

Media Kit: **Dear Cancer** by Ann Tracy Marr

Contents

[Front cover](#)

[Back cover](#)

[Publication details](#)

[Press Release](#)

[YouTube trailer](#)

[Photos](#)

[Why another cancer self-help book](#)

[A more personal "Why this book"](#)

[Book descriptions](#)

[Reviews](#)

[The Table of Contents](#)

[Author bios](#)

Excerpts

[Beginning of the book](#)

[Suggested shopping list](#)

[Diagnosis](#)

[Surgery](#)

[Chemotherapy](#)

[Side Effects](#)

[Radiation](#)

[About the front cover](#)

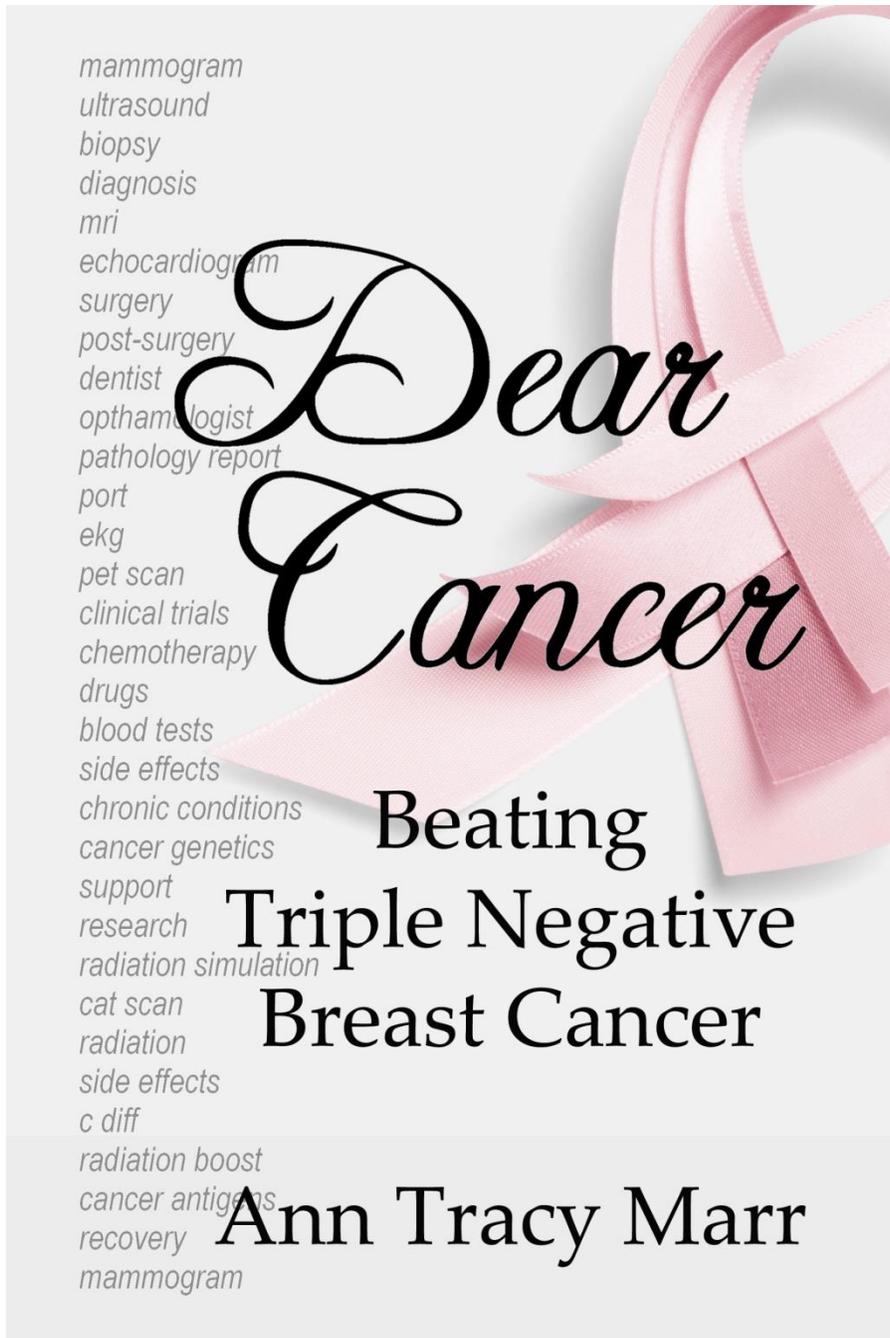
[Why pink ribbons?](#)

[Q&A AKA Faqs](#)

[Other books by the author](#)

This media kit includes all (and more) of the information
that is found on the website for **Dear Cancer**

www.atmarr.com/dearcancer.htm



mammogram

ultrasound

biopsy

diagnosis

mri

echocardiogram

surgery

post-surgery

dentist

ophthalmologist

pathology report

port

ekg

pet scan

clinical trials

chemotherapy

drugs

blood tests

side effects

chronic conditions

cancer genetics

support

research

radiation simulation

cat scan

radiation

side effects

c diff

radiation boost

cancer antigens

recovery

mammogram

Dear Cancer

Beating Triple Negative Breast Cancer

Ann Tracy Marr

Dear Cancer

Beating Triple Negative Breast Cancer

Triple negative is a highly lethal breast cancer.

Because it is aggressive and there are fewer treatment options, those with a triple negative diagnosis receive the maximum chemotherapy and the most radiation.

What they don't get is a lot of hope.

This book offers hope and tools to fight a killer.

- Experience what happens in surgery, chemo rooms, and radiation labs.
- Know what a biopsy feels like and what to expect from a chest port.
- Recognize side effects and have tips for dealing with them.
- Know what Neulasta is and what it can do.
- Bone up on some of the latest research.

In 2011, Ann Tracy Marr was diagnosed with breast cancer. Life changed. She became the average cancer patient. Then the diagnosis tightened to triple negative breast cancer. Marr was no longer average; she was a high risk cancer patient. Now she is a Cancer Survivor.

ISBNs:

Amazon (Print on Demand) trade paperback

ISBN-10: 1515250741

ISBN-13: 978-1515250746

Ebook formats (none for Kindle)

ISBN: 9781310983580

When promoting this book, please link to

<http://www.atmarr.com/dearcancer.htm>

When you post a review or promotion

please let us know (email antracymarr@aol.com) so we can link to it

YouTube trailer

https://youtu.be/IU9hN_xA668

[Return to Contents](#)

Press Release

Contact Ann Tracy Marr
email: anntracymarr@aol.com
phone: 313-824-4258

FOR IMMEDIATE RELEASE

BEAT THE TRIPLE WHAMMY

Tools to Defeat Triple Negative Breast Cancer

Detroit, MI. Oct. 1, 2015: When the oncologist told Michigan native Ann Tracy Marr, 'Your breast cancer is triple negative,' her initial reaction was panic. What should she do to save her life? 'Be optimistic,' he said. Marr had trouble with optimism, but she could do determination. She stuck out her chin, cursed the tumors, and wrote a book, **Dear Cancer**, while under medical care.

