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Speaker 1 ([00:05](#)):

A diagnosis of breast cancer can cause a life changing ripple effect of impact affecting those. We love the most and those upon whom we lean for comfort and strength in the most challenging of times, my name is Ash Hurley, and I'm the CEO of breast cancer Ireland. And you're listening to more than a lump, a podcast that talks openly and honestly, to a selection of guests about their very personal connection to breast cancer, be it through their career choice, their own firsthand experience of the disease or through sharing the experience of close family members.

Speaker 1 ([00:44](#)):

Paula McClean was getting ready for a family wedding where her three little girls were flower girls one summer evening in July. She was applying tan to her arm and chest area. When she felt a lump in today's podcast, Paula shares her story of being diagnosed with stage two invasive breast cancer. At the age of just 42, she talks about what made her get the lump checked in the weeks after the wedding, her treatment journey and why the emotional scars remain with her to this day, nearly 11 years later, Paula shares a really honest reflection on the trauma of a breast cancer diagnosis. The worries, the anxieties, it brings even years later. She also chats to me about her love of fashion running and being part of a community of women who have traveled to the same road as she has, has helped her. But most importantly, today, Paula talks to me about how, as a mother of three little girls who are fast growing up to be fabulous young women, she's passionate about continued investment into breast cancer research. She wants to protect girls like her daughters and indeed future generations of Irish women to make sure they survive and thrive despite what life throws at them.

Speaker 1 ([01:49](#)):

Paul you're very welcome to more than a lump.

Speaker 2 ([01:51](#)):

Thanks. Aisling

Speaker 1 ([01:52](#)):

Good to see you as always. You look so glamorous and stylish. Thank you. Fabulous. It's lovely to see you again in person after you know, these, these years, the last two years. Absolutely. Take us back to the begin. And the night before that family wedding, when you noticed something was amiss.

Speaker 2 ([02:07](#)):

Yeah. Um, that was 2011, uh, Aisling and I'll never forget it. Um, we were going to a family wedding over exciting. My three girls were flower girls and, uh, they were tiny. They were like six, four and two. And, uh, there was so much, you know, fun and looking forward to it. And I was really busy life before. That was pretty good. Um, pretty busy, um, all around as you can imagine, three young girls, but so we went on down to the wedding and so the, we had a family lunch that day and that evening, uh, it was very glamorous wedding actually. And so I was looking, going better put on a little bit more tan here and you know, for the next day. So, and I hadn't had time to put it on before that, to be honest. So I, the, the girls were in bed in the room and I was putting off tan and I was wearing kind of an off the shoulder dress as a black tie wedding.

Speaker 2 ([03:00](#)):

And I found what I felt like in the usual lump in my left breast. And I kept touching it and thinking, gosh, I really didn't feel that before. And then I thought, well, maybe I hadn't really put tan on an age, so maybe I wouldn't have felt it before. And so I went and carried on and got stuff ready in the room. And then my Ronan came back up, my husband that had an hour later, he'd been downstairs with his brothers having kind of a drink night before the wedding. And I just said to him, I found what I think is a lump and immediately natural thing to do. He said, oh no, I think that's fine. You know, your mom doesn't have breast cancer. And which is a statistic I learned after that is true and that only 10% of, of breast cancer is hereditary.

Speaker 2 ([03:42](#)):

But I didn't know that then. And that kind of reassured me a little bit and I kind of thought, yeah, I'm fine. You know, I'm feeling great. I'm healthy and fine. We had a beautiful day the next day. And we were coming back up in the car. It was the wedding being in Waterford and it was niggling my mind a little bit, but I, but I, I dismissed it Ashley. And because I naively, I genuinely thought I was too young. I, uh, genuinely wasn't educated enough in, in breast cancer and the age profile that it can affect. And I thought it, my mom is perfectly fine. Um, but then I must be fine. And so I came back up and it was the end of school year and it was busy with the girls going, you know, they were finishing school and there was, um, dress up days and party days and a whole lot. But honestly it was in the back of my mind. And I remember thinking, was it hormonal? And I would wait, um, for a week or two and feel again and see, was it still there? It was, it was very much still there. And it was quite hard and it felt unusual. And I started to really think about it, but I, I didn't rush to go to my GP for the first, um, few weeks because I, um, genuinely thought that, um, I was much too young to get breast cancer.

