

Weekend

How much do you think you could take?

Try this.

Your husband dies suddenly.

Then, while you're still
grieving, you're diagnosed
with breast cancer.

Would you keep fighting?



One woman's extraordinary year from hell.

THE JILL BAKER STORY  IN MY OWN WORDS

The big C and me

One in nine Australian women will develop breast cancer. This year, Jill Baker is one of these women, diagnosed while still grieving the sudden loss of her husband. Here is her extraordinary story.



Dreadful truth
The ultrasound of tissue in my left breast looks to me like a cirrus cloud, but I soon learn that small white wispy smudge is a tumour.

PICTURES
MANUELA CIFRA

I try to focus on something. A clock. Tick. Pause. Tick. Pause. Tick. I am outside an operating theatre for my second surgery in a week. How long has passed? An hour. I'm not sure. I'm desperate to talk to someone ... anyone ... about anything.

Thank God. Finally, a human being. He's wearing a paper hat but he's still a person. He's working in theatre today. I want to talk to him.

I blab about the first thing that comes into my head ... hospital underpants. I've never met this man before but I tell him exactly what I think of paper underpants. How big they are; how badly they fit; how I wouldn't put them on ...

Hang on. We could have a problem. He has one simple medical question which amounts to — are you going commando today. "No. I've got my own undies on." Instantly, his face changes from calm to concerned. "What sort of underpants are they?"

"They're blue." Concern changes to angst. He wants to know what they are made of. I know they are Elle Macpherson's — pale blue with red glass beading at the front. Expensive. Well cut. On sale on an overseas holiday. Good buy.

He isn't interested in that. For me to be safe, he needs to see the tag. I am in a room full of people. This man in a paper hat I have only just met is trying to find the tag on my undies. When he does the look changes from angst to exasperation. Sorry, they're synthetic. They've got to go. This operating theatre is a nylon-free zone.

Someone asks if I need help taking them off. I have one working arm from the first surgery but I'll take the underpants off myself, thanks very much. It takes a long time. The theatre staff are trying hard not to smile. A nurse appears and is clearly feeling sorry for me. She has a plastic bag. "Would you like to put your underpants in here when you get them off?"

It must be hard to tell someone they have cancer. I can't imagine how I would do it. Would I be factual, would I be sympathetic, would it help if I cried?

Specialist breast surgeon Associate Professor John P. Collins has done it a thousand times. That doesn't make it easy. It is Friday afternoon and he is ringing a patient with the results of a biopsy on a suspicious piece of tissue in her left breast. That patient is me.

To my untrained eye, the tissue looks like a light cirrus cloud — a small, white, wispy smudge on an ultrasound. But Collins has seen those wispy bits before. He's 99 per cent certain the fluffy cloud is actually a tumour. But that isn't enough. What his type-A surgeon's personality needs is proof — that the lump no one can feel is a malignant tumour.

It worries me when he says he doesn't want to tell me results on the phone. I tell him I'll be fine but when he rings I just want to hang up. I can't remember the words he uses exactly. I remember him saying: "Are you still with me?"

I say yes but I'm actually not sure. He has seen me cry once and I don't want him to hear sobs today. I want to be matter of fact. No problem. All in a day's work.

The biopsy result is 100 per cent certain: that fluffy cloud is a tumour. The wispy bits need to come out. Collins starts talking about radiation and possibly chemotherapy. I dismiss this as nonsense. He's crazy. Then he says something so shocking, I can't believe he is saying it.

Based on what we know now — and there is a lot we don't know — you have between a 60 and 70 per cent chance of not dying from breast cancer in the next five years. I don't remember anything else he says after that. I slide down the wall and curl up near the phone.

Where is my husband when I need him most? Twelve weeks ago I found him dead on our bedroom floor. I keep remembering our first dinner out — at a really bad pub over half-frozen chicken parmigiana. The day when I think I really fell in love with him. He'd just told me he could drink a glass of water while standing on his head.

The phone is on the floor near my toes. I try to focus on what the surgeon really said. I know Collins told me that most women don't die of breast cancer but none of that matters. My mind goes

over it ... again and again. Am I going to be alive in five years time?

It is 5.45am and still pitch black. A friend drops me at Epworth Freemasons Hospital in East Melbourne for my first ever operation. She wants to come in but I have to do this on my own. Every fear receptor in my brain is on high alert. I want to run. I keep telling myself it is OK to put my life in John Collins' hands ... but this morning nothing about that feels OK.

