



SHINING A
LIGHT ON
VIGILANCE

PAGE 2

Confronting
Breast Cancer

Local efforts in a global campaign

Facts about breast cancer, along with information about screenings and resources

Page 4

Experts say implicit bias influences quality of care for women of color

Page 6

Breast cancer survivors find health, strength, connection paddling in New Zealand

Page 8-9

Doctors refine breast cancer therapies, search for less invasive interventions

Page 11

Health professionals can help with end-of-life conversations

Page 13

Columbian readers who have been through it offer advice to navigate diagnosis, treatment and recovery

Page 14



Pulling together

Breast cancer survivor finds support with rowers

By **SUSAN PARRISH**
for The Columbian

Tamara Greenwell was on a camping trip when she was performing the acrobatics of changing her shirt in a cramped, low tent.

"I hit my boob — and it hurt," she said.

After she returned home, she scheduled an ultrasound. When the radiologist came in immediately afterward to talk with her, she knew something was wrong. The clinic scheduled a biopsy for the following week.

Just two months earlier, her mammogram had shown no irregularities, but the biopsy found a stage 2 tumor that was rapidly growing.

No one in Greenwell's family had a history of breast cancer.

"I never saw cancer coming at 44," she said. "I heard and saw breast cancer in my peripheral, but never thought it would affect me."

Based on presurgical imaging, Greenwell's doctor believed the cancer hadn't spread and scheduled a lumpectomy. But after genetic testing, they discovered Greenwell had a rare genetic marker that increased her chances of breast cancer recurring. Instead of a lumpectomy, her doctor scheduled a double mastectomy.

"We had a Ta-Ta to Titties party," Greenwell said. "I couldn't change the fact that I



Contributed by **TAMARA GREENWELL**

Tamara Greenwell of Vancouver paddles in her first race in Victoria, B.C., only four months after finishing cancer treatment.

had cancer, but I got to decide how to respond to it."

A few days after her surgery, she learned cancer had spread to one lymph node.

"I had the full-meal deal: surgery, five months of chemotherapy, and six weeks of radiation. Because of my age, they wanted to throw everything at it," she said.

Greenwell has a busy job as a communications director with Washington State Department of Transportation. During her treatment and recovery, she missed many work days. To ease her financial burden, her co-workers donated more than 1,000 hours of sick leave.

Shortly after she was diagnosed, Greenwell struggled with what she should tell people. Who should she tell? How much information was appropriate to share?

"I asked myself: Do I hide this or tell people what I'm going through?" Greenwell said. "It's not in me to hide something, so I shared with others. Being vulnerable made a difference."

Side effects

As part of her treatment, Greenwell has been prescribed a regimen of medications. Most have side effects that caused other problems. Some made her feel much worse. To reduce the risks of cancer coming back, her doctor prescribed tamoxifen, which blocks the body's ability to produce the types of hormones cancer cells need to grow. Greenwell returns to the oncology center monthly for injections

GREENWELL, Page 5



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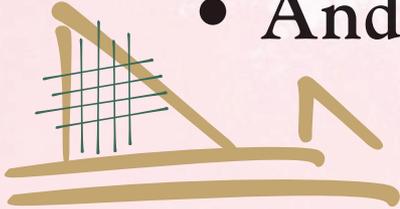
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9 YEARS IN A ROW

facts about breast cancer

October is
Breast Cancer
Awareness
month

Find screenings
and services

■ **Kearney Breast Center at Peace-Health Southwest Medical Center:** 360-514-1234, www.peacehealth.org/kearney-breast-center

■ **The Vancouver Clinic's Breast Care Center:** 360-882-2778, www.tvc.org/services/breast-care-center/

■ **Legacy Breast Health Center Salmon Creek:** www.legacyhealth.org/breastcancer

Breast cancer resources

■ **Pink Lemonade Project**, a Vancouver-based nonprofit that provides support for breast cancer survivors through healing retreats, peer-to-peer support programs and breast reconstruction advocacy: www.pinklemonadeproject.org

■ **Breast Friends**, a nonprofit based in Tigard, Ore., dedicated to improving the quality of life for female cancer survivors: www.breastfriends.org

■ **Susan G. Komen for the Cure**, a national nonprofit based in Texas working to end breast cancer in the U.S. and throughout the world: www.komen.org

■ **Breast, Cervical and Colon Health Program**, Washington State Department of Health program that offers free cancer screening to qualifying low-income people: 888-438-2247, <https://bit.ly/47PU9Ev>

■ **American Cancer Society**, an Atlanta-based nonprofit with local offices in 900 cities across the country, including Portland: www.cancer.org

■ **American Cancer Society's Cancer Survivors Network**, connect with other survivors: csn.cancer.org



7,050

Estimated number of breast
cancer cases in women in
Washington in 2023

960

Estimated number of breast
cancer deaths in women in
Washington in 2023

Sources: American Cancer Society,
Clark County Public Health

Breast cancer is the most common cancer among women in the United States, behind skin cancers.

About 1 in 3 new cancers each year among women are breast cancer.

From 2013 to 2020, there were an average of **429 new cases** of female breast cancer each year in Clark County.

Between 2013 and 2021, an average of **62 people died** of breast cancer each year in Clark County.

300,590: The estimated number of new cases of invasive breast cancer in men and women in the U.S. in 2023

43,700: The estimated number of breast cancer deaths in the U.S. in 2023

297,790: Estimated number of new breast cancer cases in women in the U.S. in 2023

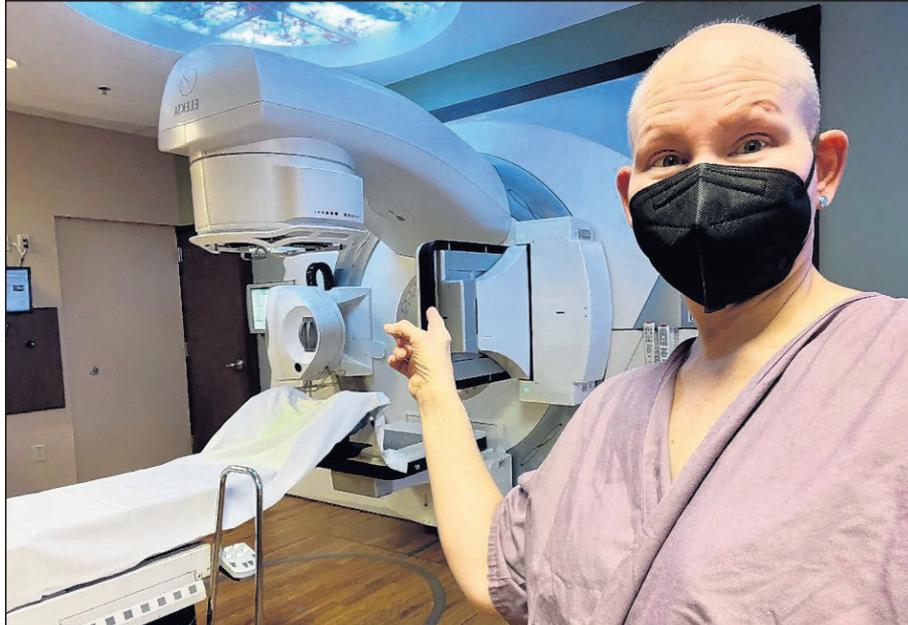
From Page 2

that suppress ovarian function and put her into early menopause. She also experienced headaches, fatigue, blurred vision, libido changes and foggy brain. The mental fog was so persistent that her doctor took her off the tamoxifen and prescribed other hormone blockers.

