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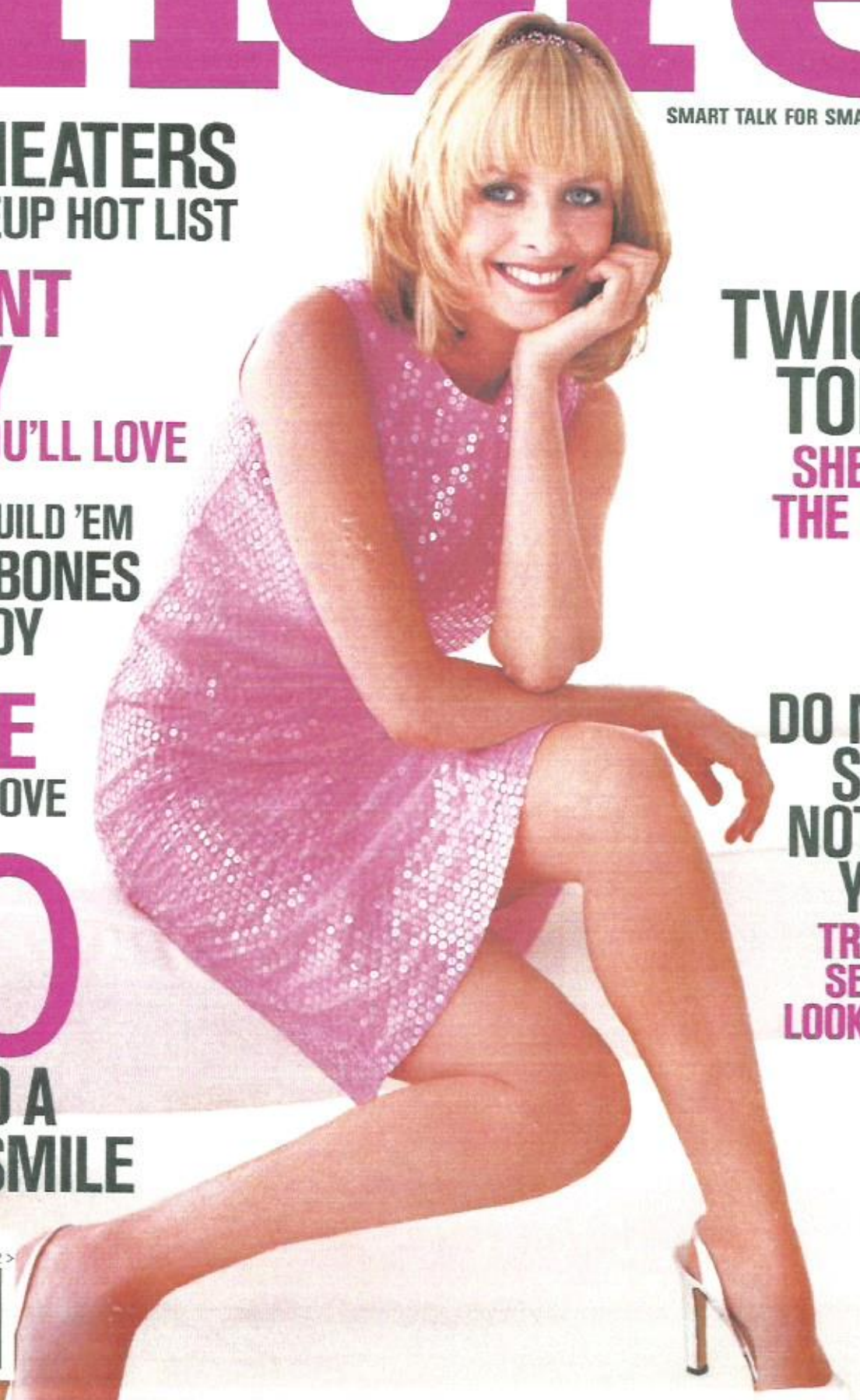
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MY DAUGHTER HAS BREAST CANCER

As they were planning a wedding, a mother and daughter were faced with an uninvited guest

BY REENIE BROWN AND LYNN PROWITT-SMITH

REENIE: Early last spring my family was in the midst of planning for a very happy event: My daughter, Lynn, was engaged to be married in September to a wonderful guy. Lynn and Scott knew almost from their first meeting that they were made for each other, and at thirty-one and thirty-eight, they were ready for marriage. The reception was to be under a tent at our home on Long Island Sound; I prayed for good weather.

