

Helping, Healing and HOPING



BY ARRE FULLER

Breast cancer is the second most frequent form of cancer found in women in the United States—and the second deadliest. But with death rates actually on the decline—attributed to earlier detection and better treatment—things are looking up. Hopefully, with the right education, resources and support in place, those numbers will continue to get smaller.

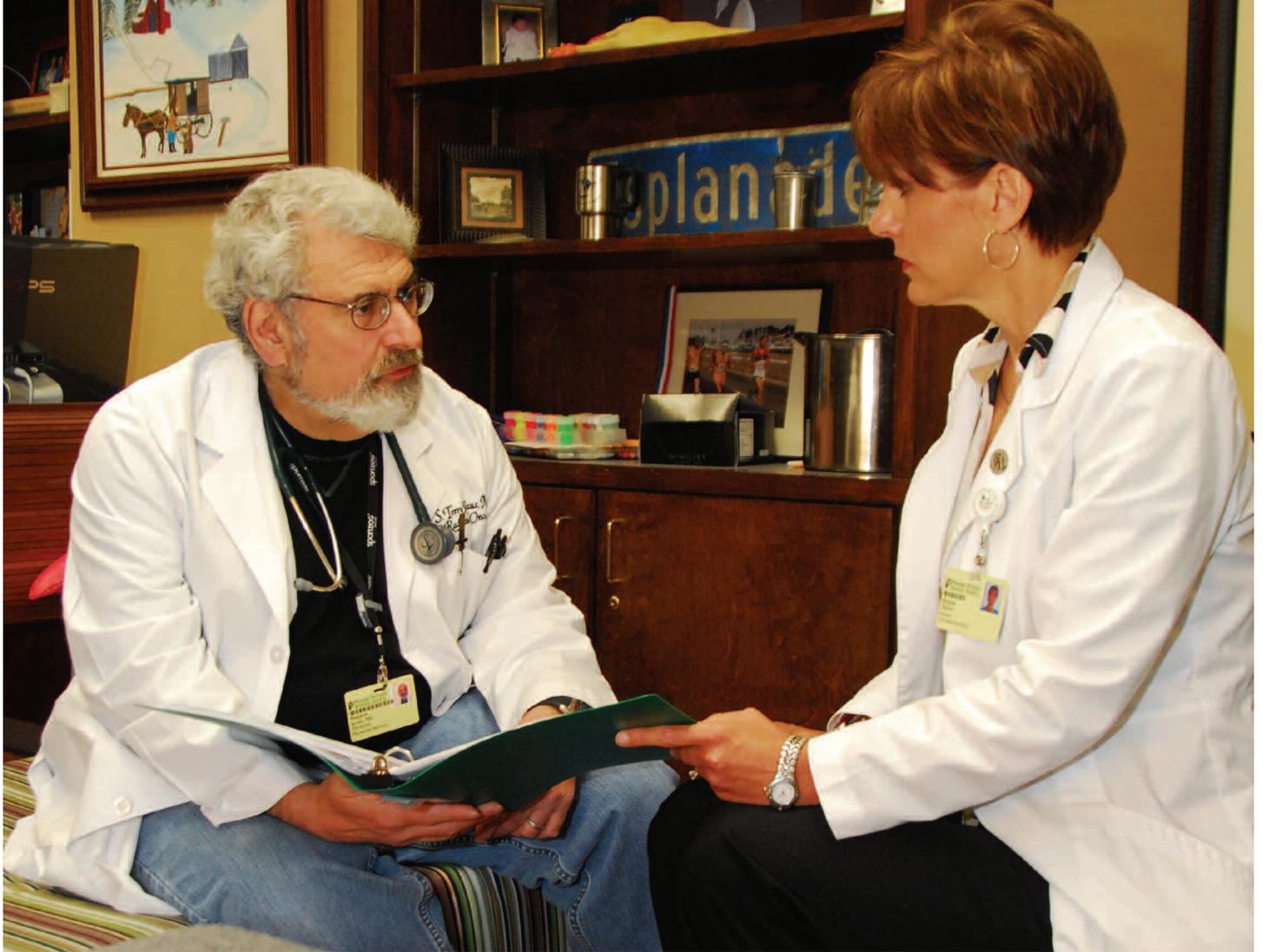
Enter Registered Nurse, Regina Martel, a certified breast health nurse at Phoebe Putney Memorial Hospital. Martel serves as breast cancer nurse navigator, the only one in South Georgia. To qualify for that role, Martel completed a laundry list of specialized training, education and certification needed to literally navigate breast cancer patients through the process of treatment and recovery.

