



## The Latest in Fighting Blood Cancers and How You Can Help

AM 570 KVI

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Dr. H. Joachim Deeg

Wayne Mangan

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### **Andrew Schorr:**

We're live on KVI. Andrew Schorr here ready to give you a great Patient Power. I'll introduce you to a Tacoma man who had a blood test, and it turned out to be leukemia. We're going to find out the latest on fighting cancer, fighting blood cancers, this gentleman's incredible story, and how you can make a difference for him, for yourself, and for our future. It's all coming up live next on Patient Power on KVI.

### **Andrew Schorr:**

Good morning and welcome to Patient Power wherever you may be around western Washington, we're here in Seattle, or around the world on the internet, thanks for joining us. I'm Andrew Schorr and so delighted to be here live, yay! I've been in 10 countries over the last month, and I'll tell you about that as we go along, and I've seen a lot. So, we've had some replays. We've had some programs that were pre-recorded. Next week on Patient Power, it will be a pre-recorded program, but it's one I did on the Holland American cruise ship MS Rotterdam talking about health and medicine at sea, and that is fascinating, and the world is now open to people even with a variety of chronic conditions and infirmities, so go forth. I'm so delighted we did this with my family. As always, I want to thank our regular sponsors, University of Washington, Harborview Medical Center, Seattle Cancer Care Alliance, Swedish Medical Center, the Senior Guidebook; thank you so much for helping make this program possible. This is the only program, honest, on radio, on the internet, anywhere, week after week we've been doing it for 3 years now; where we talk about very significant health conditions. Not trivial stuff. Nobody's trying to sell you anything. Don't call an 800 number; there's no product to buy. This is connecting you with leading medical experts and inspiring patients.

So, as the lady said, Carlene our announcer mentioned, I'm an 11-year leukemia survivor. I was in a clinical trial. It made a big difference for me, and I'll see my doctor this week, but hopefully the blood tests continue to say no sign of leukemia. Well, it doesn't always work out that way, but there's been tremendous, tremendous progress. I'm on the board of the Leukemia and Lymphoma Society for Washington and Alaska, and later on we'll be talking about how you can help them and help cancer research and some events coming up, but first I want you to meet someone. Someone not unlike me who one day isn't feeling well and gets a routine blood test and it comes back abnormal. Wayne Mangan, 50 years old, from Tacoma. Wayne, welcome to Patient Power.

**Wayne:**

Thank you, Andrew, and thank you for having me on your show. I really appreciate it.

**Andrew Schorr:**

Well, thank you sir. So, there you are, a man with 2 kids, you've been in the building supply business for many years with BMC West, and you're an active guy. I know you've told me you were on the treadmill all the time with one of your kids, and you were getting tired. So, you go to your family doctor, have a blood test, it's Memorial Day weekend two years ago, and then when he asked you to come by his office, what did he say?

**Wayne:**

Well first of all, when he asked me to come by the office, my wife said, I want to go with you. I said, no sweetheart, it's going to be okay. It's probably high blood pressure or something, so it can't be that big a deal. Boy, was I surprised. When I went in, I had Dr. Michael Johnson, my general practitioner, he was going over my results and he was talking about everything else, but he was very nervous; he was fidgety; and I knew there was something else wrong. So I asked him, I said, doctor, there's something else wrong, isn't there? And he said, yes, and he sat there, and he sort of looked down at his feet, and I said, it's cancer isn't it? And he looked up and said yes, and I said, well, there are six kids in my family. My parents have six children, and I will be the third one now with cancer. I said I had a sister who died at 33 with breast cancer, and I have another sister, Connie, who has ovarian cancer. So, unfortunately, I sort of suspected it, but I didn't want to admit to it. But it was so hard, because he said I was the first one he ever had to tell that he had cancer. He's a young doctor, so actually I felt bad for him, but that's how it got started. He had tears in his eyes, and of course I had them in mine, and I had to come home and explain it to my wife what was going on, and boy that was a tough deal because it's such an emotional moment telling people that you have a terminal illness, and you're doing the best you can to deal with it, and it's tough.

**Andrew Schorr:**

Yeah, I've been there, Wayne. I've told the story too. I remember calling my wife and said remember that blood test I had with Dr. Littlewood in the Factoria area of Seattle, and he had said, well, I'll only call you if it's something serious, and then the next day he called. I didn't even, you know, I'm not sure I heard the exact words. I just knew just when Dr. Littlewood calls you, it ain't good, and that was the case then, and then taking a walk in the park on a sunny spring day with my wife Esther, and I'm sure you felt this way, because we had younger children, I was 46, that our future had been ripped away from us.

