

2023 **BREAST CANCER**
AWARENESS MONTH

HOPE

The Press and Standard

ONE STEP AT A TIME

A journey of a thousand miles begins with a single step. For those diagnosed with breast cancer (or any cancer) that thousand miles has never seemed so long or the footsteps so heavy. “Cancer doesn’t happen to me; it happens to other people”. Statistically speaking “other people” could very possibly be “you”. Breast cancer is the most common cancer (except for skin cancers) diagnosed in women in the United States. Breast cancer is cancer that forms in the cells of the breasts. Breast cancer can occur in both men and women, but it’s far more common in women. Substantial support for breast cancer awareness and research funding has helped create advances in the diagnosis and treatment of breast cancer. Breast cancer survival rates have increased, and the number of deaths associated with this disease is steadily declining, largely due to factors such as earlier detection, a new personalized

approach to treatment and a better understanding of the disease. The American Cancer Society’s estimates for breast cancer in the United States for 2023 are: About 297,790 new cases of invasive breast cancer will be diagnosed in women. About 55,720 new cases of ductal carcinoma in situ (DCIS) will be diagnosed. About 43,700 women will die from breast cancer. However, the 5-year relative survival rate for breast cancer is 90 percent.

What does this mean for the person diagnosed with breast cancer? Maybe it means these numbers are just statistics and while it brings hope they do not account for the people behind the numbers. Each person’s breast cancer (cancer) journey is as unique as the individual themselves, and each person’s steps in this thousand-mile journey will take different side roads. The ultimate goal is still the same regardless of how one gets there. Survival.

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DEBORAH BROWN

By Scott Grooms
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"I think anytime you're dealing with breast cancer, it affects the family in such a horrendous way, because it's the mental aspect. Its also the anguish of watching somebody that you love, go through so much. The chemo and being sick from the chemo, then to get to the point where, in your mind, I finally made it clear. I'm good. I can relax a little bit, and maybe have the rest of my life. And then, it happens, relapse she didn't even realize what was going on. Which was a good thing." These are words of Phyllis Hill, speaking about her sister Deborah.

Deborah Brown was young, she had six children and grandchildren and was just living life. She died at 51. She didn't even realize she had cancer until she was playing ball with her grandson and got hit with the ball in her chest and she had pain that did not go away. She had it checked out and found that she had breast cancer.

November, after they performed the double mastectomy and treatments, she was supposed to be free and clear. In March, the cancer came back. She just started feeling bad and went for a routine checkup and her counts were off. They found out on Monday that it had spread throughout her body, and she passed away on Sunday.

Hill explains, "The doctors told us even if she had had a six-month screening, they would not have caught it because it was so aggressive. She went through chemo a couple of times. She had the double mastectomy that November. She was cancer free, and it come back in March with a vengeance."

Hill explains the importance of screenings and being proactive with your healthcare, "I think it's important that people realize that with any cancer, but especially with breast cancer, it's so important to make sure that you get those screenings. My sister is not the only one that had breast cancer in my family. Every one of my aunts on my grandmother's side had breast cancer. That makes me high risk. My kids, my girls are high risk. My youngest daughter just elected to have a double mastectomy to prevent her from ever getting cancer. A lot of people said that's really drastic. However, she knows how people suffer, and she would rather have gone through that with no cancer than to take a chance on getting cancer later. She was also not old enough to get the screenings. So, that was her decision."

Hill has seen what cancer does to a family and absolutely encourages everyone to get the screenings that are available. It could save your life.



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JENNIFER MCMILLAN



By Scott Grooms
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Jennifer McMillan is coming up on 10 years cancer free this December. She suspected that it was cancer when she found the lump. McMillan explains, "My grandmother had breast cancer, she was much older than I. I was 39 years old, and they didn't consider me high risk at that point because I was so young. But it was always sort of in the back of my mind, pretty much a carbon copy of my grandmother and anything that ever happened to her seemed to translate down to me. It was always in the back of my mind but that didn't make it any easier. I'd like to say that I was prepared for it, but I really wasn't. I was very fortunate that mine was caught very early and was very treatable by surgery and needed no radiation or chemotherapy." She has since been released from the oncologist.

Having family support is immeasurable she says, "You know my husband was amazing. My surgery was right before Christmas, thankfully all the shopping and all the big stuff was done, but that meant that he had to carry the kids through Christmas. He really stepped up during that time and made sure that I got up and exercise and the days that followed and even when I didn't want to. The kids still had to be fed, the laundry still had to be done, and fortunately our kids were accustomed to helping around the house, but Jason really had to step up to the plate. He had always he traveled a lot but during that time when I was recovering, he was probably very much a single parent for a lot of my treatment.

McMillan also encourages reaching out to those who have been through it; find someone you're comfortable with and let them walk with you through the process both physically and emotionally. Find a group of people who you're comfortable with, some people who have been down this road and know what you're experiencing and know how traumatic it can be. And let them help you.

Her employer was also very supportive she explains, "I was teaching and was blessed to have a long-term sub who came in to teach. I prepared all the lessons and left all the material, but she was there. My students and my coworkers were fantastic, and they even had me come back up to the school on my birthday. They had a little birthday party for me, and they all reached out and we're just very supportive and very much like an extended family."

McMillan also relied on her faith, "I don't know how people without faith get through something like that because it's very easy to get down the emotional side of any illnesses. Without hope to pull you through and knowing that at some point, you're going to look back and realize, there was a purpose for this. I don't think you would find your way out of the depression and the emotional struggle of it without your faith.

She is always willing to help and has mentored a few people through the process. In doing so has learned that people handle the diagnosis and treatment very differently. She said, "I was very open and really leaned on people I knew and had been through the process. Some people are very private and prefer to just rely on their families.

