"BREAST CANCER AWARENESS MONTH"

Stages Written by: Sassy Shooting Sours
Oct. 16, 2022

As you ride into Mattaponi you find that the Sundowners have gone all out again and the town is all pink and purple. Single Barrel Sam has just arrived on the “Beyond the Noon” stage coach. Lady Argyle has sent Flatboat Bob, One Eyed Jane, Prairie City Slim, Sue Hell No and Mustang Major to Mattaponi to see to it that the towns folk all get checked out.

PLEASE SHARE THIS INFORMATION WITH ANY FEMALE/MALE THAT YOU LOVE OR CARE ABOUT; YOU MAY JUST SAVE THEIR LIFE.

Mattaponi Sundowners
– Rules and Stage Conventions

- Revised 04-24-2013 -

 SASS Rules: All SASS Rules are in affect; unless documented here, address during the Shooter Safety Meeting or specifically stated in the stage description for a given stage.

 Round Over Berm: A round fired over the berm is a Match DQ, excluding shotguns.

 "No Alibi": All matches at Mattaponi are "no alibi" matches. *"Once the first round goes down range, the competitor is committed to the stage and must finish the stage to the best of his or her ability. Reshoots/restarts are not awarded for ammunition or firearm malfunctions. However, if there is a range failure (failure of props, timer, or the range officers) beyond the competitor's control, a restart may be granted. On a reshoot/restart, the competitor starts over clean, carrying only accrued safety penalties forward. Restarts shall be allowed for a competitor to achieve a "clean" start up to the point at which the first round goes down range. Multiple restarts by the same shooter, that in the judgment of the R.O. are seen to be taking advantage, will not be entertained as they are not in the spirit of the game."*

 SASS Stage Conventions: Unless specifically stated in the stage description for a given stage, all SASS Stage Conventions are in affect.

 Shotgun Knockdown Misses: Unless specifically stated in the stage description for a given stage and pursuant to SASS rules, all shotgun knockdown targets may be reengaged until down, aka "Comstock Rule".

 Loading on the Move: Loading on the move is permitted pursuant to SASS rules.

 Drawing on the Move: Drawing on the move is permitted pursuant to SASS rules.

 Muzzle Position: When there is a risk of a prop blocking the muzzle of a firearm, the muzzle must be positioned downrange of the prop, as determined by the Range Officer. For example: shooting through the window of a store front or shooting beside a wall.

 End of Stage: Unless otherwise directed by a Range Officer, after a stage has been completed the shooter will safely retrieve rifle, shotgun, and pistols and move them to the unloading table. The shooters firearms will not leave the unloading table until they have been verified "cleared" by a Range Officer.

 Coaching: Any shooter who wishes to not receive coaching must state their preference at the beginning of each stage. The Mattaponi Sundowners strongly believe that shooters helping shooters (coaching) is a critical component of the "Cowboy Way" and part of what makes this game great!! Therefore coaching is strongly encouraged and supported.

The Spotters Creed:

If you know that it's a Hit…It's a Hit
If you know that it's a Miss…It's a Miss
If you think it's a Hit…It's a Hit
If you think it's a Miss…IT'S A HIT
Benefit of the doubt always goes to the shooter

MATTAPONI SUNDOWNERS

"SHOOT FOR A CURE"

SUNDAY, OCT. 16, 2022

The folks of Mattaponi have been a little hard headed so we find that Single Barrel Sam, Prairie City Slim and One Eyed Jane, Sue Hell NO, Mustang Major and Flatboat Bob have all arrived to make sure Mattaponi gets their screenings and mammograms. We lost very important people to us and ones that were loved by everyone they met. Will Sonnet was a 6-year survivor of prostate cancer but passed away October 5 of 2019 from lung cancer. Loco Linda lost her 2-year battle with a metastasized brain tumor in August 2018 but she lived for 11 years post lung cancer to say, **I AM A SURVIVOR!! Will and Linda, we will never forget you or your spirit.**

