

THE ORDEAL

OF

SEAN MARSEE

By MARGARET FRENCH

An alarming message is going out to dippers and chewers from a Sooner physician who can't forget the young athlete whose life he couldn't save.

Sean Marsee, an 18-year-old Tahina, Oklahoma, high school student, was so respectful of the health hazards associated with cigarette smoking that he opted for a "safer" alternative. Instead, like many in his peer group, he "dipped" snuff, the smokeless tobacco which has been supplanting cigarettes as the fastest-growing tobacco habit nationwide.

Snuff is a moist, fine-cut tobacco usually held securely between the cheek and gum for long periods of time. The other smokeless product, chewing tobacco, is the dry, leafy tobacco that is chewed and produces more juice.

However, Sean's Ada physician, Dr. Carl T. Hook, a 1970 graduate of the University of Oklahoma School of Medicine, believes the smokeless tobacco Sean used killed the young man. Sean succumbed to a battle with oral cancer that took less than one year—from diagnosis to death—to claim his life.

A track athlete, Sean first saw Hook in April 1983, one month before his high school graduation. He exhibited a sore on the right side of his tongue. Even at first glance the physician felt the tumor was malignant.

"It was very difficult to just tell a young man I had never seen before that he had cancer of the mouth, but I believed that the moment I saw him," Hook remembers. He prescribed medicine for Sean to decrease the inflammation and soreness and instructed him to discontinue use of the snuff. When Sean returned two weeks later, Hook recommended surgery.

"He requested that we wait until after an upcoming track meet and graduation, and I agreed," Hook says. "I thought back to when I was a senior in high school and what I would have done if someone had told me I was

going to have an operation to cut out part of my tongue, that my mouth and tongue would be so sore and swollen I wouldn't be able to talk or eat for a week. So he ran in the meet, graduated on Friday and had surgery Monday.

"The lesion was malignant, as I feared it would be. We removed approximately one-third of his tongue at that time, and after a week's hospital stay, he went home. In two weeks, after the stitches came out and the tissues had healed, he was to begin daily radiation therapy in Oklahoma City. Because he was so young, we wanted to pursue extremely aggressive treatment—even though there was no evidence of any other cancer at the time—but you have to be suspicious, and you worry that there might be."

When Sean arrived for radiation treatments, an examination of his neck revealed a suspicious lump. This necessitated a second operation called a radical neck dissection. A much more extensive operation had been recommended, one which would have removed his jawbone. Sean had refused.

"He was 18," Hook says. "He had just graduated from high school with plans to enter the Rangers, a highly skilled Army corps. He would not consent to that operation."

The lymph nodes were removed surgically from the right side of his neck. Eight of them were malignant, foretelling an ominous and surprising prognosis, the physician recalls.

"The day he checked into the hospital for the second time I was able to feel one node that I thought could be malignant, and it was—but there were seven others that could not be felt. They were tucked up under the floor of his mouth, under the jawbone."

That operation was followed by radiation therapy, which made Sean ill. In addition, oral radiation makes the

mouth sore, dries out the saliva glands and diminishes the taste buds, not at all conducive to eating and drinking. Halfway through the therapy program in July, dehydrated and losing weight rapidly, Sean was admitted to the hospital with pneumonia and had to be hydrated with intravenous fluids.

By late September he was doing better, but in November he returned to Hook with another small nodule on the right side of his neck. When biopsied, it too proved malignant, a very bad sign in an area already treated with radiation and surgery. Additional tomography—CAT scans—then revealed a mass that appeared to be a recurrent tumor, separate from the small nodule that had just been removed.

