

HEALTH+BEAT

Breast Cancer A Journey to a New View

by Blythe Thimsen



SUSAN CERUTTI JENSEN WAS FULLY IMMERSED In the holiday spirit, spending a rare day off from work wrapping a few last minute gifts, when the phone rang on Friday, December 23, 2005. The call shattered not only her Christmas spirit, but transformed what should have been the happiest time of the year into the start of one of the most difficult journeys Susan would ever embark upon. Her doctor was calling to tell her she had breast cancer.

Susan and her husband, Rick, took the journey together.
Photos courtesy of Susan Cerutti-Jensen.

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Six months prior, during a regular medical exam, Susan's doctor had detected a slight lump in her left breast. Her great health and young age of 35 led them both to dismiss it as probably nothing more than a hardened area and they decided to keep an eye on it. Two days later, Susan's husband, Rick, felt the lump and asked her about it. "I told him about my experience at the doctor's two days earlier," she says. "He said he didn't feel comfortable with ignoring it and wanted me to call my mom. She didn't feel good about it either." At the urging of both her husband and mother, Susan called her doctor's office and requested a mammogram. "To be honest, I felt like I was being a bit of a hypochondriac," she says.

The results of her mammogram were inconclusive; therefore, they recommended she come back for a follow-up in six months. After the follow-up appointment, a lumpectomy was performed, which resulted in her diagnosis and the phone call she received on December 23rd. Susan's particular type of breast cancer is known as Her2-positive breast cancer, one of the most aggressive forms.

"The next two calls were the hardest I've ever made," says Susan who had to call her husband, Rick, and then her parents with the news. "It was surreal. The next day was Christmas Eve and then Christmas Day. I really just went through the motions, I felt numb. I didn't want to ruin Christmas for everyone, but I couldn't begin to process what I was facing. I was 35 and led an active and healthy lifestyle, both personally and professionally." Additionally, there was no history of breast cancer in Susan's family, which made the diagnosis all the more unexpected.

After two lumpectomies, there were still signs of Susan's cancer, which meant she could either go in for a third lumpectomy, or they could remove her entire breast with a mastectomy. "Some people are like 'take it, take both of them; just get the cancer out,' but I had to think long and hard about a mastectomy." Susan's decision to go forward with a mastectomy turned out to be a blessing in disguise. After the surgery, cancer was discovered in other areas of the breast.

Surgery was not the end of the road, though. After her mastectomy, Susan underwent 16 rounds of chemotherapy as well as the removal of her lymph nodes.

Susan's last chemotherapy session came in July 2006, two months after starting a

one-year duration drug-drip therapy. She went in every three weeks for three-hour sessions where a drug called Herceptin was administered into a port in her chest. This is a highly aggressive, preventative drug meant to reduce the chances of her cancer reoccurring. The last drip session was in May 2007.

With chemotherapy and her drug sessions behind her, Susan is well on the road to recovery, although she still has to deal with "a barrage of doctor appointments and physical therapy." The physical therapy is to help improve movement and reduce swelling in her arm from the lymphoedema, a result of the removal of her lymph nodes. "In my mind, I am supposed to be done," says Susan of her treatment for the disease and her eagerness to get on with life, "but I still have to wake up and remember I had breast cancer."

Waking up to that knowledge is unfortunately something that must be faced by too many people nationwide. According to the Susan G Komen for a Cure Web site (www.cms.komen.org), "An estimated 178,480 new cases of invasive breast cancer are expected to occur among women in the United States during 2007." Some of those cases, like Susan's, are bound to hit people living here in Spokane. As daunting a prospect as that is, there is good news in the



fact that Spokane offers some of the best care possible.

"They were phenomenal, stellar," says Susan of the doctors, nurses and staff at Cancer Care Northwest where she received her care. "I can't image feeling the need to go to a bigger city" for care.

