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BLUM HASN'T LET FIGHTING CANCER STOP HER FROM Always moving

By David Timmerman

This year marks the 40th anniversary of when Eileen Blum of Lancaster, formerly of Cassville, found out she had cancer for the first time. A lot has happened to Eileen in those four decades since she started her first fight with cancer. She has had two more fights with the condition, including one that continues to this day.

She has dealt with her fair share of happiness and heartache during that time as well.

One thing she has continued to do through it all is not let any diagnosis of cancer control her life.

"I just fought through it, and never worried about any of it," Eileen said.

Her story begins much like any story would begin with Eileen, her working on something. At the time, she had an upholstery business, and it didn't matter the size of the piece, she handled it easily.

"I used to toss the furniture around like it was matchsticks," she quipped.

Well, one day she was operating her webstretcher, and it let go, smacking her in the left breast hard.

Her breast formed a large lump, then it was draining.

"I knew there was something more than a bruise," Eileen recalled.

So she went in, and found out it was breast cancer.

"We think you got it in your lymph glands too," Eileen remembered the doctor saying.

Sure enough, it had spread to her arm as well.

This is 1981, and the idea for treatment was to keep cutting until they found clean tissue - no radiation or chemotherapy for her, so Eileen had her left breast removed, as well as parts of her arm.

For her, the arm was the worst part. Not only because it hurt really bad after the surgery, but also because that operation meant she would no longer have the strength in the arm ever again, and that meant giving up her three-decade career as an upholsterer as well.

Not looking to dwell, Eileen leaned on doing more sewing, helping others in repairs as well as making slipcovers.

When asked what she thought when told about the diagnosis back in 1981, Eileen said "I was never worried about it. I always take things as they come."

It was something that she evolved to think, after dealing with things like rheumatic fever and pneumonia several times when growing up.

"I get real sick, and then I get better," she noted.

After she had several return trips to the doctor, taking blood test and exams to make sure she was cancer-free, she remembers her doctor telling her "if I didn't get another cancer in the next 11 years, I would be safe....I thought 11 years is a long time."

A NEW FIGHT

Eleven years later, in 1992, Eileen knew something was not right. She was having several small issues, including feeling more fatigued, and she thought her urine smelled funny.

While she never dwelled on any illness, she never ignored or downplayed it when she knew something was wrong.



"I knew something was going on," Eileen recalled. "I didn't put off going in." The doctors suspected uterine cancer.

So they took samples and did tests, which revealed it was, in fact, uterine cancer and it had spread to her fallopian tubes.

The night Eileen got confirmation that it was cancer, she was also dealt with a great tragedy, her first husband, Lawrence, who she was high school sweethearts with, was killed in an accident as he was removing trees on their property.

Lawrence had a difficult time when Eileen went through her bout of breast cancer. "He was taking it harder than I did," Eileen recalled.

It may have been because for most of his life, Lawrence dealt with chronic pain in his legs and hips, which made walking difficult, and meant he sometimes needed to crawl up stairs. It had only been in the past five years, after he had gotten

BLUM - Continue to page 4A

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“ I NEVER LET IT STOP ME Eileen Blum ”

Eileen pointed to numerous locations on her face and neck where the lesions have been, including on her scalp, where one spot has never healed, leaving her to cover it up.

Eileen said her doctor is surprised she never had to deal with an infection, to which she responded that she never uses soap, instead having diluted peroxide and water for cleaning her face.

She had six lesions on her nose. "After the sixth time I said that better be it...I never have any more on my nose, but I sure had them every where else."

With so many surgeries, Eileen has gotten to a point where her skin can not take it any more, and surgery was no longer an option. That left Eileen with no options, except one, a pill called Erivedge.

The pill takes care of skin lesions of basal cell carcinoma, but at a price - \$1,000 a pill, taken daily for one year.

Now Eileen cannot afford \$1,000 for a pill, but because of her extensive history with cancer, she qualified to get it for free.

"No one has ever given anything like that to me for free," she joked.

Two and one-half months in, and she said that almost all of the six skin lesions she had when she started taking the pill are gone, and the last one just feels a little bit rough.

So, how has she won these fights with cancer? Eileen first joked it was 'good clean living,' having never drank alcohol, but later said it was more staying active than anything else.

"I never let it stop me," she said, noting that she always out there, messing with her flowers.

Downstairs in her home, Eileen has a lot of scrapbooks. She has scrapbooks detailing her family's history. She has scrapbooks with clippings of when she, her family, or her friends have been in the area papers. Another scrapbook is just trips she has taken.

Nowhere in those scrapbooks do you see any gap or timeframe when there are not some photos of Eileen out doing something, including years when she had been fighting cancer.

Oh, and she also wanted to say she does have faith, noting that doctors always comment she is praying whenever she was under for surgeries.

BLUM - Continued from page 3A

surgery, that he was able to move pain-free.

Out in the woods, Lawrence wanted to know the diagnosis as soon as possible, so he asked Eileen to come out as soon as she knew.

Soon after she told him it was confirmed, he looked to finish up in the woods, and asked her to take the car home, as it was new, and he didn't want any tar on it as crews were working on the road outside their house.

It was not too long later that Eileen remembers hearing the ambulance go past.

It was supposed to be a time of joy for the couple, as their youngest daughter was getting ready to get married.

Eileen knew she was going to need to have a complete hysterectomy, but she told the doctors she wanted to delay the surgery.

"I said no surgery until after she is married," Eileen had said.

So instead, they started her on a regiment of chemotherapy, attempting to stop the spread of the cancer.

Between the cancer and the chemo, Eileen said her energy was zapped, which was tough because she charged herself to make the dressing sandwiched for her daughter's reception.

"I was like a dishrag when she was married," she joked about her strength at the end.

Eileen got the surgery, and a regiment of radiation afterwards.

THE BATTLE WITH SKIN CANCER

Unlike the last time, Eileen did not have 11 years between cancer diagnosis, getting her first issue with skin cancer in 1997.

And unlike the breast and uterine cancers, her skin cancer has never gone away - she has had 26 skin cancer lesions over the years, and continues to battle it to this day.

This story starts out with her nose - it was blistering, draining, scabbing over, and repeating the process.

Getting suspicious, she went in and they took a sample. The results returned with basal carcinoma.

Eileen could see why. A self-proffered 'farm girl' as she spent much of her childhood on her grandparents' farm growing up, she worked cultivating tomatoes and cabbage for the Klindt-Geiger Canning Company in Cassville when she was younger, planting them, taking care of weeds as they grew. She corn detassled when in high school, and has spent much of her adult life working on her own garden or flower beds.



THE MANY PHASES OF EILEEN BLUM

ABOVE - One thing you immediately find out about Eileen Blum is she has a green thumb, and loves working on growing and taking for of plants. PREVIOUS PAGE - Eileen has been always moving, and always smiling in her life, including this very day while sewing quilts for veterans, when she was graduating high school, on her 35th wedding anniversary in 1982 which the first year after she fought cancer time first time, and in 1968 when her upholstery business was spotlighted in the Cassville American.

“ I JUST FOUGHT THROUGH IT, NEVER LET IT GET TO ME ”

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Cutting edge therapies

By Charley Preusser

Change is a constant in modern society and that certainly includes the world of medicine. What was done 30 years ago might not be the same thing being done today. It's probably doubtful that it is.

Technology is speeding up the process and the treatment of breast cancer is right there at the heart of discovery and change. Dr. Kathleen Christian, a surgeon specializing in breast cancer from Mayo Clinic in LaCrosse, and Dr. Mark Burkard, a medical oncologist and researcher from UW Health in Madison, recently provided an update on the evolution of cancer treatment over the last few decades.

