

1. *One Small Spot*

The call comes when John is away at a conference in New Orleans. Let's not linger on the thin light sifting into our bedroom as I fold laundry, the last leaves shivering on the willow oak outside—preparing to let go but not yet letting go. The heat chattering in the vent. The dog working a spot on her leg. The new year hanging in the air like a question mark. The phone buzzing on the bed.

It's almost noon. Out at the school, the kids must be lining up for recess, their fingers tunneling into their gloves like explorers.

Cancer in the breast, the doctor from the biopsy says. *One small spot*. One small spot. I repeat it to John, who steps out of a break-out session when he sees my text. I repeat it to my mom, who says, "You've got to be kidding me. Not you, already."

I repeat it to my dad who shows up at my house with chicken soup. I repeat it to my best friend, Tita, and she repeats it to me as we sit on the couch obsessing over all twenty words of the phone conversation with the doctor. I repeat it brushing my teeth, in the carpool line, unclasping my bra, falling asleep, walking the aisles of the grocery store, walking on the greenway, lying in the cramped, clanky cave of the MRI machine while they take a closer look. *One small spot*.

It becomes a chant, a rallying cry. One small spot is fixable.

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One small spot is a year of your life. No one dies from one small spot.

“Oh, breast cancer,” I remember my great-aunt saying before she died at age ninety-three of heart failure. “That’s something I did in the 1970s.”

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2. *World of Trouble*

Several weeks before the call, a warm night: John and I sit on the front porch with glasses of whiskey and let the sun set in our eyes—bathing us and the whole world in orange as it sinks below the neighbor’s roofline across the street where he’s out on his swing—the retired professor who can no longer remember his dog’s name. His wife flickers at the kitchen window, and he nods toward us. The only sky he sees is the dark that’s coming.

A world of trouble is what I told our kids to expect if they left their beds to follow us out here.

3. *The Punnett Square*

“My paternal grandfather had breast cancer.”

That tends to make whoever is charting my medical history look up. “He had a radical mastectomy in the 1970s. And his sister had it, too—she died in her fifties. And one of his nieces. And his daughter—my aunt.”

I’m sitting in the genetic counselor’s office as she madly sketches out my family tree on a sheet of paper. There are squares and circles, the cancer victims marked with X’s. Lots of X’s.

On my mom’s side: cancer in both her parents, although not breast. An early melanoma in her sister. And less than six months after this conversation, my mom herself will be dead from a blood cancer called multiple myeloma.

As the genetic counselor is drawing the diagrams, I am remembering a similar one from seventh-grade science class, the Punnett square: almost fortune-teller-like, better than Ouija boards and those folded-up cootie-catchers—when the grown-up self is almost equally conceivable and impossible. Pick any boy in the class, and you could predict the likelihood that you and he would have kids with brown eyes or hair on their toes and fingers. Or—as the genetic counselor’s diagram seems to suggest—cancer.

According to the Punnett square, two kids at my table, Mike Henninger and Christina Stapleton, had a 100 percent chance of having a blue-eyed baby. This thrilled seventh-grade me: Some-

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thing about the future was settled, then. A certainty—if Christina and Mike fall in love. And want a child. And Christina is able to get pregnant. And the baby arrives safely into the world.

On my dad's side: His older sister has the breast cancer mutation BRCA2. She was the first of us to be tested, after her diagnosis in the 1990s. Her daughter, who has not had cancer, also has the mutation. And so does at least one of my dad's three living brothers.

But it turns out I do not have it. I have just been diagnosed with breast cancer at age thirty-seven, but I do not have the breast cancer mutation.

"I'm going to send you a study I found," the genetic counselor tells me. "You might be interested in the findings, given your situation."

Researchers have discovered that in families where there is an identified breast-cancer-gene mutation such as BRCA1 or BRCA2, even family members without the mutation are at a greater risk for developing the disease.

"All this likely means is that there are some genes we have not successfully mapped yet," the counselor says. "We are seeing part of the picture, but not all of it."

