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Every Day Is a Good Day for Me

A 13-year journey with breast cancer

Ms. Carter, 56, is one of an estimated 2.8 million breast cancer survivors in the U.S. The Stage IV cancer patient appreciates the care she has received at VCU Massey Cancer Center and agreed to tell her story in the hope of inspiring others.

Ms. Carter
Breast Cancer Survivor
VCU Massey Cancer Center Patient

In 2003, Ms. Carter found a lump in her right breast. "When I woke up one morning, it was just there. It hadn't been there the night before," she recalled, in a conversation this September. "I remember thinking, `Well, I don't remember getting bitten by anything.' It started to puzzle me. And that's when I contacted my ob/gyn."

Her physician ordered a mammogram, then more testing. The findings confirmed that she had early stage breast cancer. Carter, then 43 with a son in elementary school, was stunned by the news. She had always gone in for her regular mammograms and had never experienced any problems before.

At a hospital close to her home in Warsaw, Virginia, a surgeon removed Carter's tumor through a procedure known as a lumpectomy. A week later, she said she learned additional surgery would be necessary "because the margins weren't clean" — that is, once the tumor was removed and explored under a microscope, the cancer still extended to the borders.

"Anytime you do a lumpectomy that means that you're taking out the breast cancer and what you want to do is take out the spot of cancer, but you want to have some normal tissue all the way around it," explained Dr. Mary Helen Hackney, Carter's current medical oncologist and associate professor of medicine at VCU Massey Cancer Center. "But when the pathologist takes it to the microscope and starts slicing it and looking at it, they may recognize that there are fingers or little edges of cancer cells on the very outer piece."

When Carter's surgeon suggested follow-up surgery, to remove more tissue, she decided to seek a second opinion at VCU Massey Cancer Center.

She met with surgical oncologist Dr. Brian Kaplan, who led her step-by-step through her options.

After a thorough evaluation and more testing, "we came to the conclusion that I had to have a mastectomy." She underwent a total mastectomy on her right breast. "Dr. Kaplan was an excellent surgeon," she said. "I stayed overnight for observation, and I was able to leave the next day."

According to Hackney, the choice of treatment for any patient depends upon the type of cancer and the degree to which it has spread. Cancers with clean margins can be treated with a lumpectomy. If there are multiple sites or a positive margin, the woman may need a total mastectomy — the removal of the entire breast. Women who undergo this procedure are often able to get breast reconstruction.

Radiation therapy, used to treat localized cancers, is needed after lumpectomies and after some mastectomies. Traditional radiation therapy usually involves about six weeks of daily external treatments. A newer former of treatment, brachytherapy, involves the delivery of a very high dose of radiation using radioactive sources, which are placed inside or very close to the tumor tissues.

The characteristics of the cancer will determine whether chemotherapy is needed. Chemotherapy, which can arrive intravenously or in pill form, "is designed to help reduce cancers spreading elsewhere in your body," said Hackney.

Mary Helen Hackney, M.D.,
Associate Professor
Medical Oncologist
VCU Massey Cancer Center

After her mastectomy, Carter underwent chemotherapy. While side effects vary from patient to patient, she experienced weakness, hair loss and nausea. "I couldn't tolerate food, just liquids."

The treatment lasted for close to a year; then she switched to hormone blocking therapy, which can stop the cancer from spreading by controlling the excess production of estrogen. That time, side effects were minimal.

Her cancer remained in remission. Then in 2011, she began to experience pain on her right side and back. "I thought I had pulled a muscle," she recalled. X-rays at her primary care physician's office revealed fluid in her lungs. She returned to VCU Massey Cancer Center. Carter, who has no history of smoking, learned that the cancer had spread to her right lung. She underwent a thoracentesis, to drain the fluid, then began chemotherapy again. This was followed by hormone therapy, which she remains on today.

"I've been off chemo for a year now," she said. "It's stable right now. But, like I say, you just keep praying every day and keep a positive attitude. Because, being a patient and having cancer, you just don't know. So every day is a good day for me."

She visits Hackney once or twice a month for monitoring and lab work, and to help ensure she is on the right treatment path. "Dr. Hackney is an excellent doctor. She cares for her patients. If you ask her a question, she's going to give you a straight answer. She does the research, too. That's what I like about her. I can ask her a question, and she will give me literature on it. She will break it down to where I understand it." Carter says that nurse practitioner Gwendolyn Parker and other staff always take the time to address her concerns. "They've been very helpful through the whole process."

