LIVING



l asked him to stop, Yeti wouldn't

A New Ipswich, N.H., man claimed he was molested by Bigfoot, while another man in Nelson, New Zealand, said he'd been raped by a wombat.

- WJLA-TV (Arlington, Va.); The Nelson Mail

Useless fact o' the day

A kerfuffle is equal to an uproar, which is louder than a ruckus but softer than a hullabaloo.



O.R. you?

Tumor bank returns dividends

A young man's rare request after cancer surgery gives insight into how donated cells offer hope for future cures

By DON COLBURN THE OREGONIAN

hree months after doctors removed a 2-pound tumor from his belly, Nick Bohrer came up with an idea his surgeon found intriguing and his college friends thought typically weird.

Could he see his tumor?

"It did take me aback," recalls Dr. Katherine Morris, medical director for cancer research at Legacy Health System and Nick's surgeon. "But then it struck me as right to show him what we're doing with his gift."

The day before his Oct. 9 surgery, Morris had asked Bohrer if he would donate for research whatever cancerous tissue came out. Bohrer readily agreed.





ABOVE | Surgeon Katherine Morris (right) gives Nick Bohrer (second from left) a look at the tumor she removed from near his left hip.

Zay N. Smith of the Chicago Sun-Times points out that if you are hospitalized in intensive care in Picabo, Idaho, you are in the Picabo I.C.U.



Season's greetings from Mars

A NASA probe has revealed that Mars may be "I'm, like, sure," recalls Bohrer, a sophomore at Western Oregon University. "What else am I gonna use it for?"

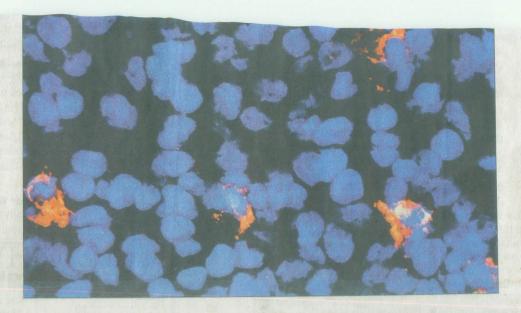
When he had fully healed, Bohrer peppered his surgeon with questions.

What did you do with the tumor? Where exactly is it? Is it still in one piece? And then the kicker: Can I come see it?

"He called my office several times," Morris says. "I finally told him, 'Well, yes. But I have to take you there.'"

Which is how Bohrer wound up peering through a microscope in a tiny darkened room in Northeast Portland last week during spring break.

Please see TUMOR BANK, Page D3



LEFT | Cancer cells from Bohrer's softtissue sarcoma, stored at the Legacy Tumor Bank, appear in blue.

Photos by BETH NAKAMURA/THE OREGONIAN

"The whole reason we want to grow a flask full of tumor cells is so we can figure out how to kill them."

Dr. Katherine Morris,

medical director for cancer research at Legacy Health System, about its tumor bank

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Photos by BETH NAKAMURA/THE OREGONIAN

LEFT | Dr. Juhua Chen (left) and Dr. Katherine Morris, (center) talk with Nick Bohrer about his tumor while (in background) research assistant Natasha Rogall and Bohrer's mother, Judy Sellin, listen in.

BELOW LEFT |
Samples of
cancers, including
Bohrer's, are kept
in liquid nitrogen
at the tumor
bank.

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42 lbs slimmer in 7 months!

~Antoinette Villa

Tumor bank: Mom's succinct description is now family lore

Continued from Page D1

"That's mine?" he asked, gaping at the swirls of deep blue in the magnified image on the adjacent computer screen.

"I expected it to look, I don't know, more aggressive."

The core of the tumor bank is an unimposing room not much bigger than a walk-in utility closet on the fourth floor of the Legacy clinical research center in the old Holladay Park Hospital.

Inside are a gray file cabinet, two chest-high cylindrical tanks of liquid nitrogen, three freezers and a fridge emblazoned with an orange biohazard warning: "No Food or Drink to be Stored in this Refrigerator."

Morris dons giant blue insulated mitts and lifts the lid of the main freezer, kept at minus-120 degrees Celsius. A frosty cloud swirls as the intense cold hits the room-temperature air.

"Stand back," she says, reaching for a plastic tray of numbercoded vials, each holding a BBsized piece of cancerous tissue.

The 2-year-old Legacy Tumor Bank contains about 500 vials from about 150 tumors of all kinds — breast, brain, colon, liver, lung, pancreas, thyroid and, now, Bohrer's soft-tissue sarcoma.

After pathologists take tissue to define the tumor type and confirm a diagnosis, the rest goes to the tumor bank, where technicians slice it into tiny bits and snap-freeze them in liquid nitrogen.

In that deep freeze, tumor samples last indefinitely, available to researchers who use them to grow more cancer cells, study how they work and gauge the effectiveness of treatments. Requests come from cancer researchers as far away as Duke University and the National Cancer Institute in Maryland.

"It's an art to get it from that little block to a thriving cell culture," Morris says. "This is where the magic happens."

Among other quests, researchers are trying to study the role of bone marrow cells in cancers such as Bohrer's.

"I didn't know they could cut something out and get it to grow," Bohrer says.

'Morris explains, "The whole reason we want to grow a flask full of tumor cells is so we can figure out how to kill them."

For Bohrer, the first sign of anything amiss was an occasional sharp pain in his left hip. He mistook it for a pulled muscle or bruise until one day last fall, when, working out, he noticed a bulge in his lower left abdomen. A CT scan detected a suspicious mass, and a biopsy confirmed the worst.

Bohrer's doctor sent him to Morris at Legacy Good Samaritan Hospital & Medical Center. That was when he first heard the word "sarcoma" and found out he was headed for major surgery.

The operation took about three hours, and the tumor, resting on the pelvis, came out in one piece without damaging nearby blood vessels. An 8-inch scar runs from Nick's left hip to near his belly button.

When the surgeon showed a picture to Nick's mom, Judy Sellin, she gasped and said it looked like a pot roast. That has become something of a family joke. But the "pot roast photo" is stored in mom's scrapbook and on Nick's cell phone.

Morris says more and more patients ask to see pictures of their surgery, but Nick is the first to "visit" his cancer. "Most patients," she says, "say just take it out and get rid of it."

Bohrer, a Gresham High graduate who turned 20 last week and is studying to become a police officer, passed a key test last month when a CT scan of his pelvis, abdomen and lungs showed no sign of cancer.

Soft-tissue sarcoma is a rare and highly variable cancer, with about 8,000 new cases a year. Bohrer's is the only sarcoma Morris has seen that is not — yet — classifiable by specific type.

"That makes his gift exceptional," she says.

Legacy's is the newest, but not the only, tumor bank in Portland. Morris hopes all the local centers eventually can pool their efforts into one collaborative bank.

Ownership of surgically removed body parts, including tumors, is a bit of a legal thicket, she says. In one case, a patient sued the state of California after

doctors removed his 14-pound spleen and researchers later used it to develop a lucrative drug. Courts ruled against the patient.

Morris has never had a patient refuse to donate a tumor. But most surgeons don't ask. And many hospitals used to bank surgical specimens without asking patients for consent.

Legacy asks patients to donate their tumor for research, free and clear. They must sign a fivepage consent form.

"These tumors are precious," Morris says. "I know that sounds crazy, but they're so crucial to what we do."

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