

INSIDE

Lauren Simmons and
Andrea Geer share their
stories of courage and
faith while fighting
breast cancer



Beating Breast Cancer

Lauren Simmons

October 2022
Special Supplement to
THE EXPOSITOR



Lauren Simmons

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DID YOU KNOW? According to the American Cancer Society, cancer patients receiving chemotherapy or radiation treatment are generally urged to avoid vaccinations other than the flu shot, though that conventional wisdom may not be applicable in relation to the COVID-19 virus. The ACS notes that vaccines require an immune system response to work effectively, and cancer patients' immune systems may not be able to produce an adequate response to vaccines during treatment. That can make vaccines, including those for COVID-19, less effective. However, while traditionally cancer patients have been urged to avoid vaccinations during treatment, the ACS notes that cancer patients, due to fragile immune systems resulting from both their disease and the treatments for it, are at risk for severe COVID-19 disease. As a result, doctors may still advise their patients to receive the COVID-19 vaccination even during treatment, as having some measure of protection against the virus may still be better than having none at all. No two cancer patients are the same, so those concerned about COVID-19 and the vaccinations against it are urged to discuss those concerns and their options with their cancer care team.

October is
BREAST CANCER
AWARENESS
month

Simmons says her diagnosis will not define her life

RACHEL AUBERGER

Staff Writer

“I am now 33, a girl scout troop leader, sports mom, student, and Air Force veteran. I am so much more than my diagnosis.”

Lauren Simmons is surviving breast cancer, and while she knows that diagnosing, living with, treating, and overcoming the disease was a defining moment in her life, she says it was just that – a moment – and life is a cumulation of a lot of moments and she wants to live them all – not just “that” one.

“People may know me from the petting zoo at any of the local county fairs (my family owns and operates it), from the kids’ sports (our daughter cheers for the middle school and does competitive cheer and our son plays soccer for the middle school), Girl Scout events (I am a troop leader), or they’ve at least seen me around in my Jeep with all the pink and breast cancer awareness ribbon on it,” Simmons said as she talked about many of the moments that make up the woman she is. “I guess the most important thing is that this experience has afforded me the



ability to live my life unapologetically and intentionally.”

But while she is living all of the moments life is offering her, Simmons understands the magnitude of the moment she was diagnosed with breast cancer and all of the moments that she spent fighting the disease that she refuses to let define her.

“I first noticed I had a lump and thought it was just a pulled muscle, as I had been working out a lot more at that time. After a time, it never went away and actually ended up growing rapidly,” Simmons said about the lump that would change her life



in May 2021. “At first I had to dig around to feel it, but, by the time I had it confirmed by my doctor, it looked like a golf ball sticking out of my chest.”

“I was diagnosed with stage 2A Triple Positive Invasive Mammary Carcinoma. I had a fast-growing aggressive tumor in my left breast that was threatening to spread to other parts of my body that was being fed by the overproduction of the hormones in my body (estrogen, progesterone, HER2). I also had a couple of precancerous nodules in my right breast,” Simmons said.

She received her diagnosis in July 2021, just weeks after turning 32.

“Through MRI, they found a larger tumor behind my original tumor that ended up being a benign fibroadenoma that was keeping my cancerous tumor from spreading to my chest wall,” she said.

While it had only been two months since she first found the lump in her breast, Simmons said that getting the diagnosis brought both shock and relief, as she said she felt like she hadn’t been taken seriously in the beginning stages of the process – a sometimes common theme among younger patients who find themselves fighting to get the diagnosis that can save their lives.

“I was in shock. It took a few days to really wrap my head around it,” she said about the first moments of hearing the words ‘breast cancer.’ “Relief is really the only word I can think of to describe what it felt like receiving that official diagnosis. I felt like I had been pushed off and ignored for so many weeks, and finally I was being looked at.”

Simmons said when she first found the lump, she went to her gynecologist, but because the doctor available, she was sent to her primary care doctor to be checked that same day.

“I was very anxious and crying. She came in the room and told me, ‘You have no reason to be so upset.’ After that she didn’t speak to me through the entire time she was checking it, and then she just walked out of the room after telling the nurse to refer me to radiology for diagnostic imaging,” she said as she recalled how she felt that she was not getting the attention she deserved and her diagnosis needed. “That radiologist was the one that told me what it was. He held my hand and said that he had never been wrong before and he hoped it was wrong this time but to prepare myself for the worst because this is cancer. The next week when I was sent for biopsies that doctor told me ‘We already know what this is, these biopsies will just pinpoint exactly what kind it is.’”

