

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1976 issue of this magazine:

“Dr. David Frechette ’70 practices family medicine in the rural Connecticut River Valley town of Woodsville, [N.H.] . . . [He] is a country doctor with a goal: to improve the health-care delivery system in one part of rural New Hampshire. . . . ‘I think,’ he concluded, ‘that a tie with Dartmouth Medical School will be beneficial to upcountry physicians. It will keep us on our toes, so that we don’t stop learning after our residencies.’” Frechette still practices at Woodsville’s Cottage Hospital.



25

Number of beds today at Cottage Hospital

2

Number of Dartmouth medical students who did rotations there in 2005-06

BMT patients can now sleep in their own beds

Erica Miller, a 26-year-old professional dancer, longs for the day when she’s strong enough to return to her teaching job at the Dancers’ Corner in White River Junction, Vt. In March 2005, she was diagnosed with acute myelogenous leukemia (AML). She’s now recovering nicely at home after two rounds of chemotherapy and two bone marrow transplants (BMTs).

Her first round of treatment meant a long hospital stay, but when DHMC started an outpatient BMT program in March 2006, she was one of the first to take advantage of it. “I liked it—I could sleep in my own bed,” says Miller, who lives in West Lebanon, N.H., just a few miles from DHMC. “It was nice to have familiar things around.”

Daily: Typically—and before the outpatient program began—“when someone receives a transplant, we tell them they’re in the hospital for four to six weeks,” says Dr. Kenneth Meehan, director of the BMT Program. Patients need daily treatment and monitoring as bone marrow cells are collected from the patient’s blood (or from a matched donor, such as a sibling); chemotherapy or radiation is administered to kill the cancer cells; and then the bone marrow cells are infused into the patient.

“Then we literally have to wait one and a half to two weeks for the bone marrow to grow,” says Meehan. “It’s like planting a garden. Once the marrow starts to grow, the blood starts to recover.” The patient still needs to

be monitored and receives daily infusions of fluids as part of the recovery process.

Outpatient BMT is a practical option for cancers that have a manageable treatment schedule and predictable side effects, like multiple myeloma, another type of blood cancer.

Mini-transplants—where just enough chemo is given to suppress the immune system before bone marrow cells are infused—can also be done on an outpatient basis. Miller’s second treatment, in the spring of 2006, was a mini-transplant. Her brother was the donor for the first, full, transplant; her sister was the donor for the mini-BMT.

Miller was lucky to live near enough so she could go home after her hours-long daily treatments. For not-so-local BMT outpatients, DHMC arranges for them to stay in a nearby hotel.

Put someone like that “in an outpatient setting, and you empower them,” says Meehan. “You allow them and their family members to participate in their care.”

The program requires the patient to have a full-time caregiver outside the hospital. “We teach the caregivers how to do vital signs, check weights, measure urine output, count the number of bowel movements,” manage medications, and monitor daily progress, says Meehan. “Every single one of our patients who have done this have loved it, absolutely loved it,” he adds.

Comfort: Miller certainly does. And she takes comfort in knowing that help is just a phone call away if she needs it. “I have the highest regard for the whole heme-onc department,” she says. “They are comforting and supportive. Outpatient wouldn’t have worked if they hadn’t been such a good team.”

Laura Stephenson Carter



Ken Meehan, director of DHMC’s Bone Marrow Transplant Program, confers with Elizabeth Kimtis, a bone marrow transplant nurse. Patients can now get BMTs for many conditions on an outpatient basis, instead of being hospitalized for four to six weeks.

NORRIS COTTON CANCER CENTER / HEMATOLOGY-ONCOLOGY