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Section C

Thursday, October 21, 2021

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Gloucester woman learns to appreciate small, hopeful signs

BY SHERRY HAMILTON

Gloucester resident Cathy Estep has learned to appreciate small hopeful signs and slight forward momentum.

Earlier this month, while preparing to enter the last battle of a grueling seven-month fight against a rare type of fast-growing cancer, she was delighted to report that her hair was growing back, her fingernails hadn't fallen off, and her body appeared to be reacting with a vengeance to her last chemo treatment.

"Those are good signs my immune system is fighting back," she said.

Estep's health hasn't been a walk in the park. She had a benign lump in her breast 15 years ago that had to be removed, and in 2015 she was hit with a double whammy when she had to have cardiac catheterization for an 80 percent coronary artery blockage, followed close on by the discovery of a slow-growing carcinoid tumor in her colon that required chemotherapy.

But she had been in remission ever since, and her annual mammograms had been clear, including the one she had last September, so life appeared to be going along normally. She and her husband Bill had been looking forward to their first summer in years that wouldn't be filled with projects involving their children or selling a house or accomplishing some other major goal.

"We had just gotten to a point where we were settled and were going to have some fun," she said.

But then "a hot shower on a cold night changed my life."

Diagnosis

After working in her creek-

front yard all day, Estep was taking a shower when she ran her hand across the left side of her breast and felt a lump.

"It was huge," she said. It had an irregular shape and felt like a piece of rope under her skin. Not only that, but it was painful to the touch—an unusual sign in breast cancer.

During a pre-scheduled regular checkup the following week, Estep mentioned the lump to her doctor in a rather casual way because, in spite of a voice in the back of her head saying this was something bad, she said, "you always think you get wound up for nothing." She said he was reassuring, telling her that most of the time lumps turn out to be benign.

"At each step along the way—the mammogram, the ultrasound, the biopsy—they minimize it," she said. "But I've always got this internal conversation going on in my head, second-guessing myself. I had this person breathing in my ear, saying, 'this is bad.'"

Estep was in the car on her way to get her second COVID shot when the doctor's office called and confirmed her fears. She had an exceedingly rare metaplastic breast cancer.

"I wasn't even surprised," she said. "I felt like this is my bullet, like in Hamilton."

Metaplastic breast cancer accounts for just 0.2 to 5 percent of breast cancers per year. According to a Nov. 4, 2020 article on the open access website BioMed Central, metaplastic breast cancer is "therapeutically challenging and aggressive," "carries the worst prognosis in comparison to other breast cancer types," and

"plays a significant role in global breast cancer mortality." (<https://breast-cancer-research.biomedcentral.com/articles/10.1186/s13058-020-01353-z>)

Estep said her tumor is triple-negative, which means it lacks receptors for estrogen, progesterone, and human epidermal growth factor 2, and therefore isn't a candidate for hormone therapy. It also has a significant risk of recurrence.

Response

Hit with such a grim diagnosis, Estep said she started researching her illness and ran into all kinds of horror stories and "a multitude of crackpot theories and cures." She began "going down an ugly, slippery slope with doom and gloom." She felt very alone, even getting testy with her husband when he tried to comfort her, certain he couldn't understand what she was going through.

The solution for her despair was to start looking for survivors' stories, and she hit on the website of the Metaplastic Breast Cancer Global Alliance.

"Once I got into that site and a Facebook support group, I felt a lot better," she said.

Estep said she discovered a lot of people who have survived metaplastic breast cancer for "nine, 10, 15 years." They all went through the five stages of grief, she said, and she put herself firmly in the acceptance stage.

"There's nothing I can do but move forward into this, wherever it takes me," she said. "I don't have a choice."

While facing cancer has been hard, said Estep, it has helped her to "pour my heart out on Facebook."

She has developed a following of people on Facebook



SHERRY HAMILTON / GAZETTE-JOURNAL

Cathy Estep of Gloucester, has been battling a rare form of breast cancer. Here, she is shown at her home on a creek off the Severn River.

who appreciate her sometimes grim sense of humor and respect the honest, forthright approach she takes when talking about her illness. Writing her story and sharing it with so many people has kept her from having to tell the same story over and over to her friends.

"It has helped me to see where I'm going—where I've been, and how far I've come," she said. "I knew from the beginning I'm not one to be quiet about much of anything; I'm the kid who always had her hand raised. I felt the need to talk about it, and I wanted to hear from other people."

