Moving On

SURVIVING

STORIES of HOPE from CANCER SURVIVORS


Third Edition

SURVIVING

STORIES of HOPE
from CANCER SURVIVORS

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“I’ve been one of the lucky people who has responded very well to immunotherapy, and I hope others will give it a try.”

Rikki Rockett, head & neck cancer survivor

“Never underestimate the power of support. I have had so many men come up to me and thank me for sharing my story. It means a lot to me to be able to help educate men about this disease.”

Charlie Wilson

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Never underestimate the power of support

Just a few weeks before Thanksgiving, right after I stopped nursing my son, I felt pain in my left arm-pit and chest. After noticing redness in my left breast, I saw my general practitioner. Thinking it might be mastitis, she prescribed antibiotics and referred me to a breast surgeon. A week later I saw the surgeon, who ordered a biopsy, mammogram and ultrasound.

The day after Thanksgiving, the pain worsened. I left a message with the surgeon’s office for more pain medication. She was out of town but called back right away. She asked if I was sitting down then told me I had breast cancer. She said to get to the hospital immediately and possibly start chemotherapy that day. It didn’t quite register, but I shifted into gear. I called my sister, packed a bag, and asked my mom to take care of our kids, Penelope (4) and Roman (14 months). My husband, Munir, and I went to the hospital. After two days of tests, we learned the cancer had spread to 14 lymph nodes on the left side of my chest and five on the right. A scan also revealed an 11-centimeter tumor in my left breast. The tumor was sitting on nerves, which explained my extreme pain. They said I had Stage IV inflammatory breast cancer (IBC), a rare and aggressive type.

It was so hard for me to leave the kids, but my sister, husband and I flew to another cancer center for a second opinion. The oncology team found another affected lymph node in my clavicle, confirmed the IBC diagnosis and gave me a prognosis of 3 to 5 years. Because the tumor was too big for surgery, they suggested chemotherapy. We sought a third opinion. All three diagnoses and recommended protocols were the same, so I started chemotherapy at my local cancer center. Before my second cycle, I noticed a red bump on my breast. My oncologist canceled my next round, patted me on the back and told me there was nothing they could do.

Dumbstruck, I went back to the center where I’d gotten a third opinion. The oncologist said my only option was a clinical trial. My doctor found two clinical trials, but both were closed. My family contacted the clinical trial sponsor to apply for a “compassionate waiver” for one of the trials. My dad, sister and others sent more than 60 emails and letters pleading my case, and luckily, my appeal was granted.

The clinical trial regimen included a PARP inhibitor approved for ovarian cancer, along with two chemotherapy drugs. For six months, I flew to Los Angeles weekly for treatment, amid intense “mom guilt.” Our health insurance was through Munir’s job, so he continued working. I couldn’t travel alone so someone always had to travel with me. Sometimes we flew in and my blood counts were too low for treatment, so we’d reschedule our flights, hoping they would increase. Friends donated airline miles and hotel points, and one hotel offered discounts. We now know about resources to defray the cost of treatment-related travel, but back then we were focused on saving my life.

The treatment shrank the tumor to 5 cm. I stopped chemotherapy and had a 13-hour non-skin sparing double mastectomy and salpingooophorectomy. The 19 remaining lymph nodes were removed. My test results came back with clear margins. Recovery was painful, but I met my goal of walking Penelope to her first day of kindergarten.

Next I started radiation, which took its toll on me, followed by physical therapy and breast reconstructive surgery. Midway through radiation, I restarted the trial drug, taking eight capsules daily. It made me nauseated and extremely fatigued. Almost a year later, my oncologist told me my scans and bloodwork were clean. I could stop taking the trial drug.

After slogging through treatment, I am able to celebrate survivorship. I participated in a fundraiser for a local breast cancer organization, “To Celebrate Life.” Their yearly fashion show features cancer survivors as models. We learned how to walk on the catwalk, and they made us feel beautiful. As patients, we often lose our sense of self, becoming merely patients; now we were women again.

I’m off all medications now, except for hormone therapy, and I mostly feel good. I have highs and lows, and I get “scanxiety” before my annual scans. I am much more patient and compassionate, and my empathy for others is off the charts. I trained as a peer mentor at Bright Pink, an advocacy group for breast and ovarian cancer survivors. I want people to know how important it is to have someone advocate for you and listen to you without judgment. I hope my experience offers you hope and strength.

Laura Holmes-Haddad
Breast Cancer Survivor

When 37-year-old Laura Holmes-Haddad was diagnosed with Stage IV inflammatory breast cancer in 2012, she knew the clock was ticking. She was forced to make decisions fast, without much experience or information. With the help of a trusted medical team and a strong family who was willing to advocate for her, she beat the odds. Laura’s cancer road trip was, and still is, challenging, but she knows sharing what she learned will help other survivors as they navigate the intense world of cancer.
As a 36-year-old new mother, Heather Von St. James thought fatigue after giving birth was normal. The day she passed out after bringing laundry up from the basement was a turning point. She was concerned something was terribly wrong and sought help. Diagnosed with Stage IIB pleural mesothelioma, she spent the first year of her daughter’s life fighting for her own. Relying on her family and her faith, she was determined to live longer than the 15-month prognosis she received.

I had hyperthermic intraoperative chemotherapy where 140°F chemotherapy was poured into my chest cavity and sloshed around to cover the remaining organs and tissues, then pumped out. It was a nine-hour procedure. Months later, I started chemotherapy and radiation therapy, and I finished almost a year to the date after I was diagnosed.

Even though I survived a year of fighting cancer, my life would never be the same. Before the diagnosis, I worked at a hair salon, but I had no job to return to. I felt so empty, and I just cried. Eventually, I picked myself up and decided to volunteer so others going through mesothelioma wouldn’t feel as alone as I had. I now volunteer with The Mesothelioma Applied Research Foundation and Friend for Life Cancer Support Network. I also work to raise awareness about the dangers of asbestos because I was exposed to it through my dad’s clothes.

I was diagnosed in the dark ages of mesothelioma. Today, many people are living with mesothelioma, and there is hope. Mesothelioma research is expanding and more specialist centers are opening up. Anyone diagnosed with it should find a specialist with mesothelioma experience. Expect to travel because not all surgeons or oncologists are trained to handle it. Finding a mesothelioma specialist could make the difference between life and death.

