

**About Health TV with Jeanne Blake**  
**Breast Cancer: Magnolia's Story**  
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[VIDEO CLIP]

MAGNOLIA: When I heard the news, I just felt like I didn't have control over my life any more. I didn't know what the future was going to look like, and all of a sudden the future sort of passes right by me. That's all I could think about.

[END CLIP]

JEANNE BLAKE: "You have breast cancer." Every woman dreads hearing those words. On this edition of *About Health TV*, you'll meet Magnolia Contreros, who is undergoing treatment for breast cancer. While most women fear the disease, they believe it will happen only to middle-aged or older women. Magnolia is 34 years old.

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MAGNOLIA: The question around who's at risk and who isn't is so hard to say, because do you recommend treatments, do you recommend – several other young women, younger than I am, everyone that I talk to is as surprised as the next person in terms of when they've heard their diagnosis. So it's hard for me to figure out what's the thread. And I've had the same conversation with others, who say, "I don't have risk factors, I don't have family history." I think it's sort of my experience of it just jarring.

[END CLIP]

JEANNE BLAKE: Magnolia, thank you for joining us.

MAGNOLIA: You're welcome.

JEANNE BLAKE: How did you learn that you had breast cancer?

MAGNOLIA: I had a pain in my right arm for about four or five days. I remember going in to the office and asking a colleague about this myth with breast cancer, that if you feel the tumor and it moves, or it doesn't move, I'm not quite sure what the myth was, but what she said to me was, "Well, regardless of the myth, you need to go see your doctor." So I went to see my doctor. He referred me to a breast specialist. I had a mammogram and some other tests. The breast specialist then suspected that there was something wrong, did a breast biopsy, and a couple of days later called me on the phone and told me that, indeed, the biopsy was positive and I had breast cancer.

JEANNE BLAKE: Did you have a lump? Could you feel a lump?

MAGNOLIA: I did not feel a lump. I felt like I may have pulled a muscle. But after going to see my doctor, I started digging around, and I couldn't touch myself, I just kept checking and checking. Then, I think about a week later, I could feel that there was a mass there. But it took a while.

JEANNE BLAKE: Just four or five days of feeling pain, and you went to the doctor.

MAGNOLIA: That's exactly right. I mean, I think I was lucky. I would have tended to just wait it out and keep taking Advil or Tylenol and not gone. Too many other things going on. But there was something about needing to go and getting taken care of, and I'm glad that I went as quickly as I did, because it turned out to be cancerous, and I had surgery within the week of the specialist giving me the results.

JEANNE BLAKE: So many women that I know that have lived with breast cancer have searched in their minds what they could have done. A friend of mine was diagnosed at the age of 42, and I remember her telling me, very seriously, "You know, I wonder if it was eating so much hot food," or, "I eat so much candy." Have you gone through that? You have no family history of the disease –

MAGNOLIA: We have no family history on either side of my family, so it's difficult for me to figure out how, what I could have done to get this. I don't think I had that reaction. The reaction I've had is telling all my girlfriends that I took the bullet for them. One of us had to get it, and it was me, and they're happy that it was me.

JEANNE BLAKE: I'm sure that's bittersweet.

MAGNOLIA: Of course, of course. They've gone through this with me.

JEANNE BLAKE: African-American women with breast cancer are less likely to survive for five years than Caucasian women with breast cancer, and clearly one reason is a lack of access to healthcare.

MAGNOLIA: I think that's actually quite true. I think the lack of access does not allow us to get diagnosed as early as one should, in order to improve the death rate. So by the time we get into the healthcare system and get diagnosed, their disease is further along. I know, for me, having gone as quickly as I did, certainly has made a difference.

JEANNE BLAKE: But there's also a stigma attached to it, and clearly you are being so open about it, you don't feel ashamed of having breast cancer. I just wonder if you could shed some light on why some women do find it to be shameful.

MAGNOLIA: I think it's connected to fear and the lack of education about what breast cancer is. Folks have talked to me about the fact that I've been so open with it, and I just feel like it's important, because we can educate other people about who gets diagnosed. I would have never thought that at 34 I'd be dealing with breast cancer. So the only way that I knew how to, in some way, deal with it was to share it with other people. Yet I do pick up that there is a sense of, perhaps, you shouldn't tell people what is going on. I think it's lack of information. I think it's such a personal thing. It is about a breast.

JEANNE BLAKE: That lack of education is one reason that you said that you wanted to do this interview, so let's talk about what your treatment was like. You underwent 18 rounds of chemotherapy.

MAGNOLIA: Yes, and they were very difficult. The first chemotherapy session was like going into a different world.

JEANNE BLAKE: It must have been so frightening.

MAGNOLIA: I don't even have words. I sat on a couch, they put an IV in my arm, and just kept changing the different medications that I had to take. I remember leaving there, I think that day was like a six-hour day, feeling so dirty, if I can say it in those words, because I just couldn't get out of my mind that my body was to be poisoned. And not until, I believe, the third chemotherapy session could I sort of get out of that mindset and realize that it was bad things going in my body in order to make me healthy. But truly, the side effects were horrible, for the whole time, all six months. For me, the worst were towards the end, but nonetheless, I lost my hair, there were period of time that I really couldn't eat, I did

lose some weight, about 10 pounds, I had trouble sleeping, hot flashes that would keep me awake at night. And I still have a lot of those symptoms. But you sort of get through it.

