

Native People's

wellness

Breast Cancer Prevention, Detection, and Care

**Sharon Eli Cherokee:
A Story of Survival**

**Tribes Celebrate
Breast Cancer
Awareness Month**

**Donna Wahnee
Comanche: My
Mammogram Was
My Best friend**



“My mammogram was my best friend!”

Donna Wahnee's Story

Mrs. Donna Wahnee (Director of Enrollment at Comanche Nation) was particularly impacted by the information presented at Comanche's Go Pink Day – an event she helped organize (see page 8 for the story on Go Pink Day).

At age 40, her sister gave her a gift certificate for a mammogram but she had not used it. As a result of information presented at Go Pink Day, Donna scheduled a mammogram and clinical breast exam immediately. She used a voucher from the Susan G. Komen Foundation.

When she was told there was an abnormal finding on her mammogram, Donna contacted Navigation for Indian Health. She worried about her health and how her children would be affected, if she was diagnosed and treated for cancer.



What helped her through this difficult time?

- “The biggest thing was my faith. I have a little white cross and a prayer that goes with me everywhere.”
- “I asked my doctor if she would pray with me, and she did. My doctor told me, ‘I already asked the Lord to guide my hands.’”
- “I had strong support from my family and friends and also my church people.”

Donna's words of wisdom:

- “Surround yourself with positive people.”
- “Don't ever be scared of a mammogram; that mammogram was my best friend.”
- “What's 30 minutes of your life, to save the rest of your life?”
- “When you find resources...USE YOUR RESOURCES!”

She had an MRI scan to follow up on her abnormal mammogram results. After her scan, the doctor said she was 95% sure that the lump was not cancer. But, Donna wanted to be 100% sure. She wanted the lump removed. Surgery was scheduled to remove and biopsy it.

The day before Thanksgiving, Donna received news to be truly thankful for – the lump was not cancer.

Donna says of her experience:

“My mammogram was my best friend!”

By: Valerie Eschiti, PhD, RN; Leslie Weryackwe; Stacey Sanford, LPN; And Yvonne Flores

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Native People's Wellness

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Disclaimer

This publication should not substitute for professional advice from a health care professional. Readers should always consult a physician or other health care professional for medical screening, treatment and advice. Please note that the phrase "see your health care provider" refers also to tribal clinic professionals such as a Doctor, a Physician's Assistant, a Nurse Practitioner and/or a Nurse Midwife.

Native American Cancer Research Corporation is a national non-profit organization dedicated to improving the lives of American Indians and Alaska Natives by helping them prevent cancer, detect cancer early and provide the highest quality care and lifestyle for cancer survivors and their loved ones.



NACR

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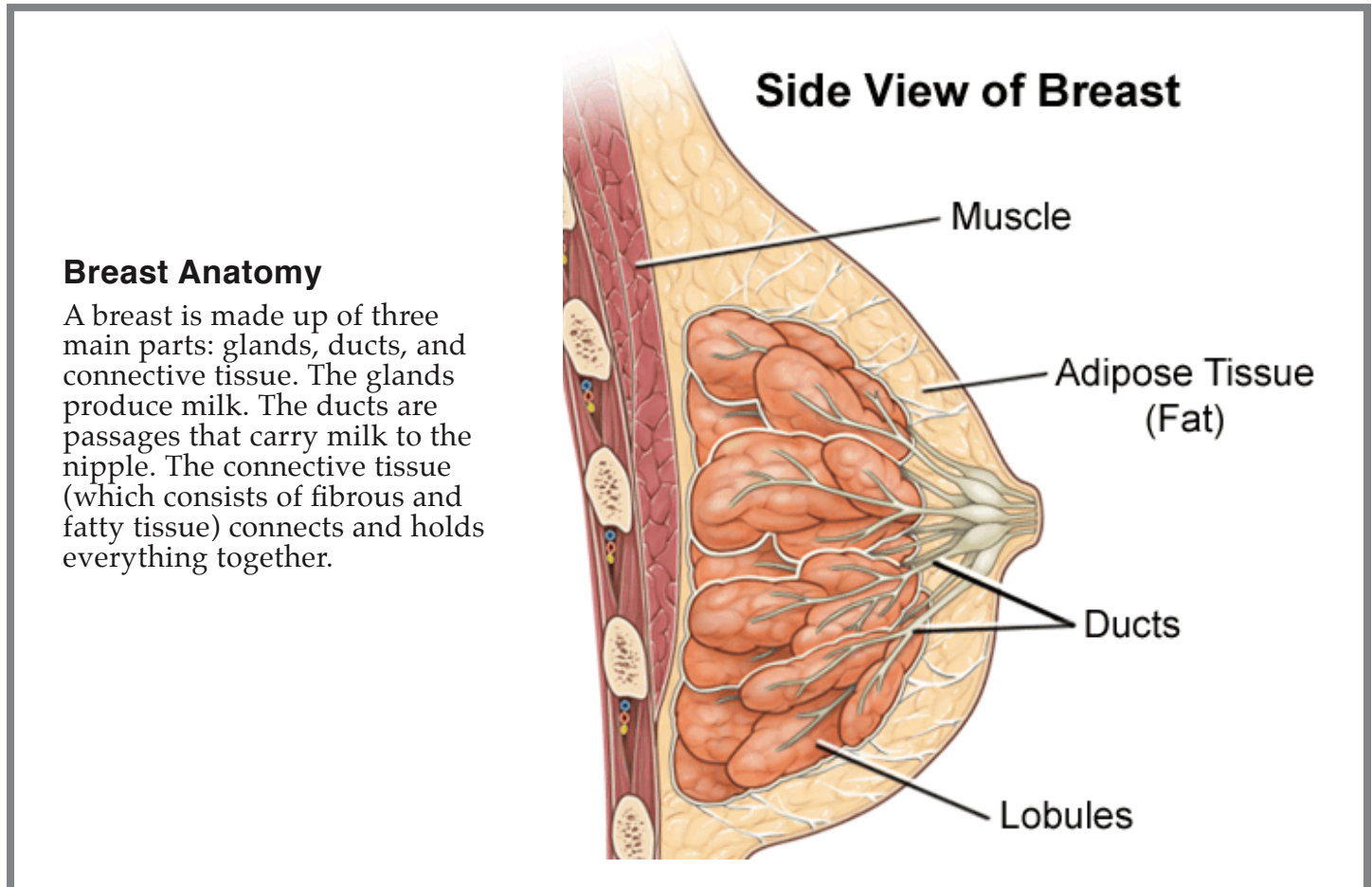
Table of Contents

