



# Hope and Healing

## Surviving Breast Cancer

*by Dr. Foluso Bisi Ademuyiwa*

## The News

Was it you or someone you know who received the dreaded news: “You have breast cancer”? Did this come from out of the blue? For the vast majority of women this diagnosis comes with no symptoms and no warnings. In other words, they feel well. Maybe that’s why a breast cancer diagnosis can be one of the most confusing and scary times in a woman’s life. So many questions race through one’s mind, especially the biggie: “Am I going to die from this?”

This is a time when it’s natural to think about death and God. Where is He? Why did He let this happen? What is He doing through all of this? In this booklet we will explore a woman’s journey through breast cancer. We will examine God’s promises and the things He has done to free you from the fear and power of cancer and death.

## The Beginning

Does God know or care about your body or health issues like cancer? In the devastating aftermath of your diagnosis you may really wonder. But long ago God chose a young man named Jeremiah to let His people know what He thought. He spent a long time preparing Jeremiah for that task. Here’s what it says in Jeremiah 1:5. “Before I formed you in the womb I knew you, and before you were born I consecrated you; I appointed you a prophet to the nations.”

But Jeremiah was a special person with a special task. Does God care about common ordinary people like you and me? The following reading shows that from the beginning of our lives God has carefully watched over each and every one of us because each person fills a special place in His creation.

In Psalm 139:13-16 it says, “You formed my inward parts; You knitted me together in my mother’s womb. I praise You, for I am fearfully and wonderfully made. Wonderful are Your works; my soul knows it very well. My frame was not hidden from You, when I was being made in secret, intricately woven in the depths of the earth. Your eyes saw my unformed substance; in Your book were written, every one of them, the days that were formed for me, when as yet there was none of them.”

From the moment you were conceived, God has cared for you, nurtured your body, and watched over your heart, mind and spirit.

Here’s what Jesus said, “Are not two sparrows sold for a penny? And not one of them will fall to the ground apart from your Father. But even the hairs of your head are all numbered. Fear not, therefore; you are of more value than many sparrows” (Matthew 10:29-31).

Your diagnosis may have taken you by surprise, but nothing surprises God. And He is here to give you courage, hope, strength and joy to face today and every day of your future. And He has provided medical knowledge and skilled and caring men and women, doctors and nurses to help you through this difficult time in your life. Because of the wonderful advances in medicine things have changed; this diagnosis is not as final as it used to be.

Although any cancer can be potentially life threatening, most women with breast cancer find they can lead a relatively normal life with prompt diagnosis and proper treatment. Breast cancer *is not* the end of the road for most women.

## If You Don't Have Breast Cancer

If you or a woman you love has *not* received a breast cancer diagnosis, you can be thankful. But it is wise to be watchful. The earlier breast cancer is detected the greater the chance of curing it. Getting a yearly mammogram is designed to detect breast cancer early and when it is most curable. Mammograms are recommended for women starting at age 45. Younger women in their early 40s may want to have this screening done too, if they wish to do so.

## How Is Breast Cancer Found?

Most women with breast cancer will find it comes to the attention of medical professionals after they receive the results of an abnormal mammogram screening. Some women may detect a breast lump, while others may have a symptom from breast cancer that manifests itself somewhere else in the body. Regardless of how breast cancer is discovered, most individuals will not die from a breast cancer diagnosis, if it has not spread to a different body part.

If a woman is found to have any of the above-mentioned situations, a needle biopsy will typically be ordered by a medical provider. This is a procedure where a small needle is inserted into a lump or other abnormality to sample a section of tissue. The tissue is then taken to the laboratory where a pathologist looks at it under the microscope to determine if it's cancerous. Once the diagnosis is made, a patient will then meet with several members of the medical team to determine the best approach to treatment. Members of this team include a surgical oncologist, medical oncologist, and radiation oncologist. Sometimes, other professionals like fertility specialists, psychologists, dieticians or social workers are involved in the care of breast cancer patients. Needless to say, this is an overwhelming time for newly diagnosed patients as testing and numerous consultations are taking place. A significant volume of new information and recommendations will be provided to patients. If possible, it is advisable to bring another person to these initial appointments due to the amount of new information to be discussed. I often recommend to my patients to take it step by step, day by day, and just focus on the next thing they have to do. It's best not to worry about all the recommendations at once.

