Teacher Learns The ABC's Of Balancing Cancer And Career

(NAPSA)—Eight years ago, Suzanne Carlson joined the ranks of a workforce that is hundreds of thousands strong: American cancer survivors.

Diagnosed at age 50 with stage III breast cancer in November 1999 and four years later with stage IV metastatic colorectal cancer, Suzanne bravely faced a mastectomy, colon resection, chemotherapy and radiation—and through it all, the first-grade teacher in Chino Hills, Calif., was determined to continue working.

In the United States, an estimated 650,000 employees developed cancer in 2007. Like Suzanne, 80 percent of people diagnosed with cancer return to the workforce—often out of financial necessity but also because working can help them maintain a sense of normalcy.

"Work doesn't stop once you've been diagnosed with cancer," said Carlotta Jacobson, president of Cosmetic Executive Women Foundation and founder of Cancer and Careers. "Many women have to—and want to—work during and after treatment."

Suzanne was no different. Upon her initial cancer diagnosis in late 1999, Suzanne made a conscious decision not to allow her cancer to take over her career.

"I had no intention of letting cancer change how I lived my life. I wanted to prove to myself that I could still work as effectively with my peers and students," Suzanne said.

Dr. Linda Bosserman, Suzanne's oncologist based out of Rancho Cucamonga, Calif., helped her work effectively with a treatment regimen that suited her lifestyle. Dr. Bosserman said that with the many advances in cancer treatments, women now have choices and can opt for treatment types and schedules that allow them to continue working.

"I really try to work with my patients and find the best treatment that suits their lifestyle. For example, some treatments allow people to spend less time at the hospital and have more time to do the things they would normally do," Dr. Bosserman said. "Patients taking oral chemotherapies, such as Xeloda, which can be taken at home, make fewer visits to the clinic and spend fewer hours receiving treatment than they would with intravenous chemotherapy."

After completing her first round of chemotherapy and while still undergoing radiation treatments, Suzanne returned to work in August 2000. She quickly realized, however, that she couldn't be successful on her own. She decided to confide in her boss and co-workers early in her treatment and was open about her cancer experience with friends and colleagues.

"I found that by being open, I got the help I needed," Suzanne said. "My boss accommodated my doctor appointments and treatments, and my colleagues helped by donating their own sick time when I needed extra time off."

Suzanne knows she was fortunate to have such a supportive workplace, but not everyone has the same experience. Even when colleagues are supportive, some people may still find it hard to figure out how to balance cancer and a career.

That's why the Cosmetic Executive Women Foundation established the Cancer and Careers program.

Founded seven years ago, Cancer and Careers was established to help change the face of cancer in the workplace by providing both online and print resources. For anyone considering a return to work following a cancer diagnosis, CancerAndCareers.org offers practical advice and support, including downloadable tools, charts and checklists, more than 100 online articles and a searchable database of more than 400 cancer resources.

Cancer and Careers also offers advice on how to create a cancer action plan and how to speak to oncologists about treatment options that may allow more flexibility.

More information on working with cancer resources can be found at CancerAndCareers.org. More information about Xeloda can be found at Xeloda.com.

Note To The Editor: *Xeloda is the only FDA-approved oral chemotherapy for both metastatic breast cancer and adjuvant and metastatic colorectal cancer. Inactive in pill form, Xeloda is enzymatically activated within the body; when it comes into contact with a naturally occurring protein called thymidine phosphorylase, or TP, Xeloda is transformed into 5-FU, a cytotoxic (cell-killing) drug. Because many cancers have higher levels of TP than does normal tissue, more 5-FU is delivered to the tumor than to other tissue.*

A clinically important drug interaction between Xeloda and warfarin has been demonstrated; altered coagulation parameters and/or bleeding and death have been reported. Clinically significant increases in prothrombin time (PT) and INR have been observed within days to months after starting Xeloda, and infrequently within one month of stopping Xeloda. For patients receiving both drugs concomitantly, frequent monitoring of INR or PT is recommended. Age greater than 60 and a diagnosis of cancer independently predispose patients to an increased risk of coagulopathy.

Xeloda is contraindicated in patients who have a known hypersensitivity to 5-fluorouracil, and in patients with known dihydropyrimidine dehydrogenase (DPD) deficiency. Xeloda is contraindicated in patients with severe renal impairment. For patients with moderate renal impairment, dose reduction is required.

The most common adverse events (20%) of Xeloda monotherapy were diarrhea, nausea, stomatitis and hand-foot syndrome. As with any cancer therapy, there is a risk of side effects, and these are usually manageable and reversible with dose modification or interruption.