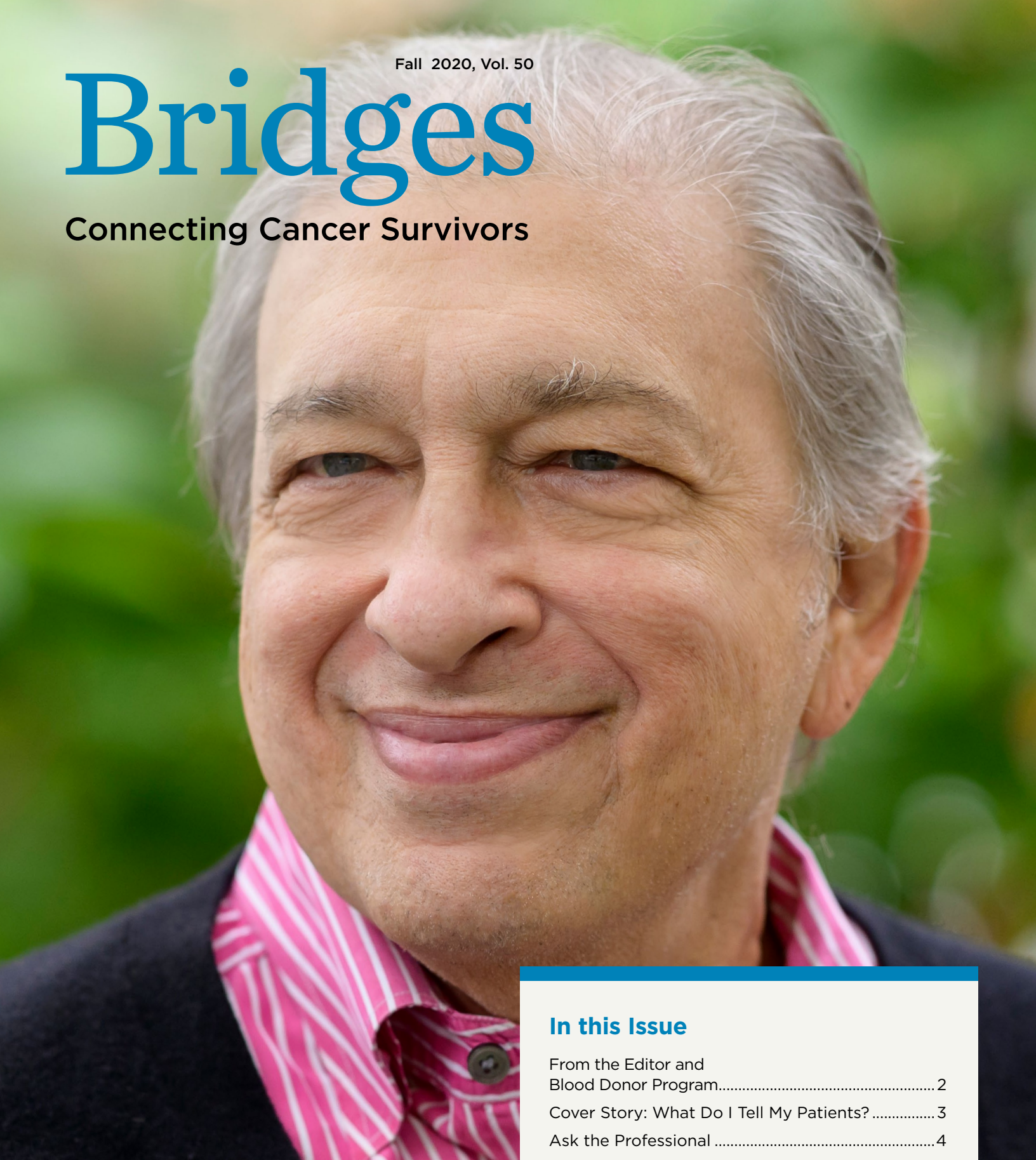


Fall 2020, Vol. 50

# Bridges

Connecting Cancer Survivors



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Memorial Sloan Kettering  
Cancer Center

## From the Editor

By Eileen F. Gould



In my summer 2020 editorial, I discussed the topic of resiliency with regard to being a cancer survivor. Little did we all know what we would face during this global pandemic.