And there was something else I was praying for. In February, Lynn had discovered a hardness in her left breast. When her gynecologist felt it during a routine exam, he had referred her immediately to a local surgeon. The surgeon didn't think it was anything to worry about and advised her to wait through two menstrual cycles to see if it went away. When it didn't and the results of a needle aspiration said "suspicious for ductal carcinoma," he still didn't think it was

cancer. Lynn had confidence in the surgeon, so she didn't worry. She went on a business trip to the West Coast while he flew to Paris for a vacation; the small mass would be removed after they both returned. I was annoyed with the doctor for taking it so lightly, and I urged Lynn to seek a second opinion. It was the end of April when she called Alison, a childhood friend of hers who is a radiation oncologist at the renowned Memorial Sloan-Kettering Cancer Center in New York City. Lynn had the slides sent to Alison and made an appointment with a surgeon at Sloan-Kettering.

LYNN: I had never been happier. Scott and I lived in an adorable cottage on a tidal creek in Connecticut, I'd found a new job that I loved, and we were planning the wedding of my dreams. Sometimes I even felt a little guilty that things were going so well.



HAIR AND MAKEUP: KAT JAMES FOR GARREN, NEW YORK

I had an appointment with a New York City breast surgeon on May 1. I figured that she would agree with the local surgeon I'd seen, that it probably wasn't cancer. I wasn't worried—they'd take the lump out and I'd get on with my life. The day before the appointment, Scott was on a business trip and I was going to have dinner with my parents. On the way to their house, I was rear-ended on the highway. I was fine, and the damage to the car was slight. This was such a happy time, even a car accident hardly fazed me.

At my parents' house, I called my answering machine to check messages. The surgeon at Sloan-Kettering had called. It was too late to reach her, so I called my friend Alison at home to ask her if she knew what it was about. For the first time, I was worried. Alison answered, then asked me to hold on while she switched phones. When she picked up again, she said, "Lynn, it's cancer."

As she talked to me, I felt the blood leave my head. It was sud-

dently as if I were no longer in the room—my body was there in a chair, but the rest of me was floating away. I looked at my mother's face, and I saw her fear. The thing you think will never happen to you was happening to me.

After Lynn hung up, her face was expressionless as she told Roy (her stepfather) and me that it was cancer. We were stunned. There was no breast cancer in our family; she was so young. How could this be? And how could that local doctor have been so nonchalant? We stayed calm, but there was so much we didn't know, so many questions. Lynn and Scott would go to New York together for the appointment the next day; we'd get some answers then. Lynn left for home to meet Scott, who was arriving late that night. I didn't cry until after she had gone. Why Lynn? Why not me? She's young and

MY MOM AND I TAKE NOW THE CLOSEST WE'VE BEEN—BONDED IN HOPE AND FEAR"

decision. It seemed every time I talked to her, she'd read something new or found someone else to consult. I was resigned to the mastectomy and didn't want to think about it anymore, but I also needed the help. Having breast cancer was like taking on another career. I had a full-time job as a magazine editor and a wedding to plan; I didn't have time to become a medical expert. While I wasn't crazy about the idea of losing my breast, I was already past it. My main concerns were whether the cancer had spread, and what my future held.

My surgeon was optimistic. Only one lymph node was cancerous, and she suspected this was because it had been situated on top of one of the tumors. I would have to have chemotherapy, but only the "light" kind. What I remember feeling most at this point was, still, how lucky I was. I knew of women whose situations were much worse, and who had gone through all of this without the support of a loving partner and family.

Between her two surgeries, Lynn sent a letter to all our friends and family, describing what she was going through and thanking them for their love and support. Everyone was deeply moved by her upbeat attitude and honesty.

Lynn, Scott and I met with the plastic surgeon to talk about breast reconstruction. He explained that, immediately after the mastectomy, he would insert an inflatable "tissue expander" under the skin of the breast. This would probably have to remain there until after the wedding. When the doctor left the room, Lynn said in a very quiet voice, "It's not fair." We hugged and shared a few tears, then Scott held her. That was the only time I heard her express the thought that was on all our minds.

