



Barbara Brabec's World

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Breast Cancer Returns after Twenty Years

A Special Report by Barbara Brabec

This report, originally published in 2013 and updated in 2021, continues Barbara's 1993 breast cancer story told in "Breast Cancer: What Women Need to Know about It"

THIS IS A SPECIAL 10-page PDF report you may want to download and read at your leisure and then forward to friends or family members who may benefit from it.

Its message is very personal, and although it is certainly serious, it includes some humor here and there, proving that even when the overall situation isn't the least bit funny, humorous moments often present themselves. It's long, but it is, after all, a REPORT, not the typical web article.

Knowing how helpful my original breast cancer report has been to readers through the years, I wanted to share the story of the recurrence of my breast cancer after twenty years, long after I felt I was "home free." This updated 2013 report reflects what I learned this time around from my doctors, my research, and from communicating with breast cancer survivors in my network, several of whom shared their comments for this report.

A FEW DAYS AFTER having my regular annual mammogram in April 1993, I got a call saying the X-rays had revealed a suspicious nodule that needed closer examination, and that another set of X-rays, an ultra sound, and a needle biopsy needed to be done. This nodule was near the center of the same breast where cancer had previously been discovered. I was told that whatever it was might or might not be cancerous, but if it was, it wouldn't be related to the original cancer in that breast but something new that had to be dealt with. Even though the nodule was tiny—just two millimeters in size, about the size of a pencil dot—the doctor at the Breast Center gave

me the impression that if the growth turned out to be cancerous, it was quite likely that I might need to have the whole breast removed this time.

Twenty years earlier I'd had a lumpectomy followed by six weeks of radiation and Tamoxifen medication for three years. At this stage of my life, now widowed for eight years, I figured I could deal with a breast being removed because I was the only one who'd ever see it. Even so, I knew it would still be upsetting to look at, no matter how much self-talk I gave myself. More important than the disfigurement, however—which millions of women have bravely had to deal with—I was concerned with what surgery would do to my energy and the grand writing and e-book publishing plans I had for this year. That's simply because I have always been a workaholic, and now that I have all my time to myself, my writing and work on the web has become my primary interest in life.

TAMOXIFEN: A drug that can HALVE the risk of breast cancer returning.

Patients taking Tamoxifen for 10 years instead of five "better protected and less likely to die," states this 2013 article on dailymail.co.uk. A Tamoxifen study looked at the benefits for women with tumors fuelled by the female hormone estrogen—who account for three out of four patients—and found those taking Tamoxifen for longer than the recommended five years are better protected against recurrence and are less likely to die from the disease. *(I stopped taking it after three years because it was so expensive then that I simply couldn't afford it.)*

Second X-rays and Needle Biopsy

THE FOLLOW-UP APPOINTMENT for the biopsy was no big deal. Sweet women taking care of me, no pain—not even discomfort during the procedure or upon returning home. Beforehand, the doctor explained that a needle would be inserted into the breast and a tiny piece of the nodule would be removed for biopsy. "Then I'll insert a miniature metal clip to indicate the exact spot where the nodule is located," she said. "That will show up on any future X-rays so a radiologist will know that this area has been investigated."

Later, after a nurse had numbed my breast for the procedure, I asked her what she thought my chances were for this thing being benign, and her delayed response also suggested that I should brace myself for surgery.

"Prayer helps," she said. "I know," I said, "I'm a born-again Christian," to which she said, "Me, too! And so is Dr. Zimmerman who will be doing the biopsy today." "I'm not surprised," I said, "because God has always surrounded me with Christians."

Suspicious Biopsy Results

A FEW DAYS LATER, Dr. Zimmerman called to say the lab had returned a diagnosis of no cancer, but that she was stunned by that report because her experience in this field suggested that the diagnosis couldn't be right. For that reason, she recommended that I get a second opinion from a surgeon, and I said I knew exactly who I wanted: Dr. David Piazza, the son of the doctor who'd done my initial breast surgery in 1993.

