

GREATER MEMPHIS

SUNDAY

THE COMMERCIAL APPEAL

LOCAL NEWS

Rebirth takes place at Crichton

Faith community helps Christian college carry on its mission. | B1



\$2.00

167<sup>TH</sup> YEAR  
APRIL 29, 2007

A collaborative brain tumor surgery program between Le Bonheur and St. Jude offers hope but realism

Second chances

A SPECIAL REPORT



Karen Pulfer Focht/The Commercial Appeal

Two-year-old Anna Ives' grandfather, Michael Ives, came from Edmond, Okla., to hold Anna's hand while she recovered from brain surgery. The toddler's maternal and paternal grandparents came to Memphis to be with Anna and to support her parents through the harrowing experience.

The last best HOPE  
Le Bonheur brain surgery program

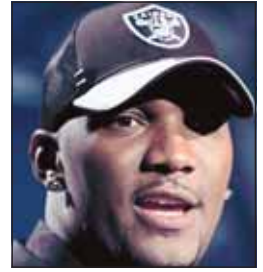
WHEN OTHER DOCTORS have run out of options, parents of children with brain tumors find their way to Memphis and Le Bonheur Children's Medical Center, home of the busiest pediatric brain surgery program in the country.

Many families arrive still reeling from their child's diagnosis. Most are also patients at St. Jude Children's Research Hospital. With surgery and treatment, 60 to 65 percent of the young patients now become long-term survivors.

But for those battling the tumor repeatedly, doctors know it's often about balancing hope with realism and helping families make decisions they can live with years later.

Story begins on V1. For more, see AppealTV on commercialappeal.com.

2007 NFL DRAFT



Who's No. 1? LSU quarterback JaMarcus Russell can say that after Oakland made him the first pick. Four Mid-South players also were selected in Round 1. | D1

NEWS ANALYSIS: JOHN FORD VERDICT

Secret \$800K, fraud case next

But indictment may hold options for ex-senator

By MARC PERRUSQUIA  
perrusquia@commercialappeal.com

Found guilty of bribery Friday in Memphis, John Ford has more on his plate — a second corruption case in Nashville.

The former state senator must report on Thursday — his 65th birthday — to the Estes Kefauver Federal Building in the heart of the country music capital.

There, he faces six felony counts accusing him of concealing \$800,000 in kickbacks from state contractors.

"It is uncommon for someone to be under indictment in two places," said former Memphis U.S. Atty. Hickman Ewing.

Yet, as it turns out, the two cases conceivably could work together to resolve Ford's long-standing legal troubles. An option for a double-indicted defendant like Ford is to agree to drop any appeal in return for

prosecutors dropping the second round of charges, Ewing said.

The incentive for such a deal is the jail time Ford already is looking at. With his bribery conviction, Ford faces 46 to 57 months in federal prison when he is sentenced July 31, according to Ewing's review of sentencing guidelines.

Reached Saturday, Ford defense attorney Michael Scholl said he isn't ready to talk about options. "We really haven't sat down yet to discuss the next step," he said.

Efforts were unsuccessful to reach Craig S. Morford, U.S. attorney for the Middle District of Tennessee in Nashville.

The federal jury in Memphis convicted Ford of taking

Please see FORD, A4

MEMPHIS IN MAY

'Suite Iberia' starting festival on a high note

Three 6 Mafia assures it will put on 'clean show'

By MICHAEL LOLLAR  
lollar@commercialappeal.com

One of the most difficult piano compositions ever written serves today as an elegant prelude to a month that revels in whole hog, roaring loudspeakers and music acts, including Steely Dan, Corinne Bailey Rae, Iggy Pop and the Stooges, and a cleaned-up version of Three 6 Mafia.

The opening note for the Memphis in May International Festival honoring Spain is classical, with one of the country's most well-known pianists, Pedro Carboné, holding a free concert today to perform "Suite Iberia" by Spaniard Isaac Albeniz.

Carboné said that when he tries to tell Americans about

Please see MUSIC, A5

WHAT'S ONLINE

The Commercial Appeal's Web coverage of Memphis in May International Festival goes live Monday. Go to commercialappeal.com/mim for blogs, details and commentary on festival events, or click on Appeal TV for coverage of music acts and related events.

Brandon Morrison, The Commercial Appeal's Memphis In May Web producer, said a new feature this year will be online posting of photos taken by festival guests.

A theme during the Beale Street Music Festival will be photos "creatively showing" which music acts you want to see during the festival. Send photos to flickr@commercialappeal.com.



