

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)

*VENUE: High MR unit

*DATE:

*ID: Patient36

*INTERVIEWER: DJW

INT: I'D LIKE TO START WITH QUEITON ONE, WHICH IS CAN YOU TELL ME A BIT ABOUT WHAT YOU KNEW OR UNDERSTOOD ABOUT BREAST CANCER BEFORE YOU REALISED THERE WAS SOMETHING WRONG WITH YOUR BREAST?

Patient: I've got several friends who've had breast cancer so I had a fair amount of information. Two of my, both of my grandmothers had breast cancer so it's made me a little bit aware, and last year I went for my three-yearly mammogram and I was called back because they've found something a little bit unusual, which turned out to be three or four harmless tiny cysts, and they are still the same, but since that date I've sort of taken a bit more care over checking my breasts, and then I found a lump in March this year, which didn't feel normal, which felt, you know, unusual to what my breast normally feels. So I thought, 'Let's get to the quack and see what's what.'

INT: RIGHT OK. SO YOU GO TO YOUR GP FIRST AND THEN THEY COULD REFER YOU?

Patient: Yes.

INT: YEAH, OK. AND YOU SAY THAT YOU HAD, YOUR TWO GRANDMOTHERS, IS IT, TWO GRANDMOTHERS THAT HAD BREAST CANCER AS WELL? IF THERE ANY OTHER SORT OF FAMILY HISTORY OF BREAST CANCER?

Patient: Yeah, my mother, one of my mother's sister had it, she had quite an aggressive one; my father's mother, she died when she was 57, which is my age [chuckles], so ...

INT: MM, SO FROM WHAT THAT EXPERIENCE WHAT DID YOU UNDERSTAND BY BREAST CANCER, IN TERMS OF ...

Patient: What did I understand about it?

INT: YEAH, IN TERMS OF WHAT HAPPENED AND [???

Patient: There are tumours of varying degrees of danger basically. Some, I mean my husband's first wife had a breast cancer, she had a mastectomy, but she survived that, she eventually of another form of cancer totally unrelated. So, erm, I do understand that it's mainly curable and the aggressive types have to be treated a bit more severely.

INT: OK. AND, ERM, SO WHEN YOU FOUND THIS LUMP IN YOUR BREAST THAT YOU THOUGHT WAS A BIT UNUSUAL, WHAT WENT THROUGH YOUR MIND AT THAT POINT?

Patient: Erm, what went through my mind? Well I thought, 'I need to get it sorted because of the family history. It's probably turn out to be a cancer.' So ...

INT: OK.

[SOMEONE ENTERS AND GOES OUT]

INT: SO, AND WHEN YOU WENT TO YOUR GP, WHAT DID THEY SAY THEN?

Patient: The doctor examined and she said, 'Eeh, yes, it's definitely unusual so I'll refer you to the breast unit at Derby.

INT: AND SORT OF HOW LONG WAS, SO WHEN YOU DISCOVERED THE LUMP, HOW LONG WAS IT TILL YOU WENT TO YOUR GP, HOW SOON DID YOU GET YOUR APPOINTMENT?

Patient: Now this, I don't know whether you would want to record because my surgery have a system where you can't make an appointment in person, you have to telephone to make an appointment.

INT: THAT'S THE SAME AS OURS, AT MY MAM'S PLACE.

Patient: But of course you can never get through on the telephone ...

INT: THAT'S THE SAME AS US.

Patient: ... so it was several days. If, in hindsight, I should just have gone and stood and said, 'I want to make an appointment, it's urgent.'

INT: QUITE RIGHT. YEAH.

Patient: But there we are. So it was about two weeks.