Turned out that she and Dr. Piazza knew one another very well, and after looking at the X-rays and talking to her, he said that he not only trusted her experience and gut feeling but also felt uncomfortable about the radiologist's report.

"What I see here is quite unusual," he explained. "None of the literature on breast cancer has ever suggested that a breast that had been partially removed and radiated twenty years earlier could ever become cancerous again."

When I asked if that fact made me a case for the books, he said yes and chuckled when I added, "I always knew I was special."

"This isn't life-threatening," he said, "but we do need to remove that growth, so let's get you scheduled for surgery. We'll then do a biopsy of it and see what we're dealing with here."

An Interesting Day in the Hospital

SURGERY WAS SCHEDULED a couple of weeks later, with an EKG scheduled for the day before. Surgery day proved to be quite interesting, to say the least. It began with the usual disrobing and getting into a gown, only this time there was something new that had been added since my last surgical procedure at that hospital when I'd had my second knee joint replaced in 2006. Once gowned and slippers and tucked into bed, the nurse drew a machine close to the bed, searched my rather crinkly gown for a hole, and stuck a hose into it. Soon I felt warm air blowing through the gown's inner lining and I was given a control button so I could adjust the temperature as desired. Of course I found this amusing, since I also got the usual blanket as well. I reasoned that this kind of heated gown meant that microwaves no longer had to be kept in the hall for the purpose of warming blankets, but I wondered how much these fancy disposable gowns cost. (This wasn't an itemized expense on my hospital bill, so it's anyone's guess.)

Soon afterwards I was wheeled to a room where another X-ray of my breast was taken, this time for purposes of seeing where to guide a long needle into the breast in perfect alignment with the metal clip that had been inserted during the needle biopsy to mark the growth's exact location. I was told that this needle would enable my surgeon to go directly to that tiny 2mm nodule and determine how much of the area around it needed to be removed.

A Coffee-Cup-of-a-Breast

NOW THIS NEEDLE PROCEDURE proved to be both interesting and amusing. After the mammogram, my breast was numbed and then a skilled nurse named Shannon explained everything step-by-step as it was happening. *Picture this:* I'm sitting there with my breast on a little shelf, and Shannon is looking at the X-ray image and targeting the miniature wire marker. I couldn't make myself look as she stuck the needle in my breast, but after she said the needle was in, I looked and saw a couple inches of it sticking out.

"Careful," Shannon said as she cradled my breast with one hand and began to wrap a wad of cotton around the needle with the other one. "Don't move till I get this covered." What she did next cracked me up.

Someone handed her a Styrofoam cup—the kind normally used for hot coffee—and she proceeded to stick it over the needle and cotton wad surrounding it. "I don't believe what I'm seeing here," I said, barely able to suppress a giggle. "With all the modern medical supplies today, whoever figured out that an ordinary coffee cup was the simplest and best way to keep a patient from being stuck by a needle was some kind of genius." She obviously agreed with me as she began to securely tape everything together so it wouldn't move. When I was all done and ready to go, I was very amused by my new coffee-cup-of-a-breast sticking out from under my gown.

Unexpected Emotional Support

SHANNON AND I found ourselves talking nonstop as she wheeled me back to my room, and once there, she held my hand as we exchanged some personal information about ourselves. I really appreciated this feminine hand-holding because I had no one with me at the hospital that day; no one in the waiting room to speak with the surgeon afterwards. I have no family or close women friends in my neighborhood, so I'd taken a cab there and arranged for a friend from church to be called when I was ready for release since the hospital wouldn't release me to go home in a cab.

The only times I've ever felt lonely since losing my husband have been when I've had to go through medical procedures by myself. I hate to bother acquaintances at church, and although I have a couple of close younger male friends who have helped me with personal issues a few times as a son or brother might do, I don't like to bother them unless I have no other options for help.

