

DANGER

CANCER!

DON'T START!

in a life-threatening situation, 'I didn't tell him he would die, because you never know' is what Merrin told me. He did say he told Patrick's wife everything. We asked him to be just as honest with us if I ever reached that point and I think he would have been."

MERRIN said one of the reasons Patrick didn't make it was because he was a smoker and his lungs were in bad shape. Grady, on the other hand, had very healthy lungs. He had played Club League soccer and had been a cross country cyclist. The treatment has made Grady adamant about smoking.

"If I could make everyone who smokes have chemotherapy for one hour, there would be no smokers. One of the effects all this has had on me, is that when I see students smoking, I really want to grab the cigarettes out of their mouths. They don't understand what they're doing."

Grady also gets angry when talks about nuclear energy. "I get really mad when something like Three Mile Island happens and they say there was no harm to the public except the cancer rate may increase 2 percent in 20-30 years. When you've had cancer treatment and you know how it is, you would do anything you could do to save someone else from going through that. The use of TV or an air conditioner that power is going to bring you isn't worth the pain of chemotherapy. Anyone who has gone through chemotherapy would give up that TV time to avoid the pain for someone else."

By the time Grady recovered from surgery and treatment, he had lost all his hair, was very weak, had lost a lot of weight and couldn't walk very well. On July 4, 1978, he and Katherine began the two-day trek from Buffalo to Chapel Hill—home.

"Coming home was really very good in one way. I remember we got to our student ghetto house which I hadn't seen in four months and walked in and cats remembered me. It was good to be back home."

"But in another way it was rough to be here. It's hard to be sick in Chapel Hill. Everyone is in gym shorts and carrying a tennis racquet. They're young, healthy, tan

and happy—as far from the eternal verities as could be. And here I was weak, sickly, bald as an egg and white with the Big C. You just don't belong here."

"There's no way to explain the agony to someone who hasn't been there. It takes everything you've got just to go in for the treatment."

Grady Ballenger

"Everybody's young and happy. That's really tough."

Grady said he has a hard time remembering when all these different parts of illness occurred. "The strangest thing is you lose all track of time because it moves at two different paces. There are three weeks between treatments and those go like that (snap of fingers)." But the two years of protocol go so slow you can't believe it."

Grady had two totally opposite reactions going through his mind before the operation, he said. "It wasn't shock. All my training has been to know how to take bad news. I had prepared for it being the worst. But then, I also thought nothing really bad can happen to me. This couldn't really happen to me."

"I didn't break down when they told me I had six months to live. The tumor didn't feel like my body. I was calm and resigned before the operation. After the operation I called my sister in Seneca, South Carolina, and she said 'Come on home and I'll fix you some iced tea.' I broke down then. I lost it. I don't know why except that it was the old life and it was so nice and so easy. Iced tea was the farthest thing from my mind."

THE other time Grady came close to breaking was during some of the testing. "I felt like, 'Leave me alone, I just can't take all these tests.' I could handle the cancer, but not all the blood tests, X-rays and scans. I wanted some peace."

Two scares—moments when he thought two things might get worse—struck him. It was just before

Christmas in 1978 when he met Katherine in New York City on their way to Buffalo for more tests. At Seneca, he called his doctor who told him they had found something on his brain scan and he needed to have another one. The something turned out to be nothing—a smudge on the lens or something similar, but it scared Grady.

"In a way this was more frightening than the original news that I was going to die. The idea that the integrity of the brain was under fire was really hard. I had heard of people having a personality change or paralysis and I didn't want that to happen—not recognizing Katherine or lashing out at her."

He was scared a second time when he couldn't eat because his bowel was blocked. Grady asked his doctor what would happen if this continued and the doctor told him he would operate again. "He told me some of his patients had 10-12 operations." Grady had the second operation to unblock the bowel.

Neither Grady nor his doctors know today what will happen to him in the next 10 years. One of the drugs used in his treatment has caused hearing loss and kidney problems for Grady. The five-year survival rate for some forms of testicular cancer is 90 percent, for others 50 percent. Estimates do not go beyond five years, but the survival rate for this type of cancer has increased remarkably within the last five years.

Grady said he is so open about his disease because he hopes his experience can help others. "Cancer is the enemy, and I'm willing to do anything to screw the enemy," he said.

But Grady said he is somewhat optimistic about the progress being made in finding a cure for cancer. "We are messing around, as individuals and as a society, with dangerous cancer-causing stuff, and I don't think we'll ever be able to prevent or cure all cancers. Our knowledge is primitive and treatments are sometimes brutal. But with testicular cancer and with some others, at least a cancer patient has a fighting chance not only to survive, but to return to a normal life."

