



Coming *back* from breast cancer

Cambridge hospital leads the way with new surgical techniques and education program

By Cherri Greeno

Illustration • Diane Shantz

THE PHONE CALL came on Christmas Eve, 2003.

Kathy Manzo, then 48, had just arrived home and hurried inside to answer the call.

It was her surgeon who, just one week before, had performed a lumpectomy on her left breast. At the time, the surgeon told her the lump likely wasn't anything to worry about. But when she picked up the phone, she heard a different story.

"He said, 'Well, I guess I was wrong,'" Manzo recalls.

The doctor told her it was malignant and a mastectomy would be scheduled.

"I was stunned," Manzo recalls. "It was awful."

But then, things got worse.

Shortly after the removal of her left breast, a lump was found in her right breast and Manzo underwent another mastectomy.

"You just don't feel like a woman anymore," she says.

"Breasts don't define you, but they help in your >>

>> self-esteem and how you see yourself.”

For months Manzo wore prosthetic breasts and “hated every minute. They were heavy, hot and tended to shift around.”

No one had told her about the option of breast reconstruction or that the surgery is covered by provincial health insurance.

“I knew virtually nothing about it. I thought it could be done, but I wasn’t informed by my surgeon or during cancer treatment that it was readily available.”

She started doing her own research and found a plastic surgeon in Ottawa who told her there were options available in her own area.

“I had no idea,” she says. “There was nothing, no information anywhere. I had just figured it was something I had to pay for and had to travel for.”

In early 2005, Manzo was introduced to Dr. Robert Shenker, chief of surgery and vice-president of medical affairs

at Cambridge Memorial Hospital. He performed Manzo’s breast reconstruction surgery later that year.

“Reconstruction was a godsend,” Manzo says. “I felt like me again – only better.”

Shenker, who is also owner and medical director of the Cosmetic Surgery Clinic in Waterloo, says he has seen many women like Manzo, women who don’t know about breast reconstruction options or think such a surgery is unattainable because of its cost.

“I can’t tell you how many women sit in here crying because of how long it has taken,” he says.

In particular, Shenker remembers a woman who came to see him excited because she was finally going to get reconstructive surgery. When Shenker asked why she waited so long, the woman told him she had been saving her money.

“There isn’t enough information,” Shenker says. “And some of the information out

there is old school and just plain wrong.”

•••

Breast reconstruction is a constantly evolving field with more options available today than ever before, including immediate breast reconstruction, which means a woman can have a mastectomy and a reconstruction done in the same operation.

“A patient can go to sleep with breasts and wake up with breasts,” Shenker explains.

There are two main types of reconstructive breast surgery procedures normally done. One is an implant. The other is done by taking soft tissue from the abdomen or back and transferring it to the chest to form new breasts. Sometimes, however, this type of surgery can result in a patient sacrificing either her abdominal muscles or her upper back muscles, resulting in weakness and limits on physical activity.

A more sophisticated type of surgery

– known as reconstructive microsurgery – completely separates the tissue from a part of the body, typically the abdomen, and transfers it to the chest by connecting the blood vessels to new ones in the chest region. Because of the high level of skill required for this type of microsurgery, it is typically only available at specialized hospitals in university hospital settings.

Shenker, however, is on the cusp of bringing it to Cambridge Memorial Hospital.

Breast reconstruction is a labour of love,” Shenker says. “You do it because you think it’s important.

“You have to have someone who cares about it, who is driven by it.”

Enter Dr. Amy Chesney, a plastic surgeon who specializes in reconstructive microsurgery.

Chesney, who recently completed a fellowship in reconstructive microsurgery

at Sunnybrook Health Sciences Centre in Toronto, chose to work in Cambridge because of the hospital’s “enthusiasm for breast reconstruction.”

She says only 14 per cent of mastectomy patients in Ontario undergo immediate breast reconstruction. She wants to see that number increase.

“I like the idea of being able to build something that has been taken away,” Chesney says. “It gives them something positive to look forward to.”

