

living well *after* cancer

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heal

VOL.9 NO.1 / WINTER 2021



Protecting *the* Heart After Surviving Cancer

*Understanding the link and
preventing heart problems after
cancer treatment.*

Also inside

**How Cancer Spiced
Up One Survivor's
Testimony**

**Married Couple Tackles
Cancer Together**

**Becoming Pregnant
After Cancer**

**Serve Up Warm
and Hearty Dishes**

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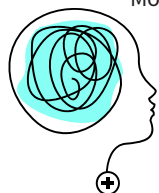
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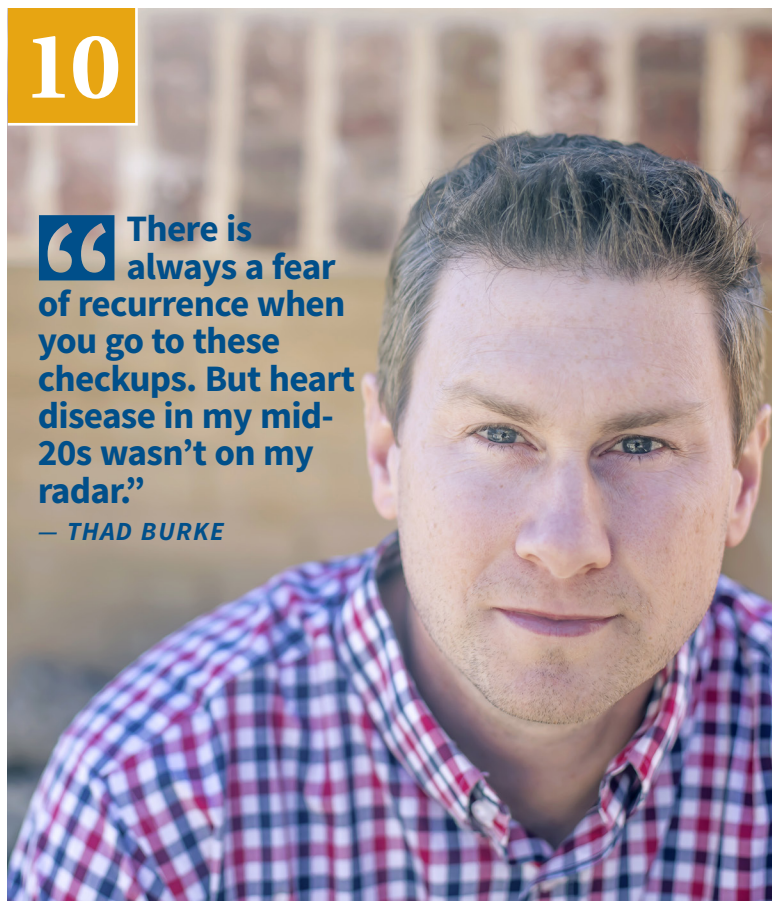
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— THAD BURKE



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SALES & MARKETING

Vice President, CURE Media Group
Erik Lohrmann / elohrmann@mjhassoc.com

Vice President & Executive Producer, MJH Productions
David Lepping / dlepping@mjhassoc.com

Executive Vice President, Oncology Professional Relations
Donna Short, M.A.

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Strategic Alliance Partnership Manager
Brooke Weinstein

Senior Marketing Manager
Melissa Hindle

Sales & Marketing Coordinator
Samantha Gullace

OPERATIONS & FINANCE

Circulation Director
Jon Severn, subscribe@curetoday.com
circulation@mjhassoc.com

Vice President, Finance Leah Babitz, CPA

Controller Katherine Wyckoff

EDITORIAL & PRODUCTION

Editor-in-Chief Debu Tripathy, M.D.

Editorial Director Kristie L. Kahl

Associate Editorial Director
Ryan McDonald

Managing Editors Darlene Dobkowski;
editor@curetoday.com

Assistant Editor Colleen Moretti

Assistant Web Editor Conor Killmurray

Social Media Manager Jessica Skarzynski

Copy Chief Jennifer Potash

Copy Supervisors Rachelle Laliberte,
Paul Silverman

Medical & Scientific Quality
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Copy Editors Cheney Baltz, Georgina
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Photo Editor & Production Coordinator
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Contributing Writers: Jeannette Moninger;
Tamera Anderson- Hanna; Erica Finamore;
Shira Zwbener; Kim Johnson; Jane Biehli;
Rachel Wong

Contributing Photographers Rebecca Claire
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Editorial & Business Office
MJH Life Sciences, LLC.
2 Clarke Drive, Suite 100
Cranbury, NJ 08512
609-716-7777

Pharmaceutical Innovation is Saving the World

IN MARCH 2020, the United States was in the early stages of the COVID-19 pandemic. We shut down the entire country and ground the economy to a halt to slow the spread of the virus. Think back to March and how much uncertainty we were living with every day.

Nine months later, the Food and Drug Administration authorized for emergency use two COVID-19 vaccines. Before New Year's Day, millions of Americans had received the vaccine, including front-line physicians and health care providers. Joining them at the vaccine forefront were nursing home patients, our most vulnerable citizens.

Nine months. Take a moment to let that sink in.

This was the fastest vaccine development program in history, and it's not even close. Dr. David Pride, an infectious disease specialist and associate professor of pathology at the University of California, San Diego, estimates that vaccines typically take 10 to 15 years to develop. Until the COVID-19 pandemic, the fastest development timeline had been four years for the mumps vaccine.


We are now in the next step of the process — distribution of the vaccine — which has been as challenging as the development phase, if not more so. Factories worldwide are working on overdrive to produce hundreds of millions of vaccine doses.

Remember, we accomplished all of this in nine months. In this issue, a CURE® contributor, survivor and first responder weighed the pros and cons of receiving the vaccine.

Also in this issue, our cover story focuses on heart disease in cancer survivors. Some survivors experience cardiovascular disease because of their treatments, and it is often not discussed enough after cancer treatment is over. Our story will dive into this via interviews with doctors who specialize in heart disease and cancer survivors living with cardiovascular disease.

In another powerful read, two-time colon cancer survivor Danielle Ripley-Burgess talks about her journey and how it led her to writing her autobiography, "Blush." This interview offers a closer look at her journey and how it "spiced up her testimony," as she put it.

Also inside: What cancer has taught some survivors, warm recipes for the cold season and tips from a survivor who emphasizes that you should listen to your body.

We hope that you enjoy this issue and find it useful and inspirational for you and your family. 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.



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Despite Difficulties Getting Pregnant, Most Breast Cancer Survivors Deliver Healthy Babies

Although there is a 45% higher risk of preterm labor, there is not a significant increased risk of congenital defects.

By JESSICA SKARZYNSKI

COMPARED WITH WOMEN IN the general population, women who survive breast cancer may have more trouble conceiving and have a higher risk of preterm labor, but most deliver healthy babies, with no negative effect on their long-term survival, according to data from a meta-analysis presented at the 2020 San Antonio Breast Cancer Symposium.

“Results of this meta-analysis provide reassuring evidence on the feasibility and safety of conceiving in women with a prior history of breast cancer,” said lead researcher Dr. Eva Blondeaux, who presented the data during the symposium held virtually in December.

Because pregnancy after breast cancer diagnosis and treatment is a priority for many women, and increasing evidence shows that pregnancy after cancer is feasible, Blondeaux and colleagues set out to provide updated evidence by conducting an analysis in three areas:

- Chances of pregnancy in breast cancer survivors compared with the general population and survivors of other cancers.
- Reproductive outcomes in breast cancer survivors, including complications, delivery outcomes and fetal outcomes.
- Maternal safety in terms of disease-free survival and overall survival.

Thirty-nine studies enrolling 8,265,713 women were included in the analysis, with 8,093,401 from the general population. Of the 114,573 patients with breast cancer, 7,505 had a pregnancy after diagnosis and 107,068 did not.

When evaluating the chances of pregnancy, Blondeaux and colleagues compared data from 48,513 breast cancer survivors with data from 3,289,113 women from the general population. The data demonstrated that breast cancer survivors had a 60% lower chance of becoming pregnant compared with the general population. When compared with other cancer survivors, only cervical cancer survivors had a lower chance of conceiving. Overall, all survivors were less likely to become pregnant than the general population.

Researchers then compared the data of 3,240 breast cancer survivors with 4,814,452 women from the general population to evaluate reproductive outcomes. There was a 14% increased risk in women who survived breast cancer undergoing a cesarean

section and a 50% higher risk of the newborn having a low birth weight.

Although breast cancer survivors had a 45% higher risk of going into preterm labor, the researchers found no significant increased risk of congenital defects or other pregnancy or delivery complications. Additionally, there was no increased risk of pregnancy complications or spontaneous or induced abortions.

On the topic of maternal safety — specifically, in a disease-free analysis — 2,003 patients with breast cancer who became pregnant after treatment were evaluated, compared with 37,779 patients with breast cancer who did not become pregnant following therapy. No detrimental effect of pregnancy after breast cancer was found. Similar findings were identified in the overall survival analysis, which looked at 3,261 patients with breast cancer who were pregnant following treatment and 58,238 patients who were not. As in the disease-free analysis, no detrimental effect was observed.

These findings provide evidence of the feasibility and safety of pregnancy in breast cancer survivors but, as Blondeaux noted, the higher risk of fetal complications means those pregnancies need to be more closely monitored.

