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Naked, pregnant and bald, Juliet Jones stood in the middle of the photographer's studio, her right foot raised on a small stepping stool. She had never done this before. Normally, she was camera shy, but her life hadn't been normal lately.

A few months earlier, everything was going great. Even in bad economic times, Juliet held a secure job in the human resources department of a worldwide humanitarian organization and her husband, Richard, served as a top project manager for an international finance company. They had conceived their first child and put a down payment on a modest, three-bedroom house in Tarrytown, a quiet suburb of New York City.

Now, it was mid-November and winter was coming early. On this gray receding day, Juliet felt a cold wind blow across the Hudson River. Driving to the photo session, she recalled why she wanted her pictures taken.

"It may be a morbid thought, but I just want my child to have pictures of her mum looking dignified rather than ill, so she remembers me with integrity," Juliet said with a clipped, middle-class British accent. "I'm already bald."

Juliet Jones is 33. She grew up in Buckinghamshire, 40 miles northwest of London. She is 5 feet 4 inches tall and sports an athletic build that she calls "sturdy." She walks with the confident, graceful gait of a nurse, which she was for five years before moving to the United States. Her hair, usually long and black, cut with straight bangs, frames perceptive neon blue eyes and a bright white smile outlined by full scarlet lips. Her smile never stops radiating.

She's fighting a rare, aggressive form of breast cancer called Inflammatory Breast Cancer, or IBC. A deceiving disease, it's usually diagnosed at a late stage and typically claims its victim's life quickly.

The photographer Juliet chose, Annie Watson, specializes in portraits of pregnant women and images of children. She is used to shooting subjects who have never been photographed, though this was her first time shooting a woman suffering from such a grave disease. Juliet brought a brochure about IBC to give to the photographer.

"I wanted her to know exactly what was happening to me so she would understand the gravity of what I wanted," Juliet said.

The studio was warm and Watson kept the conversation breezy. She didn't broach the subject of Juliet's cancer. Rather, she chatted about a recent series she had shot called "Bald is Beautiful." With a subtle tone, she asked Juliet to disrobe.

Juliet shed her oversized denim shirt, green baggy maternity corduroys and brown felt beret. She removed all her jewelry, except her thick, gold wedding ring. The photographer instructed her to pose, extending her swollen, six-month-pregnant belly, keeping her chin high with pride.

"I felt like a puppet," Juliet said. "Annie took control, told me exactly what to do."

After the frames were shot, Juliet put her clothes back on, donned her brown beret and headed toward the door.

"I thanked Annie, she did a wonderful job," Juliet said. "I told her that my chances of surviving were not that great."

But Juliet is a survivor. Faced with a terminal illness, she decided to create a living memory of herself on film. Moreover, her determination to carry on was manifest a few hours after the portraits were taken: she asked me to document, on video, what could be her final weeks.

I agreed to follow her through December, when she would give birth and undergo a full mastectomy of the left breast. And, we decided to create a life for her in cyberspace, www.julietjones.net, to track her story in real-time and make her legacy available to the world.

To many women in the prime of their lives and married to a reserved British man like Richard, being documented bald, nude, pale and puffy from four rounds of chemotherapy is not an enticing notion. But Juliet is no average woman.

When I first started following her, Juliet told me that she didn't believe in religion, fate or destiny. Rather, she likes to take control of every facet of her life. Typical was how she and Richard decided to marry.

"I didn't want to be one of those girls who goes on wondering if he's ever going to ask me; hinting, nagging, manipulating. I had waited six years and decided I had waited too long. Richard can't ask for directions when he's lost, I knew that there was no way he was going to ask me to marry him," she said.

So on their dating anniversary, December 13th, Juliet took her seafood-loving boyfriend Richard to the Lobster Pot, a restaurant in South London. Toward the end of the meal, Juliet pulled out a black velvet ring case containing a simple white gold band and coolly slid it across the table.

He said yes, of course.

Inflammatory Breast Cancer is one of the most pernicious forms of breast cancer and the chances of survival for most women are slim. Even if a patient makes it past the typical prognosis of 18 months, the cancer can easily spread to other parts of the body.

