

***About Health with Jeanne Blake***  
**Breast Cancer: Magnolia's Story Update**  
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JEANNE BLAKE: Welcome to *About Health*. I'm Jeanne Blake. African-American woman under the age of 45 have a higher incidence of breast cancer. Researchers say the reason for this higher incidence remains unclear. Magnolia Contreras learned at the age of 34 that she had breast cancer. Three years later, she is cancer-free and joins us for a second time on *About Health* to talk about life as a cancer survivor. Magnolia, welcome back.

MAGNOLIA: Thank you very much.

JEANNE BLAKE: You look fabulously healthy.

MAGNOLIA: Well, thank you, and I am healthy.

JEANNE BLAKE: When we last met, you were having your final radiation treatments, three years ago last month. For the viewers who don't know your story, I'd like to just give a little background. You felt a pain, and oftentimes we hear that there isn't usually pain associated with breast cancer. Not true for you.

MAGNOLIA: Correct. I, about four years ago now, I guess, had a pain under my arm; I thought that it was a pulled muscle. It wouldn't go away. I went to the doctor –

JEANNE BLAKE: At the urging of a friend.

MAGNOLIA: Yes, at the urging of a friend, that's correct. And luckily I was in a place that I could hear her, so I did, I went to see a doctor, and within a week I was told that I had breast cancer.

JEANNE BLAKE: And at the age of 34, and you didn't have a family history of it?

MAGNOLIA: No family history that we could trace. I personally was not someone who one would consider at risk for breast cancer, or any cancer. I was healthy. I should exercise more, but don't feel like I have any of the behaviors that would be attributed to breast cancer. So it was literally an out-of-the-blue diagnosis.

JEANNE BLAKE: And a huge, huge, shock?

MAGNOLIA: Incredibly huge shock.

JEANNE BLAKE: Do you remember what your first response was?

MAGNOLIA: Not me. What are you talking about? You're talking to the wrong person. How is this possible? I see no reason for this; I've done nothing to contribute to this. Are you sure your tests are right? I have a lot of things that I need to do, so you have the wrong person. I'm too busy for this. And regardless, indeed it was, clearly, and within 48 hours of the diagnosis I had surgery.

JEANNE BLAKE: Tell us what they found in that surgery.

MAGNOLIA: I had a lumpectomy, and what they found was a sizeable mass, which obviously indicated that that was the abnormality, and they removed numerous lymph nodes and they found that nine, indeed, were shown to really confirm the diagnosis. So I had those removed, and that was conclusive, that needed chemotherapy and follow-up with radiation.

JEANNE BLAKE: Did you do self-breast exams?

MAGNOLIA: At that time, I would, but not in a consistent way of one who is supposed to supposedly every month or every other month. But certainly I'm someone who's attuned to her body, so the shock, obviously, was huge, because I know my body, and I know when it feels right and when it doesn't, and the pain under my arm seemed to me like it was a pulled muscle. There was no way – I could not ever conceive that it was going to be something much more serious.

JEANNE BLAKE: And you couldn't feel it.

MAGNOLIA: I could not feel it, until the doctor pointed it out to me, and then, of course, I was touching it every second that I could to confirm it, to sort of confirm in my head that there was something there that was not supposed to be there.

JEANNE BLAKE: And also, you weren't of the age that you were getting mammograms.

MAGNOLIA: Correct. Like many women who are diagnosed early, in their early 30s, I did not have the demographic age at which one would see a of high concern, so that was an additional shock. And apparently many women who are under 35 are certainly susceptible and not diagnosed.

JEANNE BLAKE: Oftentimes we hear that women of color might be more hesitant to seek treatment or to seek care, and to even get a mammogram, because they want to pretend that – it's denial, basically. But you've seen that there's not so much to be afraid of, and you really encourage people to take care of themselves and get regular mammograms when the American Cancer Society says to get them at 40. What did you learn, through your course of treatment, that you want other women to know?

