

Survivable

Written by Jennifer Portman
Democrat senior writer
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Breast cancer doesn't always happen to someone else.

Just ask Florida Supreme Court Justice Barbara Pariente. While the jurist long harbored a fear of the disease, she was shocked when she received the call at the court April 1, 2003. She knew instantly it was no April Fool's joke.

Though she was fit, healthy and happy and had no family history of breast cancer, her routine mammogram revealed she had an early stage of the disease that later would spread, ultimately resulting in two surgeries, a double mastectomy and breast reconstruction, followed by months of chemotherapy. She lost her hair, and one day boldly ditched the wig she hated and took to the bench bald.

"Everyone thinks bad things are going to happen to other people," said Pariente, who has been cancer-free for nine years. "They don't necessarily think it's going to happen to them."

For reasons still not fully understood by science, one in eight women in the United States will be diagnosed with breast cancer. This year alone, the National Cancer Institute estimates another 226,870 women and 2,190 men will be diagnosed with the disease that forms in the tissues of the breast. Nearly 40,000 women and 400 men will die of the disease.

Ongoing medical advances in screening and treatment have resulted in early and better detection and a wide array of options to fight the disease. Breast cancer rarely is the death sentence it was considered decades ago. Today in the U.S. nine out of 10 women with breast cancer live at least five years after diagnosis.

"Breast cancer has come a long way," said Dr. Shelileah Newman, a radiation oncologist with Tallahassee Memorial HealthCare's Cancer Center. "My hope is still one day they will find a cure, but until then, there are very good options out there that if this should happen, there is a very good chance we can take care of it. I'll say, 'This is just a hurdle we have to get you through to live your life.'"

Breast Cancer 101

Breast cancer, like all types of cancer, begins in cells, which are the building blocks of tissues that make up the breast and other parts of the body. Cells grow and divide forming new ones to replace those that naturally grow old or become damaged. Cancer occurs when this process goes awry and unneeded new cells are created that build up and become tumors. Most breast tumors are benign and harmless. Others are malignant and can be life-threatening.

“For the majority of cancers, we don’t know what it takes for that particular cell to turn into cancer,” Newman said. “What makes the body trigger that one cell to go rogue? No one knows.”

There is no single type of breast cancer, but usually it starts in either the ducts that carry milk to the nipple or in the glands that make milk. The cancer can either be confined to the duct or gland, known as “in situ,” or, as is more common, may be invasive, having spread to other tissue in the breast. Different cancers behave differently. Some types are aggressive and spread quickly, while others are more slow growing.

“Not every breast cancer is the same,” said Dr. Nancy Van Vesse, an internal medicine physician and Chief Medical Officer of Capital Health Plan. “A lot of times that’s not well understood. People will say, ‘My mother had breast cancer and she did this and she is just fine.’ But what we are learning now is the actual pathology of that tumor is highly important. People need to understand that if they develop breast cancer, they need to understand their own breast cancer.”

At first, Pariente’s cancer appeared to be contained in a duct. She was expecting to undergo a relatively simple surgery to remove the tumor, followed by a short course of localized radiation. But things quickly became more complicated. Two lumpectomies failed to clear the cancer. A test she pushed for of a lymph node near her arm pit showed the cancer had somehow spread.

She immersed herself in research, learning all she could about her particular cancer and her options. She sought the advice of more than a dozen doctors. The task was daunting and the surgeries and chemo grueling, but armed with solid information, a positive attitude and plenty of support, she got through it.

Misconceptions, Pariente said, are what make the diagnosis so scary.

“That really became my goal,” she said, “to not only do what was best for me, but also to make sure I could educate others about the importance of taking control of your own situation.”

Who's at risk?

Breast cancer is particularly vexing because the primary risk factors for the disease cannot be changed: being a woman and growing older.

Women are 100 times more likely to develop the disease than men and the risk increases as women age. Most advanced cases of breast cancer are found in women over 50 and the median age of diagnosis is 61. Ninety-five percent of new cases and 97 percent of breast cancer deaths occur in women 40 and older.

Aside from skin cancers, it is the most common type of cancer found in U.S. women, accounting for about one in three female cancer cases. And while white women are most likely to develop the disease, black women often have more aggressive types and see the highest death rates, though researchers aren’t sure why.

“You are fighting something on a cellular level. You are fighting something your body can’t control, and by human nature, we always want to be in control,” Newman said.

A family history of breast or other types of cancer, including ovarian and colon cancers, is an additional risk factor. The National Center Institute estimates 20 to 30 percent of women with breast cancer have a close family member who had the disease.

