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What I Want My Mom to Know

Rebekah's HOPE

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Kimberly Irvine

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Breast Cancer Wellness

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Fall 2017 - Volume 12, Issue 3

Nominations Open October 1 for the 2017 BCW Awards

Summer 2017 - Volume 12, Issue 2
Where Can I Get Help?
Underlying Factors to Know More for Stage IV Post Traumatic Growth

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For the newly diagnosed

SOPHIA WILLIAMS: What's Important for You?

Spring 2016 - Volume 11, Issue 1

Kim Becking
Natural Help for Healthier Bones

Stay in the Day
Grace, Grit and Gratitude

Your New Money Transformed Through the Storms

Volume 4, Issue 3
Fall 2009

Your Complimentary Issue

“We are all bonded by the experience of breast cancer and the best thing we can do is to support each other.”
–Olivia Newton-John

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EDITOR’S LETTER

DEAR FRIENDS,

This photo is hung on my office wall because I see it as a wondrous symbol of the beauty and the resiliency of the pink sisterhood. The gray backdrop reminds me how we somehow move beyond the shadows and concrete walls and find a way to not just survive, but to blossom and flourish. It’s stunning. Just by its image, it makes a statement that it is strong and it is here to bring its beauty against all odds.

We are the pink sisterhood, here to touch the world, and to share our individual and our collective beauty, strength, resiliency and our powerful stories how we thrive beyond expectations.

I encourage you to find an image that represents your beauty or the pink sisterhood’s collective beauty and keep it near you to remind you on any gray day you may have that there is strength and beauty within you that surpasses your greatest doubts.

Be a Thriver on your terms, in your style!

Beverly Vite
Publisher and 27 Year Breast Cancer Thriver

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1. Pour, E., Ganzoni L., Bjork, R.; A Novel Lower Extremity Compression Garment Featuring Spacer Fabric and Lateral Closure is Designed to Benefit Arthritic and Bariatric Patient Populations, Symposium on Advanced Wound Care; 2018

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EVERYDAY COMFORT
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Back Closure
A Letter from the President of the NCBC

Dear Readers,

Our organization, NCBC is thrilled to celebrate our 30th anniversary in 2020. NCBC is an interdisciplinary organization committed to the development, maintenance, advancement and improvement of the highest quality patient-focused Breast Centers by supporting education, certification and interdisciplinary communication among those we serve.

We aim to positively impact quality breast care and improve the experience, satisfaction and outcomes of the breast care patient as well as health care providers. The NCBC membership includes breast health professionals who provide direct patient care and corporations and businesses that provide services to breast health professionals and their organizations. We organize a comprehensive state-of-the-art interdisciplinary conference annually that meets the educational needs of navigators, nursing, breast surgeons, breast oncologists, radiologists, gynecology, women’s health specialists, pathologists, genetic counselors, administration and pathology. You can learn more about our organization and the annual NCBC conference on our website: https://www2.breastcare.org/about-the-ncbc

We are honored to have this collaboration with the Breast Cancer Wellness Magazine and our NCBC members contribute articles to every issue and provide evidence breast health information for our patients and their families.

Please enjoy the articles written by two of our NCBC members from Medical Oncology, in this issue, on “Integrative Oncology” and “Strive to Thrive: Protecting Bone Health During and After Breast Cancer.”

We hope that your breast cancer journey continues to meet your needs and that we can help empower you with informative breast health education to enhance your overall experience.

With Best Wishes,

Sandhya Pruthi, MD, FNCBC
President, NCBC
Professor of Medicine
Consultant Breast Diagnostic Clinic
Mayo Clinic, Rochester, MN

Sandhya Pruthi, MD, FNCBC
President, NCBC
Professor of Medicine
Consultant Breast Diagnostic Clinic
Mayo Clinic, Rochester, MN

Barbara Rabinowitz, PhD
Founder, NCBC

Jean Weigert, MD, FACR
Vice President
Jefferson Radiology

Kristie Bobolis, MD
Immediate Past President
Sutter Roseville Medical Center
Integrative Oncology

BY STACY D. D’ANDRE, MD

Integrative oncology is defined as a “patient-centered, evidence-informed field of cancer care that utilizes mind and body practices, natural products, and/or lifestyle modifications from different traditions alongside conventional cancer treatment.” Patients are active partners in this type of practice as they are taking charge of diet and lifestyle factors to make positive changes in their health.

Most integrative oncology clinics address the following as part of every patients’ care: sleep, stress, social interactions/spirituality, exercise, diet, gut function, toxin exposures, and use of supplements/complementary medicine. Lab testing may be offered to look at vitamin and mineral levels, markers of inflammation, and markers of glucose regulation. Diet, lifestyle change, exercise and supplements are then recommended based on the assessment and lab testing.

Many patients after treatment suffer from lingering symptoms such as neuropathy, pain, fatigue, and hot flashes. These are often treated with prescription medications with limited benefit. It is important to address these symptoms by performing a comprehensive analysis, addressing underlying inflammation, sleep disturbance, and stress, which make symptoms worse. If symptoms are impacting their quality of life, patients may be offered referral for services such as acupuncture, nutrition, biofeedback, massage, counseling, or yoga/Tai Chi which can help with these symptoms.

Patients are often taking many supplements, and many may not disclose this to their care team. It is prudent that patients share with their providers all the supplements they are taking to ensure they are appropriate and safe, as many supplements can interact with chemotherapy and other medications. The oncology team will often implement lifestyle changes when appropriate; unfortunately only 25% of patients actually receive counseling on diet, exercise and lifestyle change.

Below is a discussion of common questions about integrative oncologic therapies.

Should I take vitamins?

The use of vitamins is very common in breast cancer patients, studies reporting up to 81%. The use of these supplements during chemotherapy is controversial; studies have been mixed in terms of effects on survival. Two recent large studies did show worse outcomes in women who take antioxidants during chemotherapy/radiation. (Jung, 2019, Ambrosome) These include vitamin C, zinc, selenium, MVI, vitamin A. In one study, even taking iron, fish oil, B12 and coq 10 during chemotherapy led to worse outcomes (Ambrosome) Until there are further studies, the general recommendation is to avoid multivitamins and anti-oxidants during chemotherapy and/or radiation therapy.

After chemotherapy, some studies have shown improved outcomes in women taking vitamins such as vitamin C, vitamin E and multivitamins. (Kwan, Greenlee, Nechuta). In general, based on lab testing, patients may be recommended high quality iron/copper free vitamin post chemotherapy/radiation, and supplementation with other vitamins and minerals.

Epidemiological studies have shown that higher levels of vitamin D are associated with improved breast cancer outcomes. Vitamin D in adequate amounts is also important for bone health which can be an issue for many breast cancer patients. However randomized trials have shown mixed results largely due to poor design of the trials. Studies have shown that levels of vitamin D <20 do seem to be a risk factor for breast cancer recurrence, especially for postmenopausal women. Based on the available data, supplementation with Vitamin D3 to achieve vitamin D levels of at least 35 u/DL is recommended until further data are available to guide dosing.

