

HAPPY HALLOWEEN



HISTORY OF HALLOWEEN



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Straddling the line between fall and winter, plenty and paucity, life and death, Halloween is a time of celebration and superstition. It is thought to have originated with the ancient Celtic festival of Samhain, when people would light bonfires and wear costumes to ward off roaming ghosts. In the eighth century, Pope Gregory III designated November 1 as a time to honor all saints and martyrs; the holiday, All Saints' Day, incorporated some of the traditions of Samhain. The evening before was known as All Hallows' Eve and later Halloween. Over time, Halloween evolved into a secular, community-based event characterized by child-friendly activities such as trick-or-treating. In several countries around the world, as the days grow shorter and the nights get colder, people continue to usher in the winter season with gatherings, costumes and sweet treats.

Ancient Origins of Halloween

Halloween's origins date back to the ancient Celtic festival of Samhain (pronounced sow-in). The Celts, who lived 2,000 years ago in the area that is now Ireland, the United Kingdom and northern France, celebrated their new year on November 1. This day marked the end of summer and the harvest and the beginning of the dark, cold winter, a time of year that was often associated with human death. Celts believed that on the night before the new year, the boundary between the worlds of the living and the dead became blurred. On the night of October 31st, they celebrated Samhain, when it was believed that the ghosts of the dead returned to earth. In addition to causing trouble and damaging crops, Celts thought that the presence of the otherworldly spirits made it easier for the Druids, or Celtic priests, to make predictions about the future. For a people, entirely dependent on the volatile natural world, these prophecies were an important source of comfort and direction during the long, dark winter.

To commemorate the event, Druids built huge sacred bonfires, where the people gathered to burn crops and animals as sacrifices to the Celtic deities. During the celebration, the Celts wore costumes, typically consisting of animal heads and skins, and attempted to tell each other's fortunes. When the celebration was over, they re-lit their hearth fires, which they had extinguished earlier that evening, from the sacred bonfire to help protect them during the coming winter.

By 43 A.D., the Roman Empire had conquered most Celtic

territory. During the four hundred years that they ruled the Celtic lands, two festivals of Roman origin were combined with the traditional Celtic celebration of Samhain. The first was Feralia, a day in late October when the Romans traditionally commemorated the passing of the dead. The second was a day to honor Pomona, the Roman goddess of fruit and trees. The symbol of Pomona is the apple and the incorporation of this celebration into Samhain probably explains the tradition of "bobbing" for apples that is practiced today on Halloween.

On May 13, 609 A.D., Pope Boniface IV dedicated the Pantheon in Rome in honor of all Christian martyrs, and the Catholic feast of All Martyrs Day was established in the Western church. Pope Gregory III (731-741) later expanded the festival to include all saints as well as all martyrs, and moved the observance from May 13 to November 1. By the 9th century the influence of Christianity had spread into Celtic lands, where it gradually blended with and supplanted the older Celtic rites. In 1000 A.D., the church would make November 2 All Souls' Day, a day to honor the dead. It is widely believed today that the church was attempting to replace the Celtic festival of the dead with a related, but church-sanctioned holiday. All Souls Day was celebrated similarly to Samhain, with big bonfires, parades, and dressing up in costumes as saints, angels and devils. The All Saints Day celebration was also called All-hallows or All-





hallowmas (from Middle English *Al-hallowmesse* meaning All Saints' Day) and the night before it, the traditional night of Samhain in the Celtic religion, began to be called All-hallows Eve and, eventually, Halloween.

Halloween Comes to America

Celebration of Halloween was extremely limited in colonial New England because of the

Americans began to dress up in costumes and go house to house asking for food or money, a practice that eventually became today's "trick-or-treat" tradition. Young women believed that on Halloween they could divine the name or appearance of their future husband by doing tricks with yarn, apple parings or mirrors.

In the late 1800s, there was a move in America to mold Halloween into a holiday more about community and neighborly get-togethers than about ghosts, pranks and witchcraft. At the turn of the century, Halloween parties for both children and adults became the most common way to celebrate the day. Parties focused on games, foods of the season and festive costumes. Parents were encouraged by newspapers and community leaders to take anything "frightening" or "grotesque" out of Halloween celebrations. Because of these efforts, Halloween lost most of its superstitious and religious overtones by the beginning of the twentieth century.

By the 1920s and 1930s, Halloween had become a secular, but community-centered holiday, with parades and town-wide parties as the featured entertainment. Despite the best efforts of many schools and communities, vandalism began to plague Halloween celebrations in many communities during this time. By the 1950s, town leaders had successfully limited vandalism and Halloween had evolved into a holiday directed mainly at the young. Due to the high numbers of young children during the fifties baby boom, parties moved from town civic centers into the classroom or home, where they could be more easily accommodated. Between 1920 and 1950, the centuries-old practice of trick-or-treating was also revived. Trick-or-treating was a relatively inexpensive way for an entire community to share the Halloween celebration. In theory, families could also prevent tricks being played on them by providing the neighborhood children with small treats. A new American



rigid Protestant belief systems there. Halloween was much more common in Maryland and the southern colonies. As the beliefs and customs of different European ethnic groups as well as the American Indians meshed, a distinctly American version of Halloween began to emerge. The first celebrations included "play parties," public events held to celebrate the harvest, where neighbors would share stories of the dead, tell each other's fortunes, dance and sing. Colonial Halloween festivities also featured the telling of ghost stories and mischief-making of all kinds. By the middle of the nineteenth century, annual autumn festivities were common, but Halloween was not yet celebrated everywhere in the country.

In the second half of the nineteenth century, America was flooded with new immigrants. These new immigrants, especially the millions of Irish fleeing Ireland's potato famine of 1846, helped to popularize the celebration of Halloween nationally. Taking from Irish and English traditions,





tradition was born, and it has continued to grow. Today, Americans spend an estimated \$6 billion annually on Halloween, making it the country's second largest commercial holiday.

