

# Prevention

*Goal: Prevent cancer from occurring or reoccurring.*

Some risk factors for cancer cannot be avoided, such as genetics, age and gender. However, a person's risk of cancer can be reduced with healthy choices like avoiding tobacco exposure, limiting alcohol use, protecting skin from the sun, avoiding indoor tanning, eating a diet rich in fruits and vegetables and being physically active. The human papillomavirus (HPV) vaccine helps prevent most cervical cancers and other HPV-related cancers in both women and men and the hepatitis B vaccine can lower liver cancer risk.

## Tobacco

You are twice as likely to die as a cancer patient or survivor if you smoke and it increases to four times more likely if you are a heavy smoker. Cigarettes account for at least thirty percent of all cancer deaths. Cigarette smoking is linked to 80-90% of lung cancer occurrences as well as linked to 80% of lung cancer deaths. Lung cancer is the leading cause of cancer death for both men and women.<sup>15</sup>

### Smoking can cause cancer almost anywhere in your body:

- Bladder
- Blood (acute myeloid leukemia)
- Cervix
- Colon and rectum (colorectal)
- Esophagus
- Kidney and ureter
- Larynx
- Liver
- Mouth and throat
- Pancreas
- Stomach
- Trachea, bronchus and lung

# KanQuit!

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[KSquit.org](https://ksquit.org)

Resources are available for people who want to quit smoking or vaping. Call 1-800-QUIT-NOW (784-8669) or visit [ksquit.org](https://ksquit.org).

**Objective 9a. Tobacco--Reduce the percentage of adults who use cigarettes, e-cigarettes and any tobacco products.**

**Objective 9b. Tobacco Health Equity--Reduce the percentage of adults with Medicaid who smoke. (Health Equity Objective)**

### Performance Measures (2021 KS BRFSS, KS Tobacco Quitline, National Jewish Health)

1. Kansas adults who currently smoke
2. Kansas adults who used e-cigarettes in the past 30 days
3. Kansas adults who smoke cigarettes or use any smokeless tobacco product
4. Kansas adults with Medicaid who smoke.
5. Kansas adults with Medicaid who registered with the Kansas Tobacco Quitline
6. Percent of Medicaid patients receiving smoking cessation pharmacotherapy each year
7. Rate of discussing smoking cessation medication with provider by health plan

Baseline:	Target:
15.6% (2021)	13.0%
6.6% (2021)	5.0%
20.5% (2020)	17.0%
39.7% (2021 BRFSS)	30%
300 (2022, National Jewish Health)	330
3.3% (2021, Medicaid)	20.0%

<sup>15</sup> NIDA. 2021, April 12. What are the physical health consequences of tobacco use?. Retrieved from <https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-are-physical-health-consequences-tobacco-use> on 2022, November 18

<u>Health Plan:</u>	<u>Baseline:</u>	<u>5-Year Target:</u>
KanCare	52.54 (Medicaid 2021)	59.54
Aetna	45.45 (Medicaid 2021)	51.45
Sunflower	63.22 (Medicaid 2021)	71.22
United Health Care	47.66 (Medicaid 2021)	53.66

## Strategies

1. Identify opportunities to align Kansas Cancer Partnership member agencies with existing Community Health Workers on social referral systems in Kansas communities.
2. Increase referrals to and participation in evidenced-based tobacco cessation services for all tobacco users, including cancer survivors.
3. Collaborate with organizations including Early Detection Works that work with low- income populations to increase referrals to Kansas Tobacco Quitline services to encourage cessation of tobacco use.
4. Encourage cancer treatment organizations to establish a provider web referral policy to the Kansas Tobacco Quitline.
5. Encourage cancer treatment organizations to establish a training policy requiring employees to complete Kansas Tobacco Cessation Help online provider training.
6. Promote Kansas Tobacco Quitline and additional tobacco cessation resources at lung cancer screenings and the Kansas Cancer Partnership website.
7. Support collaboration between KS Tobacco Use Prevention Program, University of Kansas Medical Center, Department of Population Health and KS Breast and Cervical through KCP to increase numbers of staff who obtain KS' new Tobacco Treatment Specialist certification.
8. Increase referrals to free lung cancer screenings.
9. Support collaboration between Kansas Cancer Partnership and the Comprehensive Cancer and Control Program with the Tobacco Free Kansas Coalition.
10. Establish baseline data and targets on the proportion of adult Medicaid beneficiaries who smoke that receive smoking cessation counseling and/or smoking cessation pharmacotherapy.
11. Use methodologies previously established to estimate the number of smokers in the Medicaid program then crosswalk with Medicaid data in Division of Finance to estimate annual rate of smoking cessation treatment for smokers in the Medicaid program.
12. Examine variance in estimated treatment rates by region and health plan; relate rates of treatment to areas of high tobacco use.
13. Work with KanCare health plans on performance improvement plans related to smoking cessation.

