ASK ME WHAT I WANT

When dealing with the dilemmas of breast cancer (or any disease for that matter), it is of the utmost importance that doctors provide their patients with as much information as possible so the patient can make an educated decision given the facts at that time. Even when we make what seems to be the best decision possible for the course of treatment, there are no guarantees in the end. As my wise oncologist said, ‘cancer is a crapshoot’ when it comes to surviving it. He added that some of his stage 2 breast cancer patients died (regardless of having received the best treatment) but shouldn’t have, while some of his stage 4 breast cancer patients are still alive and enjoying life ten years later. We make our choices the best way we can with the information we are given and then we roll the dice. True, some patients don’t want to know all the details, statistics and percentages of their cancer, leaving the decision making up to their doctors. That is their right. Personally, I would want to know as much as I could about my situation, then make my choices and take it from there.

Early screening, regardless of age, family background, or financial standing, is absolutely essential if we want to see the survival rate increase and more importantly, the mortality rate decrease. It should be at an all time low and it isn’t. Why? We have the technology yet we’re not always using it. We get millions upon millions of dollars raised from multitudes of breast cancer fundraising events. Where is the money going? Is it being put towards purchasing more screening machines, making them more accessible to every person on a more regular basis, covering the costs of operating these tests or providing life-saving treatments so that they’re affordable for everyone? If the answer is no to any of these questions, this must change. I understand why less developed
countries aren’t able to supply screening tests to their citizens on a regular basis but what is North America’s excuse? People say that cost can be a factor, and this certainly is the case for the medical establishment and the insurance companies. When I’m uncertain as to the validity of having a certain test or not, I always ask the doctor, “If it was your daughter, your sister, or your mother, what would you tell them to do?” and often I get an entirely different answer than what they were going to tell me. And just in case the doctor’s decision to order a certain test is affected by the cost, I also ask, “How much would it cost me to buy this test, because I might feel it’s worth it?”

The medical system in Canada has reduced early annual testing because they don’t want to add anxiety to the patient due to a false positive result. I would much rather have a false positive than a false negative (granted I may be the only one who thinks this way). If I had the latter, I would have allowed the cancer to grow undisturbed, missing the opportunity to save myself and live my life the way I want to, thinking that I had all the time in the world when in fact I didn’t. Because of these false results, perhaps it is time for biopsy diagnostic procedures to be re-examined and reconstructed. I would like to see a system where the biopsy results have a 3-tier retesting method in place so that it is fool-proofed and if possible, get two opinions using different methods for analysis. And when getting a second opinion, something must be arranged so that the new assessment be based on new tests rather than reviewing the old ones just incase those results were not accurate. It’s much better to get a new opinion based on fresh facts.

If there are suspicious results from the screening process, as Amy Price mentions, having a biopsy is extremely important. The core needle biopsy is very popular when it comes to biopsies but it’s not a perfect procedure. My case demonstrates this perfectly. Based on the information given to me, I had a choice of having a core needle biopsy, a lumpectomy, or a monitoring ultrasound every few months. I chose to have a lumpectomy, as it was the most conclusive procedure of them all. After my lump was biopsied, the doctor told me that my decision to have the lumpectomy was a good one because only half of my tumor was malignant while the other half benign. He explained that the needle might have sucked up the benign tissue and not the existing malignant cells, giving me a false negative report. As a result, I would have had undetected cancer growing, killing me slowly instead of me having the opportunity to kill the cancer.

Most important to note in my case is that the cancerous tumor I had removed was entirely missed by my annual mammogram done one month before I found my palpable lump. Furthermore, the mammogram performed one day after I found my lump also missed detecting it. Fortunately, the ultrasound that was ordered immediately after the mammogram did pick it up. Why wasn’t my lump seen by the mammogram? Because I had dense breasts. Amy Price discusses breast density but she doesn’t point out that along with women in their 20’s and 30’s, many women in their 50’s and older can still have dense breasts. In fact, currently I have two lumps (benign) being monitored annually by an MRI, an ultrasound and a mammogram: the mammogram still doesn’t identify the lumps due to the density in my breasts. My clear mammogram result each year scares the hell out of me because I know I have lumps and they’re not showing up.

The mammogram is the most offered screening test for breast cancer but how effective is it? Here’s an interesting fact about my case. I was 42 when I got diagnosed with breast cancer and no one in my support group consisting of 12 women in their 30’s and 40’s had their cancer detected by their mammogram. Not one. We all found our lumps ourselves with breast self-examinations after having negative mammograms. That’s the truth. We all had an ultrasound to further investigate our lumps, and it found irregular characteristics. So did the MRIs. We all had biopsies that were malignant. We all had surgery, chemotherapy and radiation treatments and we all give thanks to the effectiveness of the early detection made avail-