I can either be a victim or a victor. I claimed victory and have no evidence of disease. Now I want to be a beacon of light for others who feel lost because of a mesothelioma diagnosis.
I stepped out of a meeting to take a call I wasn’t expecting from my general practitioner. Because I was 60, he’d run additional tests on routine bloodwork. When he told me that my white count was up, I immediately thought, “Here we go again.”

I assumed the case of indolent prostate cancer I’d been diagnosed with 10 years prior was becoming active. I was surprised when instead my doctor referred me to a local hematologist-oncologist because I may have signs of chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

Hearing the diagnosis from my hem-onc was very unsettling. Granted, the previous prostate cancer diagnosis had hit me hard, but I was treated by an expert in the field, had excellent care and felt everything was under control. However, I didn’t know a thing about these two new diseases that were affecting my blood and lymph systems.

I wanted to be informed before breaking the news to my two grown sons and the rest of my family and friends. My hem-onc was a lovely man who managed to calm me by answering my very blunt questions directly.

Am I going to die? No.
Will I be able to continue practicing as an architect? Yes.

He felt my case was fairly treatable but needed to begin by running a series of monthly blood tests that would give us a benchmark and help us understand any change in the disease. I’ve since learned that CLL is numbers driven. Pages and pages of fine print and blood count levels become the valuable guide that indicate disease progression. Your life revolves around these numbers.

I put a great deal of thought into how I’d tell my kids. Both were busy starting their lives, one in Hawaii and the other in Texas, and I didn’t want to derail their plans. I kept it simple, basically relaying the conversation I had with the doctor. Still, it’s hard to hear your dad is sick, and it was emotional for all of us.

A close friend encouraged me to seek a second opinion, something the hem-onc had also suggested. I traveled to a renowned cancer center in another state. I spent three days at this state-of-the-art facility with CLL specialists. I had a bone marrow biopsy and genetic testing. I returned home knowing I was in good hands.

Next, I needed to find an equally progressive local oncologist who could work with my new medical team. I found a CLL website that listed a CLL specialist at a nearby teaching hospital. I met with him and knew I’d completed my team.

For months, I continued to have no symptoms, so we watched and waited. Then fatigue began to settle in. My arms and body became heavy. If I ran or mowed the yard, I paid for it the next day. Sometimes I couldn’t even get out of bed. My lung capacity and stamina simply didn’t allow me to do the things I used to do. The cancer was progressing, and it was time to begin treatment.

When I reached this point, I realized that cancer erodes many things — emotions, drive, hunger. This gets a little deep, but I had a perception that I was connected to every other person who has had cancer because they surely felt the same as I did.

To decide on the best treatment, my primary doctor ordered blood tests to check my levels and look for genetic markers. Mine is what’s known as a naïve case of CLL, which means it has the potential to be aggressive. That happened to be one of the criteria for a clinical trial that was testing two targeted therapy drugs, and I was able to get in.

In the extremely simplified way I tried to explain it to my family and friends, the 27-month trial consists of a kinase inhibitor that is designed to “manage the disease.” The side effects are noticeable but minimal, such as a random pain in my heel or my neck. Miraculously, after just two weeks on the drug, my whole body began to feel better. My arms felt lighter. I walked more freely, more easily. It felt like the beginning of a huge upswing.

Three months into the trial, a BCL-2 inhibitor was added to “really kick the cancer’s butt.” With that, I have no side effects as long as I eat before I take it.

I’m almost in remission, and I’m optimistic. I know it’s not easy when you realize your disease is incurable, but being optimistic is easier when you find your motivation.

I encourage you to find what motivates you. And, remember, thanks to all the progress being made with CLL, there is hope.
Discover a CLL treatment

VENCLEXTA® + GAZYVA®
(venetoclax tablets) (obinutuzumab)

Designed to be different:
Chemo free. Completed in 12 months.

Established efficacy and safety in clinical trials

Helps destroy cancer cells through restoring a natural process that may be damaged when you have cancer

After 12 months, your out-of-pocket costs for VENCLEXTA + GAZYVA are completed

Coverage may vary by health plan. You may still incur out-of-pocket costs for other treatments or tests as directed by your healthcare provider.

Ask your doctor if VENCLEXTA + GAZYVA is right for you.

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Use and Important Safety Information

Use
VENCLEXTA is a prescription medicine used to treat adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

It is not known if VENCLEXTA is safe and effective in children.

Important Safety Information

What is the most important information I should know about VENCLEXTA?

VENCLEXTA can cause serious side effects, including:

- **Tumor lysis syndrome (TLS).** TLS is caused by the fast breakdown of cancer cells. TLS can cause kidney failure, the need for dialysis treatment, and may lead to death. Your healthcare provider will do tests to check your risk of getting TLS before you start taking VENCLEXTA. You will receive other medicines before starting and during treatment with VENCLEXTA to help reduce your risk of TLS. You may also need to receive intravenous (IV) fluids into your vein. Your healthcare provider will do blood tests to check for TLS when you first start treatment and during treatment with VENCLEXTA. It is important to keep your appointments for blood tests. Tell your healthcare provider right away if you have any symptoms of TLS during treatment with VENCLEXTA, including fever, chills, nausea, vomiting, confusion, shortness of breath, seizures, irregular heartbeat, dark or cloudy urine, unusual tiredness, or muscle or joint pain.

- **Drink plenty of water during treatment with VENCLEXTA to help reduce your risk of getting TLS.** Drink 6 to 8 glasses (about 56 ounces total) of water each day, starting 2 days before your first dose, on the day of your first dose of VENCLEXTA, and each time your dose is increased.

Your healthcare provider may delay, decrease your dose, or stop treatment with VENCLEXTA if you have side effects.

Who should not take VENCLEXTA?

Certain medicines must not be taken when you first start taking VENCLEXTA and while your dose is being slowly increased because of the risk of increased TLS.

- **Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. VENCLEXTA and other medicines may affect each other causing serious side effects.

- **Do not start new medicines during treatment with VENCLEXTA without first talking with your healthcare provider.**

Before taking VENCLEXTA, tell your healthcare provider about all of your medical conditions, including if you:

- have kidney or liver problems.