Cover:	11	North Dakota BCCEDP Program: Women's Way Ambassador Project
Sharon Eli, Long-term Breast Cancer Survivor		
Inside Cover:	12	Cherokee Nation BCCEDP Program Case manager Makes it Happen!
Donna Wahnee, "My mammogram was my best friend"		
1		Table of Contents
2		What is Breast Cancer?
3		Symptoms
4-5		Protection & Screening
6-7		Understanding Mammograms
8		Go Pink Day
9		Pink Party Time
10		Regional Differences in AIAN Breast Cancer Rates
	13	A Story of Survival: Sharon Shares her Journey
	14	What are Clinical Trials?
	15	Craft Activity: Dream Catcher
	16-17	Regional Tribal Cancer Conferences Make a Difference
	18	Recipe: Roasted Deer with Potatoes
	19-20	Tribal Breast and Cervical Program Contacts 2012
	21	Breast Health Terms

Back cover: Original Painting Fancy Shawl Dancer. "Punkin" Shananaquet, Waasa be kno Kwe, daughter of George and Sydney Martin is a tribal citizen of the Match-E-Be-She-Wish Band of Pottawatomi and a descendent of the Lac Courte Oreilles - Lake Superior Band of Ojibway. She is the original voice of the Pink Shawl Project. With the assistance of the Gun Lake Tribe, Grand Valley School of Nursing and the Native American Coalition of Grand Rapids. Her husband of 31 years, David Lee Shananaquet, is the artist of the painting.

What is Breast Cancer?

Breast cancer is cancer that forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). It occurs in both men and women, although male breast cancer is rare.



Kinds of Breast Cancer

There are different kinds of breast cancer. The kind of breast cancer depends on which cells in the breast turn into cancer.

Common kinds of breast cancer are:

Ductal carcinoma. This is the most common kind of breast cancer. It begins in the cells that line the milk ducts in the breast, also called the lining of the breast ducts.

Lobular carcinoma. In this kind of breast cancer, the cancer cells begin in the lobes, or lobules, of the breast. Lobules are the glands that make milk.

For more information visit:

http://www.cdc.gov/cancer/breast/basic_info/index.htm • <http://www.cancer.gov/cancertopics/types/breast>
<http://www.natamcancer.org/handouts.html> • <http://www.NativeAmericanPrograms.org>

Symptoms

Different people have different warning signs for breast cancer. Some people do not have any signs or symptoms at all. A person may find out they have breast cancer after a routine mammogram.

Some warning signs of breast cancer are—

- New lump in the breast or underarm (armpit)
- Thickening or swelling of part of the breast
- Irritation or dimpling of breast skin
- Redness or flaky skin in the nipple area or the breast
- Pulling in of the nipple or pain in the nipple area
- Nipple discharge other than breast milk, including blood
- Any change in the size or the shape of the breast
- Pain in any area of the breast

Keep in mind that some of these warning signs can happen with other conditions that are not cancer.

If you have any symptoms, or notice changes in your breasts, see your doctor right away.

What Is a Normal Breast?

No breast is typical. What is normal for you may not be normal for another woman. Most women say their breasts feel lumpy or uneven. Every woman needs to be familiar with her own breasts so changes can be recognized.

Lumps in the Breast

Many conditions can cause lumps in the breast. Most breast lumps are caused by medical conditions other than cancer. The two most common causes of breast lumps are fibrocystic breast condition and cysts. Fibrocystic condition causes changes in the breast that can make them lumpy, tender, and sore. Cysts are small fluid-filled sacs that can develop in the breast.

Fast Facts about Breast Cancer and American Indians/Alaska Natives:

- Breast cancer is the most common cancer in all women in the United States, including American Indians and Alaska Natives (AIAN)
- AIAN women had fewer early-stage diagnoses and more late-stage diagnoses than non-Hispanic White (NHW) women, which could result in poorer survival rates. On average, AIAN women are diagnosed with breast cancer at a younger age than NHW women

Protecting Yourself Against Breast Cancer Includes Living a Healthy Lifestyle

The “shield” of health shows protecting against breast cancer with daily physical activity, a healthy diet, and little or no alcohol.



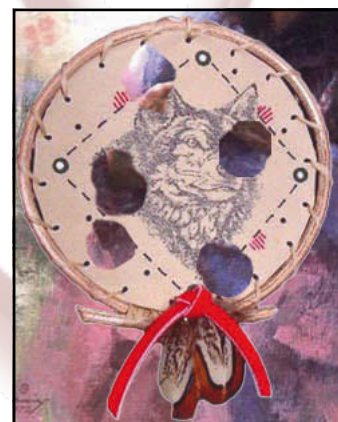
To live a healthy lifestyle we need to:

- Practice healthy habits like having daily physical activity
- Eat more home-cooked and traditional foods, rather than “fast foods”
- Have regular health checkups
- Have regular screenings that look for cancer

A “Risk Factor” is usually a behavior or exposure to something that increases your chances of getting cancer (see the shield of health / risks).

Risks that “damage” the shield of health include:

1. Being a woman (the greatest risk)
2. Growing older
3. Having a personal history of breast or other cancer
4. Having had an early moon/onset of period (under 12) or late menopause (over 55)
5. Having a family history –1st degree relative (parent, sibling, or child) - also diagnosed with breast cancer
6. Living a sedentary life style - not getting enough exercise
7. Being over your recommended body weight by 15-20 pounds
8. Drinking more than 7 alcoholic drinks in a week
9. Having no birth children or having your 1st child after the age of 30
10. Breast feeding your child less than 1½ years



The holes in the shield mean this person has risks for breast cancer. Each hole symbolizes a risk factor.

Kinds of Screening Tests

Breast cancer screening means checking a woman's breasts for cancer before there are signs or symptoms of the disease. Three main tests are used to screen the breasts for cancer. Talk to your doctor about these tests.

1. **Mammogram.** A mammogram is an X-ray of the breast. Mammograms are the best method to detect breast cancer early when it is easier to treat and before it is big enough to feel or cause symptoms. Having regular mammograms can lower the risk of dying from breast cancer. If you are age 50 to 74 years, be sure to have a screening mammogram every two years. If you are age 40–49 years, talk to your doctor about when and how often you should have a screening mammogram.
2. **Clinical breast exam.** A clinical breast exam is an examination by a doctor or nurse, who uses his or her hands to feel for lumps or other changes. It can be done at annual health check-ups.
3. **Breast self-exam.** A breast self-exam is when you check your own breasts for lumps, changes in size or shape of the breast, or any other changes in the breasts or underarm (armpit).

Where Can I Go to Get Screened?

Screening for breast cancer is usually done at a clinic, hospital, or doctor's office. If you want to be screened for breast cancer, call the Indian Health Service Clinic in your area, contact your doctor or health provider, or contact your insurance company. They can help you schedule an appointment or refer you to someone who will.

Are you worried about the cost? Mammograms can be paid for through private insurance, community screening programs, and Medicare for those women 65 years old or older. Refer to the list of programs on pages 18-19 for some available screening services.

