



*Special*  
breast cancer  
awareness  
*section*

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## Five Biggest chemotherapy myths

IF YOU WILL BE UNDERGOING BREAST CANCER CHEMOTHERAPY TREATMENT (OR YOU HAVE A FRIEND OR FAMILY MEMBER WHO IS) IT'S HELPFUL TO DISPEL UNFOUNDED FEARS.

By Naomi Mannino  
CORRESPONDENT

In speaking with oncologists and oncology nurses, most women have common fears and misconceptions going in to chemo. Here's the truth about what you really can expect now.

**1. "I'm going to puke my guts out."** Chemo has come a long way from mental images of cancer patients writhing on the bathroom floor vomiting all night. Although nausea is a confirmed side effect of almost every breast cancer chemo drug, Rishi Sawhney, M.D., oncologist at Valley Medical Oncology Consultants, has a goal of 'no-nausea' for every woman. "Today, patients are befuddled that they are not vomiting non-stop — like it's some kind of right of passage of having cancer. They even ask me if I'm sure they are getting the right chemo drugs at a strong enough dose," he says. With so many effective antiemetics (anti-nausea drugs) given along with chemotherapy infusions, in subsequent daily infusions and even as a prescription home medication, Sawhney says vomiting and major nausea are a thing of the past.

**2. "Chemo infusions are going to hurt."** If you've never heard of a port, you might be picturing constant arm sticks with needles. To-

day, most breast cancer patients receive a port to make administering chemo and related weekly blood draws and additional medication infusions easier, safer and less painful. A port is a medical device inserted in your chest, just under your skin, in a short outpatient surgery (and removed after chemo is completed). It is attached to a flexible thin tube which connects to a large vein and the chemo is given through a special needle that fits into the port. Using a port to administer breast cancer chemo drugs, such as Adriamycin, which can damage veins if they leak out, largely avoids this complication and the constant pain of past chemo arm sticks.

**3. "I'm going to lose a lot of weight."** No such luck, if you were actually hoping to lose a few pounds. "Along with the anti-nausea drugs, chemo infusions contain steroids that act as both antiemetic and an anti-inflammatory to healthy tissues ravaged by the chemo drugs," says Midge Griffin, R.N., OCN, a breast health navigator at The Breast Center at San Ramon Regional Medical Center. "The steroids have the opposite side effect of stimulating the appetite making some women ravenously hungry," she says. "And, often, eating something

you really like and want actually staves off nausea, too." The steroids are the reason women are healthier during chemo nowadays but also why some women might even gain a few pounds during chemo.

**4. "I won't be able to work."** Most women think they will not be able to work, but that depends on whether you have a very physical job or a desk job, says Griffin. "Even women on a dose-dense chemo regimen (with less time in between treatments) can continue to work at a desk job while just taking a few days off when necessary because we have figured out what dosages of which medications will resolve side effects for you effectively." She further explains, there is an approved adjuvant (after-surgery) breast cancer chemo regimen that spreads out the chemo drugs over a longer period of time, effectively lessening the side effects and allowing women to completely continue working at full capacity if they choose.

**5. "As soon as chemo is over, I'll be back to normal"** While your hair starts growing back and eating may return to normal in the first few months after the chemo rounds are completed, it can take much longer for "chemo brain," (thinking and memory problems) fatigue or neuropathy (nerve pain and tingling in hands or feet) to resolve, says Griffin. She says women



and their family and friends must be patient as it's not really a "bounce-back" but more of a gradual climb back to normal once chemo is over. "You may not feel 100 percent for a very long time," says Griffin.

One thing that's not a myth is that you will lose your hair, no matter

what the breast cancer chemotherapy. This fact can be hard to face alone, making support groups and other community resources invaluable.

"Being able to go to a place and talk about anything and everything that comes up in your chemo treatment with

other women who are experiencing the same thing at the same time is a relief," says Colleen Kleier, a breast cancer support group facilitator for Bay Area Cancer Connections. "It can help alleviate your fears and straighten out any misconceptions you have."