Two years after her diagnosis, Greenwell takes several medications related to her cancer, and continues to work with her medical team to find the right balance of cancer-preventing medications and their many side effects. She will continue taking some of these drugs for a long time.

As time passed, she couldn't shake her ever-present exhaustion. As an active person, she's struggled with the reality that she wouldn't feel better unless she slowed down and took care of herself. At the direction of her medical team, she recently took a three-month leave of absence from work so she could rest, recharge and rebuild after being beaten down not only by cancer, but also by the treatments and side effects.

"I recognize my energy isn't going to be the level



Tamara Greenwell of Vancouver awaits radiation treatment for breast cancer.

Contributed by **TAMARA GREENWELL**

it was before cancer. Although my hair is coming back, my brain and my body are not working the same as before," Greenwell said. "Breast cancer is a hard road. When I was diagnosed, I didn't know how hard it would be. I thought they'd just take a piece out of me, and I'd go on."

Receiving help

During a Pink Lemonade Project virtual meeting of breast cancer survivors, Catch-22 paddler Britten Witherspoon invited Greenwell to dragon boat practice at Vancouver Lake.

Greenwell recalled,

"The minute I felt the power of 20 people moving with power at the same time, I said, 'Sign me up!'"

"It's difficult to describe the feeling of camaraderie, the strength, the power I'm putting back into my life after being so low. The camaraderie in dragon boating is deep. People brought me dinners, mowed my lawn. The news is filled with things going wrong in the world, but I think there are plenty of things going right, right here in Clark County.

When we're on the boat, we're all paddling in the same direction. When we're off the boat, we're all

available to help support each other. There's a real beauty in how community steps up to support each other in need.

"The doctors and nurses helped to save my life with treatments and surgeries, but the dragon boating community has saved my spirit."

Greenwell's faith in humanity was renewed. When she needed help, family, friends and co-workers stepped up. In the middle of her chemo treatments, she and her partner bought a house. Her co-workers and people she had met through Leadership Clark

County — 19 people in all — helped them move while she rested.

"I'm a little bit of a control person, and I had to learn to let go and accept help with grace," she said. "They packed everything. Nothing got broken. Nothing got lost. It helped me maintain my strength to go through the treatments."

Throughout her treatment and recovery, Greenwell has felt embraced. People sent her encouraging notes, dropped off meals, knit her hats to cover her bald head after she lost her hair with chemotherapy. On her last day of chemo, people showed up with flowers and balloons.

In April, she traveled to New Zealand with a group of breast cancer survivors called Pacific Northwest Pink Lemonade (a combination of her Catch 22 team from Vancouver and the Pink Phoenix team from Portland) to paddle in the International Breast Cancer Dragon Boat Participatory Festival on Lake Karapiro. Her family accompanied her to cheer her on.

"My 13-year-old son told me, 'Mom, you lost so much because of the cancer, but you gained so much,'" Greenwell said. "It's so true. I'm not thankful for cancer, but I'm much more grateful for where I am now."

CONNECT WITH SUPPORT GROUPS

Pink Lemonade Zest: Targeted at young women with breast cancer. Meets via Zoom 6-8 p.m. on the third Tuesday of each month. Find information at <https://www.pinklemonadeproject.org/others-who-can-help/>

Pink Lemonade Limoncello: For all breast cancer patients. Meets via Zoom 6-8 p.m. on the first Thursday of each month. Find information at <https://www.pinklemonadeproject.org/others-who-can-help/>

Legacy Health Breast Cancer Support Group: For all breast cancer patients. Meets via Zoom 5:30-7 p.m. on the first Tuesday of each month. Contact Sara Butler at 503-413-7932 or Margaret Hartsok at 503-413-8404.

Compass Oncology Women's Cancer Support Group: For all women cancer survivors. Meets via Zoom from 5-6:30 p.m. on the second Monday of each month. Contact Virginia Hill at 503-528-5212 or virginia.hill@compassoncology.com.

Grupo de Apoyo - Cáncer de Mama: For Spanish-speaking breast cancer patients. Meets via Zoom 6-7 p.m. on the second Tuesday of each month. Contact Erika Ramirez at 971-331-1762 or ERamirez@nwfs.org.

Oregon Cancer Foundation Breast Cancer Support Group: All are welcome. Meets via Zoom 6-7:30 p.m. on the second Wednesday of each month. Call 541-632-3654 or email info@oregoncancerfoundation.org.

—Chrissy Booker



PADDLE FOR LIFE

August 3, 2024 at Lake River in Ridgefield

Support Paddle for Life, an annual fundraising dragon boat festival that empowers breast cancer survivors to take back control of their lives through the healing powers of exercise, community, and the unique camaraderie of connecting with other survivors. Help us provide this vital resource in Clark County to those who have shown inspiring strength and resilience in their journey towards recovery.

Donate today: www.paddleforlife.org/donate/

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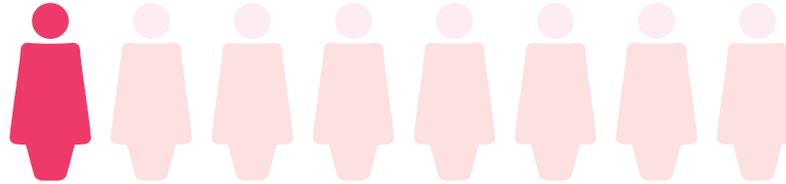
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Outcomes for WOMEN OF COLOR fall short

Experts say implicit bias influences quality of care

1 IN 8 WOMEN

will develop breast cancer in their lifetime.



▶ Time from medical consultation to the initiation of treatment was longer than three months for 22.4% for black women compared with 14.3% of white women.



▶ Black women have a 40 percent breast cancer mortality rate — the highest of any U.S. racial or ethnic group.