According to the National Cancer Institute, IBC cells block the lymph vessels in the skin of the breast. This blockage causes the breast to become red, swollen, and warm. The surface of the breast may have ridges or appear pitted, like the skin of an orange. The nipple may emit discharge and become inverted. Other symptoms include the presence of swollen lymph nodes under the arm or above the collarbone. Often, a tumor cannot be felt, even though one may appear on a mammogram. A biopsy normally confirms the presence of the disease.

IBC generally grows rapidly. Thus, treatment often starts with systematic chemotherapy or hormonal therapy to stop the disease from spreading. Then, local surgery to the breast and underarm removes any affected tissue. Finally, another round of chemotherapy or hormonal therapy ensues, followed by radiation therapy, which cleans up any remaining cancer cells.

Experimental studies include measuring the effectiveness of high-dose chemotherapy with transplants of bone marrow and stimulating the immune system with new chemotherapy and hormonal drugs.

A Google search on the illness produced few results. Usually hundreds of professional and independent support sites come up with more common types of cancer, but only a couple exist for IBC: www.ibcresearch.org, which noted this strain comprises between one and four percent of all breast cancer cases, and www.ibcsupport.org, which provided a forum for affected women to share their stories.

Internet information can be precarious regarding IBC, said Dr. Phyllis Hyde, an oncologist at Long Island College Hospital. She advised Juliet not to spend too much time researching her disease online, arguing that many times information posted on a web site can be out of date or unreliable. More importantly, Dr. Hyde said she didn't want Juliet to obsess, trawling the Internet for wholesale answers because each experience is unique to the patient. This was good advice, Juliet later realized.

At our first video session, Juliet greeted me with her warm smile and firm handshake, as though I was just dropping by for a routine cup of PG Tips tea, which she brings home from each trip to England. She and Richard hadn't completely settled into their house yet, boxes lined walls that still needed a coat of fresh paint. She wore loose-fitting dark pink velvet slacks and a crumpled purple linen button-down shirt, which hid her swollen belly. She didn't wear make up and her trademark brown beret sat slightly cocked, covering her hairless head.

We discussed ground rules for the project. Matter-of-factly, she said she understood it would be a long process and she would have to get used to a camera shadowing her, even during stressful situations.

As I peered through the viewfinder, still framing the shot, she started telling her story.

“I have a 48 percent chance of seeing my baby’s fifth birthday,” she said brightly, even smiling. “That’s why I want to make this video, so my child has a chance to know me, what I’ve been through, and what I’m about to go through.”

A baby was something Juliet always dreamed of, but she and Richard wanted to enjoy their life alone as a couple first. They met at a costume party at Aston University in Birmingham, England in 1991. She was dressed as a mermaid and Richard went as Wonder Woman. Their attraction was instant and within a few weeks they had vowed exclusivity. Later that year, after graduation, Richard moved to Aberdeen, Scotland to work as a drilling engineer for Schlumberger, an international oil company. To pursue her life-long dream of becoming a nurse, Juliet moved to Glasgow where she could obtain a degree and be close to Richard. A year later, she transferred to Aberdeen and the couple moved in together. While she finished her training in Scotland, Schlumberger posted Richard to Nigeria to work on an offshore drilling rig. Juliet took the news in stride. After eight months, Richard quit.

“I hated the seagulls,” Richard said. “Seriously, mate, 12-hour shifts make you so knackered that you can only sleep or watch CNN, and that’s only interesting for so long.”

Moving back to London, the couple reunited and rented a one-bedroom apartment. Eighteen months later, during the height of the dot-com boom, Richard was recruited for a job in New York City by Instinet, a subsidiary of Reuters that focuses on real-time stock trading. They found a cozy apartment in Brooklyn Heights. Juliet had a tough time gaining employment as a nurse because hospitals would not sponsor her for a working visa. So, she found a job in the human resources department of Médecins Sans Frontières (MSF), also known as Doctors Without Borders.

“I’ve always liked what they do,” Juliet said. “It was the next best thing to being a nurse. I could still help people.”

The couple maintained an active social life in New York. They enjoyed dining on Brooklyn’s trendy Smith Street and bar hopped with friends through Manhattan’s East Village. Without any major epiphany, they decided to start working on a child.

“I don’t know, time was the major factor I guess,” Richard said.

“It just felt like the right time,” Juliet added.

