

After a Locoregional Recurrence, a Breast Cancer Patient Sought Proton Therapy

Protons precisely target the tumor and minimize radiation to other tissue, said cancer experts at Fred Hutch

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(Editor's note: Teah asked that we use only her first name.)

A long-term Bremerton, Wash., resident, Teah, age 58, was devastated to learn in 2024 that her breast cancer had recurred. Her initial diagnosis and treatment, including a lumpectomy and radiation therapy, took place in 2020 after she discovered a lump during a breast self-exam.

That first diagnosis was a shock, but she said the second one was a lot harder to take emotionally.

"I had to make a conscious decision to lean on others for support, on my husband, kids and close friends," she said. "I don't feel like having to depend on anyone other than myself, but I had to learn to ask for help after the second diagnosis as it was emotionally devastating."

According to Teah, her first experience with cancer treatment was not ideal.

"I had to stay on top of the care all along the way," she said.

When she found a new lump in her armpit last year, she had it tested. A biopsy revealed a locoregional recurrence of her [ductal breast cancer](#). Locoregional recurrence involves cancer in the same site or in nearby lymph nodes while metastatic recurrence involves other "distant" organs such as the liver, lungs or brain.

Teah's adult daughter helped Teah research many therapy options, which ultimately led her to Fred Hutch Cancer Center.

"She told me — and a physician assistant friend confirmed — that 'If you have to go through cancer, Fred Hutch is where you want to be,'" Teah said. "I've been so happy with them, the nurses, the amazing physicians; it all works like a well-oiled machine. I don't have to worry about what's happening and can focus on healing."

Fred Hutch radiation oncologist [Kylie Kang, MD](#), who treated Teah, said breast cancer recurrences can often be more complex than newly diagnosed early-stage breast cancers.

“Patients can benefit from seeing a breast cancer specialist in radiation, medical and surgical oncology, as these cancers can be less common and more complex to treat,” she said. “It usually requires careful treatment management considerations, especially with a history of prior radiation.”

Teah met with Kang, as well as a medical oncologist and surgeon, and decided proton therapy was the best radiation treatment approach.

“Protons were a great option for Teah,” Kang said. “We were able to reduce the areas of overlap with her prior radiation fields and lower the cumulative dose to the rest of her upper body, such as her lungs.”

Because protons so precisely target the tumor and minimize radiation to other tissue, they can help reduce the lifetime dose to healthy surrounding organs.

Though there were initial questions about whether proton therapy would be covered by Teah’s insurance, her team put together a convincing argument, pointing to her previous radiation treatment.

After that, it was “smooth sailing from there,” Teah said.

Surgery happened first, followed by chemotherapy. Three weeks of proton therapy came last. Physically, Teah had no issues and continued her daily three-mile hikes. The only thing she experienced was discoloration at the beam entry site.

“I followed the care team’s instructions to a T,” she said. “I really think this — and my general fitness — contributed to having no side effects, no burning or blistering or even much fatigue.”

Today, Teah is doing all the things she loves — ballroom dancing, hiking, being with family and basking in happy vibes.

“I consider myself cured unless or until I am told otherwise,” she said. “It helps me to go forward with that attitude.”

Her advice for other cancer patients?

“Try to keep negative emotions at bay,” she said. “Stress is not good for any of us. Have hope and patience and follow all instructions. And be seen at Fred Hutch. The place infuses hope in patients.”

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