

Breast Cancer Awareness



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A survivor's story: Michelle

By Kasie Strickland
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Kasie Strickland | The Sentinel-Progress
Michelle holds a photograph of herself, her daughter Kaley, and her mother Helen during Helen's last stay in the hospital for breast cancer treatment. Helen was released to hospice care shortly afterwards.

PICKENS — "It's not a matter of 'if,' it's a matter of 'when.'"

Those were the words of Michelle Powell's doctor, speaking to her about her risks of breast cancer. Powell's case was unique, because unlike her mother or her aunts — she had the opportunity to stop this disease from ever taking hold.

All it would cost was her breasts. "It was terrifying, but all I could think of was what I saw my mother go through — and I knew I couldn't do that," she said.

Following her mother's death from breast cancer, Michelle had undergone genetic testing to try and determine her risks of developing the disease.

"It wasn't just my mom, her sisters — all of them — were diagnosed as well. It was a worse case scenario as far as family history went," she

I'm not a cancer survivor — I never had the disease. But if I hadn't had the surgery, I would have," she said. "I still go to an oncologist and I still bear the scars. I always will."

Michelle's mother, Helen, was taking care of her sisters — Michelle's aunts — when she discovered a spot on her breast.

"Mom drove, her sister's didn't, so she was taking care of them," Michelle said. "They had breast cancer and mom would take them to their appointments and things like that. I think when she saw it, she knew. But she was so busy helping everybody else that she put herself last."

Michelle said her mother called her and asked her to come over and that's when she showed her daughter the spot on her chest.

"It was like a pencil eraser," she said. "And I said, 'Oh, Mom — you've got to get that checked.'"

Helen passed away from breast cancer in 2012.

"She ... she suffered," said Michelle. "But she never complained. Not once. I know I could have never been that strong."

Including Helen, there were five sisters — all of whom developed breast cancer. Today, Michelle said she only has one aunt left.

"It makes me afraid for my daughter, and that's part of why I'm so vocal about women getting themselves checked," she said. "Whether you have family history or you have the BRCA1 and two genes, or you feel something during a self-check — get it looked at. I mean, my mom — it was the size of a pencil eraser — and it ate through her chest wall. It was horrible. No one should have to endure that."

Following surgery, Michelle says her risk of developing breast cancer is about 3 percent — much lower than the average woman's — but that it won't prevent any other types of cancer. As far as that goes, she'll just have to stay on top of her health like everyone else.

"You don't want to live in fear, but you do need to be aware," she said. "And if by telling my story I can convince just one woman to go and get checked, then it'll have been worth it."



Kasie Strickland | The Sentinel-Progress
Michelle and expectant daughter Kayley hold a portrait of Helen, who passed away from breast cancer in 2012.

explained.

The tests revealed that although Michelle did not carry the often-publicized BRCA1 and BECA2 genes, other markers, combined with her family history, put her in the highest percentile of risk.

"After the tests came back, it showed that I had a 95 percent chance of developing breast cancer within the next 5 years," she said. "And I thought 'OK, what do we do now?'"

Doctor's gave Michelle two options: She could take a chemo pill everyday for the the next 5 years, which would cut her chances in half; or she could have a double mastectomy and virtually eliminate all risks of developing the disease.

After much soul-searching and conversations with her family, Michelle opted for the surgery.

"It's odd because technically,



Kasie Strickland | The Sentinel-Progress
From left: Michelle Powell, Helen Sexton, Kayley McJunkin.

Reach Kasie Strickland at 864-855-0355.



In the battle against breast cancer, early detection is a woman's most powerful weapon.

In fact, according to the National Cancer Institute, when breast cancer is detected in an early, localized stage, the five-year survival rate is 98 percent. That's why it is so important for all women to make breast health awareness a regular part of their healthcare routine.

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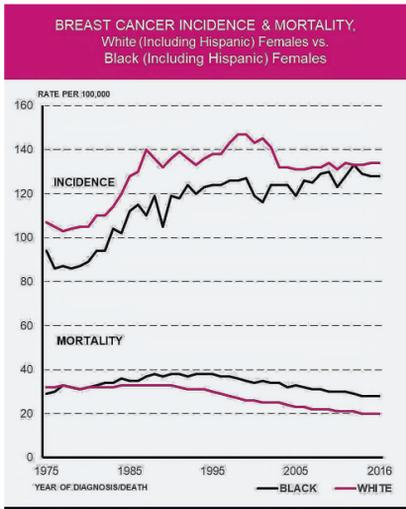
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Black women more likely to die from breast cancer

By Kasie Strickland
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Courtesy photo

While overall rates of breast cancer in black and white women are about the same, black women are 20-40 percent more likely to die from breast cancer.

