About you: Care after cancer

Survivorship newsletter

Fall 2023

Ascension

Inside this issue

Ask the professional

Why is sleep important for cancer survivors & how can I improve my sleep?

Riann Collar
PA-C

Riann Collar, PA-C, is a physician assistant with Ascension Medical Group Wisconsin. Riann provides cancer risk reduction and survivorship care for patients at high-risk of developing cancer or who have had cancer in the past. Riann has a special interest in wellness and disease prevention. She uses active listening to better understand each patient and deliver patient-centered care, empowering patients to improve their health.

According to the Centers for Disease Control and Prevention, it is estimated that over one third of the general population in the United States does not get the recommended amount of sleep each night on average.

It is quite common for a cancer survivor to have sleep difficulties — affecting approximately half of those diagnosed with cancer, even after cancer treatment is completed (National Cancer Institute). There are many reasons why sleep difficulties arise when diagnosed with cancer:

- Increased stress or worry
- Medication side effects
- Hospitalizations making it more difficult to sleep
- Physical changes due to cancer (such as surgery or symptoms)
- Other health conditions not related to cancer

Why Sleep is Important
Sleep is extremely important for our mental and physical health. We need the proper amount of sleep for our bodies to get a chance to rest.

Sleep also helps our minds, improves mental function, memory, and concentration, improves our immune system, and helps hormones that regulate our body work properly.

When it comes to sleep, it is important to get enough sleep and good quality sleep. It is recommended for adults to get at least 7 hours of uninterrupted sleep per night. Studies have shown that adults getting less than 7 hours of sleep per night have an increased risk of chronic diseases such as heart disease, mental health disorders, obesity, stroke, diabetes, kidney disease and high blood pressure (National Heart, Lung, and Blood Institute).

Tips to Improve Sleep

- Try to go to bed and wake up around the same time each day and sleep at the proper time each day if able to (humans are meant to sleep at night), due to our circadian rhythm
- Avoid bright artificial light from electronics, TVs, phones, computers etc. 1 hour before going to bed
- Do not eat, work, or watch TV in bed. Save the bed for sleeping.
- Make sure the bedroom is quiet and at a comfortable temperature
- Relax 1 hour before bed, such as meditating, taking a bath, or reading
- Make sure the bedroom is dark, and artificial light is turned off (TVs, computer, phones, bright clock)
- Avoid large meals before bed (a small snack is okay)
- Avoid caffeine and nicotine before bed (both are stimulants and effects can last 8 hours)
- Avoid alcohol (alcohol affects the sleep cycle in a negative way, and leads to sleepiness the next day) (Sleep Foundation).
- Perform some exercise during the day (if medically cleared to do so, because activity during the day can make it easier to sleep
- Get exposure to natural light every day, especially earlier in the day.
- Talk with your medical provider if you are struggling with sleep, snore, feel tired throughout the day, don't wake up rested, or fall asleep when you should not be.
- Keep a sleep journal especially if you have difficulty sleeping. This may be helpful to your medical provider when discussing sleep.

Have a question?
The cancer prevention, wellness and survivorship team invites you to submit your questions by scanning the QR code.

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Survivorship story

Mary O., breast cancer survivor

The following story is in the patient's own words.

"I am the poster child (lady) for early detection! Even before this happened I encouraged people to get mammograms. Now I'm living proof!"

I was diagnosed with breast cancer on October 3, 2022. I went in for my annual mammogram and got a call back to redo my left breast. I didn't think anything of it because I have dense tissue and numerous lumps.

I returned that afternoon for a follow up for an ultrasound and a biopsy. I went about my day after, since I've had both of these done before due to my breast tissue. Oh, you couldn't feel anything where they said the lump was. I got the call 3 days later as I was walking in to hold babies in the NICU at Ascension St. Joseph. Since the ultrasound was not enough, I then needed an appointment for an MRI biopsy of another area of my breast.

On October 18, I met with Dr. Golner and was told it was stage 1 breast cancer — about the size of a pencil eraser. My response "early detection". We talked about my options and collaboratively decided that a lumpectomy was the best option. I belong to a disaster relief organization, Team Rubicon, and had orders to go to Florida for hurricane Ian so we set up surgery for after my return.

I received a call from a nurse called a navigator but I called her my cancer secretary.

I had two during my journey and they were both wonderful if I needed help getting or changing appointments. And there are many! I had the usual preoperative appointments before surgery on November 25, 2022. I had my surgery at Ascension Franklin Hospital. The staff there is wonderful.They kept me covered in heated blankets the entire time.

