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A publication of the Daily Independent in recognition of Breast Cancer Awareness Month

JESSICA WESTON/DAILY INDEPENDENT
Vicki Rios, cancer survivor.

'You have to keep going'

Nurse shares her own battle with breast cancer

BY JESSICA WESTON
City Editor
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When Vicki Rios went in for a mammogram at age 53, she was not particularly worried.

"The only history of breast cancer in my family was my grandmother and they told her it was geriatric breast cancer that she got when she was 80 – so no connection to me," she said.

A charming bubbly woman, Rios sat down with the Daily Independent recently to talk about her experiences with cancer. Rios is not just a cancer survivor, she is also a nurse with over 30 years' experience in every department except maternity.

"I don't do babies," she said with a laugh.

Speaking of her experiences she was good-humored and relaxed, but recalled the medical details with a nurse's precision.

One day after her mammogram she got a call.

"They said, you've got to come in for a biopsy.'"

Four or five biopsies later and Rios said knew the news might be bad.

"I went, 'something's not right,'" she remembered. And sure enough, the biopsies came back as positive.

Rios was living and working in Detroit at the time and she knew the surgeon. She brought her mother to the appointment with her anyway. "You should always take someone in with you when you go in for news like that," she explained. "Any type of weirdness. Even as a nurse you don't hear everything they say."

Things happened quickly after that.

"A couple of weeks later I am in surgery," she said. Rios had two types of cancer in her left breast. After a meeting with her oncologist and radiation oncologist the group settled on a plan.

She decided on a double mastectomy. "So we opted to take them both off because they said it's going to just go over to this side sooner or later," she said. "So we opted for that."

Rios said she had a port put in first, to make injecting medicine and drawing blood easier.

"I suggest to any cancer patient to have a port put in; it's so much easier on your arms," she said.

Her mother and sister were there for her surgery, which she said "went OK."

As if having the surgery waere not enough for one day, Rios recalled with a laugh that her mother accidentally locked them out of her sister's house.

"I don't even remember driving home from the hospital," she said. But once they got there her mother realized the two were locked out of the house. Her mother is also a nurse, so Rios said she wasn't too worried. "I was in good hands," she said.

Eventually her mother left Rios sitting in the car in search of a way into the house. She found one.

"She left the bathroom window open in the back, so at 80 years old she's climbing through the bathroom window," Rios remembered.

"That's my mother," she said laughing. "You have to keep a sense of humor about everything."

Once the two were safely inside, her mom told her how she got into the house.

"So we get in and I was exhausted and she told me what she did and I almost killed her. What if she had fallen? But she didn't."

Rios went through 12 weeks of radiation and did 12 weeks of chemotherapy.

Her advice for others going through chemo

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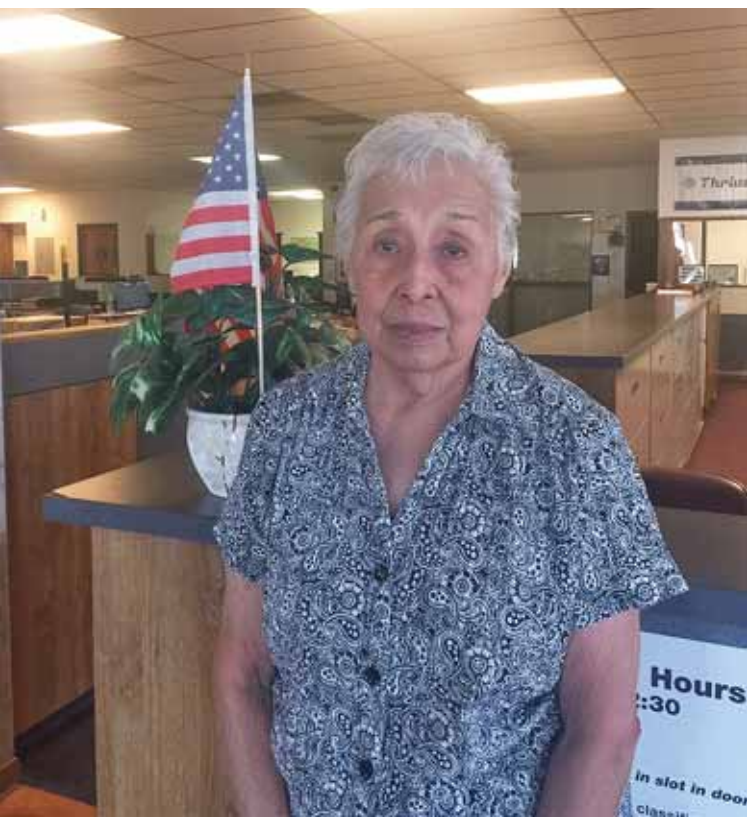

JACK BARNWELL/DAILY INDEPENDENT
Esperanza Zamarron, cancer survivor.

My story: Esperanza Zamarron

Ridgecrest resident Esperanza "Hope" Zamarron first discovered a lump while she was helping with circulation at the Daily Independent in 1988, when the newspaper was still located at the spot on North China Lake Boulevard where Mom's Furniture is located.

