

Brooke Hasty: The Importance of Finding Your People After a Breast Cancer Diagnosis

It was Mother’s Day weekend, 2021, and Brooke Hasty was getting dressed for the day. As she put on her shirt, she felt something in her right breast. “That’s odd,” she said and made a mental note to follow up with her gynecologist.

Breast cancer wasn’t something Brooke had ever thought about. She was 39, and with no family history of breast cancer, she was considered too young to have a mammogram.

After Brooke’s discovery, her gynecologist scheduled her for a mammogram and ultrasound. “I kept telling myself it’s fine and they were going to find something else,” she recalls. “But I got a sense that something was wrong, though they didn’t tell me anything during the scans,” she says.

On June 17, 2021, Brooke was diagnosed with breast cancer.

After the diagnosis, everything was a whirlwind.

“Hearing you have cancer knocks the air out of you,” recalls Brooke. “Everyone says, ‘oh you will be fine,’ but as the person with cancer it’s a different story. I knew this was going to challenge us as a family, but we were all committed to pushing through. Together as a family, we had this.”

Brooke was born and raised in Brenham, Texas. She didn’t stray too far from her hometown, moving to Austin to get her masters in social work from The University of Texas, where she met her husband, Jeremy. Married for 15 years, Brooke and Jeremy reside in Buda and have two children.



Brooke and Jeremy Hasty

Brooke’s cousin, Allison Gorrebeek, M.D., is a medical oncologist at Texas Oncology–Austin North. She reached out to her cousin right after her diagnosis, and Dr. Gorrebeek immediately stepped in to help figure things out when it came to scans, tests, appointments, and answering the list of questions about what was ahead.

Brooke was referred to Mathew Meenaghan, M.D., hematologist and medical oncologist at Texas Oncology–South Austin.

“Brooke was diagnosed with what we call triple-positive disease, meaning that her tumor was driven both by hormonal stimulation through estrogen and progesterone, but also through abnormal signaling through another molecular pathway called HER2,” said Dr. Meenaghan.

“We were able to start her on a combination of chemotherapy and anti-HER2 targeted therapy for about four months prior to her surgery,” he said. Brooke had a complete pathologic response from chemotherapy, which means that the treatment eradicated all the cancer.

Brooke’s cousin also suggested the need for a breast surgeon as part of her

care team. “I never would have thought of that or made the connection when this all started,” Brooke says.



Mathew Meenaghan, M.D., Texas Oncology–Bastrop and South Austin

Caroline Coombs-Skiles, M.D., FACS, breast surgeon with Texas Breast Specialists–Austin Downtown, performed a lumpectomy of Brooke’s right breast in December 2021. According to Dr. Coombs-Skiles, by doing chemotherapy before surgery, Brooke’s chances of a successful lumpectomy were better since the tumor shrinks.

“Brooke got to keep her breast with a very good cosmetic outcome,” Dr. Coombs-Skiles says. “Is this the trade marked Hidden Scar?”

Highlighting advances in breast cancer treatment

Dr. Meenaghan says that Brooke’s case highlights many of the advances in breast cancer treatment over the previous five to ten years.

“For HER2 positive disease, we can now do a much better job of tailoring treatment if we are able to

start the medicines before surgery,” he says. “Brooke had a complete response, meaning there was no tumor left at the time of surgery, which reassured us that she was going to have a great outcome. Because of this, we only had to continue the anti-HER2 antibody therapy with her. However, we have learned that if patients do not have a complete response, we can escalate their therapy to improve their odds of cure.”

After surgery, six rounds of chemotherapy, and 21 rounds of radiation, Brooke completed seven more months of “maintenance” therapy with just the anti-HER2 antibodies and started on antihormonal therapy. “With this combination of therapy, we anticipate a chance of cure at greater than 90%,” says Dr. Meenaghan.

‘Cancer brought us closer’

Brooke’s breast cancer diagnosis came during the COVID-19 pandemic. That meant she had to go to most of her appointments alone, which was very challenging.

“I remember the first day I had to go for chemotherapy,” says Brooke. “It was going to last for many hours and Jeremy couldn’t come inside with me. He stayed in his car in the parking lot for the entire eight hours I was in treatment.”

Chemotherapy was hard on Brooke, especially by the third session. “I felt so horrible,” she said. “I told Jeremy, Allison, and my mom and dad that I can’t do this anymore. I couldn’t go through with any more treatments.”

Allison told Brooke, “You don’t have a choice, we are doing this.” Brooke pushed through knowing that the hard days would eventually pass. “It took a toll on my body both physically and mentally,” she says.

Cancer doesn’t just affect the patient. It can have a profound impact on loved ones. “Cancer actually brought us closer,” says Brooke of her relationship with Jeremy. “It made me realize how lucky I am to have a husband like him. He really had to step up and take on more.” Their relationship continues to grow and strengthen. “We tag team life,” says Brooke.

‘Something forever changes once you have cancer’

Today, Brooke looks back at the past two years and says, “I feel great, and wow, I made it! But something forever changes in you once you have cancer.”

She now tries to support others who are going through a similar journey. “It’s been amazing to have so many people cheering me on, and I want to do that for others,” she says. Going on this unexpected journey has made Brooke realize life is short, and she strives to live it to the fullest every day.

Mammograms are now an annual thing and her last mammogram in May came back with a report of all clear! “I do regular self-exams at the beginning of each month,” says Brooke. “If I didn’t happen to feel the lump by chance, there’s no knowing how it could have progressed. Know your body and listen to it.”

She has one more hurdle: a scheduled hysterectomy. Because her breast cancer was fed by estrogen, a full hysterectomy is

recommended to reduce risk of recurrence. “I’ve been in menopause since I started treatment to stop the growth of the cancer,” says Brooke. “It was hard to wrap my head around because I was only 39 years old, and it’s definitely impacted my body in ways I wouldn’t normally expect for someone in their early 40s.”

‘Find your people’

What got Brooke through even at the lowest of times? “I would not have made it without my people,” she says. “Find your people and lean on them.” She is incredibly grateful for her family, friends, and care team at Texas Oncology. “They are angels on earth to be doing what they do. They know you by name and make you feel comfortable in a tough environment.”

“Brooke took her diagnosis and treatments with grace and came out the other side with wonderful results,” says Dr. Coombs-Skiles. “She deserves the best outcome, and she got it.”



Caroline Coombs-Skiles, M.D., FACS, Texas Breast Specialists–Austin Downtown

In 2023, Texas is estimated to have 17,230 new cases of breast cancer and 2,290 expected deaths. For more information, visit TexasOncology.com.

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