But conceiving, they learned, was harder than making the decision. They tried unsuccessfully for almost a year. Finally, in April 2002, Juliet made an appointment with her obstetrician, Dr. Paul Kastell, at Long Island College Hospital to find out what she could do. Dr. Kastell scheduled her for fertility tests, but before she could be tested, she missed her period.

“I took one of those home pregnancy tests,” Juliet said. “I stared at it for a while and nothing was showing up. So I just threw it in the trash and took a shower. I went to my room, got dressed and came back in the bathroom to do my hair and make up. In the corner of my eye, I noticed that something did appear on the stick. It showed positive.”

Juliet sat on the floor and cried. But she didn’t tell Richard right way because she couldn’t believe their luck. She took a second test two days later. Again, it was positive. She broke the news to her husband.

“He was pleasantly surprised,” Juliet said, which was in character with his customary English reserve. “I kept the test, which Richard thinks is revolting.”

In May, Juliet went to Long Island College Hospital for her first sonogram. It showed a healthy fetus forming that resembled “a jellybean with a pulse,” she said.

In their humble fashion, the couple decided not to make the news public. But friends figured it out when Juliet refused to drink on nights out.

“That’s not like Juliet at all, she’s usually the life of the party,” said her fellow expatriate English friend Karen Brimson.

Now that they were starting a family, Richard and Juliet began looking for a house in the suburbs.

The summer moved along nicely, Juliet said. The couple put a deposit on quaint white house perched on a hill in Tarrytown. As long as she ate, she didn’t feel any symptoms of morning sickness. But one morning she noticed a pain shooting through her left armpit.

This worried Juliet and she soon pointed it out to Dr. Kastell. He noted that she had a swollen lymph node but said not to worry, that it was probably just a slight infection. He didn't prescribe any medication.

Relieved, Juliet looked forward to a trip she had planned home to England in July. She wanted to break the news of her pregnancy to her family in person. Moreover, she wanted to surprise her grandmother, who she calls Nan, at her 80th birthday party.

Juliet especially loves her grandmother and sees her as a source of inspiration. While a girl, Nan survived two Nazi Blitzkrieg attacks in London. Most recently, at the age of 72, she had won a bout with a "garden variety" of breast cancer, Juliet said.

When Juliet returned home, the pain in her armpit had moved to her breast. She saw something strange in the mirror. On the left side, just below the nipple, a red patch of skin had formed. When she touched it, it felt warm.

She saw Dr. Kastell again, and he didn't say much, but he prescribed dicloxacillin, an antibiotic.

"I think he may have been thinking it could be IBC, but didn't want to worry me too early," Juliet said.

The next few weeks went by quickly, Juliet said. She took her antibiotics religiously, but they didn't help. She decided to see Dr. Michael Bernstein, a surgeon at Long Island College Hospital. Dr. Bernstein changed her prescription to Cefalex, a stronger antibiotic and sent her for a breast sonogram the same day.

“He said my symptoms were concerning, which isn't good coming from a doctor,” Juliet said. “It reminded him of a case he'd seen as a medical student. It was of a 13-year-old girl who had IBC. I'm lucky, because if he hadn't had that experience, I don't think I would have been diagnosed so early.”

Dr. Bernstein gave Juliet a note with instructions for an ultrasound and sent her to another office. Juliet looked at the note. It said: “rule out abscess.” From her nursing training, Juliet concluded that the way it was phrased was not good. An abscess is benign, treated by a simple process of draining fluid. To rule it out meant the doctor was looking for something worse.

Over the next few weeks, Juliet bounced between appointments, clinics and hospitals. The antibiotics didn't seem to help. The patch of red on her breast became hard and dimpled, like the skin of an orange. On Sept. 4, a biopsy revealed the worst: IBC.

With the help of her colleagues, Juliet sought a second opinion at Memorial Sloan Kettering, a world-renown cancer center in Manhattan. She was assigned to Dr. Catherine Van Poznak.

“I was in a daze,” Juliet said. “Dr. Van Poznak said I was already Stage 3-B and it was imperative to start chemo immediately.”

Faced with a choice no woman should have to make, Juliet had to decide whether to save her own life or save the life of her child. She wondered if she had the strength to save both.

