Surgery Case: Red Room

A 68 year old real estate agent with new-onset jaundice is found to have a large pancreas mass which the radiologist says he is sure is classic pancreas cancer. He also notes a few spots in the liver which he is concerned may represent spread to the liver.

The primary care doctor refers the patient to an oncology group which schedules a biopsy before the patient is to be seen by an oncologist (a routine practice to ensure the oncologist is dealing with the correct cancer type). During the biopsy, the patient asks the radiology technician, why is the biopsy procedure being done and her replies "to know what it is". The patient is confused because she was told that is looks like a classic pancreatic cancer on the CAT scan, but the certainty of that diagnosis was not clear to her.

She undergoes the liver biopsy, which indicates that the liver spots are benign cysts. The patient is then called by her PCP who tells her she is being referred to a gastroenterologist to weigh in on next steps. The patient then is told to have an endoscopic ultrasound-guided biopsy of the pancreas. When she is asked what might happen if she doesn't have it done, she is told "you could die." And then lectured that she and the doctors "need to know what it is".

The biopsy confirms cancer in the pancreas. A referral is made to a surgeon who points out that it is not removable and he refers her to an oncologist for chemo and radiation, although she is not excited about the option of this treatment, having witnessed a neighbor suffer during chemotherapy treatments. She finally felt comfortable asking all her questions to her oncologist. She asked what the average survival increase is if she takes chemo and radiation versus if she does not. The oncologist told her that studies show that patients who take chemo and radiation will live 2 months longer than patients who do not. She elected to not have the treatment, and she died one year later.