Eighteen months ago my neighbor Ed walked up to me as I worked in the yard and very calmly told me he had cancer. He gave it a name I’d never heard and proceeded to describe his forthcoming treatment. But I only listened to the first part, the part about the cancer being so close to his heart that surgery was out of the question. After that, all I could think about was how sad his family would be when he was gone and how much we would miss him as a neighbor.

Like many people, when confronted with the word cancer, I assumed the worst. Even though I know people who have lived through cancer and I know that medical science is making breakthroughs every day, I prematurely consigned Ed to an early grave.

Fortunately, my neighbor and millions of people like him are proving that a diagnosis of cancer is no longer an automatic death sentence. Although more common than one might think—statistics show that one in three Americans alive today will have some form of cancer eventually—the disease is also more treatable than ever. In fact, more than 50 percent of all adults and 70 percent of children diagnosed with cancer this year will live at least five years beyond their diagnosis. Once past the five-year mark, a patient without symptoms or further evidence of disease is said to be “cured.” Thus the term cancer survivor has been substituted for the fatalistic label of cancer victim.

Still, medical science is a long way from finding a miracle pill to eliminate the disease. And some cancers remain harder than others to cure.

Several strategies have proven helpful in the fight against cancer. But all the experts agree that the single most important weapon in the war on this disease is early detection. With modern screening methods, such as Pap Smears, mammograms and colon-rectal exams, up to 50 percent of all new cancers can be found in the early stages before the disease has a chance to spread. “The sooner a malignancy is found, the better your chances of survival,” says Dr. Brian Barnes, a Lafayette oncologist. “Once a patient begins having symptoms, his chances of beating the cancer are definitely reduced.”

To boost your chances of surviving the disease, Barnes suggests you talk with your physician about early detection methods that are appropriate based on your age, sex and family history. And you can discard the old myth that mammograms and other screening tests will increase your risk of cancer. Modern X-ray technology has been so refined that your chances of actually getting cancer from repeated screening is minimal. However, check to see that the facility you go to for mammograms is accredited by the American College of Radiology. To get a list of guidelines for a variety of cancer screening procedures, as well as self-examination tips, call the local chapter of the American Cancer Society (ACS).

Cancer treatment methods have undergone radical change in the past decade, too. While cancer patients may still feel worse during treatment than before, medical science has made great strides to reduce the negative effects of the process. “We’ve definitely passed the Neanderthal Age in cancer therapy,” says Barnes. “Many of the side effects common to treatment 10 or 15 years ago can be avoided today. Plus, we have a variety of drugs that help offset the worst side effects of treatment,” he explained.

Several different therapies may be used separately or in combination to insure the best possible outcome for a patient. These include radiation therapy, chemotherapy, surgery to remove a tumor, bone marrow transplants and, in select cases, immunotherapy.

In the past, bone cancer in the arm might have been treated by amputating the arm, while the standard treatment for breast cancer was a radical mastectomy, or removal of the entire breast. But a greater focus on the quality of life after cancer has led doctors to pioneer treatments that spare organs and limbs. For instance, bone cancer may be treated now by removing and replacing a section of bone. And breast cancer can be treated with a lumpectomy in which only the tumor and a small amount of surrounding tissue is removed. However, the latter is almost always followed by radiation or chemotherapy to be sure that any lingering cancer cells are destroyed.

Many of the greatest strides in cancer treatment have been made in the area of radiation therapy. “1990s’ technologies allow us to accurately pinpoint tumors so we can avoid any damage to surrounding tissue,” explains Sylvia Oats, director of radiation oncology at Lafayette General Medical Center. “In addition, we can set the beam to penetrate only to a certain depth, which is especially useful for cancers that are close to the skin. And with this type of control, there’s no exit point, like there used to be with the old cobalt radiation machines of a decade ago.”

There are also very few side effects to radiation therapy today. For that reason, Oats explains that radiation therapy is sometimes used to shrink a tumor prior to surgery, or to reduce pain in cases of advanced cancer.

Other strides in cancer treatment include the trend toward outpatient therapy. “A major goal in treatment today is to alter the patient’s lifestyle as little as possible,” says Barnes. “With a portable drug infusion pump, a patient can lead a nearly normal life and still get the treatment she needs.” Outpatient therapy also helps control the costs of treatment. When everything is going well, patients simply check in three or four times a month for blood tests or when a new drug therapy begins.

Lynda N. is a three-time cancer survivor thanks to early detection and treatment. She was diagnosed with cervical cancer in May 1987 following a routine Pap Smear. In April 1990 she noticed blood in her stool and immediately went for tests to discover that she had colon cancer. And in November 1991, she was diagnosed with breast cancer after finding two lumps in her right breast during a monthly breast self-examination. She finished treatment for the third cancer in May 1992. Since then, all of her follow-up tests have been normal.

Unlike 10 or 15 years ago, new diagnostic technologies have eliminated the need for most exploratory surgery. Magnetic resonance imaging (MRI) and computerized tomography (CT) scanning make it possible to determine the exact location, size of a tumor and whether it has spread from one organ to another. Both tests are noninvasive, painless and much more accurate than conventional X-rays. In addition, sophisticated biopsy techniques help physicians distinguish one type of cancer from another. This is an important tool, because each type of cancer responds differently to different treatments.

"A cancer is labeled by the organ where it begins," says Barnes. "So if you can find cancer in more than one part of the body, but if it originated in the breast, it doesn’t matter if it’s in the bone or the stomach now, you still treat it as you would breast cancer."

BY CAROL ADAMS

CONTINUED ON PAGE 50
When Ed was diagnosed with non-Hodgkin’s lymphoma in November 1991, he was told he had stage four cancer cells in his bone marrow, against his spine, in and around his lungs, on his esophagus and under his right arm. Because the cancer was inoperable, he agreed to an experimental treatment pioneered by Dr. Fernando Cabanillas, a specialist in lymphomas at M.D. Anderson Cancer Center in Houston.

The first phase of his therapy involved a relatively new breakthrough in cancer treatment called immunotherapy. By taking interferon, a naturally occurring body protein which can kill cancer cells, it is hoped that patients can enhance their own disease-fighting systems to control cancer. Although still under study, the drug was made available to Ed as part of his treatment.


After bolstering his immune system, he began a 10-month program of chemotherapy. From May 1992 to February of this year, he took three different chemotherapy drugs in 21- to 28-day cycles that were repeated four times. In April, he started taking interferon in maintenance doses to help rebuild his immune system and, he hoped, prevent any recurrence of the cancer.

The treatment seems to be working. Since November 1992, Ed’s exams have revealed no traces of cancer.

Perhaps the most important aid to cancer treatment and survival is a positive attitude and a strong support system. Both Ed and Lynda credit their recovery to positive thinking and the constant support of their family and friends.

“I never, not once, thought that I would die from my cancer. I knew that I was going to have to work hard to get rid of it, but I never believed it would get the best of me. And my wife, Phyllis, felt the same way. She and my family were there fighting with me every step of the way,” says Ed.

“No one should give up hope,” says Lynda. “If you let yourself think the worst, then the worst is going to happen,” she says.

Oats agrees. “Generally, the patients that survive are the ones who come in with all guns loaded,” she says. “They make it clear at the beginning that they have no intention of letting their cancer beat them. Then they ask lots of questions. They get involved with their treatment, and they’re here week after week for therapy no matter how bad they feel.”

Another aid to recovery is the growing number of grass roots support groups and programs around the country. Many were started by former cancer patients and are now sponsored jointly by the American Cancer Society and local hospitals or other community agencies.

One such program is Reach to Recovery, which provides trained volunteers who visit and support mastec-