So there I was that day in the hospital, talking to Shannon about what I did for a living and her telling me she'd been thinking about writing a book about her life because she'd had breast cancer at 17 and almost died. Said her faith and positive attitude had gotten her through the ordeal and two bad marriages, one of which had given her a wonderful daughter. I wasn't surprised to learn during our conversation that she was a born-again Christian—making her the third one I'd met since my breast cancer experience had begun. No "coincidences" here, I thought, now believing that God had put her in my life that day to give me just the emotional boost I needed at that time.

The surgery went without a hitch, but I didn't know that for more than a week because when the surgeon found no one waiting for me in the waiting room, he simply went on to his next surgery. When I called his nurse the next day to see how the surgery had gone, she said she couldn't give me any information on the phone and the doctor wouldn't speak to me about it on the phone, either. "Good news or bad," she said, "it will have to come directly from the doctor when you see him for a follow-up visit." Because I hadn't been told to schedule this follow-up appointment prior to the surgery, I had to wait almost two weeks instead of one to learn what I felt I should have been told the day of the surgery.

Once home, I had so little discomfort that a Tylenol took care of it, but it took me several days to feel normal again because of the anesthesia, I assumed. Something really knocked me for a loop, and I lazed in and out of bed for three days before I felt able to go back to my work.

Surgeon's Follow-Up: Good News and Bad

MY FOLLOW-UP VISIT with the doctor was both encouraging and discouraging. He said he'd cut out the growth and taken a good margin around it, along with the metal clip, and that while the growth itself proved to be cancerous, the biopsy of the margin area around it was completely clear.

"So that means the cancer is completely gone, and we're done here?"

"Yes and no. The cancer is completely gone, but we're not done yet," Dr. Piazza said. "If you were thirty, I would recommend a mastectomy at this point. But given your age, I don't think we need to be that aggressive. Now you should see your oncologist and update him on what's been happening since your annual mammogram. I know him well, and I think we might disagree about what to do next, but what I want you to do is have a breast MRI a couple of months from now, after the breast has completely healed from surgery. This will tell me whether there's anything else, however minuscule it may be, that could possibly signal cancer cropping up in another location of the breast later on. These MRIs are so detailed they can pick up a mosquito bite you might have had in the past."

What was amazing to me at this time was how something so tiny and seemingly insignificant could generate so much concern, but clearly it had. "Depending on what the MRI reveals, and what the oncologist has to say about all this," Dr. Piazza explained, "we can then chart a course for how to proceed. My goal is to get you another twenty years free of cancer."

That sounded good to me.

Gloomy Prognosis from the Oncologist

I SET UP THE APPOINTMENT with the oncologist and scheduled the MRI for two months down the road. But I left the doctor's office that day feeling as though from that point on I was going to be having one medical test or procedure and follow-up visit with one doctor or another for months and years to come, with mammograms scheduled

more closely together than before and follow-ups with the surgeon every three months regardless. But at least there was no urgency here, no reason to make hasty decisions. This wasn't life-threatening because the strange cancer spot was gone, and it had taken twenty years to appear, so what was the big concern, I wondered?

When I saw the oncologist, he said he'd never received a report as to whether the receptors of my cancer were negative or not—probably because the cancer was too small—but that he really needed this info to properly diagnose my current situation and options (*see "Hormone Receptors" boxed info below*). "Regardless of what the breast MRI reveals," he said, "I will recommend that you begin taking an anti-hormone pill similar to the Tamoxifen you took twenty years ago. There are new generics available now so cost shouldn't be the problem that it was for you before. And if the MRI reveals even a dot of cancer that's too small to show up on a mammogram, the breast will have to come off and a pill will be part of your life for the next five years."

My oncologist made no bones about the fact that if the decision were up to him, he would have skipped the MRI and gone immediately to complete removal of the breast. He even suggested that I might want to consider removing the healthy breast as well, just to make sure whatever was happening in the other breast didn't spread.