## Objective 9c. Reduce the percentage of high school students who use cigarettes, e-cigarettes and any tobacco products, which is a known risk factor of cancer.

### Performance Measures (2019 KS YRBS)

1. Kansas high school students who currently smoke
2. Kansas high school students who used e-cigarettes in the past 30 days
3. Kansas high school students who smoke cigarettes or use some type of other tobacco product every day or some days

#### Baseline:

5.8% (2019)

22.0% (2019)

25.8% (2019)

#### Target:

4.0%

15.0%

20.0%

## Strategies

1. Promote My Life My Quit youth cessation program for teens aged (13-17) that provides dedicated line, text coaching and website.
2. Support RESIST youth led tobacco use statewide advocacy events, activities and marketing strategies.
3. Support state and local zoning and licensing initiatives to restrict youth access to tobacco products in the retail environment.

## Healthy Behaviors

People who are overweight or obese are at greater risk of 13 types of cancer as well as greater risk of death from the disease. A 2019 study illustrated that, for the year 2012, excess body weight accounted for approximately 3.9% of all cancer.<sup>16</sup> Researchers at the National Cancer Institute and the American Cancer

Society confirm the benefit of physical activity on cancer risk and support physical activity's critical role in population-wide cancer prevention and control.<sup>17</sup>



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**Objective 9c. Reduce the percentage of high school students who use cigarettes, e-cigarettes and any tobacco products, which is a known risk factor of cancer.**

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### Performance Measures (2021 KS BRFSS)

1. Percentage of adults who are overweight or obese
2. Percentage of people who participated in any physical activity such as running, calisthenics, golf, gardening, or walking during the last month

#### Baseline:

70.5% (2021)

76.4% (2021)

#### Target:

60.0%

85.0%

### Strategies

1. Promote evidence based clinical care and research opportunities for patients, providers, organizations and employers.
2. Conduct a social marketing campaign to increase public awareness of effects of obesity, on health.
3. Expand the knowledge and skills of medical care providers to conduct nutrition screening and counseling regarding sugar-sweetened beverages consumption.
4. Engage and support healthcare professionals in counseling and referral of applicable patients on healthy eating and physical activity.
5. Implement workplace supports for breastfeeding employees, as measured by the number of employers who have achieved the Gold level "Breastfeeding Employee Support Award".

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**Objective 10b. Increase healthy behaviors to mitigate cancer risk factors among Kansas' youth and adults.**

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<sup>16</sup> Obesity and cancer fact sheet. National Cancer Institute. (2022, April 5). Retrieved November 18, 2022, from <https://cancer.gov/about-cancer/causes-prevention/risk/obesity/obesity-fact-sheet>

<sup>17</sup> National Institute of Health 2016. Increased physical activity associated with lower risk of 13 types of cancer. Accessed through [Increased physical activity associated with lower risk of 13 types of cancer | National Institutes of Health \(NIH\)](#)

**Vegetable Photo** from Kossuth, C. (2021, September 16). *National childhood obesity awareness month: Help kids eat the rainbow*. CHCCC. Retrieved February 28, 2023, from <https://www.communityhealthcenters.org/national-childhood-obesity-awareness-month-help-kids-eat-the-rainbow/>

## Performance Measures

### Adults (KS BRFSS & KS WIC):

1. Consumed at least one fruit serving per day
2. Consumed at least one vegetable serving per day
3. Participated in physical activities other than their regular job in the past 30 days
4. Participated in physical activities or exercises that follow the American Cancer Society's guidelines for cancer prevention during the past month
5. Percent of non-Hispanic black infants enrolled in WIC exclusively breastfeeding through six months of age

Baseline:	Target:
56.3% (2021)	75.0%
80.3% (2021)	85.0%
76.4% (2021)	85.0%
27.0% (2019)	35.0%
10.7% (2021, MCH Bureau)	12.2%