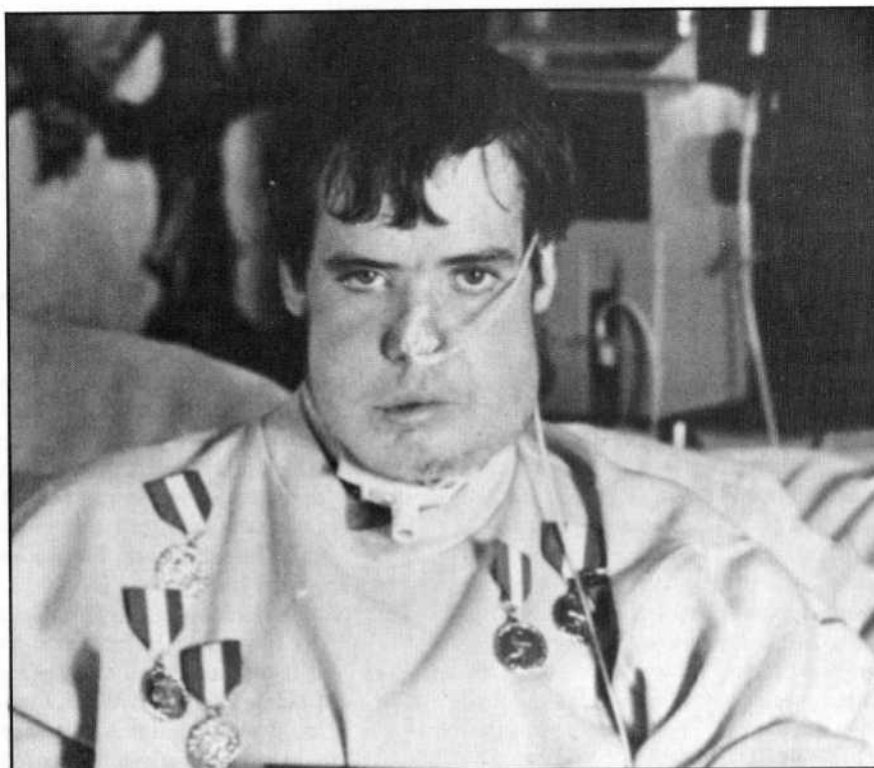
With no other recourse, Sean had another operation in December, a heroic surgical effort to save his life. In an eight-to-nine-hour procedure, the doctors at Oklahoma Memorial Hospital removed his right jawbone, more of the tongue, the floor and other parts of the mouth, leaving such a defect that a skin graft from his chest was required to close his neck.

From then on, Sean breathed through a tracheostomy tube, was fed through a tube in his nose and required intravenous fluids to maintain hydration. Just in time for Christmas, he was discharged and returned home. By January, he had obvious residual disease, and his condition worsened.

On February 25, 1984, Sean Marsee died.

"The family's pain did not stop then," Hook says, "but the immediate misery of seeing him suffer was gone. They were relieved that he did not have to suffer any longer.

"In April 1983, I first saw a 150-pound youth. In February 1984, he weighed less than 90 pounds. He un-



In the high school graduation photo on Page 20, handsome young Sean Marsee looked forward to life. Pictured above at age 19, he had less than a month to live.

derwent three large, major operations, one small biopsy and a full course of radiation therapy and was gone—all in about nine and a half months.”

It wasn't that Sean had ignored his symptoms over a long period of time. Before he consulted Hook, a specialist in head and neck problems, a routine physical examination in January 1983 showed a small patch described as leukoplakia, a pre-cancerous area on his tongue, but the patch went undetected in a February Army physical. In April, when Sean first asked his mother, a registered nurse, if it could be a slow-healing canker sore, she immediately sought medical advice.

“What surprises and distresses you is to see the cancer spread that fast,” Hook explains. “And yet we know that cancer in young people can be more aggressive than cancer in older people.”

Hook was accustomed to seeing oral, throat and lung cancer in older people who had dipped snuff all their lives. It was common for them to develop cancer of the mouth. But seeing an invasive, aggressive cancer in such a young person took Hook by surprise.

“He was, by far, the youngest patient I had ever seen with this problem,” the Ada physician says.

The battle for Sean's life lost, Sean's mother, Betty Marsee, felt honor-bound to tell Sean's story in hope of sparing others similar problems. She asked Hook to assist her in combating the popularity of smokeless tobacco, especially among young people.

They joined the effort to obtain legislation making it illegal to sell smokeless tobacco products to persons under 18. That goal has been realized. State law introduced by Oklahoma legislator Billie Floyd now prohibits merchants from selling any smoking or smokeless tobacco product to a minor. Strong support for the measure also came from legislators and parents all over Oklahoma.

Mrs. Marsee was called to Washington, D.C., to testify before the U.S. Congress. Subsequent federal legislation signed into law by President Reagan February 27 now requires warnings that users risk mouth cancer, gum disease and tooth loss. Reagan also approved a ban effective August 28, 1986, on broadcast adver-

tising of smokeless tobacco products. Government mandated warning labels on cigarettes and the 1971 ban on broadcast cigarette advertising had omitted smokeless tobacco products. Curiously, television advertising for snuff products such as the one Sean used first appeared in 1972.

Hook is convinced of the importance of warning labels. Particularly because he was an athlete, Sean was health-conscious. He chose not to smoke cigarettes but defended his smokeless tobacco habit by pointing to the absence of warnings.

“He told me, ‘It says right on the package that cigarettes are harmful to your health,’” Hook recalls, “but he didn't believe he was doing anything wrong by using the smokeless tobacco.”

