

THE letter came out of the blue. It was the Saturday before the May Bank Holiday and there on the mat was an envelope with an Anthony Nolan Trust sticker on it.

I opened it, and was shocked to discover that after 15 years of being on the donor register, the trust had found a possible match. They urgently wanted me to make contact – someone was dying, and there was a one-in-four chance that I could help.

Like most people, I have moved house a few times in the past 15 years. Like many, I have not always updated everyone with my new details. The Anthony Nolan people had been trying to contact me for some time.

Later that day, I told my parents about the letter. They knew all about it; they haven't moved for almost 40 years – and when registering I must have volunteered their address. Not sure whether I would want to donate bone marrow, they gave the Anthony Nolan Trust (ANT) my address, but not my phone number.

I made contact as soon as I could – and within a week had given blood at my GP's surgery, and posted it off to ANT in a special delivery envelope.

By then I had also completed several questionnaires about my health and sexual practices – am I HIV positive or carry the Hepatitis B or C virus?; have I ever injected drugs?; have I ever had sex with a man?; have I ever taken money or drugs in exchange for sex?

All blood is tested, but if you answer yes to any of the above, and a lot more, you don't get any further.

My decision to donate bone marrow brought varied reactions from friends and colleagues. It's surprising just how many are put off because of their fear of needles.

Delighted to learn I am a match

Some suggested I was being brave. "It's very painful you know," they said. Others were surprised that I planned to go ahead. "Why would you want to when it's for someone you don't even know?" I couldn't understand either reaction. If you're not scared of something (I just don't happen to fear needles, doctors or hospitals), how can it be brave?

And to be asked to give another human being the chance to live, whether you know them or not, seemed to me, as they say, a "no-brainer", in fact a privilege. I asked the sceptics if they ever saw a baby being swept away in a river, would they jump in to help. Of course they would.

So how is this any different? If your mother, sister, or daughter needed a transplant, you would pray for someone to volunteer, wouldn't you?

I felt very positive about it. I just hoped that after getting so far that I would be a match and be asked to donate. The ANT people are used to this and warned me not to get my hopes up; telling me there was a good chance I wouldn't be selected. I listened to them, but all along knew somehow that I would be called.

IT'S now the end of June and I have been in London all day at an awards event. It's late when I return home. There, on the floor, is an envelope bearing an Anthony Nolan Trust sticker. I pounce on it, tear it apart and am delighted to learn I'm a match.

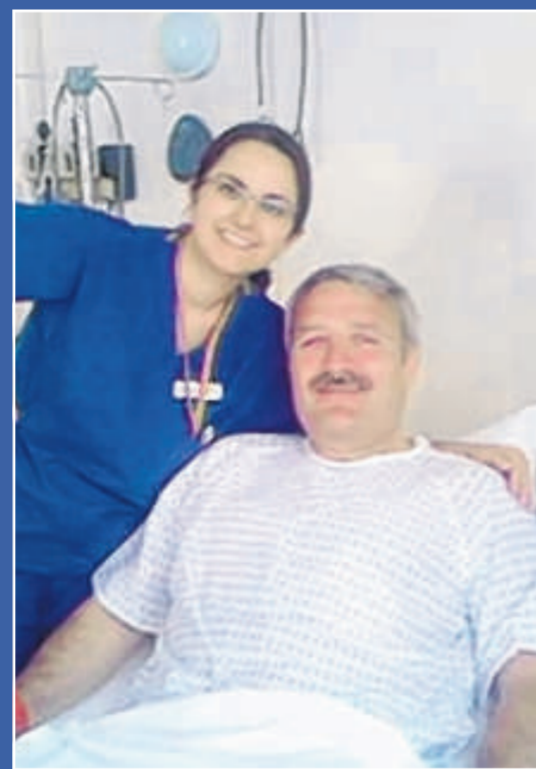
The ANT ring me and ask if I'm still willing to go ahead. There's an added urgency about this now. "My patient" is very ill – all I am told is she is an adult female – and needs a bone marrow transplant as soon as possible – her operation has been set for the end of July.

Donating bone marrow will involve a two-night stay in a London hospital, but first I need to have a medical. I travel to London and at the London Clinic – next to Harley Street and opposite Regents Park – I meet Professor Gareth Morgan, who will extract the bone marrow. He immediately puts me at ease; we talk about sport, newspapers, travel. I feel I'm in good hands.

The medical involves another questionnaire, some basic checks (blood

Out of the blue, my chance to save a life

After 15 years of being on the Anthony Nolan Trust's bone marrow register, Western Daily Press deputy editor Stephen White learned he was a potential match with someone dying from leukaemia. Here, he describes the process of donating bone marrow – and dispels some of the widely held myths about it



pressure, weight, height, some family health questions; do I smoke?; do I drink?); a chest X-ray and an ECG – all designed to prove I am fit enough to undergo the operation which will be conducted under general anaesthetic.

Fortunately, I'm pretty healthy and from healthy stock. I pass.

I'm then handed consent forms – they need consent to extract the bone marrow; and to use it without fee for the transplant and for research. But first I'm warned that if I sign, I'm obliged to go ahead.

