

Every writer, even a humor columnist, learns early to write about what they know, but—trust me on this—an article about breast cancer is one I would much prefer to write in the third, rather than the first, person.

BREAST CANCER: UP CLOSE AND FAR TOO PERSONAL

by

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I wouldn't be my mother's daughter if I weren't a worrier. Still, neurotic and hypochondriac though I am—because I believed my risk of breast cancer was basically nil—that disease and prostate cancer were the only two afflictions about which I didn't obsess.

It is true that when I discovered the tiny but painful lump in my right breast, my first thought was “this could be cancer.” But I quickly argued myself out of that notion, certain that the lump would disappear as quickly as it appeared. Planning an upcoming family reunion—and my desire to finish staining the deck before the first relative arrived at our door—took precedence over scheduling an appointment to check out a problem that was likely no problem at all.

How many times have you heard someone say that the things we worry about never happen? Well, I can state unequivocally that the things we *don't* worry about can and *do* happen. Breast cancer happened to me—as it does to one woman in every eight—and made me smart way too late. And because you may be laboring under the same misconceptions I was, I am writing this article so you will know the things I wish I had known *before* I was diagnosed. The most important fact to remember is that 80 percent of women diagnosed with breast cancer have no—or perhaps only one—of the following risk factors.

Risk Factors: Onset of menstruation before age 12 (I was 14); menopause after age 50 (I had my last period at age 39); never giving birth or having first child after age 30 (I was 19 when my first son was born); mother, grandmother or sister with breast cancer (no breast cancer in our family back to great-greats); hormone replacement therapy (Bingo!)

Of those risk factors listed above, taking estrogen was my sole risk and something, in retrospect, that I regret doing even though it cannot be definitively pointed to as the cause of my breast cancer. Indeed, I was leery from the beginning as evidenced by the fact that it took my gynecologist 11 years to talk me into hormone replacement therapy. I finally succumbed to her arguments that HRT would help protect me from osteoporosis and cardiovascular disease. Belatedly it occurred to me that she didn't do a bone density scan to determine if I were at risk for osteoporosis and didn't inquire into my exercise pattern (I have walked four miles daily for decades and I trust that exercise is doing something for me besides wearing out my shoes).

I candidly admit that had I experienced a difficult menopause, I would have been begging the doctor for hormone replacement therapy. The happy fact is I didn't have a single hot flash, night sweat or mood swing (in fairness, my husband may have a different opinion regarding that latter symptom.)

The most ubiquitous form of estrogen is found in a little maroon pill called Premarin. Almost everyone knows that the name of the drug is derived from its equine source: the estrogen-rich urine of pregnant mares. Equally ubiquitous is Prempro, the small pink pill I ingested daily. Prempro combines Premarin (estrogen) with Provera (progestin) and is favored for women who still have their uteruses because progestin has been shown to reduce the risk of estrogen-induced uterine cancer. However, a recent study indicates that while adding progestin to estrogen protects the uterus, it significantly increases the risk of breast cancer.

One surgeon I consulted said he recommends hormone replacement therapy only if a woman's quality of life is greatly affected by menopause or if she is at high risk for osteoporosis or heart disease. That same surgeon tells his patients that there are *two* main breast cancer risks: being female and getting older. The problem is that he is preaching to the choir; his patients already learned the significance of those two risks the hard way.

There is controversy about whether estrogen actually causes breast cancer, but few medical experts deny that it can fuel it. Studies vary widely in citing an increased breast cancer risk—from virtually no risk up to 30 or more percent—in women who take estrogen. A new study, recently reported in the *Journal of American Medicine*, shows that when progestin (which is shown to decrease the risk of estrogen-induced uterine cancer) is taken along with estrogen, the risk of breast cancer rises by eight percent a year. Whatever the risk, it appears to increase with the strength of the dosage and the length of estrogen use. A trend away from prescribing long-term hormone replacement is beginning to be seen in the medical profession; indeed, Wyeth-Ayrst, the manufacturer of Premarin and Prempro, suggests the patient and her doctor should re-evaluate *every six months* whether treatment should be continued.

Jonathan J. and Sara Antonia Li, an internationally known husband and wife research team, both professors at the Kansas University Medical Center, have been working for more than a quarter of a century to discover the link between cancer and estrogen. Jonathan Li, director of the Division of Etiology and Prevention of Hormonal Cancers at the Kansas Cancer Institute, explains that while it long has been recognized that estrogens have the ability to cause cell proliferation once that cell encounters a chemical or viral carcinogen, “now our research findings show that you do not need a carcinogen—the estrogen can initiate the cancer.”

