

Multiple Myeloma - My Story

By Phil Gale

A raw and intimate account of my journey with cancer.

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INTRODUCTION

Just been diagnosed? What you need to know. Been dealing with the illness for some time and wonder how your journey compares?

If YOU have recently been diagnosed with Multiple Myeloma, I hope that reading my story will help you to deal with the situation you find yourself in. I went into chemotherapy without much of a clue about what was to unfold in the coming months and years, and I could have had a better journey had I had access to the information I'm about to share with you. Don't be like me; be informed from someone who has been through the experience.

And if you have been dealing with the illness for a while now and want to know how your journey compares to mine, then I also hope this gives you the comfort of knowing that you are not alone. In fact, sadly there are literally thousands of us across the globe.

I once went on a car journey from Dubai into Oman on the Persian Gulf. At the outset, the roads were smooth with new tarmac, but once we crossed the border into Oman, all that changed. The road narrowed to a two lane highway, and shortly after we entered mountain country. The road here was a single lane cart track, full of rocks, boulders, stones, pot-holes and dust – plenty of dust. Although the scenery was spectacular with many views to see, caves in the rocks where people lived or stored equipment and food for their goats, patches of green grass and a few small ponds, it was sometimes difficult to concentrate on the pleasures because of the teeth-chattering, bumpy ride we began to experience. This is much like my cancer journey. It has been a very bumpy ride and I have seen life unfolding all around me, but I've not been able to fully enjoy or participate in it as I've so often been distracted by all the challenges presented to me along the way.

Each patient with Multiple Myeloma goes on a slightly different journey, but here is mine, bumps and all.

DIAGNOSIS-THE START OF THE JOURNEY

An initial test I had to endure was the extraction of bone marrow from my hip. This was ordered by my Endocrinologist when she suspected that I had more than just Osteoporosis. Going through the posterior area, a large hypodermic needle enters the bone, and after a lot of pressing and pressure, eventually a hole is made from which bone marrow is obtained. This is a very unpleasant process, although it has to be said that the nurse who performed the procedure was very warm, gentle and empathetic, and did her best to provide comfort. My bone marrow was examined, and it was determined that I had Multiple Myeloma, only I didn't know it at the time.

I was referred for a consultation with an oncologist at the Victoria Cancer Clinic. Being that it was taking place at the Cancer Clinic, my wife and I were very anxious about the appointment. In the meeting, our chairs were turned to face a white board on which my diagnosis was shown to us in a clinical format and a couple of treatment options presented. The doctor turned to me and said, "Phil, you have Multiple Myeloma – bone marrow cancer. Without treatment, you're looking at 18 months to 3 years." My wife Annie burst into tears. I was a bit more prepared however, because of a fore-warning from my Endocrinologist that it might be Multiple Myeloma, so I was not completely surprised, but yes, I was shocked. The oncologist explained that my blood samples showed that I had a 'free kappa light chain' count of 4,500; a healthy count is a mere 10! It was obvious to the doctors that I had Multiple Myeloma. For people in good physical health and below the age of 70, having a bone marrow transplant is always suggested because of the remission period it promises and the prolonged lifespan, and this was encouraged as my first line of defense. At that time, I had no idea how my life was going to change forever. I was in a type of fog for a few days, until the penny dropped, and I cried. Thus, January 5th 2015 will be forever etched in my memory as the beginning of a nightmare that I couldn't and still can't control.

In spite of the kindness we were shown by my oncologist, the initial appointment was a bit of a blur so we requested a second appointment when we were able to better wrap our heads around the information and treatment options, because the initial shock had worn off. We were also fortunate to get together with one of the volunteers at the Cancer Clinic and his wife. He was approximately three years ahead of me in his journey with the same disease, and the couple were a big help to Annie and me in finding out a little of what to expect from the transplant procedure. Although as things developed, I realized that my case was one of the more challenging scenarios.

CHEMOTHERAPY BEGINS

Pre-transplant Chemotherapy

First, came a round of chemotherapy, to prepare my bone marrow for the transplant. That involved taking three different medications once per week, which consisted of 22 tablets, and an injection at the cancer clinic later in the day.

The first time I took the tablets, I was very nervous, because I had no idea how they were going to influence my body. I started having anxiety attacks, and needed to keep the door to my room open at night. Anxiety became a big problem for a while, and twice we dialed 911 and I ended up in the hospital because I didn't know what was wrong with me. My doctor gave us permission to take a cruise to the Mexican Riviera just prior to starting treatment, but it was hard to truly enjoy it knowing that chemotherapy awaited me upon our return. I was plagued with illness, and thought I was having a heart attack or worse. It turned out to be anxiety, and appropriate medication was prescribed by the ship's doctor, and then I was fine.

Taking the chemotherapy on the Friday, particularly 10 tablets of the steroid, meant that for the next two to three nights, there was little hope of getting any sleep; there was a constant buzzing in my head as the steroid did its work. I often suffered from anxiety, felt dizzy and just wanted to die. It took a while to realize that I needed food after the morning tablets, and especially after the injection, in addition to plenty of water to counteract the poison that had been introduced to my blood and system. Nobody told me this! My ankles and face puffed up from the excessive steroid and I had to buy compression socks and put my legs up often.



The first time I walked into the chemotherapy room at the Victoria Cancer Clinic to get my Friday afternoon injection, two things hit me like a ton of bricks. Walking into the patient area where people were attached to IVs, I realized I was there because I had a form of cancer; and second, that all these other people in the room had cancer also. They were either sitting in arm chairs or hospital recliners arranged in a semi-circle around the room, and they were all getting some form of chemotherapy. I'm guessing that there were about 20 people and many of them had caregivers with them. Some were elderly, but at least half were not, and some were quite young, probably in their late 20s or early 30s. Most of them, especially the women wore scarves, to hide the fact that they had no hair, or it was in process of falling out, and some people were just bald and didn't bother with the scarf. It was a disturbing room to be in until we got used to it.

What followed was not an ordinary injection in the arm. The amount of fluid I needed to have injected could not all be put in at the same time, so it meant two syringes, one in each arm. The fluid was injected slowly, probably over the space of a minute, and as it went in, my arm began to hurt, and the pain from the needle began to throb. But, I did count myself lucky that I didn't have to spend an hour or two connected to an IV, which is what some of the other people in the room had to endure. At the time, my back was very painful with two or three compression fractures, and as I write this 3 years later, my back is still not free from pain. We became quite fond of some of our regular nurses in there as they recognized us from week to week and their compassion was heart-warming. Anyway, once the injection was over, I was free to leave, and immediately needed some food and water. For two weeks running following the Friday afternoon injection, after supper, I felt nauseous and later in the evening, I went completely white and vomited.

