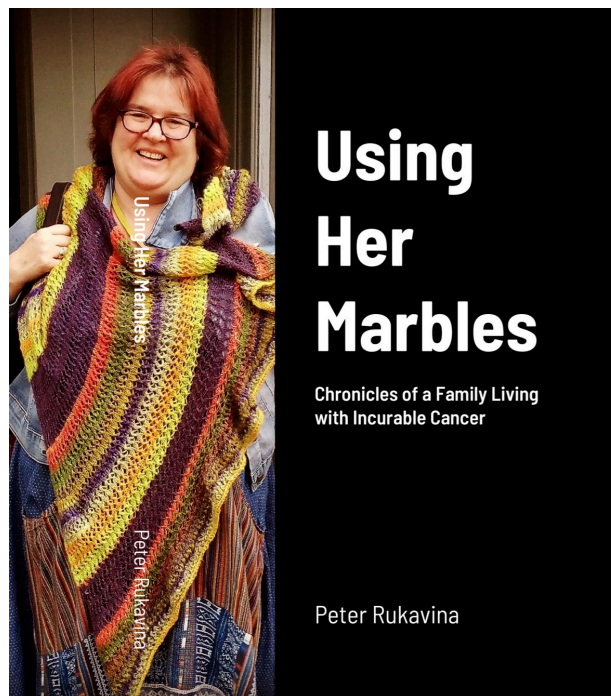


This is an excerpt of the book
Using Her Marbles.

To learn more about where you can find
the entire book, visit:

<https://ruk.ca/using-her-marbles>



Using Her Marbles

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Using Her Marbles

Peter Rukavina

Preface

I met Catherine Miller in the spring of 1991 when I moved into the house next door to her on George Street in Peterborough, Ontario. By October of that year we were a couple, and soon thereafter we moved into an apartment of our own.

In the spring of 1993 we held our breath and moved east to Prince Edward Island together. We bought a house. We moved to town. We had a son, Oliver. Catherine made art and made activism. I made websites. Oliver was diagnosed with autism, and Catherine became his staunchest advocate. We traveled all over the place: Thailand, France, Spain, Denmark, Sweden, Germany, Croatia.

In the fall of 2014 Catherine was diagnosed with metastatic breast cancer, an “incurable but treatable” condition that she then lived with for more than 5 years.

Early on in her illness I started an email newsletter for our family and our friends: it was an effort to save Catherine the trouble of having to update everyone individually with the answer to “how are you doing?” at every twist and turn.

Reading the almost-50,000 words I wrote over those 5 years, I realize that the newsletter also served a secondary purpose of trying to buoy everyone’s spirits (including my own); I hope that worked from time to time.

I was initially reluctant to find a new life for these words: the problem with metastatic breast cancer stories is that the hero always buys it in the end, and who wants to read a story with that inevitable sad ending.

But I realize now that there’s a lot of love, and hope, and, perhaps, some practically useful guidance to those who find themselves in a similar situation, in what I wrote. So a new home these words shall have.

It should go without saying that cancer treatment information changes quickly, and nothing about Catherine's treatment, and its success or failure, should be taken as a reflection of anything more than how a particular treatment worked in a particular situation at a particular time. And, of course, explanations of things medical and pharmaceutical are prone to be inaccurate and should be assumed to be so.

As to the title of this collection, *Using Her Marbles*, I wrote this in the newsletter in August 2018:

Catherine read something useful on Facebook last week about conceiving of daily life as having a limited number of "energy units"; once you use up your units, you're done for the day.

Her own conception of this uses marbles: you start the day, say, with 100 marbles; it takes 5 marbles to get up and get dressed; 3 marbles every time you bend over to pick something up; 10 marbles to walk to the studio. And so on.

The key is to not end up with zero marbles when you're far from home and it's the middle of the day, and she's become better at managing this.

Catherine managed her marbles well during her illness: she truly was *living with cancer*.

A few days before she died, she told me that she was content: "I've done most of what I wanted to do in my life," she said.

She had used all her marbles.