Triple negative breast cancer, frequently found in black and younger women, is an intimidating diagnosis. It is considered more dangerous than other breast cancers because it grows aggressively and recurs more often. Hormonal therapies don't affect it. Oncologists have to rely on the traditional treatment of surgery, chemotherapy, and radiation to destroy triple negative tumors. Patients can be cured, but they receive the maximum chemo and the highest doses of radiation. The process is hard on the body.

Struggling through treatment, Marr educated herself about the disease, the medical process, and side effects. 'Why I need B vitamins,' and 'What is so bad about dehydration,' joined 'When did I have the lumpectomy,' and 'How do I deal with fear,' in her combination research journal and diary.

No one takes a diagnosis of cancer easily. "Staying alive is an immediate and imperative goal. They don't understand why but research has proven that optimism helps patients survive," Marr said. "For me, knowledge equaled empowerment. Learning how grim triple negative cancer is made me more determined to beat it."

*** * * For a longer article, insert optional material (found below) here.* * ***

The information in her book, **Dear Cancer**, is drawn from Marr's treatment team, medical articles, and physician-reviewed websites. Unscientific chat

rooms provided a few illustrations of the challenges patients may face. **Dear Cancer** will be available in paperback and ebook on Amazon.com and other Internet book stores November 1, 2015. Read excerpts at the author's website: atmarr.com.

#

*** * * Optional Material * * ***

"Understanding what was happening to my body, that constant fatigue and discomfort would get better, and that others went through treatment and survived bolstered my sense of optimism," Marr claimed. "I drew hope from research in triple negative breast cancer. Maybe someday we'll have an instant fix. Catching it early is critical and there are advances in that direction." One step forward is cMethDNA, a test being developed by the Sidney Kimmel Comprehensive Cancer Center at John Hopkins University School of Medicine in Baltimore. It identifies some recurrences of breast cancer via blood tests. That would offer a better chance of survival than waiting until a tumor is big enough to be seen on a mammogram.

Education reinforced her determination and optimism, so much so that, cancer-free after three years, Marr decided to share her experiences with others. Her radiation oncologist read the diary and emailed her, saying, "I think the book will help patients immensely as they will have a general sense of what to expect. This is unlike any other book on cancer I have seen or read and it is refreshingly well written."

Marr said, "After that, what else could I do but publish?"

She explained, "Beginning and ending with mammograms, the grayed words on the front cover of the book illustrate the medical process I followed and my main areas of research. What I learned by doing during treatment I put in the diary. I also did a lot of studying." The answers she wrote to questions like 'What will the doctor do?' and 'How might my body respond?' are in plain English. Procedures such as biopsies, chest port insertions, PET scans, and radiation boosts are clearly described and explained.

In the book, Marr discusses side effects and symptoms like pain, blood clots, nausea, and weakness—more than 125 in all—along with medically approved options to deal with them. "Not everything happened to me, but I studied all of them in case they did," she said. Included are ways of finding help, whether for completing chores that illness precludes doing or for dealing with emotional concerns.

*** * * End of Optional Material * * ***

[Return to Contents](#)

Photos

Ann Tracy Marr shortly after treatment
(wearing the chemo shirts mentioned in the book)



Thumbnail

Ann Tracy Marr



Bookmark

Learn about breast cancer surgery, chemotherapy, radiation, and their side effects

Knowledge is power

Dear Cancer

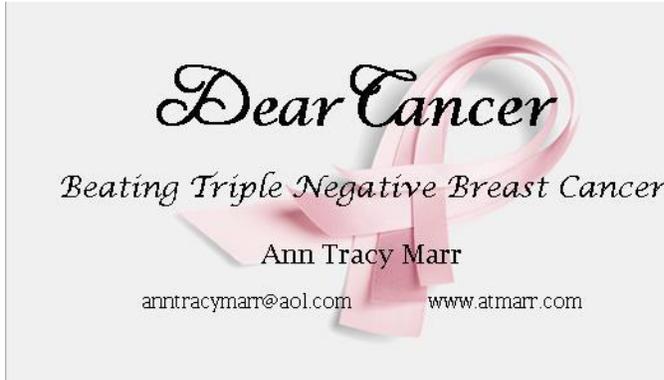
by Ann Tracy Marr

Available on Amazon.com
in print or Kindle
For other ebook versions
visit smashwords.com

www.atmarr.com

a diary and medical guide in plain English for beating triple negative breast cancer

Business card



[Return to Contents](#)

Why another self-help cancer book?

Dear Cancer - Beating Triple Negative Breast Cancer is the diary of one woman's battle with tumors in her breast. It is also a medical guide, written in friendly and plain English, for any person going through breast cancer treatment.

Every year 294,000 women are diagnosed with breast cancer. Michigan native Ann Tracy Marr knew cancer is serious; it can kill. When the doctor said, "Your biopsy is positive," her first reaction was panic. What should she do to save her life?

When Marr learned her tumors were a variation of breast cancer known as triple negative, she was still thinking, "What do I do?" What she did was get scared stiff. Of the 294,000 diagnosed with breast cancer, about 15% will have the same dilemma. Triple negative breast cancer grows faster, it spreads easier. It pops back up after you think it is gone. It kills better than other types of breast cancer. There are fewer treatment options because none of the hormonal pills or therapies developed to fight breast cancer are effective against triple negative tumors. Basic treatment -- surgery, chemotherapy, and radiation therapy -- are what the doctors have to work with.

The medical response to triple negative tumors is to subject the patient to a grueling treatment plan. Surgery is usually followed by the maximum chemo and the most radiation that a body can tolerate. That is what the doctors planned for Marr.

Once she got past, "What do I do," she learned that optimism is proven to help beat cancer. Marr and those close to her had to believe that the cancer could be killed. It couldn't be, "I think I can." It had to be, "I know I can." It made a difference in the chances for her survival.

Here was a woman facing a possible death sentence. Her doctors were responsible for ushering her through the ordeal safely. If the health care system is sophisticated, if it has its act together, a medical team can pull the patient through the complicated treatment process, hopefully to a cancer-free state.

Is it wise to trust your life to a medical team? Marr trusted hers.

But for her, ignorance was not bliss. She needed to know as much as she could about every facet of her disease and treatment. It was more

complicated than building a skyscraper with a garage patterned on Dante's nine circles of Hell underneath and the hanging gardens of Babylon up top.

In a seven month period, Marr had a lumpectomy, six sessions of high-dose chemotherapy, and thirty-five meetings with a radiation machine to eliminate two triple negative tumors from her left breast. Throughout treatment she kept a diary. In that diary, Marr kept track of her health and recorded the results of her research. She analyzed her pathology report and wrote down the details of surgery and her recovery. In a heartbeat, she waded into the swamp of chemotherapy and a lengthy list of possible side effects. She researched them all; listing symptoms and ways to deal with those symptoms. Eventually, she made it through chemo and began radiation therapy. It was a simpler topic requiring less research, but then she dealt with a radiation burn. "It's an art, treating those burns," Marr says.

