

I SIGNED AS THE DOCTOR

MEMOIR OF A CANCER DOCTOR SURVIVING CANCER

*Laura Liberman, M.D.*

**Chapter 1**  
**Getting Ready**

*Reach out to your friends. Write about it.*

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**From:** Laura  
**Sent:** Friday, March 2, 2007 10:55 PM  
**To:** Jennifer  
**Subject:** News

Hi Jen. I had hoped to talk to you on the phone today, but I'm in a whirlwind. I've just been diagnosed with an aggressive lymphoma, involving lymph nodes, bone marrow, spinal cord, and the fluid around my brain. I have to have a tube put into my chest on Monday, David and I tell the kids next weekend, I get another tube put in my brain the following Monday, and I start chemo on Thurs 3/15.

Apparently I've got a 50/50 shot of going into remission if I do this. I can make a 50/50 shot, don't you think?

I'll be playing stuff by ear—probably not taking care of patients for awhile, but will continue my research and administrative work.

I know that neither of us was religious when you lived in New York City, but we haven't talked about it for awhile. If you pray, please put in a word for me; if you don't, would you mind starting now?

Love  
Laura

*I SIGNED AS THE DOCTOR*

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**From:** Laura  
**Sent:** Monday, March 5, 2007 9:37 PM  
**To:** Jennifer  
**Subject:** Today

Hi Jen. Today I had a tube called a Mediport catheter put in my chest in Interventional Radiology. Phil, my oncologist, said it wasn't essential—that if I didn't want the catheter, they could just put in an intravenous (IV) every time I need to get IV chemo—but I've seen too many patients who get stuck for every chemo, and they dread it. Also, it sounds like I'll need six months of chemo, a lot of which will be intravenous. There's no way my veins would hold out through all that. I figured getting the catheter would spare my veins from repeated needle sticks. And they said they can take it out after I've finished all of the chemo treatments.

The Mediport was no big deal. They give you IV sedation and then do the procedure under local anesthesia, using fluoroscopy, which looks like a TV screen that shows you x-rays of what's going on in your body, so they can see what they're doing. After making a tiny incision, they insert this sterile plastic catheter into the superior vena cava, a big vein in the chest that leads directly to the heart, and then close the skin over it. They put some sticky stuff called Dermabond on the skin over where the incision was made to help it heal, and then place a bandage over that. Once you have the catheter, they can deliver all the IV chemo through that.

It feels so odd to be a patient at the cancer hospital where I've been a doctor for 17 years. I must have thought that being a doctor, wearing that white coat, confers immunity—like cancer is something that happens to other people, and couldn't

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

possibly happen to me—but apparently that’s not the case. When they brought me the consent form for the Mediport, I signed the wrong part—I signed as the doctor, because that’s where I always sign! They said no, you have to sign as the patient now. Sometimes I feel like I’m in a play where I know all the lines, but they have me reading the wrong part.

Write to me—little things about you, Sophie, Jim, music, work, life in Philadelphia, and how your pregnancy is going.

Love  
Laura

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**From:** Laura  
**Sent:** Tuesday, March 6, 2007 8:10 PM  
**To:** Jennifer  
**Subject:** Chemo

Hi Jen. It’s great that you’re still finding time to play the cello. I haven’t been playing the piano much these days, although I’m a dedicated listener. I miss playing music with you. For me, the best thing about taking that chamber music class at Mannes Conservatory ten years ago was that we got to meet! It was a real departure for me, because in all of my piano training as a kid, my teacher insisted that being a soloist was all that mattered; playing with another person was considered “accompanying” and a lesser art. I’m glad she was wrong.

When we met in that music class, I thought it was so cool that you played the cello, especially since traditionally the cello used to be considered “unladylike.” I thought, “Here’s a woman unabashed by gender stereotypes.” You go, girl.

*I SIGNED AS THE DOCTOR*

Let me fill you in on how this all began and what treatment I'm going to get. Around Thanksgiving, I started to have neurological symptoms including loss of fine control in my left arm and left hand. It was subtle—I noticed it most when I was doing breast needle biopsies, because hitting a tiny target requires precise control of both hands, and my left hand just wasn't doing what it was supposed to do. I saw a neurologist at my hospital named Sam, an expert in the field. Sam thought my neuro exam was OK, but he decided to do more tests.