- have problems with your body salts or electrolytes, such as potassium, phosphorus, or calcium.

- have a history of high uric acid levels in your blood or gout.

- are scheduled to receive a vaccine. You should not receive a “live vaccine” before, during, or after treatment with VENCLEXTA, until your healthcare provider tells you it is okay. If you are not sure about the type of immunization or vaccine, ask your healthcare provider. These vaccines may not be safe or may not work as well during treatment with VENCLEXTA.

- are pregnant or plan to become pregnant. VENCLEXTA may harm your unborn baby. If you are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with VENCLEXTA, and you should use effective birth control during treatment and for at least 30 days after the last dose of VENCLEXTA. If you become pregnant or think you are pregnant, tell your healthcare provider right away.

- are breastfeeding or plan to breastfeed. It is not known if VENCLEXTA passes into your breast milk. Do not breastfeed during treatment with VENCLEXTA.

What should I avoid while taking VENCLEXTA?

You should not drink grapefruit juice or eat grapefruit, Seville oranges (often used in marmalades), or starfruit while you are taking VENCLEXTA. These products may increase the amount of VENCLEXTA in your blood.

What are the possible side effects of VENCLEXTA?

VENCLEXTA can cause serious side effects, including:

- **Low white blood cell counts (neutropenia).** Low white blood cell counts are common with VENCLEXTA, but can also be severe. Your healthcare provider will do blood tests to check your blood counts during treatment with VENCLEXTA.

- **Infections.** Death and serious infections such as pneumonia and blood infection (sepsis) have happened during treatment with VENCLEXTA. Your healthcare provider will closely monitor and treat you right away if you have a fever or any signs of infection during treatment with VENCLEXTA.

Tell your healthcare provider right away if you have a fever or any signs of an infection during treatment with VENCLEXTA.

The most common side effects of VENCLEXTA when used in combination with obinutuzumab or rituximab or alone in people with CLL or SLL include low white blood cell counts; low platelet counts; low red blood cell counts; diarrhea; nausea; upper respiratory tract infection; cough; muscle and joint pain; tiredness; and swelling of your arms, legs, hands, and feet.

VENCLEXTA may cause fertility problems in males. This may affect your ability to father a child. Talk to your healthcare provider if you have concerns about fertility. These are not all the possible side effects of VENCLEXTA. For more information, ask your healthcare provider or pharmacist.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

If you cannot afford your medication, contact www.medicineassistancetool.org for assistance.

Please see Brief Summary of Full Prescribing Information on the last page of this advertisement.
VENCLEXTA® (ven-KLEKS-tuh) (venetoclax tablets)

What is the most important information I should know about VENCLEXTA?

VENCLEXTA can cause serious side effects, including:

Tumor lysis syndrome (TLS). TLS is caused by the fast breakdown of cancer cells. TLS can cause kidney failure, the need for dialysis treatment, and may lead to death. Your healthcare provider will do tests to check your risk of getting TLS before you start taking VENCLEXTA. You will receive other medicines before starting and during treatment with VENCLEXTA to help reduce your risk of TLS. You may also need to receive intravenous (IV) fluids into your vein. Your healthcare provider will do blood tests to check for TLS when you first start treatment and during treatment with VENCLEXTA. It is important to keep your appointments for blood tests. Tell your healthcare provider right away if you have any symptoms of TLS during treatment with VENCLEXTA, including:

- fever
- seizures
- chills
- irregular heartbeat
- nausea
- dark or cloudy urine
- vomiting
- unusual tiredness
- confusion
- muscle or joint pain
- shortness of breath

Drink plenty of water during treatment with VENCLEXTA to help reduce your risk of TLS.

Drink 6 to 8 glasses (about 56 ounces total) of water each day, starting 2 days before your first dose, on the day of your first dose of VENCLEXTA, and each time your dose is increased. Your healthcare provider may delay, decrease your dose, or stop treatment with VENCLEXTA if you have side effects.

See “What are the possible side effects of VENCLEXTA?” for more information about side effects.

What is VENCLEXTA?

VENCLEXTA is a prescription medicine used:

- to treat adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).
- in combination with azacitidine, or decitabine, or to treat adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).
- in combination with obinutuzumab for adults with previously untreated follicular lymphoma or for adults and children 12 years of age or older with previously untreated large B-cell lymphoma.
- to treat adults with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL).

Who should not take VENCLEXTA? Certain medicines must not be taken when you first start taking VENCLEXTA and while your dose is being slowly increased because of the risk of increased tumor lysis syndrome (TLS).

- Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VENCLEXTA and other medicines may affect each other causing serious side effects.

How should I take VENCLEXTA?

- Do not start new medicines during treatment with VENCLEXTA without first talking with your healthcare provider.

Before taking VENCLEXTA, tell your healthcare provider about all of your medical conditions, including if you:

- have kidney problems
- have liver problems
- have problems with your body salts or electrolytes, such as potassium, phosphorus, or calcium
- have a history of high uric acid levels in your blood or gout
- are scheduled to receive a vaccine. You should not receive a “live vaccine” before, during, or after treatment with VENCLEXTA, until your healthcare provider tells you it is okay. If you are not sure about the type of immunization or vaccine, ask your healthcare provider. These vaccines may not be safe or may not work as well during treatment with VENCLEXTA.
- are pregnant or plan to become pregnant. VENCLEXTA may harm your unborn baby.
- If you are able to become pregnant, your healthcare provider should do a pregnancy test before you start treatment with VENCLEXTA.
- If you are able to become pregnant, your healthcare provider should use effective birth control during treatment and for at least 30 days after the last dose of VENCLEXTA.
- If you become pregnant or think you are pregnant, tell your healthcare provider right away.
- If you are breastfeeding or plan to breastfeed. It is not known if VENCLEXTA passes into your breast milk. Do not breastfeed during treatment with VENCLEXTA.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. VENCLEXTA and other medicines may affect each other causing serious side effects. See “Who should not take VENCLEXTA?”

How should I take VENCLEXTA?

- Follow the instructions about drinking water described in the section of this Medication Guide about TLS called “What is the most important information I should know about VENCLEXTA?” and also in the Quick Start Guide.

- Take VENCLEXTA 1 time a day with a meal and water at about the same time each day.

- Swallow VENCLEXTA tablets whole. Do not chew, crush, or break the tablets.

