

# my cancer year

A SURVIVORSHIP MEMOIR

curtis pesmen





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# introduction

if i knew then

Of all the scary scenarios and tough talk I heard in the throes of my good cancer year, the most frightening words were not, “You have cancer.” No, not those three. The scariest words I heard rolled out of the mouth of a 20-something cancer doc, an apprentice radiation oncology resident who wore a starched white coat while doing Saturday rounds in the sub-floor unit of a busy San Francisco cancer center; who approached my nervous wife, Paula, and me, with a chart in his hands and not a worry line on his forehead and nonchalantly said: “Sorry about the bad news.”

*Whoa-what? Huh?* Epochal. Life-altering (again). Terrifying (anew). Because what he was saying was now worse than what I’d heard six weeks before, which was bad-shock-enough. But back then, when I got my Stage 3, it was delivered by a team of doctors, one of whom had spent more than an hour with us, uninterrupted and early on, laying out what we would face in the weeks and months to come. Back then I’d gotten the news from a team that had compared notes and delivered a diagnosis when we all thought my cancer was, well, locally advanced but also contained.

This apparent Bad News was different.

The thing is, I’d had a fall the day before, while awaiting my turn under the radiation gun, while undergoing 24/7 pumped chemo

simultaneously. Fainted, actually. Crumpled against a wall, then down onto a tile floor. Then spent hours in the emergency room getting tested-and interviewed and prepped for an unscheduled, unsettling session inside the MRI (magnetic resonance imaging) machine, all so that my medical team could have an updated picture of my compromised health status via a closer look at my brain. (“*Has it spread...?*” was thought but unsaid.)

But just before: Here comes Doc-in-Training...with my whole-body future in his hands...and he’s read a report that said something about two spots in or on my skull. Seems he knows lots more than my wife and I do just now. And then he drops the Nuke about the bad news. Without first checking with his supervisors. Without any hint of seasoned bedside manner.

“*Sorry about the bad news,*” he said, just once. But I kept hearing it over-and-over that morning, at least until we could talk with my radiation oncologist, the one who’d ordered the MRI the day before, the doctor whom I’d come to trust so far-so fast, because she didn’t seem afraid of this whole diagnosis. She’d seemed confident enough that this cancer thing was corralled down below in my midsection. In my colon. More precisely: in my rectum. But that it hadn’t spread. Still, protocol called on her to order the brain pictures, because, as a colleague explained: “We have to rule things out.”

Her senior colleague also had said: Sometimes when you go looking around, with all the new equipment, you’re bound to find something. Even if it’s “just ditzels.” Even if they may seem to be bad news when they aren’t. Ditzels, it turns out, are stray matter, or shadows, or harmless scar tissue that may have come from a bump to the head 15 years ago. Or from a baseball that knocked me down with a concussion more than 30 years ago, back in my home town near Chicago. Main thing is, was: Ditzels, in context, aren’t cancer. And so they may not be bad, or horrid, news.

Turns out the spots on my MRI were in fact mere ditzels. A doctor who did the reading of the images had diligently noted them on the report; and said they should be followed. But the doc did not say they were cancerous. Then the Saturday morning delivery guy bungled delivery of the news, assuming it was Bad when it wasn't (yet). Then we got another opinion. And I went on to have a couple of calm, reassuring discussions with my team of doctors about the false sense of alarm we'd all just lived through. Cancer care is not automatic.

I went back to my regularly scheduled program: chemo, radiation, hydration (more water—to help prevent future fainting spells caused by all this), the works. I went back older, wiser, and far-more schooled in the importance of getting a second, or a third opinion, no matter the cost or inconvenience.

And sometimes: on an unscheduled, stop-in-your-tracks Saturday.



# prologue:

## hollywood nights, survivor days

The lights went down, and my heart-rate went up. But hold on, *thuh-thump, thuh-thump*: what the hell am I doing at the Academy Awards—*live in Los Angeles*—a guest at the (then-)Kodak Theatre, looking down at the unspooling of an Oscars telecast i won't ever forget? What am I doing in the third balcony—clad in a stiff tux with a crooked-cocked, self-tied bowtie—when I honestly thought, not so long ago, that the cancer I was fighting in my body might kill me? The short answer is, short answer was: I was rooting for my wife. This was Paula's moment, *maybe*, her time in the spotlight. Maybe even *Her Year!* And there I was, sitting in the nosebleed seats, while she and her three fellow filmmakers sat down below, way below, in the far-front Stage Left section of the orchestra, awaiting the callouts, the film clips, the search-and-find spotlights that possibly could mean that the woman who nursed me back to life from what felt like near-death from Stage 3 cancer was maybe now going to be called onto the biggest Stage in the world. To receive an award like no other.

And then the 1998 Oscar winner himself, Matt Damon, said, "And the Oscar goes to, *The Cove!*"

I remember jumping out of my seat and hugging my friend seated next to me. *Uneffingbelievable*. The little film that could.

My wife, the producer, now of an Oscar-winning film. My wife, who had held my hand in our seventh year of marriage when we walked into the underground radiation therapy room in San Francisco, pretending that things weren't really so awful. My wife, who shoved her hand under my skull after I had fainted and collapsed in a crumpled heap from dehydration-fatigue-undernutrition during chemo—and then exhorted the nearest doctor in the hallway to DO SOMETHING! Now my wife, a producer on the 2009 documentary, *The Cove*, was heading up to the Stage with the director and two of her fellow filmmakers to accept the award for Best Documentary Feature. The Best. She was, she is. I dedicate *My Cancer Year* to My Amazing Wife. What she did for me was no less amazing than what she did for the award-winning film. You could say, in more ways than one, that at times she saved us both.





## chapter one my cancer story

mad colon disease

At first, I thought it was the lousy British food. I had landed in London in mid-June and succumbed to a wicked case of jet lag. Or so I thought. A week, two, then three went by, and still I wasn't sleeping through the night. Restless; not in any pain, just not sleeping, and I hadn't been eating all that well, either. "Bangers and mash, buddy?" Not hardly.... My wife, Paula, and I had arrived in the UK last summer, set to stay for the better part of a year. She would serve as associate producer on the big *Harry Potter* film; I'd write from overseas, traveling back and forth to the States when necessary for work....After a month or so, my sleep still somewhat restless, I notice I've lost some weight. Chris Columbus, the director [*Home Alone*, *Stepmom*] and longtime friend of mine and my wife, asks Paula one day at dinner if I'm okay; he sees I've lost weight, too. I also start to feel occasional cramps in my stomach, or lower, even, down toward my groin. Upwards of my perineum, maybe, somewhere deep down there...I also have diarrhea at least a couple of times a week (British toilet paper sucks, by the way—c'mon, the war's been over fifty-five years), which I attribute to not only the

plebian British food but to the pints of warm ale that I'm trying to get used to, nightly, at the local Haverstock Arms pub.

No health ignoramus, I decide to call a doctor in London to see if what I have is a flare-up of colitis, the disease I was diagnosed with—and treated for—back in New York in 1982. I find a doc fairly easily at the Wellington Hospital, which in the two-tiered health-care system in England seems to me to treat the moneyed tier...(tea and biscuits in the lobby while we wait).

Dr. Wong takes my history and nods his head at the suggestion of colitis. Then he ushers me into the room next door. Quite polite, he asks if he can “perform” a digital rectal exam. (I assume he means on my rectum.) I say fine. And so he does, quickly. And as he removes his gloved finger, we both notice traces of blood. He asks (again politely) if he thinks we should do a flexible sigmoidoscopy—scope my large intestine—and I think not. I'll get that done back in the States, I say. And I'll be home for a week next month.... I get a prescription for some hydrocortisone foam (in other words, an uninviting suppository), which, he says, should help in the meantime....(He doesn't ask, politely, to insert the first dose.)