INT: MM, YEAH. MY MAM'S HAD ALL KINDS OF PROBLEMS AT OUR SURGERY. AND THE THING IS SHE ACTUALLY KNOWS THE WOMAN, SHE ACTUALLY COMES ACROSS TO THE HOUSE EVERY SUNDAY OPPOSITE, A YOUNG LADY, DOROTHY, AND MY MAM, WHENEVER SHE WANTS TO GET AN APPOINTMENT, I MEAN MAM'S SORT OF LIKE IN HER LATE SEVENTIES NOW, AND SHE DOESN'T HAVE MUCH ILL HEALTH, BUT SHE STILL HAS A BIT. AND EVERY TIME SHE RINGS UP, AND SHE RINGS ME AND SHE STARTS SAYING, [???] DOWN THE PHONE, AND I SAY, 'WELL, MAM, THERE'S NOTHING I CAN DO ABOUT.

Patient: You just cannot get on, it's ridiculous, yes.

INT: IT'S HORRENDOUS, ISN'T IT? IT REALLY IS A STUPID SYSTEM. AND THEN WHEN YOU'VE GOT SOMETHING, ESPECIALLY SOMETHING IMPORTANT AS THAT, YOU SHOULD BE ABLE TO SORT OF, YOU KNOW, JUST GO IN IN PERSON AND SAY, 'WELL LOOK I'M REALLY, REALLY CONCERNED ABOUT THIS.' SO HOW LONG WAS IT ROUGHLY UNTIL YOU GOT ... YOU HAD TO WAIT A COUPLE OF DAYS BEFORE YOU GOT THROUGH AND THEN ...

Patient: Yeah. Well, no, I sort of got so fed up with trying to get through I just got on my work so it was a couple of weeks actually before I went to see the doctor. But she got me an appointment then pretty quickly at the breast unit.

INT: HOW SOON WAS THAT WOULD YOU SAY?

Patient: A matter of days.

INT: RIGHT, OK. ERM, SO ... RIGHT, OK. SO YOU WENT THERE AND THEN YOU WENT ALONG TO THE BREAST CLINIC AND WHAT HAPPENED THERE THEN?

Patient: I had a mammogram and an ultrasound scan and then I was referred to the breast surgeon, Miss Wahedna, because obviously the scan showed up the tumour, and I think Miss Wahedna had a pretty good idea that it was pretty serious at that point.

INT: WAS IT ALL ON THE SAME DAY, WAS IT?

Patient: Yes.

INT: SO YOU GOT TO SEE THE CONSULTANT THE SAME DAY?

Patient: Yeah.

INT: WHAT MADE YOU THINK THAT SHE THOUGHT IT WAS A, SOMETHING SERIOUS?

Patient: Well, she said, where it is, where it is in your breast, and the size of it and the texture of it ...

INT: MM. SO WHEN YOU WENT TO THE SORT OF, TO THE ACTUAL CLINIC ITSELF, ERM, WHAT WENT THROUGH YOUR MIND WHEN YOU WERE ACTUALLY AT THE CLINIC AND GETTING THE TEST AND STUFF?

Patient: Well I was obviously anxious.

INT: YES, MM.

Patient: And the anxiety increased obviously [chuckles] as I went from room to room and procedure to procedure, and Miss Wahedna actually did a biopsy ...

INT: OH THEY DID A BIOPSY, OK.

Patient: ... there and then, yeah, and she did say, 'I can't give you your results this week because we had a bank holiday weekend,' I think it was Easter, so she said, 'Well you'll have to wait till Tuesday before you get the results, they'll come in on Tuesday,' so I went in on Tuesday thinking, 'Oooh ...' but I sort of, I think I'd told myself that it was going to be a cancer.

INT: SO FROM THE POINT WHEN YOU ACTUALLY FOUND THIS LUMP TO THIS, UP TO THE POINT WHEN YOU WENT TO THE CLINIC TO GET YOUR BIOPSIES AND THINGS, DID YOU, DID YOU TALK ABOUT ANY INITIAL THOUGHTS YOU MIGHT HAVE HAD WITH ANYONE, ABOUT WHAT IT MIGHT BE?

Patient: Erm, well I spoke to a friend who'd had, she's had breast cancer twice, and obviously I'd discussed it my husband because he'd been through it previously, trying to allay my fears and saying, 'No, it is curable, don't worry about it.'