Preparation for the transplant

This process went on for three months, and in that three month period there were also a myriad of appointments with different doctors and specialists, X-rays, dental checkups, cardiac tests, breathing tests, CT scans, sonar, all sorts of exams, to ensure that I would be fit enough to go through the transplant process. It was round after round of hospital and doctor's appointments. Each week I would go to my local lab to have blood work done and we would see my oncologist on a monthly basis.

As we got into March, it became very clear that I needed a caregiver 24 hours a day, and the only person who could do it was my wife, Annie. After much deliberation, she decided she had to quit a job she loved in order to ferry me to all my appointments, and be with me at home to keep my anxiety attacks at bay. This was no easy decision, and it got very involved at one stage when Annie's bosses offered to give her two Leaves of Absence, because as time went on, Annie realized that I would need help for at least a year, and reluctantly told her bosses that she had to quit totally.

BONE MARROW TRANSPLANT

By late May I was declared fit enough to undergo the bone marrow transplant. We made two preliminary day trips to meet the team of doctors at Vancouver General Hospital and to learn more about the various steps involved.

Having a bone marrow transplant is a very complex undertaking, and is typically offered only once to a patient with Multiple Myeloma. We discovered that the combined costs of this procedure are approximately \$250,000 CAD that the Province of BC bears. The cost of treating cancer is enormous.

About a week prior to leaving for the transplant, I decided to take one matter into my own hands. I walked to our local Barbers shop and asked them shave my head. My hair gone just like that. I was shocked to see myself in the mirror but I didn't want to have chunks of it falling out all over my pillow whilst sleeping. They were very kind and didn't charge me for the "cut". I wasn't to see my hair again until it grew in like a buzz cut in around late October-early November. My wife kept telling me that it was considered quite cool for a guy to shave his head – nice try Annie!

The next step was going to Vancouver for the procedure. And this is where, for me, the nightmare really started.



The Jean C. Barber Cancer Lodge

And so, on June 3rd 2015, we loaded up our car, boarded the ferry for the 1 ½ hour ride from our home on Vancouver Island and set off, prepared for what ended up being six weeks of living in Vancouver. We checked into the Jean C. Barber Cancer Lodge and readied ourselves for what was to come. The lodge is owned by the Canadian Cancer Society, and provides temporary, subsidized housing for cancer patients and their families who travel to Vancouver to undergo treatment. It is located 3 blocks from Vancouver General Hospital where my transplant took place and it was a godsend to be so close and to have cafeteria style meals provided. For Annie it represented a sanctuary of warmth and support during my ordeal. We had a private room with its own bathroom; and there were common lounges with TVs, and general use fridges; and a library. No TVs were provided in the rooms, so as to encourage peace and quiet for patients. I spent the better part of our time in Vancouver admitted to hospital, but Annie was able to have a local base from which to walk several times a day up to the hospital to be with me. We couldn't have done without the Freemasons volunteer driver program that was located on the premises. Those kind volunteers drove us back and forth to the hospital doors when I could barely lift myself out of a wheelchair.

In spite of being subsidized by the Canadian Cancer Society, our six week stay at the lodge cost us a grand total of \$4,826.50, enough for a nice vacation somewhere. Only this was no vacation.

Stem Cell Extraction

A few days before relocating to Vancouver, I began on a course of daily injections to boost the production of fresh stem cells ready for harvesting. These injections cost several thousand dollars, but I was extremely fortunate to be awarded funding via a division of the Canadian Cancer Society. I had most of them done by my family doctor with visits to his office, and the final one was administered the day before the extraction, at Vancouver General Hospital.

The extraction took place over a two day period. With an IV in each arm, I sat, propped up in a hospital bed next to a blood separator machine that skimmed off the newly generated stem cells. Blood is extracted from the body via one of the IVs in the arm, sent to the machine for separating, then what's left is returned to the body via the other IV. These are then stored in 2 blood bags along with a very toxic preservative. The first day, I was hooked up to the machine for about six hours, and the second day was a little quicker. It wasn't unpleasant so much as time consuming. Sometimes they collect enough cells from one day of extraction, but in my case it took two days to harvest the required amount. This step forms a fundamental piece of the transplant puzzle.

The Hickman Line

Next came placement of the Hickman line, which is a thin tube inserted into the top of the chest and routed through an artery to the heart. The line allows for all blood-work, and all injections to be done through one of its four tubes, with no further need for injections in the arms, legs, buttocks, or anywhere else. Two of the tubes were for extraction of blood and the other two for introducing blood or platelets into the body as required. The insert procedure is carried out while the patient is conscious, with an IV in the arm. The male nurse who tried to put the IV into my arm found it very difficult, and I was left with at least two bruises on the right arm as a result. Eventually the IV was in place, and then it was off to the small room where the doctors inserted the actual Hickman line. I hated the thought of having something stuck into my chest semi-permanently.

In hospital, the nurses had to keep tabs on the Hickman line. There was the risk that it would come loose, or the area in my chest could become infected. So the dressing had to be removed regularly, cleaned up and redressed. Somehow, I had pulled the line, and it was not as secure in the hole as it should be. They sent me for an X-ray to see if the tube was still in place in my chest - and it was. Otherwise, they would have removed it, and inserted another one. Phew, that was close. And thus it stayed in place for 5 of the 6 weeks I was in Vancouver.

The fact that my Hickman line was a little loose was in fact a blessing. When they finally removed it, the day before I was allowed to go home, it was a student doctor who performed the procedure. I had heard that it was not so pleasant, and could be a little painful. But, I was lucky again. The doctor obviously did not know what he was doing, and had probably never done a removal before, but, he wrapped the cord attached to the Hickman Line around his fingers and prepared to struggle to remove it, when with a very slight pull, the whole thing slid out so nicely like skates on ice. All I felt was a slight feeling in my chest as the tube traveled up the vein, and it was out. The nurse then cleaned the wound up and dressed it. I bear the scar to this day and it remains as one of my battle scars.

Day Ward

Bone marrow transplants are administered through the Leukemia/BMT outpatient ward in Vancouver General Hospital. We were required to make daily trips to this ward for monitoring and to be given the necessary chemotherapy, occasional blood transfusions, platelets etc. It was a do it yourself thing. Annie would settle me on a bed and fetch my chart, some water and a blanket. She would then take my blood pressure prior to a nurse putting her head round the door. It is absolutely essential that a transplant patient have a constant caregiver by their side, especially as the procedure gets underway, and transplant patients are less and less able to fend for themselves. There were often student doctors around as Vancouver General Hospital is a teaching hospital and dealing with Multiple Myeloma and Leukemia requires specialized knowledge.

