January Journey, 2013

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January 7, 2013
SUBJECT: At this point, I have been diagnosed with pancreatic cancer

I had my annual physical on Wed. Jan. 2nd. I was getting ready to leave my main doctor's office after a short day, with only my excess weight as an issue. Then a lab report from the routine blood screening came back higher than normal. After looking at my labs the doctor ordered more liver lab tests and an ultrasound for Wed. afternoon. I had horrible pain, both after the ultrasound and all night, so I e-mailed the doctor on Thurs. morning. The ultrasound showed an enlarged bile duct (even I could see it on the ultrasound). The doctor e-mailed me and called me Thurs. afternoon to tell me he'd consulted with gastroenterology and that they were ordering up even MORE liver tests and would be calling me for a consult on Fri. I went for that consult with a doctor whom I had seen 9 1/2 years ago. He ordered up a MRCP (an abdominal MRI) for 6-7:30 PM Fri. night at the hospital. An hour after it was over, the doctor called me and told me the results. He said he was ordering up another test, an ERCP (Endoscopic Retrograde Cholangiopancreatogram!), for Sat. But that didn't work because the hospital was short-staffed in recovery on the weekend and I wasn't an acute case (i.e. running 105° fever and presenting with jaundice). So, the doctor called me Mon. morning with an ERCP appointment for 1 PM. I finished the test at 3:30 PM.
What we think we know now:
1. That I don't have Hepatitis C
2. That I don't have problems from the unchanged gallstone found 9 1/2 years ago
3. That I don't have a stone blocking the bile duct

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4. Two stents were put into the bile duct.
5. Biopsy samples were taken but the doctor who conducted the ERCP, and who has over 20 years of experience doing them, told me I probably have pancreatic cancer. There is a tumor about 4 cm long over the head of the pancreas. The total pancreas is about 20 cm long so if the 4 cm were to be removed, I would still have enough pancreas left to not develop diabetes and to have digestive functioning. They also have to figure out what to do with a spot found on my liver, bigger than "tiny," that could indicate that the cancer has metastasized. Further liver tests may be needed.
6. I will need at least 6 to 8 weeks of chemotherapy and radiation therapy to try and reduce the size of the tumor before surgery. It's not the easiest of treatments but also not the hardest. I probably wouldn't lose my hair but would have my energy zapped.
7. I will need surgery, which will require a resection of all of my organs around the pancreas. That will mean a 5 to 7 day stay in the hospital. It will be at least a 6 to 8 week recovery period for that.
8. The main treatment centers for pancreatic cancer are Mayo’s, Sloan-Kettering, Johns Hopkins and M.D. Anderson. I will probably be sticking with Mayo's since they found the elusive bean and I have my winter home here, making treatment and recovery probably easier. However, I will be researching the other places on my own, too.
9. The next step is to meet with the oncologist, radiologist, and surgeon to get their combined recommendations.

I appreciate the calls and e-mails of support. Please keep me in your prayers. I told the doctor that I was not going to throw in the towel. He said, "Absolutely not..." because I have the fact I'd had not had clinical symptoms showing up yet and had my strength going for me (Thank you Kris, Laura and Amy, my trainers who've been putting up with me, for that!).

Please just e-mail me, rather than calling me or texting me. I will get hoarse from trying to talk on the phone and it will be hard for me to remember to whom I've told what. I need to save my energy for this minimum 6 month battle. I'll let you know something when I can.

Both my main doctor and the gastroenterologist said that from the initial physical exam they would not have suspected an abdominal issue of any sort. It's the blood work that was the tip-off, particularly the GGT (Gamma-Glutamyl Transpeptidase), which was 407 compared to a normal of up to 29.

My love to you all,
La Rita

January 10, 2013
SUBJECT: Equivocation to Relativity... Diffuse Large B Cell Lymphoma Extra Nodal

Well, yesterday was a productive day of information. I had a consult with the Director of the Transplant Team and Professor of Surgery of the College of Medicine. After reviewing the abdominal MRI and ERCP pics closer, in conjunction with my LACK of presenting symptoms of no jaundice, no dark stool or urine, and no itching, the Director feels that I do NOT have adenocarcinoma of the pancreas. Because I have not had previous symptoms, including weight loss and abdominal pain, the Director also believes I do NOT have cholangio carcinoma, which is cancer coming out of the walls of the bile duct. However, the scans are "unusual" looking, so more radiologists and pathologists have been brought into the loop. They literally were calling in and I was listening to their opinions as they were talking with the Director. Depending upon the results of some of the biopsies that were taken during the ERCP on Monday, the Director thinks the diagnosis will be confirmed as Pancreatic Lymphoma. So, yes, there are different kinds of pancreatic cancer.

So WHY were the Director and his Resident Physician grinning from ear to ear as they told me this? Well, according to the Resident, a pancreas specialist, this was comparatively good news, because it was NOT adenocarcinoma of the pancreas. Adenocarcinoma represents 90% of all pancreatic cancer. THAT REQUIRES chemotherapy and radiation to reduce the size of the tumor and to get to cleaner margins for a better result for the patient before the major abdominal surgery where the tumor is removed, the gall bladder removed and the organs and ducts moved around and re-sectioned. This is called the Whipple procedure. The surgery would last at least 3 1/2 hours. The stay in the hospital would be at least 5 to 7 days. According to the Resident/Specialist, a big reason for that long stay is because they have to wait on the "stubbornest organ in the human body, the stomach, to get its pyloric valve to open up." He said medicine can do nothing to control when that happens; it DOES just eventually open up. So, they were grinning because they were giving me the good news that I WOULD NOT HAVE TO HAVE ANY SURGERY!!!

A friend who did some research on the subject said that if someone has done 20 Whipple procedures, they are considered an expert. I asked the Director how many HE had done personally, not the team as a whole, and he replied over 200. So THAT was quite reassuring, too.

Also, the long-term survival statistics for adenocarcinoma of the pancreas is 20% in five years. They said survival statistics are better for Pancreatic Lymphoma but that the oncologist would have to give me those stats.

As for the spot on the liver, it is at a .09 size. They get concerned when it is 1. They said that chemotherapy could perhaps eliminate that. Then there was the question of the lymph nodes enlargement...were they enlarged due to cancer or were they enlarged because they were the body's reaction, trying to fight off the cancer?

The Director answered a question about whether exposing cancer to "air" causes it to spread. He said it doesn't, but it often seems that way because not enough diagnostic tests may have been done to adequately determine the possible metastasis of a person's cancer. So, if surgery is then done and there already has been too much spread of the cancer, then the person will probably only live a few weeks.

When I said I wanted to garner everything in my power to combat this condition and would want to ideally choose surgery during the Aquarius, Gemini and Sagittarius periods to help reduce the tendency for bleeding, the Director nodded in agreement. I also asked the Director if he DID have to do surgery on me would he agree that he would not drink any alcohol or do drugs 24 hours before my surgery. He said he would not drink or use needles. I said, "NO marijuana usage either!" He agreed.

The Resident/Specialist said that pancreatic cancer that starts from the tail of the pancreas, rather than at the head of the pancreas where mine is located, is usually more severe and deadly. That is because it has advanced so far before it maybe pushes into the stomach or something to cause a person to feel symptoms.

Both Director and Resident/Specialist looked me straight in the eye and told me to keep up my positive attitude. The Resident did tell me I would have to slow down some and really take care of myself during this process. Both gave me their personal telephone numbers and e-mail addresses. They also told me that the docs "liked me." That's a good thing. I bet it's been awhile since they've had a patient like me, but, hey, I'm gonna get 'em trained that they'd better TALK to me and that they'd better LISTEN to me!!!

While I was meeting with the Director and Resident pancreas specialist, one of my Mexico house friends, an R.N., was pursuing the recruitment of other good R.N.s she knew so that I could know that I would have 24 hour PERSONAL Medical Advocate RN coverage for the period I might have been in the hospital for the surgery. I learned that is necessary from experiences I had with my folks. Most all medically savvy people agree that anymore, if someone is in the hospital, you'd best have someone with them around the clock. It was a pleasure for me to get to call off the cadre riding to my defense.

So, the wait was now on to get the last confirming pathology reports from tissue that had been stained and put into the several-day "processing" period. First thing this morning, the doctor who had done Monday's ERCP procedure, called to tell me I have a rare kind of Pancreatic Cancer called Pancreatic Lymphoma. The incidence for this is only 1%. I told him some of my "friends" would probably say, "It figures, La Rita ALWAYS has to do odd stuff...!" He said that even for this kind of lymphoma it is "odd" because it usually goes from the lymph nodes to the stomach or intestine; it is unusual for it to present to the pancreas. He said he has seen very few cancers of my type in all his years of practice. But in his research with the oncologists today, he felt it should respond to chemotherapy and that I probably wouldn't have to have radiation, along with not having to have surgery :-) :-) :-)

I was told the next steps would probably be the canceling of the endoscopic ultrasound, scheduling of a PET scan to see where the cancer has spread through the lymphatic system, a consult with the oncologist, a dual bone marrow test, then the scheduling of chemotherapy. It if is an “R chop regimen,” chemotherapy would be required 1 day every 3 weeks for 6 cycles, giving a minimum time of 4 1/2 months. At some point I will have to have another ERCP (like I had

Monday) to have them replace or renew the 2 stents that were put into the bile duct. The chemotherapy has to go through the liver to get to the pancreas so they have to be sure the bile duct is not occluded again. So, the formal diagnosis is **Diffuse Large B Cell Lymphoma Extra Noda**l. I will lose my hair, have nausea and mouth sores with the chemotherapy.

Another knowledgeable friend sent me an interesting study on the value of writing to relieve stress and to help cope with trauma. http://www.health.harvard.edu/healthbeat/writing-about-emotions-may-ease-stress-and-trauma . I HAVE always tended to write things down when I thinking through things. I've never been quick witted with a verbal response in 10 seconds like several of my lawyer friends. I think of the good retort about two weeks later. Anyway, I am going to continue to do these epistles as one thing to help me. As with any of my "Groupie E-mails," if you do not want to receive them just tell me and I'll remove you from the list or you can just hit the DELETE button until you see a message that is more of my usual travels, restaurant reviews and general musings.

So, everything in life is relative. I wouldn't voluntarily "sign up" for chemotherapy but I’ve been assured that if I had to have pancreatic cancer, I had the best kind possible and it was caught at an earlier stage. I’m also told that my good health should help improve my outcome with chemotherapy.

Again, I thank you for your e-mails of support and news of "regular" things and activities, too. That helps keep me grounded and know that there is more than medical stuff to think about. The recipes you sent will keep me distracted, too, rather than obsessing on medical issues.

Date: 01/13/2013
SUBJECT: Medical Study, TGEN, Laughter and Having Fun and

Heartbeat Lullabies with Quotes to Think About

A friend found a study that seemed from our untrained perspective to be on point for pancreatic lymphoma treatment:
Pancreas. 2006 Aug;33(2):192-4.
Primary pancreatic lymphoma: diagnostic and therapeutic dilemma.
Battula N, Srinivasan P, Prachalias A, Rela M, Heaton N.
SourceKings College Hospital, London, UK.

Abstract OBJECTIVES: Non-Hodgkin lymphoma predominantly involving the pancreas is a rare tumor and accounts for less than 0.7% of all pancreatic malignancies and 1% of extranodal lymphomas. Diagnosis of primary pancreatic lymphoma can be difficult because it may mimic carcinoma. The principal aims of this review were to highlight the difficulties encountered in making a diagnosis and to identify the role of surgery.
METHODS: A PubMed search was conducted using the following terms: primary pancreatic lymphoma and non-Hodgkin lymphoma of the pancreas. Additional references were sourced from key articles.
RESULTS: A total of 89 reported cases of pancreatic lymphoma between 1951 and 2005 were reviewed. An accurate preoperative diagnosis of primary pancreatic lymphoma is not always possible. A complete response rate of 100% and a long-term survival rate of 94% have been reported with surgery and adjuvant chemotherapy when compared with a 5-year survival rate of less than 50% and an overall 3-year disease-free survival rate of 44% with current chemotherapy, radiotherapy, or combined methods.
CONCLUSION: Pancreaticoduodenectomy may have a therapeutic role in association with chemotherapy.

PMID: 16868486 [PubMed - indexed for MEDLINE]

I e-mailed this report to the Director and the Resident/Specialist for review and comment.

The Director’s response was:
“Hi Ms. Mason,
This is a highly controversial area, but I agree that in cases where the tumor was easily resectable with no extrapancreatic involvement, that surgery is a benefit for these rare tumors. Many of those cases were performed not knowing the correct diagnosis preoperatively. In your case, there is the issue of the lateral liver indeterminate mass as well as the lymph node that is very suspicious for involvement alongside the aorta near the left renal vein. Also the posterior pancreatic tissue is invaded, making a surgical resection extremely marginal and may involve partial vein resection, which increases the risk. It may be logical to consider chemo followed by restaging and resection (Whipple) later. I will speak to the oncologists about that. I hope you are still feeling well. Remember, this is still very good news compared to pancreatic adenocarcinoma.
Thanks,
XXX”

The Resident/Specialist’s response was:
“This is a retrospective study. I will read it in details but the patients with pancreatic lymphoma who have surgery are the ones not diagnosed before the surgery and they are thought to have adenocarcinoma. They are taken to surgery based on strict criteria, which means their cancer is confined to the pancreas and not invading anything as compared to patients who are not taken to surgery because their cancer has spread. So this data is inherently biased, in that the ones who had surgery had a less aggressive/more localized cancer so of course they will do better than the other group. You can compare equivalent patients only in randomized prospective studies.
I will read it in details this weekend and give you my input.
Have a good weekend.

TK”

So, my first reaction to these were, "Well, S@**, I was in a better position before I asked the question :-)

Friday morning, I was called to schedule a PET scan for Tues. I asked them why couldn't I do it today? They said, "Oh, we have an opening, let me see." So after 4 phone calls to double check whether the last bit of pumpkin bread my trainer sent wouldn't adversely affect the test, I was given the last appointment of the day. Sugar can affect the test so you are not to eat anything for 6 hours before the test. You are to drink lots of water up to an hour before the appointment. Then a sugar IV with contrast is given. It took about 40 minutes for the top of my head to my thighs and about 15 minutes for my thighs to my toes scan. So, I had arrived at 1:30 PM and did not finish up until 4:30 PM, which was too late to be able to get it read and a report by any of my regular doctors as the "change of shift" occurs at 5:00 PM and I didn't want to hear from anyone who wasn't familiar with my case.

Today I e-mailed the Director and Resident/Specialist, asking questions and putting them on alert that the PET scan HAD been done, in case anyone wanted to call it up from home and call me with the results...subtle HINT, HINT, HINT...:

I wrote the Director, "Hey, feel free to call me La Rita. I like my name and won't be insulted. AND thank you for putting your first name on your e-mail back to me. I will always have respect for the well-earned degrees and the position you hold, but it is nice to feel like I'm also dealing with a Caring PERSON!

I continued, “When I first got your reply I thought maybe I should have left well enough alone since you'd said I wouldn't have to have the Whipple. :-) I thought from reading the study that the surgery was more limited than the Whipple. Thank you for your thoughts on that.

Yep, I'm still feeling well. They called yesterday morning to schedule the PET for Tues. and I asked them why it couldn't be yesterday, and they said, "Oh, it can be." So I got that done too late for any of you to get the results yesterday as they didn't finish until 4:30 PM.

Can we do the bone marrow test BEFORE I see the oncologist, instead of after, so the oncologist would already have THAT info too? I don't have to have the procedure explained, be talked into it, etc. Let's just get 'er done!

I want to have homeopathic support for the chemotherapy, i.e. vitamins, minerals, etc., to help with stamina, energy, appetite and digestion. Is there such a person, i.e. Dr. Andrew Weil, on Mayo's staff that you usually consult with, too? Or do I need to find such a person from the resources that I have?

One of my physician neighbors sent me this:
"I visited TGEN in Phoenix several months ago and learned that they have an initiative to deal with PC that is being tested at Piper in Scottsdale. Suggest you Google their immunologic agent to keep abreast of their work and the results. I recall that one of the former heads of the AZ Cancer Center at the UoA is the principal investigator on the project. Let me know if I can be of any assistance."

Should I be having a consult with THEM, too?"

La Rita

Last evening I had a call from the Director, which I missed as I had turned my phone off to take a nap. He left a Voice Mail asking me to call him back on his cell phone. His message said that I had a lot of good questions and he wanted to talk to me about them, rather than responding by e-mail.

The Director said that he went in and closely read all of the data associated with the study I had sent him. He said that many of the patients in the study were not well worked up in advance of surgery and that the doctors thought that they were facing the 90% more common adenocarcinoma of the pancreas and that it wasn't until they opened up the patient that they found they instead had pancreatic lymphoma. He said there were many marginal cases that should have not be included in the study.

The Director said that TGEN work is focusing on adenocarcinoma of the pancreas, not Diffuse Large B Cell Lymphoma. They have a Phase 1 trial for Glandular Carcinoma at the molecular level. No clinical results from there yet. The Director said that he is embarrassed to say that Mayo Clinic currently has a political policy full of red tape of not allowing tissues to be shared with other entities for research purposes. He said an individual patient can take their tissue samples anywhere because they own their tissue.

The Director also said it was interesting that I would ask him about the holistic involvement because that is a special interest of his wife and their family. His wife is working with a Mayo psychiatrist with yoga and mindfulness. From Slimfast contributions, there is a facility for health, wellness and mindfulness for the staff, but his wife is helping to work on trying to get it to be brought into the main clinic more. He said it is in Rochester but not at the Jacksonville branch or here in Scottsdale. He said in that arena Scripts, Columbia, and Yale are ahead of Mayo. He said the milk thistle or some of the other herbals wouldn't hurt anything but that they may have had more of a placebo effect of giving patients a feeling of being able to control something.

The Director stated that they DO have data on LAUGHTER and HAVING FUN as being very related to good outcomes...as two good friends have also reminded me. He said that one of his patients, on which he did the Whipple, was only given 1 year to live and that so far she is 13 1/2 years post-op and has outlived her husband, even though she was the one in poorer health. He said it is like our bodies are a passenger going through life and a foreign body comes in, mixes up the nuclear programming, but we don't know exactly HOW yet. He said there has been a marked increase in the incidence of pancreatic cancer and they don't know why. He says it is environmental but says NO, in answer to a question posed by one of my relatives, it is not related to types of drinking water, So I am going to try and get with the Integrative Medicine Group and discuss several options researched by others who are concerned about me.

I appreciate the e-mails and call from the only person I know who has had lymphoma. He had successful chemotherapy about 13 years ago. With his usual sense of humor he said he was scared to death to have a bone marrow test but he said, "It's just not that big a deal. Now I'd read the newspaper while they were doing it."

Thank you Terry Woodford for his new set of CDs called "Heartbeat Lullabies with Quotes to Think About." You play them to get relief if you suffer from insomnia, anxiety attacks, PTSD, Dementia, Alzheimer's, Physical and emotional pain, loneliness and anger. His heartbeat lullabies were originally used in NICU units around the world. Now these are being bought by the government to be used in their PTSD program for returning vets. You may contact Terry: Terry@audiotherapy.com (719) 322-5663.

Thanks to Carol Kahn and her husband Greg Beelman and son, Adam Kahn, for sharing the personalized, focused notebook of scriptures used by her mother-in-law Joan Kahn to recover from colon cancer. I plan to be able to return it by summer!

Thank you to Suzanne Fuqua who has knitted and felted me a black hat with a pink flower to try and keep my head warm and to prevent a sunburn.

Thank you again for all your e-mails of support and "normal life." I have read and re-read them several times. I intend to try and keep my life as "normal" as possible through my chemotherapy treatments...course that's assuming I can figure out what all MY normal is, right?

The Director told me they are going to have me see a different oncologist than originally scheduled, a more defined specialist in hematology and lymphoma. He said my rare tumor is to be presented to the whole Lymphoma Staff meeting tomorrow morning. So please pray for clarity of thought and discussion for that group of doctors as they review the details of my case and come to a consensus on the best course of treatment for me.

Mindbloom had my quote for the day, "
”I am an optimist. It does not seem too much use in being anything else.”– Winston Churchill

January 18, 2013
SUBJECT::Taking Care of Business-PET Scan-Oncologist-Bone Scan

This week I've been involved with being sure my Medical Directive was the way I wanted it. EVERYONE needs to have in writing their wishes about who is to have access to their medical records, who can make medical decisions if you're incapacitated, and your wishes about being maintained on life support and for how long.

Additionally, Folks, if you haven't made out a WILL, "get over it and get it DONE." Making out a will does NOT mean you're going to die soon. But if you are an ADULT with any assets and more importantly with a spouse and children, you REALLY need to have a will. Don't allow some judge who DOESN'T KNOW YOU OR YOUR WISHES to make the important decisions for you of how and to whom things should be distributed. If you are in the whirlwind of fast and furious medical treatment decisions, you don't have the energy or focus to try and build a will from scratch at that point. You may need to overlook it at that point; that even takes some extra energy.

If you are 50 years old, I would highly recommend you get a Genworth Long Term Care Policy. (Guess I should be an agent before I recommend this, huh? :-) I have paid about $3,500 in premiums a YEAR for the policy. It was the best that they had available with no deductible, with an inflation rider, with no lifetime cap on care, and no required hospital stay or waiting period before it goes into effect. It covers any sort of nurses, therapists or personal care attendants, as long as they are not relatives. For Home Health aids, homemaker or chore service, they pay 80% of the costs. This is good for home health care, assisted living or nursing home. With the hospitals kicking you out in a few days after surgery or broken limbs, I figured it was just a case of WHEN, not IF, I'd ever need it, since I live by myself. Even if you don't live by yourself, think about who is big enough to horse you in and out of a shower or bathtub??? What started as $200 day allowance for care when I first got the policy has now increased to $519.73 a day for care allowance thanks to my inflation rider in place. To put that in perspective, that would allow me $30,000 a month to be spent on my professional care in any arena I desire . A friend's assisted living was to cost $9,000 a month. There is a lifetime cap of about $24,000 for durable medical equipment.

Friday of last week I was able to get a PET scan advanced up from this past Tues. to this past Fri. just by ASKING if it could be done. Many times in life, people will not ASK for SOMETHING they want because they are afraid that they will hear the word, "No." My philosophy is, if you can handle the WORST response you might get, which might even be "H _ _ _ No," then go ahead and ask. No one is a mind reader. So we need to learn to "ASK for whatever it is we want," to quote Paige Milum, when she was 4 years old and wanted a chef's hat from one of the staff at the Gainey Ranch Brunches...and got it!

The PET scan wasn't finished until 5:30 PM, so I didn't expect to be able to get a report on Fri. or probably even through the weekend. When I didn't hear anything on Mon. about it, although I figured that "no news was good news," I called the ERCP doctor's office. I was surprised to not get a quick return call from him, as I usually had.

The first oncology appointment was on Wed. My initial impression of that doc was my first disappointment with members of my treatment team. That is too bad, since he'll be the main one I'll need to be dealing with for chemotherapy. He dresses like a "dandy" real estate agent or lawyer. The dress code at Mayo Clinic is a suit and tie for men. Well, he takes it the next step up with a flowery silk handkerchief flowing from his pocket and matching his silk tie. He was arrogant, condescending, and minimized my questions and had this plastic smile plastered to his face. To give an example, every doc I've encountered, I've asked them what their training was. His response was "Mayo." I replied, "Oh, I didn't know Mayo had a medical school." He then back-tracked and stated medical school and then Mayo. Now the other doctors have said, "I went to medical school at..., did my residency at..., did a fellowship at..."   ASS HOLE. I also asked him not to schedule anything for me for next Wed. Jan. 23rd because I wanted to attend a day workshop for my CEUs. He said, "What are CEUs." I said, "Continuing Education Units to maintain my speech pathology license. ASS HOLE. I asked him if I needed to get some friends to get me some marijuana to deal with the nausea and he said no. I asked him if I need to get some masks. He replied that they didn't do that much good and to just try and stay out of crowds and do a lot of handwashing, basic hygiene stuff. So, I've bought wipes to use for my steering wheel in case I’ve been holding onto a grocery cart handle. You want to try and open and close doors or push elevator keys with your elbows or knuckles, rather than fingertips.

Most people don't know the correct hand washing procedure which was taught to me by a nurse 15 years ago: you want to apply soap to the faucet handles, and soap to your hands then SCRUB each finger, the spaces between your fingers and especially both sides of your thumbs, long enough to sing the "Happy Birthday" song to yourself or to recite the ABCs. If you don't put soap on the faucet handles to begin with, then you just transfer the germs back from the faucet handles to your newly cleaned hands. Then dry your hands with a paper towel and use that towel to open the bathroom door (if you're in a public bathroom) then immediately throw away the paper towel. Try and keep your fingertips AWAY from your mouth, nose and eyes.

The oncologist's recommended protocol will be R-Chop, plus an option to enter a Phase 2 Trial, which I plan to do. The agents will be Retuximab [Genentech] (which has been used for 13 years now), Cytoxan [Bristol-Mysers Squibb], Adriamycin after the Adriatic Sea [Bedford Laboratories], Vincristine from a Madagascar Periwinkle [App, Mayne, and Sicor (TEVA, an Israeli company] and Prednisone [Schering-Plough] which have all been used for over 30 years. The trial is with the addition of Lenalidomide, for bad gene expression, which I know is the way medicine is trying to proceed. Everyone in the study gets the Lenalidomide, not half the people getting a placebo, so that says to me some benefit of that has already been shown. If I'm already throwing in yukky chemicals, I might as well add another one for better chance of no return of the cancer. The chemotherapy can be given either through a picc line (peripherally inserted central catheter) or a subclavical port. I'm doing the latter and had the appointment with the cardiovascular team this afternoon. A heart shaped deal, the size of my thumbnail, will be put under my collar bone with a catheter line going into my jugular vein in the side of my neck. It will be a 4 1/2 hr. procedure, total time in and out, to have that put in on Tues. afternoon. So, again, folks, I won't be able to talk on the phone afterwards for several days. The chemotherapy will be administered 1 day, every 3 weeks for 6 cycles, which means a MINIMUM of 4 1/2 months. So, there goes the April RV trip for sure and maybe Marie Mason's, Jazmyne Kubly's and Paige Milum's graduations I had planned to attend throughout May. The radiologist says, depending upon how MY body responds to chemotherapy, there is a 50-85% of remission. I'll have to drink 1/2 GALLON to 3/4 GALLON of water a day with it all.

I am Stage 2+ with a very aggressive form of lymphoma. I didn't realize that lymph nodes were also located INSIDE our organs, so this cancer has started in the lymph nodes in the pancreas. It has not passed above the diaphragm and looks like an amoeba with fuzzy edges, not a tumor that is a hard nodule, walnut to orange size. The good news about it being an aggressive form of cancer means that it is very susceptible to chemotherapy. So, ACUTE rather than chronic lymphoma bodes better for treatment success for me.

The ERCP doc finally called me back about the PET scan yesterday afternoon; he has been out-of-town so that is why I hadn't gotten a report back from him. I told him about the oncology appointment and he said he was sorry and that if it helped any that was just the guy's demeanor to EVERYONE, not directed at me. Cheryl MacBride has helped me put this into perspective. The Oncologist will now be referred to at "The Bartender." Don't you think that pulls him down off his self-built pedestal some? His role is to "mix the cocktail" for me...

Yesterday I had a bone marrow and bone aspiration/biopsy. It was done on both sides of the back pelvic crest. I could have done it without the light sedative or not but decided to go ahead and get it. They kept it so light that I talked to them throughout the whole procedure and they told me what they were doing throughout the whole thing and I remember what they told me. Of interest to me is that the whole procedure was done by RNs. They said Arizona is the only state that allows RNs to do a bone marrow scan and that they are only allowed to do one if it is from the location that they did on me. If a side, front or, God Forbid, Sternum site is required, those can only be done by physicians. There is no formal training to do it, just following nurses doing it for several weeks. The report from this will not be available until probably the middle of next week, but I am not anticipating any bad news from it, in view of the news from the MRI, PET scan, etc. I've had no pain from it. I can't tell from how I feel that anything was even done.

After I'd told the oncologist to NOT schedule me for Wed. 23rd appointments and he wrote that down, now I have found that 4 appointments were scheduled for that day!!!! I have now gotten in there and gotten them all re-scheduled myself, except for HIM, which they say can't be re-scheduled, unless it were to Feb. I DON'T THINK SO, since I want to get the chemotherapy treatments started NEXT week, so I can get on with getting WELL!!!!

Elio Greico came over and took "Before" photos of me so that in case my hair never comes back, i.e. for eyebrows, so that I can have guidelines for permanent make-up. He also cut some hair samples for me so that I can color match if the hair on my head never comes back and I have to get a wig. I have always been blessed with a thick head of hair. Mom said I was born with coal black, straight hair. Then that all fell out and I had very naturally curly blonde hair. As I got older, I lost the curls to just waves. It may come in white but it won't stay that way long. I'm 35 years old and I'm sticking to it and I WILL have brown hair only!!!

Gotta go get my teeth cleaned. In my reading it is recommended that you get your teeth cleaned before starting chemotherapy.

Thanks for you notes of "normal" life and fun or inspirational stuff. Please don't send any more studies, how you get cancer, how to prevent cancer, etc. I have done all of the necessary research and am MOVING ON!!! Again, I really can't talk on the phone as it is just too exhausting and confusing for me as I want everyone to have the same info all of the time...

Love to you all!
La Rita

January 20, 2013
SUBJECT: Round 2 of Taking Care of Business

Thank you ALL for your messages of support. Please forgive me for not being able to respond to each and every one on an individual basis each time you e-mail me.

Ok, Gang, I'm being told that I was not explicit enough with you all. For you folks who are a part of this 300 family "Groupie E-mail List," I have a special relationship of some sort with you or you would not be on that list. You have been asking what you could do for me. I am saying to you that if you have not established a person or persons with Power of Attorney to take care of your business matters, a Medical Directive on whom you want to make medical decisions about you, a Will so that a judge who doesn't know you or your wishes is allowed to willy-nilly dispose of your hard-earned assets, a Guardianship document to provide for the care of your underaged children, then I am asking you to GET OVER IT....you're not gonna die just because you do these things and if you DO die, it means you needed to be having these documents in place...so GET 'ER DONE! It is much easier to do these things when you're not in the midst of a medical crisis or after you've had a major traffic accident and are not mentally capable of doing so! So, none of you is allowed to ask me what you can do for ME unless you can tell me the new catch phrase, **"I'VE TAKEN CARE OF BUSINESS!"** Send me an e-mail after you've done that and it will definitely add a cheery note to my day!

I forgot to mention something in that last e-mail when I was giving the names of the pharmaceutical companies after the various drugs that would be used in my chemotherapy treatments: that is, if anyone was looking for some stocks to invest in, you might consider those companies. One of the drugs is considered an "orphan drug," which means it is one that is being made for a disease that is not widespread so the company cannot expect to recoup its research and development costs for it. Less than 1% of all pancreatic cancers are of my type. I'm very glad the company chose to take it on, anyway. So, Alex Grice, my personal stockbroker, please look into these for me and give me your advice.

Emily Jones reminded me of something that I have done for years, just automatically, so want to pass it along to everyone, too: "when you open doors, just use your pinky and ring finger and reach for the underside of the handle, [La Rita's note...the LEFT facing handle, not the right one, too.] This especially works well on large glass doors with big handles, like they use at convenience stores. I always try not to let the tips of my fingers actually touch the doors. Seems that everyone just grabs the things from the top or middle without thinking, so if a person just uses enough pressure (i.e. two fingers) and reaches for the bottom, it allows one to avoid all those other people's germs to begin with! This technique has served me well over the years (very few colds)! Plus it helps build up your biceps! "

First thing yesterday morning I went to my Phoenix hairdresser and had my head shaved. Someone said, "Why don't you wait and see if your hair falls out?" Noooooop. I've been told yy 4 medical professionals that my hair would fall out. To WAIT for it to fall out, is allowing the cancer to control my life. Nooooop, I'm going to control my life. I'm not gonna watch my hair fall out in clumps, over time, in the shower, bathtub, bed, etc. I CHOSE to shave my head BEFORE the cancer/treatment would cause it to fall out. Besides, I bet you when I meet with The Bartender again on Wednesday, that I will probably be one of the few people he's ever seen who shaved their heads BEFORE starting chemotherapy. That should send a strong non-verbal message to him about who he's dealing with, don't you think?

Speaking of The Bartender, my good friends here at the Biltmore Shores, Drs. Susan White and Ethan Braunstein are offering me some continuing good advice. They are both recent cancer survivors themselves and are radiologists. Ethan has worked with The Bartender, and he says, "He is a formal person, but he really knows his stuff when it comes to hematologic cancers and lymphoma. had occasion to consult by phone with him and respect his judgment." They also told me to look up some of his published studies, which I'd already done. They also told me the part about staying hydrated IS FOR REAL!

