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From the Editor
By Eileen F. Gould

June is National Cancer Survivor Month. But for many cancer survivors, every month presents continued stresses. One of the current buzzwords in the world of cancer is “resiliency.” One definition of being resilient hits a cord with me: “the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.” Although many cancer survivors are resilient, overcome obstacles, and even spring back physically, others continue to have physical difficulties and emotional distress. Resiliency is not always simply physical function recovery. It can also be a psychological ability to emotionally and mentally cope and rebound.

In this special, expanded 12-page issue of Bridges, we offer survivor-focused articles by MSK professionals on such topics as facing financial toxicity as a result of illness and transitioning to a primary care provider.

The summer 2020 issue of Bridges marks the 12th anniversary of the publication, and we are delighted to continue to share stories of hope and survival with our readers. It is an honor to continue to be the Patient Editor of the newsletter and to work with such an extraordinary team.

If you would like to share your story or receive an email copy of Bridges, please visit www.mskcc.org/bridges

One Hour at a Time — A Conversation between Patient and Caregiver
By Alex and Michelle Sepiol

Michelle: Alex and I met December 2011. We worked in the same building in New York City, and were married on September 19, 2014. We chose the date because 919 is the address where we met.

Alex: I was always a healthy, fit guy who worked out daily and had a physical job for 23 1/2 years, so when I was diagnosed with cancer in September 2016 it came out of left field. I normally write a note for my wife each day, and one morning I had a hard time physically writing. Didn’t think anything of it, but by midday I just had no energy and felt exhausted.

Michelle: On the morning of September 9, 2016, I received a text from Alex saying he didn’t feel well and wanted to go home early. I called him and he was slurring, so I went to meet him. He was pale and weak; we thought he had heat stroke. The next morning, he was showing signs of a stroke. Even so, we traveled an hour to Long Island where we are both karate students. He’s a third-degree black belt and I’m a yellow belt.

During class, other students noticed that Alex didn’t look right, so we took him to a local hospital where, after several hours of tests and an MRI, they told us he had glioblastoma, an aggressive form of brain cancer. They wanted to perform surgery to remove the tumor, but once we heard it was cancer, we wanted to go to the best place for treatment: Memorial Sloan Kettering Cancer Center.

Alex: My treatment at MSK began right away. We were blessed that a customer from my job invited us to stay in her apartment near the hospital on weekdays while I underwent six weeks of radiation. I had to remain positive through treatment.

I love wearing t-shirts with inspirational messages and they became conversation starters during hospital visits. We also shared personalized “Brain Cancer Awareness” bands with family and friends. Seeing everyone wear them really helped me remain hopeful.
All the members of Sloan treated me with such respect. When I first met the radiation oncologist, I was wearing a baseball cap, and he warned me very gently that I would lose some hair. I took off my cap and said, “Doc, no need to worry, I’ve been bald since I was in my twenties!” The look of relief on the doctor’s face made us both chuckle.

Michelle: When we went to MSK, they were so caring and understanding and the medical team explained everything to us. And along the path of treatment we met many patients and their families who gave us strength. One couple from South Africa summed it all up when they said, “We are all in the same boat and we are rowing together.” Those words could not be truer as we helped each other feel hope during the months ahead.

Alex: Michelle also joined several online support groups and we developed relationships with other patients and shared our experiences.

Michelle: Social media was incredibly helpful; there are many patient and caregiver support groups on Facebook.

We met a patient in the group who traveled in from Florida. We’ve visited with him a few times in New York City as well as in Florida. We also keep in touch with group members from Norway, Michigan, Kentucky, and several in the New York City area.

We were grateful to friends, family, and colleagues who pitched in making meals and helping in a hundred ways.

Alex: It’s amazing and humbling how many people I’ve been able to reach out to along this journey. I can’t fully describe how important it is to have the bond of communicating with someone who is on the same path as you.

Michelle: In some ways it’s true that life after cancer has changed for us. Alex always was, and still is, a social butterfly. When he walks around the neighborhood, everyone wants to see him. During treatment we kept socializing to a minimum to avoid catching colds.

Alex: After years of physical work, driving and delivering for UPS, I had to give up the job.

