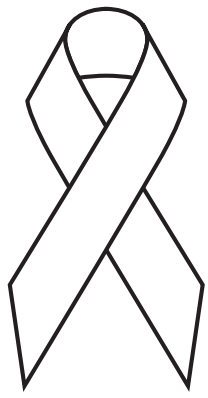


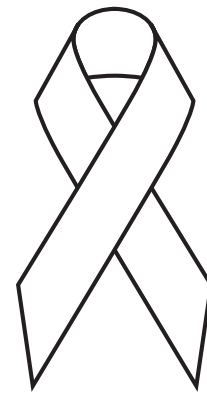
UNTIL THERE IS A CURE, THERE IS ALWAYS



HOPE

SATURDAY, OCTOBER 5, 2019

Cortland Standard



Photos by Katie Keyser/living and leisure editor

Dottie Kelly of Cortland said her breast cancer diagnosis shook her world.

The first step

By **KATIE KEYSER**
Living and Leisure Editor
living@cortlandstandard.net

Life came to a screeching halt the day Dottie Kelly was diagnosed with breast cancer.

"Everything was a blur," said Kelly, 76, of Cortland, a retired special education teacher at Onondaga-Cortland-Madison Board of Cooperative Educational Services.

"The doctor said I was lucky and unlucky. Lucky that it was a young woman's cancer and I am healthy. And unlucky that it was a young woman's cancer, which means it was aggressive," she said.

She was diagnosed in July 2015 with stage one cancer, called HER2 positive. Her treatment over the next year consisted of a lumpectomy, "brutal" chemotherapy and radiation.

"I had a really tough time with chemotherapy and radiation," she said.

She found out about the Cancer Resource Center of the Finger Lakes in Ithaca.

"They are just a wonderful agency," Kelly said. "An amazing thing to find when there is nothing out there for you and you are scared and overwhelmed. You don't know which way to turn."

The non-profit offers free support services to cancer patients Tompkins County and all its adjacent counties.

"The first thing we do is listen, primarily to what they are experiencing, what they have heard. We communicate and listen," said Fran Spadafora Manzella, associate director of the center, at 612 W. State St., Ithaca.

"Then we may help them understand more about their cancer by giving them information, in ways they can understand. They may be wondering about a second opinion. We can give them information on that," Spadafora Manzella said.

"They are overwhelmed," Caputo said of new cancer patients. "They don't know what their first step is. It's dealing with the emotional piece first. And along with information, we have a library, books, CDs, mostly books."

The center's website at www.crcfl.net has many resources, with links to the National Institute of Health, Memorial Sloan Kettering and more.

"We don't want to overwhelm," Spadafora Manzella said. "A lot of oncologists say stay away from the internet. Everyone is different. Some people want a lot of information. Others do not."

There is one-on-one support and a variety of support groups, 12 to be exact, including a popular men's breakfast club that meets weekly at a restaurant.



ABOVE: Cathy Caputo of Cortland is a client services assistant at the Cancer Resource Center of the Finger Lakes.

BELOW: Wigs are free to women undergoing cancer treatment at the Cancer Resource Center of the Finger Lakes in Ithaca.



It offers free wigs and hats, free medical and nutritional supplies, out-of-town travel services and local travel help.

"Our mission is to support people affected by cancer and our motto is, 'No one should face cancer alone,'" Caputo said.

It is funded by donations and fundraisers, like a recent walkathon, that raises a third of its budget. It has seven staff and a slew of volunteers.

The agency had 3,900 contacts with the public in 2018, said Spadafora Manzella. But the number is an estimate.

"It's hard to count individual clients. Not all of them end up in our database," she said. "Some people we may never meet. We talk to them on the phone. Others participate in support groups."

She estimated 183 contacts from communities outside of Ithaca in 2018. The resource center wants people in the Cortland area to access what it has to offer.

Kelly said she wished she knew of the center when first diagnosed.

"The people are very kind, very helpful," she said. "They will go with people to the doctor and hospital appointments. If you need any kind of advice about where to go, they have all kinds. They won't recommend specifics but they will tell you what they can about experiences of people that go to the center."

Kelly was struck by one woman who helped her get a wig.

"This is what I want," she told the lady, listing color, cut, style. "The next week I show up and she has this wig in a bag. She pulls it out. She shakes it. 'How about this?'"

"It was exactly what I wanted. It was so nice. I got so many comments on my hair. More than my (real) hair," Kelly said. "It was so easy. You whack it on your head and off you go."