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# Community resources are an essential lifeline for patients

By Dana

George-Berberich  
CORRESPONDENT

One single lump. One lump was all it took to turn Karen Dozer's life upside down. Not quite 40 years old, Dozer had just spent two years backpacking through Asia and working with Cambodian street children, was an avid yogi, took great care of her body, and had no family history of cancer.

And yet, there was the pronouncement: "You have breast cancer."

Dozer reacted with shock. Her life was on track. After a career in fashion she had decided to chuck it all, earn a graduate degree at California Institute of Integral Studies, and become a therapist. In 2011 though, giving up a corporate job meant giving up traditional health insurance. Dozer was covered by the inexpensive insurance policy provided through her university, never dreaming that she would have cause to use it.

"I didn't have an income and I had cheap insurance with caps," Dozer recalls. It was a terrifying time. A disease she never expected made itself at home in her body, in spite of all she had done to protect herself. Following her dream of being a therapist meant that she lost the financial security that would have helped buffer the financial blow.

Dozer refuses to sugarcoat the year she spent in treatment. "Early on, I prayed to God to give me an aneurism and just let me die. I was scared of treatment, scared of being bankrupt, and scared of losing this career I had just begun."

That was when Dozer's friends — old and new — stepped in. Knowing that Dozer was weighed down by financial concerns, Dozer's friends began fundraising,

gathering \$40,000 to help pay for her care. They also organized a group of 30 people to take the journey with her. Someone was with Dozer through every doctor appointment, surgery and chemotherapy treatment. Knowing that she would soon lose her hair to chemotherapy, one of Dozer's friends showed up at her house each morning to give her a blow dry so that she could still feel pretty.

"I felt so guilty sometimes. My friends had their own lives and were often exhausted," Dozer said. She recalls encouraging her friends to go home and get some rest. She says that her friends would inevitably say something like, "You don't understand. I need to do this," or "I will decide when it's time to go home."

While they could not do anything concrete to make her well, Dozer's friends knew that support was vital to her outcome.

According to the American Cancer Society, the chance of a woman having breast cancer in her lifetime is about 1 in 8. The chance of dying from the disease is about 1 in 36. Although there are more than 2.8 million breast cancer survivors today in the U.S., those initial statistics can be staggering.

It is as a woman attempts to process the information that she frequently reaches out to a group like Bay Area Cancer Connections (formerly Breast Cancer Connections) in Palo Alto. "A woman calls us and we just talk, finding out what she needs. Not everyone wants a support group. Some people are fact-based and just want to read studies. What makes us unique is that we offer personalized services in an atmosphere of warmth and compassion," said Jill Nelson, marketing manager at Bay Area Cancer Connections.

For women with cancer, support can make all



Photo courtesy of Karen Dozer

Prior to my hair falling out, my classmate Kacee Markarian, donated several haircuts so I could slowly adjust to having shorter hair. She also did the final buzz cut prior to it falling out.

the difference. It has long been understood that social well-being following a breast cancer diagnosis has a beneficial effect on quality of life. What the Susan G. Komen foundation set out to learn was whether a higher quality of life has any correlation to how well a woman heals. A study, published in the Journal of Clinical Oncology, set out to explore the relationship between post-diagnosis quality of life and breast cancer outcomes. The study included more than 2,000 women and found:

*Social well-being at six months post-diagnosis was linked to both survival and recurrence risk. Women surrounded by the highest level of support, with the greatest sense of well-being, had a 38 percent reduction in risk of death and a 48 percent reduction in recurrence risk.*

Because the study showed that quality of life at 36 months post-diagnosis was not strongly linked with

cancer outcomes, researchers concluded that "social well-being in the first year after cancer diagnosis is a significant prognostic factor for breast cancer recurrence or mortality, suggesting a possible avenue of intervention by maintaining or enhancing social support for women soon after their breast cancer diagnosis to improve disease outcomes."