Today's Halloween Traditions

The American Halloween tradition of “trick-or-treating” probably dates back to the early

All Souls' Day parades in England. During the festivities, poor citizens would beg for food and families would give them pastries called “soul cakes” in return for their promise to pray for the family's dead relatives. The distribution of soul cakes was encouraged by the church as a way to replace the ancient practice of leaving food and wine for roaming spirits. The practice, which was referred to as “going a-souling” was eventually taken up by children who would visit the houses in their neighborhood and be given ale, food, and money.

The tradition of dressing in costume for Halloween has both European and Celtic roots. Hundreds of years ago, winter was an uncertain and frightening time. Food supplies often ran low and, for the many people afraid of the dark, the short days of winter were full of constant worry. On Halloween, when it was believed that ghosts came back to the earthly world, people thought that they would encounter ghosts if they left their homes. To avoid being recognized by these ghosts, people would wear masks when they left their homes after dark so



that the ghosts would mistake them for fellow spirits. On Halloween, to keep ghosts away from their houses, people would place bowls of food outside their

homes to appease the ghosts and prevent them from attempting to enter.

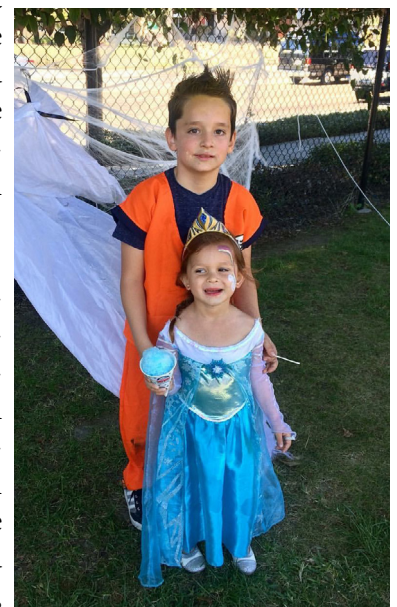
Halloween Superstitions

Halloween has always been a holiday filled with mystery, magic and superstition. It began as a Celtic end-of-summer festival during which people felt especially close to

deceased relatives and friends. For these friendly spirits, they set places at the dinner table, left treats on doorsteps and along the side of the road and lit candles to help loved ones find their way back to the spirit world. Today's Halloween ghosts are often depicted as more fearsome and malevolent, and our customs and superstitions are scarier too. We avoid crossing paths with black cats, afraid that they might bring us bad luck. This idea has its roots in the Middle Ages, when many people believed that witches avoided detection by turning themselves into cats. We try not to walk under ladders for the same reason. This superstition may have come from the ancient Egyptians, who believed that triangles

were sacred; it also may have something to do with the fact that walking under a leaning ladder tends to be fairly unsafe. And around Halloween, especially, we try to avoid breaking mirrors, stepping on cracks in the road or spilling salt.

But what about the Halloween traditions and beliefs that today's trick-or-treaters have forgotten all about? Many of these obsolete rituals focused on the future instead of the past and the living instead of the dead. In particular,



many had to do with helping young women identify their future husbands and reassuring them that they would someday—with luck, by next Halloween—be married. In 18th-century Ireland, a matchmaking cook might bury a ring in her mashed potatoes on Halloween night, hoping to bring true love to the diner who found it. In Scotland, fortune-tellers recommended that an eligible young woman name a hazelnut for each of her suitors and then toss the nuts into the fireplace. The nut that burned to ashes rather than popping or exploding, the story went, represented the girl's future husband. (In some versions of this legend, confusingly, the opposite was

true: The nut that burned away symbolized a love that would not last.) Another tale had it that if a young woman ate a sugary concoction made out of walnuts, hazelnuts and nutmeg before bed on Halloween night she would dream about her future husband. Young women tossed apple-peels over their shoulders, hoping that the peels would fall on the floor in the shape of their future husbands' initials; tried to learn about their futures by peering at egg yolks floating in a bowl of water; and stood in front of mirrors in darkened rooms, holding candles and looking over their shoulders for their husbands' faces. Other rituals were more competitive. At some Halloween parties, the first guest to find a burr on a chestnut-hunt would be the first to marry; at others, the first successful apple-bobber would be the first down the aisle.

Of course, whether we're asking for romantic advice or trying to avoid seven years of bad luck, each one of these Halloween superstitions relies on the good will of the very same "spirits" whose presence the early Celts felt so keenly.



HAPPY THANKSGIVING!

November 24th, 11:00 am

Margaret and Bud's Home



Our Trip to New Jersey

By Carol Benesch

Jeff and I took advantage of Jeff's hard work to fly off to see Jessica, Miguel and company! It is fun to see Fall coming in, but sad to see the warm days shortening into cold ones. It was pretty much pants and sweat shirt weather, but still warm enough to enjoy some outside fun. Ben is loving Kindergarten and the twins love keeping mommy busy!!

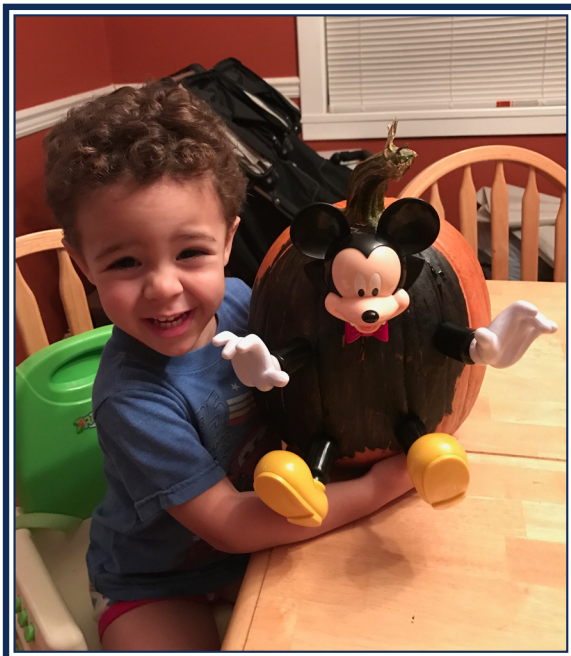
Jessica is juggling being a mom, nursing, starting up her Mommy and Baby lactation consulting, and her jewelry store!! I don't know how she does it, but she does! I got to watch her first hand at one of her craft shows. The booth was beautiful, so professional and creative, but the weather did not cooperate. I had fun helping her after the 39degree temperature warmed up a bit.