Now that she had her own hair back, she won't cut it, ever.

Kelly joined the women's Friday group.

"A lot of women at the Friday group take oral medicine between five and 10 years. That's for different kinds of cancer. Mine didn't require oral medicine. When it was done, it was done."

And many women she knows with the support group have not had an active diagnosis or treatment for eight to 15 years or more, she said.

"They say 'cancer free.' They say 'remission.' They say 'no visible activity by cancer cells,'" Kelly said. "That doesn't mean you can't get it back. And certain cancers metastasize. That's a nasty word in the business."

But the group has given her friends and a sisterhood, Kelly said. "I love the meetings."

THE DAY LIFE FLIPPED

How a family kept hope when cancer hit home

By SHENANDOAH BRIERE
Staff Reporter

sbriere@cortlandstandard.net

It was early August 2015 — right around the 10th — when Kimberly Friedman stood on the sidewalk just outside the Cortland City fire station on Court Street and gave her husband, Deputy Chief Wayne Friedman, the news.

She had breast cancer.

Not just any breast cancer either, but triple negative and BRCA positive, a rare and aggressive form of breast cancer.

Wayne took a step back, pushed his emotions to the side, and he began thinking logistically, as any firefighter would do. It involved spreadsheets.

“Right or wrong, my thought process was to try to be more of the supportive ‘OK we got this information how are we going to deal with it?’” he said, recalling the moment in his office at the fire station. “I didn’t want to have the breakdown with her. I wanted to try to, as I do, hold it together.”

At only 42, the life Kim knew, the life the Friedmans knew, flipped.

The day-to-day stuff became getting Kim better and making sure the couple’s two boys — Lucas, then 7, and Gabe, then 9 — were cared for. Nothing else mattered.

‘EVERYTHING WAS ABANDONED’

“I never went back to my office again, I never went back to work because everything happened so quickly,” said Kim, who had worked at Cortland Prevention Resources Family Counseling Services.

In the days that followed, Kim saw a doctor, confirmed the diagnosis and started treatment.

“It went so fast that there was not a chance for us to think outside the moments we were in,” she said. “In my life, everything was abandoned and he (Wayne) really picked up a lot of those pieces.”

Kim would eventually end up staying at her former mother-in-law’s house, where her former mother-in-law became her primary caregiver, taking her between then Cortland Regional Medical Center and Cayuga Medical Center in Ithaca for treatments.

The boys would visit her because the parents decided to shield Gabe and Lucas from what was going on.

Wayne and Kim didn’t want the kids to see her so sick. Kim got an infection after having a bilateral mastectomy that delayed her chemotherapy, and then chemo left her unable to lift her head or get out of bed some days.

“It’s a huge roller coaster,” she said. “So you go to the doctor one day and you hear OK news and you’re happy



The Friedman family from left to right; Lucas, Wayne, Gabe and Kim. In 2015 Kim Friedman was diagnosed with a rare and aggressive breast cancer.

Shenandoah Briere/staff reporter

and not on her “bad days” and talking to her on the phone when they could.

Gabe, now 13, said he didn’t remember much, but he first realized things were not OK when he had gone to visit his mom at his grandma’s house.

“Mom was laying in the bed and I was like ‘OK what’s going on?’” he said.

Wayne and Kim said they had talked to the boys, but they didn’t understand just how severe the situation was until they could see Kim.

“We look back at it now, we kept things in motion,” Wayne said. “Did they suffer? They suffered. We didn’t realize it, I didn’t realize it until she came back. But them not having Mom there and always dealing with Dad and Dad not being at the top of his game all the time it had an effect on them.”

Kim said after she returned home, she remembers Lucas being mad at her because he had thought she had went on vacation.

“It’s so interesting because everything has unintended consequences,” she said. “You think you’re doing the right thing and then there are these unintended consequences that come out of it.”

IT WILL NEVER BE THE SAME

Wayne said he still in some ways, like everyone in the family, hasn’t fully come to terms with everything.

Throughout the process, his mind had been set on keeping everything together he didn’t have time to break down. But one night the stress of having to deal with what was going on, keeping the boys on track with school and stuff at the fire station hit home. He finally broke down.

The cancer had changed everything. Kim is in remission now, but life for the Friedmans will never be the same — “too much has happened.” The family is learning to look at life a little differently.

Things that once mattered so much, a pristine lawn or painting the deck, don’t matter as much. Moments spent doing stuff together matter more.