Simmons said she was just grateful that someone was listening to her because she felt her primary care doctor had dismissed all of her concerns and not taken her seriously.

“The radiology team at the Murfreesboro VA really took care of me and made sure my case was pushed to the top of the priority list and got me what I needed very quickly,” she said.

Simmons said once you receive a diagnosis of breast cancer, everything starts moving really fast. She met with a surgical team and an oncologist, and it was decided to go with the most aggressive form

of treatment possible. For the 32-year-old mom, this meant months of chemotherapy before finally having a bilateral mastectomy and lymph-node dissection, in January 2022.

While the initial stages of ridding her body of the cancer are over, Simmons is still undergoing treatments and will have reconstructive surgery along with a hysterectomy to ensure her body can no longer produce the hormones that caused the cancer.

“Having to go through the VA for treatment, my options were very limited. And due to the aggressive nature of my tumor, I really didn’t have the time to shop around for second opinions,” she said, but was quick to sing the praises of the medical team that made sure she is still living more moments with her family. “All in all, I am so glad I went with the Nashville VA team (Vanderbilt) as they have been incredible at keeping me well informed and quickly getting me taken care of.”

Simmons’ team didn’t just include the medical professional – surgeons, oncologists, nurses, and hospital staff – that have been treating her. It also included her family, friends, and those around her every day.



“I am still in active treatment to try to make sure that it does not come back and will likely be on some form of medicine for the rest of my life. My husband has taken off work for every single appointment that I have had and drives me all the way to and from Nashville, sits with me, and brings me whatever I ask for. My kids, ages 13 and 12, have really stepped up and helped keep the house in order when I am unable to. I may be biased, but they are really the greatest kids in the world,” she said. “I currently am enrolled as a full-time student at

Breaking down the stages of breast cancer

Once a person is diagnosed with cancer, his or her physician will try to determine how far the illness has progressed, including whether or not it has spread to other areas of the body. This effort is known as "staging." Each cancer has its unique staging characteristics, and breast cancer is no different.

The stage of the cancer ultimately refers to how much cancer is present in the body, indicates the American Cancer Society. Doctors treating breast cancer adhere to the TNM staging system, which is overseen by the American Joint Committee on Cancer. This staging uses both clinical and pathological (surgical) systems for breast cancer staging. Pathological staging may be more accurate because it examines tissues taken during surgery or a biopsy.

T categories

T in the staging system refers to the tumor's size and whether it has spread to the skin or chest wall under the breast. Higher

numbers refer to larger tumors and greater spread.

TX: A primary tumor cannot be assessed.

T0: No evidence of primary tumor.

T1: Tumor is 2 centimeters (cm) or less across.

T2: Tumor is more than 2 cm but not more than 5 cm across.

T3: Tumor is more than 5 cm across.

T4: Tumor is of any size growing into the chest wall or skin.

N categories

N in the staging system identifies if the cancer has spread to the lymph nodes near the breast, and if so, how many.

NX: Nearby lymph nodes cannot be assessed, which can happen if they were previously removed.

N0: Cancer has not spread to nearby lymph nodes.

N1: Cancer has spread to one to three axillary (underarm) lymph node(s), and/or

cancer is found in internal mammary lymph nodes (those near the breast bone) on a sentinel lymph node biopsy.

N2: Cancer has spread to four to nine lymph nodes under the arm. One or more area of cancer spread is larger than 2 millimeters (mm).

N3: Cancer has spread to any of the following: 10 or more axillary lymph nodes with area of cancer spread greater than 2 mm; to lymph nodes under the collarbone, with at least one area of cancer spread greater than 2 mm; cancer found in at least one axillary lymph node (with at least one area of cancer spread greater than 2 mm) and has enlarged the internal mammary lymph nodes; cancer in four or more axillary lymph nodes (with at least one area of cancer spread greater than 2 mm), and to the internal mammary lymph nodes on a sentinel lymph node biopsy; to the lymph nodes above the collarbone on the same side of the cancer with at least one area of

cancer spread greater than 2 mm.

M categories

M indicates if the cancer has spread to distant organs.

M0: No distant spread is present on X-rays or other imaging and physical tests.

M1: Cancer has spread to other organs, notably the brain, bones, liver or lungs as determined by a biopsy or testing.

Note that this staging system also uses sub-stages within each category, which further breaks down breast cancer staging into more characteristics and combinations. The ACS says there are so many possibilities that can go into staging that two women at the same breast cancer stage may have different experiences.