Halloween was very exciting!! The twins have been practicing for weeks how to say, "trick or treat, thank you, and Happy Halloween!" Matty would not leave until he said all 3 statements and at one point he had to go back to a house because he forgot to say Happy Halloween. He was so cute. When we were all exhausted, he was the one that kept saying, "two more houses, just 2 more houses!" I think he would have gone on for hours!!

Visiting is always fun, but leaving is always difficult. Jeff came home before I did and enjoyed trick or treating with Noah and Madeline. I missed not being with all, but I do get to enjoy Noah and Maddie one day a week and I look forward to each outing we have! Noah, Mad-die and I went to our local pumpkin patch, decorated pumpkins and did a few other projects.

I am enjoying retirement!!!

Jeff and Carol





In case you didn't know, we have an artist in the family. Well, wait a minute. We have many artists in the family. However, our top artist award must go to Megan Riel because her year of portraits and science accomplishments are beyond amazing!

But this article is about another type of art. Jessica Benesch Rios has begun her own business called, Lulu On Seventh Street. She designs and creates the most beautiful jewelry on the internet (I am not biased at all). On her business card, it says, "Peaceful Jewelry That Pops!" It certainly does because each time I wear something that she has made, I get compliments on it. I have two from her collection and hope to add to it. I think she has a great eye for balance and colors.

I also know that sweet Nicole Riel is going to add some of her pieces to her yoga gym to promote. Talk about family love... I am so proud of my nieces! If you are like me, and you love to add a little color to your wardrobe, contact Jessica. She is truly gifted and you won't be disappointed!





Francie Travel News and Updates

October 24th, 2016

Home from Hawaii, what a glorious time we had!! I feel rested and ready to move forward, so here is the latest and the greatest news wise.

I realize my last entry was not my most positive, but as I have had time to peruse all that has happened, I have realized that it is all as it should be.

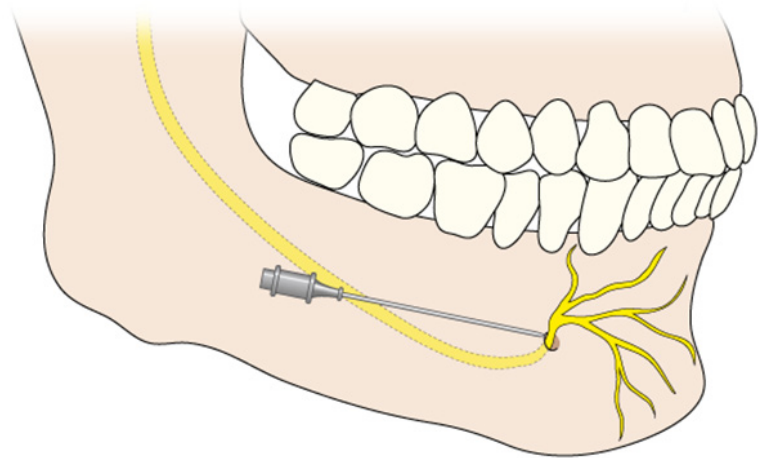
Dr. Hutchins told me a year ago the amount of stem cells I currently have would have been adequate for a transplant. But the standards are being raised higher and higher and in order to optimize my harvested stem cells we need to get them in as good a place as possible. Since I had the eye trouble with my last line of defense, Velcade, and could not finish my protocol, I lost a little ground. The next line of defense is called Kyprolis, <http://www.kyprolis.com/what-is-kyprolis/>

and some of you may remember, I had tried to skip the Velcade and go straight on to Kyprolis because my cancer was so aggressive. It is a second line of defense drug, so named by the insurance companies just to make sure they can make it more difficult to get what you need. They said no. So Velcade it was. I have now been okayed for the Kyprolis, the only problem is it is similar to the Velcade in the fact that I may have the same eye issue with it as I struggled with before. My amazing medical team has all agreed that a better choice would be Daratumumab <http://www.myelomabeacon.com/search/Darzalax/>

However, the insurance companies have determined this to be allowable as a third line of defense, (of course they have), so at this time, Dr. Hutchins is making an attempt to appeal their decision and get this for me.

Whether or not that pans out, I will be starting a new protocol of treatment combining one of the two aforementioned chemos with Revlamid and the dexamethazone steroid. I will be on the Revlamid daily for 3 weeks then off for 1. Dexamethazone, once a week and the infusion (Kyprolis or Darzalax), once a week. after at least 8-12 weeks we will then retest the bone marrow and see where I stand.

Meanwhile, I still have the numbness on the lower left chin, here is an explanation from my Dr. and a little more FYI on treatment



Hi Francie,

Thanks for the updates! I'm glad you're drinking lots of water - let's keep those kidney's happy!

Regarding your chin numbness, I had a flashback to my medical school anatomy class, and I think I've solved the mystery. There's a small nerve in the chin called the "mental nerve" that travels through a tiny opening in the mandibular bone called the "mental foramen". I think that myeloma bone disease blocked off your mental foramen and pinched off the mental nerve, causing loss of sensation on that side of your chin. See illustration below (the yellow branches are the mental nerve roots).

For the chalazions, I think we should continue Doxycycline at least until we figure out your next chemo regimen. If we end up going with Kyprolis, I would favor keeping you on Doxycycline during treatment to help reduce the risk of more chalazions popping up (like we talked about, the mechanism of Kyprolis is very similar to Velcade, so I want to avoid having the same problem). If we get approved for Daratumumab and your eyes are completely better with no new chlazions, I would be fine with stopping the Doxy at that point.