Lady Argyle, One Eyed Jane, Prairie City Slim, Sue Hell NO and Mustang Major are spreading the word about cancer. Lady Argyle was diagnosed 22 years ago, during a routine mammogram it was detected that she had breast cancer. Thanks to early detection, good doctors and a lot of support she has beaten the dreaded disease. Loco Linda explained that her circumstances were a little different. She was having GI symptoms and fearing dehydration she decided to go to the hospital to be checked out. During routine testing they didn't find the reason for her nausea and vomiting but they did find lung cancer by accident. She was successfully operated on and she was a 11-year survivor but she did not beat the brain tumor that came later. One Eyed Jane presented with a sudden onset of signs that something was horribly wrong and she called her doctor right away and was seen the same day. Thanks to her quick action and the diligence of her doctors, she received swift treatment; with surgery, she is a 23-year survivor. So, as you see, two of the lovely ladies beat cancer by routine early detection, the other lovely lady beat it with early detection by accident but either way **early** detection is key. Prairie City Slim had his cancer diagnosed by routine yearly screening and is a 3-year survivor. Will Sonnet was diagnosed 6 years ago. His cancer was diagnosed by routine screening and biopsy. With quick treatment he was a survivor. Will Sonnet went to the hospital and less than a week he had passed away. Sue Hell No went to the hospital ER with severe abdominal cramping. She was told to go home and make an appointment with her OB/GYN. She did as she was instructed but the earliest appointment was 3 months away. She told them she would be dead before that. The next week she was back in the ER with the same symptoms. It was deemed that she needed a hysterectomy and that was when they found ovarian cancer. She started chemo after surgery and it was later discovered that she was having a reoccurrence of cancer. She had to undergo another surgery but is happy to say that she is a 32 year survivor. Mustang Major's doctor was concerned with a rising PSA (prostate test) and in October 2004 the fear was confirmed by biopsy. He was given several options for treatment. He did research and with the help of his son that was in England working IT for a cancer research hospital, he decided on radiation implants. In Mustang Major own words: "I am cancer free! Thanks to early detection, and reasoned selective treatment, I am a survivor." Flatboat Bob was diagnosed in 2007 with prostate cancer.

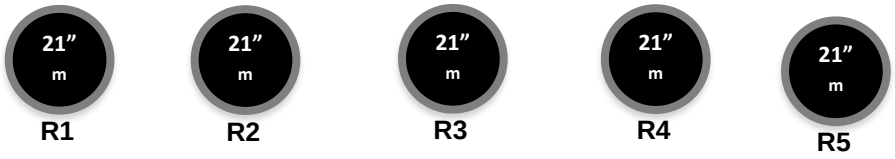
With early detection by routine exams, routine lab work and a good doctor. He chose the treatment option of radiation treatments. He is currently a 15-year survivor. 2 years ago Single Barrel Sam was demolishing a bathroom and shortly afterward he started coughing and cough blood. He immediately saw his doctor which sent him to a pulmonologist. With testing it was discovered that he had cancer in the upper lobe of a lung. He underwent chemotherapy and radiation. He is now in remission. It sounds easy but it wasn't but thank God for swift action and early detection, it's now a success story but he under goes testing every 6 months to make sure he is still in remission. Single Barrel Sam says one thing he has learned is, "You don't know what tomorrow holds, so tell your family how much you love them." As you have seen we currently have several options for the treatment of many cancers and better testing. With the help of research, some done by the American Cancer Society, many cancers have greatly improved survival rates and this is because of the generosity of each of you that helps with better detection and treatment. Thanks to early detection and reasoned selective treatment, "I am a survivor" and it couldn't be said better, for all of our survivors!!

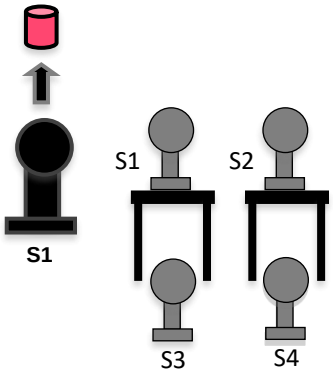
STAGE 1 (Bay 1):

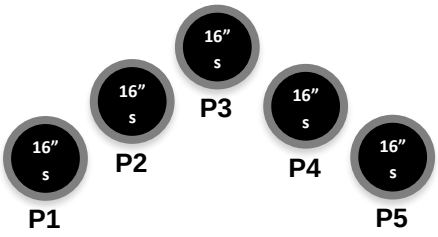
10 rifle, 10 pistol and 4+ shotgun

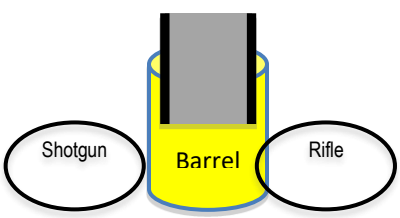
Procedure: The rifle is loaded with 10 rounds with hammer down, lever closed and staged on the left barrel. The shotgun is open, empty and staged on the left barrel. Pistol are loaded with 5 rounds each with hammer down on empty chamber and holstered.