## Dealing with Your Initial Feelings

Regardless of whether a breast cancer diagnosis comes unexpectedly or deep down you suspected something, your initial feelings can be overwhelming. Jesus' followers experienced a somewhat similar shock when He told them He would be arrested—and killed—when they reached Jerusalem. Some were in complete denial; others closed their minds and refused to give it a thought; still others were caught in deep grief and sorrow.

Even though He was facing His own suffering and death, Jesus reached out to comfort His friends. He said, "Let not your hearts be troubled. Believe in God, believe also in Me. In My Father's house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to Myself, that where I am you may be also" (John 14:1-3).

Two other Bible verses remind us that God is in control and is here to help us in our time of need: "There is no fear in love; but perfect love casts out fear. For fear has to do with punishment, and whoever fears has not been perfected in love" (1 John 4:18).

(Jesus said) "I have told you these things, so that in Me you may have (perfect) peace. In the world you have tribulation and distress and suffering, but be courageous (be confident, be undaunted, be filled with joy); I have overcome the world" (John 16:33, Amplified Bible).

The diagnosis of breast cancer can produce many different emotions, of which fear and isolation predominate. You might be tempted to withdraw and think you are all alone. But breast cancer is actually very common. One in eight women will be diagnosed, and almost 200,000 women will be diagnosed annually in the United States. You may feel empowered to know you are not alone.

"Why me?" is another very common gut reaction, especially in women who consider themselves as having "done everything right" by exercising, eating healthy, and staying away from bad habits. Some of you may feel great guilt over something from your

past—a word or deed that haunts you. Perhaps you wonder if God is punishing you. The truth is God is offended by the hurtful things we say and do, even the selfish thoughts that fill our minds. But God dealt with His anger by sending His Son Jesus as our perfect and all-sufficient Substitute. Jesus carried those offenses to the cross and suffered and died there to bear God's punishment in your place. For Jesus' sake you are free and clear. God has turned His loving heart to you, and you need not fear that this cancer is a punishment. Instead, God is using it to draw you near to Him, to learn to trust Him to take care of you in this life and in the next.

When Peter started his first letter he reminded us of the inheritance Jesus has won for each of us in heaven. Then he turned to discuss the difficulties we face in this life, which often cause us to forget the blessings of God. "In this you rejoice, though now for a little while, if necessary, you have been grieved by various trials, so that the tested genuineness of your faith—more precious than gold that perishes though it is tested by fire—may be found to result in praise and glory and honor at the revelation of Jesus Christ. Though you have not seen Him, you love Him. Though you do not now see Him, you believe in Him and rejoice with joy that is inexpressible and filled with glory" (1 Peter 1:6-8).

Another biblical writer described these difficult parts of our lives as times when God is teaching us to look to Him when life gets tough. He starts with a reminder of the difficulties Jesus faced: "Consider Him (Jesus) who endured from sinners such hostility against Himself, so that you may not grow weary or fainthearted. In your struggle against sin you have not yet resisted to the point of shedding your blood. And have you forgotten the exhortation that addresses you as sons? 'My son, do not regard lightly the discipline of the Lord, nor be weary when reproved by Him. For the Lord disciplines the one He loves, and chastises every son whom He receives.' It is for discipline that you have to endure. God is treating you as sons. For what son is there whom his father does not discipline? If you are left without discipline, in which all have participated, then you are illegitimate children and not sons. Besides this, we have had earthly fathers who discipline us and we respected them. Shall we not much more be subject to the Father of spirits and live?" (Hebrews 12:3-9).

Unfortunately, no one is immune from challenges and tribulations, including cancer. The most common breast cancer risk factor is being female, which cannot be altered. For the most part, breast cancer is not a disease caused by what one does or does not do. Once a diagnosis is made, I recommend a woman seek a support group where other people facing similar situations can provide ongoing support. At times, this is useful because the diagnosis tends to affect other people around you as well. For instance, many people do not know how to react and may even stay away from people with cancer. Similarly, a cancer patient may not know what to say to or how to react with friends or family once diagnosed. As a result, this could create periods of difficulty and awkwardness. Therefore, having a support group with people who have gone through or are currently going through what you are dealing with is helpful. Friends are also an excellent source of support during the cancer journey. Reaching out to others gives them the opportunity to help and can be a blessing to both parties. Many patients find there are people who show them support in ways they had never imagined.

