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Proud Purpose: Q&A with Joan Lunden



Joan Lunden shares her personal perspective on how a cancer diagnosis has propelled her to become an advocate for cancer survivors and to recommit to health and wellness in her own life.

As an award-winning journalist and bestselling author, Joan Lunden has shared her insight and energy with viewers and readers for more than 30 years. In a television career that included nearly 20 years as co-host of *Good Morning America*, Joan reported breaking news and in-depth stories from around the world and close to home as she empowered viewers with information and inspiration. As an author she has shared her passion for health and wellness, family, and lifestyle topics—always with an authenticity and compassion—in 10 books.

In June 2014, Joan was diagnosed with triple-negative breast cancer, an aggressive form of the disease requiring intensive treatment. She shared the diagnosis and subsequent journey publicly, committed to using her experience to help other women facing a diagnosis, and she authored a memoir of the journey: *Had I Known: A Memoir of Survival* (Harper, 2015).

Joan recently spoke with Amy Gibson, Emmy Award-winning actor, hair-loss expert, and creator of the Cancer HairCARE Center for CancerConnect.com, to share her story. The following interview shines a

light on the challenges and changes Joan faced in the wake of the diagnosis, as well as the lasting lessons of the journey.

AMY GIBSON (AG): You have empowered so many women over the years and have given so many women hope—especially with *Had I Known*. Can you tell me about the title?

JOAN LUNDEN (JL): Thank you. I was having a conversation with my co-author [Laura Morton] as we discussed the book, and I kept saying, “Had I known that only 10 percent of women diagnosed with breast cancer had a family history, I wouldn’t have felt so immune—just because I didn’t have a family history.” After about the fourth or fifth time I used that phrase, my co-author said, “Well, there’s your title.”

AG: That really is true, isn’t it? As a specialist in cancer hair loss, I often ask my clients, “Is there a family history of breast cancer?” And over and over, they say, “No, no family history.” What’s going on?

JL: Too many of us—myself included, and I have interviewed so many experts and patients—fall prey to this myth of family history. But it truly is only 10 percent of breast cancers that are hereditary. We think that because breast cancer isn’t in our family history, it’s some other woman’s problem. I really never thought I was going to be affected by it. And that’s dangerous because it renders you nonchalant.

AG: Without a family history, without any notion that you had cancer in store, you were diagnosed through an ultrasound following a routine mammogram. What were your first thoughts when you heard, “You have cancer”?

JL: Honestly, when I first sat across from the breast surgeon— who had just been delivered the results of my biopsy—and was told I had triple-negative breast cancer and that I would have to have aggressive chemotherapy, my first question was, “You mean I’m going to lose my hair?”

That was the first thought. From there I was consumed with the fact that I had all these choices to make—life and death choices: *Which doctor should I choose? Which one will help save my life? Which course of treatment should I go with? Which one will give me the best chance of survival?*

It’s overwhelming, this set of choices. And as you go down this path of the battle with cancer, you are continually confronted with choices and with the realization that as the patient you have to make the decision; it’s really scary.

AG: So how did you navigate that? How did you choose treatment?

JL: I went to two different doctors and got two different opinions: One recommended the standard approach to care, which would consist of surgery followed by chemotherapy and radiation. The second doctor I saw recommended neoadjuvant chemotherapy (chemotherapy delivered before surgery), which could potentially shrink—or eliminate—the tumors (I had two tumors, about an inch apart) ahead of surgery and therefore reduce the chance that I would need reconstructive surgery.

I considered the research and decided to go with the neoadjuvant approach. I received the chemotherapy drugs Taxol® [paclitaxel] and Paraplatin® [carboplatin] first; when they did an ultrasound after that phase of treatment, one tumor was gone completely, and the triple-negative tumor was reduced by about 90 percent. Then I underwent surgery. My surgery was difficult, but because the tumors were so reduced it was less extensive and I didn't have to have reconstruction. I went through additional dose-dense chemotherapy after surgery, followed by radiation.