Speaker 1 ([05:01](#)):

And I remember you saying all those years ago when we met that, um, it was an interesting article. You were taking up the Sunday papers about to put them in the bin and you stopped and saw an article that Triona McCarthy had written about her sister, Trish.

Speaker 2 ([05:14](#)):

Yeah. That is, that is what happened. And I since wrote to her, because I really think that article saved my life, which is where my passion and came from talking about my story. So it was a Sunday. Um, we got all the papers in, it was a beautiful day and I was flicking through the papers and looking through them. And I, and I, it was in the life magazine. It was a picture of her beautiful sister, um, Trisha who had, um, sadly passed away from breast cancer when she was very, very young in her, um, kind of late twenties. And it, I took my breath away. I remember reading it and going, oh my goodness. And again, putting my hand in my chest to feel with that lump thing still there. And it was, but I just dismissed it Aisling. And it was actually the next morning I dropped the kids to school.

Speaker 2 ([06:00](#)):

I was doing this kitchen and putting the stuff and recycling. And I went to put the papers in and I just looked at it and I said, no, something not right here. And I have to get this checked. And I rang my GP straight away. And I got an appointment for the next morning that was done the Tuesday morning. And I

went in to my GP and I remember sitting there as well for a couple of moments and thinking. But anyway, I, I sat there, I went into my gorgeous doctor and I told my story and then he checked my breast and I can't say I could read him. I was trying to read him to see what I, what he thought, but, um, I'm definitely glass half full person. I kept thinking this is absolutely fine. But he, he basically sent me to Vincent's, um, for an appointment pretty couple of days later.

Speaker 2 ([06:59](#)):

And I went to see, um, um, the lovely and MacDermot and things happened very quickly then. And all the time remember saying to my mom and, and my husband, you know, what do you think? Is it okay? And they said, I think it's okay, but I, I kind of thought it wasn't. And so I went to see, um, Dr. McDermot and then as anybody who's been through diagnosis, um, they pretty much know pretty quickly looking back now. I was definitely knew that he thought it wasn't fine. I had a mammogram, I had a biopsy. And, um, I was asked to come back in a couple of days later with, um, my husband or somebody close to me. And those two days were excruciatingly difficult. Um, I think your life flashes in front of you. I just knew it was not gonna be good news. And I, you know, my three little girls, I did, I, you know, I didn't, the word cancer was just so frightening to think that that could be.

Speaker 2 ([08:06](#)):

And, um, yeah, so we went in myself in Ronan that day and I called it the not good newsroom paste up and down Vincent's corridor. Couldn't sit down. Uh, couldn't relax. Just, uh, and I, when we went in to sit down in front of end and Claire, the breast cancer nurse, I think I actually switched off when I heard the word, um, cancer. And it was a very frightening time. Um, I think I'm a very brave person and I'm able to cope with a lot of things in my life, but at that stage, it was about my kids. And that's all I kept thinking about was, oh my God, what is this gonna mean? And I, um, it was a huge fear and things after that go very fast and I had, um, a, a small enough tumor Alene, but it had, um, kind of start to spread across my left breast. So it, what they call a kind of calcifications, they were coming into head off and four other little lumps. Um, I was exceptionally lucky to catch it, um, early, and it had not spread to my lymph nodes, but I, I had to have a mastectomy because they couldn't take the chance with the calcifications going across my breast, that it was, you know, it was the best thing to do. I wasn't given the choice actually. Yeah. And can, and

Speaker 1 ([09:36](#)):

Can I ask you just, even on that point, um, because you say you had, you went then down the mastectomy route, you were one of the very first people I spoke to who had sent that your biopsy or had been sent away for the Oncotype text testing. Yes. Tell me

Speaker 2 ([09:49](#)):

A little bit about that. Yes. So, um, this is something my oncologist and Dr. Madder spoke to me about, which I, so years ago, actually, you know, everybody who, as you know, who had breast cancer had the same treatment and breast cancer was treated in a very similar way. Not anymore with research it's, you know, everybody's breast cancer is completely different and because it hadn't spread to my lymph node at the time, they felt there was a possibility I didn't require chemotherapy. And in the states, there was a test called the onco DX, uh, test it wasn't in Ireland at the time. And we had to pay for it for, or the tumor to be sent over. And we made the kind of executive call myself and my husband to say, look, it's something we really would like to do. So they recommended we did it.