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CAUSES OF BREAST CANCER

Special for The Press and Standard

Doctors know that breast cancer occurs when some breast cells begin to grow abnormally. These cells divide more rapidly than healthy cells do and continue to accumulate, forming a lump or mass. Cells may spread (metastasize)

through your breast to your lymph nodes or to other parts of your body. Breast cancer most often begins with cells in the milk-producing ducts (invasive ductal carcinoma). Breast cancer may also begin in the glandular tissue called lobules (invasive lobular carcinoma) or in other cells or tissue within the breast. Researchers have identified hormonal, lifestyle and environmental factors that may increase your risk of

breast cancer. However it's not clear why some people who have no risk factors develop cancer, yet other people with risk factors never do. It's likely that breast cancer is caused by a complex interaction of your genetic makeup and your environment.

For more information visit www.mayoclinic.org

FACTORS THAT CAN CAUSE BREAST CANCER

Special for The Press and Standard

Genetics

Doctors estimate that about 5 to 10 percent of breast cancers are linked to gene mutations passed through generations of a family.

A number of inherited mutated genes that can increase the likelihood of breast cancer have been identified. The most well-known are breast cancer gene 1 (BRCA1) and breast cancer gene 2 (BRCA2), both of which significantly increase the risk of both breast and ovarian cancer.

If you have a strong family history of breast cancer or other cancers, your doctor may recommend a blood test to help identify specific mutations in BRCA or other genes that are being passed through your family.

Consider asking your doctor for a referral to a genetic counselor, who can review your family health history. A genetic counselor can also discuss the benefits, risks and limitations of genetic testing to assist you with shared decision-making.

Other Factors

A breast cancer risk factor is anything that makes it more likely you'll get

breast cancer. But having one or even several breast cancer risk factors doesn't necessarily mean you'll develop breast cancer. Many women who develop breast cancer have no known risk factors other than simply being women.

Factors that are associated with an increased risk of breast cancer include:

- Being female. Women are much more likely than men are to develop breast cancer.
- Increasing age. Your risk of breast cancer increases as you age.
- A personal history of breast conditions. If you've had a breast biopsy that found lobular carcinoma in situ (LCIS) or atypical hyperplasia of the breast, you have an increased risk of breast cancer.
- A personal history of breast cancer. If you've had breast cancer in one breast, you have an increased risk of developing cancer in the other breast.
- A family history of breast cancer. If your mother, sister or daughter was diagnosed with breast cancer, particularly at a young age, your risk of breast cancer is increased. Still, the majority of people diagnosed with breast cancer have no family history of the disease.

• Inherited genes that increase cancer risk. Certain gene mutations that increase the risk of breast cancer can be passed from parents to children. The most well-known gene mutations are referred to as BRCA1 and BRCA2. These genes can greatly increase your risk of breast cancer and other cancers, but they don't make cancer inevitable.

• Radiation exposure. If you received radiation treatments to your chest as a child or young adult, your risk of breast cancer is increased.

• Obesity. Being obese increases your risk of breast cancer.

• Beginning your period at a younger age. Beginning your period before age 12 increases your risk of breast cancer.

• Beginning menopause at an older age. If you began menopause at an older age, you're more likely to develop breast cancer.

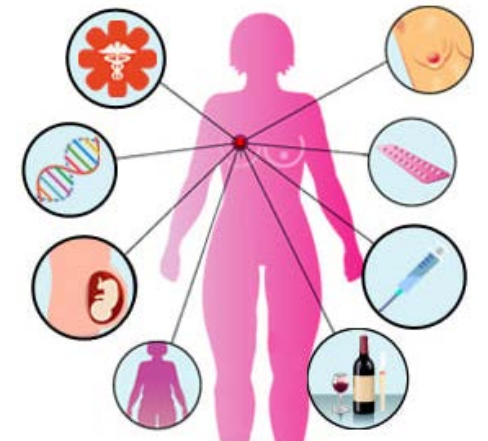
• Having your first child at an older age. Women who give birth to their first child after age 30 may have an increased risk of breast cancer.

• Having never been pregnant. Women who have never been pregnant have a greater risk of breast cancer than do women who have had one or more pregnancies.

• Postmenopausal hormone therapy. Women who take hormone therapy medications that combine estrogen and progesterone to treat the signs and symptoms of menopause have an increased risk of breast cancer. The risk of breast cancer decreases when women stop taking these medications.

• Drinking alcohol. Drinking alcohol increases the risk of breast cancer.

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EARLY DETECTION

Special for The Press and Standard

According to the American Cancer Society, when breast cancer is detected early, and is in the localized stage, the 5-year relative survival rate is 99%. Early detection includes doing monthly breast self-exams and scheduling regular clinical breast exams and mammograms. It is recommended to learn more about breast self-examination to increase chances for early detection.

Self-Exam

A breast self-exam is an early detection tool that uses a combination of physical and visual examinations of the breasts to check for signs and symptoms of breast cancer. The purpose of a breast self-exam is to become familiar with the way your breasts normally look and feel. Knowing how your breasts normally look and feel, also called breast self-awareness, will help you identify any changes or abnormalities in your breasts, such as a new lump or skin changes. Any changes in your breasts discovered during a breast self-exam should be reported to your healthcare provider right away.

While a breast self-exam is a useful tool for the early detection of breast cancer, it should not take the place of regular mammograms and clinical breast exams.

Adult women of all ages are encouraged to perform breast self-exams at least once a month. Lillie D. Shockney, Johns Hopkins University Distinguished Service Professor of Breast Cancer states, "Forty percent of diagnosed breast cancers are detected by women who feel a lump, so establishing a regular breast self-exam is very important."

Breast self-exams help you to be familiar with how your breasts normally look and feel. Alert your healthcare professional if you notice any changes in your breasts, such as a new lump, sore spot, changes in the appearance of the skin, or nipple discharge.

