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# Routine mammograms pay off for Walterboro cancer survivor

By: Jessica O'Connor

Yolanda Ulmer, 53, has always been a stickler for keeping her mammogram appointments—and in June of 2019 that paid off in a big way.

During her routine mammogram (which had been jumbled to mid-year instead of January due to Covid), doctors found an area of suspicion in Yolanda's breast that turned out to indeed be cancer.

Yolanda was rendered speechless by the diagnosis. She had no family history of the disease, and she'd had no discernable symptoms.

"I was shocked when they told me they saw the spot," she recalled. "I was like no, it can't be—maybe it's calcium or something else. I'd had no symptoms, no problems, no nothing. I just couldn't believe it."

At the encouragement of her daughter, Yolanda moved forward with pursuing treatment.

"She told me 'Mama, we're going to go ahead and do surgery as soon as possible,'" Yolanda remembered. "I told her that I didn't want to do it, and to see what other options we had first but she said 'Why wait? Let's just go ahead and get it done.' She encouraged me through Facetime and phone calls."

First, she underwent a lumpectomy in which thankfully all of the cancer was able to be removed. Then, at the suggestion of her doctor, she received radiation therapy five days a week for a total of six weeks at Trident as a precautionary measure.

Admittedly, radiation was no picnic for Yolanda.

"The first two weeks were ok. I wanted to go to work, but I couldn't even work from home. My sessions were at 10AM, and I got home about 1PM. By 2PM I had better be at home near a bed. I would fall asleep in the car," she said.

Although that part of Yolanda's journey was tough, there were steps she took to power through.

Keeping up with a vitamin regimen helped strengthen her immune system and provided much needed energy during the course of treatment. She also strongly suggested that patients keep their circle positive, and they always keep God first.

"Just push through the process," Yolanda said determinedly. "It may not look good at times, but I promise you that if you push through that process six months down the road you'll see that this isn't as bad as what you were going

through. You have that process that you have to go through, but it gets better."

After completing her course of radiation, Yolanda turned to working toward a lifestyle conducive to good future health. At her doctor's recommendation, she began to clean up her diet and adopt an exercise habit.

"You have to watch your diet," she said of her doctor's aftercare advice. "You have to eat healthier. Exercise more. If you're not, at least start it. Once a week is better than nothing. It makes you feel better. You sleep better, your mind is more open. It does help."

Yolanda's doctor also encouraged her to manage stress.

"Watch your stress," she explained. "People don't realize how important that is too. My oncologist always told me to watch my stress levels. Cancer feeds off of that stress." Cancer center, City of Hope, does in fact note in a patient resources article on their website that studies have shown that chronic stress could potentially cause cancer to spread more quickly throughout the body—particularly in breast, ovarian, and colorectal cancer.

This warrior's closing advice to other women is a message of precaution and hope.

"Keep up with your mammograms. Don't think it couldn't happen to you," she advised. "It might not run in your family, but it's possible it could happen."

In the event that you or a loved one does face a cancer diagnosis, Yolanda offered emphatic words of encouragement.

"Stay positive, and you can get through it," she stated. "It may be hard at first, but once you hear it and accept the fact you can make a plan."

Yolanda continued on to emphasize that in the end, her battle with cancer was not what she had made it out to be in her mind at the time of diagnosis.

"It wasn't as bad as I thought in my mind it was going to be," she said. "You know, you hear 'cancer' and you're thinking the worst. And it IS bad. It's awful to hear that and to have it. It's not a death sentence. Like I told a friend, just remember that even if you have to lose your 'ladies,' be ok with that. Be ok with losing those to keep you and your body strong, and to get rid of the cancer."

On behalf of the staff at The Press and Standard, thank you, Yolanda, for sharing your story with other women in Colleton County. Your story of survival is sure to inspire and educate!



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# Powering through prostate cancer with a positive mindset

By: Jessica O'Connor

**Author's Note:** We would be remiss in publishing this special breast cancer awareness issue without providing some useful information for the men of Colleton County as well. However, the gentleman whose story will be told here provided upbeat insights that could benefit any individual battling cancer.

Mr. Gerald K. Pinckney is a dazzling 63 years young. A sharp dresser with an infectious smile, one would never guess upon meeting him that he has been fighting stage 4 prostate cancer for over a year.

In fact, when Gerald received the diagnosis in June of 2021, he couldn't believe it himself. He'd sought help from his doctor when he noticed that he was experiencing difficulty urinating, but aside from that he had no glaringly obvious symptoms.

In retrospect, Gerald realized that there were in fact small signs he'd repeatedly overlooked that may have indicated a deeper issue.

"I felt fine—I was moving around like nothing was wrong," he said. "I always had a little pain in my back, but I would just take Tylenol for it. I just didn't notice any symptoms until I realized I couldn't use the restroom. I was straining to use the restroom. Then all of the sudden I went through excruciating pain and had to be taken to the hospital by ambulance."