When I told my chiropractor and good friend this, he quipped, "So, if you get cancer in one leg, you should cut off the good leg? That's the most ridiculous thing I've ever heard. All this publicity about Angelina Jolie cutting off a good breast is sending the wrong message."

The Breast MRI Procedure

TWO MONTHS LATER, I had the breast MRI, which proved to be the only painful procedure I'd had, but only because of the "iron maiden" device women are strapped into prior to being pushed into the MRI machine like sausage in a casing. Lying on my belly with breasts dropped into a hole proved to be very uncomfortable, and my ribs and shoulders ached for a couple of days afterwards.

When I was finally done, I was told I might have to repeat the procedure. Why? "You breathed too hard, which caused your breast to move up and down," the technician said, "and there seems to be some blurring in the film." That really annoyed me, because I wasn't told how to breathe; just that I mustn't move physically, which I hadn't. I finally left with fingers crossed and in a wheelchair because I was so dizzy from the Valium I'd taken before the procedure.

The head-splitting noise from the first MRI I'd ever had done almost drove me nuts, so I hoped the Valium would help me better tolerate the noise of this procedure. "You won't have a care in the world," my sister told me, "because Valium will put you in La La Land for awhile." But I never got to La La Land, and the MRI noise wasn't bad at all. It was only later that I realized the first MRI was so terrible because it was an MRI of my brain after I'd had a concussion and was concerned about the benign meningioma that had been discovered at that time. So the lesson here for me was never to knowingly take Valium again. All that pill did for me was make me so dizzy I had to use a walker all day to keep from falling. I don't know how anyone on this drug could have any kind of a decent day, let alone a life.

MRI Results Come Back Clean!

AFTER TWO MONTHS of pondering all the depressing options suggested by my oncologist, you can imagine how elated I felt when I called the surgeon's office to get the results of the MRI and learned from his nurse that it had come back clean.

"You mean there's no surgery in my future?"

"Nope," she said.

"That's it? I'm done?"

"Yes."

"But what about the follow-up visits the doctor said I would need?"

"I'll ask the doctor and get back to you," she said, and I hung up thinking how my oncologist had literally put me through the emotional wringer for two months with all his dire options of what was probably to come. When the nurse called back to say my surgeon wanted to see me six weeks after the MRI, I asked if I needed to consult with the oncologist again, and she said, "Just wait to see what the doctor says."

Initially, the surgeon told me that, whatever happened, he'd probably want to see me every three months and do extra mammograms in the future. I'm writing this before my September follow-up visit with him and before another visit to the oncologist, but I've already decided that I don't want more than one mammogram a year because I don't want any more X-rays bombarding my body than are absolutely necessary.

Reader Shares Her Recurrent Cancer Story

AFTER BRIEFLY SHARING the story of the return of my cancer with my subscriber base in June, several women wrote to me with summations of their own breast cancer stories. With respect to their privacy, this report includes highlights of their messages to me to illustrate how different each woman's breast cancer experience can be.

Debbie G. sent me an encouraging note in July along with news about the return of her breast cancer. In checking my previous correspondence with her, I was reminded that she had written to me in 2003 saying she had just finished up a year of breast cancer treatment—surgery, chemo, and radiation. Now here she was again, ten years later, writing:

"I find myself in a similar situation, only mine has returned after only 10 years. Mine, too, is about the size of a pencil dot, which makes me think good things are in store for me. The first time the tumor was golf-ball sized. This Thursday I will be having the small tumor removed with a lumpectomy, and will follow that with radiation no matter what the lymph nodes show. Of course, if the lymph nodes show cancer cells, I'll be doing that chemo thing again. The first time I had a mastectomy, followed by chemo, radiation, and then estrogen-blocking meds for two years, I believe. Not looking forward to the actual surgery, but I am looking

forward to getting beyond it. I hate telling my family about having cancer again as much as anything. My kids are all young adults now, which helps a little, but I still found it hard. Telling my 89-year-old mother was even harder."