What type of diet is best for breast cancer patients?

Dietary studies are very difficult to conduct, as many of the beneficial effects of diets occur through weight loss; there are also confounding factors since women who tend to follow healthy diets have other healthy habits. In general, dietary recommendations should be individualized. Studies have shown that a Mediterranean diet that is rich in whole foods, vegetables, fish, beans, and healthy fats such as olive oil, nuts and avocados can help prevent breast cancer.
Ancient grains with low glycemic index are preferred. Desserts, foods with added sugars, fruit juices, and artificial sweeteners should be avoided. The Predimed study showed that women consuming a Mediterranean diet with extra virgin oil and nuts had a decreased risk of breast cancer. High fiber intake may also be protective. Low carbohydrate diets have been shown to improve outcomes in postmenopausal women. Dietary fat may not be a risk factor for recurrence, but low fat diets may be preferred for women with hormone negative tumors.

Many women believe that dietary soy promotes breast cancer due to its estrogen like activity. However, the studies do not support this. In fact, soy may prevent breast cancer in certain populations, especially Asian women. This is due to differences in the metabolism of soy products. In general, dietary soy is safe and a good source of protein.

Meal timing is also important. Intermittent fasting has been shown to improve outcomes in breast cancer patients. After dinner, no food (water/tea are acceptable) is consumed until at least 13 hours later in the morning. This long overnight fast has beneficial effects on hormones, and can help with weight loss. Many patients are interested in fasting; this may decrease some side effects in preliminary studies, but more studies are needed to determine if fasting improves cancer outcomes.

The goal of many diets is weight loss as obesity, especially in postmenopausal women, has been associated with worse cancer outcomes. There is evidence that limiting alcohol consumption in breast cancer patients; studies have been mixed, but some do show an increase in breast cancer recurrence that is dose dependent, especially in postmenopausal women and those with high body mass index.

How much should I exercise?

The current recommendations from the American College of Sports medicine for cancer patients is to participate in at least 150 minutes per week of moderate exercise (brisk walking/swimming) or 75 minutes of intense exercise per week (jogging/running/hard swimming). Exercise has been shown in numerous studies to significantly improve survival and decrease recurrences of breast cancer. Exercise reduces inflammation, insulin resistance and assists with weight loss as well as providing cardiovascular benefits. Strength training two times per week may also help preserve bone mass as well as decrease the risk of lymphedema in high risk patients. Weight lifting does not exacerbate lymphedema in those that already have it and should not be discouraged.

What about toxins? How safe are personal care products?

We recommend avoiding plastics, especially BPA (bisphenol A) given that it has estrogen like activity. BPA has been shown to increase development of breast cancers as well as inducing more aggressive cancers and decreased survival in animal models. Elevated blood levels of BPA have been associated with increased breast density which is a risk factor for developing breast cancer. BPA is found in water bottles, food storage, cash register receipts and canned goods. Check labels, and try to store food in glass containers. Never microwave anything in plastic.

Many cosmetics and personal products have chemicals that also are associated with increased cancer risk such as parabens and phthalates. The website EWG.org has helpful information on choosing safe products, and will also tell you the quality of your tap water by zip code as well as helping identify personal products/household products that are safe.

What is the association between stress, insomnia and social isolation and breast cancer?

Many women will share that they think...
that “stress” may have contributed to their risk of developing cancer. Stress increases cortisol and other inflammatory chemicals in the body which can impair the immune system, contribute to obesity and generally are cancer promoting. Meditation using apps such as “calm” and “headspace” can be useful in helping you to relax. Mindfulness based stress reduction has also been shown to improve outcomes such as quality of life and other symptoms associated with treatment, and classes can be found throughout the country. Patients may also benefit from counseling, yoga and support groups.

Studies have shown that women who are socially isolated have a worse outcome from breast cancer. One study looked at having a significant other, close family, friends, social groups, and women without this support before diagnosis had substantial increase in breast cancer death. If you have limited social connection, it is important to reach out to your cancer team and get involved with support groups or other activities to increase your social connection.

Insomnia or sleep disturbance is a very common problem in breast cancer patients during and after treatment. Sleep is very important for restoring the body, and inflammation increases in those with poor sleep. In a large Japanese study, women who slept <6h had a higher risk of breast cancer, especially postmenopausal women. Poor sleep has also been associated with the development of more aggressive tumors. Shift workers have been shown to have higher rates of cancer likely to do alterations in hormones and melatonin. In general, good sleep hygiene is important and helpful measures to improve sleep include avoiding electronics at night, talk to your doctor about the use of melatonin or other supplements to help with restorative sleep.

What is the role of glucose and insulin on breast cancer recurrence?

When sugar and carbohydrate intake is high over a long period of time, combined with stress, sedentary lifestyle, and genetics, some patients may develop high insulin levels. This eventually leads to insulin resistance and type 2 diabetes. High insulin levels promote certain other hormones (IGF1) as well as increase central obesity, both of which contribute to cancer recurrence. Insulin can be lowered usually with diet, exercise, and stress reduction.

Are there supplements that are beneficial?

There are many supplements available and it can be overwhelming to try to choose those that may be helpful. In general, women are advised to focus on leading a healthy lifestyle which includes optimizing one’s diet and regular exercise. Supplements will not make up for poor diet, lack of sleep, and stress. However, there are a few supplements that are worth mentioning. Green tea contains polyphenols which have anti-cancer properties. Studies in Asian patients have shown a decreased risk of breast cancer and recurrence in patients who consume >3-5 cups per day, especially in earlier stage disease.

Curcumin and fish oil have been shown to decrease inflammation in many diseases, and most recently reduced inflammation and pain in breast cancer patients. Adequate dietary omega 3 levels are associated with decreased recurrence and death. Medicinal mushrooms such as turkey tail has been shown to improve immune function and outcomes in Asian populations. Reishi mushrooms have also been shown in a small randomized study to improve fatigue and quality of life in breast cancer patients on endocrine therapy.

It is most important that you always check with your care team to see if these or any other supplements are safe and appropriate for you. Supplements can have interactions and many interfere with the effects of chemotherapy or hormones. For example, a common supplement called DIM/I3C is often used to help promote healthy estrogen metabolism, but can interfere with tamoxifen. High doses of curcumin especially when given with bioperene to enhance absorption has been shown to decrease tamoxifen levels.

What lab tests should I get?

Talk to your doctor, but in general, lab tests that can be performed include checking vitamin levels, inflammation markers, iron studies, and markers of glucose control. After chemotherapy, many patients are deficient in coenzyme q 10, vitamin A, vitamin D. Your doctor will recommend what vitamins to take based on the lab values. There are also specialized tests available through integrative providers which can be useful in some patients, such as gut testing, adrenal testing, and estrogen metabolite testing.