Additionally, Blondeaux said, the fact that pregnancy appears to have no long-term impact on survivorship highlights the fact that patients’ desires to become pregnant should be considered, as many women can successfully undergo breast cancer treatment and go on to deliver healthy babies.

“The lack of detrimental prognostic effect of pregnancy after breast cancer [irrespective of patient, tumor, treatment and pregnancy features] strongly voices for the need of deeper consideration of patients’ pregnancy desire as a crucial component of their survivorship care plan and wish to return to a normal life,” Blondeaux concluded. ■



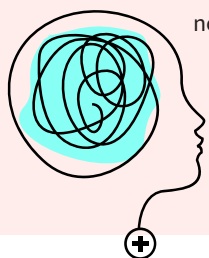
Spouses of Cancer Survivors Often Need Support for Their Mental Health

A cancer diagnosis affects the entire family, and partners acting as caregivers may experience depression and anxiety but not seek help.

By COLLEEN MORETTI

SPOUSES OF SURVIVORS experiencing mental health issues are more likely to seek mental health care if their partner does, as well, but are less likely if their partner's health conditions are worsening, according to a recent observational study.

"We hypothesized that worse health and greater health service among cancer survivors would be associated with lower



rates of mental health care use among their spouses," the authors wrote. "The findings will improve our understanding of why some caregivers access mental health care for depression, anxiety or emotional distress whereas others do not, with implications for the delivery of supportive care to cancer survivors and their families."

Data were taken from the Medical Expenditure Panel Survey for individuals who

are married and have had cancer. Participants were excluded if the marriage ended, both spouses reported being diagnosed with cancer or their data were proxy reported. Participants also were excluded from the study if their data were missing from the self-administered questionnaire. A total of 1,882 spouses of cancer survivors were followed for five rounds over a two-and-a-half year period. [h](#)

Oncology Experts Address Concerns Regarding COVID-19 Vaccines

A patient with cancer who is no longer receiving treatment or has no signs of active disease likely will have a good response to the COVID-19 vaccine.

By RYAN MCDONALD

FOLLOWING THE RECENT EMERGENCY use authorization of the Pfizer-BioNTech and Moderna COVID-19 vaccines by the Food and Drug Administration (FDA), many patients with cancer who are receiving treatment — and those who no longer have signs of active disease — may have questions about the vaccines.



**DR. DEBU
TRIPATHY**

Dr. Debu Tripathy, professor and chair of the Department of Breast Medical Oncology, Division of Cancer Medicine at The University of Texas MD Anderson Cancer Center in Houston and editor-in-chief of *CURE*®, said he and his colleagues were getting questions about the distribution of the vaccines even prior to their authorization.

"All our patients want to know what the schedule is for when they might get a vaccine," Tripathy said in an interview with *CURE*®.



**DR. ROY F.
CHEMALY**

CURE® recently spoke with Tripathy and Dr. Roy F. Chemaly, chief infection control officer and a professor in the Department of Infectious Diseases, Infection Control and Employee Health at MD Anderson, about the vaccine.

DECIDING WHO GETS THE VACCINE IS A PROCESS

In December 2020, high-risk health care workers started receiving the vaccines across the United States. Many front-line workers have received either vaccine over the past several months, including those who work directly with patients with cancer who are at a high risk for infection.

After those frontline workers, there is a process for which patients will begin to receive the vaccine, Tripathy said.

Patients with underlying conditions at high risk for complications of COVID-19 infection will likely be a top priority to receive either vaccine. However, for patients with cancer who are receiving therapy, particularly those receiving more intensive therapies such as stem cell transplants, some details still need to be ironed out. »

“We haven’t gotten into the nitty-gritty in terms of how we’re going to divide (the vaccines) to some extent,” Tripathy said. “We’re going to have the physicians be involved in prioritizing this based on their knowledge because they’re the ones who know the patients the best.”

Chemaly also noted that the vaccines will likely be administered to patients on a case-by-case basis.

“For patients with cancer who are still under active treatment with (chemotherapy) or radiation or early after stem cell transplantation, there are no data on how effective the (vaccines are) and how (they) should be used,” he said. “So, we’re going to be a little bit more cautious and take it case by case to recommend these vaccines to our cancer patients, as we wait for more data to come out from the general population, then see how safe it is and how effective (it is) in order to really extrapolate to our cancer patients.”

If a patient is no longer receiving active treatment and there are no signs of active cancer, Chemaly said, they should have a good response to the vaccines, and it will likely be safe to receive either one.

“Now, for other patients who (are) in the follow-up period, not really called ‘survivors’ of cancer, we’re going to probably provide some guidance; for example, for recipients of a stem cell transplantation. If it’s been six months from allogeneic transplantation, they’re stable and recovering well after transplant, then it is probably safe to give it to these patients,” he said. “Autologous transplant could be three months from the transplantation if they have no active issues, they are still in remission, and they are stable enough to receive a vaccine.”

IT IS NOT KNOWN WHAT SIDE EFFECTS MAY OCCUR

As with any vaccine, Tripathy said, some people will have reactions, but at least there are data from healthy individuals that can be shared with patients with cancer. However, there will be some unknowns. For instance, it remains to be seen whether patients with cancer are able to generate antibodies and develop the same protection from the virus as healthy patients. Also unknown is if there will be unique side effects in this patient population.

“These are things that we will have to learn as we go, and we will,” Tripathy said. “As the cancer centers and practices start immunizing their patients, we’re going to be tracking their outcomes.”

Just as with any drug that receives FDA approval, there will be a process for reporting and compiling any side effects that occur when a patient receives the vaccine.

As for the two people who developed severe allergic reactions to the Pfizer-BioNTech vaccine in the United Kingdom, Chemaly noted that those individuals had a history of anaphylaxis, or severe allergic reactions to different antigens. They already were carrying an EpiPen (epinephrine), which helps combat serious allergic reactions.

“And we’re prepared to intervene if someone (develops) this kind of reaction when we give the vaccine,” Chemaly said.

SOCIAL DISTANCING, MASKING PRACTICES SHOULD CONTINUE

Everyone — not just patients with cancer — should follow all the public health measures, including wearing a mask, social distancing and frequent hand washing for at least another six months to one year, even if vaccinated, Chemaly said.

“We need to create herd immunity (because) without herd immunity, we’re not going to eliminate this virus,” he said. “Second, even if you get a vaccine, (it) doesn’t mean you’re not going to be exposed to the virus in the community or in your workplace. At that point, you may carry the virus and not get sick from it or get admitted to the hospital ... but (you) can still transmit the virus to other people. This is why masking is still so important.”



THERE IS NOTHING TO HIDE

Chemaly said he’s received questions from patients and employees every day about the vaccines. And although he said that being concerned is understandable, he assures the public that the trials have been conducted under a microscope, meaning many experts have been watching everything that has happened.

“No one is hiding anything,” he said. “Based on that, I advise my patients, my colleagues and other health care workers in the health care setting that (the vaccines are) safe and

(are) effective. There is no long-term side effect up to two or three months from receiving (a COVID-19) vaccine. I, myself, feel very comfortable taking it, and (I lined) up to get the vaccine as soon as it (was) available.”

SUCCESS WAS ACHIEVED IN LESS THAN A YEAR

“I think that we are witnessing an incredible moment in history where we rallied to do something that had never been done, and that is to get a vaccine from scratch in less than one year,” Tripathy said. “That is a pretty astounding technologic feat that not many people would have believed was possible when all this started — that in this short period of time, we did it.”

Now, it’s up to patients to make an informed decision about whether to get a COVID-19 vaccine, although the available data point to their potential effectiveness.

“Nothing works unless you get the vaccine,” Tripathy said. “If you don’t get the vaccine, all of this was for nothing.”

However, Tripathy acknowledged that some people may be concerned and reluctant to receive the vaccine.

“Things have happened in medical history that might give some people pause,” he said. “There’s a lot of concern about people who are underserved and minorities because there is a history of them not receiving fair treatment when it comes to medicine and clinical trials. And so, we have to go the extra mile to reassure patients. But we can’t pretend that we can reassure people 100%. As with many other decisions you make in life, you take the best information you have and you make a recommendation for other people or for yourself. All we can do is be truthful, present our recommendations and hope that a majority of people do get vaccinated.” **h**

*Advice From People Like You***We asked our readers ...***What Is the Most Important Lesson Cancer Has Taught You?*

"I am stronger than I think." — *Marie*

"To not take things for granted or put off places you want to see. Life is too short; enjoy, make memories with family and friends." — *Debbie*

"Slow down, enjoy completely undistracted time with family and friends, share love and kindness daily!"

— *Julie*

"You keep going but enjoy each moment like it could be your last. Don't make the time about the cancer. Thank God for the time you have." — *Cathy*

"It affects the person who has it and everyone who loves them." — *Frank*

"Every day is a gift and not to be wasted. Take time for the little things. There are no promises in life, but faith and hope go a long way. With my cancer treatment, it was a trip to hell, and I was lucky to make it back. Not everyone does, but you have to fight." — *Ronnie*

"Get good, clean nutrition, lots of rest, daily exercise outside ... connect with nature. Learn to breathe properly to decrease stress, listen to your body, stay positive but be realistic, and deal with your disease one day at a time. Thoroughly enjoy the days that you feel good, doing whatever makes you happy." — *Cheryll*

"I can fight and win!" — *Holly*

"When faced with a challenge in life, stay positive through the hardest time and enjoy life to the fullest every day." — *Marie*



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'I Knew Something Was Wrong Before the Doctors Did'

Theresa Germano sat down with HEAL® to discuss her journey with cancer, how her daughter became her hero and how listening to her body benefited her in the end.

