living well *after* cancer

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VOL.8 NO.4 / **FALL 2020**

Dealing With Survivor State *of* Mind

Navigating the psychosocial effects that can outlast cancer and its treatment.

Also inside

Survivor-Specific Exercise Programs

How to Navigate Returning to Work Amid the COVID-19 Pandemic

Portraits with Purpose: Survivors Share Messages of Inspiration

Serve Up Sweet and Savory Dishes

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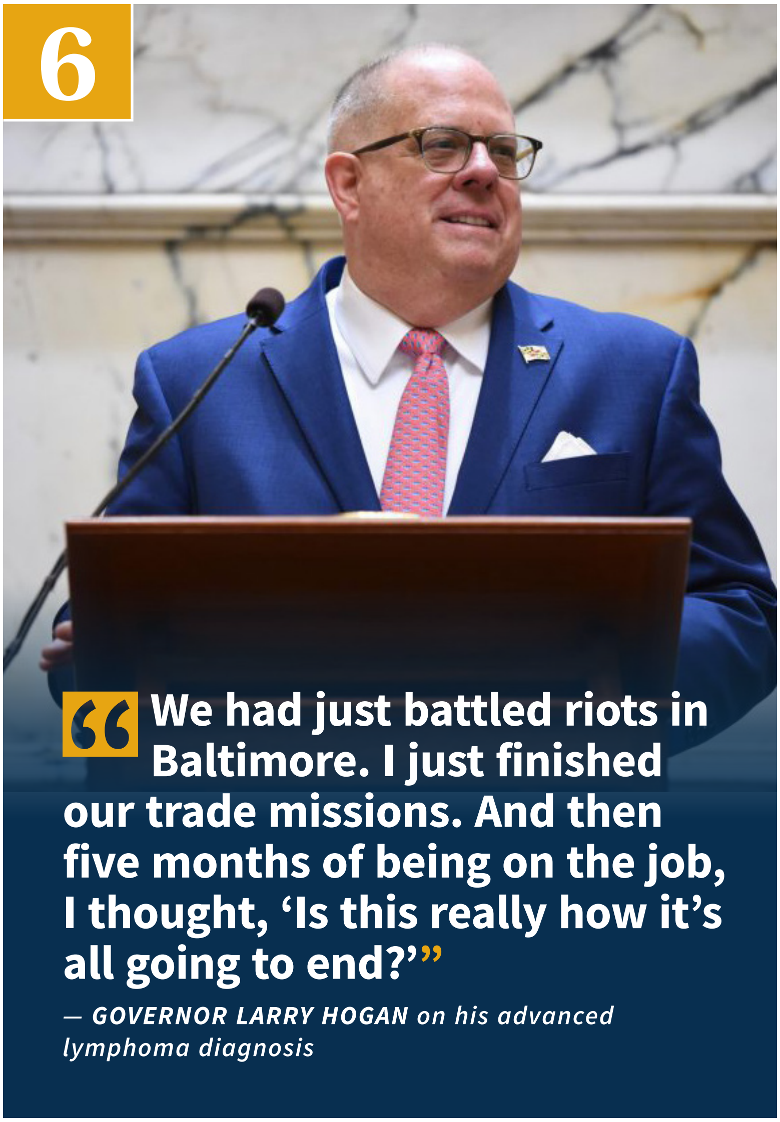

> **"We had just battled riots in Baltimore. I just finished our trade missions. And then five months of being on the job, I thought, 'Is this really how it's all going to end?'"**
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Cancer and COVID-19: Learn the Laws That Protect You in the Workplace

ALTHOUGH THE HEIGHT OF the COVID-19 pandemic is behind us, uncertainty still fills the air. Will there be another round of the virus this winter? Or have the months of staying home, social distancing and mask wearing pushed us to an almost new normal where we can safely dine indoors, get back to the office, gather inside places of worship and throw parties with family and friends?

Cancer survivors already know what it’s like to live a new normal. They’ve done that since diagnosis. To them, social distancing isn’t an unfamiliar burden. It’s what they have always done to keep themselves safe and healthy.

But being that many are immunocompromised from treatment and the disease itself, survivors likely need to take even stronger precautions while navigating a world where COVID-19 is present.

This fall, offices began to reopen, leaving employees unsettled, especially survivors and caregivers. Within these pages, Triage Cancer, a national nonprofit organization that provides education on the practical and legal issues that may affect people diagnosed with cancer, lays out laws created to protect individuals heading back to work. Be prepared, ask questions and know your rights.

Our cover story digs deeper into the psychosocial and physical lasting effects of cancer, from anxiety and depression to infertility and guilt, which some survivors feel for potentially passing the disease onto their children. Five survivors walk us through their lives post-cancer and share how they’re dealing with a survivor state of mind.

A childhood cancer survivor fulfills a lifelong dream to inspire others through the new book “Beyond Remission: Words of Advice for Thriving.” Melody Lomboy-Lowe and her niece spent two years interviewing and photographing survivors from across the country, then editing it to create something to inspire hope in those who need it most. After receiving an acute lymphoblastic leukemia diagnosis at age 6, Lomboy-Lowe spent years in and out of treatment followed by scans into her adult life. But through it all she has managed to see the beauty in life by focusing on the motto “Don’t waste time.”

Also inside: opioid use in survivors, how COVID-19 affected breast cancer survivors and easy-to-make sweet and savory meals.

We hope you find both practical information and everyday inspiration, and, as always, thank you for reading.

MIKE HENNESSY SR.
Chairman and Founder

TALK TO US! Email correspondence to **editor@curetoday.com** or mail letters to *Heal*®, 2 Clarke Drive, Suite 100, Cranbury, NJ 08512.

COVID-19 Delayed Care for Breast Cancer Survivors

By KATIE KOSKO

COVID-19 CAUSED A delay in care for nearly half of breast cancer survivors surveyed, according to results published in *Breast Cancer Research and Treatment*.

Between April 2 and April 27, researchers at the University of Illinois Cancer Center received 609 survey responses from across the United States. The researchers wanted to identify what kinds of care was delayed: chemotherapy, radiation, cancer surgery, hormonal treatment or routine follow-up appointments. In addition, respondents were asked to state their race, age and cancer stage.

The respondents were white (78%), Black (17%) and Asian (3%), with an average age of 47.

Overall, 44% of the respondents reported a delay in care — most commonly routine follow-up visits. Other delays in care included breast reconstruction surgery (66%), diagnostic imaging (60%) and lab testing (50%). Delays in hospital or clinic-based therapies, such as radiation, infusion therapies and surgery to remove a tumor, were reported by 30% of respondents.

“We expected the usual racial difference we see in health care, with Black patients being disproportionately affected, but our results showed that patients were universally affected by (COVID-19) in terms of delays in breast cancer care, likely because in those early weeks, hospitals and health care facilities were postponing visits and procedures across the board as they took on the growing burden of dealing with COVID-19,” co-author Tamara Hamlish, a research scientist in the cancer survivorship program, said in a press release.

Researchers were surprised to see that younger respondents saw a higher incidence of delays compared with older respondents.

Opioid Misuse Comparable Between Survivors and General Population

By BRIELLE BENYON

While people with a history of cancer may have a higher rate of opioid use, there are certain demographics that correlate with more opioid misuse, according to study results.

Research published in the recent edition of *JAMA Network Open* analyzed prescription opioid use in 169,162 adults, 5,139 of whom were cancer survivors. Individuals whose cancer experience was more recent (within 12 months of the study) had the highest rate of opioid use at 54.3%. Those whose cancer experience was more than 12 months before the survey had a 39.2% rate of opioid use, while people without a cancer history had a 30.5% rate of opioid use.

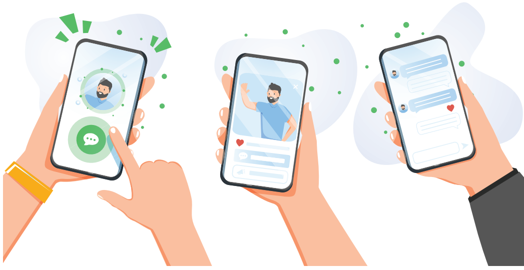
When it came to opioid misuse, the general population had the highest rate (4.3%), followed by more-recent cancer survivors (3.5%) and then less-recent cancer survivors (3%). However, it should be noted that these findings were not statistically significant, as there is a possibility that these findings may not be representative of the whole survivor or general population.

Younger age (between 18 and 34), alcohol use disorder and nonopioid drug use disorder were associated with prescription opioid misuse among cancer survivors, and these findings were statistically significant.

“These findings suggest that higher prescription opioid use among cancer survivors may not correspond to increased short-term or long-term misuse,” the researchers wrote.

App Offers Survivor-Specific Exercise Programs

By BRIELLE BENYON



Working out has been shown to improve outcomes in patients and cancer survivors alike. Now, a digital workout program is bringing exercise — and community — to cancer survivors.

The MyVictory streaming service launched in March and offers survivors live and on-demand workouts, including cardio, yoga, tai chi, Pilates, meditation and strength training. Workouts can be modified for the unique needs of cancer survivors and patients in active treatment. MyVictory frequently works with cancer organizations including COLONTOWN, Row for the Cure, the Melanoma Research Foundation and the Prevent Cancer Foundation.

