



Life After Breast Cancer Looks Better Than Ever

By Analiese Kreutzer

Seven years after being diagnosed with breast cancer, Laura Taylor loves her life, and she has a new level of appreciation for her body.

“Going through this made me value and respect everything that my body does for me,” she said. “I respect the exhaustion. If I’m tired, I lay down, because I know when I get up, I’m going to be in even better shape. This put in perspective what a gift I’ve been given, and I need to continue to treat it mindfully. Right

now, I feel the best I’ve felt since the surgery.”

Taylor’s journey started when her doctor ordered some followup tests to check for changes five years after she had a large cyst in her left breast. Her mammogram looked fine, and a biopsy turned up nothing, but she got a call that they wanted to redo the MRI.

“Ratings on MRIs go from zero to six,” Taylor explains. “Zero is why are you even here, and six is we don’t need to do a biopsy, it’s cancer. My MRI showed a score of five out of six.”

The tumor, a one-centimeter, stage one invasive ductal carcinoma, was deep behind her left nipple. “I was diagnosed on Monday, fell apart on Tuesday, and had all my appointments by Thursday,” said Taylor.

A warm, vivacious woman with a no-nonsense, fun-loving personality, Taylor had a big advantage in dealing with her diagnosis. She is a registered nurse with a PhD who, at the time of her diagnosis, was teaching at Johns Hopkins School of Nursing. She quickly put together her team of doctors and a posse of advocates.

“I never went to any appointment by myself or just me and my husband,” Taylor said. She brought friends and colleagues along to listen and take notes, realizing that she and her husband couldn’t take everything in. She recommends others do the same.

Although her oncology surgeon repeatedly assured her that he could perform a lumpectomy, Taylor didn’t want that. “As care providers, we love to dazzle people with our brilliance,” she said. “But in the end, we’ve got to understand what the patient is processing, and at some point, let it go.”

Taylor had a history of fibrocystic disease and small breasts that she says she “was never that attached to.” Once she got her diagnosis, she just wanted the cancer gone, so she chose to have a double mastectomy, which meant she wouldn’t need radiation, and she didn’t need chemo because it was stage one.

As for reconstruction, Taylor said, “I’m going to go big.” She measured 32E following her procedures. Dr. Ariel Rad, her plastic surgeon, reviewed her options with her. Ultimately, they decided she would be a good candidate for a

Breast Cancer Risks Factors

bilateral Superior Gluteal Arterial

According to the Centers for Disease Control and Prevention, the biggest risk factors for breast cancer are being a woman and getting older. Most breast cancers are found in women over 50. Other risk factors include, but are not limited to, inherited genetic mutations such as BRCA1 and BRCA2; having a first pregnancy after age 30 or never having a full-term pregnancy; not being physically active; being overweight or obese after menopause; and a family history of breast cancer.

Perforator (SGAP) or love handle flap procedure. This highly specialized surgery uses tissue from the upper rear hip area to reconstruct the breast.

Taylor, who specializes in abdominal transplants in her own work, loved the idea. "Who wouldn't transplant their own fat to make these beautiful breasts?" she said.

Whether he realized it or not, Dr. Rad said something that made a huge impact on Taylor. She recalls, "He said, 'It's going to take five years for you to really see the magnificence of everything that we're doing together here.' And I was like whoa, he thinks I'm going to be around for five years."

"I've always had this sense that this cancer wasn't going to kill me, but when he said that, I reset my clock."

Recovering from everything her body went through took a long time. "The surgeries were tough. I had about 30 total hours of surgeries, and then it just takes time." Diagnosed on May 24, 2010, two months later, Taylor underwent her double mastectomy. She had reconstruction in December and her final followup plastic surgeries in the spring and summer of 2011.

Mammograms

Women should discuss their risk factors with their doctor to determine when to begin having mammograms and how often.

Although she continued to work full time, she spent her weekends on the sofa, exhausted. Then one weekend in October 2013, she suggested to her husband that they go get some pumpkins. "We hadn't done that for three years. I was just too tired. The next morning, I woke up and said, let's go get some mums."

Taylor stresses the importance of self-care. She went to all her appointments and was very good about taking her meds. She also credits her great support system, including her husband, two sons, her friends, colleagues, students, and even the staff of her local grocery store.

Since her journey began, Taylor has changed jobs. She now teaches at the Uniformed Services University in Bethesda. In 2012, she launched a side business called Guide to Degree, LLC, which conducts interactive workshops to help nurses make informed decisions about their doctoral options. In 2016, she was inducted in the American Academy of Nursing. She also spends time counseling other women faced with a breast cancer diagnosis.

Cancer may have changed her body and how she thinks about it, but it hasn't dampened her sense of purpose or her sense of humor. ❖

How to Perform a Monthly Breast Self Exam



1. In the Shower

Using the pads of your fingers in a circular motion, move around each breast and armpit area from the outside to the center, feeling for any lump, thickening or hardened knot. Notice any changes and get lumps evaluated by your health care provider.



2. In Front of a Mirror

Visually inspect your breasts with your arms at your sides. Next, raise your arms high overhead. Then rest your palms on your hips and press firmly to flex your chest muscles. In each position, look for any changes in contour, dimpling or swelling of the skin, or puckering.



3. Lying Down

Lie down with a pillow under your right shoulder, and place your right arm behind your head. Use your left hand and apply light, medium and then firm pressure. Move the pads of your fingers around your right breast gently in small circular motions covering the entire breast area and armpit. Squeeze the nipple, checking for discharge and lumps. Repeat these steps for your left breast.

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