

# **Marine's Battle Standing Operating Procedures (SOP) to Beating Pancreas Cancer (Silent Killer)**

[\(Last Entry\)](#)

## **Update: 1**

Tumor Markers: 11Jan08 CA 19-9 – 1322 (Range (0 – 37); CEA – 6.85 (Range 0 – 3.0)

**The Discovery:** 8 Jan 2008: An MRI found a tumor in the pancreas. Its size was 1.9 cm x 1.8 cm x 1.8 cm and deemed to be cancerous.

**The Evaluation:** A consultation with Dr Howard A. Reber at UCLA Medical Center reveals that it was operable and my decision was to have the surgery.

## **The Surgery: The Whipple Procedure – 6Feb08**

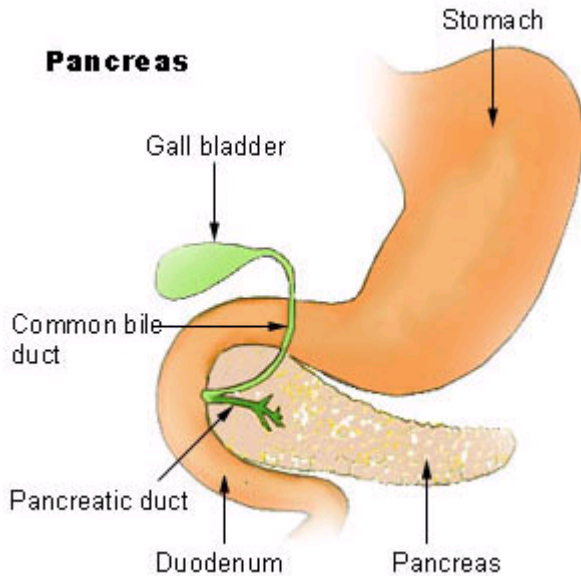
The Whipple procedure, also called a *pancreaticoduodenectomy*, is basically the removal of the gallbladder, common bile duct, a portion of the duodenum and the head of the pancreas. This operation was first outlined by Dr. Alan O. Whipple of New York Memorial Hospital (which is now Memorial Sloan-Kettering) in 1935. Although this was not the first time an operation such as this was described, his success with three cases brought national attention to this operation. Since that time, there have been many modifications and improvements to the procedure.

The Whipple procedure continues to be used primarily for tumors of the pancreas, ampulla of Vater, duodenum and distal bile duct. In the past, the operation had a high mortality rate – over 20 percent. Now, however, at hospitals where a few surgeons perform many of these each year, the risk of dying from the surgery is less than 2 percent. This, plus improvements in diagnostic testing has also resulted in increases in long-term survival. Although the actual rate depends on the site of origin of the tumor and how advanced it is, the five-year survival rates range from 15 to 50 percent.

Because it is an extensive procedure, the goal is to only operate on patients who may have removable tumors. This is facilitated by studying the patients prior to surgery with a number of different types of x-rays and/or endoscopic procedures.

It is sometimes difficult to obtain a definitive diagnosis of cancer either before or during the surgery because the pancreas tends to develop a great deal of scarring or reaction that interferes with interpreting a needle biopsy. It is common to biopsy a cancer in this region and only obtains a benign report. That's where the surgeon judges whether or not the patient has cancer.

At times, a Whipple procedure will be performed without a definitive diagnosis of cancer. In those circumstances, cancer will often be found in a final pathology specimen. The Whipple procedure is sometimes performed for benign disease to control pain from pancreatitis or to remove a pre-malignant tumor that may progress to invasive cancer with time – all of which reinforces the importance of having a surgeon with a great deal of experience with operations for cancer of the pancreas and periampullary region.



**Post Surgery:** The surgery on 6Feb08 was believed to have been a success and the entire tumor was removed including all the cancer that could be seen by the naked eye.

**The Pathology Report:** Microscopic cancer cells were left behind in the pancreas. Of the tumor removed which included 22 lymph nodes, 8 of them contain cancer (Not Good) because the cancer can move to other parts of the body.

**The Prognosis:** If nothing is done, over a 60% chance the cancer will come back. If I get Chemotherapy Treatments, a 30% chance the cancer can come back No guarantees, it could return in 6 months, 1 year, 2 years or not at all.

**The Decision:** A no brainer, I will get Chemo treatments for about 4 months.

I feel great and most of the time I forget that I just had major surgery.

## Update 2:

I will be beginning my Chemotherapy Treatment on March 10, 2008.

The doctor is Neil Barth at Hoag Memorial Hospital in Newport Beach, CA

On the 10<sup>th</sup> of March I will be getting a PET scan (see definition below):

A PET scan measures important body functions, such as blood flow, oxygen use, and sugar (glucose) metabolism, to help doctors evaluate how well organs and tissues are functioning.

PET scans are performed to:

- Detect cancer
- Determine the how much a cancer has spread in the body
- Assess the effectiveness of a treatment plan, such as cancer therapy

- Determine if a cancer has returned after treatment
- Determine blood flow to the heart muscle
- Determine the effects of a heart attack, or myocardial infarction, on areas of the heart
- Identify areas of the heart muscle that would benefit from a procedure such as angioplasty or coronary artery bypass surgery (in combination with a myocardial perfusion scan).
- Evaluate brain abnormalities, such as tumors, memory disorders and seizures and other central nervous system disorders
- To map normal human brain and heart function

I will also have a surgically implanted stent in my upper chest (see definition below);

A stent is a tiny tube placed into an artery, blood vessel, or other duct to hold the structure open so they can place the intravenous tube to give me the Chemotherapy Drugs to hopefully kill all the cancer cells. They will be giving me the following drugs: 5FU, Gemzar, CPT-11, and Cisplatin to aggressively combat the cancer. At the completion of the chemotherapy, the stent will be removed.

Commencing on the 11<sup>th</sup> of March, I will go two days in a row, and will also have to wear a pump for those two days, and on the 3<sup>rd</sup> day, all the paraphernalia will be removed, and then during the next two weeks, they will test my red/white blood cells and other necessary medical procedures, and at the end of that two weeks I will start the intravenous of the chemotherapy drugs all over again. They indicate right now 6-8 sessions for 3-4 months.

<b>Tumor Markers</b>			
<b>Test</b>	<b>Pre Surgery</b>	<b>10Mar08</b>	<b>Range</b>
CEA	6.85	6.0	Range (0 – 3.0)
CA 19-9	1,322	269	Range (0 – 37)

### **Update 3:**

On the 10<sup>th</sup> of March 2008, I had the PET scan and the Catheter (Implanted Port-a-Cath) It is a round in shape and is surgically inserted under the skin surface of the chest wall, between the neck and shoulder area. A thin flexible tube is inserted into one of the central veins, commonly the external jugular vein. The PET scan conclusions are: 1. Abnormal PET/CT fusion study with a small focal area of hyper-metabolism (An abnormal increase in metabolic rate) in the pancreatic operative site which may be a small node. 2. There is mild hypo-metabolism (An abnormal decrease in metabolic rate) in the left Basel ganglia, as described above. 3. Diffuse calcification of the coronary arteries is compatible with coronary artery disease. \* Metabolism - the sum of the physical and chemical processes in an organism by which its material substance is produced, maintained, and destroyed, and by which energy is made available.

On the 11<sup>th</sup> of March 2008, I had my first Chemotherapy which included the administration of three drugs:

Camptosar (Irinotecan): Camptosar is given by intravenous route. The most common side effects include diarrhea, flushing, and abdominal pain.

Gemcitabine (Gemzar): Gemzar is given by intravenous route. The most common side effects include low blood counts, minimal hair loss, diarrhea, nausea and vomiting, flu like symptoms, skin rash, and pruitus (itching).

5-FU (Flurouracil): 5FU is given by intravenous route (continuous 24 hours) (consist of a plastic round bottle and I carry with me for 24 hours that is connected to the Catheter with a plastic tube. This unit is called the single day infuser – which pump the drug into the vein). The most common side effects include diarrhea, mouth sores, low blood counts, photosensitivity, drying and redness to the palms of the hands and soles of the feet, and excessive water of eyes and sinuses.

Notes:

During the IV I am given Aloxi a medication that is available in inject able form for intravenous administration. Aloxi belongs to a relatively new, but well-known, class of anti-emetics, the %-HT3 Receptor antagonist and given to prevent any nausea.

I am also given an IV to prevent dehydration.

I also will have at my disposal the below drugs to take if needed:

Emend a medication is an antiemetic used to prevent and control nausea and vomiting.

Ativan (Lorazepam) to prevent and control nausea and vomiting.

Zofran (Ondansetron –Genetic) Used primarily prevent nausea.

Each individual patient who receives chemotherapy will react in his or her own unique way. I do not for see any major reactions because I am fit and strong.

On the 12<sup>th</sup> of March 2008, I will again to in for the administration of:

Cisplatin (Platinol) which is give by intravenous route. The most common side effects include kidney damage, low blood counts (especially platelets), diarrhea, hair loss, nausea and vomiting.

5-FU (Flurouracil): 5FU is given by intravenous route (continuous 24 hours) (consist of a plastic round bottle and I carry with me for 24 hours that is connected to the Catheter with a plastic tube. This unit is called the single day infuser – which pump the drug into the vein). The most common side effects include diarrhea, mouth sores, low blood counts, photosensitivity, drying and redness to the palms of the hands and soles of the feet, and excessive water of eyes and sinuses.

On the 13<sup>th</sup> of March 2008 I will go in to have the single day infuser and Huber Needle removed and they will perform some testing and I get a week off and start to process over again.

My perspective:

I am fit and strong and will get through the chemotherapy with minimal side effects and will beat the cancer odds.

I have mounted a major counter-offensive seek and destroy operation (Operation ROCK) against cancer which will be pursued with “extreme prejudice” and “will take no prisoners”. I have directed the medical staff to label the bags that have the drugs as Chesty Puller, Rambo, Colonel Braddock, and Sergeant Rock. (ooo rah! It does not get any better than this.)

#### **Update 4**

18 Mar 08 – Went to the Chemotherapy Center for a blood test to ensure my red/white cells were in check before the next Chemotherapy Session No 2 which will be on the 25-26<sup>th</sup> of March 2008. My red/white cell count was normal and I did not require any induced drugs to maintain the proper balance required for my next chemotherapy session. I am scheduled to meet with Dr Barth on the 2nd of April 2008 for a follow up.

25 Mar 08 through 26 Mar 08 – Commence my 2<sup>nd</sup> session of Chemotherapy:

25 Mar 08: Administration of three drugs and give by intravenous route.

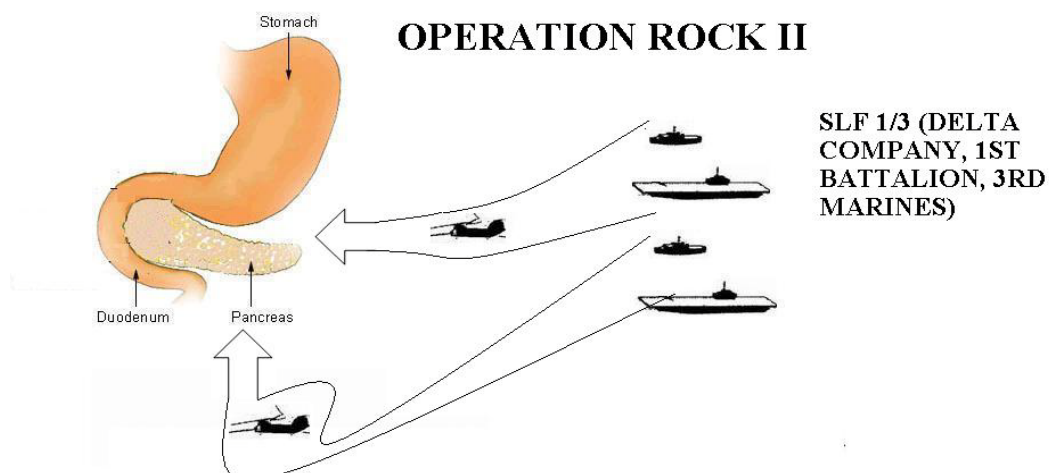
Camptosar (Irinotecan); Gemcitabine (Gemzar); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.

26 Mar 08: Administration of three drugs and give by intravenous route.

Cisplatin (Platinol); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.



**SEARCH AND DESTROY MISSION WITH EXTREME PRDJUDICE - TAKE NO PRISONERS**

**THREE RIFLE AND ONE WEAPONS PLATOON LEAD BY RAMBO, COL BRADDOCK, SGT ROCK AND GYSGT BASILONE**

**HONORARY COMMANDING OFFICER FOR DELTA COMPANY – LTGEN CHESTY PULLER.**

**BATTLE CRY “KILL THE CC” (Cancerous Cells)**

BILIRUBIN RESULTS						
TEST	6Feb08	13-Mar-08	+/- DIFF	26Mar08	+/- DIFF	RANGE
Total	15.0	1.4	-13.6	0.6	-0.8	0.2 - 1.2
Conjugated	0.0	0.0	0.0	0.0	0.0	0.0 - 0.03

**Bilirubin** is the yellow breakdown product of normal heme catabolism, formed by failing red blood cells. Bilirubin is excreted in bile, and its levels are elevated in certain diseases. It is responsible for the yellow colour of bruises and the yellow dis-colouration in jaundice. Bilirubin reduction in the gut leads to a product called urobilinogen which is then oxidized to urobilin which is excreted in the urine.

2<sup>nd</sup> Session side effects: mild upset stomach, a mild burning sensation in the mouth and throat and a feeling of lethargic/fatigue which started on Friday and ended Sunday morning. Although the above are a nuisance and anointing there is no pain associated with it. And, if this is the worst chemotherapy side effect; I have it made. I am beginning to experience hair loss (what little I have left).

April 2, 2008 02:30 Dr Neil Barth: General discussion session to talk, will not know how the chemotherapy is working until after the fourth week. Today blood test revealed a low white blood cell so they gave me an injection of Neupogen to increase the white blood cell count before my next chemotherapy session. Side effect of the Neupogen was a throbbing pain in my chest that lasted approximately 30 second and I had about 5 of them in an 8 hour period. That area was sore to the touch for approximately 4 days.

HEMATOLOGY RESULTS						
TEST	18Mar08	25Mar08	+/- DIFF	2Apr08	+/- DIFF	RANGE
White Blood Cell	3.6	3.3	-0.3	2.7	-0.6	4 - 11

My perspective:

I am fit, strong, do not know PAIN and unique synonymous with “they broke the mold”, “only specimen to a given kind”, “the improbable” and “there can only be one”.

**Update 5**

08 Apr 08 through 09 Apr 08 – Commence my 3<sup>rd</sup> session of Chemotherapy:

08 Apr 08: Administration of three drugs and given by intravenous route.

Camptosar (Irinotecan); Gemcitabine (Gemzar); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.

09 Apr 08: Administration of two drugs and given by intravenous route.

Cisplatin (Platinol); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.

10 Apr 2008 – Removal of the infuser containing the drug 5-FU.

Side Effects:

8Apr08 a sensation of being light headed and lasted for about 8 hours.

9Apr08 a burning sensation in the roof of my mouth and felt like I had cotton in my mouth and last for about 24 hours.

8Apr08 Have had a bad cough since the beginning of Chemotherapy and still have it as of 15Apr08 and feel fatigue because of all of the coughing.

### **OPERATION ROCK III – SEARCH AND DESTROY WITH EXTREME PREJUDICE AND TAKE NO PRISONERS**

Province: Pancreas – The Tactical Area of Operation (TOR) a small focal area of hyper-metabolism (An abnormal increase in metabolic rate) in the pancreatic operative site which may be a small node.

Units: Company “D”, 1<sup>st</sup> Battalion, 3<sup>rd</sup> Marine which was landed by helicopter off the USS Okinawa (LPH-3) at the commencement of Operation Rock.

Object: Company “D” consisting of 3 Rifle Platoon and a Weapons Platoon. 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Platoon will conduct a frontal attack on the Cancerous Cells (CC) which is trapped in the top left section of the pancreas with only possible routes of escape are the lymph nodes. On the night prior Weapon Platoon led by GySgt Basilone (Medal of Honor and Navy Cross recipient – Only military man to be awarded the two highest award for valor) will infiltrate behind CC lines and will conduct tunnel operation on all the lymph nodes coming from the TAO which will involve hand to hand combat to destroy the CC if found.

<b>TUMOR MARKER RESULTS – AFTER 2<sup>ND</sup> CHEMOTHERAPY SESSION</b>						
<b>TEST</b>	<b>11Jan08</b>	<b>13Mar08</b>	<b>+/- DIFF</b>	<b>2Apr08</b>	<b>+/- DIFF</b>	<b>RANGE</b>
CEA*	6.85	6.0	-0.85	4.3	-1.7	0.0 – 3.0
CA 19-9**	1,322	269	-1053	105	-164	<37

**11Jan08 – Pre Surgery**

**13Mar08 – Post Surgery**

**02Apr08 – After 2<sup>nd</sup> Chemotherapy Session**

\*CEA measurement is mainly used as a tumor marker to identify recurrences after surgical resection. Elevated CEA levels should return to normal after surgical resection, as elevation of CEA during follow up is an indicator of recurrence of tumor.

**\*\*CA19-9** (carbohydrate antigen 19-9 or sialylated Lewis (a) antigen) is a blood test from the tumor marker category. While it is not useful to diagnose particular forms of cancer, specifically pancreatic cancer, it may be useful to monitor the results of treatment and to determine whether the disease may be recurring.

Cost: After 2<sup>nd</sup> Chemotherapy Session  
CC – CEA size of tumor marker reduced by 1.7  
CC – CE 19-9 - 164 Killed in Action  
USMC - 0

April 15/17, 2008 09:00 Blood Test, received an injection of Neupogen for low white blood cell on the 15<sup>th</sup> and did not need another one 17<sup>th</sup>.

Food for Thought: Bald is Beautiful

My perspective: As far as I am concerned, the medical community says that I have cancer, my mind, body and soul says “I am Cancer Free”. Like we used to say in Vietnam “Don't mean nothing, take two salt tablets and drive on.”

**CANCER IS NOT AN OPTION!**

## **Update 6**

### **OPERATION ROCK IV – SEARCH AND DESTROY WITH EXTREME PREJUDICE AND TAKE NO PRISONERS**

Province: Pancreas – The Tactical Area of Operation (TOR) a small focal area of hyper-metabolism (An abnormal increase in metabolic rate) in the pancreatic operative site which may be a small node.

Units: Company “D”, 1<sup>st</sup> Battalion, 3<sup>rd</sup> Marine which was landed by helicopter off the USS Okinawa (LPH-3) at the commencement of Operation Rock.

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Apr 22 2008 through Apr 23 2008 – Commence my 4th session of Chemotherapy:

Apr 22 2008: Administration of three drugs and given by intravenous route.



Camptosar (Irinotecan); Gemcitabine (Gemzar); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.

Apr 23 2008: Administration of two drugs and given by intravenous route.

Cisplatin (Platinol); 5-FU (Flurouracil)

I am also given an IV to prevent dehydration and the drug Aloxi to prevent nausea.

24 Apr 2008: The removal of the infuser containing the drug 5-FU.

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
98 Degrees	191 lbs	130/81	84

Side Effects: Effects started right after they took out the infuser on Thursday the 24<sup>th</sup> Mouth, throat, passage way to the stomach and the stomach were on fire. This lasted until Monday evening. Lost my appetite for 4 day, develop about 6 cold sores in my mouth and lost 5 lbs between the 24<sup>th</sup> and 29<sup>th</sup>. Spend Sunday the 27<sup>th</sup> in Emergency because of coughing and a temperature of 101.6. Doctor concerned about an infection, they took blood, did a chest X-Ray, gave me medicine to relieve the cough and a shot of Neupogen for low white blood cell. “Don’t mean nothing”, took two salt tablets and moved forward.

TUMOR MARKER RESULTS									
TEST	11Jan08	13Mar08	+/- DIFF	2Apr08	+/- DIFF	22Apr08	+/- DIFF	Total	RANGE
CEA	6.85	6.0	-0.85	4.3	-1.7	5.1	0.8	-1.75	0.0 - 3.0
CA 19-9	1,322	269	-1053	105	-164	35	-70	-1287	<37

**CEA** measurement is mainly used as a tumor marker to identify recurrences after surgical resection. Elevated CEA levels should return to normal after surgical resection, as elevation of CEA during follow up is an indicator of recurrence of tumor.

**CA19-9** (carbohydrate antigen 19-9 or sialylated Lewis (a) antigen) is a blood test from the tumor marker category. While it is not useful to diagnose particular forms of cancer, specifically pancreatic cancer, it may be useful to monitor the results of treatment and to determine whether the disease may be recurring.

**11Jan08: pre-surgery**

**13Mar08 post-surgery**

**02Apr08 after 2<sup>nd</sup> chemotherapy session**

**22Apr08 after 3<sup>rd</sup> chemotherapy session**

April 29, 2008 11:30 Physicians Assistant – Stated that I was doing Outstanding and could not believe how well I am doing considering the drugs I am taking. She will recommend to Dr Barth that they do a CT scan or a PET scan because of the persistent cough. One or the other will be done prior to the end of the week. Very pleased with the CA 19-9 results an indication of how the treatment is working.

## **BEING CANCER FREE IS THE ONLY OPTION!**

### **Update 7**

#### **RESULTS OF CT SCAN OF CHEST, ABDOMEN AND PELVIS WITH AND WITHOUT CONTRAST 2 MAY 2008**

IMPRESSION: Postoperative changes, indicating a Whipple Procedure. No evidence for metastatic disease in the chest, abdomen or pelvis.

#### **FLUORINE-18 FDG BODY PET/CT FUSION 2 MAY 2008**

Previous PET scan Findings of 10Mar08: A small focal area of mild hyper metabolism is seen in this soft-tissue density. The abnormality has an SUV value of 3.4 and is approximately 8 mm in size. While this may be postoperative in origin, the hyper metabolism is focal in appearance and stands out against the mild metabolism throughout the remainder of the operative site and surrounding soft-tissues. (SUV above 2.5 is cancerous)

CONCLUSION: ABNORMAL PET/CT FUSION STUDY WITH A SMALL FOCAL AREA OF HYPERMETABOLISM IN THE PANCREATIC OPERATIVE SITE WHICH MAY BE A SMALL NODE.

CONCLUSION 2MAY08:

1. Normal PET/CT fusion study, except for post-op changes in the abdomen on CT and calcification of the coronary arteries.
2. The previous suspicious node in the site of the Whipple Procedure is no longer seen.

Although, the above results can be viewed as extremely positive; I am not completely out of harm way. The PET Scan can only pick up cancerous cells of 3 mm or larger which means there may still be (or not be at all) cancer cells stragglers. Ways of combating these stragglers is Radiation Therapy with a modified Chemotherapy program.

May 7, 2008: Consultation Appointment with Dr Peter V. Chen Radiation Oncology (Hoag Memorial Hospital) who has recommended External Beam Radiation Therapy.

External Beam Radiation Therapy: Radiation is a type of energy carried by a stream of X-rays or particles. It can be generated from special machines (linear accelerators) or from radioactive substances. When radiation is used at high doses (many times those used for x-ray exams), it can be used to treat cancer. Special equipment is used to aim the radiation at tumors or areas of the body where there has been disease.

High doses of radiation can kill cells or prevent them from reproducing. Radiation therapy is a useful tool for treating cancer because cells reproduce more rapidly than many of the normal cells around them. Normal cells may be affected by radiation, but are able to recover more fully from the effects of radiation.

Radiation therapy is usually given 5 days a week (Monday through Friday) for several weeks. These types of schedules, which use small amounts of daily radiation, rather than a few large doses, help, protect normal body issue in the treatment area. Weekend breaks from treatment allow normal cells to recover.

Side Effects: External radiation therapy does not cause your body to become radioactive. There is no risk of radiation exposure to others. Most side effects that occur during radiation therapy are not serious and can e controlled with medication and/or dietary changes. Side effects usually resolve with a few weeks to a month after treatments are completed. Many patients have no side effects at all.

Appointment scheduled for May 14, 2008 for simulation which treatment is planning to pinpoint the treatment area. The radiation therapist uses a special x-ray machine to define the treatment port or field.

May 9, 2008: Appointment with Dr Neil Barth – Stated that less than 30% of cancer patients achieve the results that I have achieved. Because of my great success, he will change the cancer protocol and because of how well I have done and my strong will to be cancer free he will push the envelope and start me on radiation 5 days a week for 5 week along with a modified chemotherapy program which will consists of chemotherapy once a week for 5 weeks and I will only be taking a modified dose of two drugs which are 5FU and Oxaliplatin (instead of Cisplatin). The exact doses will be given after the Radiation simulation and conference with Dr Chen.

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
98 Degrees	188.5 lbs	120/80	67

Oxaliplatin is an anti-cancer ("antineoplastic" or "cytotoxic") chemotherapy drug. Oxaliplatin is classified as an "alkylating agent

Oxaliplatin Side Effects:

Important things to remember about Oxaliplatin side effects:

Most people do not experience all of the Oxaliplatin side effects listed.

Oxaliplatin side effects are often predictable in terms of their onset and duration.

Oxaliplatin side effects are almost always reversible and will go away after treatment is complete.

There are many options to help minimize or prevent Oxaliplatin side effects.

There is no relationship between the presence or severity of Oxaliplatin side effects and the effectiveness of Oxaliplatin.

Oxaliplatin Infusion Related Side Effects:

The feeling of difficulty swallowing, shortness of breath, jaw spasm, abnormal tongue sensation and feeling of chest pressure. This has been reported rarely (<5%). It generally starts within hours of Oxaliplatin infusion and often occurs upon exposure to cold. Avoiding exposure to cold (see self care tips below) help to prevent this adverse reaction. Future Oxaliplatin infusions may be given over a longer time frame to help reduce the incidence.

The following Oxaliplatin side effects are common (occurring in greater than 30%) for patients taking Oxaliplatin:

Peripheral neuropathy - Numbness and tingling and cramping of the hands or feet often triggered by cold. This symptom will generally lessen or go away between treatments, however as the number of treatments increase the numbness and tingling will take longer to lessen or go away. Your health care professional will monitor this symptom with you and adjust your dose accordingly.

Nausea and vomiting; Diarrhea; Mouth sores

Low blood counts - You're white and red blood cells and platelets may temporarily decrease. This can put you at increased risk for infection, anemia and/or bleeding.  
Fatigue; Loss of appetite

The following are less common Oxaliplatin side effects (occurring in 10-29%) for patients receiving Oxaliplatin:

Constipation; Fever; Generalized pain; Headache; Cough

Temporary increases in blood tests measuring liver function. (See liver problems).

Allergic reaction: a rare side effect, however, call for help immediately if you suddenly have difficulty breathing, your throat feels like it is closing, or chest pain. Other signs of allergic reaction include rash, hives, sudden cough, or swelling of the lips or tongue.

## **OPERATION ROCK V – SEARCH AND DESTROY WITH EXTREME PREJUDICE AND TAKE NO PRISONERS**

Province: Pancreas – The Tactical Area of Operation (TOR).

Units: Company “D”, 1<sup>st</sup> Battalion, 3<sup>rd</sup> Marine which was landed by helicopter off the USS Okinawa (LPH-3) at the commencement of Operation Rock.

Object: Company “D” consisting of 3 Rifle Platoon and a Weapons Platoon. 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Platoon will conduct a more frontal attack with radiation on the Cancerous Cells (CC) stragglers. Weapon Platoon led by GySgt Basilone (Medal of Honor and Navy Cross recipient – Only military man to be awarded the two highest award for valor) will infiltrate behind CC lines and will continue conduct tunnel operation on all the lymph nodes which will involve hand to hand combat to destroy the CC stragglers if found. Sgt Carlos Hathcock II (93 VC Confirmed kills in

Vietnam – Known as Tra'ng – White Feather by the VC) joined the team as a Marine Sniper to hold high ground and take out any CC stragglers trying to escape the TAO.

In my own body, I am the creator, innovator and motivator of “Positive Thinking”. Therefore, my message to cancer cell stragglers; you are history; there is only my way, the highway, no other way – so “Hit the Road, Jack and don't you come back no more”

When it comes to positive thinking, I am always drama and will shock your mind, I am one of a kind and I am the greatest and I must confess there is no contest, I am the man of the hour too sweet to be sour.

Food for Thought: Be kinder than necessary, because everyone you meet is fighting some kind of battle.

My attitude will determine my altitude – I will be cancer free and above ground.

## **Update 8**

In order to improve my chance of being cancer free, we agreed to external beam radiation therapy. I was scheduled for a treatment planning session called a simulation on May 14, 2008. This treatment is adjuvant therapy to my surgery (Whipple Procedure) and Chemotherapy.

May 14, 2008 - Simulation performed which defined my treatment area (also called a treatment port or treatment field). This refers to the places in my body what will get radiation. The radiation therapist uses a special x-ray machine to define the treatment port or field. 6 port or fields were defined two at the stomach, two on the right oblique and two on the left oblique.

May 16, 2008 – Another simulation was performed to ensure the marked changes had not shifted. These parameters were installed on the Linear Accelerator: A machine that creates high-energy radiation using electricity to form a stream of fast moving subatomic particles that will aim radiation at my suspected cancer. My first radiation therapy is scheduled for May 19, 2008. External beam therapy does not make me radioactive and the actual radiation will take about one minute and ½ per session. I am scheduled for 5 weeks of radiation (Monday thru Friday).

### **The Benefits of Radiation Therapy:**

Radiation therapy can be used to treat almost any type of cancer, anywhere in the body. When radiation is combined with surgery, radiation treatments may be given preoperatively. In this case, radiation will be used to decrease the size of a tumor to facilitate removal. More commonly, radiation treatments are given postoperatively. Sometimes, radiation treatments are given in combination with other treatments radiation therapy will be the only treatment necessary for their cancer. Whatever the case, radiation therapy plays a very important role in cancer treatment.

### **The Risks Involved With Radiation Therapy:**

In the treatment of disease, including radiation therapy, there are risks involved. While damaging cancer cells, some normal cells may also be damaged, resulting in side effects. The potential side effects will be explained to you by your radiation oncologist and radiation oncology nurse and depend on the area of treatment and the dose of radiation. These could include: fatigue, skin reaction, hair loss (in the treated area), nausea (if treatment area is over the stomach), diarrhea, and decrease in appetite, irritation to the esophagus, bladder or bowels, and a decrease in blood counts. Your physician will discuss possible side effects you may experience during your course of treatment. All possible measures are taken to reduce the extent of side effects and many people complete their treatment with little or no difficulty. Hoag utilizes some of the most sophisticated technology which aids in reducing the potential of side effects. Your radiation oncologist will work with you to minimize the discomfort caused by any side effect you may experience.

I also had chemotherapy under the new protocol. (3 hours)

In addition, my chemotherapy session will continue with a new chemotherapy protocol.

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
98.2 Degrees	188.6 lbs	120/80	87

**Old Protocol: 2 session per week, 2 days in a row with one week off.**

Chemotherapy Day 1 (5 hours)

1. 5FU 2000mg/m<sup>2</sup> (4000mgs total dose–2000mg per day) IVCI over 48 hrs starting days 1&2
2. Irinotecan (CPT-11) 70mg/m<sup>2</sup> (140mg) day IVPB in 500ml D5W on Day 1 (ABN needed).
3. Gemzar 700mg/m<sup>2</sup> (1400mg) IVPB in 100ml NS over 100 minutes on day 1.

Chemotherapy Day 2 (3 hours)

1. Cisplatin 50mg/m<sup>2</sup> (100mg) in 500cc 0.9% saline + 12.5 gm Mannitol over 45 min on day 2 (ABN Needed)
2. Hydration: 1000ml D55-1/2NS + 30mEq DKCl/L + 8mEq MgSO<sub>4</sub>/L IV over 2 hours days 1 and 2.

**New Protocol: 1 session per week.**

1. D5.45 Saline + 30 Eq/LKCL + MgSO<sub>4</sub> 8mEq/L infuse 1000ml over two hours.
2. Premeds: Decadron 10mg slow IVP push q week – Aloxi 0.25mg IVPB in 100cc 0.9% saline over 20 min prior to chemotherapy.
3. Cisplatin 20/mg/m<sup>2</sup> (40mg) in 500cc 0.9% saline + 12.5gm Mannitol Q week during radiation.
4. Ca++ Leucovorin (not a chemotherapy drug) 20mg/m<sup>2</sup> (40mg) IVPB over 39min q week during radiation. \* Leucovorin used to treat anemia (lack of red blood cells) caused by chemotherapy. Then wait 30 min and give:
5. 5FU 1000mg/m<sup>2</sup> (2000mg)/ IVPB over 30 min q week during radiation.

Nursing Orders:

1. Day 1: CBC, SMA-20, Tumor markers
2. Day 4: SMA-7 CBC
3. Day 8, 11, 13: CBC
4. Day 15: CBC, SMA-20
5. Day 18: CBC
6. MD F/U prior to each cycle
7. Recycle qdays

Chemotherapy Orders Comparisons						
4Mar08	Dosage – D1	Dosage - D2	Total Dosage	15May08	Total Dosage – D1	Differences
5FU	2000 mg	2000 mg	4000 mgs	5FU	2000 mg	-2000 mg
Irinotecan CPT-11)	140 mg	0	140 mgs	Irinotecan (CPT-11)	0 mg	-140 mg
Gemzar	1400 mg	0	1400 mgs	Gemzar	0 mg	-1400 mg
Cisplatin	0	100 mg	100 mgs	Cisplatin	40 mg	-60 mg

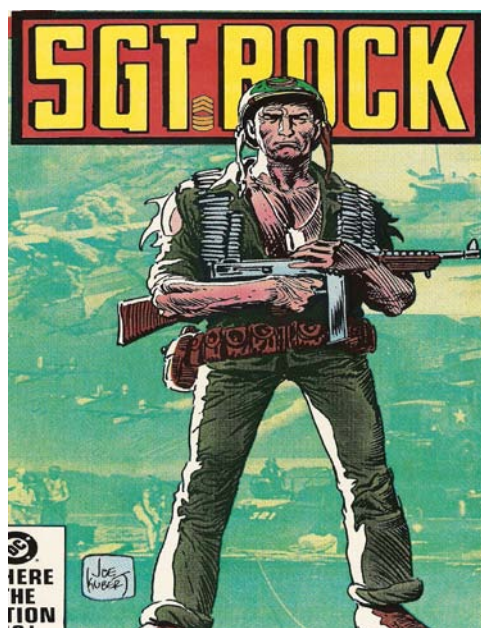
4Mar08 orders 8 hours/2 days - 15May08 orders 3 hours/1 Day

Tumor Markers						
TEST	11Jan08	13Mar08	2Apr08	22Apr08	16May08	RANGE
CEA	6.85	6.0	4.3	5.1	5.7	0.0 - 3.0
CA 19-9	1,322	269	105	35	16	<37

#### Announcement:

I wish to thank my family and my friends for their support and prayers through this ordeal, I have all the positive thinking going my way but this is because of your support and I would especially like to thank:

My best friend, my soul mate, my lover, the strongest person I know, strong-willed and the mother of my children whom without her love, support and understanding of all of my moods during this ordeal would have been impossible to achieve. She is the foundation, the guiding light and glue that keeps our family “strong and fit”, she is a rock when it comes to “positive thinking” and “always finds a silver lining regardless of the situation” and therefore the pet name (Sgt Rock) I have given her is certainly very appropriate:



**“Oscar and Jean” – “If ever two were one, then surely we”**

**“THE MEDICAL COMMUNITY SAYS I HAVE CANCER, I DO NOT; BUT IF I DO;  
CANCER DOES NOT HAVE ME.”**

**Update 9 - Commence new Cancer Protocol consisting of:**

Radiation Therapy for five weeks (Monday – Friday) total number of sessions 28, actual time of radiation is 1 minute 30 seconds per session.

Chemotherapy for five weeks (Once a week) total number of sessions 5, actual time of chemotherapy is 3 hours per session.

**Week 1:**

May 16, 2008: Received Chemotherapy (Session 1 of 5)

May 19, 2008: Received Radiation Therapy (Session 1 of 28)

May 20, 2008: Received Radiation Therapy (Session 2 of 28)

May 21, 2008: Received Radiation Therapy; met with Dr Chen everything is going according to plan. (Session 3 of 28)

May 22 2008: Received Radiation Therapy (Session 4 of 28)

May 23 2008: Received Radiation Therapy (Session 5 of 28) I received a small tattoo on the ports on my body to indicate when to place the radiation; Blood Test 9:00 AM. Vitals: Temperature 97 degrees; Pulse 84; Weight 182 lbs; Blood Pressure 110/80. Because of the blood pressure of 110, nurse felt I was dehydrated and I received a 1000 ml of Saline (5% Dextrose and 45% Sodium Chloride). My Red/White blood count was fine.

Week 1 Side Effects: Loss of appetite, stomach cramping and vile taste in my stomach and mouth; lost 3 lbs this week. Side Effect - “Don’t mean nothing, took two salt tablets and will continue to move forward”.

**“FIGHTING CANCER IS NOT A COMPROMISE, IT IS A COMMITMENT” – THE  
FEW, THE PROUD, THE MARINES (POSITIVE THINKERS)”**

**Update 10 - Week 2:**

May 27, 2008: Received Radiation Therapy (Session 6 of 28)

Received Chemotherapy (Session 2 of 5); Vitals: Weight 190 lbs, Blood Pressure 110/80, Pulse 60, Temperature 97.2 degrees.

May 28, 2008: Received Radiation Therapy (Session 7 of 28)

Consultation with Dr Chen, he stated I was set up for 28 Radiation Therapy instead of 25 as he first stated, I am glad I was let in on his decision. Civilian Hospital and Doctors are like the other branches of the military **“THEY JUST DON’T HAVE THEIR SHIT TOGETHER”.**



May 29, 2008: Received Radiation Therapy (Session 8 of 28)

11:00 AM Brief Examination with Dr Neil Barth. **Dr Barth stated today that the cancer was officially and clinically in complete remission\***. He wants me to continue with the rest of the cancer protocol and I will be done with the cancer treatments. Had a blood test for the next chemotherapy session and do not require any additional medication. Vitals: Weight 186; Temperature 98.3 Degrees; Blood Pressure 110/70; Pulse 72.

\*Complete remission is used to categorize cancer that is no longer evidenced in tests, scans and x-rays.

Partial remission is used to categorize cancer that has shrunk but is still present.

Complete remission may mean a cure, however in some cases it may return. Partial remissions almost always return.

May 30, 2008: Received Radiation Therapy (Session 9 of 28).

Got up too fast from the bed going to the bathroom, I felt dizzy and was standing trying to regain my balance. Being at the foot of the bed, I was reaching for the bed and fell sitting down. My tail bone was sore for about a week. I did not lose consciousness.

Week 2 Side Effects: Flushing in the face, cold sores and fatigue – “Don’t mean nothing, two salt tablets and move forward bravely.”

Food for thought: “I must be getting handsomer because each morning I awake I am combing more face.

### **“DEATH IS INEVITABLE, BUT IT WILL NOT BE FROM CANCER”**

Jean’s prayer to deal with our situation: I pray for wisdom to understand Oscar; Love to forgive him; and patience for his moods; Because Lord, if I pray for strength, I’ll beat him to death.

### **Update 11 - Week 3:**

June 2, 2008: Received Radiation Therapy (Session 10 of 28); met with a nurse for a short interview to see if there was any changes in my medication and any other changes that would affect my radiation. No Changes.

Received Chemotherapy (Session 3 of 5);

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
100.3 Degrees	186 lbs	140/90	88

Slight fever, received 2 Tylenol and temperature down to 98.2 upon departure.

June 3, 2008: Received Radiation Therapy (11 of 28)

June 4, 2008: Received Radiation Therapy (12 of 28)

June 5 2008: Received Radiation Therapy (13 of 28)

June 6 2008: Received Radiation (14 of 28); Blood Test 11:00 AM. Vitals: Weight 181 (loss of 5 lbs since the 2<sup>nd</sup> of June); Temperature 98.1; Pulse 72; Blood Pressure 110/80. My White Blood Cell count dropped from 5.2 to 2.2 thereby requiring an injection of Neupogen to increase the white blood cell count before my next chemotherapy session. Stool color Green –

Stool color	What it may mean	Possible dietary causes
Green	Food is moving through the large intestine too quickly, such as due to diarrhea. As a result, bile doesn't have time to break down completely.	Green leafy vegetables, green food coloring, such as in Kool-Aid or popsicles, iron supplements.

I will be taking three samples of my bowel movement this weekend and turn in on Monday for analysis. My blood tests did not indicate bleeding.

Week 3 Side Effects: Flushing, fatigue, loss of appetite, green stool (Friday through Monday) and mild upset stomach.

**“IMAGE CANCER TRYING TO BACK DOOR A SEASONED MARINE VIETNAM COMBAT VETERAN WHEN IN REALITY ALL IT DID WAS OPEN UP A BIG CAN OF WHOP ASS - CANCER FOUGHT A MARINE AND THE MARINE WON.”**

#### **Update 12 - Week 4:**

June 9, 2008: Received Radiation Therapy (15 of 28) and Chemotherapy (4 of 5). X-Rays were taken on the three radiation insertion ports to see if any readjustment was necessary. Stool samples for Friday, Saturday and Sunday were turned in for analysis. Monday morning the stool was still green. Analysis found no blood in stool samples.

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
98.2 Degrees	183.5 lbs	130/90	76

June 10, 2008: Received Radiation Therapy (16 of 28) X-Rays indicated no need to readjust radiation insertion points.

June 11, 2008: Received Radiation Therapy (17 of 28); Blood Test

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
97.7 Degrees	181.0 lbs	120/82	70

Blood Cell count dropped from 2.2 to 1.3 thereby requiring an injection of Neupogen to increase the white blood cell count before my next chemotherapy session.

June 12, 2008: Received Radiation Therapy (18 of 28); Blood Test  
 June 13, 2008: Admitted to Hoag Memorial Hospital because of Neutropenia. Radiation Therapy postponed.  
 June 14, 2008: Given two pints of blood to increase my white blood cells. Not knowing who's blood I received I do not know if I am still 100% Hispanic.

Week 4: Side Effects: Nausea, diarrhea, Flushing, fatigue, loss of appetite and green stool (Tuesday through Friday). Neutropenia (redirected from neutropenic)

Definition: Neutropenia is an abnormally low level of neutrophils in the blood. Neutrophils are white blood cells (WBCs) produced in the bone marrow that ingests bacteria. Neutropenia is sometimes called agranulocytosis or granulocytopenia because neutrophils make up about 60% of WBCs and have granules inside their cell walls. Neutropenia is a serious disorder because it makes the body vulnerable to bacterial and fungal infections.

The normal level of neutrophils in human blood varies slightly by age and race. Infants have lower counts than older children and adults, and African Americans have lower counts than Caucasians or Asians. The average adult level is 1500 cells/mm<sup>3</sup> of blood. Neutrophil counts (in cells).

Tumor Markers							
TEST - 08	11Jan	13Mar	2Apr	22Apr	16May	09Jun	RANGE
CEA	6.85	6.0	4.3	5.1	5.7	5.5	0.0 - 3.0
CA 19-9	1,322	269	105	35	16	20	<37

**A Marine Sniper, was asked; “What do you feel when you shoot a cancerous cell” The Marine shrugged and replied, “Recoil”**

#### **Update 13 - Week 5:**

June 16, 2008: Postponed Radiation Therapy (20 of 28); Chemotherapy (5 of 5) cancelled because of Neutropenia – No further Chemotherapy will be required.  
 June 17, 2008: Received Radiation Therapy (19 of 28)  
 June 18, 2008: Received Radiation Therapy (20 of 28)  
 June 19, 2008: Receive Radiation Therapy (21 of 28)  
 June 20, 2008: Receive Radiation Therapy (22 of 28)  
 June 22, 2008: Released from the Hospital (10 Days)

Week 5: Side Effects: Nausea

#### **Update 14 - Week 6:**

June 23, 2008: Received Radiation Therapy (23 of 28)  
 June 24, 2008: Received Radiation Therapy (24 of 28)  
 June 25, 2008: Received Radiation Therapy (25 of 28)

Physicians Assistant Examination: Vitals: Weight 173.5, Blood Pressure 100/70, Temperature 97.9 Degrees, Pulse 84, Bilirubin 0.5, Kidneys are good, Alkaline in Kidney 88 which is perfect.

June 26, 2008: Received Radiation Therapy (26 of 28)

June 27, 2008: Received Radiation Therapy (27 of 28)

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
97.6 Degrees	173.0 lbs	112/80	76

Week 6: Side Effects: Nausea, Lack of Appetite, being light headed and Green Stool returned today.

BILIRUBIN RESULTS						
TEST	6Feb08	13-Mar-08	26Mar08	25Jun08	+/- DIFF	RANGE
Total	15.0	1.4	0.6	0.5	-01	0.2 - 1.2
Conjugated	0.0	0.0	0.0	0.0	0.0	0.0 - 0.03

Tumor Markers 2008								
TEST - 08	11Jan	13Mar	2Apr	22Apr	16May	09Jun	25Jun	RANGE
CEA	6.85	6.0	4.3	5.1	5.7	5.5	5.5	0.0 - 3.0
CA 19-9	1,322	269	105	35	16	20	19	<37

Hospital - Neutropenic – 2008											
	13Jun	14Jun	15Jun	16Jun	17Jun	18Jun	19Jun	20Jun	21Jun	22Jun	Range
WBC	0.1	0.2	0.5	0.5	0.6	0.9	2.6	7.6	4.5	3.9	4 - 11
HGB				9.1	10.3	9.5	9.0	9.5	9.0	9.9	11 - 17
HCT				28.1	28.5	26.6	24.5	26.9	26.0	28.9	35 - 55
Placlet				65	76	95	131	194	199	222	150 - 455

Cheated Death for the 2<sup>nd</sup> time – 7 Lives left – OOOOOOORAH! “Don't mean nothing” two more salt tablets and move bravely forward.

Announcements:

When I was informed that I had cancer, it was just another battle; it is what it is and I will deal with it.

I credit my wife for her undying strength, support and loyalty; to me she is an invincible woman and if there is one flaw in my wife Jean (Sgt Rock), it is that she forgets her worth. Eight chemotherapy, two PET scans, twenty-eight radiation treatments and about one hundred blood draws later and still cancer does not have me.

I am strong and fit and I will do what I can to protect myself against cancer recurrence.

Chemotherapy and Radiation therapy – A very deadly combination! “We did not promise you a rose garden” – “Just Do It” They both bring you down to Neutropenia and near death, only to build you back up by use of medications and drugs in an attempt to have you live beyond the survival rate of five years.

The maximum range of an excuse is 0 meters – “Just Do It”.

I believe:

That just because two people argue, it doesn't mean they don't love each other. And just because they don't argue, it doesn't mean they do.

That you can do something in an instant that will give you heartache for life.

That it's taking me a long time to become the person I want to be.

That you should always leave loved ones with loving words. It may be the last time you see them.

That either you control your attitude or it controls you.

That heroes are the people who do what has to be done when it needs to be done, regardless of the consequences.

That money is a lousy way of keeping score.

That my best friend and I can do anything or nothing and have the best time.

That sometimes when I'm angry I have the right to be angry, but that doesn't give me the right to be cruel.

That even when you think you have no more to give, when a friend cries out to you - you will find the strength to help.

Blood Pressure Rating	Systolic	Diastolic
Optimal	<120	<80
Normal	<130	<85
High Normal	130-139	85-89
Hypertension Stage 1	140-159	90-99
Hypertension Stage 2	160-179	100-109
Hypertension Stage 3	>179	>109

### **Update 15 - Week 7:**

June 27, 2008: Got up to go the restroom and in walking I fell and landed in a prone face down position. Do not know what happened because this is the second time this has happened. I was not hurt nor did I lose consciousness. The first time I got up too

fast and felt that I was losing my balance and fell to the floor sitting up (May 30, 2008).

June 28, 2008: Brown stool again. I believe that eating Valasic Kosher Dills Pickles cause the green stools. I eat them because they help settle my stomach. I stopped and stool back to brown.

Received a wake up call, I have been drinking 64 Fluid Ounces of Snapple Ice Tea and found out that is actually causing dehydration and is the main cause for getting dizzy and falling. I changed immediately to Gatorade and the dizziness has gone away. Green stool returned this evening?

**Green Stool** - The liver constantly secretes a bright green fluid called [bile](#) into the small intestine or it is stored in the gallbladder.

Bile is needed to absorb fats and fat soluble vitamins. It also helps to soften stools and is responsible for giving stools their characteristic brown color.

As bile makes its way through the intestines, it progressively changes color from green to yellow to brown, due to the action of bacteria in the large intestine on the bile salts. Green stool often indicates that food has passed through the intestines faster than normal (called decreased bowel transit time), before it could be changed from green to brown.

Diarrhea decreases bowel transit time, so any condition that causes diarrhea can result in green stool.

Other causes of green stool include:

- Laxative use
- Antibiotic use
- Medication side effects
- Food poisoning
- Celiac disease
- Ulcerative colitis
- Crohn's disease
- Malabsorption
- Irritable bowel syndrome
- Bacterial overgrowth
- Infectious diarrhea - especially salmonella and giardia
- Traveler's diarrhea
- Cancer

Foods and supplements that can cause green stool include:

Chlorophyll; Iron supplements; Algae

**Note:** Speak with your doctor about any change in bowel movements.

June 29, 2008: Not a good day, most of the day with stomach pain and could not eat. No bowl movements thereby no stool color. Nausea and light headiness all day. Spend all day on the couch.

June 30, 2008: Finally a bowl movement, color dark green? Being caused by too much Gatorade, lack of nutrients and bile.  
Received Radiation Therapy (28 of 28). **I am done with my cancer protocol and clinically in complete remission.**

Vitals			
Temperature	Weight	Blood Pressure	Heart Rate
97.6 Degrees	171.0 lbs	100/78	78

BILIRUBIN RESULTS						
TEST	6Feb08	13-Mar-08	26Mar08	25Jun08	27Jun08	RANGE
Total	15.0	1.4	0.6	0.5	0.4	0.2 - 1.2
Conjugated	0.0	0.0	0.0	0.0	0.0	0.0 - 0.03

Tumor Markers									
TEST – 08	11Jan	13Mar	2Apr	22Apr	16May	09Jun	25Jun	27Jun	RANGE
CEA	6.85	6.0	4.3	5.1	5.7	5.5	5.5	5.8	0.0 - 3.0
CA 19-9	1,322	269	105	35	16	20	19	15	<37

**Operation Rock V officially terminated and deemed a complete success. All battlefields casualties were enemy cancer cells.**

**NOW THE HARDEST PART OF THE ENTIRE PROCEDURE BEGINS, THE WAITING FOR FIVE YEARS TO SEE IF THE CANCER COMES BACK, OOPS WHAT CANCER? AFTER ALL I HAVE BEEN THROUGH CANCER STILL DOES NOT HAVE ME NOR WILL IT EVER HAVE ME. WITH THE COMBAT SUPPORT I HAD, MY FAMILY AND FRIENDS SUPPORT – IT DOES NOT GET BETTER THAN THIS. OOOOOOORAH!**

Week 7: Side Effects: Dizziness, Fatigue, Light Headiness, Nausea, and Lack of Appetite.  
Dizziness and light headiness being caused by lack of nutrients.

#### **Update 16 - Week 8: Post Chemotherapy and Radiation Therapy**

June 30, 2008: Feel like crap, cannot eat, all the drug coming out of my body make me feel spaced out all of the day. Dizziness, light headiness and fatigue are a 24 hour occurrence. Must constantly monitor my standing up too quickly as I can fall. Stools are still green.

July 1, 2008: Feel like crap, cannot eat, all the drug coming out of my body make me feel spaced out all of the day. Dizziness, light headiness and fatigue are a 24 hour occurrence. Must constantly monitor my standing up too quickly as I can fall. Stools are still green. Drugs suck. My bowl movement was brown at 7:30 PM. I am starting to eat a little better and I seem to be feeling better.

July 2, 2008: Starting to feel better as I am able to eat better than I have in the past two weeks.

July 3, 2008: Feeling like crap this morning, diarrhea this morning green in color, feeling fatigue and dizziness. Just seems like my get up and go done got up and went without me. Starting feeling better this evening, I actually was able to eat spaghetti.

July 4, 2008: Feeling better this morning, got up and forced 500 calories into my system for breakfast. Bowl movements are brown. Had a total of over 2,000 calories which is the most I have had in over two weeks. I had an upset stomach all evening.

July 5, 2008: First bowel movement this morning is brown. I am feeling like I got my get up and go back and slept until 5:30 AM (off and on), I had been getting up around 2:00 AM or 3 AM.. As my stomach begins to heal from radiation, the stronger and better I am feeling. Half way through the day started feeling shitty; temperature was 99.9 Degree 100.5 indicates a temperature. Took two advils and temperature went to 99.2 after 30 minutes. Although I am starting to taste food, it still upsets my stomach big time and stool is back to green. I am still feeling light headiness, fatigue, and dizziness. Temperature at bed time was 98.6 Degrees. Weight 174.4 (Weight arriving home from the hospital was 171.0).

July 6, 2008: First bowel movement (first strain) this morning was green and the (second strain) was brown. My weight today was 175.8 gains of 4.8 pounds. I started feeling very bad late in the evening. I went to bed with a very bad stomach ache.

Food for Thought: This body of 200 lbs of twisted steel and sex appeal has been reduced to 171 lbs but "I'll be back". I do have to add another weakness to this body, in addition to kryptonite I have to add chemotherapy and radiation therapy.

### **I will defeat Cancer because of Marine pride and a Positive Attitude:**

"Do not let the Cancer Cells see you coming out prone".

"1<sup>st</sup> Rule of Marine fights against Cancer – I will bring my combat team to kill all the Cancer Cells".

"Defeat – Hell, I am a Marine. Men like me held Guadalcanal and took Iwo Jima; fought in Viet Nam Cancer isn't shit".

"Cancer Cells - You make the call – I come in peace. I did not bring my combat team. But I am pleading with you, with tears in my eyes: If you f\_\_k with me. I'll kill you all."

Marines – Providing the enemies of America an opportunity to die for their countries since 1775.

The Title:

It cannot be inherited. Nor can it ever be purchased.



Neither you nor anyone else alive can buy it for any price. It is impossible to rent, and it cannot be lent.

You alone and our own have earned it with your sweat, blood and lives.

You own it forever.

**The title of a United States Marine**

APHORISM: A SHORT, POINTED SENTENCE EXPRESSING A WISE, CLEVER  
OBSERVATION; A GENERAL TRUTH OR ADAGE

1. The nicest thing about the future is it always starts tomorrow.
2. Money will buy a fine dog but only kindness will make him wag his tail.
3. If you don't have a sense of humor, you probably don't have any sense at all.
4. Seat belts are not as confining as wheelchairs.
5. A good time to keep your mouth shut is when you're in deep water.
6. How come it takes so little time for a child who is afraid of the dark to become a teenager who wants to stay out all night?
7. Business conventions are important because they demonstrate how many people a company can operate without.
8. Why is it that, at class reunions, you feel younger than everyone else looks?
9. Scratch a dog and you'll find a permanent job.
10. No one has more driving ambition than the boy who anxiously awaits his 16th birthday.
11. There are no new sins; the old ones just get more publicity.
12. There are worse things than getting a call for a wrong number at 4AM: It could be a right number.
13. No one ever says 'It's only a game' when their team's winning.
14. I've reached the age where the happy hour is a nap.
15. Be careful reading the fine print. There's no way you're going to like it.
16. The trouble with bucket seats is not everybody has the same size bucket.

17. Do you realize in about 40 years we'll have millions of old ladies running around with tattoos? (And rap music will be the Golden Oldies!)

18. Money can't buy happiness - but somehow it's more comfortable to cry in a Mercedes than in a KIA.

19. After 70 if you don't wake up aching in every joint, you are probably dead.

### **Update 17 - Week 9: Post Chemotherapy and Radiation Therapy**

July 7, 2008: I feel great this morning, like a big weight has been lifted off my shoulder. My stool was Brown this morning. My stool was Green at 6 PM. I have felt better today than in the last two weeks. My eating has not changed, still having problem eating but I keep trying. Developed a fever at approximately 8 PM of 100.9 degrees, took 2 Advils to no avail. Took 2 Tylenols and at 10 PM fever was 100.6 degrees and woke up around 2 AM in a cold sweat and wet from sweating, temperature 98.6 degrees.

