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she’s laughing so hard. “I thought you said, ‘You may as well shoot yourself now!’”

Cancer. Not really a jolly subject, yet this conversation pretty much sums up the way we deal with it. It’s part of our lives: at best a chronic condition we learn to manage, at worst a living nightmare, a harbinger of death. As the poet Jason Shinder described it, quoted by Siddhartha Mukherjee in his brilliant history, *The Emperor of All Maladies*, it’s “a tremendous opportunity to have your face pressed right up against the glass of your mortality”. Not that I’ve read the whole 592 pages of Mukherjee’s book. Life’s too short. But when I laugh with my sister like this, it’s to relieve pain. Our mother died from stomach cancer six years ago; our aunt from breast cancer a couple of years before that; family legend has it our grandmother died in her thirties from ovarian cancer. When Fiona was diagnosed, aged 48, her thoughts were typically selfless. She was concerned about her husband and son. But next, her thoughts were about me and our other sister, Lizzie, who lives in America. “You need to get tested,” she said. “Yes,” I said. “Absolutely.” And did nothing.

NOVEMBER

I’m at the doctor’s. It’s not going well. It’s not going badly, but either I’m not asking the right questions or she doesn’t have the right answers. You would think that having a close family member with the disease would be like some sort of cancer heads-up, a trump card to fast-track you on to a VIP preventative programme. But no. Mammograms aren’t routine in Britain until the age of 50. The official line is that breast tissue is too dense before this for the lumps to show and too much radiation is not good for us. But I suspect it may also have something to do with the NHS being cash-strapped. My friend Jen, who lives in Los Angeles, says you get mammograms as a matter of course in America as soon as you hit 40. But I’m suspicious of this, too – the US health system seems to be governed by insurance companies. So, who to believe?

The doctor asks if I’m checking my breasts. Sporadically, I suppose. She doesn’t check them. “I have to say my GP was pretty good,” says my sister, when I tell her of my frustration. “He felt what he described as a thickening. I had no idea what he meant and was too shocked to ask. He sent me to a rapid diagnostic centre and I was so worried they wouldn’t give me a mammogram that I lied and said our aunt died aged 35 from breast cancer, just to make sure.” That would be the same mammogram that saved her life. >

Conversations with my sister

When a sibling has breast cancer, once the shock dissipates, a new one takes its place: the realisation that you may be next in line. Kathleen Baird-Murray decides this is one queue she’s not going to jump

SEPTEMBER 2010

There is a pause at the end of the phone. My sister Fiona is midway through chemotherapy for breast cancer at the Royal Marsden Hospital and has been remarkably stoical throughout. Not so much gung-ho as grumpy where appropriate, positive where needed – all in a gloriously non-Hallmark sort of way. We’ve shied away from platitudes and veered towards the practicalities, as befits her nature

and our general family dynamic. In this particular conversation we were talking about something innocuous, something vaguely administrative. But now, whatever I’ve said is causing her to falter. She catches her breath: “What did you just say?”

“I said, ‘You may as well shoot him a quick email.’” She’s deathly quiet. Then it comes, the full-on belly laugh. “I thought you said...” She can barely get the words out,

vogue beauty

MARCH 2011

My friend Randy Katz is over from LA. (Well, where else would he be from with a name like that?) We're at Scott's, and he's trying to talk about my sister's cancer, and I'm trying to discreetly tell him that Ralph Fiennes is just to his left, but Randy is the only man in Hollywood untainted by celebrity. Randy had acute lymphoblastic lymphoma a few years ago and decided he would become an expert on the subject. He is now the chair of the board of directors of UCLA's Jonsson Cancer Centre Foundation. Perhaps because of the negativity in the media surrounding NHS funding, I can't help but think America is going to be at the vanguard, so I listen. "You really should consider gene testing, you know," he says. And get my breasts removed? No, thank you. It's a bit too *Daily Mail*; gory and brutal. "At least speak to one of my experts. It's not like it used to be. With a family connection you can do stuff to prevent it now. Be more aware."

It's this conversation that changes my mind about testing. Seeing it as preventative rather than the discovery of early death.

APRIL

A year to the day she was first diagnosed, Fiona is given the good news that "It" hasn't spread further. "Is that the same as all clear?" I ask. "I don't know," she says. "I think you have to wait a year, or maybe five, for that. But it's definitely a good thing." I'm as relieved as I was when I saw her emerge from her last radiotherapy treatment, happy in the knowledge that it's all over, even if the words "at least for now" hang over us. Curiously, instead of feeling I could now skip any tests and ignore it, I take the news as a sign to push forward. If you detect cancer early enough, you may go through a horrible year, but then, like my sister, you will try to move on.

MAY

Dr Patti Ganz, professor of health services and medicine at UCLA, is on the phone to me, thanks to Randy and his connections. I have emailed her my family medical details. She asks about my mother's stomach cancer – was it ovarian first? Are we sure? Ovarian cancer is strongly linked to breast cancer and it can spread undetected to the stomach. "The average age of breast cancer in the USA is 61," says Dr Ganz, "so when we see someone like your sister, who is 48 with the disease, we want to understand why it occurs so early. As your mother, your aunt, possibly your grandmother and your sister have all had different versions of it, then you and your sister would benefit from being gene tested."

