

# A WOMAN WITH BREAST CANCER

The will to live, as seen under a microscope

By Spencer Nadler

**A**s an interpreter of human-tissue biopsies, my work is largely an art. I carefully observe changes of color, delicately feel for variations in texture, and, with my microscope, peer in on the cells to study their form and tableau. The impact of disease can be very subtle.

The need for my diagnoses to be free of error can provoke unwanted stress. Often the image of a challenging biopsy stays with me for hours, even days. These cells, floating freely in my mind like anxiety, play their tricks, show me their elusive faces, their phantom patterns. They seem to conspire to confuse me. Through the years I've developed tricks of my own—serial sections, step cuts, a host of special tissue stains—designed to counter their deception. When nuclei are marred by craggy clumps of chromatin, and cell patterns appear baroque or abstract, I cull from memory similar compositions and their interpretations.

*Spencer Nadler is a surgical pathologist living in southern California.*

After many years at my microscope, the number of different cells and patterns that I recognize, the blueprints of



disease, seems infinite. I rely on this experience. And although the majority of biopsies are no longer diagnostic challenges for me, interpretation can, on occasion, be tortuous.

My surgical pathology office is within the hospital histology lab, appended to the surgery suites. A sliding glass window separates us from ten operating rooms. It is twenty-five steps from my desk to that window. My biopsy, if

it is to be interpreted during surgery, begins within minutes of the tissue's arrival. I am mindful that the patient is under anesthetic and that time is of the essence.

When I arrive each morning, I scan the operating-room schedule for surgeries that will require rapid biopsy interpretation—resections, wedge or core biopsies of body masses. Then I have my coffee in the surgery lounge and listen to the surgeons' stories. A surgeon's demeanor—anxious, diffident, vague—stirs me to anticipate problems, to consult the patient's X rays and chart prior to receiving the biopsy. I am most comfortable with surgeons whose judgment I feel is beyond reproach; they tend to be meticulous, obsessive.

An accomplished surgeon I have practiced with for years tells me about a thirty-five-year-old patient I'll call Hanna Baylan. She has a palpable mass in her left breast; on mammogram it looked suspicious for malignancy, and the core needle biopsies I interpreted a week ago showed infiltrating carcinoma. This



morning she is having a lumpectomy to remove the cancer-containing portion of her left breast as well as a lymph-node resection in her left axilla. These nodes are markers for tumor spread beyond the breast. She is worried, the surgeon tells me, that she will not live to see her three small boys grow up.

**P**reoccupied with cancer cells, I have no social or psychological sense of a cancer patient. I retrieve this woman's core biopsy slides from the file and review them in my office. I fix on elements of function, not form: milk-producing lobules, milk-transporting ducts, nipples, fat, connective tissue. I fix on cancer. After her surgery, my responsibility will be to classify the cancer, grade its aggressiveness, and determine the extent of its local spread. I will cull the facts that are pertinent to any use of radiation or chemotherapy, will help the physicians mount their therapeutic blows.

"Biopsy, room two," shouts the operating-room nurse.

I walk the twenty-five steps through the cramped histology lab, which smells of formaldehyde. The counters are crowded with vats of tissue-processing chemicals—alcohol, formalin, xylene, paraffin—and glass vessels of vivid red and blue tissue stains. A cryostat—the frozen-section machine standing in the corner—hums like a fluorescent lamp.

Hanna Baylan's lumpectomy tissue, swathed in gauze and labeled, sits on a counter beneath the sliding glass window. With gloved hands I unveil a round, fatty mass, its yellow surface smeared with fresh blood. It has the look and consistency of a ripe nectarine. I bisect it with a knife and see a mass the size of a pit at the center, as white and gritty as sandstone. Its retracted, deep-rooted look and rock-hard feel imply carcinoma. The axillary lymph nodes arrive buried in fat. There are twenty-two in all—soft, oval, encapsulated like beans. Two of the beans are hard and white, gritty when cut. The cancer has exceeded its breast of origin. I pass this information on to the surgeon.

At 6:30 the following morning I

remove the plastic wrap from my microscope and continue my examination. I stare at the sprawl of Hanna Baylan's tumor. The foreboding bulkiness of the cancer cells, the scowl of their thickset nuclear faces, looms through the lenses. They are gathered into inane configurations that crudely mimic breast ducts.