So yesterday was my first day in public and in private with a shaved head. My cousin, Kristin Conklin, an R.N. who used to work on the cancer floor, told me I should be sure my bald head gets plenty of fresh air and sunshine for the Vitamin D will help me. When I left the hairdresser, the temperature was 49ºF . I was surprised at how much our hair does protect us, as it felt COLD, like when you have wet hair and step outside for a moment. I kept a hat with me all day but didn't use it. However, I found when the temperature dropped the second the sun went down, I needed a hat because, again, it made me feel so cold. In answer to someone’s question, rubbing your hand on my head feels like you’re stroking velvet fabric. Another surprise to me was how cold I got in the middle of the night. My mom had taught me to keep the nape of my neck warm to always feel warm, and it works. So I wrapped a scarf around my neck and went back to bed feeling nice and toasty again.

Supposedly, when I go to the required Cancer Education Class on Tues. morning, they will say you can have free wigs, hats, scarves and head wrappings. Noooop. Probably don't intend to get those, either. And NO, please don't be sending me any sort of hat, scarf, head wrap or wig. I've never been a hair or makeup person and I imagine I won't have the energy to become one now. I don't want anything of that sort sent to me because that would be because the Cancer was controlling my life. GOD and I are controlling my life. I will be utilizing the wonderful hats and scarves gifts that were given to me over the years when I was WELL, by P.J. McGuire, Suzanne Fuqua, Ron Nickum, Kristin Allen, Cheryl and Jay Mac Bride and Debbie Lewis. Those are filled with WELLNESS and that is what I'm going for!

One of my professional friends out here, who at this point shall remain nameless :-) told me that I was going to be GOOD and NOT "FINE." She said that the acronym FINE stands for "F*&$*&* Insane Neurotic Emotional" and she says that really helps give you an internal chuckle when some people say that they are, "Fine," and you can point to them and say, "You're FINE alright!!!" So, don't any of you tell me that I'm going to be "Fine" with my treatments :-)

On Friday, Genworth called to tell me that the nurse who was going to call me for the Sat. home site, In-Take interview had had to cancel due to a death in her family. They were going to put the appointment off 2 weeks. I said, "Oh, no, find someone else for Sat. then because I need to have someone that Genworth will pay for for 3 appointments next week." They said they'd have to see if anyone would agree to Sat.

Well, I definitely feel it is a God thing that Lynne Bauman, R.N. showed up on the doorstep. Before I even had a chance to say hello, she stepped in and hugged me. In the course of the interview I found out she herself is an Ovarian Cancer survivor, is a licensed Massage Therapist, does green vegetable juicing, and is experienced in doing IVIG (Inter Venous Immuno Globulin) infusions. So she is the nutritional support person I was trying to find to be a part of my Wellness Team.

The interview questions to show your "cognitive abilities" were really interesting. She said I'd given the most comprehensive answers of anyone she'd ever interviewed before. The really weird question, though, was "Why would you not take a sleeping pill or pain killer while you were smoking a cigarette?" Isn't that the same thing as drinking a cup of coffee while smoking a cigarette? I mean, who cares, do it if you want to do it, do it. The main thing you shouldn't be doing is smoking the cigarette!!!

My best friend since the 8th grade, Marilyn Chandler Ward, and her husband, Frank, came over from Sun City West for us to go eat the strawberry chicken salad, Cobb salad, and ham sandwich lunch at Arcadia Farms. Marilyn and I had our hearts set on the Lemon Cookies, and they'd already sold out by the time we could ask our waiter to get them for us. So we had to "suffer" with the Coconut Baby Cake instead. Marilyn and I celebrated our "Birthday Season" and had a picture to mark our "changes." I am SO PROUD of her as she has taken off 50 pounds in the last 6 months and looks SO GOOD:

January 23, 2013
SUBJECT: Echocardiogram-Cancer Education-Power Port Implant-CEUs-Bone Scan results-Last consulting oncology appointment

On Monday, an hour was spent for the echocardiogram. This is a study to determine how strong the heart muscle is. In case I've forgotten to mention it, anytime you're having a procedure done, ask for TWO WARM blankets. You may think you won't need them, but the rooms have to be cooled for the equipment and germ control and you'll just be a lot more comfortable with warm blankets. You have to ASK for them. Otherwise you get 1 cold one. Nobody minds ponying up the warmed ones.

Yesterday morning was the REQUIRED Cancer Education class. That just basically sucked and was depressing. An on-campus representative of the American Cancer Society and an RN handed out information. The other two patients and their spouses who were there were WAY worse off than me. One lady had had her throat cut from ear to ear. Her speech was affected some. I'm guessing she had tongue cancer. The man there had a trach tube in place and maybe weighed 50 pounds dripping wet. I was certainly impressed by both the spouses, though, and their exhibited support.

Yesterday morning I headed out for a scheduled, start-to-finish, 4-hour implantation of the Power Port, a device implanted under the collar bone that is used to infuse the chemotherapy chemicals or extract extra blood for future monitoring. I had a "chat" with the anesthesiologist, complaining about the fact they were planning to give me a general anesthetic when I thought sedation made more sense because I didn't want to be so far "out" as I was to go to a CEU class today and wanted to be able to learn from that. He said he could go either way, and that it was up to the surgeon because THEY usually preferred the general. Well, the Vascular and Endovascular surgeon told me that if it were him, HE'D want just the sedation, too. He and the anesthesiologist both said I was on the opposite extreme but agreed with me that that with just sedation you didn't have as much time "under" or recovery issues. Another hint: they said a mask for oxygen is better than nasal cannulas because the cannulas tend to cause drying of the nasal and sinus passages. When it was done I had two dressings that were not to be changed until today. I asked a nurse at my oncology appointment to remove the dressing. She did and smiled and said, "Have you seen the dressing?" I said that I hadn't. Come to find out they had taken the time to make HEART SHAPED dressings for me. Talk about a non-verbal message to me, huh?!!

This morning I left at 6:30 AM to go out to the 101 in Glendale for a 1/2 day's worth of my CEUs. The workshop was on Autism, Asperger's, SPD and ADHD. It was chock full of practical advice. There were some interesting things about nutrition that may be useful for the diet I want to do. I'll let you know about that when I've had a chance to further research this. The instructor recommended joining www.feingold.org to get a free book with BRAND names listed to know what foods are manufactured without as many chemicals, e.g., REGULAR Cheerios with organic WHOLE milk. I think it was either that book from them or else *Healthier Food* by Jane Hersey that tells what foods to buy at the national restaurant chains.

At 1 PM I had to be on the opposite end of the Valley for my appointment for my oncologist to sign up for the research study and finalize things to begin chemotherapy tomorrow. This time he just had a regular, nice suit and tie on. The doctor was taken aback when I told him he had been dubbed The Bartender. Then I explained why. The doctor said that my bone marrow test was all clear. With that good news, he classified me as Stage 1-E (for extended). He said I will probably be losing my buzz haircut. Matt Beckham came up with the best nickname for me so far, "G I JANE!" After our main discussion, I took his hands in mine and said a prayer asking God for healing, a good cocktail with minimum side effects, etc. There was a tear in his eye when I finished. He started out the door, turned and gave me a "thumbs up" and said, "Let's do this." I said, "Yes!" Later he brought the Research Assistant in to meet me for the "signing." The Assistant wanted to postpone the start of chemotherapy by a day so he had more time to "review my case." I told him to just get with it that I had people already arranged for tomorrow. The doctor laughed as I told the Research Assistant what I wanted. So, I feel that we are on the same page, now, too. So EVERYONE I've dealt with is now with my program. It has been a flat 3 weeks getting the staging done.

Staging has now ended in just 21 days. Chemotherapy treatment begins tomorrow: once every 3 weeks, for a cycle of 6 weeks. Tomorrow will be a long 7 1/2 hour day. So, **I ask for prayers for me BY NAME and my oncologist, asking for wellness, calmness, good appetite, strong heart, sensation in my feet and hands, and good hearing.**

January 24, 2013
SUBJECT: It was a Day!!! 1st Chemotherapy treatment

Left at 6:30 AM to report in at 7:30 AM. My housekeeper, Sonja Kensey, took me out and then came back to pick me up. We had thought we'd have lunch in the middle of the day together, but it was just too intense for that. So instead, she went to the grocery store and got the organic, green vegetables for me to work up with Lynne Bauman, and she got me Arcadia Farms Strawberry Chicken Salad with the Lemon Cookie for dessert!

Allison M is my chemotherapy nurse. I held her elbow, as she was already sterile, and said a prayer for us as she entered the Power Port.

(BTW, thanks to Kristin Allen about the hint of EMLA cream to be put on the skin before entering the port for a topical anesthetic. It was GREAT. Allison had explained to me how to use it yesterday afternoon...to put a HUGE glob of the stuff over the port area, then cover it with Press and Seal for over an hour. She said people often make the mistake of using too little and rubbing it in, which does no good.) My regimen is known as R-CHOP-2 because I enrolled in the study, which adds another chemical. Benadryl and an antibiotic were done for preparation. Then we started with R part, which is titrated, meaning a dosage is given and if you tolerate it okay, then the dosage is upped every 30 minutes. Well, after only 68 ml out of I think it is 350 ml my stomach felt like it wanted to explode. If I could just belch I thought I might feel better. I was visiting with the Research Coordinator when I noticed this. He reported it to Allison, and Allison thought he said I was having CHEST pressure, so she and the other nurses went into major emergency mode about that. When she found I was talking about abdominal pressure, she went ahead and gave me IV anti-nausea, which had been ordered but which probably would not have been used until later. She also got me some ginger ale, which then let me have the effervescence to burp. (I had been pushing the water, too, and she told me not to worry about that during the actual chemotherapy infusions but rather to do that later.) Well, this meant we had to start over from base titrate again. I was there 7 HOURS just getting that "R" (Rituxan) into me. THAT process was a B _ _ _ _! Fortunately, the other chemicals were pushed by needle and went in faster. They tend to cause mouth sores, either when being administered, or they can occur several days later. Allison brought me a cup of ice chips. She said nothing has been proven but it can't hurt anything, and on the floor they've seen people helped by sucking on something cold (ice chips, popsicles, etc.). Man you should've seen this Squirrel biting and sucking on those ice chips!!!!!! Finally, at 4:30 PM Sonja was driving me back home again.

Sonja and I now had to develop a system to track the oral medications I have to take, the reporting forms for them, etc. For someone who is not a "pill taker" per se, this is going to be a challenge. The meds are the following:
General: Prilosec to protect the GI track from the high dosages of Prednisone once or twice daily. Allopurinol to treat excess uric acid in blood plasma and its complications, including chronic gout, daily;
Study Medications: Prednisone - 9 tabs daily for the first 5 days of and after the chemotherapy treatments. Lenalidomide, the study drug, daily for 10 days of chemotherapy treatment, and a baby aspirin for preventing blood clots, daily.
For Nausea: Procholperazine as need for nausea/ vomiting or Lorazepam for nausea or to help with sleep if the Prednisone keeps me too hyped up.

Side effects for the first 48 hours are nausea or constipation. THEN the biggie is when the Prednisone is stopped cold turkey. After such doses in 6 days, there will be a MAJOR CRASH afterward. This is when they think I'll be most "non-functional."

Tomorrow at 4:30 PM (24 hours after chemotherapy has ended) I have to go to Mayo Clinic Hospital for an injection. (In answer to Bonnie and Dustin Gorden's question, I think I'm being given the Neulasta shot to boost the white blood cells for the immune system.)

Thanks for your support of prayers, messages, DVDs, meditations. They REALLY helped. I reviewed them while having the R infusion and I had to chuckle to myself when Allison thought I didn't have any outside support and should try to get some from somewhere. I would advise ANYONE going through a major crisis to enlist your network connections from any source. It is less stressful to not be "hiding" something. Plus, it lets you draw from a wide range of information that everyone has access to from Their NETWORKS. Again, **THANK YOU**

ALL FOR YOUR SUPPORT!

January 26, 2013
SUBJECT: 1st Neulasta injection and Getting a Cancer Free Environment and Life into place

I forgot to tell you on Thurs. that my oncologist upgraded my prognosis, based on my not having any cancer cells showing up in the bone marrow test, to Diffuse Large B-cell Lymphoma, clinical stage 11E, IPI low intermediate (2), revised IPI good (2). Some of my medical friends will have to enlighten me further as to each section’s meaning, but I'm taking it for good news! Oh, and the oncologist also told me that I was not allowed to leave Scottsdale area for probably at least 3 cycles of chemotherapy.

When I was visiting with the Cancer Research Coordinator, about my oncologist, I asked him how our “Bartender” was as an instructor. He's been working under him for 7 months and said he is just so full of knowledge. I asked if when he asked him a question the Bartender was condescending or patronizing toward him, and he said, "Not at all." So that is also good news.

I went home and sent a short "Thank you" e-mail to all of the docs who helped expedite the Staging Process for me, telling them that I'd made it through the first chemotherapy treatment. From the Director/Surgeon I got, “You are so welcome! Congratulations on making the first hurdle! XXX,” and from the referring GI doctor: “I am so glad to hear from you. You have such a positive attitude. All my best to you. Dr. XX.”

Friday I went to the hospital for the Neulasta [Amgen] injection. This works from the DNA level to help reduce the risk of infection while on chemotherapy by boosting the white blood cells, called neutrophils. It cannot be given any sooner than EXACTLY 24 hours after then end of the chemotherapy infusions from the previous day. My traveling girlfriend from Amarillo who just started chemotherapy for breast cancer and is doing this injection said they told her that the shot costs $7,000. I asked the nurse here, but he didn't know for sure. I'll be finding out when I get THAT bill :-) He said that it comes in units of 5 and has to be kept on Narcotics lock down for theft control to keep it from being sold on the black market. So, again, if anyone is looking for a stock to invest in, the [ ] gives you an idea to ask your stock broker about.

I went home last night and realized that one of the best hints that Allison M, my oncology nurse, gave me, was to take all of the blasted Prednisone tablets in the morning, so you could go to sleep easier at night. So sure enough, I was able to go to bed at 8:30 PM and go right to sleep. I didn't wake up until 11:00 PM to go to the bathroom, and then is when the PAIN of the Neulasta injection hit me, in my scapula and sternum. I drank some water and it got worse. I went back to bed and was okay by morning.

Saturday, I started to get my daily routine fully established. The first thing when I get up, between 6 and 7 AM, as the spirit moves me, I drink a whole 16 ozs. of water. Then I get something SUBSTANTIAL to start eating for breakfast, depending upon what sounds good and what sounds substantial. Yesterday I had multi-grain oatmeal. Today I had refried beans and guacamole. So then I begin, in order, eating several bites of food, along with drinking another 16 ozs. of water, as I down the following medications: Prilosec (20 mg) (to protect the "gut" as it's getting ready to be hit with all of the other stuff), Allopurinol [Prometheus] (300 mg) (to prevent gout), **NINE** Prednisone [Roxane] (20 mg EACH), steroids, Lenalidomide [Calgene] 25 mg (the special study drug I'm on, which is of the Thalidomide family, (which will hopefully sort of "inoculate" against the return of lymphoma), and lastly, a Baby Bayer 81 mg aspirin to try and prevent any blood clots. I'm eating substantial food bites in between all of these. When they're all down, I finish the breakfast foods and that 2nd 16 ozs. of water. Then I log on my chart all that I have taken and the amounts of each. I have not had any nausea or vomiting nor have I thrown up any of the medications. So, even taking it slowly, I only spend 1 hour a day on CANCER stuff. I move it from one location to another, and don't look at it all day. I then went back to bed and slept for awhile, listening to the softness of the rain falling.

If you've never been organized before, you best get organized now. I spent part of the day, THROWING OUT cancer info that is out-of-date (old itineraries) or that doesn't apply to me (e.g. brain cancer effects). Then I have a section that is just for Possible Current Side Affects to monitor, Mayo Clinic physical reports, Mayo Clinic bills, Genworth Long Term Care documents.
DO NOT LIVE IN A CANCER ENVIRONMENT!!!!! I want my home to look and feel like my home. I am going to try to go about my normal routine with friends. Diane Wilson, Suzanne Fuqua, Fran Hill and I went to lunch at NORTH. I am going to a restaurant when they first open for lunch or supper, so there will be fewer people. As soon as I've ordered, after touching the menu but before touching my glasses or eating utensils, I go to the bathroom and wash my hands with soap and water, between all the fingers, joints, around the thumbs and the faucets for the count of the "Happy Birthday" song. Then I'm ready to eat my meal. I'm thinking I'm going to let someone else sign my credit card slip because I'm thinking the server's "case" has got to be just a petri dish of germs waiting to bounce on me!

The majority of the day I spent getting my Genworth application for services organized to send in. Again, you've got to TAKE CARE OF BUSINESS. I had to send in a copy of the Statutory Durable Power of Attorney (attorney-in-fact), Advance Medical Directives and Medical Power of Attorney (a total of 13 pages just for this) to them. Folks, if you haven't done these, TAKE CARE OF BUSINESS AND GET 'EM DONE (along with your WILL). Then I had 15 pages of Genworth forms to fill out. Then I had to reconcile the payments I was making to the folks who are having to drive and sit and wait during the anesthetic appointments, doing nutritional support, changing my dressings, cleaning my house, etc. I had hoped to have it done in time to mail in today but didn't make it, to have the "cheaper" Forever stamp price. But then I decided, I wanted to send the whole thing in CRRR (Certified Return Receipt Requested) so that they couldn't say they didn't get it in a timely manner, by the Feb. 6th deadline they wanted. All of this had to be scanned and will be e-mailed, after I have the CRRR scanned, to my people who have to do CMA for me if I can't do it.

Now while I'm doing all of this, I'm drinking another glass of water (yep, Dr. Susan White, I'm ON IT), peeing to keep the chemicals flushing through the body, drinking 16 ozs. Taste Nirvana Real Coconut Water Pulp, juiced greens, soups, dark chocolate, cheese and crackers and various nuts. Trying to eat something every two hours along with drinking stuff all of the time.

With this routine, I didn't have any nausea or vomiting within the first 48 hours after chemotherapy nor did I have constipation or diarrhea. I had a normal style of stool, but I am still concerned about its being coal black. The blackness just started the beginning of last week, cleared in the middle of the week, then was back again before I began the chemotherapy. It may be due to a GI bleed, which is being monitored by blood tests two times a week, on Mondays and Thursdays.

This is the most intense physical and emotional work that I have endured since the taking down of my folks' home, after they both died within 107 days of each other in 1996. Vince Pratt is the only living person who can fully relate to me as to what that entailed, because EVERY decision had to be made by me. That is the way this is, only I can make the choices about things and priorities of things. Thankfully, Elio Grieco quit his job at Amazon and is back in the Valley and he and his sister, Renata, have agreed to physically help me with the production of the Family Genealogy and Family and Friends' Cookbook projects. Those are a fun diversion, at least.

I've been asked if the journaling of my experiences and thoughts and recommendations to people could be shared with others. So, to facilitate that, I went through and created a single Word document of everything that went down, chronologically, from the beginning. If anyone wants me to send them the Word document compilation, I'd be glad to forward it to you.

Again, I thank you SO MUCH for your e-mails of support. They mean so much, as I'm able to look at them at my leisure. I am feeling fine. I am calm. I am well...

January 29, 2013
Settling in for the long haul=126 days, END of 9 Prednisone tablets for now, 1st blood draw and Integrative Health Consultation

Continuing on with Taking Care of Business, I'd HIGHLY recommend that you get all of your mortgage, car payment, utility, credit card and insurance bills paid by Electronic Funds Transfer (EFT), automatic bank pay, or by credit card payment without YOU having to handle it all. Thus, again, major financial items are handled at times when you are incapable of taking care of them or when you need a way to "pass the task" off. The last, to pay ALL your bills by automatic credit card payment is ONLY recommended it you are self-disciplined enough to pay off the FULL credit card balance as it is due each month. The advantage of paying your bills that way is that you garner FF miles or whatever other credits your credit card company allows. I had already set my bills up to be paid by EFT before my Biltmore Shores neighbor Ruth Pearson suggested the credit card way, and I was too lazy to go back and change the method of payments with everyone.

Last night I felt just "odd" things going on with my body. One minute a sternum muscle might twitch. Then a minute later my stomach would rumble. Then my teeth felt on edge. I went to sleep right away but was experiencing some anxiety about being able to get up early enough this morning to do the breakfast thing, have an hour to put the EMLA cream on for it to deaden the Power Port, then allow time to drive out to the Clinic. I woke up several times needing to go urinate but I thought I'd just roll over and go back to sleep, which I did. Then I'd wake up later and feel like a mouth sore was wanting to pop from underneath my tongue. So that convinced me to get up and get more water with some ice to suck on and the ice would take the sensation back down again. I came to the conclusion that one needs to just repeatedly get up and go urinate, and repeatedly drink more water to keep those fluids flowing through the body. So, day or night, drink and urinate. This was confirmed when I asked at the Clinic today.

Everyone has been thinking I was just looking at trying to get 6 Chemotherapy treatments. But last night I re-thought the whole thing and realized that it is REALLY 6 treatments x 21 days so a total of **126 DAYS** of treatment minimum. With the intensity of the schedule of attending whatever medical appointments are required, getting the required medicines down, logging them in, drinking lots of water with some other liquids for diversion CONSTANTLY, eating something every 2 hours, fixing a multi-vegetable juicing per day, drinking Taste Nirvana Coconut Water, with or without pulp, ordered from Amazon, etc. I am going to have to approach this from the AA Standpoint of just "one day at a time." It is just too overwhelming to look ahead for days to come.

Today was my 5th day of taking the NINE Prednisone per day. Now I get to stop them cold turkey until I have the next Chemotherapy treatment. This is part of the reason they expect me to experience a major energy and psychological drop within the next 3 days. So I have officially completed 5 of 126 days of treatment. Oh, they told me to pass the word that if anyone takes Prednisone, you should ALWAYS take them before 8 AM because that fits in with the natural rhythm of the body. They body won't produce its own, as it gets lazy and says let the medicine do it, so you want to keep on the more normal track.

Today was my first day to go for a blood draw to start checking the effects of the chemotherapy treatments on my blood levels. It is being taken from the Power Port so the chemotherapy nurse wanted me to educate you all about that process, too. The Power Port was inserted in day surgery, under the collar bone. It is a means of allowing for the administration of chemotherapy drugs, the withdrawing of blood for testing, the transfusing of blood or the inducing of contrast materials to do PET scans. A wearer of a Power Port or anyone accompanying a person with one needs to be sure to tell ANY medical person that they have one and ASK if that person knows how to use one correctly. In ERs, doctors offices, etc. new nurses may not be familiar with them at all. If a person uses the wrong needle or doesn't know what they are doing, they can PERMANENTLY damage the Power Port. If a person doesn't know how to use the Power Port, you want to tell them to just take the blood they want out of an arm vein, like most of us have had it done. Also, it is important that blood is pulled to clear it before beginning (there is more to this that I'll have to clarify as I learn better.) The Last important thing is to have the nurse tell you and you read the vial that says Heparin is being used as the last step to keep everything open and okay.

After the blood was drawn, a "tail" was left so that a blood transfusion could be done, if needed, after the lab report came back. I reported the still black stool. You all may get tired of hearing about urine and poop but you just have to get over it, as the alimentary canal is so crucial to the success of treatment and health. You have to become very aware of your own body, how it is feeling, etc. for you're the only one who can monitor such for the medical personnel. My Red Blood Cell Count was down due to the first chemotherapy treatment, not enough to require a transfusion in and of itself, but was lower than expected and we still suspect I'm having a GI bleed due to the invasion of the lymphoma. There were 2940 pictures taken in the pre-treatment PET scan. It showed the size of the lymphoma to be 3" x 2" x 2 1/2" in laymen's terms. That's a pretty big area to be occupying in my gut! So, I was changed from having my blood checked on each Monday and Thursday to EVERY DAY for the foreseeable future. The blood will be drawn, and then I have to wait to see if they want to give me a blood transfusion to keep that RBC count up.

Mayo Clinic now puts all of the patients doctors' reports, lab reports, after-care instructions, bills, etc. on a secure website. So I am able to go into the website and compare my own labs from time-to-time.

Today I had a 2 hour, twenty minute consultation with a doctor whose specialties are Consultative Medicine, Internal Medicine, and Complimentary and Integrative Medicine. As for Integrative Medicine, Dr. Andrew Weil was the first Western medical physician to coin the term and form the first medical school for it in the U.S., located at the University of Arizona in Tucson.

The Center defines integrative medicine (IM) as “healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasizes the therapeutic relationship between practitioner and patient, is informed by evidence, and makes use of all appropriate therapies.”

The Defining Principles of Integrative Medicine

1. Patient and practitioner are partners in the healing process.
2. All factors that influence health, wellness, and disease are taken into consideration, including mind, spirit, and community, as well as the body.

3. Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.
4. Effective interventions that are natural and less invasive should be used whenever possible.
5. Integrative medicine neither rejects conventional medicine nor accepts alternative therapies uncritically.
6. Good medicine is based in good science. It is inquiry-driven and open to new paradigms.
7. Alongside the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.
8. Practitioners of integrative medicine should exemplify its principles and commit themselves to self-exploration and self-development.

I had to lobby myself to get a consult with the specific IM doctor I'd been told about. Both the doctor who did my ERCP and the Director of Transplants had recommended that I see this certain doctor. When I went in to see my oncologist, I found I had been scheduled to see another IM physician. I asked my oncologist if there was some reason WHY. The oncologist said he'd check into it. He got me rescheduled with the right doctor, which again would NOT have happened, had I not brought it up to my oncologist. You have to ADVOCATE for yourself!

The IM doctor I saw had gone to med school in MN, did a residency at Mayo's, then went to Dr. Weil's program for that training. He's been doing Integrative Medicine at Mayo Clinic for 7 years. I wanted to talk with someone out of the Weil's program and had considered going to Tucson for a consultation if this did not prove satisfactory. Again, I'm pleased I'm finding what I want at need at Mayo Clinic.

I was quite aware of many of the principles involved in the Whole Health approach, having utilized much of it in my practice as a speech-language pathologist for over 40 years. However, I went into this as a "novice" to hear some concepts that might be put into a different perspective from how I'd previously considered them.

The IM doctor described a person as being made up of 5 parts:

1. The first is the **Physical**, the diagnostic-treatment paradigm that has been the basis of all Western Medicine for centuries. Find out what is wrong with you and treat it. This is what Mayo's had done best. MAYO's CONTROLS this. They tell you what to do and you just do it.

THE OTHER 4 PARTS ARE COMPLETELY UNDER THE CONTROL OF THE INDIVIDUAL: Emotional Mental, Spiritual and Community Aspects, which include Stress reduction, Nutrition and Exercise!!! So more is controlled by **US** than the medical institution.

2. The second part is the **Emotional/ Stress** part. The body is designed to go into a Fight or Flight mode, so what do we **CHOOSE?** This is mind over body control. It can involve any of a variety of factors you want it to: Mindfulness, Prayer, Meditation, Yoga, Tai Chi, Breathing, Biofeedback, Hobbies and Exercise.

Mindfulness is being totally absorbed **IN THE MOMENT**, such as how 2 or 3 year old babies or dogs are. He recommends **OBSERVATION**: **5 minutes per day, describing something you see, e.g., a painting of flowers, as a way of practicing MINDFULNESS**.

Breathing is the key. The doctor recommended Dr. Andrew Weil's CD **"Breathing: The Master Key to Self Healing ordered from Amazon**, if interested in learning specific breathing techniques. He said you use it enough until you get it down, and you can just put your brain into that mode. This he recommends to replace a person having to use Valium.

One technique you can use is **Paced Breathing for 30 minutes per day.** This is said to lower the blood pressure of a person with High Blood Pressure. A technique is to repeat a phrase, i.e., "I am at peace," as you deep breath IN for 5 seconds, then OUT for 5 seconds, for **6 breaths a minute**. Additionally, his colleague at Mayo's in Rochester has developed an **I Phone App that is 15 minutes long, which you can get from Apple Tunes. He recommends using this 2 times a day for two weeks**, then re-evaluating.

He said that studies have shown **30 minutes of exercise a day**, just simple walking even, is enough. Thirty minutes of walking has been shown to prevent the re-occurrence of breast cancer as well as taking Tamoxifen did!

3. Consider **MENTAL**, the third part. With acute illness (you broke a leg) or chronic illness (fibromyalgia) you asses physical symptoms with relation to pain and anxiety and monitor for clinical depression: do you feel hope, are you able to sleep, do you have a good appetite, are you able to concentrate, do you have energy, do you have sex drive? Anxiety is often an overlay. Medications can help but it is better to learn how to cope by your own life choices and with techniques offered by the field of Cognitive Behavior where our CHOICES are made based on facts and not just emotion.

4. The fourth part is the **SPIRITUAL** part.

5. The fifth part is a sense of <u>Community</u>. What gives your life meaning: faith, friends, family, work, pets, volunteer work? Why do you get out of bed each day? The most important aspect is to learn to develop a **RESILIENCY** to life's happenings of chronic illness, retirement, empty nest syndrome or whatever.

Involved in all of this is getting to know **YOURSELF.** Are you a perfectionist, people pleaser, responsible, do you have a need for complete control due to sexual abuse or a dysfunctional family growing up? Were you lacking trust? He emphasized that we have to learn how to **PASS STUFF OFF TO SOMEONE ELSE** to do at times in our lives, particularly if we are facing illness.

A Mindbloom Quote that I think spoke to this issue and puts things in perspective is

“There is always something left to love.”

—— Gabriel García Márquez, One Hundred Years of Solitude

The biggest area to probably make changes in is **NUTRITION**. The IM doctor says that cancer is spread by inflammation. Hence, diet wise, the best Anti-inflammatory Diet to date is The Mediterranean Diet. Types of water one drinks weren't the issue. This will take more study, but some specifics he emphasized were:

1. Get Omega 3 from seafood, wild or ocean, 3 x a week (I didn't know that WHERE the fish comes from is as important as to what the fish is, so ALL SALMON is not created equal for example. A pocket guides for fish is http://www.edf.org/sites/default/files/1980_pocket_seafood_selector.pdf

Alternatively, take fish pills FROZEN, for less "fish burps" such as Nordic Naturals brand liquid fruit flavors.

2. A new program for losing weight and reversing insulin resistance by Dr. Rob Thompson is the Glycemic-Load Diet.

3. Calcium-recommended milk, Swiss cheese, Activia **ACTIVE CULTURES** Yogurt, American cheese, ice cream, Cottage cheese, Parmesan cheese, sardines in oil (with bones), canned salmon (with bones), broccoli, soybean curd (tofu), turnip greens, kale, cornbread, egg, and calcium fortified bread, cereals, fruit juices.

Further notes on yogurt: Greek yogurt is a thicker texture which some people like; others want less texture, with kefir at the other end of the spectrum, which is nearly like milk. Get organic if you can afford it. Read the label; some have additives like high fructose corn syrup. It should have active cultures.

Honey should be local, raw, if you can get it.

4. Fiber. If fiber makes you more constipated, the problem generally is from not getting enough fluids in the diet. Drink lots of water!

5. Some EXTRA VIRGIN OLIVE OIL should be eaten EVERY DAY. You may have to use Canola oil to tolerate higher cooking heat.

6. Whole grains should be eaten every day, where the seed germ is still present, so steel-cut oats, coarse breads, multigrain and sourdough.

7. Soy should be from the bean, not just protein, so 8 oz. soy milk per day, OR 3 oz per day of tofu, OR soy nuts OR edamame.

8. Nuts should be eaten every day with this order of the best to worse: pistachios, walnuts, pumpkin seeds, sunflower seeds, pecans, and almonds, with peanuts and cashews not as acceptable. Chewing a few almonds 40 times before swallowing will suppress appetite an hour or two. Use them when you are dieting to keep from cheating!

9. Fresh fruits: Blueberries, Black Berries Purple Grapes
EVERYONE SHOULD EAT 1 fresh apple a day to reduce colon cancer risk by 50%!!!!!!!

10.Vegetables: Don't use all green. Use many brightly colored vegetables Frozen veggies are at least as good as fresh.
Vegetables should be at least 1/2 of your food each day!!!!
Steamed vegetables retain the most nutrients.

Dr. Oz's Column, *Arizona Republic*, 2013

Dr. Oz's Column said: As a general rule we should get five times more potassium into our diets than sodium. We should eat leafy greens every day. Good ones are Swiss chard spinach, kale cabbage, beets, mustard, and turnip greens.

Instead of fresh greens, use **FROZEN** chopped kale, collards, mustard greens and spinach (Plain without added sauces or sodium.) "Then you won't find wilted slimy, "oops-I-forgot-about-those- greens" languishing in the back of the fridge!"

Dried beans are another super source of potassium. No time to cook beans from scratch? Keep sodium-free canned beans handy. Toss them into soups and stews or microwave with a handful of frozen greens.

Have a spinach or romaine salad topped with potassium rich tomatoes, carrots, cucumbers, celery and bell pepper. Dress your salad with oil and vinegar, rather than a salty bottled dressing. It is ideal to eat such potassium enriched vegetables raw, because even just blanching spinach for a few minutes drops the potassium levels 56%!

Enjoy a baked potato, but skip the butter or sour cream and try topping it with a dollop of Greek yogurt or a splash of flavorful balsamic vinegar with a bit of black pepper. At a restaurant, order a baked potato instead of fries or mashed.