Marr reveals her personal health issues, woes, and inner feelings in her writing. She considered clinical trials, dreaded heartburn that seared her lips and neuropathy that numbed her fingers, and applauded promising research. Thanks to hours on the Internet working her way through scholarly medical articles and sites, grilling her doctors, and learning of the challenges other patients faced, Marr was a partner with her medical team; she and her doctors pulled her through treatment.

Currently cancer-free, Marr is reaching out to others diagnosed with breast cancer, especially the triple negative version, offering the information that can help others get past their fear to the "I can do it" stage that might save their lives.

[Return to Contents](#)

A more personal 'Why this book?'

Dear Cancer, a diary, follows my experience of being diagnosed and treated for triple negative breast cancer.

I started the diary for myself. I am a published author and comfortable at the keyboard. The beginning is a letter I wrote spontaneously, 'Dear Cancer,' when my mammogram and ultrasound showed problems. Early on, the focus was on how I handled things psychologically. How did I feel? How did I deal with telling my family and work with doctors? It was self-therapy.

I felt a compulsion to learn everything I could about breast cancer and the treatment of it. When the doctor mentioned MRI's, I wanted to understand what an MRI was and what it would do for me. What happens, step by step, when you have a CAT scan? I described my experience. That compulsion remained with me throughout treatment. Sometimes it was the only link with the real world I was interested in maintaining.

I questioned doctors and nurses and wrote up what I had been told. It wasn't enough. I turned to the Internet to find out more – to dig out details. Information was scattered and I fought to find the most accurate, up-to-date sites. Some information was buried, as if the medical community didn't want the layman to hear of it. I spent hours researching the latest points, large and small.

I used the Internet to decipher medical tests and my results and wrote the information into my diary. There are sure to be things I missed discussing, but the diary kept track of where I was in the treatment process and kept me informed. I used my own work as a resource while I went through treatment.

Frankly, I was scared to death. I wrote the diary to keep my head above water and to make sense of what was coming.

I was offered one clinical trial and then was told I was not eligible for it. Then I was offered a second, and thanks to Internet research, refused it. Both are described fully in the diary.

Under the duress of treatment, feelings were buried. Life boiled down to basics. Side effects became the most important aspect of life while I suffered from them. I'd ask doctors and nurses what to do about them. Then I would go on the Internet to find more information. I tried to locate solid medical advice and included it all in the diary. I used my writing to remind myself of

details my treatment. So yes, I used this book as another reader might.

When I got to better feeling days, I researched side effects that I did not suffer. At last, I decided to write up information on all the side effects I could find.

I do not pretend to know everything there is to know about breast cancer treatment and I'll never try to be a medical authority. I frequently say to check with your doctor. I did make an effort to use information from the American Cancer Society, WebMD and other medically approved sites like Texasoncology.com. I went into chat rooms to learn about other people's experience, not for solid advice. What I did not do was keep a list of the sites I referenced. I mention various Internet addresses in the diary, but I didn't feel good enough to maintain a list and frankly, didn't care. At that time, I didn't expect to publish the book.

To the reader, the value of **Dear Cancer** might be to know you are not alone. Get a sense of how I felt, know what happened to me and how I dealt with it. Get blow by blow accounts of medical procedures. Have the results of my research gathered in one place rather than spend hours trying to collect it yourself. My diary might scare you, but it might also be a comfort. It all happened to me and I survived. You can survive also.

[Return to Contents](#)

Book Descriptions

Short:

The diary, **Dear Cancer**, is a mix of personal experience and medical fact on triple negative, a deadly form of breast cancer. Diagnosis, surgery, chemo, radiation, side effects, drugs, genetics, research, and more are discussed, with an emphasis on plain English explanations and descriptions. The book gives the person diagnosed with triple negative and other breast cancers hope and tools to fight a killer.

Long:

Triple negative is a deadly form of breast cancer. Because these tumors are aggressive and there are fewer treatment options, the woman with a triple negative diagnosis often receives the maximum chemotherapy and the most radiation. What she doesn't get is a lot of hope. The facts of triple negative are so frightening that she will wish she had regular every-day cancer. Ann Tracy Marr knows the feeling; she survived triple negative breast cancer.

To keep track of what was going on and to hang on to her sanity, Marr wrote a diary through diagnosis, surgery, chemotherapy, and radiation treatment. **Dear Cancer** is a mix of personal experience and medical fact translated into plain English. The reader walks in Marr's shoes through surgery, chemo rooms, and radiation labs.

Have an accurate description of a biopsy from the person on the table. A port ceases to be a mystery. Get acquainted with the symptoms of side effects and have tips for dealing with them. Recognition of a developing radiation burn allows early implementation of the steps to heal it. Details of promising research are encouraging. Buried in the wealth of information are hints of the emotions the patient may have to contend with.

Research proves that optimism counts when fighting cancer and knowledge is empowering. The reader of **Dear Cancer** won't be taken off-guard at what the doctor orders. She won't be bewildered by her body's response to treatment. She won't feel alone; she will be aware that someone else has gone through this prolonged ordeal and survived. She can retain control.

Dear Cancer gives the person diagnosed with triple negative breast cancer hope and tools to fight a killer. Not to ignore the person with a simpler diagnosis: the book is equally valuable to the person with other forms of breast cancer. The reader can skip over the information that pertains to triple negative tumors secure in the knowledge that the medical treatment applies to those with plain old invasive breast cancer or DCIS.

[Return to Contents](#)

Praise for **Dear Cancer**

This book provides so much guidance and practical tips for women who are about to go on this long and arduous course of treatment. We always wish and pray that no one ever has to go through this process, but I think the book will help patients immensely as they will have a general sense of what to expect. This is unlike any other book on cancer I have seen or read and it is refreshingly well written!

The author's radiation oncologist

Ann Tracy Marr's account of a journey through the labyrinths of discovering she had triple-negative breast cancer and the treatment she endured is a story for everyone: for people who have suffered as she has, or are about to; for health specialists so that they can experience the whole situation from the patient's point of view.

Dear Cancer is also for any reader who enjoys a tale portraying bravery. From Ms Marr's "writing voice" I could visualize a person who does not deal with fools gladly, someone who wants to know the force she's reckoning with down to the smallest detail and someone who is determined to fight this "extra being" that has invaded her body, a being she doesn't like one little bit and is ready to kick it out. She never becomes maudlin as she recounts her experience partly as a diary and partly as advice on how to endure the indignity that the pre-diagnosis tests involve, pain from the lumpectomy, the effects of the harsh treatments and, of course, the overwhelming fear that starts from the get-go. She is feisty and straight to the point but, bubbling away on the edge, there is a great sense of humor which helps her "give the bird" to this Dear Cancer from all angles. An example of this was when she was losing her hair and looked like "a direct descendant of Scrooge and Betelgeuse".

