When Vicki Rios went in for a mammogram at age 53, she was not particularly worried. The only history of breast cancer in her family was her grandmother and they told her it was geriatric breast cancer that she got when she was 80 – so no connection to me,” she said.

A charming bubbly woman, Rios sat down with the Daily Independent recently to talk about her experiences with cancer. Rios is not just a cancer survivor, she is also a nurse with over 30 years’ experience in every department except maternity. “I don’t do babies,” she said with a laugh. Speaking of her experiences she was good-humored and relaxed, but recalled the medical details with a nurse’s precision.

One day after her mammogram she got a call. “They said, you’ve got to come in for a biopsy.” Four or five biopsies later and Rios said the news might be bad. I went, ‘something’s not right,’” she remembered. And sure enough, the biopsies came back as positive.

Rios was living and working in Detroit at the time and she knew the surgeon. She brought her mother to the appointment with her anyway. “You should always take someone in with you when you go in for news like that,” she explained. “Any type of weirdness. Even as a nurse you don’t hear everything they say.”

Things happened quickly after that. “A couple of weeks later I am in surgery,” she said. Rios had two types of cancer in her left breast. After a meeting with her oncologist and radiation oncologist the group settled on a plan. She decided on a double mastectomy. “So we opted to take them both off because they said it’s going to just go over to this side sooner or later,” she said. “So we opted for that.”

Rios said she had a port put in first, to make injecting medicine and drawing blood easier. “I suggest to any cancer patient to have a port put in; it’s so much easier on your arms,” she said.

Her mother and sister were there for her surgery, which she said “went OK.” As if having the surgery weren’t enough for one day, Rios recalled with a laugh that her mother accidentally locked them out of her sister’s house. “I don’t even remember driving home from the hospital,” she said. But once they got there her mother realized the two were locked out of the house. Her mother is also a nurse, so Rios said she wasn’t too worried. “I was in good hands,” she said. Eventually her mother left Rios sitting in the car in search of a way into the house. She found one.

“She left the bathroom window open in the back, so at 60 years old she’s climbing through the bathroom window,” Rios reminisced. “You have to keep a sense of humor about everything.” Once the two were safely inside, her mom told her how she got into the house. “I have in mind I was exhausted and she told me what she did and I almost killed her. What if she had fallen? But she didn’t.” Rios went through 12 weeks of radiation and did 12 weeks of chemotherapy.

Our mission is to provide comprehensive, quality primary and women’s health care. The clinic serves Medicare and Medi-Cal beneficiaries. We also participate in two important special programs that cover the cost of mammograms and annual exams in full. Call today to see if you qualify.

The Ridgecrest Rural Health Clinic participates in the Every Woman Counts program which provides free clinical breast exams and mammograms as well as pap tests. We also accept Medicare, Medi-Cal and most major insurance, including Family PACT (Family Planning, Access, Care and Treatment).

Call Rural Health at 760-499-3855

When Breast Cancer is found early, it is easier to treat. Talk to your doctor about:

• Your options for breast cancer screening
• Any changes or concerns & risk factors

A publication of the Daily Independent in recognition of Breast Cancer Awareness Month

VICKI RIOS/DAILY INDEPENDENT
Vicki Rios, cancer survivor.
“Hope” Zamarron first discovered a lump. “I had it checked when I was going through the ads,” Zamarron said. “I thought it was because of the hormones.”

She said at the beginning of her self-conducted breast exams, many of whom were just starting their first mammograms.

A closer examination revealed a lump. “I had it checked when I went to Santa Barbara to Sansum Clinic,” Zamarron said. “I made arrangements and didn’t even tell my son in Houston and an expert in breast cancer prevention at MD Anderson.”

Today, breast self-exams are not widely recommended, but that doesn’t mean you should stop investigating your breasts, Bevers said. “A mammogram,” said Dr. Therese Bevers, medical director of the Cancer Prevention Center at MD Anderson in Houston and an expert in breast cancer screenings.

To Help Community To Support Research To Find a Cure

HONORING ALL THOSE
WHO ARE FIGHTING.

IN MEMORY OF ALL WE LOST

FROM ALL OF US AT

Searles Valley Minerals
1-760-372-2211
Mayor shares her story

Ridgecrest Mayor Peggy Breeden announced earlier this year that she had been diagnosed with breast cancer and was undergoing treatment. After months of medical treatment, she announced in August that she had undergone a double mastectomy.

Breeden noted that telling her story was a way of sharing her personal experience and resources with others. “Our most recent community health assessment survey identified cancer and lack of oncology care among the top five important areas facing our community, creating a sense of urgency and a partnership,” said Mayor Breeden.