Further, a study by the National Institutes of Health reported, "It has been recognized for many years that social support is an important factor which may affect the general well-being of individuals living with chronic and life-threatening health conditions like breast cancer. Social support can help women with breast cancer to adjust and cope, and can have positive impacts on the survivor's health. For an individual who has completed treatment, social support can enhance her quality of life and ease her transition



Photo courtesy of Karen Dozer and Mia Black

My friend Sasha Papovich, donated a photo shoot by another classmate/photographer Mia Black. The idea was to capture the peaceful beauty and strength in my experience, and not just the pain.

into life after treatment. For breast cancer survivors, access to a supportive environment can prevent long-term psychological difficulties and benefit her general well-being."

Jill Nelson says that Bay Area Cancer Connections founder Jill Freidenrich recognized the importance of support as she fought her own battle with breast cancer. "After she was diagnosed she had nowhere to go. Out of the blue a friend of a friend gave her a call and said, 'Jill, everything is going to be fine. I'm going to be your buddy and I'm going to get you through this,'" Nelson said.

"One of the reasons it is so powerful is because when a woman is newly diagnosed it is so overwhelming. You almost feel alone, even though you know others have faced it. But it's so personal. You want to connect with someone and hear that another person has gone through all the treatment

and gone through surgery and come out the other side. It gives you hope, strength," Nelson said.

In addition to the support of her friends and colleagues, Karen Dozer has taken part in breast cancer support groups. She says that the lessons she has learned through the process have been invaluable. Asked what piece of advice she would offer the friend or loved one of woman dealing with breast cancer, Dozer said, "I would tell them to let them cry, let them be afraid, let them have their experience. Meet them where they are. That's what's going to make them feel supported."

While she continues to fight the fight, Dozer is driven by a desire to provide the same kind of unwavering support she has received. "Working with the homeless and impoverished in Asia showed me the dark side of human nature, but having cancer showed me the light," she said.

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## Nourishing your body through food

By Daphne O'Neal  
CORRESPONDENT

You've survived the diagnosis. You've survived chemotherapy. You've even survived the social and psychological effects of having cancer. Now it's time to turn your energy toward healing and preventing the cancer from returning.

If you're like most cancer survivors, you've learned a lot about your body and how it works. From doctors and nurses — and even from your own research — you've discovered that the health of your body depends upon the health of your cells. Taking care of your health at a cellular level is not sci-fi, New Age or media hype, but an abiding reality — and your primary responsibility for the rest of your life.

Nourishing those cells then is of prime importance. The food you eat — and whether and how the body processes it — has a crucial impact on their health.

"After chemotherapy treatment, cells might become weakened," says Thais Harris, Nutrition Education Program Manager at Ceres Community Project in Sebastopol. "(You) want to be sure to nourish your healthy cells."

Helayne Waldman, ED.D., M.S., CNE, co-author of the Whole Food Guide for Breast Cancer Survivors and a faculty member at Hawthorn University, agrees. "What we have to do (after cancer) is rebuild our nutrient reserves."

Before we make up our grocery list of healing food and herbs, let's put our focus on the items that should never make it into our shopping carts.

### Sugar

"Sugar feeds cancer," states Harris.

Waldman concurs, explaining, "Cancer cells have a different metabolism from normal cells. That metabolism relies completely on glucose."

According to (a 2010 article in) the International Journal of Endocrinology, "...cancer cells...incorporate higher amounts of sugar than normal cells."

To help stave off a recurrence, you have to avoid not only sugar, but "anything that will become sugar very quickly," advises Waldman. "That means refined carbohydrates, things that are made with white flour, white rice, white bread, and cereals..."

### Unhealthy fats

"Trans fats specifically are to be avoided for anybody who wants to be healthy," declares Harris.

Trans fats are hydrogenated oils that are found not only in vegetable shortening, but in an alarming range of packaged items, to include snack foods, cookies, crackers and margarines. Even foods that are labeled "trans fat free" may contain up to half a gram per serving of the unhealthy, processed fat.

Fried foods should also be off the menu, as oils used for frying are hydrogenated.

In addition, reveals Harris, "I think people would be very surprised to find out that in most restaurants, oil gets reused so many times, that it's pretty rancid by the time that they are ingesting it, and that can be super harmful."

More surprisingly, according to Waldman, most oils on

the typical grocery store shelf are toxic.