Peter Rukavina
November 2020

October 21, 2014

An Update on Catherine

Hi everyone,

Apologies for moving so quickly from handcrafted individual emails to a mailing list, but I was beginning to lose track of who I'd told what about Catherine and her progress, and this seems like a way of doing so that's sustainable, but without the publicness of a blog, which would make Catherine uncomfortable. Catherine has, however, blessed this alternative.

I'm writing mostly because I need to write to process things – that's what my blog is for, and with that off the table, I still need a way of processing things. So I apologize in advance if what and how I write sounds overly technocratic or emotionless; that's how I'm used to writing, and I'm pretty sure if I just started crying I wouldn't be able to get the details down as I want to.

I'm also writing to save Catherine the need to re-explain the ins and outs of her cancer to each of you every time you meet; that can be exhausting for her.

I'll do my best to keep you all updated over the days and weeks to come; I won't take it personally if you decide to unsubscribe (there should be a link to allow you to do that down at the bottom), as I can only imagine that getting frequent missives about the minutiae of breast cancer can be a trigger for some, and an annoyance to others. I won't take unsubscribing personally, I promise.

For those of you that I'm emailing the first time, here's what's happened so far.

Catherine was experiencing some pain in her right breast, which prompted her to visit our family doctor, Peter Hooley. Dr. Hooley ordered a mammogram of both breasts, the results of the mammogram were concerning enough to prompt a follow-up mammogram and then a “core biopsy” – taking selected pieces of breast tissue so that they can be examined under a microscope for signs of cancer.

The results of the mammograms and biopsy showed evidence of cancer in Catherine’s right breast, and this resulted in a referral to Dr. Fleming, a General Surgeon, to talk about surgical options.

We first met with Dr. Fleming on September 25. His assessment at that point was that Catherine had treatable cancer in her right breast, but the left breast looked clear, and his recommendation, which Catherine accepted, was to move forward with a lumpectomy for the right-breast tumour: basically a targeted “cookie cutter” to cleanly remove the cancerous tissue in that breast.

The lumpectomy was scheduled for this Wednesday, October 22 and in the interim Dr. Fleming ordered a range of additional tests, all designed to determine whether or not the cancer had spread to other parts of Catherine’s body.

Breast cancer, we learned, isn’t all that much of a problem all by itself, localized to the breasts: it’s when it spreads – they call this “metastasizes” or “advances” – that it becomes a larger concern that can no longer be treated with a simple lumpectomy.

Over the past week, Catherine’s had a bone scan (a radioactive dye injection, 3 hour wait, and then a scan of the bones; cancer cells show up differently than regular cells in the scan), an MRI of

both breasts (basically, a look at the breasts with more detail than the mammogram allowed), a lung/chest X-ray, a breast ultrasound, and a lot of blood work.

Her MRI was, according to Dr. Fleming, the test he was most dependent on to determine whether to proceed as planned: it happened just this past Friday, and within 20 minutes of leaving the hospital, Dr. Fleming was on the phone to Catherine with some initial findings.

The MRI showed that the cancer in the right breast is “multi-centric.” This means that rather than being a single removable tumour, the cancerous cells are in more than one “quadrant” of the breast (divide the breast into four neighbourhoods; if there’s cancer in more than one neighbourhood it’s “multi-centric”). This is important to learn because it means that a simpler lumpectomy is no longer an option for removing the cancer in that breast: the only option is a mastectomy (complete removal of her right breast).

The MRI also showed what may be a cancer in Catherine’s left breast, although this hasn’t been reviewed to the extent where it’s possible to make decisions about it yet.

And the radiologist reviewing the MRI also suggested that there may be “lymph node involvement” on the right side as well: when breast cancer starts to spread, it goes to the lymph nodes first, and so it raises a flag.

More concerning is that the bone scan showed evidence of what the surgeon called “increased uptake” (of the radioactive dye) in three locations: in Catherine’s hip, in her right femur, and at two locations in her spine.

This doesn't necessarily mean that the cancer has spread to Catherine's bones: one thing we're learning quickly is that while we might think of cancer diagnosis as Star Trek-like, it's really more a synthesis of imperfect, indirect tests. So having bursitis in her hip might cause this "increased uptake" just as much as cancer might. However because of the femur involvement – Catherine's never had an injury to her femur, so it's unlikely that the increased uptake would be caused by something else – it's not a good sign, and it's these bone scan results that have caused the plan to suddenly change course.

