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Rosanne Iversen, M.D., discusses her unique outlook on (and after) breast cancer

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Dr. Rosanne Iversen
John F. Russell

Throughout the years, Dr. Rosanne Iversen diagnosed her share of patients with cancer.

The Steamboat Springs physician practiced the healthy and active lifestyle she preached. She had no trouble completing the grueling 120-mile Triple Bypass Bicycle Tour while still breastfeeding her 10-month-old son.



So at a fit 44 years of age, she knew her risk factor for breast cancer was low. Unfortunately, her acute knowledge of the disease began gnawing within when mammogram results showed microcalcifications, and further imaging revealed multiple breast lesions (infiltrative ductal carcinoma). Iversen's life flipped upside down, suddenly steering the waters of early detection and treatment with tests and surgeries that she had helped so many navigate, all the while balancing her practice and the family responsibilities with her husband and their two young sons.

After losing the summer and much of the fall of 2007 to debilitating chemotherapy treatments and surgeries, Iversen picked up a book chronicling a breast cancer survivors' trip to summit the Western Hemisphere's highest peak (Aconcagua) and to raise funds for the nonprofit Breast Cancer Fund. Iversen immediately applied for the BCF's Climb Against the Odds 2008 expedition and began training, methodically raising funds and regaining strength. With help from every bake sale, fundraising event and training trip up Emerald Mountain, the mountaineering novice made the summit of California's dramatic 14,162-foot Mount Shasta on June 18, just after her final chemotherapy IV treatment.

The monumental summit marked the full recovery of a woman whose life may now be back to normal, but who's unique outlook on her life and work continues to inspire and resonate among her patients, the community and anyone willing to hear about her experience.

At Home: How was the Mount Shasta summit unique?

Rosanne Iversen: Breast cancer used to be one in 20 lifetime incidents in the 1940s, now it's one in eight. So you're doing it for a bigger cause, and it's pretty powerful when there's so many of you doing it for this cause. It was a personal summit as well as a summit for prevention. I wanted to do it as a way to heal physically, emotionally and spiritually. After I read (Andrea Gabbard's "No Mountain Too High"), I said, "I'm no different than those women. If they could do it, I could do it. (The Breast Cancer Fund) has a climb coming up, and why not?"

And also, being a physician, if you didn't already know delayed gratification – the process of becoming and being a physician is all about delayed gratification, you always put things off for tomorrow because there's the work at hand today ... but when you get diagnosed with cancer, there may not be a tomorrow. You can't say, "I'm gonna read this book, and maybe one day I'll climb this mountain." There might not be a "one day," but I do know there will be a tomorrow, so maybe I should climb this mountain tomorrow, set my goal and climb it in 2008.

AH: Does the rest of your life ever go back to normal?

RI: It's in part regaining the good stuff of my old life and carrying with me what I gained going through treatment. The negatives of breast cancer are pretty obvious, but there were also a lot of positives in the sense you start living life more fully. Not that my life wasn't full before, but it's full in a different way, living each moment for that moment. It's easy to say, "Gross, it's so hot today," or, "It's raining, yuck." But you go through cancer and it becomes, "Those clouds are pretty, and isn't that a gorgeous rainbow? It's raining and look at the beauty of the rain," or "Yeah, it's hot, and isn't it nice to feel the heat? Isn't it nice to bike early in morning in short sleeves and feel the cool breeze on your arms – isn't that a neat sensation?" Your outlook's a little different, because you're just more aware.

AH: What was it like to hear your own diagnosis?

RI: It's hard going from being the provider to being the patient. Initially there's disbelief, because you're supposed to be the provider, you're supposed to be strong and healthy, you're supposed to be the one caring for others. You're not supposed to be the one having the disease, not the injured or the lame or the sick.

So I had found my breast masses, and it felt like cancer, but I also felt like I was overreacting and being a hypochondriac: "I shouldn't have cancer. I eat healthy; we only drink organic milk. I live healthy. I'm low risk. I'm not obese. I don't have the sedentary lifestyle. I don't smoke. I don't have the risk factors." You go through this whole mind game.

AH: Was that the hardest part?

RI: The hardest part was getting the courage up to go through the process just to start the ball rolling. The biggest lesson that I had and the hardest thing for me to do through all of this was to ask for help, because I knew right away I could not do this alone without the help of others. I don't have family here, so that's the help of my community.

AH: Do you feel a need to continue acting for the cause?

RI: Since this has happened, it's changed in sense of not only, "Why me?" Why that 35-year-old? Why that 29-year-old? Why that 46-year-old? Why her? Why all of these people? This is why I want to get pictures of other breast cancer survivors – to say, it's your neighbor; it's your sister; it's your mother; it's your doctor; it's your nurse; it's your teacher. It affects everyone regardless of socioeconomic level, regardless of education, regardless of lifestyle. So that then shifts to the need to look at it before early detection.

We need to look at prevention. Why do we have so much more cancer now than we did in the 1940s? A couple generations ago, we weren't using herbicides and pesticides. You look at all the research coming out on plastics with phthalates and BPA, how that can increase risk of cancer. Look at all of these factors, look at parabens, which are preservatives in lotions and deodorants and have been

found in breast cancer cells. Look at twin or generation studies and you can see there is an increased incidence from the last generation to this generation. Now my message to patients not only has to be early detection, but, “What can we do to prevent, and how can we clean up our environment to change this?”

AH: Is there anything you do to address these larger issues?

RI: I raised \$43,000 for the Breast Cancer Fund, and they’re instrumental in getting policies changed, instrumental in getting phthalates taken out of kids’ plastics – they wrote the bill that Gov. Schwarzenegger presented on the Washington congressional level. They’re instrumental in research on products, whether they’re harmful or not harmful. They’ve created Safecosmetics.org, where you can look up skin care products and see if they and the chemicals they contain have or have not been tested as safe. You have to do it on a larger scale than just me talking one-on-one with a patient. You have to get policies changed, and you have to have funds for research, getting people aware that they can go to Safecosmetics.org or Breastcancerfund.org, find out information and choose to support an organization that’s getting things changed.

AH: What have you learned about human capabilities?

RI: I think the mind and the body are very connected, and I’ve always believed that the mind can have a lot of power over the body. If there’s truly a strong will and a desire, you can make it happen.

I didn’t choose cancer, cancer chose me. What I have chosen to do with cancer is my will and my desire. I have chosen to focus on the positive. I have chosen to live life for the moment. I have chosen to persevere in the face of adversity. I have chosen to be as positive, happy, whatever, as I am capable of doing.

Happiness is something that before, we all take for granted that we have a bad day, a good day or a grumpy day. Now I say, well, I can choose not to be grumpy, I can choose not to let that bother me, I can choose to be happy and that I have control over my emotions. I have control over my feelings; I have control over my body. And I don’t need to let this or that bug me. It’s not an issue.



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 37



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 33

