

CANCER AWARENESS

SPECIAL EDITION



Brave
HEARTS

Saluting the fighters, survivors and
caregivers in the battle against cancer

DAILY JOURNAL

OCTOBER 14, 2021

COURTNEY CASTEEL: OVARIAN CANCER



silent KILLER

Greenwood woman's surgery uncovers ovarian cancer

No one knows how long the 17-pound tumor had been growing.

Courtney Casteel had been having back pain for months, and doctors were at a loss as to what was causing it. When it reached the point where she couldn't get up from bed some days, and her skin turned jaundiced, her medical team at Community Hospital South thought they had narrowed it down to a problem with her gallbladder. They scheduled surgery to take it out.

But in the middle of the procedure, they were shocked to find an entirely different source of the 23-year-old's pain — a massive cancerous tumor on her ovary.

**STORY
AND
PHOTO
BY**
RYAN
TRARES

"It was the size of a basketball. The doctor said it was the biggest one they've ever seen," Casteel said.

What had been planned as a relatively quick and simple procedure turned into

a nine-hour surgery. Doctors were able to remove the tumor, leading to months of chemotherapy to ensure the cancer did not return.

So far, it has not. This year, Casteel celebrates five years of being cancer free.

"They call (ovarian cancer) the 'silent killer,' because it usually just seems like stomach pains," she said. "I was lucky I found it when I did."

Every Nov. 5, Casteel indulges in a little bit of celebration. Now 29,

the Greenwood resident calls it her "remission birthday" — the day that she received the scans that showed her cancer was gone.

"So I have two birthdays every year," she said.

Casteel understands how lucky she was. Ovarian cancer is the fifth-leading cause of cancer deaths in women, and the American Cancer Society estimates more than 13,000 women will die from the disease this year.

Early cancers of the ovaries are often impossible to feel, according to the American Cancer Society. Only about 20% of ovarian cancers are found in early stages, due to the fact that the disease often has no symptoms until after it has spread.

The lingering pain in her back may have saved her life, Casteel said.

At the time, she couldn't understand what was happening to her. She had just started a new fitness routine and was dieting, so she thought that might be the cause. But what started as a little bit of soreness in the spring of 2016 grew worse and worse.

After five weeks, doctors at Community Hospital South determined the most likely cause was her gallbladder, which would require surgery. The 17-pound tumor was impossible to miss, and her medical team quickly transitioned to cancer removal surgery.

"My parents were there with me,

THE CASTEEL FILE

Name: Courtney Casteel

Age: 29

Diagnosis: Stage 1 ovarian cancer

Treatment: Surgery to remove the tumor; six months of chemotherapy

What has cancer taught you?

That I was a lot stronger than I thought I was.

How has cancer changed you?

Finding out at 23 was mind blowing. I had to grow up a lot faster and make decisions that a lot of people that age don't have to make. I think I matured a lot more quickly than most people might.

What would you tell someone just diagnosed?

Don't give up and advocate for yourself. When I went to the emergency room the first time, they put it off as gallbladder pain, gave me some pain medication and sent me home. From the beginning of that first ER visit, it was probably five weeks until they realized this was a serious problem. Had I just put it off to the side, who knows if I ever would have done anything about it.

(SEE KILLER PAGE 5)

INNOVATIVE DISCOVERIES

Community partnership brings hope closer to home

Options were running out.

Edward Johnson has been receiving treatment for liver cancer for about two years at Community Health Network. But the medications weren't reducing the size of the cancer. Existing treatments were not working. But the medical team at Community had one more option — a new oncology drug in Phase 1 of clinical trial that could hold promise for Johnson's particular cancer.

"Before, we were doing the genomic testing but not giving the patients options. Now, we're able to do that through these Phase 1 trials," said Dr. Natraj Ammakkanavar, a medical oncologist for Community Health Network. "More and more, patients have more and more options."

It is the first Phase 1 clinical oncology

trial for Community Health Network, the result of an innovative clinical trial matching partnership.

This year, that partnership helped make local physicians part of the scientific discovery process and gave local patients access to experimental medicine close to home.

"You need to build up a number of tools available to them as patients progress in various treatments," Ammakkanavar said. "That's where these trials are going to help us now. For us, it's an exciting time."

The clinical trial was made possible through a partnership with Chicago-based Tempus, a leader in precision medicine and artificial intelligence. Through participating in Tempus' TIME Trial Network, Community was able to quickly set up a clinical trial in a matter of weeks

that would have taken three to six months to organize without Tempus' software, said Dr. Bert O'Neil, medical director of oncology research for Community.

Community Health Network has been conducting clinical trials for different diseases for several years. But the partnership with Tempus allowed for more robust trials in the past six to eight months, Ammakkanavar said. Trials are ongoing for rare types of prostate, uterus, breast and lung cancers.

The hospital has also been conducting a genomic clinic, studying patients'

STORY BY
LEEANN
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PHOTO
SUBMITTED

(SEE DISCOVERIES PAGE 5)



A look inside Tempus Labs, where samples of cancer tumors are tested to match local patients with treatments and clinical trials.

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Franciscan combines specialties to improve patients' odds

Fifty years ago, if someone was diagnosed with cancer, the prognosis was usually not good.

In the 1970s, roughly one of two people diagnosed with cancer survived longer than five years. Today, more than two of three people survive longer than five years, and there are more than 14 million cancer survivors in the U.S. alone, according to the American Cancer Society.

Due to increasingly successful treatments and higher survivability rates, doctors are now looking at the long-term outcomes of cancer survivors and medical issues that can pop up after cancer treatment.

A specialty program at the Franciscan Health Cancer Center in Indianapolis focuses on heart issues that may arise after cancer treatment. Franciscan's pioneering cardio-oncology program helps monitor and treat potential heart problems linked to patients undergoing chemotherapy. The program also includes heart risk assessments of patients pre-cancer treatment, and assessment of long-term cardiac risks in cancer survivors.

Improved survival odds lead to discovery

The cardio-oncology program was established nearly five years ago, in 2016, and is a collaboration between Franciscan's cardiology and oncology departments.