▶ Black women are two times more likely to be diagnosed with triple negative breast cancer, a subtype of the disease that is more aggressive and associated with a higher mortality rate.



▶ The mortality rate for Black women diagnosed with breast cancer is 42% higher than the comparable rate for white women.

40%



▶ Breast cancer is the most common cause of death in Black and Latina women between the ages of 45 and 60 years old.



▶ Indigenous women are 7 percent more likely to get breast cancer and 10 percent more likely to die from it than non-Hispanic white women.

20-30%
of women diagnosed early are likely to experience a recurrence of breast cancer.

SOURCE: American Cancer Society

By **CHRISSE BOOKER**
The Columbian

Breast cancer deaths have fallen in the United States — except among women of color.

According to the American Cancer Society, breast cancer deaths dropped 43 percent or 460,000 from 1989 to 2020. Early detection protocols, genetic testing and social awareness have significantly improved breast cancer survival. Unfortunately,

these gains have not extended to women of color.

Dr. Nathalie Johnson, a surgical oncologist at Legacy Health who is Black, has witnessed how breast cancer distinctly affects women of color. Her research assesses how implicit bias influences the level of care women of color receive.

“People go into medicine because they want to take good care of people, but it’s an unrecognized implicit bias that makes it so they don’t offer the same

level of care,” Johnson said. “They don’t spend as much time explaining and so then there’s no trust from the patient.”

Breast cancer is the leading cause of cancer-related death in the United States for Black and Hispanic women. Indigenous women are 10 percent more likely to die from it than non-Hispanic white women.

While Black women are less likely to develop breast cancer than white women, they are 40 percent more likely to die from

it due to racial, environmental and sociological factors that exist in their communities and the health care industry, according to the Centers for Disease Control and Prevention.

About 1 in 5 Black women is diagnosed with aggressive and deadly triple-negative breast cancer, more than any other racial or ethnic group. (This subtype of breast cancer gets its name from the fact the cancer cells don’t have estrogen or progesterone receptors and don’t

make a protein called HER2.)

“Grade 1 tumors are usually the better behaved tumors, whereas higher grade tumors tend to be more aggressive. And Black women do tend to have higher grade tumors. That goes along with having more aggressive cancer and then worse outcomes,” Johnson explained. “If we did a better job of genetic testing and provided screening to people who were

OUTCOMES, Page 7

Outcomes

From Page 6

carrying that mutation, then we'd find it when it's small, and then we can cure it more easily."

While some of the disparities in cancer mortality may be due to genetics, structural and systemic racism also plays a role.

According to an article from Health Care Finance Review in 2000, "the larger literature on societal discrimination suggests that, although racism has changed over time from a blatant 'Jim Crow racism' to a more subtle 'laissez faire racism,' it persists in contemporary America. As painful as it may be to acknowledge, we must begin with the recognition that discrimination is



CONTRIBUTED PHOTO

Surgeon and cancer survivor Dr. Nathalie Johnson of Legacy Health has witnessed how breast cancer distinctly affects women of color.

routine and commonplace in society and likely to be similarly prevalent in medicine."

Geographical factors also play a role in these outcomes. Redlining, a discriminatory practice that excluded Black communities from receiving bank loans, means that women of color, particularly Black women, were relegated to neighborhoods that did not have accessible health care options.

According to researchers from the Medical College of Wisconsin, "among 27,516 women with breast cancer, those residing in more heavily redlined areas experienced worse survival based on both all-cause and breast cancer specific mortality, after controlling for disease and demographic factors."

Johnson concurred. "Because communities of color are very often communities that are not as well funded and supported, many times it's a long way

to get to some of the higher levels of care," she said. "What's in your community may not be as specialized, and so you may not have access to some of the higher levels of care. Transportation and geography all contribute to worse outcomes. These situations are blatant effects of systemic racism in the United States."

Another factor that contributes to this disparity is the fact women of color often lack access to health insurance that would drastically decrease the cost of treatment. The cost of breast cancer treatment runs from \$48,000 to \$100,000. Researchers suggest that patients carrying the burden of higher treatment costs are more likely to experience bankruptcy and financial stress that decreases quality of life.

Racial bias from health care professionals has been

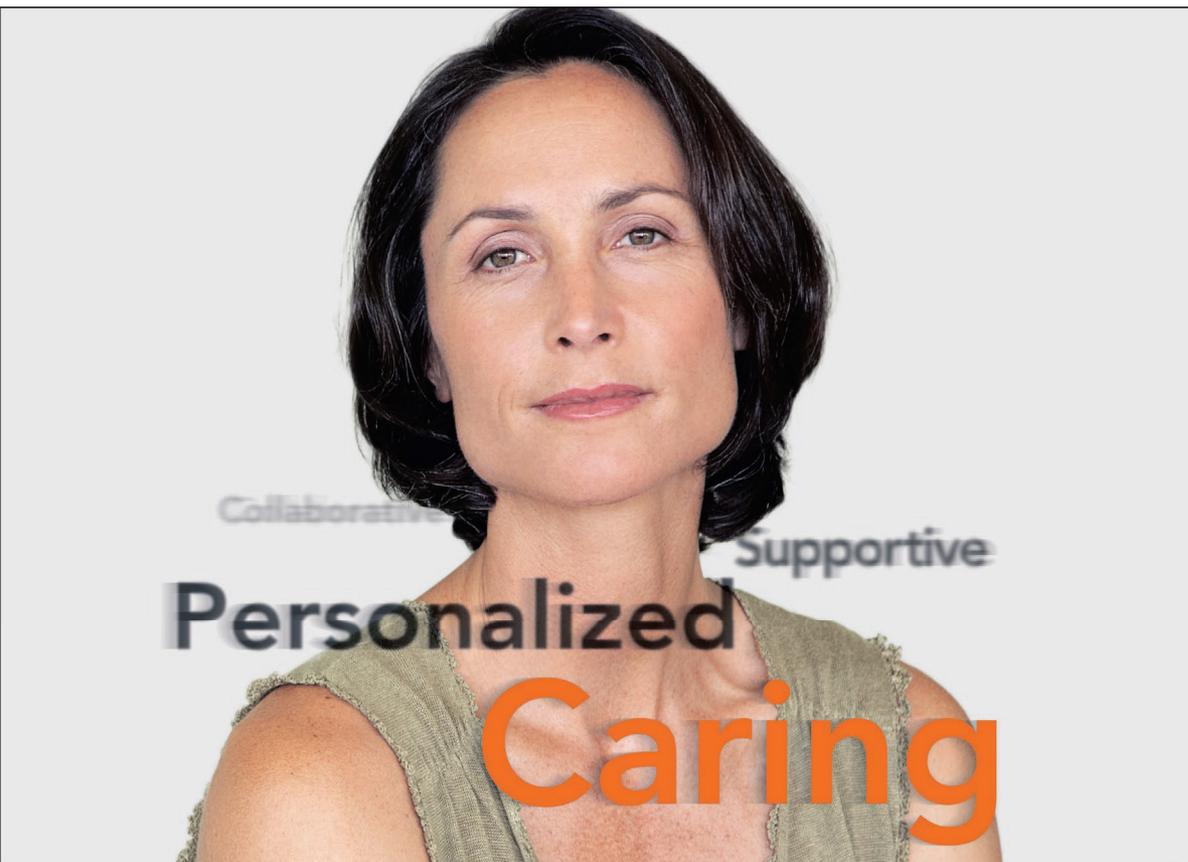
proven detrimental to the level of care women of color receive in general. A study examining racial bias in medicine found that differential treatment stems in part from the historical belief that Black and Hispanic people are more tolerant to pain.

