

Prologue

HODGKIN'S DISEASE SURVIVORS GATHER AT STANFORD TO CELEBRATE GOOD HEALTH

At 38, Doug Eads is the picture of health. He is Fremont's city clerk—an active, articulate man who loves to romp with his two young children, jog, ski the Sierras and race around on a racquetball court. If Eads had been born five years sooner, he wouldn't be around to enjoy all that. He'd be dead. In 1965, Eads noticed a small lump in his groin. A doctor told him it was Hodgkin's disease, a cancer of the lymphatic system that would kill him in three to five years. But at the Stanford University Medical Center . . . scientists were trying some new treatments involving irradiation and drugs. Eads became a patient in the Stanford clinical trials. . . . They worked, and Eads has been free of the disease for the last 17 years. Today he and 400 other Hodgkin's patients who were treated—and cured—in the trials at Stanford in the last 20 years will gather at the university to celebrate their health and the success of the program. The patients meet once more with Henry S. Kaplan and Saul Rosenberg, the two doctors who directed the bold treatment and research effort.

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The fountains in front of Stanford University Medical Center had just been switched on, and a family of ducks glided across the reflecting pool. Sunlight, filtering through the lattice trim, gave the hospital a lacy façade. Asparagus ferns dangled from hanging baskets; a medical student rode by on his bicycle. As Maureen O'Hara walked toward Fairchild Auditorium, she felt out of place in her silky dress and heels; it was the first time in years that she hadn't worn a nurse's uniform to the hospital. Her face looked freshly scrubbed, with soft freckles scattered across her cheeks. Her loose brown hair bounced as she walked. Maureen didn't know what to expect. When she had received an invitation to "Twenty Years of Research and Progress in the Treatment of Hodgkin's Disease," she had thought it would be wonderful to see some of her former patients. She hadn't anticipated the scene she was about to encounter.

Over four hundred people filled the auditorium—women straight from their hairdressers, men and children in their Sunday best. The atmosphere felt

festive. Spirited conversations were punctuated by noisy outbursts, resembling a high school reunion, a wedding, a graduation. Smiles and handshakes gave way to cheers and hugs. A woman in a cashmere sweater rushed forward and threw her arms around Maureen. It took a few seconds for Maureen to recognize her. Eight years earlier, she had lain in a hospital bed, her body limp from repeated vomiting, while Maureen held her hand. Now she hugged Maureen with great strength.

A lanky man with long blond hair and a familiar face approached Maureen—Chris Jenkins. “Maureen, this is my daughter, Melinh,” he said. Maureen recalled the baby lying in a basket at Chris’s bedside while he recovered from surgery. Melinh had just started to talk when her father contracted meningitis. The month he was hospitalized in an isolation unit, he could only look at his wife and daughter through a small window. All the ugliness of disease, however, had not erased Chris’s smile. Maureen fumbled in her purse for a tissue.

Jan DiJulio, the charge nurse on the cancer ward, was searching for a familiar face. “The patients looked so different,” she said, “no hospital gowns, and hair.” A man in a checkered jacket approached Jan and introduced his wife and daughter. “I was treated in 1965,” he said, “and I wouldn’t be here if it weren’t for Dr. Kaplan and Dr. Rosenberg.” A woman lined up three teenagers in front of Jan. “Remember me?” she asked. “I’m Nancy from Fresno.” Jan looked puzzled. “I had that lung mass,” she said. “These are my children. It’s wonderful that I can now make long-term plans with them.” Jan rushed to call her husband. “You’ve got to come to this event,” she said. “Something really exciting is happening here.”

When Sarah Donaldson entered the auditorium, the reaction overwhelmed her. Trained by Henry Kaplan, Donaldson was now a Stanford professor, internationally known for her work on pediatric Hodgkin’s disease. Behind her youthful ebullience was a shrewd, intelligent woman. Donaldson stood looking at the crowd and smiling so broadly her cheeks began to hurt. A teenager introduced himself. Sarah thought back to the distraught parents who had brought their four-year-old to her with the most advanced stage of Hodgkin’s disease.

A new round of cheers arose when renowned radiation oncologists Eli Glatstein and Norman Coleman entered the auditorium. They had been two of Henry Kaplan’s favorite trainees. What a pair they made: Eli, baby-faced and rotund, was known as “Mr. Wonderful.” Norm, gangly with a mass of unruly black curls, a scraggly beard, and a large nose he made fun of himself, stood a head taller. A woman from Modesto with an Italian name he couldn’t remember spoke to Eli. He was pleased to find her still alive; she had relapsed numerous times. A San Francisco psychiatrist smiled and shook his hand. Eli had no trouble remembering him. He had complained to Glatstein almost daily throughout treatment. “He didn’t think I was so great then,” Eli said.