You are correct that the first Daratumumab infusion can take many hours. After the first dose, your body becomes accustomed to the medication, and subsequent doses will be much faster and easier. At Scripps, our policy is to admit patients to the hospital for a 1-day inpatient "short stay" on 3 North only for the FIRST dose of Daratumumab. The reason for this is simply because it has to be infused very slowly (sometimes over 6-8 hours), and people sometimes get shivers or low-grade fevers during the infusion which may require nursing attention. The side effects of Daratumumab are typically limited to the duration while the medication is actually being infused, and most people feel just fine after its finished. Subsequent infusions can be done as an outpatient, typically take 3-4 hours, and will usually have minimal side effects.

By the way, I have just been asked to write a book chapter on Immunotherapy in Multiple Myeloma - will certainly include discussions of Daratumumab and CAR-T cells!

I'm also very happy that you agreed to be on my team! As we encounter new challenges, I have used these as opportunities to stimulate thoughtful discussions among our group of hematologists at Scripps. You are also the PIONEER of our latest myeloma research study at Sanford Burnham... your bone marrow from 10/6 was the very FIRST sample collected for the study! While the news of the excess remaining myeloma cells was heartbreaking for you and me, the lab researcher at Sanford Burnham was overjoyed because it means he has plenty of cells to run RNA sequencing, cytogenetic tests, flow cytometry, etc. Hopefully some good will come out of it.

Taking this journey with you has already been one of my greatest opportunities for growth as a physician, and I can't thank you enough for entrusting me with your care.

May-Ling

Irene May-Ling Hutchins, MD
Hematology/Oncology fellow

Awesome news, love being a pioneer, who knows what re-

search will come from my bone marrow, maybe a cure for me, hahaha!

So for now, I will leave you with this info, once we nail down the exact treatment I will be having I will let you know. The good news is, I get to keep my hair a little longer, I am not going to miss the holidays in isolation, and I still feel pretty damn good. My Liver enzymes are starting to look bullet proof, so all in all, not so bad.

October 27th, 2016

8:30 am - This is the live "blog" cast coming to you from Scripps Green Hospital, La Jolla, California. Today I am having an infusion that will take about 8 hours to give. They are giving it to me very slowly so they can monitor any side affects that may occur. With this particular chemo drug the side effects only happen while the drug is being given.

But we won't go into those because I am going to assume that I won't have any and I just came down here to have a very expensive lunch, hahahah!

Coincidentally, I am in exactly the same room I was in when I was here the last time, in early July. So far I have had blood drawn, history taken, met Dr. Chamberlain who is standing in for Dr. Hutchins who is having a little well deserved vacay, and my very fun nurse, Rashida. My job is to drink a lot of water and keep the staff entertained. Once the infusion starts I will keep you posted every couple of hours.

10:00 am. - After some pre meds, I am now waiting for the infusion to start. It should be around 11:30.

11:30 am. - After the first push of the chemo everything felt good, but as the infusion was pushed higher, I started having trouble breathing. Still waiting, blood tests in, Rashida said they are good and is bringing me a copy. Infusion starting around noon.

12:00 noon - First part was very comfortable, no ill effects. When the infusion was pushed to 150 I started having trouble breathing, and getting chills. They stopped the infusion temporarily then restarted at 50. It is now at 200 and if I keep it at this pace I should be out by 11 or 12 tonight. I don't feel any different yet... So far, so good.

4:00 pm. - Lyle is here with me and we are watching the news. I feel good that I have his new cutting edge drug fighting for me. I am especially happy that I am not having any of the crazy side effects I started to experience this morning. Life is good, thanks for all the prayers and support.

November 2, 2016,
8:00 am

Here I am back in bed in the Oncology unit getting an infusion of the duratumamab. Unlike last week I am not having the problem of my breathing shutting down, nor am I having my heart racing.

This week has been an attitude adjustment for me. There are so many things in my life that are different now. Some of them are tolerable, some downright annoying. But I know this for sure. Many people love and care about me. They work hard to bring thoughtfulness into my space. I am living the good life even if it is sometimes in brief increments.

Here are the bad things. The eye thing is back and will probably be something I have to deal with the rest of my life. I can pretty much give up the luxury of wearing eye makeup, it is not in the cards. Sometimes tears well up in my eyes when I think about it, but I must use the power of perspective to understand we don't sweat the small stuff and most of it really is all small stuff.

When I was cutting Leonor's hair the other day, she was telling me about a client whose daughter started with colon cancer, which moved onto three other locations. The chemo is making her sick and causing her pain, and she wants to quit it. Her Mom is devastated; she is 29 years old... So young to have to face such decisions. And I have some sore eyes and a numb chin. This too will pass. I am so lucky that most days I am retired and enjoying the good life.

Other bad things. I did not exactly get a stellar report card like I am used to getting. My platelets have dropped in half, maybe because of the Cancer, but also because it is a side effect of the duratumamab. My liver panel looks like I stayed at spring break in Daytona Beach. And have not stopped partying since. My potassium is a little high, my juicing should be able to take care of that. I went out last night because I was out of spinach, avocado and bananas and made sure my daily juice was doing me some good.

Here are the great things about this week. Even though this new regimen is the time sucker of all time suckers, I am enjoying the forced down time to get some thing written that I need to get down on paper. Sunday, I am going to LA to a baby shower and then Brett will pick me up and I get to watch him play soccer. It will take me back to the days when he was 4 and running with Merc in the PYSL Soccer league.

Fun times those days! If you are living them now, remember this, in the wink of an eye they will be a part of your

memories. You need to make really good ones because someday, it may be all you're left with.

Then we will be having a Margarita Monday at his place. Hoping to see some good friends gather around and enjoy the food and fun

The funniest thing about this week is I have been driving all the way to Scripps Torrey pines to get my labs done (blood drawn) usually the day before I have chemo. Found out yesterday I can drive 5 minutes to the Scripps building behind Ralphs in Mission Valley. That will save me a ton of time. And traffic.

Those of you who know me realize that I do not sleep much nor do I miss it. I enjoy having that extra time in my life cycle where I am able to enjoy the beauty of the world from a conscious state. But 40 hours with no sleep is getting a little ridiculous!! The steroids I take are a little much and though they definitely reduce inflammation, there is no way you are meant to sleep on them. We are cutting down the amounts so that I do not become a walking zombie (with no eye makeup!). Another great thing is when I listen to my nurses talk about all the new treatments I realize how fortunate I am to combat this disease at a time like this. My new drug is less than a year old and is showing much promise in its clinical trials. Dr. Hutchins says it takes about a month for the benefits to appear.