Looking back, I can say that both Dr. Wong and I get home that night thinking I have a case of colitis. Turns out we were wrong. We've all heard of mad cow disease—mad colon disease, maybe?

the diagnosis [part I]

INTERIOR: Master bedroom of our Boulder, Colorado, home, focus on phone on nightstand next to bed.

EXTERIOR: Wickedly bright sunshine, some clouds over the Flatirons and foothills.

CUE SOUND: Phone rings.

*“Hello.”*

“Mr. Pesmen?”

“Yes...”

This is my doctor, my gastroenterologist, I can tell, on the line.

“Mr. Pesmen...” (Uh-oh, he’s said my name twice in five seconds; not a good sign when you’ve been waiting for five hours for a phone call from someone who has been waiting for results from the pathology lab....)

“I’ve got some bad news...”

SYNOPSIS: *This is no screenplay; this is not the theater. This is (my) real life. It has just been threatened....*

skating away [part I]

For some reason, after I hang up with the doctor, I decide to go ahead and go ice-skating, just like I’d planned, with my friend Tom and his daughter in downtown Boulder. Call it denial, shock, incomprehension. For now, I still feel strong, I don’t want to call or talk to anyone.... Paula isn’t home...maybe being on the ice will somehow soothe me. I am lost, but head downtown with my skates in my hands. I park the car, lock up, and hear tinny speakers blaring “Jingle Bells.” Three days till Christmas....

the diagnosis [part II]

SCENE: Master bedroom, still.

“It turns out they found some cancer cells in there,” the doctor says of the pathologist. “I am really sorry.”

I am stunned but do not cry. Instead, my body convulses slightly. Sitting on my bed, hunched over the phone, I feel as if I’ve just been in a minor car wreck...but all’s...almost...okay.

My journalistic instincts take over and I start taking notes furiously...“adenocarcinoma...second opinion...final pathology report after the weekend...need to get you to a good surgeon... don’t know the stage yet...after surgery you’ll know more... really sorry to give you this news....”

Merry Christmas.

SYNOPSIS: Forget the car wreck. Feels like I have been hit by a train and have entered another world. I am now a cancer patient.  
December 22, 2000.

skating away [part II]: my secret

For an hour and fifteen minutes, I don’t tell a soul. I skate and make small talk, waiting for 4:00 to arrive, when I’m supposed to pick up Paula at a friend’s. She knows we’ve been waiting for the call and, as soon as she hops in the car, asks me if I’ve heard anything. I lie and say no. My secret for ten more minutes. I don’t want to tell her until we get home. I feel like an ass lying to my wife about something so important, but I tell myself I’m doing it for her comfort.

When I tell her, we’re in the kitchen, seated at the kitchen table.

“Paula,” I say, “the doctor did call.” Pause. She looks at me as if she is extremely hungry, though I know it is a look of fear.

“What? What?”

“I have cancer,” I say. And nothing more.

She starts breathing heavily, then starts to shake. She starts to cry, I don’t yet, then can’t help but join her. Then she says she has to get down on the floor, right here, right now, or else she may faint.

My wife is now flat on her back on our white-tiled kitchen floor; we are both crying-heaving-crying, and I cradle her head in my hands and tell her to keep breathing.

“It’s going to be okay,” I say, not knowing if it will.

My wife and I both are now on the kitchen floor, letting this news sink in.

## the diagnosis [part III]

SCENE: Downtown Denver, four-story medical building.

INTERIOR: Surgeon's office.

*"You have rectal cancer, a kind of colon cancer,"* Doctor Second Opinion says. A weird dude to my eyes, kind of jumpy and unsettled, this over-eager surgeon has a good reputation among his peers. Plus he's one of the few docs we were able to see over the holidays.... Weird Dude Doc, after doing a rectal exam, then sits me in another room and compares my tumor to a rather large, gnarly bonsai tree that's thriving in a pot on his windowsill. He starts talking about growth, and I'm not liking this analogy at all. *"This man will not operate on me,"* I think as I take copious notes, realizing that surgeons' skill has little to do with their personalities.

CUT TO: The University of Colorado Health Sciences Center.

INTERIOR: Exam room of Dr. Third Opinion, Robert McIntyre, M.D.

*"I agree you have rectal cancer,"* Dr. McIntyre of the University of Colorado says. *"The question is how much of the colon will we have to remove...."* I like this guy, his manner, his calm demeanor, his apparent mastery of the diagnosis with only limited information, which is why he's prepping me for a series of CT scans later this day, ordered by Dr. Cory Sperry, a friend of ours and a friend of his, to see if any cancer has spread to my lungs, abdomen, or liver.... This guy could operate on me, I think. And after he calls two days later to tell us the CT scans look *"good...I see the tumor, but the lungs, abdomen, and liver look clear,"* Paula and I feel like we've been given a reprieve. Good doc. Good results following a horrifying few days, and aftershock. Now, maybe, we can set up a plan to kick this cancer's ass, to turn perhaps the wrong phrase....

SYNOPSIS: I try to focus on some of Doc McIntyre's last words to Paula and me as we huddled in the exam room: "*Cancer is a word, not a sentence.*" I'm curable.

tough call

Waiting. And wondering why I'm sitting on my bed on Saturday morning, delaying the inevitable. Waiting to call my family in Chicago and tell them the news. Making the wrong call and the right call at the same time, deciding to start by calling my sister, Beth. After all, she's my only sibling, just a couple of years older, forty-five, and has been through a major assault, having lost her first husband, Art, to leukemia when he was thirty-five and she was thirty-two, a rock then; I expect her to be a rock now.

"I have cancer," I blurt after we chat about who-in-the-hell-remembers for about a minute. A slight pause. Longer pause, then a mournful wail and sob and heaving of breath and sound and emotion I have never heard emanate from my sister. Or from anyone close to me. Positively frightening. I'm now shaking, taking this in, realizing that maybe I've touched a dormant nerve that reached right back to that day when she became a widow, in July 1988.

Haunting, her sobs. "No! *Nooooooooooooo, nooooo!*" And then she recovers. And then we settle into the shaken rhythms of our breathing, somehow feeling stronger, if only for a minute. I grab Paula's hand a little tighter while we buck up and prepare for The Next Call.

At sixty-nine and seventy-two, my mom and dad, Sandy and Hal, are to me a model couple. Semiretired, semihip (my mom can still get away with leather pants; my dad, a leather bomber jacket), semi-serious about fitness, and married happily for nearly

all of their forty-nine years together. I've got to "protect" them but can't delay any longer.

"I'm okay," I tell my mother as she asks, rhetorically, how I am. A signal from son to mother. She knows "okay" means something's wrong, though she turns out to be a rock. "I have cancer," I choke out to her, wondering if the fact that her mom died of cancer at forty-one, when she was only nine, has somehow steeled her against some of the worst medical news she could hear. My dad is a different story. He takes in the diagnosis, breaks up, then says, "You...have my colon." He repeats it. I'm confused, as my father has never had intestinal problems. He hands the phone off to my mom, shaken, and she tells me we will get through this and come out the other side....

Weeks later, I learn what my father was trying to tell me through emotional upheaval: "You can *have* my colon." At a literal loss for words, he was telling me he was willing to donate his, or part of his, large intestine to me, no matter how unlikely a scenario this could ever be. I'm glad I didn't know what he meant at the time.

