

Cancer lessons

A physician finds her path through the parallel universe of the sick

BY PATRICIA ROCKMAN



Dr. Patricia Rockman opted for a henna design as an alternative to a wig while undergoing chemotherapy.

Suddenly I am both physician and patient. Cancer sends me immediately from the world of the not sick into the world of the sick. I enter a foreign place, a parallel universe, needing to understand the topography, people and culture consisting of those I used to work with or treat. Sooner or later our differences elude us and our similarities become so much more apparent. We are all born, age, get sick and die. It's how we manage these life events that contributes to or reduces our suffering. I begin to

manage stage II, locally advanced breast cancer on June 26, 2014, when my family physician calls me and says, "The core biopsy was positive."

Entering the realm of cancer requires fortitude, intelligence and awareness of one's vulnerability and the vulnerability of others. These are of great assistance on this unwanted and unexpected journey. Support is essential and comes in many forms. Choose your medical team wisely. I'm blessed to have the oncology group at St. Michael's Hospital as caregivers. Given the multiple people involved in cancer care it is

helpful to keep your wits about you, researching the evidence and standard of care. Being a physician patient has its perks and pains. In addition to the standard over-investigation, we have access to intelligent literature and the ability to assess it. Well-intentioned practitioners also have their own take on the disease and best practices, so keep your medical identity in play in between chemo-induced nausea and fatigue.

Bias is everywhere. For example, there is a thrust in breast cancer to have reconstruction. I waffle. One moment being a single-breasted Amazon seems appealing; in the next moment imagining being breastless is appalling. It seems women who have had mastectomy are generally content with whatever they decide. Other differing views show up among the radiation oncologists. Some believe immediate reconstruction is risky and prefer it delayed; others think the risks are equivalent. This underscores the need to do your research.

The cancer label often separates others from you with expressions of kindness meant to convey empathy but which unintentionally serve to differentiate them from the cancer "victim." They are not sick and offer assistance from a position of strength to yours of weakness. The patient may then be isolated, becoming deviant. Paradoxically, the kindness metaphorically kills. Friends, family and colleagues understandably distressed by the diagnosis may say things that are stunning. For example,

I was having dinner with a psychiatrist friend discussing the pros and cons of radiation and she said, "How much do you want to live?" I didn't process the remark until hours later and while hurt put it down to an impulsive expression of her distress. Better that than some wanton form of cruelty.

To tell or not to tell thus becomes a crucial question. My husband points out that everyone will know anyway since my hair is going to fall out. Before I know it I am painlessly pulling it out with curious fascination. I could choose to "pass" by wearing a hairpiece, but after four visits to Paula's Wigs I am



Indications and clinical use

- Cymbalta® (duloxetine hydrochloride) is indicated for:
 - The symptomatic relief of major depressive disorder (MDD)
 - The symptomatic relief of anxiety causing clinically significant distress in patients with generalized anxiety disorder (GAD)
- The efficacy of Cymbalta® in maintaining anolytic response for up to 6 months in patients with GAD was demonstrated in a long-term placebo-controlled trial in patients who had initially responded to Cymbalta® during a 6-month open-label phase.
- Cymbalta® is not indicated for use in children under 18 years of age.

Contraindications

- Patients concomitantly taking any of the following medications: monoamine oxidase inhibitors (MAOI), including linezolid and methylene blue, or within at least 14 days of discontinuing treatment with an MAOI; potent CYP1A2 inhibitors (e.g., fluvoxamine) and some quinolone antibiotics (e.g., ciprofloxacin or enoxacin); and thioridazine
- Any liver disease resulting in hepatic impairment
- Uncontrolled narrow-angle glaucoma
- End-stage renal disease (requiring dialysis) or patients with severe renal impairment (estimated creatinine clearance <30 mL/min)

Most serious warnings and precautions

- Behavioural and emotional changes, including self-harm, SSRI and other newer antidepressants may be associated with:
 - Behavioural and emotional changes, including an increased risk of suicidal ideation and behaviour in patients <18 years
 - Severe agitation-type adverse events coupled with self-harm or harm to others in patients of all ages
 - Rigorous clinical monitoring for suicidal ideation and behavioural and agitation-type emotional and behavioural changes is advised in patients of all ages
 - Increase risk of suicidal behaviour in patients ages 18 to 24 years with psychiatric disorder
- Discontinuation symptoms: Cymbalta® should not be discontinued abruptly. A gradual dose reduction is recommended.