- If you miss a dose of VENCLEXTA and it has been less than 8 hours, take your dose as soon as possible. If you miss a dose of VENCLEXTA and it has been more than 8 hours, skip the missed dose and take the next dose at your usual time.

- If you vomit after taking VENCLEXTA, do not take an extra dose. Take the next dose at your usual time the next day.

What should I avoid while taking VENCLEXTA?

You should not drink grapefruit juice, eat grapefruit, Seville oranges (often used in marmalades), or starfruit while you are taking VENCLEXTA. These products may increase the amount of VENCLEXTA in your blood.

What are the possible side effects of VENCLEXTA?

VENCLEXTA can cause serious side effects, including:

- See “What is the most important information I should know about VENCLEXTA?”
- Low white blood cell count (neutropenia). Low white blood cell counts are common with VENCLEXTA but can also be severe. Your healthcare provider will do blood tests to check your blood counts during treatment with VENCLEXTA.
- Infections. Death and serious infections such as pneumonia and blood infection (sepsis) have happened during treatment with VENCLEXTA. Your healthcare provider will closely monitor and treat you right away if you have fever or any signs of infection during treatment with VENCLEXTA.

Tell your healthcare provider right away if you have a fever or any signs of an infection during treatment with VENCLEXTA.

The most common side effects of VENCLEXTA when used in combination with obinutuzumab or rituximab or alone in people with CLL or SLL include:

- low platelet counts
- low red blood cell counts
- diarrhea
- nausea
- cough
- muscle and joint pain
- tiredness
- swelling of your arms, legs, hands, and feet
The most common side effects of VENCLEXTA in combination with azacitidine or decitabine or low-dose cytarabine in people with AML include:

- nausea
- diarrhea
- low platelet counts
- constipation
- fever with low white blood cell counts
- low red blood cell counts
- infection in blood
- rash
- dizziness
- low blood pressure
- fever

VENCLEXTA may cause fertility problems in males. This may affect your ability to father a child. Talk to your healthcare provider if you have concerns about fertility.

These are not all the possible side effects of VENCLEXTA. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

How should I store VENCLEXTA?

- Store VENCLEXTA at or below 86°F (30°C).
- For people with CLL/SLL, keep VENCLEXTA tablets in the original package during the first 4 weeks of treatment. Do not transfer the tablets to a different container.

Keep VENCLEXTA and all medicines out of reach of children.

General information about the safe and effective use of VENCLEXTA.

Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. Do not use VENCLEXTA for a condition for which it was not prescribed. Do not give VENCLEXTA to other people, even if they have the same symptoms that you have. It may harm them. You can ask your healthcare provider or pharmacist for information about VENCLEXTA that is written for health professionals.

What are the ingredients in VENCLEXTA?

Active ingredient: venetoclax

Inactive ingredients: copovidone, colloidal silicon dioxide, polysorbate 80, sodium stearyl fumarate, and calcium phosphate dibasic.

The 10 mg and 100 mg coated tablets also include: iron oxide yellow, polyvinyl alcohol, polyethylene glycol, talc, and titanium dioxide. The 50 mg coated tablets also include: iron oxide yellow, iron oxide red, iron oxide black, polyvinyl alcohol, talc, polyethylene glycol, and titanium dioxide.
As many women often do with the men in their lives, Mahin Wilson urged her husband, Charlie, to add a prostate exam to his annual physical. That one checkup led the musician to learn that he had prostate cancer. Since his diagnosis and successful treatment, Charlie has taken on a new role in the public eye — that of an advocate for the early detection of prostate cancer.

Charlie Wilson, R&B singer/songwriter/producer and former lead singer of the Gap Band, feels he is blessed. His prostate cancer was caught early, and he owes it all to his wife, Mahin.

“I wouldn’t have known if Mahin, the most wonderful woman in the world, hadn’t insisted I get a prostate exam during my yearly check-up,” he admitted.

After learning about his diagnosis, Charlie and Mahin did extensive research. They learned about the different types of treatments that were available for prostate cancer.

“After doing our research and getting second and third opinions, I decided the best option for me was to have brachytherapy. Radioactive seeds would be implanted in my prostate, and they would give off a certain amount of radiation that would kill the cancer. It would only require one surgery to insert the seeds because once they stopped giving off radiation, they would just stay in my prostate.”

Although it sounded simple enough, just hearing the word “cancer” was scary. Charlie was quite emotional prior to the surgery to implant the seeds.

“Everyone, including my doctor and his staff, did their best to keep my spirits up. In fact, during the surgery, the doctor played music. The song that was playing was “You Dropped the Bomb on Me.” It was one of my biggest hits with the Gap Band. Considering the circumstances, it was kind of funny, and it did make me laugh.

“Fortunately, I didn’t have any side effects from the treatment, but I couldn’t have gotten through the treatment and recovery without my wife and family, my manager, Michael, and his wife, Jenna, and what I lovingly call ‘Team Charlie.’ My fans were also supportive, sending prayers and thoughtful messages.”

Charlie never underestimates the value of having such a wonderful support system.

“I faced a similar challenge when I was recovering from my addiction to drugs and alcohol,” he said. “The family love and support were there for me during that time, too. I am proud to say I have been clean and sober for more than 20 years.”

Charlie’s career keeps him on the road all the time, but, after the surgery, he took about two weeks off to recover. And, when he went back to work, he had a new mindset.
“During our research, Mahin and I learned that prostate cancer is the second leading cause of death in men. African American men are 1.6 times more likely to get prostate cancer, and twice as likely to die. I wanted to use my platform to inform men about the importance of including a prostate exam in their yearly checkups. I was introduced to the Prostate Cancer Foundation in Los Angeles and worked with them directly for a few years. It was a great opportunity to spread the word. We did workshops around the country, which was an excellent way to share information.”

In addition to being a survivor himself, Charlie has a very important family connection to prostate cancer.

“My father was diagnosed with prostate cancer when he was about 70. Initially, he didn’t tell anyone. My dad was a preacher, and his primary goal in life was to spread the word of God. The treatment took so much of his energy, and I don’t believe he completed it. The cancer recurred when he was 87, and he passed away at 91.

“My brother, Robert, has also passed away,” he added, “but it wasn’t from prostate cancer. I am not sure if he had regular check-ups, but I believe my other brother does.”

