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DELIA SURROZ, DVM, OWNER OF AAHA-ACCREDITED VITALITY PET HOSPITAL in Salem, Oregon, was having a hectic morning at her practice, but the lump she’d found during a self-exam wouldn’t leave her mind. She took a minute to call her doctor to see if her biopsy results were in, and the nurse who answered the phone blurted, “Oh, yes. You have cancer.”

As a veterinarian, she began asking for details: What type? What stage? But the nurse told her to schedule time with the doctor to get additional information.

“Now I’m at work with all my employees and all these patients, and I can’t leave because I’m the only doctor there, and I’m just trying to deal with this incredibly terrible blow,” she recalled. “I had to be there for an hour by myself before the other doctor got there.”

That moment in April 2016 was the start of an ordeal that lasted more than a year. During breast cancer treatments, Surroz, then 45, underwent a lumpectomy, four months of chemotherapy—which immediately put her in menopause—then 12 weeks of another chemotherapy protocol, followed by 6-and-a-half weeks of radiation.

Despite the exhaustion and pain, she worked through it all.

“I’m a major breadwinner for my family,” Surroz said. “It’s extremely costly to have a relief vet in, and you’re trying to pay off all these medical bills. It’s a big investment to own a practice. You don’t want to lose it.”
So Surroz would go to radiation five mornings a week and then work the rest of the day. When her white blood cell count crashed from the chemotherapy protocol, she’d have to give herself injections of Neulasta in the skin on her abdomen, which would swell her bone marrow and make every bone painful. Even leaning against a chair hurt, so when big, untrained dogs would slam into her, her pain would reach “a very scary level.”

Staff helped with restraint, and she was able to pick and choose her cases to some degree. But, while the veterinarians on her team were “absolutely wonderful,” four support staff quit while she battled the cancer.

As the owner of her own practice, she couldn’t take leave under the Family and Medical Leave Act (which the employer pays). She did have disability insurance, though because she was still working, she had to submit about eight inches of paperwork to get a “paltry” amount.

“Essentially, unless you don’t go to work, they don’t want to give you your disability. I kept saying, ‘I am losing income because I’m not well enough to see as many rooms, to do the surgeries I would be doing.’ I fought enough that I got at least some. But a lot of veterinarians don’t even have disability coverage.”

Then there was the issue of treating patients with breast cancer while she herself was battling the disease and, in some instances, having to euthanize.

“In the human medical profession, you don’t have to deal with that. You may see lots of people with cancer, and I’m sure that would be incredibly devastating as well and have its own share of issues. But in our profession, we have to actually take the life of these patients,” she said.

A major challenge Surroz found was the lack of resources for veterinarians with cancer. When she asked her oncologist what precautions she needed to take while performing the duties of her job, he told her, “You should be fine.” She pressed him about zoonotic issues and all the things veterinarians are exposed to, and he eventually suggested wearing gloves. He also didn’t have any advice about using X-rays during radiation, so she still doesn’t assist with X-rays at her practice.

“I felt like I was on my own trying to figure out what to do and how best to protect myself,” Surroz said.

Now she’s passionate about starting a conversation in the veterinary profession about the unique challenges facing veterinarians and technicians coping with cancer. After surviving cancer, she found a Facebook group called “VDC—Veterinarians Dealing with Cancer,” and realized she’s not alone in the struggle. In fact, she noted that about one in eight women will develop breast cancer in her lifetime.

Because women are increasingly practicing veterinary medicine—in 2017, veterinary school enrollment was 80.5% female, according to the American Veterinary Medical Association—the problem will undoubtedly become more widespread in the profession. VDC also has
numerous male members coping with prostate cancer; the issue touches everyone in the profession.

Early cancer detection is crucial, so Surroz hopes veterinarians will have regular checkups—even when working 60-hour weeks—and have a plan for what they would do if diagnosed with cancer. She urges practice owners to offer good health insurance policies to employees and understand that if an employee is diagnosed with cancer, they will need frequent breaks between seeing rooms and that surgery could be challenging due to neuropathy or other side effects of treatment. She'd love to potentially see retired or semiretired veterinarians volunteer as relief veterinarians for local veterinarians diagnosed with cancer.

"I really feel it's an important conversation for the veterinary profession to have," she said. "We are unique with some of the things that we have to deal with."

Cory Friedman, vice president of benefits consulting at Alera Veterinary (a division of Alera Group), suggested employers consider a group insurance plan when financially feasible because in almost every market, there are far more options available for group plans than for individuals.

For small groups with fewer than 50 employees, he said a fully insured plan is likely the best option when someone is undergoing cancer treatment because the overall health of the population has no impact on price.

"The fully insured market is what most people have come to know as 'health insurance' and is typically purchased with the help of a broker (like us at Alera Veterinary) through United Healthcare, Aetna, Blue Cross, Anthem, Humana, etc.," he explained.

Younger, healthier groups might want to consider a self-funded or level-funded health plan, Friedman said. The cost savings can be significant, but there are additional compliance requirements, and someone definitely needs to do their homework before going down this path.

"Regardless of how the health plan is purchased, I would encourage an employer to seek out additional programs that they can offer in tandem with the core health benefits. For example, we're seeing a lot of employers introduce healthcare advocacy programs, direct primary care programs, or even second-opinion services," Friedman said.

Len Lichtenfeld, MD, deputy chief medical officer for the American Cancer Society, agreed. He was surprised that in more than 45 years as an oncologist, he'd never previously been asked what precautions veterinarians undergoing cancer treatments should take.

