

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)

*VENUE: High MR unit

*DATE: 24/09/2004

*ID: Patient43

*INTERVIEWER: DJW

INT: FIRST OF ALL THANK YOU FOR AGREEING TO BE INTERVIEWED. CAN YOU START WITH QUESTION 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: Erm, well I've got one or two friends who've got breast cancer so I kind of understood, you know, what it, you know, what it was and what the possible outcome would be, you know, and I, erm, I never kind of thought it was a killer, didn't kind of think, 'Oh breast cancer, you know, a killer,' because the people I know are all still around, [???

INT: YEAH, OF COURSE.

Patient: So, mm.

INT: ARE THEY OF A SIMILAR AGE TO YOU, OR ...?

Patient: Erm, yes, similar, yes, round about the same age. I think there's three that, from one [???] that I know, so, mm.

INT: RIGHT, OK. AND DO YOU KNOW WHAT KIND OF OPERATIONS THEY'VE HAD OR ...?

Patient: They've, I think they all three had the lumpectomy and also, erm, some of the lymphus [?] glands removed, you know, so, and I think a couple have had chemotherapy and one just radiotherapy.

INT: RIGHT, OK. AND ALL LIKE THE HOSP-, THE CITY HOSPITAL?

Patient: All at the City, well the DRI actually, yes, I mean most of the treatment's done at the DRI.

INT: YES, THE SURGERY BIT, THE ...

Patient: Surgery's at the City but the ... yeah, mm.

INT: BUT THE, YEAH, THE RADIO'S THAT'S AZT THE DRI.

Patient: Mm, yeah.

INT: AND DO YOU HAVE ANY FAMILY MEMBERS WHO'VE GOT BREAST CANCER?

Patient: Nobody, no, nobody. That's why it was a shock.

INT: RIGHT, OK.

Patient: You know, you tend to think this is something that, if your mother's had it or your great-aunt or, you know, it's been passed, but, erm, nobody.

INT: AND YOURSELF, I MEAN, HOW ARE YOU GENERALLY?

Patient: Well,

INT: GENERALLY FIT AND WELL?

Patient ... really well, yeah, mm, yeah.

INT: OK.

Patient: Mm, fit as a flea, I thought. [chuckles]

INT: AYE. AND SO COULD YOU JUST TELL ME HOW YOU ACTUALLY FIRST CAME TO REALISE THERE WAS SOMETHING WRONG WITH YOUR BREAST?

Patient: I didn't actually, I went for a mammogram and got called back.

INT: OH, RIGHT, YOU WERE FROM SCREENING, YEAH?

Patient: Yeah.

INT: OK. SO CAN YOU JUST TELL ME ABOUT THAT, JUST [???

Patient: Well, it's not the first mammogram I've been to, I mean, as I'm 61 now, so this will be third, will it be, or the fourth?

INT: I THINK IT STARTS AT FIFTY AND EVERY THREE YEARS ...

Patient: Every three years, yes, so it depends when you start, you know. So really I just went as normal kind of and didn't expect anything, just thought you'd get the letter back as normal and saying, you know, thank you for coming, no problems. So it was a bit of a shock when I got one back asking me to go back.

INT: MM. WAS IT ACTUALLY AT THE UNIT OR WAS IT A MOBILE UNIT YOU WENT TO?

Patient: No, it was the unit at the City.

INT: AT THE CITY, MM. SO YOU GOT A LETTER ...

Patient: I got a letter saying, you know, erm, to come back for a second test.

INT: RIGHT, OK. AND WHAT WENT THROUGH YOUR MIND WHEN YOU GOT THAT LETTER?

Patient: I think my stomach went to water. [chuckles]

INT: OH YEAH.

Patient: Yes, it was shock, it was a real shock, you know, mm.

INT: RIGHT. AND SO HOW SOON AFTER GETTING THAT LETTER DID YOU GO BACK AGAIN?

Patient: Erm, I had an appointment the following Tuesday ...

INT: RIGHT, OK.

Patient: ... and, erm, again the letter was sort of a wee bit, you know, they're very encouraging, you know, 'Most women ...' you know, and you kind of hang onto this most 'Most women ...' but it didn't actually work out for me, you know. I was not in the 'Most women.' Erm, ... I went back the following Tuesday for an appointment, that was like a week - no, I don't think it was a week, I think I had the letter on the Friday and the first appointment was on the Tuesday so it was fairly quick. I had an ultrasound: they showed me the, you know, they showed me the x-rays, they showed me where the differences were, but I couldn't actually see them, they're not, it's not, you don't know what you're looking for, erm, and then I had an ultrasound and he said it was inconclusive, so I went in for a needle biopsy.

INT: RIGHT.

Patient: And made an appointment for the following Tuesday.

INT: SO ALL THESE TESTS WERE ON THE SAME DAY WERE THEY?

Patient: The ultrasound and then I had the needle biopsy, yes, because it was inconclusive, yeah, mm.

INT: YES, THAT WAS ALL ON THE SAME DAY, THE FIRST VISIT, YEAH?

Patient: All on the same day, yeah, mm.

INT: MM, AND DID YOU SEE A CONSULTANT AT THAT TIME OR WAS IT THE RADIOLOGIST OR ...? DO YOU REMEMBER?

Patient: I don't think he's a consultant, erm, he's younger, I can't remember his name. You know, he's in the team but I don't, he's not one of the consultants, it wasn't either Holliday or ... or ...

INT: MR SIBBERING OR ...?

Patient: Mr Sibbering or the other lady one, you know.

INT: YEAH, MISS WAHEDNA. SO IT WAS LIKE AN SpR OR SOMETHING, HOUSE OFFICER OR SOMETHING?

Patient: I think a bit higher than that actually because he's been there some time and in fact we've got his, he doesn't realise it, but he's got his picture on our wall because we raised some money for breast cancer and, you know, I realised afterwards that that's who was in the picture, you know, when we were presenting the money to him, you know.

INT: RIGHT, OK.

Patient: Erm, can't remember his name.

INT: THAT'S OK. AND DID YOU SEE A BREAST CARE NURSE AT THAT TIME?

Patient: Yes, I did.

INT: DO YOU REMEMBER WHO YOU SAW?

Patient: Or did I ...? No, I don't think I did at that time.

INT: NOT AT THAT TIME, NO.

Patient: I can't really remember, it's all a bit of a fog. Erm, I really can't remember if I saw a breast nurse at that time. I mean there's obviously nurses in there, but it wasn't one of the breast care nurses ... it could have been ... I've forgotten.

INT: OK. NO, IT'S NO WORRY. ERM, SO YOU HAD YOUR TESTS AND THEN YOU CAME HOME, YEAH?

Patient: Yeah.

INT: DID ANYBODY GO WITH YOU THAT DAY?

Patient: Erm, my husband went with me, yeah, mm.