Nothing could prepare you for the emotional and physical toll it would take on us all. It continues to do so

for both cancer survivors and for people who've never had cancer or even faced a serious illness. Some of the skills you develop as a cancer patient and survivor teach you both physical and emotional resiliency, as you have already navigated an arduous set of challenges from the moment of diagnosis continuing into survivorship. Every aspect of COVID-19 created familiar anxiety about the "what-ifs" and mirrored the similar challenges we faced during our cancer journeys. Experiences such as focusing on symptoms; worrying about germs; social distancing and isolation; and having enough of the right medication and supplies all rang familiar and created anxiety.

Every time I heard someone on television or in the news state, "we are all in this together," I would think, "Actually, this time it is true." Survivorship during this time is not just about cancer. Unlike our travels through The World of Cancer and feeling unique, we have all been impacted this time in some way. For those of us who have traveled the road of cancer, our skills have perhaps better prepared us for this global ordeal.

If you would like to share your story or receive an email copy of *Bridges*, please visit [www.mskcc.org/bridges](http://www.mskcc.org/bridges)

## MSK's Blood Donor Program

More than 1.6 million people were diagnosed with cancer last year. Many of them will need blood and platelet transfusions, sometimes daily, during their chemotherapy treatment.

Over 53,000 blood products are transfused to patients at MSK each year. Many cancer treatments would not be possible without the availability of blood products. There is no substitute for human blood, so we rely on the public to help maintain an adequate supply for our cancer patients.

Recently, the COVID-19 pandemic has affected the blood supply in many parts of the country. Large blood centers are unable to hold blood drives with quarantine restrictions in place. There is no risk of getting coronavirus from the donation process and extra precautions are

being taken to protect our donors and staff. Donors are screened for COVID-19 exposure when making an appointment, all donors and staff are required to wear a face covering, and continuous sanitation is performed. The blood and platelet collections we receive from donors help maintain an adequate supply of blood products in times of blood product shortages.

Donating blood and platelets truly does save lives. If you are between the ages of 17 and 75 and meet eligibility requirements, you can donate blood every 56 days. Platelet donations can be made weekly.

People aged 16 may donate blood with parental consent; donors over the age of 75 can donate with a physician's written consent.

Family members and friends of patients are invited to participate in our Directed Donor program. Blood and platelet donations can be directed for a patient if the donor and patient blood types match.

The MSK Donor Room is open 7 days at 8:30 AM – 3:00 PM daily, with additional evening hours until 7:00 PM on Tuesday, Wednesday, and Thursday. It is located in the Arnold and Marie Schwartz Cancer Research Building lobby at 1250 First Avenue.

Find out more info about our donor requirements on our website [www.mskcc.org/giving/blood](http://www.mskcc.org/giving/blood) or call the **Memorial Sloan Kettering Blood Donor Program at 212-639-8177** with any questions, or to make an appointment.

# What Do I Tell My Patients?

By Barry Lubetkin, PhD, ABPP

**T**he lump in my neck could not be ignored! Within days the diagnosis was clear: diffuse large B cell lymphoma. I had little time to process what was happening. Almost immediately, powerful chemotherapy was initiated – six cycles with breaks of a week or two in between each administration. Amazingly and thankfully I tolerated the chemo relatively well. Apart from occasional periods of “chemo brain” and fatigue, I never felt nausea or any of the other often-reported side effects.

I felt deeply confident in the treatment that my oncologist and the team were providing. And as a clinical psychologist, I read with relative understanding much of the relevant research behind my treatment protocol. The only complication in my treatment occurred during the nadir period, approximately seven days after each chemo cycle. I would get fever and chills from an infection because of lowered white cells and would have to be hospitalized for antibiotic treatment.

Even though I was able to treat many of my own patients during my chemotherapy, these unplanned hospitalizations often threw off my schedule. And so the issue of what to communicate to my patients about my condition became paramount. With uncomfortable memories of my mother dying from uterine cancer 60 years ago, and how the nature of her illness was kept secret from me, I decided that the only course was



Barry Lubetkin is a practicing psychologist in Manhattan. In his spare time, Barry collects vintage psychological memorabilia, writes self-help books, and both enjoys and has participated in improvisational comedy. But his most fun activity is exploring New York City with his loving family and friends.

to be completely direct and honest with my patients.