"After my husband died and I was at home doing this or that, a friend called me while working at the Daily Independent to go help them at circulation," Zamarron said. "I was helping them when my breast start hurting and I felt a lump. I thought it was because of moving my arms so much inserting the ads."

A closer examination revealed a lump. "I had it checked when I went to Santa Barbara to Sansum Clinic," Zamarron said. "I made arrangements and didn't even come home. I stayed there and had surgery."

"They kept me for about a week, since I didn't have a ride home," she said. "After surgery, the following month I started taking chemotherapy twice a month in Bakersfield."

She said at the beginning of her chemo treatment cycle, friends went with her. Of course, there were some side effects to the radiation treatment.

"They all wanted to eat breakfast after my chemotherapy session, and I wasn't sick, but I didn't feel like eating or looking at someone who was eating," Zamarron said. "Not really sick, but I wanted to go home."

On the fourth session, she started going by herself. "From February to December, I just drove myself to chemotherapy and back home," Zamarron said.

She said most of her family resides in Ridgecrest, with the exception of one daughter who lived in San Diego. "She had little kids, some of whom were just starting school," she said. "She would cry that she couldn't come help me, but I said 'I'm fine, I don't need any help.' She thought I was in bed sick, but I wasn't."

Zamarron said she is more fortunate than most in her brush with breast cancer. She went through surgery and then corresponding treatment after the initial procedure.

Potential SIGNS

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# of breast cancer

BY MELISSA ERICKSON
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Feeling a lump in the breast is a classic sign of breast cancer, but there are other less-well-known signals that can tip off potential trouble.

"The hope is that women know their own bodies and would find a mass before it becomes palpable, but the truth is that radiologists can find tumors so small — 3, 4 or 5 millimeters — that it's rare to be able to feel a small tumor before it can be discovered by mammogram," said Dr. Therese Bevers, medical director of the Cancer Prevention Center at MD Anderson in Houston and an expert in breast cancer screenings.

Today, breast self exams are not widely recommended, but that doesn't mean you should stop investigating your breasts, Bevers said. The keywords now are "breast awareness. You know how your breasts look and feel. If something feels different, have it checked out," Bevers said.

Women themselves discover "a substantial amount of breast cancer because nobody knows a woman's body as well as she does herself," said Dr. Rachel Brem, director of breast imaging and intervention at The GW Medical Faculty Associates in Washington, D.C.

"Women have to understand that mammograms are imperfect. Fifteen percent of breast cancers cannot be seen on mammograms. The death rate of breast cancer has decreased 35 percent in the past few decades, and mammograms are one part of that. They're one tool in our toolbox, but there's other things like MRIs, diagnostic ultrasounds and molecular breast imaging," Brem said. "We have many kinds of technology; no one size fits all."

Some of the signs of potential breast cancer:

• Red, inflamed breast

A swollen and sometimes warm, red breast should be evaluated promptly, Bevers said. Inflammatory breast cancer is a rare but aggressive disease. Swelling and redness affecting one-third or more of the breast is cause for concern. Smaller changes, like the size of a half-dollar, are probably not breast cancer, "but get it diagnosed," Bevers said.

• Peeling, scaling

Flaky, peeling or scaling skin on the breast could be a sign of Paget's disease, a type of breast cancer, or it could be minor skin irritation, Bevers said. Watch for whether the skin changes only occur in one breast, often starting in the nipple area, and spread from there.

• Dimpling of the skin

"A dimpling on the skin of the breast like a pimple that doesn't heal" can also be a sign of breast cancer, Brem said. The nipple may also become retracted because there's a tumor pulling it inward, Bevers said. The dimpling might be subtle and noticeable only at certain times, for example, when you stand in front of a mirror and raise your arms to brush your hair, Bevers said.

• Nipple discharge

Most nipple discharge is not breast cancer, but it is of more concern if it is spontaneous, from one breast only, or clear rather than milky or greenish, Brem said. Nipple discharge may not have a high suspicion rate, but have it checked out.

• Mass in the armpit

An ancillary mass in the region, such as a lump in the armpit, could be breast cancer in the lymph nodes, Bevers said. "Not all lumps in the armpit are breast cancer. It could be an ingrown hair, but it needs to be checked out," she said.

• A thickening

If your breast feels firmer than before, that change should be evaluated by a doctor. "If it's a change to you, it doesn't matter what you can see or feel," Bevers said. Use your awareness of your breasts. If something doesn't feel normal, get it checked out.

RRH opens cancer center with UC Davis Nov. 6

RIDGECREST — As Ridgecrest Regional Hospital gets closer to the opening date of its new Cancer Center on Nov. 6, 2017, June Brown, business analyst supervisor at UC Davis Health Cancer Care Network, visited RRH for final checks and to offer guidance for the upcoming inauguration.

Barbara Badertscher, chief operating officer, and Kyle Garret, cancer center project manager, both confirmed that RRH is well prepared for the launch of the new center, including all licensing requirements, quality measures, oncology nursing training, equipment, facility upgrades and a full-time medical oncologist.