My son traveled from Alabama for my surgery. He and my daughter left while I was in the operating room. They barely had time to go to Kopps to get lunch.

Dr. Weber did a great job with the anesthesia and I wish I could remember I name of the nurse in my room. She was great also.

After seeing my oncologist at the Reiman Cancer Center I was happy to find out I would not be needing chemotherapy. On January 3rd, 2023, I was then off to see the Dr. Christensen, my Radiologist. I will see him again on the 19th to make sure I'm healed enough from surgery to start radiation and get set up in the lab. I needed 15 treatments of radiation. They started the radiation treatments on January 26 and ended February 15.

Any time I needed to see Dr. Christensen, during that time, it was so easy because it was scheduled right after my treatment plus he's just down the hall.

My last visit with my oncologist, Dr. Cuevas, was May 10th this year and I got the all clear! Now I just have to take calcium, vitamin D and estrogen blockers. Due to getting genetic testing, I now know there are no worries about passing this type of breast cancer on to future generations.

I just want to add that everyone at the Reiman Center, from the ladies at the front desk to the gang in the treatment lab, the nurses and doctors are all not only professional but friendly and take their time with you. I never felt rushed and never had to wait too long to be seen.

Submit your cancer story to be included in our newsletter

Time to eat

Building a healthy relationship with food through mindful eating

By: Beth Kielas, RDH,CD

If you feel differently about the food you consume because of cancer, you are not alone. Cancer changes eating habits. Cancer can change your body. These changes paired with conflicting and often negative messages surrounding cancer and food can cause anxiety, intense fear, and guilt around eating habits. In response, one may choose strict diets for a sense of control and stability. Food plays a critical role in our body, but also our social life, quality of life, and emotions. Changing how you approach eating can empower you to build a long-term, healthy relationship with food.

Mindful eating is not a “diet” but a practice or set of tools to use to promote a more enjoyable and non-judgemental eating experience. Mindful eating encourages one to make satisfying and nourishing food choices to help the body feel good. It focuses on the meal experience, body-related sensations, and thoughts and feelings about food without judgment. Attention is paid to the types of food being chosen, internal and external cues, and how one responds to those cues.

Have you ever sat in front of the TV while snacking on a bag of chips only to find that it’s suddenly empty? Eaten lunch during a meeting or while catching up on work? Binged on sweets when under stress? These scenarios are the opposite of mindful eating. Mindful eating is practiced by tuning into these four aspects: what we eat, why we eat, how much we eat, and how we eat it.

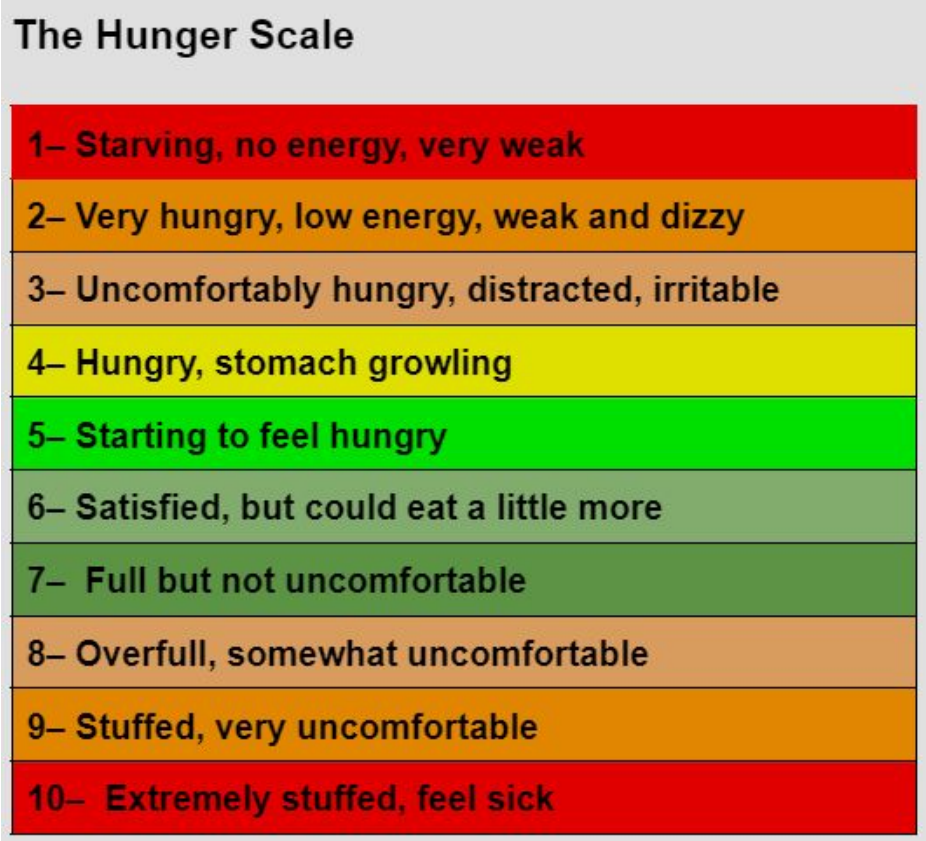
A simple start to developing your own mindful eating practice would be to start asking yourself these questions prior to eating:

