



A Country Bloke v Breast Cancer

.....a survivor's story!

2nd edition

This booklet is being voluntarily distributed to raise awareness of Male Breast Cancer.

A Country Bloke v Breast Cancer

My name is Brian O'Connor, this is my story - A true Story! A real life fight between a Country Bloke v Breast Cancer. I am sharing my story in the hope other men might become more aware of a battle where early detection is critical.

I am an active 86 year-old with only a few months until 87 comes up in September. I had a prostate cancer removal in 2010, and a full mastectomy of my right breast on 20 April, 2018. I have made a full recovery. The luck of being tested so comprehensively while being treated for another very serious illness is what I want to share. I hope all the details will be useful and interesting.

I live in the semi-rural town of Yass (population 6,000) in New South Wales, Australia. Yass is only 64 kilometres from the National Capital, Canberra. It is fast becoming a commuter base for people who work in the National Capital.

Before I begin my story I would like to present a few facts that actually play a part in the bigger picture. My beloved wife of 47 years, Susan, passed away on 27 June, 2017, after a long, slow illness. I miss her every day. Susan and I have three children. A daughter, who lives in Canberra, trained as a nurse and has two teenage children. A son, who has lived in Hong Kong for seven years, a banker who has three small children. He has worked out of Australia for 12 years. And a younger daughter, who lives in Bangkok (Thailand), where she handles marketing and innovations for the world's largest beverage maker across ASEAN. She has been working away from Australia for 11 years. She has two very small children.

In Yass I live in a very large, long-time, family owned heritage home (27 rooms) which was built in 1848, 170 years ago. It is far

too big for the current occupants, myself, a dog and a cat. I have a fellow called Geoff Lewis who assists in the home, keeps an eagle eye on things, ensures everything runs smoothly, and that essential works are carried out. Without Geoff I wouldn't be writing this story. Believe me, as you shall see!

I have long-time Irish bloodlines (generations) and a well-deserved reputation for stubbornness. This nearly brought me unstuck. Big Time!

On 16 January, 2018, I went for lunch at a local café. That night, I had the biggest upset stomach imaginable. Continual toilet trips (both ends), temperatures of hot, hot fever and then freezing cold. I was a very crook chook as they say in Australia. This illness continued in bursts the next day. It was obvious that I had severe food poisoning. I also had a bad gout breakout in my left foot. My doctor was away so I went to the nearby Yass District Hospital and was prescribed medications for my ailment and given an injection for the gout. From 18–23 January, I got crooker and crooker and people kept asking was I all right. Being a typical Country Bloke - I replied in the positive! On the night of 23 January I was unable to get to bed and rang for Geoff Lewis to come and assist me. Next morning Geoff arrived very early and said he had been very worried about me all night. He mentioned that I looked worse than ever and, against my protestations, he rang for an ambulance, which arrived in minutes. Even the ambos were alarmed at my status. I was taken to the Yass Hospital where I was promptly examined and the Duty Doctor who told me: *“Mr. O’Connor, I believe you have a bug infection. I believe it is very serious and we have to quickly identify this bug and where it is. We will be taking samples from you and sending them away to grow a culture. This is very serious and I want you to know that if we are not successful you could very well die”*.

The next day, I was told identification of the bug had been successful, and I had [Bovis Sepsis Septicemia](#) . If you want to know more about Sepsis watch this excellent report <http://www.abc.net.au/7.30/australias-sepsis-emergency-costing-5000-lives/9529642>. *Each year, the deadly disease takes 5,000 Australian lives — more than one person every two hours.*

By calling the Yass Ambulance to take me to the Yass Hospital, Geoff Lewis really saved my life.

I stayed at Yass District Hospital (YDH) for four days being drip-fed antibiotics. On 29 January the ambulance conveyed me to The Canberra Hospital (TCH). It had to stop twice on the trip for the crew to administer more antibiotics. At TCH I was admitted to the Infectious Diseases Unit (IDU) and was given big doses of antibiotics every four hours, 24 hours a day. My eldest daughter was in constant attendance and, being a nurse, was able to keep me abreast of the medical jargon. I was seen by a procession of professor's, registrars and doctors. I had many scans, tests, X-rays, ultra sounds, etc, and it was agreed on 7 February that the bug was being controlled, and that I now was to have six weeks of a big dose of antibiotics every day, seven days a week. It was initially suggested I stay in the Canberra IDU for the 6 weeks. Bloody Hell! Thankfully my daughter arranged for Yass Hospital to be contacted and the position explained. A gate bed was booked at Yass and I was able to go home and every day go up to the hospital (very close) for 1 ½ to 2 hours of antibiotics. This was from 8th February to –22nd March, 2018. There were visits to Canberra and the IDU in this period for consultation with the IDU Registrar.

