

Background

This is a fictional play inspired by a clinical trial for a breast-cancer drug. Trastuzumab was tested as a treatment for an aggressive form of breast cancer identified by a protein called Human Epidermal growth factor Receptor 2. It is commonly known as HER2. A significant feature of this trial was that a group of women underwent regular chemotherapy treatment over an eighteen-week period together in the same room.

Notes on Punctuation

A forward slash (/) in the line before yours means you start speaking while the previous speaker continues to speak.

An ellipsis (. . .) means you are struggling to find words for what you mean or that you're losing steam.

An em dash (—) at the end of your line means you stop suddenly, uncertain of whether you should continue. An em dash at the beginning of your line means you are picking up the thread from the previous speaker. Sometimes the dash means a character is scanning material she is reading before speaking.

Permanent Stage Setting

A large screen behind the action shows images throughout the play. The images are vivid and colourful. They show the inner workings of various parts of the body, from cell division, to blood flow. At times the screen shows written reports and details of treatments, not necessarily readable to the audience, but full of words, numbers, abbreviations, etc. There are images during the play of family members—homemade photos of people in the women's lives.

Time

Fifteen years into the future, 2030.

The present, 2015.

Locations

A university classroom.

A blood clinic in the hospital where the clinical trial is taking place.

Dr. Danielle Pearce's laboratory.

A chemotherapy treatment room in the hospital.

An auditorium.

An entrance of a hospital.

Danielle's kitchen at home.

Danielle's bathroom.

Characters

Daphne Miller: A sixty-year-old mother of near-college-aged kids. Happily married. Her cancer was found in both breasts and she has undergone a double mastectomy and seven months of chemo. The cancer recurred in her bones.

Frances Wood: Fifty-nine. A dairy farmer. Widowed. Religious. Three years ago she was diagnosed and had a double mastectomy followed by chemo and radiation. The cancer spread to her lymph nodes. A few months later she found a grape-sized lump above her collarbone. It signalled metastases through the chest wall. The cancer was very aggressive. This time she declined any more chemo.

Melissa Chu: A fifty-eight-year-old naturopath of Korean descent with a daughter in med school and a live-in partner, Patsy. She has a strong will, no respect for rules, and a great sense of irony. She discovered the mass in her breast before it spread. She immediately began to treat the cancer with Chinese herbs. She received chemotherapy and had a single mastectomy, followed by radiation. The pathology report identified the cancer as HER2. A few months later the cancer was found in her ovaries and had spread to her liver. Her prognosis was six months. This was a year ago. She continues to take the herbs.

Gloria Deslisle: Fifty-six. She hides her terror with bombastic humour and an attitude that she can take care of everyone whether they like it or not. She lives in Parry Sound, Ontario, and has been working part-time at Walmart until she was laid off. She has kids in their late teens. She was diagnosed a year and a half ago with a tumour in her right breast and swollen lymph nodes. After surgery, some lymph removal, and chemo, a tumour was detected in her left breast, spreading into the wall of her chest. It was deemed inoperable. She is in this trial to see whether the new drug can stop the spread.

Charlene McBride: Forty-one. An actress. She is always dolled up to the nines. She has a four-year-old daughter. Charlene found the lump in her breast fourteen months ago. She had a mastectomy, ten lymph nodes removed, and then had chemotherapy followed by radiation. She had violent reactions to the chemo. Some other lymphs had been found to be enlarged, causing concern. No cancer has been found in other areas yet, although the ovaries are in the line of danger. She could have them removed as a preventative measure, but she is hoping to have more children and she has refused the operation, hoping the new drug will wipe out the lymph metastases.

Anya Patris: Nineteen. She worked in a bar, made lots of money, had a good social life and a boyfriend. When Anya was finally correctly diagnosed with HER2-related breast cancer it had spread to her lungs and was deemed inoperable. The diagnosis was made six months ago. She received a double mastectomy and had many lymph nodes removed, combined with radiation and chemotherapy. Her doctor recommended this trastuzumab trial as a last resort. Her prognosis is poor. Anya was a party girl but is losing touch with her friends as she is too tired to go out.