At first, it was difficult to be at home. I was so stir-crazy that I checked with my neurologist and asked if I could at least get on a treadmill. Once he okayed that, I worked my way up until I could go to the gym to work out every day. I’m also back in karate class.

There were setbacks, but I got past them and kept going. Now, I take care of the house, do the shopping, and keep things going while Michelle is at her job. And we like to travel. Michelle is a great travel planner.

Michelle: We especially like to take local trips and cruises — vacations where we can enjoy activities and schedule in a nap or other relaxation.

Alex: I’ve come to feel my medical team is a part of my life — after our medical visits my doctor is someone I can chat with about the Yankees. One last piece of advice I like to give people: Take life one hour at a time!

Editor’s note: This story was written with help from Ellen Greenfield, a committee member of Bridges.
Nicole, The Victorious One!

By Nicole Chancy

Cancer has definitely changed my outlook on life and has shown me my own strength and resilience in life.

At 37, I was running around being mommy to a six- and seven-year-old, working full time, and building a small business — the word “busy” fits the description perfectly.

In late 2015, I took the advice of a close friend and went to talk with my doctor about the symptoms of what I suspected were hemorrhoids. I had recently gotten a physical and everything cleared, but I forgot to mention what I thought were minor symptoms.

As I explained my symptoms, the doctor assured me that they were perfectly normal; her husband who is also a doctor had been living with hemorrhoids for years. But I asked her for a referral because I wasn’t satisfied with her response.

I went to a specialist on January 12, 2016, who examined me and discovered a mass that did not fit the description of a hemorrhoid. He proceeded to schedule a colonoscopy for January 18th, 2016.

During the waiting period, I looked up my symptoms and discovered what polyps were and thought for sure that’s what I had going on. When I woke up from the colonoscopy, the doctor told me that it was a tumor and it looked cancerous. They scheduled MRIs and CAT scans and I waited for the results.

I was diagnosed with Stage III colorectal cancer. I underwent 12 cycles of chemo, had two big surgeries, and got a temporary ileostomy. I did really well on the treatment. I did a 5K walk a few days after my first treatment and went on vacation right before my first surgery after completing my sixth chemo session. I didn’t miss work for being sick or weak, except for the two times my white cells dropped so low that I was instructed to stay home, away from the public, to avoid the risk of infections.

I had my first surgery in September 2016. They removed the tumor and 26 lymph nodes for testing. I underwent my second surgery to remove the temporary ileostomy five months later.

I am now 41 years old and living in remission. Cancer has definitely changed my outlook on life and has shown me my own strength and resilience in life. My ability to remain positive and focused on getting better was a testimony to my faith in God. I trusted him for everything, big and small. The prayer warriors that stood up and interceded on my behalf will never go unnoticed and I am forever humbled and grateful for everyone who stood with me. I am so glad that I chose Memorial Sloan Kettering for a second opinion. I will be monitored closely for the next two years (five years total post treatment) and I feel confident that I have the best team caring for me. The level of service and the kindness and compassion I received contributed to my healing — both physical and emotional. It was a traumatic experience in general, but I overcame it and I am standing here today to be a light to anyone who may be dealing with a cancer diagnosis.

I am trying to live a healthier lifestyle, and I am excited for what the future holds. I hope to inspire my children to never doubt the power of God during hard times, and I hope to be there for them as long as possible to teach them more life lessons and be their role model. I am more convinced that God has a purpose for me, which I am currently working to fulfill.

Nicole lives in Queens and works full time as a banker and an entrepreneur. She is passionate about making others aware of colorectal cancer, especially young people. Nicole also invests her time in women’s empowerment, volunteering endeavors, and helping others.
Survivors face a multitude of challenges when their treatment ends, among them the often arduous task of coping with cancer’s financial impact. Because cancer survivors are at higher risk of bankruptcy and asset depletion from medical debt than survivors of other diseases, they report high levels of related anxiety and stress.

The stress of economic hardship resulting from cancer treatment is called “financial toxicity” and has been referred to in emerging literature as a treatment-related side effect akin to a biological toxicity. The research literature describes financial toxicity as having both “objective” and “subjective” components, both of which can lead to a lower quality of life. The objective experience is the measurable financial burden of treatment: out-of-pocket copays and medications; the percent of income spent on healthcare; and lost wages from taking time off from work. The subjective experience, meanwhile, refers to the psychosocial impact on quality of life, well-being, and mental health; the use of cost-coping measures, such as prioritizing paying bills over survivorship care; and making decisions based on the cost of treatment, including medication and survivorship care adherence.