Ginger and tumeric-both contain potassium. Fruit salad made with potassium-rich strawberries, bananas and dried apricots can be topped with yogurt and a sprinkle of freshly grated ginger.

11. Green/White tea lowers heart disease risk by 50% in patients. You **CAN'T** do Green Tea while on chemotherapy though!

12. **Everyone should have 1/4 tsp. to 1 tsp. each day of DRY GINGER**. It is for indigestion with constipation and anti-nausea, too. Speaking of nausea, I had to laugh, with what I told him I thought was one of his best quotes, "If you're having nausea **DO NOT EAT** your favorite foods...have nausea with things you hate or you'll never be

able to eat your favorite foods again!"

13. He recommended using Tumeric each day. Source Natural has it combined with Black Pepper 350 mg/ 2 x a day.

14. Other things: Resveratrol (500 mg/day), EGCG (green tea) 500 mg/day 75 mg/cup, Indole-3-Carbinol (broccoli) 400 mg/day, and Vitamin D (level 50-60) 1000 ius/day.

FOOD FIGHT: What you eat for breakfast lunch and dinner can help prevent cancer

Arizona Republic, April 26, 2013 (excerpts)

The American Cancer Society research has shown that 1/3 of the 550,000 cancer deaths in the U.S. each year are a result of unhealthy diet and lack of physical activity.

According to this Society, a cancer-prevention diet would be to load 2/3 of your plate with vegetable, fruits, whole grains and beans. Cut down on fatty foods and saturated fats, which have been linked to an increased risk of cancer. A diet high in processed foods leaves little room for more healthful cancer-preventive foods.

The anti-cancer diet is basically the same as those prescribed for heart health and to prevent diabetes, strokes and obesity. All these diets adhere to the Mediterranean philosophy of eating whole, unprocessed foods and plenty of fruits, vegetables, and healthy oils.

There are so many wonderful flavors foods to select from. If you don't like blueberries, eat strawberries. Find the whole foods you like the best and work them into your daily diet.

Stephanie Green-chef registered dietitian and breast-cancer survivor- co-author of *The Complete Idiot's Guide to the Mediterranean Diet* suggests: Try gradually and incrementally changing from the "bad" to "good" foods over a six month period of time. Those who try to change abruptly have trouble sticking with the diet.

You want to reach the point that you really want and like to eat the foods that will help you live cancer free. Experiment with different ways to prepare the cancer fighting foods. All too often, the reason people think they do not like Brussels sprouts or quinoa is that they've only eaten the foods poorly prepared. The more variety the better the protection. They work best in conjunction with each other. It is the synergy between all of the whole, nutritious foods that offers protection.

TIPS

Get your crunch by eating nuts and seeds instead of chips and crackers.

Opt for low-salt varieties of beans or wash well to rinse off salt before serving.

If cooking fresh beans or lentils, double the recipe and freeze half for later.

Commit to a clove of garlic a day. Routinely add fresh garlic to salad dressings, sautéed vegetables or marinades.

Satisfy a sweet tooth with a small handful of dark-chocolate chips.

Be whole-grain smart. It can be difficult to tell the difference between whole grains and look-alikes, those packaged and colored to look like the healthier, whole grains. Read labels carefully to learn which breads, pastas and cereals are whole grains. Look for the telltale yellow sticker for whole-grain products endorsed by the Whole Grains Council of Boston.

Bake, instead of deep-fry French fries:
Heat oven to 400º F. Cut potatoes into thin strips, lightly coat with olive oil and place on a large baking sheet. ***Make sure there's space between each fry to prevent them from steaming.***
Bake 400º F **20 minutes**, then turn and bake an additional **10-15 minutes**. Season with salt, pepper and other seasonings, if desired, and serve.

Toss frozen berries into smoothies and fresh ones into salads.

EAT THIS, NOT THAT

There's no single food powerful enough to prevent cancer, and no one food guaranteed to cause the disease. The key to a cancer-prevention diet is filling 80% of your diet with the "good" cancer-fighting foods and limiting the "bad" to 20% or less.

GOOD

Cruciferous Vegetables: Cabbage, broccoli, Brussels sprouts, cauliflower and kale are loaded with chemicals shown to protect against cancer.

Berries: These colorful, high-fiber fruits contain antioxidants to protect the body against cancer and the effects of aging. Eat a wide variety for the most protection.

Allium Family: Eat a daily dose of garlic, onions, leeks and chives. Garlic especially, contains compounds that have shown the ability to slow or stop the growth of tumors in the prostate, bladder, colon and stomach.

Legumes: Loaded with fiber these tidbits of complex carbs and proteins contain enough fiber to potentially lower the risk of colon cancer. Studies also show that the phytochemicals in beans and lentils help in prevention. [La Rita's hint: When cooking dry beans, add ¼ tsp. Baking Soda to the cooking water for them to be more "gas free."]

Dark Chocolate: Opt for chocolate with at least 70% cocoa content for the greatest benefit. The rich, dark cacao bean contains polyphenols that research shows may lower cancer risks.

Green Tea: Whether hot or cold it is packed with a powerful antioxidant that has been shown to slow cancer growth.

Tomatoes: This fruit's signature red color comes from a phytochemical called lycopene, which research suggest protects against prostate and other cancers. Cooked tomatoes release **MORE** of this cancer-fighting compound.

Honey: Honey should be local, raw, if you can get it.

BAD

Processed Meats: Favorites including sausage, hot dogs and bacon contain a preservative called ***sodium nitrate***. When eaten, nitrates convert to a chemical that has been linked to increased incidence of cancer.

Red Meat: Studies suggest that those who eat red meat daily increased their risk of developing cancer.

Charred Meat: When beef pork poultry and fish are cooked at high temperatures, they develop substances that research suggests increase cancer risks. No more well-done steaks!

Fried Foods: Foods fried at high temperatures contain a substance linked to several types of cancer. Potato chips and French fires are among the worst offenders.

Sugar: Studies show that women with high-sugar diets were more likely to develop cancer. Research suggests that cancer cells use sugar to grow efficiently.

Alcohol: While modest intake of alcohol may protect against heart disease, research shows that excessive alcohol increases the risk of developing cancer, most specifically liver, colorectal and mouth. **Experts recommend nor more than 1 alcoholic beverage per day for women and 2 for men.**

Salt: Too much salt damages the lining of the stomach and may increase the risk for cancers specifically stomach cancer. Diets high in processed foods---canned soups frozen dinners and snack foods -dramatically increase the risks.

If you must resort to supplements instead of getting this stuff from a regular diet, the IM doctor recommended Align or Culturelle for Proboitic Pills or Costco's Kirkland Vitamins or those by GNC, Thorne, Source Naturals, Pure Encapsulation or Jarrow. If doing the Red Yeast Rice (don't do while on chemotherapy) he recommended combining it with the Kirkland brand CoQ10.

Well, Guys, this section is the most difficult I've tried to write. I've tried to be as accurate as possible but know I've probably made some major mistakes. The bottom line, I think, is that we can all make some **EASY** changes in our diets to try and get closer to an anti-inflammatory diet. Start with **SOMETHING**. The Integrative Health Physician's final comment to me was to remember that any Medical entity was only 1 part of your life and that the rest, the majority, was all under **YOUR** control. He said, **"Do not let cancer control your life. YOU control your life." AMEN!**

Since I now feel punch drunk from working on this post so many hours, but wanting to get it done in case I hit a Post Prednisone hit:

“Blessed are the cracked, for they shall let in the light.”
–– Groucho Marx

January 30, 2013
SUBJECT: Ione Heartsill’s research on Nutrition and Cognitive Therapy

A Rehabilitation Psychologist friend of mine for over 40 years, Ione Heartsill, spent several HOURS responding to my Integrative Health Epistle. There will be conflicts of data. Folks, we can't "spoon feed" everyone. However, this IS the first of a brand new year, so I challenge you to find at least ONE THING that you can change in your life to address the issues to get improved **RESILIENCY** by focusing on **exercise, nutrition or stress reduction**. I am going to take the liberty of copying Ione's couple of posts in total for your consideration also. YOU HAVE TO DO YOUR OWN RESEARCH AND ADVOCATE FOR WHAT YOU NEED~~~

La Rita---I make these comments only because I have seen conflicting information from reputable sources so often & I have some personal experiences too. Of course, no two experts will always agree & your IM doctor may have his own reasons for his recommendations based on your specific cancer and health condition.

Here are comments concerning your doc's nutrition recommendations. You can do your own research as you mentioned in the email or ask him or ignore it as too much info:
1. Omega 3 fatty acids are vital to slowing/stopping inflammation. Taking/eating the correct fish is critical because farmed fish or any kind other than wild or the smaller cold-water ocean fish are likely contaminated by mercury (or other things when farmed). I find Carlson's brand tastes fine and causes no burps or after taste for me. It is also guaranteed mercury free. Your pocket guide to selecting fish is related to the best for the environment, not necessarily best for your own health. Other cold-water fishes with Omega 3 which do not grow so big as to allow them to accumulate many pollutants are: Pacific (Alaska) Cod; Haddock; Halibut; Atlantic Mackerel; Pollock; Alaska (wild) Salmon canned; Sardines; small Tuna (not the ones like, Albacore or Bluefin, which grow very large)

2. I don't know the Glycemic-Load Diet specifically, but I already sent you information on how detrimental sugar and high carbohydrate diets are. All carbs in processed foods (pastas/desserts,etc) breads/crackers, fruit juices, potatoes, etc., turn quickly into sugar in the body as a natural process of digestion. Even eating too much fruit increases your sugar levels. Get a glycemic index for fruit & choose from it.
For example: Berries are excellent sources of anti-oxidants you need to fight cancer, & they are among the fruits with lowest sugar content. Sugar feeds cancer cells as well as yeast and other harmful funguses and bacteria which are already in your body & may be triggered to

grow even more because of the chemo. Therefore, controlling sugar & carb intake is critical to helping your chemo-damaged immune system to control fungus/bacteria to keep down flares of infection.

3. Among the calcium recommendations, I am concerned if you eat/drink very much milk products at all if they are pasteurized because pasteurization destroys their beneficial enzymes. This means that you have lost most of their benefits. It has also been reported that pasteurized milk & its /products are more likely to cause sensitivities/allergies because being lacking in natural enzymes makes them difficult to digest so that the body wants to reject them instead of absorb the calcium and protein.
You can easily find excellent hard cheeses like Swiss, Parmesan, Cheddar and more exotic types that are made from non-pasteurized milk. Cheeses made from goat milk are particularly good for your stomach and for persons with sensitivities which you could develop due to the chemo damage. While in Phoenix last time, I found a really good sheep's milk cheese from Europe (can't remember name, of course).
Soft cheeses like cottage cheese or yogurt are not so easy to find without pasteurization because the powers that be have a little more concern about contamination. I never heard of a contamination problem when bought from a clean, reputable company (usually a local farmer) which I and some friends have done all our lives. If you can get local milk, make your own yogurt (we used to call it clabber when I was a kid). It is chock full of beneficial probiotics for your immune system.
Any non-pasteurized cheese you can find without the genetically modified renet is another bonus.

Also related to calcium recommendations: Several of the products (breads/juices/cereals) are too high in carbs which would overshadow any calcium benefit. Corn is high carb, too, of course, but it is also genetically modified. In fact, so are all soy products such as tofu. Virtually all corn and soy and their by products in the USA are GMO. If you are trying to avoid genetically modified foods (they are so poorly researched that we are not sure of the result of eating them), you must be sure you buy only organic corn and soy.

Another issue with soy is that it naturally contains estrogen-like substances. That is why so many complementary medicine doctors recommend not using soy products. My medical doctors recommend against taking/using soy products. Some think it can cause a hormone imbalance, while others are just not sure & don't want to cause potential health risks when the same benefits can be achieved with raw broccoli, turnip greens, kale, eggs, sardines & salmon with bones, etc, which also supply other benefits in enzymes, amino acids, etc. ---Also some cancers have estrogen receptors that may accept soy; therefore, some cancer doctors recommend against it. You should research and bring up this subject with your doctor if you think of using much soy or its products.

If your doctor decides that you are not eating well & recommends calcium supplements, be sure to read up on it and/or ask me for resources for info. Calcium is not well absorbed by bone unless accompanied by Vit D3, Vit K2, magnesium, boron, etc---but that's for later, if you need it.

4. If you find yourself constipated, you may be short on magnesium because you will lose it due to chemo. You will not overdose because it will be washed out of your body if you don't need it. Start with one and add one later if one is not enough to work. Remember, the old Phillips Milk of Magnesia?

5. Your IM doctor is correct about using Extra Virgin Olive oil every day. I wonder if he is also up on all the latest research about the benefits of Coconut Oil. I was just hearing Dr. Oz talk about that again today. Dr. Mercola says to take it every day and so does my medical doctor (2 tablespoons a day). Do not use Canola oil to cook because it is GMO. Use Coconut Oil to cook because with its high heat tolerance, cooking will not cause it to go rancid as well as giving you the other benefits. I use for cooking eggs, etc.

6. You know my opinion and research about the high carb levels in cereals/grains and the harm of the sugar. I keep the use low, but do enjoy occasional steel-cut oats for their filling and long lasting appetite satisfaction as well as nutrients. Bob's Red Mill brand is guaranteed gluten free, which makes the oats more stomach soothing and keeps you from chance of gluten sensitivity due to chemo damage to digestive tract. Due to overuse of wheat products in processed products, gluten sensitivity is rampant (even without chemo).
I also use occasionally high quality, long-grain brown rice because it adds variety & nutrients without gluten. Of course, you can use high quality wild rice because there is little actual rice in it, but you get the same effect.

7. No soy for me! (Look out for soy oil in lots of processed foods unless you just eat them rarely)

8. Nuts are excellent to be eaten every day for their nutrients and for their beneficial oils. They are especially good saved for daily snacks because they do not contribute to high carb diet and are every filling and nutritious.
Peanuts and cashews are nutritious, but less desirable now because of their tendency to be contaminated by high aflotoxin levels. Aflotoxin is a toxic soil fungus which cannot easily be avoided these days so the govt allows a percentage to be on commercial peanuts and cashews nowadays.
Dr. Cherry says to eat just 7 almonds each day; you get their full benefit. Then you can add some other type of nut for another snack later. Dr. Wright, excellent medical & alternative medicine doctor stayed in practice until he was 80 y/o. In his seventies, he ate breakfast and dinner with his wife & stayed in ofc for the day with occasional snacks of peanuts (or other nuts). He had one of those little peanut dispensers for free for his patients at all times. : >)

9. All fresh or frozen berries are high in anti-oxidants to address cancer and low glycemic index (naturally low in sugar) compared to other fruits. Apples are one of the lowest sugar fruits and excellent for your health. You know, an apple a day keeps the doctor away. Daddy took that literally and lived to be 95 in good health! : >)

10. Veggies should be at least 1/2 of your food intake daily--fresh or frozen (not canned due to contents of the lining in the cans). Use bottled or frozen, not canned products. Use a wide variety of veggies and eat mostly raw or steamed. Raw, juiced veggies with pulp allow you to get more nutrients than if you try to eat that much.

11. Check into drinking Tulsi for its health properties. It has been widely respected for centuries.

12. Take ginger supplements for nausea and diarrhea. Ginger is also a good anti-inflammatory taken daily. For gas, take fennel seed supplement. Peppermint gelcap with enteric coating is very helpful for diarrhea.

13. Tumeric (curcumin) is highly researched for its anti-inflammatory, cancer fighting & other properties.

14. My doctor tells me that Resveratrol supplements are not easily absorbed & that getting it naturally from fruit is more useful. I don't know more so it might not hurt to try a high quality one. Broccoli and the other cruciferous veggies are shown repeatedly to be anti-cancer.

Vitamin D3 is vital to our health in many ways, but especially when fighting infections and cancer. However, all doctors that I follow, including my personal physician, say everyone should take at least 5,000 IUs daily-- if well. My doctor has me on 10,000 IUs. If ill (even a cold/flu infection), they say to increase Vit D3 for the duration of the infection. You really should pursue research (I already sent some to you) on this particular vitamin and how much you can take during the ravages of cancer and chemo.

From my research, this seems to be the most vital vitamin possible. When taking larger doses, also research taking extra Vit K2 to balance it--recommendations I have seen are 100 mcg of Vit K2 for each 1000 IU of Vit D3. If taking supplements, they must be D3 and K2 because the other are synthetic and will not address your issues. Read the info I sent you previously as a start.

15. You do want to buy quality vitamin supplements, if you use them. Whole foods supplements are good because they are less likely to have some synthetic ingredients & may be more complete because certain properties have not been taken out of them before making into the supplement form (capsule, tablet, etc).

Probiotics are important for your digestive tract, which also is the main source of your immune system! You are not getting probiotics from your food unless you are eating natural, non-pasteurized yogurt, cheeses, and cultured or fermented vegetables such as sauerkraut. If the fermented/cultured milk products or vegetables have been processed/pasteurized, the probiotics and the enzymes which give probiotics a nourishing medium to survive are killed. You can make your own by buying raw milk from a local farmer & fermenting it or by chopping

cabbage (& other veggies you desire), adding live cultures & leave sitting outside frig until mature. Then refrigerate & eat daily.
Therefore, if you do not have those resources or are willing to make it yourself, you need Probiotic supplements made from whole, raw sources.

All the doctors I follow as well as my personal physician tell me that people over 60 y/o need to supplement with CoQ10 for its anti-oxidant properties among other things. Also, people our age no longer fully absorb and use straight CoQ10 very well. Therefore, be sure to buy it in Ubiquinol form so that it is absorbed well.

16. Doing these things that I am sending to you: eating well, using supplementation, etc., does not imply that cancer is controlling you. Such actions show that you are working to control it . In fact, what you are concentrating on is being as healthy as you can be by discarding some old, unhealthful habits and by adding some new habits that contribute to health and well-being.
Just realize that you should have been doing many of these things to support your health before, but you did not know about them. So now that you are becoming more aware, you are simply supporting your generally good health that you had before the diagnosis and practicing habits that will contribute to even better health later.

At least emails allow you to read when you have time & energy and to also refer to them later. This is way too much info for anyone to absorb at once & besides, you will make changes health wise & need to make changes in your methods as you go along. That way you can refresh your memory concerning your current decisions as well as make changes when your symptoms change & you need to add something to help address it.

Well, now, I have spent as much or more time (hours/all day) on these 4 emails I am sending you today as you did in trying to sort out all you had learned from your IM doctor and others when you wrote & sent your email yesterday to which I refer in my 4 emails in response today. Therefore, I am going to bed!

As you wrote:

“Blessed are the cracked, for they shall let in the light.”

Your IM doctor told you to eat an apple a day & I mentioned that berries are particularly full of anti-oxidants & have less sugar relative to other fruits if you are watching sugar intake due to its effect on digestive tract and immune system.
This article lists other particularly good fruits as well as a glycemic index of sugar content so you don't have to look it up.

http://articles.mercola.com/sites/articles/archive/2013/01/28/berries-reduce-heart-attack-risk.aspx?e_cid=20130128_DNL_art_2&utm_source=dnl&utm_medium=email&utm_campaign=20130128

Blueberries & Strawberries Reduce Heart Attack Risk in Middle-Aged Women

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By Dr. Mercola

When it comes to fruit, berries are among the healthiest variety to choose, as they are densely packed with a variety of potent phytochemicals and fiber while at the same time being relatively low in sugar. Blueberries and strawberries, in particular, have recently been highlighted by Harvard researchers as 'superfoods' for heart health.

Reduce Your Heart Attack Risk by Eating Berries

Women who eat more than three servings per week of blueberries and strawberries had a 32 percent lower risk of having a heart attack, according to new research.[1] T**he benefit was due to flavonoids in the berries known as anthocyanins, which are antioxidants that give these fruits their characteristic red and purple hues (reason Dr. B told you to eat colorful veggies also).**

Anthocyanins are known to benefit endothelial lining of circulatory system, possibly preventing plaque buildup in arteries as well as promoting healthy blood pressure. Other research has shown these antioxidants protect against heart disease by **reducing oxidative stress and inflammation**, while enhancing capillary strength and inhibiting platelet formation.[2] Researchers have noted:[3]

"Epidemiological studies suggest that increased consumption of anthocyanins lowers risk of cardiovascular disease(CVD),most common cause of mortality among men and women.

Anthocyanins frequently interact with other phytochemicals, exhibiting synergistic biological effects but making contributions from individual components difficult to decipher. Over the past 2 decades, many peer-reviewed publications have demonstrated that in addition to their noted in vitro antioxidant activity, anthocyanins may regulate different signaling pathways involved in the development of CVD."

Processed Foods Containing Anthocyanin-Rich Fruits May Not Have Benefit

If you want to get the health benefits of antioxidant flavonoids like anthocyanins, **it appears fresh berries may be among the best source (or frozen if no additives)**. Many processed food manufacturers – baby foods in particular – have attempted to cash in on their growing popularity among the health conscious by adding blueberries and other anthocyanin-rich fruits to their products.

O**ther anthocyanin-rich foods include eggplant, red cabbage, red leaf lettuce, red radish, and plums.** But be very careful when purchasing processed foods with these beneficial fruits as one study found that in processed foods in which anthocyanins were added as raw materials, such as canned foods, breads, cereals and baby foods, anthocyanins could no longer be detected. This was likely due to their poor stability and possible destruction during processing. Researchers said:[4]

"ACNs were barely detected in baby foods prepared from fruits high in anthocyanins such as blueberries. In some foods that may contain a mixture of berries and fruits, such as baby foods, the amount of ACN-containing berry added may be so low that the ACNs were unable to be detected."

Please be Careful With Your Fruit Consumption...

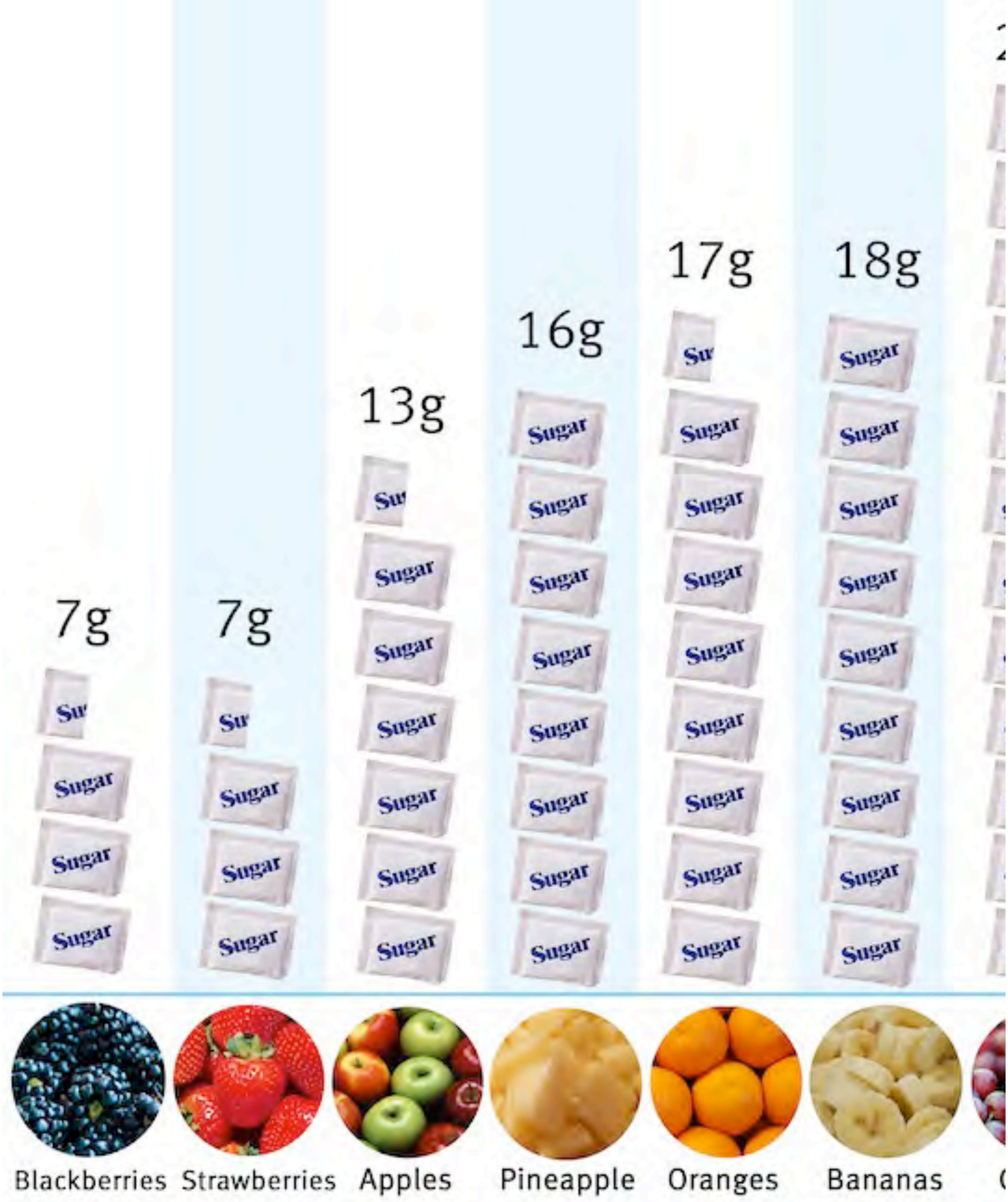
Fruit can be immensely beneficial to your health, as it's a natural source of fiber, vitamins and antioxidants. But it also contains fructose, the metabolism of which causes most of the same toxic effects as ethanol, such as visceral adiposity (belly fat), insulin resistance and metabolic syndrome. When consumed excessively, fructose may actually be more damaging to your health than alcohol, having over 70 documented adverse effects.

The main offenders in this category are not whole, natural organic fruits, but added sugars that Americans are consuming in an "alarming number" on a daily basis. Soda, fruit juice, and high-fructose corn syrup in processed foods will contribute far more to your daily fructose load than an apple or a handful of berries...

An appropriate amount of fructose is no more than 25 grams per day, but if you're overweight or at risk of (or have) heart disease, cancer, or type 2 diabetes, then you're probably better off cutting that down to 10-15 grams per day, including the fructose that comes from fruit. Another way to determine just how strict you need to be in regard to fruit consumption is to check your uric acid levels.

Some people may be able to process fructose more efficiently than others, and the key to assess this susceptibility to fructose-induced adverse health effects lies in evaluating your uric acid levels. The higher your uric acid, the more sensitive you are to the effects of fructose. The safest range of uric acid appears to be between 3 and 5.5 milligrams per deciliter (mg/dl), and **there appears to be a steady relationship between uric acid levels and blood pressure and cardiovascular risk**, even down to the range of 3 to 4 mg/dl.

If your levels are outside the healthy ranges listed above, then I strongly suggest you listen to your body's biochemical feedback and reduce your fructose consumption, including that from fruit, until your uric acid levels normalize. **I've also included a chart below of fructose levels in fruit to give you an idea of what 25 grams of fructose a day looks like.**



*Based on one-cup serving size

What are 10 of the Healthiest Fruits You Can Eat?

If your fruit consumption only consists of apples, oranges and bananas, you're missing out on some of the healthiest fruits out there!

1. Berries

Blueberries, strawberries, raspberries, blackberries, cranberries... unless you overeat them, it is hard to go wrong with berries, as they contain powerful phytochemicals such as ellagic acid that provide **antioxidant protection, as well as directly inhibit the DNA binding of certain carcinogens.** Berries are also excellent sources of vitamin C, carotenes, zinc, potassium, iron, calcium and magnesium; they're high in fiber and low in sugar.

2. Coconuts

Coconuts are among the most nutritionally dense foods on the planet and have been a dietary staple for millennia. Coconut, especially its oil, is a powerful destroyer of all kinds of microbes, from viruses to bacteria, from fungi to protozoa, many of which can harm your health. Over 50% of its fat is contains an immune-boosting fat called lauric acid that has been shown to stimulate weight loss, support heart health and healthy thyroid function, and more.

Coconut water, on the other hand, is a better sports hydration drink than ANY of the commercially available sugary sports drinks, and is both sterile and an isotonic beverage, meaning it has the same electrolyte consistency of human blood, which enabled *medics in the Pacific Theater in World War II to use it as an emergency substitute for blood plasma.*

3. Avocados

Avocados are a very low fructose fruit and only have two grams of carbohydrates per avocado. They are rich in heart-healthy monounsaturated fat, which is easily burned for energy, and contain more than twice as much potassium as a banana. Avocados are also good sources of folate, dietary fiber, vitamin C, vitamin E, riboflavin and vitamin B6. I eat a whole avocado nearly every day.

4. Watermelon

Like berries, watermelon is loaded with phytochemicals, including lycopene, beta-carotene, and citrulline. When citrulline is consumed, it is converted to arginine. Arginine is an amino acid that has beneficial effects on your heart and circulatory system, as well as **your immune system**. Arginine boosts nitric oxide, which relaxes blood vessels, leading to another beneficial side benefit of watermelon... a Viagra-like effect without the hazards of a toxic drug! Arginine also helps the urea cycle by removing ammonia and other toxic compounds from your body.

5. Pomegranate

The primary source of this fruit's benefits is its antioxidant content, particularly ellagitannin compounds like punicalagins and punicalins, which account for about half of the pomegranate's antioxidant ability. The juice and pulp of pomegranates have previously been studied for their potential heart- and joint-health benefits.

6. Mangoes

One mango will give you about half of your recommended daily allowance of both vitamins A and C, as well as some B vitamins, polyphenols and beta-carotene. Mangoes contain calcium, iron and potassium, are a good source of phosphorus, selenium, folate and zinc, and even contain 17 of the 20 amino acids that make up the human body.

7. Papaya

Rich in antioxidants like carotenes, vitamin C and flavonoids, papaya is also useful for digestion, as it contains papain, an enzyme that helps with digestion by breaking down proteins. Papaya also has plant compounds that **support your immune system, provide anti-inflammatory effects and may provide protection against cancer.** It's also a rich source of minerals, potassium and magnesium.

8. Pineapple

Pineapple contains an enzyme, bromelain, which aids digestion, reduces inflammation and swelling and may have anti-cancer effects. Rich in antioxidants like vitamin C, pineapple also provides immune support and is an excellent source of manganese, thiamin and riboflavin, which are important for energy production.(If fresh pineapple is a little acidic for you, my Chinese friend soaks hers in salt water for a while to 'sweeten it up a little')

9. Kiwi

Rich in phytonutrients that appear to protect human DNA from free-radical damage, kiwi is also an excellent source of antioxidant vitamins C and E, and beta-carotene. Kiwi is also a good source of fiber, potassium, magnesium, copper and phosphorous.

10. Cherries

Cherries contain powerful compounds like anthocyanins and bioflavonoids, which are known to fight inflammation and may help lower your uric acid levels and risk of gout. Bioflavonoids in cherries may reduce the activity of the enzymes Cyclooxyygenase-1 and – 2, which helps to reduce inflammatory processes associated with arthritis and gout in the body. Queritrin – a flavonoid – is also rich in cherries, and has been found to be a potent anticancer agent. Cherries also contain ellagic acid, a naturally occurring plant phenolic known as an anti-carcinogenic/anti-mutagenic compound.

Important Shopper's Guide: Fruits You Should Buy

Organic...

If possible, it's best to buy all of your produce organic in order to reduce your exposure to pesticides. If you need to pick and choose, however, the Environmental Working Group has compiled a shopper's guide to help.[5] The following fruits have been found to contain the most and least toxic pesticide residues:

Most Contaminated Fruits (Buy These Fruits Organic)

Apples	Peaches	Strawberries
Nectarines (imported)	Grapes	Blueberries (domestic)

Least Contaminated Fruits (OK to Buy Conventional)

Pineapples	Avocado	Mangoes
Kiwi	Cantaloupe (domestic)	Grapefruit
Watermelon		

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[+] Sources and References

- Circulation January 15, 2013;127(2):188-96
- Wellness Resources January 15, 2013

1 Circulation January 15, 2013;127(2):188-96
2 J Biomed Biotechnol. 2004 December 1; 2004(5): 306–313.
3 Adv Nutr. 2011 Jan;2(1):1-7.
4 J. Agric. Food Chem., 2006, 54 (11), pp 4069–4075
5 Environmental Working Group 2012 Shopper's Guide to Pesticides in Produce

Thought you might want to see this. It reinforces some of the things your doctor told you and adds some details.

http://articles.mercola.com/sites/articles/archive/2013/01/26/magnesium-reduces-cancer-risk.aspx?e_cid=20130126_DNL_art_2&utm_source=dnl&utm_medium=email&utm_campaign=20130126

How This Important Mineral Reduces Your Risk of Cancer

By Dr. Mercola
Diet is one, if not *the* most, powerful ally to reduce your cancer risk. Countless natural compounds in a variety of whole foods and spices have anti-cancer properties, which is why **eating a varied diet is so important**. A new research study found the consumption of magnesium-rich foods, in particular, may be a cancer-prevention strategy worth considering.

