



## My Journey with Cancer: A Dental Hygienist's Perspective

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My journey with cancer began on the Labour Day weekend in September 2013. I was driving back from a shopping trip in the USA, and felt an itch on the right side of my neck. When my fingers touched the spot, I felt a raised area, which I instantly palpated to discover it was about 2.5 cm x 2 cm. I knew right away that I had cause for concern. It was completely painless, but my heart sank. You know that little voice we all have inside of us? Mine was telling me that this wasn't good! I told myself quickly that I must focus on the driving, as I was on the highway and needed to think of immediate safety. I quickly cranked up the music in an effort to drown out my thoughts so I could get home and investigate the lump further.

The following day, I called my family doctor and requested an appointment as soon as possible. I was seen later that week. He examined the lump, looked down my throat, and said he thought it might just be my body fighting off an infection. I assured him that I had not been sick, nor had I been feeling unwell, but he opted to wait a couple of weeks to see if it would resolve and, if not, then he would order an ultrasound. Two weeks later I went back to see him and showed him that the lump was still there. He ordered the ultrasound, which I had about a week later. The ultrasound technician was very nice and, when I told her that I too was in health care, she shared with me that she didn't think the lump looked sinister. She did immediately have the radiologist check her findings, though.

I returned to my physician the following week for my results. The radiologist suspected that it might be some type of fluid-filled cyst, and reported that it looked like a developmental defect. I was then referred to my first ENT. By the time I had my appointment with the ENT, it was nearing the end of October. The lump had grown a little, but I still had no other strong symptoms. I had noticed that, for a couple of months, I hadn't felt energetic enough after work to go to the gym, but I attributed that to stress and to the fact that I was now 46, with four children keeping me busy. I had no weight loss or genuine sore throat to report. The ENT read the radiologist's report and performed a fine needle aspiration of my lump. The lump shrank a fair bit with the extraction of the fluid. I was given another appointment in ten days for the results.

Wouldn't you know it? My results came back inconclusive. The ENT wanted to repeat the needle biopsy, so I

agreed. He said that, in his opinion, the lump was just a developmental defect called a branchial cleft cyst type II. He thought that it was odd, though, as those cysts almost always occur at around 12 years of age. He said he really didn't think it was cancerous, as I didn't fit the profile. I am a non-smoker and don't consume a lot of alcohol. The second needle biopsy showed mixed cells, mainly inflammatory, but was once again inconclusive. I had developed an infection from the aspiration and was placed on antibiotics. The ENT wanted to repeat the biopsy, yet again, but wasn't able to extract much for fluid at that point. I was getting very frustrated by the whole process, and the little voice inside of me was no longer just a quiet one. It was screaming that the ENT was wrong and that this was my life slipping by. It was now the middle of November.

By that time, I was having an intermittent sensation, feeling like something was stuck in the back of my throat on the right side. I had my boss take photographs of it with an intra-oral camera. It definitely did not look normal. It looked like a tiny growth of mixed colour, due to vascularity. I knew I needed to see the ENT immediately and share the information with him. Because I had been to his office so many times, I didn't even call ahead but went in on my lunch hour and requested to be seen. Surprisingly, the office complied. I must have looked awfully serious, and I was actually getting scared because too much time was passing and we still weren't confident in the diagnosis. The ENT called me in, and I explained what I had seen on the photographs that my boss had taken. I expressed to him that I felt he was focusing on the result (the lump) and missing the origin. He ran a lighted camera up my nose and down my throat, as I had requested that he look in the fold directly behind the anterior tonsillar pillar on the right side. When he withdrew the lighted camera, he said it definitely did not look normal, and he was now worried. He immediately took me into another room and set up to take tissue biopsy samples. He injected local anesthetic in several spots in the area he had examined and then proceeded to clip off several pieces of tissue to send off for pathology. I returned to work for the afternoon with a very sore throat. It was the second week of December now!

I was away for Christmas in Florida with my beautiful children when the call came. It was December 23. My biopsy results showed that I had squamous cell carcinoma in my right tonsil, and the lump on my neck was a lymph

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node. I could tell that the ENT was flattened by this news, and he repeated to me four times in that phone call that he wanted me to stay positive. He was referring me to a radiation oncologist.

My family and I were devastated, and scared!

Things started to move more quickly, and I was in to see the radiation oncologist within one week. I had scans and various other tests done. She explained how the treatment would go, and that I would be given 30 rounds of radiation, as well as three rounds of chemotherapy concurrently. I now had a plan and a start date! Once at home with my inner voice, however, I started to question the plan ahead. I called and made another appointment with my radiation oncologist to address my concerns and questions. I asked why we weren't discussing surgery as an alternative to chemo. I felt very strongly that I wanted to avoid chemo if possible. She sent me to see the surgical oncologist, who said that I was the perfect candidate for a controversial new surgery: transoral robotic laser surgery. He said that he had had the pathology checked from my biopsy and that my cancer had been caused by HPV, specifically P16. He also said that they did not have a robot at this hospital, but wanted me to see a brilliant surgeon downtown who would be best suited to perform the operation. He told me that, while the procedure was still highly controversial, it would carry just as good an outcome as the chemo for me and be much less toxic. I said, "Let's do it!" He called the surgeon downtown from his cell phone, and I was in with the new surgeon one hour later!!! He ordered more tests and said he would see me again in one week, at which point we would know for sure if the surgery was actually an option.

When I saw the downtown surgeon the following week, he happily announced that he would be able to



▲ Jennifer Cicci and family

do my surgery. I asked how many of these surgeries he had performed; he replied that he had done approximately 50, which was more than anybody else in the country. I felt so confident and so sure that I was choosing the right path for me. I signed the consent form, and my surgery was booked for January 30, 2014.

I got through the surgery, was healing well, and began preparing for radiation treatment when my surgeon discovered that I had another enlarged lymph node. He suggested that I have a limited neck dissection, whereby he would remove three more lymph nodes and a salivary gland. I agreed, and had my second surgery on March 24, 2014. I then went on to have 30 rounds of radiation through the spring and early summer.

I am so happy to report that, today, I am cancer free and feel like myself again. I am back to work and the gym, and I feel healthy. There are many compromises that patients with head and neck cancers make. For instance, I am left with trismus and have no saliva. It was a long road, but my final specialists kept me positive and gave me the best care possible.

I am so thankful that mine was an HPV+ cancer as it responds so much better to treatment than non-HPV cancers. Even though I was at stage 4, with it spreading to three lymph nodes, my prognosis is well over 80%!

I appreciate the opportunity to share my story and reinforce the importance of advocating for ourselves and/or our clients. Cancers of the head and neck don't present with many symptoms initially and, therefore, often get diagnosed at a late stage. It is so important for us to be vigilant not only with our own health, but also with the intra/extra oral exams that we conduct on our clients. I am able to use my story every day in private practice to educate my clients and raise awareness. I am so grateful for the education I have received through my journey.



▲ Jennifer and her surgeon  
John R de Almeida, MD, MSc, FRCSC