



## Thunder Bay Breast Cancer Support Group



Newsletter September 2017 Issue 219

### Opportunities to Give

Canadian Breast Cancer  
Network

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### Upcoming Meeting

Our next meeting is September 13th. The Topic for this meeting will be 'Welcome Back' where we will have an opportunity to re-connect and check in on how our summers went. If we have time we will do some short term goal setting for the fall. Our October 11th meeting will be about Survivorship how we can celebrate ourselves, and what this means to different people.

### Boobie Boogie – Saturday September 30 2017

Performances by: Thunder Bay Legends

### Inside this Issue

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- WE-Did Fall Fitness Program
- Breast Density: the breast cancer risk factor no one talks about
- Broccoli, Garlic, and Lemon Penne
- And more

The Dragons of Hope Dragon Boat team will be hosting a dance at the CLE Coliseum on Saturday September 30 2017. The dance is in support of the Dragons of Hope paddling and competing in the International Dragon Boat Festival in Florence Italy in July 2018.

Entertainment will be provided by the Legends in Concert starting at 9pm, and continue with a DJ for dancing. The Legends will be joined by Lady Gaga, Neil Diamond, Elton John, Patsy Cline, Elvis and Abba. Join us for a great night of dancing, music, raffles and beverages! All proceeds will support the Dragons of Hope travel to the Festival.

Tickets are available from all Dragon Boat members and are \$10.00.....you can also get them at The Whole Nine Yards, and Dulux Paints Memorial Avenue.

**Next Meeting**  
September 13th

7:00 pm at  
St. Michael's Church  
on Red River Road



# BOOBIE BOOGIE

SAT, SEPT. 30TH (8PM - 1AM)  
AT THE CLE COLISEUM

\$10

## LIVE MUSIC

Catch the Thunder Bay Legends live at 9pm for a spectacular show!



*Thunder Bay*  
**LEGENDS**  
"RISQUE ARTIST EXTRAVAGANZA"

## WE-Did Fall Fitness Program

**Location:** Canada Games Complex

**Room:** Saskatchewan room, Manitoba cardio room also available for aerobic warm-up

**Date:** Sept 5th - Dec 21st 2017, Tuesdays and Thursdays

**Time:** 12:30 PM to 1:30 PM

**Cost:** \$8/class x 32 classes = \$250. Payment can be made via e transfer (akosciel@lakeheadu.ca), or to the program instructor/student volunteers on the first day of class you attend.

**Instructor:** Melissa Nevin, Kinesiology Graduate Diploma program student/Registered Kinesiologist applicant (Sept 2017), past WE-Did volunteer and August program instructor.

**Volunteers:** There will be 1-2 Kinesiology student volunteers assisting with the fall program.

To confirm your participation please email Andrew Koscielniak at akosciel@lakeheadu.ca.



## Broccoli, Garlic, and Lemon Penne

### Source

Serves: 4

Prep time: 15 minutes or less

Total time: 30 minutes or less

### Ingredients

- ½ pound penne pasta
- 5 cups broccoli florets or 1 (12-ounce) bag broccoli florets
- ¼ cup extra-virgin olive oil
- 10 garlic cloves, thinly sliced
- ½ cup reduced-sodium chicken broth
- Grated zest of 1 lemon
- Salt and freshly ground black pepper
- ¼ cup freshly grated Parmesan cheese

*Broccoli is high in folic acid, vitamins C and K, and fiber. It's also one of the richest vegetable sources of calcium, iron, and magnesium.*



### Instructions

1. Prepare penne according to package directions for al dente (just firm). Two to three minutes before penne is ready, add broccoli. Finish cooking, drain, and set aside.
2. Meanwhile, in a large skillet over medium-high heat, add oil. Sauté the garlic for 1 to 2 minutes, or until aromatic and beginning to color.
3. Add broth and bring to a boil for 3 to 5 minutes, or until reduced by half, stirring frequently. Add pasta, broccoli, and lemon zest and cook until coated with sauce. Season generously with salt and pepper. Transfer to serving bowl and top with cheese.

### Butterfly Story Fund

The Butterfly Story fund is now accepting applications! Looking for ways to thrive as a survivor but need a little financial help? The Butterfly Story is here for you! Want to attend the Luncheon of Hope, We-Did exercise classes or another great event? Fill out an application and it will be considered for funding. It can be challenging to ask for help sometimes, but please know the applications are kept in the strictest confidence! If interested, please check out the application form [here](#) OR email [thebutterflystory@hotmail.com](mailto:thebutterflystory@hotmail.com) OR contact Michelle or Shannon to discuss privately.



## **A pregnant mom faces aggressive breast cancer**

by Jennie Dale, Cancer Survivor, Co-founder Dense Breasts Canada  
[source](#)

Joanne Brennan, of Ottawa, has Stage 4 breast cancer. And she is furious.

"I didn't know to ask if I had dense breasts. If I had, I might not be what I am today, dying from Stage 4 breast cancer. It is the doctor's responsibility to tell you if you have dense breasts, but our doctors are not telling patients," she says. "There's a big gap. It's not just about being breast cancer aware, it's about knowing what to ask."

