KATHY WEBB

Longtime Advocate Fights Her Own Battle with Breast Cancer
Former Arkansas Representative Kathy Webb has a long history of participation in the Susan G. Komen Race for the Cure. She has served the cause as an organizer, a supporter and – more recently – a survivor.

In the mid-90s, Webb was the founding president of the Komen affiliate in Chicago, where she lived at the time. “I helped get the race started in Chicago, and we even had some of the researchers there who were funded by Komen,” recalled Webb. “I knew a great deal about breast cancer – probably more than the average person.”

Webb knew that her extensive involvement did not make her immune to breast cancer, but that did little to ease her shock when she found a lump in her own breast during a routine self-examination. “I found it, and I thought, ‘Okay, I’m going to wait half an hour, and see if it’s still there,’” recalled Webb. “I knew a great deal about breast cancer – probably more than the average person.” She did, and it was. “Again, I thought, ‘Okay, I’ll wait another half hour’ … I hoped maybe I was just imagining it.”

Despite her fear, Webb pursued confirmation quickly. “I found the lump on May 16, and by 10 o’clock the next morning, I was told I had cancer,” she said. “That’s how fast it all happened.”

The Plan of Action

The fast pace continued. A quick mammogram, biopsy and diagnosis led to treatment discussions under the direction of surgical oncologist Ronda Henry-Tillman, MD, who shared several options with Webb and the team at large. Other members of her UAMS multidisciplinary team included mammographers, medical oncologists, radiation oncologists, cancer geneticists and providers of support services such as psychosocial, nutrition, physical therapy.

Dr. Henry-Tillman, in discussing treatment, stressed the importance of looking at each individual patient’s needs. “You have to think about the person as a whole and not just about the breast … it entails getting a perspective on the patient and who they are and then helping them with the decision-making. Options are different for different patients.”

“With cultural cancer, the size of the tumor, whether it could spread,” said Dr. Henry-Tillman, who described Webb’s as a 2.5-centimeter tumor. “On clinical evaluation, her lymph nodes were not enlarged, and her tumor receptors were positive.”

After hearing the options, Webb did not hesitate in choosing to have a bilateral mastectomy. “That was purely her choice,” said Dr. Henry-Tillman, indicating that reasons for this choice vary. In Webb’s case, she feared cancer in the opposite breast – a fear that proved warranted. While precancerous cells were found in Webb’s healthy breast, this is common only in a very small number of cases, according to Dr. Henry-Tillman.

Through it all, Webb worked to maintain a positive perspective. “I know how fortunate I was through this whole thing,” she said. “I couldn’t have asked for better doctors. Dr. Henry-Tillman, Dr. Hutchins – all of them – took time to explain options, showed me the charts, etc. They never acted as if I couldn’t understand the information. I really appreciated that. I went in expecting a good report after the surgery. Dr. Henry-Tillman was very straightforward with me.”

Being up front with cancer patients is essential, indicated Dr. Henry-Tillman. “We are always straightforward. You have to be. Patients need to know, ‘What is my prognosis? What are my options? What is going to happen to me later?’ So you want to deal with all of those things.”

Medical oncologist Laura Hutchins, MD, helped define a treatment plan for Webb. “She had a small primary cancer in the breast that was not likely to have a positive axillary node – but hers did,” explained Dr. Hutchins. “That increases the chances of the cancer metastasizing enough to warrant consideration of adjunctive chemotherapy. I explained the benefit of the chemotherapy. She agreed that she wanted a reduction in the chances for metastases, so she was treated with six cycles of chemotherapy. She did have one hospitalization for an infectious complication.”

Dr. Hutchins expressed joy at seeing Webb enjoy good family support and resources. She knew that Webb would need that support, especially after the
initial shock of her diagnosis began to wear off and the real work of fighting cancer began.

The Fight of Her Life

After surgery, Webb took only one week off work. Her friends and coworkers made this possible, she shared. “The reality is I pretty much went to work and went home,” said Webb, who had no choice but to rely on friends for rides to work and so much more. “Friends did a meal train, got groceries, walked my dog, did my yard, and cleaned my house.”