Cannabis

Many patients ask about cannabis during or after therapy for either symptom management, or “anti-cancer” activity. While animal models do suggest some anti-cancer activity, there currently are no human trials in breast cancer to support using cannabis solely as cancer treatment. Cannabis can be very useful however to help with the side effects of therapy such as nausea, insomnia and pain. CBD ( cannabinol) is the non-psychoactive component of cannabis. Studies have shown that can help treat anxiety and pain. Hemp based CBD is available now legally in all states. However many hemp based products sold at retail stores and on line are mis-labeled and may have contaminants so it is very important to purchase CBD through a reliable manufacturer that provides product testing results. THC (tetrahydrocannabinol) is the psychoactive component of cannabis and is only available in states with legal programs for medicinal or recreational use. THC has been shown to help with nausea, sleep, and appetite. A combination of THC/CBD can be broadly useful, especially for pain. Cannabis can interact with other medications, so again be sure to ask your care team if this is safe if you choose to use it. It is also important to find a physician that can help guide you to use the correct products and dosing, as cannabis can have many side effects and needs to be closely managed.

Stacy D. D’Andre, MD

Board-certified internal medicine specialist and oncologist. She leads treatment advances through her research into new therapies and optimal management of colorectal, pancreatic, endometrial and other types of cancer. She is a Principal Investigator for National Cancer Institute-sponsored oncology group clinical trials including Gynecologic Oncology Group and National Surgical Adjuvant Breast and Bowel Project, as well as for industry-sponsored clinical trials. Dr. D’Andre serves as Executive Chair of the Sutter Cancer Research Consortium and Medical Director at Sutter Cancer Center.

For the resources for Integrative Oncology go to www.BreastCancerWellness.org/IntegrativeOncology
Strive to Thrive
Protecting Bone Health During and After Breast Cancer

BY ASHLEY PARISER, MD AND TARA SANFT, MD

Many improvements in the treatment of breast cancer have occurred over the last half century such that more women are receiving treatment for and living beyond the diagnosis of breast cancer. These treatments have direct and indirect effects on a patient’s bone health. This article will review the current understanding of bone health during and after breast cancer treatment as well as strategies that can be employed to maintain and strengthen bones so that all patients with a breast cancer history can maximize their bone health.

Bones are complex structures made of collagen fibers and strengthened by a mineral called calcium hydroxyapatite. Bones must be strong enough to resist stress and absorb energy, while being flexible enough to allow us to lift, bend, and twist. Bone strength is determined by its molecular structure and maintained through modeling and remodeling by cells called osteocytes and osteoblasts. These cells work in concert to repair damaged cells (osteoclasts) and rebuild bone structure (osteoblasts) after injury.1

There are many factors that are important for maintaining bone structure. One essential element is estrogen, which protects and preserves bone. When women enter menopause, an estrogen deficient state, bone remodeling and resorption increases and bone building decreases.2 As a result, women are at an increased risk of bone thinning when entering menopause and may lose up to 30% of their bone mass during the first 5 years of menopause.3 This includes a risk of osteoporosis, which is a skeletal disorder defined by low bone mass and increased risk of fracture. Bone health is particularly important for women with breast cancer, because many recommended treatments either affect bones directly or result in an estrogen deficient state.

Chemotherapy remains an important and recommended treatment strategy for many women with breast cancer, particularly those with triple negative breast cancer, HER-2 positive breast cancer, lymph node positive breast cancer and aggressive breast cancers. There are two main ways that chemotherapy can affect bone health. The first is by causing either temporary or permanent loss of ovarian function. Fifty to seventy percent of pre-menopausal women will experience chemotherapy-induced loss of ovarian function. This is important because women who experience chemotherapy-induced loss of ovarian function have an increased rate of bone loss compared to women who maintain their menses after chemotherapy.2 The second way that chemotherapy can result in bone loss is through directly affecting bone formation and remodeling.4 Overall, women who receive chemotherapy as part of their breast cancer treatment are at increased risk for reductions in bone mineral density (-7%).2

For women with hormone positive cancers (estrogen and/or progesterone receptor positive), many studies have demonstrated that the addition of endocrine therapy reduces the risk of breast cancer recurrence and death from breast cancer. As a result, endocrine therapy is standard of care for all women with hormone positive cancers.5 There are two classes of endocrine therapy: tamoxifen and aromatase inhibitors (AIs). Tamoxifen is a selective estrogen receptor modulator and is considered standard of care for many pre-menopausal women. One benefit of tamoxifen is that trials have shown women treated with tamoxifen have preserved bone density, particularly at the femoral neck and lumbar spine.7 AIs, however, have been shown to increase the risk of bone thinning, with trials showing higher rates of bone loss and fractures in women treated with AIs compared to those treated with tamoxifen.4 Expected rate of bone loss per year is also greater with AIs than menopause alone (~2.6% vs -1%).7 Ovarian suppression with medications such as leuprolide and goserelin is an important consideration, because it results in chemically induced menopause. Women taking ovarian suppression in combination with either tamoxifen or AIs will also be at increased risk of bone thinning due to reduced circulating estrogen.

The first thing that every woman with breast cancer or a breast cancer history can do to optimize her bone health is to know her bone mineral density (BMD). Currently the best way to evaluate for bone loss is to evaluate for BMD with a type of x-ray called dual-energy X-ray absorptiometry or DXA (or DEXA). A DXA compares the patient’s bone density with an average bone density. A T-score is a comparison between the patient’s result and a population of 30-year-old subjects of the same sex, while a Z-score is a comparison between the patient’s result and a population of patients your age. All results are given as a standard deviation from the mean. The World Health Organization (WHO) defines normal bone density as T-scores less than -1, osteopenia as a T-score between -1 and -2.5, and osteoporosis as a T-scores less than -2.5.4 The National Comprehensive Cancer Network (NCCN) recommends obtaining a DXA at time of diagnosis and periodically afterwards for all women being treated with AIs or who have experienced ovarian failure secondary to treatment.

Additionally, women can optimize other risks factors and nutrition. Non-modifiable risk factors include white race and family history. Modifiable risk factors include low body weight (less than 70 kg), cigarette smoking, long-term glucocorticoid (steroid) treatment, previous fractures, or excess alcohol intake.8 Calcium and vitamin D are essential for maintaining bone health. Although the optimal dose of both vitamins is still unknown, most studies and meta-analyses recommend 1000 to 1200mg of calcium and 800 international units (IU) daily for patients with osteoporosis.9 With regards to vi-
tamin D, it is important to first rule out vitamin D deficiency as higher levels of supplementation would be recommended in this circumstance. Many trials have looked at the effect of calcium intake both via diet and supplements on BMD. A large meta-analysis evaluating 59 of those studies showed a small increase in BMD of 1-2% over one to five years and no difference between calcium obtained via diet compared to calcium obtained via supplements. As calcium supplements can be associated with kidney stones, GI upset and a small risk of cardiovascular events, optimizing calcium intake via diet is typically preferred. Foods high in calcium include dairy products, oranges, almonds, beans, soy milk and dark leafy vegetables.

