

# I understand why Angelina Jolie said she feels calm now. I do too

Actress Angelina Jolie chose to have her ovaries removed to stop her developing the cancer that killed her mother. Jo Considine took the same drastic action. Here she explains what it was like

Jo Considine, 39, from Maidstone, Kent, is the director of a family structural engineering business, and is married to Paul, 38. They have two children, Claudia, six, and Max, four. At the age of 29 she found out that she had a mutation of the BRCA1 gene — the same as the actress Angelina Jolie — which gave her an 85 per cent risk of breast cancer and a 46 per cent risk of ovarian cancer. Like Jolie, she decided to have preventative surgery to remove her breasts and ovaries

“It’s 50-50 as to whether you inherit the gene. My sister and I went for a screening. We joked that if one of us should have it, it should be me, as I’m much braver with needles than she is. The day before we got our results, she rang the clinic to say she didn’t want to know. If she was a gene carrier, she couldn’t bear the idea of what she might have to go through. They said to her, ‘If you haven’t got the gene, would you want to know?’

I had inherited it, she hadn’t. I was 29. They told me over the phone. I knew they were calling at a certain time, but I was in a meeting so I had to run outside, because there was no reception in the office. When they told me, I was stunned. I couldn’t speak. I took a deep breath, returned to the meeting — it was a sales meeting — and put it out of my head until work was over.

I drove home crying so hard I couldn’t see the road through the tears. I’d called my mother, and Paul, who I was engaged to then. I’d expected the news, but I was numb, angry, scared. We hadn’t had children yet. Why did I have it, and my sister didn’t? For the first few months, I was very tearful. I kept thinking I was going to die. Once, the thoughts were so overwhelming I had to leave work to sit quietly on my own. I hadn’t told many people.

The doctors were keen for me to wait to have a hysterectomy because I was still so young. My breast cancer risk was 85 per cent. My ovarian cancer risk was 46 per cent. The cancer generally doesn’t develop until you’re in your forties. I had yearly mammograms and MRI scans. But for ovarian screening, there wasn’t anything reliable. That was more of a “hoping it would be OK” situation.

Every year, I had a mammogram. Every year, I had that dread, this is it, they’re going to find something. My grandmother died from ovarian cancer when I was three months old. She was a strong, determined character. That doesn’t matter though, does it, if cancer gets you? The news that I’d inherited the gene didn’t rush me into having children, though. I was so career-driven and not at all maternal. So I didn’t have kids until four years later.

My aunt, my mother’s sister, was diagnosed with ovarian cancer at 50. She lived with it for seven years. She had

numerous chemotherapy treatments. She tried everything. She was an artist and lived in Germany, but we were close. We spent her last Christmas at her apartment in Hamburg.

She lay on the bed, and told me if she could live her life again, she’d have children. She gave me a piece of designer jewellery, a brooch, in the shape of a pram. Her husband had given it to her when they were trying to have a family. They’d left it too late. She said to me, ‘Don’t wait any longer. Don’t waste your opportunity to save yourself.’ She died a few months later. By then, I was pregnant.

After both my children were born it was like a switch had been flipped. It dawned on me that if I was gone, they’d just have their father. I didn’t want that. I had this urge, this sense of ‘I have to do this right now’. I wanted my cancer risk removed. If I died of cancer it would be awfully sad. But it would be worse if my children grew up without a mum. Suddenly everything that was important before was so irrelevant and ridiculous. In the end it wasn’t really about me.

My mother was hesitant. She was so scared for me. I understood her, I’d hate the thought of my daughter having to go through what I went through. But I’d also hate the thought of my daughter having cancer. At that point nothing would have stopped me. I went to a breast surgeon and plastic surgeon, in London, for information and I booked the operation.

It sounds bizarre but now I feel lucky to have the gene. There’s a relief. I almost felt it was a lifeline and mortality wasn’t a problem now.

My mum felt guilty. She’d been diagnosed with breast cancer at 43. She survived but was advised to go for a BRCA screening. She was BRCA1. She felt as though she’d given it to me, and that it was her fault I had to go through the surgery.



Above: Angelina Jolie; below: Jo Considine with her husband, Paul, and children, Claudia, six, and Max, four

She’s been at every appointment, at every procedure. I wake up and she’s always there. My sister felt guilty as well, for not having the gene.

I do think about my daughter, and my son. They have a 50-50 chance of inheriting that BRCA mutation. The implications for my daughter are exactly the same as for me. I’m hoping in 20 years the solution won’t be quite as extreme as it is now. Maybe just a tablet! My son also has an increased risk of breast cancer, and prostate cancer. He could pass it on to his children.

