

Survivor

by Kayla Segar

My name is Kayla Segar. I am 17 years old. I have found a niche in art and painting and through the last several years I have developed my talent through the classes I have taken in high school. Now in my junior year, I have the ability to choose the paintings I create in class. I hope to further my talents and become an art therapist.

I believe that every work of art has a story to tell. This is the story of this piece. I met Erin in 2004. She and my mom worked together and became close friends. You can read about Erin's breast cancer battles in the attached article. What you won't read is that days after that article was written, Erin was given the hardest news yet. Emma, her oldest daughter, not even 5 years old, was diagnosed with a 10 centimeter sarcoma of the liver. It was a whirlwind of surgery, recovery and 6 months of chemotherapy. Erin was now watching Emma go through everything she had had to endure. It is now a year later, and Emma Kate continues to have clean scans. Erin continues to support Emma through every check up and procedure. They both continue to amaze me and show everyone what it means to be a survivor.

This piece is to honor Erin's survivor spirit. May the fight of your inner survivor be as strong as Erin's. May she be an inspiration to you as she is to me!

Kayla Segar

PREVENTING BREAST CANCER

Risks for women of childbearing age

By Vicki Louk Balint

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But breast cancer on the father's side of the family also can raise the risk. That was the case for Nichols-Loh, who found that the disease had affected relatives on both the maternal and paternal sides of her family.

Sharing this information with a physician to determine personal risk can aid in early detection. For women at high risk, a physician can use screening tools such as earlier mammograms, mammography plus MRI screening or genetic testing for BRCA1 or BRCA2 gene mutation, which has been linked to hereditary breast and ovarian cancer.

Most lumps are detected by patients. Donahue says that women should become familiar with what is personally normal for them. When any changes occur—a lump, thickening, redness, bloody discharge, pain, rash or changes in the size of a breast—it's time to schedule a visit with your family physician, internist or OB/GYN, who will perform an exam and recommend an image evaluation by a radiologist or a breast surgeon. Mammography with ultrasound and an image-guided biopsy may be performed to determine whether the lump is malignant or benign.

"Most lumps are not breast cancer but it's our job to evaluate and assess what is happening," says Donahue. "The unknown creates anxiety."

One of the most common benign breast lumps in pre-menopausal women is a fibroadenoma, a solid tumor that can grow larger during pregnancy or breastfeeding and is likely to shrink during menopause. A diagnosis of simple fibroadenoma does not increase the risk for breast cancer, and often the area is simply monitored with regular check-ups.

After her diagnosis, Nichols-Loh ultimately was treated with surgery, chemotherapy and radiation for her cancer. She married and moved on with her life. Conceiving a child seemed impossible because the chemotherapy delivered an early menopause, shutting down her ovaries.

But then came the late spring of 2005. She'd been feeling sick, a bit under the weather.

"Every single ache and every single pain is a daily fear of recurrence that is so deep you can't even breathe sometimes," she says. Could the cancer be back?

For Erin Nichols-Loh, Sept. 11, 2001 was a tough day—for a number of reasons.

She was 31 years old and single. She'd found a lump in her breast. Though she kept putting it off, she finally went in for tests. The news wasn't good.

"Sure enough, it came back as cancer," she says. "As New York was falling, so was my entire life."

Most breast cancers occur in women who are past childbearing age, says breast cancer surgeon Edward J. Donahue, M.D. of [St. Joseph's Hospital and Medical Center](#). But about 10 percent of breast cancers occur in younger women.

A woman whose mother or a sister has had breast cancer has double the risk of getting the disease.

On a whim, a friend suggested she take a pregnancy test. Nichols-Loh was incredulous: “Are you kidding? I haven’t had a period in five years.” She was astonished to find that she was expecting her daughter Emma Kate, who arrived in February 2006.

Emma Kate was born with three holes in her heart that may or may not have been caused by the effects of radiation or chemotherapy. Nichols-Loh says coping with her new baby’s heart surgery was far more difficult than cancer treatment.

Several months later, Nichols-Loh was due for a round of the thorough testing cancer patients routinely face during remission. This time, she says, “The ultrasound was clean, the mammogram was clean—but my MRI lit up like a Christmas tree.”

The breast cancer was back. Her surgeon performed a bilateral mastectomy. Test results showed that the cancer had not spread. They’d caught it early. The oncologist recommended that Nichols-Loh begin taking tamoxifen, a drug that interferes with estrogen activity and helps to prevent new occurrences of cancer.

According to the U.S. Cancer Institute, an agency of the Department of Health and Human Services, tamoxifen acts against the effects of estrogen in breast tissue, but it acts like estrogen in other tissue. Women who take tamoxifen may gain many of the beneficial effects of menopausal estrogen replacement therapy, including decreased risk of osteoporosis.

Nichols-Loh and her husband wondered if they could try to conceive one more time. Three months, the oncologist said, and then treatment with tamoxifen, which should not be used during a pregnancy, would begin. They decided to relax, enjoy Emma Kate and take a break. And the impossible happened, says Nichols-Loh. “I was pregnant three weeks later.”

Ava arrived in September 2008, 10 months after her mother’s second breast cancer diagnosis. The following week, Nichols-Loh started reconstruction surgery and began taking tamoxifen. So far, things are going well.

“I wouldn’t change a thing. I’ve had amazing support through my doctors and my family, my kids, my husband. You deal with what life gives you. You have to fight to see your kids grow up.”

Preventing breast cancer

- Breast self-exam (BSE) is recommended for women starting in their 20s.
- Women in their 20s and 30s should get a clinical breast exam (CBE) every three years.
- Starting at age 40, women should get a yearly CBE and mammogram.
- Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider.
- Some women—because of their family history, a genetic tendency or certain other factors—should receive MRI screening in addition to mammograms. Talk with your doctor about your history and whether you should have additional tests at an earlier age.

—*Source: American Cancer Society*