Many of my patients have had problems with anxiety and depression, and not a few of them have often expressed deeply held fears of getting cancer or other serious diseases and how they would be unable to manage their fears. For these individuals I talked freely about my own fears and how I overcame them by challenging worse case thinking and recognizing and integrating the optimism that my MSK team continuously communicated to me. I shared with them how I kept up with the research, asked questions of staff, and felt deep gratitude that my cancer occurred at this most extraordinary time period when so many cancers are being cured or managed effectively for long periods of time.

I now realize that my journey with this disease has empowered me to work with my anxious patients with a new understanding of their fears, moods, and unhelpful beliefs.

By sharing my vulnerabilities, I have freed them to speak freely of their own mental demons, and by observing my return to good health, they recognize that a cancer diagnosis no longer must send them into despair.

# Ask the Professional: Body Image and Survivorship

By Rachael Goldberg, LCSW



Rachael Goldberg is a licensed clinical social worker who joined Memorial Sloan Kettering in 2013. She co-leads Embodied, which is a psycho-education program aimed at helping cancer survivors cope with post-treatment body image concerns.

## How can cancer affect body image?

A person's relationship to their body is more than just a mental picture of what they look like. How a body functions and feels can significantly impact a person's body image. A cancer diagnosis and related treatment can greatly impact a person's physical and emotional well-being. It is not uncommon for patients to experience significant shifts in their relationship with their body. Changes in appearance, physical abilities, and sexual function can affect self-esteem, interpersonal relationships, and the

way survivors perceive themselves. Some people quickly adjust to their post-treatment bodies. Others may experience high levels of distress. They may report feelings of anxiety, depression, anger, and social isolation related to body image issues.

## What changes are common for survivors?

Survivors may experience a wide range of visible, semivisible, and invisible changes post-treatment. Any of these may impact their identity and relationship with their body image. Physical changes are usually categorized as visible or semivisible. These may include scarring, weight loss or gain, prostheses, lymphedema, and ostomies. Invisible changes often have to do with the way a body functions or feels. This might include loss of hearing, vision, or taste; neuropathy; shortness of breath; impotence; and early menopause. Some of these changes may be permanent, while others may lessen in severity or go away after some time. Even if you look the same post-treatment, you may not feel the same. That can have just as much impact on your relationship with your body image.

## What advice do you have for survivors?

Many people feel they are supposed to simply accept the changes they experience in their bodies and be grateful when treatment has ended,

which is not true. You can be grateful that you survived cancer and you can also be frustrated, sad, and angry about the impact it has had on your body at the same time. It is important to acknowledge these feelings and allow yourself space to grieve the loss of your precancer self. Skipping over this part of the healing process can intensify feelings of distress and dissatisfaction.

It is also important to pay attention to how you are talking to yourself or others about your body. There is a difference between acknowledging the changes you are experiencing and being defined by them. Focusing solely on the physical limitations, functional differences, and changes in appearance does not allow space for the ways in which your body has shown resiliency and strength. It can be helpful to make a list of activities that make you feel comfortable in your post-treatment body. This might include going for a walk and feeling the sun on your face, or putting on a soft robe. Look over this list on days you are struggling with how your body feels.

Finding someone you can talk to about the body image challenges you are experiencing is a vital part of the healing process.

Support groups, individual counseling, and additional resources are available through Memorial Sloan Kettering; contact [RLAC@mskcc.org](mailto:RLAC@mskcc.org) for further details and support.

# A Cancer-Free Life Again

By Mark Pohl

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I am back on the golf course with one limitation: no driving off the tee, only approach shots and putting. But considering I couldn't even lift my golf club, I will take it.

One day after playing golf I was complaining about a pain in my shoulder and thought I tore my rotator cuff. One week later I was diagnosed with stage IV clear cell renal carcinoma with sarcomatoid traits.

The biggest loss to me was the inability to babysit my granddaughter and play golf with my friends. Of course I was worried about my future. But with the support of my family and friends, I was not going to pity myself. I was going to do whatever was necessary to beat cancer.

