


Conquering breast cancer



“With two children in high school and one in middle school, I still had too much to do,” Connie Warriner says. “It was 1991, and I remember thinking ‘I don’t have time for cancer.’ It was a frightening diagnosis, but I never stopped thinking I’d be all right.”

The very words “the lump is malignant” is shocking to any woman receiving the diagnosis. She knows that whatever treatment is chosen, it will be a long time before her life returns to what she has known before the diagnosis was voiced. The lifetime risk for becoming a victim of breast cancer is one in eight. Breast cancer is the No. 2 killer of women, with lung cancer taking first place.

The Devastating News

Early detection is a woman’s best defense. The American Cancer Society has stated that when breast cancer is confined to the breast, the female survival rate is close to 100 percent. “I was very diligent about going to the doctor and having the annual mammograms,” Warriner remembers. “I wasn’t real good at the self exams, so it was through the mammogram that the tumor was found. It was aspirated (fluid extracted with a needle) in the doctor’s office, and no cancer cells showed up [in that fluid], but my doctor said we should do a biopsy and sent me to a surgeon.”

The biopsy was done, and when the tissue was found to be cancerous, a mastectomy quickly followed. Luckily, the lymph nodes that were removed with the breast tissue were negative for any malignant cells.

Chemotherapy and Hair Loss

Six months of chemotherapy was prescribed. To Connie’s surprise and relief, her reaction to chemo was minimally uncomfortable. Although the “cocktail” (a term often used to describe the mix of chemicals used in treatment) didn’t make her sick, there was no escaping the hair loss.

Warriner is a planner, and since head scarves and hats are not her thing, before she started chemotherapy she ordered a wig that matched her own hair. When her locks began coming out in clumps, she had the wig styled and put it on. None of that bald head nonsense for her!

“When you look normal, it’s easier to stay thinking positive,” says Warriner with a grin. Seven years later, in 1998 Warriner had a modified radical mastectomy of the remaining breast after a small pre-cancerous tumor showed up. Again the lymph nodes were all clear, so no follow-up treatment was needed.

Saving Your Own Life

Regular check-ups are still part of Warriner’s routine, and always will be. Taking care of herself means she can be around to see her three adorable grandchildren grow up.

Written By Noreen Stavinoha
Photos By Kenzie delaTorre

hope and healing

Katy Survivors Share Stories of Triumph

Candi Keebler celebrated five years in remission by learning to skydive

Dr. Goefrey Zimmerman of Preferred Womens Care on Fry Rd. emphasizes the importance of regular self-exams to his patients, and annual mammograms after age forty. When there's a family history of cancer, he recommends that mammograms should begin earlier, at age thirty-five.

Customized Course of Action

"Most breast cancers are found by the patients themselves, and confirmed by a mammogram," said Zimmerman. "As soon as the diagnosis is confirmed, the patient is referred to an oncologist for treatment. Treatment usually means a combination of chemotherapy and radiation after a lumpectomy (removal of the tumor, or lump, only) or mastectomy (removal of the entire breast). The tumor's characteristics determine which course of action to take. Because of ongoing research, the chemicals used are constantly changing."

Keebler with her skydiving instructor





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Connie had the support of her husband, Dick, during her battle with breast cancer

Finding Support Systems

Unlike Warriner, Candi Keebler is a single woman living alone. “I sat in my car and sobbed after getting the news that the lump in my breast was cancer,” recalls Keebler.

“God blessed me with many people to help me along the way to recovery,” she emphasizes. Her employer, Hess Corporation, her co-workers, and friends were caring and supportive. She has no family here, so that was paramount to her.

“I’m a very independent person,” says Keebler, “and it’s hard for me to accept help. I had to learn to do that, and it was my good fortune to have a very good friend who went with me to many of my doctor’s appointments. During that period you are so involved with your own emotions you sometimes don’t hear what the doctor tells you, so it’s important to have someone else there to fill in the blanks. It was such a gift.”