Although this cancer splays out garishly into adjacent breast tissue, the resection margins are free of malignant cells: the local cancer has likely been entirely removed. Eleven of the twenty-two axillary lymph nodes bear cancer cells, however, and the probability of spread to other organs is high. I classify this tumor as an infiltrating, moderately differentiated carcinoma arising from breast ducts.

I have completed my evaluation of Hanna Baylan. I await two more breast biopsies, a lung biopsy, and three skin biopsies. All are suspected of being malignant. Hanna Baylan will fast become a memory, a name on yesterday's surgery schedule with a tumor attached.

By confining myself to cells, I stay clear of the fiery trials of illness. I remain detached; I render my diagnoses with a cool eye. My fascination with the microscopic form, color, and disposition of cells drives me like a critic to interpret, to applaud or decry for the rest of us. Paradoxically, observing so much of life through a microscope has left me feeling that I've sampled too little, that I've missed the very warp and woof of it.

**"D**r. Nadler?"

A young woman is standing at my office door.

"Sorry if I'm disturbing you, but no one was at the reception desk, so I walked right in," she says. "I wonder if I can see the slides from my breast tumor?"

"Now?" It's six o'clock, the end of a long day.

She enters and sits in the chair by my desk. "You don't remember me, do you, Doctor?" she says. "I was at the lecture you gave at the Wellness Community last month."

Her cropped, blonde hair has a uniform thinness that suggests

chemotherapy; her face is gaunt and pale. Still, she seems undaunted, her self-esteem intact. During the lecture I had used a projecting microscope to show on-screen what the cells and patterns of different tumors look like.

"I'm Hanna Baylan. You diagnosed my cancer forty-three days ago."

I don't recall seeing her at the lecture, but I do remember, in vivid detail, the nectarine lineaments of her lumpectomy tissue. I'm like the surgeon who selectively focuses on the organs he's rectified or removed. My work lies apart from Hanna's face, among the tiniest kernels of bodily things.

"It's pretty late," I tell her.

"Yes, it is," she says. "Maybe it's already spread to my bones."

This is not what I meant. "Why don't I see what I can do." I wish she had called ahead, given me a chance to review her slides.

I retrieve all her breast and lymph-node slides from the file and move her chair opposite mine. With effort, pain maybe, she leans across the desk to peer through the alternate set of eyepieces on my two-headed microscope. Resting her elbows on the desktop, she looks in on the events of her body—cells long dead, now fixed and colored—that have given rise to her affliction.

She listens quietly as I move the pointer across the microscopic landscape. "These clustered islands of glands are the lobules," I tell her. "Milk is produced here in the lactating breast."

"They look like pink hydrangeas to me," she says, "a sprawling garden of them." She talks excitedly, asserting interpretive authority over her own cells. I can only imagine the variety of forms a cellular array such as this might suggest to the uninitiated eye.

"And these?" she asks. "What are they?"

"Ducts," I say. "They transport lobular milk outward to the nipple."

"My God. Look at them," she says. "Ponds, lakes, rivers, estuaries that carry milk. It all looks so peaceful." With her legs braced against the chair, she hoists her tiny body onto



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my desk and hunches over the microscope as if to enhance her view.

There is little need for pedagogy; she is finding her own truths with metaphor. I switch from the four-power objective, the scanner—a magnification of forty—to the forty-power objective—a magnification of four hundred—and individual cells take prominence over cell patterns.

She clasps her hands together. "It's as if all the planets in the universe have come together here."

"See the uniform cells lining the lobules and ducts?" I point out the blue nuclei, the pink cytoplasm, the discrete nuclear membranes.

I switch back to the scanner and we pass over fields of ducts and lobules. Then I wait a few minutes, allowing her to absorb her own cellular beauty. She sits still, inspecting her departed flesh.

Reluctantly, I replace the slide of her normal breast tissue with one of the cancer.

"Whoa," she says.

She stares into the microscope, transfixed by the disarray of her own malignant growth, a raw view of her life spread out before her. "It looks like distorted Hula Hoops twirling frantically," she says. "It's all damaged, isn't it? Just like my real world."

"This is your real world, too," I say.

She looks at me over the top of the microscope. "People don't shun me because my tumor ducts look like reckless Hula Hoops."

Like Charon ferrying between the living and the dead, she glides back and forth between her threatened life and her dead, stained biopsy cells. She quickly grasps the cause and effect—critical cell changes have twisted her life. For years I have processed thousands of such cases, determined the manifold forms of disease. But I've never been an intimate part of anyone's illness, never felt the connection between cells and a larger self.