NOTE: See end of this report for an uplifting 2019 update from Debbie, who eventually had to have a mastectomy but remains cancer free today.

Anti-Hormone Pills and Oral Chemo

On the Cancer.org website, I found [an article](#) that discusses the side effects of oral chemo, some of which can be unique to an individual. The article explains that chemo taken by mouth is as strong as the other forms and works just as well—with the same kind of side effects, too. Its primary benefit seems to be that the patient can treat herself at home, instead of in a doctor's office with a needle in her arm.

ELIZABETH S. wrote to tell me that she had been diagnosed with breast cancer last year and had a lumpectomy. "Since it was practically microscopic, I had no chemo or radiation," she said. "But the oncologist put me on oral chemo for five years as a preventative. I had bad side effects, so he put me on ANOTHER med to deal with those. I'm coasting along okay with it all. Surgery and treatments are anathema to me, too, but I remind myself to be grateful for the wonderful medical advantages we have so far."

Elizabeth's mention of "oral chemo" and my oncologist's reference to a pill he thought I should be taking, plus his comments about needing more information about "positive and negative receptors" of my cancer prompted me to do some research on this topic included in the boxed content below..

Other articles I found told me that some tumors are estrogen-receptor-negative while others are estrogen-receptor-positive, and this apparently determines the treatment a cancer patient will need.

HORMONE RECEPTORS. Researcher identifies breast cancer fighting hormone.

Transformative research from Western University has identified new hormones in the body which may suppress breast cancer and stimulate the regression of breast tumors. This very informative 2013 article on [MedicalXpress.com](#) explained why I had radiation treatment after my initial breast cancer experience while other women had chemo treatments. It all boils down to hormone receptors.

Excerpt: "Of the nearly 1.4 million new cases of breast cancer diagnosed each year, up to half are characterized as hormone

receptor negative, meaning they lack estrogen receptors (ER) and/or progesterone receptors (PR). Wiebe explains that receptors are molecules that can link to substances, such as hormones and then stimulate or inhibit the machinery of a cell—not unlike the way a key fits into a lock. According to Wiebe, cancer patients with receptor-negative tumors do not respond to current steroid hormone-based therapies (such as Tamoxifen) and can only be treated with chemo-therapy or radiation.”

After linking Elizabeth to several articles on the web (see “*Related Articles of Interest*” below), she sent these additional comments, which offer valuable perspective on the topic at hand:

"Yes, I think that's the explanation as to why I didn't get radiated. You were fortunate that no side effects occurred; two friends of mine got literally "burned" by radiation and now many years later are still having discomfort.

"I didn't mention that I got a staph infection after my surgery last year, and that was a doozy to get over. Weeks and weeks of antibiotics and then a re-invasion to surgically insert a drain. Then procedure for removing stitches and drain. That's a rare occurrence, I think, but healing is now complete except for a not-too-bad scar. "I debated about whether to mention these two types of setbacks to you . . . everyone ALWAYS hears horror stories, which do not help. Except to give some perspective about possibilities and not be surprised or discouraged if they occur. It's sorta like the warning labels on medications . . . if you really expected all the side effects from a new medication, you'd never take it, but then you'd risk not being helped!"

Related Articles of Interest

- ["Checking for Breast Cancer Recurrence."](#) A discussion of when and why your cancer may return (called "recurrence") and the kind of treatment you'll need.
- ["Survival and Risk of Having Cancer Return after Treatment."](#)
Excerpt: "With current treatment, women who have lumpectomy plus radiation therapy have a 0.5 percent chance (that is, 5 in 1,000 or 1 in 200) of a local recurrence each year after diagnosis. The best predictor of local recurrence is whether the tumor margins contain cancer cells. Positive (also called "involved") margins contain cancer cells. Negative (also called "not involved," "clear" or "clean") margins do not contain cancer cells. The chance of local recurrence is lower when the tumor margins are negative."
- ["Checking for Breast Cancer Return"](#)
Excerpt: "Breast cancer can recur at any time, but most recurrences occur in the first three to five years after initial treatment.