The plan now is that in the next few days Catherine will have an MRI of her bones, which might (or might not) shed more light on whether the cancer has spread there. She will also have a CT scan of her chest, stomach and pelvis, also with a goal to determining whether it's possible the cancer could have spread there.

Dr. Fleming also recommended that Catherine put off the surgery on Wednesday, for two reasons: first, the additional testing this week will tell him more about the left breast, and whether a double mastectomy would be recommended, and, second, it's likely that the next best step would be chemotherapy, not surgery, and so he has recommended using the surgical time on Wednesday to outfit Catherine with a "port-a-cath": this is basically a semi-permanent "shunt" that's installed under her shoulder blade on the front, with a tube connected directly to a large vein that's found there.

The port-a-cath allows chemotherapy drugs to be sent in, and blood to be taken out, without the need to find veins in Catherine's arms or hands, and makes the logistics of chemo go much more easily.

So that's the tentative plan right now: port-a-cath on Wednesday followed, likely, by the start of chemotherapy as early as next week.

Another thing we learned today is that cancer treatment isn't really like an orchestra being guided by a conductor, but rather more like a series of soloists each specialized in a certain approach to cancer, with the best one for the current treatment running the case at any given time.

So, in other words, the reason we've had two visits with Dr. Fleming is because the plan to this point was surgical, and he's a surgeon. Now that the plan looks like it might change, it's likely that Catherine's case will be transferred to a "medical oncologist" in the PEI Cancer Treatment Centre, and that the oncologist will pick up the baton and guide things from here.

Dr. Fleming, however, is still holding the baton for now, and he's going to spend two hours in the hospital tomorrow morning requesting tests, conferring with the radiologist and the medical oncologist, and he'll call us tomorrow with the results of his discussions, and an indication of when other tests will happen, and whether or not it makes sense to have the port-a-cath inserted on Wednesday or not.

Assuming that the course change is to chemotherapy, the details would be worked out with the medical oncologist, and a course of treatment developed, with a schedule of chemotherapy appointments over the next 3-4 months. Receiving chemo is incompatible with surgery, so if surgery were to happen it would happen *after* chemo.

We had a lot of discussion about what this means and whether it's a good idea to wait on surgery and the basic message we got

from Dr. Fleming is “if the cancer has spread to other parts of your body, it’s most important that we deal with that first.”

Dr. Fleming is a superb tactician: he spent 15 minutes with us diagramming the procedure for inserting a port-a-cath. But because he’s a surgeon, not a cancer specialist, he wasn’t particularly good at describing for us what chemotherapy will involve, what the schedule will be, how what the side-effects will be, and so on. We’ll learn about all of that from the medical oncologist.

What he also couldn’t tell us anything about is what Catherine’s prognosis is: when cancer spreads from the breast to elsewhere in the body, it is called “metastatic breast cancer” and it’s not considered curable, in the “we’ll go in there and get this out” sense. But it’s not a death sentence either: it’s possible to live with metastatic breast cancer as a “chronic condition.” Not forever, but for many years.

And that’s about all we know.

I may be writing this to you with what seems like a cool head, but my head isn’t really that cool, nor is Catherine’s. It’s likely that the life of our family got turned upside down today in ways we don’t completely understand yet, and it’s hard to have conversations about all of this without bursting into tears simply from the stress and confusion and complexity of it all, and the feeling of being amidst something completely beyond our control.

Many of you have called or emailed in the last couple of weeks, and I’ve appreciated that. If I’ve sounded a little distant and clinical about everything, it’s only because that’s my best refuge to keep from breaking down on the phone or in person.

For the crew that seized the bull by the horns and came over and made the good part of a backyard fence for us this past weekend, thank you: it was the #1 best thing you could have done to make Catherine's life better this weekend.