Some of the advantages of receiving care at an academic medical center that is designated by the National Cancer Institute, like VCU Massey Cancer Center, include ongoing reviews by a multidisciplinary breast cancer team and access to innovative treatments and clinical trials.

"Dr. Hackney is open to new therapies. If something comes out, and I don't know about it, she will tell me about it. And we sit there, and we discuss it — will it work for me or not work for me?" said Carter.

In the 13 years she has lived with cancer, her son has grown up, graduated from high school and now attends community college. "He was my focal point going through everything. I mainly concentrated on him," said Carter, who is divorced. "I got him through it, and he got me through it."

She enjoys tending to her garden and being active in her church and often visits cancer patients. "I go and talk to patients in my area who are newly diagnosed or just want to talk to someone who's been through it," she said. "I let them know there is hope, and to just keep the faith and everything is going to be OK."

Facing breast cancer recurrence is difficult, said Hackney, but Carter has the right attitude. "She's always proactive, always in good spirits. I never see her down — she's always ready for: `What can we do next? How next are we going to fight this?' She's in the business of living, and that's really what you want to see with anybody who's facing a cancer diagnosis."

Your Journey to Wellness Starts Here

African-American Women Face Special Breast Cancer Challenges

"We don't see as much breast cancer in African-American women as we do in Caucasian women, but when we do, it tends to be more aggressive acting types," said Mary Helen Hackney, M.D., a medical oncologist and associate professor at VCU Massey Cancer Center.

African-American women, for instance, are more prone to triple negative (ER-, PR-, and HER2-) breast cancer. This is a cancer that tests negative for the presence of estrogen and progesterone receptors and doesn't overexpress HER2 protein hormones. While only about 12 percent of breast cancers are triple negative, these cancers are nearly twice as common in black women than white women in the U.S., according to the American Cancer Society (ACS).

"This is a type of breast cancer that needs surgery as well as chemotherapy. That's one of the ones that we want to jump on and start treatment as we find it because we know we can make a difference," said Hackney. "We have our best chance of getting rid of it if we can find it sooner and get treatment started sooner."

More research needs to be done concerning triple negative breast cancer and other forms of cancer that particularly affect the African-American community. "When we think about our African-American communities, we need more people involved in clinical trials, because that is the only way we're going to make a difference."

According to ACS' recent report, "Breast Cancer Facts & Figures 2015-2016," while breast cancer is most prevalent among white women, "black women are more likely than other racial/ethnic groups to be diagnosed at later stages and have the lowest survival rate at each state of diagnosis."

Hackney said delayed diagnosis might be a factor. "We need to get people access to health care. There are some pockets of our African-American community where there is limited access to care," she said.

She notes that the Virginia Department of Health's Every Woman's Life Program helps uninsured, low-income women gain access to free breast and cervical cancer screenings. (For more information, call 1-866-EWL-4YOU.)

And, as with women of all groups, "we need to continue to tell people that cancer is not a death sentence for everybody, and that many people are going to live a long and healthy life after a cancer diagnosis," said Hackney. "So if you see something, please seek treatment."

Ask the Doctor

Is it common for breast lumps to appear suddenly? "It can happen. There are some that can seem to pop up overnight," said Dr. Mary Helen Hackney, a medical oncologist at VCU Massey Cancer Center. "We think that most breast cancers have been in the body for anywhere from five to seven years before they are seen. Sometimes it depends on location; sometimes it depends on your awareness of your body."

Some cancers can grow faster than others. For example, with inflammatory breast cancer, "the breast is often red, swollen and might have dimpling that looks like an orange. And that can happen very, very quickly," Hackney said. "Fortunately, inflammatory breast cancer is very uncommon — accounting for only about five percent of all breast cancers."

Something to keep in mind as well — 80 percent of the lumps that appear in the breast are benign, meaning they are noncancerous. "Nonetheless, a woman should promptly report any lumps or changes in her breasts to her physician," said Hackney.

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Transforming the Standards of Care

Expert attention from dedicated nurses defines the Thomas Palliative Care program at VCU Health.