We are certain only that there is so much of which we are not certain.

As far as we know now, genetics accounts for only about 11 percent of all breast cancers. Which leaves 89 percent hurtling randomly toward us through outer space.

My grandfather, the one with breast cancer, died when I was seven, two years after my grandmother. Cancer, both of them—his

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maybe metastasized from the breast, maybe something else. We can't be sure—it was the early 1980s.

“Did you ever see his scars,” asks one of my uncles after my diagnosis, “from the mastectomy?”

Once I did, although at the time I thought they were from a war. It was summer. I was five or six years old and we were down on the rocky beach below our family summer house on Cape Cod, where my grandmother's horse, Sachem, had caught a leg between two large rocks, snapped it with the force of his own heaving and had to be shot. The horse's body was too immense to move, and everyone was sweating from the work of covering him with a mound of rocks piled taller than me.

My grandfather's body was lean and muscled and rigid—the familiar family physique—but his bare chest was another planet: distorted, twisted with scar tissue, hollowed out to the rib cage like a wooden-hulled skiff.

Grown-ups are full of surprises, I remember thinking. *Who could ever possibly imagine what it is to be one?*

Years later, farther down the beach where the bluff curls to a weedy cove, some of Sachem's bones eventually returned to us—bleached, worn, and so massive at first I imagined they belonged to a prehistoric beast. Now one is kept on the table near the mantel, next to the angry jaw of a bluefish, the slough of a king snake, a brittle helix of thousands of conch eggs and two wooden plaques carved with my grandparents' dates.

Some things are meant to return to us again and again.

4. Nothing Good

“I don’t think I can tell the boys until I can get my head around it myself,” I say to my mom the day after the diagnosis. Freddy has just turned eight, and Benny is five.

“Okay,” she says, “but just know that no time is going to be the perfect time.”

Eight years earlier, when my mom called me from the doctor’s office after her diagnosis of multiple myeloma, I was sitting on the edge of my bed, nursing the baby. He was two weeks old.

“Goddammit, I am so furious that this is happening,” I remember her saying.

I didn’t cry. I told her not to worry, to focus on driving home safely, and that I would call my brother, Charlie, who was away at college. But when it was time for me to be the bearer of the news, I could hardly speak.

“What are you trying to say?” Charlie kept asking.

“Nothing good,” was the best I could do.

Thankfully, he got it with only a few questions. I didn’t move from the edge of the bed for a long time. My baby was milk-drunk in my lap, and his onesie was soaked through.

5. *www.heyinariggseverythingisgoingtobeok.com*

The kids are out of school the Monday after my diagnosis, so John takes the day off to try to keep them out of the house while I get my head around it. I lie on my back in bed, imagining being a sick person. *What do sick people think about? How do you know when you start to be a sick person?*

I'm also wondering about this unfamiliar calm that has settled over me in the last several days—ever since the doctor on the phone spoke the word *cancer*. At the same time as I have watched the terror build in John's eyes, I have felt somehow relieved. *It has happened*, I keep thinking. *The terrible thing. This is what the terrible thing feels like*. Somehow, a lovely space has opened up inside my chest, a little, deep pool in the thickest woods.

An earlier version of me—even me from a week ago—is already googling my way to a PhD on breast cancer death rates. Over the past decade I have earned my Google PhD in at least a hundred catastrophic topics—usually fates that could befall my poor children: chance of death by undetected rabies bite, chance of death by green-tinged diarrhea, chance of death by large ear lobes, chance of death due to eating playground mulch, chance of death due to an unnatural passion for ceiling fans and kitty cats.