A tumor was found, and Gerald went through two surgeries at MUSC. In September 2021 he was prescribed a pill to address his trouble urinating.

"The doctor told me that if I took the pill for the next two weeks he promised I'd be using the restroom," Gerald recalled. "I've been using the restroom ever since."

Prior to beginning the medication, Gerald's PSA (prostate-specific antigen) number was sitting at 29. This number, which is used to help indicate the presence of prostate cancer, is considered by the American Cancer Society to have a "borderline range" between 4 and 10. Men with a level within this range have a 1 in 4 chance of having prostate cancer. When the PSA number rises above 10, that chance increases to 50%. After the introduction of the medication, Gerald's PSA number settled at 0.7.

Gerald knew that he was willing to do whatever it took to regain his health. He currently takes both a pill and a shot to maintain his improved health.

"When I found out I had stage 4 cancer and it was spreading through my body, I did what I had to do," he said. "I said 'No. I want to live.'"

Chemotherapy was also part of Gerald's treatment plan, and he found that part of his journey to be a bit rocky. Weight loss, hair loss, and an abundance of fatigue were all things that he battled during chemo, but the warrior found ways to cope.

"I had to change my way of getting around," he said. "I knew I couldn't stand up in the grocery store for a very long time so I would call Piggly



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Wiggly with my food order. They would come grab my credit card and bring my groceries out to the car. I was so grateful for that!"

Knowing that he may not have the energy to take the bags from car to door without needing a break once he arrived home, Gerald situated a bench in between so that he could rest if needed. Nonetheless, he knew that continuing to move his body as much as possible was imperative to the healing process. In fact, he continued to work as much as possible at Plantation Oaks, where he's the property manager. Gerald returned to work full-time in April.

"I kept moving around regardless," he explained. "The doctor told me 'The reason why you're here is because you were so determined.' If you have determination, you CAN get through this."

Gerald went on to recall that he declined an offer to move his mailbox further into his yard, and as he began to feel better would park his car further down the driveway. He began to realize that the more he walked, the more energy he had. To further combat dips in energy, Gerald scheduled running errands around his chemo schedule and when he knew he would feel best.

Anxiety and issues sleeping also crept into Gerald's life during his chemotherapy treatments. Although his doctor did prescribe medication to help combat those issues, he discovered that his habit of prioritizing movement helped alleviate them as well.

Gerald received his last chemotherapy treatment in March, and when his doctor transitioned him to his new medication he deemed that further chemo and radiation would most likely not be needed—and he could expect to live many more years. The shot and pill that he is currently on will continue to be a part of his life to keep his PSA numbers where they need to be.

When asked about the possibility of the cancer being in remission, Gerald said, "My doctor told me that he doesn't really like to use the word 'remission,' and I asked him to be upfront with me. His reply was that my cancer was not in remission, but it WAS under control."

Gerald was thoroughly impressed with the doctors at MUSC who helped guide him through the process. He felt that they really listened to his concerns, and their bedside manner was superb. In fact, he was floored when they offered words of condolence upon the loss of his mother, surprised that they even knew she had passed.

Offering advice for other men, the upbeat survivor said, "The road is never easy, but I promise that at the end of this journey you'll look back on everything you've gone through and thank yourself for now being able to share this with others. How many men are living in darkness, and afraid to talk about it? I used to be that person, but now I'm happy to share my story if it will help even one or two other men."

He continued on to say, "If I can keep a healthy attitude and get through this, I'm going to get through it. And I did. I'm going to be dealing with it for the rest of my life, but I'm here, I'm alive, and I can't ask for anything more than that."

Gerald wishes to thank his cousin, Hope Washington, for being by his side over the past year.

"She was there from the beginning to the end," he said. "When it came time to do my chemo treatment I didn't want to go. But she pushed me and pushed me. She never gave up on me."

The Press and Standard thanks Mr. Pinckney profusely for sharing his story with our readers!

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# Early detection is key—current screening suggestions for women

By: Jessica O'Connor

Preventive screening measures are a key tool in the early detection of breast cancer in women. Generally, the earlier the disease is discovered, the better chances are that a complete recovery will be made.

Sometimes it seems like every year brings about new suggestions for the screening measures women should take. Christy Martin, nurse practitioner at Walterboro OB/GYN, was kind enough to provide our readers with the latest suggested schedules for breast health screenings.

Ms. Martin noted that the first step women can take is performing a monthly self-exam at home to check for the presence of lumps. You can find information online about how to do this, or your OB/GYN should be able to show you how to perform a self-exam. The steps will be similar to the exam you receive at your OB/GYN appointments.