Naomi Peters: Sixty-three. An English woman. She is a professor of anthropology and feels intellectually superior to the others in the room. She is an alcoholic and used to smoke heavily. She was diagnosed two years ago and the cancer had spread to her ovaries. She received a double mastectomy and hysterectomy. Now the cancer is in her lungs. She has a poor prognosis, given her age, her smoking, and her lack of good general health. There is an as-yet undiscovered lesion in her brain.

Doctor Danielle Pearce: Fifty-seven. She is the research scientist in charge of the program. She is an intense, driven woman with an incredible passion for this cause. This trial is the most critical moment of her career.

Nurse Gabby: Forty-eight. Earnest, efficient, and caring, if at times a touch oblivious to the complexities of people's behaviours. Has not yet demonstrated a sense of humour.

Lab Technician: Efficient and time-sensitive. Played by the same actor who plays Gabby.

Kate Santanam: In the future scenes she is thirty-eight, but throughout most of the play (which takes place fifteen years ago) she is twenty-three and idealistic with a confidence that borders on arrogance. A postgraduate student in biochemistry doing her Ph.D. thesis on medical research.

ACT ONE

Scene 1

A university classroom fifteen years in the future.

KATE, thirty-eight years old, hurries in. She has a computer and a pile of paper in her arms. She proceeds to set up the computer to project onto a screen while speaking to a class of oncology students. She is late.

KATE: Hi, everybody!

She drops some papers.

Oops! I'll just be a minute. I thought it was building "B." Well as long as this room has a screen—

She sees the screen.

Good!

She scans the auditorium.

Not a bad turnout. It's good to see how many of you are showing an interest in this side of your med studies. I hope you all read the material I wrote, in preparation for this course . . .

She scans the students.

We are going to begin this lecture with a—video presentation, uh—

(2) Maja Ardal

She's getting a bit distracted trying to set up PowerPoint while speaking.

It's not exactly PowerPoint, more—a series of images—it's self-explanatory. Anyway, welcome! By taking this course you're already showing your willingness to look at things with some fresh . . .

She's finishing up plugging things in, etc.

. . . perspective . . .

Done.

Hah!

She has her equipment in place.

Ready! Oh wait—I'll get the lights.

She dims the lights. An image appears on screen with the heading "Cancer and Community."

Not many people can claim to have a lifelong fascination with the inner workings of the human cell. But I am one of those. At a certain point in my life—I was hooked. By this.

A human cell appears on the screen.

I was particularly drawn to the rogue cells—the aberrations that choose to multiply, causing one of the greatest threats to survival.

The screen shows a fast-moving series of malignant cells.

Our previously healthy cells become helpless against the violence of uncontrollable malignant growths. There is still no definitive answer to why a cancer can suddenly appear and set about smothering the normal function of our lymph system, our blood, our liver, lungs, or breast. Even in what is called a "carcinogenic" environment, such as the toxic fumes inhaled by fire fighters, or the most obvious issue of smoking, why do some bodies develop malignancies and others not?

She sees a student about to answer.

No! Don't try to answer me, these are rhetorical . . . Just take notes, okay?

Now here's what I am getting at. You see—it's the body's *response* to cancer diagnosis that captivated me and now drives me to a deeper study of immunology. Is there such a thing as immunity to cancer?

She sees the same student trying to answer.

No! Really, don't try to come up with an answer—it's the *questions* that drive research. So just ask yourselves, is it possible to scientifically create immunity? How do chemotherapy concoctions work alongside the body's *own* immune system? When I was doing my grad studies I wasn't even thinking like that. I thought it was simple. Get the strongest weapons to wipe out the malignancies, and those who survive have science to thank, right? And I decided my best chance of success would be to study with the finest mentor the university had to offer—Doctor Danielle Pearce. She was preparing a clinical trial on a new drug she had developed to attack HER2-positive breast cancer.

Scene 2

Fifteen years earlier. Dr. DANIELLE Pearce's lab.

DANIELLE picks up a cage. It contains a hairless mouse covered in tumours.

DANIELLE: *(to mouse)* I've been ignoring you lately. Sorry. You're looking well considering what we've done to you and your sisters. You'll never know how much I wanted you to live— You'll never know why I plunged those needles through that soft pink skin and into your chest. Why I pumped you full of liquid death,