Richard, a project manager by profession, confronted the prospect of possibly losing his wife and unborn child with unbridled organization. He created a detailed notebook where he listed clinical facts and logged information he found about IBC on the Internet. He scheduled second and third opinion appointments and made sure Juliet got from point A to point B on time. To avoid added stress, he told specific details to a couple of key people and asked them to explain to others, on Juliet's behalf, what was happening. Most importantly, he spoke to an array of experts and physicians about the effects of chemotherapy on a fetus.

New York state law forbids abortions after 24 weeks. Juliet was two days away from that deadline. Richard found out they could go to Denver to have a later term abortion, but Dr. Van Poznak said the chemotherapy would probably not harm the baby, though there wasn't conclusive evidence either way.

Juliet realized this might be her only chance to have a baby. Richard weighed their options realistically and determined every second mattered. Collectively, they formulated a simple plan.

“Richard decided the best way to cope was to keep life as normal as possible,” Juliet said. “I would start chemo immediately but continue working. We would stay in the States and go forward with buying the house.”

Dr. Van Poznak scheduled Juliet's first chemotherapy session for Friday, Sept.

13. Normally not a superstitious person, the date was not lost on Juliet, but she dryly remarked, "We can't get any unluckier."

Against the doctor's advice, Juliet did some research on the Internet. She sought counsel from a few IBC support group sites because she wanted to be prepared for the chemotherapy. She tried to learn about surviving. She found that some people rely on prayer while others employ strict dietary regimens. Still, others use visualization techniques to imagine the poisons careening through their veins and attacking the dark, evil cancer cells. Juliet chose to listen to her favorite book series on CD, "The Lord of the Rings."

At her first session, Juliet reclined in a plastic dentist-like chair as the drugs coursed through her veins.

"You feel a strange coldness making its way up your arm until about your elbow. Then, it's just about an hour of relaxing," Juliet said. "The worst part is the needle. Even though I'm a nurse, I hate the initial prick."

Juliet confronted the first disturbing sign of chemotherapy—hair loss—with her typical straight forwardness.

"My hair started to come out in clumps, it was ugly. I decided to beat it to the punch and went to a barber by our apartment in Brooklyn. When I took my hat off, I thought the barber would be surprised, but he's been in business for many years and said he had done this before. In fact, he said that sometimes the spouse comes in and gets his or her head shaved too. I laughed thinking of the image of Richard's extra large head shaven clean and decided that one of us looking hideous was fine enough."

Juliet paused for a moment and realized we were still taping the first video interview. She had been talking nonstop for almost two hours. She rubbed her belly and adjusted her position. I checked the camera to make sure she was still in frame. She touched her beret and it seemed like she was going to take it off. She didn't.

She continued, explaining that maintaining a wig would be a huge hassle, always having to brush and wash it, so she decided to wear hats. The first one she bought was a black angora Kangol, common among Hip Hop singers. It was soft and warm and she didn't mind looking like a rapper. But, she soon realized that hats with brims are no good for indoors. One of her friends at work, a French woman, gave her the brown beret.

Weeks passed and the next three chemotherapy sessions became routine. But as she crossed into her last trimester and her belly grew to the size of a watermelon, Juliet admitted that her medical mind mixed with maternal instincts. She realized that the drugs she was receiving were really very strong poisons, strong enough to kill all rapidly developing cells in her body. This was why her eyebrows and hair fell out and her fingernails became striped with white bands of dead skin.

"I couldn't imagine that my placenta could filter out all of the chemicals and keep my baby safe," she said.

In early November, 30 weeks pregnant, a scan showed proper size and weight, about five pounds and long legs. It revealed the fetus was most likely a girl.

Juliet's doctors were pleased. They discussed inducing labor in mid December, a month early, so they could perform a mastectomy and start the next round of chemotherapy as soon as possible.

Again, she couldn't get away from Friday the 13th, but being Juliet, she managed to see a positive angle.

"December 13th is the date I asked Richard to marry me," she said. "So maybe it would bring some luck."

The first few days of December passed with a calm anticipation. Juliet nested and Richard planned. She washed, folded and put newborn clothes in a new pine dresser. Richard constructed a crib and hung a mobile from the ceiling, which played Mozart's Andante Grazioso in A Major. They stood formally next to the crib, imagining their daughter mesmerized by spinning geometric shapes and pinging music.

