

One brave mom and her fight against cancer.



When Henda Salmeron began rowing for exercise, she anticipated a leaner body, reduced stress, and lower blood pressure. She now credits it with helping save her life, in a way she never expected.

“I lost 20 pounds, plus body fat, rowing,” says Henda, 43, a senior vice president and top producer with Ellen Terry, Realtors in Dallas. “That’s how I was able to feel the lump.”

That she was even self-examining her breasts was an anomaly. She never had until this past spring, after starting a self-tanning procedure using a cream. Keeping the color longer necessitated her moisturizing her body twice a day. She was merely following instructions, not looking for lumps. Why would she have been? Six months earlier, her yearly mammogram had come back clear, as always.

Initially, the lump in her right breast didn’t worry Henda, who’s married and the mother of a 10-year-old son and an 8-year-old daughter. But at her mother-in-law’s urging, she had the lump checked out. And on Sunday morning, June 7, her life took a most unexpected turn: Her gynecologist and close friend called with the biopsy report. She had a malignant 1.5-centimeter tumor.

“I felt like I was in an episode of *The Twilight Zone*,” she says. “I could not believe it. I was on my way to meet with buyers to write a contract, so 30 minutes later I had to pretend that nothing had happened. After that I attended my daughter’s ballet recital as if nothing had happened. It was a strange day.”

Seeking help from an oncologist

Henda managed to get an appointment the very next day with Roshni Rao, M.D., of UT Southwestern Medical Center’s Harold C. Simmons Comprehensive Cancer Center. An assistant professor of surgical oncology, Dr. Rao’s clinical interests include the treatment of locally advanced and metastatic breast cancer, as well as the effects of exercise on tumors. She has done research on exploring ethnic differences in breast cancer and evaluating reconstruction deci-

sions made by women. Dr. Rao had treated one of Henda's close friends, who recommended she seek treatment from her.

"After I did my own research on her I was happy with her credentials," she says. "The fact that she is a woman and somewhat close in age to me also weighed very heavy, as well as my being comfortable with her."

Dr. Rao recommended a sonogram and an MRI that afternoon. The next day Henda learned the tumor wasn't 1.5 centimeters. It was 4 centimeters and invasive; she needed chemotherapy right away. "I felt my world had collapsed. I called five friends on the way home from the hospital, hysterical and screaming," she says. "I was blind with anger because I did what I was supposed to, but the mammogram had not picked this up."

Learning more of the facts

Like many women, Henda thought mammograms were foolproof. But she has dense breast tissue, a phrase she had never heard before Dr. Rao explained it to her: "Mammograms are pretty good at picking up 85 percent of cancers, but they do miss 15 to 20 percent," says Dr. Rao.

"They're more likely to miss it in women younger than 50, and more likely if you have this dense breast tissue."

Younger women, she explains, tend to have more tissue than fat in their breasts. As women age, their breasts become fattier — and fat shows up as black on a mammogram, making tumors easier to see. Dense breast tissue, however, shows up white, the same color as tumors. As Henda says, "It would be like trying to find a polar bear cub in snow." Two days after Henda learned that the cancer was invasive, her diagnosis took a more positive turn. A radiologist called and explained that the biopsy contradicted the MRI: The cancer was noninvasive ductal carcinoma in-situ, or DCIS. Still, the lump needed to be removed, and Dr. Rao discussed two options with her: mastectomy or lumpectomy. Henda chose the latter, less-invasive one. "For me, lumpectomy was as drastic as I wanted to go," she says.

Prepping for surgery

Henda's surgery was June 19. "I had the most amazing support system," she recalls. "My anesthesiologist personally put in the IV. My friend Dee Simmons held my hand and walked next to me to the operating room, and then Dr. Rao took over. I felt like I was surrounded by the most caring and wonderful doctors, and it helped me not to be scared." After saying that, Henda pauses, thinks for a moment, and then says "scared" is not the right word. "I'm like a good soldier—when you have to go to war, you do what you have to do and get it over with. I don't allow fear to linger too long inside me — it serves little purpose and undermines my focus and strength." After surgery, she now takes Tamoxifen, and she started a standard form of radiation on Aug. 17.

After the lumpectomy

Breast cancer has hardly slowed this courageous woman. She resumed work at Ellen Terry almost immediately after surgery, and she has since been hiking in Peru. "What has been the hardest for me of all this," she says, "is realizing I can't manage everything. I'm a control freak, and this is bigger than a breadbox." To feel more in control, she has started a crusade to get the word out about dense breast tissue, launching a Web site — densebreasttissue.net — to raise awareness. She wants laws passed in every state similar to one in Connecticut that makes it

mandatory for women to know whether they have dense breast tissue. The crusading helps, but Henda still has her down moments and sleepless nights. “Cancer is so overwhelming,” she says. “It’s human nature to feel depressed and sorry for yourself. But that’s the worst you can do. I tell myself, ‘Stop. Stop. Stop it. You can’t go there. It does nobody any good.’ ”

Late-night e-mails

Through her diagnosis and treatment, she has been grateful for the support of family, friends, and her UT Southwestern doctors. She has e-mailed questions to Dr. Rao at 3 a.m. and received answers the next morning, using UT Southwestern’s online MyChart system. “She was even on vacation when she called me with some test results. I feel that she really cares about her patients.”

Henda is lucky, Dr. Rao echoes. “She happened to feel the lump. It would have been another six months or so before she was due for another mammogram, which might or might not have caught it. “She’s had no problem at all with surgery, and recovered very nicely. She’s going to do great. Her survival rate is 99 percent; it’s excellent.”

Patients can rely on a team of UT Southwestern Center for Breast Care physicians and medical professionals to provide comprehensive, seamless care. Our goal is to see patients immediately, in many cases on the same day as an initial call. For information, visit utsouthwestern.org, or call 214-645-8300

[Dr. Roshni Rao](#) is an Assistant Professor of Surgery at UT Southwestern. A graduate of the University of Missouri–Columbia School of Medicine, Dr. Rao completed her general residency at Baystate Medical Center—the Western Campus of Tufts University, in Springfield, Massachusetts. She completed a fellowship in breast surgical oncology at the University of Texas M.D. Anderson Cancer Center. Dr. Rao’s research interests include surgical treatment for metastatic breast cancer, treatment of locally advanced breast cancer, and breast cancer in American ethnic populations.