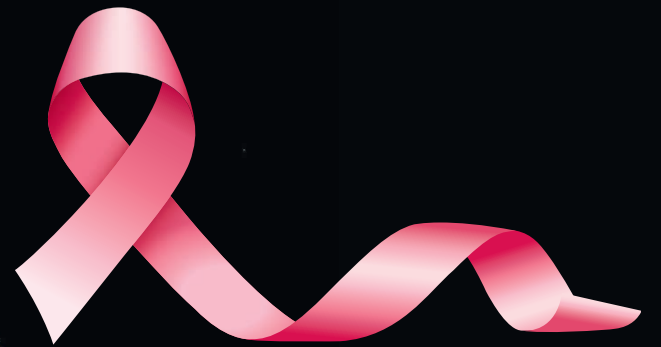


A woman who survived breast cancer poses for a picture during the fifth edition of 'A brushstroke for life' in Guadalajara, Mexico, on September 9. A brushstroke for life is an altruistic project in which 52 survivors, both women and men, participate to make the disease visible to the world. AFP PHOTO



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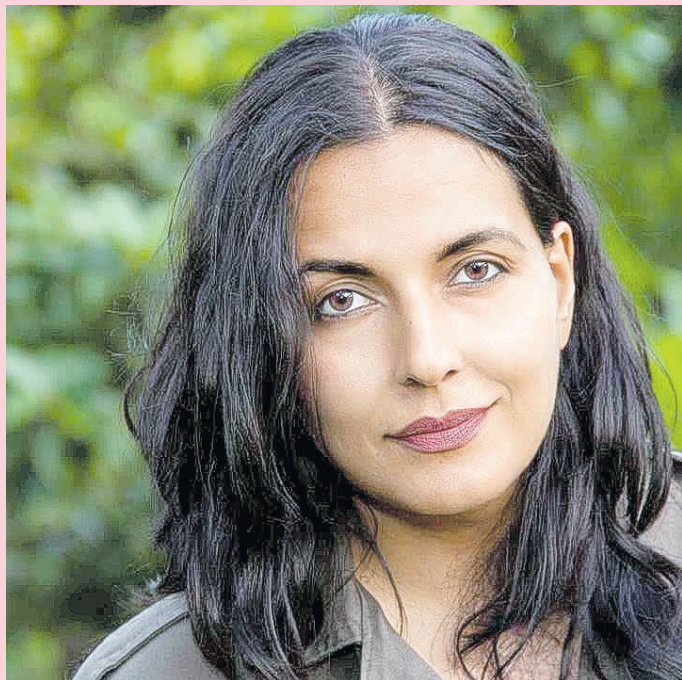
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Sarita Rampersad was diagnosed with HER2-positive breast cancer in September 2020.



On September 29, Sarita Rampersad reposted this photo on Facebook with an update on her year-long battle with breast cancer, from diagnosis through treatment and to the decision to her other breast. The combination of photos shows the weekend before her first mastectomy to two weeks post-surgery. **PHOTOS TAKEN FROM FACEBOOK**

CAROL QUASH

At age 49, Sarita Rampersad had to make a tough choice – a chance to live or to lose her left breast. She chose life.

The Diego Martin resident was diagnosed with HER2-positive breast cancer in 2020 and did a mastectomy. HER2-positive is a breast cancer that tests positive for a protein that promotes the growth of cancer cells. And although there is no indication that the cancer has or will develop in her right breast, she has decided to remove the right breast, with no reconstruction. “I’m taking in front. The risk increases in the other breast if you’ve had it in one. I’ve decided not to do reconstruction and stay flat.” Rampersad’s fight with cancer began with a nagging pain under her left arm that felt like a pulled muscle. It went on for two weeks before she decided to see a doctor.

“I had no other symptoms, but the pain was so bad I went to see a doctor.” She was sent to do an ultrasound and the next day a mammogram, raising red

Sarita Rampersad:

Removing breasts, a choice to live

flags for her.

“I knew there was a problem because they wanted it done right away.”

Shortly after she was then sent to do a full-body CT scan, followed by an MRI.

“The CT scan showed an area of suspicion on the lining of my brain, but thankfully the MRI showed that it was clear. The cancer had not spread.”

Following her diagnosis, Rampersad, going through the experience amid the covid19 pandemic, was prepared for the worst.

“The funny thing is I didn’t even

feel sick at all. I didn’t know how cancer kills you, if you will shut down and not power back up. For first two weeks I went through with the tests and tried to figure out a plan of action, but I felt like a ticking time bomb. I didn’t know if I was going to make it to Christmas. I was horrified and depressed, not sure if every sunrise was my last. And to make matters worse, covid felt like it was stealing my time, preventing me from doing what I wanted to do. I was googling cancers like a mad woman, with no direction. Looking back now, I realise how

unhealthy it was.”