The nurse practitioner went on to explain that she and Dr. Allen make suggestions for additional screening measures based on each individual's family and personal history. Right now, general guidelines suggest that women with a family history of breast cancer begin receiving yearly mammograms at the age of 35. Otherwise,

the suggestion is that women schedule mammograms on a yearly basis if they're over 40.

Since family history can have a significant impact on a woman's risk of developing breast cancer, Ms. Martin stated that sometimes BRCA genetic testing results are used to guide screening schedules. For some women, it may be suggested that a yearly MRI be performed in addition to the standard mammogram. MRIs can generally detect problem areas earlier than a mammogram can, and the two tests can be scheduled in such a way that the patient is receiving breast health imaging every six months. This offers an extra layer of protection in the early detection game.

Ms. Martin emphasized that some women avoid scheduling breast health screenings due to fear of cost, or the worry that their insurance will dictate what is available to them. She encourages readers to speak with both their health care providers and their insurance company before forgoing mammograms and MRI's for this reason alone.

We greatly appreciate Ms. Martin taking the time to speak with us on this important topic. Make a note or set a reminder in your phone to schedule your yearly mammogram today.



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# Breast cancer: communicating with your treatment team matters

There's no right or wrong way to react to a breast cancer diagnosis. Once it's time to begin treatment, however, effective and open communication between patients and their health care team is crucial. Patients who communicate well with their teams have been shown to deal with pain and treatment side effects better.

## Be transparent

While they may be experts in their respective fields, the members on your team can't guess what your worries or questions are. Without your full disclosure they won't be able to adapt their approach, adequately reassure you or correctly inform you. Don't feel like the onus is exclusively on you, however. If a member of your team isn't receptive to your concerns, bring it up with someone in charge.

Once treatment begins, be sure to share new information about your situation with your team. Let them know if you're having trouble getting around or even if you have upcoming travel plans or events to attend. They'll be able to suggest personalized solutions to help you better navigate your treatment period.

## Expect transparency

Your health care team is responsible for providing you with all the information you need to make informed choices about your treatment. They're required to lay out every option available to you as well as their potential benefits and

risks. Ask for clarification when needed and don't hesitate to request medical professionals repeat themselves if there's something you didn't catch.

Openly communicating with your health care team is an effective way to feel more in control of your treatment. It also allows you to build a trusting relationship with the professionals helping you, which is likely to reduce the stress and worry associated with your breast cancer treatment.



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# Understanding the role of genetics

Have you ever wondered why some people are more at risk of developing breast cancer than others? While many factors can come into play, including the person's age, lifestyle and environment, about 10 percent of cases are the result of a genetic predisposition. Since October is Breast Cancer Awareness Month, here's a look at the role that genetics play in this all-too-common disease.

## Genes and their variants

A mutation is a change in the DNA sequence of a gene, which can potentially disrupt its proper functioning. While some gene variants occur naturally during your lifetime, others are passed down from your parents. This means that if either your mother or father has a gene variant, there's a 50 percent chance you'll inherit it. The danger is if this mutation is in the BRCA1 or BRCA2 gene, which are the most common causes of hereditary breast cancer.

## Hereditary risk factors

In addition to having a higher risk of breast cancer, people with this genetic mutation are also more likely to:

- Be affected by cancer before the age of 50
- Have more than one type of cancer at the same time
- Develop rare types of cancer
- Have family members with the same type of cancer

Do you think you might be genetically predisposed to breast cancer? If so, ask your doctor for a referral to a specialist who can review your family and medical history and assess your level of risk.



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# 5 approaches to promote healing and improve quality of life

Integrative medicine pairs conventional cancer treatments like chemotherapy and radiation with holistic ones like acupuncture and hypnosis to care for a patient's mind, body and spirit. Developed in the U.S. in the 1990s, it aims to speed up recovery. Here are five clinically proven complementary approaches and their benefits:

Acupuncture limits chemotherapy-related nausea and vomiting plus reduces pain.

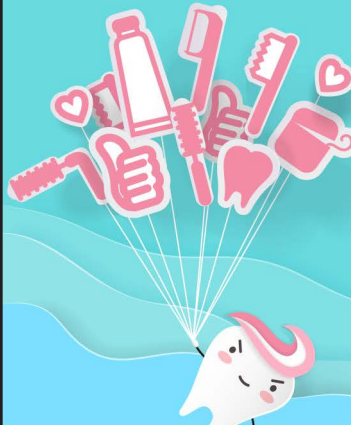
Massage therapy helps reduce fatigue, anxiety, nausea and pain.

Physical activity improves strength and endurance, helps manage stress and reduces pain and fatigue.

Nutritional counseling helps manage weight changes, controls nausea and improves overall health.

Hypnosis reduces pain, fatigue and nausea after surgery.

In short, integrative medicine helps cancer patients better manage their symptoms and the unpleasant side effects of treatment. For more information, visit [nationalbreastcancer.org](http://nationalbreastcancer.org).