July 8, 2008: Feeling pretty good and stool was brown at 7 AM. Weight 174.6 degree. Stools were brown for the entire day. Mild dizziness experience during the entire day but the light headiness was gone for the entire day.

July 9, 2008: I feel like it is going to be a good day no dizziness or light headiness felt since I got up. Brown stool this morning and my Weight 174.6 and Temperature 98.6 degrees. Wrong again, I began experiencing dizziness; need to get up slowly and allow the blood to circulate.

July 10, 2008: Brown Stool this morning. I ate my first meal since being admitted to the hospital on June 13, 2108. I had two eggs over easy, potatoes, one piece of fried baloney and a piece of toast. Feeling pretty good but I still get a little dizziness. My Temperature was 97.7 degrees. I did not do well with lunch, upset stomach.

July 11, 2008: Brown stool this morning. I ate another full meal for breakfast. My temperature 98.4 and my weight were 174.4. I ate a partial lunch and dinner. Stool were green this evening.

July 12, 2008: I am tired of lack of appetite because of my radiation to my stomach. I am taking my life back today and will continue my normal activities instead of just lying around all day. Brown stool this morning. My temperature was 97.7 degrees. I had a pretty good lunch, not great but better than before. Dido for the supper meal I did pretty good, but not great but better than ever before. Today I decided that cancer does not have me but neither does a loss of appetite. I did a full day's work outside on the yards with rest periods between feeling a little fatigue.

July 13, 2008: Breakfast at IHOP two eggs over easy, two pancakes, and a glass of chocolate milk. Temperature 97.6 degrees and my weight is 173.2 after two hours of working on the yard. Brown stool this morning and I am taking my life back. Lunch was a Tuna Salad ate about ½ of it and dinner was a very large milk shake which filled me up pretty good.

How many times have we been asked, "What is it about you Marines?"

This may help explain what we share that is so special and what we have lived that makes us remember. To understand, you have to live our experience, share what we have all shared, and feel what we have all felt.

It is about Corps values, and honor. It is about character. It is about a shared experience that changed our lives.

The common experience starts with DISORIENTATION. The Corps creates a vacuum in your life. It takes away your hair, clothes, and friends, and fills it with a drill instructor. He says things like get off MY bus ... do it NOW and as you stand asshole to belly-button on the yellow footprints, your identity disappears. The D.I. gives you a short lesson on the UCMJ, and you learn that rights belong to the institution, not to the individual. You will live in a squad bay and you will march everywhere. He speaks to you in the future imperative ... he says. YOU WILL ... and you do! He gives you a new language ... deck, hatch, and head. It is a language that is steeped in a tradition you don't understand yet. He takes away your right to speak in the first person, and he takes away your first name. Your platoon number is what's important now. Before your first meal you get 20 seconds to stow your gear, and you learn that the only way to get it done within the time limit is to help one another...

The TRANSFORMATION begins. This is the culture of the Group, and its members are anonymous. Although you don't know it, your drill instructor will become the most important person you will ever meet, and your weeks of boot camp will become the defining cultural experience of your life. For the first time in your life you encounter absolute standards of right and wrong, success and failure. When you screw up, everyone stops, and they penalize you, immediately, so you won't forget.

Disorientation and Transformation are followed by TRAINING.

The rules are simple:

- a. Tell the truth
- b. Always do your best no matter how trivial the task
- c. Choose the difficult right over the easy wrong
- d. Don't whine or make excuses
- e. Judge others by their actions

And above all, look out for the group, before you look out for yourself. During your training you are pushed beyond your limits, and you achieve. You learn to make excellence a habit. The common denominator among you and your fellow recruits is pride and accomplishment. Through your training you develop spirit, and you develop self-discipline.

You learn the ingredients of CHARACTER: Integrity, Selflessness, and Moral Courage. And you learn the Corps Values of Honor, Courage, and Commitment. These are your roots. The Corps is a rigid code that will stay with you forever. It will define your character, and it will

guide you for the rest of your life. This is why there are no EX-Marines. Once you can appreciate what you are about to become, you learn about those who have gone before you. You study our history, and learn the lessons of countless heroes who acted, not for self, but for comrade, Corps, and Country. Marines are about taking care of each other, always have been, always will. It is our culture and it holds us together. As you learn the history, you become part of the tradition. You have a new appreciation of your God, your Country, and your Corps.

One final element completes your training - you become a rifleman. The magnitude of what you have accomplished becomes apparent to you at graduation, when you finally earn your title and are called Marine. What you know then, in your heart, but what you can't put into words, is that there is something very special about this organization that is unlike any other organization you ever have been a part of. What you can't put into words, but what you know in your heart is that the essence of the Marine Corps resides with the lowest in rank; The Marine is the Corps, and the Corps is the Marine. ... Your uniform says it all. When someone looks at you they don't see the name of your ship, a unit patch, or a branch insignia ...

What they see is a MARINE. That's all that counts! You are a Marine! It is what matters to you, and it is what matters to every other Marine. You know that you may never feel this important again, and you will spend the rest of our life living the code, and holding on to the feeling that every Marine is a rifleman and that's the essence. But there is more to our story than our boot camp experience.

There is our experience of sacrifice and our participation in the history & tradition of the Corps. We share stories and tell of the humor that got us through the tough times, but we also have stories we keep to ourselves, hiding the painful memories too personal to share. Shared experience and personal sacrifice are reasons the Marine Corps is a Band of Brothers. It is the reason we celebrate today. The feeling you have when you become a Marine lasts a lifetime.

Whether you serve 3 years, or 30, your experiences will never be forgotten. You will never work as closely, or depend on others more, than you did in the Corps. The Corps is your family, you can never leave, and you are always welcome back. You are EXPECTED to come back! This shared experience, and personal sacrifice is our common bond. It is why we love each other and our country so much, and why we cling to our traditions. Our celebration preserves and honors the memory of all who have gone before us and it is an example, and a standard, for all who follow. In a time when there are so few proud and good examples to follow, when so little seems to count, our views, our beliefs, our PRACTICE of our tradition is, by others standards, EXTREME

We are perhaps all our country has left to guarantee that the principles upon which this nation was founded will survive. Many presidents, and congressmen, have tried to do away with the Marine Corps, but we are still here. Why? The answer is simple - America doesn't need a Marine Corps, America WANTS one! Marine, you are the reason she feels that way. Remember that, and feel good about it.

"It does not take a majority to prevail ... but rather an irate, tireless minority, keen on setting brushfires of freedom in the minds of men."

"All men are created equal but only a few chose to be Marines."

#### **Update 18 - Week 10: Post Chemotherapy and Radiation Therapy**

July 14, 2008: Had one of my regular bowl movements and it was brown, hope this means things are looking up. Temperature this morning was 97.5 degrees and my weight was 174.4 pounds. Have a normal breakfast. I had an egg with cheese sandwich on white toasting bread. Dinner was not as great as far as quantity, I ate but not enough; I am just not that hungry in the evening.

July 15, 2008: Brown stool this morning, stools will not be mentioned again unless they change colors. Temperature this morning was 98.2 degrees and my weight was 174.2 pounds. Have an egg sandwich with cheese and tomatoes on white toasting bread and a nutritional drink for breakfast. I have an appointment this morning to have blood test to ensure my white and red cell counts are within the range prior to making a decision on going to Texas on Thursday for the De La Garza Reunion. Vitals: Weight 172, Blood Pressure 112/64, Pulse 64, Temperature 97.9. Evening meals was not that great, tried a ham and cheese sandwich. Ate most of it but had to eliminate the cheese, it seem like I am having problem with dairy products. Broke one of my veneer tooth, have to try to get a temporary today prior to my trip to Texas.

July 16, 2008: Temperature 97.7 degrees. My weight was 176.8 at 3:03 PM after a late lunch. Had my veneer tooth replaced. I did not do well at breakfast a little fruit about 2 pancakes and about 5 French fries. Late lunch consisted of a taco salad and a taco and two fruits.

July 17, 2008: Departed for the De La Garza Reunion in San Antonio, Texas. My food intake has been more this day than it has the previous three weeks, I had a egg sausage mcmuffin, a small bowel of cereal, two boxes of raisin, a Texas Whataburger, a T-bone steak with a enchilada, half of a granola and a red plum.

July 18, 2008: Played 18 holes of golf with Robert, Mario, Cal and Jeff. I had the following food so far, Chicken Fried Steak for breakfast, Ham Sandwich for Lunch and a Hot Dog for a snack. Jean and I are going to the mini-platoon 142 reunion at 6PM at the Barn Door in San Antonio. Stopped at Whataburger and had a Whataburger prior to the reunion. Have a great time at the Platoon 142 reunion, seeing fellow platoon members for the first time in 48 years. In attendance were Celestino Mora, Jose Martinez, Rudy Orosco, Eric Barrera, Armando Garza and Daniel Martinez. Had deep fried scrimp, salad and a baked potato for dinner.

July 19, 2000: Getting ready for the De La Garza Reunion and we will be showing up at 10AM. Great reunion and met with my 5 brothers and 4 sisters and their families, about 50 plus in attendance. My meals for the day were at breakfast an egg and sausage on a croissant, for lunch rice and beans with a chicken leg and three small pieces of sausages and for dinner a Whataburger.

July 20, 2008: Heading back to California this morning, have a great time at the reunion seeing family but it is always great to be heading home. I had breakfast at the airport, scrambled egg, biscuit, sausage patty and a glass of orange juice. On the plane I had a small salad and half a pizza. Upon arrival at home has chicken house special and my weight after the evening meal is 178.6 pounds.

#### **Update 19 - Week 11: Post Chemotherapy and Radiation Therapy**

July 21 2008: Temperature is 97.7 degree and my weight is 176.8 pounds. I had 2 eggs, toast and potatoes for breakfast. Lunch consisted of a hot dog sandwich with tomatoes. Evening meals consisted of 5 pieces of pepperoni and sausage pizza and about 5 pieces of buffalo wings. Snack at 9:00 PM 3 buffalo wings and some strawberries.

July 22, 2008: Temperature is 97.8 degrees and my weight is 177.6 pounds. I had 2 eggs, toast, sausage patty and potatoes for breakfast. I had a ham sandwich for lunch with potatoes chips. For the evening meals I had two fajitas with some fruit (peaches).

July 23, 2008: Temperature is 97.7 degrees and my weight is 178.8 pounds. I had 2 eggs, toast, sausage patty and potatoes for breakfast. My noon meal consisted of a two pieces of baloney, lettuces, tomatoes, onions on white toast. Appointment with Dr Barth everything is fine and he is totally amazed with my progress. Vitals: Weight 179 pounds, Blood Pressure 118/80, Temperature 98.3 and Pulse 76. Had the biggest evening meals which consisted of a full plate of salad, vegetable soup, steak (Half), baked potatoes, two pieces of chicken and a bowl of ice cream.

July 24, 2008: Temperature is 97.6 and my weight is 179.8 pounds. Appointment with Dr Chen was a waste of my time, he basically said I would be seeing Dr Barth from now on and he would be out of the picture. Since I have my appetite back no more reports of what I ate.

<b>Tumor Markers</b>										
<b>TEST – 08</b>	<b>11Jan</b>	<b>13Mar</b>	<b>2Apr</b>	<b>22Apr</b>	<b>16May</b>	<b>09Jun</b>	<b>25Jun</b>	<b>27Jun</b>	<b>23Jul</b>	<b>RANGE</b>
CEA	6.85	6.0	4.3	5.1	5.7	5.5	5.5	5.8	4.6	0.0 - 3.0
CA 19-9	1,322	269	105	35	16	20	19	15	27	<37

July 25, 2008: Temperature is 97.7 and my weight is 178.2 pounds.

July 26, 2008: Temperature is 97.6 and my weight is 180.6 pounds.

#### **Update 20 - Week 12: Post Chemotherapy and Radiation Therapy**

August 01, 2008: Got chills this morning and could not warm up, put on a heavy jacket and wool sweats. Upon taking my temperature, it kept fluctuating from 99.6 to 102.4 degrees. Jean called the doctor and he told me to check into emergency, I have had it with the hospital and decided to let me body handle the situation. I figured out that the reason my temperature was high was because of the clothing I had on. After taking the clothing off my temperature was below 100.5 degrees and no need to go into emergency.

<b>Recapitulation of Weight and Temperature for Week 12</b>		
Date	Weight	Temperature

July 29, 2008	176.4	97.4
July 31, 2008	176.4	98.0
August 01, 2008	176.4	102.4
August 02, 2008	176.0	97.8
August 03, 2008	175.0	98.5

#### **Update 21 - Week 13: Post Chemotherapy and Radiation Therapy**

<b>Recapitulation of Weight and Temperature for Week 13</b>		
Date	Weight	Temperature
August 05, 2008	178.0	98.4
August 07, 2008	177.6	97.4
August 10, 2008	179.0	97.9

#### **Update 22 - Week 14: Post Chemotherapy and Radiation Therapy**

Medical Note: For the past week, when I poop (not always but at time) there are orange grease like bubbles floating around in the water and it looks like Italian dressing. There was the water, and then there were dozens of little floating oil blobs. Yellow-orange oil blobs. Glistening yellow-orange oil blobs. When I wipe it is all orange. I will discuss with Dr Barth on my next visit.


Internet answer: The orange you see floating is grease basically. It is the contents of whatever you have eaten that was heavy or greasy or even fattening that are running through your body and not breaking down the same way that other foods break down.

<b>Recapitulation of Weight and Temperature for Week 14</b>		
Date	Weight	Temperature
August 13, 2008	179.0	97.2
August 15, 2008	181.0	97.3
August 17, 2008	178.0	97.4

#### **Update 23 - Week 15: Post Chemotherapy and Radiation Therapy**

August 19, 2008: Weight 177.2, Temperature 97.4 degrees (prior to visit in the AM). Appointment with Dr Neil Barth (Birch Office 3:30 PM), everything is fine and this is the best he has seen me since the surgery and is very pleased with my results. I will be scheduled for a PET scan the end of September 2008 and endoscopic procedure to examine the surgery areas, stomach and lymph nodes at a later date.

<b>Vitals</b>			
Temperature	Weight	Blood Pressure	Heart Rate
98.4 Degrees	179.0 lbs	120/80	72

 = Within Range

### **HEMATOLOGY RESULTS**

TEST – 08	23Jul	19Aug	RANGE
White Blood Cell (WBC)	4.0	3.2	4 – 11
Red Blood Cell (RBC)	2.91	3.21	4.35 - 5.25
Hemoglobin (HGB)	9.2	10.1	11 – 17
Hematocrit (HCT)	27.7%	29.1%	35 – 55
Corpuscular Volume (MCV)	95.0	91.0	80 – 100
Corpuscular Hemoglobin (MCH)	31.6	31.4	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.1	34.6	31 – 35
Red Blood Cell Distribution Width (RDW)	14.8 %	14.3%	10 – 20
Platelet Count (PLT)	294	284	150 – 455
Platelet Volume (MPV)	6.9	7.2	6 – 10
Lymphocyte (%LYM)	27%	32.0%	25 – 50
Lymphocyte (#LYM)	1.0	1.0	1 – 5
Mean Order Number (%MON)	7%	10.0%	2 – 10
Mean Order Number (#MON)	0.2	0.3	0.1 – 1
%GRA	66.5%	57.9	35 - 81
#GRA	2.8	1.9	1.5 - 8.5

Tumor Markers			
TEST – 08	23Jul	19Aug	RANGE
CEA*	4.6	4.7	0.0 - 3.0
CA 19-9**	27	14	<37

\***CEA** measurement is mainly used as a tumor marker to identify recurrences after surgical resection. Elevated CEA levels should return to normal after surgical resection, as elevation of CEA during follow up is an indicator of recurrence of tumor.

\*\***CA19-9** (carbohydrate antigen 19-9 or sialylated Lewis (a) antigen) is a blood test from the tumor marker category. While it is not useful to diagnose particular forms of cancer, specifically pancreatic cancer, it may be useful to monitor the results of treatment and to determine whether the disease may be recurring.

BILIRUBIN RESULTS			
TEST	27Jun08	19Aug08	RANGE
Total	0.4	0.2	0.2 - 1.2
Conjugated	0.0	0.0	0.0 - 0.03

\*\*\* **Bilirubin** is the yellow breakdown product of normal heme catabolism. Heme is formed from hemoglobin, a principal component of red blood cells. Bilirubin is excreted in bile, and its levels are elevated in certain diseases. It is responsible for the yellow colour of bruises and the yellow discolouration in jaundice. Bilirubin reduction in the gut leads to a product called urobilinogen which is then oxidized to urobilin which is excreted in the urine.

Upcoming appointments: September 05, 2008 1 PM (Birch Office).  
 Changed to: September 09, 2008 11:00 AM (Hoag)



Changed to: September 09, 2008 3:00 PM (Hoag)

#### **Update 24 (24-30Aug08) - Week 16: Post Chemotherapy and Radiation Therapy**

August 29, 2008: Temperature is 98.2 and my weight is 179.6 pounds.

Food for Thought:

“Life is not the way it's supposed to be. It's the Way it is. The way you cope with it is what makes the difference.”

“Life is a coin, you can spend it anyway you wish, but you can only spend it once.”

#### **Notes on Pancreas Cancer - Stages of Pancreas Cancer:**

- **Stage I.** Cancer is confined to the pancreas.
- **Stage II.** Cancer has spread beyond the pancreas to nearby tissues and organs and may have spread to the lymph nodes.
- **Stage III.** Cancer has spread beyond the pancreas to the major blood vessels around the pancreas and may have spread to the lymph nodes.
- **Stage IV.** Cancer has spread to distant sites beyond the pancreas, such as the liver, lungs and the lining that surrounds your abdominal organs (peritoneum).

#### **Tumor Markers:**

Tumor markers can be used for one of four purposes: (1) screening a healthy population or a high risk population for the presence of cancer; (2) making a diagnosis of cancer or of a specific type of cancer; (3) determining the prognosis in a patient; (4) monitoring the course in a patient in remission or while receiving surgery, radiation, or chemotherapy.

**CA 19-9:** Although the CA 19-9 test was first developed to detect colorectal cancer, it is more sensitive to *pancreatic cancer*. It will not usually detect very early disease, which is why it is not used as a screening test. But it is now considered the best tumor marker for following patients with cancer of the pancreas.

Normal blood levels of CA 19-9 are below 37 U/mL (units/milliliter). A high CA 19-9 level in a newly diagnosed patient usually means the disease is advanced.

CA 19-9 can also be used to monitor *colorectal cancer*, but because it is less sensitive than the CEA test, most medical groups recommend CEA testing when following this disease.

CA 19-9 can also be elevated in other forms of digestive tract cancer, especially cancers of the stomach and bile ducts, and in some non-cancerous conditions such as pancreatitis (inflammation of the pancreas).

#### **Update 25 (31Aug-06Sep08) - Week 17: Post Chemotherapy and Radiation Therapy**

I am standing up to cancer.

Food for Thought: There are only two kinds of people that understand Marines: Marines and the enemy. Everyone else has a second-hand opinion.

**Update 26 (07-12Sep08) - Week 18: Post Chemotherapy and Radiation Therapy**

September 09, 2008: Appointment with Physician's Assistance (Hoag): Everything is looking great.

Vitals		
Date:	19Aug08	09Sep08
Weight	177.2 Lbs	180 Lbs
Blood Pressure	120/80	120/80
Pulse	72	72
Temperature	98.4	98.3

  = Within Range

Red = Low; Green = High

Tumor Markers			
TEST – 08	19Aug	09Sep	RANGE
CEA	4.7	4.3	0.0 - 3.0
CA 19-9	14	13	<37

HEMATOLOGY RESULTS			
TEST – 08	19Aug	09Sep	RANGE
White Blood Cell (WBC)	3.2	3.4	4 – 11
Red Blood Cell (RBC)	3.21	3.20	4.35 - 5.25
Hemoglobin (HGB)	10.1	10.4	11 – 17
Hematocrit (HCT)	27.7%	28.8%	35 – 55
Corpuscular Volume (MCV)	95.0	90.0	80 – 100
Corpuscular Hemoglobin (MCH)	31.6	32.4	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.1	36.0	31 – 35
Red Blood Cell Distribution Width (RDW)	14.8 %	13.9%	10 – 20
Platelet Count (PLT)	294	302	150 – 455
Platelet Volume (MPV)	6.9	6.4	6 – 10
Lymphocyte (%LYM)	27%	27%	25 – 50
Lymphocyte (#LYM)	1.0	0.9	1 – 5
Mean Order Number (%MON)	7%	9%	2 – 10
Mean Order Number (#MON)	0.2	0.3	0.1 – 1
Granulocyte (%GRA)	66.5%	63.9%	35 – 81
Granulocyte (#GRA)	2.8	2.2	1.5 - 8.5

Tumor Markers
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TEST – 08	19Aug	09Sep	RANGE
CEA	4.7	4.3	0.0 - 3.0
CA 19-9	14	13	<37

Marines Quote: Freedom is not free, but the U.S. Marine Corps will pay most of your share.

Quote for the Day:

“Whatever you give a woman, she is going to multiply. If you give her sperm, she'll give you a baby. If you give her a house, she'll give you a home. If you give her groceries, she'll give you a meal. If you give her respect and kindness, she'll give you her heart. She multiplies and enlarges what is given to her. So - if you give her any crap, she will give you a ton of shit.”

Men's Rules to Wife: Learn to work the toilet seat. You're a big girl. If it's up, put it down. We need it up, you need it down. You don't hear us complaining about you leaving it down.

#### **Update 27 (13-19Sep08) - Week 19: Post Chemotherapy and Radiation Therapy**

Marine Quotes:

The safest place in Korea was right behind a platoon of Marines. Lord, how they could fight!

Men's Rules to Wife: Men are not mind readers.

#### **Update 28 (20-26Sep08) - Week 20: Post Chemotherapy and Radiation Therapy**

Administrative Note: Informed by Dr Barth (May 29, 2008) that I was clinically in complete remission – (3 Months 28 Days)

Date of last chemotherapy: June 9, 2008

Date of last radiation: June 30, 2008

September 25, 2008: PET Scan 8:50 AM (Birch) – Final Report

#### **FLUORINE-18 FOG BODY PET/CT FUSION:**

**CLINICAL HISTORY:** Status post partial pancreatectomy for carcinoma of the pancreas with eight positive lymph nodes diagnosed in January of 2008. The patient has had chemoradiation therapy. A prior PET/CT scan in March of 2008 showed a small hypermetabolic focus at the operative site which was not present on the PET scan in May of this year.

**TECHNIQUE:** Images were obtained from the skull to the upper thighs approximately 45 minutes after the injection of 14.7 mCi of Fluorine-18 FOG in the right arm by S.N. Reconstructed images were reviewed in three orthogonal projections and a rotating view. CT scans of the chest, abdomen and pelvis were acquired today. These data were fused with the PET image. Images were obtained on a Discovery-LS 16-slice PET/CT scanner.

#### **FINDINGS:**

Head and neck: Physiologic radiotracer is present in the brain and oronasal mucosa. There is no cervical adenopathy. There has been no change since the most recent past study.

Thorax: The lungs are eumetabolic without significant findings on CT. There is no mediastinal or hilar adenopathy. The axillae are clear. Calcification of the coronary arteries persists and is suggestive of coronary artery disease.

Abdomen and pelvis: The liver is homogeneous and unchanged. There is normal metabolism in the postoperative site. The first postoperative PET scan showed a possible node which is not seen on the last two studies. There is no retroperitoneal or abdominal adenopathy.

There is moderate diffuse increased uptake throughout the large bowel which becomes most intense at the rectosigmoid junction with an SUV up to 9.9. The distribution is more suggestive of spastic or irritable bowel. There are no focal abnormalities.

Skeletal system: A right femoral prosthesis is unchanged. There are no findings in the skeletal system to suggest metastatic disease. (Metastatic - the transference of disease-producing organisms or of malignant or cancerous cells to other parts of the body by way of the blood or lymphatic vessels or membranous surfaces.)

#### CONCLUSION:

1. NORMAL PET/CT FUSION STUDY WITH NORMAL METABOLISM IN THE SITE OF THE PREVIOUS WHIPPLE.

2. CALCIFICATION OF THE CORONARY ARTERIES SUGGESTS POSSIBLE CORONARY ARTERY DISEASE.

0.0 to 2.5 SUV=Benign Lesion

>2.5 SUV=Suggestive of Malignant Lesion

$$\text{SUV (Standard Uptake Value)} = \frac{\text{activity in ROI in mCi/ml}}{(\text{injected dose in mCi/patient's weight in kg})} = \text{g/ml}$$

Marine Quotes: Marines know how to use their bayonets. Army bayonets may as well be paper-weights.

Men's Rules to Wife: Sunday sports it's like the full moon or the changing of the tides. Let it be.

**Update 29 (27Sep - 02Oct08) - Week 21: Post Chemotherapy and Radiation Therapy**

Administrative Note: Informed by Dr Barth (May 29, 2008) that I was clinically in complete remission – (4 Months 03 Days)

Marine Quote: The United States Marine Corps, with its fiercely proud tradition of excellence in combat, its hallowed rituals, and its unbending code of honor, is part of the fabric of American myth.

Men's Rules to Wife: crying is blackmail.

Food for thought: Marriage changes passion. Suddenly you're in bed with a relative.

### **Update 30 (03-09Oct08) - Week 22: Post Chemotherapy and Radiation Therapy**

Administrative Note: In remission (May 29, 2008) – (4 Months 10 Days)

Marine Quote: Why in hell can't the Army do it if the Marines can? They are the same kind of men; why can't they be like Marines.

Men's Rules to Wife: Ask for what you want. Let us be clear on this one: Subtle hints do not work! Strong hints do not work! Obvious hints do not work! Just say it!

Food for thought: I saw a woman wearing a sweat shirt with 'Guess' on it. So I said 'Implants?' She hit me.

### **Update 31 (10-16Oct08) - Week 23: Post Chemotherapy and Radiation Therapy**

October 10, 2008 – 12:00 PM: Dr Michael A. Arata (Birch) Removal of Implanted Port-a-Cath



October 16, 2008: Dr Barth 2:30 (Hoag): Prognosis is still in remission. Appointment will be changed to seeing the doctor every two months instead of every month.

PET/CT Scan will be scheduled for every three month alternate between PET scan and CT scan. The next scan will be the CT. This scheduled will go on for 2 years from the date of the Whipple Procedure (February 6, 2008) until February 2010 then every 6 months.

EUS Test (Endoscopic Ultra Sound) will not be required it all test are still on the up swing.

Vitals		
Date:	09Sep08	16Oct8
Weight	180 Lbs	184.5 Lbs

Blood Pressure	120/80	112/80
Pulse	72	64
Temperature	98.3	99.0

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS</b>			
<b>TEST – 08</b>	<b>09Sep</b>	<b>16Oct</b>	<b>RANGE</b>
White Blood Cell (WBC)	3.4	3.7	4 – 11
Red Blood Cell (RBC)	3.20	3.64	4.35 - 5.25
Hemoglobin (HGB)	10.4	11.1	11 – 17
Hematocrit (HCT)	28.8%	31.68%	35 – 55
Corpuscular Volume (MCV)	90.0	87.0	80 – 100
Corpuscular Hemoglobin (MCH)	32.4	30.5	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	36.0	35.2	31 – 35
Red Blood Cell Distribution Width (RDW)	13.9%	12.9%	10 – 20
Platelet Count (PLT)	302	227	150 – 455
Platelet Volume (MPV)	6.4	71.4	6 – 10
Lymphocyte (%LYM)	27%	27%	25 – 50
Lymphocyte (#LYM)	0.9	0.9	1 – 5
Mean Order Number (%MON)	9%	7%	2 – 10
Mean Order Number (#MON)	0.3	0.2	0.1 – 1
Granulocyte (%GRA)	63.9%	65.6%	35 – 81
Granulocyte (#GRA)	2.2	2.6	1.5 - 8.5
Uric Acid		7.0	3.5 -8.5
Phosphorus		4.6	2.5 – 4.5
LD		401	297 - 537
GGT		83	8 - 78

<b>COMPREHENS METAB PANEL</b>		
<b>TEST – 08</b>	<b>16OCT</b>	<b>RANGE</b>
Sodium	145	135 – 145
Potassium	4.2	3.5 – 5.0
Chloride	109	100 – 110
Carbon Dioxide	22	24 – 32
Glucose	85	6.5 – 99
Creatinine	1.0	0.4 – 1.5
Urea Nitrogen	11	7 – 22
Calcium	8.8	8.4 – 10.2
Protein Total	7.5	6.3 8.2
Albummin	4.3	3.9 – 5.0
A/G Ratio	1.3	1.2 – 2.0
SGOT/AST	40	20 – 57
SGPT/ALT	28	21 – 72

Alkaline Phosphatase	83	36 – 126
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Tumor Markers				
TEST – 08	06Feb08	09Sep	16Oct	RANGE
CEA	6.85	4.3	3.7	0.0 - 3.0
CA 19-9	1,322	13	9.0	<37

BILIRUBIN RESULTS			
TEST	279Aug08	16Oct08	RANGE
Total	0.2	0.2	0.2 - 1.2
Conjugated	0.0	0.0	0.0 - 0.03

October 16, 2008 - 2:00 PM: Removal of Stitches when the Implanted Port-a-Cath was surgically removed by Physician's Assistance (Sandy).

Pancreatic Cancer Update			
Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	October 16, 2008; May 29, 2008	In remission	4 Months 17 Days
Chemotherapy	June 9, 2008	Completed	4 Months 08 Days
Radiation	June 30, 2008	Completed	3 Months 17 Days

Bumper sticker of the year: "If you can read this, thank a teacher - and, since it's in English, thank a Marine."

Marine Quote: The raising of that flag on Suribachi means a Marine Corps for the next five hundred years.

Men's Rules to Wife: Yes and no are perfectly acceptable answers to almost every question.

Life Thoughts: How come we choose from just two people to run for president and over fifty for Miss America?

#### **Update 32 (17-24Oct08) - Week 24: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	October 24, 2008; May 29, 2008	In remission	4 Months 24 Days
Chemotherapy	June 9, 2008	Completed	4 Months 15 Days
Radiation	June 30, 2008	Completed	3 Months 24 Days

Pancreatic Cancer (Silent Killer): Life issued me a "Death Sentence" and I beat it because of a positive attitude, being strong and fit and the everlasting love and support of my wife, and support of my family and friends. Lastly and most importantly credit to my Doctors, my Surgeon Doctor Dr Howard A. Reber and my Oncologist Doctor Neil M. Barth.

Marine Quote: I have just returned from visiting the Marines at the front, and there is not a finer fighting organization in the world!

Men's Rules to Wife: Come to us with a problem only if you want help solving it. That's what we do. Sympathy is what your girlfriends are for.

Life Thoughts: Now that food has replaced sex in my life, I can't even get into my own pants.

**Update 33 (23-30Oct08) - Week 25: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	October 30, 2008; May 29, 2008	In remission	5 Months 01 Days
Chemotherapy	June 9, 2008	Completed	4 Months 22 Days
Radiation	June 30, 2008	Completed	4 Months 01 Days

Marine Quote: We have two companies of Marines running rampant all over the northern half of this island, and three Army regiments pinned down in the southwestern corner, doing nothing. What the hell is going on?

Men's Rules to Wife: Anything we said 6 months ago is inadmissible in an argument. In fact, all comments become null and void after 7 days.

Life Thoughts: I signed up for an exercise class and was told to wear loose fitting clothing. If I HAD any loose fitting clothing, I wouldn't have signed up in the first place!

Comments received via email from family and friend upon finding out that my cancer was in remission:

Oscar outstanding. God bless you, buddy.

Oscar you are truly amazing! (Always have been...)

Congratulations, Oscar....I believe without constant prayer from your wife, brothers and sisters, etc. your life was extended. I will never forget that, and will be forever grateful... Make this gift count everyday!

Congrats Oscar. Now if only you could do something about your golf game. Then maybe you could play with us big boys.

Great news, love you bro

Most excellent Oscar me Amigo! Tell the family hello for me, and my best for continued success!

Congratulations, may you live long and prosper.



Oscar, this makes me soooo happy. You are an incredibly strong and powerful man and I so love you. So what's next bro?

Oscar!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! woohoo!!!!!!!!!!!!!!!!!!!!!!!!!!!! I knew you could do it! That is the best news ever!

Oscar, I am so happy to hear such a good and final update. I will pass on the good news!!!!

We are all very pleased to hear this news.

**Update 34 (31-06Nov08) - Week 26: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	November 06, 2008; May 29, 2008	In remission	5 Months 08 Days
Chemotherapy	June 9, 2008	Completed	4 Months 29 Days
Radiation	June 30, 2008	Completed	4 Months 08 Days

Marine Quote: The Marines I have seen around the world have the cleanest bodies, the filthiest minds, the highest morale, and the lowest morals of any group of animals I have ever seen.  
Thank God for the United States Marine Corps!

Men's Rules to Wife: If you think you're fat, you probably are. Don't ask us.

Life Thoughts: When I was young we used to go "skinny dipping," now I just "chunky dunk."

**Update 35 (07-14Nov08) - Week 27: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	November 14, 2008; May 29, 2008	In remission	5 Months 15 Days
Chemotherapy	June 9, 2008	Completed	5 Months 06 Days
Radiation	June 30, 2008	Completed	4 Months 15 Days

Marine Quote: Some people spend an entire lifetime wondering if they made a difference in the world. But, the Marines don't have that problem.

Men's Rules to Wife: If something we said can be interpreted two ways and one of the ways makes you sad or angry, we meant the other one

Life Thoughts: Don't argue with an idiot; people watching may not be able to tell the difference.

**Update 36 (15-22Nov08) - Week 28: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
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Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	November 22, 2008; May 29, 2008	In remission	5 Months 22 Days
Chemotherapy	June 9, 2008	Completed	5 Months 13 Days
Radiation	June 30, 2008	Completed	4 Months 22 Days

Appointments; Dr Richard Haskell Cardiologist November 18, 2008 2:30 PM Newport Heart Care Center, Newport Beach, CA. No major problems, wants a cholesterol test and a stress test.

Marine Quote: Marines I see as two breeds, Rottweiler or Dobermans, because Marines come in two varieties, big and mean, or skinny and mean. They're aggressive on the attack and tenacious on defense. They've got really short hair and they always go for the throat.

Men's Rules to Wife: You can either ask us to do something or tell us how you want it done. Not both. If you already know best how to do it, just do it yourself.

Life Thoughts: Wouldn't it be nice if whenever we messed up our life we could simply press 'Ctrl Alt Delete' and start all over? AMEN!!

#### **Update 37 (23-30Nov08) - Week 29: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	November 30, 2008; May 29, 2008	In remission	5 Months 29 Days
Chemotherapy	June 9, 2008	Completed	5 Months 20 Days
Radiation	June 30, 2008	Completed	4 Months 29 Days

Marine Quote: They told (us) to open up the Embassy, or "we'll blow you away." And then they looked up and saw the Marines on the roof with these really big guns, and they said in Somali, "Igaralli ahow," which means "Excuse me, I didn't mean it, my mistake".

Men's Rules to Wife: Whenever possible, please say whatever you have to say during commercials.

Life Thoughts: Why is it that our children can't read a Bible in school, but they can in prison?

#### **Update 38 (01-07Dec08) - Week 30: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	December 07, 2008; May 29, 2008	In remission	6 Months 06 Days
Chemotherapy	June 9, 2008	Completed	5 Months 27 Days
Radiation	June 30, 2008	Completed	5 Months 06 Days

Cholesterol Test	23-Aug-07	2-Dec-08	Reference Range
Cholesterol - (A lipid, a fat found in	145	115	Range: < 200

the body)			Desirable: < 200 mg/dl
			Borderline High: 200 - 239 mg/dl
			High: > 240
Triglycerides* - (Body fat found in the blood level)	200	93	Range: < 150
			Borderline High: 150 - 199 mg/dl
			High: 200 - 499 mg/dl
			Very High: > 500
HDL (High-density Lipoprotein) Cholesterol - (Good Cholesterol)	29	36	Range: > 60 mg/dl
			High (Desirable): > 60 mg/dl
			Acceptable: 40 - 60 mg/dl
			Low (Undesirable): < 40 mg/dl
LDL (Low-density Lipoprotein) Cholesterol - (Bad Cholesterol)	40	60	Range: < 100 mg/dl
			Optimal: < 150 mg/dl
			Near Optimal: 100 - 129 mg/dl
			Borderline High: 130 -159 mg/dl
			High: 160 - 189 mg/dl
			Very High Risk: > = 190 mg/dl
CHOL/HDL Ratio	5	3.2	Range: 2.2 - 5.0
VLDL CHOLEST		19	Range: < 30 mg/dl

Considered high risk is people who have had a heart attack or have diabetes or carotid or peripheral vascular disease. (Neither applies to me)

Triglycerides - A type of fat often increased by sweets and alcohol.

## REFLECTIONS ON THE YEAR 2008

Life is all about choices. When you really reflect about it, every situation is a choice. You choose how you react to situations. You choose how people affect your mood.

When diagnosed with pancreatic cancer in January 2008 and the prognosis being a 20% chance of a five year survival rate, I told myself, “it is what it is and I will deal with it” and I have two choices: I could choose to have a positive attitude and fight the cancer and live or, I could choose to have a negative attitude, give up and die. Being a natural motivator, I chose to have a positive attitude, fight the fight of my life and live.

Prior to the surgery, I told the surgeon, I am choosing to live. Operate on me as if I am alive, not dead.

After the Whipple surgery when I was asked how I was doing, my reply was “If I were any better, I would be twins; do you want to see the scar”.

Since then, every morning I wake up and say to myself, I have two choices today. I can choose

to be fit and strong with a positive attitude, or I can choose to be weak with a negative attitude. I chose to be fit and strong with a positive attitude.

Each time something bad happens, I can choose to be a victim or I can choose to learn from it. I chose to learn from it.

Every time someone comes to me complaining, I can choose to accept their complaining or I can point out the positive side of life. I chose to point out the positive side of life.

Every morning (Monday thru Friday) I wake up and say to myself, I have two choices today. I can chose to work out for 2 ½ hours to remain fit and strong, or I can choose not to work out and be unfit and weak. I chose to work out and be fit and strong.

You choose to be in a good mood or bad mood. The bottom line: It's your choice how you live your life.

Attitude, after all, is everything. Therefore, do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.

After all today is the tomorrow you worried about yesterday.

Lastly, through the entire last year's ordeal even thou the medical community was convinced that I had Cancer my mind and heart refused to believe it and if "I did have Cancer, Cancer did not have me." The testimonial is I am in complete remission of Cancer which I did not have to begin with.

Marine Quote: For over 221 years our Corps has done two things for this great Nation. We make Marines, and we win battles.

Men's Rules to Wife: Christopher Columbus did not need directions and neither do we.

Life Thoughts: Wouldn't you know it, brain cells come and brain cells go, but FAT cells live forever.

#### **Update 39 (08-14Dec08) - Week 31: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	December 14, 2008; May 29, 2008	In remission	6 Months 13 Days
Chemotherapy	June 9, 2008	Completed	6 Months 04 Days
Radiation	June 30, 2008	Completed	5 Months 13 Days

Marine Quote: Come on, you sons of bitches! Do you want to live forever?

Men's Rules to Wife: All men see in only 16 colors, like Windows default settings. Peach, for example, is a fruit, not a color. Pumpkin is also a fruit. We have no idea what mauve is.

Life Thoughts: Why do I have to swear on the Bible in court when the Ten Commandments cannot be displayed outside?

**Update 40 (15-21Dec08) - Week 32: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	December 21, 2008; May 29, 2008	In remission	6 Months 20 Days
Chemotherapy	June 9, 2008	Completed	6 Months 11 Days
Radiation	June 30, 2008	Completed	5 Months 20 Days

Appointments: CT scan and Blood Work December 15, 1:00 PM Birch Office.

The CT scan was stable of the neck, chest, abdomen, and pelvis. No evidence for disease progression.

<b>Vitals</b>		
<b>Date:</b>	<b>16Oct08</b>	<b>15Dec08</b>
Weight	184.5 Lbs	190.0 Lbs
Blood Pressure	112/80	140/80
Pulse	64	64
Temperature	99.0	98.3

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS</b>			
<b>TEST – 08</b>	<b>16Oct</b>	<b>15Dec</b>	<b>RANGE</b>
White Blood Cell (WBC)	3.7	4.5	4 – 11
Red Blood Cell (RBC)	3.64	3.83	4.35 - 5.25
Hemoglobin (HGB)	11.1	11.4	11 – 17
Hematocrit (HCT)	31.68%	34.0%	35 – 55
Corpuscular Volume (MCV)	87.0	89.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.5	29.8	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	35.2	33.6	31 – 35
Red Blood Cell Distribution Width (RDW)	12.9%	12.2%	10 – 20
Platelet Count (PLT)	227	289	150 – 455
Platelet Volume (MPV)	7.1	7.1	6 – 10
Lymphocyte (%LYM)	27%	29%	25 – 50
Lymphocyte (#LYM)	0.9	1.3	1 – 5
Mean Order Number (%MON)	7%	6%	2 – 10
Mean Order Number (#MON)	0.2	0.2	0.1 – 1
Granulocyte (%GRA)	65.6%	64.7%	35 – 81
Granulocyte (#GRA)	2.6	3.0	1.5 - 8.5

**Tumor Markers**

TEST – 08	06Feb08	16Oct	15Dec	RANGE
CEA	6.85	3.7	4.5	0.0 - 3.0
CA 19-9	1,322	9.0	12.0	<37

BILIRUBIN RESULTS			
TEST	16Oct08	15Dec08	RANGE
Total	0.2	0.2	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

Appointments: Dr Barth December 19, 2008 2:00 PM Birch Office. Dr Barth stated that all of my tests were normal and there were no concerns. Informed Dr Barth of the palpitations I have had in the heart area that began on Thursday (He stated that they are mostly common and benign but to monitor them more closely).

My comments to Dr Barth: There is no way that I can ever thank you for saving my life.

Dr Barth's reply: You just standing in front of me above ground, being fit and strong and looking so healthy is all the thanks that I need. Pancreatic cancer is a horrible disease and in reality at this stage you should not be standing here at all.

We exchange holiday greetings, he gave Jean and I a huge hug and he stated that my appointment, because I was doing so well, would change from every 2 months to every 3 months.

Vitals			
Date:	15Dec08	19Dec08	Rating
Weight (- 5 lbs for clothes)	190.0 Lbs	190.0 Lbs	(185 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	140/80	136/84	High Normal/Normal
Pulse	64	60	Normal (60 – 100)
Temperature	98.3	98.2	Normal (97.6 – 99.6)

Blood Pressure: Optimal <120/<80; Normal <130/<85; High Normal 130-139/85-89  
Monitoring of palpitations around and near the heart area:

19Dec08: Monitoring commence at 4:30 PM:

4:30 2; 5:30 2; 6:48 1; 7:15 4; 8:05 8; 8:16 4; 9:01 6; 9:05 4; 9:06 28; 9:07 3; 9:10 30

20Dec08: None

21Dec08: None

Marine Quote: Have gone to Florida to fight the Indians, will be back when the war is over.

Men's Rules to Wife: If it itches, it will be scratched. We do that.

Life Thoughts: Today is a gift. There is no beginning or end, yesterday is history, tomorrow is a mystery and today is a gift.

Words Women Use: "Fine": This is the word women use to end an argument when they are right and you need to shut up.

**Update 41 (22-28Dec08) - Week 33: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	December 28, 2008; May 29, 2008	In remission	6 Months 27 Days
Chemotherapy	June 9, 2008	Completed	6 Months 18 Days
Radiation	June 30, 2008	Completed	5 Months 27 Days

Appointments: Stress Test February 10, 2008 08:30 AM Newport Heart Care Center

Food for Thought: Heart Attack - Two Cough CPR

Since many people are alone when they suffer a heart attack, without help, the person whose heart is beating improperly and who begins to feel faint, has only about 10 seconds left before losing consciousness.

However, these victims can help themselves by coughing repeatedly and very vigorously. A deep breath should be taken before each cough, and the cough must be deep and prolonged, as when producing sputum from deep inside the chest.

A breath and a cough must be repeated about every two seconds without let up until help arrives, or until the heart is felt to be beating normally again.

Deep breaths get oxygen into the lungs and coughing movements squeeze the heart and keep the blood circulating.

The squeezing pressure on the heart also helps it regain normal rhythm. In this way, heart attack victims can get to a hospital.

Marine Quote: Do not forget that you are Marines, not all the communists in hell can overrun you!

Men's Rules to Wife: If we ask what is wrong and you say nothing, we will act like nothing's wrong. We know you are lying, but it is just not worth the hassle.

Words Women Use: "Five Minutes": If she is getting dressed, this means a half an hour. Five minutes is only five minutes if you have just been given five more minutes to watch the game before helping around the house.

**Update 42 (29Dec08-04Jan09) - Week 34: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>

Pancreatic Cancer	January 04, 2008; May 29, 2008	In remission	7 Months 04 Days
Chemotherapy	June 9, 2008	Completed	6 Months 25 Days
Radiation	June 30, 2008	Completed	6 Months 04 Days

Food for Thought: I may never see tomorrow, there are no written guarantees and things that happened yesterday belong to history.

Marine Quote: Marines die, that is what we are here for, but the Marine Corps lives forever; and that means you live forever.

Men's Rules to Wife: If you ask a question you do not want an answer to, expect an answer you do not want to hear.

Words Women Use: "Nothing": This is the calm before the storm. This means something, and you should be on your toes. Arguments that begin with nothing usually end in fine.

**Update 43 (05Jan09-11Jan09) - Week 35: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	January 11, 2008; May 29, 2008	In remission	7 Months 11 Days
Chemotherapy	June 9, 2008	Completed	7 Months 02 Days
Radiation	June 30, 2008	Completed	6 Months 11 Days

Food for Thought: I cannot predict the future, I cannot change the past, I have just the present moment, and I must treat it as my last.

Marine Quote: You will never get a Purple Heart hiding in a foxhole! Follow me!

Men's Rules to Wife: When we have to go somewhere, absolutely anything you wear is fine, really.

Words Women Use: "Go Ahead": This is a dare, not permission. Don't Do It!

### **RECOGNIZING A STROKE - Remember the 1<sup>st</sup> three letters STR**

Sometimes symptoms of a stroke are difficult to identify. Unfortunately, the lack of awareness spells disaster. The stroke victim may suffer severe brain damage when people nearby fail to recognize the symptoms of a stroke.

Now doctors say a bystander can recognize a stroke by asking three simple questions.

S - Ask the individual to SMILE.

T - Ask the person to TALK and SPEAK A SIMPLE SENTENCE (Coherently)

R - Ask him or her to RAISE BOTH ARMS.



If he or she has trouble with ANY ONE of these tasks, call emergency number immediately and describe the symptoms to the dispatcher.

New Sign of a Stroke - Stick out Your Tongue - If the tongue is “crooked”, if it goes to one side or the other, that is also an indication of a stroke.

**Update 44 (12Jan09-18Jan09) - Week 36: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	January 18, 2008; May 29, 2008	In remission	7 Months 18 Days
Chemotherapy	June 9, 2008	Completed	7 Months 09 Days
Radiation	June 30, 2008	Completed	6 Months 18 Days

Food for Thought: I must use the moment wisely, for it soon will pass away and be lost to me forever as part of yesterday.

Marine Quote: We are United States Marines, and for two and a quarter centuries we have defined the standards of courage, esprit, and military prowess.

Men’s Rules to Wife: Do not ask us what we're thinking about unless you are prepared to discuss such topics as baseball or golf.

Words Women Use: “Loud Sigh”: This is actually a word, but is a non-verbal statement often misunderstood by men. A loud sigh means she thinks you are an idiot and wonders why she is wasting her time standing here and arguing with you about nothing.

You May Be A Taliban If: You refine heroin for a living, but you have a moral objection to beer.

**Update 45 (19Jan09-25Jan09) - Week 37: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	January 25, 2008; May 29, 2008	In remission	7 Months 25 Days
Chemotherapy	June 9, 2008	Completed	7 Months 16 Days
Radiation	June 30, 2008	Completed	6 Months 25 Days

Food for Thought: I must exercise compassion, help the fallen to their feet and be a friend to the friendless and make an empty life complete.

Marine Quote: I love the Corps for those intangible possessions that cannot be issued: pride, honor, integrity, and being able to carry on the traditions for generations of warriors past.

Men’s Rules to Wife: You have enough clothes.

Words Women Use: “That's Okay”: This is one of the most dangerous statements a women can make to a man. That's okay means she wants to think long and hard before deciding how and when you will pay for your mistake.

You May Be A Taliban If: You own a \$3,000 machine gun and \$5,000 rocket launcher, but you can't afford shoes.

How To Stay Young: Try everything twice. On Madam's tombstone (of Waylon and Madam) she said she wanted this epitaph: “Tried everything twice and loved it both times”.

<b>Chemotherapy and Radiation Administered</b>		
<b>Date</b>	<b>Chemotherapy Drugs/Radiation</b>	<b>Totals:</b>
March 11, 2008	5FU 2000mg/m2 (2000mg)	Chemotherapy Sessions: 12
	Irinotecan (CPT-11) 70mg/m2 (140mg)	5FU (20,000mg)
	Gemzar 700mg/m2 (1400mg)	(CPT-11) (560mg)
March 12, 2008	5FU 2000mg/m2 (2000mg)	Gemzar (5,600mg)
	Cisplatin 50mg/m2 (100mg)	Cisplatin (560mg)
March 25, 2008	5FU 2000mg/m2 (2000mg)	
	Irinotecan (CPT-11) 70mg/m2 (140mg)	Radiation Sessions: 28
	Gemzar 700mg/m2 (1400mg)	
March 26, 2008	5FU 2000mg/m2 (2000mg)	
	Cisplatin 50mg/m2 (100mg)	
April 08, 2008	5FU 2000mg/m2 (2000mg)	
	Irinotecan (CPT-11) 70mg/m2 (140mg)	
	Gemzar 700mg/m2 (1400mg)	
April 09, 2008	5FU 2000mg/m2 (2000mg)	
	Cisplatin 50mg/m2 (100mg)	
April 22, 2008	5FU 2000mg/m2 (2000mg)	
	Irinotecan (CPT-11) 70mg/m2 (140mg)	
	Gemzar 700mg/m2 (1400mg)	
April 23, 2008	5FU 2000mg/m2 (2000mg)	
	Cisplatin 50mg/m2 (100mg)	
	<b>New Cancer Protocol</b>	
May 16, 2008	5FU 1000mg/m2 (2000mg)	
	Cisplatin 20/mg/m2(40mg)	
May 19-23 2008	Radiation (1-5 of 28)	
May 27, 2008	5FU 1000mg/m2 (2000mg)	
	Cisplatin 20/mg/m2(40mg)	
May 27-30 2008	Radiation (6-9 of 28)	
June 02, 2008	5FU 1000mg/m2 (2000mg)	
	Cisplatin 20/mg/m2(40mg)	
June 02-06 2008	Radiation (10-14 of 28)	
June 09, 2008	5FU 1000mg/m2 (2000mg)	
	Cisplatin 20/mg/m2(40mg)	
June 09-12 2008	Radiation (15-18 of 28)	

June 17-20 2008	Radiation (19-22 of 28)	
June 23-27 2008	Radiation (23-27 of 28)	
June 30, 2008	Radiation (28 of 28)	

**Update 46 (26Jan09-01Feb09) - Week 37: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	February 01, 2008; May 29, 2008	In remission	8 Months 02 Days
Chemotherapy	June 9, 2008	Completed	7 Months 23 Days
Radiation	June 30, 2008	Completed	7 Months 02 Days

Food for Thought: The unkind things I do today may never be undone for any friendships that I fail to win may nevermore be won.

Marine Quote: I have only two men out of my company and 20 out of some other company. We need support, but it is almost suicide to try to get it here as we are swept by machine gun fire and a constant barrage is on us. I have no one on my left and only a few on my right. I will hold.  
Men's Rules to Wife: You have too many shoes.

Words Women Use: "Thanks:" A woman is thanking you, do not question, or Faint. Just say you're welcome. (I want to add in a clause here - This is true, unless she says 'Thanks a lot' - that is PURE sarcasm and she is not thanking you at all. DO NOT say 'you're welcome' that will bring on a 'whatever').

You May Be A Taliban If: You have more wives than teeth.

How To Stay Young: Keep only cheerful friends. The grouches pull you down. (Keep this in mind if you are one of those grouches.)

**Update 47 (02-08Feb09) - Week 38: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	February 08, 2008; May 29, 2008	In remission	8 Months 09 Days
Chemotherapy	June 9, 2008	Completed	7 Months 30 Days
Radiation	June 30, 2008	Completed	7 Months 09 Days

Marine Quote: Courage is endurance for one moment more...

You May Be A Taliban If: You wipe your butt with your bare left hand, but consider bacon "unclean."

Food for Thought: A Birth Certificate shows that we were born; a Death Certificate shows that we died and Pictures show that we lived!

One evening an old Cherokee told his grandson about a battle that goes on inside people.

He said, 'My son, the battle is between 'two wolves' inside us all.

“One is Evil. It is anger, envy, jealousy, sorrow, regret, greed, arrogance, self-pity, guilt, resentment, inferiority, lies, false pride, superiority, and ego.”

“The other is good. It is joy, peace, love, hope, serenity, humility, kindness, benevolence, empathy, generosity, truth, compassion and faith.”

The grandson thought about it for a minute and then asked his grand-father, 'Which wolf wins?'

The old Cherokee simply replied, “The one you feed.”

Men’s Rules to Wife: I am in shape, round is a shape!

Words Women Use: “Whatever”: Is a women's way of saying F\*ï½ YOU!

How to Stay Young: Keep learning: Learn more about the computer, crafts, gardening, whatever. Never let the brain get idle. “An idle mind is the devil's workshop.” And the devil's name is Alzheimer's!

Lines to make you smile: My husband and I divorced over religious differences. He thought he was God and I didn't.

#### **Update 48 (09-15Feb09) - Week 39: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	February 15, 2008; May 29, 2008	In remission	8 Months 16 Days
Chemotherapy	June 9, 2008	Completed	8 Months 07 Days
Radiation	June 30, 2008	Completed	7 Months 16 Days

February 10, 2009 Stress Test at Newport Heart Care Center 08:30 to 09:45: Stress Test: Underwent a Bruce/Cardiolite Protocol stress test, exercising for 8.01 minutes, reaching a workload of 10.1 METS. The heart rate increased from 60 bpm to 137 bpm, which was 88% of maximum predicted. The blood pressure rose from 148/80 to 176/90 and stopped exercise when instructed. The resting electrocardiogram showed sinus rhythm and normal ST segment RBBB. With exercise the ST segment was up-sloping at segment. There were no arrhythmias (*Arrhythmias are abnormal rhythms of the heart. Arrhythmias cause the heart to pump blood less effectively. Most cardiac arrhythmias are temporary and benign. Most temporary and benign arrhythmias are those where your heart skips a beat or has an extra beat. The occasional skip or extra beat is often caused by strong emotions or exercise. Nonetheless, some arrhythmias may be life-threatening and require treatment*). Exercise tolerance was good and experienced no chest pain. The Indication: Cardio Arteries Disease (CAD) Risk Factors.

## **Exercise Dual Isotope Myocardial Perfusion Study**

Clinical Indications: This is a 66-year-old male with coronary artery disease, abnormal calcium scan.

Conclusions: This is an abnormal scan secondary to mild stress dilatation. Left ventricular function is normal.

Findings:

1. Review of the rotating wall images demonstrates mild patient motion during image acquisition at rest and mild patient motion with acquisition at stress.
2. There is homogeneous myocardial perfusion noted with excellent target to background ratio. There is no evidence of reversible ischemia noted. There is mild left ventricular cavity dilatation noted with stress imaging.
3. Gated SPECT imaging demonstrates normal wall motion and thickening. The ejection fraction is calculated to be 60%. (Normal is 55 – 75%)

Dr Richard J. Haskell called and stated the results were a little bit unusual, when I exercise my heart gets bigger and it is suppose to get smaller. Two-thirds of the time it means nothing and one-third it means there could be significant blockage. Sometimes physicians can also treat a problem during an angiogram. For instance, he may be able to dissolve a clot that he discovers during the test. A physician may also perform an angioplasty and stenting procedure to clear blocked arteries during an angiogram, depending on the location and extent of the blockage. An angiogram can also help your physician plan operations to repair the arteries for more extensive problems. An angiogram was scheduled for February 19, 2009.

