

Transcript

Treatment

Dr Wendy McInally:

So, this brings us on now to a third podcast, which is about treatment. What treatment did you receive?

Jack Brodie:

Yeah, this was another one-- as I mentioned, treatment was one of those things that I had no idea, and I didn't know how you would treat skin cancer. I think-- we all think when you hear the word cancer there's regular things that you refer to. You think chemotherapy is one of the big ones.

But what actually happened next, in my case, is I had had the small excision. So, they took a small area of skin around the mole and removed the mole. When they found out that there was cancerous cells in that area of skin, they then said that they were going to do a wider excision. So, they were going to take more skin out to see if there is any cancer cells that spread further.

And while that was going on I got the wider excision. And then I went into-- I'm sure it has a fancy name. I think it was called isotope treatment where, essentially, they put some dye into the area that I'd had the mole removed from. And then I went into a big machine.

And they basically tracked the dye to see if it would flag up any cancer cells in lymph nodes-- which were, I think, just cells around your body-- to see if it had spread itself. So those were the two main sort of treatments and checks, I guess, that I went through at that time. But all in all, from the smaller excision to wider excision and then the dye check thing that I went on, it was about a month, a month and a half.

I can tell you it didn't feel like a month. It felt like much longer. But those were the main treatments that I went through at the time.

Dr Wendy McInally:

Where did you receive this, Jack? That would be really interesting to know.

Jack Brodie:

Yeah, so this was one of those parts where I think probably sprung a lot of the questions of, is this common amongst young people? Because I did feel a bit like I was a bit out of place. In a lot of places, I went when I went to get checked, to speak to the surgeon who would in the end perform my surgery-- who I always thank because he didn't mess up-- I was in-- it was a much older unit.

There was much older people. And then when I actually went for the surgery, I was placed in a breast cancer ward which was, of course, out of the ordinary in what I expected. I thought I would be put in a special skin cancer ward.

But no, I was put into the breast cancer ward. I have to say that they didn't treat me any different. And I was given lots of nice cups of tea. So that was where I was treated, which was slightly strange, but it was the way it was.

Dr Wendy McInally:

Were there other young people with the same cancer as yourself that you could speak to? Not just for yourself, Jack, but also for your mum, or your dad, or your sister.

Jack Brodie:

That's such a good question because it relates to so many parts of the experience that I went through. For myself at that time-- and this just shows how varied it can be, even within a family of what the different needs are. For myself, I didn't necessarily look to others.

I was so conscious of what I was going through in that moment. And I was quite scared of the thought of hearing other scary stories or the outcomes of what was going on in other people's things. Because for both myself and my dad, at the time, I think we were naive.

But naive in quite a good sense because we always would say to each other, well, it's only skin cancer. So, it's one of the good ones. And I know that it potentially wasn't that way. It's obviously great if you can catch it early, and the outcomes are really good. But I was a little bit naive, as I say, in what I think was a good sense.

But for my mum, she definitely needed more support. And the one story that I can remember at the time was one that filled me with a lot of sadness at the time. I had opened up the family laptop. And I remember seeing that she had left the page open and trying to look for other mums who had sons that had skin cancer.

And I found that really hard, actually. I found that something that felt like that should just be there. That should be taken care of. It shouldn't take a mum who's going through something so tough-- something that no mum or dad should ever have to go through.

They shouldn't be the ones having to search for other people who can help them and reassure them. They should be able to find other people that are in their shoes very easily. And I think we can get all the support in the world from specialists and nurses, but sometimes what people need is someone who's been through what they've been through.

And that can be the most reassuring thing, but it's not always there. Because, like I say, I was going through it, and I just wanted to rely on my family. But for someone like my mum who could have really done with that support, I wish that was there.

And I wish she could have had someone who could have maybe eased her nerves. They would never go away. But if there was someone who was going through a similar thing, I think it would have been a great reassurance to her.

Dr Wendy McNally:

That's good, Jack. So just to end now. What now? Do you receive any follow up care? You say it's what, six years since you had the diagnosis and your treatment?