The reason for this disparity is likely due to several factors, including genetics, the biology of the cancer and differences in healthcare, officials say.

Because black women have higher breast cancer mortality rates than white women, the American College of Radiology and the Society of Breast Imaging recommended that black women be added to groups considered at high risk for breast

Delays in follow-up may play a role in the lower survival rates among African-American women.

However, even after accounting for differences in income, past screening rates and access to care, the bottom line is black women are diagnosed with more advanced breast cancers and have worse survival than white American women.

Women of all ethnicities can take steps to keep their risk of breast cancer as low as it can be. If you're a black woman, you may want to talk to your doctor about your risk of breast cancer, as well as about lifestyle choices you can make to lower that risk, including maintaining a healthy weight, exercising every day, limiting or avoiding alcohol, not smoking and eating a healthy diet that's low in processed foods, sugar, and trans fats.

Reach Kasie Strickland at 864-855-0355.



Courtesy photo

Despite being diagnosed at roughly the same rate as white women, black woman are more likely to die from breast cancer.

cancer.

This is the first time black women have been classified as a high-risk group and the recommendations were published in the March 2018 issue of the Journal of the American College of Radiology.

Other women considered at high risk for breast cancer are women with a gene mutation, such as a BRCA1 or BRCA2 mutation, linked to breast cancer; women who previously had radiation to the chest or face; women of Ashkenazi Jewish descent; women with a strong family history of breast cancer, especially if a parent or sibling has been diagnosed; women with a personal history of breast cancer; women with dense breasts; and women with certain benign breast conditions.

The organization recommend that all women have a breast cancer risk assessment at age 30 to figure out if regular screening mammograms should start at age 40 — for women at average risk of breast cancer — or at a younger age for women deemed to be at high risk for the disease.

The guideline also recommends that women at high risk for breast cancer have screening more frequently, and with a different screening method, such as MRI or ultrasound. (So a woman at high risk might have a mammogram at the beginning of the year and then have an MRI 6 months later.)

"All women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening," the experts wrote.

In the past, African-American women were less likely than white women to get regular mammograms. Lower screening rates in the past may be a possible reason for the difference in survival rates today. In good news, black women now have slightly higher rates of mammography use than other women.

In 2015, among women 40 and older, 69 percent of black women had a mammogram in the past 2 years.

Access to follow-up care after an abnormal mammogram may also explain part of the survival gap between African-American and Caucasian women.

Some, but not all, findings have shown black women may have more delays in follow-up after an abnormal mammogram than white women.



Courtesy photo

In 2015, among women 40 and older, 69 percent of black women had a mammogram in the past 2 years.

The graphic features a large, stylized ribbon in shades of pink, purple, orange, and blue. To the right of the ribbon, the word "HOPE" is written in large, grey, sans-serif capital letters. The letter "O" contains a white silhouette of a boat. Below "HOPE", the text "for a cancer free tomorrow." is written in a smaller, black, sans-serif font. In the bottom right corner, there is a logo for "BLUE RIDGE Electric Co-op" featuring a blue mountain peak and a yellow lightning bolt. Below the logo, it says "A Touchstone Energy® Cooperative" with a small logo of a person with arms raised.

Breast Cancer 101 Know the symptoms and your risks

By Kasie Strickland
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If you or a loved one has been diagnosed with breast cancer, it's important to understand some basics: What is breast cancer and how does it happen?

What is Breast Cancer?

Breast cancer is an uncontrolled growth of breast cells. To better understand breast cancer, it helps to understand how any cancer can develop.

Cancer occurs as a result of mutations, or abnormal changes, in the genes responsible for regulating the growth of cells and keeping them healthy. The genes are in each cell's nucleus, which acts as the "control room" of each cell. Normally, the cells in our bodies replace themselves through an orderly process of cell growth: healthy new cells take over as old ones die out. But over time, mutations can "turn on" certain genes and "turn off" others in a cell. That changed cell gains the ability to keep dividing without control or order, producing more cells just like it and forming a tumor.

