



# A New Perspective

The cancer was so bad, Lois Harrington could not have surgery, nor radiation treatment. But Dr. Elisabeth Heath had a radical idea.

BY NANCY NALL DERRINGER

**A**fter meeting Lois Harrington, it's hard to remember a time when cancer was so feared that even speaking the word aloud was taboo. "The C-word," people said, or just "C-A." Any more letters might be too traumatizing. Best to just start saying one's goodbyes. Discreetly.

That was a long time ago. Harrington, 68, might be the model for the 21st-century cancer patient — not dying, but living with a disease she can not only name aloud, but manage. On borrowed time, perhaps, but with a new awareness of the preciousness of every day.

And the days are starting to add up. Harrington, of Redford, was diagnosed with Stage IV metastatic lung cancer in October 2003. She'd been having trouble swallowing, and a diagnostic X-ray of her throat caught enough of her lungs to reveal that the cancer was in three places, in both lungs, with one of those spots close to the heart. Twenty-four years after quitting smoking, she was faced with the terrible truth: She wasn't a candidate for surgery (because both lungs were involved), nor radiation (because of the spot near the heart).

But, "you've got good veins for a [chemotherapy] port," said her doctor, palpating her neck. The prognosis was grim — not much time, and what time was left would be spent with a permanent hole in her neck.

Harrington, who had two granddaughters planning weddings, sought a second opinion, and found herself in the care of Dr. Elisabeth Heath, an oncologist at Barbara Ann Karmanos Cancer Institute. Heath, a lung-cancer specialist, had a different aim for her patient: buying time by any means necessary. She proposed enrolling Harrington in drug clinical trials.

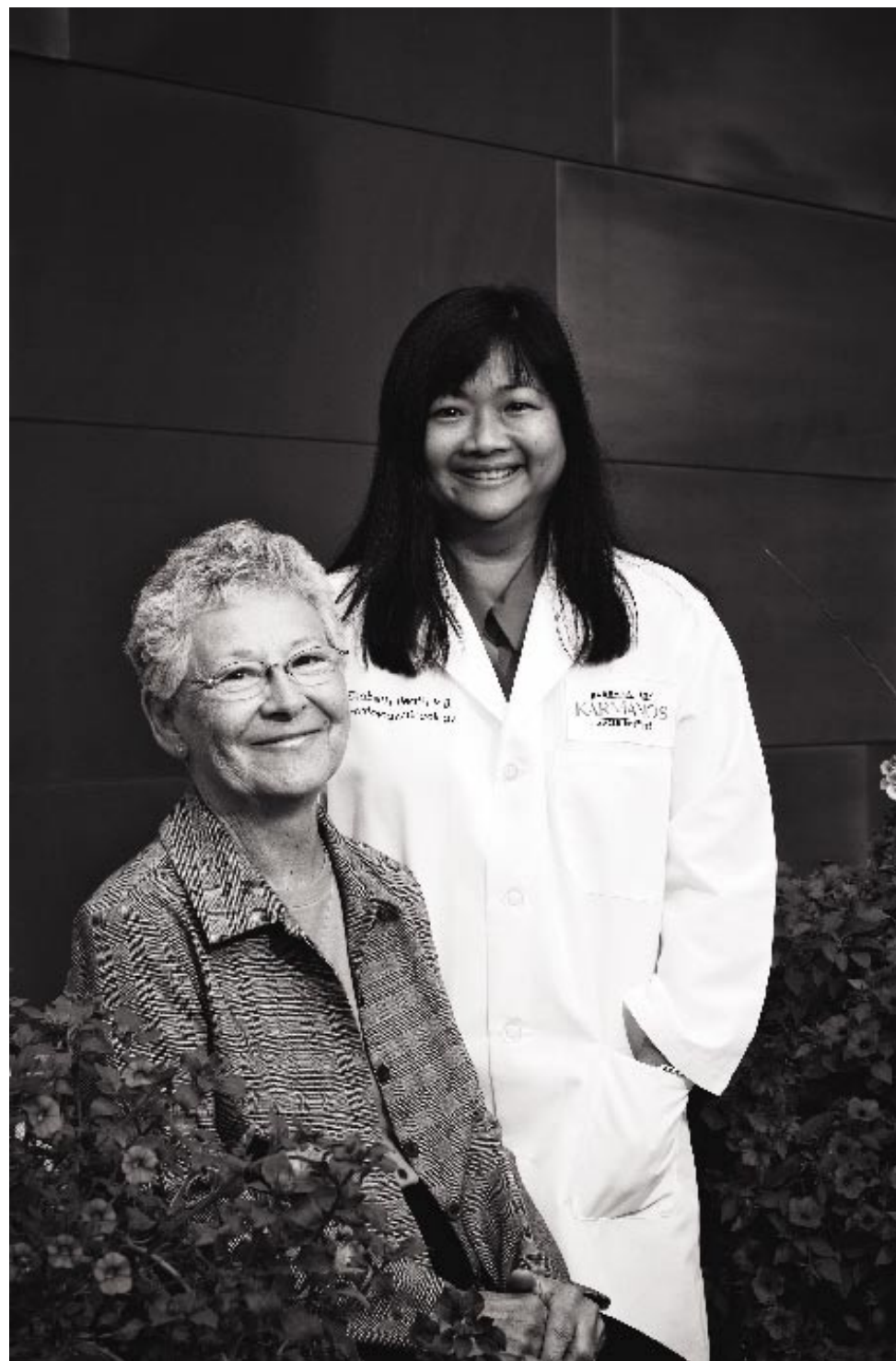
"She said we were going for containment," recalls Harrington.