It was only when she had a clear picture of the type of cancer and what her treatment options were was she able to do proper research and come up with a plan of action. She was scheduled to start six cycles of neoadjuvant chemotherapy a month and a half later to shrink the tumour as much as possible before surgery, and she decided she would go into it giving her body more than a fighting chance. “I cleaned up my diet, ate only lean meat, lots of veggies and fruits. I cut out dairy and sugar.

I ate like a champ! Anything good you could think of, I ate it. I had heard horror stories about chemo and I wanted to start healthy and to keep myself strong to withstand it.”

After the first cycle, she said, the lump felt softer and her doctors told her she was responding well to the treatment. By the time she was ready for surgery at the St James Medical Complex, the tumour had shrunk significantly. Tissue samples were sent to the pathology lab and the report showed that she had a complete response to treatment. This was followed by radiation, which brought on its own set of horrors.

“It damaged everything in area and I had to be very gentle with the skin there. I didn’t want it to break or blister because it could get infected.”

But, Rampersad said, the bone and nerve pain, constipation, diarrhoea and all the other complications that accompany cancer treatments were no match for the support she has received from family, friends and the wider public.

● **SARITA** continues on Page 5

CAROL QUASH

Vikki Ramdass has a history of cancer in her family, with both her mother and grandmother having died from ovarian cancer.

The experience of seeing two of the women she loved most in her life being consumed by the disease prompted her to do regular exams and become a volunteer at the TT Cancer Society. But Ramdass got the shock of her life when in 2018, at the age of 33, she was diagnosed with stage 1 breast cancer.

"I wasn't expecting breast cancer. Ovarian maybe, but not breast."

Ramdass, who lives in Chaguanas, was heading to work at a pet shop on a Monday morning in October of that year when she felt a hard little lump on right breast.

"I didn't panic immediately because I get regular breast exams. I decided I'd just check it out because I knew many women have lumps that are non-cancerous."

After the initial screening she was advised to do an ultrasound, which she did at the Cancer Society.

"The doctor said it looked benign but still wanted to do a biopsy. They extracted about four samples and told me the results would come back in a week. The Cancer Society then sent me to do a mammogram. That day the doctor told me 'I don't have good news. You have stage 1 breast cancer.' I was shocked, confused, and I panicked. I couldn't absorb anything he was telling me. I ran to the bathroom and the nurse had to come and get me out."

Further tests revealed she had triple-negative breast cancer, which was hereditary and had the worst survival rate among breast cancers. "I felt like it was only a matter of time before I died." She said the mistake she made was doing all the pre-screening and tests by herself. In hindsight, she realises the toll a lack of support during that period took on her. Fortunately, she said, for the rest of her journey she has a strong support system in her family.

"When I went home and told dad, he was my biggest supporter. He said, 'It's stage one, you have this covered.'"

Ramdass advises anyone diagnosed with cancer to get pre-counselling before making any decision because it helps put things into

Vikki Ramdass:

Counselling, family key to cancer fight



Vikki Ramdass was diagnosed with breast cancer in 2018. PHOTOS COURTESY VIKKI RAMDASS



After her breast cancer diagnosis Vikki Ramdass' doctors advised a double mastectomy and reconstruction, but she opted to do a lumpectomy and fears the cancer would return.

perspective.

"You will have to make life-changing decisions as it regards your treatment options. And you know that's when the critics come in and try to tell you what you should do. Phase them out and decide what is right for you in your situation."

Ramdass' doctors advised a double mastectomy and reconstruction, but she opted to do a lumpectomy – a decision she regrets now because she is constantly living with the fear that the cancer will return.

"I'm sorry I didn't listen. I mean, at 33 I was studying my looks and not thinking clearly at the time. Now I see that the doctor was just trying to prevent it from recurring."

Post surgery she recovered at home and adjusted her life to suit. She took

a temporary leave of absence from work, and stopped activities such as yoga.

"My life was on hold and I questioned everything at that time. But my biggest question was 'Why me?'"

After surgery she got more counselling, which ignited the fight in her. "I realised I was my own worst enemy. I was really humbled and motivated by the support from my family and even from strangers. I decided to get better." But this was easier said than done.

She began chemo in January 2019, but after the first of eight rounds she decided to stop. "It was really bad for me. I honestly thought I was going to die. Because of the type of cancer I had I was given a strong dose and

my body didn't react too well to it. The morning after I woke up with all my hair on my pillow. You hear stories about it but nobody can prepare you for how your body will react to chemo. I didn't know how I could do eight rounds and survive." Eventually, she said, the doctors offered to lower the dosage and give her medication for the symptoms.