Peter

October 21, 2014

Brief Update for Tuesday

Hi there,

Just a brief update today: Catherine got a call back from Dr. Fleming, the general surgeon, with some good news: other X-rays and scans that he's reviewed since our meeting yesterday came back clean, so there are not, at this point, any concerns about cancer in Catherine's lungs or her stomach or other organs.

Tomorrow afternoon at 1:00 p.m. Catherine will have minor surgery to have a "port-a-cath" inserted into her chest just under her shoulder blade. Dr. Fleming will do the surgery; we're not sure how long it will take, but it shouldn't be very long. You can read about the exciting world of port-a-caths¹.

We're actually going into the hospital earlier in the day, around 10:00 a.m., as Dr. Fleming has scheduled some additional diagnostic tests and biopsies for the morning.

The medical oncologist who will oversee Catherine's treatment from here forwards is in Summerside today and tomorrow, and so Catherine will likely have an appointment with him on Thursday or Friday.

I had the fortunate happenstance of attending a presentation on the weekend by Starr Dobson, CEO of the Nova Scotia Mental

Health Foundation² and a former CTV News journalist in Halifax. She spoke about her personal experiences with the mental health system, and emphasized the need to reach out when (or before) you need help. To this end I've asked Oliver's child psychologist for a referral to someone that *I* can talk to in the weeks to come, and he's referred me to a psychologist who he thinks would be good. As I wrote him, I'm no good to Catherine and Oliver if I don't take care of myself.

Thank you all for your kind words of support after I sent out the first note yesterday.

Peter

October 22, 2014

Port-a-cath: all okay

Hi there,

Just spoke to Dr. Fleming after Catherine's surgery and he reports that everything went fine with the insertion of the port-a-cath.

They had to change horses in mid-stream about which big vein to tap into, as Catherine, apparently, has a big clavicle; so they tapped into the lower jugular vein, which is perfectly fine.

He reiterated to me that he's all over the medical oncologist to see Catherine tomorrow or Friday.

At this point, the only evidence of advancement of the cancer is to the bone: everything else has been clear. The CT scan tomorrow will take another look at the chest-to-pelvis area just to double-check this and another MRI has been requested to look at the bones again.

Catherine is in recovery now, and will have a chest X-ray before we go home to make sure everything went okay with the port-a-cath. I should be able to see her in about 20 minutes.

Peter

October 22, 2014

Wednesday Morning Update

Hi there,

Catherine is here in X-ray at the hospital this morning for an ultrasound biopsy of her left breast – the “other” breast.

Things are running slow here today, but everyone at the hospital is so nice and accommodating: it’s like we’re in the “first class” of the medical world, which is wonderful. It’s like there’s an underground French resistance of nurses who keep everything running, rearranging times to be more convenient, offering kind words, and so on.

Tomorrow morning they have scheduled an “ejection fraction” first thing on the morning, which measures how well the heart is pumping blood, and a CT scan; these will take up most of her morning. I was able to get a very quick appointment to see Dr. Beck, a psychologist who happens to be married to Oliver’s psychologist, for later in the morning tomorrow, which I am oddly looking forward to.

We’re trying hard to keep Oliver to his regular routine and he seems to be doing okay. We’re not sharing the blow by blow with him, but he knows Catherine has cancer, he’s worried about her, and we’ve told him beyond everything else that we need to keep talking about how we’re feeling. We’d appreciate it if any of you who might be spending time with him who notice

anything that concerns you about anything he says to let us know.

We're going to ask Sergey to come and finish the painting of the front of our house, which will get that finished up. We're also going to try to go in with our new neighbours on snow clearing so that's not something we need to worry about.

Meanwhile, the fence is done!! Peter the carpenter is putting finishing touches on things today, and he's going to put up some snow fencing where the neighbour's fence is waiting for work so tonight Ethan should be able to roam freely. Thanks again to all you fence workers!

And thank you to the lentil soup dropper-offer. All these years I've heard about people dropping off food for people going through things and thought it was a weird idea. It is not: it is great and super-helpful (and the soup was great!)

Peter

October 23, 2014

Thursday Morning Update

Hi Everyone,

It's Thursday morning and Catherine is in the hospital having something called an ejection fraction which is a test to see how well her heart is pumping blood around her body.

