

*SURGICAL MANAGEMENT PREFERENCES STUDY: Interview (Patient)
*VENUE: Low MR unit
*DATE:
*ID: Patient56
INTERVIEWER: DJW

INT: WELL FIRST OF ALL THANK FOR BEING INTERVIEWED. I'D LIKE TO START WITH THE FIRST QUESTION 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 did, because as soon as I noticed the lump, first instant I didn't accept that it could be something really cancerous or anything, because I heard my friends talking about having a lump but there was nothing, some of them had been removed and some of them they said don't bother doing anything, but deep in my heart my mind was telling me there is something which I am carrying. So I've gone on the internet, there's a few good sites, I've been through, I looked through, pros and cons, what could happen, what's the therapies, what's involved and everything.

INT: RIGHT, OK.

Patient: So basically I had a good idea before even I went to my consultant.

INT: RIGHT, YEAH. AND YOU SAID TO ME EARLIER THAT YOU DON'T HAVE A FAMILY HISTORY OF BREAST CANCER, DO YOU?

Patient: No. No-one on my family.

INT: HAVE YOU GOT ANY FRIENDS OR OTHER RELATIVE AT ALL THAT HAVE HAD BREAST CANCER, DO YOU KNOW?

Patient: I've got friends, but the thing is, no-one tells you first that she had breast cancer. It's only I realise when I've spoke to people that, 'Look, this is what happened to me,' and then I come to know, 'Well I had it, I had it ages ago, I had it last year,' or 'My friend had it.' Bit distressing sometimes because I had a friend just a few houses away from my house and she had cervical cancer, and she had a history because her Grandma died of it, her Mum, died of it, and eventually she died of it as well, and she was only 44.

INT: REALLY.

Patient: So you do have a mixed feeling when you look at certain people, they survived, they're still going round, and certain people they haven't. But in that case there's all different sides of cancer, they're not just, I had breast and I'll have the same symptoms or same response to the therapies or anything like that, so every individual is different. So I don't know how I'm gonna behave for my chemo.

INT: RIGHT.

Patient: So I'll, and the other thing good is, because the room I was in the hospital, four of us had the same diagnose, and we are still, though we didn't know it, each other before, but staying in the hospital for three days we made friends with each other ...

INT: OH, RIGHT.

Patient: ... and now we stay in touch, so every single one goes for an appointment we text each other, we phone each other, and [??] three of them going for the same therapy I'm going for, and one of them is going for monthly injection and then Tamoxafen after that.

INT: RIGHT, OK.

Patient: So ... but it's nice to have someone around at the same level and at the, you can say, same diagnose, same treatment, then you can talk about, you can pull each other, and encourage each other, 'Oh, this is not gonna happen, that's not gonna happen' or 'This is what happened to me.' So ...

INT: RIGHT. AND, ERM, SO CAN YOU TELL ME ABOUT THE TIME WHEN YOU FIRST REALISED THERE WAS SOMETHING WRONG WITH YOUR BREAST, TILL THE TIME YOU WENT TO HEAR ABOUT YOUR RESULTS?

Patient: Something from ... the day I noticed and the day I've been diagnosed?

INT: YEAH, IN BETWEEN THAT TIME, YEAH.

Patient: Stress ... anxiety ... confusion. All of them, you name it, I had it, because the thing is, I'll be honest, because, I won't hide anything, any emotions or any ... anything basically. GP been brilliant, when I went to her, she checked it. I did her, 'Do I need to worry about anything?' and the answer she gave me I knew she couldn't go more than that, she said, 'I can't say anything at the moment, but you have to go to the breast care.' But the, appointment-wise, I went to Glenfield and though a consultant [??] but that day it was, I don't know whether she's junior consultant or associate consultant, so went for my scan, it came normal.

INT: RIGHT, OK.

Patient: Right?

INT: MM.

Patient: So ... sat there two hours, thinking, 'Oh, nothing's wrong with me,'

INT: YEAH.

Patient: Went up to one of the health care assistants, I says, 'Will they do a mammogram on me?' And she said, 'Well your scan shows normal, so if they want to go, wanted to do a mammogram, they could have done now, but if the scan is normal I don't think so they're gonna do it, you're just waiting for the consultant.' Fair enough, sat down, happy, scan normal, nothing wrong, keep my fingers crossed. Went in, consultant, for my turn, and I spoke to the consultant and said, 'Look this is the signs, and this is how I feel ...' because I was still having discharge, like milky discharge from my breast, I says, 'Something in my mind is telling me that ...' She said, 'No, no, no, don't worry, it's a lump of fat because you're obese, it's just a lump of fat.'