On the third floor, a nurse directs me to a change room. There is a neat bundle in the corner that looks like Chux Superwipes. I wonder what the piles of dishcloths are for and look surprised when she says change into them. There's a gown, a hat, two paper shoes and something I don't recognise. It would go around me three times.

I take off my clothes but leave the big white bloomers in the corner. The nurse isn't in the mood for people refusing to put on paper underpants so early. I try to reach out for them but my arm isn't working. It takes enormous concentration to grab those big bloomers and pull them up around my bottom.

I am trying hard to be Jill this morning. But I'm not Jill at all. I'm the first in a long list of women being

operated on by John Collins. Each of us has just learnt we have cancer. Some of us will have better survival odds than others but none has any guarantee.

I don't want to be first on his operating table this morning. I don't want him to put his Number 3 silver scalpel blade on my skin. I just want to go home.

What I want doesn't matter. John Collins is here. Normally he would love talking golf (and play with just about anyone) but at 6am today, he is all business. I wonder if he gets nervous before he makes an incision or if he's ever felt squeamish at the sight of blood. But there's no time for any of that. John Collins is ready to put silver scalpel on pearly skin.

There's no music in his operating theatre. A good operation is usually a quick operation and there isn't much time this morning to get to the finer points of golf and those soggy Irish greens.

The surgeon I'm so scared of has clearly done his job. His team know what a mess their first patient really is. The anaesthetist tells me step by step what he's doing to make sure I feel safe. The theatre nurse doesn't leave me for a second. The assistant surgeon holds my hand while I go under. Then Collins' face is close to mine. "Be confident," he whispers. It's the last thing I hear.

It is the hot pink cancer. Jane McGrath changed our lives when she died from breast cancer. Shane Crawford (That's What I'm Walking About) treks to raise money for it. It is the "in" disease: the affliction behind so many fun runs, jogs and walks, the scourge that celebrities like to be spotted fighting. Everything about it looks like fun these days except — of course — the disease itself.

It is the second most common cancer in women. One in nine will be diagnosed with it. Most will survive five years. A lot will survive longer but one in 38 will die. Treatment will take weeks, months or even years. And there are no certainties. Want to hear someone hedge their bets? Ask an oncologist if your breast cancer will come back.

The disease itself should be called the public cancer rather than the pink one. You can't disguise it. Well, you can't hide the ravages of its treatment anyway. Suddenly everyone knows you are sick. Many wonder if you are dying. You go from looking like everyone else to looking like a victim. Frail. Ill. Vulnerable.

I've never liked pills. Piles of them — in packets and little tubs with coloured lids — now sit on the dresser. Dinner tastes like licking the top of a tin can. Coffee — don't even ask. My favourite place now makes it so weak it is almost a waste of time. Your tastebuds become at one with any three-year-old. A friend gives me steamed vegetables in a cheesy sauce. Forget George Calombaris and all that fancy Press Club stuff. These little cheesy pots are simply the best thing I have ever tasted.





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I DON'T WANT TO BE FIRST ON HIS OPERATING TABLE ... I DON'T WANT HIM TO PUT HIS NUMBER 3 SILVER SCALPEL BLADE ON MY SKIN. I JUST WANT TO GO HOME

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THE JILL BAKER STORY  IN MY OWN WORDS

I no longer talk the currency of my job — about who has done what to whom in Melbourne. I tell friends about my blood count, what my bone marrow is doing and how many of my toenails are falling out (three so far).

Suddenly, a doctor isn't someone you see once a year. Your mood is governed by what John Collins says about pathology results. Words like "margin" and "clear" are all important. I've always known that size matters but now it really, really does. The tumour is 18mm and John Collins needs to make sure there are clear surgical margins right around the cancer.

I worry whether he's done that but shouldn't have wasted my time. That's a piece of cake. It's the other thing that's the problem. The thing I haven't heard of — the sentinel node biopsy.

To non-surgeons like you and me, it's a simple test. You have radioactive gunk injected in your arm so that — using something that looks like a Geiger counter — the surgeon can find the lymph node closest to the tumour. That's the one where cancer is most likely to have spread. He cuts it out for testing.

On the ultrasound, there is no sign of my cancer having spread so John Collins is confident — but never certain — the node will be clear. He hasn't told me what he really thinks after surgery: the sentinel node is bigger than expected. But there's no point worrying me with that — as every good doctor does, he's waiting for pathology results.