"I tried it again in April 2019. It wasn't 100 per cent but it was better."

After chemo, she did radiation, which she completed in February 2020. "I felt like my body was being battered with treatment. I had to do the laser treatment every day, Monday to Friday for a month. My side effects were burns, darkening around the area, and weakness."

With the treatment now behind her, Ramdass is in remission but said the emotional and mental struggles are still there. But she has accepted it as part of her life.

"It's my journey and I'm learning to live for today, to adjust to life after cancer. But there is always the question of will it come back? Every test you do you are scared."

Ramdass still goes to counselling and is part of a virtual support group.

"I also try to help others who are going through the process. When it happens to a young person, it's confusing. I'm surprised I made it this far. I'm grateful for my life and if my

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Sarita Rampersad shaved her head before she began chemotherapy because she refused to wait for cancer to take her hair. PHOTOS TAKEN FROM FACEBOOK

‘I say tell cancer to eff off!’

After being diagnosed with breast cancer and having a mastectomy Sarita Rampersad has decided to remove her other breast.



● SARITA from Page 3

“It’s like being able to attend your own funeral. I have reconnected with people I haven’t spoken to in years. Strangers reach out. Cancer has been beneficial in a lot of ways for me in terms of the connections and reconnections I’ve made, I’m healthier, and I have more appreciation for life.”

And HER2-positive may have put up a good fight, but it certainly could not contend with the force wielded by her “bad mind.”

“I tapped into my bad mind and used it. Cancer is like an abusive relationship, the partner that’s gaslighting and making you feel like a victim. I say tell cancer to ‘eff’ off! I shaved my hair before I started chemo because I didn’t want to wait for cancer to take my hair. I didn’t want to go through that trauma and I took control.” She advises those diagnosis with any type of cancer to take power and control in their own hands. “Eat well, sleep well, do your best to make yourself as strong as possible. Ask your doctors questions and insist that they answer. If they don’t answer, get another doctor. You have to advocate for yourself.”

Rampersad is in her 16th of 18 cycles of targeted therapy infusion – a type of treatment that precisely identifies and attacks certain types of cancer cells. Life has changed for her, but she has learnt to roll with the punches. A photographer by profession, she schedules her work around her treatment cycles, and she has accepted that she can’t escape having to do CT scans, colonoscopies, pap smears and many other tests. But she said she is slowly getting her life back on track.

“It would be good to try to normalise things a little bit. I’m looking forward to something as simple walking my dogs on the beach. I have six, all pot hounds, high breed and low breed, and all rescued.”

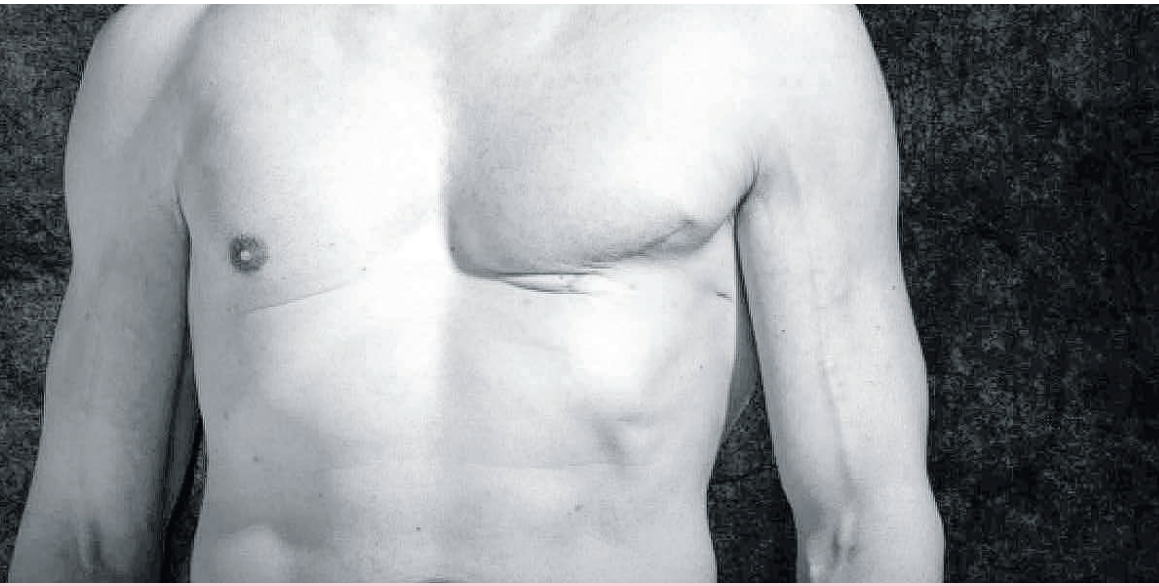
Follow Sarita Rampersad on Facebook @ Saritasaysforkcancer.



