

First, the bad news: Breast cancer is the second leading cause of cancer death (after lung cancer) and nearly 45,000 women will die from the disease this year alone. It is also estimated that 180,000 American women will be diagnosed with breast cancer in 1997, and 755 of these new cases will occur in Sacramento County.

Ironically, much of this bad news is not news at all. In fact, we are bombarded with these statistics, which scream from magazine headlines, talk shows, the nightly news, in an effort to scare women into monthly breast self-exams, regular doctor

# Breast Cancer:

visits and annual mammograms after the age of 40. But what is often lost in this well-meaning media blitz is a set of equally important numbers: women who survive the disease.

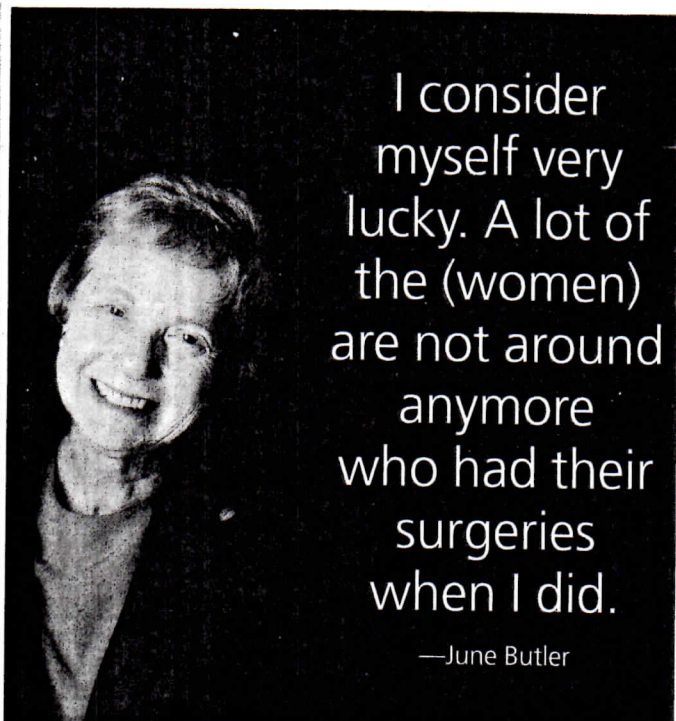
And so the good news: According to the American Cancer Society, the five-year survival rate for localized breast cancer is 97 percent. (A patient is considered cured at 10 years.) If cancer is found at a later stage and has spread regionally, the survival rate lowers to 76 percent, but still the message is clear: You can beat breast cancer, particularly if it is detected early. Here are four Sacramento women who did just that.

BY THEA MARIE ROOD

PHOTOGRAPHY BY CARI LAZANSKY



# The Good News



I consider myself very lucky. A lot of the (women) are not around anymore who had their surgeries when I did.

—June Butler

**June Butler**—June Butler has been married for 46 years, and is a 24-year breast cancer survivor. Both anniversaries are important to her. “I consider myself very lucky,” she says. “A lot of the [women] are not around anymore who had their surgeries when I did.”

Butler had her first surgery in 1973: a radical mastectomy. Although this surgery is rarely done today, it was commonplace at the time, and involved an extensive removal of the entire breast, axillary (underarm) lymph nodes and the chest wall muscles under the breast. Not only was the surgery disfiguring and painful, it was often unexpected. Physicians performed one-step surgical biopsies, meaning if a malignancy was found, the mastectomy was done immediately while the patient was still under anesthesia.

“I had fibrocystic disease (benign tumors of the breast) and had been seeing a surgeon, who was watching several lumps,” says Butler. “He was sure it was nothing, but he said, ‘This lump has been there awhile—we’d better take it out.’” A nurse before her three children were born, Butler trusted her doctor’s assurances, and went into surgery fairly optimistic. This made waking up to a cancer diagnosis and a missing breast a shock.

“My children were in high school at the time,” she says, “and I think I was pretty sure I wasn’t going to live too long—I wouldn’t see them married, things like that.” She pauses. “Now I’ve seen them married and divorced,” she adds with a laugh.

Because the cancer was stage one—a small tumor that had not spread to the lymph nodes—she did not receive further treatment, in the form of chemotherapy (which was relatively undeveloped in 1973) or radiation. This fact made her recovery easier.

“Early detection is the main thing,” she says. She continued to have examinations and, as the technology improved, yearly mammograms. It was this latter procedure that helped diagnose another stage-one tumor in her remaining

breast in 1986. She had her second mastectomy that year.