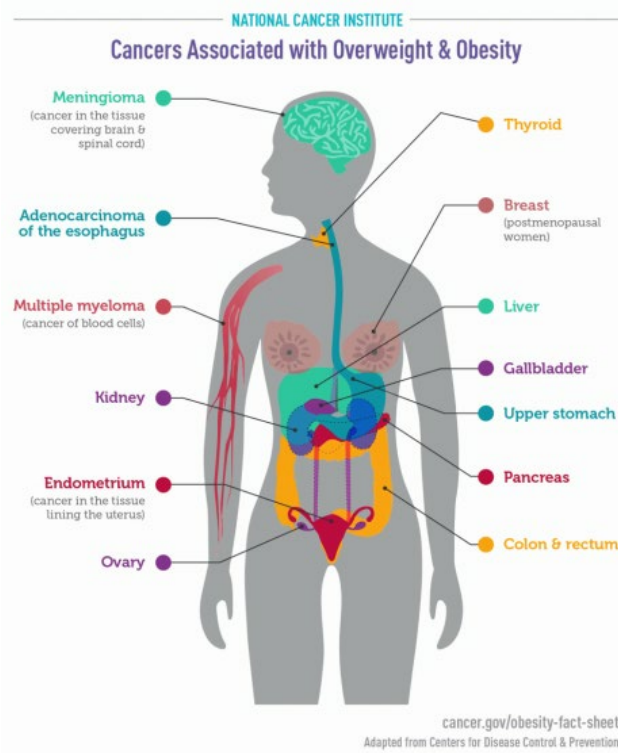
### High School Students (KS YRBS):

1. Consumed fruit in the past 7 days
2. Consumed vegetables during the past 7 days
3. Drank soda or pop one or more times a day in the past 7 days
4. Participated in physical activity at least 60 minutes per day in the past 7 days

Baseline:	Target:
93.1% (2019)	100%
94.6% (2019)	100%
9.2%	8.0%
46.9% (2019)	60.0%

## Strategies

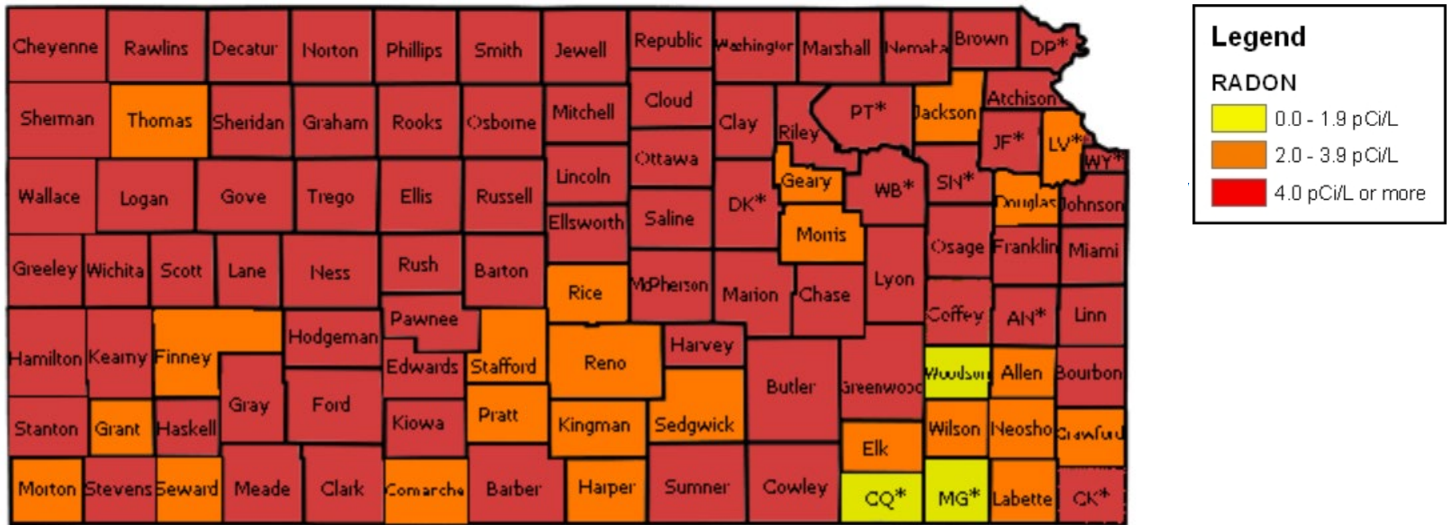
1. Collaborate with food policy councils to implement policies and procedures that increase access, affordability and availability of healthy food and beverages in KCP member organizations, worksites, schools, and childcare settings.
2. Implement policies and procedures that increase access, affordability and availability of daily physical activity opportunities in Kansas Cancer Partnership member organizations, worksites, schools, and childcare settings.
3. Expand usage of Supplemental Nutrition Assistance Program/Electronic Benefit Transfer, and Senior Farmers Market Nutrition Programs.
4. Eliminate or reduce the Kansas food sales tax.
5. Create a community asset mapping process to identify and monitor obesity reduction efforts for determining gaps and opportunities to supplement local obesity effort.
6. Disseminate messaging about being physically active within a population that experiences higher rates of obesity or lower rates of physical activity.
7. Disseminate messaging to improve nutrition literacy within a population that experiences higher rates of obesity or lower rates of fruit and vegetable consumption.
8. Increase the number of communities implementing master bike/pedestrian plans intended to increase biking and walking.
9. Increase access to peer and professional lactation support across Kansas, specifically support provided by Black, Indigenous and other people of color.
10. Promote community garden initiatives.





