

To Whipple or Not: Choices in Cancer Treatment

The editors of *AFP* welcome submissions for Close-ups. Guidelines for contributing to this feature can be found in the Authors' Guide at <http://www.aafp.org/afp/authors>.

Close-ups is coordinated by Caroline Wellbery, MD, Associate Deputy Editor, with assistance from Amy Crawford-Faucher, MD; Jo Marie Reilly, MD; and Sanaz Majd, MD.

A collection of Close-ups published in *AFP* is available at <http://www.aafp.org/afp/closeups>.

After dealing with stage IV pancreatic cancer for about 10 months, I was told that I might be a candidate for the Whipple procedure, a major abdominal surgery to remove tumorous parts of the pancreas, maybe half of my stomach, my duodenum, parts of my liver, and any other suspicious areas.

The Whipple procedure is the only known cure for pancreatic cancer and is usually performed on patients with cancer that has not spread beyond the pancreas. Once pancreatic cancer starts moving to other organs, the thinking is that it has likely spread throughout the body, whether it is visible on a scan or not. In a typical stage IV case, like mine, patients are given an average life expectancy of three to six months and are treated with palliative chemotherapy in the hope that the cancer can be slowed; however, it is almost always lethal fairly soon after it has metastasized.

I became a candidate for the Whipple procedure because I survived 10 months after diagnosis—I currently feel pretty good—and CT and MRI scans indicated that the tumors in my liver and pancreas had diminished. Because the surgery is the only known cure, I was sorely tempted to go ahead with the procedure, although it was possibly life-threatening.

The surgeon who was to perform the procedure is experienced and would have been assisted by one of the best teams in the country. When he said to me, “It’s actually a really easy choice,” I took him to mean that I should follow my heart. Instinctively, I felt that he was telling me that more harm than good would come from this procedure. I decided not to do it and to take my chances while my health remains good rather than perhaps die after a tough recovery from the surgery. At this point, all I know is that I feel well enough to get around and carry on. What more can anyone ask for?—SAL LAUGHTER



COMMENTARY

I met Sal in my dentist’s waiting room. We started chatting about writing fiction, and I learned that he was an author. When I mentioned my teaching job in a medical school, Sal confided that he had pancreatic cancer. This brief, powerful encounter led to an exchange of e-mail addresses. It seems like the waiting room is an appropriate metaphor for the human condition: Instead of just waiting, take the time to connect, share, and make the most of the fleeting moment.

CAROLINE WELLBERY, MD

RESOURCES

For patients

American Cancer Society
<http://www.cancer.org/cancer/pancreaticcancer>

Pancreatica
<http://pancreatica.org/>

For physicians

National Cancer Institute
<http://www.cancer.gov/cancertopics/types/pancreatic> ■