2013 to 2015, according to a *JAMA Oncology* study. "We're shifting away from more aggressive, potentially unnecessary surgeries while still minimizing the risk of the cancer recurring," says Morrow, who led the study.

For Johnson, the only physical reminders of her cancer are a paper clip–size scar on her right breast and a bit of pulling of her skin when she raises her arm, a result of radiation damage. "I had my lumpectomy on a Thursday and was back to work on Monday," she says. "Five years later, I'm still pleased with my decision."

Lumpectomy Lowdown

PATIENT PROFILE

Generally, the cancer must be stage I or II (85 percent of such patients are eligible, Morrow says) and can't be scattered throughout the breast. Individuals are not good candidates if they have previously received breast radiation or have lupus, scleroderma, a genetic risk of developing another breast cancer, or a tumor that is very large relative to the size of the breast.

SURGICAL PROCESS

Incisions can be closed with dissolvable stitches or glue; the process usually takes about an hour, and patients often go home the same day.

RECOVERY

Acetaminophen is normally sufficient to manage pain. (On a scale of 1 to 10, Johnson rated hers a 1 or 2). Narcotics are usually needed only if lymph node surgery takes place.

FOLLOW-UP TREATMENT

Many women require three to seven weeks of radiation, Monday through Friday. In the short term, patients experience breast pain, peeling and inflamed skin, and fatigue; over time, they may notice breast firmness or shrinkage, tanning of the skin in the treatment area, or painful swelling in the arms or chest caused by lymphedema. In rare cases, radiation to the chest, especially the left breast, may cause heart disease. There could also be a need for additional surgery: In 2015, 18 percent of women with a lumpectomy had another lumpectomy or a mastectomy, according to Morrow's study.

SENSATION

One of lumpectomy's most significant benefits: Typically, some breast sensation can be retained.

RECONSTRUCTION

There will be scars. Depending on the tumor's location and size, its removal may distort the breast shape, so a woman may choose some reconstruction involving fat, tissue, or even an implant.

COST

In women younger than 65, lumpectomy plus radiation costs an average of $65,000, compared with $88,000 on average for mastectomy with reconstruction—and has almost half the risk of complications, according to 2016 research from the University of Texas MD Anderson Cancer Center.

WHAT THEY DON'T TELL YOU

"Some people are unaware that a woman who's had a single mastectomy can breastfeed. I was able to nurse my baby born 26 months after my left breast was removed and a lumpectomy was performed on the right one."
—Kelly Knee, 38, mother of five who was diagnosed in 2014 with stage IIB ductal and lobular carcinoma

"When the tissue expanders were placed beneath my pectoral muscles, the pain radiated from my chest around to my shoulder blades and even down my arms. I needed narcotics for about three days after every saline fill, and it took about 15 fills over five months to reach a C cup. Physical therapy helped, as did surrounding myself with pillows at night.'"
—Karen Malkin Lazarovitz, 43, who had a prophylactic double mastectomy in 2009 after testing positive for the BRCA2 gene mutation

"Women who have mastectomies expect to see scars on their breasts; they don't expect the scar on the upper chest from the port used to administer chemotherapy and other medication. But the port can be put in through an incision between the arm and the armpit—you won't see the scar unless you raise your arms."
—Dona Hobart, MD, medical director of the Center for Breast Health at Carroll Hospital in Maryland

I'M FLAT AND I'M PROUD

Who needs breasts? Not these women, who are **embracing a new kind of freedom.** BY *Catherine Guthrie*

IN 2014, WHEN Sarah Brown of Vancouver, Washington, learned she'd tested positive for the BRCA2 gene mutation, she had no qualms about getting a double mastectomy. The idea of reconstruction, however, gave the 37-year-old small-business owner pause. Brown was fond of her 38Cs, primarily because they were hers, not surgically re-created, mostly numb breasts.

Still, Brown met with a plastic surgeon, who recommended a DIEP flap reconstruction, which involves creating new breasts out of skin and fat from the patient's lower belly. She also talked to her therapist and joined a discussion board for women undergoing mastectomy and DIEP flap—and cringed at the grueling recovery stories. Then Brown discovered Flat & Fabulous, a Facebook page where women who'd had a mastectomy posted pictures of their unreconstructed chests along with stories about how, after just a few weeks of discomfort, they were back to jogging, biking, and playing with their kids. Brown noted that instead of comparing notes about pain control and follow-up surgeries, these women were sharing fashion tips and cheering one another on. She was sold.