## Radon

Radon is a naturally occurring, odorless, colorless, invisible radioactive gas that can be a health hazard indoors. Radon is the second-leading cause of lung cancer in the U.S., and the first leading cause of lung cancer in people who have never smoked. It is estimated that there is about 20,000 lung cancer deaths per year in the US that are radon related.<sup>18</sup>



Source: Copyright 2018, KDHE and Kansas State University.

### **Objective 11. Increase the percent of Kansas homes tested and mitigated for radon during purchase or construction.**

#### **Performance Measures (KDHE Radiation Program)**

1. Homes tested for radon during purchase
2. Kansas cities that have adopted building codes requiring radon-resistant building techniques
3. Number of Radon Measurement Providers certified
4. Number of Radon Mitigation Providers certified

Baseline:	Target:
39% (2021)	50.0%
12 (2020)	20
250 (2022)	275
84 (2022)	92

#### **Strategies**

1. Adopt policies on radon disclosure upon real estate transaction.
2. Adopt health and habitability regulations to include radon standards.
3. Provide radon technical information to building code jurisdictions that are considering adopting radon resistant new construction.
4. Increase the number of real estate professionals trained in radon risks.
5. Increase demand for radon testing and mitigation through increased public awareness with social marketing campaign targeted toward property owners.
6. Coordinate consistent messaging with radon stakeholders about radon in homes, schools and childcare centers.
7. Educate to reduce environmental exposures to substances or chemicals linked to cancer.

<sup>18</sup> Radon and cancer. American Cancer Society. (2022, November 1). Retrieved November 18, 2022, from <https://cancer.org/healthy/cancer-causes/radiation-exposure/radon.html#:~:text=Most%20radon-related%20lung%20cancers%20develop%20in%20people%20who,of%20cancer%20as%20well%2C%20such%20as%20childhood%20leukemia.>

8. Ask lung cancer stakeholders such as Tobacco Treatment Specialists and lung cancer screening centers to educate individuals on the risks of radon exposure and how to limit it.
9. Add a radon question during registration for tobacco cessation counseling.

## Human Papilloma Virus (HPV)

In both women and men, HPV infection can cause anal cancer, mouth/throat cancer and genital warts or warts in the throat. HPV infection can cause cervical, vaginal and vulvar cancers in women, and penile cancer in men. HPV vaccines are recommended for all 11- and 12-year-olds to protect against infection with the types of HPV that most commonly cause health problems. More than four out of every ten cases of cancer caused by HPV occur in men. Additionally, women should get regular Pap tests as well as receiving HPV vaccine.<sup>19</sup>

### **Objective 12. Human Papilloma Virus (HPV) - Increase HPV immunization rates to prevent HPV-related cancers.**

#### Performance Measures (NIS-Teen)

1. Kansas females aged 13 to 17 years who report having been vaccinated with three or more doses of the human papillomavirus vaccine

	Baseline:	5-Year Target:
≥1 dose:	70.2% (2021)	80.0%
Up to Date:	70.6% (2021)	80.0%

2. Kansas males aged 13 to 17 years who report having been vaccinated with three or more doses of the human papillomavirus vaccine

	Baseline:	5-Year Target:
≥1 dose:	83.2% (2021)	90.0%
Up to Date:	58.3% (2021)	70.0%

3. KanCare beneficiaries 13-17 years who have completed the human papillomavirus vaccine series

	Baseline:	5-Year Target:
KanCare	34.73 (Medicaid 2020)	TBD

#### Strategies

1. Add the HPV vaccine to physician recommended vaccines at wellness checkups for recommended populations.
2. Collaborate with Immunize Kansas Coalition and other partners to coordinate use of consistent messaging to increase public, parent and adolescent awareness about the value of HPV vaccines.
3. Increase the knowledge of and communicate community norms and beliefs about the HPV vaccine in a focused area.