Estep had a mastectomy last Tuesday to remove her

tumor, and the pathology report didn't thrill her. Although it was "a little smaller" than it had been, the tumor had not responded to chemotherapy. While the surgeon was able to remove the entire tumor, with clear margins, "it's still subject to coming back," she said.

"I'm not sure how to process this," said Estep on her Facebook page. "I desperately wanted that pathologically complete response, and I didn't get it. Common sense tells me I'm exactly where I was when all of this started, and that my odds of disease-free survival haven't changed."

What about others?

During Estep's treatment,

her husband has been "amazing—supportive, kind, loving, everything I could ask for," she said. After her surgery, he set about making sure she was comfortable, taking care of the surgical drains, and "being the best husband a girl could ask for."

She wondered how people with no one to take care of them or with little children or with no insurance handle the fear and pain and pressure of cancer treatment.

"It has really gotten me to thinking about the importance of universal health care," she said. "As a young

SEE CATHY ESTEP, PAGE 2C



CATHY ESTEP:

The continued fight

(CONTINUED FROM PAGE 1C)

adult, I had no health insurance. I had to choose between buying diapers or putting gas in the car. Now I have incredible state-funded health insurance, while other people in the clinic have taken mortgages out on their homes, emptied their retirement accounts. We should do better in caring for each other when we're at our most vulnerable. We need to pool our resources for the hard things that are expensive and ugly—just like roads and sewer and water. Not everyone has what I have, and they should."

Life goes on

Estep is working hard to continue living a life that's as normal as possible. She has been able to continue working from home at her job as a paralegal for a major utility, and Bill has continued to work at his job as an electrician for a college. They're making plans to attend their daughter Jordan's wedding next month, along with daughters Katie Shaw of Hampton and Leigh Dandridge of Virginia Beach.

But while she doesn't want to "get sucked into negativity," it's been difficult post-surgery, especially when she faces more treatment in the future—"some sort of immunotherapy, with side effects that are horrific."

"I'm clearly going to be living with this for a while, so I need to wrap my brain around what that will look like," she said. "Whatever comes, I have to meet it with a sense of determination and urgency that I'm going to make it go away to the best of my ability."

On Saturday, she reflected further on her Facebook page:

"Right now I'm glad (the tumor) is out, and I need to concentrate on getting well and keeping it at bay. I'm not done fighting, but maybe I can catch a break for a bit. I need to get well and start living my life again, and I plan to do just that."

Sentara launches 'The Pink Promise' for Breast Cancer Awareness Month

Sentara Healthcare is asking the community to make "The Pink Promise" during October. The Pink Promise is a commitment to getting a breast cancer screening by scheduling a mammogram or to remind someone they care about to schedule a mammogram.

"We created The Pink Promise because the number of women who had screenings was down over the pandemic year," said Jennifer Reed, Breast Surgeon with Sentara

Surgery Specialists. "We want to see everyone return to regular screenings and make this promise to themselves and the people they love. And, we want to remind women that at age 40, it's time to make your appointment for your first mammogram."

Mammograms are the gold standard screenings for breast cancer. Cancer screenings are vital to detecting early-stage cancers (stage 1 and stage 2) before they reach a more ad-

vanced stage. Many cancers do not present symptoms until they are at a late stage and by that time there are fewer treatment options available.

Sentara has seen a drop in regular screenings due to the pandemic. It wants to encourage community members to put preventative care back into their schedule and not delay critically important screenings.

Watch this video at [www.youtube.com/](https://www.youtube.com/watch?v=gOR86OcL-Eg&t=24s)

[watch?v=gOR86OcL-Eg&t=24s](https://www.youtube.com/watch?v=gOR86OcL-Eg&t=24s) with Dr. Mary Guye, Surgical Oncologist with Sentara Surgery Specialists, to learn more about the importance of mammograms to detect and treat breast cancer early.

Community members can make their Pink Promise at <https://cloud.sentarahealth.com/pink-promise>. Make your Pink Promise with a friend and show Sentara by using #ThePinkPromise on Instagram.



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 SENTARA®

Early detection key to local cancer survivor’s care



Regina Morrison of Gloucester, was diagnosed with breast cancer following a screening lung scan. Pictured above is Morrison (right) with her Nurse Navigator Christine Johnson, OCN, BSN, RN.

BY MELANY SLAUGHTER

Regina Morrison of Gloucester, did not expect a breast cancer diagnosis following a screening lung scan—a low-dose CT scan which incidentally found the breast lesion.

“That was a unique finding,” said Christine Johnson, OCN, BSN, RN, who is Morrison’s Nurse Navigator. “It was a big surprise,” said Morrison.