Other emotions that women tend to feel are denial and depression. Denial is a coping mechanism that gives people time to adjust to distressing situations. This can be very dangerous; however, since cancer left untreated will most likely spread. Persistent denial leads to not acknowledging the situation. This leads to avoiding the facts, stalling the help you need, and possibly making the consequences worse. Therefore, denial should only be a temporary measure. If you realize you're in denial or someone you trust suggests you are, take time to honestly examine and express your fears. Think about the potential negative consequences of your inaction, and journal your experience to chart your feelings.

Jesus experienced the same jumble of emotions as He faced His coming death: "In the days of His flesh, Jesus offered up prayers and supplications, with loud cries and tears, to Him who was able to save Him from death, and He was heard because of His reverence. Although He was a Son, He learned obedience through what He suffered. And being made perfect, He became the source of eternal salvation to all who obey Him" (Hebrews 5:7-9).

The night before Jesus died, He was overwhelmed with sorrow. Instead of denying the suffering He was about to experience, He faced it head on. He brought along His friends, and going to a solitary place, asked them to stay with Him: "Then he said to them, 'My soul is very sorrowful, even to death; remain here, and watch with Me.' And going a little farther He fell on His face and prayed, saying, 'My Father, if it be possible, let this cup pass from Me; nevertheless, not as I will, but as You will'" (Matthew 26:38-39). Wrestling through His feelings and His grief was not an easy experience for Jesus.

"And being in an agony He (Jesus) prayed more earnestly; and His sweat became like great drops of blood falling down to the ground" (Luke 22:44).

Jesus prayed for nearly an hour. When He finally found a measure of composure, He returned to encourage His friends who had fallen asleep. But then the feelings swept through Him again. Twice more He returned to pour out His heart to God until He was ready to walk the path God had set before Him. By the third time His heart was set, and He was ready to face His suffering and death. With confidence and determination He told His friends, “Rise, let us be going; see, My betrayer is at hand” (Matthew 26:46).

Anxiety and depression are also common emotions faced during the breast cancer journey. A cancer nurse once said, “It’s okay to cry, but keep it less than 20 minutes a day.” This, of course, means it’s healthy to have crying as an outlet for emotions, but try not to dwell on crying and, if possible, seek to find ways to deal with what you are going through. A positive mental attitude will go a long way to making things more manageable. Other helpful suggestions are to get an iPod to listen to music, surround yourself with positive people, ask people to pray for you, and be sure to meditate and confess healing Scriptures every day. Here are a few to get you going: James 5:14; Matthew 11:28; Philippians 4:19; Proverbs 4:20-22; Exodus 15:26; Psalm 107:19-21; Exodus 23:25; Psalm 30:2; Isaiah 53:4-5; 1 Peter 2:24.

Jesus worked through His sorrow and grief as He prayed to God His Father. He turned His focus outside Himself to the people around Him who were grieving with Him and for Him, and even for those who were against Him (see Luke 23:26-34).

When people are faced with major challenges, they either turn to God or away from Him. It is okay to question life and situations. Many questions from the persecuted are put to God in the book of Psalms (see Psalm 10:1; 44:24; 74:1; 77:7-9). Although God’s answer may not be readily apparent, He welcomes heartfelt questions from an intense heart. Your burden becomes easier when you remember that Jesus already took your greatest burden—God’s anger at your sin—and paid for it on the cross. Now He offers to stand by your side and help carry your burden with you.

In Matthew 11:28-30 we read these words of Jesus: “Come to Me, all who labor and are heavy laden, and I will give you rest. Take My yoke upon you, and learn from Me, for I am gentle and lowly in heart, and you will find rest for your souls. For My yoke is easy, and My burden is light.”

And again, in 1 Peter 5:6-7 we read, “Humble yourselves, therefore, under the mighty hand of God so that at the proper time He may exalt you, casting all your anxieties on Him, because He cares for you.”

