



# SURVIVING Breast Cancer



## Rolla retiree faces breast cancer with resilience, hope

**H**aving worked at Phelps Health for 19 years, Pat Guill was familiar with the signs of breast cancer. The 82-year-old Rolla resident was diagnosed with the disease in April 2023.

"During a self-exam, I found a lump," said Pat, who retired from the organization in 2006. "Because of this discovery, I wasn't really surprised by the cancer diagnosis."

As far as a family history, Pat is unsure, as she is adopted. Aside from being diagnosed with type 2 diabetes in 2019, Pat is in fairly good health.

Throughout her tenure at Phelps Health, the former employee worked in Plant Operations, Radiation Oncology and the Clinical Quality and Measurement (CQM) Department. Given her nearly 20 years of working in healthcare, Pat instinctively knew her next step: a mammogram. She promptly scheduled the screening procedure at the Phelps Health Comprehensive Breast Center, where she was able to get an appointment within the week.

Afterwards, the targeted area is slightly uncomfortable, but the feeling usually subsides with Tylenol."

### Ready to fight

"I'm just thankful it (the breast cancer) was caught early on," said Pat, who added that the cancer was isolated to one lymph node. "As soon as I found out, there was no question in my mind. I was going to fight it."

Phelps Health Radiation Oncologist Chris Spencer, MD, MS, DABR, then ordered four weeks of daily radiation treatments for Pat at the nationally accredited Phelps Health Delbert Day Cancer Institute (DDCI) in Rolla. Thankfully, her side effects have been mild, and Dr. Spencer has been great to work with, she said.

"My treatments last about 15 minutes, and the Radiation techs do everything they can to make me comfortable, including offering me a blanket," Pat said. "I do notice I have been a little more fatigued.

Following radiation and more tests, she will be on a chemotherapy pill for five years.

### Following radiation

Having called Rolla home since 1968, Pat never considered going anywhere else for treatment.

"Why would you want to drive to a big city? I don't love the traffic," she added. "So, it's never been a question for me or my husband. I think you'd be hard pressed to get better treatment somewhere else. I've had a great experience. Everyone has been welcoming and personable."

### The future

Looking to the future, Pat and her husband hope to resume traveling.

"We love camping with our two kitties," she said. "We like Branson, in particular. After I retired, we traveled to Alaska and the Virgin Islands. Hopefully, this spring, we can start traveling again."

Pat also shared this advice. "While I was doing self-exams, I didn't keep up on my mammograms like I should have. Hopefully, my diagnosis can serve as a reminder for others to get screened."

### Early Detection Is the Best Prevention

The American Cancer Society recommends that women at average risk for breast cancer begin yearly mammograms at age 40. If you have a family history of the disease, talk to your healthcare provider about specific screening recommendations. To schedule a mammogram, call Phelps Health Centralized Scheduling at (573) 458-7737.

### Late effects of breast cancer treatment

**M**any side effects of breast cancer treatment, such as fatigue, go away shortly after treatment ends. However, the organization Susan G. Komen® notes that some women experience late effects of cancer treatment, which are new side effects that present months or even years after treatment for breast cancer has ended. Late effects vary, and many breast cancer survivors experience no such symptoms. But according to Macmillan Cancer Support, a United Kingdom-based organization devoted to supporting individuals living with cancer, some late effects may be permanent.

There's no way of knowing who will experience late effects of breast cancer treatment. However, a 2019 study published in the Journal of Midwifery & Women's Health indicated that as much as 90 percent of breast cancer survivors experience long-term consequences as a result of treatment. Susan G. Komen notes that some of the more common late effects of breast cancer treatment include:

- Bone health problems
- Changes in the look and feel of the breast, including after lumpectomy, radiation therapy and/or reconstruction
- Early menopause or menopausal symptoms, such as hot flashes
- Emotional distress and depression
- Fatigue or insomnia
- Fear of recurrence
- Infertility
- Joint and muscle pain
- Sexuality and intimacy issues
- Weight gain

Susan G. Komen notes that research into breast cancer care, including how to improve life for survivors, is ongoing. In the meantime, women undergoing treatment, those who have recently completed treatment or even patients who have not received treatment in years but are experiencing the aforementioned side effects are urged to speak with their physicians about the various ways to improve quality of life should any of these symptoms appear or continue to present. More information about late effects of breast cancer treatment is available at [komen.org](http://komen.org).

