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Anthony, 55 years old

My cancer doctor told me that I had a large tumor in my colon, and that it could be treated in more than one way. One option is surgery to remove the tumor and the part of the colon near the tumor. If I chose that, I would have a permanent colostomy, or opening in my side, for the discharge of stool. Another option, to reduce the size of the tumor, is radiation treatments before having surgery. This might give the surgeon a way to prevent a permanent colostomy by making a temporary colostomy and then later re-attaching the parts of the colon that remain.

A third option is to have either of those two surgeries followed by a period of oral chemotherapy. Since my brother had colon cancer that came back after two years, my doctor felt surgery followed by oral chemotherapy would give me a better chance of remaining cancer-free after the surgery. He explained that this is a fairly new way of treating colon cancer where there is a risk of the cancer returning. There is no way to know for sure whether my colon cancer would return if I did not have the oral chemotherapy. My doctor told me that many cancer survivors do live without their cancer coming back after having surgery and no other treatment. But, he thought this approach made sense for me, because my brother’s cancer had come back, so mine might, too.

So, I collected a lot of information on my three treatment options and talked to my family about them. When I met with my cancer doctor again, we both agreed that surgery and oral chemotherapy would be best for me. We needed to do everything possible to remove any trace of colon cancer from my body.

My doctor’s office contacted my insurance company to get approval for the surgery and oral chemotherapy treatments. But, the insurance company told him that they will only pay for the surgery. They didn’t feel oral chemotherapy was needed and they wouldn’t pay for it. My doctor’s office staff suggested that I talk with my employer, since they pay for my insurance policy.

My supervisor at work sent me to talk to someone called a benefits manager in the personnel office. The benefits manager gave me a copy of the insurance policy, which is much larger than the benefits book they gave me before. Together, we looked for anything that would help. The benefits manager also told me to write a letter to the insurance company and ask for the reason why they will not pay for chemotherapy. He said that knowing why a claim is rejected can help when negotiating to get it covered. The insurance company wrote back that the standard treatment for colon cancer is surgery alone. They said that they do not pay for experimental treatments.

So, now I needed help from my cancer doctor to convince the insurance company that oral chemotherapy for colon cancer in cases like mine is not experimental. I also needed to find out what I had to do to appeal the decision of the insurance company.
[Narrator]
We can see that Anthony successfully gathered the information he needed, and worked closely with his cancer doctor and his employer to negotiate the treatment he – and his doctor – felt was best.