Status for week ending April 2, 2010

Mike and Jennifer Fox
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This week was high stress and high activity. Jennifer completed a 5 day, 2 per day radiation session at the Virginia Mason hospital. Each was about an hour in duration and involved irradiating both breasts with a linear accelerator. The purpose of this series was the attempt to improve survivorship from her earlier breast cancers, now removed from both breasts.

The statistics involved are that about 70% of breast cancer survivors do not have any further cancers. 30% of them do. This week's irradiation was intended to increase that 70% survivorship for Jennifer to more than 90%. We are fighting this war as actively as we can.

Then, we also had a major irony. As I was driving Jennifer to her first irradiation session on Monday, (actually we were westbound on the Evergreen Floating Bridge), we got a call from my urologist saying "we had to talk." Keep in mind that on the previous Friday he had told Jennifer and me that after he examined my latest CT scan from hips to neck, he did not see any further cancers!! My good kidney looked great and he could find no lymph nodes along the spinal aorta and veins. Out of the woods, right. Well for three days it seemed like that and we were both relieved.

His phone call to us this past Monday ended that. The radiologist has found some metastatic cancer spots in the left lung, which the urologist had missed. Life got more serious again.

So yesterday in between Jennifer's 9th and 10th and last irradiation sessions (Virginia Mason) we met with a medical oncologist at the Seattle Cancer Care Assoc (SCCA) to decide how to press forward. As a general observation we have learned that the treating of cancer has made large advances in recent years. These are both in the improved efficacy of the treatments as well as dedicated concerns for the patients, on many fronts.

In my case we have several choices. We won't use chemo or irradiation, or surgery, but likely a new drug or two. IN fact there are two drugs which have very similar beneficial effects. They can stop the growth of such cancers although they cannot kill the cancers. I signed some papers to be included in a clinical trial at the SCCA to see if either of these drugs could be show to be better. To repeat they are both very effective and very close in perfrming this job.

For those of you who don't know about clinical trials (I know only a little) there are precisely worded end points as a conclusion for the trial. In this case the goal is to demonstrate "progression-free survivorship". That is to stop the cancer growth, but not to kill it (which is still beyond our technology). There are lots of people, productive people, who are going through life with this cancer strategy. Given the choices, this is not a bad strategy for proceeding.

So I signed up to be in the clinical trial to help in the cause. Because they are looking for small differences in the two drugs, this means that they need a large number of similar patients. Small numbers force the results to be of very low statistical significance, which can make any such study unhelpful and unreliable. Thus the need for lots of patients.

Avoidable Global Isotope Shortage Threatens Health of Mike Fox

Later in the day yesterday, Friday April 2, I received a call from SCCA, explaining that the clinical trial requirements call for a bone scan from me before they start. He also explained that there was a global

shortage of “a dye” used in the bone scan. I immediately suspected the cause of the problem, since I am very familiar with the use of medical radioisotopes.

The “dye” that was mentioned was in fact Tc99m, a very popular and very useful radioisotope used in a wide variety of medical diagnostics. The last I heard it was used about 40,000 times per day in diagnostics across the US . This process is quite precise, permits the actual visualization of the targeted organ (in my case the skeletal structures), low cost, painless with no invasive, exploratory surgery.

Thanks to the nuclear experts I interact with, such as with Dr. Bob Schenter, Dr. Darrell Fisher, Ms. Marlene Oliver, all of us have been warning for years that the current suppliers of Tc99m, are all from foreign sources, and there are not that many sources to begin with. Typically, they are small, old, and limited technological effectiveness. Predictably, some now failing. In fact currently, 3 such reactors have failed and out of production. As a consequence of these predictable events a global shortage of Tc99m has now occurred.

My involvement with the clinical trial at the Seattle Cancer Care Alliance required a bone scan of me using some of that unavailable Tc99m, in order to begin treatment. This keeps me from participating in the trial and the immediate start of my treatment. It is infuriating for political know-nothings to be interfering with my health care. It deprives me of the best health care technology, not to mention lower costs an few side effects.

Many of us have been fighting for a domestic source for such medical isotopes, in our case, the Fast Flux Test Facility at Hanford . This reactor is now on the chopping block for destruction. The Washington State Congressional delegation among other elected leaders has made the political decision to not oppose this destruction, presumably letting Seattle antinuclear politics to trump the life-saving features of a tremendous nuclear asset. Large Hanford cleanup budgets have trumped the efforts to keep the FFTF and to improve health care and reducing its costs for tens of thousands.

This reactor has neutronics and isotope production features vastly superior to those other around the world. It can also produce dozens of other superior isotopes simultaneously. Some of these isotopes have requested by Principal Investigators (PIs) who are leading other clinical trials in cancer therapy, arthritis, AIDS, and other diseases.

So while elected officials across the State and region actively support the destruction of a huge national asset, the FFTF, they simultaneously scoff at the dire life-threatening health situations which thousands of Americans face daily across the nation.

Is anyone serious about reducing the costs of health care?

Only the imagination limits the beneficial uses of nuclear isotopes in health care. Just in the diagnosis of breast cancer the technology using nuclear isotopes, the costs of such diagnoses would reduce the costs of breast cancer diagnosis across the nation an estimated $500,000,000 per year, and that’s just for breast cancer diagnosis. Such diagnosis shows the location of any tumors, their sizes, and the extent and location of metastatic cancers, too, with great precision and no exploratory surgery.

This applies both to diagnostic and therapeutic uses. Based upon limited feed back from patients who have benefited from this isotope therapy for cancer, for instance, the treatment can be far more effective (85%+ remission rates) than either chemo or radiation, far less costly, (may be treated as an outpatient), with minimum side effects. (Boredom is literally one of the stated side- effects of this treatment.).

Now that the Tc99m global shortage has impacted me and interferes with my health recovery strategies, I take great offense at those who have opposed the operation of a tremendous and domestic technological asset.

1. What do we call those who have opposed having such a great life-saving machine, for sake of their own political viability?

2. What do we call these people who have actually called for the destruction of this life-saving asset?

3. What is the source of such indifferent cruelty?

The mind boggles at these people with such a callous disregard for the health of tens of thousands of Americans, let alone for the dramatic reduction of such health care costs.