Creatinine mg/dL	New	0.7	0.6	0.7	0.6	1.2
Anion Gap	New	10	9	9	12	8
Calcium	New	9.1	8.3	9.2	10.0	9.1
Albumin	New	3.4	3.8	3.7	4.4	3.8
AST	New	24	25	19	68	27
Protein, Total	New	6.4	6.5	6.7	6.9	6.3
Bilirubin, Total	New	0.5	0.7	0.3	0.6	0.5
ALT	New	61	36	53	96	52
Alk phos	New	139	109	133	148	102
GFR Calc, Non-African	New	>60	>60	>60	>60	>60
GFR Calc, African	New	>60	*-60	>60	*-60	*-60
Osmo calc	New	292	279	292	296	295

* indicates comments or annotations. Hover * or Report to view full result. Right click on result to view in new window.

	Goal	01Nov2016	27Oct2016	22Oct2016	07Oct2016	05Oct2016
Item Name		3:06 PM	7:55 AM	11:10 AM	11:08 AM	9:55 AM
Sample Status	New	NON-FASTING		NON-FASTING		NON-FASTING
Sodium	New	141	135	139	142	141
Potassium	New	3.2	3.8	3.8	3.8	4.0
Chloride	New	102	100	104	102	100
Glucose	New	*88	*98	*127	*109	*70
CO2	New	29	26	26	28	28
BUN	New	14	10	19	17	12
Creatinine mg/dL	New	0.7	0.6	0.7	0.6	0.6
Anion Gap	New	10	9	9	12	8
Calcium	New	9.1	8.3	9.2	10.0	9.1
Albumin	New	3.4	3.8	3.7	4.4	3.8
AST	New	24	25	19	68	27
Protein Total	New	6.4	6.5	6.7	6.9	6.3

Item Name	Goal	01Nov2016 3:06 PM	27Oct2016 7:55 AM	22Oct2016 11:10 AM	06Oct2016 9:56 AM	21Sep2016 3:00 PM	15Sep2016 12:00 PM
WBC	New	7.6	8.5	13.9	6.8	4.8	5.0
RBC	New	3.95	3.89	4.00	3.62	3.47	3.3
HGB	New	12.8	12.4	13.1	12.3	11.9	12.0
HCT	New	37.1	36.3	39.1	35.0	34.1	35.0
MCV	New	94	93	98	97	98	98
MCH	New	32	32	33	34	34	33
MCHC	New	34	34	34	35	35	34
RDW	New	13.5	13.3	13.8	13.5	13.7	14.0
Platelet Count	New	125	143	297	198	211	194
PRELIM ABS NEUT CT	New	5.41	6.51	12.10	4.54	3.67	5.42
Neutrophils	New	71.6	76.4	86.8	67.2	77.1	92.1
Lymphocytes	New	20.8	17.6	8.6	21.2	17.0	6.3
Monocytes	New	5.3	4.3	4.1	9.5	4.3	1.0

As you can see I got red carded a few times, I have to work harder to get all these numbers where they should be. Some are directly related to medication, but Dr Hutchins says the dara takes about a month to really start showing some results. I went straight to the grocery store and loaded up on more spinach, avocados and bananas to get the potassium levels going where they need to be. Too many red marks for my liking on these reports I need to get back to being that overachiever!!!

Writing this in the moment is always a little risky since I am always a little spacy from all of the drugs I am taking. You never know what I might blurt out. I think I sound more stupid, Lyle just wants what I'm having, hahahah.

I will do a series of 8 weeks of these treatments. As I get used to taking them it will get quicker but right now I am going on hour 10. Everyone else has gone home. Hopefully after those treatments are over (Dec15) I will be ready to start getting the transplant.

Thanks for the lovely quilts and blankets I have been receiving, the affirmation cards, the bone broth and all of the kind gifts you have been sending me. I truly am overwhelmed by your love and attention to this difficult time I am going through.

Friday November 4th, 2016

Since I had not gotten to meet with my doctor on Wednesday, I reserved sending this until then. We are waiting on the light chain report that will give an indication about how much of my Myeloma has come back. I feel so much better than the last 2 weeks that I am going with the idea that it is improving. Logically, I realize that the Dara cannot be working that quickly, but I have resumed the Revlamid the last 2 weeks and who knows? maybe I am holding it at bay. that is what I am going with for now.

Back on the Doxycycline my eye thing is not too bad, just a little annoying. I can deal with it.

We are making a game plan though for the other possibility. I may switch from the Dara to the Kyprolis or one of the other drugs I have had a quicker response with. It may be for a full protocol, it may be for a quick response, we will have to see. I am staying positive and enjoying each day and everything it brings. I feel great today and that is a good thing. I wish the same for all of you!

November 12, 2016

This week was pretty uneventful, still waiting for light chain results that I probably won't get till Monday or Tuesday. All my chemistry labs were good, got the potassium under control, everything is in the black except for a small amount of protein. I'm working on that. You can see the things that are more in my control are doing well. Now onto chart 2 Lots of red numbers, I hate a bad report card.