AG: That kind of treatment can be intense and can bring on side effects. What side effects did you experience, and how did you cope?

JL: I was really lucky. I had minimal side effects. I did lose my hair, but I had decided that I would shave my head before my hair fell out, and I did that. I wanted that power. I had a wig made right away before I started treatment; then, soon after I started treatment, I walked into a salon and had someone shave my head. Then I put the wig right on and went about my day. I did errands—picked up some glasses and had my nails done—and I kept expecting people to notice, but nobody did. I thought, *The hair part really isn't so bad*. I adapted pretty quickly.

I had also been told that mouth sores were a possibility because the chemotherapy targets all rapidly reproducing cells—including the cells in your mouth. Someone told me to keep ice chips in my mouth for five minutes before the chemo drug was pushed through the IV [intravenous line] and for five minutes after, which constricts the blood vessels, and that helped a lot.

I worked with a nutritionist too, and I cut out wheat, sugar, and dairy—I ate really clean, whole foods. And I think that really helped. I didn't have nausea or any real stomach upset. You think it will be hard to make those changes, but it's really just about trade-offs, swapping out some foods for others.

AG: You've always been a public persona, but what made you go public with your cancer journey?

JL: Thirty-five years ago I got a call in my newsroom. It was my agent telling me I had been offered the role of co-host of *Good Morning America*. And literally 30 minutes later, I got a call from my gynecologist, telling me I was pregnant with my first child. Both were wonderful, but did they have to happen at the same time? But what are you going to do? What you're going to do is say yes and just put one foot in front of the other and do it. And I did.

After my first show as co-host, we did a press conference, and the first person who stands up—a reporter from *Time* magazine—says, “We understand you're bringing a baby to work and that you have it in your contract that you can bring your baby to work.” And the next question, from *Newsweek*, was about the same thing: about my on-air pregnancy and my role as a working mother. These were topics that, before then, had really not been discussed publicly.

Long story short, I had already gone down that path—I had already spoken publicly about that which was supposed to remain private. I had already broken through that barrier. So when it came time to share my cancer story, I knew that it was important to have this open dialogue.

I also knew that, by virtue of being on the air, of being public for 30 years, I had a mountain to stand on top of—a ready platform to inform and empower women and give them hope. That role has been incredibly fulfilling; it has shown me I have a purpose on this earth, which is so resoundingly obvious to me now.

On a very personal note, sharing my experience has also allowed me to follow in the steps of my dad, a cancer surgeon, whom I always wanted to emulate. I had always felt like a tad bit of failure because I had not lived up to my early dream of becoming a doctor. I had always wondered, in the back of my mind, *Why didn't I work a little harder in college and go through medical school and become a doctor?* This diagnosis presented an opportunity to remedy that, in a sense. It said: *Here you go: You want to help save lives? Step over here.*

AG: We always wonder what our journey is about, but you were really offered the opportunity to find purpose, weren't you?

JL: I talked to a woman recently who is 32 years old, raising two young kids on her own and working, and was just diagnosed with breast cancer. She said to me, “I remember sitting there and being told I would have to have a double mastectomy and chemo, and the first thing that came to my mind was the picture of you on the cover of *People* magazine—bald. And I remembered the smile on your face. The memory of that smile made me register that this was not the most horrible thing; if you could smile like that, I was going to make it through.”

I don't need any further reason than that to continue making my cancer journey public.

AG: You clearly had tremendous public support, but whom did you turn to in your private life?

JL: Definitely my husband. I'm really lucky to have an amazing partner in life. Admittedly, as a type A, I have a hard time asking for and accepting help. I had a really hard time getting over that through treatment. I would always say, “You don't have to go with me”—especially with radiation. But my husband would always say, “No, we're both going through this, and you are not going to go by yourself.” Between my husband and my three older daughters, who are in their twenties and thirties, I really had it good. There are a lot of women who don't have that circle of support, and I always think of them and how hard it is for them to go through this.