Dr. Christian, a surgeon for 25 years, has increasingly focused on breast cancer surgery in the last 15 years.

Dr. Burkard has been working as a medical oncologist for 13 years. Focused on treating cancer with medications, he works four days a week on research and training physician scientists. He sees patients one day every week.

"Things have changed for cancer treatment as far as surgery," Dr. Christian explained. "Thirty years ago, the procedure was (based on) mastectomy. Then, 20-plus years ago, lumpectomy with radiation was introduced."

Diagnosis of breast cancer has also changed drastically, according to Dr. Christian.

REGION PACKED WITH SPECIALISTS WITH KNOWLEDGE OF NEWEST WAYS TO FIGHT CANCER



Mark Burkard, MD
UW HEALTH



Kathleen Christian, MD
MAYO CLINIC

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Hannah's Fight

ROSEMEYER TAKES ON RARE BONE CANCER

By Matt Johnson

The birthday cake was topped with a tiara in Fennimore on Oct. 6. The words written in golden icing on the white cake said, "Happy Golden Birthday Hannah!"

It was Hannah Rosemeyer's sixth birthday. Reaching it was a tremendous milestone for the Fennimore girl, her family, friends and many volunteers in the community.

The daughter of Ryan and Lauren Rosemeyer, Hannah was diagnosed with a rare bone cancer (Telangiectatic Osteosarcoma) in April 2018. The cancer was centered in the tibia bone in her right leg. She was just a toddler at the time.

Telangiectatic osteosarcoma is an uncommon variant of osteosarcoma. It makes up 3 percent of all diagnosed osteosarcomas.

According to Lauren, "Hannah underwent aggressive chemotherapy immediately, ending this treatment course in December 2018. After two cycles of chemotherapy, Hannah had limb salvage surgery receiving a donor bone in her tibia."

Lauren said since the cancer diagnosis, all of the treatments for it have been done at University of Wisconsin Hospitals in Madison. Due to the needs of the family at home —Hannah has two older siblings (Kobe and Raiya) —and for Hannah's treatments, Lauren said she "basically had to leave the workforce."

While the cancer was successfully treated, in October of 2019 the donor bone in her right leg broke. This led to a new, complex medical odyssey for Hannah and her family.



Hannah needed surgery on her leg and that unfortunately led to complications — mainly an infection in her bone and the hardware that had been surgically implanted. She required a second emergency surgery, spent some time in the ICU and a PICC line was implanted to help provide the little girl with the IV antibiotics she required.

Later she developed complications from the PICC line. Lauren said luckily Hannah's recovery was far enough along that she could switch to oral antibiotics.

By fall 2020, Hannah had finished nine months of oral antibiotic treatment. Yet due to her infection, she had a bone that "melted away" in her leg, which required another bone graft, according to Lauren.

By winter 2020, Hannah was beginning to have pain in her leg again. An artery that ran along her surgically-repaired tibia had narrowed. This starved her lower leg of blood flow. She began to lose toes in her foot and eventually her entire foot was impacted, Lauren said.

"After a wait-and-see approach, we ventured to Madison for multiple tests to figure out what the best treatment plan would be for Hannah," according to Lauren. "In spring 2021, we had decided as a team that amputation would be the best treatment with the hope to keep her out of the hospital longer..."

The surgery was a success. Hannah kept her right thigh. She then entered the ever-evolving world of prosthetics for her right lower leg and foot.

HANNAH - Continue to page 10A



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Not stopping for Stage III

UBERSOX IS TAKING ON OVARIAN CANCER WHILE CONTINUING TO TAKE ON LIFE

By Kayla Barnes

According to the American Cancer Society, about 21,410 women in 2021 will receive a new diagnosis of ovarian cancer. Stacy Harker Ubersox was one of those women.

In February this year, Ubersox began experiencing abdominal bloating.

"I began filling up with fluid," Ubersox, a former resident of Benton, now living in Truman, remembers.

She went to the emergency room at Southwest Health Center in Platteville to assess the situation. They began to drain off fluid and determine what was causing it. At that time, a large mass was found in her abdomen but it was not diagnosed. She was referred up to UW Hospital in Madison. There they took blood work and did a CT scan.

She was diagnosed with stage III ovarian cancer.

"I cried a lot and was really scared."

Ovarian cancer is the second most common gynecologic cancer in the United States. Ovaries are made up of three main kinds of cells. These cells can develop epithelial, germ cell or stromal tumors. About 85% to 90% of malignant ovarian cancers are epithelial ovarian carcinomas.

Stage III is the most common stage that women are diagnosed. At that stage, the cancer spreads to other body parts within the abdomen. At UW Hospital, Ubersox found that her cancer had

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HANNAH - Continued from page 6A

"She recently got her prostheses and is over the moon excited!" according to Lauren. "It's been a very long road or over three years of continued treatment since her initial diagnosis and she is the most resilient and fun little girl."

The Rosemeyer family was supported the community in many ways. There were fundraisers, donations, motorcycle rallies... The business community, families and individuals all have aided the Rosemeyers.

Lauren said the support was "a huge thing."

"Simple messages like people sending cards and saying, 'We're thinking of you,' were gentle reminders that we had support," Lauren said. "I like to call Hannah the 'community's child.'"

The birthday party for Hannah on Oct. 6 was hosted by The Pit Crew in Fennimore.

"Community members were invited to enjoy a variety of food and treats, have their photo taken in a photo booth, and fill out a card for Hannah. Some even brought birthday gifts," according to Jessica Helms, Fennimore's Community Development Manager.

Aside from marking Hannah's golden birthday, this October has been special in another way, Lauren said. Since Hannah's initial diagnosis three years ago a complication in her treatment and recovery has developed in some way every three months.

"This is the first time we've reached the four-month mark," Lauren said in a guarded, yet grateful, tone. "We're ready for (Hannah) to be a kid and enjoy her childhood."



UBERSOX - from page 7A

spread to her stomach lining.

The tumor that was found was about the size of a volleyball. It needed to be shrunk before anything could be removed. They began her on a chemotherapy regiment of six treatments, done every four to five weeks to stop the spread. Once chemotherapy cut down the size of the tumor they did surgery.

"They took out a 16 cm cyst and also took out my gallbladder and scrapped my stomach lining."

She said the hardest part has been losing her hair, the ups and downs in her mood and getting tired easily.

Her family has been by her side, helping take her to her appointments, setting up several get togethers and organizing a benefit to help her with medical costs.

One thing that cancer hasn't been able to diminish is her love for cooking. It has given her time to perfect every recipe she knows and create new ones. She is continuously making big meals for those family get togethers and making sure everyone is well fed.

She currently only has one chemo treatment left. She is waiting for test results on some spots found on her pelvic bones but is continuing "praying the cancer cells stay low." Ubersox will continue to go in every 12 weeks for a CT scan and blood work to make sure nothing new is developing.

"Cancer is the worst thing I have ever had to deal with. I am a very strong woman but this broke me. I wonder everyday if I am going to be around to see my grandbabies grow up, so with that being said, I fight everyday for them."

Survivor

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Staying local | AREA HOSPITALS FIRST LINE OF SUPPORT FOR THOSE IN CANCER BATTLE

By Steve Prestegard

Thanks to medical advances, hearing the word cancer isn't an automatic death sentence, for most people cancer still represents pain, debilitation, treatments that may seem worse than the disease, and an uncertain future.