Item Name	Goal	09Nov2016 8:48 AM	01Nov2016 3:06 PM	27Oct2016 7:55 AM	22Oct2016 11:10 AM	07Oct2016 11:08 AM	05Oct2016 9:56 AM	21Sep2016 3:00 PM	15Sep2016 12:00 PM
Sample Status	New	NON-FASTING	NON-FASTING		NON-FASTING		NON-FASTING	NON-FASTING	NON-FASTING
Sodium	New	140	141	135	139	142	143	140	140
Potassium	New	3.7	3.2	3.8	3.8	3.8	4.2	3.7	4.0
Chlonde	New	104	102	100	104	102	107	102	100
Glucose	New	*87	*88	*98	*127	*109	*76	*85	*120
CO2	New	28	29	26	26	28	28	28	28
BUN	New	13	14	10	19	17	12	9	14
Creatinine mg/dL	New	0.7	0.7	0.6	0.7	0.6	0.6	0.6	0.6
Anion Gap	New	8	10	9	9	12	8	10	10
Calcium	New	8.8	9.1	8.3	9.2	10.0	9.1	9.7	9.7
Albumin	New	3.4	3.4	3.8	3.7	4.4	3.8	4.1	4.1
AST	New	17	24	25	19	68	27	35	37
Protein, Total	New	6.2	6.4	6.5	6.7	6.9	6.3	6.5	6.5
Bilirubin, Total	New	0.5	0.5	0.7	0.3	0.6	0.5	0.6	0.6
ALT	New	32	61	36	53	96	52	51	54
Alk phos	New	91	139	109	133	148	102	144	151
GFR Calc, Non-African	New	>60	>60	>60	>60	>60	>60	>60	>60
GFR Calc, African	New	>60	>60	>60	>60	>60	>60	>60	>60
Osmo calc	New	289	292	279	292	296	295	288	298

* indicates comments or annotations. Hover * or Report to view full result. Right click on result to view in new window.

Item Name	Goal	09Nov2016 8:48 AM	01Nov2016 3:06 PM	27Oct2016 7:55 AM	22Oct2016 11:10 AM	07Oct2016 11:08 AM	05Oct2016 9:56 AM	21Sep2016 3:00 PM	15Sep2016 12:00 PM
Sample Status	New	NON-FASTING	NON-FASTING		NON-FASTING		NON-FASTING	NON-FASTING	NON-FASTING
Sodium	New	140	141	135	139	142	143	140	140
Potassium	New	3.7	3.2	3.8	3.8	3.8	4.2	3.7	4.0
Chlonde	New	104	102	100	104	102	107	102	100
Glucose	New	*87	*88	*98	*127	*109	*76	*85	*120
CO2	New	28	29	26	26	28	28	28	28
BUN	New	13	14	10	19	17	12	9	14
Creatinine mg/dL	New	0.7	0.7	0.6	0.7	0.6	0.6	0.6	0.6
Anion Gap	New	8	10	9	9	12	8	10	10
Calcium	New	8.8	9.1	8.3	9.2	10.0	9.1	9.7	9.7
Albumin	New	3.4	3.4	3.8	3.7	4.4	3.8	4.1	4.1
AST	New	17	24	25	19	68	27	35	37
Protein, Total	New	6.2	6.4	6.5	6.7	6.9	6.3	6.5	6.5
Bilirubin, Total	New	0.5	0.5	0.7	0.3	0.6	0.5	0.6	0.6
ALT	New	32	61	36	53	96	52	51	54
Alk phos	New	91	139	109	133	148	102	144	151
GFR Calc, Non-African	New	>60	>60	>60	>60	>60	>60	>60	>60
GFR Calc, African	New	>60	>60	>60	>60	>60	>60	>60	>60
Osmo calc	New	289	292	279	292	296	295	288	298

* indicates comments or annotations. Hover * or Report to view full result. Right click on result to view in new window.

White blood cell count (leukocyte count): The number of white blood cells (WBCs) in the blood. The WBC is usually measured as part of the CBC (complete blood count). White blood cells are the infection-fighting cells in the blood and are distinct from the red (oxygen-carrying) blood cells known as erythrocytes. There are different types of white blood cells, including neutrophils (polymorphonuclear leukocytes; PMNs), band cells (slightly immature neutrophils), T-type lymphocytes (T cells), B-type lymphocytes (B cells), monocytes, eosinophils, and basophils. All the types of white blood cells are reflected in the white blood cell count. The normal range for the white blood cell count varies between laboratories but is usually between 4,300 and 10,800 cells per cubic millimeter of blood. This can also be referred to as the leukocyte count and can be expressed in international units as $4.3 - 10.8 \times 10^9$ cells per liter.

Red blood cells (RBCs), also called erythrocytes, are the most common type of blood cell and the vertebrate organism's principal means of delivering oxygen (O₂) to the body tissues—via blood flow through the circulatory system. RBCs take up oxygen in the lungs or gills and release it into tissues while squeezing through the body's capillaries.

The Hgb test measures how much hemoglobin is present in the blood. Hemoglobin is a type of protein found in red blood cells that transports oxygen throughout the body. HTC The hematocrit (Ht or HCT), also known by several other names, is the volume percentage (vol%) of red blood cells in blood. It is normally 45% for men and 40% for women.

RDW is the abbreviation for "red blood cell distribution width." According to Lab Tests Online, RDW calculates the varying sizes of red blood cell (RBC) volume in a blood sample. An RDW test is usually performed as part of a CBC, or complete blood count.

Platelets are tiny blood cells that help your body form clots to stop bleeding. If one of your blood vessels gets damaged, it sends out signals that are picked up by platelets. The platelets then rush to the site of damage and form a plug, or clot, to repair the damage.

Absolute neutrophil count: The real number of white blood cells (WBCs) that are neutrophils. The absolute neutrophil count is commonly called the ANC. Neutrophils are key components in the system of defense against infection. An absence or scarcity of neutrophils (a condition called neutropenia) makes a person vulnerable to infection. After chemotherapy, radiation, or a blood or marrow transplant, the ANC is usually depressed and then slowly rises, reflecting the fact that the bone marrow is recovering and new blood cells are beginning to grow and mature.

And there we have the situation. we are hoping the lower counts are from the chemo therapy. what the light chain tells us is how much cancer is in my blood. that is always helpful but not always the same as what's in my bone marrow. Generally the light chain is a little more optimistic then things really are but, we will take those results and run with them.

But this type of report card is what you expect when you go hunting cancer, there is always some collateral damage. And keeping in mind that my new weapon of mass destruction really doesn't kick in until the 4th week, after three rounds I am holding my own.

Check out the chart below (from Dr. Hutchins).