Exercise is another modality that can be utilized to improve bone strength. Studies evaluating strength and weight training exercises generally show improvement in the range of 2%-8.8% in BMD after 1 to 2 years compared to 1% BMD loss in control patients who did not participate in these exercises. An added benefit of strength and weight training is improvements in muscle strength and balance. Incremental improvement in muscle strength, balance, and BMD was also seen in studies looking at addition of weight training and strength exercises to calcium, vitamin D and bone strengthening medications. Aerobic exercise has also been shown to improve BMD. A study evaluating supervised aerobic exercise training program to usual activity demonstrated an improvement in lean body mass, percentage body fat, and BMD over 6 months in women who participated in the aerobic exercise program. Average exercise per week was 120 minutes and most common exercise performed was walking. Women who exercise more (r150 minutes) had larger decreases in body fat and increased improvements in BMD compared to women who exercised less.

Lastly, bone strengthening medications should be considered. Two classes of medication have been approved to improve BMD in setting of osteoporosis: bisphosphonates and RANK- ligand inhibitor (denosumab). Currently, there is more data and stronger evidence supporting bisphosphonate use compared to denosumab use in women with breast cancer. Bisphosphonates have been shown both to prevent bone loss as well as improve BMD up to 10%. Both oral bisphosphonates (clodronate, risedronate, ibandronate) and IV bisphosphonates (zoledronic acid) have been shown to improve aromatase induced bone loss (AIBL). Furthermore, zoledronic acid has been shown to prevent breast cancer recurrence particularly in the bones for both pre-menopausal women treated with endocrine therapy and ovarian suppression and postmenopausal women. Denosumab was studied in the ABCSG-18 trial and demonstrated delayed time to fracture and improved BMD compared to women treated with a placebo.

The American Society of Clinical Oncology (ASCO) recommends bisphosphonates be considered for all postmenopausal women who are candidates for systemic therapy (chemotherapy and endocrine therapy). Zoledronic acid at a dose of 4mg every 6 months for 3 to 5 years is currently the preferred bisphosphonate, as it has the best evidence for preventing breast cancer recurrence in addition to improving BMD.

Overall, bisphosphonates are well tolerated. The most significant potential risks are osteonecrosis of the jaw, low calcium levels, and kidney impairment. The risk of osteonecrosis of the jaw is rare (1% to 3% incidence) and can be reduced with good dental care. Thus, all women considering starting a bisphosphonate should be evaluated by her dentist prior to starting. Because bisphosphonates can lower calcium levels in the blood, studies including prescribed vitamin D (400 to 800 IU) and calcium (500 to 1000mg) supplementation reported very few episodes of low calcium. More common side effects include low grade fever, fatigue, nausea, and bone or muscle pain.

Overall, all women with a history of breast cancer should discuss their bone health with their physicians. Past and current treatments may be increasing their risk for bone loss and thinning; however, there are many strategies including diet, exercise and medications that can be considered to maximize bone health. The goal is for every woman with a history of breast cancer to find the ideal strategy for optimizing bone health after treatment.

RESOURCES
9. Rosen HN: Calcium and vitamin D supplementation in osteoporosis, in Rosen C, Schmader K (eds). Waltham, MA, UpToDate, 2020
18. Rosen HN: Calcium and vitamin D supplementation in osteoporosis, in Rosen C, Schmader K (eds). Waltham, MA, UpToDate, 2020
Springtime Juicing

Juice recipes for your health, healing and wholeness

Juice is broken down so well that the nutrients get right into your system. Even if your digestion is not up to par, you’ll get great benefit from juicing. In fact, if you have digestive issues, it is very important to drink vegetable juices to get the nutrition you need.

You can juice more vegetables that you could normally eat in a day. Vegetables are loaded with antioxidants that support a strong immune system. Also, juicing veggies you don’t particularly like that are disguised with other flavors helps you get nutrients you could otherwise miss.

You can get concentrated amounts of vegetables that have particular cancer-fighting phytonutrients such as celery. It’s one of the best sources of apigenin, a phytonutrient that has been shown in studies to slow or halt angiogenesis—the creation of blood vessels that grow to tumors and feed them.

BY CHERIE CALBOM M.S.
Cherie Calbom, M.S. is a leading authority on juicing for health and detoxification. Known as The Juice Lady, TV chef and celebrity nutritionist, she has helped in pioneering the fresh juice movement around the world. Cherie is author of 35 books including her bestseller Juicing For Life with over 2 million books sold.

She writes a juice column for Breast Cancer Wellness Magazine. Cherie holds a Master of Science degree in whole foods nutrition from Bastyr University where she sat on the Board of Regents for five years. She has lectured worldwide on juicing, detoxing and fasting including consulting for the Royal Family of the UAE. Cherie and her husband offer juice and raw foods retreats throughout the year. https://juiceladycherie.com

THE GINGER HOPPER WITH A TWIST

5 medium carrots, scrubbed well, green tops removed, ends trimmed
1-inch piece fresh ginger root, peeled
1/2 green apple
1/2 lemon, peeled if not organic

Cut produce to fit your juicer’s feed tube. Juice ingredients and stir. Pour into a glass and drink as soon as possible. Serves 1.

SPRING VEGGIE TIME

4 carrots, scrubbed well, green tops removed, ends trimmed
2-inch chunk jicama, scrubbed or peeled if not organic
1 handful watercress
1/2 lemon, peeled if not organic
1/2 green apple

Cut produce to fit your juicer’s feed tube. Juice ingredients and stir. Pour into a glass and drink as soon as possible. Serves 1-2.

Enjoy!
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TO LEARN MORE ABOUT EES, please visit www.essentialeyebrowsolution.com, or call 1-888-208-5081.
As I write this I feel a little melancholy. It was the spring of 2000 when I first heard the words “you have breast cancer.” It wasn’t stage 1, stage 2, or even stage 3. It had already progressed to the worst possible stage 4. I was only 36 years old at the time. My younger brother Lance had been fighting a rare form of stage 4 sarcoma for a few years at that time.

A month after my stage 4 diagnosis, Lance lost his battle with cancer; he was 35. But, because of Lance and his battle, I felt empowered to seek multiple opinions, to have more than one radiologist read my scans and to seek out clinical trials.

I embraced the best of Western medicine and I complemented it with Eastern modalities and I changed the environment of my body so cancer wouldn’t be able to thrive in it. I traveled with friends, family, my son Colby and my husband John. I wrote down my desires for my funeral, tucked them away, and then never thought about my funeral again. I started checking off Bucket List items, I took lots and lots of photos and I truly listened to lyrics of songs.

