Month 100 — The Language of Cancer

We try to be the best navigators possible, conserving as much fuel as we can for the full journey. But *we* don't control the length of the detour; cancer does.

March 11, 2019 By Dan Zeller

It's interesting how much media coverage there is when a celebrity announces his or her cancer diagnosis. Last week, Alex Trebek, host of the syndicated game show, *Jeopardy*, announced that he had been diagnosed with Stage 4 pancreatic cancer. In his announcement, he was quite optimistic that he was going to "fight" this and "win."

Mr. Trebek's use of those words led to an article in the Chicago Tribune by Heidi Stevens, "With Alex Trebek's announcement comes unease over the words 'fight' and 'win' applied to cancer." It's an interesting take on the topic and one that resulted in quite the debate on social media.

The subject of the article, Sheila Quirke—who lost both of her parents and four-year old daughter to cancer—put things in simplistic terms. She suggested that some people turn the discussion into a binary choice—you're either a winner or a loser—and that, by dying from cancer, there's an unspoken implication that the patient is a loser.

I can't say that I've heard anyone imply that someone who has died from cancer is a loser. Ever.

I never liked using the language of "battling" or "fighting" cancer because, as Ms. Quirke said, it can be overly optimistic and implies that we have control. The pragmatic part of me says that we're merely managing our cancer, reacting to the latest test results. Sure, we can and do have control over our treatment decisions and our attitude but, in the end, it's the cancer that is always dictating the next chapter, even if our treatments have led to no evidence of disease.

That doesn't mean that I'm a defeatist. I just don't like to sugar-coat the facts. It's simple: I was diagnosed with prostate cancer. I pursued a treatment option. It apparently failed. I'm monitoring my status and evaluating next treatment options. That's it. No battle, no fight, no war. That's what works for me.

Given my propensity for travel, perhaps we can replace the war metaphor and language with that of a lifelong road trip.

We start our journey on this planet with a full tank of gas and infinite different route choices on the day that we're born. Our goal is to make the gas last as long as possible to get us to our destination at the end of our days.

But then cancer comes along and diverts us off of our chosen path. We're forced into unmapped territory, not certain of how long or how dangerous the detour may be. We educate ourselves as best we can, and we choose different routes along the detour that we think will work best for us. If we're lucky, we choose a route that gets us back to the main highway safely and conserves as much fuel as possible. (We may need new shock absorbers and an alignment because of the bumps along the way, however.)

If we do make it back to the main highway and are enjoying the scenery on cruise control, cancer can throw another detour miles down the highway, sending you down Recurrence Road. Again, we educate ourselves and select the best route that we think will get us back to the main highway as quickly and efficiently as possible (and hope the repair bills this time aren't as expensive as the last detour).

We try to be the best navigators possible, conserving as much fuel as we can for the full journey. But we don't control the length of the detour route; cancer does. For some, that detour may be only a mile out of the way; for others, the detour may be 100 miles out of the way. That means that some will run out of gas ending their journey sooner than others.

One wasn't a better navigator than the other. It's not a failure. It's not a loss. It's just our reality.

But each cancer patient's way of dealing with this disease is different and, if saying that you're battling cancer and you're going to win works for you, by all means embrace it and shout it from the rooftops.

Language about cancer means different things to different people, and I do agree with the premise that we need to be aware of and sensitive to that fact when we choose our words with cancer patients. My heart goes out to Ms. Quirke for her losses.

We're coming up on my next PSA test in a few weeks. My schedule may have me going a week earlier than I would have otherwise gone, but that should be no big deal. (Yes, I'm OCD enough to try to keep the spacing between my four-month test cycles within a day or two of each other to facilitate calculating PSA doubling time.) I'll probably go early in the last week of March, assuming my wacky work schedule that week permits me to do so. My PSA tracking spreadsheet is predicting a value of 0.14, up from 0.13 the last time. Wagers, anyone?

I will say that, throughout the week since learning of the death of our fellow blogger Jim last weekend, I've been pretty reflective on how I've been approaching my own increasing PSA. I don't know that I have any answers, and the PSA test results at the end of the month will certainly bring the topic to the fore once again.

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