Jonathan Li strikes a cautionary note when it comes to HRT. He suggests that doctors should thoroughly test patients before reaching for their prescription pads.

For many women—those at serious risk for osteoporosis and/or heart problems—there are advantages to hormone replacement therapy which may outweigh the increased risk of breast cancer. Still, the new studies are causing many women, who once rationalized that what they believed to be a small risk of breast cancer was outweighed by

HRT's benefits to bone and cardiovascular health, to look for options. If you are one of these women, there *are* options of which you may be neither aware nor apprised.

New drugs such as Fosamax and Evista are proven to slow bone loss. A growing number of doctors believe that women may be as well protected from heart disease, and greatly reduce their risk of breast cancer, by simply taking a baby aspirin each day in place of HRT and by changing their lifestyle if necessary: increased exercise, healthier eating habits, eliminating smoking.

Evista (raloxifene) is a new “designer” hormone on the market. While raloxifene won't curb your hot flashes, it is supposed to protect you from osteoporosis without increasing your breast cancer risk. Currently, a multi-national (United States, Canada and Puerto Rico) STAR trial is underway which is comparing raloxifene to tamoxifen, a drug frequently given to women both as a preventative for those at high risk for breast cancer and as a therapy to fend off recurrences in women who have been treated for the disease. The STAR trial hopes to determine whether raloxifene, which has fewer side-effects than tamoxifen, is as effective as tamoxifen in preventing cancer and its recurrences.

So-called “natural” hormones are being marketed to women who worry about the safety of equine hormones. “Equine hormones are natural estrogens, too,” says one of my nurse friends, then adds acerbically, “natural to *horses!*” Estrogens produced from the wild yam are said to be “bioidentical” in cell structure to the body's own estrogens, while those found in Premarin and Prempro are not. Compounding pharmacies that sell the natural hormone products often utilize tests on a woman's saliva to determine her need for estrogen so that the hormones may be tailor-made to her requirements. The correct dosage is important in natural hormones; just because a product is termed “natural” doesn't mean you can't get too much of a good thing.

If your doctor prescribes estrogen for you, make sure that he or she is looking at *your* body, *your* lifestyle and *your* health needs—not just your age or the fact that you've had a hysterectomy. Read and understand the warnings about hormone replacement therapy so you can make an informed choice about whether estrogen is right for you. It very well may be. But you—and only you—should make that decision after you have carefully weighed the benefits and risks as they apply to you.

What you should know about tests: If you carefully read the literature on mammograms, it states that they are not foolproof. Still, I had a great deal of confidence that because my mammograms were consistently normal, I had little to worry about. I believed what I had been told: that mammograms can detect cancer long before it becomes a palpable lump. That is true in many cases and is the reason women should have regular mammograms. You are indeed fortunate if your mammogram detects cancer early when it is easily cured.

However, after I found the lump in my breast and was referred to the hospital for an “enhanced” mammogram—a magnification of the problem area—the result was pronounced “normal.” During the test, I asked the technician how accurate the enhanced mammogram actually is. Her answer: “We catch 97 percent.” Later I learned that, in one

study, only 42 percent of the participants with my type of cancer (ductal carcinoma in situ) had their malignancies detected by mammogram.

Vitally important is the skill of the radiologist who reads the mammogram. Reading a mammogram film was once described to me as “looking at trees a quarter of a mile away on a foggy day and trying to tell if they are elm or cottonwood.” While the radiologist read my mammogram as normal and stated that there was no difference from my previous mammogram nine months earlier, the surgeon who reviewed the films noted that the enhanced mammogram showed a hint of increased density in the upper outside quadrant of my right breast where the malignancy was located. Significantly, 50 percent of all breast cancers occur in the upper outside quadrant.

A follow-up sonogram (ultrasound) of my lump was “vaguely suspicious,” but did not indicate a malignancy. The pathologist determined that the fluid and cells withdrawn in an ensuing fine needle aspiration were “nothing to worry about.” Despite that finding, the surgeon recommended a surgical biopsy just to be sure the lump wasn’t malignant and, by that time, I wanted nothing so much as I wanted to be separated from that worrisome lump.

Ironically, the day I scheduled surgery to perform the biopsy, I found in my mailbox a follow-up form letter from the hospital which began, “We are pleased to inform you that the results of your mammogram are normal.” Heartened by the mammogram result and the pathologist’s opinion on the fine needle aspiration, I went into surgery fearing the worst, but expecting the best.