I won't bore you with the details, but the bottom line is that I had magnetic resonance imaging (MRI) exams that showed a mass in the cervical spinal cord, the area in the neck where Christopher Reeve's paralyzing injury was. I had a spinal tap, which they call a lumbar puncture or LP, a procedure in which they stick a needle into your back and take out some fluid from around your spine and brain. I then had surgery to remove an enlarged lymph node. Subsequently, I had a bone marrow biopsy, which must be the most painful procedure on earth. The tests showed lymphoma, a malignancy of lymphocytes, a type of white blood cell that fights infection. Thank God for Sam—he was like a dog with a bone, and he wouldn't let go until he got the diagnosis. Then he referred me to Phil, one of the best lymphoma docs here, to talk about treatment.

My husband came with me to see Phil for that appointment. Phil said it's good that I'm relatively young (47) and pretty healthy, but not good that the lymphoma is in multiple sites (Stage IV), including the central nervous system. He discussed it with the other lymphoma docs, and they want to give me three different kinds of chemo, each one about six times, so probably 18 treatments in all, over the next six months. He says that even one of these kinds of chemo is tough to tolerate; three will be a real challenge.

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

For the lymph nodes and bone marrow, I need IV chemo called R-CHOP. The R is Rituximab, a monoclonal antibody directed against the specific malignant cells in my lymphoma; C is cyclophosphamide (also called cytoxan); H is doxorubicin (formerly Adriamycin; don't ask me why they use "H" for that); O is vincristine (originally called Oncovin, hence the O); and P is prednisone, an oral steroid. The R-CHOP will be given at least once a month for six months; I go to the outpatient chemo suite, get my Mediport hooked up to an IV, and stay for seven or eight hours; then I go home on five days of oral prednisone.

The second kind of chemo is called high-dose IV methotrexate, which I'll also probably need once a month for six months. They need very high doses of methotrexate to get into the spinal cord, and with it they have to give tons of IV fluids because otherwise the methotrexate can crystallize in the kidneys and cause kidney damage. So every time I get it, I have to get admitted to the hospital, have the IV hooked up to my Mediport, get a ton of fluid and the methotrexate, and follow it up with what's called "leukovorin rescue," which helps fight the toxicity of the methotrexate, and I get more fluid to flush the excess methotrexate out of my system. Each admission will be from three to five days.

I also need to get outpatient methotrexate given "intrathecally," which means directly injected into a tube or catheter called an "Omay" that they are going to neurosurgically implant into my brain. I'll probably need six of those too, but I'm not sure exactly when and how often. Tomorrow, I have an appointment with the neurosurgeon who will put in the Omay next week, so I'll find out more.

David and I are trying to take all this in as the lymphoma doc is talking. I'm thinking if I'm going to die anyway, maybe I'd rather spend the next few months at home instead of getting brain surgery and chemotherapy. I asked Phil

*I SIGNED AS THE DOCTOR*

what was the chance of cure. “Cure?” he asked in a tone that suggested that the idea of cure was ludicrous. He said he couldn’t cure me, but there’s about a 50% chance that he could bring the lymphoma into remission, which means at least temporarily under control. That means that there’s a 50% chance that he won’t get me into remission and I’ll die. Then David and I went to see Sam. I asked Sam if he thought I should get treated, and he said yes.

After we finished with the doctors, David and I went to get a cup of coffee and talk. We were both shell-shocked. “If this is a nightmare, can I wake up now?” I asked him. He paused, head down, before responding, “I wish we could.” He looked as scared as I felt, and he doesn’t scare easily. I brought up the possibility of declining treatment. My symptoms are mild, I said; maybe the lymphoma will never progress; the treatment may be more dangerous than the disease. I don’t want a pyrrhic victory, winning the battle but losing the war—if killing the cancer kills the patient, it doesn’t do much good for anybody. But both Phil and Sam think I should be treated, I have a husband and two kids, and I have a 50% chance of surviving. I have to take that chance. I told David I’d take care of the lymphoma if he’d handle the paperwork. Together we’d decide what and how to tell the kids. He nodded.