## not home alone

After Paula e-mails Chris Columbus and a few other people she's working with on the Potter movie, Chris calls our home immediately. He has put in calls to friends, including Robin and Marsha Williams, in San Francisco, to try to help us get fourth or fifth opinions at University of California, San Francisco, a top cancer center and the one that the Columbuses and Williamses have the utmost trust in.... It's also the hospital where Paula has some strong contacts, from years of helping coordinate movie screenings and benefits that have aided UCSF fundraising.

Almost unbelievably, Chris and his wife, Monica Devereux, immediately offer us the use of their home in San Francisco if we

should choose to go there for treatment. And within hours, Marsha Williams is on the phone with Paula...then me...talking about how important it is to get the best doctors for cancer treatment...and that she knows how to help us find them at UCSF. An unlikely Hollywood connection to my cancer, I am thinking, but there is friendship at the core of these gestures, not glamour or glitz. I am amazed at the outreach that's seemingly coming into our world, one call at a time....

### happy frickin' birthday

Lashing out at Doctor Worthless in our darkened bedroom back in Boulder. We're home, "relaxing" and packing, getting used to powerful pain meds (and stool softeners to counteract their constipatory effects), and I'm still angry, I realize through late-night sobbing, at the Denver doctor who shall remain nameless, for now, who calls himself a gastroenterologist but did not, four to five months ago (*after* Dr. Wong's bloody finger and recommendation of a sigmoidoscopy), perform even a digital rectal exam that should have discovered this two-inch-long "locally invasive" tumor. Laziness? Maybe. HMO pressures to see too many patients per hour? Doubt It. The worthless doc didn't see fit to look where he should have, when he should have, as most competent gastroenterologists would suggest. I stop crying, settle down for a long fight, and try to find grace in this situation on a day that is probably the worst birthday my wife Paula has ever endured.

I'm prone most of the day and unable to get to the store to buy a card or present for my partner, the love of my life, who cries as I present her, shortly after midnight; with a thirty-ninth-birthday card with thirty-nine hand-drawn hearts that I've fashioned from a folded business card of mine, drawing and writing in the bathroom between our two sinks. Happy frickin' birthday indeed.

future best-seller?

My best friend, Geoff, whom I've known since 1970, calls from Chicago: "I got an idea," he says. "You can do a book, call it: *Me, Cancer, and Geoff*. Instead of a book about how you and your wife got through this together, it'll be a buddy book about how I helped you kick cancer. I'll be calling you every day; people aren't expecting that." Pause. "You're sick," I say. "I know," he says. "But I gotta ask you: Does this mean I'll have to do one of those Run-Walk things with you in five years?"

## the diagnosis [part IV]

SCENE: Exterior, UCSF Surgery Faculty Practice building, 400 Parnassus Avenue, San-Francisco.

INTERIOR: Office of Dr. Mark Lane Welton, colorectal surgeon.

*"...I believe your case is not a slam dunk; but I don't think it's one of my fourteen-hour operations, either,"* Dr. Welton says in the first hour of our meeting. *"It's probably a three-to four-hour operation."*

*We soon learn that the cancer was found very late.*

*"Your cancer is advanced,"* Dr. Welton tells us.

*"Then why didn't they find it in my screening three years ago?"* I snap.

Dr. Welton shakes his head and tells me, *"I'd guess it's at least five years old."*

SYNOPSIS: He seems confident surgery will cure me, but he won't openly rip his colleagues. (Seems he believes Dr. Worthless and other private-practice gastros aren't as adept in colonoscopy as many practicing docs at university med centers, such as UCSF.) I like his style and honesty. If I have to be cut up, I want Dr. Welton to do the job.

## probing my nodes

Lying on my back, waiting for doctor whomever from UCSF “paths” (pathology) to enter the room to do an FNA (fine-needle aspiration) of my inguinal lymph nodes, down by the groin and perineum, where the body normally doesn’t invite needles in... poke, dig, poke, dig, poke, dig, he does. All negative—great! No cancer cells found. But he has to probe each one again, he tells me, a second time, to be “more sure.”

Great, I’m thinking, and Dr. Daphne Haas-Kogan is still planning to zap my nodes anyway, with God knows how many radioactive “Grey,” for good measure, I later learn.... Gotta rush so the next docs can operate on me and insert a chemotherapy “port” in my chest...then Paula’s gotta toss me on a United plane and fly my ass home for the weekend. Looks like we’ve made the choice: San Francisco for my treatment and surgery; back home to Colorado for the healing.

## the team

Learning, in a hurry, that when you have cancer you don’t have just one doctor. In my case my team includes:

- ☉ Alan Venook, M.D., forty-six, medical oncologist, UCSF
- ☉ Mark Lane Welton, M.D., colorectal surgeon, UCSF
- ☉ Daphne Haas-Kogan, M.D., radiation oncologist, UCSF
- ☉ Jonathan Terdiman, M.D., gastroenterologist, UCSF
- ☉ Jerry Ashem, nurse, home chemotherapy provider, Life Care Solutions
- ☉ Nancy Rao, N.D., naturopath and accupuncturist, Boulder, Colorado
- ☉ Paula Dupré Pesmen, associate producer, wife, partner

eight words you don't want to hear

It's something I won't soon forget...there I am, splayed out on a hard exam table in the radiation-therapy room, hospital PJ bottoms pulled halfway down my crotch...when a senior member of the rad/oncology team addresses a younger doctor after viewing my simulation—the precise position I will be in when radiation beams will enter my body. He uses eight words: “The penis is going to have a reaction.” In other words, the penis (which would be mine) will very likely develop a sunburn of sorts, perhaps over six weeks of absorbing nearby radiation waves. Note to self: “Prepare.”

treatment: chemotherapy

**Surprise:** In this new new age of personal electronics, it appears that my six weeks of chemotherapy will be administered by a machine, not a person.

Small enough to fit in a fanny pack, BlackBerryish in personality, the portable pump I name Abbott, built by Abbott Labs outside Chicago, will be in charge of delivering a toxic chemical, a toxic cancer-fighting chemical, 5-fluorouracil, into my bloodstream. (I could opt for weekly visits to an infusion center, where my medical oncologist has his office, but since I'm on a low-dose regimen, Abbott seems the way to go.) He's got a small screen, twenty-four buttons, lots of chirps and beeps, and a clear plastic tether tube that stretches about four and a half feet.

Once a week, a home nurse will come and change the medicine, flush my “line,” take my blood pressure, draw some blood, change his gloves, don a mask, change the needle that fits in the port inside my chest, swab the whole upper-right quadrant of chest with antiseptic, then tape me down, making me water-resistant, not quite waterproof, for at least six weeks. More chemo later? I wonder.... Yes, I learn soon enough, but it probably won't be porta-pumped in.

treatment: radiation

*Beep. Beep. Beep. Beep.*

*Whirr. Whirr.*

*Bzzzzz. Bzzzzz. Bzzzzz...Silence.*

*Ker- CHUNK....*

Welcome to the world of Radiation Oncology, Day One of the six-week treatment, as part of a protocol that's not practiced everywhere. Some docs say, till more data are in, the tumors should be taken surgically first, followed by chemo and radiation. But not the docs we have on our team. It's a sandwich kind of cancer-fighting. BEEP/WHIRR, then surgery; then chemo afterward, as necessary.