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PHOTO TAKEN FROM NEWSBEEZER.COM



Yes, men get breast cancer too

Breast cancer occurs mainly in women, but men can get it, too. Many people do not realise that men have breast tissue and that they can develop breast cancer. Cells in nearly any part of the body can become cancer and can spread to other areas.

Breast cancer starts when cells in the breast begin to grow out of control. These cells usually form a tumour that can often be seen on an x-ray or felt as a lump. The tumour is malignant (cancer) if the cells can grow into (invade) surrounding tissues or spread (metastasize) to distant areas of the body.

Male breast tissue

Until puberty (on average around age nine or ten), young boys and girls have a small amount of breast tissue consisting of a few ducts located under the nipple and areola (area around the nipple). At puberty, a girl's ovaries make female hormones, causing breast ducts to grow and lobules to form at the ends of ducts. Even after puberty, boys and men normally have low levels of female hormones, and breast tissue doesn't grow much. Men's breast tissue has ducts, but only a few if any lobules.

Where breast cancer starts

Breast cancers can start from different parts of the breast. Most breast cancers begin in the ducts that carry milk to the nipple (ductal cancers). Some start in the glands that make breast milk (lobular cancers). Men have these ducts and glands, too, even though they aren't normally functional.

There are also types of breast cancer that start in other types of breast cells, but these are less common.

A small number of cancers start in other tissues in the breast. These cancers are called sarcomas and lymphomas and are not really thought of as breast cancers.

Although many types of breast cancer can cause a lump in the breast, not all do. There are other symptoms of breast cancer you should watch for and report to a health care provider.

It's also important to understand that most breast lumps are benign and not cancer (malignant). Benign breast tumours are abnormal growths, but they do not spread outside of the breast and they are not life threatening.

Any breast lump or change needs to be checked by a health care provider to determine whether it is benign or malignant (cancer) and whether it might impact your future cancer risk.

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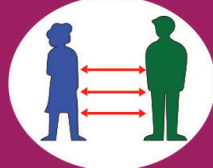
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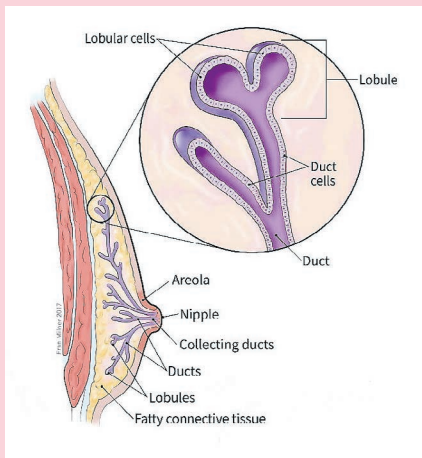
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A diagram of male breast tissue. **IMAGE TAKEN FROM CANCER.ORG**

Types of breast cancer in men

The most common types of breast cancer are ductal carcinoma in situ, invasive ductal carcinoma, and invasive lobular carcinoma.

Ductal carcinoma in situ

Ductal carcinoma in situ (DCIS; also known as intraductal carcinoma) is considered non-invasive or pre-invasive breast cancer. In DCIS cells that lined the ducts have changed to look like cancer cells. The difference between DCIS and invasive cancer is that the cells have not spread through the walls of the ducts into the surrounding tissue of the breast (or spread outside the breast). DCIS is considered a pre-cancer because some cases can go on to become invasive cancers. DCIS accounts for about one in ten cases of breast cancer in men. It is almost always curable with surgery.

Lobular carcinoma in situ

Lobular carcinoma in situ (LCIS) may also be called lobular neoplasia. In LCIS, cells that look like cancer cells are growing in the lobules of the milk-producing glands of the breast, but they haven't grown through the wall of the lobules. LCIS is not a true pre-invasive cancer because it does not turn into an invasive cancer if left untreated, but it is linked to an increased risk of invasive cancer in both breasts. LCIS is rarely, if ever seen in men.

Infiltrating (or invasive) ductal carcinoma

This is the most common type of breast cancer. Invasive (or infiltrating) ductal carcinoma (IDC) starts in a milk duct of the breast, breaks through the wall of the duct, and grows into the fatty tissue of the breast. Once it breaks through the wall of the duct, it has the potential to spread to other parts of the body.

At least eight out of ten male breast cancers are IDCs (alone or mixed with other types of invasive or in situ breast cancer).

Because the male breast is much smaller than the female breast, all

male breast cancers start relatively close to the nipple, so they are more likely to spread to the nipple.