The specialty came about as the result of more cancer patients surviving, said Dr. Meghana Raghavendra, lead oncologist for the cardio-oncology program at Franciscan Health.

"What we are realizing as our patients are living longer, is they are now alive long enough to have complications from cancer treatment. (The) treatment that is helping them live longer is actually causing complications from their cardiac standpoint," Raghavendra said.

Complications include heart attacks, heart rhythm issues and congestive heart failure. The complications can be easily treated so patients can continue cancer treatment. However, if oncologists are not aware of them, patients could die from the complications, she said.

"A lot of our patients initially went unrecognized several years ago because we weren't aware," Raghavendra said. "These

are not complications we traditionally saw with chemotherapy. But as treatments are improving and developing to (the point) where we are using targeted treatments more, we are going to see more of these complications."

The cardio-oncology program has been very effective at helping to track and treat patients who may have heart complications, she said.

"We have evolved over the last few years as we have recognized more and more what the potential complications of these (cancer treatment) medications are," Raghavendra said.

In the medical field, patients are the best teachers for medical professionals, said Dr. Vijay Rao, director of the cardio-oncology program at Franciscan Health Cancer Center. When doctors see more and more patients who are saying they are experiencing the same side effect from a medication, then doctors are better informed on what to expect for other patients on the same medicine.

There is always room for doctors to learn more information about how to help patients, especially when it comes to how treatments can affect them long-term, Rao said.

For Raghavendra, one side effect that comes to mind is the result of ibrutinib, which is used to treat chronic lymphocytic leukemia, or CLL. She has seen several patients develop atrial fibrillation, an abnormal heart rhythm complication, which has led her to send patients to the cardio-oncology team before she prescribes the medication. Working with the team can lower the risk of the side effect, she said.

"Not only are we able to recognize the side effect when (it develops), we're also able to intervene early and prevent, potentially, the side effect from ever developing, just simply by recognizing the potential complications from the cardiovascular standpoint," she said.

Evaluation is first step of program

For patients, the process of being recommended for the cardio-oncology program is pretty straightforward.

The first thing Raghavendra asks her patients about is their medical history, to see if they have any history of cardiovascular diseases. No matter the answer, and

no matter the treatment that is recommended, she will bring the cardiologists on board to help with managing any potential complications, she said.

Raghavendra will also look at cardiovascular disease risk factors, such as age and whether a patient has high blood pressure, high cholesterol or diabetes. She will also check to see if a patient has had any vascular complications or has a history of strokes.

"If they have any of those conditions that can increase the risk of cardiac complications, then I would refer those patients to cardiology," she said.

Next, she discusses the treatment plan with other doctors in cardio-oncology, then they assess the patient and help begin the treatment process. However, there are some emergency situations that change this framework, Raghavendra said.

"There are situations where we have an emergency acute leukemia, or high-grade lymphoma (patients), for example, where we cannot wait. We want to intervene right away with cancer treatments," she said.

In these situations, Raghavendra calls her colleagues in cardio-oncology and lets them know she has a patient that needs to be seen right away. The patients are usually assessed within 24 hours and start treatment immediately.

On a typical day, she refers around five patients to the cardio-oncology program, and has referred about 1,000 patients, by her own estimate, to the program over the years. As the program has become more established and known, the number of referrals has grown.

Franciscan program helps expand field

The cardio-oncology program is well-known throughout the Franciscan Health system and in the greater medical community.

Franciscan has supported the program well since it was established, and has helped with its visibility, Raghavendra said.

The hospital's recognition of the program has been beneficial.

"The hospital has recognized the value that it provides for our patients," Rao said. "Our patients have given us a lot

STORY
BY NOAH
CRENSHAW
PHOTO
FILE PHOTO



Rao



Raghavendra

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KILLER

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and they had taken photos and gone out to show them what was going on. They didn't have time to close me up and talk to me about it; I didn't find out any of this until I woke up," Casteel said.

Initially, doctors were unsure if the mass they'd removed was cancerous. They told her they had found a cyst, and were going to further test it to determine what the next course of treatment should be. She would stay at Community Hospital South for a week to recover from her surgery.

"They were very careful not to tell me it was cancer unless they knew for sure that it was," Casteel said.

"So the whole week I was in the hospital, I didn't think of cancer at all. I figured they found this thing, they took it out, it's fine."

But on May 13, 2016 — the day she was scheduled to be discharged — her doctor confirmed that she did have cancer.

"The whole world stopped at that point," Casteel said. "It was a lot to take in."

A flurry of examinations quickly followed the diagnosis. Ovarian cancer can sometimes be caused by a gene mutation, similar to breast and colon cancer, and others in Casteel's family had both of those diseases. Her doctor suspected her tumor may be genetic. But testing showed she did not carry the mutated gene.

A colonoscopy indicated the cancer had not spread. A chemotherapy regimen had been mapped out, requiring six months of treatment starting the first week of June. She spent seven hours in the hospital receiving the chemotherapy drugs, and went back every two weeks.

The treatment was unpleasant, and it took her three days to recover from the fatigue and nausea. Still, Casteel worked at Gray Brothers Cafeteria in Mooresville throughout the entire six



RYAN TRARES | DAILY JOURNAL

"It was the size of a basketball. The doctor said it was the biggest one they've ever seen."

COURTNEY CASTEEL

Ovarian cancer survivor, about the tumor doctor's discovered during gallbladder surgery

Courtney Casteel is photographed during a celebration at the end of her treatment for ovarian cancer. The Greenwood resident had a 17-pound tumor removed from her ovary when she was 23, went through surgery and chemotherapy, and has been cancer free for the past five years.

months of treatment.

"I scheduled it for Thursdays, so by Saturday I felt like I was hit by a semi," she said.

Despite a scare that the cancer had struck her other ovary in 2017, Casteel has been healthy ever since. Because of her age, her doctor asked that she come in for a checkup and scans every three months until she had been cancer free for five years.

She reached that milestone during an appointment in late August, and now will only see her doctor once a year.

"They say once you get to the five-year window, the chance of recurrence is much lower," she said.