Any sign of an abnormality in the breast or body merits a consultation with a doctor, who can determine if breast cancer is present. Lower numbers on TNM staging are desired, and can be achieved by catching breast cancer early.

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Don't be afraid to ask for help – and keep praying

RACHEL AUBERGER

Staff Writer

"I want to start this by saying that God is the reason I am here today to tell my story. He worked so many things out for me during my cancer journey that saved my life," Andrea Geer said.

Geer doesn't believe in chance, coincidence or fate; she knows there is a much larger force in charge of her life.

Geer's story started in December 2011 when she had a change in insurance which forced her to postpone her routine mammogram out seven months. When she finally was able to get her scans, in July 2012, her life forever changed.

"I went and had my yearly mammogram, and the next day I received a call from Premier Imaging requesting that I come back in for a repeat mammogram," Geer said.

She wasn't alarmed by the request because her mother had had similar results and requests over the years without anything alarming being found; however, the next day, the alarms would sound.

"The radiologist came in and told me immediately that I had breast cancer," Geer said. "I told him he couldn't possibly know that without a biopsy. He assured me he knew what he was looking at, that it was small, early stage, and that he felt like I would be fine. He also told me that if I had [had] my mammogram in December, it probably would not have shown up. Thank God for that delay in testing."

Geer said she doesn't remember much of the next moments, including her drive home.

"It was hard to describe the feeling I had. I was just numb and, honestly, zoned out," she said.

Geer had been alone for what she had thought was a routine check-up, so she called her best friend who made her stay on the phone until she got home.

"I had no symptoms, no family history, was completely healthy, and couldn't believe what I had just been told," she said.

Before Geer could get to her house, Premier had contacted both her family doctor and her OB/GYN, and that is when her second sign of God's presence showed up.

"These two doctors did not know each other, but both gave me the same name of a surgeon in Nashville that they wanted me to see. God put me where I needed to be," she explained.

A biopsy the following week confirmed that Geer had ductal carcinoma – a cancer of the milk duct – and she was quickly presented with two treatment options: a



lumpectomy with radiation and possible chemotherapy, or a double mastectomy with reconstruction and no radiation.

"I opted for the mastectomy and reconstruction because I wanted to avoid putting radiation and chemo in my body if possible," she said.

Geer said she began reaching out to women she knew who had also been through breast cancer treatments and had mastectomies.

"They answered all my questions and told me what to expect. It isn't an easy surgery, but it wasn't as bad as I anticipated," Geer said. "I had drain tubes for two weeks and had to sleep in a recliner, but that was a small price to pay for the outcome. There is a wonderful network of breast cancer survivors in White County that will help anyone facing this battle."

Once again, Geer saw God's hand in her life as she underwent surgery just one month after her diagnosis.

"I underwent my first surgery, on Aug. 21, 2012. Normally, it takes two to three months to get this type of surgery scheduled because the breast surgeon and the plastic surgeon have to both be in the operating room, and it is difficult to coordinate their schedules. I was able to be scheduled in four weeks," she said. "Again, thank God for providing this opening in their schedules so quickly."

That first surgery was the beginning. Geer, who was a teacher at White County Middle School, took the fall semester off to undergo four procedures before January 2013 when she returned to work.

"I have been considered cancer-free for a little over 10 years now, but I do not take a single day for granted," she said and explained that being a cancer survivor still means that cancer is a part of her life – forever. "I still see my oncologist once a year, and, even though it's been 10 years, there is always a little anxiety when that yearly appointment rolls around. "Receiving a cancer diagnosis is a very scary thing. I was blessed that mine was caught so early. That is why routine screening is so important. One simple test can literally save your life."

Geer said God blessed her every step of the way – including providing the best emotional, and sometimes physical, support team possible. She said friends, family, and co-workers all pitched in to bring food and check on her, but most importantly pray for her.

"My husband, Terry, was my rock. From day one, he supported every decision I

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Potential warning signs for breast cancer

Breast cancer is the most commonly occurring cancer in women across the globe. According to the World Cancer Research Fund International, there more than 2.26 million new cases of breast cancer in women in 2020. Such figures are sobering, but it's important to recognize that breast cancer survival rates have improved dramatically in recent decades, providing hope to the millions of women who may be diagnosed with the disease in the years to come.