Cancer changed her life in strange, small ways she could not have foreseen. “Things I never thought of before, I became cautious and cognizant of,” recalled Webb, using the example of responding to a simple paper cut. “Normally, I would have done nothing. But when you’re on chemo, you wash your hands and put antibiotic cream and a bandage on it.”

Simple activities — walking down the block, doing the dishes — became huge challenges. “Last Sunday, I was changing the sheets on my bed when it dawned on me that it had taken me about 10 minutes. Just six months ago, it took me about a half-hour. Six months before that — right after surgery — I couldn’t change my sheets.”

Watching others doing for her was hard, especially for someone as active as Webb. She learned to give herself a break, thanks in part to guidance from psychologist Stephanie Simonton-Atchley, who specializes in treating cancer patients. “She was able to help me through having to say ‘No’ to things I usually said ‘Yes’ to,” Webb said. “There are always things that need handled, but you can only put one foot in front of the other. You don’t have the energy to do other things. I was surprised that I was able to allow myself to recover.”

While every day was difficult — each moment exhausting, it seemed — Webb took comfort in the support that surrounded her. She was grateful that when she was tired from chemo, she had good food, four walls and a bed to rest on — sheets changed or not.

That realization, and the knowledge of others who lacked the comforts she enjoyed, ignited a thought process that stuck with Webb during and after her battle against breast cancer.

Finding Purpose Outside Herself

As executive director of the Arkansas Hunger Relief Alliance, Webb has long been aware of the many residents in our state who — for one reason or another — go hungry. However, during her battle with cancer, Webb became more aware of the fact that hungry people get cancer, too.

During her treatment, Webb was confronted with this issue head-on. “One day, one of my coworkers went into a food pantry and saw a woman there who, like me, was skinny, bald and gaunt,” said Webb. “She had just been through chemo that day before going straight to the food pantry.”

Webb learned that the woman had previously had a job without insurance, but had lost that job after her diagnosis. “While she was going through treatment, she’d had to move to a less desirable place, and at one point had no heat and was living in a moldy environment,” said Webb. “I decided that we had to do something about this.”

Webb posted a plea for help on Facebook, in which she asked friends to bring in nutritious foods to donate. “I had specified in the Facebook post, ‘Don’t help me right now. WE have to help this person,’” she said. “People responded generously. I soon had 11 bags of groceries in my carport.”

What this woman went through is all-too-common in Arkansas, according to Webb, who hopes to continue helping others in similar situations. “So many suffer from hunger and hardship through nothing they have done to get into that position,” she said, stressing that many hard-working Arkansans are just one illness away from this woman’s situation. (See Sidebar, page 82)

Moving On

Her treatments concluded last December. In fact, on the last day of Webb’s chemotherapy, she took an entourage with her to Winthrop P. Rockefeller Cancer Institute at UAMS to see her go through “Seeds of Hope,” a ceremony that signifies the passage from cancer patient to cancer survivor. As she left the Institute, she and her friends left help for other patients (donated gas cards and Ensure).

Aside from her work for the Hunger Alliance, Webb has always had a heart for helping the community — and a head for business, budgets and politics. After having run successful restaurants for more than 20 years (owning restaurants in Chicago, Memphis and Little Rock), Webb served in the Arkansas House of Representatives from 2007 through 2012.

During her time in the House (she was term-limited out), Webb became the first woman in Arkansas History to serve as Co-Chair of Joint Budget and Co-Chair of Joint Budget. “Coming to the House as a small business owner, I was immediately interested in budget issues,” she explained. Webb served also as co-chair of the Governor’s Working Group on Corrections and Sentencing Reform, the Governor’s Commission on Global Warming and the Task Force on Sustainable Building and Design. “I am proud of many bills I sponsored and co-sponsored that were enacted into law (including the grocery tax cuts and the Arkansas energy conservation program for state-owned buildings), but among the things I’ll always remember are helping constituents with various issues. That work truly helped a family change their lives for the better.”