At the onset, the Cancer Center will focus on providing medical oncology care and services. Brown said this is the best starting point for the center, since a large majority, as many as 85 percent, of cancer patients begin their treatment process in medical oncology.

"Our most recent community health assessment survey identified cancer and a lack of oncology care among the top five important issues facing our community, creating a sense of urgency for a partnership," said Bud Haslam, chair of RRH Executive Board.

Brown reaffirmed the benefits of RRH's connection with the UC Davis Health Cancer Care Network.

"RRH's affiliation with UC Davis sets brings the highest standards of care to its patients," Brown said. "Patients in Ridgecrest can expect to receive the quality of care that they can expect from a large, academic medical center, with the compassion and personalization of a community hospital."

The affiliation links RRH patients with a multi-disciplinary, university-based cancer network. While they will see the medical oncologist based in Ridgecrest, that physician will be connected through virtual tumor board technology to UC Davis' treatment and research team and will have regular discussions with the university's extended network of cancer specialists.

With the help of advanced technology at RRH and at UC Davis, the oncology team will be able to transfer pathology slides almost instantaneously for further diagnosis. RRH will also benefit by gaining the support, insights and learning from other similar-sized cancer centers affiliated with UC Davis, including Rideout Cancer Center in Marysville, Mercy UC Davis Cancer Center in Merced, AIS Cancer Center in Bakersfield, Gene Upshaw Memorial Tahoe Forest Cancer Center and the South Lake Tahoe Barton Memorial Hospital.

With this affiliation, RRH's standard of cancer care evolves with everyone, in spite of being in a rural area. The next step, according to Brown, is to begin offering cutting-edge clinical trials in Ridgecrest.

SUBMITTED PHOTO

Pictured are, from left, Bud Haslam, chair of RRH Executive Board, June Brown, business analyst supervisor at UC Davis Health, Barbara Badertscher, chief operating officer, Kyle Garrett, project manager and Shantell Utley, clinical project manager.

"We also plan to arrange transportation services to and from out-of-town radiation centers," Garrett added.

Shantell Utley, clinical project manager at RRH Cancer Center, said the affiliation offers Ridgecrest patients the perfect combination of world-class and community-based cancer care.

"Some of the side effects of cancer treatments are debilitating, and oncology supportive care, including post-chemo and radiation care, can be as vital as the treatment," Utley said. "At RRH Cancer Center, patients will have access to the expertise of UC Davis and be seeing their dedicated nurse navigator and an oncology team that they know personally. When you're seeing nurses who know you for the person you are, and not just for the cancer you have, they'll go an extra mile to make sure that you're comfortable and that you receive the support you need."

RRH Cancer Center opens Nov. 6, 2017. Stay tuned for more details on the opening ceremony and open-house events. Call 760-499-3431 for more information.

Mayor shares her story

Ridgecrest Mayor Peggy Breeden announced earlier this year that she had been diagnosed with breast cancer and was undergoing treatment. After months of medical treatment, she announced in August that she had undergone a double mastectomy and was again cancer free.

Here is an excerpt from the speech she gave at the opening of the Relay for Life on Sept. 30, 2017.

Breeden noted that telling her story was a first, as she isn't great with sharing personal information or stories.

"In 1982, I owned a business in Victorville and was told I had ovarian cancer and three months to live," Breeden said. "One of my customers up here was a gentleman who managed Inyokern Markets, Cecil Breeden ... I went to him and said, 'Will you marry me and help me die?'"

Breeden noted that it wasn't exactly a romantic proposal.

"But a year later, when I hadn't died, I said 'There's some reason I'm here," Breeden said. "I came to love this community. We are small enough to know each other and large enough to have opportunities that don't exist in a small community. What makes us unique is that we all know that we may walk the same path I walk, and I walk the same path you may walk, that our children are our future."

FILE PHOTO

Mayor Peggy Breeden speaks at the 2017 Ridgecrest Relay for Life.

Breeden detailed her latest battle with breast cancer after she was diagnosed six months ago, and used it as a cautionary tale.

"I had not had a mammogram and had not done anything because you know what? I survived, therefore I don't need to do anything else,"she said. "Folks, get your testing done. Within two weeks I had a huge tumor on my breast and said it wasn't there two weeks ago, what happened? Then it was everywhere else."

She added that "we have to say, 'You have a responsibility.' There is no one you can point your finger at and say 'why didn't you do this?'"

Community support had been overwhelming. "I have seen love and grace, and thanks and support from so many people," Breeden said. "I received homemade yogurt, cards, food, blankets, and so many pairs of socks. I could never buy socks for the next 25 years ... I'm going to be 95 when I use my last sock."

"When one hears the word cancer pronounced as your sentence for the future, what do you do? One can either ignore it, accept it or reject it. 'Why me?' is the first response. 'What have I done to deserve this?' the second. Then comes acceptance and hopefully a willingness to fight. That was the path for me." — Peggy Breeden

Shining through

Helping women learn new beauty tricks during chemo

PHOTOS: BIGSTOCK.COM

BY MELISSA ERICKSON
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Losing your hair is a common side effect of chemotherapy, yet it can be incredibly traumatic. There are beautiful ways to cope.

