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## A Cancer Researcher's Personal Story

August 13, 2019

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**By Ellen Lori Weisberg, PhD**

The discovery of a lump came about as the result of a complete accident — a sweeping of my finger past a swelling as I mindlessly adjusted the ribbed shirt I was wearing during an otherwise mundane evening of television watching. My husband, a pediatrician, tried to reassure me that it felt like a benign fibroadenoma to him, and while I needed to get it checked, he didn't think I should worry.

It was difficult not to feel at least some degree of panic as a physician gave me an assessment the following day that suggested it could be a non-malignant growth. It was similarly challenging to maintain my composure as I flitted from a mammography to an ultrasound, and was told that I would need to get a biopsy. The radiologist who gave me this news attempted to calm my fears by telling me that around eighty percent of biopsies turn out to be negative.

Eight pieces of the tissue in question were removed, and the wound would not stop bleeding until I applied some serious gauze and pressure. The significance of this didn't

occur to me until later, when I realized that tumors encapsulate themselves in blood vessels.

Three days later, I visited my primary care physician to get the results of the procedure. My husband accompanied me, and he later told me that he knew what the verdict was by just looking at the doctor's face as she greeted the two of us. "The results show that you have **invasive ductal carcinoma**," she said solemnly. "It's highly hormone-responsive, and HER2 negative."

### From researcher to patient

I was scheduled to meet with an oncologist and medical fellow at the same Boston-based hospital where I worked as a **research**scientist. It felt surreal driving there, as I had been doing every day for over two decades, and then bypassing the Dana-Farber Cancer Institute Louis B. Mayer Research Laboratories and the fifth-floor laboratory to go sit in the waiting room on the ninth floor of the Yawkey Center for Cancer Care.



Ellen Lori Weisberg, PhD.

The doctors told me that there was a bit more tumor there than they wanted to see, and that I would need to have the mass shrunken in size in order to get a tissue-conserving

lumpectomy. I enrolled in a clinical trial that would involve six months of pre-op treatment with Lupron and tamoxifen, which would deprive my hormone-driven tumor of estrogen but also result in premature menopause. My treatment would also involve the drug palbociclib, which had been FDA-approved for breast cancer in postmenopausal women. Through all of this, I found the biggest challenge was making peace with the idea of carting around a cancerous growth in my chest for a whopping six months before it could be surgically removed.

Then came another challenge: During an examination with my oncologist, she told me that one of my lymph nodes felt enlarged to her. She calmly explained that by the systemic treatment would help to nail anything that might have spread to my lymph nodes.

I had a series of tests at that point, including two ultrasound-guided biopsies that came as part of the clinical trial package. It was during the biopsies that the realization hit me, as I looked down at my paper bracelet and read the “MRN” patient code next to my name, that I was for the first time on the other side of the cancer coin. Up until that point, I had mechanically handled peripheral blood and bone marrow samples from leukemia patients, each one having his or her own “MRN” number.

### Facing another challenge

Among other tests that I had were an MRI, which supported the oncologist’s suspicions that there was, in fact, an enlarged lymph node near the tumor. Another biopsy confirmed beyond a shadow of a doubt that the enlarged lymph node was positive for cancer. Thankfully, I tested negative for a genetic test for all known familial cancer-causing genes, and a genomic test that revealed my tumor to be unlikely to recur. That relieved me of the need to be treated with chemotherapy since my tumor was unlikely to benefit from it.

The home stretch was two consecutive surgeries: the first one to remove the tumor and sentinel lymph nodes, and the second to dissect and analyze neighboring axillary lymph nodes since the one sentinel lymph node had tested positive for cancer post-surgery. Fortunately, there was no cancer detected in the axillary lymph nodes, and I was able to proceed to the last phase of treatment: radiation therapy.

After all of that, I finally crossed the finish line.

### Added meaning to the research

I look back on the past year almost as if it were a dream. If it were not for seeing my care team every few months and the continued treatment, I’d think it really was a dream. Instead, it was a very real part of my life, and one that has given more meaning to the cancer research I have been doing for half of it.

I always knew that behind every “MRN” patient code I’d read on my heparin-coated tubes of blood that I’d process for experiments, there was a real person. My appreciation of what those real people are going through, though, has deepened considerably since my own diagnosis a little over a year ago.

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