

Family Matters

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Flash of light in the hospital waiting room

Chance read led Misha to innovative cancer cure

MISHA LYNN (41), a special needs teacher from Dunoon, was devastated when she was diagnosed with skin cancer in December 2005.

She was told surgery would leave her with a scar the size of a lip on the tip of her nose.

Having lived in Australia for five years Misha had always been conscious of any changes to her skin.

She says, "I was always aware of the risks of sun exposure but I'm not much of a sun worshipper and had never used tanning."

"When I was on holiday in August 2005 I noticed what looked like an enlarged pore on the tip of my nose."

"I've almost needed a magnifying glass to see it but by that November I decided to get it checked out."

Scared

"It was a good job she did. The following month a biopsy revealed the bad news and I realised, more consciously than I know as a child's sister."

BCC is the most common skin cancer, if it isn't spotted like Misha's but it can be destructive and disfiguring, it left Misha with some "scared starts to eat away the flesh."

Radiation and surgery are the most common forms of treatment.

Misha explains, "Radiation therapy wasn't recommended as my BCC was too deep so surgery would be my best option."

"This involved removing a large part of my nose and a skin graft from my arm. But the skin behind the cut has a different texture and colour so it would have not permanently worked."

Understandably devastated she sought a second opinion.

"I was told my best option

By Sarah Johnson

was getting it cut out. When I asked how big the scar would be the plastic surgeon said I could be left with a hole the size of a lip on my nose."

"I wanted to ignore it but was told that if I did the BCC could completely destroy my nose. I couldn't take that risk."

By March 2006 she was scheduled for an op at Glasgow Royal Infirmary. While sitting in the waiting room with her dad, Joe, Misha read a magazine to pass the time.

As she flipped through it she spotted an article about a woman with BCC.

Misha says, "Immediately she was the same age and had money about her. She was, and had had a little-known treatment called Photodynamic Therapy with great results."

"The article mentioned it seemed more than just a coincidence. I didn't want to go ahead with surgery if there was another option."

"I spoke to the specialist and, although she hadn't heard about PDT, she thought it was worth finding out more."

"The surgeon didn't think it was the right treatment for me but as I was too agitated by this time he told me to go home and think about it."

Misha contacted David Longman, founder and director of Killing Cancer, a charity dedicated to researching for, and promoting the benefits of, PDT.

Approved by the



■ Misha — back at work only weeks after cancer treatment.

Government's drug watchdog, NICE. Photodynamic Therapy is already approved for skin, head and neck, and mouth cancers and Barrett's Oesophagus and is currently in development to fight early lung, bile-duct, pancreatic and prostate cancers and arterial disease.

Although not suitable for all cancers, it has the potential for future treatment of breast cancer, brain tumours, MRSA, cervical cancer and herpesvirus.

Sensitive

The concept is simple. David, whose daughter's cancer (D) was treated by PDT, explains, "Patients are given a light sensitive drug, called a photosensitising agent, which is absorbed and retained by cancer tissue."

"Once in the body, it is attracted to cancer cells but doesn't start working until it's exposed to a particular type of light."

"Laser or red light — usually from a thermal laser — is applied to the tumour area

This activates the drug to kill the tissue in that area. When the light is directed at the area of the cancer, the drug is activated starting the cancer cells to oxygen and destroying them."

"Once healthy, normal cells in the body will also be affected, although these cells will always heal after the treatment."

As PDT is non-surgical it doesn't damage nerves, therefore there's little, if any, scarring, and recovery times are much quicker.

David adds, "There's no nausea, bright red, skin burns, hair loss or damage to immune system. Often only one treatment is needed and only between a quarter to half the price of current conventional treatments." It's available privately and in the NHS.

Misha speaks to Beverly May, from Manchester, who had also successfully received PDT.

Despite being told by so many that even specialist experts that PDT wouldn't work for her skin cancer, it

did and she avoided the disfigurement of her nose and cheek, and the removal of a hair die."

Misha was contacted and David arranged for her to be seen privately by Ms Colin Hopper, senior dermatological registrar at the National Medical Laser Centre at London's University College Hospital.

Burning

Over the past 10 years he has made PDT his speciality, treating more than 500 head, neck and skin cancer patients.

On the first day Misha was given the drug by injection and for the next 48 hours had to remain out of the light to avoid burning. She explains, "Because my BCC was a deeper cancer the drug had to be administered throughout my body, which wasn't particularly nice as it made my white body totally light sensitive."

"I had to black out all the windows when I was sleeping and cover my eyes as I would burn instantly."

Two days later she received

the 200 seconds of light exposure to activate the drug that would kill the BCC.

She says, "I was able to fly home later that same afternoon with my nose and cheek intact."

"I had to keep away from windows for a week, but could start to tolerate occasional light after 10 hours. You have to gradually reintroduce yourself to sunlight."

"The worst part was flying home covered from head to foot. The airline was great but the poor girl I sat next to was aware of me and cried throughout the flight. I tried reassuring her I wasn't a terrorist."

"A suit started with black spots, newly formed black before falling off after about six weeks. I was left with an area of pink, hair and skin, which has now completely healed with no scarring."

Challenge

Misha was back at work within weeks but she's concerned that with so little known about PDT hundreds of people who may be eligible for it, would still be unnecessarily diagnosed.

But as David explains the biggest challenge is convincing medical professionals and MPs. "There's a lack of information and too much misinformation surrounding PDT," he stresses. "People are still getting bits cut out of their heads and diagnosed as cancer doctors aren't recognising the benefits of PDT."

"I'd be amazed you haven't heard of something. Don't mean it doesn't work. It's been stocked at the pharmacy and someone, mainly due to people not grasping what PDT is, but when you have there's another expert to suggest, you can't ignore the basic information."

With her treatment over a success after a check up Misha says, "I don't have to go back for another year and if the BCC returns back I can have more PDT. It's good surgery in the future I will, but at least PDT has given me time."

"And at least this way I got to keep my job," she smiles.

For more info log on to www.killingcancer.co.uk