Hair should grow back after treatments are done, said Linda Whitehurst, a 28-year volunteer with Look Good Feel Better, a program that provides beauty workshops to improve self-esteem and quality of life for women undergoing chemotherapy, radiation and other cancer treatments.

Teaching women how to cover their heads with colorful scarves is one way to help them build their confidence and self-esteem.

"It's all about the transformation and finding normalcy," Whitehurst said.

Women going through a difficult time "don't want to stand out. They want to fit in," said Deborah Flynn, manager of the Friends' Place at Dana-Farber Cancer Institute in Boston.

Whether done in a workshop, by watching YouTube videos or simply by practicing in front of a mirror, there are endless possibilities to creatively manage the effects of hair loss. Scarves are a trendy alternative to wigs and hats, Flynn said.

"Wigs can be hot, and hats are not for everyone. Scarves are fashionable," Flynn said.

They can be intimidating to someone who is not used to wearing them. Here are some of the experts' tips for how to tie, drape, twist and wrap a headscarf, as well as how to pick what's right for you.

Start square

Take a 30-by-30-inch square scarf. Fold it into triangle. Pull the front of the scarf over the forehead and knot the ends over the point in the triangle. Pull a bit of excess fabric above the knot to achieve a fuller look. You can also add a pair of socks to make it look like there's hair underneath, Flynn said.

Feeling rosy

Once your tried a basic babushka, try the rosette turban. Use a large square or oblong scarf folded into a triangle. Place scarf on head with both ends to one ear and knot. Twist one end tightly and wind around knot. Tuck in the end and repeat with other end. If need be, hold ends in place with bobby pins.

Stay stable

Cotton scarves stay in place better than silky ones, Flynn said. "For even more traction, wear a cotton beanie under the scarf to keep it in place," she said.

Good choices

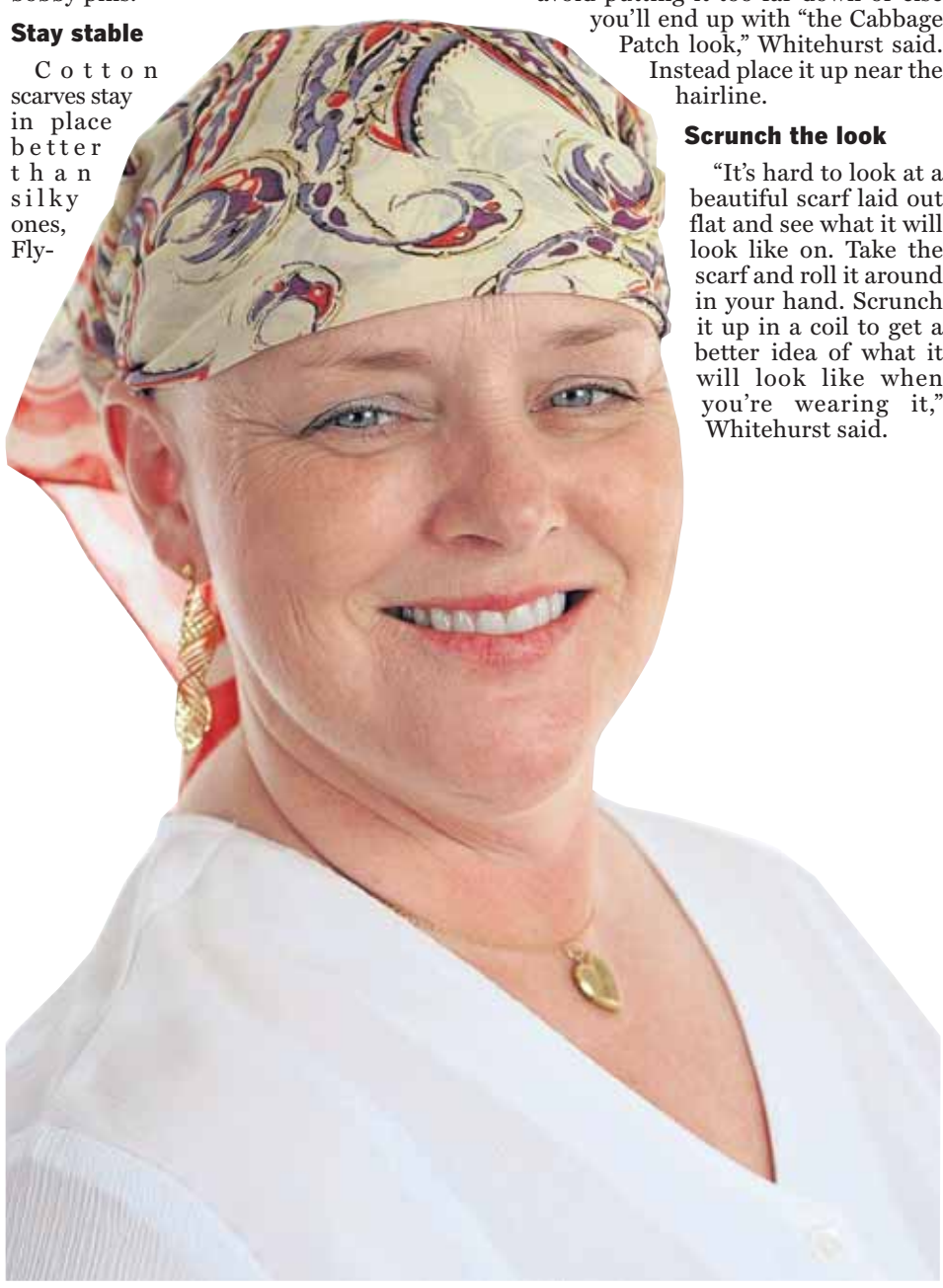
Scarves made of crinkled fabric are also good because they don't wrinkle, Whitehurst said. Other popular choices include tie-dyed or batik scarves with lots of color.