Financial toxicity finds its roots in the high and increasing costs of medication and treatment. There has been an expansion of cost-sharing measures between insurers and patients resulting in higher copayments along with higher deductibles and premiums. The problem can be exacerbated when treatment prohibits employment or school attendance, which limits the ability to earn money and retain insurance coverage. Research has found that as survivors navigate the late and long-term effects of their treatment, diminished productivity in the workplace can persist for some time.

In our research at MSK, we have shown that financial toxicity can lead to survivors missing or delaying recommended follow-up care, as well as undermine their confidence in their ability to maintain independence, resume normal activities, cope with physical changes, and manage other negative side effects. To mitigate these effects, MSK’s Patient Financial Services offers a variety of programs, including the Financial Assistance Program, patient billing specialists, financial navigators, and prescription assistance. (Contact your patient access coordinator for more information.)

For survivors specifically, the Department of Social Work’s Resources for Life after Cancer (RLAC) program presents lectures about the key components of financial toxicity, like returning to work, managing medical debt, and understanding Medicare. Social workers from RLAC are also available to provide counseling for survivors experiencing distress related to financial toxicity.

Contact RLAC at RLAC@mskcc.org for further details and support.

Be the Match®

Be the Match® is the new name for the National Marrow Donor Program® (NMDP). Be The Match offers people the unique opportunity to help a patient by donating bone marrow or umbilical cord blood. Thousands of patients with leukemia, lymphoma, and other life-threatening diseases depend on Be The Match to find a donor. A patient’s doctor can contact the NMDP to search Be The Match’s registry and other registries worldwide to access more than 33 million donors and more than 765,000 cord blood units.

Do all donations involve surgery?
The majority of donations do not involve surgery. Today, the patient’s doctor most often requests a peripheral blood stem cell (PBSC) donation, which is nonsurgical. The second way of donating is marrow donation, which is a surgical procedure. In each case, donors typically go home the same day they donate.

Will my immune system be depleted?
Only five percent or less of a donor’s marrow is needed to save a patient’s life. The donor’s immune system stays strong and the cells replace themselves within four to six weeks.

Is there a cost associated with donating?
If you are between the ages of 18 and 44, joining the registry is free. If you are between the ages of 45 and 60, there is a $100 fee to join the registry. Otherwise, donors do not pay to donate.

We reimburse travel costs and may reimburse other costs on a case-by-case basis.

To learn more about joining the registry, visit the website www.bethematch.org or call 800-MARROW-2 (800-627-7692).
Ask the Donor:
Stem Cell Transplantation
By Christina Muggeo

Why did you register to be a donor?
Having known many family members and friends who have been impacted by cancer, the opportunity to register and donate was an easy decision. While I did not fully understand the procedure at the time, I registered with DKMS in college as soon as I learned it could help cancer patients. I had no idea that years later I would be a potential match. Now that I work at MSK and see cancer patients daily, I am constantly motivated by asking myself: “What else can I do to help make our patients’ lives better?” When I received the call from DKMS, I was able to answer that question in a unique way.

What was the procedure like?
The preparation included a physical, multiple blood draws, and education on the procedure. For the five days before my donation, I received Filgrastim injections to help stimulate the growth of my stem cells. On the day of my donation, I had an IV in one arm to retrieve my blood and put it through a filtration system to remove the stem cells, and a second IV in my other arm to return the filtered blood into my body.

Was the process scary or painful? Did you have any problems?
The process was much simpler and more straightforward than I had anticipated. While I knew right away that I wanted to donate, I did have concerns, and my friends and family had many questions on whether I should move forward. Fortunately, I had previously worked for Dr. Marcel van den Brink, MSK's Head of the Division of Hematologic Malignancies, and was able to meet with him to help calm my nerves. He immediately reassured me of how safe the procedure was, what I could do to alleviate side effects, and reminded me of how rare my match’s cancer was.

After my conversation with Dr. van den Brink, I felt very comfortable proceeding. I knew I wanted to donate, and I kept telling myself that my worst day could never be as bad as what my match was going through.

