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Feeling Good

Finding Your Way Through

The specter of breast cancer may change the course of your life. But as these three women reveal, you can learn unexpected lessons along the way.
I did. Because going for Slurpees felt normal. It was our answer to botched assignments, long meetings, and generally crummy days—all the things that, until now, had seemed as bad as it could get. I was 23 years old. I was used to worrying about which senior managers I should suck up to, which shoes I should buy, who my intramural rugby team was up against next. And on that cool day in April, as we sat on the curb outside 7-Eleven in Baltimore, I wanted to hold on to that life—a life suddenly made spectacular by just how unexciting it was.

When my boyfriend, Josh, had first felt the lump, I assumed it would go away on its own, like all the other lumps, bumps, and bruises before it. I'd actually waited three months to tell my doctor—and I probably would have waited longer if I hadn't needed to see her for what I thought was a more pressing concern: seasonal allergies. My doctor seemed as unconcerned about the lump as I was, but she referred me to a radiologist anyway.

It turned out to be aggressive stage II cancer. The tumor (all 2.8 centimeters of it) was removed, and I gave myself over to the care of my parents and Josh. While my friends were out partying, I was away, planning trips to the beach, and meeting at the mall. I stayed home. I was so wiped out by the chemo that I could barely fold a T-shirt.

And then, after a few rounds of radiation, the cancer was gone. I would live. I would get to keep my life, but what life? For the past year, I had been talking to my boss about transferring to our company's new office in Shanghai. That was out. The national tournament for my club basketball team was coming up in less than a month. I wouldn't play. I had gone from cracking jokes about missing a single birth control pill to asking my boyfriend of seven years if he wanted to fertilize my eggs. (The chemo, I'd learned, could send me into early menopause.) My fertility doctor gently urged me to save some unfertilized eggs in case things didn't work out with Josh; I didn't have to decide right
More than 85% of women who develop breast cancer have no family history of the disease.

then if he was the man I was going to have kids with. My panic was the cancer talking, as it bombarded me with life choices I wasn’t really ready to make.

Cancer sucked. It was lonely. I was bruised and hairless and tired. But as banged up as my body was, it was still mine. And slowly I started to put it back in action. Five months after my final treatment, I played in my first postcancer rugby game. My teammates thought I was crazy, but I packed extra padding over my chest, ran onto the field, and powered through every tackle and dive. I felt alive.

Last fall I pushed my body further still, biking 220 miles in the Young Survival Coalition’s Tour de Pink from Philadelphia to Washington, D.C. On the day we neared the 70-mile mark, I was spent. There was a “poop out” bus that riders could take to the next pit stop, but I had committed to pedaling every inch of the course. As the sun began to set, a man whose wife had survived breast cancer slowed to go the last few miles of the day with me.

When I was a kid, I used to ride a purple bike with white handlebars and metallic streamers. In Baltimore I got around on a crappily ten-speed I found on Craigslist. Riding those bikes was easy. There was a simplicity to life back then. But there’s always been something about tackling a hill—pressing down on the pedals with everything you’ve got, teeth gritted, legs aching—until you push past the hard part, regain your balance, and fly.

**Feeling Good**

**YOUR SUPPORT TEAM**

These groups help young women navigate prevention, detection, and recovery.

**BRIGHT PINK**

This nonprofit educates young women about prevention and early detection. You can get “Underwire Alerts,” monthly text reminders to do breast checks, at brightpink.org.

**YOUNG SURVIVAL COALITION (YSC)**

"Before I was diagnosed, I didn’t know young women could get breast cancer," says the group’s CEO, Jennifer Merschdorf. "But I quickly found out about YSC and went to one of the support groups. The women I met helped me get through it." YSC runs in-person support meetings around the country, plus online forums at youngsurvival.org.

**CANCER AND CAREERS**

Maintaining a job while undergoing treatment can be tricky. "One of my friends works at a law firm surrounded by men who are after her job," Merschdorf says. "She doesn’t want to be treated differently because she’s been sick, but if she bursts into a sweat from hot flashes caused by her medication, that can be hard to conceal." At cancerandcareers.org, survivors can get career coaching and legal advice about workplace rights.

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**COULD IT HAPPEN TO YOU?**

Setting the record straight about young women and breast cancer.

**What are the odds?**

Roughly 5 percent of new breast cancer cases occur in women under 40—about 13,000 diagnoses each year.

