

lizzie stark



Trudy

Louise

Pearl

Frida

Henry

the
Course

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THE CURSE AT A GLANCE

Would you cut out healthy body parts if you thought it might save your life?

Rita and Elle bear a heavy legacy: a mother who developed breast cancer at 30 and died of ovarian cancer 20 years later. When it comes to their family tree, that's just the tip of the tumor. There's a BRCA mutation lurking in the family DNA, an inherited genetic error that dramatically ups a woman's chances of developing aggressive breast and ovarian cancer at unusually young ages. After Rita and Elle test positive for the family mutation, they can choose to live with their fear or cut it out with a scalpel.

Will they mutilate themselves to avoid their mother's fate, or stay strong and face down dread? How should the men in their lives deal with the news? Will this condition mutilate their romantic relationships as well?

This freeform game is about making life-altering decisions in uncertain circumstances and passing on the horror of that choice to the next generation. A scenario about fear of death, vanity, and relationships under pressure.

Factfile

Time: About 4 hours

Number of players: 4 +1 game master. Preferably two women and two men.

Genre: Cancer narratives, relationship drama, realism

Player type: You want to explore some challenging emotional territory, including cancer, unclear consequences, and amputating body parts you're fond of. And you don't mind talking about breasts. 18+ only, please.

Game master type: You'll be the players' guide and teach the techniques of the game. You're equally happy pushing the players when they need it, or standing back and watching them twitch like fish on hooks.

Author Bio

Lizzie Stark is a journalist and the author of two nonfiction books: *Leaving Mundania* (2012), about the thriving hobby and subculture of live action roleplay, and *Pandora's DNA* (forthcoming, 2014), about hereditary breast cancer. Her journalistic work has appeared in the *Daily Beast*, *io9*, *The Today Show* website, and elsewhere.

This is Lizzie's first attempt at game design. If you run or play this, she'd love to hear about it. LizzieStark@gmail.com.

GAME DESCRIPTION

“When I found out about your mother I thought, oh, it’s going into the second generation. The prophecy is being fulfilled. This horrible thing is coming down into this next generation.”—My mother’s cousin

Background

The Curse revolves around about making impossible, life-altering decisions in circumstances where the “right” answer is unclear, and explores medical interventions and how they might affect romantic relationships. The game asks players to choose between their body parts and their lives, and to consider passing on the horror of that choice to the next generation.

This game deals with what it means to have a BRCA mutation, an inherited genetic mutation that dramatically ups a woman’s chance of developing breast and ovarian cancer. Only 1-2 percent of women have these mutations, but those women account for 5-10 percent of all breast cancer cases and about 10 percent of ovarian cancer cases.

BRCA breast and ovarian cancer are different from cancer in the general population. BRCA cancers often hit women at unusually young ages—the mid to late twenties in some cases. In addition, BRCA breast cancer is more likely to be hard to treat than other breast cancer, in part because it often grows aggressively, and in part because BRCA breast cancer is more likely to be immune to certain types of therapy than other breast cancers.

To determine whether a patient has a harmful BRCA mutation, all that’s needed is a few tablespoons of blood and a few weeks of waiting for test results. Unfortunately, once diagnosed, BRCA patients have few options. I have described them for the players in brief on a fact sheet (p. 34) they’ll receive before the game begins. I have written you a more in-depth version of the same sheet, in the “About BRCA” section (p. 8-10). It’s intended to help you answer deeper questions the players might have and understand the condition better. You may wish to read either or both now, before proceeding.

This game is personal. In late 2009, at age 27, I learned I carried the family BRCA 1 genetic mutation. Seven months after receiving the news, I removed my breasts. I wanted to do it before I turned 30, the age at which

my mother developed breast cancer. Apparently, this decision isn’t as clear-cut to others as it seemed to me, as I soon learned after writing a few pieces for various news sites. Scathing comments left on the articles questioned my rationality, offered quack cures, and criticized my motives. I wanted to write a game about BRCA in part because I thought it might provide outsiders a window into the unique struggles of hereditary cancer.

The family tree is loosely based on my own, minus a few cases of cancer, and including some composite characters. The test results are results I received. The starting quote is how my mother’s cousin explained her decision to have a prophylactic mastectomy to me. Prophylactic mastectomy—the surgical removal of healthy breasts to prevent cancer—is one of the main choices available to women with BRCA mutations. Every woman of my mother’s generation—save my mother, who lost her breasts to cancer—had one. And now we’re four generations in, and the decisions haven’t gotten easier.

The questions, “do you want to know your risk for certain diseases?” and “what would you do if you knew your risk?” are worth asking, I think, as the inevitable advance of science lays bare truths about human DNA. The Faustian bargain of physical health at the inevitable expense of sanity will likely affect many more people than merely BRCA patients in the years to come.

Keep in mind that this game only captures one sort of BRCA experience. There are also BRCA men with male breast cancer; women who haven’t had to watch their relatives suffer cancer (sometimes because it has been passed down on the male side); and women who discovered their BRCA mutation after receiving a cancer diagnosis while pregnant. Some women choose no treatment—not even surveillance. Some men tell their wives and girlfriends that they are crazy for considering the mastectomy, or feel complexly upon learning they may have passed the mutation on to their daughters and sons. And women who are single at the time of their diagnosis often feel conflicted about when and if to tell new partners about their mastectomies, or whether it is worth it to freeze their eggs in order to remove their ovaries sooner. All this and more is part of the BRCA experience.

There are plenty of BRCA narratives out there on the web, and I encourage you to do a search and read a couple, if you think it will help you understand the

pathology of this situation better. My narratives reside at <http://lizziestark.com/tag/brca/>

Quick Game Overview

The Curse focuses around two couples—Rita and Jared, and Elle and Peter. Rita and Jared are married and in their mid-thirties, and are trying to decide whether to have children. Elle and Peter are younger and have just gotten engaged.

The women in the couples are sisters, and both of them carry the same BRCA mutation. Rita received her diagnosis years ago and had a prophylactic mastectomy soon after. Now, fear of ovarian cancer and having kids are on her mind. Recently, she convinced her Elle to test for the BRCA mutation, and now Elle will have to make a decision about what to do with that knowledge. The sisters each have a different attitude toward their family history.

During the course of the game, Rita will receive ambiguous test results about something on her ovary, and Elle will receive ambiguous test results about something in her breast. These results will force them into making decisions about their bodies and futures.

Rita must decide whether and when to have her ovaries out. Together with Jared, she will decide whether to have children, and possibly how to have them—the old fashioned way, or with medical interventions to screen BRCA out of Rita's eggs, or with an unrelated donor.

Elle will decide what to do about her BRCA status. Perhaps she will ignore it. Perhaps she will decide that she can endure constant medical surveillance. Perhaps she will opt for risk-reducing surgery, having out her breasts or ovaries or both. How Peter reacts to her and her decisions will have repercussions for their relationship.

Although out of medical necessity, the women are the main characters in the story, the men—their reactions, input, and support—will play an important part in how the women choose to proceed. Their stories—of feeling helpless and often pushed aside—are also part of the narrative. The BRCA diagnosis will stress these relationships.

Before the players delve into the stories of Rita, Jared,

Elle, and Peter, there is a long series of warm-up exercises focused around cancer and the family tree of Rita and Elle, designed to help players understand some of the emotions around cancer in general, and BRCA in particular.

Here's a sketch of what the session looks like:

- **The Niceties:** You explain the game to the players.
- **General Warm-ups:** energy raisers, concentration, physical, etc.
- **Cancer Warm-ups:** talk with the players about cancer and do the guided meditation.
- Pee break.
- Cast the players.
- **Establishing the characters:** A conversation about sex, and scenes from everyday life.
- **Prologue:** Play scenes about cancer from Rita and Elle's family history.
- **The Game:** The game consists of five acts. Each act is one to three scenes long and usually includes one scene between Elle/Peter and one scene between Rita/Jared, with a few scripted monologues and scenes among single-gender characters thrown in.
- **The Debrief:** Talk about the game to ease players back into reality.

For more details on the game structure, you can jump ahead to the detailed walkthrough (p. 11-18), or read the "GM Cheat Sheet" which summarizes the walkthrough (p. 19-20) and the character sheets (p. 22-29) in the "Game Materials" section now, if you think it will help you.

This game is about a serious topic—cancer and cancer risk—but it isn't about wallowing in misery. It's about how ordinary people muddle through a sucky situation while grappling with uncertainty. In the play tests, participants tended to tear up during the workshop and prologue, but not during the game itself.

GMing Style and Toolbox

In this game, the game master isn't called upon to narrate the setting or play extras in the scenes. Rather, the GM's role is to teach the game and its methods to the players, manage the structure, create a supportive atmosphere, and to push the players during scenes when needed. The GM should operate like the director

of this impromptu little play, setting scenes and cutting them at appropriate points of tension, and using the available techniques to heighten the drama and push the players.

The point of the game is for the players to explore the situations and dilemmas around BRCA. They should feel the difficulty of making ambiguous decisions. This means that as a GM, you should try not to make it easy on the players by pushing them too hard in one direction or another. Let them feel agonized by the vagueness of what the right and wrong outcomes might be. And if they seem like they are approaching the issues too simply, do something to complicate that.

Here are some tools you can use to help players along in their explorations.

Talk about X

My favorite way to help a flailing scene is to ask players to talk around to a certain concept—like having kids, for example, or what they did last week. During the scene, just say, “talk around to Rita’s mastectomy,” and make a small circular motion with one hand to indicate the players they should continue on and incorporate your direction.

Bird-in-ear

Stand behind a player, put a hand on his or her shoulder, and whisper devilish inner thoughts.

You can use bird-in-ear to help things become more ambiguous. In one play test, Jared and Rita decided in the first scene to screen their baby for BRCA using in vitro fertilization or “IVF.” In IVF, doctors would take sperm and egg from Rita and Jared, combine them, and then screen the resulting embryos for a BRCA mutation before implanting one negative for BRCA into Rita. This is the easy way out. Bird-in-ear—“Aren’t you tired of hospitals and doctors?” “You turned out OK, even with BRCA...”—and playing the scene twice helped nudge Rita toward the idea that she wanted to try this one thing—pregnancy—the natural way, which helped the players create conflict.