**Another hurdle to get over: “Life is tough, but I am tougher.”**

### **Exercise Stress Test –**

A stress test, sometimes called a treadmill test or exercise test, helps a doctor find out how well your heart handles work. As your body works harder during the test, it requires more oxygen, so the heart must pump more blood. The test can show if the blood supply is reduced in the arteries that supply the heart. It also helps doctors know the kind and level of exercise appropriate for a patient.

#### **A person taking the test:**

- Is hooked up to equipment to monitor the heart.
- Walks slowly in place on a treadmill. Then the speed is increased for a faster pace and the treadmill is tilted to produce the effect of going up a small hill.
- May be asked to breathe into a tube for a couple of minutes.
- Can stop the test at any time if needed.
- Afterwards will sit or lie down to have their heart and blood pressure checked.

Heart rate, breathing, blood pressure, electrocardiogram (ECG or EKG), and how tired you feel are monitored during the test.

Healthy people who take the test are at very little risk. It's about the same as if they walk fast or jogs up a big hill. Medical professionals should be present in case something unusual happens during the test.

**A physician may recommend an exercise stress test to:**

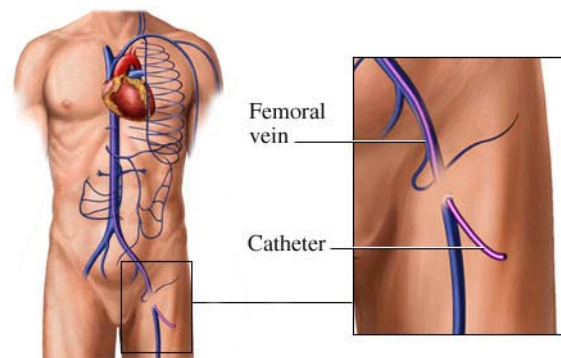
- Diagnose coronary artery disease
- Diagnose a possible heart-related cause of symptoms such as chest pain, shortness of breath or lightheadedness
- Determine a safe level of exercise
- Check the effectiveness of procedures done to improve coronary artery circulation in patients with coronary artery disease
- Predict risk of dangerous heart-related conditions such as a heart attack.

Depending on the results of the exercise stress test, the physician may recommend more tests such as a nuclear stress test or cardiac catheterization.

An angiogram is an **X-ray** test that uses a special dye and camera (**fluoroscopy**) to take pictures of the blood flow in an artery (such as the **aorta**) or a vein (such as the vena cava). An angiogram can be used to look at the arteries or veins in the arms, legs, chest, or belly.

Common angiograms can look at the arteries near the heart (coronary angiogram), lungs (pulmonary angiogram), brain (cerebral angiogram), head and neck (carotid angiogram), legs or arms (peripheral), and the aorta (aortogram).

During an angiogram, a thin tube called a catheter is placed into the **femoral blood vessel** (femoral artery or vein) in the groin or just above the elbow (brachial artery). The catheter is guided to the area to be studied. Then an iodine dye (**contrast material**) is injected into the vessel to make the area show clearly on the X-ray pictures. This method is known as conventional or catheter angiogram. The angiogram pictures can be made into regular X-ray films or stored as digital pictures in a computer.



**Catheter placement in the femoral vein**

An angiogram can find a bulge in a blood vessel ([aneurysm](#)). It can also show narrowing or a blockage in a blood vessel that affects blood flow. An angiogram can show if [coronary artery disease](#) is present and how bad it is.

A [magnetic resonance angiogram](#) (MRA) or [computed tomography angiogram](#) (CTA) may be an option instead of an angiogram. Each of these tests is less invasive than a standard angiogram, but a CTA involves a dye injection and radiation exposure.

February 12, 2009: Follow up appointment to the Whipple surgery performed by Dr Howard Reber UCLA. Nothing significant to report, feels the left bump on my stomach may be a hernia. They all called my remission a miracle especially since the pathology report was so dim.

Vitals			
Date:	19Dec08	12Feb09	Rating
Weight (- 5 lbs for clothes)	190.0 Lbs	190.0 Lbs	(185 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	136/84	137/87	High Normal
Pulse	60	62	Normal (60 – 100)
Temperature	98.2	98.2	Normal (97.6 – 99.6)

  = Within Range

Red = Low; Green = High

HEMATOLOGY RESULTS – DR HASKELL – 13FEB09			
TEST – 08/09	15Dec08	13Feb09	RANGE
White Blood Cell (WBC)	4.5	6.2	3.6 – 11.0
Red Blood Cell (RBC)	3.83	4.13	4.01 – 5.57
Hemoglobin (HGB)	11.4	12.6	13.3 – 17.1: (.7)
Hematocrit (HCT)	34.0%	37.6	37.6 – 49.9
Corpuscular Volume (MCV)	89.0	91.0	80.0 – 100.0
Corpuscular Hemoglobin (MCH)	29.8	30.6	25.4 – 34.6
Corpuscular Hemoglobin Concentration (MCHC)	33.6	33.7	32.0 – 36.0
Red Blood Cell Distribution Width (RDW)	12.2%	13.9	11.5 – 14.5
Platelet Count (PLT)	289	274	150 – 400
Platelet Volume (MPV)	7.1	8.5	7.4 – 10.4
*Basophils Absolute (BASO ABS)		0.0	0.0 – 0.1
**Eosinophil Absolute (EOS ABS)		0.1	0.0 – 0.7
***Lymphocyte Absolute		1.1	0.8 – 3.1
Mononucleosis Absolute		0.3	0.1 – 0.9
Neutrophil (SEG ABS)		4.7	1.4 – 6.5
SEG %		75.7	42.2 – 75.2: (.5)
LYMPH %		17.4	17.8 – 44.5: (.4)
MONO %		5.4	2.6 – 11.4
EOS %		1.2	0.0 – 8.0
BASOPHIL %		0.3	0.0 – 3.0

\* Basophils are a type of white blood cell that is involved in fighting infections and in allergic reactions. They usually make up < 1% of white blood cells.

\*\*An absolute eosinophil count is a blood test that measures the number of white blood cells called eosinophils. Eosinophils become active when you have certain allergic reactions and cancer.

\*\*\* A type of white blood cell having a large, spherical nucleus surrounded by a thin layer of nongranular cytoplasm. Absolute lymphocyte count is a better predictor of therapeutic response in diseases like lymphoma, AIDS, certain viral diseases like hepatitis.

<b>COAGULATION RESULTS – DR HASKELL – 13FEB09</b>		
<b>TEST 09</b>	<b>13Feb</b>	<b>RANGE</b>
PROTIME	13.6	11.5 – 14.3
INT	1.1	Oral 2.0 – 3.0; Mechanical 2.5 – 3.5
APTT	33.4	22.2 - 34.8; Therapeutic 61-107 SECS

<b>CHEMISTRY RESULTS – DR HASKELL – 13FEB09</b>		
<b>TEST 09</b>	<b>13Feb</b>	<b>RANGE</b>
GLUCOSE	114	70 -110
BUN	13	7.0 – 21.0
CREATININE	1.0	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60	>60 Normal or mildly decreased
SODIUM	146	135 – 145: (1.0)
POTASSIUM	4.7	3.4 – 5.1
CHLORIDE	109	98 – 107: (2.0)
CO2	30	22 – 30
CALCIUM	9.8	8.8 - 10.6

Marine Quote: My only answer as to why the Marines get the toughest jobs is because the average Leatherneck is a much better fighter. He has far more guts, courage, and better officers... These boys out here have a pride in the Marine Corps and will fight to the end no matter what the cost.

You May Be A Taliban If: You think vests come in two styles: bullet-proof and suicide.

Food for Thought: We do not have to change friends if we understand that friends change.

Words Women Use: “Don't worry about it, I got it”: Another dangerous statement, meaning this is something that a woman has told a man to do several times, but is now doing it herself. This will later result in a man asking “What's wrong?” The woman's response is “nothing”.

How to Stay Young: Enjoy the simple things.

Lines to make you smile: I don't suffer from insanity; I enjoy every minute of it.

**Update 49 (16-22Feb09) - Week 40: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>



Pancreatic Cancer	February 22, 2008; May 29, 2008	In remission	8 Months 23 Days
Chemotherapy	June 9, 2008	Completed	8 Months 14 Days
Radiation	June 30, 2008	Completed	7 Months 23 Days

**“If it wasn’t for bad, I would have no luck at all”**

February 19, 2003: Results of Angiogram

The results were dim in nature, I have 80% blockage in the Aorta which cannot be treated with angioplasty or stenting. The diagnosis is a Triple Coronary Artery Bypass Surgery. My options are:

1. Do nothing, and I will surely have a heart attack and die.
2. Take medication (blood thinner) and the chance of surviving beyond five years is 80%.
3. Have Triple Coronary Artery Bypass Surgery which has to be approved by my oncologist Dr Barth. Dr Haskell has contacted him and I need current blood work, a PET and CT scan and based on the results he will can predict “durable remission” and approve the surgery.

Cardiology Procedure: February 19, 2009 (Angiogram)

### **Results:**

1. There is mild to moderate calcification in the left main and proximal left anterior descending coronary artery.
2. The left main has a 50% ostial stenosis, a 30% mid-vessel stenosis and an 80% distal stenosis before the takeoff of the circumflex and the left anterior descending coronary artery.
3. The circumflex coronary artery consists of a single obtuse marginal branch. Other than the involvement near the ostium, there is no high-grade stenosis.
4. The left anterior descending coronary artery has involvement at the ostium of the left anterior descending which is the end of the stenosis in the left main. There is a 50% mid-vessel stenosis at the second diagonal. The distal vessel has diffuse disease, but no high-grade stenosis.
5. The right coronary artery is a dominant vessel. There is mild calcification. There is a 50% proximal stenosis and a 70% stenosis just after that. The distal vessel has minor disease. The PDA is normal. The posterior left ventricular branch as an 80% stenosis.

Ostial: A small opening or orifice, as at the end of the oviduct.

Stenosis: A narrowing or stricture of a passage or vessel.

Distal: Situated away from the point of origin or attachment.

Proximal: Situated toward the point of origin or attachment.

**Conclusion:** The patient has left main disease. He also has balanced 3 vessel disease, which would be consistent with his cardiologist findings. The patient would be a candidate for bypass surgery. Since he is stable, we will ask Dr Barth to become involved to re-evaluate the patient for his cancer being stable and therefore an appropriate candidate for bypass surgery.

### **Coronary Artery Bypass Surgery**

If one or more of your coronary arteries (the vessels that carry blood to your heart muscle) are blocked, blood can't flow to the heart muscle. In this case, the heart muscle may die (heart attack). Coronary artery bypass surgery creates a path for blood to flow around a blockage and helps prevent a heart attack.

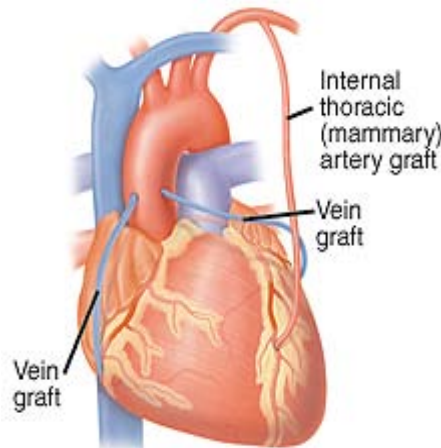
### Preparing the Bypass Graft

First, a healthy blood vessel (graft) is taken from another part of the body. Taking this graft usually doesn't affect blood flow in that body part. If you have more than one blockage, more than one graft may be needed. One or more of these blood vessels will be used for the graft:

- The saphenous vein, which is located in the leg.
- The radial artery, which is located in the arm.
- The internal thoracic (mammary) artery, which is located in the chest wall.

### Reaching the Heart

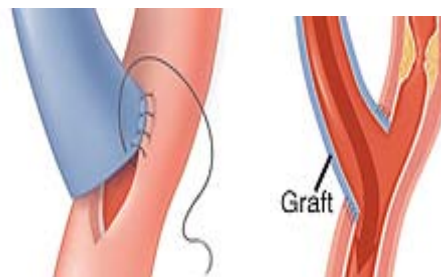
While one member of the bypass team is getting the graft, another member works to reach your heart. First, an incision is made in the chest. Then the breastbone (sternum) is pulled apart. The breastbone is held open throughout surgery. This puts pressure on the nerves of the chest. This is why you may have soreness and muscle spasms in your chest, shoulders, and back during recovery.



### Attaching the Graft

A small opening is made in the coronary artery, below the blockage.

- **If a saphenous vein or radial artery is used**, one end of the graft is sewn onto this opening. The other end is sewn onto the aorta.
- **If the internal thoracic (mammary) artery is used**, one end of the graft is sewn onto this opening. The other end is already attached to a branch of the aorta.



**Once the bypass graft has been attached, blood can flow around the blockage.**

### **Finishing Up**

Once the graft has been attached, blood will start flowing through this new pathway to bypass the blockage. If you have multiple blockages, more than one bypass may be done. Then your breastbone is rejoined with wires. These wires will stay in your chest permanently. The incision is closed, and you are taken to the intensive care unit to begin your recovery.

### **Using a Heart-Lung Machine**

Coronary artery bypass surgery can be done with the heart still beating (off pump) or with the heart still (on pump.) Your surgery team can tell you more about which type of procedure you will have.

- On-pump procedure: A machine does the work of your heart and lungs during surgery. Blood is circulated through a heart-lung machine. The machine supplies the blood with oxygen and pumps it back through the body. In these cases, the heart may be stopped temporarily before the graft is attached. Your own heart and lungs start working again after the bypass is completed.
- Off-pump procedure: The heart-lung machine is not used and the heart is not stopped. This is sometimes called a "beating heart" procedure.

### **Risks and Complications**

You and your surgeon can discuss the risks and possible complications of coronary artery bypass surgery. They may include:

- Excessive bleeding
- Infection of the incision sites
- Pneumonia (lung infection)
- Fast or irregular heartbeat
- Nerve injury or muscle spasms
- Breathing problems
- Memory problems or confusion
- Heart attack, stroke, or death

Marine Quote: A Marine should be sworn to the patient endurance of hardships, like the ancient knights; and it is not the least of these necessary hardships to have to serve with sailors.

You May Be A Taliban If: You can't think of anyone you haven't declared Jihad against.

Food for Thought: "Political correctness is a doctrine, fostered by a delusional, illogical minority, and rabidly promoted by an unscrupulous mainstream media, which holds forth the proposition that it is entirely possible to pick up a turd by the clean end."

How to Stay Young: Laugh often, long and loud. Laugh until you gasp for breath... And if you have a friend who makes you laugh, spend lots and lots of time with them.

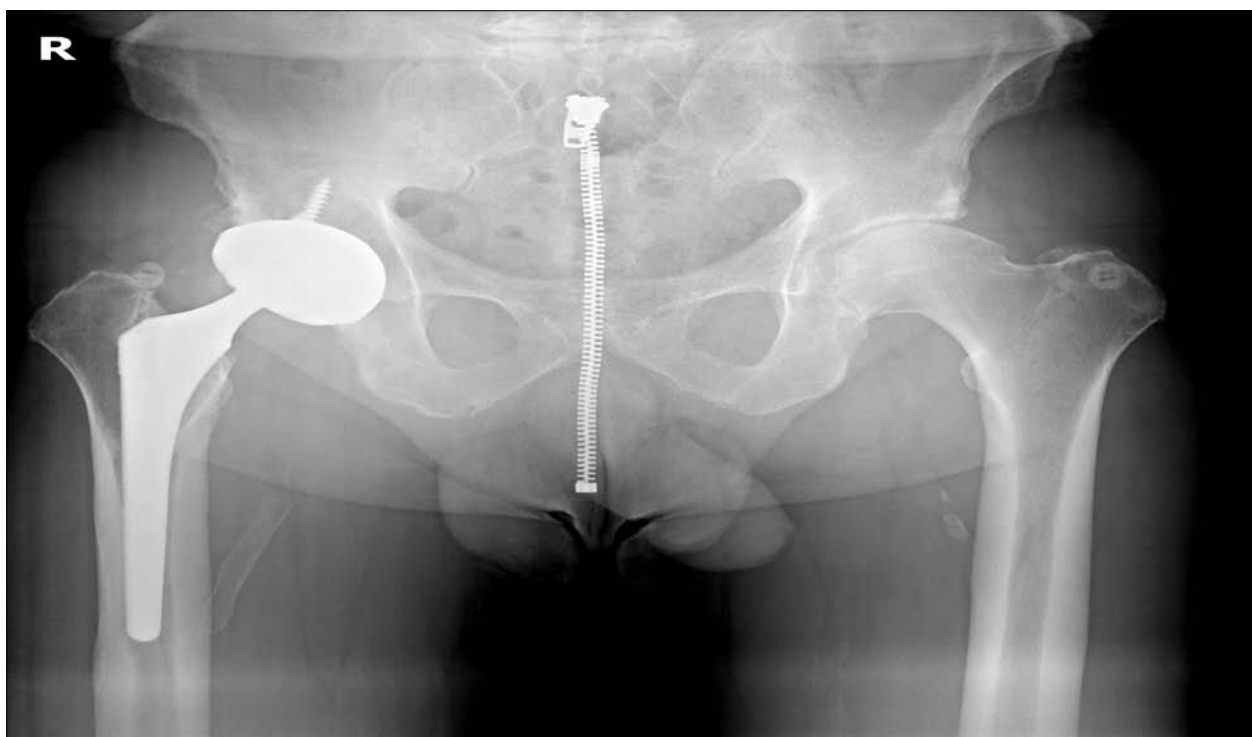
Lines to make you smile: Some people are alive only because it's illegal to kill them.

Men's Rules to Wife: Yes, I know, I have to sleep on the couch tonight; but did you know men really don't mind that? It's like camping.

**Update 50 (23-01Mar09) - Week 41: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	March 01, 2008; May 29, 2008	In remission	8 Months 30 Days
Chemotherapy	June 9, 2008	Completed	8 Months 21 Days
Radiation	June 30, 2008	Completed	8 Months 00 Days

February 23, 2009: Appointment with Dr Larry Gersten: Follow up to right hip replacement, Dr Gersten looked at the X-Rays and stated everything was fine and my left hip showed some arthritis and it would be 5 – 10 years before I would need a hip replacement. He stated that my lower disk in the back showed degenerative disease. Lastly, he mentioned something not normal with an artery in the pelvis area. A CT Scan of December 15, 2009 shows mild atherosclerotic seen to involve the iliac arteries. I have emailed Dr Gersten for clarification.



**In regards to needing a triple coronary bypass “I do not know the definition of caution or fear” when it comes to changing my life style (exercising or playing golf).**

<b>Vitals</b>			
<b>Date:</b>	<b>19Dec08</b>	<b>24Feb09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	190.0 Lbs	186.0 Lbs	(181 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	136/84	130/88	High Normal
Pulse	60	56	Normal (60 – 100)

Temperature	98.2	98.2	Normal (97.6 – 99.6)
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**Optimal:-** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS</b>			
<b>TEST – 08/09</b>	<b>15Dec</b>	<b>24Feb</b>	<b>RANGE</b>
White Blood Cell (WBC)	4.5	4.9	4 – 11
Red Blood Cell (RBC)	3.83	4.05	4.35 - 5.25
Hemoglobin (HGB)	11.4	12.4	11 – 17
Hematocrit (HCT)	34.0%	37.3%	35 – 55
Corpuscular Volume (MCV)	89.0	92.0	80 – 100
Corpuscular Hemoglobin (MCH)	29.8	30.6	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.6	33.3	31 – 35
Red Blood Cell Distribution Width (RDW)	12.2%	12.3%	10 – 20
Platelet Count (PLT)	289	272	150 – 455
Platelet Volume (MPV)	7.1	7.0	6 – 10
Lymphocyte (%LYM)	29%	35%	25 – 50
Lymphocyte (#LYM)	1.3	1.7	1 – 5
Mean Order Number (%MON)	6%	4%	2 – 10
Mean Order Number (#MON)	0.2	0.1	0.1 – 1
Granulocyte (%GRA)	64.7%	60.9%	35 – 81
Granulocyte (#GRA)	3.0	3.1	1.5 - 8.5

<b>Tumor Markers</b>				
<b>TEST – 08/09</b>	<b>06Feb08</b>	<b>15Dec</b>	<b>24Feb09</b>	<b>RANGE</b>
CEA	6.85	4.5	4.7	0.0 - 3.0
CA 19-9	1,322	12.0	11.0	<37

<b>BILIRUBIN RESULTS</b>			
<b>TEST</b>	<b>15Dec08</b>	<b>24Feb09</b>	<b>RANGE</b>
Total	0.2	0.5	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

February 24, 2009: CONCLUSION:

1. PET/CT fusion study showing a persistent are of focal increased uptake in the distal sigmoid and rectosigmoid junction of uncertain etiology.
2. New mild increased uptake in the right groin is probably from the prior angiographic intervention.
3. There is no evidence of residual or metastatic pancreatic carcinoma.

Sigmoid: Situated near the sigmoid flexure of the large intestine.  
Rectosigmoid: Near the sigmoid colon and the upper part of the rectum.  
Etiology: The cause or origin of a disease.

February 25, 2009: Appointment CT scans 2:30 per Dr Barth (Birch Office): Preliminary Report:  
**STABLE CT OF THE CHEST, ABDOMEN AND PELVIS. NO EVIDENCE FOR DISEASE PROGRESSION**

### DEFINITIONS OF A PET AND CT CAN DETECT

A positron emission tomography (PET) scan is a unique type of imaging test that helps doctors see how the organs and tissues inside your body are actually functioning.

The test involves injecting a very small dose of a radioactive chemical, called a radiotracer, into the vein of your arm. The tracer travels through the body and is absorbed by the organs and tissues being studied. Next, you will be asked to lie down on a flat examination table that is moved into the center of a PET scanner—a doughnut-like shaped machine. This machine detects and records the energy given off by the tracer substance and, with the aid of a computer; this energy is converted into three-dimensional pictures. A physician can then look at cross-sectional images of the body organ from any angle in order to detect any functional problems.

What problems can a PET scan detect?

A PET scan can measure such vital functions as blood flow, oxygen use, and glucose metabolism, which helps doctors identify abnormal from normal functioning organs and tissues. The scan can also be used to evaluate the effectiveness of a patient's treatment plan, allowing the course of care to be adjusted if necessary.

Currently, PET scans are most commonly used to detect cancer, heart problems (such as coronary artery disease and damage to the heart following a heart attack), brain disorders (including brain tumors, memory disorders, seizures) and other central nervous system disorders.

How is a PET scan different from a CT or MRI scan?

One of the main differences between PET scans and other imaging tests like CT scan or magnetic resonance imaging (MRI) is that the PET scan reveals the cellular level metabolic changes occurring in an organ or tissue. This is important and unique because disease processes often begin with functional changes at the cellular level. A PET scan can often detect these very early changes whereas a CT or MRI detect changes a little later as the disease begins to cause changes in the structure of organs or tissues.

### Computed Tomography (CT) Scan of the Body

A computed tomography (CT) scan uses **X-rays** to make detailed pictures of structures inside of the body.

During the test, you will lie on a table that is attached to the CT scanner, which is a large doughnut-shaped machine. The CT scanner sends X-rays through the body area being studied. Each rotation of the scanner takes less than a second and provides a picture of a thin slice of the [organ](#) or area. All of the pictures are saved as a group on a computer. They also can be printed. An iodine dye ([contrast material](#)) is often used to make structures and organs easier to see on the CT pictures. The dye may be used to check blood flow, find tumors, and look for other problems. The dye can be used in different ways. It may be put in a vein ([IV](#)) in your arm, or it may be placed into other parts of your body (such as the rectum or a joint) to see those areas better. For some types of CT scans you drink the dye. CT pictures may be taken before and after the dye is used.

A CT scan can be used to study all parts of your body, such as the chest, belly, pelvis, or an arm or leg. It can take pictures of body organs, such as the liver, [pancreas](#), [intestines](#), [kidneys](#), [bladder](#), [adrenal glands](#), lungs, and heart. It also can study blood vessels, bones, and the spinal cord.

Marine Quote: Lying offshore, ready to act, the presence of ships and Marines sometimes means much more than just having air power or ship's fire, when it comes to deterring a crisis. And the ships and Marines may not have to do anything but lie offshore. It is hard to lie offshore with a C-141 or C-130 full of airborne troops.

You May Be A Taliban If: You consider television dangerous, but routinely carry explosives in your clothing.

Food for Thought: No matter how good a friend is, they are going to hurt you every once in a while and you must forgive them for that.

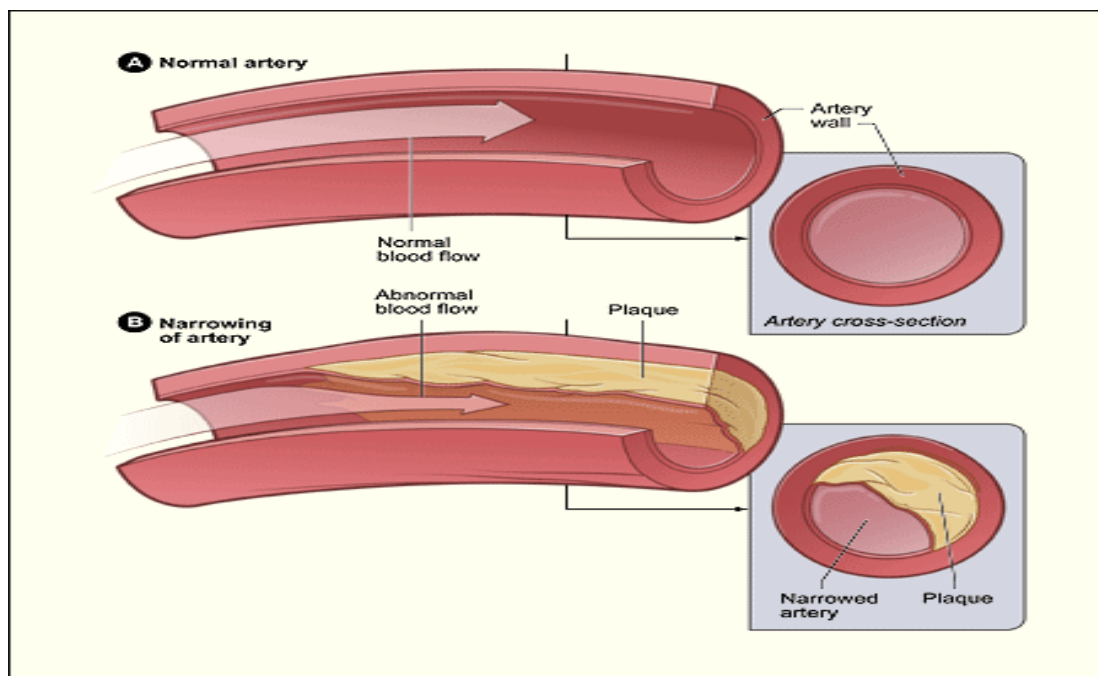
How to Stay Young: The tears happen: Endure, grieve, and move on. The only person, who is with us our entire life, is ourselves. LIVE while you are alive.

Lines to make you smile: I used to have a handle on life, but it broke.

**Update 50 (02-08Mar09) - Week 42: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	March 08, 2008; May 29, 2008	In remission	9 Months 07 Days
Chemotherapy	June 9, 2008	Completed	8 Months 28 Days
Radiation	June 30, 2008	Completed	8 Months 07 Days

**Atherosclerosis** - Figure A shows a normal artery with normal blood flow. Figure B shows an artery with plaque buildup. Plaque narrows the arteries and reduces blood flow to your heart muscle. It also makes it more likely that blood clots will form in your arteries. Blood clots can partially or completely block blood flow.



Appointments: Dr Barth (Birch Office) March 2, 2009 3:30 PM. Dr Barth gave his Okay to proceed with the triple bypass surgery. No indications that the cancer has returned.

Vitals			
Date:	24Feb09	02Mar09	Rating
Weight (- 5 lbs for clothes)	186.0 Lbs	189.5 Lbs	(184.5 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	130/88	106/68	Optimal
Pulse	56	64	Normal (60 – 100)
Temperature	98.2	98.5	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

March 3, 2009: Spoke with Dr Haskell and wanted me to see Dr Douglas Zusman, Heart Surgeon. When asked how long I would have if I did nothing and he stated “20% change that I would have a heart attack within three years and it would be a major and most likely fatal.”

Appointments: March 04, 2009 4:00 PM with Dr Douglas Zusman, Heart Surgeon at 447 Old Newport Road, Newport Beach, CA. (Few offices down the street from the Newport Heart Center (Green Cottage Building same side of the street) Phone 650-3350. Met with Dr Zusman and the surgery is scheduled for March 06, 2009 at Hoag Hospital.

### Dr. Douglas Zusman

Medical school: Yale University School of Medicine, 1975

Specialty training: Stanford University Medical Center, 1982-1985; Harvard, Mass General Hospital 1976-1982



Board Certification: American Board of Surgery; American Board of Thoracic Surgery;  
American Board of Internal Medicine

Specialty Interests: Tran myocardial Laser Revascularization; Coronary Artery Bypass Surgery;  
Lung Cancer Surgery; Aortic Valve Surgery; Endoscopic Sympathectomy Surgery for Excessive  
Sweating; Minimally Invasive Cardiac and Thoracic Surgery

#### Biography

Dr. Douglas Zusman earned his doctorate of medicine degree at Yale University Medical School, graduating Cum Laude. He served his internship and residency at Massachusetts General Hospital in Boston. Dr. Zusman completed his residency in cardiovascular surgery at Stanford University Medical Center as well as a research fellowship in cardiovascular surgery. While at Stanford, Dr. Zusman was Cardiac Transplant Chief Resident. Dr. Zusman has held various significant positions including Associate Clinical Professor, University of California, San Diego Medical Center and Co-Director, Cardiac Transplant Program at Sharp Memorial Hospital. He has authored and co-authored numerous publications on cardiac surgery and cardiac transplantation.

Dr. Zusman has devoted his professional career to developing expertise in the latest techniques of cardiothoracic surgery. With an exclusive agreement to practice cardiac/thoracic surgery at Hoag Memorial Hospital, he is committed to providing 24-hour availability for cardiac surgery. This commitment has paid off as Hoag Heart Institute has consistently been ranked #1 in overall heart surgery program performance as well as receiving top marks in the state of California. Dr. Zusman performs hundreds of cardiac and thoracic procedures annually, using state-of-the-art equipment including minimally invasive endoscopic vein harvesting for cardiac bypass surgery and Eclipse Holmium Laser for Tran myocardial laser revascularization. As Chairman of Thoracic Surgery at Hoag Memorial Hospital, Dr. Zusman has developed one of the busiest and highly rated lung cancer surgical programs in the state of California.

Dr. Zusman's professional affiliations include membership as Fellow, American College of Surgeons and Fellow, American College of Chest Physicians. He is board certified by the American Board of Thoracic Surgery.

Vitals			
Date:	02Mar09	06Mar09	Rating
Weight (- 5 lbs for clothes)	189.5 Lbs	190.0 Lbs	(185.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	106/68	164/87	Hypertension Stage 2
Pulse	64	62	Normal (60 – 100)
Temperature	98.5	98.7	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99;  
**Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

March 06, 2009: Dr Zusman performed the triple by pass surgery.

#### Triple Bypass Surgery – March 06, 2009

Coronary bypass surgery took five and ½ hours and required general anesthesia, I had three bypasses, the left main coronary artery (the window maker), the right coronary artery and the circumflex coronary artery.

The coronary bypass surgery was done through a large incision in the chest while blood flow is diverted through a heart-lung machine (called on-pump coronary bypass surgery).

Dr Zusman made a nine and ½ inch incision down the center of the chest, along the breastbone. The rib cage was spread opened to expose the heart. After the chest was opened, the heart was temporarily stopped and a heart-lung machine took over blood circulation in my body.

Dr Zusman took section of healthy blood vessel, often from inside the chest wall (the internal mammary artery) and two from the lower leg, and attached the ends above and below the blocked artery so that blood flow is diverted (bypassed) around the narrowed portion of the diseased artery.

Once I was anesthetized, a breathing tube is inserted through my mouth. This tube attaches to a ventilator, which breathes for me during and immediately after the surgery. The tube was removed from my throat at 4:30 (3 ½ hours after surgery) when I was able to breath on my own. If they had not taken it then I was ready to remove it myself.

Coronary bypass surgery is a major operation. I spend one day in the intensive care unit after coronary bypass surgery. There, my heart, blood pressure, breathing and other vital signs were continuously monitored.

I was discharged from the hospital at 12:00 PM on March 10, 2009 (3 ½ days), although even after I have been released, I have found it difficult to perform everyday tasks, although I was able to walk a short distance. If, after returning home, I experience any of the following signs or symptoms, I should call Dr Zusman. They could be warning signs that your chest wound is infected:

A fever higher than 101.0 F; Rapid heart rate; New or worsened pain around your chest wound Reddening, bleeding, or other discharge from your chest wound

I can expect a recovery period of about six to 12 weeks. In most cases, I can return to work, begin exercising, and resume sexual activity after six weeks, but I have to make sure I have Dr Zusman's OK before doing so.

Day of Surgery: Woke up in Cardiovascular Intensive Care Unit, the breathing tube removed, pain was controlled with intravenous medication. And I received 2 units of A Positive Blood as a transfusion (Normal for coronary bypass surgery),

Post Operation: Day 1: Control pain with medication by mouth (non-narcotic), breathing exercises ten times every two hours while awake, walk in place for one minute, two times a day, sat up in chair and keep feet elevated while sitting, transferred to Telemetry Floor and walked 20 feet without assistance.

Post Operation: Day 2: Control pain with medication by mouth (non-narcotic), breathing exercise ten times every two hours while awake, Chest tubes and pacing wires were removed, sat up in chair for all meals and keep feet elevated while sitting, central intravenous line discontinued, walks 260 feet and more three times a day.

Post Operation: Day 3: Control pain with medication by mouth (non-narcotic), breathing exercise ten times every two hours while awake, Chest tubes and pacing wires were removed, sat up in chair for all meals and keep feet elevated while sitting, central intravenous line discontinued, walks 520 feet and more four times a day. Shower for wound care, watched discharge video with Sgt Rock and Lisa.

Post Operation: Day 3: Discharged March 10, 2009.

Marine Quote: This was the first time that the Marines of the two nations had fought side by side since the defense of the Peking Legations in 1900. Let it be said that the admiration of all ranks of 41 Commando for their brothers in arms was and is unbounded. They fought like tigers and their morale and esprit de corps is second to none.



You May Be A Taliban If: You were amazed to discover that cell phones have uses other than setting off roadside bombs.

Food for Thought: True friendship continues to grow, even over the longest distance and the same goes for true love.

How to Stay Young: Surround yourself with what you love: Whether it's family, pets, keepsakes, music, plants, and hobbies, whatever. Remember: Your home is your refuge.

Lines to make you smile: Don't take life too seriously; no one gets out alive.

#### **Update 51 (09-15Mar09) - Week 43: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	March 15, 2008; May 29, 2008	In remission	9 Months 14 Days
Chemotherapy	June 9, 2008	Completed	9 Months 05 Days
Radiation	June 30, 2008	Completed	8 Months 14 Days

#### **Update Triple Coronary Bypass**

##### Week 1: 06 - 12Mar09

10-13Mar 09 has consisted of walking 10 Minutes (3 times a day), using Spiro meter breathing exercise ten times every two hours (Goal - 1,250 ml) and sleeping at night at least 8 hours a day.

14-15Mar 09 has consisted of walking 15 Minutes (3 times a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,200 ml) and sleeping at night at least 8 hours a day.

Minimal guidelines: 1<sup>st</sup> week 10-16 March 5 to 10 minutes 3-4x per day.

Marine Quote: You cannot exaggerate about the Marines. They are convinced to the point of arrogance, that they are the most ferocious fighters on earth- and the amusing thing about it is that they are.

You May Be A Taliban If: You have nothing against women and think every man should own at least two.

Food for Thought: You can keep going long after you think you can not.

How to Stay Young: Cherish your health: If it is good, preserve it. If it is unstable, improve it. If it is beyond what you can improve, get help. You are worth it!

Lines to make you smile: You're just jealous because the voices only talk to me

**“I will die on my feet rather than live on my knees”**

**Update 52 (16-22Mar09) - Week 44: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	March 22, 2008; May 29, 2008	In remission	9 Months 21 Days
Chemotherapy	June 9, 2008	Completed	9 Months 12 Days
Radiation	June 30, 2008	Completed	8 Months 21 Days

### **Update Triple Coronary Bypass**

Week 2: 13 - 19Mar09

March 17, 2009: Post operation visit with Dr Zusman, meet with physician assistance; my blood pressure was 122/78 and she stated I was doing outstanding, my lungs were clear and I could start driving and going to work. She wanted me to continue my exercises but was concern that I would overdo them.

16-22Mar 09 has consisted of walking 15 Minutes (3 times a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,125 ml) and sleeping at night at lease 8 hours a day.

Minimal guidelines: 2nd week 17-22 March 10 to 15 minutes 3 times per day.

March 19, 2009: Appointment with Dr Haskell EKG was normal Blood Pressure was 102/70. Developed a cough and have been miserable for two days the operation site is very sore from all the coughing. My hope is that the breastbone stays in place. Had a chest X-Ray, Dr Haskell will call if not normal (X-Ray results – Good and Clean). Called Dr Zusman about my coughing and he issued a prescription of Robitussin with Codine. Dr Haskell stated the Dr Barth used the term “High Grade” to classify my remission and expected me to do well.

March 21, 2009: Cough is subsiding and had a pretty good night from 1AM to 8AM.

Marine Quote: There was always talk of esprit de corps, of being gung ho, and that must have been a part of it. Better, tougher training, more marksmanship on the firing range, the instant obedience to orders seared into men in boot camp.

You May Be A Taliban If: You've always had a crush on your neighbor's goat

Food for Thought: We are responsible for what we do, no matter how we feel.

How to Stay Young: Don't take guilt trips. Take a trip to the mall, even to the next county, to a foreign country, but NOT to where the guilt is.

Lines to make you smile: Beauty is in the eye of the beer holder.

**Update 53 (23-29Mar09) - Week 45: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	March 29, 2008; May 29, 2008	In remission	9 Months 28 Days
Chemotherapy	June 9, 2008	Completed	9 Months 19 Days
Radiation	June 30, 2008	Completed	8 Months 28 Days

**Update Triple Coronary Bypass**

Week 3: 20 - 26Mar09

23-29Mar 09 has consisted of walking (1 Mile) 24 Minutes (2 times a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,500 ml - Maximum) and sleeping at night at lease 8 hours a day.

Minimal guidelines: 3rd week 24-30 March 10 to 15 minutes 2 times per day.

Marine Quote: The bended knee is not a tradition of our Corps.

Food for Thought: Sometimes the people you expect to kick you when you are down will be the ones to help you get back up.

How to Stay Young: Tell the people you love that you love them, at every opportunity.

Lines to make you smile: Earth is the insane asylum for the universe.

The Golf Gospel According to St. Titleist: Eighteen holes of match play will teach you more about your foe than 18 years of dealing with him across a desk.

**Update 54 (30Mar - 05Apr09) - Week 46: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	April 05, 2008; May 29, 2008	In remission	10 Months 05 Days
Chemotherapy	June 9, 2008	Completed	9 Months 26 Days
Radiation	June 30, 2008	Completed	9 Months 05 Days

**Update Triple Coronary Bypass**

Week 4: 27 Mar – 02Apr09

30Mar – 05Apr 09 has consisted of walking (1 ¼ Miles) 30 Minutes (Once a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,500 ml - Maximum) and sleeping at night at lease 8 hours a day. Golf Workout: Hit 25 balls once a day (60 Degree Wedge – 15 Yards Distance); Putt 9 holes (3 balls per hole) once a day.

Minimal guidelines: 4th week 30 March – 05 April: 20 to 30 minutes once per day.

April 1, 2009: Letter from Dr Neil M. Barth to whom it may concerns:

I am writing on behalf of my patient, Oscar De La Garza, who is currently under my professional care for his diagnosis of Pancreatic Cancer. After completing chemotherapy, radiation and surgery Mr De La Garza has no evidence for disease progression. Based on his most recent restaging evaluation, Mr De La Garza has no evidence of disease progression confirmed by his PET/CT from February 24, 2009. Mr De La Garza is able to travel as medically tolerated.

Marine Quote: By their victory, the 3rd, 4th and 5th Marine Divisions and other units of the Fifth Amphibious Corps have made an accounting to their country which only history will be able to value fully. Among the Americans who served on Iwo Island, uncommon valor was a common virtue.

Food for Thought: Maturity has more to do with what types of experiences you have had and what you have learned from them and less to do with how many birthdays you've celebrated.

How to Stay Young: Forgive now those who made you cry. You might not get a second time.

Lines to make you smile: I'm not a complete idiot -- Some parts are just missing.

The Golf Gospel According to St. Titleist: Golf appeals to the idiot in us and the child. Just how childlike golf players become is proven by their frequent inability to count past five.

**Update 55 (06 - 12Apr09) - Week 47: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	April 12, 2008; May 29, 2008	In remission	10 Months 12 Days
Chemotherapy	June 9, 2008	Completed	10 Months 03 Days
Radiation	June 30, 2008	Completed	9 Months 12 Days

**Update Triple Coronary Bypass**

Week 5: 03 – 09Apr09

06 – 12Apr 09 has consisted of walking (1 ½ Miles) 36 Minutes (Once a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,500 ml - Maximum) and sleeping at night at least 8 hours a day. Golf Workout: Hit 25 balls twice a day (60 Degree Wedge – 30 Yards Distance); Putt 9 holes (3 balls per hole) twice a day.

Minimal guidelines: 5th week 06-12 April: 30 to 40 minutes 1x per day.

April 7, 2009: Call to Dr Haskell to inform him of the side effects I am having that is side effects to Lipitor and Metoprolol. Told me to stop taking Lipitor and cut Metoprolol in halve. (Side effects were laziness, dizziness and upset stomach).

Marine Quote: Being ready is not what matters. What matters is winning after you get there.

Food for Thought: It is not always enough to be forgiven by others. Sometimes, you have to learn to forgive yourself.

Lines to make you smile: Out of my mind, back in five minutes.

The Golf Gospel According to St. Titleist: It is almost impossible to remember how tragic a place the world is when one is playing golf.

**Update 55 (13 - 19Apr09)** - Figure A shows a normal artery with normal blood flow. Figure B shows an artery with plaque buildup. Plaque narrows the arteries and reduces blood flow to your heart muscle. It also makes it more likely that blood clots will form in your arteries. Blood clots can partially or completely block blood flow.

#### Week 47: Post Chemotherapy and Radiation Therapy

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	April 19, 2009; May 29, 2008	In remission	10 Months 19 Days
Chemotherapy	June 9, 2008	Completed	10 Months 10 Days
Radiation	June 30, 2008	Completed	9 Months 19 Days

#### **Update Triple Coronary Bypass**

##### Week 6: 10 – 16Apr09

Appointments: Dr Rose Codini, Gastroenterology Friday, April 17, 2009 at 2:30 PM. Spoke to her about, gas, hernia and stomach pain. She recommended that I have a colonoscopy and the medication of Rifaxauun for the gas. Will scheduled the colonoscopy after Dr Barth lets me know when I can schedule it.

12 – 16Apr 09 has consisted of walking (2 Miles) 50 Minutes (Once a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,500 ml - Maximum) and sleeping at night at lease 8 hours a day. Golf Workout: Hit 25 balls twice a day (60 Degree Wedge – 30 Yards Distance); Putt 9 holes (3 balls per hole) twice a day. Commenced modified stretching program.

Minimal guidelines: 6th week 09-15 April: 30 to 40 minutes 1x per day.

Marine Quote: The Marine Corps has just been called by the New York Times, 'The elite of this country.' I think it is the elite of the world.



Food for Thought: No matter how bad your heart is broken the world does not stop for your grief.

Lines to make you smile: Nyquil, the stuffy, sneeze, why-the-heck-is-the-room-spinning medicine.

The Golf Gospel According to St. Titleist: If profanity had any influence on the flight of the ball, the game of golf would be played far better than it is.

#### **Update 56 (20 - 26Apr09) - Week 47: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	April 26, 2009; May 29, 2008	In remission	10 Months 26 Days
Chemotherapy	June 9, 2008	Completed	10 Months 17 Days
Radiation	June 30, 2008	Completed	9 Months 26 Days

Appointments: Dr Richard Haskell Thursday, April 23, 2009 at 10:30 AM. Dr Haskell cleared me to continue with my normal activities including golf and lifting. Put me back on Lipitor. No further updates.

<b>Vitals</b>			
<b>Date:</b>	<b>06Mar09</b>	<b>23Apr09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	190.0 Lbs	186.0 Lbs	(181.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	164/87	122/80	Normal
Pulse	62	64	Normal (60 – 100)
Temperature	98.7	NT	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

<b>Major Operations</b>			
<b>Date</b>	<b>Operation</b>	<b>Time Frame</b>	<b>Age</b>
26Jul06	Total Right Hip Replacement	(3) in 2Yrs 7Mos 10Days	63Yrs 05Mos 26Days
06Feb08	Pancreatic Cancer - Whipple	1Yr 6Mos 10Days	65 Yrs 00Mos 06 Days
06Mar09	Triple Coronary Bypass	1Yr 1Mo 0Days	66 Yrs 01Mo 06 Days

#### **Update Triple Coronary Bypass - Week 7: 17 – 23Apr09**

17 – 23Apr 09 has consisted of walking (2 ½ Miles) 60 Minutes (Once a day), using Spiro meter breathing exercise ten times every two hours (Goal - 2,500 ml - Maximum) and sleeping at night at least 8 hours a day. Golf Workout: Hit 140 balls twice a day (Pitching Wedge – 100 + Yards Distance); Putt 9 holes (3 balls per hole) twice a day. Commenced modified stretching and lifting program (Every exercise except, chin ups, push ups, chest exercises, inversion exercises and squats).

Marine Quote: I still need Marines who can shoot and salute. But I need Marines who can fix jet engines and man sophisticated radar sets, as well.

Food for Thought: Our background and circumstances may have influenced who we are, but we are responsible for whom we become.

Lines to make you smile: God must love stupid people He made so many.

The Golf Gospel According to St. Titleist: They say golf is like life, but don't believe them. Golf is more complicated than that.

**Update 57 (27Apr – 03May09) - Week 48: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	May 03, 2009; May 29, 2008	In remission	11 Months 03 Days
Chemotherapy	June 9, 2008	Completed	10 Months 24 Days
Radiation	June 30, 2008	Completed	10 Months 03 Days

Marine Quote: I can't say enough about the two Marine divisions. If I use words like “brilliant,” it would really be an under description of the absolutely superb job that they did in breaching the so-called “impenetrable barrier.” It was a classic- absolutely classic- military breaching of a very tough minefield, barbed wire, fire trenches-type barrier.

Food for Thought: Two people can look at the same thing and see something totally different.

Lines to make you smile: The gene pool could use a little chlorine.

The Golf Gospel According to St. Titleist: If a lot of people gripped a knife and fork as poorly as they do a golf club, they would starve to death.

**Update 58 (03 – 09May09) - Week 49: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	May 09, 2009; May 29, 2008	In remission	11 Months 10 Days
Chemotherapy	June 9, 2008	Completed	11 Months 01 Days
Radiation	June 30, 2008	Completed	10 Months 10 Days

Marine Quote: I am convinced that there is no smarter, handier, or more adaptable body of troops in the world.

Food for Thought: Your life can be changed in a matter of hours by people who don't even know you.

Lines to make you smile: Consciousness: That annoying time between naps.

The Golf Gospel According to St. Titleist: Golf is a day spent in a round of strenuous idleness.

**Update 59 (10– 16May09) - Week 50: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	May 16, 2009; May 29, 2008	In remission	11 Months 17 Days
Chemotherapy	June 9, 2008	Completed	11 Months 08 Days
Radiation	June 30, 2008	Completed	10 Months 17 Days

May 12, 2009: Blood Test at Birch location.

<b>Vitals</b>			
<b>Date:</b>	<b>23Apr09</b>	<b>12May09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	186.0 Lbs	189.0 Lbs	(184.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	122/80	100/70	Optimal
Pulse	64	68	Normal (60 – 100)
Temperature	97.0	97.0	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99;  
**Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS</b>			
<b>TEST – 08/09</b>	<b>24Feb</b>	<b>24May</b>	<b>RANGE</b>
White Blood Cell (WBC)	4.9	4.4	4 – 11
Red Blood Cell (RBC)	4..05	3..73	4.35 - 5.25
Hemoglobin (HGB)	12.4	11.4	11 – 17
Hematocrit (HCT)	37.3%	33.8%	35 – 55
Corpuscular Volume (MCV)	92.0	91.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.6	30.4	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.3	33.6	31 – 35
Red Blood Cell Distribution Width (RDW)	12.3%	13.5%	10 – 20
Platelet Count (PLT)	272	252	150 – 455
Platelet Volume (MPV)	7.0	6.6	6 – 10
Lymphocyte (%LYM)	35%	23%	25 – 50
Lymphocyte (#LYM)	1.7	0.9	1 – 5
Mean Order Number (%MON)	4%	4%	2 – 10
Mean Order Number (#MON)	0.1	0.1	0.1 – 1
Granulocyte (%GRA)	60.9%	60.9%	35 – 81
Granulocyte (#GRA)	3.1	3.1	1.5 - 8.5

Tumor Markers				
TEST – 08/09	06Feb08	24Feb09	12May09	RANGE
CEA	6.85	4.7	5.5	0.0 - 3.0
CA 19-9	1,322	11.0	15.0	<37

BILIRUBIN RESULTS			
TEST	24Feb09	12May09	RANGE
Total	0.5	0.5	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

Marine Quote: The deadliest weapon in the world is a Marine and his rifle.

Food for Thought: Credentials on the wall do not make you a decent human being.

Lines to make you smile: Ever stop to think, and forget to start again?

The Golf Gospel According to St. Titleist: If you drink, don't drive. Don't even putt.

**Update 60 (17– 23May09) - Week 51: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / Last Date	Status	Length of Time/Since
Pancreatic Cancer	May 23, 2009	In remission	11 Months 24 Days
Chemotherapy	June 9, 2008	Completed	11 Months 15 Days
Radiation	June 30, 2008	Completed	10 Months 24 Days

Appointments: CT Scan Birch Office Monday May 18, 2009 1:45 PM: Impression: Heterogeneous opacities in the dependent aspect of the right upper lobe which may represent atelectasis. The remainder of the examination is stable

Marine Quote: Do not attack the First Marine Division. Leave the yellowlegs alone. Strike the American Army.

Marine Bumper Stickers: "U.S. Marines -- Travel Agents to Allah"

Food for Thought: “The happiest of people do not necessarily have the best of everything; they just make the most of everything.”

Lines to make you smile: Being “over the hill” is much better than being under it!

The Golf Gospel According to St. Titleist: If you are going to throw a club, it is important to throw it ahead of you, down the fairway, so you don't have to waste energy going back to pick it up.

**Update 61 (24– 30May09) - Week 52: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	May 30, 2009; May 29, 2008	Remission	1 Year, 00 Months 01 Days
Chemotherapy	June 9, 2008	Completed	11 Months 22 Days
Radiation	June 30, 2008	Completed	11 Months 00 Days

May 26, 2009: Pursuant to my request, concerning the heterogeneous opacities in the dependent aspects of the right upper lobe which may represent atelectasis in the May 18, CT scan Dr Haskell called and he stated that this was a normal for heart bypass patient and I should not be concerned. This condition would not show up on an X-Ray.

Appointments: Dr Shilpa Gaikwad May 26, 2009 to see about getting an X-Ray to determine if I have a collapsed lung pursuant to the CT scan of May 18, 2009. I got a chest X-Ray at San Clemente Hospital.

Results: Diagnostic report text CHEST TWO VIEWS 05/26/09

HISTORY: Outside CT scan on 5/18/09 at Newport Medical Associates which demonstrated questionable atelectasis in the right lung along the major fissure. History of pancreatic cancer. Follow-up.

FINDINGS: The patient is status post bypass surgery. The heart is not enlarged. Definite mass lesion, infiltrate or obvious atelectasis is not identified in the visualized lung. The costophrenic angles are clear. The bones are intact.

IMPRESSION: NO DEFINITE INFILTRATE OR ATELECTASIS IDENTIFIED.

<b>Vitals</b>			
<b>Date:</b>	<b>12May09</b>	<b>26May09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	189.0 Lbs	193.8 Lbs	(188.8 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	100/70	104/69	Optimal
Pulse	68	62	Normal (60 – 100)
Temperature	97.0	98.1	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Marine Quote: The American Marines have it (pride), and benefit from it. They are tough, cocky, sure of themselves and their buddies. They can fight and they know it.

Marine Bumper Stickers: "Stop Global Whining"

Food for Thought: Appreciate every single thing you have, especially your friends!

Lines to make you smile: Wrinkled was not one of the things I wanted to be when I grew up.

The Golf Gospel According to St. Titleist: Man blames fate for all other accidents, but feels personally responsible when he makes a hole-in-one.

**Update 62 (31May – 06Jun09) - Week 53: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	June 06, 2009; May 29, 2008	Remission	1 Year, 00 Months, 08 Days
Chemotherapy	June 9, 2008	Completed	11 Months 29 Days
Radiation	June 30, 2008	Completed	11 Months 07 Days

<b>Weight Averages by Months</b>								
Dec08:	Jan09	Feb09	Mar09	Apr09	May09	Jun09	Jul09	Aug09
184.4	183.2	184.9	180.8	182.0	185.5	188.6		

June 02, 2009: Appointment with Dr Neil Barth, he stated that he has no concerns and I was in complete remission but not out of the woods. He stated that there was risk involved of the cancer spreading when I had the triple bypass because the immune system that helps me heal can also be used by the cancer to spread. This process can take up to six months to diagnose. The fact that there has been no cancer progression after one year of no chemotherapy or radiation sessions is a very positive factor.

He wants me to schedule a scan for August 2009 and I can have a colonoscopy the end of October 2009 and to schedule an appointment with him in December 2009.

Dr Barth wanted me to have a blood test to check the tumor marker (CEA) because it had risen in my last three tests:

Markers	16Oct09	15Dec09	24Feb09	12May09	05Jun09	Range
CEA	3.7	4.5	4.7	5.5	5.4	0.0 – 3.0
CA 19-9	9	12	11	15	33	< 37

He was not concerned but he wanted to keep an eye on the trend. CEA measurement is mainly used as a tumor marker to identify recurrences after surgical resection. Elevated CEA levels should return to normal after surgical resection, an elevation of CEA during follow up is an indicator of recurrence of tumor.

<b>Vitals</b>			
<b>Date:</b>	<b>26May09</b>	<b>02Jun09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	193.8 Lbs	193.5 Lbs	(188.8 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	104/69	118/76	Optimal
Pulse	62	62	Normal (60 – 100)
Temperature	98.1	98.6	Normal (97.6 – 99.6)

June 04, 2009: Kathy (nurse) called and informed me that my blood work was lost or misplaced and even if it was found, it would be too old to read. Wants me to come in and give blood again. I will go in tomorrow.

June 05, 2009: Blood work redone.

Vitals			
Date:	02Jun09	05Jun09	Rating
Weight (- 5 lbs for clothes)	193.5 Lbs	192.0 Lbs	(187.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	118/76	120/80	Normal
Pulse	62	68	Normal (60 – 100)
Temperature	98.6	97.4	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

HEMATOLOGY RESULTS			
TEST – 08/09	24May	05Jun	RANGE
White Blood Cell (WBC)	4.4	4.5	4 – 11
Red Blood Cell (RBC)	3.73	3.99	4.35 – 5.25
Hemoglobin (HGB)	11.4	12.2	11 – 17
Hematocrit (HCT)	33.8%	35.4%	35 – 55
Corpuscular Volume (MCV)	91.0	89.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.4	30.7	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.6	34.6	31 – 35
Red Blood Cell Distribution Width (RDW)	13.5%	13.7%	10 – 20
Platelet Count (PLT)	252	261	150 – 455
Platelet Volume (MPV)	6.6	7.1	6 – 10
Lymphocyte (%LYM)	23%	29%	25 – 50
Lymphocyte (#LYM)	0.9	1.3	1 – 5
Mean Order Number (%MON)	4%	7%	2 – 10
Mean Order Number (#MON)	0.1	0.3	0.1 – 1
Granulocyte (%GRA)	60.9%	63.8%	35 – 81
Granulocyte (#GRA)	3.1	2.9	1.5 – 8.5

Tumor Markers				
TEST – 08/09	06Feb08	12May09	05Jun09	RANGE
CEA	6.85	5.5	5.4	0.0 - 3.0
CA 19-9	1,322	15.0	33.0	<37

BILIRUBIN RESULTS			
TEST	12May09	05Jun09	RANGE
Total	0.5	0.3	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

Marine Quote: They (Women Marines) don't have a nickname, and they don't need one. They get their basic training in a Marine atmosphere, at a Marine Post. They inherit the traditions of the Marines. They are Marines.

