

To Chemo or Not to Chemo

Category: Tough Choices

written by Sandra Shea | September 6, 2017

Twenty years ago this month, I was diagnosed with colon cancer.

Postsurgical analysis of my biopsies indicated that the cancer had grown just into my intestinal wall. Pathology said it was a genetically aggressive type, but no cancer cells were found in the lymph nodes that were removed along with much of my descending colon. In addition, no metastases were found during either surgical inspection or imaging.

So, to proceed with chemotherapy or not? There was no evidence the cancer was loose in my body or already in my liver, but there could be no proof it wasn't. And if it was, chemo might kill it.

At that time, chemo took twelve months: one dose of 5-FU weekly and nine doses of levamisole every other week. Recovery could take another six months. Worse, I was in my forties, and there were no extensive data on long-term effects of chemo—provided I survived long-term.

And the treatment was not without risks. While 5-FU is still utilized, levamisole has been on and off the human market. One nonhuman usage is as a dewormer in cattle and sheep. My veterinarian said if it weren't illegal, she could write me a script and get it much cheaper.

My GI physician, my family medicine physician and I got nine "second" opinions, and all votes were for at least six months of treatment.

Twenty years ago.

So, did the chemo work? Or would surgery have been sufficient, leaving no additional cancer for the chemo to treat? There's no way to know.

Four years ago, I developed an autoimmune disorder of the colon—ulcerative colitis (UC). It's been managed with steroids, diet and biologics for three and a half years, but recently everything collapsed. I had a colectomy and now have an ileostomy and bag that I'll wear forever. I might develop Crohn's disease, if my immune system turns its attention to my small intestine.

Was the chemo necessary?

Did the chemo work?

Did the chemo set the stage for the autoimmune crisis and its complications?

Querying oncologists and surgeons has resulted in shrugged shoulders, eye rolls and professions of "Well, maybe...or maybe not. We don't really know."

There are no do-overs or mulligans in such cases. I can't step into a time

machine and see how the other choice would have worked out. I can only live with the results of the choice I did make.

Sandra Shea
Carbondale, Illinois