Here comes the sun  
Warm and gorgeous, with a high of 84.  
DETAILS, D14

© Copyright 2007  
The Commercial Appeal  
A B C D



A complete index to today's newspaper appears on page A2

IN TODAY'S NEWSPAPER

Is Anbar province a model for Iraq?

Progress: Once Iraq's Wild Wild West, Anbar province — and its seat of Ramadi — might be turning the corner. Local tribes have joined U.S. and Iraqi forces in fighting al-Qaida there. | A10

Hogzilla, the movie: The 8-foot-long, 800-pound monster hog hunted down in Georgia will be the subject of an independent horror film. | A2

Ice cream man's war: The soft-spoken Indian man with the paper hat and bow tie has taken his share of fire at the U.S. outpost where he works. | A10

Shaken babies: Some experts are rethinking a mother's conviction for shaking a baby to death. They say the science just doesn't add up. | A9

Health insurance: States are expanding access to a health care subsidy at the same time the Bush administration wants to push private coverage. | A11

**Performance**  
TOYOTA • SCION  
Simply the Best!  
7370 Winchester @ 385  
901-201-6179  
www.performancetoyota.net  
SUPERSTORE

Every New 2007 TOYOTA SEQUOIA  
2WD or 4WD • SR5 & Limited  
**\$6,500 OFF MSRP**  
Offer good run date of ad, includes \$279 doc fee plus tax, title, & financed through TMC with approved credit.

*Memphis is home to the nation's busiest pediatric neurosurgery program, a collaboration between Le Bonheur and St. Jude children's hospitals.*



Following surgery to remove a brain tumor, Anna Ives, 2, of Memphis rests in the recovery room at Le Bonheur Children's Medical Center. When she's able to speak, she asks family members to kiss her "boo boo." The path to Anna's diagnosis began when her parents noticed her eyes rolling back in her head.

# The last best HOPE

*Ailing children get 2nd chance through most delicate of surgeries*

Story by **MARY POWERS**

Photography by **KAREN PULFER FOCHT**

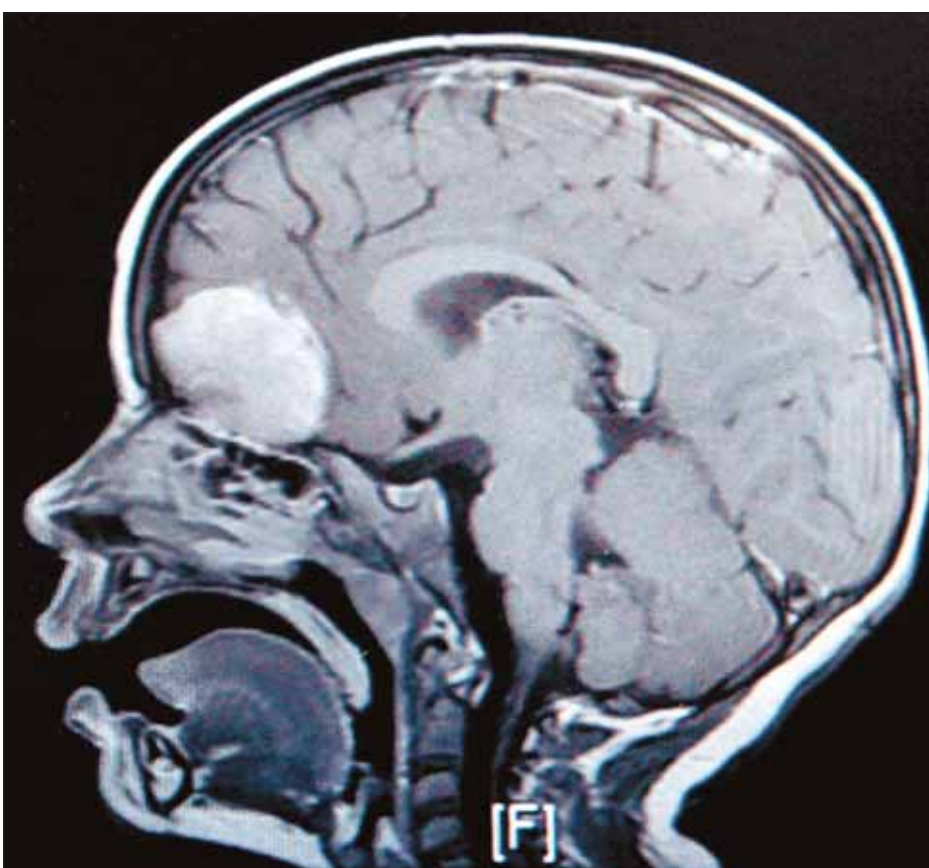
**H**er father was changing her diaper the first time it happened.

Almost as soon as he realized her eyes had rolled back into her head, the episode was over and she was looking up at him with her blue eyes, saying "Hi Daddy."

