



October 6-7, 2018

## Keeping a high spirit

### Norma Abbott stays positive while tackling cancer

BY JESSICA WESTON  
City Editor  
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It will take more than cancer to dim Norma Abbott's good spirits. When the local resident sat down with the Daily Independent shortly before her 69th birthday, her sense of humor, high energy and good spirits were in full evidence.

Abbott was wearing pink, which she immediately said had nothing to do with being a breast cancer survivor. She said it was not intentional. "My husband always says it's my best color," she said.

Laughing, Abbott reflected upon an irony. "I am not a big fan of pink, and then I get breast cancer. It's like beating me over the head with pink."

True to form, Abbott tells an upbeat story complete with profuse gratitude for Ridgecrest Regional Hospital and

the Ridgecrest community.

Her saga started a little over a year ago.

She said her cancer was discovered in a circuitous way. Her cardiologist, Dr. Ghassan Mohsen, discovered she had swollen lymph nodes. She was sent for a biopsy, a pet scan and a test that involves injecting nuclear sugar.

Eventually, it was discovered she had Stage II breast cancer, because the lymph nodes were involved.

Lots of doctor's appointments took place. "Every other week, if I wasn't going to a doctor my schedule wasn't complete," she said with a laugh.

She went through several courses of chemotherapy and is still undergoing a maintenance chemo regime. She had a mastectomy.

Abbott said she is not 100 percent certain but is pretty sure she was one of the very first pa-

tients to take advantage of the ability to have chemotherapy locally at Ridgecrest Regional Hospital's Cancer Center.

She spoke highly of her medical oncologist Dr. Everard Hughes.

"I believe I was the first one to start right from scratch with him. I was close to being Patient Zero," she said.

Abbott also spoke with extreme gratitude about the entire staff.

"Those oncology nurses are absolutely fabulous. They are all just so caring. You just feel the love, you really do. I couldn't ask for better care," she said.

Next up for Abbott is radiation, the only part of her treatment she cannot get locally. She said her prognosis is good and she has been told she is "pretty much cancer-free."

She also spoke highly of Dr. Lawrence McNutt.

"Every doctor and everybody that I have come in contact with has



JESSICA WESTON/DAILY INDEPENDENT

John and Norma Abbott

been so supportive and so willing to help," she said.

Abbott said her initial reaction to the cancer diagnosis was more matter-of-fact than anything else. She said she was surprised, but her reaction was not unduly negative.

"It is what it is. A negative reaction is not going to change the end result," she explained.

She said her feeling was more "It's OK . . . crap. This was not penciled into my itinerary."

Asked if she has learned anything from the experience, she laughed and said the surgery taught her patience. She said she had few side effects from the chemo other than tired-

ness and a "really annoying rash" but that surgery requires lots of patience to heal.

Abbott, who is a mother, grandmother and great-grandmother, credits her husband John for being her "rock" throughout the experience.

She is an active quilter and teaches quilting. She thanked her friends at the Hi-Desert Quilt Guild for their support.

Abbott also thanked the community as a whole. She said she and her husband moved here almost 13 years ago, after 30 years in San Diego.

Prior to that, she said, "I grew up in a small town in Maine where you have to go out of town to get a husband

because you are related to everybody."

Abbott said she has been overwhelmed by the love and support she felt from the community and her medical team.

"Those people [medical professionals] are just fabulous. I just can't say enough good about them. And the community itself is so embracing. The first time I went to chemo, I am sure I was stressed and all of a sudden I just felt this overwhelming envelopment like peace. Like it's OK, we're all behind you. We're right here. You won't fail."

"This whole town, this whole city, this whole community. We are so glad we moved here."