"The younger you are, the lower the odds, but I have diagnosed breast cancer in women as young as 18," says Therese Bevers, MD, the medical director of the Cancer Prevention Center at MD Anderson Cancer Center in Houston. The good news: The five-year survival rate for women under 40 is 84 percent.

**Is breast cancer among young women on the rise?**

According to a 2013 study in *The Journal of the American Medical Association*, the incidence of localized breast cancer among women under 40 showed no increase between 1977 and 2009. But the incidence of metastatic breast cancer (which is less common) nearly doubled over the same span.

**Are self-exams still best?**

Early detection is especially key for young women, as premenopausal breast cancer is often more aggressive and harder to treat than breast cancer in older women. "Nearly 80 percent of younger women find their own breast cancer lumps," says Jennifer Merschdorf, CEO of the Young Survival Coalition. "It’s natural for young women to have lumpy breasts or cysts, and in most cases, nothing is wrong. But if a lump doesn’t go away, you should absolutely get it checked out."

**I found a lump. What tests should my doctor perform?**

Mariana Chavez-MacGregor, MD, an assistant professor of breast medical oncology at MD Anderson Cancer Center, assesses the three most widely used options:

- **Ultrasound.** "In young women, most of the time we order an ultrasound first," Chavez-MacGregor says. They’re quick, simple, and good at evaluating cysts—small, usually benign fluid-filled sacs—being many women have in their breasts.
- **Mammogram.** "Young breasts tend to be very dense, so a mammogram will likely not show you much, but it can detect things like calcifications that an ultrasound can’t," Chavez-MacGregor says.
- **MRI.** Because the highly detailed pictures they yield can sometimes trigger unnecessary biopsies of normal lumps, MRIs are often reserved for women who have tested positive for a breast cancer gene mutation (like BRCA1 or 2) or have a strong family history of the disease.

**If I do have cancer, will treatment rob me of my chance to have kids?**

Some chemotherapy drugs have been found to genetically damage or destroy eggs or send patients into a type of medical menopause. Don’t panic. The younger the patient, the more likely her ovaries and eggs will recover. And the options for patients whose infertility proves permanent are expanding: Now that the American Society of Reproductive Medicine has officially endorsed egg freezing for young women with cancer, it’s expected that more insurance companies will cover parts of the costly procedure.

—SUNNY SEA GOLD
Breasts Are Not a Requirement

For Deborah Vlock, a double mastectomy led to unexpected chances for reinvention.

THE FIRST TIME I TRIED ON A PAIR of falsies, I was 35 and built like a string bean. I asked for a pair of B cups because I'd spent 20 years not enjoying my premastectomy Ds, which I still associated with high school chubbiness. My husband, who had put DDs on his wish list, was clearly going to be disappointed.

The falsies—or, as the salesclerk called them, "breast forms"—were petal pink and felt oddly like Jell-O shots. Each one culminated in a bee-stung nipple that wasn't nearly as large as the real thing, but might, with any luck, make a tentative showing under a clingy T-shirt.

I had come to the lingerie shop to take care of some unfinished business. Two years earlier, I'd submitted to genetic testing in the hopes that I didn't have the same breast cancer gene as my older sister. She'd died from the disease at 36, leaving a husband and three children under the age of 11. When I learned I'd inherited the genetic mutation and my doctors suggested a bilateral prophylactic mastectomy, I weighed my options and chose the least lousy of them. I was 35, with a husband and baby of my own. I'd get rid of the damned Ds. I needed to live.

The worst part of relinquishing my breasts was the postsurgical pain, which exceeds even the pain of childbirth because the doctor doesn't place something lovely in your arms that helps you forget. The second-worst part was losing an important piece of anatomical evidence that I am, in fact, a woman.

Yet I never seriously considered reconstruction. Recovering from the primary operation was going to be hard enough, with a toddler at home and a husband working long hours. In any case, I quickly discovered that breasts are hardly a requirement for a happy life. Who but a breastless woman would have guessed? Who, beyond carpenters and mathematicians, could have imagined the pleasures of the flat plane? But pleasures there were: painless jogging, prone sleeping, blouses without popped buttons.

It was only as I ventured further into middle age—when (continued on page 112)
I began to grow a tummy that needed balance up top if I was to maintain my dignity—that I opened my heart, and the cups of my bra, to the falsies.