"Losing my hair terrifies me," she says. She fingers it, pulls at it gently with her hands. Not a single strand comes loose, and she is reassured. "I've got a wig but I hate it. So I

wear baseball caps and tie scarves through my hair. I'm lucky. I look good in scarves. Still, I feel so hideous. People think it's just vanity. It's much more than that," she says. "Every time I see my scalp poking through, I'm reminded. I feel how different I am, how lonely."

"You'll have your hair back in a few months."

Tears well up in her eyes. "It'll help a whole hell of a lot."

In *The Notebooks of Malte Laurids Brigge*, Rilke writes, "If I am changing, then surely I am no longer the person I was, and if I am something else than heretofore, then it is clear that I have no acquaintances." I believe that Hanna's perception of her disease-tainted self is a source of her loneliness, and it pains me that all I have to offer her is my familiarity with her cancer cells.

"What chemotherapy does to me is unbelievable," she continues. "After a treatment I wake up around midnight with a funny taste in my mouth and then boom, an incredible indigestion—like a volcano—with nausea and vomiting that rips my insides out. It's excruciating. Every bone in my body aches. Things stop for a while, then it starts all over again. Off and on for the rest of the night."

She is on Cytoxan and Adriamycin, she tells me. These drugs act during mitosis to prevent cell reproduction, destroying the rapidly growing cancer cells, hair cells, bone-marrow cells, and cells lining the gastrointestinal tract. Hence the tumor destruction, hair loss, reduction of blood cells, nausea, and vomiting. It's a savage exposure, a supervised chemical warfare.

"I was alone in bed one night last week," she says, looking up from the microscope. "My husband was out of town, my kids were asleep, it was after midnight. I lay there staring at the ceiling, scared out of my wits, shaking uncontrollably. Suddenly a warm, white light beamed through the window and rested on my chest. It was a miracle the way it soothed me to sleep." She slides back into her seat. "I realized when I woke up that God was looking out for me," she says.



I am moved by the way Hanna aligns herself with all her positive expectations.

Six years go by before Hanna Baylan reenters my life. I have not asked after her, nor have I received word of her struggle. I have retained the professional cool, the isolation that is so much a part of my life.

Once again she appears at the end of my day. She walks slowly and sits with some difficulty in the chair by my desk. She's frailer now, and pallor makes her eyes seem dark and watchful. Her cancer, she tells me, recurred the year before. Three spots on her ribs, one in a lung. She submitted to high doses of chemotherapy, more toxic than before, then underwent a bone-marrow transplant.

"The cancer in my bones was like a little old lady," she says. "It puttered around, came and went. But I could deal with it." Her jaws tighten. "It's the drugs, not the cancer, that are so hard to take. People who haven't had chemo never really understand that. And it's the fear that you may die. It's been hard to come to terms with that."

She outlasted the poisons, metabolized them. The cancer in her bones and lungs disappeared from view. Cells harvested from her marrow before this chemotherapy were then returned to replace what the drugs had destroyed, hopefully to spawn a new remission.

If she is to succumb to her illness, her bearing shows no hint of defeat.

"I'm here to see my cancer cells again," she says. "I'd like to see them projected on the big screen, like you did at your lecture." Her arched brows reflect her resolve. "I need to confront them one at a time, get a handle on their persistence."

I set up the xenon projector in the hospital auditorium. Before long we are alone in a large, quiet space.

I project one of her biopsy slides onto the screen, magnifying her cancer cells to the size of golf balls. They glare at us like cyclopean monsters—granular, pink bodies clinging to one another, each nuclear blue eye reflecting its own confusion.

She walks slowly down the center

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### SOLUTION TO THE MAY PUZZLE

#### NOTES FOR "FOLLOW THE DOTS"

Note: Anagrams are indicated with an asterisk (\*).

CLUES: 1. grave; two mngs.; 2. (s)tick-  
le(r); 4. magnets\*; 6. meti\*-er; 7. Ee-  
yore; 10. r(enam)ing; 12. st(o)re\*; 13.  
dun-E; 14. framed, two mngs.; 17.  
on(lin)e; 18. color(ado); 19. kr(a)uT  
(rev.); 20. (depar)dieu; 21. ka(yak); 22.  
yawl (pun); 25. brand-y; 29. roller, two  
mngs.; 30. heel, two mngs.; 31. liar, rev.;  
32. gu(n)-i.(l)e.; 34. rot-ten, rev.; 39.  
(g)lazier; 39b. l(inn)et; 42. cut-  
e(gghead); 44. arguing\*; 48. gel-D; 50.  
monte\*; 51. taut, homophone; 53. sen-  
sors, homophone; 55. nature\*; 56.  
dic(i)er; 57. ilsa\*; 59. garb(age); 62.  
L.(ape)L.; 63. lass-oers\*; 65. qu(art)et;  
66. chariness\*; 70. wrist\*(e); 71.  
di(A.M.-on)d.