"Just five years ago, the only known cure for testicular cancer was death."

Martha Waggoner is city editor for The Daily Tar Heel.

to the hospital for treatment. "He behind a winged-back chair and to the hospital."

me disease and treatment program

s are a problem rather than a help ing chemotherapy treatment. The nt the patient is anxious. The day ck, Grady said. "A lot of times you cial when you're undergoing

es came to the hospital and it was to tell them to go away, which could handle . . . I amazed myself ould do anything."

he took the treatment like it was a e prepared for it the day before bything, taking only liquids. During don't ask about the time because y slow."

ntensive treatment with a number ks. "I had wonderful veins before ear the end, they had to start using

a minute portion of the medicine his arm and caused a horrible his wrist to his elbow. "We were ve didn't think this medicine was 't even make me very sick."

n't know how anyone could make nent without someone by his side. at," he said. "She was there the d she only came close to passing underwent lymphangiogram, a test ph nodes. The doctor cuts into the n node and pumps in dye which ph nodes. "The doctor asked her if n. She didn't know what was going . The doctor pulled out a lymph ed she started swooning. They had

intensive chemotherapy, doctors her spread of the cancer. They At Roswell, the operation is done, ell swoop." Several surgical teams on the operation. The doctors e tissue from Grady's body. After X-rays showed only hundreds of sutures and markers.

not over. When the doctors expose lungs collapse and the patient has again. After the operation, Grady ing his lungs and was being given ator. Grady was pulled off thexygen gradually so he could learn n. "That was a real pain," he said. l three months later. After he had for about three months, Grady d out how he was doing. "His wife and said Patrick had died the day d because I thought we were both n't know him for a long time, but I l thought I'd heard everything Dr. atrick, and I thought maybe he had Merrin said he told Patrick he was

Helping cancer patients can be stressful

By MARTHA WAGGONER

BESIDES cancer patients, who must deal with the disease itself, cancer treatment involves medical personnel, such as nurses, who must deal with the patients. Hilary Wood, a clinical nurse specialist in medical oncology (cancer research at N.C. Memorial Hospital), works with patients and trains nurses to work with patients.

Wood said the hardest part of her job is counseling patients. "This is not a clock-time job at all," she said. "You give a lot more of yourself than in other areas of nursing." She usually works 60 hours a week.

"It's the patients that drain you," Wood said. "The adjacent patients (those who do not die of the cancer, but have a tumor or some part of the body removed because of it and must continue to receive chemotherapy) really lean on you for support. It's sometimes more stressful to live with a disease that may come back than to know you're dying."

Wood usually talks about the side effects of treatment and drugs. One subject that almost always is discussed is pregnancy and sexual activity. "Whatever the patient brings out as his problems, you take and work out with him," she said.

About this time in the counseling, Wood said she mentions Hospice, even with adjacent patients. Hospice



Hilary Wood and Patsy Schupper at Memorial Hospital . . . nurses help in treatment, counseling of cancer patients

is a support group for terminally ill cancer patients and their families. "I try to put it in a non-threatening situation so that if they do have to go, it's not such a shock, it's just part of the plan."

Because their occupation is so emotionally and physically draining, oncology nurses at one time were advised not to work for more than two years. "You lost a lot of good oncology nurses that way," Wood said.

Now, many hospitals have support groups for nurses and other staff members. NCMH does not have support groups yet, but it does have a psychiatric liaison person for the patients who also often works with the staff. "Most of the time you don't even notice that you're using him (the liaison person) until he's gone and you realize you feel better."

Wood said she advises nurses to relieve some of their stress by going home, turning on the oven timer and

talking to their roommates about the problems for 15 minutes. "When the timer goes off, you shut up and do what you planned to do that evening," she said. She also said an active social life is vital for these nurses.

For those who do not have roommates, such as herself, Wood advises watching "junk" on TV so they don't think about the work at the hospital. "If you don't get it out of your system, it'll stay with you all night and you'll come to work the next day feeling as though you never left," she said. "It will get to you after a while."

Wood said she tries not to cry in front of the patients, even though some doctors think this is OK. "You can let a patient know how you feel without crying," she said. "Crying is a loss of control and a loss of control can't be good for the patient. Sometimes my eyes will water and my voice will begin to warble."

"When someone tells me how nice I am . . . that usually gets to me."

Some patients become more special than others even though "there's no such thing as not getting involved," Wood said. "But there are certain patients you get very close to." Wood has stayed with some patients the night before they died. "I couldn't do it for every patient all the time. I'd be a nervous wreck."