

(Note: this is one of a series of vignettes of patient encounters I have written from my experience in radiation oncology. The names and situations have been changed to preserve patient anonymity. Copyright Charles Hayter 2017)

*The Woman In The Red Beret*

The next patient is Betty, a ninety-three year old woman with a skin cancer. Before going to see her, I glance at the letter sent by the referring doctor, a plastic surgeon. Betty has cancer on her scalp, and, in view of her age and the location of the tumour, the surgeon wonders if radiotherapy might be better than surgery.

Betty turns out to be an exceptionally well preserved ninety-three year old woman who has clearly gone to great lengths to turn herself out in her Sunday best for the new doctor. She's wearing a crisp navy blue jacket, beige pants, and a bright red beret set at a jaunty angle on her head. Her glossy lipstick matches exactly the red of the beret. The only sign of infirmity is that she's in a wheelchair. One glance at her gnarled knuckles tells me that it's likely due to arthritis.

Her daughter Myrna, a younger but plumper version of Betty, sits beside her.

"Hi, Betty," I say, "how are you?"

"Just dandy. How are *you*?"

She emphasizes the "you" with a piercing glance which makes me slightly uncomfortable. It's as if she's here to find out about me, not me about her. I've seen this ploy before: it's usually intended to deflect attention from some secret.

"Dr. Tsao has sent me to you because of the cancer on your scalp."

"Nobody told me it was cancer."

Her daughter rolls her eyes. "Mom. The surgeon told you. He sent you here to talk about radiation."

"I don't see what the fuss is. It's nothing more than a pimple."

"Show the doctor, mom."

Betty turns with pursed lips and a glare to her daughter.

“It’s nothing.”

Ivy, the nurse working with me, steps forward. “Do you mind if we take off your hat?”

Betty gives Ivy a dagger-like look but doesn’t resist when she steps forward and removes the beret, revealing a blood soaked dressing covering a large bulge on the left side of Betty’s head. She gingerly removes the dressing, and at once the foul stench of rotting flesh wafts into the room.

The “pimple,” turns out to be a massive tumor that looks like half a pound of ground beef slathered on one side of Betty’s scalp. The surface is blue-black, and weeps tiny drops of blood and pus. A rivulet of blood trickles down Betty’s temple. Ivy steps forward and dabs at it with a pad.

I can see why the surgeon has sent her. To remove this tumour would require cutting off half of Betty’s scalp and closing the wound with a skin graft from elsewhere on her body. This would be difficult even for a person half Betty’s age.

“How long have you had this?” I ask.

“No idea.”

Her daughter rolls her eyes again. “A few years.”

“Did you see anyone about it?”

“What was anyone going to do?”

“It could have been removed when it was smaller,” says her daughter. “We tried to get her to see a doctor about it, but she always refused.”

“It wasn’t bothering me.”

“That’s not true, Mom. You told me you were having pain.”

“Not pain. Just a bit of discomfort from time to time.”

The daughter explains that the embarrassing odour has stopped Betty from leaving the room at the retirement home where she lives. She’s become a recluse.

“I’m quite content to sit in my room.”

“Mom. You have cancer. It’s time something was done about it.”

“Hah. At my age, something has to take me.”

I check her neck for enlarged lymph nodes and listen to her chest. There’s no sign of any abnormality.

“There’s no sign it has spread,” I say. “This is not going to take your life. Not right now, anyway.”

She gives me a slightly disappointed look.

“Well, at least that’s good to hear. Thank you, doctor. Myrna, take me home.”

“Don’t you want to hear about treatment?” says Myrna.

“I don’t want any treatment. Just leave the darn thing alone. I don’t want to take up any more of his valuable time. Let’s go.”

“Wait, mom. I want to know what will happen if we don’t treat it.”

I explain that if left to grow further, there’s a risk of increased bleeding and infection, and eventually more pain as the tumour infiltrates into nearby nerves and bone.