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# Faith moves mountains—one survivor's story

By: Jessica O'Connor

It was Christmas week in 2021. This holiday season was one that felt extra special to many families since the previous year found many loved ones unable to gather due to the pandemic.

59 year old Kelly Brant had spent the weekend with her grandchildren. When she stepped into the shower on December 23, 2021 she noticed that her left arm seemed sore.

At first she chalked it up to overexerting herself with the kids, but when she rubbed her thumb under her arm and noticed that her lymph node was swollen she knew this was not just ordinary soreness.

"I stuck my thumb up underneath my arm and I felt it," Kelly recalled. "And I said 'Oh my gosh!' Then I checked my left breast, and I had a small lump there."

Concerned, Kelly immediately called her doctor. Having a family history of breast cancer on both sides, she had always been diligent about keeping up with her mammograms, self checks, and twice yearly appointments with a breast specialist. In fact, she had just been in to see her doctor at The Breast Center in Charleston the previous month. Since it was so close to Christmas, her doctor scheduled the appointment for December 28.

Kelly's doctor performed a biopsy on that date. The next day, she received the phone call that nobody wants to receive. The 59 year old grandmother had breast cancer.

Prior to beginning chemotherapy in February Kelly's doctor, Dr. Beatty, ran three tests to determine if the cancer had spread. This would become the point in her journey with the disease in which she knew that God would see her through.

"She called me into the office and said, 'Friend, I've got great news. There's cancer nowhere else,'" Kelly said, overcome by emotion. "She shut that door, and when I looked to the left Jesus was standing there. He had the sweetest smile, and his eyes were so comforting. He put his hand out, and I knew I was good. I didn't worry about anything else, and my journey has been easy because of that. I knew He had it."

Although she is a woman of faith, Kelly had never experienced anything like this before.

"I've heard people on and off in my life say they've seen what they call 'visions,' and to me that's just not enough of a word for what you encounter," Kelly reminisced, clearly still awestruck by her experience. "I've never been jealous, but I've always thought 'man, that would be awesome.' I never expected that I would see that. That was back in January and it still just gets me. I was so in awe of being in His presence, and knowing what that meant was that I didn't have to worry. Honestly, I never had gotten down and said 'Why me?' or 'What's going to happen?' I'm a firm believer in our future being



planned well before we're born. Whatever was in store for me was going to happen, and I knew He had it. I let Him take control. And I've been blessed!"

Holding steadfast to the belief that she was not alone on her journey, Kelly received chemotherapy from February 22, 2022 until May 18, 2022. She had a lumpectomy on June 14, and began radiation on August 18. At the time of this interview, she has five more radiation treatments left before she reaches the finish line.

When I asked Kelly if she would be declared cancer free after her last radiation treatment, I could hear the smile in her voice when she replied.

"That's another thing," she said joyfully. "The number 23 has come up repeatedly. I found the cancer on December 23. On March 23 I lost my Dad to cancer. But on June 23, my doctor told me that I was cancer free. So my radiation is precautionary."

Kelly recognized the significance of that number 23 during a conversation with a friend. Recall the verse that goes along with Psalm:23-"The Lord is my shepherd, I shall not want." The grandmother was once again overwhelmed by the realization that something bigger than the physicians at Roper Hospital had been working to walk her through this.

Every patient's experience with treatment is different, but Kelly relayed that for the most part the process was tolerable for her. She experienced a reaction during her first chemo treatment that caused vertigo and made her feel very sick, but with some tweaks those feelings tapered off. The downside to this was due to needing to slow the medicine down, she spent 7 hours every 3 weeks receiving her chemotherapy.

Although the sessions were long, Kelly enjoyed the camaraderie she experienced with others receiving treatment. She discovered that interacting with those who were going through a similar situation was encouraging and therapeutic for both herself and others.

In fact, Kelly found that one of the positive aspects of her cancer journey was the renewal of her faith in humankind. From kind faces in the grocery store who let her step ahead of them in line to her CEO at PRTC offering her the use of the Board Room couch if needed, she found kindness and compassion around many corners. The CFO at PRTC even insisted on driving Kelly to her first chemo treatments, an act of kindness that she will not soon forget.

The faith-filled, optimistic woman offered some sage words of advice for other women.

"Make sure that you do the self exam as often as you can," Kelly said. "If you find anything out of place, go to a doctor. If you still feel like they're not giving you the right advice, get a second opinion. When they do tell you to go and have those tests-that mammogram every year is so important. Keep up with your doctor appointments."

"You know your body better than anybody," she continued. "You know what feels right and what doesn't. So just keep up with those tests. If you have a family history, definitely go to a breast specialist for early prevention."

The Press and Standard is extremely grateful to Kelly for offering to share her story with the women of Colleton County. Always remember, sharing your experience could save a life.