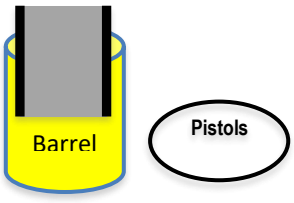
The covered wagons are pulling into Mattaponi. The shooter starts standing at the left barrel with hands on their hat/head and says, "**Shoot For A Cure".** At the beep, engage the rifle targets in a "Major B. S. Walker sweep" by placing 2 rounds on R3, then single tap the 2 left targets, double tap R3 and single tap the 2 right targets, then double tap R3. Make rifle safe. With the shotgun, engage S1, S2, S3, and S4 in any order, all must fall. Make shotgun safe on the barrel. Move to right barrel, with pistols, per your category; engage pistol targets with the same instructions as the rifle. Retrieve long guns and move to the unloading table.









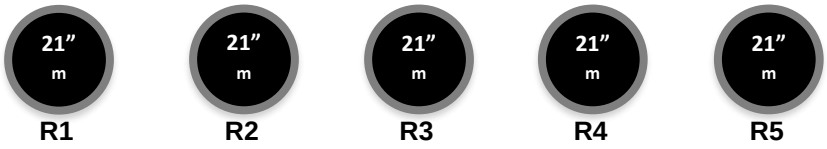


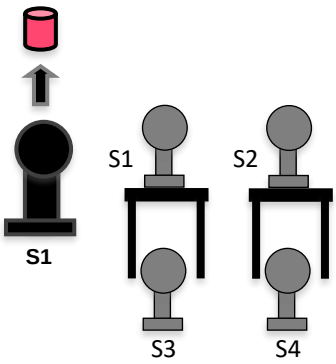
STAGE 2 (Bay 1):

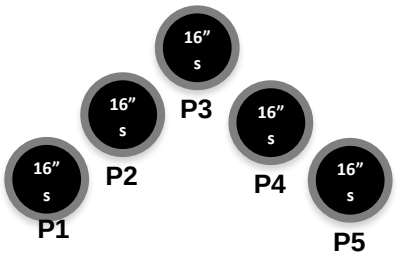
10 rifle, 10 pistol and 6+ shotgun

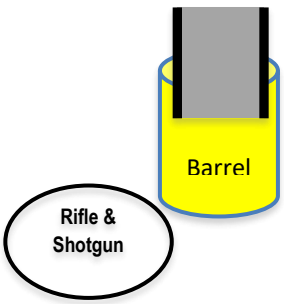
Procedure: The rifle is loaded with 10 rounds with hammer down, lever closed and staged on the barrel at left. The shotgun is open, empty and staged on barrel at left. Pistols are loaded with 5 rounds each with hammer down on empty chamber and holstered.

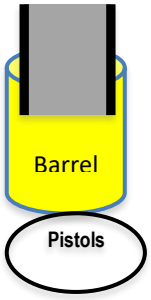
The shooter starts behind the barrel at the right with hands on barrel and when ready says, **"Shoot For A Cure ".** At the beep, draw pistols per your category; engage the pistol targets in the following order: P3, P2, P1, P2, P3, P3, P4, P5, P4, P3. Holster pistols. Move to barrel on left, retrieve rifle and engage the rifle targets with same sequence as the pistols. Make rifle safe. Retrieve the shotgun, engage the knock down, the popper, S1, S2, S3, and S4 in any order, all must fall. Popper must be attempted; 5 second bonus for a hit and no call on a miss. Retrieve long guns and move to the unloading table.