Cancer detection and treatment have made huge strides over the past few years. For instance, according to the National Breast Cancer Foundation, breast cancer death rates among women dropped by 40 percent between 1989 and 2016, thanks mainly to early detection.

Another development is better understanding of risk factors for breast cancer. While some, such as family history, are not controllable, others are.

"There are lifestyle changes you can make to lower your risk," says Dr. Melinda Carr of the Women's Center at Southwest Health in Platteville. "Research shows that lifestyle changes can decrease the risk of breast cancer."

That research focuses on reaching and maintaining a healthy weight, eating healthy, limiting alcohol ("no more than one drink a day, as even small amounts increase risk," says Carr). and physical activity such as walking or aerobic activity.

There are also possible links between breast-feeding and reducing breast cancer risk, as well as possible links between postmenopausal hormone therapy and increasing breast cancer risk.

Another important step is a regular relationship between doctor and patient, for breast cancer or any other form of cancer — "someone to be a knowledgeable source that is familiar with you, knows what to look for, and can notice changes from one year to the next."

Grant Regional Health Center in

Lancaster upgraded breast cancer diagnosis by adding stereotactic breast biopsies, which it calls "the most accurate, efficient and minimally invasive biopsy technique."

The procedure targets small calcium deposits that are not seen on ultrasounds and cannot be found during self-examinations or by clinical exams. It requires only an incision and takes a ½- to 1-inch-long string of breast tissue, unlike quarter-size samples needed for other biopsies.

Grant Regional also upgraded its mammography equipment by adding 3-D mammography, which is able to image early or small cancers that might not be seen because of overlapping breast tissue in 2-D mammography. A Journal of the American Medical Association study reported that 3-D mammography resulted in increases of 29 percent in detecting breast cancers and 41 percent in detecting invasive breast cancers, while returns for additional imaging decreased 15 percent.

Digital mammography also allows images to be viewed in seconds instead of waiting for film X-rays to be developed, and reduces the need for additional X-rays and exams.

"Statistics show that 1 in 8 women will develop breast cancer sometime in her life," said Sara Harris, Grant Regional's radiology manager. "The stage at which breast cancer is detected influences survival chances. If detected early and at a manageable stage, the five-year survival rate is around 97 percent."

Grant Regional Health Center is fortunate to have the expertise of General Surgeon Dr. Darren Perttu who has specialized expertise in breast cancer surgeries. In addition to his experience in laparoscopic surgery, he also has

advanced training to perform many breast procedures including mastectomies, lumpectomies, and sentinel lymph node mapping.

Southwest Health has had 3-D mammography since 2016. Melissa Ebbinghouse, lead mammography technician, says 3-D mammograms are more accurate in determining size, shape and location of abnormalities, and are more likely to detect multiple tumors that occur in about 15 percent of breast cancer patients.

"Studies show it's a significantly better diagnostic tool for detecting breast cancer, especially for women younger than 50, women with dense breasts, and premenopausal women," she says.

Crossing Rivers Health in Prairie du Chien and Gunderson Health System in La Crosse collaborated in 2020 to move Gunderson's oncology services from its Prairie du Chien clinic to the Crossing Rivers facility.

The oncology team from Gunderson Health System includes Michael Ojelabi, MD, and Lisa Gunderson, PA, supported by the Crossing Rivers Health nursing team.

"Keeping patients close to home for cancer care reduces the burden on them and their family by cutting travel time and costs spent on gas and meals," said Crossing Rivers Health chief operating officer Jenny Pritchett. "Travel can be tiring and, in some cases, patients can maintain some independence by driving themselves when the care is available close to home."

Part of Crossing Rivers' oncology services include PET/CT diagnostic scanning to accurately track tumors from origin to spread.



Darren Perttu, MD
GRANT REGIONAL HEALTH CENTER



Melissa Carr, MD
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REGIONAL - Continued from page 5A

"Imaging has improved over time," Dr. Christian said. Ultrasound is now used to enhance the imaging provided by mammograms, which are x-rays of the breast. Mammograms themselves have been improved with the introduction of the 3D mammogram, which provides a better opportunity for detection of breast cancer, especially with patients with higher density tissue. The 3D mammograms allow the health care provider to look through the thickness of the breast. "Women still have a choice between 2D and 3D," Dr. Christian said. "But 2D is fading out." Using 3D mammograms and ultrasound together can also be an option. The decision to have a patient called back is made by the radiologist. That's when Mayo Clinic's team approach begins, involving the surgeon, medical oncologist and others. If ordered, the results of a biopsy will ultimately be used to determine if there is or is not cancer present.

Like the Mayo Clinic, UW Health also uses a team approach in planning treatment.

"We work pretty closely together in having a multidisciplinary approach with a team that includes surgical, medical and radiation (expertise)," Dr. Burkard said. "We take care of looking at options together."

"Lymph node sampling has also changed," Dr. Christian noted. "Originally, larger sampling of lymph nodes was required, but it became more targeted toward the sentinel node, as we became able to target which information we needed."

The sentinel node technique of lymph node sampling started in 2000 and techniques continue to improve, lessening the need for a bigger lymph node sample.

Other procedures have advanced in oncologic plastic surgery. These developments use procedures to best cosmetize the surgery. It emphasizes preserving tissue and includes the nipple-sparing mastectomy. This helps to make the surgery easier for patients to accept.

On the medical front, treatment has gotten much more personalized. A great deal of it has been focused on the genomes of the cancer cell. Understanding the genetics of cancer allows better targeting of medications.

Dr. Burkard, the UW medical oncologist, has seen lots of evolution in cancer treatment with medications.

"Absolutely, there are differences in what is available and what is being researched from what was done in the past," Dr. Burkard said. "There has been an evolution in treatment that spans more than 20 years."

"Years ago, drugs like chemotherapy were used and they're still in use today," Dr. Burkard said. "They can destroy fast-growing cancer cells."

Chemotherapy is a cancer treatment where medicine is used to kill cancer cells. There are many different types of chemotherapy medicine, but they all work in a similar way. They stop cancer cells reproducing, which prevents them from growing and spreading in the body.

While chemotherapy is based on the use a variety of chemicals, there is no work being done in developing new chemicals for chemotherapy treatment, Dr. Burkard pointed out.

Radiation is another treatment for breast cancer and like chemotherapy, radiation is used to kill cancer cells. The number of treatments a patient is given has been reduced over time to reduce exposure of the chest, heart and lungs to radiation, Dr. Christian explained.

The emphasis in medications changed when the different types of breast cancer were discovered.

"Honestly, over the past 20 years the work (in chemotherapy) has been to get the right dose at the right intervals," Burkard said.

"In the last 20 years, another set of treatment all together has emerged," the medical oncologist said. "It is based on the unique factors presented by the classification of breast cancer into three types."

"The work is centered on developing drugs specifically

targeted at the enzyme active in a specific cancer that allows cancer cells to replicate," Burkard said. "The drugs are aimed at decreasing the amount of enzymes present to inhibit the replication of cancer cells."

One of the three types of breast cancer is called HER2. It is a fast-growing and dangerous type of breast cancer. It accounts for about 20 percent of all breast cancer cases.

Since 1999, HER2 breast cancer has been treated with a targeted drug that contains a monoclonal antibody. It is dripped into the vein of the patient through an IV. The goal is to turn off the enzyme that enables the cancer cells to replicate. This has resulted in a number of people cured and others who are able to live with breast cancer.