But it kept happening. Once when she was drowsy. Another time after a big meal. They started noticing it several times a week. It never lasted longer than the time it took to call her name. Nothing else about their laughing, singing 2-year-old seemed different.

By December, they were in the pediatrician's office. He suggested an EEG, a test that measures electrical activity in her brain. "He didn't think it was anything to worry about," recalled Zac Ives, the toddler's father.

By February, the tests were more sophisticated, but the message remained upbeat. The talk was of ruling out remote possibilities. Even the specialist wondered if it was all necessary.



An MRI shows the tumor in the front part of Anna's forehead.

Thousands of dollars were being spent chasing a problem that would probably turn out to be quirky toddler behavior.

Then on Feb. 15, a call came from the office of Dr. Frederick Boop, chief of the nation's busiest children's brain tumor surgery program.

It is shortly after 8:30 a.m. on a clear cold Monday morning in late winter.

Inside operating room 7, where most of Le Bonheur Children's Medical Center neurosurgeries are performed, Boop is using a thick, dark felt marker to draw a zigzag from ear to ear across the top of Anna Ives' head.

She is the first of four young brain tumor patients Boop and his partner, Dr. Robert A. Sanford, will operate on this week. That's roughly the number of brain tumor

*Please see HOPE, V2*

## IN THIS SERIES

FIRST OF THREE PARTS

**TODAY:** Uncertainty and hope surround little Anna. Dr. Boop doesn't know what kind of tumor has grown in the 2-year-old's frontal lobe, but he and his team are about to remove it.

**MONDAY:** Leia is no stranger to surgery. At age 8, this is her third operation on a malignant tumor that keeps growing back.

**TUESDAY:** Eleven-year-old Gabriel is battling the same cancerous tumor that first threatened his life before kindergarten. This time he's in Dr. Sanford's accomplished hands, but the surgery is extremely risky.

**ON THE WEB:** See more photos and hear the sounds of the operating room in a slideshow at [commercialappeal.com](http://commercialappeal.com).

## VIEWPOINTS INSIDE

Editorial pages appear on **V6 and V7**

*Hope is necessary in every condition. The miseries of poverty, sickness and captivity would, without this comfort, be insupportable. — SAMUEL JOHNSON*



Photos by Karen Pulfer Focht/The Commercial Appeal

With patient Gabriel Valladee on the table, Dr. Robert Sanford (right) and the rest of the surgical team prepare for an operation. Sanford and Dr. Frederick Boop (not pictured) partner in the nation's busiest children's brain tumor surgery program, which last year drew patients from 26 states and at least three countries.

# What could go wrong?

## HOPE, continued from V1

surgeries an average U.S. children's hospital handles in a month. Yet, those four brain tumor surgeries represent less than half of the total number of operations Boop and Sanford will perform in the next five days.

And the week of March 5 is a slow one at Le Bonheur.

Sanford is just returning from a weekend lecture in Florida. Boop is trying to get out of town at the end of the week for a spring-break ski trip to Colorado with his wife and teenage children.

At least two of the families they'll work with are in Memphis because doctors at other university medical centers had nothing left to offer. They've traveled here from Arizona and Virginia.

By week's end, one of the four patients will be back home, a surgical success but without a diagnosis.

Another will be left with an achingly small sliver of hope.

A mother and daughter will cope with neurosurgery hundreds of miles and a time zone removed from family and friends.

■

Zac and Amy Ives sit with Boop in a small, crowded room just off the open area where patients and families wait to be wheeled back to surgery. Amy is holding a Ballerina Barbie, the "princess" Anna picked out in the Bunny Room — the toy room and last stop patients make before surgery.

They had just watched Anna disappear through the double doors to the long hall the operating rooms are arranged around. She was in a nurse's arms.



Surgical solutions, which are used to clean and prep patients and reduce the risk of infection during surgery, collect on the floor of the operating room. All precautions are taken to maintain a sterile environment in order to avoid any risk of infection that could complicate a patient's recovery.

The couple, both in their early 30s, have been married for five years. Anna is their only child. The alarm clock sounded in their Cooper-Young home at 4 this morning, after a long weekend packed with so many activities it was

like Christmas and Anna's birthday had arrived simultaneously.

Now dry-eyed, but drawn and pale, they listen to what could go wrong.

The tumor might be malignant.

Removing it might damage or destroy

Anna's sense of smell.

She might bleed so much she needs a transfusion.

She might develop an infection.