Monologues

During play, point to a character and say, “monologue.” You can provide a topic if you like (“how did you feel when Peter said that?”), or leave it open-ended. The character opens a window into his or her mind, and explains what’s going through it, much like a theatri-

cal soliloquy. The characters on stage cannot hear these interior thoughts, though the players can, of course. As a GM, you can cut the monologue at a suitable point, or just let it unspool till it’s done, and then continue the scene.

In the play tests, we used monologues sparingly. I tend to use them to get players back into play when one person is being a scene hog.

Monologues can also help nudge the players into talking about issues they’re avoiding. But it’s entirely possible you won’t need to use them—in one play test, characters were so open and honest with one another that the monologues weren’t needed. Some are scripted in of course, so don’t skip those.

Telegraphing

Use telegraphing to magically turn any out-of-game object into the in-game object you need. Players can do this in scene by presenting a pen and saying, “I got you fresh bandages,” for example, or out of scene, by holding up the pen and declaring that it is now part of the mammogram machine. It’s better to do it in-scene than out of scene, but being clear is the most important thing to shoot for.

Play It Twice. Or Three Times.

The two couples have only five scenes each to establish and work out their relationship issues. For this reason, it’s essential to cut to the core of the emotional conflict going on in each scene. Sometimes the players resist this. If a scene seems dull, cut it and play it again, giving the players some direction.

For example, during one of the play tests, Elle decided to have a mastectomy and announce it to Peter. In the first run of the scene, she kept up a lively patter of monologue to avoid letting Peter in emotionally. When we played the scene again, I asked her to enter, say, “I’m having a mastectomy,” and then for the two of them to let the silence lengthen and have little baby silences. The quiet allowed both of them to roleplay their physical reactions, and it gave Peter an opening to comfort Elle...and eventually led to a fight.

Here are some general tips and tricks on running the

game:

Cutting

This game has quite a few scenes and warm-ups, so don't be afraid to cut tightly once the tension in the scene has been adequately explored. Set the scene for the players with a few words or strategic questions, and let the drama unfold. Look for a good ending line—good last lines help keep up the momentum—and then call out, “cut!”

When in doubt, cut short; letting scenes drag on can rob a game of momentum.

In the play tests, cutting just when the men begin to unburden themselves to the women worked well to generate tension and emphasize that the men's feelings often take a back seat in this scenario.

Flashbacks

If you wish, or if it seems necessary, you may choose to include flashbacks during the first scenes between Rita/Jared and Elle/Peter. Simply cut the scene, set the flashback scene, play it, and then return to present day, if necessary. If you choose to play a flashback, please use the same actors in the past as in the present. If you need to see last week's fight between Rita and Jared then their players should portray it.

Use Your Judgement

Feel free to use your judgement. If you want to add scenes to any of the acts, you may, but you should keep the scenes relevant to the theme of the act. In one run at Fastaval 2013, for example, the GM chose to start out each act with a brunch scene among all four characters, to great effect. Don't go too crazy, though -- it is possible to tell a complete story for each couple with only these five scenes, and you don't want things to drag on too much; this game should run in 4 to 5 hours, which means watching the clock during the warm-ups and keeping scenes tight.

ABOUT BRCA: KNOWLEDGE FOR THE GM

It's not important for you to know the exhaustive medical details around BRCA and its treatments, but it's necessary for you to understand a few things about the experience so that you can help answer players' questions and shape the narrative.

Here is some information that may be helpful:

BRCA is an inherited genetic mutation that drastically increases a woman's chance of developing breast and ovarian cancer. Genes in two different chromosomal locations, known as BRCA 1 and BRCA 2, influence cancer risk. We all have BRCA genes, but only some of us (1-2 percent to be exact), have mutations on those genes that raise cancer risk. For the purposes of this game, we'll use the statistics for harmful mutations found on the BRCA 1 gene. (You can either pronounce the letters, or call it "brah-cah one.")

Here's the most important stuff to know about a harmful BRCA mutation:

- Both men and women can be carriers of the gene.
- If one parent has a BRCA mutation, their child has a 50 percent chance of having the same mutation. So Rita and Elle's kids would have a 50 percent chance of having BRCA.
- For the purposes of this game, the treatments for BRCA are to do nothing, let doctors watch you, or cut out breasts and ovaries.
- BRCA mutations affect men too, conferring a higher risk for breast and other cancers, compared to ordinary men. A BRCA man has a 1-2 percent lifetime chance of developing male breast cancer.
- In contrast, women with a BRCA mutation have much higher risk:

	Average Woman	BRCA 1 Woman
Lifetime chance of developing breast cancer	about 12%	40-86%
Average age of breast cancer diagnosis	61	Unknown, but much younger. Diagnosis in the 30s is not unusual.
Lifetime chance of developing ovarian cancer	about 1.4%	40-60%
Average age of ovarian cancer diagnosis	63	Unknown, but younger

Breast Cancer

How scared should you be of breast cancer?

- We have good tests to detect breast cancer, including mammograms, MRIs, ultrasounds, needle biopsies, surgical biopsies, and physical breast exams.
- Breast cancer is pretty curable. For women with localized cancer (Stage 1 or 2), 85-98 percent of them live for five or more years after diagnosis.
- For women with metastatic cancer—cancer that spread to distant organs—the odds are slimmer. Only 1-3 percent of patients with very advanced (Stage 4) cancer survive for five or more years after diagnosis
- Compared to breast cancer in the general population, BRCA breast cancer is more likely to grow aggressively and resist hormone therapy. Hormone therapy is one of the four main weapons in the arsenal of the modern cancer specialist (in addition to radiation, chemotherapy, and surgery)

Ovarian Cancer

How scared should you be of ovarian cancer?

- There are no good detection tests for ovarian cancer. We cannot reliably diagnose ovarian cancer. Which might explain why...
- 75 percent of ovarian cancer cases are diagnosed in late stages, after the cancer has already spread to other tissues.
- Symptoms of ovarian cancer are vague and non-specific. Tiredness, weight gain or loss, irregular periods, and bloating are all symptoms. Or maybe you are just hung over and premenstrual.
- Ovarian cancer is highly lethal. Fewer than half of women diagnosed with ovarian cancer at any stage survive for five years after diagnosis.

Treatments for BRCA

Women (and men) at risk for BRCA are given the option to test for the mutation through a simple blood test sent off for DNA sequencing.

In real life, there are a few things people do not include in this list,¹ but for the purposes of this game, here are the relevant treatment options for Elle and Rita:

- Do nothing. The problem is too terrible to face, so ignore it. Maybe try to make some lifestyle changes—less booze, fewer smokes, more exercise, all the stuff we know is good for us but ignore anyway. This is actually a surprisingly common choice.
- Surveillance. Do you like going to the doctor? This option is for you! And waiting for test results is in no way stressful. Surveillance requires appointments with a gynecologist (lady-parts doctor), an oncologist (cancer specialist), and a radiology department (for mammograms and other tests). Some women also go to a genetic counselor on top of all this.

Surveillance does not prevent cancer; it merely aims to catch it early, when it is more treatable.

¹In real life, chemoprevention—chemotherapy drugs, primarily estrogen-blockers, given in anticipation of cancer—represents a fourth option. Chemoprevention can have severe side effects and its protection only lasts for a short time—I've omitted that option from the game for the sake of simplicity and clarity.

Once a woman is diagnosed as BRCA, the default is for doctors to put her on the surveillance program. It basically means being felt up and fingered by every clinician in the tri-state area at least twice a year.

For the breasts:

- A **yearly mammogram**, where your boobs get painfully squeezed into a machine that takes pictures, alternating every six months with...
- A **yearly breast MRI**, where you lie still on your stomach in a giant noisy tunnel while tracing dye pumps into your veins.
- At least one **yearly physical exam** by a doctor, who firmly feels you up and pinches your nipple to see if anything comes out.
- **Ultrasounds**, where they cover your boobs in jelly and draw on them with a wand, happen when one of the other scans finds something in your breasts. They usually come with a bonus physical breast exam.

For the ovaries:

- A **yearly pelvic exam**, where the doctor sticks her finger up your vagina and presses around to try to feel your ovaries. That's usually done at the same time as your...
- **Yearly pap smear**, where the doctor pries your vagina open with a metal clamp and then scrapes cells off your cervix for testing.
- The **yearly transvaginal ultrasound** happens in a separate appointment, in which an ultrasound wand is stuck up your vagina. Often you get a bonus breast exam or physical pelvic exam when you come in for the ultrasound.
- A **blood test** once or twice a year to check for CA125, a substance that some (but not all!) ovarian cancer produces. CA125 rates also vary depending on where you are in the monthly cycle, and can spike if you're stressed. But why would you be stressed?

Clinically, none of these tests have been shown to be effective in catching ovarian cancer. So just because you test negative on all this doesn't mean you are free from ovarian cancer.

A woman with BRCA talks about her surveillance experience:

"I basically felt I was buying my life in six month chunks, that for some reason I could never think further ahead than six months. I am not good at ignoring things that make me anxious."

1. *Surgery.* It permanently reduces cancer risk, but comes at a terrible cost of bodily integrity. Some women do the mastectomy (breast removal) and oophorectomy (removal of ovaries) at the same time.

a. *Double mastectomy.* Removing healthy breasts—having a prophylactic mastectomy—drops the risk of developing breast cancer from 40-86 percent to 1 percent.

◇...with reconstruction. With today's procedures, you can get a good cosmetic result. Implants go under the pectoral muscles, or you can opt for tissue transplanted from tummy or butt. Some procedures even let you keep your nipples—though nipples are breast tissue, so keeping them carries a tiny bit of risk. Of course, removing breast tissue cuts through nerves, so don't expect any skin sensation on the outside of your new boobs. No falling asleep with a hot pad on your chest either—you could badly burn your skin without knowing it, since the pain receptors are gone too.