Webb continues to be passionate about government policy and about being involved, now running at the local level as a candidate for City Director. “While one can do public service in many ways, I learned at the legislature that being at the table is critical,” said Webb. “I am passionate about reaching out and looking for solutions that serve the common good. I believe my former colleagues would say that I work well with others and look for practical solutions. I was brought up to give back and this way of giving back has meant a great deal to me.”

In honor of Breast Cancer Awareness Month, The Journal asked Kathy Webb to share her story of survival with our readers. You can learn more about Webb’s work with the Arkansas Hunger Alliance by visiting http://arhungeralliance.org. For details of her campaign for City Director, go to http://kathywebb4citydirector.org.

Learn more about Susan G. Komen Race for the Cure at komenarkansas.org. ANS
Arkansas Hunger Alliance Executive Director Kathy Webb is a recent breast cancer survivor (read Webb’s cancer story, page 80). While undergoing treatment, she was reminded that the problem of hunger — something she and coworkers work daily to address — affects many cancer patients.

“There are so many people who are one illness away from hunger,” Webb said. With this in mind, she has made it part of her mission going forward to increase awareness and support for cancer patients who also suffer from food insecurity. “If I could change anything, I would convince hospitals and doctors to ask a question about hunger,” said Webb. “I’m grateful for the folks I’ve been talking to at UAMS — they’re willing to work on it.”

Webb talked of UAMS because that is where her treatment was. However, she stressed that she would like to see questions like “Do you have enough food to eat?” or “Do you ever experience food insecurity?” included on health forms everywhere.

“I think it’s not something that enough people are cognizant of. It’s important to eat well in general, but especially when you’re going through chemo. If you’re going through chemo and not getting the right nutrition, your recovery will be more difficult. Hospitals can’t be our parents, but if we were aware, we could have better health outcomes to benefit everybody.”

At UAMS, patients are identified for nutrition therapy by nurse, physician, social services or dietitian screening. These patients receive a referral to see the oncology dietitian and they will receive personalized counseling on what is appropriate for their diagnosis and phase of treatment. The social workers and dietitians may assist those patients who need additional help by referring them to resources close to home.

Outpatient Nutrition Team Leader Michelle Morgan, MS, RD, CSO, LD, confirms this. Regarding the significant role of nutrition in the care/treatment of cancer patients, whether newly diagnosed, undergoing treatment or in remission, Morgan said, “The right balance of foods can help individuals maintain their strength and energy during treatment and improve their overall health after treatment.

“Current professional knowledge and the most up-to-date research shows that successful treatment is connected with maintaining the patient’s ‘usual’ weight beginning at diagnosis and continuing through therapy and recovery. There are many metabolic changes that occur during cancer and its treatment; it is common for people to experience unwanted side effects such as taste changes, constipation, diarrhea, high blood sugar, dry mouth, swallowing difficulties, or nausea and vomiting. Medical Nutrition Therapy can help reduce and/or manage side effects and promote a stable weight.”

Ronda Henry-Tillman, MD, Webb’s surgical oncologist, said that nutrition is part of any discussion about cancer treatment options — as are many other topics. “We have a big support network in behavioral and social work,” she said, adding that, unfortunately, people are not always open about needs they have from a social perspective. “You can’t make them open up about the fact that they can’t eat good because vegetables are too expensive, but they can go to McDonald’s and get a burger for 99 cents. People don’t want to share sometimes; it’s important that people have integrity, so sometimes you have to target specific questions. If you look at a person and they’re at an unhealthy weight, you talk to them about that. If they’re having issues with sex, you talk to them. When we have young patients, we address infertility issues. We address things on the front end, and we try to cover everything [because] it’s about treating the disease as a part of that patient.”