A few days later, I decide my odds are good. I put on my favourite blue jeans and head out for a walk. I'm feeling healthy, even a little confident. I get back home and pop the kettle on before I check the phone.

There are three calls from John Collins. That can't be good. I wonder whether to ring back but decide I am too scared. Ten minutes later I call. He comes on the phone straight away.

The margin is good. Tick. The sentinel node is not. Cross. The node is highly malignant. He wants to see me — soon — to talk about another operation.

John Collins describes the pathology results as "mixed". The results aren't "mixed" at all. They are devastating. They mean the cancer has spread. They mean more surgery. They mean scans of organs and bones to find any spots of cancer somewhere else. They mean radiation treatment. Chemotherapy. What John Collins calls "mixed" results mean my life now depends on a single grim set of statistics. I may be here in May 2015, or I may not.

Forget 2015. I just want to make tomorrow. I've got drainage tubes hanging out everywhere and drips running in. I'm too scared to look at what is left under the sheets. There is only one visitor I want to see and I know he isn't coming.

Nurse Jan Cheyne is perched on my bed. She has two grown-up kids and an alley cat called Chester who — on a bad day — can have a mean streak when the grandkids come around. She's worked with John Collins for years as a breast-care nurse. She tells you what you really need to know about breast cancer.

Like what your breast will look like when John Collins has finished with it. How big the scar will be? Will the nipple look OK? And does a mid-60s bloke like John Collins have the same idea of a "cosmetically acceptable breast" as you do? It is his term and I want to ask him what he thinks makes a good-looking breast. But I'm not sure how to.

I ask Jan instead. She thinks it is hilarious. And when she explains, I guess it makes sense. He looks at breasts all day and has a better idea than just about anyone of what makes a breast look good after going under the knife.



John Collins tells women they have breast cancer. Jan Cheyne picks up the pieces afterwards. Twice a week he operates on women who have just found out they have the Big C. Jan is on the end of their beds after surgery each night.

She checks dressings, pulls out drainage tubes, and perks you up when you are down. It doesn't stop there. She sizes me up and decides she's worried how I will cope. John Collins isn't the only one with a type-A personality. Will I go back to work too soon? Why am I asking when I can run again? Why won't I look at brochures on buying a wig.

I'm struggling to even mention the words breast cancer let alone admit that I've got the Big C so she does something for me now that I need more than anything else. She hands over a big box of tissues.

Where the hell is he? Why did he have to die now? I can't do this without him — I can't. I know he isn't coming to see me. I keep looking at my wedding ring but I know there's nobody who will rub it softly when they hold my hand.

There is never a good time to be diagnosed with breast cancer. There can't be a worse time than just after your husband has died. Even people who deal with cancer every day are stuck for words when they hear. The oncologist is impressed that I am vertical and talking. I tell John Collins how scared I am of doctors following my husband's unexpected death.

I have practised this conversation many times but there is no easy way to tell him. He might be one of Melbourne's most eminent surgeons but I don't want to put my life in his hands. Does it help to know he's done this operation many times. I say no. Does it help to know how routine this is? No. I suspect he's not sure what to suggest next. His medically-trained mind is all about solving problems. Today I am something that needs fixing but he is running out of ways to fix this.

It isn't his problem that I kissed my husband goodbye in the morning but never got to tell him how much I loved him that night. Not his problem at all. John Collins has an 18mm carcinoma to



get out. He needs to get me to the point where I make all the right decisions about treatment. I'm not sure how to do that but know I have to do it by myself. John Collins can't help.

I spend time on my own trying to decide what to do. I've always really loved life but life after my husband's death isn't like the life I had before. It's like the colour has faded from every day. Can I be bothered with surgery? France looks nice. I wonder if John Collins has ever got a postcard from St Émilien sent by a runaway patient too scared to go under the knife.

I feel I can hardly talk to my friends. They want to tell me stories of survival. But I don't feel like any of those people. I feel very small. Scared and insignificant. I am not sure what sort of life I want. Am I better to live a short life without the doctors I fear? Can they help me, anyway? It keeps me awake night after night. I've always seen tears as a release. Now they offer no relief.

My mind — usually so sharp and lively — nearly gives up on me now. I'm trying hard to think my way through the alternatives. Tell the doctors to nick off or let them do their stuff?

It is hard to imagine how cancer spreads. I think of it as a dandelion at the height of spring. A puff of wind and all those tiny white parachutes waft about. They float until they lodge somewhere far away — in people's livers, in bones, lungs, all over the joint.