More Reader Mail

JOAN G. WROTE: “My mother had breast cancer—very small; she had a lumpectomy and radiation. Ten years later she had another very small one—took about 1/3 of her breast that time. Then two years later, another one, so at that point she had a mastectomy. I think you are right about all the ‘bad’ stuff in our food and environment being a factor, plus the equipment is so sophisticated now that they find very, very tiny things (which can be good or not so good depending on how you look at it). I think the new digital mammograms are even more invasive, and once you've had breast cancer they want to repeat these tests very frequently which can be problematic too. Thermography equipment is not invasive and supposedly as good at detecting breast cancers, but when you think of the billions of dollars that have been invested in mammography equipment, they're not about to switch to something else, even if it is better!”

I received a couple of other notes from women who had breast cancer in the past and thought, as I did before this, that they were home free. As Sharon R. put it, "I'm so sorry to hear about the recurrence of the cancer. I hold my breath on that one here, too. After twelve years, one starts to think it won't happen again. I hope and pray you will be just fine. Positive thinking and laughter always helps, too."

Lucy O. confirmed that thought, writing, "I was an oncology nurse for many years and I will tell you that attitude is everything!! Of course you will have your bad days when you will worry and need to cry . . . let it out!"

BELOW, THE REST OF MY STORY, a short update I published in December 2013 while I was still recovering from the mastectomy I learned I needed to have just four months after my MRI, which had supposedly come back “clean.” It explains why many women go straight to this procedure in the first place.

My September 2013 Surprise

I HAD QUITE A SURPRISE when I saw the surgeon for my follow-up appointment in September. It's a long story that I don't want to belabor here, but suffice it to say that the surgeon's nurse gave me incorrect information without first checking with the surgeon, and he didn't know until I saw him for my follow-up appointment that I'd been told there was no other surgery in my future. I was naturally upset by this but decided I didn't need to get into an argument with my surgeon.

He apologized for the fact that I'd been given an incorrect diagnosis by his nurse and suggested we put the past behind us and proceed with what I needed to do for maximum health in the future. He basically told me that while the MRI was clean and the cancer was gone, the breast tissues showed [pre-cancerous DCIS cells](#) that might—or might not—erupt into cancer somewhere along the line. Because there are no guarantees here either way, I was urged to have a mastectomy as soon as I could work it into my schedule.

After seeing the oncologist again—who had advised me to have a mastectomy to begin with—I decided I wanted to start the New Year on a clean slate, so I decorated my Christmas tree during the Thanksgiving holiday and set my surgery date for December 4. In the end, I decided I didn't want to be worrying about cancer returning to my breast a third time, perhaps when I was another five or ten years older and less able to deal with the trauma of major surgery.

The good news is that this surgery was a "simple mastectomy," because there was no involvement of lymph nodes this time around, with no need for radiation or anti-hormone pills afterwards. There were no complications during surgery, my blood pressure never got any higher than 122/70, and I had absolutely NO PAIN from this procedure. Although it seems unbelievable to me and friends and family, I didn't need a single Tylenol after awakening in the recovery room, and I am extremely grateful for this blessing. Many people were praying for me at this time, and I like to think that those prayers made all the difference here.

It did take me a few days to shake the side effects of the anesthesia, however, and I'm still tethered to an aggravating drain bottle for a few more days, but I'm now quickly regaining my physical and mental energy and desire to do things around the house and in my office.