Various factors have helped to improve breast cancer survival rates, and education about the disease is certainly among them. Women are their own greatest allies against breast cancer, and learning to spot its signs and symptoms is a great first step in the fight against this potentially deadly, yet treatable disease.

Knowing your body

The American Cancer Society urges women to take note of how their breasts normally look and feel. That knowledge is vital because it helps women recognize when something does not look or feel



good to the touch with their breasts. Screening alone may not be sufficient, as the ACS notes that mammograms do not find every breast cancer.

Signs and symptoms

When women are well acquainted with how their breasts look and feel, they're in better position to recognize any abnormalities, which may or may not be indicative of breast cancer. The ACS reports that the following are some potential

warning signs of breast cancer.

- A new lump or mass: The ACS indicates that this is the most common symptom of breast cancer. A lump or mass that is cancerous is often painless, but hard and has irregular edges. However, lumps caused by breast cancer also can be soft, round and tender. Some even cause pain.

- Swelling: Some women experience swelling of all or part of a breast even if they don't detect a lump.

- Dimpling: The skin on the breast may dimple. When this occurs, the skin on the breast sometimes mimics the look of an orange peel.

- Pain: Pain on the breast or nipple could indicate breast cancer.

- Retraction: Some women with breast cancer experience retraction, which occurs when the nipple turns inward.

- Skin abnormalities: Breast cancer may cause the skin on the breast to redden, dry out, flake, or thicken.

- Swollen lymph nodes: Some women with breast cancer experience swelling of the lymph nodes under the arm or near the collarbone.

The presence of any of these symptoms merits a trip to the doctor. Women with these symptoms should not immediately assume they have breast cancer, as the ACS notes that various symptoms of breast cancer also are indicative of non-cancerous conditions that affect the breasts. Only a physician can diagnose breast cancer, which underscores the importance of reporting symptoms to a doctor immediately.



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How breast cancer treatments can affect the immune system

Treatment for breast cancer is highly effective. Five-year survival rates for breast cancer have increased dramatically in recent decades, and much of that success can be credited to cancer researchers and campaigns designed to inform women about the importance of screenings.

Breast cancer is highly treatable, but treatment typically leads to some unwanted side effects. According to Johns Hopkins Medicine, women undergoing treatment for breast cancer may experience a host of side effects, including fatigue, pain, headaches, and dental issues. Cancer treatments, most notably chemotherapy, also can take a toll on women's immune systems.

Why does chemotherapy affect the immune system?

Cancer is caused by an uncontrolled division of abnormal cells in the body. According to Breastcancer.org, chemotherapy targets these abnormal cells, but also can affect fast-growing cells that are healthy and normal. So chemotherapy can damage cells throughout the body, including those in bone marrow. When bone marrow is damaged, it's less capable of producing sufficient red blood cells, white blood cells and platelets. Breastcancer.org notes that the body is more vulnerable to infection when it does not have enough white blood cells.

Does chemotherapy always weaken



the immune system?

The effects of chemotherapy on the immune system depend on various factors. According to Breastcancer.org, a patient's age and overall health may influence the effects of chemotherapy on

their immune systems. Young, healthy patients may be less vulnerable to infections from weakened immune systems than aging, less healthy patients. However, Susan G. Komen notes that the median age for breast cancer diagnosis in the United

States is 63, so many patients are likely to be affected by the impact that treatment can have on their immune systems. The length of treatment and amount of medicines patients receive also can affect the impact of chemotherapy on patients' immune systems. Breastcancer.org notes that being administered two or more chemotherapy medicines at once is more likely to affect the immune system than just one medication.

Other treatments

Chemotherapy is not the only treatment that can affect breast cancer patients' immune systems. The Cancer Treatment Centers of America® notes that surgery, radiation, CAR T-cell therapy, stem cell transplants, and even immunotherapy can affect the immune system. Surgery can overtax the immune system and compromise its ability to prevent infections and heal wounds caused by the procedure. Like chemotherapy, radiation therapy can damage healthy cells and lead to an increased risk of infection. And while immunotherapy is designed to boost the immune system by helping it recognize and attack cells more effectively, it also can lead to an overactive immune system that attacks healthy cells.

Cancer treatment is often highly effective. However, patients may need to work with their physicians to combat treatment side effects that can adversely affect their immune systems.



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Is 3D mammography right for you?



Mammograms take images of breast tissue to determine the presence of abnormalities, including lumps. Women may undergo traditional, 2D mammograms, but increasingly many healthcare facilities are now employing 3D technology because it can provide clearer pictures.