Shenker and Chesney are working hard to bring reconstructive microsurgery to the region and to educate the public and medical professionals through events such as Breast Reconstruction Awareness Day and through presentations they’ve held at Cambridge Memorial Hospital and Grand River Hospital.

They are also working to raise funding for operating room resources to ensure

this type of surgery can be sustained in Waterloo Region.

Shenker says the Cambridge Memorial Hospital Foundation has agreed to purchase the specialized microscope needed to perform the operation but more funding is needed. He anticipates the first microsurgical breast reconstruction will be performed at Cambridge Memorial Hospital within four to six months.

“We need a paradigm shift in the way people think about breast cancer,” he says.

“We want this to become a patient-driven initiative. We want the patients to say, ‘I want to see a plastic surgeon before you cut off my breasts.’ ”

Allowing women to reconstruct their breasts is, in many cases, helping them reconstruct their lives. Shenker has seen many women depressed after losing their breasts because their self-esteem has plummeted. >>

>> “It’s a quality of life issue. It’s a marital issue. It’s a work issue,” he says, adding that “this is something I have always felt strongly about. You make a big difference in these people’s lives.”

•••

Anna Gingerich, who was diagnosed with fallopian tube cancer in 2007, underwent a double mastectomy and breast reconstruction after tests showed she carried the faulty BRCA1 gene, which meant she was at high risk of getting breast cancer.

But making the decision to undergo such a surgery was not easy for the then 48 year old.

“I didn’t want to have my breasts removed,” she says. “I didn’t want to look ugly. Everyone says it’s a no-brainer, but it was not an easy decision.”

Once the surgery was completed, Gingerich was happy she had gone through with it, mainly because she was told her risk of getting breast cancer dropped from 90 per cent to two per cent.

Manzo, too, said she felt relief once her surgery was completed.

“It helped me start fresh,” Manzo says. “It made me feel more like me again. It is fun to shop at Victoria’s Secret like before.”

Manzo hopes sharing her story will help other women learn about their options.

“The news needs to get out there, and the best place to start is with the general surgeons, at the time of diagnosis. We need to advocate for our own health and well-being and having all the information necessary to make informed decisions is paramount to achieving that.”

Manzo says reconstruction helped make her journey much easier to complete.

“Breast cancer is a devastating, all encompassing disease. It affects every aspect of your life,” she says. “To me, breast reconstruction surgery let me put breast cancer behind me. It was the final chapter of a very long book.” 

BREAST CANCER STATISTICS

The following information is from the Canadian Breast Cancer Foundation (Ontario). For more information and tips for cancer prevention, check out www.cbcf.org

- Breast cancer will affect one in nine Canadian women during their lifetime.
- Last year alone about 23,800 women and 200 men were diagnosed. For women, that breaks down to about 460 new cases each week or 65 daily.
- Of all women over age 20 diagnosed with cancer, one in four has breast cancer.
- Breast cancer is the second leading cause of cancer deaths for women after lung cancer.
- The statistics also contain good news. Deaths from breast cancer among Canadian women have dropped by 42 per cent since the peak in 1986. Researchers believe this is because of earlier detection through regular mammography screening, advances in screening technology and improved treatments.
- The actual number of new breast cancer cases has increased since the 1980s, but it is in proportion to population growth — incidence rates have remained relatively stable.
- Statistics on the five-year survival rate are positive for women of all ages, with an overall rate of 88 per cent.
- Breast cancer risks do increase with age. In 2013, about 82 per cent of new cases were in women over the age of 50 — 52 per cent in ages 50 to 69, and 30 per cent in women over age 69. About 18 per cent of new cancer cases were among women under age 50.
- Breast cancer incidence rates do not vary significantly by geography.
- Only about one per cent of breast cancer cases involve men. The five-year survival rate is lower than for women, at 80 per cent. Researchers believe this is because the cancer is more likely to be misdiagnosed or diagnosed at a later stage. The average age for men to be diagnosed with breast cancer is 68.