

The Key to Getting Through Chemo

Sanford J. Brown, MD

Yes, you need a good doctor, but one other thing is equally as important.

Down at the infusion center, they've dubbed me the "King of Chemo" because I am apparently on more chemotherapy drugs than anyone else. It's not a moniker that was easily earned; between my third and fourth cycles, the side effects were brutal. I became dyspneic with any exertion, ran a fever for several weeks despite taking a broad-spectrum antibiotic,

merely reached my nadir and it was all uphill from there. "You have a robust bone marrow," he said. "A differential of your white cells showed a lot of monocytes, a sure sign you're on the upswing. Your CBC will be normal in four days." Incredibly, it was. My white blood cell count had risen to 5,000 cells/mL, my platelets had risen to 114,000/mcL, and my H and H levels were 12g/dL and 37 percent. I could only think of one explanation: My oncologist is a genius.

Unfortunately, my fever persisted and, when I went to start my fourth cycle of chemotherapy, I was hypoxic

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and was symptomatically anemic. I had a two-unit blood transfusion, which didn't help much, and was sent to the emergency room (ER) four days later for a workup. The positive findings of my complete blood count (CBC) were that my hemoglobin and hematocrit (H and H) levels were 7.6g/dL and 25 percent, platelet count was 17,000/mcL, and white blood cell count was 100 cells/mL!

"Is that compatible with life?" I asked the ER doctor.

They got me out of there quickly, away from other sick people, and into the intensive care unit (ICU) for hospital convenience as I awaited my second blood transfusion, which was delayed six hours because of a crossmatch incompatibility. I thought I was a goner until my oncologist came in and proclaimed I had

and hypotensive, so my doctor canned the chemo and decided to restage me. He ordered a computed tomography (CT) of my pelvis, abdomen, and chest with two kinds of contrast, intravenous and oral, the latter of which was like drinking chalk, and I had to down two bottles of it. The technician tried to be helpful and said it tasted better over ice, so I took her advice only to be told in the CT suite that I had to drink one more bottle so the radiologist could see my stomach. They gave it to me at room temperature. Ice works better.

Now comes the amazing part. My tumor, which was everywhere just a few months before, was nowhere to be found! It was gone – from my leg, pelvis, bladder, kidneys, pleura, and wherever else it was hiding. It just melted away.

"That's what lymphomas do," my doc said. But he was perplexed by my unremitting fever. "Let me have a look at your chest X-ray from your ER admission." It had previously been read as normal.

A few minutes later, he returned proclaiming, "I think you have PCP." He was referring to *pneumocystis carinii* pneumonia. That made sense since I was immunosup-

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pressed with fever and hypoxia. He went off to look at the chest CT with the radiologist and convinced him too, so he wrote me a script for sulfamethoxazole-trimethoprim, double strength, twice a day, for three weeks. “You’ll feel better in four to five days,” he said, and I did. My shortness of breath had abated as had my fever, and my oxygen saturation went from 90 percent to 98 percent. I knew right then that my doctor wasn’t simply a genius; he was a godsend.

As I write this, I am at home in the middle of my fourth cycle of chemo, wearing a programmable infusion pump in a fanny pack that’s dripping my chemo drugs into me every 15 seconds with a swishing sound. (My wife thinks it sounds like a faraway rooster crowing.) If it wasn’t for this pump, I’d be sitting in a hospital bed four days every three weeks getting a drip, so this was a great invention. The only downside initially was that the sound kept me up at night, like a constant drip or the ticking of a clock, but then I buried it under two pillows and wore earplugs. Problem solved.

Six more weeks and two more rounds of chemo, and I’m done! Then, when I get my strength back and can get from a squat or sitting position to upright, I will owe my wife four months of fire making, dog feeding, and letting out the chickens in the morning and putting them away at night. We normally share those responsibilities, but she won’t let me do any of it. She won’t let me drive either. She has consulted with two nutritionists and has come up with a diet that I can eat, no easy feat when everything tastes like cardboard. She is endlessly optimistic and only speaks of *when* I get better, not *if*. She anticipates my needs and buoys my spirits. It’s not enough to have a doctor who is a godsend; you have to have a caregiver who is one too. **FPM**

Editor’s note: Read more of Dr. Brown’s story in “Keeping Your Practice Going When You Can’t,” FPM, May/June 2017, <http://www.aafp.org/fpm/2017/0500/p40.html>, and “How a Doctor Acting as His Primary Care Physician, With a Little Luck, Tracked Down His Own Cancer,” FPM, May/June 2017, <http://www.aafp.org/fpm/2017/0500/oa1.html>.

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