“There’s never been a more important time for the current community of 17 million cancer survivors in the U.S. to stay connected and active,” MyVictory cofounder Glenn Houck said in a statement.

Additionally, participants can use MyVictory to work with counselors and establish exercise goals and fitness plans. “We want to help survivors achieve their goals, reduce chances of recurrence and live longer and more active lives,” cofounder Andrew Coleman said.

MYKYTA / ADOBE STOCK

Advice From People Like You

We asked our readers …

"Do you celebrate a 'cancerversary'?"

"Nope. It's all in the past now." *— Lannie*

"My hubby and I sure do. In fact, last year we went out to dinner. Our server asked if we were celebrating a special event. I said yes, my cancerversary. She looked at me like a deer in headlights." *— Dawn*

"Yes. I celebrate my rebirthday every year since my stem cell transplant. Chocolate cake is always a part of it." *— Tricia*

"Absolutely! Feb 7th … every year … blueberry pancake breakfast and a celebratory post on my CaringBridge website!" *— Constance*

"I don't really celebrate it, but I quietly reflect on it, and do something I enjoy/treat myself. Since I have incurable metastatic breast cancer, I try not to remind my kids and family of it. I also think of it as my survivorship day, because I'm thankful to still be here, surviving, for however long I have left." *— Nancy*

"I did, but since my mother died I just can't. Her diagnosis was 23 years, almost to the day, after I finished my treatment." *— Chris*

"Used to mark the date I was cancer free, now that it's always with me, I honor the day of my surgery and diagnosis. Friends, ice cream sundaes and teal M&Ms. 10 this year, 7-20, metastatic ovarian cancer. Glad to be alive!" *— Sally*

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SURVIVOR SPOTLIGHT

From Chemotherapy to Constituents: Maryland Governor Faces Cancer, Politics

Doctors told Maryland Governor Larry Hogan to go home and rest after undergoing cancer surgery. But he had other plans: sharing his health issues.

By BRIELLE BENYON

PHOTOS COURTESY OF THE OFFICE OF GOVERNOR LARRY HOGAN

HOLDING GOVERNMENTAL OFFICE comes with its fair share of surprises, but Larry Hogan was in for the shock of his life when he received an advanced lymphoma diagnosis in 2015, shortly after being elected governor of Maryland.

"We had just battled riots in Baltimore. I just finished our trade missions. And then five months of being on the job, I thought, 'Is this really how it's all going to end?'" Hogan said in an interview with *Heal*®.

But the governor pushed on with his treatments — which involved a regimen referred to as CHOP: cyclophosphamide, doxorubicin hydrochloride (hydroxydaunorubicin), vincristine sulfate (Oncovin) and prednisone — and his gubernatorial duties. Then, three years later, a second diagnosis, a less severe skin cancer.

Throughout his journey, Hogan met some amazing patients. His interactions with them, as well as his own experiences with the disease, inspired him to write his book "Still Standing: Surviving Cancer, Riots, a Global Pandemic, and the Toxic Politics that Divide America."

Q: Can you walk us through your cancer journey from the beginning?

A: I had just been elected governor of Maryland. I'd only been governor for five months. I was on our first trade mission to Korea, China and Japan, and we had been really busy going through a yearlong campaign, our first legislative session, (and I) had been working day and night.

I had no idea I was really sick, but I started to have some aches and pains on this trip. I started to feel a little rundown, but I thought I was OK. But (then) I noticed a lump in my throat, and I said, I better check this out. And so I went to the doctor as soon as we got back, and the first primary care physician sent me to another doctor, (who) sent me to another doctor, and I ended up having three doctors. After doing a bunch of CAT scans, (the doctors) walk into the room together. … they said, "We have some bad news to share with you, Governor. You have very advanced and aggressive cancer. We found about 50 some tumors from your neck to your groin, and we're going to set you up with a specialist oncologist."

I was stunned (because) my first doctor said (he) didn't think it was anything to worry about, (that) it's probably just a benign cyst of some kind of fluid in my lymph node and my neck. Then I heard this shocking news and it set off a whole series of things. This was Father's Day weekend, Friday of Father's Day weekend.

My very first thought was not really about being afraid of what was going to happen to me, but I think it's probably what so many other cancer patients go through: my first thought was of my family. How am I going to tell my wife? My three daughters were coming to visit for Father's Day weekend, I was going to break that news to them. And then my dad, who was coming over for Father's Day weekend, and it doesn't matter how old you get, you know, I was still his little boy. And he took it almost tougher than anybody. But it was a group hug, a little tears, and I thought everybody was going to be OK. And then, you know, I had to break the news to my staff, who work so hard and were just getting started on our administration. And break it to the six million people of Maryland, who put their faith and trust in me to help run the state. I was trying to be as open and honest and transparent as I could possibly be with all the people of the state. They went through and shared the whole cancer battle with me.

Q: What was it like going through aggressive treatment while also serving as governor?

A: I had to tell the people in Maryland. They were going to say, "Hey, where's the governor?" (when) I was going to be tied up going to these treatments. So I had to be open and honest. And so right after I told my family, I had to do a biopsy surgery, and they were removing a lymph node from under my arm and I was under full anesthesia. And then they gave me some pain pills afterward, and they said, you just have to go home and rest and don't make any big decisions. And I said, I have a press conference this afternoon. The doctor said, "No way, you can't have a press conference. You're not going to (answer the public's questions), are you?" And I said, "Yeah, I think they're going ask me a lot of questions."

But I went out there. Maybe it was truth serum. I was very relaxed, but I told the people exactly what was going to

> **“I was trying to be as open and honest and transparent as I could possibly be with all the people of the state. They went through and shared the whole cancer battle with me.”**
>
> *— GOVERNOR LARRY HOGAN*

happen in that I had to start aggressive chemotherapy, and I was doing a thing called CHOP, which is a concoction of five different types of drugs administered for four straight days, 24 hours a day in the hospital. Then I would take 10 days out of the hospital to come home, recuperate and rebuild my white blood cells and then go back in again and then again. And this took place over a five-month period and then I did another year of kind of maintenance chemo. But I worked through the whole thing, like so many people who try to continue with their life and sometimes have to go to work even though they're in a lot of pain and they're not feeling well.

It was a struggle, but I met so many other patients who were going through much more difficult challenges than I was. (Treatment) becomes cumulative … the first one wasn't so bad. And then the next one didn't feel that great. And the third one, all of my beautiful hair fell out in the shower. And then by the end, it was pretty debilitating. I was in a lot of pain, and you know, it takes a real toll on your body. But you actually get beyond that. And it was a tough regimen to go through. But, thank God, we had incredible doctors and nurses. And the technology, the drugs that we have today, the improvements (being made) in cancer research are saving a lot of lives.

Q: What was it like having a second cancer diagnosis thrown your way so soon after the first?

A: Well, it wasn't nearly as serious. I don't want to diminish the importance of people going to the dermatologist, skin cancers can be scary. I did have maybe 30 some stitches that hopefully aren't too visible. I caught it pretty early. … It was not nearly as scary as the diagnosis I got with the tumors all over my body with the aggressive cancer of the immune system.

Just the word “cancer,” hearing it again so quickly after that was not something I wanted to hear. But it was much easier to go through. I didn't look so good. I looked like I'd gotten in a fight or I was a hockey player, and I had to be on television and going to press conferences with scars all over my face for a while. But that was a much easier cancer to go through. I'll tell you what, I also use that to message to people about the importance of sunscreen and doing regular skin checks. Don't make the same mistakes I made, of being out in the sun and being unprotected.

Q: You've written a book where you talk about courageous people you met while you were fighting cancer. Can you share some insight into those folks and their journeys?

A: I couldn't stand lying in bed the whole time (I was in the hospital), but I was attached to this pole with the chemo bags 24 hours a day and it has wheels on it. So I just did laps around the hospital. And I would get to meet all these folks. I first met a woman named Shelly who was from West Baltimore, and she had lost her hair. … We started doing laps together, and we were joking bald is beautiful. And she was telling me her experiences, what she was going through.

Then I met a young man named Jimmy who had Down syndrome, and he was fighting leukemia. And he just had the most incredible positive spirit and energy of anybody I've ever met, and I started to do things when I was out of the hospital with groups of (children with cancer). I went down and visited kids in the pediatric oncology ward and met their families.

I met this one young man, Andrew, (when) we took some kids out to a ballgame. And this young little 5-year-old kid came up to me with his mom. We introduced them to some football players, and they got autographs for the kids (who) were battling cancer. And this young man comes up to me and he says, “Governor, I heard you have cancer, and you're going through chemotherapy,” which he had been going through for a couple of years already. And he says to me, “My mommy helped me write a list for you.” And so he goes through this list he gives me and there are 10 things on the list. It's like, “Make sure they give you the num num cream before they give you the pokey. You know, find a hugging person … mine is my mommy. You might not like the doctors at first, but they're there to help you.” (His mother) wrote it all, but he was telling her the things to tell the governor.