On June 4, my daughter entered the hospital again, this time to have her breast removed. Lynn's friend Alison walked alongside as they rolled Lynn into the O.R., then held her hand until the anesthesia took effect. After the surgery, she was still strong, though she was in tremendous pain. I only wished I could take some of it away. Scott stayed with her, sleeping on a cot next to her hospital bed. His support was critical to her, because now he was the most important person in her life.

The night after the mastectomy, Brooke, Lynn's oldest friend and maid of honor, called from Boston, as promised, to tell Lynn that she was in labor. Unable to sit up in her hospital bed, and in significant pain, she told Brooke to do her labor breathing and breathed with her over the phone.

As I held the phone, I relaxed immediately into the comfort of that long, enduring friendship. We giggled at the absurdity of the moment, and we breathed together. The quick, short breaths turned out to be the best way for me to get through the pain of attempting to sit up or swing my legs down off the bed. We talked again the next day, and for the first time, I heard baby Max squealing as he lay on her chest in Boston. I wished I could be there with her.

Those two days in the hospital, Scott was my rock. He must have read every magazine and newspaper on the newsstand. Every time I

woke up, he was sitting next to my bed reading. When I vomited from the morphine, he helped me to the toilet and held my hair back. He took me on therapeutic walking laps of the hallways, pretending he was my personal trainer. If any of this was agony for him, he never let it show. His calm and smiling presence was like a salve.

After three weeks of recovery, it was time to start my chemotherapy treatments—I would have eight over six months. Again, I felt lucky: Because my tumors were small and my lymph nodes were mostly clear, I only had to have CMF, which includes cyclophosphamide, methotrexate and 5-fluorouracil, and is the most tolerable of the chemical cocktails. Although my hair might thin, it probably wouldn't all fall out, and I wouldn't be horribly sick. My oncologist promised me that I'd feel fine on my wedding day and could drink all the margaritas I wanted afterward in Mexico. He would arrange my chemo schedule to make sure.

I hated that she had to endure chemo, but if there had been even a tiny bit of spread, this was supposed to kill it. It was not as bad as the stronger doses of chemo, but it was still tough on her. A few times she became very ill.

Lynn and I keep our emotions within, perhaps to a fault. One evening, I remember letting some anger out by throwing stones as hard as I could into the ocean. I asked Lynn if she had ever broken down and gotten angry. She said she really hadn't. I almost felt she was handling things too well. Wouldn't it be better for her to express the rage?

It was hard for me to feel angry. Since then, I've come to understand that I was in battle mode. I became calm and focused; emotions were only distracting. But, I have to confess, by the time of my third chemo treatment I had stopped feeling lucky. I hated watching the nurse put that catheter in my vein more than I've ever hated anything in my life. I was repulsed just by the thought of those drugs seeping into me. The plastic packs of fluid hanging from the IV rack were like some twisted mechanism of torture. I allowed myself to cry in the treatment room, the only place where it was impossible to ignore that I was a "cancer patient." Scott would put down his magazine, move his chair closer to mine and hold my hand. He'd talk to me about what we would do later that day, about grocery shopping, anything to get my thoughts out of that room. I wanted this part of my life to be over.

On August 20, three and a half weeks before the wedding, I had surgery to have the tissue expander replaced with a permanent saline implant. Even in the snug bodice of my wedding gown, it would be impossible to tell that I had a fake breast. I had a chemo treatment eleven days before the wedding, and the next one was scheduled for the day after we returned from our honeymoon. For those three weeks in between, it would be as if none of this had ever happened and we were just like any other bride and groom.

The wedding was wonderful; Lynn was truly a beautiful bride. We had about one hundred thirty (continued on page 106)

What are DETROL Tablets used for?

DETROL Tablets are used to treat a condition called overactive bladder. Patients with overactive bladder have these symptoms: urinary urgency (a strong and sudden desire to urinate), frequent urinations day and night, or urge incontinence (accidental loss of urine caused by a sudden and unstoppable urge to urinate).

What is an overactive bladder?

An overactive bladder is a term for involuntary contractions of the bladder muscle (detrusor).

How does DETROL work?

DETROL blocks contractions of the bladder muscle.

What will DETROL do for me?

In three studies of patients with an overactive bladder, DETROL reduced the number of urinations in two of three studies and increased the amount voided per urination in all three studies compared with placebo (sugar pill).

Who should not use DETROL?

DETROL should not be used by patients with:

- urinary retention (inability to empty the bladder)
- gastric retention (delayed emptying of the stomach)
- uncontrolled narrow-angle glaucoma
- a history of any unusual or allergic reaction to DETROL

What are the precautions associated with use of DETROL?