INT: RIGHT.

Patient: So my mind has agreed to this.

INT: RIGHT.

Patient: And then I say, 'Well when I go for long walks,' because at that time I was going for like an hour walk around the block and things like that, and she said, 'Oh no, it's normal, just [??] sit down for a little while if you pain or

anything like that.' I said, 'Why is the milk coming out of my breast, because I had it for a year [???] now, it shouldn't be coming?' And, erm, she's checked it, probably at that time it didn't come, any discharge didn't come. So she said, 'OK, for your peace of mind, I'll do a fine needle test,' and I said, 'When the report's gonna come out,' and she said, 'Oh it comes out 20 minutes, so you just take a seat and they'll be, you will know before you go.' Fair enough, sat again with a fat of lump. [?] So waited 20 minutes and it was nearly half past five and she called me in and you can tell from their faces that it's not just a lump of fat. And my husband says, 'Look at their faces, Ruby, look,' because it looks like they made a mistake or something, when she was coming to call me in. Went in and she said, 'Oh, well, the fine needle tests show that you got some juicy cells, and the pathologist says, 'Is the patient pregnant?' I said, 'I'm not,' and I said, 'Because I've been sterilised last year.' But things do some happen sometime, but I said, 'I had my period three weeks ago so it can't be.' And she said, 'OK, we'll do another scan then.' And the same scan lady said to her, 'Now I can see something.'

INT: RIGHT, OK.

Patient: Then she covered it up because '... it might be the bruising you had from fine needle test and things like that, blah-blah,' I was ever so annoyed, because I was waiting there in that distressful position that my scan is normal but the mind, mind is not accepting it that it's normal, and now you're telling me that there is something wrong, and I says, 'Now what happens?' And she said, because the mammogram staff is gone, so you have to come next week.' Fair enough, another distressful week. A week gone, and then they did the core biopsy. They did a mammogram first, it shows abnormality, then they did a core biopsy, wait another week. And while they were doing core biopsy and there was another, I don't know whether she was a consultant or just another doctor or [???] and she said, 'Oh, well I'm 99 per cent sure that it's a fat [???] and one per cent it could be cancerous.' Came home with the same question mark in my mind, 99 per cent fat [???] and then next week another appointment, and then I saw Miss Stotter, and she said, explained to me what happened the past two weeks. And I said everything I've said to you now, and she said, 'Well the one per cent is 100 per cent now, you've got a tumour.'

INT: RIGHT, OK.

Patient: I says, 'OK.' And she turned back to me, she said, 'You didn't reacted.' I said, 'My mind is not working now - for four weeks I'm in so much stress and I was expecting this anyway, so what else I can say?' And I'm not that sort of person, if I see someone first time and if I'm not familiar with them, I don't break down. I need someone to know me so I can have a shoulder to cry on and I said, 'I'm really annoyed rather than depressed that this is what happened to me.' And, erm, then she spoke to me and she said, 'Well, erm, there's two options. Do you want to go ... do you want to go for lapectomy is it called? ...'

INT: LUMPECTOMY, YEAH.

Patient: '...lumpectomy or mastectomy?' And I says, 'What does, the difference involved in both of them?' And she said, 'One is just removal of the whole breast and the other one is you go for the lumpectomy and you have probably more likely, if it's not spreaded, then you go for like lymph nodes and we'll examine if it's spreaded or not, and after that could be radiotherapy or chemotherapy or hormonal treatment, whatever.' So I said, I said to myself, I had my husband with me, I said, 'I want to go for a lumpectomy.' And anything after, I said, 'Is it possible, if it's around, in the around tissue, I can go for the other one after that?' And she said, 'Yeah, that could be possible.' So I went, I went

for the lumpectomy. So ... is that the answer to that question, or shall I carry on?

