



# Dr. Carol Wright

Faced with a hard diagnosis, the doctor becomes the patient, and goes right back to work.

BY BECKY ORR

**D**r. Carol Wright knew it was bad, even before she saw the ultrasound.

She was in deep trouble; the kind of white knuckle trouble that sucks the breath away and leaves your forehead damp with fear.

An ultrasound she had in December 2018 was proof of her suspicions. There was a reason for those vague waves of pain in her lower right abdomen. What had been a small mass there a few weeks ago had grown.

The tumor “was hard and immobile and you couldn’t see through it,” she said. It pulsed with every beat of her heart because it was pressed to her aorta.

Thoughts started racing as she assessed her situation. She thought of her husband, Paul Becker; their three children: twins Lewis and Lucerne, then 3 years old; and baby, Lenny, then 8 months old.

She thought about her career, what she calls her “dream job,” working as an emergency department doctor at Cheyenne Regional Medical Center.

But all that had to wait until she found out for sure. “I knew I was up against something that was really catastrophic.”

She had a CT scan and a biopsy followed the next day. She found out she had an intra-abdominal desmoid tumor, an extremely rare inoperable tumor. The tumor cut off blood flow

and was strangling her intestines and other organs. There is no cure, but chemotherapy could help manage it.

And so began Dr. Wright’s fight against the tumor. It also marked the beginning of her inspired effort to bring doctors and their patients closer together, to help them better understand each other.

She is happy to share her story because she has a unique perspective of being a doctor and a chemotherapy patient. She knows what a serious illness is like from both sides—including the fear that patients feel—and wants doctors to know it, too.

“It’s not really about me,” she said of her efforts.

Instead, she wants doctors and other health care professionals to remember “what brought us to medicine” even with the burnout and anxiety that exist in their professions.



Carol Wright, MD, FACEP holds her children Leonard, Lucerne and Lewis. She underwent chemotherapy for her cancer.

“I think it’s so easy to get burned out and we’re overworked and the system gets overstressed,” she said. “But I think there is always that moment to think—to remember the moment you got accepted into medical school, to remember the moment that could be you or your loved on the other side of the table.”

Dr. Wright puts people instantly at ease with her calm demeanor. She is level-headed, quick-thinking and smart, all qualities that enable her to thrive in the chaotic world of emergency medicine. Friends and co-workers describe her as a hard-working and talented professional who puts patients first.

## Hometown doctor

Cheyenne is an important place for Dr. Wright. She attended K-12 schools here and is a 2003 graduate of Central High. Her children were born here, too.

Her current work at Cheyenne Regional brings her back to the hospital where her interest in medicine took shape years ago. She became a certified nursing assistant at the hospital when she was in high school.

She was always interested in medicine but was not sure

about her direction. “One night, one of the nurses (at Cheyenne Regional) said, ‘You should try to be a physician,’” Dr. Wright said. “That was kind of neat.”

Dr. Wright did just that, earning her degree in psychology and honors from the University of North Dakota in Grand Forks, N.D. She attended the University of Washington through the WWAMI program.

She and her husband moved back to Cheyenne from Washington D.C. after she completed her residency in emergency medicine at George Washington University.

## Diagnosis

In October 2018, everything was on track for Dr. Wright.

Three weeks later, she was fighting for her life.

“You never think that at 34, three kids in diapers, you’re perfectly healthy, just had a baby—and I got told I had an inoperable tumor. It’s not at all on your radar,” she said.

October 2018, she was home resting after a lengthy shift in the emergency department, and happened to brush her hand over a mass in her lower abdomen. She had lost about 80 pounds, which can be a sign of problems. But she attributed those the after effects of losing the baby weight. By December, she realized the mass had grown.

She didn’t sound the alarm bells because there were no organs near the area of intermittent pain she sometimes experienced near her abdomen. The tumor also pulsed with every beat of her heart, which she later learned was because it was located near her aorta and spine.

A desmoid tumor is complicated because technically it is not a cancer since it doesn’t metastasize or spread. But it sends out “fingers” to other parts of the body and strangulates organs.

She wanted surgery right away. “I just wanted it cut out,” Dr. Wright said of the tumor, which measured about 6- by 7-centimeters. Doctors said the tumor was inoperable and recommended a course of hardcore chemotherapy to shrink it. She and Paul traveled to the University of Texas MD Anderson Cancer Center in Houston for a second opinion. Doctors there agreed with the chemotherapy option.