A 3D mammogram, also called digital tomosynthesis, takes several different X-rays of the breasts and combines those images to establish a three-dimensional picture. The Mayo Clinic says that a 3D mammogram is typically used to search for breast cancer in people who may have no outward signs or symptoms. It also may be used to help diagnose the cause of a breast mass or nipple discharge. Doctors may suggest 3D imaging to get a better look at any growths or help identify the source of any symptoms a person may be concerned about.

Two-dimensional mammograms are still the industry standard. The 3D versions are obtained in a similar fashion by pressing the breasts between two imaging plates. Rather than just taking images from the sides and top to bottom, the 3D version will take multiple angles to make a digital recreation of

the breast. Medical News Today says this enables doctors to look at small, individual sections of the breast tissue that may be as thin as just a single millimeter.

A study published in the journal *JAMA Oncology* says cancer detection rates are higher in people who do 3D imaging over time. Three-dimensional mammograms can be useful for women with dense breast tissue or those at higher risk for breast cancer. Although experts at MD Anderson Cancer Center advise any woman who needs a mammogram to get the 3D version. However, 3D mammography may not be covered by all insurance plans.

It's important to note that a 3D mammogram releases the same amount of radiation as a traditional mammogram. It is of no greater risk to the patient, and it is approved by the Food and Drug Administration. Also of note, because 3D mammograms produce more images, it may take a radiologist a little longer to read one than it would a 2D mammogram.

Three-dimensional mammograms are an option for women screening for breast cancer.

GEER

CONTINUED FROM 1A

made and took on the role of my caregiver with strength and love," she said. "My parents, my daughter, Allison, and my best friend of 40 years, Jackie, put their lives on hold to be there every time I called. My mom took off the week of my surgery to stay with us. There were so many people that were there for me that I could never name them all and wouldn't want to leave anyone out by trying."

Having been cancer-free for 10 years, Geer has had a lot of time to look back and reflect on her experience and all she has learned.

"I've learned that each day is a blank canvas, and I try to look for something good in everything," she said, listing lessons she has learned. "I look for opportunities to help others when I can. I make sure the people I love know they are loved. I compliment someone whenever I get the chance. I try to smile more and worry less. I definitely pray more and on a deeper level.

"Cancer can occur in any part of the body, but, as a woman, it can be difficult to deal with breast cancer because of the attitudes of society toward women and their bodies. It is important to remember



that men can also be diagnosed with breast cancer. This disease doesn't discriminate based on gender."

Geer has also had a lot of time to reflect on her purpose in life.

"I remember praying and asking God what I was supposed to do with this experience, how was I supposed to turn it into

something positive?" she said. "If you know me, you know that I can talk to anyone about anything. God told me that I was to take my experience and share it with other women and help them through their battle."

So that is exactly what Geer has been doing.

"I have had many opportunities to meet with and talk to women after a cancer diagnosis and coach them through their surgeries and what to expect. I have prayed with strangers in doctors' offices and shared my story," she said. "I truly believe that is what I am supposed to do - share my story and encourage others that they can get through it, too."

Geer realizes how much she has experienced in the last 10 years - all the things she would have missed if God's timing had not been perfect.

"So many wonderful things have happened in my life since my cancer diagnosis, and I am so thankful I have been here to experience them. I was able to see my daughter graduate from TTU and become a nurse. I was able to see her marry a wonderful man and be blessed with two grandchildren. I retired after 30 years of teaching. My husband and I recently celebrated our 35th wedding anniversary, and I spend my free time in my happy place - crappie fishing," Geer said. "I want to encourage every woman to get regular mammograms and, if diagnosed, reach out to someone who has been through it. Don't be afraid to ask for help."

SIMMONS

CONTINUED FROM 1A

Tennessee Tech, and I have continued taking classes throughout my treatment and have plans to graduate spring 2023. My professors have been so incredibly accommodating and understanding."

While she went on to say that her outlook on life hadn't changed, she said she was definitely being more intentional with her days. She is much more appreciative of her body and what it has carried her through. She said dealing with breast cancer has also both tested and strengthened her faith as a Christian.

Simmons said she isn't the only one who has re-evaluated how they are living life and making decisions to be intentional with things that make them happy.

"We have found it easier to draw boundaries and uphold them against people and things that no longer serve us," she said. "My children are more capable of recognizing a need and filling it."