**FORMER PHELPS** Health employee Pat Guill is undergoing cancer treatment at the Phelps Health Delbert Day Cancer Institute in Rolla.

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## EARLY DETECTION IS THE BEST PROTECTION

The American Cancer Society recommends yearly mammograms for women starting at age 40, or earlier if there is an immediate family history of breast cancer.

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**Breast cancer coverage continues on page 13 and 14.**

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# Breast cancer FAQ

**T**he World Health Organization reports that roughly 2.3 million women were diagnosed with breast cancer in 2020. By the end of that year, there were nearly eight million women alive who had been diagnosed with the disease in the previous half decade.

A breast cancer diagnosis inevitably leads to questions about the disease. The bulk of those questions undoubtedly are asked by the millions of women who are diagnosed with breast cancer. But millions more individuals, including friends and family members of recently diagnosed women, may have their own questions. Women can discuss the specifics of their diagnosis with their physicians. In the meantime, the following are some frequently asked questions and answers that can help anyone better understand this potentially deadly disease.

## What is breast cancer?

Cancer is a disease marked by the abnormal growth of cells that invade healthy cells in the body. Breast cancer is a form of the disease that begins in the cells of the breast. The National Breast Cancer Foundation notes that the cancer can then invade surrounding tissues or spread to other areas of the body.

## Can exercise help to reduce my breast cancer risk?

The NBCF notes that exercise strengthens the immune system and women who commit to as little as three hours of physical activity per week can begin to reduce their risk for breast cancer. However, even routine exercise does not completely eliminate a woman's risk of developing breast cancer.

## Is there a link between diet and breast cancer?

The organization Susan G. Komen®, a nonprofit source of

funding for the fight against breast cancer, reports that studies have shown eating fruits and vegetables may be linked to a lower risk for breast cancer, while consuming alcohol is linked to an increased risk for the disease. In addition, the NBCF reports that a high-fat diet increases breast cancer risk because fat triggers estrogen production that can fuel tumor growth.

## Is there a link between oral contraceptives and breast cancer?

The NBCF reports that women who have been using birth control pills for more than five years are at an increased risk of developing breast cancer. However, the organization notes that risk is very small because modern birth control pills contain low amounts of hormones.

## Can breastfeeding reduce breast cancer risk?

Breastfeeding and breast cancer are linked, though the NBCF notes that the role breastfeeding plays in lowering cancer risk depends on how long a woman breastfeeds. The World Cancer Research Fund International notes that evidence indicates that the greater number of months women continue breastfeeding, the greater the protection they have against breast cancer.

## Is there a connection between stress and breast cancer?

The NBCF notes that researchers have found that traumatic events and losses can alter how the immune system functions, which can provide an opportunity for cancer cells to establish themselves within a person's body. The NBCF urges women to identify ways to keep their stress levels in check.

Breast cancer education can be a valuable asset as women seek to reduce their risk for the disease.

# Treatments considered after a breast cancer diagnosis

**A** recent article in the January/February 2023 edition of CA: A Cancer Journal for Clinicians noted that roughly 3.8 million cancer deaths have been averted since 1991. That figure represents a 33 percent overall reduction in the cancer death rate over the last three-plus decades. A host of variables have combined to make that reduction possible, and advancements in cancer treatment are one such component.

Despite improvements in cancer survival rates, the disease remains a formidable foe. Women know that all too well, as various forms of the disease, including breast cancer, continue to affect millions of women each year. The World Cancer Research Fund International reports that breast cancer was the most common cancer in the world in 2020, accounting for 12.5 percent of all new cases diagnosed in that year. When diagnosed with breast cancer, women will soon begin treatment, and the following are some of the options doctors may consider as they devise treatment plans.