INT: RIGHT, OK. SO WHAT WERE YOUR SORT OF FEELINGS COMING OUT OF THAT THEN?

Patient: Erm, well it just kind of like made it real, you know. Erm ... I wouldn't say I was, like, frightened but, you know, it just kind of like brought it home to me that this was really happening, you know.

INT: MM, SURE.

Patient: Erm, but ... mm.

INT: DID YOU HAVE ANY SUSPICIONS ABOUT WHAT IT MIGHT BE? DID YOU HAVE ANY EXPECTATIONS AT ALL?

Patient: Er ... I don't think I'm the type of person that thinks the worst but I kind of thought there had to be something, you know, erm, it was just you didn't really know how serious it was, you know, but I kind of ... I wasn't pessimistic but I wasn't optimistic.

INT: RIGHT, OK. SO, AND HOW SOON AFTER THOSE ...

Patient: Oh, the next bit was a bit of pain actually because they made an appointment for the following Tuesday, erm, for the results of the biopsy, and then on the Monday afternoon at work I got a call saying that the results weren't through and to come back on the Friday.

INT: OH, RIGHT, OK.

Patient: So, made an appointment on the Friday and then I had a call on the Thursday saying that they still hadn't, weren't conclusive, they'd had to send them to Addenbrookes.

INT: OH!

Patient: I'm sure that's what they said.

INT: ADDENBROOKES?

Patient: Mm, Cambridge.

INT: OH, RIGHT, OK. I DIDN'T KNOW THAT.

Patient: Mm, they'd had to send them away because they still weren't conclusive and so, erm, they said they'd ring me with an appointment, so that was like the worst bit because you're just geared up to your appointment and then ... it's not, I mean, no point going back and then ...

INT: YEAH, THEY'VE GOT TO KNOW THE RESULTS, HAVEN'T THEY, BEFORE THEY CAN TELL YOU?

Patient: Yes, aha, mm. I mean it wasn't very nice that bit but at least it made me feel as though whatever it was it wasn't terribly obvious, you know, it made me think, well, you know, it's early stages.

INT: YES.

Patient: So ...

INT: MM. SO WHEN DID YOU FINALLY GET TO HEAR YOUR RESULTS [???

Patient: I finally got the following Wednesday so that was probably ...

INT: TWO, THREE WEEKS? TWO WEEKS?

Patient: Erm ... we went up, the first appointment was the Tuesday, yes it would be a fortnight, wouldn't it?

INT: YEAH, ABOUT A FORTNIGHT, YEAH.

Patient: Yeah, mm. So it was a fortnight and a day afterwards, you know, and that's when they finally, you know, that's when I saw the consultant.

INT: RIGHT, OK.

Patient: Mm.

INT: SO THOSE TWO WEEKS, I MEAN, HOW WERE YOU DURING THOSE TWO WEEKS?

Patient: ... Erm ... I went to work actually just as normal and while I was at work I never gave it another thought, it was just when the appointment became imminent that you start thinking, 'Oh, God ...' you know. Yeah, you're kind of worried.

INT: RIGHT, OK. YEAH, SURE. SO, ON THE DAY THAT YOU WENT TO THE INTERV-, ER, NOT THE INTERVIEW, THE, TO HEAR YOUR RESULTS AND DIAGNOSIS ...

Patient: Yes, aha, mm.

INT: ... CAN YOU TALK ME THROUGH THAT FROM WHEN YOU WENT THERE, WHEN YOU WENT IN THE OFFICE AND THINGS?

Patient: Yeah. Erm, I had quite a long wait for my appointment, I remember that because we were there a bit early. I think it was at twelve, and it was about, nearly half past twelve when I went in, so you were sitting in this waiting room where it's just like doom, you know, everybody's sitting there for the same kind of reasons, so it's really a [sighs] you know, kind of, erm ... and when I went in it was the consultant and the breast care nurse, so I knew then that, you know, if they were gonna tell me nothing it wouldn't have needed [???] ...

INT: RIGHT. DID ANYONE GO WITH YOU THAT DAY?

Patient: Pardon?

INT: DID YOUR HUSBAND GO WITH YOU OR ANYTHING?

Patient: He went with me but he didn't come in with me.

INT: OH, SO HE SAT OUTSIDE, OK.

Patient: Mm, yeah. But that was OK.

INT: DO YOU REMEMBER WHO THE BREAST CARE NURSE WAS?

Patient: It was Veronica.

INT: RIGHT, OK. VERONICA ROGERS?

Patient: Mm, yeah.

INT: AND YOU SAW MR ...?

Patient: I didn't, I saw, and I don't think, I can't think of her name, the lady doctor.

INT: OH, ER, MISS WAHEDNA?

Patient: Yes.

INT: THAT'S RIGHT. CAN YOU JUST TELL ME WHAT HAPPENED WHEN YOU WENT IN AND YOU SAW THE BREAST CARE NURSE AND ...?

Patient: Erm, well she more or less just told me the results, you know.

INT: RIGHT, YEAH.

Patient: You know, and, you know, and it was, you know, she just said it like it was kind of

INT: MM. DO YOU KNOW WHAT SHE SAID EXACTLY, YEAH?

Patient: Erm, she just said the tests had come back ... it's very hard to remember exactly what someone says ... but the tests had come back and there was, erm, you know, they had found the cells were cancer cells, you know ...

INT: YEAH.

Patient: ... but that they were enclosed, you know, they were like in a duct.

INT: RIGHT. YES, AHA.

Patient: Erm, and as far as they, you know, as far as they, ell, they were fairly sure that they hadn't gone anywhere else ...

INT: RIGHT, OK.

Patient: ... you know, so, and she showed me a diagram and actually, erm, actually made it quite clear what it was, you know, so, although I'd never heard of it, it's DCIS.

INT: DUCTAL CARCINOMA IN SITU.

Patient: Yeah, mm. So ...

INT: SO, AND THEN, WHAT, WHAT DID SHE SAY AFTER THEN WHEN SHE TOLD YOU?

Patient: I think she said that, you know, that, erm, they would, I would go in for an operation and they would remove it, you know. Mm.

INT: SO, I MEAN, HOW WERE YOUR, HOW WERE YOUR FEELINGS AT THIS POINT NOW ITS, YOU'VE HAD A TWO-WEEK WAIT AND YOU'VE HAD IT CONFIRMED NOW?

Patient: Erm ... well, kind of when you know something, I think you're better able to deal with it, you know, once you know it, it's there, you know, and you can think, 'Right, OK, I deal with this ...' The waiting is the worst, you know ...

INT: YEAH, SURE.

Patient: ... you know, you're almost like, at some stages you're planning your funeral, you know. [chuckles] You know, which is silly, but, erm, you do.

