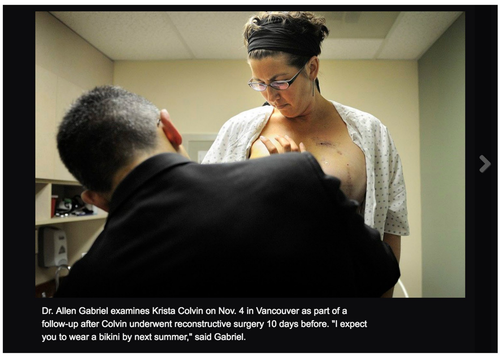
Camas woman strives for normalcy following mastectomy



Dr. Allen Gabriel examines Krista Colvin on Nov. 4 in Vancouver as part of a follow-up after Colvin underwent reconstructive surgery 10 days before. "I expect you to wear a bikini by next summer," said Gabriel.

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Yet again, Krista Colvin lies in a hospital bed awaiting surgery. A year ago, the surgery was to remove her breasts. This time, the surgery will reconstruct them.

Dr. Allen Gabriel walks into the room. "Hey, you ready?"

"Yeah," Krista replies. "This is the good surgery."

The 44-year-old Camas mother of two first discovered a lump in her right breast in early 2010. The cancer had already spread to her lymph nodes. Because her form of cancer was aggressive, she had both breasts removed.

She and her husband, Mike, were somber and tearful in the moments before that earlier surgery. Their mood this time is almost giddy. They kiss goodbye, and Gabriel assures Mike he'll call when the surgery is over.

"There's a different feeling to this," Mike says. "I'm not really worried."

Gabriel began preparing Krista for reconstruction more than a year ago. He worked alongside the general surgeon during her mastectomy. He inserted expanders, which were later pumped full of saline to stretch her skin and muscle and create a pocket for silicone implants. The expanders gave her body a suggestion of the curves that reconstruction would eventually make permanent. But they were uncomfortable rock-hard lumps that strained against skin and scar tissue.

That's why, even after all the preparation, Gabriel spends the first part Krista's reconstructive surgery carefully cutting away scar tissue.

"This is almost like cutting through rock," he says, working a scalpel through the web built up, in part, by six weeks of radiation treatments. Once Gabriel is satisfied with the pocket he creates on the right side, he moves on to the left, where the skin is more supple. Then he's able to place the implants.

When Krista emerges from anesthesia and becomes aware of her new breasts, it's not their appearance she finds so remarkable. It's the how they feel. Soft. Pliable.

Her family notices, too. Mike and the kids, 11-year-old Wes and 9-year-old Annie, visit after the surgery. The first thing they do is lay their hands gently on Krista's new breasts. It's their way of greeting her new form, just as they said goodbye before her breasts were removed last year.

Later, when her husband hugs her, he exclaims, "Oh, I have my wife back."

Krista hadn't realized how much apprehension her family had developed around what she called her "cancer zone."

She briefly considered forgoing reconstructive surgery, figuring she had breast-fed her children when they were babies, and her breasts' job was done. But as she sees her family's reaction to her body made whole again, she's glad she made the choice she did.

"Breasts aren't just a sexual appendage," Krista says. She jokes that she can give "squishy" hugs again.

Gabriel, a Vancouver plastic surgeon, cites many studies that show reconstructive surgery improves patients' psychological well-being. He advocates for the procedure on his website, http://www.myreconstructionrights.org.">www.myreconstructionrights.org.">http://www.myreconstructionrights.org. Insurance companies are required to cover reconstructive surgery as part of breast cancer treatment.

"It gives the woman back her femininity and self-esteem," he says. "It's a big deal."

Like so many of the steps in her course of treatment, she down plays the surgery. "They're just going to give me new boobs," she tells herself beforehand, as if the major surgery were nothing more than a trip to the dentist. She lines up friends to bring a couple of meals and give her kids rides. She doesn't anticipate how worn out she would feel — a crushing blow given that she had begun to get some of her energy back. And she still has another surgery ahead to complete the reconstruction.

Krista's been waiting for a return to normalcy for months. It seems just when she nears the finish line, she has to take another lap.

