

# **From ZERO to Mastectomy:**

What I Learned and You Need to Know  
About Stage 0 Breast Cancer

By Jackie Fox

*I would maintain that thanks are the highest form of thought,  
and that gratitude is happiness doubled by wonder.*

—G.K. Chesterton

## Preface

If you're reading this, it's likely because stage 0 breast cancer has decided to show up in your life or the life of someone you love. If you're like I was, you don't have a clue what that means.

On the surface, getting stage 0 cancer is great news. It's not life-threatening if treated. But deciding on treatment is the tricky part; at least it was for me. When you're diagnosed with stage 3 or stage 4 cancer, there's no question you've got a fight on your hands. With stage 0, you may wonder, like I did, why some of the choices seem so drastic for a cancer that by definition is not invasive. You may wonder if you really are part of this club no one wants to join, and if you're entitled to call yourself a survivor. (Yes, and yes.)

I wrote this book because I want you to know you're not alone. Stage 0 breast cancer is very different from stage 2 or 3 or 4, yet some aspects of the cancer journey are universal. You're going to have days that suck, but those days don't have to define your experience. I remember feeling inexplicably happy one day while I was driving to work in the middle of my cancer adventure, and I couldn't come up with a reason—except maybe that it was good to be alive and driving to work. The birds were chirping and the sun was shining and I suddenly felt like a character in a Disney movie. I realized it doesn't take much more than that for life to be good. For you, the realization may hit while you're making cookies with your daughter or walking your dog. The simple moments can come to feel like blessings.

That's one thing I hope you take away from this book. The other thing is for you to be comfortable with the choices you make. Your doctors, treatment choices and favored coping strategies may

not be anything like mine. Don't think you have to pattern your experience after mine or anyone else's. I did what worked for me and have no regrets. I wish the same for you.

## Acknowledgments

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one, but they graciously agreed to let me include them in this book, and I hope you enjoy their insights. I'm still knocked out by how generous they were with their time, and I will always be grateful to them, for their compassionate treatment and for making this book a better resource.

I would like to thank you, because if you're reading this you have purchased the book or at least considered it. I hope you find it helpful.

And first, last and always, I would like to thank my husband Bruce. I couldn't have asked for a better partner on this (or any) adventure.

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## Chapter 1:

# What Did You Say I Have Again?

**I**t's the phone call every woman dreads, and mine came on Wednesday, April 2, 2008. It was my turn to get breast cancer. I used to wonder how I'd handle it; now I wouldn't have to wonder anymore.

It was a jolt but I can't say it came as a complete surprise. Not because I have a family history or anything, which I don't, but because so many women are being diagnosed with breast cancer it almost seems like a rite of passage. But as rites of passage go, it's more like the first time you borrow your parents' car as a teenager and wreck it than getting your driver's license. It's one of those clubs no one wants to join.

As soon as my family doctor, Gordon Moshman, said the word "cancer" my brain started spinning like a hamster on a wheel and I grabbed the first thing I could find to write notes on. I knew I'd never remember the conversation. Dr. Moshman told me immediately that my particular "brand" of cancer, ductal carcinoma in situ or DCIS, was not life-threatening. Then he tossed out a lot of 50-cent words like "comedo" and "micropapillary" and I scribbled furiously along, trying to guess at the spelling.

He explained that DCIS is often successfully treated with breast-conserving surgery followed by radiation. So far, so good. Then he added that mastectomy has the best outcome, virtually guaranteeing a cure. I said that sounded pretty drastic for a non-life-threatening cancer. He said we'd talk and set up an appointment for the following Monday.

Dr. Moshman broke the news the night before I left on a

business trip for an annual engineering awards banquet in New York. He wasn't trying to be sadistic and ruin my trip; I had insisted on hearing the news before I left, because I'd be returning on Friday and didn't want the suspense hanging over my head for a second weekend (I had my biopsy the previous Friday, March 28). After he told me I had cancer I remember thinking, "Well, that's one way to get out of the cocktail party." One thing you'll find with cancer is it provides a perfect excuse to get out of doing things you don't want to do. Hey, there has to be a bonus in it somewhere.

After hearing the news, I would rather have stayed home but in a way I was glad to have the trip to distract me. I had to pack and make sure my dress still fit and finish all the other chores attendant on travel. But I also had to tell my husband Bruce. He was downstairs working out on the elliptical and wanted me to interrupt him, so I did. I said I do have cancer but it's not life-threatening and he was pretty calm, which was great. If he had freaked out at that moment, I might have too.