I remember once reading that ovarian cancer very often went undetected because patients did not have any obvious symptoms

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early on. *I also have no obvious symptoms*, I was able to deduce, *so clearly I have ovarian cancer.*

John shakes his head: “You’re amazingly crazy,” he says. “You know—for not being crazy.” Since I was a little girl, I have planned an escape route whenever I sleep in a bed that isn’t my own. John doesn’t worry about anything until the rooms are full of smoke and someone is shaking him and flames are licking under the door: *Okay fine, maybe we should call 911.*

Darkest confession: One time, alone with the baby for too many hours—the day already dark, John still at the office—I knowingly let nine-month-old Freddy repeatedly suck on the power cord to my laptop—he giggled and whined simultaneously each time it zapped his tongue—so that I could have a spare second to scour the Internet for something that would tell me the likelihood of a healthy, verbally precocious nine-month-old developing autism.

A couple years back, when a therapist helped me realize through a series of exercises that the only thing that would satisfy me on the Internet was a website that explicitly said: “Freddy and Benny are going to be just fine. So are you and John,” I laughed out loud at myself. But it didn’t really stop me from seeing disaster at every corner, or checking from time to time to make sure the magical website did not in fact exist.

“You’re holding on so tight,” that therapist told me. “You think you will be obliterated if anything bad ever happens.”

Now, lying in my bed, obliteration feels like peace, like drifting toward sleep. *This is the terrible thing.*

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Meanwhile, John and the kids go to the park, to Target, to the library. When they get home, John comes upstairs quietly and sits down on the end of the bed. "I need to talk to you," he says.

"Okay," I say.

"I really wish I didn't have to say this, so try not to freak out."

"Okay," I say again.

"I think Freddy has developed diabetes." John has been a type-one diabetic for nearly twenty years. They said it's not genetic. . . .

"Okay." I absolutely cannot think of one other thing to say.

"I noticed he was drinking a lot from the water fountain at the library, and it reminded me of when I was diagnosed. So I tested his blood sugar on my meter. It's off the charts."

"Okay."

"There's really nothing else it could be," he says.

With hardly any more words, I put my clothes on, and we pack up the car and call the pediatrician and head to the hospital. Freddy's eyes are scared and exhausted.

"It completely sucks," I say, pulling him against me as we walk out to the car. "But trust me: You're going to survive."

On the way to the hospital I get a call that my MRI results have come in. We stop by the Breast Center, part of the same complex. The woman at reception hands me the test results and a large pink tote bag. "Complimentary!" she says.

One small spot, the printout confirms. I can breathe again and then I can't as we walk onto the children's ward, the pink tote over my shoulder.

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Freddy is a great sport at the hospital, but he hates it when they put in the IV, which takes a number of sticks in his tiny hand, and he's not shy about letting the nurses know.

"I'm surprised you're okay with doing something so painful to a kid," he tries, incensed by the multiple attempts. And: "Are you sure you have actually put in an IV before?" And: "Isn't there some other patient you should be helping right now?"

The saintly nurse rolls her eyes, and John heads out to get Freddy some chicken wings and broth from his favorite Chinese restaurant—something with low carbohydrates that won't further elevate his blood sugar. While he's gone I call my mom.

"I know it's going to sound like I'm making this up," I say.

First I tell her the news from my MRI, then Freddy's diagnosis. They want to keep us here for three to four days—to get his blood sugar under control, stabilize his kidneys, teach us how to give him shots—even though John is already a pro.

Benny isn't allowed to stay on the ward because it's flu season, so John takes him home after dinner. We talk on the phone later that night.

"I really didn't want to tell you," John says. "In fact, I considered taking him straight to the hospital and telling you I'd decided to take the kids on an impromptu trip. It just seemed really important not to let you find out."

Freddy's asleep at last. I'm lying nearby on the foldout chair, lights off in the hospital room—just the flash of the heart monitor,

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sending out a steady code into the night like a lighthouse: *okay for now, okay for now, okay for now.*

“I’m so glad it was you who was on parent patrol,” I say. “I think it would have sailed past me. I kind of feel like I’ve had a lobotomy.”

“Oh yeah, I wasn’t going to tell you that part either, but I had them take care of that as well,” he says. “It seemed for the best.”

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