We were sent to a local Pharmacy to fill all the prescriptions we would need during the procedure. Counseling on how and when to administer each one is so varied and specific that patients are referred to the hospital pharmacist who puts together an individual medication regime. One was an anti-shingles medication, and others included painkillers, and steroids. After a week of being on steroids, one of the student doctors told me to stop taking it altogether. A couple of days later I felt so ill, and the nurse, after taking my vital signs, saw that my blood pressure was alarmingly low. The result was that I was admitted to hospital and they called in all sorts of specialists to find out why I was feeling so ill. When we told them I was taken off the steroid, they all agreed that that was the culprit. The student doctor had made a huge mistake! Anyway, whatever the run of actions, my transplant was delayed for two weeks until I was fit enough to go through with it.

Although being in hospital was traumatic for me, it was a blessing in some ways because they then took charge of administering the myriad of drugs I was required to take. It's a big responsibility that falls on the caregiver. Looking back I would have been completely unable to make the day trips into the hospital during the worst of the procedure. I was absolutely devoid of energy and the diarrhea was chronic and unpredictable. I was initially put into a ward known as T-15. It is for crucially ill bone marrow and leukemia patients and has high security and specialized care. It is on the top (15th) floor of the hospital so the views are breathtaking. I was in there until a more critically ill patient needed my bed and then moved down to a regular ward.

The Transplant Itself

The transplant process consisted first of all with the administration of a massive dose of Melphalan, a highly toxic chemical poison which kills off most the cells in the bone marrow. Then, there is a huge clearing from the bowels, which I was not expecting. What happens then is that, because this poison kills not only the cancerous cells but good cells, your blood counts drop to rock bottom over the course of the next week. And then, at the pinnacle stage, they gradually start to rise again as the new stem cells begin to take root. Scientifically it's a remarkable process but a very traumatic one for the patient. My kappa free light chains dropped to 285 after the transplant from the 4500 they were at diagnosis, and I was given a new lease of life.

A couple of days later, my harvested stem cells were re-introduced back into my body. It took about an hour and was another unpleasant process but we had finally arrived at the "big event". The cells are preserved in a highly toxic preservative and this substance wends its way out of the system via the lungs. Consequently, both a doctor and nurse were present in the room while my stem cells were being fed back into my body via an IV through the Hickman line. They watched for complications and kept a heart monitor running, as I gasped for breath. After this procedure, the transplant itself was complete.

The Hospital Morning Routine

In hospital, one of the student doctors would put his head around the corner every morning and say, ‘Good Morning Mr. Gale, have you had a bowel movement this morning?’ After a while, I felt like replying ‘No - have you?!’ Anyway that was it. He would come and touch my stomach and say something akin to goodbye and have a good day, and that was the last I saw of him until the next day. What a waste of time I thought to myself.

Every morning was the same. At somewhere between 5am and 6am usually nearer 5am, a nurse would come in, and using the Hickman Line, would take blood. She also took my blood pressure, and occasionally would ask me to get out of bed so I could be weighed. I didn’t like being woken up so early by the night shift nurse.

Side Effects

What they don’t tell you about before you go through with the transplant are all the side-effects associated with the large dose of Melphalan used to obliterate the cancerous cells in your body. I ended up with most, if not all of the troubles possible. I was already feeling tired because of the steroid error, and it wasn’t long before fatigue set in, I have never felt so tired in all my life. I now know what fatigue actually is - complete tiredness of the body with no energy at all to even get out of bed. Couple that with a feeling of hopelessness that I was ever going to get better, and I began to go downhill fast.

The physical aspects of the side-effects were just plain horrific. Losing all the taste in my mouth, no saliva, and mouth and throat sores. All the side-effects contributed to the state that I could eat nothing, and if I tried, I risked vomiting it all back up again. If you have ever tried to eat food without saliva, and no taste, and painful mouth sores, you will know what I mean. All food tasted the same - like nothing. It was all horrible. I was so tired; I did not want to bother to sit up in the bed just to take a few sips. I wasn’t drinking anything at all, and needed it to get rid of the poison that was still in my system. I was on a saline drip 24 hours a day to keep me hydrated, which meant I also needed to pee regularly, including through the night. I needed help to get to the bathroom, as I had lost so much weight, I could no longer support myself. The nurses had me labeled as a fall risk and stood by me all the time I was in there, which was embarrassing. The worst was night time when I needed to go every two hours, and with the initial problem of the diarrhea caused by the heavy dose of Melphalan, it was an absolute nightmare. When I needed to pee, I tried to do it in one of the little bottles they give you, instead of going to the bathroom, but my bowels gave way at the same time, with the obvious results. To get out of bed needed a big effort. Add to the fact that my back pain, from what was now four compression fractures, was worse because I was spending all day and night in bed.

Being in bed, and sometimes in a room by myself, I became anxious from time to time, and did not want the door of the room closed during the night. I was moved several times to different rooms, which was also very unsettling. I couldn't wait for Annie to walk through the door and stay with me for a few hours. And when she left in the early evening, I just wanted to cry. I was at the lowest point that I have ever been in my life. I kept hoping I would regain some energy, but every day was the same.



View from my hospital room on T-15-Vancouver General

To Eat or Not To Eat

The meals would come in three times a day, after Annie had filled in my daily requirements on a card the previous day. The lady left the meal on the table, but no-one came in to try and help me eat. Only Annie was interested in helping get some sustenance into me. Each day, they would leave the meals on the table, and each meal was duly taken out again later not having been touched by me. I didn't have the strength, nor the will, to sit up and try and eat anything. I could not eat - that was the situation - I didn't want to eat - I didn't care - and I just wanted to be left alone. At one point, Annie was so worried about how little I was consuming that she implored the doctor's to put a feeding tube in me. The doctors refused this request because apparently it interferes with the repopulation of the brand new stem cells. Instead, she used to stop and pick me up a highly nutritious smoothie on route to the hospital and would coax me to take just a couple of sips a day. It was a highly stressful period for her as well.

Release from hospital

In my state of no energy and total fatigue, it was announced that I was to be released from hospital, as they needed the bed for other sick people. I did not know how I was going to gather the strength to get up and get into a taxi. With Annie's help, our volunteer driver, and a wheelchair, I finally arrived back at the lodge. The awful thing was that I had to report to the hospital five or six times per week so they could keep a check on me. I remember one particular morning when I had 'eaten' breakfast, plus it seemed like a million tablets, that Annie was trying to help me get into the wheelchair and I lost my balance and fell to the floor. I could not get up. I was too weak. Annie put her arms around my mid-drift bear hug style and hauled me up to the chair. It was one of those times when I realized how weak and vulnerable I was.

Back at the Lodge, after my discharge from hospital, my mouth sores seemed to clear up after a couple of weeks, but the lack of saliva and taste did not return for a long time to come. I still found it very difficult to eat anything. I ate more at the lodge than I ever did in hospital. Annie was still trying hard to get me to eat. We had a deal where I agreed to go into the dining room for at least one meal per day. It was usually lunch or dinner. Annie would bring me something from the dining room for the other two meals. I never ate much. But I had to have prunes every morning, as the painkillers, containing morphine, caused great constipation.