Mammogram

A mammogram is an x-ray that allows a qualified specialist to examine the breast tissue for any suspicious areas. The breast is exposed to a small dose of ionizing radiation that produces an image of the breast tissue.

Mammograms can often show a breast lump before it can be felt. They also can show tiny clusters of calcium called micro-calcifications. Lumps or specks can be caused by cancer, fatty cells, or other conditions like cysts. Further tests are needed to find out if abnormal cells are present.

Recommendations for all women

- Women 40 and older should have mammograms every 1 or 2 years.
- Women who are younger than 40 and have risk factors for breast cancer should ask their healthcare professional whether mammograms are advisable and how often to have them.

Even women who have no symptoms and no known risks for breast cancer should have regularly scheduled mammograms to help detect potential breast cancer at the earliest possible time.

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BECKY HILL



By Scott Grooms
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At 49 years old, Becky Hill was in what she thought was the best shape of her life. She was exercising, running races and was very active. Hill started to notice that she was feeling fatigued, tired and losing weight. The classic symptoms of colorectal cancer were there but not realized. Symptoms such as bleeding, immediately feeling full once you've eaten just a few bites, and feeling awful, digestive issues and a lot of brain fog.

Hill went to her doctor who recommended a colonoscopy. The suggested time for colonoscopies was at the age of 50. During the procedure a seven-inch-long tumor had been discovered. It looked cancerous, and Hill was immediately sent to set up a team at Roper St. Francis Medical Center. Hill said, "I met my oncologist that day. I met my radiologist a few weeks later and set up my pet scan. I was diagnosed with stage three colorectal cancer."

The telltale signs of colorectal cancer had been with her for about four years but had been dismissed.

The treatment journey started first with chemo on February the 20th of 2018 and that went into April. At the same time, radiation treatments took place every day except on weekends on the same schedule. The first surgery occurred on May the

27th of 2018, that was to give her a temporary ileostomy that looked like it would be going into a permanent colostomy. The thought of living with the ostomy for the rest of my life was frightening to Hill.

She credits her husband Tommy with his great job of caretaking. She says, "Caretakers make the difference between a cancer journey from good, better to the best there is for the patient."

January 31 was the date that Hill got diagnosed, and her treatment lasted all year. In between treatments, two of her children got married. So along treatment, we planned two weddings.

Once treatments ended, the all-important follow-up started. First, every three months for scans, MRIs, CAT scans done and along with the bloodwork every three months. That lasted for two years. Then, every six months for five years. She actually finished this year on January 31.

Hill is an advocate for Get Your Rear End Gear, which is a race in Charlotte every year. She urges you to make sure you're familiar with the symptoms that are out there for colorectal colon cancer, because it's such a cancer that can be caught and diagnosed if it's diagnosed early and caught.

Finally Becky Hill says, "I deal with a lot but but I'm alive and thriving, and I'm a survivor."



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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.

On average, every 2 minutes a woman is diagnosed with breast cancer and 1 woman will die of breast cancer every 13 minutes.

Over 3.3 million breast cancer survivors are alive in the United States today.



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PREVENTION

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Breast cancer risk reduction for women with an average risk

Making changes in your daily life may help reduce your risk of breast cancer. Try to:

- Ask your doctor about breast cancer screening. Discuss with your doctor when to begin breast cancer screening exams and tests, such as clinical breast exams and mammograms.

Talk to your doctor about the benefits and risks of screening. Together, you can decide what breast cancer screening strategies are right for you.

- Become familiar with your breasts through breast self-exam for breast awareness. Women may choose to become familiar with their breasts by occasionally inspecting their breasts during a breast self-exam for breast awareness. If there is a new change, lumps or other unusual signs in your breasts, talk to your doctor promptly.

Breast awareness can't prevent breast cancer, but it may help you to better understand the normal changes that your breasts undergo and identify any unusual signs and symptoms.

- Drink alcohol in moderation, if at all. Limit the amount of alcohol you drink to no more than one drink a day, if you choose to drink.

- Exercise most days of the week. Aim for at least 30 minutes of exercise on most days of the week. If you haven't been active lately, ask your doctor whether it's OK and start slowly.

- Limit postmenopausal hormone therapy. Combination hormone therapy may increase the risk of breast cancer. Talk with your doctor about the benefits and risks of hormone therapy.

Some women experience bothersome signs and symptoms during menopause, and, for these women, the increased risk of breast cancer may be acceptable in order to relieve menopause signs and symptoms.

To reduce the risk of breast cancer, use the lowest dose of hormone therapy possible for the shortest amount of time.

- Maintain a healthy weight. If your weight is healthy, work to maintain that weight. If you need to lose weight, ask your doctor about healthy strategies to accomplish this. Reduce the number of calories you eat each day and slowly increase the amount of exercise.

- Choose a healthy diet. Women who eat a Mediterranean diet supplemented with extra-virgin olive oil and mixed nuts may have a reduced risk of breast cancer. The Mediterranean diet focuses mostly on plant-based foods, such as fruits and vegetables, whole grains, legumes, and nuts. People who follow the Mediterranean diet choose healthy fats, such as olive oil, over butter and fish instead of red meat.

Breast cancer risk reduction for women with a high risk

If your doctor has assessed your family history and determined that you have other factors, such as a precancerous breast condition, that increase your risk of breast cancer, you may discuss options to reduce your risk, such as:

- Preventive medications (chemoprevention). Estrogen-blocking medications, such as selective estrogen receptor modulators and aromatase inhibitors, reduce the risk of breast cancer in women with a high risk of the disease.

These medications carry a risk of side effects, so doctors reserve these medications for women who have a very high risk of breast cancer. Discuss the benefits and risks with your doctor.

- Preventive surgery. Women with a very high risk of breast cancer may choose to have their healthy breasts surgically removed (prophylactic mastectomy). They may also choose to have their healthy ovaries removed (prophylactic oophorectomy) to reduce the risk of both breast cancer and ovarian cancer.