The cancer was found at Stage 1c, three months before her regularly scheduled yearly mammogram. Morrison received her diagnosis in May 2019 at age 61. She had a breast biopsy and lumpectomy done the very same month by Dr. Melvin D. Schur-sky, general surgeon at River-side Walter Reed Hospital.

“I’ve lost a lot of fam-ily members to cancer,” said Morrison.

She knew the importance of having a yearly mammogram, especially since she lost her aunt to breast cancer. Mor-ri-son has had one performed every year since age 40.

After her lumpectomy, Mor-ri-son took 20 radiation treat-ments over the course of four weeks and then went on hor-mone therapy.” She had hor-

mone positive breast cancer,” said Johnson.

Morrison is taking an endo-crine therapy pill for her ER (estrogen receptive)/PR (pro-gesterone receptive) positive breast cancer to decrease the chances of the cancer coming back.

“She is cancer free,” said Johnson.

Morrison remained positive throughout her journey, join-ing a breast cancer support group and being thankful that the cancer was detected so early.

“This lady [Johnson] was with me through the whole process,” said Morrison.

Johnson was especially sup-portive of Morrison through the difficult parts of her jour-ney, like when she lost her medical insurance in Octo-ber 2019. She was reinsured through the Every Woman’s Life grant and the Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA) through Medicaid.

According to Johnson, Ev-ery Woman’s Life is a grant program that funds screen-ing mammograms and Pap smears to eligible women based on current screening recommendations.

“There are options out

there,” said Johnson about getting these life-saving screenings.

According to the Virginia Department of Health web-site, to be eligible for the program “women must be a Virginia resident between the ages of 18-64, meet federal income guidelines, and be uninsured. Women ages 18-39 must be symptomatic or be determined to be high risk for breast and/or cervical cancer to be eligible. Services provid-ed by the program include a clinical breast exam, mammo-gram, pelvic exam, Pap test, and any diagnostics needed to reach a final diagnosis.”

The number for the Every Woman’s Life program for the Gloucester-Mathews area is 1-800-520-7006.

Morrison currently has a mammogram every six months as part of her routine

breast cancer surveillance. She also has to get a screen-ing low dose CT scan at RWRH once a year.

“It’s been an amazing jour-ney,” said Morrison.

According to Johnson, early detection of breast cancer can direct the patient’s care and lifespan.

“I don’t know if I could have made it without her,” she said about Johnson.

Morrison remains cancer free. Her primary care phy-sician, Dr. Eric Stone, also played an important role in her care through her cancer journey.

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Genetics and cancer

What you need to know

Both the genes you inherit from your parents and your lifestyle can play a role in whether you develop cancer.

The good news is that life-style choices that we can control play a more significant role in our cancer destiny even in the event of inherited genes.

“Genetic testing can be help-ful for knowing if someone is at high risk for certain types of cancer to take action for early detection, prevention and treatment,” said Flavia Kostov, M.D., medical oncolog-ist with Riverside Cancer Care Center. “Testing is also useful after diagnosis to bet-ter understand the exact type of cancer and how to treat it.”

Most cancers are not hereditary

Genes are pieces of DNA that hold the blueprint for our mental and physical makeup. We inherit genes from our par-ents that are responsible for traits like eye color and what type of hair we will have.

Sometimes, an increase in cancer risk is passed down through changes to genes known as mutation. It’s an alteration to a gene that can change cell behavior.

With cancer, mutations can cause cells to grow and divide uncontrollably. Only about five to 10 percent of cancers are passed down through in-herited mutations.

Gene mutations occur throughout life

The majority of mutations that contribute to cancer risk are mutations we acquire throughout our life.

Mutations can be caused by external lifestyle factors like ultraviolet ray exposure and tobacco use, as well as inter-nal factors that are not entire-ly understood.

“Acquired mutations are not passed down from generation to generation,” said Kostov. “Just because a grandparent or parent had, for example, lung cancer from smoking, doesn’t mean you are more likely to get lung cancer.”

What information do genet-ic tests for cancer provide?

Genetic tests for cancer fall into two categories: tests that identify inherited mutations that increase cancer risk, and tests that evaluate the genetic material of cancer cells.

The BRCA1 mutation is a ge-netic mutation that increases the risk of breast cancer. The test for this mutation may be recommended to someone who has a strong family his-tory of breast cancer.

For some cancers, testing the genes of the cancer cells can be helpful to:

- Confirm a diagnosis,
- Better understand how the cancer will respond to treatment, and
- Determine the likelihood of the cancer recurring after treatment.