Another type of breast cancers are estrogen-driven. They account for 67 percent of all cases. The emphasis in treatment is developing an estrogen-blocking drug that is focused on blocking the production of a specific enzyme to inhibit estrogen production.

The third type of breast cancer is known as triple negative. Burkard noted that this type of breast cancer remains the hardest to treat with medication.

There are a lot of new ideas about using immune therapy to

"In the last 20 years, another set of treatment all together has emerged," Burkard said. "It is based on the unique factors presented by the classification of breast cancer into three types."

treat triple negative, the medical oncologist explained.

Instead of targeting enzymes with antibodies, the drug being developed would target the immune system in fighting the cancer.

Going forward, both doctors see a movement away from chemotherapy, as more drug alternatives are developed.

Better defining who needs chemotherapy is important, according to Dr. Christian. She believes there has been some overuse of treatment with chemotherapy in the past.

"Chemotherapy medications are given to patients and used to treat cancer, but are not specific only to treating cancer," Christian pointed out.

The surgeon from Mayo cited the side effects as a good reason to limit chemotherapy use.

The side effects include hair loss, neuropathy (nerve problems), nausea, and weight loss. She explained that chemotherapy is systemic and works throughout body not just treating cancer cells.

"We need to have drugs more specific to cancer," Dr. Christian said.

So, have there been improvements in cancer treatment over the last two or three decades?

"Absolutely, there are improvements," Dr. Christian said. The surgeon listed some of those improvements:

- Diagnosing cancer earlier and at a lower stage leads to better survivability of patients
- Treatments are more effective than they were in the past, leading to better outcomes.
- Defining who needs what kind of treatment has also improved, so patients are not overtreated or undertreated

"Women with elevated levels of metastatic breast cancer, Stage 4 breast cancer, are surviving," Dr. Christian noted. "And the toxicity of surgical, medical and radiation treatments is decreasing."

Dr. Christian emphasized that women need to talk to their healthcare provider for screening recommendations. The individual needs to get a recommendation based on their personal health, their family history and the density of breast tissue.

Other recommendations from the surgeon for women concerned about breast cancer are to maintain a normal weight, moderate alcohol use and avoid tobacco.

Mayo Clinic surgeon Dr. Kathleen Christian believes the attitude toward breast cancer has changed and that it is leading to improvements in treatment.

"Women are wonderful advocates for themselves," Dr. Christian said. "They have instigated a lot of support for research. Those affected by the disease have advocated for progress and a lot of knowledge has been gained."

Dr. Christian also praised Breast Cancer Awareness Month.

"This month is important to get more people screened than otherwise would have," Dr. Christian said. "It's a moment to get an open line of engagement with family and co-workers to get screened."

UW Health's Dr. Mark Burkard is also optimistic about the future of breast cancer treatment.

"The goal is helping people to live better and lessen the need for surgery," Dr. Burkard said. "Some propose that the time will come when we won't need surgery at all."

"Another trend we're seeing is the use of medication ahead of surgery to improve the outcome," Dr. Burkard said.

Are things getting better for patients with breast cancer?

"Population-based mortality rates are improving," Burkard said. "There are fewer cancer deaths."

The medical oncologist also noted screening has improved and there has been an increased recognition of the importance of genetics.

"There's hope," Burkard said. "We're doing a lot more for breast cancer than we used to do. Stories from 20 years ago are not relevant to the situation today."

Dr. Mark Burkard, a medical oncologist at UW Health, had some final recommendations about breast cancer.

"People need to get diagnosed," Dr. Burkard said. "People need to stop ignoring the lump on their breast, but they also need to stop ignoring the lump in their armpit or the dimple that has appeared or coloration issues that occurred."

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LOCAL GROUPS ASSIST NEIGHBORS DEALING WITH CANCER



The Grant County Cancer Coalition is a non-profit organization created to provide financial assistance to cancer patients in Grant County Wisconsin. The coalition was formed in an effort to keep money raised locally in Grant County, directly helping friends and neighbors. All money raised or donated to GCCC stays in Grant County Wisconsin. The Coalition provides help with some of the extra expenses cancer patients may have. For example, transportation expenses can be extensive for people traveling to other cities for treatments. These additional, and often unexpected, expenses are the focus of support from the Coalition. The volunteer board considers each application, presented at each monthly meeting, the first Wednesday of every month. Funds are available to anyone residing in Grant County who is currently fighting cancer. Assistance is available with a maximum funding amount of \$1,200.

www.grantcountycancerco.org grantcountycancerco@gmail.com **President - Linda Hahn**

Greater Richland Area Cancer Elimination, Inc. works to fund cancer research, education, and to assist cancer patients.

Since 2004, the group has been able to help cancer patients pay bills for medication, house payments, utility bills, heat bills, travel expenses, and so much more, partly due to funds raised at the annual walk every August.

For the first time assistance, the cancer patient can be funded up to \$2500.

It is also important to note that all of the work that goes into the walk and the administration of the organization is done solely by volunteers, thus, all money raised goes directly to fighting cancer: by directly helping cancer patients, funding research, making donations to the local medical community and providing preventative education items.



www.walkwithgrace.com info@walkwithgrace.com **President - Robert Rynes**

Belmont Remarkable Guardian Angels & The Friendship Fund



The Friendship Fund, a nonprofit organization that began in 2002 to help those who are drastic happen in one's life, like a serious illness, injury, fire or flood.

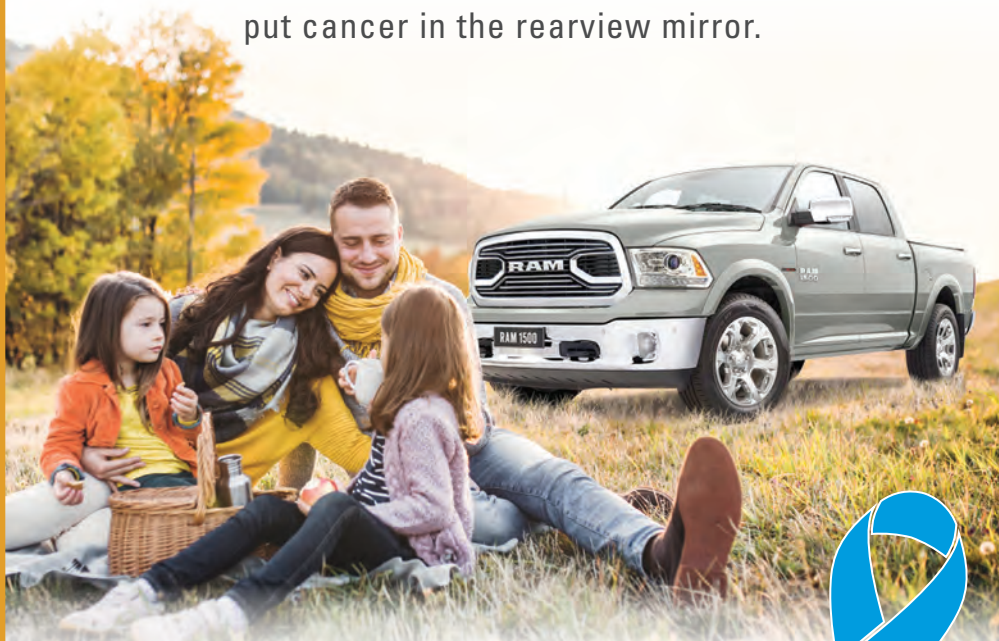
Also in Lafayette County is the Belmont Remarkable Guardian Angels, formed in 2008.