INT: LET'S JUST GO OVER A COUPLE OF POINTS THERE. LIKE YOU SAID THAT YOU WENT FOR YOUR FIRST TESTS AND OBVIOUSLY, YOU KNOW, IT WAS, FIRST OF ALL IT WAS CLEAR, AND IT WAS A FATTY LUMP, THEN IT WAS NOT CLEAR, AND ALL THIS KIND OF STUFF, AND THEN YOU CAME HOME AFTER THAT. IS THAT RIGHT? BECAUSE YOU HAD TO WAIT A WEEK FOR THE RESULTS? I MEAN, SORT OF, DURING THAT WEEK, I MEAN, WHAT SORT OF THINGS WERE GOING THROUGH YOUR MIND AT THIS POINT?

Patient: Everything.

INT: Yeah.

Patient: Everything. I was so distressed. My manager didn't let me go back to work ...

INT: AH RIGHT.

Patient: ... because it's one to one patient contact, and I was not in a state of mind.

INT: OH YEAH.

Patient: I was forgetful, I was anxious, I was hiding myself, like hiding my feelings. I wanted to carry on while I was carrying on, but it wasn't that easy. It's easy said now but it wasn't that easy because all the questions come to your mind.

INT: DID YOU AT ANY POINT THINK IT WAS GOING TO BE CANCER?

Patient: Somehow I had the feeling.

INT: RIGHT, YEAH.

Patient: Somehow I had the ... that's why I was telling the consultant that I'm not satisfied if he's just saying it's a lump of fat.

INT: MM, YEAH.

Patient: It's just like within my mind, I was ...

INT: YOU KIND OF KNOW YOUR BODY, THAT'S THE THING, ISN'T IT?

Patient: Yeah. I could have come home that day when she says 'It's a lump of fat.'

INT: WELL, YEAH, EXACTLY.

Patient: I could.

INT: AND THEN YOU WENT BACK A WEEK LATER, AND THAT'S WHEN YOU SAW MISS STOTTER?

Patient: For mammogram and core biopsy that they did.

INT: THAT'S RIGHT, YEAH, THAT'S RIGHT. ERM, AND THEN A WEEK LATER YOU SAW MISS STOTTER? WHEN YOU WENT TO SEE MISS STOTTER ...

Patient: Miss Stotter I saw in my third appointment.

INT: RIGHT.

Patient: Two weeks I didn't see her.

INT: THAT'S RIGHT. SO, WHEN YOU WENT TO SEE MISS STOTTER, WHO ELSE WENT INTO THE CONSULTING ROOM WITH YOU THAT YOU ...

Patient: It was a breast care specialist nurse, I'm sure it was Jane, and there was a nurse, and my husband and myself.

INT: RIGHT, OK, AND MISS STOTTER. AND WHEN, LET ME JUST THINK ... WHEN MISS STOTTER WAS TALKING TO YOU ABOUT YOUR DIAGNOSIS AND YOUR TREATMENT OPTIONS, DID SHE USE ANY SORT OF VISUAL AIDS OR TOOLS SUCH AS DIAGRAMS OR PICTURES, OR MAMMOGRAM, ANYTHING LIKE THAT?

Patient: No.

INT: NO, OK.

Patient: But I had loads of them on the internet.

INT: OH RIGHT, OK.

Patient: I've seen loads of them.

INT: YEAH, YOU SAID YOU'D SEARCHED QUITE ACTIVELY FOR IT, HADN'T YOU? HOW DO YOU FEEL YOU GOT ON WITH MISS STOTTER?

Patient: She was fine, she was excellent. She is very firm lady and very professional, she won't go round and round, and that's the best thing I liked about her. She's on the spot and she's not like, 'Oh yeah ... you know ... and blah-blah-blah ...' it's just to the point. And it's not like offending or anything.

INT: RIGHT, YEAH.

Patient: You won't feel like, 'Oh why is she talking to me like that?' She will talk nicely and properly but she is to the point.

INT: MM. AND DO YOU FEEL THAT SHE WAS LISTENING TO YOU ...

Patient: Yes.

INT: ... AND UNDERSTANDING WHAT NEEDS AND CONCERNS YOU HAD? AND DID YOU SEE THE SAME BREAST CARE NURSE ALL THE TIME, OR DID YOU SEE DIFFERENT ONES?

Patient: ... Oh, actually it was three, but after my, when I see Miss Stotter, then after that it was Jane.

INT: RIGHT JANE [???

Patient; [???

INT: REYNOLDS OR PICKARD? WHAT DID SHE LOOK LIKE?

Patient: Mm, she'd got long hair ...

INT: AHA. BLONDE?

Patient: No.

INT: TALL?