Fast forward to today. I’m still here. I’m still living life to the fullest each and every day despite many setbacks over the last 20 years. I make a decision every morning when I wake up that I’m going to be happy, healthy and I’m going to encourage everyone in my path to do the same. It’s not always easy; heck, life’s not easy but it’s beautiful and I am forever grateful for every moment I’m alive.

I’m going to be happy, healthy and I’m going to encourage everyone in my path to do the same. It’s not always easy; heck, life’s not easy but it’s beautiful and I am forever grateful for every moment I’m alive.
About Us — The Short Version

We live in Irvine, California. Rebekah is originally from Southern Oregon and Joel is a Southern California lifer. We often jab each other as to which place is better to live. But for better or worse, So-Cal is home. We got married in August 2015 (in Oregon).

Rebekah’s diagnosis and cancer remains a constant battle but a huge part of fighting her cancer is that we try to not let it dominate our lives. In fact, we try to live as though she does not have cancer. We are both committed Christians, and our faith is a central focus of our lives. We are involved with a great local church that helps us tremendously. Apart from that, we just really enjoy being together. We like to read, bargain hunt at garage sales and thrift stores, refurbish (upcycle) old furniture, decorate our house, hangout with friends and family, spend time with (Joel’s) kids, and watch Netflix in bed while eating ice cream (double fudge mouse tracks). We also enjoy helping people who are hurting and struggling since we know that pain so well.

I (Rebekah) like to crochet, read, listen to worship music, face time family in Oregon, cook, and laugh at Joel’s silly jokes. I (Joel) like to read, write, and work on creative projects, anything from art to business. I like to think, envision, and create things that bring beauty into the world. Basically, we are homey and nerdy, and we like it that way.

About Us — The Extended Version

Rebekah the Oregonite

Rebekah grew up in Southern Oregon, then later the San Francisco Bay Area, and then back to Oregon during her high school years. She is the fourth of five siblings. Her early childhood was marked by both family love and family turmoil, the instability of moving often yet stable in faith. Her dad struggled with addiction and mental illness. When she was 12 years old, her dad died from cirrhosis of the liver. He was found under a freeway overpass, homeless.

Yet through all this, Rebekah, her mom, siblings, and extended family remained a tight
troop. While they had little earthly riches, they were rich in love and support. Family and faith were the hallmarks of her life, and these early experiences also helped shape her heart into the woman she is today.

Always a good student, Rebekah dreamed of going to college to become an oncology nurse to help people with cancer. Toward the end of her senior year of high school, she got accepted at Biola University and was excited about starting her studies to become a nurse.

Joel the Californian

Joel grew up in Orange County, California. He and his younger sister had the fortune of a simple yet stable home. He loved remote control cars, skateboarding, surfing, and riding BMX bikes. But his real passion, from 7th to 11th grades was racing motocross.

While a junior in high school, he crashed during a practice and broke his femur and wrist. Since he could not race for an entire year, he got into partying and drinking. He and his friends also became angry, racist, violent skinheads during his senior year of high school. This lifestyle led to Joel getting in some serious trouble. He ended up getting expelled for a crime he did not commit, but he still got charged with two felonies (one was a hate crime) and two misdemeanors. His parents hired an attorney and a plea deal was struck. He had to do about a million hours of community service.

A year later, Joel (19 years old) came face-to-face with someone cooler and tougher than he was: Jesus. His world was turned upside down and he had nothing short of a worldview revolution. While he barely passed high school, Jesus helped turn his brain on and he spent the next 10-years working through four different colleges to obtain multiple degrees. He went to seminary and even pastored at a couple churches. Joel got married to a young single mom, and he adopted her daughter. They had a son together as well. The future seemed to hold only bright promises.

Rebekah’s Brokenness

Rebekah did some traveling around the world before starting her college studies. For a while she lived in an orphanage in Mexico and helped disabled kids. She later served as an au pair for a family in Germany and then for another family in Ireland. After returning home, around age 21, she worked several odd jobs. At the age of 23, she was shockingly diagnosed with stage 1 breast cancer. Her world stopped. All her plans got put on hold. Her oncologist said that she was the youngest patient their office had ever seen with breast cancer. She made the difficult decision to have a double mastectomy. She did seven months of chemotherapy and then three years of a hormone therapy maintenance drug. The entire ordeal was traumatic, and she suffered for a time with PTSD. But she never wavered in faith in God’s love for her and her faith even grew.

Joel’s Brokenness

Interestingly, during the same time that Rebekah was going through her journey with cancer, the seams of Joel’s marriage were coming apart. After multiple attempts to keep it together, the marriage ended in divorce. Joel was a crushed and shattered man. Apart from his kids, he had lost everything—house, job, possessions, reputation, and—hope. Joel, then 32, struggled with alcohol, with depression, with faith, and with direction.

Rebekah’s Rebuilding

While Rebekah went through chemo, she met an older Christian lady named Sean. Sean had stage 4 breast cancer and was receiving chemotherapy as well. The two became close friends. Sean was a shining example of joy, grace, and love while suffering and fighting to live.

After Rebekah, finished chemo, the two went out to lunch to celebrate. Rebekah asked Sean, “What now? What do I do if it comes back?” Sean said, “Now, you live. If it comes back, you fight. You fight, and you live. But now, you need to get back out there and live your life.” It was that advice that encouraged Rebekah to get back out into the adventure of life.

At 25, Rebekah had been deemed cancer free for nearly three years. Inspired by Sean’s example and advice, she packed her little car and drove south to Southern California where her younger sister, Liz, was living with her husband and kids. Her goal was to start a new life and what better place than the beach of Southern California? Did you say better?

Joel’s Rebuilding

After his divorce, Joel vowed that he would not even consider dating for at least a year. Well, a year turned into three years. He required a lot more work than he had thought! He got involved again with church, support groups, and a therapist. He got a new job making decent money. Joel struggled with his faith, but he never lost it. The more he trusted the Lord, the more the pieces of his life began to come back together, but this time renewed and with greater perspective.

Joel joined an online Meetup group for Christian singles. He noticed that there was another girl who joined the group the same day he did. She looked cute. He sent her a short email and asked if she wanted to talk. To his surprise, she replied.

Rebekah’s Reply

The day that Joel sent that email, Rebekah was home alone in her little studio apartment. She felt terribly homesick and felt like maybe she had made a mistake coming to California. She was on the verge of packing up and driving back home. She then received an email from some guy in the Meetup group she joined the day before. He was asking her if she wanted to talk. She pecked out a few sentences and said okay. She clicked send. That was September 12, 2013.