Marine Bumper Stickers: "When in doubt, empty the magazine"

Food for Thought: Life is too short and friends are too few!

Lines to make you smile: Procrastinate Now!

The Golf Gospel According to St. Titleist: I don't say my golf game is bad, but if I grew tomatoes, they would come up sliced.

**Update 63 (07 – 13Jun09) - Week 54: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	June 13, 2009; May 29, 2008	Remission	1 Year, 00 Months ,15 Days
Chemotherapy	June 9, 2008	Completed	1 Year, 00 Months, 06 Days
Radiation	June 30, 2008	Completed	11 Months 14 Days

Marine Quote: I've always been proud of being a Marine. I won't hesitate to defend the Corps.

Marine Bumper Stickers: "The Marine Corps -- When It Absolutely, Positively Has To Be Destroyed Overnight"

Food for Thought: The best classroom in the world is at the feet of an elderly person.

Lines to make you smile: I Have a Degree in Liberal Arts; Do You Want Fries with That?

The Golf Gospel According to St. Titleist: My handicap: woods and irons.

**Update 64 (14 – 20Jun09) - Week 55: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	June 20, 2009; May 29, 2008	Remission	1 Year, 00 Months, 22 Days
Chemotherapy	June 9, 2008	Completed	1 Year, 00 Months, 13 Days
Radiation	June 30, 2008	Completed	11 Months 21 Days

Marine Quote: Every Marine is, first and foremost, a rifleman. All other conditions are secondary.

Marine Bumper Stickers: "Death Smiles at Everyone -- Marines Smile Back"

Food for Thought: When you're in love, it shows.

Lines to make you smile: A hangover is the wrath of grapes.



The Golf Gospel According to St. Titleist: The ardent golfer would play Mount Everest if somebody would put a flag stick on top.

**Update 65 (21 – 27Jun09) - Week 56: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	June 27, 2009; May 29, 2008	Remission	1 Year, 00 Months, 29 Days
Chemotherapy	June 9, 2008	Completed	1 Year, 00 Months, 20 Days
Radiation	June 30, 2008	Completed	11 Months 28 Days

“I will defeat Cancer because of my positive attitude, extremely strong family support, and being fit and strong with the three keys to health being spirit, dedication, and commitment.

Marine Quote: A Ship without Marines is like a garment without buttons.

Marine Bumper Stickers: "What Do You Feel When You Kill A Terrorist? - Recoil"

Food for Thought: One person saying to me, “You've made my day!” makes my day.

Lines to make you smile: A journey of a thousand miles begins with a cash advance.

The Golf Gospel According to St. Titleist: I'm hitting the woods just great, but having a terrible time getting out of them!

**Update 66 (28Jun – 04Jul09) - Week 57: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	July 04, 2009; May 29, 2008	Remission	1 Year, 01 Months, 06 Days
Chemotherapy	June 9, 2008	Completed	1 Year, 00 Months, 27 Days
Radiation	June 30, 2008	Completed	1 Year, 00 Months, 05 Days

Marine Quote: The Marines have landed and the situation is well in hand.

Marine Bumper Stickers: "Marines -- Providing Enemies of America an Opportunity to Die For their Country since 1775"

Food for Thought: A child fall asleep in your arms is one of the most peaceful feelings in the world.

Lines to make you smile: Stupidity is not a handicap. Park elsewhere!

The Golf Gospel According to St. Titleist: The only time my prayers are never answered is playing golf.

**Update 67 (05 – 11Jul09) - Week 58: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	July 11, 2009; May 29, 2008	Remission	1 Year, 01 Month, 13 Days
Chemotherapy	June 9, 2008	Completed	1 Year, 01 Months, 04 Days
Radiation	June 30, 2008	Completed	1 Year, 00 Months, 12 Days

July 08, 2009 - Blood Work – Birch Office

<b>Vitals</b>			
<b>Date:</b>	<b>05Jun09</b>	<b>08Jul09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	192.0 Lbs	192.0 Lbs	(187.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	120/80	116/82	Normal
Pulse	68	72	Normal (60 – 100)
Temperature	97.4	97.8	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS</b>			
<b>TEST – 08/09</b>	<b>05Jun</b>	<b>08Jul</b>	<b>RANGE</b>
White Blood Cell (WBC)	4.5	5.3	4 – 11
Red Blood Cell (RBC)	3.99	4.38	4.35 - 5.25
Hemoglobin (HGB)	12.2	13.3	11 – 17
Hematocrit (HCT)	35.4%	38.6%	35 – 55
Corpuscular Volume (MCV)	89.0	88.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.7	30.2	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	34.6	34.3	31 – 35
Red Blood Cell Distribution Width (RDW)	13.7%	13.0%	10 – 20
Platelet Count (PLT)	261	291	150 – 455
Platelet Volume (MPV)	7.1	7.1	6 – 10
Lymphocyte (%LYM)	29%	30%	25 – 50
Lymphocyte (#LYM)	1.3	1.5	1 – 5
Mean Order Number (%MON)	7%	6%	2 – 10
Mean Order Number (#MON)	0.3	0.3	0.1 – 1
Granulocyte (%GRA)	63.8%	63.9%	35 – 81
Granulocyte (#GRA)	2.9	3.5	1.5 - 8.5

<b>Tumor Markers</b>						
<b>TEST – 08/09</b>	<b>06Feb08</b>	<b>10Mar08</b>	<b>12May09</b>	<b>05Jun09</b>	<b>08Jul09</b>	<b>RANGE</b>
CEA	6.85	6.0	5.5	5.4	5.6	0.0 - 3.0
CA 19-9	1,322	269	15.0	33.0	98.0	<37

BILIRUBIN RESULTS			
TEST	05Jun09	08Jul09	RANGE
Total	0.3	0.4	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

My PET scan has been moved up to July 13, 2009 because of the elevation of my tumor markers which may indicate recurrence of tumor/cancer. Tumor markers are substances, usually proteins, which are produced by the body in response to cancerous growth or tissues. However, a lot of the markers are also found in non-cancerous conditions so they are not really a good diagnostic tool for cancer. The PET scan will be a true indicator.

### Cancer Remission

Many people seem to have a distorted and incorrect definition of the word “**remission**,” as it is used in relation to **cancer** patients. Most commonly people seem to believe that going into **remission** means that the patient is successfully treated and safe.

However, according to the American Cancer Society, **cancer remission** is a “period of time when the cancer is responding to treatment or is under control. In a complete **cancer remission**, all the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.”

So, someone who goes **into cancer remission** is not showing signs or symptoms of the cancer. It doesn't matter how many cancer cells are still going strong and growing in the body of the patient, for any time frame that it isn't causing “signs and symptoms,” the patient is said to be in remission.

Oddly enough, there isn't much discussion in the advertisements for traditional cancer treatments regarding the extension in the length of life for the patient. And there aren't many discussions about the quality of life for the patient. These two concepts are not factored in when talking about “**cancer remission**” in a patient.

Typically speaking, cancer remission refers to shrinkage in the size of a tumor or to the change in some of the tumor markers. Tumor markers are substances, usually proteins, which are produced by the body in response to cancerous growth or tissues. However, a lot of the markers are also found in non-cancerous conditions so they aren't really a good diagnostic tool for cancer.

Traditional cancer therapies are successful in shrinking tumors and reducing tumor markers. For this reason, cancer remission is used as the indication of “successful” cancer treatment.

**Cancer remission** doesn't necessarily mean the patient doesn't die. For example, a patient is said to have been successfully treated for cancer if the therapies put them into remission, even if they die from pneumonia. Despite the fact that the pneumonia was only fatal because of the cancer therapies, because cancer remission existed, it was successful treatment.

To most people, no treatment that still results in death should be considered successful. However, when it comes to **cancer remission**, that's exactly what can happen when they pursue only traditional cancer treatment options.

Marine Quote: If I had one more division like this First Marine Division I could win this war.

Marine Bumper Stickers: "My Marine Can Pick Off Your Honor Student at a Click and a Half"

Food for Thought: Being kind is more important than being right.

Lines to make you smile: They call it PMS because Mad Cow Disease was already taken.

The Golf Gospel According to St. Titleist: If you think it's hard to meet new people, try picking up the wrong golf ball.

#### **Update 68 (12 – 18Jul09) - Week 59: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	July 18, 2009/ *May 29, 2008	Remission	1 Year, 01 Month, 20 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 01 Months, 11 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 00 Months, 19 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

PET scan Monday, July 13, 2009 at 11:15 at Birch Office:

#### **FINDINGS:**

Head and neck: There is normal radio-traces throughout the brain and oronasal mucosa. Mild diffuse increased uptake in the thyroid gland with an SUV of 3.0 is unchanged from the previous 2.9. There is no supraclavicular adenopathy.

Thorax: There is linear density in the apex consistent with scar which is unchanged. The lungs are eumetabolic without significant findings on either PET or CT. There is neither mediastinal nor hilar adenopathy. There is evidence of coronary artery disease and status post bypass surgery:

Abdomen and pelvis: The liver is homogeneous. There is an unchanged appearance of the operative bed in the pancreas with metabolism within normal limits for the area with an SUV of 2.5 to 3.0, compared to the prior 2.9. There is no retroperitoneal adenopathy.

Moderate increased uptake throughout the large bowel persists with SUVs up to 7.0 and 8.0 in the rectosigmoid region. This too is unchanged. The right groin is now eumetabolic.

Skeletal system: There are no findings suspicious for metastasis

## CONCLUSION:

- 1 PET/CT fusion study with stable postoperative changes in the pancreatic bed with normal metabolism
2. Non-specific diffuse increased metabolism throughout the bowel is unchanged
3. There is no evidence of neither residual nor metastatic carcinoma.

No explanation as to why my tumor markers are elevated.

## SUMMARY OF PREVIOUS CT/PET SCANS (10Mar08 – 13Jul09)

### THORAX

10Mar08: The lungs are eumetabolic. The mediastinal and hilar regions are normal. There are dense calcifications present in all three coronary arteries, suggesting coronary artery disease.

02May08: The lungs are eumetabolic. There is no mediastinal or hilar adenopathy. Calcification of the coronary arteries persists and is consistent with coronary artery disease. There are no pulmonary abnormalities.

25Sep08: The lungs are eumetabolic without significant findings on CT. There is no mediastinal or hilar adenopathy. The axillae are clear. Calcification of the coronary arteries persists and is suggestive of coronary artery disease.

15Dec08: On the pre-contrast images, there is no calcified lung nodule or lymph node seen. Atherosclerotic calcification is seen to involve the aorta and coronary arteries.

On the post-contrast images, the lungs demonstrate on interval development of nodule or mass. Linear scarring is again noted in the left apex and is stable in appearance. There is no pleural or pericardial effusion. No axillary, supraclavicular, hilar or mediastinal lymphadenopathy is seen.

24Feb09: The lungs are eumetabolic. There are no significant findings in the lungs or mediastinum. Diffuse calcification of the coronary arteries is consistent with this known coronary artery disease and is unchanged.

25Feb09: On the pre-contrast images, there is no calcified lung nodule or lymph node seen. No significant atherosclerotic calcifications are identified to involve the aorta or the coronary arteries.

On the post-contrast images, the lungs demonstrate on interval development of focal nodule or mass. There is no pleural or pericardial effusion. There is no axillary, mediastinal, hilar or supraclavicular lymphadenopathy. The thyroid is homogeneous.

*Atherosclerosis is a disease affecting arterial blood vessels. It is a chronic inflammatory response in the walls of arteries, in large part due to the accumulation of macrophage white blood cells and promoted by low density (especially small particle) lipoproteins (plasma proteins that carry cholesterol and triglycerides) without adequate removal of fats and cholesterol from*

*the macrophages by functional high density lipoproteins (HDL), (see apoA-I Milano). It is commonly referred to as a "hardening" or "furring" of the arteries. It is caused by the formation of multiple plaques within the arteries.*

18May09: Chest: On the pre-contrast images, there is no calcified lung nodule or lymph node seen. No significant atherosclerotic calcifications are identified to involve the aorta or the coronary arteries.

On the post-contrast images, the lungs demonstrate on interval development of focal nodule or mass. Heterogeneous opacity is seen along the major tissue on the right likely representing atelectasis. There is no pleural or pericardial effusion. No axillary, mediastinal, hilar, or supraclavicular lymphadenopathy is seen.

13Jul09: Thorax: There is linear density in the apex consistent with scar which is unchanged. The lungs are eumetabolic without significant findings on either PET or CT. There is neither mediastinal nor hilar adenopathy. There is evidence of coronary artery disease and status post bypass surgery:

### **ABDOMEN AND PELVIS**

10Mar08: The liver is homogeneous without significant findings. There is postoperative soft-tissue density in the resected head of the pancreas. A small focal area of mild hypermetabolism is seen in this soft-tissue density. The abnormality has an SUV value of 3.4 and is approximately 8 mm in size. While this may be postoperative in origin, the hypermetabolism is focal in appearance and stands out against the mild metabolism throughout the remainder of the operative site and surrounding soft-tissues.

There is a small prehepatic lymph node which is 6 mm in size and has normal metabolism. Non-specific diffuse metabolism is seen throughout the large bowel, especially the splenic flexure and descending colon which is non-specific.

Mild increased uptake in the anterior abdominal wound is an expected finding. There is no discrete abdominal or pelvic adenopathy seen, other than the possible small node in the operative site.

02May08: The liver remains normal in appearance. The soft-tissue density in the operative site has normal metabolism on today's study. The small focal hypermetabolic concentration seen previously is not present on today's exam. The small prehepatic lymph node is unchanged and remains eumetabolic. The anterior abdominal wound is unchanged and within normal limits postoperatively.

25Sep08: The liver is homogeneous and unchanged. There is normal metabolism in the postoperative site. The first postoperative PET scan showed a possible node which is not seen of the last two studies. There is no retroperitoneal or abdominal adenopathy.

There is moderate diffuse increased uptake throughout the large bowel which becomes most intense at the rectosigmoid junction with an SUV up to 9.9. The distribution is more suggestive of spastic or irritable bowel. There are no focal abnormalities.

15Dec08: Abdomen: On the pre-contrast images, mild atherosclerotic calcifications are seen to involve the aorta. The patient has undergone cholecystectomy (removal of gallbladder).

On the post-contrast images, the spleen is not enlarged. The right kidney demonstrates a 9 mm low-attenuation lesion in the inter-polar region seen on image 137 of series 3. In retrospect, this was noted on the prior examination but less apparent due to the phase of imaging and is therefore stable on image 140 of series 3. The adrenal glands are normal in appearance. There is no retroperitoneal or mesenteric lymphadenopathy identified. Pneumobilia (*gas in the biliary system*) is noted; however, there is no ductal dilation seen. There is no interval development of focal liver lesion.

15Dec08: Pelvis: On the pre-contrast images, there is mild atherosclerotic (*fatty substances form a deposit of plaque on the inner lining of arterial walls*) calcification seen to involve the iliac (of, pertaining to, or situated near the ilium - the broad, upper portion of either hipbone) arteries. Total hip arthroplasty (*the surgical repair of a joint or the fashioning of a movable joint, using the patient's own tissue or an artificial replacement*) has been performed on the right. No calcified mass or mass is seen.

On the post-contrast images, the prostate is stable at 5.1 cm in diameter. There is no inguinal or pelvic lymphadenopathy. No focal bladder lesion is seen. Diverticulosis (*The presence of saclike herniations of the mucosal layer of the colon through the muscular wall, common among older persons and usually producing no symptoms except occasional rectal bleeding*) of the colon is evident. No inguinal or pelvic lymphadenopathy (*chronically swollen lymph nodes*).

24Feb09: The liver is homogeneous without significant findings. The adrenal glands are unremarkable. The pancreatic bed is eumetabolic with postoperative changes on CT.

There is diffuse increased metabolism throughout the large bowel which is non-specific. The distal sigmoid and rectosigmoid junction remains focally hypermetabolic with an SUV value today of 8.7 compared to the prior 9.9. This is non-specific, especially in the presence of diffuse large bowel activity; however, a localized lesion cannot be excluded.

Mild increased uptake in the right groin is most likely from the recent angioplasty.

25Feb09: Pelvis: On the pre-contrast images, no calcified mass or lymph node is seen. There is no free fluid.

On the post-contrast images, the prostate is again noted to be mildly enlarged at 5.3 cm. There is no inguinal or pelvic lymphadenopathy. No ascites is evident.

25Feb09: Abdomen: On the pre-contrast images, no kidney stones are evident. No radio-opaque gallstone is seen. No calcified mass lesion is evident.

On the post-contrast images, the spleen is not enlarged. The adrenals are stable without development of focal lesion. The kidneys demonstrate no hydronephrosis or development of focal abnormality. The liver again demonstrates mild pneumobilia with no focal lesion evident. There is no retroperitoneal or mesenteric adenopathy. The pancreas is stable in appearance.

18May09: On the pre-contrast images, no kidney stones are evident. No radio-opaque gallstone is seen. No calcified mass lesion is evident.

On the post-contrast images, the kidneys demonstrate no interval development of pelvicaliectasis or ureterectasis. There is no interval development of focal renal lesion. The spleen is not enlarged. The pancreas is stable in appearance. The liver demonstrates on interval development of focal abnormality with persistent mild pneumobilia noted. There is no retroperitoneal or mesenteric adenopathy. No ascites is seen.

18May09: Pelvis: On the pre-contrast images, no calcified mass or lymph node is seen. There is no free fluid.

On the post-contrast images, the bladder is decompressed. The prostate is stable in appearance. There is no ascites. No inguinal or pelvic lymphadenopathy is evident.

13Jul09: Abdomen and pelvis: The liver is homogeneous. There is an unchanged appearance of the operative bed in the pancreas with metabolism within normal limits for the area with an SUV of 2.5 to 3.0, compared to the prior 2.9. There is no retroperitoneal adenopathy.

Moderate increased uptake throughout the large bowel persists with SUVs up to 7.0 and 8.0 in the rectosigmoid region. This too is unchanged. The right groin is now eumetabolic.

## **NECK**

15Dec08: On the pre-contrast images, there is atherosclerotic calcification in the region of the carotid bifurcation bilaterally. There is no calcified lymph node or thyroid lesion.

On the post-contrast images, the visualized brain parenchyma is normal. The paranasal sinuses are well aerated. The pharynx, larynx and paralaryngeal soft-tissues demonstrate no focal abnormalities. The thyroid is stable in appearance. No focal abnormality is noted within the salivary glands.

25Feb09: On the pre-contrast images, no significant atherosclerotic calcifications are seen to involve the carotid arteries. There is no calcified lymph node or thyroid lesion.

On the post-contrast images, the visualized brain parenchyma is without focal lesion. The paranasal sinuses are well aerated. The pharynx, larynx and paralaryngeal soft-tissues are stable in appearance. The thyroid and salivary glands demonstrate no focal abnormalities. There is no cervical or supraclavicular lymphadenopathy.



18May09: On the pre-contrast images, no significant atherosclerotic calcifications are seen to involve the carotid arteries. There is no calcified lymph node or thyroid lesion.

On the post-contrast images, the visualized brain parenchyma is normal. The paranasal sinuses are stable in appearance. The pharynx, larynx and paraparyngeal soft-tissues are symmetric. The thyroid and salivary glands are normal. There is no cervical or supraclavicular lymphadenopathy.

13July 09: Head and neck: There are normal radio-traces throughout the brain and oronasal mucosa. Mild diffuse increased uptake in the thyroid gland with an SUV of 3.0 is unchanged from the previous 2 9. There is no supraclavicular adenopathy.

### **SKELETION**

10Mar08: Degenerative disease is seen in the spine, but there are no focal abnormalities or increased metabolism to suggest metastatic (*the transference of disease-producing organisms or of malignant or cancerous cells to other parts of the body by way of the blood or lymphatic vessels or membranous surfaces*) disease.

02May08: There are no findings suspicious for metastasis.

25Sep08: A right femoral prosthesis is unchanged. There are no findings in the skeletal system to suggest metastatic disease.

15Dec08: There is no interval development of lytic or blastic osseous lesion that would be concerning for metastatic disease.

24Feb09: There are no findings suspicious for metastatic disease. There is moderate diffuse degenerative disease.

25Feb09: There is no interval development of lytic or blastic osseous lesion that would be concerning for metastatic disease.

18May09: There is no interval development of lytic or blastic osseous lesion that would be concerning for metastatic disease.

13Jul09: There are no findings suspicious for metastasis

### **CONCLUSIONS AND IMPRESSIONS**

10Mar08: **ABNORMAL** PET/CT FUSION STUDY WITH A SMALL FOCAL AREA OF HYPERMETABOLISM IN THE PANCREATIC OPERATIVE SITE WHICH MAY BE A SMALL NODE.

THERE IS MILD HYPOMETABOLISM IN THE LEFT BASAL GANGLIA, AS DESCRIBED ABOVE.

DIFFUSE CALCIFICATION OF THE CORONARY ARTERIES IS COMPATIBLE WITH CORONARY ARTERY DISEASE.

02May08: **NORMAL** PET/CT FUSION STUDY, EXCEPT FOR POST-OP CHANGES IN THE ABDOMEN ON CT AND CALCIFICATION OF THE CORONARY ARTERIES.

THE PREVIOUS SUSPICIOUS NODE IN THE SITE OF THE WHIPPLE PROCEDURE IS NO LONGER SEEN.

25Sep08: **NORMAL** PET/CT FUSION STUDY WITH NORMAL METABOLISM IN THE SITE OF THE PREVIOUS WHIPPLE.

CALCIFICATION OF THE CORONARY ARTERIES SUGGESTS POSSIBLE CORONARY ARTERY DISEASE.

15Dec08: **STABLE** CT OF THE NECK, CHEST, ABDOMEN, AND PELVIS. NO EVIDENCE FOR DISEASE PROGRESSION.

24Feb09: PET/CT FUSION STUDY SHOWING A PERSISTENT AREA OF FOCAL INCREASED UPTAKE IN THE DISTAL SIGMOID AND RECTOSIGMOID JUNCTION OF UNCERTAIN ETIOLOGY.

NEW MILD INCREASED UPTAKE IN THE RIGH GROIN IS PROBABLY FROM THE PRIOR ANGIOGRAPHIC INTERVENTION.

THERE IS NO EVIDENCE OF RESIDUAL OR METASTATIC PANCREATIC CARCINOMA.

25Feb09: **STABLE** CT OF THE CHEST, ABDOMEN AND PELVIS. NO EVIDENCE FOR DISEASE PROGRESSION.

18May09: HETEROGENEOUS OPACITIES IN THE DEPENDENT ASPECT OF THE RIGHT UPPER LOBE WHICH MAY REPRESENT ATELECTASIS. THE REMAINDER OF THE EXAMINATION IS **STABLE**.

13Jul09:

- 1 PET/CT FUSION STUDY WITH STABLE POSTOPERATIVE CHANGES IN THE PANCREATIC BED WITH NORMAL METABOLISM
2. NON-SPECIFIC DIFFUSE INCREASED METABOLISM THROUGHOUT THE BOWEL IS UNCHANGED
3. THERE IS NO EVIDENCE OF NEITHER RESIDUAL NOR METASTATIC CARCINOMA.

SUV in Rectosigmoid		
25Sep08	24Feb09	13Jul09
Up to 9.0	8.7	Up to 7.0 and 8.0

The distribution is more suggestive of spastic or irritable bowel

Marine Bumper Stickers: "Life, Liberty and the Pursuit of Anyone Who Threatens It"

Food for Thought: You should never say no to a gift from a child.

Lines to make you smile: He who dies with the most toys is nonetheless DEAD.

The Golf Gospel According to St. Titleist: It's good sportsmanship to not pick up lost golf balls while they are still rolling.

**Joke of the Day:** Five surgeons from big cities are discussing who makes the best patients to operate on.

The first surgeon, from New York, says, "I like to see accountants on my operating table because when you open them up, everything inside is numbered."

The second, from Chicago, responds, "Yeah, but you should try electricians! Everything inside them is color coded."

The third surgeon, from Dallas, says, "No, I really think librarians are the best, everything inside them is in alphabetical order."

The fourth surgeon, from Los Angeles chimes in: "You know, I like construction workers, those guys always understand when you have a few parts left over."

But the fifth surgeon, from Washington, DC shut them all up when he observed: "You're all wrong. Politicians are the easiest to operate on. There are no guts, no heart, no balls, no brains, and no spine. Plus, the head and the ass are interchangeable."

**Update 69 (18 – 24Jul09) - Week 60: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	July 24, 2009/ *May 29, 2008	Remission	1 Year, 01 Month, 27 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 01 Months, 18 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 00 Months, 26 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Appointments: Dr Shilpa Gaikwad Tuesday, July 21, 2009 at 11:00 AM to get an order for blood work for cholesterol and thyroids.

<b>Vitals</b>			
<b>Date:</b>	<b>08Jul09</b>	<b>21Jul09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	192.0 Lbs	193.0 Lbs	(188.0 lbs) (155 – 176)

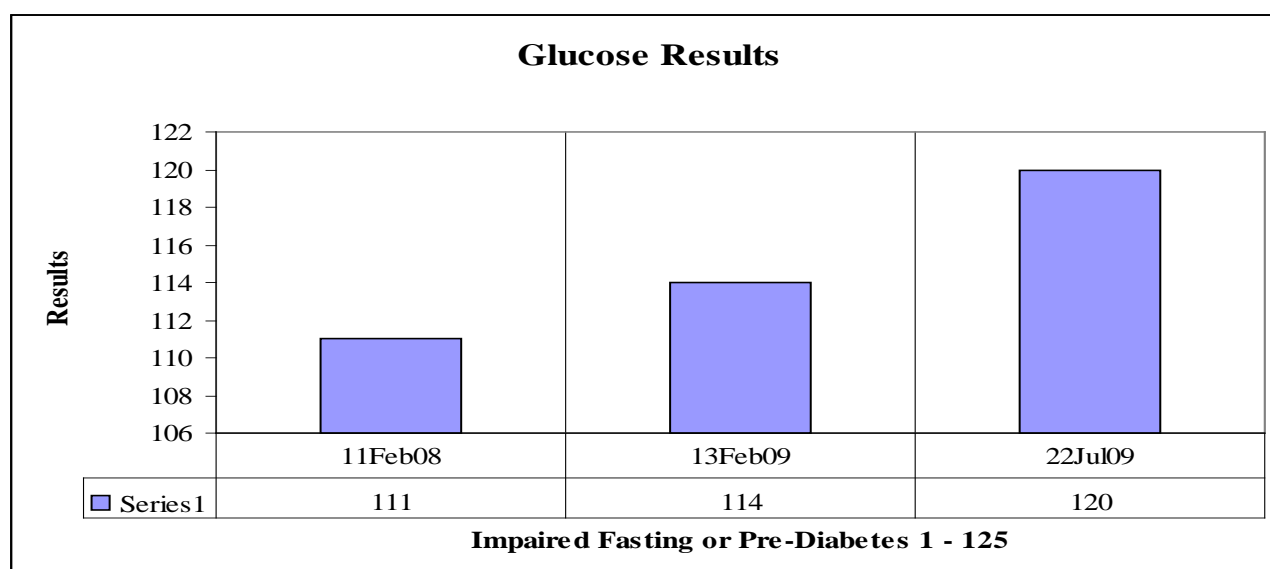
Blood Pressure (Systolic/Diastolic)	116/82	103/66	Optimal
Pulse	72	56	Normal (60 – 100)
Temperature	97.8	97.3	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Cholesterol Test	23Aug07 / 2Dec08	21Jul09	Reference Range
Cholesterol - (A lipid, a fat found in the body)	145 / 115	97	Range: < 200
			Desirable: < 200 mg/dl
			Borderline High: 200 - 239 mg/dl
			High: > 240
Triglycerides* - (Body fat found in the blood level)	200 / 93	71	Range: < 150
			Borderline High: 150 - 199 mg/dl
			High: 200 - 499 mg/dl
			Very High: > 500
HDL (High-density Lipoprotein) Cholesterol - (Good Cholesterol)	29 / 36	34	Range: > 60 mg/dl
			High (Desirable): > 60 mg/dl
			Acceptable: 40 - 60 mg/dl
			Low (Undesirable): < 40 mg/dl
LDL (Low-density Lipoprotein) Cholesterol - (Bad Cholesterol)	60 / 60	49	Range: < 100 mg/dl
			Optimal: < 150 mg/dl
			Near Optimal: 100 - 129 mg/dl
			Borderline High: 130 - 159 mg/dl
			High: 160 - 189 mg/dl
			Very High Risk: > = 190 mg/dl
CHOL/HDL Ratio	5.0 / 3.2	2.9	Range: 2.2 - 5.0
VLDL CHOLEST	19	14	Range: < 30 mg/dl

CHEMISTRY RESULTS – DR GAIKWAD – 22JUL09			
TEST 09	11JAN08/13FEB09	22JUL09	RANGE
GLUCOSE	111 / 114	120	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	16 / 13	18	7.0 – 21.0
CREATININE	0.9 / 1.0	1.1	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	142 / 146	146	135 – 145: (1.0)
POTASSIUM	4.1 / 4.7	4.9	3.4 – 5.1

CHLORIDE	108 / 109	109	98 – 107: (2.0)
CO2	27 / 30	28	22 – 30
CALCIUM	9.8	10.0	8.8 - 10.6
BILIRUBIN TOTAL		0.5	0.2 – 1.2
ALK PHOS		119	25 – 100
AST (SGOT)		33	14 – 36
ALT (SGPT)		38	9 – 52
TOTAL PROTEIN		8.2	6.3 – 8.3
ALBUMIN		4.8	3.5 – 5.0
GLOBULIN		3.4	2.8 – 3.3
A/G RATIO		1.4	> 1.0
T3 TOTAL		99	60 – 180
T4		6.3	4.5 – 10.9
TSH 3 <sup>RD</sup> GEN		10.306	0.300 – 4.000



Appointments: Dr Richard Haskell Thursday, July 23, 2009 at 11:30 AM. (Follow-up on Coronary Triple Bypass Surgery performed March 6, 2009): Stated everything was fine, when I asked him why the PET Scan of 13Jul09 stated “There is evidence of coronary artery disease and status post bypass surgery” and he said there were no concerns as scans show any abnormal activity which includes inflammation which may have been caused from the bypass. My blood pressure was 118/82. When I asked him about my tumor maker especially the CA 19-9 he stated that there should be a concern and that I should talk to Dr Barth because he felt that the elevation could indicate production of microscopic cancer cells.

Appointments: Dr Shilpa Gaikwad Tuesday, July 23, 2009 at 3:30 PM to discuss blood results: She stated that my glucose results of 120 classified me in the range of “Impaired Glucose Fasting or Pre-Diabetes”, and my thyroid medication needed to increase because the thyroid was not producing enough insulin. She gave me a prescription for Levothyroxine 200 mcg increase from

175 mg for the thyroids and Metformin 500 mg to decrease the glucose. The Metformin to be taken the 1<sup>st</sup> week once a day and twice a day after that.

My blood pressure was 145/79 and my pulse was 62.

Concerning the tumor marker increase she basically stated that the increase was from microscopic cancer cells being produced and that my next tumor marker test would be critical. She stated not to expect the CA 19-9 to go down but hoped it will not increase.

Jean placed a call to Dr Barth asking that he call me to discuss my elevation of tumor markers.

I must pay more attention to cancer prevention (a healthy diet, exercise, proper sleep, stress management, and moderation of habits) which are critical during the stages of treatment, healing, and the years that follow. I have to learn that these are the most effective ways of keeping microscopic cancer cells from growing into serious tumors.

My biggest new symptom is worrying. Too many questions, worries, and fears about the future goes through my mind. I can't wait for a call from Dr Barth to have my questions answered. I wanted to know the best way to destroy these microscopic cancer cells if I have any based on my tumor markers.

Marine Bumper Stickers: "Happiness Is a Belt-Fed Weapon"

Food for Thought: I can always pray for someone when I don't have the strength to help him in some other way.

Lines to make you smile: "A picture is worth a thousand words, but it uses up three thousand times the memory."

The Golf Gospel According to St. Titleist: Don't play too much golf. Two rounds a day are plenty.

**Update 70 (25 – 31Jul09) - Week 61: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	July 31, 2009/ *May 29, 2008	Remission	1 Year, 02 Month, 04 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 01 Months, 25 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 01 Months, 03 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

July 26, 2009: Visited Michael and I feel drained of energy while there and the rest of the day.  
July 27, 2009: Worked out even though I still felt drained of energy and every muscle in my body ached. I also managed to play 18 holes of golf. Upon arriving home, I was so drained of energy that I went to bed at 7PM.

July 28, 2009: I felt 100% better.

July 29, 2009: Back to my normal routine.

July 29, 2009: Dr Barth called at 1400 hours concerning my fax which is stated below:

I am enclosing a copy of a blood panel that was requested by my family doctor, Shilpa Gaikawd on July 23, 2009.

*As you can see, my TSH, 3rd Gen was High – 10.36  
She has increased by current Levothyroxine from 175 mcg to 200 mcg daily.*

*My Glucose was HIGH at 120 (H) which indicates Pre- Diabetes. She has prescribed for me the medication:*

*She prescribed Metformin Hydrochloride – 500 mg – twice daily.*

*I would appreciate it if you could review these and consult with Dr. Barth if he has any questions or concerns.*

*I had placed a call to Dr. Barth's nurses on July 23, 2009, asking for Dr. Barth to call me, at 949-230-2415, as I am concerned about my Tumor marker numbers at 98, which have changed so drastically and I never received a return call from him. We do not have an appointment with him until Sept 2, and that is a long time for me to have to speculate what his feeling is regarding the increase in my markers.*

*I know that all the doctors there are very busy and feel that at this time, I may not be high priority, none the less, my concerns are very real in regards to the increase in my tumor markers, and I have not been able to speak with Dr. Barth since my markers started to move up since April 2009.*

He basically chastised me for the fax and stating that I was selfish, and his staff had given me all the information that he is going to give to me. He has patient much worse off than me and I am taking up his time and he is not getting reimbursed for it. He stated that if there was a major concern he would have gotten in touch with me. There are numerous reasons why the tumor markers are elevated and they may not be related to recurrence of cancer. He arbitrarily stated that if my next tumor marker for CA 19-9 was 185 that there would still not be a concern if it is over 385 then he would have to start looking for causes. He did not mention the CEA. His staff has been in contact with me but they said the elevated tumor markers may be microscopic cancer cells being produced that the PET scan cannot pick-up. He asked if I wanted to be opened up so they could get a better look.

Dr Barth also stated that 7 doctors had viewed My PET Scan and all determined that they could not detect any cancer.

In addition, he again chastised me for his claim that I gave him a bad phone number which I didn't, the number in the fax is my correct cell number; he called my wife's cell number because it was probably a number his staff gave him. When I returned his call it was from my cell number.

He never addressed the real reason for the fax that was to let him know the increase in the medication of Levothyroxine from 175 mcg to 200 mcg daily and the addition of Metformin Hydrochloride – 300 mg – twice daily

Lastly, I did not feel he was very professional, I feel that included in his job is to address patient's concerns regardless of how minor they may seem to him. Tumor markers elevation can have far-reaching consequences on a patient's life and I feel they should be addressed at their earlier stage rather than later. I need to evaluate my condition and make a decision whether to move on and find a new oncologist since I am not comfortable either mentally or emotionally and a positive attitude is required for any future treatments.

John Harty, a pancreatic cancer survivor; whom I have been in contact with for support. He has been in complete remission for nine years. His current tumor markers are CEA 5.6 and CA 19-9 is 48.

The pancreas has two different functions:

- It makes enzymes that help digest food in the small intestine
- It makes hormones, such as insulin, that are secreted into the bloodstream

Marine Bumper Stickers: "It's God's Job to Forgive Bin Laden -- It's Our Job to Arrange the Meeting"

Food for Thought: No matter how serious your life requires you to be, everyone needs a friend to act goofy with.

Lines to make you smile: Ham and eggs...A day's work for a chicken, a lifetime commitment for a pig.

The Golf Gospel According to St. Titleist: Golf and sex are the only things you can enjoy without being good at either of them.

Proud to be an American: JFK'S Secretary of State, Dean Rusk, was in France in the early 60's when DeGaule decided to pull out of NATO. DeGaule said he wanted all U. S. military out of France as soon as possible.

Rusk responded "does that include those who are buried here?" - DeGualle did not respond.

**Update 71 (01 – 07Aug09) - Week 62: Post Chemotherapy and Radiation Therapy**



<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Aug 06, 2009/ *May 29, 2008	Remission	1 Year, 02 Month, 11 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 02 Months, 02 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 01 Months, 10 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.

August 3, 2009 Monday 10:30 AM - Blood Work – Birch Office

<b>Vitals</b>			
<b>Date:</b>	<b>08Jul09</b>	<b>03Aug09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	192.0 Lbs	192.0 Lbs	(187.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	116/82	124/72	Normal
Pulse	72	60	Normal (60 – 100)
Temperature	97.8	97.3	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS (CBC)</b>			
<b>TEST – 09</b>	<b>08Jul</b>	<b>03Aug</b>	<b>RANGE</b>
White Blood Cell (WBC)	5.3	4.3	4 – 11
Red Blood Cell (RBC)	4.38	3.89	4.35 - 5.25
Hemoglobin (HGB)	13.3	11.6	11 – 17
Hematocrit (HCT)	38.6%	34.3%	35 – 55
Corpuscular Volume (MCV)	88.0	88.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.2	29.9	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	34.3	33.9	31 – 35
Red Blood Cell Distribution Width (RDW)	13.0%	12.6%	10 – 20
Platelet Count (PLT)	291	299	150 – 455
Platelet Volume (MPV)	7.1	7.0	6 – 10
Lymphocyte (%LYM)	30%	26%	25 – 50
Lymphocyte (#LYM)	1.5	1.1	1 – 5
Mean Order Number (%MON)	6%	4%	2 – 10
Mean Order Number (#MON)	0.3	0.1	0.1 – 1
Granulocyte (%GRA)	63.9%	69.9%	35 – 81
Granulocyte (#GRA)	3.5	3.2	1.5 - 8.5

<b>Tumor Markers</b>						
<b>TEST – 08/09</b>	<b>06Feb08</b>	<b>10Mar08</b>	<b>05Jun09</b>	<b>08Jul09</b>	<b>03Aug09</b>	<b>RANGE</b>
CEA	6.85	6.0	5.5 / 5.4	5.6	5.0	0.0 – 3.0
CA 19-9	1,322	269	15 / 33.0	98.0	152	<37

BILIRUBIN RESULTS			
TEST	08Jul09	03Aug09	RANGE
Total	0.4	0.2	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

Since my tumor marker (CA 19-9) keeps going up and I cannot nor dare bother my oncologist, I have researched and came upon the below article:

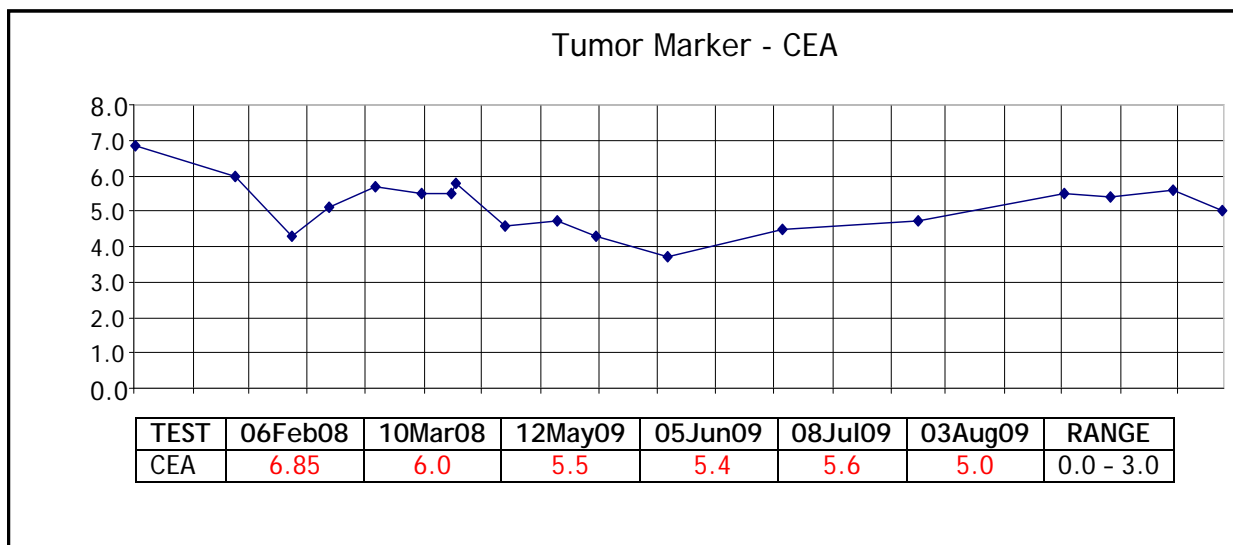
CA 19-9 is a tumor-associated antigen which is elevated in pancreatic cancers, cancers of the upper gastrointestinal tract, ovarian cancer, hepatocellular cancer, colorectal cancer, inflammatory conditions of the hepatobiliary system, and in thyroid diseases.

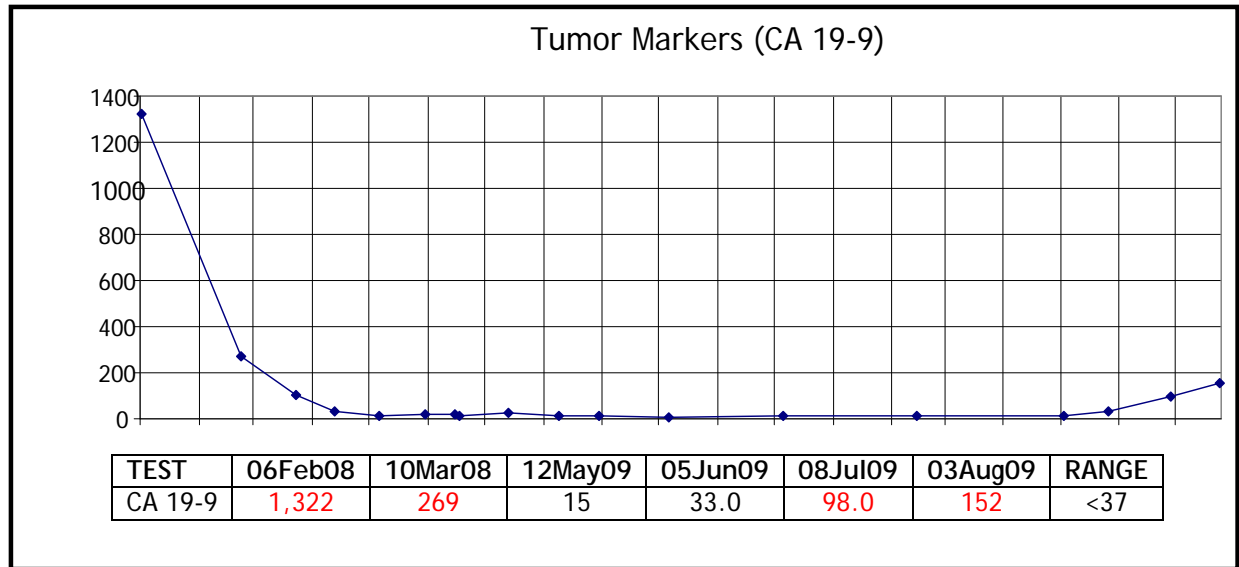
CA 19-9 is used in the diagnosis of pancreatic cancer but is also a marker of pancreatic tissue damage which might be caused by diabetes. The association between diabetes, pancreatic cancer and elevated levels of CA 19-9 has not been investigated until now.

A research article published in October 28 issue of the World Journal of Gastroenterology addresses this association. The research group led by Dr Oya Uygur-Bayramicli from Istanbul examined 76 type 2 diabetics and matched them with control subjects of the same age and gender in order to get reliable comparisons. CA 19-9 levels were statistically significantly higher in the diabetic group but there was not any case of pancreatic cancer in that group, which was confirmed with the help of abdominal CT.

One conclusion reported by the researchers is that diabetes can be accepted as the last step of chronic pancreatitis with the new developing concepts of pathogenesis and that the elevation of CA 19-9 is due to chronic pancreatitis and not to pancreatic cancer.

As a solution to the problem they suggest using higher cut-off values of CA 19-9 in diabetic patients to differentiate benign and malignant pancreatic disease. Furthermore, subtle elevations of CA 19-9 in diabetics should be considered an indication of exocrine pancreatic dysfunction.





August 7, 2009: A representative from Dr Barth's office left a message on my cell phone stating that Dr Barth agreed with Dr Gaikwad about the increase of Levothyroxine from 175 mcg to 200 mcg daily because of my TSH, 3rd Gen was high – 10.36 and the addition of the medication Metformin Hydrochloride of 300 mg twice daily because of pre-diabetes was fine with him.

Marine Bumper Stickers: "Artillery Brings Dignity to What Would Otherwise Be Just a Brawl"

Food for Thought: Sometimes all a person needs is a hand to hold and a heart to understand.

Lines to make you smile: The trouble with life is there's no background music.

The Golf Gospel According to St. Titleist: May thy ball lie in green pastures, and not in still waters?

Proud to be an American: When in England, at a fairly large conference, Colin Powell was asked by the Archbishop of Canterbury if our plans for Iraq were just an example of empire building by George Bush.

He answered by saying, "Over the years, the United States has sent many of its fine young men and women into great peril to fight for freedom beyond our borders. The only amount of land we have ever asked for in return is enough to bury those that did not return."

**Update 71 (08 – 14Aug09) - Week 63: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Aug 14, 2009/ *May 29, 2008	Remission	1 Year, 02 Month, 18 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 02 Months, 09 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 01 Months, 17 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

10-11Aug09: Went to bed at 8:30 P.M. with a fever and chills. The chills went away shortly after getting in bed and I took two advils. The fever persisted until about 2:30 A.M. reaching a high of 102.6. About 2:30 A.M. drank a bottle of water, took two Tylenols and the temperature drop to normal. I believe it was the possibility of dehydration or heat stroke?

Appointments: Dr Barth (Hoag) 10:00 A.M. Tuesday August 11, 2009:

Vitals			
Date:	03Aug09	11Aug09	Rating
Weight (- 5 lbs for clothes)	192.0 Lbs	191.5 Lbs	(186.5 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	124/72	118/76	Optimal
Pulse	60	64	Normal (60 – 100)
Temperature	97.3	97.3	Normal (97.6 – 99.6)

Dr Barth said the elevation of the CA 19-9 was “worrisome” to him and this would indicate a recurrence of cancer.

He feels that there is a possibility of what is called cancer implants in the peritoneal cavity, the part that is located in front pancreas (see picture below). They are small cells that are too small to be detected by a PET scan.

He recommended a spin-warp MRI of the pelvis and abdomen which may show the cells that a PET scan cannot pick up because of their size. Once the cells are identified they would do a body wash where I would be injected with saline to flush out the cells and does an aspiration to collect fluids which would help them identify what kind of cells they are dealing with. This procedure would be as an outpatient.

From that point, he would recommend a plan of treatment which could be molecular or chemotherapy. These would be different cancer cells than what I had originally and they would be treated differently.

Dr Barth stated that there is a chance that this may be inflammation and not cancer, but if he had to go on his instinct, it is an 80-20 percent that the cancer is recurring.

Dr Barth’s personal observations:

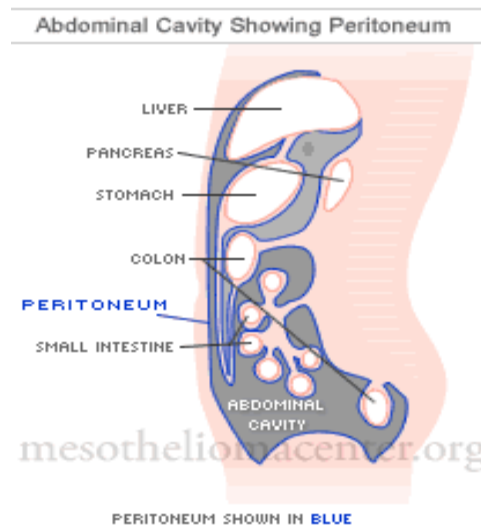
I am having a morbid reaction to my cancer and I am letting the fear of cancer dictate my life. That I am anxious and taking my anger out on other people.

I am at the moment being an adversary to him and not a partner.

If I do nothing and the tumor markers continue to elevate without treatment, it could become a bowel obstruction.

He stated my original cancer and treatment has exceeded anything they thought would be treatable and when he first saw me his diagnosis was that I had 8 – 10 months to live.

A Magnetic Resonance Imaging (MRI)\* Two-Dimensional Fourier Transform (2DFT) technique with slice selection (another name for 2DFT is spin-warp) is scheduled for Friday, August 14, 2009 at 1:00 P.M. at the Birch location. Dr Barth is hoping that the MRI can detect diseased tissue, such as tumors or cancer implants in the peritoneal cavity. He may call me on Friday with a preliminary report although he is not great at reading MRIs. On Monday, the entire radiologist staff will be in to read the report and he will call me by noon and discuss the finding and any future treatments.



\*MRI:

1. The purpose of MRI is a dynamic way to "see" inside the body. X-rays work best to see bone, while MRI shows differences between healthy and unhealthy tissue. It enables doctors to diagnose certain diseases plus assess soft tissue structures such as organs, muscle, cartilage, ligaments, tendons, brain, spinal column, breast, abdomen, pelvic region, and joints to make better decisions about your medical care.

2. MRI uses a magnetic field and radio waves to build a clear picture of your body's internal structures instead of using x-rays. Sensitive instruments and specially designed computers are used to create images of the area being scanned.

My perspective on the above appointment:

1. I do not feel I have cancer, I believe that the elevation of the CA 19-9 markers are due to inflammation of the pancreatic called pancreatitis or is being caused by diabetes but I will go through the recommended procedures established by Dr Barth.

2. I totally disagree with his assessment of having a morbid reaction to and letting the fear of cancer dictate my life and that I am anxious and taking my anger out on other people. In my mind, body and soul I have no cancer and I have no fear of cancer or death and blame no one if I do have cancer. If I were to blame someone or something it would be Agent Orange from my

combat service in Vietnam (1966 – 1967). I will continue my cancer prevention of a healthy diet, exercise, proper sleep, stress management and moderation of habits which are critical stages of cancer prevention.

3. As far as being adversarial to him and not a partner, I feel that he made me that way because of his comments when I was concerned about the elevation of the CA 19-9 and wanted an explanation. It now appears that according to his standards I have a reason to be but instead of explaining he chastised me for wasting his time.

I have had a high rate of success winning battles against pancreatic cancer but being able to win the war is the key. I started out with a full metal jacket and I am starting to run out of bullets, somehow I will figure out how to win with a replacement full metal jacket, a positive attitude, being fit and strong and with family support.

Appointments: MRI (Birch) Friday, August 14 2009 at 1:00 P.M. Be there at 12:45 P.M., I can have a light breakfast, and liquid lunch and the duration should be about an hour. I was informed by Dr Barth's office that nothing obvious was detected on the MRI.

#### MRI OF THE ABDOMEN AND PELVIS WITH AND WITHOUT CONTRAST: (FR)

INDICATION: This is a 66-year-old man with history of stage III pancreatic cancer status post Multimodality therapy with a post treatment high-grade remission. There are new signs and symptoms of suspected disease recurrence or progression and a rising CA 19-9 in the setting of the known history of cancer.

#### TECHNIQUE:

FINDINGS: Sequential multiplanar images through the abdomen and pelvis were performed with and without gadolinium contrast administration. Axial T2-weighted images show no focal signal abnormality in the liver. Small peripelvic cystic lesion is seen on image 22 in the mid pole of the right kidney. No focal mass or abnormalities were noted within the kidneys, otherwise.

On the post-contrast axial T1-weighted images, no areas of abnormal focal enhancement are noted within the liver. No evidence of enhancement of the cystic lesion in the right kidney is observed. There is no abnormal lymphadenopathy. The adrenal glands are normal in appearance. Spleen is normal in appearance. No mass abnormalities of the pancreas were seen.

#### IMPRESSION:

1. There is no evidence of metastatic disease in the abdomen or pelvis in this evaluation.
2. Benign-appearing cyst of the right kidney is noted.

Marine Bumper Stickers: "One Shot, Twelve Kills -- Marine Artillery"

Food for Thought: Simple walks with my father around the block on summer nights when I was a child did wonders for me as an adult.

Lines to make you smile: The original point and click interface was a Smith & Wesson.

The Golf Gospel According to St. Titleist: If I hit it right, it's a slice. If I hit it left, it's a hook. If I hit it straight, it's a miracle.

Proud to be an American: There was a conference in France where a number of international engineers were taking part, including French and American. During a break, one of the French engineers came back into the room saying "Have you heard the latest dumb stunt Bush has done? He has sent an aircraft carrier to Indonesia to help the tsunami victims. What does he intended to do, bomb them?"

A Boeing engineer stood up and replied quietly: "Our carriers have three hospitals on board that can treat several hundred people; they are nuclear powered and can supply emergency electrical power to shore facilities; they have three cafeterias with the capacity to feed 3,000 people three meals a day, they can produce several thousand gallons of fresh water from sea water each day, and they carry half a dozen helicopters for use in transporting victims and injured to and from their flight deck. We have eleven such ships; how many does France have?"

#### **Update 72 (15 – 21Aug09) - Week 64: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Aug 21, 2009/ *May 29, 2008	Remission	1 Year, 02 Month, 25 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 02 Months, 16 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 01 Months, 24 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

August 17, 2009: Jessica from Dr Barth's office call and stated that nothing obvious was detected on the MRI but he wanted to reformat the images to get a different view and see if unhealthy (diseased) tissue could be detected from the reformatted images to account for the elevation of the CA 19-9 and they would inform me of the results on Wednesday, August 19, 2009.

Personal Note: (PET scan cannot pick-up cancer cells smaller than 7 mm (less than 1/2 of 1/16<sup>th</sup>); CT scan cannot pick-up cancer cells smaller than 1 mm)

Personal Note: (The pancreas is a pear-shaped gland located across the back of the belly, behind the stomach. It comprises the exocrine pancreas, which produces pancreatic enzymes that help break down carbohydrates, fats, and proteins, and the endocrine pancreas, which produces hormones such as insulin and glucagon that regulate how the body stores and uses food.)

Personal Note: Amylase is a blood test that can be administered to confirm pancreatitis.

Marine Bumper Stickers: "Do draft dodgers have reunions? If so, what do they talk about?"

Food for Thought: Life is like a roll of toilet paper. The closer it gets to the end, the faster it goes.

Lines to make you smile: I smile because I don't know what the heck is going on.

The Golf Gospel According to St. Titleist: The difference in golf and government is that in golf you can't improve your lie.

Proud to be an American: A U.S. Navy Admiral was attending a naval conference that included Admirals from the U.S., English, Canadian, Australian and French Navies. At a cocktail reception, he found himself standing with a large group of Officers that included personnel from most of those countries. Everyone was chatting away in English as they sipped their drinks but a French admiral suddenly complained that, whereas Europeans learn many languages, Americans learn only English. He then asked, "Why is it that we always have to speak English in these conferences rather than speaking French?"

Without hesitating, the American Admiral replied, "Maybe it's because the Brit's, Canadians, Aussie's and Americans arranged it so you wouldn't have to speak German."

Personal Note: Saddleback Hospital range for CEA is 5.0 and used the CIBA-Corning chemiluminescent method; the range for CA 19-9 is <35 and uses Siemens Centaur.

Personal Note: August 20, 2009 I have lost 8 lbs since July 20, 2009 and I contribute this to a change in the thyroid medication, eating less and no fast foods.