When critically ill patients want to talk, Felicia Noland, RN, knows to stop what she is doing to be near their bedside. "You use eye contact and body language to let them know that, at that moment, you're right there with them," she says.

Noland calls it "being present," and it's a philosophy that pervades the Thomas Palliative Care Unit at VCU Massey Cancer Center, where patients not only cope with the pain of cancer, traumatic brain injury, or end-stage heart or liver disease, but are often coming to terms with dying.

"Important conversations can happen at any time," says Bart Bobb, APN. "We have the support here to help our patients right away."

Noland and Bobb are part of the unit's multidisciplinary team that includes physicians, fellows, socials workers, a chaplain, a pharmacist and a psychologist, all specially trained in palliative care. These experts address the holistic needs of their patients through pain and symptom management, as well as emotional and spiritual support.

Care is offered 24-hours a day, seven days a week in the 11-bed unit, located on the fourth floor of the MCV North Hospital. In some rooms, the hospital's only ceiling fans spin; the circulating air provides comfort to those who are short of breath.

One prostate cancer patient has been in the unit one month. He appreciates how the staff takes him to the hospital's outdoor healing garden for a little break, and how the nurses respond quickly to his calls for assistance. "I don't think that I could find a better place as far as cancer treatment," he says. "They treat me wonderfully."

Dorothy Martin of Lynchburg says, "The nurses are very attentive to their patients. We are their number one priority." Martin is recovering in the unit following radiation treatments for pancreatic cancer.

In the family room, volunteers like Barbara Geer provide comfort to families, preparing iced tea and coffee, and baking cookies in the afternoons. The visiting family members "are often quite upset. Sometimes they need someone to talk to," she says. Geer's husband, Tommy, was a patient in the unit before succumbing to cancer in March 2002. "He died very quietly and peacefully and in no pain. Everybody here was very supportive and caring," says Geer, who has volunteered for the unit since December 2002.

Contrary to what many believe, the facility is not just for hospice patients, says Bobb. Many of the patients are also seeking aggressive treatments, such as chemotherapy, even as they get their pain under control. About 70-75 percent of patients will be discharged from the unit.

The specialized team also provides on-call palliative care consultations for patients throughout the VCU Health System. Additionally, outpatient care is offered through the General Oncology Clinic in the North Hospital, a satellite oncology clinic in Stony Point, and an embedded clinic within the bone marrow transplant program. Some patients come to the clinics once a month for care.

Both inpatients and outpatients are regularly asked to rank their pain and various symptoms on a scale of 1 to 10 using the Edmonton Symptom Assessment Scale (ESAS). "That gives us a way of really making sure that we know what's going on with the whole person," says medical director Danielle Noreika, M.D. "Let's say you come in with severe pain and you fill out the rest of your ESAS and I see that you're also having a lot of problems with anxiety, depression and sleep. Those are going to make your pain experience worse, and that's something that is important for me to know to address."

Care is patient-centered, with treatment plans aligned with the individual's wishes. When providing support to dying patients, palliative care "can often go against the grain of conventional medical wisdom because we can operate in the here-and-now as opposed to the future," says Bobb. For example, high-dose radiation is used to shrink tumors for comfort rather than curative purposes. Similarly, large doses of oral steroids — normally limited because of their potential for harmful long-term side effects — can help relieve pain, nausea, bowel obstruction and swelling, including brain metastases, in terminal patients.

The nurses also provide support to family members. "I nurse the family as much as I nurse the patient. As illness progresses the roles change and you have sensitive conversations and you embrace mortality — those things hit everybody deeply," says Dawn Quinn, RN, a nurse for 43 years.

Staff members go to extraordinary lengths to fulfill special requests for patients—whether holding a wedding onsite or decorating a room in a beach theme for a patient who dreamed of a Hawaiian getaway. One patient in her final days was reunited with her beloved horse in the Massey Cancer Center valet parking circle.

"The nurse took the patient outside in her bed — it was a nice day. They brought the horse, and let it out of its trailer, and the horse was able to put its muzzle up to the patient. It just was remarkable," says nurse clinician Laura Shanks, CNS. "It pulls at you."

Your Journey to Wellness Starts Here

CHILDREN'S HOSPITAL OF RICHMOND AT VCU

MASSEY CANCER CENTER

VCU Health was the first hospital in the state to receive the Joint Commission's Gold Seal of Approval for advanced palliative care. This included both Massey Cancer Center and Children's Hospital of Richmond at VCU.