Joel and Rebekah’s New Life

On August 23, 2014 Joel and Rebekah got married. They moved into a little one-bedroom apartment in Santa Ana, California. It was a new start for both and they abounded with excitement and plans. Joel and Rebekah had both been through painful trials and deep brokenness, but about three years out from the trials, they were different people. They were broken and rebuilt by God. The two were alike in many ways and madly in love.
Joel and Rebekah’s Tragedy
Seven months into their marriage, Joel got a call from his dad. His dad shared that he had been diagnosed with stage 4 stomach cancer. A month after that, Rebekah was diagnosed with stage 4 breast cancer. After many tests and scans, they learned that not only had Rebekah's cancer returned, but it had metastasized (spread) to her liver, lungs, kidneys, bones, and brain. They found at least nine tumors in her brain. One radiation oncologist that reviewed her scans said that even with treatment, she probably had 4-6 months to live. She was 27 years old.

The bottom of their world fell out. The future, that just a week prior seemed so bright, went black. They were again lost. But they clung to each other and clung to their faith. Rebekah vowed to fight. It was not her time. The couple was broken, lost, and terrified, but they did not give up.

They got Rebekah admitted to the City of Hope cancer treatment center. She got a new team of amazing oncologists. Since her brain was the primary threat, they immediately hit her with 14-rounds of full brain radiation. After that, she started an aggressive regimen of chemotherapy. That first chemo failed, and the cancer spread. They went to Plan B and tried a new chemo. It began to work. After several months, the cancer in her brain and body was dying and shrinking. After a year of treatment, the City of Hope pushed her cancer into near remission. This is not a cure, but it's light-years away from the 4-6 months to live she was given by oncologists at a different treatment center.

It has been nearly three years since that initial diagnosis. The couple has gone through much since then. Rebekah has had multiple rounds of radiation on her brain and hip, multiple chemo-cocktails, and multiple surgeries. They have faced battles with health insurance companies, dozens of medications, and many trips to the emergency room. There is pain, sickness, nausea, and physical changes like the permanent loss of hair and health. But that is not the greatest battle. The greatest battle of cancer is in the heart. It’s the fear, the anger, the loneliness, the confusion, and emotional heaviness of fighting day-in and day-out. That is the real battle of cancer.

Joel's dad gave up that fight and let the cancer take over. He passed away one year later after his diagnosis. Joel and his sister, along with Rebekah and his sister's husband, sat around their dad right up to his last breath. He was an amazing man and dad.

The couple has learned A LOT since that initial diagnosis. They have fought and clawed their way back out of the darkness, out of the valley, and come to a place of sweetness and hope. Their love is stronger and deeper than ever. They learned to find the hidden blessings that cancer can bring, blessings that most people miss when everything in life runs smoothly.

Rebekah’s HOPE
Rebekah’s faith, character, and outlook are so extra-ordinary, that Joel wanted to capture this to show the world and give other people encouragement and hope. He decided to have a movie made to capture her story and faith as a testimony that, no matter what, there is always hope. They called the movie A Brave Hope: A True Story of Triumph Over Tragedy.

Shortly after filming for the movie was underway, Joel decided to write a book that went into detail about what it’s like to be a spouse and a caretaker at the same time. It digs deep into Joel’s life story and the struggles, challenges, and joys of loving a spouse with cancer. The book is titled In Your Corner: A Spouses’ Journey of Life, Love, Cancer, and Hope.

Over the years, many people had encouraged Rebekah to write a book about her story. Never wanting to be the center of attention, Rebekah always shied away from the idea. But people continued to ask for her to write her story and at the encouragement of Joel, she started writing a book about her life, journey, and faith. It is titled Clothed with Strength: Finding Hope and Meaning in Light of Loss and Tragedy. The idea from the title comes from Proverbs 31, which speaks of the excellent wife.

In November 2017, the couple formed Rebekah’s Hope as a legal business to house and promote these projects. Joel also wrote a second book, HELP! Someone I Love Has Cancer. The t-shirts are all designed by Joel. The couple has other projects in the works as well!

Rebekah’s Hope was formed to educate, encourage, empower, and give hope to people at any point of the cancer journey. Rebekah’s hope is not mere wishful thinking, a positive attitude, or naïve optimism. Her hope is real and absolute hope that cannot be shattered or stolen.

Email: joelhughes67@gmail.com
Email: contact@rebekahshope.org
Website: https://rebekahshope.org/
Facebook: https://www.facebook.com/Heisstillgood/
Author of “In Your Corner”
Author of “HELP! Someone I Love Has Cancer”

(found version)
Rebekah and I tied the knot on August 23, 2014. Our bright new chapter had just begun.

Six months into this new wedded bliss, my dad called me and told me that he had just been diagnosed with cancer, stage IV stomach cancer. I was close to my dad and so the news hit me hard.

Two months after that call from my dad, we found out that Rebekah had stage IV breast cancer. She was only 27 years old. The cancer had spread to her lungs, liver, kidney, bones, and brain. One oncologist predicted four to six months for her to live.

What in the world do you do? What do you say? How do you stay strong?

The person you care about, that you love, has just been pushed into the scariest fights in this life, the fight for life.

All of my focus, my attention, my energy, my worry was on her. Life became about cancer. We were thrown into a whole new world of fear, worry, anger, and pain. We were thrown into a new world of hospitals, doctors, medications, insurance, chemotherapy, radiation, surgery, blood work, pain management, scans, scans, and more scans. We were thrown into a new world of challenges in our marriage: Fear, Anxiety, Anger, feeling Overwhelmed, and feeling SO Alone.

At some point I realized that I no longer viewed myself as just a husband. I began to view myself as both a husband and a caregiver. My job became about being stay strong for her, to help her stand, to help her fight … to be in her corner.

But what took me longer to realize, what I failed to see for a couple of years, was that I was in the ring too. And if you are a caregiver to someone with cancer, someone you love, or a caregiver to someone with a serious illness, you may just see yourself as outside the ring, in their corner, wishing you could do more. But you need to see that you are in the ring with them.

Caregivers have their own new and unique challenges, stresses, temptations, and a host of chaotic and tumultuous emotions, like feeling alone. You want to be strong for them, but you get hit too. But many caregivers don’t see it like that, after all, you’re not the one facing a life-threatening illness. Who are you to complain about anything? Who are you to ask for anything? Who are you to get upset? How selfish to think of yourself when compared to your loved one.

And that’s what we do as caregivers. We internalize it all, we bury it; we try to play the strong man or the strong woman. But that can only work for so long before you start to break down in certain areas of your own life. Trust me, I’m a pro at trying to play the strong man and then breaking down and resorting to unhealthy coping mechanisms.