While I was in Yass my local doctor was contacted by the Canberra IDU saying that an ultrasound taken during my Canberra stay was inconclusive and to please get another ultra

sound done ASAP. They also mentioned getting a colonoscopy within 4-6 weeks for them. On 8 March an ultrasound was carried out at my local doctor's rooms. The ultrasound had to go for examination by medical imaging experts to write the report. I only had two days to go on my six weeks antibiotics course and was feeling very pleased that the Sepsis Saga was drawing to a close. I was planning a little celebration to mark the end (hopefully) of the saga.

Male Breast Cancer

My doctor told me on 15 March, 2018 that there was a large lump on my right breast and gave me a detailed explanation:



The Histopathology stated: "Right malignant appearing breast at 9 o'clock. Periareolar. 2 x cores. MACROSCOPIC: RT BREAST 9 O'CLOCK. Two cores of fatty and fibrous tissue measuring 18mm and 18mm. Embedded whole (1-2) MICRSCOPIC There are two cores of breast tissue with features of an invasive carcinoma. The tumour is comprised neoplastic ductal epithelial cells arranged in infiltrating islands with a desmoplastic stoma. No lymphovascular or perineural invasion is present. The tumour amounts to predicted grade 2 (tubules 3, nuclei 2 mitoses 1).

This was all double-dutch to a boy from the bush, although it was explained very, very clearly by my local doctor.

So without doubt I had breast cancer at 86 years of age. My initial reaction: "I beat that bloody sepsis and I can beat this." I asked questions and my doctor gave me answers. Strangely I was not upset or excited. I swore to myself but felt very calm. I was positive in recognizing that I had to follow the best advice and the first duty I had was to inform my three children. Which I did.

On 16 March I had a mammogram and biopsy in Canberra and the reports went to my doctor confirming that the lump was malignant.

The doctor said he would be immediately contacting a surgeon in Canberra and arranging an appointment for me to see him. This was set for 29 March and I was told (by the surgeon) exactly what would occur. I had two options:

1. Remove the lump; or
2. Remove the complete breast.

Without hesitation I took option 2.

The breast removal operation was set for 20 April in Canberra at the National Capital Private Hospital. I was very



pleased with the quick time-frame that was put in place. I really didn't want any slow process and too much time to think. My youngest daughter announced that she had arranged to come home from Thailand for a month, to assist and nurse me. She would bring her two very young children, and the children's nanny with her and "work from home". Which she did. There were many international calls several times a day from the kitchen, or somewhere else in the house if required. Even the car. Beyond an 86 year-old's view of the world as it now exists. Her visit was really appreciated.

I stayed nice and calm in this wait period and really surprised myself, and family, that I was not worrying and getting upset about the situation. I just made my bloody mind up to take it in my stride.

The breast removal operation was a success and the after effects minimal, thanks to the skill of the surgeon. I was told I would have limited use of my right arm for a while but it was *as-good-as-gold* and the predicted pain in other parts was very minor. I wouldn't require chemo or radiation treatment (*Deo Gratis*).

I left the hospital on 23 April and came home feeling good. We have a Community Nurse system in place at Yass Hospital and this was activated with dedicated nurses attending my home daily to tend my wounds etc. There was also excellent contact from the ACT Breast Cancer Nurses. I also had a visit by a nurse from the McGrath Foundation (a charitable organisation that is doing a great job in this area). And my daughter was capably handling the house, management side and providing comfort to me.

I saw the oncologist in Canberra on 9 May and got a good report. I am to see him again, and the surgeon, in August for further examinations..... All was going well.

Since my ordeal I have researched Male Breast Cancer and found about *one percent* of all new cases of breast cancer diagnosed annually are in *males*. They estimate that this year, around 17,000 new cases will be diagnosed worldwide: 2,360 in the US, 350 in the UK, 220 in Canada, and **150 in Australia**. Around 600 men will die from the disease in these countries alone!

Comparative studies have found that men with breast cancer had a poorer disease-free survival and overall survival when compared with women. Men also had a higher risk of contralateral tumors and second primaries. According to the Johns Hopkins Medicine site: "The survival rates and prognoses for men is not as good as it is for women. Men have a 25 percent higher mortality rate than women. This is believed to be due in part to men getting diagnosed with later stage disease."