JEANNE BLAKE: You make the decision that the chemotherapy is –

MAGNOLIA: That's right. And for me, knowing that either breast cancer was going to kill me, or chemotherapy was going to kill me. Neither one is going to do that. So I did the best that I could to manage the side effects and to get through it.

JEANNE BLAKE: And then you began radiation. What was on your mind the day that you started radiation?

MAGNOLIA: That it was never going to be over, because it's every day. So my mornings start with me getting up in the morning and going to the hospital and getting radiation. It's a chore. By the second week, I thought, Oh my God, I still have another month of this? And just had to refocus myself and say, again, This is a horrible thing for a short period of time.

JEANNE BLAKE: We followed you through radiation, so that we could show our viewers what it actually looks like, and we talked with some of the technicians and caretakers, so let's take a look.

[VIDEO CLIP]

RADIATION TECH: What we're doing now is, we're setting another area that we're going to treat on Magnolia, we're going to set that up. We don't like to have any kind of overlap between the areas that we treat, so it's very important that we have a nice even line from one field to another, so that there's no overlap of the radiation into each field. What we do here is, we're going to administer her radiation therapy right now. This is where we come. We can't be in the room with her, so we just step out and watch her on the camera and listen to her on the intercom. If she needs us, we can hear her. Everybody thinks of radiation and they get all, "I'm going to be radioactive when I leave the room. Am I going to affect my family and friends if they come and visit me?" And it's really not, it's just a treatment in the room, and when you leave you're fine, you can interact with people. You don't feel anything, you don't see anything, and it's very easy to go through. She's a great patient.

MAGNOLIA: I just kind of space out, partly because one of the things I can't do is move, so I have to lay there as still as possible. And the other part is, just emotionally it's a weird experience. So I

just sort of take it in, and talk to the light, and kind of let go of it. But for the most part, it's usually the time when I try to think about, This is really real for me, from an emotional level. It's probably the one time of the day where I can accept. And then life goes on.

[END CLIP]

JEANNE BLAKE: You say life goes on, and that you haven't missed a lot of work, and I think that tremendous support that you have from your friends and your family, and your colleagues at work, does make all the difference.

MAGNOLIA: Yes, it does. I don't think I would have been able to get through this without their support. Every so often I would get home from work, and I would have cards at home from friends that were just thinking about me and sent a card, or someone leaving a message saying, "Do you need anything? I can give you a ride if you need to go to chemotherapy." So for me it has made a huge difference. I don't think I would have done as well if I didn't know that I had that level of support.

JEANNE BLAKE: It's also really important that you have a connection with your doctor and the people that are taking care of you, and clearly you have that with your doctor.

MAGNOLIA: For me, it was incredibly important to have a doctor who I had faith in, and I could trust, because I didn't have to worry about what was going on medically, and I could do that with the team of doctors that I had, and nurses. I didn't have to worry about anything, other than just being a patient and doing what I needed to do to take care of myself.

JEANNE BLAKE: But sometimes that means, when a woman isn't as lucky as you are, it means really advocating for herself.

MAGNOLIA: Yes. And the worst position that one can be in when going through chemotherapy is also needing to be your own advocate. In those circumstances, one would have to be, or get one of your friends or family members to be your advocate, because sometimes we just don't have the energy. But I've been lucky in that regard. I went to one of the best institutions for this, and just felt taken care of every time I walked in there.

JEANNE BLAKE: Your doctor comes with years of experience about what you can expect in the post-treatment phase. Let's listen to what he has to say. He says that in many ways it will be as challenging, really, as during the month that you were getting treatment. Let's listen.

[VIDEO CLIP]

DR. COME: I think it's just such a major change if someone has never confronted illness or their own mortality, to all of a sudden understand that this is a clear and present risk, and that even though things are likely to be pretty good, nobody can really say for sure, which is both frustrating, and it's also a little maddening at times, when friends or loved ones are trying to reassure a person, saying, "You're going to be fine. You look great." The person knows that they might feel fine, they might look great, but nobody really knows the future, so sometimes the reassurances fall a little bit short, or even sometimes have the opposite effect of driving a person into a little bit more despair. There's a very common disconnect at the end of therapy, when family members and supporters always feel this is a time of great relief, the treatment has stopped, you should feel great, no more chemotherapy, your hair is growing back, no more needles, let's party, while the patient is feeling more blue than ever, because during therapy the biggest concern is just getting through therapy, dealing with the side effects and the day-to-day. When that's taken away, what's left over is all the imponderables, like why did this happen to me and what is the rest of my life going to be like and is this going to come back? Again, remembering how difficult all this is, and you may hit some blue periods. Sometimes it's clear why that happens, because you just heard about somebody you know who has breast cancer who isn't doing well. But sometimes it isn't anything that you could put your finger on. You just have to expect that some of that happens, and that's normal. So it's not like there's a mental health problem, it's a normal reaction, I think, to what you've been through. It's a project. It's like a year's project. And the hardest part of it, I think, is not even any of the fear, it's the adjustment to the uncertainty of it all.

