

# paint it all PINK

2018



# How to **HELP** a friend with cancer

Brought to you by:  & 



# Questions to ask after diagnosis

BIGSTOCK.COM

By **Melissa Erickson**

More Content Now

To get good answers, you need to ask good questions. Here are a few you should ask your oncologist if you are diagnosed with breast cancer.

## 1 What type of breast cancer do I have?

“Invasive ductal carcinoma is the most common form of breast cancer, followed by invasive lobular carcinoma. Both of these cancers are treated the same way and only differ in the cells of the breast they grow from,” said Dr. Cletus Arciero, associate director for surgery at Glenn Family Breast Center, part of the Winship Cancer Institute of Emory University. “There are other less-common types of breast cancers that are also treated in a similar manner, with some differences based on the specific type. Ductal carcinoma in situ is a form of breast cancer that cannot invade tissue and cannot spread to other parts of the body. It is very common and very survivable,” Arciero said.

## 2 What size is the tumor?

“Size of the tumor is part of the breast cancer staging system and it is important,” said breast surgical oncologist Dr. Catherine Parker, assistant professor in the University of Alabama at Birmingham Division of Surgical Oncology and associate scientist in the experimental therapeutics program at the UAB Comprehensive

Cancer Center. “Initially the tumor size is based on breast imaging findings; however, the surgical specimen provides the pathologic measurement.”

## 3 What stage is my breast cancer?

“Breast cancer stage is based on the size of the tumor, whether cancer has spread to the lymph nodes under the arm, and whether the cancer has spread to other parts of the body,” Arciero said.

Breast cancer staging traditionally includes T stage, tumor size; N stage, lymph node status; and M stage, metastasis, Parker said.

Stages I and II are considered early stage breast cancers.

Stage III is more advanced.

Stage IV, metastatic breast cancer, has spread to parts of the body beyond the breast.

## 4 What are the receptors for my cancer?

Cancer cells have special receptors that aid the growth of the cancer, with the three most commonly tested being estrogen (ER), progesterone (PR) and human epidermal growth factor (HER2), Arciero said.

“The ER and PR are considered the hormone receptors. If they are positive the cancer will respond to anti-hormone therapy. The HER2 receptor is positive in about 25 percent of cancers, and it means that the tumor will respond to antibody therapy,” he said.

Triple-negative breast cancers are the least common and most aggressive form of breast cancers and almost always require chemotherapy. They are negative for all three receptors, Arciero said.

## 5 What is the grade of my cancer, and does it matter?

“Grade is a reflection of how fast a cancer cell divides. The higher the grade, the more aggressive the cancer may be. It should not be confused with stage, though,” Arciero said.

## 6 Am I going to die of my breast cancer?

“Probably not. The majority of breast cancers in the United States are either Stage 0 or Stage I,” Arciero said.

According to the American Cancer Society, the five-year relative survival rate for women with stage 0 or stage I breast cancer is close to 100 percent.

For women with stage II breast cancer, the five-year relative survival rate is about 93 percent, and for stage III it’s about 72 percent: Often, women with these breast cancers can be treated successfully.

Breast cancers that have spread to other parts of the body are more difficult to treat and tend to have a poorer outlook. Metastatic, or stage IV, breast cancers have a five-year relative survival rate of about 22 percent. Still, there are often many treatment options available for women with this stage of cancer.

**Contact Us**

Phone: 620.694.5700

**Editorial**

newsclerk@hutchnews.com

**Advertising**

advertising@hutchnews.com

**Circulation**

circulation@hutchnews.com

**Website**

www.hutchnews.com

Paint it All Pink is created annually by GateHouse Media LLC and is distributed with various newspapers across the country and by King Features. Reproduction in whole or in part without prior written permission is strictly prohibited. Opinions expressed in the publication are those of the authors and do not necessarily represent those of publication management.

©2018 GATEHOUSE MEDIA.  
ALL RIGHTS RESERVED

## Why moms & daughters should talk about **breast health**

By **Melissa Erickson**

More Content Now

**E**ven if breast cancer doesn't run in the family, experts agree mothers and daughters should talk about breast health and cancer prevention.