For more information visit www.mayoclinic.org

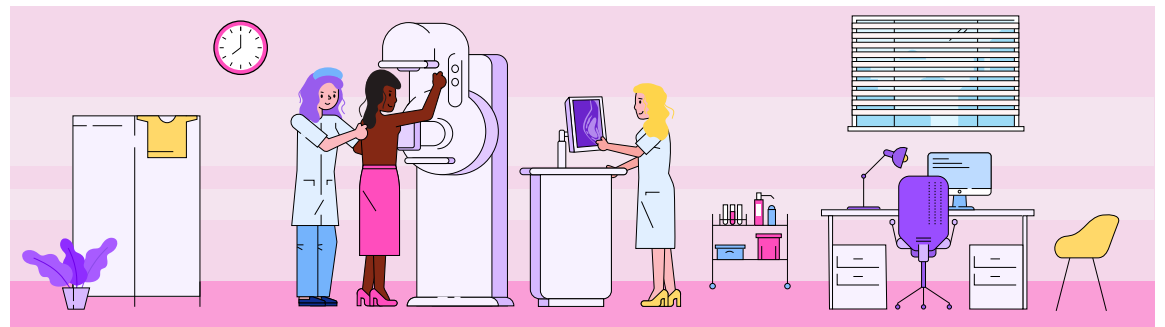
ABNORMAL MAMMOGRAM?

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If the mammogram shows an abnormal area of the breast, your doctor will order additional tests offering clearer, more detailed images of that area. Although lumps are usually non-cancerous, the only way to be certain is to perform additional

tests, such as an ultrasound or MRI. If further tests show that the mass is solid, your radiologist may recommend a biopsy, a procedure in which cells are removed from a suspicious area to check for the presence of cancer.

For more information visit www.mayoclinic.org



NEWLY DIAGNOSED?

Special for The Press and Standard

Receiving a breast cancer diagnosis can be overwhelming. After processing the news, you and your doctors will decide on a treatment plan based on the type of breast cancer you've been diagnosed with, its stage, and other factors. It's natural to have a lot of questions — not only about your diagnosis and treatment options, but also about things like health insurance, living expenses, and the impact on your professional and personal life.

It may feel like you have to learn a huge amount of information in a short time, but you don't have to do it on your own.

Next Steps

Pathology Report

After you have a biopsy or surgery to remove the breast cancer, a doctor called a pathologist will examine the removed tissue and run additional tests. The results of all these tests make up your pathology report.

Your pathology report is the key to understanding your diagnosis. By providing

a clearer picture of how the breast cancer looks and behaves, the test results in the pathology report will help you and your doctor make appropriate treatment choices for your particular diagnosis.

Planning your treatment

Based on your pathology report and other factors, you and your doctors will work together to make a treatment plan specific to your diagnosis.

Generally, breast cancer treatment plans have two main purposes:

- destroy the cancer cells
- reduce the risk of the breast cancer coming back in the future (called recurrence)

Depending on your specific diagnosis, your treatment plan may include one or more treatments, including surgery, radiation therapy, chemotherapy, hormonal therapy, or other therapies.

Getting a second opinion

You may feel a sense of urgency about getting your treatment started right away. But usually there is time to get a second

opinion from another doctor. A second opinion may give you peace of mind by confirming your original diagnosis, or another doctor may recommend treatment options you may not have considered. You can get a second opinion at any point in the treatment planning process — even if you've already started treatment.

Making decisions about surgery

Surgery to remove the cancer is usually — but not always — the first step in a breast cancer treatment plan. If your doctor recommends that you begin your treatment with surgery, you will work with your medical team to decide what type of surgery is appropriate for you:

- lumpectomy, which removes the tumor and a small amount of surrounding tissue
- mastectomy, which removes all of the breast tissue

You can also discuss your options for breast reconstruction if that is important to you.

Treatments you may have in addition to surgery

Depending on your particular diagnosis, the following treatments may be recommended in addition to surgery. These treatments are usually given after surgery (called adjuvant treatment) to reduce your risk of the cancer coming back. But some of these treatments may be given before surgery to shrink the tumor before it is removed (called neoadjuvant treatment). Learn more about:

- radiation therapy
- chemotherapy
- hormonal therapy (also called endocrine therapy or anti-estrogen therapy)
- targeted therapy
- immunotherapy

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BREAST CANCER AT HOME

Special for The Press and Standard

Talking to your family and friends about breast cancer

Telling your loved ones that you've been diagnosed with breast cancer can be difficult. Even after you have shared the news, you may find it difficult to communicate openly about how you're feeling and what you need for support. Sometimes it's uncomfortable to ask for help, answer questions about how you're doing, or tell well-meaning relatives and friends that you need some time and space for yourself.

Your mental and emotional health

Being diagnosed and treated for breast cancer can be tough. You have probably heard people on television and social media describe breast cancer treatment as a fight or battle, and people who have gone through treatment as survivors and warriors. It's great if you feel strong and determined as you process your diagnosis and begin treatment. But it's also OK if you don't. Everyone's experience is different, and it's perfectly valid to feel worried, scared, sad, or any variety of emotions about a breast cancer diagnosis.

If you are feeling depressed or anxious, you should talk to your doctor and consider speaking with a mental health professional. Together, you can discuss ways to protect your mental health, whether it's with talk therapy, an antidepressant, or holistic approaches like meditation or yoga.

Managing daily life

After the urgency of getting a diagnosis and figuring out a treatment plan, there can still be many things to manage in your daily life: financial questions, maintaining a job, making lifestyle changes, and managing medical records.

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MEN AND BREAST CANCER

Special for The Press and Standard

Male breast cancer is a rare cancer that begins as a growth of cells in the breast tissue of men.

Breast cancer is typically thought of as a condition that happens in women. But everyone is born with some breast tissue. So anyone can get breast cancer.