She slept well through the night, and the wound from the insertion of the port-a-cath seems to be healing well. She's not in that much pain. We joke that she is now officially a bionic woman.

I had a good chat with Dr Fleming, her surgeon, after the port-a-cath surgery, and he reinforced that he's all over the PEI Cancer Center to see Catherine as soon as possible, so we hope to have an appointment with a medical oncologist today or tomorrow.

There are two more tests this week to come: the CT scan that was scheduled for this morning has been delayed until tomorrow morning, which is all our fault. The hospital sent home some contrast dye in Catherine's bag last night which we didn't open until this morning; turns out that Catherine was supposed to drink half of it before she went to bed last night. Fortunately they have been able to reschedule this and for tomorrow morning at 10 a.m.

There is also a bone MRI which has been requested but not scheduled yet, and this will help the medical oncologist determine the extent to which the cancer appears to have spread into Catherine's bones, or, indeed, whether what was shown on the bone scan can be confirmed.

We are quickly becoming medical experts, or at least more well versed in the vocabulary, the strange vocabulary, of the medical cancer world. For someone like me, who used to blush red at the very mention of anything remotely related to breasts, I now speak freely and openly about breasts with all manner of medical people every day. It's very strange.

I'm also learning that it's up to me and to Catherine to manage this going forward: it's not like there's someone else who is looking at the bigger picture, connecting all the dots, making sure that everything that needs to get done gets done. So I'm finding out that it's useful to double check all the appointments, to make sure that one office knows what the other office is doing, to make sure that one doctor knows what the other doctor has

prescribed. Fortunately, this plays to one of my strong suits: obsessive organization.

Peter

October 24, 2014

Frankfurt Protocols in Effect

Hi there,

It's Friday morning and we're back at the hospital, this time for a CT scan of Catherine's chest and pelvis, simply another diagnostic test to see whether the cancer has spread or not.

The MRI bone scan that was to be scheduled has been put off until after today's scan, as it's possible that the CT scan will tell them what they need to know about bones too.

I had a good talk with the psychotherapist yesterday, which was really helpful. Not because she was able to give me any answers, but simply to give me a chance to talk about how I'm feeling, which felt like a luxury. I asked her, as we were finishing up, what I should be watching out for in my own mental health – when am I danger of breaking? She said that as long as I kept myself open to what I'm feeling, and keep talking – to Catherine, to Oliver, to others – that I *won't* break. I might wither, but that's only natural, and she stressed that being able to wither in front of Oliver is a *good* thing, as he needs to know it's okay for him to feel things too.

We're hoping to be able to see a medical oncologist today or early next week. The weekend, I expect, will be a little more stressful than usual for us as the medical distractions of the week have, if nothing else, given us something to focus on.

I have named something I call the “Frankfurt Protocols.”

You know that feeling when you’re flying overnight, perhaps to Frankfurt, and you arrive, groggy and bleary and exhausted the next morning?

We have a rule, Catherine and Oliver and I, that once you land, and while you’re waiting for the next flight, all normal protocols are suspended: if you feel like having a Starbucks Frappuccino, you have a Starbucks Frappuccino. Or two breakfasts. Or you buy that copy of People magazine.

The idea is that the situation is stressful enough without having to worry about petty everyday things.

Frankfurt Protocol is now in full effect at 100 Prince Street.

Peter

October 24, 2014

Friday Afternoon Update

Hi there,

Catherine just had a conversation with Dr. Fleming, her surgeon. He reiterated that he’s still all over this case, and that he’s making sure the right people do the right things. After the CT scan this morning they are waiting on the results of the pathology (“looking at under a microscope”) of the very first biopsy they took of Catherine’s right breast: this will inform them about what approach to take with treatment: it will, technically, tell them her HER₂ status, and her hormone receptor status (also known as ER/PR status). These tell the oncologists characteristics of the cancer cells that determine how they are most effectively battled. It was nice of Dr. Fleming to

call before the weekend, as it means we have some confidence that things will pickup quickly at the start of the week.

Peter

October 27, 2014

Monday Report: No Chemo

Hi there,

We had a good meeting at the PEI Cancer Treatment Center today that, so to speak, changed the water on the beans.