"Any time we can have a conversation about something, it makes us feel more in control of the situation. Having conversations about breast cancer allows people to take control of their health," said social worker and Ph.D. candidate Erin Nau, counseling and education coordinator at the Adelphi NY Statewide Breast Cancer Hotline & Support Program.

While moms raise their daughters offering parental advice and sharing healthy-living tips, discussions about illness or cancer may not come as naturally, Nau said. Having these difficult conversations can help



BIGSTOCK.COM

women prevent cancer or extend their lives if they are diagnosed.

"We recommend women begin to develop a health relationship with their bodies and their breast health at a young age. Once a woman has gone through puberty, she can get to know the normal look and feel of her breasts. The best time to do so is after your period, when your breast tissue is most

stable" starting at 18, said Dr. Deborah Lindner, chief medical officer at Bright Pink, the national nonprofit focused on prevention and early detection of breast and ovarian cancer in young women.

"Be very clear about your medical history," Nau said. Women with a family history of breast cancer — especially a first-degree relative such as a mother, sister or daughter — have a higher risk of developing the disease, Nau said.

A strong family history doesn't mean a person will definitely get breast cancer, though, Nau said.

"Every woman should first assess her risk for breast cancer in order to determine the best prevention plan for their health," Lindner said. "Everyone's risk is unique, and therefore, their screening and reduction recommendations will be unique, too. Your risk is determined by a combination of factors including your lifestyle, your health history and your family's health history."

## Hutchinson Clinic now has 3D Mammography



Call for an appointment:  
**620.669.2500**



Only the Genius™ 3D Mammography™ exam finds 20-65% more invasive breast cancers compared to 2D alone and the only mammogram

FDA approved as superior for women with dense breasts compared to 2D mammography alone.

If caught early, the 5-year survival rate is almost 100%.

**If you could get peace of mind in  
3.7 seconds, why wouldn't you?**

[www.hutchclinic.com](http://www.hutchclinic.com)

“

I am very excited about today's technology. Genetic testing is taking a leading role in predicting the recurrence of breast cancer. Subsequently, I am using less chemotherapy with better outcomes. - Fadi F. Estephan, MD

”

*Dr. Fadi Estephan is a Board Certified Medical Oncologist. He has been providing outstanding care with the Hutchinson Clinic since 2005. Expertly trained at Columbia University in New York City, NY and a previous Assistant Professor of Medicine at the University of Texas Medical Branch as well as MD Anderson Cancer Center in Houston, TX. Dr. Estephan brings a compassionate approach to cancer care and treats his patients like family.*



## A Survivor's Story

by Jennifer Weathers

I can't express the importance of self exams when it comes to breast cancer. The morning that I found the lump in my breast I called The Hutchinson Clinic and scheduled a mammogram. I was able to get in the next day. The next morning I had the mammo and they were concerned as well so they had me go get a sonogram. I didn't have to wait for that either. They made time for me in between other appointments that same morning. I was then sent to see Dr. Nordwald who gave me the results of all of my tests, that's when I received the news that I had breast cancer. Dr. Nordwald referred me to a surgeon (Dr. Clarke) and to the oncologist (Dr. Estephan). Within the week I had another mammogram, a biopsy, and a DNA test. All of these tests confirming that I did have cancer and the best way to treat it. I was on the fast track to getting the cancer out of my body and to start healing. I had meetings with the doctors on what my options were and I was encouraged to do my own research to have questions ready to ask so that I had the answers and knew what my treatment options were. I couldn't have gotten through the past year without the team from the clinic, they helped me maintain a positive attitude and a can do spirit.

The Hutchinson Clinic has been participating in cutting edge research for over 10 years and has been a part of a number of studies that lead to currently approved drugs.

Specifically, the Clinical Trials department at the Hutchinson Clinic participated in trials that helped develop Herceptin, a medication used to treat breast cancer.