Today, in the basement of UCSF's Long Hospital, amid the city's first big storm of the year, I try to find a quiet moment as the Big Gun goes off. *Beep, Beep, Beep. Whirrr...Bzzzzz....*

my 24/7/6 anti-cancer machine

Wondering why some people are so afraid to use the word "cancer" when they e-mail or write notes to me sending warm thoughts.... Thanking the literary lords that a ten-year-old daughter of one of my friends sent a card that said, up front: "Dear Curt, I hope you fight off your cancer.... Love, Rebecca"

How the hell can you take this sucker on ...if you can't call it by its name? It's cancer, and I'm hooked up to a porta-chemo-pump stashed in a fanny pack that's "pretreating" my tumor while I get daily blasts of radiation (weekends off), courtesy of the GE Clinac 2300 radio-therapy accelerator. I'm a 24/7/6 (six months total treatment) anti-cancer assault unit, with all this technology comin' at me, going in me, going through me and God knows where else into the walls of the underground radiation oncology unit named for Walter Haas, the Levi Strauss magnate, and dedicated in 1983.

Otherwise, it's January 2001, and, shoot, things are great.

eat more, weigh less

Weighing in one afternoon while in treatment at 168. Wondering where the pounds went so quickly. I was 183 before I left for England last summer. My appetite is down, so is my general attitude toward eating. “Food is no longer for pleasure,” Dr. Haas-Kogan (“Call me Daphne”) says. “It’s your job.”

sex and my cancer

Haven’t found lots of info on the standard patient Web sites about sex and colon cancer.... Here’s what I know so far: In one month of being a colon-cancer patient, I’ve had sex twice, once what I would term successfully. The other time, well, that’s what I know about sex and my cancer.

happy anniversary

One month after the diagnosis. My anger has dissipated toward my doofus doctor who never stuck his middle finger up my anus all fall 2000, while I complained of rectal pain—it’s right there in his carefully written notes in the records I snatched, or rather requested, from his office. I mean, of course my anger has cooled....

**Consider:** A patient at higher-than-average risk of colon cancer comes in and complains of stomach pain, rectal pain, and diarrhea (some would call that “a change in bowel habits...”), and in your wisdom you decide not to perform a basic digital rectal exam. Cruel irony, perhaps, that the cancer you’d later find would show up in the rectum. And was, other surgeons have said, large enough to have been felt by a doctor’s finger.... And if you had glanced through my records, you would have seen that you performed a screening colonoscopy on me a few years ago, and that I had some suspect tissue that turned out to be benign. No need to check back, I guess. I know how hard doctors have to work these days.

Four or five months earlier, diagnosis would only mean I'd be a lot more comfortable right now and have a better—as hard as it is to say—chance of cure, whatever that means in oncological parlance. You can have your five-year survival rates, Dr. Worthless. You've called me exactly once in a month's time to check on me, your patient that you recently diagnosed as having colon cancer. Remember me? Happy frickin' anniversary. Maybe see you in court.

“a possibly fatal event”

Guinea-pig Friday. Seven hours of waiting for a cautionary scan of my lungs and legs, all because I reported having shortness of breath this morning and my surgeon, Dr. Welton, and his resident scrunched their eyebrows like squirrels (if I'm a guinea pig, they're squirrels) and thought of the remote possibility of PE—pulmonary embolism—“a possibly fatal event.”

I have a few risk factors, you see: an open line running into my veins for chemo; I have cancer; I am over forty years old; have an infection; and have been largely immobile. Better safe than dead, they think but don't say. (Reportedly, it's one of the most frequently missed diagnoses in medicine.) So there goes our Friday afternoon and evening. We wait, and wait, for a space in the CT queue...and Doc Daphne comes over from the hospital next door to try to help move things along...at 8:00 p.m. on a Friday night. Three kids she has at home, and she's with Paula and me. This is what you call care. This is what leads to Paula getting for her four Harry Potter T-shirts from her stash in London. My lungs and legs turn out to be clear.

a sob story

Waking up with bad chemo/radiation nausea and diarrhea...an hour on the john to start the day...followed by thirty minutes of

intense sobbing in bed, broken occasionally by heavy breathing (to relax me), the tears flow and I plead for “a break.” I know part of this frustration is from yesterday’s seven hours of helplessness and waiting for exams...and the possibility of “a fatal event,” as if colorectal cancer isn’t a possibly fatal event. I begin to view crying as part of healing. It’s probably in the cancer-support books that the nurses gave me and that I’ve yet to read.... Fourth, you cry.

lick me

After too many days of chemo/poison pumping through my veins, my body sends its first signal of being pissed off at the assault—a rash, or rawness, on the back and center of my tongue, all raised and ugly, what the doctor calls “mucousitis”; what a nurse says might be thrush...we’ll worry about it tomorrow. Today, I’ll just add some antibiotics to my arsenal to try and hit the elusive fever that kicks up each afternoon and evening, from 99.4 to 100.5 or so, possibly related to last week’s discovery of an abscess. “Possibly,” say Dr. Daphne and Dr. Welton. Lotsa *possibly*s in this long-term anti-cancer contest that’s still in the early stages. Even a temporary alarm set off by Abbott—signaling occlusion in the tubes that send 5-FU chemo drug into my body—doesn’t trip us up for long.

An 800 number, plus a knowing pharmacist on the “home health care/Life Care Solutions” hotline, helps us get Abbott back on track with only a ten-minute interruption in cancer-kick-butt service. With *ER* playing in the background on TV, my little chemo emergency couldn’t have asked for a more macabre backdrop. Blood and guts all over the Mitsubishi big-screen TV...a portable-CD-player-sized pump in my hands, sending peeling alarm signals and not responding to my attempted repair. And I can’t very well call Dr. Greene.

## i don't like mondays

Setting the alarm for 8:45 a.m., which to the rest of the world sounds late, I know, but for someone who is woken up every two hours to take a piss because radiation waves have riled up my bladder tissue till it's as angry as an eighty-four-year-old's who's got a mean case of prostatitis...truth is, I don't want to arise at 8:45. I could easily sleep till 10:00, since I haven't enjoyed real REM-type sleep for what seems like a week.

Waiting for nurse Jerry, all earnest and bearded and careful and responsible-like, to come visit and slip on the rubber gloves and rip a bent needle out of the port that's been surgically implanted in my chest...new week, new bag of "dope" for my main man, Abbott... It's all good, I suppose, but I don't enjoy lying flat on my back with anti-splash pads beneath my chest and torso. (Chemo is poison, let's remember; we don't want that stuff splashing about the linens, much less our respective skins....)

Mondays mean a whole week ahead of whomping the bad cells with good X rays and 168 milliliters of 5-fluorouracil cocktail, my chemo drug of choice...so by Friday night or Saturday morning, I will almost certainly feel like shit. Which means, they tell me, Mondays should actually be "good" days, because I've had the weekend off from the radiation assault...and my body's had a chance to "recover."

Shoot, other than that, Mondays are fine specimens of the week. When you're normal, that is. When you're Cancer Boy, you're just a bit more skeptical about this fine day....

## bonding

Flipping off a friend, in a good way, a male-bonding way, as I lie on the couch, fatigued and diseased. He's flown twenty-five hundred miles to visit me, my old roommate Todd, and at one point I look

over at him in the living room, our eyes meet, and I give him the finger. He understands completely. What men want. A tough way to say, “Thanks for leaving your job and family for a few days to come hang with me as I get chemo’d and radiated.” A guy thing. I love the guy. He’s here. I’m hurtin’. So “Flip off.” Makes perfect sense, as Paula wonders, maybe, what in the hell I’ve just done to my friend. She understands, maybe not completely.

can cancer be embarrassing?