Patient: Yeah, tall. Was she a blonde? [chuckles]

INT: WAS SHE THE MATRON? DID SHE LOOK LIKE SHE'S IN CHARGE?

Patient: No.

INT: OH, RIGHT, IT MIGHT BE JANE REYNOLDS. ERM ...

Patient: 'Cos I wanted to see the person I saw first time.

INT: RIGHT.

Patient: Oh yeah, with the short haircut and really tall?

INT: YEAH.

Patient: Not that one, that's one I saw first time, I really poor with names. And I wanted to see her again and then next, the second week she was there and she was waiting but unfortunately my mammogram delayed and she had to go and pick her son up or something.

INT: RIGHT, YEAH.

Patient: Then I met Sue once.

INT: YES, SUE, MM.

Patient: And then it was the other Jane.

INT: RIGHT, THAT'LL BE JANE REYNOLDS, YEAH. ERM, AND HOW DO YOU FEEL YOU GOT ON WITH THE BREAST CARE NURSE?

Patient: Excellent.

INT: YEAH, SO AFTER YOU'D SEEN ...

Patient: Good listeners, they are. They'll, you feel that they're going through the same thing you're going through at the time. More than I think a friend.

INT: AND, ERM, SO YOU'D HAD A CONSULTATION WITH MISS STOTTER, AND THEN DID YOU SEE THE BREAST CARE NURSE AFTERWARDS, DID YOU?

Patient: Er, she was there when I saw Miss Stotter, and then, yeah, I did see her after that because then they go to a quiet room and they give you some time.

INT: CAN YOU JUST TELL ME A BIT ABOUT WHAT HAPPENED AFTER THAT, DURING THAT ONE?

Patient: She gave me some time to get on terms with. I did broke up that day, broke down, and she talked to me and things about what's gonna happen, the queries I had in mind, she answered it. How more they can help, she gave me the bleep number and she gave me the telephone numbers and stuff.

INT: MM. AND DID SHE GIVE ANY SORT OF WRITTEN INFORMATION, LIKE THE SUPPORT PACK ...?

Patient: Yeah, she gave me leaflets.

INT: MM. AND DID YOU FIND THAT INFORMATION USEFUL IN ANY WAY?

Patient: Yeah.

INT: MM, WHICH BITS DID YOU FIND USEFUL?

Patient: It's nice to read most of them, 'cos the worst thing ... worst thing is because, in the third meeting, when Miss Stotter said, 'If you have lumpectomy then you have to go for chemo,' and that was the last thing I wanted, but I didn't have any other solution because that's the shortest now, I had long hair, I just had a haircut on Wednesday ... and, erm, I was worried sick when she said you might have to go for five to six treatments of chemotherapy. And I was not keen on that.

INT: RIGHT. WHAT PUT YOU OFF?

Patient: Just like losing my hair, losing my appearance, because I'm a very public personality. I can't sit inside the house all the time, but when I go out I probably won't feel confident in myself. I can wear a wig, I'll never wear a scarf. A wig I'm not keen ... you know, all these things.

INT: YEAH, OF COURSE. ERM, WHEN YOU, WHEN MISS STOTTER FINALLY CONFIRMED THAT YOU DID HAVE A TUMOUR, BREAST CANCER, I MEAN WHAT WERE YOUR FEELINGS AT THAT POINT?

Patient: ... I don't know, it's hard to explain. Because I was in so much stress beforehand, I didn't react [???] good couple of days, but then, because my family is in India, most of them, well all my ... parents are in India and I've got two sisters, they're in India, stay in touch with my little sister, she's just qualified doctor, and, erm, been talking to her throughout, but because my Dad is not in good health, so I don't, I didn't want to, for my Mum and Dad to know, you know, this is what happening. And when it's been diagnosed then I just broke down on the phone to her and she said, she said, 'That's it, I'm not hiding any more, I'm gonna tell Mum.' At that point even I did not say, 'Don't tell her.' I did and then my Mum phoned back and she said, 'Look, I'm gonna go and tell your Dad because we have to be with you or something,' and she did come here while I had operation.

INT: YEAH, I THINK I'VE GOT ON THIS SHEET, IT'S SOMETHING, YOUR MOM HAD JUST GONE, HAD SHE JUST GONE BACK AT THIS POINT?

Patient: She's gone back on 5th July.

INT: THAT'S RIGHT, I THINK, YEAH, MM.