◇...without reconstruction. Still a complicated procedure, but at least you don't have to worry about implant replacement ten years down the road. Are you cool with a flat chest? Or will you want external prostheses?

a. *Oophorectomy.* Removing ovaries drastically reduces a woman's risk for ovarian cancer, as well as breast cancer, so it is an option for Elle as well as Rita. Doctors recommend that BRCA 1 women remove their ovaries before age 40, or "after you complete child-bearing." The operation causes immediate surgical menopause, including hot flashes, reduced sex drive, spiked risk for osteoporosis, and obviously, infertility. They can give you hormones to help ease that now, but only if your breasts are already gone, since hormone replacement therapy can kick start breast cancer. Even with hormones, will you really feel the same?

Child-bearing

Many BRCA couples choose to do it the old fashioned way, which means their kids have a 50-50 shot of having the BRCA mutation. Couples can also opt for in vitro fertilization, choosing to select an embryo that is not BRCA-positive for implantation into the woman's uterus. Women may also freeze eggs or embryos for later implantation into the uterus, in order to have the ovaries out now. But, of course, those procedures can be complicated and are not always successful. Adoption and surrogacy are other options.

A WALK-THROUGH OF THE GAME SESSION

This section is split into a few different parts, each with different items to complete.

The Niceties—welcoming players and explaining the game to them

The General Warm-up—physical, concentration, and mental warm ups

The Cancer Warm-up—warm-ups around the theme of cancer

Casting and Pee Break

Establishing the Characters

Prologue—play some scenes from the family history

The Game—Acts 1-5

Debrief

THE NICETIES

Welcome the players and explain the game to them.

Explain the game's theme (the influence of medical interventions on relationships, the uncertainty of decision-making, BRCA), the structure (long warm up, prologue, five acts) and the characters (Elle and Peter! Jared and Rita!). The sword of Damocles—the imminent threat of potentially fatal illness—hangs over these characters. Explain the GM tools you may use (monologues, bird-in-ear, play it twice, etc.)

What the hell is BRCA?

Pass around the BRCA handouts and let everyone read them. Walk the players through the sheet and let them ask questions if needed. If you don't know the answer, just say so. Let them know we're not aiming for perfect comprehension here—the medical details aren't super-important, but they should have a feel for what BRCA means and what the options are. Using specific words, like mastectomy or oophorectomy isn't as important as explaining the possible treatments for BRCA: nothing, surveillance, and surgery.

Expose them to the family tree as an example of a BRCA family and let them start thinking about that.

Show off the family tree and let the players check it out. Also hand out the family timelines and let people go back and forth between the two. If you have a big bulletin board, you may want to write the timeline up

there. Explain that they will be setting scenes based on the family tree later, as part of the warm up.

Talk to them about the structure of the game.

Explain that there will be a long warm-up that you'll walk them through. Mention that after the family tree scenes, the game will start. If the players want you to, read the scene descriptions aloud (save the final scene), or if they seem zonked with too much info, just give them the general shape of the game, using the themes for each act. Up to you. Say that you'll read the scene list through again later if they like as well.

THE GENERAL WARM-UP

General warm-up exercises can help bond the group and establish a dynamic. They can also help break down physical boundaries between strangers and provide time for you to observe players for casting later. I like to do lots of them. If it's not your style, or you're pressed for time, or you don't think it's necessary for the particular group you have, edit as necessary. Do not skip the safety talk.

Energy Raiser

Nice, especially if people are tired. Here are my three favorites, though of course you're welcome to use your own. Choose one:

- **Mirror my sounds.** Say things like “uh-huh?” “uh-uh.” “no” and “yes” with different vocal intonations, and make them repeat after you all together.
- **Group singing.** Sing a childhood song with a physical aspect such as “Head and shoulders, knees and toes” or the “Hokey Pokey.”
- **Pass the sound.** Ask one person to pass a sound and a gesture to the left. The first person goes “whoop!” and swishes their hands left, or whatever they decide to do, while making eye contact with the person next to them, who does the same thing. Pass the gesture and sound around a couple of times. Then have someone else start and do a second gesture. See if you can get both of them going around the circle at the same time in different directions. If everyone ends up laughing, that's OK; it just means you've raised the energy level.

Word association

Stand in a circle, relatively close together. The first per-

son says a word; the person to their left says whatever pops into their mind, and so on. Go around the circle a few times to get people accustomed to doing it quickly. I am told that good GMs can take advantage of this exercise to bring the focus back to the game's theme. Benign! Tumor! Lump! Cancer!

Group Concentration

Have everyone get very close to each other and put their arms around each other's backs, which breaks the touch barrier a bit. You should participate in this one too, along with the other exercises. Ask everyone to close their eyes and focus on the breath and energy of their peers. Together, you must count to 20. If two people talk at once, you must return to one and start over. If twenty seems too difficult, this can also be done with eyes open, or a lower number, to make it easier. Compliment the group on finishing.

Safety Talk

Tell everyone that if things get too intense, they are welcome to say, "cut" or "stop the game" to get out of a scene. Let them know that their personal well being is far more important than finishing the game, and tell them that if someone calls for a cut, all play will stop, and the person will have a minute to collect themselves, and then the group will support them and discuss what happened, and decide whether play will continue. I've never had this happen in a game, but it's wise to be prepared. Having this talk often settles some unrest.

It's not too likely that they'll play sex during the game, but it is possible. So talk about how it might be done—preferably by cutting forward in time through the act to the pillow talk afterward. Go around in a circle and ask everyone how much physical contact they're comfortable with, to get some physical boundaries in place. You can also dispense with this up after explaining the game, but I like to do it after the group has established a bit of a dynamic of trust.

THE CANCER WARM-UP

These activities are designed to get some cancer cards on the table, and to help players think about the emotional and physical repercussions around cancer.

Let's Talk About Cancer

Sit down in a circle and ask each person to talk a bit about his or her experience with cancer. You should start. Try to keep your anecdote or experience relatively

short, one or two minutes, and encourage the others to do the same. Maybe they have a friend or relative who has had some type of cancer. Maybe they have had cancer themselves. Maybe they are lucky not to know much about it. But the likelihood is that the players will have something to say about cancer—after all, 1 in 2 men and 1 in 3 women will suffer from some type of cancer during their lifetime. If people want to talk about cancer for a few minutes afterward, let them. It can be helpful to pool knowledge about cancer treatment and its physical effect, to help players embody the illness later, during the family history warm-up.

If the group seems cagey about sharing, you may want to mention that you expect people to treat personal confessions here sensitively. If someone drops something heavy, there's a mutual agreement that after the game no one will use those confessions as social currency.

Try to be sensitive to the group dynamic here -- sometimes people need a minute break after this before continuing.

Guided Meditation

Ask the players to lie on the ground and close their eyes. Lower the lights if you are able to. Tell the players that sometimes people respond really intensely to guided meditation, and that if things get too intense, they are welcome to open their eyes to dial things down a bit if they need to.

Here is a loose rendition of the script I use. You are welcome to make up your own script, of course, but remember to talk slowly and give players enough time to visualize and mull things over, especially if you ask questions:

I want you to relax. Think about yourself and where you are right now. Are you feeling tense? Sad? Hung over? Let your shoulder blades relax and press into the ground. Relax your legs and let them get loose. Relax your neck. Let your arms go limp and melt into the floor.

Think about yourself, your body. What part of your body do you value most? And when do you notice that part? Are you in the bathroom staring at yourself in the mirror? Are you at work, sitting at a desk? Or at home, having a drink? Think about yourself. And think about your body.

Imagine that for the last few weeks you haven't been feeling

well. Something is wrong. You've felt tired. Stiff. Your body hurts. You don't know what's wrong.

Now, it's several weeks later. The patients in the waiting room are limp. Grey. Desperate-seeming. You sit next to them. And you feel grey too.

After the doctor's appointment, you remember only three words, "You have cancer." It is pretty far advanced. How do you feel? Do you feel devastated? Or do you feel relieved that it's finally come, relieved to know what's wrong?

Who will you tell first, and how will they react?

Imagine yourself mentally foggy. Things seem to move so fast these days. The conversation flies right by. And you are tired, so tired.

Imagine yourself without hair. You can't eat because your mouth hurts. At a friend's house, you smell something strong—what is it? —and the odor makes you throw up.

Imagine you are recovered from surgery. Were they able to cut the cancer out? How do you feel about what is gone?

What will sex be like after this? Will your partner still be able to look at you, the new you, the secretly real you and still feel love? Or can you see pity forming in their eyes? How do you feel when your lover sweeps their hand over the part of you that is gone?

How do you feel about your body? Has it betrayed you, or are you just a victim of circumstance? Do you feel angry or sad or afraid of what might happen?

How do your friends feel about all this? Have they come to visit and brought you soup and stayed too long until you are so tired you could cry? Or have they stayed away, afraid that you will contaminate them with your illness, afraid to look in the eyes of their own mortality?

When you feel ready, open your eyes, and slowly sit up.

Do not make the players talk about what they experienced during the meditation.

CASTING

Announce a short break and use your impeccable GM sense to cast the players. If you have a gut feeling that certain people should play certain parts, go for it.

Otherwise, think about what you've learned about the players from the warm-up. Try to peg them as introverts or extroverts—if not on an absolute scale, then at least within the group dynamic—based on their behavior thus far.

Extroverts tend to take up more space, both physically and socially, then the introverts. Introverts tend to take longer to come up with words during the word association exercises, and waited until you asked for their contributions during the Family History scene setting. Extroverts tend to try to say more numbers during the counting warm-up, and aren't shy about broadcasting their scene ideas. They might have interrupted you to ask questions during The Niceties.

If you have an equal number of men and women playing the game, cast according to gender. Rita and Jared have a better relationship and a quieter storyline. Their plot will be better with extroverts pushing the story forward. Give them to the most extroverted woman and man. Elle and Peter have more external tension in their relationship, so give those to the introverts.

If you have unequal gender distribution, give Rita and Elle to the more introverted players. They are the main characters of the scenario in many ways, and loud players in these roles will run the show too much. Give Peter to the most introverted person remaining—he can be kind of an asshole, and if you put the loudest person in that part, that person can end up running the show. If you have one woman, it is more important for her to play Rita than for her to play Elle.