Charlie Wilson, veteran R&B solo artist and former lead singer of the Gap Band, enjoys life as he continues to entertain his fans.

Charlie continues to talk about prostate cancer during press interviews and concerts. Realizing the important role women play in encouraging men to be aware of their prostate health, he also speaks to them.

“I ask the ladies in the audience to take the men in their lives to the doctor and insist that they have a prostate exam. Men aren’t going to make that appointment, so we have to depend on our wives, girlfriends, sisters and daughters to take the lead.”

The response has been extremely positive with both men and women, and Charlie couldn’t be happier about it.

“I have had so many men come up to me and thank me for sharing my story. In fact, one guy came to one of my concerts and told me that he and a number of his friends went for prostate exams after hearing me talk about it on the radio. It turns out all of them had the disease in various stages. It means a lot to me to be able to help educate men about this disease.”
I noticed the skin inside my belly button was dry and flaking. It wasn’t painful, tender or bleeding, but it would leave a residue on the inside of the fabric when I wore dark clothing. After a few weeks, I wanted to find out what was causing it. Being a dermatologist, I was able to do my own biopsy. I suspected psoriasis or eczema, but I wasn’t concerned about cancer because I had never had a mole inside my belly button. When the pathologist called me on May 10, 2006, to tell me it was melanoma, I was shocked.

I called my husband, Moises, and then I called a local surgical oncologist to whom I refer my melanoma patients. He ordered blood tests, PET, CT, endoscopy, colonoscopy and an MRI.

After these test results came back, I was diagnosed with amelanotic melanoma that was ulcerated. Amelanotic melanoma is a type of melanoma that lacks melanin and is often clear or has a slightly reddish or pink color. The first step was to remove the melanoma and do a sentinel node biopsy to see if it had spread to my lymph nodes. I had the surgery and went home the next day. Three days later, I found out that the sentinel lymph node was positive for melanoma. My diagnosis was upgraded to Stage IIIB melanoma.

On May 30, I had a second surgery called a radical groin dissection to find and remove all of the lymph nodes in my groin. Twenty-eight lymph nodes were removed, and two more were positive for melanoma. I shifted into full “let’s-fight-this-cancer” mode.

During my six-week recovery, I visited cancer centers in Texas and Pennsylvania to explore treatment options. Doctors at both centers recommended I consider clinical trials. In the meantime, I started a high-dose intravenous immunotherapy treatment in July for one month, and then followed that up with self-administered subcutaneous injections at home for the next two months. This treatment was done to reduce the chance that the melanoma would recur. I only had a bit of fatigue with this treatment.

I found a clinical trial I wanted to try and enrolled in October. The trial was testing a new type of immunotherapy to see if it could prevent progression from Stage III to Stage IV. Every two weeks, I commuted to Los Angeles for laboratory tests or medication. I received one dose every two months. The only side effect I developed was a rash. I was in the trial until February 2007. I had to drop out after I progressed to Stage IV with lung metastases, which was confirmed after a lung biopsy. The good news is that this drug was approved in 2011 to treat Stage IV patients.

In April, I started another immunotherapy treatment that was approved for Stage IV melanoma. I received the treatment in the intensive care unit at a hospital because of the serious side effects and toxicities. The treatment was given through a central line in my arm. A dose was given every eight hours for a total of 14 doses, which is called a cycle. Two cycles (referred to as a course) were given a week apart, and then a CT was performed one month later to monitor my response. This lasted through June. With this treatment, I had chills, flu-like symptoms, nausea and fluid retention (up to 15 pounds at a time). As of early August, my CT scan showed I had a complete response, meaning the cancer was no longer detectable after finishing treatment. Another CT scan in the fall confirmed the findings.

It’s imperative to allow others to take care of you during this time. Friends and family often feel helpless, and letting them take you to a doctor’s appointment or treatment or send a meal goes a long way for you and for them. The most important thing during this battle is to direct all your energy to getting better. I reserve my worrying for the usual things, like my daughters.

Remember to stay calm. Advanced melanoma is no longer a death sentence, and no one has the right to take hope away from you. Consider a clinical trial. Be your own strongest advocate by getting all the information you can, but, at the same time, allow the physicians and their teams to take care of you.
Busy taking courses to get into an MBA program in 2012, I noticed I was often short of breath. My dad had died in his 50s of a heart attack, so I saw a cardiologist. To my surprise, the CT scan showed a mass in my left lung. Within a week, I was diagnosed with Stage IV non-small cell lung cancer and told I had maybe another year to live. I was 58.

This news was alarming, but my husband, Paul, and I had been through this before. He had already survived Stage IV melanoma for 22 years after a prognosis as grim as mine. His last recurrence was in 2002.

His experience profoundly changed how I view cancer survival statistics. Those numbers are averages based on groups of people in the past, so they have nothing to do with me personally. By example, my husband taught me how to approach my serious illness: I ignore survival rate statistics, refuse to let cancer consume or define me and look ahead to the future by making plans.

So that's how we've rolled. We plan around my treatment schedule to travel to South America, Scotland, England, San Francisco, New Orleans, wine regions and elsewhere. I planned a different life course to focus on giving back, including volunteering twice a week teaching English to adults new to the country. We also made changes to our house to provide a comfortable, stable home for my elderly mother who had early-stage dementia in her last years.

A major cancer center in a nearby city was familiar territory from Paul's check-ups, so that's where I've established my happy family of caregivers. I began with the “platinum treatment,” a combination of three platinum-based chemotherapy drugs that was the standard of care. I responded without progression for two-and-a-half years. I'm what's called a “high responder,” meaning I respond well to certain treatments because of the particular makeup of my tumor cells.

When chemotherapy was no longer effective, biomarker testing showed my tumor was positive for the \textit{BRAF} gene mutation. That made me eligible for a clinical trial evaluating a targeted therapy developed for that mutation. I took lots of pills, up to eight a day, through fever spikes and near-crippling muscle pain while my dosage was adjusted. After a few months, my oncologist announced my lungs were clear for the first time since undergoing treatment. Hallelujah! Targeted therapy bought me another two years before cancer returned to the lung and moved farther into my spine.

