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Union Mill Elementary Art Gallery
Artwork submitted by Jamie Clinch, School Based Technology Specialist at Union Mill Elementary School.

Grade 1, Ellie C.

Grade 6, Georgia V.

Grade 6, Esther L.

Grade 5, Makena N.

Grade 5, Mason A.

Grade 5, Sophia Y.

Grade 5, Vivi B.

Grade 1, Lia C.

Grade 4, Caitlyn K.

Grade 4, Anna H.

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CHILDREN’S & TEENS’ CONNECTION

By Abby Nowlin, 7, of Fairfax Station.
Abby is a second grader in Kristi Wilkerson’s class at Silverbrook Elementary in Fairfax Station.
Children's

Anna H., Grade 4, Union Mill Elementary.

Abby S., Grade 6, Union Mill Elementary.

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Creative Photography

By Cynthia Yuxin Huang, 13, Oakton, Grade 8, Luther Jackson Middle School, Teacher: Ms. Yanshun Sui

Young girl looks off into the distance in a Christmas photoshoot.

A long shutter speed and flashlight is used to create this memorizing light picture.

Photos by Aubrey Augustine, 17, Grade 11, Langley High School, Teacher: Kelly Mulligan.
The doctor told me that I’ll probably receive results from today’s biopsy in five to seven days. The pathologist will send the results to my oncologist who presumably will email them to me. Now whether that new information will cause a change in my treatment, I certainly don’t know. However, I would not be surprised if the genetic mutation/biomarker would cause an immediate change. We’re not exactly waiting for Godot here. And neither is the promise of Rocket Science. It’s medicine. It’s research. It’s years of clinical trials. All of which has led to the NDA’s approval of more drugs for the treatment of lung cancer in the last three years than in the previous three decades, according to Lungevity. Lung cancer is by far the leading cause of cancer deaths annually with up to 200,000 new cases diagnosed every year. “Targeted Therapy” is what I’m talking about. And it’s a simple, often overlooked, fact. A specific medicine is more effective when given to a patient with a specific biomarker (type of tumor; they’re not all the same). Eleven years ago when I was first diagnosed, mutations were not yet a part of the oncologist’s playbook. Now, they’re on page one. After years of conventional treatment and clinical trials based on old-ish/conventional methods, I am about to move to the head of the class. Maybe even become the teachable case. I’m already a patient oncologist’s prize cow. This is not experimental stuff, this is state of the art, so to speak. And soon, if I’m lucky, I will join the ranks.

At this juncture, I know very little specifically about what might happen next. I have learned during my years of treatment and meetings with my oncologist that future scenarios are rarely discussed. Sure, we’ve occasionally mapped out, generally speaking, a course of action, reaction, but my oncologist prefers not to get too far ahead of where we are at present. One new symptom and/or unexpected result from a CT scan or a brain MRI and once again, it will be “Katie, bar the door.” Accordingly, I have become a patient patient. That’s not double talk, it’s years of experience. I’d like to think it’s part of the reason I’m still alive.

Another reason I’m still alive is the Team Lourie philosophy: hoping Kenny can stay alive until research catches up — or even passes you by which then enables you to take advantage of the next big thing/new drug. Over the last 11 years, I’ve been the benefactor of science that has provided drugs which allowed me to live years beyond my original “13 month to two year” prognosis (in quotes because that’s what my oncologist said). Now I hope to be the beneficia- ry once again of the latest and greatest treatment: “Targeted Therapy.” If so, another 11 years would suit me just fine. It’s a little bit too far ahead of where we are at present. One day I’m lucky, I will join the ranks. Hopeful, of course. Anxious, of course. Amused, for sure, because I think my oncologist, per our last meeting, was anticipating my future a bit and switching from my present opioid immunothera- py to something brand new (or a new combina- tion of medicines) seemed timely to him. Ergo, my needle biopsy today and the interventional radiologist. I guess you could say “I’m pleased as punch,” though, to quote Hubert Horatio Hum- phey Jr., the 38th Vice President of the United States, that I had this procedure. It opens up/ creates new treatment possibilities which for a nearly 11-year cancer survivor is likely way more important than I realize. After all, my oncologist did characterize my non-small cell lung cancer, stage IV diagnosis as “terminal.” A disease for which my oncologist also said that he “could treat, but that he couldn’t cure.” Well, I don’t suppose he can cure me now with whatever targeted therapy matches my tumor’s biomarker so I’m counting on these new drugs being able to treat me some more. I could live with that.

By KENNETH B. LOURIE

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