Since my first encounter with those B cups, I’ve owned five sets. I could have had double that number by now, because, according to my insurance company, I’m entitled to a new pair each year. To me this seems an extravagance, as a typical set of breast forms will last about three years before splitting their skins—that is, unless your toddler notices them on the bedroom floor while you’re trying to read the paper and takes a bite out of one.

Not that babies are the only ones. One day, while on pair number three, I was showering when our dog, Noo Noo, crept into the bathroom, then streaked out as if he were running from the law. When I dried off and reached for my bra, I saw the reason for his guilty flight: One of the falsies was missing. I found Noo Noo under the dining room table, a pale gibbon-like thing hanging from his teeth, then chased him through the house until he dropped it. My right breast had two puncture wounds above the nipple, which I patched with silver duct tape. It took a year and a half until I found the time to go into the city for a new pair, but the duct tape held just fine. And what did a silver crater on a pink moon matter, anyway?

A few months ago, I finally went for my first pair of C cups. I wasn’t so much caving to my husband as trying to keep up with the evolution of my body, which for 12 years has been blossoming at the rate of about three pounds a year. This is not simply the consequence of gluttony, but also the unfortunate fallout from surgical menopause at 38. (The gene mutation—BRCA1 also puts me at high risk for ovarian cancer.)

My C cups are nice. But it’s not as though I need them. If I’ve learned anything in the process of losing my real breasts and gaining a whole lot of replacements, it’s that there’s nothing wrong with large breasts or small breasts, real breasts or constructed breasts, or no breasts at all. In the course of a day, I can swing from flat-chested to busty, throwing on a sweater for a falsies-free morning walk, then strapping them on later under a silk shirt for a date with my husband. What matters most, I have come to understand, is that I have the choice at all.

Deborah Vlock is a Boston-based writer. She is currently working on a collection of essays.

THE ANGELINA QUESTION

When Angelina Jolie announced earlier this year that she’d had a double prophylactic mastectomy and breast reconstruction with implants, all within a whirlwind three months, some people—including doctors—were surprised: For many women, the reconstruction process takes much longer. We asked radiation oncologist Marisa Weiss, MD, founder of breastcancer.org, to walk us through a typical timeline.

MONTH 1

Right after a mastectomy, in an operation that can take up to four hours per breast, an expander is inserted under the chest muscle to create a pocket for the implant. "The breast tissue is taken out and the skin envelope is left behind so that all a surgeon needs to do is, in effect, put another pillow inside the pillowcase," explains Weiss. Postsurgery, some women are unable to lift anything for two to four weeks.

MONTHS 2–4

Over the course of multiple visits, the expander is filled with saline until the pocket is large enough to accommodate the implant. "It's a quick appointment, but fairly uncomfortable," Weiss says. The injections result in a feeling of tightness and pressure as the skin stretches. The National Cancer Institute estimates that the expansion process can take anywhere from six weeks to six months, depending on the size of the implants and the rate at which they're filled.

MONTH 5

In a final surgery, the expander is replaced with an implant—often leading to an almost immediate feeling of relief. For women who aren't able to keep their nipples (because the tumor was too close or the nipple itself was cancerous), a different kind of plastic surgery magic comes next: Although restoring nipple sensation is impossible, "some surgeons can use your own skin and a bit of origami action to create a nipple-like bump," Weiss says. "After it's healed, they tattoo color onto it. Alternatively, there are extraordinary three-dimensional tattoos that can make skin look more like the real thing."

MONTH 6+

Full recovery time varies but, on average, it takes at least five more weeks to recuperate (every hour you were under anesthesia generally requires a week of recovery, says Weiss). Your doctor may recommend arm exercises to prevent stiffness. —S.S.G.
Feeling Good

From Shock to Awe

Seven years ago, Kelly Corrigan called a truce with cancer—only to discover that, in important ways, she was still in the trenches.

Stage I: Increased Surveillance
My marathoner friend was in Boston last spring when the bombs went off, and for several months afterward, whenever he lit his janky gas grill, the resulting pop made him jump. Cancer is like that. For a while, ordinary things feel dangerous. That scar tissue/headache/out-of-the-blue lower back pain could be evidence of recurrence, right? Should you call your oncology nurse? Schedule a visit to the mammography center? (Recurrence anxiety loves a doctor’s appointment.) But then you start to wonder where diligence ends and paranoia begins. And after one too many panicky speed dials, you start to fear it’s the latter—which is why this stage also involves pretending you’re no longer living from scan to exam to blood draw. The rest of the world, especially the rest of the world who loves you, wants you to stop being shocked by sudden noises. They want you to let it be over, come back to life, even celebrate, whether you’re ready or not.

