

A diagnosis of aggressive breast cancer propels a couple into a heroic battle against this horrendous foe. The book chronicles their skirmishes with this enemy; successes, failures, and daily experiences, while they strive to maintain a normal life together.

Our Great Journey: A Love Story

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**OUR GREAT JOURNEY
A LOVE STORY**

Tom McGoy

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Paperback ISBN: 978-1-60145-942-8

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Printed in the United States of America.

BookLocker.com, Inc.
2009

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PREFACE

Carolyn and I were approaching our forty-sixth wedding anniversary, looking forward to our fiftieth in several years. I had successfully defeated prostate cancer through radiation seeding and melanoma through surgical removal of the affected skin. I also had a serious automobile accident from which I had recovered. Carolyn was the medical caregiver who nursed me through those days of recovery. All was well and it appeared the major problems were behind us.

Carolyn, after several years of neglect, had followed an annual schedule of mammograms, pap tests, and gynecologist visits to ensure that there was little chance of an undetected cancer in her future. She was healthy to the extent that her general practice doctor was seldom called upon to treat her and, therefore, barely knew her. She had knee replacement surgery in January of 2006, but had recovered sufficiently to allow us to walk the beaches of Gulf Shores, Alabama in late April. She was planning to have a second knee replacement in January 2007.

Then in early September 2006 came the shocking news. She came crying into the kitchen where I was finishing my morning coffee and tearfully said that she had a large lump in her right breast. She had a mammogram in June. It was negative. Her gynecologist had checked her breasts in early August, not finding any abnormality. This couldn't be the dreaded Cancer!

After a call to the gynecologist, we immediately went to his office where an associate checked her breast and was convinced that this was an infection since it came on so quickly. The concern was that to biopsy the "infection" could cause it to

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spread. She was given an antibiotic, and was scheduled to have an ultrasound as a follow up procedure. The ultrasound did not specifically identify the problem and the antibiotic treatment continued.

After several weeks of not responding to the antibiotic, Carolyn was sent to a surgeon to have a biopsy performed.

The surgeon, who was at the nearby hospital, examined Carolyn's breast, performed the biopsy, and then told me that he felt it was not an infection, but if it was, he could easily remove the problem surgically..

The following Monday was the day we would be given the news which would totally change our lives, forming a closer bond for us than ever before.

THE JOURNEY BEGINS

That fateful Monday morning in late September, the surgeon came into the room and proceeded to deliver a diagnosis of breast cancer. I felt each step, which was to be the series of treatments, delivered in staccato fashion, like a punch to the stomach.

First there would be the chemotherapy, to reduce the size of the tumor, followed by surgery to remove the tumor, a radical mastectomy, then radiation, and then, depending on the status at that time, any other treatments deemed necessary. We were both in shock. But the surgeon's demeanor and confident attitude gave us hope for a successful conclusion to this horrendous diagnosis.

He paged an oncologist who was in the hospital. In the interim, the nurses proceeded to schedule a series of tests to begin as soon as possible. The oncologist arrived shortly thereafter and upon learning that the earliest a MUGA test could be scheduled was Saturday, left the room. He returned moments later, informing us that the test had been rescheduled for 9:30 the next morning. The testing scheduled for that week was overwhelming but obviously we were in a significantly proactive environment. The oncologist scheduled a meeting at his organizations nearby office for 6:00 PM that Thursday just prior to Carolyn's bone scan at the hospital that evening.

Upon leaving the hospital, I turned to Carolyn and said that I felt we had the A-Team as our doctors, and as I reminded her, the head of the television "A-Team" always said, "I love it when a plan comes together".

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Little did we know but we had embarked on a long and difficult journey, which had commenced with the diagnosis, and that we would share with hope and faith together.

Wednesday, in addition to the various tests, the surgeon performed an outpatient procedure inserting a “port” into Carolyn’s chest to facilitate the chemo treatment and eliminate the need for continuous insertion of needles.

That Thursday evening we met with the oncologist and the head oncology nurse and were given an even more detailed assessment of the type of cancer which Carolyn had evidenced. He told us that this type of cancer, which we learned was described as Inflammatory Breast Cancer, was generally encountered by a surgeon or oncologist every two or three years, but that Carolyn was their fourth case in 2006. He further emphasized that it was an extremely aggressive type of cancer and resisted treatment. But, then he proceeded to tell us that there were numerous and very effective chemotherapy medicines available and that each and every one of them was at his disposal to attack the cancer.

He scheduled her first treatment for the following Monday and told us that he was planning an extremely aggressive chemo combination. He planned to closely monitor her reaction to this plan providing any modifications necessitated by any adverse effects from the treatment. As we drove to the hospital, the fears were discussed, including a few tears, not really knowing what the future had in store for us. We had the bone scan that evening and awaited the beginning of the assault on this dreaded adversary the following Monday. (You have probably noticed the shared pronoun, “We”, which rapidly became common place in my discussions of the treatments, tests, etc.)

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The weekend was a stressful event, frequently trying to forget the past week and all its implications for our future life together.

Monday finally arrived. We met with the oncologist who again explained to us that he had decided to take an extremely aggressive chemotherapy approach and would immediately begin a three medication dosage.

We were then introduced to the “chemotherapy area”, with its plush chairs and comfortable surroundings. As I looked around at the other patients, with the bags of fluids slowly dripping into the delivery tubes, for the most part, inserted into ports similar to Carolyn’s, the realization of the severity and enormity of the cancer treatment she was about to begin overwhelmed my consciousness. I felt total fear for the beginning of this treatment consisting of “injecting poison into her body to fight the cancer”. I tensely sat in an open chair next to “my wife” as the head oncology nurse explained, in detail, exactly what they would be doing.

The treatment began with a bag of fluids, which I learned was a saline solution. Then the chemotherapy began. First one bag then another drained into her port, as I sat next to her watching her reactions. She was fine, without any discomfort, and I slowly relaxed in the chair.

A woman who was wrapping up her chemotherapy arrived with a flourish. She was wearing a red wig and a tiara for her “graduation”. She was laughing, as were all of the nurses, as she made friendly, inane chatter about herself, her treatments and these same nurses. I told her it was Carolyn’s initial treatment and she offered advice, lightheartedly, and recommended a mouthwash that she felt had prevented the mouth sores

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frequently encountered during chemotherapy. By now I was completely relaxed and we engaged in conversations with other patients.

We didn't realize at that time, as we would later and throughout the treatments that we had become a member of the "Family of Cancer Victims" at this facility.

When Carolyn's treatment was over, we left saying good bye to our new friends and were reminded that we were scheduled for a "shot" the next day and blood work the next week. As we rode home we discussed the events which had just occurred realizing that we were not alone in this harrowing adventure.

At this point I realized that I was married to an exceptionally strong woman who never complained nor bemoaned her sickness or her treatments, and about whom the oncologist would frequently comment about the continual smile she wore in the face of this adversity.

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