Brown reaffirmed the benefits of RRH's cooperation with UC Davis Health Care Center Network.

“RRH’s affiliation with UC Davis sets the benchmark for care to patients,” Brown said. “ Patients at Ridgecrest Regional Hospital will have access to UC Davis’ world-class, highly specialized medical care."

Pictured are, from left, Bud Haslam, chair of RRH Executive Board, June Brown, business analyst supervisor at UC Davis Health, Barbara Badertscher, chief operating officer, Kyle Garret, project manager and Shannon Utley, clinical project manager.

“RRH's affiliate with UC Davis brings patients a multi-disciplinary, university-based cancer center network. We will see the medical oncologist based in Ridgecrest, that physician will be connected through virtual board technology to UC Davis' treatment and research team and will have regular discussions with the university's extended network of cancer specialists."

Barbara Badertscher, chief operating officer, said, “At RRH our heart is the oncology team. They will be able to talk to pathologists who can diagnose more proficiently and learn from other similar-sized cancer centers affiliated with UC Davis, including Ridgecrest Cancer Center at Maricopa, Mercy Medical Center in Merced, AES Cancer Center in Bakersfield, Gene Upshaw Memorial Tahoe Forest Cancer Center and the South Lake Tahoe Barton Memorial Hospital."

With this affiliation, RRH’s standard of cancer care evolves with everyone, in spite of our small area. The next step, according to Brown, is to begin offering cutting-edge medical skills in Ridgecrest.

“We also plan to arrange transportation services to and from out-of-town radiation centers,” Garrett added. Shannon Utley, clinical project manager at RRH Cancer Center, said the affiliation offers Ridgecrest patients the perfect combination of world-class and community-based cancer care.

“Some of the side effects of cancer treatment are challenging, and oncology support services, including psychosocial and radiation oncology, can be at risk during this treatment,” Utley said. “At RRH Cancer Center, patients will have access to the expertise of UC Davis and to their dedicated nurses, navigators and oncology team that they know personally. When you're using someone who knows you for the person you are, not just for the cancer you have, they’re going extra miles to make sure that you're comfortable and that you receive the support you need."

RRH Cancer Center opens Nov. 6, 2017. Stay tuned for more details on the opening ceremonies and open-house events. Call 760-499-3431 for more information.

---

Palmdale Regional Medical Center's alliance with Keck Medicine of USC was formed to develop specialty oncology, colorectal and oncology breast cancer services at the hospital.

Breast Cancer Surgery

Dr. Maria Nelson focuses on the benefits of cancer, including benign and malignant tumors. At Palmdale Regional Medical Center, she performs ablative breast biopsy, ultrasound-guided aspirations, breast-conserving surgery, modified radical mastectomy, sentinel lymph node mapping and other breast surgeries.

Advanced Cancer Care

Close to home

---

To find out more about our services, visit palmdaleregional.com/nelson or call 661.273.9644.
Helping women learn new beauty tricks during chemo

BY MELISSA ERICKSON
More Content Now

Losing your hair is a common side effect of chemotherapy, yet it can be incredibly traumatic. There are beautiful ways to cope.

"It's all about the transformation and finding normalcy," Whitehurst said.

"Wigs can be hot, and hats are not for everyone. Scarves are fashionable," Flynn said.

"Women going through a difficult time don't want to stand out. They want to fit in," said Deborah Flynn, manager of the Women's Place at Dana-Farber Cancer Institute.

"Wigs can be hot, and hats are not for everyone. Scarves are fashionable," Flynn said.

"They can be intimidating to someone who is not used to wearing them. Here are some of the experts' tips for how to tie, drape, twist and wrap a headscarf, as well as how to pick what's right for you.

Start square

Take a 30-by-30-inch square scarf. Fold it into triangle. Pull the front of the scarf over the forehead and knot the ends over it into triangle. Pull the front of the scarf folded into a triangle. Place scarf on head with both ends to one ear and knot. Twist one end tightly and wind around knot. Tuck in both ends in place with bobby pins.

Stay stable

Cotton scarves stay in place better than silky ones. Fly-

Putting on a scarf, hat or wig can help them build their confidence and self-esteem.

"It's hard to look at yourself in front of a mirror, there are endless possibilities to creatively manage the effects of hair loss. Scarves are a trendy alternative to wigs and hats," Flynn said.

"Wigs can be hot, and hats are not for everyone. Scarves are fashionable," Flynn said.

"It's all about the transformation and finding normalcy," Whitehurst said.