Stage II: The Slip-Slide
How is your heart? Your bone density? Your recall? During active treatment, I would have traded every one of them for a clear mammogram. (For all I knew, I had.) Slowly, though, I stepped off the bottom rung of the ladder, where survival is everything, to a more demanding place, where I wanted bones that would take me the distance, not to mention my old hair and eyelashes. In other words, I began to hope for more from life than life itself. I wanted to be comfortable and attractive. And come to think of it, I wanted my Irish luck back. I realized I’d entered a new stage the day I got my first post-treatment parking ticket. “Un-be-fucking-lievable!” I scream-whispered, my daughters trailing behind me, arguing over who had to walk the dog when we got home. “Give me a break!” Just a month earlier, my two girls had been everything and enough. If only I could see them graduate, marry, become moms themselves, that’s all I could ever ask for. And then...there I was, asking for a bit more. Could I see them safely into their adult-hoods, and could they not bicker, and could we not get a $65 ticket for underfeeding the meter by three minutes? Could I have those things, too? This, I realized, made me no better than my girls, (continued on page 118)
who begged for a dog, who loved the dog with such passion for the first, oh, 24 hours, but for whom, soon enough, the dog became not so exciting. My survival, which had once been cause for Dom Pérignon, was now not quite enough of “a break.”

Stage III: Connection
There is nothing wrong with using a tennis ball to play tennis. But you can also toss one into the dryer to fluff your comforter. Likewise, you can use toothpaste to soothe a bug bite and Coke to rub out rust. It’s similar with cancer: Whereas initially I had applied my experience in the obvious way—to connect to fellow breast cancer patients—I soon started swapping stories with all kinds of cancer survivors, then with friends with other diseases (Crohn’s, depression, shingles), then with people whose ailments weren’t even physical. A bout of breast cancer, it turns out, has uses as varied as a Q-tip—because the broad-stroke pattern of crisis is so consistent. There is shock, followed by resolve, then digging for answers, then work—so much work—until, eventually, acclimation, both physical and emotional.

Within that pattern, naturally, there are switchbacks and stalls, like the desire to dissociate from the community you’ve been thrust into. I almost threw up the first time I set foot inside the University of California, San Francisco’s Comprehensive Care Center and joined the stream of thin, slow-moving, low-voiced, gray-skinned people. I didn’t want to be one of the pitied, the struck-down. But remembering that resistance came in handy when talking with my friend Joan, who didn’t want to be one of the housewives whose high-flying husbands cheated, or my friend Bill, who didn’t want to be one of the financial services guys who got laid off, or my neighbor Tara, who didn’t want to be one of the parents who put their kid on Ritalin. I understood completely. (There’s a reason people trust people who have been tested. We know things.)

Cancer is a growth hormone for empathy, and empathy makes us useful to each other in ways we were not, could not have been, before.

Stage IV: Wide-Angle Amazement
It’s one thing to long for life in the operating room or infusion chair. It’s another to feel, in the middle of our nothing-special, could-be-better, hanging-in-there existence, how deeply we ache to be here. In the final stage of recovery, we have a shot at achieving the most elusive and divine of emotional states: awe. This is where we privately, humbly approach the well-known facts of existence—we are tiny, we have laughably little control, it will end—and sit with the staggering truth beyond: Small and fleeting, yes, but we are here. We are here.

Kelly Corrigan is the author of The Middle Place and Lift (Voice); her new memoir, Glitter and Glue (Ballantine), is due out in February.

SURVIVAL TOOLS
Research suggests that breast cancer support groups can help boost survival. One study of 227 women enrolled in groups that offered strategies for stress relief and healthy living found that participants had a 4% lower risk of cancer recurrence. These three networks can help.

LIVING BEYOND BREAST CANCER is a national nonprofit that runs a toll-free hotline for survivors, manned by survivors. (888-753-5222)

BREASTCANCER.ORG’s online forums offer one of the biggest meeting places for women around the world looking for advice and community.

LIVESTRONGCAREPLAN.ORG helps create a blueprint for survivors (based on treatment history) that offers personalized info on what to expect. —s.s.g.