Just before we left Vancouver, I had one special moment when I was really hungry and fed up at not being able to eat. We were visiting with one of the psychologists in the day ward of the hospital, and Annie went to get some lunch. I was trying to get by on soups, as that was all I could eat. She came back with a tomato and beef pasta soup that looked great. I still could not taste anything, or have any saliva with which to eat and chew my food. Hence the soup. I could not eat anything dry like bread or anything much at all. Annie offered me a spoonful of this soup, and I took it. Although I could not taste anything, my mouth detected spice. I told

myself ‘to hell with it - I’m going to swallow this lot if it kills me.’ I ate most of it! It was a eureka moment. I actually managed to eat something, even though I couldn’t taste it. I didn’t chew the food, I just swallowed it.

My release from the transplant program was delayed at least twice due to my condition. We had meetings with occupational therapists, psychologists and pharmacists. I would be taking some things home with me to help out with my recovery. By this time, Annie was tired, but kept on trying to help me recover strength and energy. I was also taking pills four or five times a day, including some massive tablets that I needed to take for my potassium levels. It was nearly impossible to take these pills. Annie broke some of them in half, but even half of this huge pill was too big. I just could not swallow it. I was in lying in bed, totally fatigued, with pills on the bedside table, waiting to get up enough will and energy to get them down my throat. Another struggle.

When I arrived in Vancouver I weighed 185lbs, but I left six weeks later at a mere 135lbs. No wonder I felt weak and looked really thin. No wonder I had no energy, and no wonder I just wanted to go home.

POST TRANSPLANT RECOVERY

Equipment

With the help of the hospital physiotherapy team, Annie was able to borrow several pieces of medical equipment from the Red Cross in Vancouver, to aid me in my recovery period. There was a shower bench, raised toilet seat, a travel wheel chair (lighter frame), a grab bar for the side of the bath tub and a walking frame. And I was grateful for every single one of those pieces. Annie had to pack up the car all on her own - I could do nothing, and then come and fetch me in my wheelchair. The car was packed to capacity as we set off for the ferry.

Home at Last

Back in Sidney, BC. our apartment is on the second floor, with no elevator. We wondered how I would negotiate the stairs - three flights of seven steps each. With Annie behind me, and taking one stair at a time, I pulled on the stair railing and hauled myself up, sitting down on a chair that Annie had placed at each landing. Once in our apartment, I dropped into bed and stayed there, except for visits to the bathroom. I would lie in bed looking out of the window at the cherry tree outside. I did that for about six more weeks, wondering when I would lose the fatigue and be able to get up and move around.

I used a walking frame to get to the bathroom, and could not have done without it. Because of the chronic back pain, Annie was still helping me in the bathroom, and gave me a sit down shower every two days. That took an enormous amount of effort just to walk to the bathroom, step into the tub, sit down on the shower bench and be washed and dried, and then get back into bed. I loved getting back into bed after all that effort.

Another thing that took us by surprise was that for weeks after we got home, I shed the entire outer layer of my skin. Little flakes of skin would appear on a daily basis all over the bed sheets. This went on for weeks as my cells gradually regenerated themselves.

Annie was feeding me scrambled egg for breakfast, with my favourite cup of herbal tea. I could not manage toast, but realized I could do half a toasted bagel for some reason. Lunch was homemade soup, and I can't remember what we did about supper. It was an effort, as in hospital, to sit up and eat anything as my energy level was still zero. Anyway, Annie started putting mushrooms in the scrambled egg, not that I could taste anything, but with the help of tea and water, I managed to eat something. Then one day, I had finished the eggs and put aside the tray, and to my surprise, I realize I had actually tasted the mushrooms! That was the first thing I had tasted for over two months. I had no saliva, but continued to hope it would return soon. I was still bound by nausea however, and although I was eating a little more, I was not able to eat anything I wanted. I heard later that when one is suffering from nausea, do not eat your favourite foods, and it may put you off them for life. I didn't know that then, and I think I have paid the price for trying to get back to regular eating. There are some things I just cannot eat now, like mashed potato, or cream cheese. There are some foods that I couldn't eat for the longest time, but this has returned after a three year absence.

Physiotherapy

I went home from Vancouver a mere 135lbs with little to no muscle tone, and I was bedridden for four to six weeks. After a couple of weeks of being home, I had a visit from an Occupational Therapist. Pat was another great blessing and aid to my recovery. Although I whined and complained that I had no energy, she coaxed me into very light exercise to get my leg muscles back to full strength. This took some time of course, but I had to start somewhere, and this was it. I also started getting up for one meal a day as I had in Vancouver, and that was counted as an action for the day. If I sat in a chair for an hour, that was good. It was hard - and that does not convey how I felt. It was very tough, but I knew I needed to recover the use of my legs and arms, or I would just melt away to nothing. Over the next six months, Pat helped so much; I could not have recovered from the whole ordeal at all without her.

Then finally, a day came in late July 2015 when I got out of bed to go to the bathroom in the morning, and I actually felt I had some energy. It didn't last long, but it was a start. I was able to do more exercises, like walking up and down the short hallway in our building, and go down one flight of stairs and up again. We called it my 'hallway hop,' and it felt good to be able to walk around a little. Gradually I was able to get up and walk to the living room and sit in my recliner to eat my meals. It was a huge effort.

Shingles

In October of 2015, I noticed a rash showing on my stomach, and I had no idea what it was. After a couple of days, I showed Annie, who phoned the district nurse, and was told I should get to the hospital straight away. This was 10:30pm on a Saturday night and we were both tired. The doctor saw me at about 2 or 3 in the morning, took one look and declared that I had Shingles. I had no idea what was in store for me at that time. I was facing 2 to 3 years of pain. I had only recently been advised that I could come off the Shingles prevention medication, and it seems as soon as I came off, I got Shingles. Shingles pain is excruciating and constant. Almost no medication touches the burning you feel, and all you can really do is to allow it to lessen with time.

Almost a year on, and the Shingles turned into Post Herpetic Neuralgia, which is the damaged nerves continuing to give pain. The scarring is almost gone, but when I look closely I can see the red marks where the scabs used to be. More battle wounds.

Re-immunization Program

The huge, toxic dose of Melphalan that I received prior to the transplant knocked out all of the immunization injections for various conditions, since birth. The immune system was completely compromised, in addition to any resistance that would have been built up to influenza, colds, or other common ailments. The body becomes helpless again and is open to attack. I embarked on a two year re-immunization program that was coordinated through my local health unit. Gradually I had jabs for things like Tetanus, Hepatitis and MMR. Thankfully, I was also cleared to receive the once-in-a-lifetime Shingles vaccine. To this date, I am one injection short of being fully re-immunized, but because I'm back on chemotherapy again, I am not able to receive it because of drug interaction.