"People don't realize that canola oil, soybean oil, and corn oil (are) very, very, very toxic. First of all, they are made from genetically modified plants which have been shown in several studies to actually create breast tumors in rats. (These oils are) highly processed and really inflammatory."

### Chemicals and additives

Pesticides and food additives, such as stabilizers, colorings, and preservatives are neither to your benefit.

"What we're trying to do after treatment is detoxify," says Waldman. "If we eat a plateful of non-organic [food], we're just adding to our toxic burden which we really can't afford to do."

"Anything you can't pronounce," suggests Harris, "just pass it by. Anything the body does not recognize goes undigested and can wreak havoc on the body."

Not surprisingly, both experts recommend going completely organic when it comes to food choices.

So, what kinds of foods will best help us heal?

"What we want is a nutrient-dense, anti-inflammatory diet," asserts Waldman.

### Vegetables: Broccoli and greens

"Probably the most powerful food in terms of disabling cancer's ability to proliferate is broccoli," declares Waldman. "Broccoli is rich in sulforaphane (which) has very pronounced anti-cancer activity."

See NOURISHING Page 4

# 'Just show up': Ways of helping a friend through breast cancer

By Suzanne Heyn  
CORRESPONDENT

In 2011, San Francisco resident Kelsey Crowe, a social scientist, was busily researching a book about supporting people as they navigate difficult life events such as divorce, death and cancer.

In the middle of her research, Crowe received shocking news of her own. Breast cancer.

The tumor type, triple negative, was a particularly aggressive and rare form that's difficult to treat. Fortunately, Crowe responded well to treatment, but the incident did not go without providing fodder for the book.

When telling her friend of the news, "She asked if I had seen *Terms of Endearment*," Crowe recalls. The dramedy ends with one of the main characters dying of breast cancer.

"Wait. I just told you that I have cancer, and now you want me to watch the saddest movie of all time about dying?" Crowe asked her friend.

"I'm a dumb (person)," the friend responded.

In a recent phone interview, Crowe described the conversation, which is included in the book, saying, "at least she didn't shy away. That's the ultimate thing. You can say something really stupid and get through it. You don't run away from your friends."

Crowe is one of the 2.8 million women alive today who has experienced breast cancer, according to the American Cancer Society. The disease and its treatment upend patients' lives, but also affects their friends, leaving many uncertain how to respond.

"Just listen and let your friend set the pace," recommends Brook M. Stone, social worker at the University of California, San Francisco Osher Center for Integrative Medicine. Ask if they want to talk, take a walk, or need help with shopping, she suggests.

"If your friend isn't ready, just say, 'Whenever you're ready, I'm here to listen,'" Stone says. "That's such a great thing to say." Those not comfortable with talking about feelings can help in other ways, such as offering transportation to treatments or doctors' appointments, shopping for food, cooking, washing dishes or cleaning the house. Many people experience extreme fatigue after chemotherapy or radiation and lack the energy for these basic life tasks.

Stone recommends that people harness their innate talents in helpful ways. Meaghan Calcari Campbell, a Bay Area Young Survivors (BAYS) volunteer, experienced just that during treatment. Her spiritual friends prayed while the public relations guru spread health updates and the scientist researched the latest clinical research and debunked miracle cures.

The technology-savvy might set up a Caring Bridge website for their friend. The site functions like a blog, where patients can post updates, but it also has a calendar for scheduling offered help, such as such as who will watch the children or provide transportation to a treatment.

According to Campbell, offering specific assistance is best, asking, "Will you let me clean your house?" instead of, "What can I do to help?"



Generic offers of support can be overwhelming, Campbell writes in an essay. Crowe advocates not asking at all, instead just diving in, saying something like, "I hope you don't mind, I'm going to do some dishes." Crowe adds, "People who are sick get very tired and they get really tired of needing so much."

While lending an ear or helping with routine life activities is typically welcomed, experts and survivors caution against giving advice, no matter how well intentioned.

One woman Stone worked with became so overwhelmed by incoming advice that she wrote all the recommendations down and shoved them in a box underneath the bed, the symbolic move giving her peace.

Crowe says several people encouraged her to stay positive, adding that the friendly advice came during a time when she would vomit while still in the chemotherapy infusion room. "You're being rejected at the core," she says of admonitions to stay positive.

