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Wait Six Months

Cindy Malone

“I’m not impressed by anything I’m seeing here,” the radiologist said irritably. “You could’ve waited six months. Didn’t they give you that option? I’d have said, ‘Wait six months.’” Peering at the monitor, he rolled the ultrasound monitor around in the chilling goo. A long, thin metal straw protruded from the side of my breast, near my armpit. He showed me his needle gizmo and snapped it a few times so I wouldn’t startle at the sound. “Didn’t they tell you that?”

“The other radiologist told me I could wait six months, but he said I’d end up right back on the table having a biopsy in six months. He recommended that I go ahead and schedule it now.” I felt humiliated, as if I’d made too big a fuss over a lump in my breast, as if I’d demanded an ultrasound, and then another, with a biopsy. I also felt annoyed, since the time to suggest a six-month wait surely passed before the technicians inserted the metal straw into my breast.

“I’d have said, ‘Wait six months.’” This radiologist heaved an elaborate sigh. “Well, we’re all teed up now, so we might as well go.”

“The radiologist said he’s unimpressed,” I told my friends cheerfully. “He said the lump is probably a cyst.” My last mammogram had shown nothing abnormal, and two ultrasounds must have probed the breast tissue thoroughly. Moreover, I’d just escaped a more dramatic threat: When I’d opened my office door that morning, I’d discovered that the six-foot-long fluorescent light fixture that used to hang directly over my desk had come crashing down during the night. But the light fixture hit no one, and the breast biopsy would very likely yield nothing.

I heard nothing from the clinic by the end of that week, thought about it occasionally over the weekend, and still heard nothing on Monday. At the end of the day, I called the clinic. “I had a biopsy last Wednesday,” I explained, “and the radiologist said he didn’t see anything to worry about—but I just wondered whether the results have come in.”

“I’ll see whether your file is here on the desk,” the receptionist said. After a short pause, she came back. “Yes, here it is. Can you hold on for a moment? I’ll look to see whether the results are in the file.” Sure, I replied, and I waited. The silence grew longer. She picked up the phone again, and this time she spoke at double tempo, with double animation: “I just saw the nurse go by my desk, so I’m going to transfer you to her.” I considered replacing the phone in its cradle; she had given me the news.

Treatment spanned seven months: lumpectomy, chemotherapy, radiation. Researchers have developed no additional treatments for “triple-negative” cancers, nothing to inject or ingest following radiation. By fall, when the new semester began, I’d stashed the wig and headscarves in a plastic storage box and returned the featureless Styrofoam head to the basement, where it resumed its post as support for Queen Hatshepsut’s glamorous headdress, in the tomb of my daughter’s school projects.

I wore my own hair to class, and I presume that I looked to my students very much as I had looked the semester before. Some of the students had been taking my classes when I underwent surgery and chemo, and others, since the colleges are small, knew about the cancer. I looked as I used to look, but the seven-month treatment had altered the mind beneath the newly sprouted hair.

Back in January, the views of the skeptical radiologist had resonated with my own. I've never believed that cancer couldn't strike me; given current breast-cancer statistics, in fact, I had always accepted the fact that I might develop breast cancer at some point. But I felt strong and healthy when I found the lump, so I assumed that something other than cancer had caused it. Like virtually all of my women friends, I'd had a fibroid here and a cyst there—ordinary oddities of a body in its fifties. And a few months before I found the lump, I'd developed a stubborn infection in the other breast that caused the doctor to worry a bit about inflammatory breast cancer, but I suspected that it was just a strange but treatable mastitis. As I expected and hoped, the infection finally cleared up. I recognized the great good fortune of living in a healthy body, just as I recognized my luck when the overhead light fixture spared me and a statistically freakish sequence of car accidents left me unscathed—four times in four years, distracted drivers had crashed into my car, and each time I had climbed from the wreckage shaken but unhurt. After each accident, I recognized that I could have been badly injured or killed, but I hadn't been—this time. Like a NASCAR driver, I kept tucking my helmet under my arm and brushing the cinders from my flameproof suit.

Matters of the body had never provoked great anxiety, though I have a limitless capacity for anxiety in other areas. Psychically speaking, I have always been about as integrated as a block of Neapolitan ice cream, my anxiety, tendency toward depression, and sunny temperament juxtaposed and separated as neatly as the Neapolitan stripes. My ailments had always fallen wholly in the boundaries of my sunny temperament (while those of my daughter and anyone else I love decidedly did not, and do not).

Judging from the ultrasounds, the radiologists estimated that the tumor was a hair under a centimeter. I seemed a likely candidate for a lumpectomy and a new, fast-track radiation treatment that would last only five days. Perfect! I thought; I'll miss a few days of class for surgery, and then I'll be finished with treatment by spring break! Then the surgeon warned me to expect chemotherapy, so I adjusted my expectations. She cut out a tumor three times the estimated size, so I shifted my expectations once again: four to six rounds of chemotherapy and seven weeks of daily radiation. Great! I thought; I'll finish by the end of the summer!