Jen, I’m scared. I understand all of this stuff intellectually but it’s different when you’re the one going through it. You can get heart damage from the doxorubicin, permanent neurological changes from the vincristine, manic from the prednisone, and painful ulcers in the lining of your gut anywhere from top to bottom from the IV methotrexate. You can become a vegetable from the brain surgery or from the lymphoma in the central nervous system, and God knows what injecting chemo directly into the fluid around your brain can do. And chemo suppresses your immune system, leaving you

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

vulnerable to infections which can kill you. So you can die from the chemo or from the lymphoma itself.

It's weird. As a doctor, I've always advised patients not to think too far down the line, worrying about stuff that's five steps away, because in medicine, each outcome affects what decisions you'll have to make in the next step. It's best just to deal with the immediate decision, see what happens, and take it from there. Apparently that's easier said than done. Physician, heal thyself.

Please keep writing and praying, and I'll do the same.

Love  
Laura

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**From:** Laura  
**Sent:** Wednesday, March 7, 2007 9:12 AM  
**To:** Ellen  
**Subject:** Your talk

Hi Ellen. Hope you had a safe trip home!

The talk you gave to our women faculty about your book, *Every Other Thursday*, was incredibly well received. People were inspired by your experience of creating a group for mutual support and guidance consisting of women scientists and administrators that has met every other Thursday for 30 years. I'll send you separately our survey results from your talk; these are among the best scores any event has received in the 15 months the Program for Women Faculty Affairs has existed!

Unfortunately, "Every Other Thursday" now has new meaning for me. I just found out that I have lymphoma, and I gather that my chance of surviving this is 50/50. Next week I

*I SIGNED AS THE DOCTOR*

begin six months of chemo, which will probably be every two weeks, and usually it will start Thursday: every other Thursday.

My husband has been amazing, and I've also found a small group of close women friends, one of whom has had cancer, who I know will help me get through this. Did your group ever get into health issues? Do you have any suggestions about group work for this?

Best wishes  
Laura

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**From:** Ellen  
**Sent:** Wednesday, March 7, 2007 10:03 PM  
**To:** Laura  
**Subject:** Re: Your talk

Dear Laura,

Thank you for the wonderful personal comments and feed-back. I have been telling everyone that the MSKCC talk (and visit) was one of the most interactive and interesting, and just plain FUN that I've had. I'm delighted people responded so positively. Now to move to your personal news.

I am speechless. I received your message this morning from my step-daughter's home, where we often spend Sundays and Mondays; we went directly there from the Oakland airport Sunday when I returned from my east coast visit. I was online because I was checking flights to Florida for a sudden trip: my husband's brother passed away yesterday. It was hard, especially in that context, to process your bad news, but now home, I've reread it several times and settle down to reply. I

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

realize you must have known most of this when we met last week, and understand your choice not to share it and have it "color" our whole interaction, though I would have been glad to talk of it then too. I appreciate your telling me now, and I hope I can be, albeit at a distance, one of the women friends who help you through this. I did feel a strong rapport, over books to be sure, but also attitude! You are perfect for the job you are putting so much into along side your medical profession.

50/50 must be incredibly hard to hear. It is nearly impossible to process statistics of that nature, even (or maybe especially) when your professional life is involved with detection and diagnosis.

Yes, we talk about health issues in Group. Scares that turn out OK (lumps that are benign), and Christine's that was major breast cancer. One of the things I quote in the book from her is "There is a new personal reality that comes from having cancer. When someone says you have a 30 percent instead of 20 percent chance of metastasis, what does that mean in life terms? Do you do something differently?" I remember how we celebrated when she was told chemo wouldn't be necessary, then the doctors reversed that decision based on a cellular observation that none of us really understood in medical terms. I think the MOST important lesson is the value of reaching out, leaning on others whenever you can, and knowing that no matter how supportive and wonderful your family (I'm glad your husband is amazing; he'll need to be, and you deserve it), you need others as well, because your family will be scared along with you.

