

Complex issue of when to stop mammograms

WASHINGTON (AP) — Lost in the arguing over whether women should begin mammograms at age 40 or 50 or somewhere in between is the issue they'll all eventually face: when to stop.

"There's a point at which everybody begins to scratch their head and say how much longer do you have to keep doing this?" said American Cancer Society specialist Robert Smith.

It's an increasingly complex balancing act as older women are living even longer. The risk of breast cancer rises with age. But so do the odds of other serious illnesses that may be more likely to kill in a senior's remaining life span — or to make them less able to withstand the rigors of cancer treatment.

"If we pick up a cancer in someone who's 75 and they die at 76 of something else, did it really matter? That's really the question here," said Dr. Susan Boolbol, breast surgery chief at Mount Sinai Beth Israel Medical Center in New York.

Medical guidelines don't agree. The cancer society's advice: Women should continue mammograms as long as their overall health is good and they have a life expectancy of at least 10 more years. Last week, guidelines issued by the U.S. Preventive Services Task Force said there's not enough evidence to recommend for or against mammograms at age 75 and older, because that age group just hasn't been studied enough to tell.

Getting such evidence is "critical, given the graying of America," said Dr. Jeanne Mandelblatt, an expert on cancer and aging at Georgetown University.

Indeed, some in the 80-and-beyond crowd are as spry as 60-some-things.

"People are taking better care of themselves," said Yale University pathologist Dr. Fattaneh Tavassoli. "If we don't start discussing it, it's going to be more difficult to come up with management approaches for these patients."

She recently reported that Yale's medical center is diagnosing more breast cancer at 90 and older, averaging about eight diagnoses a year since 2000, compared with one a year during the 1990s. Many were diagnosed after the woman or doctor detected an abnormality, not from routine mammograms, Tavassoli said. But she's asked if other hospitals see a similar trend and also wants to study what treatment they

underwent.

Marion Jones was 84 and active when a mammogram spotted breast cancer. Surgeons removed a small tumor but during follow-up chemotherapy Jones developed pneumonia and blood clots. She needed a portable oxygen tank for a year until her lungs healed.

For Jones, mammograms were "just a habit" that she didn't question when a new doctor said she was due, and she's grateful her cancer was detected. But now 86 and healthy again, the Silver Spring, Maryland, woman recently told her oncologist that if her cancer ever returns, she doesn't want chemo.

"She said, 'Marion, at your age you probably won't die of breast cancer anyway. It'll be something else,'" Jones recalled. "That's nice to hear."

About 26 percent of breast cancer deaths each year are attributed to a diagnosis after age 74, according to the American Cancer Society.

"The question we have not really studied very carefully is what fraction of those deaths is truly avoidable," Smith said.

Mammography does decline as women get older. About three-quarters of women age 50 to 74 have had a mammogram within two years, compared with 41 percent of the 85-plus group, according to 2013 government figures.

Mammograms bring pros and cons for the oldest women like they do for middle-aged ones, the possibility of reducing breast cancer death versus false alarms, unneeded biopsies and detection of a tumor so small or slow-growing that it never would have posed a threat.

Georgetown's Mandelblatt used math models to analyze that balance, and estimated that healthy older women could benefit from regular screening through age 78 or 80. But among women who already had other moderate to severe illnesses, the harms of screening could outweigh benefits as early as 68, she said.

If cancer is found in the frail, Mount Sinai's Boolbol notes there are less aggressive options that aim to stop a tumor's growth rather than eradicate it.

She wants doctors and patients to have frank discussions about the woman's overall health in deciding how long to continue mammograms.

"It really needs to be based on their health status, and not your age," Boolbol said. "Because it's not one-size-fits-all."

Mental Health Moment

By LINDA J. STOCKTON

Imagine that your partner comes home tonight and shares some great news. Are you aware that the way in which you respond may reveal whether or not your relationship is healthy?

Shelly Gable, co-founder of the Interdisciplinary Relationship Science Program at UCLA, conducted research in 2006 to see how young adult couples responded to each other's good news.

She found they generally responded in one of the following four ways: passive destructive, active destructive, passive constructive, or active constructive.

Suppose partner A announces, "I've been accepted into the state's best physical therapy program!" Here are examples of what partner B's response would sound like according to these four response styles:

Passive destructive: Partner B will likely ignore the announcement or might counter, "Something great happened for me today, too. I won a \$5 gift certificate at work."

Passive constructive: "Oh, that's nice. Would you please pass the milk?"

Gable found a more typical response would be for partner B to show more excitement with words like, "That's great," yet continue to focus on texting someone else at the same time.

Active destructive: Partner B sucks the joy out of the news by saying something like, "How are we going to afford it?" or "Are you sure you can handle it now that we have a child?"

Active constructive: In this style, partner B focuses on partner A with eye contact and full attention and says things like, "I'm so happy for you! You've worked so hard for this. Congratulations, honey!"

Partner B may continue with questions such as, "How many people applied?" or "What would you like to do to celebrate?"

Notice how kind the active constructive response style is. A couple of the other styles downplay partner A's joy, but this one allows partner A to savor the good news and delight in his/her accomplishment.

By sharing in the joy and turning toward partner A, a successful bid for attention occurs, something researcher John Gottman has identified as a behavior seen only in healthy relationships.

Gable's two-month follow-up found the use of the active constructive response style was the only difference between those who stayed together and those who broke up. Gable's earlier findings also found superior intimacy and reports of higher relationship quality between partners using this style.

Do you want to improve your relationship? Focus on replying with the active constructive style. Research says it works.

