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# The Deciding Factor

As if the disease itself weren't traumatic enough, breast cancer imposes the burden of making difficult medical decisions. BY DIANE GUERNSEY

"If we compare the way breast cancer was treated fifteen years ago to the way we treat it today, the advances have been dramatic," says Dr. Larry Norton, deputy physician-in-chief for breast-cancer programs at Memorial Sloan-Kettering Cancer Center in New York. Not only have cure rates leaped, but most women also have a much greater choice of treatments. "A woman's primary goal is to get better and never get sick again," says Norton, "and she can now pick the treatment that maximizes her chances of doing that."

As treatment options have grown, so has the evidence that a woman needs to make sound choices early. "With breast cancer, your first shot is your best shot," says Dr. Patrick I. Borgen, the chief of the breast surgery service at Memorial Sloan-Kettering. "If you do things right the first time, the long-term picture is much brighter." Encouraging words, but what a burden they place on the patient. It's hard to make wise decisions when you're in new—and emotionally challenging—territory. The more you know and the earlier you know it, the better. **Lumpectomy vs. Mastectomy** Your first major decision is likely to be whether to have a mastectomy or a lumpectomy. At first it seems simple: who wouldn't prefer a lumpectomy, in

which a surgeon removes only the tumor, some surrounding tissue and very few lymph nodes, to a modified radical mastectomy? In a mastectomy, the surgeon removes the entire breast, including some skin, the areola and nipple and, usually, a greater number of lymph nodes. (A radical mastectomy, in which a surgeon removes the chest muscles and all of the lymph nodes, is

rates for women who have a lumpectomy with radiation virtually equal those of women who have a mastectomy. Still, a surprising number of women who are eligible for either procedure select mastectomy.

A mix of reasons, medical and personal, shape the decision. For instance, with a lumpectomy, a young woman may risk a slightly higher rate of breast or other cancers later, due to the radiation therapy that usually accompanies lumpectomies. (After age forty, the risk is negligible.) Only the patient can decide whether she's willing to chance it.

Practical, cosmetic and genetic factors also play a role. When Anna Greene (not her real name) learned she had breast cancer, in her mid-forties, it was in a very early stage, but she also had a gene mutation that put her at high risk for a recurrence. Because of that risk and also because her small breast size made a lumpectomy impossible, she ended up having a bilateral mastectomy. Her chief emotion is relief: "Because I'd spent anxious nights fearing that I might die, the loss of two breasts seemed a small price to pay for the virtual assurance that I'd never have to worry about this again."

Spouses' reactions count, too, Borgen notes. "One woman considering mastectomy told her husband, 'You won't like the way I look in a bathing suit or



now done only for patients with very advanced cancers.)

"Lumpectomy works very well for patients who have small tumors with margins that are clear of cancer," says Borgen. "Hundreds of thousands of women have them every year and go on to live long, healthy lives." For early-stage tumors, the long-term survival

ILLUSTRATION BY SOPHIE BLACKALL

an evening dress.' And he looked at her and said, 'I won't like the way you look in a coffin.' That settled it for them."

Advances in surgical techniques have made mastectomy less disfiguring and thus less frightening to some women. "Today we have many different types of mastectomies," says Borgen, "including those that spare more of the skin of the breast and even the nipple, which formerly was not possible." Even so, a woman who has opted for a mastectomy faces an equally complex set of choices about breast reconstruction.

**Rebuilding the Breast** Essentially, a woman must decide what type of reconstruction to have and when. Reconstruction can be tricky if done concurrently with chemotherapy or radiation because these treatments increase the risk of infection and inhibit the healing process. And many surgeons believe that reconstruction will be more successful if it's performed after a patient has healed from a mastectomy, so they urge women to wait.

On the other hand, a patient may want to have reconstruction done at the same time as the initial surgery, if possible, says Annie Toglia, a Stage IV breast-cancer survivor. Toglia was honored by the New York State Senate for her work on behalf of breast-cancer patients. She has written *Staying Abreast: Rehabilitation Exercises for Breast Cancer Surgery* (for details, see [stayingabreast.com](http://stayingabreast.com)). "Do as much surgery as you can at one time, because surgery knocks you out," she advises. "Also, it's nice to wake up with a breast, even if it's not a pretty, perfect breast."