MAGNOLIA: I think the denial part comes in because of our wish not to be in that environment, our wish not to be ill or have to undergo the treatment that is necessary to address the problem. But a particular problem for all women is the fact that we don't have time for this. We are so busy taking care of our family, taking care of other things. For me, I was very busy chasing my career around, making sure that I was succeeding and moving forward. It's an issue of time and priorities. And I think that sometimes women, we don't put ourselves as priority, and obviously, with a medical diagnosis, you have to, there is no other choice. So that's sort of how I understand why particularly women of color get diagnosed late, because we're just too busy to go to the doctor and really taking care of ourselves, everything and everybody, then putting ourselves last. I found that, with the diagnosis, for me there was no other option. I had to put myself first. I think it was to my benefit, obviously, because otherwise I'm not sure when I would have gotten diagnosed and if, indeed, my prognosis would have been positive, as it was.

JEANNE BLAKE: You say that radiation is nothing to fear, that there are a lot of myths about it, and that it's not as scary, is something you want people to know.

MAGNOLIA: Yes. The process in itself is daunting. Immediately after diagnosis, you are plunged into this new world that, for me, I was not familiar. Certainly have been around medicine and have been working for many years with people with different medical issues. But

when you're the patient, it's a little bit different for a new patient to deal with that. And so chemotherapy, absolutely daunting, absolutely scary for all the reasons. But one of the things that I learned in the process while I was a patient, and even more encouraged now, is that the medical community is working so hard to make the treatments less painful, less difficult, less jarring. And even three years later, with my diagnosis, I know that the treatments are so much better developed for the individual that it's encouraging to know that they're so specific, that they really are tailoring them for the specific person. So a reduction in fear is a message that I want to deliver clearly, and that is also true with radiation.

JEANNE BLAKE: Also, to please get a mammogram if you are –

MAGNOLIA: Well, it starts there, it certainly starts there. I would encourage all women who have a family history to begin immediately, and tomorrow call your medical provider, or immediately call your medical provider and get a mammogram, because if family history, research has shown that there is a link, so women over 40 must get a mammogram every year, at least, and then follow your provider's recommendation, because mammograms are a tool for ensuring that you are paying attention to something that may be happening in your body that you are not aware of.

JEANNE BLAKE: As you know – this is going back to one's busy and one wants to put off – I've had several friends who've had breast cancer, and I know that feeling of what it's like to pick up the phone and make that phone call. I know that if I have breast cancer, I want to find it early. But I still know that I have to push myself, every year, to do it, and then I'm always glad that I've done it, instantly glad that I've made the appointment.

MAGNOLIA: The wonderful thing is that, that first phone call, first of all, it's going to be your life. Second of all, it's probably the hardest but there's this thing that medical providers now have, which is being able to schedule your appointment a year in advance. So you need to ensure that every year it's just a appears on the calendar. Now, when the year comes, you'll have butterflies in your stomach, it's going to be an anxious-filled day, but it's there and our job is to prioritize yourself and make sure that you make that appointment. So there are little glitches in the system that'll help to make sure that not too much time passes before one exam and the other.

JEANNE BLAKE: And then the tremendous relief that usually comes after.

MAGNOLIA: Absolutely. Absolutely. And when the mammogram shows that there is something a sense of home that one needs to have. I am so encouraged by the developments in the medical community, specifically around breast cancer, and all cancer, but breast cancer being the one that I'm more familiar with, that I hope that in a decade it's going to be one of those diagnoses that we all know about, know that we need to do something about to prevent it, but it doesn't become this awful alienating kind of experience, because I am just encouraged by what's happening in terms of science and the ability to put that knowledge into good treatments that will help people not suffer so much of the consequence of that.

JEANNE BLAKE: Magnolia, the first year after treatment was different for you. What was that like, the first year? I know that when people say once you have cancer, it's always in your head. What was that like, the first year?

MAGNOLIA: I think I would define the first year as being one where I needed to ensure that I was physically healthy. My symptoms post-treatment lasted for about 10 months, so most

of that time I was very much filled in my head which you just stated ] because I needed to make sure that I woke up every day with two legs and two arms and two eyes, and that I – all the silly detail of making sure that my body functioned was quite consuming.

JEANNE BLAKE: But explain what those symptoms were that lasted 10 months.