September was Ovarian Cancer Awareness Month, and Casteel is active in local efforts to raise awareness about the disease. She takes part in the annual Teal Ribbon

Ovarian Cancer Walk/Run, joined by family and friends wearing t-shirts proclaiming her cancer mantra: "Count on Court."

This year, she walked with the survivors. She wants to use her own experience to make others aware of the threat that ovarian cancer can be.

"I feel like ovarian cancer doesn't get this light shined on it at all," Casteel said. "It's a deadly disease."

DISCOVERIES

CONTINUED FROM PAGE 3

genetics to learn about mutations that may lead to cancer, and new approaches to treating the disease.

"To help patients better, we need a report from the genomics and find drugs to attack the cancer, specifically based on that report," Ammakkanavar said.

That was how this particular trial started for PLX120. The drug, developed by biotechnology firm Novellus, is designed to work against variants of the BRAF gene, a genetic mutation that can cause cells to grow uncontrollably. The mutation is found in some types of cancer, typically melanoma and colorectal cancer, according to the National Cancer Institute.

The mutation calls for special treatment because patients with it don't respond well to traditional treatments, O'Neil said.

Existing medications have shown promise treating melanoma and lung cancers with the BRAF mutation, as well as with some thyroid cancers. The problem is the drugs work for specific alterations

in the BRAF gene. Medications didn't work for patients with other mutations in the gene, Ammakkanavar said.

"We were stuck, because we knew the mutation was there, but there was no medicine," he said.

A Phase 1 clinical trial is the first step in the process of determining new treatments. A small group of patients taking part in the trial are given low doses of the treatment until doctors find one working within an acceptable level of side effects, monitoring for safety.

"When the medications are just off-the-shelf, you need to see how they work in people, and see what the immediate side effects are," Ammakkanavar said.

If the treatment shows promise, it can move on to more rigorous testing and research.

The process of trial matching starts when the patient's doctor sends a sample of a patient's tumor to Tempus, which analyzes the sample via genetic sequencing. The information is then used to determine the best treatment based on the tumor's genetic profile. By understanding a tumor's genetic make-up, the care team can better understand the

cancer and personalize treatment beyond the traditional organ-based classification of cancers.

If there is a clinical trial that matches the patient's need, they will be connected to it at Community or another participating hospital, O'Neil said.

With this initial trial off the ground, there are several other drugs that could soon be tested at Community.

"We as Community doctors focus on more the clinical side for the patients. We want to make available every option for the patient. That's what satisfies us," Ammakkanavar said. "At the same time, we want to have an exhaustive list of options for our patients. So the goal is to find a balance between clinical and research."

Given the hospital is so new to the trial network, it is surprising and gratifying to see the buy-in from drug companies, O'Neil said.

Having more clinical trials benefits local cancer patients, as they typically have to travel to big research hospitals in Chicago, Texas or on the east coast. Traveling for a trial is out-of-reach for many patients because it is costly and means time away from their families, he said.

Whether at home or away, joining a clinical trial is a last-ditch effort to find a treatment that works when others have failed. The experimental drugs bring optimism to

patients who are on the verge of losing hope.

"This is a story of Community wanting to offer something valuable to its patients," O'Neil said.

"It is exciting to be a part of the discovery and to offer your patients something they wouldn't have otherwise had access to," O'Neil said.

PROGRAM

CONTINUED FROM PAGE 4

of really good feedback. They feel as if they are cared for more holistically."

Today, it is not uncommon for patients to come in and ask about the program, and whether they should be recommended for it.

"Patients are definitely involved in this decision-making process now because of education (about the program)," Raghavendra said.

Care providers from across the country have recognized the importance of the program, as well. Last

August, the program received the 2020 Innovator Award from the Association of Community Cancer Centers, an organization made up of 27,000 multidisciplinary cancer care professionals from more than 2,100 hospitals and practices across the United States. The award recognizes creative and effective approaches to cancer care challenges.

Doctors in the program are also working with partners from across the world to create a registry that will help to identify toxicities that can come up in cancer treatments so doctors everywhere can be more informed, which will help them care

for their patients better, Rao said.

Other hospitals in Indiana have started their own cardio-oncology programs, including Indiana University Health and Community Health Network.

The program has been a game-changer for patients, allowing them to live longer because doctors are able to intervene earlier. The top causes of death in the United States are cancer and cardiovascular disease, so having both at the same time can be devastating, which is all the more reason for cardiologists and oncologists to collaborate, Raghavendra said.



BRAD KLOTZSCHE: COLORECTAL CANCER



GOING THROUGH THE *motions*

Colonoscopy leads to life changing news for man

THE KLOTZSCHE FILE

Name: Brad Klotzsche

Age: 47

Diagnosis: Stage 3 colon cancer after a mass was found in his lower colon

Treatment: Chemotherapy treatments, followed by a combination of chemo and radiation treatments and eventually surgery.

What has cancer taught you?

"It sounds cliché, but it has made me relax a bit with all the hustle and bustle of day-to-day living ... There are much bigger things in the world than what I used to always stress about — finances or a daily calendar or getting people to the right place or whatever. It's really let me grow to (a perspective of) take life as it is and enjoy every day. It's easier said than done some days, but it's like there's a bigger picture out there."

How has cancer changed you?

"I'll take the time to just text somebody and say, 'Hey, I'm thinking about you today. I hope you have a great day,' or, 'It was nice going to dinner with you last night. I really had a good time and I'm appreciative of our friendship.' Everybody needs their form of encouragement and everybody likes to get those kinds of messages."

What would you tell someone just diagnosed?

"It is a horrible thing to be diagnosed with. Cancer sucks, but there's always hope, so stay positive and research on the specific type of cancer you have so that you can ask the oncologists and the doctors and the nurses the right questions ... (Cancer) is what it is. I've got to suck it up and say, 'I have cancer, but cancer doesn't have me. I'm going to beat this nasty evil thing I was given somehow.' It's OK to have your ups and downs. You need to be able to cry, need to be able to vent. You need to be able to get punched because of your situation, but overall stay positive. That positive outlook, for me at least, helped a lot."

The stomach pains would not go away.

