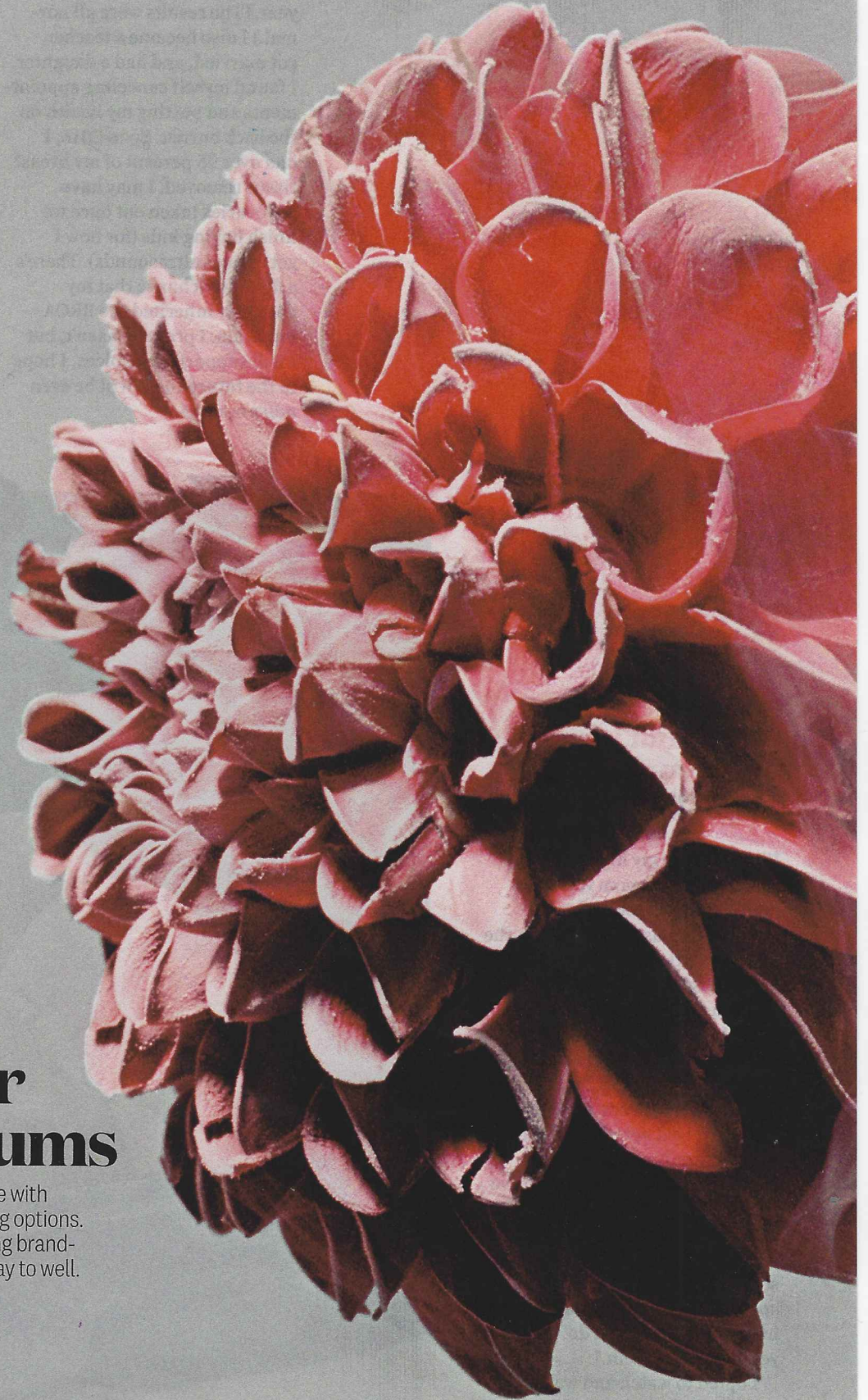


health



Cancer Conundrums

Facing the Big C can come with thorny choices yet blossoming options. Here's how women are finding brand-new possibilities along the way to well.

By Jane Bianchi



of ultrasounds, MRIs, and mammograms up to three times a year. (The results were all normal.) I also became a teacher, got married, and had a daughter. I found myself canceling appointments and putting my health on the back burner. So in 2016, I had over 95 percent of my breast tissue removed. I may have my ovaries taken out once we finish having kids (for now I get annual ultrasounds). There's a fifty-fifty chance that my daughter inherited the BRCA mutation. I pray she hasn't, but I will support her choices. I hope in the future there will be even *more* options.

