Menopause, arthritis, wigs, medical bills, less sex, no sex… sounds more like a retiree’s nightmare than my reality as a 29-year-old about to be married. But life rarely goes as planned, and it can take you on a wild ride when you’re least expecting it.

Now that surgery, chemotherapy, radiation, and two years of medically-induced menopause are in my rearview mirror, I’ve thought a lot about what helped me through the most challenging period of my life so far.

Despite a very rocky road, I am thriving and enjoying a place I hope all breast cancer survivors can get to. And while I continue working on myself, I want to share what helped me along the way.

Sexual Health

My world of sex changed when I began hormone injections in order to harvest healthy eggs before chemotherapy. I also struggled with my new image and trust in my body. Physical and libido changes from endocrine medications didn’t help either.

So, I got help. First, I put my embarrassment aside and was honest with my social worker. Then, through workshops, one-on-one meetings, and clinical studies, Sharon Bober, PhD, a psychologist specializing in sexual health at Dana-Farber taught me more than I’ve ever known about the vagina. But more importantly, I learned how to take care of those special parts during and after cancer treatment.

Physical Changes

Visible markers of a cancer experience can be changes like hair loss, surgical scars and reconstruction, weight gain or loss, or even lymphedema. For some reason, the number one response when I mentioned chemotherapy was, “But you have such beautiful hair!” – which is only the tip of the iceberg. Many women do lose hair (as I did), which can exacerbate feelings of vulnerability and unfamiliarity – but during and after treatment, you often look and feel different.

I was very active before cancer, but after chemotherapy, I spent days on the couch and celebrated a walk around the block. Luckily, there are resources for these challenges. Your oncologist or social worker can help identify occupational and physical therapists, nutritionists, self-care and beauty programs, exercise classes, and wig and clothing stores.

I was hard on myself for not progressing faster, but that made things worse. Give yourself compassion and start small.

Mental Health

I fancied myself a mentally strong person. Then I met cancer, who introduced me to post-traumatic stress, depression, anxiety, and sleep deprivation. I could write a book on this topic, but the key takeaways are you’re not alone and don’t give up.

My mental health journey included three social workers, a psychiatrist, anti-depressants, a therapist, a SoulMates mentor, the mind-body resilience class at the Leonard P. Zakim Center for Integrative Therapies and Healthy Living, books, and continued mindfulness work. I felt, and continue to feel, pressure as a cancer patient and survivor to project the image of a strong, positive, happy person. I learned that it’s healthy to need or want a space to be alone with my mind, body, and whatever challenges exist.

If any of this sounds familiar, talk to your oncologist and social worker about what options will work for your needs and budget or insurance plan. If you don’t have a social worker, ask for one. Dana-Farber’s Young and Strong Program for Young Women with Breast Cancer and/or the Adult Survivorship Program can help you find a social worker or therapist if you’re a patient here.

Please know that, even on the loneliest of days, you’re never alone – there is an entire community of us young women, and support is always one call away.
What African American Men Need to Know About Prostate Cancer

African-Americans have a 60% higher incidence of prostate cancer compared to other ethnic groups, and a 150% higher risk of dying from it – in part because blacks tend to have a more aggressive form. They are also more likely to develop prostate cancer at an earlier age and to have a more advanced stage when diagnosed.

For the last 12 years, Tom Farrington has been sounding the alarm about the disproportionately high risk of prostate cancer facing black men, and his message remains the same: Knowledge is your best weapon.

“Be on guard – learn prostate health. Have prostate specific antigen (PSA) testing and a digital rectal exam beginning at age 40,” says Farrington, a survivor of the disease who founded the Prostate Health Education Network (PHEN) in 2003. “Our mission is to advise every black man that he is at high risk for prostate cancer.”

For men aged 55-69, the decision to undergo periodic PSA–based screening should be an individual one, according to the U.S. Preventive Services Task Force. Before deciding whether to be screened, men should talk to their clinician and incorporate their values and preferences in the decision.

