

My Personal Experience with Breast Cancer

I sat on the bench outside of Eastside Café on a mid-September day waiting on my lunch friend Stephen Vollbrecht. The air had a bit of crispness in it and I noticed that the large pecan tree I was sitting under and the Chinese Tallow nearby had already begun to shed some yellow leaves in preparation for Fall. In fact, it was September 11th. I woke up with an awareness of the importance of the day, remembering all that had happened to our nation 14 years ago that changed all of us forever. Little did I know that as the minutes ticked away during the day that I would experience my own personal 9/11. Stephen and I had been talking about the work of the State Office of Risk Management and how I might be able to join the dedicated and creative team and if my skills were a good fit for it. Once we had come to a mutual understanding of the job, Stephen asked me to join SORM and I cheerfully accepted. Within the next two hours, I went back to the Office of the Governor, wrote my letter of resignation and turned it in to the Human Resources office on the second floor of the State Insurance Building. I took the elevator back down to the basement to my office and within 45 minutes, I got a call from my personal physician. The pause in his voice was rare. I have had Dr. Robins for almost 30 years as my personal physician and he moves quickly and talks fast so I knew this was not going to be an ‘ordinary’ conversation. When he did speak, he said, “Angi, this is not the news you want to hear or I want to deliver, but you have breast cancer.” He went on, “but it’s the good kind of breast cancer.” The “good kind” echoed in my head, and I thought what an oxymoronic statement that seemed to be in the moment. My next thought was, “what a hell of a way to start a new job.”

And, as I had heard so many times when I volunteered for Komen or talked with others who have had breast cancer, I began “my breast cancer journey. The first thing other than call Dr. Jane Nelson, a highly recommended breast surgeon was to start educating myself. Here’s what I have learned so far and no doubt will be learning more as I go.

Each year in October, the world sets aside the month to educate about breast cancer.

In 2015, it is estimated that among U.S. women there will be:¹

- 231,840 new cases of invasive breast cancer (This includes new cases of primary breast cancer among survivors, but not recurrence of original breast cancer among survivors.)
- 60,290 new cases of in situ breast cancer (This includes ductal carcinoma in situ (DCIS) and lobular carcinoma in situ (LCIS). Of those, about 83 percent will be DCIS. DCIS is a non-invasive breast cancer and LCIS is a condition that increases the risk of invasive breast cancer. Learn more about [DCIS](#) and [LCIS](#).)
- 40,290 breast cancer deaths

¹ <http://ww5.komen.org/BreastCancer/BreastFactsReferences.html>

And although rare in men, it does happen.

In 2015, it is estimated that among men in the U.S. there will be:²

- 2,350 new cases of (This includes new cases of primary breast cancer among survivors, but not recurrence of original breast cancer among survivors.)
- 440 breast cancer deaths

Start at the Beginning: Getting Mammograms Each Year

Since my mother and one sister have had breast cancer, I am very faithful about getting my mammogram every year. This year thankfully, I paid the extra \$100 to get the 3D mammogram.

The newer, three-dimensional mammograms are much better at picking up invasive tumors and avoiding false alarms than traditional [breast cancer](#) screening methods. Researchers have found that 3D [mammography](#), used along with standard [digital mammograms](#), bumped up [breast cancer](#) detection rates by more than 40 percent. At the same time, there was a 15 percent dip in the number of women who had to return for more tests because of a suspicious mammogram finding. Experts said the findings, reported in the June 25 issue of the *Journal of the American Medical Association*, suggest the 3D technology can boost the accuracy of [mammography](#) screening.

In my case, the 3D mammogram picked up a 7cm “architectural distortion.” These kinds of breast cancers are flat and would never be palpated in a monthly breast exam in the shower. But, with the newer 3D technology, this small place of architectural distortion was able to be identified for further investigation. I got called back to St. David’s Breast Center for a second look and a biopsy. The biopsy was a minor surgical procedure where the breast is numbed with lidocaine and a small probe is inserted to capture some tissue for examination. The biopsy confirmed Invasive ductal carcinoma.

Now What?

When Dr. Robins called me he said, “Angi, you’re going to be like every woman with breast cancer and will want to have surgery as soon as possible, but there are lots of steps before we get to the surgery table.” First he said, “you’ll have to have some genetic testing to find out if you are BRAC positive.