An East Coast friend, whom I’ve known since 1980, calls: “So...it must be hard having cancer in a place that’s embarrassing?”

I pause, weighing the absurdity of the comment, then respond.

“I guess so. But I guess I’d rather have colon cancer than brain cancer.” Insensitive dude, I am as well, knowing that I disrobe every day in the bowels of UCSF’s Long Hospital alongside patients who are being treated radiotherapeutically for cancer in and on their brains.

That’s not so embarrassing? I wonder. And we go on to talk about, believe it or not, the New York Yankees.

sunburn where the sun don’t shine

“It’s gonna get worse before it gets better;” says Doc Daphne as I hit the home stretch of “Intro to Radiation 101” (six-week course). Sunburnlike burns on my inner buttocks, burned and raw skin where groin meets thigh, and, yes, a scorched penis. Time to learn, from the radiation nurse, how to use and apply the wickedly priced, aloe-based ointment known as: Carrington RadiaCare Gel Hydrogel Wound Dressing. It’s soothing, I soon find, as I hitch up my drawers and shuffle off after getting dressed, holding my wife’s left hand in my right.

## getting to know pain

Don't know why I'm surprised, five weeks into treatment, how much cancer hurts, but I am. The pain I've gotten to know, that renders me horizontal at least five hours a day, has started messing with my mind. I've been hurting at least four months now. Even with narcotics (and I have good ones), I hurt more profoundly, more often, than I can take. It is so deep inside, it actually radiates from my pelvis out into my legs and down to the soles of my feet. It gets to where I start naming the types of pain: stabbers, daggers, and achers. (Achers hurt the worst.)

Driven to the couch two/three times a day, I wonder what it would take to become part of California's legal medical-marijuana program. The docs at UCSF don't seem all that familiar with it, but they give me four phone numbers to try and a list of instructions. Gotta check this out further.

## down for the count

Whipping around the corner in Long Hospital's basement, late for my daily beams of radiation, scurrying into the men's changing room (does it *really* matter whether you wear hospital gowns and pajama bottoms instead of T-shirts and jeans when it's radiation we're talking about?), and getting undressed/dressed in almost record time....

Feeling light-headed as I wait for my appointed slot under The Gun, looking for an empty chair—"Do you want me to get you a chair?" my sister Beth says—and I say no, feeling macho, but also feeling more lightheaded than I know—*slam/crumple/thump*—I'm down on the tile floor in an instant—unconscious. Ten seconds, twenty, maybe thirty. When I come to, I see three sets of eyes staring down at me.... "Curt, Curt, can you hear me?" my wife, Paula, pleads. "I need a gurney and a pulse ox!" Doc Daphne shouts,

*E.R.*-style. I am coming to...quickly...not knowing why I went down or what my elbow hit on the way down, 'cause it's hurting but not bleeding, and suddenly there are eight people hovering around me on my gurney as I "stabilize."

Wheeling me into the Rad Room, the radiation therapists ask me if I can stand. I say yes, not knowing if I can and yet not knowing that I had the beginnings of a seizure while on the ground. I quickly learn that radiation treatments *don't stop*...just 'cause a patient goes down.

Rolling into the ER upstairs moments later, I'm wired for an EKG to check my heart, and the battery of tests commences... blood, urine, neuro, orthostatics [blood pressure standing and sitting]. Bottom line, the docs think I've been dehydrated due to the chemo and other aspects of cancer treatment; and my red-blood-cell count is low.

The assault continues, as Doc Daphne checks in before my discharge to suggest that we do "a head MRI" sometime soon... takes a while for my brain to click in...she's checking for balance problems...or maybe a blood clot caused my fainting spell?...or else, well, maybe she's just gonna scan my head, MRI-style, to rule out that slim chance that I have cancer in my brain. The assault continues....

## showerdance

With a [chemo port] line going into my chest, with a four-inch-by-four-inch swatch of Tegaderm breathable-but-not-waterproof bandage on top of the contraption, I'm not allowed to take showers as I used to, before I became a cancer patient.

I wash my hair in the sink (using a plastic Pac Bell Park cup for the big-rinse finish) most days or do a quick, body-turn shower, wherein I leave my chemotherapy pump parked in its fanny pack just outside the shower door and wet what I can, soap what I can,

then washcloth the rest, once I've successfully rinsed, keeping my trusty chemo pump, "Abbott," dry.

we got game

Walking across the street, trailing my nephew Clark, who's come to visit and, frankly, is hoping to play some hoop with his uncle. His *fatigued* uncle.

He dribbles, shoots, scores, so do I! He spins the red-and-black Harlem Globetrotter promotional basketball lazily, woozily, on his right middle finger. I catch the ball and show Clark how to spin it faster and how to get the ball to spin on my/his finger for ten seconds instead of five....

Shots go in; three-pointers clang off the rim; Paula shoots her first shot and somehow gets it stuck—lodged—between the rim brace and the backboard. I struggle to jog/run after rebounds... I'm huffing...but fact is...eighty days after my diagnosis, I am once again playing an outdoor game.

sex and my cancer [part II]

Wondering, in bed, how long it will take for the barbecued, irradiated skin on my package to return to normal color and texture.... Finding that having an erection and doing something pleasurable with it hurts in such odd, frightening ways in the first weeks after radiation treatment...that it makes you think twice about having an erection and doing something pleasurable with it.

leave your dignity at the door

"Tough-ass Sim," is all I can say...and it's not a sorry pun. It's a day of Radiation Simulation I'll remember as one of the worst, particular to my type of colorectal cancer, to my type of presurgery treatment.

“Curt, you may have to leave your dignity at the door,” says Doc Daphne as she leads me to a treatment room. Within minutes, I am bottomless, on my belly, on a hard table, with doctors and therapists around me, drawing Magic Marker targets on my ass and hips, calling out measurements that I don’t understand. The rectal/anal probes that irritate tumor tissue I do understand. Quickly. I groan like a farm animal. This is what the good doctor meant by leaving my dignity at the door. Feeling like a roasted pig with an apple in its snout: “Come get me—I’m done.”

Forty-five minutes later, my pelvis is now prepped to guide the beams of my last few radiation “boosts.” “I’m sorry,” Doc Daphne says of The Sim. “I’m really sorry.”

## finding god [part I]

Realizing, on day seventy-one after diagnosis, in year forty-three of my life, that I have never prayed as regularly before.

## well runs dry

If it’s emotional dehydration I’m worrying about, and I’m worrying about Paula’s “well” often, I find a few answers in her journal:

*Curt’s been on chemo & radiation for weeks—he’s doing okay, but he’s sick and very tired and still has a fever every night. We’re fighting to keep weight on him, literally. Each meal is a battle between me and a guy called Nausea. I am determined to win and I do, because losing means that I’m letting Curt down.*

*Today I had a meltdown. I was lying on the bed crying like a two-year-old late for a nap. I have to tell Curt, I’m tired of being the bad guy. I represent the things that bring him discomfort: food, medicine, trips to the hospital. I ride his butt each day to take a pain pill, go for treatment, eat, eat, eat.... I want to hold him and kiss him and nurture*

*him well, but those things are just a part of his wellness. He lost 6 pounds last week and the doctor's concerned. I have to keep him eating. He's having very serious surgery soon and needs to be strong.*

*Cancer is trying to come between us. Where I used to lay my head, now lies a chemo port sewn into his chest. Nausea and fever cause him to need space. I tell Curt I want to be small so I can curl up in his arms and feel him. This disease is trying to isolate Curt from people he loves. I won't let it happen. He takes me to the chair where we curl up and he holds me like I'm his wife and everything feels good again. Today we've won.*

nice 'n' angry

Getting a bill from Dr. Worthless in Denver for services “rendered”...wondering if/or how much I should pay the doctor who I believe fouled up my diagnosis and treatment for months last fall. Knowing part of what I believe is supported by my medical records. I'm still furious he never did digital rectal exams when I went to see him—twice—complaining of rectal pain last fall. There was—and is—a tumor where he could have felt it.

