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As part of October’s designation as National Breast Cancer Awareness Month, Houston Methodist San Jacinto Hospital hosts its annual Breast Cancer Survivor’s Day on Friday, October 21 from noon to 2 p.m.

A runway fashion show featuring survivors from the Houston Methodist Cancer Center at San Jacinto will be the highlight of the event made possible through support and collaboration with several local businesses. Information on breast health, early detection and breast imaging services will be readily available during the celebration at the Cancer Center, located at 4021 Garth Road in Baytown.

“Debbie,” the popular Pink Heals Tour fire truck, will be onsite for signatures of hope and survivorship. The day will also feature a pink balloon launch to honor the survivors and celebrate the memory of those lost.

“We look forward to this opportunity each year to celebrate the amazing stories of cancer survivors and their families and to offer valuable health information that can help women take control of their breast health,” said Jessica Graham, director of the Houston Methodist Cancer Center at San Jacinto. “It’s a wonderful time for all of our physicians, nurses and staff members to honor the courage and commitment of these brave women and their families and friends.”

According to the American Cancer Society (ACS), an estimated 230,000 women in the U.S. are diagnosed with breast cancer each year and over 39,000 women die from the disease annually. However, there are nearly three million women who have had a history of breast cancer who now proudly call themselves “survivors,” and many of them were able to beat the disease thanks to early detection and treatment.

As part of Houston Methodist San Jacinto Hospital’s efforts to provide unsurpassed cancer diagnostic and treatment options to the residents of the Baytown area, breast radiology specialist Dr. Hannah Chung recently joined the hospital’s Medical Staff. While general radiologists read mammograms along with CT, MRI and X-rays, a breast radiologist is trained to read mammograms and all the imaging modalities that pertain to detecting and diagnosing breast conditions. This kind of expertise leads to improved breast cancer survival rates, fewer recalls and more accurate diagnosis.

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Book Review by Carol Skewes

The Rose celebrates 30 years of care

Dr. Dixie Melillo, the first rector where she first met Ter's Public Relations Director since 1986.

Dr. Dixie Melillo established The Rose from modest beginnings; a non-profit organization designed to save lives and treat breast cancer for countless women since 1986.

Dorothy Gibbons remembers the title to Alternatives. And the publisher changed it. What everyone should know about breast cancer to save her life.

Unfortunately, because bookstores would not display it prominently since it earned non-profit status, they provided free mammograms to women who could not pay. The Rose was born. They provided free mammograms to women who could not pay.

In 1986 Dorothy and Dixie met Baltimore Sun Journalist Rose Kushner, the first female journalist to cover breast cancer patients. She died in 1991 from breast cancer and due to a re-occurrence. (Pg 9) Dr. Dixie Melillo read her last letter to the 30th birthday of The Rose and said, “I am ready for another 30.”

The book covers stories of life-saving help to those who so desperately needed treatment. The stories are personal, some are heart-breaking, and some are hopeful. All are real. Many survivors return to pay-it-forward to help another woman in need.

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The mother of two turns 40 soon, and cancer has reached her brain, lungs, bones and liver. She tries to stay positive, but October is a month where she just doesn’t want to be confronted with all breast cancer patients taking part in a unique project to advance treatment for the deadliest form of the disease. For many of the 150,000-plus patients nationwide whose tumors have spread to bones, lungs or other distant organs, the dull heralding breast cancer awareness and survival each October is a little too late. They know their time will likely kill them. And they’re often felt neglected by mainstream advocacy and medical research.

But now they have a way to get involved, with a big new project that aims to gather enormous troves of information about their diseases in hopes of finding new and better ways of treating patients like them — women whose cancer has spread, or metastasized, and left them nearly out of options.