- How am I feeling right now? (i.e. hungry, bored, stressed, fatigued, etc.)
- Am I hungry? (are you feeling physical signs of hunger — stomach grumbles, fatigue, headache, etc.)
- What does my body need right now? (foods that will energize and nourish me, food for comfort, something light, etc.)

Asking yourself these questions may help you get in touch with what your body is really needing versus eating for other reasons such as boredom or comfort. The messages telling us to eat are not always from our bodies physical need but due to emotional ones or other external cue.

Try using this hunger and fullness scale to get in touch with your body's cues to eat and stop eating.

Remember, mindful eating is not a diet but a way of eating that may improve your relationship with food and your body. It takes time, practice, patience and kindness with yourself!



How to use the hunger scale and hunger cues

1. Try to stay in the green zone.
2. Aim to start eating when at a 4 or a 5.
3. Not waiting too long to eat allows you to thoughtfully choose what you'd like to eat.
4. Allowing yourself to get the point of feeling starved increases your risk of overeating and feeling sick.
5. Keep nutritious snacks on hand, especially when running errands, to tide yourself over to the next meal if necessary.
6. Check in about half-way through your meal to rate your fullness.

Cancer prevention and wellness

Dense breast: looking for a snowball in a snowstorm

Katherine Davis
DNP, AGPCNP-C, APC

Katie Davis DNP, AGPCNP-C, APC is a nurse practitioner with Ascension Medical Group Wisconsin. She is board-certified in adult gerontology primary care and provides cancer risk reduction and survivorship care to patients at high risk of developing cancer or who have had cancer in the past. Katie has a special interest in health promotion and preventative care. She strives to deliver patient-centered care and empower patients to improve their health.

Due to the dense breast being a risk factor for breast cancer, state law requires women to be notified if they have dense breasts on their mammogram. Many women may be wondering what having dense breasts means and if there are any other steps they should take to screen for breast cancer.

Breast density is what the radiologist sees on a mammogram and cannot be determined by how breasts look or feel. Breast tissue consists of fat tissue as well as ducts, glands, and fibrous tissue, called fibroglandular tissue. On a mammogram, fat tissue appears as black compared to fibroglandular tissue appears as white or light gray tissue. Cancer on a mammogram also appears as white so may get hidden making a mammogram less accurate. The more fibroglandular tissue there is, the more dense the breasts are which may cause a “white out” — making it extremely difficult to see through. Having class C (heterogeneously dense) or class D (extremely dense) breasts are considered dense breasts. According to the American College of Radiology (ACR), 40% of women will have class C breast density and 10% of women will have class D breast density. Women with dense breasts are more likely to get diagnosed with breast cancer at a later stage.

A breast MRI can help detect cancer that may be hidden on a mammogram. Women at elevated risk to develop breast cancer should consider a breast MRI in addition to their annual mammogram, ideally 6 months apart. Women with dense breasts at average to moderate risk to develop breast cancer can instead consider an abbreviated breast MRI every 2-3 years in addition to their annual mammogram.

Ascension Wisconsin has Advanced Practice Providers (APPs) who are trained in breast cancer risk assessments and can help determine if additional screenings are right for you. Additionally, the APPs can evaluate if you qualify for genetic testing, would benefit from medications to reduce your risk of developing breast cancer, and help identify lifestyle choices to decrease your risk of developing cancer.

If you would like to schedule an appointment with one of your APPs to talk about breast density and have a breast cancer risk assessment, call 262-785-2273.

My doctor has referred me to palliative care: What does that mean?

By: Heather Roesch MSSW,CAPSW, APHSW-C

Let's first start by understanding what palliative care is and then understand how that can help you.

