

# Family, prayers buoy breast cancer patient

By Joanne Zuroff  
special writer

Eight weeks ago I would have allowed nothing to interfere with my daily routine, which began when I rolled out of bed and into my lockers.

Acrobatics, walking, bicycling — I was obsessed, and this obsession allowed me to stay a fairly solid five to 10 pounds overweight and to feel wonderfully fit and healthy.

Then I felt the lump in my left breast. My self-examination had been regular but haphazard in technique. The next day, my gynecologist, with concerned detachment, rattled off the many reasons "my" lump didn't meet the criteria for a malignancy, but still, to be safe, insisted on my seeing a surgeon.

With a holiday weekend to endure, I got to the surgeon four days later. In the interim, I expected the strange mass on my breast to disappear.

I dodged into public restrooms to check if it was still there, I felt asleep palpating, and while it did become less tender and smaller, it didn't go away.

THE SURGEON advised biopsy, so one week later I had the out-patient procedure, still fully expecting to be turned away from the pre-operative area when they checked to feel the lump.

I was certain it had become too small to merit any attention. But biopsy it was, and the frozen section indicated my worst fears and every woman's nightmare: Cancer. Surgery. Endless opinions to be gotten, material to absorb, digest, sort through, disregard or, finally, swear by.

When you're the one woman out of 10 or 11, or when your lump defies all the "rules and regulations" and ends up being malignant — how do you pull yourself together?

How do you make intelligent decisions, cope with the ebb and flow of emotions — your own and your family's and friends' — and how do you deal with seemingly small and trite decisions, such as, "What do we tell?"

Oddly enough, one question I never asked was, "Why me?"

INSTEAD, I THOUGHT, "What now? What must I do to survive?"

Although fortified with an excellent prognosis, it was imperative that I have further surgery.

My choice was between a lumpectomy (local excision with armpit lymph node dissection, also sometimes called segmental mastectomy

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or partial mastectomy) or total mastectomy, in my case, with lymph node dissection.

Shortly after my biopsy, late one night, my brother called from Cleveland and asked if he could please wake up now from this terrible dream.

It had been just over four years since we lost our mother to cancer. My sister in Chicago had spoken to her gynecologist several times in those few days, having become paranoid and constantly suspicious of breast lumps and cysts, which all suddenly materialized with my diagnosis.

I telephoned my daughter in Israel and told her, "Now you have a history of breast cancer in the family and you must begin, at once, to be vigilant."

RELATIVES AND friends besieged me with calls. Some cried with me, some gave pep talks. Some were coldly curious. The who could, shared information, some simply spoke of their concern, their fondness for me and how important it was to them that I survive.

Meanwhile, I had a week between biopsy and surgery, and during those days I was some other person going through automatic motions.

Certainly, sleep was impossible, so while my house rested, I compulsively cleaned closets, drawers, made lists of give-aways and wrote endless lists of "must-do-before-surgery."

From the start, my husband and I talked and talked about cancer — to each other and to our children. It was a family matter. We also addressed it openly outside the family.

There were phone calls to be made for medical opinions, visits to acquaintances who had endured breast cancer, other people to call for advice, reading information, which we devoured, studying opinions resulting from research and trying to relate to statistical evidence.

At the same time, we had to deal with the reality of "life after lumpectomy" — the procedure I ultimately chose, which involved stocking pantry, freezer, attacking laundry, long-standing ironing and freshening up my supply of pretty gowns, robes and slippers.

I also found myself spending a great deal of time communicating with God.

MANY OTHERS offered prayers for me, which they continue to say throughout my treatment. Being part of a traditional Jewish community, where special prayers and psalms are regularly offered for the sick, was reassuring and comforting.

As is also the custom, my husband and I made it a point to increase certain charitable gifts in exchange for a special blessing for my recovery.

The day of surgery came and went. I did well, determined to be a model patient — the sooner to leave the hospital. I'm convinced that my excellent pre-operative condition played an important role in my smooth and rapid recovery, and my positive attitude.

I had too much to accomplish to languish in the hospital. I wanted to begin my radiation and chemotherapy, which the presence of malignancy in the lymph nodes had determined I would need.

The pain was minimal, and I was up and around and at home after five days, getting dressed each day and wearing make-up.

I was fortunate to be occupied by family and friends who faithfully visited, called and kept me in beautiful fresh flowers, fruit and even luxurious silk nightgowns.

Emotionally, this was a difficult time, and the attentiveness of those dear to me greatly helped me retain a positive attitude.