INT: BUT YOU KIND [???] CAN'T HELP GOING THROUGH THOSE THINGS. ERM, AND, ERM, HOW DID SHE DESCRIBE THE OPERATIONS, DO YOU REMEMBER?

Patient: Erm ... yes, she did, I asked her, you know, I asked her if ... gosh, you don't really remember these things ... she did explain it quite well, though when I, I don't know whether she brought it up or whether I brought it up, and they said that it would be like a kind of, almost like a segment of an orange, you know, that they would remove. And that was it, you know, really that all I needed to know.

INT: YES, AHA. RIGHT, OK.

Patient: And then the breast care nurse, I spoke to her later and she explained it, you know, kind of, erm ... she had a chat about it.

INT: YEAH, OH, YOU WENT IN A SEPARATE ROOM, DID YOU?

Patient: Yes, went into a separate room, yeah.

INT: YEAH. RIGHT, OK. AND DID THE, YOUR HUSBAND WOULD HAVE BEEN OUTSIDE WAITING, YEAH?

Patient: Er, yes, he was, yeah.

INT: DID HE GO IN WITH THE BREAST CARE NURSE?

Patient: No, I don't think he did. He could have done if he'd wanted to, I think.

INT: RIGHT.

Patient: Erm, I think he came in actually when I went to see the consultant, when I think about it ...

INT: RIGHT, OK.

Patient: ... you know, because he understood perfectly what it was, you know, he said, 'Oh yes, I can see what that is,' you know ... you know, she explained it quite well.

INT: RIGHT, OK. AND ... JUST GOING TO CHECK DOWN MY QUESTIONS, WE'VE GONE QUITE A WAY QUERY [CHUCKLES]

Patient: [??]

INT: THEY NEVER WORK OUT EXACTLY, THEY JUST THERE IN A ROUGH ORDER. ERM, AND YOU SAID THAT WHEN MISS WAHEDNA WAS TALKING ABOUT YOUR DIAGNOSIS OF CANCER AND THINGS, YOU SAID SHE DREW YOU DIAGRAMS?

Patient: She gave me, yes, she drew a little diagram and she gave me a leaflet which kind of showed exactly what it was, you know ...

INT: RIGHT, YEAH, SURE.

Patient: ... and you could see, yeah.

INT: DID SHE USE ANY OTHER VISUAL AIDS OR TOOLS?

Patient: No. No.

INT: MAMMOGRAMS, PICTURES, ANYTHING LIKE THAT?

Patient: No, I don't think so. No, I don't think so.

INT: RIGHT, OK. AND ...

Patient: I wasn't with her very long.

INT: AND, ERM, AND THEN WHEN YOU WENT TO SEE THE BREAST CARE NURSE, DID YOU SEE VERONICA? YEAH.

Patient: Mm.

INT: ERM, DID SHE USE ANY VISUAL AIDS OR TOOLS, DID SHE GIVE YOU ANY INFORMATION AT ALL?

Patient: Erm, well I have a pack, I had a pack, you know, you get a pack.

INT: WAS IT VERONICA GAVE YOU THAT, DID SHE?

Patient: Erm, I think I had that on my first appointment, yes, aha. It might not have been Veronica. Yes, it must have been one of the breast care nurses, yeah ... yes, it was Veronica.

INT: YOUR FIRST APPOINTMENT, IS THAT WHEN YOU HAD TESTS?

Patient: That was ... when I had the tests, yeah.

INT: OH, YOU GOT A PACK THEN, DID YOU?

Patient: Yes, I got a pack then, yeah.

INT: RIGHT, OK. RIGHT. AND DID YOU READ THROUGH THAT?

Patient: I did read through them, yeah.

INT: WAS IT USEFUL IN ANY WAY?

Patient: Erm ... yes, as ... yeah, you're kind of, you're only ... you're only looking at what's relevant to you, you know, you don't need to know about everyth-, you know, everything about breast cancer, you know, you're really only looking at what's relevant to you.

INT: YEAH, OF COURSE.

Patient: But, yes, there was plenty of information.

INT: RIGHT, OK.

Patient: Plenty of support if you wanted it, you know.

INT: YEAH. AND, ERM, DID VERONICA DID YOU A CARD OR A CONTACT NUMBER FOR HER?

Patient: Oh, yes, I have, there was all that, you know. Mm.

INT: OK THEN. YEAH. AND, ERM, YOU SAY THAT, WHEN SHE WAS DESCRIBING THE OPERATIONS, SHE MENTIONED THEY WERE GOING TO TAKE A SEGMENT OUT AND THAT ...

Patient: Yeah.

INT: ... DID AT ANY TIME SHE MENTION MASTECTOMY?

Patient: She said that, erm, she said that, which really kind of, erm, I thought was quite a good way of describing it, is, she says, 'To have a mastectomy would be like using a sledgehammer to open a nut.'

INT: RIGHT, OK.

Patient: And that made sense, you know.

INT: YEAH, YEAH.

Patient: Mm.

INT: HAD YOU ANY THOUGHTS AT ALL BEFOREHAND ABOUT WHAT OPERATION YOU MIGHT WANT TO HAVE? BECAUSE YOU'VE HAD A COUPLE OF FRIENDS WHO'VE HAD LUMPECTOMIES AND ...

Patient: Yeah, I thought that might be what it was, but as there wasn't a lump, it was this wide excision. Mm.

INT: RIGHT, OK.

Patient: And I was fine with, I mean you kind of, maybe it's my generation, but you just think, 'Well the doctors know best,' you know. [chuckles]

INT: MM. NO, THAT'S FINE, THAT'S OK. ERM, AND HOW MUCH DO YOU THINK YOU UNDERSTOOD ABOUT WHAT YOU WERE BEING TOLD ABOUT THE CANCER AND IT'S TREATMENT?

Patient: Probably as much as I wanted to.

INT: RIGHT, YEAH. IS THERE ANYTHING YOU THINK YOU DIDN'T UNDERSTAND, ANYTHING YOU FOUND DIFFICULT?

Patient: No. No, not really, no. I didn't particularly want to know worst case scenarios, and I didn't want to know statistics and ... I just wanted to go and have it done and then, and then kind of move on from there.

INT: MM, SURE. AND, ERM, ...

Patient: I didn't want to know the likelihood of it coming back, you know, because I don't see any point in ...

INT: RIGHT, OK.

Patient: ... in knowing that unless I could do something about it, you know.

INT: RIGHT, YEAH. AND, ER, OK, YOU'D HAD YOUR DIAGNOSIS, THEY TALKED YOU THROUGH THE OPTIONS, YOU SAW VERONICA AFTERWARDS ...?

Patient: Aha.

INT: ... ERM, SO, SO WHAT HAPPENED AFTER THAT, THEN?

Patient: Then I had the date for the operation.

INT: RIGHT, AND HOW SOON WAS THAT AFTER THE CONSULTATION?

