

Lying on a hospital trolley, I watched panels of light in the ceiling slide away above my head, faster and faster, as I was propelled towards a set of double doors somewhere beyond my feet.

I crashed through the doors feet first, and Oscar-winning actor JK Simmonds released my hand then drifted out of my field of vision. Then the director cried: ‘Cut!’

Two extras steered me wearily back to first positions for another take, and I had a few moments to reflect on the absurdity of the situation.

It was June 2018, I was in LA filming season 2 of the TV show *Counterpart*, pretending to be in need of life-saving surgery, pretending to have something very important to say, and not being able to say it.

But 27 hours earlier, I'd been on a real trolley in a real hospital – for a needle biopsy to discover the exact nature of a 7x4 cm tumour that had been growing in my pancreas for over 4 years.

Never before had art so closely imitated my life. Despite the ‘gurney-run’ being a pretty regular occurrence in TV dramas, in all my 50 years, I’d never actually been on one before. Rather like the 31 bus, you wait all your life for a stretcher scene, then two come along at once.

In a curtained area of Los Angeles’ Cedars Sinai Hospital, I lay on

my real trolley waiting for the real doctor to perform a biopsy. He sat down at the computer screen beside me and yawned audibly. I don't remember any yawning surgeons in ER, Holby City or House...

'You're an actress.' He stated rather than asked it, but I nevertheless replied,

'Yes.'

There was a pause.

'I've never heard of you.'

I don't usually mind NOT being famous. I have been close enough to stratospheric celebrity to see the disadvantages. While you may be able to play the parts you've always dreamed of, simple pleasures like eating lunch outside or going for a run without being filmed by a half-wit with an iPhone become an impossible dream.

But in an LA hospital, Not Being Famous seemed to be a problem.

If I were famous would he perk up a bit? Perhaps he'd be a bit more sympathetic about the four-year search that brought me to this Holy Grail of Diagnosis.

As I was struggling to think of a movie he might have seen me in, I fell into a deep anaesthetic slumber. "Sixth Sense?" I dribbled.

"Rushmore?"

A week later the same Professor of Endoscopy wrote me an equally abrupt email.

'Its malignant, neuroendocrine tumor/cancer,

Thank you'

You'd think, given this was private medicine, he might have afforded me an apostrophe.

In a way, the Gruff Professor's news was good news – GREAT news. I didn't have the most common pancreatic cancer, adenocarcinoma, but an operable neuroendocrine tumour called a VIP-oma. Not a 7 per cent survival rate over five years, but 80 per cent.

Several types of cancer can grow in a pancreas. Many are swift; the majority of pancreatic cancer sufferers die within months of experiencing the vaguest symptoms. In July you are playing on a beach with the kids, in September you have back ache. In October you are exhausted, in November your eyeballs go yellow, in December you are diagnosed and in April you are dead.

My rocky road to diagnosis had started four years earlier, in October 2014. After a long summer filming the tv series Manhattan in New Mexico, I was keen to catch up with old friends at a rambling house in the country. We laid into some bottles of fizz and the next morning my hands were red and so swollen my wedding ring didn't fit. My joints ached and my stomach was upset.

I went to a GP, who referred me to an eccentric old rheumatologist on Harley Street. The blood test came back. Lupus! he declared. Definitely Lupus.

But after a year of Lupus drugs and close scrutiny from a phenomenal NHS Lupus clinic, I was discharged from its care with a

note to my GP that I definitely DID NOT have Lupus, and a suggestion from the young doctor who had been assigned the job of moving me along, that my aches might be because I was hyper-mobile (they were astonished that I could touch my toes), my weariness due to stress, the redness and the upset stomach were possibly peri-menopausal and the fact that I got emotional at the prospect of being told there was nothing more he could do for me indicated I might benefit from a psychiatric assessment.

My resource-stretched GP unwillingly did a menopause test.

Negative. I felt bad for wasting her time and NHS money.

Another year later, the symptoms persisted and while filming *The Halcyon* in London I had tests for colon cancer and bowel cancer, both negative.

A little celebration each time for the all-clear, followed by a flare-up and a 4am realisation that I was definitely not well.

Between October 2014 and February 2018 I did 2 plays at the National Theatre and filmed in New Mexico (Manhattan), Los Angeles and Berlin (Counterpart) and the Isle of Wight (Victoria and Abdul). In each place, I saw a different doctor, but my symptoms were not continuous, so no doctor ever saw me when I was symptomatic. If they had seen the symptoms, would they have known I had a 1 in 10 million Vasoactive Intestinal Polypeptide Carcinoma? This is not the VIP that sashays down the red carpet drawing the attention of every camera lens. It grows slowly and

silently in a hard-to-reach organ and certainly would not be a diagnosis you would jump to at first sight, and very few doctors got to see me more than once. On the other hand, since one of the names for my tumour actually describes my symptoms ( Watery-Diarrhoea Hypokalaemia Achlorhydria Syndrome), is it wrong of me to think that a professional might have been able to work out the clue clearly stated in the title? But then, none of the symptoms (diarrhoea, low potassium, absence of stomach acid, bright red inflammation) show up unless the tumour is secreting its evil hormone at the very moment the test is taken... and all of the symptoms as I described them are deemed to be the natural state of any woman in her mid-forties, since being peri-menopausal seems to account for everything from acne to homicide.