AFTER A FEW days at home, I became intensely involved mapping out my recovery, gathering test results, slides, tissue samples, X-rays, all necessary for my consultations with Dr. William Powers, chief of Gershenson Radiation Oncology Center, and Dr. Vainutis K. Vaitkevicius, professor and chairman, Department of Internal Medicine, Wayne State University School of Medicine, chief of medicine, Harper-Grace Hospitals, physician-in-chief of medicine, Detroit Medical Center.

I feel privileged to be in the care of such recognized experts and to have the advantages offered by a major cancer center, staffed, incidentally, with many compassionate individuals, including professionals who would hesitate to offer a reassuring hug to a patient in distress.

Radiation and chemotherapy began simultaneously, and again, I was touched and put at ease by the technologists, nurses and physicians assistants in the two departments.

They all seemed equipped, at a moment's notice, to interrupt their work in order to console a frightened new patient, or to reassure even a weathered cancer patient that it's OK to feel anxious, angry, ugly and terrified.

AND USUALLY this sensitivity makes the patient able to go on to cope with the treatment of the day.

For me, the thought of chemotherapy was terrifying. I had so recently gone through this, in the very same place, with my late mother, and it really was the worst of realizations to find myself now the patient.

But then, again, I kept telling myself, "If she could do it, I can do it." And I did it, and I did it well, and I'll continue to get through it for the next year.

Certainly, there are other ways I'd choose to spend 1987-88.

But look — my course of radiation has already ended. My support system is solidly in place.

Even though my emotions occasionally get out of control, I allow myself this temperamental luxury of feeling bitchy, uncooperative, unattractive, impatient, unloving, unlovable, totally unambitious and totally terminal.

I have discovered that these feelings are normal for cancer patients, and many of them are medically induced. Some of it is due to the sheer trauma of the diagnosis and the ensuing treatment of the disease.

Survival is the goal, and survival is a good bet these days.

People's lives are often touched by breast cancer, but not so many are taken, today.

This doesn't allow us to become complacent. It is terribly important to follow all the guidelines set by the American Cancer Society. As your gynecologist to teach you self breast examination and insist on mammograms at proper intervals.

Don't be afraid, should you suspect something irregular — even something resembling a dimple on a rash. Run, don't walk, to your doctor.

Early diagnosis is the key to survival, so although one of every 11 women will be diagnosed as having the disease, the new hope offered today can bolster your courage to confront the possibility of breast cancer.

As for me, I am extremely thankful that I was diagnosed early, treated properly and that am sound enough of mind and body to tolerate the various treatments. I give thanks daily for my family and friends who have had the strength and devotion to rally to me on an ongoing basis, long after the acute crisis of detection and surgery have passed.

My priorities have, in many ways, been newly revised, my sensitivities to others in this position have become incredibly keen. In facing the reality of cancer, one has the opportunity to become, at once, wiser, more philosophical and eternally optimistic.

THERE ARE age-old perks and bright feminine prerogatives for every woman, but there are also se-



JERRY ZOLYNSKY/staff photographer

Joanne Zuroff, a Farmington Hills resident who writes a column for the Southfield Eccentric, draws strength from her friends and family in her battle with cancer.

rious liabilities. Responsibility for one's body relative to female diseases is one. Personally, I accept the challenge and the responsibility for my own health, hoping others will join me as the outlook for breast cancer patients becomes more and more hopeful.

After all the experiences of this recent episode, I know this about myself I am woman. I am accountable for myself. I am responsible with God's help, my own perseverance and my wonderful doctors — I will soon be well.

Joanne Zuroff, of Farmington Hills writes a weekly column, "In Touch," for the Southfield Eccentric.

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## Scouts earn badges in record numbers

A record number of merit badges were handed out by Scoutmaster Chuck Williams during Boy Scout Troop 179's fall Court of Honor.

Through the summer the scouts had worked to earn a total of 140 badges.

Brad Moore and Ted Skinner earned their Lifeguard badge, which means the troop will now have their own lifeguards for campouts and canoe trips.

Those awarded membership into the Order of the Arrow were Eric

Amtmann, Devon Bodah, Tom Bonner, Steve Rivett, Kevin Walter, Brian Yoder, Paul Zogelman and Mike Moran.

Order of the Arrow members who were chosen to become Brotherhood members were Louis Brugman, Brad Moore, Ted Skinner, and Ryan Bonner.

Troop 179 is sponsored by First Presbyterian Church of Farmington, where the troop meets at 7:15 p.m. every Tuesday.

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