## **Breast Cancer, On Call**

Gracia Perez-Lirio, MD

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A physician's workday can hardly be called typical. Other than busy and hectic, it is always unpredictable. Being on call is a time when one is expected to be available twenty four hours. Patients, nurses, pharmacists call on-demand with questions, problems and concerns. But one call I was never prepared to receive was about my own breast cancer diagnosis.

I am an internist. Having been in a group practice for less than 2 years, I had a panel size of approximately 1,500 when I was faced with breast cancer. It was one early Monday morning when I felt a lump on my right breast. It had the textbook features of what one should be concerned about- illdefined, painless, outer quadrant, flat, stuck on the chest wall, non-mobile and most importantly, associated with nipple retraction.

I was on call and with a full schedule. I made an appointment with my own primary care physician the following day. She scheduled me for an urgent ultrasound and mammogram. The findings were suspicious and I needed a biopsy.

Being overall healthy and without any risk factors, I did not believe I was one who would end up having breast cancer. Now who should have breast cancer- smoker, non-smoker, obese, underweight, with family history, without family history, with breastfeeding history or without?

I am a non-smoker with ideal body weight. I exercise frequently and have a generally active lifestyle. I am without any maternal history of breast cancer either and I breastfed all my 3 children.

On those grounds, I did not think I had any reason to be overly concerned. Very confident, I was optimistic that the pathology would turn out in my favor. The core biopsy was very uncomfortable and after the procedure, I was discharged without any reassurances. It would take another 4 days before the pathology results would become available.

I spent my weekend as usual. It was a nice summer day in New England and my husband and I decided to take our children to a nearby beach. It was a peaceful and relaxing time. I wish the next day came with better news.

Monday morning was another hectic day. I had an early

## Gracia Perez-Lirio, MD

Department of Medicine, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA Phone: 617-754-1600 Fax: 617-754-1650 Email:gplirio@bidmc.harvard.edu meeting and 14 patients scheduled. The result was officialinvasive ductal carcinoma with lymphovascular invasion. I was distressed and for a while doubted the findings to be true. Although I knew exactly what it meant, I was unfamiliar with the changes that came along with a new cancer diagnosis.

Another patient of mine had the same exact diagnosis 2 weeks prior. She was older and it was found on routine mammogram. My discussion with her and her daughter came as a flashback - careful, positive and confident that the appropriate treatment plan was in place.

The next few weeks involved multiple appointments with specialists and diagnostic tests, this time for myself. Along with lumpectomy and lymph node biopsy, chemotherapy and radiation were both necessary after surgery. This plan meant significant time off from work which I did not accept easily and it took a while before I realized as necessary. As a physician, it is difficult to think about my own illness while I know my patients need me. I feel that taking care of the sick is my purpose in life and assuming the sick role is unacceptable.

Being with cancer has made me feel powerless and helpless and with much resentment, I slowly embraced the new challenges ahead. Now halfway through treatment, my experience with cancer has made me appreciate the true meaning of life. I learned not to take health for granted. And inasmuch as I tried to plan my life, I have learned that I can not expect to have full control over it.

Although it is comforting to know that breast cancer has become better known as a treatable illness these days, it still takes women's lives. What was once known as a death sentence, has now become a chronic disease requiring aggressive treatment and vigilant surveillance. And I thank researchers in their persistence to find a cure.

Since my diagnosis, I have personally known about 5 other women faced with breast cancer. Like me, they are currently going through active treatment but with unique experiences. Together, we all look forward to calling ourselves survivors. We all look forward to getting our life back but this is not always possible. There are permanent changes marked in our DNA and this affects not only us, the victims, but our children's children.

My journey through breast cancer is not nearly over. I compare it with being on call- sleepless and tiring. Despite the inconvenience, I consider myself lucky to experience life in this way. And as I look forward to completing the last phase of my treatment, I intend on calling myself a survivor.