



JOURNEY OF

HOPE



Before taking medical leave, Kim was the assistant principal at East Lee Middle School, where she also taught seventh and eighth grades.

Battling breast cancer only made Kimberly McLean's faith grow stronger

SMART STATS

It is difficult to keep up with statistics that are constantly changing—especially regarding cancer. Here are the American Cancer Society's most recent estimates for breast cancer in the United States for 2010:

- ▶ About 207,090 new cases of invasive breast cancer will be diagnosed in women.
- ▶ About 54,010 new cases of carcinoma in situ (CIS) will be diagnosed. CIS is noninvasive and is the earliest form of breast cancer.
- ▶ About 39,840 women will die from breast cancer.

PHOTOGRAPH BY MCKENZIE PHOTOGRAPHY

Faith. Spirituality. Hope. These are everyday words spoken by 34-year-old Kimberly McLean.

Courage. Strength. Inspiration. These are words friends, family and doctors use to describe Kim and her personal fight against breast cancer.

Kim's incredible journey of faith and healing began last February. As she was getting ready to go to work, she discovered a lump in her right breast. "I was showering that morning, and I felt a large, hard knot—like a rock—and I knew what it was," she says.

That morning, she called her family doctor to make an appointment. When asked the reason for the appointment, she told the receptionist, "I have breast cancer." Although Kim had not yet been diagnosed, she wasn't at all surprised when her diagnostic mammogram came back positive.

She was then referred to board-certified general surgeon Michael Gordon, MD, who performed a fine needle aspiration biopsy to determine the extent of the cancer. The news couldn't be any worse: Kim tested positive for invasive ductal carcinoma (IDC).

Kim had never before had a mammogram, and statistically speaking, she had no need. She was under 40 years old—the age recommended for a woman's first screening mammogram—she had no family history of breast cancer, and she regularly performed breast self-exams. The only symptom she had was severe pain in her lower back, for which she had been seeking treatment since December.

SMART MOVE

The next step was to schedule her surgery at Central Carolina Hospital. Because of the severity of her cancer, her out-of-town family urged her to go to one of the national cancer centers they had seen advertised on TV. Kim reassured them that she was making the right decision. "I told them, 'I have everything I need right here.' I told them, 'Trust me. I have the best doctors in the world here. This is my life, and I'm getting the best care,'" Kim says.

ON THE HORIZON

Researchers are constantly seeking to improve technology and provide better care for patients. Here are two new breast cancer imaging methods to keep on your radar:

Scintimammography (molecular breast imaging) In scintimammography, a slightly radioactive tracer is injected into a vein. The tracer attaches to breast cancer cells and is detected by a special camera.

This is a new technique. Some radiologists believe it is useful for looking at suspicious areas found by regular mammograms, but its exact role remains unclear. Current research is aimed at improving the technology and evaluating its use in specific situations such as in the dense breasts of younger women. Some early studies have suggested that it may be almost as accurate as more expensive magnetic resonance imaging (MRI) scans. This test will not replace your usual screening mammogram.

Tomosynthesis (3-D mammography) This technology is an extension of a digital mammogram. For this test, a woman lies face down on a table that has a hole for the breasts, and a machine takes X-rays as it rotates around the breast. Tomosynthesis allows breasts to be viewed as many thin slices, which can be combined into a three-dimensional picture. It may allow doctors to detect smaller lesions that would otherwise be hidden during standard mammograms. This technology is still considered experimental and is not yet available.

Source: www.cancer.org

In March, Gordon removed the tumor during a procedure called a lumpectomy and also performed a sentinel node biopsy. While Kim was still in surgery, the biopsy was taken to the hospital's pathologist, who confirmed that the cancer had spread to her lymph nodes. Gordon continued the surgery and performed an axillary dissection. Gordon notes that Kim had done everything right. "It's an aggressive form of cancer, and it had advanced to stage 4 so quickly," he says.

Chemotherapy and radiation were next for Kim. She was referred to board-certified oncologist Kaushik Sen, MD, who led her course of treatment over the next few months. "Kim has an amazing spirit," Sen says. "And what's really unique about her case is that the things that are happening to her don't usually happen like this—to someone of her age."

Sen also determined that Kim carries the breast cancer gene. Kim and her husband of 12 years, Delshawn, have two sons, 7-year-old LoRell and 4-year-old Dorien. And while she always wanted a baby girl, Kim understands the blessing of her circumstances because she now knows her daughter would have carried the breast cancer gene. Even though breast cancer is less common in males, her sons may still be at risk for breast cancer, and they are carriers of the gene.

HELPING HANDS

Months of chemotherapy were draining and exhausting for Kim. She had a hard time doing daily chores. Getting dressed for a 7 a.m. doctor's appointment began at 3 a.m. because she would tire so quickly. Her mother and mother-in-law stepped in to help with laundry during the rough times. Her husband did the cooking and got the boys ready for school, and her young sons also had a part in helping their mom.

While visiting the hospital one day, Kim mentioned to Gwyn Sandlin, RN, the hospital's breast health navigator, that she wasn't sure how to show her kids how to help her. Gwyn gave her a small hand bell to ring when she



*Kaushik Sen, MD,
Oncology, board certified*

needed help from the family. "It's important to get the children involved in their mom's care," Gwyn explains. "They know they're doing something to help her, and that makes them feel good."

Besides being an ongoing support system for Kim and her family, Gwyn provided Kim and her husband with a breast book to help them through their process. Kim says that reading the literature helped them learn to cope, communicate, support each other and, most importantly, understand that it is OK to express how they feel. Kim appreciates the personal support Gwyn provided her. "I just love Gwyn," she says. "She'd call me to check on me, and when I wasn't feeling well enough to answer the phone, she'd spend time talking with my mom to make sure she was OK, too. Knowing she was there for all of us—that helped a lot."