Although two bouts with cancer and a double mastectomy were far from pleasant, Butler considers her experience—and her longtime survival—reassuring to other women. Shortly after her first surgery, she joined the Reach to Recovery program sponsored by the American Cancer Society. “A lovely woman [from the program] came to see me at the hospital,” she says. “After recovering, I wanted to do the same thing.”

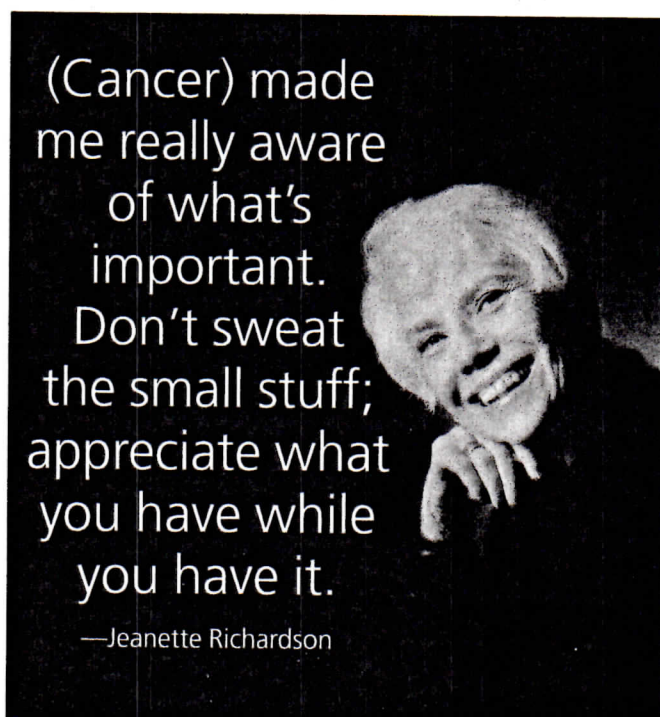
Since 1973, Butler has held nearly every position in the organization, and is currently an assistant coordinator. She takes relevant data about breast cancer patients—age, diagnosis, treatment—and assigns a volunteer who has had a common experience. “We try to match them up as well as possible,” she says. These volunteers offer pre-surgical counseling, post-surgical hospital visits and, sometimes, support and advice throughout treatment.

“It’s not that big a deal,” she says of the disease, a shrug of her shoulders evident in her voice. “If you have to have cancer, the breast is a good place to have it, because it’s curable.”

**Jeanette Richardson**—Jeanette Richardson, like June Butler, is a longtime breast cancer survivor. She was diagnosed with the disease in 1976 when her gynecologist found a small lump during a routine exam. “How long have you had this?” she remembers him asking. In the ’70s, it was customary to watch lumps for six months or so, but in three months, Richardson was back. “I’m sure it’s nothing,” her doctor told her, “but I know you, you’re a nurse.”

In fact, Richardson was a school nurse for the San Juan Unified School District and in the months since the lump was found, Richardson had done some research. She believed an immediate biopsy was critical.

“[After the biopsy] my doctor had to wait for the 24-hour slides and he asked, ‘Where will you be on Monday so I can call you?’ It was a long weekend,” she says. On Monday, the news was not good: She went back almost immediately for a modified radical mastectomy, which removed her entire breast and 32 axillary lymph nodes.



(Cancer) made me really aware of what’s important. Don’t sweat the small stuff; appreciate what you have while you have it.

—Jeanette Richardson

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—Dawn Chastain



Because her tumor was small and her lymph nodes were clean, she might have been a good candidate for a lumpectomy, a relatively new procedure at the time wherein only the cancerous tissue—and a small rim of normal tissue—are removed. “In retrospect, probably so,” she says, “but there was not enough data for me—in 1976, it wasn’t an option.”

Like Butler, she did not receive further treatment, except mammograms every six months and chest X-rays annually (if breast cancer metastasizes, it often shows up next in the lungs). At first, Richardson says, “I expected my demise in five years. But I was really fortunate.”

Although she lost her husband in 1990 to lung cancer, and retired from the school district shortly thereafter, Richardson continues to work and travel. She volunteers for Reach to Recovery as a special touch trainer—teaching breast self-exam—and participated in the recent Sacramento walk-a-thon Making Strides Against Breast Cancer, which raised nearly \$250,000 for breast cancer research. She also volunteers at Starr King school as a substitute nurse. In recent years, she has traveled to South Africa and Italy, and spends two weeks each summer in a rented house on the coast of Maine with her daughter, a freelance writer in New York.