Magnesium May Lower Your Colon Cancer Risk

A study published in the American Journal of Clinical Nutrition showed that higher intakes of dietary magnesium were associated with a lower risk of colorectal tumors.[1]

Results from the meta-analysis indicated that for every 100-mg increase in magnesium intake, the risk of colorectal tumor decreased by 13 %, while risk of colorectal cancer was lowered by 12 %. **The researchers noted magnesium's anti-cancer effects may be related to its ability to reduce insulin resistance, which may positively affect the development of tumors.** They noted:

> ***"The consumption of magnesium-rich foods may be a new avenue to explore further in the search for cancer-prevention strategies."***

Green leafy vegetables (spinach/Swiss chard) are excellent sources of magnesium, along with beans, nuts and seeds, (almonds, pumpkin, sunflower and sesame seeds). Avocados are also a good source.

Surveys suggest, however, that many Americans are not getting enough magnesium from their diet alone. As the National Institutes of Health Office of Dietary Supplements states:[2]

> *" … dietary surveys suggest that many Americans do not get recommended amounts of magnesium … there is concern that many people may not have enough body stores of magnesium because dietary intake may not be high enough.* ***Having enough body stores of magnesium may be protective against disorders such as cardiovascular disease and immune dysfunction."***

Are You Getting Enough Magnesium?

In order to ensure you're getting enough, you first need to be sure you're eating a varied, whole-food diet like the one described in my nutrition plan. But there are other factors, too, that can make you **more prone to magnesium deficiency, including:**

- **An unhealthy digestive system, which impairs your body's ability to absorb magnesium (Crohn's disease, leaky gut, etc.)**
- **Unhealthy kidneys, which contribute to excessive loss of magnesium in urine**
- **Diabetes, especially if it's poorly controlled, leading to increased magnesium loss in urine**
- **Alcoholism -- up to 60 percent of alcoholics have low blood levels of magnesium**[3]
- **Age -- older adults are more likely to be magnesium deficient because absorption decreases with age and the elderly are more likely to take medications that can interfere with absorption (see below)**
- **Certain medications -- diuretics, antibiotics and medications used to treat cancer can all result in magnesium deficiency**

If any of these conditions apply to you, you may want to have your magnesium levels checked to ensure you're not deficient. However, most people can keep their levels in the healthy range by eating a varied diet, including plenty of dark-green leafy vegetables.

That said, the levels of magnesium in your food are dependent on the levels of magnesium in the soil where they're grown. Organic foods may have more magnesium, as most fertilizer used on conventional farms relies heavily on nitrogen, phosphorous, and potassium instead of magnesium.

So ideally, **eat plenty of organic leafy green vegetables, nuts and seeds every day to keep your magnesium stores replenished. Green vegetable juice can also be beneficial.** This is my personal strategy. I typically drink one pint to one quart of fresh green vegetable juice every day, and it is one of my primary sources of magnesium. If you were interested in using supplements **most likely magnesium threonate is one of the best sources of magnesium, as it seems to penetrate cell membranes, including the mitochondria, which results in higher energy levels.** Additionally it also penetrates the blood-brain barrier and seems to do wonders to treat and prevent dementia and improve memory.

Why Don't We Hear More About the Cancer-Preventive Properties of Natural Substances?

The healing, restorative power of natural substances like vegetables has been researched and known for some time, but remains largely obscured and overshadowed by the massive marketing of pharmaceutical drugs, which focus on toxic chemotherapy, radiation and surgery for cancer treatment.

This may be precisely why nearly everyone reading this is familiar with chemo, but a far smaller percentage will be aware of these **safe, natural and potentially *ground-breaking* cancer treatments that receive precious little, if any, media attention:**

- Curcumin, the most active component in the curry spice turmeric. Among all nutrients, curcumin has the most evidence-based literature supporting its use against cancer.

Researchers have found that curcumin can affect more than 100 different pathways, once it gets into a cell.

- Cream containing eggplant extract, known as BEC and BEC5, which appears to eliminate most non-melanoma skin cancers in several weeks time.
- Vitamin D: optimizing your skin's natural production of vitamin D from safe sun exposure is important for cancer prevention and treatment. Vitamin D increases the programmed self-destruction of mutated cells (which, if allowed to replicate, could lead to cancer), reduces the spread and reproduction of cancer cells, causes cells to become differentiated (cancer cells usually lack differentiation), and reduces the growth of new blood vessels from pre-existing ones, which is a step in the transition of dormant tumors turning cancerous.

There are, in fact, over 600 natural substances, many of them in food, that have shown promise in treating and/or preventing cancer – *even* multidrug resistant forms of malignancy.[4] This includes compounds in garlic, berries, coffee, sprouts, mushrooms, black pepper and much, much more – the list is incredibly diverse, which is why a varied diet is also one of the best ways to "cover your bases" for cancer protection.

Health Strategies to Start Today for a Lifetime

The best way to avoid the pitfalls of modern medicine, especially dangerous drugs like chemo, is to modify your lifestyle. Of all the healthy lifestyle strategies I know of that can have a significant impact on your health, normalizing your insulin and leptin levels is probably the most important. There is no question that this is an absolute necessity if you want to avoid diseases like cancer. That means modifying your diet to avoid excessive amounts of fructose, grains, and other pro-inflammatory ingredients like trans fats, and exercising regularly. These additional strategies can further help you stay healthy and cancer-free:

1. **Optimize your vitamin D levels** to between 50 and 70 ng/ml.
2. **Get appropriate amounts of animal-based omega-3 fats**
3. **Get most of your antioxidants from foods** – Good sources include blueberries, cranberries, blackberries, raspberries, strawberries, cherries, beans, and artichokes.
4. **Eat fresh organic vegetables: Cruciferous vegetables in particular have been identified as having strong anti-cancer properties.**
5. **Avoid as many chemicals, toxins, and pollutants as possible** – This includes tossing out your toxic household cleaners, soaps, personal hygiene products, air fresheners, bug sprays, lawn pesticides, and insecticides, just to name a few, and replacing them with non-toxic alternatives.
6. **Learn how to effectively cope with stress** – Stress has a direct impact on inflammation, which in turn underlies many of the chronic diseases that kill people prematurely every day, so developing effective coping mechanisms, like the Emotional Freedom Technique (EFT), is a major longevity-promoting factor.
7. **Maintain an ideal body weight**
8. **Get appropriate amounts of high-quality sleep.**
9. **Reduce your use of cell phones and other wireless technologies**, and implement as

many safety strategies as possible if/when you cannot avoid their use.

10. **Boil, poach or steam your foods,** rather than frying or charbroiling them. Better yet **eat as many of your foods raw** as you can.

[+] Sources and References

- The American Journal of Clinical Nutrition September 2012
- Healcon.com August 3, 2012
- Nature Medicine August 5, 2012Huffington Post August 6, 2012
- GenNews August 6, 2012
- Newswise.com August 2, 2012

[1] The American Journal of Clinical Nutrition September 2012
[2] National Institutes of Health Office of Dietary Supplements, Magnesium
[3] See Ref 2
[4] GreenMedInfo, Cancers
[5] WYTV September 7, 2012

My dear La Rita--
I, for one, appreciate your detailed emails because:
1. It can sometimes be difficult to know what it happening with family & friends during trying times
2. Writing like this helps you to consolidate volumes of info in your own mind so that you do not forget important things. Your analysis and retelling of what you have learned helps you fully understand it &/or to notice gaps in info so that you can formulate questions for your doctors
3. Much of the info is potentially useful to those of us who like to learn & understand newest recommendations
4. For your friends/family who have not considered these health-conscious issues, you may be sparking more interest in them to research and learn how to better support their own health naturally

In my own case, because I have studied & practiced the issues of natural health for years, I feel obligated to send you my own comments for you to ignore or pursue as you see fit. Neither you nor I are experts in cancer treatment despite our education and work experience; however, I know that you also want to take personal control of decisions related to your own mind, body and spirit. Therefore, you may want to research a little more on info I give you (when you feel like it) or to ask your doctor about it.

I congratulate you on understanding the value of integrative medicine because the most successful patients I have seen are fully involved in their life (mind, body, spirit) decisions and in participating & addressing all those factors. There are no guarantees in life, but life is more livable, even delightful, when we are fully engaged with all parts of our being, regardless of the circumstances.
Even during difficult situations, life is more fulfilling when we realize that we are not just 'cancer patients' whose body is traumatized, but we are 'life patients' who have issues we can address in our minds and in our spirits which make us more well-rounded persons--whole. With the

understanding we gain if we are willing to address mind & spirit, as well as body, we come through trauma with a maturity, contentment and joy that we never before had the ability to experience.

I am sending today and will send more later for you to consider related to the **meditation, mindfulness and prayer which were among your doctor's recommendations to address stress.** These **3 techniques/practices, as well as breathing control**, are totally at your own discretion & don't require regular feed back from others like learning new exercises/hobbies/biofeedback, etc.

As the doctor said, **breathing techniques** are easily mastered & effective. One good thing about controlled breathing is that you can practice it even when you don't feel doing anything at all, & I have seen it still be effective. You should learn this by heart and use it regularly even when you are not thinking of yourself as worried, but are reacting to discomforts, for example. Practicing it once daily helps you to be overall less reactive to stressors and to have a better day, but you can practice it also at specific times during day/night for discomfort, etc. Saying, "I am at peace" is good, but even better, if you believe the Scriptures, is something acknowledging, "I am in Your perfect peace, Lord":

Isaiah 26:3

You will keep in perfect peace
  those whose minds are steadfast,
  because they trust in you.

John 14:27

Peace I leave with you; my peace I give you. I do not give to you as the world gives. Do not let your hearts be troubled and do not be afraid.

John 16:22

I have told you these things, so that in me you may have peace. In this world you will have trouble, but take heart! I have overcome the world.

Clearly, I have seen the above 4 techniques work very effectively used in various combinations because each of them can be used for some of the same purposes such as simply de-stressing, and/or different ones can be used for different things, like stress or discomfort or worry. Sometimes changing which ones you use for which purpose helps. Also, all of these are easy to use even when you feel badly.

Cognitive Behavioral Therapy is extremely useful & effective and is the type of organized and goal-oriented technique with which you should relate well, La Rita. CBT techniques are considered, 'evidence based' by insurance companies, so they will pay for you to see a professional to learn how to use cognitive methods. Due to its instructive nature and use of homework, a good therapist can teach CBT techniques and help a person practice using them successfully in 3 months or so which is a brief therapy to be so effective.

Like the 4 previous techniques, you can use cognitive techniques for life without more therapy unless you need a short refresher to deal with an entirely new & different issue later. Unlike the previous 4 techniques, CBT can help you thoroughly address more long-term, deep-seated issues which may have contributed to this illness and which may complicate your recovery. Some therapists include mindfulness techniques into CBT.

Due to life's circumstances and to our own personalities leading to our tendency to react in certain ways, our thought process, especially concerning certain issues, can become convoluted. This has nothing to do with 'mental health' problems, but with problems in our thinking about which we are unaware. A professional can help us recognize where our thinking has become skewed and recognize the truths of the issue which were obscured by our long-practiced thinking process. Once we understand this, we can practice what we discovered is the truth of the issue & we begin to see it in a different, more positive way.
You may want to review these websites for recommended reading. Some people have obtained some help from simply reading, understanding and practicing the basics of CBT.
 Look for the books written for the general public, for commercial sale, not for the professionals:
http://www.nacbt.org/whatiscbt.htm
http://www.academyofct.org/i4a/pages/index.cfm?pageid=1
http://www.rebt.org/titlepages/dr.asp

I highly recommend Cognitive Therapy as the technique I have found most practical and useful to many.
Most people can, with just a little work & guidance, recognize where certain aspects of their thinking cause them problems because what they thought of as always true is not reality, but rather false assumptions developed earlier due to life situations.
For example, 1 person decides that maintaining complete control is protective/comforting because it worked for him another time. However, it causes him much damaging stress and daily distress when something is 'out of control', even if he should not expect to control it, such as an important person in his life, or a terrible storm, etc. Or 2nd person may be constantly stressed that she will be fired over things that are really relatively minor so she is daily struggling with useless issues & covering up what she sees as mistakes or aspects of her personally she thinks people don't like. Or a 3rd person is always needing reassurance & demanding a friend's attention which is actually driving him/her away(self-fulfilling the false assumption that he plans to leave).

With cognitive techniques we can recognize that the ability to maintain constant control is a false assumption---not only not possible, but may even cause us to miss something beautiful and spontaneous. Conversely, if something is out of our control and is truly painful, we can discover how it benefits us in the long run by what we learn, etc., rather than believing the false assumption that out of control experiences are always going to be totally catastrophic.
We learn to live with less control in order to obtain other benefits we would not achieve otherwise. The same happens with a person stressed at work due to mis-perceived expectations. That person can learn to recognize unproductive, stressful thoughts/actions & find what is really worth her time and effort at work. The insecure 3rd person can learn to relax

and allow the relationship to develop rather than make unreasonable demands.

Remember what Scripture says: **Proverbs 23:7--For as a man thinks in his heart, so is he.** ***In other words, how we think becomes how we feel about things & therefore how we react to them. What we think also causes our feelings.*** Examples: If we think desperate, dark thoughts, we will be anxious & depressed and react to life's situations as if everything is lost/there is nothing we can do about it. If we look for all positive things in our lives and think positively, we will be joyful and encouraged, looking forward, not only to the present day, but to better times. **Therefore, our thoughts cause our feelings and actions, not some outside force!**

Proverbs 23:7 and this psychological construct are why your doctors tell you that your attitude means so much toward getting well. This Proverb is also why cognitive techniques are so helpful because they are based on truth from the Scripture. **Every person** is a product of his own thoughts. **Every person** has at least a few thoughts that are negative, even destructive, because they are based on false assumptions developed over time without our realizing it. **Every person** is capable of changing his/her own thoughts to a clear understanding of reality (truth), if he/she desires to do so and has a little direction out of prior thinking patterns.

Our attitudes, behaviors and feelings are all the results of our own thoughts (making a person the product of how he thinks). In other words, **it is our attitude (thoughts) toward a person/situation/event that matters, not that they exist in our lives.** For example, it is not how we got sick, or how bad the illness is, etc., but how we think about it that impacts our future as well as making our lives worth living today.

Therefore, knowing that our thoughts control our feelings and behaviors, **this is another reason to put Scripture into our thoughts as often as possible: through reading, study, meditation, mindfulness practice and prayer.** Scripture is not only encouraging and reassuring, but on a bad day it lifts us above worldly issues, allowing us to give worries over to God rather than try to bear them alone or to control what is actually His responsibility anyway.

All these techniques are good for us to use so that we are controlling what we can, but we should not get carried away thinking that we can do it with full success alone. **Including God in these techniques will address our spiritual needs (not just mind/body) and allow Him to support/comfort/guide us daily.**

Regarding our thoughts, their effects on our lives and our ability to change, remember that our minds are renewed by Scripture; therefore, Scripture memorization is actually a cognitive technique to support wellness:

Romans 12

New International Version (NIV)

Therefore, I urge you,(A) brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice,(B) holy and pleasing to God—this is your true and proper worship. **2** **Do not conform**(C) **to the pattern of this world,**(D) **but be transformed by the renewing of your mind**.(E) Then you will be able to test and approve what God's will is(F)—his good, pleasing(G) and perfect will.

Ephesians 5

Instead, be filled with the Spirit,(AE) **19** speaking to one another with psalms, hymns, and songs from the Spirit.(AF) Sing and make music from your heart to the Lord, **20** always giving thanks(AG)to God the Father for everything, in the name of our Lord Jesus Christ.

Wed: Jan. 30th
SUBJECT: -My random thoughts

I ask that no one send me any more data. You all are intelligent and can get the general gist. I am feeling overwhelmed and cannot take any more in. Again, I challenge you to find at least ONE THING that you can change in your life to address the issues to get improved **RESILIENCY** by focusing on **exercise, nutrition or stress reduction**

Well, for my last definitive breakfast to gag down those last days of Prednisone tablets, I used mashed potatoes and corn and chicken fried steak. Breakfast was a lot easier today with chicken and vegetable soup.

A friend's husband has been undergoing chemotherapy these last several months. .She said, "His oncologist gave him a mouth wash he used 4 times a day to prevent the mouth and tongue sores. She said it did a wonderful job!!! It is called MuGard (Mucoadhesive Oral Wound Rinse) made by Access Pharmaceuticals In. The company will provide it free to those who can't afford it."

I forgot to say, that for a cold cereal, a healthy one is the ORIGINAL Cheerios, NOT the honey-nut, etc, though.

Hair revisited: At brunch Sunday, Barbara Mullaly and Suzanne Fuqua kept trying to convince me that I should basically keep my new, (as Janet Jackson put it, Andre Agassi) look. Barbara wanted me to get rid of my "signature" life-long dark, thick eyebrows. I hope that doesn't happen, and I'm still saying I'm 35, so going for the dye vat!!! It is an odd feeling to be getting ready to leave the house and think "I need to go comb my hair," then realize I don't really have to. And, there is no "bed head" issue in the morning. Everything has its advantages, right?

On my way out to that first blood draw on Monday, the sky was completely overcast. It had been raining and was so pleasant listening to the rain while sleeping. The smells of the desert plants were intense. THEN a 3 foot hole of completely blue sky poked through. I felt like my angel, family and friends were definitely shining their blessing down on me.

Tuesday morning I sent an e-mail to my oncologist. He responded back to me by e-mail within 30 minutes:

Good news
XX

Sent: Tuesday, January 29, 2013 8:44 AM

Subject: Stool not black today. Greyish to tannish with more leaning towards tan.

For me, I think this is an improvement. Texture is fine. No constipation or loose stools. No nausea.

My red blood cell count had dropped by 0.2 from yesterday, but due to this report, they canceled the blood draw and potential blood transfusion for tomorrow. So, I'll get a little bit of a break.

Tues. I was waiting for the blood draw at the Hospital. All of a sudden I looked up and there was Krystal, the nurse who had done my first blood draw on Monday out at the Clinic who was wanting me to educate everyone about the Power Port process. She is a float nurse and was working at the Hospital and remembered that I was to be there that day and SPECIFICALLY came looking for me to find out how I was feeling. We visited for quite some time. She explained about how the nurses work at the Clinic and how professional the chemotherapy nurses are. She explained that she is not a trained chemotherapy nurse and told me some of what was involved in their training. Between the blood draw and finding out if I was going to need a transfusion, I walked back and forth to my car in a mid-level area of the parking lot to force myself to get in some of the 30 minutes per day exercise.

I've found I've got to keep FOOD along with WATER with me at all times. Particularly protein to keep from feeling "funky." I picked up Sonja Kensey and we went to lunch at Lon's and I told the waitress when she came for the drink order that I needed some CHEESE NOW!!!!!! I'm learning you've got to be assertive about what you need in a restaurant, too. Don't fall into their "this is the way we do it bit..." It is MY life and it is how I FEEL that I most care about!!!

When I came home from lunch I went to bed immediately to take a nap. Doing that long epistle last night until after midnight about did me in, but at least I got it out for everyone.

When I woke up, I had the sweetest surprise. Joan Apple Klein's 88-year-old mother is a breast cancer survivor by both radiation and surgery. Donna Apple now crochets clothes for teddy bears so that people can feel like they have a part of their mother with them as they undergo treatment. She has done over 50 around the country. Mine has a yellow head band, panties with a striped vest and a knitted purse which holds a lucky penny. SO CUTE!!!

I went to the store to get some fast types of protein. I realize that when I start to go down I have to have something quickly! I also remembered the IM doctor’s admonition to get new stuff so that if you did get nauseated, you weren't getting sick over your favorite foods. I may keep a separate listing of the food stuff, apart from the total journal, just for quick reference about food. This will be an ongoing process to try and discover new helpful foods, even by specific brand names. I got some Agethos Garlic Hummus, which I ate with a raw carrot. Then I baked a sweet potato for supper.

Ellen Hart came and got me to walk around our little complex a couple of times. I looked like an Eskimo with my car coat all zipped up and hood over my head but at least I could stay warm that way.

Wed: Jan. 30th
I e-mailed my oncologist’s nurse

Subject: Morning Report

About 5 AM had well-formed, large stool. Not enough energy to get out of bed and do my breakfast pill routine until 9 AM. Then had 3 huge evacuations, all well-formed, all taupe, no black tar color. Boy did I feel better after I got all of that out of me!!!

Way lack of energy. Trying to get some work done before going back to bed again. I'm like the Garfield cartoon this morning: **"I can't make up my mind. Should I do nothing? Or Start to do something and then quit?"**

I still don't have my 2nd glass of 16 ozs of water down which I've been trying to always have done before 8 AM. I'm in SLOW MOTION...

Within an hour she had e-mailed me back:

It makes sense, La Rita,

It's the wonderful world of chemo related fatigue.   Pace yourself and do as much as you feel you can.   So I'm all for the "start something and quit", as long as it is something meaningful to you. As hard as it is, activity is good for you.   Start slow (ha-ha) and do more as you feel better. The first cycle is the hardest in many ways because you have to learn what your body can do.

I'm glad you are getting fluids in.   Staying hydrated is your best friend.

Keep me informed about the stools or any signs of bleeding.

Patti

So if this lymphoma is amoebic-like and about 3" x 2" x 2 1/2" in laymen's terms, since it can't be surgically removed, it HAS to be able to come out of the body some way. Hence, getting water out through the kidneys or colon is the ONLY choice for getting rid of the lymphoma or getting rid of the toxic waste from the chemotherapy treatments.

I spent the whole day in bed. In the evening I finally was able to bundle up like the Eskimo to keep from getting chilled, walked up to the Guard House to get my mail, then came back and sat on back porch and took in the sounds of the ducks settling in for the night, watched some of the planes flying, doing some deep, focused breathing for awhile. I've basically been running 3 hours behind this whole damn day. Oh, well, there is tomorrow…

February 1, 2013
SUBJECT: The Masked Lady

Well, as I told you Wed. was my worst day to date, with no energy at all. I was SO GLAD I didn't have to do a blood draw that day, so that I could just stay in bed all day.

Yesterday, Marilyn Chandler Ward came to get me to take me to the Hospital for a blood draw. When we got there, David, the nurse who'd done my Neulasta shot, was the one to draw the blood. He got me in 15 minutes early and said since they weren't busy to just stay in the chair, that they'd get me out really quickly. I told him I didn't think I'd need a blood transfusion because I was feeling 10,000% better than I had the day before. Well, an hour and a half later, the lab report still hadn't been returned. He checked and there was something wrong with my blood, that they were going to have to throw it on a slide, and it would be another 1 1/2 hours. Well, when the reports all came back, my white blood cell count was basically down to NOTHING...0.6 with 3.4 to 10.6 being normal. So David was encouraging us to go eat lunch in the hospital cafeteria because he thought they'd pull me back in for another Neulasta shot. We told him we were gonna go eat "real" food. He slapped a mask on me, verbalized that he liked me, and sent us on our way.

Patti, my oncologist’s nurse, sent me the explanations, below.

Marilyn and I picked up Sonja Kensey and we went for an Italian lunch at LAmore. Then we headed out to Mesa to check out a whole grain bread bakery to see if their product was worth the time and trouble to go out there to get it. I had gassed up my car the first of the week. Since I wasn't driving, I wasn't paying attention to the gas tank. We ran out of gas, as we were getting off the 202 to get on the 101. AAA wasn't coming for an hour and a half, so we used this as an opportunity to put the seats back, and take an hour NAP!!! Remember, to have RESILIENCE we need to invoke exercise, stress reduction and nutrition.

Goldie Hawn was on Katie today and spoke on De-Stressing your life. A point she made was that we need to have "gratitude rocks" that we could touch and remind us to state something that we were grateful for. She said that Gratitude helps pull people out of depression.

Marilyn and I then went shopping for a lounging PJs wardrobe for me to have. We've worked out a system that I'm going to leave my front door unlocked. Then anyone who wants to check on me can ring the doorbell to let me know that they're coming in. If I'm in bed and don't feel like getting up, then they can just come on in, come to the bedroom to check on me, and know that I won't be "indecent" so as to embarrass them, be they females or males. I prefer pima cotton but my goal was to find stylish, sexy, FUN lounging PJs. We're not discussing getting "hospital clothes" here!!!! Thus, I can just throw a jacket on over them, if I want to go up and get the mail or whatever and be "fashionable."

Now wearing the mask is an interesting experience. I find that I have to pay EXTRA ATTENTION to the jewelry I'm wearing (needs to be BIGGER), my body language and my tone of voice as I greet people to still portray my desired image: that "I am STRONG and I am WELL!" It is amazing how having the mouth covered hampers one's portrayal of emotion.

I'm back on the routine of trying to eat something every 2 hours, have lots of liquids, a 'juicing" once a day, an apple a day, etc. then some of the mindfulness exercises I've already discussed.

My neuro-psychology, audiology, speech-language pathologist friend, Dr. R. Ray Battin had sent me this message: I know that you have been overwhelmed with e-mails and information so I will try and be short. I want you to do something for me on a daily basis (remember Ben Cariri it worked for him) Sit in a comfortable place, your favorite chair, relax, breath deeply (you know the drill), visualize your white blood cells as an army attacking your cancer cells. Do this daily for 20 minutes to a half hour.
Love
Ray

I had already beat her to the draw on doing some of that, particularly when I was undergoing the chemotherapy infusions. I had remembered her talking about this with one of our AAPPSPA (national private practice speech-language pathology friends).

Everyone have a FUN weekend!

Below is the last 2 days of exchanges with Patti:

From me:

Last night and this morning I had no nausea, no constipation, no diarrhea. Stools were well-formed and becoming more and more brown with no black tar look. So, this is the end of my "poop report" unless something develops!

I had some bone pain during the night but I figure that is the Neulasta trying to do its thing. So I got up twice and ate some "food" to give it energy to "do its thing."

I slept 12 hours last night. I'm feeling as well today as yesterday. But I AM holing up for the weekend, to be on the safe side.

Did you get yourself caught up after being off for 10 days? I hope you have a restful weekend.

La Rita

From Patti:

Oh my, La Rita! That's not a good place to run out of gas! I hope you had water/fluids with you!

I'm so glad to hear you are doing ok today. You're right about neulasta and bone pain.

So Labs on Monday and we'll see if we still need twice weekly. I think Dr will still want to be extra cautious.

Take Care!   Stay decent!

And yes, I am catching up. It's not so much that things didn't get done, but more that I didn't know they got done.

Patti

From: La Rita Mason [mailto:lrmason@arn.net]
Sent: Thursday, January 31, 2013 01:09 PM
To: Marshock, Patti H., R.N.
Subject: Re: Blood results

I am feeling 10,000% better than yesterday. Bowel movement color still improving. No nausea, etc. Lot's of energy. Going to lunch now then shopping. So no Neulasta shot today, right? and Nothing to do until Monday, then, right? I am WELL and I'm sticking it to it!!!

On Jan 31, 2013, at 1:57 PM, "Marshock, Patti H., R.N." <Marshock.Patti@mayo.edu> wrote:
Hi, La Rita,

Well, here are the answers to your concern about "moving slow." We have seen the expected drop in the blood counts. Your total white blood cell count is 0.6 (normal is 3.4 to 10.6) so your volumes are down a lot. You are at increased risk for infection so you need to be cautious about exposure to sick people and other sources of possible infection. Any new symptoms need to be reported, examples are sore throat, cough, nasal drainage, diarrhea, urinary tract symptoms, etc. No new actions can be taken for the low WBC (white blood cells) , we just have to monitor and wait until you recover. You will still need the blood test on Monday as planned.

Your platelet count is lower than normal at 65,000 (desired range is greater than 100,000, but safe range is more than 20,000.) With your previous symptoms of dark stools, you need to be extra aware of any bleeding and let us know right away.

The blood cells are starting to grow back even now, but it will take a few days. I will let Kevin in research know about the blood counts and he should contact you with instructions about the Revlimid.

If you need to call me, I will be here the rest of the afternoon. If you have concerns or new symptoms over the weekend, the on-call Hematologist can be reached by calling xxx.

Hang in there!
Patti

On Jan 31, 2013, at 2:32 PM, "Marshock, Patti H., R.N." <Marshock.Patti@mayo.edu> wrote:

You can do that, but wash hands frequently or use alcohol gels or wet wipes; and try to stay away from the folks who look sick in the stores. I'm glad you feel better! Do not make yourself too tired...you'll pay for it tomorrow.
Patti

February 3, 2013
SUBJECT: Past Day 10-Mini-Goals ACCOMPLISHED for Cycle 1 !!!

Sat. Feb. 2nd was the 10th day of Cycle 1 of 6 cycles. With that day, I no longer have to take the study drug, Lenalidomide. So, until the next chemotherapy infusion:

I will only orally be taking a Prilosec twice a day, to try and prevent any further GI bleeding, plus a baby aspirin to prevent blood clotting. So, I was able to get into my system ALL of the chemotherapy medications for Cycle 1, i.e., not vomiting any of them back up. So visualize those chemicals going AFTER those aggressive lymphoma cells and KNOCKING THEM OUT!!!

I have had a real epiphany about my Lounging PJs wardrobe idea, which was born out of necessity out of people wanting to have a process to check on me after that day, Wed., DAY 7, when I couldn't get out of bed. Folks, I cannot tell you how LIBERATING it is to do that. I propose, so you can blame it on me, a "La Rita De-Stress Day." How you want to do it, is take a shower and get all cleaned up (morning or evening as you prefer), then put on your fancy, cute, stylish "I'm SEXY and I KNOW it..." PJs. [Ladies, I'm NOT talking about wearing your husband's old T-shirt and some sweat pants!] Then for the next 24 hours, you don't change clothes between day wear and night wear. You sleep overnight, take naps, run errands, whatever, in your outfit. I was just amazed at the feeling of LIBERATION and PEACE the process produced. Just think, if everyone did this 1 day a week, you'd have at least 1/7 of a period of time to apply to the RESILIENCY we're trying to increase by attention to EXERCISE, NUTRITION and STRESS REDUCTION. Diane Lee gave an online resource for PJ options as: www.pajamagram.com

During the night, Friday to Saturday, I could feel my bones trying to churn out those white blood cells. I had a little bit of muscle "Charlie Horses," then I remembered that I hadn't taken my Citracal Calcium Citrate + D3 that day. I took it and sure enough symptoms subsided, just like they would with the "normal La Rita body" when she would get some muscle cramps. I also felt like I needed to "feed" my body so had some calcium and protein boost with some yogurt and a couple of hours later, cottage cheese.

Which brings me to another set of observations, everyone needs to REALLY get to know their OWN body. Everyone's is different. Get used to it, so you KNOW if something is "different" or "normal." We tend to not want to know if something if different or to have a doctor find something "different." However, the sooner you get things diagnosed, the sooner you're on the road to recovery and a positive outcome.

From the 7th to the 10th Days, among other possible symptoms, I was to report a "cough" or a "runny nose." Well, when I came to the Valley I had a dry, non-productive cough. It stopped during the chemotherapy infusion, but returned immediately afterwards. Likewise, all of my life, any time I eat or drink anything, my nose starts running. Suzanne Fuqua had brought me a bowl of chicken posole made with LOTS of green chiles and a can of HOT Rotel, which as I ate it, caused my eyes to tear up and my nose to run. Now, just because I'm doing chemotherapy, am I going to transfer those to "chemotherapy side-effects?" Noop, I know my body and these things are "normal" for me, given the circumstances. What is "normal" for YOUR body???

In avoiding germy areas, earlier this week the doctor consultant on GMA mentioned that the norovirus can survive on an escalator rail for 3 WEEKS! When with Marilyn Chandler Ward, I let her get on ahead of me and I place my hand on her shoulder for balance. When by myself, I am applying a technique I learned in ski school. Thirty years ago, Cecilia and Ed Beckham and I took Mike and Matt, as pre-schoolers on a ski trip to Angel Fire, NM. I never made it out of the school and the bunny slope, being the magnificent athletic specimen that I am, but what made the WHOLE experience worthwhile to me, was learning that if it is icy out, walk hunched over, with your hand resting on your thigh, so if you start to fall, you'll fall FORWARD and not backwards, where you could sustain a head injury. I've done this for years and it works. Well, now, I'm doing the same thing on the ESCALATOR. I don't care how it looks, if it is a protection against germs, it's worth it!

I've holed up the whole weekend. Suzanne Fuqua came up and I chauffeured her to get some take-out food and prescriptions for me, so that I wouldn't have to go in anywhere. There is a fine line to be walked between ASKING for whatever it is that you want (thanks to Paige Milum for that lesson), and exhibiting LEARNED HELPLESSNESS, where one perceives an absence of control over the outcome of a situation and the only coping mechanism that is utilized is to be stoic. Remember, my IM doc pointed out that this medical stuff is only 1/4 of us and that we control the other 3/4 of our lives!

So, I now get to enjoy 10 days of "recovery." I've had no nausea, vomiting, loss of sensation in hands and feet, loss of hair, or apparent loss of hearing.

On this Sunday afternoon I leave you with a couple of Mindbloom quotes: "He who has a WHY can endure any HOW." Friedrich Nietzsche. Hadn't thought about Nietzsche since high school First Christian Church Monte Vista, CO church camp days when his book was studied. What can be the WHY for any of us??? How about, "There is always something left to love." Gabriel Garcîa Mårquez, One Hundred Years of Solitude.