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Palliative Care

Unit Approved for Facility Dog

The Thomas Palliative Care Unit at VCU Massey Cancer Center is about to take the therapy dog concept to a new level by adopting a facility dog.

"We're really excited about it," says Nurse Manager Jessica Gray, MS. "It's kind of like we're waiting for a baby."

The idea, approved unanimously by staff, was inspired by the success of a similar program at the Virginia Treatment Center for Children, a VCU Health pediatric psychiatric inpatient unit. Gray applied for a dog through Canine Companions for Independence, a national organization that breeds, trains and places service dogs and facility dogs, which are a mix between Labrador and Golden Retrievers.

Following an extensive application process, Gray attended an interview at the organization's Northeast Regional facilities in Long Island. In September, VCU Health was approved for a dog, and put on the 6-12 month waiting list — though Gray says it could be sooner. Once the dog is available, she will return to Long Island for a two-week team training program.

While the unit currently participates in the volunteer-run Dogs on Call program, the pets are limited to two-hour shifts. "Given that VCU Health is a large organization, it's kind of hit or miss when you might see a dog." The new Canine Companion will be able to work up to 40 hours per week in the unit, with a kennel available for breaks. "The dog will come and go to work with me," she says.

Visits with dogs — whether a therapy dog or a family pet — are extremely popular with patients. Research shows that "even 10 minutes of a dog laying with a patient calms the patient's breathing, can help to decrease pain, stress and anxiety," she says, noting that taking pet breaks can help staff as well. "Certainly, our staff up here deals with a lot of intense emotions, feelings, death and dying on pretty much a daily basis."

The dogs are trained in over 40 different commands, and patients can work on their strength or Activities of daily living, by brushing them or throwing balls to them, she says. "Sometimes patients aren't responsive to anything or anybody, but you bring an animal in and sometimes they wake up.

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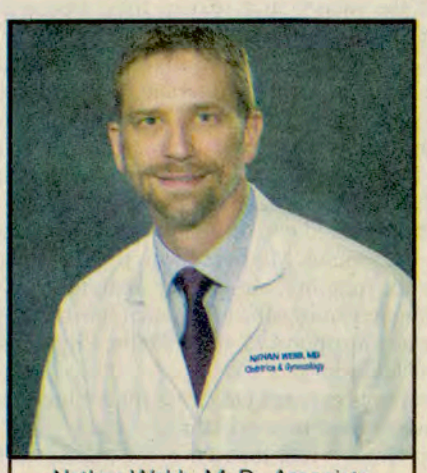
Your Journey to Wellness Starts Here

Understanding Your Fibroids

VCU Health offers minimally invasive treatments for gynecological patients



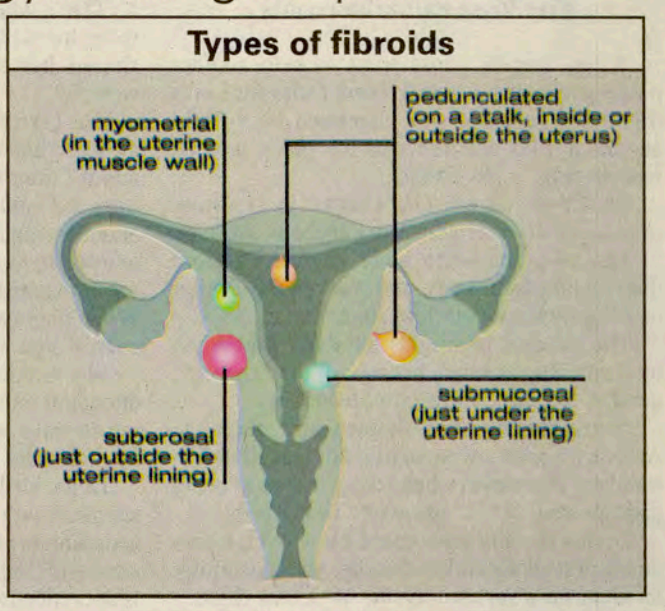
Nathan Webb, M. D., Associate Professor, Medical Director of Centering Pregnancy, Obstetrics and Gynecology, VCU Health

Up to 80 percent of all women will have uterine fibroids during their lifetime, though only about a quarter of them will be symptomatic and need to seek treatment. For some, the problems can be severe.