**Wayne:**

Exactly.

**Andrew Schorr:**

You know, the years, later retirement, whether it's going fishing or taking a cruise like we just did, or whatever, would never happen. Well, first of all, I think we should point out, Wayne, that we are two years later, and you're still with us.

**Wayne:**

That's correct.

**Andrew Schorr:**

It is 11 years later, and I'm still around. Now, you've had a rougher go, and it turned out to be chronic myelogenous leukemia, right? CML.

**Wayne:**

Correct. Exactly, yes.

**Andrew Schorr:**

Okay, and the other thing is though, that timing is everything. I've said it so often. If you believe that there is medical progress, what you have to hope is when you are diagnosed with something super serious, as Wayne was or I was diagnosed with something I don't think quite as serious but certainly scary, you have to hope that maybe medicine at that time is synchronized with you and has something to offer. In your case, there was a newer medicine, Gleevec, and we've talked about it on this program, a pill that we'll learn about more, that could try to repair the damaged cells, right?

**Wayne:**

Right.

**Andrew Schorr:**

So, you would produce good cells rather than cells that were just junk, if you will, and could screw up your body, if you will. And you've had that and then you've had another one. So, we're going to talk about that to give people hope. So, you were initially put on Gleevec, right, and it worked awhile, right?

**Wayne:**

That is correct. I was tested with 20 per 20 cancer cells, which obviously is the worst situation that I believe you can receive is knowing that the cancer is that strong, and we started on Gleevec, and I was on Gleevec for I believe about 6 months, and Gleevec showed some fantastic results. It started bringing us down, I think it got down as low as 5 or 6 out of 20 cells, and things were looking really

good, and then all of a sudden it stopped working. I don't know if I developed a resistance to it or what, but it stopped working.

**Andrew Schorr:**

We're going to learn about that with our medical expert in a few minutes, and then it was recommended by your medical oncologist in Tacoma, Dr. Frank Senecal, who we have had on the program too, for you to consider a clinical trial, correct?

**Wayne:**

That's correct. He sent me up to a good friend of his, Dr. Stephen Petersdorf...

**Andrew Schorr:**

Right.

**Wayne:**

From Seattle Cancer Care, and they started me on Sprycel, which was a Bristol-Myers Squibb trial drug at the time.

**Andrew Schorr:**

Right, and the whole idea of Sprycel was to help people who had become resistant to a drug like Gleevec.

**Wayne:**

Correct. Exactly.

**Andrew Schorr:**

And how did that one work?

**Wayne:**

Well, it started out really well until about six months ago, and then we had a pretty significant increase in the cancer cells. Then, Dr. Petersdorf, being in contact with Dr. Michael Mauro from Oregon Health and Sciences University, talked about it, and I went down and had a 2nd opinion, and he said why don't we stay on the Sprycel and see what happens because our concern was that if it moved again as much as it did last time is that it didn't look real good for me, he said possibly six months to a year it would be full fledged, and once it's full fledged, we can't slow it down, and the typical lifespan is 3 months or so. So, we went down there, and Dr. Mauro said let's stay on the Sprycel and let's see what happens, and we did, and the last bone marrow test is sort of showing it dormant or flat, and that's the best thing for me; thank god for that.

**Andrew Schorr:**

Right. There's a lot more to this story folks. We are going to tell you how Wayne has been transformed as many people afflicted by serious illness are, and you can,

you know, put your head in the sand or go home and wait for further bad news, or you can fight, but you can also do something for others, and Wayne has been tremendous at that helping expand the bone marrow registry. We're going to talk about that and whether it's in his future. He's probably saving lives along the way, and we'll get you to tell about that, and also very active in the Leukemia and Lymphoma Society in really being sort of the poster adult, if you will, for our fight coming up this fall in helping to raise money for blood cancer research in particular. It's all coming up as we continue on Patient Power. We're also going to meet a leading medical oncologist and researcher from the Seattle Cancer Care Alliance and Member of the Fred Hutchison Cancer Research Center, Dr. Joachim Deeg. He is with us in the studio. We will take your calls about cancer research, how it can make a difference for you; and how Wayne; we're going to give him a chance to inspire you further. Okay, the numbers to call are 206-421-5757 and 888-312-5757. We're live. You're listening to Patient Power on AM570 KVI.