Even if he removes every speck, the

Please see HOPE, V3

## DR. FREDERICK A. BOOP

**Professional:** Pediatric neurosurgeon, Semmes-Murphey Clinic; UT Health Science Center associate professor; Le Bonheur Children's Medical Center, chief of surgical services and chief of pediatric neurosurgery division. He is co-author of more than 60 publications in scientific journals, as well as book chapters, abstracts and other publications. He is the principal investigator or co-investigator of four current research projects.

**Age:** 51

**Hometown:** Little Rock

**Education:** University of Arkansas; University of Arkansas for Medical Sciences

**Professional Training:** University of Texas Health Science Center, internship and residency; additional training at The Hospital for Sick Children, Toronto; Institute of Neurology, National Hospital, London. Fellowships: epilepsy and functional neurosurgery fellowship, University of Minnesota; pediatric neurosurgery, UAMS.

**Personal:** Rick to his friends and family. Married, father of two.

**Look for him:** Bike riding



## DR. ROBERT A. SANFORD

**Professional:** Pediatric neurosurgeon, Semmes-Murphey Clinic; University of Tennessee Health Science Center neurosurgery professor; St. Jude Children's Research Hospital chief of pediatric neurosurgery. He is co-author of nearly 100 publications in scientific journals, as well as books, abstracts and other presentations. He currently is principal investigator of one research study.

**Age:** 65

**Hometown:** Dumas, Ark.

**Education:** Hendrix College, where he lettered in swimming and basketball; University of Arkansas for Medical Sciences

**Professional Training:** Internship, University of Minnesota Medical Center; residency, University of Mississippi Medical Center, Jackson, Miss.

**Personal:** Alex to his friends and family. Married, father of five.

**Look for him:** Swimming laps at 6 a.m. when he's not in surgery or playing golf. He competed in the 2001 U.S. Senior Amateur Tournament.



*Never give out while there is hope; but hope not beyond reason, for that shows more of desire than judgment. — WILLIAM PENN*

## THE LAST BEST HOPE | LE BONHEUR BRAIN SURGERY PROGRAM

## SUCCESSFUL MEDICAL COLLABORATION

## Le Bonheur unlikely site of groundbreaking work

Le Bonheur Children's Medical Center is not the nation's oldest or largest or best-known children's hospital. It's not even the most widely recognized one in the Mid-South.

But tucked between an aging state mental hospital and an even older public hospital, Le Bonheur performs more pediatric brain tumor surgeries than any other program in the nation. That's based on a report to the American Board of Pediatric Neurological Surgeons.

A joint effort with St. Jude Children's

Research Hospital, the brain tumor program is one of the Mid-South's most successful medical collaborations. Along with the two hospitals, it involves the University of Tennessee Health Science Center faculty and the private practice community.

It will also be a foundation for Le Bonheur's push for national recognition.

"I also like to think we've built a good program that makes people want to come here," said Dr. Frederick Boop, chief of Le Bonheur's pediatric neurosurgery division.

Referrals rose in 2006 and are up again.

In Memphis, St. Jude's brain or spinal tumor surgeries are done at Le Bonheur. Last year St. Jude patients accounted for 140 of the 168 Le Bonheur neurosurgery patients.

In comparison, Boop said the average children's hospital handles about 40 brain tumor surgeries annually.

Dr. Larry Kun said St. Jude has considered starting its own neurosurgery program "but there was never a time when the advantages outweighed the current situation."

Kun, chairman of St. Jude radiological sciences, launched St. Jude's brain tumor program in 1984 and helped convince Dr.

Robert Sanford to move to Memphis.

Sanford said maintaining the program at Le Bonheur keeps the surgeons and staff busier because their practice isn't limited exclusively to St. Jude patients.

Meanwhile, Boop said pediatric neurosurgery programs are getting busier because adult neurosurgeons are more likely to refer young patients to specialists.

And unlike large metropolitan areas like New York, in Memphis a single physicians' group performs all the surgeries. "Competing programs dilute the talent," Sanford explained. "All the places that you really see progress being made, one person did most of the work."

— Mary Powers



Photos by Karen Pulfer Focht/The Commercial Appeal

During the preparation for Anna's surgery, Dr. Frederick Boop injects medication to minimize bleeding. A line marks the path doctors will follow to gain access to her tumor. To minimize scarring, the line follows a zigzag pattern above her hairline; when her hair grows back, the scar will be concealed.

## HOPE, continued from V2

tumor might grow back.

There's a pause when he finishes. "They'll try and call on an hourly basis. If you don't hear from us, it is good news," Boop says. "Hopefully we'll be done by lunch."

As he stands to leave, Amy asks, "You need anything? Any coffee for the road?"

There is a round of nervous laughter. Then Boop is gone.