Although Crowe says the encouragements are frequently fueled by feelings of helplessness and the desire to fix things, "The best thing is not to try and fix it, but just let the person feel what they feel."

Other conversation topics to avoid include others' cancer tales, such as the valiant grandmother who survived a Stage 4 diagnosis or the aunt who had a lumpectomy and returned to work a week later, says Erin Hyman, a breast cancer survivor and BAYS president (of which the Bay Area News Group has recently learned of her passing).

Everyone's diagnosis is so different, and before her death on September 18, 2014, Hyman told the Bay Area

News Group that someone concerned about dying might find comparisons to early-stage cancer patients difficult. "Everyone's diagnosis is different. You don't know what their outcome is going to be," Hyman said.

After treatment, experts and patients recommend staying open to the idea that their friend has changed and may be continuing to cope with difficult emotions.

"I think post-treatment can be some of the hardest times," Hyman said, adding that her most difficult period came about six months after treatment. "I was like, 'What just happened?'" she said of the delayed reaction.

During treatment, "you're slogging through it," Hyman said. People bring soup and doctors check out every little concern. Then treatment ends, doctors' visits lessen, and patients are left alone with a scarred body and mind. Things are different.

"I think being present for people and really listening to what they're going

through, and how their life has changed and how their body has changed," is helpful, Hyman said.

Stone says people frequently reorder priorities after treatment ends, shifting their lives, taking on new hobbies and sometimes changing careers. It's important for people to stay open to a friend's evolving sense of self and support her as she integrates the experience into her life, Stone says.

Despite all the advice of things to say and not say, Crowe says people shouldn't worry too much. "Just show up," she says. Otherwise, people overthink their reaction and end up avoiding the person going through treatment.

For friends who wage through the experience together, rewards wait on the other side. "It helps deepen relationships when you're there for somebody in their time of trial that no amount of nights out with cocktails can replace," Crowe says. "It has such value for human connection."

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## NOURISHING

from page 2

If broccoli in mature form is not your favorite, take heart.

"You get the most sulforaphane out of broccoli sprouts, so that's probably the very, very best thing you can do for yourself," offers Waldman, noting that you can buy seeds and grow the sprouts yourself.

She continues "Greens in general are wonderful," as they contain a range of healthy micro and micro nutrients that research shows help fight cancer. Ever-popular kale, as well as collard greens, mustard greens, and chard are all members of the Brassica — or cruciferous — family of vegetables, which includes broccoli, cabbage and cauliflower.

Veggies in general — and fruits — are so nutrient-dense, in fact, Waldman recommends a whopping 8 to 10 servings per day. If that seems daunting, she notes "Smoothies are a good way to fit it all in."

## Healthy fats

"The idea of really nourishing every cell in your body requires healthy fats," says Harris, "because every cell really depends on the quality of its membrane... and that membrane is made of fat, (or) lipids."

A fatty substance that is actually good for you — that is in fact anti-inflammatory — is Omega-3, an essential fatty acid found in salmon, halibut and sardines. Walnuts and flaxseeds also contain Omega-3, which research shows not only protects cells but benefits the heart and brain.

Monounsaturated fat also helps fight inflammation in the body. Avocados and olive oil are excellent sources.

"And coconut oil is a wonderfully soothing anti-inflammatory oil as well," proffers Waldman. Coconut oil can be used in cooking and baking — or even added to a smoothie.

## Herbs

Are there herbs and spices that can help stave off cancer?

"Turmeric is a kind of a wonder spice. It's not only

anti-inflammatory, it helps cancer commit suicide," proclaims Waldman.

According to Harris, you don't have to consume a whole turmeric root at every meal, or even use store-bought supplements. Simply sprinkling it onto your food should suffice.

Both nutritionists agree that ginger is another powerhouse. Readily available in whole root form at many markets, you can use it in soups or to flavor stir fries, or boil it in pieces to drink as a tea.

Non-herbal green tea is another miracle worker, according to Waldman. "There are numerous pathways by which it can disable cancer."