Patient: And my sister's coming this Monday. So she's gonna stay with me for a couple of months, just to start up with chemotherapy. 'cos I think end of the day we need your family support. I've got my family support: my husband is very helping, my brother-in-law's very co-operative, he's been fantastic with children, because my husband had to go back to work on 1st July. So he started back, but I've got [???] but ...

INT: OH THAT'S GOOD. AND, ERM, WHEN YOU WERE TALKING TO MISS STOTTER ABOUT YOUR DIAGNOSIS AND TREATMENT OPTIONS, ERM, HOW MUCH DID YOU UNDERSTAND ABOUT WHAT YOU WERE BEING TOLD?

Patient: Quite a lot because, as I told you, I've been through a lot, been on the computer for a couple of hours, been through the ... there's a site where some ladies had breast cancer and they have their own life history or whatever, their stories, so been through them. Then you feel like, 'It's not only me.'

INT: MM, YEAH.

Patient: And then I've been advised by the breast care specialist nurse that I have to inform the school because, just in case, because my other son is in the school and the little one was in pre-school at the minute, that if the child behaves not normally in the school, at least they are aware. But being in the - don't take me nasty - but being in the Indian community, you can't just go open with this thing because there are still people very close to me, they think it's infectious.

INT: MM, THERE'S A LOT OF MYTHS OUT THERE, I UNDERSTAND, YEAH, THERE'S A LOT OF MYTHS ABOUT THESE THINGS.

Patient: Don't have from the same cup, washing up separate, all these things. So I didn't disclose it to everyone, it's only my couple of close friends, headteacher, my managers and my parents and my family, that's all. Because it's more distressing, I think you can cope up with cancer, which I was coping fine, but when someone really put you in a corner and say, 'Look, you got this disease and I don't want to catch it,' ... then it hurts.

INT: OH ABSOLUTELY.

Patient: Then it hurts. And I spoke to my GP about it as well so he knows the score.

INT: SO CAN YOU TELL ME NOW, FROM WHEN YOU HAD THE FIRST CONSULTATION WITH MISS STOTTER AND THE BREAST CARE NURSE, CAN YOU TELL ME FROM THAT POINT WHAT HAPPENED UP TO THE POINT WHEN YOU HAD YOUR SURGERY? JUST FILL ME IN ON THAT BIT.

Patient: I had, er, well it's, when she said it's, well when it's been diagnosed, she gave me options which one to go for, and she asked me to ring her back in a couple of days, but I did make my decision there and then what I wanted to go for; did my chest x-ray, blood test and the op was within the next ten days. So basically there's nothing really ...

INT: AND DID MISS STOTTER DO THE OPERATION, DID SHE?

Patient: Yeah, she was consultant and surgeon as well. So it's nice to see her again in a way that you feel like, 'Oh, she knows me, I'm in safe hands,' sort of thing.

INT: MM, YEAH, YOU SORT OF DEVELOP THAT RELATIONSHIP, YEAH.

Patient: She did come and see me before my operation when I was admitted that morning, and I did remember seeing her in the hospital before they gave me anaesthesia, before I slept. Erm, it was nice.

INT: RIGHT, OK. AND SO ON THE DAY OF THE OPERATION, SHE CAME UP TO SEE YOU ...

Patient: Yeah.

INT: WHEN DID YOU SIGN THE CONSENT FORM?

Patient: The day I'd been diagnosed and made my decision, same day, breast care nurse specialist brought that form and then you had to sign it.

INT: SO HOW SOON DO YOU THINK IT TOOK YOU TO MAKE YOUR DECISION ABOUT WHAT SURGERY TO HAVE?

Patient: It's again coming to the same point, because I'd been reading through the information and leaflets and the internet and everything, so it didn't take even five minutes.

INT: MM, YOU'D KIND OF PREPARED YOURSELF.

Patient: And my parents are doctors anyway.

INT: OH, OK.

Patient: So they consulted someone in India who is in the same field, and he did mention to them that sometimes even the core biopsy results are not 100 percent, so don't go for the mastectomy, go for lumpectomy first. And they really made me more positive when the lymph nodes came clear and the tissue around came clear as well.

INT: YEAH, OF COURSE. THAT MUST HAVE BEEN QUITE A GOOD FEELING, I THINK REALLY. YEAH.