To find out if there is a trial for you call  
620-694-2066



620.669.2500 | [www.hutchclinic.com](http://www.hutchclinic.com)



# What experts want you to know

By **Melissa Erickson**

More Content Now

When asked, “What’s one thing you want people to know about breast cancer?”, here’s what a few experts said:

“We are now living in the era of personalized cancer care. It is no longer one-size-fits-all, but each and every patient deserves a detailed evaluation and explanation, not only of their recommended treatment plan, but also the reasons and rationale for that plan.”

— *Dr. Dennis Citrin, medical oncologist at Cancer Treatment Centers of America, Chicago*

“Early detection matters. Get a mammogram.”

— *Dr. Harold Burstein, a breast oncologist at Susan F. Smith Center for Women’s Cancers at Dana-Farber Cancer Institute, Boston*

“Trust your doctors, realize that your cancer is 100 percent different from the next person’s cancer, and don’t let things you read or see give you fear or anxiety that you’re not getting proper treatment. I’ve been through this and I’m here today as your surgeon and as a survivor.”

— *Dr. Alicia Vinyard, breast surgical oncologist at Georgia Cancer Center, Augusta*

“It is important for patients and their loved ones to understand that the treatment of breast cancer requires coordination by a whole team of caregivers. There are many treatment options and each patient’s treatment plan is

different, so it is important to build your team starting from the time you get the news of your diagnosis. This will help you to understand how the different parts of treatment (surgery, chemotherapy, radiation, targeted medication) all fit in with each other. I also recommend that patients bring a trusted friend or family member to their appointments since all the information can be overwhelming.”

— *Dr. Megan Kruse, associate staff, breast medical oncology, Cleveland Clinic*

“Breast cancer is a disease associated with aging, and this will become more relevant over time with the aging of the U.S. population. We know that there are issues with both undertreatment and overtreatment in the care of older adults with breast cancer. We as oncologists must ask the question of how we can optimally treat patients to improve outcomes while minimizing risk. As health-care providers, we need to do our part in assessing our older patients, so that we can help them and their families make the best personalized decisions possible.”

— *Dr. Meghan Karuturi, assistant professor of breast medical oncology at the University of Texas MD Anderson Cancer Center, Houston*

“While a cancer diagnosis can be a challenge, connecting with others in a similar situation either face-to-face, online or over the

phone helps give patients a sense of control over what can be a chaotic and stressful situation.”

— *Licensed clinical social worker Sara Goldberger, senior program director at Cancer Support Community, the largest professionally led nonprofit network of cancer support services worldwide*

“Unfortunately, breast cancer occurs in 1 in 8 women and has profound effects on the lives of those it touches. The good news is that we have made amazing strides in the screening and treatment of breast cancer. Every year, advances are made that not only improve survival but lessen the impact on a patient’s quality of life. However, the most important aspect of breast cancer treatment lies with the patient in performing routine screening mammography and being an advocate for their own health. The earlier we can catch the process, the better the outcome and less the patient may need to go through.”

— *Dr. John Kiluk, surgical oncologist at Moffitt Cancer Center, Tampa, Florida*

“The interaction between lifestyle and both breast cancer incidence and treatment is underemphasized. My goal as a physician is to educate both the community as well as my patients in terms of nutrition, exercise and mindfulness. We have the power

to prevent a substantial number of breast cancer diagnoses. In those already diagnosed with breast cancer, lifestyle changes can lessen toxicities during treatment and improve long-term health. The key is to eat a variety of plants, incorporate both aerobic and resistance training, and find a practice like meditation or yoga that fosters mindfulness.”

— *Dr. Amber Orman, radiation oncologist at Florida Hospital, Tampa*

“Access to some of the most promising advances is often limited by the rising cost of cancer care, including high drug prices. Patients are increasingly bearing the financial burden of care, often forcing them to choose between treatment and other fundamental needs. I am seeing more patients unable to afford optimal treatment, stopping treatment early, mortgaging their homes or even going into bankruptcy. ... Patients should talk to their doctor about their concerns and also find out how much of the treatment costs they’ll be responsible for. Doctors are often reluctant to bring this up, but the patient deserves to know.”