By 2017, it began to affect my work. When I was filming, with a microphone strapped to my ribcage, extraordinary squelching sounds coming from my intestines were amplified around the building. Halfway through a scene, everyone would suddenly flinch and look around them wondering why there was the sound of a wellington boot being pulled out of mud in the middle of a domestic dinner scene. “That's me.” I'd say. “Sorry! Too many sprouts!” My makeup artist would stand and stare as a red wave crept up my neck and onto my face.

“What am I supposed to do with THIS!” she exclaimed, reaching for the foundation makeup reserved for covering tattoos and burn victims.

By February 2018 the symptoms became constant and unmanageable. I doorstepped a doctor to get a referral to a colonoscopy clinic. She clearly wasn't getting my descriptions of torrential diarrhoea, so in desperation, I took out a spectacular sample in a Bonne Maman jam jar, which caused her to reel back in horror and demand that I put it away.

I was truly bewildered by her response. Surely a doctor would be fascinated by this? And, let me tell you, it IS fascinating. My cancer is so rare, she'll never see a sample like that again. But the colonoscopy came back as normal, even though inches away, there was a cancer twice the size of a matchbox growing in my pancreas. Once again I retreated to that lonely place where you try and convince yourself that if only you weren't so stressed, if only you ate well and gave up coffee, sugar, alcohol and gluten, never ate at all after 6 pm and always did your meditation, the symptoms would go away.

In April the shoot moved to LA for three months and having tried 3 types of doctor (endocrinologist, gynaecologist, gastroenterologist) I made a resolution to keep going back to the same doctor again and again until she had run every test in the book. Every doctor's

appointment had to be negotiated with the production office, but since no one ever knows the filming schedule until late the night before, every appointment was a scramble, racked with guilt for keeping a hundred people waiting. I was so dehydrated by this time, the nurse had difficulty drawing blood for the myriad blood tests. My stool samples were sent by emergency courier packed in ice boxes to a special lab in San Diego. Many of the tests required fasting when I was already starving, then swallowing pints of luminous concoctions or blowing into a bag that measured your stomach bacteria. I would run out of the doctor's office like a bat out of hell, jump in the car and appear back on set with the cotton swabs still stuck on my bruised arms, dizzy with malnutrition. I was losing weight so fast that the costume department were refitting my costume every week, then every day. Just another junkie in Hollywood.

Finally a CT scan showed a mass taking up half my pancreas. When the gastroenterologist said the words “tumour” and “pancreas” in the same sentence, I assumed I was done. In my head I started putting together the sentence to tell my family. It went something like “I'm probably going to die very soon” - just saying it in my head made tears fall out of me like an overflowing bath. The doctor pulled me back from the brink. She said was pretty sure it wasn't adenocarcinoma. That was the first time I heard of

neuroendocrine cancer, VIP-oma and the slim chance that the tumour wasn't cancerous. I tried to call work and say I was on my way. The doctor took the phone from my hands, told production I wouldn't be going to work today and steered me across the road for a needle biopsy to double-check her diagnosis... which is where I found myself sitting on a real stretcher, in a real hospital, struggling to think of a movie the Gruff Professor might have seen me in. A week later, I was back on set, waiting for the biopsy results. The intervening week was strangely euphoric. In a state of glorious denial, I decided it definitely wasn't cancer. It was just a weird hormone-emitting lump that needed to be cut out. With a visible enemy on a CT scan I felt the thrill of someone released from jail when the real culprit is finally brought to trial. Wasting NHS time? Not guilty. Hypochondria? Not Guilty! Sugar-crazed alcoholism with self – induced IBS and criminally negligent work/life balance? – Not Guilty! Neuroendocrine tumour? – GUILTY GUILTY GUILTY. I didn't feel sad, I felt triumphant. I piled into action gathering information about the best treatment and the best surgeon and the best neuroendocrine tumour specialists, all of which could be found at King's College Hospital in London, a mere 45 minutes by tube from my home.

As I sat in my trailer learning lines for a particularly emotional farewell scene with JK, I received the abrupt email from the Gruff Professor.



My eyes landed on the word “Cancer” and there was a knock on the door. ‘Ready for you on set...’

I hate keeping people waiting. I headed out into the bright California sun, then the darkness behind the iron studio doors.

It is approximately seven minutes since I was told I had cancer. I stand on my mark, and Karsten, the Danish steadicam operator, stands very close to me, a camera strapped to his body. Through the lens, he has known my face for the two years we have been filming, every twitch, every smile, every tear, whether real or fake.

“You ok?”

I looked down the barrel.