A tumor can be benign (not dangerous to health) or malignant (has the potential to be dangerous). Benign tumors are not considered cancerous: their cells are close to normal in appearance, they grow slowly, and they do not invade nearby tissues or spread to other parts of the body. Malignant tumors are cancerous. Left unchecked, malignant cells eventually can spread beyond the original tumor to other parts of the body.

The term "breast cancer" refers to a malignant tumor that has developed from cells in the breast. Usually breast cancer either begins in the cells of the lobules, which are the milk-producing glands, or the ducts, the passages that drain milk from the lobules to the nipple. Less commonly, breast cancer can begin in the stromal tissues, which include the fatty and fibrous connective tissues of the breast.

Over time, cancer cells can invade nearby healthy breast tissue and make their way into the underarm lymph nodes, small organs that filter out foreign substances in the body. If cancer cells get into the lymph nodes, they then have a pathway into other parts of the body. The breast cancer's stage refers to how far the cancer cells have spread beyond the original tumor.

Breast cancer is always caused by a genetic abnormality (a "mistake" in the genetic material). However, only 5-10 percent of cancers are due to an abnormality inherited from your mother or father. Instead, 85-90 percent of breast cancers are due to genetic abnormalities that happen as a result of the aging process and the "wear and tear" of life in general.

There are steps every person can take to help the body stay as healthy as possible, such as eating a balanced diet, maintaining a healthy weight, not smoking, limiting alcohol, and exercising regularly. While these may have some impact on your risk of getting breast cancer, they cannot eliminate the risk.

Developing breast cancer is not your or anyone's fault. Feeling guilty, or telling yourself that breast cancer happened because of something you or anyone else did, is not productive.

Stages of breast cancer

The stage of a breast cancer is determined by the cancer's characteristics, such as how large it is and whether or not it has hormone receptors. The stage of the cancer helps you and your doctor figure out your prognosis, the likely outcome of the disease, decide on the best treatment options and determine if certain clinical trials may be a good option.

Breast cancer stage is usually expressed as a number on a scale of 0 through IV — with stage 0 describing non-invasive cancers that remain within their original location and stage IV describing invasive cancers that have spread outside the breast to other parts of the body.

Breast Cancer Risk and Risk Factors

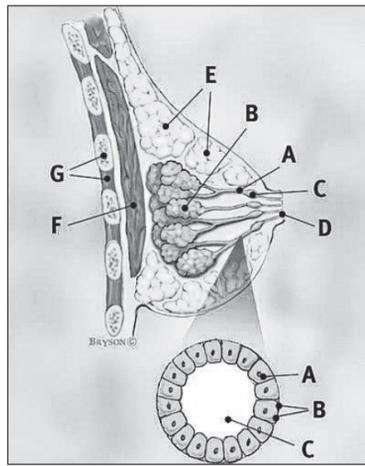
You may be familiar with the statistic that says 1 in 8 women will develop invasive breast cancer. Many people misinterpret this to mean that, on any given day, they and the women they know have a 1-in-8 risk of developing the disease. That's simply not true.

In reality, about 1 in 8 women in the United States — 12 percent, or about 12 out of every 100 — can expect to develop breast cancer over the course of an entire lifetime. In the U.S., an average lifetime is about 80 years. So, it's more accurate to say that 1 in 8 women in the U.S. who reach the age of 80 can expect to develop breast cancer. In each decade of life, the risk of getting breast cancer is actually lower than 12 percent for most women.

People tend to have very different ways of viewing risk. For you, a 1-in-8 lifetime risk may seem like a high likelihood of getting breast cancer. Or you may turn this around and reason that there is a 7-in-8, or 87.5 percent, chance you will never get breast cancer, even if you live to age 80. How you view risk often depends on your individual situation — for example, whether you or many women you know have had breast cancer, or you have reason to believe you are at higher-than-normal risk for the disease — and your usual way of looking at the world.

Even though studies have found that women have a 12 percent lifetime risk of developing breast cancer, your individual risk may be higher or lower than that. Individual risk is affected by many different factors, such as family history, reproductive history, lifestyle, environment and others.