I did, as I've said, finish treatment by summer's end, but the experience left its mark inside my head. The lump had turned out to be cancer, not a cyst, its size considerably larger than the scans suggested, its type more aggressive and less common than some other breast cancers. Because I was healthy and relatively young, I expected to tolerate chemo extremely well. A week after my first infusion, however, I developed a fever and sniffles; so, following the oncologist's instructions, I went to the emergency room for evaluation. By the time I arrived, however, my temperature registered as normal. I assumed I'd made a mistake, and I asked the nurse whether I should go home. She just shrugged and left the room, but the friend who had driven me to the hospital counseled me to wait until the results of the blood test came back. While we waited,

another nurse stopped by to say that I'd need a CAT scan to check for a sinus infection. As she left, I turned to Kim and rolled my eyes. "A CAT scan for the sniffles? Oy," I muttered. The results came back: the particular white-blood-cell count in question, the absolute neutrophil count, was zero; the CAT scan showed a sinus infection. I would not be going home that night.

I always responded to treatment—and I never expected the next complication. Starting an IV in my hand took longer and longer, requiring more and more insertions of the needle, so I had a picc line placed in my arm. A chronic infection developed around the picc, and when I showed up to have the infection checked I mentioned that I had a slight ache under my arm—"probably from something I did with my pathetically tiny weights," I surmised. "Blood clot," said one nurse to the other. "Ultrasound," the other nurse replied. "I don't think so," I said; "it hardly hurts at all . . ." But the ultrasound technician found a blood clot, and as the clinic closed that day, I was frantically jabbing a syringe into a rubber pad in order to learn how to give myself daily injections in the stomach. The mysterious fierce itching in my hand and feet turned out to be nerve damage severe enough to stop the chemo after four infusions. Radiation treatment caused the usual burns; it also made my bones so splintery that I still jab myself in the side every time I lean over. ("The bones may fracture," the radiation oncologist noted at a follow-up appointment, adding matter-of-factly, "but that's not life-threatening.")

Setting aside surprisingly short hair for so matronly a person, I showed no effects from treatment when I launched my fall classes. The fatigue, the scars, the nerve pain, the splintery bones: all these lie hidden. As far as I can tell, only I notice the one visible mark of chemo, the end-of-the-day facial drooping that looks like two puckered lines running from the corners of my mouth toward my jaws, like the gathers of a curtain along its rod. To students, to colleagues, to friends, I am the Cindy Malone I have been all along, replaced though I was, briefly, by a painted and bewigged surrogate. I look as healthy as I have ever looked, as healthy as I felt when I discovered the lump. I no longer feel as I did then.

Neither do I feel sick, nor can I report any epiphanies on the subject of mortality. If I could draw and could say these things in a graphic essay, I would draw myself looking a little subdued, going about my life under a very large thought bubble in which only a question mark would appear. I haven't gone from blithe dismissal of pain or illness to hypochondria; instead, I've simply lost the belief that the way I feel serves as any index to the condition of my body—or that I have any reliable index to the condition of my body. I know that I have a 30% chance of recurrence, and I know that a recurrence would be likely to involve some other part of me—brain, liver, or bone—and I know that this particular cancer is more likely to recur sooner than later. But I leave the windows open when the chance of rain is 30%. I don't spend my days believing that I'll die soon; I'm just confounded by the question of figuring out what deserves medical attention and when to ask for evaluation.

And when I get an evaluation, I no longer know what to make of it. Six months after the last radiation treatment, the radiation oncologist scheduled the customary follow-up mammogram and MRI. As I expected, the mammogram showed no abnormalities. Since the previous mammogram had missed the tumor—probably because I have very dense breast tissue—I felt neither relieved nor worried. I filed the form letter and waited for the results of the MRI. The

call from the clinic came promptly, but the news perplexed me. “I’m calling to schedule a mammogram,” said the woman from the clinic.

“I had a mammogram last week, and I’ve already received the results,” I told her.

“The radiologist who read the MRI said that I should schedule a mammogram,” the woman insisted.

“I’m certainly willing to have another mammogram, but I’m just wondering how the results would be different from the results of the mammogram I had last week.”

“I’m not sure. You could call the radiation oncologist. But the note from the MRI says I’m supposed to schedule a mammogram.” I made the appointment, then called the radiation oncologist. One call led to another, and at last I spoke to the case coordinator who had consulted with the radiologist. The MRI, I learned, showed “changes in the right breast” that are “probably due to damage from the radiation,” so I should have another mammogram in six months. In other words, the radiologist wasn’t impressed by anything she saw, and she recommends that I wait six months.

Most of the people I’ve told hear the “probably” as I did last January: they’re relieved, and they expect the summer tests to show progress in healing. As for me, I’m neither relieved nor, precisely, worried; I feel only that I’ve been here before, exactly one year ago, and I have no idea what’s coming next.

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