On the day of my donation, my clinical and administrative teams put me at ease throughout each step. Surprisingly, the five hours of having my stem cells filtered was truly painless. Within 24 hours, I was completely back to normal.

Would you encourage others to register and donate based on your experience?
Without question, I would highly recommend that others register to be donors. It may take several months or years before you receive the call; however, registering is a simple way to open the door of opportunity for your potential match. If you do get that call, you will have a lot of support and there will be several opportunities to ask as many questions as you need. Taking ten minutes to register as a donor could mean decades of life for a cancer patient — you are truly giving someone a second chance at life, which is the ultimate gift.

To learn more about how to register and the donation process, please visit https://www.dkms.org/en/register and swab now!
I’m the luckiest man in the world – maybe not the whole world, but certainly in my world.

I’ve said it over and over again: I’m the luckiest guy in the world. Sure, most people would say it’s not exactly lucky to be told you have a rare blood cancer and about three years to live. But before I was diagnosed with leukemia in 2014, I was lucky enough to already be in treatment at Memorial Sloan Kettering for essential thrombocythemia, a benign blood disorder. So, when a monthly CBC showed signs that this condition may have transformed into a very rare leukemia, myelofibrosis, we were able to diagnose it quickly and come up with a game plan for a bone marrow transplant.

I was very lucky again: When we discovered there was not a single marrow donor match anywhere in the world, MSK was able to offer me a double-umbilical cord stem cell transplant, a new cutting-edge procedure developed partly by my transplant doctor in the labs at MSK. OK, it took three rounds of chemo, one round of full-body radiation, 87 days in the hospital, and another six months of recovery at home, but now, five years later, I am extraordinarily lucky to be able to say that I’m cancer free.

So, what does survivorship look like for the luckiest guy in the world?

One year before my diagnosis, I met an extraordinary woman and her extraordinary four-year-old daughter. They stuck it out through every struggle and set-back of my journey (a much tougher ordeal than I had to endure), and two years after my transplant, we were married. How’s that for lucky?

I was able to return to work full time nine months after the transplant — my job was still waiting for me, thanks to my very generous and patient employers. Three years before my diagnosis, I ran the New York City Marathon, slow but steady. Two years after the transplant, I ran the Brooklyn half-marathon — a little slower but still steady. I’ve gone fishing with my friends, skiing with my wife and daughter, and we’ve hiked in the Italian Alps, the Canadian Rockies, the Northern California coast, and the Berkshires. Just this fall, I had the privilege of walking 26 miles from Torrey Pines, California, to San Diego Harbor with a group of 20 other survivors. And I’ve done Cycle for Survival’s four-hour All Extreme Ride — twice — raising thousands of dollars for MSK research. It seems that, despite having had cancer, there really isn’t anything I can’t do now, except grow a full head of hair, which honestly, I was having a hard time doing before my transplant.

So yes, I’m the luckiest man in the world — maybe not the whole world, but certainly in my world. I’ve been given the rest of my life back, thanks to the amazing doctors, nurses, and research scientists at MSK. I’m often asked if there’s anything I’ve learned from this experience and the answer for me is simple: Pay it forward in any way I can, to anyone who asks, and maybe pass on some of that luck. With the gift I’ve been given, it’s the least I can do.

Josh Gelman is a five-year leukemia survivor, a journalist, a photographer, and an ex-triathlete. He has been a producer at the CBS News primetime show 48 Hours for the past 23 years and has been recognized for his work with three national News & Documentary Emmy awards. He currently resides in New York City with his wife Christina, 11-year old daughter Eva, and their puppy Bo.
Life, Love, and Family after Cancer

By Travis Mulholland

I have come to accept the aftermath of the cancer that I had before I could even remember it.

I was born on July 21, 1983, in a little town called Lindenhurst, New York. My parents had three boys already and I was the last addition to the family. I lived a pretty normal life up until February 1985 when I was diagnosed with rhabdomyosarcoma, a rare cancer that begins in the muscles. I was 18 months old.

For the next year and a half, I was in and out of surgery and the hospital. I went to Memorial Sloan Kettering in New York City for my treatments. I had three surgeries, radiation, and chemo in August of 1985.