Which tests to choose:

At this time, the best way to find breast cancer is with a mammogram if you are over the age of 40 years.

If you choose to have clinical breast exams and to perform breast self-exams, be sure you also get regular mammograms.

If you are younger than 40 years of age and notice changes in your breasts, contact your doctor or health provider.

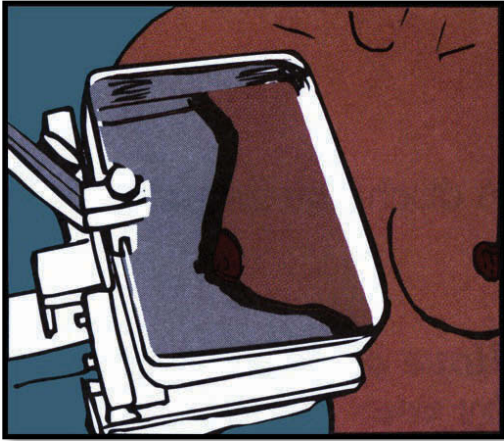
For more information on prevention and screening,

visit the National Cancer Institute:

<http://www.cancer.gov/cancertopics/pdq/prevention/breast/Patient>



Understanding Mammograms



How is a mammogram done?

You will stand in front of a special X-ray machine. A technologist will place your breast on a clear plastic plate. Another plate will firmly press your breast from above. The plates will flatten the breast, holding it still while the X-ray is being taken. You will feel some pressure. The other breast will be X-rayed in the same way. The steps are then repeated to make a side view of each breast. You will then wait while the technologist checks the four X-rays to make sure the pictures do not need to be re-done. Keep in mind that the technologist cannot tell you the results of your mammogram.

Tips for getting a mammogram:

- Try not to have your mammogram the week before you get your period or during your period. Your breasts may be tender or swollen.
- On the day of your mammogram, don't wear deodorant, perfume, or powder. These products can show up as white spots on the X-ray.
- Some women prefer to wear a top with a skirt or pants, instead of a dress. You will need to undress from your waist up for the mammogram.

What does having a mammogram feel like?

Having a mammogram is uncomfortable for most women. Some women find it painful. A mammogram takes only a few moments, though, and the discomfort is over soon. What you feel depends on the skill of the technologist, the size of your breasts, and how much they need to be pressed. Your breasts may be more sensitive if you are about to get or have your period.

Before you get a mammogram, you may want to ask the following questions:

- What will happen?
- How long will I be there?
- Do you have my previous mammograms?
- When will my doctor get the results?
- When and how will I learn about the results?

Understanding Mammograms

What does a mammogram look like?

An example of a normal mammogram is shown here. Each woman's mammogram may look a little different because all breasts are a little different. A doctor, called a radiologist, will look at the X-ray for early signs of breast cancer or other problems.

When will I get the results of my mammogram?

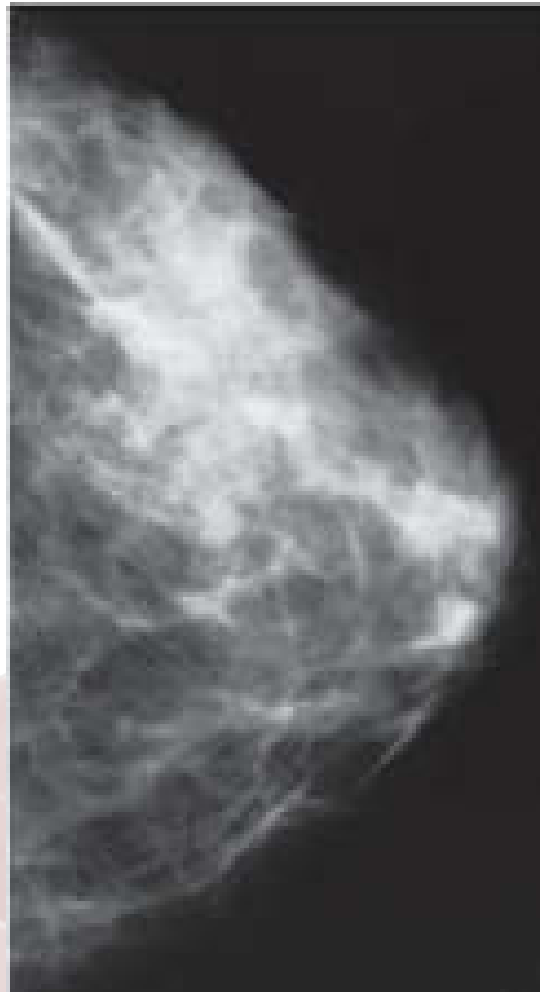
You will usually get the results within a few weeks. The radiologist will report the results to you or your doctor. If there is a concern, you will hear from the mammography facility earlier. Contact your health professional or the mammography facility if you do not receive a report of your results within 30 days.

What happens if my mammogram is normal?

Continue to get regular mammograms. Mammograms work best when they can be compared with previous ones. This allows your doctor to compare them to look for changes in your breasts. Ask your doctor when you will need to get your next mammogram.

What happens if my mammogram is abnormal?

If it is abnormal, do not panic. An abnormal mammogram does not always mean that there is cancer. But you will need to have additional mammograms, tests, or exams before the doctor can tell for sure. You may also be referred to a breast specialist or a surgeon. It does not necessarily mean you have cancer or need surgery. These doctors are experts in diagnosing breast problems.



What a mammogram looks like

Go Pink Day

*The Comanche Nation celebrates
National Breast Cancer Awareness
Month (October)*

Go Pink Day occurred during breast cancer awareness month, October 2011. It was produced by Navigation for Native Health and sponsored by the Association of Comanche Employees. It took place at the Comanche Nation complex in Lawton, Oklahoma.

Goals were to:

- Increase awareness
- Provide education about breast health, screening, and cancer

About 25 women attended and many remarked that they learned useful information and had a lot of fun. They were also grateful for gifts and refreshments at the end of the day

Go Pink Day Schedule and Events:

- Opening prayer
- Welcome statement by then Chairman of Comanche Nation, the late Mr. Johnny Waqua. He acknowledged the devastation to the Comanche community from cancer, and encouraged attendees to pay attention to the information provided during the event. He noted that some risk factors for cancer can be avoided by what we eat and the activities we do, as he was taught by Stacey Sanford, LPN.
- Presentation of a shortened version of NACR's "On the Path to Breast Health" by the Navigation for Indian Health team to the Comanche people.
- Story sharing (Including an elder woman who shared her own story of breast cancer survivorship.)

Donna Wahnee's Story

One of the organizers, Mrs. Donna Wahnee (Director of Enrollment at Comanche Nation), was particularly impacted by the information presented (see her story on the inside cover page).



