

Learning to fight my leukemia

In our May issue, *Glamour* assistant editor Erin Zammett shared with readers the most daunting challenge she'd ever faced: At 23, she'd been diagnosed with chronic myelogenous leukemia (CML), a cancer that until recently proved fatal for most patients. In this month's installment of her diary, Erin prepares to make some difficult decisions about her treatment—decisions that could mean the difference between life and death.

JANUARY 3, 2002

HOPING FOR A MATCH

It's been two months since my diagnosis, and with each passing day my life seems more and more normal. I just don't get it. I look fine and I feel fine, so what's the problem? It's like my cancer has become a parenthetical note, a P.S. in an otherwise normal life. But then I remember that I haven't started treatment yet—not the real cancer treatment, anyway. I'm still taking hydroxyurea to bring down my white blood cell count, but that does little to stop the leukemia from progressing. We've been waiting for a clinical trial to open up in Portland, Oregon. Researchers there are experimenting with combinations of Gleevec—the “miracle drug” that's helped so many CML patients control their disease—and other drugs that may make it more effective. Dr. Cathcart, my East Coast oncologist, says it's time to fish or cut bait: If the trial doesn't open soon, I'll start taking the Gleevec alone.

If drug treatment fails, my best hope for survival is a bone marrow transplant. We already know that my older sister, Melissa, is not a match, but the results for my younger sister, Meghan, aren't back yet. Melissa is getting married tomorrow, and since we have a billion aunts and uncles and cousins in town, Dr. Cathcart thought we should hit them up for blood, run a bone marrow test on my closest relatives. They're all hoping to be a match, but we know my only real chance now is with Meghan—siblings, especially same-sex siblings, have the best chance of being a match.

JANUARY 4, 2002

MELISSA'S WEDDING

The wedding was a huge success, a breath of positive air for my family after two months of cancer talk. Poor Melissa—if there was ever something that could steal your wedding-day thunder, it's your sister being diagnosed with leukemia, but she was definitely the star tonight. I wasn't even emotional until we got to the intentions of the mass: “For the sick, especially Erin Zammett, let us pray.” I couldn't say the response “Lord, hear our prayer,” because



My boyfriend, Nick, plays nurse while I give myself nightly injections of chemotherapy. I know he wishes he could do more, but I'm just glad he's there with me.

I knew if I opened my mouth I'd sob. I held my breath, let the tears roll down my cheeks until I absolutely had to breathe. From behind, you could probably tell I was crying, shaking with silent sobs. I gasped a little and let out a sad croak, and then I was able to take deep breaths again and calm down. Hearing a prayer said for you in a packed church is surreal and sad and really special. It's just another one of those things that makes cancer tangible.

Last night at the rehearsal dinner, I asked my dad if he was nervous about the wedding, to walk down the aisle and give away his firstborn. He said that since he found out about my cancer, nothing else fazes him. That's a major statement coming from my dad, who's been known to throw tantrums when steak is overcooked.

JANUARY 10, 2002

A PERFECT MATCH

Today is a good day. We just found out that Meghan is an identical bone marrow match for me! When Dr. Cathcart came into the exam room with a big smile on her face, we all knew right away what that meant. My mom started crying. It wasn't until that moment that I realized how important it is to have a match. The success rate for a transplant is highest when you have a sibling donor with identical bone marrow, and now I do. We discussed the options this news introduces. I'm 23 and newly diagnosed, and other than having cancer I'm perfectly healthy, so many doctors would recommend doing the transplant right away. But even with Meghan's marrow, there's still a 10 to 15 percent chance I could die

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during or right after the procedure. That never gets easy to say. The transplant is a grueling process that would require a two-month hospital stay and heavy chemotherapy and radiation to kill my bone marrow—the risk would come during the first 100 days after the transplant. I'd have practically no immune system during that period and would be highly susceptible to infection. Even if I survived, I would most likely lose my fertility, and there are other long-term side effects that could arise. Even a relapse of the leukemia is possible. Then again, a transplant is the only known potential cure for CML, and it's 70 percent successful.

Meghan was so excited when I called to tell her she's a perfect match. Afterward, she went running and did Tae-Bo, which is more activity than she's done in 10 years. She has no idea what she wants to do with her future, but she told her roommate that her life has meaning now. That's so sweet and so sad at the same time. She said, "It's kind of weird. Now I'm living for two." I told her not to fall off any cliffs.

Meghan and I are opposites, which is why it's so surprising that she's my match. She's the youngest, and growing up she got away with everything. When Melissa and I were out back raking leaves, Binky, as my father called her, was watching cartoons and eating crustless peanut butter sandwiches. My mom would let Meghan stay home sick if she had a hangnail, whereas I'd have to be vomiting or on fire to get out of school. I used to hate Meghan for that. Right now I just want to give her a big hug and tell her how sorry I am for ever being mean to her, for ever making fun of her bad haircuts, her My Little Pony collection or her Green Day phase.