So what is the first step toward eradicating the mistreatment of women of color in health care? Johnson believes it begins with addressing the implicit biases we hold about marginalized communities.

"We are doing a better job now with residents, medical students and nurses, as they're learning to recognize implicit bias," she said. "I think it's a continuum. We're all learning together. But if we start at the beginning with those who are just coming into the field, then over time we can evolve to be better."

"If we did a better job of genetic testing and provided screening to people who were carrying that mutation, then we'd find it when it's small, and then we can cure it more easily."

Dr. Nathalie Johnson
surgeon and
cancer survivor



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DRAGONS ON THE WATER

Breast cancer survivors find health, strength, connection paddling in New Zealand

DRAGON BOATING

International Breast Cancer Dragon Boat Participatory Festivals

2026: France (city TBA)

2023: Lake Karapiro, New Zealand

2018: Florence, Italy

2014: Sarasota, Fla.

Learn more: International Breast Cancer Paddlers' Commission www.ibcpc.com

CATCH-22

This dragon boating team paddles on Vancouver Lake and includes a breast cancer survivors' team.

Email: catch22dragonboating@gmail.com

Facebook: www.facebook.com/VancouverLakeDragonBoating

Meetup: www.meetup.com/vlacdb



Tamara Greenwell, a breast cancer survivor and member of Vancouver's Catch-22 dragon boat team, helps her teammate get into the boat for an Aug. 4 race in Ridgefield.



Nicole Rummel of Vancouver's Catch-22 team readies herself for competition in the International Breast Cancer Dragon Boat Participatory Festival earlier this year on Lake Karapiro in New Zealand.

Contributed by NICOLE RUMMEL

By SUSAN PARRISH for The Columbian

Nicole Rummel paddled in her first-ever dragon boat race in New Zealand. Not only had it been a long trip, but she had taken an even longer journey.

A breast cancer survivor, she had joined Vancouver's Catch-22 dragon boat team the previous year, but because of limitations from her reconstructive surgery, she couldn't race until the following year in New Zealand.

Thirteen breast cancer survivors from Catch-22 gathered with 2,500 fellow survivors and paddlers from 30 countries April 10-16 for the International Breast Cancer Dragon Boat Participatory Festival on Lake Karapiro in New Zealand.

Every four years, thousands of survivors from around the world gather to participate in an international festival organized by the International Breast Cancer Paddlers' Commission. Worldwide there are more than 260 IBCPC member dragon boat teams and about 10,000 paddlers representing 33 countries and six continents. Unlike competitive races, these festivals are participatory. Everyone gets a medal.

For New Zealand, the team raised money to provide race shirts, but the paddlers paid their other expenses: \$350 registration, about \$1,400 in airfare plus hotels, meals and sightseeing excursions.

Breast cancer survivors have endured one of the most challenging ordeals of their lives. Months of surgery, radiation and chemotherapy have ravaged their bodies, sapped their energy and deflated their confidence. Despite the challenges, survivors have excelled in the sport of dragon boating.

When a survivor steps into a dragon boat for the first time and picks up a paddle, something like magic happens. Paddling in unison with 19 teammates, a woman who has felt weak now feels powerful. Even more empowering is the opportunity

to paddle in a international festival where every participant is a survivor.

New Zealand bound

The previous festival had been before the pandemic, in 2018 in Florence, Italy. Paula Zellers, Catch-22's team manager, paddled with her team there. They joined more than 4,000 people — 121 dragon boat teams representing 18 countries who paddled in the Arno River.

Zellers, 82, was diagnosed with breast cancer 25 years ago. She recently completed her 24th dragon boat season.

Catch-22 didn't have enough paddlers committed to New Zealand to fill a boat, so they teamed up with Pink Phoenix, a survivor team from Portland, to create a new, temporary team, Pacific Northwest Pink Lemonade. The name is a nod the team's sponsor, Pink Lemonade Project, a Vancouver nonprofit that supports breast cancer patients. Many paddlers traveled with family and friends.

Catch-22 paddlers said finding the sport of dragon boating and traveling with their team to New Zealand have been transformative experiences.

Mary Ellingson

When Mary Ellingson was diagnosed with lobular breast cancer at 63, she took a year's leave of absence from work for chemotherapy, radiation and nine surgeries. During her treatment, she read an invitation in The Columbian for breast cancer survivors to try dragon boating on Vancouver Lake. Immediately, Ellingson knew she wanted to do it, but after a recent surgery, she couldn't lift her arms over her head. Almost two years later, she was ready.

"When I climbed into the boat, I thought: 'This is it! This is what I need,'" Ellingson said.

She paddled in her first races in summer 2022. The following spring, she joined her teammates in New Zealand.

Britten Witherspoon

The day before her 42nd birthday, Britten Witherspoon was diagnosed with breast cancer. She started months of chemotherapy followed by a bilateral mastectomy. Before her diagnosis, she was fit from regular strength training. Cancer treatment ended her fitness activity. Her energy was so low that she could barely walk around the block.

Chemo had caused osteoporosis, resulting in pain in her joints and bones. Surgery had robbed her upper body of strength and mobility. Medications caused her to gain weight. Slowly, she started walking longer distances, but her body had changed.

Then, through the Vancouver nonprofit Pink Lemonade Project, she heard about dragon boating.

"I was at such a low point physically and emotionally that I decided to give it a try," Witherspoon said. "My first time on the boat, I fell in love with the sport."

"Dragon boating has become one of my absolute favorite things. Rather than missing what my body used to be able to do, I now focus on what I can do with the body I have now. The opportunity to paddle with Catch-22 has changed my life for the better."

Nicole Rummel

Nicole Rummel was diagnosed with an aggressive breast cancer at 41. Her treatment regimen included chemotherapy, a double mastectomy, radiation and a hormone blocker. The drugs caused side effects: feeling loopy, hot flashes, weight gain, joint pain and exhaustion.