Nothing about getting breast cancer is straightforward. For a start, no one knows how you get it, whether it has spread, what treatment you need and whether any of that will make any difference.

And size isn't the only important thing about a tumour. Every cancer also has a stage. Stage one is very good, stage two is worse, stage four is awful. My tumour is stage two. Stage one would be much better.

Not only that, my cancer has spread. That's bad too.

The simple facts are these. Surgery usually cures 75 per cent of women completely but 25 per cent find the cancer comes back. Problem is no one knows who are the 75 and who are the 25. So everyone gets the Big C demolition job.

One operation to remove a tumour that hasn't spread usually means radiation therapy. Anything that's spread means chemotherapy. I try the oncologist out on whether he would recommend I skip the chemo. It is quickly clear I'm wasting my breath.

This morning, I realise that I've never actually met an oncologist before. I'm sure this is most unfair because they do amazing work but I've never imagined meeting one would be much fun.

My medical oncologist is Michael Green. To me even his letterhead is scary. He's an associate professor and a consultant in haematology, medical oncology and palliative care. He introduces himself as Michael in the corridor of the surgical ward. I tell him I've been dreading seeing him. He smiles and says his wife says that all the time. I want to say his wife is obviously a woman of great intelligence and fine judgement but I'm too frightened. I say nothing.

He pulls a chair in front of mine. I try to move mine back but it is tight against the wall. I want to flee but there is no room to go anywhere. He talks for what seems like a long time — about things I don't want to hear. Things starting with C — cancer, chemotherapy — and things starting with S — being sick, being scared and, for god's sake, survival odds. I'm not sure I can call him Michael.

Date with destiny
I grab my favourite lipstick and scrawl the date of my last chemotherapy treatment on the mirror.
Only when that day arrives will I finally be free.

Red shocker
This is the pinky-red chemotherapy drug that is pumped into my veins. I learn to dread it as it makes me really sick for days.





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I FEEL LIKE
CRYING BUT SHUT
MY EYES INSTEAD.
JUST DO IT. DON'T
LET ME SEE MY
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GROUND. DO IT
QUICKLY. DON'T
STOP

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THE JILL BAKER STORY  IN MY OWN WORDS

The next time I see him is in Suite 117 at Freemasons Medical Centre in Victoria Parade. This is his home turf. There are no photos of his three grown-up boys on the big wooden desk but an over-sized black thing — stamped in gold with the words oncologist's desk set — nearly covers it. Before he comes in, I wonder what he really thinks about my prognosis — how long I'll live for and the chances of my cancer coming back.

My heart beats faster when he closes the door and sits down. This is a place I don't want to be. The waiting room is full of people I don't want to be like. Sick people, people with wigs, people with scarves, people who are worried, people who can't get better, and lots of fighters (someone please help them) who are trying to stay well.

Unlike many of them, I have hair. I feel myself tug at it while Michael is talking. It makes no difference. As he would say, you play the cards you've been dealt. My hair has to go. And whether I like it or not, I now have an oncologist and I will be back in Suite 117 every three weeks for the next six months.

My future has been reduced to medical hieroglyphics. This is what Jill has become. "She is a pre-menopausal woman," the letter starts. Diagnosis: TI NI MO (ER + PR + HER2 —). What's worse is I know what those medical squiggles mean. I have what Michael Green says is an "intermediate prognosis" type of breast cancer.

God, what does that really mean? I ask about the only word starting with C I really want to hear — cure — but no one in this new cancer world would ever use a four-letter word like that.

I try not to be scared but the chemotherapy Michael wants to give me puts the fear of God into me. I ask a friend to come with me to my next appointment. He has strict instructions to talk about Michael's beloved Saints for as long as possible, so there is less time for Michael to talk about the things that scare me so much.

I tell Michael I had burst into tears before I made it to the carpark last time I saw him. What I don't tell him is I now have an oncologist section in my wardrobe — expensive stuff splurged on for the courage to walk through his office door. Then I say the only thing that has ever made him look uncomfortable. Could he be less oncologist like? He's a doctor. I know he's here to help me, but we both know this treatment will make me really ill.

Every woman knows hair matters. Mine is going to fall out. Every last strand on my head, every lash around my eyes and yep, even the hair down there. But in a quirk that shows chemotherapy must have been designed by a man everyone tells me that I'll still have to shave my legs.