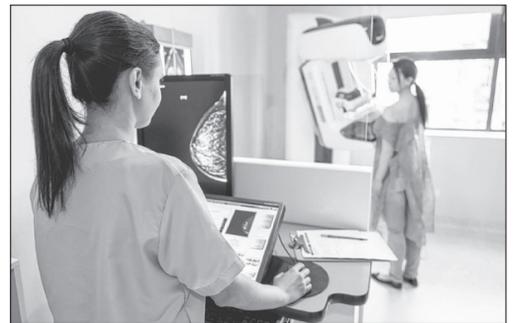
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Breast profile: A Ducts, B Lobules, C Dilated section of duct to hold milk, D Nipple, E Fat, F Pectoralis major muscle, G Chest wall/rib cage. Enlargement: A Normal duct cells, B Basement membrane, C Lumen (center of duct).



Courtesy photo
About 1 in 8 women in the United States — 12 percent — can expect to develop breast cancer over the course of an entire lifetime.



Courtesy photo
The newer 3D mammograms provide a more detailed picture of the breast tissue, leading to more precise detection of abnormalities.



Butch Womack and Wife, Kathy want to remind you that October is Breast Cancer Awareness Month. Remember to schedule your mammograms today

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Developing breast cancer is not your or anyone's fault. Feeling guilty, or telling yourself that breast cancer happened because of something you or anyone else did, is not productive.

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Men can get breast cancer, too

Staff report

The color pink has become synonymous with raising awareness about breast cancer. Each Mother's Day, professional baseball players don pink attire and even use pink bats to raise awareness about breast cancer, while many pink T-shirts and ribbons can be seen during annual walks that aim to raise money for breast cancer research. These efforts and others involving the color pink are often inspired by good-natured people's attempts to support female friends and relatives who have been diagnosed with breast cancer, but it's important to note that this potentially deadly disease can afflict anyone, including men.

An overwhelming majority of breast cancer patients are female. In fact, the National Breast Cancer Foundation reports that less than 1 percent of all breast cancer cases develop in men. However, BreastCancer.org notes that more than 2,600 men were expected to be diagnosed with breast cancer in 2019. Men who overlook breast cancer and its potential symptoms could be putting themselves in jeopardy, however unlikely that may be.

How do men get breast cancer?

The fact that men don't have breasts does not prevent them from getting breast cancer. That's because men's bodies have breast tissue and even small amounts of breast-stimulating hormones. According to BreastCancer.org, most males bodies don't utilize these hormones all that much, which is why their breast tissue stays flat and small. However, some men, and even boys, utilize the hormones more than others, and even develop breasts, which are typically just mounds of fat. But in some instances males develop real breast gland tissue, which can be a byproduct of

abnormal hormone levels or certain medications.

What are some risk factors for male breast cancer?

Instances of male breast cancer are so rare that the disease has not been the subject of substantial research. But researchers have learned that various factors can increase a man's risk for breast cancer. Learning these risk factors is important, as men are not typically screened for breast cancer, which means it's often diagnosed in its later, less treatable stages.

- Age: The average age of men diagnosed with breast cancer is 68. That's not too surprising, as age also increase women's risk for the disease.
- Elevated estrogen levels: Men with elevated estrogen levels are at greater risk of developing breast cancer than those with normal levels. Estrogen levels can increase due to various factors. Men who take hormonal medicines may experience elevated estrogen levels, while being overweight also increases those levels. Alcohol limits the liver's ability to regulate estrogen levels, so men who are heavy drinkers also may be elevating their risk for breast cancer.
- Klinefelter syndrome: This condition affects about one in 1,000 men and is characterized by lower than normal levels of the male hormone androgen and higher than normal levels of the female hormone estrogen.
- Radiation exposure: Men who have been treated with radiation to the chest have an increased risk of developing breast cancer.

Men are not immune to breast cancer. Recognizing that and understanding risk factors for male breast cancer can save lives.

Debunking common myths associated with breast cancer

Staff report

Cancer claims the lives of millions of people across the globe every year. But the fight against cancer is anything but hopeless, as the World Health Organization notes that between 30 and 50 percent of all cancer cases are preventable.

Learning about cancer is one of the best ways for people to protect themselves from this deadly disease. Researchers continue to learn more about cancer everyday and routinely discover that information once thought to be accurate was actually off-base.

Despite researchers' best efforts, some myths about cancer still prevail. Some of these myths are about cancer in general, while others refer to specific cancers, including breast cancer. Myths about breast cancer can be as harmful as accurate information is helpful, so learning the truth and debunking those myths can be an important part of women's preventive approach to breast cancer.

• **Myth:** Drinking milk increases your risk for breast cancer. The American Cancer Society notes that early studies raised concerns that drinking milk from cows treated with hormones could increase a person's risk for breast cancer. However, ensuing research failed to find a clear link between the two. In fact, a 2002 study published in the International Journal of Epidemiology found no significant association between dairy fluid intake and breast cancer risk.

