

Do Diligence!

Staying informed and proactive can help you prevent cancer.

By Hillel Kuttler

Something wasn't right on the mammogram, the woman from Jefferson Hospital told Susan Hyman. It would be best, she said, for Hyman to come in to have the test redone.

After teaching kindergarten for many years, Hyman had just begun a new job as a pedagogy specialist in South Philadelphia. As Hyman hung up the telephone, a lump lodged in her throat. "I had a sick feeling, and just knew, in my heart of hearts, that it was not good," Hyman, now 65 and living in Holland, Bucks County, said.

She had cause for concern. Her only sister, Gail Modell Lisse, had died 12 years earlier of breast cancer after an excruciat-

ing battle. Their mother fell into a deep, eight-year depression following Lisse's death, which led to her own demise; their father neglected his own health while caring for his wife and soon passed away, too.

But Hyman took matters into her own hands. She called back to reschedule the mammogram. When told she'd have to wait two weeks for an appointment, Hyman lost it. She exclaimed that she couldn't afford to wait and that she'd call every area hospital to secure an immediate appointment.

The next day, Hyman retrieved her X-rays and saw Dr. Lisa Jablon at Albert Einstein Medical Center. Jablon was concerned about a spiderweb-like formation on the X-ray. "It could be something else, but there's a 95 percent chance that it is breast cancer," Hyman remembers being told.

Hyman again went numb. "I

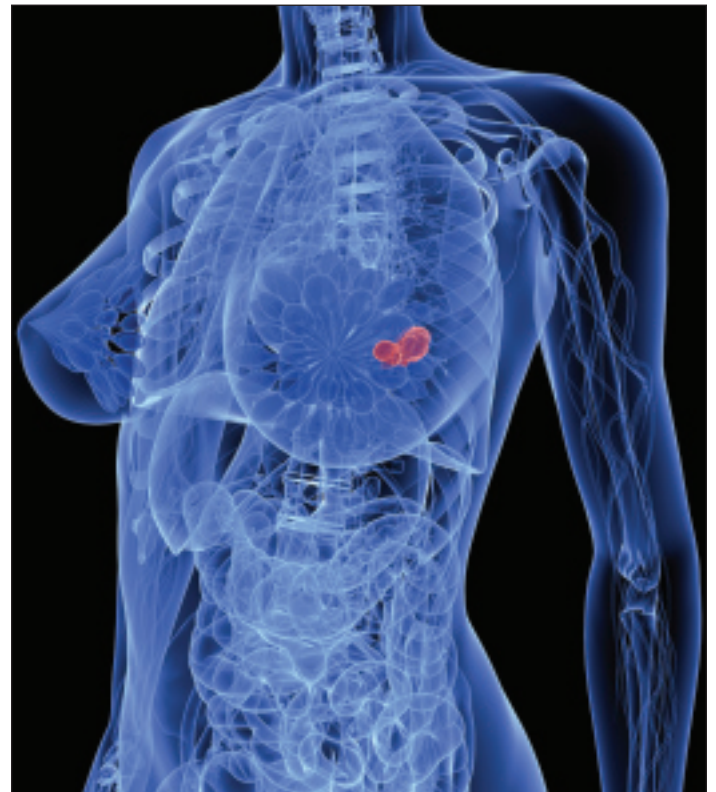
felt like I was above, looking down at another human being on the chair," she said. "It was so bizarre."

Jablon performed a needle biopsy of Hyman's left breast. The next week, she removed a lump. A week after that, Hyman volunteered for Jablon's trial study, a sentinel node biopsy, to rule out the cancer's spread to Hyman's lymph nodes.

Hyman was lucky. Her breast cancer was detected at Stage 1 and she could consider treatment options.

"I had a best-case scenario, but I did opt for chemotherapy because, with my sister's cancer, I felt I had to be in control of the situation," she explains. "My son David, who was 22 then, asked if I'd die like his Aunt Gail. I had to do everything I could to ensure that I'd be around to see my children get married, to have grandchildren and to continue living."

Hyman took a proactive ap-



proach throughout, an approach Jablon encourages. "I tell my own patients, 'There's no one who cares about your own health as you do. There's nothing like being your own advocate,'" she

said.