Breast cancer in men is usually detected as a hard lump underneath the nipple and areola. Any lump detected should be immediately reported to your doctor - early detection is vital!

Not Again!

The colonoscopy required by the CIU unit in Canberra was still on the list of things to do. We were having difficulty in getting the professional people in Canberra to carry out the colonoscopy. As soon as it was mentioned that I had recently had sepsis the shutters went up. "*We don't want you in our rooms*" was the catch cry. Eventually (thank God) my daughter found a practice that would do the colonoscopy and rate the procedure as extreme and at a high level. This was scheduled for an initial consultation on 27 March in Canberra, where a date was arranged for the colonoscopy to be performed on April 2nd Tuesday.

In this consultation I mentioned that that morning a large lump had appeared in my groin. The doctor examined it and told me I had a huge hernia.

The results of the colonoscopy indicated that there was a large polyp present in the bowel area. It was malignant and that it had to be removed by surgery.

With my looming breast cancer operation pending, it was explained to me that there would have to be a healing wait period before the second operation, which would be a double decker, remove the malignant polyp and fix up the hernia matter.

All this came to pass on 7 June, by the same first class surgeon that did the breast cancer operation, and it was successful. My son came home from Hong Kong for three weeks to play nurse for me and assist around the home etc, where help was needed. Like his sister he also “worked from home” at all sort of hours - his presence was much appreciated.

Why is my story so interesting?

- I had a breast cancer diagnosis during treatment for sepsis.
- I was previously treated for prostate cancer and since treated for bowel cancer. Again the results of sepsis testing.
- There were no other symptoms of breast cancer. It was a lump that I hadn't noticed and had no illness, bleeding or nipple problems.
- So, people should check for lumps in the breast, not just rely on other indicators.

I will endeavor to spread the message about Male Breast Cancer and support [The Male Breast Cancer Coalition](#) in their endeavors and I will support Breast Cancer Organisations and especially the Cancer Care Element for breast cancer in my local area.

Thank you for taking time to read my story - check yourself!

Brian O'Connor AM

Additional copies of this booklet can be obtained free-of-charge using the following:

Mail: BOOKDIST PO Box 362 Yass NSW 2582

Text: 0428 627 777

Email: eejoconn@bigpond.net.au

Please list name & delivery mailing address



Acknowledgements

- Geoff Lewis
- The duty doctor at Yass Hospital for her ultra-quick expert diagnosis that clarified the sepsis identification and problem and allowed for immediate actions to be taken.
- The Yass Ambos for their assistance. On-the-ball, as always.
- The nursing staff at Yass District Hospital for their professionalism and in the six weeks of antibiotics treatment, as well as their calmness, sense of humour and compassion.
- **IMPORTANT:** -That by being only one hour from Canberra, we in Yass have quick access to the National Capital's two large public hospitals, first class private hospitals, specialist clinics for medical problem-solving, and a wide range of specialist doctors across the spectrum of what is required. We, in Yass are very fortunate to have these facilities on our doorstep!
- The first-class surgeon I was attended by, the various other specialist doctors and the Canberra nursing staff.
- My two overseas-based kids who came home pronto-presto to tend to my needs and provide family comfort.

My eldest, Canberra-based, daughter who was always there over the six months period, negotiating for me, providing comfort and essential support and doing whatever was required. A great effort, and this was despite having an unusual workplace accident that limited her capacity.

ADDENDUM

GENETIC TESTING

At 87 years of age and my only educational recognition being the NSW Leaving Certificate in 1948 I acknowledge my limitations in the communication area. However! I am drawing from reports of my own experience for the following comments.

I have had four (4) cancers:

1. Invasive nodular BCC of my left ear;
2. Prostrate Cancer 2010;
3. Breast Cancer, diagnosed in March 2018. The pathology of this cancer was estrogen positive, progesterone positive and Her2 Negative;
4. Bowel Cancer Diagnosed in April 2018

A glutton for punishment it might be said?

