

WALLIN *Pamela*

Broadcaster, journalist and author Pamela Wallin was diagnosed with colorectal cancer in the summer of 2001. She had surgery in September. This article is based on a story she wrote for the Globe and Mail six months after her surgery.

Fear, anger, desperation, denial, regret for things not yet done, words not yet spoken - no words capture the chaos that erupts when your doctor says the word “cancer”.

As I lay there on the narrow bed in the clinic, my eyes fixed on the TV monitor; I watched the live video pictures of a foreign place – the world inside my body. A flexible scope was snaking its way through a meter or so of colon.

“There’s your tumor.” Dr. Paul Byrne said gently.

Slightly woozy from the Demerol I’d been given to keep me relaxed and to ease the cramping during the colonoscopy, I was looking directly at the thing that might kill me. I had cancer.

The bad news, he added, as if anything could be worse, was that there was an ulcer on the tumor which meant it was growing, seeking a new blood supply and readying itself for attack. The good news, Dr. Byrne added, was that same ulcer had triggered the bleeding that had sent me to the doctor in the first place. It had likely saved my life.

A few moments later, sitting in the chair across from the doctor, I was never more thankful for my journalistic training. I reacted - or at least tried to - as if pursuing a story. Who should I talk to, what’s the next move, where can I get some facts? It was in the days that followed that I began to realize I had been doing a good job of ignoring my symptoms. In fact, I didn’t even know they were symptoms. Things like constant tiredness, bowel irregularities, even the bleeding I had filed under “working too hard” and “too much stress.”

Dr. Byrne understood that despite my brave attempts to “take control” of the situation, I was in no shape to be thinking clearly. He called Dr. Andy Smith, a young and highly competent surgeon at Sunnybrook Hospital to see if he would talk me through the treatment options.

Dr. Smith was matter of fact, showed me diagrams and suggested – there are never any promises – that I was a good candidate for a successful surgery.

Six months ago, I went, as they say, under the knife. Dr. Smith deftly removed a segment of my colon, including the tumor. He was optimistic. I anxiously awaited the test results. Two weeks in the hospital and then home to recover and face an agonizing choice about chemotherapy. I asked every conceivable question; called everyone I knew and spent hours debating the pros and cons with friends and family. I finally decided that since the cancer was localized and my lymph system had been declared clean, I would not undergo chemotherapy. My doctor agreed with my decision, saying the odds were in my favour. It's a decision – touch wood- I have not regretted.

I approached my diagnosis and treatment the way I do most things – with an aggressive attitude and a journalist's eye. I knew nothing about colorectal cancer before that morning in my doctor's office. The thought of having a colonoscopy had never crossed my mind. I was in my 40s, healthy and active. Why would an elderly man's disease ever invade my life?

I was about to be shaken out of my ignorance. Colorectal cancer strikes men and women of all ages in almost equal numbers – 17,000 Canadians every year. Armed with hours of research and a growing list of questions, I walked into each doctor's appointment as if I was doing a crucial interview, which in a sense I was.

I also wanted to share what I was learning, believing that if I was unaware of the risks and warning signs and the need for early screening, most people likely were as well. Because I live and work in the public eye, I knew the story of my cancer would inevitably become public. And that's just how I wanted it because in my years in front of the TV cameras – I have created a trust relationship with the public. And I believe that by taking an advocacy role I can encourage others to talk about a topic that, let's face it, isn't exactly typical dinner-table conversation.

I knew I wanted to do something useful, but I didn't intend to become just a “famous person has cancer” story. Being poster girl for the disease of the week wasn't going to get the message out effectively about the desperate need for testing, the silent warning signs and the treatment options. From this grew my decision to use my TV skills to reach as many people as I can.

Serendipitously, Bunnie and Howard Schwartz, who run a colorectal cancer awareness and research funding group called Body 'N Soul, called to ask me to become an honorary chairperson of a special event they were planning. (At age 46, Howard has been living with colorectal cancer for more than four years and Bunnie's sister had died of the disease) So would I help?

We talked several times by phone and after one meeting we took the decision to create a TV programme about the disease. *Unless You Ask* will be made available as a video through cancer support groups, in clinics and pharmacies across Canada. It's for everybody – from the curious, to the newly diagnosed, to those coping with the disease. Dr. Alexandra Ilnyckjc, assistant professor of gastroenterology at the University of Manitoba, explains to viewers – bluntly - that one of the biggest hurdles is our reluctance

to discuss things like bowel functions. Even as adults we use childhood euphemisms and any talk of “those parts down there” usually provokes nervous giggling or material for an x-rated stand up comedy routine. We also talked about the importance of early screening. A colonoscopy can detect early signs, things like pre-cancerous polyps which can be removed before they turn into tumors.

This is a disease than can be prevented in 95 per cent of cases if it is found early. That’s an astonishing number.

But waiting until the recommended age 50 for a colonoscopy wouldn’t have done me much good. Nor would it have helped another one of the show’s guests, 34-year-old Nikki Van Ryck de Groot, who was diagnosed with colorectal cancer at age 29. If screening for colorectal cancer was done early enough and if people recognized the first warning signs and symptoms and knew what questions to ask their doctor we could make some real headway in fighting this disease.

I am one of the lucky ones in that my cancer was diagnosed before it had spread and I was therefore a good candidate for surgery. Still, for the next five years I’ll be spending a lot of “quality time” with doctors, being tested and monitored, while trying my level best to change my diet and stress filled lifestyle. And as in most things in life, attitude is key in any battle with cancer.

I hope breaking the silence and confronting the taboos will help save a few lives. I believe it’s time we were all more upfront about what goes on below the waist.

1. If you have any of these warning signs, see your doctor:

- a change in your normal bowel habits such as diarrhea, constipation, or both, if they last more than two weeks
- frequent or constant cramps, if they last for more than two weeks
- blood in or on the stool (either bright red or very dark in colour)
- stools that are narrower than usual
- general stomach discomfort (bloating, fullness, and/or cramps)
- frequent gas pains
- a strong and continuing need to move your bowels, but with little stool
- a feeling that the bowel does not empty completely
- weight loss with no known reason
- constant tiredness

These symptoms can also be caused by other problems - such as ulcers, an inflamed colon, or hemorrhoids.

Source: Canadian Cancer Society