If you end up having to cast an introvert and an extrovert opposite each other—which you might, depending on the group dynamic and gender makeup—you may have to step in harder as a GM and make space for the introvert to react and speak.

If you have a group of all introverts, you will have to be much more active as a GM in pushing the players to heighten the drama. One thing that works well for me is stopping a scene to say, "the level of conflict here is a 3, I'd like to see you more at an 8," and then continuing.

Hand out the character sheets and answer any questions the players have before proceeding. The ending quotes on each sheet are not there to stipulate how the charac-

ters feel, but to give the players an idea of the ambiguity and complexity that can characterize a BRCA diagnosis. The sheets are there to inspire; if players change a profession or how long the couples have been together in play, that's fine. What's important is that the players try to stay true to the spirit of the characters on the sheet. The cancer part of Rita and Elle's backstories is important to keep consistent. Rita and Elle's mom had breast cancer, lived for a while, and died horribly of ovarian cancer while Rita (but not Elle) watched.

Set up the play space with chairs or other props that might be needed.

ESTABLISHING THE CHARACTERS

Sex Lives

Perhaps it's obvious, but sex is an important part of romantic relationships, and certainly the body parts at stake—breasts and ovaries—are important to sex. For this reason, it's important for the characters to discuss their sex lives, even if sex is never played during the game.

This is also a chance to help players develop the relationships of the characters. They will be roleplaying romantic partners, so this is also an opportunity to break the touch barrier people so often feel when roleplaying with strangers. Depending on the physical boundaries the group has laid down, you might ask the couples to hold hands while they talk about this, or ask them to hug one another before and after the talk. Feel out the group a little bit, if you're in doubt. But if you can have them physically reach out to each other during the discussion, do it.

You can also open this discussion with a little physical trust exercise -- ask the players to stand back to back in couples, leaning against one another. Have them bend their knees down as far as they are comfortable doing, and stand up again. Or have them hold hands, look in to each other's eyes, and find one pleasing feature about the other's face. You can have them try to jump up and down at exactly the same rate, and then exactly opposite one another.

Ask Rita and Jared to brainstorm about what their sex life used to be like, and what it is like now. Did they have a routine? How important were the boobs and nipples? How have they had sex around the new boobs and nipples? How important were Rita's breasts to

arousal for her and for Jared?

Ask Peter and Elle to brainstorm about what their first time was like, and what their last time was like. How important is sex to their relationship? How important are Elle's breasts and nipples to sex?

The point: to add dimension to the characters' relationships by discussing the often-awkward sexual component, and to emphasize how this ties in with the body parts at stake. Hopefully this will prevent the players from treating the body parts as causally disposable and devoid of other significance.

Everyday Life

Ask each couple to set one or two scenes from everyday life. These scenes should not involve cancer or BRCA—they are meant to establish the normal baseline of the relationship. What does a usual or happy evening at home look like? What do these couples argue about? What did their first dates look like?

If you or the players want to play more than one scene to establish these relationships, go for it. It may be helpful to play contrasts—if the first scene is lovey-dovey, it's good to play a run-of-the-mill argument, and vice versa. This is particularly true for Elle and Peter—their scenes are often adversarial, and it can be good to let them play something cozy as well to allow these characters to explore and understand why they are together.

The point: To establish a "normal" point of comparison, so that when it gets disrupted in the following scenes, that contrast has meaning.

PROLOGUE: FAMILY HISTORY

Next, the players and you will use the family tree and the timeline to set some scenes from the family history. Each scene must focus around cancer in some way: a diagnosis, an announcement, a medical procedure, a death, or just the emotions around the disease.

You should play three to five scenes that span three generations. Start with the top of the family tree, Frida and Henry, and stop when you've really hit the idea that everyone in this family gets cancer. Use the timeline to help figure out what's going on in this family. If Rita or Elle exist in any of the scenes, they should be younger

than 10 and off-stage.

Let the players talk a bit about what scenes interest them. The left side of the family tree—middle-daughter Louise’s branch—is there mainly to represent how a BRCA tree might look, and to give the players arguments—relatives without cancer—to cite during the game if they want to go the surveillance route. The players will experience a greater emotional impact if they play the right side of the family tree, Elle and Rita’s ancestors.

Here are some salient points about the family tree:

- All of Henry and Frida’s daughters get breast cancer. First the eldest, Trudy, then the middle daughter, Louise, then the youngest, Pearl.
- While Louise is dying from ovarian cancer, her sister Pearl is developing breast cancer for the second time—Pearl’s middle daughter, Helen, gets breast cancer the year after Pearl gets ovarian cancer that she will beat. Twenty-odd years later, Helen dies of ovarian cancer. Translation: Pearl watched both of her sisters and one of her daughters die from cancer, while suffering from it three times herself.
- Louise’s daughters cut off their breasts as soon as their cousin Helen got cancer at 30, when it was clear the curse had reached down into their generation.

In one play test, we played:

- Helen’s call to Frida, announcing that she has breast cancer.
- The moment Frida tells Henry about Helen’s cancer
- Helen and Lawrence out at dinner with Pearl, their daughter and her new boyfriend, talking about the family legacy.

In another play test, the players were interested in Trudy (Henry and Frida’s eldest daughter), and in playing parallel scenes. So we played more, but very short scenes:

- All three of Henry and Frida’s daughters develop breast cancer. So we played the scene in the living room where Frida tells Henry that their eldest has breast cancer, then cut forward a few years to the same scene, but now it’s Louise with cancer, then cut forward again to the same scene with Pearl.
- Next, we played another living room scene, of Pearl and Lawrence getting the news that their daughter

Helen has breast cancer.

- While Helen is in remission from breast cancer, she and her husband Clinton had lunch with her parents. Her mother, Pearl, now has ovarian cancer. We flashed forward a few years to the same dinner, only now it’s dinner after Helen’s funeral. Pearl beat ovarian cancer, but in the intervening years her daughter died of the same disease.

Try to maintain character monogamy (let a character be played by only one person) insofar as it’s possible, and when the players have a sense of the cycle of cancer, stop playing scenes. The family tree, with its professions and ages, and the timeline are there to help you and get your imagination churning; if names, professions, or other details get changed, it’s not a big deal. The important thing is to play the family history and understand how it repeats. Having the players of Rita and Elle play the women in this family may add to the resonance of later scenes.

It’s also important that everyone participate in scene setting. If a couple of players have an idea for one scene, involve the others in setting the next. Prompt them with questions—where are you? what’s the news to be revealed?—if needed.

Begin the game immediately afterward.

THE GAME

It’s possible to tell a complete story using the scenes described below. Of course, if the GM feels it necessary, he or she may add scenes to the game, so long as they relate strongly to the theme of the act—the stakes, the uncertainty, medical intervention, etc.

Act 1: Where We Are Now (Monologue)

Breasts

Line up the players on stage. Ask each character to give a short monologue, 1-2 minutes, about the meaning of breasts:

- Peter describes how he relates to Elle’s breasts now
- Jared describes how Rita’s breasts have changed since the surgery.

- Elle imagines how she will feel about her breasts in the future.
- Rita describes how she used to feel about her breasts, and how she does now.

The point: to get the players used to talking about breasts, because sometimes it can be a little awkward.

Act 2: Establishing the Stakes (2 scenes)

During this act, if you wish, you may introduce flash-back scenes, if you think they will help us learn more about these characters and how they interact around cancer.

In the Car Home

Elle is in the car home with Peter. She has just come from a doctor's appointment in which she learned she has the same genetic mutation her sister does. This scene revolves around how Elle and Peter respond to the news and what that says about their relationship. Before the scene starts, have the players quickly establish whether Peter came to the appointment with Elle, or whether he simply picked her up.

Here are some things you might find out from the scene: Is he supportive of her, or withdrawn? Did he come to the appointment with her? Did he want to? Or did she want to go alone? Is she attempting to cope with the reality of the situation, or trying to pretend nothing is wrong? Does either of them have a gut feeling about what should be done?

Should We Have Kids?

Rita and Jared at home the night after Rita's most recent appointment with her gynecologist. The doctor says she's clean and ready to go if she and Jared want to start a family. They should talk about whether they want kids, finances, and work.

This scene revolves around Rita and Jared's expectations for the future, and will allow them to explore whether they really do, in fact, want kids, and what that might potentially mean. If they did have kids, would they do it naturally or try to select out of BRCA? How much of a shadow has living with BRCA been on both their lives? Does Jared resent how Rita's illness has changed their relationship dynamic, or is he simply silently accepting that her needs as the focal point of the relationship?

Act 3: The Uncertainty (3 scenes)

The Lump

Elle and Peter at home, the night after Elle's mammogram. The doctor said he sees the lump she's concerned about and it's hard to read. He's sending the results off for a second opinion. How is she handling herself? Is Peter supporting her?

This scene begins forcing Elle toward a decision, whether that means surgery, surveillance, or doing nothing. It's aimed at complicating the picture around "surveillance," which sounds easy—like a regular dentist check up—but can be emotionally difficult. It's likely that the lump is nothing, but emotionally, even a lump that's benign can cause a lot of feeling. This scene is also about Peter—what is it like to live with someone who is freaking out over something that might be nothing, and is he up for dealing with this over and over again?

The Missed Period

Rita has missed her period, and so takes a home pregnancy test with Jared waiting in the wings. She is not pregnant. Missing a period can be a symptom of ovarian cancer.

This scene is about ovarian cancer and how its symptoms are super-general, which can put high-risk women in a continued state of paranoia about cancer. It's also about the build up of whether Rita is pregnant, dying from ovarian cancer or just missed a period, three very different outcomes with different emotional significance.

Note: At this point in one play test, Rita and Jared had established the significance of ovaries as reproductive organs. But ovaries also send out estrogen, which is important to sex drive, mood stability, bone density, etc. If the players focus on the reproductive aspects, try to emphasize that immediate surgical menopause at 35 is also a potential loss of sex drive, etc. Perhaps ask Jared to monologue about whether he'd be willing to cut off his balls.

