

# A LONG JOURNEY

Patient, oncologist offer important tips, lessons in navigating breast cancer

By Elijah Decious, The Gazette

**C**EDAR RAPIDS — When Michelle Stevens got the call diagnosing her with breast cancer two and a half years ago, she had a lot of questions.

But in a blur of emotions and decisions that flooded her in the days after her diagnosis, it seemed there wasn't a lot of time for the Kearney, Neb., resident to ask them. As soon as she was diagnosed, she was told she'd need to pick a surgeon, schedule a surgery and select an oncologist.

"I had so many questions about the cancer itself. They were just ready to move on to the next step," said Stevens, 49. "It was easy to feel rushed ... because I wanted this cancer out of my body."

Now well into a five-year treatment plan, she's glad she took a moment to slow down to ask those questions.

After surgery, four rounds of chemotherapy and 20 radiation treatments, the woman who chose Mercy's Hall-Perrine Cancer Center in Cedar Rapids for her treatment feels certain she's done everything in her power to fight cancer, providing solace in uncertain times.

As health care institutions across the country recognize Breast Cancer Awareness Month in October, the woman who drove out of her way to choose Cedar Rapids providers for treatment tells *The Gazette* how she has embarked on a treatment journey without regrets — and how others can, too.

## MICHELLE STEVENS' JOURNEY

When Stevens considered her options, she didn't initially put much thought into leaving her city of about 34,000 for treatment.

"I felt my hometown of Kearney has good health care, they're known for their health care," she said. "I drive through Lincoln and Omaha (to get to Cedar Rapids), which are known for great health care as well."

She took the suggestion for a second opinion at the prompt of her gynecologist, whose other patients had been successfully treated by providers at Mercy in Cedar Rapids.

With a 6.5-hour trip to Cedar Rapids, she drove out of her way — hours farther than world class medical centers in cities like Denver, Omaha or Kansas City.

That decision was driven by



Oncology registered nurse Jody Shaw (right) tapes down a cannula as Michelle Stevens of Kearney, Neb., sits for a cancer treatment Sept. 11 at the Hall-Perrine Cancer Center at Mercy Medical Center in Cedar Rapids. Stevens travels to Cedar Rapids every six months for her chemotherapy treatments. She says the center does a good job at scheduling tests and other appointments for the same day to make her long trip more efficient. (Jim Slosiarek/The Gazette)

the confidence she felt in providers — confidence her life depends on.

"I was given a lot of options for treatment and care," she said. "I wanted to know that when I looked back, I'd done everything in my power to have the fewest regrets possible."

For her, that started with a provider who would listen to and answer as many questions as she had, as often as she needed to ask them, until they were answered. When she visited the Hall-Perrine Cancer Center, she felt that with Dr. Ann Stroh, medical oncologist and director of survivorship.

"For me, it's that woman's intuition, that gut feeling of having that connection with your oncologist and really knowing they have your best interest in mind," she said.



Dr. Ann Stroh  
Hall-Perrine  
Cancer Center

Stroh said she tries to minimize her patients' needs to search for information, which can be vast and inundating.

"My biggest advice is to take a breath. It can seem overwhelming and daunting," Stroh said. "We try to give our patients the best information. A lot of times, it's who they know."

In addition to the cancer treatment, Stroh has helped her plan for health concerns

after treatment. Given the medication she takes, Stroh helped her make plans to safeguard her bone strength and joint health from side effects.

But some of the biggest challenges in Stevens' journey have come not during surgery or chemo, but in the aftermath of it all — which Stroh said can be upward of 10 years for some women.

"I thought getting through chemo, radiation and surgery would be the hard part. That was all easy compared to learning how to live life with cancer," Stevens said. "Choosing to live the best life you can with cancer is a daily battle people don't recognize. You have all your hair back, you're not in treatment, you look healthy — but on the inside, the battles are real."

## NAVIGATING BREAST CANCER

Stevens' diagnosis and treatment plan didn't change with a second opinion, but it helped her navigate her options with greater faith. Getting it right the first time is worth slowing down for, she says.

She advises other women to be persistent in their questions or concerns with providers until they get a satisfactory answer — before or after diagnosis.

Knowing the facts is reassuring, Stevens said. She advises women early in their journey to learn everything they can about their specific

type of cancer, the breadth of their treatment options and the answers they need.

Don't be afraid to ask more than once, and don't be concerned about owing loyalty to one doctor as your source of answers and care.

"You owe it to yourself to learn everything you can about your cancer and treatment and not feel rushed or pressured," she said.

But don't lose track of your perspective on life when your life is presented to you in statistics. Have hope for the best and faith in knowing you've surrounded yourself with the best medical team and the best medical decisions possible.

For those navigating treatment, Stroh says finding healthy coping skills for stress can be important — one reason she prescribes exercise plans tailored to treatment stages.

"Not only does it help with endorphins, but it helps with cardiovascular health and all sorts of things," she said.

## DETECTING IT EARLY

For those who don't have breast cancer, the biggest tool they have to mitigate risk is prevention, Stroh said.

That includes knowing family history, making good lifestyle habits like exercise, keeping a lower body mass index, not smoking, keeping alcohol use down and mitigating stress.

"Stress can have a big

impact on your cancer diagnosis," Stroh said. "It's a constant state of inflammation."

Setting up high-risk patients involves determining whether they're at a greater than 20 percent risk over their lifetime for breast cancer. Risk determination incorporates menstrual history, contraceptive history, genetic mutations and other factors. Those at higher risk can get appropriate referrals, increased screening and even access to prophylactic medications.

For those at high risk, regular screening should start 10 years before the earliest age a family member was diagnosed. For example, if a patient's mother was diagnosed with breast cancer at 40, screenings for them should start at age 30.

Monthly self exams are something that should be practiced early — both in the breasts and into the often-overlooked armpit areas, where lymph nodes are located.

"I tell women to know their breasts, knowing if there's lumps and bumps," Stroh said. "Younger women below age 40 represent after they've palpated (a lump)."

With critical time frames for treating cancer, acting quickly is just as important, too — never assume something will go away with time.

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