The program's offerings range from personalized one-on-one meetings to group gatherings and activities. Martel and individual patients spend time discussing issues such as pre- and post-surgery care, the prevention of potential risks, including lymphedema, and the importance of continued breast self-examinations. In some cases, Martel meets with patients five minutes after their diagnosis. In others, the patients need time to process the diagnosis before they can open up for assistance.

"They are getting a lot of information at once. Once they're settled, they are more ready to interface," explains Dr. Terry Kraus, medical oncologist at Phoebe's Cancer Center, who believes the moment of diagnosis is when individuals need Martel's expertise and compassion the most.







*Dr. Terry Kraus and Regina Martel discuss a patient's treatment plan*

Linda Van der Merwe, senior vice President of Phoebe's Oncology Services, has worked with breast cancer patients for 36 years. She agrees with Kraus' take and says that it is important for women who have been diagnosed with breast cancer to immediately hear about all the survivors of this disease. Breast cancer patient Gwendolyn Hall recalls such a revelation pulling her out of a bout of depression that accompanied her breast cancer diagnosis in 2007.

Hall counts the information shared and support gained from fellow survivors among the most valuable aspects of her experience with Phoebe's breast cancer health program, especially the opportunity to talk about her experience with the disease. "We can say things [to each other] that we can't say to our mothers or sisters," she says. "No one here is surprised by our breast cancer because everyone here has breast cancer."



*Martel offers Gail Davenport some literature on cancer*



*Martel assists Gwendolyn Hall with her new under garment*



*Linda Van der Merwe checks in with Martel about a patient's progress*

Hall also recognizes the sensitivity of a subject like breast cancer. "You have to be very careful who to tell. Not everyone is educated enough about breast cancer to be positive. Being in such a fragile state requires you to surround yourself by uplifting people," she says.

Monthly survivor meetings are held in a non-clinical setting and give patients an opportunity to interact. "We want this to be a place where people feel comfortable," Martel says, of the lounge-like environment they are creating for their gatherings. The Junior Woman's Club of Albany donated their proceeds from last year's Lights of Love fundraiser for the purchase of new furniture, including the sofas and chairs scattered casually about the den-like room. Martel assures there is more to come, naming a laptop, an extensive library and kitchen appliances in store for the near future.

Here issues are discussed, stories shared, emotions supported and, according to Martel, even fun is had. "We rely on and learn from one another's experiences," says Gail Davenport, who underwent a mastectomy in February and started chemotherapy a month later. The group sessions sometimes include the Look Good Feel Better presentations held in partnership with the American Cancer Society or presentations on topics such as reconstructive surgery.

Other resources for breast cancer patients include monthly newsletters, camisoles designed for immediate use following mastectomy and yoga classes, offered in partnership with the YMCA. Yoga instructor, Dawnette Lewis, can help patients at every level. For example, if a patient is in a wheelchair, Lewis may teach them breathing exercises. "If someone is at a point where she can stand on her head, (Lewis) can help her with that, too," says Martel.

Education is not the only thing Martel arms breast cancer patients with, but it seems to be the most important. "Statistical evidence proves if patients are educated and given the proper tools the outcome is better," reports Van der Merwe. Martel explains that, upon diagnoses, women often feel a loss of con-



trol. "I can give them some control back," she says. "I am not an expert, but I can point them in the direction of the experts."

