

Breast Cancer AWARENESS



Nancy Vogt / Echo Journal

Pam Nelson, of Crosslake, caught her breast cancer early by heeding her nurse practitioner's advice to get a mammogram in March 2021. She had cancerous tissue removed and underwent radiation.

Crosslake woman promotes mammograms for early detection of cancer

By Nancy Vogt
Echo Journal

'Get tested." That's Crosslake resident Pam Nelson's advice to women to get mammograms during Breast Cancer Awareness Month in October and anytime. "I was the last person I thought would get cancer," said Nelson, describing her shock upon learning in March that she had a form of breast cancer. Afterall, she exercises every day and eats clean, healthy food - all with the goal and expectation of staying well. "I just did all the things I thought would keep me healthy," she said.

During a routine appointment, her nurse practitioner urged her to get a mammogram. Nelson, 56, hadn't had one in many years because she and her husband, Rob, are self-employed and didn't have employer health insurance.

So she put off annual mammograms. "She pressed me this year. I said, 'I'll call for the cost,'" Nelson said.

A mammogram wasn't as expensive as she anticipated, so Nelson had a mammogram in early March.

The X-ray results came back a little suspicious, and Nelson underwent another mammogram for an enlarged view. She wasn't too worried.

Then she learned the results were still suspicious and they wanted to do a biopsy to gather tissue to be analyzed. Now she was scared.

On a Friday in March, she learned she had DCIS - ductal carcinoma in situ. Nelson explained she had no cancerous lumps. Rather, the cancer was within the milk ducts of the breast and hadn't yet broken

"I was the last person I thought would get cancer."

PAM NELSON, CROSSLAKE

out into lumps. DCIS is mainly found in mammograms and not usually through breast self exams since there are no lumps to feel. Small deposits of calcium show up as little white spots in the mammogram around where cancer may be lurking. Nelson's breast cancer was stage 0 - the earliest stage possible - because it hadn't broken out of the milk ducts. But the cells were high grade. She learned the cancer was slow growing and not aggressive.

According to the American Cancer Society, about one in five new breast cancers will be DCIS, and nearly all women with this early stage of breast cancer can be cured. In DCIS, the cells that line the ducts have changed to cancer cells but they have not spread through the walls of the ducts into the nearby breast tissue. Medical personnel

wanted to schedule surgery. Nelson took the weekend to process the information and do her own research. She learned this type of breast cancer may never break out of the milk ducts and become an invasive cancer, but the possibility does exist. She struggled, preferring natural healing, but in the end chose the path of science. She underwent two surgeries, both to remove as much of the tissue with cancer cells as possible, followed by 20 radiation treatments. They're confident the cancerous cells are gone.

"Right now I'm on medications and also doing as much as I can naturally between food and supplements and teas and different ways of detoxing my body," Nelson said.

Nelson reiterated that the key takeaway from her breast cancer journey is to get tested, even if you think you're healthy.

"You don't know that. You can't always use that as your gauge," she said of her firsthand experience.

In her case, an overdue mammogram led to early detection of cancer.

She sent a note thanking her nurse practitioner for pushing Nelson to schedule a mammogram.

"People tend to put off their mammograms. Unfortunately, they just don't want to do them," Nelson said, because they're uncomfortable or because of cost.

"Go get tested. Don't rely on a breast exam at home. If you detect it that way and find a lump, it's already out," Nelson said.

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CRMC doctor offers breast cancer prevention tips

By Theresa Bourke
Brainerd Dispatch

About 1 in 8 women will develop breast cancer in their lifetime.



Cady

S t e p s to prevent that are available, and Dr. Rachel Cady wants all women to know about them.

An obstetrician/gynecologist at Cuyuna Regional Medical Center and a certified menopause practitioner, Cady plans to share her expertise and information on how genetic testing

and risk assessment can be used as cancer prevention tools during a virtual seminar at 6 p.m. Thursday, Oct. 21.

"Your genetics can't change. Everybody's concerned about their family history and that kind of thing, but what I want women to know is that there are a lot of new updates as far as who should be screened for or at least offer genetic counseling and possibly genetic testing for breast cancer and other cancers," Cady said during a phone interview Friday, Oct. 15.

