

Emma's story

Living in fear was not an option for Emma Parlons, who took the brave decision to have a double mastectomy after discovering she had a genetic mutation which gave her an 85% chance of developing breast cancer.

Emma's cousin, and many of the women on her father's side of the family, had breast cancer so she asked her father to get tested to see if he carried the BRCA1 genetic mutation. The test proved positive, meaning Emma had a 50% chance of also being a carrier.



'I initially didn't want to get tested but I decided to go through with it,' says Emma, whose brother Professor Nick Yablon (BA Medieval and Modern History, 1994) studied at Birmingham.

'At the time my head was spinning, all I could think was what if I already had cancer? What would I do then? When I found out I carried the genetic mutation I did a lot of homework, went to see a lot of surgeons and decided to have a double mastectomy carried out by top surgeon Mr Gerald Gui.

'The only other option was screening every six months, which is a hideous thing to prepare yourself for. Losing my breasts was a small sacrifice compared to having my life taken over by the prospect of getting cancer. For me, it was just a get-out clause that meant I could continue being a mother to my children and enjoying life.

'It was a major operation but I had reconstructive surgery at the same time, so I woke up with breasts, and I was incredibly relieved that they found no traces of cancer in the tissue they removed. Afterwards I was euphoric that I'd saved my life and avoided a hideous disease. Recovery took around six weeks but it actually gave me a chance to slow down and enjoy some quality time with my family.'

There is a 50% chance that Emma's nine-year-old daughter has the same genetic mutation, and Emma hopes research at the University of Birmingham will give more choices to the next generation of BRCA1 carriers.

In the School of Cancer Sciences, Dr Jo Morris and her team are working towards making normal breast epithelial cells that have the same genetics as women like Emma. By making very precise changes in these cells so that they have particular BRCA1 mutations, they hope to discover the very early cellular changes that signal the cells are turning into cancer. Ultimately, they hope women might be treated for the very early signs of cancer without ever becoming too ill or having dramatic preventative treatments.

'Jo's research is breaking new ground. She can see what she needs to do and she is going to give the next generation more options. That is all we can ask for,' Emma says.

'At the moment the only options for BRCA1 carriers are screening or major surgery. It would be amazing to think my daughter could have another option such as drugs or genetic analysis.'

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