In hospital, I had to stay in a room with restricted access to keep all viruses and bugs out, until my blood counts began to recover. This period lasted for at least two weeks. Annie, and all nurses, doctors and visitors to my room had to suit up in white, protection jump suits, similar to the ones that employees wear at a nuclear plant.

Fatigue

Annie encourages me to try and do something each day that brings me joy, simple things like sitting out on the balcony in the sun or playing my guitar or writing, however this is very dependent on my level of fatigue on any given day. I have had to cut back on how much I can do around the house, which means that Annie ends up picking up far more than her fair share. I feel badly for that, but I'm powerless to change it. I have come a long, long way from those post-transplant days almost 3 years ago and, I often find myself reflecting back on what it was like to lie in bed day after day without any energy, just willing my body to recover and for life to return to normal.

Pamidronate IV

Following the transplant, each month Annie and I pay a visit to Victoria General Hospital in order for me to have a Pamidronate IV. This drug is cleverly designed to take the calcium from your bloodstream and deposit it back into your bones to strengthen them. This is another line of defense against the brittleness of the bones and the compression fractures that Multiple Myeloma is responsible for causing. I'm allowed to leave the hospital once it has been inserted in my forearm. The IV is attached to a bottle. It has a little balloon inside that deflates as the drug enters my system. Annie then removes it after 3 hours.

Supportive Therapies

The story of my cancer journey wouldn't be complete without discussing the supportive therapies that I have chosen in which to participate. I attended a health lecture on board a Princess cruise ship that went into great detail about the benefits of consuming a more Alkaline diet as opposed to an Acidic one, as cancer cells apparently cannot survive in a fully Alkaline environment. I try to eat half a grapefruit a day to alkalize my system but I have found that sticking to a completely Alkaline diet is not practical. Meditation is beneficial to quieten the mind and lower the anxiety level and I have sat down to meditate in my comfortable recliner on a number of occasions. Other suggestions have been to receive Reiki treatment and to listen to classical music as sound therapy. It is true what they say about laughter being the best medicine. As well as going to comedy shows on board ship, I frequently view comedic TV series (particularly British comedy) and it feels good to laugh out loud amidst an otherwise heavy life situation.

A friend of Annie's suggested that I try THC oil, extracted from cannabis plants, to help me with the pain from my compression fractures and the Post Herpetic Neuralgia. In BC in 2017, that could only be obtained by first getting a doctor's note. I thought, hey what the heck. I'll give anything a try. So we paid a slightly reluctant visit to a registered medical marijuana dispensary in downtown Victoria. They took my doctor's note and got me all signed up. Then I was allowed into the inner sanctuary to view all the products, while Annie had to take a seat in the waiting area. I came home with a syringe of THC oil in a highly concentrated form. I had to put just a couple of drops on my tongue once a day. It tasted to me like eating a cigarette and did nothing to combat the pain. And so that was the end of our sojourn into the world of medical marijuana!

But aside from these tools, probably the most beneficial course of alternative treatment for me was to see a Jungian Psychotherapist on a regular basis. Together we delved deeply into my past hurts and scars and purged a lot of emotional baggage. I was told by the psychiatric teams both at the Victoria Cancer Clinic and Vancouver General Hospital that cancer cells are formed not only by a build up of toxins in the body but of unprocessed emotions that get literally "stuck" in our cells and left undealt with, cause the cells to become malignant or cancerous. I am a big proponent of doing this as part of the treatment process and I am convinced that it prolonged my remission period.

Journaling and Record Keeping

I started journaling right from the start of my journey.

I cannot emphasize enough the importance of keeping organized with medication spreadsheets for every step in the medication process. My wife was largely responsible for keeping me on track in the early days and together we set up medication sheets right from the get go. I take these sheets with me to appointments and my doctors often keep a copy. I can look back on any stage of my medication history. Especially in the beginning and around the time of the transplant, my medication sheets were pages long as I juggled up to 13 medications at once. Annie used to joke and say she needed a Science degree to understand and administer it all. It is a big responsibility for the caregiver. Although I'm now on (only) 6 medications, I manage by programming the three alarm times on my cell phone to warn me when it's time to take my next medication. I am a slave to that alarm bell going off, but it does help me to relax in knowing that I won't forget a critical dose. I hope you find the sample Medication Record at the end of this article helpful as a blueprint for tracking your own medications. I have included a sample Home Medication Sheet here/at the end of this article.

HOME MEDICATION RECORD for (Name) _____ Week of _____

MEDICATION:	DAY/DATE:	Night						Morning						Afternoon						Evening					
Prescribing Doctor:	Time-----	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Dose #Tablets	SUN																								
Time (s)	MON																								
Special instructions	TUES																								
Reason for taking it:	WED																								
	THURS																								
	FRI																								
	SAT																								

MEDICATION:	DAY/DATE:	Night						Morning						Afternoon						Evening					
Prescribing Doctor:	Time-----	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
Dose #Tablets	SUN																								
Time (s)	MON																								
Special instructions	TUES																								
Reason for taking it:	WED																								
	THURS																								
	FRI																								
	SAT																								

IMPORTANT NUMBERS:

Cancer Registration Number _____
 Oncologist Phone Number _____
 Family Doctor Phone Number _____
 Other Doctors Phone Number _____
 Local Cancer Clinic Phone Number/Emergency Number _____

Larger sample available on page 29

My Remission Years

It is now June 2018, three years on from the date of my transplant, and my remission lasted for almost that amount of time. This position is excellent, even though I have had to endure many side effects like nausea, fatigue and Shingles.

During my remission period I faithfully went to the lab on a weekly and then a monthly basis to get my blood work done. I've lost count as to how many pokes in the arm I've had. When we returned from Vancouver we were once again monitored by my oncologist on a weekly then a monthly basis, but during the height of the remission period, I was seen every 3-6 months by a Physicians Assistant instead. My kappa free light chain count remained around the 200 mark for most of that time.

To be honest, my remission was not been the "honeymoon" period I was led to believe it would be. Getting Shingles played a big part in this, as did an increase in painful compression fractures. Since leaving hospital I was dependent on steroids. My body doesn't produce its own cortisol at the moment. Despite being put on a regime to decrease the steroid levels, my body has never allowed me to be successful. I would start to come down off them and then get sick with flu or bronchitis (because my immune system is still somewhat compromised) so the dose would have to go back up again, and then I'd have to start weaning off them all over again. Going down on steroids causes extra fatigue until your body's natural cortisol levels begin to kick in. But, one of the biggest factors was in trying to get was in regards to getting the right mix of medications. This is a delicate balancing act between sufficient pain relief and the emotional highs and lows of being either elated or fatigued. With every drug change or dose increase or decrease, my body became more and more confused so I was on a constant roller coaster as to how I felt each day.

