

Side Effects

Susan Nash

In our family we don't get cancer. We get drunk. We take drugs. We smoke. We have a wide variety of personality disorders. We fall down and break bones and have very high cholesterol, but we don't get cancer.

That's what I used to think anyway. But I was wrong. I now know that my dad has had prostate cancer, although he claimed at the time that he was just having his appendix out. I've had multiple basal cell carcinomas removed, even if those don't really count. And then my sister got a rare and aggressive lymphoma that irrevocably and unalterably confirmed that Cancer is part of our family.

Still, when I went in for my annual mammogram just over a year ago, I wasn't worried, and not just because of the decades of clear scans. Besides, life was going well. I had moved to Palo Alto from Los Angeles to attend a mid-career program at Stanford. I was busy. Focused. Taking care of things. I was building a new community, looking forward to the next phase of my life. I flew back and forth to Seattle often, helping my sister and her family. At some level I think I believed that my busy life immunized me from getting any "real" cancer myself.

Then the doctor called with the news that (i) I definitely needed a second mammogram, (ii) there was an eighty percent chance I'd need a biopsy after that, and (iii) there was a forty to fifty percent chance that the biopsy would show that the weird spots lighting up the first mammogram were cancerous.

A long-forgotten math competency in my brain insistently spat back the result: a thirty-two to forty percent chance that the weird spots were some form of cancer.

My immediate response was: No, I don't think I'll do this right now.

It reminded me of when I went into labor with my second son: This hurts a lot and I won't be having a baby today, thank you very much.

So, I decided, I would not do anything about any biopsies or additional mammograms. I would just get on with my life. Perhaps I would blow my entire nest egg in the next five years and have a whopping good time. Fuck the consequences. Seen chemo, would rather see Rio.

But of course reason prevailed, and I had the second mammogram, and then the biopsy, and the odds fell on the short side. The Monday after Thanksgiving the doctor called again, with the diagnosis that one of the spots was a Ductal Carcinoma In Situ. DCIS, as it's commonly known.

A DCIS spot is not invasive or life-threatening, at least not unless and until it leaves the "site" where it starts, which it may never do. But the standard treatment is to remove such spots surgically, to eliminate any potential spread.

As breast cancer goes, DCIS is the best kind to have, referred to as "Stage 0," whatever that means. There's a debate in the medical community over whether DCIS should even be called cancer.

Rebellion over, I dutifully called the Stanford Women's Cancer Clinic to make an appointment—a moment that, from a patient's standpoint, makes any debate over whether DCIS is a form of "cancer" seem pretty academic.

In the days leading up to the SWCC visit, I tried not to think too much.

Then I got mad.

Blindingly mad.

Mad about having to be resilient and a good sport.

Mad about being sixty-three years old and single and having to address even the remote possibility, raised in one of the initial telephone consults, of losing, or voluntarily giving up, my left breast. It's hard enough to get a date at this age even with two breasts.

Mad that it wasn't fair to make me deal with this, not right now, not by myself.

Mad that this had happened to me, someone who clearly did not deserve it. Yes, I actually had that thought—while looking down to see if the ground would open up and suck me straight into hell.

This phase was not a good time to cross me. When a leak developed behind the bathroom wall in my apartment, it was not a good idea to tell me, as the tenant and a

retired lawyer, to get someone out to fix it. This is not my problem,” I told the landlord. This is your building, not mine. You get someone out here.”

I’m pretty sure I was right on the substantive legal obligations of landlords and tenants, but perhaps a little over the top in explaining my position.

Next, I moved into bargaining mode. Whatever happened, I would not turn into one of those people who wear long skirts and Birkenstocks and do juice cleanses and sport pink ribbons. I would survive but I would not be a “Designated Survivor.” I would have the surgery but it would have to be done quickly. One and done.

Oh God, I thought, they’re going to tell me to give up wine. I’ll give up one, red or white, whichever. Not both.

I told my sister and a couple of friends. To my sister, after what she’s been through, the idea of having a lumpectomy probably sounded like going in for a flu shot.

My friends were sympathetic, if tentative. I was bristly. “I need help,” I wanted to say. “I’m fine,” is what usually came out.

Sitting in the line of cars at the cancer clinic, it took me a while to label what I was feeling. Pain. Shortness of breath. Tears behind my eyes.

This was actually happening.

I was terrified.

The physician’s assistant was endlessly patient, unfazed by my crossness. She ordered an MRI to see what further mysteries my breast might yield. She prescribed Ativan to take before the procedure.

She looked up at me.

“Maybe I should add a few extra?”

“Yes,” I said.

In my family, our bodies are not temples.

We didn’t settle on a plan but we made an outline, a plan to have a plan. After the MRI, there would be a consultation about the surgery—how extensive and for what, exactly, were not clear. I felt a breath of something for a minute, as we finished up. I remembered a recent lecture by Roshi Joan Halifax, talking about hope living with uncertainty. For a moment, I thought I understood what she meant.

I picked up the car and managed to thank the attendant, politely.

I opted to have the surgery in Los Angeles, where my older son lives. The day after New Year's he drove me to the hospital, around the same time that his younger brother was boarding a plane in New York to fly out. This was the first time in their adult lives that I asked my sons to show up for me. Both leapt to the occasion.