Most circumstances in our lives are actually beyond our complete control. God did not promise a trouble-free life; instead, He promised to never leave us nor forsake us (see Deuteronomy 31:6; Hebrews 13:5). He promises to make all things work together for our good (see Romans 8:28), and He remains good *all* the time.

## The Journey through Breast Cancer

“When you pass through the waters, I will be with you; and through the rivers, they shall not overwhelm you; when you walk through fire you shall not be burned, and the flame shall not consume you” (Isaiah 43:2).

The prognosis in breast cancer depends on the stage. Women diagnosed at stages I, II or III are generally treated for a full cure. The earlier the stage, the higher is the chance of cure. Women diagnosed with metastatic breast cancer (same as stage IV) are generally treated for disease control, but not cure. A multidisciplinary approach to cure involves surgery to remove the cancer, radiation, chemotherapy and antiestrogen treatments. The management for each person is individualized so not all treatments may be necessary for every woman. Surgery may be removal of the cancerous lump (lumpectomy) or removal of the entire breast (mastectomy). During surgery, lymph nodes are also taken out from the armpit to see if there has been any spread to those nodes. A lumpectomy usually does not require a hospital stay, while patients who have a mastectomy usually stay in the hospital overnight to be monitored after the operation. The healing process from either procedure is typically uncomplicated. Breast reconstruction is available to most women who have a mastectomy.

Women respond differently to breast removal. Some believe life is more important than body parts, while body image is a huge factor for others. You might fear you will be less feminine or unattractive without your breast(s). Perhaps you fear rejection by your boyfriend or future husband. It can help to talk to your doctor about your concerns and different ways to address this.

While Jesus made it clear that our first priority toward God is restoring our relationship with Him through God’s forgiveness and faith, it would be wrong to think God does not care about our bodies. He displayed great care and wisdom as He designed the

human body, both male and female. And Jesus demonstrated His concern for our physical body through His healing miracles, including giving sight back to the blind, hearing to the deaf, strength and mobility to the lame, and restoring the withered hand of a man who was brought to Him (see Luke 6:6-11). Add to these the fact that He took time to restore the disfigurements of disease and leprosy that He encountered too. From these healing acts of Christ, we can be reassured He will restore our bodies when He returns on the Last Day to raise the dead and gather all believers to live in His Father's presence forever.

## Treatment for Stages I-III

Within seven to ten days after the surgical operation the pathology results are usually available. These detail the size and characteristics of the cancer, as well as the lymph nodes. When radiation is indicated, it is usually done to the chest wall or breast area if a lumpectomy is performed or if the cancer involves the lymph nodes. Radiation requires targeting special X-rays to an area to kill cancer cells that may be left over. It does not hurt, but sometimes can cause a skin irritation that heals after treatments are complete. Chemotherapy involves a program of intravenous medications given for several months for the purpose of eradicating cancer cells anywhere in the body. Since there are usually multiple treatments delivered, your physician may recommend a port. A port or port-a-cath is an intravenous catheter that is placed under the skin in a patient who requires frequent administration of chemotherapy, blood transfusions, intravenous feeding, antibiotics, or blood draws. It makes giving chemotherapy safer and easier. The placement of a port prevents multiple needle sticks, looking for veins for chemotherapy administration.

These treatments cause hair loss, nausea, vomiting, tiredness, aches, taste changes, loss of appetite, and reduced immunity during the program. These side-effects are well managed by supportive medications and usually resolve when the regimen is complete. Antiestrogen treatments involve taking estrogen-blocking pills for five to ten years by those whose breast cancers feed off estrogens (female hormones). These medications are extremely well tolerated for most people, but occasionally may cause hot flushes, night sweats, joint aches, or weight gain.

It is not uncommon for physicians to forget themselves when speaking with patients and use medical lingo. If you do not understand any aspect of the discussion the physician is having with you, you should ask him/her to speak in simpler lay terms. For instance, "nausea" means the same thing as feeling sick to your stomach, and "cytopenias" means reduced blood counts. No one expects you to have a full grasp of medical terminology, so don't feel embarrassed asking for term clarifications in easier-to-understand language. In addition, if you feel you're not getting the correct info—or enough of it to make an informed decision—it's your right to seek a second opinion. Your physician will not feel slighted.