I try for days to make that one phone call. I need to ring Desley Marie at Tremayne hair salon. I chicken out and ask a friend to do it. Desley is great. She comes in before the salon opens so I don't have to let anyone see me without hair. She's told me what wig to buy (human hair only please) and she'll cut it after she's shaved my head. I feel like crying but shut my eyes instead. Just do it. Don't let me see my hair on the ground. Do it quickly. Don't stop.

Desley says it won't take long and it doesn't. The Number 1 blades do their stuff. She says my bald head is a great shape — and who knew about those small pinned-back ears? She quickly puts the wig on as customers are coming in. Will anyone pick that the shiny long hair is not mine?

The next time I see Michael my head is covered with a scarf. I feel like a

refugee from the new *Sex and the City* movie. Friends call me the gypsy or — with my big hoop earrings — the '60s hippie child. I blend in perfectly — I AM one of those people in Michael's waiting room.

What I'm getting is I suspect the common or garden treatment for many women with early breast cancer — not that any doctor would ever call it that. Six lots of chemotherapy, each three weeks apart.

The possible side effects on the patient information sheet for the three-in-one combo for the first three treatments go for pages. Nausea and vomiting, increased risk of infection, diarrhoea, mouth ulcers, tiredness, loss of appetite, sensitivity to sunlight, hair thinning, nasal mucosa irritation, bladder irritation, urine discolouration and heart muscle damage. I decide none of that is going to happen to me.

Each of the drugs attacks cancer cells in a different way. But none of that is what you need to know about my three-in-one chemo poison. The only thing that's important is the pinky-red stuff.

Michael's office — with that big black oncologists' desk set — is only part of his domain. Across the corridor is the day oncology unit where I will have chemotherapy. Fourteen or so comfy armchairs are filled with people hooked up to drips.

Everyone who works here is all smiles. Great jeans Jill. Wig is fab. You don't need eyelashes. You look great. Your oncologist is absolutely lovely. A teddy bear. Everyone can get through chemotherapy. We just have to convince you that you can get through it.

But underneath it all everyone in day oncology knows that none of their patients wants to be here. Marisa Stevens, the nurse who runs the place, smiles as she asks whether I am OK to walk back across the corridor to see that teddy bear of an oncologist. She's clearly not sure about my answer because she takes my hand and walks me back to Suite 117 herself.

Patients here talk about things to each other that they'd never tell anyone else. One woman says she told her oncologist her hip was hurting. He said don't worry. When should I start worrying, she asked. His reply: when bone starts grating on bone. We both smile and then burst out laughing.

If breast cancer is the pink disease, the pinky-red chemotherapy drug is the talk of day oncology. Everyone dreads it. They may not know its name but they know its colour and how many days it can make you really sick.

Today is my first turn to get the pink-red shocker. They weigh me and tell me how much they like my shoes. Nothing's happening yet but I start to feel sick anyway. A nurse puts a cannula into my arm. As a doctor would say, you'll just feel a small pinprick.

I wish. My veins are smarter than that. They seem to know all about this chemotherapy rubbish and are making themselves scarce. The nurse puts a heatpack on my arm to make my veins stick out. She presses any that dare to show. They need to feel springy not hard. The cannula goes in. Ouch. It starts like a sharp prick but then like gouging out my vein.

The pink stuff takes only minutes to go through the cannula but the effects last for days. I don't vomit but I do retch — violently.

By lunchtime two days later I feel rotten. I feel like vomiting when I wake up and the same before I go to bed. I take all the anti-nausea drugs. I go through the side effects sheet and tick the ones I've got. I stop eating. My mouth is getting ulcers and my stomach feels red raw. My urine has turned red and just the whiff of food makes me run



Home at last With my scarf, I feel like a refugee from the new *Sex and the City* movie, but this little glowing statue (right) given to me by a friend makes me feel safe.

for the toilet. I can't believe there are five more treatments to go.

Somehow I need to take control. I grab one of my favourite lipsticks and write a date on the bathroom mirror — September 9. That's my last chemotherapy. The date on which I will finally be free.

Chemotherapy two. Done. Chemotherapy three. Done. After each Michael tells me how good I look. My idea of looking good is great hair, high heels and a new dress. I suspect Michael thinks I look good if I am vertical, have my eyes open and can talk.

But he may be right — one of my friends is bald and is offered tea, sandwiches and plates of fruit while we wait in day oncology. I have my wig on today and no one offers me a thing.