Date: Friday, February 7, 2013
SUBJECT: LIBERATION DAY---got to get in the WHIRPOOL TUB---and blood is stable for now

With my last post last weekend, Sunday, February 3rd, my White Blood Cell Count was practically nonexistent at 0.6. After the churning in my chest through last weekend, on Monday it had gone up to 5.1 and today was 10.4 (with 3.4-10.6 being the normal range). Hgb was 9.5 Monday and today (with 12.0-15.5 being the normal range) and platelet count was 207 on Monday and 469 today (with 149-375 being the normal range.) Another blood draw will not be done until next Wed., so since this is my "recovery period," I probably won't be posting between now and then.

Today was LIBERATION DAY as it is 15 days after the Power Port was inserted so I could get into my WHIRLPOOL TUB!!!! Yeah!!! I SO like my tubs, that are identical, in Phoenix and Amarillo (would have had one in CO, too, had there been room.) So, that is a major stress reducing opportunity for me.

I looked over the lounging PJs that had been purchased. Marilyn Chandler Ward informed me that she thought the soft pink and hot pink striped ones look like a Candy Striper's Uniform. Now, I say I feel 35 years old and I'm sticking to that, but I DON'T feel 15 years old, so guess that set is gonna have to go back to the store. Best Friend Since the 8th Grade, guess you gotta love her, right???

One of my speech-language pathology colleagues from the American Academy of Private Practice in Speech Pathology and Audiology, Rose Godfrey, sent me a message which I forwarded onto my pancreatic cancer specialist and my oncologist (AKA "The Bartender)."

From: La Rita Mason [mailto:lrmason@arn.net]
Sent: Sunday, February 03, 2013 03:37 PM

Subject: Just look at at your leisure, FYI...

One of my supporters sent me this link about a 15 year old boy who may have developed an early test for pancreatic cancer, looking for a way to get it out there:

http://www.takepart.com/article/2013/01/27/jack-andraka

I sent him the last post that I'd sent to you all and told him I was journaling.

The specialist responded:

I saw this on TV. Very impressive.
How are you doing?

The oncologist replied to me about it:

Glad you are hanging in there. Very inspirational. I expected nothing less from you than to have a journal about it. Blog next?
Please add me to the Groupie E-mail and keep me posted.

So, he is now on the "Groupie E-mail List, too." I told him, **as with ANY of you, anytime you want OFF this listserv, just let me know and I'll remove you.** I sent Bartender the whole Word doc of all I've posted and told him "Be careful what you ask for :-)

He responded,
"Perfect.
Thank you for including me."

cannot tell you how much it means to me to feel that my Mayo doctors are WITH me on this journey...not just sitting at a computer looking at clinical data with no connection as to WHOM that data is attached to.

Dr. Ed Beckham, a clinical psychologist who specializes in depression, and his wife, Cecilia Owens-Beckham, a clinical social worker, sent a link for The Mindfulness Guide for the Super Busy: How to Live Life to the Fullest:
http://zenhabits.net/the-mindfulness-guide-for-the-super-busy-how-to-live-life-to-the-fullest

Today my mindfulness activity, for living in the moment, was counting the number of red vehicles on the 101...interestingly to me, there were not very many...only 3 red cars and 3 red trucks in the span of 15 minutes.

They also sent a link for Rewire Your Brain for Positivity and Happiness Using the Tetris Effect:
http://lifehacker.com/5982005/rewire-your-brain-for-positivity-and-happiness-using-the-tetris-effect

In 1995 I took a course on the Internet, which led me to then teach people on an individual or group basis how and what the Internet was. Some way or other, I ended up as an e-mail buddy with Jack Meyers, whom I never actually met, but who was the husband of one of my Finer Diner Friends, Jane Meyers, a nurse practitioner. For those of you who live in Amarillo, TX or who have visited Amarillo during the Christmas Season, and have gone to "look at the lights..." Jack is the one for whom the synchronized lights and music display on Hawthorne Street was designed to honor. I had forgotten what a great sense of humor Jack had, until Jane reminded me, as she sent me this piece. It is with her permission that I post it here:

Date: February 12, 2007
SUBJECT: Jack Meyers' inspiration post to Kidney-

Onc@listserv.acor.org: FIGHTING KIDNEY CANCER WITH SANGUINESS

Dear List,

A couple of years ago Jack made a post to the list called "Fighting Kidney Cancer with Sanguiness." This post had a huge positive impact on Eric, his teenage son, and his attitude toward the disease.

Shortly after I was first diagnosed with stage 4 metastatic kidney cancer, I read a quote from cancer researcher, Stephen Jay Gould, who said the sanguine personality has the best chance of winning against cancer. I always considered myself reasonably sanguine but I always figure there's room for improvement. Since I was about to die anyway, what's the harm in ladling gobs of sanguine all over my kidney cancer? I'm desperate, after all, and I need to do things to improve my odds a little.

I had a fairly simple, and sanguine, technique for coping with the death sentence of metastatic kidney cancer---I made fun of it. I figured since I make fun of everything else, why not pick on dying? It's my death so who's going to complain?

I started by mixing my kidney cancer randomly into conversations.   For example, if I found myself near the head of the buffet line, I'd turn back to my family and friends and say, "I probably ought to go first so I can at least have part of a delicious last meal."

"I hope they get this movie started a little early. I'd like to see the ending before...well...the end."

"I probably ought to be the first one to ...(fill in the blank)...since I'm completely filled with twitching, painful tumors."

I'd muster up my best, scrunched up, deep-shocky-pain look along with a whiny cracked voice. When you're mere moments away from kicking the bucket, you have to play the part.

I was having a good time dying. But, then, I always had a good time living.

About three months into sanguine dying, something funny happened. I noticed I quit worrying about it. I certainly didn't expect that. Kidney cancer went from being an almost overpowering terror to a mere annoyance that put me in the hospital once in awhile. The cancer was still fast growing but I had quit thinking about it. When told I was awfully upbeat for someone who had such a terrible disease, I just replied that it was, "Naive optimism."

About four months into dying, I looked at the "to do" list on my desk. There were still short term projects that needed to be done to "finalize" my life. Gee, if I'm not going to worry anymore, I'm going back to living. Screw this insignificant crap. I need to be picking out a motorhome and figuring out how to outfit it so I can work while my wife and I travel the country. I dumped the short term goals and went back to work on long term fun.

But I couldn't just abandon the fun part of dying. My mouth wouldn't let me. It keeps me amused, you know. So I calculated my several upcoming projected death dates and marked them in my calendar.

Six months was a milestone. My urologist gave me six months. On the eve of my six month death date, I was lying on the sofa watching a movie with my arms folded across my chest, clutching the symbolic plastic rose. Alas, no one in my family even noticed. Finally, Clyde, the family dog, jumped up on my stomach to check out the rose. That ended my demise that day.

I talked to my teenage kids along the way to see if my flippant attitude was bothering them at all. No, it wasn't. Are you worried about me? No, you don't seem to be worried about you so why should we worry about you? Teenagers---you've got to love 'em.

I decided to pour it on for my one year death date. The one year mark was a biggie. My oncologist picked it, he's the expert, and he has to know. I advertised the date to everyone for about two weeks before I got there.

On my one year death date, my last day in this world, my mom brought me over a bouquet of my favorite flowers---a dozen ears of sweet corn. One of my doctors stopped by and brought me lilies. He said, "I thought you'd be dead by now and I'm here to see the bereaved family." He figured I only had six months to live so I certainly could understand his surprise.

I was having a pretty good time with all of the mock sympathy I was receiving. Almost all my friends and family were playing the game.

Then the results of my one year scans came back. All the mets throughout my body were gone. I was, apparently, free of cancer.

For this whole last year, I had a terminal disease. But I made fun of it and it went away.

And, on balance, I had a pretty fun year.

Now I wonder if my "sanguine" attitude had anything to do with it?

Jack

Jane said that Jack was diagnosed in August, 2003, and told that he only had a year to live as the cancer had already spread to his lungs. He died in January, 2007, living with the kidney cancer for 3+ MORE YEARS!

February 13, 2013
SUBJECT: Yea! 1/6 is officially done

When this chemotherapy deal first started, I and several of you thought when the first infusion was done, it was 1/6 done. But then as I pointed out before, I came to realize it was a day-by-day, sometimes hour-by-hour, particularly in the first 2 to 6 days of each cycle, of doing what has to be done...primarily drinking and peeing... for 21 days. So, it was not until today, when the blood draw was done prior to scheduled chemotherapy tomorrow and that I had made it through the potential side-effects of the past 21 days, that I could officially say I was 1/6 done.

I had the blood draw. Then I had the appointment with the Research Assistant, Kevin, for the Study I am in. So I am not in R-CHOP but R-CHOP 2. I took out 4 days of samples of the juicings and 1 of the coconut water. Kevin was so good; he says he's a cook and that he was able to identify some of the fruits that were in them.

The Bartender/oncologist was beaming when he came in to see me. I told him that I was the Bar Maid with samples for him. He said he couldn't try them, that they would turn his stomach. He wouldn't even smell them. He wouldn't even try the coconut water. I thought to myself, "You Chicken Shit" LOL, but then one can't fault anyone when something turns their stomach. He commented that he liked my bright outfit (one of the lounging PJ sets I'd told you I had bought.) He said that I had done WAY BETTER than he'd expected. He'd particularly been concerned that the location of the lymphoma would cause me more internal bleeding.

Several of us "inquiring minds" were wondering how much some of these different things cost. The day surgery bone marrow aspirations cost $308.34. The out-patient, day surgery procedure to implant the Power Port was $11, 842.23. The warm blankets cost $45.22 each. Oh well, too bad. I still say ASK for them, as they will make you a LOT more comfortable. The cost of Chemotherapy Infusion 1 was $4,536.04. Of that, $4,394.18 was for the 100 MG of the Rituximab, the main drug of R-CHOP 2.

I haven't commented about how to advocate for yourself at the Pharmacy. I got some prescriptions at the pharmacy last month before Infusion 1. I asked the pharmacist if he had counted them out. He said, "No, but a tech did." I told him that I wanted HIM to count them in front of me, which he did, and all were in correct amounts. The next day, a friend picked up prescriptions for me and I forgot to tell her to have the pharmacist count the pills. When she got them home, 2 of the 3 prescriptions were WRONG. Since it was more, rather than less of the prescription, I didn't wag back down there. I reported it to the pharmacy manager today. She said their machine that counted for them was miscalibrated in favor of the customer but had been corrected now. She put it on my record that a pharmacist was to always count my prescriptions now. (I'll still be verbally asking for that, anyway, when I go in.) Several of you have said that you count your pills when you get home. That doesn't do you much good. You have to make an extra trip back and end up in a "discussion" when you leave the premises in the first place.

Tomorrow is Infusion 2, starting out at 9:30 AM for 7 to 8 hours straight. Not exactly how I had wanted to spend Valentine's Day, 2013!!! But in view of my current circumstance, I'm GLAD that is where I'll be because it will mean that 1/3 of the scheduled chemotherapy treatments will have been able to be on their correct schedule with no delay due to low blood scores!

Please join the oncologist and me in our joint prayer that we prayed today: Pray for me and him by name

Pray for calmness

Pray for good appetite

Pray for sensation in my hands and feet

Pray for a strong heart

Pray for good hearing

I appreciate SO MUCH your continued expressions of support and caring to me.

Thursday, February 14, 2013
SUBJECT: 2nd Chemotherapy Infusion Completed! Now, I can enjoy Valentine's Day for awhile!

I was able to tolerate this 2nd infusion better than the first, in that for the massive R drug, Rituxan, instead of starting at 100 ml and upping it basically every 30 minutes, it was started at 200 ml, then was able to be upped by 100 ml each time. I didn't have to stop for "fullness in my gut" or pre-nausea so then having to stop for an anti-nausea infusion. I'm thinking the lack of "fullness" was due in part to the shrinkage of the lymphoma so not taking up so much space. All in all, it was a 5 hour infusion, instead of 7 to 8 hours. It can NEVER be any less than a 5 hour infusion session. The bill says the Rituxan is for 100 MB so that takes a l-o-n-g-t-i-m-e to get that in, drip by drip.

When I got home I threw everything that I'd worn for the day into the wash, and went and showered from head to toe, including removing fingernail polish, to get all clean. (The chemotherapy infusions are when I'm NOT using my prayer shawls because those can't be washed and there is more chance for "contamination" in that environment.) I donned my hot pink with small white polka-dotted lounging PJs and my white with red valentine socks. I had my housekeeper change my bed today, so that everything is now FRESH after the chemotherapy treatment. I then lit my candles and fireplace, turned on XM Love station, enjoyed the red tulip plant I received and Valentine cards that came by e-mail or snail mail, and have been unwinding and starting the great DRINK WATER and PEE regimen. I fill up about a16 ozs. glass with ice water and drink it until it is empty, then immediately fill it up again to start over. My goal is to drink the liquids like that for at least 5 hours before I even go to bed, to "match" the 5 hour infusion session. I need to continue it through the night so will probably be up and down every 2 hours.

For lunch at Mayo's I had one of the Juicings. When I got home at 4 PM I had a baked sweet potato. At 6:30 PM I had tortilla soup and a fresh orange. But drink water, drink water, drink water! All I can say, it is a good thing I'm not on the Carnival Triumph ship with few working toilets!!!

My chemotherapy nurse, Allison M. wouldn't try any of the juice samplings or specific coconut water, either. I left some for the oncologist's chemotherapy nurse, Patti. Don't know if she tried them or not. I'm going to take some to the pancreatic cancer specialist tomorrow. I think he'll probably be game to try them. One of the other chemotherapy nurses wanted to try the coconut water and said, "Oh, this is really GOOD." Yep, it is. Thanks Elio Grieco for that one. Again it is: 16 Ozs. Taste Nirvana Real Coconut Water

Pulp (or without pulp) and can be ordered through Amazon, even by subscription like Gevalia offers, if you want.

My college friend, a Dietician and Advisor for Hospice in Columbus, OH, Charlette Gallagher Allred, sent information about a group in Colorado Springs that she has been involved with. "I've become a fan of several of their leaders and am learning a lot about healing. You have asked for healing and I am praying for healing for you, believing that God wants us all to be healed and wants you in particular to know he is with you and will heal you through his infinite love. I envision Jesus holding your hand today as you take another treatment. All will be well. Lovingly, Charlette"

I've never heard about it, but that may be because their actual headquarters is in Edgewater, CO:
Renovaré
http://www.renovare.org

Emily Jones sent me an online yoga site that she has used and really likes. They even specifically offer Yoga for Cancer Survivors:
http://www.yogadownload.com/Utilities/GenericProductDisplay/tabid/110/prodid/1952/default.aspx
OR
http://www.yogadownload.com/restorative-yoga-videos-and-classes-online.aspx

My neighbor and friend here at the Biltmore Shores, Dr. Susan White (Braunstein) told me last night that a GOOD side effect of chemotherapy is that it takes away all of the irritating benign skin things like keratoses and skin tags. I had missed that that had happened. So, again, there are positives in each situation and we just need to look for them!

Again, Happy Valentine's Day to everyone!!!

Love to you all,
La Rita

Monday, February 18, 2013
SUBJECT: Neulasta shot #2 and 2nd Round Completed of the 9 Prednisone tablets per day for 5 days in a row

Remember the "fun" project I'm in the middle of finishing up, THE FAMILY AND FRIENDS COMPUTERIZED RECIPE BOOK. For those who want to contribute, you will receive a copy of the book (of over 2,500 recipes) which even if you never wanted to cook any of the recipes, it is fun to read some of the "stories" associated with those recipes. In addition, you will receive a thumb drive with a file of those recipes. If you want to put FileMaker Pro 12.ov 3 Software on your computer THEN you will have those recipes in a COMPUTERIZED recipe book! You can then choose to "hide" the recipes I'd be supplying, pick some you like, or ADD YOUR OWN RECIPES to start creating a family COMPUTERIZED recipe book for you OWN FAMILY's legacy. This takes care of the problem of only 1 person getting and having access to Grandma's Cookbook. You can search for a recipe by name, ingredient you have in your pantry that you want to use, change recipe size, etc. So, again, if you're receiving this, it means you are on my "Groupie E-mail List" so are invited to participate. I do need your recipe(s) quickly, though! Let's say by March 1st at this point...

From my last post, there were a couple of comments about Renovare, for those who might be interested. Sally Ray is a friend from the American Academy of Private Practice in Speech Language Pathology and Audiology. Her husband, Phil, retired from being a dentist and became an Episcopalian priest in Dalhart, TX:

God bless you, La Rita,

And I continue with the prayer from Renovare for you.
I've gone to Renovare conferences for many years as they had several in San Angelo (my home town), and several other places. My mom, a family friend (and later Phil) and I were blessed. I also have loved Richard J. Foster's (founder of Renovare) work on mystics and saints, and have gotten much from his books, some of which include:

Celebration of Discipline
Freedom of Simplicity
Prayer, Finding the Heart's True Home
Prayers From the Heart

As a matter of fact, these will make a good Lenten discipline for me. Thanks for the reminder!

Your wonderful attitude and discipline of healthy eating/drinking are an inspiration to me.

May our Lord Jesus bless you indeed!

Love,
Sally

Saundra Nix Lapsley, originally from Woodward, OK commented:

Dear La Rita,
Good news on your treatments! I was interested about the mention of a group in Colorado that believes healing is God's will for us. I have believed since 1988 that He wants all to be healed, and that part of the benefits of salvation is healing if we will believe for it. This is not a far-

out thought; very much a part of the charismatic movement and many evangelical churches that I am aware of. You may have noticed all my Joel Osteen books. His mother was healed of a terminal diagnosis 30 or so years ago. Her book, Healed of Cancer, by Dodie Osteen is available and a great read on the subject. And just look at what a healing ministry Jesus had on the earth...and He said "greater works will you do..." Believe!
Saundra

My docs continue to provide me e-mail support. I sent them a subject line " I made it through Chemotherapy Infusion #2 in 5 hours today" and thanked them for their assistance in the process. My regular doc, replied:
Good to hear.
Bob

The ERCP doc who first diagnosed me with Pancreatic Cancer replied:
Congratulations!

The Director/surgeon replied:
That's great news! Keep going strong!
David

The Pancreas specialist doc is willing to try my juicing samples (although the ones I took him were not my favorites...still tweaking them):
Would love to try them ;)
My wife juices a lot.
If I am not available leave them with the endoscopy staff

My oncologist's nurse, Patti and my main Neulasta a blood draw nurse, David, but not my oncology nurse, Allison, were willing to try the juicing samples or MY coconut water samples.

I am making a point to be called by my FIRST NAME everywhere. They could have a lot of "Ms. Mason" patients, but I daresay, they won't have many "La Rita" patients. You want to make yourself known as an INDIVIDUAL with all the doctors and nurses. That way when they see the name, they automatically pay more attention. They see files, films and lab reports by the reams all day, so you want to make yourself STAND OUT. It can't help but get you better, overall medical care.

Having completed Chemotherapy Infusion #2, I was able to completely stop taking the drug Allopurinol which I think had something to do with uric acid. On the day of the chemotherapy infusion for each cycle, I have to begin taking the 9 Prednisone tablets per day for 5 days in a row. The prescription this time, I'd swear, was different. Tactically, I couldn't pick up each tablet as easily and each one was harder to position on the center back of the tongue for swallowing. I even asked the research assistant to check with the Mayo pharmacist to be sure I'd gotten the correct prescription, even though the Safeway pharmacist had signed off on it. The only thing anyone can come up with is that a different manufacturer does them slightly differently. So today, I got those dastardly things down for Cycle #2.

My routine is to drink 16+ ozs. of water before I start taking the drugs. Then I get SUBSTANTIAL food available and take a few bites, before each set of pills. I'm not talking mamby pamby breakfast food, I'm talking about stuff like pinto beans, grilled vegetables, pot roast, mashed potatoes or chicken fried steak. I also drink ANOTHER full 16+ ozs. of water as I'm doing the drugs and eating the food. I've had no nausea or vomiting or constipation, the side effects to be getting within the first 48 hours after a Chemotherapy Infusion, so I think this helps to keep it all down and to have enough water for the stuff to float around in.

Friday I had the Neulasta shot to help rebuild the white blood cells. I've had no bone pain at all with that this cycle. I toughened up my own routine of what I would do with "normal La Rita bone pain and Charlie Horses," which was to take Citracal Maximum, Calcium Citrate + D3 (630 mg Calcium) and 500 ius of Vitamin D or some potassium via a banana. So, I'm being vigilant about taking the Citrical once in the morning and once in the evening, then will do a 3rd if I start getting symptoms. It will be interesting to see if Citrical continues to help with Neulasta side effects...research continues in this arena...Earlier that day, Ellen Hart and Barbara Mullaly and I walked down to a new restaurant at 32nd St. and Camelback, about 1/2 mile each way. I was winded but I did it... Dressed in my Parka and hood and prayer shawl to keep from feeling so cold, from the chemotherapy induced drop of the red blood cells.

Friday night to Sat. morning I was up from 4 AM to 7 AM. I did the prednisone routine before 8 AM, which everyone needs to do if they're taking prednisone, to closer reflect the normal body cycle. Again, I'd be careful what type of foods I was eating with it at the same time. I then felt "funny" and didn't want to get into a nausea risk where I'd have to take anti-nausea medication. So I went back to bed and slept until after noon, after which I felt well.

Last night I soaked in my whirlpool bath until my fingertips shriveled up again! I slept solidly through from 7:30 PM to 2:30 AM but was up again for a couple of hours with "crawly sensations." Went back to sleep and got up at 7 AM.

Into this second cycle, I am starting to lose my hair.

Again, I thank everyone for their offers to come and stay with me, but with a weird schedule, each day being a new "challenge," I am better to be able to eat, sleep, or whatever as my body tells me I need to do, by myself. I am being very hedonistic and doing what La Rita needs to be doing when La Rita needs to be doing it!!! I am not getting around very many people because I hope to be able to keep my blood counts up enough so that any of the other 4 chemotherapy infusions won't have to be postponed.

February 18, 2013
SUBJECT: As Ione says, I'm the one who started the "poop" discussion. This is some great research that she did here.

The lesson that we need to all learn is that what we take for granted is SO very important to pay attention to each day...our urine and our stools. I had meant to put this in my e-mail today but had to ask her to re-send it to me as I'd accidentally deleted it!

Well, maybe not so 'fun', but you started the discussion! : >)

I'm glad you had a better day yesterday than the first time. Looks like some of your study/prep is paying off!

http://articles.mercola.com/sites/articles/archive/2013/02/14/normal-stool.aspx?e_cid=20130214_DNL_art_1&utm_source=dnl&utm_medium=email&utm_campaign=20130214

What You See in the Toilet Can Give You Valuable Insights into Your Health

Visit the Mercola Video Library

By Dr. Mercola

When it comes to toileting habits, the topic is not exactly a favorite among Americans – at least for those above the age of four. Mention poop and you can easily clear a room – or at the least, generate some unusual facial expressions, nervous laughter, and wisecracks about "too much information."

But your bodily emissions are an important health topic that deserves serious attention, regardless of the "ick factor." In fact, if you ignore what you deposit in your toilet, you could be flushing your health down the drain!

Did you know the average person generates about five TONS of stool in his or her lifetime? Turns out, there is much to be learned from this mountain of poop.

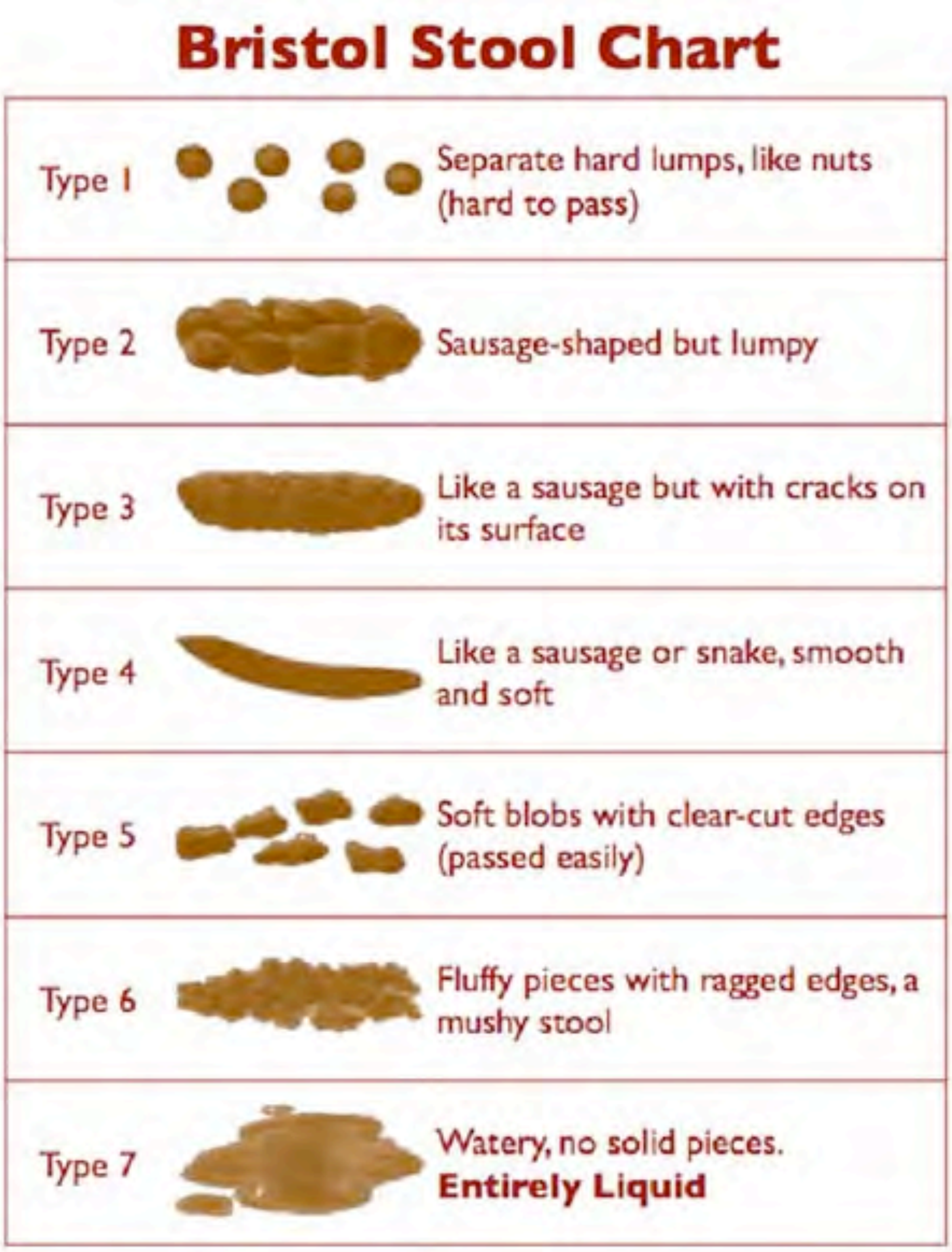
The shape, size, color, and other fecal features can tell you a great deal about your overall health, how your gastrointestinal tract is functioning, and even give you clues about serious disease processes that could be occurring, like infections, digestive problems, and even cancer. Poop comes in just about all the colors of the rainbow... and please forgive me for using the words *poop* and *rainbow* in the same sentence.

Although there is a certainly a wide variety of stool colors, textures and forms that are considered "normal," there are definitely things that, if seen or experienced, warrant immediate medical attention. With this in mind, the overview that follows covers what you need to know about what's normal and not normal in the bathroom department.

What is Normal Stool?

Your stool is about 75 percent water. The rest is a fetid combination of fiber, live and dead bacteria, miscellaneous cells and mucus.[1, 2] The characteristics of your stool will tell you a good deal about how happy and healthy your digestive tract is – the color, odor, shape, size, and even the sound it makes when it hits the water and whether it's a "sinker" or a "floater" are all relevant information.

If you're one to poop and scoot quickly out of the bathroom without looking in the toilet, then you might want to slow down and look down. The Bristol Stool Chart is a handy tool that may help you learn what you're going for. Ideally, your stool should approximate Types 3, 4 and 5, "like a sausage or a snake, smooth and soft" to "soft blobs that pass easily." Type 4 is the Holy Grail.[3]



Bristol Stool Chart

Type 1	Separate hard lumps, like nuts (hard to pass)
Type 2	Sausage-shaped but lumpy
Type 3	Like a sausage but with cracks on its surface
Type 4	Like a sausage or snake, smooth and soft
Type 5	Soft blobs with clear-cut edges (passed easily)
Type 6	Fluffy pieces with ragged edges, a mushy stool
Type 7	Watery, no solid pieces. **Entirely Liquid**

Fiber tends to bulk up your stool and acts like glue to keep the stool stuck together, instead of in pieces. If your stool is on the softer side, short of diarrhea ("soft serve," as some call it), it could be related to lactose intolerance, artificial sweeteners (sorbitol and Splenda), or a reaction to fructose or gluten.

Look, Listen and Smell Before You Flush

What's normal and what's not when you look into the toilet? The following table will help you narrow down what to look for, so that you aren't needlessly alarmed. Of course, there are a few signs that ARE cause for concern, and those are listed too. If you have a change in stools accompanied by abdominal pain, please report this to your physician.[4]

Healthy Stool	**Unhealthy Stool**
Medium to light brown	Stool that is hard to pass, painful, or requir
Smooth and soft, formed into one long shape and not a bunch of pieces	Hard lumps and pieces, or mushy and wate pasty and difficult to clean off
About one to two inches in diameter and up to 18 inches long	**Narrow, pencil-like or ribbon-like stools** a bowel obstruction or tumor – or worst cas cancer; narrow stools on an infrequent bas concerning, but if they persist, definitely wa your physician[5]
S-shaped, which comes from the shape of your lower intestine[6]	**Black, tarry stools or bright red stools**m bleeding in the GI tract; black stools can al certain medications, supplements or consu licorice; if you have black, tarry stools, it's evaluated by your healthcare provider
Quiet and gentle dive into the water...it should fall into the bowl with the slightest little "whoosh" sound – not a loud, wet cannonball splash that leaves your toosh in need of a shower	**White, pale or gray stools** may indicate a which may suggest a serious problem (hepatitis, cirrhosis, pancreatic disorders, o blocked bile duct), so this warrants a call to physician; antacids may also produce whit
Natural smell, not repulsive (I'm not saying it will smell good)	**Yellow stools** may indicate giardia infectio gallbladder problem, or a condition known syndrome – if you see this, call your doctor
Uniform texture	Presence of undigested food (more of a co accompanied by diarrhea, weight loss, or o in bowel habits)
Sinks slowly	Floaters or splashers
	Increased mucus in stool: This can be as inflammatory bowel disease like Crohn's di ulcerative colitis, or even colon cancer, esp accompanied by blood or abdominal pain

Does Your Stool Have a Really Bad Odor?

If your stool has an extraordinarily bad odor, it should not be ignored. I am referring to an odor *above and beyond* the normally objectionable stool odor. Stinky stool can be associated with a number of health problems, such as:[7]

19. A malabsorptive disorder
20. Celiac disease
21. Crohn's disease
22. Chronic pancreatitis
23. Cystic fibrosis

Cystic fibrosis (CF) is a disease caused by a defective gene that causes your body to produce abnormally thick, sticky mucus, which builds up and causes life-threatening lung infections and serious digestive problems. Most cases of CF are diagnosed before the age of 2, so this is more of a concern with infants and toddlers.

Speaking of malodorous things, what about gas? *Passing gas* (flatulence) *is normal.* Not only is it normal, it's a good sign that trillions of hard working gut bacteria are doing their jobs. People pass gas an average 14 times per day – anywhere from one to four pints of it![8] Ninety nine percent of gas is odorless, so you may even be unaware you're passing it. Think about it – were it not for an exit, we'd all blow up like balloons!

How Often Should You Move Your Bowels?

Normal bowel habits vary. When we talk about regularity, what we're really talking about is *what's regular for you*. Three bowel movements per day to three per week is considered the normal range.

What's more important than frequency is the ease with which you move your bowels. If you need to push or strain, something is off – moving your bowels should take no more effort than urinating or passing gas. The thing to watch for is a sudden change in your bowel habits. Many factors can affect regularity, such as diet, travel, medications, hormonal fluctuations, sleep patterns, exercise, illness, surgery, childbirth, stress and a whole host of other things.[9]

Constipation and Diarrhea

video at website

The average body takes between 18 and 72 hours to convert food into poop and pass it on out. When this time is significantly shortened, the result is diarrhea because your intestine doesn't have time to absorb all of the water. Conversely, when transit time is lengthened, you may end up constipated because *too much* water has been absorbed, resulting in hard, dry stools.

Constipation is defined as passing hard, dry stools that you have to strain to move, and it's typically accompanied by decreased frequency of defecation. Straining is not normal, nor are experiencing feelings of incomplete elimination, bloating, crampiness, or sluggishness after going number two. If you're over the age of 65, your risk of becoming constipated increases significantly.

