

Breast cancer

Abstract

Title

Breast Cancer

Summary

A patient's experience after a diagnosis of breast cancer) is outlined. The importance of contact with healthcare professionals, the medicines taken and an intention to stop anastrozole are described. The elements of service provision that have been found to be most helpful are summarised.

Keywords: medical condition, medicines, anastrozole, chemotherapy

About your medical condition

What is the medical condition most important to you that is being presented here?

My experience with breast cancer.

Can you please explain the problems you experience with this medical condition?

I now have a mammogram and chest x-ray every two years and CT and MRI scans when necessary. I know these are there to help me but they can cause anxiety whilst waiting for the results.

Can you please say how the medical condition was first diagnosed?

It was a Saturday in June 1997 when I was 50 years that I suddenly felt an uneven lump in my left breast. I momentarily panicked and phoned my daughter who had qualified as a doctor in 1996. She was reassuring and told me to go to my GP. Deep down I knew it wasn't right, as it was uneven.

I went to the doctor the following Monday. It was a locum doctor who didn't seem too concerned but, as I was in BUPA, I went to the hospital the following morning. I had a mammogram, which showed straight away that it was highly likely to be cancer. I also had an ultrasound scan and a biopsy. I can still remember saying to the consultant when he told me that he suspected breast cancer that I had planned to live to 80. He said 'you might well'. I'm 70 now so getting there. I felt frightened but just said, "What can you do?" I was told that I would have to have a mastectomy as I also had another small lump. He arranged for me to have a chest x-ray and bone scan to check that there had been no spread to other organs. I remember thinking, "Let's just hope these are okay", which they were.

The following week I went into hospital and had a left mastectomy and had eight lymph nodes removed. I didn't look forward to having a mastectomy but if it was to save my life I could cope with it. I thought there was no point in having my breast if I'm dead. My only hope was to hear that that there would be no spread to my lymph nodes. Going down to surgery was a bit unnerving but I just placed myself into the hands of the experts.

After my operation I was okay. Not any horrible pain. I've had other operations that have been more painful.

The worst part was waiting for the biopsy results. It took about five days. My consultant knew this. I remember sitting on the bed when he had them and saying, "Is there any spread to my glands?" He laughed and said "Hold on". He then told me that I had a high-risk tumour and several pre-cancerous tumours that a mammogram would not have picked up on. The good news was that I had no spread to my glands. His recommendation was that I had chemotherapy as he was thinking about me in 20 years time. Now it's nearly that I'm so glad that I had it.

If you look back, what would you say be the main things you would have liked to have been different in terms of contact with health professionals?

At first I felt a little abandoned, as I was not seeing my Oncologist on a weekly basis. I saw him and my surgeon every 3 months. I was prescribed tamoxifen as my cancer was oestrogen receptive. The problem is with cancer every ache and pain you are frightened that it's the cancer again. That has now gone other than very occasionally.

About your medicines

Please list the medicines you taking for your medical condition.

I took tamoxifen for 5 years and since then I've taken anastrozole. I also receive treatment for bone density.

What have your experiences with regard to your medicines been like?

The chemotherapy wasn't as bad as I had expected it to be. I was quite apprehensive at first but my Oncologist was reassuring. He always made sure that I had the correct drugs to

help me. It might sound silly but losing my hair was upsetting but I had a fantastic wig. I had really good support from my Oncologist, surgeon and my GP. It was so good when my chemotherapy finished and I didn't have to have any more. That's when my life continued.

Just recently the anastrozole has started to affect my bone density. I've always had a bone density younger than my years. It has been a big decision but next June I'm going to stop taking it after 20 years of treatment. I do have a slight worry about coming off the anastrozole. Just hope my cancer doesn't come back. I have been told that is unlikely. I'm also receiving treatment for my bone density.

About the services you received

What have you found to be most helpful to you in terms of the services you have received?

I've been lucky. Early treatment, skilful surgeon, knowledgeable Oncologist, my hard working lovely GP and the support of my family. These things are all vital to anyone's recovery.

To what extent have the health professionals you have come in contact with appreciated what it was like from your position as a patient?

People often forget how this affects the rest of the family. My husband was in worse state than me. I had 3 children - my daughter who was 24 then, my eldest son 23 and my youngest son was 13. I remember thinking that I had to get better for the younger one but really I had to get better for them all. I was quite open with my family and all my friends and work colleagues. It made it better for them as we were all able to talk about it and it helped me.

To what extent was the information you were given about your medical condition sufficient for you?

Once I had got past the hurdle presented by the locum I was given good information which was clear and unambiguous setting out all the possibilities. This I found reassuring.

To what extent did the health professionals you came in contact with communicate effectively with you?

I received particularly good advice from the breast cancer nurse:

- Don't compare your treatment and diagnosis with those of other patients as there are many different types of breast cancer.
- Be prepared for some people's odd reactions to you - they probably feel uncomfortable and don't know what to say.

About going forward

If you could give a brief message to healthcare professionals, what would it be?

An excess of medical terminology can cause problems and misunderstanding by the patient who should never feel they are just a statistic.

Declaration of interests

You will have been offered a fee for your contribution to be submitted within a specific timescale. In the spirit of being open and transparent, would you please disclose any other payments, interests or activities that could be perceived as influencing what you have written or state 'none'.

None.

KEY LEARNING POINTS FOR HEALTH PROFESSIONALS IDENTIFIED AT THE EDITING/PEER REVIEW STAGES

- Patients need to be fully informed about their medication and any implications of changing it or stopping it.
- Patients who are not able to discuss their condition with a health professional on a regular basis can feel isolated - be aware and ready to fill that gap.
- It may not just be the patient who needs some support - that can also apply to family and friends.