I feel you know so much more than I do about cancer and medicine, and I'm no guru, even if you do like my book so much. But I will say that talking through the fears, and asking for everything you need and depending on your friends to say when they can't deliver and you need to ask someone else. The

*I SIGNED AS THE DOCTOR*

ability to ask is all critical. Also, one anecdote (I know everyone has them, but this one is very close to me). My closest friend from college had breast cancer which spread to her brain (10 years after the first diagnosis, lump removal chemo, and radiation, one year after a recurrence and mastectomy). She was given "2-3 years to live" after aggressive radiation. One of the things she chose to do with her time was to visit Peru (Machu Pichu in particular), which she did with a sister, a niece, and me. It was an incredible trip for all of us. But the important thing is that now, six years later, she is still alive, is working (she's a teacher) again, has moved to Oregon where her husband had always wanted to live, and is, well, living. Scans are now every six months instead of every three. Her chances for remission were considered much less than 50/50.

There is a certain fear in writing to someone dealing with such big issues, that one will say something "wrong." Telling you Ruth's story is one of those, and I went back and rewrote it. But I believe that you can sort out the helpful from the useless and will forgive statements that are clumsy or ill-considered. I'll certainly keep in touch, and I ask you to keep me posted as you can. One thing my friend Ruth (above) did was to have a kind of e-mail "cancer journal" that she sent to about 30 friends and relatives that she wanted to keep informed. Sometimes frequent, sometimes with gaps of several months, but a way to share her experience without writing individual letters when her strength was limited.

I am missing yet another Group because of this funeral, but I will some time ask them for advice about group work, especially Christine. And with your permission, I'll tell Ruth about you. She's been involved for years (since way before the cancer) with something called co-counseling and I know that she derived much support from discussions in that structure. But maybe right now is the time for just getting started, and for

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

collecting resources and surrounding yourself with people who can help.

With great affection and all the hope and strength I can offer,  
Ellen

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**From:** Laura  
**Sent:** Thursday, March 8, 2007 5:40 AM  
**To:** Ellen  
**Subject:** Writing

Hi Ellen. Thanks for your speedy response! I love your idea of the “cancer journal.” I’ve been thinking about writing a book about being a cancer patient and a cancer doctor—I think it would help me deal with the experience and might be useful to other cancer patients, their families and friends, and doctors. And yes, please tell Ruth about me. I would love to hear from her and others in your Group.

While you were here, you asked about the other work I do at Memorial, but then we didn’t have time to get into it. I came to Memorial as a radiologist specializing in Breast Imaging in 1990, right after I finished training. For the next 15 years, I read mammograms, breast ultrasound exams, and MRI of the breast, and performed breast needle biopsies, where we take a sample of a breast abnormality with a needle to send to pathologists who see whether it’s cancer. I teach medical students, residents, fellows, and other doctors. I also do breast cancer research focusing on breast needle biopsies. I’ve written about 100 scientific papers and co-authored a book—like you, I love to write!

*I SIGNED AS THE DOCTOR*

A few years ago, I was a member of a Women's Task Force created by our Physician-in-Chief to discuss issues related to women faculty at Memorial. We had monthly discussions and gave a survey to women faculty to find out their concerns. We found that women were significantly more likely than men to say that they were unclear about promotion criteria, that they lacked a mentor or had a mentor who hindered their career, and that they struggled with issues of work/life balance. We suggested creating an ongoing office to address women faculty issues. The Program for Women Faculty Affairs (PWFA) was created in October 2005, and I was chosen to be the Director.

For the past two years, I've spent two days a week in the Women's Office and three days a week in Breast Imaging. I love my work in the Women's Office. Since the program was new, I got to help create it. I made a database of all faculty that included their departments, ranks, and tracks so I could get baseline data on positions of female vs. male faculty, created a website to share information relevant to women faculty, organized seminars on promotion criteria and other topics of interest to women faculty, began helping women individually with career decisions and promotion packages, and created Athena, an informal networking group for women faculty that meets monthly.

With this illness, I'm especially glad about my mid-career shift. I had reached a point in my life when I want to be more of a mentor and help other women succeed, rather than pursuing the spotlight for myself—kind of like I'd rather play chamber music than be the soloist. The Women's Office work is rewarding but not as physically and emotionally grueling as clinical care of cancer patients. I also have more control over my schedule in the Women's Office than in clinical work. The

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

flexibility will be essential when I'm going through cancer treatment.