Before the formal program began, the patients mixed with the social workers, nurses, and physicians. “There was such a high in that auditorium,” Maureen recalled. “It was marvelous. People that you treated years ago were there—the survivors.”



Stanford University’s president, Donald Kennedy, approached the podium to open “Twenty Years of Progress in Research on Hodgkin’s Disease,” an event proposed by Saul Rosenberg and Henry Kaplan as a tribute to the patients who had taken part in their clinical trials. “Every cancer patient needs courage,” Kennedy said. “Those who are willing to participate in previously untried treatments draw upon additional courage.” Chris looked at his wife, Tuyet. Their life in Vietnam during the war had required enormous fortitude. They had had to dig deep into their reserve of willpower again when he developed Hodgkin’s disease. “It is 1982,” Kennedy said, “150 years since Thomas Hodgkin, an English physician, first recognized the disease . . . twenty years after the Kaplan-Rosenberg trials began.” He spoke of their multidisciplinary approach—Kaplan the radiation oncologist and Rosenberg the medical oncologist bringing together a team of specialists from several fields to attack one disease—an unheard of concept at the time. “Above all,” Kennedy said, “they have provided excellent care.” A cannery worker from Gilroy clapped until his thick hands stung. Five years earlier he had come to Kaplan with an undiagnosed fever, wasted and unable to work. He didn’t know how to express his thanks. So he just clapped harder.

President Kennedy adjusted his glasses. “I guess you all know Henry Kaplan.” In the third row, Glatstein and Coleman chuckled; they still considered themselves “Kaplan boys.” Christine Pendleton, a trim Palo Alto housewife, took a deep breath and looked at her husband, Red. Fifteen years ago, her physician had told him that she would be dead in two months. That was before she met Dr. Kaplan. A murmur rippled through the auditorium. “It was like a ground swell,” Jan DiJulio said.

Henry Kaplan walked to the podium, and the audience fell silent. A large, balding man in his early sixties, over six feet tall, Kaplan wore a white coat and a bow tie. His stature imparted an air of confidence. “HSK had a commanding presence,” Glatstein said. “When he entered the room, you sat up straighter.” He had an overbite and rarely smiled, making him look austere. And his eyes were piercing, watchful; he didn’t miss anything. The look that intimidated some associates seemed kind and warm to patients. Kaplan held the side of the lectern, the two giant fingers of his left hand in full view. He didn’t hide the deformity that had tormented his mother.

Everyone knew the man behind the podium had developed the first medical linear accelerator, which delivered radiation with such accuracy and potency that it changed the outcome for cancer patients. Everyone knew of his innovative therapies for Hodgkin's disease and other lymphomas. What they didn't know about were his family struggles, his ill-fated love affair with Stanford University, the humanitarian efforts that had imperiled him. Most perceived only a few facets of the hundreds that constituted the mosaic of this enigmatic man, called a "saint" by some, a "malignant son of a bitch" by others.

Patients saw only the loving side of Dr. Kaplan. But several of his closest associates, his brother, and his own son couldn't reconcile the man who touched patients with such tenderness with the man who devastated them with his sharp words. Cancer researchers appreciated another aspect—the exhilaration he felt solving problems. A gifted scientist, Kaplan had discovered a virus that causes leukemia in mice and believed he was close to finding a cancer-causing virus in man. At the same time, he was developing monoclonal antibodies to treat cancer. Intoxicated by science, he loved his work. He called his laboratory his golf course; his wife, Leah, called it his mistress.

Although seemingly self-sufficient, Kaplan had the capacity for intense friendships. Intimate with him were a handful of brilliant, creative men. They traveled together, corresponded regularly, shared art, music, witticisms—and vulnerabilities.

As an associate, Kaplan could be the most collegial of collaborators or the most formidable opponent. Some wondered how he could be a gracious host, welcoming them into his home, charming them with clever conversation, yet be abrupt, even caustic in debate. Although he stimulated trainees and young faculty, encouraging them to explore their own ideas, he had high expectations and no use for those he viewed as inept. Perfection and loyalty—he expected them, demanded them. He bruised colleagues with his intolerance, but he bore the scars of betrayal. Love, hate, devotion, jealousy: Kaplan generated the extremes of emotions. Much of his success resulted from his remarkable self-confidence, bordering on a sense of his own infallibility. Rarely diplomatic, he seemed dictatorial to many. And he had the annoying habit of having the last word.