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# Breast cancer in men: 5 signs to look for

Did you know that men can develop cancer in their breast tissues and ducts? Although it's significantly more common among women, breast cancer can affect men too. That's why it's important to learn about this disease and remain vigilant.

In fact, since there's no screening program available for men, this type of cancer is often diagnosed late. Here are some symptoms to watch out for:

The presence of a lump. It could be in the armpit or chest and often isn't painful.

Discharge from the nipple. This can cause crusting, and bleeding may also occur.

Swelling of the chest. It can happen suddenly and may or may not cause pain.

Ulcers on the chest. Look for open sores on the skin that don't heal.

An inverted nipple. It's possible that your nipple will suddenly point inward.

According to the American Cancer Society, breast cancer is 100 times less common among white men than white women, and about 70 times less common among Black men than Black women. Nevertheless, approximately 530 men die from this disease each year. If you have any symptoms, don't hesitate to consult your family doctor.



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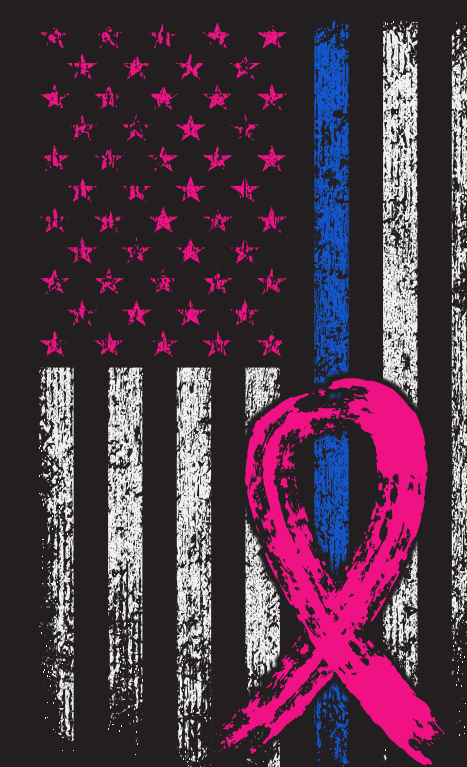
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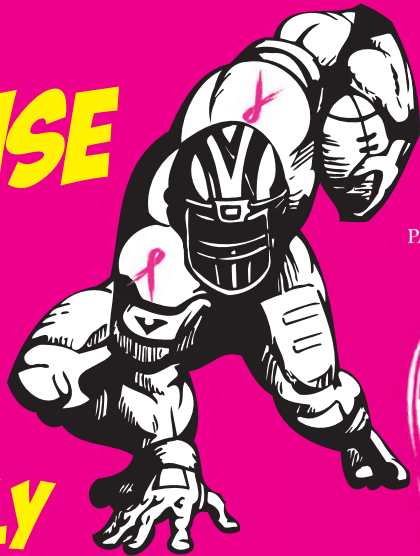


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# Turning Trials into Testimony

By: Jessica O'Connor

Vivian Hiott Sipe, a 12 year employee of Coastal Kids Dental, was 38 years old when she was diagnosed with breast cancer on November 15, 2018.

On a Monday like any other, the young woman noticed mild pain in one of her breasts. At first, the pain wasn't severe enough to cause alarm.

"At first I thought the pain was maybe related to my menstrual cycle," Vivian recounted. "But as the week went on, it just got worse and worse. I tried to play it off, but when I went out to lunch with a coworker that Thursday I couldn't even eat. The pain was excruciating. I was in tears."

The next day, she made an appointment with her OB/GYN. Vivian had attempted to locate any type of lump at home, but was unsuccessful. Her OB/GYN was able to feel something in her breast, but the lump was very small. The doctor ordered a mammogram and ultrasound for the following Monday.

The ultrasound revealed a mass in Vivian's breast. She immediately scheduled an appointment for a biopsy at The Breast Place in North Charleston for the following day.

The news was not what she hoped. The biopsy indicated that Vivian did in fact have stage I breast cancer that was of a somewhat higher grade, meaning that it was fast growing. The cancer was growing into her chest muscle, which was the reason why she had begun experiencing pain.

Due to the fast rate of growth, Vivian's doctor suggested that surgery be performed as soon as possible to remove the mass and cancer cells. She was faced with the difficult decision of opting for a lumpectomy (simply removing the mass) or a mastectomy (removal of the entire breast). Since the situation was unraveling so quickly, Vivian chose to go with a lumpectomy.

The mass was successfully removed, and clear margins were shown. Although this meant that the cancer was gone, bloodwork indicated that Vivian's disease was driven 99% by estrogen and progesterone. She did not have a family history or carry the BRCA gene. Because of the results of this bloodwork and the fact that Vivian's cancer had presented as a higher grade, it was recommended that she undergo chemotherapy due to a higher chance of reoccurrence.