Not too far down

When placing a scarf on the forehead, avoid putting it too far down or else you'll end up with "the Cabbage Patch look," Whitehurst said. Instead place it up near the hairline.

Scrunch the look

"It's hard to look at a beautiful scarf laid out flat and see what it will look like on. Take the scarf and roll it around in your hand. Scrunch it up in a coil to get a better idea of what it will look like when you're wearing it," Whitehurst said.



Is early detection always good?

BY MELISSA ERICKSON
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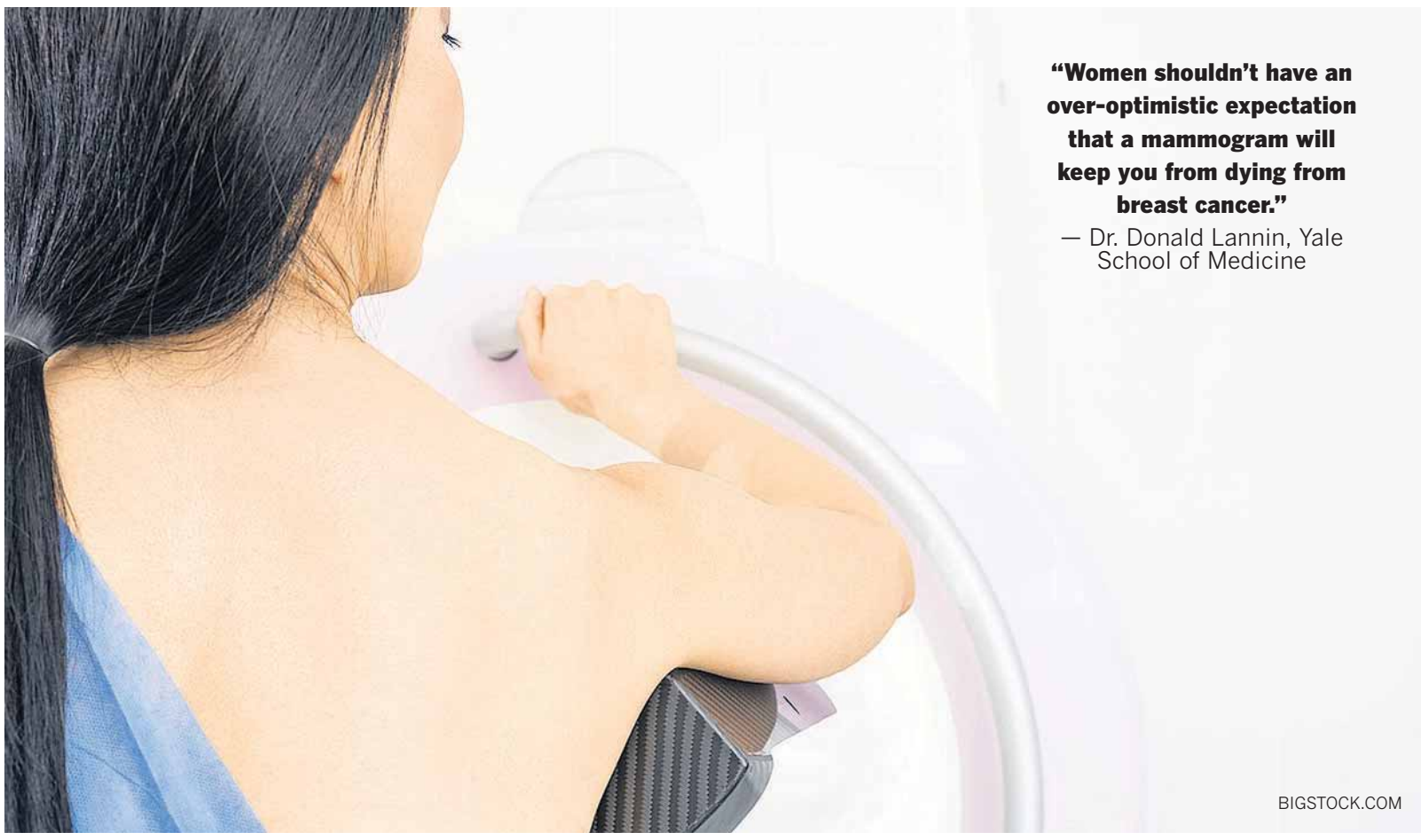

"Women shouldn't have an over-optimistic expectation that a mammogram will keep you from dying from breast cancer."
— Dr. Donald Lannin, Yale School of Medicine

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Highly trained radiologists can detect small cancers so early through mammography that there now may be an overdiagnosis of small tumors, which can lead to unnecessary treatment, according to a Yale Cancer Center study.