<sup>19</sup> Centers for Disease Control and Prevention. (2022, February 28). Cancers caused by HPV. Centers for Disease Control and Prevention. Retrieved November 18, 2022, from <https://www.cdc.gov/hpv/parents/cancer.html>

4. Partner with the Department of Education to include HPV vaccination education to students and parents.
5. Promote use of the Vaccines for Children Program to provide free vaccinations for uninsured adolescents from low-income families.
6. Increase the number of providers and payer sources using reminder recall systems.
7. Increase the number of Kansas providers who complete provider assessment and feedback activities to increase clinic-level HPV vaccine rates.
8. Expand data sources for monitoring HPV and other vaccination rates through enhanced KS Behavior Risk Factor Surveillance System questions.
9. Develop and provide free professional education with CMEs/CNEs that includes the prevention value of HPV vaccination at appropriate ages, safety information and guidance on communication and messaging to parents.
10. Use Medicaid and all-payer claims data to examine rates of simultaneous HPV-Tdap vaccinations and variability by health plan.
11. Feedback data on simultaneous HPV -Tdap administration to health plans and providers. Work with health plans on establishing performance objectives and developing performance improvement plans to improve HPV vaccinations.

## Anne Zajic

I am a mother to three amazing little girls, Clara, and twins Julia and Katie. I am also wife to my wonderful husband Dean. I gave birth to my twins via cesarean section in November 2015. By December 2015, I had my six-week follow up visit. My OBGYN did a Pap test at that visit and reported that it was normal.



By February 2016, I began experiencing some odd symptoms and I wondered if they had anything to do with the tubal ligation I'd had during my c-section. In May 2016, I found that I had a "never ending" period. I contacted my OBGYN, and she ordered a sonogram to rule out endometriosis and ovarian cysts. After the sonogram, I was informed that nothing was found. I continued to bleed, and experienced fevers, exhaustion, and terrible cramps. Some days, the cramps caused me to double over in pain. I continued to call my OBGYN to report my symptoms, and eventually she decided that the best course of action would be to schedule an endometrial ablation. It was scheduled for August 12, 2016.

On the day of the procedure, I remember waking from anesthesia to overhear the post-op nurses mention that the procedure wasn't completed. I asked why, and my OBGYN informed me that she couldn't do the ablation because I had cervical cancer. I remember feeling as though the room was spinning. My OBGYN set up a CT scan and referred me to a gynecological oncologist.

After my initial CT scan, I was told that the cancer was confined to my cervix and the tumor appeared to be about 4cm. By the time I met with my oncologist and had a PET scan, my tumor measured approximately 6 cm and they found some possible lymph node involvement. I worried that the tumor was growing rapidly, and I felt nothing short of terrified. I was staged as 1b2, and my oncologist informed me that a hysterectomy was not the best option in my case. My treatment consisted of six cycles of chemotherapy, twenty-nine rounds of external radiation to my pelvis, and five rounds of brachytherapy concurrent with the last few rounds of external radiation. Treatment was hard on my body, and brought on nausea, exhaustion, and radiation burns.

I have been cancer free since November 2016, though I continue to manage some long-term side effects of the treatment, including gastrointestinal problems, lower back and hip pain, and early menopause. In addition to physical side effects, I have experienced severe depression and anxiety which I continue to treat.

The stigma I felt because of my diagnosis has given me reason to become a patient advocate for spreading the awareness of cervical cancer. Cervical cancer is often a result of a strain of the Human Papilloma Virus



(HPV), and today it is a very preventable illness. The HPV vaccine prevents cervical cancer and several other HPV-related cancers. By increasing vaccination rates, cervical cancer can and will be eliminated and I won't have to fear that my daughters may someday experience this difficult disease.