“Should I focus on ‘someday’ or just get through today?”

SARA KRISH, 36, REDONDO BEACH, CALIFORNIA

“I don't like the way this area looks.” That's what my gynecologist said as she examined my cervix for clues to why I'd started to bleed after sex. Needless to say, I was anxious. A few days later, she broke the news: I had cervical cancer. I would need to have my cervix removed—and, if the cancer had spread (it had), other reproductive organs too. I was 30. Amid my fears, one thought stood out: I would never be able to carry a child.

Advances in cancer prevention, diagnosis, and treatment are helping women live longer, healthier, happier lives. That is news to cheer about, for sure. But those breakthroughs have also opened the door to decisions that don't have easy answers. Ashley, Sara, and Cindy each navigated tricky situations. Now they're bravely facing a new normal—and sharing all.

“I grappled with my choice, but it was one my mom never had.”

ASHLEY DEDMON, 32, MISSOURI CITY, TEXAS

Weeks before my high school graduation, my mom was diagnosed with metastatic breast cancer. She was just 48. When she lost her battle four years later, I was devastated. Concerned about my own odds, I took a genetic test when I was 22. It revealed I was BRCA2-positive, which significantly raised my risk for breast and ovarian cancers. My oncologist discussed hormone therapy, regular monitoring with time-consuming testing, or preventive removal of both breasts—on their own or with my ovaries. I felt this was aggressive, but then she said something that changed my perspective: “Your mother didn't have options, but you do. I want you to explore them.”

I opted to watch and wait. For about 10 years, I had a mix

\$7K–\$18K

The average cost to extract and freeze your eggs (it can take more than one cycle)



However, I was told I could freeze my eggs and have biological children via a surrogate. I was torn. It was expensive, and insurance wouldn't cover it. But it was something I could do for "someday," when I was healthy again. So with my family's encouragement (and financial support), I had 18 eggs frozen by the team at Southern California Reproductive Center. Knowing those eggs existed gave me strength during my difficult recovery. Now, I am five years cancer-free and feel in control of my life again. I want to become a mama someday soon. And I'm so grateful I gave myself a gift that will make it possible.

"My treatment almost destroyed my sex life—until I fought back."

**CINDY MCKINNON DEURLOO, 48,
EAST HAMPSTEAD, NEW HAMPSHIRE**

I was 42 when doctors found a malignant cyst on my left ovary. The surgery to remove the ovary, along with my other reproductive organs, thrust me into early menopause. While being treated, I discovered I was BRCA1-positive and had to decide whether to remove my breasts. I was single, and although starting a relationship was far from my biggest concern, I remember thinking, *I couldn't meet the right guy when I had all my body parts—how am I going to find anyone now?* But I didn't want to live in fear, so I had a double mastectomy.

Shortly after my breast reconstruction, I bumped into a guy I'd known for years, and we started dating. I was extremely nervous about becoming intimate. My thinning hair, hot flashes, and scars make me feel old (which doesn't exactly put me in the

mood), and some positions are uncomfortable. My vagina hurts after intercourse, even with lubricant. I can enjoy sex and climax, but my nearly nonexistent libido means I have to work harder to get interested. Still, my boyfriend and I found a frequency that worked for us and accepted that we can't be as spontaneous as we'd like. Two years ago, we got married.

Recently, I decided to proactively reclaim my sexuality. I use a prescription hormone patch to ease the hot flashes, put moisturizer on my scars, and get shine treatments for my hair. Talking to women I've met through FORCE (Facing Our Risk of Cancer Empowered) who are dealing with similar difficulties helps too. It's been a roller coaster, but I finally feel desirable again.

Meds can inject a spark for women challenged by sexual side effects.



Prevention Gets Personal

Keeping cancer from taking hold was once thought to be a one-size-fits-all strategy. Not anymore. As researchers learn more about genetic mutations and DNA testing becomes more precise and affordable, doctors are getting better at figuring out which high-risk patients can benefit most from practices such as screenings and preventive surgeries, says Pallav Mehta, MD, an assistant professor of medicine and member of the cancer genetics program at MD Anderson Cancer Center at Cooper.

That's not all. For some women, there are preventive medications that can reduce the risk of developing breast cancer by almost 50 percent. The science is promising but still in its infancy, says Dr. Mehta.

In the meantime, you can better gauge your risk by learning your family history. Talk to relatives about any cancers that hang heavy on the family tree. Then report what you find to your doctor or a genetic counselor—find one via NSGC.org—to determine the best next steps.