- **Chemotherapy:** The aim of chemotherapy is to destroy cancer cells or slow their growth. The National Breast Cancer Foundation® notes that chemotherapy employs a combination of drugs, which are usually administered orally or intravenously. Chemotherapy is a systemic therapy, which means the drugs will travel in the bloodstream throughout the entire body. That's likely why, according to the organization Cancer Research UK, nearly everyone who receives chemotherapy experiences some level of fatigue.
- **Radiation:** The NBCF notes that radiation therapy utilizes high-energy rays to kill cancer cells. Radiation therapy affects only those parts of the body that are treated

with radiation, so it might not lead to the same level of fatigue as chemotherapy. However, cancer care teams often utilize both radiation and chemotherapy to treat

cancer. When treating breast cancer, radiation therapy is often utilized to destroy

See **Treatments** page 14

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# What to know about breast cancer recurrence



Millions of women across the globe are survivors of breast cancer. Those women serve as inspiration to millions more individuals, even as they bravely live with the threat of recurrence.

The Cleveland Clinic notes that most local recurrences of breast cancer occur within five years of a lumpectomy, which is a common breast cancer treatment during which cancer cells and a small margin of healthy breast tissue are removed. Even if recurrence is unlikely and/or beyond a woman's control, the lingering notion that breast cancer return at any moment can be difficult to confront. Learning about recurrence could calm the nerves of breast cancer survivors and their families.

### Defining recurrence

A second diagnosis of breast cancer does not necessarily mean women are experiencing a recurrence. The Cleveland Clinic notes that breast cancer that develops in the opposite breast that was not treated and does not appear anywhere else in the body is not the same thing as recurrence. Recurrence occurs when the cancer is detected in the same breast in which the disease was initially detected. Breastcancer.org notes that cancer found in the opposite breast is likely not a recurrence.

### How recurrence happens

Treatment for breast cancer is often very successful, particularly in patients whose cancer was discovered early. Recurrence can happen when single cancer cells or groups of cancer cells are left behind after surgery. Breastcancer.org notes that tests for cancer cannot detect if single cancer cells or small groups of cells are still present after surgery, and a single cell that survives post-surgery rounds of radiation therapy and chemotherapy can multiply and ultimately become a tumor.

### Types of breast cancer recurrence

There are different types of breast cancer recurrence, including:

- **Local recurrence:** The Cleveland Clinic notes that a local recurrence diagnosis indicates the cancer has returned to the same breast or chest area as the original tumor.
- **Regional recurrence:** A regional recurrence means the cancer has come back near the original tumor, in lymph nodes in the armpit or collarbone area.
- **Distant recurrence:** A distant recurrence indicates the breast cancer has spread away from the original tumor. The Cleveland Clinic notes this is often referred to as stage 4 breast cancer. This diagnosis indicates the tumor has spread to the lungs, bones, brain, or other parts of the body.

### The risk of recurrence

Johns Hopkins Medicine notes that certain variables unique to each individual affect the risk of breast cancer recurrence. This is an important distinction, as women who have survived breast cancer but are concerned about recurrence should know that they will not necessarily experience one, even if a first-degree relative or friend did. The type of cancer and its stage at diagnosis can elevate risk, which also is highest during the first few years after treatment.

The Cleveland Clinic notes that women who develop breast cancer before age 35, which is uncommon, are more likely to experience a recurrence. In addition, women diagnosed with later stage breast cancers or rare forms of the disease, including inflammatory breast cancer, are more likely, though not guaranteed, to experience a recurrence.

The fear of breast cancer recurrence can be tough for survivors of the disease to confront. Sharing concerns with family members and a cancer care team could help survivors overcome their fears.

### Did you know?

Breast cancer affects millions of women each year, but breast cancer also can be diagnosed in men. Each year in the United States, about 2,400 cases of breast cancer are diagnosed in men, according to the Centers for Disease Control and Prevention.

Roughly 270 men will be diagnosed with breast cancer this year in Canada, according to the Canadian Cancer Society. Macmillan Cancer Support says men have a small amount of breast tissue behind their nipples, where breast cancer potentially can develop.