Patient: So, they're still staying in touch with us same, because they've got friends and they have a cancer hospital in India and they're my parents friends, so they asked for the notes, so I requested the notes and I'm sending them to India.

INT: RIGHT.

Patient: So ... everything is basically done but still they want to have a look.

INT: ABSOLUTELY, YEAH. WELL ESPECIALLY THE FAMILY AS WELL, I MEAN I THINK IT'S, THEY'VE EVERY RIGHT REALLY TO ...

Patient: Yeah.

INT: AND IT SOUNDS AS IF YOU'VE HAD QUITE A LOT OF SUPPORT ANYHOW.

Patient: Yeah.

INT: YOU KNOW, AND IT CERTAINLY SOME GOOD INFORMATION I THINK THERE.

Patient: Yeah.

INT: ERM, SO, LET ME SEE, ER, WHERE ARE WE? SO YOU'VE HAD THE OPERATION, THE NODES ARE CLEAR, ERM ... [??] I'M NOT SURE WHERE WE ARE BECAUSE I'VE LOST TRACK OF THE [??] NOW, I'VE BEEN LISTENING TO YOU, YOU SEE.

Patient: It's all right. [chuckles]

INT: AT ANY POINT, DID YOU EVER FEEL, OR DID YOU EVER GET AN IMPRESSION THAT EITHER THE NURSES OR THE SURGEONS HAD A PREFERENCE FOR ONE PARTICULAR TYPE OF TREATMENT?

Patient: No.

INT: NO? OK.

Patient: They give you ideas, they give you options, but they don't [??] options.

INT: RIGHT, OK. AND, ERM, AND SO YOU YOURSELF, DID YOU FEEL YOU HAD THE AMOUNT OF CHOICE THAT YOU WANTED BETWEEN THE SURGERIES?

Patient: Yeah. Basically it was my choice. She never questioned me back. She never asked me why I'm making this choice. So basically it was my choice.

INT: AND YOU ACTUALLY GOT AN AWFUL LOT OF INFORMATION YOURSELF AS WELL, YOU KNOW, YOU MENTIONED THE INTERNET AND BOOKS AND MAGAZINES AND ALL THIS KIND OF THING, WHAT WAS THE MOST IMPORTANT THING THAT YOU READ OR WERE TOLD OR THAT YOU HEARD THAT HELPED YOU MAKE YOUR DECISION TO HAVE THE OPERATION YOU HAD?

Patient: Basically those few life stories on the internet and, because I told you I stayed in touch with my parents and they had their friend consultants speaking to them, talking to them, and I myself felt in a way that I won't be able to cope that easy which I cope now if I have mastectomy. It's not like I'm losing my womanhood or anything like that, and I had my husbands 100 per cent support, even if I'd gone for the mastectomy, then he was supporting me, it's not like he was saying to me, or this person was saying to me ... end of the day it was my decision. That's the way, how I felt, that I won't be able to cope that easily with two little children when you have to show your children you're strong enough and you're happy enough. So I didn't felt right that I will be, cope that easily, which I have now.

INT: RIGHT, OK. ERM, I THINK WE'VE GOT NEARLY EVERYTHING IN THERE. LOOKING BACK FROM WHEN YOU WERE FIRST DIAGNOSED, ERM, UNTIL NOW, HOW DO YOU FEEL ABOUT THE CARE THAT YOU'VE RECEIVED?

Patient: Excellent.

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

Patient: Excellent.

INT: HAS ANY PART OF IT NOT MET YOUR EXPECTATIONS?

Patient: Not really. Not really.

INT: MM, AND IF YOU TOLD THAT YOU HAD THE POWER AND THE MONEY TO CHANGE ONE THING ABOUT THE BREAST SERVICE AT GLENFIELD, WHAT DO YOU THINK IT MIGHT BE?

Patient: Ooh, I can't see any point really because they're very quick and they're excellent, and the only hitch I had is I don't know, because Miss Stotter did say to me that it was, like, my tumour was covered with the fat, that's why it took them a little while to diagnose, so basically I can't really say anything that's need changing. And appointment is quick. It could be more quicker if they'd been diagnosed in that particular week.

INT: RIGHT, YEAH, OF COURSE.

Patient: But just because, maybe it was true, maybe it was hard to detect. So ... I don't think so there's anything drastic in happening which need changing.