By COLLEEN MORETTI

IN 2018, THERESA GERMANO received a diagnosis of stage 4 gastroesophageal junction cancer (esophagus and stomach intersection), which had spread to her liver. Earlier, Germano had been struggling with swallowing and knew something was wrong.

After receiving her diagnosis, Germano's daughter Adriana, who is a three-time cancer survivor herself, became Germano's caregiver. She moved in with her and was with her through every step. Germano said she could not have gone through the journey without her by her side.

Since then, Germano began treatment with immunotherapy and is doing well. She stays healthy and active, and continues to listen to her body.

Q: HEAL®: How did you find out you had cancer? What led to your diagnosis?

A: Germano: I hadn't been feeling too good for a few months, and I knew things weren't right, but I just

couldn't put my finger on it. Then it started with swallowing; I was having difficulty. I couldn't imagine what it was all about. The food would get stuck; it wouldn't go down, it would come back up.

I went to my gastroenterologist and complained to him. I guess he couldn't put his finger on the problem, either. He just suggested taking smaller bites. I tried that and also tried taking liquids to help food go down. It got to the point where I said, "I can't be doing this; there's something going on here." He suggested that I have a swallow test ... and all they could determine was that I had a narrowing toward the end of the esophagus that led into the stomach. My doctor wasn't able to give me any idea of what they could do for it ... the doctors were just puzzled.

I tried to do what I could until it got to the point where it really was bad and I was really having a problem. I went to the emergency room with my daughter and they admitted me, and that's when the testing started.

Q: How did you feel when you found out you had cancer?

A: I wasn't surprised, because it's in our genes, our history, our family. And I always said, I was very lucky to get this far in life without any problems. I was always healthy and active. I went to the gym, tried to eat right, never smoked. At that moment, I was thinking, "How am I supposed to feel if I have cancer, other than I can't swallow? Do they really have it right?" It was crazy, but that's how it all started.

There was more testing and, in a couple of weeks, I found an oncologist here at Cooper University Hospital in Camden, New Jersey, who has really been an angel to me and has guided me and helped me along the way.

Q: What was your treatment like?

A: We did 12 rounds of chemotherapy and, shortly after that, 23 treatments of radiation. Right now, I'm on immunotherapy and I just had my 25th



👉 **THERESA**, seen here with her daughter **ADRIANA**, talks about how her daughter became her hero.

treatment of that. I get my CT scans every three months to see what's going on and, so far, everything is very quiet and I'm able to function.

I think for my age and my problem, I'm doing very well. I really can't complain. I am not in any discomfort of any kind, though I get tired.

Adriana has been my hero, believe me. I am so blessed because I don't think I could have gone through this without somebody who really was there in every way, every minute of the day. A year ago, she said, "Mother, I think it's time I move on," which was hard, but it was time. I've been alone, and I've been able to manage quite well. They keep an eye on me here; I am very close with both of my daughters and my grandkids. I truly have been blessed so far.

Q: How has your life changed since you received the diagnosis?

A: It hasn't changed a whole heck of a lot, to be honest with you. At a very young age I lost my mom, when I was almost 4. She had colon cancer, and it was devastating,

but I was so young that I really didn't truly understand what it's like not to have a mom. My mother's sister raised me because my dad had to work, and my brother went with my grandmother. I learned to be very independent at a very young age and try to figure things out myself. So, dealing with the diagnosis really wasn't difficult for me, to be honest with you, and I mean that from the bottom of my heart. I just said to myself, "Whatever is in the cards is in the cards, and I'll do what I have to do." And that's all I can do. It really hasn't changed a whole lot. Other than, because of the COVID-19 pandemic, I don't really get out a lot right now.

Q: Do you have any advice for others who might be going through what you went through?

A: Oh gosh, the advice that I can give them is to listen to your body. ... You have to be strong and believe in yourself and the help you're getting. Just fight away. I always say, what's going to be is going to be. I've always listened to my body and I knew before the doctors knew that something was not right. [h](#)

Nominate your Lung Cancer Hero today!

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CURE® is now accepting nominations to recognize our 2021 Class of Lung Cancer Heroes®, individuals who go above and beyond to make a difference in the lives of those affected by lung cancer. Each hero is nominated by patients, caregivers, and fellow health care professionals for their heroic contributions in the field of lung cancer, or in the individual lives of people with lung cancer.

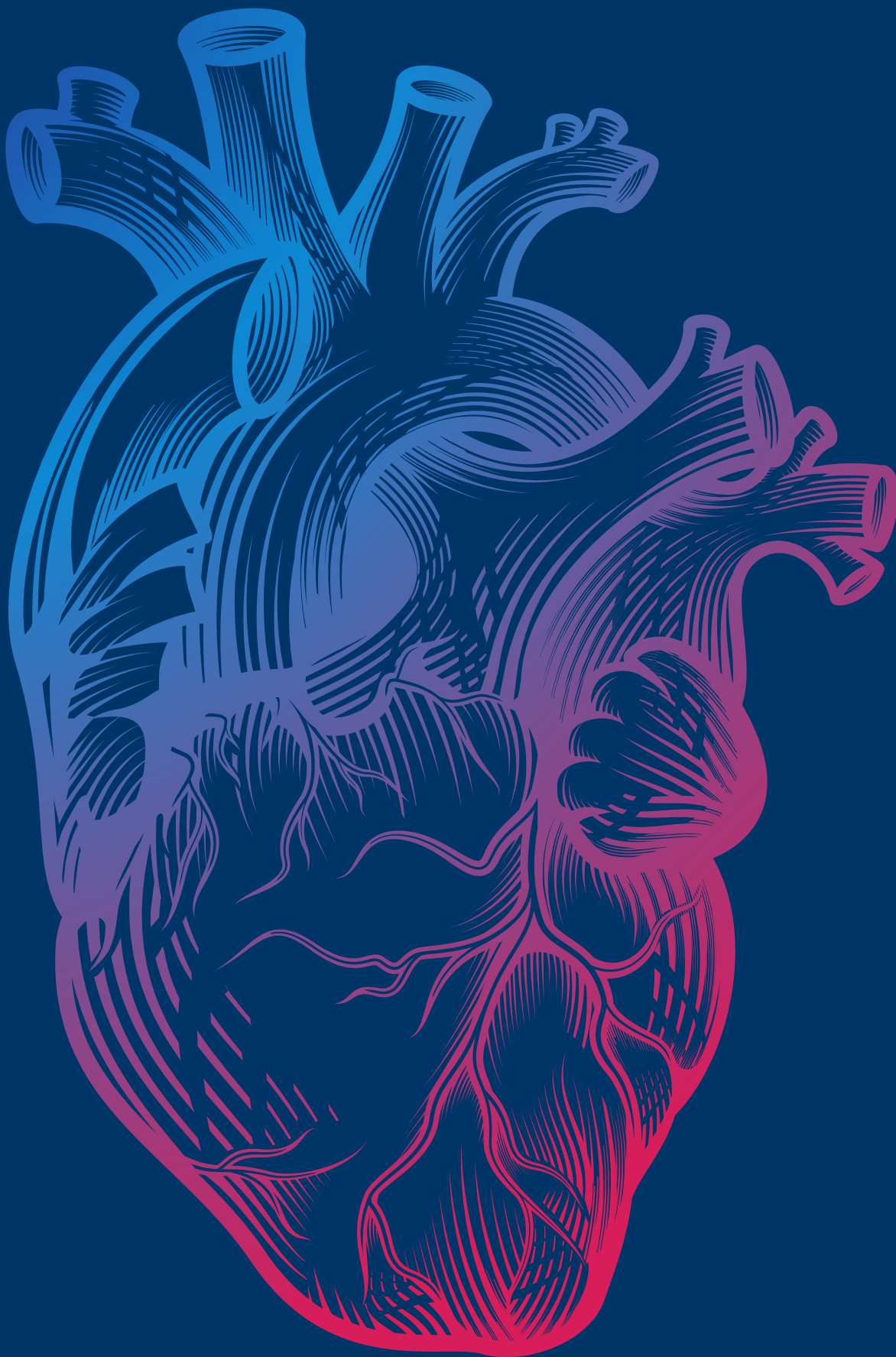
Submit yours by June 30, 2021.

Three Lung Cancer Heroes®, along with their nominators, will be interviewed by CURE® and honored at a special reception to be held later in 2021. More details will be announced as they become available.

Submit your essay today at curetoday.com/LCH21

CURE®, Takeda, and Lung Cancer Heroes®, the advocacy community are dedicated to bringing together the lung cancer community to end the stigma, inform, connect, and empower anyone who has been impacted by lung cancer.

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Understanding Heart Problems After Cancer Treatment

By JEANNETTE MONINGER

Thad Burke felt great after finishing his first Half Ironman triathlon in September 2013. Seven years earlier, Burke, then 20, had received chemotherapy and radiation therapy to put stage 2 Hodgkin lymphoma into remission. With cancer behind him, Burke, a resident of Brandon, Mississippi, was at his peak fitness level. So, when a routine annual cancer survivor checkup indicated a heart problem less than four months after the race, Burke was stunned.