Dr. Kahn, the medical oncologist, confirmed the spread of cancer to the bone – Catherine’s femur and a couple of vertebrae, confirmed both by bone scan and by CT scan – but there are no other areas of concern right now.

Further, the pathology of Catherine’s breast biopsy came back ER+/PR+, HER-, which is the best possible combination.

Add all this up and the result is that rather than chemotherapy Catherine will start hormone therapy right away. This is one pill a day, little or no side-effects.

The idea is that estrogen and progesterone are fuel to cancer’s fire and the hormone therapy works to cut off the supply.

Eventually the hormone therapy may stop being effective and then chemotherapy is still there as the next line of defence.

Unless Catherine’s breast cancer tumours become a problem for other reasons, surgery won’t be done, as the hormone therapy will likely address the cancer in the breast as well.

So Catherine still has metastatic breast cancer, but if you’re gonna have metastatic breast cancer this is the right way to have

it. It's still cancer; it's still not curable, but with the range of therapies available, Catherine has a good chance of living for many more years.

All in all, a good day. Catherine likes Dr. Kahn.

Peter

October 29, 2014

Tamoxifen it is...

Hi there,

As the end of her appointment in the PEI Cancer Treatment Centre on Monday, Catherine had some blood drawn to determine whether she is, chemically, pre- or post-menopausal. This is important because it determines the hormone therapy that will work properly.

The results came back yesterday, and it turns out that she's pre-menopausal, and that Tamoxifen is the drug of choice. We picked up a prescription last night (surprisingly, it's less than \$1.00 a day!) and she had her first dose this morning.

Tamoxifen is a well-established drug, and estrogen-inhibitor. It's been in use for over 30 years; indeed you may recall that when it was first introduced its release was accelerated by regulators because it proved so successful in treating cancers that couldn't be treated in this way before that point.

If you want to know more about what Tamoxifen will do, you can read *Hormone Therapy for Breast Cancer*³ or, for a more detailed doctor-focused fact-sheet, read *Breast Cancer Treatment (Adult)*⁴.

In short, Tamoxifen is one of a class of drugs call Selective estrogen receptor modulators (SERMs) that bind to cancer cells, preventing them from using estrogen for its intended purpose. It is, in other words, screwing with the cancer cells by making them think they're getting estrogen, whereas they actually aren't.

As you can imagine, this rapid-seeming "deceleration" from surgery to chemotherapy to a single pill a day is a difficult thing to wrap ones head around, and as we were prepared for untold side-effects of either surgery or chemo, it's both a big relief, and also a bit confusing: a single pill a day, that's gonna help? But it will, they say, and it clearly is the recommended first course of treatment for someone in Catherine's situation.

Peter

November 6, 2014

We're Still Here...

Hi everyone,

Medical things were quiet for the last week, which has been a welcome break. Catherine's recovering well from her port-a-cath surgery, and Dr. Fleming, the surgeon, will remove the stitches tomorrow morning. This morning we're off to the hospital to allow Catherine to receive her first monthly treatment of Zometa, an intravenous drug that will reduce or delay any issues related to cancer in her bones. She might get to take the port-a-cath out for a ride for the first time if it's healed enough to use. This afternoon we're off to Public Health so that we can all get flu shots (or, in Oliver's case, a flu mist, which he had for the first time last year and is much, much easier for him to handle than a needle is). In other news: Ethan's quality of life has improved 100x since the fence has been in place in our back yard. It's so

nice for him to be able to run around freely and burn off steam. He's not quite sure about the rules of "fetch" and seems to feel an obligation to throw the ball for *himself*, which kind of leaves the humans out of it.

Peter

November 7, 2014

Taking the Port-a-Cath for a Ride

Hi there,

We went along to the PEI Cancer Treatment Centre yesterday morning so that Catherine could get her first dose of Zometa, the bone-strengthening drug.

Because it's given by an IV drip over 15 minutes, the Zometa was administered in the same room where chemotherapy is given – a room with Laz-Z-Boy recliners and hardwood floors filled with lots of patients receiving their regular chemo doses. Imagine a bright rec-room-like space with hardwood floors, but filled with more IV machines than you'd normally find in a household basement (and thus a lot more annoying "beep... beep... beep").