INT: YEAH, OF COURSE. AND, ERM, AT THIS POINT DID YOU HAVE ANY THOUGHTS ABOUT WHAT YOU MIGHT DO, WHAT YOU MIGHT DO ABOUT IT IN TERMS OF IF THEY SAY IT IS A CANCER?

Patient: Not really. I knew what the options were, I knew there were several different ways of treating it, and particularly the surgery, and I thought, 'Well I'll wait, wait to see what Miss Wahedna says when it's confirmed.'

INT: SO YOU HAD YOUR, YOU WENT TO THE CLINIC AND YOU HAD ALL YOUR TESTS AND THAT AND THEN WAS IT, DID YOU SAY IT WAS THE FOLLOWING TUESDAY?

Patient: The following Tuesday.

INT: RIGHT, OK. SO CAN YOU, FROM THAT, CAN YOU TELL ME WHAT ACTUALLY HAPPENED WHEN YOU WENT TO THE CLINIC THAT DAY TO HEAR YOUR RESULTS?

Patient: Yes. Obviously I was still anxious but sort of in a state of acceptance, and I went into the surgery and Miss Wahedna sort of said immediately, 'Well it has been confirmed what I was thinking the position of the tumour, texture of it, size of it, it is a cancer.'

INT: RIGHT, OK.

Patient: So no holds barred, straight out, bang. [chuckles] But, as I say, I had, I was expecting it anyway.

INT: AND WHAT DID YOU THINK WHEN ACTUALLY, IT WAS ACTUALLY CONFIRMED? WHAT WENT THROUGH YOUR MIND THEN?

Patient: Strange feeling because, although you're accepting it, you don't really accept it till it's been put into words. Obviously, I don't know ... still a bit shocked really, I suppose.

INT: YEAH, OF COURSE.

Patient: But thought, 'Well, why not? Because it happens to so many women, why not me? It's stupid saying, "Why me?" isn't it, because it does happen to so many women?' So just accept it and get on with it.

INT: DID ANYONE, WHEN YOU WERE ACTUALLY IN THE CONSULTANT'S OFFICE, AND TALKING ABOUT YOUR DIAGNOSIS AND THAT, WAS ANYONE ELSE IN THE OFFICE AT THE SAEM TIME?

Patient: Yeah, there was the, erm, breast care nurse, Heather, and my husband of course. I think there was another nurse in as well.

INT: OH A CLINIC NJURSE, IN UNIFORM?

Patient: Yeah.

INT: YEAH, MM. ERM, I'LL MOVE ON A LITTLE BIT. WHEN MISS WAHEDNA WAS ACTUALLY TALKING ABOUT YOUR DIAGNOSIS, DID SHE USE ANY TOOLS SUCH AS THINGS LIKE MAMMOGRAMS OR DID SHE DRAW ANY DIAGRAMS?

Patient: She drew diagrams to show me, she'd also got the callipers to show me how big the tumour was.

INT: RIGHT, OK.

Patient: She explained extremely well, quite a lot of detail and in simple terms which were quite easily understood I think.

INT: MM. AND DID YOU FIND THOSE DIAGRAMS AND THINGS HELPFUL?

Patient: Yeah.

INT: MM, OK. ERM, SO YOU'VE NOW HEARD ABOUT YOUR DIAGNOSIS FROM MISS WAHEDNA, WHAT HAPPENED THEN IN YOUR CONSULTATION, WHAT HAPPENED AFTER THAT?

Patient: She then sort of gave me options as to treatment. I'd already thought about this previously anyway in my mind, and I thought if I was given a choice between mastectomy and wide excision I'm not going to go for a mastectomy because it doesn't, there seems no point as long as the outcome is going to be the same.

[Interruption in recording]

INT: YEAH, SO YOU SAID THAT YOU ALREADY HAD AN IDEA THAT, IF YOU WERE GIVEN A CHOICE OF TREATMENTS, YOU WOULD PROBABLY GO FOR A WIDE LOCAL, IS THAT RIGHT?