Male breast cancer is rare. It happens most often in older men, though it can occur at any age.

Treatment for male breast cancer typically involves surgery to remove the breast tissue. Other treatments, such as chemotherapy and radiation therapy, may be recommended as well.

Symptoms

Signs and symptoms of male breast cancer can include:

- A painless lump or thickening of the skin on the chest.
- Changes to the skin covering the chest, such as dimpling, puckering, scaling or changes in the color of the skin.
- Changes to the nipple, such as changes in the skin color or scaling, or a nipple that begins to turn inward.
- Discharge or bleeding from the nipple.

When to see a doctor

Make an appointment with a doctor or other health care professional if you have symptoms that worry you.

Causes

It's not clear what causes male breast cancer.

Male breast cancer starts when cells in the breast tissue develop changes in their

DNA. A cell's DNA holds the instructions that tell the cell what to do. In healthy cells, the DNA gives instructions to grow and multiply at a set rate. The instructions tell the cells to die at a set time.

In cancer cells, the DNA changes give different instructions. The changes tell the cancer cells to make many more cells quickly. Cancer cells can keep living when healthy cells would die. This causes too many cells.

The cancer cells might form a mass called a tumor. The tumor can grow to invade and destroy healthy body tissue. In time, cancer cells can break away and spread to other parts of the body. When cancer spreads, it's called metastatic cancer.

Where breast cancer begins in men

Everyone is born with a small amount of breast tissue. Breast tissue consists of milk-producing glands, ducts that carry milk to the nipples and fat.

During puberty, females at birth typically begin growing more breast tissue. But because everyone is born with a small amount of breast tissue, breast cancer can develop in anyone.

Types of male breast cancer include:

- Cancer that begins in the milk ducts, called ductal carcinoma. This type of breast cancer starts in the tubes that connect to the nipple. These tubes are called ducts. Ductal carcinoma is the most common type of male breast cancer.

- Cancer that begins in the milk-producing glands, called lobular carcinoma. This type of cancer begins in the glands that have the potential to make breast milk. These glands are called lobules. Lobular

carcinoma is less common in males at birth because they usually have fewer lobular cells.

- Other types of cancer. Other, rarer types of male breast cancer include Paget's disease of the nipple and inflammatory breast cancer.

Risk factors

Factors that increase the risk of male breast cancer include:

- Older age. The risk of breast cancer increases with age. Male breast cancer is most often diagnosed in men in their 60s.

- Hormone therapy for prostate cancer or medicines containing estrogen. If you take estrogen-related medicines, such as those used for hormone therapy for prostate cancer, your risk of breast cancer rises.

- Family history of breast cancer. If you have a blood relative with breast cancer, you have a greater chance of getting the disease.

- Inherited DNA changes that increase breast cancer risk. Some of the DNA changes that can lead to breast cancer are passed down from parents to children. People born with these DNA changes have a greater risk of breast cancer. For example, the DNA changes BRCA1 and BRCA2 increase the risk of male breast cancer.

- Klinefelter syndrome. This genetic syndrome occurs when males are born with more than one copy of the X chromosome. Klinefelter syndrome affects the development of the testicles. It causes changes in the balance of hormones in the body, which can increase the risk of male breast cancer.

- Liver disease. Certain conditions, such as cirrhosis of the liver, can change

the balance of hormones in the body. This raises the risk of male breast cancer.

- Obesity. Obesity is linked with higher levels of estrogen in the body. This increases the risk of male breast cancer.

- Testicle disease or surgery. Having inflamed testicles, called orchitis, or surgery to remove a testicle, called orchiectomy, can increase the risk of male breast cancer.

Prevention

For most men, there's no way to prevent male breast cancer. For those that have an increased risk of cancer, there may be ways to lower the risk.

- If breast cancer runs in your family. Certain DNA changes are linked to breast cancer. If these DNA changes run in your family, you might have an increased risk of breast cancer. DNA changes that increase the risk of male breast cancer include BRCA1 and BRCA2.

If you know that a blood relative carries DNA changes linked to breast cancer, tell your doctor or other health care professional. Together you can decide whether you should have genetic testing to see if you also carry the DNA changes.

If you carry a DNA change that increases your risk, you might need breast cancer screening. Usually this involves becoming familiar with the skin and tissue on your chest. Tell your health professional if you notice any changes. You also might have an annual exam of your chest.

For more information visit www.mayoclinic.org.

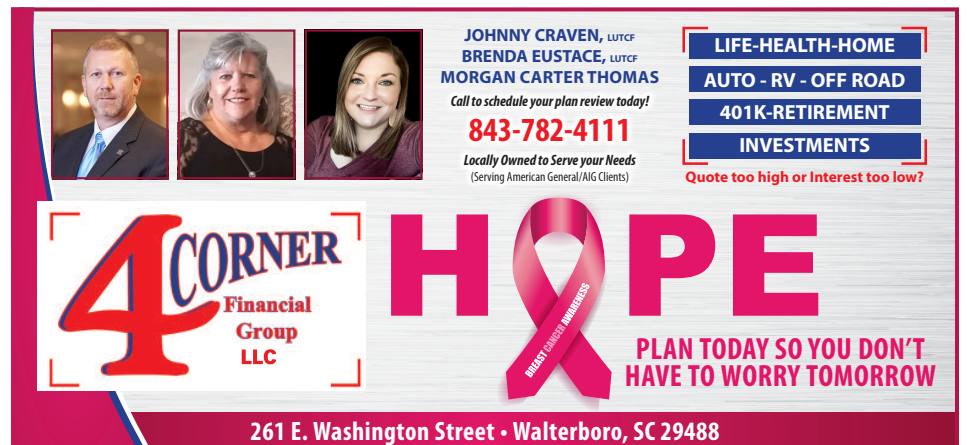


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LAQUISHA LAWTON



By Dana Erickson
editor@lowcountry.com

Laquisha Lawton is a breast cancer survivor who participated in the recent Look Good-Feel Good Fashion Show fundraiser. Mrs. Lawton had been conducting self-breast exams since before 40 and in October of 2021 she found a spot under one of her breasts. She went to her doctor and scheduled a mammogram. The mammogram showed another concerning spot different than the one she initially came in for. A biopsy was conducted, and Mrs. Lawton was diagnosed with Stage 1 breast cancer. She cried for a week after receiving her diagnosis, but then she called her doctor, made an appointment, and assembled her medical team to plan for her treatment. She was scheduled for surgery during December of 2021, but Covid hit causing