**Andrew Schorr:**

Welcome back live on AM570 KVI, Patient Power. Andrew Schorr here back from throughout the Baltic. You know, for those of you who live around Seattle, you know in the Ballard area of Seattle there are a lot of people from the Scandinavian countries, so I kept thinking of them as I was in Oslo, as I was in Stockholm, as I was in Copenhagen, you know I was saying, well I've seen that last name around Ballard, you know?

So, here we are now back in Seattle delighted to be here and to really go on with our work, and that is to connect you with leading experts, inspiring patients, and whether or not you're touched by a particular condition, there are lessons to be learned, and I think Wayne Mangan from Tacoma brings us several lessons. So, we were hearing earlier about how Wayne one day was told he had a serious blood cancer, CML, chronic myelogenous leukemia. Fortunately there were some very new medicines that could try to repair the genetic damage that was done to his cells that was just cranking out this blood cancer cells and hold that at bay, and so far so good. It's been up and down, as we heard, and also that Wayne is participating in a clinical trial, as I have, and that both advances knowledge and it's also given him access to newer therapies that for now have been working. But Wayne, you know that like with this newer experimental medicine, Sprycel, that's been not perfectly take the pill and your better, and so one of the approaches that's traditionally been done in leukemia, and it was really invented here in Seattle; and we'll meet one of the leaders and he has been on the very ground floor of it, Dr. Deeg, in a minute; is bone marrow transplant, or basically trying to regenerate the immune system, particularly with a donation of cells from someone else who's a match.

So, you've looked into it, right? Has there been a match that's apparent for you?

**Wayne:**

No, there has not. We don't have a suitable match, so my fellow employees at work decided to run a bone marrow drive for me, and it was just absolutely amazing the response that we got. In fact, at that point in time I believe it was the third largest in the state, and people shut down their offices and sent all their employees over because when you work at the same location for 29 years, or back then it was 27, you develop a lot of relationships, a lot of loving and caring people. So, they basically shut down their offices and the first bone marrow drive we had, we ended up with I believe just shy of 400 people. My company paid for everything.

**Andrew Schorr:**

That's BMC West.

**Wayne:**

Yes, BMC West.

**Andrew Schorr:**

Yes, let's give them credit. And what happened, the idea was people could have a simple blood test, right?

**Wayne:**

Correct.

**Andrew Schorr:**

To type their blood cells basically and then put that in a registry and see whether it might match somebody where their immune system has failed, correct?

**Wayne:**

Correct. And back then we had to draw blood. Of course now it's just a simple cotton swab in your mouth for testing, so much easier. Oh, thank god for the innovation and technology of that.

**Andrew Schorr:**

Now, from what you've done, there were some matches made, correct?

**Wayne:**

Yes, we've had, now we're up to 15 potential matches, which means people are actually 100% matches for others, and out of that, 4 people have already gone in and donated. In fact, one went in last week, which was wonderful. And the other ones, basically, some of them are assigned and they're waiting, and other ones are told they're 100% matches and as soon as the person is ready for a transplant they'll be calling. So, it's been wonderful. You know, part of this too is that because of what we were doing, we ended up breaking the state record three times, is they did an article in People Magazine about what we were doing, and because of that I

get people who call me from across the United States saying could you help save my daughter or my son? Would you run another drive? And so on and so forth. Of course we can't do it, but the community working together can. The response has been absolutely awesome of the people in Washington State.

**Andrew Schorr:**

Well, my hat is off to you Wayne. I think people though are waiting to hear; has a match been found for you?

**Wayne:**

Yeah, there is no match that's been found for me, no. But, you know what? Since we've started this, we've lost four children; a year and a half, an eight year old, and a five year old, and all young ladies unfortunately.

**Andrew Schorr:**

People waiting for matches?

**Wayne:**

Who were waiting for matches. And so, I think that I've seen enough children die and you know what? We're waiting for technology to come through, but in the meantime, let's get on the registry. I'm always shocked when I've heard the statistic that when you're called in the United States and asked would you be willing to donate your bone marrow, 65% of the people who are on the registry who are called said yes. You know in European countries it is 95% say yes, and I always ask people is that because they're a more loving and caring people? I don't think so. I think they're better educated than we are, and so that's part of my mission.