Patient: Yeah, yeah.

INT: OK. SO HOW DID, HOW DID MISS WAHEDNA ACTUALLY SORT OF TALK ABOUT THE TREATMENTS THEMSELVES, HOW DID SHE DESCRIBE THEM?

Patient: She gave me the option of a mastectomy, which was obviously removal of the breast, but ... er, I could have the wide excision plus the radiotherapy. So my next question to her was, 'What is the outcome? What's the difference between the two?' and she said, 'No difference at all.' So I thought, 'Well there's no option really.' I don't think any woman would want to lose a breast voluntarily.

INT: RIGHT, YEAH. OK. DID YOU THINK THAT MISS WAHEDNA SHOWED ANY PREFERENCE FOR ANY PARTICULAR TYPE OF TREATMENT?

Patient: No, I don't think so. No, I think she preferred me to make the choice. Erm, but at that point there was no mention of chemo.

INT: RIGHT, OK.

Patient: So I went away happily thinking I'm just gonna have the wide excision and the radiotherapy, which at the time didn't seem too daunting.

INT: YEAH, OF COURSE, OF COURSE. SO AFTER YOU'D SEEN MISS WAHEDNA, WHAT HAPPENED THEN? DID YOU SPEND SOME TIME WITH THE BREAST CARE NURSE?

Patient: Yeah, we spent quite a bit of time with Heather in the little consulting room, and she was explaining all sorts of things that were bound to happen and what would happen with the treatment regime and asked us if we had any questions to ask.

INT: YEAH. AND DID YOU HAVE ANY, DID YOU HAVE ANY QUESTIONS THAT YOU REMEMBER?

Patient: Erm, nothing that we didn't already understand I don't think, I don't remember. [chuckles]

INT: YEAH, IT'S A BIT DIFFICULT, ISN'T IT REALLY?

Patient: It's hard to take in all at once, yeah.

INT: IT IS, YEAH, IT'S A HUGE AMOUNT TO TAKE IN. YEAH. ERM ...

Patient: And Miss Wahedna had already organised an appointment with Dr Oty moyat [ph] the oncologist.

INT: I DON'T KNOW THE ONCOLOGISTS, NO [???

Patient: Yeah, for the following week, and she said he would explain in more detail what was going to happen.

INT: AND DID THE BREAST CARE NURSE MENTION ANYTHING ABOUT CHEMOTHERAPY?

Patient: No, not as far as I can remember.

INT: AND DID THEY GIVE YOU ANY INFORMATION TO TAKE HOME?

Patient: Yes, quite a lot of information. There was a book on breast care; there was a book on chemotherapy - she gave me a book on chemotherapy, and she gave me a book on radiotherapy.

INT: OK, AND DID YOU FIND THAT, DID YOU READ THAT INFORMATION, DID YOU?

Patient: Yeah.

INT: DID YOU FIND THAT HELPFUL AT ALL?

Patient: Yeah.

INT: YEAH? AND, ERM, THINKING BACK TO THE PART OF THE CONSULTATION WITH MISS WAHEDNA, HOW DID YOU FEEL YOU GOT ON WITH MISS WAHEDNA?

Patient: Extremely well, very nice, yeah. Very down to earth, straightforward speaking ...

INT: YEAH. AND DID YOU FEEL THAT SHE SORT OF LISTENED TO YOUR NEEDS AND CONCERNS AND ...

Patient: Yes.

INT: ... LISTENED TO YOU AS A PATIENT?

Patient: Yes.

INT: AND WHAT ABOUT THE BREAST CARE NURSE? HOW DO YOU FEEL YOU GOT ON WITH HER?

Patient: Fine, yeah, fine.

INT: YEAH?

Patient: No problem.

INT: DO YOU THINK SHE LISTENED TO YOUR CONCERNS AND NEEDS?

Patient: Yeah, mm.