“Genetic tests for cancer are an important tool that can provide information to

help prevent and treat cancer more effectively,” said Kostov.

Talk to your doctor to un-derstand your risk. The rela-tionship between genes and cancer is complicated. The best way to manage your risk is to talk to your doctor about your family history and life-style.

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Integrative oncology treats body, mind, spirit

BY MELANY SLAUGHTER

Riverside Health System has been using integrative measures for years in its oncology department to encompass total care for cancer patients.

According to Dr. Magi Magdi Khalil, oncologist at Riverside Peninsula Cancer Institute and Infusion Center in Gloucester, integrative approaches to cancer treatment is all about “treating the whole person.”

This means that cancer treatment extends beyond treatment for the disease by also focusing on the body, mind and spirit of the patient. Integrative practices are tailored to individuals.

In fact, integrative care has become a growing component of the cancer care program which is offered at no cost.

Dr. Mark Ellis founded this program in 2005, a Riverside oncologist and cancer survivor himself. He brought both experiences as a doctor and

patient to create this program with evidence-based complementary therapies combined with leading-edge cancer treatment.

The integrative medicine team is made up of certified oncology nurses, certified massage therapists, a certified lymphedema therapist, a registered yoga instructor, registered dietitians, a music therapy coordinator, palliative care coordinators, and pet therapy.

Integrative practices

New patients are assessed by an oncology nurse who is also their patient navigator. The nurse assesses the patient’s needs based on their diagnosis and treatment plan. The results of the assessment and patient interview will signify which other team members should be included in the patient’s customized care plan.

Those with compromised appetites or who have poor

nutrition are referred to nutritional services. Dietitians involved in the oncology department hold national certification in oncology and can provide education and consultation regarding food, diet, supplementation and chemotherapy. These dietitians also hold monthly virtual classes on “Nutrition and Physical Activity During and After Cancer Treatment.”

Massage therapy can also provide benefits to cancer patients, including stress and anxiety reduction, decrease in pain, and a decrease in possible side effects from medical treatments, such as nausea, fatigue, constipation, and peripheral neuropathy. Riverside massage therapists provide private full-body massage appointments, as well as foot massages, during chemotherapy treatments.

During treatment, patients can even participate in music therapy. Music can help pa-

tients relax by reducing the perception of discomfort and affecting breathing rate and blood pressure in a positive way. It can also help to reduce anxiety, depression, and can also serve as a distraction from the side effects of treatment.

Certified therapy dogs also visit Riverside oncology facilities as part of the health system’s pet therapy. These dogs are specially trained to be gentle and comforting around people.

Riverside also offers Mindful Yoga, which is a weekly program designed to meet the specialized needs of patients wherever they are in their process of healing. The atmosphere in the yoga class promotes relaxation and rejuvenation. The class includes breathing techniques for stress reduction and guided imagery, along with gentle yoga poses that increase flexibility and stamina.



PHOTO BY RYAN STONE ON UNSPASH

Riverside has been using integrative measures for years in its oncology department to encompass total care for cancer patients. That includes everything from diet, yoga, massage and even pet therapy.

Detecting breast changes through ‘self-awareness’

Many OB-GYN specialists now recommend a different way for recognizing changes in your breasts. Being able to spot changes in your breasts is key to detecting breast cancer early.

The new recommendation is an idea called “breast self-awareness.” Several medical organizations, including the American Cancer Society and the American College of Obstetricians and Gynecologists, no longer encourage monthly breast self-exams for women at average risk of breast cancer. Instead, they teach this new, more mindful method for self-detection.

“Breast self-awareness is essentially learning what’s nor-

mal for your breasts,” said Dr. Elizabeth Lunsford, OB-GYN with Riverside Health System. “When you know what your breasts normally look like or how they normally feel, then you’re more alert to any changes that might need to be checked by your health care provider.”

For decades, doctors asked women to regularly check their breasts for abnormal lumps or bumps and discharge. Until May 2003, the ACS recommended that all women age 20 and over do a monthly breast self-exam and report any new changes to their doctor. Monthly BSEs then became optional until October 2015, when the ACS

stopped recommending them altogether.

The two main reasons why BSEs are no longer the favored method for breast cancer self-detection are:

- Monthly BSEs have been linked to false-positive results that lead to unnecessary biopsies, and
- Monthly BSEs are time-consuming, burdensome and require women to follow very precise instructions that are not always easy to understand.

