

I'm Too Young To Be Here

By Nadia Hannan

I'm too young to be here, I thought as I handed my forms back to the woman at the front desk. I watched her check my date of birth and felt myself blush. I looked away as she scanned the rest of the sheet for any missing information.

"The primary holder on your insurance," she starts. "That's your—"

"Father," I interrupt.

"Right," she responds and makes a note. After asking for his birthday, she tells me to go take a seat.

It is early and the waiting room is still empty. As it nears 9:30 am, women and men who look to be in their thirties and forties start to enter. Some are alone; others are with a spouse or a partner. I am with my sister.

I take a seat next to my sister and we begin to discuss her plans for decorating her new apartment. We keep our voices low, but even our whispers seem too disruptive to the near-reverent silence of the other patients. We soon end our conversation. She turns her attention to a magazine and I turn mine towards the people in the seats around me. I spend the rest of the waiting time imagining what they think of me. Do I strike them as out of place, or do I pass as a woman ready to start a family? Do they even notice me? Are they too focused on their own stories, their own reasons for coming? *I hope it is the last one*, I think while I study the woman across from me, imagining the events that led her to this place. Was it trouble getting pregnant? Was it trouble keeping a pregnancy? Was it a past or current illness, such as cancer, like me? Before I can draw any conclusions, the nurse calls my name. I gather my things and my sister and I head down the hall.

She leads us past the nurses' station and into a small office. The doctor rises and shakes my hand, then my sister's. Gesturing to the two chairs opposite him, he tells us to take a seat. The office is bare. A computer, a lamp, and a brown bag sit on the desk. Some files and books are stacked on a bookshelf off to the right. We waste little time with introductions. He has read my chart. He knows why I am here. He confirms a few pieces of information with me:

Type of Cancer: Ewing Sarcoma

Age at Diagnosis: Eight

Chemotherapies received: Cytosoxan, Vincristine, Doxorubicin, Etoposide, Ifosfomide

Radiation: No

Years in Remission: Fifteen

And then we begin. We discuss the basics of reproduction, a woman's peak reproductive years, and how and why fertility declines as a woman gets older. He explains how some of the chemotherapy drugs I received may have aged my ovaries and why at twenty-four, my fertility may be closer to that of a thirty-five-year-old. He describes the tests that will be used to measure my fertility, and my options depending on the results of those tests.

I had heard some version of this information a few times before. I first learned about the possibility of infertility or premature menopause when I was eighteen years old. At my follow-up appointment the year before, my oncologist had given me a list of the five chemotherapy agents I had received and told me to memorize them. One night, as I was reviewing the list, whispering them aloud in my bed, scared to say them too loud, to give them too much life, I opened my computer and, one by one, entered them into Google. I methodically moved from one entry to another, trying to find myself in their words, but it all felt too distant. At that point, I hadn't given much thought to the late effects of my cancer treatment. I was nine years in remission. I was healthy.

I asked my doctor about what I had read. "Yes," he said, "fertility problems were a possibility, but it helps that you were diagnosed when you were young." While I don't think it was meant as such, I took this statement—that it was possible but that I was young—as permission to defer dealing with this news. It was easy at first. After the first few times I imagined my future and my family-to-be, I trained myself to skip over the "how." But over time, this jump became harder, until I could no longer successfully make it across. Instead of falling blindly along the scale of "your fertility may be very similar to that of an average woman your own age who has not had chemotherapy" and "you are already past the point of fertility preservation and should expect to go through menopause within the next five or so years," I decided I needed to know where I was going to land.

It was this desire to know that led me to my hospital's fertility nurse, who referred me here, to the office of a reproductive endocrinologist. And as I sat in his office as he went through the procedures and statistics of a case like mine, and in the exam room as he performed a transvaginal ultrasound to count the number of egg follicles I was producing, and when he told me that number was low, much lower than an average woman my age, and later, on the phone, when he called to discuss the results of my hormone test, also very low, I began to question my decision to learn more.

I had always found comfort in information, in knowing as much as I could. Before my tumor resection and jaw reconstruction, my doctors suggested I see a child psychologist to discuss any anxiety I might have about the impending procedure. I sat on the floor of the woman's office, pretending to be fascinated by her Lego collection, doing anything I could to avoid her

questions about my fears. I did not want to discuss how I was feeling. I wanted facts. I wanted to know if the same surgeon who would be removing my jaw would also be reconstructing it using my fibula. I wanted to know how long it would take to reconnect the blood vessels and where my surgical drains would be when I woke up. I wanted to know when I would be able to walk and if I could keep the teeth they removed so I could put them under my pillow for the tooth fairy. I brought a list of these questions, and others, to my surgeons. As I moved down the list, as they walked me through the twelve-and-a-half-hour surgery, I finally felt some of my anxiety dissipate.

This information about my fertility, however, did not bring the comfort or relief I was expecting. The doctor could, and did, describe my options in great detail; however, he could not explain away my grief. “At this time, egg freezing is still an option,” he offered as he finished the exam. “However, I recommend it be done within the next six months, after which I would expect to see a rapid decrease in the quality and quantity of your eggs. Fertility for any woman never gets better with time,” he concluded. And with that I left.

Five of those six months have passed and I have spent the time trying to understand my grief over this loss: a loss that feels so abstract and, given my age, one that can feel so distant. A loss that shouldn't belong to me, but to my future self. My ready-to-start-a-family self. But more than trying to understand my grief, I have grappled with letting myself feel it. Because mixed in with the “why am I grieving” is guilt over the fact that I am. Guilt from the knowledge that my treatment could have asked that I sacrifice more. That it still could. That fifteen years later, I am still in remission—and shouldn't that be enough?

Since completing treatment, I have struggled with how much weight to give my cancer story. For most of my life, I tried to maintain the image that it had no effect on me. I didn't deny it had occurred; I denied that it had changed me. I denied that there was a Nadia before cancer and a Nadia after and they were not the same person.

And what of the before-cancer me? Who would she have been? After treatment, I developed anxiety; I hesitated more; I trusted less, both myself and others. I made myself and my world a little smaller in an attempt to find safety and security. Would the before-cancer me have taken more chances? Where would she be at this point in time? Would she be more open? Would she fear less and try more? These questions were too hard to ask in the years immediately following treatment and instead of confronting this could-have-been me, I ignored the possibility of her existence.

It is only recently that I have started to explore how my diagnosis has shaped me, and will continue to shape me. Over time I have had more experiences and made more choices that it has become harder to draw a straight line from who I am now to who I was before cancer. And this time has made it easier to begin this process. While I still wonder who I would have been had I not had cancer, I want to be her a little less.

Nadia Hannan is a dancer, choreographer, arts administrator, and arts educator from New York City. She graduated magna cum laude from Brown University in May 2014 with a BA in Performance Studies and will be starting the MFA program in Dance at Sarah Lawrence College in Fall 2017. In addition to working as a freelance performer, Nadia currently works as the education Assistant and an Administrative Assistant at the BAX/Brooklyn Arts Exchange in Park Slope. Nadia was diagnosed with Ewing Sarcoma in her lower left mandible in November 2000. This May will mark her 16th year in remission.

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