I'm home now and follow Marisa's advice to walk every day. I have a long walk, a middling walk and a short walk. These days I need to stop for a rest four times during the short walk. Today I'm half way round when I feel sick. Hours later I'm burning up one minute and shivering the next. I take my clothes off and lie with my back against an icy

window. When I wake in the morning, my temperature is 38.5.

I get to day oncology just after 7am. Michael arrives to find something that looks like a drowned rat on the bed. Pathetically, I ask if there's anything he can do. No problem for him. He patches me up over a few days in hospital and tells me later this isn't what he would call a "major incident".

A few weeks later I know what he means by that "major incident". I'm at a GP's at 5pm on a Friday. He knows something is wrong when I hold the wall to walk. He doesn't tell me my temperature until I ask (39.3) but wants to call an ambulance. I have septicaemia and this time Michael helps fix me up by phone from interstate late on Friday night. I feel really sick but as the second oncologist I have ever met says cheerfully the next day: "Yep, it is completely normal that you feel ABSOLUTELY terrible."

Once on the mend, none of this actually matters. I am vertical and up to the next chemotherapy. Everyone who has had chemo tells me the next drug Taxotere is downright friendly compared to the pinky-red shocker.

It is made from the bark of the

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“ I STOP EATING. MY MOUTH IS GETTING ULCERS AND MY STOMACH FEELS RED RAW. THERE ARE FIVE MORE TREATMENTS TO GO

doing cartwheels that September 9 is finally here but I dread what might happen when the Chinese yew stuff hits my veins.

Michael is working to fix my weird tree bark problem. He hopes to fool my body into not reacting. It takes about two minutes to show he can't. They try again 10 minutes later. Same drug, same reaction. The nurse has only got 20ml in and there's a hell of a lot to go.

My favourite oncologist appears — super calm as always — sucking on a can of soft drink. “You are ridiculously sensitive to this drug,” he offers. I'm slurring my words because I'm so dosed up. I'm having trouble moving my head and my heels have fallen off. “You must l-e-e-r-v-e that drug,” I think I manage to tell him, sounding completely drunk. He looks like he would like to say more but knows I am still too scared. “You should see what it does to cancer cells.”

For some people, 2010 is the year of the Pies. For me it is something else. I'm trying to learn about living without the man I loved and about living with a new thing called cancer. Everyone has worried this year about how I would survive. You need everyone supporting you with breast cancer. My number one supporter has only just died.

I stop wearing my wedding ring in hospital so people don't ask me when my husband is coming to visit. I always miss him. I want him to kiss me when I come out of surgery. I know he would hold my hand when the pink chemotherapy junk is going in. I need him to tell me I still look like a woman without hair or eyelashes. When it takes me four goes to stand up from the couch I want him to laugh at the living wreck I've become.

I'm a survivor. Buying expensive clothes gives me the strength to carry on — I now have an oncologist section of my wardrobe (top). I can't bear to open this Freddo (above), an end-of-chemo present from nurse Marisa Stevens.

Chinese yew tree. The nurse tells me in rare cases patients may have a severe reaction. It seems I am a rare case.

She turns the IV on. It takes two minutes. My face turns tomato red. I manage three words: “I can't breathe.” I can't see either — my world goes black, then pink, then pale pink with little bubbles. The nurse looks round for the oxygen and turns the IV off. Someone is taking blood pressure on my leg. It goes up to 225 over 155.

I think a woman next to me starts to cry. I wonder whether she thinks I am going to die. I wonder whether today is the day. Of course, Marisa knows better. She puts heat packs on my back and gently pats my head.

They give me steroids and the antihistamine Phenergan to pump me up and slow me down. They wait an hour and start the drip again. My body has already done everything to stop the Taxotere going in. It has nothing left.

I make an appointment to see Michael to tell him I hate that Chinese yew tree stuff. He still thinks it's the best thing to treat my cancer and if we switch to something else — well, it could be worse. He writes a note to dose me up even more before the next lot.



Nothing works. Next time is same drug, same reaction. Today I'm crying when Michael walks across from Suite 117. I hate anyone seeing me like this. Next day, I wonder whether to tell him chemotherapy six is off. But I don't ... I'm not sure why except could I live with myself if I refused treatment and then my cancer came right back?

Hallelujah. The date on the bathroom mirror has arrived. One part of me is

Breast Cancer Australia recommends women perform the following self-examination monthly and record observations.