We turned to immunotherapy, a type called an immune checkpoint inhibitor. I got an IV infusion every other week at first, then after a while, just once a month. It was so easy, and the entire process took less than an hour.

Cancer treatments almost always come with side effects. Getting three chemotherapy drugs at once would wipe me out, and I could barely get out of bed afterward. Immunotherapy damaged my thyroid, so I take thyroid medication. I've been on and off steroids to manage lung inflammation. Acid reflux, which makes my esophagus feel raw, is another side effect. Early-stage heart congestion may or may not be treatment-related.

Being realistic, I knew the immunotherapy drug would run its course, too. That's just the nature of the beast with metastatic cancer. I get scans like clockwork, and if we see progression, we know the treatment has likely done all it can for me. After two-and-a-half years on the check-point inhibitor, a scan showed an active spot on my left lung. My doctor recommended moving to a targeted therapy treatment of two different medications taken as pills. I'm so thankful I have options because I figure all I need is something new coming down the pike every two or three years.

As a lung cancer support phone volunteer, I make it my mission to give people hope. Sometimes callers say they just want to cry. I tell them, “Of course you do. You have every right to cry.” But then I gently try to move their outlook to a more positive light. The important thing is to have more good days when you’re positive than bad days when you cry. Personally, I feel so very fortunate for this gift of additional time. I can spend it being miserable about having cancer, or I can be grateful, positive and hopeful about my life.

We're incredibly lucky to live in an era of rapidly evolving cancer research and expanding treatment options. Researchers and scientists are essentially changing what it means to be diagnosed with lung cancer.
Weekends in the Workshop, Continued.

TECENTRIQ + chemotherapy* is the first approved immunotherapy combination† proven to help adults with ES-SCLC live longer.

People who received TECENTRIQ with chemo (carboplatin and etoposide) were proven to live longer. In a clinical trial that included 403 people, half of those who received TECENTRIQ with chemo lived for 12.3 months vs 10.3 months with chemo alone.

Consult your healthcare provider about other options including other medication, diet and lifestyle changes to help manage your condition.

*Chemotherapy = carboplatin + etoposide.
† Combination = TECENTRIQ + chemotherapy.

TECENTRIQ may not work for everyone. It may affect normal cells, too.

WHAT IS TECENTRIQ?
TECENTRIQ is a prescription medicine used to treat adults with a type of lung cancer called small cell lung cancer (SCLC). TECENTRIQ may be used with the chemotherapy medicines carboplatin and etoposide as your first treatment when your lung cancer is a type called “extensive-stage small cell lung cancer,” which means that it has spread or grown. It is not known if TECENTRIQ is safe and effective in children.

IMPORTANT SAFETY INFORMATION
What is the most important information about TECENTRIQ?
TECENTRIQ can cause your immune system to attack normal organs and tissues and can affect the way they work. These problems can sometimes become serious or life threatening and can lead to death.

Call or see your healthcare provider right away if you get any symptoms of the following problems or these symptoms get worse.

TECENTRIQ can cause serious side effects, including:

- Lung problems (pneumonitis)—signs and symptoms of pneumonitis may include new or worsening cough, shortness of breath, and chest pain
- Liver problems (hepatitis)—signs and symptoms of hepatitis may include yellowing of your skin or the whites of your eyes, severe nausea or vomiting, pain on the right side of your stomach area (abdomen), drowsiness, dark urine (tea colored), bleeding or bruising more easily than normal, and feeling less hungry than usual
- Intestinal problems (colitis)—signs and symptoms of colitis may include diarrhea (loose stools) or more bowel movements than usual, blood or mucus in your stools or dark, tarry, sticky stools, and severe stomach area (abdomen) pain or tenderness
- Hormone gland problems (especially the thyroid, adrenal glands, pancreas, and pituitary)—signs and symptoms that your hormone glands are not working properly may include headaches that will not go away or unusual headaches, extreme tiredness, weight gain or weight loss, dizziness or fainting, feeling more hungry or thirsty than usual, hair loss, changes in mood or behavior (such as decreased sex drive, irritability, or forgetfulness), feeling cold, constipation, your voice gets deeper, urinating more often than usual, nausea or vomiting, and stomach area (abdomen) pain
- Problems in other organs—signs and symptoms may include severe muscle weakness, numbness or tingling in hands or feet, confusion, blurry vision, double vision, or other vision problems, changes in mood or behavior, extreme sensitivity to light, neck stiffness, eye pain or redness, skin blisters or peeling, chest pain, irregular heartbeat, shortness of breath, or swelling of the ankles
- Severe infections—signs and symptoms of infection may include fever, cough, flu-like symptoms, pain when urinating, and frequent urination or back pain
- Severe infusion reactions—signs and symptoms of infusion reactions may include chills or shaking, itching or rash, flushing, shortness of breath or wheezing, swelling of your face or lips, dizziness, fever, feeling like passing out, and back or neck pain

Getting medical treatment right away may help keep these problems from becoming more serious. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may delay or completely stop treatment with TECENTRIQ if you have severe side effects.
Before you receive TECENTRIQ, tell your healthcare provider about all of your medical conditions, including if you:

- have immune system problems (such as Crohn’s disease, ulcerative colitis, or lupus); have had an organ transplant; have lung or breathing problems; have liver problems; have a condition that affects your nervous system (such as myasthenia gravis or Guillain-Barre syndrome); or are being treated for an infection
- are pregnant or plan to become pregnant. TECENTRIQ can harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with TECENTRIQ. Females who are able to become pregnant:
  - your healthcare provider should do a pregnancy test before you start treatment with TECENTRIQ
  - you should use an effective method of birth control during your treatment and for at least 5 months after the last dose of TECENTRIQ
- are breastfeeding or plan to breastfeed. It is not known if TECENTRIQ passes into your breast milk. Do not breastfeed during treatment and for at least 5 months after the last dose of TECENTRIQ

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. The most common side effects of TECENTRIQ when used in lung cancer with other anti-cancer medicines include:

- feeling tired or weak
- nausea
- hair loss
- constipation
- diarrhea
- decreased appetite

TECENTRIQ may cause fertility problems in females, which may affect the ability to have children. Talk to your healthcare provider if you have concerns about fertility. These are not all the possible side effects of TECENTRIQ. Ask your healthcare provider or pharmacist for more information about the benefits and side effects of TECENTRIQ.

