# Should deaths in clinical trials deter experimental cancer treatment ‘CAR-T therapy’?

*Editor’s note: The author of this piece is Julie Guillot a fundraiser and advocate for the Children’s Oncology Group and other organizations which seek to accelerate less toxic, more curative treatments for pediatric cancers.*

Cancer killed my young son, Zach…His experience, his bravery, and most of all his absence make me question some of the critics of CAR-T therapy, a cutting-edge form of cancer immunotherapy. They say it is dangerous. I say I wish it had been around for Zach.

CAR-T therapy involves modifying a cancer patient’s own T cells so they recognize and kill cancer. Critics have seized on several deaths in a CAR-T clinical trial and are blaming companies for moving too fast in a race to bring the first CAR-T product to market.

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The harsh reality is that 10,000 Americans died from acute myeloid leukemia (AML) [in 2016], and nearly 600,000 died from all cancers. Chemotherapy and radiation are highly toxic; bone marrow transplants…have notoriously high mortality and morbidity rates.

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CAR-T and other immunotherapies are a shining beacon of hope…In childhood acute lymphoblastic leukemia, remission rates exceeding 90 percent have been reported. Many children and adults who were once facing certain death, like Emily Whitehead and Milton Wright, are alive today because of this new form of immunotherapy.

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We accept injury and death as part of “standard” cancer treatments like the ones Zach endured. We need to do the same for experimental therapies such as CAR-T.

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion, and analysis. Read full, original post:** Critics of experimental cancer therapy just don’t get it