"Radiologists are so skilled at finding tiny little tumors. It's the price we pay. They're finding a lot of small cancers that will never become large and life-threatening," said Dr. Donald Lannin, professor of surgery at Yale School of Medicine and lead author on the paper.

Many small cancers have an excellent prognosis because they are inherently slow-growing and treatable, such as with a lumpectomy, Lannin said. Early detection doesn't necessarily increase survival rates because these cancers will not grow large enough to become significant within a patient's lifetime, he said.

In contrast, large tumors that cause most breast cancer deaths often grow so quickly that they become dangerous before they can be detected by screening mammography.

Diagnosis not a death sentence

Before mammography it was thought that all cancers were life-threatening, and if cancer was detected earlier — when it was smaller — it would lead to higher survival rates, Lannin said.

Yet today mammograms only decrease breast cancer mortality rates by 19 percent, Lannin said.

"We would expect it to be higher, maybe 50 or 75 percent. We hoped for three decades to cut the risk by more," he said.

As the science of mammography has accelerated diagnosis, radiologists are detecting "three times the amount of small cancers," many of which are not life-threatening, Lannin said.

Previously, the medical community knew that there were differences in tumor growth rates but thought that the differences were small. What's new from the Yale study is, researchers found that a large percentage of cancers grow quickly and another large percentage of cancers grow slowly, Lannin said.

"There's a lot of bad breast cancers and also a lot of good breast cancers," Lannin said. The diverse character of breast cancer explains both how mammography leads to overdiagnosis and also why it is not more effective.

What you should know

"Women shouldn't have an over-optimistic expectation that a mammogram will keep you from dying from breast cancer," Lannin said. Often, aggressive cancers can be physically felt before a mammogram can detect them, Lannin said.

He does not suggest women skip mammograms. Instead, they should "have some perspective" when faced with a diagnosis of a small breast cancer tumor, "which probably has a pretty good prognosis," Lannin said.

The American Cancer Society suggests women 45 to 54 schedule a mammogram every year and after age 55 every two years, depending on health and family history.

Beyond that, treatment depends on the age of the patient and the biology of the cancer, Lannin said.

For a woman in her 50s diagnosed with a small slow-growing tumor, the cancer probably would have been diagnosed in her 70s without mammography, Lannin said. But a woman in her 70s diagnosed with a small slow-growing tumor may die of something else before the cancer grows large enough to be detected or be life-threatening, Lannin said.

The biology of the breast cancer also determines its treatment, Lannin said. Treatment depends on factors such as grade (how fast it grows), hormone receptors (how favorable the status of the estrogen and progesterone receptors are) and molecular testing. Those things determine how aggressively the cancer should be treated, Lannin said.

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Moving forward:

It can be difficult, but exercise is essential during cancer fight

BY MELISSA ERICKSON
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Exercise helps keep a body healthy and lowers risk of some diseases. For women with cancer, physical activity can do many things, including control weight, improve mood, boost energy, increase sleep, and be fun and social — as long as exercise is done safely.

It is well-documented that physical activity benefits patients with cancer, both during and after treatment. Exercise helps patients combat physical and psychological impacts of cancer treatment, giving them a sense of well-being, control, stress reduction and empowerment.

So why aren't more oncologists discussing exercise with their patients? A focus group study from Gundersen Health System in Wisconsin found that 95 percent of patients surveyed felt they benefited from exercise during treatment, but only three of the 20 patients recalled being instructed to exercise.

The investigators interviewed nine practitioners plus 20 patients 45 and older with two kinds of cancer: non-metastatic cancer after adjuvant therapy and metastatic disease undergoing palliative treatment, both across multiple tumor types. While the sample size is small, the study provides an understanding of how the group as a whole has the potential to influence the practice of physical activity recommendations.

The results indicated that exercise is perceived as important to patients with cancer, but physicians are reluctant to consistently include recommendations for physical activity in patient discussions, said Dr. Agnes Smaradottir, medical oncologist and lead investigator of the focus group study, which was published in the Journal of the National Comprehensive Cancer Network in May. A key finding was that physicians expressed concerns about asking patients to be more physically active while undergoing arduous cancer treatments.

"Regular exercise has been a part of the breast cancer treatment plan for years," Smaradottir said. "Exercise regularly from the day you are diagnosed and beyond and have exercise be an important part of your life. Carve out time for exercise at least every other day. It is that important."