## Breast Cancer Awareness Month



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

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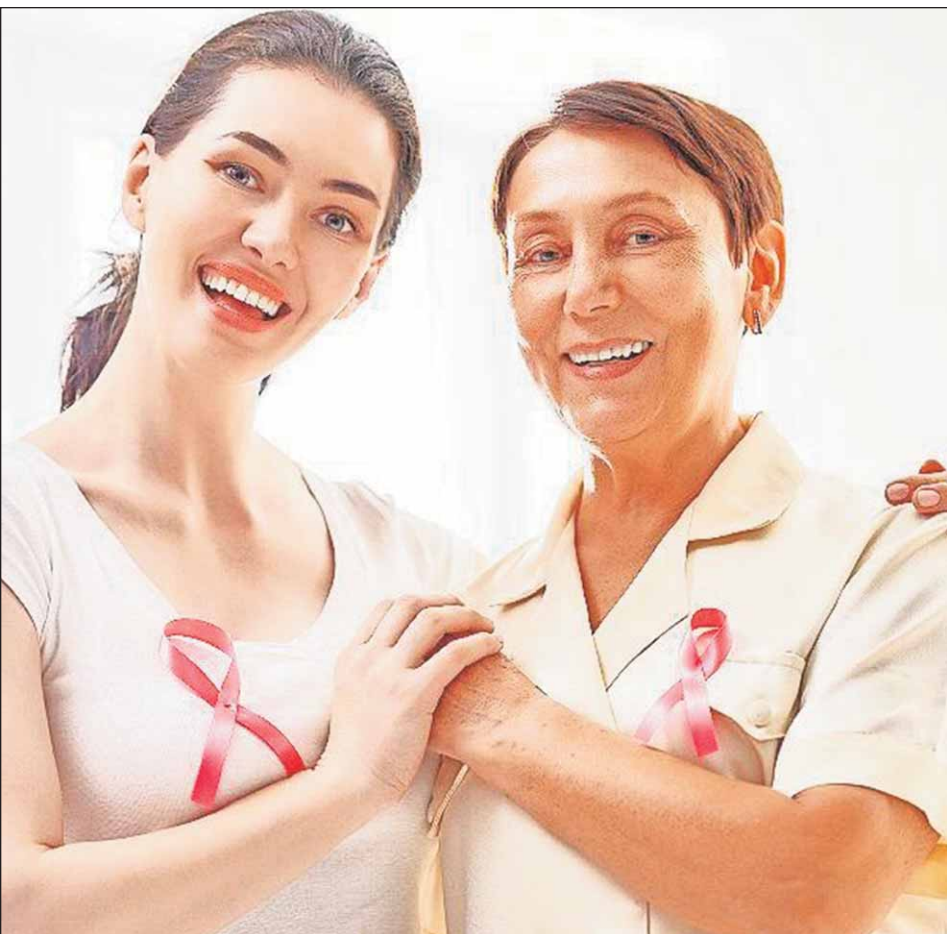
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-  Any changes or concerns & risk factors



# Why moms, daughters should talk about **breast health**



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**BY MELISSA ERICKSON**  
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Even if breast cancer doesn't run in the family, experts agree mothers and daughters should talk about breast health and cancer prevention.

"Any time we can have a conversation about something, it makes us feel more in control of the situation. Having conversations about breast cancer allows people to take control of their health," said social worker and Ph.D. candidate Erin Nau, counseling and education coordinator at the Adelphi NY Statewide Breast Cancer Hotline & Support Program.

While moms raise their daughters offering parental advice and sharing healthy-living tips, discussions about illness or cancer may

not come as naturally, Nau said. Having these difficult conversations can help women prevent cancer or extend their lives if they are diagnosed.

"We recommend women begin to develop a health relationship with their bodies and their breast health at a young age. Once a woman has gone through puberty, she can get to know the normal look and feel of her breasts. The best time to do so is after your period, when your breast tissue is most stable" starting at 18, said Dr. Deborah Lindner, chief medical officer at Bright Pink, the national non-profit focused on prevention and early detection of breast and ovarian cancer in young women.

"Be very clear about your medical history,"

Nau said. Women with a family history of breast cancer — especially a first-degree relative such as a mother, sister or daughter — have a higher risk of developing the disease, Nau said.

A strong family history doesn't mean a person will definitely get breast cancer, though, Nau said.