Patient: Erm ... I was on holiday the day I had the final, I was on leave, so that was the ... the day I went for my results, and I went in the following, ooh, I was back at work a week and a day, then I went back, and the following day ... 3rd August.

INT: RIGHT.

Patient: I've probably got all the dates written down some-, you know.

INT: RIGHT, OK. MM.

Patient: So it was the appointment on the Wednesday, I went in a week on the Tuesday, almost a fortnight.

INT: ALMOST A FORTNIGHT FROM THE, THAT, THE OPERATION. OK. AND WAS IT MISS WAHEDNA THAT DID THE OPERATION?

Patient: No, it was Mr Holliday.

INT: OH, MR HOLLIDAY DID THE OPERATION?

Patient: Mm.

INT: OK. AND, NOW, SORT OF IN BETWEEN YOU RECEIVING YOUR DIAGNOSIS AND SEEING VERONICA, THE BREAST CARE NURSE, ETC, TO WHEN YOU ACTUALLY HAD YOUR OPERATION, SORT OF HOW WAS, HOW WERE THOSE TWO WEEKS FOR YOU?

Patient: I just put it out of my mind really, mm.

INT: WERE YOU STILL AT WORK AT THAT, WERE YOU?

Patient: Still at work, yeah. I broke up, I went in the day before in fact, I went on the Monday. I couldn't, I didn't see any point in being at home, you know.

INT: AND DID YOU TELL FRIENDS AND FAMILY AND THAT ...?

Patient: Erm, I didn't, I think I told the two girls, erm, I didn't tell my sons, not till I knew, because I didn't think there was any point in having everybody worried when there was maybe nothing there, but I ... and then I told, I think probably one or two at work, one or two friends, but then once I knew I was going then, you know, it was general knowledge.

INT: YEAH, MM.

Patient: Mm, it was hard.

INT: YEAH, OF COURSE. ERM, I MEAN, DID YOU SAY YOU'D GOT THREE OR FOUR ...

Patient: Four, mm.

INT: FOUR, RIGHT. TWO BOYS AND TWO GIRLS?

Patient: Yeah, mm.

INT: AND, ERM, LET'S SEE WHERE WE ARE NOW ... OK. IN BETWEEN THAT TIME, FROM HEARING THE DIAGNOSIS TO THE OPERATION, DID YOU YOURSELF EITHER LOOK FOR DID YOU GET GIVEN ANY FURTHER INFORMATION ABOUT BREAST CANCER OR ITS TREATMENTS? DID YOU LOOK ON THE INTERNET AT WORK OR ...?

Patient: The girls did, my daughters did.

INT: OH, RIGHT, OK.

Patient: They'd got it all sussed out.

INT: RIGHT, OK. AND THEY GAVE YOU INFORMATION, DID THEY?

Patient: Well, they, you know, they were extremely positive that it was a very, you know, erm, easily treated, early stage, you know.

INT: YEAH, OK.

Patient: So they were very positive.

INT: MM. BUT DID YOU YOURSELF LOOK FOR ANYTHING?

Patient: No, we're not on the internet and ...

INT: ANY MAGAZINES, BOOKS ...?

Patient: Well every time you open, once you ...

INT: YOU CAN'T GET AWAY FROM IT, CAN YOU?

Patient: Once you've [???] you know, every time you turn the television on or pick up a newspaper it kind of like comes and hits you, you know.

INT: MM, IT IS VERY HIGH PROFILE, ISN'T IT?

Patient: Yes, it is, yeah. Mm.

INT: YEAH. ERM, AND DID YOU AT ALL CONTACT THE BREAST CARE NURSES IN BETWEEN THAT TIME?

Patient: No, I didn't. No.

INT: ANY QUESTIONS YOU HAD TO ASK THEM OR ...?

Patient: No. As I say, I've got a very good friend who, erm, went through this five years ago and kind of ... and I think I spoke to her, I found out, you know, I didn't ...

INT: OH RIGHT, OK.

Patient: ... I'd got enough. If I hadn't got anybody else I perhaps would have done but I'm easier with, I'm easier with people I know than strangers.

INT: YEAH, SURE, ABSOLUTELY, YEAH.

Patient: Not that Veronica ... I mean she's lovely, you know, and, you know, they do insist that any time, day or night, you can get in touch with them. But I'd nothing to get in touch with them about, you know, I kind of, I kind of dealt with it as well as I could. I don't think I could, you know ...

INT: MM. AND THIS FRIEND OF YOURS, IS SHE A WORK COLLEAGUE OR JUST SOMEONE [???]

Patient: Er, she was at work, she was a sister on the ward that I work on, I've known her for 20-odd years, so I mean we're, yeah, we're close friends.

INT: RIGHT, OK. ERM, SO YOU WENT FOR YOUR OPERATION, ER, CAN YOU TELL ME A LITTLE BIT ABOUT, JUST SORT OF BRIEFLY OUTLINE WHAT HAPPENED WHEN YOU WENT ON THE MOR-, WAS IT THE MORNING YOU WENT OR THE EVENING?

Patient: Yes, half past seven in the morning, yeah, mm.

INT: NICE EARLY START.

Patient: Yes, well, at least you're, yeah, at least you're just up and there, you know, that's better than sitting around all day waiting to go into hospital, you know.

INT: ABSOLUTELY.

Patient: Yeah, erm, oh you have to go dow-, yeah, it was OK actually because they'd explained very well what happened, that you had to go down and have these needles ...

INT: MM, LIKE A NEEDLE MARKER.

Patient: Yes, the needle marker, you know, and so really I wasn't there very long when I'd gone to have the needle marker and then I wasn't back very long before I went down to theatre, you know, so ...

INT: DID YOU SEE ANY OF THE BREAST CARE NURSES OR THE CONSULTANT AT ALL IN THE MORNING?

Patient: I think the consultant might have popped in very quickly.

INT: IS THAT MR HOLLIDAY?

Patient: Yes.

INT: YEAH. AND THE ANAESTHETIST, DID YOU SEE THEM?

Patient: Erm, not the first time, the second time I did, erm, because I had to go back and have it done again.

INT: RIGHT, OK.

Patient: Erm, the first time I didn't see the anaesthetist until I was in theatre, erm, but the second time ... the young guy came to the ward and asked me various questions.

INT: RIGHT, OK. SO THE FIRST TIME, DID YOU GO FOR A PRE-ASSESSMENT VISIT?

Patient: Yes, mm.

INT: AND DID YOU SEE ANY OF THE BREAST CARE NURSES THEN? DO YOU REMEMBER?

Patient: Yes, I think I did. Mm. Quite a lengthy procedure, erm, yeah. It was early in the morning and then I just went to work afterwards, that was a couple of hours ... yes, I probably saw Veronica. No, I didn't see Veronica, I saw the other ... erm, what's her name?