Infiltrating (or invasive) lobular carcinoma

Invasive lobular carcinoma (ILC) starts in the milk-producing glands (lobules). Like IDC, it can spread to other parts of the breast and body. ILC is very rare in men, accounting for only about two per cent of male breast cancers. This is because men do not usually have much lobular (glandular) breast tissue.

Symptoms of breast cancer in men
The symptoms of breast cancer in men include:

- a lump in the breast – this is usually hard, painless and does not move around within the breast
- the nipple turning inwards
- fluid oozing from the nipple (nipple discharge), which may be streaked with blood
- a sore or rash around the nipple that does not go away
- the nipple or surrounding skin becoming hard, red or swollen
- small bumps in the armpit (swollen glands)

When to see your doctor
See your general practitioner if you have:

- a lump in your breast
- any other worrying symptoms, such as nipple discharge
- a history of breast cancer (in men or women) in members of your family

Treatments for breast cancer in men
The treatment for breast cancer in men depends on how far the cancer has spread.

- Possible treatments include:
- surgery to remove the affected breast tissue and nipple (mastectomy) and some of the glands in your armpit
 - radiotherapy – where radiation is used to kill cancer cells
 - chemotherapy – where cancer medicine is used to kill cancer cells
 - other medicines that help stop breast cancer growing – including tamoxifen and trastuzumab (Herceptin)

Many men have surgery followed by one or more of the other treatments. This can help stop the cancer coming back in the future.

Causes of breast cancer in men
The exact cause of breast cancer in men is not known, but there are some things that increase your risk of getting it.

- These include:
- genes and family history – inheriting faulty versions of genes called BRCA1 or BRCA2 increases your risk of breast cancer
 - conditions that can increase

the level of oestrogen in the body – including obesity, Klinefelter syndrome and scarring of the liver (cirrhosis)

- previous radiotherapy to the chest area
- It's not certain that you can do anything to reduce your risk, but eating a balanced diet,

losing weight if you're overweight and not drinking too much alcohol may help.

(Information taken from cancer.org and nhs.uk)

Prevention and early detection, starts with you.

Breast Cancer Awareness Month.

“About a year ago, I was diagnosed with breast cancer. I used to think that ignorance was bliss, but the minute I received the news, I wished I'd checked myself earlier. Ask questions. Be your own advocate and an active participant in your own treatment. Cancer isn't something you have to surrender control to. You are stronger than you know. You don't have to do it alone. Ask your friends and family, or seek out groups that exist online, for the help and support you need.” Sarita Rampersad (Professional Photographer and Breast Cancer Patient)

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Cancer Society chairperson: Get screened, cancer won't wait on covid

JANELLE DE SOUZA

At the beginning of the covid19 pandemic in March 2020 there was a drop in cancer screening, reports chairperson of the TT Cancer Society Dr Asante Le Blanc.

However, after the first lockdown, the organisation promoted screening despite the pandemic, encouraging people not to delay “because cancer is not going to wait on covid.”

As such, in 2019, the Cancer Society conducted 2,077 breast ultrasounds but only did 1,840 in 2020, and 1,364 in 2021 to date. Mammogram numbers remained relatively constant with 2,582 in 2019; 2,537 in 2020; and 1,845 in 2021 so far. And these measures detected 30, 38, and 27 cases of breast cancer respectively.

Le Blanc stressed that the Cancer Society’s services are limited to screening and so does not offer cancer treatment. But once diagnosed, patients are navigated into the private or public sector for treatment.

It provides mammograms; clinical breast examinations; pap smears; breast, abdomen, pelvic, obstetric, doppler, and thyroid ultrasounds; biopsies; digital rectal and prostate specific antigen prostate examinations; faecal immunochemical tests; blood tests; and consultations.

The screening promotion has



Dr Asante Le Blanc, chairperson of the TT Cancer Society. PHOTO BY JEFF K MAYERS

been relatively successful, said Le Blanc, and over the past few months, the Cancer Society has been detecting more cases of cancer and getting them at

earlier stages.

She said with covid19, people’s immediate lives are in the balance so almost every country in the world had to reallocate

many resources to fight the virus. So, even though diagnoses were made, because of the virus, sometimes treatments were delayed due to a lack of human and pharmacological resources.

“The pandemic impacted greatly on a lot of NCDs (noncommunicable diseases), which includes cancer, a lot of preventative health, and a lot of chronic illnesses in terms of treatments and follow ups. So, while we have had advances and progress in the arena of breast cancer treatment, we probably didn’t see it as much in TT as yet.

“Everyone is working tirelessly against cancer. It didn’t take a backseat when it came to research and so forth, but it definitely took a backseat when it came to allocation of resources, availability of access to certain resources in a timely manner owing to the pandemic, which was unavoidable.”