Certain genes also play a role. Tallahassee clinical geneticist Lea Kristin Parsley said about 10 percent of breast cancer cases can be traced to inherited cancer syndromes. Of those, about 70 percent come from a mutation in genes known as BRCA 1 and BRCA 2, which can be detected through genetic testing. A woman who inherits those mutations has an 80 percent chance of developing breast cancer, often at a younger age.

“You can see breast cancers anywhere from 20 to 80, but with most of the women with BRCA 1 or BRCA 2 you will see a family history of breast cancer earlier than 50, typically in their 30s and 40s,” said Parsley, medical director of TMH’s Clinical Genetics Center. “If you don’t know you are carrying (the genes), you might not get screened as early as you should.”

Women who begin menstruating early and go through menopause after the age of 55 also have an increased risk, as well as those who never have children or have them after 30. Those who have received hormone therapy are at increased risk because estrogen causes some breast cancers to grow more quickly.

Some risk factors, however, can be managed. Studies show drinking more than a glass or two of alcohol a day may increase the chance of breast cancer, as may being obese. The interface between genetics and lifestyle is not well understood, but CHP’s Van Vessem said individual health decisions should be considered.

“What are some of the things we could do better to reduce cancer risk?” she said. “A lot of it, unfortunately, has to do with the hard stuff in life.”

Still, for 60 to 70 percent of women who get breast cancer, there is no family history, mutant gene or other clearly understood reason why they develop the disease and others don’t.

“If eight of us are in the room, family history aside, one of us is probably going to end up in this office at some point in our life,” Newman said. “And that is frightening.”

Not your grandmother's breast cancer

Early detection, however, is critical in fighting and beating the disease. The sooner the cancer can be detected, the greater a patient’s options for treatment and likelihood of survival. While the U.S. Preventative Services Task Force recommends most women without symptoms aged 50 to 74 have a screening mammogram every two years, the American Cancer Society, other groups and many doctors recommend women aged 40 and older have a mammogram every year, along with annual clinical breast exam by a health care professional and regular breast self-exams.

Women with strong family histories of breast cancer often are recommended to begin screening earlier. Certain high-risk women also are advised to receive magnetic resonance imaging in addition to traditional mammograms.

Despite the recommendations, however, in 2010, only about 65 percent of women over 40 in the U.S. reported having a mammogram within the past two years.

Improvements in screening technology, including better low-dose X-ray mammograms and newer digital mammography systems have resulted in better detection. However, not all breast cancer is identified by mammograms. Improved technology also has resulted in more false-positive test results and in some cases unnecessary treatment of confined tumors that would not have progressed to cancer. In the end, a biopsy is needed to determine for sure if a mass is cancerous.

“The controversy is two out of three will progress to invasive breast cancer, which two we are not yet able to predict,” said Newman, who still prefers to err on the side of caution. “I’d rather be in a situation where I know about it.”

Early detection vastly increases treatment options. In past decades, a breast cancer diagnosis often would mean radical mastectomy that included removing the entire breast, part of the chest wall and tissues in the armpit. The treatment itself was a death sentence for many.

Today tumors may be excised in a lumpectomy, followed by targeted radiation. Sometimes chemotherapy is recommended, sometimes not. Women become cancer-free and move on with their lives.

“It’s no longer a one-size-fits all,” Newman said. “You have to tailor it to the patient.”

Life affirmation

For Pariente, the improvements in breast cancer treatment were a revelation.

“To hear that you have a diagnosis of breast cancer is to recognize that if you are vigilant with your screening and self examinations in a vast majority of cases, breast cancer is treatable and very survivable,” she said. “That is what changed for me in my journey, because I grew up in a time in the 1950s and even 1960s where breast cancer meant you lost your breast and were going to die.”

Instead, breast cancer has become part of her personal history, like being a mom and becoming the second woman appointed to Florida’s highest court. Looking back at photos of the day she doffed her wig are still startling. She didn’t intend to be a symbol, but was glad to debunk another breast-cancer misconception.

“If you see movies about people who have cancer, the way they show that they are dying is they don’t have hair,” she explained. “My message was no, in most cases when someone undergoes chemotherapy on their original diagnosis they are doing it as a preventative measure to assure they do not have a re-occurrence. So it is a life-affirming act.”

Having faced her fear of breast cancer — and ultimately finding it not as fearful as she envisioned — Pariente said not much scares her anymore. She admits she’s slipped back into stressing about the small stuff again sometimes, but the deep appreciation cancer gave her for simple things like family and friends is fixed. She cherishes her three children and eight grandchildren.

“Breast cancer overall was a growth experience,” she said. “Would I have preferred not to have that experience? Yes. But, having had it, has it made me a stronger person? Yes.”