Breast self-awareness aims to tackle the problems found with BSEs by teaching women how to know, or be attuned to, their breasts so they can recognize changes—without having to do scheduled, meticulous checks.

Before you search the internet for “how to be breast self-aware,” Lunsford said you should make an appointment with your women’s health care provider to talk about

your breast self-awareness.

“Your obstetrician or primary care provider should really be your main source for how to correctly get in tune with your breasts and what changes to look out for and report,” said Lunsford.

She also said it is important to see your doctor so they can review your personal and family medical history.

“Because, remember, breast self-awareness is recommended for women at average risk

of breast cancer,” said Lunsford. “So, if you have a family or personal history of breast cancer, we need to consider that and possibly tailor a different breast cancer detection and prevention plan for you.”

Once you know what is normal for your breasts, be aware of any changes that concern you, such as a lump, a dimple, thickened skin, nipple discharge or a change in shape. If you notice changes like these, call your doctor right away.

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Biondolillo: Make sure you get your yearly checkup

BY TYLER BASS

In August, Cheryl Biondolillo of Gloucester, received the news no one wants to hear when she was diagnosed with breast cancer. The diagnosis came after a mammogram in July, after electing to skip her checkup the year prior due to COVID-19 and other medical reasons. She is now urging others to not skip the yearly trip to the doctor like she did. There was no lump, said Biondolillo. There were no warning signs her body gave her either. Only after her mammogram and biopsy did she know the definitive results.

Even with the news, Biondolillo said she did not panic. Her grandmother, her aunt and some of her friends had gone through breast cancer treatment successfully and that gave her a measure of ease. She knew it wasn't the end of the road, only the beginning. If anything, Biondolillo's diagnosis felt more like a bump in the road of the busy life of a CPA. She said she would not let her treatment cause her work to stop. She underwent surgery in September making sure she scheduled it around the tax deadline on the 15th of the month. As treatments started to disrupt Biondolillo's way of life,

she would ask herself if it was necessary to let it impact her routines. The obvious answer was always yes. Breast cancer isn't something that just goes away, and it is better to fight it sooner than later. Though her cancer was caught at a treatable stage, Biondolillo's doctors suggested that it might have been caught in 2020, the year she skipped her mammogram. If found then, she said the treatment would have been less invasive than surgery. Biondolillo is also well aware of where she might be if she had chosen to skip her mammogram this year. Due to aggressive nature of breast cancer, she said wait-

ing another year would have changed everything about her treatment for the worse. It is for those reasons that Biondolillo is now encouraging others to get checked. She knows she was not the only one who chose to skip a year during the pandemic. One woman, one of her friends, who after learning of Biondolillo's condition, had a mammogram done as soon as she could. "I want people not to ignore and wait," said Biondolillo. COVID is still a concern for many, but Biondolillo recommends taking the necessary precautions for COVID and not to delay getting a mammogram any longer. She admits

that she hates getting them as much as the next person but knows the alternative could be worse. So far, all of Biondolillo's treatment has been done in Gloucester, including her surgery. She said many may not realize how much treatment is available so close to home. Having to travel back and forth to other counties was a worry for her that was relieved early on. Biondolillo also wants to encourage those who are and will be fighting against cancer. One of her biggest sources of support are those around her, especially those who have already had breast cancer. Prior to her surgery, Bion-

dolillo's aunt talked to her about what to expect. She said having others around her who can relate to what she's experiencing because they have already gone through it makes it easier for her. She encourages others fighting cancer to reach out to those they may know for advice and for comfort. At present, Biondolillo is about to begin the preliminary process for chemotherapy. She isn't sure how she'll feel once she begins chemo but she knows her cancer is treatable and those around her will help keep her spirits high.

Your first mammogram: what to expect

Preparing mentally and physically for your first mammogram appointment can be nerve-racking. Missing a mammogram is not an option, or you run the risk of not detecting breast cancer early when it is most treatable. "Two keys to finding breast cancer are manual breast exams and mammograms," said Dr. Melvin Schursky, general surgeon at Gloucester's Riverside Walter Reed Hospital. "Mammograms can detect cancer before it grows big enough to be noticed by women checking at home or by a provider during an annual checkup. The earlier we find

breast cancer, the better the outcome for our patients." Riverside Health System has provided the following tips to help women feel more comfortable going to their first mammogram appointment. **Clothing** You will need to put a gown on, so wearing a top and bottom to the appointment, rather than a one-piece outfit, is helpful. Do not use deodorant, powder, perfume, ointment, or cream on your breasts or underarms. These can create white spots on the low-dose X-ray. **How long does it take?** Riverside asks patients to

