DR. JOHN HANSON has a colorful, stylish office in the Cudahy Tower, converted from an old apartment, reducing his morning commute to a short stroll from a condominium in the building. A retired oncologist, Hanson now spends his time spearheading his 5-year-old John P. Hanson Foundation for Cancer and Cellular Research, which supports research into cell therapy and other forms of cancer immunotherapy, advanced treatments that direct the power of the body’s immune system (including T-cells) against unwanted cancer cells. Hanson is currently gathering funding to support up to three young researchers at the cutting-edge Robert H. Lurie Comprehensive Cancer Center at Northwestern University, with hopes of one day endowing a professorship.

SHOULD CANCER PATIENTS CHALLENGE THEIR DOCTORS?
I think that’s fine. There’s no cure. There might be two or three different options. And the next thing is, is there a clinical trial or an attempt to improve on standard practices available? It’s all about the patient getting better.

MUST THE IMMUNE SYSTEM MISS SOMETHING FOR A TUMOR TO FORM? No. It’s not missing something. What happens is the cancer outfoxes everyone. Instead of supporting the body, it begins to support itself and becomes self-aggrandizing. It does everything possible to evade detection and support itself.

CELL THERAPY SOUNDS GREAT. DOES IT HAVE LIMITATIONS? It works extremely well with melanoma because there are large genetic differences. Breast cancer has been treated successfully. A few colon cases have been treated successfully. A pancreatic cancer has been treated successfully, one or two [times]. The imperative is you must develop this [approach] for common cancers because they’re what kill people.

DURING IMMUNOTHERAPY, CAN THE IMMUNE SYSTEM TARGET THINGS OTHER THAN CANCER?
That does happen. Diabetes can occur. Hypothyroidism can occur. Hypopituitarism can occur, and bowel diseases can happen. It’s a reaction to the immune system being turned on too much.

WHAT WAS IT LIKE TO WORK WITH CANCER PATIENTS? DID YOU FIND IT REWARDING? Oh sure. You can help the sick. The art is to listen to what the patient wants. If you listened enough early on, you could say, “This is what you want, and this is what I can do.” If they wanted to do something high risk, we would talk about it for a week or two to make sure they got it and understood what the risks were. The goal was, I am going to get you through this. You can do this, and you will do this. We have to get to the end of a course of treatment to see if it works. There’s a sorrow at death, but we tried as best we could. Can we learn something to help the other families, the other patients? Almost always we do. Was it worth it? Absolutely. Every human being who has cancer wants to live.

WHY HASN’T IMMUNOTHERAPY TAKEN OVER THE FIELD? Doctors are committed to the life and well-being of patients, and they’re not convinced it works. But you’re dealing with people who are dying and sick. I think there’s an imperative. You can’t keep putting up with the same old shit. It’s not in human nature to accept that what is [is beyond improvement]. You have to try.