Healthy foods add essential nutrients to your body. Toxic or undigestible foods can wreak havoc on your system, weakening and inviting further disease. With careful planning — and a re-dedication to preparing your own meals — you'll be well on your way to boosting cell health in the interest of combating cancer's recurrence.



Fresh vegetables, like broccoli, help disable cancer's ability to proliferate.

# Why every woman's breast cancer treatment is unique

HOW TWO WOMEN WITH THE EXACT SAME BREAST CANCER DIAGNOSIS HAVE COMPLETELY DIFFERENT TREATMENT PLANS

By Naomi Mannino  
CORRESPONDENT

On my second visit to the infusion room for my second round of chemo, I became friends with Janet Wolofski, 57. I was not feeling particularly chatty, but she had that easy way of talking where you instantly feel intimate and understood. When the conversation turned to what was hanging on the pole in the bags attached intravenously to our infusion ports, we found we both had completely different drugs, called, "the chemo cocktail."

But, we both had the same exact breast cancer diagnosis: Stage 2, Grade 3, Invasive Ductal Carcinoma.

Luckily, chemo infusions go on for several hours because we talked and talked about our tumor pathology, it's size and location and our ages and jobs. We talked about anything and everything that might make a difference in our breast cancer surgery and reconstruction plans, our chemotherapy regimens, radiation and our continued care plans, all of which, we found, were completely different.

Wolofski said, "When I first visited the oncologist, I thought breast cancer was one single universal diagnosis and was surprised to find out that one woman's breast cancer is completely different from another woman's breast cancer."

That's why every woman's treatment plan is totally unique to her, too, says oncologist Rishi Sawhney, M.D. of Valley Medical Oncology Consultants, with 11 locations in the Tri-Valley area. "Once a woman is diagnosed with breast cancer, she will talk to nine other people including family and friends and searching for information online before beginning treatment. Because of that knowledge, women always ask me why they are not getting this or that treatment, drug or test they heard about another woman getting," says Sawhney. "But there's no such thing as one-size-fits-all breast cancer treatment."

Dr. Sawhney believes every woman should understand the specifics of her unique cancer diagnosis and how it affects her treatment plan.

He says every woman should make a point to know what stage and what grade her tumor is, where the tumor is and how large it is along with its specific pathology because this is how decisions get made on all aspects of treatment. Not only do all these aspects make every woman's treatment plan unique, but at each part of the treatment

plan, a woman has choices among the treatment options available to her.

It's the same in breast cancer surgery and reconstruction. "Both breast cancer surgery and reconstructive surgery are an art and a science. A lot depends on the surgeons involved and where their expertise lies and what they are most comfortable doing for each woman," says Dr. Karen Horton, a plastic surgeon and breast reconstruction specialist in private practice in San Francisco. "Most women get a second surgery opinion that may be different from the original surgery opinion so she'll have those choices to make, too" she says.

For example, I had a total mastectomy of the tumor breast with a skin-expanding implant placed at the time of surgery before my chemo while Wolofski needed chemo first to shrink her tumor and then a lumpectomy.

A large portion of the differences in breast cancer surgeries revolve around a woman's own lifestyle, values and choices, too, says Dr. Horton. One woman may be afraid to get a total mastectomy and opt for the lumpectomy instead and another might choose the total mastectomy for the fear of breast cancer recurrence. Women who are under age 45 with breast cancer, or who have a family member with breast cancer and are pre-menopausal may have the choice to get tested for the BRCA 1 or BRCA 2 gene mutation. Based on the results of that test, "Women can opt for a contra-lateral mastectomy and remove the healthy breast at the same time as the tumor breast and I've seen an increase in that choice," says Dr. Sawhney.

"Some women opt for the breast conserving, nipple-conserving mastectomy if possible, and get a single-stage immediate implant placed at the time of surgery," says Dr. Horton. Others can get an expander placed if they were not able to conserve enough skin, like me, depending on the tumor size and location. Other women may choose to wait for reconstruction until later because they are overwhelmed or simply decline reconstruction at all, based on their own personal values. At any later point, a woman can also choose different types of reconstruction, even those which use parts of a woman's own anatomy, to reconstruct the breast. "Women have a lot of choices, especially when making decisions about the



Monica, Janet and Naomi met while receiving treatment.

surgeries and that accounts for a large portion of the differences in women's treatment plans," says Dr. Horton.