INT: KAREN?

Patient: No.

INT: JILL? NO, SHE ISN'T THERE ANY MORE NOW. NOT HEATHER.

Patient: I think she's been there probably quite a long time.

INT: MARLENE?

Patient: Marline, yeah, I saw Marlene.

INT: SHE'S COME BACK I THINK FROM A PERIOD OF BEING OFF.

Patient: Yeah.

INT: YEAH?

Patient: Mm.

INT: ERM, AND SO AT WHAT TIME DURING THE DAY DID YOU HAVE THE OPERATION? DO YOU REMEMBER?

Patient: Erm, it was probably about half past ten. I think I was second down, half past ten, eleven, mm.

INT: OK. AND HOW WERE YOU WHEN YOU COME ROUND?

Patient: Very, very ... the anaesthetic really knocked me for six the first ...

INT: DID IT?

Patient: Yeah, mm, yeah. But OK. Mm.

INT: RIGHT, OK. AND, ERM, HOW LONG WERE YOU IN HOSPITAL THEN?

Patient: Two days.

INT: TWO DAYS THEN YOU CAME HOME?

Patient: Mm, mm.

INT: ERM, AND HOW SOON AFTER THAT DID YOU, ERM, HAVE YOUR ...

Patient: Follow-up appointment.

INT: ... CONSULTATION TO FIND OUT THE RESULTS?

Patient: Erm ... I had the, I had it on the Tuesday, the 3rd I think that is, and my appointment was a week on the Thursday, erm, to see Mr Holliday.

INT: YEAH, OK. AND CAN YOU JUST TELL ME WHAT HAPPENED WHEN YOU WENT TO SEE ...

Patient: Well, that's when He said they hadn't taken enough and I had to go back in again.

INT: OH RIGHT, OK.

Patient: Mm, and Veronica was there. But that did shock me, you know.

INT: YEAH, I'M SURE IT DID.

Patient: Mm. That was worse than the first time I think, you know, because you just think, you just kind of started to get over it, you know, and you felt ...

INT: YEAH, YOU THINK IT'S BEHIND YOU NOW.

Patient: ... [???] ground hog day, I'm back there, you know. Erm, the same ward, the same, turned out to be the same room, the same time, you know, it was like three weeks later, you know.

INT: YEAH, DÉJÀ VU REALLY?

Patient: Yes, it was actually. Mm.

INT: RIGHT. AND, ERM, SO HOW SOON AFTER WAS IT? THREE WEEKS LATER?

Patient: It was three weeks. It might have been earlier but Veronica knew I was going up to Scotland to a wedding, erm, and she kind of said, 'Oh, you know, go to your wedding,' erm, and all we did is come back, we'd planning on, you know, spending a few days up there but we didn't, we came back on the Sunday and I went in on the Tuesday. So, it was three weeks to the day from the first one.

INT: MM, AND DID MR HOLLIDAY DO YOUR OP?

Patient: He did, yes, aha.

INT: [???] WHEN YOU MISSED, WHEN YOU HAD MENTIONED ABOUT THAT THEY HADN'T GOT, ERM, ...

Patient: They hadn't got enough margin.

INT: THEY HADN'T GOT ENOUGH MARGIN, ERM, WHAT THEN, DID HE DESCRIBE ANY KIND OF OPERATIONS THAT WERE GOING TO HAPPEN AFTER THAT? HOW DID HE TALK ABOUT THAT?

Patient: No, he just really made it sound as though he would, they would do the same again and leave a bigger margin.

INT: RIGHT, OK. AND, ERM, SO CAN YOU JUST, AGAIN JUST RUN THROUGH ME WHAT HAPPENED WHEN YOU WENT FOR YOUR SECOND OPERATION?

Patient: Well, as I say, it was just exactly the same: same room, same time, [chuckles] same day of the week, you know.

INT: RIGHT, OK.

Patient: Erm, but this time the anaesthetist did come up and I did say, you know, 'Gosh, I didn't have this the first time,' and he said, 'Oh well, Mr whatever-his-name-is, the chief anaesthetist, can tell just by looking at you,' or something, [chuckles] you know. You know, he's so experience he doesn't need ... all this information. So ... mm.

INT: RIGHT, OK. AND DID YOU HAVE THE SAME PROBLEMS WITH THE ANAESTHETIC?

Patient: No, I recovered better this ... you know.

INT: OH RIGHT. DID THEY GIVE YOU SOMETHING FOR THAT OR ... DO YOU KNOW?

Patient: No. I mean, it was just I think my blood pressure went quite low after the operation ...

INT: OH, I SEE.

Patient: ... and it stayed quite low so I was really quite tired, you know, it was like kind of ...

INT: IS THAT THE FIRST TIME?

Patient: The first time. The second time I don't think they could have given me as much because I was, certainly wasn't as tired, you know, and I felt a lot better. Mm.

INT: MM, AND YOU HAD THE WIDER EXCISION WHEN YOU WENT IN, YEAH, IS THAT RIGHT?

Patient: Yes, mm.

INT: ERM, AND SO I MEAN HOW SOON AFTER THAT DID YOU HEAR ABOUT THE SECOND RESULTS FROM THE OPERATION?

Patient: I think again it was a Thursday, yeah, I think that must be his day, Thursday, yeah, because I've got a friend who works as a volunteer in the Surgery and Neurology Outpatients and she was there both days, she only works Thursdays.

INT: SO THAT, WAS THAT A WEEK LATER AFTER THE ...?

Patient: It'd be a week and two days again, yeah.

INT: AND THIS TIME WHAT DID HE SAY?

Patient: He didn't say very much actually. He just said, you know, erm, to be honest it was very quick and I was kind of ... before I'd ... I'd wished I'd actually got, had my husband come in because I couldn't really remember what he said, but he, he said it was a good job that they'd, you know, it was a good job that they'd done the other ...

INT: THE SECOND OPERATION.

Patient: ... erm, second operation and everything was fine and he would refer me to the oncologist.

INT: MM, RIGHT.

Patient: That was it. Not very much at all.

INT: AND, ERM, DID YOU SEE A BREAST CARE NURSE AFTER THAT? DO YOU REMEMBER?

Patient: No, I didn't see, no there was nobody in the room, there was only Mr Holliday. Mm. It was at the end of the day, it was late appointment, so whether, you know, [???

INT: OH RIGHT, YEAH.

Patient: Yeah, 'cos I know I'd said to my husband, 'Don't bother coming in because it's quite a small room, you know, there's like a table, an examination table and a couple of chairs, and, erm, it was quite crowded with three, you know, there was like, with Veronica and Mr Holliday and myself the first time, but the second time it was only Mr Holliday.