"Imagine having your heaviest menstrual bleeding daily for weeks on end, or having unpredictable light to heavy bleeding month after month. This is debilitating for some women," said Nathan Webb, M.D., an associate professor and medical director of Centering Pregnancy in the department of obstetrics and gynecology at VCU Health. Some of his patients feel uncomfortable leaving the house because of it. Side effects can include anemia, pain and even infertility.

There are common misconceptions about the uterine growths. "I think many believe that if they have fibroids, they'll probably have to have a hysterectomy," he said. "And that's absolutely not the case."

VCU Health offers a variety of minimally invasive procedures for the treatment of fibroids. "The surgeries involve smaller incisions, which can result in easier recoveries," said Webb. "Some women even have the option of having their uterine tumors removed in an outpatient setting. Regardless of the severity of the symptoms, patient education is key to understanding fibroids and their treatments."



Detection and Symptoms

Fibroids are smooth muscle tumors that usually arise in the uterus, almost always in pre-menopausal women. They are almost always benign. "In terms of size," said Webb, "they can range from small, pearl-shaped seeds to very large — even the size of a cantaloupe. Patients can have a single fibroid or many dozens."

As far as symptoms, "how they manifest is determined entirely by size and location of the tumors. Patients may be completely asymptomatic if the fibroids are small or even missed if they're occurring in a location outside the cavity of the uterus," he said. "Many people have them, and they don't even realize it."

Sometimes the fibroids will show up incidentally on another test — such as an ultrasound during a pregnancy. Such discoveries are no cause for alarm. "I think it's important for folks to understand that just the presence alone of a fibroid is not a reason for surgery," he said. "Often, if it's not causing you any issues you can ignore it."

For many women, though, the problems are too significant to ignore. Heavy, prolonged periods, menstrual irregularity, pelvic cramping and bloating are some of the common symptoms of fibroids. "With great size, they can also cause pain, along with urinary and bowel issues," said Webb. "Sometimes they can affect fertility and increase the risk of spontaneous miscarriage."

Women should report any symptoms to their gynecologist. Their doctor will likely undertake a pelvic exam. Imaging such as an abdominal or transvaginal ultrasound, or an MRI can confirm the presence of the tumors.

"How you treat fibroids depends on many factors, including the size and location of the tumors, the wishes of the patient in terms of plans for childbearing, and the degree of bleeding they may have," said Webb.

Uterine Fibroid Embolization

One of the easiest ways to remove fibroids is through Uterine Fibroid Embolization. This procedure involves catheterization rather than surgery. The procedure, which takes about an hour, has been clinically shown to reduce bleeding and other symptoms by about 85 to 95 percent.

Here's how it works: In the procedure, the patient is conscious but sedated. An interventional radiologist will make a small incision and insert a thin tube known as a catheter into the patient's femoral artery, located in the upper thigh. Tubing is fed through to the uterine arteries, and the radiologist will view the area through a special X-ray known as an angiogram.

Tiny plastic or gelatin particles are next injected through the catheter into the blood vessels that carry blood to the fibroids. The particles form together to block off their blood supply. The action causes the tumors to shrink and, dissolve over time.

Most UFE patients remain in the hospital overnight, then are discharged the next day. After a follow-up appointment, generally, women can return to their work and daily routines within two weeks. At three-month and one-year appointments, the treating physician will use ultrasound imaging to review the changes in the fibroids.

"It's not definitive; with UFE, the fibroids can sometimes recur," said Webb. "But it is an excellent option for people who are wanting to avoid a more invasive procedure."

Hysteroscopic Myomectomy

This outpatient procedure involves the physician inserting a long, thin scope into the vagina, then passing it through the cervix and into the uterus. The scope has a light on it and a camera attached to allow the surgeon to view the uterine cavity on a screen. Once the fibroids are located, they are removed using an energized wire loop. Recovery time is usually one to two days.

"We'll remove fibroids hysteroscopically if they are discreet masses that project into the cavity of the uterus and can be easily accessed and removed," said Webb. "Women who have these tumors in the cavity of the uterus usually have significant bleeding, and this can help control those symptoms."

Additionally, such patients "are often profoundly anemic or at least have some degree of anemia, so we're doing this to allow for a recovery from that as well." The procedure does not affect fertility.