The therapy regimen consisted of 4 rounds of chemotherapy. Vivian went for treatment once every 3 weeks for about 3 months, beginning after she had healed from her surgery.

Just 14 days into her first round of chemo, Vivian lost her hair. Her reaction to what can be a traumatic event for women surprised herself.

"If you see me now, you'll see that I still have very short hair because I loved the hairstyle so much," she chuckled. "It empowered me. I tried wigs and hats, but those things never made me feel comfortable. It made me feel more comfortable and positive to embrace it."

The Walterboro native's reasons for embracing her new look extended well beyond her own feelings and comfort, however.



“People are more apt to ask you a question if you are going around with no hair,” she explained. “They can see that there’s something going on there, and I wanted people in my community to know this was not a secret. I wanted them to know that I’m here—they could ask me questions, they could talk to me. That’s how I coped. I wanted people to know what was going on, and each step of the way maybe I could help someone.”

Vivian went on to say, “I’m a firm believer in God. I wanted people to understand God didn’t give me cancer. It’s an evil thing. He helped me through. For some reason I had it so I could help somebody. I want to help somebody, to inspire somebody whether they have breast cancer or are just having a hard time in life.”

After chemo, Vivian was given the option to do 10 weeks or radiation or undergo a double mastectomy. The decision had to be made within a week. She opted to go with the mastectomy

“After a lot of thought and prayer, I decided that was what I wanted to do,” Vivian recounted. “It wasn’t an easy decision. Before I had breast cancer I used to say that if it happened they could just take my boobs, I’ll go flat, and I’ll be happy. When you actually have to make that decision it’s not as easy. It’s part of your body that you were born with being literally cut off of you, and that was a hard decision.”

To go along with that decision to have the mastectomy, Vivian also opted to have implants placed. She was quick to note that other women shouldn’t be ashamed to take that course if it helps them feel more confident after a mastectomy.

Vivian has been declared officially cancer free, and her doctor has recently reduced the number of times per year that she has to come into the office for bloodwork. Although she was infinitely relieved to have moved past that hurdle, she explained that the period of time after completing active treatment has been one of the toughest times of her life. She compared it to the feeling we’ve probably all experienced on Christmas afternoon, when the hustle and bustle has died down and the “excitement” is over. At this point in time for many cancer survivors, the steady stream of support and visitors can die off quickly and leave them feeling a little empty.

Vivian also pointed out that survivor guilt was a very real thing, and could be tough to deal with at times.

Having a strong support system is key in powering through a cancer journey, and Vivian emphatically expressed that she often felt disbelief at the number of people who stepped up to help her. Her church family, coworkers, family, and even acquaintances offered assistance in varying ways while Vivian was going through surgery and treatment.

Friends and loved ones of cancer patients often wonder how they can best lend a helping hand during such a trying time. Vivian said that she greatly appreciated the food that was provided to her via a meal train that her coworkers at Coastal Kids Dental set up. Her church family (comprised of the Ruffin Circuit UMC, including Tabor, Bethel, and St. John) collected money to help with expenses while she was out of work, and she also appreciated the gift cards for restaurants that well wishers sent to her. Even small acts of kindness like offering to drive her to her treatments brightened Vivian’s day.

She also relayed that she especially appreciated the books supportive individuals sent for her to share with her daughter (then 7) that helped to explain what was going on with her mother.

The selfless survivor pointed out that it’s also important to consider your caretakers in the event of an extended period of illness.

“Think about your loved ones during the journey,” she urged. “They’re suffering too. My husband was there for me and he was a great supporter, but it was hard for him. It was hard for him to see me that way, and it was also hard for him to pick up doing what I would do as a mother. It was hard watching my child worry about me. My parents and siblings were also huge supporters, and I would remind myself to talk to my Mom and Dad because they’re the ones I was depending on to be strength for me. I had to take a step back and remember this was their child going through this, so they were having a super hard time too.”

In terms of coping with the illness, Vivian urged women to keep a positive mindset and continue to keep moving.

“You’ve got to look at the positive side of it, keep your chin up, and keep moving,” she said. “You’ve got to push forward—just move forward and things will be ok.”

Vivian also encourages those moving through a cancer journey to continue working if at all possible. Not only does doing so help keep the patient from being immersed in what

is happening with their health all day long, it provides social interaction and helps combat anxiety and depression. Continuing to work also provided Vivian with the opportunity to remain active and share her story with others.

“My doctor said not to stay too idle because you Google too much,” she laughed. “It shows you too many crazy, stupid things that you don’t need to listen to because not everybody is the same. It keeps you active and keeps you from not thinking about it so much.”