I'll be back at work right after New Year's, starting a new editing job, continuing work on the new book I started this summer, and dealing with the usual follow-up medical appointments and the fitting of a breast prosthesis. Life is good. [END OF 2013 UPDATE]

UPDATE: January, 2019

IT WASN'T LONG BEFORE I saw my oncologist again, and he said he'd like me to take a drug similar to Tamoxifen, but without the side effects, just to help deter the possibility of another return of cancer, this time perhaps to my sister breast. So I took Anastrozole for five years and I passed the five-year mark in July 2018, still cancer free. I had absolutely no side effects from this drug, which was very inexpensive through my Walmart Prescription Drug program, and I'm moving forward with a hopeful heart that cancer won't spring up again somewhere else in my body.

Both my surgeon and my oncologist will continue to see me once a year for a checkup and a blood test to look at the red and white blood cells and other things they monitor. If cancer is going to be in my future, I'm grateful to have two caring medical professionals looking out for me. I schedule appointments with these doctors six months apart so someone is checking me every six months. Both of them tell me that my "sister breast" will always be at risk.

Uplifting 2019 Report from Debbie Garrett

When I asked Debbie for an update and sent her what she'd told me in 2013, she wrote:

"I see from the paragraph I wrote in 2013 that it must have been early in the diagnosis. Things turned out a bit differently than I thought.

“After the initial diagnosis, the oncologist asked me if I would be interested in taking the [BRCA gene test](#) to see if genetics were involved in my breast cancer. That test came back as positive for the BRCA 2 gene, which changed the treatment plan. I opted to have six treatments of chemo, followed by a mastectomy. I didn’t need to do any radiation since I was having the mastectomy.

“It has been five years since the last sign of cancer, and now almost five years since my mastectomy. I will see my oncologist annually for the rest of my life, as well as have a blood test every year that would show possible indications of new cancer cells. Because the BRCA 2 gene shows up not only in the breasts, but also uterus and skin, I opted to have a hysterectomy and will see a dermatologist every year. All tests and checkups have shown me to be cancer free. I don’t take any type of medications for the cancer, just follow-up visits and the blood test. All in all, a pretty ‘good deal’ for a two-time cancer survivor. Plus, I’m going to be a grandma this year, so I’m certainly glad to be around for that.”

NOTE: I’d lost touch with Debbie through the years but was delighted to find her selling a line of [“Bear Family Gifts”](#) on Etsy, where I saw that she had used her breast cancer experience in a very positive way. She now offers a line of custom-made miniature teddy bears for breast cancer patients. See those breast cancer bears [here](#).

2021 UPDATE

I AM NOW in my 8th year as a breast cancer survivor the second time around. My oncologist has retired, and given that I’ve again been cancer free for five years, my surgeon said I probably didn’t need to find a new oncologist and just see him once a year after I’ve had my annual mammogram. “But keep checking your breast regularly and let me know if you find anything suspicious, because your sister breast will remain at risk as long as you live.”

So I continue to move forth positively, with my surgeon keeping a close eye on me and my internist ordering the same blood test my oncologist always ordered each year. So I continue to be mentally and emotionally prepared for whatever life holds in store for me in the years ahead.

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“Breast Cancer: What Women Need to Know.” Barbara’s Special Report on her breast cancer experience in 1993, updated in 2013 and 2021 with links to timely articles on the web and reports from many of her readers. (*NOTE: Can’t activate this PDF link in this conversion; find this article on my site in the Mind-Body category of [ARTICLES](#).)*

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BARBARA LAUNCHED BarbaraBrabec.com in 2000 and quickly began to populate it with home-business articles and resources. Over the years she added hundreds of articles on several other topics related in one way or another to the larger topic of LIFE.

Now, LIFE itself is Barbara's focus. Unlike her original website, her new domain launched in 2021 features only her own writing—new content and an archive of timeless and relevant articles in fourteen life-related categories, all updated and reformatted for republication on the all-new "Barbara Brabec's World." It reflects Barbara's current writing interests, latest books, and professional services.

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