By: Valerie Eschiti, PhD, RN; Leslie Weryackwe; Stacey Sanford, LPN; and Yvonne Flores

For more information visit:

http://www.nursing.ouhsc.edu/Indian_Health/index.htm



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Pink Party Time

The Muscogee (Creek) Nation honors National Breast Cancer Awareness Month (October)

The **Pink Party** is the Muscogee (Creek) Nation of Oklahoma way to observe breast cancer awareness month each October.

The first **Pink Party**, held in 2003, was the idea of the women's health provider and nurses at the Okmulgee Indian Health Center. It was held at the health center with little funding and homemade t-shirts. Seventy-five people crowded into their small conference room for the event!

Every year the **Pink Party** has grown. Now 600-700 people attend annually. The Muscogee (Creek) Nation supports the event with annual funding and by allowing (and encouraging) employees to attend the event during work hours.

What makes the **Pink Party** so special?

- Fellowship with women from many communities in the Tribe's 11-county area
- Ownership of the event by local American Indian women
- Sharing information from special speakers ranging from survivors to professional researchers and providers
- Recognition of breast cancer survivors, who are given small gifts
- Releasing hundreds of pink balloons into the air with breast cancer awareness messages (Enjoyed by those at the Pink Party and those that called who found a balloon and message.)

This event gives people in the area a great way to learn about their health and how to improve it!

How Can I Help Others in My Community?

You can help prevent breast cancer in your community by:

- Joining the closest Comprehensive Cancer Control (CCC) coalition. CDC supports CCC programs in all 50 states and many American Indian/Alaska Native tribes. For more information, visit: <http://www.cdc.gov/cancer/ncccp/>.
- Creating a coalition to work on preventing cancer in the community.
- Giving information about cancer screening to members of your community through newsletters and brochures.
- Encouraging exercise in your neighborhood. Work with your community to provide better locations for physical activity, such as parks.
- Helping members of your community maintain a healthy weight. Programs to improve diet and promote physical activity help people maintain a healthy weight.
- Promoting smoking cessation.

For more information visit:
CDC's Community Guide at:
<http://www.thecommunityguide.org/index.html>



or Cancer Control P.L.A.N.E.T. at:
<http://cancercontrolplanet.cancer.gov/>



By: Debra Isham, PACE Program Administrator,
Muscogee (Creek) Nation Division of Health

Regional Differences in Breast Cancer Rates

- In Alaska, breast cancer is the most commonly diagnosed cancer among Alaska Native women.
- Alaska, the Northern and Southern Plains have a higher incidence rates for breast cancer among AIANs than any other region.
- The incidence of breast cancer is much lower among AIANs who live in the Southwest.
- If you look at the numbers of people diagnosed instead of rates, the number of AIANs diagnosed in the Southwest far outnumbers the AIANs diagnosed with breast cancer in Alaska and the Northern and Southern Plains.

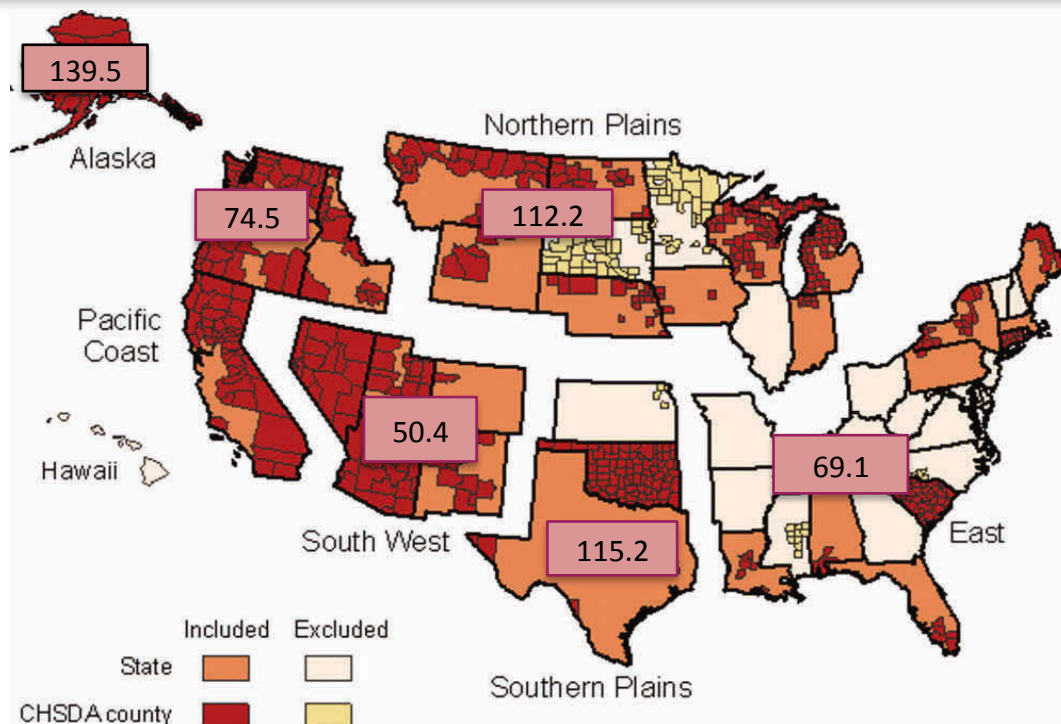
The map below shows how much difference there is in incidence rates of breast cancer for American Indian and Alaska Native women who live in different geographic regions.

“Incidence” is the number of new breast cancers diagnosed per hundred thousand AIANs in a year, adjusted by age.

This regional difference in AIAN breast cancer incidence is not seen in non-Hispanic Whites (NHW). There is so much difference in incidence in different regions that using an average rate of breast cancer incidence for all AIANs across the nation is misleading.

American Indian and Alaska Native Breast Cancer Incidence Map

The overall incidence rate for breast cancer in non-Hispanic Whites is 134.4 women per 100,000, adjusted to the 2000 Census. The numbers in each region represent the breast cancer incidence in AIAN women in that region. Indian Health Service Contract Health Service Delivery Areas (CHSDAs) are identified below.



North Dakota

Women's Way Ambassador Project

North Dakota Women's Way Ambassador Project is a way to recruit and refer women to their Women's Way Program.

Clients are the best ambassadors for Women's Way, the North Dakota Breast and Cervical Cancer Early Detection Program. Women's Way clients receive an "Ambassador Kit" which is a plastic business card holder containing several Women's Way business cards.

- There is one card in the upper flap. This card is for the client 'Ambassador' to use as a reference tool for sharing program eligibility information.
- The bottom flap of the business card holder contains several business cards.
- The client shares these business cards with friends and family to encourage them to enroll in Women's Way so they can get their breast and cervical screenings too.
- The front of each card displays a different Women's Way client role model and her testimony of how Women's Way has helped.
- For example, the cards feature different women, such as an American Indian woman, a family, a woman in her 50's, etc.
- The other side of the business card has a motivational message and the Women's Way local program contact information.