Stockton is a professional clinical counselor and owner of Inner Peace Counseling, Findlay. If you have a mental health question, please write to: Mental Health Moment, The Courier, P.O. Box 609, Findlay, OH 45839.



Stockton

Weekend Doctor

By DR. THOMAS F. VAIL

The NFL playoffs this year saw some injury-depleted teams getting their key players back. If you're a Denver Broncos fan, then the return of Peyton Manning, the star quarterback for the Denver Broncos, was an exciting turn in week 12 against the Pittsburgh Steelers.

As seasoned NFL fans know, the risk for injury increases as many of these athletes are tired and fatigued from an entire season of brutal contact and physicality. Manning was one of the most notable players hurt this season.

He suffered from plantar fasciitis for several weeks, but aggravated the injury against Indianapolis on Nov. 8, resulting in a partial tear of his plantar fascia. Almost always, a partial tear is more painful to play with than a complete tear.

Many spectators wondered why Peyton was unable to play when he appeared from the sideline completely uninjured and healthy. A person can have plantar fasciitis and then have a sudden increase in force through the plantar fascia, like a sudden push-off that can cause a tear.

Sometimes things are done that can weaken the plantar fascia that can cause a tear. Chronic plantar fasciitis is treated with cortisone injections and, although that decreases the pain sometimes, it also causes weakening to the fascia and that can then result in a tear if enough force is put on it.

Plantar fasciitis typically presents at the bottom of our feet where our skin is very thick and tough due to the constant barrage of body weight applied. This stress creates a natural callus on the bottom of our foot, which builds up and becomes very tough over time.

Underneath this thick calloused skin is the plantar fascia. The plantar fascia is a thick band of tissue that connects the heel to the base of the toes. The plantar fascia band serves as an arch support and shock absorber.

Plantar fasciitis results when an individual experiences inflammation of this area of the heel. Many describe the pain as a burning sensation in the heel or the feeling of constantly walking on glass. Pain is more intense after first getting out of bed in morning.

The treatment for plantar fasciitis often takes six to eight weeks, during which time the patient is typically in a lot of pain. If it is not given the proper time to heal, then the risk of a tear is increased.

A tear can be partial or full, as was the case with Peyton's brother, Eli, who suffered a full tear of his plantar fascia in the 2009 season.

The first line of treatment for plantar fasciitis is conservative measures including rest, ice, compression, elevation, stretching, and possible NSAIDs, or corticosteroids injections. To the average spectator, it might have seemed like Peyton was abusing his sick leave, but the reality is that his course of treatment actually fell perfectly in line with the clinical standards and timeline.

Although Peyton was able to play part of the game during the Broncos win over the San Diego Chargers, his recurrence of the plantar fasciitis and subsequent partial tear were inevitable due to the high activity and physical nature of the sport. In other words, doing too much, too fast will damage nature's repair job.

A plantar fascia partial tear is not generally considered a surgically repairable injury because it usually heals well on its own and the surgical access might have more risk of scarring than the potential for improvement. The treatment is non-operative and healing the tissue back to full strength takes 12 or more weeks.

The usual treatment is to control the pain, put the arch and foot at rest to allow the tissue to reconstruct, and as the symptoms begin to settle over a week or two, begin gentle stretching and limited, protected walking. Normal standing or walking may be possible in a few weeks. The return to high level running may require several months.

Platelet-rich plasma injections can speed the healing and improve outcomes and have been proven successful for athletes.

Maybe, with this information in hand, you'll know the signs of plantar fasciitis and visit your foot doctor at the first sign of pain.

Vail is with Advanced Footcare Clinic, Findlay. Questions for Blanchard Valley Health System experts may be sent to Weekend Doctor, The Courier, P.O. Box 609, Findlay, OH 45839.



Vail

2016 Chili Cook-Off



Cancer Patient SERVICES

Hancock Federal Credit Union

Blanchard Valley HEALTH SYSTEM

SATURDAY
February 6th
4:30-8:00 PM 2016

The University of Findlay
KOEHLER CENTER

VOTE for your favorite

FREE COLD STONE ice cream CHILI & DRINKS after admission

SILENT & LIVE auctions

admission Adults \$8.00
Kids 6-12 \$5.00
5 & under FREE

Visit Findlay!

COMMERCIAL SAVINGS BANK

FINDLAY KABLE DERROWS

Millstream Area CREDIT UNION

City APPAREL

IMAGING CONSULTANTS OF FINDLAY, INC. DIAGNOSTIC & INTERVENTIONAL RADIOLOGY SERVICES

"Through imaging, we see you well."

www.cancerpatientservices.org



Toledo Symphony Celebrates The Oscars!

February 19, 2016 at 7:30 pm
Conducted by Sara Jobin

Award-winning music from *Frozen, Up!, Beauty and The Beast, West Side Story, Fiddler On The Roof, Star Wars*, and many other classic and recent Oscar-winning films. Masterful scores will delight moviegoers of all ages and evoke wonderful memories!

TICKETS: 419-423-2787
marathoncenterarts.org

200 W Main Cross, Findlay, OH

MARATHON CENTER FOR THE PERFORMING ARTS

Thanks to our Sponsors

OHIO LOGISTICS Warehousing & Transportation

Thomas and Kathleen Donnell

IMAGING CONSULTANTS OF FINDLAY, INC. DIAGNOSTIC & INTERVENTIONAL RADIOLOGY SERVICES

"Through imaging, we see you well."

Thanks to our Partners: Bistro On Main Homewood Press