

BY SAM WHITING

Brothers in Arms

Dr. David Jablons couldn't save Karen Peterson's life or even extend it. But he could give quality to whatever life she had left. That turned out to be about nine months, long enough for her twin boys to see her waterskiing on Lake Tahoe and boogieboarding in Oceanside and laughing more than coughing.

Jablons, chief cardiothoracic surgeon at UCSF, was the last in a line of specialists Peterson had sought out coast to coast in a 22-month battle against mesothelioma, the asbestos-induced cancer that had stuck like glue in the lining of her lungs. Of all the doctors she had seen, Jablons had been the most realistic and honest about her chances, so he was the one her husband, Jeff Peterson, called a month after she died at age 42, two days after Christmas 2002.

Peterson met Jablons for lunch in the UCSF cafeteria, armed with settlement money from 23 lawsuits and a simple message. "I said," Peterson recalls, "I want to kick some ass here."

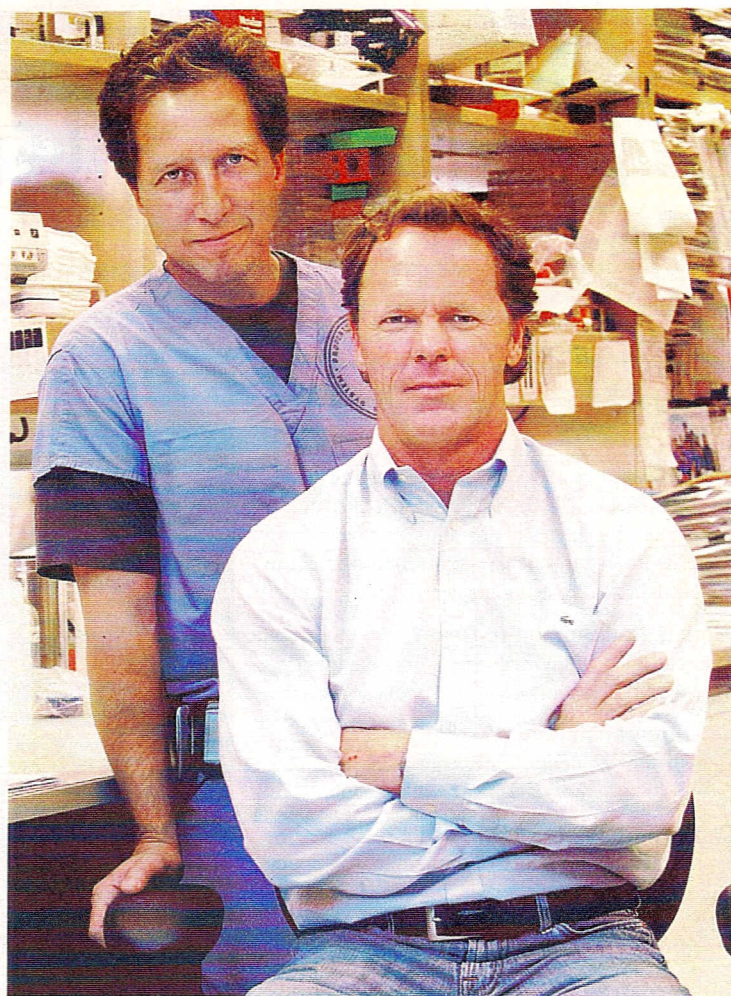
That was one Jablons hadn't heard before. And he had a return message. "Translate that anger and frustration into making things better," Jablons recalls. "Jeff took the fire in his belly and said 'Fine. Let's bankroll you.'"

In the 18 months since, Peterson and Jablons have formed one of the more unusual partnerships in Bay Area medical research. Jablons, 48, never left the streets of Manhattan until he went to Yale to pursue American literature and pre-med. Peterson, 47, never left the beaches of Aptos until he went to Cal to pursue baseball. But they are the same height and build and have the same eye color. Under laboratory light they could be mistaken for brothers, and that's what they've become. Brothers-in-arms against mesothelioma.

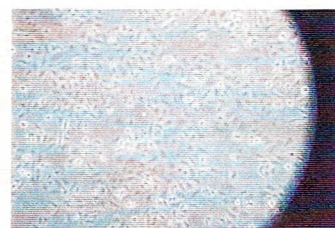
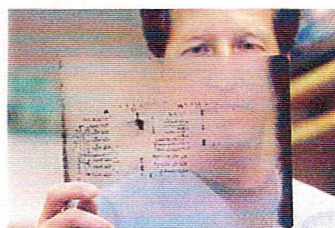
Jablons is nicknamed the Boy Wonder, and Peterson is equally boyish, intense and excitable. They play off each other, flapping the UCSF crew of unflappable scientists, Biao He, Zhidong Xu and Liang You. "Being in the lab is like being in the locker room at SBC Park," Peterson says, "only there is a lot more humility and a lot less arrogance."