Other relevant warnings and precautions

- Cymbalta® should not ordinarily be prescribed to patients with substantial alcohol use as it may be associated with severe liver injury.
- Investigate symptoms of liver damage promptly. Discontinue and do not restart in patients with jaundice.
- Bone fracture risk with SSRIs/SNRIs
- Risk of increases in blood pressure and heart rate. Monitor as necessary.
- Risk of hypertensive crisis in uncontrolled hypertension
- Abnormal bleeding risk with SSRIs/SNRIs
- Caution of increased bleeding events with concomitant use of NSAIDs, ASA, or other drugs affecting coagulation
- Risk of serotonin syndrome or neuroleptic malignant syndrome-like reactions
- Risk of urinary hesitation and retention
- Risk of serious skin reactions, including Stevens-Johnson syndrome and erythema multiforme
- Alkali slip/psychomotor restlessness
- Caution is advisable when using Cymbalta® in patients with diseases or conditions that produce altered metabolism or hemodynamic responses (e.g., conditions that slow gastric emptying).
- Patients with history of drug abuse
- Worsened glycaemic control in some diabetic patients
- Hyponatremia associated with SSRIs and SNRIs
- Patients with a history of seizure disorder
- Patients with raised intraocular pressure or those with narrow-angle glaucoma
- Patients with a history of mania
- Effect on ability to drive and use machines
- Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrose isomaltase insufficiency should not take this medicine.

For more information

Please consult the product monograph at www.tyco/cymbalta.com/en for important information relating to adverse reactions, drug interactions, dosing and administration which have not been discussed in this piece.

The product monograph is also available by calling 1-866-364-4043.

A serotonin-norepinephrine reuptake inhibitor (SNRI) also indicated for the symptomatic relief of

Major Depressive Disorder (MDD)

Scenes We'd Like to See...

By Dave Whamond, with respect and apologies to Rex Morgan, M.D.



losing faith they will be able to make my head look like anything but Hilary Clinton's. So I get my head hennaed through Henna Heals. I show and tell all those who need to know. The response from friends and family is overwhelming. I realize others want the opportunity to express compassion and I need lessons in receiving it. To tell becomes an act of kindness.

Murmurings from friends of how brave, heroic and strong I am are uplifting and irritating. Bravery usually involves

a choice to act in the face of fear. Someone said, "A hero is someone who is too afraid to run away." No one raises a hand and says, "Pick me! I'll take the cancer!" Cancer treatment is not heroic. It necessitates a slogging persistence on the part of the patients and those who care, once the novelty of the diagnosis is over.

Opening and accepting what is happening (when you can) without resignation provides more possibilities for resilience. You can ride the

experiential waves of fatigue or energy, nausea or appetite, pleasure or pain, irritability or contentment, sadness or joy. Staying mindful can keep us in the here and now, preventing a spiral into a catastrophic future. Cancer creates the in-your-face opportunity to live vividly, from moment to moment, taking one breath at a time. Resistance is futile anyway since the body is the boss. We have many medical strategies to use against a complex organism that has a way of

voicing itself regardless of our intentions. You kind of have to go with the flow. Well, you don't but then you just suffer more than you already are.

We tend to forget that we are interdependent, and that we are all small parts of the same turbulent sea. Staying open to the present can help us navigate the rough waters of illness to make more informed and less reactive decisions whether we are patient, caregiver or loved one. Serious disease can be an unasked-for

learning opportunity. It can bring wisdom and compassion, but this entails remembering we are all in the boat together, and don't inadvertently push the patient out to lighten the load by abandoning them to the world of the sick.

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“Artefactual

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in its collection, the Museum of Health Care at Kingston in Ontario delights history buffs with its wide array of unusual devices. Their uses may surprise you! Additional quizzes are available at CanadianHealthcareNetwork.ca, and check out the museum's website for more fascinating objects at artefact.museumofhealthcare.ca.



- This instrument is called a:**
- a) radium applicator forceps
 - b) radioactive implantation gun
 - c) Manchester ovoid introducer
 - d) Manchester ovoid remover

The answer to this quiz can be found on page 20.



The Medical Post

Canadian HealthcareNetwork.ca

From the Museum of Health Care at Kingston. Used with permission.

Do your patients feel like prisoners to their symptoms of Generalized Anxiety Disorder?



At Week 9, Cymbalta® 60 mg once daily:¹

- Significantly improved HAMA total score vs. placebo (mean treatment difference -4.4 vs. placebo, $p < 0.001$);²
- Significantly improved the Sheehan Disability Scale (SDS) work/school score vs. placebo (mean change from baseline -2.62 vs. -1.08 placebo; least squares mean treatment difference -1.48 vs. placebo, $p < 0.001$, secondary endpoint).^{3,2}

¹ A 9-week, multicenter, randomized, double-blind, fixed-dose, placebo-controlled study involving patients at least 18 years of age, meeting DSM-IV criteria for GAD. Patients were randomized to receive placebo (n=175), duloxetine 60 mg QD (n=168) or duloxetine 120 mg QD (n=170). The primary efficacy measure was mean change from baseline in HAMA total score vs. placebo. Treatment difference was determined by calculating the difference between mean change in anxiety scores at endpoint between Cymbalta® and placebo arms. Baseline mean HAMA total score = 25.3.^{1,2}

² Cymbalta® Product Monograph, Eli Lilly Canada Inc., May 7, 2014. ³ Data on file, Eli Lilly Canada. 3. Koponen H, Algulander C, Eriksson J, et al. Efficacy of duloxetine for the treatment of generalized anxiety disorder: Implications for the primary care physicians. *Primary Care Companion J Clin Psychiatry* 2007;9:100-107.

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