Minimally Invasive Surgeries

The department of obstetrics and gynecology at VCU Health offers minimally invasive interventions for the removal of fibroids under general anesthesia. A hysterectomy involves the removal of the uterus, rendering a woman infertile. Frequently, the ovaries are removed as well. A myomectomy leaves the uterus in place. Generally, the patient of either surgery goes home the next day.

"Myomectomy isn't something we offer to everyone who has fibroids. We prefer to offer it to those who are trying to preserve or improve their fertility," said Webb, noting that fibroid recurrences are common in this procedure.

With the laparoscopic method, the surgeon will make small, usually 1-centimeter incisions in the abdomen then insert long, tools to remove the fibroids. Like hysteroscopy, a small scope with a camera is placed in the abdomen to allow surgeons to view the procedure on a monitor.

Laparoscopic procedures are sometimes performed using the da Vinci® Surgical System, a robotic technology. The method is the same, but the surgeon manipulates robotic arms to conduct the procedure. "Although the robot holds the instruments, the surgeon is in complete control," said Webb.

During laparoscopy, sometimes large fibroids must be broken up with an instrument called a morcellator. Where once fibroids and the uterus were morcellated in the abdominal cavity, today they are enclosed in a bag and brought up to the surface of the abdomen through the incision. They are then broken up in the bag, to avoid "seeding the rest of the abdomen with cancer if these tumors are malignant," said Webb.

"Once removed, fibroids are sent to the pathology lab — though most are benign," he said. "The rate of those cancers is quite low — I believe three to seven per 100,000."

An additional minimally invasive method for hysterectomies is the vaginal approach. "All incisions are made within the vagina, and the uterus is removed by this path," he said. "This is the least invasive method of hysterectomy and has the quickest recovery."

Laparotomy

"Sometimes fibroids cannot be easily removed laparoscopically owing to their large size or location in the pelvis. In these cases, the surgeon may have difficulty safely accessing the vessels that supply the uterus, or there may be a higher risk of bleeding during the procedure," said Webb.

In such instances, it may be safer to perform the hysterectomy or a myomectomy by a more invasive procedure known as a laparotomy. This involves a larger incision in the abdomen, to allow the surgeon better viewing and access to the uterus. This incision can involve either a horizontal incision about 3 inches above the pubic bone or a longer, vertical incision that runs from the navel to the pubic bone.

For the latter, "we choose this approach if it is considered necessary to safely complete the procedure since it affords us the greatest exposure," he said. "Often we will use it if the uterus is very large."

"Patients requiring a laparotomy usually stay in the hospital for three to four days following surgery. They have a greater risk of blood loss, pain and infection, and a slower return to bowel function than those who were treated laparoscopically," said Webb.

"Recovery is slower with a larger incision in your abdomen, and you're limited a bit more by pain," he said. "Nonetheless, most women who undergo these surgical approaches, be it vaginal, laparoscopic or through a laparotomy, are overjoyed because it allows them to control their symptoms — many of which have had a very significant impact on their quality of life."

Follow Up

After surgery, regardless of which approach is used, the gynecologist will see surgical patients back in four to six weeks. "We'll assess their incisions to see if they are healing appropriately and review their pathology with them," said Webb. Usually, that's the time when most patients are released back to work.

"While the options for the treatment of fibroids are many, we tailor the procedure to the patient's needs," he said. "I'm proud that my colleagues at VCU Health are very much interested in arriving at a plan that suits the patient best, one that they're happy with."

Medication

Hormonal therapies can offer short-term relief from fibroid symptoms. These hormonal therapies induce a temporary chemical menopause by reducing estrogen levels, "and very effectively reduce the size of the fibroids and improve symptoms," said Webb. Unfortunately, the fibroids often re-emerge when the medication is discontinued.

The agents are sometimes used before surgeries. "If we have someone that has come to us with fibroids, they have heavy menstrual bleeding, and they are profoundly anemic, then we will consider giving them a dose of Depo Lupron. It's an injection that lasts for about three months," he said. "That would give us a little time to put them on an iron supplement, to improve their hemoglobin, their anemia, in preparation for surgery, so they're starting off with the best possible chance of a good recovery."

"When it comes to pain relief, non-steroidal anti-inflammatory (NSAIDs) are the preferred choice of medication for fibroids," he added.

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