Got to go. I don't sleep too well these days. I get up in the middle of the night and read or listen to music for awhile, but then I seem to hit a point when I run out of steam and have to lie down. I just hit that point.

I'll keep you posted. I so appreciate your offer to be one of my women friends who gets me through this!

Warmly

Laura

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**From:** Laura  
**Sent:** Thursday, March 8, 2007 10:07 AM  
**To:** David  
**Subject:** Yes we will

Hi Babe. I love you. We will get through this, and then, what a book I'll have to write!

Love  
Laura

## **Chapter 2** **Telling the Kids**

*Be sensitive to your family.*

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**From:** Laura  
**Sent:** Saturday, March 10, 2007 6:43 AM  
**To:** Jennifer  
**Subject:** Saturday

Dearest Jen,

Thank you so much for your daily notes; I can't tell you how much I enjoy reading them. I'm so glad you kept the maternity clothes from your last pregnancy. I bet you look great in your new Pashmina. I've never seen a Pashmina in real life—only on one episode of Friends, when Jennifer Aniston goes out on a shopping spree.

I've been in a flurry of activity since I last wrote. Wednesday I saw the neurosurgeon, Mark, to plan the Omayas. He explained how he was going to neurosurgically insert the Omayas catheter into my brain, so they can deliver chemo directly into the cerebrospinal fluid (CSF), which is the fluid around the brain, around the spinal cord, and in several little water-balloon-like structures in the brain called “ventricles.” Mark is a fabulous surgeon and a likeable guy, quiet with a warm sense of humor, although I told him I preferred our relationship when it was limited to my reading films about the hardware he's putting in *other* people! He says they used to do about 50 Omayas a year at Memorial, but now they do about 20. He's done a lot of them, and knows what he's doing.

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

There were two moments in the visit that I didn't like. The first was when he told me how they have to drill a hole in the skull and put the Omayya through the hole and through brain tissue until the tip reaches one of the ventricles. In describing the procedure, he showed me a picture of a brain with a catheter in it. I had never quite realized how far the ventricles are from the surface of the brain!

The second part of the visit that I didn't like was when he told me the Omayya will be there forever. I hadn't realized that. It makes me feel like my life is divided into my world before this Monday (pre-Omayya) and my world after this Monday (post-Omayya). They also have to do this under general anesthesia. So the brain surgery part is intimidating. You know how in your whole life, when people ask you to do something hard, you always think to yourself, "Well, at least it's not brain surgery!" Well, now it IS brain surgery, so what am I supposed to say—maybe, "It isn't rocket science"?

When the neurosurgeon left the room I asked his nurse who's been at Memorial for 36 years if it was OK to cry for a minute and she said it was. She told me that when she used to be a floor nurse, she would tell the patients they were allowed to cry for 20 minutes a day. Apparently there are no restrictions on the time of day you can cry, and you're able to do it all at once or break it into smaller sessions, eg 2 crying sessions of 10 minutes each, or 4 crying sessions of 5 minutes each, or even 10 crying sessions of 2 minutes each. I took her card and her number. That advice may come in handy.

Wednesday night I dragged David to a seminar run by Social Work on how to tell your kids that you have cancer. I wish you had been there to give me the child psychologist's perspective on the seminar. We met in a small conference room in the hospital. There are three big windows that look out on the Rockefeller campus across the street, but the curtains were

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drawn. Usually the room is arranged formally, with all the chairs lined up in rows facing the podium in front. For this seminar, it was more casual, with the chairs in a little circle.

David was on my left, and my friend Maureen was on my right. Maureen is a doctor here—last year, when her daughter Julie was 10, Maureen was diagnosed with endometrial cancer, and had surgery, radiation, and chemotherapy. She lost her hair with the chemo, and it's coming back even a more flaming red than it was before. Maureen is heroic and blunt—the cancer was no match for her. She's seen it all, tells it like it is, and is fearless—a terrific ally to have in your corner.