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Breast Cancer Screening and Other News

Back in 2007, The Journal featured Dr. Ronda Henry-Tillman in an article related to Inflammatory Breast Cancer, an uncommon but aggressive form of invasive ductal cancer in which the cancer cells block the lymph vessels in the skin of the breast, often causing the breast to be swollen and red, thus the term inflammatory. It is always good for physicians to be on the lookout for this and other forms of breast cancer as they stay abreast of the latest statistics (see Related Reading at the end of this article).

Then and now, Dr. Henry-Tillman has remained a strong advocate of early screening through self-examination and regular mammograms. “Breast Cancer is a real disease. Despite all the controversy regarding screening, the only way you can find a disease is to look for it. The timing of that screening is a big issue, but if it’s your life—or your mother’s life, or your sister’s—you want to find that cancer as soon as possible,” she told The Journal in a more recent conversation. “I recommend that physicians be proactive about early detection. Provide patients with information that will allow them to make the best decision for them. If they choose to screen, they will find the cancer early. If they choose not to screen, people can still present with a lump that is early cancer, but fear is the reason we have late diagnoses, so we have to be open and discussing this with our patients.”

Laura Hutchins, MD, medical oncologist for UAMS, echoed Dr. Henry-Tillman’s thoughts and shared the hospital’s current policy. “Breast self-examination is inexpensive and without side effects,” she explained. “Mammography studies for screening are old. There are many issues related to the interpretation. These studies are frequently reanalyzed and the analyses reach different conclusions based on how the analysis was set up (which groups were excluded/included and which assumptions were made). Mammography is also not as exact as we would like. It misses and over diagnoses more than is desirable. On the other hand if you look at the death rate pre and post regular screening it is down. There are other confounding issues here as well that impact the death rate on the treatment side. For now, we follow the American Cancer Society guidelines to begin at age 40 and to screen yearly. New x-ray techniques and other modalities continue to be investigated. The digital tomography mammography and MRI at UAMS are examples of those advances.”

Dr. Hutchins also took time to share some overall positive news about the state of breast cancer and breast cancer treatments. “The incidence of breast cancer in the U.S. has decreased following
the publication of the Women’s Health Initiative demonstrating that estrogen-progesterone replacement after menopause increased the risk of breast cancer and the risk of cardiovascular events, dementia and death,” she explained, noting that there are cases in which hormone replacement is still warranted.

Then there is the issue of genetic risk, a topic that is addressed by Arkansas’ own Cancer Genetics clinic. “More is known about genetic risk and screening for inherited genes that increase risk. We are lucky to have a clinic that can provide complete evaluations and counseling for families with these genes.”

On the treatment side of things, much has changed in recent years. “Surgical treatment has improved,” explained Dr. Hutchins, beginning quite a long list of associated surgical and treatment advances. “We have better methods for biopsy, reduced number of overall procedures, improved cosmetic results with reconstruction, and improved methods for reducing lymphedema.

“Dr. Suzanne Klimberg leads the breast surgical oncology team and they perform a procedure to map the lymphatics in the arm to avoid cutting those channels in order to reduce lymphedema. They also study the use of radiofrequency ablation to provide additional surgical margins and in selected cases, may reduce the need for radiation. Skin Sparing mastectomies are used in selected cases to improve the cosmetic result.

Dr. Hutchins also mentioned improvements in radiation therapy and systemic therapy. Noting the latter, she said, “Major steps have been with improved drugs for Her2 positive disease. The addition of the mTOR inhibitor to endocrine therapy to reverse resistance and prolong response and the use of a new class of medications called PARP inhibitors for patients who are positive for the BRCA gene.”

The Journal thanks Dr. Hutchins and Dr. Henry-Tillman for their expertise in the area of breast cancer statistics and treatment. Learn more at http://cancer.uams.edu.

*In 2009, the U.S. Preventive Services Task Force (USPSTF) recommended that while women ages 50 to 74 should continue to undergo mammograms every two years, those between the ages of 40 and 49 without a family history of breast cancer should discuss the risks and benefits of routine screening mammography with their physicians to make individual decisions. 

American College of Radiology, http://mammographysaveslives.org


The National Breast Cancer Coalition http://natlbc.org

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