The American Cancer Society has recommended that men of West African ancestry begin PSA screening in their 40s, because prostate cancer is highly-treatable when it is detected early. It’s also important to know if there’s a history of prostate cancer in your immediately family, because this increases your risk significantly.

Attention to lifestyle factors can also help prevent prostate cancer. Recommendations include:

- Maintaining a healthy weight through diet and exercise
- Limiting intake of red meat and eating more fish
- Incorporating cooked tomatoes with olive oil into meals
- Avoiding smoking
- Drinking alcohol in moderation

Immunotherapy Helps Barry Beat Cancer

Barry Nelson describes his family’s cancer history as “prolific.” Nelson’s grandmother, mother, and two aunts all died from cancer, and it seemed like Nelson might be next.

“One morning, I woke up and I had a pain in my neck on my left side. I went to my primary care physician and, ultimately, I found out that I had stage III lung cancer,” he says.

He went through several cycles of radiation and chemo with standard lung cancer drugs, but none had a lasting effect and all came with painful side effects.

“Not only was I nauseous, but I also had excruciating neuropathy and pain in my arms and sometimes in my legs,” Nelson recalls. “I can remember times when I would be in bed for two weeks, feel better for one week, and then back to my bed.”

Nelson’s doctors initially gave him less than six months to live. That’s when he realized he wanted to see a lung cancer specialist, which led him to Dana-Farber/Brigham and Women’s Cancer Center (DF/BWCC). He was placed under the care of Christopher Lathan, MD, MS.

“Dr. Lathan explained what I could expect when it came to how my health might need to be managed,” Nelson says. “He set real expectations for me.”

In 2013, Nelson joined a clinical trial for an immune checkpoint inhibitor, one of a family of immunotherapy drugs that uses the body’s own immune system to fight cancer cells. Once given months to live, Nelson is now thriving. He participated in the trial until early 2016, and currently shows no evidence of disease.

“When I look back at my family, that my mother died from cancer, her mother, her sisters – they all went through chemotherapy and radiation like I did,” Nelson says. “But for me to have been able to participate in a cutting-edge treatment that’s helping so many other people – I feel like that’s part of what God wants for me.”
Geriatricians Provide Older Patients with Specialized Care and Advocacy

A cancer diagnosis can be unsettling, but when Nancy Stamper learned she had multiple myeloma at age 78 in November 2016, it was particularly daunting. Older adults facing cancer and blood disorders have specialized needs due to health and wellness issues inherent to aging, but Stamper – now 81 – has found an ally to help her through this journey.

In addition to her oncologist Jacob Laubach, MD, MPP, and his clinical team at Dana-Farber/Brigham and Women’s Cancer Center (DF/BWCC), Stamper is under the care of geriatrician Tammy Hshieh, MD, MPH, who co-manages her care as part of the Older Adult Hematologic Malignancy (OHM) Program at DF/BWCC. Hshieh treats her physical, psychological, and well-being needs, so Stamper can devote her energy to fighting cancer.

“Dr. Hshieh has been with me since the start,” says Stamper, a retired teacher and a grandmother. “She gives tips to help deal with pain and other side effects, and even helped me find a new primary care practice easier for me to reach.”

New patients age 75 and older and treated for hematologic malignancies at DF/BWCC are given a baseline assessment for frailty through the OHM Program which is sustained in part by the Mary P. Murphy Fund for Hematologic Malignancies, that was established by Edmund F. Murphy, Jr. and Family.

If they are determined, like Stamper, to have a more comprehensive assessment and plan, Hshieh co-manages this – including supervising current non-oncologic medications, helping maximize physical and psychological health, and assessing familial and social support.

“Just as children with cancer have special needs, there are nuances and subtleties to older people that may not arise in a 30-year-old patient,” says Hshieh. “I optimize care for these individuals and make things as smooth as possible so they can focus on their cancer care with their oncologist. We want to help set up older patients to succeed.”

Many cancer patients see their oncologists more often than their primary care physicians, Hshieh says, so she can observe memory and cognition to ensure they are not effected by chemotherapy or other treatment.