Martel never gives treatment recommendations. Rather, she makes women aware by explaining treatment options and defining the myriad of medical terms, including 'lumpectomy' and 'mastectomy.' "I do the leg work and make things as easy as possible for them. Decisions though are ultimately made by the women and their doctors," she says, adding that she often gives women questions to ask their doctors and even insurance carriers. "I have all of the pieces to the puzzle. How they put the puzzle together is up to them."

Van der Merwe says that when given the proper information, breast cancer patients are empowered to communicate more effectively with their doctors and families and, consequently, simplify and even ease the situation. Hall recalls being full of questions upon her breast cancer diagnosis, but says Martel kept her from having to ask them, giving her all the information she needed up front.

"With good information you don't have to struggle with every decision," reports Davenport, who believes that resources like the breast cancer navigator program are pertinent to getting through cancer. "Anything that drains your energy should be avoided. Being a part of a system like this saves time and energy."

While all agree there is nothing comfortable about such a situation, Martel is there every step of the way, to normalize life as much as possible and make comfortable the circumstances of the disease. She encourages women to talk to her about every part of their experience, particularly the negative aspects, so she can offer information to ease the struggle.

"None of these women are the first to go through this and they are not alone; they should not suffer. For most issues there is a remedy," she says, many of them simple remedies. Though life is far from normal in the midst of such news, Davenport agrees, recognizing that things still have to get accomplished. "You get diagnosed then you go



home and still have to do very ordinary things. It's still up to you to take out the trash, get dressed, live your life."

An immediate concern of many women upon breast cancer diagnosis is what the disease will do to their physical appearance. In many cases, it may be as long as a year before reconstructive surgery is possible. "They want options," says Martel.

And now they have them. Years ago selections of prosthesis and coordinating lingerie were limited. Today, catalogs for such products resemble those of mainstream companies and include sports bras, swimwear and pajamas. Such resources are available at Phoebe's boutique, New Foundations.

While what to wear ranks high on the importance chart, it does not trump the knowledge these patients gain from Martel and from fellow breast cancer patients. "The ladies in this program know their stuff," says Van der Merwe. "That is so impressive and very important. Ten years ago people couldn't even tell you what kind of breast cancer they had. Now women are able to really talk to their doctors and share information with their peers."

The program continues to grow under Martel's direction, but is not yet where Kraus, Martel or Van der Merwe would like to see it. An automatic referral system is not yet in place, and, while physicians such as Kraus encourage all of their patients to work with Martel, not all doctors are there yet.

"We are moving towards having standing orders for all patients to see a navigator," says Van der Merwe. "Right now all doctors are not going to refer their patients to Regina. She is having to sell herself before they trust her with their patients."

And it is not only the doctor's trust Kraus, Martel and Van der Merwe are concerned with gaining. "We are working to make this a formal program with all of the right credentials so patients and their families can have a certain comfort level with Martel," Van der Merwe adds, noting another goal is to offer a navigator program to all cancer patients, regardless of the type of cancer.

According to the women who need the program most, they have the right woman for the job. Martel, hospitalized a number of years ago with suspected stomach cancer, recalls the fear that possible diagnosis ignited and now has a personal understanding of the fear experienced by the breast cancer patients she works with.

"I don't put my feelings out there," says Hall, who calls Martel one of her 'chief angels.' "But Regina just knows. Without her I wouldn't know anything, and I probably wouldn't leave the house." Davenport calls both Martel and the program 'genuine.' "She gives us fresh information," she says. "I never feel like what she is telling me is canned."

Kraus admires Martel's tendency to not view the women strictly as "cancer patients," but rather as individuals and as members of a family. "There is value in that because it is not only an individual who is impacted by their cancer diagnosis, it is their entire family and it should be approached from a family's point of view."

A noted attribute of the program is its seamless attachment to the rest of the hospital's cancer treatment program. From her own perspective, Martel explains that, while many would find a job dealing with breast cancer patients dire, she claims the contrary, calling a breast cancer diagnosis one full of hope.

Statistics show that this is a very beatable cancer, and that is why this program is in place, she adds.

"This is being done for our patients, our families, our neighbors," says Kraus.

"So they can live a good life on their own now and later."

