

Caring staff a potent ally in treatment for breast cancer

It's scary to think you can just wake up one morning with cancer, but that's exactly how it seemed to Mary Dooley of Slinger, Wis., last April.

"I woke up one morning with inflammation in one breast and I could feel a hard lump that wasn't there the day before," said Mary, who was 49 at the time and a stay-at-home mother of three kids.

Her family doctor was optimistic that it was something else because it emerged so suddenly, looked like a breast infection and Mary had no family history of breast cancer. Mary agreed, and she tried a round of antibiotics. When that didn't work, she had the lump biopsied by general surgeon Kevin Moss, MD.

"Maybe it's a coping mechanism, but my mindset was that I would hope for the best but expect the worst," she said. When the diagnosis from the lab came back as cancer, she wasn't that shocked, and she knew that breast cancer had a good cure rate. But she still couldn't help think about her husband, Greg, and their children: Liam, 14; Grace, 11; and Gemma, 3. This was a fight she had to win.

While brain and body imaging tests revealed that the cancer hadn't spread, the tumor tested positive for a protein called human epidermal growth factor receptor 2 (HER2), which promotes the growth of cancer cells and may indicate an aggressive type of cancer.

"She was diagnosed with stage three inflammatory breast cancer that was locally advanced, representing only four to five percent of all breast cancers," according to radiation oncologist Julia White, MD, Medical College of Wisconsin professor of radiation oncology and medical director of the Radiation Oncology Department at Community Memorial. "It's a cancer that used to have poor results." Fortunately, now there are targeted drugs that can help block that protein and cause the cancer cells to die. "Chronology of treatment is individualized and very important," said Dr. Moss. "By receiving drug treatment that shrinks the tumor first, it will increase our success when we go to surgery, and decrease the chances of recurrence."

Mary's treatment involved first undergoing chemotherapy to shrink the tumor. Throughout the summer of 2009, she received three different medicines in stages. In July, she also began a year-long course of the targeted therapy Herceptin, which was given intravenously every three weeks.

During this stage of treatment, she did have a few bumps in the road, including hospitalization for a few days with a virus, and later a blood transfusion for anemia.

"I wasn't horribly sick from the drugs, but it knocked me flat as far as fatigue," said Mary. "The Community Memorial nursing staff was just awesome, and they always did a fantastic job managing the side affects."

In October she had surgery to remove one breast, along with some surrounding lymph nodes. "When that tissue was sent to the lab, there were no living cancer cells," said Mary, "but my treatment still called for radiation – they call themselves the cleanup crew – to make sure there is nothing left."

"We know that adding radiation will significantly reduce the chance for recurrence of the cancer and improve overall cure rate,"

said Dr. White. After healing from surgery, Mary received radiation treatments at Community Memorial five days a week for six and a half weeks. The treatment uses complex computer modeling to help deliver the radiation where it's needed and exclude where it's not, such as internal organs, explained Dr. White.

During the daily sessions at the hospital, Mary would sometimes bring her youngest daughter, Gemma, with her. Her sunny personality brightened the Cancer Center team's day and often Gemma didn't want to leave.



Breast cancer patient Mary Dooley (right, background) talks with radiation oncology secretary Jeanine Badke while her daughter, Gemma, plays with secretary Mary Eigner.

"It was such a long road, so exhausting and that's when I hit bottom. Sometimes I'd just fall asleep, but I knew Gemma was safe and happy. Emotionally, I felt so taken care of. From the very beginning, every single doctor, nurse, receptionist and tech was so kind to me. I know it's a caring profession, and I expected people to be courteous and competent, but I didn't expect them to be so kind, warm and giving. I can't begin to express my gratitude for that."

Today, Mary's prognosis is excellent. "My doctors say that because I had a complete response to chemo, I have the best possible prognosis." She will continue targeted therapy for five years.

Through the process, her family received support and prayers from friends, relatives and children's teachers who delivered home cooked meals. "For me, I'm a doer more than a thinker so I just plowed through it and did my job, took my medications, etc.," said Mary. "My husband, he is like Superman to me, and my older kids helped out a lot. I put it all in God's hands and He gave me this fantastic medical team."

Right after her diagnosis, Mary brought a family photo to her physician and asked him put it in her file. "I wanted him to always see it and remember why I'm here," she said.

So far, her picture is looking bright.

For more information, call the Cancer Care Center at 262-257-5100.