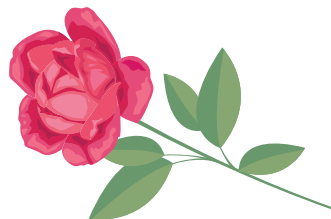
"Every woman should first assess her risk for breast cancer in order to determine the best prevention plan for their health," Lindner said. "Everyone's risk is unique, and therefore, their screening and reduction recommendations will be unique, too. Your risk is determined by a combination of factors including your lifestyle, your health history and your family's health history."



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# Breast cancer and men: Gene mutations that contribute to risk can also signal prostate, pancreatic cancers

**BY MELISSA ERICKSON**  
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Having a mother or daughter who carries a mutation on the BRCA1 or 2 genes puts women at an increased risk of developing breast and ovarian cancer. The same is true for men, although few men undergo genetic testing.

“Men are equally as likely as women to inherit a BRCA mutation,” said Dr. Christopher Childers, a resident physician in the department of surgery at the David Geffen School of Medicine, University of California-Los Angeles. “If a male has a BRCA mutation, his risk of breast cancer increases a hundred-fold.”

A study published in JAMA Oncology in April found that few men are screened for BRCA genetic mutations. Analyzing data from the 2015 National Health Interview Survey, researchers found

that men underwent testing for breast/ovarian cancer genes at one-tenth the rate of women.

It may be the first national study analyzing the rates of genetic cancer testing for both men and women, Childers said.

“Men who carry BRCA mutations are at higher risk for a variety of cancers including breast, prostate, pancreatic and melanoma. In particular, males who carry BRCA2 mutations are at increased risk of often early and more aggressive prostate cancers,” Childers said.

## Check family history

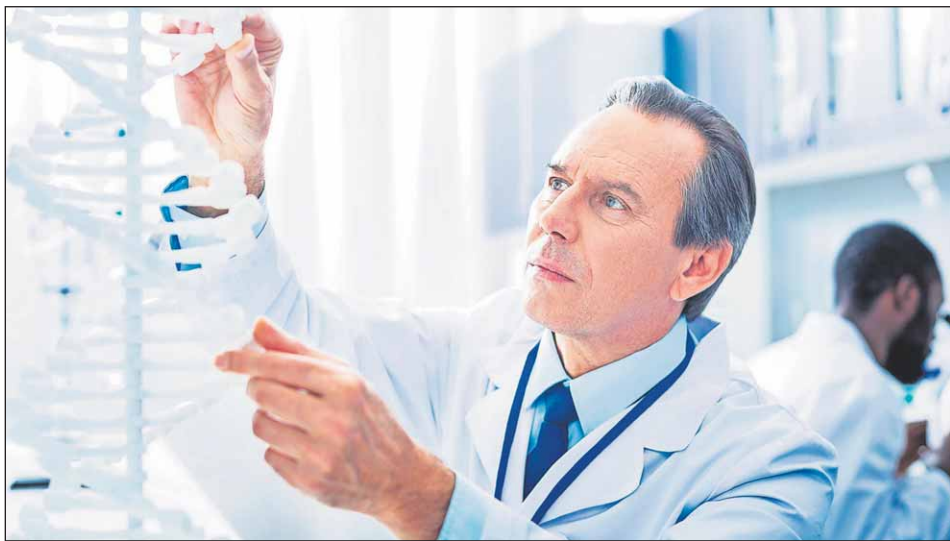
Previous studies have shown that men believe breast cancer is a female issue, but this couldn’t be farther from the truth, said genetic counselor Kimberly Childers, study co-author and regional manager at the Center for Clinical Genetics and Genomics at Providence Health & Serv-

ices Southern California. The Childerses are married.

“The strongest risk factor for carrying a BRCA mutation is having a family member with a BRCA mutation. If your mother, father, sister, brother or child has a BRCA mutation, you have a 50 percent chance of having the mutation as well,” Kimberly Childers said.

Other factors that may indicate a high probability of carrying a mutation include a personal history of male breast cancer, pancreatic cancer or high-grade or metastatic prostate cancer, Kimberly Childers said.

“Men without a history of cancer may also be at risk of carrying a mutation if there is a strong history of these cancers in their family,” she said. “It’s important for men to know that if their female relatives have ovarian or early breast cancers, that this may translate into a higher cancer risk for them,



MORE CONTENT NOW

too.”

