

# The Art of Living

In June 2007, Annette Abrams decided to make a change in her life. After teaching preschool for 11 years, she took a leave of absence to devote more time to the practice and teaching of her art. Two months later, she was diagnosed with a T-cell lymphoma. “I had what I thought was a swollen gland in my neck for at least six months before I got worried,” said Abrams.

At Georgetown Medical Center, her tumor initially responded to treatment but then became resistant. Her biopsy was sent to the NIH where, the Head of the Lymphoma Therapeutics Section of CCR’s Lymphoid Malignancies Branch, Wyndham Wilson, M.D., Ph.D., reviewed it and recommended a hematopoietic stem cell transplant.

Abrams and her husband met with Dan Fowler, M.D., who walked them through the protocol. “He was so low key, easy to talk to, easy to listen to, and full of information!” said Abrams. “He said we could do a transplant if there was a donor match. Fortunately, I have four siblings and two were matches.”

Fowler and his team began treating Abrams at the NIH Clinical Center in mid-October 2007. Despite their best efforts, the first transplant, from Abrams’ brother, performed at the end of November, was not successful due to rapid tumor progression. “Dr. Fowler was working on other protocols, so they kept treating me with localized radiation and chemotherapy until I could receive the next transplant from my sister, at the end of May 2008.”

The second transplant (which used low-intensity preparation before the stem cell transplant and infusion of T-Rapa cells) proceeded without toxicity or GVHD, but there



(Photo: R. Bauer)

Annette Abrams stands by a mural she created while undergoing treatment. This art is displayed in the NIH Clinical Center.

was also persistent lymphoma. Accordingly, the post-transplant course was altered by several infusions of additional donor cells either with or without additional chemotherapy. Then six weeks into the treatment, Abrams developed a high fever and swollen lymph nodes. She was admitted to the hospital, and after the fever broke, the tumor started to die. “My tumor was a big, ugly, bloody looking thing; I always wore a bandage over it. When my lymph nodes started popping, I think it was the last stand for the cancer. They were fighting.”

Abrams has been cancer-free for six years. Stem cell transplants are not without side effects and Abrams developed a few symptoms of chronic Graft versus Host Disease (GVHD), an effect of the donor immune system attacking the patient’s healthy cells. Abrams is currently enrolled in two NIH experimental protocols for treatment of these complications.

Beyond her contribution to clinical research, Abrams also contributes her talents directly to the NIH community. Her mosaics are featured in the Clinical Center and she volunteers on the art committee at the Children’s Inn. Once a month she supervises the artistic endeavors of the pediatric cancer patients.

Abrams also shares her experience with cancer both on an ad hoc basis with new patients and in the form of a children’s book. “It’s about a little girl who has cancer—it’s really me—and all the feelings she is going through. She realizes she has a whole team of helper heroes: doctors, nurses, friends, and family as guardian angels to help her get better.”

“Before my husband and I first went to meet with the team at NIH, we thought we would look at our options, maybe check out MD Anderson or Johns Hopkins,” said Abrams. “But after our conversation, I knew I was meant to be at the NIH.”