So we became pen pals and I helped him celebrate when he rang the bell and was cancer free. He was there at my press conference, (and he) came up and hugged me when I was cancer free.

There are many of these stories, (including of) Jimmy, (the young man) with Down syndrome. I have a Governor's Courage Award that I present at Special Olympics every year to an athlete. I picked the first one for this young man, Jimmy Myrick Jr. Unfortunately, he died of his battle with cancer, and I spoke at his funeral. I had named (the award) the Jimmy Myrick Jr. Governor's Courage Award, and I got to present it to him right before he left the hospital. And he was so excited. But sadly, when he went home, he caught an infection and died shortly after that, so there are some really sad stories about people we lost along the way. But (there also are) some really exciting, happy stories, you know, success stories. And I'm still in touch with some of the families, and I've met some incredible people. h

What You Need to Know About Returning to Work During the COVID-19 Pandemic

Businesses are reopening offices, leaving unanswered questions for employees who have cancer or take care of someone who does.

BY JOANNA FAWZY MORALES, ESQ.

NUTHAWUT / ADOBESTOCK.COM

AFTER MONTHS OF WORKING from home or not working at all, employees across the United States are being asked to return to the workplace for the first time since the country essentially shut down because of COVID-19. People who have cancer or who are a caregiver to a patient with cancer may question what options they have.

INDIVIDUALS RIGHTS

Employers are required under federal law to make sure workplaces are safe. State and local rules, such as social distancing, spacing of work stations, requiring masks, taking employee temperatures and asking employees to self-report illnesses, may also be in place. Some employers may have additional policies.

However, these precautions may still leave employees concerned. Before figuring out which laws apply, each individual must consider their needs.

1. **Americans with Disabilities Act (ADA) and Reasonable Accommodations**: If someone's goal is to continue working, they should check if there are reasonable accommodations available under the ADA or state fair employment law. For example, a change in a person's workspace, such as telecommuting from home or working from a different location, is a potential reasonable accommodation. Other examples include access to protective equipment or changes in job responsibilities.

2. **Paid Time Off:** If a person has any paid time off (sick or vacation time), they may consider using that benefit. But it's crucial to remember this time off is not usually job protected.

3. **Emergency Paid Sick Leave Act (EPSLA) through the Families First Coronavirus Response Act (FFCRA)**
   EPSLA provides two weeks of paid sick leave for employees who are unable to work or telework if:
   - The employee is quarantined.
   - A doctor advises the employee to self-quarantine.
   - The employee has COVID-19 symptoms and is waiting for a diagnosis.
   - The employee is caring for an individual under quarantine or medical self-quarantine.
   - The employee is caring for a child whose school or place of child care is closed or unavailable due to COVID-19.

   The Department of Labor has clarified that individuals who have been advised to self-quarantine because they have been exposed to COVID-19, or are particularly vulnerable to COVID-19 and quarantining themselves based upon that advice, are prevented from working (or teleworking). Under the act, paid sick leave does not apply to individuals who decide to self-quarantine for an illness without medical advice, even if they have COVID-19 symptoms.

4. **Emergency Family & Medical Leave Expansion Act (EFMLEA) through the FFCRA**
   If someone is unable to work or telework because they have a minor child whose school or place of child care has closed because of COVID-19, they may be eligible for up to 12 weeks of job-protected leave (10 weeks are paid leave).

5. **Family & Medical Leave Act (FMLA) & ADA:**
   FMLA provides eligible employees with time off for their own serious medical condition or as a caregiver of a spouse, parent or child. However, the individual's medical condition must prevent them from being able to work. It is not enough to say that they fear getting COVID-19. An individual's health care team can help them document any side effects from treatment, including a compromised immune system, and explain why these side effects keep them from being able to work. If someone does not qualify for FMLA leave, they may be able to take time off work as a reasonable accommodation, if eligible under the ADA or state fair employment law.

6. **If an employer has let an individual go for not returning to work, they may qualify for unemployment.**
   Unemployment benefits and rules are different in each state, although the federal government has expanded benefits due to COVID-19.

CAREGIVER BENEFITS

1. **Are you entitled to reasonable accommodations?**
   No. Under the ADA, caregivers are not entitled to reasonable accommodations. However, they may still ask their employer for accommodations.

2. **Can you qualify for the new paid sick leave (EPSLA)?**
   Maybe, if you are caring for a minor child whose school or child care facility is closed. Also, you may qualify if you are caring for an individual who is self-quarantining because a health care provider has advised that individual to quarantine because they may have COVID-19 or the individual is particularly vulnerable to COVID-19 and providing that care prevents them from working or teleworking.

3. **Can you qualify for the new paid family leave (EFMLEA)?**
   Maybe, if you are caring for a minor child whose school or child care facility is closed, and other caregivers are not available.

4. **Can you qualify for original FMLA leave?**
   Maybe, if you are eligible for FMLA leave as a caregiver of a seriously ill child, parent or spouse.

5. **Can you qualify for unemployment if your employer lets you go for not returning to work?**
   It is unclear if caregivers concerned about exposing a family member to COVID-19 who leave their jobs or do not return to work would be eligible for unemployment benefits. State unemployment agencies have been looking at these situations on an individual basis.

At the time of publishing, this was the most accurate information regarding COVID-19 and laws protecting patients with cancer and caregivers.

LEARN MORE ONLINE

For more information about these employment rights and other cancer-related legal and practical issues, including state-specific details, visit **TriageCancer.org**.

PROTECTIONS & BENEFITS

Benefit	Individual with a diagnosis of cancer, with compromised immune system	Caregiver of individual with a diagnosis of cancer, with compromised immune system
Employer-specific benefits	Maybe. Check employer policies.	Maybe. Check employer policies.
ADA/State Fair Employment Law Reasonable accommodations	Yes. Eligible employees are entitled, unless undue hardship on employer.	No. Not entitled but can ask.
FMLA/State FMLA Law	Yes. Eligible employees are entitled.	Yes. Eligible employees are entitled.
EPSLA	Maybe, with doctor's recommendation of quarantine **or** Yes, if caring for a minor child at home whose school or child care facility is closed and no other caregivers available.	Maybe, if caregiver of individual with doctor's recommendation of quarantine and caregiving duties prevents work/telework **or** Yes, if caring for a minor child at home whose school or child care facility is closed and no other caregivers available.
EFMLEA	Yes, if caring for a minor child at home whose school or child care facility is closed and no other caregivers available.	Yes, if caring for a minor child at home whose school or child care facility is closed and no other caregivers available.
State unemployment	Maybe. Check state rules.	Maybe. Check state rules.
Expanded Federal Unemployment (Pandemic Unemployment Assistance)	Yes, with doctor's recommendation of quarantine	Maybe, with doctor's recommendation of quarantine

ARTYWAY & NATALY-NETE / ADOBESTOCK ADAPTED BY GWEN SALAS

Dealing With Survivor State *of* Mind

Navigating the psychosocial effects that can outlast cancer and its treatment.

By JEANNETTE MONINGER

Lauren Ghazal was in a state of shock after she received a stage 2 Hodgkin lymphoma diagnosis two years ago. "I couldn't process anything that was happening," says the now 28-year-old. "I focused on doing what was needed to get through treatment." Cancer treatments were rough, but Ghazal was even less prepared for what came after treatment ended. "I no longer had frequent visits with my oncologist. Friends and family checked on me less and less. And there I was, bald and extremely fatigued from chemotherapy," Ghazal says. "I'm told to go and live my life again. And that's when I fell apart."

Up to 20% of cancer survivors experience significant anxiety, depression and/or post-traumatic stress sometime during the 10 years after receiving a cancer diagnosis. Nearly twice as many deal with fear of recurrence and distress brought on by post-treatment side-effects, altered body image, social isolation and financial struggles. "People want you to bounce back to your precancer self because they're truly happy that you're finished with treatments and free from disease," Ghazal says. But she unexpectedly found herself facing an onslaught of new diseases, ones that threatened her mental well-being. "I was diagnosed with severe anxiety and depression," she says. A family nurse practitioner, Ghazal learned she had cancer while pursuing a doctorate in nursing research at the New York University Rory Myers College of Nursing. Inspired by her life experience, she now studies cancer survivorship issues in adolescents and young adults with the goal of improving their overall quality of life. »

LAUREN GHAZAL struggled with severe anxiety and depression following her stage 2 Hodgkin lymphoma diagnosis.

PHOTO COURTESY OF LAUREN GHAZAL

KATIE PETRALIA on her last day of chemotherapy in 2017.

PHOTO COURTESY OF KATIE PETRALIA

BACK TO 'NORMAL'

By 2040, experts predict there will be more than 26 million cancer survivors in America. Based on findings from several studies, these survivors can expect to spend large portions of their lives managing the disease's effect on their physical and mental well-being. "Post-treatment is the time when well-intentioned family and friends assume their loved one is 'back to normal.' But it's also the first time a cancer survivor has the time and energy to process their experience," says Lucia Fanjul, a licensed master social worker at Cancer*Care*, a national nonprofit organization that provides free professional support services to people affected by cancer. "For survivors, this is often a period of intense sadness, anger, instability and anxiety. The urgency of the diagnosis and active treatment has passed, but the emotional turmoil remains."