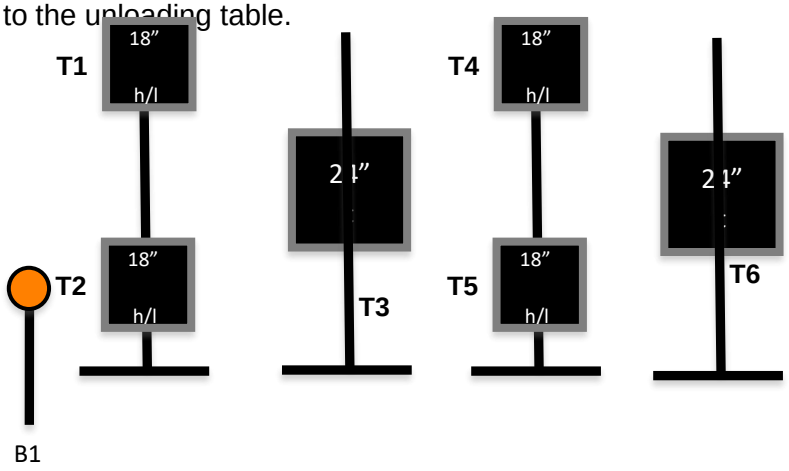


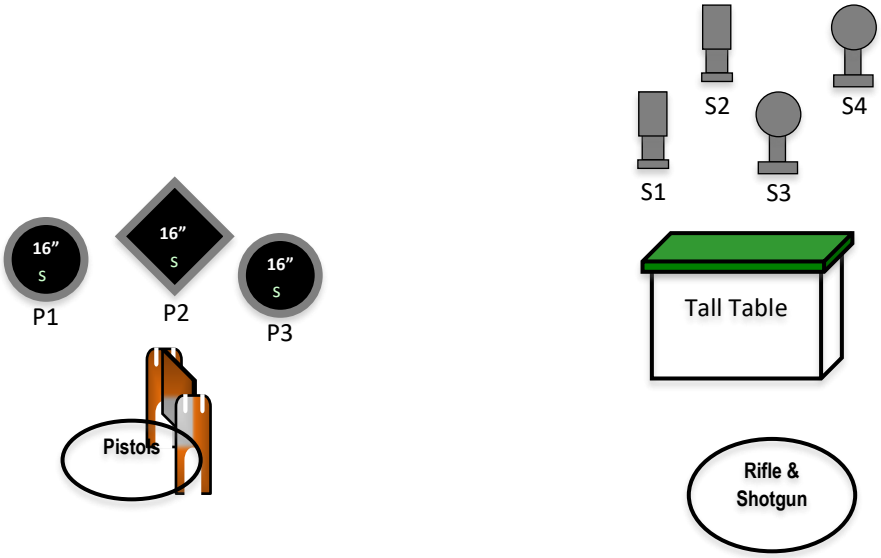
Stage 3 (Bay 2):

10 rifle +1, 10 pistol and 4+ shotgun

Procedure: The rifle is loaded with 10 rounds with hammer down, lever closed and staged on the tall table. The shotgun is open, empty and staged safely. Pistols are loaded with 5 rounds each with hammer down on empty chamber and holstered.

The shooter starts with hands on tall table and when ready says, **"Shoot For A Cure ".** At the beep, retrieve your rifle and shoot in the following order: 1 round T1, 2 rounds T3, 1 round T5, 2 rounds T6, 1 round T4, 2 rounds T3,1 round T2 THEN reload 1 round for a 5 second bonus on B1, if hit. Make rifle safe. Retrieve shotgun; shoot S1 -S4, in any order until down. Make shotgun safe. Move to horse at the left, draw pistols, per your category: engage targets in a 5 shot Nevada Sweep from the left and a 5 shot Nevada Sweep from the right. Retrieve long guns and move to the unloading table.



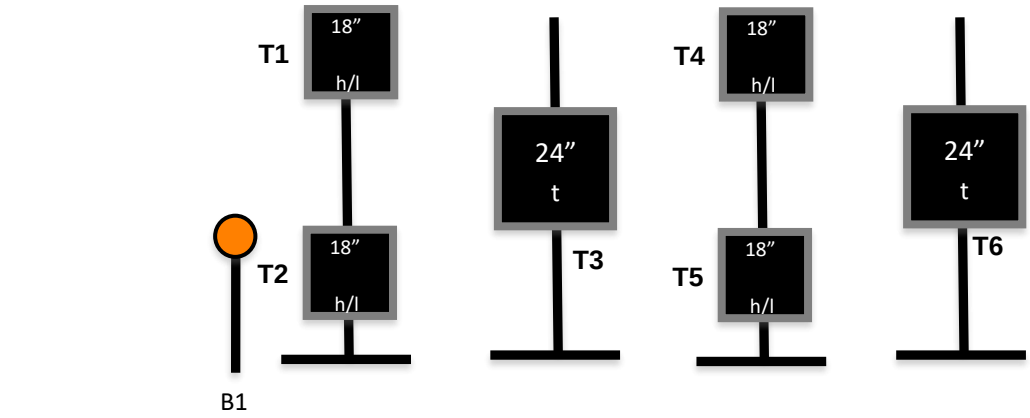


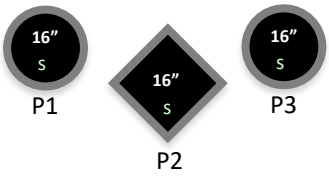
STAGE 4 (Bay 2):

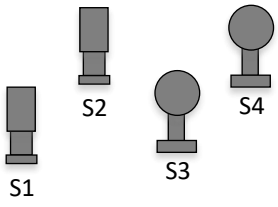
10 rifle, 10 pistol and 4+ shotgun

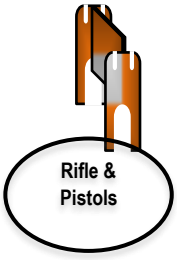
Procedure: The rifle is loaded with 10 rounds with hammer down, lever closed and staged on the horse on the left. The shotgun is open, empty and staged safely. Pistols are loaded with 5 rounds each with hammer down on empty chamber and holstered.