Vivian had some excellent parting advice for women (or other cancer warriors) in the community. First, she emphatically encouraged women to listen to their bodies and remember that cancer isn’t always silent—it can (and does in many cases) cause pain. Thinking back on her own journey, Vivian recalled that the year before she experienced breast pain she’d had pain in her shoulder blade on the corresponding side that would come and go. This pain wasn’t the same pain that she felt in her breast—it felt more like muscle soreness. When her doctor discovered that the cancer was growing into her chest muscle, she pointed out that the pain in Vivian’s shoulder blade was most likely a byproduct of the growing cancer.

She also emphasized the importance of trying to live a healthy lifestyle. Aside from diet and exercise, this also includes scheduling (and actually going to) routine health exams with your doctors. She stressed that for women, regular mammograms and visits to an OB/GYN are crucial.

Lastly, for patients currently undergoing treatment, Vivian stated that being open and honest with healthcare providers about how different medications make you feel is key. If one course of action isn’t agreeing with your body and/or mind, speak up. There could very well be another option that is easier to deal with.

“I’ve heard about cancer all my life and wondered what I would do if it happened,” the strong minded young lady said in conclusion. “But cancer doesn’t have a face until you or someone you love has it. Then you can really empathize with people, whether they’re going through cancer, another illness, or just a bad time in their life. It makes you really be thankful and savor every little moment, to breathe it all in.”

The Press and Standard extends many thanks to Ms. Vivian Sipe for sharing her uplifting testimony with the women of Colleton County!



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# Resources Recommended by the Cancer Warriors in This Issue

## The Breast Place

The Breast Place is a comprehensive practice focusing on all things breast health in North Charleston. Their team offers imaging, genetic testing, support and treatment for breast cancer patients, lactation assistance, oncoplastic services, and more.

Located in North Charleston, this practice came highly recommended by more than one of the ladies we spoke with for this issue.

<https://www.thebreastplacesc.com>

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## Cancer Thrift Store-Walterboro

The Cancer Thrift Store is a 501(c)3 nonprofit that helps support the community and cancer patients. The store offers a variety of items for sale, from shoes, to jewelry, to furniture.

Visit the store at 463 Bells Highway or at [www.cancerthriftstore.com](http://www.cancerthriftstore.com).

## HOPE Kits from the National Breast Cancer Foundation

These gorgeous gift sets include items such as fuzzy socks, tumblers, lotion, lip balm, journals, and more that are sure to delight and surprise any special lady that is currently battling cancer.

You can order a kit for yourself or request that one be sent to someone that could use a smile. If you're feeling led to do so, you can also donate to the cause so that even more women can receive these small tokens of comfort and encouragement.

<https://www.nationalbreastcancer.org/breast-cancer-support/hope-kit>

## SOS Lowcountry

"Share Our Suzy" helps breast cancer patients in the lowcountry focus more on recovery and less on financial stress. The organization helps provide patients with funds for wigs, utility bills, groceries, rent/mortgage payments, child care, gas cards, and more.

To learn more (or to donate to the cause), visit <https://soslowcountry.org>

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# Triple-negative breast cancer: a more aggressive yet lesser-known disease

Triple-negative breast cancer (TNBC) is an aggressive form of the disease that accounts for about 10 to 15 percent of all breast cancers. While rare, this type of cancer tends to be most common in women under 40 and among those of African and Asian ancestry.

## Fewer treatment options

Unlike other types of breast cancer, TNBC has limited treatment options. This is because the tumors don't have receptors for estrogen, progesterone or HER2 — hence the term "triple-negative." As a result, hormone therapy and targeted drugs are ineffective against this type of breast cancer.

## The latest advances

Fortunately, research on TNBC has led to the development of specific treatments that have been shown to improve the prognosis of those affected. However, others are still being studied. Here are some examples:

### Developing cancer vaccines

Using oncolytic viruses to attack cancer cells

Injecting monoclonal antibodies made in a laboratory

Using adjuvant immunotherapy to strengthen the immune system

For more information about triple-negative breast cancer, visit [cancer.org](http://cancer.org).

# Eleven essential questions to ask about your treatment

Undergoing treatment for breast cancer can be worrisome. One of the best ways to prepare, however, is to get informed about what's involved. Here are 11 essential questions to ask your doctor.

1. What are the different available treatments?
2. What are their risks and advantages?
3. Is there a treatment that's more appropriate for my situation?
4. Will I need to be hospitalized?
5. How long will the treatment take?
6. How can we assess the treatment's effectiveness?
7. What side effects should I expect? How long will they last?

8. If I need to have surgery, what are the different options? What's the difference between them?

9. If I need to have a mastectomy, do I need to have both breasts removed? If I do, when should I have it done?

10. If I have breast reconstruction surgery, what will my breast look like? Will it look like my other breast?

11. When will I be able to wear a bra again?

In addition to these questions, write down a list of your own so that you don't forget anything when meeting your treatment team. Feel free to ask a friend or family member to accompany you. They can write down the answers to your questions so you can refer to them when you need to.