"It's been a struggle," Rummel admitted. "I think it was hard on my family to see someone who had been very athletic not even be able to walk up the stairs. The survivorship of cancer is almost as hard as the treatment."

Like Witherspoon, Rummel also heard about dragon

boating from Pink Lemonade Project. When her body was strong enough, she climbed aboard.

"Water is my peaceful place," Rummel said. "Paddling a dragon boat gave me my power back that cancer took from me."

Because Rummel's family had endured two hard years during her illness, they joined her in New Zealand to enjoy a family vacation. They toured the Hobbiton movie set built for the "Lord of the Rings" films, paddled kayaks into caves to see glow worms and went sledding down sand dunes.

"We spent time in the car just laughing hysterically. It's something we've been missing," Rummel said.

"New Zealand was the icing on the cake. On the festival's opening day, we walked together in the Parade of Nations. My kids marched with our team and carried our banner. Our trip to New Zealand might have broken the bank a little, but it was worth it."

"The race was very impactful — especially to have New Zealand be my first race," she said. "The second day, every paddler wore pink. It was a sea of pink! I was grateful for still being here."

Flower ceremony

The festival ended with a flower ceremony, a tradition to remember those who have died of breast cancer. Almost 5,000 people — survivors and their families — waved long-stemmed pink carnations in the air as they listened to a song written especially for survivors. Then everyone tossed their flowers into the lake.

"Arms went around each other, and tears flowed as we all shared in this special moment," Zellers said.

The next IBCP festival will be in France in 2026. Witherspoon, Ellingson, Zellers and Rummel all plan to be there.

Zellers said survivors are welcome to join Catch-22 on the water.



From left: Mary Ellingson, Britten Witherspoon and Tamara Greenwell are all breast cancer survivors competing for Catch-22 at dragon boat races Aug. 4 in Ridgefield.



Dragon boating helps breast cancer survivors regain mobility and confidence.



Catch-22 Storm (in the near lane) races Mighty Women Power on Aug. 4 in Ridgefield.

Photos by TOMMY RHODES for The Columbian



Life beyond the ribbon.

Breast cancer patients need everyone's support.

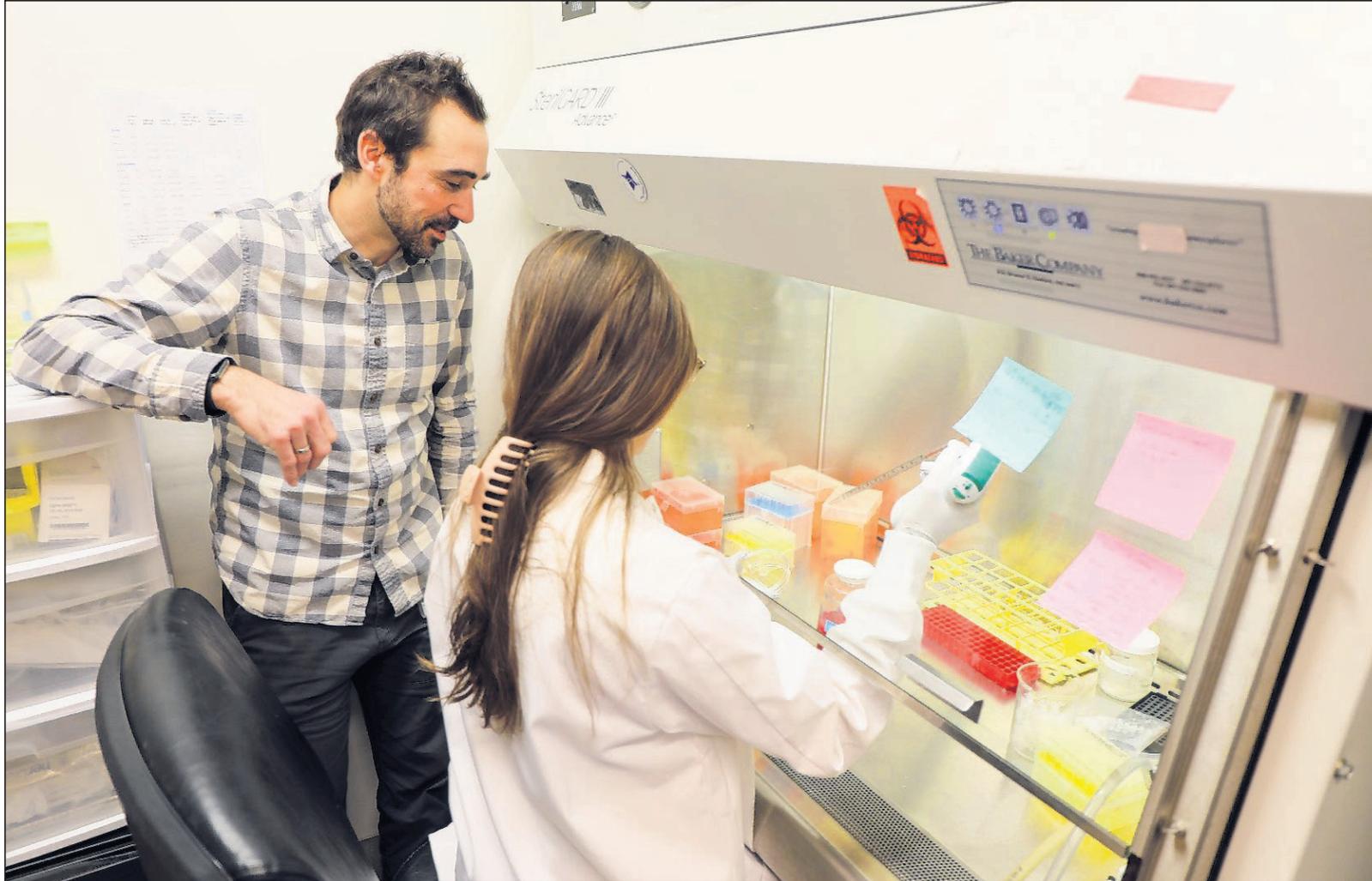
Which is why Legacy Cancer Institute, with the most locations and experts, leads the Vancouver region in the critical fight against breast cancer.

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LEGACY CANCER
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legacycancerinstitute.org



Photos by CHRISTINE TORRES HICKS/OHSU

Dr. Michael Cohen in his lab with M.D./Ph.D. student Moriah Arnold, co-author of a study introducing a new class of PARP-1 inhibitors.

New trials, treatments show promise



Dr. Michael Cohen holds a model of a molecule. His team has designed a molecule inhibitor that can block the progress of cancer.