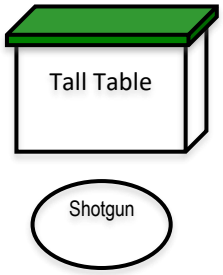
The shooter starts hands on horse and when ready says, **"Shoot For A Cure ".** At the beep, retrieve rifle engage targets 1 round on T1, 1 round on T2, 3 rounds on T3, 1 round on T4, 1 round on T5, and 3 rounds on T6. Make rifle safe. Draw pistols, per your category, engage P1 with 2 rounds, P2 with 1 round, P3 with 2 rounds and repeat. Holster pistols. Retrieve shotgun, move to tall table and engage S1 - S4 in a Potter County Sweep (S1, S3, S2, S4), all must fall, make up in any order. Retrieve long guns and move to unloading table.









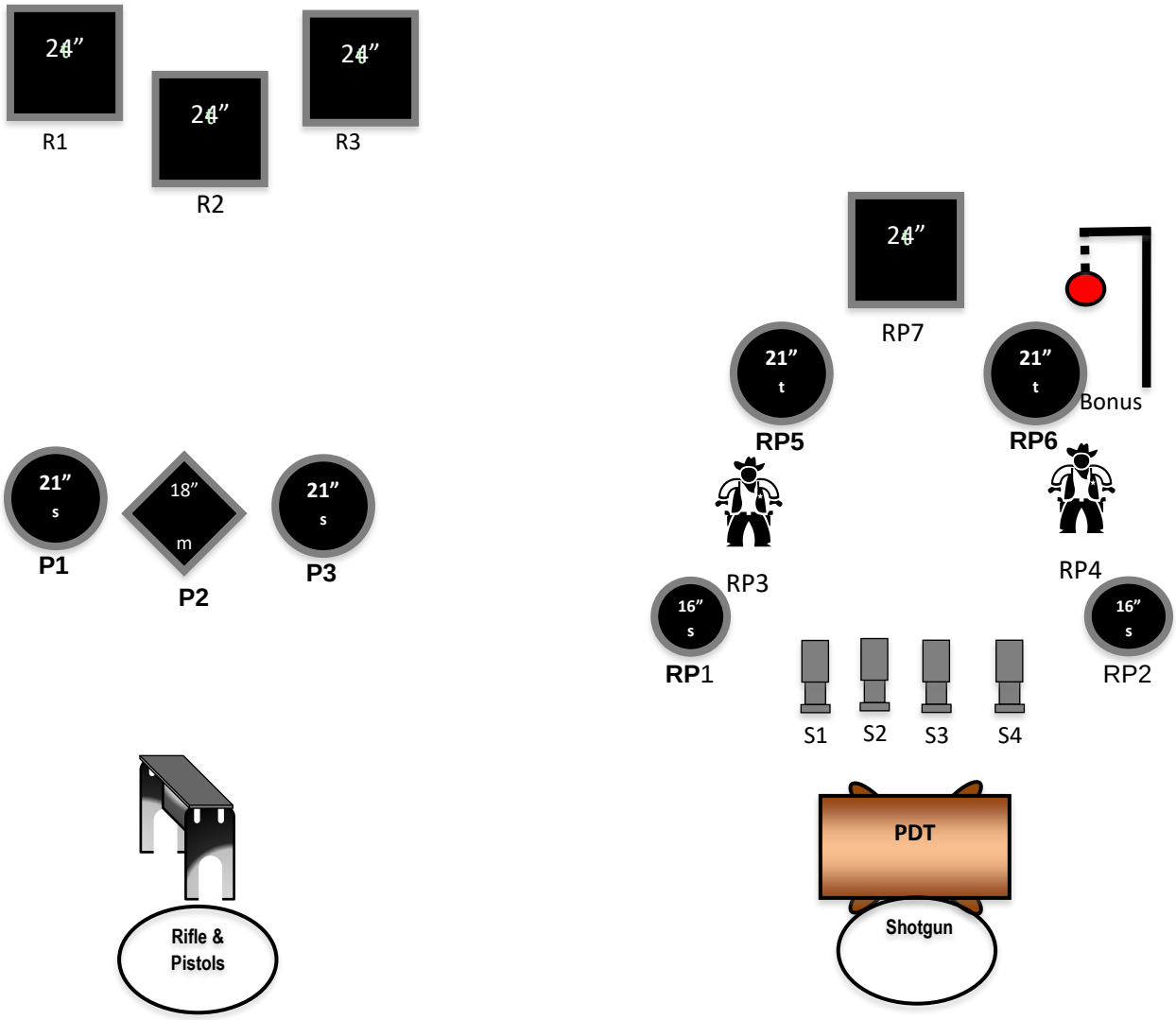


STAGE 5 (Bay 3):

10 rifle, 10 pistol and 4+ shotgun

Procedure: The rifle is loaded with 10 rounds with hammer down, lever closed and staged on the horse. The shotgun is open, empty and staged safely. Pistols are loaded with 5 rounds each with hammer down on empty chamber and holstered.

The shooter starts at the horse with hands touching the horse and when ready says, **"Shoot For A Cure ".** At the beep, retrieve rifle, put 3 rounds on R2, 1 round on R1 and 1 round on R3 and repeat, Make rifle safe. Draw your pistols per your category, repeat the **same** as the rifle. Holster pistols. Move to PDT, with shotgun engage S1-S4 in any order, all must fall. Retrieve long guns and move to unloading table.