Together, the reference tool and the business cards make up a little kit that can be tailored to whomever the ambassador is speaking. The Ambassador Kits are not only limited to women who use WW services. Kits are also available to healthcare providers, cancer coalition members, volunteers and other partners.



Women's Way

Division of Cancer Prevention and Control North Dakota Department of Health
600 E. Boulevard Avenue, Dept. 301
Bismarck, N.D. 58505-0200
Phone: 701.328.2333 | 800.280.5512 (toll-free in ND)
Fax: 701.328.2036
e-mail address: womensway@nd.gov

<http://www.ndhealth.gov/womensway/>



Cherokee Nation Case Manager Makes it Happen!

Youlanda Cain, LPN, women's health case manager, at Wilma P. Mankiller Health Center in Stilwell, Oklahoma, has been with the Cherokee Nation Breast and Cervical Cancer Early Detection Program (BCCEDP) since 1997. She has seen many changes to the BCCEDP program:

- As the only case manager, she traveled to all seven of the Cherokee Nation health centers helping women get their well woman exams and educating them about the importance of breast self exam and annual well woman exams.
- Cherokee Nation now has 9 clinics with 9 cancer case managers who are responsible for breast and cervical cancer screening, as well as case management when cancer is diagnosed.

Many times the women's health case manager is the first person a patient talks to when they receive the diagnosis of cancer from their doctor. This may come as a phone call from their doctor after her breast biopsy. Patients often ask the doctor to call with results due to living in rural areas far away.

"This is a very satisfying job and I am happy to serve the Cherokee Nation women."

Case managers:

- Counsel and educate the patient
- Educate the patient about contract health services and help them through the process
- Guide them on what to do next
- Discuss the treatment plan
- Explain procedures
- Help patients through the appointment and follow-up process
- Provide assistance for travel arrangements and research eligibility for other programs
- Act as patient advocates

An important part of Youlanda's philosophy is "letting the patient know I am here for them."

This includes asking the patient about their support system at home.

"Cancer is a very scary word for all of us and sometimes women just need someone to talk to about what is happening to them."

Success story:

Follow-up appointments are important after abnormal mammograms so Youlanda takes special care to educate her patients about the need to continue with the procedures recommended by the physician. Youlanda remembers a 61 year old who came in for her routine well woman's exam and mammogram. The mammogram revealed the need for a biopsy which was positive for stage 2 breast cancer. Surgery and chemotherapy were performed. The patient had a life change almost overnight. Youlanda said they would journey to recovery together. The patient remained positive throughout treatment and is now a five-year survivor and a wonderful advocate for Native American women. This survivor understands how important breast cancer awareness and early detection is for all women. "She always has a big smile on her face when I see her and that makes being a Women's Health Case manager for Cherokee Nation priceless," says Youlanda.

In addition to her family, Youlanda's passion is the American Cancer Society's Relay for Life event, held each year in Adair County. She has been a driving force since 2002 and has put forth numerous personal hours to make the event a success. This year her team from the Health Center raised \$8,335.00 for the event.

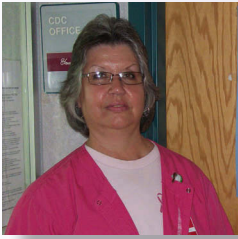
"One reason I took this job was because my mother-in-law and sister-in-law were both diagnosed with breast cancer and I knew I wanted to help women and their families as they went through the breast cancer journey."

By Barbara Neal - Cherokee Nation Breast and Cervical Cancer Early Detection Program

Quotes from Youlanda Cain, LPN

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has been providing access for breast and cervical cancer screening services to underserved and uninsured women in all 50 states since 1990. Since 1995, the Cherokee Nation BCCEDP has been caring for Native American Indian women's health needs throughout the 14 counties of the Cherokee.

A Story of Survival: *Sharon shares her journey*



Sharon Eli, Exit Appointment Scheduler at the Wilma P. Mankiller Health Center in Stillwell, is one of Youlanda's patients and was diagnosed with breast cancer in 1999 at 45 years old. Sharon's tumor was found at the same clinic during a routine well woman exam. Her diagnosis was confirmed after a mammogram and breast biopsy. Sharon says it took her by surprise as she was not expecting anything like this to happen to her. She received chemotherapy and radiation after a mastectomy. Sharon had moved home in 1997 after her father-in-law passed away in Ponca City, Oklahoma. She began having her annual mammogram at the Cherokee Nation Breast and Cervical Cancer Early Detection Program. It was after her third mammogram that she got her diagnosis.

"I just keep life normal, but I will never forget how my life has been changed by breast cancer."

~Sharon Eli

Sharon is now a 13 year survivor of breast cancer. Youlanda was there to help Sharon navigate through the complex contract health system. She met with Sharon several times throughout her treatment process. Sharon says, "I just keep life normal, but I will never forget how my life has been changed by breast cancer." Sharon is a charter member of the Native American Circle of Hope Group, a Native American survivor group that meets in Tahlequah, Oklahoma each month. "It is the best group ever and I am very blessed to be a member and have such good friends and fellow survivors to meet with each month," says Sharon. Youlanda was also there for the organization of this survivor group. Sharon still continues with annual mammograms and says that the Cherokee Clinic made a big difference in her life.



Youlanda Cain & Sharon Eli

What are Clinical Trials?

Here is what American Indian women getting brachytherapy at the Rapid City Regional Hospital said:

Q: How did it feel when they inserted the tubes?

A: I was really scared, but they numbed me all up and it was okay

Q: How does the special bra they give you for the brachy feel?

A: It is pretty ugly, but it isn't uncomfortable (giggle)

Q: What does it feel like when they are doing the radiation through the tubes?

A: It feels like nothing. I just go lie down, talk with the nurses, then the provider tells me to lie still and I hear a little buzz. It is simple. I was worried that my daughter would lose her job driving me back and forth to Rapid City, but now she is here with me and only missing a week of work. So it's better for us.

Breast conserving surgery, or "lumpectomy", is the removal of the lump and a small amount of the tissue surrounding it, rather than removing the entire breast. This type of surgery almost always has to include follow-up radiation treatments.

Brachytherapy (BRA-kee-THAYR-uh-pee), or "brachy", is a procedure in which radioactive material in needles, seeds, wires, or tiny tubes are placed directly into or near a tumor. Also called internal, implant, or interstitial radiation therapy.

More information about breast conserving surgery and brachytherapy can be found at: <http://www.cancer.gov>



Linda U. Krebs,
Oncology nurse

"Cancer clinical trials are studies to prevent, find or treat cancer," explains Linda U. Krebs RN (cancer nurse). Some clinical trials work to prevent cancer; others compare state-of-the-art treatments with newer treatments. Still others focus on quality of life for survivors or their families. "They may also look for better ways to support the cancer patient and family." There are many different types of trials.