Because the mastectomy could cause her left arm to swell severely, Juliet had to remove her wedding ring. Her body was already swollen so much that she couldn't slide it off. It had to be cut. It was heavy gold, a man's ring about a quarter-inch thick. Richard didn't buy her a diamond engagement ring because she had proposed, she said, winking. She had never taken it off.

During a lunch break, Juliet walked over to 47th Street between Fifth and Sixth Avenues to the diamond district of Manhattan. I met her there with the camera.

She walked into a sterile corridor devoid of natural light. It was hooded by fluorescent tubes and lined by nameless doors. A middle-aged, unshaven man with a thick Israeli accent wearing safety glasses buzzed her into a room.

“It looked like a hospital,” Juliet said.

The room had bright overhead lamps and industrial-strength power tools at each workstation.

The jeweler slid a cloth between the ring and Juliet’s flesh. He put her hand on a scarred block of wood. He lowered a band saw. Juliet looked away as the saw screamed for a steady hour, only wincing when a stream of smoke whisked by her face. She chatted about one of her friends who also was having a baby.

With a jerk, the jeweler severed the thick gold and pried the ring apart. Juliet ran her hand under cold water and scrubbed her finger. She held it up the light, twirled it around and stared at the band of tender white on her finger.

“My hand feels light,” she said blandly.

Because maintaining a sense of normalcy had been a source of her strength, Juliet said she wanted me to record a day in her office.

Juliet was responsible for helping to place volunteer medical staff in conflict areas throughout the world. Geopolitical fact books overflowed from a single bookshelf over her desk. Personal pictures of ski trips and friends at parties were obscured by an overflowing inbox that Juliet admitted would probably never be attended to. From a half-packed cardboard box on the ground, she produced a scrapbook. Thumbing through it, she said her office crew gave it to her as a baby shower gift. Her supervisor, Hawah Kamara, who is from Liberia, approached and looked over her shoulder.

Smiling as Juliet flipped the pages, Kamara talked about how Juliet had inspired the team.

“Her spirit would always light up the office,” Kamara said.

Realizing that Juliet was still standing next to her, Kamara turned and said that she prayed for Juliet every night. She exploded into tears and hugged Juliet tightly. Juliet patted her back, consoling her.

“It’s okay, it’s okay, everything’s going to be fine,” Juliet said. “I’m going to be fine.”

The evening of Dec. 9 was cold. Unrelenting rain pelted the taxi windows as it weaved Juliet through rush hour traffic toward Columbia Presbyterian Hospital. She stared contently outside, still relaxed from an hour-long massage, a gift from Richard. Juliet’s favorite sound is “the pitter-patter of rain against windows,” she said. “It’s soothing.”

We met Richard in the lobby of the hospital and I walked backward through the hallways filming as Juliet made her way to the maternity ward. She took slow, careful steps and explained that she would be given a drug to induce labor. Overnight, she would be monitored and by mid-day on the 10th, she should be dilated enough to have the baby. If the inducing didn’t work, Dr. Daniel Lasser would perform a cesarean section.

“Two surgeries in one week doesn’t sound like the most fun in the world,” Juliet said.

The next day Richard left a short message on my cell phone, his voice was as matter-of-fact as Monday.

“Katherine Juliet Jones was born at 10:25 p.m. via C-section,” he said. “She’s 7 pounds, 11 ounces, 21 inches long. Mum’s fine.”

I found out later that the couple normally wouldn’t have given Juliet’s name to Katie, but under these dire circumstances, it was yet another way to etch a lasting legacy.

In a visit to the hospital, I learned the inducing process didn’t work and that Juliet developed a 103-degree fever. She looked pale and tired.

“Eight pounds is pretty big,” she said. “I can’t imagine what she would have been like if she stayed in me for another whole month like she was supposed to. It’s probably good they took her out now.”

A nurse rolled Katie’s bassinet into the room, she had a tiny I.V. hooked up to her hand. Juliet managed to produce a sympathetic smile, recalling her chemotherapy treatments and how uncomfortable needles can be.

Stroking Katie’s brown, fuzzy head, Juliet joked, “Look, she has more hair than her mum.”