This makes no sense to me; if Fiona's

already had breast cancer, what's the point of her being tested? Surely it's me who needs the test? Ganz explains that because of the strong links to ovarian cancer, should Fiona have one of the family breast-cancer genes – the clumsy sounding BRCA1s or 2s – she could choose to have her ovaries removed, eliminating her chances of getting it. If she is positive, I could take the test, too. If I have the gene then I could have a mammogram



Above: Kathleen (right) with her sister Fiona. Left: their mother, Maureen, on her wedding day, with aunt Patricia. Below: Kathleen (left) and Fiona in 1971

once a year, two breast checks, an MRI scan and possibly preventative Tamoxifen therapy. Plus I could consider having a double mastectomy and get my ovaries removed.

"But you've got time," she says. "Look at it in the same way as if there was someone in your family with heart disease. You wouldn't panic, but you might keep doing cholesterol checks and make more of an effort to stay fit." Gene or no gene, she goes on to tell me the basic rules about looking after yourself: the same old ones about exercise and keeping your weight down as being key to prevention.

I relay all this to my sister, who mulls it over. We get to the bit about weight, which has always been something of an issue on the female side of our family. I am on the bus, so have to whisper into my phone – Fiona is laughing at the fact that whenever we have

a personal conversation, it always seems to be on the bus. Between families and work, it's the only quiet time we have. "She told me not to put on even 2lb a year because in 10 years that's equal to 20lb," I say. "But she also told me why it's so hard to lose."

"Why?"

"Because our ovaries are dying. Shrivelling up. Like prunes. Well, she didn't say prunes, but that's how I imagine them. Ovaries make testosterone, which leads to muscle mass. So from the age of 40 until you hit menopause, the levels of testosterone are declining, which means so are our muscles, which means more room for fat. It's how we get bingo wings."

"Great," she says.

"By the way, Mummy's cancer definitely was stomach, wasn't it? Only Dr Ganz wondered if it could have started as ovarian, with stomach as secondary. That would link it more closely with her sister's breast cancer."

"Mummy definitely didn't have ovarian cancer," she says. "It was stomach. I was there at every meeting, every consultation."

"I was there, too, you know," I say. (Did I mention I'm a middle child?)

LATE MAY

I find it difficult visiting the Royal Marsden Hospital. I'm here to meet Britain's leading breast-cancer specialist, Prof Ian Smith, to hear from the horse's mouth what someone in my position should do. But I don't like being here. I hate the smell. I hate the fact that everyone in reception is either visiting a sick person on a drip or is about to find out they're going to be a sick person on a drip. All of this has nothing to do with the Marsden itself, of course, which is a great hospital, consistently ranked one of the best in the world for cancer. It's to do with the fact that for 18 months our mother was treated here, and so was my sister. For about a year after our mother died, I couldn't drive past the place; avoided Chelsea altogether. But now here I am in Smith's office, finding it strangely comforting.

"Most breast cancer is not inherited," says Smith, cheerily. He looks kind, knowledgeable and talks for far longer than my allotted half hour. "About four or five per cent is clearly genetically linked and another five per cent is genetically linked but not obviously so. The rest is what we call sporadic. It just happens. And it can happen to people with very healthy lifestyles." Certain races – Ashkenazi Jew and Icelandic – have an increased risk (I am neither), otherwise my aunt's and mother's cancers were perfectly normal for their ages. It's my sister's age that puts me slightly more at risk. What happens if Fiona takes the >

Michael Trow. Make-up: Terry Barber. Kathleen and Fiona wear tops, Marina Rinaldi

vogue beauty

test? “Suppose the mutation is there, then there is a fifty-fifty chance you’ve got it. You’d have to think about whether you want the test or not. The answer is, you probably should.” There are drawbacks – namely that insurance companies are still undecided as to how to proceed with the gene phenomenon. My friend Randy is more or less uninsurable, despite being in remission.

But there are also sizeable advantages. Mainly, the drugs they can offer you. “In the last couple of years, drugs called PARP inhibitors have been developed,” says Smith. “Chemotherapy at the moment is a bit like a London bus coming in and smashing everything up. But the PARP-only inhibitors just target the vulnerable cells.”

If Fiona’s cancer turns out to be genetic, she could try to get on one of these trials, I imagine. It would be a passport to state-of-the-art treatments for her – perhaps a cure – and a way of prevention for me. This bodes well, if not for our generation, then for my daughter’s. “I would say that by the time your daughter grows up, women will still be getting breast cancer, but they will be cured,” adds Smith. “A very small, unlucky number of people will die. Your daughter doesn’t need to worry about breast cancer.” I read him my sister’s diagnosis. “She should do the family-history consultation,” comes the verdict.

