

EQUAL COVERAGE FOR ALL FORMS OF CHEMOTHERAPY

Testimony by Sharon Swanger
House Health & Human Services Committee
March 18, 2010
H.B. 1865

Thank you for this opportunity to share with you my story and the reasons why I – as a patient who is currently battling cancer – so strongly support House Bill 1865 and urge you to vote it out of committee and support its passage on the floor.

My name is Sharon Swanger, and in July of 2008, I was diagnosed with Stage IV metastatic melanoma. At the time of my diagnosis, I was filled my cancer. I had “spots” in my lungs, brain, as well as a tumor that was pushing against my windpipe. The prognosis was not good.

My oncologist at Hershey Medical Center suggested a very aggressive biochemical treatment called Interleukin II (or IL2). But, before I could have that treatment, the tumor on my brain had to be addressed – I underwent Gamma Knife “surgery”, which is a form of focused radiation to shrink the tumor. After the first Gamma Knife treatment, my tumor appeared to have been eliminated, so I was scheduled to begin IL2 treatments shortly thereafter.

A course of IL2 consists of one week in the hospital, one week off, and then another week back in the hospital. The IL2 must be administered in the hospital because it’s so toxic – I was hooked up to a monitor and observed 24 hours/day. Each week, I was offered 14 grueling treatments. My oncologist warned me that these treatments would make me feel like I had the “worst flu ever times 100”. And he was right! I was never so sick in my life. I developed diarrhea, had lots of vomiting, chills – with shakes so bad that I got a shot of Demerol in an attempt to control them after every treatment.

As awful as this treatment is, I knew it was my best shot at beating this disease, so I prayed that I would be able to continue. With my body beat up and hurting, I got the call after the second course that I wasn’t responding anymore and the treatment was just too toxic to attempt to continue without any results, so I was told that I was done with IL2. I was hysterical – I thought that was the end of the road, but my oncologist told me that he had other patients like myself that were able to tolerate some IL2 with a moderate response, which, when coupled with a chemotherapy drug called Temodar, did quite well. He suggested that I try that next. So, for the next year, I took the oral chemotherapy drug Temodar from my home. Four pills at bedtime — it was easy. In fact, I commented to my husband that it seemed just too easy.

And, more importantly and amazingly, the treatment regimen worked! I am delighted to tell you that I sit here before you today with no evidence of disease in my body. My last brain scan, taken just this month, was completely clear – and a repeat scan is not needed for another whole year.

As I enjoy the miracle of this extra time I have been given, I continue to look for the positive experiences that have come out of this illness. After IL2, one of the brightest spots is that, I have been able to take my chemotherapy treatments from the comfort of my own home.

What did oral chemotherapy mean to me, as a person fighting cancer?

It meant fewer hospital stays and more precious time at home with my loved ones – time I couldn't afford to lose. It meant not being hooked up to an IV line for full days at a time, waiting and watching the drip as the world went by outside. It meant protecting my compromised immune system from contracting infections in the hospital.

And it meant less stress for my loved ones. I was lucky to have a loving husband, family and friends. My husband was there every day, and when he couldn't be there, he organized my friends and family so that someone was with me when I got my treatments, so I wouldn't go it alone. It was a tremendous strain on our family and friends. If my chemotherapy had also been given in the hospital, it would have made life even more challenging for everyone in my support circle.

And I can only imagine what oral chemotherapy means to children with cancer and their families. Being able to be at home, in their own beds, surrounded by the loving and familiar environment of home instead of in a sterile hospital, hooked up to needles and tubes.

Oral chemotherapy is a true Godsend.

Every patient who *can* have oral chemotherapy *should* have oral chemotherapy. Period. It makes me sad and, frankly, a little mad that some patients either aren't getting it or are experiencing serious financial and emotional stress because of the steep co-pays that many insurance companies require for it.

Chemotherapy is chemotherapy, no matter the form in which it's given, and should be covered equally. I'm here to be a voice for those patients whose insurance companies are not doing the right thing. I'm here for those patients whose insurance companies are saying, "we'll pay for the drug, but only if you administer it through a needle and tubes". And so, on their behalf, as someone who has walked in their shoes, I urge you to make this right.

Today, by supporting this bill, you have in your power the ability to right a wrong, to provide a measure of fairness, and, ultimately, to make life just a little easier for people like me who are literally engaged in the fight of their life.

Thank you for your time and consideration.