the surgery to be postponed. Finally, she scheduled for January of 2022 to remove the cancerous tumor. She was supposed to take 10 rounds of chemotherapy but only took four. She also had to undergo radiation which she said was extremely rough. Lawton commented she would rather take the chemotherapy than the radiation. However, she ultimately made it through the treatment and claimed the title of survivor. She credits her family, friends, co-workers and Facebook friends for being there for her and helping her through this most difficult time in her life. Her son was playing sports for his school at the time and his teachers, coaches, and teammates all stood by and supported her son. Mrs. Lawton is eternally grateful to all who helped her during her breast cancer journey, and being a survivor is one of her greatest achievements.

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PROSTATE CANCER

Special for The Press and Standard

Prostate cancer is one of the most common types of cancer. Many prostate cancers grow slowly and are confined to the prostate gland, where they may not cause serious harm. However, while some types of prostate cancer grow slowly and may need minimal or even no treatment, other types are aggressive and can spread quickly.

Prostate cancer that's detected early — when it's still confined to the prostate gland — has the best chance for successful treatment.

Symptoms

Prostate cancer may cause no signs or symptoms in its early stages.

Prostate cancer that's more advanced may cause signs and symptoms such as:

- Trouble urinating
- Decreased force in the stream of urine
- Blood in the urine
- Blood in the semen
- Bone pain
- Losing weight without trying
- Erectile dysfunction

When to see a doctor

Make an appointment with your doctor if you have any persistent signs or symptoms that worry you.

Causes

It's not clear what causes prostate cancer. Doctors know that prostate cancer begins when cells in the prostate develop changes in their DNA. A cell's DNA contains the instructions that tell a cell what to do. The changes tell the cells to grow and divide

more rapidly than normal cells do. The abnormal cells continue living, when other cells would die.

The accumulating abnormal cells form a tumor that can grow to invade nearby tissue. In time, some abnormal cells can break away and spread (metastasize) to other parts of the body.

Risk factors

Factors that can increase your risk of prostate cancer include:

- Older age. Your risk of prostate cancer increases as you age. It's most common after age 50.
- Race. For reasons not yet determined, Black people have a greater risk of prostate cancer than do people of other races. In Black people, prostate cancer is also more likely to be aggressive or advanced.
- Family history. If a blood relative, such as a parent, sibling or child, has been diagnosed with prostate cancer, your risk may be increased. Also, if you have a family history of genes that increase the risk of breast cancer (BRCA1 or BRCA2) or a very strong family history of breast cancer, your risk of prostate cancer may be higher.
- Obesity. People who are obese may have a higher risk of prostate cancer compared with people considered to have a healthy weight, though studies have had mixed results. In obese people, the cancer is more likely to be more aggressive and more likely to return after initial treatment.

Complications

Complications of prostate cancer and its treatments include:

- Cancer that spreads (metastasizes).

Prostate cancer can spread to nearby organs, such as your bladder, or travel through your bloodstream or lymphatic system to your bones or other organs. Prostate cancer that spreads to the bones can cause pain and broken bones. Once prostate cancer has spread to other areas of the body, it may still respond to treatment and may be controlled, but it's unlikely to be cured.

- Incontinence. Both prostate cancer and its treatment can cause urinary incontinence. Treatment for incontinence depends on the type you have, how severe it is, and the likelihood it will improve over time. Treatment options may include medications, catheters, and surgery.

- Erectile dysfunction. Erectile dysfunction can result from prostate cancer or its treatment, including surgery, radiation, or hormone treatments. Medications, vacuum devices that assist in achieving erection and surgery are available to treat erectile dysfunction.

Prevention

You can reduce your risk of prostate cancer if you:

- Choose a healthy diet full of fruits and vegetables. Eat a variety of fruits, vegetables and whole grains. Fruits and vegetables contain many vitamins and nutrients that can contribute to your health.

Whether you can prevent prostate cancer through diet has yet to be conclusively proved. But eating a healthy diet with a variety of fruits and vegetables can improve your overall health.

- Choose healthy foods over supplements. No studies have shown that supplements play a role in reducing your risk of prostate

cancer. Instead, choose foods that are rich in vitamins and minerals so that you can maintain healthy levels of vitamins in your body.