Thinking back to what Dr. Haas-Kogan told me not long ago about my disease: “Don't give up your license to be angry. No forty-three-year-old man should have to go through what you're going through.”

My “license to be angry.” I hadn't thought of things this way. Now I do.

a head case

Driving across town in early afternoon to the shiny, happy, new UCSF Cancer Center, to get my chemo line unhooked, to get the needle removed from the port in my chest, to get back to living without being tethered to a pump/fanny pack that even has to sleep

## **the facts**

- Colorectal cancer is the second leading cause of cancer-related death in the U.S. (Lung cancer is the first.)
- Approximately 50,000 deaths due to cancer in 2010 were due to colorectal cancer.
- About 90 percent of people diagnosed with colon cancer are over age 50.

### **High-risk factors include:**

- 1 Family history
- 2 A diet low in fiber and high in fat (mostly from animal sources)
- 3 Personal history of colon polyps
- 4 Personal history of chronic inflammatory bowel disease, Crohn's disease, or ulcerative colitis. People suffering from Crohn's disease or ulcerative colitis for more than 20 years are at more than twice the risk for colorectal cancer than the average person their age.

### **Symptoms of colorectal cancer may include:**

- 1 Rectal bleeding
- 2 Blood in the stool
- 2 A change in bowel habits
- 4 Abdominal, rectal, or liver pain
- 5 Feeling of fatigue, loss of weight, or decreased appetite.

Doctors recommend that all people over 50 receive some type of screening, at least an annual FOBT, or fecal occult blood test. The American College of Gastroenterology recommends that people over 50 receive a colonoscopy at least once every 10 years, as well as an FOBT and a flexible sigmoidoscopy once every five years.

Patients diagnosed with ulcerative colitis or Crohn's disease are at particularly high risk and should undergo colonoscopy at least once every two years.

with me under my pillow. Progress. I'm free, in a way, six weeks before surgery, but tonight I have a date with my wife, my friend Jim, and the MRI machine.

The docs, the good folks taking care of me, who haggled over my fainting spell last week, are going to have a close look at my brain. They want the MRI to “rule out” cancer in my brain as a cause.... Ten times louder (slo-mo jackhammers), three times more uncomfortable (claustrophobia) than the CT scans I now know too well...the MRI of the matter inside my skull comes out pretty well...at least for now.

**Bottom line:** no cancer found in my brain, but, and there's always a *but*, there are two fuzzy spots on the film outside my skull that the docs may want to take a closer look at. When you have cancer, there are sound reasons sometimes to keep looking for more cancer. This means for me another round of tests in the future, a round of tests that Paula and I don't want to deal with right now. My docs give me a break, at least for now.

## the diagnosis [part V]

EXTERIOR: Master shot. Rolling clouds, west to east, across San Francisco Bay.

INTERIOR: Eighth-floor medical office, Moffitt Hospital, UCSF.

Meeting with my surgeon a month and a half before surgery, getting ready to schedule The Date, finding out I'll need at least three more scans and four more meetings with doctors before I get cut. Learning that I'll be losing most if not all of my colon in less than two months. Slipping into journalistic mode, I shut off emotions and hear “colostomy,” “ileostomy”... bagged for life. Or for at least a long time.

SYNOPSIS: Major Lifestyle Change, a reasoned journalist might say, in exchange for Life.

## finding god [part II]

Not realizing until my diagnosis, and until the news got out, how many friends and family members who never talk to me about religion regularly pray. Now they send word of including me in their nightly prayers and other prayer circles. A cousin of mine sends a miniature carving of a powerful-looking shaman...there's a guy I want to take into surgery with me.

## heading home

Still reeling, and peeling, nine days after the last of the big radiation blasts ...no more chemo pumping into my veins; wondering how long it takes to clear my body completely (if indeed it does clear completely).

Knowing I now have 3.3 weeks left to “heal” and get stronger back home in Boulder before the surgery; trying not to think about that right now...don't know that I could even handle the trip/airport/assholes—plus-three hours of sitting—just yet...popping a Vicodin to stifle the pain...taking a walk in the park, heavy legs and all, in Pac Heights to try and beat the fatigue.

But I don't. Beginning to understand why I saw that hospital flyer about a clinical study looking for subjects re: cancer fatigue. Fatigue is no small matter. No small malady. The sucker doesn't know when to leave. It is a key part of the assault.

I want, among other things, the lightness in my legs back.

## high mileage/low mileage

Feeling like a low-mileage patient today...which means pretty good in cancer-doc speak. Hang around the oncology ward long enough and you'll hear hospital workers instantly, cruelly, assess new patients as “high mileage” or “low mileage.” Which one's gonna take more work? Which

one's got the better chance for cruising down the road, in years ahead?

Feeling like a human again...back home and healing after Round One of treatment. Walking slowly after lunch around the lake by our house, logging a total of 1.3 miles. High mileage, low mileage, whatever. It's actual miles, and I'm counting.

friends, finances, food

Settling back into our own home in Boulder after the two-month medical pilgrimage to San Francisco. Opening the first of the hospital bills with more zeros on the end than I can take seriously. Reconnecting with friends, who absolutely feel like family as they swarm the house in preordained small-group waves...the first posse sneaking in the day before our arrival and stocking the house with food.

Second wave cooks us a Saturday-night turkey-meatloaf-mashed-pots-and-gravy dinner; third wave brings over take-out Chinese...which is all good, all fine, all warm and fuzzy-like...except that in my case, food that = love also = pain—almost instant pain after eating—and that reminds me I still have an angry, invasive adenocarcinoma residing at the end of my digestive tract.

dead man sleeping

Trying not to think about surgery, cancer, recovery, chemo, and going back to UCSF in three weeks. Luxuriating, almost, with Paula's fresh soups, French-toast-with-strawberry breakfasts, late-night shakes to put the weight back on...and small groups of friends stopping by to check in, check on me, see how Paula's holding up...

Then a call comes, less than a week since we've been home. Her dog, our dog, Toto, the thirteen-year-old Maltese, died last night while asleep under the bed of Paula's mom in California, where

he's been living for the past six months. No ordinary hound, Toto the Wonderdog. Can't help but weep through the late morning... what lousy timing. Then comes an unlikely knock on our door from a Boulder cop. Asks to come in, leads us to our living-room window, explaining that he is looking for clues....Seems a dead man was found a few hundred yards from our house, in the 6.2 acres deemed "open space" by the city... Whether the man was murdered or died-in-his-sleep we do not know. Cop doesn't, either, or at least he's not saying. I'm hurting, pelvically, colonically, taking this all in, trying to be strong on my feet, telling Officer Navarro that I was up between 3:40 and 5:00 a.m., in bed, and didn't hear anything. We didn't do it, officer. Now can you leave us to ponder... two deaths...too close to home...while I, we, just try to recover in "paradise"?