arrive 20 minutes before their appointment time for check-in to complete paperwork. When you are called back, you will meet with the imaging tech, who will ask you a few questions and give you a gown to wear. The actual screening mammogram process once you are in the imaging room takes 15 to 20 minutes. A screening mammogram is different from a diagnostic mammogram, which is ordered if there is already a breast concern. **Does it hurt?** The tech will position your breast between two plates. The breast needs to be flat

for a clearer picture. Once the tech has the breast in the right position, the image is taken quickly, in a matter of seconds. Most of the time, a tech will take two pictures of each breast—one from the side and one from above. You will feel a lot of pressure but likely not pain during the mammogram. You may want to avoid scheduling your mammogram the week before your period if your breasts are usually more tender and swollen then. **What happens next?** A radiologist will review the mammogram images and send a written report to your

doctor. "After you've had your first mammogram, it's helpful to go back to the same facility for future mammograms," said

Schursky. "That way that are more consistent and can more easily be compared from year to year."

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Sheriff's office takes part in 'No Shave November'

BY SHERRY HAMILTON

The Mathews County Sheriff's Office is participating this year for the first time in the national cancer awareness fundraiser "No Shave November."

Because so many cancer patients lose their hair during treatment, the monthlong campaign encourages participants to "embrace their hair" and grow a beard or a mustache, said Investigator April Edwards, who is the spokesperson for the local initiative. They can also let their legs go natural and skip waxing appointments in order to "evoke conversation and raise cancer awareness," she said, and the money they save on grooming and shaving can be donated to raise funds for cancer education and research.

Each participating employee must donate \$50 in advance to participate in the fundraiser, said Edwards, and they're encouraged to ask friends and family members to donate additional funds, as well. As an incentive, officers and other employees will compete for prizes in such categories as "Best-Looking Beard" and "Most Donated Funds."

Edwards said the annual campaign began in 2007, when a Chicago resident named Matthew Hill died of colon cancer and his children wanted to raise cancer awareness. She said the fundraiser had become popular with police departments and sheriff's offices because it's good for officers' morale to have a

month when there's a more relaxed attitude toward the usual rigorous grooming requirements, especially in November, when many hunters like to grow their beards for added warmth.

No Shave November raised \$1.76 million for cancer research and education last year, said Edwards, with the funds divvied up among 10 different cancer organizations, among them The American Cancer Fund, the GO2 Foundation for Lung Cancer, the Pediatric Brain Tumor Foundation, and the Testicular Cancer Society.

Participating in the fundraiser this year is particularly meaningful for the sheriff's office, she said, since cancer has "hit close to home," with some people in the office currently waging their own battles.

"Everyone knows someone who's been affected by cancer," Edwards said. "We ask our community—if you see our officers out and about with their beards in November, please know they are showing support for this campaign."

Residents who would like to support the effort may make a donation online under the team name Mathews County Sheriff's Office at <https://no-shave.org/member/mathews-county-sheriffs-office>. They are also welcome to drop by the sheriff's office in Liberty Square at 10622 Buckley Hall Road, Mathews, and make a personal donation.



SHERRY HAMILTON / GAZETTE-JOURNAL

The Mathews County Sheriff's Office will be participating for the first time next month in No Shave November, a national cancer awareness campaign and fundraiser. Shown above, from left, are Sgt. Jimbo Croxton, Investigator April Edwards, and Lt. Sid Foster. Shown at left is the official No Shave November logo.

Jo Ann Davis Ride to be held Oct. 31

A motorcycle ride to honor the late Jo Ann Davis, raise awareness for breast cancer, and raise donations for the Virginia Breast Cancer Foundation will be held on Sunday, Oct. 31.

A resident of Gloucester, Davis represented Virginia's 1st District in Congress from 2001 until her death from breast cancer in 2007.

Trinity Choppers and the Virginia Breast Cancer Foun-

datation are organizing this event. The ride will begin at Gloucester Point, travel up the Colonial Parkway through Williamsburg, and end at the Belmont Pumpkin Farm at North.

Families are encouraged to attend the festivities at the farm at the conclusion of the ride. There will be live music, games, a live auction of a custom motorcycle, raffles, door prizes and more. There will be a bike show and a costume

contest, where the winner will be determined from votes cast by the participants. Ride participants gain entrance to the farm at no charge and families get in at a discounted price.