"The one message that I have for everyone is, 'don't let the bad days win,'" Simmons continued, saying that focusing on the positive is essential in making it through a crisis. "Even if I was feeling like trash, I still made sure I went to as many games and events my kids had as I could manage. Five days after my big surgery, I actually went to our daughter's cheer competition with all my drains and meds in tow. A month later, I was out on the soccer field watching our son play. I never let it get me down, and I think that is why I had such a positive outcome."

Of course her "moment" has led her to a list of advice that she feels is important for everyone:

- Self-awareness is self-care. You HAVE to take your own health into your own hands and advocate for yourself. If you feel like something is off, keep pushing for answers until you are satisfied. If I had not pushed like I did my prognosis would have been much, much worse.

- Breast cancer doesn't just happen to women. It is so important for EVERYONE to check themselves at regular intervals so you can quickly spot when something isn't right and needs to be looked at by a medical professional.

- Pinkwashing - October is Breast Cancer Awareness Month, and we see tons of pink literally everywhere. A lot of the companies will push out pink items but never actually make any donations to reputable organizations to aid in research. Please do your due diligence and make sure that the pink items you are purchasing and the companies that you are supporting are actually using those profits for good and not just to take advantage and pad their own

pockets at the expense of those of us going through this. Some great organizations to donate to are Metavivor, Pink Warrior Advocates, Keep A Breast, Young Survival Coalition, and so many more. Locally the YMCA has an amazing GO PINK program to benefit survivors as they transition into survivorship with support groups and personal trainers. Susan G. Komen is NOT one of those organizations.

- Survivorship - Cancer doesn't just go away when you finish treatment. It is, and always will be, the ugly monster in the corner of the room. Survivorship is so much harder than going through the diagnosis and treatment process ever was. Our bodies are broken, our mental health is shaken, and now everyone expects us to carry on as if we didn't just spend the last year or so on the brink of death fighting for our life. We will never be the person we were before cancer. It is so important to leave a space for grief and growth for your loved ones on this side of cancer.

- Breast cancer is not the "good cancer." There is no such thing as a "good cancer." Getting this diagnosis does not mean you get a free boob job. I had to undergo months of chemotherapy that left me bald and in pain and sick. Many women have to undergo radiation treatments that burn them. My breasts were amputated from my body, and I was left with scars that I will have for the rest of my life no matter how much reconstruction I go through.

"And one more thing - stop it with 'save the tatas.' Who gives a crap about tatas?" she said, reminding everyone that life is made of moments, and that moments are meant to be lived. "SAVE THE HUMAN."



7 ways to reduce breast cancer risk

Many women are concerned about the potential for developing breast cancer in their lifetimes. Breast cancer is the second-most common cancer among women in the United States and Canada. Despite that prevalence, there are ways for women to reduce their risk for breast cancer.

While it is impossible to change family history or genetic markers like gene mutations that increase breast cancer risk, the following are seven ways women can lower their risk.

1. Exercise regularly and maintain a healthy weight. Physical activity and monitoring calories can keep weight in check. The Mayo Clinic recommends at least 150 minutes per week of moderate aerobic activity or 75 minutes per week of vigorous aerobic activity. Strength training at least twice a week also is recommended. Being overweight or obese increases a woman's risk for breast cancer.

2. Consume a healthy diet. The link between diet and breast cancer risk is still being studied. However, research suggests that a diet high in vegetables and



fruit, and calcium-rich dairy products, but low in red and processed meats may lower breast cancer risk.

3. Avoid or limit alcohol consumptions. Alcohol increases risk of breast cancer, even in small amounts. For those who drink, no more than one alcoholic drink a

day should be the limit. The more a woman drinks, the greater her risk of developing breast cancer, states the Mayo Clinic.

4. Undergo genetic counseling and testing. Women concerned about a genetic connection or family history of breast cancer can speak to their doctor

about testing and counseling that could help them reduce their risk. Preventive medicines and surgeries might help those at elevated risk for breast cancer.

5. Limit hormone therapy. Combination hormone replacement therapy for post-menopausal women may increase risk of breast cancer, indicates the Centers for Disease Control and Prevention. Similarly, taking oral contraceptives during reproductive years may increase risk. Women can speak with their physicians to weigh the pros and cons of taking such hormones.

6. Breastfeed children, if possible. Breastfeeding has been linked to reducing a woman's risk of developing breast cancer.

7. Learn to detect breast cancer. Women should get to know their bodies so they can determine if something is awry as early as possible. Early detection of breast cancer increases the chances that treatment will prove successful.

Women can embrace various strategies to reduce their risk of developing breast cancer.

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