Our mission is to provide comprehensive, quality primary and women’s healthcare. The clinic 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 (EWC) program, accept Medi-Care, Medi-Cal and most major insurances, including Family PACT (Family Planning, Access, Care and Treatment).

Breast Cancer Awareness Month

Our mission is to provide comprehensive, quality primary and women’s healthcare. 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 (EWC) program, which provides FREE clinical breast exams and mammograms, as well as pap tests. We also accept Medi-Care, Medi-Cal and most major insurances, including Family PACT (Family Planning, Access, Care and Treatment).
A matter of survival

Advances in chemotherapy are making breast cancer treatable, not terminal

By Melissa Erickson
More Content Now

A breakthrough in medicine and technology means breast cancer patients are living longer, and more are now treated as chronic illnesses rather than terminal diseases. 

Life expectancy, even for multiple-stage 4 cancers, has increased. "It's not a stretch to tell a woman newly diagnosed with stage 4 breast cancer that her survival will be measured in years and not months," Dr. Malta Clinio, medical oncologist at Texas Children's Hospital. "It's not unusual for patients to be treated for stage 4 cancer while planning their children's weddings, graduations, traveling and even continuing to work. That's not true for everyone, of course, but we see these scenarios much more frequently than we used to.

"Today, patients, caregivers and their oncology teams can focus on the impact of treatment and side effects on quality of life, not just life expectancy," she said.

Reduced side effects

Because of new medications with reduced side effects, chemotherapy is now delivered in outpatient settings rather than a hospital. "The benefits are plentiful. Patients miss less work and sleep in their own beds. It's less risk of infection, a higher level of function and more interaction with family, friends and co-workers who can help support the patient through treatment," Clinio said. 

Chemotherapy can be scary, but once a patient has been educated what to expect, most get up and are motivated to get through it. "Chemotherapy is certainly not something a woman would choose to put themselves through, but once someone understands that it is necessary to prevent cancer recurrence or to stop cancer growth, the ultimate goal makes the idea more bearable," Clinio said.

Supportive measures now make some side effects of cancer treatment much less impactful than before.

"We've seen a sea change in management of nausea and vomiting. It used to be one of the scarier side effects," Clinio said.

Previously after chemotherapy a patient may have been vomiting several days for days and there was nothing to do about it. "Now, though it is still a pleasant surprise for me to hear that a patient has no nausea or loss of her treatment, it is becoming more common. It's not true for enough patients yet, but it's getting there," Clinio said.

Another innovation is immunotherapy which involves boosting a patient's immune system to fight the cancer," Clinio said. "For decades, a great deal of our practice was in managing side effects of chemotherapy especially the immunosuppressive side effects. We've had to get comfortable with therapies that may actually cause side effects as a result of immune stimulation or in a new oncologic immune system."

Less effect on fertility

While chemotherapy can affect a woman's chances of becoming pregnant, innovations are improving the chances of surviving fertility.

"Fertility preservation gives patients a chance that they can keep up their view of their future if infertility is an issue for their children because they get this cancer diagnosis and are facing systemic therapy," Clinio said.

BY CHENG, RD

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Returning to work after treatment

By Melissa Erickson

R
eturning to work after treatment for breast cancer can be a return to normalcy. “It’s a reminder that you are more than your cancer diagnosis,” said social worker Alida Rubinstein, coordinator of volunteers for the Adelphi NY Statewide Breast Cancer Hotline & Support Program. “You’re a valued employee, boss or volunteer.”

But can also be stressful, exhausting and disheartening.

“Because it is if women are diagnosed with breast cancer in their lifetime, is likely that someone in the office may have faced a similar situation,” Rubinstein said. “When it comes to what to expect, think about how they were treated. Were they sympathetic and welcoming or did they fire insensitive questions and a snide remark?”

At home you feel like your cancer diagnosis, said hotline volunteer Myn Taylor, who was diagnosed with breast cancer in 2014 at age 59. After treatment, Taylor returned to work and information technology consultant at HBO in Times Square in Manhattan.

“It was good to go back and be with people again and not be cooped up at home being sick with people who seemed to think you have cancer,” Taylor said.

In addition to the comfort of being back at work, Taylor said, “That’s especially helpful, because people are often continuing treatment as they return to work, she said.

How to prepare

As time nears to return to work, it’s always advisable to speak with your doctor. If you’ve received short- or long-term disability coverage it’s mandatory to get a doctor’s permission, Rubinstein said.

“Ask if you’re ready to go back, what accommoda-

tions you may need,” she said. For example, if you are still receiving chemotherapy your doc-

tor may advise getting it on a Friday so you have the weekend to recover, Rubinstein said.

It’s a personal decision about how much or how little you want to share with coworkers, but it’s a good idea to discuss your situation with your super-

visor and the company’s human resources de-

partment. Ask whether a flexible work arrange-

ment is possible, if needed.

In the beginning you probably won’t be able to do it all. You will feel tired, exhausted. Maybe you can’t stay late for an after-hours meeting, but stay positive. It’s temporary. You will get back to your full potential,” Rubinstein said.

Try to turn hostile comments or questions about your ability around.

“Coworkers can be wonderful, especially if they’ve been picking up the slack,” Rubinstein said. Redirect them with comments such as “I know you were covering for me. Can you fill me in? I want to get back to work.”

You don’t want to be thought of as the person in the office who had cancer. When asked how you feel, admit it was tough but that you’re ready to get back to work, Rubinstein said.

Expect that people will start at your chest and possibly ask insensitive, intrusive questions, Tay-

lor said.

“It’s better to say nothing than to say some-

thing stupid,” she said. For example, after losing her hair to cancer a person doesn’t want to hear thing stupid,” she said. For example, after losing her hair to cancer a person doesn’t want to hear something like, ‘Would...”

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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.
Currently, there should be a discussion of the potential benefits as well as harms from mammography, as well as consideration of the patient’s perspective in terms of risk tolerance and cancer worry. It should also be stressed again that these guidelines do not apply to high-risk patients,” Attai said.

In March the Food and Drug Administration announced the first policy changes in mammogram recommendations to modernize breast cancer screenings and provide patients with more information to make better-informed decisions. Mammogram providers should now alert patients if they have dense breasts, which is associated with an increased risk of breast cancer and makes it more difficult to spot a tumor with a mammogram. It is advised women with dense breasts should get further testing, such as an MRI or ultrasound.

SCREENING
Continued from B4

“When contemplating cancer treatment, it helps to remember that it’s a marathon and not a sprint. You, your loved ones and your oncology team all have the same goal, which is successful treatment with side effects impacting your life as minimally as possible. That said, cancer and its treatment are going to impact your life, and it’s important to be patient with yourself and take it one day at a time,” Cline said.

CHEMO
Continued from B2

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FLAT Contained from B1

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You rather have hair or have cancer?”

If you feel like you’re being discriminated against, ignore external forces that

you’ve tried to ignore the work back, know your rights and

what you’ve entitled to, Rubinstein said:

“Put everything in writing. Keep a paper

trail,” she said. Workers’ rights vary state to state, and some-
times state laws offer more protection than federal laws, she said.

For helpful resources, expert advice and useful tools, visit cancerandcareers.org.

WORK Contained from B3

Flap surgery should be as

cosmetically pleasing as

possible, leaving the pa-

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chest, no extra skin and

symmetrical incisions (for a bilateral mastecto-

my), Kriss said.

Going flat is an easier option for thin, smaller

breasted women with lower body fat, Black-

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For women who are big breasted and/or over-

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