**Andrew Schorr:**

Well, we're going to talk more about that. So I want to tie this together with what you and I, and our devotion to the Leukemia and Lymphoma Society. So, coming up, I just want to check the date here. In September and in October are the Washington, Alaska Light the Night walks, and I just shed a tear thinking about it. Here in Green Lake it's going to be September 15th this year. Hundreds and hundreds and hundreds of people, many personally touched by a blood cancer like mine or like Wayne's or my friend Seth who has lymphoma, walking around Green Lake for family and friends or just other people who want to help. And they've raised money, and they do this walk. Usually it's a lovely Saturday evening, and we walk around Green Lake in Seattle or they do it on Ruston Way, which will be October 6th this year in Tacoma, or in Olympia October 6th, and even up in Alaska now. And also this year for the first time at the Tulalip Amphitheater September 15th as well. And they have balloons, and I forget which color it is, Wayne, is it while for survivors I think?

**Wayne:**

Yes, white's for survivors, red is for supporters, people come out who are supporting it, and then there are gold now, which is for the memory of someone.

**Andrew Schorr:**

Right. And they have little light bulbs in it, and so here in the twilight, and what I want people to know is, there are more and more white balloons.

**Wayne:**

Yes.

**Andrew Schorr:**

There are more and more of us survivors, and when you hear about the medical progress that, Wayne, you're the honorary chairperson at this, this year, and I could not think of anybody better with your devotion to it and also you're on the cancer journey where hopefully medical research will continue to stay ahead of you, whether it's techniques in bone marrow transplant or another medicine that can keep your leukemia at bay because I want you around for Kathy and your two boys and all those folks at BMC West and all of us for a long time.

We're going to take another break. Wayne' we'll have you back as we continue the program, but we want to visit with Dr. Joachim Deeg from the Seattle Cancer Care Alliance, UW, and Fred Hutchison, and understand the science and where we're headed with this, and again his own views on whether you're touched by this or not, of you out there in the listening audience can make a difference. We'll be back with more of Patient Power in a minute on AM570 KVI.

**Andrew Schorr:**

Thanks for being with us this kind of gray Sunday in western Washington. Hopefully we'll get some sun later on. I know there have been complaints while we've been gone that it's been sunny during the week and not on the weekends, but I know that's going to change, and we still have some beautiful weather to come. As I was traveling, you know, I just kept thinking about how beautiful it is back home, but if you ever get a chance to go to some places like Oslo or Stockholm or a number of others, they're just, Stockholm and that cruising out of there is just a gorgeous area, really beautiful, and I urge you to take a cruise like that sometime.

We're going to continue our discussion on really how you can make a difference as we have our cancer fight, and I want you to meet, who's with me in the studio, Dr. Joachim Deeg, and he is originally from Germany, but he has been here in Seattle early on the ground floor of all the progress that's been made in bone marrow transplant with all the great folks at Fred Hutchinson Cancer Research Center. He has been here since 1976, Dr. Deeg, So here we are. We've heard Wayne's story, and he's hoping if the drugs don't continue to work and should he need a bone



marrow transplant that there would be a match. His folks where he works, BMC West, have been typed, and everybody wants to help, and that's a drive around the world, but you've seen a lot of progress since 1976. Back then, you know, many people didn't survive transplant, and I think now most people do, and you're able to match a much wider group of people. So, you've seen a lot of progress along the way, I'm sure.

**Dr. Deeg:**

Yes Andrew. There has been progress, but as we can see in Mr. Mangan's case there are still lots of hurdles, and not everybody is benefiting from that progress. I think the major advance, certainly, that I can oversee as far as transplantation is concerned is that of the development of unrelated volunteer donor registries; go out in the community, as our patient has also been doing, and recruit individuals who would be willing to donate hemopoietic stem cells as needed for transplantation for anyone, a stranger they have never met, rather than relying exclusively on family members as was done initially, specifically siblings, brother or sister, who were genetically matched for those antigens that count or that we focus on, the so-called HLA antigens.

**Andrew Schorr:**

Yes. Let me pop Wayne on here for a second. So Wayne, you said you are one of six brothers and sisters, so they've all been typed, right?

**Wayne:**

That is correct.

**Andrew Schorr:**

And what did it show?

**Wayne:**

Well, no match unfortunately. In fact, three of the siblings all matched each other, but no match for me.