Joanne is far from alone. In fact, the majority of Canadian women with dense breasts are being left in the dark about their density and the risks that come with it. They are unaware of the impact dense breasts can have on cancer detection and prognosis. Dense Breasts Canada, a group of Canadian women with breast cancer, is working to encourage provincial cancer agencies and doctors to tell women about their breast density – and to get women to ask their doctors if they aren't told.

Unlike the United States, there are currently no guidelines in Canada for the reporting of breast density. In some provinces, breast density information is never shared with the family doctor or patient. In other provinces, breast density information is stated in the mammogram report that the family doctor receives, but this information is rarely discussed with the patient.

### What are dense breasts?

Dense breasts are normal and common; they are simply breasts that have more glandular tissue than fat. Roughly 43% of women, over age 40 have dense breasts. The radiologist reading your mammogram uses one of four categories to describe breast density in percentages or words. If you have more than 50% dense tissue, you have dense breasts. The words: "heterogeneously dense breasts" and "extremely dense breasts" also describe dense breasts. There are some common misconceptions: first, lumpy breasts are not dense breasts and second, density is not about size or firmness. You cannot tell density by look or feel; only a radiologist can assess breast density.

### Here's why knowing and understanding your density matters:

Women with dense breasts have a higher chance of developing breast cancer: Dense breasts are an independent risk factor for cancer. Women with the densest breasts are 4-6 times more likely to get cancer. While women are often aware that they are at an increased risk because of a family history, they are unaware that dense breasts are an even more significant risk factor than a family history.

The accuracy of a mammogram is impacted by dense breast tissue: Dense breasts are the number one reason for cancer being missed by mammography. In women with fatty breasts, mammograms are 98% accurate, but in women with dense breasts, mammograms may be less than 50% accurate

because both cancer and dense tissue show up white on a mammogram image. A camouflage effect is created. Higher risk of cancer in the other breast: Women who've been diagnosed with breast cancer and have dense breasts are nearly twice as likely to develop cancer in the opposite breast.

Higher risk of an interval cancer: Women with dense breasts are 18 times more likely to present with an interval cancer (a cancer that becomes 'feelable' after a mammogram that is read as 'negative'). Interval cancers are larger, rapidly growing and have a much worse prognosis than mammogram-detected cancers.

#### What to do if you have dense breasts:

Find out your density by asking your doctor. If your doctor does not have the information, fill out an access to health information form and send it to your provincial screening agency. If you learn you have dense breasts, understand that mammograms are not enough. As Dr. Paula Gordon, Medical Director of BC Women's Hospital Breast Program, points out, "Women with dense breasts should consider a supplemental method of screening, such as ultrasound, in addition to their mammogram. Ultrasound finds an additional 3-4 cancers per 1000 women screened. Ultrasound is shown to detect small, node-negative cancers. Studies show that breast cancer mortality correlates with invasive tumour size and node status. Therefore, diagnosis of breast cancer at an early stage is vital. If women are told they have dense breasts, they have the chance to be vigilant about their breast health in terms of supplementary screening and self-check."

Victoria resident Ellen Coburn discovered a lump during a self-exam. Nothing suspicious showed on her mammogram; it was an ultrasound that detected the cancerous tumor. Ellen writes: "I am very concerned by the false sense of security that comes with getting an 'all clear' mammogram. If you have dense breasts, there is a real possibility that things can be missed! I am also concerned that I was not warned that the level of density increased my risk of breast cancer, and that it was even higher than having a direct family member with the disease. Women need to know this!! And access to this information shouldn't be dictated by what province you live in!"

Dense Breasts Canada (DBC) is advocating for all provincial governments to report breast density, and for health providers to deliver supplemental screening, such as ultrasound, for women with the densest breasts. Until there's a cure, all women with breast cancer should have the right to find it when it's small. For more information on dense breasts visit [www.densebreastscanada.ca](http://www.densebreastscanada.ca).

## **2017 National Lymphedema Conference**

Montreal, QC, October 27-28

This bilingual event is co-hosted by the Canadian Lymphedema Framework and the Lymphedema Association of Quebec in collaboration with McGill University Health Centre and Concordia University. Join health professionals and patients in Montreal at the Omni Hotel Mont-Royal on October 27 and 28 for an exciting and robust agenda.

Registration: <http://canadalymph.ca/conference/registration/>



## Breast Reconstruction: Know Your Options and Decide What's Best for You

by Courtney Floyd, PRMA Plastic Surgery

[Check out the Source](#)

Breast reconstruction helps many women feel whole again after breast cancer. Thanks to a 1998 Federal Mandate it is covered by insurance. Unfortunately, many breast cancer patients are not offered all options for breast reconstruction after mastectomy or lumpectomy. It is important women know they have several reconstructive options available today. These range from implants to "flap" techniques which use the patient's own tissue to recreate

a natural, warm, soft breast.