Studies show that cancer survivors are more than twice as likely to have debilitating mental health problems and worse overall quality of life than people who never get the disease. And the incidence of mental health problems is six times higher in survivors who have other chronic illnesses, such as heart disease or diabetes. In general, cancer survivors who are young, less educated or earn lower incomes struggle the most.

Baltimore resident Katie Petralia was diagnosed with anxiety and post-traumatic stress disorder (PTSD) after completing treatment for stage 2 non-Hodgkin lymphoma three years ago at age 23. "My anxiety level skyrockets every time I meet new people who don't know my cancer story," she says. "I'm nervous to bring it up because I don't know how people will react. It's like I'm hiding some big secret." Petralia is also still coming to terms with another unexpected blow: Cancer treatments may have affected her chance to bear children. "I had to start chemotherapy immediately because masses pushing on my throat made it hard to breathe. There wasn't time to look into fertility preservation," she says. "Even though I'm not at a point in my life where I'm ready to start a family, it's been emotionally difficult to come to terms with what may or may not be possible for me in the future."

Doris Cardwell of Spearfish, South Dakota, struggles with a different, all-consuming worry: whether her three daughters will also develop breast cancer. Cardwell, a contributor to *CURE*®, a sister publication of *Heal*®, learned of her stage 3b inflammatory breast cancer in 2007 when she was 38. While there doesn't seem to be a genetic link to this type of breast cancer, Cardwell wrestles with guilt. "My daughters are in a high-risk category because of my health history," she says. "At a very young age, they've already had to face life-altering decisions. I worry about them getting breast cancer, as well as my cancer coming back."

While undergoing treatment at Cone Health Cancer Center at Alamance Regional in Burlington, North Carolina, Cardwell helped start a survivorship program. She's now an ambassador for the National Coalition for Cancer Survivorship (NCCS). After more than 10 years in remission, Cardwell says she doesn't think she'll ever put cancer completely behind her. "People offer encouragement and say, 'You'll be fine,' when I have a scan coming up," she says. "But only someone who has experienced cancer understands how quickly life can change. You never again assume that everything will be fine."

Well-intentioned family and friends aren't the only ones who assume all is well. After treatments, cancer survivors often find themselves thrust back into the care of primary care physicians who may not fully grasp cancer's lingering effects on both the body and psyche. Cardwell temporarily relocated her family to North Carolina while getting treatment. Now that she's living in South Dakota, finding a doctor who understands issues such as the cardiotoxic effects of chemotherapy on the heart has been a struggle. “One doctor told me my concerns were unfounded. I felt like I was being labeled a difficult patient,” she says.

Dr. Thomas J. Smith, a medical oncologist and palliative care specialist at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins Hospital in Baltimore, understands Cardwell's concerns, but he says primary care physicians are challenged to keep up with the latest findings on all types of diseases from heart disease, diabetes, hypertension and, yes, cancer. “Ideally, a patient would take a survivorship care plan prepared by their oncologist or cancer center and hand that to their primary doctor to get the ball rolling on proper follow-up care,” says Smith, who also recommends asking the front desk to schedule a longer appointment so a patient doesn't feel rushed.

Anxiety, depression and PTSD are the most well-known mental health problems associated with cancer. But doctors are seeing an uptick in cancer survivors who feel demoralized and apathetic. “These are true clinical diagnoses,” Smith says. “You're tired of being tired. You're tired of feeling hopeless, sick and helpless. Yet you feel like there's nothing you can do about any of it, so why try.”

Smith knows this feeling intimately. In 2016, he had surgery for prostate cancer. The cancer came back and spread. Treatment intended to save his life caused lung damage that keeps him from enjoying a lifelong passion: running. At one point, he felt so low that he checked into a psychiatric unit to keep from harming himself. “The continual uncertainty of what life holds takes a toll,” he says. “You're always wondering: Will the cancer come back, what will that feel like, can I make it through more treatments, how will it affect my loved ones? And, of course, am I going to die sooner than I hoped?” Recently, Smith recognized that he and the cancer survivors he treats experience PTSD triggers almost daily. “It can become a constant struggle to have a few hours where you don't think about cancer,” he says.

SARAH JOHNSON was told she had a “good cancer,” but after papillary thyroid cancer treatment she realized she wasn't OK. She then found it challenging to ask for help from loved ones.

MIND OVER MATTER

Dealing with cancer is a life-altering, traumatic experience. “A cancer survivor needs time to process what has happened to them and to understand how the experience changed them,” Fanjul says. A mental health counselor can give survivors the tools to work through emotions. Antidepressants or anti-anxiety medications can help, if needed. What someone shouldn't do is hide their emotions or feel shame, says Sarah Johnson of Boston. In 2017, Johnson, then 28, put on a

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> “The continual uncertainty of what life holds takes a toll. You're always wondering: will the cancer come back, what will that feel like, can I make it through more treatments, how will it affect my loved ones? And, of course, am I going to die sooner than I hoped?” — DR. THOMAS J. SMITH

TOP PHOTO COURTESY OF SARAH JOHNSON;
BOTTOM PHOTO COURTESY OF THE NATIONAL CANCER INSTITUTE

> **“I’m no longer bashful about explaining how cancer affected me in the past and continues to affect me today. I remind myself that people have no idea what it’s like inside my heart, body or head post-cancer. They can only know if I tell them.”** — DORIS CARDWELL

DORIS CARDWELL struggles with guilt knowing that her daughters are considered high-risk after her inflammatory breast cancer diagnosis.

PHOTO COURTESY OF DORIS CARDWELL

brave face as she received treatment for papillary thyroid cancer. “You hear that thyroid cancer is a ‘good cancer to have.’ It’s highly treatable and curable. So that’s the message I conveyed to everyone: It’s cancer, but it’s no big deal,” she says. A year after surgery and radioactive iodine treatment, Johnson found herself swept up in a tidal wave of emotions. “It was like, ‘Oh my God, that was horrible! That was a big deal, and I’m not OK!’” says Johnson, who discovered that it’s harder to ask loved ones for support later on after having been emotionally detached during treatment.

Help comes in different forms. For Smith, an online support group provided a lifeline. “I had some unusual medication side effects that even my doctors didn’t understand or acknowledge, and then I found a discussion online dedicated to the topic,” he says. “I felt less alone and less crazy.” Meditating also helps him be less reactive to situations out of his control. “If I start to get panicky about an upcoming test, I find a space for that worry in my brain and park it there.” Smith uses Calm, a meditation app, and he also recommends some form of structured exercise such as walking, yoga or tai chi. “There’s undeniable proof that these activities benefit a cancer survivor’s physical and mental health,” he says.

Petralia found comfort in a four-legged friend. Earlier this year, she adopted an emotional support animal. “When my anxiety goes up, petting my cat Stevie calms me down,” Petralia says. Studies show that having a pet lowers stress, anxiety and depression and eases loneliness. If you live in a place that doesn’t allow pets, an official letter from a licensed mental health counselor allows you to have an emotional support animal regardless of the no-pet policy and without paying extra fees. And because emotional support animals don’t need special training like service animals do, you can find a good fit through your local animal shelter.

While undergoing treatment, Ghazal participated in an eight-week creative writing class sponsored by Lacuna Loft, a nonprofit organization that supports young adult cancer survivors and caregivers. She continues to put pen to paper, capturing her feelings in a journal. “I still see a therapist, and when I’m anxious, I journal and talk to my friends,” she says. “At first, I felt defeated that I had just finished this rigorous cancer treatment, yet I couldn’t control the emotional fallout. My therapist helped me learn not to be ashamed to talk about the mental health effects of my diagnosis with others.”

Cardwell also finds it therapeutic to talk about her feelings — to family and friends, co-workers, her therapist and others. Her blog for *CURE*® and her NCCS ambassadorship are two ways she lets other cancer survivors know that it’s OK to feel all of the emotions. “I want others to know that they’re not alone, they’re not crazy and normal isn’t really a thing once you’ve had cancer,” she says. Cardwell is doing her part to educate people without cancer, too. “I’m no longer bashful about explaining how cancer affected me in the past and continues to affect me today,” she says. “I remind myself that people have no idea what it’s like inside my heart, body or head post-cancer. They can only know if I tell them. Over the years, I’ve learned that it takes more strength to get help than to hold it all in. If you don’t get it out, it will swallow you.” h

While It May Sound Strange Amid COVID-19, I'm Having A Good Year

Although she feels the end of the pandemic would be wonderful, one woman with metastatic breast cancer has learned to celebrate the day.

BY MARY TROUBA

I WOKE UP THE other day and checked my email and social media to find no fewer than five messages and posts referencing the COVID-19 pandemic and talking about how dismal or unbearable things are.

Every so often, friends even have made references to writing off 2020 entirely. And yet, while this may sound strange, as someone who has been living with metastatic breast cancer since late 2015, I am having a good year. I have been thinking to myself: Is it OK to say that I am having a good year amid a pandemic?