On the flip side, however, Annie and were able to take some wonderful trips. We even made it back to the Island of Malta in the Mediterranean where we went on our honeymoon. Wherever I go, the back and shingles pain goes with me, and I need the morphine prescribed by my GP. I get tired easily and cannot walk very far without stopping for rest.

Trauma

My time during the transplant was traumatic. I get flashbacks all the time, remembering the hospital experience, and being in bed in the lodge. Even a smell can start it off. Once I was at Victoria General Hospital, and the smell reminded me starkly of Vancouver General Hospital, taking me instantly back to my transplant days. Sometimes I'm eating something, and had forgotten that I used to have that particular item at the Lodge, and taking a bite brings the memory back, and it puts me off the food. I have also had an issue with sleeping in the dark. Annie bought me a Himalayan salt lamp for my bedside and I sometimes sleep with it on all night. The reason I am writing this information, because I ended up suffering from trauma as a result and have flashbacks of the whole experience, but my psychotherapist is helping me to deal with that. I suffer from PTSD and RBD (REM Sleep Behaviour Disorder).

Relapse

In the spring of this year (2018), my free kappa light chains began to rise exponentially from just below 200 to 1200. By May, my doctor and I knew that my remission period was officially over, and that we had to act fast to keep the cancer at bay. Again Annie and I turned our chairs to look at the familiar white board as my oncologist explained the two treatment options that were now available to me, only this time there were no tears or shock factor. We simply took the news in stride and thought to ourselves, well here we go again.

With this relapse, I am back on chemotherapy and will be for the rest of my life. I'm told that, right now there are four to five "lines of defense" to fight the disease. The transplant was the first, and so I'm currently on the number two. One of my medications is \$7,500 per month (a cost that is thankfully born by the Province of BC) and is closely monitored because it is a danger to the general public so I pick it up from the Cancer Clinic Pharmacy. How long this stage will last is largely unknown, but I will be kept on this cocktail for as long as my body responds to it, typically between 18 months to 3 years.

The latest count on the compression fractures of my vertebrae is nine, and on top of the chemotherapy drugs, I am currently taking an opioid for pain, and an anti-nausea medication. So for now, my nausea is under control and I can eat normally. My energy level is a little better, but it is far from normal. Pain continues to be a scourge from the compression fractures in my back and from the post-herpetic neuralgia (shingles pain), which I am led to believe will last three years to life. We plan to increase the opioid to an acceptable level to dull even more of the pain. And with that, my story is ongoing but I live in hope!

What the Future Looks Like

I have been told that the average life expectancy from initial diagnosis of Multiple Myeloma to a patient's death is 7 ½ years here in Canada. For some the journey is shorter, for others considerably longer. This is just an average. I like to think that, because my remission period was above average, that my lifespan will be also. Plus I am continuing to address the emotional component of cancer by seeking ongoing psychotherapy. I have made a bucket list, and Annie and I are taking every opportunity to go on the trips we have on our list. Travel, especially by cruise ship gives me the bright beacon of light I need to move towards to get me through the tough days. For now I plug on, day by day, appointment by appointment, and from one medication time to the next. I can truly relate when people say that a patient "does battle with cancer" for it is a constant battle. But, cancer is no longer the imminent death sentence it once was. New medications and treatment options are being discovered all the time and each of these discoveries and trials helps to prolong a patient's lifespan. Because of this fact, I'm constantly being told by my Oncologist that he hesitates to tell me about current treatment options for a future stage of my illness.

In Closing

It is my intent that if you or a loved one has been diagnosed with Multiple Myeloma, that this information will prepare you for what could be ahead. Bearing in mind that other patients with whom I shared my experience at Vancouver General Hospital, did not suffer all the side-effects that I had to endure, and responded much more positively. If you are mentally prepared for whatever experience awaits you, then I am almost sure you will have a better experience than I did for a number of reasons. So take heart and remember that because of chemotherapy and the bone marrow transplant, and the three years of remission that have since passed, I am still around to relate the tale. Without it, my life expectancy was 18 months to 2 years. I count myself extremely lucky, and extremely grateful, and so does my wife.

© Phil Gale August 2018

Disclaimer: I am not a doctor. I have purposely not included the names of many of my medications in this account, because your course of treatment could look similar or could be a lot different than mine. Always consult your team of doctors for any medical advice. This is strictly an account of my cancer journey.



September 2015 - Post-Transplant

Written by Annabel Gale

Continuing the Story

It has been a year since my husband wrote the last few sections of his story, and his account held a lot of hope for the future. Back then he was on line of defence number two, out of the four we'd been informed of for his case, and he looked to the horizon with hope. But, unfortunately as time went on, this line of defence did nothing to attack the cancer cells and on top of that he started to feel really unwell. Clearly this chemotherapy drug was not working for him. We made an extra trip to the Cancer Clinic and the oncologist-on-call took him off it for a spell until his regular oncologist could re-evaluate things. It was a while before this could happen as his doctor was on holiday at the time, which turned out to be a blessing in disguise. It allowed Phil a break that we took full advantage of. We cruised from Anchorage, Alaska down to Vancouver, on what turned out to be our final voyage together. Phil was feeling pretty good, all things considered, and we had an amazing trip. And, for once, this trip didn't involve a visit to the Medical Centre on board.

Upon our return, Phil was put on line of defense number three, and yes, it did cross our minds that the options were starting to dwindle. This one entailed a number of steps. There was a monthly visit to see his oncologist for blood test results and a weigh in, (which determined the correct dose for the upcoming cycle) then a weekly blood test to determine if his counts were sufficiently stable in order to receive chemo, and the new chemotherapy regime itself. The new treatment consisted of IVs on two consecutive days of the week, which for us were Thursday and Friday, three weeks on and one week off. A high dose of steroid was to be taken in conjunction with each of the chemo IVs, to help prevent nausea and increase its effectiveness. This caused his body to swell to uncomfortable proportions. His face, his legs and his stomach all swelled up with the retention of fluid. All in all, this was a time-consuming regime but it started to work, and work well. At last the numbers came down, drastically and our hope was once again renewed.

However towards the end of the year, three things happened in quick succession. One day in early October, Phil started to feel very unwell again, and so I took him to the ER of our local hospital. They did a CT scan and discovered a blood clot on one of his lungs. This is not unusual in a cancer patient because cancer can thicken the blood. He was prescribed a daily blood thinner injection that I assisted in administering just before bedtime each evening. It was really hard to remind him each day that it was time for me to have to poke his stomach that was swollen up like a basketball from the steroids, and looking more and more like a bruised map of the world. But we didn't have a choice. A blood clot travelling to the heart or blocking a major artery can be instantly fatal. And these were really expensive at almost CAD\$100 per day.