The seminar began by us going around the circle and all the participants introducing themselves and telling why they were there. The people at the seminar were a bizarre mix. The first woman on David's left was an inpatient wearing her hospital gown and pushing her IV pole, and she seemed disturbed. She has cancer widely spread throughout her body, but they aren't sure where it began. Her kids are grown up but she has a 5-year-old granddaughter in her care. She would not stop talking. The social worker finally had to interrupt after she had spent ten minutes on an intensive discussion of every symptom and test she had that led up to her diagnosis of cancer.

On her left was a couple, a man and his extremely pregnant wife, and she was crying hysterically from the moment they walked into the room. I thought she must have something terrible. Turns out her father has cancer, and what they're worried about is, how do they tell their 2-year-old daughter that Grampa is sick? I'm sorry, let's not compete over whose problem is worse, but telling the two-year-old that Grampa is sick just isn't on the same page as telling your teenage kids that you have cancer. Afterwards, Maureen told me, "I know how

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

they should tell their two-year-old. Say 'Grampa's sick,' and then turn on Blue's Clues, and she'll be fine."

The third couple in the group was a husband and wife in their late 30s or early 40s. The mom, who is fine, lost her mother to cancer at a young age, and hadn't been given complete information. The dad has had adrenocortical carcinoma for three years, very aggressive and not treatable by chemo. He has had multiple recurrences, all treated surgically, so he has had to disappear from home for months at a time. Apparently they never told their son, Billy, that Dad has cancer; when Dad needs surgery, he just disappears in the hospital for a month or two, and they tell the son that it's orthopedic surgery due to a skiing accident Dad had years ago.

Now Billy is 7, and the mother really wants to tell the kid, but the father refuses. In the session, the father kept saying, "Nobody believes that I have cancer because I look so good!" It's true he looked pretty good—since he's never had chemo he still has his hair, etc.—but facts are facts, and he does have cancer. Finally the wife told her husband quietly, "I think you don't want to tell him because you can't admit to yourself that you have cancer. Maybe you figure that if you don't tell Billy, it isn't real. Well, it's real, and he deserves to know, just like I deserved to know when my mom had cancer but I wasn't given the chance." Her husband blinked at her, speechless. When he finally tells Billy, I bet the truth will hit them both pretty hard.

The next person was a man about our age whose wife has terminal pancreatic cancer. I gather the wife goes in and out of consciousness, and he doesn't know what or how to tell their four-year-old daughter. She had drawn a picture for her mother, a crayon drawing of the family, but her mother could not recognize what it was. He brought in the picture to show us, holding it with the tenderness that he obviously feels for his

*I SIGNED AS THE DOCTOR*

wife and daughter. He looked lost and afraid; he clearly loved his daughter very much, but did not know how to help her.

David and I went last. I said I have lymphoma and about to have brain surgery and start chemo, and we are trying to figure out how to tell our teenage kids. He just said, "I'm David, and I'm Laura's husband." David is a private person, especially with people he doesn't know. I knew that sharing the intimate details of his personal life with strangers at a seminar wasn't his style; he was there for me.

The social worker who ran the meeting was named Tara, which made me think of *Gone with the Wind*. She was young—maybe in her mid thirties—with short dark hair and sparkly eyes. She said she had been working with cancer patients and families for ten years, and that we would tailor the discussion toward the issues confronting the people in the seminar.

After the introductions, Tara gave us a bunch of "How to Tell Your Kids You Have Cancer" literature. Some of it was geared towards very young kids, which won't work for Nate at age 17 and Emma at age 14. For example, they had an interactive workbook with a colorful cover and outlines of a female body, so your kids can draw where Mommy's cancer is; there was also a "his" version with a male body to use if they want to draw Daddy's cancer. We had the oldest kids in the room, and we were the only ones who were there before cancer treatment started—everyone else had been weaving elaborate webs of deception for months or years.

"Be honest, but don't overload the kids with information," Tara explained with a faint southern drawl. "You want to answer their questions, and make it clear that throughout all this, you're still their parents, and you'll take care of them." She emphasized the importance of having time together as a family. In the cab on the way home, David and I talked about how lucky we are to be on the same page about

*MEMOIR OF A CANCER DOCTOR SURVIVING CANCER*

how and what to tell the kids, but we've been on the same page for most of the 31 years we've known each other. We're planning to tell the kids tomorrow. I wish I didn't have to rock their world. But it would rock their world more if I'm not around, and I have to do this chemo to stick around, and I'm going to do whatever it takes.