I guess you could say that my expectations are simple, focused largely on the present moment and the time until my next scan. After my last scan, I felt euphoric that the results I received were not bad news. So, on a day when friends were writing and posting about their struggles with COVID-19, the lack of normalcy and the impact of not being able to engage in as much physical contact as in the past, all very real concerns, I found myself exuberantly feeling that my life is fantastic.

> **"I guess you could say that my expectations are simple, focused largely on the present moment and the time until my next scan."** *— MARY TROUBA*

I find it to be an interesting juxtaposition, what is going on in the public sphere versus what is going on in my personal life. The truth is that, for me, it basically boils down to: Am I alive? And how do I feel physically? For example, do I have chunks of time where I feel alert and energetic and relatively free of discomfort or pain?

I decided fairly early in the pandemic that I would shelter in place until a vaccine was developed or the virus essentially was eliminated in my city. I don't mind wearing a mask, engaging in physical distancing and sheltering in place, because I am highly motivated to live. So I am willing to take precautions. I am committed to continuing to take good care of myself. I chat at a safe distance with kindhearted neighbors who keep an eye on me, wonderful friends who occasionally bring me meals and a big-hearted sister who sometimes runs errands on my behalf.

Wearing my mask, I talk with my medical team with whom I have forged a warm connection over the more than four years that I have been in treatment.

I do not feel disconnected, and I am not pining for the end of the pandemic, which makes me a bit of a weirdo among people I know, even though the end of the pandemic would be wonderful. I have been changed as a result of my cancer diagnosis, for it taught me that things can change at any moment. Deep down, at a visceral level, I understand in a way that I never did before that what truly matters is what we make of each day, and that simply being alive and feeling relatively well is a wondrous miracle worth celebrating. h

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BOOKSHELF

Portraits With Purpose

A new photography book showcases survivors with messages of inspiration.

By KATIE KOSKO

GRACELYN BATEMAN and MELODY LOMBOY-LOWE created a book to give hope to those who have received a diagnosis of cancer.

AT 6 YEARS OLD, most kids are trying to snag another snack from mom and dad and figuring out how they can stay up past their bedtime. But for Melody Lomboy-Lowe, her youth was spent in and out of the hospital receiving chemo cocktails to help her fight acute lymphoblastic leukemia (ALL).

It was the 1980s. Treatment wasn't as advanced as it is now, and many children with cancer whom Lomboy-Lowe befriended didn't survive the disease. As she grew up, facing more chemotherapy and regular scans, she felt alone.

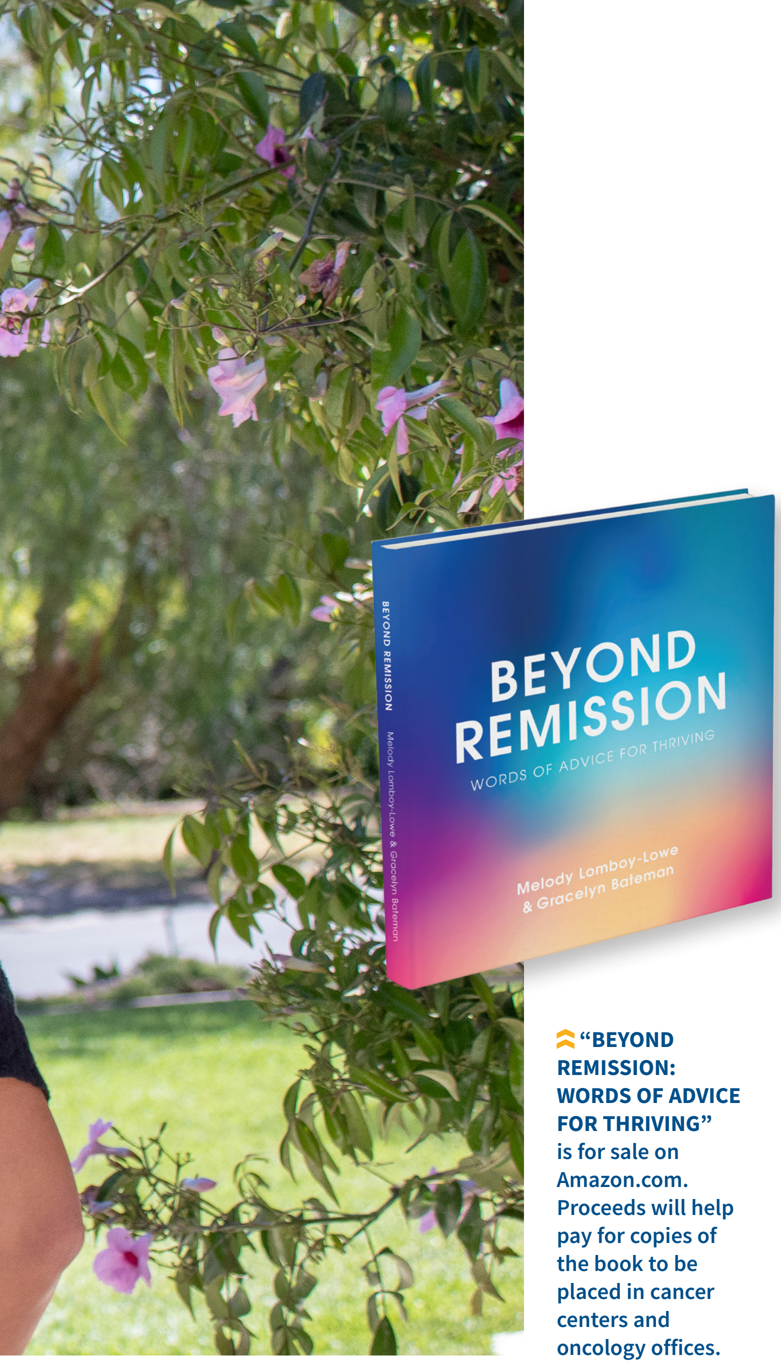
Now 43 years old, the married mother of three boys has turned a passion project into a reality to help other cancer survivors heal. Lomboy-Lowe and her niece Gracelyn Bateman spent more than two years photographing and interviewing more than 100 cancer survivors from Los Angeles to New York City for the newly released book "Beyond Remission: Words of Advice for Thriving."

In an interview with *Heal*®, Lomboy-Lowe and Bateman, who plan to use profits from the book to purchase copies for hospitals and oncology offices, discussed what they wish to accomplish.

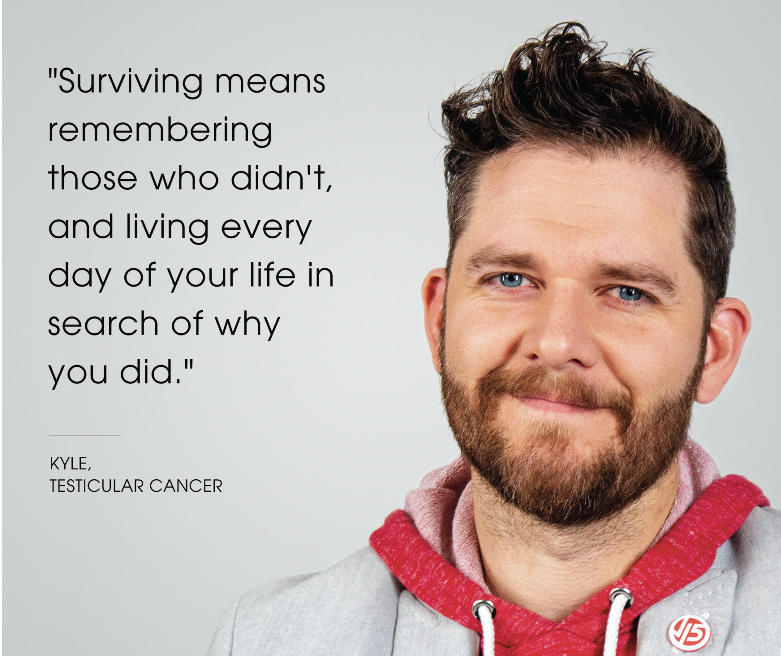
Q: *Heal*®: How did you learn you had cancer?

A: Lomboy-Lowe: I was 6 years old and going to my first day of first grade. It was kind of a ritual that my mom would brush my hair in the morning. I had really long, thick brown hair. When she was brushing my hair, she saw that my lymph nodes were very swollen on my neck. She thought maybe I had an allergy, but I felt fine. So she sent me to school, and when I got home they had doubled in size. It was kind of an ongoing thing. She brought me to the doctor, but the leukemia hadn't hit my bloodstream yet, so it wasn't

PHOTOS COURTESY OF LUNA PEAK FOUNDATION



“BEYOND REMISSION: WORDS OF ADVICE FOR THRIVING” is for sale on Amazon.com. Proceeds will help pay for copies of the book to be placed in cancer centers and oncology offices.



"Surviving means remembering those who didn't, and living every day of your life in search of why you did."

KYLE,
TESTICULAR CANCER

“Cancer is temporary. It doesn’t define you.”

MELANA,
ANAPLASTIC
ASTROCYTOMA

showing up in my blood. There was a lot of going back and forth, and my mom saying, “Please see her. There’s something wrong.” Eventually, my doctor sent us to City of Hope National Medical Center (in Duarte, California). They did a bone marrow biopsy, and that’s where I was diagnosed.