“Any day that I am not in bed unable to pick my head up because I am so sick is an awesome day,” she said. “Things don’t stop, suffering doesn’t stop, but if you can see the grace and the beauty that is available to you through that suffering it’s not a bad day, it’s a bad moment.”

On a recent morning in the station, almost 2 1/2 years into remission, Lucas hugged his mom, holding tight as a smile crossed her face and Gabe stood next to his dad quietly talking. The family all agreed.

“Hope is in the simplest things,” Kim said. “You just have to seek it.”

Wayne repeated the thought. And the kids agreed.

Family resources

One thing that has helped the Friedman family cope with Kim Friedman’s breast cancer is that the family goes together and individually to counseling. Here are some resources:

CANCER SUPPORT GROUPS

- Radiation Oncology Services on Route 281 offers a free Cancer Survivorship Group from 3 to 4 p.m. the second Tuesday of each month at 1088 Commons Ave., Cortlandville.
- Cancer Resource Center of the Finger

Lakes: A women’s group meets noon to 2 p.m. Friday at 612 W. State St., Ithaca.

■ Adelphi NY Statewide Breast Cancer Program: Offers various support groups on a weekly and monthly basis. To participate call Counseling and Education coordinator, Erin Nau at 516-877-4314 to register.

■ The American Cancer Society: Offers around-the-clock breast cancer support services through its hotline at 800-227-2345.

and good and then you go again and something is off or wrong. For the longest time it’s this constant roller coaster of reacting to whatever you’re told.”

PAC MAMA

While Kim had a huge support system, she often found the emotional journey very solitary. Meditation helped.

Kim visualized Pac Man chewing up all the cancer cells and then pooping out rainbow and glitter. The image became Kim’s identity and the family ran with the concept, creating cups and stickers.

“That was how I got through,” she said. “Everybody embraced that. Everybody called me Pac Mama.”

“I didn’t know it came from that,” Lucas said.

During Kim’s recovery, Wayne became the primary caregiver for a lot of

day-to-day stuff.

Wayne said he remembered piles of papers on the counter — the mail, a stack of school work from each of the boys. Healthy eating went out the window as Wayne looked for things that were easy to get and make: hot dogs, chips or pizza. The dining room table essentially became the boy’s dresser drawer because it’s where Wayne would fold the laundry. Things had changed.

PRESSURE TO LIVE

It wasn’t always a hopeful road filled with positivity for Kim or her family.

“I actually felt a lot of pressure to live, which was a good and a bad thing and that’s a really intimate thing that I don’t know I really connected with,” she said.

She recalled times when she would

go to bed at night and ask God let her die because she didn’t think she had the strength to continue.

“I would cry myself to sleep and say ‘If this is the way it’s suppose to be, then it’s OK. I’m ready, it’s OK,’” she said.

But then she’d wake up the next day and she would find something that gave her just enough strength to keep fighting.

“The harsh reality of people around you dying, going through the same thing you were going through, made it such a palpable thing,” she said. “I couldn’t compartmentalize. I think that’s how he (Wayne) survived. That and he had the boys.”

‘THEY SUFFERED.’

The couple decided to shield their children as much as they could, taking them to see Kim on her “good days”

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Doctors discuss broaching cancer diagnosis

By TRAVIS DUNN
Staff Reporter

tdunn@cortlandstandard.net

"From a doctor's side, breast cancer is the most frequent cancer for women. So we see that quite a bit," Dr. Jabbar Saliba, general surgeon, at Guthrie Cortland Medical Center. "From a patient's perspective, they hear it once, but they live with it the rest of their lives."

The gravity of receiving positive cancer diagnosis makes how a doctor broaches the subject crucial, he said.

"If it's a bad delivery, they will remember it, even if they are cured," Saliba said. "They will carry this for their life."

Dr. Robert Castellanos, a Cortland family medicine doctor, said he has often had to have these talks with patients. He said he just had one, in a case where the cancer had spread.

"It's not just a simple thing of saying well you have breast cancer," said Castellanos. "It's a matter of counseling."

Saliba said he broaches the subject personally — always face-to-face, and never over the phone.

Making the patient feel comfortable and supported is also important, said Saliba, adding he typically asks the patient if she has someone in the waiting room she'd like to have with her.

His aim is to prepare the patient for a major emotional shock and make sure the patient is in her comfort zone — and, if possible, with family or friends for support.

Next, he asks a patient if she has any expectations — whether for good news or bad.



He doesn't do this by rote, he said, but he approaches the subject in as conversational and natural a way as possible.