Palliative care focuses on providing patients with relief from the symptoms, pain and stress of a serious illness — whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team, including doctors, nurses, social workers, chaplains and other specialists. They partner with specialized medical providers, such as your oncology providers, in a coordinated care effort to provide an added layer of support. It is appropriate at any age and at any stage in a serious illness and most often is provided along with curative treatment. Consider your palliative care team your partners that journey along with you through treatment. You may see them from time to time or on a routine basis should your needs increase.

Visits with palliative care professionals will include discussions about a variety of aspects of your care for each of their specialized points of view. For instance, exploring how you are feeling overall from a variety of perspectives is very common in palliative care visits- your physical status, functional changes, emotional inquiry, relational or support needs and spiritual needs.

Palliative Care (pronounced pal-lee-uh-tive) Is specialized medical care for people with serious illnesses.

Exploring how the effects of treatment or diagnosis that may be causing distress or impacting your overall quality of life are important for your palliative care team. Interventions will be discussed and offered that align with your goals. These interventions can include medications, rehabilitation services, medical equipment, supportive counseling, investigating community resources to name a few. Goals are very important to your palliative care team. We love to get to know you as a person and those persons who are important to you. Spending time addressing what is specifically important to you and your loved ones, as treatment is being provided, can often be a difficult conversation to have, however these conversations help your care team in customizing your plan of care. Discussions on advanced directives and understanding your own wishes for your care in current time, and in future, start early on and continue to grow and develop over time.

So what does it mean to be referred to Palliative Care? It means that your medical provider wants the very best care for you, that includes your goals and priorities. It means added support so effects of treatment or diagnosis are addressed early on with interventions discussed and in place to promote quality of life and ease distress as much as possible. It means having a team of professionals available to you and your loved ones when you need them to help in promoting the very best care to you in times that may be challenging.

Within the community

Support groups and programs

Racine

- Multiple Myeloma Support Group (Hybrid)
  Meets the second Monday of each month from 6:30-8 p.m. in the Cancer Center Conference Room at Ascension All Saints Hospital. *For more information, contact Sarah.Jurkiewicz@ascension.org*

- Prostate Cancer Support Group (In person)
  Meets the fourth Tuesday of each month from 5:30-7 p.m. in the Cancer Center Conference Room at Ascension All Saints Hospital. No Meeting in July or December. *For more information, contact Annette Matera 262-687-8597 or annette.matera@ascension.org*

- Fit To Fight (In person)
  A exercise program for patients currently undergoing cancer treatment, or cancer survivors who have recently completed treatments in our Ascension Wisconsin Cancer Care Centers. It is designed to reduce treatment related side effects, such as fatigue, weakness, shortness of breath and can improve overall quality of life. Classes are twice weekly. Patients receiving care through the Ascension Wisconsin Cancer Center may qualify for a scholarship: Includes a 3 month membership for the cancer patient and 1 support person. *For more information or to register: please call 262- 687-4377*

Milwaukee

- Live Well For Caregivers (In person)
  Meets the fourth Wednesday of each month from 11:30 a.m.-12:30 p.m. in the garden level of the Radiation Oncology Department at Ascension Columbia St. Mary's Hospital.
  For more information, contact Beth Garbe 414-585-1548 or elizabeth.garbe@ascension.org

Wauwatosa/Elmbrook/Franklin

- Journey to Wellness (In person)
  Meets the first Wednesday of each month from 10-11 a.m. at the Chapel of Reiman Cancer Center. *For more information, contact biannca.kramer@ascension.org*

- Prostate Support Group (In person)
  Meets the fourth Tuesday of each month from 5:30-7 p.m. in the fifth floor Conference Room 5B. *For more information, contact leanne.walz@ascension.org*

Fox Valley

- The Cancer Support Group
  Patients and any support individuals able to attend this support group at Ascension St. Elizabeth in the Helen Fowler Board Room. This support group meets the first Monday of each month from 6-7 p.m. *For more information, contact Heather.Roesch@ascension.org or carrie.olm@ascension.org*

Within the community

Yoga Connection: NEW programs in Racine and Appleton

This class is designed for cancer survivors at any stage, and if desired, a support person.

The yoga session will include:

- Gentle stretching to improve range of motion
- Low impact and restorative poses
- Relaxation techniques
- Guided meditation and breathwork

Registration is required due to limited space. This is an ongoing class and you're welcome to sign up at any time.