For breast cancer patients, Smaradottir's recommendations for exercise are:

- 150 minutes a week (30 minutes a day, five days a week) of moderate exercise or 75 minutes of vigorous activity.
- In addition, two to three sessions per week of strength training that includes major muscle groups and stretching.
- For women who have never exercised, start slower, working up to the goal of 150 minutes a week.
- For women already exercising, continue the exercise plan with adjustments during chemotherapy and radiation.

Before starting an exercise regime, talk to your doctor about weight loss, weight management and what types of exercise are safe for you to do. Walking is probably the simplest, easiest and the most inexpensive way to remain fit. Studies presented at the American Society of Clinical Oncology conference reported that just 25 minutes of brisk walking every day not only cuts the risk of cancer but also helps people battling the disease.

For moderate exercise, try walking briskly at a pace where you are able to talk but not sing, Smaradottir said.

A friends and family plan

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"When patients are diagnosed with cancer, there's this rush to get through the treatment process. But for patients with early-stage breast cancer, they have some time to decide on their treatment choice."

— Dr. Lauren P. Wallner, University of Michigan

BY MELISSA ERICKSON
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When facing a breast cancer diagnosis, there's strength in numbers. A new study finds that half of women relied on three or more people to help them process breast cancer treatment options.

"The big takeaway is that most women with early-stage breast cancer are involving multiple people — not just a spouse or partner — but other family, friends and colleagues to help them make informed decisions," said Dr. Lauren P. Wallner, assistant professor of general medicine and epidemiology at the University of Michigan and lead author of the paper, published in the journal Cancer.

The size of a woman's support network matters.

"People faced with a new cancer diagnosis are still processing the information. They are often scared and overwhelmed. They are not able to grasp all the details. It's helpful to have support, someone with them who can help weigh the pros and cons of what the doctor is saying and the different treatment options," Wallner said.

Larger support networks were associated with more deliberation about treatment, which is critical as treatment options become more complex, Wallner said. More deliberation suggests patients are thinking through pros and cons, discussing it with others and weighing the decision carefully. The more people a woman has supporting her, the better her decisions are, Wallner said.

"When patients are diagnosed with cancer, there's this rush to get through the treatment process. But for patients with early-stage breast cancer, they have some time to decide on their treatment choice," Wallner said. "The idea that women are discussing their options more with their family and friends and potentially thinking through that decision more carefully is reassuring. Engaging these informal support networks could be a way to prevent women from rushing into something."

The study found that only 10 percent of women said they had no personal decision support network. Nearly three-quarters said their support network talked with them about their treatment options and frequently attended their appointments.

African-American and Latina women reported larger networks than did white women. Women who were married or partnered also reported more support.

Even among women without a partner or spouse, many had large support networks. Women reported children, friends, siblings, parents and other relatives were involved in their decision-making.

How you can help

Offer to go with to an appointment and take notes. "It is incredibly helpful to have another set of eyes and ears," Wallner said.

Help with research

"If you're internet-savvy, help do research and track down information," Wallner said.

Just be there

"On a basic level, just being present lets the patient know she is not alone," Wallner said.

Doctors need to involve others

"Physicians should be aware that women want to include others in their treatment decisions," Wallner said.

A woman without a support network may need extra help or information during the decision process.

"It starts with something as simple as physicians asking patients who is helping them make their treatment decisions. That can then guide the conversation, such as the amount of resources the physician provides and to whom they communicate that information," she said.

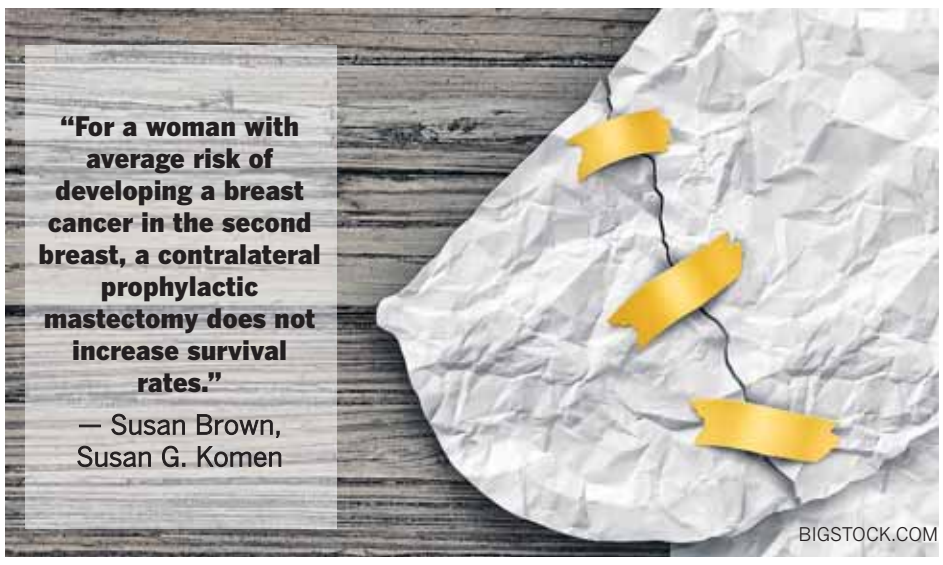
Know the facts: Many double masectomies not needed

BY MELISSA ERICKSON
More Content Now

Women with early-stage cancer in one breast are increasingly choosing double mastectomies — even if they are at low risk of developing breast cancer in the other, healthy breast, a new study published in JAMA found.