Not everyone is as fortunate as Hyman, of course. According to the American Cancer Society, the disease will kill 571,950 Americans this year, including 39,970

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with breast cancer. While early detection can save lives, the odds of getting some forms of cancer in the first place can be reduced through vigilance about one's own health. These include reducing the chance of getting lung cancer by not smoking or inhaling others' smoke, and skin can-

cer through sunscreen protection. Dr. Alfred Munzer, director of pulmonary medicine at Adventist Hospital near Washington, D.C., said that the No. 1 form of preventable cancer remains tobacco-induced lung cancer, which kills 120,000 Americans annually. Despite anti-tobacco ed-

ucation campaigns, smoking and other forms of tobacco usage remain "a major problem even in the U.S." and "a much bigger problem globally," he said.

Smokers who figure that they can have their cake and eat it, too — smoking while planning on annual or biennial computerized

axial tomography scans to detect possible tumors — are then opening themselves up to the risk of radiation exposure, he added.

That goes for nonsmokers, too, said Dr. Scott Herbert, head of radiation oncology at Abington Memorial Hospital. Cancer-detecting procedures that are done unnecessarily are "over-reaching and potentially dangerous," he warned.

Herbert emphasized that screening procedures, such as mammograms and colonoscopies, don't prevent the onset of breast cancer and colon cancer, respectively, but can detect them "at the earliest possible point, which improves the prognosis." Jablon cautioned, how-

ing a biopsy. You've now potentially caused a significant injury to this patient when there was a low likelihood of the spot showing cancer. The spot could have been residual from pneumonia many years before. I'm not in favor of screening everybody for everything."

Hyman's desire to see her two sons marry and produce grandchildren (three and counting) has been realized. She enjoys retirement, volunteering with Susan G. Komen for the Cure's local chapter and with Einstein's Breast Cancer Action Group. She also counsels breast cancer patients at a hotline run by Living Beyond Breast Cancer, a Haverford-based organization. Many

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ever, that mammograms fail 10 percent of the time to detect cancer, including infiltrating lobular tumors that spread like tentacles rather than bunching up. For that reason, she said, women should report complaints to their physicians. "I have a lot of [patients] who pick up their own tumors," she said.

Screenings are not done universally but instead follow recommended medical guidelines: mammograms for women beginning at age 40, colonoscopies for men beginning at age 50 and earlier for patients of both genders with family histories of breast and colon cancers. Pap smears of women of child-bearing age also are important, and "have made a huge difference" in reducing cervical cancer, Herbert said.

Screening non-high-risk patients, however, could bring grave complications, he said.

"I have seen, over the past few years, people advocating total-body scans to try to find cancer at its earliest point. But there is a downside to this: if you're not screening high-risk patients, you're opening up the possibility of ordering more tests, more biopsies," he said. "If a perfectly healthy non-smoker, age 35, gets a CAT scan, and it shows a small spot on the lung, then gets a biopsy on the lung — a needle in the lung has risks associated with it. You could collapse the lung by do-

callers seem depressed about their situation and need to talk to someone. Hyman tries to raise their spirits. She tells them that when she went through the repeat mammogram, diagnosis, chemotherapy and radiation, she worked on staying positive. Hyman relates to them the mind games she employed during the three-hour chemotherapy sessions, divorcing her body from its gloomy surroundings and re-depositing herself in happier situations, like at her Penn State sorority.

Hyman also advises women to avoid those preaching gloom-and-doom and to opt for the company of those "who keep you up and make you happy," who mention the movie they just saw or a grandchild's accomplishments rather than the friend of a friend who also has breast cancer.

"[Doctors] say I'm cured, but it's always on my mind. I hold my breath when I have a mammogram every year, when I see Dr. Jablon every year. You're never home-free," Hyman said.

"I wake up and smell the roses, and am thankful I have another day on this Earth. I thank God every day. I am a survivor of breast cancer, and I plan on being a survivor for a very long time. I have a lot more living to do."

Hillel Kuttler is a Baltimore-based freelance writer.

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