



In the family: Denise DeRaud (far right) will undergo a bone marrow transplant in May with the support of her sisters (from left) Michele Rice of Canton and Annette Russo of New York. Russo will donate her bone marrow during the transplant at University of Michigan Hospital, Ann Arbor.

Sisters are there to help

BY KIMBERLY A. MORISON
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Annette Russo didn't have much to celebrate Feb. 12 despite it being her birthday. "Not only did the day mark the death of her father, three years prior, but she found herself in Michigan giving blood in hopes of saving her sister's life."

"I said a silent prayer to my father," recalled Russo of New York who was being tested as a possible bone marrow donor for her sister Denise DeRaud of Redford.

Later that evening Russo, an investment operations manager on Wall Street, received word she was a perfect match. "I screamed at the top of my lungs when they called. I was overwhelmed with joy but then reality sinks in and you think 'what if it still doesn't work.'"

In just two weeks, Russo will

return to Michigan with her two children and begin preparation for the bone marrow transplant. The 31-year-old will first receive Neupogen injections, a medication that spurs bone marrow production so that an abundance "spills over" into her blood stream before it's harvested May 10 during the transplant.

"It's amazing how Denise has tackled this thing with such courage and grace," said Russo of her sister. "I'm amazed. I told her last night I don't think I could be this strong if it was me."

The day of the transplant, Russo will undergo a simple procedure that is no more painful than a pin prick. She will have blood drawn intravenously, filtered through a pheresis machine that spins the donation, separates the marrow and through a second intravenous line, returns her blood back to

her body.

"You know the saying, 'out of sight, out of mind?' This sheds a whole new light on how much we depend on these people to save our lives. You may never give it a second thought until something like this happens. I'm depending on these doctors to save my sister's life."

Russo said she wonders if things like this aren't "meant to happen."

"It has made us stop and ask ourselves what's important in our life. You take a step back and look at what life has given you."

DeRaud's other sister, Michele Rice of Canton, has taken a family leave from work to help care for DeRaud's children prior to and following the procedure. Russo will fly in from New York May 4, six days before the transplant and remain in Redford

Please see **SISTERS, B5**

MDS

Bone marrow transplant can provide only known cure

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In the back of Denise DeRaud's mind, intuition told her something wasn't right despite the pacifying words of several doctors who told her "don't worry."

How could she not worry when a simple blood test turned up suspect? The anguish from the loss of her mother, leukemia, flooded her thoughts. "I was remembering what my mom went through," said DeRaud, "and I was scared."

DeRaud, 35, was reminded around Christmas by her husband, Mark, that the annual blood drive at his workplace, Garden City Hospital, was approaching.

"I don't know why he kept reminding me about it, but he did and I ended up going, not unlike I had in the past."

The Redford resident said it was the nurse at the blood drive who noticed her hematocrit level was low — an indication she may be iron deficient. The nurse could not accept DeRaud's donation and encouraged her to visit her physician to rule out anemia.

Think positively

DeRaud said her physician tried to ease her mind, drew more blood and sent her on her way. "I never expected to hear back," said DeRaud, "but I did."

Based on the results of her bloodwork she was referred to a hematologist/oncologist who ordered a bone marrow biopsy.

"I didn't hear a word they said after that," said DeRaud who was still thinking of her mother who died just four months after she was diagnosed with a rare and aggressive form of leukemia in 1994.

The bone marrow biopsy, a procedure that involves the extraction of bone tissue, is performed to examine marrow cells and analyze chromosomal composition. It can be a painful procedure for the patient. "I was really frightened," said DeRaud, who had seen hundreds of people undergo the procedure when she worked as a histotechnologist at Garden City Hospital.

DeRaud said a diagnosis was hard to ascertain initially and therefore her physician forwarded her biopsy results to a renowned specialist at Wayne State University and to several bone marrow centers before it was confirmed she had acute Myelodysplastic syndrome (MDS), a precursor to leukemia.

Myelodysplastic syndrome (a blood disorder) can occur in individuals who have been exposed to cancer-causing agents such as benzene, radiation, certain types of chemotherapy drugs or without any known cause. Of the five identifiable types of MDS, DeRaud suffers from refractory anemia with excess blasts in transformation to leukemia (RAEB-T).

Thirty-five to 65 percent of patients with RAEB-T develop leukemia. Ironically, DeRaud's type of leukemia is in no way genetically associated with the form that her mother suffered from and, in fact, she is believed to have contracted the chro-

somal abnormality, possibly through exposure to an agent.

According to the Aplastic Anemia Foundation of America patients frequently "stumble" across the disorder by accident during a routine physical because in the early stages there are often no red flag symptoms. Some of the most common signs include dizziness, fatigue, shortness of breath, anemia and irritability.

Treatment options

Currently, the only known cure for MDS is a bone marrow transplant. The Redford resident said she and her husband considered several transplant centers in the United States and selected the University of Michigan Comprehensive Cancer Center in Ann Arbor.

DeRaud's treatment process began immediately as her MDS is acute (advanced) and more fast-progressing than the chronic form. In mid-February, she was admitted to the U-M Hospital for an induction treatment of chemotherapy to destroy the diseased bone marrow and "knock down" the percentage of immature blast cells found in DeRaud's blood.

A person's average blast cell count is 5 percent. DeRaud's was 40 percent at the time of her diagnosis, placing her in the category of a high risk advanced MDS patient.

Because a bone marrow transplant is DeRaud's only valid treatment option, her two sisters, Annette Russo of New York and Michele Rice of Canton, were tested to determine if they were a match to supply their ailing sister with healthy bone marrow.

It was Russo, DeRaud's youngest sister, who had exactly six out of six alleles (antigen sites) match on her chromosomes with her older sister. The transplant will be performed May 10 on the BMT Unit at University Hospital, Floor 6A.

Released from the hospital March 23, DeRaud is expected to begin a second round of chemotherapy April 30 to destroy all the bone marrow in her body in preparation for the transplant. Both women are being treated with a drug called Neupogen. DeRaud, who has a line for medication implanted in her chest, receives the drug to stimulate her daily white blood cell count.

The good with the bad

Normal bone marrow has a pool of stem cells that produce simultaneously the different types of blood cells. When one of these stem cells becomes leukemic or malignant, it is unable to proliferate and mature.

The result is that this clone of abnormal stem cells take over and suppresses the growth of normal stem cells. These stem cells can lose their ability to differentiate to more mature stages and

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