Doctors refine therapies, search for less invasive interventions

By **SCOTT HEWITT**
The Columbian

Some clinical trials for new approaches to treating breast cancer involve small groups of patients and limited time. Others are nationwide studies involving thousands of volunteers whose cancer is tracked for years at numerous partner institutions. Meanwhile, laboratory scientists are developing new compounds with surprising anti-cancer properties.

"This is exciting," said Dr.

Michael Cohen, an associate professor of chemical physiology and biochemistry at the Oregon Health & Science University School of Medicine in Portland. His lab is working on what he hopes will be a new generation of drugs that fight many kinds of aggressive cancer, including breast cancer.

"It's a generation in the future, but we may be able to help a pretty significant number of people," Cohen said.

Treating breast cancer is "a very dynamic field.

There's always something new," said Dr. Cory Donovan, a surgeon and researcher at Legacy Salmon Creek in Vancouver. "I'm continually impressed by the bravery of my patients and colleagues, to take these leaps, to try new things. That benefits everyone."

How much is too much?

Donovan is passionate about determining just how *little* intervention her pa-

TREATMENTS, Page 12

Treatments

From Page 11

patients really need, she said. “We want to figure out the right amount of treatment for each of our patients,” she said. “Crucially, we want to be asking the question, ‘Are we doing too much?’”

In the late 1800s, she said, the standard of care was highly invasive — total mastectomy. While that raised the cure rate from zero to 50 percent, it was also “a disfiguring, disforming and burdensome operation that maimed women,” Donovan said.

In the 1970s, she said, patients started questioning whether such radical intervention was always necessary, and doctors started searching for more careful, cautious approaches. These days, Donovan said, she’s especially excited about recent and ongoing clinical trials aimed at avoiding too much treatment.

“The vast majority of early-stage breast cancer patients will be alive in 20, 30, 40 years,” she said. “What will the consequences of therapy be for their future selves?”

As a cancer survivor who underwent bilateral mastectomy, chemotherapy and radiation, Donovan said she takes these matters personally.

Those procedures “saved my life and I’m so thankful for them and for modern medicine,” she said. “But if there are women who don’t need all that, who are they? Can we spare them?”

Stop there?

After a lump is removed, biopsied and determined to be pre-cancerous (“sleepy, slow-moving, stage zero,” Donovan said), is it better to go back and perform a partial or full mastectomy — and follow that with radiation therapy — or



JONATHAN STEVENS/Legacy Health

Dr. Cory Donovan, a surgeon and researcher at Legacy Salmon Creek in Vancouver, demonstrates “Mozart,” a device that provides an accurate, 3D picture of breast cancer tumors.

simply wait and watch? In a big trial named COMET (for Comparison of Operative versus Monitoring and Endocrine Therapy), Donovan said, about 1,000 breast cancer patients were randomly assigned to different treatment groups (without knowing which treatment they’d get). Some underwent surgery, followed by radiation; others were simply monitored closely. All were offered estrogen therapy.

“Are there specific patients with pre-cancers who are being overtreated?” Donovan said. “A large number might benefit from invasive surgery, but are there patients who won’t benefit from that? Who are they? Would they benefit more simply by taking a pill and watching?”

Donovan said a few of her own patients, who were “randomized” into the pill-and-watch group two years ago, have not seen their pre-cancer progress at all.

Radiation therapy?

“What’s the benefit of radiation for women with early stage, very tiny, very sleepy estrogen-receptor-positive cancers?” Donovan said.

Post-lumpectomy, she said, “some women will get the traditional treatment that’s the standard of care,

which is going for radiation to the whole breast, five days a week for five weeks.” Another group won’t get any radiation at all, just active monitoring, she said.

“With patients who have these small, slow, sleepy cancers, can we do less?” she said.

Similar science has already allowed some women to opt out of post-surgery chemotherapy and potential side effects like pain, fatigue and hair loss, she said. This trial may get closer to the same for radiation therapy, which shares many of those nasty side effects.

Tiny tumors

“Surgeons are always excited about new toys,” Donovan said.

A combination of new tools help accurately target and remove the least possible amount of flesh around a breast tumor while still avoiding the need for more surgeries.

First comes Savi Scout, which uses a tiny, implanted radar reflector to pinpoint the exact location of a tumor that’s too small to be felt or seen. It’s an improvement over the previous technology, which uses guide wires for the surgeon to follow to the tumor.

Those guide wires can be precarious, Donovan

“I’m continually impressed by the bravery of my patients and colleagues, to take these leaps, to try new things. That benefits everyone.”

Dr. Cory Donovan

said. Savi Scout allows for greater surgical precision and the removal of less surrounding breast tissue.

Next, the tumor is analyzed — immediately, in the operating room — by an imaging machine Donovan called Mozart, more formally known as the MOZART iQ 3D Margin Management System. Mozart represents a leap forward, from flat X-rays to a 3D image presenting a fuller picture of what’s

inside the tumor and just how close to its edge the surgeon’s knife must go to get it all, Donovan said.

Using Savi Scout and Mozart makes surgery more effective, avoids subsequent procedures and leaves patients looking cosmetically better too, Donovan said.

“Patients really don’t like going in a second time,” she said. “If I can decrease that risk for my patients, that makes us both happy.”

PARP-1 inhibitors

A small minority of breast cancer patients benefit from PARP-1 inhibitors, which prevent faulty cancer cells from repairing themselves and carrying on their fast-replication work.

PARP-1 inhibitors are “not as toxic as chemo and can be very effective against some pretty aggressive cancer types,” Donovan said.

PARP-1 inhibitors have mostly been deployed against ovarian cancer, but Oregon Health & Science University researcher Dr. Michael Cohen has developed what he calls a second-generation PARP-1 inhibitor that may prove more widely effective against different forms of invasive cancer — including tough-to-treat triple-negative breast cancer. (The name comes from the fact the cancer cells don’t have estrogen or progesterone receptors and don’t make a protein called HER2.) This type of cancer is not only more aggressive, it also has a higher risk of metastasizing and recurring.

“First generation PARP inhibitors don’t do anything against triple-negative cancer,” Cohen said. “Our compounds are quite effective against triple-negative cancer cell lines.”



October is Breast Cancer Awareness month.

We hope you will take some time this month to educate yourself about the risks, symptoms and various screening tools.

BREAST CANCER FACTS

About 13% (about 1 in 8) of U.S. women are going to develop invasive breast cancer during their life.

In 2023, an estimated 297,790 new cases of invasive breast cancer are expected to be diagnosed in U.S. women, along with 55,720 new cases of DCIS.

In 2023, an estimated 2,800 new cases of invasive breast cancer are expected to be diagnosed in men. A man’s lifetime risk of breast cancer is about 1 in 833.