Dr. Lasser came into the room. He stood at the end of Juliet’s bed quietly smiling at the new mother with her child. He patted Juliet’s foot.

“You were so brave and so good,” he said in a low, soothing voice. “Because you are doing so well, I think we can get you out of here sooner than we thought. Would that be good for you? Of course it would. You would like that wouldn’t you?”

Juliet nodded.

If you try to find a winning formula for fighting cancer, you'll find there isn't one. There are many people, groups and studies that show or preach certain methodologies, but the fact is, each person's experience is unique. In reading many stories of survival, though, it's easy to distill one common trait: in most cases, the patient is backed by a strong, stable and loving partner. That's Richard.

He is tall, about 6 feet, 4 inches. He wears size 14 shoes and walks with a comfortable slouch. He's not easily surprised. He hails from The Lake District of England. His words are tight, with a slight northern accent and he "mumbles," Juliet said.

If Juliet embodies the emotional side of their relationship, Richard is the practical. He lives day by day, Juliet said, and takes everything in stride.

While stationed offshore in Nigeria, Richard once saw a nearby rig explode.

"Yeah, it was kind of scary. When it was happening, I guess," he said laconically. "But you would just hope that it wouldn't happen to yours."

He survived five rounds of post dot-com lay offs and the diligence that makes him a valuable asset in the office carries over to his personal life.

"He sees the baby and my cancer as projects that he can help manage," Juliet said. "If the baby 'leaks,' as he says, he refers to his manual, 'The Baby Book,' by William and Martha Sears."

To properly monitor their daughter's sustenance consumption, Richard hung an Excel spreadsheet on their kitchen wall and required Juliet to fill in what time and how many ounces of formula Katie ingested. After Juliet's mastectomy, the second he returned home from work, he asked her if she completed her arm exercises for the day.

“They have a strong bond,” said Dr. Daniel Lasser, who specializes in treating women with extenuating circumstances. “Couples with so much love and dedication to each other have a far greater chance of surviving than most people.”

Christmas was coming soon and in the preparation for labor, the Joneses realized they hadn't put up a tree yet. Now that they had a couple extra days between Katie's birth and Juliet's mastectomy, they decided to get to work. Richard, as usual, coordinated the plan. He wrapped lights around a large spruce he had wedged in the corner of their living room. Juliet shuffled between hanging delicate glass globed ornaments and climbing stairs to change Katie's diaper. Their teamwork was unspoken and required little effort. In no time, the tree was decked and blinking.

Later, content with the completion of their project and Katie sleeping in his arms after a successful feeding session, Richard flipped on a Giants game and stretched out on the couch for a snooze with his daughter. Juliet popped some pain pills and sat on the love seat staring and smiling at Richard with Katie sleeping on his chest.

“Look at that,” Juliet said. “Right away getting into an American tradition, huh? Lazily watching football on the telly.”

She settled more deeply in the couch cushions letting the gravity of the pills weigh into her. She took a couple deep breaths and turned to me, “I feel relieved but nervous. So far we've been in this together. But now it's like I've delivered Katie to Richard and the next part I go alone. It's time to focus on myself.”

The night before her mastectomy, Juliet couldn't sleep. She got up and went into Katie's room and listened to her breathe for a while. She set up a video camera up in front of rocking chair, which she ironically dubbed the nursing chair even though she was unable to nurse. She flipped the viewfinder toward her to make sure the shot was framed, then unleashed a monologue on all her frustrations, angst and fears. She cried harder that night than she ever had in her entire life, she said. But, being Juliet Jones, she quickly regained her composure when the tape ran out.

“I was really getting into it when I suddenly noticed that the end-of-tape light was blinking,” she said. “Like a faucet closing, my tears stopped and I changed the tape. Then, as soon as the record light was back on, so were my tears. It was like a director had yelled, ‘Cut!’ then, ‘Action!’”

While Juliet was in the hospital, Richard was at home caring for Katie. I joined him there and it felt strange to record in their house without Juliet. Richard was not as comfortable on camera as his wife. He didn't say much.

He seemed lost without his project. He fiddled with his computer, manipulated Katie's feeding spreadsheet and pieced together a home movie from 30-second video clips he took of Juliet in the maternity ward.