Speaker 2 ([10:33](#)):

So I was one of the first patients, um, to I've done it at the time, which was 11 years ago, currently it's available now, which is incredible and amazing. And that's again, down to research and everything. So it was sent off and I waited for a few weeks, um, to see what came back. When you have a mastectomy first, you, you also, and you have to wait for the skin to heal, to do any kind of treatment anyway. So I was off about really kind of hoping that maybe it would come back. It was funny. My mom at the time was hoping that I would have to do chemotherapy because she would've had this old fear, fashion fear that like, you know, it's the best thing to do and to do it, but that's changed now. And, and people have very successful outcomes without chemotherapy.

Speaker 2 ([11:18](#)):

Um, unfortunately for me, I got a call from my oncologist. Um, and she asked me to come in and again, I just knew the whole thing. Now at this stage I was, I was pro and she said, unfortunately, it had come back with, um, it was, it's able to tell you a lot of details, some detail you probably don't really wanna know, but actually incredible thing to, um, to have done, because it basically said that my counselor was very aggressive and I was quite young and that recurrence without chemotherapy was a high possibility. So it was really, it wasn't even something that we had to discuss. Um, I was asked and that was on Friday and I started chemotherapy on the Monday morning. I dropped my middle daughter, Maggie, who was starting junior infants to school for first day school and went on up to Vincent to start chemotherapy. So that was a tough all day, very, it was got through it.

Speaker 1 ([12:16](#)):

And tell me, talk to me now about Tamoxifen, because I know you were initially on Tamoxifen and then there's recently, well in the last five, well, three to four years, I suppose there is this new, um, thinking that you, you would've stayed on Tamoxifen for five years now, they're saying from research point of view, you should stay on for two, 10 years. Yes.

Speaker 2 ([12:33](#)):

And I was actually that, um, again, that patient actually, because I was, um, basically did my five years and I was very lucky I did tolerate it. Well, I had a couple of, um, little things over those few years that were difficult, um, health wise, but really I was, I was quite lucky and I did tolerated. And then with my oncologist and conversations back and forth, she felt that I was a candidate based on, I suppose, my age and the aggressiveness of the cancer initially that I would stay on it for, for 10 years. So I was one of the first people to do that. And, um, I, to do eight Dalene of it because I, I think with getting older and with, um, with menopause and different things happen, I started to have a few complications with it a little bit. And, um, the, it ended up, I basically ended up then coming off it last year and having a, his directory with, um, ovary removal because my Eastern levels were actually still quite high.

Speaker 2 ([13:41](#)):

And it was the safest thing for me to do. Um, but it is a incredible, um, drug. I firmly believe it is, you know, I'm, I'm here today because of it. And it is very, very, very tolerable. I didn't really have any side effects at all for the first like five or six years. And again, that is, I mean, it's incredible. It's down to research. I mean, years ago you didn't have something like this, you know, my mom's, um, very good

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friend in her thirties, um, passed away from breast cancer, but there was, she had an Eastern dream answer, but there wasn't Tamin wasn't, hadn't been researched it. Wasn't on the market. Yeah. So yeah, it's, it's an incredible drug. It really is. And I had a fear coming off it

Speaker 1 ([14:26](#)):

Yes, of

Speaker 2 ([14:26](#)):

Course. And because it was kind of my safety net and I really felt, and I took it literally at the same time every day. Um, but I did well, I did my eight years. So I, I feel that I've ticked my box there.

