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Doctor, doctor: Susan Love

Susan Love is known throughout the world as the mother of breast cancer advocacy. The outspoken surgeon debunks the myth that lesbians are at greater risk.

By Sue Rochman

Dr. Susan Love didn't set out to become a breast specialist. But when she became a surgeon in the late 1970s, not only did men dominate the field, they often believed that women should operate only on other women. As a result, her male colleagues typically sent female patients her way, many of whom had breast problems.

Dr. Love saw an opportunity to make a difference, and she ran with it. Over the next 10 years, her controversial views about treating breast cancer and other breast problems garnered attention inside and outside the medical establishment. And when she published *Dr. Susan Love's Breast Book* in 1990, still widely referred to as "the bible for women with breast cancer," her reputation grew even more.

Today, Love serves as president and medical director of the Dr. Susan Love Research Foundation. Her goal is to develop a tool that could diagnose breast cancer so early it would find cells that, as she likes to say, "are just starting to think about becoming cancer." The foundation is located in Southern California, not far from the home she shares with her partner of 25 years, Helen Cooksey, and their 19-year-old daughter, Katie.

#### **Forty years ago, how were women who had been diagnosed with breast cancer treated?**

Back then, we didn't have mammography screening, so you would come in if you found a lump. You'd be scheduled for a surgical biopsy. If they found cancer, the doctor would perform a mastectomy. More often than not, the way you found out whether you had cancer—because the surgeon wasn't there and the nurses wouldn't tell you anything—was by looking at the clock. If you'd been in surgery for an hour, you'd had a biopsy. If it was three hours later, you'd had a mastectomy. And then when you left the hospital you wouldn't tell anyone what had happened because nobody talked about breast cancer.

#### **What triggered the breast cancer activism of the 1990s?**

In the late 1980s, there was a growing movement to make the biopsy and the mastectomy two separate procedures. My book came out in 1990. Women loved it, but doctors hated it, because the doctor was supposed to control all of the information and I was telling women all of our secrets. This was also the time when the AIDS movement was politicizing HIV. Women quickly realized that breast cancer—how it was treated, funding for research and treatment—was political as well. That's how I began working with breast cancer survivors to cofound the first grassroots breast cancer advocacy organization, the National Breast Cancer Coalition.

#### **How is breast cancer treated today?**

Now it's much more likely that you'd have a biopsy because something is seen on a mammogram. After you'd get your biopsy results, you'd see a surgeon, who would talk to you about your options --lumpectomy with radiation or mastectomy. We wouldn't take out lymph nodes unless it was necessary. After your tumor was removed, the surgeon would have it tested to see what type of treatments it would respond to,

and then talk to you again about your options—chemotherapy, hormone therapy, Herceptin. You'd also probably get a second opinion, read lots of books, join a support group, or get involved in fighting for more research funding.

#### **What will the field be like 20 years from now?**

Once a year you will do a breast exam at home. You will put a special type of bandage on each nipple. Then, you'll massage each breast to release a drop of fluid onto the bandage. If the bandage turns blue, you will go to see your doctor, who will take more fluid out of your nipple to determine which specific breast duct is abnormal. The doctor will then squirt a treatment down that abnormal duct, and you'll be back to normal.

#### **How can women reduce their breast cancer risk?**

Exercise—working out and not being overweight—appears to reduce risk. Be careful not to get unnecessary radiation from X-rays. Eat a diet that includes a lot of fiber and is low in animal fat. And don't use hormones to treat menopausal symptoms for more than three to five years.

#### **What's one of the most stubborn myths about breast cancer?**

That lesbians are at higher risk. Studies have identified some of the factors that increase breast cancer risk, and anyone, straight or gay, who has these risk factors—such as never getting pregnant, drinking more than one drink a day, being overweight, not going to the doctor regularly—is at higher risk. There is nothing about being a lesbian, per se, that puts you at higher risk.

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