DETROL should be used with caution by patients with any of the following conditions: significant bladder outflow blockage (slow urinary stream), because of the risk of urinary retention; gastrointestinal blockage disorders, such as pyloric stenosis (a narrowing of the opening where the stomach empties into the small intestine), because of the risk of gastric retention; narrow-angle glaucoma that is being treated; and kidney disease. Patients with liver disease should not receive doses of DETROL greater than 1 mg twice daily. Medicines like DETROL may cause blurred vision. See also, "Can I take DETROL while taking other medicines?" (below). It is not known whether taking DETROL will affect the results of laboratory tests you may undergo for other reasons. In special studies conducted in animals and/or test tubes, the active ingredient in DETROL did not cause an increase in tumors, genetic changes, or changes in fertility.

Can I take DETROL if I am pregnant or nursing?

DETROL has not been studied in pregnant women. Therefore, DETROL should be used during pregnancy only if the potential benefit for the mother justifies the potential risk for the unborn baby. It is not known whether the active ingredient in DETROL passes into human milk. Therefore, mothers who breast-feed should stop taking DETROL until they are no longer nursing.

Can DETROL be used by children?

DETROL has not been studied in children.

Can DETROL be used by elderly patients?

Studies of DETROL included patients up to 91 years of age; nearly half were 65 to 91 years of age. Generally, no overall differences were seen in safety between older and younger patients; therefore, no dosage adjustment is required based on age.

Can I take DETROL while taking other medicines?

As with all prescription medicines, before you take DETROL, it is important for your health care professional to know if you are taking any other medicines. Be sure to mention those that you can buy without a prescription, especially cough/cold medicines, which may also affect urination. Patients taking certain medicines (like erythromycin, Biaxin® [clarithromycin], Sporanox® [itraconazole], Nizoral® [ketoconazole], and miconazole) should not receive doses of DETROL greater than 1 mg twice daily.

What are the most common side effects of DETROL?

Dry mouth was the most common side effect during 12 weeks of treatment with DETROL (reported by 39.5% of those taking 2 mg twice daily compared with 15.9% of those taking a placebo [sugar pill]). Other side effects related to DETROL were indigestion (dyspepsia), headache, constipation, and dry eyes. Eight percent of patients treated with DETROL 2 mg twice daily stopped treatment because of side effects. Dizziness and headache were the most common reasons for stopping treatment with DETROL. DETROL may also cause blurring of near vision, slowing of urinary stream, or inability to urinate. The following events were reported by patients taking DETROL but were not considered treatment-related—back pain; chest pain; fatigue; flu-like symptoms; falls; paresthesia (abnormal sensation); vertigo/dizziness; abdominal pain; diarrhea; flatulence (gas); nausea; vomiting; bronchitis; coughing; pharyngitis; rhinitis (runny nose); sinusitis; upper respiratory tract infection; dysuria (painful urination); frequent urination; urinary retention (inability to urinate) or urination disorder; urinary tract infection; pruritus (itching); rash/erythema (redness); dry skin; arthralgia (painful joints); abnormal vision; nervousness; somnolence (sleepiness); weight gain; hypertension (high blood pressure); and infection, including fungal infection. If you are bothered by side effects, check with your doctor.

How should I take DETROL?

The recommended starting dose of DETROL is 2 mg twice daily for most patients. The dose may be lowered to 1 mg twice daily, if needed. Patients with liver disease and those taking certain medicines (like erythromycin, Biaxin, Sporanox, Nizoral, and miconazole) should not take more than 1 mg twice daily.

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guests at the reception, which was just small enough to keep that intimate feeling. It was a warm, clear night, and the moon looked gorgeous over the water. People danced all night long. Many told me afterward that there really was something special in the air that evening.

My wedding day was the best day of my life. Everyone who came knew what we'd been through, and it was as if there were some unspoken agreement that this was a day to celebrate all the good things that happen in life—and their uncanny ability to, even if just for one day, completely outshine the bad things.

Scott and I had worried for months that we wouldn't be able to get through our vows without choking up. When the minister spoke the words "in sickness and in health," we both took a deep breath and held each other's eyes. And we didn't cry, after all. In fact, we couldn't stop smiling.