Boop and Sanford are the surgical component of a brain tumor program that is a collaboration between Le Bonheur and St. Jude Children's Research Hospital. When St. Jude recruited Dr. Larry Kun to launch the program in 1984, he immediately went to work helping woo Sanford to Memphis.

"A lot of neurosurgeons are, well, nigh unto God. I needed someone down to Earth. Alex is down to Earth," Kun says.

Sanford was also interested in improving the dismal prognosis facing young brain tumor patients.

"At the time, there were no

prospective studies of brain tumors because we couldn't get neurosurgeons interested, and neurosurgeons controlled the patients," Kun said.

Sanford helped change that, partly by insisting that studies track surgical outcomes separately from other treatments.

In 1999, with Sanford approaching his 60th birthday, the program recruited Boop. "People couldn't believe we could get another person as good. They were openly resentful," Kun said.

Nationwide, pediatric neurosurgery is a small, almost exclusively male fraternity. Roughly 150 doctors devote a large percentage of their practice to children. Even fewer, about 60, treat children almost exclusively.

Both Sanford and Boop possess a neurosurgeon's resume, competitive nature and work ethic. Colleagues say they are also technically very good.

But on the surface, the men couldn't

be more different.

Sanford — Alex to friends and family — is tall and talkative with unruly hair that often leaves him looking slightly disheveled. He laughs frequently, loves a good story and sprinkles his

**"You have to have 100 percent concentration all the time. A small mistake can have tremendous consequences."**

**DR. MARIKE ZWIENBERG-LEE**  
A pediatric neurosurgery fellow assisting in Anna's operation

conversation with golf references.

A patient, now a young adult in her mid-20s, said that until she met him, she didn't think neurosurgeons had a sense of humor.

But when he's angry, he doesn't hide it. And when he walks into a patient's room, he immediately turns off the TV. He remains standing. He is the focal point.

Boop — Rick to his friends and family — is shorter and quiet, with hair as neatly trimmed as Sanford's is windblown. He has an intent gaze and a habit of fixing it on a speaker then cocking his head. He often stands at the operating table with one foot resting on top of the other. When he's

angry, he gets quieter still.

Boop averages 60-hour, seven-day work weeks and loves it.

Think of the sheer excitement of skiing down a mountain or shooting whitewater rapids in a canoe. "Neurosurgery ranks right up there with the same level of excitement," he says. The physical and intellectual demands are even greater.

But sitting with parents, he is so still, his voice so low and gestures so measured, he exudes calm.

"When people hear brain surgery, they think fast cars, beautiful women and a glamorous lifestyle," he says, standing at a sink scrubbing his hands and arms up to the elbows. "But you saw how sick those kids upstairs are."

In the operating room, Boop's week moves into high gear with the Dave Brubeck Quartet providing the soundtrack. He's usually in surgery on Mondays and Wednesdays, Sanford on Tuesday and Thursdays. Fridays are reserved for tough cases, which they work on together.

Please see HOPE, V4



Recruited to the brain tumor program in the 1980s, Dr. Robert Sanford — nicknamed Alex — combines a perfectionist's competitive nature and work ethic with exceptional technical ability.



Dr. Marike Zwienberg-Lee, a pediatric neurosurgery fellow, assisted in the operation to remove Anna's tumor and then stitched the girl's scalp back together. "It is so intense," she said.

*Every area of trouble gives out a ray of hope; and the one unchangeable certainty is that nothing is certain or unchangeable. — JOHN F. KENNEDY*

## THE LAST BEST HOPE | LE BONHEUR BRAIN SURGERY PROGRAM

Dr. Frederick Boop describes Anna's tumor to her parents, Amy and Zac Ives. Many parents struggle with the loss of control that occurs when a child is diagnosed with a brain tumor, Boop said. "At a certain point, they have to just trust me."



Photos by Karen Pulfer Focht/The Commercial Appeal

Dr. Robert Sanford (left) takes a breather in the doctors lounge, where Dr. Eunice Huang (center) and Dr. Max Langham catch up on their messages.

## Along jagged line, team finds target; 'luck' led to diagnosis

**HOPE**, continued from V3

Today he was up at 5:15 a.m. for a shower and cup of coffee. He had a second cup during his 30-minute drive in from his Germantown home. He was walking into the hospital by 6:30 a.m. On surgery days, he skips the muffins and glazed doughnuts in the doctors' lounge. He won't eat more than a piece of fruit until dinner.

Anna is already under anesthesia, her alabaster skin glowing beneath the surgical lights, her head immobilized in a device that extends from the operating table, allowing three surgeons to gather around her.

The surgeons will cut along the zigzag line Boop has drawn on Anna's scalp as they make their way to her brain. The line is crooked to reduce scarring. And because it's several inches above her natural hairline, eventually it will disappear beneath her red hair.