In another play test, Elle and Peter dealt with the lump by trying to forget about it and going out on the town. Rita and Jared's players jumped in as extras. This led to a subtle interior story for Elle and Peter – their plotline became

about trying to ignore the reality of the situation.

Monologue: The Nightmare

Line the characters up on stage. Go down the line, asking them each to describe in a few words what their worst nightmare is at this point.

Note: The point here is to let characters voice inner fears they might not have been able to express in scene, and to get on the table what the worst outcome is. If the players seem too terse, you can also ask Jared/Rita to monologue about what it would mean to remove Rita's ovaries, and Elle/Peter about what it would mean to lose Elle's breasts.

Act 4: Medical Interventions (3 scenes)

Note: in one of the play-tests, Elle had decided to cut off her breasts going into her scene with Peter in this act. For her, the test-results weren't needed to push her into a decision. Instead we played the scene where she announces her decision to Peter. If Elle or Rita has already made a determination, let her scene be about announcing the decision to her partner and dealing with the emotional fallout.

The Ladies' Lunch

Rita and Elle go out to lunch and talk.

This is an opportunity for Rita and Elle to talk to someone who truly understands. Peter and Jared can give sympathy, but they don't have the lived/bodily understanding. It's possible that Elle will try to play it cool with her sister, while feeling a bit crazed underneath, in which case, try to help Rita crack her sister's shell. In the play tests, the scene ended with Rita urging Elle to have the mastectomy. Rita's issues were curiously absent. You may wish to draw out the scene a bit to help the two talk around to Rita's fears as well.

The Test Results: Elle and Peter

Elle and Peter, the night after Elle receives her mammography results in the mail. [Give Elle the folded test results. The players can open the paper by unfolding it at any point in the scene. Or not.]

Giving Elle and Peter the ambiguous test results will help force them to make a decision. Can they live with the uncertainty that "probably benign" represents, not just this time, but the next time, and the time after that?

If the pair seems like they are opting for surveillance, you may wish to fast forward in time, and ask them to roleplay receiving various results several times, to help illustrate the hidden psychological cost of screening.

Can Elle take this ambiguity over and over again? What might the continued psychological toll on the relationship look like?

In one play test, Peter urged Elle not to have the surgery over something that was mere risk. Her desires to live free from fear and to not have internal body parts cut out are part of the tension of the scene. And will Peter stick with Elle through all of this tough-to-handle emotional work?

The Test Results: Rita and Jared

Rita and Jared, the night Rita receives the results of her transvaginal ultrasound in the mail. [Give Rita the folded test results. The players can learn the results by unfolding it at any point in the scene. Or not.]

This scene parallels Elle and Peter's: it's about how the ambiguity of the situation is psychologically tough. Does the relative lethality of ovarian cancer make a difference in how Rita decides to proceed? In one play test, the characters were so convinced that Rita had ovarian cancer that "probably benign" came as a huge relief to them (as opposed to Elle and Peter's scene, in which it scared Elle).

This scene can also be about playing on the past—Rita doesn't want to die of the same thing that killed her mother—as well as about kids. It's likely that Jared, with his logical sensibility, will urge Rita to have her ovaries out. The potential desire for kids raised in the first act is meant to complicate this decision. And perhaps Jared, who has already lived through this ambiguity once, is tired of the whole thing and just wants it over as soon as possible?

Act 5: The Fallout

In the Bar

Peter and Jared go to the bar together to talk about what the women should do.

Chances are good that the men have been repressing their real feelings about the women's emotional situations and potentially, their physical bodies. This scene

should let the men blow off some steam and help them get their unvarnished opinions onto the table. In one play test, it ended with a fight between Peter, who was adamantly against Elle getting a mastectomy and destroying her beauty, and Jared, who found Peter's point of view callous. Cut after the men have gotten their true emotions onto the table.

On the Way to the Party

Set up two chairs on each side of the play area. Elle and Peter and Rita and Jared are riding to the same party in two separate cars. Cross-cut between the two scenes — when you say cut, the spotlight switches from Elle and Peter to Rita and Jared, and vice versa. The scenes end either when the women say they know what they are going to do or when the couples have closure.

This scene gives closure to the immediate conflicts of the game—the relationship drama unfolding between each couple. It's in the car on the way to a party because obviously before a party is the worst time to talk about emotional stuff, and being in the car forces the characters to keep talking to one another since neither one of them can leave. Coming off of the previous scene, it may be a time for the men to reveal their true emotions to the women, or to keep that painfully hidden. In different play tests, Elle and Peter have broken up or vowed eternal love, while Rita and Jared typically deal with the emotional repercussions of fertility.

If the players are talking around the issues without addressing them directly, as happened in one of the play tests, tell them that there will only be one or two more exchanges and that they ought to try to bring their scenes to a close. The ambiguity of avoiding a decision can make a powerful ending.

It's Never Over

This scene takes place many years after the last one, and is meant to be a short scene about the long-term fallout from BRCA. What you play will depend upon how the game ended and on what seems most “right” for the narrative.

In several of the play tests, we quickly established that either Rita or Elle would have gone on to have biological children. We chose to play the scene where one of them decides to sit down with her daughter (played by the other one) and talk about breast cancer. If one of the men is still in the picture, and he'd be there for the discussion, have him present too.

That scene worked well in the play tests where the characters made clear decisions. In a run where both couples ended their scenes on very ambiguous notes, it wasn't appropriate, since both Rita and Elle decided that they would have their ovaries out and adopt kids. In this context, it'd be more meaningful to have Rita and Elle sitting together, many years later, talking about how they feel about their surgeries in retrospect.

In your run, use your judgment to create a fitting final scene.

In any case, this scene need not last very long. In several play tests, the game ended quickly after about one or two minutes with something like, “Have you ever heard about cancer?” The point, of course, is that there's no closure on something like this; it keeps going on and on.

Debrief

Sit everyone down and ask them to talk about the game. Feelings? Thoughts? Musings? Impressions? Ask some pointed questions about the fallout of the game. Make sure no one person dominates the conversation, and that everyone talks. It's nice to end by going around the circle and asking each person to say very briefly, one thing about the game that made the biggest impression on them.

THE GAME MATERIALS

Pre-Game Checklist

- Print out the character sheets, quick-reference game materials, five copies of the information on BRCA for the players (included in this pdf), and a couple copies of the Timeline and Family Tree (two are included in this .pdf; and it's nice for players to share)
- Print out the test results, fold them into thirds, and label them.
- Bring tissues. Some people cried during the warm-up in one of the play tests. But don't make a big point of putting them on the table.

GM CHEAT SHEET

The Niceties

- Welcome people and explain the premise of the game
- Explain the GM tools used (talk about X, bird-in-ear, monologues, play it twice, cutting, etc.)
- Hand out the informational sheets on BRCA. Walk them through it.
- Show off the family tree
- Explain that there will be a long warm-up and read out the scene list

General Warm-ups

- Do an energy-raising exercise
- Word association
- Count to 20
- Safety talk: physical boundaries, "cut" and how sex might be played. Tell players that their personal well-being always trumps finishing the game.

Cancer Warm-Ups

- Ask people to talk briefly about their experience with cancer. (Why did you want to play this game? What sorts of encounters have you had with this illness? Please keep it short)
- Guided meditation imagining cancer risk. Tell people they can open their eyes if they start to freak out.

Cast the Players

- Equal gender balance: most introverted man and woman get Peter and Elle. Extroverts get Rita and Jared
- Unequal gender balance: Introverts go to Elle and Rita. The least-extroverted person remaining gets Peter, with Jared falling to the remaining person. If you have one woman, try to cast her as Rita, unless that ruins the group dynamic.
- Or: use your GM sense.

Establishing the Characters

- Sex Lives. You may want to start off pairs with a physical exercise back-to-back or have them hold hands during the discussion to break the ice. Let's talk about sex. Ask Rita and Jared to brainstorm about what their sex life used to be like, and what it is like now. Did they have a routine? Were nipples important? Ask Peter and Elle to brainstorm about what their first time was like, and what their last time was like. How important is sex to their relationship? How important are nipples?
- Every-day life. Each pair sets one or two scenes from normal life and plays them. If you play more than one scene, think about contrasts—playing both happy and contentious everyday scenes.
- Ask if anyone wants to hear the scene list or act overview, and oblige them if necessary.

GAME SCENE LIST

Prologue: Family History Scenes

- Shared family history scenes. The players set and play 3-5 scenes based on the family tree. All scenes should focus on cancer in some fashion. Span at least 3 generations. If Elle or Rita are present, they must be younger than 10 and off-stage

Act 1: Where We Are Now

- Breasts. Short monologues:
 - ◇ Peter describes how he relates to Elle's breasts now
 - ◇ Jared describes how Rita's breasts have changed since the surgery.
 - ◇ Elle imagines how she will feel about her breasts in the future.

- ◇ Rita describes how she used to feel about her breasts, and how she does now.

Act 2: Establishing the Stakes

- *In the Car Home.* Peter and Elle in the car home after the appointment where Elle learns she has the family's BRCA mutation.
- *Should We Have Kids?* Rita and Jared at home the night after Rita's appointment with her gynecologist. The doctor says she's clean and ready to go if she and Jared want to start a family. Talk about finances, kids, and work.