In fact, Richardson admits her fear of death changed gradually into a new philosophy about living. “[Cancer] made me really aware of what’s important,” she says. “Don’t sweat the small stuff; appreciate what you have while you have it.”

### Dawn Chastain—

Dawn Chastain was just 33 when she was diagnosed with breast cancer, and has recently passed her six-year anniversary. Having breast cancer nearly 20 years after Butler and Richardson, her experience differed in many ways, illustrating the changes that have occurred in the treatment of the disease.

For example, she found the lump herself during a breast self-exam. “It was not some-

thing I did on a normal basis,” she says of the exam, “but for some reason, I did it then.”

Also, her doctors attempted several less invasive procedures to diagnose the cancer, including mammogram and fine-needle aspiration and biopsy. In Chastain’s case, all of these procedures were either negative or inconclusive, so in the end, her surgeon performed a surgical biopsy.

“I was in recovery,” she says. “My dad was there, and the surgeon walked in. I knew from the look on his face it was bad news. ‘We have a problem,’ he said. ‘It’s malignant.’”

After the biopsy, however, her treatment took a different course. Probably the most outstanding difference was that she had choices: She chose between a mastectomy and a lumpectomy; she had input into which drugs were used for chemotherapy; and she was offered the option of reconstructive surgery. (Performed by a plastic surgeon, this procedure allows women to restore a normal appearance through the use of breast implants after a mastectomy.)

“My first concern was dying,” Chastain says. A single mother, she spent the first few days writing a will, talking to her ex-husband about taking custody of her then-12-year-old son, and worrying about her job as a supervisor at Folsom Prison. Then she began to have other fears. “If I live, I’ll be alone,” she remembers thinking, “because there’ll never be a man who could accept me mutilated like that.”

Although at times the decision-

making felt overwhelming, in the end choosing her own treatment plan was an important step in regaining a sense of control, according to Chastain. Especially critical was input from her male friends and co-workers. “What I needed to know was that I’d still be attractive and desirable,” she says. She eventually chose a mastectomy, followed by chemotherapy and reconstructive surgery.

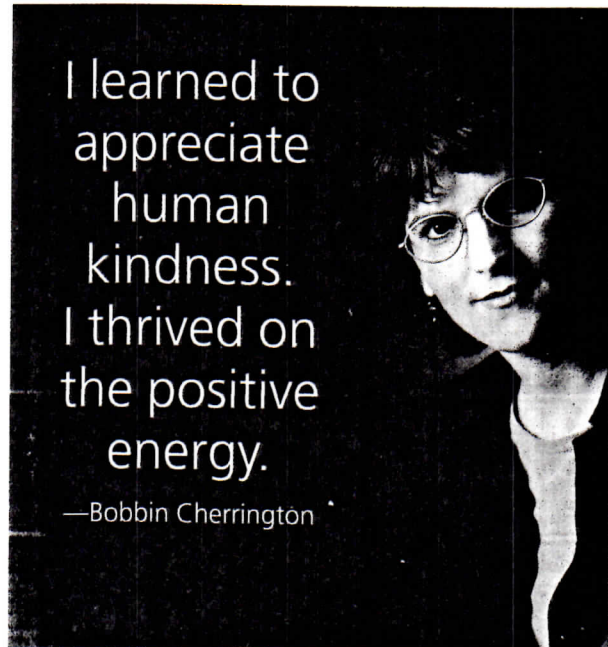
In the hospital, after the mastectomy, Chastain remembers a feeling of relief, but her ordeal was far from over. Before reconstruction could begin—a procedure that in itself took three more surgeries—she faced six months of chemotherapy.

“I picked a Friday morning [to have my first chemo],” she says, “so if I was sick, I’d have the weekend to recover.” Instead, she attended an Oakland A’s game the following day, feeling terrific. Over time, however, she experienced major fatigue, “menopausal” hot flashes and hair loss. Still, she maintains that her experience was not horrible, and in her work as a Reach to Recovery volunteer, she counsels women about the benefits of trying chemotherapy.

Surprisingly, the reconstruction for Chastain was in many ways the most difficult part. During the first surgery, an “expander” was placed under the chest wall muscle and was gradually filled with saline to stretch the chest wall and the skin. “The mastectomy [recovery] was painful,” she says, “but it was nothing compared to the pain of the expander.” Five outpatient visits were re-

I learned to  
appreciate  
human  
kindness.  
I thrived on  
the positive  
energy.