M	A	G	R	I	T	E	M	A	N	E	T
V	E	R	M	E	E	R	I	N	G	R	E
D	U	F	Y	G	O	Y	A	C	O	R	O
K	A	N	D	I	N	S	K	Y	K	L	E
B	R	E	U	G	E	L	W	A	R	H	O
G	A	U	G	U	I	N	R	E	N	O	I
U	T	R	I	L	O	S	T	E	L	L	A
C	E	Z	A	N	N	E	T	U	R	N	E
G	I	O	T	T	O	M	A	T	I	S	S
L	E	G	E	R	M	O	N	D	R	I	A
D	E	G	A	S	D	A	L	I	H	A	L
B	R	A	Q	U	E	P	I	C	A	S	S
W	H	I	S	T	L	E	R	D	U	R	E

G E O R G E S S E U R A T

SOLUTION TO MAY DOUBLE ACROSTIC (NO. 173). (RING) LARDNER: WHAT I (OUGHT TO OF) LEARN'T IN SCHOOL. They was hardly a evening passed when some gal's father did not feel himself called on to poke his head out his Fourth Street window and tell these same boys to shut up and go home for the sake of a leading character in the bible.

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aisle. The large screen hangs on the front wall between a varnished wood lectern and a row of X-ray view boxes. "That's perfect," she says. "I want to see these guys up close and personal." She touches the screen, runs her fingers over her cancer cells as though she were gathering their random spread into some kind of order. The loveliness of cells on slides, all the different shapes and colors, allows Hanna to give her breast cancer its own identity.

"They're like moons," she says, "each with a different face, a different complement of light and dark."

I turn off the auditorium lights. Her hands spread a silhouette that shadows her moons like eclipses.

"I'd like to spend time here," she says. "Touch them, get to know them."

"No rush."

I stand at the projector in darkness. She is forty-three, as I recall. Her mother died in the 1950s, when breast cancer was considered a local disease. The ideal treatment back then was to resect as much local tissue—the entire breast, underlying pectoral muscle, lymph nodes—as possible before the cancer could spread. I recall receiving so many of these horrific specimens in the 1960s that I felt like Artemis of Ephesus, the Great Mother of Life, whose torso teemed with breasts. It was disquieting to conjure up an image of the maimed women attached, only moments earlier, to the specimens they had relinquished. We now know that breast cancer is not necessarily a local disease, that it can be a covert presence in the breast for years, shedding cells that rain through blood and lymph vessels and sprawl to other body parts long before the primary mass is discovered. Hanna's cancer cells had obviously left home by the time she felt her mass, finding sanctuary in her axillary lymph nodes. She needed drug treatments then to defend her body from the spread. Although her breast surgery was far less aggressive and disfiguring than her mother's, Hanna's drug therapy has greatly exacerbated her difficulties.

"I'm returning from Lilliput," Hanna announces. She walks back

along the aisle, spotlighted by the projector beam, looking as hopeful as a bride.

When I turn on the lights, she is standing beside me. "I must confide a strange thing," she says. She slouches, her body seemingly depleted by the encounter with her cells. "When I finished my last cycle of chemo, I felt no sense of relief. The thought that a few bad cells could be hanging around and nothing more was being done chemically scared me. It still does."

I feel the uneasy edge between her confidence and her fear. Others are better suited to help. I can only listen.

I have never understood the purpose of a newspaper obituary. As a published notice of death, it certainly works well enough. As a biography filled with concrete facts—achievements, mostly—it gives the life in question a one-sided loftiness devoid of the flaws and failures that make it whole. And where is the mention of an individual's spirit, effectiveness as a human being, courage in adversity? What about people who successfully battle illness for many years before succumbing? What are their achievements in this regard, or do they simply "die after a long illness"?

Hanna Baylan's illness is very long. Four years go by before she comes to see me again; she has more questions about her cells.