LOOK

- * While standing in front of the mirror with shoulders back and hands on hips, perform the following steps:
- * Check for changes in size, shape and colour of both breasts.
- * Note if there is any dimpling, puckering or bulging of skin.
- * Be aware of whether the nipple has changed position or if it has inverted.
- * Monitor for redness, soreness, rashes or swelling.
- * It is also recommended to do this while the arms are raised in the air.

PRESS

- * Apply minimal pressure with the thumb and forefinger to each nipple and check for discharge (milky, yellow fluid or blood).

FEEL

- * Feel your breast while lying down, sitting, standing or in the shower.
- * Use a method which you become familiar with and record your observations on a monthly basis.
- * When checking the left breast use your right hand (right breast use your left hand) and work gently on the top layer and then a little firmer as you press deeper into the tissue with your middle three fingers feeling down to the ribcage.
- * Be sure to check all over your breast with a sequence you can remember. From the armpit to your cleavage, and from the top of the collarbone to the top of your stomach.
- * All the time feeling for irregular lumps, lumpiness or thickening, particularly in one breast only.

QUICK CHECK

- * A lump, lumpiness or thickening in the breast or armpit, especially if it is in one breast only.
- * A change in the size or shape of your breast.
- * Skin changes such as dimpling or redness.
- * Nipple inversion or discharge.
- * A change to the nipple, like a rash, ulcer or itchiness.
- * An unusual or persistent pain.

Source: Breast Cancer Australia

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13,600 cases

* More than 13,600 new cases of breast cancer are expected this year. New diagnoses are also expected in 106 men.

2800 women

* More than 2800 women will die from the disease in a single year, making it one of the leading causes of cancer-related death in females.

13% 20-44

* About 13 per cent of new cases are among women aged 20-44, 61 per cent in women aged 45-69 and 26 per cent among women over 70.

Over 96%

* More than 96 per cent of women will survive at least one year after diagnosis, and almost 87 per cent will survive five years or more, a 15 per cent increase since the 1980s.

But if he is gone, my friends try to be everywhere. One turns up with her mother-in-law's famous chicken noodle soup. Another's sure I'm still not eating so gets me a sandwich and fruit salad for lunch every day. Two others make it their job to make sure I eat them.

A friend knits me a beanie to keep my head warm. A girlfriend gives me a tiny purple statue and a note I will never forget: "He glows just a little in the dark so put him beside your bed so if you wake up at night you will always feel safe."

They do shopping. They come for coffee. They grab my arm when I am too sick to walk far by myself. They hug me when I cry. My boss laughs about another bright idea to help. "I'll put a bucket in my office. Come in here to vomit and then you can get straight back to work."

Two friends take me to every chemotherapy. One is there when John Collins tells me I have breast cancer. He tells me I look hot when he first sees me in my wig. Months later he says the same when I am too sick to wrap a scarf around my bald head. None of it is true, of course, but who cares?

The chemotherapy is done. I have Marisa's chocolate frog to prove it. I know it is silly but when I go home after chemotherapy six she gives me a folder with a Freddo taped to the front. The first words inside say: "Grow hair, grow."

I am so relieved it's over I don't know what to do first. I start ringing my friends, to say nothing very much — except I AM STILL HERE.

I don't eat for a week. I don't sleep either and when I do, I wake up shaking. I cry all the time. How can anyone have so many tears? I need my husband more than ever. "Sweetie, it's over," he would say. "What you need is a glass of Heathcote shiraz."

I want to feel normal. I'm not hungry but I go to a café and order lunch. A friend takes me to his gym to see if I can run. I love anything that means I have to plan to be around. Dinner tomorrow. Sure. Drinks next Thursday. Love to.

I look at myself in the mirror every day and decide the person looking back at me must be a ghost. I'm gaunt, deathly pale and those tortured eyes — Jill, you look like you have cancer.

It's not over. I have six weeks of radiation treatment to go and five years of hormone therapy. They have inked three pinpoint tattoos on my breast so the radiation beams hit the right spot. Suddenly I have new respect for Ben Cousins.

Michael has told me my radiation guy is an outstanding individual. I tell Dr Michael Guiney that I have been keen to meet him because I've never met an outstanding individual before. He smiles. "Radiation oncologists are the good guys of the oncology world." Michael Green scoffs when I tell him — you don't believe everything you hear, do you?

Six months ago, I didn't care much about oncology. It was a world I didn't want to know — even for a minute. Now I understand a little of what those who try to beat cancer actually do and I know that if I ever need help again they will try everything to keep me alive and free of the Big C.