## Course of action

Men with a BRCA mutation are recommended to undergo clinical breast exams every year starting at age 35, Christopher Childers said.

“Once a BRCA mutation is identified, it is important that they ask their doctor to

show them how to perform a self exam of their chest, learning what abnormal tissue might feel like and what could be of concern,” he said.

Most but not all breast cancers in BRCA-positive men occur after age 50. Starting at 45, men with BRCA mutations are often recommended to undergo

prostate cancer screening (prostate-specific antigen and digital rectal exams), Christopher Childers said.

If men are concerned about their risk they should discuss it with a primary-care provider or genetic counselor. To find a local genetic counselor, visit [nsgc.org/findageneticcounselor](http://nsgc.org/findageneticcounselor).



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# Relay For Life to continue its impact, begins today

## DI STAFF REPORT

Hundreds of people are prepared to give cancer the boot Saturday-Sunday as the annual Indian Wells Valley Relay for Life takes place at the Cerro Coso Community College track.

The event serves as a way to raise awareness about cancer and funding to help research a cure for the disease, and to celebrate those survivors and or remember those who were lost to it.

Participating teams will walk around the Cerro Coso track in shifts and laps over a 24-hour period, starting after the 9 a.m. opening ceremony to 9 a.m. on Sunday morning.

Dr. Hughes from Ridgecrest Regional Hospital will be speaking during the opening ceremony. Voice of Hope speaker Bonnadeene Trimble of Rosamond will be sharing her family's cancer journey during the Luminaria cere-

mony of the event and the event will have a giant purple inflatable chair that participants and visitors will have the opportunity to have photo-op on.

The event is closing in each day on its goal of \$100,000, having currently raised \$75,000. Since the Relay began in 1999, the program has raised \$2,191,039.33.

According to Jamie Brickey Powell of the IWW American Cancer Society, the event has been ongoing since 1999.

"Anyone these days you haven't met someone who hasn't been touched by cancer," Brickey Powell said.

This year, there are 31 teams with around 257 registered, including 41 survivors. Brickey Powell noted that the event usually sees a swell of participants, including cancer survivors, on the day of the event.

The Ridgecrest Relay for Life fundraising effort has gained more than

\$50,000 in sponsorships so far, including a large sponsorship from Ridgecrest Regional Hospital. RRH is the presenting sponsor this year.

Each Relay team rallies to raise money. The goal for this year is \$100,000.

"We really come together and raise a lot of a money for fighting cancer," Brickey Powell said. "I think every team is giving all they got and doing a lot of fundraising."

Over the 24-hour period, each lap will have its own theme.

At 8 p.m. on Saturday night, the college track will light up during the luminaria ceremony.

"When the sun goes down at every American Cancer Society Relay For Life event, hope shines the brightest. During the Luminaria Ceremony, hundreds of luminaria light the track or path to celebrate the lives of those who have battled cancer, remember loved ones lost, and fight back



DAILY INDEPENDENT FILE PHOTO

A scene from the 2017 Ridgecrest Relay For Life at Cerro Coso College.

against a disease that has taken too much," according to Relay For Life. "This ceremony of light symbolizes the hope and perseverance with which we all continue to fight."

During the lighting ceremony, participants will walk in silence.

Brickey Powell noted that entertainment will be available throughout the event on the main

stage, ranging from music acts to dance numbers and movies. Among it is the "Relay Got Talent," a youth talent showcase of different talents.

"There are still some slots in case youth want to participate," Brickey Powell said.

People can contact Brickey Powell for more information on Ridgecrest Relay For Life, or to

schedule for "Relay Got Talent" at 760-608-3691 or at jamie.brickey@can-cer.org. For more information on Ridgecrest Relay for Life visit at www.relayforlife.org/ridgecrestca or on Facebook at www.facebook.com/ridgecrestacsrelay/

• See page B7 for the Relay For Life schedule of events.