Q: What type of treatment did you receive? And did you experience any short-term or long-term side effects?

A: Lomboy-Lowe: I had three years of chemotherapy. I had chemotherapy by mouth, and then every month I would spend a week in the hospital getting chemo. The regimen had bone marrow aspirations every week until I was in remission, because I was in a clinical trial. This regimen is actually still used today. So it was a successful clinical trial for kids with cancer. I didn’t have radiation.

I was very sick. Weight loss was an issue, and I had learning issues because of chemo fog and not going to school as often as other kids. I think the long-term effect is my immune system is never as strong as other people. I think that, like a lot of anxiety, which is super common with cancer patients as they call it “scanxiety,” you’re always afraid you feel a lump or a bump and you think that it’s cancer. It’s exacerbated (because) my husband is an oncologist, so I get to hear him talking to patients all the time. As far as physical effects, I was really fortunate that I was able to have children. Most of my peers (who) survived were not able to. But again, a lot of them had radiation and I did not.

Q: Since you are immunocompromised, have you taken any extra steps because of COVID-19?

A: Lomboy-Lowe: Yes, absolutely. My middle son has very bad asthma and my husband does not want to take »

More than 100 cancer survivors were interviewed for the book, who shared their stories and an inspirational quote for other survivors and patients.

chances (potentially passing COVID-19) to his patients, so we are ultra-careful. We go for walks in our neighborhood, but we don't see friends. We FaceTime a lot and will deliver goodies to friends, but we just leave it on their porches. We mask up if we're out.

Q: Where did the idea to create "Beyond Remission: Words of Advice for Thriving" come from? And what do you want readers to take away from it?

A: **Bateman:** This started because when Melody was going through treatment as a child, she didn't really know any survivors. It's based on her wanting to be able to show people a sense of hope and that they can do it. We didn't have Instagram back then. And right now, Instagram has such a rich community of survivors, fighters and thrivers. But it's very different to be able to see (more than) the eyes and the faces. To hear the stories and the advice and wisdom from the journey. It just hits a little bit differently. What we're hoping is that the book is not only a sense of community for them at a time where they feel isolated and alone, but also gives them hope. We have so many diverse cancer survivor participants in this book. We have (more than) 32 different types of cancer represented. We have childhood cancer survivors (who) are now well into adulthood, we have young cancer survivors and we have some (who) are in remission just in this last year.

A: **Lomboy-Lowe:** I don't want them to have something heavy. There are so many books that look like novels that people have to read through just to get a little information. I wanted it to be quick and simple.

Q: Is there a favorite quote or a story from one of the survivors that really stands out?

A: **Bateman:** Melody survived acute lymphoblastic leukemia and we actually had a few childhood cancer survivors, very young ones come through with that same exact diagnosis. And to be able to see them kind of look up to her like, "Oh, I can be that someday. I can be healthy and happy." It was a very touching thing to see not just those childhood survivors look up to her, but also to see their parents kind of have this ease about them like, "OK. It's possible for my child who's gone through so much to thrive just like this woman has."

A: **Lomboy-Lowe:** One of the little girls (who) had ALL — her name was Brooklyn — her quote was just so simple. All she said was, "I'm glad I kicked cancer's butt." A lot of (the quotes) are very deep or health oriented. Hers was just so childlike and simple.

Q: Is there any advice you would offer to cancer survivors?

A: **Lomboy-Lowe:** In our book, there is one common theme with most of the survivors, and it's "Don't sweat the small stuff." We gave each survivor a questionnaire and interviewed them, and almost everyone said something like that in their responses. Don't take little things so hard because your life can be so much more beautiful if you don't waste time. And that's how I definitely live every day.

A: **Bateman:** I also wanted to add that this book is all about helping the fighters heal. What we found at the photo shoots and in connecting people and creating a community through this is that this was very healing for the survivors, too. Sharing your story isn't for everybody, but for survivors who have read stories and feel like sharing, I encourage them to do so, and maybe they can pay it forward and find a safe space to share their story.

PHOTOS COURTESY OF LUNA PEAK FOUNDATION

You Are Not Alone

Years after treatment ends, survivors may struggle with anxiety, depression or PTSD.

BY BARBARA TAKO

AFTER 10 YEARS OF coping with cancer, I am grateful to be here, and yet, I am still anxious. Some of us have or are able to cultivate more resilience than other cancer survivors. Anxiety or not, I am still here. At the time of diagnosis, I did not think I would be here a decade later. It wasn't that I had a terribly awful breast cancer. It was just how I felt about my diagnosis.

BARBARA TAKO

Read more from Barbara: curetoday.com/link/BarbaraTako.

I was shocked and scared when I learned I had breast cancer. Ten years later, I am no longer shocked and am significantly less scared, but I still have moments where I struggle with anxiety and post-traumatic stress disorder (PTSD). I try to cope honestly, and I try to help other cancer survivors with my stories and experiences. Reaching out has been a great opportunity.

Sharing with fellow cancer survivors helps each of us manage our cancer-related stress. We can share our experiences and our knowledge, and we can offer emotional understanding and support to each other. For many of us, the chance of a cancer returning or a related cancer popping up never goes away. But we learn how to live with the possibility. Do not give up or be dismayed. Do connect with fellow long-term survivors, others who understand the anxiety you continue to experience.

Tell your doctors about your ongoing anxiety, and explain your fears and anxiety to your loved ones. Do not give up on seeking help for long-term cancer anxiety. Resources and medications are available, but not if you suffer in silence. Cancer takes a huge emotional toll. There is no shame in needing medication for anxiety, depression or PTSD long after active cancer treatment has ended.

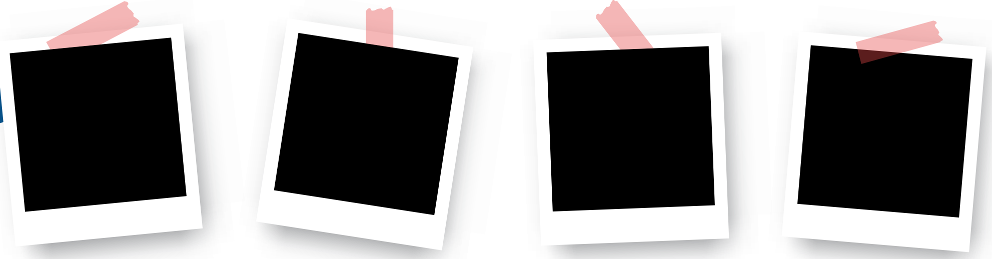
You are not alone with your struggles. The science of addressing long-term cancer anxiety is in the process of catching up with the good news that many cancer survivors now live longer. Take comfort in stories of survivors who are years, or decades, out from their cancer diagnosis and treatment. The further out from cancer diagnosis, the better I feel about ongoing monitoring for recurrences. I attribute my cancer emotional improvement to my faith, my willingness to admit when I need help and the long-term passage of time from my initial diagnosis.

When a potential cancer-related health worry crops up, do not delay and let it fester in your mind. Instead, get an appointment, exam or test on the calendar so you can get back to your normally scheduled life. Do not worry alone. Have a few people you can confide in about your fears. Consider an in-person or an online support group. Remember to go back to the coping tools that worked for you in the past. You are allowed to take care of yourself.

Keep hope. If you are reading this, you are still here, and you are working to manage cancer stress and anxiety. I have a huge "worry brain," and I have tools, including medication, meditation, healthy movement and connecting with others, to work my way through long-term anxiety and stress. Above all, please know and take comfort in the knowledge that you are not alone. Cancer survivors are here for each other. You will get through this, too.

Barbara Tako *is a breast cancer and melanoma survivor and the author of "Cancer Survivorship Coping Tools — We'll Get You Through This." She is a cancer-coping advocate, speaker and published writer for television, radio and other venues across the country. She lives, survives and thrives in Minnesota with her husband, children and dog.*

ILLUSTRATION BY RAY PALESKO; VECTOR: MARY LONG / ADOBESTOCK



Enjoy Looking at Old Photos, Then Look Forward to Your New Life

Time spent reminiscing about our precancer existence doesn't help us focus on the here and now. *BY* KHEVIN BARNES

I WAS RECENTLY SIFTING through a collection of photographs that have survived for almost 70 years locked away in a wooden box that had long ago (according to the label pasted on the top) held a child's blanket, two teddy bears and half a dozen "Hardy Boys" mystery novels.

The handwriting on the box appeared to be my mother's, and the black-and-white photos were dated 1957. In them I saw a 7-year-old boy sitting at a table with a chocolate birthday cake in front of him. There were seven burning candles waiting to be extinguished with a wish and a breath. The boy had a black patch over one eye, a plastic sword in his hand and a paper pirate's hat on his head. That boy was me.

My pirate birthday party opened a door of creativity and wonder for me that day, and over the ensuing years, I learned how imagination is a crucial part of our survival and development as human beings. In my mind, I *was* that pirate, growling and snarling and flexing the muscles of my manly chest as I searched for the treasure that had been hidden by my mother somewhere in the house.

