

Jennifer Lane Lehr

To the stakeholders at the Kansas Department of Health and Environment—

Thank you very much for allowing me to share my story. And thank you for the work you are doing to serve Kansans affected by cancer.

I have had the opportunity to see cancer from many vantage points. From the vantage point of a goal oriented allied healthcare provider. From the vantage point of a compassionate care partner to a parent. From the vantage point of an overwhelmed patient. From the vantage point of a determined survivor. From the vantage point of a focused leader to bring oncology services to others in need.



I first experienced cancer with the deaths of both of my grandmothers as a young adult. My early midlife brought the death of my uncle and my father to cancer. I saw first hand the challenge care partners face as I assisted my mother in end of life decisions for my father. Early midlife also brought my own diagnosis of breast cancer. No one has time or wants to make time for cancer, and I was no exception. Recently divorced, a single mother to my then 11 year old, and one year into my solo private practice as an allied health provider, my diagnosis came with the ring of the cell phone. At the age of 42, having just established a stable life for my son and I, cancer had developed during these most stressful of days and months. And it brought with it the same hard decisions, worries and stressors that all patients have in common.

But with these challenges also came lessons and growth within me and help and love around me. These have made me the person I am and continue to shape the person I will be in the years ahead. The years behind me are beginning to stretch from those difficult months of treatment and recovery, but the fear of recurrence remains. So too do the joys of a close relationship with my son born out of those stressful months, the voice I now use to advocate for patients in my work with the KUMC PIVOT program, and the perspective I bring to my job as I build programs to serve patients with cancer throughout rural America.

I cannot share enough how instrumental are the words spoken to patients and the empowerment given to them amidst the myriad of decisions that must be made. These decisions that patients make too often are irreversible and come with long term complications or trade offs. What is done for cancer patients at all levels of service comes down to these conversations and subsequent decisions.

For those of you working in research to provide better choices in those decisions, for those of you working in clinic to translate those choices into treatment and outcomes, and for those of you who help us patients understand those choices and make those decisions, I have only one simple thing to say. Thank you.