Very few AIANs take part in clinical trials AIANs frequently say, "I don't want to be a guinea pig" but in a clinical trial, all participants receive appropriate treatment. The minimal care given is the current best practice, which is better than what most AIAN patients are getting now. The patient must give informed consent to be in a clinical trial.

The most successful program offering AIANs a choice to take part in a breast clinical trial is at Rapid City Regional Hospital (RCRH) with Dr. Daniel Petereit in South Dakota. Studies have shown that AIAN patients have a lot of side effects from external beam radiation. Dr. Petereit is working with patients and their families to find better treatments for AIAN patients including breast conserving surgery and brachytherapy.

Why should I take part in the RCRH clinical trial? Benefits:

- 8 days of radiation vs. 6 weeks
- Radiation only goes directly to the tumor, not the entire breast
- Doesn't expose family members to any radiation

Drawbacks:

- Need to stay in a hotel or a friend in Rapid City during the week of treatment
- Must keep tubes in breast for the entire week, and wear a special bra to hold them in place

Interested in the RCRH Clinical Trial? For more information visit: <http://www.regionalhealth.com/Our-Services/Regional-Health-Research/Cancer-Studies/Breast-Cancer.aspx> or call: The RCRH Cancer Care Institute, Walking Forward Program at 605-719-2305

For more information about clinical trials visit: National Institutes of Health (NIH) Clinical Research Trials and You <http://www.nih.gov/health/clinicaltrials/> or National Cancer Institute (NCI) Educational Materials About Clinical Trials <http://www.cancer.gov/clinicaltrials/Search>.

Dream the Cure' and make your own Dream Catcher

Dream Catchers

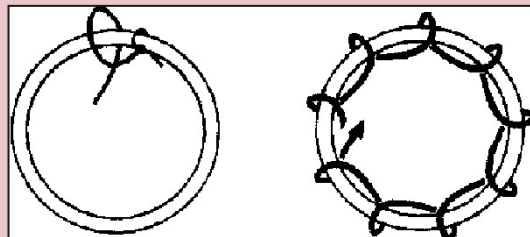
There are two different versions of the legend about how dream catchers work. One version says that the hole in the center of a dream catcher web allows good dreams to reach the sleeper, while the web itself traps the bad dreams until they disappear with the first light of morning. The other version says that the web "catches" the good dreams and allows the bad ones to slip away through the hole. Follow these steps to create your own dream catchers.

Materials:

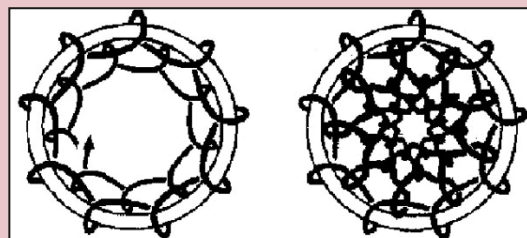
- Thin, round, basket-weaving reed (like willow branches, or this can be purchased at an arts & craft store.)
- String or twine
- Beads and feathers
- Yarn, thread, or sinew

Directions:

1. Take a length of reed equivalent to approximately 26 inches, form into a circle and secure by overlapping and bending the two loose ends around the edge of the circle. The circle width should be 5 to 5 1/2 inches. To strengthen the circle and prevent it from coming undone, you may tightly wrap the entire circle with a length of colorful yarn.
2. To begin making the dream catcher "web," tie one end of the twine or string to the circle you have formed in step one. Tie 9 "hitch knots" around the ring, spacing them approximately 2 inches apart. Keep the string snug when going from one knot to the next being careful not to distort the shape of the circle. See following diagram:



3. To begin the next row of the web, begin tying hitch knots in the middle of the string already attached. Continue tying hitches in the same way until the opening in the center is the desired size. To end the web, tie a double knot in the twine and cut off any excess. See diagram below.



4. To decorate the dream catcher: Each student will need about 2 feet of string for attaching beads and/or feathers. Cut string into 4 equal pieces and thread the beads or tie the feathers to the ends. Tie these decorate strings to the bottom, sides, and center of the dream catcher. Attach a hanging loop to the top and you are done!

Directions
Compliments of:



Dream catchers are the main source of fundraising for the Wisconsin Pink Shawl Initiative (a 501C3 non-profit), hence the tag line "dream the cure". This group still relies on the sales of their dream catchers to help support our educational efforts in the community. WI Pink Shawl Initiative. PO Box 14778, West Allis, WI 53214-0078 - <http://www.dreamthecure.org/>

Regional Tribal Cancer Conferences Make a Difference

Two regional American Indian and Alaska Native (AIAN) cancer conferences will be held annually as part of Native American Cancer Research Corporation's (NACR) ongoing five-year partnership with the Centers for Disease Control and Prevention (CDC) (2010-2015). Each conference has its own unique agenda that meets the needs of people in that region.

Southeast Conference

The first regional conference of 2012 was held in Nashville, TN in July of this year. The Southeast region includes: Alabama, Florida, Georgia, Mississippi, South Carolina, and Tennessee. New relationships were established and collaborations were begun to improve the quality of care that AIANs receive in their area.

The conference in the Southeast included sessions on cultural appropriate materials and outreach strategies as well as AIAN history and culture in the Southeast. Elders and cultural speakers were brought in to educate and share with the conference participants.



Group photo during Alaska Conference – September 2012

Alaska Conference

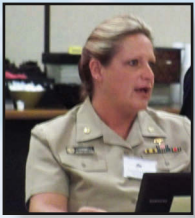
The second regional conference for 2012 was held in Anchorage, AK in September. The size of Alaska, distance from other states, and number of Native groups required Alaska be its own region. In Alaska, the emphasis was on creating seamless services for Alaska Natives who have to travel great distances and often see different providers when seeking cancer screening and treatment. This involves collaboration between many different villages and health organizations, clinics, and the Alaska Native Health Center, a Native Hospital located in Anchorage.

Alaska Natives are also interested in cancer survivorship. With more American Indian and Alaska Natives surviving their battle with cancer, there is a growing need for services, care plans, and support for long term cancer survivors



Group photo during Southeast Conference – July 2012

Going From Nothing to Noteworthy



“We are going from Nothing to Noteworthy!” stated Tonya Cornwell, Catawba Nation IHS Clinic Director. She said with what they learned at the meeting and the new partnerships, they

were going home to increase quality cancer prevention and detection services for the Catawba Nation!

Purpose of the Meetings

- The purpose of the conferences is to strengthen American Indians and Alaska Native (AIAN) inclusion in cancer screening and culturally appropriate planning efforts throughout the United States.
- These gatherings are working meetings with the goal of identifying and later implementing strategies to strengthen relationships among states, organizations, and tribal/urban Indian programs and improve access to culturally appropriate cancer programs throughout the cancer continuum (prevention through end-of-life).