Little did I know that 57 years after that photograph was taken, half of that manly chest of mine would be removed and I would be diagnosed with a rare form of breast cancer.

That's when life itself became the treasure for me. Not my former, precancer life, but the life I'm living at this moment — one that has cancer in it. And I suspect that many of us with a life-threatening disease might see our former selves with some trepidation and, perhaps, even a bit of sadness.

We can never predict our future, of course, but looking back, there will always be snapshots of our former selves. One of the keys for me in accepting my disease as something more than simply an unfair curse was seeing those snapshots of me before I had cancer as a separate life, in a sense. Sure, those memories are of me as a healthy person, totally unconcerned with what my health in the future might look like. But cancer changes everything.

KHEVIN BARNES.

Read more from Khevin: curetoday.com/link/KhevinBarnes.

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>
> *— KHEVIN BARNES*

And while it may seem beneficial to attach ourselves to the memories of our precancer existence, it does little to help us focus on the here and now. After my wife died of cancer 25 years ago, I struggled to find some hint of a positive future; a future that didn't include missing her every day and a future that contained new events and friends and experiences that didn't include memories of her either. At first this was a painful endeavor, but I came to understand that I was beginning a second life: life No. 2, with a whole new set of circumstances and goals and challenges, and that pain began to soften.

That didn't mean that I was losing the love and joy of my past.

It was important for me to understand that those memories from before, those 22 years of marriage, travel, family and work, weren't going away; they were just making room for my second life to emerge.

It was tough for a while. But surviving as a guy with cancer demanded that I imagine a world where being alive was fun again, where love and laughter existed again and where good health was available once more. But it would be different. Ever so slowly, I began to picture a world where life was just as fulfilling as it had been for all those years, but this time around I was a new man: a guy with cancer in his breast.

I still enjoy those snapshots of my former self, but now they're housed in their own special library and labeled "Book One." The sequel is a work in progress.

Khevin Barnes *is a male breast cancer survivor, magician and speaker. He is currently writing, composing and producing a comedy stage musical about male breast cancer awareness. He travels wherever he is invited to speak to (and do a little magic for) men and women about breast cancer. Visit him at BreastCancerSpeaker.com and MaleBreastCancerSurvivor.com.*

ILLUSTRATION BY RAY PALESKO; POLAROIDS: SKILLEDV / ADOBESTOCK

Coping With Cancer By Busting Clutter

A bone cancer survivor and his wife undo the damage the disease had inflicted upon their apartment.

BY STEVE RUBIN

I USUALLY SPEND MY weekend mornings enjoying a nice, strong cup of coffee while catching up on a television show or my latest book — accompanied by some great tunes, of course. Kori, my wife, likes to sleep in, and I'll have the living room to myself, unless Penny Lane, our furry, 10-pound poodle, decides to pop out and crash the party.

I've always cherished my mornings; the day is full of potential and there's not yet a rush to get to all the responsibilities. It's only morning, after all.

On a recent weekend, I remember brimming with a sense of delight. The night before, Kori and I rearranged our living room. Clutter had been removed, the overall vibe had been brightened, lightened and minimized. This was a big deal. And, oh baby, as the light poured in through our new curtains, the significance of what we'd accomplished, and its overall impact, struck me like lightning.

My nervous system felt it, and the smile resting happily upon my face represented it. It was one of those moments that sticks with you.

For years, Kori and I have been struggling to keep our heads afloat along my cancer journey. When it comes to survival in this arena, people tend to first think of treatments such as chemotherapy, radiation and surgery. Then there's the physical and mental/emotional therapists. They all play a role, and I've found each a necessary cog in the wheel along my own quest for wellness. But what had eluded us, and not without great consequence, was the damage the chronic illness had inflicted upon our apartment. Years and years of trauma, post-traumatic stress disorder triggers, and bone-chilling memories had sneaked in and festered around us like cockroaches.

Whenever Kori would come home from work and see me resting on the couch, she'd be haunted by images of me lying that same way in a neutropenic state. Any time my feet touched the carpet, it reminded me of the bomb once dropped when I'd stood there, learning of my first recurrence. The chair by the computer desk — that's where I sat receiving bad news regarding scans. The whole living room mess amounted to a combination of our run-down, exhausted mental states manifesting into actual physical clutter, roaming together with the toxic ghosts of emotional baggage.

Why didn't we get to this sooner? It's a fair question, and one that I'm sure our friends and family grew tired of asking. We knew that our apartment was causing us stress and understood what had to be done, but execution proved difficult with the all-consuming drain cancer takes on seemingly every resource at your disposal.

Whenever the rare, free moments of downtime did peek out to greet us, we had nothing left to give. It became a cruel joke.

But you still must maintain belief. Throughout the crippling fear, endless discouragement and overwhelming frustration, you simply must feel around for the dim light flickering inside and stoke the hell out of it. You have to, more than anything else, keep that faint sense of hope alive — it's your only hope.

> “Years and years of trauma, post-traumatic stress disorder triggers and bone-chilling memories had sneaked in and festered around us like cockroaches.”
> — *STEVE RUBIN*

STEVE RUBIN

Read more from Steve: curetoday.com/link/SteveRubin.

And in our case, I've recently been blessed to experience encouraging health results. With that came a breath of fresh air that propelled us forward like the perfect wave. The occasion and inner strength finally presented themselves and allowed us to regain control of our lives and trust in a future without constant, lingering danger.

Hopefully, we're just getting started.

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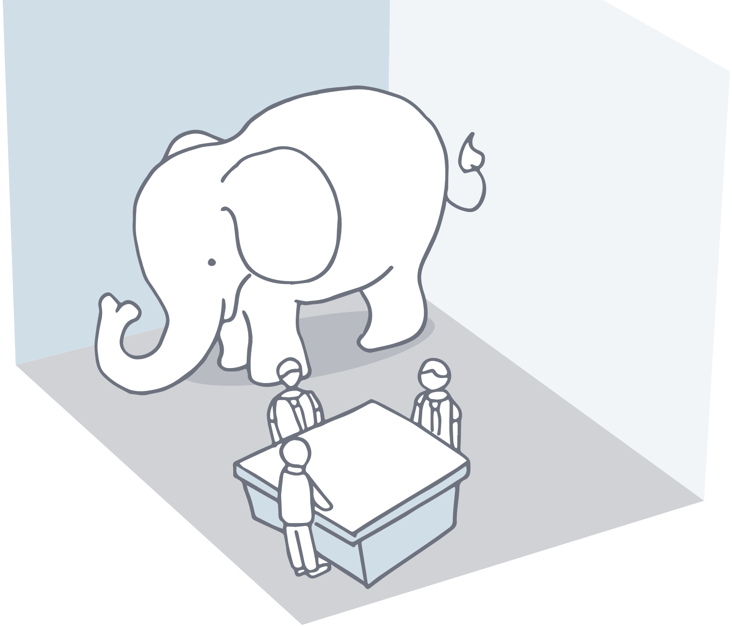
*At 30 years old, **Steve Rubin** received a diagnosis of osteosarcoma, a rare and aggressive bone cancer. The journey has taken him through chemotherapy, multiple surgeries and many different avenues of holistic health. An avid blogger, Rubin shares his personal health regimens and love of music, movies and sports in his writing. Follow along on his quest for wellness as he reacclimates into the world in spite of daunting statistics.*

ILLUSTRATION BY RAY PALESKO



Now I Acknowledge Neuropathy, the Elephant in the Room

For a long time, one woman refused to admit chemotherapy drugs affected her gait.

BY FELICIA MITCHELL

OF THE MANY THINGS I have written about as a cancer survivor, the one thing I have not written about is the elephant in the room: The lingering effects chemotherapy has had on my gait.

Since I hoped to be as good as new after my treatment, I have not wanted to admit that I am clumsier now. And giving away a favorite pair of shoes was not enough to cure me.

When I first started chemo, I found some fuzzy mules on sale. I felt cozy wearing the backless slippers into the infusion room, where I could kick them off as I curled into my chair, and then slip them back on as I left. Along with my chemo tote and thermos of hot tea, they were part of my survival care package.

Usually after a major infusion, I would head back home and rest. Once, however, I went to the grocery store with my son who was driving me that day. "Look," I said, as I begin to push the cart. "I can't walk straight." I was intrigued. My son was more concerned. At that point, I realized the fuzzy mules might not be up to the task, but I continued to wear them until I had to stop.

> **"Admitting we may be at higher risk is the first step in staying on our feet."** *— FELICIA MITCHELL*

That is because the mules had, in addition to a cute facade, a small wedge heel of no more than an inch and a half. As chemo went on, those wedge heels became a barometer for me. My footing began to feel less secure as I dealt with neuropathy. Soon, I knew I had to give up the mules. I just could not walk in them safely. I have never worn high heels, and I have always gravitated toward practical shoes, so not being able to wear even a modest heel was not an imposition. It was more of a sign that my body was changing.

FELICIA MITCHELL

Read more from Felicia: curetoday.com/link/FeliciaMitchell.

Neuropathy is not uncommon with certain types of chemo drugs and was, in fact, a side effect of two of my drugs. (I advise you to do research or talk to your doctor to learn more about side effects of the drugs you took.) I found it unnerving but figured it would pass.