Castellanos said he uses a similar approach, trying to be as comforting as he can.

"It's a sudden shock. Even if it's not a death sentence, it might as well be a death sentence" from the patient's perspective, he said. "The big C — nobody wants to hear 'cancer.'"

"It's counseling," he said. "It's talking with the person individually. You have to know the person in order to

discuss it."

If Saliba has a positive diagnosis, he said he states it directly and definitively, partly because his patients almost always ask, "Are you sure?"

He is, he said, because he never discusses diagnosis until he himself is certain. If he is even a little uncertain, he doesn't play a numbers game with the patient, laying out the probabilities. That, he said, only creates nagging doubt about the ultimate result, he said.

"I don't want to put my patients into that place. I want to leave them hope,

and I want to leave them the freedom to fight," Saliba said.

But when he does give that diagnosis, he gives the patient as much time as the patient needs.

"This is where you don't want to rush things," he said. "You just let them live that moment. Because once they are back in their semi-comfort zone ... then they're going to have tons of questions."

He takes the time to answer those questions.

"I try to stay away from the exact numbers," he said, because survival

rates vary so much.

"I leave it to a little open discussion and then I give myself time to listen to what they have to say. I want to give them space, and I want give them comfort and I want to give them time."

"You have to be caring," Castellanos said. "It's holding hands. You sit there and look the person in the eye, and you tell them, this is what they have. Some ask how long do they have. That's before you even before you know what they situation is. Thirty-eight years and people still have that reaction."

But patients are scared, he said, and his job is to give them what reassurance he can, while also apprising them of diagnosis and its consequences.



"All of a sudden, your mind changes. You see how fragile you really are," he said. "You see the end in sight. I mean we're all going to die. But when you see how you might potentially die, it's a scary thought."

Saliba said that during these moments he tries to listen to the patient as carefully as he can. If a patient tells him, "Hey, doctor you didn't listen to what I said," then he said he needs to reconsider what he's doing.

But what he does offer are options, by laying out the available treatments, and the pros and cons of each. In that first consultation, he said he tells them not to make an immediate decision, but to take time to think it over.

"That takes the power of the decision and puts it back in their hands," he said.

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Getting fit Having fun Feeling great

Exercise can be crucial recovery and prevention

Studies show that exercise reduces the risk of developing breast cancer and can also contribute to a successful remission from the disease. By regularly engaging in physical activities of moderate to high intensity, you'll be combatting adipocytes — or fat cells — that can play a role in the development and progression of this disease. What's even more encouraging is that every woman, even those diagnosed with cancer, can begin an exercise program almost overnight.

Ideally, you want to choose an activity you can do five times a week for 20 to 30 minutes. It could be walking, running, biking, swimming, yoga, tennis or tai chi, it doesn't matter; the important thing to remember is to choose an activity that you enjoy and that gets your heart rate going. You'll start to feel better after the very first day. As you progress, you'll have more energy during the day and deeper, more restful sleep at night. In addition, physical activity helps to combat fatigue and anxiety, which are commonly associated with cancer treatment. It can also reduce the risk of lymphedema, a condition that affects nearly 20% of breast cancer survivors.

You should make a point of finding entertaining ways to improve your physical fitness. This might involve group training, dancing, using a pedometer or playing with the kids or pets. Making your workout fun and enjoyable will be a big source of motivation and will help you stick to your goals. If you don't know where to begin, a professional such as a doctor, kinesiologist or physical therapist can recommend a workout that's safe and suited to your current physical health.

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MAMMOGRAMS:

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October 18, 2019 is National Mammography Day. It's observed yearly as part of National Breast Cancer Awareness Month and is an opportunity to educate the public on the importance of early detection in the fight against breast cancer.

About one in eight American women will develop breast cancer in her lifetime. Although death rates have been declining in recent years, it's estimated that more than 40,000 women will die of breast cancer in 2019. The best way to prevent cancer and ensure positive outcomes remains early detection and screenings.

Screening mammograms



A mammogram is an X-ray photograph of the breast. It's one of the most important screening tools available to doctors because it can detect anomalies before they become noticeable through self-exam. This allows healthcare professionals to catch cancer early, thus increasing the chances that the treatments offered will be effective.

The American Cancer Society recommends that women at average risk for breast cancer get screened every year between the ages of 45 and 55. Women 55 and older should get screened every second year,

See KEY, page 7B




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October is Breast Cancer Awareness Month, but any month is a good month to check breast cancer screening off your healthy living to do list. Women who are 40 years old and older should have an annual mammogram. Catching breast cancer in early stages through regular annual screening gives women the best chance of beating breast cancer.