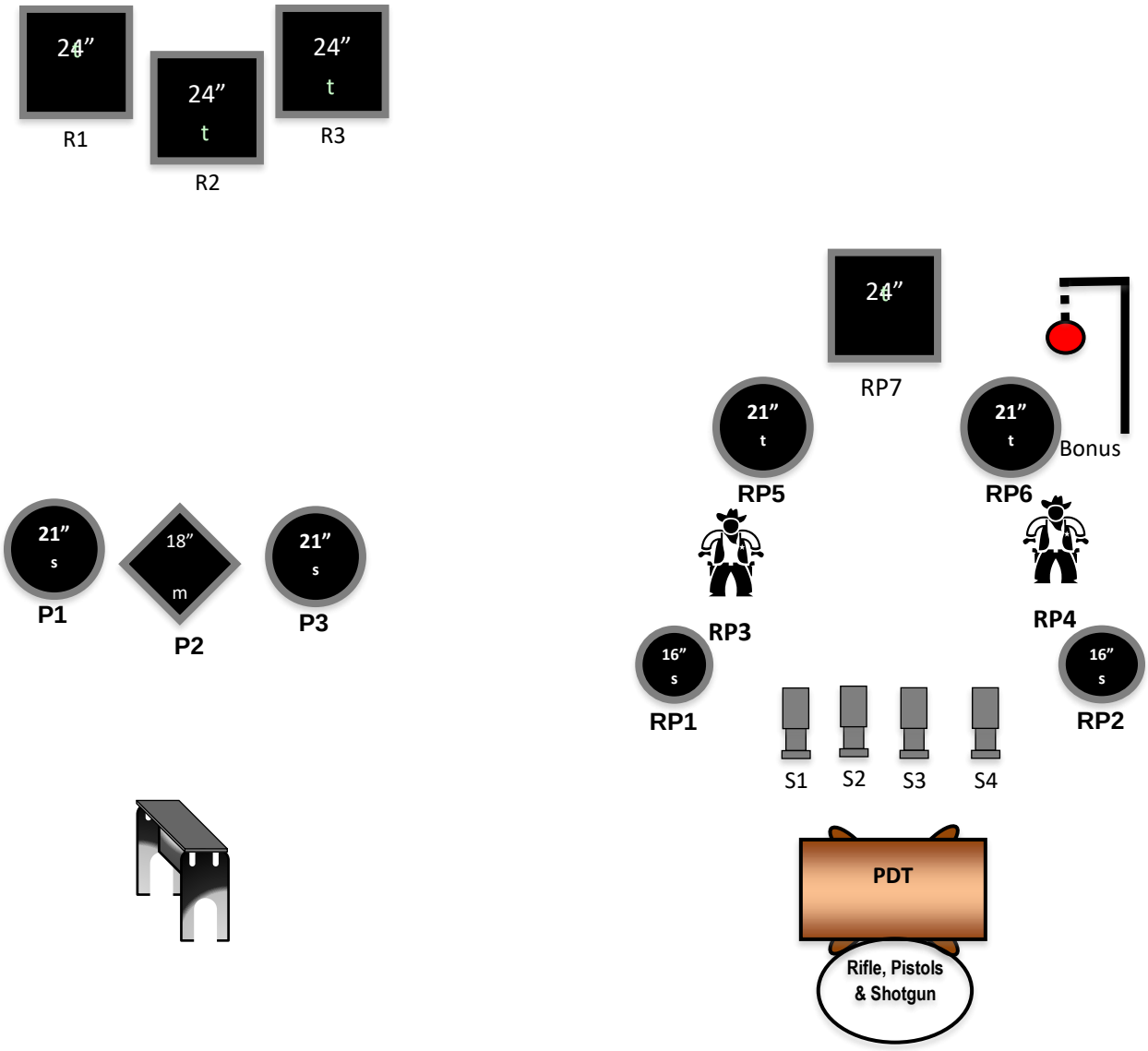


STAGE 6 (Bay 3):

10+1 rifle, 10 pistol and ? shotgun

Procedure: The rifle is loaded with 10 rounds with hammer down and lever closed and staged on the PDT. The shotgun is open and empty and staged on the PDT, Pistol are loaded with 5 rounds each with hammer down on empty chamber and holstered.

The shooter starts standing with both hands in default at the rear of the PDT and when ready says, "**I'm a survivor *or* Shoot For A Cure ". Reload a rifle round after the 10th round is fired.** At the beep, the shooter starts with rifle and then pistols, if needed the shotgun. The shooter has the option of targets in any order with either rifle or pistol but place one round on each front circles, 2 rounds on each cowboy targets, 2 rounds on each back circle targets, 6 shots on the RP7 and 4 shotgun targets with rifle or pistols. Use the reloaded rifle round on the bonus target for a 5 second bonus if hit. Use shotgun to makeup knock downs **only**, if needed. Retrieve long guns and move to unloading table.



Sassy Shooting Sours would like to THANK everyone who worked, volunteered and donated to make this day possible. It's GREATLY appreciated. Sassy would especially like to THANK all of those that have shared their story of survival with us. OUR HATS ARE OFF TO YOU!!!

We ask that you continue to pray for those that have lost loved ones from this dreaded disease.

Hug someone today!!

"LOVE IS WORTH THE SHARING"

Everyone, please continue the fight and share the valuable information with those that you love.

THANK YOU

ALL

FOR

ATTENDING AND

SUPPORTING

THE

FIGHT

TO STOP

CANCER!!

Sassy

Risk Factors For Breast Cancer:

When you're told that you have breast cancer, it's natural to wonder what may have caused the disease. But no one knows the exact causes of breast cancer. Doctors seldom know why one woman develops breast cancer and another doesn't.

Doctors do know that bumping, bruising, or touching the breast does not cause cancer. And breast cancer is not contagious. You can't catch it from another person.