## Ultraviolet (UV) Radiation Exposure

Most skin cancers are a direct result of exposure to UV rays in sunlight and/or exposure to artificial sources of UV rays, such as indoor tanning.


### Objective 13a. Sunburn – Reduce the percentage of Kansans who report sunburn.

#### Performance Measures (KS BRFSS)


1. Percentage of adults who often use sunscreen or sunblock when they are outside on a sunny day for more than an hour
2. Percentage of high school students who most of the time or always wear sunscreen when they are outside on a sunny day for more than an hour

Baseline:	Target:
24.3% (2020)	40.0%
10.7% (2017)	20.0%


**A Asymmetry:** Moles that have asymmetrical appearance. If you draw a line through this mole, the two halves will not match.



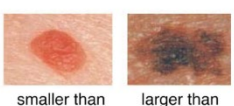
**B Border:** Uneven, scalloped, jagged, or notched borders



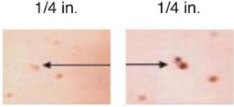
**C Color:** A mole with more than one color.



**D Diameter:** The diameter of the mole is usually larger than a pencil eraser, (1/4 inch or 6 mm). They can be smaller, though.



**E Evolution:** Moles that evolve suddenly in size, shape, color, elevation, crusting, itching, or other traits.



#### Strategies

1. Promote community-wide consistent messaging related to sun protective behaviors.
2. Promote policies and sun/UV safety messages for teachers/caregivers in childcare centers and school-related facilities.
3. Encourage sun-protective policies at daytime outdoor settings, with particular focus on non-Hispanic populations and people living in urban areas.
4. Increase access to sun-protective products at summer outdoor venues.
5. Implement Pool Cool program statewide to increase awareness and promote sun protective behaviors for children, their parents and outdoor pool staff.

Source: Dermatology and Skin Cancer Institute

### Objective 13b. Indoor Tanning - Reduce the percentage of Kansans who use indoor tanning devices.

#### Performance Measures (KS BRFSS)

1. Kansas adults who use indoor tanning devices
2. Kansas minors who use indoor tanning devices

Baseline:	Target:
3.0% (2020)	2%
0.8% (2020)	0%

## Strategies

1. Use consistent messaging to educate the public about legislation restricting minors' access to indoor tanning devices.
2. Promote community-wide consistent messaging related to dangers of UV exposure related to tanning bed use.

## Breastfeeding

In most women who breastfeed, there are hormonal changes during lactation that delays their menstrual periods. This reduces a woman's lifetime exposure to hormones which can promote breast cancer cell growth. Additionally, during breastfeeding, there is a shedding of breast tissue. This shedding can help remove cells with potential damaged DNA.<sup>20</sup>

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### ***Objective 14. Breastfeeding – Increase the proportion of parents who ever breastfeed their infants and who breastfeed in accordance with recommendations.***

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#### **Performance Measures (KS Breastfeeding Coalition)**

1. Employers who have achieved the Gold-level "Breastfeeding Employee Support Award"
2. Breastfeeding friendly local health departments
3. Breastfeeding friendly physician practices
4. Breastfeeding friendly childcare providers
5. High 5 for Mom & Baby premier hospitals

#### **Baseline:**

162 (2022)

3 (2022)

19 (2022)

36 (2022)

24(2022)

#### **Target:**

194

28

23

43

29

## Strategies

1. Promote and support the achievement of breastfeeding friendly designations for childcare providers, employers, hospitals, local health departments, and physicians.
2. Diversify the lactation support provider workforce through scholarships for Black, Indigenous, Latinx and Asian individuals to achieve lactation support provider certifications and/or credentials to increase access to culturally lactation congruent care.
3. Promote the *Breastfeeding Welcome Here* campaign to government entities, schools, businesses and all entities with spaced open to the public.
4. Increase access to clinical lactation care by increasing the number of International Board-Certified Lactation Consultants.
5. Raise awareness and promotion of lactation support provider certification programs.
6. Assist High 5 Mom & Baby Premier hospitals to achieve a Baby-Friendly Hospital designation.

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<sup>20</sup> MD Anderson Cancer Center, & Cordeiro, B. (2014, October 9). Breastfeeding lowers your breast cancer risk. MD Anderson Cancer Center. Retrieved November 18, 2022, from <https://mdanderson.org/publications/focused-on-health/breastfeeding-breast-cancer-prevention.h19-1589046.html>

## Stacy Stowe

I was 46 in the year 2020, the year of the Corona virus, and thought that I was going to get through the year as one of the lucky ones. Overall, for our family, it had been a truly great year. We were already a homeschooled family, so the kids were not impacted by school closures. I only worked part-time and was not dependent on the income and my husband was able to telework from home, which we all loved, and he was getting a promotion in November. As you can see, the year 2020 was full of blessings for my family.

