

THE PEOPLE'S CLINIC

African-Americans and breast cancer: healthier women, healthier communities

BY MAYA ANGELOU CENTER FOR HEALTH EQUITY SPECIAL TO THE CHRONICLE

Breast Cancer continues to be one of the leading causes of death among women, particularly minority women, in the United States. The American Cancer Society (ACS) estimates that more than 246,000 new cases of invasive breast cancer, and 61,000 new cases of non-invasive (in situ) breast cancer will be diagnosed in 2016.

Approximately 40,000 women will die from the disease this year. Did you know that 33% (one-third) of cancer diagnoses in African American (AA) women are for breast cancer?

The ACS estimates that more than 27,000 cases of breast cancer will be diagnosed among African American women in 2016, and more than 6,000 African American women will die from the disease. This means 1 out of every 9 AA women will be diagnosed with breast cancer at some point in their lives.

Overall (for all women) the number of breast cancer deaths has gone down steadily in recent decades, AA women still have a significantly higher death rate from breast cancer compared to whites, and unfortunately, the rate of breast cancer in AA women has continued to rise. Although less African American women are diagnosed with breast cancer, compared with white women, they are often diagnosed at later stages of the disease. This is partially due to differences in access to and use of early detection (mammograms) and treatment.

Research has shown that African American women often have different types of breast cancers/tumors than white women, which often do not respond as well to traditional breast cancer treatment. African American women essentially need to educate each other about the increased risk and importance of early detection of breast cancer.

Breast cancer is the most common type of cancer that can be diagnosed in women as well as men. Breast cancer is the uncontrolled growth of cells in the breast tissue, in which 80% arise from mammary duct while 20% arise from milk producing lobules of the breast. The specific causes of breast cancer remain unclear; currently, efforts to understand development of breast cancer include family history and genetic risk.

The precise causes of breast cancer are unknown, but a number of controllable and uncontrollable factors may increase the risk of developing breast cancer.

Controllable risk factors include:

*Use of oral contraceptives for five years or longer.

*Never having children.

*Having a first child after the age of 30.

*Having more than one alcoholic drink per day.

*Obesity and high fat diets.

*Decreased exercise.

Recent studies have also indicated that use of combined estrogen and progesterone hormone replacement therapy, is considered a controllable risk factor for breast cancer

Uncontrollable risk factors include:

*Being female

*Advancing in age

*Family history of breast cancer

*A previous biopsy that shows a pre-cancerous condition

*First period before the age of 12

*Having menopause after the age of 55

*A mutation of breast cancer genes. Two genes, BRCA-1 and BRCA-2 are associated with breast cancer risk, but not all individuals who develop breast cancer have this gene

The most important first steps for screening and detection is familiarity with your own breasts so you can note any changes. The best chance for curing breast cancer is early detection and treatment. Women should perform monthly self-breast examinations beginning at age 20. The ACS suggests the following steps for a self-exam:

*Lie down on your back and place your right arm behind your head. The exam is done while lying down, not standing up. This is because when lying down the breast tissue spreads evenly over the chest wall and is as thin as possible, making it much easier to feel all the breast tissue.

*Use the finger pads of the 3 middle fingers on your left hand to feel for lumps in the right breast. Use overlapping dime-sized circular motions of the finger pads to feel the breast tissue.

*Use 3 different levels of pressure to feel all the breast tissue. Light pressure is needed to feel the

tissue closest to the skin, medium pressure to feel a little deeper, firm pressure to feel the tissue closest to the chest and ribs. It is normal to feel a firm ridge in the lower curve of each breast, but you should tell your doctor if you feel anything else out of the ordinary. If you're not sure how hard to press, talk with your doctor or nurse. Use each pressure level to feel the breast tissue before moving on to the next spot.

*Move around the breast in an up and down pattern, starting at an imaginary line drawn straight down your side from the underarm, moving across the breast to the middle of the chest bone (sternum or breastbone). Be sure to check the entire breast area going down until you feel only ribs and up to the neck or collarbone (clavicle).

*Repeat the exam on your left breast, putting your left arm behind your head and using the finger pads of your right hand to do the exam.

*While standing in front of a mirror with your hands pressing firmly down on your hips, look at your breasts for any changes of size, shape, contour, dimpling, redness or scaliness of the nipple or breast skin. (The pressing down on the hips position contracts the chest wall muscles and enhances any breast changes.)

*Examine each underarm while sitting up or standing with your arm only slightly raised so you can easily feel in this area. Raising your arm straight up tightens the tissue in this area and makes it harder to examine.

screening recommendations include:

*Mammography (a breast x-ray) every year starting at age 40

*Your healthcare provider should also complete a clinical breast exam at least every three years between ages 20-39 and yearly beginning at age 40.

*Women younger than age 25 years with BRCA-1/BRCA-2 mutations should have clinical breast examinations every year.

*Women with BRCA-1/BRCA-2 mutations or with strong family histories of breast or ovarian cancer who are over age 25 years should have a clinical breast examination every 6-12 months and mammography every year.

*The ACS also recommends using annual screening with Magnetic Resonance Imaging (MRI, a type of Xray) in addition to mammography for women at high risk.

A provider should be consulted about risk factors and the best screening plan.

Treatment for breast cancer should be determined with a healthcare provider. The most common types of treatment are surgery, radiation therapy, chemotherapy, hormone therapy, Targeted therapy (drugs used in combination with chemotherapy that certain proteins/antibodies in cancer cells) and bone-directed therapy (drugs that reduce the risk of bone pain and fracture when cancer has spread and/or causes bone weakness).