— *Dr. Gary Lyman, oncologist, health economist and co-director of Hutchinson Institute for Cancer Outcomes Research at the Fred Hutchinson Cancer Research Center, Seattle*



BIGSTOCK.COM

# After MASTECTOMY

Large study follows reconstruction patients for info on outcomes

By **Melissa Erickson**

[More Content Now](#)

**F**or women facing a mastectomy, information is the power to choose what is best for their health, well-being and quality of life.

A June study sponsored by the University of Michigan from a multicenter research consortium aims to help breast cancer patients make decisions about breast reconstruction while armed with the facts about the risks and rewards associated with different surgical options. The study, published in *JAMA Surgery*, followed 2,300 women who had breast reconstruction surgery and tracked their outcomes for two or more years to compare the most commonly used techniques, risks and complications for reconstruction.

Breast reconstruction after a mastectomy is associated with significant quality of life benefits. However, like all health-care interventions it has pros and cons, said Dr. Edwin Wilkins, professor and researcher at Michigan Medicine who was involved in the study.

There is no right answer to which is the best type of breast reconstruction surgery, said Dr. Andrea Pusic, chief of plastic surgery and reconstructive surgery

## Experienced, Compassionate, Board Certified Surgeons

### Surgical Breast Cancer options:

- Biopsy
- Lumpectomy
- Lymph node dissection
- Complete and partial mastectomy
- Breast reconstruction available locally\*

*\*visiting plastic surgeon*



620.669.2500 | [www.hutchclinic.com](http://www.hutchclinic.com)





***“Complications do happen. Close to 1 in 3 women has some sort of post-surgical complication.”***

Dr. Andrea Pusic

at Brigham and Women’s Hospital in Boston.

“There is no single story,” Pusic said. The goal is to help women understand the pros and cons, to know they have choices and to recognize their options, she said.

### Options and outcomes

About 40 percent of women who undergo a mastectomy have breast reconstruction surgery, according to 2014 data released last year by the federal Agency for Healthcare Research and Quality.

The two main options for breast reconstruction are artificial implants filled with saline or silicone gel and flap surgery, also called autologous reconstruction, which uses a woman’s own tissue often from the abdomen. Both have risks and benefits. Breast reconstruction can be done immediately after mastectomy surgery or later as a second surgery depending on an individual’s preference and needs.

“Complications do happen. Close to 1 in 3 women has some sort of post-surgical complication,” Pusic said. Some were minor “bumps in the road” such as a wound infection; others were more severe and required a secondary surgery, Pusic said.

A 33 percent complication risk does sound high, but the complication rate for mastectomy alone is 20 percent, Wilkins said.

While complications are common, failure is not, Wilkins said.

“The risk of failure is extremely low,” Pusic said.

### Myriad choices

The Mastectomy Reconstruction Outcomes Consortium study provides women with valuable yet complicated and contradictory information, Wilkins said. There are trade-offs to whatever option a woman chooses.

For example, women who had flap (natural tissue) reconstruction were twice as likely to experience some sort of complication within two years, but the failure rate was among the lowest, Wilkins said. Women who made this choice were significantly more satisfied with their breasts and breast-related quality of life two or more years after surgery than those who had implants. Some of these women reported feeling even more satisfied than their pre-surgery baselines, but others said tightness and pain in the abdominal wall persisted for years after surgery.

Breast reconstruction surgery has come a long way, Pusic said. In the past surgeons needed to take away more muscle, but now the standard is to disturb less for better outcomes.

There are at least six distinctly different breast reconstruction options, Wilkins said, and “there’s no one best option.” Giving women the information empowers them to work with their doctors to make good decisions, Wilkins said.



## Health-E-Quip has Certified Prosthetic Fitters

Health E Quip has certified fitters to help you find the perfect prosthetic following your mastectomy.

They can help guide you through the many options to find the perfect fit for you.