Speaker 1 ([14:37](#)):

Absolutely, absolutely. And I suppose for me looking at you and knowing you this length of these all these years, fashion and running were the key things that if you like got you through this absolutely awful time in your life. Yeah.

Speaker 2 ([14:51](#)):

So I remember actually halfway through chemotherapy, uh, walking down Sandman strand and looking at this, uh, gorgeous girl who I had, uh, met, um, to her friend who had been through breast cancer, who had been incredibly kind to major my diagnosis. She was the first person that I'd spoke to and she was running and I said, Ron, I'm gonna start running. And so I, I literally six weeks after chemotherapy, I'd never run in my life before. I used to look at people running and going, running people. And I am a runner Ash. So I, so I was driving down, um, passed on drum to pick up the girls. And on the side of the goat bar, there was this huge be, um, a sign for the scraping run. And I pulled up in the traffic and I looked the bright and I'd said, and all these sea of pink.

Speaker 2 ([15:39](#)):

And I said, I'm gonna do that. So I did. And I, I basically went to the couch to 5k, uh, to work myself, to go and do that first on ever. And a couple of my piles, I broke them into doing it with me and I did it and I have done it every year since, and I love it. I, it was, for me, it was a line of the sand. It was, um, before and after breast cancer, it was a personal thing. It made me feel healthier. It made me feel stronger. Um, but that the pink run of year, as you know, it is incredibly emotional, but incredibly powerful, all these incredible people coming together to, you know, to raise funds for this incredible cause that affects so many people. I have so many friends who have been through it and I absolutely love it. I it's, I, I love it. And, um, I'm running still running, um, people like, you know, around where I live and sort, kind of go, I saw you running, you're running. So like, anyway, I've been known to be called far as gum the off time. So,

Speaker 1 ([16:42](#)):

But it is, I mean, the great pink run. I always stand back on the days when it was a physical event, up to 2019, um, and admire the thousands that come out in their, in, in their droves to like men, women and children Walker run a jot, whatever they wanna do, because they know, unfortunately everybody knows somebody who's been affected. Yeah. And thankfully into 22, I never thought I'd be able to say it again, but we're going to have a physical event again.

Speaker 2 ([17:07](#)):

Oh, super. So

Speaker 1 ([17:07](#)):

We'll be bringing everybody into the park in the middle of October, which is fantastic. It's and we'll be offering it in a virtual environment for those can not make it, but it is, it is, it is about togetherness. It is about that solidarity within that kind of pink tribe.

Speaker 2 ([17:20](#)):

And my girls have done it with me. So they have, they were very young when I was diagnosed, but they're young teenagers now. And they have, uh, firstly, my eldest did it with me and cuz then, and then my, my middle daughter Maggie did it and then Lizzie did it. So we've all, all done it together and then we've done it in different ones. So, uh, they will do it again with me this time. And I love that. And that is, that is really important for me and for them. And they see so many people who've been through it and for them then it isn't such a frightening thing, which is what breast cancer is. Um, but when people come together, it's very strong. It's very strong, very

Speaker 1 ([17:56](#)):

Strong. And can I just ask you even going back to your diagnosis, your kids were very, very young. I mean, I know Sally was what, six, six. So how did you, or when did you tell them when mommy is sick, mommy's actually, you know, how did you approach it with

Speaker 2 ([18:10](#)):

Them? It was a difficult one. They were very young at the time. And I, I thought that I might not say anything to them, but I read a few things and I thought the thing with children, I thought about thing to do is be to be honest and in a gentle way. And when they were very young, I spoke to them about, you know, are good cells and bad cells. And sometimes the body cells can get into your body, but they have this incredible medicine. Um, but unfortunately the medicine, um, can be a bit silly and it doesn't know which cells are good and bad. And so that's why you can lose your hair because that was a difficult, most difficult part. I think you could nearly have hidden it if you, you hadn't lost your hair because I did wear a wig a lot of times out, but then the wig can get, get uncomfortable and I didn't wear my wig in the house.