In 1993, my mom found something wrong in my left eye, which turned out to be a growth that was stopped because of all the chemo and radiation I'd had.

I still have that growth today, as it was determined that it was best not to operate because of the risk of me going blind or the cancer coming back. My parents also told me as a teenager that the doctors said I would never have kids. It took many years for me to feel comfortable talking about my diagnosis.

Well, here we are at present day, 2020. I am a very active 37-year-old who loves watching football and baseball. I am currently working as an AutoCAD detailer at a metal fabricator company in Pennsylvania. I am also very active in my children’s lives. I have been coaching their baseball and softball teams for about four years now. I also enjoy going to the local Yankees farm-team games where I am a season ticket holder.

I have come to accept the aftermath of the cancer that I had before I could even remember it. When I was younger, my body was physically different from other kids my age who didn’t always understand or weren’t sympathetic as to why.

I wasn’t accepted into the military because of my medical history.

I still carry memories of this trauma today, and I have to take special medications for some of those physical changes. Not a day goes by that I do not think about that time in my life. I count my blessings that I was so young and I do not remember anything from when I was a patient.

All I know is what my parents have told me over the years, and what it means for my life today.

I’m now old enough to watch a lot of my family members be unable to beat this horrible sickness and see what they must go through. I think it must bring back memories for my parents. My own father beat colon cancer about five years ago! I live my life every day to its fullest and know that any day I could have to go through this all over again. I am just happy that the doctors and nurses were able to help me have a life. I read stories almost daily about a young child who got sick in some way and could not beat it. That could have been me. I carry that responsibility for those that are no longer here with me every day.
Ask the Professional:  
Primary Care Providers and Survivorship  
By Stacie Corcoran RN, MS

What is a primary care provider?

Primary care providers (PCPs) are healthcare practitioners who manage common illnesses and chronic health conditions, such as diabetes and high blood pressure. Other terms used for PCPs are "internist" and "general practitioner." PCPs are usually physicians but can be nurse practitioners or physician assistants. PCPs traditionally focus on preventive care and promoting good health to reduce the risk for diseases such as cancer, which can be detected early through screening. When cancer is suspected, PCPs collaborate with oncologists to help coordinate testing and referrals.

Why is it important to have a PCP involved in my care?

As the number of cancer survivors continues to increase, primary care has become an essential component of survivorship. Survivors are living longer and may have numerous healthcare issues related to their cancer diagnosis and treatment, as well as other conditions not linked to a history of cancer.

Ideally, patient care is shared by oncology providers and PCPs. Oncology providers focus on surveillance for disease recurrence (detecting the cancer if it comes back) and managing long-term side effects from treatment. Health issues not related to cancer are managed by PCPs. Working together helps to ensure that patients know who to contact should a problem arise so that each aspect of their care is managed by the appropriate provider.

PCPs may not be involved during active cancer treatment, but participation should resume once patients complete treatment and transition to follow-up care. The timing may vary based on medical needs and resource availability. After some time, it may be appropriate for patients who are at low risk for cancer recurrence to transition their care back to their PCP. This is another reason it is important to maintain or establish a relationship with a PCP, even while under the care of an oncology provider.

How do oncologists and PCPs work together?

Good communication between providers is essential. Information sharing between oncology providers and PCPs helps to ensure comprehensive, well-coordinated care. There are several documents that keep providers informed of survivors’ health status and recommended activities to promote optimal health.

An oncology progress note informs PCPs of a patient’s health during and after treatment, and may include prolonged side effects and screening recommendations. This follow-up note should be shared after each oncology visit. Similarly, follow-up notes from the PCP help to keep the oncology provider updated on any new health issues that arise between visits.

A transition-of-care note communicates all follow-up care recommendations in greater detail to the PCP if a patient will no longer see the oncology provider. If necessary, PCPs can reach out to the oncology provider with questions at any time.

What is a survivorship care plan?

A survivorship care plan is intended to be a brief snapshot of a patient’s cancer treatment and recommended follow-up. It includes treatment specifics (chemotherapy, radiation, surgery), late and long-term side effects, and recommendations such as surveillance testing (scans or bloodwork) and health promotion activities. The oncology provider shares this with both the patient and PCP, usually after treatment is completed.

What if I don’t have a PCP?