Act 3: The Uncertainty

- *The Lump.* Elle and Peter, the night after Elle's mammogram. The doctor said he sees the lump she's concerned about and it's hard to read.
- *The Missed Period.* Rita has missed her period, and so takes a home pregnancy test with Jared waiting in the wings. She is not pregnant. Missing a period can be a symptom of ovarian cancer.
- *Monologue: The Nightmare.* Line the players up on stage. Go down the line and ask the characters to describe their worst nightmare in a few words. If necessary, ask Peter and Elle what it would mean to them to remove Elle's breasts. Ask Rita and Jared what it would mean to remove Rita's ovaries.
- *Note: If the players treat ovaries as mere baby-producing organs in this act, do something to complicate that.*

Act 4: Medical Interventions

- *The Ladies' Lunch.* Rita and Elle go to lunch and talk.
- *The Test Results: Elle and Peter.* Elle and Peter, the night after Elle receives her mammography results in the mail. [Give Elle the folded test results. The players can open the paper by unfolding it at any point in the scene. Or not.]
- *The Test Results: Rita and Jared.* Rita and Jared, the night Rita receives the results of her transvaginal ultrasound in the mail. [Give Rita the folded test results. The players can open the paper by unfolding it at any point in the scene. Or not.]
- *Note: If either of the women have already made a decision before their couple's scenes, let them play a scene where they deliver the news and deal with the fallout.*

Act 5: The Fallout

- *In the Bar.* Peter and Jared go to the bar together to talk about what the women should do.
- *On the Way to the Party.* Cross cut between Elle and Peter and Rita and Jared, who are riding to the same party in two separate cars. The scenes end either when the couples have closure, or when the women say they know what they are going to do.
- *It's Never Over.* This scene takes place many years later. What you play depends on what feels right for this particular run of the game. Playing the scene where Rita/Elle tells her daughter about the family history often works, but if it doesn't seem right, set something else in consultation with the players. You may not need to play the whole scene.

Debrief everyone and thank them for playing.

GUIDED MEDITATION SAMPLE SCRIPT

Let the players know that if they need to, they can open their eyes at any point during the meditation to lessen the intensity.

I want you to relax. Think about yourself and where you are right now. Are you feeling tense? Sad? Hung over? Let your shoulder blades relax and press into the ground. Relax your legs and let them get loose. Relax your neck. Let your arms go limp and melt into the floor.

Think about yourself, your body. What part of your body do you value most? And when do you notice that part? Are you in the bathroom staring at yourself in the mirror? Are you at work, sitting at a desk? Or at home, having a drink? Think about yourself. And think about your body.

Imagine that for the last few weeks you haven't been feeling well. Something is wrong. You've felt tired. Stiff. Your body hurts. You don't know what's wrong.

Now, it's several weeks later. The patients in the waiting room are limp. Grey. Desperate-seeming. You sit next to them. And you feel grey too.

After the doctor's appointment, you remember only three words, "You have cancer." It is pretty far advanced. How do you feel? Do you feel devastated? Or do you feel relieved that it's finally come, relieved to know what's wrong?

Who will you tell first, and how will they react?

Imagine yourself mentally foggy. Things seem to move so fast these days. The conversation flies right by. And you are tired, so tired.

Imagine yourself without hair. You can't eat because your mouth hurts. At a friend's house, you smell something strong—what is it? —and the odor makes you throw up.

Imagine you are recovered from surgery. Were they able to cut the cancer out? How do you feel about what is gone?

What will sex be like after this? Will your partner still be able to look at you, the new you, the secretly real you and still feel love? Or can you see pity forming in their eyes? How do you feel when your lover sweeps their hand over the part of you that is gone?

How do you feel about your body? Has it betrayed you, or are you just a victim of circumstance? Do you feel angry or sad or afraid of what might happen?

How do your friends feel about all this? Have they come to visit and brought you soup and stayed too long until you are so tired you could cry? Or have they stayed away, afraid that you will contaminate them with your illness, afraid to look in the eyes of their own mortality?

When you feel ready, open your eyes, and slowly sit up.

Do not make the players talk about what they experienced during the meditation.

Rita

, 35, moderately successful pulp novelist

“Though none of us would know cancer; we would know the curse of fear. And with a scalpel, we would choose to cut it out.”

driven, artistic, in touch with her emotions, hot-tempered, desperate to cheat death, stubborn, fearful, plan-oriented

Rita believes that her BRCA mutation has made her who she is, by forcing her to cope with the idea of her own mortality from a young age. She has always felt she might die young, so she has tried to live intensely, driving too fast, listening to music too loud, jumping at every opportunity and generally refusing to let her hands lay idle for more than an hour. The only thing that can stave off death is life. She's driven to succeed and to leave something concrete—novels or kids or both behind.

While BRCA sucks, it's hardly lethal, as her family tree proves—she has many relatives who lived long fulfilling lives after watching family members die and cutting out body parts of their own. The BRCA mutation—the pain and the suffering, but also the fierce will to live—is who she is. Who is she to deny that potential gift to the next generation?

Three life-defining events:

- Her mother's breast cancer. As a kid, Rita watched her mom suffer.
- Her mother's death. Almost a decade ago, Rita watched her mom die horribly of ovarian cancer after months in and out of comas, while Elle was at college. Mom didn't want to ruin her experience.
- Her own mastectomy. As a newlywed, and shortly after her mother's death, Rita tested positive for the BRCA gene. After a few depressing months wrestling with her risk, she had a double mastectomy with reconstruction.

Hopes and fears:

- Greatest fear: becoming her mother. That is to say, becoming sick and dying. She fears for herself and Elle.
- Greatest hope: to cheat death by leaving behind something immortal. Whether that's her novels or her genes remains to be seen. BRCA is a fucked-up family gift, but as much as it sucks, it's made her who she is.
- She's facing complete surgical castration before age 40.

About Rita and Jared:

- Met through their community theater group. Jared is a biologist. They have been married for about 8 years, and together for almost a decade. She fell in love with his elegant hands, his relaxed and unflappable attitude, and his keen intellect.
- Rita thinks their relationship is an equal partnership. He's less ambitious than she is. Jared thinks that the balance of power skewed too much toward Rita in the wake of her surgery—they're always doing what she wants regardless of his feelings. Rita is unaware that Jared feels this way.
- Rita wouldn't have had the courage to cut off her breasts, if Jared hadn't supported her decision.
- The mastectomy affected their sex life, since the skin over her breasts feels dead. That's been tough. One time, Rita burst into tears after Jared touched her breasts. Right after the surgery, she felt understandably frigid, and she's not aware of how difficult this was for Jared.
- They are both on the fence about having kids. If she has a child, there's a 50-50 chance that it will have the BRCA gene and the cycle will start over.
- To avoid ovarian cancer, doctors recommend she remove her ovaries in the next five years, or “after childbearing

is completed.”The removal of the ovaries brings on immediate surgical menopause.

- Rita is sick of medical interventions. If Jared proposes they try in vitro fertilization, it’ll be pretty hard for him to talk her into it. Selecting an embryo without a BRCA mutation would feel like a denial of herself, of her own experience, since she can hardly imagine herself without it.

During this game, she will have to make a choice about whether to have children, how to have children (naturally, by screening her eggs for BRCA, or through surrogacy or adoption), and whether/when to remove her ovaries.

Here’s how one woman (not necessarily Rita) talked about her new breasts:

“I spent a lot of time crying about my new boobs. And had to buy almost an entirely new wardrobe. Clothing that fit one way fit a different way. [...] I go to an all women’s gym and I often feel that people are sort of side-eyeing me. And I resent other people for never having to go through this. I understand rationally that everyone has their own story; maybe they just have really good reconstruction.”

Jared

, mid 30s, biologist

"If thine eye offends thee, pluck it out."

Complacent, scientific, values logic, unemotional, stubborn, loyal, decisive, always tries to make the "right" decision.

A risk-averse, dependable pragmatist—someone who sees the big picture and values impartial evidence above all else. He's a moderately successful biologist for a drug company, and satisfied with what he's accomplished—he's not as driven and ambitious as Rita. And that's OK with him. While she's off taking artistic risks, he's holding down the fort and paying the electric bills.

He has a stubborn streak a mile wide. Sometimes, for reasons that aren't entirely clear to him, he digs in his heels and won't budge.

- He and Rita met at their community theater group. They've been together for 10 years, and married for 8. She's a pulp novelist of middling success. He was attracted to her lust for life, her dry sense of humor, and her inability to sit still.
- Shortly after they married, her mother died of ovarian cancer. Her younger sister, Elle, was at college for some reason and didn't give Rita the emotional support she needed. Jared stepped up.
- Rita tested positive for her mother's gene, and of course, Jared recommended that she do the most sensible thing scientifically speaking and remove her breasts to permanently lower her risk. He'd rather have her mutilated and alive than buxom and dead.

How Rita's surgery affected their relationship:

- Her frigidity after the surgery was understandable, but frustrating. While her new breasts look far better than the old ones (and are bigger too), they aren't as much fun since she can't enjoy them. Sometimes she cries when he touches them. During sex now, he has this fear of tripping the switch for her.
- She doesn't appreciate his dependability and understanding.
- Her surgery changed the dynamic of their relationship. Beforehand, his infinite small preferences meant that the weight of decision often fell on him. After the surgery, he had to pick up the slack. The strength and unpredictability of her emotions during this time also established a dynamic between them—she experiences an emotion, and he gives her what she wants. The focus is too much on her, and it's getting old. She always gets her way—the food they cook for dinner, the activities she wants to do on the weekend, the things they watch on television. He caves to these preferences out of habit—he's used to placating her.
- As for kids, they both kind of want them, and kind of don't. It'd mean an end to their freewheeling lifestyle. But they have to make a decision soon—Rita needs to do the right thing and have her ovaries out in the next five years, or "after child-bearing is completed." Ovarian cancer is no joke—it's nearly undetectable, and therefore highly lethal.
- There's a 50 percent chance their kid would have the gene. Unless they pick an embryo with in vitro fertilization...he's not sure he could go through this gene bullshit again with their child.

During this game, he and Rita will have to make a choice about whether to have children, how to have children (naturally, by screening her eggs for BRCA, or through surrogacy or adoption), and whether/when to remove her ovaries.

Here's how one man married to a woman with BRCA (not necessarily Jared) talked about ovarian removal:

“I'm not sure I ever wanted kids, but am I ready to give up the possibility permanently? And what the fuck does my readiness for kids have to do with it? How can I even put that into the conversation when my wife's life might be at risk? How can my desire for kids...my wife has to decide whether or not to be alive! If I speak my opinion, then I'm coloring and influencing the chance that my wife might die. She might die because I expressed my opinion, desire, and feelings.”