Kim's extended families from church and the school where she works as assistant principal have shown overwhelming support for her and her family. "They've offered prayers and food," Kim says. "They've taken the boys out so I could spend time with my husband. The students raised money to donate to cancer, and the school assembled a team to walk at Relay for Life. I can't say how much this has meant to me. I had no idea how many people this would touch." The community's generosity along with Kim's intrinsic need to help others inspired her to start the K. McLean Breast Cancer Awareness Foundation to educate all women about breast cancer, especially African-Americans who have a lower survival rate for breast cancer.

PREPARED FOR THE STORM

Much has happened since Kim's journey began in February. But if you ask Kim, she will tell you her journey actually began in November—three months before she discovered the lump. She had been waking up around 3 a.m. every day. She couldn't sleep, so she used that time to pray and journal. "I'm a very spiritual person," Kim says. "I knew that the Holy Spirit

BREAST IMAGING RADIOLOGIST JOINS CCH

Travis Henderson, MD, board-certified radiologist, joined Central Carolina Hospital this summer. Fellowship-trained in breast imaging at the UNC School of Medicine Department of Radiology mammography unit, Henderson underwent an additional year of extensive training to study breast cancer imaging procedures.

During the 12-month program, radiologists participate in weekly multidisciplinary conferences and interact with oncologists, breast surgeons and other care providers on a daily basis. This helps them understand the clinical approach to breast care, but since the program also allows the physicians to follow the patients' courses of treatment, they become involved on a personal level as well.

"In the field of general radiology, radiologists don't have practices where they see patients on a daily basis," Henderson explains. "I chose the breast imaging fellowship because I wanted to have that day-to-day patient interaction—that connection with patients.

I wanted to be a part of their continuum of care and see them through their procedures from the moment we discover a concern until we have completed our care."

One goal of the program is to help physicians understand which imaging tools are appropriate for the specific diagnosis. "In order to gain an accurate diagnosis, we focus on efficiency. We select the least invasive procedures that will give us the most accurate diagnosis," Henderson says.



*Travis Henderson, MD,
Radiology, board certified*

Cherie Kuzmiak, DO, associate professor of radiology at the UNC School of Medicine, explains the intensity of the program. "The clinic performs over 100 procedures a day and about 15 biopsies each day—everything from MRI scans to biopsies, fine needle aspirations, stereotactic breast biopsies and ultrasound core. Many of these patients are positive for breast cancer, so these physicians get a very concentrated exposure to breast cancer patients."



*Michael Gordon,
MD, board-
certified general
surgeon, with
Gwyn Sandlin, RN,
certified breast
health navigator.*

JOIN A SUPPORT GROUP

Central Carolina Hospital's breast cancer support group helps patients and caregivers stay positive and informed during treatment. It meets the second Tuesday of each month at 7 p.m. in the Women's Center. No reservations are required, but for more information, call **877-228-3638**.

was preparing me for something. He told me there was a storm coming and not to be afraid, but nothing was revealed to me—until February. When I felt the lump, he told me, 'This is the storm I prepared you for,' and I wasn't afraid."

To build her physical strength, Sen encouraged her to exercise. She began walking three miles a day. "I feel better than I ever have," she says. "A few months ago, I could hardly walk, and when I did, I needed a cane. Now, I put on my favorite walking shoes—a pair of pink Adidas shoes my husband surprised me with—and I walk every day."

Everyone who meets Kim is amazed by her strength and positive outlook. A smile beams on her face as she talks freely about her experience, quickly offering words of encouragement, strength and inspiration.



TEST YOUR BREAST HEALTH IQ

- About 80% of all breast cancers are this type of cancer:
 - DCIS – Ductal carcinoma in situ
 - ILC – Invasive lobular carcinoma
 - LCIS – Lobular carcinoma in situ
 - IDC – Invasive ductal carcinoma
- According to a recent American Institute for Cancer Research (AICR) study, more than _____ breast cancers in the U.S. each year are linked to excess body fat.

a. 17,000	c. 33,000
b. 25,000	d. Over 100,000
- _____ is a less common type of breast cancer occurring more often in young women and in African-American women. Typically an invasive ductal carcinoma, its cells lack estrogen and progesterone receptors and do not have an excess of the HER2 protein on their surfaces.
 - Inflammatory breast cancer
 - Triple-negative breast cancer
 - Paget's disease
 - Metaplastic carcinoma
- In her lifetime, an American woman's chance of developing invasive breast cancer is approximately 1 in _____.

a. 4	c. 12
b. 8	d. 30
- Which statement is false?
 - Skin cancer is more common than breast cancer in American women.
 - Breast cancer is the leading cause of cancer deaths in women.
 - While death rates from breast cancer have been declining since 1990, the largest decline is in women younger than 50.
 - Over 2.5 million breast cancer survivors live in the U.S.

ANSWERS:

1. b; 2. c, but more than 100,000 total cancer cases per year are linked to excess body fat, according to the AICR; 3. b; 4. b; 5. b, breast cancer deaths rank second to lung cancer.

Kim is definitely not in denial. She knows that, statistically speaking, faith and hope are her strongest allies. Her family is prepared for any outcome, but Kim also knows her journey is exactly what it is meant to be. "I've been so blessed throughout my whole life," Kim says. "I'm an assistant principal. I've taught. I'm married and have wonderful children and an awesome family. I know why I was placed in this position. Regardless of my outcome, I'm still a testimony to God. I know my purpose is to show that with faith, anything is possible, and I'm healed."

Kim is excited to expand her ministry fulltime and is planning on spreading faith in the prison system and at halfway houses. "I knew I was preparing for life-changing events," she says. "And it's not only my life that's changing. My journey will draw others to Him." 