

Hindsight

by Brenda Denzler

"If I'd known how it was going to be, I wouldn't have done it," the man sitting in front of me said, shaking his head slowly.

I was sitting in the Patient Resource Center at the cancer hospital, waiting to talk to someone, and I'd attempted to strike up a casual conversation with the man, who was obviously a patient—or had been.

Cancer patients learn sooner or later that queries about how we're doing eventually become polite formalities, not sincere requests for information. For most of us, it takes some awkward exchanges with others before we learn to shade the truth, tell a partial truth—or even outright lie. When we do this, no matter what our actual circumstances, it makes those around us feel better, and this in turn helps us to stay connected to them rather than making them shy away from us in mute, frustrated helplessness. It becomes a mutual conspiracy of silence.

But in the safe confines of the Resource Center, a frank answer to this question obviously seemed in order. The man had had a head and neck cancer, he told me. He'd finished treatment several months ago.

"Oohhhh," I exclaimed softly. "My cousin was diagnosed with that shortly after I was diagnosed with inflammatory breast cancer. The treatment for head and neck cancer is not easy. It's a hard one."

"It is," he said. "And I tell you what...I'll never do it again. Knowing what I know now, I won't do this again. They don't really tell you about everything up front. It better have worked this time, because I'd rather die than do it again."

"I understand," I said, my eyes filling with a few tears. "This isn't an easy thing to go through. Cancer treatment is not for sissies."

I hope he survived. Not just the cancer, but the after-effects of his cancer treatment as well. Cancer survivors in general, it turns out, have double the risk of suicide when compared to the general population. A study just

published in the Journal of the American Medical Association reveals that the rate of suicide among head and neck cancer patients is three times the rate for the general population. Interestingly, most of these suicides tend to occur within the first five years after diagnosis—that magical, if arbitrary, time frame beyond which Medicine calls you "cured."

It gives a body pause, don't it? As a cancer patient, you look to that 5-year survival mark and dog paddle furiously through life in an effort to reach it and claim the mantle of "cure" for yourself. So what happens to the folks who decide it's not worth the effort to dog paddle anymore? What is it about being a cancer survivor that's so bad?

Maybe most of these unfortunate souls are people with terminal diagnoses who choose to end life on their own terms, not on cancer's terms. I know a few people who have chosen that route. But I don't know many, which makes me doubt that this explains all of the suicides.

So, what is it about being a cancer survivor that's so bad? You can find out a lot by simply asking, "How're you doing? I mean, really..."

Cancer survivors pay a daily price for the privilege of being alive—even if it's been years since our treatments ended. The more heavily we were treated, the higher the price we tend to have to pay. Other people get tired of hearing about this price, when they ask us how we are, so we learn to just be quiet about it. But it's real, and among ourselves, we talk.

A couple of months ago I decided to try to quantify one of the things we talk about—our quality of life, or QOL. I asked two groups of cancer survivors about their QOL. One group consisted of 75 people with metastatic breast cancer—women (and a few men) who must remain in treatment constantly in order to stave off the time when those murderous little cells will achieve their ultimate victory. The other group consisted of 55 women who are at least one year out from having finished treatments for inflammatory breast cancer, which is highly aggressive and thus gets really heavy-duty treatment—chemo, surgery, radiation, the works.

I asked both groups to compare their QOL

now to what it used to be before cancer. In the metastatic group, almost half (48 percent) said that their QOL was at least 70 percent as good, even though they were in constant treatment. I didn't think this was bad, considering what mets patients go through.

Surprisingly, the IBC group reported almost the same thing—56 percent said that their QOL was at least 70 percent as good. Coming from people who were no longer in treatment, those numbers were not as impressive. One popular myth about survivorship is that after a year or so, you should be recovered from all of the negative effects of your treatments. But if this were true, you'd expect more IBC survivors than this to report a higher QOL.

I suspect that one reason so many cancer survivors take their own lives in the first five years after treatment is because it's not really over when it's "over."

I'm not just talking about the psychological effects of having had a cancer diagnosis and going through treatment, though those can be pretty significant. I'm also talking about the million and one little things that cancer treatment can do, long-term, to the human body to limit its functionality and increase its discomfort.

Most of us survivors feel lucky to still be alive—at least, most of the time! We say, philosophically, that our persistent treatment after-effects are just the price we've paid to be alive. And we're grateful every day to have that opportunity, when so many cancer patients don't get the chance to suffer long-term side effects.

But for some of us, clearly, the long-term cost of being alive is too much. My cousin seems to be doing well so far. I hope the same is true of the man I met that day in the resource center.

Brenda Denzler was diagnosed with inflammatory breast cancer in 2009. She became a cancer survivor on the very day she was diagnosed.

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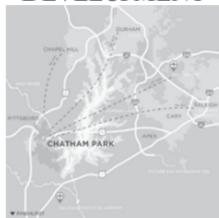
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THE ECONOMIC IMPACT of THE CHATHAM PARK DEVELOPMENT



Dr. Michael L. Walden, Project Director
 North Carolina State University
 December 2014



Another in an ongoing series of updates on what's happening at Chatham Park.

Chatham Park is laying the groundwork for smart, sustained growth and enhanced economic opportunities for everyone in our area. But don't just take our word for it; check out the highlights from a new North Carolina State University study.

THE FUTURE LOOKS BRIGHT

The independent research, commissioned by the Chatham Economic Development Corporation, looked at the impact Chatham Park will have on our

economy over the next 40 years. The short answer? Wow.

For this task, they selected the economist, Dr. Michael Walden, who is well-known in this arena and has conducted hundreds of similar studies. He summed up the findings: "Prior to conducting the study, I knew that ... Chatham Park will have a significant impact on the local, regional, and state economies, and after calculating the numbers, the impact is truly impressive."

THE FUTURE IS HERE

The study is full of numbers. But we're even more excited about what the results mean for residents in Chatham County.

For starters: good-paying jobs. From ongoing residential and commercial construction, to emerging retail, dining and service hubs, to research centers and office parks, all kinds of skill sets



are going to be in high demand. And these will be local jobs – the kinds that allow residents to have steady work and build careers without long commutes.

In addition, a broader tax base (supported by new residents and businesses) will generate more public resources for our schools, parks and art programs – and ensure that our

quality of life remains the envy of the Triangle.

THE FUTURE STARTS NOW

This isn't all coming at us at once. Development of Chatham Park is being handled in a phased, orderly manner, with an emphasis on sustainable growth and harmonious integration with our neighbors. But the results will begin to be felt in the near future, as more jobs open up, more customers come to our stores and restaurants – and more opportunities become available for our children.



DID YOU KNOW?
 Chatham Park's Impact On Chatham County Over 40 Years:



61,000
 Permanent Jobs
 Beginning with the construction underway on a 25,000 square foot medical office building.

\$80 BILLION
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\$3.2 BILLION
 In Additional Tax Revenue
 Doubling the Tax Base

The study relied on IMPLAN software for projections. Utilized by both the Federal Reserve Bank and the N.C. Department of Commerce, it is the most widely used economic impact model in the U.S.

You can see the full study at: <http://bit.ly/chathamparkstudy>