A “Warrior Queen” With Metastatic Breast Cancer Takes Charge of Her Life

Nediva Monroe thought she had her cancer battle won. Then it became a war, with a University of Colorado expert fighting by her side.

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Nediva Monroe has just returned from Spain, a trip with her mother, sister, and brother-in-law to visit her niece. It was her first trip abroad after getting her passport two years ago.

“The diagnosis has definitely sent me into living life now,” she says.

It’s a life that might have ended years ago. In April 2014, Monroe, then just 33, was diagnosed with stage 1 breast cancer. Not quite five years later, as she; her husband, Mark; and their three sons Ajaree, Alante, and Avren prepared to celebrate her milestone of being cancer free, Monroe got shattering news: She now had stage 4 metastatic breast cancer. She put the celebration on hold.

“I was planning a party, and instead I was devastated,” Monroe says. “I got thrown back into scans and biopsies.”

As recently as 2000, people with metastatic breast cancer survived an average of 1.9 years after diagnosis. But today, recent research breakthroughs leading to better treatments — along with the care of a team led by University of Colorado Cancer Center breast cancer expert Virginia Borges, MD, MMSc – have helped Monroe reach and surpass her second five-year survival milestone in late 2024.

‘Truly amazing’

Now, at age 44, Monroe — a financial analyst with two of her sons in college and the youngest entering high school — is daring to look forward. She knows there is no cure. But with her cancer under control, she is living with hope.

“With the second diagnosis, I thought, OK, this is not going away, and I have to figure out a way to live with it, a way that I can still find peace and joy despite such a traumatic diagnosis,” she says.

And she has not been content to let her medical team do all the work. Monroe, a self-described

“warrior queen,” has put herself on a holistic wellness discipline — focusing on diet, exercise, and mindfulness — to give herself the best chance of extending her survival. Now she calls herself a 10-year breast cancer survivor and a five-year metastatic breast cancer thriver.

Borges calls Monroe “truly amazing” and “a delight.” Borges – a member of the inaugural class of the CU Department of Medicine’s Clinical Excellence Society and deputy head of the CU Division of Medical Oncology — has been Monroe’s oncologist for a decade.

“No one’s life is normal when you get a diagnosis like this,” Borges says. “But Nediva is a stunning example of someone who is living with it in one of the best ways possible. Yes, it’s a part of her life. There’s the constant possibility that the situation could change. But in the meantime, she’s not letting that overwhelm her. She’s not letting that distract her from who she can be, from what she has control over in a world where control has been removed. She does what she needs to do to survive, to raise her kids, and to be there for her family. She leans in on that in a way that’s very impressive.”

→ More stories about breast cancer from the CU Cancer Center

Young-onset breast cancer

Even before her first diagnosis 11 years ago, Monroe was no stranger to breast cancer, which had taken the life of her father’s sister. “She was 27 when she was diagnosed and she died at 44,” Monroe says. “So I also knew you could be younger and have breast cancer.”

Breast cancer is the leading cancer diagnosed in women in the United States and worldwide and the No. 2 cause of cancer death in women (after lung cancer), with nearly 317,000 new breast cancer diagnoses projected this year in the U.S. and more than 42,000 deaths, according to the American Cancer Society (ACS). And while the median age at the time of breast cancer diagnosis is 62, breast cancer incidence among women younger than 50 has been rising by an average of 1.4% annually in recent years, the ACS says.

“We anticipate there will be 36,000 women under the age of 45 diagnosed with breast cancer in the U.S. alone this year,” Borges says. “So it’s not rare. We understand some of the reasons for that but not all of them.”

Young-onset breast cancer has been a research focus for Borges, who has led the CU Cancer Center’s Young Women’s Breast Cancer Translational Program for 21 years. In particular, she has been exploring why women who are diagnosed with breast cancer under age 45, and especially under age 35, often do not fare as well as a woman diagnosed at a later age, and why postpartum breast cancers diagnosed within 10 years of giving birth are more likely to metastasize and less likely to respond to treatment.

→ Virginia Borges, MD, on What’s Driving the Growing Number of Breast Cancer Cases in Young Women

A first diagnosis

The year 2014 was a grim one for Monroe and her family. In January, when she was six months pregnant with boy and girl twins, she lost the babies.

In April, she went to see her doctor about what she thought was a clogged milk duct causing a lump in her right breast. Instead she learned she had stage 1 invasive ductal carcinoma, in which cancer cells that develop in the milk ducts invade nearby breast tissue. It's the most common type of breast cancer.

"I was just coming off the loss of my twins, so my hormones were really high, and the doctors were thinking that may have contributed to the tumor growing," Monroe says.

She was a mother of three, the youngest just a toddler.

"My sister is a nurse, and she helped me find the best oncologist, who was Dr. Borges," Monroe says. "She specifically treats and does research on women with breast cancer under the age of 40, so it was amazing that I found her."

Over the next several months, Monroe underwent 16 rounds of chemotherapy. Then, she chose to have a double mastectomy, hoping it would increase the likelihood of her cancer not returning. She also was placed on tamoxifen, a drug that blocks estrogen from fueling the growth of cancer cells.

A double mastectomy following a breast cancer diagnosis "is a decision I see frequently in my young women, particularly my young moms, whether they are identified as having a gene that puts them at increased risk for another breast cancer or not," says Borges, who provides care at the CU Cancer Center's clinical partner UCHealth. "The most common reason they tell me is, 'I don't want to go through that again. Also, in a city like Denver, we have a lot of fantastic plastic surgeons if women choose to undergo reconstruction."

