CHEMOTHERAPY AND RADIATION TREATMENT OF CANCER
FOR ADRENAL INSUFFICIENT PATIENTS ITEMS FROM
VARIOUS NADF NEWS® ISSUES

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Q & A
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Q. Four years ago, I had an operation for colon cancer that took 37 inches of my colon out. Since
then it has traveled and is now in my lungs and may be in other places. I have talked with the cancer
doctors who want me to take chemotherapy. I have studied the booklets they gave me and I have
determined that I will be worse off if I get these treatments. There is Emend for controlling vomiting,
then there is Eloxatin and Avastin for the chemo tube. I have been to the ER quite a few times with
Addisonian problems and I simply cannot face this awful intrusion into my system. I was diagnosed
with Addison’s disease when I was 40 and could hardly walk. I am 73 now and get along pretty well.
I have secondary Addison’s and take 20 mg. of Cortef daily. Could you please advise me what I
should do? I am strongly tempted to take the time I have left and enjoy it.

A. The decision you have to make regarding your quality of life with chemo is a difficult one. The
coincidence of adrenal insufficiency should not be much of a factor in your decision, however. You
will probably need to increase your dose of hydrocortisone to handle the stress and nausea, but that
is the easy part. Doubling or even tripling the dose will have marginal side effects compared to either
the chemo or the cancer. I have had many adrenal insufficiency patients undergo chemo and get
through quite well. Good luck.

Q. I was diagnosed with secondary adrenal insufficiency in Dec. of 1992 and have done very well on
the hydrocortisone. My usual dosage is 20 mg in the am and 10 mg in the pm. I am also hypopit
and take 100 mcg of levoxyl daily. This was all due to removal of a pituitary microandemonfa in July
of 81 through an infertility workup. Fast forward to last Nov when I was diagnosed with stage 4 lung
cancer (and never smoked). I have been given 14 whole brain radiations and one radio surgery to
the brain. It has spread to the brain and liver. I was on Tarceva for a little over month, but had
steadily felt weakened, wobbl @ legs, almost passed out 2 or 3 times, (actually I did pass out once but
then realized I also had a bladder infection), short of breath, etc. I was taken off Tarceva a week ago
and feel better, but also saw my endocrinologist last Friday & I was taking too much thyroid, thus the
reduction to 100 mcg every day (it used to be 4 days a week at that level & 3 days at 112 mcg). My
endocrine doc has never treated a cancer patient. And we trying to find the best dosage for the
hydrocortisone. Do you have any thoughts on this? I know it is complicated and you have never
met me, but I would appreciate your input. Thank you for all you do for NADF.
Although I cannot give specific recommendations about your care, I can suggest that you and your endocrinologist try to adjust the hydrocortisone dose according to your symptoms, just as you did before the cancer. This can be tricky, however, because the Tarceva itself can cause symptoms that resemble adrenal insufficiency, including fatigue, nausea, weakness and diarrhea. Since these symptoms can respond to additional doses of hydrocortisone, be aggressive about using it, raising the dose by 10 or 20 mg as needed. One other resource you have is the oncologist. Although your endocrinologist may not have experience with cancer, your oncologist does have experience with steroids, so communicate with both doctors.

NADF does not engage in the practice of medicine. It is not a medical authority, nor does it claim to have medical knowledge. In all cases, NADF recommends that you consult your own physician regarding any course of treatment or medication.