Panel of Elders at Southeast Conference (left to right: Gary Ben, MS Choctaw; Alex Alvarez, Mvskoke-Creek; Jerry Lang, Oak Hill Tribal Town; Butch Sanders, Catawba Nation)

Upcoming 2013 Regional Conferences:

- Northeast - Connecticut, District of Columbia, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.
- Southern Plains - Arkansas, Kansas, Louisiana, Missouri, Oklahoma, and Texas.

“We have gained valuable resources and collaborations. Thank you to the Native American Community for teaching us.”

— Tamira Moon and Victoria Davis,
Georgia Department of Health



Workgroup Session at Alaska Conference

To find out more about regional conferences in your area visit: <http://natamcancer.org/regional.html>



Tribal Breast and Cervical Program Contacts 2012

Southcentral Foundation (SCF) Breast and Cervical Health Program

4105 Tudor Center Dr.
Anchorage, AK 99508
Phone: 907-729-8891
www.southcentralfoundation.com



Summary of services: Provides screening services (mammograms, clinical breast exams, Pap smears) to Native women in Alaska ages 40-64. Offers ongoing one-on-one and group client education, focusing on breast and cervical cancer awareness, risk factors, and the benefits of early screening. Also provides tracking, follow-up and case management services, public education and outreach services, and professional development opportunities. Works closely with the Alaska Breast and Cervical Partnership with four other NBCCEDP funded programs in Alaska to provide seamless delivery of services to Alaskan women.

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Arctic Slope Native Association Screening For Life, Breast & Cervical Cancer Screening Program

Wellness Center
P.O. Box 29;
Barrow, AK 99723
Phone: 907-852-5881
www.arcticslope.org

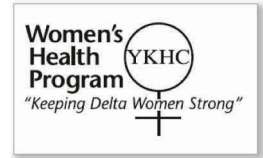


Summary of services: Offers breast and cervical cancer screening in Barrow and five surrounding villages. Air transportation is provided from these rural villages for mammography clinics in Barrow, which are held four to five times a year. A mid-level provider goes to each village twice a year to provide annual exams, including pap smears. Follow-up and rescreening is done as needed in Barrow or in the Native villages. Colposcopy and diagnostic services are also provided in Barrow.

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Yukon-Kuskokwim Health Corporation Women's Health Program

P.O. Box 287,
Bethel, AK 99559
Phone: 907-543-6696; 907-543-6296
www.ykhc.org



Summary of Services: Offers breast and cervical health screenings for 50 villages throughout the Yukon-Kuskokwim Delta in Southwest Alaska. Our service area spans 20 million acres and is approximately the size of Oregon.

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SouthEast Alaska Regional Health Consortium Breast and Cervical Health Program

222 Tongass Drive
Sitka, AK 99835
Phone: 907-966-8782
Toll free: 1-888-388-8782
www.searhc.org/womenshealth



Summary of services: Our goal is to increase the education, outreach and breast and cervical screening of Alaska Native women and uninsured/underinsured non-Native women living in Southeast Alaska communities, and to find cancer at its earliest and most treatable stage. We have eight screening sites that have on-site mammography or that receive visits from the mobile mammography unit as well as cervical screening services.

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Hopi (Hopi Office of Prevention and Intervention) Cancer Support Services

P.O. Box 123 Kykotsmovi, AZ 86039
Phone: 928-734-1151; 928-734-1152
www.hopi-nsn.gov



Summary of services: Provides breast/cervical/colorectal cancer screening services to Native women living on and near the Hopi Indian Reservation. Women's health appointments scheduled through the program are performed at two local facilities. The program contracts with a mobile unit as well as other facilities for mammography services. Transportation is provided for those who request assistance. Other services include: one-on-one patient education, case management, tracking and follow-up, community education, recruitment and support services. Compassionate staff work hard to provide women with seamless delivery. The program promotes: "Namitunatya" – Take Care of Self.

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Tribal Breast and Cervical Program Contacts 2012

Navajo Nation Breast and Cervical Cancer Prevention Program (NNBCCPP)



P.O. Box 1390
Window Rock, AZ 86515
Phone: 928-871-6245
www.ihs.gov/medicalprograms

Summary of services: NNBCCPP provides culturally appropriate bilingual education to break the barriers on cancer screening and early detection due to Navajo people being diagnosed at a later stage, which increases the mortality rate. The program also provides education on colorectal and prostate cancer. NNBCCPP assists with mammography screening at four hospitals: Fort Defiance, Tuba City and Chinle, and mobile mammography screening at: Inscription House, Tsaile, Pinon, Red Mesa and Kayenta Hospital. Future mobile screening sites include: Tohatchi Health Clinic and Nahata-Dzil Health Center.

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Kaw Nation Women's Health Program



3151 E. River Road
Newkirk, OK 74647-0474
Phone: 580-362-1039 x 207
http://kawnation.com/?page_id=2278

Summary of services: Services are provided to women at five clinics, seven tribes, in a seven county area in North Central Oklahoma. Our staff attends health fairs and other special events in the area to outreach to women that are eligible for the program.

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Cherokee Nation Health Services Cherokee Nation BCCEDP



1200 W. 4th Street, Suite C
Tahlequah, OK 74465
Phone: 918-453-5756
www.cherokee.org

Summary of services: Offers appointments for clinical breast exams, mammograms, pap tests, and one-on-one patient education on breast and cervical cancer and breast self-examination techniques. The program provides breast and cervical cancer screening for uninsured, income-eligible Indian women at ten screening sites throughout and around the 14-county Cherokee Nation Tribal Jurisdictional Service Area in Northeastern Oklahoma.

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NARA Indian Health Clinic Women's Wellness Program



15 N. Morris
Portland, OR 97227
Phone: 503-230-9875
www.naranorthwest.org

Summary of services: Provides breast and cervical cancer screening to Native women residing in and around Portland, OR who are underserved, underinsured, never screened, rarely screened and at-risk. Native women are treated with respect and cultural sensitivity. Our program is committed to honoring and respecting our families, communities and Mother Earth. We advocate early detection, prevention, and yearly screenings; honoring diversity and celebrating life.

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Cheyenne River Sioux Tribe BCCEDP Winyan Wicozani – Healthy Women



24276 166th St. - Airport Road - Box 3012
Eagle Butte, SD 57625-0590
Phone: 605-964-0556
www.sioux.org

Summary of services: Offers breast and cervical cancer screening services to eligible women ages 18-64 residing in Dewey and Ziebach counties. Transportation assistance is available to high-risk women ages 30-39. Our program is committed to eradicating breast cancer. We advocate early detection, prevention through yearly screenings and offer a variety of educational services to our clients and communities.