Around Thanksgiving in 2019, as Monroe approached the five-year mark since her diagnosis, Monroe was hit with stunning news: Blood work showed her breast cancer had returned, and had spread to her right clavicle, a rib, and her left hip.

"Dr. Borges was on vacation, but she stopped to call me late at night and talked me through what the next steps would be," Monroe says. "She didn't want my mind wandering until she got back into town."

Her cancer battle was now a war, and Monroe teamed up with her doctors in the fight.

Coping with scan-ziety

Borges and her team used a multi-pronged approach to attack Monroe's cancer, including CDK4/6

inhibitor therapy, approved for use just a few years earlier as a treatment for certain types of hormone receptor-positive metastatic breast cancer. The therapy inhibits enzymes that help cancer cells to proliferate. Also, Monroe's three tumor sites were targeted with radiation, and she was placed on new estrogen blockers.

"That's where Dr. Borges' expertise came through for me," Monroes says. "I do believe in research. I believe in God, too, but research is so important, and having an oncologist who does that made me feel like I was in good hands as far as how to move forward. I knew she was not going to throw me into anything that wasn't for the benefit of me."

Since then, it's been a routine of pills and injections, blood work every few months, and body scans twice a year.

"There are times when it's hard," she says. "It's not a breeze. There are side effects and challenges. Things like painful joints, stiff joints, osteoporosis, brain fog. And it's scan, treat, repeat. When a scan is coming up, I do get 'scan-ziety.' Do I have progression, or is the medicine still working?"

'Exercise, exercise, exercise'

Not long after her second diagnosis, Monroe began to look at what she could do take control of her wellness.

"I believe in helping myself, instead of depending entirely on medicine and research," she says. "I felt like there were little things I could do for myself, which ultimately aren't really little. They're huge."

Monroe switched to a mostly plant-based diet, began going on long walks and working out in a home exercise room, and found paths to mindfulness that help her deal with her cancer and the grief over the twins she lost. She has lost 50 pounds. "I haven't been perfect, but I did start making changes, and I'm very proud of myself," she says.

Says Borges: "When it comes to prevention, an early diagnosis, metastatic disease, the top things we should all be doing is exercise, exercise, exercise. Nediva has embraced that. She has modified her lifestyle to become this incredibly fit person, and there is no doubt that contributes to her wellness, to the benefit from the medications she's receiving, and the durability of the control we've been able to achieve for her cancer."

→ Learn about the CU Cancer Center's BfitBwell Exercise Program for cancer survivors

After more than five years since Monroe's second diagnosis, there is no evidence of active cancer. This time, the party came off as planned – only it was a 10-year celebration, held with friends last December.

Guidance for young women

Borges says that with each passing year, hope grows for patients like Monroe, thanks to research.

“We put a lot of research work into young onset and postpartum breast cancer, and we’re making an effort to expand the number of women we are inviting to participate in our research,” Borges says. “They’re letting me have their data and samples of their cancer so we can do lab study and find answers to our questions: Why do their cancers behave the way they do? What can we do about it? We’re also expanding to include a broader spectrum of women at risk across races and backgrounds.”

Borges says that younger women with “a strong family history” of breast cancer — meaning breast cancer diagnosed in a close relative, especially if they were young, or diagnosed in multiple family members at any age — should talk to their primary care team. “There are tools available to figure out their risk for a breast cancer diagnosis. Based on their individual risk, we can ask them to start their mammograms early and add in other screening tests. They can also consider genetic testing to see if they inherited an altered form of one of the known genes that can lead to breast cancer at a young age. They can ask their primary care provider for a referral to our high-risk clinic, and get the best personalized recommendation.”

Borges also advises young women to be aware of their bodies and seek medical attention if they notice changes. “People need to be comfortable knowing what their breasts feel like. If you’re sensing a change — a lump, a bump, the skin looks different, there’s pain in the armpit — there’s no reason not to get it checked out. Usually it won’t be breast cancer, but if it is, early detection can help you fare better.”

While she looks after herself, Monroe also has been helping her worried sons understand what she’s going through and to stay focused on school. “I always say, ‘I will let you know when you should worry.’ There’s been trauma in their lives, and this teaches them compassion for what people are going through.”

‘She’s my best chance’

Monroe now finds herself becoming a spokesperson for cancer survivorship, appearing on medical podcasts and being interviewed for articles about her journey. She’s even been approached about doing commercials for medications.

Monroe feels that as a Black woman with breast cancer, it’s especially important for her to be heard and seen. “I’ve been asked to talk on stage, and I get nervous about that, but I’m getting better about the idea of public speaking,” she says.

Breast cancer “is horrible, it rips people’s lives apart, it steals from families,” Monroe says. “I’m never grateful for this disease. But in going through this trauma, I took time to figure myself out

and make positive changes for my overall health, and it did take a second cancer diagnosis to push me into a healthier lifestyle and work on my mental wellness. There's positivity in being able to figure out how to live in the duality of such a traumatizing diagnosis."

Monroe says she's both hopeful and realistic about the future.

"I'm trying to extend my life and have more quality of life, because that's what's important to me — not how long I'm going to be here, but how well I live while I'm here. That's what motivates me to do more now, like go to Spain."

Of Borges, Monroe says with a laugh: "She's my girl. She's my best chance."

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