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# Breast cancer: how is a treatment plan developed?

One in eight women will receive a breast cancer diagnosis in their lifetime. In such cases, a personalized treatment plan is created by a team of health-care specialists that typically includes oncologists, nurses, psychologists, social workers and nutritionists. Here's a look at how each individualized plan is developed.

## Reviewing the options

A treatment plan is typically based on the type and stage of breast cancer. It might consist of a systemic treatment, such as chemotherapy or hormone therapy, or a local treatment that directly targets a tumor, such as surgery or radiation therapy. A treatment plan might also use a combination of these approaches and be complemented by alternative therapies like acupuncture and massage.

## Assessing all factors

Another key in determining a breast cancer treatment plan is the patient's preferences. Following their diagnosis, a patient will be presented with several options to carefully consider or get a second opinion about if time permits. These options take into consideration various factors about the patient, including:

### Their overall health

- Whether they've reached menopause
- The status of their hormone receptors
- The cancer's likelihood of recurrence

For more information about breast cancer treatments, visit the American Cancer Society website at [cancer.org](https://www.cancer.org).



# LET'S SHED SOME LIGHT on this situation

## BREAST CANCER FACTS

One in eight women in the United States will be diagnosed with breast cancer in her lifetime.

It's the most commonly diagnosed cancer in women.

It's estimated that 252,710 women in the United States will be diagnosed with breast cancer and more than 40,500 will die THIS YEAR.

It's estimated 2,470 men will be diagnosed with breast cancer this year.

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# How to prepare for pregnancy after breast cancer

Do you want to become a mother, but were recently diagnosed with breast cancer? Fortunately, this disease won't prevent you from getting pregnant once you recover. However, since treatments such as surgery, radiation and chemotherapy can affect your fertility, a potential future pregnancy should be considered in your treatment plan.

## Talk to your health-care team

Whether you're certain about one day wanting kids or you simply want to keep the option open, it's important to discuss this topic with your doctor before you make choices regarding your road to recovery. The first step after you've been diagnosed will be to meet with an oncologist to discuss your treatment plan. Pregnancy and fertility should also be part of the conversation.

## Freeze your eggs

The next step will be to freeze your eggs. This is because many treatments for breast cancer can make it harder to get pregnant or even trigger early menopause. Therefore, preserving your eggs is the best way to keep them in good condition and maximize your chances of being able to conceive in the future.

## Consult a fertility specialist

Once you've completed your cancer treatment and recovered, you'll be able to meet with a specialist to evaluate your fertility level. You'll learn about your available options and discuss the next steps in the process of becoming a mother.

For more information, visit [cancer.org](http://cancer.org).



# 5 breast cancer myths

October is Breast Cancer Awareness Month in America. Although more people are surviving a breast cancer diagnosis than ever before, it's still the most common cancer and the second leading cause of cancer death among American women. Therefore, it's important to know the facts. Here are five breast cancer myths.

Only people with a family history of breast cancer are at risk. Only about five to 10 percent of breast cancers are considered hereditary.

Breast cancer only affects women. Although rare, men can get breast cancer too. In 2022, about 2,710 American men are expected to be diagnosed with breast cancer, and 530 will die from the disease.

Antiperspirants and deodorants cause breast cancer. There's no conclusive evidence linking the use of antiperspirants or deodorants and the development of breast cancer.

Breast cancer always causes a lump you can feel. Although regular breast self-exams can help detect lumps, breast cancer doesn't always manifest itself this way. Other symptoms include pain, swelling, redness and thickening of the skin.

All breast cancers are treated the same way. Breast cancer treatment plans vary widely depending on the characteristics of the tumor, the stage of cancer and the patient's preferences.

This Breast Cancer Awareness Month, donate to help create a world where no American fears breast cancer.



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# How to conduct a breast self-exam (BSE)

A breast self-exam (BSE) is a screening method that involves women observing and touching their own breasts to detect any signs of change. It doesn't replace a professional examination but can help with early cancer detection. Here's how to do a BSE.

## When

It's best to do a BSE immediately following your period because your breasts are the most supple at this time. It's normal to have small bumps or tenderness when examining your breasts before your period. However, make sure to note any persistent or recent changes.

## How

Start by visually examining your breasts in front of a mirror. Observe yourself in several positions, like with your arms at your side and raised above your head. Make sure you can see your breasts from all angles. Then, use your fingers to gently feel every inch of your breasts.

## What

Pay particular attention to changes in the size or shape of your breasts and the appearance of visible or palpable lumps. Take note if your skin has thickened, changed color or is red and inflamed. Also, look to see if your nipple has changed in appearance or is deviating and if you notice spontaneous discharge or persistent eczema.

If you notice any of these changes or find something else that seems unusual, immediately report it to your doctor.



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