In late October 2018, the chemo IV was scheduled late in the day, and we were told that the steroid for that day could be taken the following morning. Phil was ok with this as the high dose would typically keep him awake all night. However, this proved to be a big mistake. We got home after the chemo IV and an hour later Phil was violently sick, and was visibly shaking, worse than I had seen previously. We were both scared. I immediately called 911. He could not have possibly made it down the flights of stairs in our building and so they carried him down on a stretcher, and he was admitted to hospital. The doctors further diagnosed him with pneumonia, and gave him antibiotics. He was in hospital for just over a week but recovered to be able to continue with the chemo treatments by mid-November. Being on chemo greatly weakens the body's immune system and the antibiotics reduce the good bacteria in the stomach. All the drugs were incredibly hard on the stomach, so it's accurate to say that, after this hospital stay, Phil's body was left in a weaker state than before. Looking back I can see this incident was the start of the downward slide. Getting the treatment right is such a delicate balance and demands tremendous skill on the part of the oncologist as each person's case is completely different.



Just before Christmas we received the good news that Phil's kappa light chains were down to 189. We hadn't seen that number since post-transplant and we were excited, and Phil's oncologist was happy to give him a month off the gruelling routine. My brother and his family came to Vancouver Island to spend Christmas with us and Phil attended every single family event all Christmas week, which was extremely unusual for him given his low energy. Little did we know how special the memories of that week were to become. We had planned a getaway in early January, a break we were both desperately awaiting. But it was not to be. Sometime during the Christmas week, Phil contracted the flu, and his body, in its greatly weakened state had almost no resources to fight the infection. We had put off a suggestion for Phil to receive an on-going regime of replenishing his platelets to help his immune functioning because it was just another unpleasant thing to add into the mix, and sometimes a cancer patient has simply just had enough. Phil was, at this time, also once again receiving Pamidronate IVs monthly as well. Phil was a slave to the alarm on his cell phone. He would program it twice each day to remind him to take the next few doses of meds. Seven times a day it would go off, like clockwork, and he never got a break from it because one missed dose could cause another visit to the ER or in the case of missed steroid or blood thinner injection, could be fatal. It just never ended....

And so, in early January I took Phil back to see the doctor. He was once again put on a course of antibiotics but as the week went on his breathing became more and more laboured and he was barely able to get up out of bed and started to get really scared. Once again we found ourselves in the ER. And once again, we both thought that this was just another blip in the journey. The x-ray scans of his lungs showed they were full of pneumonia and influenza and it was taking hold faster than the aggressive doses of antibiotics they were giving him could fight it. When I received the call from ICU a couple of days later, I began to get really concerned. On 14th January I was told that Phil was holding on by a knife's edge. His breathing was so laboured that it was as if he was trying to run a marathon 24 hours a day and it was utterly exhausting for him. I remember crying and crying as I drove home to fetch a few of his precious things to take into the hospital. I spent day and night with him in ICU. On the morning of January 15th I was told to gather friends and family, as well as our Pastor, to say their final farewells. Phil was receiving the maximum dose of oxygen and it wasn't kind to keep him suffering to such a degree for much longer. It's a very surreal moment when you realize you don't have long with your beloved and conversation was limited due to his breathing and drifting in and out of consciousness. You simply don't have the presence of mind to say everything you wish, in retrospect, that you could have. All I could do was to hold his hand. At one point my mother and I were each holding one of his hands on either side of the bed, forming a triangle of strength for him as best we could. When we could leave Phil in that state no longer, I asked to be alone with him and kept vigil by his

bedside for hours as slowly he passed away in the evening of Jan 15th, 2019. I held his hand during his entire transition, and it was absolutely heart wrenching. I couldn't stop shaking with the sheer shock of it all. On his death bed, I told Phil that it was ok to let go, that he didn't have to fight anymore, that he could simply surrender and cross over into the loving arms of God to put an end to all the pain, the endurance and the suffering. It was really hard to say those words, because a part of me wanted him stay with me for a bit longer, but I had to dig deep as I knew in my soul it was just time, and that ending his battle with cancer was the kindest outcome for my husband. It's a sad irony that on Phil's Death Certificate the ICU doctor stated his cause of death as "Influenza and Pneumonia." He did not die from the Multiple Myeloma after all.

Summarizing the Journey

Together we fought his illness as a team as I accompanied Phil to doctor's appointment after doctor's appointment. It was weekly blood tests, monthly appointments with his Oncologist, appointments with his GP, his Endocrinologist, and the Pain Management team, a monthly IV to replenish his bones with calcium, chemo IVs on 3 out of 4 weeks, daily blood thinner injections in the stomach and about 20 pills a day. On and on it went. As I looked back on Phil's life in order to write this, I realized how dominated our lives had become over the past four years by his illness and that gradually his interests and hobbies had faded into the background to barely a whisper as the day to day operation of how to manage his illness took over. Cancer is an unforgiving disease. Phil was really looking forward to his retirement, but he was not given the opportunity to enjoy it. It placed an immense cloud over his whole life, preventing him from doing the things he loved. This is no way to live, and so in some ways, prolonging life in this way has a very cruel side to it.

Phil made peace with the traumas of his earlier life through a series of deep psychotherapy, but alas the damage had already seeded itself deeply within his body and manifested as Multiple Myeloma that was too late to completely reverse. I was incredibly proud of him because it takes immense courage to face the deeply painful wounds of the past. In August 2018, I bought Phil the box set of CDs entitled "Wholetones" by Michael Tyrrell. They consist of seven musical tracks containing different healing frequencies. My husband loved these and would faithfully listen to one or two every day. We know that they greatly contributed to his kappa light chain values diminishing so dramatically in those final few months.

We learnt to appreciate the small things, the small moments when he felt a little bit better, and in an odd way, our times spent together at the Cancer Clinic for treatments were some of the times we felt closest as we were in this together. I'd hold his hand and we'd have time to talk while the chemo was going in. And yes, it is only natural for me now to feel robbed of the time we could have spent in a "normal" healthy marriage.

We both felt that way. Several times Phil would try to cut down or illuminate the narcotics, but he would soon find himself in such unbearable pain from the compression fractures in his back, (which are a common symptom of Multiple Myeloma) that he had no choice but to resume taking them so it became a vicious cycle – damned if you do, damned if you don't.

My husband was a wonderful man, gentle, funny, kind-hearted, charitable and encouraging to all he met. He was well liked by his colleagues and friends, and his passing left behind a trail of sadness. Cancer leaves so many people in its wake. Phil had been fighting for his life day in and day out for four years. And, it is a sad irony that it wasn't the cancer that took his life.