I walk home through Hyde Park. It’s just rained and the air is fresh, the sky is bright blue. I call Fiona, talking as I walk and feeling my way around the subject. “So he says that it’s borderline, really, as to whether you’d need the test until you’ve had the genetic consultation, but he thinks if there’s a chance, you probably should.” I’m trying to tell her that I think it’s a relatively simple procedure and ask if she’d consider having it done, but I waffle on because, after all she’s been through, to expect her to undergo yet another test feels unfair.

“Who do I call?”

“Are you sure?” I’m surprised she doesn’t want to wait for a bit. She’s still visiting the hospital every three weeks for doses of Herceptin, and the Tamoxifen she’s on is making her joints ache. “Well, yes, why wouldn’t I? I mean, it’s not like any news I have can be any worse than what I’ve been through. And if it comes back positive, I’ll just get my ovaries whipped out. Besides, it’s probably better for you. Then you’ll know for sure.”

We finish talking and I walk home. In my blue-sky thinking, I am smiling. My sister –

the same sister who picked me up every time I fainted at school; who smuggled me Mars Bars because she was old enough to walk to the village and I wasn’t; for whom I learnt to swim specially so I could show off to her the day she got back from boarding school – my sister is prepared to suffer yet more physical indignities in order to help me. There’s something else making me smile, something Prof Smith said. “Your daughter doesn’t need to worry about breast cancer.”

JUNE

Fiona has been on the phone to Dr Susan Shanley, who runs the clinical genetic service at the Royal Marsden. For reasons of patient confidentiality she deals with Fiona directly.

“She just wanted to check I really wanted to be tested,” says Fiona, diplomatically.

“You mean she thought I could be influencing you to do something you didn’t want to?” I laugh. That would mean circumventing the other family gene: a stubborn refusal to do anything another sibling wants us to do.

“Anyway, it was lots of questions about

Why is my sister the guinea pig who has to find out if the rest of us are going to get sick?

family members. She was very nice. Told me to text her when I had taken the test,” she says. “Then she asked me how I wanted to get the news. Over the phone or in person.”

“What did you say?” I think I’d want to be sitting in the room.

“I said over the phone,” says Fiona. “I’ve been in enough rooms with comfy cushions only to be told bad news.”

ONE WEEK LATER

Fiona takes the test. They take blood from her on one of her regular hospital visits, avoiding the vein that was hurting her from all the Herceptin going in.

We wait.

MID-JUNE

Freddy, Fiona’s son, is playing the piano in the background as I’m on the phone to her. “It’s a G, Freddy, hit the G.” We have ages to wait for the test results, but there’s something that’s been bugging me, a question with no logical answer. With our family history, why is she the guinea pig, the one who has to find out if the rest of us are going to get sick?

“Do you feel...” It occurs to me that this is not how these sorts of conversations happen in films – over the phone during piano practice. “Do you wish it could have been me

or Lizzie instead?” I ask. “I mean, does it make you feel unlucky?”

“I promise you, it didn’t even occur to me to think that,” she says. “I don’t feel lucky about it, and I wish I didn’t have it. But you just get on with it, don’t you? And you know, with Mummy and Auntie Patricia, it’s sort of inevitable, don’t you think? Not if you’ll get it, but when.” No, I don’t think, I want to say. I mean, I do, but I’m more of an optimist. Always have been. “I’ve always been a realist,” she says, reading my thoughts. “And when you’re in the hospital and you’re talking to women who’ve been told it’s gone, and they’re there again now because it’s come back, popped up somewhere else... Well, you have to be real about these things.” The piano keys plunk away merrily. “G, Freddy, it’s a G...”

AUGUST

Fiona emails me to say that Dr Shanley called. She was in Tesco at the time – Fiona that is, not Dr Shanley. We don’t have the gene. But while she is clearly relieved, I am thrilled. No double mastectomy, Tamoxifen; no worrying about the horrors of chemotherapy. Taking the test can’t reverse things for her (although it means her chances of ovarian cancer are dramatically reduced), but if she had not taken this test I would have been living with this fear shadowing every step of my life, watching my daughter grow up and wondering if she had inherited this same horror. Now, free of this, I’m telling everyone, my husband, my son, my daughter, the girls in the office: I have the same chance as everyone else of getting cancer. And while that’s not great in some ways (best to be immune, if only that were possible), for once in my life being ordinary is the best thing that ever happened to me. ■

On September 29, Vogue’s beauty director will be at Selfridges for the Look Good Feel Better Day, in association with Yves Saint Laurent. LGFB offers free skincare and make-up workshops for cancer patients in hospitals and support centres nationwide. Tickets cost £20 and all proceeds will go to LGFB. Call 0800 138 8140 to book an appointment

GENETIC TESTING: THE FACTS

Testing for BRCA gene mutations is recommended by the NICE national guidance if there is at least a 20 per cent likelihood that a person has a mutation. The Royal Marsden and Institute of Cancer Research is currently leading a London pilot to make BRCA testing available to more patients by using a threshold of a likelihood of 10 per cent. Genetic advice is available on the NHS. Patients can ask their GP, who can refer those they feel may be at risk to a genetic service (visit Bshg.org.uk for details).