MAGNOLIA: I had many residual effects from the chemo –

JEANNE BLAKE: Can you tell us what they were?

MAGNOLIA: I had, my fingertips became black from the treatment, so I had to spend most of that time sort of growing nails and cutting nails and making sure that the new growth was coming, because it was sort of underneath, sort of blackening of the fingers. Then I had sensations in my fingertips, sometimes I couldn't feel them, and my toes. And certainly pain from surgery and all the other treatments was something constant. I still have the under my arm pretty inflamed most of those 10 months, so that was something that I had to be mindful about, as well as just limited movement of my arm. And then just psychologically hard, that alone is something to pay attention to.

JEANNE BLAKE: How has that changed in the second year? Or did it? I'm making an assumption.

MAGNOLIA: I think the intensity of making sure that I'm walking and breathing every day naturally was reduced for me, and the second year I would say then it evolved into, OK, now how am I supposed to live? I'm physically fine, year one. Year two is, how am I supposed to live. And so year two was very much what I say was a planning year, figuring out how was I

going to assure that I was going to be happy for whatever rest of my life that is, and I was a little bit self-absorbed figuring out, so, if I want to be happy, how am I going to make that possible? That was what that was what I was consumed about.

JEANNE BLAKE: How do you think that having cancer changed the way you looked at what happy meant?

MAGNOLIA: For me, I think it's about recognition that there's a limited amount of time. It's not being morbid and it's not that it rules my life every day but I think I just have a new appreciation for time. I have redefined how I want to spend that time. So there's just a need to embrace what's here now. It's not going to come later, it's not going to come after my career is the place that it should be. It's not going to come after this and that, it's now. I think there's an intended presence that I think that I have in my life that I would have appreciated that prior to cancer. I was too busy. I was chasing something.

JEANNE BLAKE: You're in school now. Have you slowed down? Do you feel that you've slowed down?

MAGNOLIA: I think that I am focused on doing things that are more guided by what I want. I guess I have much more of a sense that I want to be more self-directed. So, now I am in school. I am completing a Master's in Business Administration. I will be done in December and by design I took the fast track in an accelerated program that I would complete in 18 months so that answers the question, no, I haven't slowed down. But I have in some ways because in choosing that program, I knew that I didn't have two years, three years to give to that, that I needed to take this tender time and to it now and do it fast. I am in the executive program getting an MBA and that is by design.

JEANNE BLAKE: When you talk about that you don't have three years to get your MBA, that doesn't mean that you think, I'm not going to be here in 10 years so I have to do this now? Do you feel healthy in that you are living your life as though you have a natural life span?

MAGNOLIA: Yes, I feel like I have a natural life span. But I am also aware that if I don't, in case I don't, that I am living with some mindfulness. I guess that's the difference. The mindfulness of living.

JEANNE BLAKE: and that you don't wake up one day and say, boof, I wish I'd done it differently.

MAGNOLIA: Correct. I don't think that I would have changed the way I would be living prior to breast cancer because at that time I felt like I was living the life that I wanted to lead. In retrospect, no, I wasn't directing my life as much as I should have been and that's probably the gift that this illness has provided me. The sense that I really have control over how I want my life to evolve and I have embraced that. I wish I hadn't had to learn that lesson, but now that I have, it's really important for me to put it into practice and I honestly don't live my life with the sense that I have a time clock. I don't think I would be as engaged in living.

JEANNE BLAKE: I wanted to clarify though because you made me wonder the way you phrased that? I wondered if you felt this sword hanging over you?

MAGNOLIA: No. But I think it would be disingenuous for me to state the fact that I just lives as it comes because I think I have much more of an intentional existence or purpose and that's the case, and so I think it's tough to explain. I don't feel like I have cross, but I also feel that if, for

example, a recurrence itself of breast cancer it's a possibility, so if the possibility is real, I want to be ready and I don't want to have regrets.

