

Cancer miracle: Expensive last ditch drug results in remission

JESSY Carroll's body was riddled with tumours and he was prepared for death before a last-ditch drug resulted in a "miraculous remission". The 25-year-old had been told he had just weeks to live, and had said his goodbyes to friends and family.

Yet after just two doses of a drug — similar to the one credited with saving the life of AFL star Jarryd Roughead and former Grand Prix chairman Ron Walker — his tumours have cleared.

"It's amazing, I had prepared myself to die and now I'm learning to live again," Jessy said.

Almost two years ago, the promising young cricketer was playing in England when he first had trouble breathing and started to suffer extreme fatigue.

"I went to the doctors, but they shrugged it off as bronchitis so I set off on my trip to Europe," he said. Two doctors in two different countries came back with the same diagnosis: bronchitis.



Jessy Carroll, 25, with girlfriend Bianca Moverley. Picture: David Caird

Back in London, where his cough was so constant that people wrongly assumed he smoked, Jessy's breathing became more bothersome so again he sought medical assistance.

The cough, he was then told, was caused by cancer. A massive 20cm-by-22cm tumour in his abdomen had grown so large that it had caused his lung to collapse.

"One week I was working as a maintenance plumber, ripping all the hairs out of hospital drains from the cancer patients, and the next week I was in that ward," he said.

It was only when he called his parents to tell them he had been diagnosed with Diffuse large B-cell lymphoma, an aggressive type of non-Hodgkin lymphoma, that he grasped the severity of his situation.

"When they broke down and started crying, it really sunk in," Jessy said.

His family did everything they could to support him, flying to his bedside in the UK until he was stable enough to travel home.



Jessy with his parents Kathy and Tony Carroll. Picture: David Caird

In Melbourne, he would undergo more than 20 rounds of chemotherapy, six weeks of radiation and a bone-marrow transplant, but the tumours almost filling his torso remained.

The cancer soon spread to his liver and brain, and he was given less than a month to live.

“You go through life and you neglect things, you don’t take them in,” he said. “You look at a tree and you see leaves and a trunk. After you get four weeks to live, you start taking in everything, you look at a tree and you see all the ripples in the leaves.”

Jessy was given great support by his cricket club, East Sunbury. In an earlier time, he had given players pep talks — now when he became so sick he could no longer play and he needed them, they were there. “I looked and felt different, but they treated me the same, it was just what I needed,” he said.

Jessy did everything he could to stay alive: he overhauled his diet, started exercising again, and drove to South Australia to buy cannabis oil to ease his nausea and stimulate his appetite.

But in early 2017 he received the devastating news that he had just weeks to live and it was time to get his affairs in order. Jessy’s mother, Kathy, asked his doctor if there was anything, any drug that her son could take to save his life, whatever the cost.



Jessy Carroll is quickly getting back on the field of play. Picture: David Caird

Peter MacCallum Cancer Centre haematologist Dr Michael Dickinson knew of a drug called Keytruda.

It is an immunotherapy, used for melanoma, and was in clinical trials for lymphoma in Victoria. But Jessy's cancer had spread to his brain, making him ineligible for the trial.

Keytruda is subsidised by the taxpayer, slashing the cost for patients with melanoma, a cancer it is effective against.

But it would cost Jessy \$6000 a treatment, as it would be prescribed for an illness that it had not been approved for.

Jessy's family accepted the risks and cost, and Dr Dickinson prescribed Keytruda to him "off-label", a measure available to Australian doctors to use a pharmaceutical drug for an illness in a patient group that it hasn't been approved for.

The expectations of a positive outcome were low because of the lack of evidence of its effectiveness in his type of cancer.

Dr Dickinson told the *Sunday Herald Sun* "The clinical trial results of Keytruda and similar drugs for his subtype of lymphoma haven't yet been reported.

"We don't know if they are as useful in this type of disease as they are in Hodgkin's lymphoma and some other cancers for which they have regulatory approval."

Finally, though, Jessy had hope and a campaign began to find the \$6000. Girlfriend Bianca Moverly set up a fundraising page to save his life. His cricket club joined in and together with loved ones they raised a staggering \$50,000. Jessy said: "So many people have cancer in the world, so it was really amazing that people wanted to help me."

To everyone's amazement, after just two doses of the drug Jessy's scans show he is in remission. "I thought the tumours might be smaller, but they were gone," Jessy said. "I was in shock. I was mute for several days."

Even his medical team was taken aback. Dr Dickinson said: "It's a drug that may not always be especially active by itself in this subtype of lymphoma, but it has definitely had a miraculous response in Jessy.

"What is striking is that he's never achieved a complete remission in over 14 months of continuous therapy, but he just had a little bit of this drug and he went into a complete remission."

Dr Dickinson believes aspects of his treatment, including several novel therapies he tried, may have primed his immune system to respond positively to the drug.

“Remission is not a cure in Jessy’s case, we don’t know how durable the response will be, but we are grateful for the extra time he’s got,” he said.

Jessy feels fortunate that thanks to community support he could afford the drug, which he will have to take for two years, but he knows many others cannot.

“I just want more people to know about this type of drug because I didn’t know about it until I was on my last legs,” he said.

If it is shown to be effective in clinical trials, he wants it to be available as quickly and affordably as possible so others can benefit.