### Immediate vs Delayed Reconstruction

Breast reconstruction can be performed at the same time as the mastectomy (immediate reconstruction) or any time after a mastectomy (delayed reconstruction). The biggest benefit of immediate reconstruction is patients wake up from surgery with reconstructed breasts and avoid having no breast. Other advantages include fewer scars and better cosmetic outcomes. For some, immediate reconstruction is not recommended due to a variety of factors, including the need for radiation. In these circumstances, reconstruction can be performed any time after the mastectomy. This is called "delayed" reconstruction.

### Reconstruction Options

#### *Implant Reconstruction*

Implant reconstruction is the most commonly performed method of reconstruction. It is typically performed as two separate surgeries. The first stage involves placing a tissue expander under the skin and muscle. The temporary implant is filled with a saline solution over time to expand the skin and muscle to the required size. The expander is then replaced by a permanent implant during a second surgery. Direct to implant surgery is also an option for some. With this procedure, the permanent implant is placed at the same time as the mastectomy. While not all patients are candidates, this is a very attractive option for many women because they avoid the tissue expander phase of the reconstruction. This procedure is also referred to as "One-Step" or "Single Stage" reconstruction. This can be misleading though, as the procedure typically requires additional surgery to achieve desired outcomes. Implant reconstruction can be the best option for some patients. However, reconstruction with expanders and breast implants are associated with more complications than cosmetic breast augmentation. Complications following radiation therapy and patient reported pain are also higher with implants compared to reconstructions using the patient's own tissue.

#### *Tissue Reconstruction*

The Latissimus flap procedure uses muscle, fat and skin from the back (below the shoulder blade) that is brought around to the chest to create a new breast. Many patients also need an expander

or implant to obtain the desired breast size. Tissue can also be taken from the lower abdomen to create a new breast. The DIEP flap provides a natural, warm, soft breast after mastectomy. The tissue is disconnected from the body and transplanted to the chest using microsurgery. The DIEP flap spares the abdominal muscles completely making recovery easier and decreasing the risk of complications. Another added benefit to the DIEP flap procedure is sensory nerve reconstruction. When breast reconstruction is performed using flaps like the DIEP, sensory nerves can be transferred with the flap to the chest and reconnected to nerves cut by the mastectomy. This extra step provides patients with a better chance of regaining feeling to the new breast in a shorter amount of time. There are other tissue options available for women who are not candidates or prefer to avoid using their abdominal tissue. These include the inner thigh (TUG flap) and the buttock (GAP flap).

Regardless of the breast reconstruction procedure performed, it usually takes more than one surgery for the best results. A second procedure commonly referred to as a "revision stage," is needed to improve the overall cosmetic appearance. Revision surgery can include fat grafting, nipple reconstruction, and scar revision. Breast symmetry surgery may also be performed during the revision stage for women who underwent reconstruction on only one breast.

Although breast reconstruction is not for everyone, it is everyone's right to be informed of all options (including the option for no reconstruction). Breast cancer can take away many things, but it does not have to take away your sense of wholeness or confidence. For many, breast reconstruction is an important part of the healing journey. suggestions on how to make things better."

No matter how dark  
the clouds seem to be,  
there is always sunshine  
waiting to shine through.

### Encouragement Cards

In October, the Breast Cancer Support Group and the Butterfly Story co-hosted a 'Survivors' Tea' at Sweet Escapes Cake Café and Bakery. By all accounts, it was a great event! Survivors who attended were asked to fill out cards with words of encouragement for other survivors. Over the next few months, we are going to share some of those of sentiments.

## For Support and Encouragement

### Upcoming

Boobie Boogie  
Saturday, September 30, 2017  
CLE Coliseum

2017 National Lymphedema Conference  
Montreal, QC, October 27-28



As fellow support group members, we would be happy to hear from you.

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Thunder Bay, ON P7E 5K8

(807) 475-0025 (Voice Mail)  
[bcsg@tbaytel.net](mailto:bcsg@tbaytel.net)  
[breastcancersupporttb.com](http://breastcancersupporttb.com)

### Sharing the Journey

Along your journey you have found support and encouragement from our support group. If you have two hours to spare a month, we encourage you to consider becoming a Steering Committee Member. The wisdom gained from your experience can help us strengthen the group and will help to ensure the continued success of the Breast Cancer Support Group. Call a Steering Committee Member at 475-0025 to learn how you can take part or email [bcsg@tbaytel.net](mailto:bcsg@tbaytel.net).

### Network News

Don't forget to check out the Spring 2017 edition of Outreach News brought to you by the Canadian Breast Cancer Network.

[Click here to check it out!](#)

**Next Meeting**  
September 13th

7:00 pm at  
St. Michael's Church  
on Red River Road



[www.cbcn.ca](http://www.cbcn.ca)



**Breast & Hereditary Cancer Support**

[www.willow.org](http://www.willow.org)  
1-888-778-3100



**Thunder Bay Regional Health Sciences Foundation**

The Thunder Bay Breast Cancer Support Group gratefully acknowledges the funding support of the Northern Cancer Fund of the Thunder Bay Regional Health Sciences Foundation. All gifts made to the Foundation stay in Northwestern Ontario to benefit its residents.

[healthsciencesfoundation.ca](http://healthsciencesfoundation.ca)



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