Speaker 2 ([18:58](#)):

Um, but kids are extremely resilient. They, I don't think they noticed half the time, except with me. There was a couple of jokes. My daughter, one of the days outside school, you know, my middle daughter, Maggie was telling her friends, mom had no hair and thought that was just so cool. And then asked me outside the school to take my wig off and show all her friends. And I said, look, I'll do that later. You know? Um, so kids were, they were incredible. And I, but it was actually an interesting part of this story cause the kids have grown up and that they know that I've been very involved in, in, in breast cancer and in breast cancer research and, and they know that of fundraising. And so they see this part of it, but we were going to the, to school a couple of years ago and there was a sign for something can't remember particularly what it was.

Speaker 2 ([19:40](#)):

And my eldest at the time of the car, would've been quite young, still the early teenager, she just said, um, mom, I didn't actually know that people, um, can actually die from breast cancer. And so that was a whole different conversation. And, uh, that was, uh, it was incredible actually know becoming a, she's an older child now becoming an, uh, an older teenager to actually want to understand it and to not have a fear around talking about it. And I think that's a very powerful thing for teenagers and up and coming young 20 olds to actually understand their bodies and to be empowered and to be actually completely aware of not finding something, but of anything that is different or cha or changes. And so, but yes, they were, they've got involved, lots of stuff with me over the years and they have loved it and um, they understand it now. And they, uh, we, I have unfortunately lost, um, a couple of piles to this dreadful disease and, um, they, they have, they have known them. And so it's yeah, they're, they're, they would be aware and they would speak openly and honestly about it, which is I think really positive thing. Young, strong women coming in to the world in time.

Speaker 1 ([20:56](#)):

Absolutely. Absolutely. And Paul, you've also spoken to me on several occasions about the sort of the loneliness and I suppose the emotional scars of the diagnosis and the fear that is constantly with you.

Speaker 2 ([21:09](#)):

Yeah. I mean, so I think the first couple of years after diagnosis really difficult actually for people and anybody out there knows this, I think with the best wishes in the world, everybody around who loves you, wills you well and want to believe that you are it's over and you are, you are better and you are, are, and you, and you are, are finished your treatment and you are gone to the next stage. But, um, there's a huge fear for those few years afterwards that it comes back. And, um, the reality of it is that you, you know, it, it, it can come back and, um, that's a very difficult, uh, place to be because you, you get on with your life and you're happy and you're grateful and you, you know, your, your family, your friends are all there for you. And somewhere along the way, you stop talking about it because um, life moves on and, and that's what happens.

Speaker 2 ([22:06](#)):

And that can be quite a lone, um, a place to be because you're that fear is still there and it gets easier as time, uh, goes on. It absolutely does, but I don't honestly think it ever goes away. I don't think that I will ever take, um, for granted, um, anything in terms of us anymore. I will be very on top of it. I will be very aware of everything. Um, I'm very, very grateful for, for how I feel and how healthy I am and it's really, um, important to me, but it's really important to me to be, you know, on top of it and, um, to mind myself in which I do. And, um, but yeah, it is, it is a difficult thing to go through. Um, and it, you get huge solace in speaking to people who, who are your friends who have been through it. And that is incredible. It's just, it's might just be a smile or it might just be a nod, but we, we know like the pain that we have been through and, um, yeah, it's, it's a tough old to, and I think the very, my advice to put people to be actually is, is to still talk about it as much as you can. Um, it's a huge impact on your life. That to

Speaker 1 ([23:20](#)):

You talk about impact and you have played an enormous role on behalf of breast cancer, Ireland, and all the years that you have been an ambassador with us, whether it is coming and speaking at some of our functions and, you know, telling your story to people has certainly resonated with so many women and indeed men, because as we know, you know, while it's one in nine, uh, women are diagnosed with breast cancer in their lifetime. One in 1000 men, we still do have a number of cases of men, but it is just important about giving it a voice and a voice in a non-threatening worrying way. But yet the importance of you spoke earlier about knowing your normal. It is so important, especially with young girls. And we do a complimentary program throughout the, throughout all the regions in Ireland, where we visit schools, you know, T especially we started on the whole importance of understanding, good breast health. And that's really key. My whole philosophy behind it is if you know, you're normal today, should you spot an abnormality? It'll be detected early. And as you say, early detection, it does save lives.