Chronic, untreated constipation can lead to fecal impaction,[10] which can be a serious medical condition. Laxatives should be avoided at all cost and used only as a last resort. If you absolutely must use a laxative, make sure it is used for only a very short period of time.

<table>
<tr><th colspan="2">Common Causes of INCREASED Bowel Frequency/Diarrhea[11]</th></tr>
<tr><th>Lifestyle</th><th>Diseases and Conditions</th></tr>
<tr><td>Eating more fruits and vegetables (increased fiber)</td><td>Hyperthyroidism (overactive thyroid)</td></tr>
<tr><td>Increased exercise</td><td>Crohn’s disease</td></tr>
<tr><td>Drinking more water</td><td>Ulcerative colitis</td></tr>
<tr><td>Emotional stress</td><td>Celiac disease</td></tr>
<tr><td>Food allergies</td><td>Irritable bowel syndrome (IBS)</td></tr>
<tr><td></td><td>Medication side effects</td></tr>
<tr><td></td><td>Gastrointestinal infection</td></tr>
<tr><th colspan="2">Common Causes of DECREASED Bowel Frequency/Constipation[12, 13]</th></tr>
<tr><td>Change in diet, less fiber, less fruits and vegetables</td><td>Pregnancy, childbirth, or hormonal disturbances</td></tr>
<tr><td>Emotional stress</td><td>Problems with the muscles or nerve in the intestine, rectum or anus</td></tr>
<tr><td>Ignoring the urge to “go,” travel and scheduling factors that cause you to hold it</td><td>Irritable bowel syndrome (IBS)</td></tr>
<tr><td>Insufficient exercise</td><td>Diabetes</td></tr>
<tr><td>Inadequate hydration</td><td>Hypothyroidism (underactive thyroid)</td></tr>
<tr><td>Calcium or iron supplements</td><td>Local pain or discomfort around the anus, such as from fissures or hemorrhoids</td></tr>
<tr><td>Drugs such as narcotic painkillers (codeine, for example), diuretics, antacids, antidepressants, and excess or overused laxatives</td><td>Less often: diverticulitis, intestinal obstruction, colorectal cancer, multiple sclerosis, Parkinson’s disease and spinal cord injury</td></tr>
<tr><td>Food allergies</td><td></td></tr>
</table>

How to Score a Home Run with Your Bowel Movements

Most gastrointestinal problems can be prevented or resolved by making simple changes to your diet and lifestyle. If you aren’t achieving poo perfection, or if you don’t feel right, then look at the following factors and consider making a few changes. These strategies will help reverse constipation or diarrhea, in addition to helping prevent recurrences.

- Remove all sources of gluten from your diet (the most common sources are wheat, barley, rye, spelt and other grains)
- Eat a diet that includes whole foods, rich in fresh, organic vegetables and fruits that provide good nutrients and fiber; most of your fiber should come from vegetables, not from

grains

- Avoid artificial sweeteners, excess sugar (especially fructose), chemical additives, MSG, excessive amounts of caffeine, and processed foods as they are all detrimental to your gastrointestinal (and immune) function
- Boost your intestinal flora by adding naturally fermented foods into your diet, such as sauerkraut, pickles, and kefir (if you tolerate dairy); add a probiotic supplement if you suspect you're not getting enough beneficial bacteria from your diet alone
- Try increasing your fiber intake; good options include psyllium and freshly ground organic flax seed (shoot for 35 grams of fiber per day)
- Make sure you stay well hydrated with fresh, pure water
- Get plenty of exercise daily
- Avoid pharmaceutical drugs, such as pain killers like codeine or hydrocodone which will slow your bowel function, Antidepressants, and antibiotics can cause a variety of GI disruptions
- Address emotional challenges with tools like EFT
- Consider squatting instead of sitting to move your bowels; squatting straightens your rectum, relaxes your puborectalis muscle and encourages the complete emptying of your bowel without straining, and has been scientifically shown to relieve constipation and hemorrhoids

Consider a Bidet

As a practical and affordable alternative to toilet paper, you might want to try a bidet. Bidets are the norm in Europe—no bathroom is found without one. Once you experience a bidet, you'll probably never go back to toilet paper! A bidet is refreshing in a way toilet paper will never be, is gentler and less irritating than wiping with paper, and reduces hand contamination. Whenever I travel it is one of the items that I miss most from my home. Nearly everyone that I know has received one just loves them.

The bidets pay for themselves in no time with the money saved on toilet paper, as well as helping save valuable environmental resources. You still need a sheet or two of toilet paper to dry yourself, but that is a tiny fraction of what you would need to clean yourself. But more importantly they clean your bottom far more effectively than simply using dry toilet paper. They are easy to install, as no plumbing is required. I've made my favorite bidet available in the Mercola store.

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[+] Sources and References

1 EverydayHealth
2 OnlineSchools
3 Gapsdiet.com

4 Ezine Articles
5 Mayo Clinic
6 Oprah (and Dr. Oz)
7 MedlinePlus
8 National Digestive Diseases Info Clearinghouse (NDDIC)
9 New York Times October 11, 2011
10 Intelihealth
11 Mayo Clinic
12 NDDIC
13 Gastro.org

Thurs. Feb. 21, 2013
SUBJECT: Missed the WHOLE monumental snowstorm…LOWEST POINT OF CYCLE 2-2nd Neulasta shot working

I am told I'm still not getting my point across to you all...there will be NO COST for anyone to receive THE FAMILY AND FRIENDS COMPUTERIZED RECIPE BOOK, by both hard copy and a computerized file. However, to get them, you DO have to submit recipe(s) to me!!! For those who want to contribute, you will receive a copy of the book (of over 2,500 recipes) which even if you never wanted to cook any of the recipes, it is fun to read some of the "stories" associated with those recipes. In addition, you will receive a thumb drive with a file of those recipes. If you want to put FileMaker Pro 12.ov 3 Software on your computer THEN you will have those recipes in a COMPUTERIZED recipe book! You can then choose to "hide" the recipes I'd be supplying, pick some you like, or ADD YOUR OWN RECIPES to start creating a family COMPUTERIZED recipe book for you OWN FAMILY's legacy. This takes care of the problem of only 1 person getting and having access to Grandma's Cookbook. You can search for a recipe by name, ingredient you have in your pantry that you want to use, change recipe size, etc. So, again, if you're receiving this, it means you are on my "Groupie E-mail List" so are invited to participate. I do need your recipe(s) quickly, though! Let's say by March 1st at this point...

Tues. I endured the "weebie-jeebies" of coming off the 9 Prednisone tablets a day...where the insides feel like they're pulsating, creepy things are crawling, etc.

Tues. night I went to bed at 7 PM and slept all the way through until Wed. noon. That was the rain storm. I was feeling pretty well at noon so was congratulating myself. After lunch, I went to lie down, and THEN it started. Elio Greico was to come over to do some work and I was in so much pain, I thought, "Oh, great, Elio is going to come over and find I've had a heart attack..." then it hit me, the 2nd Neulasta shot was starting to kick in. In the first cycle, after receiving it in the afternoon, from early evening to the next morning, I was in great large bone pain. This cycle, I never had any effect from the shot initially. THEN, it started yesterday afternoon to kick in and "do its thing" of increasing the WBC count. I was in SO MUCH PAIN in the sternum I thought was having a heart attack. So, I spent the whole rest of the day, all night long and until noon today, just getting up to eat and drink and be sure I was staying on a regular schedule with my Citrical and "feeding" the downstairs with easy protein/calcium like cottage cheese, yogurt. I'd lie in bed, as still as possible, to try and discourage muscle "Charlie Horses" like the outer toes curling inward. I'd be so still that when I woke up again, my arm or leg would be asleep and I'd think, "Am I having the side effect of losing feeling in my limbs (neuropathy) ...then I'd think "normal La Rita..." you've been sleeping on it for a couple of hours, you've just lost the feeling in it. However, today I have had some right fingertip "tingling" so make sure I massage them to keep them stimulated. With the afternoon, the big snowstorm came. Yep, I missed the whole thing except what I saw on TV. It did become real today when I went for my first 2nd cycle Blood Draw this morning and saw the mountains at Cave Creek ALL SOLID SNOW!I I thought I'd been beamed up by Scotty to my townhouse in Manitou Springs, CO and was hence looking at Pike's Peak!!! So, yep, I was pretty much in bed for 48 hours, except for getting something to eat or drink...whether there was a landmark weather event or not.

I found out I've been miscounting the cycle days. The medical community counts as Day 1 of a Cycle the first day of chemotherapy. So, when I hit the lowest point, of lowest WBC count is Day 7, when the lack of the Prednisone causes the body to collapse, on a Wednesday, after the previous Thurs'.s chemotherapy infusion.

My blood counts for Day 8 of Cycle 2 were better than for Day 8 of Cycle 1: Hgb 10.0; 9.9 (12.0-15.5 being normal), Hct 30.0; 29.6 (34.9-44.5 being normal), RBC 3.17; 3.21 (3.68-4.88 being normal), MCV 94.6; 92.2 (82.7-96.8 being normal), RDW CV 16.5; 13.0 (11.9-15.5 being normal), WBC 1.4; 0.05 (3.4-10.6 being normal), platelet count 159; 65 (149-375 being normal). There was a concern on the draw nurse's part about the Abs Neut being only .38 and that they might have me come back in for another type of shot, not quite as strong as Neulasta. I'm REALLY glad they didn't. I don't want to take anything more than I have to, and intuitively, I feel like since I was better than at this same point in Cycle 1, that my intuition about when and how to "feed" WBC and then the RBC (getting on lots of beef) can't be completely wrong. I've got to be masked when "out" for awhile to try and prevent "exposure." I'm REALLY trying to be able to stay on my every 3 weeks of Chemotherapy Infusions and not have to be kicked back for a week's "wait" because of my blood scores not being good enough.

Oh, by the way, don't "cut yourself with a paring knife when you're taking chemotherapy"...STUPID, STUPID, STUPID...I mean the chemotherapy knocks the clotting agents AND the WBC for infection control...Fortunately, I did it early enough last weekend to not cause myself harm.

I've also learned something about Whirlpool Baths. I have gotten so much bone and muscle relief by being able to use my whirlpool. I had pretty much thought that whether you used liquid Bubble Bath/Bath jells or salts were six one and half dozen the other. NOOP, when you're talking about serious pain relief, the product needs to contain EPSOM SALTS. Hence, Bath and Body Works will no longer be getting any business from me.

This afternoon, my bones finally stopped hurting. So, I should now start on an upswing for Cycle 2 for the next 10 days or so.

I leave you with this Mindbloom thought for the day, and probably the weekend...

Play some today. “The opposite of play is not work. The opposite of play is depression.”

–Steve Keil

Friday, February 22, 2012

SUBJECT: 20/20 Special tonight-"Poor Pitiful Pearl"-hair loss and taste change

Well, I hadn't planned to post again so soon, but since several of you have commented about how much you were learning from me, I didn't want you to miss out on ABCs 20/20 Special Tonight about Robin Robert's experience, called "Robin's Journey." The teaser today had Diane Sawyer asking her how she dealt with the "down" times and Robin replied, "Put the left foot forward, put the right foot forward, BREATHE" and repeat. When asked how it had changed her life, Robin replied, contrary to what we've always done as news people, I only concentrate on the NOW. So, right NOW, I am visiting with my long-time friend...The show is to be aired tonight, at 10 PM (Eastern standard time, I think).

I forgot to mention, that contrary to being strong and independent, I was advised that when dealing with the Long Term Care Insurance and the monthly telephone call of the Nurse Care Coordinator, you want to be "Poor Pitiful Pearl." You want to try and look into the future month and see what problems you might encounter, because even though you can always call the Nurse Care Coordinator and have the plan changed, if you're not feeling well, that would just be another hassle to have to deal with. So for example, the nurse care coordinator was going to put me down for 6 to 8 hours per day care. Well, I know that in the next month I will have to have the ERCP day surgery procedure again. If that is scheduled late in the afternoon, I could very well need someone to drive me, be with me, etc. for 12 hours, so the nurse care coordinator already put that into the plan NOW, so I wouldn't have to "call back" and get it pre-approved, etc. When doing this, have your vocal tone and inflection MATCH with "Poor Pitiful Pearl"....

This Cycle 2 has brought more hair loss. It is not like Male Pattern Baldness; we're talking spontaneous areas of clumps falling out from odd locations on the scalp. Again, I'd recommend shaving the head before any of this begins. It's disheartening seeing hair the length of eyelashes on the pillow; I can't imagine the distress if you waited and saw gobs of long hair on the pillow.

My biggest aggravation is the loss or change in taste, being the "foodie" person that you all know that I am. I haven't been able to figure out what "sense" has changed. Sometimes it is just a metallic taste in the mouth. Also, metallic smell coming from the skin, at times. So, I only buy foods in VERY small quantities, because you don't know when something is going to "change" and you wouldn't be able to stand the taste or smell of certain foods. I keep remembering the Integrative Health doc’s advice to only have nausea or vomiting of foods you don't like, not ones that you do, or you'll never be able to eat them again. I'm thinking that could transfer to smells, too, so I'm limiting the cooking that is being done in my house, in favor of having foods cooked elsewhere at friends' homes or from a restaurant, and being brought in.

I'm feeling WELL today. Doing my work. Having an early business dinner with some of the Biltmore Shores Residents tonight. Will be at the restaurant before the big crowds arrive, in a quiet place, away from potential crowds or drafts.

For the weekend, let's enjoy Anne-Steurt Vaughan's link to "Stand by Me" again...

http://vimeo.com/moogaloop.swf?clip_id=2539741

My love and thankfulness and appreciation for you all "standing by me..."

Saturday, March 2, 2013
SUBJECT: Report of Integrative Health Consultation, 2nd Blood Draw Report of Cycle 2

I cannot express enough my appreciation for the caring and response of the medical people overseeing my care at Mayo Clinic. In my last post, I was lamenting my lack of taste for certain elements of food. My Pancreas Specialist doctor, who is on this "Groupie E-mail list," sensed my angst about the issue, and immediately e-mailed me back about the problem:

I have a lot of respect for what you are going through.
I am looking forward to our visit in a few weeks.
Hang in there, the taste will come back

You will remember the long post it took me over 3 hours to compose, about the consult with the Complementary and Integrative Health specialist who trained under Dr. Andrew Weil at the University of Arizona. This week I got the hard copy of HIS report (which had been posted online where I had viewed it some weeks ago...another great thing about Mayo Clinic, each patient has online access to all of the lab reports, x-ray reports and consult reports, etc. within just a few hours of their being completed). I knew it would be easier for me to type for you his comments from that consultation when I had the hard copy with bigger print to type from, so here goes the excerpts from that, which I hope will be of assistance to you followers of this journey:

1. Nutrition
I went over the Mediterranean Diet, explaining it is also known as the anti-inflammatory diet. [La Rita's note: this is the same diet that a study this week says results in a 30% reduction in heart related problems.] The emphasis is on food first and to use supplements to fill in where the diet is inadequate or for specific indications. I gave her several handouts on the diet. It involves fish, fish oil, fiber, whole grains, low glycemic index foods, soy nuts, fruit, vegetables, olive oil, nuts, **avoiding** partially hydrogenated oils, high-fructose corn syrup as much as possible, to eat red meat once a month or less. Supplements which she may find helpful are Vitamin D to maintain a Vitamin D level between 50 to 60. I gave her a chart of calcium content of common foods with a goal of trying to consume 1200 mg of elemental calcium, and if not through foods, then through a supplement such as calcium carbonate. Fish oil should supply a combined amount of EPA plus DHA of at least 1000 mg per day.

Supplements which may have some additional effect on malignancies include tumeric 1000 mg twice a day or curcumin 350 mg twice a day, EGCG 500 mg daily, Indole3-carbinol 400 mg daily, and Resveratrol 500 mg daily. These are antioxidants, and there is some concern they may decrease the effectiveness of chemotherapy, although this has not been shown in studies. There are some studies suggesting individuals who take them do better tolerating full courses of chemo, or full courses of radiation, but she will need to discuss this with her doctor. If he would prefer not to use them during chemo, she could start them after the chemo courses have been completed.

2. Exercise
Exercise has additional benefits in cancer treatments. The goal is about 30 minutes a day in some type of aerobic activity such as walking, swimming, riding a bike.

3. Stress Reduction
Her stress has improved since the first day she was told about the malignancy. She has a very good attitude not letting this news bring her down. Her parents owned funeral homes, and she was raised to be independent. We discussed mind-body therapies as ways of decreasing the physical effects of stress. These include prayer, meditation, yoga, tai chi, breathing exercises, biofeedback and exercise itself. Went over mindfulness activities such as observation, and demonstrated the "Mayo Clinic Meditation" app which may be downloaded from the I-tunes store to the I-Phone or I-Pad, which uses paced breathing meditation. I suggested that if she gave it a try she should use it twice a day for about two weeks.

4. Integrated Medicine
Health is comprised of physical, emotional, mental, spiritual, and community aspects. Physical health, referring to conventional medicine evaluations based on measurement, blood tests, x-rays, examinations, etc. are a smaller part in overall health than most people realize. Not all health problems are explained by conventional testing.

Emotional health refers to the effect of stress on health through the sympathetic nervous system. Mind-body therapies may be helpful to decrease the effect of stress.

Mental health is from the effect of neurotransmitters manifested in target symptoms of depression or anxiety. She has no symptoms to suggest that she has a problem with depression or anxiety.

Spiritual health refers to what gives her life a sense of meaning and purpose. We discussed how life and health changes can affect these activities. The goal is always to have a robust sense of meaning to one's life despite these changes.

Wellness as an individual comes about by working within each of these areas in an integrated manner in conjunction with exercise and nutrition. I answered several other questions for the patient. I would be happy to see her again in the future if she has additional questions for me.

Thurs. I had the 2nd blood draw for Cycle 2 of Chemotherapy. The first number given is for the 2nd blood draw of Cycle 2; the second number is for the 1st Blood draw on Cycle 2 done last week, and the third is for the comparable 2nd blood draw for Cycle 1 done last month, and the numbers in the parentheses are the "normal" range when one does not have chemotherapy bringing the scores down:
Hgb 9.8, 10.0, 9.5 (12.0-15.5)
Hct 29.6, 30.0, 28.6 (34.9-44.5)
RBC 3.04, 3.17, 3.07 (3.68-4.88)
MCV 97.4, 94.6, 93.2 (83.7-96.8)
RDW CV 18.2, 16.5 13.5 (11.9-15.5)
WBC 8.4, 10.4, 10.4 (3.4-10.6)-White Blood Cells, what the Neulasta injection helps to bring up
Platelet Count 244,159, 469 (149-375)
Neutrophilis Absolute 5.02, 0.38 (1.40-6.60)-This was the most worrisome score last week.

Lymphocytes Absolute 0.88, 0.46 (1.00-3.40)
Monocytes Absolute 1.58, 0.25 (0.20-0.80)
Eosinophils Absolute 0.23, 0.26 (0.00-0.40)
Basophilis Absolute 0.13, 0.01 (0.00-0.20)
Nucleated RBC 0.2, 0.0

Thus, I am still pleased with what I trying to do diet wise, combining research with my own intuition as to what my body is needing, compared to what I would do with certain symptoms for "normal La Rita" not just automatically putting something off as "chemotherapy side-effects.”

An annoyance is not figuring out how to automatically know how to balance things with a bald head . My cousin Kristin Allen told me that my bald head needs fresh air and sunshine for Vitamin D. It still amazes me to find out how much hair makes difference to keep one from feeling too cold. Barbara Mullalay and I walked down to Frank and Albert's at the Biltmore Hotel for an early dinner the other night. All was fine going down in the sun. Coming back just after dusk I felt SO cold, so double wrapped one of my prayer shawls around my head. We got back to the Guard House and Bill Lockridge, a friend and one our guards, was there and we all decided with my bald head peeking out and the way I had my head wrapped I looked like one of the 7 Dwarfs. I'd like to claim that I was Happy, but I probably looked more like Dopey. But as Janet Jackson said, when she heard the story, just be glad you weren't Sneezy (which would keep me from being able to be healthy enough to stay on the regular therapy for the chemotherapy infusions).

The opposite happened when Barbara, Janet and I went to lunch. It seemed cool enough to me. However, the sun got too hot for my head and neck, so I draped a white napkin over my head and neck, holding it in place with the arms of my eyeglasses. Now, in THIS case, another lady who HAD hair, did the same thing in the restaurant when she saw me do it. Anyway, we decided that that way, with my bald head, I looked like the Flying Nun.

Folks, with these things you gotta keep a sense of humor and "do what you gotta do" in the situation as your body dictates...

The past two nights have been irritating, as I've been awakened from a deep sleep with intense "Charlie Horses" so that I would have to try and jump out of bed (hard to do with one calf and foot all cramped up) to be able to walk it off, then go back to bed to get to sleep again, then have it happen a few hours later, all over again. Have also had some intermittent "tingling" in my fingertips, which would be a precursor to neuropathy, so I immediately start massaging the fingers, palms and hands to keep those nerves "stimulated" and eliminate those symptoms.

Again, if you are receiving this message, I'm inviting you to send me a recipe(s) for the Family and Friends Cookbook. You will get a hard drive so you can "hide" all the recipes I've put in but your OWN family's recipe(s), so then you can continue on with making a computerized recipe book for your OWN family members. No longer would only one person have access to "Grandma's Cookbook and Recipes. Everyone can equally share in them. I am "caught up" on all the ones you're sent me. If you've sent them to me in the last month and haven't gotten the copies back from me for you to "proof," be sure and let me know, in case "Chemo brain" caused me to file your e-mail into the wrong Mailbox and it got "lost" and I didn't get it input. (Yep, I'm asking you guys to be my "back-up" here!).

If you haven't gotten around to sending me your recipe(s), go ahead and do so. We're focusing on getting the Genealogy part of La Rita's Legacy Projects done first, so that gives you procrastinators a "little time" to still get me your recipe(s).

Monday, March 4, 2013
Curiosity Killed the Cat…THANK YOU Dr. K!!!!!

Today I had the first PET Scan, since I'd started chemotherapy treatments. I don't meet with my oncologist until Wed., when I'll get the full details so can explain where I am more coherently, with the actual radiologist's report in my grubby little hands, to be more accurate to you all.

As soon as I got out, I e-mailed my pancreas specialist, to alert him that I had completed the scan and asked him to give me a report, if he had the time, so I wouldn't have to wait two DAYS in order to know SOMETHING! He was kind enough to call me back awhile ago and tell me, if I understand him correctly and wasn't still in too much of a shock from when I got back to my car from having had it done this morning...that the lymphoma tumor had disappeared!!!!!!!

Wed. is when I have my next blood draw and have the appointment with my oncologist to see if my blood has recovered enough for me to have the 3rd Chemotherapy Infusion this Thurs. I anticipate that my blood will be good enough, since so far, I've been able to generally "beat" my comparable blood draw scores from Phase 1 as compared to this Phase 2, and I am feeling well.

I thanked Dr. K for taking the time to call me. He expressed sympathy for how stressful it was to wait for results. He said, "This is what we're here for." Have I said how much I APPRECIATE the support of my personal medical team?!!! He was glad I'd e-mailed him so that he'd know the scan had been done. He said it only drops into the In Box of the doctor that initially ordered it, which would have been the oncologist. He said he was so happy for me.

On another matter, when I mentioned about the leg cramps, etc. I was reminded by Dr. R. Ray Battin and Dr. Ann Moon about a Dr. Gott hint I'd heard years ago and had forgotten about. That is to put a bar of soap under the sheets to relieve Restless Leg Syndrome, leg cramps, etc. I can't remember the exact brand of soap, [I have the clipping in Amarillo in my files] although I'm leaning toward Dove, as it was one I didn't use and Ivory is one I have used. Dr. Gott's online site isn't giving a brand name. This is a different link that Dr. Moon sent regarding this, which she said has worked for her:
http://www.peoplespharmacy.com/2012/08/05/how-does-soap-soothe-cramps/
This is a non-invasive technique and HAS worked for people if anyone is needing it. I'm gonna try it when I have the Neulasta shot "doing its thing in my bones" in Cycle 3.

I will try and give an accurate accounting Wed. night on how things will be tweaked. The surgeon told me that when he had talked to some of the oncology doctors, they had hoped the tumor would just disappear. So, I will know more details Wed. I don't know if I'll post on Wed. or Thurs. next. I may wait until after the anticipated 3rd Chemotherapy Infusion to post. I DO know that no matter how the PET Scan looks, I WILL have to go through ALL 6 Chemotherapy Infusions.

Thank you, God, for this news. Thank you to ALL of you for your prayers and written good wishes. I am a Christian, but I know I have been sent support from folks of all religious beliefs. I am SO BLESSED. Thank you, thank you, thank you!!!

Wednesday, March 6, 2013
I am cancer free!!!!! PET Scan Summary; Visits with Kevin Morrison, Dr. R and Dr. K

Today was a 5 1/2 hour day of meetings for the 3rd Chemotherapy Infusion tomorrow and the plan for the month.

First was the blood draw. I won't have the print-off until tomorrow, but I did note that the Red Blood Cells were 10+ (which beat the 9s at this same point in Cycle 1)...GO eating pot roast or steak for the cycle when coming out of the low point for white blood cells to get the red blood cells up high enough for a next scheduled chemotherapy infusion...

Second was meeting with Kevin Morrison, the research associate for the Trial I'm in.

Here's the written summary line from my PET Scan that was done on Monday:

Scintigraphic resolution of the pancreatic lymphoma mass that was present on 01/11/2013. PET CT is negative for hypermetabolic neoplasm today.

Next was the meeting with Dr. R, my oncologist. He was just beaming at my PET Scan report. He said I have no cancer anywhere. It is just the same as if it were last summer. He said no more than 20% of the people with the type of lymphoma I had would have the cancer gone with just 2 chemotherapy infusions. I had told him before the 2nd infusion, that the Sunday before, when I was just reading my Phoenix Magazine, Texas Monthly Magazine, etc. (IOW, I wasn't praying or meditating) that all of a sudden the thought just came to me "I am healed." I still have to do the other 4 chemotherapy infusions for a couple of reasons, to keep knocking out anything that might be below what could be detected by any known medical tests AND to provide data for the clinical trial I'm in. Hopefully, for example, data might be able to show for future patients that if they have no cancer with the

PET Scan after 2 chemotherapy infusions, then they might only have to do a total of 2 more chemotherapy infusions, instead of 4. We prayed, thanking God for healing, the skill and talent of the drug companies that developed the drugs, Dr. R and all of the other medical personnel and their skills that have contributed to the outcome, and to pray for this Cycle 3 infusion and the next 20 days after it. Dr. R said that if no cancer shows up through the other repeat PET Scans to be done through the process of the next 4 chemotherapy infusions, that I would have a 75% chance of the lymphoma never coming back again in my lifetime.

The last visit was with Dr. K, my pancreatic cancer specialist. We both did the "Happy Dance." He said he was so glad the report was good when he called me about it on Monday, that it would have been a lot harder to call me if it had been larger. I told him I would have still wanted to know on Monday, to not have to wait until today to get the results. He said it usually takes time to get info. I said, "Not if I crack the whip!" He laughed. (YES, I told him how much I appreciated his taking the time to look the results up and get back with me.) Dr. R and he clarified that the caner had started from a lymph node, OUTSIDE of the pancreas, and that it had penetrated the pancreas as well as the bile duct and the small intestine. Dr. K. said that pancreatic cancer all looks the same during an ERCP (when the doctor originally diagnosed me with pancreatic cancer). He said it was the biopsy of the ulcerated tissue of the lymphoma that allowed the diagnosis to be further refined. Dr. K said they don't know what causes Pancreatic Lymphoma. They think it is a combination of genetics and environment, the latter possibly being related to a virus, like mononucleosis. The analogy was made to chicken pox, in which the virus is carried in the body and can then manifest as shingles later in life. I don't know that I ever had mono myself when a teen or young adult, but I do know that I was exposed to a lot of mono in that time period. Dr. K. said that I didn't have the lymphoma with my Jan. 2012 annual physical. He thinks that it had formed within 2 to 4 months of my Jan. 2013 annual physical. He said if I had delayed my annual physical, even just for a couple of months, I would then have been in pain and might have started being jaundiced with it being more advanced. So, take heed folks, DO YOUR ANNUAL PHYSICAL EVERY 12 MONTHS...that is what ANNUAL means...don't put it off because "you're busy" or to "save money." I asked Dr. K. how many kinds of pancreatic cancer there are. He said basically 3, that 95% of the people have adenocarcinoma of the pancreas (where you have to do chemotherapy, then radiation, then surgery with the "Whipple."), 1% have endocrine related to insulin, 1% the type I had, lymphoma of the pancreas, then the other 2% are even rarer types. Dr. K. said they have several new adenocarcinoma of the pancreas patients a MONTH at Mayo but that they've only had maybe 3 of my lymphoma of the pancreas in the last 3 YEARS. He said if the lymphoma ever did come back again, that it would just mean doing chemotherapy again.

I told Dr. K and Dr. R that I was developing a "protocol" to help people know how they could get through the Chemotherapy easier and more successfully. Dr. K is the one who is following things on my "Groupie E-mail" that I'm sending you all. He said he liked the educating that I'm doing. He said that he'd like to join me in writing "How to Navigate the Medical System," but doesn't want to do it until I'm all through all of the treatments and am "thinking clearly." I mean, REALLY, that I'm not thinking clearly??? :-)

We discussed the "soap issue" for Restless Leg Syndrome. I had it backassward in my last post; I thought you were supposed to USE Dove, but Janet Jackson, found a reference that you are NOT supposed to use Dove or Dial soaps. Any others work. Dr. K said that they used to be able to prescribe quinine for Restless Leg Syndrome but that the FDA has since come out with a warning against it. So there is nothing to prescribe for it. He said he's had patients ask him about the "soap" technique. He's told them it would not hurt anything to try it. He said of every one of his patients that have tried it; it has worked for them. So, here is the reference that Janet Jackson found:

Leg cramps really hurt and imagine if you're sleeping and you get a leg cramp so bad that it wakes you out of a sound sleep. Horrible, excruciating pain that keeps you awake until it goes away. Here are some home remedies to get rid of and prevent leg cramps.

Soap Under the Sheets

Here's a strange one for you. Soap under the sheets. There is no scientific explanation why this works but many readers of the book, *Best Choices from the People's Pharmacy*, have said that this home remedy works well for them. Basically what you do is take a bar of soap, any bar of soap will do except Dove and Dial, unwrap it and stick it under the bottom, fitted sheet where your calves would be. Make sure to replace the bar every month or six weeks and make sure to check every night before going to bed that the soap didn't fall out.

Apparently, the cheaper the soap, the better. I know this remedy sounds unusual but a lot of people have tried it and say it works great for them. Try it! You have nothing to lose but leg cramps.

Tomorrow is Chemotherapy Infusion #3. Please pray for me and Dr. R by name, asking for good appetite, sensation in my hands and feet, good hearing, calmness and continued good health.

Thank you God and all of the people whose brains and skills have led to my recovery. Thank you for the support I have received by prayers, texts, e-mails, notes and cards.

Tuesday March 12, 2013
SUBJECT: Chemotherapy Infusion #3; Leukemia and Lymphoma Conference

It was not until I got to Chemotherapy Infusion #3 that I got my actual blood draw counts to see how I stood, compared with End of Cycle 2 infusion compared to End of C year Infusion...**again I knocked it out of the ball park: it is generally expected that blood scores should get worse with each progressive infusion, NOT better.**

Before Chemotherapy Infusion #3 is the first number, Before Chemotherapy Infusion #2 is the 2nd number, and "normal range" is the last number:
HGB 10.7; 9.9; [12.0-15.5]
HCT 32.1; 29.6 [34.9-44.5]
RBC 3.31; 3.11 [3.68-4.88]
MCV 97.0; 95.2 [82.7-96.8
RDW CV 18.5; 16.5 [11.9-15.5]
Platelet 287; 616 [149-375 x10(9)
WBC 5.8; 8.4 [3.4-10.6 x10(9)
Abs Neut 3.71; 5.50 (1.40-6.60 x 10(9)
Abs Lymph 1.09; 1.15 [1.00-3.40 x 10(9)
Abs Mono 0.85; 1.28 (0.20-0.80 x 10(9)
Abs Eos 0.05; 0.03 [0.00-0.40 x 10(9)
Abs Baso 0.08; 0.08 [0.00-0.20 x 10(9)

A chemotherapy infusion cannot be considered successfully completed until one reaches the day before the next scheduled chemotherapy infusion to asses the blood counts and see if they are "acceptable" to proceed on to the next chemotherapy infusion. If they are not "good enough" the infusion has to be postponed, usually at least a week. The whole goal is to try and stay on schedule!!!

Chemotherapy Infusion #3 was done in 5 1/2 hrs. on Thurs. Mar. 7th.

I sent a short e-mail to the various medical professionals who are supporting me, telling them that I was cancer free after the first two chemotherapy infusions and that I'd gotten #3 into my body. They would not be getting these reports unless I told them that they were available.

My main physician responded:

Great. Glad to hear it.

Bob

My gastroenterologist responded:

It's so nice to get good news from and about you.

Dr. S

The doctor who originally diagnosed me with the pancreatic cancer, Dr. H said:

Congratulations!