INT: RIGHT, OK. ERM, THE FIRST TIME YOU SAW MR HOLLIDAY AND HE TOLD YOU THAT THEY HADN'T GOT ENOUGH AND THEY HAD TO GO AND GET A WIDER MARGIN, DID YOU SEE A BREAST CARE AFTER THAT, AFTER [???

Patient: Yes, she was there.

INT: OH VERONICA WAS THERE ...

Patient: Veronica was there, yes.

INT: RIGHT, OK. AND WHAT DID YOU TALK ABOUT THEN, DO YOU REMEMBER?

Patient: Er, not a lot really, you know, just I was a bit, actually I was bit stunned, you know, I didn't really want to talk about it.

INT: MM, YEAH, SURE. RIGHT. AND WAS YOUR HUSBAND IN THAT TIME, DID HE [???

Patient: He came, no he didn't come, no that was, no, he didn't come in. I mean he could have come in, there was no problem, but, erm ... mm.

INT: RIGHT, OK. ER, AND SO, WHAT'S YOUR TREATMENT PLAN NOW THEN? YOU'VE HAD YOUR TWO OPERATIONS.

Patient: Well, I mean I don't, I think this is where I'm feeling a bit let down actually because I went to oncology, erm, a couple of weeks ago, when was it ...? I can't remember when I went, do you know, that, I'd better just have a look ...

INT: I'LL JUST ...

Patient: Or does it matter?

INT: I'LL JUST PAUSE IT.

[Break in recording]

Patient: One o'clock, 2nd September, yeah. ... No, that must be something else. God, I've ... yeah, I went last, the 13th, Monday the 13th, so how long was that after, that's kind of ... had my op on the 24th, the Tuesday, and that's the 31st, got the results on the Thursday, the 2nd, and went to see this Dr Woodings on the, Monday, 13th. Yeah, mm.

INT: [??] AND HOW DID THAT GO?

Patient: Erm, I wasn't very happy with that actually, you know, because ...

INT: WHY WAS THAT THEN?

Patient: Well, they kind of sit, they kind of leave it very much up to you.

INT: RIGHT.

Patient: They kind of explained that, erm, on a grading system, three, if you've got three or four you perhaps don't need radiotherapy, five, six, seven, eight, you do, anything above it's more radical, you know, and, erm, they can, and I was a four.

INT: RIGHT, OK.

Patient: You know, and you kind of, and she says, 'Oh it's a bit of grey area,' and you know, they just leave it to you and I wasn't very happy with that, you know, and I really needed somebody to say, you should have it or you shouldn't.

INT: WAS THIS TO ACTUALLY HAVE THE CHEMOTHERAPY?

Patient: Not chemo, radiotherapy.

INT: OH, RADIOOTHERAPY, YEAH.

Patient: The radiotherapy, yeah, no chemo's never been an option.

INT: RIGHT, OK.

Patient: And as, you know, she did say, 'Well of course if you do have radiotherapy this time and it comes back, then you won't get it again,' and that kind of frightened me a bit. And so I actually came away thinking, 'Oh, perhaps I won't have it, and perhaps just put it behind me.' But then, erm, I decided to have it. So ... mm.

INT: OK. AND WHEN IS THAT, HAS IT STARTED OR ...?

Patient: Erm, I had the planning oper-, the planning thing last week, Wednesday I think, yeah.

INT: RIGHT, OK.

Patient: Erm, and it'll be about three weeks, I'm due to go on holiday soon so I was hoping that I'd still be able to go and I will still be able to go, yeah.

INT: YEAH. AND HOW LONG WILL IT BE FOR, ABOUT FOUR, FIVE WEEKS, SOMETHING?

Patient: Well she said three to four weeks, you know.

INT: OH RIGHT, SO IT'S NOT GOING TO BE AS LONG AS FIVE?

Patient: No.

INT: AND THAT'S EVERYDAY, ISN'T IT, YEAH? EVERY WEEK DAY.

Patient: Yeah, yes, ever week. I mean it will be a pain but to be honest I was frightened not to have it, you know, because I thought, well if it does come back anyway, if it came back again I wouldn't hesitate, I would just say, I wouldn't let them keep taking bits ...

INT: YOU MEAN SURGICALLY?

Patient: Yeah, [???

INT: YOU'D GO FOR THE MASTECTOMY?

Patient: I'd ago for a mastectomy, yes, definitely.

INT: RIGHT, OK.

Patient: Yeah, so. So ... so I decided that, while I'm doing everything I can, even, you know, if it doesn't, if it comes back then, you know, I didn't want to have any, you know, thinking I should have had it done.

INT: YEAH, SURE.

Patient: But I would have preferred to have ... I don't know why they can't say, I don't know why they can't say, 'Well in my ...' you know, they don't, they don't say, 'If it was me I would have it done,' they just say, 'Well, you know, here's the information ...'

INT: YEAH. WAS THAT THE, IS THAT JUST THE, ERM, ONCOLOGIST OR WAS THAT WITH THE SURGEONS AS WELL?

Patient: Erm, that was the oncologist.

INT: RIGHT, OK.

Patient: The surgeons never really, I mean I think that's their, they've done their bit so you move on.

INT: YEAH, YEAH, SURE.

Patient: Veronica was there again, you know, when I saw, er, Dr Woodings. She was very nice and, you know, she explained everything but I still didn't have a, I didn't have a ... I would have liked, 'Yes you should,' or 'No you shouldn't,' you know.

INT: RIGHT, OK.

Patient: I know there's all this patient choice thing but I'm not all that sure that, erm, you think they're the experts, they're the ones that know everything.

INT: YEAH, SURE.

Patient: Mm.

INT: YEAH. ERM, AND THINKING ABOUT YOUR, YOU KNOW, YOUR SURGERY ...

Patient: The surgery I had no problems with, no.

INT: YEAH, OK, YEAH. AND DO YOU FEEL THAT YOU HAD OPTIONS THERE, YOU KNOW?

Patient: Er, no I don't think I had options. I don't think there were options, erm, I mean I had what they said I needed.

INT: RIGHT, OK. YEAH.

Patient: I suppose if I had said, 'Oh, I want a mastectomy,' I'm sure they would have said, 'Well fine, if that's what you want,' but I didn't consider it because they said I didn't need it, you know.

INT: RIGHT, YEAH, SURE.

Patient: And again this is the same with the radiotherapy, if they said, 'No, you don't need it,' I wouldn't be saying, 'Oh well, I want it' ...

INT: RIGHT, OF COURSE, YEAH.

Patient: ... you know. So ... but then that's not your area?

INT: NO, NO, NO. ERM, NO THE REASON I WAS ASKING WAS I DID ASK, I DID HAVE AN INTERVIEW WITH A WOMAN A LITTLE WHILE BACK IN A DIFFERENT AREA AND SHE SAID THAT, ERM, YOU KNOW, SHE, AGAIN LIKE YOURSELF HAD NO PROBLEM WITH THE OPERATIONS, BUT SHE WENT TO THE ONCOLOGIST AND THEY SAID, 'WELL ACTUALLY YOU'VE GOT A CHOICE OF FOUR DIFFERENT TYPES OF CHEMOTHERAPY,' ...

