



Since recent discoveries, surgery for, and treatment of breast cancer in both Mrs. Gerald Ford and Mrs. Nelson Rockefeller, there's been a tremendous upsurge of concern about breast cancer.

Because these illnesses received wide publicity, literally thousands of lives may be saved by early discovery, diagnosis and treatment of breast cancer.

Women are taking seriously warnings to make self-examinations and see their doctors if they suspect there may be a lump or mass in the breast tissue.

A word of encouragement for those who do find something to worry about. Not all lumps and masses are malignant; finding this symptom doesn't necessarily mean a mastectomy.

There's only one way to be certain: have your doctor examine you, have the mammograms (x-rays) taken, follow up with a biopsy if your doctor recommends it, and make sure you don't put off the decision to act, fearing your lump will prove cancerous, or over-confident that "it can't happen to you".

It can, and it may; but not necessarily. Breast tissue, particularly in women of middle-age, is subject to a variety of changes. Tumors or cysts may develop during the menopausal years, and these may or may not be malignant. Only your doctor can find out.

While we're on the subject, unpleasant though it may be, let's not overlook the possibility of cancer in other parts of our bodies or at other times in our lives. Reproductive organs seem most susceptible to cancer. In both men and women cancer is frequently located in the digestive tract.

Smokers are more vulnerable to cancer of the mouth, throat, larynx or lungs than non-smokers.

In the past five years tremendous strides have been made in early diagnosis and treatment of cancer. What was once a death sentence can now mean a period of discomfort and inconvenience with promise of eventual cure and return to complete good health and vitality.

It can't be stressed too strongly that an annual check-up, complete physical examination, Pap smear -- the works -- can save your life.

Just for your own education, let's assume the worst happens. You notice unusual bleeding, find a lump, or during your annual physical your doctor recommends an operation.

What happens then? Initially, arrangements must be made for someone to take over your responsibilities. You'll be scheduled for surgery as early as arrangements can be made for you to enter the hospital.

Hospitalization is nothing to be frightened about; if you don't know the ropes, the hospital staff does. Every day they admit patients who are unfamiliar with hospital routine. You'll receive kind, courteous consideration.

It's helpful if you have your hospitalization insurance cards with you when you check into the hospital. Besides your toilet articles and perhaps some reading material, that's all you need bring.

Before surgery you'll probably have a number of tests and be visited by several doctors and nurses. You'll be fed unless scheduled tests require you to fast -- in any event, you'll be made as comfortable as possible.

At the time you go into the operating room, you'll be alert and possibly a bit scared. From then until you come out from under the anesthesia, you won't know anything. Time will pass without your knowledge. Whatever needs to be done to and for you will be done.

After surgery you may be uncomfortable. If you have pain, ring for the nurse and ask for something to relieve it. If you can't sleep at night, ask a nurse for something to help you sleep.

As a rule, pain isn't much of a problem. Weakness, maybe; feelings of depression, perhaps; some discomfort, yes; but actual pain is minor and what there is can quickly be relieved with medication.

In a very few days you'll be up and around, and soon go home. If news is not good and cancer was detected, you still may face an ordeal. It may be necessary for you to have treatment.

In some instances, though not in all, your doctor may order a lymphangiogram to determine whether your lymphatic system is involved. This is additional surgery, but can be performed while you're awake, though slightly medicated to keep you calm, and with local

anesthesia of your feet.

It's a fascinating procedure. A tiny incision is made on your instep because that's where the lymph system comes closest to your skin's surface. A very fine hollow needle is inserted into the threadlike tube of the lymphatic system, and a blue dye is squirted into that tube.

After an hour's rest during which the dye circulates, x-rays are taken to determine the presence of any additional signs of trouble.

If you're lucky, there's been no spread of the malignancy. Making this determination is important in cases where it's indicated. Once again, early diagnosis can save your life.

Perhaps your particular disease will require you to have radiation or chemo-therapy. No one will attempt to tell you this is pleasant. It doesn't hurt. There is no pain involved.

It does make you feel perfectly miserable, however. It drains away every ounce of energy you've got. It upsets your stomach and gets your whole digestive system out of kilter. You may lose your appetite, have headaches and/or nausea, be constipated one moment and have diarrhea the next. The doctor will give you medicine to help control these problems.

Treatment goes on, sometimes for weeks and sometimes for months. Some patients need more therapy than others. The slightest exertion makes you feel almost too tired to talk.

Treatments may be scheduled four or five days a week. You'll have weekends off, during which your strength will start to come back. When treatments resume, you'll feel exhausted again.

There's one consolation. They will come to an end. You'll be told how many you must have. When you've finished, you'll start to feel better and stronger. And after a period of time, you'll realize you feel a great deal better, more like your old self, and soon, that you're well again.

Regular examinations and follow-up tests to make sure there's no recurrence are an important part of your future.

This story of your imaginary bout with cancer has a happy ending.

The reason it has a happy ending instead of a tragic one is that you have regular physical examinations each year and, if you suspect any problem, you make an immediate appointment with your doctor.

You allow nothing to cause you to delay seeing him at the earliest possible time.

A cancer-like symptom isn't necessarily going to prove the presence of malignancy. Cancer isn't necessarily fatal. The difference between a cancer that gets the better of you and a cancer that you get the better of -- nine-times-out-of-ten -- is the promptness with which you get treatment.

The sooner treatment begins, the better your chances are, the milder the after-effects, and the shorter and easier to bear the treatments necessary to insure your complete recovery.