“There’s always a fear of cancer recurrence when you go to these checkups. But heart disease in my mid-20s wasn’t on my radar. I had no symptoms and was more physically active than ever,” Burke says. “I was aware that cancer treatments could potentially affect my heart down the road. But I didn’t realize how soon down the road it could be.”

The squeezing action, known as the ejection fraction, of Burke’s left heart ventricle was low. His heart was pumping out 45% blood volume with each squeeze. A healthy ejection fraction for a man typically falls in the 55% to 70% range, according to the American Heart Association. Anything below 40% indicates some degree of heart failure. Burke’s echocardiogram reading showed decreased heart function. Although he didn’t have overt heart failure, there were definite changes to his heart muscle. Without treatment, the damage could lead to actual heart failure. »



➤ **THAD BURKE** discusses how he experienced heart disease after surviving cancer.



» THAD BURKE doesn't even call his heart problem a heart problem because it hasn't affected his ability to enjoy life.

CONNECTING CANCER AND HEART DISEASE

Doctors have known for some time about cardiotoxicity — the toxic effects that certain cancer treatments have on the heart. For instance, chemotherapy is effective because it kills cancer cells. But the drugs affect healthy cells, too, including the ones that power the heart. Herceptin (trastuzumab), anthracyclines and 5-fluorouracil have some of the strongest cardiotoxic effects. Radiation therapy, especially treatment that targets tumors in the chest area, can damage heart muscle and affect coronary arteries that supply blood and oxygen to heart muscles. Studies also show a link between certain targeted therapies, hormone therapies, immunotherapies and heart problems. However, in addition to direct injury to the heart and associated tissues, most heart problems in patients with cancer are a result of secondary effects of the drugs on blood pressure, lipids, sugar control and lifestyle changes.

Cardiovascular disease isn't exclusive to cancer survivors. It claims the lives of 1 in 4 Americans each year, making it the leading cause of adult deaths, with cancer a close second, according to the Center for Disease Control Prevention.

The term “cardiovascular disease” encompasses a range of potentially life-threatening problems, including coronary artery or heart disease (often caused by plaque buildup in arteries), heart attack, heart failure, valve disease, aneurysms, strokes and arrhythmias. Cancer survivors also are more likely to develop pericarditis, which is inflammation of the sac surrounding the heart.

Survivors face cardiovascular disease treatment challenges, too. “People who have received radiation treatments to the chest can develop fibrosis. This hardened, scarred irradiated tissue can make it more difficult for a cardiovascular surgeon

to perform procedures [such as] coronary bypass surgery or heart valve replacement,” says Dr. Daniel A. Mulrooney, deputy director of the After Completion of Therapy Clinic at St. Jude Children's Research Hospital in Memphis, Tennessee.

Nearly half of Americans have some type of cardiovascular disease, according to the American Heart Association, and millions more are at high risk of getting it. Some of the well-known contributors to heart disease include high blood pressure, high cholesterol, diabetes, excess weight, family history, smoking and a sedentary lifestyle. But cancer and its treatments are rarely mentioned as risk factors, even though studies show that people who get certain cancer treatments are more likely to develop serious heart problems at a younger age than most of the population. And the outcomes for cancer survivors are worse: They're up to six times more likely to die from cardiovascular disease than those who never have cancer, according to the European Society of Cardiology.

“Cancer screenings have increased the number of diagnosed cancers, including many cancers that once would have gone unnoticed. More people are receiving diagnoses of lower-risk cancers such as early-stage breast, prostate, thyroid and kidney cancers that respond favorably to treatments — if treatment is needed at all,” says Dr. Nicholas Zaorsky, an assistant professor in the Department of Radiation Oncology at the Penn State Cancer Institute in Hershey, Pennsylvania. “Because many cancer survivors are living longer, they're more likely to die from another competing cause, such as cardiovascular disease, rather than the cancer itself.”

Zaorsky is part of a research group that conducted one of the largest and most comprehensive observational studies examining cardiovascular disease deaths among

cancer survivors. The study looked at causes of death among people who had 28 different types of cancers over a 40-year span, from 1973 to 2012. Findings published in the December 2019 issue of the *European Heart Journal* indicate that 1 in 10 cancer survivors die from cardiovascular disease, not cancer. People receive a diagnosis of any type of cancer before age 55 are 10 times more likely to die from various cardiovascular problems than people without cancer. This risk was highest among people who have cancers of the bladder, larynx, prostate, uterus, colon or breast.

Still, it's the treatment and not the cancer type that predisposes someone to heart and vascular problems. "Cancer treatments can raise blood pressure and blood sugar. They can stiffen heart valves and arteries. They can cause weight gain and bring on fatigue that makes it difficult to be physically active and maintain a healthy weight," says Dr. Bonnie Ky, director of the Penn Cardio-Oncology Translational Center of Excellence at the Hospital of the University of Pennsylvania in Philadelphia.

Over the past 15 years, cardio-oncology has emerged as a new medical specialty. Cardiologists, such as Ky, partner with oncologists and hematologists to minimize the effects of cancer therapies on the heart during treatments and afterward. "Unfortunately, adults may already have heart disease or heart disease risk factors when they receive a cancer diagnosis," Ky says. "Cancer treatments can speed up the onset of heart problems and symptoms, causing heart damage earlier than we would expect."

Children with cancer tend to have healthy hearts. "Because of their young age at the time of the initial cancer diagnosis and treatments, childhood cancer survivors have more years of living ahead of them," Mulrooney says. "Everyone's risk of heart disease goes up as they get older. But this risk, particularly the chances of dying from heart disease, may be greater for childhood cancer survivors when they become adults. This possibility is something we're still studying."

The good news is that many therapies in use today are less cardiotoxic than they were decades ago. "Radiation therapy in 2020 is better targeted than radiation therapy given in the 1950s," Mulrooney says. "We're able to more precisely target just the tumor, protecting more of the surrounding healthy tissue and cells."

As new treatments enter the market and experts learn more about the long-term effects of cancer treatments on the heart, doctors continue to make changes to protect the heart health of people with cancer. According to study results published in the *Journal of Clinical Oncology*, since 2005, anthracyclines, one of the more cardiotoxic of chemotherapy drugs often used to treat breast cancer, have steadily fallen out of favor. Doctors now turn to taxane chemotherapy drugs such as Taxol (paclitaxel) that don't appear to cause heart damage.

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WAYS TO PREVENT HEART DISEASE

The American Heart Association recommends these heart-healthy actions for everyone.

- ❑ **EAT HEALTHY.** At the grocery store, skip the aisles and shop the perimeters for fresh fruits, vegetables and dairy products. Eat more fruits and vegetables, lean protein and fiber-rich whole grains. Cut back on trans fats, sugar and sodium.
- ❑ **GET REGULAR CHECKUPS.** Cancer survivors may need more frequent blood tests to check for diabetes, high cholesterol and other early indicators of cardiovascular disease. It's important that your doctor know about your cancer treatments, especially the ones with known cardiotoxic side effects.
- ❑ **TAKE MEDICATIONS.** Medications for high cholesterol, high blood pressure and diabetes keep these diseases from damaging the heart and blood vessels.
- ❑ **MAINTAIN A HEALTHY WEIGHT.** Extra pounds make your heart work harder. You're also more likely to develop diabetes and high blood pressure. Adults should strive for a body mass index between 19 and 25, according to the CDC.
- ❑ **KEEP MOVING.** Aim for at least two-and-a-half hours of moderate physical activity, such as brisk walking, every week. Fit in two days of strength training, too.
- ❑ **STOP SMOKING.** The use of nicotine and tobacco products increases your risk of cardiovascular disease and cancer.

The longer a cancer survivor lives, the more likely they are to develop some form of cardiovascular disease. The *European Heart Journal* study found that cardiovascular deaths are most likely to occur during the first year after a cancer diagnosis. "Some people get blood clots that cause life-threatening heart attacks or strokes," Zaorsky says. "For others, their health may have already been poor when they received their cancer diagnosis, and the treatments prove too toxic."

Not everyone who has cancer will develop heart problems. But given that so many Americans either already have cardiovascular disease or risk factors for it, the odds aren't in most people's favor. Fortunately, steps can be taken to maintain a healthy heart.

PROTECTING THE HEART AFTER CANCER

The early detection and treatment of cardiovascular disease are key to preventing additional life-threatening problems. For some people, such as Burke, taking a daily pill keeps heart disease in check. Burke takes carvedilol, a beta-blocker that relaxes blood vessels, improves blood flow and lowers blood pressure. "The heart problem hasn't affected my ability to enjoy life," he says. "I sometimes don't even call it a heart problem because I'm able to take a pill and still do whatever I want." »




« RENITA MICHAEL
urges survivors to
get their heart
checked, especially
after the first few
years of treatment.

Cancer survivor Renita Michael developed an abnormal heart rhythm two years after undergoing surgery and isotropic radiation therapy for stage 3 thyroid cancer. “I fainted at work. When I saw the doctor, he said my heart was beating too fast,” she says. Michael, a resident of Hillsborough, New Jersey, was 38 at the time of the heart diagnosis in 2008. When medications didn’t help, Michael had a cardiac ablation to get her heart back into a healthy rhythm. She now volunteers with Cancer Hope Network, guiding people who have a new diagnosis of thyroid cancer. “I tell them to get their heart checked regularly, especially for the first couple of years after treatment,” she says.