—Bobbin Cherrington



# LISA AND SUZI

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quired to fill the expander, until she was ready for the surgical implants of saline and silicone. A final surgery "fine-tuned" the look of her breasts. How happy is she with the reconstruction?

"It's all relative," she says. "It is obviously not what God gave me . . . but it's good enough. I have nice cleavage, I can wear low-cut things, swimsuits. That's what's really important."

Also important, Chastain believes, is her continued involvement in fighting the disease. In addition to her work with the American Cancer Society, she participates in a program sponsored by Hadassah, a women's Jewish community organization, which visits local high schools to teach young women the importance of breast self-exams. She also has told her story at fund-raising rallies and has appeared in public service announcements on local television.

In fact, she hopes her volunteer work gets attention from higher powers as well. "You know how you keep repeating a lesson until you've learned it?" she says. "If there is a God, I want him to know I learned my lesson—you don't need to show me this again."

**Bobbin Cherrington**—Like Chastain, Bobbin Cherrington was quite young when she was diagnosed with breast cancer: only 34. She is currently celebrating her five-year anniversary as a survivor and feels thankful for every day.

"I wasn't afraid to die," Cherrington says. "I'd had a fantastic life. I'd lived in Hawaii, Tahoe. I'd traveled all over the world. Except there was my most precious 4-year-old daughter, who I was not ready to leave."

She discovered the lump herself in the middle of the night when her nightgown twisted and touched it. She laid awake until morning—"poking and prodding it"—and called her doctor immediately. Her general practitioner told her what she wanted to hear: She had fibrous breasts, it was nothing to worry about, come back in six months. But its presence kept nagging at her, and finally she went to her trusted obstetrician/gynecologist.

"I literally pulled my shirt to the side and said, 'I want you to look at this,'" she remembers. In less than an hour, she was scheduled for a biopsy.

"What was weird about this experience," she says, "is I had a local anesthetic and we

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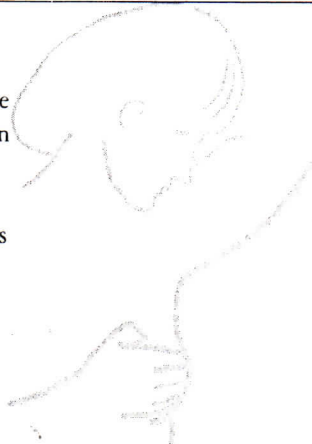
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were all chit-chatting. They sent the samples and in about 10 minutes the phone rang with the results. The nurse showed the message to the doctor and suddenly there was dead silence in the room."

Again much like Chastain, Cherrington had an array of options, and finally chose a lumpectomy and axillary dissection (underarm lymph nodes are examined as well). Because three lymph nodes showed signs of cancer, she went straight into a six-month course of chemotherapy, followed by a seven-week radiation trial.

"[Chemo] was like having the worst flu you've ever had, drinking a quart of liquid and realizing it's paint thinner," she says. She managed to continue to work full time as a caterer throughout her treatment. She credits her husband for getting her through the worst times, and tells stories of lying on the bed, exhausted after chemo, and having him tell her, "You're doing a great job—I'm so proud of you."

For her daughter, Sarah, Cherrington developed a calendar with sunny stickers for the days she would feel well enough to do things, and cloudy stickers for the days she wouldn't. She also overheard her daughter say to people, "Mommy's going to feel better in the spring—we're going to the park in the spring."

Following chemo was radiation. Cherrington says, "I can give it to you in a nutshell as a caterer: First they trimmed me up (surgery), marinated me (chemo), then microwaved me for seven weeks (radiation)." As with the chemo, her biggest struggle during the treatment was chronic fatigue, but she continued her hectic schedule.

"In a way, it kept me going," she says. "I didn't want to lose my place."

Cherrington feels, like the other women, that cancer taught her important lessons. "I learned to appreciate human kindness," she says. "I thrived on the positive energy."

Now that she has recovered, she offers help to others. She works as a volunteer counselor for the Reach to Recovery program, and hopes—on an informal basis—to give cancer patients a societal acceptance they often miss. She describes catering an event recently and seeing a shy woman, obviously in treatment and losing her hair. Cherrington leaned over the table, looked the woman in the eye and said, "I used to have the same hairdresser." The woman broke into a wicked grin. ■