Nearly 25 percent of women in the U.S. who undergo bilateral mastectomy choose not to reconstruct (as do approximately 50 percent of women who undergo unilateral mastectomy)—motivated, in many cases, by a desire to minimize their surgeries, complications, and recovery time: It's not unheard of for the reconstruction process, which often follows months of chemo and radiation, to involve up to seven surgeries. There's also the risk of infection at the incision site and, in the case of DIEP flap and similar procedures, of the transplanted skin and tissue's failure to survive. (Up to 30 percent of patients will have a major complication in the year after reconstruction surgery, according to the Mastectomy Reconstruction Outcomes Consortium Study; that's compared to a 5 percent surgical site infection rate after a mastectomy only.) Implants present additional concerns: Research suggests they may interfere with a doctor's ability to diagnose a heart attack; certain types of implants are associated with a rare form of lymphoma; and the FDA recommends that women with silicone implants get an MRI three years after receiving them and then every two years afterward to check for "silent

HEALING THROUGH ART: GIGI STOLL.

rupture." Even if all goes well, some women need surgery to replace their implants after ten years.

These are all compelling reasons to say no to reconstruction. Yet most women who've gone flat have kept their choice under wraps (and baggy T-shirts), opting to create curves using prosthetics or even socks stuffed in a bra. Now, though, in the age of social media, radical transparency, and embracing difference, some women are not only refusing to hide the smooth plane of their chest but also showing it off. "When we started this group four and a half years ago, we said we'd be excited if we got 12 women to join. Today we're at 3,100," says Sara Bartosiewicz-Hamilton, founder of Flat & Fabulous. "There's enormous power in knowing you're not alone."

The group's members don't want to be weighed down by implants and the issues they bring. "My breasts and I had some good times," says 29-year-old Elspeth Lucas. "But I love being flat. I can fit into extra-small tank tops. And so few people even notice my lack of breasts." Another group member, Kelly Shiraki, notes: "My breasts were size 40G. Since going flat, it's been easier to drive, I can sleep on my stomach, and I can wear lace and flowy shirts that looked boxy on my old shape. The drawback: There's nowhere to tuck my phone or lip gloss."

Surgeons are noting an uptick in the number of patients who express interest in staying flat. "A small but growing number of breast cancer patients in my practice, including younger ones, are saying no to reconstruction," says Deanna Attai, MD, an assistant clinical professor of surgery at UCLA's David Geffen School of Medicine. Says Julie Margenthaler, MD, a breast surgeon and professor of surgery at Washington University School of Medicine in St. Louis: "I saw a young patient this morning whose main reason for opting out of reconstruction rings true for most patients: to minimize the number of procedures and risks during and after surgery."

And now pop culture is getting in on the act. On the Amazon show *Transparent*, a character played by Anjelica Huston reveals her flat, scarred chest in a bedroom scene. Comedian Tig Notaro jokes about life without breasts and has even removed her shirt onstage. An Equinox gym ad features a topless, flat model getting tattooed.

"That kind of visibility not only demystifies flatness, but also fuels a conversation about socially acceptable options for women with breast cancer," says Steven Katz, MD, director of the Cancer Surveillance and Outcomes Research Team at the University of Michigan. "Flatness is fresh. There's no doubt about it."

CATHERINE GUTHRIE *is author of the forthcoming book* Flat: A Memoir.

"I fought to have my breasts removed. Given that my cancer had already spread, my doctors said the surgery and recovery would diminish my quality of life, but it was one of the best decisions I ever made. I used to feel idealized for my breasts. I've never felt sexier than I do now."

BETH FAIRCHILD,
37, diagnosed in 2014 with stage IV lobular carcinoma with metastases to the bones, liver, ovaries, fallopian tubes, uterus, cervix, top portion of the vagina, and tissue around the stomach. A tattoo artist specializing in breast cancer patients, she owns Lucky Street Tattoo in North Carolina with her husband (also an artist) and is president of METAvivor, a nonprofit that raises awareness and funding for stage IV metastatic breast cancer.

HEALING BY DESIGN

Diane de Jesús (*above*) had never considered getting a tattoo. Then, at age 29, she was diagnosed with ductal carcinoma in situ and had a single mastectomy and reconstruction. "Even though I had a lovely result from my surgery," she says, "I still felt like something was missing." After reading about a cancer survivor getting inked near her scar, she wondered if that might resolve her sense of loss. By a stroke of luck, de Jesús was offered a free tattoo through Personal Ink (P.Ink), which connects breast cancer survivors with tattoo artists. P.Ink matched de Jesús with Roxx, a renowned artist in San Francisco. They began their appointment just by talking; de Jesús mentioned dreaming about doves, which made her think of her churchgoing grandmother, and peace and comfort. Roxx sketched on a notepad. "This is what I'm getting, listening to you," she said, revealing what she'd drawn. De Jesús was floored. "I *have* to have that!" she exclaimed. Roxx turned the drawing into a stencil that fit de Jesús's breast size and shape, and spent the next five hours applying the ink.

"After I got my tattoo, I realized I'd been avoiding looking at my chest," says de Jesús. "Now when I look, I don't see my scar—I see this beautiful art. My tattoo allowed me to get on with the rest of my life."