Personal Note - Cancer treatment from the Dominican Republic:

Ingredients:

1. Kary-Vit Sol Laboratorios Farmaceuticos Karina, S.A. Santo Domingo, contains: Vitamina A 2000 UI; Vitamina D 400 UI; Vitamina C 60mg; Excipientes csp 1 ml, Reg Ind: 18231; Reg San: 96-0673 – Nine drops
2. Nine stalks of Aloe Vera (Miracle Plant) with thorns removed
3. Five 24 ounce bottles of organic honey

Blend in a blender and take a table spoon three times a day to cure cancer.

My MRI of January 8, 2008 stated a head mass in the pancreatic head mass, highly suggestive of pancreatic adenocarcinoma.

After taking the cancer treatment from the Dominican Republic for about two weeks a second opinion MRI of January 28, 2008 shows a partially necrotic irregular mass arising from the pancreatic head.

I stopped taking the cancer treatment from the Dominican Republic once I started chemotherapy but I am now taking it again (August 19, 2009) given the elevation of the tumor marker CA 19-9 even though the PET scan and MRI were negative.



**Update 73 (22 – 28Aug09) - Week 65: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Aug 28, 2009/ *May 29, 2008	Remission	1 Year, 03 Month, 02 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 02 Months, 23 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 02 Months, 01 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Marine Bumper Stickers: "My kid fought in Iraq so yours can party in college"

Food for Thought: We should be glad God doesn't give us everything we ask for.

The Golf Gospel According to St. Titleist: Golf is a game invented by the same people who think music comes out of a bagpipe.

Proud to be an American: Robert Whiting, an elderly gentleman of 83, arrived in Paris by plane. At French Customs, he took a few minutes to locate his passport in his carry on.

"You have been to France before, monsieur?" the customs officer asked sarcastically.

Mr. Whiting admitted that he had been to France previously.

"Then you should know enough to have your passport ready."

The American said, "The last time I was here, I didn't have to show It."

"Impossible. Americans always have to show your passports on arrival in France!"

The American senior gave the Frenchman a long hard look. Then he quietly explained, "Well, when I came ashore at Omaha Beach on D-Day in 1944 to help liberate this country, I couldn't find a single Frenchmen to show a passport to."

Two quotes to ponder: "Life's tough, it's even tougher if you're stupid." – John Wayne

"My friends, we live in the greatest nation in the history of the world. I hope you'll join with me as we try to change it." – Barack Obama

Unfortunately now we are beginning to understand what the second one means and what the first said about us.

Personal Note: Even though I have never drank coffee, medical researcher and nutritionists have touted the health benefits of caffeine and in moderation, these natural sources of caffeine are associated with weight loss, the treatment of asthma and headaches and a reduced risk of Parkinson's disease. Coffee in particular is associated with a decreased risk of depression, colon cancer and type two diabetes according to researchers at Vanderbilt University's Institute for

Coffee Studies. It also helps the pancreatic to break down carbohydrates, fats, and proteins, and the endocrine pancreas, which produces hormones such as insulin and glucagon that regulate how the body stores and uses food. I now drink a cup of regular black coffee every morning.

August 26 – 27, 2009: After supper I did not feel very well, I sat at the Angel's game in 98 degree heat for about 2 hour. At supper I drank 2 bottles of water and felt bloated, my stomach was uneasy and my temperature got up to 99 degree. In the morning my temperature was 97.6 degrees and I deciding to skip my workout this morning and do them later in the day mainly because my head feels congested.

#### **Update 74 (29Aug – 04Sep09) - Week 66: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Sep 04, 2009/ *May 29, 2008	Remission	1 Year, 03 Month, 09 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 03 Months, 00 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 02 Months, 08 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.

September 3, 2009 Thursday 10:30 AM - Blood Work – Birch Office

<b>Vitals</b>			
<b>Date:</b>	<b>03Aug09</b>	<b>03Sep09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	192.0 Lbs	187.0	(182.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	124/72	130/80	High Normal
Pulse	60	60	Normal (60 – 100)
Temperature	97.3	97.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS (CBC)</b>			
<b>TEST – 09</b>	<b>03Aug</b>	<b>03Sep</b>	<b>RANGE</b>
White Blood Cell (WBC)	4.3	4.7	4 – 11
Red Blood Cell (RBC)	3.89	4.04	4.35 - 5.25
Hemoglobin (HGB)	11.6	12.2	11 – 17
Hematocrit (HCT)	34.3%	35.5%	35 – 55
Corpuscular Volume (MCV)	88.0	88.0	80 – 100
Corpuscular Hemoglobin (MCH)	29.9	30.1	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	33.9	34.2	31 – 35
Red Blood Cell Distribution Width (RDW)	12.6%	12.5%	10 – 20
Platelet Count (PLT)	299	222	150 – 455
Platelet Volume (MPV)	7.0	7.3	6 – 10
Lymphocyte (%LYM)	26%	34%	25 – 50
Lymphocyte (#LYM)	1.1	1.5	1 – 5

Mean Order Number (%MON)	4%	6%	2 – 10
Mean Order Number (#MON)	0.1	0.2	0.1 – 1
Granulocyte (%GRA)	69.9%	60.2%	35 – 81
Granulocyte (#GRA)	3.2	3.0	1.5 - 8.5

Tumor Markers						
TEST – 08/09	06Feb08	10Mar08	08Jul09	03Aug09	03Sep09	RANGE
CEA	6.85	6.0	5.6	5.0	6.6	0.0 – 3.0
CA 19-9	1,322	269	98.0	152	417	<37

BILIRUBIN RESULTS			
TEST	03Aug09	03Sep09	RANGE
Total	0.2	0.3	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

Personal Note: Signs and Symptoms that can cause an elevation of the tumor marker CA 19-9

1. A markedly-increased TSH – Range 0.300 – 4.000 I am at 10.306
2. Diabetes can be accepted as the last step of chronic pancreatitis with the new developing concepts of pathogenesis and that the elevation of CA 19-9 is due to chronic pancreatitis and not to pancreatic cancer. – Pre-Diabetes range 100 – 125 I am at 120
3. A persistent elevation can also be observed in various benign diseases.
4. A persistent and significant elevation of serum CA 19-9 can be found in non-malignant and non-cholestatic disease
5. Serum carbohydrate antigen (CA) 19-9 is considered to be the most sensitive/specific marker for pancreatic cancer, although it has also been associated with biliary, hepatocellular, gastric, colonic and nongastrointestinal malignancies. (1) For pancreatic adenocarcinoma, CA 19-9 is reported to have a sensitivity of 70 to 90%, specificity of about 90%, a positive predictive value (The probability that a person with a positive test result has, or will get, the disease) of 69%.
6. Conditions such as gallstones, cirrhosis, pancreatitis, and cholecystitis can also causes elevated levels of CA 19-9 in the blood.

Personal Note: August 30-31 2009: I did not feel well on these days, it started the evening of August 30. I did not posses a fever but my highest temperature reading was 99.9 degrees. I woke up about 10:45 and could go to sleep. My head felt congested and went back to bed at about 1:45 A.M. and slept pretty well. I got up at 7:30 A.M. and I felt no energy, will play golf this morning and will attempt my workout this afternoon.

“Always remember, negative news that turns into negative thinking breeds like cancer and always ensures a negative result. Positive thinking gives a new meaning to each day in some form or another.”

Marine Bumper Stickers: "Travel to Exotic Places, Meet New People, then Kill Them"

Food for Thought: Money doesn't buy class.

The Golf Gospel According to St. Titleist: Golf is like sex, when it good it is really good, when it is bad, it is still good.

**Update 75 (05 – 11Sep09) - Week 68: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Sep 11, 2009/ *May 29, 2008	Remission	1 Year, 03 Month, 16 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 03 Months, 07 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 02 Months, 15 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Marine Bumper Stickers: "Machine Gunners -- Accuracy by Volume"

Food for Thought: It's those small daily happenings that make life so spectacular.

Personal Note: September 8, 2009 I did not feel well when I woke up this morning; I worked out and played 18 holes of golf. My temperature after arriving at home was 100.5. At 7:30 it was 99.4. When I went to bed it was 99.0 and in the morning when I awoke at 5:30 A.M. it was 97.5.

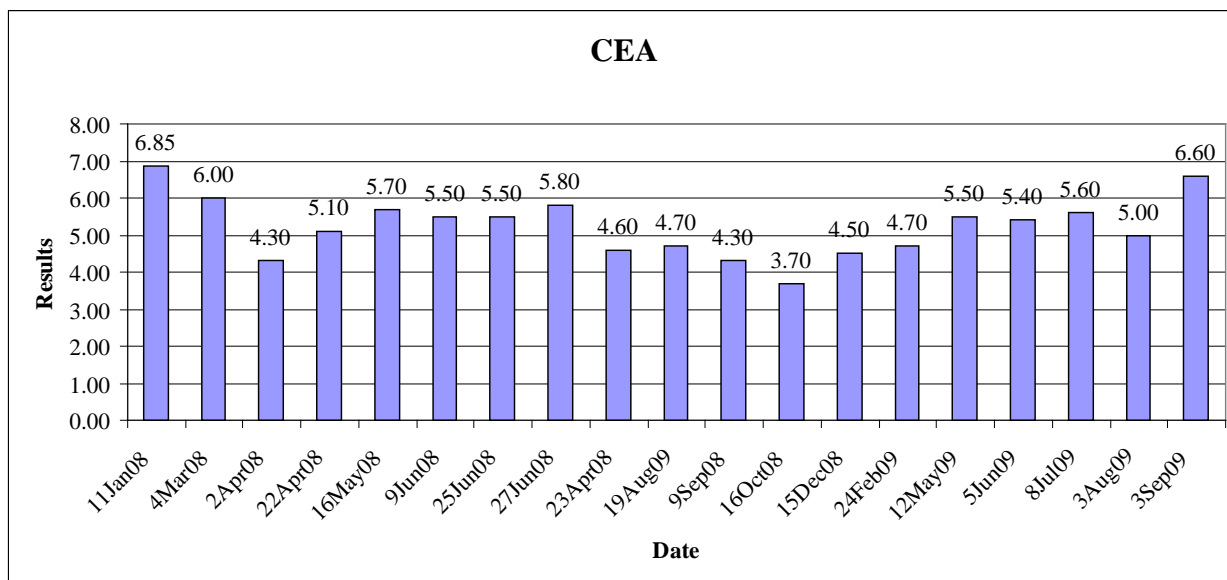
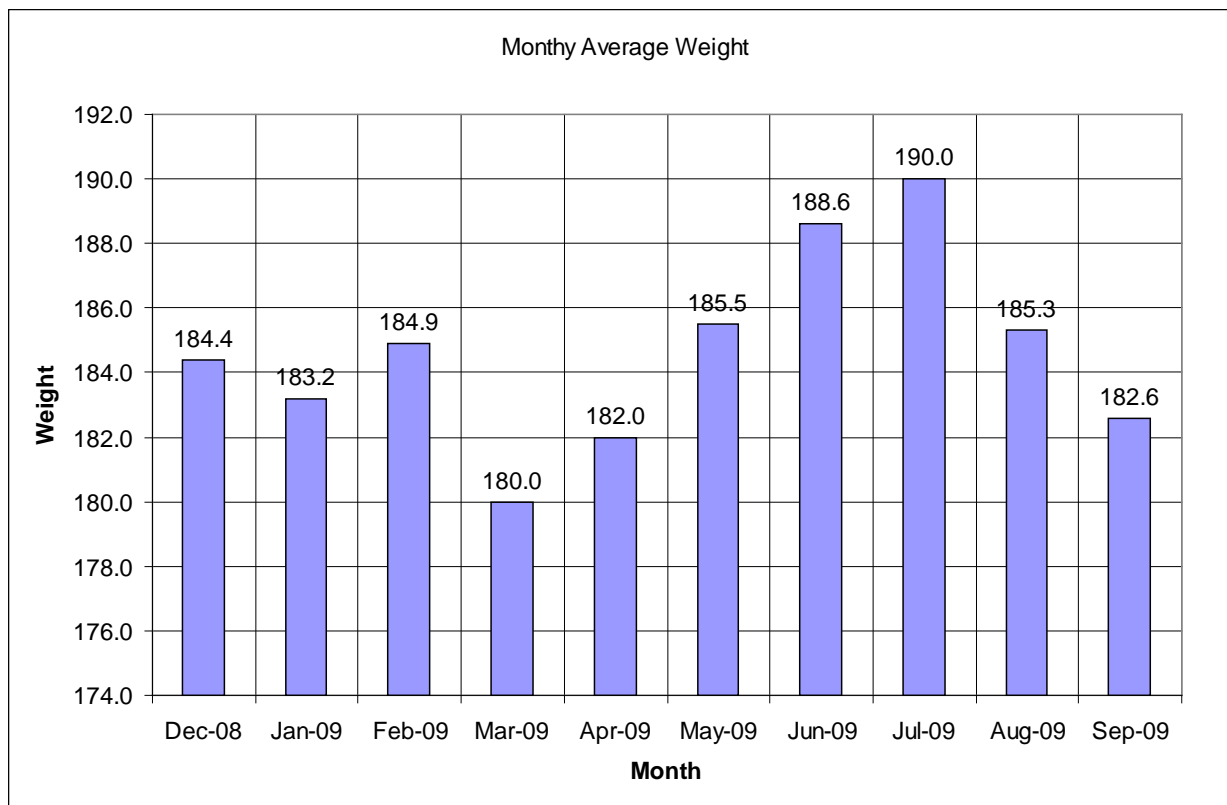
**Update 76 (12 – 18Sep09) - Week 69: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Sep 18, 2009/ *May 29, 2008	Remission	1 Year, 03 Month, 23 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 03 Months, 14 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 02 Months, 22 Days

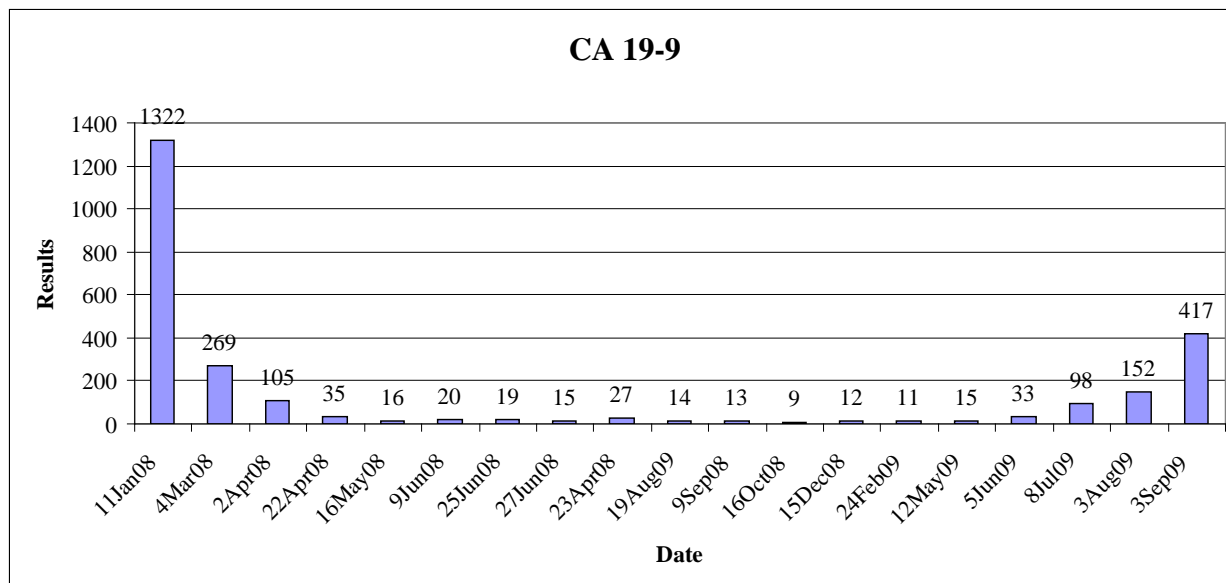
**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Marine Bumper Stickers: "A Dead Enemy Is a Peaceful Enemy -- Blessed Be the Peacemakers"

Food for Thought: Under everyone's hard shell is someone who wants to be appreciated and loved.



Range for the CEA is below 3.0



Range for the CA 19-9 is <37.

Personal Note: Even though my tumor markers are on the rise, I do not feel they are cancer related and I have no concerns since my last PET scan and MRI were negative for cancer. I will continue to have a positive attitude, with full realization that if I have cancer, cancer does not have me, I refuse to allow myself to worry or have fear of cancer or death, and will continue to live one day at a time to its fullest.

September 13 – 14 2009 woke up with a sore throat and coughing and pretty much not feeling well all day, although I did not have a temperature. Went to bed at 8:30 P.M. and woke up at 7:00 A.M. feeling well. My sore throat and coughing are gone.

September 15, 2009: Woke up with a hoarse voice, no fever or chills.

September 15, 2009: Received phone call from Jessica Dr Barth's physician assistant regarding my tumor marker and the peritoneal lavage that Dr Barth had discussed with me. I informed her that I was scheduled for a colonoscopy on the 22<sup>nd</sup> of September and would entertain that procedure after the colonoscopy and she would relate the information to Dr Barth.

September 16, 2009: Hoarse voice almost gone.

September 16, 2009: Appointment with Dr Shilpa Gaikwad (Hoarse Voice and congested).

Vitals			
Date:	03Sep09	16Sep09	Rating
Weight (- 5 lbs for clothes)	187.0	186.6	(181.6 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	130/80	119/78	Optimal
Pulse	60	52	Normal (60 – 100)
Temperature	97.6	97.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

I discussed tumor markers, PET scan and MRI. Request that she includes tumor markers in my upcoming blood test and new prescription for cough medicine. She basically stated that I needed to have a colonoscopy before the peritoneal lavage and she would contact radiology at Newport about the MRI because she wanted a detail description of what was found in the colon area. She also stated that in her medical opinion that the cancer was recurring. Gave me a prescription for a Z pack and cough medicine. I gave her my opinion that in my mind, soul and body I did not have cancer and there is some other reason for the elevation of my tumor markers.

#### **Update 77 (19 – 25Sep09) - Week 70: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Sep 25, 2009/ *May 29, 2008	Remission	1 Year, 04 Month, 00 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 03 Months, 21 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 02 Months, 29 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Appointments: Colonoscopy Dr Rose Condi Tuesday, September 22, 2009 at 8:00 A.M.

<b>Vitals</b>			
<b>Date:</b>	<b>16Sep09</b>	<b>22Sep09</b>	<b>Rating</b>
Weight (- 5 lbs for clothes)	186.6	179.6*	(174.6 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	119/78	122/78	Normal
Pulse	52	53	Normal (60 – 100)
Temperature	97.6	97.9	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

\*36 hours of fasting prior to a colonoscopy.

Glucose was 127 vs. 120 on 22Jul09.

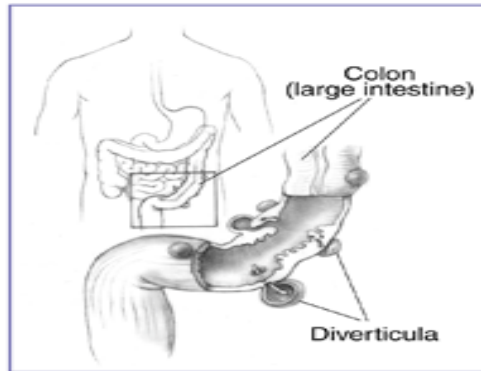
Findings: On retroflexed view, hemorrhoids were found. No evidence of carcinoma, polyps, or inflammatory bowel disease in the colon. There was evidence of moderately severe Diverticulosis in the colon. Multiple biopsies were taken from the right and left colon.

Recommendations: Follow-up on the results of the biopsy specimens in 1 week and commence a high fiber diet.

September 23, 2009: Dr Codini call to report that the biopsy specimens were normal and I would not need another colonoscopy for 5 years.

Personal Notes: What are Diverticulosis (diver tic u losis) and Diverticulitis?

Many people have small pouches in the lining of the colon, or large intestine that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis. About half of all people older than 60 Years of age have diverticulosis.



Many people have small pouches in their colon that bulge outward through weak spots. Each pouch is called a diverticulum. Multiple pouches are called diverticula. The condition of having diverticula is called diverticulosis.

Diverticula are most common in the lower portion of the large intestine, called the sigmoid colon. When the pouches become inflamed, the condition is called diverticulitis. Ten to 25 percent of people with diverticulosis get diverticulitis. Diverticulosis and diverticulitis together are called diverticular disease.

We report herein a rare case of diverticulitis causing a high serum level of CA 19-9. A 52-year-old man was admitted to our hospital with lower abdominal pain. Laboratory data showed evidence of inflammation and a high serum level of CA 19-9 (370 U/ml). Computed tomography demonstrated thickening of the wall of the sigmoid colon. He was diagnosed as having diverticulitis of the sigmoid colon and was treated with antibiotics. Although his symptoms improved, the presence of a malignancy such as colorectal cancer could not be completely ruled out because of the persistently high serum level of CA19-9. A laparotomy was performed and the sigmoid colon was found to be adherent to the bladder. Under a diagnosis of diverticulitis, a sigmoidectomy was performed. Pathological examination revealed diverticulitis of the sigmoid colon, but there was no evidence of malignancy in the resected specimen. The serum CA19-9 level decreased to normal postoperatively and immunohistochemical staining revealed CA19-9 antigen in the cytoplasm of the diverticular epithelium. Therefore, a possible explanation for the high level of this tumor marker was diverticulitis of the sigmoid colon.

Marine Bumper Stickers: "Guns Don't Kill People -- Marines Kill People"

Food for Thought: To ignore the facts does not change the facts.

Personal Notes:

CA 19-9 began elevating on June 5, 2009

Scans concerning the rectosigmoid area:



10Mar08: There is a small prehepatic (hepatic carries bile from the liver to the stomach) lymph node which is 6 mm in size and has normal metabolism. Non-specific diffuse metabolism is seen throughout the large bowel, especially the splenic flexure and descending colon which is non-specific.

02May08: The small prehepatic lymph node is unchanged and remains eumetabolic.

25Sep08: There is moderate diffuse increased uptake throughout the large bowel which becomes most intense at the rectosigmoid junction with an SUV up to 9.9. The distribution is more suggestive of spastic or irritable bowel. There are no focal abnormalities

15Dec08: Diverticulosis of the colon is evident

24Feb09: There is diffuse increased metabolism throughout the large bowel which is non-specific. The distal sigmoid and rectosigmoid junction remains focally hypermetabolic with an SUV value today of 8.7 compared to the prior 9.9. This is non-specific, especially in the presence of diffuse large bowel activity; however, a localized lesion cannot be excluded.

13Jul09: Moderate increased uptake throughout the large bowel persists with SUVs up to 7.0 and 8.0 in the rectosigmoid region. This too is unchanged.

Personal Note:

Diverticulitis is a condition in which diverticuli in the colon rupture. The rupture results in infection in the tissues that surround the colon.

The colon (large intestine) is a long tube-like structure that stores and then eliminates waste material. Pressure within the colon causes bulging pockets of tissue (sacs) that push out from the colonic walls as a person ages. A small bulging sac pushing outward from the colon wall is called a diverticulum. More than one bulging sac is referred to as diverticula. Diverticula can occur throughout the colon but are most common near the end of the left colon called the sigmoid colon. The condition of having these diverticula in the colon is called diverticulosis.

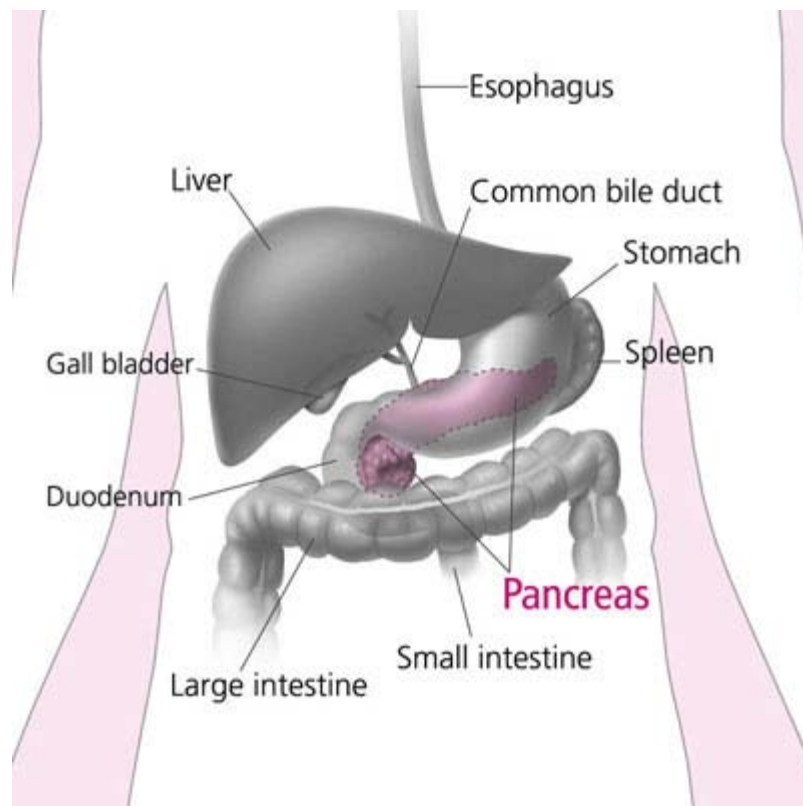
**Update 78 (26 – 02Oct09) - Week 71: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Oct 02, 2009/ *May 29, 2008	Remission	1 Year, 04 Month, 07 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 03 Months, 28 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 03 Months, 06 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

September 30, 2009: Spoke with Jessica (Physician's Assistance) for Dr Barth about setting up a PET scan, peritoneal lavage and an appointment with Dr Barth.

Cancer of the pancreas has been called "the challenge of the twenty-first century."



Blood Test Results October 1, 2009:

  = Within Range

Red = Low; Green = High

<b>HEMATOLOGY RESULTS (CBC)</b>			
<b>TEST – 09</b>	<b>03Sep</b>	<b>01Oct</b>	<b>RANGE</b>
White Blood Cell (WBC)	4.7	5.4	3.6 – 11
Red Blood Cell (RBC)	4.04	4.13	4.01 - 5.57
Hemoglobin (HGB)	12.2	12.7	11 – 17
Hematocrit (HCT)	35.5%	37.8%	35 – 55
Corpuscular Volume (MCV)	88.0	91.5	80 – 100
Corpuscular Hemoglobin (MCH)	30.1	30.6	26 – 34
Corpuscular Hemoglobin Concentration (MCHC)	34.2	33.5	31 – 35
Red Blood Cell Distribution Width (RDW)	12.5%	14.4%	10 – 20
Platelet Count (PLT)	222	255	150 – 455
Platelet Volume (MPV)	7.3	8.9	6 – 10
Lymphocyte (%LYM)	26%	21.6%	25 – 50
Lymphocyte (#LYM)	1.1		1 – 5
Mean Order Number (%MON)	4%	6.7%	2 – 10
Mean Order Number (#MON)	0.1		0.1 – 1
Granulocyte (%GRA)	69.9%		35 – 81
Granulocyte (#GRA)	3.2		1.5 - 8.5

Tumor Markers						
TEST – 08/09	06Feb08	10Mar08	03Aug09	03Sep09	01Oct09	RANGE
CEA	6.85*	6.0	5.0	6.6	4.90*	0.0 – 5.0
CA 19-9	1,322**	269	152	417	364**	<35

\* CIBA-Corning Chemiluminescent CEA Method \*\* Siemens ADVIA CENTAUR CA 19-9 assay

BILIRUBIN RESULTS			
TEST	03Sep09	01Oct09	RANGE
Total	0.3	0.4	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

CHEMISTRY RESULTS – DR GAIKWAD – 01OCT09			
TEST 09	11Jan08/13Feb/22Jul09	01Oct09	RANGE
GLUCOSE	111 / 114 / 120	113	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	16 / 13 / 18	20	7.0 – 21.0
CREATININE	0.9 / 1.0 / 1.1	1.1	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	142 / 146 / 146	143	135 – 145: (1.0)
POTASSIUM	4.1 / 4.7 / 4.9	4.5	3.4 – 5.1
CHLORIDE	108 / 109 / 109	108	98 – 107: (2.0)
CO2	27 / 30 / 28	25	22 – 30
CALCIUM	9.8 / 10.0	9.9	8.8 - 10.6
BILIRUBIN TOTAL	0.5	0.4	0.2 – 1.2
ALK PHOS	106* / 119	132	25 – 100
AST (SGOT)	105* / 33	39	14 – 36
ALT (SGPT)	208* / 38	53	9 – 52
TOTAL PROTEIN	8.2	7.6	6.3 – 8.3
ALBUMIN	4.8	4.6	3.5 – 5.0
GLOBULIN	3.4	3.0	2.8 – 3.3
HEMOGLOBIN A1C		5.6%	4.0 – 10.9
A/G RATIO	1.4	1.5	> 1.0
T3 TOTAL	99	80	60 – 180
T4	6.3	6.0	4.5 – 10.9
TSH 3 <sup>RD</sup> GEN	10.306	12.552	0.300 – 4.000
Amylase		30	20 – 110

\* Diagnose with Pancreatic Cancer

Marine Bumper Stickers: "If You Can Read, Thank A Teacher. If You Can Read It In English, Thank A Marine"

Food for Thought: When you plan to get even with someone, you are only letting that person continue to hurt you.

### **Update 79 (03 – 09Oct09) - Week 72: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Oct 09, 2009/ *May 29, 2008	Remission	1 Year, 04 Month, 14 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 04 Months, 05 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 03 Months, 13 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

October 4, 2009: Played 18 holes of golf in the cold and did not feel exceptionally well. When I returned home I had a high temperature of 99.8 degrees and I my body and bones ached all over. I started feeling better about 8:00 P.M. and this morning I feel great and my temperature was 98.0 degrees.

October 5, 2009: Appointment on Monday 10:15 A.M. with Dr Shilpa Gaikwad for correction of thyroid medication due to blood test results of October 1, 2009:

<b>Vitals</b>			
<b>Date:</b>	<b>22Sep09</b>	<b>05Oct09</b>	<b>Rating</b>
Weight (- 4 lbs for clothes)	179.6*	186.5	(182.5 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	122/78	117/73	Optimal
Pulse	53	59	Normal (60 – 100)
Temperature	97.9	97.1	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

\*36 hours of fasting prior to a colonoscopy.

Asked for her medical opinion of my tumor markers going down and she stated the CEA has been going up and down but very positive about it been normal. Her main concern was the CA 19-9 and was very pleased that this was down. If I have cancer it would stay the same or go up and not down.

Because of the tumor markers going down, she recommended that I not have the peritoneal lavage and make a decision on this procedure after my next blood test in a month. No reason to conduct a procedure that might spread the cancer if I have any.

She gave me a form to get a blood test on or about November 1, 2009 for a Cholesterol, CBC, CMP, and CEA, CA 19-9.

Her main concern is thyroids because of the rise of the TSH and the liver because of the rise of ALK PHOS, AST (SGOT) AND ALT (SGPT) which could be caused by the Metformin 500 mg and because she is not sure, she is recommending me to see an Endocrinologist.

THYROID MARKERS			
TEST	22Jul09	1Oct09	RANGE
T4	6.3	6.0	4.5 – 10.9
TSH 3 <sup>rd</sup> GEN	10.306	12.552	0.300 – 4.000

LIVER MARKERS				
TEST	11Jan08*	22Jul09	1Oct09	RANGE
ALK PHOS	106	119	132	25 – 100
AST (SGOT)	105	33	39	14 – 36
ALT (SGPT)	208	38	53	9 – 52

\* Diagnose with Pancreatic Cancer

She is increasing the Levothyroxine by 25 mcg for a total of 225 mcg.

#### Personal Note: **What is an endocrinologist?**

An endocrinologist is a specially trained doctor. Endocrinologists diagnose diseases that affect your glands. They know how to treat conditions that are often complex and involve many systems within your body. Your primary care doctor refers you to an endocrinologist when you have a problem with your endocrine system.

#### **What do endocrinologists do?**

Endocrinologists are trained to diagnose and treat hormone imbalances and problems by helping to restore the normal balance of hormones in your system. They take care of many conditions including:

- Diabetes
- Thyroid diseases
- Metabolic disorders
- Over or under production of hormones
- Menopause
- Osteoporosis
- Hypertension
- Cholesterol (lipid) disorders
- Infertility
- Lack of growth (short stature)
- Cancers of the endocrine glands

Endocrinologists also conduct basic research to learn the way glands work, and clinical research to learn the best methods to treat patients with a hormone imbalance. Through research, endocrinologists develop new drugs and treatments for hormone problems.

#### **Appointments:**

Dr Michael A. Arata: Procedures on a peritoneal lavage with isotopes on Tuesday October 6, 2009 at 12:00 P.M. at the Birch Location.

Procedure: Small tube with a sleeve is inserted on the side of the belly into the peritoneal cavity (like an IV into the belly). Then isotopes are injected which is a radioactive fluid (like contrast in a CT scan). A camera takes a picture to ensure the isotopes are distributed throughout the peritoneal cavity. The fluid is then aspirated and sent to the lab for a biopsy. Entire procedure takes about 2 hours. The procedure has a very minimal impact.

Dr Brian E. Chavez, (South County Kidney and Endocrine Center) endocrinologist; on Thursday October 8, 2009 at 10:30 A.M. at 655 Camino De Los Mares, Suite 122; San Clemente, CA 92673 949/916-9100 Fax 949/916-0091.

Vitals			
Date:	05Oct09	08Oct09	Rating
Weight (- 4 lbs for clothes)	186.5	186.0	(182.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	117/73	126/82	Normal
Pulse	59	56	Normal (60 – 100)
Temperature	97.1	98.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

A1C an important test for diabetes, mine is 5.6 % range is (4.0 -6.0%).

### **In addition to testing your blood sugar regularly, you should know your A1C.**

A1C is a blood test done in a doctor's office or in a laboratory. An A1C shows your average blood sugar level over the past 2 to 3 months—and, by extension, how well your blood sugar is being controlled over time. Generally, doctors recommend that you get an A1C test up to 4 times a year.

It's important to know your A1C because it tells how balanced your blood sugar level is staying over time. Balanced blood sugar means that your blood sugar level is neither too high nor too low. It stays within a healthy range.

If your A1C is higher than it should be, don't lose hope. You can take steps to help bring it down. Every step you take now can help you lower your risk of future health problems caused by diabetes.

### **What should your target A1C be?**

You and your doctor will decide what your target A1C should be. For most people with diabetes, the American Diabetes Association recommends an A1C of less than 7%. Another group of experts, the American Association of Clinical Endocrinologists, recommends an even lower A1C of 6.5% or less.

My next blood lab will include a C-peptide test which checks for insulin level.

The Levothyroxine was increased to 250 mcg (1 daily in the morning at least two hours prior to supplements).

Received a blood glucose monitoring system and I need to check my glucose level twice a week (Friday and Tuesday in the morning before eating), record the results and give results to the doctor in my next appointment.

I received two appointments in December 2009 for blood work and follow up.

Dr Chavez stated that the Metformin causes me to lose weight.

Marine Bumper Stickers: "Except For Ending Slavery, Fascism, Nazism, and Communism, WAR has Never Solved Anything"

Food for Thought: Love, not time, heals all wounds.

## THE FINAL INSPECTION

The Marine stood and faced God, Which must always come to pass. He hoped his shoes were shining, just as brightly as his brass.

"Step forward now, Marine, How shall I deal with you? Have you always turned the other cheek? To My Church have you been true?"

The Marine squared his shoulders and said, "No, Lord, I guess I haven't because those of us who carry guns, Can't always be a saint.

I've had to work most Sundays, and at times my talk was tough. And sometimes I've been violent, because the world is awfully rough.

But, I never took a penny, that wasn't mine to keep. Though I worked a lot of overtime, when the bills got just too steep.

And I never passed a cry for help, though at times I shook with fear. And sometimes, God, forgive me, I've wept unmanly tears.

I know I don't deserve a place, among the people here. They never wanted me around, except to calm their fears.

If you've a place for me here, Lord, it needn't be so grand. I never expected or had too much, but if you don't, I'll understand.

There was a silence all around the throne, where the saints had often trod. The Marine waited quietly, for the judgment of his God.

"Step forward now, you Marine, You've borne your burdens well. Walk peacefully on Heaven's streets; you've done your time in hell."

Aah, the *Golden Years*!

(Really; the only thing golden is the color of your urine from taking all those darned pills!!!)

**SPECIAL POEM FOR OLDER FOLKS:**

A row of bottles on my shelf caused me to analyze myself. One yellow pill I have to pop goes to my heart so it won't stop.

A little white one that I take goes to my hands so they won't shake.

The blue ones that I use a lot tell me I'm happy when I'm not.

The purple pill goes to my brain and tells me that I have no pain.

The capsules tell me not to wheeze or cough or choke or even sneeze.

The red ones and the smallest of them all go to my blood so I won't fall.

The orange ones, very big and bright prevent my leg cramps in the night.

There are such arrays of brilliant pills helping to cure all kinds of ills.

But what I'd really like to know is what tells each one where to go!

**Update 80 (10 – 16Oct09) - Week 73: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Oct 16, 2009/ *May 29, 2008	Remission	1 Year, 04 Month, 21 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 04 Months, 12 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 03 Months, 20 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Marine Bumper Stickers: U. S. Marines - Certified Counselors to the 72 Virgins Dating Club.

Food for Thought: The easiest way to grow as a person is to surround myself with people smarter than I am.

Laugh a little every day (The Golden Years): There's always a lot to be thankful for if you take time to look for it. For example I am sitting here right now thinking how nice it is that wrinkles don't hurt.

**Update 81 (17 – 23Oct09) - Week 74: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Oct 23, 2009/ *May 29, 2008	Remission	1 Year, 04 Month, 28 Days



Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 04 Months, 19 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 03 Months, 27 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Personal Note: Appointment with optometrist on October 19, 2009 because of floaters that began on the evening of October 17, 2009 during the night. I am falling apart like a cheap suit, the wheel are coming off, etc. (see below):

Floater are those tiny spots, specks, flecks and "cobwebs" that drift aimlessly around in your field of vision. While annoying, ordinary eye floaters and spots are very common and usually aren't cause for alarm.

Floater and spots typically appear when tiny pieces of the eye's gel-like vitreous break loose within the inner back portion of the eye.

When we are born and throughout our youth, the vitreous has a gel-like consistency. But as we age, the vitreous begins to dissolve and liquefy to create a watery center.

Some un-dissolved gel particles occasionally will float around in the more liquid center of the vitreous. These particles can take on many shapes and sizes to become what we refer to as "floaters."

You'll notice that these types of spots and floaters are particularly pronounced when you peer at a bright, clear sky or a white computer screen. But you can't actually see tiny bits of debris floating loose within your eye. Instead, shadows from these floaters are cast on the retina as light passes through the eye, and those shadows are what you see.

You'll also notice that these specks never seem to stay still when you try to focus on them. Floaters and spots move when your eye moves, creating the impression that they are "drifting."

#### Treatment for Spots and Floaters

Most spots and floaters in the eye are harmless and merely annoying. Many will fade over time and become less bothersome.

Sometimes people are interested in surgery to remove floaters, but doctors are willing to perform such surgery only in rare instances when vision seriously is hampered.

At this time, the only way to "clear" the vitreous and its specks and webs would be to remove the gel-like substance entirely from the eye through a vitrectomy procedure. Usually, the vitreous then is replaced with a saline liquid.

Remember that the sudden appearance of a significant number of floaters, especially if they are accompanied by flashes of light or other vision disturbances, could indicate a detached retina or other serious problem in the eye. A retinal detachment or tear is an emergency, requiring immediate attention.

If you suddenly see new floaters, visit your eye doctor without delay.

Meeting with Dr Richard Haskell Wednesday, October 21, 2009 at 11:00 AM: (Final follow-up on Coronary Triple Bypass Surgery performed March 6, 2009).

Blood Pressure: 110/80 Normal

Asked me how I felled and I replied that I felt great and he stated is that what is most importance is how I looked and stated I looked great.

Make an appointment for an annual stress test in March 2010.

Marine Bumper Stickers: Water-boarding is out so kill them all!

Food for Thought: Everyone you meet deserves to be greeted with a smile.

Laugh a little every day (The Golden Years): I knew the romance was dead when I drank champagne out of the old girls slipper and choked on a Dr. Scholl's foot pad.

Personal Note: Why keep aspirin by your bedside?

About Heart Attacks

there are other symptoms of a heart attack besides the pain on the left arm. One must also be aware of an intense pain on the chin, as well as nausea and lots of sweating, however these symptoms may also occur less frequently.

Note: There may be NO pain in the chest during a heart attack. The majority of people (about 60%) who had a heart attack during their sleep did not wake up. However, if it occurs, the chest pain may wake you up from your deep sleep.

If that happens, immediately dissolve two aspirins in your mouth and swallow them with a bit of water.

Afterwards:

- phone a neighbor or a family member who lives very close by
- say "heart attack!"
- say that you have taken 2 aspirins.
- take a seat on a chair or sofa near the front door, and wait for their arrival and do NOT lie down.

October 21-22 2009: Felt a slight fever in the evening of the 22<sup>nd</sup> and woke up at 3 P.M. with a fever and I was cold. The fever reached a high of 102.4 but must be taken into consideration that I had put on sweats both top and bottom and three blankets on me. I must have slept on my hip in an awkward position because when I attempted to get up I had pain in my hip. Once up and in attempting to walk there was pain, went back to bed and I slept on my back and when I got up

the hip pain was gone. I did not feel well the remainder of the day but my fever never reached higher than 99.8 degrees.

October 22, 2009: Went in to Dr Gaikwad office and saw Dr Patel Nirav and he took a sample of my nose to check to see if I had the flu which I did not and stated that I have neither a viral or bacteria infection. He felt the problem with my hip was sleeping on it awkwardly and it must be related rather than the hip itself. I will commence a weight lifting program to condition the muscle that aches when I lift my right leg.

Vitals			
Date:	08Oct09	22Oct09	Rating
Weight (- 4 lbs for clothes)	186.0	185.6	(183.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	126/82	117/68	Normal
Pulse	56	76	Normal (60 – 100)
Temperature	98.6	98.9	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

#### **Update 82 (24 – 30Oct09) - Week 75: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	Oct 30, 2009/ *May 29, 2008	Remission	1 Year, 05 Month, 05 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 04 Months, 26 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 04 Months, 04 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Marine Bumper Stickers: Interrogators can't water-board dead guys.

Food for Thought: No one is perfect until you fall in love with them.

Laugh a little every day (The Golden Years): I knew I was going bald when it was taking longer and longer to wash my face.

#### **Update 82 (31Oct – 06Nov09) - Week 76: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	Nov 06, 2009/ *May 29, 2008	Remission	1 Year, 05 Month, 12 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 05 Months, 03 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 04 Months, 11 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Blood Test at San Clemente Hospital Lab Monday November 2, 2009 (fasting required).

= Within Range – Red= High; Green = Low

<b>HEMATOLOGY RESULTS (CBC)</b>			
<b>TEST – 09</b>	<b>01Oct</b>	<b>02Nov</b>	<b>RANGE</b>
White Blood Cell (WBC)	5.4	5.0	3.6 – 11
Red Blood Cell (RBC)	4.13	4.10	4.01 - 5.57
Hemoglobin (HGB)	12.7	12.6	13.3 – 17.1
Hematocrit (HCT)	37.8%	38.0%	37.6 – 49.9
Corpuscular Volume (MCV)	91.5	92.7	80 – 100
Corpuscular Hemoglobin (MCH)	30.6	30.7	25.4 – 34.6
Corpuscular Hemoglobin Concentration (MCHC)	33.5	33.2	32.0 – 36.0
Red Blood Cell Distribution Width (RDW)	14.4%	14.5%	11.5 – 14.5
Platelet Count (PLT)	255	303	150 – 400
Platelet Volume (MPV)	8.9	8.9	7.4 – 10.4
BASO ABS		0.0	0.0 – 0.1
EOS ABS		0.1	0.0 – 0.7
LYMPH ABS		1.1	0.8 – 3.1
MONO ABS		0.3	0.1 – 0.9
SEG ABS		3.4	1.4 – 6.5
SEG %		68.2 %	42.2 – 75.2
Lymphocyte (%LYM)	21.6%	22.7%	17.8 – 44.5
MONO %		6.9 %	2.6 – 11.4
EOS %		1.7 %	0.0 – 8.0
BASOPHIL %		0.5	0.0 – 3.0

<b>Tumor Markers</b>						
<b>TEST – 08/09</b>	<b>06Feb08</b>	<b>03Aug09</b>	<b>03Sep09</b>	<b>01Oct09</b>	<b>02Nov09</b>	<b>RANGE</b>
CEA	6.85*	5.0	6.6	4.90*	7.60*	0.0 – 5.0
CA 19-9	1,322**	152	417	364**	568**	<35

\* CIBA-Corning Chemiluminescent CEA Method \*\* Siemens ADVIA CENTAUR CA 19-9 assay

<b>BILIRUBIN RESULTS</b>			
<b>TEST</b>	<b>01Oct09</b>	<b>02Nov09</b>	<b>RANGE</b>
Total	0.4	0.4	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

<b>Cholesterol Test</b>	<b>2Dec08 / 21Jul09</b>	<b>2Nov09</b>	<b>Reference Range</b>
Cholesterol - (A lipid, a fat found in the body)	115 / 97	95	Range: < 200
			Desirable: < 200 mg/dl
			Borderline High: 200 - 239 mg/dl
			High: > 240
Triglycerides* - (Body fat found in the blood level)	93 / 71	73	Range: < 150
			Borderline High: 150 - 199 mg/dl
			High: 200 - 499 mg/dl

			Very High: > 500
HDL (High-density Lipoprotein) Cholesterol - (Good Cholesterol)	36 / 34	32	Range: > 60 mg/dl
			High (Desirable): > 60 mg/dl
			Acceptable: 40 - 60 mg/dl
			Low (Undesirable): < 40 mg/dl
LDL (Low-density Lipoprotein) Cholesterol - (Bad Cholesterol)	60 / 49	48	Range: < 100 mg/dl
			Optimal: < 150 mg/dl
			Near Optimal: 100 – 129 mg/dl
			Borderline High: 130 -159 mg/dl
			High: 160 - 189 mg/dl
			Very High Risk: > = 190 mg/dl
CHOL/HDL Ratio	3.2 / 2.9	3.0	Range: 2.2 - 5.0
VLDL CHOLEST	19 / 14	15	Range: < 30 mg/dl

CHEMISTRY RESULTS – DR GAIKWAD – 02NOV09			
TEST 09	13Feb/22Jul09/1Oct09	02Nov09	RANGE
GLUCOSE	114 /120 / 113	119	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20	15	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1	1.2	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 /143	139	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5	4.4	3.4 – 5.1
CHLORIDE	109 /109 / 108	110	98 – 107: (2.0)
CO2	30 / 28 / 25	24	22 – 30
CALCIUM	9.8 / 10.0 / 9.9	9.7	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4	0.4	0.2 – 1.2
ALK PHOS	106* / 119 / 132	115	25 – 100
AST (SGOT)	105* / 33 / 39	30	14 – 36
ALT (SGPT)	208* / 38 / 53	36	9 – 52
TOTAL PROTEIN	8.2 / 7.6	7.9	6.3 – 8.3
ALBUMIN	4.8 / 4.6	4.7	3.5 – 5.0
GLOBULIN	3.4 / 3.0	3.2	2.8 – 3.3
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5	1.5	> 1.0
T3 TOTAL	99 / 80	109	60 – 180
T4	6.3 / 6.0	8.4	4.5 – 10.9
T3 UPTAKE		33.5	22.50 – 37.00
TSH 3 <sup>RD</sup> GEN	10.306 /12.552	2.302	0.300 – 4.000

AMYLASE	30	0	20 – 110
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Tumor Markers Blood Test at Birch Office 9:00 A.M. Friday November 6, 2009.

	= Within Range – Red= High; Green = Low
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HEMATOLOGY RESULTS (CBC)			
TEST – 09	02Nov	06Nov	RANGE
White Blood Cell (WBC)	5.0	5.3	4.0 – 11.0
Red Blood Cell (RBC)	4.10	4.11	4.20 - 5.80
Hemoglobin (HGB)	12.6	12.4	14.0 – 18.0
Hematocrit (HCT)	38.0%	37.2%	40.0 – 52.0
Corpuscular Volume (MCV)	92.7	90.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.7	30.1	27.0 – 35.0
Corpuscular Hemoglobin Concentration (MCHC)	33.2	33.3	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	14.5%	12.1%	11.5 – 14.5
Platelet Count (PLT)	303	287	150 – 450
Platelet Volume (MPV)	8.9	8.9	7.4 – 10.4
BASO ABS	0.0	2.0	0.0 – 0.7.0
EOS ABS	0.1		0.0 – 0.7
LYMPH ABS	1.1		0.8 – 3.1
MONO ABS	0.3	9.2	0.0 – 10.0
SEG ABS	3.4		1.4 – 6.5
SEG %	68.2 %	63.5 %	50.0 – 75.0
Lymphocyte (%LYM)	22.7%	24.9%	20.0 – 44.0
MONO %	6.9 %	6.9 %	2.6 – 11.4
EOS %	1.7 %	1.7 %	0.0 – 8.0
BASOPHIL %	0.5	0.4	0.0 – 2.0

Tumor Markers						
TEST – 08/09	06Feb08	03Aug09	01Oct09	02Nov09	06Nov09	RANGE
CEA	6.85*	5.0	4.90*	7.60*	7.70*	0.0 – 3.0
CA 19-9	1,322**	152	364**	568**	609*	<33

\* CIBA-Corning Chemiluminescent CEA Method \*\* Siemens ADVIA CENTAUR CA 19-9 assay

Marine Bumper Stickers: Naval Corollary: Dead Men Don't Testify

Food for Thought: Opportunities are never lost; someone will take the ones you miss.

Laugh a little every day (The Golden Years): Sign of old age when one day you look in the mirror and realize the face you are shaving is yours father's.

Perks of reaching 50: Kidnappers are not very interested in you.

**Update 83 (07Nov – 13Nov09) - Week 77: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Nov 13, 2009/ *May 29, 2008	Remission	1 Year, 05 Month, 17 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 05 Months, 10 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 04 Months, 18 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

November 9, 2009: After a two and ½ hour work out, I went to play golf and I had a headache and my body ached all over. I quit after two holes and went home and spent the rest of the day resting. I had a high temperature but not a fever and ached all over.

November 10, 2009: Woke up and felt great, play 18 holes of golf and returned home. At 3 AM I awoke with feeling very cold, high temperature and my right leg ached (I feel it is the sciatica) by 7 AM the leg felt fine but I stay at home all day with a cough, high temperature, body ached and a headache.

November 11, 2009: Awoke feeling fine.

PET scan Friday, November 13, 2009 at 11:45 at Birch: 24 hours prior, no workout or strenuous work. I can have protein dinner on Thursday night. No carbs, sweets, no diet soda; nothing to eat or drink 12 hours prior. If my blood glucose is 150 (blood glucose was 116 that morning and 106 at the time of the scan), take one Metformin 3 hours prior to procedure (8:45, if needed). The PET scan is for diagnosis of: 157.0 Malignant Neoplasm (tumor) of Pancreas Head, 196.2 Malignant Neoplasm (tumor) of Retroperitoneal (secondary), 276.51 Dehydration and 288.03 Neutropenia (hematological disorder characterized by an abnormally low number of neutrophils, the most important type of white blood cell, in the blood) drug induced. Cost 7,200.00,

Conclusion: 13Nov09:

1. PET/CT FUSION STUDY SHOWING NO EVIDENCE OF RESIDUAL DISEASE. THERE HAS BEEN NO SIGNIFICANT CHANGE SINCE THE PREVIOUS STUDY

**Update 84 (14Nov – 20Nov09) - Week 78: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Nov 20, 2009/ *May 29, 2008	Remission	1 Year, 05 Month, 24 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 05 Months, 17 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 04 Months, 25 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

November 16, 2009: Received the following email: "I am unable to call you until the end of my day today due to my schedule. Per Dr. Lyons, there was no hypermetabolic activity on the scan or suggestion of malignancy. I have inquired to further evaluate ascites (fluid in abdomen),

but he did not see this with initial evaluation. The final dictation is not available this morning for me to fax. I will get in contact you before the end of my day. Likely have the dictated report by end of day to fax” from Jessica Kozuki Dr Barth’s Physician Assistance.

November 18, 2009: Played golf the day before and felt like crap, soreness in hip, temperature at one point reached 101.4. I awoke in the morning feeling well but with a worst cough.

November 19, 2009: Went to see Dr Gaikwad regarding my cough because of my up coming peritoneal lavage. She prescribed a Z Pack and cough medicine with Codine.

Vitals			
Date:	22Oct09	19Nov09	Rating
Weight (- 4 lbs for clothes)	185.6	185.1	(181.1 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	117/68	126/76	Normal
Pulse	76	66	Normal (60 – 100)
Temperature	98.9	98.8	Normal (97.6 – 99.6)
Oxygen		98	94 – 98%

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Food for Thought: I wish I could have told my Mom that I love her one more time before she passed away.

Laugh a little every day (The Golden Years): I love being married. It’s so great to find that one special person you want to annoy for the rest of your life.

Perks of reaching 50: No one expects you to run--anywhere.

**Update 85 (21Nov – 27Nov09) - Week 79: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	Nov 27, 2009/ *May 29, 2008	Remission	1 Year, 06 Month, 01 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 05 Months, 24 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 05 Months, 02 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures.**

Dr Arata: Peritoneal lavage on November 24, 2009 at 9 A.M. at Birch. Procedure was a no go, he inserted the needle in the peritoneal cavity but there was no ascites and the peritoneal cavity would not accept any saline. I believe he attempted the procedure four times based on the needle marks around the insertion point.

My Take: I have felt all along that this procedure was totally unnecessary mainly because an MRI and a PET were performed to see if ascites were present in the peritoneal cavity and both results were negative. I perceive the failed procedures as being extremely positive mainly



because of no ascites and if I did have a tumor or microscopic cancer cells, ascites would be present and saline and isotopes would have been accepted and an biopsy performed.

In my non-medical opinion I am back to square one concerning the cause of elevated tumor markers. One must take into consideration that the CEA measurement is mainly used as a tumor marker to identify recurrences after surgical resection. Elevated CEA levels should return to normal after surgical resection, an elevation of CEA during follow up is an indicator of recurrence of tumor. Not infallible in patients treated with radiation/chemotherapy.

The key phrase in the CEA is not infallible in patients treated with radiation/chemotherapy and I had both. My current CEA is 7.7.

CA 19-9 (carbohydrate antigen 19-9 or sialylated Lewis (a) antigen) is a blood test from the tumor marker category. While it is not useful to diagnose particular forms of cancer, specifically pancreatic cancer, it may be useful to monitor the results of treatment and to determine whether the disease may be recurring. Tumor markers are substances, usually proteins, which are produced by the body in response to cancerous growth or tissues. However, a lot of the markers are also found in non-cancerous conditions so they aren't really a good diagnostic tool for cancer.

Again, the key phrases in the CA 19-9 are that the markers are substances, usually proteins, which are produced by the body in response to cancerous growth or tissues and markers are found in non-cancerous conditions and are not a diagnostic tool for cancer. My current CA 19-9 is 609.4.

Signs and Symptoms that can cause an elevation of the tumor marker CA 19-9

1. A markedly-increased TSH – Range 0.300 – 4.000 before my last blood test on 2Nov09 I was at 10.306
2. Diabetes can be accepted as the last step of chronic pancreatitis with the new developing concepts of pathogenesis and that the elevation of CA 19-9 is due to chronic pancreatitis and not to pancreatic cancer. – Pre-Diabetes range 100 – 125 presently I am at 119.
3. A persistent elevation can also be observed in various benign diseases.
4. A persistent and significant elevation of serum CA 19-9 can be found in non-malignant and non-cholestatic disease
5. Diverticulitis and I have Diverticulosis but of concern is the reading on my last PET scan “Abdomen and pelvis: Prominent metabolism throughout the large bowel is still present. The SUVs are slightly higher at 8 to 10 versus prior 7 to 8. The bowel is otherwise normal in appearance on the CT scan.” Who is to say that my diverticulosis is not in an advanced stage and producing high tumor markers?