Table 3. Most Common Adverse Events during Treatment in the Safety Population.*

Event	Daratumumab Group (N=283)		Control Group (N=281)	
	Any Grade	Grade 3 or 4	Any Grade	Grade 3 or 4
number of patients (percent)				
Hematologic adverse event				
Neutropenia	168 (59.4)	147 (51.9)	121 (43.1)	104 (37.0)
Anemia	88 (31.1)	35 (12.4)	98 (34.9)	55 (19.6)
Thrombocytopenia	76 (26.9)	36 (12.7)	77 (27.4)	38 (13.5)
Febrile neutropenia	16 (5.7)	16 (5.7)	7 (2.5)	7 (2.5)
Lymphopenia	17 (6.0)	15 (5.3)	15 (5.3)	10 (3.6)
Nonhematologic adverse event				
Diarrhea	121 (42.8)	15 (5.3)	69 (24.6)	9 (3.2)
Fatigue	100 (35.3)	18 (6.4)	78 (27.8)	7 (2.5)
Upper respiratory tract infection	90 (31.8)	3 (1.1)	58 (20.6)	3 (1.1)
Constipation	83 (29.3)	3 (1.1)	71 (25.3)	2 (0.7)
Cough	82 (29.0)	0	35 (12.5)	0
Muscle spasms	73 (25.8)	2 (0.7)	52 (18.5)	5 (1.8)
Nasopharyngitis	68 (24.0)	0	43 (15.3)	0
Nausea	68 (24.0)	4 (1.4)	40 (14.2)	0
Pyrexia	57 (20.1)	5 (1.8)	31 (11.0)	4 (1.4)
Insomnia	55 (19.4)	1 (0.4)	55 (19.6)	2 (0.7)
Dyspnea	52 (18.4)	9 (3.2)	32 (11.4)	2 (0.7)
Back pain	50 (17.7)	4 (1.4)	48 (17.1)	4 (1.4)
Vomiting	47 (16.6)	3 (1.1)	15 (5.3)	2 (0.7)
Asthenia	45 (15.9)	8 (2.8)	36 (12.8)	7 (2.5)
Peripheral edema	43 (15.2)	2 (0.7)	37 (13.2)	3 (1.1)
Pneumonia	40 (14.1)	22 (7.8)	37 (13.2)	23 (8.2)

* The safety population included all patients who received at least one dose of trial treatment. Adverse events of any grade that are listed are those that occurred in more than 15% of the patients in either group. Adverse events of grade 3 or 4 that are listed are those that occurred in more than 5% of the patients in either group.

This is the chart of all the side effects people got with the dara/rev/dex combo.(my protocol) The "control" group is rev/dex alone (no Dara)(weapon of mass destruction). You can see that 59% of people had neutropenia (low white blood cells), 31% had anemia, 27% had thrombocytopenia (low platelets). So, you're not alone, and I wouldn't assume it's from the myeloma... it's very likely from the treatment. And that's what we are going with. I'm not going to let a little Cancer war get me down. HAHA, I'll pack on those protein foods that build your blood.

Some foods that are good sources of iron include: lentils, kidney beans, prunes, green vegetables, beef and bison. Avoid excess consumption of the latter two since they can be inflammatory. Of course, because they taste the best, hahah

Anyway, there is all you need to know about my current place in time. I feel pretty good, am working at getting my upper body from folding over a bit. Standing against a wall and pressing my shoulders back. also laying flat on floor seems to help me sink into a better posture. It also makes my chest ribs hurt later, but no pain no gain, I heard that somewhere, haha.

I am back on the Doxycycline antibiotic and the chalazion on my eye is getting better, but it was a brute this week and hurt like hell! It is to remind me that I am up against a formidable enemy, that can knock me down at any time. I may know that, I just don't need to let that into my daily life. I choose to go shopping today and that is what I am going to do. And you know what?? I am really good at it, ask Lyle

I will be taking chemo on Wednesday next week in honor of Thanksgiving the next day. It is my precursor to the big meal, hahahah Hope everyone has a great one surrounded by those who love them. I know that's what I will be doing.

Hey Everyone,

11/04/2016 - Update

Didn't expect these results this soon or I would have waited to send update! Great news!!! As many of you know my cancer got to get a foothold back in when I had to go off my Chemo due to an eye infection.

And you also probably know that my new regimen was not likely to show any staggering results for at least a month. This was leading my team to look at alternate decisions to be made if when the lambda light chain results surfaced they were still headed in the wrong direction.

Well, good news is, I finally got a break on my report card!

At the end of August, I was down to 7 and in the weeks since Oct. 5th had been rising dramatically. I am happy to share with you that I have almost knocked it in half from 36.50 to 21, with better things to come, yay for me, thanks to all of you for your support!

XOXOXOXO

Me

"The Road Between" - Brett's Latest Short Film Premieres at the Laughlin International Film Festival & Gets its First Award!

Two years ago, my short film Pablo On Wheels was placed in the Laughlin International Film Festival (LIFF). It was only its third year but offered an affordable getaway to watch films. I only drive out for my Saturday showing that year and immediately regretted not coming out for the whole time, as I met some incredible people and had an unforgettable night.

With that said I was watching films at The Standard's summer film Thursdays with the festival director of LIFF, Erik, now my great friend. he asked me when my film was going to be finished, I told him I just did and I started submitting. He gave me a late entry waiver and sure enough it got in.

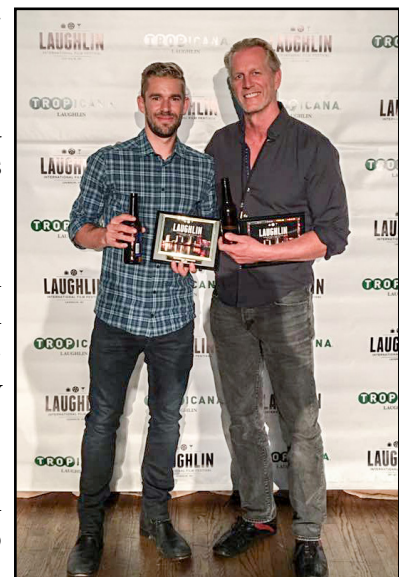
October 13th, I met 13 strangers in a parking lot whom I would be sharing a party bus with on the way up. Needless to say, by the time we are arrived at the Hotel Tropicana in Laughlin, we all were multiple drinks under and know each other's deep dark secrets.