Dr. Sawhney says most choices about adjuvant (after-surgery) chemotherapy and radiation have to do with reducing the chance of her breast cancer coming back. "A woman's age, menopausal status and specific tumor pathology gives us clues as to how to reduce that woman's risk with all the tools that we have, and again, a woman can make choices among those tools," says Sawhney. "Cancer treatment is about 20 years ahead of other fields in personalizing medicine. In fact, the chemo cocktail alone is dosed based on body weight and height combined to calculate body surface area and this is the only type of medicine where that's done," explains Dr. Sawhney.

In my case, my tumor pathology is estrogen positive and I'm pre-menopausal, so I will need hormonal therapy in the form of a daily pill for at least five years but Wolofski is post-menopausal and her tumor was HER2-positive which means she will get 52 weekly targeted therapy infusions of Herceptin.

We will both be heading in for radiation soon, but again, for completely different reasons. My surgery found several lymph nodes positive and I'm pre-menopausal at age 47, so based on the most current research in radiation and reducing my risk for a recurrence, I was given the choice of a full 5-week course of radiation even though

I've had a total mastectomy. Wolofski is post-menopausal, had clear margins on her lumpectomy with no nodes positive, so she will receive the course of radiation appropriate for her.

Dr. Sawhney says a woman's lifestyle also affects treatment choices. "We have many treatment protocols we can use if a woman wants to continue working throughout her treatment, versus the 'dose-dense' chemotherapy regimen most women fear." In fact, my oncologist, on finding out that I wanted to continue working, gave me the option of a chemo protocol that is stretched out longer. It's the same three chemo drugs but not given all together to lessen the side effects in contrast to the "dose-dense" protocol given in the shorter time span.

Not only is every woman's treatment different but every woman's experience of treatment is different also, says Colleen Kleier, a breast cancer support group facilitator for Bay Area Cancer Connections. "No two women have the exact same treatment or experience the side effects exactly the same way and that's a big topic of discussion in support groups," she explains. One woman may hold ice packs during a Taxol infusion to avoid neuropathy in her fingers (nerve pain and tingling) and another taking Taxol may be asking about mouth sores. Wolofski, to her dismay, experienced every single side effect of the Perjeta (combined with her other chemo drugs).

See BREAST CANCER Page 7

## Upcoming Bay Area Breast Cancer Awareness Events

New Frontiers in Prevention of Breast Cancer presents:  
**Preventing and Surviving Cancer: Focusing on Optimal Health and the Whole Body**  
Saturday, October 11, 9 a.m. to 12:30 p.m.  
Church of the Resurrection  
Farana Center Hall, 1395 Hollenbeck Ave, Sunnyvale  
Parish Office: 408-245-5554

### Think Pink

Tuesday, October 14, from 5 to 7:30 p.m.  
Washington Hospital grounds in the tent atrium  
2500 Mowry Ave, Fremont, 510-494-7009

### 10th Annual This Old Bag

Friday, October 17th, 6:30 to 9:30 p.m.  
Join us at the iconic Bently Reserve to celebrate a decade of handbags and philanthropy.  
For one special night, designers, retailers, fashionistas and the hottest celebrities come together to help women in need. A chic Silent Auction offers an extensive array of handbags, clutches, manbags and handled delights. An exciting Live Auction pairs the most coveted designs with fabulous experiences and travel packages.  
415-558-6999 ext. 8 | www.thisoldbag.org

### 4th Annual Action Speaks Louder Than Pink Food for Thought

Tuesday, October 21, 6 to 9 p.m.  
Terra Gallery — 511 Harrison St., San Francisco, CA  
Join BCAction to Think Before You Pink® this October while enjoying a four-course dinner prepared by celebrated Bay Area chefs. We promise you'll never see a pink ribbon the same way again.  
415-243-9301, Call Toll Free 1-877-2-STOPBC  
https://org2.salsalabs.com

### G-MAC PRODUCTIONS

Friday, October 24 thru Sunday, October 26  
We have an entire weekend of events to raise Breast Cancer Awareness and Party with a Cause! Join us at these events! Turn It Up Meet and Greet Featuring DJ TAZ.