Our expert, friendly fitters will help you make the best decision for your situation, including both the fitting process and the insurance coverage questions.

Whatever decision following surgery was right for you, your body is strong and beautiful.

If you need prosthetics, let Health-E-Quip find the right fit for you.

Health-E-Quip is proud to have earned Joint Commission Accreditation every year since 1989.

Health-E-Quip has stores in Hutchinson, Newton and McPherson. Call 620-665-0528 for more information.



**HEALTH-E-QUIP**





# Breast cancer & men

Gene mutations that contribute to risk can also signal prostate, pancreatic cancers

By Melissa Erickson

More Content Now

**“Men who carry BRCA mutations are at higher risk for a variety of cancers including breast, prostate, pancreatic and melanoma. In particular, males who carry BRCA2 mutations are at increased risk of often early and more aggressive prostate cancers.”**

Dr. Christopher Childers, UCLA

**H**aving a mother or daughter who carries a mutation on the BRCA1 or 2 genes puts women at an increased risk of developing breast and ovarian cancer. The same is true for men, although few men undergo genetic testing.

“Men are equally as likely as women to inherit a BRCA mutation,” said Dr. Christopher Childers, a resident physician in the department of surgery at the David Geffen School of Medicine, University of California-Los Angeles. “If a male has a BRCA mutation, his risk of breast cancer increases a hundredfold.”

A study published in JAMA Oncology in April found that few men are screened for BRCA genetic mutations. Analyzing data from the 2015 National Health Interview Survey, researchers found that men underwent testing for breast/ovarian cancer genes at one-tenth the rate of women.

It may be the first national study analyzing the rates of genetic cancer testing for both men and women, Childers said.

“Men who carry BRCA mutations are at

higher risk for a variety of cancers including breast, prostate, pancreatic and melanoma. In particular, males who carry BRCA2 mutations are at increased risk of often early and more aggressive prostate cancers,” Childers said.

## Check family history

Previous studies have shown that men believe breast cancer is a female issue, but this couldn’t be farther from the truth, said genetic counselor Kimberly Childers, study co-author and regional manager at the Center for Clinical Genetics and Genomics at Providence Health & Services Southern California. The Childerses are married.

“The strongest risk factor for carrying a BRCA mutation is having a family member with a BRCA mutation. If your mother, father, sister, brother or child has a BRCA mutation, you have a 50 percent chance of having the mutation as well,” Kimberly Childers said.

Other factors that may indicate a high probability of carrying a mutation include a personal history of male breast cancer, pancreatic cancer or high-grade or metastatic prostate cancer, Kimberly Childers said.

“Men without a history of cancer may also

be at risk of carrying a mutation if there is a strong history of these cancers in their family,” she said. “It’s important for men to know that if their female relatives have ovarian or early breast cancers, that this may translate into a higher cancer risk for them, too.”

## Course of action

Men with a BRCA mutation are recommended to undergo clinical breast exams every year starting at age 35, Christopher Childers said.

“Once a BRCA mutation is identified, it is important that they ask their doctor to show them how to perform a self exam of their chest, learning what abnormal tissue might feel like and what could be of concern,” he said.

Most but not all breast cancers in BRCA-positive men occur after age 50. Starting at 45, men with BRCA mutations are often recommended to undergo prostate cancer screening (prostate-specific antigen and digital rectal exams), Christopher Childers said.

If men are concerned about their risk they should discuss it with a primary-care provider or genetic counselor. To find a local genetic counselor, visit [nsgc.org/findageneticcounselor](http://nsgc.org/findageneticcounselor).





**CHALMERS CANCER**  
TREATMENT CENTER



**When you're sick,  
you want to be home. When you find out  
you have cancer ... you NEED to be home.**

The team at Chalmers Cancer Treatment Center understands every patient's needs are unique. We offer the latest technology, advanced treatment options and support through difficult times.

We design the best plan for you, in the best place for you. Home.

Chalmers Cancer Treatment Center at  
Hutchinson Regional Medical Center.