There are currently more than 4 million women with a history of breast cancer in the United States. This includes women currently being treated and women who have finished treatment.

Breast cancer is the most commonly diagnosed cancer among U.S. women. About 30% of all newly diagnosed cancers in women each year are breast cancer.

Adult women of all ages are encouraged to perform breast self-exams at least once a month. While mammograms can help you to detect cancer before you can feel a lump, breast self-exams help you to be familiar with how your breasts look and feel so you can alert your healthcare professional if there are any changes. Visit nationalbreastcancer.org/breast-self-exam for more information.



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2020
Cancer
Survivor

How to talk about the unthinkable

Health professionals can help with end-of-life conversations

By **MONIKA SPYKERMAN**

The Columbian

Cancer is often framed in the language of warfare. It's a battle against an unseen enemy, an epic contest of strength, endurance and will using an arsenal of disease-conquering weapons. Well-meaning friends and family tell cancer patients to be strong and keep fighting for their lives. Winning means beating death, at least for the present time.

But what if strength also includes coming to terms with the possibility of death — or at least starting that conversation with loved ones? What if winning doesn't mean beating cancer, but making the time remaining as meaningful as it can possibly be? And how can you broach this emotionally fraught subject with the people you love?

"You have to start the conversation with your oncology provider, because you have to understand what a prognosis potentially looks like," said Vanessa Sanne, interim director of palliative medicine for Compass Oncology, which has clinics in Vancouver, Portland and Tigard, Ore. "With breast cancer, we have a lot of tools in the bucket. Have a conversation with your oncologist about what lines of therapy are appropriate and what to expect because that helps you start that conversation with your family."

Some doctors and oncologists might shy away from detailed discussions of negative outcomes, Sanne said. Patients might be hesitant to address the subject directly or they may believe that because the doctor never mentions death, it's not a possibility. Doctors are treatment-focused problem-solvers but they aren't necessarily trained to discuss the emotional or spiritual experiences of someone whose cancer isn't responding to treatment, Sanne said.

A good way to bring it up with

"A good conversation about death has multiple aspects. It incorporates a spiritual element and a practical element."

Vanessa Sanne, Nurse practitioner specializing in palliative care at Compass Oncology



TAYLOR BALKOM/The Columbian

Vanessa Sanne, a nurse practitioner specializing in palliative care at Compass Oncology, says it might be hard to know when to have end-of-life discussions.

your oncologist might be to ask, "What can I reasonably hope for in this situation?" Sanne said. However, if you're unable to talk about death with your doctor, Sanne encourages patients to see a social worker, counselor or palliative specialist. This kind of doctor or nurse is trained to provide comfort, manage symptoms and improve quality of life for anyone who has a serious illness such as cancer, at any stage. That includes making end-of-life decisions or helping the patient initiate difficult conversations with loved ones.

Sanne said it might be hard to know when to have end-of-life conversations. At what point is it appropriate to start talking in terms of remaining time? That, too, is up to the individual. She'll need to decide with her oncologist when it's right to discontinue treatment and pursue comfort measures.

That's when some patients or family members "get hooked on

a number," Sanne said, and fixate on how many months, weeks, days and hours are left. But such exactitude isn't always productive because "sometimes we can predict and other times we're terrible at predicting," Sanne said. Instead, Sanne suggested constructing "a framework without putting a number on it," by discussing specific things that make life meaningful.

"It's really about changing your focus of hope towards a cure to something else," Sanne said. "Can I be hopeful for having my pain well managed? Can I have hope to spend time with the people I love? It's about shifting hope to something achievable instead of this idea that the cancer's going to go away."

For those who are ready to discuss death with their doctors, families and friends, it can be hard to know where to start, especially since death and dying are socially taboo. And even though patients

may be ready, loved ones may not. Is there such a thing as a positive conversation about death? Sanne, who's been in the palliative care profession for 25 years, says "yes."

"A good conversation about death has multiple aspects. It incorporates a spiritual element and a practical element," Sanne said. "The spiritual element is, 'What are you looking forward to? What are you afraid of? What is the afterlife like? What is the human experience of dying?' The practical element is, 'Where do you want to die? Do you want to die at home? How do we prevent dying in the hospital, if that's something you want? What is hospice and how do we use it?'"

Conversations about death are highly individual and arise from the unique intersection of terminal illness and family dynamics, Sanne said, as well as the patient's own feelings about mortality. Some patients may not want to

know the prognosis, but they're comfortable with doctors or nurses telling their families. Some patients "want to be treated with everything and go down swinging," Sanne said.

Within families, reactions cover the spectrum. Some may wish to talk about the possibility of death while others can't bring themselves to mention it. In couples, one partner may need to talk about dying while the other partner is adamantly opposed. Ultimately, it must be about what the patient desires, even if that's hard for loved ones.

"You have a right to talk about your feelings and your fears with the people that you love the most," Sanne said. "If you can't negotiate that yourself, then find a social worker or palliative provider or someone who can help negotiate that conversation to make it less frightening for the family."

For those who'd like a more in-depth guide to end-of-life issues, Sanne recommended "A Beginner's Guide to the End: Practical Advice for Living Life and Facing Death," by BJ Miller and Shoshana Berger. Sanne said the workbook-style format makes it an effective springboard for difficult conversations.

"We don't prepare people to have these conversations or make a checklist of what are the important things to do before you die," Sanne said, noting that most people don't have wills or advanced directives because talking about death is so distressing. When you're dealing with cancer, you're forced to come face-to-face with your own mortality in an emotionally charged environment, Sanne said, and people respond in ways both good and bad. Although it might seem counterintuitive, talking about death can ease the grieving process.

"The patient needs to find a safe place to have these conversations with a counselor or care provider so that they can process what's happening," Sanne said. "Then they can find ways to broach these conversations with family and loved ones the best way they're able."

Community of survivors

Columbian readers offer advice to navigate breast cancer diagnosis, treatment and recovery

Facing a breast cancer diagnosis can be a frightening prospect.

The Columbian asked breast cancer patients and survivors for words of wisdom on getting through diagnosis and treatment. Who better to offer advice than those who have been down that road?

Responses have been edited for clarity.

■ ■ ■

Get your annual mammograms. Don't skip them. Don't assume you'll skate by with a wish and a prayer. It was at my annual mammogram in 2019 that I was diagnosed with stage zero ductal carcinoma in situ, which is the presence of abnormal cells inside the milk duct of the breast. DCIS is considered the earliest

form of breast cancer and is noninvasive, meaning it hasn't spread out of the milk duct. I do not have breast cancer or cancer history in my family.

Schedule your mammogram as early as you need to, as medical appointments tend to take longer with many providers these days.