I had always been an active person. I was a teacher, certified basketball referee, and certified baseball umpire. I would go upstate to babysit my granddaughter a couple of days a week and when possible play golf with my friends.

During my immunotherapy I did everything possible to lead my life in a normal way. I went on a cruise; I became involved in a community organization helping children and other charitable causes. When I did feel a little low, my family and friends did not let me stay there.

After almost two years of treatment and the removal of my kidney, I am my old self again. The doctor believes I am now cancer free. This allows me to not only babysit my granddaughter but also my two grandsons born since my diagnosis. I am back on the golf course with one limitation: no driving off the tee, only approach shots and putting. But considering I couldn't even lift my golf club, I will take it.

Going forward I plan on taking more cruises, seeing the world and, of course, babysitting for my grandchildren.



Mark Pohl is a born and raised Brooklynite who is married with twin girls and a son. He has three grandchildren and celebrated his 40th wedding anniversary in October 2019.

I mentioned my family and friends. But you never realize how much love there is in a relationship until hard times hit.

My wife was my rock. Her patience when I was difficult, her affection and caring when I was in pain, but most of all her letting me know she is there every step of the way with me through this process was my driving force. How could you not win the battle with support like that?

Finally, I cannot come close to appreciating all the caregivers I have met throughout my treatment, and I cannot find the words to tell them how much I appreciate them giving me a cancer-free life again. Maybe one day I will find the words or do some small deed so they know how much I admire, respect, and appreciate all they did for me and do for others.

# Don't Stop Believing

By J. T. Kunkel

J. T. Kunkel is a published author. He and his wife, Susan, live in central Pennsylvania and enjoy living a healthy lifestyle, golf, and motorcycling.

It was the last day of July in 2011 when my wife, Susan, asked what that black spot was on my back as she climbed the stairs out of our swimming pool right behind me. She tried to brush it off, thinking it was a piece of mulch from the flower beds nearby, but it was imbedded in my skin.

Within a few weeks, I received a wide area excision in the middle of my back. The resulting tests pinpointed that the spot was melanoma, stage III, having spread to the lymph nodes in my groin.

Fast-forward six months, after some medical complications postsurgery and research on the best facility, Memorial Sloan Kettering Cancer Center, I entered treatment. The disease began to spread quickly. By mid-2014, I was referred to the clinical trial that would save my life. While the clinical trial required us to travel many hours to Manhattan every other week for two years, it was well worth it.

I have been virtually cancer free for nearly six years. Cancer has taught me several life lessons: The most important is to embrace and appreciate those who love you. Over the years, Susan traveled with me to every single office visit, treatment, scan, and surgery.

She never complained and has been my rock from day one of my diagnosis, when she told me we would “figure it out.”

The second lesson that cancer taught me is to never put off to tomorrow what you can do today. A few days after my diagnosis, I started a journal, documenting every phase of the process and how we dealt with it. By the end of the clinical trial, what had started as a way to keep things straight in my mind had morphed into a 150,000-word memoir. And while that memoir remains currently unpublished, it lit a fire under me to start writing fiction, and I have now become published. My cancer diagnosis got me to start a new goal, and Memorial Sloan Kettering (along with the loving support of my wife) kept me alive so I had the time left to accomplish it.

Living life, able to continue to work full-time as a behavioral health managed care organization executive, to spend time with Susan golfing and riding our Harley-Davidson, and to enjoy our family, it nearly seems unbelievable how great life can be after being faced with a stage III cancer diagnosis. There are no words to express my gratitude.



# On Turning the Page

By Faith Abrams

I was living in Boston, working full-time as a professional wood-carver, when I had my first mastectomy at the age of 38 and my second almost a year later. Each time, I awoke from surgery with a partially filled tissue expander where my breast had been, so I never experienced having a totally flat chest.

When I went for my first preoperative plastics consult, I brought with me one of my heavy wooden carving mallets, explaining to my surgeon that my priorities were to have a good cosmetic result and to be able to use this mallet — not necessarily in that order. I mention this for a reason. More later...

Over the years, I have had several implant replacements, and I am deeply grateful for each.