*Our family, caring for yours*

Call 620.662.1212 | [hutchregional.com](http://hutchregional.com)

# HELP

## *How to* a friend with cancer

By **Melissa Erickson**

More Content Now

**Y**ou may not be a doctor, but for someone who has breast cancer, a good friend is the best thing you can be.

“Support is a strong weapon in the fight against breast cancer,” said Brooke Parker Wingate, director of social media and educational outreach at the American Breast Cancer Foundation. “According to Psychology Today, a new study shows that supportive friendships during diagnosis, treatment and recovery can make a huge impact on the lives of those who have been affected by the disease. It improves patients’ quality of life, as well as their morale through the difficult treatment process. It also has the potential to increase survival for certain women, and those with strong social ties are less likely to have cancer re-occur.”

Not sure how to help?

“There are hundreds of things you can do,” said Sandy Finestone, a member of Komen’s Scientific Advisory Board and a breast cancer survivor who runs support groups. Here are just a few:

### Share your journey

If you’ve experienced breast cancer, share your knowledge and practical suggestions. One way to help is to interpret the language of the medical community, which can be confusing to a person newly diagnosed, Finestone said. Additionally, sharing your success — being a survivor — can make someone feel safe and give her confidence, Finestone said.

### Live life outside of cancer

“Remember the best friend you had before they were diagnosed? They haven’t changed, just their health has,” Wingate said. “Although cancer is a big part of their lives, that doesn’t mean that’s



the only thing they have going on or want to talk about. There is a life outside of cancer. Make sure your friend is being treated the same as they were before. Don’t ever be afraid to talk or learn about your friend’s cancer process, but remember that it doesn’t need to be your only topic of conversation.”

### Visit the doctor together

Being a good friend means accompanying a friend to doctor’s appointments and taking notes. A woman diagnosed with breast cancer is overwhelmed and not always hearing what the doctor says, Finestone said. Taking good notes is not only helpful, it’s crucial to her getting good health care.

### Be specific

Saying, “Let me know if there’s anything I can do” or “I’m here if you need to talk” sounds helpful, but really, it puts the effort on your friend, not yourself.

“Instead of having them ask you for favors, suggest your own,” Wingate said. For example: “I’m going to the grocery store; what do you need?” or “When’s your next checkup? I’m available to drive and keep you company.”

### Go fish for a favor

Fill a fish bowl, jar or vase with strips of paper that each list a small favor that would be appreciated, such as “pick up the dry cleaning” or “drive

football practice,” Finestone said. Not only is it easy, it lets everyone off the hook.

“People truly want to help, but no one has time to make dinner for someone else every night of the week. I can make dinner on Tuesday night, though,” Finestone said.

### Lend an ear

“There are a lot of important decisions that have to be made when you have breast cancer. Sometimes being able to talk them out to someone makes all the difference in what to decide,” Wingate said. “Let them vent to you about how they are feeling, what decisions they need to make, or even the latest celebrity gossip they wanted to dish to you about. There may be times that your friend won’t even want to talk, but just want your company.”

### Notes and calls

Make sure your friend continues to know she is important to you. Send brief but frequent notes or texts or make short regular phone calls, suggests the American Cancer Society. Ask questions and end with “I’ll be in touch soon.” Be sure to be in contact when it’s convenient for your friend and return messages promptly.

### Let her vent

Women struggling with breast cancer put on brave faces with their families and at work, Finestone said. A good friend will allow them to let down their guard, be vulnerable and show their fear. Let her confide in you. When a good friend says she’s frightened, your job is to answer back, “That’s normal. I’m there for you.”

### Small acts of kindness

“Coming over to watch a movie when they aren’t feeling well, bringing over a home-cooked meal, a donation to a cancer research organization (made in her name), a handwritten card or email are all simple ways to keep in touch and let your friend know you are thinking

about them,” Wingate said.

### Hydrate for a cause

During October, 20 percent of the retail price of the 17-ounce Bikini Pink S’well bottle is donated to the Breast Cancer Research Foundation. A partner of the not-for-profit organization since 2015, S’well has helped fund more than 700 hours of breast cancer research.