For more than a year, despite attempts to treat the pain, nothing seemed to work. Finally, his doctor recommended he get a colonoscopy, a routine procedure that allows doctors to explore possible causes of abdominal pain.

The 47-year-old Franklin resident knew the procedure would bring him one step closer to the source of his pain.

What he did not expect, however, was to find out there was a cancerous mass in the lower part of his colon.

"I woke up to my wife informing me that I had cancer, which was definitely a shock and a very emotional time," Klotzsche said.

'I'm going to die'

Klotzsche, a father of two, went in for the procedure in April. Immediately, doctors recognized the telltale signs of cancer. The medical team informed his wife, Cari Klotzsche, of the diagnosis while her husband was still undergoing the procedure.

The doctor said he would be back after his next procedure, so she hoped her husband wouldn't wake up before then. But he did.

"He woke up and asked me how everything went. I didn't answer him the first time... but then he asked me a second time," she said.

She couldn't lie to him. They've been married for almost 25 years, and he would know right away, she said.

"It was probably one of the hardest things I've ever done," she said. "The hardest part was seeing the reaction on his face."

Brad Klotzsche thought his wife was wrong, but she knew she wasn't. Even though a biopsy had not been done yet, she had talked with the doctor, who said the mass in his lower colon was so large and evident that it had to be cancer, she said.

"I had to make a choice of either lying to him and pretending everything wasn't wrong or being honest with him, and of course I'm always honest with him — especially with these big important things," she said.

A few days later, lab tests confirmed the diagnosis. Brad Klotzsche would

have to tell his family and figure out his treatment options.

"The first month my feeling was, 'I'm going to die, and it's going to be sooner rather than later,'" he said.

Forging a path forward

Brad Klotzsche began researching online about colon cancer, and talking to oncologists and radiologists at Franciscan Health Indianapolis. Talking with the doctors was beneficial — it helped him find hope in the situation, he said.

Doctors told him the treatment plans were proven to be effective, and they were confident the outcome would be positive due to his age, diet and physical activity, among other factors.

For Brad Klotzsche, finding out he had cancer was a shock. But for Cari Klotzsche, it was confirmation something was wrong.

"I knew something was wrong with him," she said. "I had told one of my co-workers back in January or February that I was really worried something was wrong because he kept getting these really, really high fevers."

The fevers would last about 24 hours and then disappear the next day. She was constantly thinking about worst-case scenarios.

As the initial shock of his diagnosis wore off, the family sought second opinions on the treatment plan at Franciscan Health Indianapolis and Indiana University Health. Brad Klotzsche ultimately decided to go with Franciscan.

"The treatment plans were the same... but we stuck with (Franciscan) because it was closer, more welcoming, and a kind of more positive and less frantic environment," he said.

Franciscan Health has been treating both colon and rectal cancer for several decades, and while the two are similar, they are actually

STORY
BY NOAH
CRENSHAW
PHOTOS BY
SCOTT
ROBERSON

(SEE **MOTIONS** PAGE 7)

Pictured: RN Amy Childers prepares Franklin resident Brad Klotzsche for a chemotherapy treatment on Aug. 25 at Franciscan Health Cancer Center in Indianapolis.

MOTIONS

CONTINUED FROM PAGE 6

different cancers. Rectal cancer occurs in the last six inches of the lower gastrointestinal tract and in the rectum, while colon cancer occurs in the large intestine.

Franciscan's colorectal cancer program received national accreditation from the National Accreditation Program for Rectal Cancer earlier this year — the first and only institution to do so in Indiana.

What is colorectal cancer?

Colon cancer is a type of cancer that begins in the large intestine, otherwise known as the colon. The cancer usually affects older adults, but it can occur at any age, and usually begins as small noncancerous clumps of cells, or polyps, that form on the inside of the colon.

More than 104,000 cases of colon cancer, and more than 45,000 cases of rectal cancer, are expected to be diagnosed this year across the United States, according to the American Cancer Society. Nearly 53,000 deaths are expected from both colon and rectal cancer, which is often combined into a single phrase — colorectal cancer.

Colorectal cancer is the third leading cause of cancer-related deaths in the country, said Dr. Dipen Maun, a colon and rectal specialist for Franciscan Physician Network Indiana and medical director at Franciscan Health Cancer Centers in Indianapolis and Mooresville.

This cancer typically does not gather as much awareness as other cancers, such as breast cancer. Both colon and rectal cancers are treatable and preventable. The signs and symptoms can be both obvious and subtle, Maun said.

Signs include changes in bowel habits, such as stool not passing in the same way it previously did, diarrhea, constipation, or changes in stool shape or consistency. Another sign is blood in the stool, he said.

Belly pain or stomach cramps can also be signs of colon or rectal cancers. That's why Brad Klotzsche got a colonoscopy in the first place. Tenesmus, or feeling as if you have not completely emptied your bowels after using the bathroom, is also a sign.

The cancers can also cause people to lose blood and become anemic, which can lead to fatigue and unexpected weight loss. But the most common signs of colon



With wife Cari Klotzsche by his side, Franklin resident Brad Klotzsche is prepped for a chemotherapy treatment by RN Amy Childers on Aug. 25 at Franciscan Health Cancer Center. Klotzsche, 47, was diagnosed with stage 3 colon cancer in April.

or rectal cancers is that there are no signs at all, Maun said.

"These can grow silently and the patients have no idea. That's why it's so important to get prevention done while you're well, before you are sick," he said.

Chemotherapy became 'routine'

In May, Brad Klotzsche began chemotherapy, a drug treatment that uses powerful chemicals to kill fast-growing cells, such as cancer cells, in the body.

When he started the treatment, he had no idea what to expect. During his appointments, doctors put a port into his chest for IV infusions.

Every other week, Brad Klotzsche would go in to receive chemotherapy for a few hours, and then come home with a portable pump and a fanny pack. The pump and fanny pack were for him to continue his treatment at home on Thursday. On Friday, he would go back to the hospital to have the pump removed, he said.