Ask your oncology provider to recommend a PCP near your home. You can also ask your other healthcare providers, such as your gynecologist or cardiologist, who they recommend. Another option is to contact your insurance carrier for a list of nearby in-network PCPs.

Resources:

MSK’s Survivorship Program has developed and provided workshops for area PCPs to help educate and prepare them to care for survivors. We also have online resources available at https://www.mskcc.org/hcp-education-training/survivorship/provider-education

Stacie Corcoran, RN, MS, Program Director of Adult Cancer Survivorship at Memorial Sloan Kettering, has worked in the field of oncology for her entire nursing career. She joined MSK’s Survivorship Program in 2010 where she oversees follow-up care across its ten disease-based survivorship practices.
I remember that no medicine was ever more terrifying than the loneliness.

I remember change. I remember the nurse putting the cup over my left eye and asking me to read the letters. But all I could see was the inside of the cup.

I remember the confusion and frenzy that followed. I found out that I was different but didn’t know why I had to be.

I remember low blood counts, hives, nausea, and fevers from chemo that forced us to flee to the hospital. I remember how the lights were projected into my eyes and how they seemed to stay there forever.

I remember music. I remember listening to The White Album as I lay on the radiation table. The sound saved me from becoming Harrison’s guitar, beautiful though I would be. I remember escaping in the music room at the clinic and the therapists who helped me forget.

I remember Mom’s words putting to rest my belief that the abnormal amount of hair waiting for me on my pillow each morning were just latent effects of a haircut. I remember getting so upset because I never thought I’d look like I’m sick, but now I did.

I remember my eyes welling up with tears as I stared at the reflection of the barber shaving off what was left.

Mom and Dad watched helplessly at what life had become, at the toxins and disease that entered but never defined their baby.

But they were always there, and that’s all that mattered.

And I remember when they found a miracle, a cure. Not a physical but an emotional one. “Where children with cancer find a new beginning every day”. It was a place like no other. It was family. It was love. It was magic.

I remember immediately proclaiming eight counselors as my “girlfriends”.

I remember racing head-to-head, toe-to-toe, and suddenly taking flight. “The blue team has won the Apache Relay!” I shouted in disbelief, jumping like a fearless firework as the sound of cheers lifted me up.

...I could do anything.

I remember feeling normal. I remember feeling like a kid should feel. That’s really what we wanted all along.

I...

I try not to remember the open caskets that became posthumous shelters of six and seven-year-old bodies... But how can I forget?

How can I forget when the amount of attention for childhood cancer resembles the size of those kids, but not the size of their hearts, their courage, their smiles in spite of everything, not the size of life that should’ve been, the laughs they could’ve shared, the love they could’ve felt, The love they could’ve given.

...I remember that it drives me. I remember changing a child’s world, and not expecting mine to be transformed tenfold. I remember “You’re my best friend ever, Alan”.

And

I remember the guilt too when I wondered why I was still here and they weren’t. I remember the same nightmare happening over and over again as I counted the lives we lost.

But then

I remember seeing myself in my suns.

I remember coming home.

I remember feeling so proud of my scar after my port was removed, proud of caregivers and survivors, proud of making a difference.

And I remember that no disease will ever be more transcendent and powerful than love.
As a teenager traveling through Manhattan in 1968 with a friend, we passed Memorial Sloan Kettering Cancer Center. I remember pointing to it and commenting, “If I ever get cancer one day, this is the hospital from which I will seek treatment,” never really believing that “one day” would ever arrive.

Four decades later, I was presented with precisely that exact situation. Would I seek treatment for my blood cancer locally or seek treatment at MSK? My decision had been made 40 years earlier. For me, MSK was the only place to go.


My initial fear evolved into a fierce determination to do battle with this insidious enemy, armed with fabulous doctors, a loving husband, supportive relatives and friends, and a healthy dose of prayer.

After weeks of radiation treatments, I continued to pray that my NHL would never return. However, that was not to be.

During a 2012 visit with a local ear, nose, and throat specialist to address a tickle in the right side of my throat, the doctor saw a lesion on the left side of my tongue. Lo and behold!

The cancer “gift that was to keep on giving” was back! I underwent surgery on my tongue at MSK to remove the lesion that again proved to be NHL.

