Early Detection Helped Sandra Nielsen Through Her Breast Cancer Journey

Nielsen had a lumpectomy at the Colorado University Department of Surgery.

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The MRI was just a precaution.

Sandra Nielsen's latest mammogram was normal, but because she had a few elevated risk factors — family history of breast cancer, age approaching 50, no children — her doctor recommended a breast MRI just to make sure there was nothing lurking below the surface.

It turned out to be a test that may have saved her life.

"My provider suggested that I do the MRI as a baseline," says Nielsen, who lives in Boulder with her husband and their Airedale Terrier, Figaro. "There was no cause for concern, but she said, 'It would be great to get a baseline about six months or so after your mammogram.' I put it off a little bit, and then a good friend of mine was diagnosed with breast cancer. I received a reminder letter about the MRI around the same time, and it was the start of the new year, so I said, 'OK, let's go ahead and schedule this.'"

When Nielsen got the MRI in January 2024, it showed a small tumor in her breast.

"It came as a shock, because this was just a precaution and a baseline screening," she says. "There was no reason to be concerned. The attitude was, 'You're fine. You're young, you're healthy. There's nothing on your mammogram, and we don't feel anything in your breasts.' Unfortunately, this is a common experience, and it's happening more frequently in younger women. We all know at least one woman, if not several, who has battled breast cancer.

"I kept reminding myself that they caught it early and that the survival rates are excellent due to early diagnosis."

Early detection is key

The better survival rates that come from early detection are largely because the cancer has not yet spread to other sites in the body, says Sarah Tevis, MD, associate professor of surgical

oncology in the University of Colorado Department of Surgery. Tevis notes that because of Nielsen's risk factors, she was seen in the high-risk breast cancer clinic at the CU Cancer Center, where doctors and other medical staff have calculators they use to input factors such as family history, personal history, and date of diagnosis to compute percentage lifetime risk of developing breast cancer.

"We consider our patients to be high risk if that number is over 20%, and we discuss high-risk screening for those individuals, which is a mammogram and an MRI annually," Tevis says. "Annual screening helps us identify breast cancers early, before they can grow and spread to other places. The earlier we identify breast cancer, the less we need to do to treat it."

Surgery followed by chemo

In Nielsen's case, that treatment involved a biopsy to confirm the diagnosis, then a lumpectomy — a surgery to remove only the tumor and surrounding tissue, not the entire breast — with providers at the CU Department of Surgery. That was followed by a 12-week course of chemotherapy to eradicate any remaining microscopic cancer cells. Nielsen had heard horror stories about chemo, but she found the treatment was tolerable.

"They've made such great progress over the years, and they really have dialed in how to manage side effects," she says. "From the premeds, to the recommended over-the-counter supplies, to the constant communication of, 'This is how I'm feeling, and what I'm experiencing,' the team quickly recommends options to manage the side effects. Going into it, I thought it was going to be absolutely horrible, but it was very manageable with fewer challenges than I had expected."

The journey continues

After chemo, Nielsen underwent three weeks of radiation therapy. She is now getting infusions of a targeted therapy drug, trastuzumab (Herceptin) every three weeks, and is taking estrogen blockers daily to help prevent the cancer from returning. The entire experience, she says, has put her life in sharper focus.

"You realize how fragile life is, and how things can change in an instant," she says. "I never imagined this would be my journey this year. Turning 50 was supposed to be a milestone, but instead, I found myself celebrating the end of chemo. It shows you that you're not invincible, and things can change so quickly. But I'm thankful for the care I've received through my entire cancer treatment, and I'm thankful to be here in Boulder and in Colorado. An experience like this truly deepens your appreciation for prevention and the incredible advancements in medicine."

And what's her message to other women about the importance of detecting cancer early?

"Listen to your provider's advice. Even if you don't feel anything or suspect anything, by doing that additional test, they might be able to find something. Catching things early is very important

because your success rate and the life expectancy is so much higher."

It's also important to stay current on mammograms and annual exams, Nielsen says, and if a cancer is discovered, keep in mind that treatments are always improving.

"If someone does get the news that they have breast cancer, it's not a death sentence anymore," she says. "You have to remain positive, do your research, consider all the treatment options, and not be frightened of the stigma around certain treatment options. It's all about how you can increase your survival rate. The side effects pass, so do everything you can to rid your body of it and come out the other side."

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