Registration forms for the ride can be found at various businesses throughout the Hampton Roads region. You can also register on the day of the event during the rider check-in period from 9-11 a.m. Proceeds from the ride will be

used to cover event expenses; 100 percent of the remainder will be donated to the Virginia Breast Cancer Foundation.

For more information about the Jo Ann Davis Ride for

Breast Cancer Awareness, or to make a donation, contact Charles Kilmon at ride_for_awareness@trinitychoppers.net or 804-725-8899.

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Are there different types of breast cancer?

(METRO) Millions of women are diagnosed with breast cancer every year. According to the Breast Cancer Research Foundation, more than 2.3 million women across the globe were diagnosed with breast cancer in 2020. The BCRF also notes that breast cancer is the most frequently diagnosed cancer among women in 140 of 184 countries worldwide.

Breast cancer statistics can give the impression that each of the millions of women diagnosed with the disease is fighting the same battle, but breast cancer is something of an umbrella term. In fact, there are various types of breast cancer, including ductal carcinoma in situ, invasive ductal carcinoma, inflammatory breast cancer, and metastatic breast cancer. Learning about each type of breast cancer can help

women and their families gain a greater understanding of this disease.

Ductal carcinoma in situ (DCIS)

DCIS is a non-invasive cancer that is diagnosed when abnormal cells have been found in the lining of the breast milk duct. The National Breast Cancer Foundation notes that DCIS is a highly treatable cancer. That's because it hasn't spread beyond the milk duct into any surrounding breast tissue. The American Cancer Society notes that roughly 20 percent of new breast cancer cases are instances of DCIS.

Invasive ductal carcinoma (IDC)

IDC is the most common type of breast cancer. The NBCF reports that between 70 and 80 percent of all breast cancer diagnoses are instances of IDC. An IDC diagnosis means that can-

cer began growing in the milk ducts but has since spread into other parts of the breast tissue. This is why IDC is characterized as "invasive." Though IDC can affect people, including men, of any age, the ACS notes that the majority of IDC cases are in women age 55 and older.

Inflammatory breast cancer (IBC)

The NBCF describes IBC as an "aggressive and fast growing breast cancer." Breastcancer.org notes that IBC is rare, as data from the ACS indicates that only about 1 percent of all breast cancers in the United States are inflammatory breast cancers. Many breast cancers begin with the formation of a lump, but Breastcancer.org reports that IBC usually begins with reddening and swelling of the breast, and symptoms can worsen considerably within days or even hours. That underscores the importance of seeking prompt treatment should any symptoms present themselves.

Metastatic breast cancer

Metastatic breast cancer may be referred to as stage IV breast cancer. When a woman is diagnosed with metastatic breast cancer, that means the cancer has spread, or metastasized, into other parts of the body. The NBCF indicates that metastatic breast



Women diagnosed with breast cancer may each face a different battle, as there are many different types of the disease.



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How to help lower breast cancer risk

If you are at risk for breast cancer, it does not necessarily mean you will develop the disease. However, many women are concerned and want to understand the risk factors and symptoms associated with breast cancer.

Breast cancer research suggests there are several types of risk factors for developing breast cancer. These risk factors are divided into two main categories: risk factors you cannot change, and risk factors that are lifestyle-related.

Risk factors you cannot change

If you are concerned that you are at risk for developing breast cancer, it is best to talk to your physician about your family history and other risk factors for breast cancer. The

following are factors you are born with or cannot change.

—Age: As you age, your risk of breast cancer increases. According to the Centers for Disease Control and Prevention, the risk for breast cancer increases with age. Most breast cancers are diagnosed after age 50;

—Family history of breast cancer: You have an increased risk for breast cancer if you have a mother, sister or daughter (a first-degree relative) who has had breast cancer. You also have an increased risk if several family members of your mother's or father's side of the family have had breast cancer;

—Gender: While men can develop breast cancer, stud-

ies suggest that it is approximately 100 times more common among women. Women are at higher risk because of the production of female hormones, which promote cell growth; and

—Genetics: Genes play a large role in whether you develop breast cancer. According to the American Cancer Society, the main cause of hereditary breast cancer is an inherited mutation in the BRCA1 and BRCA2 genes. Some women at high risk for breast cancer choose to be tested to find out if they carry these genes.

Lifestyle factors

The following risk factors are related to your lifestyle and overall habits.

—Alcohol usage: According to the American Cancer Society, alcohol consumption is linked to an increased risk of breast cancer. Women who have one alcoholic drink per day have a small increase in risk compared to nondrinkers. Women who consume two to three drinks per day have a 20 percent higher risk compared to women who do not drink alcohol;

—Overweight: Studies suggest that women who are overweight and do not exercise have an increased risk of breast cancer.