At the core of Henry Kaplan's being lay a passion—a passion to cure cancer. That drive dominated his life and his relationships. It pushed him to persist despite failures. It helped him weather the storm of criticisms that followed in the wake of almost every one of his innovations. His passion had extracted a high price, however, leaving several casualties along the way. Seemingly oblivious to his devastating impact on others, he kept his eyes on the enemy, and the enemy was cancer. He called it his "Moby Dick," and Hodgkin's disease was one malignancy he had set out to annihilate.

Now Kaplan planned to unfold the story of this cancer. Before he could speak, however, the entire audience rose to a standing ovation. Somewhat embarrassed—after all, this was supposed to be a tribute to the patients—Kaplan raised his hand to quiet them. This only heightened the response. He glanced over at Saul Rosenberg and nodded, his only acknowledgement that this idea of Rosenberg's had been a good one. "For all their supposed difficulties," Coleman said, "I detected a tremendous affection between the two that day." The year before, Rosenberg had reminded Kaplan that 1982 marked the twentieth anniversary of their work together at Stanford. He proposed a program that would demonstrate to the public what cure of this cancer meant in terms of individuals and their families. Kaplan liked the idea of celebrating the courage of patients who had participated in a treatment for which the outcome was unknown. This time they had agreed.

Kaplan cleared his throat and began. When he had entered the field of radiation therapy in the early 1950s, he said, just one patient in twenty with Hodgkin's disease survived. Treatment planning was haphazard, radiotherapy equipment rudimentary. They needed a way to generate high voltage to kill cancers more effectively while minimizing damage to normal tissues. When he began to hear cocktail party talk of a new atom smasher being built by Edward Ginzton on the Stanford campus, he invited him to lunch. Their subsequent collaboration led to development of the first medical linear accelerator in the Western Hemisphere. They had never anticipated that their first patient would be a seven-month-old with bilateral retinoblastomas, cancers that were treated by surgical removal of both eyes. Instead, Kaplan had irradiated him using the new linear accelerator, and now that baby had become a man who could appreciate the beauty of a sunny day such as this one.

Armed with a more powerful means of delivering radiation, the Stanford group began its trials for patients with Hodgkin's disease. All they knew at the time was that the illness involved lymph nodes in the neck and chest and later spread to lymph tissue in the spleen, liver, and bone marrow. They didn't know its cause, but they did know it had a predilection for young adults and eventually killed most patients. Although they could arrest disease in the neck or chest with irradiation, it recurred in the abdomen in a significant number of patients. In order to design curative therapies, they needed to determine how the disease spread.

Kaplan and Rosenberg set out to find the answer, performing a series of tests in newly diagnosed patients to detect all sites of disease—a process called "staging." They began to subject patients to a surgical procedure—staging laparotomy—in which the surgeon sampled intra-abdominal nodes, biopsied the liver, and removed the spleen. Cancer specialists criticized the Stanford team

for this; one publicly denounced them for performing “living autopsies.” Nevertheless, they frequently demonstrated unsuspected disease in the abdomen, which had to be detected if patients were to be cured. They had been able to make these crucial observations because hundreds of patients had agreed to undergo staging laparotomy. “Without the patients,” Kaplan said, “we could not have made the advances.”

In the early 1960s, most specialists treated Hodgkin’s disease with low doses of radiation to small fields. “Radiotherapists had an almost superstitious fear of treating people [both] above and below the diaphragm with large doses of radiation,” Kaplan said. But he knew that was the only way to cure patients with widespread disease. The Stanford team had withstood censure when they implemented total lymphoid irradiation—delivery of radiation to all lymph node groups in the body. A prominent radiotherapist accused them of “burning bodies.” But they persisted. “Today” he said, “about 40 percent of patients treated twenty years ago with so-called ‘radical, high-dose radiation’ are still alive.” Kaplan ended his talk by saying, “Many of the most productive insights came from observations of particular patients. They taught us new lessons, which gave us the new ideas.”

Then he introduced the next speaker, Vincent T. DeVita, director of the National Cancer Institute. This handsome middle-aged man with thick, dark hair in a pinstriped suit and tailored white shirt set the national agenda for cancer research. Polished and congenial, he showed no trace of the duck-tailed gang member who had grown up in the Bronx. Although he was seventeen years junior to Kaplan, they had a longtime friendship, rooted in mutual admiration, shared confidences, and a commitment to eradicating cancer.