The name mesothelioma comes from mesothelium, "a thin, fluid-secreting lining that lubricates things and keeps the thoracic and abdominal cavities isolated," Jablons says. The common theory behind mesothelioma is that asbestos fibers are breathed in and pass through the lungs to the lining. A fiber gets lodged inside a cell and can fester for 30 years before something — illness, trauma, stress, an unknown risk factor — triggers it into the runaway cell division that forms a tumor. "It flares up and boom, a year later you're dead," he says.

The lining, normally as thin as Saran Wrap, expands as the tumor grows until it is several inches thick. The tumor blocks the lymphatic channels that drain a couple of quarts of fluid a day. The combination of the tumor and the fluid buildup smothers the lung, then starts on the heart. "They can't breathe and their lung gets compressed and that's the end of the game," Jablons says.



Working nights at UCSF to cure mesothelioma, spurred by a widower's grief and hard-raised cash



Dr. David Jablons, left, and Jeff Peterson; below left, an X-ray of genetically manipulated proteins; right, cells engineered to fight cancer.

Out of 1.3 million new diagnoses of cancer each year in the United States, just 3,000 are mesothelioma, and just 300 of those are women. Karen Peterson first felt it when she was 40, living in Danville and staying in shape by swimming, running or hiking every day. Her back started to bother her and she started going to bed early. Then came a cold that wouldn't go away. Thinking it was a relapse of the pleurisy she'd had when pregnant, she went in for an abdominal X-ray, and a small dark spot was noticed.

Three months, two specialists and one five-hour surgery later, metastatic cancer was found in the mesothelial lining of her lungs. How she could have

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been exposed to asbestos was a mystery.

Ultimately it was traced to her childhood home in San Marino (Los Angeles County). Her father had owned Palm Avenue Lumber in Alhambra, which carried 23 asbestos products. He may have carried it home on his work clothes and hugged his daughter. It may have been in the compound on the tile floors, or in the heating ducts. She may have picked it up while playing at the lumberyard.

By the time Peterson found her way to Jablons, the Petersons had been across the country and back three times for surgery or chemotherapy consultations. She had walked into Columbia University Medical Center in New York moments before the first plane hit the World Trade Center. By the time she walked out, the twin towers were dust. Cabbing back to the hotel along the Hudson River, the Petersons saw the dust blowing toward New Jersey, a visual that was to come into play later. It took them three days to get a plane home, via Dallas, which made the three-hour wait to see Jablons seem short.

To be fair, they weren't on his clinic schedule but that of his colleague Dr. Thierry Jahan. "We would never keep anybody waiting for three hours," says Jablons at hearing the story. "Two hours, fifty-five minutes, tops."

Either way, the Petersons forgot about the wait as soon as Jablons walked in. By that time they'd already heard various versions of "there's nothing more that we can do for you." "One doctor said it as if we weren't even in the room," Peterson recalls. "Karen and I just looked at each other." So to hear Jablons talk of making her more comfortable was good news.

"A lot of people were relegating her off to no options," Jablons recalls. "I remember seeing the film and saying, 'Let's drain it, strip out the tumor and get her better,' knowing it wasn't going to be a curative procedure." She saw Jablons in early December 2001, then saw two more Christmases with her twins, at ages 7 and 8. "There was a big difference in their little brains between 7 and 8 in knowing their mother," says their dad. "And that was huge."

Fifteen months after her death, the Jeffrey and Karen Peterson Family Foundation was introduced at a dinner at the Ritz-Carlton San Francisco. It was invitation-only, mostly family and friends from Cal where they had met, and his investment real estate buddies. These are not scientific or serious people. There were old stories and laughter and then Jablons got up and the room went quiet.

The first surprise was that the youngest-looking adult in the room was the doctor. The second surprise was that he made them laugh a lot more. Then Peterson got up with Jablons and they became a stand-up team, working off Jablons' gift for taking a deadly disease and spinning it into humor.

Otherwise "you can't do your job," Jablons says, "when a bad day is a mesothelioma operation, and a good day is cancer."

The light touch worked. At the end of the night, \$36,000 had been raised to combat a disease nobody there had ever heard of until Karen Peterson got it. That check was presented on top of \$500,000 Peterson had already donated.