After my tongue surgery, I continued to be vigilant about any change I noticed in my body. If I’ve learned anything about being a Cancer Warrior (my favorite term for cancer patients) it is that you should never feel like a hypochondriac when checking any changes in your body.

As my original NHL lump was found hanging on my thyroid, I was monitored with follow-up neck ultrasounds. In late 2013, a neck ultrasound detected another cancerous nodule growing in my neck. “OK,” I said to myself, “I’ve been down this road before. Let’s take care of this new little sucker!”

With complete and utter defiance, I was determined to beat back this new assault with abandon — I was a Cancer Warrior! I was told I needed two years of six- to seven-hour infusions (longer for me due to a history of allergic reactions) that would martial troops to destroy the encroaching enemy.

Naturally, I said, “Go for it!” Again, I won this third battle with cancer but, being a realist, I asked myself, “Would I win the war?”

In early 2017, after having a scheduled check-up scan, it was noted that a 0.6 cm nodule that had been identified in my right lung in 2009 had grown to 1.2 cm. Naturally, my doctors acknowledged the possibility that my NHL, the gift that wants to keep on giving, may have spread into my right lung.

Although a biopsy revealed the growing nodule in my right lung was not NHL, it was a carcinoid tumor — my fourth cancer diagnosis — for which my thoracic surgeon suggested a lobectomy to remove part of my right lung.

Again, being a realist, I asked my thoracic surgeon to please go for it and get that little sucker out!

I was very overweight at that time and fully cognizant that added weight is never good, especially if one is down a possible 25-percent breathing capacity from a lobectomy.

So, I resolved to lose weight. Immediately, I began a weight-reduction program that has lasted through the present.

Eventually, I lost about 85 pounds — a very positive, direct result of being told I had cancer for the fourth time in eight years!

This was the fifth time in ten years that I’d been told cancer may be invading my personal space.

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Continued from page 11, The Lesson of Hitting Cancer Bumps

Five Times: Slam on the Gas Pedal of Life!

Having been diagnosed twice before with NHL hanging off my thyroid gland, it was now determined that the best treatment for me to battle this possible fifth bout with cancer would be a thyroidectomy. Again, I followed my head and neck surgeon’s and oncologist’s advice and asked them to go for it!

The fabulous news this fifth time around was that, although my thyroid was in a bad state — almost non-functioning and funky — it didn’t house cancer! Hooray! This repeat-offending festerer of NHL was out and gone from my neck! Hip hooray!

Presently, I’m reaching the end of my stint as a sexagenarian, or, as I prefer to say, “My sex-y years.” As I march towards 70, I’ve learned many things in life, some of the most important stemming from being told I might have cancer five times in the past ten years, with four confirmed cancer diagnoses.

By nature, I don’t give up easily and am a solution-driven individual. Having been a public school educator in New York State for almost 40 years (teacher, dean, assistant principal, principal, and then by choice, back to teacher), I’ve always tried to foster within students and colleagues a sense that anything is possible and that we always must “strive to reach our best potentials even in the face of adversity.”

Notably, I’m very proud that one of my science class students from the 1970s became a doctor at MSK years ago and she continues treating patients there to this very day!

Growing up in Bushwick, Brooklyn during some tumultuous times (the early 1950s through the early 1970s), I learned as a youngin’ that every day can be a challenge, but every day must be faced with a determination to overcome any and every difficult situation presented.

My mother, who is 91 years old, raised me to believe life is full of bumps in the road, but the key to success is moving over those life bumps slowly and deliberately, and then pressing your foot on the gas pedal of life with abandon!

Nothing prepared me, though, for being told five times in ten years that I have or may have cancer — not even the miscarriages I suffered earlier in life.

I don’t believe that old expression “Whatever doesn’t kill you makes you stronger.” However, I do believe that whatever doesn’t kill you makes you wiser.

And it makes you less likely to take for granted your family, your friends, and your health.

I’m aware that cancer of any kind can pop-up again somewhere in my body, as it can for anyone. Yet, I choose not to dwell on that fact. I choose instead to keep all my doctors’ appointments, have all my recommended scans, and live life as though I was never diagnosed with any cancer.

This Cancer Warrior lives to fight any battle another day with my foot full bore on the gas pedal of life!