JANUARY 30, 2002
ONE YEAR OLDER

I turned 24 today, proof that life goes on. My friend Amy flew up from Nashville for

my birthday party, and as we were getting ready I felt kind of sad. Sad because I felt *good*, because it seemed so normal to be listening to music, sipping wine while trying on a million outfits. The party was awesome, though, and it was great to catch up with my friends. I think they're a bit afraid of me. They think "leukemia" and picture me shriveled up in a hospital bed with no hair and little life left.

I think that's the weirdest part about cancer now—the way people react to seeing me working, partying, *living*. And also the things they say to try to make me feel better; things that don't always come out the right way. Like the first day I was diagnosed, when Jaimee, my best friend at work, told me not to worry, that I'd be OK. Her uncle had CML too, so she knew a lot about it. Oh, really? How is he doing? Well, he's dead. But that was a long time ago, and things have changed, she assured me. Thanks, Jaimee.

FEBRUARY 19, 2002
BECOMING A CANCER PATIENT

After a three-hour meeting with the transplant specialist and consultations with all my doctors (I'm up to *five* now!), we decided to join one of the drug trials that opened up and to hold off on the transplant. I'm in Portland now to get started on a trial that combines Gleevec (a pill) with Ara-C (a chemo injection with not-too-awful side effects); today I took my first Gleevec. My mom took pictures—she documents everything our family does, and cancer is no exception. My trial ID number is 007, which she thinks is very cool. Even though I don't start the Ara-C until I'm back in New York, I'm learning how to do my injections now. They want me to be an expert with a needle because I'll be giving myself injections every night for two-week periods—two weeks of just Gleevec, two weeks of Gleevec plus Ara-C—for the foreseeable future. →

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MARCH 10, 2002

SHARING THE BURDEN

Today is my sixth day of Ara-C injections—I hated doing them at first, but it's getting easier. My boyfriend, Nick, gives me a one-two count, and I jab on three. Then he grabs the needle from me—he's afraid I'll start talking with my hands and stab him with it. He likes playing nurse; it lets him feel as if he's a part of my cancer.

We've been getting along pretty well, but I can tell this is not going to be easy on us. For one, doing injections right before bed hasn't exactly done wonders for our sex life. After I was diagnosed, it took me a little while to feel sexy again, to think about anything other than the disease. But once we broke our cancer celibacy, we were pretty much back to normal (normal being not enough sex for Nick, but still normal). I think we both just miss the old us, the us that ate at great restaurants and drank martinis and talked about how good our lives were. Last night, I looked at him and just started crying. I told him I don't feel sad or worried or anything else I should be feeling, and that scares me. It's like cancer put me in a calm coma where I hang out and just wait to see what happens, wait to see if I'll live or die.

MAY 8, 2002

WHAT'S NEXT?

I'm leaving tomorrow for Portland to find out if my bone marrow has improved and if the drugs have reduced the percentage of cells that show leukemia. (When I was diagnosed, it was 100 percent.) The trial lasts a year, but we'll know if the treatment is working sooner than that. I had a few mild side effects from the Gleevec at first—bone pain, muscle cramps—but they've gone away, which is a good sign. The Ara-C makes me tired and a little

nauseated. Still, the side effects are so mild compared with what other cancer patients experience that I feel bad even mentioning them to my doctors.

I did get pretty sick once, but that had more to do with Bass Ale than Ara-C. In February, I joined Society Ties, the young professionals committee of the Leukemia & Lymphoma Society, which raises money for research and to assist patients. A few weeks ago, I took some friends from work to a happy-hour fund-raiser. It was during my injection cycle, so I probably should have stopped after one beer, but it felt so good to be around young people just having a good time. I fit in there. I *should* be doing shots of tequila, not shots of chemo, but like a good little cancer patient, I went home and gave myself the injection. That night I woke up three different times to puke my guts out. Now I go *very* easy on the booze during my injection cycles.

The best time to do a bone marrow transplant is within 18 months of diagnosis, so by the end of the trial I'll have a big decision to make. If the drugs don't work, it's a no-brainer—I'll get the transplant. But if the treatment appears to be working, I'll have to decide: Do I put my faith in the drugs, hoping they continue to work, that I never develop resistance to them? Or do I risk my life and do the transplant?

Right now, I'm just grateful to be at work every day, to exercise every morning and eat sushi and take vacations. But I know all of that may change, that my body will change, that *I* will change, lose control. Not even my doctors can tell me what to expect, because they can't predict how the treatment will work for me, if it will work for me. It's all a big unknown. ©

The next installment of Erin Zammett's diary will appear in September.

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