Wednesday I had pre-admission tests, including an echocardiogram and an EKG to make sure my heart's OK. Thursday I went to the dentist for a pre-chemo cleaning of my teeth. Unfortunately they found two cavities, so I had to have them filled. I'm trying to seal up all potential portals of infection—I feel like I'm drawing up the drawbridges of some ancient castle.

Maureen had told me about the wig store on the West Side that she used when she had chemo, and she met me there Thursday afternoon. When I entered the store, a gay cross-dressing hair stylist named J.T., who has won Emmies for hair design, put me in a little room. I was wearing a green skirt, a sweater, and my Ugg boots. My hair is even longer than the last time you saw me, about five inches below my shoulders, curly brown with more flecks of gray than you remember, and kind of wild. J.T. took one look at me and said, "You're a low maintenance kind of gal, huh?" I laughed and asked, "Isn't it enough that I have cancer and need chemo and now you're dissing my hair?"

I tried on a few brunette wigs, and the two I liked best were long—one curly and one straight. I told J.T. I wanted to try a blonde wig because it was my chance to see if blondes have more fun. He said, "Honey, I've been blonde, and trust me, they DON'T." J.T. has named all the wigs—the curly one was Chelsea, named for Chelsea Clinton, and the straight one was Jennifer (maybe for Jennifer Garner?) and actually looks more like your hair than mine. I gather I'll lose my hair about a month

*I SIGNED AS THE DOCTOR*

after the chemo starts. Then I go back to the wig place, they cut off the rest of my hair, and I go home wearing one of the wigs.

Yesterday, I went on a “field trip” to see our new suite of offices with our office assistant, Lea. The building has been there awhile, but they just finished construction on our suite, and nobody has moved in yet. I had heard the building was a dump, with no security guard. Apparently there was a report of a flasher in the stairway two weeks ago, and when I told one of the administrators, she said, “Great, now you guys will have entertainment.” I’ve since heard that the woman who saw the flasher “wasn’t sure he was flashing.” How can you be uncertain about that? It seems to me that if you see a guy in the stairway with his trousers unzipped, there are two options: either he’s flashing or he’s peeing, and neither is something you want a guy to do in your stairway.

Anyway, the suite was beautiful—lots of light, big central space with offices all around, plenty of computers, a small kitchen area, two bathrooms, and a high-tech conference room. Best of all—the office they have planned for me has real windows! It is so sunny compared to our old suite, and much more spacious. I thought I’d never go there, but now I think I will. It will be a beautiful, quiet place to write.

Today Nate takes his SATs—I hope so much for his sake that they go OK. Tomorrow David and I tell the kids, and Monday I get admitted for the neurosurgery. If all goes well, I come home on Tuesday night, rest Wednesday, and have my first chemo on Thurs 3/15.

Got to go—Nate’s up and it’s time for the pre-SAT breakfast! Keep writing—I love your letters.

Love  
Laura

**From:** Laura  
**Sent:** Sunday, March 11, 2007 11:29 PM  
**To:** Jennifer  
**Subject:** Telling the kids

Hi Jen. Remember the time a couple of years ago, when you cut back on your office hours to make your child psych practice part-time, four days a week, after Sophie was born? You told me then that you thought you had found the right balance, and I told you how few women ever get to say that. I think it's great that you're thinking of cutting back on work from four to three days a week after the new baby. This balance thing is a moving target. As soon as you get it right, something in life shifts, like a new baby, or aging parents, or moving to a new city, or an illness, and you have to go with it. I read in an article that people are calling it "work-life fit" instead of "work-life balance" these days, because we now recognize that balance is generally unattainable.

We actually told the kids yesterday, rather than today as we had planned. Nate felt good about his SATs, and we were all together. I was in the bedroom with David and I told him that it felt like the right time to tell them, and that letting them know today will give them a little more time to deal with it before the surgery. It would also let them see me go to bed and wake up at home in the morning, a little bit of normal before Armageddon. David agreed.