The risk of heart problems associated with cancer therapies can persist for 20 to 45 years after treatments end, according to study results published in *The BMJ*. Although there’s time for problems to develop, there’s also time to prevent them or at least start interventions early. “Risk mitigation is a primary focus of many cardio-oncology studies,” says Ky, who serves as editor-in-chief of the American College of Cardiology’s scientific journal *JACC: CardioOncology*.

“We know that cancer survivors are more prone to high blood pressure, obesity and diabetes, which contribute to heart disease. If we can prevent these problems from happening or ensure better disease management, we can improve quality and quantity of life.”

There currently aren’t any medical guidelines for when cancer survivors need to see a cardiologist or get certain heart tests such as the echocardiogram that caught Burke’s heart problem. More cancer centers these days have cardio-oncology programs that provide ongoing heart disease monitoring, but not everyone has access to these services. The first step in protecting your heart begins with sharing your cancer treatment records or survivorship care plan with your primary care physician. Make sure that information is part of your medical records. “Often, the most appropriate management in terms of medical care for your heart depends on what treatments you received, including the total lifetime drug or radiation dose exposure,” Ky says. She recommends learning all that you can about your cancer treatments, particularly the potential heart effects. “You need to advocate for yourself by equipping yourself with knowledge,” she says.

Cancer survivors also may need to keep a closer eye on important numbers such as blood pressure, blood sugar, cholesterol and weight. See your doctor if you experience symptoms of a heart problem, which include fatigue, shortness of breath, persistent cough, swollen legs, heart palpitations, racing heart and decreased physical activity. As Ky notes, “We believe that cardiotoxicity is a detectable, treatable, preventable and manageable problem.” For more information about cancer treatments and heart health, visit the American College of Cardiology’s CardioSmart at cardiosmart.org. 

Love and Marriage: Tackling Cancer Together — Twice

In an episode of the “CURE® Talks Cancer” podcast, a couple married for 41 years talks about their journey as patient and caregiver during two bouts of triple-negative breast cancer. Janice and Rex Cowden also offer advice on how to persevere together.

By RYAN MCDONALD

IN 2011, REX COWDEN had just retired, and he and his wife, Janice Cowden, were selling one house and moving into another when she received a diagnosis of stage 1 triple-negative breast cancer (TNBC). The Cowdens placed their plans to travel on hold and tackled the disease together.

Five years later, Janice Cowden's breast cancer returned. She received a diagnosis of stage 4 TNBC in the summer of

2016, and the couple continued to attack the disease as a team.

In an episode of the “CURE® Talks Cancer” podcast, Janice and Rex Cowden, who have been married for 41 years, discuss what it was like to be there for each other during those cancer journeys and offer advice to other couples who find themselves in a similar situation.



Rex Cowden: *I think like most men, I didn't know a whole lot about breast cancer, and add to that triple-negative breast cancer; I had no idea. So, there was a lot of educating that needed to take place, and she was educating me, actually. I would say we felt surprise and shock; we had a lot of things going on at the same time that this occurred.*

Janice Cowden: *He had just retired, and within a span of three weeks, I had an abnormal mammogram, an ultrasound and a biopsy; we sold one house and closed on it and moved to a different house ... that was crazy time.*

Q: **Heal®: What's going through your mind at that point? You were trying to do so many things at once, so how did you do it?**

A: **Janice Cowden:** We probably did not do it very well, to be honest. I was quite anxious at the time, and I think in some ways moving and retirement helped because they were a distraction, but at the same time it was a heavy weight on my shoulders that I knew it was not going to be an easy thing to deal with. At the time, to be

honest with you, even though I have a background in nursing, I thought I was going to die. I didn't realize you don't just die from stage 1 breast cancer. But it was still extremely frightening.

A: **Rex Cowden:** Trying to figure out what to do and how to do it was really challenging, and again you have a whole new set of doctors to go through. We learned a lot through that process that benefited us later.

Q: **You mentioned you had a lot of things going on at the moment. How did it change the plans you had prepared?**

A: **Janice Cowden:** It changed our plans a lot. I don't think we had a specific retirement plan in place, but we both love to travel, and our kids live out of state ... so we had planned to do a lot of traveling. At the time of diagnosis, you start planning for anything except what's going to happen next: your surgery, »

SURVIVOR SPOTLIGHT

treatments, appointments and then second opinions, which I am a big proponent of. I started seeing more doctors and getting second opinions, so that takes up a great deal of time. I don't think you think much further ahead than that.

Q: **When people think of cancer, their minds immediately go to the patient who has received a diagnosis, but there is always someone on the other side as well. Being a caregiver what was that like, coming into this in the dark?**

A: **Rex Cowden:** It was a good thing that I was retired because I could dedicate the right amount of time toward being a caregiver and learning. I am glad I had the time; I don't know what I would have done or how I would have done it if I weren't retired; it would have been very challenging and twice as stressful for her.

A: **Janice Cowden:** We didn't have any family in the city, so he would have had to have taken a lot of time off work. It was excellent timing, I guess, if there can be good timing for cancer. It did work out that, even though we didn't start retirement the way we had hoped, at least the circumstances then made it beneficial for both of us.

Q: **Janice, in 2016, you received a stage 4 metastatic TNBC diagnosis. What led to that diagnosis, and what was the plan to treat that disease?**

A: **Janice Cowden:** I was at my annual appointment with my oncologist in June 2016, and I had been complaining of bone and joint pain. So, typically, with TNBC, if you're going to have a recurrence, it's generally going to occur in the first two or three years following your early-stage diagnosis and treatment. We were already five years out, so I think all of us thought that my oncologist was going to say "Go live your life, you're doing great." At that appointment, he said he didn't expect to find anything; I was healthy, doing well, my tumor markers had been normal, the mammograms were normal. But he said, to be sure, "let's just do a PET scan."

It was quite a shock when we went in for the follow-up appointment for the scan results and could just tell by his demeanor that something was wrong. He said, "Well, unfortunately, this is stage 4." He said he'd order a biopsy to see if the pathology was still the same; for the most part, TNBC rarely morphs into a different receptor type. He was teary-eyed, and he made sure he was telling us the intention ... (was) "to stabilize and keep you alive as long as we can." Based on the imaging, I argued that it was stage 3, not stage 4, because it was nodes all in the chest. Based on my knowledge of stage 4 metastatic breast cancer, I did not feel it was stage 4, so I went to four more oncologists for opinions, all of whom confirmed it was stage 4.

When the pathology came back and it was TNBC, I just learned more, because I didn't know much about metastatic TNBC. The median overall survival rate is 18 to 24 months, so I didn't prepare to die, but I prepared for the fight of my life.



➤ **REX and JANICE COWDEN** share their story not only as husband and wife, but also as patient and caregiver.

Q: **What was your eventual treatment plan and how did it go?**

A: **Janice Cowden:** My oncologist decided that we would go with chemotherapy. I did Adriamycin (doxorubicin) and Cytosan (cyclophosphamide) chemo. The plan at the time was to do four rounds and then do another scan to see if I had responded to treatment. In November 2016, I did another scan after my fourth round of chemo, and there was no evidence of disease. Very cautiously, we decided to do another scan in a couple months, do some minimal radiation between now and then, so that's what we did. I had a scan three months later, and there was still no evidence of disease. I'm now almost four years with no evidence of disease, which is rare and quite remarkable for metastatic TNBC, and I've had no systemic treatment since November 2016.

Q: **How do you go into each scan? What was on both of your minds?**

A: **Rex Cowden:** I can answer that. When we first started going back for these scans after the diagnosis and after treatments for stage 4 (TNBC), it was every three to four months. So, the closer we would get to scan time, the more anxiety I saw. She had trouble sleeping — she was just scared. Now, as time has gone on — for instance, before the last scan we did — she may get a little anxious maybe a week before, maybe a few days before. But with each scan showing things (are) still looking good, it makes her more comfortable.

A: **Janice Cowden:** The worst part is not going into the scan for me; it's the time between having the scan done and getting the results. Luckily, the way I have it set up now, I have a second oncologist at The University of Texas MD Anderson Cancer Center in

Houston. I have my labs in the morning, my scans in the morning. I see my oncologist in the afternoon and I (get) my results; it's kind of like a one-stop shop. So, it's much better than having to wait several days, because for me it's the waiting on the results that is torturous.

Q: Looking back, what would you say the two of you have learned from these journeys?

A: **Rex Cowden:** I think one thing we learned was to make sure you get the right doctors, doctors you can relate to. I think second opinions are so important for everything; she has four doctors that we still see periodically. It took us awhile to get these four doctors; we didn't start out that way.

I think you have to take it a day at a time. I'm very grateful that ... she's currently not experiencing any treatment — no medication — so we're very grateful. It's unfortunate what some of her friends with breast cancer have to go through, so we're lucky that way.

A: **Janice Cowden:** I would share with someone who's newly diagnosed, regardless of their receptor type, that we're not a statistic and our cancers are as unique as we are, as is our response to treatment. I think, it's important to not look at the statistics and just assume that you are going to fit those parameters. I'm very fortunate that my oncologists never put a calendar date on me; neither of them said anything about a statistical prognosis for me.

First of all, I think they realized I read and researched a lot ... but there are so many people who, especially when receiving a new diagnosis, automatically assume the worst. They plan to die rather than plan to live. I think, for the most part, once I reached a level of acceptance, I realized what I had to do to make each day good and livable. I had to plan to live that day. I'm not dead yet — I'm probably not going to die tomorrow. So, I think it's important to wake up and realize each day is a gift.