INT: OK. ERM, DID YOU, WHEN YOU WERE TALKING ABOUT THE TREATMENT AND DIAGNOSIS AND THINGS, DID YOU UNDERSTAND EVERYTHING THAT WAS BEING TOLD TO YOU?

Patient: Yes.

INT: WAS THERE ANYTHING YOU DIDN'T UNDERSTAND?

Patient: Not really.

INT: OK, RIGHT.

Patient: In hindsight, I think Miss Wahedna had mentioned chemotherapy ...

INT: RIGHT.

Patient: ... at that point. That's probably why they gave me the book.

INT: DID YOU HAVE ANY, HOW SOON AFTER YOU HAD THAT CONSULTATION ABOUT YOUR DIAGNOSIS AND TREATMENT, HOW SOON WAS IT THEN DID YOU HAVE THE OPERATION?

Patient: The day after.

INT: THE DAY AFTER?

Patient: Well I've got health insurance.

INT: OH, WELL, THERE YOU GO. OH RIGHT.

Patient: No, she'd given, what date was it? I can't remember what date it was, it must have been about the 5th or the 6th April, something like that, and she said, 'We can fit you in on the 4th of May,' oh not it was the 13th, it was the 13th April and she said 'We can fit you in on the 4th of May.' I said, 'That's a long time, I've got health insurance, can you get me in any quicker.' She said, 'I'll call you back this afternoon.' So she said, 'Can you get in tomorrow?' I said, 'Yeah.

INT: RIGHT, OK. SO ... AND WHEN YOU ACTUALLY HEARD ABOUT THE DIAGNOSIS AND TREATMENT OPTIONS, HOW SOON DO YOU THINK YOU'D MADE YOUR MIND UP WHAT TREATMENT YOU WERE GOING TO ACTUALLY HAVE?

Patient: I think I'd made my mind beforehand [chuckles] anyway ...

INT: OH, RIGHT, OK.

Patient: ... if there was an option ...

INT: YES, OF COURSE.

Patient: ... I was going to go for the lumpectomy rather than a mastectomy. But her saying that there is no difference in the outcome, sort of confirmed that that's what I would do, yeah.

INT: OF COURSE. AND SO WHEN DID YOU ACTUALLY TELL THEM THAT YOUR DECISION, WAS IT THERE AND THEN OR ...?

Patient: Yes.

INT: YEAH, THERE AND THEN, OK. SO IN BETWEEN HEARING ABOUT YOUR DIAGNOSIS AND TREATMENT AND YOUR ACTUAL OPERATION, WAS THERE ANY FURTHER CONTACT WITH THE TEAM THERE, THE BREAST CARE NURSE OR THE CONSULTANT?

Patient: Not until I went into the hospital the following day.

INT: RIGHT, OK.

Patient: Apart from the telephone call to confirm when she was gonna do it for.

INT: YES, OK. ERM, THINKING ABOUT THE CONSULTATION THAT YOU WENT THROUGH, WHO DO YOU THINK ASKED MOST OF THE QUESTIONS AND WHO DO YOU THINK DID MOST OF THE ACTUAL TALKING?

Patient: Erm ... well I suppose I asked most of the questions and she did most of the talking.

INT: MM, AND DO YOU FEEL YOUR QUESTIONS ...

Patient: She asked me several questions as well, you know, why I thought about things, and why I wanted to have a lumpectomy rather than a mastectomy.

INT: YEAH, AND DID YOU FEEL YOUR QUESTIONS WERE ANSWERED OK?

Patient: Yeah.

INT: YEAH. ERM ... OK, [???] ACTUALLY. I'VE WRITTEN DOWN SOME QUESTIONS HERE ... CAN YOU TELL ME NOW ABOUT WHAT HAPPENED WHEN YOU WENT INTO THE HOSPITAL AND HAD THE SURGERY, THE DAY AFTER? WHAT HAPPENED WHEN YOU WENT IN AND HOW DID THINGS GO?