Both organizations state that individuals or family members can submit a confidential application on behalf of someone they believe needs the organizations assistance. Donations are accepted all year round.

The Friendship Fund has a big fundraiser every September at the American Legion Post #214. Monetary donations can be sent to P.O. Box 102 in Darlington, WI 53530. The Belmont Remarkable Guardian Angels asks that monetary donations can be sent to Mound City Bank, c/o BRGA, 112 S. Mound Ave. P.O. Box 346 Belmont, WI 53510.

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Heidi's Journey

By Bridget Schilling, RN
Clinic Float Nurse - Infusion/Oncology,
Family Practice, Cardiology



The first time a patient is greeted by me, I smile warmly and welcome them to the Infusion/Cancer Center. Its somewhat of an oxymoron by welcoming them: Welcome to the place where you find out your fate of your health from complete strangers. Shuffling to a room, I sit with a person who has been newly diagnosed with cancer and warmly say, "I'm sorry you have to be here." Most of them nod and do their best to keep it together.

Of course, we go through the usual items of their medication list, allergies, past medical history, etc. We make small talk. Then the big one: you are here for a new cancer diagnosis. I indicate kindly that myself and the rest of our staff are here to guide you through your new health journey. Many of the patients we see for the first time have this look of fear in their eyes. Most patients just want to know what it all means and what they have to do to get better.

Some patients stick out and leave a lasting impression on us. I remember meeting Heidi in 2017 after a routine mammogram revealed a lump that was found to be cancerous. After a mammogram came then came an ultrasound of the breast, and then waiting. After that, a biopsy to confirm the diagnosis of cancer and then waiting for results of the biopsy. Then more waiting. Waiting for the first appointment with the oncologist. Waiting to hear about chemotherapy. Waiting to hear what prognosis that she would have.

Heidi came through our doors like a ray of light with positivity saying, "I'm going to beat this." I had no doubt in my mind. Heidi came into that exam room the first time and heard the news that she had

breast cancer and would need chemotherapy for at least one year to help prevent recurrence of disease. She made it a point to speak about never wanting to throw up and can we do everything we can to not let her throw up, ever.

Now that's a big promise from a nurse. Heidi, from the start, had a huge fear of being sick. She wanted to work. Heidi is a hairdresser by trade and asked the other big question of, "will I lose my hair?" She was going to lose her hair. It was unavoidable due to the chemotherapy regimen she was about to receive.

So, what did I and other nurses do to help her? For starters we talked about all sorts of personal stuff. We have to. We talked about the side effects of chemotherapy like losing your hair, diarrhea, mouth sores, nausea, throwing up, metallic taste, and the list goes on. The great part of being a nurse in this field is we tell you how we are going to help you with these side effects, and we did just that. We made sure Heidi had the education for her anti-nausea meds and exactly when to take them. As a result, I am happy to report that Heidi made it through chemotherapy and was never sick.

For over a year Heidi came for treatment. We learned about her positive attitude. We learned her husband was an avid hunter. We enjoyed every time her mom would come and tell us her hair was a mess because Heidi hadn't fixed it yet. We even learned how her mom liked her coffee and were quick to offer her a cup when she arrived. We embraced her sister who frequently came to offer support for Heidi during those long treatment days.

We also showed support for Heidi when sometimes treatment was too much. Or when she was fearful to attend an event for her kids because she did not want to get sick. We endure the journey with the patient to help make every step the best we can make it.

The part that I embrace on my journey as an oncology nurse is what the patients have taught me. I admire the strength Heidi showed from enduring chemotherapy, to losing her breast. I admire the woman, Heidi, who takes time to make others feel beautiful while having lost her own hair and a sense of who she was. I enjoyed when Heidi would come back and show us the hair that was starting to sprout after chemo was complete. I found such joy when Heidi no longer had to wear a wig and embraced the short new hair she had grown.

Breast cancer is a life-long journey that begins with a meeting of a complete stranger, and a friendship that never ends.



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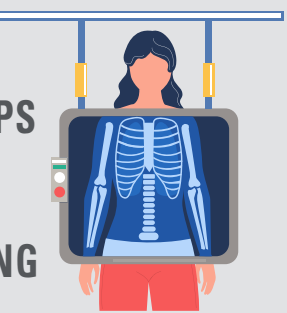


7 KNOW YOURSELF, YOUR FAMILY HISTORY AND YOUR RISKS

and let your health provider team know about them too.



8 GET REGULAR CHECK-UPS AND CANCER SCREENING TESTS



Being 'Tucker Tough' HELPING BEAT NEUROBLASTOMA

By *Kayla Barnes* | editor@myrjonline.com

DODGEVILLE – Mark and Anica Brugger were thrilled to welcome their son Tucker Daverek on June 29 at Upland Hills Health in Dodgeville. At home waiting to meet him was their two-year-old daughter Brinley. Excited to teach Tucker all about tractors, trucks and deer hunting, they brought him home ready to spend their life together.



The first indication that something wasn't quite right was when he wasn't moving his legs.

"We had noticed that and thought oh maybe he's just being lazy this week," said Anica. "You don't think that it would be cancer. That's not something that enters your mind."

At a doctor's appointment on August 3, he was also found to have an increased heart rate and sweating. The doctor attributed all those symptoms to his slightly prolapsed backside. They spent the night in the hospital and were sent home with some medicine.

"His legs were super loose, like you could just move them however you wanted. He had no resistance at all," Anica remembered.

A week later, after telling multiple doctors that Tucker was still not moving his legs, they were sent to the Children's Hospital in Madison.

His resting heart rate was 200 where an infant's normal heart rate at that age is 70 to 190. They did an ECG, spinal tap and took several blood and urine samples. They then scheduled an MRI for the next day.

"They came back immediately from his MRI and we learned he had cancer," Anica said.

They then rushed him down to surgery.

Doctors found a tumor that was pressing on his spinal cord and was wrapping its way around his abdomen to his stomach.

TUCKER - Continue to page 3B

Source: American Cancer Society®



Radiation, chemo offered for pets

CANCER IMPACTS DOGS AND CATS

By Elyssa Vondra

Radiation, chemotherapy, immunotherapy and surgery may all be well-known treatments in people, but these remedies aren't exclusively available to humans – they can also be used to treat pets who receive a cancer diagnosis.

"We have all of the different treatment modalities that are available for people with cancer ... for companion dogs and cats with cancer, as well," said Dr. David M. Vail, Professor and Barbara A. Suran Chair in Comparative Oncology for the School of Veterinary Medicine at the University of Wisconsin–Madison.

MRI and CT scans, too, are available to make that initial diagnosis in pets, as well as people, for those who make the trip to centers with specialized facilities, such as the UW–Madison School of Veterinary Medicine.

Sometimes local veterinary offices refer their patients to such centers to get more advanced treatment, since their clinics often don't have the same resources available.

"Most general practitioners would not have access to those kinds of imaging

and diagnostic equipment," for example, said Dr. Michael Bradford, a Richland Center veterinarian.

The testing a local vet clinic offers may include bloodwork and radiographs, Bradford said.

A biopsy, either done by inserting a tiny needle into a tumor or by examining a removed portion of a growth, is one of the first things the UW–Madison School of Veterinary Medicine site does to decipher what type of cancer they are dealing with, Vail said.

They stage the cancer to find out if it has spread to other parts of the body so they can determine how to treat it, he said.

Though success rates for curing cancer depend on the type and how far the cancer has progressed, "the good news is that most tumors, most growths in dogs, just as in people, are manageable or curable," Vail said.