As always, a woman's choices must reflect her personal needs. "A patient of mine who sings on Broadway needed a mastectomy," says Borgen. "We talked about reconstruction using silicone implants versus a TRAM (transverse rectus abdominis muscle) flap, in which doctors use abdominal tissue to create a

## Consider the Side Effects

"No one really prepares you for what happens after treatment," says one breast-cancer survivor, who's not the complaining type. Here are several possible side effects, some well known, others less so.

**Aftermath of Surgery/Reconstruction** Recovery may take a while. "Doctors say you'll recover quickly," says Annie Toglia. "But two months after my mastectomy and reconstruction, I was still flat on my back a lot of the time." She adds, "Nobody is ready for the pain involved in the healing process. The surgical area tightens up; you have to stretch it often, right from the start."

Toglia advocates exercising immediately. She started in the hospital, had a physical therapist visit her at home and took daily walks outdoors. "Walking builds stamina, and sunlight may help trigger production of endorphins, so you'll feel better."

Another complication can be a frozen shoulder, caused in part by favoring the painful side of your body. Sara Goode (not her real name) had a lumpectomy and radiotherapy. "My shoulder froze right after surgery; later my other shoulder did, too." Arthroscopic surgery and frequent physical therapy have helped.

**Lymphedema** Perhaps surgery's most notorious complication is lymphedema, swelling and stiffness in the arms due to fluid buildup after lymph-node removal. "Lymphedema is not as common or as severe as in the days of radical mastectomies, when surgeons removed every node," says Dr. S. Eva Singletary, a professor of surgical oncology at M.D. Anderson Cancer Center at the University of Texas in Houston. "But a 2002 study showed that as much as 26 percent of patients still develop it." Use your arm as soon as possible after surgery, and notify your doctor about any swelling. Promptly begun, manual lymphatic drainage, compression bandages and physical therapy can control the condition.

**Chemotherapy Complications** First, the good news. "When we give chemotherapy for several months before surgery, 80 percent of the time we shrink the tumor by at least half—and in almost a quarter of these cases, it virtually disappears," says Singletary. "The surgeon then does a lumpectomy and a lymph-node biopsy to make sure the cancer hasn't spread."

The bad news: side effects can include hair loss, nausea, vomiting and a decrease in infection-fighting blood cells (neutropenia). Singletary and Toglia agree that hair loss ranks high as a trauma; Toglia had her long, dark hair cut off and made into wigs ahead of time.

As for the other common side effects, Singletary explains that "we now give patients anti-nausea drugs prior to chemo, to reduce the severity." Toglia sipped ginger tea (several studies show that ginger can be effective against nausea). To avert infections, wash your hands often, avoid exposure to people with infections and disinfect even small cuts. Tell your doctor about any signs of infection, especially fever; antibiotics or other drugs can help.

Other possible complications: high-dose Taxol, a chemotherapy drug, caused permanent neuropathy—numbness, tingling and pain—in Toglia's hands and feet. Chemo also led to osteoporosis. "I fractured a rib and my metatarsal. The drugs Aredia and Zometa, plus doing weight-bearing exercises, helped immensely."

Finally, Toglia warns, "because chemo throws you into premature menopause, you may well gain weight. I put on thirty pounds and I'm only five feet four." Toglia's book contains an interval-training workout to help with weight loss.

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**HEALTH**

breast. This patient most values her voice and she uses her abdominal muscles for singing, so a TRAM flap was out." Other women prefer a TRAM flap because they question the safety of silicone implants.

"Choosing treatments involves an algorithm: patient comfort, patient priorities and patient values, plus what the doctor thinks is safe and reasonable," Borgen concludes. To base your choices on sound scientific knowledge rather than fear, you'll need to do in-depth research. Seek out good doctors at major cancer centers; consult family and friends for referrals; check reputable Web sites (see below). Above all, don't rush into anything,

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urges Borgen. "The old-fashioned notion was that you should quickly have a procedure, but that can be really bad advice. It takes more than 120 days for breast-cancer cells to divide, and only a small portion are dividing at any one time. It's safe to take a few weeks to do your homework before starting treatment."

Whatever your choices, keep a positive mind-set, counsels Norton. "Good decisions underlie good outcomes. If you feel confident that you made a good decision, good things are going to happen for you."

*Resources: National Cancer Institute, [nci.nih.gov](http://nci.nih.gov); People Living With Cancer, [plwc.org](http://plwc.org); the Susan G. Komen Breast Cancer Foundation, [komen.org](http://komen.org); breast cancer.org; Y-ME National Breast Cancer Organization, [yme.org](http://yme.org).* ❖