While Susan knows top-of-the-line care is available here in Spokane, some people's initial reaction is to think they have to flee to larger cities to get proper medical care. "[That's] a thought I am trying hard to dispel," says Dr. Stephanie Moline, a surgical oncologist specializing in breast surgery at Cancer Care Northwest. Although Moline was not a part of Susan's team of doctors, she works with hundreds of patients and is one of the many doctors that make Spokane a great place to receive medical care. "No bias here!" she says. "You can get the best care in the world [in Spokane] because we have the coordinated care for cancer patients as well as the coordination of work-up to find cancer, and the specialists assembled together to work on it. Those two pieces - the



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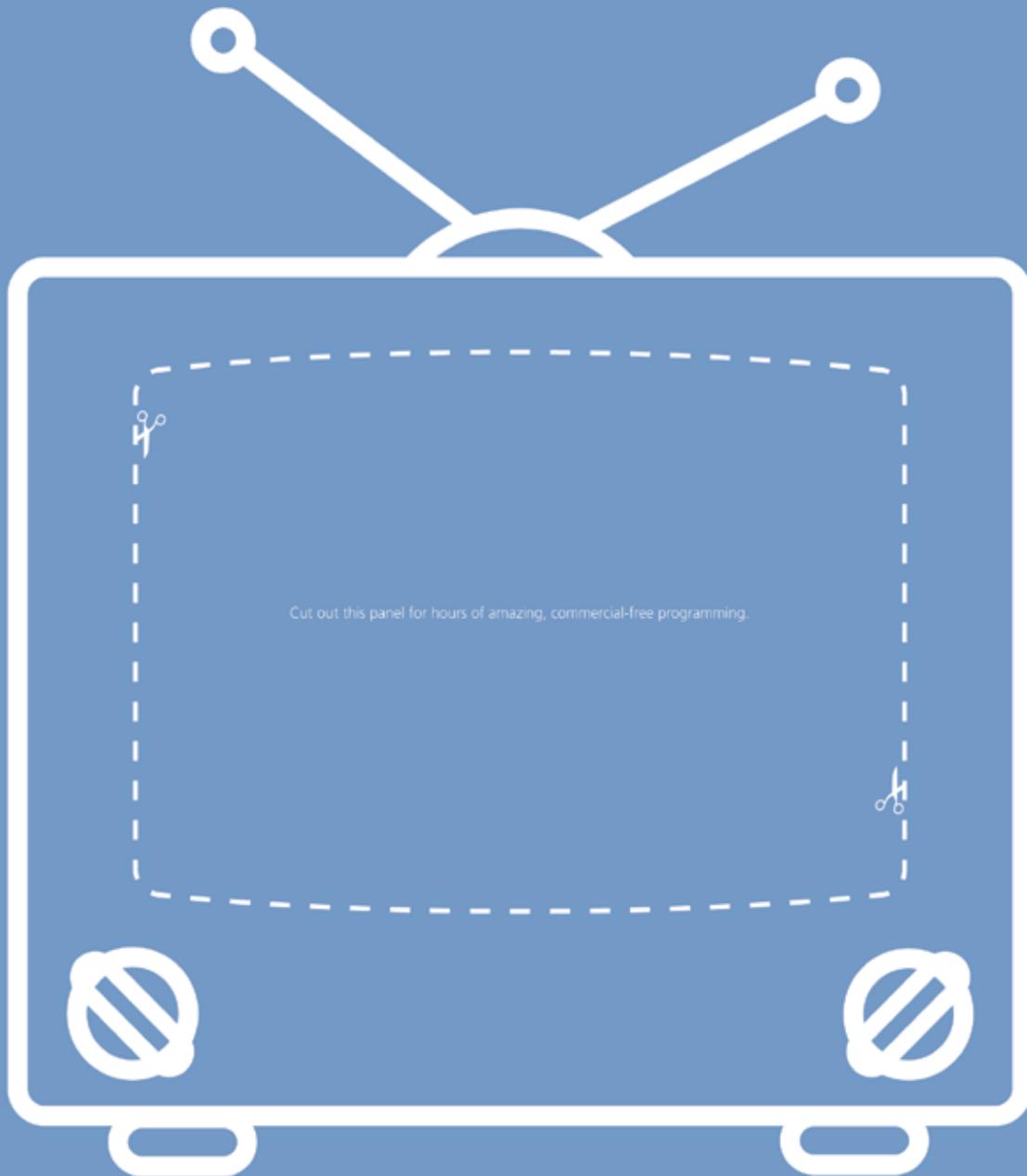
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providers, and that they are together - are the keys."