I read her book in almost one sitting, it was so compelling and, through the excellence of her prose, was easy to read despite some rather technical details (all of which she explains in simple language) that she has obviously researched meticulously. Dear Cancer is full of information and hope that may be difficult to find from other sources. It is a great educational read that could change so many people's fears and perspectives of this disease, even if they've had no contact with it. The book is a treasure in which the reader laughs and cries with the author and I applaud that Ms. Marr can truly call herself a cancer survivor.

Susan Roebuck, writer and breast cancer survivor

[Return to Contents](#)

Table of Contents

Diagnosis	1
The Biopsy	5
The MRI	18
Definition of Triple Negative	23
Surgery	36
The Pathology Report	52
Chemotherapy	58
A Clinical Trial	63
The Port	70
Chemotherapy Cycle 1	79
Chemotherapy Cycle 2	99
Cancer Genetics	111
Chemotherapy Cycle 3	117
Chemotherapy Cycle 4	133
Chemotherapy Cycle 5	147
Chemotherapy Cycle 6	164
Radiation Therapy	176
C Diff	193
The Boost	204
Post-Treatment	211
Physical Therapy and Yoga	212
Cancer Antigens	218
Index to Side Effects and Symptoms*	
About the Author	

*The index is available only in the paperback. That large a number of links in an ebook is impractical. Depending on the ebook format and device, the reader can search for terms.

[Return to Contents](#)

Author Bios

Shortest: 20 words

Ann Tracy Marr earned a black belt fighting triple negative breast cancer. In **Dear Cancer**, she shares her winning techniques.

Short: 44 words

When Ann Tracy Marr, a Detroit native, was diagnosed with breast cancer, she became the average cancer patient. Then the diagnosis tightened to triple negative breast cancer. Marr was no longer average; she was a high-risk cancer patient. Now she is a cancer survivor.

Medium: 147 words

Despite having published several novels, which many think is exotic, Ann Tracy Marr considered herself an average person. Then, following in the footsteps of three generations of her family, Marr was diagnosed with breast cancer and became the average cancer patient.

The diagnosis tightened. It was triple negative breast cancer. She was no longer average, but a high risk cancer patient.

To maintain her sanity, keep track of what was happening, and figure out what was going to happen, Marr kept a diary of her thoughts, experiences, and research. Now she is a cancer survivor.

Once her head was above water, Marr realized that others could benefit from the hours she spent researching surgery, chemotherapy, radiation treatment and the associated drugs and side effects. Her personal experiences may also be of value.

She hopes **Dear Cancer** helps others gain insight, strength, and wisdom in dealing with cancer.

Long: 205 words

Born in the metro Detroit area, Ann Tracy Marr considered herself an average person. She spent her time mothering two girls, fixing computers, and publishing fantasy romances. Then Marr was diagnosed with breast cancer. She became the average cancer patient. Since her mother, aunt, grandmother, and great-grandmother all suffered the plague of wildly growing cells in their breasts, she was not surprised. But the diagnosis tightened to triple negative breast cancer. Marr was no longer an everyday cancer sufferer. She was something worse, a high-risk cancer patient.

Drawing on solid Midwest determination, Marr decided to fight cancer intelligently. She wrote a diary to keep track of details like, "What is that drug for," and "when did I start to feel that symptom," things that fall through the mental cracks of complicated medical treatment. She also researched medical procedures and side effects to stay on top of the doctors, maintain sanity, and anticipate the next cul-de-sac on her route to health.

Marr beat the cancer. When she surfaced from the quagmire of treatment, she realized that her diary could help others diagnosed with breast cancer, especially the dreaded triple negative. She published **Dear Cancer**, confident that her easy-to-follow writing style could help others facing the deadly tumors.

[Return to Contents](#)

Excerpt from Diagnosis section

The book is called Dear Cancer because Marr started by writing a letter to the nasty bugger. Notes to the tumor are in italics. Because it is a diary, each section begins with a date, except the beginning. In the beginning, there was chaos...

Dear Cancer,

I just found out about you, that you have taken up residence in my left breast. I'm kicking you out, but until I know you are gone for good, I figure we might as well be friends. Well, not friends. Maybe acquaintances. Someone I wave to from the car as I drive by.

Drive by reminds me of shootings. That happens in Detroit; someone drives by a house and shoots a gun randomly (or not so randomly.) I don't know how many people die in those drive-by shootings because the news only tells us about the kids who get killed. Like that three year old baby, the one sleeping on the couch. My girls used to sleep on the couch. Chilling thought—if not for the grace of God, there goes one of my girls. Lots of things are chilling right now.

I vote to stop drive-by shootings, but let's have one more before we are done. How about I do a drive-by shooting on you, Cancer? I could go for that.

You picked a lousy time to announce your presence. I just got back from Katie's; it made sense to schedule my annual mammogram for after the trip to Sacramento. Since you were hiding in my breast, you know who Katie is. My eldest daughter, one of the lights of my life.

[Return to Contents](#)

A Suggested Shopping List

Suggested shopping lists are given for surgery, chemotherapy and radiation therapy. The one for chemo is most impressive. It is a listing of the items Marr, a chemo patient, found indispensable.

Suggested Shopping List

- Comfortable clothing that will give access to a chest port (opens in front and/or can be easily pulled down or pushed aside—and I do mean easily. It has to stay out of the way for hours.) and bares upper arm for blood pressure cuffs. For an example, look at my picture in the back of the book. I am wearing one of my chemo shirts
- Something to do while sitting quietly for two or more hours—books, magazines, Kindle, iPad, etc. (don't count on Internet access.) You could knit, etc., provided swinging your arm doesn't disturb the IV
- Gallons of bottled water to drink (not carbonated.) If your area has high quality tap water, you might not need bottled water, but you do need gallons
- A bottle or two of expensive Perrier water to mix with regular water for taste (optional)
- High protein foods: prepackaged meats, cheese, and other foods—nothing from a deli—no caffeine or carbonation—no fresh vegetables (frozen is okay)—choose a bland diet until you know what your stomach will tolerate. Think comfort food for a sore mouth and unhappy stomach but concentrate on protein and a balanced diet
- Fruit juice (possibly only low acid)
- Thick skinned fruits like oranges and bananas
- High quality chapstick
- Heartburn medication (Tums or similar) just in case
- Cottonelle wipes or similar (optional)
- Non-alcoholic mouthwash
- Mild toothpaste with fluoride
- High quality multivitamin
- B-Complex vitamins (even though the multivitamin has B in it)

- Medical face masks (for protection from other people's germs) (optional)
- Refresh eye drops or similar (not Visine)
- High quality/high powered skin lotion
- Ibuprofen (not aspirin or Tylenol. Only Ibuprofen has anti-inflammatory properties that are beneficial)
- Ocean (saline spray for the nose) (optional)
- Biotine for the mouth (optional)
- Preparation H cream, not suppositories (optional)
- Antibacterial soap to wash fruits, countertops, etc.
- Kotex or similar—absolutely no tampons (if you have periods)
- A hat, scarf, turban or wig

[Return to Contents](#)

Excerpt from Diagnosis section

Monday, October 3, 2011

You messed up my day, Cancer. The Woman's Center called. I was back for more tests, this time an ultrasound of two areas in my left breast. The receptionist didn't chat much. She handed me over to the lions for mauling.