Patient: Erm, quite well. I've been in that hospital before for having a toe straightened so I know what the procedure is there. It's more like a hotel than a hospital, which is very nice. I went in, obviously, the nurses settled me in; the anaesthetist came to me; Miss Wahedna came in to see me before I had, I was walked down to the operating theatre, so ... I knew pretty well what was going to happen.

INT: AND WAS MISS WAHEDNA THE PERSON WHO DID THE OPERATION AS WELL?

Patient: Yes.

INT: AND THEN OBVIOUSLY YOU HAD THE OPERATION AND THEN WHAT HAPPENED AFTER THAT?

Patient: I felt quite well, actually. I never felt ill with it. But, erm, I was looked after very well. Miss Wahedna came in twice the day after; the anaesthetist came in as well to see me, make sure everything was OK. Erm, I just felt OK. I'd got a couple of drains in. Everything was fine.

INT: SO HOW LONG WERE YOU ACTUALLY IN THE HOSPITAL?

Patient: I went home the following day, so I went in on the Wednesday and came out Friday afternoon.

INT: OK. SO WHAT WERE YOUR FEELINGS AT THAT POINT WHEN YOU WENT HOME AFTER THE OPERATION?

Patient: My feelings were ... 'Is this all happening? Yes it must be. Hurts a bit.' [chuckles] Erm ... I don't know, it was, the time between the operation and now even, it's like being in a time warp, waiting for the next phase, which I think is obviously, I think the chemo is going to be worse than the operation certainly. I'm not looking forward to it although I know different people have different responses to different drugs so ...

INT: YEAH, OF COURSE.

Patient: It's, it's been, what, three weeks now and it's just like being in never-never land. Strange feeling.

INT: YEAH? AND HOW SOON AFTER YOU HAD YOUR OPERATION AND OBVIOUSLY MISS WAHEDNA CAME ROUND STRAIGHT AFTERWARDS, BUT WHEN DID YOU NEXT HAVE YOUR APPOINTMENT AND CONSULTATION?

Patient: Erm, I saw Miss Wahedna ... the next person I saw was the oncologist the week after, and he then explained to me that the tumour was an aggressive one and because of the that and the fact that

they couldn't, had no way of telling at that stage whether any cells had escaped elsewhere, although the glands were clear, that I would have to have chemotherapy as well as radiotherapy. And that sort of knocked me back a little bit because I hadn't, although Miss Wahedna had mentioned it, I was thinking I might get away without, but .. [chuckles] the problem is I lead a very, very busy life. I work an I'm always on the go and I'm thinking, 'I'm gonna have to write summer off,' and we keep saying to each other, 'Well, never mind, look at the alternative.'

INT: YEAH, OF COURSE, YEAH.

Patient: So ...

INT: ERM, FROM THE POINT, ERM, YOU HAD PREVIOUS EXPERIENCE OF YOUR FAMILY AND FRIENDS WHO HAD BREAST CACNER, DID YOU ... AND YOU GOT INFORMATION FROM THE UNIT ITSELF ABOUT THE OPERATION AND TREATMENT ETC, ERM, DID YOU AT ANY POINT LOOK FOR ANY OTHER INFORMATION? DID RELATIVES OR FRIENDS GIVE YOU INFORMATION FROM MAGAZINES OR ANYTHING LIKE THAT?

Patient: Yeah, I had, erm, an old school friend of mine who's also had breast cancer, but she's, she's been looking into all sorts of alternative therapies, diets and yoga and different lifestyle, and she, I think, my personal view is she's a bit over the top with it all, but then again she's only ever had herself to worry about, she's never had a family to think about, and I think people like that look at things in a different way as regards their own outlook. Erm, I have a friend in an organisation we belong to, he's had cancer twice, and he gave me a book by a Professor Jane Plant, who's had cancer several times as well.

INT: WHAT'S THE BOOK CALLED? I'VE HEARD OF THIS BEFORE.

Patient: 'Your life in your hands'

INT: THAT'S IT, YEAH, THERE'S ANOTHER PATIENT SPOKE TO ME ABOUT THAT BOOK.