My surgeon responded:

That's awesome news! Keep up the positive work!

David

As I already told you, my pancreatic cancer specialist was kind enough to give me an early report on the PET Scan so that I didn't have to wait 48 hours for it.

Fri. Mar. 8th I went to the hospital for the Neulasta shot.

Sat. Mar. 9th Janet Jackson, a former Biltmore Shores neighbor who now lives in Greenwich, CT went to the Leukemia and Lymphoma Conference with me. I had previously attended such an event at M.D. Anderson with my late cousin's wife, Coralie Milum, who lived with Chronic Lymphatic Leukemia (CLL) for 25 years.

After getting the required 17 pills downed, I really just wanted to go back to bed and not go to the 7:30 am conference but went on anyway.

The following are my attempts at accurate notes from the Conference. The slide handouts were not to be available until Monday but when I called to get them, the conference didn't know if they'd get them or not. So, please forgive any errors. I'm trying to be accurate with this account.

The first session was with **Thomas Miller, M.D, The University of Arizona Cancer Center speaking on Lymphoma Overview**: Lymphoma is a cancer of certain types of white blood cells called lymphocytes. These cells circulate throughout the body in the blood stream in the lymphatic system. It is a network of vessels and organs that produce, store and transport lymph through the body. If a white blood cell becomes malignant, it can be anywhere in the body. The term antigen means a protein expression. In the US, there are 500,000 people living with lymphoma. It is the 5th most common cancer in women and the 6th most common cancer in men. There is a 3-4% increase per year. It can be related to insecticides, pesticides, auto-immune diseases such as rheumatism. Inflammation goes to B Cell Proliferation, then DNA Breakage, which can be impacted by omogene translocations, then to Lymphoma damaged cells survival. Immune Defects impact at the Lymphoma damage cells survival level. DNA is code for protein that is produced.

"Diffuse" lymphoma means the slide that is looked at looks like a "sea" of cells; diffuse does not refer to it's being diffuse throughout the body.

"Large" means there is more space around the cells as you look at them on the slide.

The Ki67 Antibody tags cells that are about to divide.

Lymphoma is a GROUP of diseases. There are 10 main kinds of lymphoma but there are now more than 80 kinds that have been identified. Follicular Large B-cell is the most common. Diffuse Large Cell B is the second most common kind.

LDH needs to be elevated.

Survival charts in textbooks and on the websites are WAY outdated, showing study results of 20-25 years ago; i.e. Stanford, where they only did radiotherapy, had everyone die within two years and ALL of the cancers came back.

The cure rate now is 90% in five years, compared to 20% then 50% in years past.

Being in a clinical trial is the best hope for long term survival.

We were in a 3 ballroom complex for this conference, in a room packed with people, half of whom were patients and half were accompanying relatives or friends, for several hundred people. The question was asked how many people in the room were in a clinical trial; **there were only 4 of us**!!!! I was in shock that there weren't more. But at a session later in the day, they said that only 3-4% of patients in the US are involved in clinical trials, whereas in Europe 80% are enrolled in clinical trials! Again, the best hope for long term survival is to be involved in a clinical trial. My thinking was if they were already going to throw a bunch of toxic chemicals into my body, what was one more?

Robert Dorr, PhD, The University of Arizona Cancer Center speaking on Understanding Drug Therapies

Chemotherapy damages the cell to get the cell death machinery going, called apoptosis. Call your stock broker: **Abbot is the company in the forefront of this drug development.** It takes **$802 MILLION to bring a drug through the stages of development**. Phase 1 is at the Pre-human level and costs $364 MILLION. Phase II is the Clinical Trial level and costs $438 MILLION. Out of this trial, **only 1 in 5 drugs actually make it to market**. It takes 12 YEARS to get approved by the FDA. **A drug company's patent protection is running throughout this process, which only leaves the drug company 5 more years to recoup their $802 MILLION Research & Development cost of any drug**. No wonder these drugs have to cost so much.

Researchers are hoping to get breakthrough technology accelerated.

Retuximab is a monoclonal antibody... it helps the body's own immune system push cancer cells off the cliff to their death.

Another stock to buy is Seattle Genetics, which is working on Kinase Tyrosine Enzyme inhibitors.

For best therapy early on, one needs to get in a clinical trial.

Oliver Press, MD, PhD, Fred Hutchinson Cancer Research Center speaking on Clinical Evaluation

Stage I means one lymph node region or extra lymphatic site
Stage II means everything is on the same side of the diaphragm
Stage III means there is involvement both above and below the diaphragm

Stage IV means there is bone marrow or liver involvement

There are more changes going on in lymphoma treatment now than ever seen, even in the last 5 years. **For Diffuse Large B Cell Lymphoma they are always treating for a CURE!**
Sometimes chemotherapy with localized radiation is done. If there is a relapse, there is always the option of a Stem Cell Transplant of which there are MANY DIFFERENT KINDS now. I thought there was only one kind of stem cell transplant procedure.

Phase I drug study is for the Dose Finder
Phase II is for Efficacy and Safety [This is the phase of my clinical trial.]
Phase II id Definitive Benefit and randomized

Lenalidomide, my clinical trial oral chemotherapy study drug, is targeting the tumor cell and its...??? [wish I had the slide to get that note more complete.]

Q & A Session

A person asked how long it takes to get a 2nd opinion of specimens between facilities and they said it can take MONTHS, with some having to ask for original specimens, some having to be sent to other facilities for analysis, etc. Any 2nd opinions need to come BEFORE you start initial therapy or if relapsing, NOT after you've started any treatment of 1 or 2 cycles because you won't be eligible for a clinical trial until you've finished your initial therapy.

Cyclic fatigue is a major problem, meaning that one's fatigue level is expected to build up as you go from the first chemotherapy infusion to the last chemotherapy infusion.

They asked about the Mediterranean Diet. They said there is NO DIET that will make Lymphoma go away. However, because people with Lymphoma will live a long time, the diet may help prevent heart, kidney, and hypertension problems. IOW, **one will probably die of something else, rather than lymphoma.**

They have found Benten chemical can cause cancer. Also, people with cancer did WORSE if they took more Betacarotine, Vit E, Selenium, Vit C and Vit D in excess.

They asked what the effect of Obamacare would be on research. They said the NIH (National Institute of Health) grants would be down 10%. Multiple Institutions grants will be down 15-20%. They said it is not only a Federal Financial Crisis but also a State Financial Crisis because the states were having to get the money from the federal government. They said State Schools may have to become Private Universities to survive.

Jeremy Abramson, MD, MSc, Massachusetts General Hospital and Harvard spoke on Aggressive Non-Hodgkin Lymphoma

The 2013 Estimate US new Cancers were 70,000 which meant 30% for **Diffuse Large B Cell Lymphoma. It is a highly aggressive lymphoma. With no treatment, a person has weeks to months to live. WITH treatment, it is CURABLE, to one's natural life expectancy.**

The median age for DLBCL is 66 years but Dr. Abramson has patients from teenagers to over 100 year olds with whom he is working.

In 1997, there was a 50% cure rate for survival of cancer for 10 years.

In 1998, Rituximab got FDA approval and the cure rate went up to 65-70%

Most Diffuse Large B Cell Lymphoma occurs sporadically. It has nothing to do with what one ate, drank or smoked. It is just susceptibility due to HIV or hepatitis exposure, autoimmune suppression conditions like lupus or rheumatoid arthritis. Our B cells respond to virus we haven't been exposed to before...they are just like vaccines. B cells mutate in a NORMAL course of events, i.e., to fight a flu virus.

In 40% of cases, DLBCL will present with a fever of over 101, DRENCHING night sweats where a person actually has to wring out their clothes, and a greater than 10% weight loss when one hasn't been on a diet. If a person has PAINFUL lymph nodes it signals an infection. Non-painful lymph nodes signal lymphoma. With lymphoma, 6 months either was gives lymphoma the same treatability with no metastatic involvement. The treatment and sensitivity to the chemotherapy remain the same.

If a person has a solid tumor that is incurable by chemotherapy, it only has to be surgically removed. Lymphoma is only properly treated by chemotherapy with sometimes isolated radiation.

Important: Fine Needle Aspiration is NOT definitive enough for Diffuse Large B Cell Lymphoma. You need Core Aspirations to be able to get enough cells to put on a slide. Diffuse refers to within the biopsy itself, NOT throughout the body.

DLBCL is the most common form in the U.S.

There is a "Seed and Soil" theory that you could throw out cactus seeds in New England but the soil and environmental conditions would never allow for cacti to grow there.

Lenalidomide, my clinical trial oral chemotherapy study drug, is immune stimulating.

They always test to see if a person had Hepatitis B before they treat lymphoma.

CT scans look at structure.

PET scans are functional tests and show where sugar is collecting. 15% find disease that a CT scan won't pick up. No, sugar does NOT cause cancer. Sugar is fuel for ALL cells, particularly the brain. The liver will start MAKING sugar for the brain, if there is not enough sugar there.

If a person relapses, a CT will show up as well as a PET scan. If it is not definitive, then you can go on to a PET scan. But you cut a lot of radiation exposure by backing down to a CT scan. The first 2 years is the highest chance for relapse. For a complete remission, it can't be seen with the current tests that are available. **A CURE is a matter of time, after two years.**

Craig Reeder, MD. Mayo Clinic, my oncologist, was speaking on Hodgkin Lymphoma. I got in on just the Q & A part of his session, but it was like he had picked up from the Non Hodgkin Lymphoma of saying that a PET scan was of no value for surveillance.

Mayo wants to avoid overdose with radiation of a CT so only uses a LOW DOSE machine.

Dr. Reeder says that ALL of the Mayo Lymphoma group of Rochester, Scottsdale and Jacksonville hold a group meeting every two weeks to discuss cases, etc.

He said Mayo Clinic has started a Survivorship Clinic to help people monitor their health with colonoscopies, heart disease, infections and other cancers.

Thomas Miller, M.D, The University of Arizona Cancer Center speaking on Progress and Historical Trends in Lymphoma Research from 1977 to now.

As a person gets older, the immune system wanes. Age harms the immune system. Immunity to different diseases, infections and viruses is contained in the memory of lymphocytes. If one was exposed to mumps as a child, the immunity to the mumps is contained in the memory of specific lymphocytes, and lasts in that memory for a person's lifetime. However, the memory for bacterial infections only lasts for 6 years.

There is only one Hodgkin lymphoma. However, there are over 70 kinds of Non-Hodgkin Lymphomas with Follicular Lymphoma being the most common followed by Diffuse Large B Cell.

25 years ago there was only a 50/50 chance for a person to get the right therapy due to the lack of diagnostic accuracy

There were only 8 Indo-Histo (sp?) Chemistry machines whereas now, all hospitals have one.

Molecular Analysis of lymphomas for drugable targets are now being developed. No fine needle biopsy for lymphomas should be done now for that is only 20% accurate. You need a CHUNK of tissue to get an accurate diagnosis of the protein and DNA involved, then look at the individual patient.

For Aggressive Diseases Early Stage in 1977 with Chop, 204 pts. had

a 71% survival rate.
Stanford, which ONLY used radiation therapy for treatment from 1961-1976 had most people die within 1 or 2 years and the disease ALWAYS came back after just radiation, because is was not Hodgkin lymphoma.

In 1998, the CHOP chemotherapy treatment, sometimes paired with location radiation was used.

R-Chop was added. On the surface of each lymphocyte, there are big balls of spaghetti looking proteins which form a "factory of its own" to bring water in, nutrients in, take out wastes, going in and out of cells all of the time. CD20 is on all of the B cells EXCEPT the mother cells. **So using Retuximab doesn't injure the mother cells.**

In 2008, 80%-100% were alive at 7 years and didn't relapse until 4 years.

In 2008, in a study in British Columbia, everyone was put on R-Chop for 3 cycles if a negative PET Scan or 4 cycles if a Positive PET scan. The goal was 90% PFS at 5 years.

In 2009 Zevalin CHOP for 3 cycles and IFRT was used.

From 1979-2011, it cost $3,000 to bring drugs to patients and 63, 700 lives were saved.

Now governmental "safety measures" have been put in place, requiring multiple committees that have to approve changes in protocol, back and forth, at a cost of $1 MILLON, many time delays, and 0 lives saved but in AZ, probably 64 lives lost. Researchers hope to be able to get this process speeded up so that more lives can be saved.

Activated Lymphoma is determined by the Stage and 2 genes that are likely expressed by the tumor, which is the body's own response to lymphoma because the body can control it. Other genes are likely expressed by stromal cells in or near the tumor. IOW, **since I was at Stage 2, it meant that my OWN body's response system was still able and trying to fight off the cancer cells.**

TGFB regulates how fast cancers grow. More is under the body's control if in Stage 1 or Stage 2.

GCB does better than all ABC.

The University of Arizona Cancer Center looked at Diffuse Large B Cell Lymphoma patients and had 75% alive at 10 years taking into account of ALL deaths counts from ANY cause and with all cases, even if they had NUMEROUS relapses. So, don't look at the Internet to try and get accurate survival rate...that is based on research from 20 years ago, not current information!

CAVEAT: All of these notes are subject to some errors...I took notes as best I could....

Getting home after 5 PM on Sat., I then took the 5 nightly pills regime. Then I WENT TO BED by 6 PM!!!

Sunday, I slept most all day.

Dr. R, at my pre-Cycle 3 Chemotherapy Infusion, was most concerned that I would be having nausea issues and progressive fatigue.

Mike McKinney, my only friend that I knew of who had gone through all of this, has expressed concern and warned me about expecting progressive physical and behavioral side effects of Prednisone and extreme accumulation of progressive fatigue through the remaining chemotherapy infusions and the loss of correct and coherent thinking skills for many months.

So, again, I have to just stay on my "regimen" and try and get through the 126 days of treatment (IF I don't have to have any DELAYED treatment days.) Today, Tuesday, Mar 11 has just allowed for the completion of 47 out of those 126 days. I am encouraged, but I know I can't get too confident or start taking chances by over exposure to people and places or over extending myself in what I can do day-to day. I do not plan to have a relapse in these two months!!!!!

I forgot to mention in last week's posting about meeting a man in his 80s in the lobby as I was waiting to see Dr. R. The man said that 6 months ago he was flat on his back in a hospital bed, could not lift his head and was told that he'd never walk again. He decided he would walk again. So he got up out of his wheelchair and walked about 10 feet, just slightly hunched over. I'm sure he could have gone further had he not been tethered by his oxygen tank. He had the most positive attitude and a big smile on his face.

As I was waiting for my blood draw, I met a man who was Mayo Clinic's first simultaneous heart and kidney transplant patient who had no problem with that but, probably due to the immuno suppressive drugs he has to take, developed Diffuse Large B Cell Lymphoma of a sheath over the stomach. After 4 chemotherapy treatments, he was declared to be Cancer Free that day. He and his wife were going to celebrate by getting Out Back take out food and going home to rest.

It has taken me many hours to try and compose this posting. I'm going back to bed again.

Friday, March 15, 2013
SUBJECT: Blood Draw for Lowest point in Cycle 3-My blood scores SUCK!!!

Day 6 and 7 had the big Prednisone crash. I was basically not able to get out of bed for those two days. I thought I had gotten the Neulasta bone pain problem solved by jumping into a whirlpool bath with 1/2 cup of epsom salt in it for about 30 minutes the second the pain started. So I did Tues. about 5 PM, Wed. about 3 AM, and Wed. about 2 PM and also took SlowMag.

Thurs., Day 8, I drove out to the hospital for my lowest blood counts for Day 8 of Cycle 3, Cycle 2, Cycle 1 and [normal range]: Hgb 8.9; 10.0; 9.9 [12.0-15.5 being normal], Hct 27.0; 30.0; 29.6 [34.9-44.5 being normal], RBC 2.78; 3.17; 3.21 [3.68-4.88 being normal], MCV 97.1; 94.6; 92.2 [82.7-96.8 being normal], RDW CV 17.8; 16.5; 13.0 [11.9-15.5 being normal], WBC 1.0; 1.4; 0.06 [3.4-10.6 being normal], platelet count 29; 159; 65 [149-375 being normal]. When I came back, I wanted to just do computer work but decided that discretion was the better part of valor, so put myself onto voluntary bed rest. I got up about 5pm to find my oncologist’s nurse was afraid I was subject to infection and wanted me to immediately start on antibiotics. I talked her out of that but have to get it today in case I develop a fever then would need to go on it. With the extremely low platelet count, she warned me about any cuts or falls. She voiced surprise that I was doing as well as I was, saying, "You must be one tough cookie."

I am scheduled for surgery next Tues. A blood draw will be done on Monday so see if the platelet count has recovered enough. It has to be at 50,000 (50) and rising to do it. 29, down from 159 in Cycle 2 is NOT good.

Last night I noted some bone pain, like from the Neulasta shot churning, but it only lasted for maybe 30 seconds, and I just went back to sleep. Now I'm wondering if not having the "feel like I'm having a heart attack" means that the shot is not working. I guess I will see.

So, in view of my low resistance, I am putting myself on voluntary house confinement. So much for lunch with my neighbors for today and St. Patrick's Day.

In response to several of you asking me if you could come out and visit:

If any of you want to come out to be able to discuss YOUR personal or business issues, you are more than welcome. However, if you're just wanting to come, thinking that you need to do so to show your support of ME, I'm better served by just getting your e-mail messages. I need to stay FOCUSED on my job at hand.

I can't afford unnecessary exposure to germs that might be coming off on you from being on an airplane. I mean, every time I go to the hospital for a blood draw, the second I get home I shed all clothes and shower from head to toe to "decontaminate" myself. That is after wearing a mask the whole time at the hospital too! I am trying my darndest to stay on track so that MAYBE I can attend my late cousin's granddaughter's graduation in May and the maternal cousin's family trip to Charleston, SC in July.

Monday, March 18, 2013
SUBJECT: When Blood Scores being up can be problematic…Surgery postponed.

Well, I made it through the weekend with my self-imposed quarantine and without developing an infection so I didn't have to take any antibiotics. This cycle the Neulasta shot bone and muscle pain was completely different in that there was not the long-lasting heart attack like symptoms over a couple of days at Days 6 and 7 but it went for an extended period of time, Days 6-11, with short bursts, 3 to 10 seconds each, occurring over days and nights. The Slow Mag and the whirlpool baths with Epsom salt helped relieve the symptoms. I made it through that period without nausea and vomiting, constipation, or extended fatigue. I often was up between 3 am and 5 am eating a full course meal, then would do computer work for 4 or 5 hours, then would take a nap and repeat the process with the next "meal."

Today, Day 12, I drove out to the hospital for my blood counts for Day 12 of Cycle 3 as compared to last Thurs. Day 8, the lowest point, of Cycle 2 and [normal range]: Hgb 9.3; 8.9 [12.0-15.5 being normal], Hct 27.5: 27.0 [34.9-44.5 being normal], RBC 2.82; 2.78; [3.68-4.88 being normal], MCV 97.5; 97.1 [82.7-96.8 being normal], RDW CV 17.5; 17.8 [11.9-15.5 being normal], WBC 3.8; 1.0 [3.4-10.6 being normal], platelet count 134; 29 [149-375 being normal]. Today's Neutrophilis Absolute 1.54 [1.40-6.60].

The platelet count had to be at least 50,000 to be able to go on to surgery tomorrow. It was scheduled, then unscheduled as I drove back to the house from the hospital.

Dr. K, my pancreatic specialist, had already called me and said that he and Dr. R, my oncologist "the Bartender," and Dr. H, who first diagnosed me with the Pancreatic Cancer, wanted my blood scores to stabilize. Dr. K said that Dr. R said that my blood scores might plummet rapidly.

So, the surgery has now been scheduled for next Monday, March 25th.

It is the ERCP again, which means I will be extremely hoarse after it and food won't taste good due to the intubation required. This is the procedure when Dr. H first diagnosed me with pancreatic cancer. Due to the lymphoma invading the bile duct, he had to insert 2 stents in the bile duct, to keep it open, so that chemotherapy fluids could flow between the liver and the rest of the body, too. Because of that duct being blocked, that was why normal liver chemicals got backed up and gave me the elevated score that kicked off the "investigation" from my Annual Physical.

With the PET Scan saying that I am "cancer free," we are assuming that Dr. H doing a direct visual examination will not reveal some unforeseen problems, so that those 2 stents can be permanently removed. If they are permanently removed, that is a step to getting me back to "normal." If a problem is found, then those stents would have to be replaced. Then I'd have to have a third ERCP to remove or replace the stents. The stents can only remain in the body a maximum of 3 months. They become clogged with bile fluids, chemotherapy particles or whatever.

So, next Monday they will do a blood draw. If the platelet level shoots down to 50,000 then I will have to have infusion(s) of platelets before they would do the ERCP.

I do not plan to post until after that. This should be a positive period for me. I started eating steak and pot roast a couple of days earlier in this cycle and I think that helped me, too. I can "go out" again; Patti, Dr. R’s nurse, just said to be careful and not get "too tired."

If all goes well on Monday, then I would have half day meetings on Wed. to determine if the blood scores were good enough to go on with Chemotherapy Infusion #4 on Thurs. March 28th. I won't be "half done" until that point is reached, Chemotherapy Infusion #4.

Oh, a business point: Genworth, my Long Term Care Insurance, is paying like a charm, 80% for non-professional "aides."

Thank you to all for your e-mail support, cards and prayers, both individually and in prayer chains and prayer services.

Anybody who is receiving this message is invited to submit recipe(s) to me for inclusion in the Family and Friends Computerized Cookbook that I'll publish in hard copy too, this spring. Time is running...You'll know I "got" your submission if I've sent you the recipe you sent me to "proof." This is how I'm "double-checking" myself to see if I'm having problems with "chemo brain" or not.

March 22, 2013
New York University Cancer Anxiety Study

Lois Cook, M.A., a friend of mine from the American Academy of Private Practice in Speech Pathology and Audiology sent me this information. So if anyone knows someone who could benefit from participating in this study...

http://www.nyucanceranxiety.org

About the study

Psilocybin is the active ingredient in a specific type of mushroom that has been inducing mystical or spiritual states of consciousness in religious and healing practices for centuries.

The study consists of two treatment sessions, one with the active drug and one with aplacebo, along with additional meetings for emotional preparation and supportive counseling. The meetings are designed to insure comfort and safety for participants in the study.

I am doing well and am up working on projects. (Send your recipe(s) if you haven't already :-))

For lunch I will host the Biltmore Ladies Lunch Club today.

Everyone have a happy weekend!

Love and appreciation to you all!!!

Monday March 25, 2013
SUBJECT: 2nd ERCP Day Surgery Done

2 Stents in my bile duct were removed-2nd step to being back to NORMAL, the first being when the PET Scan showed me to be CANCER FREE after chemotherapy infusion #2

Suzanne Fuqua and I arrived at the hospital at 6 AM. First activity was to get a blood draw. The main issues for it were platelet level (had to be over 50,000=50) to allow for clotting so I wouldn't bleed to death with potential stent removal or casual "scratching" of windpipe, etc. with the intubation tube and/or GI tube and White Blood Count level and Neutrophils Absolute to fight potential infection. I had a different draw nurse and she was just effusive in her admiration for Dr. R, my oncologist AKA The Bartender. She said, "When he is covering the unit, I know it will be a good day. He is thoughtful and brilliant!"

Today Day 19 of Cycle 3 as compared to Day 12 of Cycle 3 and [normal range]: Hgb 10.5; 9.3 [12.0-15.5 being normal], Hct 31.7; 27.5 [34.9-44.5 being normal], RBC 3.18; 2.82; [3.68-4.88 being normal], MCV 99.7; 97.5 [82.7-96.8 being normal], RDW CV 18.7; 17.5 [11.9-

15.5 being normal], WBC 4.9; 3.8 [3.4-10.6 being normal], platelet count 371; 134 [149-375 being normal]. Neutrophils Absolute 2.76; 1.54 [1.40-6.60]. So, I did not have to have a platelet(s) infusion! Yea!!!

Then I went up to Pre-Op. I walked in the door and saw the nurse anesthetist, Bruce, that I had before and thought I was having him this time, too, liked I'd hoped, but he was assigned to someone else. He told me, "You look wonderful and keep up the Kick Ass Attitude."

I was told by the pre-op nurse that BOTH Dr. H, the one who originally diagnosed me with Pancreatic Cancer, thinking it was probably the 95% usual kind of adenocarcinoma of the pancreas, and Dr. K, my pancreatic specialist, who along with the surgeon, Dr. M, who first gave me the good news of a more refined diagnosis of Diffuse Large B Cell Lymphoma, which fewer that 1% of patients ever have, would be in to see me. They came in at the same time, beaming from ear-to-ear. Today, Dr. H was the "Gentleman Doc" as he was in full dress suit and tie, whereas Dr. K was in full scrubs so he was doing the work today. Dr. H said that he expected that the stents would be REPLACED rather than REMOVED, from his usual experience, but that they would see, if the bile duct wasn't too restricted by scar tissue or whatever, they would be removed. I felt disappointed until I thought about it. Now you have to understand, that on naked eye examination, with the assistance of scope, BOTH of these kinds of cancers look the SAME when an ERCP procedure is done. It is only with BIOPSY and further lab testing that the refined diagnosis can be made. So, Dr. H was basically telling me that with adenocarcinoma of the pancreas patients, those suckers usually have to be replaced for continued chemotherapy because the treatment in that case is chemotherapy regime followed by radiation regime and THEN surgery "Whipple Procedure" when the "hard tumor" is removed and organs re-sectioned. So, because that tumor wouldn't have yet been removed in those cases, it would still be constricted, so need stents to keep it open, to allow the chemotherapy chemicals to flow appropriately.

Dr. H concluded with, "We've never had a patient like you before." I replied, "I take that as a compliment." He and Dr. K both laughed and agreed. Dr. K, then told me that he had a recipe with a story for me. So, again,

THE FAMILY AND FRIENDS COMPUTERIZED RECIPE BOOK. For those who want to contribute, you will receive a copy of the book (of over 2,500 recipes) which even if you never wanted to cook any of the recipes, it is fun to read some of the "stories" associated with those recipes. In addition, you will receive a thumb drive with a file of those recipes. If you want to put FileMaker Pro 12.ov 3 Software on your computer THEN you will have those recipes in a COMPUTERIZED recipe book! You can then choose to "hide" the recipes I'd be supplying, pick some you like, or ADD YOUR OWN RECIPES to start creating a family COMPUTERIZED recipe book for you OWN FAMILY's legacy. This takes care of the problem of only 1 person getting and having access to Grandma's Cookbook. You can search for a recipe by name, ingredient you have in your pantry that you want to use, change recipe size, etc. So, again, if you're receiving this, it means you are on my "Groupie

E-mail List" so are invited to participate. If you haven't yet submitted anything, I do need your recipe(s) quickly, though! I've been able to "do computer work" far longer than the nurses and doctors thought I would. I intend to "keep going" but don't know if that will become impossible to do in the last half of the chemotherapy infusions or not. Elio Grieco and Renata Grieco are working on the Genealogy side of my projects, so it has bought me some time to do more with the Cookbook side right now. (Be sure that I send you back ones to "proof" so that you know it registered that I had your recipe to put it and didn't "lose it," due to "chemo-brain.")

For the ERCP, Dr. K told me to ask for and he ordered that my throat not be coated with a local anesthetic, like it was in the ERCP procedure #1. He said it doesn't do that much anyway, since the patient is already under a deep enough anesthetic to not feel the tube(s) going down and by not doing it, you will have more normal "taste" for eating that first meal after the procedure. That DID help a lot. Also, don't forget to ask for TWO heated blankets when in the pre-op and surgery suite. MUCH more comfortable!

After lunch, I put myself to bed. I'm trying to pass the time of getting over the sore throat and hoarse voice by just resting it for a day or two.

Thank you, God, for letting these stents be removed today. Thank you to my medical team and all of you with your expressed love, prayers and well wishes to me.

Friday, March 29, 2013
SUBJECT: Progress to date: CANCER FREE after chemotherapy infusion #2; 2 stents from Bile Duct have been removed; Chemotherapy infusion #4 is in the gut: Neulasta injection #4 is in the arm...

The Potassium pill just about threw me over the edge for having nausea: had immediate stomach cramps in 3 minutes and had to go to bed to "settle it." So I e-mailed Dr. R that I was just gonna go on an enforced schedule of the Taste Nirvana Coconut Water for 2 x a day to see if that would bring the potassium up, since it has 20% of the daily requirements in each can. We will now check K with EACH blood draw, to get a better handle on the situation. At least I know I can not only tolerate but can enjoy that mechanism for more K.

I am now starting to lose my eyebrows, which makes me sad, since they have always been a "signature" of mine. Oh, well, looking on the bright side, I won't have to pluck or wax them for 9 months, huh?

As for weight, I have not lost an ounce. Actually gain some at times, probably due to the Prednisone. We all are in agreement that I don't have a "big round face" yet. Lord knows I could stand to lose some weight, but I don't want to lose it by nausea or vomiting.

I hope you all had a Happy Passover or will have a Happy Easter!

April 5, 2013
SUBJECT: La Rita’s Legacy Projects
Ok, Guys, here it comes...

I don't think there is anyone alive, who isn't trying to be a productive member of society, that doesn't want their life to MEAN something. After my parents both died within 107 days of each other in 1996, I realized that I alone had the majority of information regarding the "names" associated with Genealogy and "Family Recipes" that should be passed down to my closest relatives, my 3 first cousins' children and grandchildren . So, I began a computerized documentation of both aspects, with the goal of passing it on to them.

As the years passed, I realized that there were friends who would enjoy and benefit from the Computerized Family and Friends Cookbook. I will be eternally indebted to Craig Rhodes, the developer of the original, Mac Only, The Computer Cookbook Program, who has helped me transition to a form that can be utilized by BOTH Mac and PC users (of course, why anyone wants to be a PC user is STILL just beyond me! :-)) Anyway, I digress...anyone who submits just ONE recipe to me will get BOTH a hardcopy of the Cookbook AND a thumb drive that, if you get FILEMAKER PRO v.12+ software, you will then be able to access all of the recipes by computer. You can delete any or all of the ones I send you. However, that is the purpose of each of YOU having at least one recipe in it, as you will be able to use that recipe as a pivot point to start YOUR own computerized cookbook for your family. That way EVERYONE can have "grandma's recipes," not just one privileged person. The recipes will be searchable by names, ingredients (so if you have buttermilk in the fridge, you can quickly look up recipes that have that as an ingredient to that you can use up your excess buttermilk, before it spoils.). They can be multiplied or divided, etc.

I turned 65 years old a mere two weeks before the Cancer Saga began. In my lifetime, I have made friends through many associations: childhood, farmers, Phillips University, Vanderbilt University, as a speech-language pathologist, through 6 First Christian Churches, the American Academy of Private Practice in Speech Pathology and

Audiology, the Biltmore Ladies Lunch Club, the Biltmore Shores, Fountain Creek Villas, RVing, etc. By whatever connection, many are following the Saga.

My first legacy is, I AM developing a protocol to help get through cancer treatments easier. Already, some of you have told me how the information I've been sharing has been helpful to you, for which I am so thankful and blessed that I have been able to provide a positive witness to you even at this mid-point stage.

My second legacy, I view to be my education and training and the improvement of QUALITY OF LIFE for my various speech-language pathology clients.

My third legacy, The Genealogy Project is for the family.

My fourth legacy, The RECIPE BOOK is for EVERYONE! Whether I've known you "forever" to even if we haven't even "met," I invite you to participate. I do not have an e-mail address for everyone who I think might like to participate, so those of you who know "I know your friends through YOU..." feel free to invite them to participate, too. I can give you until April 30th to submit a recipe, as we're working on the Genealogy stuff first. However, **I'd REALLY like to have any recipes by TAX DAY, APRIL 15th**, because I can guarantee that I would have the energy to work on them until that date, but maybe not later. Everyone keeps telling me that I'm not going to be able to work and function and since they've been through it or have more knowledge than I up until then, I know I can't COUNT on being able to function the latter part of April, so give me a break and submit NOW. I took my last oral chemotherapy drug this morning and already feel SO MUCH BETTER. I've worked at the computer since 7 AM. I WILL keep my self-imposed isolation, to try and keep from getting an infection and to try and stay on the scheduled chemotherapy infusions days.

I am current on everyone's one recipe. I have sent PROOFS back, so if you didn't get a "proof," it means I haven't gotten your recipe. I'm using the "proof" as a back-up in case I develop "chemo-brain."

Thank you, ALL, for your messages of support via e-mail or mail, texts, prayers recited individually, through prayer chains, in churches or synagogues. I am so blessed to be already "Cancer Free" after just the first two chemotherapy infusions and to have crossed paths with you all, sometime in my 65 years. Please allow me to express my gratitude to you in a TANGIBLE way, by giving of myself, in the production of the 17 years in the making Family and Friends Cookbook, for each of you who will submit at least 1 recipe (with STORY, too) if there is one...