AG: You've been very candid about the fact that being declared cancer-free has not provided the closure that you expected. How so?

JL: As I neared the end of treatment, I had an expectation that I would feel a sense of relief, that I wouldn't have a worry in the world. But my oncology nurses tipped me off that it might not be that easy. They told me that even though a lot of people celebrate the end of treatment, it can be an emotional

roller coaster because when you leave here, you don't have the consistent testing and reassurance of regular medical care. That abrupt end can be hard.

And it was. I went in that last day and came completely unglued: It's like someone pushes you off a cliff and tells you, "Don't worry, you can fly." And you think, *How do I know I'm okay?*

When you're going through it, someone is taking care of you every couple of weeks—all these medical people making sure you're okay. And there's a lot of solace in that. Once you walk out that door, it's just you and that voice in your head. And you wake up with a headache and you wonder, *Do I have brain cancer?* Or you wake up with a sore elbow and you wonder if you have bone cancer. I had heard so many stories of recurrence, and walking out and not worrying again was not an option.

AG: How do you manage that anxiety?

JL: I have to admit that I fight with that inner voice, that voice that says *I know there's something in there that can come and get you*. But you can't go there. You can't keep worrying about dying when you're still alive. As long as you're still alive, you have to worry about living. If cancer—or anything else—comes along, you'll fight it with everything you have, but until then you have to focus on living. If you focus on the fear, it will lessen your quality of life, and it will add to your stress. And we're learning so much about stress and the impact of stress on the immune system. You have to fight that scary voice in your head.

AG: So what are you doing today to maintain your health and focus on life?

JL: Earlier in my life, with young children and a demanding job, I didn't work out, and I didn't eat as well as I should have. In my late thirties, I had an aha moment when I interviewed someone from the American Heart Association who was sharing information about evaluating heart health risks. I looked at my own habits, and it hit me like a ton of bricks: I'm not healthy; I want to be racing in the race 20 years from now, not watching it.

In the next year, I took my health on as a job: I hired a trainer. I changed my diet. I took control of my health. Now I know that I need to maintain those habits for a lifetime, especially in the wake of my diagnosis.

AG: Women who face cancer have to dig deep. On an emotional and spiritual level, what has changed for you post-cancer?

JL: When I was diagnosed, I kept hearing from people, "You go in as one person and come out as another." Boy, were they right. The Joan after cancer is much more focused on the meaning of happiness, the meaning of life. I took an inventory of the things I was doing in my life: anything that was not fulfilling, I'm crossing them off the list.

The experience brings an intense appreciation for the people in your life—and not just family and friends. I was really touched and spiritually affected by the outreach from strangers, from the public, via social media. It was so therapeutic to know that all of these people were taking a moment in their day to reach out and offer prayers and support. I have an intense appreciation for them.

I also really appreciate the heightened awareness I have of my ability to have an impact on this earth—that when all is said and done, my life will have had significant meaning.

Most important, maybe, is the gratitude I have for my life, for my incredible career and family, and for the ability to say, "It has been enough. Whatever happens, it has been enough."

AG: When a woman is newly diagnosed and she looks at your website or reads this article, what insight do you hope she'll take away?

JL: For me, when I first heard I had cancer, it felt like it would take over my life forever, and it felt so overwhelming. Luckily, for me, before I knew it, it was behind me, and I was looking at it in the rearview mirror. It was a bad chapter, but it was just a chapter. I hope this can be the case for many other women, as well.

Women should also feel comforted by the fact that we are lucky to be living in a time with so many effective treatments and with research offering new treatments at record speed. As researchers team up and the discovery of new treatments accelerates, there are more and more options for treatment.

Finally, know that there is an incredible community of survivors ready to support you. Take the opportunity to reach out to the community—through events, through online support—and express your fears; ask your questions. Go to events to learn, to be inspired, and to hold on to hope. That breast cancer community is powerful, compassionate, and there to support us—it's so far-reaching. Don't go through this alone.

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