Tell us a little bit about yourself and your background

“Registrars often don’t have the opportunity to deal with patient issues. Almost twenty-five years ago, when I had breast cancer, I did a talk just to tell people what it’s like being a patient who got more of the inside story than most patients do. When I was diagnosed last year, I put the word out to my colleagues because I wanted to draw on their spirit, their caring, and harness some energy from my colleagues. Cancer registrars are an amazing community of people who care deeply about other registrars and cancer patients in general.”

“I’ve been a cancer registrar for almost 40 years, I’ve been a speaker and a trainer for probably 35 of that and I’ve been a certified tumor registrar ever since the first exam, which was in 1983. I’ve done a lot of stuff; I’ve been hospital based, I’ve worked for a vendor and I’ve spent ten years at the US National Cancer Institute as Manager of Data Quality for the SEER program.”

“About nine years ago my husband and I moved from Washington DC to Reno, Nevada where I started my own cancer registry training company. Just in case the company didn’t thrive, I had an application to be a Wal-Mart greeter in my drawer. Well, I’ve never had to pull out that application. I’ve been busy doing training on the individual level, on the state level and even on the international level ever since. I’m doing what I love and loving what I do.”

How did cancer enter your personal life?

“In 1992, I found a breast mass that was removed. I went through surgery and chemotherapy at that time, and went back to work. In late 2013, I was doing some traveling when somebody noticed that I looked jaundiced, so I went to various doctors and had the whole work up. Since I’m diabetic, I had my endocrinologist do some blood tests and my liver enzymes were out of whack. This was attributed to the jaundice and it was time to go to a hepatobiliary expert to find out what was going on. I went through a series of X-rays, CT scans, MRI scans and even a PET scan but they didn’t find any mass.”

“I was working with a hepatobiliary surgeon who happens to be one of the ten best in the United States – at least that’s what it says on his wall – when he finally said, “The only way we’re going to find out what’s going on is to actually get in there.” As a registrar, I knew what the next steps would be. That was a Tuesday and by Thursday morning I was admitted to the hospital. That day he did a nine hour operation that found a mass in the lower part of the head of my pancreas.

This month’s publication of AIM News showcases the story of April Fritz. April is well known to many in the CTR community. She has been diagnosed with cancer twice in her lifetime. AIM recently spoke with April and hope you are as inspired by her story as we are.
After the operation, what was the diagnosis?

“He removed a bunch of organs using a “Whipple” procedure named after the guy who initially did these in the early 1900’s. The Whipple removed the common bile ducts, head of the pancreas, part of the small intestine – well, it’s not the removal that takes the nine hours, it’s about getting everything reconnected.”

“When we got the pathology report, there was a two and a half centimeter mass at the junction where the common bile duct joins the pancreatic duct inside the head of the pancreas. That’s why both the pancreas juices/enzymes were backed up and causing pancreatitis. The common bile duct that drains the liver was blocked and that’s why there were bile salts spilling out into my skin and causing itching, jaundice, etc.”

“I had ductal adenocarcinoma of the head of the pancreas. Of the exocrine pancreatic cancers, 85% are of the ductal type, which means it started in the pancreatic duct somewhere and continued to grow. It spread just beyond the pancreas and it involved the lymph nodes but according to the path report, all the margins were completely negative. The lymph node ratio seems to be a better prognostic marker for favorable survival when your ratio of lymph nodes positive to the total number of lymph nodes removed is less than 15%. Now, 2 of 22 lymph nodes positive are 9%. That is an N1 in the TNM system. A 2.5 cm mass with extension beyond the pancreas is a T3. No evidence of distant metastasis is MO. So I left the hospital as a TNM stage group IIB, which is middle range; it’s not fantastic, but it’s not awful.”

“I’m going to my oncologist four times a year for blood tests and CT scans as indicated. I’m now over 18 months after diagnosis and I only have three and a half more years until she declares me a cure. Every day I wake up and appreciate it.”

“Do you have any indication of what may have caused this? That’s one of the currently unanswered questions. My breast cancer was before age 50. Subsequently, I’ve had a second completely independent cancer. My medical oncologist thinks this may be due to BRCA1 or BRCA2 gene abnormalities. They are related in some women. I haven’t done any genetic testing yet but when things calm down in the fall, I will probably get the genetic tests. Right now it’s not a concern for me because I don’t have children and my sister doesn’t have children so if I do have that genetic abnormality it’s going to end with me. Pancreatic cancer, colon cancer, ovarian cancer and breast cancer are kind of interrelated if you have this abnormality.”

How did your training affect your cancer journey?

“A typical patient with jaundice who has no medical experience or no medical knowledge wouldn’t know what to expect but, as a CTR, I knew how things would flow. Consequently, I was mentally prepared for this surgery. I knew it was the best shot for a cure. My surgeon understood what I did for a living and I was part of the decision making process. That makes a huge difference in your comfort level. I felt involved in the decision making journey as opposed to “you’re going to have this done to you”.

“I had tumor extension just beyond the pancreas and I had 2 of 22 regional lymph nodes involved. So I wasn’t one of the super lucky ones but it was caught at an earlier stage than most patients. So I have to thank my lucky stars and the powers that be that the tumor caused symptoms early enough that we could do something about this surgically.”

Did you abstract your own case?

“I didn’t abstract my own case but when I was preparing for a talk, I requested a copy of my abstract from the hospital cancer registry. Even though I knew the cancer registrars there personally, I still did all the by-the-book stuff of signing the release of information and that sort of thing. While I was preparing for the talk, I reviewed the abstract that somebody else did. It’s interesting to see things laid out very factually and I was perfectly fine with all that until the chemotherapy section. The record stated I had chemotherapy which I did not because of the wound infection. At my first chemotherapy appointment, it was determined I could not proceed due to the wound infection. Eventually I went past the time windows when chemotherapy is optimum. To me, personally, it didn’t matter that the surgery was coded wrong because it was still coded as surgery but what did matter to me that would go down in the data analysis as having surgery and chemo. So I did want to bring that to their attention. Other than that, the abstract was pretty good.”

Has your perspective on the work of CTR’s changed?

“It hasn’t changed my perspective but enhanced it. I think registrars do a critical job of getting good information as accurately as they possibly can in order to provide information that helps clinicians, the American Cancer Society, all of the national standards setters like SEER and the National Program of Cancer Registries. What they do is convert cancer data into important information whether it is survival rates by stage, or effectiveness of surgery versus surgery with chemotherapy. It has really increased my respect for the work registrars do.”

Anything you’d like to add?

“Let me go back to the sharing with the registry community that I was a cancer patient for the second time. The feedback, the response, the support from registrars, literally around the world, made such a difference in getting me back on my feet faster and back to work faster. I think this translates to any situation where a person needs support. If you know someone who is having health difficulties, let that person know that you’re thinking about them. It has made a huge difference in getting me back on my definition of normal. I’ve got big scars on my abdomen but I’m back to normal mentally. So I’ll keep my fingers crossed for the next three and a half years because I would really like to be on that cure side of surgery.”

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