When the cancer has not spread, oncology professionals are sometimes able to surgically remove the tumor and potentially use radiation therapy to get rid of any microscopic cancer material left behind post-operation.

"We have the same machines as they have at the human cancer center here" for radiation therapy, Vail said.

If the cancer has spread, the veterinary oncologists might also need to use immunotherapy, which revs up the body's immune system to fight the cancer itself, or chemotherapy – "something that treats the whole body," he added.

A number of options now available to treat or cure cancer didn't exist even 10-15 years ago, Bradford noted. "There's a limit to everything," but veterinary medicine has come a long way.

The wider array of potential testing and treatment avenues available at specialized centers can cost thousands of dollars, though, Bradford noted, and especially since few pets are covered by health insurance, not every owner can afford them.

Because of that, and considering their more-limited facilities, area vet clinics may opt to provide simpler treatments.

"There are about as many treatment options for pets as there are for people," Bradford said. "What it boils down to is the financial ability of the owner to pay for them and the willingness to undergo them."

However, there are some clinical trials that test out therapies funded by different organizations hosted by UW–Madison School of Veterinary Medicine that can provide options to pet owners with limited resources, Vail said. These trials may look into treatments for not just animals, but for people diagnosed with cancer, too.

Even when treatments are similar between people and pets, the focus is more on quality of life versus quantity of life for four-legged companions, Vail said, so "we tend to not hit our patients as hard with chemotherapy as on the human side."

Since catching cancer early can be key to safely getting rid of it, pet owners should watch for certain signs that may indicate they should take a trip to their veterinarian to get their companion animal checked out.

These include lumps, bumps, growths, swelling; abnormal odor and discharge; general decline in the animal; unexplained weight loss and changes in bathroom habits; non-specific pain and non-healing wounds, according to Vail and Bradford.

Animals displaying these symptoms don't necessarily have cancer, but a trip to the veterinarian for a check-up can help determine if there is something seriously wrong with their health, Vail said.

There might not be initial warning signs for some cancers, though, and often "you don't really know a problem is happening" initially, Bradford said. "...Like it is in people, a lot of times you don't know you've got it until all of a sudden, you're really, really sick."

"Usually most people are caught unaware when that diagnosis [of cancer] is made" in their pet, Bradford said. "That's something they weren't expecting."

Even so, "people shouldn't live in fear of cancer, because a lot of times there's nothing you're going to be able to do to prevent it, for the most part, other than having a healthy lifestyle for your pet," Bradford said. "...Keeping your pet healthy [through proper diet and exercise] is probably the best thing you can do."



“the good news is that most tumors, most growths in dogs, just as in people, ARE MANAGEABLE OR CURABLE”

Certified veterinary technicians Abigail Jones (left) and Ashley Onsager pet Davis, a 14-year-old domestic short-haired cat who in January received radiation therapy treatment for nasal carcinoma with UW Veterinary Care's new Radixact machine. UW Veterinary Care is currently the only veterinary medical hospital globally to offer this treatment.

Credit: Meghan Lepisto/UW School of Veterinary Medicine



UW Veterinary Care oncologist David Vail, right, examines Senna, a Catahoula Leopard Dog held by owner Caitlin Junj, during an appointment with the hospital's Oncology Service.

Credit: Meghan Lepisto/UW School of Veterinary Medicine

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TUCKER - Continued from page 1B

From those findings, Tucker was diagnosed with neuroblastoma.

Neuroblastoma is a rare type of cancerous tumor that develops from nerve cells in the fetus called neuroblasts. According to the St. Jude's Research Hospital website, as the fetus matures it can sometimes become cancerous. These tumors generally develop in the adrenal glands located on top of the kidneys. It can then spread to the chest, spine or spinal cord region and the abdomen.

Once finding this tumor, they needed to remove it as soon as possible.

"They needed to relieve the pressure it was putting on his spinal cord as soon as possible because otherwise they didn't know if he would ever move his legs at all," Anica said.

Mark remembers the doctor having little-to-no hope of him ever having use of his legs.

"We just didn't know," Mark said.

They removed the portion of the cancer on his spinal cord but left the other part that was located on his stomach.

"They said it was too connected to blood vessels and other things that they felt they could get with chemo," Anica said.

Each year in the United States, 800 new cases of neuroblastoma are diagnosed. It occurs slightly more often in boys than in girls. Neuroblastoma accounts for 50 percent of all cancers in infants, making it the most common tumor in infants younger than one-year-old.

The surgery took around five hours.

"It was rough. It was a really long time," Mark remembered.

They were given a pager to help update them on the surgery every hour. During that time they were left to call family and process what they just found out.

"Still to this day, I don't know if we've fully processed what's going on," Anica said.

They took a third of the whole tumor out of Tucker's small body, the scar running from his mid-back down to his backside.

"I would say a good chunk of that was just the tumor," Anica said. "His scar was pretty terrifying."

The Bruggers spent 13 days in the hospital. Doctors wanted to make sure everything was healing correctly and wanted to get started on chemotherapy.

TREATMENT OPTIONS:

There are several different types of treatment options for neuroblastoma, surgery, chemotherapy, radiation therapy, targeted therapy and an immunotherapy, which is being tested in clinic trials.

For Tucker, they placed a double Hickman line, a tubing that is connected to the chest and is used to access veins in which blood can be drawn and chemotherapy can be administered.

But despite the doctor's thoughts, Tucker has been able to move his legs like any normal four-month-old.

"He flails them all around like a normal baby now," Anica said.

It took a while but Anica would say he has full movement back. He has some reduced sensitivity below his knees.

"I think he may have about 35% of feeling below his knees. If you tickle your leg you can feel it but he doesn't flinch," Mark said.

Right now physical therapists are working with

pay attention to him a little more," Anica said.

Living just outside of Dodgeville, the closest hospital to them is Upland Hills Health in Dodgeville but everything being done for Tucker is getting done in Madison at the American Family Children's Hospital. When they were first sent home, they were asked to get his blood drawn so for many weeks they had to have a home health nurse come into their home.

"It was either that or we drive to Madison so that really helped," Anica said.

With Tucker's weakened immune system, he hasn't been able to go to daycare so Mark has been staying home from working at Stainless Technologies in Darlington to be with him, and Anica works part time at Little Buffalos Preschool in Barneveld.

"I have asked the doctor how soon after he would beat cancer would his immunity fully come back, as I'm looking into the future because you have to stay hopeful because what else do you have to look forward to if you're not hopeful. He said it could be three to six months or more. It's a long road. You think you're just going to wake up and it's not going to be your life. We just kind of take it day by day," Anica said.

After only two rounds of chemotherapy, the family anxiously waited on Friday, October 8 for the results from Tucker's MIBG scan, CT scan, and an MRI. The scans showed that his tumor had shrunk to about half the size it was before chemotherapy.

"Because it shrunk so well and fast," the family reported on their Facebook page, "the doctors said that the best course is to monitor and not do any more chemo or treatments for now."

Doctors believe the tumor will continue to shrink and diminish by itself without treatment.

But that's not a guarantee.

Tucker will continue doing his lab work done weekly and go back to the doctors in a month and have everything repeated for scans again in three months.

Both Mark and Anica are very thankful for everyone's thoughts and prayers and for the help they received at a recent tractor ride and tractor pull benefit.

For now they will continue to take it one day at a time and continue to be tough for Tucker as he continues on his journey in beating neuroblastoma.

"It's so overwhelming but in a very good way to see just how supportive our little community is and how the community can come together for one family," Mark explained. "We've had so much support. You hear about all the bad things going on but this really opens your eyes to how many good people are still out there."

them on gaining back muscle tone.