Just after celebrating the 30th anniversary of that first surgery, I received a letter from my surgeon, advising me of medical concerns related to my latest type of implant. I was not alarmed but, with the added recommendation of my medical oncologist, was tested to determine the state of my implants.

After very careful consideration, I decided to have the potentially dangerous implants removed and, as soon as possible, to ask my surgeon to replace them with a safer version.

I went to the beach and, while lying there in my formfitting bathing suit, beholding the beautiful sky, thanking God for my life and healing, I felt a

slow, deep realization that I did not need to replace my implants. This was more than a thought, and I was astonished by how profound a feeling — a knowing — this was.

I contacted my surgeon's office and scheduled surgery to have my implants permanently removed.

Less than two weeks before this surgery, I saw a sign that read, "You are entirely up to you." I already knew this to be true, but I found it wonderful to find this message as I reflected on my decision, counting the days toward my deconstruction.

Several days prior to my surgery, to prepare for my new figure, my husband, Barry, lovingly invited me to shop for clothes that I could enjoy wearing as I recovered from surgery. Reality was beginning to set in, and I was picturing how different I was about to look. Walking into a dressing room in SoHo, there appeared to be no mirror. When I asked the salesperson where I might find one, she gently suggested that I look more closely at the gauze curtain in the dressing room, to read what was written upon it, then to push it aside to reveal the mirror behind it. The curtain offered:

**"Before you love what you see on the outside, you have to love who you are on the inside."**



Faith Abrams was born in New York City. After establishing her art career in Boston, she returned to Manhattan, where for 15 years she was a physician's office assistant at Memorial Sloan Kettering while working in her studio on weekends. Upon her retirement from MSK, Faith, her husband, and their African Grey parrot relocated to Florida, where Faith continues her work as a professional wood-carver.

I pushed aside the curtain and smiled at my reflection, from the inside out.

My postoperative experience following deconstructive surgery differed from my reconstructions in that I had significantly more nerve pain, especially relating to my drains. Once they were withdrawn, the pain began to subside but did not stop entirely for many weeks afterward. During this time, the pain of healing was soon to be eased by the great relief of realizing that the pain and chill I had long experienced from my implants themselves was completely gone.

■ *Continued on page 8*

■ *Continued from page 7,  
On Turning the Page*

Days after my procedure, wearing a surgical bra with large sterile pads covering my incisions, I visited Memorial Sloan Kettering's Breast and Imaging Center boutique, where I was tenderly fitted for a compression vest, choosing a black one that zipped up the front — a first step toward feeling more sporty than surgical. I explored postmastectomy bras and bathing suits, appreciating all the options so kindly offered. However ...

There were more complex emotions involved than I anticipated. It took several months of healing before I saw — really saw — my ever-so-flat chest.

For the first time in more than 30 years, I was experiencing the physical reality of being a woman with neither natural nor bionic breasts.

From the moment I arrived for my deconstruction, the physical, emotional, and spiritual care I received from my brilliant surgeon and the exceptional, accessible team, as well as the brave gift of my husband's postoperative assistance, blessed my way, moment by moment, day by day.

As so often happens when we least expect it, a month after my deconstruction, another affirming message appeared, this time on a magnet at the MSK gift shop, a quote from Meister Eckhart:

“And suddenly you know. It's time to start something new and trust the magic of beginnings.”

And so I did.

I began to consider this new beginning, which brought me back to the very beginning, prior to my first reconstruction, when I declared to my surgeon how important it was for me to be able to use my carving mallet.

Because my work as a sculptor involves a great deal of upper body movement, I decided not to wear a mastectomy bra while working. Embracing the freedom of my newly revised body, I then decided not to wear a bra at all, choosing lovely camisoles instead, feeling feminine and authentically myself.

As I began buying clothing in which I felt comfortable, even beautiful, I worked up the courage to try on favorite clothes that I had worn before this surgery. Studying my image from all angles, I soon discerned the difference between clothes in which I simply looked flat versus clothes in which I looked like something was missing. Clothing meant to accommodate a certain cup size has made its way elsewhere.

I was ecstatic to find new swimsuits, with ruffles adorning the front. I found new dresses, new blouses, new shirts and sweaters. I found the magic of this beginning.

Thanks be to God.

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