The first couple of treatments really impacted him. He felt a cold sensitivity in his fingers and hands, a side effect that was common for him throughout his chemotherapy treatment. "It's become routine that I know what to expect for the most part," he said.

The chemotherapy phase of his treatment wrapped up at the end of August.

After Brad Klotzsche completed his chemotherapy, he had three to five weeks off from treatment. During that time, his body rested and doctors took multiple

scans to see how the treatment affected the mass and whether the cancer had spread, he said.

Now, he'll undergo a combination of chemotherapy and radiation treatments five times a week for a few months. Then, he will have another one-to-two month break before doctors will schedule a surgery to remove the mass, he said.

However, Klotzsche does not know when the surgery will be, and can only offer his best guess based on the schedule. By the time it happens, it could be January or February of next year, he said.

Thankful for family, friends

Brad Klotzsche knows it could be worse, and he is lucky to work for a company with flexibility. He works from home as an IT specialist at Elanco, an animal pharmaceutical company in Greenfield.

Still, the impact of the treatment has been significant on his life, both physically and emotionally.

"I tended to realize that I could only do so much on certain days, and I have to be OK with that," he said.

He is thankful for his wife, who has taken on the responsibilities of helping during the treatments, meal prepping and keeping the house kept up, he said.

Their relationship got stronger following his diagnosis. The couple now has more appreciation for what the other does, Cari Klotzsche said.

Her husband has never been one to step back

from helping out with the kids and the house, even with cancer. Now, he has more limitations, she said.

"He, at times, can't do all that," she said.

Cari Klotzsche worries about him, especially in light of the coronavirus pandemic, which added a layer of stress as he goes through treatment. She worries about him being exposed to people who test positive for COVID-19.

The couple also learned that while the experience has been pretty close to what they expected, everybody's situation is unique.

"I have learned that just because someone else has gone through it, just because someone is taking the same (medications) and all

that, it's completely different person-to-person," Cari Klotzsche said.

Brad Klotzsche had some minor peripheral neuropathy, a set of symptoms that can result from damage to nerves that control sensations and movements of human limbs. It can be caused by some chemotherapy drugs and other cancer treatments, according to the American Cancer Society. Doctors warned it could get worse, but it has remained pretty consistent, she said.

The couple wasn't expecting Klotzsche to lose hair, but it is thinning, she said.

Klotzsche's cancer diagnosis caused the couple to open their eyes to what they could have done differently before

he was diagnosed. In hindsight, the couple should have examined Klotzsche's health issues a little deeper than they did when the first signs of troubles popped up, Cari Klotzsche said.

Preventing colorectal cancer

There are several ways to prevent colon and rectal cancers. Among them are making lifestyle changes, Maun said.

"One of the most important things is maintaining a very healthy body weight. People who are obese, specifically obese in the belly area, have a higher risk of colon cancer," he said.

It is also important to remain active and engage in regular physical activity, Maun said.

Poor diet is one of the leading causes of colon cancer. Diets that are high in meats and animal fats and are low in fiber can lead to the formation of polyps. Diabetes, drinking alcohol and smoking can increase the risk of colon cancer, he said.

Knowing your family medical history is important. If your family has a history of colon cancer, then your chances of getting it increase, Maun said.

There are tests available that can detect colon cancer, including colonoscopies. It is important for people to get a test after their 45th birthday. If someone has a family history of colon cancer, then they should get it when they are 40, or 10 years before that family member found out they had it, he said.

"Make sure you are going to an experienced doctor and an experienced center that knows how to take care of these diseases," Maun said.

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ANDREA DAUBY: BREAST CANCER



cherishing EVERY MINUTE

Franklin resident copes with terminal breast cancer diagnosis

The days start on a positive note. Andrea Dauby makes sure of that. Though she has to wake early in the morning, she still takes time to dress up, put on makeup and get ready for the day. She and her husband, Steve, make a stop at the coffee shop down the street from their Franklin home.

Then, it's off to Community Cancer Center South.

Dauby will receive chemotherapy for the rest of her life to treat cancer in her breast, which has spread to her liver, bones and brain. But instead of dreading those treatment days, she tries to make it an event.

"I've never wanted chemo to be a terrible day," she said. "I dress up, we have

a little coffee date before and then go to lunch afterwards. It makes me feel good."

Despite knowing cancer is now a permanent part of her life, Dauby has dedicated herself to staying positive throughout her journey. She spends as much time as possible with her family and friends, tries new food whenever she can and goes on walks every day.

She refuses to let the shadow of death prevent her from living her life.

"It's made me really cherish moments with people. I don't think I take anything for granted. I try to find the joy in everything, from just a sunset to walking my dog to feeling the sunshine," she said. "I think I've learned, life is fleeting."

Dauby discovered the lump in her breast

during her yearly mammogram. She had always been diligent about getting the annual checkup, and up until February, nothing had ever been cause for concern.

This year, doctors discovered a mass. Initial hopes were that because it was caught early, the cancer would be simpler to treat. Tests did not give her medical team further cause for concern, and a treatment plan was put in motion.

But days before her treatment was supposed to start, Dauby felt a soreness in her back.

STORY BY
RYAN TRARES
PHOTOS BY
SCOTT ROBERSON

(SEE CHERISHING PAGE 9)

“It's made me really cherish moments with people. I don't think I take anything for granted. I try to find the joy in everything, from just a sunset to walking my dog ... I think I've learned, life is fleeting.”

ANDREA DAUBY

Pictured: Steve and Andrea Dauby talk with oncologist Dr. Anuj Agarwala on Aug. 30 at Community Cancer Center South. Andrea Dauby was diagnosed with Stage 4 breast cancer in February.



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THE DAUBY FILE

Name: Andrea Dauby
Age: 46

Diagnosis: Stage 4 triple negative breast cancer

Treatment: Chemotherapy and immunotherapy

What has cancer taught you?

I try to find the joy in everything, from just a sunset to walking my dog to feeling the sunshine.

How has cancer changed you?

It's made me really cherish moments with people. I don't think I take anything for granted.

What would you tell someone just diagnosed?