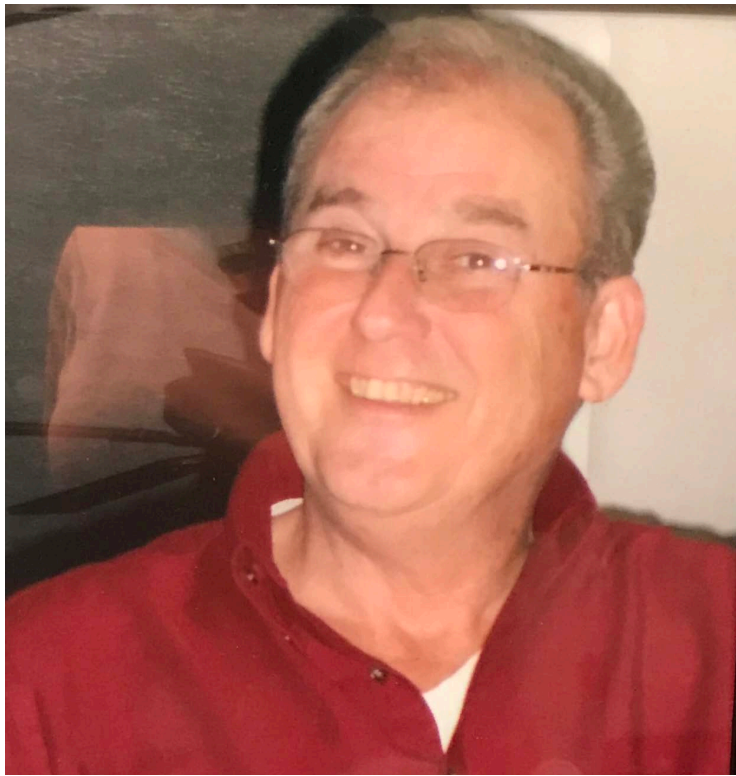
- Exercise most days of the week. Exercise improves your overall health, helps you maintain your weight, and improves your mood. Try to exercise most days of the week. If you're new to exercise, start slow and work your way up to more exercise time each day.

- Maintain a healthy weight. If your current weight is healthy, work to maintain it by choosing a healthy diet and exercising most days of the week. If you need to lose weight, add more exercise, and reduce the number of calories you eat each day. Ask your doctor for help creating a plan for healthy weight loss.

- Talk to your doctor about increased risk of prostate cancer. If you have a very high risk of prostate cancer, you and your doctor may consider medications or other treatments to reduce the risk. Some studies suggest that taking 5-alpha reductase inhibitors, including finasteride (Propecia, Proscar) and dutasteride (Avodart), may reduce the overall risk of developing prostate cancer. These drugs are used to control prostate gland enlargement and hair loss. However, some evidence indicates that people taking these medications may have an increased risk of getting a more serious form of prostate cancer (high-grade prostate cancer). If you're concerned about your risk of developing prostate cancer, talk with your doctor.



A STORY OF CANCER



Special for The Press and Standard

Cancer is no respecter of persons.

An abnormal growth of cells is such an insignificant way to define a disease that has such a significant impact on people. When I was 26 my Dad was diagnosed with colorectal cancer. It was terrifying. We were planning my wedding, and I was so afraid my Dad would not be there to walk me down the aisle. We scheduled my wedding day between his first and second chemotherapy treatments. We did it that way because the doctors told us the first treatment wouldn't be too hard on him, but the second one and those thereafter would be rough. I never thought I would plan my wedding around chemotherapy treatments, but I did. Dad did walk me down the aisle and he ultimately beat the cancer.

The second time was different. Dad started having some digestive difficulty in 2011. My

husband and I were unexpectedly pregnant and once again, we rearranged our lives around cancer. We revealed the pregnancy sooner than we would have so my Dad could have some good news and give him something to look forward to; another grandchild.

The cancer was small bowel cancer. It took the doctor's awhile to figure out what was wrong because of the previous colorectal cancer and while small bowel cancer is not rare, it is uncommon. He lived to see his grandson born. He was able to hold him, rock him, and love him. Nine months later my Dad died. He died at home, and I held his hand while he passed.

It has been almost 11 years now since Dad's been gone. I still cry some days. I miss him every day and every time I miss him it's a testament to the far-reaching effects of cancer and the toll it takes. I did not have cancer, but it touched my life intimately as it has undoubtedly touched yours.

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MEKIELLA R. YOUNG

Special for The Press and Standard

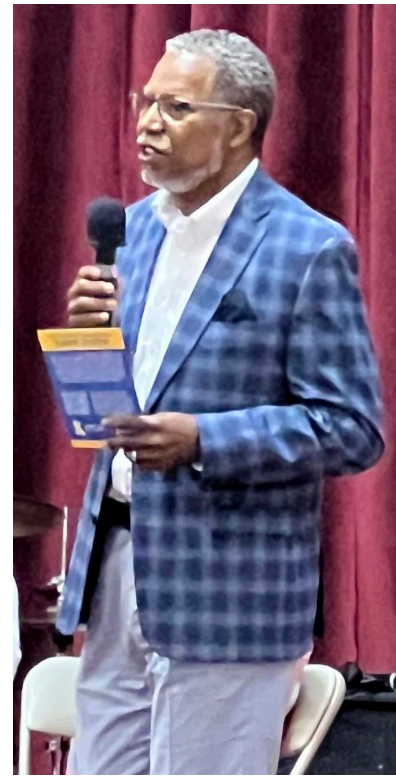
Prophetess Mekiella R. Young recounted her mother's battle with breast cancer. Mrs. Young is the youngest of five children and she spoke of how her mother always made sure they were in church. Their faith was instrumental in her mother's battle. Mrs. Young was with her mother during it all. She sat with her, prayed with her, studied the Bible together, and gathered in their faith together. Mrs. Young's mother ultimately lost her battle with breast cancer, but Young praised her strong battle and celebrated her mother no longer suffering, but is in God's hands, and she is secure in her faith that it is so.



ANTHONY MINTER

Special for The Press and Standard

Mr. Tony Minter is the executive director of the Veterans Prostate Cancer Awareness, LLC. When Mr. Minter was diagnosed with prostate cancer in 2012, he was 50 years old and had been monitoring his PSA (prostate specific antigen) with his doctor since he began testing at 40. After his diagnosis, his doctor encouraged him to do his own research and eventually his medical team landed on a treatment plan. After his treatment, Tony remains cancer free. Now, Tony is resolved to do whatever he can to educate men about prostate cancer. He is now a passionate prostate cancer awareness advocate. VPCa is dedicated to saving lives by promoting awareness, early detection, and providing solutions among Veterans, active-duty military, and all men.



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MYTHS

Special for The Press and Standard

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.