Due to the complexity and duration of a breast cancer treatment program, it is imperative to have a good relationship with members of your medical team. The quality of this relationship is one of the most crucial aspects of your cancer journey. A doctor-patient bond can be described as a marriage. Your styles should blend well; your doctor should be supportive and help guide you, and you have to trust your doctor and be able to talk openly with him/her. It is helpful to communicate to your physician what is important to you as an individual; this helps in planning your care. For instance, some patients would do anything to prevent hair loss; others may not mind. Some patients may place a greater emphasis on their quality of life, while others may place more emphasis on quantity. It is important for patients to be their own best advocates.

Participation in clinical trials should also be a goal for women with breast cancer. Information on available and appropriate clinical trials can be found online at [clinicaltrials.gov](http://clinicaltrials.gov) and as well as through the treating oncologist. It is patient involvement in clinical trials that ultimately helps researchers and physicians develop more precise ways to prevent, diagnose, treat and understand cancers.

The treatments for stages I-III breast cancer are lengthy and can extend up to a year, depending on if the woman has chemotherapy and radiation. At the end of treatments, a woman may be emotionally spent and exhausted. During the period of active treatment, these visits may be anywhere from every three weeks to weekly. Radiation is typically given daily Mondays through Fridays for three to six weeks. Once the intensive treatments are over, the visits with physicians are much less frequent: every three to six months for the first two to three years, then every six months till year five, then once a year. During this "survivor" period, women may be on antiestrogen pills for at least five years. There is a tendency for women to become very anxious once the frequency of visits to her physician is reduced, as the "safety net" of the doctor's office is lost. Women may need counseling at this time for coping strategies on how to deal with the fear of breast cancer returning. This is a time when women should surround themselves with people who are positive and supportive, and minimize associating with others (as well as unverifiable Internet resources) that focus on negativism.



Life after breast cancer treatments means returning to a *new normal*. Relationships with your spouse, friends and family may change. Body image from breast surgery may change. Eating habits and physical exercise may change. Life goals and even careers may change. This new leg of the journey is all about adjusting from breast cancer treatments to survivorship. Managing your recovery expectations, as well as expectations of your family, friends and co-workers will help. Everyone (including yourself) may be expecting you to spring right back to your old self once treatments are over and your hair grows back. Unfortunately, the effects of therapy may take months to years to resolve. Stress reduction, embracing your new body with the scars or absent breasts, and accepting what you should or should no longer do will make the recovery process smoother. Survivorship programs and clinics are designed to normalize the experience of cancer survivors by sorting out the emotional and physical aftermath of cancer and its treatments. Your physician may recommend a survivorship program for you. When all is said and done, there should be a feeling of pride, accomplishment and a renewed vigor toward life.

## Stage IV

Stage IV (aka metastatic) breast cancer is when the cancer has spread to an area other than the breast or armpit lymph nodes. If breast cancer spreads, it usually goes to the lungs, liver, bones, brain and other body lymph nodes. The diagnosis of stage IV disease is commonly made when an abnormality is seen on body scans, such as CT, bone, or PET scans. If an abnormality is seen on scans, the physician may recommend a biopsy to determine if it is due to a breast cancer spread. The treatment goal in this scenario is disease control and improvement/prevention of symptoms. Treatments used here include chemotherapy, antiestrogens, radiation and, rarely, surgery. Women with stage IV breast cancer also have many clinical trial options available—trials which may be investigating new cancer treatments. Some of these trials are only available in large or academic medical centers. I advise women to always consider participating in clinical trials if they are candidates, as they open up another avenue for treatment. Symptoms management and quality-of-life preservation are very important in the management of stage IV patients. This is because the treatment for such patients is indefinite, unlike patients with stages I-III breast cancer, where the treatments are generally for up to 12 months. Sometimes I describe the treatment for stages I-III disease as a “sprint,” whereas for stage IV it is more like an “ongoing marathon.” Although the treatments for stage IV breast cancer tend to be indefinite, with good supportive care medications, patients can lead a relatively normal life and continue their usual activities of daily living. Unfortunately, for most patients with stage IV breast cancer, end-of-life planning becomes a reality at some point. In this case, the treating oncologist may recommend further anticancer therapy be stopped and, instead, counsel for hospice care. This is a specialized care program for patients with life-limiting illnesses, focusing on symptom relief, physical, and mental stress. End-of-life care and planning allow patients to die comfortably and with dignity.