"We constantly ask if he'll be able to crawl normally or do they think he'll be able to do other stuff and they say only time will tell. But he can pull his legs straight up all the way over his head and in all different directions so he's definitely got his movement back," Mark said.

Other than the physical therapist and doctor visits, Tucker is a normal baby, very alert, to which Anica attributes to his little sister.

"He has to be with his sister flying around," she joked.

Brinley has been quite the little helper Mark said playing on the floor with Tucker and trying to help them hold him.

"She has been getting jealous when we got to



CHANGING WHAT'S GOING TO HAPPEN

Schambows deal with cancer together

By Steve Prestegard

The odds of a man's developing stomach cancer over his lifetime are about 1 in 96, according to the American Cancer Society.

The odds of a woman's developing breast cancer over her lifetime are about 1 in 8.

Joe and Luanne Schambow of Platteville have been dealing with each form of cancer over the past year.

"It's just a new journey in life," says Joe, who works at UW-Platteville and is a football coach at Cuba City High School. "When you wake up with cancer every day, it's there every day."

"I was probably two months away from not surviving this. You have to readjust your priorities. Instead of worrying about what's going to happen when I'm 70 or 80, I'm going to worry about what happens in the next day or two."

"How do you handle it?" says Luanne. "You just do."

Something he tells his players has ended up applying to themselves: "You can't change what happened; you can only change what's going to happen."

One Sunday night in March 2020 after a weekend at their farm Joe became briefly dizzy and "I couldn't put one foot in front of the other."

The dizziness went away, but the next morning "I'm just really light-headed and I can't get my bearings." He went to a Dubuque hospital, where his blood pressure was 70 over 40.

An endoscopic exam revealed one square inch of cancer in his stomach. "Something I had eaten lanced that cancer and made it bleed," he says.

That and what happened next made Joe, in the words of a brother-in-law who is a physician, a "living miracle."

"Stomach cancer you usually don't find until it spreads," says Luanne. "When he was diagnosed, it was so scary. He was so strong — once you get up, you keep going."

Joe spent one night in the hospital's intensive care unit, then was moved after a nearby patient, who had COVID-19, died.

SCHAMBOW - Continue to page 5B

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SCHAMBOW

- Continued from page 4B

After recovering, Joe was about to leave the hospital when he had a twinge of pain in his back, something he'd had intermittently for four or five years. The twinge in the presence of a doctor put him back into the hospital, where doctors discovered two of his arteries were 90 percent blocked and one was 70 percent blocked, necessitating triple bypass surgery.

"I wouldn't know I had heart surgery if I didn't have the scars from it," says Joe, who was in isolation at the hospital for 14 days. "It was like an old '70s horror movie when the hospital's always vacant."

After he went home, Joe spent most of the summer getting chemotherapy at the Mercy Cancer Center in Dubuque. He called its waiting room "the saddest place I've ever come to my entire life, so I feel like I'm the luckiest guy there."

Doctors at the University of Iowa Hospitals in Iowa City then removed his stomach, connecting his esophagus to his small intestine. They also took out 45 lymph nodes, two of which contained cancer.

"You can't believe how hard it is to go five or six days without a sip of water," he says.

The surgery took place three days after Luanne's mother died.

He has lost 120 pounds since the surgery. He used a feeding tube until Sept. 22, 2020.

"When I first came home I'd eat probably 20 times a day, but I was still getting most of my calories from the feeding tube," he says. "I would not want anybody to have to use a feeding tube."

The last day of the feeding tube was the second time the feeding tube came out when its stitches broke. The second time it happened, he decided he was done with the feeding tube.

"I've learned I can't eat too much because I aspirate it," he says. "I can't eat acidic foods. I eat a pretty bland diet," with five or six meals a day.

Luanne, meanwhile, had a mammogram in December 2020, which was followed by an ultrasound

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is the only choice
you have.

for a lump and a needle biopsy, which turned out negative. A second needle biopsy in March also was negative. Her doctor, however, recommended a lumpectomy, and that found cancer. She underwent 20 rounds of radiation, which she said made her "really tired" and gave her "major skin issues."

She will be on hormone therapy for five years and will have mammograms every six months for five years.

"We got lucky in getting our cancer caught early," she says.

Luanne also had lymph nodes removed, all of which were clean.

In January, a doctor said he thought Joe had lung cancer. A Dubuque oncologist determined he did not have lung cancer, but he had lost 40 to 50 pounds from throwing up air and phlegm. Joe was proclaimed cancer-free that month after a scan.

He has, however, undergone 12 rounds of chemotherapy since then as a precaution against a possibly precancerous area in his stomach.

"The anticipation is I'm probably cancer-free because my blood numbers have been so great," he said.

Chemotherapy made him fatigued. It also thinned his hair, but he called his hair "the least of my worries."

Cancer treatments have side effects, sometimes unusual ones. He was unable to drink anything cold because it would swell up his tongue, so everything he ate or drank had to be at least room temperature. He has stopped drinking milk and coffee, though he will drink iced coffee.

Joe was legendary for being

warm-blooded, to the extent of wearing shorts

at nearly every Platteville High School football game when he was a coach, or never putting a coat on to walk across the street from his house to Platteville Middle School for basketball practice.

Now, "It was like I couldn't stay warm," he said.

The two of them have been going to treatments together, which they call "date night."

Between cancer surgery and heart surgery, plus treatment for his type 2 diabetes that has put his left foot in a cast, he says. "They've probably spent \$2 million keeping me alive."

Cancer has visited their family before now. Luanne had a brother who died of brain cancer. Joe had a sister who died of sepsis while she had a blood cancer.

The Schambows have three

adult sons.

"I think what's been helpful are the boys," says Luanne.

"They don't know what to do to help," says Joe. "They don't have to do anything."

One of their readjusted priorities was Luanne's retiring from her job in May, after she asked herself, "Why am I stressed out at work all the time?"

One unexpected benefit was a trip to the Field of Dreams baseball game Aug. 12. They went to what turned out to be a Field of Dreams event at Mercy on the guise that Joe had to go to Luanne's appointment. A hint came when sons Cody and Brock showed up. (Oldest son Derek was on his honeymoon.)

"It was just the best day of my life," says Joe. "It was the best thing baseball's ever done."

The Schambows have kept a positive attitude through what they've gone through.

"I don't feel sick," says Joe. "Obviously I don't have all my strength back."

The Schambows' advice to people with cancer is to "Reach out. Don't isolate yourself."

"The more people can talk, the more prayers you get," says Luanne, "and the more people think about early detection."

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A WIG CAN HELP YOU look good, feel better

By Dawn Kiefer

When undergoing cancer treatment some patients can feel discouraged about what is often temporary changes to their appearance, which can include hair loss. But there are ways to help these patients improve both their look and their outlook.

In years past the American Cancer Society (ACS) had a program called Look Good...Feel Better that provided free cosmetics and tips for wearing stylish looking headwear, such as scarves and turbans.

Women who ran the program in Richland Center took it to another level by providing free wigs to cancer patients who attended. When the American Cancer Society ended the program a couple of years ago, the wigs were locked into cabinets until one of the women who ran the program could figure out a good way to get them to women who'd like to have them.

It proved serendipitous when Morris Newspapers of Southwest Wisconsin launched this inaugural special section about hope for cancer patients. Wondering why The Richland Observer no longer receives notices of Look Good...Feel Better sessions led to the discovery of the cache of wigs awaiting owners.