"Women going through a difficult time don't want to stand out. They want to fit in," said Deborah Flynn, manager of the Women's Place at Dana-Farber Cancer Institute.

Scrunch the look

"Go to work on a beautiful scarf laid out flat and see what it will look like on. Take the scarf and roll it around in your hand. Scrunch it up in a roll to get a better idea of what it will look like when you're wearing it," Whitehurst said.

Scarves made of crinkled fabric are also good because they don't wrinkle. Whitehurst said. Other popular choices include tie-dyed or batik scarves with lots of color. Not too far down

Instead place it up near the hairline. Scrunch the look

"It's hard to look at yourself in front of a mirror, there are endless possibilities to creatively manage the effects of hair loss. Scarves are a trendy alternative to wigs and hats," Flynn said.

"Wigs can be hot, and hats are not for everyone. Scarves are fashionable," Flynn said.

"It's all about the transformation and finding normalcy," Whitehurst said.

"Women going through a difficult time don't want to stand out. They want to fit in," said Deborah Flynn, manager of the Women's Place at Dana-Farber Cancer Institute.

Scrunch the look

"Go to work on a beautiful scarf laid out flat and see what it will look like on. Take the scarf and roll it around in your hand. Scrunch it up in a roll to get a better idea of what it will look like when you're wearing it," Whitehurst said.

Scarves made of crinkled fabric are also good because they don't wrinkle. Whitehurst said. Other popular choices include tie-dyed or batik scarves with lots of color. Not too far down

Instead place it up near the hairline. Scrunch the look

"It's hard to look at yourself in front of a mirror, there are endless possibilities to creatively manage the effects of hair loss. Scarves are a trendy alternative to wigs and hats," Flynn said.
Is early detection always good?

BY MELISSA ERICKSON

Highly trained radiologists can detect small cancers so early through mammography that there now may be too much detection of small tumors, which can lead to unnecessary treatment, a new study shows.

A Yale School of Medicine study found that many cancers that are detected through mammography are small. What’s new from the Yale study is, researchers thought that all cancers grow slowly and treatable, such as a lump, Lannin said. Many small cancers have an excellent prognosis because they are slow-growing and treatable, which probably has a better outcome, Lannin said. Many small cancers have an excellent prognosis because they are slow-growing and treatable, which probably has a better outcome, Lannin said.

Before mammography, it was thought that all cancers were life-threatening and if cancer was detected earlier — when it was a lump — it would lead to higher survival rates, Lannin said.

"We would expect it to be better, maybe 50 or 75 percent," he said. We would expect it to be better, maybe 50 or 75 percent.

What you should know about the American Cancer Society suggestions for breast cancer screening:

- Women 45 to 54 should have a mammogram every year.
- Women 55 and older can choose to have a mammogram every year or have a breast exam every other year.
- Women at higher risk for breast cancer may need to start screening earlier or have more frequent mammograms.
- Women who have had a bilateral mastectomy may not need mammograms.
- Women with a family history of breast cancer may want to talk to their doctor about starting screening at a younger age or having more frequent mammograms.

Prevention and early detection saves lives.

See your OB/GYN to schedule your annual breast cancer screening.

"Women shouldn't have an over-optimistic expectation that a mammogram will keep you from dying from breast cancer," said Dr. Donald Lannin, Yale School of Medicine.

For All Who Are Fighting

Honoring and Praying

Remembering Those We Lost

Hoping for a Cure
Exercise helps keep a body healthy and lowers risk of some diseases. For women with cancer, physical activity can do many things, including control weight, improve mood, boost energy, increase sleep, and be fun and social—as long as exercise is done safely.

It is well-documented that physical activity benefits patients with cancer, both during and after treatment. Exercise helps patients combat physical and psychological impacts of cancer treatment, giving them a sense of well-being, control, stress reduction and empowerment.

So why aren’t more oncologists discussing exercise with their patients? A focus group study from Gunderesen Health System in Wisconsin found that 95 percent of patients surveyed felt they benefited from exercise during treatment, but only three of the 20 patients recalled being instructed to exercise.

The investigators interviewed nine practitioners plus 20 patients 45 and older with two kinds of cancer: non-metastatic cancer after adjuvant therapy and metastatic disease undergoing palliative treatment, both across multiple tumor types. While the sample size is small, the study provides an understanding of how the group as a whole has the potential to influence the practice of physical activity recommendations.

The results indicated that exercise is perceived as important to patients with cancer, but physicians are reluctant to consistently include physical activity in patient discussions, said Dr. Agnes Smaradottir, medical oncologist and lead investigator of the focus group study, which was published in the Journal of the National Comprehensive Cancer Network in May.