There seems to be a correlation between my glucose reading and the tumor markers. I began with a glucose reading of 120 and my markers were elevated, when my glucose dropped to 113 the tumor marker also dropped and on my last blood test my glucose rose to 119 and my tumor markers also elevated. I must also bear in mind that at one point the tumor markers dropped which I perceive as not cancer related.

Lastly, I have an appointment with Dr Barth on the 30<sup>th</sup> of November 2009 but I am convinced that the result of that appointment will bear no fruit.

Food for Thought: One should keep his words both soft and tender, because tomorrow he may have to eat them.

Laugh a little every day (The Golden Years): I've often thought that life is like a roll of toilet tissue. The closer it gets to the end the faster it goes.

Perks of reaching 50: People call at 9 PM and ask did I wake you?

#### **Update 86 (28Nov – 04Dec09) - Week 80: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Dec 04, 2009/ *May 29, 2008	Remission	1 Year, 06 Month, 08 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 06 Months, 01 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 05 Months, 09 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Dr Barth: November 30, 2009 (Monday) recurring cancer discussion at 4:00 PM Birch Office.

<b>Vitals</b>			
<b>Date:</b>	<b>19Nov09</b>	<b>30Nov09</b>	<b>Rating</b>
Weight (- 4 lbs for clothes)	185.1	184.0	(180.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	126/76	106/70	Normal
Pulse	66	64	Normal (60 – 100)
Temperature	98.8	98.8	Normal (97.6 – 99.6)
Oxygen	98	0	94 – 98%

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Prognosis is grave, the specifics are listed below:

1. He asked about my bowel movements, if I have any bloating, weight loss, regurgitation, acid reflux or loss of appetite. My answer was none of the above and the reason for his question is that in inability of Dr Arata being able to penetrate the peritoneal cavity (attempted four times) with a flexible catheter. This was extremely worrisome to him because he felt that this was caused because of scarred tissue or fibroids. He stated that the scar tissue could have being

caused by the Whipple surgery, chemotherapy, radiation or a combination of all but could not be sure but he is convinced that the cancer is recurring in this area. He stated that they perform the peritoneal lavage 5 to 6 times weekly and this is only the second time they have not been able to penetrate the peritoneal cavity. He asked me if I had or do I feel any discomfort or soreness from the procedure and my reply was no.

2. He stated that in his 30 plus years as an oncologist, an elevation of tumor markers always equal/results in cancer. I asked him why the PET scan was not picking up cancer specifically if it was able to pick it up when my tumor marker CA 19-9 was 269 why not at 609. He stated that my primary cancer was 3 dimensional and that my secondary cancer could be 2 dimensional and the PET scan does not pick up 2 dimensional cancers.

3. He stated that the secondary cancer would be stage 4 and would not be curable but possibly manageable with treatment. The stages of cancer are listed below:

#### **Stages of Pancreas Cancer:**

- **Stage I.** Cancer is confined to the pancreas.
- **Stage II.** Cancer has spread beyond the pancreas to nearby tissues and organs and may have spread to the lymph nodes.
- **Stage III.** Cancer has spread beyond the pancreas to the major blood vessels around the pancreas and may have spread to the lymph nodes.
- **Stage IV.** Cancer has spread to distant sites beyond the pancreas, such as the liver, lungs and the lining that surrounds your abdominal organs (peritoneum).

If the cancer is in the peritoneum of main concern is that it could wrap around the bowel and this would not be pleasant and would require a colostomy (the construction of an artificial opening from the colon through the abdominal wall, thus bypassing a diseased portion of the lower intestine and permitting the passage of intestinal contents.)

4. I asked him about other reasons that could cause tumor marker to be elevated and he stated that tumor marker elevation is caused by inflammation and that the PET scan which does pick up inflammation does not show any. Benign conditions and inflammation would not raise the tumor markers to the level that they are at and the only cause is recurrence of cancer. Lastly he stated that I could seek a second opinion and that he would forward all of my records if this was a course I wished to pursue.

5. My options:

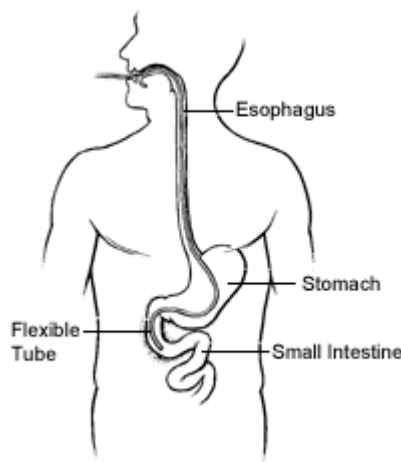
- a. Exploratory surgery – Not an option for me; no more surgeries.
- b. Endoscopic Ultrasound (EUS) (Dr Barth's recommendation)
- c. Doing nothing but monitor until cancer shows up (Dr Barth would rather know what he has to deal with NOW rather than LATER).

He recommended that I see Dr Phuong (Phoenix) Nguyen who performs EUS at Hoag Hospital and her primarily specialists in EUS. (351 Hospital Road Suite 209; Newport Beach, CA 92663 949/764-5760)

EUS is used to examine the lining and the walls of your upper and lower gastrointestinal tract. It is a valuable tool in diagnosing the cause of abdominal conditions or diseases such as:

- abdominal pain
- abnormal weight loss
- abnormalities such as a growth that might have been detected during a prior X-ray or endoscopy
- diseases of the pancreas, bile duct and gallbladder

Dr Barth is recommending an upper endoscopic ultrasound may examine the lining of the esophagus (food tube), stomach or duodenum (first portion of the small intestine), the pancreas, or other structures through a flexible tube with an ultrasound device on its tip. This allows a specially trained physician to view the area and identify any abnormalities. A biopsy will also be performed under ultrasound guidance.



A EUS is performed: Upon arrival at the endoscopy center, the nurse or the doctor will discuss the procedure and answer any questions. You will then be asked to sign a consent form indicating you were informed about the procedure, its alternatives, and its risks. You will undress and put on a hospital gown. An IV will be placed in a vein and kept open with a slow drip of IV fluid. This IV will be used to administer the sedatives or other required medication. Anesthesia is rarely used. You will then be taken into the procedure room and, after the administration of the sedation; the EUS will be carried out. Small electrode patches will be placed on your skin for the monitoring of your blood pressure, pulse, and blood oxygen.

Once sleepy, the special endoscope will be inserted and the procedure started. Because of the sedation, you will only feel minimal discomfort, if any, during the entire procedure. The physician will observe the inside of your intestinal tract on a TV monitor and the ultrasound image on another monitor. The entire procedure generally takes 30 to 90 minutes depending on the complexity and whether fine needle aspiration (FNA) is performed.

After the procedure you will be sleepy for up to one hour and be unable to drink or walk. Once you are fully awake, the doctor will discuss with you and, if desired the person with you, the findings of the procedure. Barring any rare complications, when you are fully awake, your companion will be able to take you home where you should rest for the remainder of the day. Light meals and fluids are allowed. The bloating which you may feel from the insufflated air will only be temporary. Should your throat be mildly sore, for a day or two, salt-water gargles will provide relieve. You should call your doctor if concerned about your progress or having severe pain, vomiting, passage or vomiting of blood, chills or fever. If EUS was particularly difficult or complicated you may be kept in the hospital overnight. The endoscopist will discuss this with you, when you wake up.

Lastly he stated that it appeared that he was more concerned about the situations than I was and my answer was both you and Jean are more concerned than I am.

**MY TAKE:** My mind, heart, body and soul refuse to believe I have cancer; my outlook is positive, bright and cheerful and I am not out of bullets yet and will keep my positive attitude with the help of Sgt Rock and our motto is “when in doubt empty the magazine”. Cancer can run but it cannot hide and when I kill it, it will just die tired.

Food for Thought: A smile is an inexpensive way to improve your looks.

Laugh a little every day (The Golden Years): People no longer view you as a hypochondriac.

Perks of reaching 50: There is nothing left to learn the hard way.

#### **Update 87 (05 – 11Dec09) - Week 81: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Dec 11, 2009/ *May 29, 2008	Remission	1 Year, 06 Month, 15 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 06 Months, 08 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 05 Months, 16 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Endoscope Ultra-Sound (EUS) is an outpatient imaging procedure that is performed while the patient is sedated. Physicians specialized in EUS use this technology to more accurately diagnose, state and treat GI, pancreatic, and pulmonary diseases.

This advanced imaging technology combines both endoscopy, a procedure that uses a flexible instrument called an endoscope to examine the inside of the body, and ultrasound, a radiology technique that uses high-frequency sound waves to produce images of the organs and structures of the body. Because of the proximity to the organ(s) of interest, the EUS images obtained are frequently more accurate and more detailed than those obtained by traditional imaging techniques such as ultrasound or CT. At the same time, EUS can utilize fine needle aspiration (FNA) to obtain tissue or cells to assist in diagnosis.

Tumor Markers						
TEST – 08/09	06Feb08	03Aug09	01Oct09	06Nov09	07Nov09	RANGE
CEA	6.85*	5.0	4.90*	7.70*	8.9*	0.0 – 3.0
CA 19-9	1,322**	152	364**	609*	940*	<33

BILIRUBIN RESULTS			
TEST	02Nov09	07Dec09	RANGE
Total	0.4	0.4	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

CHEMISTRY RESULTS – DR BARTH – 07DECV09			
TEST 09	13Feb/22Jul/1Oct/2Nov	07Dec	RANGE
GLUCOSE	114 / 120 / 113 / 119	86	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 / 15	18	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1 / 1.2	1.2	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 / 143 / 139	141	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5 / 4.4	4.7	3.4 – 5.1
CHLORIDE	109 / 109 / 108 / 110	106	98 – 107: (2.0)
CO2	30 / 28 / 25	30	22 – 30
CALCIUM	9.8 / 10.0 / 9.9	9.5	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4	0.4	0.2 – 1.2
ALK PHOS	106* / 119 / 132 / 115	137	30 – 140
AST (SGOT)	105* / 33 / 39 / 30	64	014 – 36
ALT (SGPT)	208* / 38 / 53 / 36	77	9 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9	7.0	6.3 – 8.3
ALBUMIN	4.8 / 4.6 / 4.7	4.6	3.5 – 5.0
GLOBULIN	3.4 / 3.0 / 3.2	2.4	2.8 – 3.3
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5	1.9	> 1.0
PHOSPHORUS		3.6	2.5 – 4.5
LACTIC ACID DEH		135	60 – 250
URIC ACID		9.4	2.8 – 8.4
MAGNESIUM		2.2	1.7 – 2.8
GGTP		241	0 – 65
BUN/CREATININE		15	6 – 25

December 10, 2009: Blood drawn for Dr Brian E. Chavez at South County Kidney and Endocrine Center on Thursday at 8:30 A.M. (fasting required).

December 11, 2009: Endoscopic Ultra-Sound procedure performed by Dr Phuong (Phoenix) Nguyen at Hoag Hospital at 9 AM. The summary conclusions and images from the procedure include the following: Gastric anastomosis was seen without mass. No peri-luminal mass/nodes or ascites. Pancreatic tail appeared with a hypo echoic area, without mass, fine needle aspiration (FNA) was done. Her verbal analysis to us: Something different in tail of pancreas which was ecco texture (like a shadow) was so small, she was not able to measure and performed 3 passes for a biopsy which will be available in 3 – 5 days. Nothing in liver, benign areas in the chest and mentioned that I still had quite a bit of stomach left.

Vitals			
Date:	30Nov09	11Dec09	Rating
Weight (- 4 lbs for clothes)	184.0		(180.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	106/70	128/84	Normal
Pulse	64	70	Normal (60 – 100)
Temperature	98.8	98.5	Normal (97.6 – 99.6)
Oxygen	0	98	94 – 98%

December 17, 2009: Final cytology report of tissue taken from the pancreatic tail found **NO CANCER.**

Food for Thought: When your newly born grandchild holds your little finger in his little fist, you're hooked for life.

Perks of reaching 50: Things you buy now won't wear out.

**Update 88 (12 – 18Dec09) - Week 82: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	Dec 18, 2009/ *May 29, 2008	Remission	1 Year, 06 Month, 22 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 06 Months, 15 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 05 Months, 23 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

December 17, 2009: Follow up with Dr Brian E. Chavez at South County Kidney and Endocrine Center. He stated he was pleased with all the blood work results and wanted to raise the dosage on the Levothyroxine but when I answered negative to questions of constipation, weight loss, swelling and not feeling well he decided to leave me on the current dosage and scheduled an appointment for three months and evaluate at that time. I scheduled an appointment for March 25, 2009 at 9 A.M. and requested and received a prescription for blood work at West Cliff Labs to fall into conjunction with my tumor markers.

Vitals			
Date:	11Dec09	17Dec09	Rating
Weight (- 4 lbs for clothes)		185.0	(180.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	128/84	114/64	Normal
Pulse	70	68	Normal (60 – 100)
Temperature	98.5	965.5	Normal (97.6 – 99.6)
Oxygen	98		94 – 98%
BLOOD LABS – DR CHAVEZ – 10DEC09			
TEST	02NOV09	10DEC09	RANGE
WBC	5.3	5.7	4.1 - 10.9
LYM#		1.5	0.6 - 4.1
LYM%	24.9	25.6	10.0 - 58.5 %
MID		0.4	0.0 - 1.8
MID %		6.8	0.1 - 24.0 %
GRAN#		3.9	2.0 - 7.8
GRAN%		67.6	37.0 - 92.%
RBC	4.11	4.2	4.2 -6.3
HgB		12.7	12.0 -18.0
HCT	37.2	37.2	37.0 51.0 %
MCV	90.0	89.1	80.0 – 97.0
MCH	30.1	30.4	26.0 -32.0
MCHC	33.3	34.1	31.0 -36.0 l
RDW	12.1	13.7	11.5 -14.5 %
PLT	287.0	306.0	140 – 440.0
MPV	8.9	10.6	0.0 – 99.8
BUN	15.0	18.0	7.0 - 18.0
Creatinine	1.2	1.2	0.6 - 1.3
eGFR	60.0	64.4	>60
Glucose	119	123.0	74.0 - 106.0
Sodium	139	142.0	136.0 – 145.0
Potassium	4.4	4.7	3.5 -5.1
Chloride	110	105.0	98.0 -107.0
C02	24	22.4	21.0 -32.0
Calcium	9.7	9.0	8.5 – 10.1
Albumin	4.8	4.2	34. – 5.0
Alk Phos	115	180.0	50.0 - 136.0
ALT	36	75.0	30.0 - 65.0
AST	30	26.0	15.0 - 37.0
Direct Bilirubin	0.40	0.20	0.00 – 0.20
Total Bilirubin	0.4	0.5	0.2 – 1.0
Total Protein	7.9	7.5	6.4 - 8.2
Cholesterol	95.0	106.0	130.0 - 200.0 l
Triglycerides	73.0	95.0	30.0 - 150.0
HDL	32.0	37.0	50.0 – 100.0
Total Cholesterol/HDL	3.0	2.9	2.2 – 5.0



LDL (calc)	48.0	50.0	> 60
TSH	2.302	3.13	0.34 - 2.00 1
Free T4		0.98	0.59 - 1.17
Total T3	109	0.72	0.70 – 1.90
C-Peptide		2.1	1.1 - 3.3
HEMOGLOBIN A1C		5.2	4.8 – 6.0 %

Food for Thought: Everyone wants to live on top of the mountain, but all the happiness and growth occurs while you're climbing it.

Perks of reaching 50: You can eat supper at 4 PM.

**Update 89 (19 – 25Dec09) - Week 83: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Dec 25, 2009/ *May 29, 2008	Remission	1 Year, 06 Month, 29 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 06 Months, 22 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 06 Months, 00 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

December 17, 2009: Sent an email to Dr Barth's Physician Assistance (Jessica Kozuki):

“My notes from the procedure: December 11, 2009: Endoscopic Ultra-Sound procedure performed by Dr Phuong (Phoenix) Nguyen at Hoag Hospital at 9 A.M. The summary conclusions and images from the procedure include the following: Gastric anastomosis was seen without mass. No per-luminal mass/nodes or ascites. Pancreatic tail appeared with a hypo echoic area, without mass, fine needle aspiration (FNA) was done. Her verbal analysis to us: Something different in tail of pancreas which was echo texture (like a shadow) was so small, she was not able to measure and performed 3 passes for a biopsy which will be available in 3 – 5 days. Nothing in liver, benign areas in the chest and mentioned that I still had quite a bit of stomach left.

December 17, 2009: Final cytology report of tissue taken from the pancreatic tail found **NO CANCER.**

I am sure Dr Barth has seen these reports, my question is “What Happens NOW.””

The reason for the above email was to find out where I stand. Dr Barth is 80% sure that the cancer is recurring and I have had all the requested procedures and The MRI of August 14, 2009 was negative for cancer, the PET scan of November 13, 2009 was negative for cancer, the Peritoneal lavage on November 24, 2009 was a no go, he inserted the needle in the peritoneal cavity but there was no ascites and the peritoneal cavity would not accept any saline and lastly the Endoscopic Ultra-Sound of December 11, 2009 was also negative for cancer.

Dr Nguyen recommended that I should have the Endoscopic Ultra-Sound procedure every three months to monitor the cancer.

December 19, 2009: Woke up about 12:30 A.M. and I was cold and could not get warm, Jean checked by temperature by feel and thought I had a temperature and my body was warm. Took me forever to get back to sleep and it was 3 A.M which I finally did and slept until 5 A.M. I was extremely thirsty and went downstairs and drank two bottles of water. At approximately 8 A.M I was freezing and had chills and my right leg (Hip Replacement) was in pain in the area where the hip goes into the pelvis; my temperature reached a high of 103.4. Took aspirins and the chills subsided and my temperature went back to normal at approximately 3 P.M.

December 20, 2009: Woke up feeling well and had a good night's sleep.

December 22, 2009: Received reply to my email of December 17, 2009: "Dr. Barth would like to see you after the first of the year to discuss follow up plans on labs and scan intervals. I think Dr. Nguyen's recommendation is appropriate, and this will be further discussed at visit. I have alerted Katy to arrange appointment, and you should be hearing from later next week."

Food for Thought: The less time I have to work with, the more things I get done.

Perks of reaching 50: You can live without sex but not your glasses.

#### **Update 90 (26Dec09 – 01Jan10) - Week 84: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Jan 01, 2010/ *May 29, 2008	Remission	1 Year, 07 Month, 06 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 06 Months, 29 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 06 Months, 07 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

December 31, 2009:

New Year's Resolution:

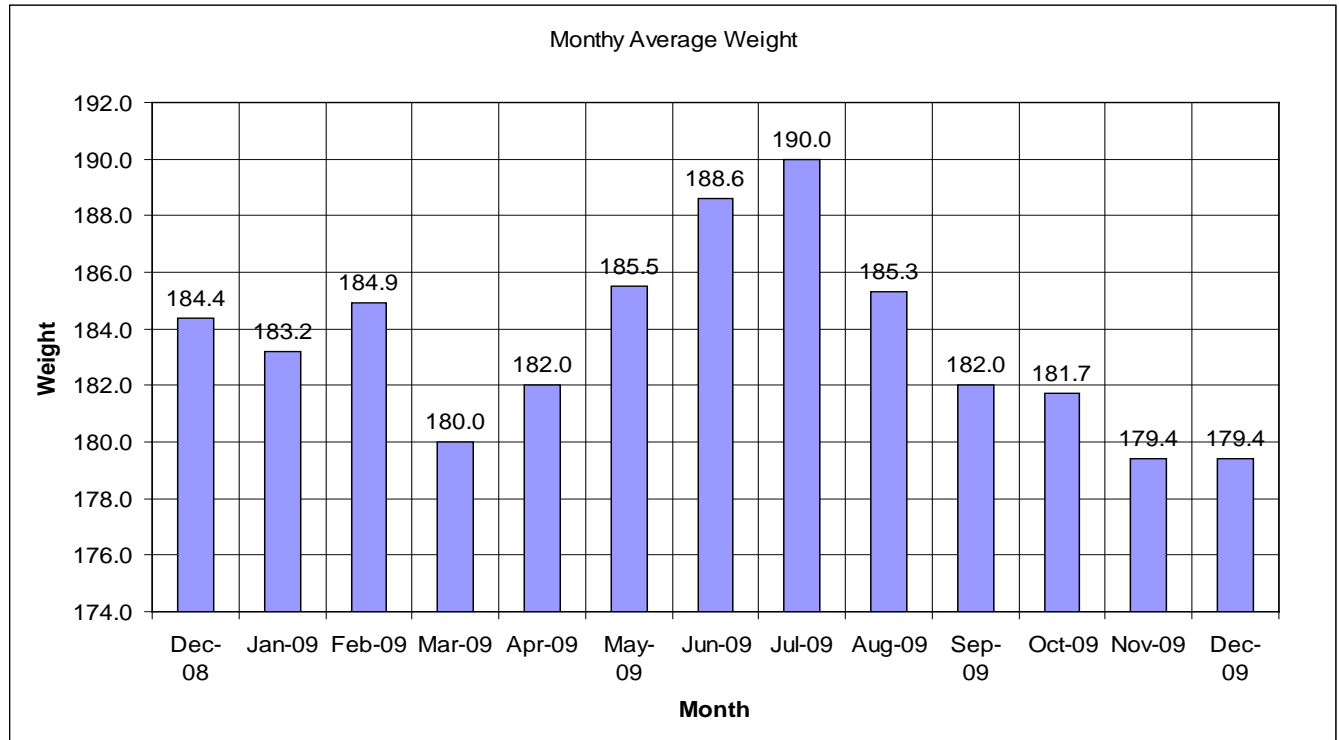
Worked harder on maintaining a proper diet and conditioning by continuing my work outs (Monday thru Friday) to counter-attack the cancer.

Cut out as much sugar as possible in my diet to maintain the Glucose at a level of under 100.

Continue my positive attitude and live every day as if I were dying.

Attempt to work harder on maintaining my weight at about 185 pounds.

Yearly weight averages for last year are show below:



Perks of reaching 50: You get into heated arguments about pension plans.

**Update 91 (02Jan – 08Jan10) - Week 85: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Jan 08, 2010/ *May 29, 2008	Remission	1 Year, 07 Month, 13 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 07Months, 06days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 06 Months, 14ays

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

January 4, 2010: Appointment with Urologist Dr Terrence Schurke

<b>Vitals</b>			
<b>Date:</b>	<b>17Dec09</b>	<b>04Jan10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	114/64	112/76	Optimal
Pulse	68	68	Normal (60 – 100)
Temperature	96.5	97.4	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr Schurke scheduled me for 1 - Uroflow (Urine Flow Rate) A study to determine the flow rate of urine during voiding. 2 - Sonogram of Prostate (Ultrasound) A finger-shaped probe is placed

into the rectum to give the best picture of the prostate and 3 – A Cystoscopy (a thin flexible, tubular, lighted instrument) to examine the inside of the bladder and urethra (channel that carries urine from the body). The cystoscope is inserted through the urethra into the bladder. He stated my prostate was enlarged but did not say how much.

Urology: January 6, 2010 0930 A.M. Wednesday Uroflow (Urine Flow Rate) a study to determine the flow rate of urine during voiding. The urine specimen of Monday was negative and the urine flow of today was adequate for testing and results will be available at my next appointment January 18, 2010.

Perks of reaching 50: You no longer think of speed limits as a challenge.

#### **Update 92 (09Jan – 16Jan10) - Week 86: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Jan 16, 2010/ *May 29, 2008	Remission	1 Year, 07 Month, 20 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 07Months, 13 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 06 Months, 21 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Dr Barth: January 12, 2010 Tuesday 12:30 P.M. Birch office: Comments:

Liver Function numbers went up in the last blood work – that concerns him. The previous was 47 and are now at 64 (The normal range was 64 and are now 48). My previous numbers stayed around 47 – 48 – 50, and in December they went up to 64. These are related to the Liver. The liver can hide a world of disease before showing up on an image.

The Alkaline Phosphate which has been normal went up a compelling amount. This has to do with the Biliary Tract of the Liver; they are gradually going up in number.

My Hemoglobin dropped from 12.4 to 11.2 (oxygen levels) and this is a new concern to him. The stomach remains the same as 18 months ago in feel to him.

He is frustrated with my tumor markers being elevated and the entire test (MRI, PET scan, and Endoscopic Ultra-Sound) that he has performed are negative to cancer but is sure that the cancer will manifest itself with time. He stated that he cannot treat what cannot be located.

Had blood drawn for tumor markers, CBC, Chemistry and Bilirubin and wanted to evaluate the results prior to recommending future course of action concerning the frequency of future PET scan and Endoscopic Ultra-Sound.

He stated that my outstanding health and attitude has to be commended, and I was an example to all his patients.

Vitals			
Date:	04Jan10	12Jan10	Rating
Blood Pressure (Systolic/Diastolic)	112/76	112/68	Optimal
Pulse	68	60	Normal (60 – 100)
Temperature	97.4	98.54	Normal (97.6 – 99.6)
Weight (- 4 lbs for clothes)	185.0	189.0	(185.0 lbs) (155 – 176)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Blood Lab Results January 12, 2009:

Tumor Markers						
TEST – 08/09/10	06Feb08	01Oct09	06Nov09	07Nov09	12Jan10	RANGE
CEA	6.85*	4.90*	7.70*	8.9*	11.4*	0.0 – 3.0
CA 19-9	1,322**	364**	609*	940*	2,367*	<33

BILIRUBIN RESULTS			
TEST	07Dec09	12Jan10	RANGE
Total	0.4	0.4	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

METABOLIC – DR BARTH – 07DEC09			
TEST 09/10	13Feb/22Jul/1Oct/2Nov	07Dec	RANGE
GLUCOSE	114 / 120 / 113 / 119 / 86	108	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 / 15 / 18	15	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1 / 1.2 / 1.12	1.10	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 / 143 / 139 / 141	140	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5 / 4.4 / 4.7	4.1	3.4 – 5.1
CHLORIDE	109 / 109 / 108 / 110 / 106	107	98 – 107: (2.0)
CO2	30 / 28 / 25 / 30	23	22 – 30
CALCIUM	9.8 / 10.0 / 9.9 / 9.5	9.6	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4 / 0.4	0.4	0.2 – 1.2
ALK PHOS	106* / 119 / 132 / 115 / 137	384	30 – 140

AST (SGOT)	105* / 33 / 39 / 30 / 64	35	014 – 36
ALT (SGPT)	208* / 38 / 53 / 36 / 77	45	9 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9 / 7.0	7.5	6.3 – 8.3
ALBUMIN	4.8 / 4.6 / 4.7 / 4.6	4.2	3.5 – 5.0
GLOBULIN	3.4 / 3.0 / 3.2 / 2.4	3.3	2.8 – 3.3
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5 / 1.9	1.3	1.1 – 2.5
BICARBONATE (CO2)		23	21 – 31
OSMOLALITY-SERUM		291	278 – 305
URIC ACID		9.4	2.8 – 8.4
MAGNESIUM		2.2	1.7 – 2.8
GGTP		241	0 – 65
BUN/CREATININE	15 /	14	6 – 25

  = Within Range – Red= High; Green = Low

HEMATOLOGY RESULTS (CBC)			
TEST – 09/10	06Nov	12Jan10	RANGE
White Blood Cell (WBC)	5.3	5.7	4.0 – 11.0
Red Blood Cell (RBC)	4.11	3.91	4.20 - 5.80
Hemoglobin (HGB)	12.4	11.2	14.0 – 18.0
Hematocrit (HCT)	37.2%	34.8%	40.0 – 52.0
Corpuscular Volume (MCV)	90.0	89.0	80 – 100
Corpuscular Hemoglobin (MCH)	30.1	28.6	27.0 – 35.0
Corpuscular Hemoglobin Concentration (MCHC)	33.3	32.1	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	12.1%	13.1%	11.5 – 14.5
Platelet Count (PLT)	287	319	150 – 450
Platelet Volume (MPV)	8.9	8.9	7.4 – 10.4
BASO ABS	2.0	2.0	0.0 – 0.7.0
BANDS		0.0	0.0 – 5.0
LYMPHS		21.3	20.0 – 44.0
MONOCYTES	9.2	6.7	0.0 – 10.0
SEG %	63.5 %	70.2 %	50.0 – 75.0
Lymphocyte (%LYM)	24.9%	24.9%	20.0 – 44.0
MONO %	6.9 %	6.9 %	2.6 – 11.4
EOSINOPHILS %	1.7 %	1.6 %	0.0 – 8.0
BASOPHIL %	0.4	0.2	0.0 – 2.0

My Take: Even though my tumor marker astronomically went off the chart and were the highest elevation since I was diagnosed with pancreatic cancer even higher than the original evaluation.

Tumor Markers						
TEST – 08/09/10	06Feb08	12May09	06Nov09	07Nov09	12Jan10	RANGE
CEA	6.85	5.5	7.70	8.9	11.4	0.0 – 3.0
CA 19-9	1,322	15	609	940	2,367	<33

I am not concerned and continue to maintain a positive attitude. Tumor markers regardless of range should not be used as a diagnostic tool for cancer. They should be evaluated in conjunction with other tests such as MRI and PET/CT scans.

Tumor markers are often obtained to assess the probability of a cancer in a patient who has a mass lesion in the pancreas. The tumor markers that are commonly ordered include CA 19-9 and CEA. While high tumor markers are suspicious for pancreatic cancer they do not absolutely predict the presence of cancer since non-cancerous or benign conditions of the pancreas and liver can falsely elevate these tumor markers.

The MRI of August 14, 2009 was negative for cancer, the PET scan of November 13, 2009 was negative for cancer, the Peritoneal lavage on November 24, 2009 was a no go, he inserted the needle in the peritoneal cavity but there was no ascites and the peritoneal cavity would not accept any saline and lastly the Endoscopic Ultra-Sound of December 11, 2009 was also negative for cancer.

In life you are born and you die, this is inevitable; so I will live a day at a time and live every day as if I were dying. I will definitely leave this life on my terms not on cancer's terms. I may have cancer but cancer does not have me.

Dr Barth is 80% positive that the cancer has recurred based of 30 years of oncologist practice and my opinion that the cancer has not recurred is based on 67 years in my body and since I outrank him based on experience I chose to believe my diagnoses.

My only concerns are my family and how they deal with "no knowing". I had told them that the tumor markers are of no concern to me and they should be of no concern to them. Whenever I start feeling bad then maybe I will start to worry. At present my health is outstanding and I am continuing my daily workouts and playing golf and feel great.

It is my non-medical opinion that the elevation of the tumor markers are related to:

1. A markedly-increased TSH.
2. Diabetes can be accepted as the last step of chronic pancreatitis with the new developing concepts of pathogenesis and that the elevation of CA 19-9 is due to chronic pancreatitis and not to pancreatic cancer. – Pre-Diabetes range 100 – 125.
3. A persistent elevation can also be observed in various benign diseases.
4. A persistent and significant elevation of serum CA 19-9 can be found in non-malignant and non-cholestatic disease
5. Diverticulosis and I have Diverticulitis but of concern is the reading on my last PET scan "Abdomen and pelvis: Prominent metabolism throughout the large bowel is still present. The SUVs are slightly higher at 8 to 10 versus prior 7 to 8. The bowel is otherwise normal in

appearance on the CT scan.” Who is to say that my diverticulosis is not in an advanced stage and producing high tumor markers?

“Life is not fair but it is still good”.

January 16, 2010: Received the Bladder Cytology/Washing Test and it showed no cancer cells in the urine.

Perks of reaching 50: You quit trying to hold your stomach in no matter who walks into the room.

Lessons the life teaches: When in doubt, just take the next small step.

**Update 93 (17Jan – 23Jan10) - Week 87: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Jan 23, 2010/ *May 29, 2008	Remission	1 Year, 07 Month, 27 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 07Months, 20 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 06 Months, 28 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Perks of reaching 50: You sing along with elevator music.

Lessons the life teaches: Life is too short to waste time hating anyone.

Urology: January 18, 2010 0930 A.M. Monday Sonogram of Prostate (Ultrasound) A finger-shaped probe is placed into the rectum to give the best picture of the prostate. The prostate was enlarged TRV (cm) (Width) 4.62; AP (cm) (Length) 3.14; the SAG (cm) (Diagonal) 4.87; Volume (ml) 37.0. Formula Volume (ml) =0.52xTRV (cm) x AP (cm) x SAG (cm). The range is 20.0 when you are young, the prostate is enlarged as you grow older and the 37.0 is normal for my age.

Uroflow (Urine Flow Rate) was border line but he stated that the voided volume of urine was not enough for an accuracy measurement and this was not of concern to him.

The Prostate Specific Antigen of July 22, 2110 (PSA was 1.99 ng/ml which is normal for my age and recommended that I repeat the PSA in 12 months.

<b>Vitals</b>			
<b>Date:</b>	<b>04Jan10</b>	<b>18Jan10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	112/76	110/70	Optimal
Pulse	68	56	Normal (60 – 100)
Temperature	97.4	97.8	Normal (97.6 – 99.6)



Respiration		12	12 breaths per minute
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**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

“In life there are no promises for tomorrow”

January 20, 2010 Wednesday 8:30 A.M.: MRI and Magnetic Resonance Cholangio-Pancreatography (MRCT) of the abdominal (two separate studies) Birch Office (be there 8:15 A.M) fasting is required. The MRCT is a modified MRI where a radiologist utilizes specialized software packages to obtain a composite image of the pancreatic duct and the bile duct from the digital MRI images. This study provides images of the bile duct and the pancreatic duct. MRCP is very useful for looking for stones in the bile duct. (1 hour)

The above was completed as scheduled and it was for diagnosis of:

157.0 Malignant Neoplasm of Pancreas Head  
 196.2 Malignant Neoplasm of Retroperitoneal Lymph Nodes, Secondary  
 276.51 Dehydration  
 288.03 Neutropenia, drug induced  
 573.9 Unspecified disorder of the Liver

Results: MRI of the Abdomen with and without Contrast:

**FINDINGS:** The spleen is not enlarged. The adrenals are normal. Kidneys demonstrate no interval development of focal lesion or hydronephrosis. There is no ascites. The patient has undergone Whipple procedure with remnant pancreas again demonstrating atrophy. No recurrent soft tissue mass is identified. There is marked left intrahepatic biliary ductal dilatation. This is seen with perhaps mild right hepatic biliary ductal dilatation. On the previous examination, the left intrahepatic duct was minimally dilated with no right hepatic biliary ductal dilatation. The liver demonstrates a new 1.4 cm region of T2 signal abnormality near the porta hepatis, which is of decreased signal on the T1 post-contrast images, best seen on image # 15. With porta hepatis, lymphadenopathy is now present with a 1.3 x 1.2 cm lesion of increased T2 signal with enhancement following gadolinium seen on T2-weighted axial image 17 and T1 post-contrast images 20. The liver demonstrates geographic altered perfusion within the right and left lobes. This is likely a vascular phenomenon as a result of lobar obstruction of the left hepatic duct.

**IMPRESSION:** Intrahepatic biliary ductal dilatation. As the patient has undergone hepaticojejunostomy, this is likely a postoperative stricture. Local recurrent disease with extrinsic compression or a malignant stricture should be excluded as adenopathy is, now present in the porta hepatis. ERCP with possible endoscopic ultrasound may be helpful in further evaluation.

**Laymen's Terms:** Hepaticojejunostomy - A natural or surgical joining of parts or branches of tubular structures so as to make or become continuous of the hepatic duct to the jejunum (the part of the small intestine between the duodenum and the ileum), this is likely a postoperative stricture (an abnormal narrowing in a blood vessel or other tubular organ) should be excluded as adenopathy (Large or "swollen" lymph nodes). Porta hepatis (a transverse fissure on the visceral

surface of the liver between the caudate and quadrate lobes, lodging the portal vein, hepatic artery, hepatic nerve plexus, hepatic ducts, and lymphatic vessels) is, now present in the porta hepatis. ERCP with possible endoscopic ultrasound may be helpful in further evaluation.

Results: MRCP:

**FINDINGS:** There is marked left intrahepatic biliary ductal dilatation with perhaps mild right intrahepatic ductal dilatation. This is seen to extend to the hepatic hilum. At the level of the confluents of the intrahepatic ducts, there is a region of signal dropout, which may be the result of artifact from surgical clip related to patient's hepaticojejunostomy anastomosis. There is, however, a new soft tissue lesion evident in this region on the MRI of the abdomen, also performed on 01/20/10. There is no pancreatic ductal dilatation. The patient has undergone cholecystectomy.

**IMPRESSION:** Intrahepatic biliary obstruction, asymmetrically involving the left hepatic duct. This would suggest an anastomotic stricture, however, the possibility of extrinsic compression is also raised as a small lesion, is now seen in this region. ERCP may be helpful in further evaluation and perhaps treatment of the obstruction.

**Update 93 (24Jan – 30Jan10) - Week 88: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	Jan 30, 2010/ *May 29, 2008	Remission	1 Year, 08 Month, 04 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 07Months, 27 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 07 Months, 05 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Perks of reaching 50: Your eyes won't get much worse.

Lessons the life teaches: Your job won't take care of you when you are sick. Your friends and parents will. Stay in touch.

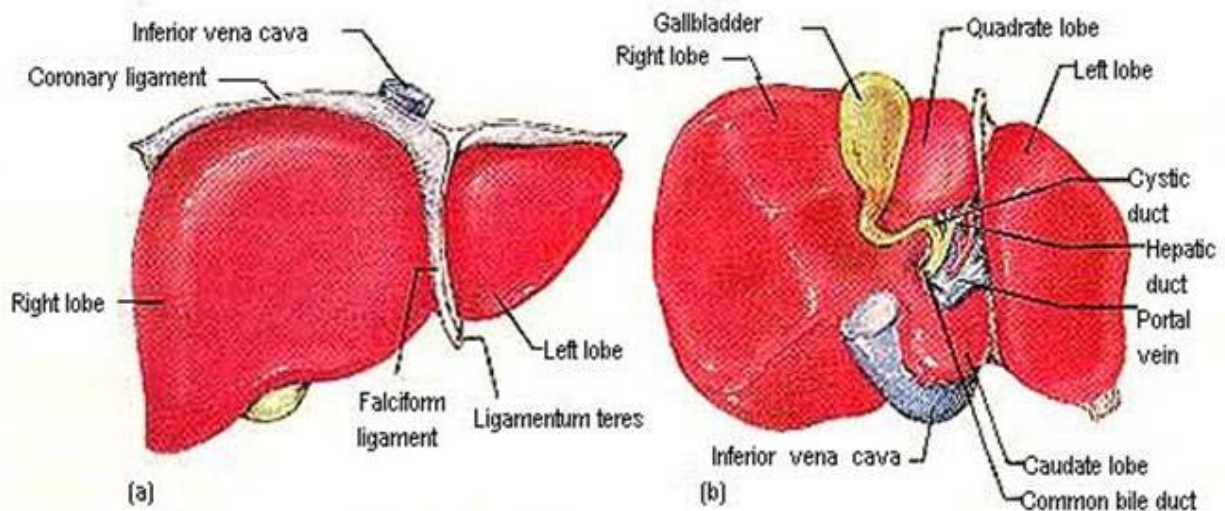
January 25, 2009: Email from Jessica (PA to Dr Barth) I will forward you final reports as soon as they become available. If you Google liver anatomy, there are plenty of good pictures and the Wikipedia definition is also good. I could not attach it at this computer, sorry. On both exams, the left and right biliary ducts show dilatation. These means stretched. The liver demonstrated an abnormality near the porta hepatis, which is the upper left portion of the right lobe of the liver. This appears to be a lymph node, that Dr. Arata measured around 7mm today (not a mass). In recognition that your markers and alkaline Phosphatase continue to rise, recurrent disease or malignant process is suggested. The team felt a PET/CT to further evaluate is indicated, with possible biopsy of this lymph node based on study results.

I placed the PET/CT orders today; Daisy will call you to schedule.

## LIVER ANATOMY

The liver is the largest internal organ of the body, weighing about 1.3 kg in an adult. It is wedge-shaped, covered by a network of connective tissue (Glisson's capsule), and is situated in the upper right portion of the abdominal cavity. Its reddish brown color is due to its great vascularity.

The liver has four lobes and two supporting ligaments



The liver and gallbladder: (a) An anterior view and (b) An inferior view.

Anteriorly, the right lobe is separated from the smaller left lobe by the falciform ligament. Inferiorly, the caudate lobe is positioned near the inferior vena cava, and the quadrate lobe is adjacent to the gallbladder. The falciform ligament attaches the liver to the anterior abdominal wall and the diaphragm. The ligamentum teres extends from the falciform ligament to the umbilicus.

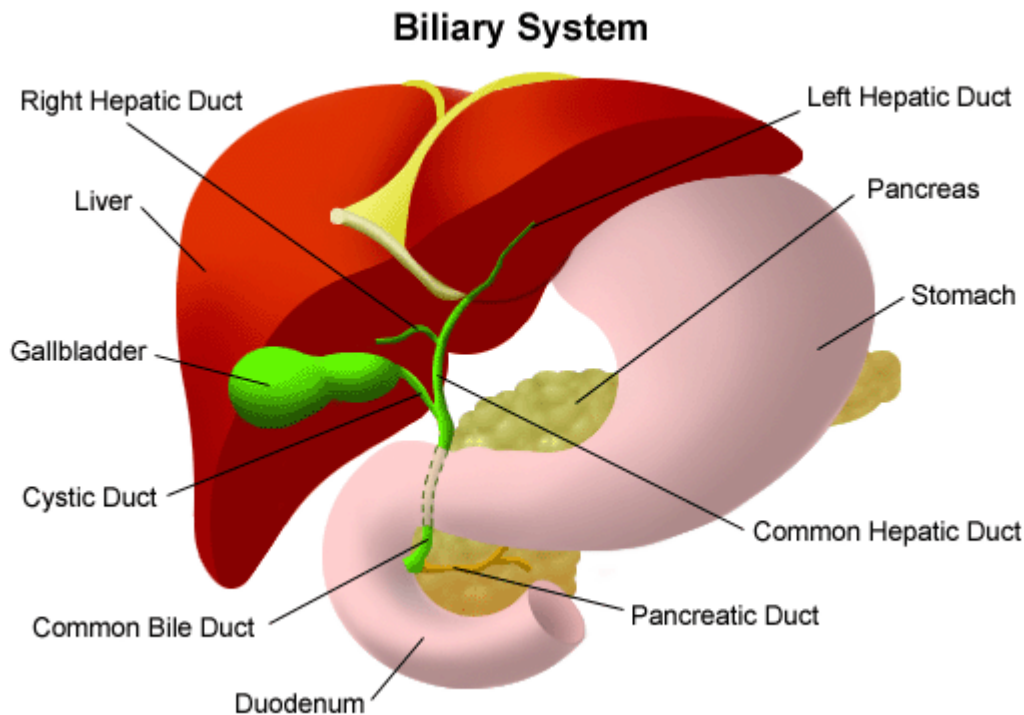
Functions of the liver:

The liver regulates most chemical levels in the blood and excretes a product called bile, which helps carry away waste products from the liver. All the blood leaving the stomach and intestines passes through the liver. The liver processes this blood and breaks down the nutrients and drugs into forms that are easier to use for the rest of the body. More than 500 vital functions have been identified with the liver. Some of the more well-known functions include the following:

- production of bile, which helps carry away waste and break down fats in the small intestine during digestion
- production of certain proteins for blood plasma
- production of cholesterol and special proteins to help carry fats through the body
- conversion of excess glucose into glycogen for storage (glycogen can later be converted back to glucose for energy)
- regulation of blood levels of amino acids, which form the building blocks of proteins

- processing of hemoglobin for use of its iron content (the liver stores iron)
- conversion of poisonous ammonia to urea (urea is an end product of protein metabolism and is excreted in the urine)
- clearing the blood of drugs and other poisonous substances
- regulating blood clotting
- resisting infections by producing immune factors and removing bacteria from the bloodstream

When the liver has broken down harmful substances, its by-products are excreted into the bile or blood. Bile by-products enter the intestine and ultimately leave the body in the form of feces. Blood by-products are filtered out by the kidneys, and leave the body in the form of urine.



January 26, 2010 0914 (Be there at 0850) Tuesday 0900 PET/CT scan of head to mid-thigh at the Birch Office. I need to have a protein dinner tonight no workout, no sweets no carbs.

The above was completed as scheduled and it was for diagnosis of:

157.0 Malignant Neoplasm of Pancreas Head  
 196.2 Malignant Neoplasm of Retroperitoneal Lymph Nodes, Secondary  
 276.51 Dehydration  
 288.03 Neutropenia, drug induced  
 573.9 Unspecified disorder of the Liver

Urology: January 29, 2010 0900 A.M. Friday Cystoscopy (a thin flexible, tubular, lighted instrument) to examine the inside of the bladder and urethra (channel that carries urine from the body). The cystoscope is inserted through the urethra into the bladder.

The above procedures were administered as schedule and there were no abnormalities found.

Vitals			
Date:	18Jan10	29Jan10	Rating
Blood Pressure (Systolic/Diastolic)	110/70	110/64	Optimal
Pulse	56	56	Normal (60 – 100)
Temperature	97.8	97.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

I took an anti-biotic (Septra 800/160mg before the procedures and need to take another one with my evening meal.

The doctor gave me a two week supply of Rapaflo to help my constant urination in the evening and I am to call him back in two week to let him know if it worked.

January 29, 2010: Dr Gaikwad appointment for the possibly of a low grade infection.

Vitals			
Date:	29Jan10	29Jan10	Rating
Weight (- 4 lbs for clothes)		185.3	(181.3 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	110/70	119/71	Optimal
Pulse	56	57	Normal (60 – 100)
Temperature	97.8	96.6	Normal (97.6 – 99.6)
Oxygen		100	94 – 98%

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr Gaikwad looked into the nose and stated that they were swollen and red and prescribed an antibiotic (AMOXIK CLAV 875-125 TAB SANDOOZ Generic for AUGMENTIN 875 MG TAB for sinus infection.

Personal Note: I will continue to:

Dream big, but focus small, “Dreams are vague and far away, goals are tangible and achievable.

Enjoy life, “to stop enjoying is to stop living.

Focus on solutions not the cancer.

**Update 94 (31Jan – 06Feb10) - Week 89: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	Feb 06, 2010/ *May 29, 2008	Remission	1 Year, 08 Month, 11 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 08Months, 04 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 07 Months, 12 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. Dr Barth is 80% sure that the cancer is recurring because of the elevations of tumor markers but the cancer has not been located.**

Perks of reaching 50: Your investment in health insurance is finally beginning to pay off.

Lessons the life teaches: Pay off your credit cards every month.

February 1, 2010: Received Phone call and an email summarizing her phone discussion:

To summarize our phone discussion, the area noted on the MRI and MRCP was hot (meaning increased metabolic uptake) consistent with cancer. There was also some other mild hotness in the liver near this area. The lesion seems to be coming together with the bile ducts (getting close to it and pushing on it), and that is why we are seeing the rise in your alkaline Phosphatase. This can cause some dilatation, and to prevent this from worsening, Dr. Barth is going to have you see Dr. Arata to place a stent to keep this open. While he does this, he may be able to get a biopsy of this area for tissue sample. If the ducts becomes obstructed you can get pain, yellowing of the skin, and infection. The stent helps prevent this.

For treating the cancer, he is recommending cyber knife radiation treatment\*. This is a great form of radiation treatment as it is like a spot welder, treating the areas of disease and not a lot of extra normal tissue.

He will be calling you to discuss this plan today or tomorrow.

I faxed the report already.

### **\*How Cyber Knife Radiation Treatment Works**

Using image guided technology and advanced robotics, Cyber Knife uses sub-millimeter accuracy to target radiation beams and destroy abnormal cells within the body, while sparing healthy cells. Cyber Knife can be used to treat tumors throughout the body due to its frameless technology that spots the exact shape and location of a tumor while delivering highly concentrated beams of radiation from multiple positions and angles.

Cyber Knife is painless – there are no incisions, blood loss, or recovery times. In fact, patients go home the same day and usually go about their normal routine. You can expect:

No Incisions

No Blood Loss

No Stereotactic Frame

No Anesthesia

No Pain

No Recovery Time

During treatment, patients lie on a bed as a robot arm moves around the body, delivering targeted treatment at multiple angles. While conventional radiation therapy requires 20 to 40 treatments, the Cyber Knife System requires only 1 to 5 treatments. Depending upon the location of the lesion or tumor, different parts of the body will be comfortably held in place. Slight shifts in position during the course of treatment will automatically be noted by the cameras – ensuring

accuracy of the target during the radiation treatment. Your treatment team will be in a separate room during treatment, but you will be able to communicate with them at all times.

Each treatment is planned and delivered by a Cyber Knife trained physician team—a radiation oncologist and a surgeon. Patients also benefit from the care of award-winning Magnet nurses and a team of dedicated professionals all working towards the same goal—taking care of the person, not just the cancer.

### **FINDINGS: PET/CT SCAN of January 26, 2009**

Head and neck: Physiologic radiotracer is present in the brain and oronasal mucosa. There is no cervical or supraclavicular adenopathy.

Thorax: There is a linear scarring with a calcification in the apex of the left lung, which is unchanged and eumetabolic. There is no hilar or mediastinal adenopathy. The patient is status post bypass surgery.

Abdomen and pelvis: There is a new small abnormality at the confluents of the bile ducts with an SUV of 4.6. Previously, this area measured 3.5. The activity throughout the rest of the liver parenchyma is 2.5 to 3.5.

Mild dilatation of the pancreatic duct is unchanged. The anastomotic site in the right upper abdomen is unchanged in appearance on the CT and remains eumetabolic. There are no nodes seen on either PET or CT.

The remainder of the abdomen is unremarkable except for diffuse increased bowel activity as before. The SUV values of the bowel range between 5 and 10. This suggests an irritable bowel.

Skeletal system: There are no findings suspicious for metastasis.

CONCLUSION: Abnormal PET/CT fusion study with a new nonspecific finding at the confluents of the biliary radicals, which is approximately 15 mm in size and has an SUV of 4.6 compared to the remainder of the liver parenchyma, which ranges between 2.5 and 3.5.

0.0 to 2.5 SUV=Benign Lesion

>2.5 SUV=Suggestive of Malignant Lesion

$$\text{SUV (Standard Uptake Value)} = (\text{activity in ROI in mCi/ml}) / (\text{injected dose in Ci/patient's weight in kg}) = \text{mg/ml}$$

In laymen's terms the above means that the cancer has recurred, I kicked its ass before and I will kick its ass again.

I am reminded of a quote "All that is necessary for evil to triumph is for good men to do nothing" I will continue to always do to the best of my ability what is necessary to survive.

February 2, 2010 (1:19 P.M.): Received call from Dr Barth's secretary that he wanted to speak to me and after being on hold for a minute, she came back and stated he was too busy to speak with me now and would call later.

ERCP (endoscopic retrograde cholangiopancreatography): A procedure used to x-ray the ducts (tubes) that carry bile from the liver to the gallbladder and from the gallbladder to the small intestine. Sometimes bile duct cancer causes these ducts to narrow and block or slow the flow of bile, causing jaundice. An endoscope is passed through the mouth, esophagus, and stomach into the first part of the small intestine. An endoscope is a thin, tube-like instrument with a light and a lens for viewing. A catheter (a smaller tube) is then inserted through the endoscope into the pancreatic ducts. A dye is injected through the catheter into the ducts and an x-ray is taken. If the ducts are blocked by a tumor, a fine tube may be inserted into the duct to unblock it. This tube (or stent) may be left in place to keep the duct open. Tissue samples may also be taken and checked under a microscope for signs of cancer.

**There are three ways that cancer spreads in the body.**

The three ways that cancer spreads in the body are:

- Through tissue. Cancer invades the surrounding normal tissue.
- Through the lymph system. Cancer invades the lymph system and travels through the lymph vessels to other places in the body.
- Through the blood. Cancer invades the veins and capillaries and travels through the blood to other places in the body.

When cancer cells break away from the primary (original) tumor and travel through the lymph or blood to other places in the body, another (secondary) tumor may form. This process is called metastasis. The secondary (metastatic) tumor is the same type of cancer as the primary tumor.

February 3, 2010 6:31 P.M.: Email from Jessica Kozuki (Dr Barth's Physician Assistant)

Pardon me if you got to speak with him already. Nothing has changed in regards to the scan, the scan is positive, but not a crisis situation, and the stent is not an emergency procedure. If you went without intervention such as this for months, it would become more serious.

My understanding of the plan is placement of one stent in one procedure called an ERCP.

Endoscopic retrograde cholangiopancreatography (ERCP) enables the physician to diagnose problems in the liver, gallbladder, bile ducts, and pancreas. The liver is a large organ that, among other things, makes liquid called bile that helps with digestion. The gallbladder is a small, pear-shaped organ that stores bile until it is needed for digestion. The bile ducts are tubes that carry bile from the liver to the gallbladder and small intestine. These ducts are sometimes called the biliary tree. The pancreas is a large gland that produces chemicals that help with digestion and hormones such as insulin.

ERCP is used primarily to diagnose and treat conditions of the bile ducts, including gallstones, inflammatory strictures (scars), leaks (from trauma and surgery), and cancer. ERCP combines



the use of x-rays and an endoscope, which is a long, flexible, lighted tube. Through the endoscope, the physician can see the inside of the stomach and duodenum, and inject dyes into the ducts in the biliary tree and pancreas so they can be seen on x-rays.

I will send a message to Dr. Barth regarding your call back. Although it is no excuse, he has been dealing with quite a few patients with emergencies this week, and unfortunately they have been occupying some of his day to make calls. Thank you for your patience.

February 4, 2020 8:40 A.M: Have not heard from Dr Barth.

February 4, 2020 Email from Jessica Kozuki (Dr Barth's Physician Assistant): I will call you in between my next patients. It would be best to do a consultation in person as Dr. Arata would be involved in placing markers for radiation as well, and he will likely have to place the stent percutaneously\* versus endoscopic ally given your prior surgery, and plans to try and obtain biopsy for tissue. I would advise you call to make appt with Annel so you can speak with Dr. Arata regarding these things. I know you spoke to her yesterday. I am glad you are on the antibiotic and Augmentin is appropriate given your symptoms and also risk of infection in the duct. I will talk with you soon. You are on Dr. Barth's call list, and again I am sorry that his week has been filled with a lot of unexpected emergencies with patients causing him to fall behind.

\*Percutaneous pertains to any medical procedure where access to inner organs or other tissue is done via needle-puncture of the skin, rather than by using an "open" approach where inner organs or tissue are exposed (typically with the use of a scalpel).

The percutaneous approach is commonly used in vascular procedures. This involves a needle catheter getting access to a blood vessel, followed by the introduction of a wire through the lumen (pathway) of the needle. It is over this wire that other catheters can be placed into the blood vessel. This technique is known as the modified Seldinger technique.

More generally, "percutaneous" can mean 'through the skin'. An example would be percutaneous drug absorption from topical medications.

Regardless of the future outcome of my cancer, I know that Sgt Rock has my back even if it by back is up against a wall.

#### **Update 95 (06 – 12Feb10) - Week 90: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 0 Month, 17 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 08Months, 11 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 07 Months, 19 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.

Perks of reaching 50: Your joints are more accurate meteorologists than the national weather service.

Lessons the life teaches: You don't have to win every argument. Agree to disagree.

Dr Michael Arata February 8, 2010 2 P.M. at the Birch Office: Consultation of inserting a stent in the biliary duct and to place markers for Cyber Knife Radiation. The backup of bile from the biliary duct may have formed Bio-Lake in the liver.

These procedures will be performed in order:

1. Placement of fiducial (like bb) points which are used in CyberKnife in the lesion to facilitate correct target for treatment. This procedure is as an outpatient and will take approximately 1 to 1 ½ hours. During this procedure a biopsy of the liver will be taken.
2. A week after the placement of fiducial, a CT scan will be performed to ensure that the fiducial have remained in the proper alignment.
3. If in proper alignment, I am ready to have a stent placed in the biliary duct and commence CyberKnife treatments.
4. My decision will be if I start CyberKnife treatments and see if the ducts open up than I will not need the stent and if it does not open up; I will require the stent. (My decision whether to do CyberKnife first than the stent (if required) or do the stent and follow with CyberKnife. If I decide to go with the stent it is as an outpatient (1 hour procedure).

The placement of the fiducial and the stent will be percutaneous, meaning through the skin and will enter through the solar plexus.