If you or someone is diagnosed with breast cancer, it is important to create a list of questions to ask the

healthcare provider to make sure you have all the information, such as:

*What type of breast cancer do I have? How does this affect my treatment and prognosis?

*Has my cancer spread to lymph nodes or internal organs?

*What is the stage of my cancer, and how does it affect my treatment options and outlook?

*What treatments are appropriate for me? What do you recommend? Why?

*What are the risks and side effects that I should expect?

*What will my breasts look and feel like after my treatment?

*What should I do to get ready for treatment?

*What are the chances my cancer will come back with the treatment programs we have discussed? Will I go through menopause as a result of the treatment?

*Will I be able to have children after my treatment?

*What type of follow-up will I need after treatment?

After treatment is complete, your healthcare provider will watch closely for a recurrence of cancer. This can involve follow up appointments, screening and treatment of side effects. It is important to discuss any problems, concerns or questions.

For further information, visit the American Cancer Society website at <http://www.cancer.org/>. For information about the Maya Angelou Center for Health Equity, visit <http://www.wakehealth.edu/MACHE>.

Sorority keeps busy in fall

SPECIAL TO THE CHRONICLE

During the month of October, the Theta Mu Sigma Chapter of Sigma Gamma Rho Sorority Inc. participated in a joint venture by Area III members to donate money to St. Jude. Area III is composed of sorors from the State of North Carolina.

Additionally, the chapter has been very busy participating in voter education and get out the vote. Soror Evelyn Sanders chairs the voter's education committee.

On Oct. 1, the chapter participated in Keep Winston Beautiful by cleaning Argonne Boulevard, which is the chapter's assigned street to keep clean. Soror Sonjia Samuel chairs the Keep Winston Beautiful committee.

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On Oct. 8, Theta Mu Sigma Chapter held and opened to the public a Breast Cancer Awareness presentation at Carver School Road Library. The guest was Cassandra Lewis, representing the Susan G. Komen foundation. "The presentation was very informative and inspiring," Theta Mu Sigma Chapter officials said.

Lewis stressed early detection and self-examination as the main keys to living a longer and healthier life. Theta Mu Sigma chapter welcomed, Lewis, who is a member of Alpha Kappa Alpha Sorority Inc.

For this breast cancer awareness activity, sorors wore pink ribbons or pink lapel pins with the sorority's Greek letters engraved on them. Soror Courtney

Duncan-Adams and Soror Sanders provided refreshments.

The sorority started off this sorority year by recognizing a soror for the month of September 2016. Soror Courtney Duncan-Adams was recognized for her outstanding work for the chapter for the month of September.

The chapter continued the month of September with its Operation BigBookBag project, where school supplies were donated to Winston-Salem Preparatory Academy. The chapter continued its September activities by attending their Area III Meeting held at N.C. A&T State University in Greensboro, where over 300 sorors representing their chapters attended.

church at 336-744-3012.

Wednesdays Noonday Express

New Liberty Baptist Ministries, 5009 Voss St., will host Noon-Day Express services on Wednesdays from noon to 12:45 p.m. Guest speakers from around the city and area will encourage hearts at midweek. A lunch will be offered. The public is cordially invited to attend. The Rev. Dr. Linda Beal is the host pastor. For more information contact Tracee Spears at 336-429-0512, or Deacon Beal at 336-528-3256.

4th Thursday Worship at Winston-Salem Rescue Mission

The Evangelism Ministry of Pilgrim Rest Missionary Baptist Church located at 1905 N. Jackson Ave. will worship the 4th Thursday of the month at the Winston-Salem Rescue



Evelyn Sanders recognizes Courtney Duncan-Adams for her outstanding work for the Theta Mu Sigma Chapter of Sigma Gamma Rho Sorority Inc. for the month of September.

Have a Story Idea?
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news@wschronicle.com

Mission at 7 p.m., Pilgrim Rest's pastor is Paul W. Hart.

Sundays and Wednesdays Clothes closet

The Ambassador Cathedral Clothes Closet will be open on Sundays from noon to 2 p.m., and Wednesdays from 5 to 7:30 p.m. at 1500 Harriet Tubman Drive. Free to the public. For more information, call 336-725-0901.

2nd Saturday Food, clothes available

Every second Saturday of each month from 11 a.m. to 1 p.m., Calvary Hill Church of Greater Deliverance Inc. invites anyone who is in need of food and clothes. The food pantry and clothes closet is at 4951 Manning St. Direct all questions to Missionary Tammy Orr at 336-744-3012.

Eric J. Sadler, DDS
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Sunday, Nov. 13 at 11 a.m. for morning worship service. Minister Shawn Gethers of Marantha Temple of Praise, Wilmington, N.C. will be the guest speaker. Senior Pastor Alice Mitchell is the host pastor.

Ongoing

Wednesdays Noon Service

Greater Cleveland Avenue Christian Church, 5095 Lansing Dr., will have noonday service every Wednesday beginning at noon. The 45-minute service is designed to uplift one's spirit in the middle of the week. Senior Pastor Bishop Sheldon M. McCarter will preach. The public is invited to attend. For further information, contact the church at 336-723-2266.

Monday - Friday Free lunch and snack

Between noon and 2 p.m. Monday through Friday, free lunch and snack will be provided to any child at Life Changing Transformation Church Ministries. The church is located 2001 E. 25th St. (corner of Ansonia and 25th Streets). Senior Pastor Alice Mitchell is the host pastor.

4th Tuesday Providing hope through teaching

Join Calvary Hill Church of Greater Deliverance Inc., from 7:30 to 8:30 p.m. on the fourth Tuesday of each month at the Bethesda Center, 930 North Patterson Ave., where we provide hope through teaching and preaching presented by Calvary Hill's ministerial staff. For more information contact the