When earthly physicians can offer little more than pain management and comfort, Jesus Christ, our Heavenly Physician, steps in. At the evening meal before He was arrested, tried and executed, Jesus told His followers, “Let not your hearts be troubled. Believe in God; believe also in Me. In My Father’s house are many rooms. If it were not so, would I have told you that I go to prepare a place for you? And if I go and prepare a place for you, I will come again and will take you to Myself, that where I am you may be also. And you know the way to where I am going.” Thomas said to Him, “Lord, we do not know where You are going. How can we know the way?” Jesus said to him, “I am the Way, and the Truth, and the Life. No one comes to the Father except through Me” (John 14:1-6).

A few months before, Jesus had gone to the home of his friend Lazarus who had died. At that time He spoke to Martha, Lazarus’ sister: “Jesus said to her, ‘Your brother will rise again.’ Martha said to Him, ‘I know that he will rise again in the resurrection on the last day.’ Jesus said to her, ‘I am the Resurrection and the Life. Whoever believes in Me, though he die, yet shall he live, and everyone who lives and believes in Me shall never die. Do you believe this?’” (John 11:23-26).

Jesus carried your offenses to the cross and suffered and died there to save you from God’s unending punishment. And on the third day He rose to life again, destroying your death. That is why His follower Paul could write, “But we do not want you to be uninformed, brothers, about those who are asleep, that you may not grieve as others do who have no hope. For since we believe that Jesus died and rose again, even so, through Jesus, God will bring with Him those who have fallen asleep. For this we declare to you by a word from the Lord, that we who are alive, who are left until the coming of the Lord, will not precede those who have fallen asleep. For the Lord Himself will descend from heaven with a cry of command, with the voice of an archangel, and with the sound of the trumpet of God. And the dead in Christ will rise first. Then we who are alive, who are left, will be caught up together with them in the clouds to meet the Lord in the air, and so we will always be with the Lord” (1 Thessalonians 4:13-17).

I recommend patients have ongoing heart-to-heart discussions with their family members about their prognosis at time of diagnosis, during treatment, and also when additional treatments are considered ineffective. In the beginning, and depending on the ages of younger children involved, it is helpful to be honest, but not to overload them with information. Younger children also need to know that they are not responsible for mommy's cancer, and that they cannot "catch" mommy's cancer. Letters written can sometimes be a gift to family members, especially children who lose loved ones. For instance, I will frequently talk to my patients who are near the end of their lives, to write letters to their children. Letters can be written for specific events such as graduations, weddings and childbirths. Paul wrote many letters to the churches in the New Testament. We still have those letters with us today. Those letters are a remarkable comfort us in difficult times.

## What God Offers Is Greater Than Your Cancer

The wonderful news is this: (Jesus said) "... I am with you all the days (perpetually, uniformly, and on every occasion), to the (very) close and consummation of the age" (Matthew 28:20b, AMP).

No matter what the ultimate outcome of your breast cancer is, God is still good. Healing comes in many different forms: physical, emotional and spiritual. Remember that our *ultimate, permanent* healing will only occur on that day when Jesus returns to raise the dead with perfect, glorified bodies, even as He transforms believers who are alive to see that great day.

Let's again turn to Paul, as he addressed the church at Corinth: "Behold! I tell you a mystery. We shall not all sleep, but we shall all be changed, in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised imperishable, and we shall be changed. For this perishable body must put on the imperishable, and this mortal body must put on immortality. When the perishable puts on the imperishable, and the mortal puts on immortality, then shall come to pass the saying that is written: 'Death is swallowed up in victory.' 'O death, where is your victory? O death, where is your sting?' The sting of death is sin, and the power of sin is the Law. But thanks be to God, who gives us the victory through our Lord Jesus Christ" (1 Corinthians 15:51-57).

(Unless otherwise noted, all Bible passages are from **English Standard Version**.)

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