

Cancer, life and death

Melanoma patient weighs up options

BY DAMON CRONSHAW

KEN Horsfall knows that too much sun in his youth caused the melanoma that he has lived with for 14 years.

After having multiple surgeries and drug treatments, he is "pretty philosophical" about life.

"I'm going to die, it's as simple as that. It could be six months, 12 months, who knows," Mr Horsfall, of Hamilton, said. "What I've got at the moment is not good. All my paperwork is done and I'm getting end-of-life stuff organised. I'm certainly open to voluntary assisted dying and euthanasia, if that comes up."

He feels for young people with cancer in their 20s or 30s, particularly those with kids "who know they won't make it".

"To be 78 like me, well, some days I'm ready to go. I'm really curious to see how it will play out. No one can predict it," he said.

The Cancer Institute NSW rates the Hunter as a "melanoma hotspot". The most recent Hunter Melanoma Foundation data shows one in 25 males and one in 30 females in the Hunter will be diagnosed with melanoma.

The institute has forecast that 5655 new cases of melanoma will occur in the state this year.

Hunter Melanoma Foundation executive officer Claudia Tolhurst urged people to "look after your skin".

"Early detection is vital for successful treatment," Ms Tolhurst said.

Most melanomas are caused by overexposure to UV radiation from the sun.

Mr Horsfall said sun exposure "without a doubt" caused his melanoma.

"Whether the message is getting out, I don't know," he said. "When we were kids, we used to burn on the beach and peel each other's backs. It was just accepted - always red and peeling noses."

They'd rub olive oil on their skin, which was "like basting a turkey really".

When he goes to the beach and sees people baking in the sun, he thinks "you're really asking for it".

Ms Tolhurst said the Hunter had the highest incidence of melanoma per capita in the world in the 1980s.

In a Cancer Institute NSW list of 25 melanoma hotspots released last December, Port Stephens ranked 12th, Lake Macquarie 15th, Maitland 20th and Newcastle 24th.

"We're still up there in the risk areas, but we're certainly doing a lot better than we used to," Ms Tolhurst said.

She said it was important to know that "90 per cent of melanoma cases have a complete cure through surgical removal".

"It's the other 10 per cent that are left fighting for their life," she said. "They're the people that are offered the immunotherapy drugs and associated treatments to survive."

After two operations to remove metastatic melanoma from his brain and having tried immunotherapy drugs, Mr Horsfall is "watching and waiting". He has been offered new trial drugs, but rejected them because "in my opinion the probability of success is too low".

"The commitment I'd have



Ken Horsfall has advanced melanoma. 'Some days I'm ready to go.' Picture by Peter Lorimer

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to make to be on the trial would eat into what I have left of my life," he said.

"A big problem with some of these treatments is there's a low probability of success, against quite a high probability of having a bad side effect.

"Stopping treatment doesn't mean side effects will stop - they can occur years later."

A Hunter oncologist said Mr Horsfall was "speaking to the human condition".

"That's a sober, honest and authentic response. He sounds like an amazing person. He's thinking about the trade-offs and making rational judgements," the oncologist said.

About 15 years ago, there were no treatments for

advanced melanoma. The oncologist said it was now a privilege to "keep people alive longer".

When considering a treatment, Mr Horsfall thinks "what are the side effects, how much will I suffer and is it best to get on with dying and work out how to do that?"

"Some people will torture themselves with side effects for a 1 per cent chance of success.

"I'm an engineer with a good background in statistical methods and mathematics. It'd have to be a 50 to 60 per cent chance to convince me. It's no good offering me a 10 per cent chance."

Nonetheless, he has tried several immunotherapy drugs, saying "it's proba-

bly worth giving them a go in most cases" but people should be mindful of side effects.

He felt he had been "lucky with the side effects", pinpointing fatigue, stiff joints and itchy skin as lingering problems from the drugs.

The oncologist confirmed a Cancer Council fact sheet that states "most people have mild side effects" from immunotherapy.

"Side effects are likely to be more severe if you are having higher doses or a combination of immunotherapy drugs, or if you are having immunotherapy with other cancer treatments," it stated.

Mr Horsfall was first diagnosed with melanoma in 2009, after an orthopaedic surgeon fortuitously spotted a two- to three-millimetre dark grey spot in the middle of his back. Tests showed it hadn't spread, but a few years later he found a two- to three-centimetre lump on his upper back.

A surgeon removed it, but a couple of years later nodules were found in his lungs.

Mr Horsfall tried a combination of immunotherapy drugs, but completed only one of four infusions due to it causing acute liver inflammation.

"It worked in my case because it cleaned up my lungs," he said.

Since March 2020, melanoma metastasis was discovered twice in his brain through routine MRI surveillance. He had brain surgery both times, which he said wasn't as hard to experience as it sounds. Following further recurrences of the melanoma, two single immunotherapy drugs were tried, including one for 12 months.

Mr Horsfall has done a lot of research about melanoma and suggested others diagnosed with cancer do likewise.

"You're the one that cares more about your health than anyone else," he said.