Patient: Yeah.

INT: YOU'VE READ IT, HAVE YOU?

Patient: So I've read that, yeah.

INT: AND WAS IT, I'VE NEVER READ IT, IS IT GOOD OR ...?

Patient: It's ... it's quite interesting. She's talking about dairy products and the differences in statistics between the East and the West and the fact that she believes that cancer is the rich west woman's illness, but my husband worked, he was in Hong Kong for five years, and he said that the Chinese and the Japanese don't touch dairy products and they say that Westerners smell like sour milk because we have so much dairy produce.

INT: I DIDN'T KNOW THAT.

Patient: And the incidence of cancer over there in women, in breast ca-, very very low - you must know this - is very, very low compared with the Western countries, and that's what part of that book was

quite interesting on that score. And she's talking about cutting all dairy products out. So I've been trying soya milk and it's a bit ... [chuckles] Some of it's all right but some of it tastes ... And I've also been looking at, I know my immune system's gonna be zapped by all these drugs, so I've been looking at getting, well I've got some pills actually from Boots, 'Healthy Immune System ...' to build up my resistance that's gonna be zapped.

INT: OH WELL, YEAH.

Patient: So it'll be interesting, I'm going to ask my health nurse what she thinks about these, I know doctors sometimes look ... [chuckles]

INT: OK. ERM ... DO YOU FEEL, LOOKING BACK NOW, THAT YOU'VE HAD THE AMOUNT OF CHOICE YOU WANTED IN THE KIND OF SURGERY YOU HAD?

Patient: Yeah.

INT: WHAT DO YOU THINK WAS THE MOST IMPORTANT THING THAT YOU'VE EITHER HEARD OR BEEN TOLD OR WHATEVER, THAT HELPED YOU MAKE A DECISION ABOUT WHAT CHOICE OF TREATMENT TO HAVE?

Patient: The most important thing that influenced was my choice was the fact that the outcome would not be any different if I had a mastectomy.

INT: YEAH, THAT WAS IMPORTANT, YEAH.

Patient: Mm. Obviously if there had, if it had been preferable, if there'd been a better chance with that, I would have taken it.

INT: YEAH, OF COURSE. ERM, LOOKING BACK FROM WHEN YOU FIRST DIAGNOSES UNTIL NOW, HOW DO YOU FEEL ABOUT THE CARE YOU'VE RECEIVED?

Patient: Excellent.

INT: DO YOU THINK IT'S MET YOUR EXPECTATIONS?

Patient: Mm.

INT: MM? AND THINK ABOUT THE UNIT AT DERBY GENERAL, THE BREAST CARE UNIT, IF YOU WERE TOLD THAT YOU HAD THE POWER AND MONEY TO CHANGE JUST ONE THING ABOUT THE SERVICE THERE, WHAT DO YOU THINK IT MIGHT BE?

Patient: ... I think, well it's probably the same in all the medical services, that there aren't enough members of staff and people are kept hanging about in waiting rooms. You know, you make an appointment and you never get in on time. And you're all sitting there going into one room to have the mammogram and then out and sitting waiting again and ... I know it's difficult because there are so many patients around, but I think it was stream-, if that line of treatment were a bit more streamlined and a bit quicker, it would make it easier, more acceptable for the patients.

INT: YEAH. AND THE ONE-STOP CLINIC THAT YOU HAD - I THINK THAT'S WHAT THEY CALL IT, THE ONE-STOP CLINIC OR SOMETHING WHERE YOU HAD ALL THE TESTS ON ONE DAY, I MEAN HOW DID YOU FEEL ABOUT THAT? BECAUSE I THINK IT'S A FAIRLY RECENT INTRODUCTION.

Patient: Erm, yeah, I suppose at one time I would have had to have gone back, wouldn't I? After the scan ...

INT: SOME PEOPLE STILL DO, IT JUST DEPENDS ON THE [???] I THINK.