Here are a few survival tips for caregivers:

• You are not responsible for your loved one’s cancer nor are you responsible to fix or heal them.
• Recognize that as a caregiver, you are in the (boxing) ring too. Caregivers have their own new and unique challenges, stresses, sorrows, losses, and even temptations. You need to take some time for yourself so that you can continue to be strong for them. It’s okay to be selfish!
• Recognize that since you too are in the ring, you are going to get hit some days and some days you will also likely get knocked down. That’s Okay! See it like a red light on your car dash. Somethings out of whack and needs attention in your life. That’s the time to step back and maybe invest in some self-time.
• Don’t isolate yourself as tempting as that may be. It’s crucial to stay in communion with family, friends, and the world! If you need a support group, join one. If you need a therapist, seek one out. Stay connected.
• When you fail or fall, have mercy on yourself, let it go, and get back up. Just move forward positively.
• Don’t always try to play the strong man or strong woman, never showing your emotions (i.e. fear or anger) to your loved one with cancer. It’s good to be that strong person sometimes, but not all the time. Trying to be robot strong always will not only lead to your downfall, it will deaden your relationship with your spouse.
• Remember to have fun by yourself and together. If married, continue to work on having intimacy.
• Try to live as you did with your spouse before the cancer. Your loved one NEEDS you to be real with them and still treat them as though they are an adult. They NEED this, otherwise you’re just playing pretend life.

Remember how the doctors gave Rebekah four to six months to live? That was over four years ago and she’s doing amazing.

Joel Hughes is a husband and a father. He is also the author of HELP! Someone I Love Has Cancer: How You Can Really Make a Difference and In Your Corner: A Cancer Caregiver’s Survival Guide, co-producer of the movie A Brave Hope, and director of Rebekah’s Hope. He holds degrees in Christian ministry and philosophy. Joel lives in Southern California with Rebekah and his two kids.
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Memorial Day 2008, I was just coming out of being the care partner to my mother during her journey with brain cancer. I was 31 years old and my daughter was six and my son was four. I was sitting at my mother’s kitchen table when I felt this constant aching in my left breast. I also had been fatigued and having migraines which I attributed to the stress of my mother’s cancer and being a young mom.

I mentioned to my mom that I had this ache in my breast and she suggested I give myself a breast exam. My first reaction was “Mom, why would I do that, I am only 31 years old and too young to get breast cancer.” But with her suggestion I went up to the bathroom to give myself the exam. I immediately felt the lump, directly under my left armpit. I did not think it was related to my breast and came running down to show my mom and see if what I felt was real. And it was.

The next day I called my OB GYN and was able to meet with her the following day. During that exam she told me it was probably a fibroadenoma and that women my age get them all the time, and I was probably too anxious and overreacting because of my mom’s recent cancer. But, I just knew my body was telling me something and I challenged her for me to have a mammogram. Her response was, “Ugh, I will order the mammogram, but you will see it is just a fibroadenoma and are over-reacting.”

At that moment I felt like maybe she was right, and maybe I was a hypo-condriac, and maybe I should not proceed with the mammogram. But, I trusted my gut and went for the mammogram which turned into an immediate ultrasound and a biopsy to follow. At the young age of 31, I heard those dreaded words, “you have breast cancer.”

That was my first reality to “becoming my own best advocate” and trusting my body and myself, even though I had already been an advocate for my mother and my children.

My medical treatment for ER-PR positive, HER2-negative consisted of a mastectomy with reconstruction, chemotherapy and hormone therapy. I navigated being a young woman with cancer, while parenting children and faced many challenges along the way, including a divorce that would come later in the journey.

I will never forget a profound moment that I had with my six year daughter during that journey — she wanted me to tuck her into bed, I was so tired from the chemotherapy treatments I had been having and had no energy to sleep in my own bed often sleeping in my recliner on the main level of our home. I told my daughter I was tired and her father would tuck her into bed, and she put her hands on her hip, with her sassy way, and looked at me with her pretty blue eyes, and started to stomp her feet and said, “Mommy, you are always so sick and tired and you never tuck me into bed anymore.” At that moment, I realized what cancer was like in my daughter’s life, and I was not able to be the mom she needed me to be because I was so focused on fighting for my life. So, I looked at her and told her to go on upstairs and I would tuck her into bed.

As I proceeded up the hallway with my husband at the time, I stopped at the top of the hallway stairs. I could see her bedroom down the hallway, and Kalli was kneeling at her bedside praying to
We have this hope as an anchor for the soul, firm and secure. It enters the inner sanctuary behind the curtain.

Hebrews 6:19
God. With her sweet little hands folded, she said “Dear God, please give Mommy the strength to fight breast cancer.” I immediately fell to my knees with tears in my eyes, and I too asked God for the strength to fight and show my daughter I would beat cancer.

Life continued and together we navigated our new normal of survivorship. The fear and anxiety of recurrence were always front of mind. Three and a half years later the disease came back and I underwent more surgery to remove the cancer from my chest wall, and the implants since I had to have radiation and chemotherapy again. It was difficult to face my own mortality at age 35, and my kids were now ten and eight, and now old enough to better understood the reality of life and death. My daughter asked me if I was going to die, and the only response I could say was that I had a great medical team to help me and that we needed to lean into our faith, trust God’s plan, and pray very hard.

I am grateful to share I am 43 years old, and my daughter is now 18 and my son is 16 years old. I have had so many memories, milestones, and blessings of life that not one day goes by that I am not expressing gratitude for. Sending my daughter off to college and watching my son play baseball knowing someday he will live his dream to play in college.

The lessons I have learned from my own mother are strength, courage, perseverance and resilience. I like to think I have modeled these traits for my daughter and son as they navigate their own lives — filled with possible adversities along the way. I have also encouraged both of my children to “be their own best advocates” — even with being proactive in how they reduce their own personal risk of cancer, and engaging in health and wellness principles in their daily lives. Eating healthy, exercising, and having psycho social support and faith are the foundational blocks they have, and I pray they guide them to see that they are are indeed STRONG enough to overcome what life might bring their way.

I recently wrote a book called, STRONG[ER+]. Becoming my own best advocate and discovering my purpose. The book is available on Amazon. You can learn more about me, on my website, www.kimberlyirvine.com

We all have our own adversity, and we have a choice how we navigate it. I will never forget a conversation I had with my oncologist when I asked him how to overcome the fear, anxiety, uncertainty cancer has on my life.

His response was powerful. He said, “I have three pieces of advice:

1: Have faith. I am a medical doctor and I do everything I can medically but the man above has the final say.
2: Have hope. There are new drugs coming to market every day.
3: Go home, have a glass of champagne and live every day to the fullest.”

I always live by these pieces of advice and feel extremely blessed and grateful for the life I have — and look forward to living life watching my two greatest blessings grow into the young man and woman they aspire to be.
was only six years old the first time my mother (Kimberly Irvine) was diagnosed with breast cancer. I was ten years old the second time, and my memory is clearer and more vivid about the emotions and impact her diagnosis had on me as a child and adolescent.

