



David Sturges

Wajih Kidwai, MD, FACP

# WORKING TOGETHER:

## A PATIENT-AS-PARTNER AP



When David Sturges was diagnosed with chronic myelogenous leukemia (CML) in 2011, only a few months after he lost his partner Ellen to ovarian cancer, he wasted little time grieving or wondering where to go for treatment. “Ellen had gotten excellent care at Yale, so I went to see Wajih [Zaheer Kidwai, MD, FACP] at the Smilow Cancer Hospital Care Center in Guilford, CT. It’s convenient and it’s still part of Yale, so you get the best doctors,” said Mr. Sturges.

At 81, Mr. Sturges still has the commanding air of the former naval officer he is. “I was on the personal staff of the Chief of Naval Operations as his flag journalist,” he said. Because of that training, he took what he describes as a “military approach” to dealing with his diagnosis. “It’s the only way to get things done,” he explained. “A military approach requires good communication and follow through and discipline.”

Mr. Sturges ended up needing that discipline, because his case turned out to be surprisingly complex, calling for stamina on his part and creative thinking on the part of his oncologist. “Usually, when patients have CML, in which the bone marrow produces too many white blood cells, the standard treatment is to give them imatinib, a drug that targets the molecule responsible for the chromosomal abnormality that causes the disease. With imatinib, also known as Gleevec, most patients go into remission,” said Dr. Kidwai, an Associate Professor of Clinical Medicine (Medical Oncology) and Medical Director of the Smilow Cancer Hospital Care Center in Guilford.

That wasn’t always the case. Before imatinib was approved by the FDA in 2001, the life expectancy for CML was only about three years. “Now, patients take a pill a day for the rest of their life, and you’d never know they had cancer,” marveled Dr. Kidwai. “It’s a true game changer.”

But imatinib didn’t work for Mr. Sturges. In fact, soon after he started the regimen, he developed a rare type of allergic skin reaction that nearly killed him. “I could hardly move,” recalled Mr. Sturges. “My hands swelled, my knees swelled, everything swelled. I ended up in the hospital for three weeks at Smilow, and I couldn’t get out of bed or do anything until every trace of the medication was out of my body. It was a very scary experience. But Dr. Kidwai helped me get going again and administered the discipline to get me on my feet and moving.”

After spending more than a month in a rehabilitation facility learning to walk, eat, and function again, Dr. Kidwai prescribed another medication known as SPRYCEL (dasatinib). “It has the same molecular target as Gleevec but a different side effect profile,” he explained. Because of Mr. Sturges’ history, Dr. Kidwai monitored him very closely, something his patient appreciated. “Initially, we met every two weeks, and Dr. Kidwai was extremely solicitous and careful,” he said. “Along the way, we kept discussing what was going on with research in the field, because treatment of CML is improving all the time, with more and more medications available.”

True to military form, it was often Mr. Sturges who drove those discussions. “Mr. Sturges is very detail oriented and very much involved in his own care, which is a good thing,” said Dr. Kidwai. “I feel a strong connection with all of my patients, but he is unique in that right from the start, he did the research on his condition, took responsibility, and became very knowledgeable about it. At every appointment, he asks, ‘What’s new in the field today?’ and we have a different discussion every time.”

Indeed, Mr. Sturges decided to go further than mere talk and research: He started an endowment fund at Yale Cancer Center focused on CML and other myeloproliferative disorders focused on keeping patients and the public up to date about what is going on in the fast-changing field. “I’d started an endowment for ovarian cancer after Ellen died, and I figured I would do the same thing here, for CML. I told Dr. Kidwai that my intent was to fund a series of lectures, using me and other patients as case studies.” Characteristically, Mr. Sturges has a crystal-clear vision for the project, right down to how to publicize it.

That teamwork is paying off. Mr. Sturges is now in complete remission. And recently, after 10 years on SPRYCEL, he has gone off the drug due to a side effect which in Mr. Sturges’ case led to a build-up of fluid in one of his lungs. But even without the medication, his numbers have been excellent. Other than the aches and pains of age—“At 81, you face all kinds of things,” he mused, for Mr. Sturges, CML is “off the worry plate,” as he puts it. “Medications like Gleevec and SPRYCEL have created a cancer victory for this type of leukemia,” Mr. Sturges said. “That’s due to everyone’s contributions in the field. Dr. Kidwai is at the top of my team, and he deserves credit for that.”

# PROACH TO CANCER CARE