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Her Breast Lost in Vain

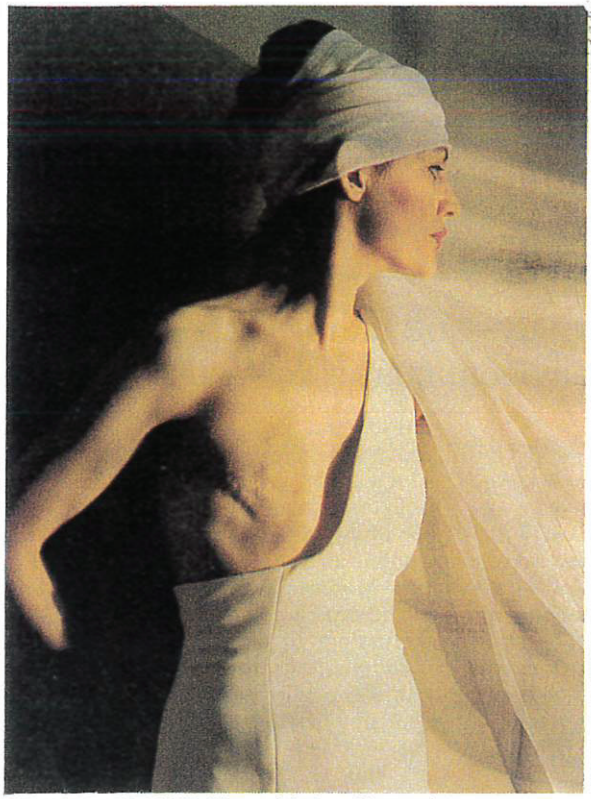
Jury awards $2.25 million for a famous mastectomy

By MICHAEL D. LEMONICK

JOANNE MOTICHKA HAD BEEN EXpecting bad news. Her mother died of breast cancer, and she knew that she herself had a high risk of getting the disease. So she had regular mammograms, saw her gynecologist frequently and began seeing a breast-cancer specialist too. "I was cancer phobic," says the 45-year-old artist and photographer who goes by the professional name Matuschka. It was no surprise, therefore, when the lump she found in her right breast in 1991 turned out to be cancerous. On the advice of her surgeon, Motichka had a modified radical mastectomy: the breast was removed less than two weeks after the initial diagnosis.

The story might have ended there, except for two things. First, Motichka, who specialized in nude self-portraits, continued to take them; she became a symbol of the disfiguring effects of breast surgery, and a photo of her scarred chest wound up on the cover of the New York *Times* Magazine. Second, it turned out that the surgery she so vividly publicized may not have been necessary. Her tumor, she believes, could have been handled by a much simpler procedure that would have left her breast intact. Late last month a New York jury agreed, awarding Motichka $2.25 million in a suit she filed against her doctor.

"The verdict reflects a growing understanding that breast cancer doesn't always require the most severe treatment," said Motichka's attorney, John W. Baldante, Esquire of Philadelphia. A study released in 1996 showed that for small tumors that haven't spread, removal of the tumor and some surrounding tissue (a lumpectomy) followed by radiation is just as effective as taking off the entire breast. Thanks to women's increasing vigilance, some 85% of the 175,000 cases diagnosed in the U.S. each year are found early enough to avoid radical surgery.



MATUSCHKA

SCARRED FOR LIFE: Matuschka's self-portrait became a vivid symbol of the disfiguring effects of cancer surgery

While the evidence was far less conclusive in 1991, when Motichka was diagnosed, many doctors already believed that less invasive treatments could be effective, and were advising their patients to consider that option. According to Motichka, her physician, Dr. Hiram Cody of New York's Memorial Sloan-Kettering Cancer Center, recommended a mastectomy anyway.

Radical mastectomy is inevitably traumatic, a disfigurement of a part of the body that our culture sees as the focus of a woman's femininity and sexual appeal. Motichka turned that trauma into both therapy and art; the pictures made her famous. Still, she says, the fame and exposure could not make up for the fact that she had lost a breast. "All was good on the surface," she says, "but that didn't mean I didn't have difficulty walking down the street." Beyond that, active involvement with oncologists and advocacy groups was educating Motichka about treatment options, and she began to wonder if her disfigurement was a mistake. She went back to Dr. Cody, who insisted that based on the kind of cancer she had, she had never been a good candidate for a lumpectomy.

But she had, she insists. Motichka got a copy of her original pathology report, showed it to other physicians and learned that her tumor was not a fast-growing type after all. Moreover, it was small – about the size of a peanut – and did not seem to have spread. In fact, the biopsy that retrieved a sample of the tumor for testing may have removed the whole thing. She feels she had had all the surgery she needed – before the mastectomy. In 1994 Motichka filed the suit that she finally won two weeks ago. Dr. Cody's attorney maintains that his client discussed lumpectomy with her, but that based on Motichka's family history and her emotional reaction to her mother's death, mastectomy made more sense. Although Motichka denies it, Cody says at one point she was thinking about a double mastectomy, and he talked her down to one. He plans to appeal the verdict.

"I'd rather have my breast than the money," says Motichka. She hopes, though, that her case will encourage other women to question their doctors. She claims that "if screening methods, education and prevention techniques were fully put in play, there would be no reason for women to have their breast removed, period."

Not necessarily. There are situations in which mastectomies still make sense. An estimated 1 in 2 women diagnosed with breast cancer, many of whom could be treated with a lumpectomy, nonetheless choose a mastectomy, either for added reassurance or to avoid radiation's side effects. And some women at high risk for breast cancer reduce the odds by having their breast removed protectively, even before they get the disease. That doesn't bother Motichka. At least, she says, "they're making their own decisions."

–Reported by Alice Park/New York

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