She believed the pandemic will continue to hamper accessibility to improved treatments as there are delayed treatments, difficulties getting appointments, and increased need for certain drugs.

“There were physician specialists who left their practices or jobs because they volunteered to help with covid. A lot of us gave of our time because we wanted to help our colleagues and help the nation.”

There were also difficulties getting repairs to equipment as some businesses were closed or

lost employees.

“The stress of covid on all of us mentally was another situation, people lost their jobs, access to health care was a big deal. It impacted all around, socio-economically. What food could you afford to buy? If you’re stressed out, what did you choose to eat? There were many factors that played and continue to play a part on our policies and how we look at NCDs especially.”

However, she said things have improved. Although people are suffering from pandemic fatigue, they are coming to realise they have to live with covid19 and are finding ways to do so.

“I am seeing people saying, ‘How do we live with this covid pandemic?’ We get vaccinated, we do the three Ws and then let us see how best we can get back to some sort of normalcy.

“So, we’re seeing improvements. And slowly but surely, as the parallel health care system manages and is not as overburdened, we would get back human resources in the public health care system for oncology.”

Le Blanc said screening, education and prevention can save lives, allow for less stress and suffering, and save money.

If people are educated and take control of their lifestyles, there will be less cases of cancer and other NCDs in TT. And, if people go for regular screening, cancer can be caught at earlier stages, giving people a greater chance of survival.

That means less money would have to be allocated for cancer treatment, and that money could be put to use elsewhere.

She therefore advised people to pay attention to their bodies, not to be afraid and not to delay in getting screened. Instead, she suggested that women encourage their friends to get a clinical breast examination or mammogram.

“With the pandemic, a lot of us have suffered and have been hit financially and it’s a big mental burden. But we still have to pick ourselves up and take control of our nutrition and our lifestyle.

“So, no smoking; no vaping; no excessive alcohol intake; eating whole, balanced, healthy diets; getting effective sleep; trying our best to do what we can without being excessively stressed out. These kinds of things are so important when it comes to NCDs and, in this case, breast cancer and cancer on the whole.”

That advice also applies to men as there is such a thing as breast cancer in males, although it is not common in TT’s population.

“For example, if they have a little more breast tissue than usual, or a condition called gynecomastia, it’s important that they examine their breasts. If they feel a lump they should immediately go to the doctor.”

Covid19: What people with breast cancer need to know



IMAGE TAKEN FROM IHPL.LLU.EDU

Covid19 has changed life as we know it. For people with serious health conditions, such as breast cancer, and their loved ones, the uncertainty of this situation, the need for physical distancing, job losses and financial concerns, and possible changes in cancer treatments has been especially distressing.

The Centers for Disease Control and Prevention (CDC) in the US says that the risk of becoming seriously ill from covid19 is low for most people. However people who are currently diagnosed with cancer, including breast cancer, have a higher risk of severe illness if they get covid19. At this time, it's not known if having a history of cancer increases your risk of serious complications from covid19.

Some breast cancer treatments — including chemotherapy, targeted therapies, and immunotherapy — can weaken the immune system and possibly cause lung problems. People who have weakened immune systems or lung problems have a much higher risk of serious complications if they become infected with this virus. For most people, the immune system recovers within a couple of months after completing these treatments. But your immune system's recovery time can vary and depends on several factors. If you've received these treatments in the past, it's not clear if you're at higher risk of serious complications from covid19.

People with breast cancer that has metastasised (spread) to the lungs also can have lung problems that may get worse if they develop covid19.

The virus has now spread to most countries in the world and across all 50 states here in the United States. But the number of cases varies in different

regions, so your immediate risk of coming into contact with the virus depends on where you live. The risk of infection will continue to change over time as cases increase and decrease in different areas.

Can people with breast cancer get a covid19 vaccine?

Yes, the covid19 vaccines are considered safe and effective for people with cancer and a history of cancer in most cases.

Because the vaccines do not contain live viruses, they can be used in people with weakened immune systems, including people being treated for cancer. The US Food and Drug Administration (FDA) has found that these vaccines are safe and highly effective for preventing covid19, especially serious illness and death from the disease. However it's still recommended that mask wearing and physical distancing in public continue for some time.

Experts have recommended that most people with cancer or a history of cancer should get a covid19 vaccine. Still, you should talk to your doctor about whether getting vaccinated is the right decision for your individual situation.

A covid19 vaccine booster shot may be recommended for all people at some point. But if you have a weakened immune system from chemotherapy or another breast cancer treatment and you were fully vaccinated with either the Pfizer or the Moderna vaccine, the FDA and the CDC have recommended you talk to your doctor about getting a booster shot. There are no recommendations yet on a booster shot for immunocompromised people who had the J&J or other vaccines.

(cancer.org)

Don't wait to Vaccinate!