My treatment involved three lumpectomies (under general anesthesia but day surgeries). After finally getting clear margins, I moved to six weeks of radiation.

A survivor attitude worked for me, but pushing through and acting like you're tough also takes its toll.

Having a great positive support network was also key for me. Surround yourself with that positivity and people that give you the right support.

Do not Google treatments and diagnoses. Kaiser Permanente told me which websites were good; they generally end in ".org."

Think about your all around general health,

especially during this time. Eat better, try to get more rest and give yourself a break.

— **Cindy Dickinson, Ridgefield**

■ ■ ■

Early detection, early detection, early detection! I never skip my annual mammogram and my cancer was spotted very early. So my surgery was uncomplicated, and I didn't need radiation or chemo. I am taking tamoxifen. Putting off going to the doctor and ignoring warning signs only makes the disease harder to deal with. For those having treatment, stay strong, eat well, take extra good care of yourself. You've joined the sisterhood that you never wanted to join.

— **Carol Williams, Camas**

■ ■ ■

Please, if you have been given the diagnosis of breast cancer: stop, breathe and pray! Talk to your doctors about your concerns, cares and wishes. I was given the diagnosis in December, and I still feel depressed. How could this happen? What did I do? Now what shall I do? Please talk and share with family members and friends. If you are religious, now is the time to pray and pray some more.

You now have major decisions to make. Hopefully your family will be part of your life and your decisions. Do I want surgery? Please evaluate it. I did have a full mastectomy and recovery has not been easy. Again I ask, "Why me?" A family member was not supportive and that hurt very much. I have learned that I cannot make someone else care.

After surgery, I had to learn to cope with incisions, drainage tubes and lack of ability to use my arms. I could not even shampoo my own hair. So a local beauty school was an answer to that prayer. I could not put my shirts on over my head, so my wardrobe came with buttons only. I could not drive, which drastically limited my independence. Full recovery takes a long time and demands a lot of patience from me as well as from those I love.

I encourage you to carefully consider all your options. I did not have chemo or radiation treatments due to my full mastectomy and my age (87). My options may be very different from the choices facing you.

I am currently facing the possibility of skin cancer in the area of the mastectomy scars. I will have more doctor appointments and tests, along with the concerns of what this

new chapter of my life could hold.

I cry very easily. I pray: "Are you listening, God? What do you want from me?"

All I can do is encourage you to do your best with this change to your life, both now and in the future.

— **Sarah Maxwell, Vancouver**

■ ■ ■

I have had breast cancer and once I changed my diet to being plant-based I felt better and have been free of tumors for 10 years now. The research indicates that vegetarians and people who consume fish, eggs and dairy have a lower rate of cancer.

— **June Yamrick, Vancouver**

■ ■ ■

I underwent a lumpectomy and radiation for breast cancer in 2021. I found my initial appointments with the radiation machine to be very intimidating because of its lights and sounds. I would advise patients to try to get a tour of the radiation facility ahead of treatment so your first few visits are not so frightening. My medical provider did not offer this, but it is something I suggested to my radiation oncologist at the end of my treatment.

I met some wonderful people in the waiting room during radiation. Some wanted to talk and some didn't. Everyone in that room is going through their own journey.

I bought a journal-type book on gratitude that I found really helpful. Each day it offered a way to find something to be grateful for in life and pages to write down any thoughts and reflections.

I had lunch with friends and colleagues who had been through their own breast cancer treatments and gathered advice and suggestions from them.

There is no way to sugar-coat a cancer diagnosis, but I tried to live by that adage that adversity can make you stronger.

— **Julie A. Rawls, Portland**

Receiving the news that you have the big "C" may be some of the most devastating news that you receive. Every person is different and every person's experience is different. These are some things that helped me:

Talk to others who have been through breast cancer. Ask them about their experiences, choices

ADVICE, Page 15

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From Page 14

they made, and what they found most helpful.

Keep a positive attitude. I was blessed that my surgical oncologist was also a cancer survivor. She said that having a positive attitude helped her the most. As a surgeon, she said that the patients that she saw with a positive attitude usually did better, too.

Always remember that you're not alone. At my chemotherapy appointments, there were free hats that others had made for us cancer patients as we lost our hair. Friends from church would help me with meals and rides to and from my treatments. Be willing to accept help from others. You'll need it.

Ask questions if you don't understand what you're being told. Or take a trusted friend or family member with you to help you understand the treatment plan you're given. And do some research on your own too.

Be aware of the treatment costs and stay in touch with your insurance company. When you come out of treatment, you don't want to have to deal with major financial issues. Help facilitate communication and paperwork between the insurance and service providers to ensure your insurance pays the maximum amount possible.

— **Kathy O'Hara, Vancouver**
■ ■ ■

Here's my advice as a two-time breast cancer survivor:

Step away from the internet! The internet is a good way to search out information, but make sure that you stop there. Beware of reading individual's sad stories. Those are not your stories!

Make sure that you have some front-close bras. Even if you don't typically wear a bra, it's a good place to

follow up and attention to my progress (which I found helpful). This also helped with medical bills.

■ The nonprofit organization Cleaning for a Reason provided free house-cleaning services.

■ The Meal Train website allowed people to organize and give meals/food gift cards.

■ I found it beneficial to continuing working. It kept me feeling like life would continue on after all this.

Fast-forward and I am now four years cancer-free, my daughter just turned 6 and has a new baby brother.

— **Meaghan Frost, Vancouver**
■ ■ ■

It's been a year from my diagnosis of early breast cancer to an official designation as a breast cancer survivor.

As I look back, I see a plethora of appointments; an immense backlog of statistics from all the compatriots before me; a book called "The Emperor of All Maladies"; the unshakable genuine support of family and friends; the skillful and compassionate care by doctors, nurses, navigators and receptionists; a prayer for courage, "I am a child of God, filled and surrounded by the peace of God." And hair. I see hair! Hallelujah!

How was this possible? I was in my late 20s and a new mom to a sweet 1 year old. I had no family history, no concerning genes, and took care of myself. The lump I found while breastfeeding was believed to be mastitis. Hearing those words, "You have breast cancer," left me in complete shock. We soon learned I had been diagnosed with triple negative breast cancer (cancer not caused by hormones) which meant treatment would include chemotherapy, radiation and surgery.

Here are some things that got me through it:

■ Build your support system and lean on it. If possible, have someone come with you to the appointments. Pink Lemonade Project offers groups and mentors to connect with. Access therapy.

■ Find the uplifting stories.

■ If you have a port, get a seat belt cover pad.

■ Speak up for what you need.

■ I took part in an immunotherapy study which also meant there was extra

— **Virginia Hutchinson, Vancouver**



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We see you