Even wearing flat shoes after I finished treatment, though, felt different. My gait changed, and it is still not the same. That is OK except for the fact that sometimes I stumble more than I should. In addition to bruises (and a bruised ego), I have experienced a few unnecessary falls and fractures of varying degrees.

For a long time, I refused to acknowledge the lingering effects of neuropathy. I found a way to joke about it and told everybody I was clumsy. To acknowledge the elephant in the room, I had to admit I needed to explore balance further. Sometimes just wearing a different pair of shoes is not quite enough to keep us on our toes.

There are multiple considerations a doctor or physical therapist can walk you through if you need help. If your gait changes, for example, you can make more adjustments than I did early on. Exercises and treatments help us to navigate neuropathy, which may manifest in different ways.

Online resources, including information from Dana-Farber Cancer Institute, are worth exploring. "Risk Factors for Falls in Adult Cancer Survivors: An Integrative Review" helped me. In the report, the researchers summarize findings related to patients with cancer and survivors. This observation makes me feel less alone: "Cancer survivors' risk for falls is higher than that of community-dwelling older adults." Admitting we may be at higher risk is the first step in staying on our feet.

***Felicia Mitchell** is a poet and writer who makes her home in southwestern Virginia, where she teaches at Emory & Henry College. She received a stage 2b HER2-positive breast cancer diagnosis in 2010.*

ILLUSTRATION BY RAY PALESKO; ELEPHANT: JOHN TAKAI / ADOBESTOCK

Serve Up Sweet and Savory

From make-ahead chili to a twist on sweet potatoes, these recipes are quick to serve during busy weekdays.

RECIPES *by* JULIE BALSAMO, M.S., RDN, ONCOLOGY DIETITIAN, JOHN THEURER CANCER CENTER

BRENT HOFACKER / ADOBE STOCK

Make-Ahead Chili

Start to finish: Under 2 hours
Servings: 6

If you're not a fan of vegetables, you won't even know you're eating them, thanks to all the flavor this recipe packs. It features ground beef as its main source of protein, but you can substitute ground turkey. This make-ahead meal can be frozen and served as quick lunches or dinners throughout the week.

INGREDIENTS:

- 1 lb. ground beef
- 1 cup chopped onion
- 1 ½ cup diced zucchini
- 2 ½ tablespoons chili powder
- 2 cloves garlic, minced
- 1 bay leaf
- ½ teaspoon ground cumin
- 1 (29 oz.) can diced tomatoes
- 1 (15 oz.) can tomato sauce
- 3 (16 oz.) cans of beans, undrained, such as kidney or black beans

INSTRUCTIONS:

1. In a large saucepan, combine the ground beef, onion and zucchini.
2. Sauté for about 5 minutes, or until beef is browned. Drain excess fat.
3. Add the chili powder, garlic, bay leaf, cumin, tomatoes, tomato sauce, and salt and pepper to taste.
4. Bring to a boil and reduce heat to low.
5. Cover and simmer for 1 ½ hours, stirring occasionally.
6. Stir in the beans and heat through.
7. Remove bay leaf before serving. »

For more recipes, visit **instagram/curetoday** or **curetoday.com/recipes.**

Banana Oatmeal Muffins

Start to finish: Under 25 minutes
Servings: 6

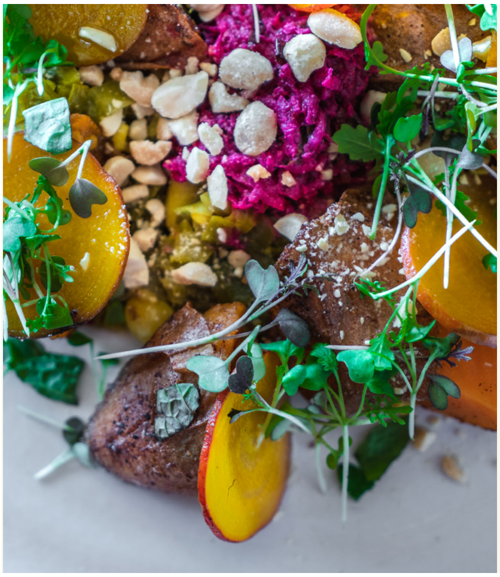
Loaded with fiber and easy to throw together with items you likely have in your pantry, these muffins are a perfect “grab and go” snack or addition to any meal. Making a double batch? These freeze well; simply store in an airtight container and remove 24 hours prior to eating.

INGREDIENTS:

- 1 mashed banana
- 1 egg
- ¼ cup sugar
- 1 tablespoon vegetable oil
- ¼ cup flour
- ¼ cup ground oats, plus extra oatmeal for the topping
- ½ teaspoon baking powder
- ¼ teaspoon baking soda
- ½ teaspoon cinnamon
- 1/8 teaspoon salt

INSTRUCTIONS:

1. Preheat the oven to 350 degrees.
2. In a medium bowl, combine banana, egg, sugar and vegetable oil. Mix well.
3. Add in flour, ground oats, baking powder, baking soda, cinnamon and salt. Mix until well combined.
4. Divide mixture into 6 muffin tins.
5. Top with oatmeal.
6. Bake for 15-18 minutes.



Sweet Potato Salad

Start to finish: Under 15 minutes
Servings: 4

A good source of Vitamin C and Vitamin B, this sweet potato salad also contains fiber and protein that’ll help fill you up and power you through whatever your day may hold.

INGREDIENTS:

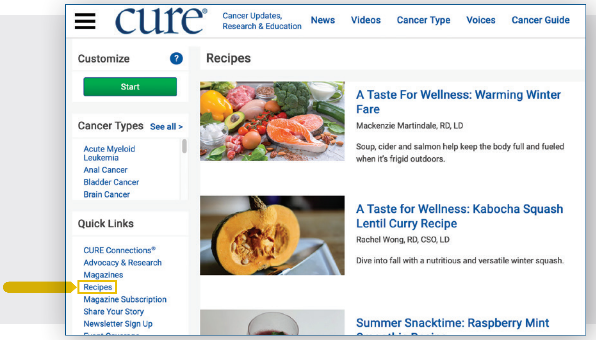
1. 2 large sweet potatoes, peeled and diced into ½ inch cubes
2. ¼ cup feta cheese
3. ¼ cup chopped walnuts
4. ¼ cup raisins
5. ¼ cup balsamic vinegar reduction

INSTRUCTIONS:

1. Steam the sweet potatoes until tender, about 7-10 minutes.
2. Once cooled, add the feta cheese, walnuts and raisins. Lightly mix.
3. Toss with the balsamic vinegar and serve cold.

For recipes and more, visit
curetoday.com/recipes

Or follow us on instagram at
instagram/curetoday



Recipes

A Taste For Wellness: Warming Winter Fare
Mackenzie Martindale, RD, LD
Soup, cider and salmon help keep the body full and fueled when it’s frigid outdoors.

A Taste for Wellness: Kabocha Squash Lentil Curry Recipe
Rachel Wong, RD, CSO, LD
Dive into fall with a nutritious and versatile winter squash.

Summer Snacktime: Raspberry Mint

BANANA OATMEAL MUFFINS: LYNNE ANN MITCHELL; SWEET POTATO SALAD: PALATE FILMS / ADOBE STOCK

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We are helping to move mountains for myeloma patients

Moving Mountains for Multiple Myeloma, (MM4MM), is an award-winning collaboration between CURE Media Group and the Multiple Myeloma Research Foundation (MMRF) which raises funds and awareness for myeloma research.

Since its inception in 2016, Moving Mountains for Multiple Myeloma teams have climbed Mt. Kilimanjaro, hiked the Grand Canyon, summited Mount Fuji, trekked the Inca Trail to Machu Picchu, reached Everest Base Camp and conquered Iceland's many landscapes. Our team members have raised over $2.9 million, 100% of which goes directly to the MMRF, which spearheads and funds critical myeloma research. These amazing journeys are captured via blogs, social media posts, and video.

Due to COVID-19 the 2020 program has shifted - all 2020 teams will continue fundraising and training this year and will hike in early 2021.

Patients, caregivers, myeloma loved ones, and others impacted directly by multiple myeloma will take on the Alaskan Kenai Peninsula, summit Mount Washington, explore the terrain of Greenland, and more! They will raise funds for multiple myeloma research and demonstrate that the advancements being made in recent years, led by the MMRF, are helping patients live longer with a higher quality of life than ever before.

To learn more and join a MM4MM team visit:
MovingMountainsForMultipleMyeloma.com

To learn more about the MMRF, visit **TheMMRF.org**

LEARN MORE ABOUT OUR CLIMBS!

2020 TREKS IN 2021!

Mount Washington Hike
July 9-12, 2021

Greenland Trek
To be determined

Alaskan Kenai Peninsula Trek
June 20-26, 2021

Kilimanjaro Trek
March 6-16, 2021

Machu Picchu Trek
May 1-11, 2021

New 2021 hikes & dates coming soon!
Email **teammanager@themmrf.org** to get on our waitlist!

Moving Mountains for Multiple Myeloma

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