**Andrew Schorr:**

Okay. So, I think Dr. Deeg is making a really important point. So now with a simple little swab of your mouth, the inside of your mouth, they can get the DNA and type you, okay? And often people do it, as Wayne's family did it or I'm sure a lot of people at BMC West, to help you Wayne and see could we match Wayne? But maybe it wasn't a match for them, but it could be a match for someone else, so the call they may get someday is going to be, you know, it's not for Wayne or that person you were originally seeing were you a match for, but it is for somebody you don't even know in New York or Pennsylvania, or Bellingham, or wherever, and we hope that you can help. And if that call comes, Dr. Deeg, what's involved in being a bone marrow donor?

**Dr. Deeg:**

Unrelated bone marrow donors are completely evaluated, separately from the transplant center, even if we have a patient, let's say, who is a donor here in the Seattle area, a different team of physicians would evaluate the patient in order to avoid any conflict of interest or pressing for donation or what have you.

**Andrew Schorr:**

Yes.

**Dr. Deeg:**

The donor is first re-interviewed, since the donor was interviewed initially to register, which may be some time ago, to make sure there is indeed a commitment still to serve as a donor, then a physical examination and history update will be obtained to make sure that nothing has happened to the donor that might prevent him or her from being a donor, and if the physical examination also turns out to be okay, then in coordination with the transplant center, a date will be set for the transplant, hopefully fitting both the patient's disease course and, importantly, the volunteer's schedule. And then the donor will come in on the agreed-upon time, and the cells will be harvested, either bone marrow or cells that we mobilize from the bone marrow and harvest from the peripheral blood.

**Andrew Schorr:**

And so let's take the peripheral blood idea. It's basically like you're sitting at, I have this view, of almost like a dialysis machine where your blood goes through a machine, it's kind of skimming the cells, and then it takes those. You're still healthy. It doesn't affect your health, and then you're on your way.

**Dr. Deeg:**

Yes. A typical approach now is to treat the donor for about five days with one of the growth factors, G-CSF or Neupogen, one effect of which is that it dislodges the cells that we need for transplantation from the bone marrow and releases them into the blood. They circulate. They reach a peak at approximately four or five days after starting the treatment and then, as you say, the donor is being placed on a machine, a leukapheresis machine. To this end a vein is cannulated, the blood is run through the centrifuge, and the cells of interest are spun out by the centrifugal forces and collected, and the remainder of the blood is returned to the donor. It takes about four to four-and-a-half hours for one such procedure.

**Andrew Schorr:**

Now. Let's put this in perspective for people. So, that's if you were to donate cells that could help somebody like Wayne or it could be somebody in another city or wherever it may be, but it's lifesaving, because what's going to happen is, these cancers, any cancer really, and correct me if I'm wrong Doctor, because I sort of

know enough to be dangerous, is failure of your immune system to do two things. First of all, you started creating ineffective cells, okay? The process of creating healthy cells has gone haywire for a certain kind of cell, and it's like a copy machine that won't turn off, and these cells don't die. They just junk up things. If it's a leukemia, typically it's in the bone marrow where you're creating ineffective cells, and it's crowding out the other cells you need too, so at some point you start having failing health. For me it would be developing infections because I didn't have a complete immune system, but the other thing that's gone wrong is, everybody is developing bad copies from time to time, but usually your own immune sees them and kind of zaps them.

**Dr. Deeg:**  
Right.

**Andrew Schorr:**

Would this be T cells I guess that does that or various parts of your immune system.

What happened for Wayne and me is that kind of radar didn't work. So, if you could give somebody back a health immune system from a donor, the idea is that surveillance, if you will, would be restored. Did I get it right?

**Dr. Deeg:**

That is certainly part of it, yes. However we want to define surveillance, but it's probably a rather complex system that is operative. We are endowed genetically by a number of mechanisms that are capable of recognizing and removing cells that are abnormal that have suffered damage in the proliferation process, and they are typically removed. One mechanism is called apoptosis, and there are other mechanisms.

**Andrew Schorr:**  
Yes.

**Dr. Deeg:**

So, it's not what we originally thought, just "pure immune surveillance." There are multiple mechanisms that are involved, but occasionally one of those cells slips through, as you say, and then takes on a life of its own and multiplies. This is at the basis of what we call a clonal disease. In addition those cells send out negative signals for the remaining normal cells thereby really suppressing and replacing the normal cells.