"Patients who are not veterinarians have to be concerned about exposures to animals, but vets are an even higher-risk category because of the frequency [with which] those exposures may occur," he said. "Each situation tends to be different: the type of cancer, the type of treatment, the intensity of the treatment, the degree of immunosuppression, the length of immunosuppression. All of those are factors. It's a question I would ask my infectious disease experts."

Dimitri Drekonja, MD, MS, chief of the Infectious Disease Section at the Minneapolis Veterans Affairs Health Care
System, associate professor of medicine at the University of Minnesota, and a member of the Infectious Diseases Society of America, concurred that there are degrees of compromise involved in immunosuppression. He suggested veterinarians start by asking their oncologist, “How long am I immune suppressed? How profound is my immune suppression?”

An oncologist should be able to answer those questions, but if they don’t know risks specific to veterinarians, consider asking for a referral to an infectious disease specialist. Also take common-sense precautions, such as practicing good hand hygiene, wearing gloves any time you might come into contact with body fluids, and keeping a bottle of hand sanitizer in your pocket at all times.

“If I was a veterinarian, and I knew I was going to be going through cancer therapy, I would make sure I talked with my staff and said, ‘Let’s make sure that our alcohol dispensers are always full. Let’s make sure that we always are wiping down the rooms between patients. Please stay home if you’re sick, like you should be doing anyway. Cover your cough, wear a mask.’ Now is the time to make sure that you’re not cutting corners and that you are following all your standard precautions quite well,” he advised.

While immunosuppressed, Drekonja said it’s particularly important to keep even minor scratches from being licked by an animal. In particular, the *Capnocytophaga canimorsus* bacterium in the saliva of healthy dogs can lead to a fatal infection. If a dog licks a scratch while your immune system is compromised, seek antibiotics immediately.

Veterinarians at large animal practices face their own distinct risks while immunosuppressed, he noted, such as potentially inhaling *Rhodococcus equi* when working with horses. In those cases, he advises wearing a mask in barns and having a friend or assistant do particularly dirty tasks, like mucking out the stable.

“You can’t mitigate all your exposures, but you can avoid the things that will put you into contact with the most bugs,” he said.

Piper Norton, DVM, DACVIM (LA), had just gotten married and given notice at the large animal practice where she worked because she was planning to start her own practice in Austin, Texas. The next day, she was diagnosed with breast cancer—invasive ductal carcinoma. She had a double mastectomy on November 16, 2017, which happened to be her 38th birthday. Then she underwent fertility treatments and harvested embryos in case she and her new husband ever choose to have children.

She began chemotherapy in January 2018, then underwent radiation—which left her with painful second-degree burns covering her rib cage—in May and
Although the Occupational Safety and Health Administration (OSHA) doesn’t have guidelines that specifically reference veterinarians, OSHA’s website on hazardous drugs addresses the connection between the drugs and a specific, immune-compromising diagnosis, such as leukemia and other cancers: osha.gov/SLTC/hazardousdrugs/hazards.html.

June. She developed lymph edema, which causes swelling that can lead to severe infections if nicked by a claw or tooth because the lymph drainage doesn’t work properly.

Now she is cancer free with a less than 10% recurrence rate and is preparing to launch her mobile consulting business, Texas EMA. She’s grateful that she had good insurance coverage—$411,000 has already been billed—and that she was able to delay starting her business until finished with cancer treatments.

“I was pretty darn sick with chemo, and I don’t see, as a large animal veterinarian, how many people could be able to work through that. You’re in a barn that’s not air conditioned and dealing with a 1,000-pound horse and trying to have the strength to be able to do that... and Salmonella, E. coli, Clostridium perfringens and difficile, and so many other bacteria are potentially zoonotic in a large animal veterinary practice.”

Like Surroz, Norton has found support through the VDC Facebook group. The closed group welcomes those in the veterinary field who either have cancer or are supporting a loved one with cancer. It was founded on October 15, 2017, by two veterinarians who were dealing with cancer themselves: Colleen McCoy, MS, DVM, and Drury Reavill, DVM, DABVP (Avian and Reptile and Amphibian Practice), DACVP.

Reavill, who survived ovarian cancer and owns the Zoo/Exotic Pathology Service in Carmichael, California, said the members of the group support each other and feel safe sharing things they might not even tell loved ones.

“One of the things I found was that you can overburden your support system ‘in real life.’ You really want to try and ‘be strong’ and not complain, but you are really scared,” she said. “I like that this forum provides us a place to just ‘say it’.”

Her cofounder, McCoy, was diagnosed with Ewing sarcoma in February 2017, when she was two months into a six-month internship and had just been accepted into a residency. She finished the internship during chemotherapy and was able to defer her residency until completing her 10 months of treatment. She is now cancer free and is a veterinary postdoctoral associate in the Division of Comparative Medicine at the Massachusetts Institute of Technology.

“Veterinary professionals are a unique breed: we are highly empathetic, ambitious, and independent. We are multitaskers, working hard full days with few breaks, balancing intense lives with work and family. Many of us are practice owners and so are also juggling the management of personnel and finances of a business. We have a unique perspective on cancer, as most of us have diagnosed it at some point in our patients and have guided owners through treatment for their pets,” she said. “To have a group of us who share these characteristics and circumstances together in one place is a resource and a blessing.”

Both founders encourage veterinarians dealing with cancer to join their Facebook group.

“We welcome new members personally, with an invitation to share as much as they feel comfortable or to simply exist within the group,” McCoy said. “Cancer is a difficult journey. It scars you for life, both physically and mentally. There is no reason to try to do this all alone, not when there are others who share your experience who can help you.”

Freelance journalist Jen Reeder is inspired by the tenacity of veterinary professionals dealing with cancer.