Getting a Second Opinion

“Anyone having cancer surgery should get clear margins while on the table,” Keebler emphasizes. A clear margin is an area of cancer-free tissue surrounding the tumor that is also removed. This helps



Sherry helped Candi down her path to remission

the surgeon to know if all cancer cells were removed to reduce the risk of the cancer returning. Keebler had one lumpectomy that took forty-five minutes, and the surgeon did not get clear margins. She had to wait two agonizing weeks for a lab report, only to be informed that she would have to have a mastectomy.

Keebler’s oncologist advised her to get a second opinion, so when another breast cancer survivor at her office recommended a doctor at M.D. Anderson Hospital, she made an appointment and was told they would do another lumpectomy before jumping to a mastectomy. That lumpectomy lasted three and one-half hours,

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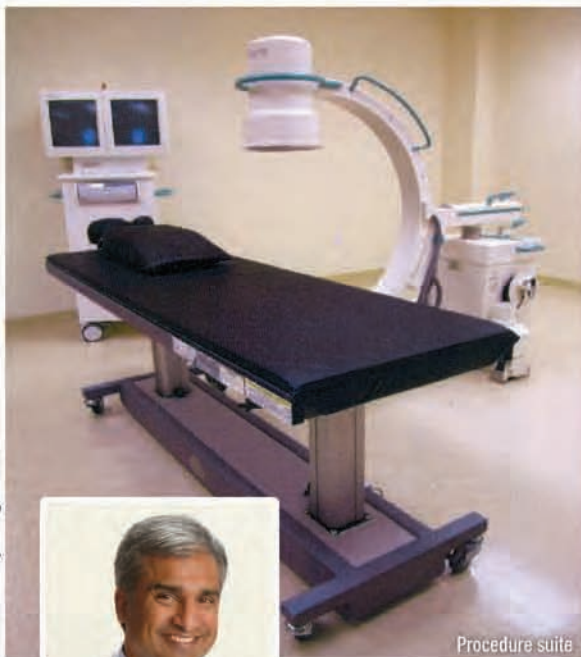


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Abraham G. Thomas, M.D.
Medical Director

Dr. Thomas is certified by the American Board of Anesthesiology in anesthesiology, and he also has a Subspecialty Pain Medicine certification, both from the American Board of Medical Specialties.

He completed an internship in internal medicine, his residency in anesthesiology, and fellowship in pain medicine at the UT Health Science Center Medical School at Houston, Department of Anesthesiology.

Dr. Thomas graduated in 1991 from The University of Texas Health Science Center at Houston, Medical School.

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breast cancer

and they got clear margins while she was on the table. Surgery was followed by chemotherapy, and she says with a smile "One of the fringe benefits of chemo is that mosquitoes no longer like you."

Advice from Survivors

When possible, Keebler scheduled her chemotherapy on a Friday so she'd have the weekend to recover. During six weeks of radiation, there were times when she went alone, and she found it safer to take the train from her office to the Medical Center so she wouldn't have to drive. Keebler also offers a hint to those who want to do something to help: If you're fixing the patient's favorite meal for dinner, call first, and then drop it off. Offering to do things like cleaning can also be helpful. Small chores get to be big ones when someone is going through chemo because they're left feeling so tired.

A Celebration of Life

September 6, 2008 marked five years of remission for Keebler. "I've always wanted to skydive," says Keebler, "so that's what I did to celebrate five years of being cancer free—jumped for joy. The dive was in tandem with an experienced skydiver, of course, and we jumped from 17,000 ft., and did 6,000 ft. of freefall. I really liked the parachute." (This said with a giggle.) "I was really scared, but I'll do it again—sometime," she says triumphantly. KM

NOREEN STAVINOHA is a Katy resident who enjoys writing about interesting people.

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-Dr. Goefrey Zimmerman



age is a factor

A woman's chance of getting breast cancer increases with age. Your chance by your current age is listed below.

Age 20	1 in 1,837
Age 30	1 in 234
Age 40	1 in 70
Age 50	1 in 40
Age 60	1 in 28
Age 70	1 in 26
Lifetime	1 in 8

Source: American Cancer Society Breast Cancer Facts and Figures 2007-2008

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