Dropping by the lab one summer night, Peterson surprised Jablons with another check for \$150,000. That may not sound like much in the larger scheme, but as a gift, it's the equivalent of a \$3 million endowment. "Endowment money comes through university investments that spit out between 2 and 5 percent," Jablons says. "And then you've got taxes (actually a university fee) and so you've got a \$1 million endowment. 'Here's \$30,000.' That's like five experiments."

More important, the Peterson grant is for research that was "not fundable by the NIH (National Institutes of Health)," Jablons says. "That's the

key. To do the high-flier research, it takes innovative and visionary people who want to take a chance." The Peterson grant made rain for downstream grants, including several from the NIH.

In every healthy cell there is a signaling pathway, called Wnt, which controls growth. Once a person reaches adulthood, the Wnt pathway is turned off. But Jablons' research has deduced that something turns it back on when mesothelioma tumors start to grow. His lab crew has engineered an antibody that might switch it off in all cancers, not just mesothelioma.

"We've shown in cell culture and in tumors growing in mice that we can turn off the pathway and cause tumors to shrink and die," he says. A patent has been filed and it has been licensed to a biotech startup to make it in sufficient quantities to enter clinical trial in a year.

Mesothelioma may hit just 3,000 Americans a year, but odds are that number will start climbing when all the asbestos shaken loose from the twin towers on Sept. 11 has a chance to take root and fester. The Petersons saw it with their own eyes after they stepped out of yet another discouraging consultation.

"There was a ton of asbestos that became exposed," Jablons says. "It was a huge epidemiological disaster in that it got aerosolized." Four years later, law firms are shilling for mesothelioma litigants on New York TV stations, looking for similar symptoms.

The race is on. That's why Jablons is still caffeinated at 5 p.m. His motto: "Coffee till 3 a.m. Espresso afterward." Nobody wants to leave the lab. They are onto something.

"Everyone will tell you I'm the ultimate optimist," he says. "But I really do think that in some finite period in our lifetime, we will see cancer, if not completely eradicated, dramatically changed in its onerousness and its impact on life." ♦

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Living with cancer

No 'doom and gloom' for five-year survivor

By David Henson/Features Writer
TheReporter.Com

Miles Affleck is a statistic.

Admittedly, he doesn't have much of a choice in the matter, he says. Everyone with cancer eventually becomes one. It's just a matter of what kind: a good statistic or a bad one.

Miles is a good one. He's still alive.

In July 2001, Miles, then 50 years old, was diagnosed with metastatic colon cancer. No warning signs, no familial history of the disease. In fact, the morning of his colonoscopy, he had run a brisk five miles without any abnormal fatigue. Then his doctor found a golf ball-sized tumor. The cancer had already spread to his lymph nodes and lodged in his liver, which was pockmarked with small tumors too numerous to count.

"We were lucky his was caught," said his wife, Debbie, whose bright eyes rested happily on her husband. "If he hadn't gone in for his 50-year-old exam, the doctors say he would have been dead within three months."

Still, the prognosis was dire, even after doctors removed the tumor and nine diseased lymph nodes. Miles' doctors warned that he likely would be dead within a year. For a 50-year-old man with such advanced cancer, life expectancy from diagnosis to death is 18 months. Only two people out of 25, according to the American Cancer Society, survive the disease for five years.

Grim odds.

But odds Miles liked.

"Only two are going to make it, so why can't I be one of them?" Miles said, his eyes intense and full of life. "Assume you will live. Somebody's got to. I am well aware of the reality. If anything, that gave me a little push to beat this thing and become a statistic."

The reality Miles often alludes to in conversation, but seldom dwells on, is an austere one. There is no cure for his cancer in its advanced stage.

If caught early enough, however, colorectal cancer is curable. Nevertheless, it is the second leading cause of U.S. cancer deaths. The American Cancer Society estimates that 55,000 people will die this year from the disease, and another 150,000 will be diagnosed with it.

"Miles knows there isn't a cure for him and at some point he will become resistant to treatment," said his doctor, George Fisher, Jr., an oncologist and professor at Stanford University School of Medicine. "I hope I always have something in my back pocket for him ... I wish I had a cure for him."

But just because Miles' cancer is incurable doesn't mean it isn't treatable. Serendipitously, Miles' diagnosis closely preceded an experimental drug trial at Stanford for metastatic colon cancer, and he signed up without a second thought. As a result, Miles received treatment that wouldn't be approved for the general population for another two years, treatment that pushed his cancer into remission for several months.

"Clinical trials represent the treatment of the future," said Fisher, adding that only 4 percent of cancer patients participate in clinical trials. "Miles was savvy enough to look for experimental trials. ... If I had another experimental treatment, Miles would be the first to volunteer."