**Andrew Schorr:**

Okay. Typically cancer, not always, you hear about it in children, Wayne and I were relatively young, if you will, well 50 years old in his case, 46 in mine, but as people get older, this more often happens. So you hear about older people. So okay, here

you go folks. We're all getting older. The baby boomers are getting older. Mom and dad are getting real old, if you will, and so cancer is something that's much more a concern for you, and so, how are we going to make sure that there are medicines and treatments available for us as you need it. Maybe you haven't been touched by it yet, but you surely will be or somebody you know. So, what do you do about it? So that's what the Light the Night walk's about; that's what the bone marrow typing is about, and donation; and that's what the research is about with so much of it going on with the University of Washington. Dr. Deeg has been involved in it for many years. Now, one other point I want to make. This research has a few requirements. One is it needs money. Now we have something called the National Cancer Institute, and that's federal money, right? But that's the good news. The bad news is the dollars for research have not been going up. They've been going down. Is that right Dr. Deeg?

**Dr. Deeg:**

Certainly over the last couple of years, yes they have.

**Andrew Schorr:**

So, what do we do as a public? Well, you can talk to your congressman and your senator, but you can also help donate privately, and Wayne's company has done that, and that's what the Light the Night walk is about in leukemia and in lymphoma and in multiple myeloma, and I just want to mention if you go to this website, [lightthenight.org](http://lightthenight.org) and then just put in the zip code wherever you may be, it's going to tell you about these walks wherever you may be, whether it's Seattle, Tacoma, Olympia, Alaska, or if you're listening far away, wherever you may be. They happen in the fall, and then you can get involved, either contribute or just be part of a team, and you can join my team, because you're going to start to hear me talking about the Patient Power team, but it makes a difference.

And so I'm going to make a couple of points. One is you want to tell your elected officials cancer research is important. You want to contribute as you can, and one way to do it is the Leukemia and Lymphoma Society and the Light the Night walks and supporting me and Wayne, and then another part is should this come up in your family, talk to your doctor about being in a clinical trial. I did it in a clinical trial that was only available at one medical center. I was patient number 60. The treatment I got is what most people get now, and as I said, 11 years later, and let's hope I'll tell you about my medical checkup this week, hopefully still no sign of leukemia. Wayne was in a clinical trial that allowed him to get a second medicine when the first one was kind of pooping out on him, okay? And so that's why it's so important.

We're going to take a break. You're invited to call, but I want you to understand how whether you've ever heard of leukemia, lymphoma, or cancer for that matter

in your own family, how this is important to you. We're going to talk more about that as we continue on Patient Power in AM570 KVI. We'll be right back.

Thanks for being with us live on Patient Power. So, I think you get the picture now. There is no place else where we discuss these important health issues in depth week after week. Next week we're going to talk about health and medicine at sea, but if you go to our web site, [patientpower.info](http://patientpower.info), you will see a lot more shows, now over 400 hours of programs, and there's nothing like it in the world. So, now that I'm energized from this big trip, my job is not to promote Andrew; believe me, it's not about that; but it's about this mission of bringing high-credibility information and the connection for you with leading experts so that you and your family can make smart decisions, and more and more families are touched by chronic illness or cancer. Unfortunately, the media just can't and doesn't devote time day after day to this. They just don't; so we do. So help us. Let people know about the [patientpower.info](http://patientpower.info) web site, and there are programs I do every day that you can get there too. So, for instance, tomorrow I am going to do a program with a doctor from the Cleveland Clinic, another one of our top experts, and that's on spinal issues for children, well, not a common condition, but if you're affected by it, you want to know about it. But, let's continue our discussion with Dr. Joachim Deeg as well from the Seattle Cancer Care Alliance.

Dr. Deeg, you know, let's face it. Leukemia, whether it's Wayne's or mine, they're not common conditions when you talk about cancer. You know, maybe we have 10,000 new cases, something like that. Breast cancer we have 200,000, colorectal, etc. That's what people will be touched by or lung cancer for sure much more often. Are there lessons that you in research in blood cancers can learn that help the folks like Dr. Yu and other who are doing solid tumors that are more common.