MAGNOLIA: That's what I'm going to have a hard time with.

DR. COME: Well, you're 34 years old, you're supposed to be invulnerable, and then all of a sudden you have an illness that somebody says you might die of, that you're probably going to do okay, but nobody really knows for sure. That's a real status change, compared to where you were at age 33, and I think that's always the toughest piece of all of this.

MAGNOLIA: Yeah, the rest of the life after this ...

DR. COME: Like how do I make plans, do I put down that deposit on a summer rental for next summer? ... And here the other thing that is very related to that is, you know, when you've been healthy, your feeling is, if you get a runny nose it's a cold, you don't think anything of it, you work through it. If you've had a serious illness, whether it's a cancer or a heart attack or whatever, everything that happens is seen through the prism of, like, Uh-oh, is this the cancer coming back? So now, when you get a runny nose, it might be a head cold, but do I have breast cancer spread to my nose? You know what I mean? So it's a concern, and it takes a little processing to sort of be able to say to yourself, No, Magnolia, this is just a cold, and I don't have to worry that everything that I feel or that happens to me is due to the cancer. I think that happens in time, but time deserves its respect, and you just have to be patient.

MAGNOLIA: I will promise to be patient.

[END CLIP]

JEANNE BLAKE: Your last day of treatment happens to coincide with your 35th birthday. When we were at work, your friends said, We're going to celebrate that day. So you have a slightly different take on what that might be like for you, how you might feel emotionally on your last day of treatment.

MAGNOLIA: Yeah, I often feel like it's going to be a very sad day for me, and I think it's going to be a wonderful day.

JEANNE BLAKE: How so?

MAGNOLIA: Well, I think it's going to be a great day, because it'll be the end of radiation. And how ironic is that, I end the treatment on my birthday. I think it's going to be very sad, because I honestly am in a place of not quite knowing what the future holds for me. I have a need to understand why did I go through this, why did this happen, and reevaluate my life, take stock, if that's the appropriate way of saying it. And that's what I'll be going through. The next three years are going to be critical. If I get another breast cancer within these three years, it will not be good for me in the long term.

JEANNE BLAKE: I recently talked with a doctor who said that when we're well we think that illness will never happen to us. And yet, once we're sick, it never leaves our minds. Do you think that every day, like Dr. Come said when we were visiting him, that any ache and pain will – I mean, you had a

pain under your arm. I still can't get over that that led you to the doctor for an early diagnosis, which is so great. But I would imagine especially because of that, there will be a tendency to be supervigilant.

MAGNOLIA: The vulnerability I feel now about my body and about illness is going to make me have to focus on every little thing. If it's something with allergies, I'm going to go to the doctor and find out to make sure that it is. Because for me, this really came out of the blue. It really came out of the blue. These next three years are going to be critical. They are going to be on my mind every day.

JEANNE BLAKE: So you pay close attention to your body, obviously, and you have, and I'm just wondering what your message is for other women who might not be paying so close attention to their bodies, for a lot of reasons – women are very busy, there are a lot of demands on them. But what's your message?

MAGNOLIA: It's to pay attention to your body. Now, I am lucky that I paid attention. I would have been too busy to get to the doctor, couldn't get out of work, couldn't fit it into my schedule. And I just did. Something said, It's really important for you to do this. I went to the doctor, I took the time. And I think that, for me, that was critical. I would say the same to other women. Take the time, go see your doctor, call them, do whatever you need to do to get the peace of mind for whatever medical issue it is. With breast cancer, time would have been my enemy.

JEANNE BLAKE: We wish you continued good luck and good health, and we thank you for taking time to share your very important message with people who need to hear it.

MAGNOLIA: Thank you very much.

JEANNE BLAKE: Thank you, Magnolia. And we'd like to thank you for joining us on this edition of *About Health* TV. We leave you with final words from Magnolia:

[VIDEO CLIP]

MAGNOLIA: Something about taking stock and trying to understand what this is about. Why did I get it? What does it mean for me to have gone through this, and for the rest of my life, am I going to have kids? Am I going to get married? All those things are up in the air. I don't know what I can say about it, other than this sense of not knowing what the future holds. ... I'm happy that I'm done with treatment. It's eight months later ... taken a huge amount of my energy and time and focus, so I'm ecstatic that it's going to be over. But then I have to live. But now I have to live with this idea of having

this illness, and I don't know that I quite know how to do that yet. I just don't know that I know how to do that yet, so I'll do what I do, sort of take one step at a time, one day at a time. But it certainly makes you question a lot. What am I supposed to do with myself now? Did I take a wrong turn somewhere in my life, and am I supposed to be focused on something else? I don't know, whether it's work or personal. But I have to go through a period of just reevaluating who I am and my spiritual self, to sort of feel like I have done a 360 of capturing who I was before breast cancer, who I'm going to be after, and somewhere still keep a sense of who I am. Because right now, I can only sort of look back at who Magnolia was before this, and I'm not sure who she's going to be in the future.

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