Q: You've spent 41 years together. What is your advice for couples who may be faced with a cancer journey together, and what it might do to the health of their relationship?

A: **Janice Cowden:** I think it's very important for couples to be open and honest. If you're the patient, it's important for you to be able to ask for help when you need it. It is important to understand that you aren't the only one experiencing this disease, but it is also being experienced by your caregivers and family and friends. Everyone feels the weight of this disease, and they can feel helpless, too.

If they are offering help to you, which I hope they are, you

“I think it's very important for couples to be open and honest. It is important to understand that you aren't the only one experiencing the disease.” —JANICE COWDEN



need to be very specific about what it is you need and want. Just know that they are going through this, too. Unfortunately, there is not a lot of support out there for caregivers. I think it takes a lot of patience, and

sometimes fear can produce emotions such as anger. I've seen a lot of relationships and marriages fail because of this diagnosis; some people can't handle it. I think getting therapy is a wonderful thing to do. I think it is important to learn as much as you can about your disease and share that information with your caregiver, because I think lack of knowledge makes us feel even more helpless and anxious.

A: **Rex Cowden:** I think learning from a caregiver's perspective is so key. You have to be interested in this; I can't imagine somebody going through cancer and having a spouse who is uninterested. They may be caring and doing their part, but [they may not be] fully understanding and learning as much as [they] possibly can. Now, I'm fortunate because my learning came from [Janice,] because she researches, so we are able to talk about it. Now, I forget half the stuff and don't know the nuances and she'll correct me on that, but it is difficult to figure out.

My background is in engineering, so I have this problem-solving mentality. I looked at it as you're the one experiencing [cancer,] but it's our problem. What can I do to help you solve this problem? I know that's not the right terminology, but that's from an engineer's perspective.

A: **Janice Cowden:** I think [it's important for caregivers to stay] involved. One of the things that I've been very fortunate with is [that Rex] has attended every appointment with me, whether it's oncology, labs, scans; he's even gone to conferences with me. I attend a lot of breast cancer and metastatic breast cancer conferences each year, and he's gone along with me to those. I think it is a huge display of support for me; it demonstrates to me that he is interested in learning. Some of the conferences have special sessions for caregivers, and he's learned a lot through those, too. ■

» DANIELLE RIPLEY-BURGESS discusses her journey with cancer and why she wrote it all down.

‘Cancer Spiced Up My Testimony’

Danielle Ripley-Burgess, a two-time colon cancer survivor, discusses why she wrote a book about her journey and how her experience strengthened her faith.

By COLLEEN MORETTI

DANIELLE RIPLEY-BURGESS WAS embarrassed when she first started to see specks of blood in the toilet after going to the bathroom in eighth grade, and she decided to hide it from everyone. A few years later, just after she turned 17, her family finally found out and took her to the doctor. She was told she had colon cancer or, as the internet called it, an “old man’s disease.” Despite the diagnosis, she decided to see the good; it gave her purpose and made a pathway for her life.

When she was diagnosed again at age 25, she felt attacked, wondering why she had to go through it a second time. Throughout her journey, she found writing to be therapeutic and started a blog, which then turned into a book. *Heal*® spoke with Ripley-Burgess to learn more about her book “Blush” and her journey.

Q: *Heal*®: Why did you decide to write about your cancer journey?

A: **Ripley-Burgess:** I have always loved writing, but the most important thing was for my daughter to know my story. I wanted to put it in a book so my daughter could read it, and then it would outlive me.

Q: Was there a different feeling from receiving a diagnosis at 17 than at 25?

A: It was really different. When I was 17, cancer wasn’t even a thought. I was never thinking about being ill, so when I received my diagnosis, it was more of a shock, though it wasn’t as scary because I didn’t know much about cancer. At 25, I was older, married, working and already had cancer before. The first diagnosis is never easy, but it was my challenge; I was ready to take it, and being so young, for me it was almost purposegiving. So, in a way, it was easier to find good things. It was defining my path. When I had a second case, I did not feel that way. I felt very attacked. I had already been through this once; why did I have to do it again? And it was a lot harder to find the good.

Q: What can readers expect from “Blush,” the story of your journey?

A: I think they can expect a really vulnerable, honest, real story that shows people that there is more to a cancer survivor’s life than surviving cancer. A lot of times, surviving cancer is one part out of many that go into somebody’s journey and their story. So, “Blush” definitely



📖 **“BLUSH”** tells the story about a young woman and her journey to beat colon cancer twice. The book is available on Amazon.

tells my cancer story at ages 17 and 25, but it also describes what life was like before my diagnosis and what has come into my life after my diagnosis that does and doesn't have to do with cancer.

The last few chapters, especially, show you what has happened since the diagnosis. I went on to work as an advocate, we adopted our daughter and I wrote this book and really settled into rhythms of appreci-

ating home and family and slowing down. After you survive, you are in this frenzy to make meaning out of what you just experienced, so you're trying to do all the things. And I still run into that, but the end of the book slows way down. I started to enjoy the fact that I'm alive and rest in that, so it takes you on a journey of how to live after receiving a diagnosis.

Q: Did writing about your diagnosis come easy to you or was it difficult?

A: Probably both. It was easy because I like to write, so journaling and writing were therapeutic. I was already writing a blog, so it got me into that mindset. It [became difficult] when I had to put words and feelings and emotions to some of the hardest moments of my life. Going back and reliving the memories to show the story was difficult, but it helped me heal. I went back through the process as a part of writing the book, and it helped me get over some of the more difficult moments and find grace for me.

Q: You say cancer “spiced up your journey.” Would you explain?

A: I felt that way especially at 17, and I am a person strong in my faith. When you hear faith stories, they're

dramatic. People are in a really tough spot, and then all of a sudden, they are completely transformed. Growing up in the middle of the country, in the suburbs, going to church and talking about this stuff was expected my whole life. Although I believed it, it felt very boring to me. So, when I found myself in a very rare, unusual circumstance that was blowing people's minds, it was an opportunity to lean into the faith that I had been raised in and find myself in the stories. As a Christian, I've been raised on stories that were mind blowing, so with such a rare cancer, I was able to apply what I had believed, and it became very real to me.

This is going to open eyes and ears not only to [learn] about cancer but also about faith, because faith is how I found purpose and meaning in some of the harder moments like this.

Q: Please talk about how having cancer changed your life.

A: I'm getting to the point where I can't imagine my life without it. It's brought some of the hardest days that I would never want to relive again, but it's also brought some of the most joyful experiences that I wouldn't trade. One of my favorite verses says that God can use all bad things for good, and I believe that. That's how I see cancer; it's a bad thing and always will be, but there has been so much good [that has] come out of it, and that comes from my faith and hope that it can happen in any circumstance. [in](#)

Danielle Ripley-Burgess is a two-time colon cancer survivor who received her first diagnosis at age 17, an award-winning communications professional and the author of “Blush: How I Barely Survived at 17.” She writes and speaks to encourage others that faith can survive. Follow her blog at DanielleRipleyBurgess.com or connect on social media at [@DanielleisB](https://twitter.com/DanielleisB).

How Joe Biden's Experience With Cancer Influenced My Journey

The new President of the United States has a well-known personal relationship with cancer — his son died of glioblastoma.

By ERICA FINAMORE

MOST PEOPLE IN THE CANCER community know about President Joe Biden's son Beau. Beau Biden received a diagnosis of glioblastoma and lived more than two years with the disease, working through most of it as Delaware's attorney general. Regardless of your political views, there is little doubt that having someone in the country's highest office with a very personal connection to cancer is helpful, for both awareness and advancement.

When my husband, Jon Marc, received a cancer diagnosis at age 28, it was incredibly difficult to find other people around that age to talk to about it. People didn't want to alarm us, but they also didn't want to give us hope. I wanted to hear about people's real experiences and real stories, but what I kept getting were watered-down experiences that remained mostly clinical rather than emotional. Glioblastoma affects everyone so differently that it can be difficult to relate with one person's "journey" on a deeper level.

The losses each person experiences are so different, and they come at such vastly different speeds.

During a time when I was looking for anyone with any kind of experience, I found *"Promise Me Dad: A Year of Hope, Hardship, and Purpose,"* Joe Biden's book about his son's illness, his decision not to run for president in 2016 and his time as vice president. I read it because a variety of people told me not to, that it would hit too close to home. I knew from that

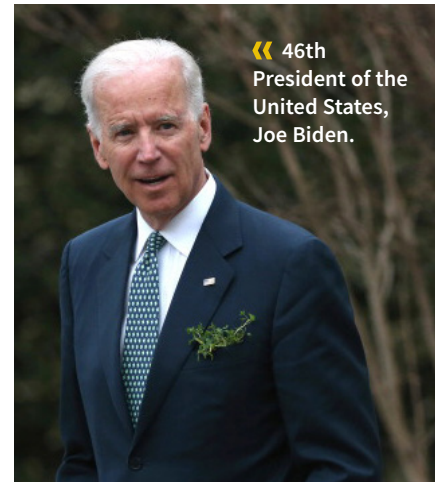
endorsement that it was exactly what I needed to read right then. Jon Marc was only four months into his diagnosis, and I knew parts of it would be hard to read because Beau inevitably didn't survive, but I'm a planner and I wanted to see if I could get an idea of what was coming.