I had my double mastectomy two weeks before Angelina Jolie had hers. I was 37. I watched the procedure on YouTube first — gory, but I had to know. I didn’t want a surprise. When I gave my name to the receptionist, she said, ‘Oh yes, we’ve got the theatre booked for the entire day for you.’ They marked me up, and wheeled me down. I cried the whole way. You think about your femininity. The reconstruction is brilliant now — you can hardly tell. But I didn’t know what I’d look like. I had a vision of them chopping bits off. I thought I’d be a mash-up.

My surgery lasted 11 hours. When I woke, I felt horrendous. I was wrapped in a sort of surgical sleeping bag, pumped full of hot air — to keep the blood pumping round to ensure that the skin grafts work. I felt so hot and claustrophobic. But the relief was unbelievable: I’d done it. It had all gone.

Paul was amazing. He did school runs, lunch boxes, shopping, washing, visits to parks. I find it hard to let anyone do anything for me. Before I’d gone into hospital, I’d written lists — stuck everywhere. A list on the washing machine, how it worked, what each button did; lists on the side, what clubs the kids were doing, what days and what time. Claudia was four, Max was two.

When I woke up on the breast bay ward, in the plastic surgery unit of St Thomas’ Hospital in London, I felt terribly guilty. There were four of us. The curtains were pulled back and we started chatting. Two women had no hair, from chemo, and the third was going on to radiotherapy. I felt embarrassed that I was taking up a bed, when these women had to be there to survive. They asked me whether I had to have chemo, and I had to say, ‘No, I’ve not got cancer.’ ‘But you’ve had a mastectomy.’ ‘It was preventative.’

After the mastectomy, I had complications, infections. In the past two years, I’ve had 16 procedures. It’s a long journey. My daughter is sensible, quite sensitive. She’d be the one to ask, ‘Mummy, why have you got that big bandage on your tummy, why are you wearing that funny bra?’ I’d say ‘That’s where Mummy had a test.’ She knows I’ve had operations. I came out of the hospital and I had no nipples. When I had them tattooed on, she said, ‘Oh Mummy, you’ve got nipples now!’



Jo Considine

You have a right to prevent your cancer. But when Angelina Jolie had her mastectomy two weeks later, there were negative comments: it was a glorified boob job, or plastic surgery. A mastectomy might seem like an excessive measure for a healthy person, but it can save months of chemo, it can save lives. I’d eradicated the breast cancer as best as I could. The risk was down to under 5 per cent. I’m a tick-it-off-my-list person. Now, I thought, I need to get my ovaries removed.

It was lovely to have my husband’s support. But even without it I think I would still have had to do it. It was my life, my body. Paul said, ‘I’d rather have you with a scar, than not have you at all.’ We’re soulmates. He just wants me alive.

If I was ever negative, if I said I was going to die of cancer, he’d be very cross, and would snap me out of it. If he had similar thoughts, which I’m sure he did, he never, ever expressed them to me. He would just say, ‘Think how lucky you are. You can stop yourself from suffering like your aunt or your grandma. Our children won’t have to go through that grief.’ Really, I thought the same, but sometimes, before an operation, that belief would become clouded.

I had a hysterectomy last year, by keyhole surgery. I googled it, and spoke to friends in my support group, and to specialists at the hospital. I wasn’t worried. I knew it would be short. I was in for two days. Paul reassured me I was doing

the right thing. He said, ‘Long term, we’ll look back, and be glad it’s all over.’

Within two weeks, I wasn’t able to lift anything but I was up and about. It was hard to rest, because I felt so well. When you’ve got children, or a husband, or a dog or a cat, you’re so used to thinking about what they need that you want to get better quickly so you can look after everybody else again.

For me it was the final part of the journey. I said to my mum, ‘I feel really calm’, and she joked, ‘All those female hormones are gone. This must be what a man feels like! One level, rather than up and down.’

The idea of being launched into a surgical menopause did scare me. I thought I’d be sprouting grey hairs and walking with a stoop. It isn’t like that. As a young patient who hadn’t had cancer, I could go straight on to HRT. I had no drop in hormones at all. They recommend that I stay on it till I’m 62. I did feel I was too young to be going through the menopause. That saddens me. But I felt secure. I’d had my children. I didn’t really need my womb any more. It was sitting in there like a time bomb. Who knew when it would go off? I didn’t want to have a hysterectomy, but if I didn’t, the alternative would be worse. As far as my femininity was concerned, it didn’t bother me that I wouldn’t have ovaries, or fallopian tubes, or a womb. But not everyone has everything removed. As long as the ovaries and the tubes are gone, that’s the

Jo knew there would never be a problem after the surgery. She is beautiful. I didn’t need to reassure her that I’d still find her attractive, we never even discussed it. It’s only important that the risk is gone. You want your kids to have a mum. She was worried about whether I was going to be all right, whether I would manage while she was in hospital. I said: ‘Don’t be ridiculous.’ There’s not a selfish bone in her.