My family came in from out of town for my husband's promotion. I had just gotten out of the shower and was getting dressed when in the mirror I saw a big dent in my left side. Due to the location of the dent, I thought it was caused by the underwire in my bra. I stood in front of the mirror with my hand above my head flexing my pectoral muscles and moving my arm around to get a better look. Then I saw a small dimple in my left breast, two inches from the huge dent in my side. I decided to take a few pictures of the reflection in the mirror for reference.

I began googling, 'Dent in Breast'. The first thing that came up was, "It is not from your bra" and "get it checked". About that time my husband walked into the room, wherewith tremendous guilt I quietly showed him the pictures. You see this was HIS time and I didn't want to take the spotlight off him. He'd waited for more than 20 years for this promotion. I found myself telling him how sorry I was, and he simply insisted that I, at that very moment, get a mammogram scheduled. It had been two years since my last mammogram, so it was time anyway. On the phone, I explained that I have found two dents and was due for an exam, so she got me all set for an appointment the following week.

I went in for my appointment and the large dent was visible to the nurse, but the smaller dimple was undetected until I showed her the picture that I had taken. Then she located it on my breast herself. I was taken to the mammogram machine and then back to the exam room. The doctor came in and said that we needed to do a biopsy of a few suspicious locations and wanted to do them today. I called my very anxious husband and gave him the update. He chose to leave work and join me at the doctor's office.

As he waited for me out in the waiting room, I was having an ultrasound-guided biopsy done on several locations in my left breast. I asked the doctor what his thoughts were and that I wanted the truth. He said, "I think this is going to come back from the lab positive for cancer." A few silent tears dripped down my cheeks. My first thought was of the man waiting for me in the waiting room. This was going to devastate him. The nurse started to tell me what to expect from cancer treatment. I committed to myself at that moment that I was going to be brave. Then I saw my husband sitting there when I came out. I started sobbing. I was too young, small-breasted, and had nursed four children. I was not supposed to get breast cancer.

As the doctor had suggested, the labs did come back as Cancer. I had an MRI and then I had to go back in to get several more biopsies done of the breast due to the MRI findings. The large dent in my side was from an enlarged lymph node and was free of cancer. The small dimple that would have gone unnoticed was caused by a small cancerous tumor. Turns out, two cancerous tumors were in my left breast, deep against my chest wall, and in one of the sentinel nodes. I had a lumpectomy scheduled for the first week in January. The margins did not come back clear. I had invasive ductal carcinoma, invasive ductal carcinoma in situ, lobular carcinoma, and microcalcifications.

The waiting for the next step was brutal. Waiting for the gene testing results, the Oncotype score, and for the plan of treatment. The waiting was the worst. Time stood still. It was decided that I would have a left breast mastectomy and that there was no need to take the right breast. I had another surgery for my mastectomy in February, surgery for my port in March, and then six rounds of chemotherapy, three weeks apart.

I started to lose my hair about two weeks after my first treatment. I sobbed. It was the first time I had cried since the day I saw my husband sitting in the waiting room. I was so embarrassed about not having hair. I didn't even want to go out to the mailbox. I decided to be brave, hold my head high and keep living,

unashamed. It is humbling to realize that I had placed much of my identity into my hair. I choose to focus on joy instead.

I developed soars in my mouth, and a constant bad taste, that I still have. I gained weight from having low energy, food choices and steroids that I took to keep me from losing weight. There were days that I took all my energy to walk up a flight of stairs, but I made myself do it anyways. The hot flashes I began having because the chemotherapy damaged my ovaries became debilitating, affecting my sleep and what I could wear. After my treatments were over, I had a few more surgeries to finish the reconstruction of my breast and my hair started to grow back.

Now, when people see me, they don't see cancer. They don't see the scars that were left behind by cancer that would have taken my life if it had not been detected early. They don't see that my fingers and toes are numb and that I experience pain in my feet when I walk because of the neuropathy. They don't see the fear I have of cancer returning to my right breast. When I feel fear creep in, I choose to stand tall and find my joy. I beat breast cancer.

Stacy Stowe