### Follow her lead

“The best thing a friend can do for a friend going through a hard time is to be respectful and follow their lead. Does your friend want to talk about it? Talk about it! Is your friend avoiding the topic like the plague? You better not bring it up,” said Molly Borman, founder and chief executive officer of Just Nips.

Just Nips are a fun gift for friends going through treatment and reconstruction, but the self-adhesive fake nipples can be worn by anyone or are a great conversation starter.

“Losing your nipples is one of the most under-discussed parts of certain breast cancer treatments, and we are all about normalizing

that aspect as part of our commitment to body positivity and acceptance for all types of bodies,” Borman said.

### Schedule a visit

Cancer can be isolating, but make sure to schedule visits rather than just dropping by, according to the American Cancer Society. Try to arrange a visit when you can give a regular caregiver an opportunity to get out of the house. Begin and end with a touch, hug or handshake. Be understanding if asked to leave. Offer to bring a snack or treat so as not to impose, and refer to your next visit so your friend can look forward to it.

### Be creative

“The perfect gift doesn’t have to be perfect at all. What are your friend’s favorite things

to do? Eat? Use your best-friend knowledge to pick out fun things that show them you care,” Wingate said. “The smallest gifts can sometimes be the most meaningful. You know your friend better than anyone else. Cancer doesn’t have to be the theme of the gift in order for it to be personalized towards them.”

### Run an errand; do a task

Some great ideas from the American Cancer Society: Clean a friend’s home for an hour every Saturday. Babysit her children. Return or pick up a library book. Buy groceries. Go to post office. Help make to-do lists. Commit to taking her child to sports practice or music lessons.

### Don’t delay

Show your support by getting a mammogram.

“Early stage breast cancer is highly curable, so early diagnosis is important. In fact, nearly 90 percent of all patients have early stage breast cancer,” said Dr. Dennis Citrin, medical oncologist at Cancer Treatment Centers of America, Chicago. “It is important that a woman, or man, does not delay when they feel an abnormality in their breast(s).”

### Stay stylish

Breast cancer is a cause that is close to the heart of jewelry designer Kendra Scott, whose company donates 20 percent of the purchase price of items in a specially chosen collection to the Breast Cancer Research Foundation, up to \$50,000.

### Think pink

Alex and Ani’s new Pink Tulips charm bangle, \$38, will brighten her day with its rosy hue and hopeful aroma. Twenty percent of the purchase price of each bracelet will be donated to the Breast Cancer Research Foundation. Available in gold or silver.

### It’s OK to not be OK

“Cancer affects more than just the individuals who have been diagnosed with the disease. Breast cancer places an emotional toll on the family, friends and loved ones,” Wingate said. “If you are struggling to cope with a friend’s cancer, you are not alone. Talk to someone about how you’re feeling, what your concerns are and learn how to healthily process these emotions.

“It’s OK to not be OK, but often when people aren’t able to handle their friend’s sickness, they ignore or avoid the situation, abandoning their friend in their greatest time of need. Be there for yourself and talk to someone about your emotions, so you can be there for your friend.”



JUST NIPS



S'WELL



ALEX AND ANI



## COMPLETE CANCER CARE

When cancer strikes, you want the best care possible from someone you trust. The Medical Oncology Department of the Hutchinson Clinic is here when you need help most. With a team of specialists and cancer support resources all in one location, you have access to world-class care and expertise without having to be away from your family, friends, and support network. Let the Hutchinson Clinic be your choice for comprehensive and compassionate cancer care.

- Oncology Support Team
- Radiology/Diagnostic Imaging
- Surgery
- Onsite Lab
- Onsite Pharmacy
- Clinical Trials
- Infusion and Oral Therapies
- Dietary Support
- Financial Services
- Patient Education Staff
- Counseling Support

620.669.2500 | [www.hutchclinic.com](http://www.hutchclinic.com)



**Hutchinson**  
**CLINIC**