Racine Location Information

- Class frequency: Once a week, for 8 weeks, on Wednesday
- Start date: Week of August 2
- Time: 1:30-2:30 p.m.
- Fee: There is no fee, but donations are encouraged
- Location: Ascension All Saints Cancer Center (3809 Spring St., Conference Room S526, Racine, WI)

Scan QR code below to register for the Racine location

Scan QR code to register for the Appleton location

Appleton Location Information

- Class frequency: Once a week, for 8 weeks, on Wednesday
- Start date: Week of August 23
- Time: 12-1 p.m.
- Fee: There is no fee, but donations are encouraged
- Location: Ascension St. Elizabeth Hospital Fowler (1506 S. Oneida St., Room #1, Appleton, WI)

Questions?
Contact Kayla Thorne
414-212-5171 or
kayla.thorne@ascension.org

Within the community

Recent events

Mary O. threw out the first pitch at the Milwaukee Milkmen game on Wednesday June 7, 2023 as a cancer survivor.

“I am the poster child (lady) for early detection. Even before this happened, I encouraged people to get mammograms. Now, I’m living proof!”

Congratulations Mary on your inspiring first pitch and strength and perseverance throughout your cancer journey! Thank you to the Milkmen for inviting Ascension Wisconsin cancer associates and our Ascension Wisconsin Foundation team to the game to raise funds for cancer care in the Greater Milwaukee area.

Upcoming sponsored events

Making Strides Against Breast Cancer of Fox Valley

- **Date:** Saturday, October 7
- **Time:** 8 a.m.
- **Location:** Telulah Park, 1300 E Newberry St., Appleton, WI

Making Strides Against Breast Cancer of Milwaukee

- **Date:** Saturday, October 14
- **Time**: 8 a.m.
- **Location:** Henry W. Maier Festival Park, 200 N Harbor Dr., Milwaukee, WI
- Register to be part of Ascensions team! Team name is Ascension Wisconsin when you register for the event.

Within the community

Upcoming screening events

The Ascension Wisconsin Mobile Mammography Coach will be providing convenient access to mammograms at:

Logos Community Church

Saturday, August 19, 2023, 8 a.m.-12 p.m.

1200 W Burleigh Street Milwaukee, WI 53206

New Hope Missionary Baptist Church

Saturday, September 10, 2023, 8 a.m.-12 p.m.

2433 W Roosevelt Dr Milwaukee, WI 53206

Mason Temple Church

Saturday, October 14, 2023, 8 a.m.-12 p.m.

6098 N 35th St Milwaukee, WI 53209

If you would like to schedule a mammogram at one of the locations listed above, please call 414-465-3185.

No Insurance? Please call DeAndra Wright at 414- 465-3185 to see if you qualify for financial assistance.

Cancer Awareness

August

World Lung Cancer Day
Worldwide, lung cancer is the second most commonly diagnosed cancer. Although cigarette smoking is the main cause, anyone can develop lung cancer.

Appendix cancer
Primary appendix cancer is very uncommon, affecting about 1 to 2 people out of every 1 million people

October

Breast cancer
There are several inherited genetic mutations linked with an increased risk of breast cancer, as well as other types of cancer. BRCA1 or BRCA2 are the most common known genes linked to breast cancer.

Liver cancer
Viral hepatitis is the largest risk factor for liver cancer worldwide. Viral hepatitis can be passed from person to person through exposure to blood or bodily fluids.

September

Blood Cancer
In leukemia, a cancer of the blood that starts in the bone marrow, these abnormal cells very rarely form a solid tumor. Instead, these cells crowd out other types of cells in the bone marrow. This prevents the production of:

- Normal red blood cells. Cells that carry oxygen to tissues.
- White blood cells. Cells that fight infection.
- Platelets. The part of the blood needed for clotting.

Childhood cancer
Doctors and researchers don't know what causes most childhood cancers. A small percentage of cancers can be linked to a genetic disorder such as Down syndrome, other inherited genetic abnormalities, or prior radiation exposure

Gynecologic cancers
Cervical cancer can often be prevented by having regular screenings with Pap tests and human papillomavirus (HPV) tests to find any precancers and treat them. It can also be prevented by receiving the HPV vaccine.

Prostate cancer
Black men in the United States and the Caribbean have the highest incidence rates of prostate cancer around the globe

Thyroid cancer
Thyroid cancer can occur at any age, but about two-thirds of all cases are found in people between the ages of 20 and 55.

Reference: American Society of Clinical Oncology (ASCO). 2005-2023. Cancer Awareness Dates. https://www.cancer.net/research-and-advocacy/cancer-awareness-dates

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