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# For this Cancer Survivor, Life Began at 67

MARCH 1, 2018 (EDIT)

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For Jean Joseph, life began – rather than ended – when she was diagnosed with colon cancer in 2017 at age 67. She'd been sleepwalking through life for three years, reeling from the death of her

only child – and best friend – Laura, at 44, from endometrial cancer.

“To stand helpless over my daughter dying in her living room where we had laughed, danced and had joy was so painful,” said the Nacogdoches resident.. “I couldn’t do anything for her but watch her die.”

During that difficult time, Joseph had neglected her own health. Deeply depressed, Joseph ignored a total loss of energy and appetite in late 2015. Only after her legs swelled to three times their normal size by April did she act. “My friends kept saying, ‘Go to the doctor!’ I knew they wouldn’t leave me alone, so I finally did.”

Though she’d survived the ovarian cancer that had spread to her colon 26 years earlier, Joseph could not remember her last colonoscopy – the gold standard of screenings for colorectal cancer, spotting polyps, or small benign growths, which can become cancerous over time.

“I was notorious for not going to doctors. As a cancer survivor in remission I had arrogance that it wouldn’t return. To not have had a colonoscopy was just stupid,” admits Joseph.

With no primary care doctor of her own, Jean made an appointment with Erin Bolivar, MD, a family medicine physician affiliated with Memorial Hermann.

Dr. Bolivar ordered blood tests, which revealed a lethally low level of the blood protein hemoglobin – signaling major blood loss – and the electrolyte potassium, vital to the function of heart muscle cells. Joseph’s hemoglobin was 4.4 millimoles per liter (mmol/L), one third the normal 12-15. Her potassium was about half the healthy range, at 2 mmol/L versus 3.6 to 5.2.

At 7 that night, Dr. Bolivar phoned her. “She told me I could die if I didn’t go to the emergency room immediately,” Joseph recalls. “I had soap in my hair, the water was running and I was really tired. I told her, ‘I can’t go tonight. I’ll go in the morning.’ Another doctor called an hour later and I still refused.”

When she arrived at the Emergency Center at Memorial Hermann-Texas Medical Center the next day, she had two exams: a CT scan and an endoscopy. The tests revealed a grapefruit- sized tumor – 8.3 centimeters in diameter – in her colon.

“I wasn’t in pain, so it caught me by surprise,” Joseph says.

A retired fertility clinic financial coordinator, Joseph was among an estimated 140,000 people diagnosed in 2017 with colorectal cancer, the third most commonly diagnosed cancer in both men and women.

**Did you know...** colorectal cancer strikes one in **22** men and one in **24** women?

Source: American Cancer Society

If caught early when tumors are confined to the intestinal tract, colon cancer kills only one in 10 people, says [Marianne Cusick, MD](#), the colon and rectal surgeon affiliated with Memorial Hermann Cancer Center who treated Joseph. Yet only three of five get screened for a disease that is preventable. "People need to get checked out," says Dr. Cusick.

Most people should start having colonoscopies at age 50, or age 45 if they're African American. Anyone with a personal or family history of colon cancer should start screening a decade before the age of the earliest family member's diagnosis of colorectal cancer.

Those found to have polyps should have more frequent colonoscopies, between one to five years, depending on the number of polyps and the kind of polyp identified. "Changes in bowel habits or dark and bloody stools also may lead to more frequent need for screening," Dr. Cusick says.

Joseph was fortunate. "Despite the size of the tumor, her cancer had not spread," says Dr. Cusick, who removed the mass, part of her colon and small intestine, and 26 nearby lymph nodes – the body's filters which can ship germ-fighting cells but also cancer cells beyond the diseased organ.

Her lymph nodes showed no trace of cancer, so no chemotherapy or radiation treatments were needed. More than 50,000 die yearly from colorectal cancer, which often has spread to other organs before it signals its presence.

## Know the Signs of Colorectal Cancer

- Anemia
- Decreased energy or appetite
- Abdominal pain
- Unexplained weight loss
- Stool that may be black, thin or bloody

Source: American Cancer Society

Joseph quickly discovered the benefit of the Memorial Hermann Cancer Center.

“We aim to be a one-stop shop: with imaging, nutritionists, nurse navigators and medical oncologists (for chemotherapy) and surgeons together in the same building,” says [Julie H. Rowe, MD](#), medical oncologist affiliated with Memorial Hermann Cancer Center.

“Part of my job as a medical oncologist is to make sure we’re aware of symptoms, and side effects of treatment and whether patients are taking care of themselves physically and mentally,” adds Dr. Rowe. “We try to emphasize to patients that cancer is part of them, but doesn’t define them.”

Joseph considers Memorial Hermann care a miracle. “You cannot find a better facility on this earth, from the doctors to the nurses to the orderlies. I got the best of the best. Memorial Hermann not only was relentless to find out what was wrong with me, but they were confident and caring all the way through,” says Joseph. “I’m convinced there’s no better surgeon than Dr. Cusick and no better oncologist or caring person than Dr. Rowe. They are the stars in my sky.”

Given her personal and family history of cancer (her father died of lung cancer at age 77), it’s likely Joseph has genetic issues which might predispose her to various cancers. However, genetically linked colon cancers account for only 5 to 7 percent of colon cancers.

Now in remission, Joseph will get blood tests every three to six months for two years, CT scans every six to 12 months for two years and colonoscopies every one to five years. Her first colonoscopy after her cancer treatment showed no evidence of cancer.

“With routine screening and aggressive follow-up her chances of survival are very good,” Dr. Cusick says. “She’s also seeking earlier medical care for all health issues.”

Not only is Joseph's cancer gone. So is her deep depression. She credits her medical team. "If Dr. Rowe, Dr. Cusick and the others wouldn't give up on me, how could I?"

This month Joseph turns 69. "I realize there must be a purpose for me to be here still," says Joseph. "And I'm determined to live the best life I can."

That includes giving other cancer survivors hope and, inspired by her daughter, exploring Central and East Texas. "I also try to laugh at something every day," adds Joseph. "Because it's good medicine."

[Click here](#) to learn more about colon cancer screenings and treatment at Memorial Hermann.

More than **50,000** die yearly from colorectal cancer, which often has spread to other organs before it signals its presence.

## WHAT PUTS YOU AT HIGHER RISK OF GETTING COLORECTAL CANCER?

**Age:** More than 90 percent of colon cancer cases occur in people who are 50 years old or older.

**Family history:** Personal or family history of colorectal cancer or polyps.

**Genetic syndrome:** familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer (Lynch syndrome).

**Having these diseases:** inflammatory bowel diseases such as Crohn's disease or ulcerative colitis.

**Lifestyle choices:** obesity, inactivity, smoking, alcohol consumption or eating a low-fiber, high-fat diet low in fruits and vegetables and high in red meat (beef, lamb, pork) or processed meats like lunchmeat and hot dogs.

**Source: Centers for Disease Control & Prevention**

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