Breast tissue in boys and girls is the same until puberty, when girls start to develop more. Signs of male breast cancer include a lump or swelling in the breast, redness or flaky skin in the breast, irritation or dimpling of the skin around the nipple, nipple discharge, or pulling in or pain of the nipple, states the CDC.

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# Local librarian leans on family

BY Colin Willard  
ADVOCATE Staff Writer  
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The American Cancer Society compiles many breast cancer statistics as a guide to people experiencing the condition. Breast cancer is the most common cancer affecting women in the United States after skin cancers. The average risk of a woman in the U.S. developing breast cancer is about 13 percent. The median age at the time of breast cancer diagnosis is 62, and a very small percentage of women younger than 45 receive a breast cancer diagnosis.

Lisa Garro of Vienna was 48 when she received a breast cancer diagnosis in January 2015.

"I was in complete shock," she said. "My doctor didn't say much but handed me a paper with all the information on it because she said from her experience, patients did not remember anything she said because of the shock. She was correct."

Before the diagnosis, Garro had noticed a dent in her breast rather than a lump like in many breast cancer cases. When she got her diagnosis, she learned that her type of cancer was different from the average case.

Garro's diagnosis was Invasive Lobular Carcinoma (ILC), which meant the cancer had developed in the lobules. Breast lobules are the milk-producing glands. Most breast cancers occur in the ducts of the breast as Invasive Ductal Carcinoma (IDC). ILC is the second most common type of breast cancer. It makes up about 10 percent of breast cancer diagnoses while IDC makes up about 80 percent of breast cancer diagnoses.

Other than the indentation, Garro did not notice any symptoms before her diagnosis. According to Johns Hopkins Medicine, some types of ILC do not cause symptoms, but some types cause symptoms including an area of thickening, swelling or fullness in the breast; a nipple turning inward or a change in breast texture.

ILC is sometimes harder to detect, particularly on mammograms, than other types of breast cancer. It also grows slower than other breast cancers.

Garro said she received her diagnosis shortly before the cancer would have started to spread. It had just broken the membrane. Test results showed it had not entered her lymph nodes.

Another test informed Garro that though her family has a history of breast cancer, the type she had was not hereditary. Her family had a history of cancer, which prepared her outlook on the condition.

"Both of my parents died of other types of cancer, so I've already experienced the 'life is short' perspective," she said.

Treatment options for ILC are often similar to other types of breast cancer. Doctors may recommend follow-ups including an MRI, ultrasound or biopsy of the breast. Depending on the size of the cancer, treatment can include a lumpectomy or mastectomy.

Garro's treatment began the month after her diagnosis when she had a lumpectomy to remove the cancer. The procedure didn't remove all the cancer, so she had to have another.

When it came time to choose a treatment plan, Garro had a dilemma.

"I was the children's librarian at the time," she said. "I didn't want to do chemo and lose my hair because I was afraid the children I read books to would be afraid of me."

After more testing, the doctors found that the chance the cancer would return



LISA GARRO (2nd from left) with her husband Dave and their four children.

without Garro undergoing chemotherapy would only be between one and two percent. Garro said that chance of return was about the same as what her doctors wanted to see regardless of if she went through chemotherapy.

Instead of chemotherapy, Garro went to 30 radiation treatments to target the cancer cells left behind after her surgery. She also underwent endocrine therapy to block estrogen because the hormone can cause breast cancer. ILCs are often very responsive to anti-hormonal medications.

Garro said many radiation plans for cancer like the one she had only include 25 treatments, but her doctor recommended an extra five sessions because she was younger than many breast cancer patients. She went to Jefferson City for treatments every weekday for six weeks. Her last radiation treatment was in May 2015.

During treatments, Garro continued to work at the library after going to radiation therapy each morning.

"Radiation makes one very tired, so I would yawn a lot throughout the day," she said. "There were a couple of days where I just had to go home and sleep it off."

Garro said during her treatments, she leaned on her family for support. Her husband Dave and daughters Becca, Rachel and Nora kept her motivated. She also stayed involved in community activities and her work at the Heartland Regional Library locations.