"I must be stupid. The cancer is back, spread to my liver, but I just don't get it that I'm supposed to die," she says as she enters my office.

I notice how the ridges beneath her eyes have darkened, discolored by years of anguish and fear. She grimaces as she moves, pain loose inside her, and settles cautiously into the leather chair in the corner beneath my bookshelves. A CADD pump is fastened to her waist. This beeper-size gadget pumps chemo into her subclavian central line.

"I want to know more about these little buggers inside me, what really makes them tick," she says.

I assume it is the internals of cancer cells, the organelles, that she refers to. They are too small to be

seen effectively with my microscope, so I show her some black-and-white electron micrographs of cells magnified up to 100,000 times. She stares at the oblong mitochondria, whose cristae resemble zebra stripes, and the round, secretory vacuoles, which look dark and heavy as medicine balls. I find her a freeze-etched micrograph of a nucleus that truly resembles the desolate, pocked surface of the moon.

She studies the micrographs, keeps an inquisitive silence. I await the new metaphors she'll conceive to keep her cancer at bay. Our imagination is what saves us.

"Why do cancer cells keep growing and multiplying if they're so destructive to the body?" she finally says. "Why don't they just die?"

She's tired of all the pretty pictures, the metaphors. She's ready to deal with her cancer in a more direct way. I tell her that our dysfunctional and superfluous cells normally self-destruct in a programmed cellular suicide.

"Don't cancer cells self-destruct?"

"Apparently not. Cancer somehow disables the program. The cells forget how to die."

"Well, so do I," she says. A faint smile steals across her face.

Then she suddenly starts to cry, shaking as though grief has surfaced from all the deepest places. "I've been blessed with three wonderful boys and a husband who loves me," she says. "They'll be devastated if I go. So I can't give up."

Although I've never done this before, I put my arms around her and give her a long, firm hug. Her bones seem as ungraspable as hope.

I begin to see that the diagnosis of a disease plays little part in the healing process; nor, for that matter, does the treatment strategy. Help attuned to individual needs is what heals. Disease seems to be more than a set of facts, and illness more than a diminished way of life. They are a strange tandem that plays out differently in every host—despair, terror, agony, a call to arms, newfound clarity, transcendence, metamorphosis. Those afflicted must have their



needs satisfied on *their* terms. They must control, as much as possible, the progress of their own adversity. I can feel Hanna yearn for answers. I must give them to her, show her the pictures that help her.

The healthy tend to separate from the sick in much the same way that whites disengage from blacks, males from females, rich from poor, doctors from patients. We find comfort in what we have in common and threat in the many ways we differ. I feel my separation from Hanna, how her cancer intervenes, and I must be prudent to be effective with her. This is heartrending for me, because I have come to love her—the way she handles all that she has been dealt, her style, her spirit, her desperate determination to nurture her family as long as she can. I can no longer think of Hanna in terms of the dead, stained cells I see on her slides.

She leaves my office, and I feel the loose strings in my life tighten.

A few months pass and Hanna returns with her youngest son. He has decided to be a doctor, and she wants to introduce him to me. He has his mother's poise, her small, delicate features, and he fixes me with probing eyes.

"Dr. Nadler shows me his biopsy pictures. He lets me observe my disease," Hanna says, "so I can see what I'm up against." She is barely able to contain her pride as she sits beside her son.

She's fought her cancer to a stalemate. It's become more like a chronic illness than a life threat. And her son has lived so long with his mother's cancer that it is much more real to him than the likelihood of any cure.

The flesh of Hanna's successful life sits beside me. I answer all his questions, try to inform his career decision. I think he knows how valiantly his mother has girded herself on his behalf.

"I feel another flare-up coming on," Hanna says. "I'm strangely tired, not quite right. So I've decided to go to Maine."

"What's in Maine?" I ask.

"Leaves," she says. "I'm going to see the fall."

I picture metastasizing tumor cells pushing their way into her lungs and liver and bones. Can she muster her immune system once again? Will the drugs still have potency for her? Will there be another beginning?

When Hanna Baylan and her son leave my office, arm in arm, there is a confidence about her that seems complete. It's as if she knows that falling is followed by rising, and that eternal falling leads to a rising in another time and place.

I return to my microscope. In the spread of a squamous skin cancer, I strain to see the deciduous leaves of Maine, so fiery when first fallen, then turning slowly to compost, to nurture blanketed seeds. ■

#### June Index Sources

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