DeVita regularly informed the public of progress in cancer research, but this event—the gathering of cured cancer patients—was unique, even to him. Moved by the idea of such a celebration, he compared it to a reunion of veterans—“survivors of trench warfare, coming together to bring each other up to date, [to] compare notes on our common enemy.” Research physicians, too, he went on to say, had participated in “trench warfare,” for the early experimental trials had been a perpetual battle. Since most physicians considered Hodgkin’s disease fatal, “it was as if doing something other than comforting the patient during his or her final illness were an act of deliberate cruelty,” DeVita said. He reflected upon the struggle to defy the prevailing norm. One need only look at Henry Kaplan—the deep creases in his forehead—to know that to be true. In ending, DeVita said, “We have recognized the courage and commitment of the patient’s family and friends as a limitless trust fund of the human spirit. You have faced the tempest with fortitude.”

Next Kaplan introduced Saul Rosenberg, his colleague of twenty years. In

his praise, one couldn't detect the years of conflict between the two, an initial admiration that had evolved into intermittent open hostility, followed by an uneasy truce. Rosenberg was nine years younger than Kaplan, shorter and of a slighter build, with soft, smooth hands, and immaculately dressed. Having struggled for his white coat, rebuffed at every step, he projected an image of self-confidence and humility.

The audience again rose to applaud. Many patients, especially those who had received chemotherapy, considered Rosenberg their savior. "He was different from any physician I'd ever met," Dan Shapiro recalled. "The first time we met, he strode into the room and immediately came to where I was sitting and put his hand on my shoulder. His hand felt large and heavy for such a small man." After examining him, Rosenberg said: "I don't think I can cure you, but I'm going to try."

Now Rosenberg lowered his chin, looked over the top of his reading glasses at hundreds of such patients, and shook his head. He was pleased. "Twenty years ago," he began, "the field of chemotherapy and medical oncology didn't exist at Stanford and in most places in the world." As a case in point, his own oncology division had grown from one faculty member in 1965 to almost seventy people. Progress in treating Hodgkin's disease had been a team effort. Rosenberg's first slide listed those responsible for the work at Stanford. When Jan DiJulio's name appeared, her husband squeezed her hand.

Reviewing the treatment of Hodgkin's disease with chemotherapy, Rosenberg called DeVita's development of MOPP a landmark. This four-drug combination had cured half of the patients with advanced disease. But it required endurance: severe vomiting, constipation, numbness, infection, and sterility accompanied MOPP. And with the high cure rate emerged an unexpected toxicity—acute leukemia. Rosenberg went on to explain how he had designed an alternative chemotherapy regimen to lessen the acute side effects, and, later, another combination to eliminate unacceptable long-term complications, in particular sterility and second malignancies. He didn't tell the audience how DeVita had publicly censured those regimens, calling them "awful." The incident had almost destroyed DeVita's friendship with Kaplan. Rosenberg predicted that future therapy would have even fewer adverse effects. "It's a measure of our success that in a disease that was once invariably fatal," he said, "we now have the luxury of looking into the quality of life."

As Rosenberg returned to his seat, he gently touched the shoulder of Mary Murray-Vidal, one of two patients asked to speak that day. A thirty-five-year-old art historian, Mary had survived against all odds. The audience watched this elegant, fragile-appearing woman move to the podium. She seemed unblemished with her upturned nose and silken hair, but at a closer look, one

could see her one visible scar—a blue dot on her upper chest—the tattoo from her radiation port.

“I am happy and very fortunate,” she said, “to be able to join in this celebration of a medical victory and . . . of life.” Fourteen years earlier, Mary had been diagnosed with Hodgkin’s disease. “At twenty-one, I was barely past being a girl,” she recalled, “just becoming a woman with a future to plan, and yet any future for me was suddenly and seriously in question.” While in college, she had developed severe fatigue, night sweats, and a lump in her armpit. Her physician thought she had mononucleosis, but when she hadn’t improved after two months, he ordered a biopsy. Hodgkin’s disease, she was told. “His words did not shock me,” Mary recalled. “I had never heard of this disease of the lymph system. Perhaps out of kindness or caution the doctor did not tell me that it was cancer or that it was fatal.”