Friday April 5, 2013
SUBJECT: Blood Draw for LOWEST POINT in Cycle-My blood scores were improved for this point in the cycle but NOT enough to help Jack :-(

Wed.7., Day 7, I drove out to the hospital for my lowest blood counts for Day 7 of Cycle 4. (I'll explain why I went a day early in a minute) Day 8 of Cycle 3, Cycle 2, Cycle 1 and [normal range]: Hgb 10.9; 8.9; 10.0; 9.9 [12.0-15.5 being normal], Hct 32.8; 27.0; 30.0; 29.6 [34.9-44.5 being normal], RBC 3.25; 2.78; 3.17; 3.21 [3.68-4.88 being normal], MCV 100.9; 97.1; 94.6; 92.2 [82.7-96.8 being normal], RDW CV 18.5; 17.8; 16.5; 13.0 [11.9-15.5 being normal], WBC 1.1; 1.0; 1.4; 0.06 [3.4-10.6 being normal], platelet count 44; 29; 159; 65 [149-375 being normal]. My Day 7 of Cycle 4 Abs Neut was 0.35 [1.40-6.60 being normal] and my potassium was 3.7, up from 3.6 on March 27th [3.8-5.0 being normal]. So drinking 2 cans of the Taste Nirvana

Coconut Water I think is helping my potassium level.

So, in view of my low Absolute Neutrophils and Platelet levels, I am putting myself on voluntary house confinement and mandatory bed rest until at least Thurs. of next week. I made it through the Prednisone Drop pretty much unscathed. I was having my Smart House System upgraded to the next version all day.

Then during the Wed. night, my muscles started cramping. Intermittently the outer two digits of hands and feet cramp and wither/atrophy. I'm talking MAJOR cramping here. I had transient light headedness, difficulty with gripping so I had to be careful I didn't drop a dish. I certainly don't want to chance getting a cut or bruise with my platelets being so low. It is difficult to write intelligibly. I lay down for 3 hours in the afternoon. I took a whirlpool bath with Lavender Epsom salt (yep, the "recipe" for the various salts will be in "The Book.")

Jack and Jill went up the hill
To fetch a pail of water.
Jack fell down and broke his crown,
And Jill came tumbling after.

In this case, La Rita lost her crown. Now how I could lose a WHOLE crown and not feel it is beyond me. I guess eating my full course meals just leaves more food for it to get stuck in than I can imagine. I lost it Wed. night. I could have gotten in to the dentist to get the crown preparation done at 9 am Thurs. morning, but a blood draw had to be done to see if my blood was good enough to do the procedure, not wanting to risk infection or excessive bleeding. Hence, this cycle's "Lowest Point" blood draws were done a day earlier, on Day 7 instead of Day 8. Since I "flunked," a blood draw (for Absolute Neutrophils and Platelets), it will be done NEXT Thurs. to see if my blood has recovered enough to be able to do the crown preparation procedure next Fri.

So, I probably won't be posting for the next week. I intend to be reclining in bed A LOT, watching Netflix or listening to Pandora or XM. I want to stay isolated from everyone. I want to try and keep from getting any infection. I want to try and stay on track for my scheduled next two chemotherapy infusions.

I couldn't figure out what I was "hungry" for, then remembered something I hadn't had in YEARS...Toast with Cinnamon and Sugar and Milk Toast, the comfort food as a kid when I didn't feel well. Yep, the recipes will be added to the Family and Friends Cookbook...

Friday, April 13, 2013
SUBJECT: 2nd Blood Draw of Cycle 4

Another point in ADVOCATING for yourself is knowing what you want and need in your blood draws. I was set for a CBC instead of a DIFFERENTIAL draw, and the Potassium draw had been omitted. If you don't get the right ones done, it will mean you have to go back AGAIN, and wait AGAIN an hour for the results. So, check yourself and be sure that everything has been ordered. The draw nurse can call the doctor and get them ordered STAT as you're there, which is what I had to have done last week and this week, too.

Thurs., Day 15, I drove out to the hospital for my 2nd Blood Draw of Cycle 4, 1st Blood Draw of Cycle 4 and [normal range]: Hgb 10.0; 10.9 [12.0-15.5 being normal], Hct 29.4; 32.86 [34.9-44.5 being normal], RBC 2.89; 3.25 [3.68-4.88 being normal], MCV 101.7; 100.9 [82.7-96.8 being normal], RDW CV 18.0; 18.5 [11.9-15.5 being normal], WBC 5.0; 1.1 [3.4-10.6 being normal], platelet count **273**; 44 [149-375 being normal]. My Day 7 of Cycle 4 Abs Neut was **3.01**; 0.35 [1.40-6.60

being normal] and my potassium was **3.9**; 3.7, up from 3.6 on March 27th [3.8-5.0 being normal]. So with the key blood scores up, so I wouldn't be prone to getting an infection or bleed to death, I was approved to have the new tooth crown preparation work done! Also, I was able to bring the Potassium level up to normal limits by being rigid with having 2 cans of Taste Nirvana Coconut Water per day.

So, today I got my new tooth crown prep work done. Yea, another step towards being back to "normal."

Back to La Rita's Legacy, it was pointed out to me that I forgot to mention that as part of my Legacy, I have also established several funds with the First Christian Churches (Disciples of Christ) in Lubbock, TX and in Amarillo, TX to be used for educational and indigent support and for funds to send kids to summer church camp.

All this is to say, "What are EACH of you doing for YOUR Legacy?" If you have given it no thought or haven't done it yet, you need to get started. Legacy projects require time, energy and stamina. If you wait until you get too old, you may not be able to get them fulfilled with the unexpected intervention of major illness or early death.

As for the Cookbook project, I am CURRENT on the recipes that have been sent me. If you haven't gotten a PROOF back from me, for some reason or other, I didn't get your recipe and it needs to be re-sent to me. 18 days left to submit...

Wed. April 17, 2013
SUBJECT: Tomorrow...#5

After about 4 hours of travel time, a blood draw, a meeting with Kevin (the research coordinator) and Dr. R, (AKA The Bartender, my oncologist), I was approved for Chemotherapy Infusion #5 for tomorrow. Dr. R is smiling and laughing a lot with me now, so I'm glad he's getting used to me! This week I've developed a weakness of my right thumb and index finger, in particular. It was not too bad on his manual clinical evaluation of such, but I am seeing it; i.e., when I was fixing pancakes this morning, I couldn't get the plastic cap unscrewed from a new bottle of Karo syrup. We discussed if I should see a neurologist...I opted to postpone that. Dr. R decided to eliminate the "O" drug in the infusion tomorrow. I was worried about the long-term effect of that but he said it would be ok...several times, when I kept asking him repeatedly :-) Dr. R is hoping my problem is related to neuropathy and will improve with that chemotherapy drug. If it doesn't, then I will need to see a neurologist for further nerve testing.

We said a prayer and I ask for your prayers for me and the doctor tomorrow, by name and for improved FUNCTION in my right hand, calmness, good feeling in my hands and feet and good hearing. Dr. R is beaming at my progress and considers me "CR," Complete Remission.

By a separate follow-up e-mail, I am sending you the first draft of

HOW TO SURVIVE AND MAYBE EVEN THRIVE WHILE UNDERGOING CHEMOTHERAPY OR OTHER CANCER TREATMENTS

Fri. April 19, 2013
SUBJECT: CANCER FREE after Chemotherapy Infusion #2; 2 stents removed; CHEMOTHERAPY IS NOW 2/3 DONE; Chemotherapy Infusion #5 is in the gut; Neulasta shot is in the arm

With my day before evaluation for approval of going on to Chemotherapy Infusion #5, I was having a major motor weakness/control of my right thumb and index finger. .Dr. R decided to remove one of the chemicals from the next day's chemotherapy infusion. Well, i woke up in the middle of the night and found improvement, instead of worsening of the condition, so I got up and sent him an e-mail:

Subject: You can ADD the "O" back in...
I went to bed at 8 PM. During the night I thought, I think my right thumb and index finger are better...I got up to pee just now, and sure enough, I could get the plastic lid off the Karo bottle ok AND peel the little protective cardboard piece off the top ok, with my right thumb and index finger. It FEELS more normal now, too. So, I REALLY think it is ok to go ahead with that other drug today. (You've got about 10 hours to cogitate over that idea, you know...it can be assessed closer to "high noon," too :-)

At 6:15 AM in the morning I sent Dr. Reeder ANOTHER e-mail:

Subject: Let's Do It!

OK, just got up and things are even BETTER with my right hand ie no problem hooking my bra. So, please add the "O" back in, so I can try and maintain my "perfect" record here!!! (Lord, can't believe I'm BEGGING to put toxic chemicals into my body...but hey, with all the others, what's one more, right? : -)

I've got to admit, I was really scared about my hand yesterday. Today it is working AND feeling almost COMPLETELY normal.

When I went in for Chemotherapy Infusion #5 at 9AM, the chemotherapy had already been added back in. If it hadn't been, I had my cell phone ready to call Patti, Dr. R's oncology nurse. Folks you have to ADVOCATE for yourself. Not just sit around saying, "Oh, it's already been set so I can't do anything about it..."

Along the same line, when you go in for a blood draw, you need to know the ones you need for the information you want. If it is not included, then have the draw nurse call the oncologist and get it ordered STAT. I wanted to monitor my progress with Potassium level and it was left off. So, I had her call and it was added in. ADVOCATE for your needs.

Thurs., Day 21, I drove out to the hospital for my 3rd Blood Draw of Cycle 4; 2nd Blood Draw of Cycle 4; 3rd Blood Draw of Cycle 3; and [normal range]: Hgb 9.8; 10.0; 9.9[12.0-15.5 being normal], Hct 29.1; 29.4; 30.1 [34.9-44.5 being normal], RBC 2.81; 2.89; 2.98 [3.68-4.88 being normal], MCV 103.6; 101.7; 101.0 [82.7-96.8 being normal], RDW CV 18.3; 18.0; 19.3 [11.9-15.5 being normal], WBC 4.5; 5.0; 5.9 [3.4-10.6 being normal], platelet count 337; 273; 347 [149-375 being normal]. Abs Neut was 2.62; 3.01; 3.54 [1.40-6.60 being normal] and my potassium was 4.3; 3.9; 3.6 on March 27th [3.8-5.0 being normal]. I was able to bring the Potassium level up to normal limits by being rigid with having 2 cans of Taste Nirvana Coconut Water per day.

So, Chemotherapy Infusion #4 was officially over as my blood counts were acceptable enough to go on to Chemotherapy Infusion #5. If the counts are acceptable, you don't get delayed just a day or two but a minimum of 7 days! So, thus far, I have NOT had to have a delay. My rigid regime with emphasis on being PRO-ACTIVE for ADVOCATING for myself with all of the medical professionals, flushing of the toxic chemotherapy chemicals from the body by the "Pee and Poop Patrol," juicings to immediately begin rebuilding the immune system and restart the normal peristalsis of the digestive tract, diligence about avoiding germs at the hospital, taking a shower and washing clothes when returning from any treatments or blood draws, to keep something on the stomach and WATER going in all of the time, and lying down for a 1 hour time in the morning and/or afternoon whether you need to or not WORKS! If you wait until you feel thirsty you are already dehydrated. If you wait until you feel tired, you've already gone too long without rest/recuperation for your body.

Today MedPage came out with a new search tool for Clinical Trial Finder. Being in a clinical trial gets you the most current treatment available. However, to be in a Clinical Trial, you have to do it before you START any form of treatment. Otherwise, you would have to complete the treatment you were in the middle of, and then start over with another Clinical Trail treatment. Clinical Trials are not just for cancer. You can search for many types here:
http://www.medpagetoday.com/TrialReach/
There were 524 x 3=1,572 trials shown for Diffuse Large B Cell Lymphoma being done in Canada, US, Mexico or South America!

Several of you have asked me about contributing to some organization for cancer research. From the conference I went to in March, it may be that the best places to do this will be through private foundations with the anticipated cutbacks in governmental. Here is a 2 page letter I got today from the Lymphoma Research Foundation:

LYMPHOMA
RESEARCH · FOUNDATION

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Chairman
Board of Directors

John P. Leonard, MD
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Scientific Advisory Board

Diane Blum, MSW
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New York
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April 1, 2013

6012

Ms. La Rita Mason
PO Box 30233
Amarillo, TX 79120

Dear Ms. Mason,

In 1997, I was a happily married 37-year-old mother of two young children when my doctor called to inform me that I had Stage IV Follicular lymphoma, a slow-growing, incurable form of non Hodgkin lymphoma. "You could live another 10 years!" he said, trying to ease the blow of this frightening diagnosis.

Rather than feel comforted, I was devastated. I couldn't help but think of all the things I might never see. Would I see my children graduate from high school or get married and have kids of their own?

I soon turned to the Lymphoma Research Foundation (LRF) looking for support and information, and learned about a drug which had just been approved by the FDA that would change my prognosis and that of many lymphoma patients. That drug was Rituxan, the most important step forward in decades, and the beginning of a new era in lymphoma research.

LRF and the physicians on our research team have played an integral role in the scientific advances of the past sixteen years.

- Research conducted by Ronald Levy, MD, of Stanford University School of Medicine and David Maloney, MD, of Fred Hutchinson Cancer Research Center, has led to therapies such as Rituxan that help the body's immune system kill cancer cells.

- CT and PET scanning now spare patients the "exploratory" surgeries that were once commonplace. John Leonard, MD, of Weill Cornell Medical Center; Jonathan Friedberg, MD, of the University of Rochester; and Elaine Jaffe, MD, of the National Cancer Institute have made major contributions to the use of PET scanning as an effective diagnostic tool.

<over>

- Potentially life-saving bone marrow and stem cell transplants have become less difficult for patients and, in many cases, patients can now serve as their own donors. Julie Vose, MD, of the University of Nebraska is a significant contributor to the development of this therapy.

These are just a few examples of breakthroughs that have improved the lives of lymphoma patients. And, there are new and encouraging areas of study as well:

- Ranjana Advani, MD, at Stanford and Susan O'Brien, MD, at MD Anderson are making progress in developing kinase inhibitors, a promising new targeted therapy.

- John (Wing) Chan, MD at the University of Nebraska Medical Center is working to develop DNA-specific personalized care and therapy in the exciting area of genomics.

These advances give us reason to be hopeful in our quest to eradicate lymphoma. Since its inception, LRF has invested $52 million in over 300 innovative research projects, contributing to a deeper understanding of the biology of lymphoma and bringing us closer to a cure. But because 24,000 Americans still lose their lives to lymphoma each year, LRF's work is not done.

I am so grateful for the progress made possible by LRF and our researchers and the affect it has had on extending my life and the lives of so many other lymphoma patients. In the last sixteen years, I have seen my children grow up and graduate from college, and have celebrated holidays and special occasions with my family, all things I was afraid I would not be here to see.

Please join me and my family in support of LRF's mission to eradicate lymphoma and serve those touched by this disease. Together, we can make a difference!

Sincerely,

Evelyn Lipori

Evelyn Lipori
Director of Individual Giving

P.S. *Please be as generous as you can!*

April 23, 2013
SUBJECT: You ASKED for it!!!

In regards to the Legacy Recipe Cookbook, it is my GIFT to anyone who submits at least ONE recipe for it. There will be no financial cost to you. The reason for the recipe requirement is that you have no pivot point to start your OWN computerized cookbook without one. 7 DAYS and counting down...

April 25, 2013

SUBJECT: LOWEST Blood Count for Cycle 5 and MY MAIL SERVER CRASHED!

When I sent out my picture, a number of people wanted to COMMENT on it, and in doing so didn't DELETE my pic before doing so. Hence, my mail server went down several times. I apologize to those of you who had trouble getting your recipes through to me. Please try again. I think we're PAST that comment period now. 5 days and counting... I APOLOGIZE for any inconvenience. At this point, I have entered all INDIVIDUAL recipes I've received and sent requested PROOFS back to everyone. So, if you've gotten no PROOF back, I've gotten NO recipe from you!

I drove out to the hospital for my lowest blood counts for Day 8 of Cycle 5; Day 8 of Cycle 4; Day 8 of Cycle 3, Cycle 2, Cycle 1 and [normal range]: Hgb 10.2; 10.9; 8.9; 10.0; 9.9 [12.0-15.5 being normal], Hct 30.1; 32.8; 27.0; 30.0; 29.6 [34.9-44.5 being normal], RBC 2.95; 3.25; 2.78; 3.17; 3.21 [3.68-4.88 being normal], MCV 102.0; 100.9; 97.1; 94.6; 92.2 [82.7-96.8 being normal], RDW CV 16.1; 18.5; 17.8; 16.5; 13.0 [11.9-15.5 being normal], WBC **1.0;** 1.1; 1.0; 1.4; 0.06 [3.4-10.6 being normal], platelet count 35; 44; 29; 159; 65 [149-375 being normal]. Abs Neut: Cycle 5 Abs Neut; Cycle 4 Abs Neut was **0.10**; 0.35 [1.40-6.60 being normal] and Cycle 5 Potassium; Cycle 4 potassium was3.6; 3.7 So drinking 1 or 2 cans of the Taste

Nirvana Coconut Water per day is helping my potassium level, hence electrolytes.

So, in summary, my blood counts and protection against infection, cuts, bruising or falls are in the barrel. NOT unexpected, considering the point in the Chemotherapy Infusion 3 week cycle, but I will have to be even MORE watchful this next week. I do NOT intend to be around people. I do NOT intend to get sick! Thanks heavens for food that can be brought in!

I send all of my docs a monthly update as to my progress. Dr. M, my surgeon, responded: Congratulations! Wonderful news! David. It is a great feeling the support of the various medical support individuals. I was pleased that Dr. K, my Pancreatic Specialist, admitted that I AM still clear thinking. Sat., Sun. and Mon. I worked three 12 hour days editing the TOTAL Family and Friends' Recipe Book. In all these years, I've only worked on single recipes. This was the first time that I've started to edit the WHOLE thing.

So, I will be editing and sleeping and mainly staying under "house arrest" for the next week!

Sunday, April 28, 2013
SUBJECT: All the “toxic” meds in the body now for Cycle 5

In regard to the Legacy Recipe Cookbook, it is my GIFT to anyone who submits at least ONE recipe for it. There will be no financial cost to you. The reason for the recipe requirement is that you have no pivot point to start your OWN computerized cookbook without one. 2 DAYS and counting down...

Yea, I now have ALL of the chemotherapy drugs required for Cycle 5 in my system. The focus now will to be to get them ALL pushed OUT by the "Pee and Poop Cycle." With them all in the system, EVERYTHING *STINKS*!!!! Pee, poop and stink. They are also what makes foods taste "off." So I will start to feel better for the next 10 days as things get back to normal, as I can eliminate more of the chemicals. Just consider me a "Toxic Waste Dump" to understand better.

Yesterday, I sat in my car for our Biltmore Shores Annual Meeting.

Also I will keep myself hibernating to try and keep from getting sick. I don't want to get an infection.

My week will be spent editing the total cookbook and doing forced bed rest, to help my system rebuild itself.

Friday, May 10, 2013

LAST #6 Chemotherapy Infusion and LAST Neulasta shot in the gut but still have another 20 days to go...

During my "up" period of the last of Chemotherapy #5 Infusion I ventured out to the Apple Store for an Intro Class to the I-Pad 4R. I found it fascinating for who was THERE. There were 6 total people for the class. I was there with my face nose/mask on, plus by head wrap and shawl, just like in my picture, sans the bunny slippers, that I sent you all. In addition, there was a lady with a Passy Muir Valve in her throat, and a man with a cochlear implant! This was the first time for the instructor to teach the class...I wonder what he was thinking :-)

I also got to have a delightful lunch at the WigWam with Barb Erhart and Andrea Jasaitis, my best friends from my association in "La Playa Casa Linda." Then Ellen Hart and Mike Pietsche invited to dinner a couple of nights. Maybe, just maybe, my social life will be returning to "normal."

Yesterday I got my LAST, #6 Chemotherapy Infusion. The Chemotherapy nurses gave me a certificate, complete with a presentation of whistles, tambourines, bubbles, horns and singing!!! My PERSONAL nurses were Suzanna, the one on the most left, and Ali, who did 5 of my treatments on the right.

Today I got the Neulasta shot in (that will churn the bone marrow up the middle of next week.)

Sat. May 18, 2013
Good News and Bad News

The good news is that as of today, all of the ORAL chemotherapy drugs are now down the hatch, along with the infused one. I've lobbied today for my various appointments that are needed for the month of

May. The "biggie" is I have to keep myself well for the next 4 days while trying to build up my immune system so I can have the Power Port removal surgery.

The bad news is that on my lowest blood draw of the 6th Cycle, on Thurs., my platelet level was down to 10,000 ("Normal lowest" is 150,000). It was not the lowest that it had ever been (below 3,000 in I think it was Cycle 2) but Dr. R was having a conniption fit, and rightfully so. He ordered up another blood draw yesterday, on Fri., only about 18 hours from the one on Thurs. Sure enough, 18 hours was not enough time for me to "improve" from 10,000 so he ordered up a Platelet Infusion for me. With driving time, draw time, wait for the results time (they have to HAND COUNT a slide for platelets), then have the 1 1/2 hrs. infusion, I was gone from 7AM to 1 PM yesterday. I "lobbied" to try and keep my pristine record of not having to get any blood products, but in all fairness, he may have ordered it up, too, to give me a jump start before the blood draw that he wants done on Mon. morning. I am scheduled to have the surgery for the Power Port removal on Wed. My platelets HAVE to be up for me to be able to have that surgery, so I wouldn't bleed to death from lack of clotting ability. What Dr. R DOESN'T know, is that I have already scheduled myself for a "back-up" date for that surgery in case it couldn't be done on Wed. I'm sure he's trying to get me "safe" for Wed. So, hopefully, my blood will look good on Mon.

Between working on The Project and getting somewhat lackadaisical with "my regimen," I've paid the price some. It HAS reinforced to me that my program DOES work, but that you've got to be VERY DISCIPLINED to carry it out. Some had asked me why there was so much redundancy, and it is because there IS redundancy that is needed. For the best results, the program has to be carried out with military precision. I do realize that I was feeling better when I was working the program.

The peripheral motor neuropathy, most bothersome in my right thumb, index finger and middle finger, carried over from Cycle 5 into Days 1 and 2 and continues.

It makes me sad that I've had to miss all of the Family and Friends Month of May Graduation festivities:

Alex, my "Very Close Neighbor" who graduated from Oklahoma State University; Marie, my late paternal cousin's granddaughter who graduated from Rhodes College; Jazmyne graduating from High School where Pres. Obama is to give the commencement address; Katie graduating from High School; and Paige, my late maternal cousin's granddaughter who is graduating from High School :-(:-(:-(

An interesting visit was with the Travel Doc at Mayo Clinic. He told me that with a bone marrow transplant you lose ANY form of immunities you had, pre-chemotherapy treatments. But he said with chemotherapy treatments, it just beats the immunities DOWN. He said it will be 90-180 days before the immunity should come back. The time starts counting NOT from the last infusion date, but from 21 days AFTER that last infusion date, so May 31st. This was encouraging news to me because several of my friends have had shingles, after they'd had chemotherapy treatments over. I had taken the shingles vaccine. You can't take it if you've had chemotherapy because it is a LIVE Virus. So, hopefully, I won't have to worry about getting shingles, if I can make it to Labor Day without such. If anyone hasn't yet gotten the Shingles vaccine; I'd HIGHLY recommend such for a precautionary measure against a very PAINFUL outbreak.

Several have expressed concern about me driving home by myself. I have recruited Suzanne Fuqua and Marilyn Chandler Ward to drive with me and plan to attend the Finer Diners' Party that I will be hosting on Mon. June 10th.

So, hopefully, food should start tasting good again, starting tomorrow; I should start feeling better, starting tomorrow; I can have a positive blood draw on Mon. and then my surgery on Wed., etc., etc.

Wed. May 22, 2013
Subject: Major moves towards back to normal

The blood draw on Mon. showed platelet level back to 89,000, so acceptable, but they wanted me to have another blood draw, before Power Port office day surgery to remove it, to check hemoglobin level. They said I might need a blood transfusion. It occurred to me over the weekend, that this whole mess was due to the fact I DIDN'T ADVOCATE FOR MYSELF, like I keep telling everyone. You see, I had scheduled this whole Power Port removal for Tues. May 28th, knowing how my blood recovery had progressed through my other 5 chemotherapy cycles. As you can see from the 2nd draft of my "How to Survive" doc, EACH DAY I know what to expect. Well, I was called and asked if I had anything on my calendar for May 22nd and asked to move this power port removal up. I didn't. The thought flashed through my mind, I guess he knows what he's doing. But what I forgot is the REASON there was nothing on my calendar is because this is the period of trying to COME BACK from the lowest blood draw point...the point where I was SUPPOSED to just be under my self-imposed "House Arrest," to stay away from people, to try and get extra rest, to allow my body to recover from the chemotherapy infusion. So by NOT holding my ground, I ended up having to have 4 extra blood draws plus HAD to have an 1 1/2 hour platelet infusion because with the Day Surgery scheduled at the day it was, there would have been NO WAY my body could have recovered sufficiently ON ITS OWN to be safe for the Power Port Removal. When I went in before the removal today, the draw nurse wanted to know what was going on because she had an order for platelet infusion if below 75,000 yet I was already 89,000 on Mon. (up from 10,000 on Fri.). Today when I was asked how I was, I didn't say, "I'm well, " I said, "I'm fine..." remember what the acronym stands for F*(&*(, Insane, Neurotic, Emotional. So, everyone draw a lot and we'll see who gets to kick me in the butt for NOT ADVOCATING FOR MYSELF with a P.A., not even a physician!!!! So, believe me I won't make THAT mistake again. I don't mind making a mistake, but a 2nd identical one is not to happen; the situation has to have some sort of different nuance to it...

The next thing towards "normal," is that my voice is starting to come back now. So, there is no more "no call" necessity. If you call in the next couple of weeks, though, I may have to keep the call short as the people who are helping me with the Legacy Genealogy and Cook Book Project are spread over 3 different time zones and we are working together by telephone several times a day and night.

Gotta keep the water going to try and push this excess prednisone OUT of my body...

6 more days and COUNTING and then I'll be done with Cycle 6 Chemotherapy, and the whole Non-Hodgkin's Lymphoma, Diffuse Large B Cell Extra Nodal (Pancreatic Lymphoma) Chemotherapy regime...

Thursday, May 30, 2013

Subject: Made it right on schedule of 126 days AND had a THROW AWAY ALL OF THE MEDICINES Party!!!!!!!!!!!

If you remember from the consultation with Integrative medicine, the medical/physical diagnostic-treatment paradigm aspects are only 1/5 of our life. **WE CONTROL** the other 4/5 of our life: Emotional/Stress (counter with Mindfulness, Prayer, Mediation, Yoga, Tai Chi, Breathing, Biofeedback, Exercise and Hobbies), Mental (use conscious Cognitive Behavior **CHOICES** to deal with anxiety and depression), Spiritual (learn how to develop resiliency to life's happenings), and Community (to reinforce resiliency and to get much needed support).

Research shows a main contributor towards the development of cancer (cardiovascular issues and Alzheimer's, too) is **INFLAMATION** so nutrition and diet are issues that just **HAVE** to be addressed, rather than **IGNORED**.

Treatment wise, I am **OFFICIALLY DONE TODAY!!!!** (6 treatments x 21 days=126 days, since I kept myself **WELL,** mainly by my policy of self-imposed extended "house arrest" so that I didn't get a cold or an infection and have to have a delayed chemotherapy infusion.) for Non Hodgkin's Large B Cell Diffuse, extra nodal Lymphoma (Pancreatic Lymphoma). I have all day appointments next Thurs. with another PET scan, etc. Then Fri. I'll come home for 2 weeks.

Today I had a **THROW AWAY ALL OF MEDICINES Party**!!

Last night I finished my hard copy check of 1615 recipes. I was to have had them done by last Tues. morning but even working 12-15 hrs, a day at the computer, I just couldn't get 'er done.

Do not let cancer control you life, **YOU** control your life. **AMEN**!

In keeping with that, attached you will find the promised 3rd Draft, intended FINAL COPY Of :

HOW TO SURVIVE AND MAYBE EVEN THRIVE WHILE UNDERGOING CHEMOTHERAPY OR OTHER CANCER

TREATMENTS

Subtitle: What YOU CAN DO to Try and Prevent Cancer. before or after you've been diagnosed with cancer© 2013

This is ALL the information I can impart to you. The document is "searchable. " So, to **NOT** let the fact that I had cancer be in control of **MY** life, here the rule: anyone who sees me for the first time or talks to me on the telephone for the first time can "discuss" anything "cancer, that one time," But THAT IS IT. Likewise, I want NO more e-mails and mailed information sent to me on Cancer, Nutrition, or anything connected with cancer. I am not letting this event become a defining moment in my life. I will send out the "final" Medical Report of this 5 months next Thurs. after the Pet scan, etc. to everyone that is on my ALL MEDICAL Groupies, and maybe the periodic checkup reports, whenever they occur.

But I am **GOING BACK TO LIVING MY LIFE**, with my **REGULAR** All Groupies of discussing relatives, friends, travel, and restaurant reviews with pics attached. With that, again, I will **NOT** be discussing anything cancer, cancer treatment or nutrition related and **I DO NOT** want to receive any more information on such.

Go out and make **GOOD MEMORIES**, every day, with your family and friends!!!! That is what I will continue to do...live my life, and you go out and live yours to the fullest extent possible!!!!!!!

Thursday, June 6, 2013
Subject: Final Day

I had to be at Mayo Clinic at 6:30 AM for a PET scan required 4 to 6 weeks after the start of the last infusion. I scheduled it to the DAY of 4 weeks after. There was a scheduling problem with the required blood draw. They had me down to go to the Chemotherapy nurse, which would be done if I hadn't already had the Power Port surgery removal. I had e-mailed Dr. R's nurse yesterday that I still hadn't been notified by scheduling of a change of locations for it. Sure enough, I went at 8:30AM to see if it was changed. It wasn't. An hour LATER it still wasn't changed. So I had to get on the telephone myself and call (and e-mail) Kevin, the Research Coordinator and Dr. R's nurse (who was off yesterday), to get them to get the proper order in for Location and well as "study kit," meaning a draw of 3 more tubes of blood for research purposes. Again, this is my LAST DAY and I STILL had to be in there advocating for myself. I followed up with the lab tech to be sure she had the Study Kit...she didn't, but got it. She said, "I like your attitude; that is EXACTLY what you have to do...advocate for yourself to be sure things get done in a timely manner."

Kevin Morrison was then seen at 2PM.

Dr. R, my oncologist was seen at 2:30PM. The PET scan showed that I was **CANCER FREE**! My blood scores although not completely "normal" are on their way back up!
I will have to come back every 3 months for a CAT scan for the next 2 years, then every 4 months for 2 years, then every 6 months for 2 years.

I sent an e-mail to each of my doctors and nurses: "Thank you to **EACH** of you who played such an important part in my diagnosis of Diffuse Large B Cell Lymphoma, extra nodal, the staging and the treatment process. Words cannot express my gratitude for the talents of you and the drug developers, the support I have received from you all, and my thankfulness for the blessings of faith, family and friends.

As I have told the ALL MEDICAL GROUPIES who have been following the whole process, you may talk about it the first time you see me or in the first telephone conversation, but after that I want no e-mails on cancer, nutrition, etc. I am MOVING ON to LIVING A NORMAL LIFE AGAIN. If anyone wants to be on my regular ALL GROUPIES list serve for discussions of what I'm doing where, including pictures of family and friends, and things like restaurant reviews, then if you didn't ALREADY get a "Test Message" from me under that heading, then let me know and I'll be glad to put you on it.

I have developed a protocol: HOW TO SURVIVE AND MAYBE EVEN THRIVE WHILE UNDERGOING CHEMOTHERAPY OR OTHER CANCER TREATMENTS
SUBTITLE: WHAT YOU CAN DO TO TRY AND PREVENT CANCER BEFORE OR AFTER YOU'VE BEEN DIAGNOSED WITH CANCER© 2013

You are welcome to give this to any of your patients, family or friends who could benefit from it. It is not a formal research style paper. It is designed to give people hints on the "down and dirty" of how to make things easier, to provide for a better quality of life by self advocacy, emphasizes the DAY-TO-DAY, HOUR-BY-HOUR dedication you have to give to the process, and is searchable. This is all I have to offer anyone on the subject.

Everyone have a blessed and joyous summer. Did I remember to say, "**THANK YOU**?!!!

La Rita

P. S. Do **NOT** be blocking Shea Blvd. tonight as I am going on the shortest distance to Payson, then I-40 and **HOME TO AMARILLO**!

I will be hosting 2 parties at my house next week. Then I will get in my RV and start heading to Charleston, SC, for the annual Maternal Cousins' Beach Vacation over the 4th of July Week. I will try and take leisurely routes, over and back, to try and visit some of those who have stood by me in Austin, San Antonio, Houston, etc. Then middle to end of July I plan to be at my townhouse in Manitou Springs, CO.

My Legacy Genealogy and Family and Friends Cookbook is in production!!!

Amen, and Amen!"

Back row, Dr. Craig Reeder, my oncologist and Kevin Morrison, Clinical Trial Director
Front row: Me and Patti Marshock, Dr. Reeder's nurse