

Combating cancer is a family affair



Photo by Troy Wayrynen

Krista Colvin and her husband, Mike, cheer on Wes during a Little League playoff game.

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Photo by Troy Wayrynen, The Columbian

Krista Colvin hugs her son, Wes, after the Little League team won a game to advance during a baseball tournament in Vancouver.



Photo by Troy Wayrynen, The Columbian

Wes Colvin 10-year-old son of Krista Colvin, who is undergoing treatment



Photo by Troy Wayrynen, The Columbian

Annie Colvin 8-year-old daughter of Krista Colvin, said, "You don't look like you have cancer," soon after Krista's cancer diagnosis was confirmed



Photo by Troy Wayrynen, The Columbian

Krista Colvin, center, and her son, Wes, make their way home after a Little League playoff game in Vancouver. Top: Krista and her husband, Mike, cheer on Wes during a Little League playoff game. Krista is undergoing chemotherapy to treat an aggressive form of breast cancer, and it saps her energy. She tries to be open with her children about what she's going through while also reassuring them.

This is the summer when Krista Colvin's kids fix their own cereal in the morning. This the summer when they watch a little too much TV, play a few too many video games.

Krista figures she has a pass.

Because this is the summer she's fighting cancer.

Colvin, a 43-year-old Camas mother of two, was diagnosed with an aggressive form of breast cancer in March. She's completed one round of chemotherapy, and this summer is enduring a second, more taxing series of treatments — all while her 8-year-old daughter, Annie, and 10-year-old son, Wes, are on break from school.

She must battle nausea and extreme fatigue as she cares for two busy children. Friends help by transporting her children to camps and play dates so they can still have fun and she can rest. She doesn't want her illness to affect her kids. That desire takes on a new dimension when she learns she carries a breast-cancer gene mutation that she may have passed on to them.

Annie tidies her room and Wes plays video games as Krista sips coffee at the kitchen table. It's a moment of calm before the business of the day begins. They will leave soon for Wes' baseball practice.

It's been about two weeks since Krista sat in a recliner at Northwest Cancer Specialists in Vancouver to receive an intravenous chemotherapy treatment, and she's starting to feel more like herself. With treatments three weeks apart, she can look forward to another week of feeling OK. She had been dreading this round of chemo. Her hair thinned in the first round. She expects to lose all her hair in this one.

Even this far into treatment, Krista sometimes catches herself wondering, "Is this really happening?"

Her children also waver between feelings of normalcy and dread. From the time Krista first noticed a lump in her breast, she and her husband, Mike, have followed their instincts to be honest and open with their children.

That's the right approach, says Dr. Nathalie Johnson. She directs Legacy Health's cancer services and has written books for young people on how to deal with a parent's cancer diagnosis — "Mommy Found a Lump" and "Understanding Breast Cancer for the Young Adult."

"The best thing with children is to be honest. They can sense when things are good or when they're not," Johnson says. "When you're a kid, sometimes your imagination takes you to far worse places than what the reality is."

She encourages cancer patients to admit that when they're not sure how things will work out, and to reassure children that they will be taken care of, no matter what.

Though the Colvins haven't read Johnson's books, they have been straightforward with their children from the beginning. Even so, it's still a lot for children to grasp.

Soon after Krista's cancer diagnosis was confirmed, Annie told her mother, "You don't look like you have cancer."

As Krista gets deeper into her treatment, however, her appearance is changing. Krista's hair is thinner. Her eyebrows and eyelashes are falling out.

Wes didn't expect that. When Krista mentioned that her lashes were falling into her eyes, he leaned in close to look. That was just before he left for a week at camp. Krista worried he'd come home to find her bald. But hair follicles still cling to her scalp.

"You're really unlucky when your mom gets cancer," Wes says.

He and his sister do their best to help out. They try not to fight as much.

Annie talks to her friends about their mother's illness, but Wes doesn't. Some nights his eyes well with tears and he lays down on his bed. Knowing his mom has cancer makes everything else a little harder to take, like the night he didn't get to play much during his baseball game. That night, when he glumly showered after the game, his dad climbed into the shower fully clothed. The goofy act sent Wes into a fit of laughter.

As open as Krista has been with her children, there is one topic on which she has remained quiet: the test that shows she carries a gene mutation predisposing her to breast cancer.

Normal BRCA1 and BRCA2 genes suppress tumors. Mutations in these genes are linked to breast and ovarian cancer. Krista took a blood test that found she has a BRCA2 gene mutation.

When the clinic gave her the results, it also supplied Krista form letters to send to her brothers and parents notifying them that they may also carry the gene mutation. It can cause breast cancer in males, too, but the risk is higher for females.

"It has great implications for all family members," says Dr. Lucy Langer, the medical director for Northwest Cancer Specialists' genetic risk evaluation and testing program. "If there's knowledge of a mutation in the family, it should not be approached with fear, but with knowledge."

Krista's brothers and parents have yet to be tested. Her children have a 50 percent chance of inheriting the gene mutation, but testing isn't recommended until they are at least 18, so Krista has set aside worry for now.

"Optimistically, in 10 years, there will be new medical discoveries," Krista says.

Younger women who aren't ready to undergo preventive mastectomy can take steps to detect cancer early and reduce the risk of ever developing breast cancer, Langer says. They can undergo mammogram and MRI testing annually and take the drug tamoxifen to protect against developing breast cancer.

Krista's test results raise worries about her children's future risk, but they have a more immediate impact on her. They chart a course of treatment that's more extensive than if she didn't carry the gene mutation. After she finishes chemotherapy, she will have both breasts removed, and later, her uterus and ovaries, as well.

"People think when you're done with chemo, you're done with the disease. It's really only the first step," Krista says. "I was starting to feel really good about getting to this milestone, but I'm not looking forward to surgery. It's hurry up and get there and face what's next."