Mary had no health insurance, and Stanford’s lymphoma team offered to take over her care. “From the very beginning,” she said, “I felt confidence in my treatment and in my doctors. . . . I never felt I was a guinea pig, but rather someone very special.” Eli Glatstein smiled; he had been one of her doctors. Tests completed, she was determined to have stage IIIB disease, involving lymph nodes in the neck, chest, and abdomen, and was assigned to an experimental program of irradiation and chemotherapy. “I don’t recall at this point having a constant or overwhelming feeling that I was facing death,” she said. She stopped; something caught in her throat. “What I feared most, as a young woman,” she continued, “was the threat to my ability to bear children.” Chris Jenkins put his arm around Melinh. Fortunately, she had been conceived before treatment left him sterile.

After starting radiotherapy, Mary began to feel better almost immediately. Two months later, she began MOPP. “My first chemotherapy treatment was overwhelming,” she recalled. “With the injections came tremendous nausea. . . . The chemotherapy made me very weak and at one point caused serious intestinal problems. These were the months when I truly felt I was struggling against the disease, and this was when I learned the meaning of willpower.” The man in the checkered jacket nodded; he remembered that ordeal. Mary completed the therapy only to find the next few years almost more difficult, at least psychologically, because of the ever-present fear of a recurrence. One day, however, she reached the five-year mark. “Then I truly felt cured,” she said. Sarah Donaldson had to blink fast to keep tears from welling up in her eyes. Several patients wept. She was telling their story. A hush enveloped the auditorium for a moment, followed by a surge of applause. When it died down, Kaplan introduced a second patient, Douglas Eads.

This slight man with a brush mustache and tinted glasses appeared uncom-

fortable as he adjusted the microphone. He started with an apology. "I'm not sure I really earned my stripes," he said. Also a college student when diagnosed, Eads had been told he would die. Then he came to Stanford. The team performed a staging laparotomy and found disease confined to the groin and pelvic lymph nodes—early stage. A short course of radiation cured him, although he never quite believed it until five years had passed. "I'm willing to bet," Eads said, "that there are among us today a fair number who, when they learned they had Hodgkin's disease . . . promised to themselves or to the Almighty that if they were spared, they would dedicate themselves to a life of unselfish service to their fellow man." The man in the checkered jacket whispered to his wife—it was true. "I'm equally sure," Eads continued, "that . . . those promises were plea-bargained down to something like a promise to be kind to animals. But I think we can be forgiven; after all, we are mere imperfect mortals . . . all, that is, except Drs. Kaplan and Rosenberg. As we all know, they are saints." Rosenberg lowered his head; Kaplan shifted in his seat. They did not look at each other. With enthusiastic applause, the formal program came to an end.



Attendees gathered in Grant Courtyard for a champagne reception. A string quartet played Vivaldi, and although hors d'oeuvres were served, most people were too excited to eat. "That reception was the most moving, unforgettable part of the affair," Rosenberg said. "It was a time for patients, nurses, and physicians to embrace and take pictures. People came up to me with children, people who were teenagers themselves when treated." Maureen watched Kaplan move among the crowd, touching patients, patting them. "It was like he had all the time in the world for every single person," she said.

A small party gathered around Kaplan's wife, Leah. A tall, striking woman in her early sixties, she had thick auburn hair, full red lips, and a spirited laugh. "I'm a survivor of ten years," a patient said, shaking her hand. "I'm a survivor of fifteen years," another told her. "They treated me like royalty," Leah said.

One young woman Sarah Donaldson had treated showed her a snapshot of her twin sons. She had given them special middle names—Henry and Saul. A young nurse stood with Maureen while three former patients talked about their careers and children. When they parted, Maureen asked the nurse, "Do you know what those three people have in common?" She watched them mingle, laughing, drinking champagne. "They were all in the intensive care unit on respirators," Maureen said.

In the late afternoon, as shadows crossed the courtyard, a few lingering people exchanged addresses and quietly drifted away. As Kaplan stared at the departing figures, the delight faded from his expression. "Twenty-five years ago we

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knew that there was nothing we could do," he told a reporter. "We could accept that. Today it is much harder on me emotionally to realize that there are patients we can't help. Perhaps that's the reason we make progress. We have not felt satisfied; we feel an obligation to push forward." So, as these cured patients returned to their homes and their lives, he mourned for those who were not with them. "It never left him completely," Leah said, "that you didn't win them all."

A great deal had been said that day about courage and success, about Henry Kaplan and Saul Rosenberg, about Hodgkin's disease, about the patients; nothing had been said about failure, enmity, and despair. But there was much more to this story, which spanned several continents and decades. These powerful men were only two among a large cast of players whose drama culminated that day in 1982.

The story began in an English village in 1798.