In In the aftermath of the events related in this little book the main follow up was Genetic Testing. Most cancers occur as people become older, due to a combination of environmental and genetic factors which are not currently well understood. When someone is diagnosed with cancer at a young age, or there have been several people in a family diagnosed with the same type of cancer, this raises the question of whether there could be an inherited risk for cancer in the family

In some families an increased risk for developing cancer can occur due to a faulty gene, which is inherited through the family. We have several genes that normally work to protect us from

developing cancer. Mistakes (gene faults) (can stop these genes working properly, resulting in an increased risk of cancer

The genetic test called the colorectal and ovarian gene panel has three possible results from generic testing:

- 1)A gene fault is identified.** This would provide a generic explanation for my diagnoses, and generic testing could be offered to my other family members
- 2)A gene fault is not identified.** There may still be an inherited risk for cancer in my family but this cannot be identified with genetic testing technology available today
- 3)A variant of uncertain certain significance is identified.** This means a change in the genetic code has been identified, Bu it is unclear if this contributes to cancer risk

The results of my genetic testing were:

“Genetic Testing DID NOT identify any gene faults (mutations) in the gene tested. This means a genetic cause for your cancers has not been identified”

“It is possible a gene fault is present in you and has contributed to your cancer risk, however this has not been identified with the technology currently available”

**Clinical interpretation: “No pathogenic variants, or variants of unknown clinical significance were detected in the genes tested.”*

MY CHILDREN:

My three children were obviously anxiously awaiting the results of my genetic testing as they could very well be carrying the gene? (*And there were concerns also for my grandchildren later on*)

The three children all went for extensive testing and the results were: -

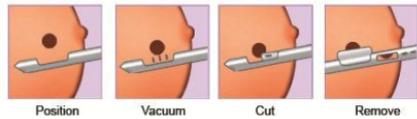
- a) My son Patrick (in Hong Kong where he lives and works) came up squeaky clean
- b) My eldest daughter (Mollie) in Canberra was found to have a lump in her breast. It was benign at this stage and she has to go for annual testing by a surgeon
- c) My youngest daughter Cara, who lives and works in Bangkok Thailand went and had a full medical checkup. She was found to have a 3cm lump in her breast and a biopsy in Thailand indicated it was a Phyllodes tumor (**a very rare but fast growing tumor**) but looked to be benign. She was told it needed to come out immediately and booked a lumpectomy in Thailand to remove the tumor plus a 2-centimeter margins (almost half her breast!) for 2 weeks later at the same Thai hospital.

She (Cara) went to Singapore to work a week in the interim and thanks to her extensive research found the world's leading expert on this rare tumor and somehow (*by a miracle work connection*) managed to get an urgent appointment. Dr Ong Kong Wee confirmed it was a Phyllodes Tumor and removed it on the spot using an advance biopsy vacuum using a local anesthetic. A bloody HUGE needle that cuts up the tumor and sucks it out. Amazing! He was so skilled that

he removed the tumor in one go with no cosmetic damage to her breast AND he was able to confirm a few days later it was benign.



Vacuum assisted biopsy



Vacuum-assisted breast biopsy is a minimally invasive procedure to help in the diagnosis of breast cancer. VAB is characterized by single insertion, acquisition of contiguous and larger tissue samples, and directional sample capability. It also offers 10x the tissue of core needle biopsy.

PHYLLODES TUMOR

<p>Rare breast tumors that start in the connective (stromal) tissue</p>	<p>Comprises of less than 1% of all breast tumors</p>	<p>More frequently reported during 3rd or 4th decade of life</p>	<p>Exact cause is not known</p>
<p>Risk factors include personal history of breast lumps</p>	<p>Painless lump that grows quickly</p>	<p>Some tumors become painful due to skin stretching</p>	<p>60% tumors are non-malignant</p>
<p>Diagnosed by imaging & biopsy</p>	<p>Treatment by complete surgical removal</p>	<p>Spread to lung, bone & abdominal organs in 30% cases</p>	

Cara now needs to go over from Thailand to Singapore every 4 months to see him and have a mammogram and ultrasound as these rare tumors have a high recurrence rate and she is now marked as extremely high risk for breast cancer. She's is taking action to reduce that risk by reducing her weight, changing her diet and being more active.

She will not be able to take any hormone treatments and needs to avoid alcohol too.

Just like her father, she is not one to roll over and accept her fate.

In my case I had an ultrasound on 18/2/19 to see how things were going. The results showed two prominent lymph nodes in the right breast area. (*Where my breast was removed*). Further ultrasound tests were scheduled for 13/3/19 in Canberra and the results showed everything was fine and that there was no need for a biopsy. I saw my own doctor on 18/3/2019 and received confirmation of the above

Again I repeat, that as this little book has described, males should check for lumps in their breasts and if they are found get immediate medical advice.

I'm a bush bloke who enjoys life even at 87. I didn't check my breasts and that was nearly fatal!