I think I would say to give yourself some grace, to feel everything that you're feeling. I think there are stages of grief to it, for sure. Even if you've been a positive person, you may experience those kinds of emotions at first, but it is possible to come out of that and experience joy.



Clockwise from top left: Oncologist Dr. Anuj Agarwala examines Franklin resident Andrea Dauby on Aug. 30 at Community Cancer Center South. // Forty-six-year-old Franklin resident Andrea has her temperature taken by registered nurse Loretta Rust. // Steve Dauby watches as registered nurse Loretta Rust prepares his wife, Andrea, for a chemotherapy treatment. **SCOTT ROBERSON | DAILY JOURNAL**

CHERISING

CONTINUED FROM PAGE 8

Out of an abundance of caution, the doctors took a PET scan, revealing a much more dire situation: the cancer had spread to her bones and liver.

"We suspected it was breast cancer, and ultimately did a biopsy of her liver to confirm that it was in fact breast cancer that had spread to her liver," said Dr. Anuj Agarwala, a medical oncologist at Community Cancer Center South.

She was diagnosed with Stage 4 triple negative breast cancer. "Triple negative" refers to the fact that the growth is not fueled by the hormones estrogen or progesterone, or by a protein known as HER2.

That makes the cancer increasingly aggressive, and difficult to treat. Agarwala told her there was no cure. She would be on chemotherapy for the rest of her life.

"It was very shocking to hear. You're just going about

your life, and life changes in an instant," she said. "It just changes what your vision for your life was. Now it's very different, and that was hard."

The first month of the diagnosis was a blur. Appointments filled her weeks, which were difficult to keep track of. The diagnosis took a toll emotionally, as well. She was struck by severe anxiety, something she'd never really experienced.

Agarwala charted a course of chemotherapy and immunotherapy, which bolsters her own immune system against the cancer.

"We suspect there is some kind of synergistic response by combining the chemotherapy and immunotherapy. We also know that her particular breast cancer had a marker that indicated she would benefit from this," Agarwala said. "It's not all breast cancer, but in this particular sub-type, it has its advantages."

She goes in for three weeks on treatment, every Monday morning, before taking a rest

week. The infusion appointment takes about four hours at a time.

The treatment is showing promise, though. Scans, which are taken every three months, show that the cancer has not grown or progressed.

"She has had an outstanding response," Agarwala said.

With time to reflect on her situation, Dauby resolved to focus on positivity. It's not always easy, but she uses her energy to find the good in every day — even the ones when her chemotherapy leaves her fatigued.

She and Steve go to the farmers market in Franklin every Saturday. Her adult children come over to the house every Sunday for family dinner. Her group of friends schedule regular dinners or walks, sending her funny texts and memes in addition to providing a shoulder to cry on. Right after she was diagnosed, they surprised her with a "sleepover" at a hotel.

Dauby has discovered her adventurous side, trying new

restaurants or fixing daring recipes she might have shied away from earlier in her life. Her daily walks typically follow different routes.

"I'm finding I want to experience new things. I always tell my husband, 'Let's do something new,'" she said.

When she was diagnosed, Dauby was in the middle of her 25th year as a teacher in Franklin, where she taught second grade at Creekside Elementary School. She vowed to finish the year, scheduling her chemotherapy appointments in the afternoons on Thursdays so that the time she missed in the classroom was minimal.

"That way I'd only miss a half-day. But that's rough, because I was there for four to five hours, and then you get home and feel kind of crummy. Then I could work the next day, but spend the weekend feeling bad," she said.

Going into the summer, Dauby knew that couldn't last long term. Pondering her options, and considering what would be

fair to her students, she opted to step away this year.

"That was really hard. I was not burned out — I really loved my job," she said.

Without the tempo of a daily and weekly work schedule, she tries to add some structure to her days. She makes a to-do list every morning, and is chipping away at home improvement projects that she's planned. Her husband built her a box garden, so she spends time weeding and caring for the plants. Every morning, she takes a walk.

"It makes me feel productive, because I do miss getting out and working," she said.

Dauby doesn't want to downplay the seriousness of her diagnosis, or the myriad ways that cancer upends every aspect of life. She understands there is no cure for her disease. But that's not going to stop her from making the most of every day.

"It doesn't mean your life is over. I don't feel like my life is over," she said. "I'm still taking every minute of life that I can out of it, no matter how much time I have left."

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SARAH CHURCH: BREAST CANCER

‘I WON’T LET CANCER DEFINE ME’



SARAH CHURCH

Breast cancer catches 28 year old off guard

The nightmarish grip of breast cancer was closing in again.

Sarah Church had seen the destruction the disease could cause. Her own mother had died of the disease in 2018, after being diagnosed with it multiple times previously. Her aunt had it as well.

So when the 28-year-old Indianapolis resident discovered a lump on her left breast, the dread welled up quickly.

“I was definitely scared,” she said. “It all just went really fast from there.”

Church was diagnosed with breast cancer in early 2021, after doctors found two tumors in her breasts. She had gone through chemotherapy and had a double mastectomy, while radiation and additional treatments are a possibility to treat the extremely aggressive cancer. The experience has been an arduous one, which still isn’t over. But Church has learned to shift her perspective on life, which has helped her cope and will benefit her for years to come.

STORIES BY
RYAN TRARES
PHOTOS BY
SCOTT ROBERSON

“It helped me not take life so seriously. You take everything so seriously before a diagnosis like this, but everything will be OK in the end,” she said.

In the midst of personal tragedy, Church felt empowered to make important changes in her life. She changed her diet, focusing on more fruits and vegetables and limiting unhealthy foods.

She also took a leap of faith and enrolled in college. During the week, she attends Ivy Tech Community College with a goal of earning a degree in dental hygiene.

She’ll emerge from her bout with cancer poised for a more successful future, something the disease has motivated her to do.

“Focus on the future. Don’t think it’s something that’s just going to happen. I won’t let cancer define me,” she said.

That mindset didn’t seem possible in March 2021, when she was diagnosed with breast cancer.

Because of her family’s history with the disease, Church was already hyper-aware of her own chances of developing

Breast cancer among younger women a risk

All of the research indicated she was too young to have breast cancer.