• **Myth:** Lumps indicate breast cancer. The National Breast Cancer Foundation, Inc.® says that only a

small percentage of breast lumps turn out to be cancer. However, abnormalities or changes in breast tissue should always be brought to the attention of a physician.

• **Myth:** Mammograms cause breast cancer to spread. This myth is rooted in the incorrect notion that breast compression while getting a mammogram causes the cancer to spread. However, the NBCF insists that cannot happen. In fact, the National Cancer Institute touts the benefits of mammograms while the ACS recommends women between the ages of 45 and 54 get mammograms every year. For additional breast cancer screening guidelines, visit the ACS at www.cancer.org.

• **Myth:** Women with a family history of breast cancer are likely to develop breast cancer, too. This myth is dangerous because, if taken at face value, it can give women with no family history of breast cancer a false sense of security. However, the NBCF notes that only about 10 percent of individuals diagnosed with breast cancer have a family history of the disease. The Centers for Disease Control and Prevention note that a woman's risk for breast cancer is higher if she has a first-degree relative, including a mother, sister, daughter, or even a male family member, who have had the disease. But breast cancer can affect anyone, regardless of their family history.

Information is a valuable asset in the fight against breast cancer. Learning to decipher between accurate and false information can be especially valuable.



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The costs of dealing with cancer

By Kasie Strickland
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The costs associated with breast cancer treatment and follow-up care can be a financial strain for some people and their families, even with health insurance.

Besides the costs of treatments such as surgery or radiation, you may be facing extra expenses for transportation to and from a treatment center, child care while you're having treatment, or special foods to make sure your nutritional needs are being met. If you've had to take time off from work and your income is lower, these living expenses can be challenging to cover.

If you don't have insurance or are unemployed, paying for treatment may seem overwhelming. Don't panic, and don't skip any treatments or doctor's visits. There are resources available to help you.

Your medical team may be able to give you a list of organizations that offer financial assistance for breast cancer medicines and care, as well as local organizations that offer financial assistance for your practical needs such as transportation, food, and child care. Many pharmaceutical companies have set up special funds to help pay for the cost of their medicines.

Understanding the costs associated with cancer

It's important to take some time up front to understand what you will have to pay out of pocket for your cancer diagnosis and treatment. If you don't have any health insurance, your first step is to secure some kind of coverage. Ask if there is a patient financial counselor, social worker, and/or nurse navigator at your hospital who can help. This person might be able to help you find a plan that works for you. Such a person also should be able to tell you about any assistance programs or payment plans that are available through your hospital. These may help to defray any costs that are not covered by insurance. Another potential source of advice is a health insurance broker who knows the ins and outs of different plans and can advise you quickly. For more information, see [Help for People Without Health Insurance](#).

Even with health insurance, you can expect to face some out-of-pocket costs. Take some time now to understand what your plan covers and what it will expect you to pay. For example, you'll want to make sure that the hospital or medical practice(s) where you will go for treatment are part of your insurance plan. Otherwise, you might be surprised by large bills later on.

"We give patients the diagnosis codes, the procedure codes, and encourage them strongly to call their insurance company to see if they need any pre-certifications and pre-authorizations and for information about co-pays and deductibles," says Annette Hargadon, MSN, RNC-OB, CBCN, nurse navigator/breast care coordinator at Riddle Hospital, Main Line Health, Media, PA.

Health insurance policies aren't easy to read, but you'll want to know what you're getting into and if you might need to get help with covering out-of-pocket costs. Generally, cheaper plans with lower premiums — that's the monthly amount you pay, or your employer pays, to be a member of the insurance plan — tend to have higher out-of-pocket costs.

Lowering costs: Start with your care team

Hospitals and cancer centers often have patient financial counselors, social workers, and patient navigators on staff who are experienced at helping patients manage their cancer costs. There are many patients who are "functionally insured" — meaning they have health insurance — but then have major difficulty affording the out-of-pocket costs associated with serious illness. If you find yourself in this situation, you're not alone. There may be ways to reduce treatment expenses or make each payment fit into your budget.

Ask if you can set up a payment plan. You may be able to pay a smaller amount each month, rather than paying the full amount due at the end of each visit. Private medical practices often can't offer this, but many hospitals do.

