

A daily dose of hope



By Mary Billiter

“What does it taste like?”

I swallowed the pill, which my stepson Dylan recently compared to the size of a Sweet Tart, and looked at my daughter.

“Chalky.” I reached for the water in the cupholder of my car. I emptied the 16-ounce bottle and reached for another. I tried to wash down the aftertaste, but it lingered. It always lingers.

“That bad?” she said.

I nodded.

“I’m sorry.”

“Eh,” I said with a shrug and laughed. “It beats dying.”

“Oh, Mom,” she said and giggled.

My daughter and I were traveling west on Interstate 80 from our home in Cheyenne to Rock Springs. We were three hours into our road trip and had just eaten our packed lunch when the alarm on my cellphone to take my medication dinged.

I was diagnosed in October with lobular carcinoma in situ, a form of breast cancer. I underwent a lumpectomy, a breast MRI and genetic testing, which determined I was negative for the BRCA gene. The BRCA gene is one of several genetic mutations linked to breast cancer and ovarian cancer. Women who test positive for the BRCA gene have inherited mutations and have an 87 percent higher risk of developing invasive breast cancer and ovarian cancer compared with the general population.

This meant that while I have LCIS in my right breast, I wouldn’t lose both breasts due to a genetic component. While my LCIS is contained, I have a 65.3 percent lifetime risk that it could become invasive breast cancer. However, LCIS is treatable.

I met with oncologists in Colorado and Wyoming, and each had different treatment approaches to LCIS. If I’ve learned anything about breast cancer, it’s that no breast cancer is the same. And no two treatment plans are the same. I met with a radiation oncologist in Wyoming before Christmas, who cheerfully removed radiation treatments from the equation since my cancer is contained. His experience with LCIS solidified my choice in oncology care and my treatment approach. It boiled down to a five-year medication plan of chemo prevention.

My breast cancer is estrogen receptor-positive and progesterone-receptor positive, which means that breast cancer cells grow with the help of estrogen and progesterone. Hormone receptor-positive breast cancers, like mine, can be treated with chemo prevention drugs. In the breasts, these drugs block estrogen’s effects. This in turn may block or slow the growth of breast cancers that need estrogen to grow. It’s a once-a-day pill, taken for five years.

So the Sunday after Christmas, I began

this five-year regimen. I was terrified. I had read all of the “black box” warnings. A black box warning is the sternest warning by the U.S. Food and Drug Administration that a medication can carry and still remain on the market in the United States. It’s named after the black border surrounding the text on the warning.

Both oncologists warned me of the black box warnings associated with Tamoxifen: stroke, blood clots, endometrial or uterine cancer, cataracts. Those top the list. The more common side effects I could expect were nausea, upset stomach, vomiting, weight loss, hot flashes, night sweats, feeling tired or weak, back pain, bone pain, muscle or joint pain.

I’ve had one goal: just don’t throw up. That was tested in Rock Springs. In my quest to have 2016 be the best year it can be, I’ve looked at each pill as a day in recovery from breast cancer. I was on my 20th day in recovery when the salad I had packed and eaten didn’t seem to agree with my resolution. Since starting Tamoxifen, I’ve taken the medication with cooked chicken at lunch. But traveling, I didn’t want to eat cold chicken. I will never make that mistake again.

My daughter was meeting her father for the long holiday weekend. After the exchange, I filled my gas tank and found the nearest restroom. Rock Springs has a really nice Staples. I didn’t throw up, but I discovered a side effect not listed on the box. I stayed in Staples because I couldn’t be more than 5 feet away from a toilet. It was awful. I finally sat down on an endcap across from the restroom and beside fancy file folders where I waited for the room to stop spinning and my stomach to quit revolting. It took an hour.

I was 256 miles from home, and my body had once again betrayed me. I wanted to text my husband, Ron, but I what I wanted more was a day of normalcy. Not being able to control how my body functions is a very powerless feeling that’s hard to accept, let alone text. It’s embarrassing. Ron doesn’t judge me. He never would. It’s just not something I always want to share with my husband.

Twenty days aren’t long enough to learn which foods are going to trigger a reaction. I only know that after lunch, I’m lucky if I can eat anything. Obviously salad isn’t responding well to the pills.

Eventually, I was able to leave Staples. I did purchase quite a few fun office supplies that I spotted between restroom visits. The weather driving home wasn’t any better than the intestinal warfare waging inside me; both were dark and ugly. Fortunately, Ron texted numbers of friends he had throughout the state who would provide safe harbor if I couldn’t make it home. This breast cancer has no chance.

Tamoxifen can lower my risk of developing invasive breast cancer, but it does not prevent breast cancer. Tamoxifen also will not increase my survival rate. However, according to the Susan G. Komen website, after five years, the recurrence of hormone receptor-positive breast cancers begins to decrease and eventually goes away. It’s my daily hope.