**Dr. Deeg:**

Yes there are. I mean, recognizing all the limitations of models that we use, our blood forming system, bone marrow cells, certainly have been used as models to study cancer cells firstly because those cells are easily accessible and really without any permanent damage to the donor if you obtain some, and they can be relatively easily manipulated. So, various signalling pathways, what signals are responsible for the transformation, what mutations in a given cell, chromosome abnormalities, are responsible or are developing in cancer cells have been studied in hemopoietic bone marrow cells. As I said, there are many limitations, but it has proven quite productive to use some of the insights gained there to the very prevalent cancers as you mentioned, such as breast or lung or colon cancers maybe.

**Andrew Schorr:**

Okay, so here's the point I just want to underscore for our audience, and that is, so there's this Light the Night walk coming up, and that raises money for research for blood cancers primarily, leukemias, lymphoma, multiple myeloma, but the science

that happens there then has, you know, an afterglow if you will for other cancer, so if you talk about this pill, let's say, that was funded originally in research by the Leukemia and Lymphoma Society for Gleevec that Wayne benefited from. It used to be people were diagnosed with CML, it was not good news right off the bat. Now many people with the so-called Philadelphia chromosome, which Wayne has, can take that pill. My friend Jane Graham who has spoken publically about it, she works out at Microsoft, she has been benefiting for years from Gleevec, and other people are benefiting now from these other medicines that are developing that came out of your dollars. Folks, that came out of your dollars. People like Wayne are alive today simply because individuals whether they live in Tacoma or they live in Seattle or they live in Keokuk, Iowa, wherever that is, it's people saying I want to help. So that's the point here, again, if you want to participate in these walks with the balloons and more and more white balloons, that's coming up in September and October. Just go to [lightthenight.org](http://lightthenight.org) and you can help. So Wayne, You've got a team, right?

**Wayne:**

Yes we do.

**Andrew Schorr:**

Okay, and I'm going to form a Patient Power team. That's my activity this week. Dr. Deeg, what would you say to people? You know, often people are on the sidelines, they hear a program like this, but they're not sort of activated. But you're in the lab, you're in the clinic, you have a whole bunch of friends and peers and co-workers you've been working with now for decades at Fred Hutchison, can people make a difference by supporting what you're doing? Can it really make a difference?

**Dr. Deeg:**

I think people make an enormous difference. Let me just say from a personal point of view, the very first grant that I ever obtained coming to this country was from the Leukemia Society, and it certainly provided an excellent start for me for what I hope people will say was a productive contribution to the field. I think this is true for many young investigators who benefit greatly from these foundation grants, and there are bigger programs now for more broader research in a given lymphoma, leukemia, or solid cancer area.

**Andrew Schorr:**

You know, you made a very good point. I just want to help people understand. So, it's not quite like this, but you know when you go into a computer store, some really smart people are like just out of college, you know, they've been working with and they grew up with computers; well, Dr. Deeg's been at this a long time. He is a veteran researcher, and he has great knowledge; Rainer Storb, M.D., Dr. Thomas, Fred Hutchison, etc.; but there are also some real up-and-comers, but

these younger physicians often have trouble getting the big NCI grants, and that's where groups like the Leukemia and Lymphoma Society come in. They often fund this sort of bright idea that a young researcher has as you did Dr. Deeg early on. So that could be the cure of tomorrow, and so I really want you to think about that. What's going to be there for your family when you need it years from now?

We're going to take another break. We're going to get some final comments from Dr. Deeg and certainly Wayne Mangan in Tacoma on how you can make a difference, and then Wayne, we're going to have you back on another time to hear, hopefully, more of a happy story. We will be back with more of Patient Power right after this.

**Andrew Schorr:**

So next week we're going to talk about health and medicine at sea, and we have a lot to talk about from there, so that will be on, on Labor Day weekend, but I want to continue our discussion in our final minutes related to the Light the Night walks helping people like me with leukemia and Wayne and helping support cancer research for all of us as well continue.

**Wayne:**

Wayne, I want to get right to you. You've been participating in the discussion and listening. We've got another comment from Dr. Deeg on where research is headed, but there you are. You go around Tacoma. You have many people you've worked with at BMC West for 29 years now and they say now, Wayne, what is that? And you tell them. They've never heard of it, and you have to give them a little science lesson on your blood cells gone haywire and now the medicine is trying to help and how maybe a bone marrow transplant would help, but what would you say to just our listeners around western Washington and around the world now on how this really could make a difference for them?