I was ushered to the dressing room because they wanted a couple more mammograms. Too bad there isn't a lock on both doors—I could have barricaded myself in until someone admitted it was an elaborate joke. Better sadistic jokes than the possibility of cancer.

Then came the ultrasound. The ultrasound technician lion I was thrown to was a young woman—at least younger than I. The ultrasound was like any medical procedure. I reclined on the table while she ran the wand over my breast on the outside side and slightly below. The gel was exactly body temperature so I couldn't feel it on my skin. She took some pictures and was done.

The rubbing was relentless, so my breast was a little sore. The technician and the radiologist harped at each other; was the one area at four or five? And the other; was it one or two? They settled between four and five and between one and two. I imagined a clock face and tried to reconcile it with where the ultrasound wand dug.

It appeared that if it was anything, I caught it early. The radiologist would look the pictures over and they would call.

The coordinator-head nurse-consultant—well, I don't know what her title was, but her name was Pat—took me into her office for some literature and information. Her motherly, comforting attitude grated on my nerves. I escaped, ran two errands, ate at Janet's, and went home.

[Return to Contents](#)

Excerpt from Surgery section

At 9:30, I was bundled into a wheelchair to go for the Wire Localization—translated into English, to have guide wires stuck in my tumor so the surgeon could find the malignancy without trouble. The surgery was at 1 pm; I was going to have wires sticking out of my breast all morning? Sounded nasty, but I didn't question it.

Wheeling around under the power of a twenty-something girl, I suggested running over any people who looked like surgeons. She was cheerful, but failed to bump into anyone.

Cheerful girl and I had to go way to the other end of the hospital complex. It was a long hike through corridors, past the main lobby and gift shop, through more corridors. Other than wishing to bowl them over, I was not fazed by people along the way. Valium freed me from normal inhibitions. Evidently, hospital gowns and weird slipper socks are fashionable enough, because I didn't notice anyone staring.

I felt sorry for my chair pusher having to haul my excessive weight around, but she wasn't even breathing hard. She must be used to fat ladies. Arriving at the proper place, the name of which escaped me, I found I was second in line. The woman in the wheelchair in front of me was asleep. I was offered a magazine; I flipped through it but had trouble focusing.

Whoops, Valium did more than relax. It made me sleepy. As in really sleepy. When I was not dozing, I realized I was in the mammography department for the Wire Localization procedure. A couple of women arrived, I think for mammograms; one looked apprehensive, the other bored. I didn't notice when they left. I vaguely registered the departure of the woman ahead of me in the wheelchair line.

The room must be right off the corridor, but for the life of me, I couldn't remember how I got there. My trusty wheelchair was gone; I was operating under my own power. It was my turn with my old friend, the mammogram machine, except it didn't look like the machine at Cottage Hospital's Woman's Center. Oh, it was a digital one.

I got to sit on a chair, but it came out of Quasimodo's laboratory. It was a deformed secretarial rolling chair: short seat, short back tilted forward, and a bit high off the ground so I was on tiptoe, not flatfooted. Even for befuddled-on-Valium patients, it was not comfortable. Technicians floated around, coming and going.

My hospital gown had snaps on the left sleeve so I didn't have to remove it for my breast to go into the machine. The technicians were impressed that my snaps snapped and unsnapped without a fight. Amazing the details that matter. I'd like to take credit for working snaps, but I kept my mouth shut

except to answer the question, "Which breast?" I was too high to do more than obey instructions.

My friend Sue (from church) told me about her experience with Wire Localization. She had to stand and a technician was on the floor in front of her, looking up. She didn't tell me that my breast was not squished nearly as flat as when a mammogram is the object. Overall, Sue had the economy experience and I the deluxe procedure: I got a weird chair and two technicians stooping at my left side.

The Wire Localization was done much as the biopsy was accomplished. A big needle was inserted into my breast and the wire went in via the needle. The patches Nurse Sue glued to my breast were useful; I didn't feel a thing.

The first wire was a breeze, but the second was at an awkward angle. They made an adjustment or two, and then I was wheeled out with tape covering my wires.

[Return to Contents](#)

Excerpt from Chemotherapy Cycle 1 section

Tuesday, December 20, 2011

Today was the first chemo treatment AKA Cycle 1. I tend to be OCD about being on time for appointments, so I was a little tenser than I would have been if everyone had gotten up good this morning. As it was, both Rick and Martha dragged their feet. We got to the hospital with five minutes to spare; signed in and sat down. Hurry up and wait. I was called in half an hour later.

Weighed, blood pressure and temperature tested, we were ushered into a huge room. It was a big U with locked doors at both ends so you can't just wander in, bathrooms and a nurse's office, and maybe a closet or three in the center, and lines of Lazy Boys and equipment going around. Desks at the bottom of the U were for the staff.

In a small room at one curve of the U, a nurse scrubbed at the skin around my chest port and then stuck the IV apparatus into the port. The apparatus was a sideways needle that stuck into the chest port through the skin. Attached to the needle was a long IV line (a tube) with two more lines branching from it, so they could give me two shots of whatever at once. The whole was covered with a large clear plastic bandage that kept everything in place and covered the port for cleanliness, leaving the IV lines hanging outside where they could be reached. Having the needle go in pricked, but actually was less bothersome than a regular IV or a shot. If I wanted, I could get a prescription for a cream that deadens the feeling.

The nurse praised my shirt—I bought two from Roaman's catalog just for chemo. Short sleeves, so there was full access to my arm for blood pressure cuffs, scoop-necked and full button down the front, giving good access to the chest port. Once the IV was set up, I saw an additional benefit to the shirt. The material was gauzy cotton, not great for winter wear, but light enough that the material did not pull on the chest port stuff. They were busy prints, kind of African in nature, so I could go braless and still be modest (bra straps cut across the chest port and felt weird) a little oversize, so very comfy. Not the highest quality but they were good for doctor's visits and chemo. Once this was all done, I would throw them away. I had a cardigan in case I got cold.

Sherry was nurse for the day. She ushered me to my decadent couch. Actually, I was to sit on a generic Naugahyde Lazy Boy with attached trays, on one either side. An IV stand with an automatic control box stood to the side. There was a chair for Rick, not nearly as comfortable as my Lazy Boy. A pillow and blankets waited, but I was hot. I shouldn't wear sweat pants. It

may be cold out, but it was a lot warmer in the hospital than in my house. With our stuff stashed at our station, Sherry gave us the grand tour.

