

May 17, 2021

Dear Praying Family and Friends,

EXECUTIVE SUMMARY

- A lymphoma specialist surveyed my medical records, tests, and results thus far, and he concluded that my original diagnosis (2017) and recurrent diagnosis (2021) of large B-Cell lymphoma were mistaken.
- This same specialist ordered new blood work and a bone marrow biopsy in order to begin diagnosis of the precise form of lymphoma which I have.
- This same specialist is optimistic that once he attains an accurate diagnosis, he will treat it with either of two results: (a) a complete cure, or (b) a “knocking it back into remission” every 5-10 years until I die of something else. Either result will come from swallowing pills, maybe even a single pill.

WHY THE MISTAKEN DIAGNOSIS?

Lymphoma, as I said in a previous update, is a name given to immune cell cancers, which number about 90 (at present). The “severity” of each one differs from the others. Some are indolent, and patients live many decades with only maintenance chemo delivered every five to ten years. Other lymphomas are quite aggressive and very difficult to beat back.

And, then, there is a problem that arises from the frequency each type appears among patients. The specialist treating me now thinks that the most likely type of lymphoma I have shows up in an ordinary oncologist's clinic once every two to three years. But, it's worse than that! This rare lymphoma - when it is detected by standard imaging or biopsy methods “masks” itself as a completely different form of lymphoma that is present in about 75 percent of lymphoma cases!

WHY THE CONFIDENCE OF A CURE OR NEAR-CURE?

In a nutshell: advances in chemotherapy are following parallel advances in cellular biology. The ability of researchers to examine diseases at the cellular level, or at the level of the DNA inside a cell - well, advances like these make possible the design and production of drugs that exploit the weaknesses and vulnerabilities of lymphoma cells.

About 10 days ago, I checked in with my cardiologist to see what he thought about this recurrence of lymphoma and possible therapies I might be offered. Am I fit enough to survive the truly arduous therapies? He assures me I am! Moreover, he thought that the truly severe therapies of the past (such as bone marrow transplants) were becoming a thing of the past. “The advances in lymphoma therapy have far outstripped anything similar in cardiology,” he admitted.

My new oncologist confirmed this. When I first asked him about bone marrow transplants, his first comment was “We consider that somewhat old-fashioned nowadays. We don't do them often, and we call them stem cell transplants. We've done one recently on a man who is 79, and he did quite well.” As we talked, I could tell that he was looking more to recent advances in pharmacology for a treatment plan to recommend for me. And, that means no need for the surgical insertion of an infusion port since the newest chemo drugs are pills that the patient simply swallows.

SPECIAL GRACES ON MONDAY, MAY 17

The days leading up to this consultation my oncologist were a spiritual challenge. The temptation to worry was constant. A huge help in this regard was my brother and sister-in-law (Wes and Liz) whose presence afforded us great help in sorting through all the issues arising from what we thought was going to be very dire news. Our conversations ranged over most of the end-of-life issues that everyone ought to consider. Pre- and post-funeral tasks and the like. It seemed that my departure was relatively near. Counsel, fellowship, and comfort from trusted family is a huge blessing!

Wes and Lize accompanied us to the consultation up in Dallas. THAT was a huge blessing too. Barbara and I were wrung out mentally after all that transpired. We set out with Wes driving home in the midst of Dallas rush hour traffic. I am so glad I didn't need to drive that 35-mile gauntlet!

My oncologist at UT Southwestern was all we could ask for - obviously up to date! The Simmons Cancer Center is a major research institution. My oncologist presented me with a taxonomy of lymphomas - not all 80 or 90 of them, of course. He is a skilled teacher and presents complex subjects clearly. His handwriting is precise and readable (we have his notes from our meeting). He quickly and politely brushed aside any misunderstandings we brought into the meeting, and just as clearly he laid out how he proposed to identify the specific type of lymphoma I have - some blood work and a bone marrow biopsy.

A few minutes after he departed, his nurse came in with wide eyes. "We never have this happen!" she exclaimed. "Someone has just cancelled their bone marrow biopsy appointment. We can get you in immediately!" So, I dashed off to the lab where a cheery and efficient nurse drew a dozen vials of blood, then scurried down to the room where the biopsy was to take place.

I thought it was going to be a harrowing experience. Nope! All the things they warned me about simply didn't happen. I began to joke with the technician and nurses.

"Where is the stinging?" I demanded at one point.

They all were suddenly silent.

"You said it would sting and burn! There's none of that! Did you forget to put in the stinging and burning??"

It took another couple of seconds for them to realize I was joking, and then they burst out laughing.

We continued to trade jests back and forth for the whole time. Honestly - the only discomfort I experienced came from having to lie face down on my rotund belly! *THAT* was uncomfortable! The rest was simply novel and interesting.

NEXT UPDATE SOON AFTER JUNE 1

I have a video conference with Dr. Awan on June 1, late in the afternoon. I expect he will have a report and probably a plan for moving forward. All of you seem to have the Lord's ear on this matter, so I covet your prayers that the Doctor's investigations will be accurate and his treatment therapy successful.

Barbara and I are very grateful to you all, and to the Lord for His mercies to us.

Fr. Bill