February 8, 2010: Blood Labs for 1005 Uric Acid, 1013 LDH, 1002 Phos, 1026 GGTP, 1369 Comprehensive Chemistry, 1082 Magnesium, 1371 CBC w/Auto diff, 1387 CA 19-9 and 1049 CEA performed.

## **Cyber Knife**

### **Orange County CyberKnife and Radiation Oncology Center**



The CyberKnife® Robotic Radiosurgery System is a non-invasive alternative to surgery for the treatment of both cancerous and non-cancerous tumors anywhere in the body, including the prostate, lung, brain, spine, liver, pancreas and kidney. The

treatment – which delivers beams of high dose radiation to tumors with extreme accuracy – offers new hope to patients worldwide.

The word radiosurgery brings images of scalpels and surgery to mind, the CyberKnife treatment involves no cutting. In fact, the CyberKnife System is the world's first and only robotic radiosurgery system designed to treat tumors throughout the body non-invasively. It provides a pain-free, non-surgical option for patients who have inoperable or surgically complex tumors, or who may be looking for an alternative to surgery.

### **What Does CyberKnife Treat?**

- Cancers involving the brain
- Lung cancers
- Pancreatic cancers
- Metastatic liver cancers
- Cancers involving the spine
- Benign brain tumors, such as acoustic neuromas, meningiomas, pituitary adenomas, craniopharyngiomas, hemangioblastomas, schwannomas
- Malformations of blood vessels within the brain, such as arteriovenous malformations (AVMs)
- Trigeminal neuralgia
- Metastatic orbital tumors, orbital lymphomas and orbital inflammations (tumors or inflammations around the eye)

### **CyberKnife Radiosurgery Treatment Process**

A radiosurgery treatment involves many highly skilled professionals including: neurosurgeons, radiation oncologists, medical physicists, radiation therapists and nurses.

The first step is to perform a CT scan of the patient to determine the location, shape, size of the tumor and nearby critical tissues and organs. The CyberKnife treatment planning system receives this information digitally. A team of neurosurgeons, radiation oncologists and physicists generate a treatment plan by marking the tumor and the critical tissues on the CT scan. A physicist simulates a highly optimized treatment plan in the computer memory and reviews with the treating team.

Once the treatment plan has been developed, the patient is ready to undergo the CyberKnife procedure. After arriving at the CyberKnife Center, patients are comfortably positioned on the treatment table. Then the CyberKnife System's computer-controlled robot will slowly move around the patient to the various locations from which it will deliver radiation to the tumor.

Treatments are performed on an outpatient basis, with each treatment lasting between 30 to 90 minutes. The number of treatments varies depending on the tumor size, location and shape but typically only two to five daily sessions are required. The CyberKnife allows patients to lie comfortably on the procedure table without anesthesia while the robotic arm moves, without touching them, to treat all areas of the tumor. Recovery is often immediate, given its low risk of complications and damage to healthy tissue.

## **Treatment is easy and comfortable**

The CyberKnife treatments are uniquely easy and comfortable. There is no need to secure a frame to the patient's skull using tissue piercing screws. Patients lay on an ultramodern robotic couch that facilitates the treatments while keeping patients relax and at ease. CyberKnife, however, requires only one to five treatment sessions. It's painless and lasts only a few minutes, and there's no anesthesia, incision or downtime. Afterward, you just get up and go live your life. And in the care of skilled specialists, the side effects and risks of complication are much less than with surgery or conventional radiation therapy.

## **Advantages of CyberKnife over other radiosurgery system:**

**Target Tumor:** The CyberKnife System uses image guidance advance software to track and continually adjust treatment for any patient or tumor movement. This sets it far ahead of other similar treatments. It allows patients to breathe normally and relax comfortably during treatment.

**No skull screws:** Some forms of radiosurgery require rigid head-frames that are screwed into the patient's skull to minimize any movement. The CyberKnife System does not require such extreme procedures to keep patients in place, and instead relies on sophisticated tracking software, allowing for a much more comfortable and non-invasive treatment.

**Treats all body parts:** Unlike some radiosurgery systems, which can only treat tumors in the head, the CyberKnife System has unlimited reach to treat a broad range of tumors throughout the body, including the prostate, lung, brain, spine, liver, pancreas, and kidney.

**The most accurate treatment:** The CyberKnife System's treatment accuracy is unrivaled. Its ability to treat tumors with pin-point accuracy is unmatched by other radiation therapy and radiosurgery systems. The CyberKnife System can essentially "paint" the tumor with radiation allowing it to precisely deliver treatment to the tumor alone, sparing surrounding healthy tissue.

## **Cyber Knife Patient Benefits:**

- Non-invasive treatment
- No anesthesia
- No pain
- No incision
- No blood
- Outpatient procedure
- Proven accuracy
- One to 5 treatments only
- Comfortable treatments
- Immediate return to normal activity
- No metal head frame or skull pins for improved patient comfort

- No hospitalization
- Minimizes radiation exposure to healthy tissue and organs
- Continually compensates for any movement during treatment to ensure accuracy
- Lesions that previously received the maximum allowed dose of radiation can be treated

February 9, 2010 have blood drawn for 1201 – Pro-time and International Normalized Ratio (PT/INR) which are used to help diagnose bleeding and effectiveness of blood thinning drugs and 1202 – Partial Thromboplastin time (PTT) which is used to evaluate the extrinsic coagulation system PTT they are a prerequisite for the fiducial placements.

### **Ajmel A. Puthawala, M.D. F.A.C.R**

Ajmel Puthawala, M.D., Associate Director, Radiation Oncology and Endocurietherapy (Brachytherapy) and Director of Clinical Hyperthermia at the Memorial Cancer Institute at Long Beach Memorial Medical Center since 1983 currently holds two academic appointments with Clinical Professorships in the Departments of Radiation Oncology at the University of Southern California School of Medicine, University of California Irvine School of Medicine.



Dr. Puthawala, educated in India, is Board Certified by the American Board of Radiology: Therapeutic Radiology as well as American College of Radiology. For his post-graduate training, Dr. Puthawala was a resident at St. Vincent's Hospital Medical Center in New York and Chief Resident at University of California Hospital of San Diego. He is a Fellow of the American College of Radiology and the American College of Radiation Oncology. He has published more than 60 scientific publications, and has given more than 100 formal presentations related to scientific and research data.

Dr. Puthawala is one of the world pioneers in brachytherapy (endocurietherapy), a radiation treatment implanting interstitial isotopes which isolates radiation exposure to tumors and preserves healthy cells, as well as a known expert in interstitial hyperthermia. His expertise in brachytherapy includes treatments of primary as well as recurrent cancers of the head and neck, breast, cervix, prostate, pancreas, lung, brain tumors and soft tissue sarcomas as well as many other rare tumors. He has served as President of the American Brachytherapy Society (formerly the American Endocurietherapy Society), and is currently on the Board of Directors of the Memorial Cancer Institute.

He is a member of nine professional societies and is an Editor for the "Journal of Brachytherapy International". Throughout his career he has devoted much of his time to the training of physicians from around the world, as well as the training of Residents who rotate through Long Beach Memorial Medical Center from UCI Irvine, UCLA, Loma Linda University, Stanford and numerous other schools of medicine.

February 9, 2010 1:40 P.M. Received call from Dr Barth:

Conversation was not very optimistic, basically stated the there was a tumor recurrence in the biliary ducts and the MRI nor the scan did not show any other source and the tumor was under one centimeters in size.

The cancer had progressed from a stage 3A to a stage 4.

- **Stage III.** Cancer has spread beyond the pancreas to the major blood vessels around the pancreas and may have spread to the lymph nodes.
- **Stage IV.** Cancer has spread to distant sites beyond the pancreas, such as the liver, lungs and the lining that surrounds your abdominal organs (peritoneum).

The plan was to:

1. Placement of fiducial (like bb) points which are used in CyberKnife in the lesion to facilitate correct target for treatment. This procedure is as an outpatient and will take approximately 1 to 1 ½ hours. During this procedure a biopsy of the liver will be taken. Sedation will be light as I need to be awake during the procedure to control my breathing. This will require 3 or 4 fiducial and they will remain in place forever.

2. A week after the placement of fiducial, a CT scan will be performed to ensure that the fiducial have remained in the proper alignment. An intravenous cholangiogram or IVC is a radiologic (x-ray) procedure that is used primarily to look at the larger bile ducts within the liver and the bile ducts outside the liver. The procedure can be used to locate gallstones within these bile ducts. IVC also can be used to identify other causes of obstruction to the flow of bile, for example, narrowing's (strictures) of the bile ducts and cancers that may impair the normal flow of bile. If the duct is not clear a stent will be placed in the duct. The cholangiogram is performed in a radiology department by a radiologist. You will be asked to lie on your back on the x-ray table. The upper right side of your abdomen will be cleansed and you will be given a local anesthetic. A long, thin, flexible needle is then inserted through the skin into the liver.

With guidance from an x-ray machine that projects images onto a TV screen (fluoroscope), the bile duct is located and the contrast medium injected. The contrast medium then flows through the ducts and can be seen on the fluoroscopic monitor.

3. Three weeks after the CT scan, I will be able to commence CyberKnife radiation.

4. Do not know what the prognosis will be and stated I could go into remission again or the cancer to spread to other parts of the body.

5. Dr Barth stated that Bile duct stricture (biliary stricture) is an uncommon but challenging clinical condition that requires a coordinated multidisciplinary approach involving gastroenterologists, radiologists, and surgical specialists. Unfortunately, most benign bile duct strictures (biliary strictures) are iatrogenic, resulting from operative trauma. Bile duct strictures (biliary strictures) may be asymptomatic (a patient carries a disease or infection but experiences

no symptoms) but, if ignored, can cause life-threatening complications, such as ascending cholangitis, liver abscess, and secondary biliary cirrhosis.

However, not all bile duct strictures (biliary strictures) are benign. Pancreatic cancer is the most common cause of malignant biliary strictures. Most of these patients die of complications of tumor invasion and metastasis rather than from the bile duct stricture (biliary stricture) per se. Nonetheless, both benign and malignant bile duct strictures can be associated with distressing symptoms and excessive morbidity.

If I chose to read between the lines of my conversation with my oncologist I should not purchase green bananas and I have one foot in the grave and the other one on a ripe banana peel.

My Take: It appears that my Oncologist has given up but I chose to fight pancreatic cancer head on because in my body I am fit and strong and I am the creator, innovator and motivator of “Positive Thinking”. I kicked its ass before and I will kick its ass again. Therefore, my message to metastasized cancer cells in the biliary duct and the liver; you are history; there is only my way or the highway, no other way – so “Hit the Road, Cancer and don’t you come back no more”

Tumor Markers							
TEST –	06Feb08	12May09	06Nov09	07Nov09	12Jan10	08Feb10	RANGE
CEA	6.85	5.5	7.70	8.9	11.4	10.9	0.0 – 3.0
CA 19-9	1,322	15	609	940	2,367	3,702.7	<33

BILIRUBIN RESULTS			
TEST	12Jan10	08Feb10	RANGE
Total	0.4	0.3	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

METABOLIC – DR BARTH – 08FEB10			
TEST 09/10	Past Results:	08Feb	RANGE
GLUCOSE	114 / 120 / 113 / 119 / 86 / 108	124	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 / 15 / 18 / 15	18	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1 / 1.2 / 1.12 / 1.10	1.2	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 / 143 / 139 /	141	135 – 145: (1.0)

	141 / 140		
POTASSIUM	4.7 / 4.9 / 4.5 / 4.4 / 4.7 / 4.1	4.8	3.4 – 5.1
CHLORIDE	109 / 109 / 108 / 110 / 106 / 107	104	98 – 107: (2.0)
CO2	30 / 28 / 25 / 30 / 23	22	22 – 30
CALCIUM	9.8 / 10.0 / 9.9 / 9.5 / 9.6	9.6	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4 / 0.4 / 0.4	0.3	0.2 – 1.2
ALK PHOS	106* / 119 / 132 / 115 / 137 / 384	343	30 – 140
AST (SGOT)	105* / 33 / 39 / 30 / 64 / 35 / 30	30	014 – 36
ALT (SGPT)	208* / 38 / 53 / 36 / 77 / 45	34	9 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9 / 7.0 / 7.5	7.5	6.3 – 8.3
ALBUMIN	4.8 / 4.6 / 4.7 / 4.6 / 4.2	4.1	3.5 – 5.0
GLOBULIN	3.4 / 3.0 / 3.2 / 2.4 / 3.3	3.4	1.8 – 3.8
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5 / 1.9 / 1.3	1.2	1.1 – 2.5
BICARBONATE (CO2)		23	21 – 31
OSMOLALITY-SERUM	291	295	278 – 305
URIC ACID	9.4	8.1	2.8 – 8.4
MAGNESIUM		2.2	1.7 – 2.8
GGTP	241	533	0 – 65
BUN/CREATININE	15 / 14	15	6 – 25

  = Within Range – Red= High; Green = Low

HEMATOLOGY RESULTS (CBC)			
TEST – 09/10	12Jan10	08Feb10	RANGE
White Blood Cell (WBC)	5.7	9.0	4.0 – 11.0
Red Blood Cell (RBC)	3.91	4.05	4.20 - 5.80
Hemoglobin (HGB)	11.2	11.5	14.0 – 18.0
Hematocrit (HCT)	34.8%	36.5%	40.0 – 52.0
Corpuscular Volume (MCV)	89.0	90.0	80 – 100
Corpuscular Hemoglobin (MCH)	28.6	28.3	27.0 – 35.0
Corpuscular Hemoglobin Concentration (MCHC)	32.1	32.4	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	13.1%	13.2%	11.5 – 14.5
Platelet Count (PLT)	319	371	150 – 450
Platelet Volume (MPV)	8.9	8.9	7.4 – 10.4
BASO ABS	2.0	2.0	0.0 – 0.7.0



BANDS	0.0	0.0	0.0 – 5.0
LYMPHS	21.3	15.9	20.0 – 44.0
MONOCYTES	6.7	3.6	0.0 – 10.0
SEG %	70.2 %	79.5 %	50.0 – 75.0
Lymphocyte (%LYM)	24.9%	24.9%	20.0 – 44.0
MONO %	6.9 %	6.9 %	2.6 – 11.4
EOSINOPHILS %	1.6 %	0.9 %	0.0 – 8.0
BASOPHIL %	0.2	0.1	0.0 – 2.0

INR / PT / PTT		
TEST – 10 PROTHROMBIN	09Feb10	RANGE
TIM INR	1.14	Normal
TIM PT PATIENT TIME	12.6 Seconds	10.0 – 13.0
PARTIAL PTT PATIENT TIME	32.0 Seconds	20.0 – 40.0

**Update 96 (13 – 19Feb10) - Week 91: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 0 Month, 24 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 08Months, 18 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 07 Months, 26 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Perks of reaching 50: Your secrets are safe with your friends because they can't remember them either.

Lessons the life teaches: Cry with someone. It's more healing than crying alone.

February 15, 2010 at 10 A.M: Appointment with Dr Ajmel A. Puthawala Orange County Radiation Oncology Center for consultation CyberKnife. The following was discussed by Dr Puthawala:

After placement of the Fiducial by Dr Michael A. Arata, a week later he will follow up with a CT scan with contrast to determine movement of the Fiducial and a cholangiogram will be performed to determine if a stent is needed in the biliary ducts. At this time a Fine Needle Aspiration (FNA) will be performed to biopsy the lesion in the liver. Since CyberKnife will be performed on the lesion, Dr Puthawala sees no need for a biopsy unless it will be an FNA.

Once the above is completed another scan, a baseline CT scan will be performed at the Orange County Oncology Center by Dr Puthawala team. They will take all of the information from all the scans, MRIs, biopsy (if done) and all of this information will be given to their physicist and will be imputed into the computer. The computer will design the CyberKnife treatment that will

be personalized to my condition and radiation will be performed. These procedures could take up to 1-2 weeks or more to implement.

Of the utmost importance as the computer checked the tumor area and look at all the organs around the tumor area, and defined how much dosage of radiation they can take and not exceed that dosage.

After they come up with the plan, they will run a “fathom” run to make sure it delivers what is calculated and then they are ready to proceed with CyberKnife Radiation Treatments.

He stated that I would probably receive 5 treatments, with 2 the first week and 3 the following week. The length of the treatments would be 45 minutes to 1 ½ hour.

No side effects to CyberKnife and I could possibly get tired and not have as much energy. Following treatment I could return to all normal activities

He performed a simple test and stated that I did not possess the symptoms of cancer but knew that there was a recurrence of cancer from the pancreas that is close to the bile duct.

Regarding to placement of the Fiducial, he stated that Dr Arata would probably do one pass and would reposition the needle to place the Fiducial. He feels that 2 -4 Fiducial would suffice.

He stated that based on my survival of two years since the Whipple that my prognosis is good and that the dead cells from the tumor would be absorbed by the white blood cells and that the liver would regenerate itself.

Regarding my high temperature at time especially in the evening, he stated that tumors can cause fevers and that I have some inflammatory process going on in my body.

My vitals were: Pulse 60; Blood Pressure 125/80; Weight 187.4 lbs.

February 17, 2010 7:30 A.M.: Fiducial Placement by Dr Todd Harris: Under the impression the Dr Michael A. Arata was performing the procedures but instead the attending physician was Dr Todd Harris who placed four Fiducials around the lesion and stated everything went as scheduled. The procedure took about 15 - 20 Minutes. The biopsy he was going to attempt to perform was a core biopsy and I suggested that since the lesion was going to be treated regardless that a biopsy was not necessary and he agreed and stated that a core biopsy was going to have been difficult to perform because the CT scan barely showed the lesion. I was under conscious sedation during the procedure. After the procedure I was observed for two hours. I am waiting on an order to be issued by Dr Barth for the next procedure which will be performed in a week (CT scan, an intravenous cholangiogram and a possible stent in the biliary duct). Need to be on the lookout for temperature of 100.5, increased bleeding (a small amount is expected), or excessive swelling, signs of infection – redness, yellow drainage, foul odor and if procedure area becomes cold, blue, or tingling and numb.

**Update 97 20 – 26Feb10) - Week 92: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 1 Month, 01 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 08Months, 25 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 08 Months, 03 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Perks of reaching 50: Your supply of brain cells is finally down to manageable size.

Lessons the life teaches: It's Okay to get angry with God. He can take it.

February 24, 2010 2:00 P.M.: CT scan for Fiducials placement and an intravenous cholangiogram. No food two hours prior to the scan. Check-In time: 1:45 P.M.

The CT scan was performed as scheduled and did not get an intravenous cholangiogram, the CT was for:

157.0 Malignant Neoplasm of Pancreas Head  
 196.2 Malignant Neoplasm of Retroperitoneal Lymph Nodes, Secondary  
 197.7 Metastatic Malignant of the Liver  
 276.51 Dehydration  
 288.03 Neutropenia, drug induced  
 573.9 Unspecified disorder of the Liver  
 793.4 Nonspecific abnormal findings on Radiological and other Examination of Gastrointestinal Tract

February 24, 2010: Results for the CT-Guided Fiducial Placement:

**DETAILS OF PROCEDURE:** This is a gentleman with pancreatic cancer, who has undergone Whipple previously. Recently, his tumor markers have increased. However, CT and PET imaging previously did not demonstrate any abnormalities. However several weeks ago, a PET/CT did demonstrate a hot nodule within the liver consistent with metastatic disease. An MRI confirmed the lesion within the liver. Due to the location, CyberKnife was selected as treatment. Radiographic fiducial placement was requested.

CT images were taken with the patient in supine position. The previously identified lesion was again seen. The overlying skin was prepped and draped. 1% lidocaine was used for anesthetic. Under direct CT guidance, an introducer needle was advanced percutaneously adjacent to the mass. Repeat CT imaging again confirmed correct positioning. Approximately, four fiducial placements were made at that location in superior, intratumoral, inferior, and lateral portions of the tumor. Completion CT imaging demonstrated adequate placement of fiducials and the needle was removed.

February 25, 2010 10 A.M.: Appointment at O.C. Radiation Oncology Center at Fountain Valley Hospital for a Baseline CT scan which will be non-invasive and no preparation is required.

The above procedure was completed as scheduled.

**Update 97(27Feb – 05Mar10) - Week 93: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 1 Month, 08 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 09Months, 02 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 08 Months, 10 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons the life teaches: Save for retirement starting with your first paycheck.

Dr Neil Barth, oncologist, March 5, 2010 at 12:00 P.M. (Cancelled to Reschedule)

Stress Test: March 9, 2010 8 A.M. (Tuesday) Newport Heart (Cancelled to Reschedule)

**Update 97 (06 – 12Mar10) - Week 94: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 1 Month, 15 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 09Months, 02 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 08 Months, 13 Days
	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 00 Months, 02 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons the life teaches: When it comes to chocolate, resistance is futile.

CyberKnife Radiation Treatment (1 of 3): 08 March 2010 9:00 A.M. Received radiation at 156 different angles for approximately 1 hour.

CyberKnife Radiation Treatment (2 of 3): 09 March 2010 9:00 A.M. Received radiation at 156 different angles for approximately 1 hour.

CyberKnife Radiation Treatment (3 of 3): 10 March 2010 9:00 A.M. Received radiation at 156 different angles for approximately 1 hour.

I had a short consultation with Dr Puthawala after completion of CyberKnife who stated that the success rate of the CyberKnife is 90% and felt that the tumor would dissolve. The bad news was that although there was only one tumor seen that future tumors could pop up either in the liver or other parts of the body. In regards to the stent, this situation has to be monitored closely even though the CyberKnife Radiation also include the bile duct strictures that scar tissue could form thereby not been able to install a stent.

Notes: In my treatment, the CyberKnife Radiation used 2 adapter sizes to control the amount of radiation that I am exposed to. The radiation will continue to work for approximately 6 weeks and interacting with cells and the dead tumor cells which will be absorbed by white blood cells.

Follow ups:

Two weeks after the CyberKnife a follow up will be scheduled with Dr Puthawala.

4 – 6 weeks after the CyberKnife a CT scan or an MRI will be scheduled for evaluation of effectiveness of CyberKnife on the tumor.

Note: The expected side effects which may include nausea, vomiting, fatigue, some discomfort, and pain in the abdomen, remote possibilities of damage to the surrounding normal structures causing bleeding pain, infection, or even requiring surgical procedures.

The only side effect I had was fatigue which started on Tuesday evening and lasted until Friday morning and I was able to play 18 holes of golf on Friday so I must be Okay.

#### **Update 98 (13 – 19Mar10) - Week 95: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 1 Month, 22 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 09Months, 09 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 08 Months, 20 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 00 Months, 09 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Special Note: Beginning on Monday March 15, 2110 until Wednesday March 17, 2010 I have felt loss of energy and felt heat in my head like it is trying to escape. I have continued my workouts without missing a beat.

Lessons the life teaches: Make peace with your past so it won't screw up the present.

Follow up with Dr Brian E. Chavez at South County Kidney and Endocrine Center on Thursday March 25, 2010 at 8:00 A.M. (Labs one week prior – Week of 18 March 2010) Canceled due to radiation to be rescheduled

#### **Update 98 (20 – 26Mar10) - Week 96: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 1 Month, 29 Days

Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 09Months, 16 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 08 Months, 27 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 00 Months, 16 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons the life teaches: It's OK to let your children see you cry.

**Update 99 (27Mar – 02Apr10) - Week 97: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 2 Month, 06 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 09Months, 23 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 09 Months, 04 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 00 Months, 23 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Follow up with Dr Puthawala on Monday March 29, 2010 at 10 A.M. Weight 185.2, Blood Pressure 145/80 and everything is going as planned, no issues.

Labs to include Tumor Marker: Monday March 29, 2010 at Birch.

Lessons the life teaches: Don't compare your life to others. You have no idea what their journey is all about.

<b>Tumor Markers</b>							
<b>TEST –</b>	<b>06Feb08</b>	<b>12May09</b>	<b>07Nov09</b>	<b>12Jan10</b>	<b>08Feb10</b>	<b>28Mar10</b>	<b>RANGE</b>
CEA	6.85	5.5	8.9	11.4	10.9		0.0 – 3.0
CA 19-9	1,322	15	940	2,367	3,702.7	6,071.0	<33

<b>BILIRUBIN RESULTS</b>			
<b>TEST</b>	<b>08Feb10</b>	<b>29Mar10</b>	<b>RANGE</b>
Total	0.3	0.3	0.2 – 1.2
Conjugated	0.0	0.0	0.0 – 0.03

<b>METABOLIC – DR BARTH – 29MAR10</b>			
<b>TEST 09/10</b>	<b>Past Results:</b>	<b>08Feb</b>	<b>RANGE</b>
GLUCOSE	114 /120 / 113 /119 / 86 / 108 /124	129	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 /15 / 18 /	20	7.0 – 21.0

	15 /18		
CREATININE	1.0 / 1.1 / 1.1 /1.2 / 1.12 / 1.10 /1.2	1.2	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 />60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 /143 /139 / 141 / 140 / 141	138	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5 /4.4 /4.7 /4.1 / 4.8	5.7	3.4 – 5.1
CHLORIDE	109 /109 / 108 /110 /106 /107 / 104	104	98 – 107: (2.0)
CO2	30 / 28 / 25 / 30 / 23 / 22	25	22 – 30
CALCIUM	9.8 / 10.0 /9.9 /9.5 / 9.6 / 9.6	9.8	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4 / 0.4 / 0.4 / 0.3	0.3	0.2 – 1.2
ALK PHOS	106* / 119 / 132 /115 / 137 / 384 / 343	296	30 – 140
AST (SGOT)	105* / 33 / 39 /30 / 64 / 35 /30 / 30	34	014 – 36
ALT (SGPT)	208* / 38 / 53 / 36 / 77 / 45 / 34	43	9 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9 / 7.0 / 7.5 / 7.5	8.6	6.3 – 8.3
ALBUMIN	4.8 / 4.6 / 4.7 / 4.6 / 4.2 / 4.1	4.2	3.5 – 5.0
GLOBULIN	3.4 / 3.0 / 3.2 / 2.4 / 3.3 / 3.4	4.4	1.8 – 3.8
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5 / 1.9 / 1.3 / 1.2	1.0	1.1 – 2.5
BICARBONATE (CO2)		23	21 – 31
OSMOLALITY-SERUM	291 / 295	290	278 – 305
URIC ACID	9.4 / 8.1	6.4	2.8 – 8.4
MAGNESIUM	2.2	2.2	1.7 – 2.8
GGTP	241 / 533	608	0 – 65
BUN/CREATININE	15 / 14 /15	17	6 – 25
Ionized Calcium (Calc)		3.8	3.9 – 4.7
Phosphorus		3.1	2.5 – 4.5
LDH		119	60 - 250
Vitamin D, 25-Hydroxy		34.2	31.0 – 100.0

= Within Range – Red= High; Green = Low

<b>HEMATOLOGY RESULTS (CBC)</b>			
<b>TEST – 09/10</b>	<b>08Feb10</b>	<b>29Mar10</b>	<b>RANGE</b>
White Blood Cell (WBC)	9.0	4.8	4.0 – 11.0
Red Blood Cell (RBC)	4.05	4.43	4.20 - 5.80
Hemoglobin (HGB)	11.5	12.4	14.0 – 18.0
Hematocrit (HCT)	36.5%	40.0%	40.0 – 52.0
Corpuscular Volume (MCV)	90.0	90.0	80 – 100
Corpuscular Hemoglobin (MCH)	28.3	28.0	27.0 – 35.0
Corpuscular Hemoglobin Concentration (MCHC)	32.4	31.0	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	13.2%	13.7%	11.5 – 14.5
Platelet Count (PLT)	371	393	150 – 450
Platelet Volume (MPV)	8.9		7.4 – 10.4
BASO ABS	2.0		0.0 – 0.7.0
BANDS	0.0	0.0	0.0 – 5.0
LYMPHS	15.9	17.5	20.0 – 44.0
MONOCYTES	3.6	5.6	0.0 – 10.0
SEG %	79.5 %	79.5 %	50.0 – 75.0
Lymphocyte (%LYM)	24.9%	17.5%	20.0 – 44.0
MONO %	6.9 %		2.6 – 11.4
EOSINOPHILS %	0.9 %		0.0 – 8.0
BASOPHIL %	0.1	0.6	0.0 – 2.0
Cholesterol	106.0	138	140.0 - 200.0 1
Triglycerides	95.0	136	30.0 - 150.0
HDL	37.0	39.0	40.0 – 80.0
Total Cholesterol/HDL	2.9	3.5	2.2 – 5.0
LDL (calc)	50.0	72	57 - 100
VLDL (Calc)		27.2	6.0 – 35.0
LDL/HDL Ratio		1.8	0.5 – 3.0

<b>BLOOD LABS – DR CHAVEZ – 29MAR10</b>			
<b>TEST</b>	<b>10DEC09</b>	<b>29MAR10</b>	<b>RANGE</b>
WBC	5.7	4.8	4. 1 - 10.9
RBC	4.2	4.43	4.2 -6.3
Hemoglobin		12.4	14.0 – 18.0
Hematocrit		40.0	40.0 – 52.0 %
MCV	89.1	90.0	80.0 – 97.0
MCH	30.4	28.0	26.0 -32.0
MCHC	34.1	31.0	31.0 -36.0 1
RDW	13.7	13.7	11.5 -14.5 %
Platelet Count		393	150 – 450
Segs		73.2	50.0 – 75.0 %
Lymphs		17.5	20.0 – 44.0 %
Monocytes		5.6	0.0 – 10.0 %
Eosinophils		3.0	0.0 – 7.0



Basophils		0.6	0.0 – 2.0 %
Bands		0.0	0.0 – 5.0 %
HEMOGLOBIN A1C	5.2	6.6	4.8 – 6.0 %
Mean Blood Glucose		158	
C-Peptide	2.1	2.83	0.81 - 3.85
Cholesterol	106.0	138	140.0 - 200.0l
Triglycerides	95.0	136	30.0 - 150.0
HDL	37.0	39.0	40.0 – 80.0
LDL (calc)	50.0	72	57 – 100
VLDL (Calc)		27.2	6.0 – 35.0
Cholesterol / HDL	2.9	3.5	2.2 – 5.0
LDL / HDL Ratio		1.8	0.5 – 3.0
Total T3		95.0	40.0 – 180.0
TSH (3 <sup>rd</sup> Generation)		0.390	0.350 -5.500l
Free T4	0.98	1.15	0.80 - 1.80
Glucose	123.0	129.0	65 - 99
BUN	18.0	20	7.0 - 18.0
Creatinine	1.2	1.2	0.6 - 1.3
eGFR	64.4	>60	>60
BUN/Creatinine Ratio		17	6 – 25
Sodium	142.0	138	136.0 – 145.0
Potassium	4.7	5.7	3.5 -5.1
Chloride	105.0	104	98.0 -107.0
Bicarbonate (CO2)	22.4	25	21.0 -32.0
Calcium	9.0	9.8	8.5 – 10.1
Total Protein		8.6	5.7 – 8.1
Albumin	4.2	4.2	34. – 5.0
Globulin (Calc)		4.4	1.8 – 3.8
A/G Ratio (Calc)		1.0	1.1 – 2.5
Alkaline Phosphatase	180.0	296	50.0 - 136.0
AST / SGOT		34	30.0 - 65.0
ALT / SGPT		43	15.0 - 37.0
Osmolality-Serum (Calc)		290	278 – 305
Ionized Calcium (Calc)		3.8	3.9 – 4.7

Appointment: Dr Barth Oncologist on Friday April 2, 2010 at 11 A.M.

Vitals			
Date:	29Mar10	02Apr10	Rating
Weight (- 4 lbs for clothes)	185.2	187.0	(183.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	145/80	120/76	Normal
Pulse		72	Normal (60 – 100)
Temperature		98.2	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr. Barth said the CA-19-9 markers were all over the place and he did not know what to think of them at this time. But since the last tumor markers were on February 8, 2010 and the current tumor markers were on March 28, 2010 there is no way of telling if they are a true indication of the validation of the CyberKnife. Since the fiducial placement and the CyberKnife caused a lot of inflammation, swelling and tightening in that liver area this has to be taken in consideration when evaluating the tumor markers.

A more probable indication would be a repeat of the tumor markers in 3 weeks with a follow up appointment.

Because the tumor markers were not a valid indication at this time, he wanted to see how I was looking and feeling and how my appetite and weight were doing. He felt I looked great and since my appetite and weight were doing great, he had no major concerns.

As far as the placement of a stent in the hepatic duct, he said that he and Dr. Harris had discussed the placement because the tumor was placing pressure on the common hepatic duct and he feared closure of the common hepatic duct. He wanted a stent as a precautionary measure but Dr Harris did not want to place a stent proactively. A positive factor is that my Bilirubin is 0.3 when is an indication of no jaundice.

He said he was pleased to see the Alkaline Phosphatase (liver) numbers coming down. His goal is to see those numbers in double digits. (384 / 343 / 296)

He stated that the CyberKnife center was impressed with how well I handled the treatments.

Dr. Barth just attended a conference at Tufts University in Florida where they stated that there is a new cutting edge treatment called Embolism, which would follow CyberKnife up to 4 months after treatment, and that it was even more effective after 2 months. Patients having Embolism after CyberKnife radiation were better off 8 fold over a patient who just had CyberKnife.

However, this procedure would be high risk for me because of the location of the tumor which would most certainly have a high risk of causing complications to the common hepatic duct and if this were to happen I would be on a miserable ride.

We talked about my elevated temperature and fever. He asked if I had any chills and shaking. He said that it is a very dangerous condition, which means there are bacteria in the blood stream. Even 5 minutes of that is dangerous, after 15 minutes I could go into Shock, and 30 minutes would be very serious which could lead to death.

He prescribed an antibiotic called Levaquin (750 MG) if I had or even felt chills coming and to call him.

If I experienced elevated temps of 100 to 101, I should take some Advil and keep a watch on it. He does not need to be called, but when you see him, let him know about it.

He recommended a PET scan 9-12 weeks after end of CyberKnife.

During his physical examination, Dr Barth stated that my heart rate at a resting position was 64 which are outstanding.

**Update 100 (03 – 09Apr10) - Week 98: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 2 Month, 13 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 10 Months, 00 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 09 Months, 11 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 01 Months, 00 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

**Special Note:** April 5, 2010: After see Dr Barth (April 2, 2010) I felt great but upon arriving home I developed a high temperature which reached a high of 103 degrees. The 103 temperature was for a very short while and came down after taking Advil during the evening my temperature averaged in the high 99s.

On the morning of April 3, 2010 my temperature was normal and during the day averaged in the high 99 and in the evening reached 101.1 which again did not last very long after taking Advil.

On the morning of April 4, 2010 and during the day my temperature was in the low 99s. During the evening whenever I awoke I was cold and clammy which to me indicated the fever had broken. My temperature in the morning was 97.6 and I workouts for 2 hours and felt great.

During the weekend while I was fighting the fever I felt drained of energy.

Lessons Lift Taught Me: If a relationship has to be a secret, you shouldn't be in it.

**Special Note:** No high temperature or fever since April 4, 2010.

To all my friend and relatives who have sent me best “wishes” chain letters, “Angel” letters or other promises of good luck for my cancer, “None of that Shit worked”. Please just send cash, vodka, chocolate, Mexican food, wine, or airline tickets instead.

**Update 101 (10 – 16Apr10) - Week 99: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 2 Month, 20 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 10 Months, 07 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 09 Months, 18 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 01 Months, 07 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons Lift Taught Me: At my age, I have seen it all, done it all, heard it all, I just cannot remember it all!

A dose of laughter may make living with cancer just a little bit better. Humor can help reduce stress, brighten your mood and boost pain tolerance.

Follow up with Dr Brian E. Chavez at South County Kidney and Endocrine Center on Thursday April 15, 2010 at 10:30 A.M. (Labs on 29Mar10)

Vitals			
Date:	02Apr10	15Apr10	Rating
Weight (- 4 lbs for clothes)	187.0	184.0	(180.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	120/76	118/78	Optimal
Pulse	72	68	Normal (60 – 100)
Temperature	98.2	97.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr Chavez increased the Metformin Hydrochloride to three 500 mg per day for glucose/diabetes.

**Update 102 (17 – 23Apr10) - Week 100: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 2 Month, 27 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 10 Months, 14 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 09 Months, 25 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 01 Months, 14 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons Lift Taught Me: Everything can change in the blink of an eye. But don't worry; God never blinks.

Tumor Markers							
TEST –	06Feb08	07Nov09	12Jan10	08Feb10	28Mar10	19Apr10	RANGE
CEA	6.85	8.9	11.4	10.9		15.1	0.0 – 3.0
CA 19-9	1,322	940	2,367	3,702.7	6,071.0	4,056.6	<33

BILIRUBIN RESULTS			
TEST	29Mar10	19Apr10	RANGE
Total	0.3	0.6	0.2 – 1.2

Conjugated	0.0	0.0	0.0 – 0.03
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METABOLIC – DR BARTH – 19APR10			
TEST 09/10	Past Results:	08Feb	RANGE
GLUCOSE	114 / 120 / 113 / 119 / 86 / 108 / 124 / 129	126	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 / 15 / 18 / 15 / 18 / 20	11	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1 / 1.2 / 1.12 / 1.10 / 1.2 / 1.2	1.0	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 / 143 / 139 / 141 / 140 / 141 / 138	144	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5 / 4.4 / 4.7 / 4.1 / 4.8 / 5.7	5.2	3.4 – 5.1
CHLORIDE	109 / 109 / 108 / 110 / 106 / 107 / 104 / 104	111	98 – 107: (2.0)
CO2	30 / 28 / 25 / 30 / 23 / 22 / 25	22	22 – 30
CALCIUM	9.8 / 10.0 / 9.9 / 9.5 / 9.6 / 9.6 / 9/8	9.7	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4 / 0.4 / 0.4 / 0.3 / 0.3	0.6	0.2 – 1.2
ALK PHOS	106* / 119 / 132 / 115 / 137 / 384 / 343 / 296	330	30 – 140
AST (SGOT)	105* / 33 / 39 / 30 / 64 / 35 / 30 / 30 / 34	35	014 – 36
ALT (SGPT)	208* / 38 / 53 / 36 / 77 / 45 / 34 / 43	34	9 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9 / 7.0 / 7.5 / 7.5 / 8.6	7.8	6.3 – 8.3
ALBUMIN	4.8 / 4.6 / 4.7 / 4.6 / 4.2 / 4.1 / 4.2	4.1	3.5 – 5.0
GLOBULIN	3.4 / 3.0 / 3.2 / 2.4 / 3.3 / 3.4 / 4.4	3.7	1.8 – 3.8
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5 / 1.9 / 1.3 / 1.2 / 1.0	1.1	1.1 – 2.5
BICARBONATE (CO2)		23	21 – 31
OSMOLALITY-SERUM	291 / 295 / 290	299	278 – 305

URIC ACID	9.4 / 8.1 / 6.4	5.5	2.8 – 8.4
MAGNESIUM	2.2 / 2.2	2.0	1.7 – 2.8
GGTP	241 / 533 / 608	664	0 – 65
BUN/CREATININE	15 / 14 / 15 17	11	6 – 25
Ionized Calcium (Calc)	3.8 /	4.0	3.9 – 4.7
Phosphorus	3.1 /	2.9	2.5 – 4.5
LDH	119 /	121	60 – 250
Vitamin D, 25-Hydroxy		34.2	31.0 – 100.0

  = Within Range – Red= High; Green = Low

HEMATOLOGY RESULTS (CBC)			
TEST – 09/10	29Mar10	19Apr10	RANGE
White Blood Cell (WBC)	4.8	5.2	4.0 – 11.0
Red Blood Cell (RBC)	4.43	4.09	4.20 - 5.80
Hemoglobin (HGB)	12.4	11.5	14.0 – 18.0
Hematocrit (HCT)	40.0%	35.3%	40.0 – 52.0
Corpuscular Volume (MCV)	90.0	86.0	80 – 100
Corpuscular Hemoglobin (MCH)	28.0	28.0	27.0 – 35.0
Corpuscular Hemoglobin Concentration (MCHC)	31.0	32.4	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	13.7%	13.2%	11.5 – 14.5
Platelet Count (PLT)	393	366	150 – 450
Platelet Volume (MPV)			7.4 – 10.4
BASO ABS			0.0 – 0.7.0
BANDS	0.0	0.0	0.0 – 5.0
LYMPHS	17.5	17.5	20.0 – 44.0
MONOCYTES	5.6	7.1	0.0 – 10.0
SEG %	79.5 %	13.2 %	50.0 – 75.0
Lymphocyte (%LYM)	17.5%	17.5%	20.0 – 44.0
MONO %			2.6 – 11.4
EOSINOPHILS %		2.4	0.0 – 8.0
BASOPHIL %	0.6	0.2	0.0 – 2.0
Cholesterol	138	138	140.0 - 200.0 1
Triglycerides	136	136	30.0 - 150.0
HDL	39.0	39.0	40.0 – 80.0
Total Cholesterol/HDL	3.5	3.5	2.2 – 5.0
LDL (calc)	72	72	57 – 100
VLDL (Calc)	27.2	27.2	6.0 – 35.0
LDL/HDL Ratio	1.8	1.8	0.5 – 3.0

Follow up with Dr Barth Oncologist Thursday April 22, 2010 9:30 A. M. (Labs on Monday April 19, 2010 – Labs completed as schedule with results shown above).

Vitals			
Date:	15Apr10	22Apr10	Rating
Weight (- 4 lbs for clothes)	184.0	183.0	(179.0 lbs) (155 – 176)

Blood Pressure (Systolic/Diastolic)	118/78	124/82	Normal
Pulse	68	72	Normal (60 – 100)
Temperature	97.6	97.8	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

He was appeased that the CA 19-9 was going down, which tells him the CyberKnife got a good swipe of the liver.

Regarding the GGTP Marker (this is an enzyme dealing only with the Liver) he said this is an issue. This is an enzyme that indicates liver injury. They CyberKnife took a good swipe of the liver and the gut. He is not saying this is irreversible damage. This could take a while to come down. But it could indicate there is more disease infiltrating in the liver that is not showing on a scan. Basically the Liver cells are not happy.

The alkaline phosphate is an enzyme that deals with the bone, gut, and lungs. This was up some, but the other enzymes were remaining the same). The AST (SGOT) and ALT (SGPT) markers are normal.

He is not concerned with the Bilirubin. Always keep an eye on your bowels, and urine, which means bile, could be backing up. You don't want to see light tan or white stools, also no dark (tea color or coca-coca color). This could indicate a bile backup.

The belly shows no thickness, it remains soft, and the liver is not enlarged.

If needed, he could prescribe Zanax for clinical depression. Mind somewhere else, not focused, anxious, can't multi task, short term memory, loss of sleep, moody.

He would like blood labs in 4 weeks and to see him in 4 weeks.

The CyberKnife radiation is out of my system and it can take 4-6 months to see the full benefit.

Wait at least 16 weeks for a scan after CyberKnife, unless he feels he needs to look at something. He doesn't like exposing you to more radiation unless needed.

It can take 23-26 days for a change in CA 19-9, and longer for CEA markers.

**Update 103 (24 – 30Apr10) - Week 101: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 3 Month, 04 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 10 Months, 21 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 10 Months, 05 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 01 Months, 21 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons Lift Taught Me: Take a deep breath. It calms the mind.

Observations on Growing Older: Your kids are becoming you and you don't like them but your grandchildren are perfect!

#### **Update 104 (01 – 07May10) - Week 102: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 3 Month, 11 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 10 Months, 28 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 10 Months, 12 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 01 Months, 28 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

May 6, 2010: Thursday – Went to Colorado – had a very long day. After having breakfast at 8:00, I pretty much did not have anything to eat until dinner at 10:00 P.M. that night, and went to bed at around midnight. I had a headache all day and the pain was above the eyes.

May 7, 2010: Friday morning. – I slept fairly well except for the 5-6 times going to the bathroom. At 8:00 on Friday morning, I was tired and did not want to get up. I did not have a thermometer with me, but I felt I had an elevated temperature and I still had the headache.

I took some Ibuprofen and had an egg sandwich and went back to sleep. I stayed in bed until 2:00, and then got up and showered and went to the airport for a flight back at 6:00. I slept the entire way home, as I was so exhausted.

Lessons Lift Taught Me: Get rid of anything that isn't useful, beautiful or joyful.

Observations on Growing Older: Going out is good but coming home is better!

#### **Update 105 (08 – 15May10) - Week 103: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 3 Month, 18 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 11 Months, 05 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 10 Months, 19 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 02 Months, 05 Days



**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

May 8, 9, 2010: Saturday and Sunday: On Saturday I was still feeling tired, and had a headache, but rested most of the weekend. Took Ibuprofen for headache but it does not help much. My temp would be elevated to 99 on and off during the weekend. I had a headache as well.

May 10 – 11 – 12, 2010: Monday-Tuesday-Wednesday: I was not feeling very good all this week– tired – headache.

May 13, 2010: Tuesday Morning: Around 2:00 A.M. I woke up feeling cold to the bone and could not get warm even though I was in the bed with all the covers on and sweats. My wife started me on Levaquin (as directed by Dr. Barth in our last visit, if I got a fever). I took it for 7 days as directed, one a day. When I am cold like that with a high temperature, my right hip hurts (Right Hip Replacement).

My wife said I felt very hot to touch. We took my temperature , and it was 102 and then got up to 103.8 - I started taking Ibuprofen and drinking water, and finally at around 8:00, it came down to 97.9. I also had a headache. Nothing seems to help the headache, when I go to bed at night it usually goes away, but had been returning in the afternoons, it seemed. After I started taking the Levaquin, it did not hurt as often.

My temperature would go up to 98 – 99 on Wednesday evening, but it has not gone up since then.

I finished the Levaquin on May 19, 2010.

I have just felt more fatigued for over a week.

My stomach seems to be upset quite often. On Sunday, May 16, I had Orange stool with red flecks and it after that my stools were normal.

I find that I don't want to eat dinner in the evening. Some foods just turn me off and also the smell of them. I am eating more sandwiches in the evening. I eat fruits all day long.

I have had a dry cough for over a month, I seem to clear my throat quite often.

My acupuncture has been saying that my liver is swollen a little.

I seem to feel like I am always light headed.

Lessons Lift Taught Me: Whatever doesn't kill you really does make you stronger.

Observations on Growing Older: When people say you look "Great", they add "for your age!"

**Update 106 (16 – 22May10) - Week 104: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 3 Month, 25 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 11 Months, 12 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 10 Months, 26 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 02 Months, 12 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

Lessons Lift Taught Me: It's never too late to have a happy childhood. But the second one is up to you and no one else.

Observations on Growing Older: When you needed the discount, you paid full price. Now you get discounts on everything.

**Update 107 (23 – 29May10) - Week 105: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 4 Month, 02 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 11 Months, 19 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 11 Months, 03 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 02 Months, 19 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver.**

May 24, 2010: Blood Test at Westcliff Labs in San Clemente.

Lessons Lift Taught Me: When it comes to going after what you love in life, don't take no for an answer.

Observations on Growing Older: Movies, hotels, flights, but you're too tired to use them.

Follow up with Dr Barth Oncologist Wednesday May 26, 2010 at 12:00 P.M.:

<b>Vitals</b>			
<b>Date:</b>	<b>22Apr10</b>	<b>26May10</b>	<b>Rating</b>
Weight (- 4 lbs for clothes)	183.0	182.0	(178.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	124/82	126/86	High Normal
Pulse	72	78	Normal (60 – 100)
Temperature	97.8	97.7	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

<b>Tumor Markers</b>							
<b>TEST –</b>	<b>06Feb08</b>	<b>12Jan10</b>	<b>08Feb10</b>	<b>28Mar10</b>	<b>19Apr10</b>	<b>26May10</b>	<b>RANGE</b>
CEA	6.85	11.4	10.9		15.1		0.0 – 3.0
CA 19-9	1,322	2,367	3,702.7	6,071.0	4,056.6	9,865.4	<33

<b>BILIRUBIN RESULTS</b>			
<b>TEST</b>	<b>19Apr10</b>	<b>26May10</b>	<b>RANGE</b>
Total	0.6	0.8	0.2 – 1.2

CEA Tumor Marker was not taken on the May 24, 2010 Labs.

I mentioned that I am still fit and strong but have a feeling that something is not right in my body.

Dr. Barth stated that these current markers validate my feeling.

Also the GGPT enzymes went up which indicated the liver is very sensitive, and the numbers are steadily going up since April 19, 2010. 241/533/608/604 and current 1,062 Range is 0-65.

The Alkaline Phosphate numbers also went up which indicates there is pressure in the biliary system.

This process is going up in spite of the CyberKnife radiation treatment.

The fever I have experienced is coming from the biliary system (from my first surgery). The infection is coming from bacteria in the biliary system (Cholangitis).

The CyberKnife targeted one particular area. Dr. Barth says if he could take a picture of the abdomen, he is 100% certain that there is cancer in liver that are not showing up on a scan, and they cannot be identified as to where or the density of it, in accordance to all these numbers, and that he suspects there is more cancer in the liver.

I asked what my classification is and he stated that it was terminal cancer. My live expectance is within the first part of next year or likely shorter.

He said that within 30-45 days my quality of life would become more challenged. Changes can come quickly, more than likely by summer I would have symptoms, with escalated fever and my body would become weaker. It is a parasite feeding off of him.

He spoke of Chemotherapy – He said he cannot cure the disease, he may be able to extend my life, but that would be up to me and the quality of life that I would want.

The treatment would be Chemotherapy – Gemzar and Oxaliplatin – (I have had Gemzar before).

If I decide on chemotherapy, the treatment would be 2 drugs a week – 2 on one week, and 1 on the next week, and 3<sup>rd</sup> week off, and start the regiment every 21 days.

The chemotherapy duration would work in 3 parts:

How I am doing:

If the tumor goes away with chemotherapy which is highly unlikely:

If disease is still progressing despite chemotherapy:

I make the decision as to when I do not want to do chemotherapy anymore.

He would keep me on a low dose of antibiotic during the chemotherapy so my system would not be as compromised.

This treatment and what I do has no relevance to what others or how others have responded (only how I respond).

If I chose to do Chemotherapy, I cannot wait until I go over the ledge and nothing can pull me back and this can happen quickly (6-8 weeks).

My liver is enlarged (3 cm below the ribcage (3/4")). My lungs are clear.

Presently, my choice is quality of the life I have left and I will not take chemotherapy.

METABOLIC – DR BARTH – 24May10			
TEST 09/10	Past Results:	24May	RANGE
GLUCOSE	114 /120 / 113 /119 / 86 / 108 /124 / 129 /126	170	Normal 50 – 99
			Impaired Glucose Fasting or Pre-Diabetes 100 – 125
			Diabetes > 126
BUN	13 / 18 / 20 /15 / 18 / 15 /18 / 20 / 11	15	7.0 – 21.0
CREATININE	1.0 / 1.1 / 1.1 /1.2 / 1.12 / 1.10 /1.2 / 1.2 / 1.0	1.2	0.4 – 1.5
Glomerular Filtration Rate (GFR)	>60 / >60 / >60 />60 / >60 / >60	>60	>60 Normal or mildly decreased
			30 – 50 Moderately Decrease GFR
			15 – 29 Severely Decrease GFR
SODIUM	146 / 146 /143 /139 / 141 / 140 / 141 / 138 / 144	140	135 – 145: (1.0)
POTASSIUM	4.7 / 4.9 / 4.5 /4.4 /4.7 /4.1 / 4.8 / 5.7 / 5.2	5.6	3.4 – 5.1
CHLORIDE	109 /109 / 108 /110	100	95 – 108: (2.0)

	/106 /107 / 104 /104 1 111		
CO2	30 / 28 / 25 / 30 / 23 / 22 / 25 / 22	24	22 – 30
CALCIUM	9.8 / 10.0 / 9.9 / 9.5 / 9.6 / 9.6 / 9 / 8.0 / 9.7	10.0	8.8 - 10.6
BILIRUBIN TOTAL	0.5 / 0.4 / 0.4 / 0.4 / 0.3 / 0.3 / 0.6	0.8	0.2 – 1.2
ALKALINE PHOSPHATASE	106* / 119 / 132 /115 / 137 / <b>384 / 343 / 296</b> <b>/330</b>	<b>378</b>	30 – 140
AST (SGOT)	<b>105*</b> / 33 / 39 /30 / <b>64</b> <b>/ 35 /30 / 30 / 34 / 35</b>	37	0 – 486
ALT (SGPT)	<b>208*</b> / 38 / 53 / 36 / <b>77 / 45 / 34 / 43 / 34</b>	41	0 – 52
TOTAL PROTEIN	8.2 / 7.6 / 7.9 / 7.0 / 7.5 / 7.5 / <b>8.6 / 7.8</b>	8.0	5.7 – 8.1
ALBUMIN	4.8 / 4.6 / 4.7 / 4.6 / 4.2 / 4.1 / 4.2 / 4.1	4.3	3.3 – 4.8
GLOBULIN	3.4 / 3.0 / 3.2 / 2.4 / 3.3 / 3.4 / <b>4.4</b> / 3.7	3.7	1.8 – 3.8
HEMOGLOBIN A1C	5.6 %		4.0 – 10.9
A/G RATIO	1.4 / 1.5 / 1.5 / 1.9 / 1.3 / 1.2 / 1.0 / 1.1		1.1 – 2.5
BICARBONATE (CO2)	23	24	21 – 31
OSMOLALITY-SERUM	291 / 295 / 290 /299		278 – 305
URIC ACID	<b>9.4</b> / 8.1 / 6.4 / 5.5	5.4	2.8 – 8.4
MAGNESIUM	2.2 / 2.2 / 2.0	1.9	1.7 – 2.8
GGTP	<b>241 / 533 / 608 / 664</b>	<b>1,062</b>	0 – 65
BUN/CREATININE	15 / 14 /15 17 / 11	13	6 – 25
Ionized Calcium (Calc)	<b>3.8</b> / 4.0		3.9 – 4.7
Phosphorus	3.1 / 2.9		2.5 – 4.5
LDH	119 / 121		60 – 250
Vitamin D, 25-Hydroxy	34.2		31.0 – 100.0
LACTIC ACID		124	60 – 250

  = Within Range – Red= High; Green = Low

HEMATOLOGY RESULTS (CBC)			
TEST – 09/10	19Apr10	24May10	RANGE
White Blood Cell (WBC)	5.2	6.9	4.0 – 11.0
Red Blood Cell (RBC)	<b>4.09</b>	4.46	4.20 - 5.80
Hemoglobin (HGB)	<b>11.5</b>	<b>12.6</b>	14.0 – 18.0
Hematocrit (HCT)	<b>35.3%</b>	41.0%	40.0 – 52.0
Corpuscular Volume (MCV)	86.0	92.0	80 – 100
Corpuscular Hemoglobin (MCH)	28.0	28.3	27.0 – 35.0

Corpuscular Hemoglobin Concentration (MCHC)	32.4	30.7	31.0 – 37.0
Red Blood Cell Distribution Width (RDW)	13.2%	15.2%	11.5 – 14.5
Platelet Count (PLT)	366	606	150 – 450
Platelet Volume (MPV)			7.4 – 10.4
BASO ABS			0.0 – 0.7.0
BANDS	0.0	0.0	0.0 – 5.0
LYMPHS	17.5	15.6	20.0 – 44.0
MONOCYTES	7.1	5.0	0.0 – 10.0
SEG %	13.2 %		50.0 – 75.0
Lymphocyte (%LYM)	17.5%		20.0 – 44.0
MONO %			2.6 – 11.4
EOSINOPHILS %	2.4	3.7	0.0 – 8.0
BASOPHIL %	0.2	2.5	0.0 – 2.0
Cholesterol	138		140.0 - 200.0 1
Triglycerides	136		30.0 - 150.0
HDL	39.0		40.0 – 80.0
Total Cholesterol/HDL	3.5		2.2 – 5.0
LDL (calc)	72		57 – 100
VLDL (Calc)	27.2		6.0 – 35.0
LDL/HDL Ratio	1.8		0.5 – 3.0

#### **Update 108 (30May – 06Jun10) - Week 106: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 4 Month, 09 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 11 Months, 26 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 11 Months, 10 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 02 Months, 26 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months).**

#### **May 30, 2010: My Take on my oncologist appointment of May 26, 2010:**

In my body, soul and heart I am still fit and strong, extremely positive and I have a strong will to remain on this earth especially for my family. It is extremely difficult to bear the pain they are going through even though I am at peace if it is my time to go (I cannot live forever).