After dinner we were all sitting in the family room. You wouldn't recognize the kids, Jen—they've gotten so big! Nate is taller than I am, with sandy hair that always looks a little tousled, an athletic build, and those green eyes he got from David. Emma is petite, about 5'2", and incredibly chic; her eyes

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are still that combination of green and blue, half David's and half mine (all hers). She's wearing her brown hair shorter now, in wisps around her face, and layers her clothes. I love how she wears jewelry—she'll have multiple necklaces, all different, but they look great together, and she prefers wearing a different earring in each ear (“I don't like symmetry,” she explains). I sat on the couch, with Nate on my left and Emma on my right, holding both of their hands. David sat in a chair right next to us. I told them that I have lymphoma, a type of cancer, and that it's in my lymph nodes, bone marrow, spinal cord, and the fluid around my brain.

I explained that I need six months of chemotherapy, which is strong medicine to kill the cancer cells. I said that I was going to get chemo at least every two weeks, and for every other one I have to get admitted to the hospital for a few days. I told them that the chemo will make me look sick because I'll lose my hair but that just means the chemo is working. I assured them that cancer is not contagious, that they can't catch it, that they didn't give it to me, that it's nobody's fault, these things just happen. I said that they could talk to anyone they liked about it, that it was no secret, and that I had gotten names for each of them of a psychiatrist they could talk to if they wanted. I told them that we were still their parents, that we would take care of them, and that David is the best dad in the world.

I told them that some people with cancer are cured, some get better, some stay the same, some get sicker, and some die. I told them that my hospital and my doctors were the best on the planet, that I was going to do what the doctors told me, and that I would do everything in my power to be in the group that gets better, and that they know how stubborn I can be! I told them that I needed to have a tube in my chest and one in my head for the chemo, and that I was getting admitted to the hospital on Monday for one night to get the tube in my head. I

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reminded them that their Aunt Laura survived cancer, and so did their Grandma. And I repeated what I said to my beautiful sister-in-law when she was diagnosed with cancer: it sucks but we'll get through it. She did, and so will we.

David didn't say much during the whole exchange, but he was there, quietly lending support for all of us. His response made me think of our wedding in his parents' house on Long Island. It was time for each of us to have a sip of red wine. Even though we had known each other for six years and lived together for two, I was shaking so hard that I could hardly hold the glass. He reached up and steadied my hands for me, so I could have a drink without spilling wine on my dress or dropping the glass. He has always been there, quietly strong. We're going to need that now more than ever.

Later that night, David and I spoke to each of them separately. Emma wanted details, including a full explanation, complete with diagrams, of where the lymphoma was, where all the tubes were going to be, how many chemos I needed, and what the treatments would involve. Nate just got pale and serious, held my hand, and said, "I love you, Mom."

The kids have always had their own distinct ways of processing information. I remember a day more than a decade ago when we passed a dead bird on the street while we were walking to school. Emma asked questions: "What is that? Is that a dead bird? Why did the bird die?" Nate became silent and asked Emma to please stop talking about it. Emma deals with her fears by verbalizing them and seeking clarification, while Nate prefers to receive information only on a "need to know" basis. After we spoke to the kids, Emma went into Nate's room and they talked in private. David and I thought that was a good sign that the kids will help each other through this.

On Sunday we looked at some college application materials with Nate, and I took Emma out to tea. After we got

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home, Emma and Nate spent most of the rest of the day downloading iTunes on my computer to put on my iPod. David had the brilliant idea to get me an iPod and have the kids put songs on it so I can listen to music while I'm getting chemo. It's great because when they asked what they could do to help me, we had something to suggest that actually will be helpful. Emma's selections focused on Broadway musicals like *Wicked* and *Spring Awakening*, while Nate's had a heavy Motown emphasis, including Marvin Gaye and the Temptations. David put music on for me too—including jazz, which is still his passion, and some classical music that he knows I love.

I called my mom tonight to tell her. She recently moved from the house where I grew up in Newton, Massachusetts to a beautiful retirement community outside of Boston. I didn't want to worry her, but there's no way I can go through this without telling her. She asked me what she can do to help, and I asked her to email me. She said she'll send me a Blue Mountain card every day. I love those e-cards, with their pictures and music.

The brain surgery part is daunting. I've gotten used to my brain the way it is. I'm afraid I won't be me anymore.

Love  
Laura