

Living with Risk of COVID-19 as a Lung Cancer Survivor

An episode of hemoptysis led to the diagnosis of stage three non-small cell cancer of my right upper lung in the summer of 2012. Treatment included simultaneous radiation and chemo, entire right lung resection because of a rogue diseased lymph node hanging onto my main pulmonary artery, then followed by two heavy chemo hits which finally claimed my hair. I returned to work as a medical transcriptionist for a national company about March 2013. The job required 8-10 hours of sitting at a computer. Intense pain in my back brought my production almost to a halt requiring me to apply for social security disability. It was determined that I suffered from intercostal syndrome as a result of nerve damage. Turns out it is chronic, and a daily occurrence which I can usually dull with Tylenol and stretching. With my husband, Howard, retired, we were free to travel to visit relatives along the east coast occasionally. I walked, weather permitting, to increase my lung capacity and maintain my stamina.

I lost my brother to lung and colon cancer in May of 2018. As one of his caretakers, I ran myself down and contracted pneumonia which gradually evolved into an empyema in my right lung space. I was hospitalized four times between July and December and the final regime of antibiotics, and a chest tube cleared up my respiratory issues finally but then I developed c-diff. It recurred three times, each one week after I finished up antibiotics. My GI doctor graciously surrendered me over to a clinical trial I discovered. I may have been cured finally by oral FMT. I was sick for a year altogether.

I have been working hard to build myself back up. I live in fear of getting sick again, of ever having to take antibiotics. I did get very sick in January of this year, my GP ordered chest X-ray which showed no pneumonia, so we skipped antibiotics and rode it out.

Some of my sisters planned a trip to meet in Florida in March 2020. I got there on the first and stayed through the tenth. During that time, my sister whom I was staying with and I watched the news with growing concern every day. Another sister and her husband flew in from the heart of Seattle and we constantly teased them saying, "Don't anyone touch Therese or Marty." I flew home on a Tuesday, got in a game of pickleball at our local indoor rec center on Thursday and the world stopped on Friday. Howard and I quickly developed a plan that would protect us both but especially me. With one lung, I was most at risk. Just like everyone else, we ordered online, and waited in line for available delivery and pickup dates, ate all our meals at home and just basically stayed at home. We took a trip to a small, sparsely populated the Chesapeake in June when Maryland determined it was safe enough to partially open. They hadn't had any COVID-19 cases to date, so we were comfortable just hanging out on the water fishing, reading, relaxing, getting away.

Once we got home, my son and his wife brought our three little granddaughters for a visit and swim. It was so nice but surreal. As my daughter-in-law's father was very ill with stomach cancer and they frequently saw him, our visit was "no-contact" and we stayed outdoors. It was necessary.

A few weeks later, on July 8, one of Howard's sisters suffered a fatal heart attack. His grief-stricken family chose a conventional viewing, funeral mass and luncheon, as New Jersey had just lifted restrictions on indoor gatherings. Her funeral was July 14 and July 15. I tried my best to stay safe, just briefly visited viewing before doors were opened to public mourners. I did my best to maintain social distancing. A few days after, Howard and I talked about how distressed I was about the whole arrangement. He agreed that it was a very bad decision and admitted he wasn't feeling well. He tested positive on July 23, and I tested positive on the July 25. He continued to worsen and I sent him off to

hospital by ambulance with pulse ox of 49 on July 28. That was the last time he walked away from his home. I remained asymptomatic. It turns out other members of the family also tested positive after the funeral. I also later found out one person was actually running a fever and not feeling well.

Having to quarantine by myself for 14 days, I was restricted from going to see Howard. Five days into his hospital stay, while still mobile and able to maneuver, he sat up in a chair and had a stroke. Ironic how he knew to move around to prevent clots but still had one. He was evaluated and the medical team attempted a thrombectomy which was unsuccessful and resulted in the inability to remove him from vent which was required for anesthesia. A heart attack resulted in request for last rites which I participated in over speakerphone as I was still grounded. Howard rallied for another two weeks about after that but had worsened again until we said goodbye to him on September 2, 2021. His treatments initially were Remdesivir for ten days and dexamethasone. He then got convalescent plasma through a John Hopkins clinical trial. Antibiotics were administered as signs of infection appeared out of nowhere. His daughter and I watched through the window as the nurses stayed with him, soothing him, talking to him as they shut the vent off and he slipped away.

My husband's death was needless and avoidable. Dwelling on the fact that he likely contracted the virus from another family member does me no good. The fallout from his death is incredible. My role in advocacy is to share my story and to warn others that the virus is very real and so, so dangerous.

I did reach out to my pulmonologist when Howard was in hospital and I was home, under quarantine as I tested positive. He offered sage, sound advice which I heeded. To physicians, please be patient and place yourselves in your patients' situations. Your job now not only involves cancer care/cure/treatment which is more known than the unknown monster of the virus. Reach out and seriously check mental status, what is really happening in your patients' lives. Make sure your navigators have been offered the latest updates and resources available to every single cancer patient you have.