LETTER FROM THE EDITOR

Cogan's syndrome (nonsyphillitic interstitial keratitis with vestibuloauditory dysfunction) is a rare clinical entity, usually a manifestation of a systemic disorder which is often apparent only after long-term follow-up.
–Cheson BD, et al. *American Journal of Medicine.* 1976;60:549-555.

I often get notes thanking me for taking care of someone. These thankful notes are fortunately far more frequent than the angry ones. They usually appear within weeks to months after I have seen someone or are sent by a family member once a patient has passed away. I really appreciate the former category, and my reaction to the latter varies with the situation in question (see my previous letter, "Risky Management," from July 2006). But this week I received two letters from former patients whom I hadn't seen in years. The first was from a very nice young man who had been a graduate student when he presented with some of the bulkiest follicular lymphoma I had ever seen—including a 19 cm pancreatic mass and extensive bone disease. He experienced a rapid response to R-CHOP. He sent me a card with a handwritten note to let me know that he was well, and that he and his wife were now happily living in Troy, New York. He was running again, and hoping someday to come back to Maryland to ride in our Lymphoma Research Ride. He enclosed a photograph showing me, him, and his wife on the day of his last clinic visit before he relocated. It was obviously a very special moment for them.

The other letter came from a patient I had treated almost 40 years ago. I sat down and read it very carefully. It has been many years since I thought of Cogan's syndrome—and I think the same can be said of most of our readers! A review of this rare vasculitis was my initial clinical paper in the literature (if you don't count "The repression-sensitization scale and measures of prejudice," in the *Journal of Social Psychology* [1970;80:197-200]). In this article, we reviewed 53 cases, including one of our own in Boston, and the letter I had just received was from the patient we had described. This patient had been, to quote his letter, "a know-it-all, smarty pants, cocky kid" who was not a favorite patient of the nurses or the other physicians. However, I was the fellow assigned to the case, and I was determined I was going to fix this young man, who was just about my age. He was febrile to 105°F, with severe arthralgias and arthritis, and he was almost deaf and nearly blind from this as-yet undiagnosed syndrome. We made the clinical diagnosis, confirmed our impression with a biopsy, and treated him with steroids with dramatic success. Not too long after I left Boston for my first real academic position in Utah, I received a small cardboard box with a note from him stating that inside was a sample of the polluted air from under Storrow Drive in Boston, just in case I missed it. Now, after all these years, he wanted to express his gratitude: he felt that he owed his life to me, even though I had been just "almost a doctor" at the time we first met. He felt that I "got" him, and had a major influence on him. Following his response to treatment, his life changed: he remarried, vacationed, became successful in business, and retired (while I still work!). But most of all, he became a better person for it. He stated that "My attitude towards money, friendship, accomplishments, and what makes a successful life all changed. And all for the better! I cherished what I had." It is unfortunate that a life-threatening illness sometimes has to be the stimulus for behavior modification—but, whatever it takes.

So much for needing Facebook! If they want to find you, you can be found without registering on some Web site that will only get you into trouble.

Another way they can find you is by showing up at the American Society of Hematology meeting in Orlando. Several times I have actually run into a childhood buddy who had even come to my bar mitzvah (another story unto itself). For those of our readers who went to the land of Mickey for this event (I have gone every year but 2 since 1976), I hope you stopped by the Millennium Medical Publishing booth to tell the gang how much you appreciate their efforts, and to pick up a free copy of *Clinical Advances in Hematology & Oncology*. Within this month's pages, Drs. Karim Abou-Nassar and Jennifer R. Brown discuss novel agents for the treatment of chronic lymphocytic leukemia. In our columns, Dr. Ana Maria Gonzalez-Angulo reviews the importance of accurate HER2 testing in patients with metastatic breast cancer. Mara Aspinall and Dr. Gary Palmer explain the role of circulating tumor cells in diagnosis, prognosis, and treatment selection of oncology patients. Dr. Stephan Stilgenbauer describes the use of rituximab combined with chemotherapy in chronic lymphocytic leukemia, and Dr. David F. McDermott discusses ways to improve the therapeutic index of IL-2 in patients with renal cell carcinoma. In addition, Dr. Melvin P. Weinstein shares results from his series of studies on bloodstream infections.

Until next month (year) . . .

Bruce D. Cheson

Bruce D. Cheson, MD