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[Untitled essay on BRCA testing]

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One of my jobs for the rest of my life? Doing whatever I can to keep my children safe, never mind that they're young adults now and will be old adults later on, and especially never mind that I have vastly-limited super powers as their mother, and life is dangerous and terminal. We are bound to each other as animals, and the urge to protect surges within our bones.

That's what propelled me to sit in conference room in my oncologist's office with all three kids and my husband so that they can spit into a vial or have their blood drawn to see if they have the dreaded breast cancer mutation that I have, and that led to early deaths for my father and uncle.

I was diagnosed with the BRCA 1 genetic mutation in the middle of six months of chemotherapy for Stage 2 breast cancer. That means, my cancer -- picked up when I was only 42 and just having a routine mammogram -- had already spread to some lymph nodes and left untreated could metastasize to other parts of the body. With both my mother and aunt being diagnosed twice each with breast cancer, I pretty much expected my own diagnosis one day. Just not so soon and not so advanced. To my great surprise, a bad mammogram led to a bad biopsy, then a bad diagnosis. Forest was five, Natalie was eight, and Daniel was eleven at the time, and sitting them down one dinner to explain that I had cancer was one of the most difficult meals of our lives. Daniel reported that he heard of someone throwing up his esophagus on chemo, Forest asked for an ice bar, and Natalie just started crying.

The year and some change that followed was more challenging. Three surgeries were punctuated by many manner of chemo side effects, popping onto center stage without warning, from projectile vomiting once to frequent mouth sore to constant exhaustion. I felt like I was cut in half, half of me enduring this, and half of me underground, unable to feel what life was bringing. It was as if my soul were on layaway.

At the same time, my children witnessed a mother lying in bed for hours, starting at the specks that needs to be cleaned off the ceiling, they also witnessed an outpouring of goodwill and practical

magic from our extensive family and community. Meals arrived, a conveyor belt of nourishment that we couldn't get through fast enough most of the time. Dear friends accompanied my husband and me to chemotherapy, and prayed over the bag of “the red devil,” as >>>>>>>>>>>>>>>>>>>>>> is called before it was infused into me. An energy healer worked with me as well as all three children to help them let go of weight of illness and mortality. Gifts and cards arrived full of artful cheer.

By the time my treatment was over, I had surrendered various body parts: my breasts, all my lymph nodes under my left armpit, my uterus and ovaries. I had also surrendered to an understanding of life's mortality, and with that understanding, an expanded peripheral vision. Colors were more vivid, textures more nuanced.

Yet there were other kinds of loss that cannot be bridged. In the middle of my treatment, my father was diagnosed with late-stage pancreatic cancer, the same cancer that had killed his older brother a few years earlier. He died within four months while I sat by his side, my balding head just starting to grow hair again and my body vulnerable from surgery 18 days earlier, and held his knee until his pulse quietly stopped. It turned out that I didn't inherit BRCA 1 from my mother, although with her family history of breast cancer, it's clear she likely carried a genetic mutation not yet discovered. My father's side of the family carried this risky mutation, which raises a woman's chance of breast cancer to 87% and ovarian cancer to 44% over her lifetime. There's also, and painfully obviously, an increased risk of pancreatic cancer as well as prostate cancer.

This is what I may have unwittingly passed onto my children: not just the possibility of breast cancer which, with early detection, is very treatable, but the risk of two of the deadliest and least-possible-to-detect cancers: ovarian and pancreatic.

Sitting in the oncology office the day before Thanksgiving with my family, it's not breast cancer that worries me most. Yet when my oncologist talks to my 21-year-old daughter about how this must

be a particularly hard test for her, I snap back to the reality of my children. Given my family history, my daughter tends to view her breasts already as on loan until she has to give them up. Even if she doesn't have BRCA 1, she knows it's possible, perhaps probable, the girls are here temporarily, and she hopes that will be long enough to cover early motherhood, although that's likely a decade or so away.

Our children's bodies feel like part of our own. The thought of any of my kids having parts of themselves cut off or out of them chills me throughout my animal bones. "Knowledge is power," I told my daughter right before the nurse told all three kids the same thing. Knowing whether they'll need to run surveillance over their breasts or prostates, ovaries or pancreases, is far preferable to waiting in the dark to see if cancer blows the house down.

So we have brought them here to find out if they harbor abnormal cellular tendencies, and afterwards, we took them out to dinner for Greek food, and then home to begin a month-long wait to find out the genetic roulette results. During this time, we all bargain, make peace with, rage against and go numb at what the tests will show.