For a while after Phil's passing my living room looked like a beautiful garden adorned with arrangements of colourful fresh flowers, as notes and cards of support poured in from friends and family. But, inevitably, there comes a day when the last of the bouquets has died, you've filed away the cards and you find yourself sitting there all alone, without your beloved. Your thoughts turn to wishing that they were back there with you, even for just a moment, and that things could return to normal. But then you remember that actually there was no normal because their body was wracked with cancer and their daily struggle was, at times, really hard to watch. So you are glad for them, that, at last they have gone home to our Heavenly Father, in order to be released from all the pain, all the suffering and all the endurance; and that there will be no more treatments, no more drugs, doctor's visits or hospital admissions. And this becomes your only comfort. Looking back now, I know in my heart of hearts that I couldn't have asked Phil to endure any more than he had done over the past four years.

To date there is no cure for Multiple Myeloma, only a way to prolong life, along with alternative therapies that make a person temporarily more comfortable. I've heard it said, that the deeper you love someone, the harder their death will affect you. I will never get over my loss. I'm simply trying to put one foot in front of the other, one day at a time, in order to get through it. That's all I can do.

If you are reading this and you are on your own cancer journey, I salute you again and again for your courage and endurance and my heart truly goes out to you. And if you have Multiple Myeloma, my wish for you is to live well above the average lifespan of 7 ½ years after diagnosis. For some people this can be 10 plus years. Phil lasted only four, but he had a lot of complications along the way.

And, if you are walking beside someone with cancer, I can only say how important it is to make the most of each good day with that person. I encourage you to take moments for yourself to recharge your worn-down batteries because your job is a very tough one too and they need you to be strong for them. I encourage you to express to your loved one everything that they mean to you before it becomes too late and to show compassion and love, even though you may not really understanding the depth of the struggle and pain they are going through at any given moment. I was far from the perfect caregiver. I had two people to care for at the same time, my mother with Alzheimer's and my husband with cancer. It was really tough at the time, but I did my best and I felt I was there when it counted the most.

It is an honour to care for someone with cancer but a tremendous responsibility at the same time. You must remain positive and hopeful for the both of you. You must interpret endless doctor's recommendations, and you have to encourage them when they are feeling down or particularly vulnerable. This is an extraordinary journey for you both. There is nothing you or I can say to a person suffering from cancer that will make their journey any easier, but it's important to let them know that you are there for them always and that you love them. They need to know that they are not in this alone.

A Few Final Thoughts

Every journey has a beginning and an end. My husband's cancer journey began on January 5th, 2015 and came to an end on January 15th 2019...or did it?

Phil made no apology for the candor with which he wrote this article. He took you right there with him through every twist and turn in the road. He wanted the truth to be told, for it is not possible to sugar-coat a cancer journey, and neither does it serve anyone to do so. His legacy lives on in this article and in his writing in general, and as such, his journey continues.

As a human race living in the current state of our world today, all we know how to do is to inject poison into the body in order to fix, what I believe to be a largely psychological problem. And there is rarely a happy ending with that scenario. I am encouraged by the hope that, as the world is gradually awakening to a new reality and is finding the motivation to create a much better future, that alternative healing will become increasingly mainstream, therapies like Michael Tyrell's "Wholetones", Reiki, acupuncture and deep psychotherapy – to name a few.

I'm hopeful that societal pressures will lessen and that the root causes of cancer will be addressed in a more natural way.

We need to stop injecting poison into a body that is so miraculous in its functioning and stop creating a dependency on artificial medications that ruin its natural rhythms, medications that, let's face it, make a few individuals and companies billions of dollars into the bargain. All of us are slaves to the world's monetary and pharmaceutical control.

It is too late for my husband Phil, but it's not too late for our children or our children's children.

Those of us reading this are good, compassionate and loving people, who are just trying to live our lives in the most honest and sincere way we know how, and who, not only want, but crave to see drastic improvement in the current state of the world and in how we deal with illness in particular.

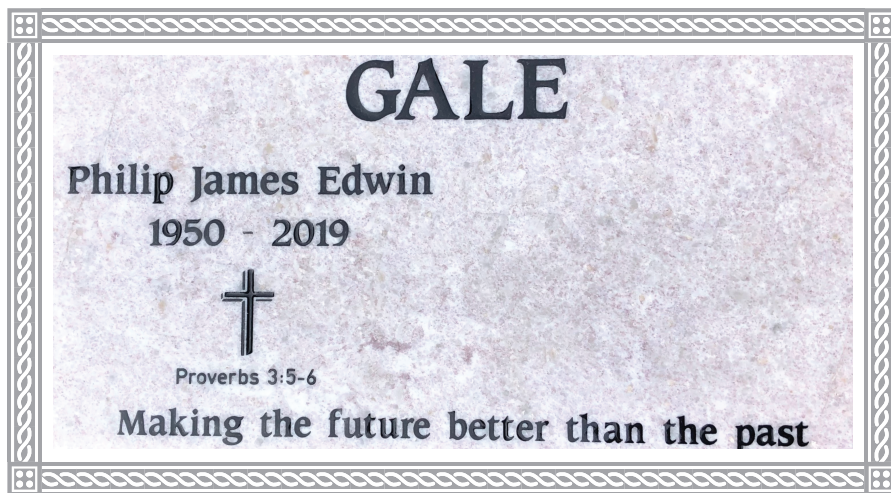
We are all empowered, beautiful souls who have the power and right to make different choices, better choices, and we are all in this together, because I can almost guarantee that each and every one of us knows someone who has battled cancer.

I'm hopeful that our future will be better than our past. Phil truly believed that. And his final gift, to you, the reader, is sharing this candid account of his cancer journey in the hope that people with a similar diagnosis would be helped.

His life and his cancer journey became, and is, a gift of hope.

I discovered this short prayer written by Phil on May 8th 2015

May the God of all grace and mercy, put His blessing on all the work carried out by all Cancer Agencies and their chosen representatives, and in addition, make a positive difference in the lives of all the people suffering from the many forms and variations of cancer, and to the lives of their caregivers. Amen



HOME MEDICATION RECORD

HOME MEDICATION RECORD for (Name) _____ Week of _____

MEDICATION:	DAY/DATE:	Night							Morning							Afternoon							Evening						
Prescribing Doctor: Dose #Tablets Time (s) Special instructions Reason for taking it:	Time-----	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12				
	SUN																												
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MEDICATION:	DAY/DATE:	Night							Morning							Afternoon							Evening						
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	SUN																												
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IMPORTANT NUMBERS:

Cancer Registration Number _____
Oncologist Phone Number _____
Family Doctor Phone Number _____
Other Doctors Phone Number _____
Local Cancer Clinic Phone Number/Emergency Number _____