Ask if your hospital or treatment center has funding to offset medical costs that aren't covered by insurance, discounts for uninsured or underinsured people, or programs that help with living expenses. You may have to provide proof of your financial situation, such as income statements or tax returns, to be eligible for these funds.

Ask for referrals to local government agencies and nonprofit organizations that offer financial assistance for medical care and living expenses. Oncology social workers often are aware of the local and national organizations that offer financial assistance to people with breast cancer.

Be strategic about scheduling treatments and visits. A social worker or patient navigator may be able to help you "bundle" your visits to the hospital or cancer center to save money on copays, or schedule treatments or tests all at the same time to help you reduce your costs. For example, if the end of the calendar year is approaching and you need an expensive test, get it before the new year begins and you again have to meet the deductible on your health insurance plan. Also, some plans might pay more for treatments and tests given inside the hospital versus an outpatient center.

Ask your doctor if you're eligible for any clinical trials. In some cases, you don't have to pay for the medicine and care you receive as part of a clinical trial. However, if you have to travel to access the trial, this may not be all that helpful.

Ask your doctor about generic medicines. Generic medicines are usually less expensive than brand name medications. There are some generic options for certain types of chemotherapy, hormonal therapies such as tamoxifen and aromatase inhibitors, and bone-strengthening medications such as bisphosphonates. Ask about generics for medications used to treat side effects such as pain and nausea. Depending on your situation, you may be able to take the generic rather than the brand-name medicines.

Ask your doctor for samples of any medicines you're prescribed. Keep in mind that samples might not be available for all medicines. But if you try the sample and have side effects that are difficult to manage, you won't have to pay the cost of a full prescription if you switch.

Managing your health insurance

Just as you will manage your relationship with your healthcare team, you also will want to manage interactions with your health insurance plan. If you don't feel you can take this on yourself, get a family member or loved one to help you. Also, find out if there is a certain person in your hospital's billing office who can answer questions about health insurance. Many hospitals now have patient financial counselors who can assist you as you interact with your insurance company.

With a cancer diagnosis, you may find that the health insurance plan you have doesn't cover enough of your medical costs. It might make sense for you to consider switching to a plan that may have higher premiums, but will cover more of your costs over the long run.

If you're covered through Medicare but never purchased any supplemental insurance, this also might be something to consider. Without a "Medigap" policy or other secondary insurance, you are responsible for 20% of treatment-related costs.

Generally, you would have to wait until an open enrollment period, which is the time of year that health plans accept new applicants. This can vary depending on whether you're considering a job-based plan, a Medicare supplement, or an individual plan through the Health Insurance Marketplace.

Organizing your medical information

Come up with a system for keeping your medical information organized. This includes your medical records, such as test results and treatment plans; any communications you get from your insurance plan; and any bills or financial statements you receive from your doctor or hospital. Good record keeping can be a major help if you run into any issues with health insurance coverage.

Use whatever system works for you. Some people like to keep paper copies of everything in a binder or accordion folder with separate tabs for treatment records and insurance records. Others prefer keeping their records on their computer, scanning paperwork as needed to create digital copies.

You may wish to create a spreadsheet that lists the date of every appointment, test, treatment, prescription filled, etc.; the provider name and location; the amount you paid; the status of the insurance claim; and any additional amount for which you were billed. This allows you to quickly see the status of payments and coverage.

If your hospital or doctor's office offers an electronic health record that you can access, this might do some of the work for you. The same holds true if your health insurance plan offers an online portal for members. However, you still may wish to print out your records so you can refer to them easily in one place.

Clinical trials may cover costs

Researchers conduct clinical trials in different settings. Many clinical trials are done at cancer centers because that's where research teams tend to be located, but community hospitals and doctors' offices also can be part of a clinical trial.

Each clinical trial has its own benefits and risks, depending on the type of trial and what it's trying to figure out. Clinical trials may pay for part or all of your treatment, other medical care, travel to and from the treatment center, and other expenses during the study. But not all clinical trials do this.

In some cases, you may be expected to cover travel costs, and you still could face co-payments and coinsurance costs for routine care that isn't part of the trial. You also may have extra doctors' visits, which could lead to more lost wages and increased childcare and transportation costs. Make sure you know exactly what you'll have to pay before you agree to be part of a clinical trial.