### sex and my cancer [part III]

A wife (that would be mine) writes in her journal: "It's our 7th anniversary. I asked Curt if he had the seven-year itch. He said, 'only where the radiation burns are healing.' (That would be his groin, and that would be a 'no' to my question.)"

### friendly fire

Walking toward Wonderland Lake, looking for the soccer field where my friend Tom is coaching his daughter and other seven-or-eight-year-olds. Hanging around with the parents, reminding myself that Paula and I aren't parents yet, and at thirty-nine and forty-three, time is running short....

Wondering why I can't remember whether—at week ten of my treatment—my sperm could ever recover and (safely) father a baby after all the radiation my groin, pelvis, and balls have been through. Thinking back to the day weeks ago when I banked sperm in that

horrible windowless room in a San Francisco fertility clinic, just in case friendly fire of any sort would hurt our chances.

### gotta have faith

Taking a walk to boost my strength from radiation and chemo, still not quite 170 pounds. Trying not to think too much about the surgery in two weeks, but how much is too much? I can't help but think—and say to Paula—“Do you realize we've trusted these doctors to leave my cancer inside me for three months?” (So they could treat it before surgery, instead of just cutting it out like some hospitals would have.) Once we signed on at UCSF, we learned about a new kind of faith. And fear.

### true confession

ME: “Hmmmmmm ... muhhhhh...”

PAULA: “*You in pain?*”

ME: “*No.*”

Pause.

ME: “Hmmmmmm ... muhhhhh ...”

PAULA: “*You in denial?*”

ME: “*I guess so.*”

### golf and my cancer

Getting out of the house, putting and pitching in some cool, gray spring air at Flatirons Golf Course. Betting Jim a dollar-a-hole for closest-to-the-pin on the putting green, then swinging away, sort of, at a seventy-five yard target with a pitching wedge, aiming at a swalelike area littered with range balls.

Taking care not to take a full swing, else I may rip my implanted chest port and vein tube from their anchors under my skin by my right shoulder. Not sure whom to ask about golfing-with-a-chemoport ... knowing that a wicked swing might send me to a hospital for unscheduled surgery.... Kinda takes the sweetness out of the short shots that I hit rather well this day.

### fear at thirty-five thousand feet

Trying to forget about my disease for a few more hours as we pack up and head back to San Francisco. A week of tests, then surgery. As we hit max altitude, I pick *Parade* out of the Sunday paper and unfortunately find a story by Tad Szulc, seventy-four...a journalist who just happens to have colon cancer...that has spread unpredictably to his liver and lungs two years after surgery. “It’s incurable,” he writes. At this moment I am not afraid of the plane crashing. [Editor’s note: Szulc died shortly after the *Parade* story ran.]

### world spinning round

“I saw a lot of things spinning around my head this week,” I tell Paula, trying to explain the feelings I have after yesterday’s pelvic MRI, while lying on my back on a slab of hard plastic and foam, being slid, mechanically, into a chamberlike futuristic body scan, only it’s not futuristic, it’s now, CT-style, with unknown imaging parts spinning, whirring, racing around my body inside the machine, gaining speed and making magnetic pictures of body parts, body cavities, body systems from head to groin. And as the spin spins, a Teutonic male voice occasionally commands, and does so creepily, “Breathe in,” “Hold” (for sixteen seconds yet...), “Breathe out.” And again. And again. It’s all prep for surgery. It’s new mapping for the docs to compare with the scans they took back in January. I’m spun out.

## karma waves

Waiting for Doc Daphne, the radiation doc, in Exam Room 7 of Long Hospital's basement, who's left to read the whole batch of my new films, the ones that will say how well, or not, my treatment has been going...just me and Paula sitting in the room around lunchtime with the door closed, not thinking about lunch. For what if the tumor grew during my weeks at home?

"I wish I had your karma," Doc Daphne finally says after eyeing my CTs and taking a seat next to me. Good news again; all the tests show the tumor has either shrunk or not spread. This on the very day the City of San Francisco's department of public health issues me an official plastic-coated "Medical Cannabis Voluntary ID Program" card, which will enable me to buy marijuana for medicinal uses for up to one year from today. Twenty-five dollars it cost me, plus twenty-five for Paula's card, as "care-giver," who can get the drugs if I'm laid up...or retching from chemo that's ahead. And from what I learn about the surgery today...it's going to mean laid up, or down, for at least six weeks. Bit more karma, please?

## sex and my cancer [part IV]

Taking a meeting I'd rather not take. Going to see Peter Carroll, M.D., chairman of the department of urology at UCSF, who's been asked to join my surgery team. "He's going to help me stay out of the prostate," Dr. Welton, my colorectal surgeon, says.

Stay out of the prostate indeed. It's not enough lousy luck that I—Mr. Health Book Author—get cancer, that I get colorectal cancer, that I'm going to have my abdominal organs rearranged: now one of the top urologic surgeons in the country tells me, after reviewing the MRI of my pelvis, that in surgery I may lose some of the nerves that help erections become erections. Without those nerves, bundled around the prostate and near the rectum, I

understand in a hurry, I may soon be Viagra dependent, sexually speaking.

“We just want the cancer out,” Paula tells Dr. Carroll. I think maybe we want a little more than that.

## countdown

T minus thirty hours and counting...till they strip me, gown me, wheel me, scrub me, shave me, drug me, prep me, cut me, eviscerate me, probe me, stimulate me (erectile nerves, that is, using a newish procedure to try to save my sexual functions), reorganize me (turning my small intestines into my small-and-large intestines and anus...), de-cancer me, maybe “muscle-flap” me (as in plastic surgery if the surgical wound gets to be tricky to close), and bring me to, as a cancer patient, as a recovering colon-cancer patient who’s going to be in pain and most likely minus one colon; they’re gonna do all this and more in T minus thirty hours, and I wonder why a couple of friends have asked me quite recently, “Are you nervous?” What if I said, no, I wasn’t? Thing of it is, I’m going in Tuesday morning, three months after my diagnosis, six weeks after my chemo/radiation regimen; I’m going in Tuesday morning, not nervous but frightened, to get a tumor out, God and all other higher powers willing.

## the power of (legal) pot

Waking up one morning before dawn, with bone-numbing lower-body pain that starts me moaning-breathing-moaning and wakes up Paula. I get what the doctors mean when they say my tumor is low enough to be lodged in my pelvis. Time for narcotics, my man Vike [Vicodin], except it’ll take forty-five minutes to work. We both know that by now. Which is why we have four medical joints stashed in an Altoids tin box.

“Why don’t you take some pot?” Paula says.

“It’s too early,” I tell her. “It’s not even 6:15.”

A beat, then Paula responds: “It’s not like you’re smoking it because you don’t have a job!”

I light up. It works, masking the pain without making me high, till good brother Vike kicks in.

“play ball!”

You’ve got to give him points for trying. My surgeon, Dr. Welton, after meeting with Paula and me to have us sign consent forms and review next week’s surgery, gives us a bit of consent, too. “We’ve got tickets to the Giants’ Opening Day—but it’s the day before surgery,” Paula says. “Do you think it would be okay for Curt to go?”

“Yeah,” he says, knowing full well I’ve got to be on a liquid diet all day and take major laxatives the night before the operation. “He should be fine. As a matter of fact, I think it would be good for you guys to go.

“You can think of it this way: Monday will be baseball Opening Day and Tuesday will be our Opening Day.”

This I find almost funny.

night before

“It’s gonna be okay,” I say to Paula with eight hours to go till surgery.

Silence.

“You know why?” I ask.

She shakes her head no.