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Free breast and cervical cancer screenings to be offered Nov. 9 at CRMC

Free breast and cervical cancer screenings will be offered at Cuyuna Regional Medical Center's Crosby Clinic from 5-7 p.m. Tuesday, Nov. 9, for uninsured and under-insured women ages 40 and older who meet income guidelines.

Eligible women will receive clinical breast examinations, mammograms, Pap tests, pelvic examinations, Human papillomavirus (HPV) tests, diagnostic testing if results are abnormal, and referrals to treatment.

Family physicians Holmgren and Hannah Elsenpeter will volunteer their time to assist women.

CRMC hopes to make more women in the Cuyuna lakes area aware of this free program.

"We think many women are not receiving these life-saving screening tests because they have no health insurance or their insurance has deductibles or co-payments they cannot afford to pay," Oncology Care Coordinator Dustine Parks, a registered nurse, said in a news release.

All women are at risk for breast and cervical cancer, but regular screenings can prevent these diseases or find them early. Women between ages 40 and 74 should get a mammogram every year. Women should get their first Pap test at age 21 and continue screening until age 65.

Light refreshments will be served at the event and ladies will receive a swag bag.

For a screening appointment, call 218-546-7000, extension 2135.



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Breast Cancer AWARENESS

Genetic mutation for Iron Range woman highlights importance of breast cancer screening

Breast cancer is the second most common cancer among women in the United States, according to the Centers for Disease Control and Prevention. One in eight women will develop breast cancer, which claims the lives of an estimated 43,600 women each year.

In September 2019, then-18-year-old Kelsey Knutson, of Virginia, Minnesota, decided to get screened. That might seem young, but Knutson knew it was time due to her family history.

“My mom had breast cancer and my grandma had both breast and ovarian cancer,” said Knutson. “It turns out there is a genetic mutation that runs in my family that puts me at high risk.”

Knutson’s older sister, Kaitlin, had been tested for the mutation a few years earlier. When Kaitlin was confirmed to have it, Kelsey knew she was likely to, as well. Her test came back positive.

The BRCA1 mutation is a cancer gene that is often inherited.

“People with the BRCA1

mutations have hereditary breast cancer, which places them at a higher-than-average risk for developing breast cancer as well as ovarian cancer,” said Carolyn Olson, an advanced practice registered nurse in Essentia Health’s breast health program. “On average, a woman carries a 12.5% lifetime risk of developing breast cancer.”

The mutation doesn’t mean Knutson has cancer, but at just 20 years old she has an 83% lifetime risk of developing breast cancer.

“I was in shock at first. I just thought this meant I was going to get breast cancer one day and lose all my hair,” said Knutson.

Knutson immediately scheduled follow-up appointments with her providers at Essentia Health to determine the best path forward and how to reduce her chances of developing breast cancer. They recommended a healthy diet, regular exercise and limiting alcohol intake.

“I think a lot of people

would think this is a death sentence,” said Knutson. “For me, it’s really opened my eyes and helped me take control of my health care. It’s also an eye-opener that has helped me really enjoy living in the present and focus on things that I enjoy.”

For women at average risk, annual mammograms and clinical breast exams should start at age 40, according to the National Comprehensive Cancer Network.

“We also recommend breast self-awareness at any age, maintaining a healthy lifestyle of moderate exercise, keeping your body mass index below 25, smoking cessation and minimal alcohol intake,” said Olson. “For persons that are high risk, which is someone with a greater than 20% lifetime risk of developing breast cancer, depending on their age and other factors, they should have a CBE (clinical breast exam) every six months, an annual mammogram and an annual breast MRI.”

For now, Knutson gets yearly breast exams and does self-examinations regularly. Upon turning 25, she will undergo yearly MRIs to monitor for cancerous growths and start her mammograms at 30.

“I would recommend taking care of your breast health to anyone,” said Knutson. “It’s better to keep an eye on things and catch them early than to wait for them to progress and potentially be more difficult to treat.”

Because of advancements in treatment, the survival rate is much higher for breast cancer patients than it once was, especially if detected early.

“According to the American Cancer Society, on average, early detection of a Stage 1 breast cancer has a 99% five-year relative survival rate,” said Olson.