I learned a lot about Beau Biden's particular tumor and his experience. Like Jon Marc, he had aphasia, also called "tip of the tongue" syndrome. You know what word you're looking for, but you can't get it out. It's frustrating when this happens to people occasionally, but when it's all the time, it's a social nightmare. Beau Biden also found himself going through options A, B, C and D in his treatment, and

at the time, Jon and I had had a rough few months of letdowns and changes of treatment plans. There's something about knowing that someone else out there who was smart and driven had gone through what we were going through.

There are a few quotes from Joe Biden's book that I highlighted at the time,

and as I read them now, they strike me just as powerfully, albeit differently. He quoted Joseph P. Kennedy, father of President John F. Kennedy, who was assassinated in 1963: "When one of your loved ones goes out of your life, you think what he might have done with a few more years, and you wonder what you are going to do with the rest of yours. Then one day, because there is a world to be lived in, you find yourself part of it, trying to accomplish something — something



46th President of the United States, Joe Biden.

he did not have time enough to do. And perhaps that is the reason for it all."

When Jon Marc passed in April, I felt sad and cheated and angry, but I also knew I had to channel that into gratitude somehow. Jon Marc didn't get more time, but I do. I live every day now knowing I have to make it count in some way. It's a lot of pressure, but more often than not it pushes me to be a better version of myself.

It pushes me to act, be kinder, to take joy in small things and to tell Jon Marc's story and work toward a cure for glioblastoma. Even in death, Jon Marc drives me to be a better person — there's something comforting about that. ■

Erica Finamore is an editor and writer from New York City. After 26 months of caregiving, she lost her husband to glioblastoma, a terminal brain cancer, at age 30. She is a brain tumor research advocate and member of the Gray Nation Endurance Team through National Brain Tumor Society.



ERICA FINAMORE.

Read more from Erica: curetoday.com/link/EricaFinamore.

Struggling With Healthy Eating After Surviving Cancer

Cancer reignited one woman's latent eating disorder. Here is how she looks at that struggle now.

By SHIRA ZWEBNER

I'VE ALWAYS HAD A complicated relationship with food, from growing up a chubby child whose well-meaning parents restricted my intake to becoming a teenager with a binge-purge habit that extended throughout my 20s. My cancer journey began when years of yo-yo dieting, binge eating and self-loathing led me to a bariatric surgeon who was willing to perform weight loss surgery even though I didn't weigh quite enough. I was told to overeat to get my weight up to qualify for the surgery, and during preop testing, we discovered metastases throughout my liver and spleen.

My food issues didn't magically disappear after treatment, especially since I put myself on a severely restricted diet during chemotherapy. I fasted on treatment days; cut out all sugar, caffeine and carbohydrates; and continued to gain and lose the same 5 to 10 pounds in a year. Yet for the first time in my life, I felt extraordinarily lucky to have excess body weight.

On the cancer ward, I looked healthy and robust compared with so many of my fellow patients. One of my new cancer friends told me that she remembered when she used to look like me. I was so confused by her statement; she was perpetually pale, waifishly thin and, although we had similar coloring and features, we looked nothing alike. It wasn't until I saw the photograph that they used in her death announcement that I realized what she meant about our resemblance. She had been much larger, stronger and radiant before cancer ate

away her flesh. I overate my feelings the day I found out she had died, as if the excess weight on my body would stave off cancer.

Two years past treatment, I still have nightmares about being on the cancer ward.

I think back to the treatment day when a flimsy film of curtain separated my bed from an elderly patient with cancer. With the "red devil" dripping through my veins, I dozed in and out of my Benadryl-induced slumber only to hear a

young woman tearfully implore her elderly mother to eat during treatment or they would have to put in a feeding tube. I later told my husband that a feeding tube would be my red line, the deciding factor between continuing or ending my fight.

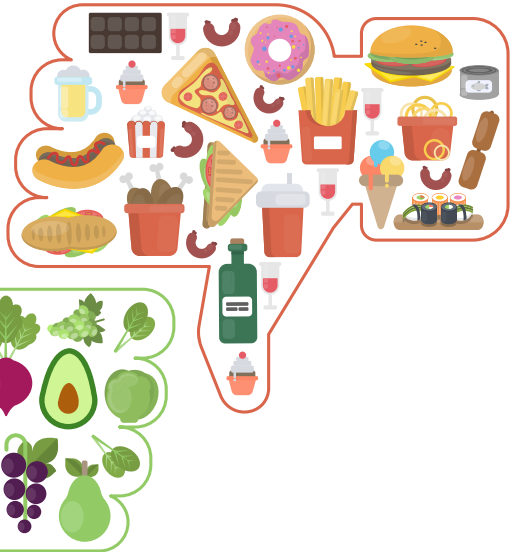


SHIRA ZWEBNER

Read more from Shira:
curetoday.com/link/ShiraZwebner.

“Two years past treatment, I still have nightmares about being on the cancer ward.”

— SHIRA ZWEBNER



I have developed an obsession with living a healthy lifestyle. Back in May 2020, I wrote how I believed that if I could just lose weight, I would be able to keep cancer from coming back. Yet as soon as the weight started to come off and my face started to look thinner, it would trigger my thoughts back to the cancer ward, and I would overeat to regain any of the weight I had lost. The paradox between my desire to live a healthy lifestyle and my fear of weight loss has been a constant struggle.

I look at my excess body weight not as unhealthy fat that's unattractive but as time. The rolls of my stomach represent months, while the skin hanging beneath my arms represents days. My excess body weight, in my mind, means more time in this world with the people I love.

If cancer should decide to come back, it would take longer for the disease to starve me into no longer existing. ■

A native New Yorker, **Shira Kallus Zwebner** is a communications consultant and writer living with her husband and three children in Jerusalem, Israel. She received a diagnosis of diffuse large B-cell lymphoma, in 2017 and now she's fighting her cancer battle and blogging about the journey at hipsternomblog.com.

A First Responder and Survivor Weighs Pros and Cons of the COVID-19 Vaccines

A cancer survivor debates getting the shot and seeks more information about its side effects.

By TAMERA ANDERSON-HANNA

IN APPROXIMATELY FOUR WEEKS, as I write this, I will have the option to receive a vaccine for COVID-19. The vaccine is being offered to me because I work in a high-risk position as a first responder. It is optional for me to take the vaccine, so I need to ask myself: What are the pros and cons of getting it?

My reason for taking the vaccine would be to reduce the risk of severe complications related to contracting COVID-19. I observed a family member contract COVID-19 and end up in the hospital. Fortunately, remdesivir, the first drug authorized by the Food and Drug Administration (FDA) to treat COVID-19, was available to my family member, along with a plasma treatment. Their lung function was affected, and it has taken time for them to build back up their physical stamina and lung function following hospitalization.

Prior to getting the vaccine, one of the first things I will do is talk to a couple of my health care providers regarding their thoughts on the vaccines. I want to know if, in their opinion, getting the vaccine is recommended considering my medical history with cancer. What I will be weighing with my medical team is the benefits of taking the

vaccine (even with potential side effects) versus contracting the virus. I assume they will say I should take the vaccine or else live with the risk of experiencing the full effects if I contract COVID-19, which, according to antibody testing, I have not contracted already.

What are some of the potential side effects of the vaccine? They include pain at the injection site, fatigue, muscle aches or pain, joint pain, headache and fever, which would be short-lived, according to the recent authorization of the vaccine by the FDA.

Two separate injections are given approximately one month apart. Earlier this year, I was due to receive a vaccine for pneumonia, and I was encouraged to also get a flu shot, which I have not received for almost 10 years. I received

both the flu and pneumonia vaccines plus the initial vaccine for shingles, which also is given in two separate injections. I was surprised to learn I could receive all three at the same appointment. My side effects included stomach upset, loss of appetite and a headache that lasted around 24 hours.

The benefit is, hopefully, to have few or no problems with pneumonia or the flu and never get shingles. I would hope the COVID-19 vaccine would give me the same level of protection, but I will ask if it is known how long potential immunity or partial immunity

will last. To be honest, COVID-19 worries me because the virus seems to affect lung function along with sometimes causing other unusual symptoms that seem more severe than your typical flu.

My other concerns about not getting vaccinated include being able to get proper medical care and attention during increased demand on the health care system for COVID-19 treatments. Also, I worry about getting supportive treatment if I get COVID-19 while traveling. I would like to resume a more normal lifestyle in 2021 and get back to traveling and enjoying life more fully.

I also see and hear about providers who are getting burned out and are at risk for infection every time they treat a new patient. I do not want to add to that risk.

One of my biggest concerns is not wanting to pass COVID-19 to someone who might be immunocompromised. I am now NED (no evidence of disease) but still have a higher risk for severe complications because of my asthma. I will feel better about helping to protect the community that I live in if I am vaccinated.

I don't look forward to possibly getting ill from a vaccine, but perhaps the payoff will be having fewer negative complications and avoiding hospitalization due to the side effects of COVID-19. [h](#)



TAMERA

ANDERSON-HANNA

Read more from Tamera:
[curetoday.com/link/
Tamera Anderson-Hanna.](https://curetoday.com/link/tamera-anderson-hanna)



***Tamera Anderson-Hanna** is a licensed mental health counselor, certified addiction professional, certified rehabilitation counselor and became a registered yoga teacher while coping with breast cancer in 2015. She owns Wellness, Therapy & Yoga in Florida, where she provides personal wellness services and coaching, and she is a public speaker on wellness-related topics. You can connect with her at www.wellnesstherapyyoga.com.*

Sharing One's Cancer Story Can Have a Great Impact

Telling others about your personal story could lead to a new perspective.