By doing so, Heath demonstrated a new strain of thinking in cancer treatment — that a patient need not necessarily be cancer-free to have hope for a significantly lengthened life. "The therapies are changing in the sense that the idea of having a stable disease is not such a bad thing," Heath says. "Cancer can be a chronic disease," not a cure-or-die-trying scenario.

Harrington was already asymptomatic. She felt and looked good and had a full life. Her cancer, while seemingly dire, wasn't affecting her overall health yet. She was optimistic and willing to try new therapies. She was, in other words, an ideal patient.

Harrington participated in three separate drug clinical trials along with traditional chemo treatments. The drugs, which included Iressa and Alimta, are part of a newer strategy of "targeted therapies," with a narrower focus on only certain traits of the cancer cell; for instance, they may block a particular receptor in a specific type of cancer cell. If the older treatments amounted to carpet-bombing, targeted therapies are smart bombs. Because they're more narrowly focused, Heath says, patients suffer fewer side effects and feel better overall during treatment.

The therapy took its toll on Harrington — she lost her hair and felt sick for some courses — but it wasn't nearly as debilitating as she'd feared. And the treatment had overall positive effects. The spots on her lung closest to her heart disappeared. The spot on her right lung stopped growing, and the one on her



left lung shrank. And though early suspicions that the disease had spread to her liver were recently confirmed, the spots there are faint and not growing.

More important, Harrington saw her grandchildren married, as well as a nephew. She recently attended a family reunion. (Her husband, Jim, underwent a sextuple bypass along the way, too.) She credits Heath's work, as well as "lots of prayers." Heath is less spiritual, but says her take-home message from Harrington's experience is much the same. "Being diagnosed with an advanced disease like this is not terrific, but it's not necessarily the end. It means a changed life," not immediate death. The analogy Heath prefers is to diabetes or other chronic illnesses that require constant attention from patients but can be lived with for years.

"And Lois has been a wonderful patient," she says. "She's always optimistic, always ready to try something new. I tell her she's in control, that if she starts to feel wiped out, we can back off. But so far, she's been up for it."

Harrington, who started another trial this fall, knows every new day is a gift, for which she is grateful. "I believe God is in control," she says. "I've known from the beginning it was terminal. Every day is up to God. As long as I feel good, there's no sense running around pouting." ■

**THIS PAGE** From left: Lois Harrington, Dr. Elisabeth Heath.