### G-MAC PRODUCTIONS — Meet and Greet NO HOST BAR

Friday, October 24, 6 p.m. to 11 p.m.  
Courtyard Marriott Emeryville | 5555 Shellmound Street  
Emeryville, CA  
\$5.00 at the Door

### G-MAC PRODUCTIONS — Breast Cancer Awareness IV

Saturday, October 25, 7 p.m. to 1:30 a.m.  
Simon Club Oasis | 401 California Avenue Treasure Island, San Francisco, CA  
\$35.00 — \$100.00  
G-MAC PRODUCTIONS is proud to announce we will be partying with a purpose with the King of New Jack Swing, the one and only, Mr. CHRISTOPHER WILLIAMS and our returning 2013 Humanitarian of the Year Award Recipient the incomparable Mr. Jon Saxx.

### G-MAC PRODUCTIONS — NFL Pink Party

Sunday, October 26, 6:30 p.m. to Midnight  
Dimetri's Lounge | 700 Main Street Suisun City, CA  
\$20.00  
916-730-3826 | http://www.gmac-productions.com,  
info@gmac-productions.com

### Making Strides of Silicon Valley

Saturday, October 25, 2014  
Registration: 7:30 a.m., Walk 8 a.m.  
Arena Green Guadalupe River Trail  
352 W St John Street, San Jose, CA  
American Cancer Society  
Call us 24 hours a day, 7 days a week at 1-800-227-2345  
makingstrides.acevents.org  
The fight to end breast cancer starts with a single step. Join millions of people in more than 300 communities nationwide and take that step with us at the American Cancer Society Making Strides of Silicon Valley walk

### Making Strides of San Francisco

Saturday, October 25, 8:30 a.m.  
Hellman Hollow | 50 Overlook Dr, San Francisco, CA  
American Cancer Society  
Call us 24 hours a day, 7 days a week at 1-800-227-2345  
makingstrides.acevents.org  
The fight to end breast cancer starts with a single step. Join millions of people in more than 300 communities nationwide and take that step with us at the American Cancer Society Making Strides of Silicon Valley walk

### 11th Annual Conference

Sharing Knowledge/Creating Hope  
Saturday, November 1, 8 a.m. to 5 p.m.  
Oracle Conference Center, 350 Oracle Parkway, Redwood Shores, CA 94065  
Join us for a full day of education, resources, and networking for those touched by breast or ovarian cancer.  
Registration Fees: \$45 per person  
Includes Resource Fair, breakfast, lunch, access to complementary therapies and all presentations.  
Bay Area Cancer Connections  
Helpline 650-326-6686, toll free 1-888-222-4401  
events@bccconnections.org



the many  
**faces**  
of breast cancer

Saturday, October 18, 2014

Please join us as we celebrate the annual  
"Many Faces of Breast Cancer"

Come and experience a special event focusing on the unique needs and issues of breast cancer survivors. Join an engaging panel of medical experts as they speak to the issues that directly affect the over 2.5 million survivors in the US today. The program will provide insights into the latest advances in treatments, the role of genetics, nutrition for oncology and other survivorship issues.

Leshner Center for the Arts  
Stage 3, Knight Theatre

1601 Civic Drive, Walnut Creek, CA 94596

Saturday, October 18, 2014 • 10:00 a.m. - 12:00 p.m.

Space is limited. Advanced registration required. Admission, parking and refreshments are free.

Parking available in the North Locust Garage, adjacent to the theatre. Please mention you are with The Many Faces of Breast Cancer.



Margaret Stauffer - Moderator

Tiffany Svahn, MD  
Medical Oncology

Margo Thelander, MS, CGC  
Genetic Counselor

Debra Goettsch, PA-C  
Oncology Nutritionist

Patient Speaker  
Breast Cancer Survivor

RSVP: 925-677-5041 x272 or email [stodoroff@dvoimg.com](mailto:stodoroff@dvoimg.com)



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