By KIM JOHNSON



WHEN PEOPLE ASK ME why I am going to become a nurse, I tell them it is partly because my sister had cancer. Some give me sad eyes, and others do not speak until I follow up with the news that she is in remission. This used to bother me, until two years ago when I was at a conference and a man approached me.

He introduced himself as Patrick and asked if I had some time to talk. We found a quiet place to talk, and he told me that he knew who I was because he had read my articles in *CURE*[®]. I asked him what his role was at the



KIM JOHNSON

Read more from Kim:
curetoday.com/link/KimJohnson.

conference, and he told me that he was a nurse — and a patient. He had been battling brain cancer for the past four months. I was speechless, as I would never have guessed had he not shared.

He saw my face and, without missing a beat, said, “Incurable cancer never looked so unassuming, right?” I began to apologize, but he stopped me. “It is OK,” he said. “Nothing to apologize for.” Initially, he had thought that I was going to apologize for not being able to hide my disbelief that he had cancer. And I was, but I also wanted to apologize for having shared my sister’s story — because she was in remission and I knew he never would be. Before me sat an otherwise healthy 29-year-old nurse who was battling brain cancer, and the fact that I had

been talking about my sister’s miraculous recovery filled me with guilt. He thought that apology was even less needed than the first.

That afternoon, I learned a lot from Patrick. He shared lessons on being a new graduate from nursing school and starting in the field with the right balance of both confidence and humility. We talked about remembering to laugh through the hardships that life presents, the strange trajectory of life and the guilt that comes with it. I choose to share my journey as a caregiver for many reasons, not one of which

includes flaunting the good fortune of modern medicine that led to my sister’s remission.

Sometimes that sharing has led to guilt because I know that cancer steals away so many, and I know that not everybody is as lucky as my sister has been. Spending that afternoon sharing our stories reminded me that it is not a game of comparisons when we share. My experience with cancer had a happy ending, but it does not mean I am required to feel guilty about sharing it with people whose stories may end differently.

Sadly, a few weeks ago, Patrick succumbed to his battle with cancer. After that afternoon, we struck up a friendship, and he would text me after reading my posts to talk. As I listened

“My experience with cancer had a happy ending, but it does not mean I am required to feel guilty about sharing it with people whose stories may end differently.”

— KIM JOHNSON

to happenings in his life and he shared updates on his battle with cancer, I often was reminded of his advice. “Do not feel guilty for sharing your journey with cancer. You are helping so many others in ways you do not even know,” he said.

Patrick’s advice has stayed with me, and I hope it helps others who are debating or struggling to share their own cancer journeys. Your story is unique to you. You get to share and write about what you want regarding cancer; you did not get to decide that cancer became a part of your story. Do not feel guilty or afraid. Every story that is written has its place. ■

Kim Johnson is a nursing student who hopes to find her place among the phenomenal oncology nurses and doctors who cared for her sister. She loves reading, volunteering and enjoying the outdoors of Colorado.

Even Cancer Survivors Might Take Things for Granted

A survivor describes the COVID-19 pandemic's indirect consequences on her life. By JANE BIEHL PH.D.

I AM A CANCER SURVIVOR and consider myself incredibly fortunate. I have lived longer than anticipated and been in remission for a long time. Presently I am not on any chemotherapy, but I am taking weekly shots to keep my red and white blood counts up. Like all of us touched by cancer, I am immunocompromised and scared of COVID-19 and its potentially severe impact on me.

We all have experienced the fear of ourselves or our loved ones becoming ill. We are changing our holidays and unable to celebrate the way we did in the past. We feel terrible as we look at the long lines for food, people who have lost their jobs and the increasing number of homeless in a free-falling economy.

There are also indirect consequences, or what I call the “domino effect,” I had never thought about. It feels like a surge that never ends.

I didn't realize how well I had adjusted to some of the consequences until new challenges hit me. The first is masks. I know I must wear a mask, but losing so much of my hearing due to chemotherapy has made it difficult. The inability to read lips is crippling for me. I have a *Live Transcribe* app on my phone that is a huge help, but it is not always that accurate.

The loss of my teeth due to chemotherapy has been hard. I needed a new splint because I needed to preserve the ones I have left. It took months to receive it because of the overtaxed supply chain, frustrating myself and my dentist. I have fewer

“I think often about the long haulers of COVID-19 and what they face, similar to those of us who are cancer survivors.” — JANE BIEHL



JANE BIEHL

Read more from Jane:
curetoday.com/link/JaneBiehl.

than half of my teeth left, so not having a splint for a year was worrisome, and I am thrilled now to have it.

Another unexpected consequence was the constant falling. Whenever I try to pick up something, I lose my balance. My YMCA

had a fantastic Livestrong program with special trainers to work with cancer survivors, and I went weekly. Little did I realize how much these sessions worked until they were forced to eliminate the program due to COVID-19 restrictions. I had taken for granted how much my trainer helped me.

I also have fibromyalgia, and the special machines to stretch out those aching muscles are no longer usable because of the danger of being infected with COVID-19 in gyms. My legs are always twitching and my muscles aching from the side effects of the shots I take, and walking does not help because of the fear of falling.

The other day I went to pick up my ornery cat, who was trying to run outside, and I plopped square on my rear end. I managed to hold up my head so I did not hit it and started

both laughing and crying — plus the cat still ran out!

I truly miss the hugs and touches of my family, friends, church congregation and caregivers. Touch is important to me, and we are not able to do this now. Never again will I take all of this for granted after COVID-19, and I do know how lucky I am to have a roof over my head, food to eat and not be in the hospital in a ventilator.

The point I am making is that the little things add up. With two vaccines out, I hope that soon I will be able to read lips with joy. I will hug endlessly, and I will be at the gym religiously working to get my balance back. I think often about the long haulers of COVID-19 and what they face, similar to those of us who are cancer survivors, with constant side effects of either cancer or the treatment.

All we can do is take it day by day and vow to never take the little things in our life for granted again. **h**

Jane Biehl is a 10-year survivor of a very rare form of cancer, myelodysplastic syndrome. She has enjoyed several exciting careers including librarian, counselor, teacher and writer. She loves to write about surviving cancer, overcoming hearing loss and her hearing ear service dog, Sita.

SHARE YOUR STORY!

Whether you are a patient, survivor, caregiver or health care provider, we want to publish your stories about cancer and the people, places and moments of the experience. They can be funny, poignant or practical. Send stories to editor@curetoday.com, or share on our Facebook page at facebook.com/curemagazine. Submissions should be no more than 600 words and include your name, phone number and email.

Bean Sprouts and Salad and Stock, Oh My!

Don't know what to make for lunch? Serve up mung bean sprout salad. And this homemade chicken stock can be used in lots of recipes.

RECIPES by RACHEL WONG, RDN, CSO, LD, AN ONCOLOGY DIETITIAN AT GEORGETOWN LOMBARDI COMPREHENSIVE CANCER CENTER IN WASHINGTON, D.C.



Mung Bean Sprout Salad

INGREDIENTS

- ½ pound mung bean sprouts, rinsed
- 1 clove garlic, minced
- 1 to 2 green onions, chopped
- 1 tablespoon toasted sesame oil
- ½ tablespoon toasted white sesame seeds
- ¼ teaspoon kosher salt, or to taste

DIRECTIONS

1. Bring 6 cups of water to a boil, add the mung bean sprouts and blanch for 1½ minutes.
2. Pour the sprouts into a colander and rinse under cold water.
3. Allow the sprouts to drain for 5 minutes, then squeeze out any excess water.
4. Place the sprouts in a medium bowl, then add the remaining ingredients. Mix well and serve at room temperature or chilled.



Homemade Chicken Stock

INGREDIENTS

- Leftover bones and skin from 2 rotisserie chickens
- 1 bunch parsley with stems
- 2 to 3 stalks of scallion
- 2 bay leaves
- 2 to 3 celery stalks, cut in half
- 8 to 10 peppercorns
- 1 large onion, quartered
- 10 sprigs of fresh thyme
- 2 cloves garlic
- ½ tablespoon ground turmeric
- 2 large carrots, peeled and cut into half
- 1 to 2 teaspoons of salt, or to taste

DIRECTIONS

1. Place all ingredients in a large 8- to 10-quart stockpot and add cold water to cover 1 inch above ingredients. Bring to a boil, then reduce the heat to low and simmer uncovered for 4 to 6 hours. Add additional water as needed to keep ingredients covered.
2. Every 2 hours, check the broth and skim off and discard any froth or “scum” on the top.
3. After 4 to 6 hours of simmering, remove and discard as much of the solids as possible using a slotted spoon or spider ladle, and then strain the broth through a fine mesh strainer or cheesecloth into another container. Discard any solids that remain.
4. *Cooling and storage:* The pot of stock should be cooled quickly to avoid bacterial growth. Place the pot in an ice bath and add ice as needed to cool the stock to 70 degrees Fahrenheit within 2 hours. Once cooled, the stock can be divided and stored in the refrigerator for 4 days or in the freezer for 2 to 3 months.

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!