Speaker 2 ([24:16](#)):

Yeah. I mean, the question it's actually, it goes without question it's, I'm so passionate about it, Ashley, and because, and I think the T program is incredible because I've heard unbelievable, really good, uh, feedback from it. And people going back, talking to their mothers, mothers, talking to friends and aunts, and, and mean you would be surprised people that actually don't even, you know, know how to check. And I was with that person when I was diagnosed, I, I hadn't checked my breast before that. I, I hadn't done it before. Um, cause I felt I was too young and, and that is the importance I think empowering young women is, it's not that you're looking to find something that is wrong if you know your body inside out. And if you pick something up, our detection is crucial because the longer you wait to get something looked at, then the more difficult it is, the more difficult an outcome it is, the more difficult treatment is. And I think it's really an important and powerful part of women going forward. And I would hope that in the next, like, you know, 10, 20 years, that it's a really a normal thing for people to do, to, to like own your body, to be empowered, to actually like, be completely aware of something is not right within your body. Yeah. It's really important. You

Speaker 1 ([25:26](#)):

Just can take my job because you say exactly what I say to everybody else is know your own body, empower yourself to be more breast aware. Don't wait for. And especially when I talk to so many women, don't wait for a breast check at the age of 50 to give you a free mammogram, you know, know what's normal today. If you spot something, you go to your GP. Yeah. You're going to get seen by, by the specialist breast centers. And, and importantly ill say, and I love the whole transition year program because I call them my social ambassadors. You know, that they go home while they may not necessarily check themselves. Initially they certainly go home and talk to mom, to granny, to auntie, to cousins, et cetera. And that is what it's all about. You know, it's, I tell people, download our free app called breast wear because it is knowing the eight signs and symptoms, which to research we did recently in October, 2021, we know that women don't understand and hence the name for our podcast. More than a lump, there are eight signs and symptoms. A lump is just one.

Speaker 2 ([26:18](#)):

Yes, absolutely. Yeah. And I know when I look back at my, even my beginning of my story and why I went to the GP, that is somebody telling their story and it's somebody. And so there was some part of me that had actually heard about it that had knew that this wasn't right. And then cuz it was a lump. And then when I read this story in the life magazine about like Trina's sister, I, I knew that I had to go about it. So



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the more knowledge, the more that people out there, then people will go and get checked. And that is a really powerful thing. I have three young girls coming up into the world, Ash and I never want them to go through this. I mean, that is something that I've always said. And you know, that I, I mean, I mean the pain in my parents' eyes to see what I went through, I will never forget that. And I, I think that there has to be a, a time in the world when there are young women, that it is so normal to check, uh, to know what's right to know what's not right. And to go and get it looked at. And um, the treatment is, is very simple then, and then like get on with your lives. Um, that would be a, a, a wish and, and a dream for me to that, you know, that's where we would be when my young girls are, uh, young women

Speaker 1 ([27:30](#)):

And we are certainly, we are certainly getting there 10 years ago. We, you know, we were fighting the fight of awareness and education and our research was slower. Now we have definitely speeded up our research discovery. We're into clinical trials, straight away. We have so many new clinical trial drugs out there. We're doing a lot more in the clinical trial world because we need to transform what we're finding in lab settings, into new drug therapies. For people that are diagnosed, we are looking at, you know, survival rates are certainly improving. More importantly, our mortality is dropping. Mortality rates are dropping. So we're ultimately we are slowly but maturely I'm to the point where I'm realizing what breast cancer Ireland's mission is, which is about transforming this disease into a long term treatable illness that can be maintained. So Paula McLean, thank you so much as always for everything you do for breast cancer, Ireland, and for sharing your story today.

Speaker 2 ([28:18](#)):

Thanks Aisling.

Speaker 1 ([28:20](#)):

The information in this podcast is based on the personal stories of those. We have chat you. If you are concerned in any way, please contact your GP immediately, or you can contact us at breast cancer, ireland.com.