

# A Doctor in Full

By Roger McCaffrey

Last Friday, a molecular biologist named Brian Druker shared the 2009 Lasker-DeBakey Clinical Medical Research Award for his part in "converting a fatal cancer into a manageable chronic condition."

The cancer is chronic myeloid leukemia (CML). The drug Dr. Druker developed, Gleevec, manufactured by Novartis, has saved thousands of lives.

My wife Priscilla and I have a rooting interest. Dr. Druker, a scientist, never had a child as a patient until he met our son John. John's cancer, CML, killed almost all its victims until Gleevec was developed. Ninety percent of CML patients, whose blood stem-cells go haywire, now lead normal lives.

John was diagnosed with accelerated CML in 1998 at age 4 and all treatment had failed. His bone-marrow transplant meant seven weeks in a sterile hospital unit on a dangerous assortment of drugs. Hell on earth.

I still remember the desperation felt deep in my chest when we learned his transplant had failed. I took John to a big East Coast cancer center. A specialist there put it bluntly: "He is a time bomb."

Later I revealed that we wanted an experimental drug. I had spoken to an oncologist, Dr. Carlo Gambacorti, doing stunning early Gleevec research in Europe—and to its chief investigator, Dr. Brian Druker.

"Couldn't this be a cure?" I asked gingerly for support. The specialist fixed her gaze upon me: "Brian who?"

## The man who developed Gleevec could have said 'wait.'

Dr. Druker was willing to help but cautioned, "This is in the hands of Novartis." And Novartis had its strict protocols.

So we approached Novartis through Congressman Richard Gephardt and an intrigued Newt Gingrich, and through friends Pat Buchanan and Congressman Bob Schaffer. Novartis consented—but only if Dr. Druker quarterbacked.

"If John dies while he is on this drug," said a doctor, "the FDA will shut the whole program down."

Delays ensued. Novartis had FDA paperwork to deal with. Our "time bomb" was ticking away.

But Dr. Druker hung in with us. He had nothing to gain. In fact, he risked his reputation.

Life has its vindications. Ultimately, in July 1999, John and I flew across the country to Portland, Ore., for the kind of treatment most patients only dream of, under Dr. Druker and his colleagues at Oregon Health & Science University and the Doernbecher Children's Hospital. We used empty seats in corporate jets that the Corporate Angel Network, a nonprofit out of White Plains, N.Y., found for John. No cost.

On the Gulfstreams, flight attendants pampered John with his favorites—Beefaroni and hot dogs. Gleevec rapidly transformed his life. Fevers vanished, blood counts normalized—and miraculously, so did his bone marrow.

I looked forward to those cross-country flights. One featured an eye-level pass by Mount Rushmore.

But the flights did come to an end. A corporate jet flew John's body back home to Connecticut in October 2001, on a bitterly bleak evening.

For all our early exultation, John did "die while he was on Gleevec." My notes show that Dr. Druker worried this might happen. There was going to be no

glory on John's account. For anyone who touched our beloved son, there was only risk.

Fear of making a "mistake," despite our assurances and confidence in the doctors, caused hesitation, and lower dosing of Gleevec at one stage. I asked a physician, "What is everyone afraid of?" His response was: "Lawyers."

John's life and death, and the manner in which his doctors in Portland dealt early on with the dilemmas, taught my wife and me that obstacles can be conquered when faced with courage and—the great unseen force in this entire saga—prayer. After all, we did get what we had prayed for: a miraculous drug that cured or managed this stem-cell cancer. But it was too late for John.

Dr. Druker's agreement to treat John in 1999 was a large moral act—a triumph of the Golden Rule—that took more courage than his pursuit of a cure through years of fruitless lab work. He could have said "no," or "wait." Instead, he said, "I think I can help him."

A scientist willing to risk so much for one patient is a doctor in full.

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