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please turn the page to see a summary of the Medication Guide.
TECENTRIQ® (atezolizumab) injection

IMPORTANT FACTS ABOUT TECENTRIQ

The information provided here is not comprehensive. To learn more, talk to your healthcare provider (HCP).

Call 1 (877) GENENTECH (436-3683) or go to TECENTRIQ.com to get FDA-approved product labeling, including Medication Guide.

- Problems in other organs.
- Intestinal problems (colitis).
- Liver problems (hepatitis).

If you get any symptoms of the following problems or these symptoms get worse:
- Severe infections.
- Severe infusion reactions.

Getting medical treatment right away may help keep these problems from becoming more serious.

Your healthcare provider will check you for these problems during your treatment with TECENTRIQ. Your healthcare provider may treat these problems during your treatment with TECENTRIQ if you have severe side effects.

What is the most important information I should know about TECENTRIQ?

- TECENTRIQ is a medicine that may treat certain cancers by working with your immune system. TECENTRIQ can cause your immune system to attack normal organs and tissues and can affect the way they work. These problems can sometimes become serious or life-threatening and can lead to death.

Call or see your healthcare provider right away if you get any symptoms of the following problems or these symptoms get worse:
- Lung problems (pneumonitis). Signs and symptoms of pneumonitis may include: new or worsening cough, shortness of breath, chest pain.
- Liver problems (hepatitis). Signs and symptoms of hepatitis may include: yellowing of your skin or the whites of your eyes, severe nausea or vomiting, pain on the right side of your stomach area (abdomen), drowsiness, dark urine (tea colored), bleeding or bruising more easily than normal, feeling less hungry than usual.

- Intestinal problems (colitis). Signs and symptoms of colitis may include: diarrhea (loose stools) or more bowel movements than usual, blood or mucus in your stools or dark, tarry, sticky stools, severe stomach area (abdomen) pain or tenderness.

- Hormone gland problems (especially the thyroid, adrenal glands, pancreas, and pituitary). Signs and symptoms that your hormone glands are not working properly may include: headaches that will not go away or unusual headaches, extreme tiredness, weight gain or weight loss, dizziness or fainting, feeling more hungry or thirsty than usual, hair loss, changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness, feeling cold, constipation, your voice gets deeper, urinating more often than usual, nausea or vomiting, stomach area (abdomen) pain.

- Problems in other organs. Signs and symptoms may include: severe muscle weakness, numbness or tingling in hands or feet, confusion, blurry vision, double vision, or other vision problems, changes in mood or behavior, extreme sensitivity to light, neck stiffness, eye pain or redness, skin blisters or peeling, chest pain, irregular heartbeat, shortness of breath or swelling of the ankles.

TECENTRIQ is a prescription medicine used to treat adults with:
- A type of lung cancer called small cell lung cancer (SCLC).
- TECENTRIQ may be used with the chemotherapy medicines carboplatin and etoposide as your first treatment when your lung cancer:
  - is a type called “extensive-stage SCLC,” which means that it has spread or grown.

It is not known if TECENTRIQ is safe and effective in children.

What are the possible side effects of TECENTRIQ?

TECENTRIQ can cause serious side effects, including:
- See “What is the most important information I should know about TECENTRIQ?”

The most common side effects of TECENTRIQ when used in lung cancer with other anti-cancer medicines include:
- Feeling tired or weak
- Nausea
- Hair loss
- Constipation
- Diarrhea
- Decreased appetite

TECENTRIQ may cause fertility problems in females, which may affect the ability to have children. Talk to your healthcare provider if you have concerns about fertility.

These are not all the possible side effects of TECENTRIQ. Ask your healthcare provider or pharmacist for more information. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I tell my HCP before receiving TECENTRIQ?

Before you receive TECENTRIQ, tell your healthcare provider about all of your medical conditions, including if you:
- Have immune system problems such as Crohn’s disease, ulcerative colitis, or lupus.
- Have had an organ transplant.
- Have lung or breathing problems.
- Have liver problems.
- Have a condition that affects your nervous system, such as myasthenia gravis or Guillain-Barre syndrome.
- Are being treated for an infection.
- Are pregnant or plan to become pregnant.

TECENTRIQ can harm your unborn baby. Tell your healthcare provider right away if you become pregnant or think you may be pregnant during treatment with TECENTRIQ.

Females who are able to become pregnant:
- Your healthcare provider should do a pregnancy test before you start treatment with TECENTRIQ.
- You should use an effective method of birth control during your treatment and for at least 5 months after the last dose of TECENTRIQ.

- Are breastfeeding or plan to breastfeed. It is not known if TECENTRIQ passes into your breast milk.
- Do not breastfeed during treatment and for at least 5 months after the last dose of TECENTRIQ.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

How will I receive TECENTRIQ?

- Your healthcare provider will give you TECENTRIQ into your vein through an intravenous (IV) line over 30 to 60 minutes.
- TECENTRIQ is usually given every 2, 3, or 4 weeks.
- Your healthcare provider will decide how many treatments you need.
- Your healthcare provider will test your blood to check you for certain side effects.
- If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.

TECENTRIQ is a registered trademark of Genentech, Inc.
After being diagnosed in 2008 with a glioblastoma, Dr. PJ Lukac had no idea his experience would lead him to make so many new friends. As a survivor, he knows his situation is rare, but he has dedicated his time to helping other brain tumor survivors. He finished medical school and works in the neonatal and pediatric section of the intensive care unit in a hospital in his hometown.

Do what fulfills you and enjoy life

During medical school at Columbia University in New York, I began to feel like something was off. During the fall semester, I started to have these episodes where I lost the ability to concentrate for a few minutes. Oddly enough, while this was happening, I would get a song stuck in my head that I didn’t know. These experiences lasted about two to three minutes. After the feeling passed, I wouldn’t feel like myself for awhile. I had difficulty recalling words, and would get headaches at 4 a.m. that were not relieved by over-the-counter medications.

After these symptoms continued for about three months, I told my parents. I thought I was experiencing a psychiatric problem because I also was feeling more anxious and depressed. I learned later that I was having sensory seizures. My mother suspected right away that the problem wasn’t psychiatric in nature. When I came home to Chicago during winter break, she insisted I see a neurologist. Ironically, I had just completed a class that semester on neuropahtology, which is the study of brain tumors.

