

BODY

Sister Act

A leukemia diagnosis brought two Maryland sisters closer—and a stem cell transplant revealed they were more alike than they knew.

By ERIN BRERETON



At first glance, sisters Christina Nunn and Susanne Latney couldn't seem more different, according to Cancer Treatment Centers of America® (CTCA) stem cell transplant coordinator Mary Ellen Galiczynski.

Latney is taller, and she has light brown hair; Nunn's is dark. Galiczynski describes Latney as chatty and outgoing; her sister tends to be quieter and more reserved.

Latney and Nunn, however, share two significant traits: a birthday—Oct. 5, 1950, and 1955, respectively—and an identical set of human leukocyte antigens (HLA), a fact they found out when Nunn was diagnosed with leukemia in early 2015.

The first doctor Nunn spoke with recommended monitoring its progression, rather than treating it, which he said could complicate her health. Latney, a breast cancer survivor, and Nunn chose a different path.

In August, the sisters drove from their homes in Maryland to CTCA® in Philadelphia, Pennsylvania, for an evaluation. They both connected immediately with the integrative care approach and knew it was where Nunn would get treatment.

Nunn's doctors recommended she undergo a stem cell transplant to infuse her system with healthy blood-forming stem cells, collected from a donor with similar HLA. Latney was tested first.

Although she told her sister not to worry because she was sure she'd be compatible, Latney's genetic test results offered more hope than expected. She was a 100 percent match, and her blood didn't contain any antibodies, which can cause a recipient to reject a transplant.

"It was like we were twins!" Latney says. "It just blew my mind." A match that perfect is uncommon, according to Galiczynski. "They say you have a 25 percent chance of a sibling matching you, but actually, it's just the luck of the draw," she says. "You could have 10 siblings and have none that match."

Family Ties

Stem cell donation isn't an easy process. Potential donors need to get chest X-rays and have blood drawn—a dozen tubes isn't uncommon—for tests to confirm they're healthy enough to participate. If approved, they need to have injections three to four times a day to stimulate their bone marrow to produce stem cells.

If the patient goes into remission, where their cancer is controlled after an initial course of chemotherapy, doctors have a very small window to perform a transplant. Donors often need to be available with little notice, then spend at least five hours with an IV inserted into one arm, extracting blood that's put in a machine to harvest its stem cells. Another IV, inserted into the other arm, puts blood back into the donor's body.

"It's a time commitment, and it's not an easy process; other donors have had some issues," Galiczynski says. "Susanne never did. She was in it for her sister, for whatever she needed to do."

Latney's first extraction, on Sept. 21, 2015, didn't yield enough cells. A second attempt the next day, conducted as Galiczynski volleyed between the sisters' rooms, proved more successful.

"Susanne would say, 'How's Christina?' and then you'd talk to Christina and she'd say, 'How's my sister?'" she says. "They were both so concerned about each other. I started taking pictures and going back and forth to show them."

In case additional blood products or treatment are needed, the recipient has to remain under observation in a medical environment for several weeks. Latney stayed, too, spending days in her sister's room and sleeping at night in a guest room on the fifth floor.

A few days after the transplant, Latney says blood samples viewed under a microscope showed their cells "were circling around each other like they were giving each other hugs." Within weeks, Nunn was back on her feet.

"You could see the life taking place in her body," Latney says.

The Road to Recovery

Today, a year after her initial diagnosis, Nunn is doing "exceptionally, outstandingly well," according to her sister. Tests have shown essentially 100 percent of her stem cells are Latney's, with no evidence of Nunn's leukemia recurring.

Since the transplant, the sisters have returned—always in tandem—to Eastern Regional Medical Center, initially for Nunn's weekly, then biweekly and now monthly appointments. This summer, they hope to visit Philadelphia for a week to see the sights they didn't have the chance to when Nunn was being treated.

For once, their trip won't center around a procedure or checkup. However, should the need arise, Latney says she'd donate stem cells again—because it's something she feels, as Nunn's sister, she was literally born to do.

"Sure, I'd get tired; you have moments where you need to collect yourself and get your energy level back up," Latney says. "But I did it because I believe it was a higher calling. In the healing process, sometimes you need a caregiver to be there to say, 'You don't have to do this alone; God sent me to be here with you.'"

No case is typical. You should not expect to experience these results.

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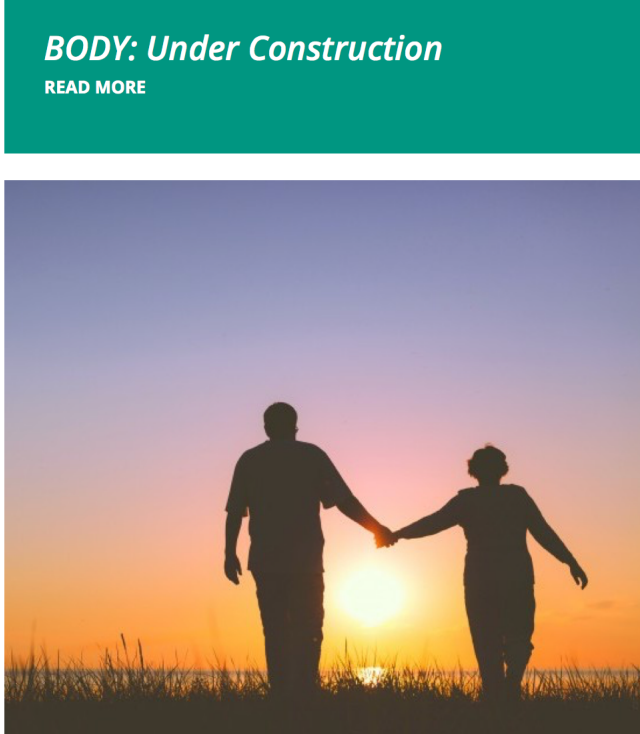
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