INT: OH, RIGHT, OK. ERM, AND JUST TO SORT OF, YOU KNOW, COMPLETE THE PICTURE SORT OF THING, YOU HAD YOUR SURGERY AND YOU WENT BACK AND YOU FOUND YOUR NODES WERE CLEAR, SO WHAT HAPPENS NOW IN TERMS OF ANY FURTHER TREATMENT?

Patient: Erm, I'm going for six sessions of chemo ...

INT: AND WHEN'S THAT?

Patient: ... starting from 21st July, and after I finish my chemotherapy it's gonna be five weeks radiotherapy, and then I've got an appointment with Miss Stotter for next year, in June.

INT: YEAH, MM. NOW 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 don't know what to answer.

INT: WELL I SUPPOSE WHAT'S IMPORTANT TO YOU, WHAT WAS IMPORTANT FOR YOU REGARDING YOUR DIAGNOSIS, WHAT DO YOU THINK YOU NEEDED TO KNOW?

Patient: The question does come to your mind when you say that, it's like I had a mixed feeling that day when, when she told me that it's all, like tissue is clear, and the lymph nodes are clear, but because I was ... like a child that's scare of dark, I was scared of chemotherapy that way.

INT: MM, IT'S A PRETTY STRONG TREATMENT, ISN'T IT?

Patient: And I probably can cope, but it's like the, people around, how I'm gonna put in their minds that I'm carrying cancer any more, it's just like for recurrence or prevention, and my age. I mean if I, that's what Miss Stotter said to me, if you are older than that, you probably didn't need it because it's not spreaded in their view, but they just don't want to take a risk ...

INT: ABSOLUTELY, YEAH.

Patient: ... for recurrence.

INT: MM.

Patient: So, the question does arise in my mind that maybe down the lane in seven years, eight years, will it re-occur, will it still re-occur or will chemotherapy done its wonders and it won't come back.

INT: MM, THAT'S A BIT HARD TO KNOW THAT ONE, ISN'T IT, REALLY?

Patient: So in that case, like, I spoke to my husband as well because I'm basically very easy-going, happy-going, happy-go-lucky person, and that, I never stop, I never ... well, I don't know, very mixed things sort of thing. It's not just my friends with family around my area, I mean you can well imagine I came to England in '97, June '97 when my husband's family was not even, didn't even know who's living, living in which house, but now if you go and talk to them they'll know me, because I'm there, through thick or thin, happiness or sadness, or even saying, 'Hello,' waving to them. That ... it ill leave a mark on my mind. I do wonder when I look at someone else, this, 'Why me? Will I back to normal 100 per cent? Will I be the same strong personality I was before? So these sort of, even he's, he's a bit scared as well, that he doesn't want my personality to change, the way I am, you know, things like that.

INT: I THINK THERE'S ONLY YOU GONNA BE ABLE TO ANSWER THAT QUESTION, ISN'T IT, REALLY, AT THE END OF THE DAY?

Patient: It will be answered in time.

INT: MM, YEAH. A SIMILAR SORT OF QUESTION, WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS YOU NEED TO KNOW ABOUT WHAT OPERATIONS YOU CAN HAVE?

Patient: What operations do I need to have?

INT: NO. ER, WHAT OPERATIONS YOU CAN HAVE FOR BREAST CANCER. WHAT DO YOU THINK ARE THE MOST IMPORTANT THINGS SOMEONE WHO HAS BREAST CANCER NEEDS TO KNOW ABOUT THE OPERATIONS THAT ARE AVAILABLE?

Patient: It's basically both pros and cons, what's actually involved in one or the other.

INT: MM.

Patient: Because I think with mastectomy you don't need to go chemo unless it's spreaded. It's like losing one of your body part.

INT: YEAH, EXACTLY.

Patient: And for some people, it's like for me, it was something big. Though I can have a like restructure or whatever they do, plastic surgery, I read about that, they do your tissue, things like that, but at the end of the day you're going to lose your part, isn't it?

INT: MM, YEAH, OF COURSE. ERM, IS THERE ANYTHING ELSE YOU THINK YOU WOULD LIKE TO ADD TO WHAT WE'VE BEEN TALKING ABOUT TODAY? ANY IMPORTANT POINTS YOU THINK WE HAVEN'T COVERED?

Patient: Basically we've covered everything, been a chatterbox myself.
[chuckles]

INT: THAT'S ALL RIGHT, IT'S NICE. ERM, OK, I'LL TURN OFF THE RECORDER.

[End of interview]