A key finding was that physicians expressed concerns about asking patients to be more physically active while undergoing arduous cancer treatments.

“Regular exercise has been a part of the breast cancer treatment plan for years,” Smaradottir said. “Exercise regularly from the day you are diagnosed and beyond and have exercise be an important part of your life. Carve out time for exercise at least every other day. It is that important.”

For breast cancer patients, Smaradottir's recommendations are:

• 150 minutes a week (30 minutes a day, five days a week) of moderate exercise or 75 minutes of vigorous activity.
• In addition, two to three sessions per week of strength training that includes major muscle groups and stretching.

• For women who have never exercised, start slow, working up to the goal of 150 minutes a week.
• For women already exercising, continue the exercise plan with adjustments during chemotherapy and radiation.

Before starting an exercise regime, talk to your doctor about weight loss, weight management and what types of exercise are safe for you to do. Walking is probably the simplest, easiest and the most inexpensive way to remain fit. Studies presented at the American Society of Clinical Oncology conference reported that just 25 minutes of brisk walking every day not only cuts the risk of cancer but also helps people battling the disease.

For moderate exercise, try walking briskly at a pace where you are able to talk but not sing, Smaradottir said.
When facing a breast cancer diagnosis, there's strength in numbers. A new study finds that half of women relied on three or more people to help them process breast cancer treatment options.

“The big takeaway is that most women with early-stage breast cancer are involving multiple people — not just a spouse or partner — but other family, friends and colleagues to help them make informed decisions,” said Dr. Lauren P. Wallner, assistant professor of general medicine and epidemiology at the University of Michigan and lead author of the paper, published in the journal Cancer.

The size of a woman’s support network matters. “People faced with a new cancer diagnosis are still processing the information. They are often scared and overwhelmed. They are not able to grasp all the details. It’s helpful to have support, someone with them who can help weigh the pros and cons of what the doctor is saying and the different treatment options,” Wallner said.

Larger support networks were associated with more deliberation about treatment, which is critical as treatment options become more complex, Wallner said. More deliberation suggests patients are thinking through pros and cons, discussing it with others and weighing the decision carefully. The more people a woman has supporting her, the better her decisions are, Wallner said.

“When patients are diagnosed with cancer, there’s this rush to get through the treatment process. But for patients with early-stage breast cancer, they have some time to decide on their treatment choice,” Wallner said. “The idea that women are discussing their options more with their family and friends and potentially thinking through that decision more carefully is reassuring. Engaging these informal support networks could be a way to prevent women from rushing into something.”

The study found that only 10 percent of women said they had no personal decision support network. Nearly three-quarters said their support network talked with them about their treatment options and frequently attended their appointments.

African-American and Latina women reported larger networks than did white women. Women who were married or partnered also reported more support. Even among women without a partner or spouse, many had large support networks. Women reported children, friends, siblings, parents and other relatives were involved in their decision-making.

How you can help
Offer to go with to an appointment and take notes. “It is incredibly helpful to have another set of eyes and ears,” Wallner said.

Help with research
“If you’re internet-savvy, help do research and track down information,” Wallner said.

Just be there
“On a basic level, just being present lets the patient know she is not alone,” Wallner said.

Doctors need to involve others
“Physicians should be aware that women want to include others in their treatment decisions,” Wallner said. “A woman without a support network may need extra help or information during the decision process. It starts with something as simple as physicians asking patients who is helping them make their treatment decisions. That can then guide the conversation, such as the amount of resources the physician provides and to whom they communicate that information,” she said.

Breast tomosynthesis is an advanced form of mammography that uses low-dose x-rays for early detection of breast cancer. It helps detect early, when it is most treatable.

How does it work?
Like mammograms, the breast is positioned and compressed but the x-ray tube moves in a circular arc to get a 3D image of the breast. These three-dimensional image sets help minimize the tissue overlap that can hide cancers or make it difficult to distinguish normal overlapping breast tissue from tumors.

How long does the procedure take?
While your appointment may be between 15 to 30 minutes, it takes less than 10 seconds for the imaging procedure.

How do I get a 3D Mammogram?
Schedule an appointment with your OB/GYN to check if you are an ideal candidate for tomosynthesis.

Call the Women’s Imaging Center at 760.499.3820 for more information.
Mammograms alone may not be enough to find breast cancer.

Every woman’s breasts are different, just like every flower is different. Having dense breasts is normal. It just means your breasts have more tissue than fat. Every woman’s breasts are different, just like every flower is different. Having dense breasts is normal. It just means your breasts have more tissue than fat.

Mammograms alone may not be enough to find breast cancer.