

Fall 2014
BlueSM



Getting the most from your health plan

**Your health plan,
your choice**

Get the right plan in 2015 | 4

75
YEARS

Celebrating 75 ways | 8

Why am I eating this?

Overcome mindless eating | 18

Make one, freeze one

Double duty meals | 20

Living through
Breast cancer | 12





FROM HERE TO THERE LIVING through Breast cancer

When Molly Suarez, a Wellmark member, found a lump three years ago, her instincts told her life would never be the same.

“I remember that night, watching my kids play in the backyard,” says Suarez. “I was overcome with this alternate reality. Suddenly my future was uncertain. I was just 35 years old, and suddenly I wasn’t sure I’d live to see my children grow up.”

Talking to Suarez today, it’s clear she has not only come to terms with her experience, but that she has gained wisdom, empathy and even a sense of gratefulness for what she went through.

“The last three years have brought such a complexity of emotions,” says Suarez. “Every step of the way was painstaking. But without this journey, I wouldn’t be able to help others facing the same prognosis.”

Today, Suarez is the founder of Can Do Cancer, a non-profit organization that works to improve and enhance the lives of breast cancer patients undergoing chemotherapy treatment in Des Moines, Iowa, and surrounding areas.



Molly Suarez, with her husband, Bob, twins Claire and Chloe, and big brother Eli.



How did she get from here to there? Suarez answers questions about her journey:

How did you find out you had breast cancer?

Like most women my age, I rarely performed breast self-exams. I was in the shower one day and my hand brushed over something. I realized immediately that it was a lump, and I knew it wasn’t good.

What was your diagnosis?

Ultimately, I was diagnosed with triple-negative invasive ductal carcinoma, an aggressive cancer that is difficult to treat and has fewer treatment options than breast cancer that tests positive for hormone receptors. The tumor was large, but thankfully the cancer hadn’t spread to my lymph nodes. Over the next seven months, I went through mastectomies, chemotherapy and began the reconstruction process.

What was the hardest part?

There were many difficult moments. Thinking about my kids possibly having to grow up without a mother was very difficult. The waiting was extremely difficult and so was the chemotherapy. I was nauseous a lot during the first few months of chemo, and I couldn’t think or process information the same way. I had “chemo-brain,” a side effect of chemotherapy, which includes intermittent short-term memory loss, and difficulty to processing new information or multi-tasking.

How did you think you’d react to the chemotherapy, and how did that change?

I knew I’d have good days and bad days. I knew I’d probably feel sick, but I thought I’d still be able to function fairly normally.

However, there were days I could not get out of bed. Cooking or taking my kids to their activities? That wasn’t an option some days.

What was the most surprising thing about having breast cancer?

How much I had to figure out on my own. You would think that with all the fundraising events, “pink” products and talk about breast cancer, that there would be all sorts of resources available to help people navigate through breast cancer. But, there really wasn’t. That’s one reason why I started Can Do Cancer.

What can you tell us about mastectomies and reconstructive surgery?

I didn’t start the reconstruction process until after I was done with chemotherapy. The scar across my chest was a daily reminder of cancer. Reconstruction helped me to feel more normal. But, this is a personal choice. Each person has to decide what’s right for them.

Reconstruction is a process. It is not a one-time procedure. You continue to deal with the physical and emotional issues, to some degree, the remainder of your life.

What did cancer teach you?

Overall, to be more generous. I had a neighbor who brought me and my family dinner whenever I had chemo. I had a friend that took me to appointments and knitted all my hats. I had friends that would watch my kids, or take them to their activities. My husband and my mom filled in for anything I couldn’t do. I appreciated their generosity more than words can say. All of these people are the inspiration for Can Do Cancer.

What has changed you the most?

In the beginning, I absolutely did not want to be a person with cancer. You want so badly to have your pre-cancer life back, but life will never be the same. My goal now is to help other people facing this journey.

Why did you start Can Do Cancer?

I feel like I got cancer in part to see a need and fill a need. My work experience leading up to cancer prepared me to start this organization. But, I knew I couldn’t do it all on my own. We have a diversified team of survivors and others that have been affected by cancer who are part of this organization.

What are your future plans for Can Do Cancer?

We currently serve breast cancer patients, but as the organization grows, we’d like to serve people with all types of cancer and in a larger geographic area. Who knows where this journey will lead?

Learn More

Find more information about breast cancer at CanDoCancer.org.

BREAST CANCER MYTHS DEBUNKED ▶



Breast cancer MYTHS DeBUNKED

Sorting fact from fiction

Now is a good time to learn more about this often misunderstood disease.

1. MYTH: You're only at risk if someone in your family has breast cancer.

FACT: Only five to 10 percent of all breast cancers are hereditary. Approximately 70 percent of women diagnosed with breast cancer have no identifiable risk factors.

2. MYTH: Monthly self-exams make no difference.

FACT: No screening method is perfect. It's wise to increase your chance of early detection by performing self-exams so you can detect changes early. Report any changes to your doctor.

3. MYTH: Small-breasted women are less likely to get breast cancer.

FACT: Breast size has nothing to do with breast cancer. Regardless of breast size, all women need routine screenings and checkups. It may be harder to examine and detect changes in larger breasts.

4. MYTH: Breast cancer always comes in the form of a lump.

FACT: There are many changes in the breast that can indicate a sign of cancer, including thickening, swelling, redness, darkening or pain (see sidebar).

5. MYTH: Breast cancer is a "one size fits all" disease.

FACT: There are many different types of breast cancer. Likewise, not all tumors grow at the same rate or spread in the same way. There are many factors that go into breast cancer diagnoses and treatment, and no two are exactly the same.

6. MYTH: Radiation from annual mammograms increases your risk of breast cancer.

FACT: The amount of radiation used in a mammography is small compared to the preventive benefits of the mammogram. Mammograms help detect lumps well before they can be felt or otherwise noticed. According to the American Cancer Society, women age 40 and older should receive a screening mammogram every one to two years.

7. MYTH: Older women don't need mammograms.

FACT: The risk of breast cancer increases with age, with the highest incidence occurring in women in their 70s.

8. MYTH: Antiperspirant causes breast cancer.

FACT: More research is needed to study this issue. Parabens, which are preservatives used in some antiperspirants, do have weak estrogen-like properties. One small study did find traces of parabens in a tiny sample of cancerous tumors. Subsequent studies have been unable to make a connection between the two.

9. MYTH: Your mother's history of breast cancer is the only important genetic link.

FACT: It is just as important to know your father's family history, particularly the health history of women on your father's side of the family. Other cancers in men, such as colon or early-onset prostate cancers, should be considered when determining your risk.

10. MYTH: Women with lumpy, fibrocystic breasts are more at risk.

FACT: Once considered a breast cancer factor, this is no longer seen as a risk. Lumpy, fibrocystic breasts do make it more difficult to distinguish normal tissue from cancerous tissue.

Source: American Cancer Society

What's normal for you?

See your health care provider right away if you notice any of these breast changes:

- Lump, hard knot or thickening
- Swelling, warmth, redness or darkening
- Change in the size or shape of the breast
- Dimpling or puckering of the skin
- Itchy, scaly sore or rash on the nipple
- Pulling in of your nipple or other parts of the breast
- Nipple discharge that starts suddenly
- New pain in one spot that doesn't go away

Source: iamthecure.org