In addition to having top-notch care and doctors here, seeking treatment close to home makes sense from the standpoint of comfort and ease. "The follow up is right at home," says Moline. "With the specialist care you could find outside of Spokane, you have to travel to get it. There are no cancer treatment options, with very rare exceptions, that cannot be delivered well here."

So what are some of the newest treatment options for breast cancer patients here in Spokane? "Skin sparing mastectomy and immediate reconstruction, which used to be recommended to be delayed until the final course of treatment is now the standard of care," says Moline, who as a surgical oncologist handles the entire range of breast procedures, including biopsies by needle and ultrasound, as well as excision, lumpectomies and mastectomies.

She says another new option for patients is, "reducing the amount and time of delivery of radiation through partial breast techniques such as mammosite balloon radiation. Less invasive biopsy options are also a key part of treatment options."

Moline is encouraged by the variety of treatment options available, but she says the key to fighting breast cancer involves more than focusing just on post-diagnosis treatment. She says that although research and new treatment are important, the key is really more than that. "We have things that work that aren't being used," she says. "Screening is underutilized. Awareness is growing and the openness of society to even talk about 'breasts' and women's health has come a long way, but participation in screening is very low."

Moline keeps her eye on the prize, though. "I am fantastically optimistic that we will find a cure and work towards that," she says. "I should be quite pleased to work myself out of a job, and don't worry, I have a back up plan!"

It is the small pebbles of optimism that help pave a road of hope for Moline in what could easily be a discouraging field of medicine. They include a combination of advances in chemotherapy and hormonal therapy; better support medications (such as for nausea) so that chemotherapy is more tolerable; adjustment of radiation therapy to minimize tissue damage and maximize tumor death. Additionally, encouraging is coming full circle on thinking in breast reconstruction, and the offer of more functional surgeries that don't harm survival.

"I usually say that the main risk of breast cancer is being female and having breasts,"

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says Moline. "Balance, as in everything, is the key. Maintaining a healthy weight with exercise and diet, avoid smoking, avoid excesses, and participate in the three keys to early detection: screening mammograms, self exam and clinical breast exam."

Susan is an adamant crusader for the benefits of women performing self-exams. "The doctors told me that my cancer was advanced enough that it had probably been there for three to five years," she says. "I'm not big on 'what if's' but I am human, and I'd be lying if I didn't say that I've thought about 'what if I had been in the habit of checking my breasts? Would I have caught it much earlier?' I'm sure the answer is yes."

Susan doesn't dwell on what could have been, though; she keeps her focus on the future. "Do I have fears about the cancer coming back? Yes, I would be lying if I said no. I push those thoughts aside and put my energy into making sure I'm really living the life I want to live. I wake up and I am so grateful for little things."

Susan also pushes for the classic health tips: maintain a healthy diet and exercise, don't drink too much and don't smoke. It is not a magic formula because, although Susan followed all of these, she still was diagnosed. But living this life may have helped her body, both physically and emotionally, fight the battle that raged within her.

"Cancer, by nature, takes so much from people," says her husband, Rick. "In Susan's case, cancer has taken her hair and her breast; however, cancer will never take as much emotionally as she has given in the fight against this disease."

Susan's life is forever changed by breast cancer. "It was completely frightening and paralyzing in some ways," she says of the impact of the diagnosis. "Your life comes to a standstill. Whether or not you sent a Christmas card to someone, got all of your packages wrapped or got the Christmas cookies made doesn't matter."

What she realized matters is life and living it. "It really got me to prioritize my life in ways I had not yet done," she says. "It taught me so many different things. You have to live with the cards you're dealt. When the rubber meets the road and your going through breast cancer, it makes you face your own mortality. It definitely changed how I view life." ■

To learn more about Susan's journey, visit <http://www.susanbcjourney.blogspot.com/>

To learn more about Dr. Moline and Cancer Care Northwest, visit www.cancer-carenorthwest.com



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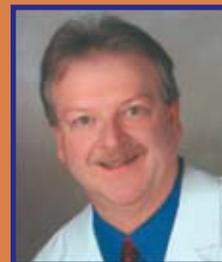
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