Call 866-GUTHRIE (488-4743) to schedule a mammogram.

And if you find an issue, Guthrie's comprehensive breast cancer treatment program is accredited by the National Accreditation Program for Breast Centers (NAPBC) administered by the American College of Surgeons. We work to deliver high standard quality care to our patients across the Guthrie system.



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After breast surgery: choosing a prosthesis

Many women opt for prostheses over reconstructive surgery following a mastectomy. These come in three varieties, and here's what you need to know about them.

1. Temporary. Temporary prostheses, also called puffs, are lightweight and soft forms that can be attached inside clothes or worn in a bra. This type of prosthesis is often worn soon after surgery, as it doesn't rub against or irritate scars.

2. Permanent. These are designed to mimic the look and weight of a natural breast. Made from materials like silicone or foam, they're either attached directly to the skin or fitted into a bra. These prostheses provide better balance than temporary ones and help prevent back issues due to unequal breast weight.

3. Partial. Women who undergo a lumpectomy or breast-conserving surgery won't need a full prosthesis. However, in some cases a significant amount of tissue is removed and causes the breast to become uneven, thereby requiring a partial prosthesis to restore the breast's full appearance.

When shopping for a prosthesis, bring a form-fitting top to the store. This will help you see how well the prosthesis matches the shape of your other breast.



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Police are going PINK again for October



Shenandoah Briere/staff reporter

last year for the disease.

He said last year when officers participated in Breast Cancer Awareness month they had a few inquiries from students about why they were doing it. They had 20 officers who wore mini-badges that had pink accents and said "For the Cure."

Cullen said they have not started a fundraiser for any cancer organizations, but that could change in the next few weeks.

Cortland County Sheriff Mark Helms said almost 100% of his department will sport pink badges this year. They are also participating in a fundraiser through the union, with the money going to the Cancer Resource Center of the Finger Lakes.

Those looking to donate to the center can do so at bit.ly/2mVnps7.

— Shenandoah Briere

Cortland County police departments will support Breast Cancer Awareness month by wearing some form of pink and raising money.

Cortland City police department officers bought pink breast badges for \$10 and some will wear pink ribbons. Lt. David Guerrero said almost all the patrol officers adorned a pink badge last year and believes they will get the same turnout this year.

Officers who wore the pink badges last year will pay \$10 to wear them again this year.

Homer police officers will also raise money alongside the city department and wearing pink wristbands on their uniforms.

The money raised from the two departments will go to the Cancer Resource Center of the Finger Lakes.

On the SUNY Cortland Cam-

pus, officers will wear pink shirts under their uniforms and will switch one of their sleeve patches to pink.

"We're just hoping that will raise some awareness," said Lt. Frank Cullen, who had a family member undergo treatment

KEY

continued from page 5B

for as long as they're expected to live another 10 or more years.

Diagnostic mammograms
These allow doctors to get more information about a suspicious lump or other anomaly detected by screening tests. It's a crucial tool that enables medical professionals to design effective treatment plans and provide the best care possible.

Early detection and prevention have dramatically reduced breast cancer deaths. Being proactive about screening is the most important thing you can do to protect your health. For more information, visit nationalbreastcancer.org or pinkribbon.org.

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11 essential questions to ask about your treatment




Undergoing treatment for breast cancer can be worrisome. One of the best ways to prepare, however, is to get informed about what's involved. Here are 11 essential questions to ask your doctor.

1. What are the different available treatments?
2. What are their risks and advantages?
3. Is there a treatment that's more appropriate for my situation?
4. Will I need to be hospitalized?
5. How long will the treatment take?
6. How can we assess the treatment's effectiveness?
7. What side effects should I expect? How long will they last?
8. If I need to have surgery, what are the different options? What's the difference between them?
9. If I need to have a mastectomy, do I need to have both breasts removed? If I do, when should I have it done?
10. If I have breast reconstruction surgery, what will my breast look like? Will it look like my other breast?
11. When can I wear a bra again?

In addition to these questions, write down a list of your own so that you don't forget anything when meeting your treatment team. Feel free to ask a friend or family member to accompany you. They can write down the answers to your questions so you can refer to them when you need to.



OCTOBER BREAST CANCER AWARENESS MONTH



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We Are Proud to Support All Those Who Have Been Touched By Breast Cancer. Fight For a Cure.






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