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Vaccinated or not, continue to wash hands, wear masks and keep social distance.

Choose the facts, choose life.



Take all the recommended doses to ensure vaccine efficacy



People with medical conditions are more likely to develop severe illness from COVID-19



WHO approved COVID-19 vaccines only contain safe ingredients



COVID-19 vaccines are halal



COVID-19 vaccines protect against serious illness and death



All medicines, including vaccines have possible side effects that are often mild to moderate



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Chemotherapy is one of the five types of treatment for most localised breast cancers in TT. PHOTO TAKEN FROM NYDAILYNEWS.COM

Five steps to treating breast cancer

JANELLE DE SOUZA

Chemotherapy, radiation, endocrine, targeted therapy, and surgery are the five types of treatment for most localised breast cancers in TT, and their roles are dependant on localised versus metastatic disease.

Oncologist Dr Visham Bhagaloo explained each person's situation is unique, so the use of each option is determined by the patient's stage, risk for recurrence and many other risk factors that are discussed at multidisciplinary meetings which involve surgeons, oncologists, and pathologists.

The order in which treatment is delivered may vary from patient to patient. Some may receive surgery first with chemotherapy given after (adjuvant) while other may receive up front chemotherapy (neo adjuvant) followed by surgery. Radiotherapy is always given after chemotherapy and surgery is completed.

Chemotherapy is the

administration of medication via an intravenous access or in some cases oral medication which treats every cell in the body.

"Chemotherapy is offered when high-risk factors for distal recurrence are present, including triple negative breast cancer, HER2 (human epidermal growth factor receptor-2) positive, larger sized tumours, nodal involvement, and other high-risk pathological features. There are many additional factors including the patient's performance status (activity level), molecular analysis, and most importantly the patient's wishes which all impact on the final decision."

Radiation therapy or radiotherapy, he continued, is a localised treatment for patients who have a high risk of local recurrence. For instance, if a patient has breast conserving surgery (lumpectomy), large tumours (more than five centimetres) or nodal involvement they usually receive post-surgery radiotherapy. Radiotherapy is generally well tolerated and most patients have minimal if any complaints.

Patients who are hormonally positive (oestrogen or progesterone positive) receive endocrine treatment which is generally better tolerated than chemotherapy. Bhagaloo describes hormonal treatment as an additional "insurance treatment" of oral medication for five to ten years after they receive radical treatment with chemotherapy, radiotherapy and surgery. Additionally, HER2 positive patients receive targeted therapy.

Triple negative breast do not benefit from the hormonal tablets.

Metastatic disease (stage IV)

Metastatic breast cancer is typically treated with a combination of chemotherapy or hormonal therapies depending on the situation. Patients with oestrogen or progesterone positive disease who have a small volume of disease will receive hormonal medication to control the disease until the disease worsens. HER2 positive patients also receive Herceptin indefinitely once the disease

is controlled. Surgery and radiotherapy may be considered in isolated situations in stage IV disease.

Treatment developments

Bhagaloo said HER2-positive patients, metastatic and localised, usually had a poor prognosis. However, over the past two decades, targeted treatments have been developed for HER2 positive patients. The drug, Herceptin or Trastuzumab, is administered via an injection or intravenous infusion every three weeks for up to a year for non-metastatic breast cancer and is well tolerated. This drug is a monoclonal targeted agent which specifically acts on cells that overexpress HER2.

With the advent of this drug, their prognosis has improved significantly and most importantly is well tolerated. Within recent years new targeted agents, including pertuzumab and trastuzumab emtansine, have revolutionised the way doctors manage both metastatic and non-metastatic breast cancer.

New advancements in hormonally targeted oral agents have also improved survival rates in metastatic breast cancer. Cyclin Dependant Kinase 4/6 inhibitors in combination with aromatase inhibitors have become the new gold standard for management of oestrogen/progesterone positive metastatic breast cancer. Daily new drugs are being tested and approved and this continues to improve the service and care we can offer to our patients.

Covid19 and breast cancer

Throughout the covid19 pandemic, oncology departments in both the public and private sectors have continued to function while adhering to protocols. Bhagaloo explained that even though the service continued, patients have stopped coming out for treatments due to their fear of the virus. In general, not specifically for breast cancer, numbers have been reduced by about 50 per cent during the peak of the pandemic.

Fortunately, Bhagaloo said people are starting to feel more secure as more people get vaccinated and as a result, the public system has started to see a marked increase. Currently clinics have returned to previous numbers with about 25-33 per cent of new patients having breast cancer. He said the pandemic has been risky for both staff and patients.