1. Only people with a family history of breast cancer are at risk. Only about five to 10 percent of breast cancers are considered hereditary.
2. 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.
3. Antiperspirants and deodorants cause breast cancer. There's no conclusive evidence linking the use of antiperspirants or deodorants and the development of breast cancer.
4. 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.
5. 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.

TRIPLE-NEGATIVE

Special for The Press and Standard

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.



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ALL THE CANCERS



As of 2011-2012 each colored strand on this ball represents each known type of cancer.

NOTABLE SURVIVORS

Special for The Press and Standard

Notable women who have survived breast cancer

- Christina Applegate (actress Married with Children)
- Sheryl Crow (singer/songwriter)
- Cynthia Nixon (actress)
- Kylie Minogue (singer)
- Olivia Newton-John (actress/singer)
- Julia Louis-Dreyfus (actress)
- Carly Simon (singer)
- Dame Maggie Smith (actress)
- Suzanne Somers (actress/spokesperson)
- Gloria Steinem (women's rights activist)
- Robin Roberts (television host)
- Judy Blume (author)
- Kathy Bates (actress)
- Wanda Sykes (comedian)
- Tig Nataro (comedian)

Notable men with breast cancer

- Richard Roundtree (actor)
- Rod Roddy (announcer The Price is Right)
- Edward Brooke (US Senator)
- Peter Dinklage (drummer Kiss)
- Ernie Green (former pro football player)

Notable men with prostate cancer

- Ian McKellan (actor)
- Robert DeNiro (actor)
- Colin Powell (4 star general US Army)
- Joe Torre (former New York Yankees manager)
- Arnold Palmer (champion golfer)
- Harry Belafonte (actor, singer/songwriter)

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

5 APPROACHES TO PROMOTE HEALING

Special for The Press and Standard

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:

1. Acupuncture limits chemotherapy-related nausea and vomiting plus reduces pain.
2. Massage therapy helps reduce fatigue, anxiety, nausea and pain.
3. Physical activity improves strength and endurance, helps manage stress and reduces pain and fatigue.
4. Nutritional counseling helps manage weight changes, controls nausea and improves overall health.
5. 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.



BREAST ANATOMY

Special for The Press and Standard

As you learn about breast cancer, we will repeatedly reference the anatomy of the breast. Understanding the different parts and functions will help you better grasp the details of breast cancer.

Knowing your body helps you to:

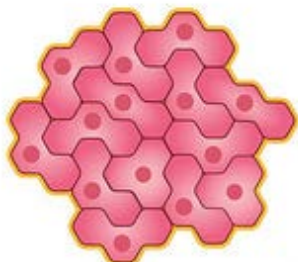
- Make informed decisions.
- Have a better dialogue with your doctor.
- Be aware of anything unusual.

Adipose Tissue

The female breast is mostly made up of a collection of fat cells called adipose tissue. This tissue extends from the collarbone down to the underarm and across to the middle of the ribcage.

INVASIVE

Lymph Nodes



Lobes, Lobules, And Milk Ducts

A healthy female breast is made up of 12–20 sections called lobes. Each of these lobes is made up of many smaller lobules, the gland that produces milk in nursing women. Both the lobes and lobules are connected by milk ducts, which act as stems or tubes to carry the milk to the nipple. These breast structures are generally where the cancer begins to form.

The Lymph System

Within the adipose tissue is a network of ligaments, fibrous connective tissue, nerves, lymph vessels, lymph nodes, and blood vessels.

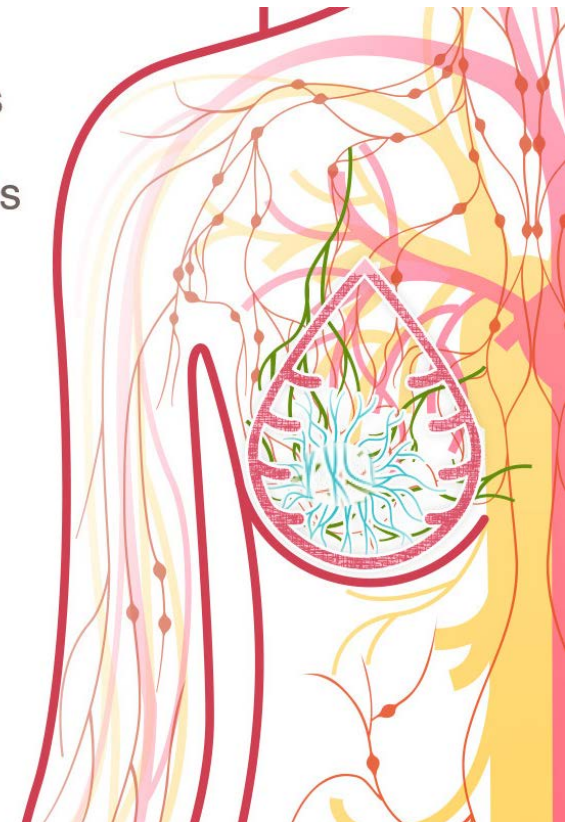
The lymph system, which is part of the immune system, is a network of lymph vessels and lymph nodes running

throughout the entire body. Similar to how the blood circulatory system distributes elements throughout the body, the lymph system transports disease-fighting cells and fluids. Clusters of bean-shaped lymph nodes are fixed in areas throughout the lymph system and act as filters by carrying abnormal cells away from healthy tissue.

The type of breast cancer is generally determined by the origin of the growth of cancer cells, which is almost always

in the lobes, lobules, or ducts. When cancer is found in the nearby lymph nodes, it helps doctors identify just how far the cancer has spread. If the nearest nodes contain cancer, additional nodes are usually examined for the presence or absence of cancer cells to understand how far the disease has progressed.

- Blood Vessels
- Lymph Vessels & Nodes
- Nerves
- Fibrous Connective Tissue
- Ligaments




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