“Dr. Hshieh and her colleagues have added a positive, impactful dimension to the care we can provide older patients,” says Laubach, who works with nurse practitioner Ginger Dalton, MS, APRN, to oversee Stamper’s care. “Her attention to specific issues of concern and interest to such patients not only complements, but greatly enhances, what we seek to achieve in terms of managing the underlying disease and optimizing quality of life.”

Like Laubach, Hshieh gets to know her patients’ families – like Walton Stamper, 83, Nancy’s husband, who is also a cancer survivor. He comes with Nancy to office visits and infusions, and values having an expert on hand.

“She [Hshieh] takes great notes, is a good listener, and communicates clearly,” says Walton. “When she’s felt that something needed to be taken care of based on what we told her – such as helping with Nancy’s pain management – she has taken appropriate action to address all concerns with Dr. Laubach or other members of her care team.”

Barry Nelson

Nancy Stamper
Cancer Has Not Stopped Me

Landon Cato, 3, loves to dribble a basketball, throw a football, and hit a baseball. A neuroblastoma diagnosis at eight months old, followed by two years of treatment, failed to stop him from these and other athletic pursuits. Since being declared cancer-free, he’s kept running from one activity to another.

His most recent accomplishments include earning his yellow belt in karate, starting to ride a bicycle by himself, and learning to Hula-Hoop. His swimming – and schoolwork – are coming along, too.

“Landon started his first year of pre-K and is already spelling his name and making new friends,” says his mother, Rebecca. “He’s hoping he will learn to write his name by the end of September. He has come so far!”

Foxborough Satellite Update

It may be more than a year before Dana-Farber Cancer Institute – Foxborough opens, but the new facility will be the first Dana-Farber outpatient hospital location to feature the Institute’s new logo on the building’s exterior.

This 23,000-square-foot, state-of-the-art facility will offer adult oncology and hematology care in a convenient, community-based setting between Boston and Providence. It will be located on the second floor of a new building at Patriot Place, an open-air shopping center and office park built around Gillette Stadium, the home of the New England Patriots and New England Revolution.

The expansion supports Dana-Farber’s strategic plan to provide the best care and outcomes to more patients. It will follow Dana-Farber Cancer Institute – Merrimack Valley, a new facility that will combine Dana-Farber’s current physician practice sites in Lawrence and Methuen into one outpatient hospital location, opening in January 2020, and Dana-Farber Cancer Institute – Chestnut Hill, an extension of the Institute’s Longwood campus scheduled to open in September 2020.

The new logo will be installed on a rolling basis over the next 1-2 years at all Dana-Farber satellite locations.

Art Collection Grows

There are more than 500 works of art in the Yawkey Center alone. The collection is part of the Friends’ Art Program which aims to provide engaging art that also brings comfort, a moment of reflection, and a humanized hospital experience.

“Five Blues” is a classic piece by Donald Sultan who is known for large-scale compositions of objects set against a tar-black background. “My paintings are not so much about walnuts or lemons, as they are about working on the image, making it look like the thing so much that it’s abstracted,” he says.

Sultan is recognized for his extensive body of work and ability to merge artistic tradition with a modern approach. His work has been featured in solo exhibitions world-wide, and is part of permanent collections of institutions such as the Dallas Museum of Art and the Metropolitan Museum of Art. Now, his work can be found at Dana-Farber.

“Five Blues” is a generous gift of the Bowler-MacElroy Family and can be viewed in the Lavine Family Dining Pavilion, Yawkey Center, Level 3.

Complimentary hand-held devices and maps for a self-guided audio tour highlighting the art in the Yawkey Center are available by the Concierge Desk on Yawkey 1, Monday – Friday from 9 a.m. – 4 p.m.

Donald Sultan
Five Blues, 2008
Silkscreen
58 x 58 inches

sidebyside is dedicated to the memory of Geraldine “Geri” Hass Malter. Geri was a founding member of Dana-Farber’s Adult Patient and Family Advisory Council and the creator of Side by Side. She managed its publication from 1999 until her death in 2002.

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