"One of the biggest issues is that our patients are not inclined for vaccination. There are a lot of rumours and we've been trying to advocate to our patients that vaccination is the way forward, understanding that the benefit outweighs the risk. The teams at the Ministry of Health and each regional health authority has been doing a great job to ensure that vaccination is readily and easily available."

To protect staff and patient, oncology units have had to be very strict with respecting the new health guidelines. For instance, he said the chemotherapy rooms have been redesigned to accommodate smaller numbers which safely distances each patient. As a result, less people can receive treatment at once, but the total daily numbers have not been reduced.

"Throughout the pandemic the oncology fraternity has gone above and beyond to ensure treatment can be administer in a safe and secure setting. We continue to work assiduously to provide this level of care and ensure our patients are supported."

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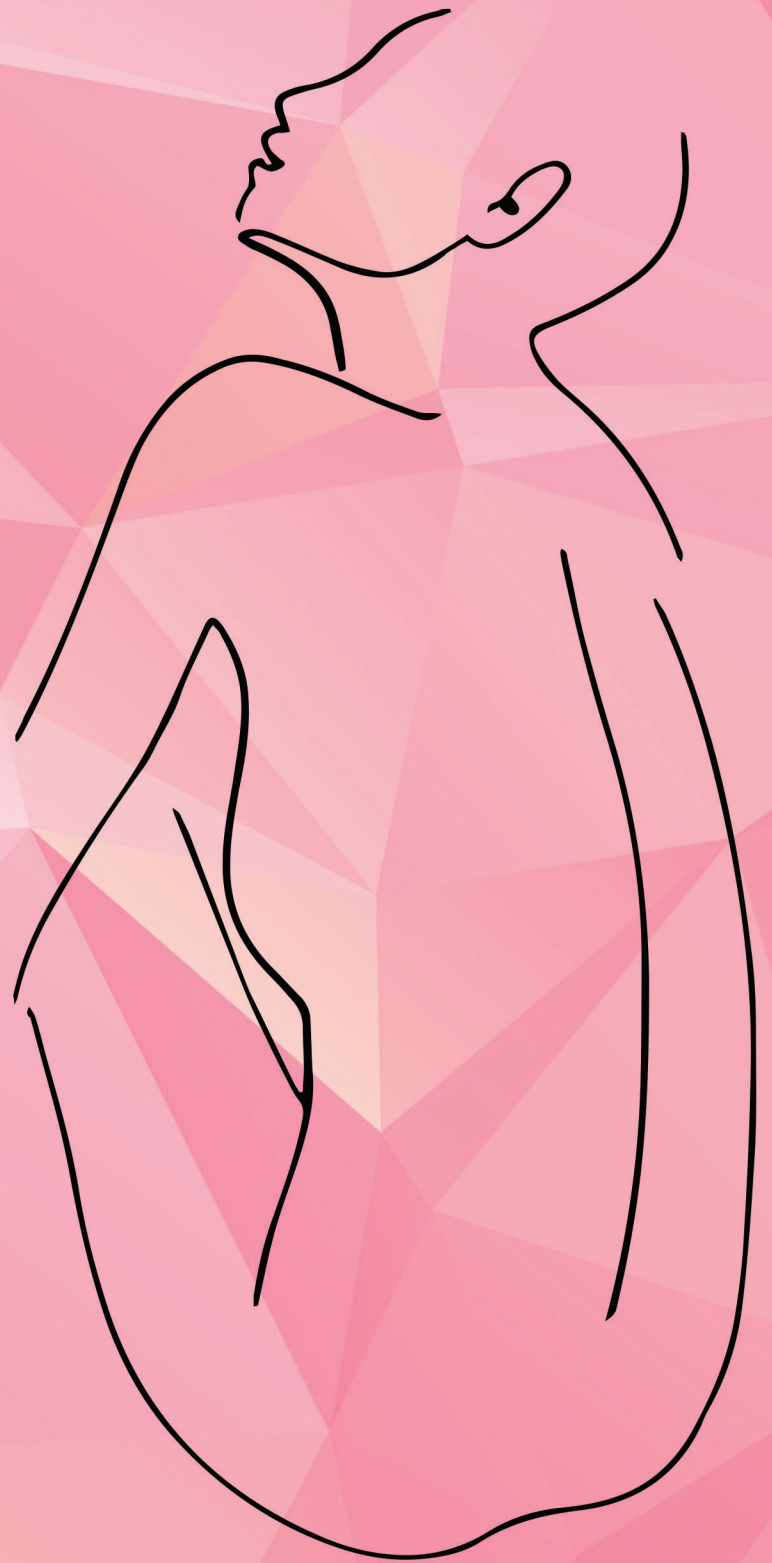
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NEWSDAY

Breast cancer is
the most common
cancer in women
worldwide*

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saves lives...

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*Source: World Cancer Research Fund International