The neurologist performed an MRI and an electroencephalogram, which is used to find problems with the electrical activity of the brain, the same day. After the first MRI sequence was done, the technician asked me if I’d had an MRI previously. I said no, and he said he wanted to take me to a different room for another scan. With the medical background I had, alarm bells began to ring. My parents were brought in, and the neurologist told us that I had a brain tumor.

Everything happened so fast. It never crossed my mind that I could have a brain tumor. After we were told, I went straight to the emergency room. Three days later, I had surgery to remove the tumor, which was located in the left frontal temporal lobe. That is the area that controls memory and emotions. I felt much better after the surgery. I only spent a couple of days in the hospital and just had to deal with a really bad headache for about a week. I haven’t had any seizures since the surgery.

After the surgery, the tumor, which was the size of a golf ball, was sent to pathology. The pathologist determined it was a glioblastoma. Although I didn’t get a second opinion before I had the surgery, I wanted a second opinion on the pathology of the tumor. I had it sent to my medical school in New York. The pathologist thought it might be a rare type of tumor, although still malignant. I got a third opinion, and that pathologist thought it could be a rare form of glioblastoma, a lipid-rich variant. A few years after being diagnosed, I discovered that my tumor actually became part of a study that examined the genetics of glioblastomas, which was published in the New England Journal of Medicine. From that study, I learned that my tumor had favorable genetic characteristics.

Following the surgery, I had radiation therapy for 28 days to make sure no cancer cells remained. After that, I had chemotherapy for nine months.

The radiation therapy caused me to lose my hair, which was quite traumatic for me as a young man. It also caused some fatigue. The chemotherapy drugs dried out my skin and gave me some nausea and neutropenia, but, fortunately, I didn’t get sick. The high-dose steroids made me chubby and gave me a beer belly and acne, but that all cleared up once I was off the medication. I was really very fortunate.

I put medical school on hold because I wasn’t sure about my recovery. The median survival after glioblastoma is around 15 months. If I only had 500 days left to live, I wanted to do the things I’d dreamed of doing. I took a year off from school because of treatment, but I didn’t worry about the rest of my life. I explored new hobbies, including taking guitar lessons, traveling and making many new friends.

Ironically, after I decided to go back to school, I met my future wife. We were paired up together in a clinical class, and she had been in the class below me. If the cancer had not happened, I may not have met her. Even after everything I went through, I’m not sure I’d change anything that happened.

My sister helped me involved with the American Brain Tumor Association through a fundraising run in Chicago. I dedicated a lot of my energy to that cause. In one year, I got a team together and we raised $125,000. I met so many great people through the organization, including others with brain tumors. I put the good medical knowledge I already had to use helping others going through similar experiences.

There is so much uncertainty with cancer, but you cannot let it consume you. It’s a part of your life, but it is just a small part of your life. Keep an open mind, and seek a second opinion. Live your life. Do what fulfills you, and enjoy life.
In June 2015, a month-long sore throat and cold prompted Rikki Rockett, drummer of the American rock band Poison, to make multiple visits to an ear, nose and throat doctor. It took another month, a specialist and several endoscopic tests and biopsies to learn the reason behind his illness. He had Stage IV squamous cell carcinoma caused by human papillomavirus (HPV).

“My doctor found a tumor at the base of my tongue, and cancer had spread to two lymph nodes. When I first heard the diagnosis, I drove my doctors, and everyone around me, crazy trying to get information. I learned that HPV is the number one leading cause of oral cancer today. Women can find out they have HPV infection when they have a Pap smear, but it’s much harder for men to know they have it. My doctor estimated I’d probably contracted HPV 15 or 20 years before my diagnosis, but there is no way to really tell.”

Right away, Rikki surrounded himself with a team. He had three doctors — one for chemotherapy, one for radiation therapy and a surgeon.

“My doctors were up front with me from the beginning. They warned me I had ‘one hell of a cancer,’ but they also said it was very treatable with chemotherapy, radiation therapy and surgery. I knew I wanted to beat it, so I went head first into it. I started with nine rounds of chemotherapy, and then I had 35 rounds of radiation therapy. Thankfully, I was able to avoid surgery.”

He also worked with a swallow/speech therapist and a physical trainer who also does rehab and nutrition. Sticking to a daily schedule with them proved invaluable to Rikki, both emotionally and physically.

“I needed to do something for myself and for my health every day. Otherwise, I was afraid I’d slip. I didn’t want to sit around and watch movies all day and wallow in my situation. Every day I would wake up, shower, dry my hair and dress decent. It gave...
me self-confidence. Watching myself lose all that weight was really tough, though.

The 20-pound weight loss was just one of the side effects of Rikki’s treatments.

“I actually aced chemo and radiation therapy, compared to many people,” he said. “Yes, it was horrid. However, I never needed a feeding tube, and I never got burns on my neck. I had a mild case of thrush and an unrelated sinus infection. All the sores in the mouth and the sore throat were certainly there.”

He received a great deal of support from fans, and his inner circle played a big role in his experience.

“My parents are gone. My sister is raising three children, so she wasn’t able to come be with me, but she called every day. My battle buddy, Cortni, was a huge help. And, I had a very special person who made me fight when I thought I couldn’t. She knows who she is, and I love her.”

After completing chemotherapy and radiation therapy, Rikki and his doctors hoped for good news at his follow-up exam. They were surprised and concerned when his PET results showed the cancer appeared to be back.

“I felt like I should have been getting better, not worse,” he said.

Rikki’s doctors recommended he try a two-year immunotherapy clinical trial. He admitted that taking a chance on immunotherapy was scary. He didn’t have a lot of information about it when he decided to start the trial, and it made him nervous. He was pleased that immunotherapy caused fewer side effects than his other treatments, and he felt much better physically during treatment.

After several months on the trial, test results declared he was cancer-free.

“I’ve been one of the lucky people who has responded very well to immunotherapy, and I hope others will give it a try.”

Along with being a big proponent of immunotherapy, Rikki feels strongly that staying positive means taking action.

“It isn’t just a switch you can turn off and on. Get up, go places even when you think you can’t, and try to look your best. And, be there for another person going through what you’re going through.”