10 hour radical surgery for removal. That surgery was a success and I was left deaf in one ear but always felt that was a small price for such a positive outcome. I continued on with life feeling pretty blessed.

In early November I found a small lump while putting lotion on after a shower. I was nervous because once you have cancer your mind jumps to conclusions that aren't always pleasant. I let it go a couple weeks until my daughter encouraged me to have it checked out so I could move on and stop worrying about it. I had my mammogram (two months late) and an ultrasound. The small lump I found was non cancerous. I like to tell everyone that small lump was divine intervention because during the process they did find two other lumps which proved to be cancer. It was hard to believe this was happening to me again.

My fiancé was there for my diagnosis, right by my side, the same place he had been four years earlier, and the same place he is today. But I think the hardest part of being diagnosed was telling my Mom. She has already been through leukemia with my brother, my previous cancer ,and breast cancer with my sister-in-law (all of us being survivors!) and I knew each time she wished she could have taken it from us. Unfortunately she is very experienced at being a care

giver and she truly is the best!

I had a lumpectomy in November right after Thanksgiving and started my chemotherapy treatment before Christmas. I wanted to get started so I could get it done.

My daughter and I set out to find a wig before I lost my hair. She tried on some, I tried on some and we made it a fun outing. When my hair started to fall out she, being a hair stylist, brought her clippers home so we could shave my head. I remember crying and her doing the same. Once all the hair was off I looked in the mirror and said "Wow, I look exactly like my brother!" and we started laughing. Shortly after that my daughter came home with short hair. Although she wasn't bald (something she didn't think the salon would look kindly on) she had made a sacrifice. She had cut off her hair to encourage me, to honor me and to express her love for me. She made this bumpy road easier for me just by being there every day.

I accepted my breast cancer and wanted to believe it was me that was diagnosed so my daughter wouldn't be, or my Mom, or any number of special women in my life - or maybe a woman I didn't even know that was not as strong as me.

I met amazing people along the way from health care professionals and staff members to, best of all, other people going through what I was going through. Acquaintances turned into friendships, friendships became stronger, family bonds deepened and my appreciation for life became even greater.

It was not a pleasant journey but it was a journey I had to travel, but not alone. For all of you that helped me become a survivor, I thank God for you! For all of you recently diagnosed or going through treatment, please try to look for all the wonderful gifts God also presents along the way.

Touch of Courage Breast Cancer Support Group

The Touch of Courage Breast Cancer Support Group continues to meet on the first Monday of every month at the **Kimball Ridge Center on 2101 Kimball Avenue** at 1:30 p.m.

For those of you who are long term survivors, please remember what a critical role you play in the journey of the newly diagnosed.

The Support Group invites any woman or man who is dealing with breast cancer to attend the support group meetings. Spouses and significant others are also welcome.

Printing Donated by:



Iowa Breast Cancer Edu-Action

Iowa Breast Cancer Edu-Action includes breast cancer survivors and their supporters. We are members of the Beyond Pink TEAM. **Our mission** is to: take Action, Educate, Advocate, Make a difference (TEAM).

What We've Done

For the last ten years we have:

- ❖ Visited with Iowa congressmen to secure their commitment to breast cancer research.
- ❖ Participated in email and phone call campaigns to Congress to secure guaranteed access to quality care for all.
- ❖ Created the Iowa Breast Cancer Resource Guide, secured funding, and distributed 9000+ free copies
- ❖ Translated the ACS Guide "For Women Facing Breast Cancer" into Serbo-Croatian for the Bosnians in Iowa

We Meet:

When: 6:30 p.m. on the 4th Thursday of each month, except November when we meet the 3rd Thursday, and December when we do not meet.

Where: UNI Center for Energy and Environmental Education on the UNI Campus at the corner of Campus Street and Jennings Drive in Cedar Falls.

Need more Information?

Email or call:
Christine.carpenter@cfu.net
(319) 266-0194

Support and Rehabilitation Programs

- | | |
|-------------------------|---|
| Care and Share | Support group for anyone dealing with cancer. Meets the 1 st Tuesday of every month at 1:30 p.m. |
| Touch of Courage | Breast cancer support group. Meets the 1 st Monday of every month at 1:30 p.m. and 5:30 p.m. |
| Reach to Recovery | Provides information and support for women who are faced with breast cancer. Visits available before and after surgery. |
| Look Good...Feel Better | Consultation with a trained cosmetologist to help a cancer patient feel more comfortable with the physical changes that occur during treatment. |

For more information call the American Cancer Society at 319-272-2880 or 888-266-2064.

Resources Available:

Information, support, counseling, and educational materials are available from the following:

- | | |
|---|--|
| Allen College of Nursing
Library and Media Center
1825 Logan Avenue
Waterloo, IA 50703
(319) 235-2005 | American Cancer Society
2101 Kimball Avenue, Suite 130
Waterloo, IA 50702
319-272-2880 or 888-266-2064
1-800-ACS-2345 (available 24 hrs) |
| Breast Care Center
at United Medical Park
1753 West Ridgeway
Waterloo, IA 50701
319-833-6100 | Covenant Cancer Treatment Center
200 E. Ridgeway Avenue
Waterloo, IA 50702
319-272-2800
Include Cancer Information Library |
| National Cancer Institute
1-800-4CANCER | National Coalition for Cancer Survivorship 1-505-764-9956 |
| National Lymphedema Network
1-415-923-3680 | Y-Me
1-800-986-8228 |
| Covenant Lymphedema Therapy
319-272-7894 | Physical Therapy Partners
Lymphedema Therapy
319-233-6995 |

Connect with us...

A donation for Touch of Courage is both needed and appreciated. All donations go to support the services of the Cedar Valley Cancer Committee and are tax deductible.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

\$ _____ amount of donation

General Donation Newsletter Donation NBCC Scholarship Fund

Make checks payable to the Cedar Valley Cancer Committee and send to 1607 Heath Street, Waterloo, IA 50703