More than two kinds of breast cancer: Before I was diagnosed, I thought there were two kinds of breast cancer, those that were caught early and those that weren’t. Well, there are many more than two kinds and they vary greatly in their severity. I was fortunate to have the least serious type. When I called the various cancer information centers, I was invariably told, “If you have to have breast cancer, DCIS is the type you want to have.”

My surgeon said as much when I awakened from the biopsy procedure. Standing by my bed after giving me the diagnosis, she said, “But this is good news. Usually I am standing here saying that we’re going to hit it with everything we have. With you, if I can get clear margins [at least a one centimeter cancer-free area surrounding the malignancy], you’ll have 36 radiation treatments and move on. This will just be a blip in your road. Without clear margins, though,” she cautioned, “a mastectomy will be necessary.”

“It may be good news,” I remember saying, “but it’s good news that requires a pretty drastic solution.”

The solution was indeed drastic. The pathology report indicated that the DCIS was pervasive throughout the milk ducts necessitating a mastectomy of the affected breast. Because I didn’t wish to spend the rest of my life worrying about cancer in the other breast and/or a mammogram missing a malignancy there, I opted to remove the tissue from both breasts and to have immediate TRAM flap reconstruction.

That surgical procedure, though long and complicated, involves a hipbone to hipbone incision through which flaps are cut from the transverse rectus abdominus muscle and, along with their blood supplies, are subcutaneously tunneled up the torso to the chest where they are attached. Once blood supply is established there, the tissue that was removed from the breasts is replaced with abdominal tissue. The result is all me—just up a foot or so higher, leaving me with a flat tummy—and, because the mastectomies were “skin-sparing,” the landscape is the same, right down to the tiny mole on my right breast.

While many women would consider the removal of one breast traumatic and the prophylactic removal of the second breast catastrophic, the decision was a relatively easy one for me to make. So was the decision regarding the type of reconstruction. I am physically active enough not to want to deal with prostheses, and implants didn’t appeal to me because I do not want a foreign substance in my body. Using my own tissue was an obvious choice even though I was frightened by the prospect of an eight-hour plus operation. Still, I reasoned I could gear up for one operation—even a lengthy one—to have the problem over and done with so I could move on with my life.

Protecting myself from breast cancer is no longer an issue for me. If it is for you, there are things you can do—exercise regularly, eat a low-fat diet, maintain a normal weight (estrogen is stored in fat)—that may help prevent breast cancer. But because many breast cancer risk factors are beyond your control, it is important that you be proactive in detecting in its earliest stage any cancer that may develop.

Mammogram: The American Cancer Society recommends that you have an annual mammogram if you are over the age of 40. Scheduling a mammogram on or near your birthday makes the test easy to remember and may be the best present you give yourself. While a mammogram is not 100 percent accurate, it is still a very important tool in the early detection of breast cancer. However, do not be lulled into complacency, as I was, by a series of “normal” mammograms. Don’t live in fear, but do recognize that just because something doesn’t show up, it does not mean that something isn’t there.

Doctor’s Examination: Schedule an annual visit with your primary physician or gynecologist during which they do a breast exam. This exam should coincide with your mammogram. Doctors are trained to recognize suspicious lumps and will refer you to a surgeon should follow-up tests be necessary. Don’t assume that a surgeon will routinely recommend a surgical biopsy. The surgeon’s first test will likely be a noninvasive and painless sonogram. While the fine needle aspiration and core needle biopsy tests are somewhat painful, most of the time those tests reveal that there is *not* a serious problem and that no surgical biopsy is necessary. A new device, the mammatone, is said to provide a less painful method of biopsy.

Monthly Breast Self-Examination: Examine your breasts each month after your menstrual period. A good time to do your breast self-exam is during your bath or shower, when your breasts are wet and slippery and the lack of friction makes lumps and thickenings easier to detect. Many women have told me that they don’t do breast self-exams because their breasts are naturally lumpy and they “can’t tell the difference between normal lumps and abnormal lumps.” The good news is that you don’t need to

tell the difference. “We don’t expect women to know whether a lump is malignant,” says Dr. Marilee K. McGinness, a surgeon who has treated hundreds of breast cancer patients. “We just expect them to become so familiar with their breasts that they will notice a *difference*—a new lump or a change in an old one.”

You are your first line of defense against breast cancer. The responsibility for maintaining good health rests squarely with you. And, when you consider who has the biggest stake in your own well-being, isn’t that just where you want it to be?