The chemo is finally behind her, and her six-month mammogram and

checkup were all clear. Lynn and Scott want very much to have a baby, but the doctors advise waiting two years before trying to conceive, not because getting pregnant could trigger a recurrence (research hasn't shown any connection between pregnancy and breast-cancer recurrence) but because this is the most likely time for the cancer to come back, although the chance of that is small. I understand and appreciate how much she wants to be a mother, but the only really important thing for me is that she is okay.

My mom and I are now the closest we've been—in some strange way, bonded in hope and fear that I think only another mother and daughter could know. Scott and I have been married for over a year, and we're settling in. Cancer seems to be in the headlines every other day, and I feel a cautious hope that a cure is just around the corner. If I do have to battle cancer again someday, maybe a new, surefire treatment will exist.

In January Scott and I bought a little

white Cape Cod house, and we now spend all our free time working in the yard, hanging pictures, decorating gradually. We've planted a willow tree, rose bushes, wildflowers and a large garden of vegetables and herbs. An amazing array of cardinals, robins, bluejays and tiny, adorable birds we don't know the names of have made our yard their home. We take people on tours around this little home as if it were our very own Versailles.

I'm beginning to adjust to my new "normal." Looking at life through the cancer-survivor lens tints every experience in a quiet, subtle way. When I turn my back to

others in the gym locker room or close the blinds at home to undress, it's no longer out of modesty, but to avoid shocking anyone with my scar. And the kinds of aches and pains I used to ignore now grow into ominous imaginings when I'm trying to fall asleep at night.

But each day it gets a bit easier to believe that I will live to be an old woman. When I think about having a child, which I want more than anything, visions creep in of Scott as a single parent, with only photos of me on the walls. Maybe soon, I'll be able to stop doing that. Time is all we need.

It's now been nearly a year and a half since Lynn's mastectomy. She looks and feels fine. The worry has lessened, but it's still there—like one dark cloud that just won't go away on an otherwise-sunny day. I've been reading about new drugs that have proved to help prevent recurrence of breast cancer in women of all ages, but Lynn's doctors do not recommend any further treatments for her. I just hope we're getting the right advice.

I've never been a believer, in the traditional sense of the word. And, although this experience hasn't made me religious, I think it has caused me to examine my life more fully. It has certainly made me treasure my daughter even more. And, yes, it does give you a new appreciation for the little joys of every day. ■

Reenie Brown is a former magazine editor; Lynn Prowitt-Smith is a writer and editor.

healthy; she's about to get married. This should be the happiest time of her life. Did she and Scott really need this test?

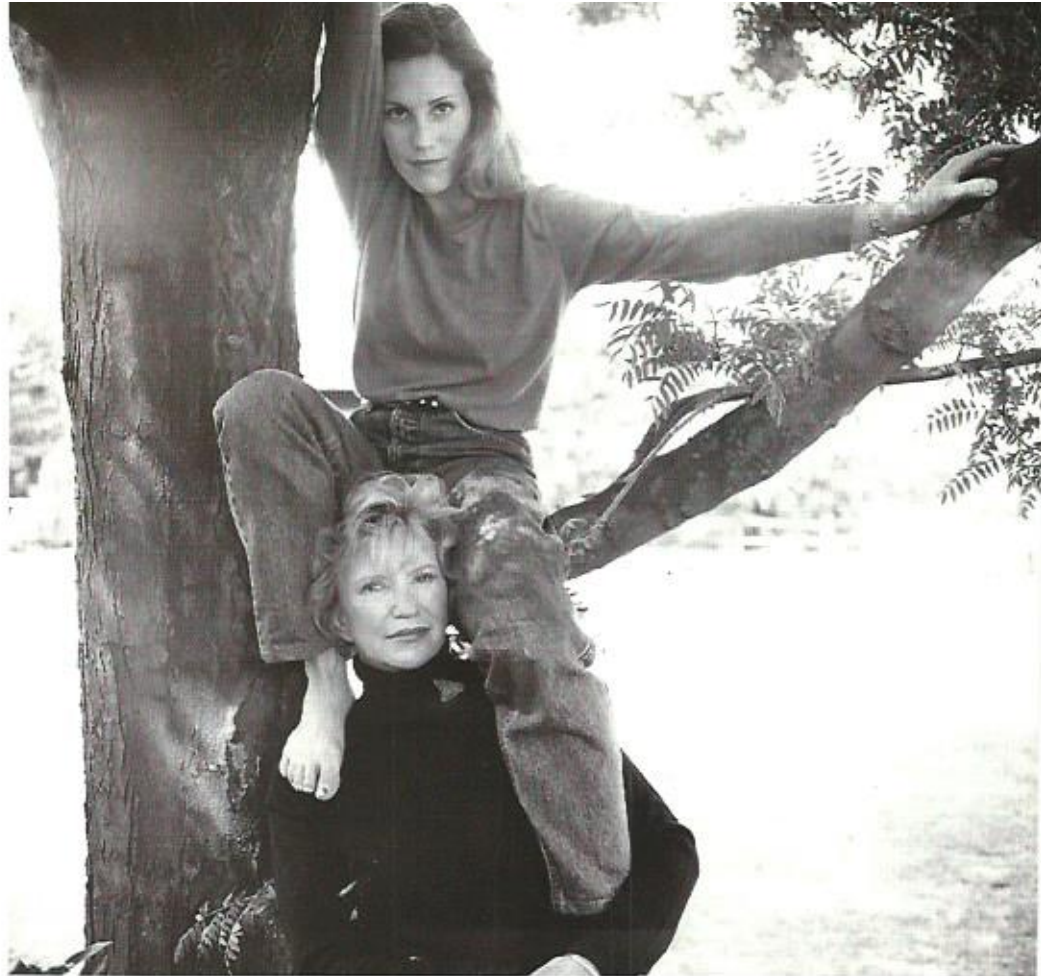
A lumpectomy was scheduled for May 12. An annual charity ball, which I chair, was on May 7. We all went in our black-tie finery, with our best faces on. I didn't want to be there. I just wanted the surgery over and Lynn to be okay.