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South Puget Intertribal Planning Agency (SPIPA)



The Native Women's Wellness Program
3104 Old Olympic Highway
Shelton, WA 98584
Phone: 360-426-3990 x 3221
www.spipa.org

Summary of services: Works to reduce breast and cervical cancer mortality among One Spirit and Two Spirit Native women of the Chehalis, Nisqually, Shoalwater Bay, Skokomish, Quinault and Squaxin Island Tribes through culturally appropriate outreach, education, screening and diagnostic services. Provides no-cost mammograms, clinical breast examinations, pelvic exams, and Pap tests to low-income Native American women living in the six tribal communities. Also offers a variety of educational activities as part of our effort to promote early education and treatment of breast and cervical cancers.

For more information visit: http://apps.nccd.cdc.gov/dcpc_Programs/default.aspx?NPID=1

Breast Health Terms

Definitions of words you may hear from your healthcare provider

Biopsy (BY-op-see): A piece of tissue or group of cells is removed from the growth or cyst. These cells are examined by a pathologist. Biopsy is the best way to make a diagnosis.

Breast Cancer: Cancer that forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). It occurs in both men and women, although male breast cancer is rare.

Chemotherapy (KEE-moh-THAYR-uh-pee): Treatment with drugs that kill cancer cells. It is generally used when there is a high risk for the cancer coming back or for those with more advanced disease. Drugs are usually given into a vein (IV; intravenously).

Clinical Trial: Research that tests how well a new method of screening, prevention, diagnosis, treatment, or a supportive/comfort care measure works in people.

CT scan: (Computerized Axial Tomography or CAT Scan) Detailed pictures of the inside of the body. Pictures are created by a computer linked to an x-ray machine. They are taken from different angles. Also called known as computerized tomography (toe-MOG-rah-fee).

Diagnosis (die-egg-NOH-sis): The process of finding if the symptoms or evidence of cancer is really cancer.

Ductal carcinoma (DUK-tul KAR-sih-NOH-muh): The most common type of breast cancer. It begins in the cells that line the milk ducts in the breast.

Dysplasia (dis-PLAY-zhuh): Cells that look abnormal under a microscope but are not cancer.

In situ (in-SIGH-two): Cancer cells that have not spread to neighboring tissue

Lumpectomy (lum-PEK-toh-mee): Surgery to remove abnormal breast tissue or cancer from the breast and a small amount of normal tissue around it. It is a type a breast-conserving surgery.

Lymph node (limf node): A small bean shaped organ of the immune system found in different parts of the body, like the neck, armpits, and groin. The lymph node acts as a trap, or filter.

Mastectomy (ma-STEK-toh-mee): Surgery to remove the breast.

Mammogram (MAM-o-gram): A low dose x-ray of the breast.

Metastasis (meh-TAS-ta-sis): The process by which cancer cells spread from one body part to another or from the primary site to other organs by traveling through the blood vessels or lymph vessels.

Oncologist (on-KOL-o-jist): A doctor who specializes in treating cancer. Some oncologists specialize in a particular type of cancer treatment. For example, a radiation oncologist specializes in treating cancer with radiation.

Pathologist (pa-THOL-o-jist): A doctor who studies tissues and cells under a microscope to identify disease.

Precancerous (pre-KAN-ser-us): Cells/tissue that is not yet malignant, but is likely to become malignant over time if left untreated.

Radiation (ray-dee-AY-shun): Energy released in the form of particles or electromagnetic waves. Common sources of radiation include radon gas, cosmic rays from outer space, and medical x-rays.

Tumor (TOO-mer): A mass or growth of cells that multiply more than they should or do not die, as they should. These cells form a mass of tissue, called a tumor.

- **Benign (BEE-nine):** The tumor or cells are not cancer and do not become cancer. Most (8 out of 10) breast tumors are not cancer (they are benign).
- **Malignant [ma-LIG-nant]:** The tumor or cells are cancer and can spread to other parts of the body.

Roasted Deer with Potatoes

Ingredients:

3 to 4 pounds Venison (deer) roast
 2 Tbsp. Butter or olive oil
 2 8 oz. cans Tomato sauce
 6 to 8 Red, yellow, or your favorite potatoes, cut into 1-2 inch cubes
 1 Medium onion, chopped
 1 cup Celery, chopped
 1 Tbsp. Minced parsley
 2 tsp. Ground sage
 1/2 tsp. Ground thyme
 1 - 2 cloves Garlic, peeled and crushed (or garlic powder)
 To taste Salt and pepper
 Flour & water As the gravy thickener

Directions:

1. Melt butter (or heat olive oil) and brown roast on all sides in a large Dutch oven. If you are using a very lean roast, add a little extra butter or oil to it.
2. If you are afraid your roast won't be very tender, you can sprinkle a little powdered meat tenderizer on too.
3. Salt and pepper the meat.
4. Mix all other ingredients, except flour and water, in a mixing bowl and pour over roast.
5. Cover and bake at 325 degrees for three to four hours.
6. Remove liquid with a baster and place in a saucepan.
7. Make a smooth paste of flour and water and add to liquid to make gravy, stirring constantly till smooth and of desired thickness.
8. Taste and adjust seasoning if necessary.
9. Pour thickened liquid back over pot roast and heat through.
10. Remove roast, slice and place in the center of a deep platter. Surround meat with the vegetables. Drizzle gravy over meat.
11. Serve with fresh homemade bread or fry bread.

Optional Variation:

Increase your nutritional value by adding more vegetables: Like mushrooms, baby carrots - or other root vegetables, peas, green beans, etc. If you want to use more tender vegetables, like peas, add them in the last ten minutes of heating so they don't overcook.

NUTRITION FACTS	
Serving Size: 100g or 3.5oz	
Amount Per Serving	% Daily Value*
Calories 111	
Calories from Fat 24	
Total Fat 3g	4%
Saturated Fat 1g	3%
Trans Fat 0g	
Cholesterol 18mg	6%
Sodium 0mg	~
Total Carbohydrate 0g	0%
Dietary Fiber 0g	~
Sugars 0g	
Protein 22g	
Vitamin A	0%
Vitamin C	0%
Calcium	1%
Iron	16%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	
Nutritional Data by SkipThePie.org	

Deer is an excellent source of protein & Iron

“The Pink Shawl pow wow is a stunning visual using our shawls. The women make the shawls and set them on our Mother Earth, we have a reflection time for the participant, shawl and Mother Earth and then they are picked up by our Head Veteran and Arena Director and smudged. The Head Veteran then wraps the shawl around our women. It is very moving and beautiful.”

~Punkin Shananaquet



Original painting “Fancy Shawl Dancer” by David Lee Shananaquet (Odawa), son of Marie Shomin and Lawrence Shananaquet, in remembrance of his beloved mother, Marie Shomin who passed away from breast cancer.

David Shananaquet