Boop injects a mixture of lidocaine and epinephrine at regular intervals along the line to minimize bleeding.

A monitor displays six grayscale images. In them, Anna's skull is white. Her brain is gray with scalloped edges. The fluid-filled ventricles deep inside are nearly black.

Along with the bones and cartilage, there is a fuzzy gray mass in the middle of her forehead. About the size of a golf ball, it's nestled in Anna's frontal lobe.

They aren't sure what it is, but Boop is about to lead a seven-person team to remove it.

The heart of Le Bonheur's neurosurgery program is a desk tucked in the back corner of the nurse's station on 5 South. In January, the 20-bed unit became one of the hospital's few closed units, reserved exclusively for neurosurgery patients.

The unit walls are decorated with a painted mural of children at play. There is a shower, mini-refrigerator and computer for families. Most mornings a few parents are padding around in slippers and bathrobes.

It is also where Tracy Tidwell, a Le Bonheur nurse practitioner with a direct gaze and a no-nonsense manner, works the phones. "I'm not trying to be ugly," she says into the receiver one afternoon. "But I just can't follow everyone."

She follows a lot, though, in this job she hopes to hold until retirement. This week she's tracking 14 patients, including two just days from surgery.

She also provides plenty of mothering. When a young doctor tells her he's not going back into the room where a mother just berated him, Tidwell says she'll talk to the mother. "She's just upset. Put yourself in her shoes," she tells him.

When Sanford arrives scowling one morning, she produces snapshots another patient's mother just sent. Immediately he is smiling and describing the case to Boop.

She keeps mental notes about which families need more meal tickets or remain in their rooms. Families often arrive desperate and angry with a life spinning out of control. "It is amazing. They will eventually all smooth out and become part of the team. If you see them in the hallway, then everything is OK."

On Monday, she's scrambling to make sure all the paperwork, including brain scans, has arrived for Leia Fraley, 8, of Clintwood, Va. The next afternoon Leia and her mother are expected to ride the shuttle from the Ronald McDonald

House to Le Bonheur. On Wednesday, she'll undergo a third surgery to remove a malignant brain tumor called an ependymoma.

Leia is the first St. Jude patient enrolled in a national study of a new drug targeting the tumor. Along with removing the tumor, Leia's St. Jude doctors are eager for evidence of how it might be working.

By 9:04 a.m., Dr. Jody Helms is poised to make the first incision along Boop's line. Helms is three years into his seven years of neurosurgery training. The door opens, a nurse enters and says, "Time out: This is Anna Ives. She's having a bifrontal craniotomy tumor resection. Everyone in agreement?"

They are. She steps out, and Helms begins. In less than 30 minutes, Boop and Helms have cut and drilled through Anna's scalp, skull and dura, the brain's tough protective inner covering. The tumor, soft, pink and speckled, stands out next to the normal brain tissue, which is the color and consistency of overcooked pasta.

"It's almost luck we found it," says Dr. F. Fred Perkins Jr., Anna's neurologist who has slipped into the room. "I debated whether to order the MRI.

"If it's a neuroblastoma, it is in the wrong place. If it's a meningioma, it is

Please see **HOPE, V5**

### TRACY TIDWELL

**Professional:** Nurse practitioner with the brain tumor program at Le Bonheur Children's Medical Center. She's also worked in the Le Bonheur emergency department and urgent care centers of Tupelo's North Mississippi Medical Center. She also worked there as a registered nurse.

**Age:** 43

**Hometown:** Belmont

**Education:** Mississippi University for Women, bachelor's of science in nursing; University of Mississippi Medical Center, master's degree in pediatric and family practice nursing.

