

My Journey Part 2 – Bulletin No 1

Monday 13 January

Hi folks my throat cancer has returned after nearly 4 years in remission. In the middle of December I notice some changes to my throat (the most noticeable being voice hoarseness) and requested a ENT appointment at the GCUH which indicated that further tests should be undertaken. With my period of remission it is rare that the cancer returns, in my case you have to play with the cards that have been dealt to you.

Times have been very busy with several visits to the GCUH for CT, PET and MRI scans and specialist appointments. Two tumours are present in my neck area ,a larger one in my upper left neck and a smaller one in my throat, On Monday Carole I attended the Head and Neck (H & N) Cancer Disciplinary Team Assessment Centre where the ENT, radiotherapy and chemotherapy specialists together with other ancillary professionals meet to overview and discuss the patients that have been referred to them with H & N cancer. As a result we were given 5 options for consideration:-

1. do nothing
2. undergo surgery (not an option with one tumour enveloping the aorta)
3. immunotherapy
4. chemotherapy or
5. radiotherapy (as I had last time)

We had lengthy discussions with the ENT, radio and chemo oncologist specialists as to what would in their opinion be the best option for further treatment. Following this we decided in consultation with my family that I would undergo a reduced radiotherapy program (it worked before and it will work again).

This program over 25 sessions (over 5 weeks) is classified as high risk in medical terms as the body can only withstand so much radiotherapy (last treatment was 35 sessions) totalling 70 units of radiotherapy. This time it will deliver 50 units of radiotherapy. The risks included permanent damage to spine and spinal cord, ulcers on neck and in mouth that may not heal, disintegration of the jaw bone and rupture of the aorta (which is fatal with the highest risk factor of 10%). Early results can be obtained 6 weeks after the completion of the program. If it does not appear to be achieving results then the options of chemo and immunotherapy can then be explored.

The options of chemotherapy involves 6 sessions over an 18 week period with no guarantee that the neck tumours will react with it. Immunotherapy is a new field that is very expensive and not covered by health insurance with a success rate of 2 in 10.

Anyway folks I did not want to spoil your day, however I believe that I had to put you in the picture. I like putting everything in the open and let my many friends know of my plight, not for the purposes of sympathy but for the knowledge that I have your support and good wishes.

Tuesday 14 January

Following a call from Dr Eric Khoo (radiation oncologist) who told me that following further consultation with fellow compatriots and also with chemo oncologists he would like to put another treatment option to me.

Wednesday 15 January

Dr Khoo believed that the risk factor should be reduced and that he now recommends that I firstly undergo two sessions of heavy dosage chemotherapy over a 6 week period then wait for 3 weeks for a CT

scan in order to ascertain if the tumour had reduced in size, if so I will have a further two sessions of chemo to further reduce the size of the cancers. Thus enabling the radiotherapy program to be further reduced so as to lessen the risk factor to a more acceptable level. I have a meeting with the chemo oncologist on Monday and I expect to start the chemo program shortly afterwards.

Monday 20 January

I had a long session with my chemo oncologist Dr Marcin Dzienis where the many options were outlined and the following treatment program was agreed upon. . I will have two cycles of chemotherapy 3 weeks apart using docetaxel and cisplatin being administered over a 6 hour period followed by fluorouracil which is administered by a pump through a PICC (Periphery Inserted Central Catheter) in my upper left arm. slowly over a 4 day period. There being a 40% chance that these agents will reduce the size of my 2 tumours. After this program a CT scan will reveal whether the tumours have reduced, If not my program will be reviewed. If the tumours have reduced another chemo cycle will follow. On Friday 24th the PICC will be placed in my arm and on Tuesday 27th the program will begin.

So begins another fight we won the 1st round and I can see no reason why we can't win the 2nd round.

Always Look on the Bright Side of Life

Neil

"Always Look On The Bright Side Of Life" – Please click on