He spoke to Juliet on the phone, staring at a picture of her he kept as his computer's wallpaper. Their conversation was short and tactical. He encouraged her to see the comedy show the hospital was hosting for the patients. He was curious about what bits the comedians would come up with for a cancer ward. He told her to go to a make up class the hospital offered to boost her self-esteem.

As the conversation ended, he called her by a pet nickname, "Spook," which rhymes with her maiden name, Luke. He hung up the phone, gazed at her picture.

"I miss her a lot," he said. "Don't know what I'd do without her."

After the operation, Juliet lay in the hospital bed staring at the ceiling. Too tired to sleep, she felt a pain shoot through her nipple before she realized her breast was no longer there. She had been told about "phantom itches" and that it would be a while before her body realized a piece of it was missing, but the sensation still had caught her off guard. She rolled over and felt her tender cesarean scar and thought about her child.

"I remembered a black and white picture of Katie I had brought and put on my bedside table. I stared at it for a long while and knew I had to get home," she said.

At 3 a.m. she got out of bed, packed her things and got dressed.

"I sat in a chair all morning until the nurses came in. There was no way I was staying another night," she said.

Christmas came quietly. A thick layer of snow silenced their small suburban street. Juliet was happy to be home again but anxious. At some point before New Year's Eve, she said the hospital was due to call with the results from her surgery.

Her grandmother, father and his girlfriend had arrived from England to celebrate the holidays and to meet Katie. They made traditional English dishes: turkey, Christmas pudding and brandy butter.

The next day, the phone rang, startling Juliet. She said in England, the day after Christmas is a holiday called Boxing Day and usually businesses stay closed. It was the hospital.

“On the IBC support group website I had read other women's results. They would always post numbers like 8 of 16, or 4 of 16 and I didn't really know what they meant until I found out mine—0 of 16. They were talking about how many lymph nodes were infected with the cancer. For me, it meant there was no trace of any active disease. It was nothing short of a miracle.”

On New Year's Eve the family enjoyed a simple night. They gathered around the television, sipped champagne and watched the ball drop on Times Square.

“Aside from Richard almost killing someone when the cork popped, it was nice to not think about my condition for a little while,” Juliet said.

Juliet is surviving. At the end of February, she attended a conference in Philadelphia, hosted by a group called “Living Beyond Breast Cancer,” devoted to discussing the physical, social, emotional, legal and financial issues young women face after treatment.

“Until I came across their website I hadn’t really realized that surviving wasn’t a destination. This will be with me for the rest of my life,” Juliet said.

At the conference, Dr. Kathy Miller, who is associated with Indiana University and sees more cases of IBC than regular oncologists because she’s more involved with research and experimental treatments, addressed Juliet’s results specifically.

“Because the tissue removed from Juliet had no active cancer, it puts her in the 85th percentile for long-term survival, which means 10 years or more,” Dr. Miller said.

In early January, Juliet received more positive blood test results. They showed no sign of tracer cells, which are infected with dormant cancer and can spread. This is common with IBC because it infects the skin and is associated with the lymphatic system.

To be on the safe side, Dr. Van Poznak required Juliet to continue treatment, prescribing another four rounds of chemotherapy, followed by almost six weeks of daily radiation therapy. Afterward, Juliet will go to periodic check-ups for the rest of her life.

“Though I will be able to get back to a somewhat normal life, in the back of my mind I’ll always be thinking about that next check up,” Juliet said.

Settling into motherhood is a bit jarring too, Juliet admits. Because the past year was so hectic, she hadn’t found full-time day care for Katie for when she returns to work in June.

She's crossing her fingers about one place in particular called the Robin's Nest. She's especially fond of the curriculum and said that by the fourth year, they start teaching the children Spanish. Even more, it's associated with Phelps Hospital in Sleepy Hollow, just one town over from Tarrytown, where she will undergo her radiation therapy. Juliet said if the medical staff at the hospital trusts their children to be there, then it must be good.

"It's all so different now. It feels weird to think about the future being longer than a few weeks away," Juliet said. "I still don't want to jinx myself and get too excited, but it's nice to think about watching Katie grow."

As a present to each other this Christmas, Juliet and Richard plan to go back to the photographer who took Juliet's pictures back in November. They want a family portrait.

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