Help paying for living expenses

Besides help paying for medicines and procedures, you might find that you need help paying for other daily living expenses such as food, transportation, child care, mortgage or rent, and utility bills while you're undergoing treatment. Many people are already challenged by the combination of lost wages plus the out-of-pocket costs of medical treatment. Families that were doing fine before can sometimes find that their income is stretched to the limit after a cancer diagnosis.

If you're worried about paying your bills, get help early. Start with the social worker at your hospital or cancer center, who is likely to know about local and national assistance programs for people with breast cancer. There are programs that help with living expenses, such as groceries and gas, and not just treatment expenses.

The following tips also may be useful — get a family member or friend to help if you're feeling overwhelmed:

Develop a budget that lists your monthly income and all your monthly expenses. Writing down all your expenses can help you decide if you can cut back anywhere. A written list of expenses also can help you prioritize your bills. This can help you figure out if you're going to be short of funds and take steps to get help if you need it.

Talk to your creditors and let them know that you're having trouble paying your bills. Tell them why you're having problems and ask if you can work out a payment plan. Most creditors are willing to work with customers, especially if you have a good history with them. Don't wait until your account has been turned over to a collection agency.

Always try to make a payment, no matter how small, to show your creditors that you're making an attempt to pay.

Contact your local United Way or American Cancer Society office. These organizations may be able to offer financial assistance or direct you to other groups in your area.

Many local churches, synagogues, mosques, and other religious organizations and fraternal orders have volunteers who can help with transportation or grocery shopping. They may also have financial assistance programs.

If you're having trouble keeping up with bills, you may want to contact a credit counselor. Poor credit can affect you and your family for years to come, so take action now. A credit counselor can help with strategies for getting debts paid down and restoring good credit. To find a reputable counselor, talk to someone at your bank or local consumer protection agency. Many universities and local housing authorities offer nonprofit credit counseling programs.

If you don't have health insurance, talk to the social worker or patient financial counselor at your hospital or cancer center. You may still be able to get insurance through the Health Insurance Marketplace at [HealthCare.gov](#). Depending on where you live, [HealthCare.gov](#) will direct you to the federally run marketplace or to a marketplace run by your state. Another option is to work with an insurance broker who can help you enroll in a plan that fits your needs. Then you can start treatment after coverage kicks in. Even though health insurance may seem unaffordable, keep in mind that hospitals and care providers often enter contracts with insurance companies to provide care at lower costs. So not having any insurance at all means you will be billed at a higher rate.

If you simply can't get insurance or you can't afford the premiums and out-of-pocket costs, see if your hospital or cancer center has any kind of discount program for people without health insurance. If it doesn't, there may be another hospital in your area that does. Selected hospitals and other nonprofit medical facilities get money from the federal government to provide free or lower-cost services to people who can't pay.

There are programs that may be able to help you get coverage or help you pay for treatment costs. You may need to meet certain age or income requirements to enroll in some of these programs.

Medicaid is a federal government program that pays for medical care for people whose income and assets are at or below a certain level. Medicaid programs are administered by the states, and each state has its own eligibility guidelines. The easiest way to find out if you're eligible for Medicaid in your state is to go to the Health Insurance Marketplace at [www.HealthCare.gov](#) or call 1-800-318-2596.

All 50 states plus the District of Columbia have chosen to provide Medicaid coverage for women who are diagnosed with breast cancer through the Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program. The program offers breast cancer screening to low-income, uninsured women. However, states have different age, income, and other requirements that women must meet to qualify for treatment through Medicaid.

Medicare is a federal government program funded by the Social Security Administration. Medicare offers health insurance to people who meet the eligibility requirements. In most cases, you're eligible for Medicare if you're 65 or older or are disabled at any age and have been collecting Social Security benefits for 2 years.

Some states offer state-subsidized health insurance plans for low-income residents. Contact your state's Department of Insurance office for more information.

Health insurance risk pools are special state programs that offer insurance to people who have pre-existing medical conditions. However, because the Affordable Care Act prohibited insurance plans from denying coverage to people with pre-existing health conditions, many states have done away with them. Contact your state Department of Insurance for more information.

Medicine assistance programs, listed on our [Tips to Lower Medicine Costs](#) page, can help pay for your medicines or allow you to buy them at a reduced cost.

Reach Kasie Strickland at 864-855-0355.



Courtesy photo

Even with health insurance, you can expect to face some out-of-pocket costs.



Courtesy photo

Hospitals and cancer centers often have patient financial counselors, social workers, and patient navigators on staff who are experienced at helping patients manage their cancer costs.