Hook contends that the deadly chemicals in smokeless tobacco are absorbed directly into the bloodstream from the mouth, and it contains large amounts of nicotine. Hook cites a recent study in an Oklahoma college in which 10 snuff dippers and 10 smokers were asked to quit, and success was greater among the smokers.

Equally important, he warns, is convincing people that the smokeless tobacco should not be used as a substitute for any other tobacco product.

“As recently as five years ago, some parents were encouraging their children to use this product as a safe alternative to cigarettes. It is not.”

In perhaps the strongest confirmation of Hook's beliefs, Surgeon General C. Everett Koop reported in March that scientific evidence indicates that snuff and chewing tobacco are not safe alternatives to smoking. Further, Koop cautioned that longtime snuff dippers may be 50 times more likely to contract cancer of the cheek or gum than persons who do not use tobacco.

Koop summed up his warning succinctly: “If you chew, quit. And if you don't, don't start.”

Hook, at the suggestion of numerous school officials, has taken the message about the perils of smokeless tobacco to Oklahoma classrooms. He is joined there by dentists and other concerned health care and education personnel eager to help.

After his visit to one high school, he was asked to return for presentations

at the junior high and elementary schools in that district. A screening program in the community referred 10 percent of 169 fifth graders to a dentist or doctor with tobacco-induced changes in their mouths.

Thankfully, Hook believes awareness of the severity of the problem is on the upswing. He thinks Sean's history and other information including his battery of graphic photos have helped to warn and perhaps frighten some young people into giving up smokeless tobacco.

An ABC television crew, in Oklahoma recently to interview Hook and the local principal, among others, failed to find any snuff dippers at the Ada high school; they had to go to a rural school nine miles away. Hook believes that the school children in his area have quit the smokeless tobacco because they are getting the message that it is dangerous. Now, he says, the challenge remains to reach those who have not yet started.

"You have got to teach these kids when they are elementary and middle school age about the hazards of dipping snuff and keep them from ever starting it," Hook insists. "It's tough stopping after you're addicted."

Sean was raised in a rural southeastern Oklahoma town where use of smokeless tobacco was widespread; most of his classmates, including some females, used it, partly in response to peer pressure. Recent studies indicate females definitely are among the regular users. In Oregon, for example, 65 percent of all high school students have used snuff at one time, which indicates users of both sexes.

When the CBS television show "60 Minutes" aired a segment on smokeless tobacco, students at Oklahoma City's Putnam City High School were interviewed, and girls with snuff inside their lower lips were readily available. Many rationalize their use of snuff, saying they cannot find boys in their class who do not use it, so they simply partake with them.

In "World Smoking and Health," an American Cancer Society publication, a recent survey of 5,894 students in 72 colleges and universities showed that 12 percent use smokeless tobacco and another 8 percent plan to use it in the future.



Dr. Carl Hook, left, and KTOK radio host Dr. Howard Hagglund take call-in smokeless tobacco questions during a remote broadcast from a shopping mall.

In appealing to youngsters, Hook uses the least obvious but most effective tactic. Realizing young people cannot envision their own mortality, he informs them of a more immediate, guaranteed penalty.

"I show them photographs of mouths—teeth, gums and tongues of snuff users—and I tell them that in 100 percent of the cases, people have changes in their teeth and gums, and not good changes. Teeth become stained, and gums pull away from the teeth, some far enough that they become loose. They are prone to cavities, and after a while, those teeth fall out. Youngsters don't like to think about false teeth."

Hook also enumerates for the unaware the extraneous ingredients that most often accompany packaged tobacco.

"I ask them if they would eat fertilizer or drink insecticide or pesticides, because they are probably right there in the snuff, and they cannot be completely removed. Also, dirt and sand are present, not to mention seven different chemicals — nitrosamines — carcinogenic elements we have identified so far, each of which can cause cancer.

"The thing is, this is a preventable cancer, a preventable, life-threatening disease of the body, as opposed to cancer of the breast or some other part of the body that we don't yet have control over."

Sean began using snuff when he was 12 after receiving free samples of Skoal and Copenhagen at a local rodeo, supporting Hook's contention that the product's advertising campaign has appealed especially to

younger people. An entire family of these products is available; for example, Copenhagen is a strong variety, Skoal is milder, sweeter and therefore, easier to use, and finally, Happy Days, the lightest brand. Sean had "graduated" to Copenhagen.

The product appears to conjure up a certain "image" with which most people can identify—macho, active, exciting—like athletes or cowboys. Hook emphasizes the point that smokeless tobacco is so irresistibly handy.

"Ranching and farming seem to go hand in hand with the use of smokeless tobacco," he says. "Many of the people advertising on television project that connotation—riding and roping or still able to compete in athletic events with the snuff in your mouth."