JEANNE BLAKE: The ironic thing is that it's real for all of us. I live with an appreciation because I've been a medical reporter, I've seen through my work many people who have died. I've lost many friends to death, in some disproportionately actually. All you have to do is look at the newspaper and see the incidence. I was speaking with a friend the other day, I was saying, why is everyone getting pancreatic cancer? It's just everywhere I look. What is it? Why is there so much pancreatic cancer? Granted, it's my age, but I'm just seeing there are a lot of people that are dying at what I consider to be a young age. I mean you have to be asleep to not know that there is something going on where people are getting sick. Whether it is environmental or earlier diagnosis people are getting sick. I think what you are describing is just having an appreciation of your own mortality.

MAGNOLIA: Yes. I think that that is a unique perspective that those of us who have survived a particular medical illness probably have, and those that embrace it I think use it in a way that it sort of validates having cancer.

JEANNE BLAKE: A very practical question? You said that you are not exercising as much as you would like to and you probably know that you should? Right?

MAGNOLIA: Absolutely.

JEANNE BLAKE: The American Cancer Society says 30 minutes a day, five times a week.

MAGNOLIA: Yes, yes. My family, particularly my sister and my brother-in-law they would have a lot to say about my inability to carve out time to exercise but I balance it out in other ways.

JEANNE BLAKE: Let's hear that? I want to know how has your diet changed? What are you doing differently?

MAGNOLIA: Very much. Certainly, I tend to lean towards more natural foods. I am much more mindful about the quality of food that I eat and what I eat. I was that way before but now it's truly, truly I'm mindful about that. I certainly, I exercise not to 30 minutes every single day, but I'm mindful of the fact that I need to do that and still take opportunities to do that. I sleep, I take care of myself in that regard. I take a vitamin and do all the soft things except for the exercising part that I probably should do better at.

JEANNE BLAKE: That's interesting that it has affected your whole body like that?

MAGNOLIA: Like you, of course, with my diagnosis, I have learned of so many of my friends who have also been diagnosed and developed a little sisterhood. That's actually something that's very consistent. We try to control the things that we can. So the issue around exercising and eating right is something that we feel like we can control. One of my very good friends is much more mindful about her need to exercise and eat right. You have to control some things because if there's anything that one can do to provide a recurrence you'd be foolish not to.

JEANNE BLAKE: After you were on *About Health* the first time, you got some attention for it and a lot of support, you might want to describe some of that? Have you found yourself wanting to be more available to other survivors of cancer?

MAGNOLIA: I have. But I've done it privately. After our show several years ago, I received several letters from people acknowledging how the program had helped. That was very

encouraging, and want to do that much more but because so many of my close friends have been going through this, it has felt much more helpful for me to be present with them and, it's so funny, because it's not as if I'm there feeding them when they come home from Chemo or surgery but it's much more sort of the recognition that we don't even have to talk about it because I know and I have a sense of what you're going through. That is just this quiet support that we share and are able to say it's going to be fine. Or, no, you're not crazy. So unfortunately, I've had to do that much more in a private way, with the way in which this has impacted my life. I have also had the opportunity to have my story be published in one of the cancer survivor books with the Armstrong Foundation and occasionally have done some public speaking about it. I think that it's helpful to me but also helpful to other women because it's always a challenge to see women who have gone through this and have made it through. We sort of get lost in living and forget that indeed, it is a horrible experience .

JEANNE BLAKE: That's the most important message I think to be able to look down the road and be able to see someone like you who can describe what it was like to go through your treatment and that it was difficult and challenging but here you are today and you are getting your MBA and you've got a full, whole life.

MAGNOLIA: Yes, and folks that don't know that I'm a breast cancer survivor, it would never even occur to them.

JEANNE BLAKE: Of course not.

MAGNOLIA: That I have that history. And that's perfect.

JEANNE BLAKE: Magnolia, thank you so much for coming back and it's wonderful to see you looking so well and doing so well and we appreciate all of the hope that you are giving people who listen to this program and read it on line.

MAGNOLIA: Once you get through the treatment and the difficult phases, you have the rest of your life.

JEANNE BLAKE: There you go. All the best to you. Thank you.

MAGNOLIA: Thank you.

JEANNE BLAKE: And we thank you for joining us on this edition of *About Health*. I'm Jeanne Blake. I'll see you next time.

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