Doctors also know that women with certain risk factors are more likely than others to develop breast cancer. A risk factor is something that may increase the chance of getting a disease.

Some risk factors (such as drinking alcohol) can be avoided. But most risk factors (such as having a family history of breast cancer) can't be avoided.

Studies have found the following risk factors for breast cancer:

- **Age:** The chance of getting breast cancer increases as you get older. Most women are over 60 years old when they are diagnosed.
- **Personal health history:** Having breast cancer in one breast increases your risk of getting cancer in your other breast. Also, having certain types of abnormal breast cells (atypical hyperplasia, lobular carcinoma in situ [LCIS], or ductal carcinoma in situ [DCIS]) increases the risk of invasive breast cancer. These conditions are found with a breast biopsy.
- **Family health history:** Your risk of breast cancer is higher if your mother, father, sister, or daughter had breast cancer. The risk is even higher if your family member had breast cancer before age 50. Having other relatives (in either your mother's or father's family) with breast cancer or ovarian cancer may also increase your risk.
- **Certain genome changes:** Changes in certain genes, such as BRCA1 or BRCA2, substantially increase the risk of breast cancer. Tests can sometimes show the presence of these rare, specific gene changes in families with many women who have had breast cancer, and health care providers may suggest ways to try to reduce the risk of breast cancer or to improve the detection of this disease in women who have these genetic changes.

  Also, researchers have found specific regions on certain chromosomes that are linked to the risk of breast cancer. If a woman has a genetic change in one or more of these regions, the risk of breast cancer may be slightly increased. The risk increases with the number of genetic changes that are found. Although these genetic changes are more common among women than BRCA1 or BRCA2, the risk of breast cancer is far lower.