—Inactivity: Although researchers do not fully understand why inactivity increases breast cancer risk, studies suggest that it is related to the effects of exercise on a person's weight, inflammation, hormones and energy balance; and,

—Birth control: Research has found that women using birth control pills have a slightly higher risk of breast cancer than women who have never used them. If you are taking birth control pills and have concerns about your risk factors, talk with your doctor before you stop taking them.

Signs and symptoms

According to the CDC, the most common signs of breast cancer include:

—A lump in the breast or armpit that is new;

—Thickening of the breast(s);

—Irritation or dimpling in the breast skin;

—Redness or flaky skin in the nipple area or the breast;

—Nipple changes or pain in the nipple;

—Nipple discharge;

—Any change in the size or the shape of the breast(s); and

—Pain in any part of the breast(s).

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It's time to focus a spotlight on breast cancer and the importance of early detection. If caught in its early stages, breast cancer can be treated very successfully. Talk with your doctor about self-examination and have a mammogram done regularly.

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CHARLIE KOENIG / GAZETTE-JOURNAL

Dig Pink, Mathews

The Mathews High School volleyball team held its annual Dig Pink game on Oct. 7 against the visiting West Point Pointers. The varsity Devils donned special pink jerseys for the game, inviting cancer survivors to join the players on the court for the National Anthem, above. The event was held to raise cancer awareness and funds to support cancer charities, with a special Dig Pink bake sale. Below, they raise a cheer. The varsity team posted a 3-1 win against the Pointers.



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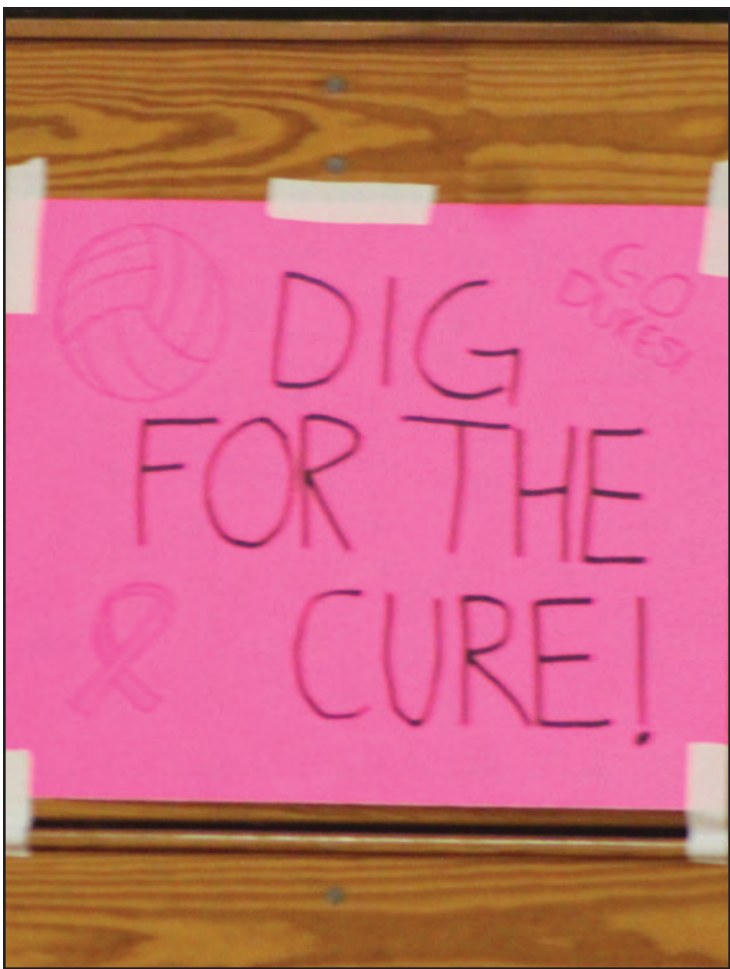
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Dig Pink, Gloucester

The Gloucester High School girls' and boys' varsity volleyball teams held their Dig Pink matches Monday night against the visiting Menchville Monarchs. The girls' team wore special pink jerseys and the boys wore pink bandanas and socks to raise awareness for breast cancer. Pictured above right is a sign that reads "Dig for the Cure!"; directly above is GHS Lady Duke Brooke Casey celebrating her kill; directly below is Jaidyn Forrest tracking the ball; and at bottom is Caleb West going for the kill. The girls lost, 3-2, and the boys won, 3-0.



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