I will never forget how my mother was always sick and tired from her chemotherapy treatments. I can remember her having no hair and wondering if I was going to “catch” her cancer. My mom and my stepfather did a great job helping me and my younger brother navigate the concerns we had and were proactive about us seeing a child psychologist to manage our fears and anxieties we had during both of her treatments.

I also will never forget a powerful moment I had with my mom when we were shopping for a new swimsuit for our family vacation. She was trying on different swim suit tops and becoming frustrated because none of the tops were covering her scars from the many surgeries from breast cancer and none were designed with consideration that she no longer had breasts.

As I watched my mother throw off one of the swimsuit tops and fall to her knees in tears, I asked her why it bothered her.

The response from my mother was profound — she said “Honey, yes I am frustrated and sad, but I allow myself to feel those emotions, and pick myself back up and put into perspective the blessing of having my life, being a mom watching you and your brother grow. I know there are so many other people that have more adversity than I do — some cannot hear, see, walk or have arms. My breasts, or lack of, DO NOT define me; no one can see that I do not have any.”

This experience helped me learn at a young age that young girls and women tend to put so much attention and focus on our image and what we THINK might matter — but in the end does not.

I have watched my mother share her story with so much vulnerability while educating, empowering and inspiring other men and women to be their own best advocates — no matter what adversity they might be facing. My mom is truly one of the strongest women I know, along with my grandma who had brain cancer, and my aunt who is now battling stage 4 colon cancer. As you can see, I am surrounded with a family history of cancer. Through them, I have learned how to use my own strength, courage and resilience to lead my best life.

Recently my mother wrote a book, and I was honored to write the foreword to her book and share what my life was like navigating cancer as a child. Like my mom, I hope I can support others as they deal with life adversity — and clearly, I have shown perseverance to overcome the journey myself and I want all daughters and sons of breast cancer survivors to know that they too can become a stronger, more resilient person.

This fall I will be attending college and I am so grateful and blessed my mom is alive to experience this milestone in my life and I look forward to her watching me graduate from college next!

You see, we all have adversity in life — and we just need to lean into our strength, courage, and faith as we navigate it. I have been able to use these traits my own mom modeled for me when I have had to manage my own fear and anxiety of getting cancer or fear of losing my mom.

Cancer has not defined our family, yet in many ways, it has empowered us and made us stronger. I want my mom to know her inspiration not only impacts others, it impacts and inspires me every day to embrace life’s many blessings. I want my mom to know that her journey has shown me how to be stronger and bolder so I can face the unknowns in my future.

“You never know how strong you are… until being strong is the only choice you have.” — Cayla Mills
As a little girl I was considered “tender-headed.” In other words, I despised the hair combing ritual and even the motion of the comb towards my head gave me anxiety. My mom would brush, yank, part, pull, and tuck my hair into several ponytails and adorn them with colorful ribbons to match my outfit. The end result was beautiful, but the journey was daunting.

As soon as I reached the age of 16, I wanted a cute bob haircut, low maintenance, and a style that I could do without my mom’s assistance. Luckily for me she obliged. The older I got I sought out easy hairstyles that would require little or no daily maintenance. I had it down to a science. I took pride in the fact that I could style my hair independently and without any turmoil.

The decision to go natural (free of chemicals) eight years ago was an easy choice for me. I did the big chop, which is the act of taking your natural hair journey from transitioning to 100% natural in a matter of minutes. It took all of ten minutes for me to go from my bob to a tiny fro. I rocked the short hairstyle most of my adult life. Fortunately, for me my hair grew fast and thick, and I loved it. The phrase “the bigger the hair, the harder they stare”, empowered me! I had a big and wide Afro.

As fate would have it, I became the style expert for my friends and the personal stylist for my daughter, DeAirah. I shared some of my best advice with her with a comb, rubber bands and ribbons in hand, as I mimicked the styles from my childhood. We actually looked forward to hair wash days. My daughter is 24 years old now and she rarely pays anyone to style her hair. Our mother daughter bonding over hair styles is priceless. Sometimes we listened to music or often times we just chatted about guys, life, and the future.

For most women, hair is the crown and glory. It’s the statement that can be bold, sassy, edgy, relaxed, or even sexy! I love that hair is an inner reflection of how you are feeling. We have all heard the term, “bad hair day.” Even on a bad hair day you can wear a stylish baseball cap and still be fashionable. They make decorated hair clips, snazzy hair bands, and the cutest hair scarves, so a bad hair day is really a great excuse to take it up a notch.

December 27, 2017 was the day I was diagnosed with DCIS breast cancer in my right breast. My treatment plan included chemotherapy and hormone therapy treatment for 5-10 years. As positive as I had been accepting the cancer diagnosis, hearing that I would have chemotherapy changed the trajectory of my life. Chemo meant no hair. Chemo meant that everyone would know that I was “sick.” Chemo was not what I wanted. What helped me internalize this shocking news were the words from a song by India Arie : I AM NOT MY HAIR. As I wrote in my book, Surviving Pink, “My hair loss was my symbol to the world that I had cancer and I truly felt that now everyone would know I was sick. I felt the stares and saw the awkward looks.”

Losing your hair can be an indescribable feeling. I decided shaving it would be best. YouTube was my go-to resource — as I had never done this before. My daughter and I got some shaving cream and immediately went to work shaving from front to back until all my hair was gone. Your appearance changes instantly. For me, it was time to get busy ordering wigs, scarves, and other head covering. I had them all! The wigs were appealing and natural-looking, so I mainly wore them and then I started wearing head wraps as an alternative. I always wore makeup and earrings, so I could resemble my old self. After all, it was only hair and it will grow back. I briefly rocked the bald look. I even held a mini solo photo shoot proclaiming that I had joined the ranks of other famous bald women. Being bald wasn’t so bad and I felt amazing.

One of the side effects of my hormone therapy medication included hair thinning. I would hear the words of India Arie’s “I am not my hair, I am not this skin, I am not your expectations, no (hey), I am not my hair, I am not this skin, I am the soul that lives within” resonating in my spirit. Ultimately, I am content with a little hair or a lot.

Hair, who needs it anyway? Hair does not define you nor does it have to provide insecurities. Once you embrace your beautiful self inside and out, having hair is not a big deal. If you still have life and the love of God, support of family, and a village of friends, you will survive and remember, it grows back.

BY FELICIA ROBINSON

Author of “Surviving Pink. An Inspirational Story of How a Breast Cancer Diagnosis Strengthened a Mother-Daughter Relationship” www.survivingpink.com
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BREAST FRIENDS OF CADILLAC MI Breast Friends Affiliate Support Group. Meets second Monday of each month at 5:30 p.m. at CareLinc Home Medical Equipment and Supply, 205 Bell Ave, Cadillac MI. Contact Robin Mosher at 231-775-7143, rmosher@carelincmed.com

No one should go this alone!

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No one should go this alone!
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