“Because of you, because of what I have to live for,” I say.

*Following chemo and radiation treatment, surgery was scheduled for April 3.*

### pre-op pep talk

“hey,” i say to paula, after the travel alarm *chirps-chirps-chirps* us awake, “let’s go get some cancer out.” Sounds like I’m cheerleading on Surgery Day but I’m not. Just making light in the early-A.M. dark.

“Hey,” I say, “let’s go get some cancer out.”

### road trip

Rolling through the pitch-black streets of San Francisco toward the hospital, our pal Aimee at the wheel, Paula up front, me stretched out at an odd angle in between the backseat; still hurts to sit straight up on my tumor.

Time to cut the vile thing from my body. Traffic at 6:30’s a breeze, though I’m wishing it weren’t. I’m suddenly in no hurry... thinking about the odd positions they’re gonna have me in throughout this ordeal...this total colectomy or whatever. Too late to worry, but I’m wondering, still, whether the pre-op chemo/radiation combo actually shrank my tumor enough to allow these UCSF doctors to excise all of what we all want excised. Don’t want to hear they got “most of it”: that means I could be back here in a couple years, the “absolutely curable” me, rolling through the darkened streets once more, heading for more cancer surgery after having tried— and likely failed—to renew my six-year-old term life-insurance policy.

### pre-op prep walk

As Dr. Mark Welton said last week, it’s Opening Day! But before he opens me up and takes out what’s evil, they’ve got to check me in, like at some hotel of horrors in the gloam of pre-sunrise, and they’ve got to have me perform a macabre march-of-the-day—with two other patients (one in a wheelchair) and a nurse in the lead,

here we go!—from ground-floor check-in to pre-op anesthesia up on four.

Shuffling our way through the halls of Moffitt-Long Hospital, waiting for our appointed docs and drugs. Last time I'll be wearing street clothes for a week, I think, as I tote a large plastic "Patient Belongings" bag that now belongs to me. I look at Paula, who looks sad walking beside me; we're in the back of the pack....I feign a stop-look-and-run away from the group, like a kid on a fourth-grade field trip to some boring modern-art museum, only this ain't a museum and the only exhibit worth looking at around these parts is still lodged deep in my pelvis—call it Exhibit A. Or more accurately, Exhibit C.

### cutting remarks

Can't say I saw what I'm about to say here, but if what they say is true about my operation, it didn't go well...it went better than well. I mean, "We got a better result than we even hoped for back in January," said Alan Venook, M.D., my medical oncologist. I'll take it.

I didn't see where the first scalpel started, but I do see I have an eleven-inch abdominal incision, held closed by forty-two metal staples, which artfully arcs around my belly button (doctors don't mess with belly buttons), where they "entered" and removed my entire colon and rectum (just lucky, I guess, as I've read 85 percent of colon-cancer patients don't need to have their entire colons removed—they just lose a few inches of intestine). I also feel but can't see a five-inch incision down around my anus, which means in order to excise my rectal tumor completely, they had to cut me from above and below. Not your standard, slam-dunk polyp removal, which is why the surgery took eight hours instead of two or three. [It was a stubborn rectal tumor, says Doc Welton, in retrospect. And it was, he reminds me: a newish, nerve-sparing

operation...a TME, or total mesorectal excision, with which not all cancer surgeons are familiar.] There's also a newly created hole in my lower torso through which my intestines and stoma (aka my new anus) now feed.

And the good news again? Hey, they didn't need to use the fancified, intraoperative radiation machine that was on standby... and they didn't need to use the plastic surgeon to help "close" me. (He was on standby, too.) Final pathology says that the margins around the tumor were clear...which means my team done good. Very good. They grabbed thirty-one lymph nodes out of me, thirty of which were cancer-free. I'd be more worried about the one that wasn't, except that I now know at least a few other lymph nodes were probably also cancerous back in January and February... and my pre-op chemo/ radiation killed the cancer in those. Had they operated in January, I might've had six cancerous nodes and twenty-five "clean." So the single bad node doesn't worry me right now because, docs say, they got clear margins. The tumor and surrounding nodes were encapsulated. I can live with that, in more ways than one.

### an ice place to visit

Welcome to the RR—recovery room—where they wheel me after the OR, where a lot happens in a hurry, in a flurry, and yet I remember only a few things:

1. that Paula was there to my right, telling me that "they...got... it...all";

2. that a nurse to my left, who was taking all sorts of measurements and checking multiple monitors and related tethers, had to leave in a hurry because her car was parked at a meter;

3. that I could...barely...breathe— felt like my chest was crushed—"Don't worry," they said. Just the after-effects of the ventilator and my lungs being turned off for eight hours; and

4. that I was thirsty like I've never been, but the nurse wouldn't let me have water, else I might throw up, faint from the pain, and get pneumonia... "Here, have some ice chips, but don't swallow the melt..." Great Crushed ice-chip pebbles, one-at-a-time on my tongue, but Don't Swallow?? Can hardly believe it...can hardly breathe...go feed the meter...

### the recovery parade

Watching patients outside my hospital room shuffling round the fourteenth floor—two, three, five days after major surgery—where they test their legs and upright powers. Being sort of amazed, racked with nonstop aching torso pain, that I'm soon walking beside them, even with mega-doses of morphine and epidural infusions in my spine, even if in Cro-Magnon man fashion, less than seventy hours after waking up, minus one tumor and minus one colon.

### catheter blues

Glad, really glad, I wasn't conscious when they shoved the rubber tube through my penis and urethra and into my bladder during surgery. Watching roller-coaster rivulets of pee move out of me every few hours. It stings sometimes; other times I shudder from terrific, searing bladder spasms after I'm done, robbing me of whatever hint of genital pleasure a "normal" good piss might provide. As my surgeon would say, "Those tissues are angry down there. They don't like what we've done to them." Neither, for the moment, do I.

### the endorsement: the bag [part I]

Leaning forward in her chair, Susan Barbour, nurse on the colorectal-surgery floor, patiently explains it all to me: how the colostomy/ileostomy bag works, the hassles and tricks, and even a

fashion tip or two for when I rejoin the real world, cancer-free. “So, how do you feel about it?”

Takes a while to answer her, as I guess I have two answers. “I’m thinking about it as if I have a handicap,” I say, “but a very small handicap. That’s how I feel about it. Basically, I don’t want my life controlled by body waste.”

a firm future?

No way to prep for it, but two days after they pull my catheter, while peeing into a plastic urinal, I see the beginnings of an erection happening. Beginnings get all the way to middles...which makes me think they were pretty damn successful during surgery and makes me later blurt to Paula across the room: “Don’t forget to tell Dr. Welton about my erection this morning.”

She tells him while on the phone; I see her smile at his response. He says, “I think this might be the first time I’ve been so happy about another man’s erection. I’ll have to tell my wife about this.” I’m happy and all, having seemingly dodged Viagra-dependence... but I’m still bedbound, in pain, being fed a couple bags of fluids a day...400 calories each plus ice chips—“No swallowing the melt!”—wondering, well, should he have sounded that surprised?

a “beautiful” stoma

Not one but two or three nurses who’ve viewed my carved-up body have commented on the craftsmanship of my colorectal surgeon: “A beautiful stoma,” one says. “Oh, your stoma looks great,” says another. “Really nice.”

This does not exactly sink in. For where I used to have a flat lower right abdomen, I now have a ruddy, sturdy, slippery, inch-high plug of intestinal protrusion, a stoma they call it, a beautiful stoma they call it sometimes, a rerouting of small intestine that