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# 2018 Relay For Life Schedule

<b>8:45 AM</b>	<b>Stage:</b> Opening Ceremony
<b>9:00 AM</b>	<b>Stage:</b> Survivors Lap/Caregiver Lap
<b>10:00 AM</b>	<b>Stage:</b> Burroughs Cheer & IWV Cheer <b>Lap theme:</b> Team Banner
<b>10:30 AM</b>	<b>Stage:</b> Ridgecrest Gymnastics Academy
<b>11:00 AM</b>	<b>Stage:</b> Area 51 1/2 <b>Lap theme:</b> Patriotic/Military honors
<b>11:30 AM</b>	<b>Activity:</b> Scavenger Hunt
<b>Noon</b>	<b>Stage:</b> High Desert Dance <b>Lap theme:</b> Decades
<b>1:00 PM</b>	<b>Activity:</b> Inflatable relay/Beach ball relay <b>Lap theme:</b> Pool Party
<b>1:30 PM</b>	<b>Stage:</b> Ridgecrest Extreme Allstars
<b>2:00 PM</b>	<b>Stage:</b> Relay's Got Talent <b>Lap theme:</b> Pony/Horse
<b>2:30 PM</b>	<b>Stage:</b> Relay's Got Talent
<b>3:00 PM</b>	<b>Activity:</b> Line Dancing at the stage <b>Lap theme:</b> Line Dancing
<b>3:30 PM</b>	<b>Activity:</b> Line Dancing at the stage
<b>4:00 PM</b>	<b>Stage:</b> Road to Recovery race <b>Lap theme:</b> 10-Gallon Hat
<b>5:00 PM</b>	<b>Stage:</b> Treacherous Edges (5-7 p.m.) <b>Lap theme:</b> Margaritaville
<b>6:00 PM</b>	<b>Activity:</b> Miss and Mr. Relay Introductions <b>Lap theme:</b> Country Western
<b>6:30 PM</b>	<b>Stage:</b> Miss Relay
<b>7:00 PM</b>	<b>Lap theme:</b> Angel
<b>7:30 PM</b>	<b>Activity:</b> Miss and Mr. Relay crowned
<b>8:00 PM</b>	<b>Stage:</b> Luminaria Ceremony <b>Lap theme:</b> Luminaria
<b>9:00 PM</b>	<b>Activity:</b> Cowboy Dress-up Relay
<b>9:30 PM</b>	<b>Activity:</b> Hula Hoop Lasso Race
<b>10:00 PM</b>	<b>Stage:</b> Fight Back <b>Lap Theme:</b> Crazy Hat
<b>10:30 PM</b>	<b>Activity:</b> Minute to Win It
<b>11:00 PM</b>	<b>Activity:</b> Minute to Win It <b>Lap Theme:</b> Fire and Police honor
<b>11:30 PM</b>	<b>Activity:</b> Minute to Win It
<b>Midnight</b>	<b>Lap Theme:</b> Glow
<b>12:30 AM</b>	<b>Stage:</b> Spirit of Relay Ceremony
<b>1:00 AM</b>	<b>Stage:</b> Dance Club <b>Lap Theme:</b> Disco
<b>2:00 AM</b>	<b>Stage:</b> Movie – "Hocus Pocus" <b>Lap Theme:</b> Pajama
<b>3:00 AM</b>	<b>Lap Theme:</b> Zombie
<b>4:00 AM</b>	<b>Stage:</b> DJ <b>Activity:</b> Cornhole games infield (4-6 a.m.) <b>Lap Theme:</b> Needing Caffeine
<b>5:00 AM</b>	<b>Theme:</b> Crazy Socks
<b>6:00 AM</b>	<b>Activity:</b> Superhero Dash <b>Lap Theme:</b> Superhero
<b>6:30 AM</b>	<b>Activity:</b> Superhero Cape Race
<b>7:00 AM</b>	<b>Stage:</b> Yoga <b>Lap Theme:</b> Purple Spirit
<b>8:00 AM</b>	<b>Activity:</b> Last Campsite Standing <b>Lap Theme:</b> Workin' Out
<b>8:30 AM</b>	<b>Stage:</b> Closing Ceremony
<b>9:00 AM</b>	<b>Final Lap</b> <b>Lap Theme:</b> Party Horn

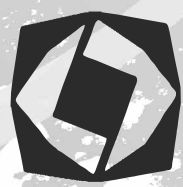
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Everard H. Hughes, M.D. was certified in Medical Oncology in 1980 with voluntary recertification in 2005. Dr. Hughes was trained in hematology and oncology at the National Cancer Institute (NCI) in Bethesda Maryland.