Patient: Oh well I was ... yes.

INT: ... BECAUSE OF HER AGE AND THIS KIND OF THING.

Patient: But then again you don't want that either.

INT: AND SHE SAID, 'IT JUST THREW ME INTO TURMOIL,' SHE SAID, 'I HADN'T GOT A CLUE.' [CHUCKLES] SHE SAID, 'HOW THE HELL DO I KNOW WHICH IS ...'

Patient: You don't, you don't want that because that's not your, if they [???] something about my job, you know, or if it's, if it was, if I was in, worked in that area, I would have informed knowledge, you know, but reading a book is not informed knowledge, you want somebody who's, that's their field. And you want them to say, 'Yes, you should,' or 'No, you shouldn't'. So ... but they don't, they say, 'Well we'll leave it to you.'

INT: OK. [CHUCKLES] LET'S JUST SEE WHERE WE ARE WITH THESE QUESTIONS, WE'VE SEEM TO HAVE GONE ...

Patient: Sorry, have I ...?

INT: NO, NO, WE'VE GOT RIGHT AHEAD, IT'S GREAT, I MEAN IT'S, THE INTERVIEW'S FLOWED VERY NICELY. ERM ... THINKING ABOUT THE TIMES YOU WERE TALKING TO MISS WAHEDNA, FIRST OF ALL, OK, ERM, DO YOU FEEL THAT SHE LISTENED TO YOU, THAT SHE UNDERSTOOD YOUR NEEDS AND CONCERNS WHEN YOU WERE TALKING WITH HER?

Patient: I don't think I had much to say. I was kind of like quite stunned, you know. I needed to kind of, erm, it wasn't a very long interview, but then she did pass me on to Veronica, so it wasn't that I saw her and got this information and then kind of got back into the waiting room and went home, I mean it wasn't like that, because I think Veronica's the, the breast care nurse is the one who will explain it, you know, more fully.

INT: YEAH, AHA.

Patient: If you need that, you know.

INT: AND THINKING ABOUT THE TIMES YOU WERE TALKING TO MR HOLLIDAY, SIMILAR QUESTION REALLY, HOW DO YOU, DO YOU FEEL HE LISTENED TO YOU, DO YOU FEEL HE WAS UNDERSTANDING YOUR NEEDS AND YOUR CONCERNS?

Patient: Erm, he's ... he's quite a nice man but he's quite abrupt, you know. He's, er ... I don't really, I don't know, I didn't try but I didn't feel as though discussions were, you know. But then I had nothing to, you know, he told me how it was and that was it. I didn't have, I really didn't have a choice about the type of operation. Well I did, because I could have said, 'No, that's not enough, I want to have the thing ...' but the way she explained it was the sledgehammer and the nut, then why would you, you know, why would say, 'Mm, you know, take the whole breast, I don't want ...'? You wouldn't, you would go for the option that they recommended.

INT: YEAH, SURE.

Patient: And she did, and I did. Mm.

INT: RIGHT, OK. AND THINKING ABOUT THE TIMES THAT YOU SPOKE WITH VERONICA, THE BREAST NURSE, 'COS YOU SEEM TO HAVE SEEN VERONICA EVERY TIME, IS THAT RIGHT?

Patient: Yes, yes, apart from at the pre-op ...

INT: PRE-OP, YEAH.

Patient: ... when she perhaps wasn't at work, yes I have.

INT: HOW DO YOU FEEL YOU GOT ON WITH HER?

Patient: She's fine, she's lovely, she's very ...

INT: DID SHE LISTEN TO YOU AND UNDERSTOOD YOUR NEEDS AND CONCERNS?

Patient: Yes, she does, yes, she's very, erm, yes, if you needed somebody, I mean I haven't really needed it that much, you know, I've never ... I did, I've only rang her once and that was to tell that I'd decided to go ahead with the radiotherapy, you know, that was all.

INT: RIGHT. AND, ERM, YOU KNOW, YOU WERE SAYING THAT YOU WENT FOR THE WIDE LOCAL EXCISION, THE LUMPECTOMY, ERM, AT ANY POINT DURING THE COURSE OF YOUR OPERATION, DID YOU CHANGE YOUR MIND OR HAVE ANY SECOND THOUGHTS ABOUT THAT?

Patient: No, no.

INT: I THOUGHT NOT. OK. AND, ER, I THINK I'VE ALREADY ASKED THE ... YEAH, I'VE ASKED THIS ONE. LET ME SEE, ERM, THERE'S ONE I DIDN'T ASK EARLIER ON WAS FOR THE FIRST OPERATION, WHEN, DO YOU REMEMBER WHEN YOU SIGNED, WHEN DID YOU SIGN THE CONSENT FORM? DO YOU REMEMBER THAT?

Patient: ... I think I signed it the morning of the operation, would that be ... would that sound right?

INT: I THINK YOU CAN SIGN IT ANYTIME UP UNTIL THAT POINT, YEAH, I JUST FORGOT TO ASK THAT AT THE TIME.

Patient: And I've forgotten the sequence of events. I seem to remember, I think I ...

INT: DID SOMEBODY COME ROUND ON THE MORNING ...

Patient: Yes, I'm sure that, yes, and then I signed, yeah, mm.

INT: OK. AND THE SECOND TIME, DID YOU SIGN A CONSENT FORM FOR THE SECOND ONE, DID YOU?

Patient: Mm, yeah.

INT: AND DO YOU REMEMBER WHEN YOU SIGNED THAT?

Patient: Well I must have been the morning of the operation because I wasn't there before. It must have been when he came round, I think it was when Mr Holliday came round.

INT: RIGHT, OK. OH, YOU SAW HIM ON THE MORNING, YEAH, BEFORE YOUR OP? YEAH.

Patient: Yeah. Yes, I must have done, very quick, briefly, you know.

INT: RIGHT, OK.

Patient: Mm. Very hard to kind of just remember the sequence of events.

INT: YEAH, I KNOW.

Patient: Especially when I'd lost my [???] try to put it behind you, you know.

INT: DOESN'T HELP WHEN I FORGET THE QUESTION. [CHUCKLES] MAKE YOU THINK OVER AGAIN. SORRY ABOUT THAT, THOUGH. ERM ... I'M JUST MAKING SURE I'VE GOT EVERYTHING HERE. ERM, LOOKING BACK NOW FROM WHEN YOU FIRST HEARD YOUR DIAGNOSIS UNTIL NOW, HOW DO YOU FEEL ABOUT THE CARE THAT YOU'VE RECEIVED?

Patient: Erm, I'm fine with it.