Elle

, 29, broker

“Que sera, sera; whatever will be, will be.”

planner, ambitious, intelligent, unemotional, detail-oriented, businesswoman, buttoned-up, fatalistic

The Past:

- Elle doesn't remember her mother's breast cancer like Rita does, since she was only an infant at the time. Still, sometimes she feels responsible—pregnancy hormones can feed certain types of cancer, and her mother got ill so soon after the birth.
- As a young child, she doesn't remember feeling scared until well-meaning adults asked her, “are you afraid your mom will die?”
- At core, Elle doesn't like to think about that. She makes it a point not to remember her mother's death 8 years ago while she was away at college, desperately trying to pretend that everything was normal. She didn't have to see their mother die up close like Rita did. Sometimes she feels guilty for following her mother's wishes and trying to have a normal college experience.
- Between her mother's history and the fact that nearly all her relatives—out to second cousins—lost breasts and ovaries to cancer or fear of cancer. Elle knows that old age is not a guarantee.

The Present

- Elle deals with the uncertainty of life through planning, mainly short-term planning, since anything—cancer, surgery, death—might happen in the future.
- Deep down, the prospect of getting cancer terrifies Elle. But she realizes that what will be, will be. The idea of carving out healthy body parts to avoid risk, rather than actuality, horrifies her. She is who she is and her body—no matter how flawed and vulnerable—is part of that. At the same time, rolling the dice when the stakes are her life doesn't seem smart. She always tells clients not to risk something they aren't willing to lose, no matter the odds.
- She doesn't like to think about BRCA. If she thinks about it, she will be afraid. And if she gives into fear, then the BRCA mutation wins. So she distracts herself with other matters.

Relationship with Peter:

- A few years ago, they met at a bar, and moved in together soon after. Recently, they've gotten engaged. He freelances as a graphic designer, but spends as much time as possible painting. He has scars over his chest from a house fire that burnt him as a kid.
- He's the freewheeling spirit in the relationship. She grounds him, he chills out her uptight self. Together, they take impish pleasure in ignoring responsibility—drinking on work nights or staying up late watching television.
- Elle loves Peter, but feels she can't rely on him to remember her birthday or where he last put his wallet. He's a bit forgetful. She pays the bills and contributes to the retirement account. She brings him tea when he's sick and reminds him to wear a hat outside.
- She worries that the only reasons he's with her are her stable job and her good looks. She is afraid to change the status quo between them.

During this game, Elle will have to make a decision about her cancer risk. Will she do nothing? Can she endure surveillance? Or will she choose to cut out her breasts and ovaries?

Here's how one BRCA woman (not necessarily Elle) described getting her test results:

"I was convinced I was going to die of cancer. I was in shock. I am agnostic but superstitious and it was like the universe was just flipping me off. I was angry. I thought that my husband should leave me because he hadn't signed up for this. He at no point wanted to divorce me, I just thought he should."

Peter, 32, freelance graphic designer, recreational painter.

“There is nothing that wastes the body like worry” or “I speak two languages, body and English”

artistic, lusty, spiritual, dilettante, attention-seeker, over-confident.

Peter is the life of the party and he knows it. A lifelong dilettante, he knows a little about a lot of things and sometimes overestimates his own expertise.

He went to school for graphic design, but tries to spend as little time as possible on his freelance work so that he can reserve most of his time for painting. He feels privileged to be able to seek different experiences—both good and bad—and believes it’s his responsibility to put these experiences on paper for all the poor office-bound saps who will never know real freedom.

He has a cordial relationship with one of his exes.

A house fire when he was a kid left him with scars on his chest and a deep belief in bodily integrity. We are our scars; our bodies are sacrosanct. To change them is to play with what the universe intended. At the same time, nearly dying in the fire has made him deeply afraid of death, especially death that lingers. He’d like to go out in his sleep, or at least quickly. And he doesn’t want to watch someone suffer either.

Relationship with Elle:

- They met at a bar a couple years ago and moved in soon after. Recently, they’ve gotten engaged. She works as a successful stockbroker. It’s true what they say: opposites do attract.
- She’s an über-planner, and sometimes he teases her about this. He’s just glad she doesn’t have him planned into submission—she enjoys his spontaneous, take-life-as-it-comes attitude. And she takes care of all the practical stuff that slips his mind too—bill payments and cleaning schedule and so on.
- He senses a bitter future. Elle has this horrible gene; can their lives continue on as they had been? He likes Elle as she is now, as her body is now. He worries that she will want to do the same thing her sister Rita did, take off her breasts, mutilate herself and her psyche and destroy the person (and the body) he’s come to love so much.
- Peter knows that sex is probably the least important thing in this whole equation, but it seems pretty important to him. How will this change their intimacy? If she decides on surgery, will he still be attracted to her physically? And would he still be attracted mentally to someone who chose that path? He feels shallow even thinking about it, but he’s not sure whether it would be a deal-breaker or not.
- He’s not prepared for this. The things she wants from him, the things he feels he should be able to give her—maybe it’s better for her to think he’s an asshole then for him to stick around, if he can’t give her the things she needs and expects from him.
- Dealing with this feels like growing up, and he’s not sure he’s ready to become the dependable partner that someone going through a freak-out needs. At the same time, he loves her and wants to support her, since she’s been such a steady rock for him.

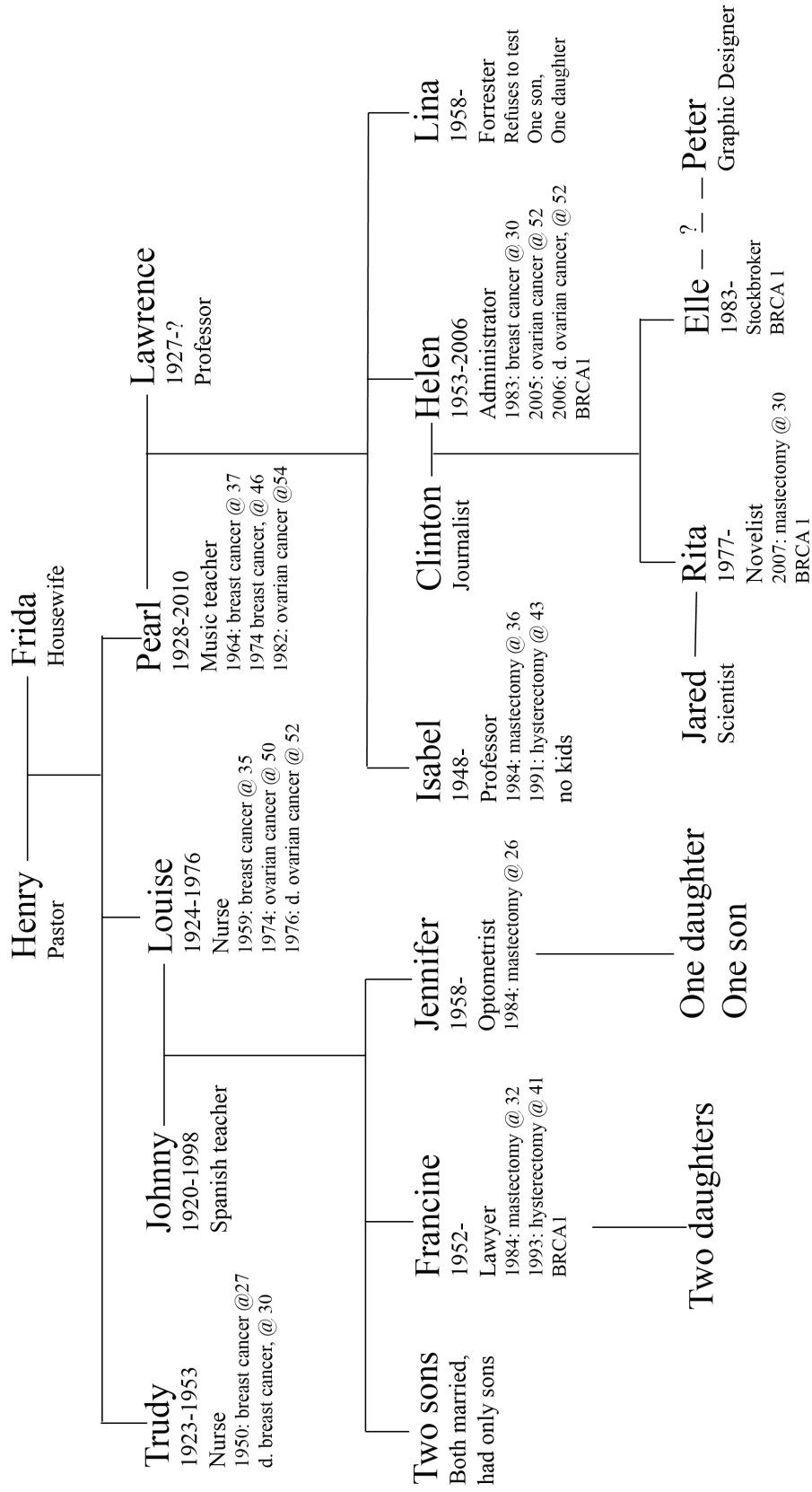
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Peter will have to decide how he feels about her decision, and whether he's willing to stay with her.