My Oncologist is basing his life expectancy forecast (6 months) on the below:

1. 30 plus years experience in oncology and in dealing with below to average cancer patient.
2. My tumor and liver enzymes markers

I have been at this junction before with cancer in the pancreatic and a life expectancy of 10 months and I am in the 28<sup>th</sup> month and this is the way I feel about cancer:

1. Even my oncologist, will attest to the fact that I am not a below to average cancer patient; I am the strongest and fittest cancer patient he has ever dealt with; with an extremely strong and positive desire to beat this cancer.

2. I have been billed by friends as “A walking poster for cancer”, “the healthiest cancer patient they have ever seen” and are blown away by my positive attitude and my healthy ability to be willing and able remain affable and courteous regardless of my diagnosis.

3. My Marine Corps training has prepared me to be able to deal with adversity and to adapt and overcome.

4. My body will be able to coexist with cancer because “I have cancer but cancer does not have me”.

5. I chose to stand up straight and deal with and fight cancer with the all of the power and strength that I posses without chemotherapy rather than to give in to cancer die on my knees.

Lessons Lift Taught Me: Burn the candles, use the nice sheets, and wear the fancy lingerie. Don't save it for a special occasion. Today is special.

Observations on Growing Older: You forget names, but it's OK because other people forgot they even knew you!

“Life is 10% what happens to you and 90% what you do with what happens to you.”

#### **Update 109 (07 – 13Jun10) - Week 107: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 4 Month, 09 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	1 Year, 11 Months, 26 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 11 Months, 10 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 02 Months, 26 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months).

Lessons Lift Taught Me: Over prepare, and then go with the flow.

Observations on Growing Older: The 5 pounds you wanted to lose is now 15 and you have a better chance of losing your keys than the 15 pounds.

#### **Update 110 (14 – 21Jun10) - Week 108: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 4 Month, 16 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 00 Months, 03 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 11 Months, 17 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 03 Months, 03 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months).**

Lessons Lift Taught Me: Be eccentric now. Don't wait for old age to wear purple.

Observations on Growing Older: You realize you're never going to be really good at anything especially golf.

**Update 111 (22 – 28Jun10) - Week 109: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 4 Month, 23 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 00 Months, 10 Days
Radiation	May 19, 2008/June 30, 2008	Completed	1 Year, 11 Months, 24 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 03 Months, 10 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months).**

June 22 - 25, 2010: Appointment with University of Texas M. D. Anderson Cancer Center for evaluation and second opinion on my cancer.

Schedule for June 22, 2010:

09:00 09:30: New patient registration  
10:00 11:00: New patient visit Dr James L. Abbruzzese (Pancreatic Cancer)  
12:30 12:45: Blood/specimen collection  
13:20 13:25: Chest X-Ray, Poster-Anterior and Lateral  
14:20 16:20: Check-in / Prep for CT Exam  
16:20 17:20: CT-Scan, Chest/abdomen/pelvis

Schedule for June 23, 2010

08:00: Dr James L. Abbruzzese for results of test taken on June 22, 2010.

Blood Test: Complete CNT/DIF/PLT:



Red Blood Cell Count 4.01 Low  
 Hemoglobin 11.2 Low  
 Hematocrit 35.4 Low  
 RDW Standard Deviation 48.2 High  
 Neutrophil Percent 70.1 High  
 Lymphocyte Percent 15.7 Low  
 Monocyte Percent 10.4 High  
 Lymphocyte Absolute Count 0.88 Low  
 Protime – PT 18.8 High  
 Activated PTT 42.1 High  
 Glucose 232 High  
 Alkaline Phosphatase 44.1 High

Blood Test: Electrolytes:

Aspartate Aminotransferase 51 High

Blood Test: Tumor Markers:

CA Antigen 125: 94.8 High  
 CA Antigen 19-9: 5,505 High

Chest X-Ray (2 Views): Negative for metastasis.

CT Scan of the Chest: No evidence of metastatic disease.

CT Scan of the Abdomen and Pelvis with a Pancreas Protocol:

1. Recurrent tumor in the hilum, liver and in the left lobe.
2. Dilatation of the intrahepatic ducts in the left lower lobe.

Vitals – MD Anderson			
Date:	22Jun10	23Jun10	Rating
Weight (- 4 lbs for clothes)	180.9	179.8	(175.8 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	137/80	138/84	High Normal
Pulse	57	76	Normal (60 – 100)
Temperature	98.2	98.8	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr James Abbruzzese comments: The cancer metastasized/spread to the liver and despite liver directed therapy the disease progress. I agree with Dr Barth's poor prognosis of May 26, 2010 of life expectancy of 6 Months.

June 25, 1010 Arrived in San Clemente, CA from Houston, TX: The previous two day while in Houston I did not feel that great and I contributed that to the radiation from the CT scan.

Lessons Lift Taught Me: No one is in charge of your happiness but you.

Observations on Growing Older: Your spouse is counting on you to remember things you don't remember.

**Update 112 (29Jun10 – 04Jul10) - Week 110: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 5 Month, 00 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 00 Months, 17 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 00 Months, 01 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 03 Months, 17 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 4 Months, 28 Days)**

June 28, 2010: I did not feel that great but managed to work out for 2 hours and went to play golf but did not feel great and quit after the ninth hole.

June 29, 2010: Around noon my body temperature was high that day and about 2AM I woke up and I was completely soaked in sweat and I felt that my high temperature or fever had broken.

June 30, 2010: Had a high temperature all morning at about noon, I encounter chills and a temperature of 103 degrees. I immediately took antibiotic called Levaquin (750 MG) as prescribed by Dr Barth and continued the medication for seven days.

June 30 – July 1, 2010: High temperature continued in the 99 Degrees and lower area.

July 02, 2010: Appointment with Dr Daniel Huang Oncologist:

<b>Vitals</b>			
<b>Date:</b>	<b>26May10</b>	<b>02Jul10</b>	<b>Rating</b>
Weight (- 4 lbs for clothes)	182.0	175.0	(171.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	126/86	114/74	Optimall
Pulse	78	80	Normal (60 – 100)
Temperature	97.7	98.0	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Because of the chills and fever during the week, Dr Huang wanted me to have Hydration and an antibiotic via IV. He stated that the fever I had was very dangerous and that the infection was coming from the biliary system and there was bacteria in the blood and I gave blood for testing and for a culture.

I received 1 liter of saline for hydration and 1 gram of an antibiotic Invanz.

He stated his concern: I was a bit jaundiced in the eyes and about blockage of the hepatic duct and that I would require a stent because of the rise in the Bilirubin.

He stated that Dr Barth believed that I should commence chemotherapy with the drug Gemzar to help my quality of life, but that the stent situation should be addressed first.

Blood work and area of concern:

TEST –	22Jul10	02Jul10
Glucose	232	409
CA 19-9	*5,505	
Potassium	5.0	6.0
Bilirubin	0.9	2.5
Alkaline Phosphatase	441	384
AST/SGOT		71
ALT/GGPT		57
GGTP		1.045

\*Chemiluminonetric Assay

July 04, 2010: Blood work and area of concern:

TEST –	22Jul10	02Jul10	04Jul10
Glucose	232	409	
CA 19-9	*5,505		
Potassium	5.0	6.0	4.5
Bilirubin	0.9	2.5	2.3
Alkaline Phosphatase	441	384	
AST/SGOT		71	60
ALT/GGPT		57	45
GGTP		1.045	1,483

\*Chemiluminonetric Assay

Lessons Lift Taught Me: Frame every so-called disaster with these words "In five years, wills this matter?"

Observations on Growing Older: The things you used to care to do, you no longer care to do, but you really do care that you do not care to do them anymore.

**Update 113 (05 – 11Jul10) - Week 111: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 5 Month, 05 Days

Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 00 Months, 24 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 00 Months, 08 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 03 Months, 24 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 4 Months, 21 Days)**

July 07, 2010: Blood work and area of concern:

TEST –	22Jul10	02Jul10	04Jul10	07Jul10
Glucose	232	409		397
CA 19-9	*5,505			36,340
Potassium	5.0	6.0	4.5	
Bilirubin	0.9	2.5	2.3	2.0
Alkaline Phosphatase	441	384		746
AST/SGOT		71	60	42
ALT/GGPT		57	45	50
GGTP		1.045	1,483	

\*Chemiluminonetric Assay

Blood Culture: No growth at 48 hours.

Vitals			
Date:	02Jul10	07Jul10	Rating
Weight (- 4 lbs for clothes)	175.0	171.0	(167.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	114/74	108/70	Optimal
Pulse	80	72	Normal (60 – 100)
Temperature	98.0	97.6	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

10 pound loss since M.D. Anderson

The blood culture showed no growth for bacteria, but Dr Huang still feels it is still there, and because I had taken antibiotic 3 days prior to it, it was going away.

He still feels a stent is needed. He said he had been talking to a GI doctor regarding going through the throat, it is more difficult with me, but it can be done. Dr Huang has scheduled an appointment with Dr Donald R. Abrahm, Gastroenterology and liver diseases for a consultation.

July 08, 2010: Blood work and area of concern:

TEST –	22Jul10	02Jul10	04Jul10	07Jul10	08Jul10
Glucose	232	409		397	461
CA 19-9	*5,505			36,340	
Potassium	5.0	6.0	4.5	5.8	6.1

Bilirubin	0.9	2.5	2.3	2.0	
Alkaline Phosphatase	441	384		746	
AST/SGOT		71	60	42	
ALT/GGPT		57	45	50	
GGTP		1.045	1,483		

\*Chemiluminonetric Assay

The above blood work was conducted because of a call from Dr Huang stated my CA 19-9 was 36,340, my glucose and potassium was high and he called in a prescription for Glyburide 5 MG to lower my glucose and wanted me to start it this morning.

At 3:00 PM Jean received a call from Dr Huang wanting me to go to the ER for hydration because of my potassium 6.0 and my glucose 409 both were very high and it was a dangerous situation.

I was in the San Diego area play golf at the Bridges and I could not comply, he stated for me to drink plenty of water and to go to the Birch office for hydration first thing the following morning and call in a prescription for Kiones UPS to bring down the potassium.

July 09, 2010: Blood work and area of concern:

Black = Within Range – Red= High; Green = Low

TEST –	22Jul10	02Jul10	04Jul10	07Jul10	08Jul10	09Jul10
Glucose	232	409		397	461	274
CA 19-9	*5,505			36,340		
Potassium	5.0	6.0	4.5		6.1	4.9
Bilirubin	0.9	2.5	2.3	2.0		1.5
Alkaline Phosphatase	441	384		746		720
AST/SGOT		71	60	42		78
ALT/GGPT		57	45	50		62
GGTP		1.045	1,483			1,630

\*Chemiluminonetric Assay

Vitals			
Date:	07Jul10	09Jul10	Rating
Weight (- 4 lbs for clothes)	171.0	175.0	(171.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	108/70	120/88	High Normal
Pulse	72	76	Normal (60 – 100)
Temperature	97.6	97.7	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Lessons Lift Taught Me: Always choose life.

Observations on Growing Older: Your husband sleeps better on a lounge chair with the TV blaring than he does in bed. It's called his "pre-sleep".

July 09, 2010: Dr Donald R. Abrahm, MD Gastroenterology and liver diseases. He stated that putting in a stent through the throat was very difficult because of the Whipple and it was very risky and not worth the risk. He stated that the most appropriate doctor to perform this procedure would be a Radiologist. Because of the Bilirubin going down 2.5 to 1.5 he did not recognize the procedure as required immediately. Request that I have a blood test on the liver functions Monday morning and when he received the result, he would come up with a game plan.

Vitals			
Date:	09Jul10	09Jul10	Rating
Weight (- 4 lbs for clothes)	175.0	177.0	(173.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	120/88	106/68	Optimal
Pulse	76		Normal (60 – 100)
Temperature	97.7		Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

**Update 114 (12 – 18Jul10) - Week 112: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 5 Month, 12 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 01 Months, 01 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 00 Months, 15 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 04 Months, 01 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 4 Months, 14 Days)**

Lessons Lift Taught Me: Forgive everyone everything.

Observations on Growing Older: Remember when your mother said, "Wear clean underwear in case you GET in an accident"? Now you bring clean underwear in case you HAVE an accident!

Three Principles:

1. Life is all about choices.
2. If you are right stand on your own two feet however, if you are wrong be the first to admit it and apologize.
3. Focus on thing you have control over and let go of things you have no control of.

Cancer and the importance of Physical Activity: In my mind, physical activity after diagnosis of cancer helps improve my quality of life reduces fatigue, improve my sleep quality and assist with

balance and fall prevention. It also helps relieve stress and provide an overall feeling of well-being. Being physical active is also an important aspect of maintain a healthy weight, which is important for cancer and quality of life.

Acupuncture: It my opinion that acupuncture can be an important adjunct to standard treatment without adverse consequences and has helped me in maintaining well being and quality of life.

July 12, 2010: Blood work and area of concern:

Black = Within Range – Red= High; Green = Low
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TEST –	22Jul10	02Jul10	04Jul10	07Jul10	08Jul10	09Jul10	12Jul10
Glucose	232	409		397	461	274	
CA 19-9	*5,505			36,340			
Potassium	5.0	6.0	4.5		6.1	4.9	
Bilirubin	0.9	2.5	2.3	2.0		1.5	1.7
Bilirubin, Direct							1.10
Bilirubin, Indirect							0.6
Alkaline Phosphatase	441	384		746		720	773
AST/SGOT		71	60	42		78	78
ALT/GGPT		57	45	50		62	73
GGTP		1,045	1,483			1,630	

\*Chemiluminometric Assay

July 15, 2010: Dr Barth, Oncologist 2 P.M. Birch Office.

1. I asked the question as to why I need a stent since my Bilirubin numbers did not indicate blockage. He stated that it was the Alkaline Phosphatase number that was of concern. If I am blocked and I have chemotherapy, my body holds on to the drug longer and I will have more adverse effects. Chemotherapy will be metalized thru the liver.
2. My AST/SGOT and ALT/GGPT indicate liver cell injury, these numbers have doubled since May 2010 although they are holding somewhat steady.
3. Dr Barth thinks there is cancer trapped around the area where I had CyberKnife in the ducts which causes infection (colonists).
4. The Alkaline Phosphatase measure three things: Liver, bone and biliary tract.
5. A stent is needed to drain the bile and then we can see if the numbers are coming down.
6. The stent should be a pretty straight forward procedure according to my scans and I should tolerate it well.
7. The plan is to get the cancer under control and if all looks well, I can commence chemotherapy 48 hours after the stent.
8. The chemotherapy drug will be Gemzar which will not be a cure but hopefully will keep the cancer from growing. Gemzar will be tried once a week for two weeks and decide its effect. I will also be on an antibiotic while on Gemzar.

9. After that and based on results, he would put on antibiotic therapy which is easier to tolerate than chemotherapy.

Vitals			
Date:	09Jul10	15Jul10	Rating
Weight (- 4 lbs for clothes)	175.0	174.0	(170.0 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	120/88	120/68	Optimal
Pulse	76	63	Normal (60 – 100)
Temperature	97.7	98.0	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

July 15, 2010: High temperature during the evening (in the 100 range and a fever of 101.2 which did not last very long. I went back on the antibiotic Levaquin (750 MG).

July 16, 2010: Temperature in the 99 to 100 range all day and I went back to normal routine on July 17, 2010.

#### **Update 115 (19 – 25Jul10) - Week 113: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 5 Month, 17 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 01 Months, 08 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 00 Months, 22 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 04 Months, 08 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 4 Months, 07 Days)**

Lessons Lift Taught Me: What other people think of you is none of your business.

Observations on Growing Older: You used to say, "I hope my kids GET married but now, "I hope they STAY married!"

Blood work for stent procedure: July 20, 2010. (Completed)

Black = Within Range – Red= High; Green = Low

TEST –	20Jul10	Range
RBC	4.11	4.20 – 5.80
Hemoglobin	11.6	14.0 – 18.0
Hematocrit	38.0	40.0 – 52.0
RDW	15.1	11.5 – 14.5
PT Patient Time	15.9	10.0 – 13.0



July 22, 2010: Stent Procedure in the Biliary Systems (Hepatic Duct): July 22, 2010 at 7 A.M. Hoag Memorial Hospital.

Vitals: Temperature 97.1, Blood Pressure 122/75

Attending Physicians: Dr Steven B. Oglevie and Dr Bin Nguen (Winn) Radiologist

Dr Nguen explained the procedure:

\*Percutaneous pertains to any medical procedure where access to inner organs or other tissue is done via needle-puncture of the skin, rather than by using an "open" approach where inner organs or tissue are exposed (typically with the use of a scalpel).

The percutaneous approach is commonly used in vascular procedures. This involves a needle catheter getting access to a blood vessel, followed by the introduction of a wire through the lumen (pathway) of the needle. It is over this wire that other catheters can be placed into the blood vessel. This technique is known as the modified Seldinger technique.

More generally, "percutaneous" can mean 'through the skin'. An example would be percutaneous drug absorption from topical medications.

If the procedure did not go as planned they would put a tube to drain the duct and I would return at a later date to try the stent again.

Everything went as planned, because one stent would not cover the area required two stents were used (one was (Smart Control 8 x 60mm 6F Lot 1516366) and the inner was (Genesis 6 x 29mm Lot 15025180) and was a balloon extendable stent and it overlapped the first stent. I was released from the hospital the same day 6 hours later.

Chest X-Rays were taken and looked good.

I was given Vicodin (500 MG) for pain and continued one every 4 hours until 2AM on Friday morning when the pain subsided and was bearable.

Upon arriving at home, I began to have a temperature which reached a high of 101.2 and called to Dr Oglevie for instructions because my instructions were to call if I have a fever exceeding 100 Degree. He told me to take my blood pressure and asked how I felt. The blood pressure was normal and I told him I did not feel weak or sick. A couple of hours later my temperature was normal. He told me to take a Levaquin (750 MG) and continue the antibiotic and contact Dr Barth to see if he wanted me to stay on it.

July 25, 2010: Appeared to be jaundice and called Dr Oglevie and he stated to wait until Monday and have my blood work and we would discuss results on the 26<sup>th</sup>.

**Update 116 (26Jul10 – 01Aug10) - Week 114: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 5 Month, 24 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 01 Months, 15 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 00 Months, 29 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 04 Months, 15 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 4 Months, 00 Days)

July 26, 2010 Blood work for an appointment with Dr Oglevie on July 27, 2010 (Completed).

July 26, 2010: Blood work and area of concern:

Black = Within Range – Red= High; Green = Low
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<b>TEST –</b>	<b>9/12Jul10</b>	<b>26Jul10</b>	<b>Range</b>
Glucose	274	140	65.0 – 99.0
Globulin (Calc)		3.9	1.8 – 3.8
Bilirubin	1.7	6.3	0.1 – 1.4
Alkaline Phosphatase	773	672	30.0 – 140.0
AST/SGOT	78	96	0.0 – 48.0
ALT/GGPT	73	79	0.0 – 52.0
Hemoglobin		12.3	14.0 – 18.0
Hematocrit		39.5	40.0 – 52.0
RDW		15.8	11.5 – 14.5
Segs		76.7	50.0 – 75.0
Lymphs		12.7	20.0 – 44.0

Lessons Lift Taught Me: Time heals almost everything. Give time, time.

Observations on Growing Older: You miss the days when everything worked with just an "ON" and "OFF" switch.

Cancer is a vehicle that takes us places and teaches us lessons. But when you've learned that particular set of lessons, don't fall into the trap of becoming identified with your disease. *Get out of the vehicle.*

I keep fighting with all my strength to keep putting off my final formation.

July 27, 2010: Appointment with Dr Stephen Oglevie, Radiology at 3:15.

Blood Work came back with 6.5 Bilirubin from a previous 1.7. I was not jaundice before the stent procedure but because jaundice after the procedure on Saturday July 24, 2010 and began

itching. (Jaundice occurs when red blood cells are being broken down too fast for the liver to process, and they end up in the blood causing Bilirubin). High Bilirubin always indicates blockage. I had a CT scan before I saw Dr Stephen Oglevie for our appointment.

Dr Oglevie stated that the stents that were put in place on July 22, 2010 were working well, however they caused an additional problem in that they took too much room and created a blockage problem in the “top branches of the biliary tree” instead of just in the “trunk of the tree”, in the right and left side in the upper area (the lower area would not be as much of a problem). In fifteen years he had never see this happen. (Only me!)

If it goes untreated, I can get an infection which can be life threatening.

He would need to put a stent in the Left and Right side, and he would need to leave an external catheter to drain bile.

The drain can be very painful. First day painful, 2<sup>nd</sup> day, 50% better, after a week, they would be more tolerable.

On the left, the tube would come out right in the middle under that bone, on the right it would be on that right side.

They would see if it the stents are working properly after a week or so, and if working properly removable of the tubes would be possible. It is possible they would remain for life. The drainage bags would be tied down my legs.

He would try to have it that I would need one tube (doesn't know if it is possible until they are in the biliary system and make a determination).

The procedure would last about 2 ½ hours and would require an overnight stay at Hoag Hospital.

We scheduled the procedure with Dr. Thomas E. Velling for August 2, 2010 at 11:30 A.M.

Dr. Stephen Oglevie will be on vacation next week.

Decision time AGAIN, I do not know that I want bags strapped to my legs for the rest of my short life and will make a decision after I speak with Dr Neil Barth.

Kristen at Dr Barth's office called and stated that Dr Barth wanted me to come in and get two Iron Infusions to help with the Chemotherapy.

July 30, 2010: Dr Barth at Birch 2 P.M.

Vitals			
Date:	15Jul10	30Jul10	Rating
Weight (- 4 lbs for clothes)	174.0	172.5	(168.5 lbs) (155 – 176)
Blood Pressure (Systolic/Diastolic)	120/68	120/74	Optimal

Pulse	63	60	Normal (60 – 100)
Temperature	98.0	98.3	Normal (97.6 – 99.6)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

He talked about stents and that he had just talked to Dr. Oglevie so they were on the same page before he came into see me. Basically I am jaundice and bile in the liver is backing up and the main reason I am lethargy, my body and eyes are yellow and I itch a lot.

Question: What would happen if I did nothing?

Answer: The bile would backup and bacterial infection would cause a life threatening situation or my systems would begin to shut down and I would die or I would get ascending colonitis (inflammation of the colon). All of the above are life threatening.

Solution: Place two additional stents in the hepatic ducts of the biliary system in the upper branches (Left and Right). Dr Thomas E. Velling would go in and hopefully find the biggest branches on the right and left to place a stent. He would have external catheter for drainage of bile for 3-7 days, and if after that things were looking good, they would remove the catheters. These stents are life extending.

I asked if the stents do not work or he cannot install them, would the drains continue to work and his answer was yes. But the catheter would remain in for life and he further stated that he has patients that live for years with catheters. I would be able to go to work, continue my physical workouts and play golf, etc.

This is their only shot, if it is not successful, they will not be able to do chemotherapy, and the “game is over” He would kill me if he gave me chemotherapy at this time. His hands are tied at this point. Even with chemotherapy, I am not curable, but if I respond, I would have a better quality of life and buy more time, and there are other treatments being researched all the time. Right now he is painted into a corner.

I am only draining from one area at this time around the area of the CyberKnife. There are 4 draining areas from the liver. The blocked ducts are allowing the cancer to migrate..

He wants me to come in on Wednesday after the procedure and have an iron infusion, which would help with the chemotherapy, as I am anemic.

He thinks I have been extraordinarily blessed to have felt as good as I have up to this point with the blockage. He was expecting my jaundice to be fluorescent yellow and it is just light yellow.

Lastly, he stated that his main purpose in his 30+ years in oncology was to make incurable disease into chronic disease.

Procedure is scheduled for August 2, 2010 at 11:30 A.M. at Hoag Hospital with attending physician Dr. Thomas Veiling.

Dr Brian E. Chavez (cancelled under after stent procedure) at South County Kidney and Endocrine Center on Thursday July 22, 2010 at 10:15 A.M. (Labs on 15Jul10- fasting required - completed)

**Update 116 (02 – 08Aug10) - Week 115: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 06 Month, 01 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 01 Months, 22 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 01 Months, 06 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 04 Months, 22 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 03 Months, 23 Days)**

Lessons Lift Taught Me: However good or bad a situation is it will change.

Observations on Growing Older: When GOOGLE, iPod, email, modem were unheard of, and a mouse was something that made you climb on a table.

August 2, 2010: Stent Procedure Hoag Hospital 11:30 A.M. (Dr Thomas Velling)

Had blood drawn, started IV's, and was prepped for the procedure. My temperature was 98.2; Blood Pressure.120/73, Pulse 61, Oxygen 98.7.

The procedure did not go as planned, he was only able to get a stent (Smart Control 6 x 40mm Lot 15126126) on the right hepatic duct and put a catheter on the right and left hepatic to drain the duct and I would return at a later date to try the stent again.

Upon admission to the hospital I was shaking uncontrollably and was in severe pain. I was given 1 mg of the drug Dilantin through the I.V. This stopped my shaking in a minute, and also the pain. I drifted off to sleep and slept a hour or so.

A special nurse (Rosa), came in to take blood to check for any infections. She had to take it from both sides to check both.

Vitals: My temperature was 100.8, which sent up flags. Blood Pressure 102/75, Oxygen, 97. They kept a watch on the temperature.

Vitals at 7:55 P.M.: My Blood Pressure was 114 / 72; Temperature was 102.2 (Not good). Nurse called doctor to see why fever – they said it could be an infection. At 8:30 P.M. my fever was 102.9 and I was given 650 mg Tylenol. At 8:35 P.M. my temperature came down to 100.9. My Blood Pressure was 109 / 69.

I could not urinate – at around 8:45 P.M. the Nurse did a Bladder Scan, she said there was 213 mc of urine in the bladder (not as much as she thought).

At 9:10 P.M. – I was given a 1 mg of Dilatin again in I.V. as I was in pain. They never wanted my pain to get to a number 3.

At 9:30 P.M. I urinated 20cc - The urinate was sent out for a Culture ( Was told the next day there was nothing growing). My Blood Pressure was 123 / 72, Temperature 101.0 (it went up again).

9:40 P.M. they my Blood Sugar - 293 (High), the retest was 301 and this was a concern, as it was 101 before the surgery and at 84 earlier in the evening.

10:00 P.M. I was given an Ultra Sound to see if anything in the kidney but I had no blockage.

10:45 P.M. retesting of sugar – 291, my temperature 100.6, Blood Pressure 98 / 66.

11:45 PM – The drainage bags were drained. The one on the right side was draining a lot, but the left one had very little.

11:45 P.M. My temperature was back to normal 98.7, Blood Pressure 103 / 71, Pulse 93, and oxygen 98,

12:30 A.M. My Blood Sugar was checked again and was 353, the 2<sup>nd</sup> Reading was 282.

12:45 A.M. Blood Sugar was 274. They started an I.V. Antibiotic around this time. I was given an Insulin Shot for the Sugar.

3:15 A.M. Blood Sugar was 210

4:10 A.M. I was also given another gram of Dilation Pain Medication. My Blood Pressure 118 / 70 and temperature was 98.5.

5:30 A.M. Blood Sugar was 120 (better).

7:15 A.M. Went for a scan and saw Dr. Velling. He had the bag on the right side removed, and he left in the catheter in case he needed to access it at a later time. The bag and catheter on the left were left in.

8:15 A.M. Temperature 98.7, Sugar 150 and Blood Pressure 116 / 74. I had a breakfast of eggs, toast, bran flakes and yogurt. I ate very little.

9:00 A.M. Given 5 gram of Dilatin (she was trying to wean me off of it, so when I went home, I could do an oral medication).

9:15 A.M. The doctor on call, Dr. Michael Engelman, Internist came in and said Dr. Velling said I could go home in the afternoon.

10:45 A.M. I walked 3 laps in the hallway

11:15 A.M. Given 500 mg of Vicodin (it only helped for a short time).

11:35 A.M. My Blood Pressure was 95 / 67 and temperature 98.5.

12:15 P.M. Blood Sugar was 173 and given insulin shot for the high sugar

1:20 P.M. Temperature 98.8

2:45 P.M. Pain was getting worst and was given 500 mg of Vicodin. We waited about 40 minutes for a wheel chair to go to the car. We left around 3:25.

August 4, 2010: Dr Neil Barth Wednesday at 11:30 A.M. Labs: Areas of concern.

Black = Within Range – Red= High; Green = Low
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TEST –	02Aug10	03Aug10	04Aug10	RANGE
Glucose		127	120	65 – 99
Potassium	4.5	4.4	4.2	3.5 – 5.5
Bilirubin	8.0	6.2	8.5	0.1 – 1.4
Alkaline Phosphatase	734	540	450	30 – 140
AST/SGOT	121	92	57	0 – 48
ALT/SGPT	68	51	47	0 – 52
GGTP		9Jul 1630	743	0 – 65

I was still jaundiced and have itching.

He said he could not do chemotherapy until we check new blood test.

I told him I was constipated and recommended that I take 4 oz. milk of magnesium and 100 mg of Colace, 2 times a day. I did that twice – finally I had a bowel movement that night.

My Bilirubin had gone down to 6.2 the second day after the procedure, but the test that were done today with Dr. Barth came back at 8.5, when we got the results on 8/5/10.

Aug 5 – Called Dr. Velling and told him about my Bilirubin numbers, and he said we needed to come in and get another drain bag to place on the external catheter he had left out on the right side.

5:30 P.M. I went to Hoag Hospital and had the bag placed on the right side.

We have been draining the bags, flushing the lines twice a day and recording the amt of fluids that we collect.

The right side still is draining quite a bit, but the left side is doing very little.

I have a procedure scheduled on Aug 11 with Dr. Oglevie to try and place the stent on the left side, and hopefully the drains will be removed a short time after that.

#### **Update 117 (09 – 15Aug10) - Week 116: Post Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 06 Month, 08 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 01 Months, 29 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 01 Months, 13 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 04 Months, 29 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 03 Months, 16 Days)**

August 11, 2010: Placement of stent in the left hepatic duct by Dr Stephen Oglevie.

Vitals prior to procedure:

<b>Date:</b>	<b>11Aug10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	120/77	Optimal
Pulse	67	Normal (60 – 100)
Temperature	98.7	Normal (97.6 – 99.6)
Glucose	96	Normal (65 – 99)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Labs prior to procedure:

Black = Within Range – Red= High; Green = Low

<b>TEST –</b>	<b>02Aug10</b>	<b>03Aug10</b>	<b>04Aug10</b>	<b>11Aug10</b>	<b>RANGE</b>
Glucose		127	120	92	65 – 99
Potassium	4.5	4.4	4.2	4.3	3.5 – 5.5
Bilirubin	8.0	6.2	8.5	4.7	0.1 – 1.4
Alkaline Phosphatase	734	540	450	549	30 – 140
AST/SGOT	121	92	57	98	0 – 48
ALT/SGPT	68	51	47	52	0 – 52
GGTP		9Jul 1630	743	923	0 – 65



Given anesthesia and plasma (blood was too thin and plasma is blood without cells to help clogging)

Stent was put in the left hepatic duct (Smart Control 7mm x 40mm C07040SL 6F Lot 15099954). Under the scan the entire biliary tree lit up indicate unrestricted flow of the ducts. He left the external catheters in place without the drain bags.

This was positive “Third time a charm” and it means I can do chemotherapy if the Bilirubin keeps going down. I will have a blood test on Monday August 16, 2010 and an appointment with Dr Stephen Oglevie on the 17<sup>th</sup> of August 2010. If the Bilirubin goes down, he will remove the external catheter. If the Bilirubin goes up, he will install drainage bags. The latter will not happen because I am strong and fit and think positive.

Lessons Lift Taught Me: Don't take yourself so seriously. No one else does.

Observations on Growing Older: Now that you can afford expensive jewelry, it's not safe to wear it anywhere.

Labs August 13, 2010 Dr Barth

Black = Within Range – Red= High; Green = Low

TEST –	02Aug10	03Aug10	04Aug10	11Aug10	13Aug10	RANGE
Glucose		127	120	92	116	65 – 99
Potassium	4.5	4.4	4.2	4.3	5.1	3.5 – 5.5
Bilirubin	8.0	6.2	8.5	4.7	6.2	0.1 – 1.4
Alkaline Phosphatase	734	540	450	549	510	30 – 140
AST/SGOT	121	92	57	98	109	0 – 48
ALT/SGPT	68	51	47	52	69	0 – 52
GGTP		9Jul 1630	743	923	944	0 – 65

Bad News! AGAIN, Bilirubin up again cannot do chemotherapy.

**Update 118 (16 – 22Aug10) - Week 117: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 06 Month, 15 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 02 Months, 06 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 01 Months, 20 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 05 Months, 06 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 03 Months, 09 Days)

Lessons Lift Taught Me: Believe in miracles, right!

Observations on Growing Older: Your husband has a night out with the guys, but he's home by 9:00 P.M. Next week it will be 8:30 P.M.

August 16, 2010: Blood work for Dr Stephen Oglevie. (Completed)

Labs August 16, 2010 Dr Oglevie

Black = Within Range – Red= High; Green = Low

TEST –	02Aug10	03Aug10	04Aug10	11Aug10	13Aug10	16Aug10	RANGE
Glucose		127	120	92	116	106	65 – 99
Potassium	4.5	4.4	4.2	4.3	5.1	4.8	3.5 – 5.5
Bilirubin	8.0	6.2	8.5	4.7	6.2	5.5	0.1 – 1.4
Alkaline Phosphatase	734	540	450	549	510	544	30 – 140
AST/SGOT	121	92	57	98	109	81	0 – 48
ALT/SGPT	68	51	47	52	69	59	0 – 52
GGTP		9Jul 1630	743	923	944		0 – 65

August 17, 2010: Appointment with Dr Stephen Oglevie at 12:30 P.M.: Dr Oglevie stated that everything looked fine under the X-Ray. When he injected dye on the right biliary duct, it flows to the left biliary duct than to the stomach which it should do

He had hoped that the Bilirubin has gone down more but he thinks it will with time. He removed the right and left external catheters.

He stated that he had talked with Dr Barth and that Dr Barth was ready to begin chemotherapy and I am awaiting his instructions.

Had a fever of 101.2 took Tylenoland fever subsided.

August 19, 2010 Call from Dr Barth's office, I am ready to commence chemotherapy.

**Update 118 (23 – 29Aug10) - Week 118: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 06 Month, 22 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 02 Months, 13 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 00 Months, 04 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 01 Months, 27 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 05 Months, 13 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 03 Months, 02 Days)

Lessons Lift Taught Me: Don't audit life. Show up and make the most of it now.

Observations on Growing Older: You read 100 pages into a book before you realize you've read it.

August 25, 2010: 1<sup>st</sup> Chemotherapy at Hoag 11:00 A.M.

Vitals prior to 1<sup>st</sup> Chemotherapy:

Date:	25Aug10	Rating
Blood Pressure (Systolic/Diastolic)	114/63	Optimal
Pulse	69	Normal (60 – 100)
Temperature	98.6	Normal (97.6 – 99.6)
Weight	167.7	(165.7 lbs) (155 – 176)

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Labs August 25, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	03Aug10	04Aug10	11Aug10	13Aug10	16Aug10	25Aug10	RANGE
Glucose	127	120	92	116	106	75	65 – 99
Potassium	4.4	4.2	4.3	5.1	4.8	4.3	3.5 – 5.5
Bilirubin	6.2	8.5	4.7	6.2	5.5	3.2	0.1 – 1.4
Alkaline Phosphatase	540	450	549	510	544	621	30 – 140
AST/SGOT	92	57	98	109	81	92	0 – 48
ALT/SGPT	51	47	52	69	59	50	0 – 52
GGTP	9Jul 1630	743	923	944		1,066	0 – 65

The chemotherapy included:

Large Hydrabo (2 hours of Sodium Chloride)

Iron Infusion (1 minute of Ferrox 510 MG) – I will need two treatments on week apart – Check red blood cell count in 4 weeks.

Anti Nausea – 25 Minutes: (Dolasetron Trj (Anzemet) 100 MG and Dexgmehasone Inj 4 MG.

Gemzar 2000 MG 35 Minutes (Sodium Chloride 100 MG

Labs August 29, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	04Aug10	11Aug10	13Aug10	16Aug10	25Aug10	29Aug10	RANGE
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WBC						3.7	3.5 – 10.0
RBC						3.18	3.8 – 5.8
HBC						9.0	11 – 16.5
PLT						203	150 -450
GRA#						3.2	1.2 6.8
Glucose	120	92	116	106	75	141	65 – 99
Potassium	4.2	4.3	5.1	4.8	4.3	4.2	3.5 – 5.5
Bilirubin	8.5	4.7	6.2	5.5	3.2	4.0	0.1 – 1.4
Alkaline Phosphatase	450	549	510	544	621	478	30 – 140
AST/SGOT	57	98	109	81	92	90	0 – 48
ALT/SGPT	47	52	69	59	50	84	0 – 52
GGTP	743	923	944		1,066	942	0 – 65

Vitals August 29, 2010.

Date:	25Aug10	29Aug10	Rating
Blood Pressure (Systolic/Diastolic)	114/63	101/64	Optimal
Pulse	69	64	Normal (60 – 100)
Temperature	98.6	99.7	Normal (97.6 – 99.6)
Weight	167.7	168	(166. lbs) (155 – 176)
Oxygen		98	

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Received IV for anti-nausea Ran GBC cultures, large hydration and antibiotic Entevn:

Blood cultures were negative.

**Update 118 (30Aug – 06Sep10) - Week 119: Post Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 06 Month, 29 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 02 Months, 20 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 00 Months, 11 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 02 Months, 04 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 05 Months, 20 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 02 Months, 28 Days)**

Lessons Lift Taught Me: Don't audit life. One growing old beats the alternative of dying young.

Observations on Growing Older: Notice everything they sell in stores is "sleeveless"?!!!

August 30, 2010: Dr Huang Received IV Received IV for anti-nausea Ran GBC cultures, large hydration and antibiotic Entevn:

August 31, 1010: Dr Huang Received IV for

Labs August 31, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	04Aug10	11Aug10	13Aug10	16Aug10	25Aug10	29Aug10	31Aug10	RANGE
WBC						3.7	6.4	3.5 – 10.0
RBC						3.18	3.21	3.8 – 5.8
HBC						9.0	9.2	11 – 16.5
PLT						203	144	150 -450
GRA#						3.2	6.1	1.2 6.8
Glucose	120	92	116	106	75	141	288	65 – 99
Potassium	4.2	4.3	5.1	4.8	4.3	4.2	4.4	3.5 – 5.5
Bilirubin	8.5	4.7	6.2	5.5	3.2	4.0	3.5	0.1 – 1.4
Alkaline Phosphatase	450	549	510	544	621	478	522	30 – 140
AST/SGOT	57	98	109	81	92	90	87	0 – 48
ALT/SGPT	47	52	69	59	50	84	87	0 – 52
GGTP	743	923	944		1,066	942		0 – 65

Vitals August 31, 2010.

Date:	25Aug10	29Aug10	Rating
Blood Pressure (Systolic/Diastolic)	101/64	101/64	Optimal
Pulse	64	76	Normal (60 – 100)
Temperature	99.7	96.9	Normal (97.6 – 99.6)
Weight	168	166	(164. lbs) (155 – 176)
Oxygen	98	99	

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

September 01, 2110: 2<sup>nd</sup> Chemotherapy session at Hoag 11:AM.

The chemotherapy included:

Vitals September 01, 2010.

Date:	29Aug10	01Sep10	Rating
Blood Pressure (Systolic/Diastolic)	101/64	121/60	Optimal
Pulse	76	83	Normal (60 – 100)
Temperature	96.9	98.5	Normal (97.6 – 99.6)
Weight	166	171	(168. lbs) (155 – 176)
Oxygen	99		

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Large Hydrabo (2 hours of Sodium Chloride)

Iron Infusion (1 minute of Ferrox 510 MG) – two of two – Check red blood cell count in 4 weeks.

Anti Nausea – 25 Minutes: (Dolasetron Trj (Anzemet) 100 MG and Dexgmehasone Inj 4 MG.

Gemzar 2000 MG 35 Minutes (Sodium Chloride 100 MG

A larger anti nausea hydration and antibiotic Entevn:

Vitals September 01, 2010.

<b>Date:</b>	<b>01Sep10</b>	<b>02Sep10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	121/60	100/60	Optimal
Pulse	83	84	Normal (60 – 100)
Temperature	98.5	96.6	Normal (97.6 – 99.6)
Weight	171	170	(169. lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Large Hydrabo (2 hours of Sodium Chloride)

Received antibiotic Entevn

Received anti nausea thru syringe

Because of the fever I have been getting every evening Dr Huang felt it was infection or tumor or the cancer itself and he recommended a CAT scan. After the CAT scan he stated there was no abscess around stent or infection he could see. He stated that there was what looked like some debris in one of the stents, but was not sure.

Dr Huang said there may be a little bit of bacteria leaking into the blood causing fever and he would give Dr Oglevie a call tomorrow.

Without chemotherapy I would have months to live and with chemotherapy maybe a few more months.

If fever persists over weekend go to the hospital.

#### Conclusion of CAT scan:

There are postoperative changes status posts Whipple. CT scan demonstrates interval progression of disease with enlargement of the poorly defined hypodense hepatic mass center at the porta hepatis, compared with June 22, 2010. There has also been enlargement of numerous poorly defined hypodense adjacent satellite lesions within the right and left lobes of the liver.

There is increased splenomegaly.

Biliary stents are in place with persistent biliary dilation. Pneumobilia is present.

New mild prophetic ascites

Coronary artery disease

New band of discoid atelectasis at the right lung base

Stable ventral hernia containing fat

September 09, 2010 appointment Dr Barth

Vitals September 09, 2010.

<b>Date:</b>	<b>02Sep10</b>	<b>09Sep10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	100/60	114/73	Optimal
Pulse	84	83	Normal (60 – 100)
Temperature	96.6	97.3	Normal (97.6 – 99.6)
Weight	170	165	(162. lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Dr Barth stated he felt my weakness and no energy and this could be caused by one of several steroid hormones produced by the adrenal cortex and resembling cortisone in its action. It is not in my power to feel better even If I want to. Wants to give me an IV of cortisol and a then orally twice a day to see if we can see a change they are to be taken at 8 A.M. and 2:30 P.M.

According to the scan there is a fair amount of cancer in the in the liver, CyberKnife and stent areas. He is not sure what is cancer, what is infection or it is CyberKnife. From June 2010 there is a slow progression causing havoc. Since the chemotherapy, the blood results have improved some especially the GGPT.

It is too early in the chemotherapy session to see any improvements.

He does not feel there is an infection in the cancer producing the fever.

He is hoping that the cortisol will stop the fever and give me a better appetite and make me stronger.

I am clinically dehydrated.

He stated my death is not imminent in the next few weeks, however an infection could bring it on quickly within a week but certainly with six months.

He will let me know about Chemotherapy next Wednesday depending on blood test results.

Receive hydration and cortisol.

Discontinued Lipitor, Vitamins, and supplements

Stay on Thyroid, Metformin, Meth opal, Aspirin and Cipro

I have lived, loved, lost and loved again. Life is not easy, but it is what it is.

What cancer cannot do?

Shatter faith

Destroy peace

Silence courage

Invade the soul

Steal internal life

Conquer the spirit

Cripple love

Kill friendships

Suppress memories

**Update 119 (07 – 13Sep10) - Week 120: Post/Pre Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 07 Month, 06 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 02 Months, 27 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 00 Months, 18 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 02 Months, 11 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 05 Months, 27 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 02 Months, 21 Days)**

Lessons Lift Taught Me: Your children get only one childhood.

Observations on Growing Older: What used to be freckles are now liver spots.

Labs September 10, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	11Aug10	13Aug10	16Aug10	25Aug10	29Aug10	31Aug10	10Sep10	RANGE
WBC					3.7	6.4	3.6	3.5 – 10.0
RBC					3.18	3.21	3.20	3.8 – 5.8
HBC					9.0	9.2	9.2	11 – 16.5
PLT					203	144	100	150 -450
GRA#					3.2	6.1	2.7	1.2 6.8
Glucose	92	116	106	75	141	288	150	65 – 99
Potassium	4.3	5.1	4.8	4.3	4.2	4.4	3.6	3.5 – 5.5



Bilirubin	4.7	6.2	5.5	3.2	4.0	3.5	6.3	0.1 – 1.4
Alkaline Phosphatase	549	510	544	621	478	522	737	30 – 140
AST/SGOT	98	109	81	92	90	87	205	0 – 48
ALT/SGPT	52	69	59	50	84	87	160	0 – 52
GGTP	923	944		1,066	942			0 – 65

September 10, 2010:

Black = Within Range – Red= High; Green = Low

TEST –	22Jul10	07Jul10	10Sep10
CA 19-9	*5,505	36,340	56,088.4

**Update 120 (14 – 20Sep10) - Week 121: Post/Pre Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 07 Month, 13 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 03 Months, 04 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 00 Months, 25 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 02 Months, 18 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 06 Months, 04 Days

\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 02 Months, 14 Days)

Lessons Lift Taught Me: All that truly matters in the end is that you loved.

Observations on Growing Older: Everybody whispers.

September 15, 2010: Dr Barth: Vitals pre hydration and antibiotic

Date:	09Sep10	15Sep10	Rating
Blood Pressure (Systolic/Diastolic)	114/73	100/60	Optimal
Pulse	83	80	Normal (60 – 100)
Temperature	97.3	97.2	Normal (97.6 – 99.6)
Weight	165	170	(167. lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

September 15, 2010: Vitals Pre Chemotherapy:

Date:	15Sep10	15Sep10	Rating
Blood Pressure (Systolic/Diastolic)	100/60	102/68	Optimal
Pulse	80	51	Normal (60 – 100)
Temperature	97.2	96.8	Normal (97.6 – 99.6)

Weight	170	171.8	(167.8 lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Labs September 15, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	13Aug10	16Aug10	25Aug10	29Aug10	31Aug10	10Sep10	15Sep10	RANGE
WBC				3.7	6.4	3.6	9.6	3.5 – 10.0
RBC				3.18	3.21	3.20	3.01	3.8 – 5.8
HGB				9.0	9.2	9.2	8.8	11 – 16.5
PLT				203	144	100	422	150 -450
GRA#				3.2	6.1	2.7	8.6	1.2 6.8
Glucose	116	106	75	141	288	150	299	65 – 99
Potassium	5.1	4.8	4.3	4.2	4.4	3.6	4.5	3.5 – 5.5
Bilirubin	6.2	5.5	3.2	4.0	3.5	6.3	3.8	0.1 – 1.4
Alkaline Phosphatase	510	544	621	478	522	737	706	30 – 140
AST/SGOT	109	81	92	90	87	205	90	0 – 48
ALT/SGPT	69	59	50	84	87	160	139	0 – 52
GGTP	944		1,066	942			954	0 – 65

I had hydration before and anti nausea before seeing Dr Barth and he stated that I looked better than the week before and was not as jaundiced.

I have ascites in the peritoneal cavity caused from the liver and related issues.

He does not want to aspirate as it bring out proteins and can cause dehydration and low blood pressure. He prescribed a medication that he hopes will push it down some Metoclopram 10 mg (common name Reglan), twice a day.

I have to bet more nutrients into me and want me to have protein shakes, smoothies, anything that will give me weight and nutrients, mashed potatoes, gravy, rice pilaf.

If I do not do the above, chemotherapy is over and the ballgame is over.

I completed the 3<sup>rd</sup> Session of chemotherapy at Hoag Day Hospital.

**Update 121 (15 – 21Sep10) - Week 122: Post/Pre Chemotherapy and Radiation Therapy**

Pancreatic Cancer Update			
Category	As of / First-Last Date	Status	Length of Time/Since
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 07 Month, 20 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 03 Months, 11 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 01 Months, 02 Days

Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 02 Months, 25 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 06 Months, 11 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 02 Months, 07 Days)**

Lessons Lift Taught Me: Get outside every day. Miracles are waiting everywhere.

Observations on Growing Older: Now that your husband has retired you'd give anything if he'd find a job!

Cancer fears me – S^2C.

September 22, 2010: Dr Barth: Vitals pre hydration and antibiotic

Date:	15Sep10	23Sep10	Rating
Blood Pressure (Systolic/Diastolic)	100/60	90/62	Optimal
Pulse	80	58	Normal (60 – 100)
Temperature	97.2	98.4	Normal (97.6 – 99.6)
Weight	170	170	(167. lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

September 22, 2010: Vitals Pre Chemotherapy:

Date:	15Sep10	23Sep10	Rating
Blood Pressure (Systolic/Diastolic)	102/68	105/63	Optimal
Pulse	51	58	Normal (60 – 100)
Temperature	96.8	97.7	Normal (97.6 – 99.6)
Weight	171.8	173.2	(170.3 lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Labs September 15, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

TEST –	16Aug10	25Aug10	29Aug10	31Aug10	10Sep10	15Sep10	22Sep10	RANGE
WBC			3.7	6.4	3.6	9.6	9.3	3.5 – 10.0
RBC			3.18	3.21	3.20	3.01	3.11	3.8 – 5.8
HGB			9.0	9.2	9.2	8.8	9.1	11 – 16.5
PLT			203	144	100	422	285	150 -450
GRA#			3.2	6.1	2.7	8.6	8.6	1.2 6.8
Glucose	106	75	141	288	150	299	368	65 – 99
Potassium	4.8	4.3	4.2	4.4	3.6	4.5	4.0	3.5 – 5.5
Bilirubin	5.5	3.2	4.0	3.5	6.3	3.8	3.0	0.1 – 1.4
Alkaline	544	621	478	522	737	706	579	30 – 140

Phosphatase								
AST/SGOT	81	92	90	87	205	90	60	0 – 48
ALT/SGPT	59	50	84	87	160	139	98	0 – 52
GGTP		1,066	942			954	921	0 – 65

September 23 2010 - Dr. Barth - Appt 10:45 A.M.:

I have thrush on my tongue and sores due to chemotherapy.

Dr Barth indicated my abdomen was more firms (not a lot worse than one week ago, but some.)

He said my bowels were very quiet and the stomach (need more bowel sounds, as the food is not passing down). He asked if I had a “percolator stomach” (a lot of sounds),

He increased the Reglan to 3 x a day (up from 2 x a day). He is hoping to move the food and fluid down and out. He said the abdomen is happier than earlier, but is challenged he is suspicious of some cancer on abdominal wall – not sure.

He said if I could walk and not be so sedentary, it would help the fluid, any exercise that I could safely do would be good – be cautious that I do not fall and break something, and then the ballgame would be over for me.

He said according to labs I am holding my own as a result of Chemotherapy, I have not made any huge ground, but the labs are holding their own. He has not seen any “Clinically improvement” as a result of Chemotherapy.

He would like to look at labs at the end of 2<sup>nd</sup> or 3<sup>rd</sup> Cycle and see if he sees any decline, and discuss if we go on.

He prescribed Nystatin for the Thrush – swish 3 times a day and swallow.

After the appt I continued with the hydration and the anti-nausea IV, and went to Hoag for the Chemotherapy.

I completed the 4<sup>th</sup> session of chemotherapy.

**Update 122 (22 – 28Sep10) - Week 123: Post/Pre Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 07 Month, 27 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 03 Months, 18 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 01 Months, 09 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 03 Months, 02 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 06 Months, 18 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 02 Months, 00 Days)**

Lessons Lift Taught Me: If we all threw our problems in a pile and saw everyone else's, we'd grab ours back.

Observations on Growing Older: You have 3 sizes of clothes in your closet 2 of which you will never wear.

**Update 123 (29Sep – 05Oct10) - Week 124: Post/Pre Chemotherapy and Radiation Therapy**

<b>Pancreatic Cancer Update</b>			
<b>Category</b>	<b>As of / First-Last Date</b>	<b>Status</b>	<b>Length of Time/Since</b>
Pancreatic Cancer	*May 29, 2008/**Jan 26, 2010	Recurrent	0 Year, 08 Month, 04 Days
Chemotherapy	Mar 11, 2008/June 9, 2008	Completed	2 Year, 03 Months, 25 Days
Chemotherapy2	Aug 25, 2010/	In Progress	0 Year, 01 Months, 16 Days
Radiation	May 19, 2008/June 30, 2008	Completed	2 Year, 03 Months, 09 Days
CyberKnife	Mar 08, 2010/Mar 10, 2010	Completed	0 Year, 06 Months, 25 Days

**\*Complete Remission as of May 29, 2008 - All the signs and symptoms of the disease disappear...Complete cancer remissions may continue for several years and be considered cures. \*\* Recurrent a lesion appeared as Bile Duct Stricture (can be caused by operative trauma or by Pancreatic Cancer) and in the liver (May 26, 2010: Life expectancy 6 months) (Countdown from: 26May10 – 0 Years, 01 Months, 23 Days)**

Lessons Lift Taught Me: Envy is a waste of time. You already have all you need.

Observations on Growing Older: But old is good in some things: old songs, old movies, and best of all, OLD FRIENDS!

Appointment with Dr Barth on September 29, 2010.

September 29, 2010: Vitals

<b>Date:</b>	<b>23Sep10</b>	<b>29Sep10</b>	<b>Rating</b>
Blood Pressure (Systolic/Diastolic)	105/63	105/68	Optimal
Pulse	58	66	Normal (60 – 100)
Temperature	97.7	97.5	Normal (97.6 – 99.6)
Weight	173.2	174	(171.0 lbs) (155 – 176)
Oxygen			

**Optimal:** <120/<80; **Normal:** <130/<85; **High Normal:** 130-139/85-89; **Hypertension - Stage 1:** 140-159/90-99; **Hypertension - Stage 2:** 160-179/100-109; **Hypertension - Stage 3:** >179/>109

Labs September 15, 2010 Dr Neil M. Barth

Black = Within Range – Red= High; Green = Low

<b>TEST –</b>	<b>25Aug10</b>	<b>29Aug10</b>	<b>31Aug10</b>	<b>10Sep10</b>	<b>15Sep10</b>	<b>22Sep10</b>	<b>29Sep10</b>	<b>RANGE</b>
WBC		3.7	6.4	3.6	9.6	9.3	8.1	3.5 – 10.0

RBC		3.18	3.21	3.20	3.01	3.11	2.91	3.8 – 5.8
HGB		9.0	9.2	9.2	8.8	9.1	8.7	11 – 16.5
PLT		203	144	100	422	285	63.10	150 -450
GRA#		3.2	6.1	2.7	8.6	8.6	7.5	1.2 6.8
Glucose	75	141	288	150	299	368	226	65 – 99
Potassium	4.3	4.2	4.4	3.6	4.5	4.0	3.9	3.5 – 5.5
Bilirubin	3.2	4.0	3.5	6.3	3.8	3.0	4.5	0.1 – 1.4
Alkaline Phosphatase	621	478	522	737	706	579	514	30 – 140
AST/SGOT	92	90	87	205	90	60	63	0 – 48
ALT/SGPT	50	84	87	160	139	98	80	0 – 52
GGTP	1,066	942			954	921	899	0 – 65

Blood results from last week (Sept 22 (show liver enzymes are coming down as result of Chemotherapy..

He says we have not hit the ball out of the park yet, but numbers are going down.

He says the ascites is caused from the scaring in the liver. Fluid is building up and it is not going out, and so it is also going to the ankles. He says it will be there a while.

He prescribed a diuretic called **SPIRONOLACTO** 50 mg tablet, twice a day to try and relieve the fluid. This drug does not cause one to lose any potassium. This won't cause a sudden change, but hopefully it will start to relieve some of the fluid.

If you find that in one day, I am losing more than 2 lbs , do not take the drug, and then continue it the next day after that.

He reduced the Hydrocort (Cortisone) to One a Day from Two.

It is best to sleep on sides is possible. Lying on the back causes the fluid to rotate to the flanks.

My platelets were down to 63 (IN ORDER TO HAVE CHEMO, THEY HAVE TO BE AT LEAST 100. The doctor feels they will be back up by next week for chemo.

My red counts (HGB) are low also, 8.7, the range is 11-16.5  
The HCT is 26.3, the range is 35-50, the RBC is 2.91, and range is 3.8 – 5.8

This is most likely caused from Chemotherapy.

Dr. Barth said I am an Amazing Individual to keep bouncing back from time to time with all that I have been through and now. He says he has never seen any other patients like that. Dr. Barth said if he could bottle that, he could retire.

Check up with Dr. B next week to look at new blood and determine if he can have Chemotherapy.

**Appointments:**

Next Chemo is Sept 8 at 1:00 (IF we decide to go on).