

A Good Way to Get Bad News

July 11, 2022

This morning I tried to donate my kidney. This afternoon the transplant team told me I can't. I have cancer.

Yes, this is bad news. But I was also lucky. It could have been much worse.

I've been trying for several years to donate. It seemed like the right thing to do. I was rejected a decade ago because of my gastric bypass. Transplant surgeons have since gotten more comfortable with donations from bypass patients. My bypass stopped being a hard barrier at North Carolina, Chapel Hill, which is my nearest transplant center. I was scrutinized before getting a green light: blood tests, urine tests, psych tests, and a kidney ultrasound. I had to fast, then drink a drink so cloying I nearly vomited. I had to lose twenty pounds and get off my high blood pressure meds. That took me almost a year, but I got there.

Then the kidney doc rejected me because I was prediabetic. Frustrating. I tried Georgetown University. They rejected me. I tried Duke. Rejected again. I remember thinking, *It shouldn't be this hard*. Shouldn't donation be an impulse buy? I didn't want to have to be brave more than once. I don't like pain. Each polite *no* was a chance for me to chicken out. But Duke's polite *no* wasn't final. They would take me if I lost even more weight and got my blood sugar under complete control. Over the next year I dropped another fifty-five pounds and nailed my blood sugar. I came back to Duke. They accepted me as a living kidney

donor. I was excited but a little scared. Today I went in for final screening. That screening probably saved my life.

Duke's final donation screen is an abdominal CT scan to confirm I have two kidneys. Some people don't. On that scan, the radiologist found not one but two tumors. One is a renal-cell carcinoma in my right kidney. The other tumor is on the part of my small intestine that's no longer hooked up. This tumor is a duodenal GIST. A GIST is a gastrointestinal stromal tumor. It's a tumor of the cells around my intestines.

That the two tumors are different kinds tells me they are probably unrelated to each other, rather than being one cancer that spread to two places. I know that much from my molecular biology training.

I may, however, have a genetic disease. A genetic disease could cause multiple tumors. I hope I don't have a genetic disease. I wouldn't want my DNA to put my kids at risk. I'm hopeful it's just random chance that I got two different cancers.

This is what's lucky: My tumors would have been vanishingly unlikely to catch without the CT scan. I have no symptoms. Kidney tumors kill because they have no symptoms . . . until it's too late. My intestinal tumor normally would have blocked my digestion or been spotted by a doctor looking down there with an endoscope. But that part of my intestine isn't hooked up. The tumor is in the bypassed parts. I had endoscopy less than a month ago. The doctor saw nothing. Today's CT scan was the only realistic way to find these tumors early. That's the incredible luck to it.

What's next for me? The tumors have to go. That means surgery. I may also need targeted oral chemotherapy. I'm hopeful that I won't need harder, broad-spectrum chemo. If my tumors were really caught as early as I hope, the five-year survival for each is over 93%. I looked it up. My job is to advise life-science companies on new drugs. I know where to find such numbers.

What about the remaining 7%—the part where I don't survive the next five years?

I'm fifty years old. I'm not ready to die. Far from it. I have seven kids. My older kids are adults, but my youngest, Annelise, is twelve. I'll have to treat myself as though I were one of my pharma clients. What's the best treatment for my cancer? Is there something better in development? This is the kind of problem I'm used to solving on behalf of others. I'll have to think for myself this time.

My transplant team is handing me off to the surgeons. They will excise my tumors as soon as Duke can schedule things.

Ninety-three-percent odds of surviving the next five years aren't quite as high as those of the average fifty-year-old. They aren't quite as high as I would like. But they aren't bad.

Forgive me. I'm cheating a bit as I write this last part of this first chapter. Three months from now—for reasons that will become clear—I will realize I should write down now what I want my kids to know later. I have gathered up the life lessons, adages, and reflections that helped me endure hard times and avoid harder ones. I am putting these inspirations to paper now in case I'm not there later to say them myself. They are my messages in a bottle. I will toss them into the flood of the future. You've uncorked my bottle. I hope a message you unfurl will help you when you need inspiration. That will be enough.

See your good luck.

You'll meet people who mutter about how unlucky they are. Life dumps on them. It's so unfair! These people are unhappy. Worse, they don't learn from their mistakes. If every bad result comes from bad luck, then they never made a mistake in the first place. They can't learn from their mistakes. Nobody can learn to live a life free of bad luck. The way out of this mental trap is to see when we are lucky. Really see it. If we don't fall in love with our own greatness, if we see when our success is merely good luck, we can feel better about our luck sometimes being bad. Bad luck isn't life dumping on us. Bad luck is just the coin coming up tails this time. When we see our good luck, the pupil of our mind's eye dilates. We see things in a different light. We can see when we legitimately earned our success. We learn from earned success. We can also see more clearly why we fail. Sometimes we fail because of bad luck. Other times we fail because we made a mistake. If we can accept our mistakes as mistakes, we can learn from them too.