“Patients want to live and we know that research is the way we’re going to be able to live,” said Beth Caldwell, a former civil rights attorney in Seattle diagnosed with metastatic disease in 2014. The idea is to gather molecular and genetic clues from as broad a group of metastatic breast cancer patients as possible. With data from thousands of individuals, researchers think they will be able to better target treatments or come up with new ones by answering important questions about the disease. For example: Is there a familial tendency that spreads to the brain, or that may recur many years after diagnosis? What changes in a woman’s body allow others by many years despite the same prognosis?

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Breast self-exam guidelines

In addition to scheduling clinical screenings and mammograms, women should routinely examine and massage their breasts to detect any abnormalities. These breast self-exams can be an important part of early breast cancer detection.

Although many women are aware that they should be familiar with their breasts, few actually do so. Experts stress the need to examine breast tissue at least once a month. That’s because breast cancer can develop at any time, even in women who have never had a mammogram or even a breast lump.

Breast self-examination should be a regular part of every woman’s health practice. This is particularly important for women who do not have a mammogram regularly. A mammogram can detect breast cancer before symptoms are visible, but it cannot detect all breast cancers. Therefore, it is important to self-examine.

Begin by looking in a mirror and examining your breasts while lying down. Then, while standing up, inspect your breasts by looking down, looking from the front, and looking from the side. Always check the back of your breast, the armpit, and the breast tissue below the surface of the skin.

Routinely examine the following:

- Nipple changes: Nipple discharge that starts suddenly or nipple puckering or bulging of the skin. Inverted nipples or dimpling can be indicative of breast cancer.
- Skin rash or redness: Women who are breastfeeding may experience a rash on the breasts from an infection of breast tissue. But those who are not breastfeeding should consult a doctor if they have persistent redness or pain.
- Breast-size changes: Many left and right breasts are different sizes and shapes, but a difference in size or shape that is not normal should be reported to a doctor.
- Pain: Not every lump is breast cancer. And bumps may actually occur in locations other than the breast. Pain is not a symptom of breast cancer. It is important to note that any lump or any change is a cause for concern. It is important to report any change in the breast to your doctor.

Begin by looking at the breasts in a mirror. Note the size and shape of the breasts, and pay attention to any changes in nipple color or discharge. Use the first few fingers of one hand to feel the breast, moving in a circular motion. Feel from the front of the breast to the back, the upper part of the breast, and the lower part.

Lumps in the breast are not the only potential indicators of breast cancer.

It is important not to panic if something is detected. Not every lump is breast cancer. And bumps may actually occur in locations other than the breast. Pain is not a symptom of breast cancer. It is important to report any change in the breast to your doctor.

History of mammogram technology

Mammography remains one of the most important and well-known diagnostic tools for breast cancer. It is estimated that 45,000 U.S. women die from breast cancer each year in the United States and many others are conducted around the world under the recommended guidance of doctors and cancer experts.

Mammography can be traced back more than 100 years to 1913, when German surgeon Albert Salomon attempted to visualize cancer of the breast through radiology. By the 1970s, the concept of mammography was gaining traction in the United States. Stafford L. Warren, an American physicist and radiologist, began his own work on mammography, developing techniques of producing stereoscopic images of the breast with X-rays. He also championed the importance of comparing both breast images side-by-side.

Raul Leborgne, a radiologist from Uruguay, conducted his own work on mammography and, in 1961, invented the compression technique, which remains in use today. By compressing the breast, it is possible to get better imaging through the breast and use a lower dose of radiation. Also, compression reduces the amount of breast tissue that must be examined, making it easier to see the individual internal components. Compression also helps to pull the breast away from the chest wall and also to imaging for breast cancer.

Advancements in mammogram technology continued to improve through the 1970s and 1980s. Texas radiologist Robert Egan introduced a new technique with a fine-grain intensifying screen and improved film to produce clearer images. In 1965, the first modern-day film mammogram was invented and put into widespread use. The mammogram process was fine-tuned in 1972 when a high-definition screen was introduced, and new film offered improved processing and shorter exposure to radiation. By the 1970s, the American Cancer Society began recommending mammography as a screening tool.

Lumps in the breast are not the only potential indicators of breast cancer.
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