“If you do have this mutation, don’t be scared and make rash decisions,” said Knutson. “Just take the necessary precautions, do routine screening and stay in touch with



Contributed
Kelsey Knutson, left, is shown with her mom and her older sister, Kaitlin.

your doctor. Live life normally and freely. Yes, I was scared at first, but you can’t go through life that way. It will only set you back.”

Knutson is currently a junior at the University of North Dakota in Grand Forks. She is majoring in pre-med biology and hopes one day to attend medical school with an emphasis on genetics - a decision driven in part by her own family history.

“I wasn’t interested in genetics until I found out I had this mutation,” said Knutson. “It drives me to learn more about all genetic diseases and hopefully be able to help more people in the

future.”

When she’s not at school, Knutson can be found hunting, snowmobiling or spending time with her large and tight-knit family - things she enjoys now more than ever before.

“People feel sorry for me for having this mutation, but I don’t think of it that way. It’s allowed me to live a little bit more and push me in what I want to do in life and driven me to want to help people in my career when I’m done with college,” said Knutson.

Signs and symptoms to look for include changes in the size or shape of the breast, lumps, a change in skin texture and more.

PREVENT

From Page B1

Tune in to Cady’s talk

Those interested in Dr. Cady’s presentation can tune in to facebook.com/crosbycares at 6 p.m. Thursday, Oct. 21.

For more information about women’s health, visit cuyunamed.org/patient-care/womens-health.

Those updated guidelines came from the National Comprehensive Cancer Network earlier this year and broadens the necessary criteria for genetic testing and counseling.

In the past, Cady said genetic counseling was only offered to those with a deep family history of cancer, and it came at a high cost.

While the majority of breast cancer patients have a sporadic case of cancer, Cady said about 25% of those who develop breast cancer actually have a genetic predisposition to cancer.

“If you identify who those 25% are by testing before they develop cancer, you can do a lot of things to prevent that.”

In extreme cases, preventative mastectomies could be done on those with mutations in their BRCA1 or BRCA2 genes. What have come to be called breast cancer genes, BRCA1 and BRCA2 genes are genes everyone has, and they normally

play a role in preventing breast cancer by repairing DNA breaks that can lead to cancer and the uncontrolled growth of tumors, according to the National Breast Cancer Foundation. Some people experience a mutation in these genes where the genes do not work properly and could increase the risk of cancer.

In other cases, medications — like tamoxifen or raloxifene — could be prescribed as preventative measures.

Prior to genetic testing, women can do self-assessments online with tools like the Gail model or the Tyrer-Cuzick model by answering questions about personal and family health history. The results of those assessments could show if women could be good candidates for genetic testing or preventative treatments.

“The idea is if you’re

identifying people before they get cancer, then you’re really helping a lot of people out there,” Cady said.

Under the new National Comprehensive Cancer Network guidelines, women with a first- or second-degree relative who has had breast cancer should be offered genetic counseling and testing, which Cady said has become cheaper and more accessible in recent years.

What many women

don’t realize when it comes to risks of cancer, Cady said, is lifestyle habits. About one-third of all cancer cases in the U.S., she said, are actually preventable.

“Obesity, diet, exercise and alcohol — those four aspects — really do play into, not only assessing a person’s breast cancer risk, but their risk of developing cancer in general,” Cady said, noting obesity is a pro-inflammatory disease, and that inflammation can sometimes trigger cancer development.

A study in the American Journal of Clinical Nutrition that surveyed 91,000 women, found that women who ate a plant-based diet, for example, had about

a 15% risk reduction in developing breast cancer.

Plant-based, whole food diets are advisable, Cady said, as are at least 115 minutes of moderate intensity exercise every week, no smoking and limited alcohol intake.

“These are all huge risk factors,” she said.

While women can’t change their genetics, they can control their exercise routines and what they put into their bodies.

Essentially, the goal of Cady’s presentation is to identify high-risk individuals and be more proactive rather than reactive, as tends to be typical in the U.S. with chemotherapy and surgeries being offered to

minimize morbidity and mortality after a diagnosis.

Not everyone may qualify for genetic counseling and testing, but Cady wants women to know that they can identify some of their own risks and change habits to reduce that risk.

“I think that the focus on breast cancer in the general population should be more on education about genetics, genetic testing, knowing your own risk factors and being proactive about modifying those risk factors.”

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