After 4 years at the NCI Dr. Hughes and his family decided to remain in the Washington D.C. area for 15 years as East Coast Kaiser Permanente's first Medical Oncologist. While in Maryland he obtained a degree in Computer Sciences.

In 2005 Dr. Hughes established an office in western Kansas. Then after 7 years working with South Wind Oncology Associates he decided to retire. However, he soon discovered an irresistible need to continue practicing cancer medicine.

Dr. Hughes has forty years of Hematology and Oncology experience practicing in Washington, D.C., Maryland, Virginia, Tennessee, Kentucky, Nebraska, Kansas, Oklahoma, Arizona and California.



# What experts *want you to know*

**BY MELISSA ERICKSON**  
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When asked, "What's one thing you want people to know about breast cancer?", here's what a few experts said:

"We are now living in the era of personalized cancer care. It is no longer one-size-fits-all, but each and every patient deserves a detailed evaluation and explanation, not only of their recommended treatment plan, but also the reasons and rationale for that plan."

– **Dr. Dennis Citrin**, medical oncologist at Cancer Treatment Centers of America, Chicago

"Early detection matters. Get a mammogram."

– **Dr. Harold Burstein**, a breast oncologist at Susan F. Smith Center for Women's Cancers at Dana-Farber Cancer Institute, Boston

"Trust your doctors, realize that your cancer is 100 percent different from the next person's cancer, and don't let things you read or

see give you fear or anxiety that you're not getting proper treatment. I've been through this and I'm here today as your surgeon and as a survivor."

– **Dr. Alicia Vinyard**, breast surgical oncologist at Georgia Cancer Center, Augusta

"It is important for patients and their loved ones to understand that the treatment of breast cancer requires coordination by a whole team of caregivers. There are many treatment options and each patient's treatment plan is different, so it is important to build your team starting from the time you get the news of your diagnosis. This will help you to understand how the different parts of treatment (surgery, chemotherapy, radiation, targeted medication) all fit in with each other. I also recommend that patients bring a trusted friend or family member to their appointments since all the informa-

tion can be overwhelming."

– **Dr. Megan Kruse**, associate staff, breast medical oncology, Cleveland Clinic

"Breast cancer is a disease associated with aging, and this will become more relevant over time with the aging of the U.S. population. We know that there are issues with both undertreatment and overtreatment in the care of older adults with breast cancer. We as oncologists must ask the question of how we can optimally treat patients to improve outcomes while minimizing risk. As health-care providers, we need to do our part in assessing our older patients, so that we can help them and their families make the best personalized decisions possible."

– **Dr. Meghan Karuturi**, assistant professor of breast medical oncology at the University of Texas MD Anderson Cancer Center, Houston

"While a cancer diagnosis can be a challenge, con-

necting with others in a similar situation either face-to-face, online or over the phone helps give patients a sense of control over what can be a chaotic and stressful situation."

– **Licensed clinical social worker Sara Goldberger**, senior program director at Cancer Support Community, the largest professionally led nonprofit network of cancer support services worldwide

"Unfortunately, breast cancer occurs in 1 in 8 women and has profound effects on the lives of those it touches. The good news is that we have made amazing strides in the screening and treatment of breast cancer. Every year, advances are made that not only improve survival but lessen the impact on a patient's quality of life. However, the most important aspect of breast cancer treatment lies with the patient in performing routine screening mam-

mography and being an ad-

vocate for their own health. The earlier we can catch the process, the better the outcome and less the patient may need to go through."