Mrs. Marsee has filed a \$37 million lawsuit against U.S. Tobacco, makers of 90 percent of all moist snuff, including Copenhagen, Skoal and Happy Days—a \$600 million market with a bonus of a nearly 20 percent net profit margin. In fact, 75 percent of the corporate giant's revenues are derived from such products.

Lately, however, the picture has been clouded for the firm, in view of other problems in addition to the suit stemming from Sean's death. Gregory N. Connolly, a Harvard-trained public health administrator who directs the Massachusetts Dental Health Department, fought nationwide for the warning labels and advertising restrictions. Now, he promises to follow U. S. Tobacco abroad, and in fact, has already begun lobbying foreign health officials in advance of U.S.T.'s attempt to expand in those markets.

An independent owner of a tobacco shop located in Greenwich, Connecticut, near U.S.T. headquarters, refuses to stock mainstays Copenhagen or Skoal, because he says that 15-year-olds are the only ones who ask for them.

One concession U.S.T. has made voluntarily is the removal of active sports figures from their stable of advertising spokespersons. Some prominent sports figures are showing signs of waffling in their endorsements and/or use of the product, and one who publicly has taken a stand against smokeless tobacco is the highly popular Kan-

sas City Royals third baseman George Brett.

Formerly featured in a television commercial for smokeless tobacco, Brett said although it was "not easy," he was making an "honest effort" to quit his chewing tobacco habit, due in part to the 1,000 letters he receives annually asking him to quit because it is a bad example. The All-Star switched to bubble gum, explaining he had seen enough of the films warning of mouth cancer from smokeless tobacco.

Plenty of other big names, however, are willing to make the financially lucrative sales pitches. Walt Garrison, Oklahoma State University and Dallas Cowboys alumnus, is the premier spokesman in this part of the country. In the East, it is Oklahoma native Bobby Mercer, formerly a New York Yankee outfielder and presently a radio announcer for the club, who sings a song, "I'm a Skoal-Dippin' Man." Another sports figure, Nick Buoniconti, formerly of the Miami Dolphins and now president of U.S. Tobacco, stated on "60 Minutes" that the link between cancer and smokeless tobacco has never been scientifically established, which is his company's pat defense.

"Fortunately," Hook counters, "most physicians who treat these patients are satisfied that snuff causes cancer, and when the Marsee case goes to trial, I think the facts will be brought forward."

The American Cancer Society went on record in March calling for the elimination of all cigarette and smokeless tobacco advertising, along with a ban of tobacco company sponsorship of events that attract young audiences. The new proposal is similar to those endorsed by the American Medical Association and the American Lung Association.

Hook has discovered — through other physicians and contacts with Sean's family — several young individuals who have developed cancer of the tongue and mouth. They all were snuff users.

"It has become an issue for them (U.S. Tobacco) to completely deny that this can be a problem. It is so irritating that it makes you kind of stubborn, but Mrs. Marsee's attorneys are not

going to give up. U. S. Tobacco thinks Betty Marsee will go away," Hook speculates, "but she will still be there."

The case was to be tried in November 1985, but the company obtained a postponement until May, when the trial is scheduled to proceed over U.S. Tobacco's protests and requests for another stay. The company has law firms in Oklahoma City, Little Rock and New York City fighting the lawsuit.

Marsee's object, Hook says, is not a large monetary settlement, although if that happens, she has said she will establish a foundation to aid cancer victims. Her main goal is to make certain that the dangers of smokeless tobacco become widely known and fully appreciated — and that is being realized.

For himself, Hook is answering another calling that parallels his Ada practice in otorhinolaryngology, which includes diseases and problems involving tonsils, ears, vocal chords, larynx and mouth. The hours away from his wife Sandra, daughter Cori, 17, and son Kevin, 15, are mounting as travel time increases, but he simply could not end his involvement with Sean's death.

"Experiencing the slow death of an 18-year-old youngster—he turned 19 before he died—from a preventable disease, watching him die, is an emotional thing. He died a miserable, painful, slow death. Then to see how prevalent the use of this tobacco product was in my locale—kids were using it everywhere, how prevalent the television advertising was to entice people to use it, especially young people—I felt it was my obligation to educate some people.

"Sean wanted to do this himself," Hook continues. "He wanted to go out and speak to people. He was planning to go with me, if he had lived and been able to. He was going to show them what had happened to his body in an attempt to rid him of the cancer. He was going to show them how hard it was to talk and how difficult it was to be seen with your face and head and neck so disfigured. He wanted to educate young people. He didn't make it, and I feel like I owe it to him to continue." 