**Wayne:**

Well, first of all, I'd like to tell Dr. Deeg thank you so much for what you do. Because when we run these bone marrow drives, I am amazed at the amount of people who come up to me and say, I've had a successful transplant at Fred Hutchinson and Seattle Cancer Care. This weekend my wife and I went to a party and a little girl named Haley was transplanted one year ago. They had a one-year post transplant party. We've got a woman by the name of Mary in Puyallup, 15 years ago you transplanted her, and Lloyd out of Olympia, 29 years ago you transplanted him, and these people are doing very, very well, so thank you for doing what you do, Doctor, you guys are awesome, and we love you.

**Dr. Deeg:**

Thank you.

**Wayne:**

The problem that we have that I see with transplants is there are too many people who are coming to us and saying, you know, Wayne, could you find us a bone marrow match? What can your organization do for us? We have bone marrow drives and we get 20 or 30 people who turn out. You do them, and you guys get 300, 400, 500 people out, and the problem is that what I have found out is the real answer is through research and development, and that's where it's got to come. You've got to make a choice whether or not you want to get involved, and I think that's what Light the Night walk does. It gives you that opportunity to get involved and to come on out and say you know what? I want to help find a cure. I want to save one of these little children's lives or your grandfather's because I'm telling you and what I find out, out there in the open field walking around with these people, is that this cancer is on the increase and don't be surprised if you get a call saying your mother has it or your father, your brother, or your sister, and you want to be as proactive as you possibly can to saving your family member's life or your good friend's, and the way you've got to do it is you've got to get up right now and you've got to get involved, and you got to get out there and do it.

**Andrew Schorr:**

Right.

**Wayne:**

And if you can see these little kids and stuff and what's going on, it's just amazing to me. You know, part of the fact, the drive that we're having here, the Light the Night that we're having here in Tacoma on October 6th, we're also doing a bone marrow drive right there that night. We're going to say, hey, we love the research and development, but by gosh for those who can't wait any longer how have to have a transplant right now, come on. Sign up right now and do it. Another part of this Haley, the little girl who just transplanted, she transplanted one year ago. A 26-year-old man said yes. He hasn't met her. I pray to god that I'm alive to see this happen because if this man doesn't fall down to his knees and starts crying when he sees this little angel, this little gift. He was the only match for her, 100% match, and he said yes. And that's what it's about, coming out and trying to help others and save as many lives as we can.

**Andrew Schorr:**

Right.

**Wayne:**

I don't know what legacy you can leave in your life better than to help saving another person's life.



**Andrew Schorr:**

So well said. Wayne Mangan from Tacoma, we wish you all the best in your personal fight against leukemia, and thank you for your leadership in this. You're truly making a difference, and I know Kathy and your boys and your friends who work with you at BMC West, they're behind you and love you a lot, and thank you for doing this, Wayne, I really appreciate it.

**Wayne:**

And I love ya and thank you, Andrew, so much for having me on.

**Andrew Schorr:**

Thank you. Dr. Deeg, we just have another minute but we mentioned about research. There is some exciting research going on even with the blood cells that are in the umbilical cord or newborns, right? And so maybe that's something that can help more people.

**Dr. Deeg:**

Correct. There is a lot of research going on, with transplantation of cord blood cells that otherwise would be thrown out with the placenta after the baby is delivered, and there are several large banks now that have been established, and there is progress and increasing success for various indications, and I think I would like to say to Mr. Mangan if indeed nothing else materializes, cord blood may, indeed, be an option for him as well.

**Andrew Schorr:**

Okay. So science moves on. I just have minute left. I want to remind you if you're interested in these Light the Night walks that the Leukemia and Lymphoma Society is putting on, if you want to walk with me, I will tell you about our team coming up. Just go to [lightthenight.org](http://lightthenight.org). Tremendous program. Wayne, I love ya. I haven't met you in person, but I've talked to you on the phone. Tremendous guy. All the best. And Dr. Joachim Deeg from the Seattle Cancer Care Alliance, Fred Hutchinson, thank you for your decades of work, sir. Thank you for getting up early on Sunday and being with us.

**Dr. Deeg:**

My pleasure.

**Andrew Schorr:**

As always, knowledge is the best medicine of all. Join us for the walks if you can. [Lightthenight.org](http://Lightthenight.org). Have a great Sunday. Go Seattle Mariners. Adrian, throw straight please, and go Seahawks. See ya next week.

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