For some reason, Miles has responded to treatment better than most. During the clinical trial in 2001, for example, a man with the same diagnosis, body type and age as Miles, was hospitalized nine days for side effects after chemotherapy. Miles, on the other hand, drove home the same day of the treatment.

"Every case and individual is different," said Miles, his lips mottled pink and tan, his scalp hairless from a recent round of chemo. "And I can't answer why one person does well and another doesn't."

Of course, he's had his bad days, weeks and months, too, as a result of the chemotherapy, which not only fights the cancer, but also the entire body. He was hospitalized after losing 20 pounds in a week. One treatment made him unable to endure anything cold, even something as mundane as a glass of ice water. Simply walking on a dewy lawn made him feel as if the cool grass had been replaced with dry ice, pricking his feet. Once, his palms and soles began to peel, sheeting off in layers.

The worst side effect, though, was one that affected his bulwark of optimism and extroversion. That occurred when one set of chemotherapy drugs caused a rash to spread across his chin. It dried, cracked and bled, making him look like he was in a permanent state of road rash. People stared, and Miles couldn't blame them. Still, it made him self-conscious, and the perennial extrovert, suddenly became withdrawn. Even worse, he felt bad about feeling bad.

"I'm so fortunate that my therapy lacked major side effects. Many times I felt guilty because not everyone is so fortunate," Miles said.

Asked to elaborate, Miles almost always begins his answer with "to use the old cliché... ." For example: He's learned to appreciate his family more; to not let the clutter of life interfere with its essence; and to live each day as it comes.

The temptation is to think that Miles uses the platitudes to keep people at arm's length. But Miles clichés are infused with genuine candor and hope.

"I just don't even think about it," Miles said. "There are times when I tell people I feel better now than I did six years ago. ... Once you're diagnosed, your life doesn't stop."

In the past five years, cancer has kept him out of work for only six months, and that was immediately after his diagnosis, surgeries and adjustment to chemo for the first time. Even then, Debbie pointed out, Miles was "biting at the bit, still doing e-mails and faxes from home."

Continuing to work, to travel and to live a "normal" life is important to Miles. He works full-time as a Bay Area commercial food broker, and travels with greater frequency than ever before. And he still plays golf, though at a slower, more relaxed pace.

He doesn't, however, plan too far in advance, preferring to take life in small pieces of time. Two years ago, he found out that he was to be a grandfather, so he decided he wanted to live to see his grandson. He did. Then he decided he wanted to live to hear him say, "Grandpa." He did, sort of. The 2-year-old says "Gampa, Gampa" instead. He also wanted to live long enough to drive a Toyota Prius, which meant waiting eight months for his order. He has now put 55,000 miles on his hybrid.

Miles is so active, even friends forget he has cancer, especially when his hair grows back. Then months later, he will suddenly lose all his hair, a sobering sign to his friends.

"When people see him bald, it's a reminder to people that he's sick," Debbie said.

It's also a hopeful reminder that even advanced cancer isn't a death sentence. That is a "critically important" message that more people need to hear, Dr. Fisher said. Half of those diagnosed with cancer are cured outright, and those that lack a cure often live healthy lives for years, he added.

Miles has committed himself to spreading that message with evangelical passion, and the gregarious man has no difficulty approaching someone who looks fearful or lonely during treatment or someone who has the hairless look indicative of chemo.

"I can walk into Nugget and tell if a man is bald from being 'follically'-challenged, if he shaves or if he has cancer," Miles said, laughing.

In December, Miles spoke to the employees of Genentech about his experiences with cancer and with taking the company's Avastin drug, which shrinks tumors by depriving them of blood.

"To meet someone like Miles who is able to live life and travel because of one of the company's drug, is so rewarding," Genentech spokeswoman Krysta Pellegrino said. "It's not something that happens as often as we would like."

These days, almost everyone knows someone with cancer, said Miles, who is on the phone almost daily with a new cancer patient seeking the calming voice of experience and survival. Ruth Wik, a close friend of Miles' through work, has referred some of her closest friends to Miles, hoping his "positive energy" will rub off.

"Miles has gone through this stuff, and having firsthand experience is fantastic for someone just going through this," said Wik. "Miles calls and shares the light with them. He's a fantastic soul."

If Miles happens across someone at Stanford preparing for his or her first chemo treatment, he always introduces himself with a hug and a reminder not to get overwhelmed and to look at today and tomorrow, not next month.

"What are the alternatives? Sit on a couch with doom and gloom or continue to live as long as you have to live," Miles said. "You can either be treated or sit idle. One is better than the other. You have an option."

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