There were four bathrooms, two on each side of the U, and a little refrigerator stocked with apple juice and snacks. Rather basic, but much better than nothing. There were a few other people in Lazy Boys, but not many. The ones who were there frankly didn't look very healthy.

This was training day as well as chemo day. Sherry hooked me up to the IV and started a saline drip. Drip that water in, hydrate me so the drugs worked well. Rick and I watched a video on cancer that was soothing, although I could have guessed or already knew most of the info in it. During it, I ate the crackers I brought from home and washed them down with water. They were an adequate, if not great, breakfast, and had the added benefit of not being hard on my stomach, which was frog jumping. Then the video was done and Sherry returned.

The information came hard and fast. First, if someone had an emergency, they would be surrounded by nurses who knew exactly what to do, so don't panic. I was Stage I and she had every faith that I would have a good outcome, but that was not true of many of the people receiving chemo today. Plenty of them were staving off death as best they may.

Sherry filled us in on the schedule and procedures. Normally, one sees the doctor the day before chemo, but since all my appointments had already been scheduled by Trish, we would not upset the apple cart and change things. Chemo weeks, I would come in Tuesdays at 9 am, see the doctor and have my blood drawn, and then have the chemo treatment at 11. The weeks I didn't have chemo, I must have my blood drawn at Cottage Hospital. Do it every Tuesday, no exceptions, no excuses. No bloodwork, no chemo. The doctor reviewed the blood work; if anything was off, it was dealt with. Don't be surprised if I got a phone call at 2 am—the doctor had been known to do that if she was sufficiently alarmed by blood counts.

[Return to Contents](#)

Excerpts of Side Effects

How are side effects handled? Different ways, but here are random samples (random as I opened the book and used those that showed up first)

Short:

My nose was runnier than usual, though this would be hard to prove without catching it all in a cup and measuring. For sure not going to do that. I only noticed it because someone in a cancer chat room mentioned it.

If my nose was runnier, I bet I knew the reason. Chemo drugs are trained to attack cancer cells which grow like madmen, but aren't smart enough to know to leave perfectly nice fast growing cells alone. The drugs go after mucus membranes as well as cancer cells because mucus membranes renew themselves faster than, for example, bones. Mucus membranes are up the nose, around the mouth, wherever you get damp from the inside. My poor assaulted mucus membranes were crying after being beat up.

Long:

This morning, I felt fine, with one BIG exception. My right hand (except the index finger and thumb) was a bit tingly and numb. My own diagnosis was neuropathy. Didn't want it, especially on the side that does all the work. I called the doctor's office and talked to a nurse. She didn't have any suggestions: if it got too painful to live with, go to the Emergency Room. Otherwise, make sure I tell the doctor about it before my next chemo. She might want to adjust the dose.

Hi, Internet. It is properly called peripheral neuropathy. What happens is the chemo drugs don't just attack the cancer; they also go after other things in the body. Some of those things are nerve endings, especially the nerves for the fingers and toes. They are so small, it makes sense they would get messed up. Usually it will be in both fingers or both toes, not just on one side. If it's in the fingers or toes, it can gradually move upward as if you are donning imaginary stockings or gloves. It can also attack the bowels, causing constipation or intestinal blockage, or bother the face (causing drooling, et cetera,) back, or chest.

It can feel like numbness, tingling, burning, the loss of sensation of touch, weakness, or difficulty using the part affected. I knew from others that if it is in your fingers, it can make it difficult or impossible to button buttons, zip zippers, tie shoelaces—it can make you totally miserable and even disabled.

The people most at risk of getting neuropathy during chemo treatment are diabetics, alcoholics, those who are severely malnourished, and those poor suckers who have been there and done that before. Overall, 30-40% of people who get hooked to a chemotherapy IV get neuropathy. It is one of the common reasons for giving up chemo.

According to the sites I visited, neuropathy may appear suddenly. The sensation usually builds gradually and can get worse with each chemo treatment. It is usually strongest right after chemo, but lessens before the next treatment. It is unpredictable; it comes and goes without warning. It can disappear, only to return years later. Sometimes it stays the same strength, other times it can be worse or lighter in symptoms.

So what can you do about it? First, tell the doctor, follow his or her instructions, and be active in decisions regarding treatment versus quality of life. Sometimes, the symptoms can be lessened by lowering the dose of chemotherapy or temporarily stopping it, which can lessen the pain within a few weeks. There are drugs to take, but they have their own side effects, so taking them you might be between the devil and the deep blue sea. And they don't always work. For some people, the symptoms last for months, years, or forever.

Make sure you rest. Rest the affected part, get plenty of sleep, if you can. Neuropathy can hurt so much you have trouble sleeping. Protect the poor body part: avoid extremes of temperature, be careful that you don't injure it. Watch out for infection. If it is fingers or toes, wear good thick socks and soft-soled shoes or wear gloves when washing dishes or gardening. Gardening? I can't imagine gardening while going through chemo. Get a supply of vitamins in the B-complex family. The B vitamins support your nerves.

For comfort: massage, lotions and creams, even splints to support the poor baby. Deep breathing, relaxation and guided imagery might help with the pain.

If you get constipated, eat high fiber foods and drink two to three quarts of non-alcoholic fluids a day. Exercise twenty to thirty minutes—walking is convenient—anything and everything to keep your bowels moving. If the doctor gives you a regimen to follow, make sure you follow it exactly. After all, intestinal blockage can kill you.

Your doctor might send you to physical therapy, put you in a brace or splint, and if the neuropathy gets bad enough, you might need biofeedback, acupuncture, or transcutaneous nerve stimulation (TENS)—stimulation of the

nerves with electric current. Don't do it yourself! Sticking your afflicted finger into the electric socket won't do the job.

If you are not squeamish about women's issues, here is another side effect:

I looked up a side effect. If you have not gone through menopause, you can experience irregular vaginal bleeding, dribs or drabs, during chemo. It might be your period, but report it to the doctor anyway. It may be that it isn't your period at all, but bleeding caused by a blood clotting problem or other imbalance of blood levels. Lord knows the blood gets messed up by chemo—you don't want it to get worse.

If you have gone through menopause and experience vaginal bleeding during chemo, you haven't gotten younger. You need to contact the doctor.

For both non and menopausal women, don't use tampons during chemo. You are at higher risk of infection, and tampons are a way to introduce infection-causing agents into your body.

Thanks to lowered blood estrogen, vaginal dryness is a common side effect of chemo. This can make intercourse painful or impossible. Liberal use of water based lubricants such as K-Y jelly, Lubrin, Surgilube or Astroglide for sexual activity may solve the problem. If they don't, speak to the doctor. There are other products available but a prescription may be required. (K-Y jelly may be the slipperiest thing in the world. A kitten got its head stuck in the fancy spokes of a car tire's wheel cover. They tried all sorts of stuff to help slide it out without success. One messy kitten later, K-Y jelly did the trick.)