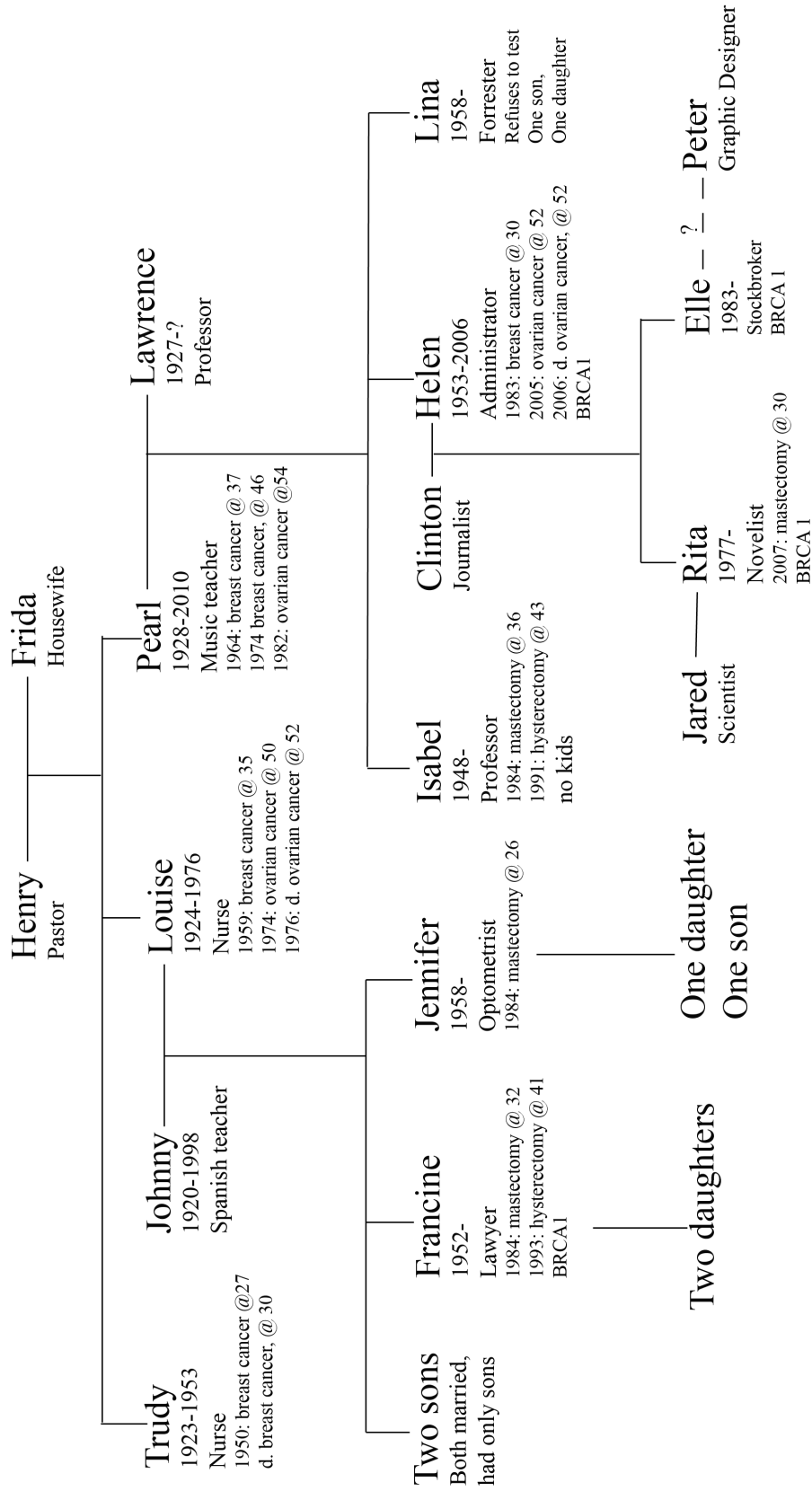
Here's how one woman with BRCA (not necessarily Elle or Rita) felt about being called "brave":

"It didn't feel like a choice anymore. It felt like all my choices were limited to handling this badly or handling this really badly. There wasn't a good option, so I didn't deserve praise for sort of bumbling through it. And I also had a lot of issues feeling like I was making far too big a deal of it."

Family Tree



Family Tree



FAMILY HISTORY TIMELINE

1950 Lawrence and Pearl get married (Grandparents)

1953 Trudy dies at age 30 of breast cancer (Great Aunt)

1959 Months after giving birth to her fourth child, Louise is diagnosed with breast cancer. (Great Aunt)

1964 Pearl discovers her first breast cancer. (Grandmother)

1974 Louise diagnosed with ovarian cancer at age 50. She'd had symptoms for years but the doctor said they were menopausal. Pearl develops second breast cancer in her other breast. (Great Aunt, Grandmother)

1976 Louise dies of ovarian cancer at age 52 after years in and out of comas. (Great Aunt)

1982 Pearl develops stage III ovarian cancer and lives. (Grandmother)

1983 Helen is diagnosed with breast cancer shortly before her 31st birthday. (Mother)

1984 Isabel, Francine, and Jennifer have prophylactic mastectomies. (Aunt and mother's cousins)

1992-1993 Francine and Isabel have hysterectomies – including removal of ovaries. (Aunt and mother's cousin)

1994 *BRCA1 gene discovered*

2005 Helen diagnosed with ovarian cancer and tested for BRCA (Mother). Rita and Jared get married.

2006 Helen dies of ovarian cancer. (Mother)

2007 Rita tests for BRCA and has prophylactic mastectomy.

2009 Elle meets Peter and they move in together.

2012 Rita persuades Elle to be tested for BRCA.

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BACKGROUND ON BRCA

BRCA is an inherited genetic mutation that dramatically ups a woman's chances of developing breast and ovarian cancer. How dramatically?

	Average Woman	BRCA 1 Woman
Lifetime chance of developing breast cancer	about 12%	40-86%
Average age of breast cancer diagnosis	61	Unknown, but much younger. Diagnosis in the 30s is not unusual.
Lifetime chance of developing ovarian cancer	about 1.4%	40-60%
Average age of ovarian cancer diagnosis	63	Unknown, but younger.

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- **Do nothing.**
- **Surveillance.** A team of doctors watches you closely. Lots of appointments each year.
- **Surgery.**
 - ◇ **Breasts:** Cut off your healthy breasts and drop your risk of breast cancer to 1 percent. Reconstruction is available, but will probably mean more surgery down the road.
Side effects: say goodbye to breast sensation and breast-feeding.
 - ◇ **Ovaries:** removing ovaries reduces ovarian cancer risk, and if you still have your breasts, it reduces breast cancer risk too.
Side effects: induces permanent infertility and menopause, with hot flashes, reduced sex drive, bone density loss, etc. If you've already had a mastectomy, they can give you hormones to reduce these effects.

The upshot on breast cancer: We have lots of detection tests. Localized breast cancer is quite curable. Cancer that's spread is another story. BRCA breast cancer is more likely to strike young and be aggressive and resistant to certain therapies.

The upshot on ovarian cancer: It has general symptoms (tiredness, bloating, weight gain, irregular periods). There is no reliable detection test; it's usually caught in the late stages, and is therefore highly lethal. More than half of women diagnosed ovarian cancer die within five years.

Child-bearing

Many BRCA couples choose to do it the old fashioned way, which means their kids have a 50-50 shot of ending up with the BRCA mutation. Couples can also opt for in vitro fertilization, combining their own sperm and egg outside the body and selecting an embryo that is not BRCA-positive for implantation into the woman's uterus. The woman may also freeze eggs or embryos for later implantation into the uterus, in order to have the ovaries out now. But, of course, those procedures can be complicated and are not always successful. Adoption and egg donors are other options.

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Three specialists have reviewed last week's ultrasound.

The mass we examined is:

benign

probably benign

cancerous

probably cancerous

Please contact your physician for a follow-up appointment at your convenience.

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Glossary of Cancer Terms

Using the exact technical terms isn't so important in this game. For your reference, though, here are some of the words that pop up in the game text.

Benign – harmless. Benign tumors are the good kind.

Biopsy – a test for cancer in which some or all of the suspected tumor is removed and sent for testing. There are needle biopsies, where a little of the tumor is tested with a needle, and surgical biopsies, where the surgeon cuts into a person and removes the whole tumor.

Chemotherapy – derived from the mustard gas used in WWI, chemotherapy uses toxic chemicals that attack cancer cells, but cause collateral damage to other fast-growing cells in the body, including hair follicles, and the lining of the digestive tract. Side effects include: constipation, diarrhea, nausea, vomiting, hair loss, fatigue, memory changes, reduced sex drive, and low white blood cell count.

Hormone therapy – Some sorts of breast cancer grow faster in the presence of hormones such as estrogen. Hormone therapy uses chemicals to deprive the cancer of hormones, by jamming up the cancer's hormone receptors with other molecules, or by reducing the levels of hormones in the body. Side effects: temporary menopause, mood changes, reduced sex drive.

Mammogram – a test where breasts are squeezed into a machine and photographed using radiation

Mastectomy – the removal of a breast through surgery. A double mastectomy is the removal of both breasts. A prophylactic mastectomy is a mastectomy done for precautionary reasons. So Rita has had a prophylactic double mastectomy.

Metastatic – metastatic cancer, or cancer that has metastasized refers to cancer that has spread to distant tissues, often through the lymphatic system. For example, if breast cancer hitches a ride to a patient's liver, camps out, and starts a new tumor, it is said to have metastasized to the liver. Even though some of the cancer is now in the liver, it's still called breast cancer, because it originated in the breast.

MRI – stands for 'magnetic resonance imaging.' It uses a powerful magnet to look inside the body. Breast MRIs are popular screening tools for young women, who tend to have dense breast tissue that is hard to read through mammography.

Oophorectomy – the removal of the ovaries through surgery. These days, it's done through very small incisions.

Pap smear – A screening test in which a doctor scrapes some cells off the cervix and sends them off for testing, mainly to detect cervical cancer.

Radiation – another main weapon in the battle against cancer. Radiation causes genetic damage to cells, making it impossible for them to grow and divide. It is used to shrink tumors to make them more operable. It can cause damage to surrounding, healthy tissue as well as to cancer cells. It's usually given in many small doses over a long period of time. Side effects include: vomiting, mouth problems, skin changes in the area of diagnosis, infertility.

Stage – When cancer is diagnosed, it is assigned a stage from 1 to 4, where stage 1 means cancer that is locally confined, and stage 4 cancer has spread to distant tissues and is usually terminal.

Ultrasound – a screening technique in which sound waves are bounced off internal organs and made into a picture. It's the same thing used to look at babies during pregnancy, and involves putting jelly all over the place where the doctor is looking. BRCA patients regularly receive transvaginal ultrasounds (they stick a wand up the vagina). If there's a suspect lump in one's breast, it's common to confirm that with a breast ultrasound.