When Sarah Church felt a fibrous lump in her breast, she feared the worst. The 28-year-old Indianapolis resident knew that the chances of being diagnosed with the disease were incredibly low — only about 5% of all breast cancer cases happen in women younger than 40, and even less likely in those younger than 30.

But Church had a family history. Her mother and

(SEE DEFINE PAGE 11)

(SEE RISK PAGE 11)

DEFINE

CONTINUED FROM PAGE 10

the disease. Both she and her sister went through genetic testing to determine if they had gene mutations which increased the chances of getting breast and other cancers.

Neither of them had the gene mutations.

Still, Church was not overly surprised when she discovered a lump in her breast.

"I felt something was off, and I went with my gut because of my family history," she said.

Church immediately called her doctor to schedule a checkup. They ordered an ultrasound, and thought the mass looked more like a cyst than a tumor. Normally, they would not have done any additional examination.

But considering her family history, they ordered a biopsy on the mass. Tests revealed the mass was a cancerous progesterone-produced tumor on her breast duct. Then, as doctors took additional scans, they found another tumor, which tested as triple negative — tumors not fueled by the hormones estrogen or progesterone, or by a protein known as HER2.

"We want to know if this cancer is the same biology as the first cancer, and it will impact the way we treat (the cancers)," said Dr. Chace Lottich, a breast cancer surgery specialist with Community Cancer Center South.

Triple negative tumors are increasingly aggressive and difficult to treat. With that diagnosis in mind, in addition to her age, Lottich recommended seeing a medical oncologist.

"The cancers were a little bit different, in that one was driven by hormones to grow, and the other one was 'triple negative,'" said Dr. Anuj Agarwala, a medical oncologist at Community Cancer Center



THE CHURCH FILE

Name: Sarah Church

Age: 28

Diagnosis: Two instances of breast cancer

Treatment: Eight rounds of chemotherapy; double mastectomy

What has cancer taught you?

I've learned a lot more about my health, like what I want to do moving forward in terms of food intake and how it relates to breast cancer.

How has cancer changed you?

It's definitely opened my eyes to life itself, enjoying it and enjoying being with my kids.

What would you tell someone just diagnosed?

Find or do something that would help you look into the future. Focus on the future. Don't think it's something that's just going to happen. Don't let cancer define you.

South. "Knowing that she was going to body system treatment, I had recommended that before surgery, we treat her with chemotherapy, which is a mainstay of treatment for aggressive types of cancer."

Treatment started immediately. Agarwala suggested a rigorous 16-week chemotherapy regimen, with doses every two weeks from April to July.

Church also had a choice to make in terms of surgically removing the tumors. She opted for a double mastectomy

— cutting off any chance of the breast cancer returning.

"My mom didn't go very aggressive the first two times they found it, so that's what motivated me to get everything I could possibly get done, to make sure it doesn't reoccur," she said.

The chemotherapy was draining, leaving Church feeling lethargic and fatigued for days. Following the treatment, working was nearly impossible; she had to step away from her job at a dental lab. Even more difficult was

caring for her two young sons — ages 9 and 5. She credits her family and friend support system for helping watch the kids and share in the day-to-day responsibilities when she was too sick.

"I have never gotten so much love and support from people, even people I didn't know," she said.

Her sons also tried to help when they could.

"They're a little bit older, so they're at the age where they're a little bit more self-sufficient. But you want to

keep their life as normal as possible," Church said.

A change in her chemotherapy medication halfway through treatment also resulted in bone pain, making moving around even more of a struggle at times.

"It was bad, but it wasn't too terrible. I think my age helped me a lot," she said.

Chemotherapy ended in July, and scans showed she had a perfect reaction to the treatment in killing the cancerous cells. It appears the chemotherapy was successful, Agarwala said.

"She had the best outcome we could ask for. She had a complete response to the treatment," he said. "That's really important because we know that people who have complete responses from chemo tend to have lower risks of recurrence."

Plans were put in place for her mastectomy. The surgery was on Aug. 23, and it took Church about a week to recover. Drains implanted to help remove fluid from the surgical area were the most painful part of the process, she said.

She has progressed well through treatment so far, but still faces challenges. She'll go through breast reconstruction surgery in the coming months. She is meeting with a radiologist to determine if she needs to schedule that treatment as well.

Understanding that her ordeal is not over, Church has taken away valuable lessons from her experience so far. She learned the importance of advocating for her own health; if she hadn't pushed to have a biopsy on the initial mass, she might not have caught the cancer until it was too late.

She also is determined to never take a moment with her children for granted.

"It's definitely opened my eyes to life itself, enjoying it and enjoying being with my kids," she said.

RISK

CONTINUED FROM PAGE 10

aunt had been diagnosed with breast cancer. She wanted to be sure and pushed for additional testing.

"You have to be your advocate. Do those early screenings, especially if you have that family history," she said. "If you find a lump, have every option available done."

Church unfortunately found out the lump was breast cancer, and is going through treatment. She joins an increasing number of women who have been diagnosed with the disease in their 20s and 30s.

Medical professionals want to emphasize that even if it is rare, people need to be aware of their risk and of their own bodies.

"It's something that's unfortunately overlooked — thinking at that age, you can't have breast cancer, you're too young," said Dr. Anuj Agarwala, a medical oncologist at Community Cancer Center South.

Most breast cancers are

found in women age 50 and older. The incidence rates of women ages 50 to 64 were 278 cases per 100,000 people, and the rate for women ages 65 and older were 438 cases per 100,000.

But statistics show that the number of women between the ages of 15 and 39 have increased gradually in the last two decades, according to the National Cancer Institute Surveillance, Epidemiology and End Results Program. In 2000, the incidence of breast cancer in women under 40 was 20.9 cases per 100,000 people.

By 2018, the incidence rate was 23.5 cases per 100,000. The annual rate of increase in those 18 years was .6%.

"It is still pretty unusual for women in their 20s to develop breast cancer, but we are certainly seeing more women in their 30s with breast cancer," said Dr. Erika Rager, a breast surgeon for Franciscan Health Indianapolis. "In the last 20 years or so, there has been a small but steady increase in the incidence of breast cancer in younger women."