Cancer treatments leave lingering effects. Garro said that she has experienced other health issues following her treatments, and her immune system is now compromised. People who are immunocompromised have to take extra precautions to avoid getting sick.

"I think the biggest takeaway is that once you receive a diagnosis of cancer and go through all the treatments, it will never leave you," Garro said. "I still worry about it coming back and the side effects to all the surgeries and medication leave one's body in a declined state."

Garro said her advice to women of all ages was to make sure they stay up-to-date on their cancer screenings.

"I would like to encourage women to get their mammograms," she said. "Don't wait, don't hesitate. The earlier you catch it, the better the outcome."

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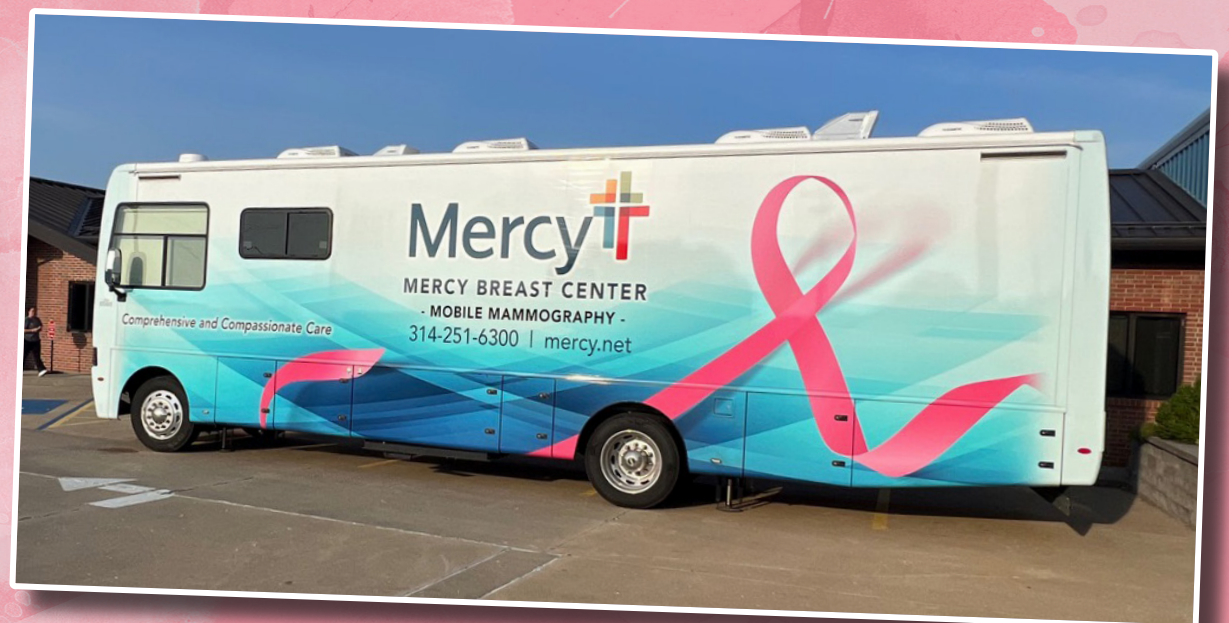
## Treatments • From page 12

any remaining mutated cells in the breast or armpit area after surgery.

• **Hormone therapy:** The American Cancer Society notes that some types of breast cancer are affected by hormones. In such cases, the receptors on breast cancer cells attach to hormones like estrogen and progesterone, which enables them to grow. Hormone therapy prevents such attachments. The ACS indicates that hormone therapy is often utilized after surgery to help reduce the risk of recurrence. Unlike chemotherapy and radiation therapy, which are generally administered over a relatively short period of time, hormone therapy is usually taken in pill form for five years.

When discussing a course of treatment with breast cancer patients, doctors may also recommend newer treatments like targeted therapies. The NBCF notes that these treatments, which utilize drugs designed to block the growth of breast cancer cells in specific ways, are often administered in combination with chemotherapy.

Doctors utilize various treatments to help breast cancer patients overcome their disease. Women are urged to ask as many questions as possible as they discuss treatment options with their cancer care teams.



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