

Submission
No 23

**INQUIRY INTO OFF-PROTOCOL PRESCRIBING OF
CHEMOTHERAPY IN NSW**

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Date received: 18 October 2016

Submission to the Parliamentary Select Committee Inquiry into Off-Protocol Prescribing of Chemotherapy in NSW

18th October 2016

Corinne Stolzenhein

In 2011, I was diagnosed with Non-Hodgkin's Lymphoma and was referred to Dr. Kiran Phadke for treatment.

I underwent 6 rounds of chemotherapy and have been fortunate enough to be in remission for the past 5 years.

I have had regular follow-up appointments with Dr. Phadke, initially every three months, and then every 6 months. At each visit and during my treatment I always found Dr. Phadke to be very measured and sensible in the way he addressed my concerns and allayed my fears when necessary. I have always had every confidence in his clinical decision making.

He is a very caring and compassionate physician who treats the whole person and not just the disease.

I want to be able to continue to be under his care as I have developed a trust in his judgement and would find it very unnerving to now have to change to the care of another physician. It is distressing enough learning of a cancer diagnosis and going through the whole process once, without having to revisit it with someone else.

If he has under-dosed any of his patients I am absolutely certain that he would have had very sound clinical reasons for doing so, and always with the best possible outcomes for his patients in mind.

I understand that there are protocols in place developed on evidence-based practice to ensure the safest and best therapeutic responses. However, each patient is different and surely decisions are made as to whether patients are able to withstand the onslaught of the full chemotherapy dose of these very toxic drugs if they are in an already enfeebled state, or if they react badly to the treatment. It should not be based on a "one size fits all" criteria.

I personally know someone who died from the cardiotoxic effects of his chemotherapy treatment and not as a direct result of his cancer.

I also have first-hand experience of losing my husband to cancer 22 years ago. He was diagnosed with metastatic lung cancer of unknown primary. He was treated very aggressively with concurrent chemotherapy, radiotherapy and surgery. He suffered pleural effusions, pericardial effusions and was completely debilitated from the very first session. His ongoing treatment was often tailored to make allowances for his physical state. He survived 18 months. My husband's treatment never seemed like an exact science to me. Perhaps much has changed in the intervening years. But I am absolutely certain that each and every decision made by my husband's oncologists were always with the best possible outcome in mind.

It would seem that articles published in the international medical literature and also anecdotal evidence would suggest that under-dosing, off-protocol, or off-label prescribing is not an uncommon

practice. Yes, there do need to be guidelines and standards in place to ensure safe and ethical prescribing, but common sense also should prevail.

I believe Dr. Phadke has been very unfairly treated. He is held in high esteem by his peers and patients alike.

Sincerely,

Corinne Stolzenhein