I read the ANT paperwork: "It is essential that you satisfy yourself that you definitely do wish to proceed with the harvest before the patient begins his or her pre-transplant conditioning treatment. This treatment begins 10-14 days before the harvest and on comple-

tion of the conditioning the patient is dependent upon the infusion of donor blood stem cells to engraft and start producing the necessary blood cells to carry oxygen and fight infection. Without this source of new cells the patient may quickly die... you are, therefore asked to consider signing of the consent form as a morally binding and irrevocable decision."

I suddenly feel much closer to "my patient" and without hesitation I sign.

A day or two later I am called again by the ANT. They need me to give more blood; they want to do more tests. Can I go to my GP again? This time they arrange courier collection. And then

comes the easy bit, the bone marrow donation. I report to the London Clinic one Monday afternoon. I am assigned a private room with my own bathroom, and sit down to watch the first Test against India.

A nurse tells me she has to take a swab from my nose to check for MRSA, then proudly tells me she's worked here for 10 years and never had a case.

I meet one of the clinic's consultants, my anaesthetist, a host of friendly nurses, including senior staff nurse Serpil Vieira, from Istanbul, who is fantastic, and looks after me wonderfully.

I am served a cracking three-course meal, with the option of wine. I've

stayed in far worse hotels. I settle into bed early, and am told not to eat or drink after midnight.

Early next morning I am given the go-ahead to take a shower, and then asked to change into a groovy blue sporty smock and dressing gown, put on a pair of anti-DVT (deep vein thrombosis) stockings and some blue slippers.

It's about 7.30am when we walk to the operating theatre. I'm asked to hop on to the bed and a needle is inserted into the backs of both my hands – "just a small scratch" – and I am asked to lay back and relax. I'm waiting for the "count to 10", but it doesn't come.

The next thing I know I can hear nurses calling my name, and I wake up. It's all over.

A litre of bone marrow has been extracted from my hip/pelvic bone; Prof Morgan is pleased with the way the operation has gone – no problems.

I have four small puncture wounds at either side of the base of my back. I prod the area, it feels a bit tender but it's nothing to worry about.

I am taken back to my room attached to a saline drip; my blood pressure and temperature are checked throughout the day. I am offered painkillers, but decline because I don't have any pain. My throat feels a little sore and my mouth is dry. I drink lots of water and partic-

ularly enjoy the blackcurrant sorbet I am served for dessert at lunchtime along with soup, roast pork and all the trimmings.

I feel a little tired but proud of myself.

The next morning my dressings are changed and I'm visited by Lee, a donor welfare officer from the ANT, who explains the protocols of confidentiality surrounding the patient. I can write an anonymous letter and she can reply if she wants.

I am told I'll be kept informed of her condition and if she survives, but if the transplant is successful it will be at least two years before I learn anything more about her – and that's only if she

agrees. On the other hand, if the transplant is unsuccessful and "my patient" dies, I will be told. I say I want to pass a message to her; to wish her well.

I'm ordered to take things easy, take a week or two off work, and told to expect to feel extremely tired while my body recovers. And then I'm discharged and I catch the train home.

Forget all those stories you may have heard about donating bone marrow being incredibly painful. It's no worse than the stiffness you might get after a game of football, or when you've done an afternoon's work in the garden.

And, honestly, if this is all it takes to save a life, I'd do it all again tomorrow.



Going home: Stephen White outside the London Clinic and, left, after his operation to remove a litre of bone marrow, being looked after by senior staff nurse Serpil Vieira



Shirley and Anthony Nolan: Inspiration for the trust

How it all began with tragic little Anthony's death

THE Anthony Nolan Trust was set up by Shirley Nolan after her son, Anthony, born in 1971, was diagnosed as suffering from Wiscott-Aldrich syndrome, a rare deficiency of the immune system.

Mrs Nolan was told the only chance of saving his life would be a bone marrow transplant. No donor could be found and no register of volunteers existed, so in 1974 she set about starting one herself.

Anthony never found a donor, and died in 1979. At that time, the trust established in his name had 30,000 registered possible donors and 80 children on the waiting list for matches.

Today, The Anthony Nolan Trust has almost 400,000 names on its donor register. It has given more than 5,000 people the chance of life.

There are now more

than 50 similar registers across the world, offering 11 million potential donors.

Donor collections, or harvests, take place in one of four London specialist collection centres. They are the University College Hospital, the Royal Free Hospital, the King's College Hospital and The London Clinic.

The trust is always looking for more people to join its register, and particularly wants more young men, and people from ethnic minorities.

To join the register you must be aged under 40 and in good health. Joining the register is simple and takes only a few minutes, you complete a form and a small sample (about a teaspoonful) of blood is taken.

If you want to volunteer, or you want more details, ring 020 7284 1234 or visit www.anthonynolan.org.uk.

FACT FILE

BONE marrow is the soft, jelly-like tissue that is found in the hollow centre of all large bones. Bone marrow contains blood stem cells which are essential for blood production.

There are two methods of donation. A bone marrow harvest requires a two-night stay in hospital and under general anaesthetic the cells are extracted from the pelvic bones by sterile needle and syringe.

No surgical incision is required and the blood stem

cells replace themselves within 21 days.

A peripheral blood stem cell donation encourages stem cells from the bone marrow into the bloodstream.

Five days before the collection the donor receives daily injections of a growth factor. The cells can then be collected in one or two collections lasting four to five hours each.

No in-patient hospitalisation is required and neither is anaesthesia.

TOMORROW: Stephen White speaks to two more donors and tells the story of a teenage girl who needs a transplant