- **Radiation therapy to the chest:** Women who had radiation therapy to the chest (including the breasts) before age 30 are at an increased risk of breast cancer. This includes women treated with radiation for Hodgkin lymphoma. Studies show that the younger a woman was when she received radiation treatment, the higher her risk of breast cancer later in life.
- **Reproductive and menstrual history:**
    - The older a woman is when she has her first child, the greater her chance of breast cancer.
    - Women who never had children are at an increased risk of breast cancer.
    - Women who had their first menstrual period before age 12 are at an increased risk of breast cancer.
    - Women who went through menopause after age 55 are at an increased risk of breast cancer.
    - Women who take menopausal hormone therapy for many years have an increased risk of breast cancer.
- **Race:** In the United States, breast cancer is diagnosed more often in white women than in African American/black, Hispanic/Latina, Asian/Pacific Islander, or American Indian/Alaska Native women.
- **Breast density:** Breasts appear on a mammogram (breast x-ray) as having areas of dense and fatty (not dense) tissue. Women whose mammograms show a larger area of dense tissue than the mammograms of women of the same age are at increased risk of breast cancer.
- **History of taking DES:** DES was given to some pregnant women in the United States between about 1940 and 1971. (It is no longer given to pregnant women.) Women who took DES during pregnancy may have a slightly increased risk of breast cancer. The possible effects on their daughters are under study.
- **Being overweight or obese after menopause:** The chance of getting breast cancer after menopause is higher in women who are overweight or obese.
- **Lack of physical activity:** Women who are physically inactive throughout life may have an increased risk of breast cancer.
- **Drinking alcohol:** Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.

Having a risk factor does not mean that a woman will get breast cancer. Most women who have risk factors never develop breast cancer.

Many other possible risk factors have been studied. For example, researchers are studying whether women who have a diet high in fat or who are exposed to certain substances in the environment have an increased risk of breast cancer. Researchers continue to study these and other possible risk factors.

Symptoms

Early breast cancer usually doesn't cause symptoms. But as the tumor grows, it can change how the breast looks or feels. The common changes include:

- A lump or thickening in or near the breast or in the underarm area
- A change in the size or shape of the breast
- Dimpling or puckering in the skin of the breast
- A nipple turned inward into the breast
- Discharge (fluid) from the nipple, especially if it's bloody
- Scaly, red, or swollen skin on the breast, nipple, or areola (the dark area of skin at the center of the breast). The skin may have ridges or pitting so that it looks like the skin of an orange.

You should see your health care provider about any symptom that does not go away. Most often, these symptoms are not due to cancer. Another health problem could cause them. If you have any of these symptoms, you should tell your health care provider so that the problems can be diagnosed and treated.

Clinical Breast Exam

During a clinical breast exam, your health care provider checks your breasts. You may be asked to raise your arms over your head, let them hang by your sides, or press your hands against your hips.

Your health care provider looks for differences in size or shape between your breasts. The skin of your breasts is checked for a rash, dimpling, or other abnormal signs. Your nipples may be squeezed to check for fluid.

Using the pads of the fingers to feel for lumps, your health care provider checks your entire breast, underarm, and collarbone area. A lump is generally the size of a pea before anyone can feel it. The exam is done on one side and then the other. Your health care provider checks the lymph nodes near the breast to see if they are enlarged.

If you have a lump, your health care provider will feel its size, shape, and texture. Your health care provider will also check to see if the lump moves easily. Benign lumps often feel different from cancerous ones. Lumps that are soft, smooth, round, and movable are likely to be benign. A hard, oddly shaped lump that feels firmly attached within the breast is more likely to be cancer, but further tests are needed to diagnose the problem.

Mammogram

A mammogram is an x-ray picture of tissues inside the breast. Mammograms can often show a breast lump before it can be felt. They also can show a cluster of tiny specks of calcium. These

specks are called microcalcifications. Lumps or specks can be from cancer, precancerous cells, or other conditions. Further tests are needed to find out if abnormal cells are present.

Before they have symptoms, women should get regular screening mammograms to detect breast cancer early:

- Women in their 40s and older should have mammograms every 1 or 2 years.
- Women who are younger than 40 and have risk factors for breast cancer should ask their health care provider whether to have mammograms and how often to have them.

If the mammogram shows an abnormal area of the breast, your doctor may order clearer, more detailed images of that area. Doctors use diagnostic mammograms to learn more about unusual breast changes, such as a lump, pain, thickening, nipple discharge, or change in breast size or shape. Diagnostic mammograms may focus on a specific area of the breast. They may involve special techniques and more views than screening mammograms.