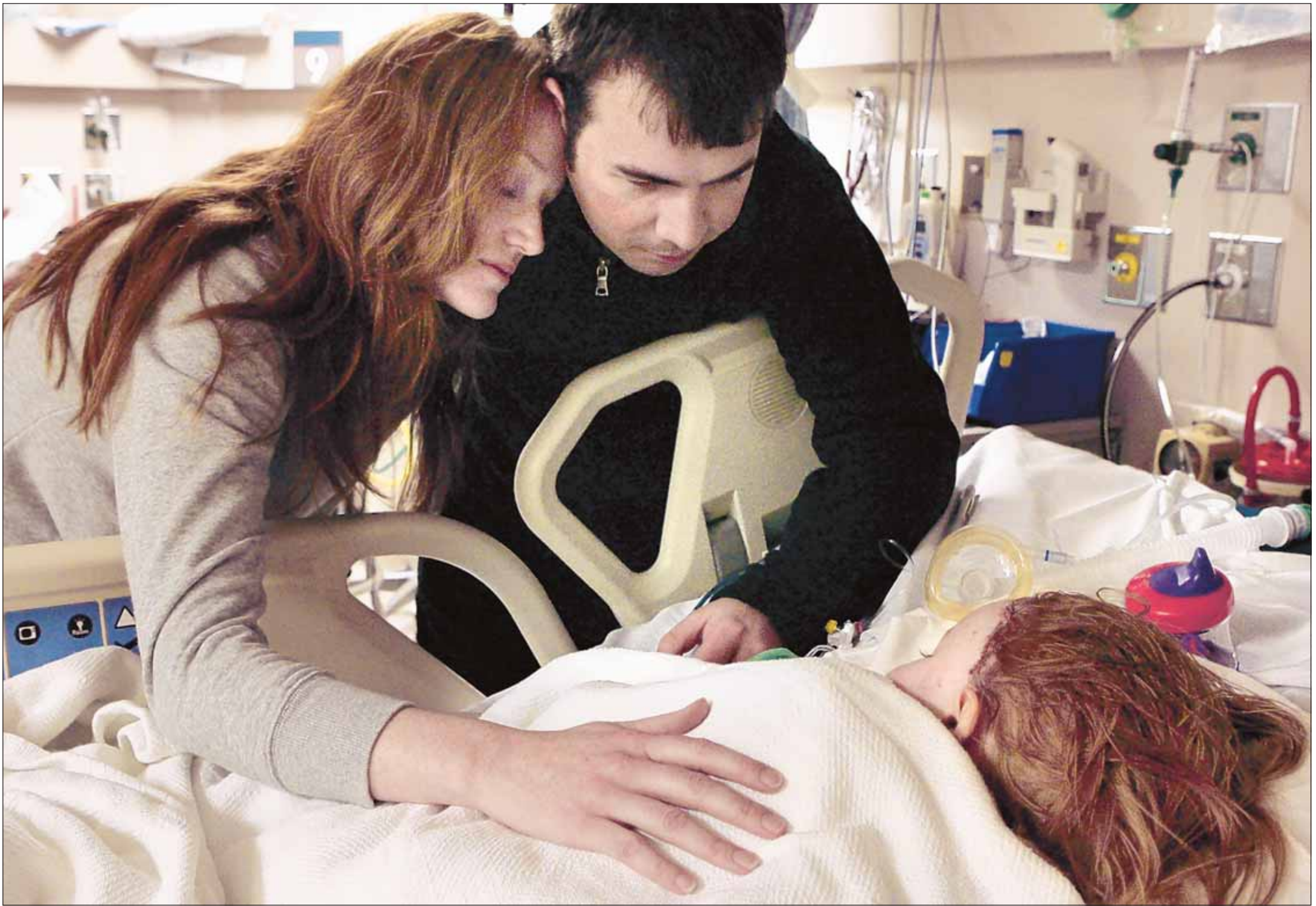
**Personal:** Married, Community Bible Church Sunday school teacher.

**Look for her:** Relaxing on the front porch of her Cooper-Young neighborhood home with her four dogs.



*Hope is not the conviction that something will turn out well, but the certainty that something makes sense regardless of how it turns out. — VACLAV HAVEL*

## THE LAST BEST HOPE | LE BONHEUR BRAIN SURGERY PROGRAM



Photos by Karen Puffer Focht/The Commercial Appeal

Shaken by seeing Anna with an incision across her head, Amy struggles to maintain her composure as she and her husband visit their daughter for the first time after the operation.

**HOPE**, continued from V4

unusual to be that large in a child this small. It is a better diagnosis — it is benign. The problem is it presses on other brain centers.”

Boop stands at the head of the table. His voice is barely audible over the sound of beeping machines, the drills and suction of surgical equipment and staff moving in and out of the room. The CD player is switched off. Boop doesn't chit-chat.

Steady progress beginning in the late 1960s means unexpected pediatric neurosurgical deaths are rare. Surgical complications are down. Intensive care support is better.

The CT scan and MRI that led to Anna's diagnosis have also given Boop a surgical roadmap. He knows the tumor is perilously close to a major vein. He also knows it isn't far from her olfactory nerve. He'll use a surgical microscope, with the power to enlarge objects to 12 times their normal size, in hopes of avoiding both and hunting down every bit of tumor.

“You have to have 100 percent concentration all the time,” explains Dr. Marike Zwienenberg-Lee, a pediatric neurosurgery fellow assisting in the operation. “It is so intense. A small mistake can have tremendous consequences.”

Fingers and even arms can be severed and successfully reattached hours later. With proper care, hearts and livers can be removed and then flown cross country for transplantation.