[Return to Contents](#)

Excerpt from Radiation Therapy section

The skin gets unhappy. It thinks it is sunburned; it burns to a crisp (exaggeration, I hoped.) Every day, three or four times a day, I should slather the whole area with pure Aloe Vera (you can buy Aloe Vera with additives, so watch for pure,) but don't use it the morning of treatment. Every night, before bed, apply Aquaphor to the nipple area and the various scars (one from the lumpectomy, two scars from surgical tape, and one scar kind of in the armpit where they removed two lymph nodes.) She gave me a baggie with written instructions and several small tubes of Aquaphor.

Aquaphor is a petrolatum based (AKA Petroleum Jelly) ointment made by Eucerin, a division of Beiersdorf AG. It is available in two forms, Original and Healing Ointment. Both versions are similar to Vaseline, but contain extra ingredients. The Original Ointment contains mineral oil, ceresin, and lanolin alcohol. The Healing Ointment contains mineral oil, ceresin, lanolin alcohol, panthenol, glycerin, and bisabolol. Like Vaseline, it is an effective treatment for minor cuts, scrapes, burns and dry and cracked skin. It can stain clothing but who cares if a nightgown or two got ugly? Stain everything! A new wardrobe would be reward for finishing this endless treatment.

I had a vague memory of the doctors instructing my mother to use Eucerin on her skin. Aquaphor appears to be my generation's answer to the ravages of radiation.

If I needed more Aquaphor, there was a coupon for it in the baggie.

Oh, and please do not use any other kind of lotion. No deodorant. No perfumes, no nothing. Use warm water, gentle soap like Dove or Ivory, and pat dry. Don't scrub the skin. And don't shave under the arms. A razor could cut the skin and healing could be a problem. If you absolutely must, use an electric razor. Wear a soft loose bra, if you wish, but no underwire bras. Watch out for harsh laundry soap. Lie down and lift the breast to dry and air out the skin often. No letting sun shine on it (there go my plans for nude sunbathing on the Cote d'Azur.) A low cut shirt might expose some of the upper breast, so be modest. Forget that you own a heating pad or a cold pack. Treated skin is more sensitive. You don't need burns or frostbite.

I had to sign my soul away on some forms. Nurse One joked that I had just given her \$1,000 because I didn't read the forms. I told her that if she could find \$1,000 to take, she was welcome to it. I recognized consent forms and had no need to read them.

[Return to Contents](#)

Explanation of Cover

The gray words on the front cover of the book are a list of the procedures the author underwent and the research she undertook in the process of treating two triple negative tumors in her left breast. On the website, Marr placed an expanded version of her treatment plan. This list was derived from the words on the cover.

The steps to beat triple negative breast cancer

Have your yearly mammogram

When the mammogram shows possible problems, have ultrasound

When the ultrasound shows problems, have a biopsy

See the doctor, who says you have breast cancer

Have an MRI, which might reveal more tumors

Have an echocardiogram to check that your heart is healthy

Have surgery -- either a lumpectomy or a mastectomy

Visit the surgeon, who tells you that it is Stage I cancer

Decipher the Pathology Report to learn what the doctor doesn't tell you:

It is fast growing triple negative breast cancer

Have a port inserted, either in your chest or your arm

Undergo a PET scan to look for cancer elsewhere in your body

Do chemotherapy as many times as the doctor advises

Finish chemotherapy (it only feels like it will last forever)

Have a radiation simulation to plan radiation treatment

Have however many radiation sessions the doctor advises

Have radiation boosts to target the tumor more exactly

Have a mammogram

Have another mammogram

Keep having mammograms

[Return to Contents](#)

Why pink ribbons?

First, a woman, stealing the idea from Tony Orlando and Dawn's song, tied yellow ribbons around trees to signal her desire to have her husband, an Iran hostage, come home.

Then, AIDs activists started using red ribbons to raise awareness. One appeared at the Tony Awards and suddenly every cause had to have its own ribbon.

The Susan G. Koman Breast Cancer Foundation had been giving pink visors to breast cancer survivors at their Races for the Cure. In 1991, they handed out pink ribbons to participants in their New York City race.

In 1992, Self Magazine had the idea to use the pink ribbon for their Breast Cancer Awareness Month issue. Evelyn Lauder, a breast cancer survivor and high up in the Estée Lauder company, said she would put the ribbons on every cosmetic counter in America. The color was the ribbon manufacturer's "150 pink", a basic standard pink hue. Estée Lauder cosmetic counters handed out 1.5 million pink ribbons with a laminated card describing how to do a breast self-exam. And they collected petitions to ask Washington to increase funding for research.

Other companies got involved. In 1993, Avon started selling a pink enamel and gold ribbon and raised 10 million dollars. Today, more than 100 companies sell pink ribbon items, with proceeds going to research.

The pink ribbon is becoming less popular. Some people hate it. I didn't know that when I designed the cover of **Dear Cancer**. I'm sorry if you dislike it, but the pink ribbon signifies breast cancer to me.

The image used for the book cover



[Return to Contents](#)

Q&A AKA Faqs

Why do you say you are an average person?

Because I am. I never finished college because the money ran out. I got a job and supported myself. I was fortunate to be able to quit working 9 to 5 when I had babies, but I turned myself into an independent computer consultant. Nothing fancy there; I advertised as someone to help folks learn to use the computer and fix it when the darn thing breaks, which they do more often than a lemony car. Yes, I wrote and proudly published three fantasy romances, but I am hardly alone in doing so. I am just as proud that my husband and I raised two fantastic, capable girls.

What is the best advice you could give someone diagnosed with triple negative breast cancer?

Keep your chin up. Don't get discouraged, instead, get mad at cancer. Try to smile, even when you feel too lousy to fight. And don't forget that others are behind you, pushing when you need it, and pulling you through the nasty segments of treatment.

What do you think others will get from your book?

A diagnosis of triple negative breast cancer is a scary proposition. If someone takes the time to learn the basics about the disease, she will find that it is aggressive, tends to pop up at will, and is a killer.

Even with that knowledge, she will be given a pat on the hand and told, "Not to worry, we have everything under control." The doctors won't tell her that her tumor is fast growing and that treating it is not as simple as it is with other breast cancers. She might drift through treatment. She won't know enough to understand how important it is that she do every bit of treatment as well as she can.

I can't fault the doctors for not being honest. It is a blow to be told that the tumor in your breast is more dangerous. Some women might fall apart and give up the fight, which is not a good way to go. But for someone like myself, who felt impelled to educate myself, dragging the information together is tedious and time-consuming. I have done the hard work. I hope another woman diagnosed with triple negative breast cancer can benefit from reading what I learned.

It is really important to drag yourself through treatment. A woman might say, "But I feel so awful. If I wait another week before getting the next chemo treatment, I'll do better." The doctor will disagree with that decision, but if the woman doesn't show up at the hospital, what can the doctor do? You can't do things like that with triple negative. It's too aggressive to fool with.