A few times after the operation, she was so ill from infections, so poorly. We’re quite organised. We planned for the mastectomy like a military operation, but the first major infection was a curveball out of nowhere. Jo never wanted a fuss. The pain was so bad but she tried to fight through it: ‘It’ll be all right.’ Her mother came over, and I whizzed Jo to hospital. That was the scariest part. I was so worried for her.

After the hysterectomy, came the final ‘we’ve done it’ moment. It’s such a relief that it’s all over. That she was in menopause didn’t matter, for me. We had everything we wanted. It was more of a personal thing for her: any effect it might have on her body, her hair, how she might feel. This has brought us closer but we’ve always been close. You look back and think, this is just another shared experience we’ve been through.”

Paul Considine  
Interviews by Anna Maxted

risk-reducing surgery. You can’t tell whether you have ovarian cancer until it’s quite advanced. I now realise how stressed I was knowing I was carrying the gene. For nine years, the knowledge was always there, niggling: I’m going to get cancer. When’s it going to come?

I understand why Angelina Jolie said she feels calm — I feel that too. My priorities have changed. When I stepped down from my previous career to have children, I felt a bit of a failure. I don’t feel that any more. I have my family and my health. I don’t really want any more than I’ve got.”

Jo volunteers for Breast Cancer Care’s Someone Like Me service, which is now offering support for anyone going through genetic testing. Call 0345 077 1893 or visit [breastcancer.org.uk](http://breastcancer.org.uk) to find out more

## The husband’s story: ‘I’m not as strong as she is’

“We always knew that Jo would need two major operations: the mastectomy, and the ovaries and hysterectomy a bit later. It sounds clinical, but we knew there was a path we had to go down, so we planned our life around it. We had the kids.

Jo is really brave. I’m not as strong as she is. The mastectomy was horrific. I couldn’t be at the hospital with her, even though I should have been, even though she’d have loved me to be there. She wanted me to look after the children so she made me promise to stay home with them. So I was at home, texting her mother at the hospital, trying to be normal for the kids. I was frightened. I still don’t think I’ve had the chance to reflect on what we went through. I guess I’ve never been asked.

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Some 7,000 women are diagnosed with ovarian cancer each year, and 4,000 will die. It is more common in women over 50, but it does affect younger women as well. Of the women diagnosed today, 43 per cent will be alive in five years’ time.

It is a disease that is hard to diagnose and hard to treat. The symptoms are easily confused with other ailments such as irritable bowel syndrome.

Ovarian cancer starts in the ovaries but can spread to the bowel, bladder or womb. In more than 70 per cent of cases the cancer recurs even if a woman has had chemotherapy and/or surgery to remove it. When the cancer returns it is often resistant to chemotherapy.

### What are the symptoms?

There are four main symptoms: persistent bloating and tummy pain, a sensation of feeling full quickly after eating and needing to pass urine more often. If you experience these more than 12 times a month you should see your GP. If you are concerned you can keep track of such signs in a symptoms diary downloaded from [ovarian.org.uk](http://ovarian.org.uk)

### Is there screening for ovarian cancer?

There is no screening programme for ovarian cancer and it is important to stress that cervical smear tests do not pick it up. Detecting it relies on women knowing the symptoms and acting quickly. If you have more than one case of ovarian and/or breast cancer on the same side of your family, then you may be at increased risk because of a mutation of the BRCA1/2 gene. One in five women with ovarian cancer has it because of a BRCA1/2 gene mutation. Even with no family history, it is important to know the symptoms and to act promptly if you are concerned.

### What happens when the mutation is detected?

Someone with a BRCA mutation is at an increased risk of developing both breast and ovarian cancer. After advice from doctors women either opt for yearly breast screening or a double mastectomy followed by breast reconstruction. As there are currently no reliable screening methods for ovarian cancer, regular blood tests and ultrasound scans can be offered. Once a woman has completed her family, she can consider having both her ovaries and fallopian tubes removed. This surgery, called salpingo-oophorectomy, reduces the risk of getting ovarian cancer by 95 per cent.

Dr Sarah Blagden is a consultant oncologist at the Ovarian Cancer Action Research Centre, Imperial College  
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