I will see John Collins or Michael Green every three months for two years, and six monthly after that. They



Breast cancer in Australia

* One in nine Australian women will develop breast cancer and tragically one in 38 will die from it before the age of 85.

* Breast cancer is the most common form of cancer affecting Australian women aged 34-75 years.

* From 1982 to 2006, the number of breast cancer cases in Australia more than doubled.

* Government projections predict the number of women diagnosed will increase to 15,440 cases each year by 2015.

* This equates to 42 women being diagnosed with breast cancer every day in 2015.

* Risk factors include: Getting older (this is the main risk factor) and having a family history of breast cancer.

will examine my breasts and decide if the cancer has come back.

I haven't had the guts to ask but know they would both say there are no 100 per cent guarantees for me. The prognosis is good but I'm sure they've said goodbye to lots of people like me.

Dying. I've never thought about it much. Why ... well I've always been much too busy living. There was a mum, dad and sister to grow up with, newspapers to sweat over, farms to fall in love with and a husband and his three great girls to adore.

These days I know much more about where I'm heading in this new scary cancer world. It isn't about whether I win this battle. For me it is going to be about how I live the fight. I would like to live to 2015 and beyond but if I don't ... well you don't have to be 80 to have lived a great life.

My mind has cleared from the fog of chemotherapy. My new life won't be governed by a call from John Collins about pathology results, and I'm sure Michael Green can do all the worrying for me about the level of those little white cells called neutrophils in my blood.

But I know now I AM one of those people in Michael Green's waiting room. I do wear a scarf. I don't have

Picking up the pieces

Nurse Jan Cheyne (left) is on the end of patients' beds after surgery each night; while oncology nurse Marisa Stevens is always all smiles. They know none of their patients really want to be here.

eyelashes and — as he would still say — I have to play the cards I've been dealt. I have a 3cm scar on my left breast but these days I know that I'll always look good if I'm vertical, eyes open and talking. Sometimes I do still cry myself to sleep at night but the soft glow of that little statue near the bed is always there to keep me safe.

And you know what? Despite all of it, I'm still very much me.

In this whole awful year, there was actually only one night when I thought I might not make it. I vomited all afternoon. No idea what to do or who to ring. Finally I called my best friend. I sobbed and sobbed and sobbed. He won't remember this but he said something that night that I'm never going to forget — "JB, you are going to fight this".

Of course he hasn't looked at wispy clouds on ultrasounds like John Collins. He can't tell me what weird yew tree drugs do to pesky cancer cells like Michael Green. He doesn't understand how radiation beams can penetrate my breast killing any cancer cells that may be left. Or why taking a hormone pill for the next five years can help stop my cancer coming back.

But then he knows the only really important thing. He knows me.

National Breast Cancer Foundation

Australia's only national not-for-profit organisation that raises funds to support research into every aspect of breast cancer and distributes funds on the basis of excellence.

* www.nbcf.org.au

Breast Cancer Australia

Non-profit trust set up primarily to raise funds to support research programs, to raise awareness, upgrade equipment and provide accommodation for patients and their families during treatment.

* www.breastcanceraustralia.org

Worried? For a free mammogram visit

BreastScreen Australia is the national mammographic screening program. It provides free screening mammograms for women aged 50-69.

* Ph: 13 20 50

* www.breastscreen.info.au

Breast Cancer Institute of Australia

Fundraises nationally to support the research of the Australian New Zealand Breast Cancer Trials Group.

* www.bcna.org.au

Breast Cancer Network Australia

A network of consumer groups and individuals whose role is to empower, inform, represent and link Australians who are personally affected by breast cancer.

* www.bcna.org.au

This morning I was well enough to take my first short walk after the final chemotherapy treatment. The guy in the fruit shop smiled and asked how I was. I beamed: "Guess what, I'm alive." He thought I was crazy but who cares.

* Jill Baker is hoping to be a five-year survivor of breast cancer in May 2015, surgeon and oncologist willing. Her husband died in January this year. She has just returned to work full-time as deputy editor of the *Herald Sun*. She hopes to have long black eyelashes by Christmas and if her cancer returns she will try hard to put those white hospital underpants on. Well, maybe.

* Monday is Pink Ribbon Day when Australians are encouraged to host a breakfast to raise money for the National Breast Cancer Foundation.

* www.pinkribbonbreakfast.org.au

Tell us your story

* You've read about Jill's fight, now tell us your story at www.heraldsun.com.au