A new trial

In spring, her oncologist, Dr. Kathryn Kolibaba, suggests that Krista participate in a Phase 3 clinical trial — the final step toward FDA approval — for a drug called neratinib. Krista would have to take pills every day for a year, keep a diary of her symptoms and report for frequent doctor visits.

It's a lot to ask. Krista completed chemotherapy and radiation treatments last year. And because she tested positive for the BRCA2 gene mutation, which is also linked to other gynecological cancers, she underwent surgery to remove her uterus and ovaries in the spring. She wants an easy few months until her reconstructive surgery.

Instead, she makes a difficult choice, one that will make life harder in the short term, but may improve her chances in the long term.

"This is a fabulous, potentially practice-changing study," Kolibaba says. The drug aims to cut relapse of cancer fueled by human epidermal growth factor receptor 2, also known as HER2. It's the type Krista had, and it often comes back within the first few years after treatment to spread to the rest of the body.

Already, Krista has received a year of Herceptin, a drug that reduces the risk of the cancer recurring. She won't know for sure if she's getting the actual drug or a placebo in the trial, but if she does get the neratinib, it could cut the risk further. Krista is willing to do just about anything to keep the cancer at bay. Kolibaba warns of side effects, most notably diarrhea, but that seems manageable to Krista.

"I'll take those odds," she says.

"I wish more patients were eager to participate in clinical trials," Kolibaba says. "That's how we get answers."

Krista quickly discovers that she's probably not on the placebo when the side effects start. She suffers from severe diarrhea, at its worst, almost a dozen times a day. She fears straying too far from the bathroom. She drastically changes her diet. Krista finds herself roaming the grocery store looking for foods she's used to avoiding — white bread, white rice, iceberg lettuce — because they will be easier on her system than fiber-rich foods.

Then she reaches a breaking point. Her son needs white T-shirts for a tie-dying project at school. She manages a quick trip to the store to pick them up, but when she takes the T-shirts out of the package she realizes they are way too small.

She can't contemplate a trip back to the store. She starts sobbing and flees to her bed where she curls into a ball.

Wes, puzzled by the outburst, tries to comfort her. "It's OK," he says. "You don't have to get new T-shirts."

Her worried husband asks, "What's wrong?"

She tries to figure out why her reaction was so strong. Then she realizes: I'm in treatment again. As much as she wants to manage her household and care for her children, she's back to asking for help.

"I'm so frustrated I'm not able to do this," she tells her husband.

"There's a difference between being able to do and being here to do," Mike says. "I'd rather have you here, alive."

As he runs out to the store to pick up more T-shirts, Krista thinks about stopping the trial medication. It may cut the odds of cancer coming back, but for now, it's making her miserable.

Later, she asks her kids what they think. "If this is going to help you, you should do this," they tell her.

Fortunately, her body adjusts to the medication after a few months and the diarrhea goes away. But then, she confronts a new scare.

In October, her right armpit hurts. She feels something there. She can't tell what. She decides to follow her own advice. She has been telling other women for months to get their mammograms, to see their doctors. So she calls for an appointment.

She visits a new doctor, an imaging specialist, who performs an ultrasound. She doesn't have to wait for an answer. He can tell right away that there's no new tumor, not even a potentially dangerous blood clot — just scar tissue.

It's a relief, but Krista's not sure when she will ever feel free of the threat of cancer. She undergoes a previously scheduled positron emission tomography, or PET, scan later that month to search for cancer elsewhere in her body. She will continue to have regular checkups and scans at her clinic, Compass Oncology (formerly Northwest Cancer Specialists) even after she completes the drug trial. Kolibaba will follow Krista for at least five years from the time her chemotherapy ended.

Krista becomes more aware of stories about cancer relapses. She can't stop thinking about the two women she often sat with during chemotherapy who have since died. She doesn't feel guilt, but she does feel responsibility.

"What was it they wanted to share?" she wonders. "What was their soapbox moment?" She wants to carry their message to others.

Krista's PET scan is clean. Yet a sense of normalcy still eludes her. She realizes there's no going back from cancer.