I hope the book educates another woman to act intelligently, even if she doesn't want to. Also, being a writer, I hope she enjoys the read. **Dear Cancer** is not a cut and dried medical manual.

Is that all there is to the book? A 'Go team, go' cheer?

Dear Cancer reveals the process a breast cancer patient will go through. When a woman is diagnosed, she won't know much about what will happen. The doctor will mention surgery, chemotherapy, and radiation, but what do those entail? The book explains them.

She will be faced with MRI tests, chest ports, CAT scans, and endless blood tests. The book explains what they are for and how they are done.

What if her arm swells after surgery? Can she avoid having her tear ducts close up? How does she treat a radiation burn? **Dear Cancer** is stuffed full of tips for recognizing and dealing with side effects.

And as I said before, it's not just medical stuff. It's my story. I hope it is interesting and entertaining.

What if my cancer isn't triple negative?

Go ahead and read the book. You can cheer that you don't have to worry about some of the things in it, but you will still learn the process for getting rid of cancer. You will still have the information about all those side effects. Hopefully, you will be entertained along the way.

Why is triple negative worse than other kinds of breast cancer?

There are a few reasons. First, it tends to grow fast. For example, I had two tumors; the smaller one was a ball half an inch wide. The doctor checked the mammogram I had done a year earlier and found no evidence of cancer. One has to believe the tumor grew that large in one year. Testing of it showed that more than 50% of that tumor was actively growing. Typically, triple negative tumors show growth in 50-90% of the whole, versus an average 20-30% for other types of tumors.

The upside of this rapid growth is that chemotherapy is more effective against triple negative tumors. The high level of activity attracts the drugs.

Second, triple negative tumors pop up again more easily than others. They can show up anywhere in the body, not just in the breast, even though there is no evidence that the cancer has spread.

The third reason triple negative is considered worse than other breast tumors is because there are fewer treatment options. The hormonal pills many women take to keep cancer from recurring don't affect triple negative. If surgery, chemotherapy, and radiation don't eliminate the cancer, what do you do? I guess you would have to repeat the process with more surgery, more chemo, and perhaps more radiation.

Why did you name the book Dear Cancer?

Being the typical writer, I started a diary after my mammogram showed problems. The first thing I wrote was a letter to cancer. Like any letter, it started out "Dear Cancer," When it came time to give the manuscript a

name, I couldn't think of anything better. Please note, I have never been good at coming up with clever book titles.

How did you handle being diagnosed with cancer?

I probably reacted as most people do. I was scared to death. Thinking about the future made me want to cry, but I tried to hide my fear from my family. I also gave myself stern lectures to keep a stiff upper lip. After a while, I settled down. Having to deal with a huge number of doctor's appointments and various pains and discomforts distracted me. Sometime during chemo, I realized I wasn't scared anymore. A person can only hang over the edge for so long. Eventually, you slide off the edge and chug along the best you can.

I noticed that you talk about cancer genetics in Dear Cancer. What is that?

Researchers found two mutated genes, called BRCA1 and BRCA2, that cause people to be more likely to develop breast cancer. Because I have a strong family history of the disease—my mother, aunt, grandmother, and great-grandmother all suffered from breast cancer—I was tested for those genes. I don't have either of them, which makes me think there must be something else that hasn't been discovered yet.

Do you have any idea why cancer grew in you?

Other than being cursed with a family who seems prone to get breast cancer, there isn't a whole lot known about what causes it. Being overweight and less active might play a role. Research shows that a high fat diet might encourage triple negative tumors. But, really, who knows? Even having BRCA genes doesn't mean that you are doomed to grow cancer.

Do you have any lingering problems from your battle with cancer?

Of course I do. No one goes through such a drastic process without growing scars. I have neuropathy—damage to nerves—in my fingers and toes, arms and legs, and maybe the corner of my mouth. You'll notice my difficulties when I can't hold a pen well, walk down stairs funny, drop things and drool a bit. I am fortunate that my neuropathy is not painful. It is for many people. Also, I have lingering Chemo Brain.

What is Chemo Brain?

That's the sixty million dollar question as far as I am concerned. Chemo brain is thought to be nerve damage in the brain. It affects people differently. For me, I lost words. I totally forgot that it is "discourteous." I tried uncourteous and then incurteous. My daughter had to correct me. I know that England has a queen—I know her name, of course I do—but I can't spit it out. The Oxford Essential Thesaurus has gained a prominent spot on my desk because I can't come up with an alternative word.

Other than that, I think I am back in menopause. I can't remember appointments; I have trouble concentrating on a conversation. I feel like a dumb blonde.

What would you do if your cancer came back?

I would do everything over again. I wouldn't be as worried about surgery or radiation, but I would have to drag myself into the Chemotherapy room. I might even kick and scream, but I would do it. There isn't any other choice. On a second go-around, I would question some of the drugs I was given. "Hey Doc, can we wait and see if I really need Dexamethasone before I start popping the pills? Please?"

Why did you decide to self-publish Dear Cancer?

I had a publisher for my romances. Beyond doing production and distribution work, they did nothing. No advertising, no support other than 'Rah, team, rah,' emails. I figured I could do as well. CreateSpace (Amazon paperback,)

KDP (Kindle,) and Smashwords.com (the other ebook versions) handle distribution. I formatted the book (an act of Hercules for the paperback,) slaved over the cover, and applied for a copyright. There is a myriad of details to deal with but I can do it. The hardest part of publishing is promotion; time-consuming and frustrating are not my favorite words.

What makes Dear Cancer better than other self-help cancer books?

I don't know if it is. Other books might be better organized. They might be more comprehensive. They might be lots of things.

I am a writer, not a doctor. I try to throw a little humor in to lighten the pages, just as I try to throw a little humor into my life. I could say that my romances are as good as those of authors who habitually hit the New York Times bestseller lists, but how do I judge that? The same goes for **Dear Cancer**. It might be as good as other books or it might not. Readers make that judgment, not authors.

I believe the book is interesting, even a little funny. It sure gives a lot of information about breast cancer and its treatment. I firmly believe reading **Dear Cancer** is helpful to the person who wants to learn more about breast cancer.

[Return to Contents](#)

Other books by Ann Tracy Marr

A fantasy Regency romance series

Thwarting Magic

Round Table Magician

To His Mistress

Keeper of the Grail (coming in 2016)

available in ebook and paperback

...bright and fun and everything Regency...
Maura Frankman, The Romance Studio

...you will find yourself going back and forth over and over again thinking
you have it figured out, only to find, you might not...
Angi, Night Owl Romance

...Those who feared that the Regency genre might be dead need not worry.
It is kept alive and healthy by such authors as this who employ their fertile
imagination to reinvent the world...
Amanda Kilgore, eternalnight.co.uk

[Return to Contents](#)