Part of the increase may be due to greater awareness that younger women can get the disease, said Dr. Chace Lottich, a breast cancer surgery specialist with Community Cancer Center South.

When she was training in breast cancer surgery in the 1980s, a lump in a younger woman's breast was often dismissed. The medical community didn't believe that women of that age could develop breast cancer.

Now, instances are more well known, leading to better recommendations.

"Breast cancer is still really rare in younger women. But what's changed is the awareness," Lottich said.

Women who have a family history of breast cancer, or who have gene mutations that increase the chances of developing the disease, are more likely to be diagnosed at a younger age, she said.

Advancements in genetic testing also offer women more options to prevent the disease from developing in the future. Lottich has had patients who

decided to have their breasts removed, as their breast cancer risk was in the 80% or 90% range for their lifetimes.

"We're seeing younger women with a strong family history coming forward," she said.

Lifestyle changes may also be playing a part in the increased incidence of breast cancer in younger women, Rager said.

"We know things such as overweight and obesity are associated with breast cancer. There is some association with decreased physical activity, sedentary jobs where people don't get much physical activity contribute to that a little bit," she said. "And we also know that there is an increased use of alcohol in younger women, and there's clearly an association between alcohol use and breast cancer."

The number of cases in younger women is still much lower than for those in their 50s and older. The risk of developing breast cancer as a 30-year-old is 1-in-204, compared to the risk for a

70-year-old being 1-in-24, Lottich said.

"It's about a 10-fold increase in the older population. But if you subdivide and look at the groups that have really high risk, you're going to see it," she said.

Lottich encourages people to talk to relatives to determine if certain cancers run in the family. Research has shown a link between prostate cancer in men and breast cancer among family members, she said.

"Sometimes it can be difficult with older family members. They don't want to talk about what they had, but getting the specifics of that are significant things that young women should know," she said.

Most importantly, women should be familiar with their breasts and monitor changes. If something seems off, don't hesitate to seek further examination, Agarwala said.

"Patients, if they feel something, act upon it. There really is not an age where you're 'too young,'" he said. "If you feel something, seek medical attention and get a mammogram."

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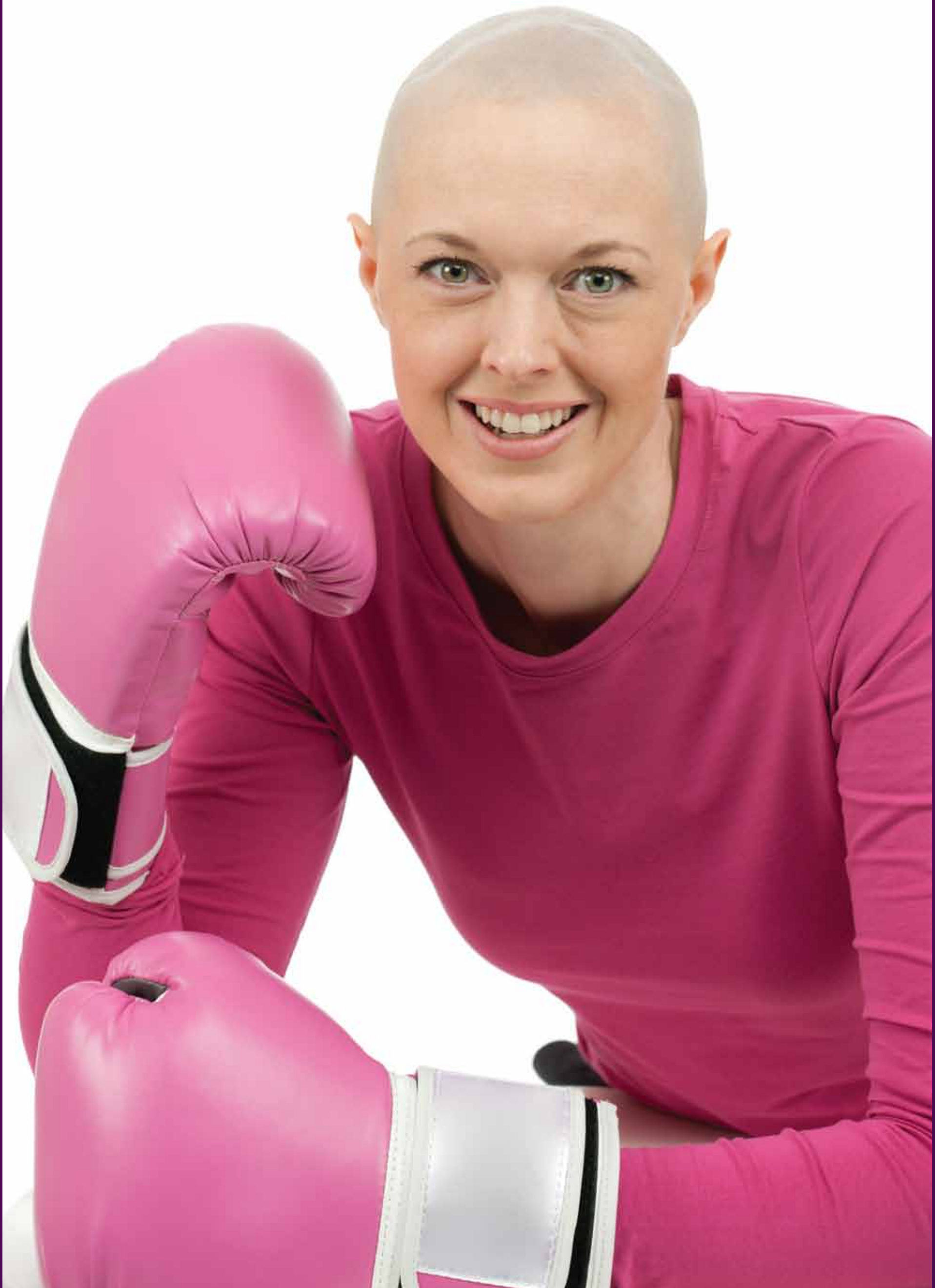
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