The Mystery of it All

As my coughing has gotten more noticeable the last few nights, I have again become quite concerned. Could I have lung cancer too?

November 11, 2020 By Jeff Neurman

Today I awoke convinced that I had lung cancer. Now, as regular readers of this blog are aware, I have never been diagnosed with lung cancer. Instead, I have focused my overabundance of white cells on the genre of cancer commonly referred to as blood cancers and, to be more specific, the sub-topic of leukemia. So having lung cancer would be a new venture for me. Although this is the first morning I have awoken with such a horrible thought, it is not, sadly, the first time I have had similar concerns. Allow me a brief review:

In my last posting, The Party's Over (https://itsinmyblood.blog/2020/09/16/the-partys-over/#more-1066), I expressed my relentless concern that I may be suffering from esophageal cancer or, if that was too exotic for me, then just everyday throat cancer, which I did not really realize was yet another type of cancer. This concern, which was precipitated by an intermittent supine cough that has been with me for many years, was brought to the attention of my oncologist some time ago. She was not, however, overly concerned, in large part because CLL sufferers such as myself get, as a bonus to the cancer itself, exacerbated allergy problems. Thus, I finally determined that I had had enough of the nighttime hacking and went to see an allergist. As ass-backwards as this may seem, I was crestfallen to learn that I was not really allergic to anything. Thus, I reasoned, something else is afoot.

Next I went to see a new primary care doctor, who is also a pulmonologist. This doctor is a colleagues of my wife's, and it was her idea that I see him, in part because of the pulmonology expertise, a topic I will return to below. After a very pleasant check-up, however, he too could find nothing really wrong with me. He believed that the issue may be something akin to an asthmatic reaction from which I was suffering, so in addition to my ineffectual nasal sprays from the allergist, I added an Rx designed to address this latest hypothesis. I will note that the doctor asked me if I had had any X-rays of late, which I was pleased to tell him I had had two within the last 10 months. I was to give it a couple/few weeks on the new medication and see if the cough "resolved," which is doctor-speak for went away.

But the combination of my underlying anxious personality amped up on years of living with cancer and months of enduring chemo, do not typically afford me much patience to "resolve" anything. After several days of noting absolutely no improvement, I was determined to seek additional counsel. Thus, I called my former ENT—the one who merely found my pre-chemo lingual tonsils

“impressive," not the ENT who described such tonsils as an “oh wow!” moment unlike “anything [he has] ever even seen in a medical textbook”—for a follow-up. This otolaryngologist is a great doctor: careful, thoughtful, keen listener and thorough. He looked down my throat, which oddly requires first going up my nose, and reported a lack of anything remarkable. All looked fine to him and my erstwhile noteworthy lingual tonsils, while perhaps not quite as sleek as a non-CLLers would be, were nothing to write home about (or, in the case of the bad ENT, to submit to the Journal of the American Medical Association). The doctor thought that what was likely at issue was reflux because, as I understood his explanation, the valve between stomach and esophagus is just not that great to begin with. Call it a design flaw. Nevertheless, as a lawyer and one who likes unambiguity, I did ask the ENT the following: “So it’s not cancer?” No, he replied. That kept me satisfied. But, of course, not for long.

As my coughing has gotten more noticeable the last few nights, I have again become quite concerned. And to exacerbate matters, my routine nighttime hacking has left my chest cavity a tad sore. A normal person, which I am not, under normal circumstances, which these also are not, would logically conclude that the coughing led to the mild soreness. But a Negative Neurman, veteran of one cancer already, sees no such innocent explanation as a possibility to be entertained for all but the briefest of moments.

Thus, I fired off an email to my new primary care doctor, under the pretense of the follow-up report on the effectiveness (which was nil) of the medication he had prescribed. This raises a somewhat tricky issue, which I believe I share with many of those who have serious medical conditions: How to convey what may or may not be unrealistic anxiety to a doctor who is a person schooled in facts and probabilities. Do you just come right out and say, “Hey Doc. How are you? The meds don’t seem to be helping; is this cancer?” If I wrote that, he would probably think I am a bit unhinged, which would be accurate but no reason for him to know. Or, do I take a diametrically opposed approach and send the doctor a missive that states only that the medication does not seem to be working; what should we now consider? The problem with this second approach is that it is unlikely to bring me the answer that I am so desperately seeking to hear: “You do not have the criteria or indicia of cancer. I am confident of that.”

Part of the problem with dealing with doctors is that it always feels as though there is inadequate time to get all of one’s questions addressed. Even a patient doctor, which I believe this one to be, has a limit to his time for you. And he is not going to order every test under the sun just to assuage what he probably (hopefully) considers near-lunacy on my part. And they will likely play the percentages and try to treat whatever ails the patient based on those, because no one could fault them for not jumping to the most dire consequence when it is statistically unlikely.

Yet, I believe that having cancer already, frees me from the need to work within standard deviations from any norm. As one doctor told me when learning I had CLL, “you are awfully young for this diagnosis.” So I have no reason to believe that if lightning struck me once it can’t hit me again. And secretly, as alluded to above, I wonder what my own wife really thinks: After all, why did she want me to see a pulmonologist? Is she concerned? If so, would she tell me? Probably not. That’s not a character flaw; well, it’s a character flaw of mine—i.e., worry on the verge of

panic—that she is seeking to avoid knowing me as she does. But now I must just sit and wait, worrying a touch more with each sigh (of which there are many on a day like today) and hope for the best. Or at least an email from the doctor.

This post originally appeared on It's in My Blood on October 21, 2020. It is republished with permission.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.cancerhealth.com/blog/mystery