

## Her Wedding

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Negotiating a crowded Chicagoland highway after a 13-hour workday was the last thing I wanted to do that Thursday evening. Yet the thought of spending a few moments before bedtime with my twin boys, who see too little of their father, made the drive seem more palatable. It had been a busy day filled with meeting patients, filling out paperwork, fighting insurance denials, and teaching demanding residents—one of those days when my pager refused to take a breath, denying me even the briefest of lunch breaks and running down its battery with constant chirping.

As I raised the volume of my car radio in an attempt to relax, my pager went off yet again. I returned the call to hear a hesitant intern apologize for paging me so late with a new consultation. I reassured her and asked if it would be appropriate for me to evaluate her patient the next morning. She replied fearfully, "I think so," then went on to describe a 28-year-old woman who had been admitted a few days earlier with abdominal pain and obstructive jaundice. Further evaluation revealed a pancreatic mass and numerous hepatic lesions consistent with metastases; a biopsy confirmed neuroendocrine histology. The intern told me that the patient had just received the news of the biopsy results and mentioned that all of her family members were in her room, anxious to discuss the next steps.

Waiting until the next morning to formulate a treatment plan for this incurable malignancy was certainly appropriate medically. As I hung up the phone, however, my thoughts were racing. Why had someone that young developed this disease? How would I tell a 28-year-old woman that no cure was possible? How would she plan her life going forward, and how would her parents and family cope? I knew our discussion could affect the way she planned every step moving forward; the news I would deliver would change not only her life but the lives of her family and friends, too.

I thought back to what my own life had been like at age 28—just starting my medicine residency, looking forward to what I hoped would be a successful career, my path ahead seemingly full of promise. But in my discussion with this young woman, I would need to review how grim her future might be. I could picture her family at the bedside: anxious,

upset, angry, and afraid. I knew that an immediate decision about treatment would not alter the course of her disease, but I began to think that maybe being available to them tonight could help in some way. Having a concrete plan and understanding more clearly what was ahead might at least ease a few of their fears and allow them some sleep. As I exited the highway and turned back toward the hospital, I called home and spoke with my little boys, who babbled over the telephone in their language, making sounds that I have grown to understand as a form of "good night." I realized that it had been 4 days since I had last seen them awake. My wife promised to show her solidarity by waiting for me to get back home before eating dinner, no matter how late it would be.

As I entered my new patient's room, I found her lying in bed with two family members sitting on either side. The rest of her family was gathered inside the room and right outside the doorway. Despite her jaundice, I noticed that she was beautiful. I introduced myself, and the patient and her family thanked me for coming in so late to talk with them.

I sat down and started discussing the basic facts about her disease and I noted that although her tumor was incurable, the histology might suggest an indolent course. I told her that with treatment, we would likely be able to gain control over the immediate issues of abdominal pain, worsening liver function, and jaundice. I suggested that we start with aggressive chemotherapy, hoping this would result in tumor shrinkage, followed by cytostatic therapies to try to maintain disease stability as long as possible. I reviewed some of the newer treatments that have been approved for neuroendocrine tumors, and I mentioned that some patients with this type of malignancy live for several years. Yet I asked myself silently: even if her disease were slow moving, with such a diagnosis at age 28, how many healthy, productive years of life would she lose?

Sometimes, luck sides with an oncologist and his patients, at least temporarily. The young woman I met that night had an excellent early response to initial chemotherapy, with resolution of her jaundice and pain. Within a few months, I was able to stop all cytotoxic chemotherapy and maintained her on monthly octreotide injections and daily oral

sunitinib. She returned to her full time job, her hair grew back, and its natural dark glow returned, and she seemed to be coping relatively well with having a chronic incurable malignancy.

On another busy Thursday afternoon, she returned for a scheduled clinic visit and mentioned that she wanted to share something personal with me. I saw a quick red blush as she told me, without looking me in the eyes, that her boyfriend had proposed marriage to her the week before. Shyly, she extended her hand to show me the shiny sparkle of her engagement ring.

I was overwhelmed with joy and happiness for her but not sure how to react. I congratulated her and wished her happiness. Yet as I exited the examination room, I kept mulling over the somber reality. She still had an incurable cancer. How was her disease going to affect her life, and would it interrupt her plans for the wedding? Did she truly understand what was likely to happen to her? I wondered how long this honeymoon period of disease stability would last before progressive illness took over. I also worried about her future children, should she wish to have them. Although such decisions were hers to make, I considered what I would have done in her situation. I am grateful for my children and think often of the blessing that they are as I watch them growing steadily in front of my eyes, but I am not sure that I would have had the courage to try to start a family knowing that I was likely not to see the children grow up, knowing that I would depart shortly after their arrival, and they would be raised by someone else.

Because I was unable to answer any of these questions, I decided that I should simply celebrate with her, enjoying the fact that she was happy and trying to lead a normal life despite her illness. I ignored my fears for her for a few more months until the day when she politely handed me her wedding invitation.

When the invitation came, I was torn inside. I fought back the tears gathering in my sleepless eyes. Part of me was happy to see that my patient's condition had responded to treatment long enough for her to consider getting married, but my knowledge about the likely course of her disease still depressed me. Neuroendocrine tumors are somewhat unpredictable, but the extent of her disease meant that whatever happy moments she would have would be brief, not long lasting. How would I answer her if she asked me about having children? Should I have discouraged her from getting married, given her guarded prognosis, or suggested counseling? While these questions were racing in my exhausted brain, I realized that my patient never truly asked my opinion. She simply told me what she wanted to do; her wedding invitation was a gesture of determination to show her love of

life and desire to move on. My questions might have reflected my own fears of leaving my children alone, but they bordered on the paternalistic as far as she was concerned.

The older I get and the longer I practice oncology, the more I recognize the deficiencies in my formal oncology training. Although I was taught well how to diagnose malignant disorders, order appropriate diagnostic studies, and implement standard therapies, I was not given enough guidance on how to handle common life scenarios such as this one. Maybe every physician handles these situations differently. We oncologists like to intellectualize, and so I tried to investigate what researchers have found or described about marriage and cancer. I found statistics on how being diagnosed with childhood cancer affects future marriage prospects; more cancer survivors stay single than their peers. I read about how cancer influences marriage rates in men and women differently. I learned that some cancers such as breast, brain, and ovarian reduce marriage rates in women more than other malignancies, and I wondered what this implied.<sup>1-3</sup> But although I uncovered plenty of statistics, I found no guidance to help me understand what an oncologist's responsibility might be regarding how to guide patients through these critical decisions.

If I am asked, I will discuss these issues frankly with my patient in the future. But for now, I want to enjoy that she is alive, happy, and truly living. I will put a mental block on the future possibilities and will follow her lead in just enjoying her presence and living in the present moment. I am sure that my patient will have a wedding filled with happiness and hope; she will walk down the aisle holding her father's hand; she will have a loving husband for as long as possible.

Later that day, I could not hold back my tears as I mailed my acceptance to her invitation. Her wedding, her plans, her life, and her eagerness to live—and the desire of so many other patients like her to go on with their lives as normally as possible, despite a diagnosis of cancer—are reason enough to celebrate.

#### AUTHOR'S DISCLOSURES OF POTENTIAL CONFLICTS OF INTEREST

The author(s) indicated no potential conflicts of interest.

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