“If I try to answer that question, there'll be no more filming today...”

Watching the scene back now I can see that my eyes are never at rest, as if I have waking REM. There is a muscle pulsing like a hammer in my jaw.

When JK starts the scene with a line of heartbreaking restraint, I grin like a maniac, and laugh. Not a happy laugh – a laugh like the sound wrung out of a dying puppy. I can't wrangle my emotions to be upset about the imaginary tragedy of the characters' lives. It's too absurd. The words drumming in my mind are not the lines of the script, but the words famously chiselled on Spike Milligan's gravestone, and I want to shout them loudly enough for all the doubters to hear. I was triumphant, embittered, sanctimonious, self-righteous, : “I TOLD

YOU I was ill...”

From that day to surgery is like a film on fast forward. Production were alarmed and generous and tremendously kind and tremendously scared. They scrambled to shoot the three months of my remaining scenes for series 2 in the six days before I caught a flight back to London for surgery. Most of those scenes were meant to be in Berlin, so Disney's Golden Oak Ranch was transformed overnight into an East Berlin Military Air Base, the entrance to LA Centre Studios became a Berlin hospital corridor and I enacted my own death in the back of a car being driven nowhere in front of a green screen. On June 26th I got on a plane and travelled from LAX to King's College Hospital. Plans I had made to fly home for my 50<sup>th</sup> birthday on July 26th became plans to make sure I saw as many friends and family as I could before the 7-and-a-half hour surgery.

A year and a half later, half my pancreas, my spleen, my gallbladder and a big chunk of my liver have been removed and incinerated and I feel great. An astounding laparoscopic surgeon at King's has left a scattering of small incisions, pleasingly symmetrical, across my body. My digestion is aided by artificial enzymes which I take when I eat. I went into the operation so happy that there was a solution, I didn't really entertain the idea that I might not come out alive. But in the intervening year I have learned more about pancreatic cancers, and

like the child pulled out of the path of a speeding vehicle, I am more afraid for my undiagnosed-self now than I was at the time, because it is only now I know that I was in a medical no-mans-land.

Once a cancer is discovered in the pancreas, the prognosis is so bad, the patient is sometimes moved straight to palliative care, without further testing – the only ‘treatment’ being to try and make the end as painless as possible. My NHS oncologist recently 'rescued' a patient with an operable neuroendocrine cancer like mine, who was already in palliative care, expected to die. Turns out I was lucky to be referred for a needle biopsy, however gruffly administered.

A journalist once asked me: so your advice is to demand a needle biopsy?

No, absolutely not. My advice is to campaign, with me, for early diagnosis. At so many points in my story I had blood tests, stool tests, urine tests that discounted a vast list of conditions. Why aren't pancreatic cancers on that list? It is the 4<sup>th</sup> deadliest cancer and the 9<sup>th</sup> most common cancer.

So after two major surgeries over 2 years, I am now cancer-free and living my best life. I can work and sleep, eat and drink, do yoga and dance, ride a bike or a horse. I am at a loss as to how to thank the team at King's College hospital, Prof. John Ramage who answered all

the difficult questions and quite a few stupid ones with calm compassion. Surgeon Krishna Menon, whose beautiful skills mean I can enjoy food without dreading the consequences of eating, and show off his laparoscopic handy-work by the pool in the delicate pattern of small scars across my abdomen. Wendy Martin, who booked scans and answered questions through lockdown when all staff were being diverted to the front-line Covid wards.

When asked to be an ambassador for cancer charities to help raise funds and awareness, I point out that since I wasn't famous enough to raise the interest of a man about to operate on my pancreas, what hope would I have of getting any valuable attention? "We're not asking you because you're famous. We're asking because of the... lack of survivors."

The reality is that the dead have no voice, cannot raise funds, raise awareness, or dress up as a penguin and run a marathon for their cancer. Other cancers show themselves earlier with a lump in the breast or discoloration on the skin or blood when you cough, and there are enough survivors, famous or otherwise, to make a noise about it. But Aretha Franklin, Steve Jobs, and Irrfan Khan aren't here to campaign for early diagnosis.

We are trying to raise money to help people who don't yet know they're ill. We're asking you to give them the thing I sought for four years – a diagnosis.

We need research to find a cheap, easily administered test, so that

when someone repeatedly comes to the doctor feeling a bit dodgy, neuroendocrine cancer can be discounted early.

If the test is clear, then by all means dismiss their fears by telling them, as I was told, that they are peri-menopausal, stressed or delusional, suffering from IBS, gluten intolerance, CIBO, Barrett's Mucosa, Lupus, Sjorgen's Syndrome or hypochondria.

I have a certain amount of survivor guilt. I cannot thank those who saved my life with sufficient words or gifts. I cannot thank those who, despite the lack of funding and the shocking statistics – continue to work for a solution - but I can pass their incalculable generosity forward by trying to raise money for early diagnosis for neuroendocrine cancer so all those people have a chance to fight, be bloody-minded and survive. Not just the VIPs.