She received four rounds of the chemotherapy drugs Adriamycin and Dacarbuzene every three weeks at the CRMC center (faster than the strict eight-week treatment). Hers was near the maximum lifetime dosage.

“They call it the ‘red devil,’” Paul said of the concoction, a name that defines its color and toxicity. He became her helper at home, juggling kids and her condition.

“I don’t get scared of much but I was terrified to walk through the Cancer Center [at Cheyenne Regional] and know I’m going to start chemo. I was so sick,” she said.

The drug was delivered into her body through a port surgically implanted in her chest. Side effects landed her in the hospital three times. She suffered neutropenic fever and C diff sepsis. “After my third chemotherapy, I thought I was going to die.”



The chemotherapy ended in March 2019, but she didn't start feeling better until August of that year. "It took me a long time to recover."

Dr. Wright pushes ahead knowing about the risks of the illness. There is a 50 percent chance that a desmoid tumor can return. If that happens, she hopes to try a new drug.

Doctors weren't sure what caused the tumor, but there is some thought that pregnancy and elevated estrogen levels could be a factor. Her three children were conceived by in-vitro fertilization.

### Working overtime

Despite being so sick, Dr. Wright kept working. Dr. Amy Tortorich, a co-worker at the emergency department, said the staff had to tell her to take a break. "Even when she wasn't working, she was working behind the scenes," Dr. Tortorich said Dr. Wright started an ultrasound program for the emergency department.

"She has a beautiful heart, one of the most giving people I have ever interacted with. She interacts with her patients in a very real way. She is an amazing doctor. I really like working with her," Dr. Tortorich said, and added that Dr. Wright embraces the challenging and difficult cases.

### Sharing her story

Dr. Jeffrey Chapman is the chief medical officer at Cheyenne Regional. He asked Dr. Wright to talk about her experi-



Carol Wright, MD, FACEP and her husband, Paul Becker, RA, NCARB pose at the hospital before the birth of their twins, Lewis and Lucerne.

ences as a patient and a doctor at a gathering of about 100 local doctors. She also spoke to 300 members of the hospital's medical staff.

"There weren't too many dry eyes," he said. Her talk helped medical professionals better relate to the emotional side of what patients experience, he added.

Dr. Robert Monger, rheumatologist and Wyoming Medicine editor-in-chief, attended the doctors' meeting. "She told her story of being diagnosed and what it was like being a patient, which was one of the most amazing things I have ever seen. She was completely bald at the time because of chemotherapy and she was amazing," he said.

Dr. Wright said she chose to be bald rather than wear wigs. "I once had long beautiful blonde hair," she said. But her hair has grown back and she now wears it in a short, sassy cut.

"Carol is a super great young physician," Dr. Monger said.

Dr. Wright is not just WWAMI graduate, she also serves on the admissions committee for students interested in being part of the program. She can apply her insight as a patient when she helps select students for the program, Dr. Monger said.

### Emergency room doctor

Dr. Wright's four-year residency in a large metro area gave her a priceless experience in emergency medicine that helps her today. She treated shooting and stabbing victims, along with patients suffering from every other kind of emergency.

"You'd see everyone from the homeless to the third in line to the president," Dr. Wright said. "You get all ages, anything that comes through the door."

But "it's nice to be able to save someone's life and have someone be truly grateful for that."

She works mostly on the night shifts at Cheyenne Regional's emergency department. "I like the independence," she said. "The emergency room team is exceptional. You don't have to articulate what you need, and it's there, it's done. The people are highly competent and very caring. I am very impressed. I absolutely adore the people I'm with and I want to keep doing it."

Dr. Tony Hillier, who died last July in a motorcycle accident, worked at the hospital's emergency department for many years.

What happened to him raised questions for her. "Why did I survive when Tony was taken away?" she said. She concluded there was some greater purpose that she has time on Earth.

"I've been kept on this planet for some reason," she said, especially given that this cancer has a 50 percent mortality rate and that the tumor could return.

But she is happy for each day. "Even if I don't feel good or if a patient isn't happy, or a colleague isn't happy, I'm happy to be alive," she said.



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