While it was only a 15 minute course of treatment, all the rigamarole before and after stretched it into a 90 minute appointment: they needed to explain about the treatment, clean the port-a-cath site, wait for the pharmacist to prepare the dose, all while attending to other patients at the same time. We've decided that booking appointments over the lunch hour isn't a good idea.

The port-a-cath did exactly what it was supposed to do: provided an easier way to quickly administer the IV without having to dig into Catherine's arm or hands to find a vein. You can't actually

see the port-a-cath: it's lurking just under Catherine's skin waiting to be "accessed." The way this happens is with a sort of space-station-like docking mechanism that punctures the permeable membrane of the catheter and provides direct access to the vein (this would be a heroin addict's dream-machine, I think). While Catherine said the initial poke was painful, everything else went smoothly.

Catherine's getting her stitches out this afternoon at Dr. Fleming's office, and she'll get some feedback about how her incision is healing (all the nurses we've talked to so far seem to think it's doing just fine). She's going to ask him if it's okay to swim and, if it is, she and Oliver are going to resume their weekly Sunday swimming routine at the Charlottetown Hotel, a nice, close-by, quiet pool; she's also talked about using the same membership to go swimming during the week by herself.

Have a good weekend, everybody.

Peter

November 12, 2014

Midweek Update

Hi there,

Here's a quick midweek update from 100 Prince Street.

After the first Zometa treatment last Thursday – recall that Zometa is a “bone-strengthening” drug, given by IV once every 30 days – Catherine's been experiencing increasingly severe bone pain, the kind of pain that cannot be relieved by Tylenol or anything else that Catherine uses as a go-to for pain relief.

From what we've been able to read online, and from what the PEI Cancer Treatment Centre nurse has told Catherine, this is not an unusual side-effect of the first Zometa treatment, and it should subside in the next few days (Catherine's noticing even today that things are improving).

On Friday Catherine had her port-a-cath stitches taken out by Dr. Fleming, and he's going to refer her to an orthopaedic surgeon for a consult, just so that she has one familiar with her case.

One thing I learned this week is that with metastatic breast cancer that has spread to the bone (buzzword "bone mets"), one of the key things you're trying to avoid are "skeletal related events" (SREs), which means, basically, broken bones. That's why Catherine is taking Zometa (there's a technical article about this⁵ if you're interested in learning more), and that's why having an orthopaedic surgeon on your team is useful.

Tomorrow Catherine will get a chance to talk to the dietitian at the PEI Cancer Treatment Centre, and next week she has an appointment with Dr. Hooley, our family doctor, to get a general-purpose physical so that she can make sure she's healthy in all the non-cancer-related ways she can be.

In the background of all of this, Oliver has had a wicked cold since Saturday; he's missed 2 days of school, and is slowly on the mend. Catherine's had a touch of it as well; fortunately I've managed to avoid it so far.

Peter

November 13, 2014

Catherine's Circle

Good Morning,

I just wanted to pass along this link to a 2013 *Los Angeles Times* article⁶ that I've found particularly useful since I read it last year; the punch line is this:

When you are talking to a person in a ring smaller than yours, someone closer to the centre of the crisis, the goal is to help. Listening is often more helpful than talking. But if you're going to open your mouth, ask yourself if what you are about to say is likely to provide comfort and support. If it isn't, don't say it. Don't, for example, give advice. People who are suffering from trauma don't need advice. They need comfort and support. So say, "I'm sorry" or "This must really be hard for you" or "Can I bring you a pot roast?" Don't say, "You should hear what happened to me" or "Here's what I would do if I were you." And don't say, "This is really bringing me down."

All of you on this mailing list are part of Catherine's circle, and you've been very helpful at directing things outwards, so I'm not sending this as a cautionary tale, just a metaphor that can be useful in life.

Peter

This is an excerpt of the book
Using Her Marbles.

To learn more about where you can find
the entire book, visit:

<https://ruk.ca/using-her-marbles>