Nearly half of women with early-stage breast cancer consider having a double mastectomy, and one in six received it.

"That one in six breast cancer patients chose bilateral mastectomy is really striking. We knew it was increasing, but I don't think many of us realized just how frequent this is," said study author Dr. Reshma Jagsi, professor and deputy chair of radiation oncology at the University of Michigan.



Myths and facts

The procedure is known as contralateral prophylactic mastectomy, in which the healthy breast is removed along with the cancerous breast. It's an aggressive form of treatment that is recommended for women "who are at a very high risk of developing a new breast cancer" such as those with BRCA 1 or 2 mutations, family history or other risk factors, said Susan Brown, senior director of education and patient support for Susan G. Komen.

Especially concerning is the lack of knowledge about the procedure and its benefits, Brown said. Many women diagnosed with early-stage breast cancer decide on the most aggressive treatment with the belief that it will increase their rate of survival, Brown said.

"For a woman with average risk of developing a breast cancer in the second breast, a contralateral prophylactic mastectomy does not increase survival rates," Brown said.

Among patients who considered double mastectomy, only 38 percent knew it does not improve survival for all women with breast cancer, the study found.

Other misinformation muddies the decision-making process. For example, some patients think having a mastectomy on a healthy breast will stop them from having to undergo chemotherapy or other targeted therapies, but that is not true, Brown said.

"Contralateral prophylactic mastectomy will only reduce the risk of breast cancer developing in the healthy breast, but it doesn't reduce the risk of breast cancer returning in the original breast or coming back later in another part of the body," Brown said.

What you need to know

"Every surgery we perform can have potential complications. These need to be discussed and need to be taken into account carefully before decisions are made," said Dr. Virginia Kaklamani, a medical oncologist and head of the breast cancer program at University of Texas Health San Antonio.

It's important to understand the risks and benefits of treatment and how likely treatment is to positively affect survival rates, Brown said. There may also be postoperative complications, additional costs, and issues related to long-term suffering and quality of life, Brown said.

In the study, almost all patients said peace of mind motivated them to choose double mastectomy.

"They are afraid of another breast cancer, of more biopsies of going through this again," Kaklamani said.

In these circumstances, a double mastectomy "can avoid years of anxiety and ongoing fears. For some women that's a great benefit," Brown said.

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is "hydration and premedication."

Rios' long-term nursing career and her cancer treatment were in Detroit. She had been planning to move to Ridgecrest to help raise her grandson Jacob, so she did so. She sold her house and most of her belongings. "I could fit in the back of my car," she said.

She moved to Ridgecrest permanently in March 2013. Her initial date of diagnosis was November 20, 2012.

She said she has had other health problems, but "so far (knocks wood) everything has been positive. I haven't had any recurrence of the cancer."

Rios was originally planning to have reconstructive surgery right away, so she had expanders put in.

"That didn't go too well," she said. "It wasn't the surgery itself that hurt, it was the expanders they had in there. It felt like rocks sitting on your chest. I had trouble with those."

Eventually the expanders eroded and she had them taken out.

She never did have the reconstruction done.

"And so to this day I am still not rebuilt. It doesn't define who I am," she said.

"The more I started thinking about it. I had had patients who were going to have the procedure that I was going to have done and I thought, no I just want to get out here to Ridgecrest to see my grandson.


SUBMITTED PHOTO
Vicki Rios with grandson Jacob Rios.

"He doesn't even notice. He just has to be careful not to bonk his head on my chest."

Rios said she shares her own experience with patients.

"Being a nurse and going through the experience, you connect with your people. You connect to your patients that become like your family. There's a certain bond when someone is going through cancer.

"It's important to share with them, you will get through it. Good, bad or in-different, you have to stay positive even though there's days taking a shower would exhaust you.

"I remember sitting in the shower thinking, 'I can't do this.' And I would think, 'You have to. You have to keep going.'"

She said the thought of her grandson helped her personally keep going when times were the toughest.

She said she told herself, "There's this little boy you want to get to know. Just focus on what you have."

Rios said she learned things from having cancer.

"The material things mean nothing. People put so much emphasis on what they have and they don't realize how important it is to connect with the people who love you and you love and just be there for each other.

"Some people don't know what to say to you after you have been through cancer. They have no clue. There's nothing wrong you can say. As long as you are positive and its from the heart, that's all that matters."

The experience, she said, has made her more outgoing.

"I was kind of a very quiet wallflower," she said. "I usually say what I mean to people now."

Then there are the freeing aspects of being a grandma.

"My mother used to tell me, when you become a grandmother, grandmas can say anything," she said.