– **Dr. John Kiluk**, surgical oncologist at Moffitt Cancer Center, Tampa, Florida

"The interaction between lifestyle and both breast cancer incidence and treatment is underemphasized. My goal as a physician is to educate both the community as well as my patients in terms of nutrition, exercise and mindfulness. We have the power to prevent a substantial number of breast cancer diagnoses. In those already diagnosed with breast cancer, lifestyle changes can lessen toxicities during treatment and improve long-term health. The key is to eat a variety of plants, incorporate both aerobic and resistance training, and find a practice like meditation or yoga that fosters mindfulness."

– **Dr. Amber Orman**, radiation oncologist at Flori-

da Hospital, Tampa

"Access to some of the most promising advances is often limited by the rising cost of cancer care, including high drug prices. Patients are increasingly bearing the financial burden of care, often forcing them to choose between treatment and other fundamental needs. I am seeing more patients unable to afford optimal treatment, stopping treatment early, mortgaging their homes or even going into bankruptcy. ... Patients should talk to their doctor about their concerns and also find out how much of the treatment costs they'll be responsible for. Doctors are often reluctant to bring this up, but the patient deserves to know."

– **Dr. Gary Lyman**, oncologist, health economist and co-director of Hutchinson Institute for Cancer Outcomes Research at the Fred Hutchinson Cancer Research Center, Seattle

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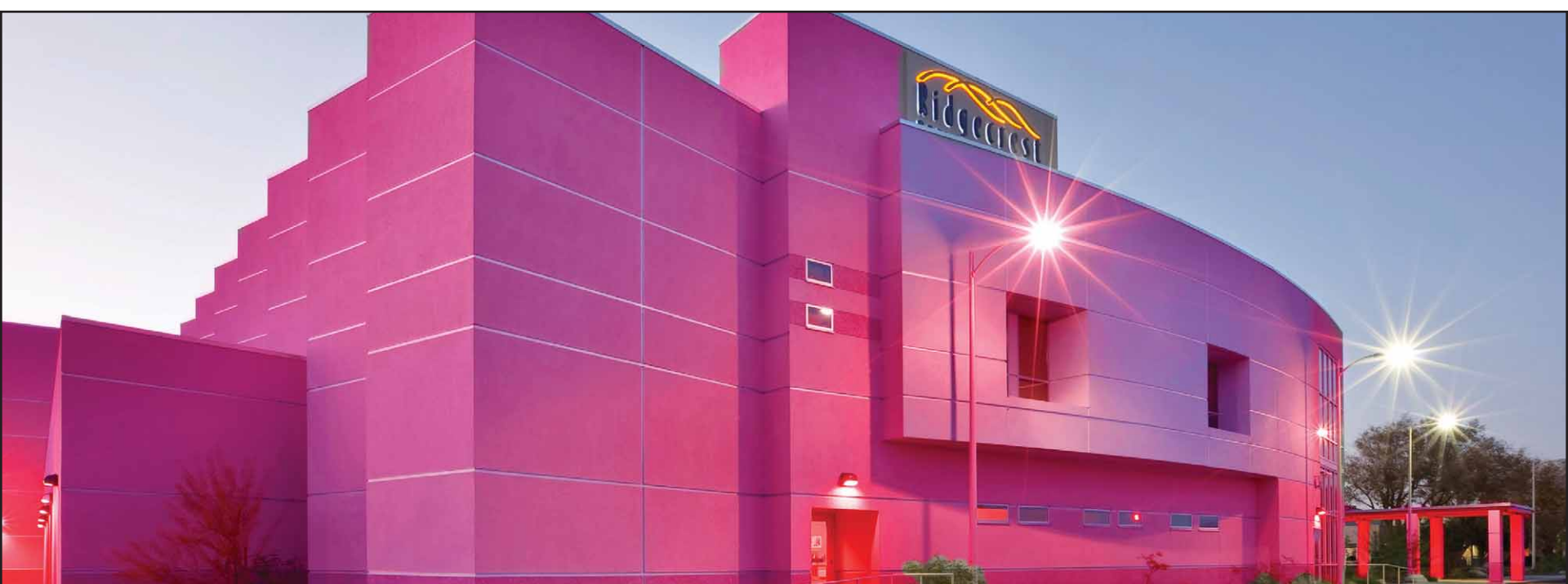
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