Patient: Yeah, yeah, well I think that, yeah, that was pretty good getting it all done there, and especially doing the biopsy on the same day as well.

INT: MM, YEAH. ERM, NOW THAT YOU'VE BEEN THROUGH THIS EXPERIENCE, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW FIRST OF ALL ABOUT THEIR DIAGNOSIS?

Patient: Erm ... I think it does need to be explained in fairly good detail what exactly is cancer and what's happening in your body. Erm, and obviously the choice of treatment are important to know about, especially if the outcomes are gonna be different. Er ... as much information as possible really. But I know it depends on the patient and some people don't want to know.

INT: YEAH, OF COURSE, YEAH. IT'S COPING MECHANISMS, HOW PEOPLE COPE WITH THINGS. SOME PEOPLE ...

Patient: Mm, brush, try and forget it, you know ...

INT: SOME PEOPLE HAVE EVEN SAID ...

Patient: ... if you don't know it's not going to hurt you.

INT: 'I DON'T WANT TO KNOW WHAT IT IS, JUST GET ON WITH IT.'

Patient: Now to me, I want to know everything.

INT: OH, YEAH. YOU'LL GET OTHER PEOPLE TELLING LIKE, HALF THE INTERNET PRINTED OUT.

Patient: Yeah.

INT: YEAH. SO.

Patient: They're probably a bit overkill. If you know too much you look for too many problems, then.

INT: AND NOW YOU'VE BEEN THROUGH THIS EXPERIENCE, WHAT DO YOU THINK IS THE MOST IMPORTANT THING SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS THAT THEY CAN HAVE?

Patient: Well the choices are important obviously, and they need to know exactly what the options are and, for example, if I'd gone for a mastectomy I would have wanted to know about reconstruction as well, but as I didn't even go along that avenue, it didn't apply. So, as much information as possible.

INT: OK.

Patient: I should think the psychological effects are quite different anyway if someone has a mastectomy.

[Interruption as someone arrives]

INT: THAT'S GOOD TIME, I'VE GOT ONE MORE QUESTION. IS THERE ANYTHING ELSE YOU'D LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING YOU THINK WE'VE MISSED? ANY BIT OF INFORMATION YOU THINK [???

[Other people arrive]

Patient: it might be interesting for you to know that this lady who's just arrived is a Health Care at Home nurse.

INT: OH RIGHT, YES.

Patient: And people on private insurance can get chemo done at home.

INT: OH, I DIDN'T KNOW THAT.

Patient: I didn't know that until I was speaking to another friend who's, she's about finished her chemotherapy and she said she was talking to a nurse in the hospital who was dealing with her, and the nurse said, 'I'm normally out in people's homes doing this job.' So I thought, 'Oh that sounds good.' So ...

INT: IS THAT WHAT TODAY'S VISITS ABOUT?

Patient: Yeah.

INT: OH RIGHT.

Patient: She's, yeah, but she's going to take some blood today and explain to me all about the regime I'm going to be going through and what the drugs are. I said, 'Well that has been explained to me,' all the different mixes of drugs. Or was I fit to go on another trial to try some different drugs which ...

INT: ON A CLINICAL TRIAL?

Patient: Yeah.

INT: OH RIGHT, OK.

Patient: Well, no, it's not really, because it would have extended the treatment by another six weeks, because you had to have two doses of different drugs.

INT: OH RIGHT.

Patient: So I didn't go for that one. [chuckles]

INT: YEAH. WHO [???] THAT, WAS THAT THE ONCOLOGIST OR ...?

Patient: Yeah.

INT: OH. WELL I'M PLEASED WE GOT THERE FIRST. EASY, ISN'T IT?

Patient: Well this is easier than two more lots of drugs, isn't it?

INT: WELL YEAH, OF COURSE. IT'S USEFUL THOUGH, IT'S QUITE USEFUL INFORMATION YOU'VE GIVEN US, SO THANK YOU VERY MUCH FOR THAT.

[End of interview]