“You don’t want that to happen, do you, Mom?”

“Hah. I’ll be long dead before any of that happens.”

“You look pretty fit,” I say. “You might live a good few more years. In the meantime, this will only get worse.”

“Like I said, something has to take me. Then I can finally be with Harold again.”

“What can we expect from radiation?” asks Myrna.

I tell them that it’s doubtful that radiation will eradicate a cancer of this size, but I am confident it will shrink it and help with the pain.

“Did you hear that, mom? Radiation will shrink it.”

“And stop the bleeding,” says Ivy. “The nurses won’t have to keep changing the dressings.”

“I don’t want it. Let’s go. I’m going to be late for supper.”

“Can I ask you why you’re so against it?”

“I saw what Harold went through. I don’t want any part of that.”

It turns out Harold, her husband, had lung cancer, and went through a gruelling course of chemotherapy and radiation before dying of the disease.

“The type of radiation we use for skin cancer is quite different. It doesn’t penetrate very deeply, so people usually get through it very easily. The main side effect is a reaction on the skin a bit like sunburn.”

“My suntanning days are over,” says Betty.

“How many treatments would she need?” asks Myrna.

“If we want to give her a good chance of controlling the growth, between twenty and thirty.”

Now it’s Myrna’s turn to shoot me a sharp look. “Twenty or thirty? I didn’t know it took that long. I can’t possibly bring her here that many times. I work, you know. Okay. Thanks for your time, doctor. Mom, let’s get you home.”

“Hold on. There’s another option.”

Sometimes in radiation oncology it’s necessary to be flexible and creative in response to the patient’s circumstances. I explain that from time to time, I use an unconventional approach for patients with advanced skin cancers who, like Betty, would find it difficult to attend every day for several weeks. Instead of treating them every day, I treat them once a week for six weeks.

“That sounds better, doesn’t it, Mom?” says Myrna.

Betty emits a dissatisfied grunt.

“I’m sure I could get her here once a week. Would it give the same results?”

I tell her I’ve had several patients like Betty whom I’ve treated with a once a week regime, and for all of them, their cancers shrank and their symptoms improved.

“Well, that’s something to think about,” says Myrna. “But I think Mom’s had enough for one day. Let me take her home and we’ll talk about it. Can I have your card? We’ll call you when we’ve made a decision.”

Ivy replaces the dressing and beret, and Myrna wheels Betty out of the examining room and down the corridor.

A few days later Myrna calls me. "I've talked Mom into going ahead with the once weekly treatment. But she wants to make sure she can stop it any time if it's too much for her."

"Absolutely," I say.

A couple of weeks later, Betty arrives for her first treatment.

"Good morning," I say to her, as she's wheeled into the treatment room. She gives me the desperate look of a pig being taken to slaughter.

But she gets through the first treatment very well - and the second, and the third. I examine her prior to every session, and by the fourth the tumour is visibly smaller and the bleeding has already stopped. Betty is also looking noticeably more relaxed and cheerful. Her daughter tells me she now looks forward to her weekly outing to get "zapped." She makes pals with the radiation therapists who treat her, and brings them a box of chocolates at her final treatment. "I'll miss you," she chortles, as she is wheeled out of the room for the last time.

I see Betty three months later. As at her first visit, she's all dolled up, wearing her bright beret and matching lipstick.

"How are you?" I ask.

"Fantastic," she says. "Take a look!"

She joyously whips off the beret. It's as if a miracle has happened. The tumour has completely disappeared, leaving only a broad zone of pale-pink, hairless skin on one side of the scalp.

Betty has been lucky enough to have a cancer that is unusually sensitive to radiation. Even the modest dose used seems to have eradicated the cancer.

"Wow," I gasp. "I didn't expect that."

The best thing is, she has emerged from her self-imposed exile in her room and is now engaging in social activities in her retirement home.

"I should have had this done years ago," she says. "Thank you, doctor."