At the ball, we ate and drank and danced, putting our fear aside for a few hours. After that, my memories become a blur of hospital rooms, needles and tubes, blue gowns that snap and tie in inexplicable ways, and lots of flowers and cards. Doctors removed two small tumors from my left breast and, after confirming during surgery that it was invasive cancer, took out a section of lymph nodes from under my arm. After the operation, it hurt to lift my arm, and the surgical drain coming out of my armpit was painful and awkward. But I felt lucky. We'd caught it early, and all I had was a small scar. Scott stayed right by my side, making me laugh and helping me get around. And my friend Alison visited my room every chance she had. Mom and Roy were there, too, with flowers and presents, making me feel as if I were the most important person in the world.

You feel anger, but most of all, you feel scared. I had never experienced this kind of stress, and it hit me hard. A mother's worst nightmare has to be the thought of her child dying before she does. Remote as that possibility was, and as much as I tried to block it from my mind, at times I couldn't keep it out.

As we progressed from the diagnosis through all the questions in doctors' offices, differing opinions, friends' advice, fear and shock, my admiration grew for the way Lynn was facing this. There have been other times when I've been very proud of her, but never more so than then. She is my only child and has always (well, almost always) been my joy. She met this crisis head-on, with amazing courage and optimism.

I wondered how I would have handled this ordeal at her age. When I was thirty-one, I was newly divorced, with a three-year-old daughter. I had to get serious about my career in order to support us. Lynn was my inspiration and my delight. One day, shortly after her father and I separated and just before Christmas, she found me crying. She came over to



me and said, "Don't worry, Mommy. Santa Claus is coming." That's the kind of kid she was—compassionate and intuitive. I wondered if some of the strength Lynn showed in dealing with breast cancer came from the challenges we overcame together, back when it was just the two of us.

After the lumpectomy, we thought the ordeal was over. We were wrong. A few days later, Lynn and Scott were at our house when the surgeon called. I saw Lynn's face turn pale while she listened, and I knew the news wasn't good. The surgeon had not been able to get what she called "clear margins" and some precancerous cells remained in her breast, so she recommended a mastectomy to prevent recurrence. We sought a second opinion from a well-known breast-cancer surgeon in New York, who concurred with that recommendation. Our family doctor told me about a breast-cancer expert he knew in our area, a Yale professor committed to breast conservation. Even he, after looking at the pathology reports, said having the mastectomy "would not be making a mistake."

My mom, who hates nothing more than feeling powerless, was a trouper, allowing me the room to feel my way around the obstacles that kept landing in front of me. But she was worried about the mastectomy

"A MOTHER'S WORST NIGHTMARE HAS TO BE THE THOUGHT OF HER CHILD DYING"