Bruce was probably just happy I told him anything. Leading up to the diagnosis, I hadn't been the best about relaying the news to him. I didn't tell him when I flunked the first mammogram because I wanted to spare him in case the second one turned out okay. When it didn't and they recommended a biopsy, I told him but I didn't win any style points. I was trying to figure out how to break the news when he told me after work one night that one of his colleague's wives needed a biopsy. I thought, "Great, here's my opening," and blurted, "I need a biopsy too."

I've never been very (or any) good at preamble. It might be good to preface news like this with, "I need to tell you something," or "We need to talk," something to at least give the person a warning. Bruce calls it the "Here's your bumper" syndrome. Years ago, I had a fender bender in his vehicle while he was out of town. When he got back, I told him about it (again, minus any kind of set-up) and handed him a piece of his bumper.

I had fleetingly thought of not telling Bruce until I learned how the biopsy turned out but I knew that wouldn't be fair to either one of us. He deserved to know, and I deserved to have his support because we were entering the realm of the scary unknown. Mammograms are maintenance but biopsies are a whole other deal. He went with me that day and although I told him he didn't have to, I'm grateful he did. This was the first of many trips we'd make together on this adventure. We had no clue just how many there would be.

The biopsy experience turned out to be quite educational. Like so many things about cancer you don't know until you get there, I didn't realize I had a choice when it came to biopsies. When I flunked the second mammogram, they called me back to the radiologist right away, who showed me the area of concern and recommended a biopsy as the next step. The radiologist told me I could choose a stereotactic biopsy or an excisional biopsy, also known as a wire localization. She said the excisional biopsy involved outpatient surgery and the stereotactic procedure was less invasive, so I arranged for one without doing any homework.

I really wish I had asked around before agreeing to that. I didn't talk to any women who've had either kind of biopsy. I didn't give Dr. Moshman a vote. I just told him I wanted the stereotactic biopsy.

If I could have done one thing differently out of this entire cancer experience, it would have been to skip the stereotactic procedure and go straight to the wire localization/outpatient surgery I ended up having anyway to remove the cancerous tissue. If my other breast ever goes bad I'm going to insist on it.

I know pain is subjective and we all have different thresholds, but the stereotactic biopsy hurt like hell. I found out later that a friend endured the same procedure and had the same response. (She called it barbaric. I prefer medieval, but you get the drift.) My surgeon told me after I had both procedures that the list of women who were unhappy with the stereotactic biopsy is pretty long. I told him to add me to the list.

## *From Zero to Mastectomy*

The setup for it wasn't particularly comfortable. I climbed up on an elevated table and lay on my stomach with my breast sticking through a hole. They placed it between a couple of X-ray plates and injected a local anesthetic. The position of my arms and head wasn't anywhere close to comfortable, and I couldn't move for 45 minutes or so while they used a mammogram to pinpoint the area where the needle should be inserted. There was so much handling and prodding of my breast that I felt like a dairy cow.

Then came some sudden, searing pain I can't even really describe, except to say it's the one time I came close to a 10 on that one-to-10 pain scale medical professionals always want you to use. I never have understood that scale. Is two a headache? Is four menstrual cramps? I have no idea. But this hurt. It was definitely a 10 on the yelp scale. *Dr. Susan Love's Breast Book* says it's similar to getting your ears pierced at a jewelry outlet (and that the device's inventor originally called it a "biopsy gun." That should be a big hint right there.) I didn't get my ears pierced that way so I can't speak to the similarity, but I can't help but think if it felt anything like my biopsy did, they'd go out of business.

The wire localization procedure includes outpatient surgery with either local anesthetic with sedation, or general anesthetic, which carries risks, and you do have a bit more of a scar. But if I had to do it over again, I'd take that option in a heartbeat.

I said as much in one of a series of essays I wrote about my cancer experience for the *Omaha World-Herald*, and it generated the most response of anything I wrote. Close to a dozen women e-mailed that like me, they would never choose the stereotactic biopsy again. Several told me it's the worst pain they ever experienced, one adding a qualifier that she is not a wimp. (This was a recurring thread in the e-mails I got from female readers. So many women, including me, feel the need to apologize for or qualify our pain or even our opinions. It's high time we stopped doing that.) The worst part is several women had doctors and/or nurses who pooh-poohed their concerns or their pain.