

A Tale of Three Breasts

By Carol Scott-Conner

Three of us sit facing a nice young woman who is finishing her general surgery residency and now has applied for our Breast Surgery fellowship. I'm a breast cancer surgeon. To my right is my colleague from Radiation Oncology, and to my left, a plastic surgeon who specializes in complex reconstructions after cancer surgery. The young woman is the first applicant we will interview during a highly choreographed morning leading up to the Match, where residents are matched with programs.

This candidate is doing quite well. She answers all of our questions with practiced fluency, and asks a few appropriate but not too revealing questions of her own. She does so well that we run out of questions before we run out of time.

My plastic surgery colleague passes a sheet of paper and a pen across to our candidate and says, "Draw a breast."

"What?"

"Draw a breast! Front and side views. Draw a breast."

Suddenly she looks like a frightened kid. She stares at the paper and pen as if she's never seen either before in her life, then hesitantly reaches out and takes them. For the first time during the interview, she's dumbstruck. All of her attention is focused on the plastic surgeon.

The radiation oncologist and I watch with interest. Neither of us would have thought to ask this.

The kid slowly draws a pair of circles and says, "This is how we draw them? In clinic? To explain to the patients?" The administrative assistant knocks on the door – it's time for this applicant to leave and the next to enter. We ignore the knock.

"Fine," says the plastic surgeon, although it really doesn't look fine to me. Breasts aren't circular, they actually have a tail of tissue that extends up and out toward the shoulder. The plastic surgeon goes on, "Now draw a side view."

The kid draws a half-moon. It could be a breast, but it could also be half of a tomato, the waning half-moon at midnight, or a brimless baseball cap.

Slowly, she regains her poise. She goes back to her original two circles. "We use these to show the position on a clock face?" Now she's eager to explain the positions on the clock face. She's back on familiar ground. Before she can show us where 12 o'clock is, the plastic surgeon stands up and thanks her for her time. She's out the door, and we prepare for the next candidate.

"Why did you ask her to draw a breast?" says the radiation oncologist.

"To see how observant she is," says the plastic surgeon.

We interview four more candidates. Each time, the radiation oncologist and I wait to see if the plastic surgeon will have the candidate draw a breast. But each interview takes longer than planned; these later candidates are not as practiced in answering questions, and so there is no time at the end for drawing. We have an *n* of one, with no control group, so to speak.

Each candidate has several interviews, and then the interviewers gather in the conference room to rank the day's candidates. I ask the plastic surgeon, "Why did you ask her to draw a breast?"

"To see how observant she is," the plastic surgeon repeats. He goes on, "It's quite common to ask plastic surgery candidates to do something like this."

The radiation oncologist pulls a mechanical pencil out of her white coat pocket. "When I draw a breast, I always draw the heart and lungs," she says.

"The heart and lungs," I say, wonderingly. The plastic surgeon looks surprised as well. I would never think to draw the heart and lungs. They're on the other side of the rib cage from where we do our work as surgeons.

She meticulously draws a cross-section image of the chest at the level of the breasts, and shows the heart and lungs. She shades in the ribs and muscles that lie between heart, lungs, and breast tissue. I suddenly comprehend how she uses her diagram to show a patient how she uses CT scans to guide the radiation treatments, how the radiation beams are precisely programmed to come in tangentially, avoiding the heart and lungs and intersecting in the vicinity of the tumor. This is how she sees the breast, something to target, lying on top of some important structures that she must spare.

The plastic surgeon takes pen to paper. He draws a graceful breast in silhouette, seen from the side. "The ideal breast," he says, "has a line like this straight to the nipple. The lower pole of the breast is gently curved. The nipple should be at the level of the inframammary fold. As the woman ages, this line curves inward and the nipple droops lower and lower..." His breast is the breast of the perfect woman, a breast created by a master sculptor.

Now it is my turn. I draw a breast seen from the front, like a drawing from an anatomy book. I draw the nipple, the areola, the axillary tail. "Here are lobules, here are the ducts," I say. "These lymph nodes drain the breast, these drain the arm." These are all structures that I must consider when I do cancer-directed surgery.

Each of us has drawn our own perspective on the breast. Put our three sketches together and you would still only get an image of the breast, as we see it. Ask a patient to draw a breast, and you might get completely different perspective – perhaps an infant nursing at a breast. I think of the blind men and the elephant.

Through all of these interviews we have stressed the multidisciplinary nature of breast care. We three, cancer surgeon, plastic surgeon, and radiation oncologist, lead the frontal assault on the tumor. Of course, our breast cancer team relies on many additional specialties—medical oncology, genetics, pathology, diagnostic radiology, social work, nursing, pharmacology, and on and on and on—and perhaps each has a unique view of the breast. What would they draw?

The morning finishes with a lunch for the candidates and the interviewers. I sit next to the young woman, who seems to have fully recovered her aplomb. I talk gently to her, try to reassure her we're not a bad group altogether.

But I'd be willing to bet that somewhere later that night, that nervous young surgeon will be putting pen to paper, trying and trying to draw a breast. I imagine her turning the paper

this way and that, maybe even looking up breast drawings on the Internet. Practicing, so the next time she gets asked that question, she's ready.

I want to say to her, "There is no one right answer."

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