But the brain remains unforgiving.

Without oxygen, brain cells begin dying in two or three minutes. They don't like to be compressed, pushed or tugged. In orthopedic surgery, a mallet is

standard equipment. In neurosurgery, tweezers are. Surgeons try to follow the brain's natural contours and avoid slicing through nerve cells.

Even then, Boop says, “You can do a beautiful operation and still have a bad outcome.”

Too much handling, particularly of sensory nerves, and they shutdown. Someone is left blind or deaf. Others are suddenly dependent on tube feedings or breathing machines. Patients can wake up with a different personality or behavior problems. Boop recalls the resident who told him: “If I have a bad day, someone has a bad life.”

Several times a year that happens.

“Then you go home, stare at the ceiling and wonder what you could have done differently.”

■

Today it goes well.

By 10:02 a.m., a sample from the tumor is on its way to the pathology department. The rest pulls easily away from the normal, healthy brain tissue.

Shortly after 11:30 a.m., Zwienenberg-Lee is stitching Anna's scalp together. The lights are on again; so is the jazz.

Boop is talking about the braised lamb shanks he made for the family's Sunday dinner and being chased by dogs on his 50-mile weekend bike rides.

He collects his lab coat, stows his surgical magnifying glasses and walks up one flight to pathology. He sits across from Dr. Olga Lasater, both peering at a tissue-paper thin slice of tumor that came out of Anna's head. Stained and mounted on a slide, it wasn't clearly one

thing or another.

Few dividing cells were visible, suggesting the tumor was a benign meningioma, holding hope for a surgical cure. But the cells didn't have the expected uniformity, suggesting it might still prove to be malignant.

“The one thing the family really wants is a diagnosis. We can't give them that,” Boop says. But when he sits down on the bed across from Anna's parents, his report is upbeat. No surprises, he tells them.

Minimal bleeding.

Her sense of smell likely preserved and all traces of tumor gone.

But even a preliminary diagnosis is still four or five days away. When Anna's parents ask what might happen then, Boop deflects the question. “We'll know more once we get the final

pathology. Meanwhile, we'll get her well,” he says, launching into a new list of possible calamities.

In the next 72 hours, her eyes likely will swell shut. Anna could suffer a seizure or develop a blood clot or infection. There will be an MRI the next day and possibly more surgery if any tumor has been left behind.

With the hospital's intensive care unit full, Anna likely will spend the night in the surgical recovery ward.

As Boop rises to leave, Amy asks, “What's in the box?”

“My magnifying glasses,” he says, sparking a wave of laughter. “No, we didn't save it for you,” he says of Anna's tumor.

**“Her intonation is the same. The phrasing was Anna. It is our Anna.”**

**AMY IVES**

*After Anna's surgery*

■  
Ninety minutes later, Zac and Amy walk across the recovery unit, their hands intertwined so tightly their fingertips blanch white.

Anna lies curled on her side in bed 10, her hair spread behind her like a fan, the incision across her forehead stands out like stitching on a baseball.

Amy leans over and whispers: “You are doing so good. You are so strong.”

At the sound of her mother's voice, Anna's eyes open. “I got juice,” she says.

“Good drinking,” Amy tells her.

“We love you,” Zac says. Amy adds, “We've been waiting for you. You are such a good girl.”

Anna's eyes close and registered nurse Jane McNeil pulls a curtain around the bed. Amy begins to cry.

They'd been warned that regardless of whether the tumor was malignant, its location and size posed a threat. It was pressing on the largest region of their daughter's brain, one involved in everything from Anna's ability to move to her behavior and attention span.

Even if the tumor wasn't growing into her frontal lobe, it could still result in permanent damage simply by compressing nerve cells or interfering with their blood supply.

Until Amy saw Anna huddled in the hospital bed, hooked to monitors with the incision stark across her skin, it hadn't quite seemed real. It did now.

But Anna was awake. She recognized them. She spoke to them. “Her intonation is the same. The phrasing was Anna,” Amy says. “It is our Anna.”

— Mary Powers: 529-2383

**NEXT IN THE SERIES****‘A DECISION NO PARENT SHOULD HAVE TO MAKE’:**

Leia Fraley, 8, a second-grader from Clintwood, Va., is facing her third surgery on a tumor that keeps coming back. Each operation brings added risks. She is the first St. Jude patient enrolled in a national study of Lapatinib, a new drug that targets the tumor. Waiting to go to surgery, she clings to a dog from the hospital's toy room.



*True hope dwells on the possible, even when life seems to be a plot written by someone who wants to see how much adversity we can overcome. — WALTER ANDERSON*