The surgeon had me on the table for four hours as she removed what were eventually determined to be two DCIS spots in the left breast, connected by an unseen line of more Stage 0 (almost-cancer?) material. Then she took a bit of tissue out of the right breast, just to even things up.

Both sons came to see me when it was over.

The upshot of the surgery was a pair of scarred but perkier breasts, a result that women all over the westside of L.A. pay thousands of dollars for out of their own pockets, without any kind of diagnosis at all.

I flew back to Palo Alto as soon as I was cleared in the post-op, ready to put the episode behind me. But it turned out that the margins were not quite what the DCIS protocol requires, even though the chances that anything left in the area would turn into an invasive cancer were slim. Also, the chunk taken out of the right breast included a teeny tiny bit of a different kind of breast cancer, or potential breast cancer, that might never have shown up but for the standard technique of testing all tissue removed during any breast surgery.

I tried not to think about the fact that the new spot on the right side was not detected in any of the mammograms.

After another series of appointments and discussions, I returned to LA for an outpatient version of the surgery, just on the left side, to get that last bit of margin. As for the different and impossibly tiny amount of almost-cancer tissue extracted from the right breast, the doctors left it to me to decide whether to take the five years of pills that might, or might not, cause hair loss, weight gain, brain fog, loss of libido, headaches, fatigue and/or nausea. For better or worse, I opted not to go down a medication path that treats against a possible but unlikely recurrence of a possible but unlikely invasive breast cancer that would not have been found but for the evening-things-out surgery.

And then I was done, both breasts reasonably intact, the fortunate beneficiary of state-of-the-art treatment and a deeply researched part of Western medicine.

There was still the small matter of a month of radiation back in Palo Alto to round out the protocol, but I was assured that this would not affect my life, except for the likely need to take naps. Both breasts would be radiated, just in case. Ironically, given the too-little-too-late protective measures I now take against the sun, I was told to expect a sunburn in one of the few places where my skin is lily white.

The building housing the radiation oncology clinic is quiet. It is not unpleasant but it is a serious place. None of the clientele wants to be there. Everyone is respectful of everyone else. A volunteer piano player often serenades the lobby. Sometimes I sat there for a few minutes before going downstairs to check in.

Each day the man with the big eyes and one of his helpers would set me up just so, adjusting the positions, calling out fractions to each other. During this process the man's eyes were inches from my breasts. He was nice and so very kind, but I couldn't help thinking that he should buy me a drink first. I felt disappointed on the days he was not there.

I was left alone during the actual radiation, lying motionless, holding my breath and exhaling on command from a voice miked into the room. The machines moved around me like the robot doctors in *Star Wars*, whirring and clicking in a language of their own. I kept my eyes firmly shut.

At the end of the first day, I made myself a Cosmo. It tasted so much better than the bitterness of my usual white wine. By the end of the week, I had a burning desire for a chocolate cupcake, a craving that I would eventually indulge.

Cosmos and cupcakes almost certainly contribute to cancer.

Occasionally I was annoyed by the new routine, carving out an hour every weekday at 4 pm or so. Most of the time I remained deeply grateful for having this event occur in the 21st century and not a minute before.

After twenty sessions of radiation, the team gave me a graduation certificate and a blue dot pin. Blue dot pins are the radiation equivalent of pink ribbons. The man with the big eyes and everyone else in the room offered their hearty congratulations and

genuine wishes for good luck. I choked up. The odds that I will never have to deal with this again are resoundingly in my favor.

On my way out I found myself wishing that the man I had a drink with two days earlier, a man I last saw forty-two years ago in college, was waiting outside for me. I wanted arms, male arms, surrounding me.

I shook it off and got into the car. Back at home, I pinned the blue dots to my baseball cap.

A few days later it is Sunday, and I walk over to the All-Saint's Church to listen to chamber music. The quartet will play Haydn, Mozart, and Brahms, exploring the B-flat note that begins the Hunter's call in a fox hunt. My breasts itch. I have heard from the man from college again, and we will hike in two days' time.

The building is stark in its lack of ornamentation, and the pews are hard, as if the Episcopalians need a constant reminder that this is a Church. There are no snarling gargoyles or cherubic angels looking down from above. The floors are concrete, unadorned by any covering. And yet it is clear that this is a holy place, or a place, at least, where something holy might happen. A gold cloth drapes over the altar; fragments of a cross float in the open space above.

Four chairs and four music stands sit in a semi-circle—black, steel, simple. Here, at last, is a small rug, possibly to absorb the sound or cushion the players' feet. Only thirty people have turned out for the concert, in ones, twos and fours, leaving all of us with room to ourselves.

The musicians enter and take a bow. They take a seat and tune their instruments, then wait until the room fills with silence. They lift their bows and play the long first note.

There are many moments during those two hours of music when I am completely, abundantly, at peace.



Susan Nash is a former lawyer who has traded years of writing briefs in favor of chronicling the experiences of older women in our culture. Her work appears on [Punctuate](#), [Considerable.com](#), and multiple websites at Stanford University.