

Who is Deborah Strange-Browne?

Deborah Strange-Browne was born on May 19, 1966 and raised in Highland, Indiana. She was the eldest of four girls. She was a gifted young woman with a bubbly personality and a contagious laugh that made her the life of the party.

In January of 2000, at the age of 33, Debbie was diagnosed with Inflammatory Breast Cancer (IBC). This type of breast cancer is uncommon, but aggressive. Prompt diagnosis and aggressive treatment is needed in order to stop its progression and ability to spread elsewhere. Debbie fought this terrible disease with unbelievable strength and courage. Unfortunately, on December 30, 2000, Debbie lost her battle.

During her treatment, while she was very concerned with her own health, she was also aware of others who may be fighting the same type of cancer, but might not have the financial access to the proper healthcare or medication. It is because of this concern that the Deborah Strange-Browne Inflammatory Breast Cancer Foundation was created by her family.

OUR GOALS

At the Deborah Strange-Browne Inflammatory Breast Cancer Foundation, we are here to assist the medically under-served, promote public awareness, and advance research on IBC, so that this aggressive disease can be eradicated. We can only do this with your support. All donations are used to support our goals. We operate on a volunteer basis and are a registered 501 (C) (3) not-for-profit organization.



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**Deborah Strange-Browne
could be your**

grandmother
mother *your sister*
daughter *your friend...*

Deborah was a victim of IBC

**Have you ever heard of Inflammatory
Breast Cancer (IBC)?**

Do you know what IBC is?

**Do you have IBC or do you know
someone who has IBC?**

Please take and read this brochure to
learn about IBC, and see how you
can help us eradicate this cancer.

What is Inflammatory Breast Cancer?

Much of the public is educated to believe that there is only one type of breast cancer and that a lump must be present. This is not always the case, especially with IBC. IBC usually grows in nests or sheets, rather than as a confined, solid mass. Therefore, it can be diffused throughout the breast without having a palpable mass. With IBC, the cancer cells block tiny lymph vessels in the skin of the breast causing the breast to look inflamed. The lymph vessels are responsible for filtering out bacteria and any other matter that the body doesn't want. The symptoms often develop quickly. The breast looks red, inflamed, feels warm to the touch, and is swollen.

IBC is an advanced and aggressive form of breast cancer. It usually cannot be detected on a mammogram or ultrasound. Many times the symptoms lead to a misdiagnosis of a breast infection and the patient is prescribed with antibiotics, as was the case with Debbie. This wastes precious time. Misdiagnosis often occurs because many doctors may only see one or two cases of IBC in their entire career. This is why public awareness of IBC and its symptoms are so important.

SIGNS AND SYMPTOMS OF IBC

One or more of the following are typical symptoms of IBC:

- **An increase in breast size over a short period of time (sometimes a cup size in a few days).**
- **Relentless Itching.**
- **A pink, red or dark-colored area that sometimes has the texture that is similar to the skin of an orange.**
- **Ridges and thickened areas of the skin.**
- **A bruise-like area that does not go away.**
- **Nipple flattening or retraction.**
- **Discharge from the nipple.**
- **The breast is excessively warm to the touch.**
- **Breast pain, which is not cyclic in nature (it may be constant or stabbing).**
- **A change in the color and/or texture of the dark pigmented area surrounding the nipple.**
- **Swollen lymph nodes in the underarm area or above the collarbone area.**

TREATMENT

IBC is a particularly aggressive form of breast cancer, so prompt treatment is needed. Although IBC doesn't have as high a survival rate compared to other types of breast cancer, there have been advancements made in treating IBC patients. These advances are due to the increase of the specialists involved in caring and treatment options. Every woman should remember that she is an individual and not a statistic. Each patient will respond differently.

Treatment usually entails pre-operative chemotherapy followed by surgery (usually a mastectomy). In most cases, radiation to the chest wall may be given after surgery, depending on the tumor response. If eligible, the patient may be able to take Tamoxifen (a hormonal drug). Additional treatments and/or procedures may be necessary. New treatments are on the horizon.

QUESTIONS FOR YOUR DOCTOR

- In what specialties are you board certified?
- At what hospitals do you have admitting privileges?
- How many patients with IBC do you treat each year?
- How often will I see you during treatment?
- If I see other specialists, will you be working as a team?
- What does my pathology report say and what does it mean?
- What are my treatment options, from none to the most aggressive?
- What course of treatment are you recommending for me?
- What are the possible side effects, and how can I manage them?
- How successful has this course of treatment been for other patients?
- What are my options if the treatment doesn't work?
- Are there any clinical trials which might offer me promising new treatments?
- Will you allow me to make decisions about treatment after listening to your advice?
- How do you feel about alternative medicine?
- If I have a mastectomy, can I opt to have breast reconstruction at the time of surgery or at a later date?
- What sort of follow-up care will I have once I finish treatment?
- If I choose to end treatment at some point, will you support me?

THE PATIENT'S PLEDGE

- I will be heard.
- I will not be intimidated.
- I will listen to my body, my symptoms matter.
- I will be fully informed and be included in the final decision.
- I will have the best care.
- I am entitled to hope.
- I am entitled to compassion and to be treated with dignity.
- I will stand up for my own best interest.
- I will praise good care and report bad care.
- I will be safe.

Author: Anonymous