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EIGHTEEN YEARS ago next month on a warm, sunny July morning I stood nervously at the main entrance of the Robert Wood Johnson University Hospital at Hamilton, just outside Trenton.

Putting aside my anxiety, I made my way to the pre-designated room where, following the obligatory paperwork involved in any medical appointment, I was told to relax in what resembled a leather easy chair equipped with one of those pull-up wide arm extensions found in high school classrooms everywhere in America.

Within a few minutes, a nurse in a brightly flowered smock inserted a needle into the crook of my left arm and opened a small valve on a plastic tube, starting the slow drip-drip of intravenous fluid.

Thus began my first chemotherapy treatment. Fifty-one more would follow — every Friday afternoon for the next year — as a part of a regimen which, combined with surgery six weeks earlier and oral medication, was designed to eradicate whatever caused the cancer that had invaded my intestinal tract and to prevent its return. Remission was achieved and I've remained cancer-free. I'm not cured, mind you, because a cure in the traditional medical sense doesn't exist. It merely means I don't have cancer at the moment. Maybe it will come back, maybe it won't. That's something people like me accept and live with. We think about it periodically, but we don't let it control our daily lives.

This personal experience has sharpened my interest in developments in cancer-related issues and I eagerly devour news stories of research breakthroughs, successes attained in treating specific forms of the disease, and the triumphs and tragedies of individuals dealing with it.

But, it was anger that bubbled to the surface recently produced by a survey of 250 cancer care doctors who reported a widespread shortage of cancer-fighting drugs has led to delayed treatment, use of less effective medications, and — in some cases — denial of treatment.

While the shortages were attributed in some measure to manufacturing capacity and quality-control issues, there emerged a troubling undercurrent of drug makers scaling back production of generic medications in favor of vastly more expensive brand name agents.

Suspicions arose that the drug industry created the shortage of cheaper generics to force physicians to turn to brand names, significantly boosting company profits. For example, one round of chemotherapy using the most popular generic drug to treat colon cancer (it was my treatment) costs about $28. The brand name medication costs $3,900 for one round, 140 times greater.

Dr. Keerthi Gogineni, a medical oncologist at the Abra 3urlu(-Cu.7(tx7(te5)d TJ30.725 0 TD.0014 Tc-.0042 Tw[asive)7.5(.)-4.1(They are)7.6(6)-8.3(a)7.6(f)-4.1(fectin)7.5(g th)

I want others to receive the same chance I did. When they stand outside the hospital doors or when they enter the chemotherapy treatment room as I did 18 years ago, they deserve the best that medicine has to offer.

The slogan “Cancer is a word, not a sentence” becomes meaningless otherwise.