What is BRAC1 and BRAC2?

BRCA1 and *BRCA2* are human genes that produce tumor suppressor proteins. These proteins help repair damaged DNA and, therefore, play a role in ensuring the stability of

² Ibid

the cell's genetic material. When either of these genes is mutated, or altered, such that its protein product either is not made or does not function correctly, DNA damage may not be repaired properly. As a result, cells are more likely to develop additional genetic alterations that can lead to cancer.

Specific inherited mutations in *BRCA1* and *BRCA2* increase the risk of female breast and ovarian cancers, and they have been associated with increased risks of several additional types of cancer. Together, *BRCA1* and *BRCA2* mutations account for about 20 to 25 percent of *hereditary* breast cancers and about 5 to 10 percent of *all* breast cancers. In addition, mutations in *BRCA1* and *BRCA2* account for around 15 percent of ovarian cancers overall. Breast and ovarian cancers associated with *BRCA1* and *BRCA2* mutations tend to develop at younger ages than their nonhereditary counterparts. A harmful *BRCA1* or *BRCA2* mutation can be inherited from a person's mother or father. Each child of a parent who carries a mutation in one of these genes has a 50 percent chance (or 1 chance in 2) of inheriting the mutation. The effects of mutations in *BRCA1* and *BRCA2* are seen even when a person's second copy of the gene is normal.

Fortunately for me, I am BRAC negative for both 1 and 2. Now, the second test I took was a Positron Emission Tomography Test or PEM test.

What is Positron Emission Tomography?

PEM can be thought of as breast-specific [positron emission tomography](#), or sometimes called PET scan.

The PEM scan involves injecting the body with a small amount of radioactive tracer dye that is bound to sugar. Fast-growing [cancer](#) cells feed on the sugar and utilize it more quickly than normal cells, so they appear brighter on images created by the PET scanner. For 24 hours prior to the PEM scan I fasted and had no carbohydrates or processed sugar.

PEM isn't meant to replace mammograms but rather act as an extra tool to help diagnosis small cancers not seen on traditional 2D or 3D mammograms. The PEM scan can detect small cancers as small as a grain of rice. The test has only been available since 2014 and it is often recommended for women who have dense breasts. Ultimately, it is meant to allay an extra surgery for subsequent cancers not found on the initial mammograms.

In a new study, 182 women with [breast cancer](#) underwent PEM and breast MRIs. Both techniques proved 89% accurate at spotting [breast cancer](#). But PEM correctly detected 90% of early, noninvasive cancers known as [ductal carcinoma in situ](#) (DCIS) confined to the ducts of the breast, while MRI was only accurate in 83% of cases. And PEM spotted 100% of early, tiny, invasive tumors less than 5 millimeters in diameter, while MRI found them only 75% of time.

Where is Angi?

I had surgery yesterday. Dr. Jane Nelson, performed a lumpectomy and took out 2 sentinel lymph nodes. During surgery Dr. Nelson injected me with blue dye to see which lymph nodes drain from the cancer. The tissue was sent to a pathologist to examine the kinds of receptor information. I am crossing my fingers that I can just have some radiation and no chemo but it will all depend on the examination of tissue. I'll be back next Monday....sorry to miss the Halloween festivities....the pumpkin contest looks amazing.

Dang It!

This isn't the best time to have cancer and start a new job since I haven't gotten the chance to meet many of you. But what I can promise you is that I will be back and I have lots of ideas and plans to help make SORM the most outstanding Risk Management agency in the nation with your help and the other fantastic leadership already at SORM. I am a people-person, so I am really anxious to get to know all of you. I'll say thank you up front for your patience and understanding at this time. In years to come, I'll probably look back on the timing of all of this and have a good chuckle. I promise you I will be Rising Strong from this experience. So, this is my story of this time in my life. I WILL be rising strong <https://vimeo.com/135475648>

If you are interested in learning more about Breast Cancer, check out this website which has a series of great videos.

Beyond the Shock: A Comprehensive Video Series after you learn about your diagnosis: <http://www.nationalbreastcancer.org/nbcf-programs/beyond-the-shock>