Is there any sort of follow up? Not just for yourself-- I'm now thinking about for your mum and your dad and your sibling, your sister. Is there any support?

There seems to be an awful lot of literature out there and evidence at the moment telling us about the surviving-- although I don't actually like that word myself-- but surviving the cancer, is living beyond a cancer. And you've been on this new pathway, as it were. What support is there-- not just for your physical self to make sure that there's no recurrence-- but what about psychologically and socially?

Jack Brodie:

Yeah, again, a really good question. And I think there's two avenues that you could go down from that question. There's the physical side.

So, for about five years after my diagnosis and my ultimate "all clear," I had different lengths of checkups. So, in the first batch of time-- I think it was every two months-- I would go in, and I would get my skin checked. And if there was any new moles or concerns, I had I could ask a dermatologist and say, what's this? Should I look out for this?

And obviously, that was really reassuring. Because every two months I could go in and see someone, and they would say, that's not to worry about. Because there's one thing after you get a skin cancer diagnosis-- anything that appears on your skin, that's the scariest thing in the world.

But it was so nice to have them there, not just for myself, but for my mum, who regularly would send because she didn't trust me to show and catch all the moles that were appearing. So that was on the physical side, and that continued for the best part of about five years. And as you said, one day after five years I was told that I was a survivor.

Which was a strange thought that it took that amount of time to then be called a survivor. And it wasn't something that I chose. I didn't choose to be called a survivor. So that's probably a whole other discussion.

But what I actually found after that was the worries didn't necessarily go away. It had been a length of time I had been called a survivor, and you would think that that would be-- I could park it and go away. But as everyone knows, you still get marks on your skin, and they appear of the blue.

So, what happened when I got a little bit worried about a mole or two that was appearing on my skin, or a mark, I had just reached out to dermatology and said, can I keep coming back? And they were ever so nice to say, yes, you can come back. And we can-- you'll be in control.

If you want to come back every six months, you come six months. If you want to come back every year, you come back every year. So that's on the physical side, and that continues to this day. I can go back in-- I think it's probably about six months' time now. Which is just a great reassurance.

And I know if there was something that popped up on my skin tomorrow, I could phone them up and say, can I get this checked? And I'm sure they would do their very best to try and get me scheduled. And so, I would encourage everyone else to do that as well. If you're worried, seek guidance from other people because it can be very reassuring.

But back to the question, Wendy. On a mental side, I think that was something that was very different. Physically you get checked, and you have parameters within two months at a time to see how your skin is doing. But there's not really a check on your thoughts and feelings around that time.

As I mentioned before, I did have some amazing support from people like Sheena and the people at Maggie's who would always look out for me. And Sheena's still, to this day, there if I ever need some reassurance, or text, or just to wish her a happy Christmas. She's still there, which is amazing.

But in terms of a structured thing that a former young person with cancer, and skin cancer specifically, goes through there was nothing that was there to say, on this date you can come in or that date you can come in and we'll talk about how you're feeling. Because I think with skin cancer everyone's left with their physical scar. I've got one on my neck.

But there's also mental scars there. There's things that trigger me now when I talk about them, and they take me by surprise. And that's obviously because they're untapped, and I'm still yet to get over them. And I don't know if I ever will.

And I think for young people and older people faced with such a horrible disease, what we need to aim for is to have a pathway that people can go through and feel physically supported and emotionally supported. Because I think that's how we all get better with cancer. That's how we all get through it.

Not just the patients, or the people dealing with it, but their friends, their family, anyone who's affected by cancer in general. Just to feel overall supported, listened to, and feel that you can be helped at any time. So that's what I'd say in terms of the long-term support that I've had and maybe not had in certain instances.

Dr Wendy McInally:

That's great. Let's hope every young person has a clinical nurse specialist like you did, Jack, because as you say, she was phenomenal.

And that's us to the end of our podcast, Jack. And I would just like to thank you very much for all your support with these and obviously your article. Thank you.