INT: YEAH?

Patient: Yeah.

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

Patient: I didn't think I had any expectations I don't think, I never exp-, I never really expected to be in this position.

INT: NO, OF COURSE.

Patient: You know? Erm, and then it all kind of just happened, you know, it just kind of, it, everything just takes over and kind of falls into place, you know, you don't really, you don't really stop and think too hard about whether this is the right thing to do or, you know, you just, you just go ahead and do it, you just, because they say you need this doing and you just have it done.

INT: YEAH.

Patient: But I, you know, erm, I couldn't really fault the care, erm, and if I'd wanted more support I could have got it, but I'm, you know, I've got a family and, erm, a lot of friends who really supported me as much as I needed.

INT: YEAH. WAS THERE ANY PART OF THE CARE THAT YOU WERE NOT HAPPY WITH?

Patient: Erm ... I wasn't happy I had to go back, but then [chuckles] ...

INT: OH NO ...

Patient: ... erm, you know, I wasn't very happy when they kept like putting off appointment ...

INT: RIGHT, YES, OF COURSE.

Patient ... you know, because the results hadn't come in, that was a bit distressing, you know, it kind of like made it lengthier in that, erm, I was actually in hospital, it was like a two-bedded room and the other woman was in for exactly the same thing as me but she had been, you know, her final

appointment had been like a fortnight, you know, there was like a fortnight's difference, two or three weeks' difference between diagnosis and in, erm, no between the initial appointment and, you know, so, erm, but then you had to think that they were being extra careful, you know.

INT: YEAH. WAS IT A SHARED WARD YOU WERE ON IN A PRIVATE ...?

Patient: No, it was a two-bedded room and both times ...

INT: OH, A SIDE WARD.

Patient: ... I was in with somebody who was having exactly the same as me, so, erm, you know, that was no problem. And I mean, I don't care about, you're just in hospital and you go home, so ...

INT: YEAH. ERM, IF YOU WERE TOLD YOU COULD CHANGE SOMETHING ABOUT, IF YOU HAD THE POWER AND MONEY TO CHANGE SOMETHING ABOUT THE BREAST CARE SERVICE THAT YOU WENT THROUGH AT THE CITY, WHAT DO YOU THINK IT WOULD BE?

Patient: I couldn't really think of anything that you'd want to be any different. Erm ... I mean the fact that it was detected so early, you have to think, well you're in one of the best, you know, I mean they said ten years ago it wouldn't have been detected this early, you know.

INT: RIGHT, YEAH, MM.

Patient: Erm ... they're all very nice, the staff, the breast care unit, so they're all very caring. Erm, I don't think there's anything I would have changed apart from the initial diagnosis.

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

Patient: ... I think you just to know really what the next stage is, you know, and what the treatment is. I don't think you need to know, well I certainly don't need to know how, erm, I didn't need to know how likely it is to come back and I don't need to know what the chances are of ... you know. I don't personally, other people might, you know.

INT: NO, YEAH, MM.

Patient: Erm, I don't really ... I don't really know. I don't really know what I need to know. [chuckles]

INT: NO. OK. WELL ASK THE SAME AGAIN, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WITH BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS YOU CAN HAVE?

Patient: Only that they're what you need, you know. You need more that, you know, they don't want to offer you the smallest operation if the one a couple of stages after the one you need. I mean if they'd said to me, 'You need a mastectomy,' then I wouldn't have gone into it, I wouldn't have said, 'Well are you sure, can't you do anything else?' I would have just said, 'Yes, OK, fine.' Erm, when they say you need, you know, a wide excision, then you have to trust them that that's what you need and that's what

they, that if you needed any more they'd give it to you, but, you know, it's not a, a money thing, or, you know, a politics things, it's just you get what you need.

INT: YES, SURE.

Patient: So ... and I think I did, mm, well I know I did.

INT: ERM, OK, I THINK WE'VE COVERED EVERYTHING NOW. [???

Patient: I'm losing my voice.

INT: IS THERE ANYTHING ELSE YOU'D LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANYTHING, ANY INFORMATION YOU THINK'S IMPORTANT THAT WE'VE MISSED OR NOT COVERED OR ANYTHING?

Patient: Mm, I don't, I really don't think so, you know. Erm, it's, it's really just nice to know that, certainly in this part of the country, you know, you get the mammogram and, and it's found early, but I mean it kind of makes you think it's a three-yearly thing now, I mean, the fact that mine was quite early, if I had kind of, if it had started just after a mammogram, you wonder how three years down the line they might have been, you know. So ... erm, but then that's what they feel is enough, don't they? I mean I'll have a yearly mammogram now so that's one good thing that's come out of it, it's that.

INT: YEAH, YOU GET A MORE [???] SORT OF FOLLOW-UP?

Patient: Yes, aha, mm.

INT: THAT'LL BE FOR ABOUT TEN YEARS OR SOMETHING NOW.

Patient: Yes. So, erm ... and I'm not on any medication, I don't have to take the Tamoxafen.

INT: RIGHT, OK.

Patient: Which almost ... it would have been quite nice if I had something to take, you know, [chuckles] you know, because ...

INT: WHY IS THAT THEN?

Patient: Because it wasn't oestrogen led.

INT: RIGHT, OK.

Patient: So, but then, the fact that it wasn't oestrogen led, I'm not quite sure what that means, you know. I'm not sure. I understand that women with, when it's oestrogen led they can go on Tamoxafen and for five years it offers quite a good protection.

INT: YES, THAT'S RIGHT, YEAH.

Patient: Mm.

INT: I HAVE TO SAY I DON'T KNOW MUCH ABOUT THE BIOLOGY OF IT REALLY AND THE CHEMISTRY OF IT. MY BACKGROUND'S PSYCHOLOGY, SO I DON'T REALLY KNOW THAT MUCH ABOUT THAT SORT OF THING. I DO KNOW THAT, LIKE YOU SAY, IF IT'S OESTROGEN LED THEY CAN TAKE TAMOXAFEN. ERM, YEAH. MAYBE THAT'S SOMETHING YOU MIGHT WANT TO JUST RING UP AND ASK ABOUT.

Patient; Yes, yes, aha.

INT: AND I'M SURE THEY'LL BE MORE THAN WILLING TO TELL YOU, YOU KNOW, WHY.

Patient: Mm. Because I just assumed it was because it very often is with post-menopause cancer's, you know, but when they said it wasn't I thought, well I would have quite liked something to take, [chuckles] just to kind of think I was warding off, but ...

INT: DO YOU THINK THAT WOULD HAVE BEEN REASSURING FOR YOU OR SOMETHING?

Patient: It might have been slightly reassuring that you were doing something, this is why I think I've gone for radiotherapy, because I'm doing something positive.

INT: OK, I THINK THAT'S IT. I'LL SWITCH OFF.