When longtime hair stylist Deb Niemeyer was entrusted with the wigs she asked if her church,



Park Street Christian Church of Richland Center, could be the site of their storage and possible later dispersal. She was granted approval for the project, but when the pandemic descended upon the world, like so many other endeavors, it was put on the shelf; literally, in this case.

A visit by this reporter led to Niemeyer unlocking the cabinets to provide a glimpse at the variety of lengths, styles and hair colors available. She says about past wig recipients, "Some who never had red hair tried on a red wig and perked up. They figure, 'This isn't the real me anyway, let's have some fun!'"

Niemeyer says there are creative ways to use older wigs. One of these is to cut a chunk out of a wig and Velcro it to the back of a hat so it looks like hair is

at the back of the head and neck. Another idea is to affix wig strands along the bottom of a scarf.

She demonstrates clever ways to wear scarves and to create attractive headwear. Additionally, she says, wearing longer scarves can help protect the neck from the sun, which can exacerbate skin conditions. She recommends cutting the arms off a T-shirt and cutting the remainder into either a square or a rectangle. One can place the hemmed edge at the forehead, take the rest of the fabric to the back into a triangle, shape that into a figure eight and twist it up top. She says one can keep the cut T-shirt in one's car, as it could come in handy at times.

FEELING GOOD - Continue to page 7B

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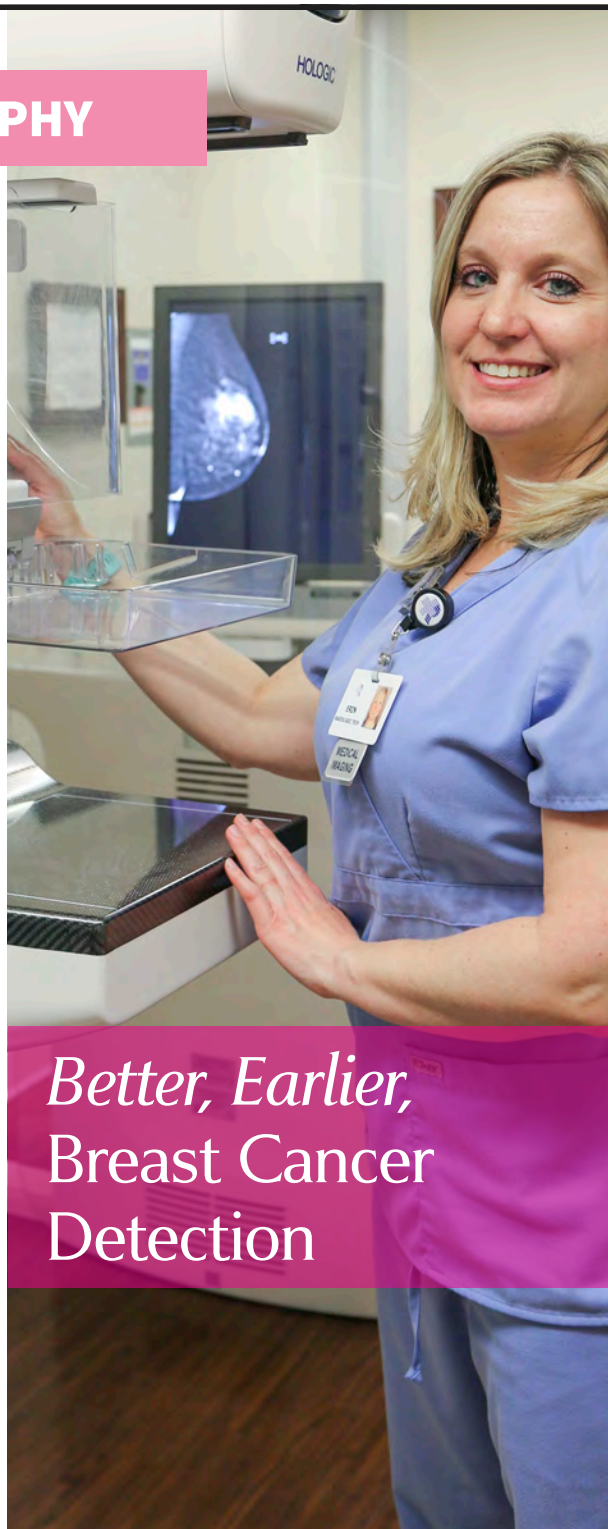
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FEELING GOOD - Continued from page 6B

As for wigs, Niemeyer says that each has ear tabs at the side, which are held when it is placed on the head, and has Velcro to adjust the size. Most wigs are made of synthetic hair, she says, which should be washed once every two weeks if it's not worn during sleep; and more often if it is. In any case, she says that environment makes a difference; for example, if it's worn while doing barn work or any time when the wearer gets sweaty.

Niemeyer, a lifelong Richland County resident and an alumna of Richland Center High School, says that being a hair stylist was her mom's dream and so the daughter followed her parent's advice. Another local hair stylist, DeAnne Kepler, was a year ahead in school and studied in the Southwest Wisconsin Technical College (SWTC) cosmetology program during its infancy. RCHS school counselor Peg Rohn helped steer Niemeyer's path and she stayed in a family home with six other girls while taking the year-long program. Within a very short time after completing the program she married Glen Niemeyer and they had two sons, Andrew and Adam, both of whom are married with kids, and they raised their niece Hillary from age five.

During the late '70s Niemeyer took classes that pertained to helping cancer patients and she became involved in the ACS's Look Good...Feel Better program from its beginning. She said that, initially, it primarily consisted of makeup kits put together and donated by the National Cosmetology Association, but when Richland Center resident Rita Kidd joined the Richland Center Look Good...Feel Better project it was taken to a whole new level.

Kidd states that she was on the state board of directors for the American Cancer Society and at an out-of-town meeting when she first heard about Look Good...Feel Better. When she got home she contacted fellow Richland Center

resident Bonny Harvey, who informed her that Niemeyer had taken training related to assisting cancer patients. Kidd and Harvey joined forces in the effort to obtain wigs that would be given away, along with the free cosmetics already being provided. The two were able to secure donations to purchase wigs, including a large one from the Richland Center Walmart. Kidd used the cash donations to purchase wigs, turbans and supplies and also received some slightly used wigs that got reconditioned.

After a period of time during which the wigs were stored in a temporary location, they were moved to an area located within The Richland Hospital.

When the late Dr. L.M. Pippin made a large donation to remodel the hospital basement he secured a promise that space would be allotted to store the wigs and to hold monthly

Look Good...Feel Better sessions. Over the years additional donations were provided to continue purchasing wigs, including a coed effort by Boscobel High School students a few years ago to conduct a fundraiser that resulted in the purchase of some youthful long-haired wigs. The criteria was always for recipients to be in cancer treatment, as the Look Good...Feel Better project coordinators did not want wigs being dispersed for frivolous purposes, such as costumes. In fact, local project co-director Bonny Harvey twice availed herself of a wig during two separate cancer treatments before the disease ultimately claimed her life.

The promise to Dr. Pippin was kept until less than two years ago, when the ACS and the National Cosmetology Association made the decision to disband the program. At that point Niemeyer became the steward of the wigs and other supplies.

Anyone currently in cancer treatment is welcome to contact Niemeyer to obtain a wig. Call 608-585-3401 to set up an appointment to meet her at Park Street Christian Church in Richland Center. "I'm so glad she's willing to do this," Kidd says.


Niemeyer states, "It would be nice if a new group could be sparked, like a new wig bank or financial help to keep this going."

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