

Thursday, September 18, 1980

Odds bleak, cure painful **By MARTHA WAGGONER**

"They don't use the word "cure" with most cancer patients. They talk about survival." -Grady Ballenger

UT they come closer to talking about "cure" in Grady's case than they do with most people. Grady's doctors told

him two years ago he had a 50 percent chance of living six months. His wife, Katherine Kearns, thought that meant he had a 50 percent chance of living longer.

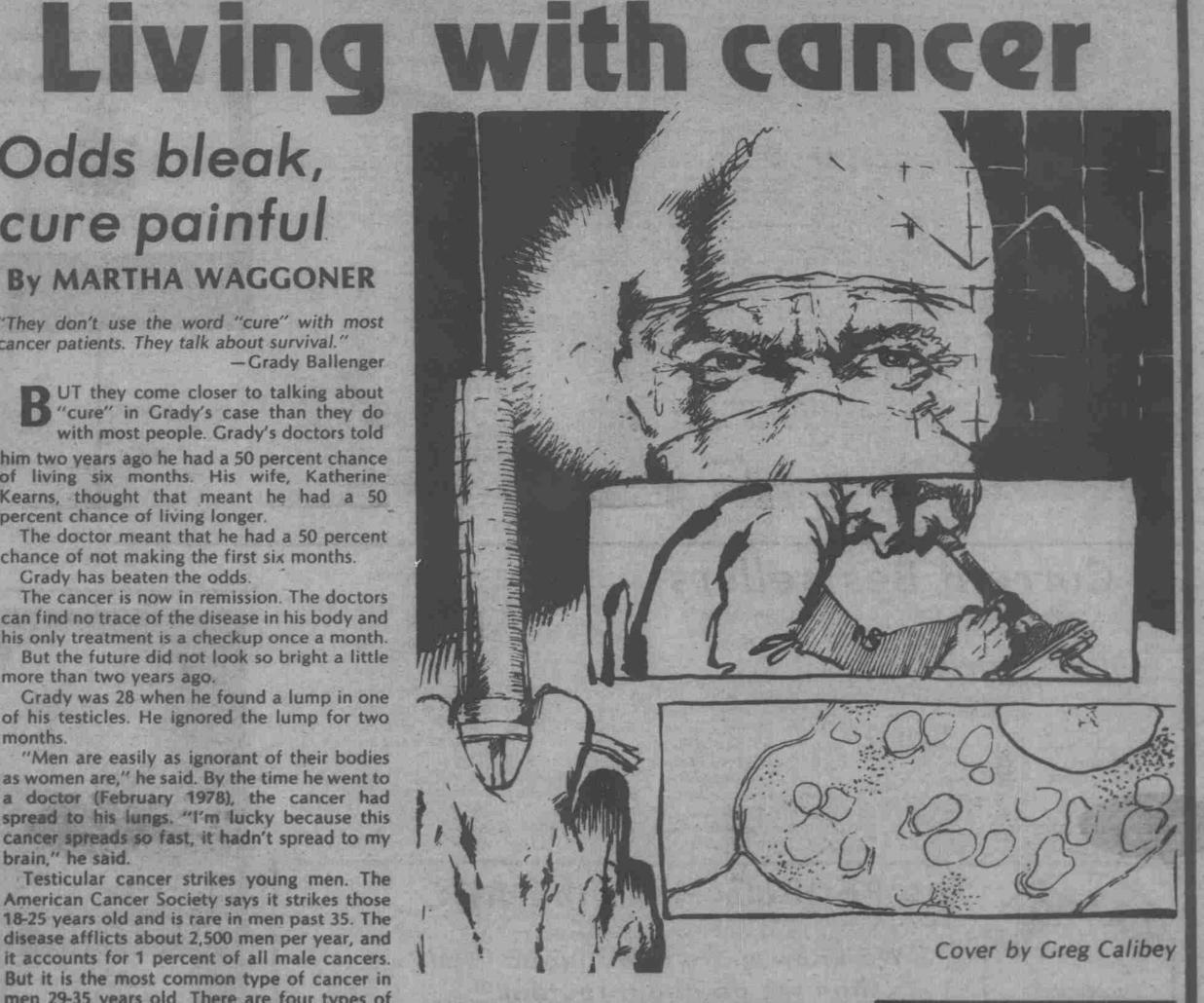
The doctor meant that he had a 50 percent chance of not making the first six months.

Grady has beaten the odds.

The cancer is now in remission. The doctors can find no trace of the disease in his body and his only treatment is a checkup once a month.

But the future did not look so bright a little more than two years ago.

Grady was 28 when he found a lump in one of his testicles. He ignored the lump for two months. "Men are easily as ignorant of their bodies as women are," he said. By the time he went to a doctor (February 1978), the cancer had spread to his lungs. "I'm lucky because this cancer spreads so fast, it hadn't spread to my brain," he said. Testicular cancer strikes young men. The American Cancer Society says it strikes those 18-25 years old and is rare in men past 35. The disease afflicts about 2,500 men per year, and it accounts for 1 percent of all male cancers. But it is the most common type of cancer in men 29-35 years old. There are four types of testicular cancer. Embryonal carcinoma, the kind Grady had, grows rapidly and tends to spread early. It accounts for 15 percent-20 percent of the cases. Much progress has been made on the treatment of this disease in the past five years, and it is now a highly treatable form of cancer, said Hilary Wood, a clinical nurse specialist for medical oncology at N. C. Memorial Hospital. But it, like other cancers, must be caught early to be curable. Otherwise, testicular cancer is one of the most dangerous of all cancers. Grady, an English doctoral candidate at the University, first went to Student Health Services to have the lump checked out. "The first doctor sent me to another doctor because he wasn't sure. The second doctor was very



suspicious and seemed knowledgable about the possibilities which he outlined for me-anything from minor league problems to a tumor," he said. The doctor got Grady an appointment at NCMH for more intensive testing.

There he received antibiotics for two weeks. The doctor was hoping Grady's lump was an infection which these drugs could cure. When the lump didn't go away, the doctor recommended exploratory surgery.

"When I woke up, Dr. Fried told me, 'This is a serious disease. If it's not treated, you'll be lucky to live six months."" Even with the treatment, the doctors didn't give Grady an optimistic prognosis.

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