The festival was really fun. I saw some great films, some bad films, and developed relationships that I can see collaborations with in the future.

The film won "Best Cinematic Achievement" I had no idea I was up for an award and was not paying attention at the time and learning how to use snapchat thanks to Alison's younger sister and my name gets called! SWEET!!!

The award represents a combination of a Directors and a Cinematographers award. John Conner, whom shot #twitterkills, my previous short, also shot "The Road Between." Him and the rest of his camera team earlier this year along with the DP Chivo won best cinematography for "The Revenant." So to have a guy of that caliber in my corner definitely elevates my game.

My new friend, Hoyt Richards, pictured with me also won an award for his feature film "Dumbbells" which won best comedy. All in all it was a great weekend. I look forward to more festivals for this film and next year back at LIFF.





Bryce is on TV!

By Bryce Sorem

I was hired on as a Chef's Consultant, basically I was going to be around to show what an actual kitchen would really look like, and make sure the other actors looked and felt authentic. I was also tasked with making around 30 plates of food for the show.

Seems easy enough, but to make this work we had to close L'apicio for 2 and a half days. This means our catering department was without a kitchen for that time and still have to produce food for our clients. This meant a few 4am starts, and my catering crew pulling

all nighters, so the film crew can have the whole restaurant for the time.

The day of the shoot I showed up at the restaurant at 6am to plate all the food that was ordered. Film crews started showing up around 7am and I was off to wardrobe and makeup by 8am. From then on out it was just a lot of sitting around and waiting for my scene. I was asked to make the kitchen look like it was abandoned in the middle of service, which would help for the scenes we were in.

Finally at around 6pm I was called for my scene. From what I was told I will be seen in the opening scene flipping some pans and igniting some flames. The whole crew was really great, and it was an amazing experience. I was pleased to hear that L'apicio received some praise from the directors and film crew. Not only was it good for me, it was a really good opportunity for my restaurant to generate some much needed revenue, and I was happy to make it happen.



Time Travels - Katy Riel

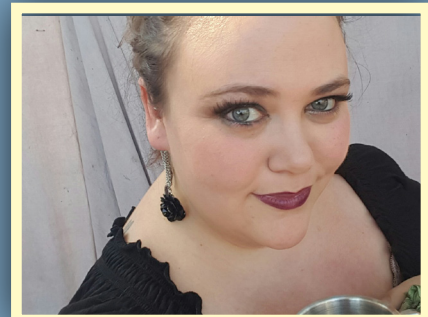
It's that wonderful time of year again, time for two weekends of getting to pretend you live in a different world and the worst thing going on politically is a group of misfit pirates flying the Scottish flag in front of our English Queen. Once again we all gathered in Escondido's Felicita Park to entertain and interact with patrons.

There was no shortage of shenanigans this year either. Our acting Quarter Master was kidnapped by another band of Pirates for simply marrying our Second in Command. Our Captain found this displeased him because together they now had more votes than he did.

After a rousing jousting tournament, the Queen graced us with her presence allowing her subjects to come forward with grievances and requests alike. Her Majesty bestowed upon us a Letter of Mark allowing us to safely sail her seas only after we promised to never fly her cousins flag again.

For me it was a great weekend as my Captain decided that it was time for me to be promoted, I am now my ships mixologist. A small step up, but I take my job seriously, not a single tankard was empty on my watch!

For those of you that missed this seasons festivities I invite you all to our next sailing event in the spring!





Michelle is Awarded the Joint Service Commendation Medal

National Capital Region Medical Directorate To All Who Shall See These Presents, Greetings: This is to certify that the Secretary of Defense has authorized the award of the Joint Service Commendation Medal to Lieutenant Michelle H. Lane, United States Navy for exceptionally meritorious service as a Microbiologist, Department of Pathology, Walter Reed National Military Medical Center, Bethesda, Maryland from November 2014 to February 2016. She tirelessly and successfully supported the microbiological testing needs of the WRNMMC hospital staff, in particular, the Infectious Disease (ID) Service, substantially contributing to the delivery of high quality healthcare to more than 1 million beneficiaries in the National Capital Region (NCR). LT Lane greatly impacted patient care as the Officer in Charge (OIC) overseeing the daily operations and sustainment of Defense Health Agency's (DHA) only Special Pathogens Laboratory and supervising three Army officers and two Navy and one Enlisted personnel. LT Lane assumed the responsibility for a unique laboratory operation that was rapidly established and validated to meet the emerging global health and force protection needs, and standardized training, methodologies, and personnel protective practices to ensure the effort's long-term viability. Her efforts ensured the continued capability to rapidly diagnose and rule out Ebola in Department of Defense and Public Health personnel deployed in support of OPERATION UNITED ASSISTANCE.

LT Lane ensured that the Special Pathogens Laboratory remained compliant with all guiding regulations and governing bodies to include Joint Commission and College of American Pathologists (CAP), dedicating 200 hours to ensuring that the Special Pathogens Laboratory was compliant with CAP accreditation standards. She authored two protocols for urine dipstick and hCG testing, enhancing the capabilities for any person in need of laboratory support.

Overall, she dedicated nearly 600 hours to ensuring strict adherence to laboratory guidelines. LT Lane also coordinated inspection preparation efforts between WRNMMC, the National Institutes of Health and Fort Belvoir Community Hospital, ensuring compliance with over 300 comprehensive lab accreditation standards.

LT Lane distinguished herself by enhancing readiness through development and implementation of a Tri-Service and multi-national training program for the force health protection lab support of highly infectious patients for 10 Pathology Residents, Clinical Lab Officers and Blood Bank Officers. She developed and implemented an operational readiness program for Soldiers that deploy from the US Army Public Health Command, and trained 15 US Army Public Health Command Soldiers in the proper handling and diagnostic testing of infectious materials. She also developed and implemented an operational readiness program for commonly deployed hematology and blood chemistry instruments for the Army Medical Laboratory Technologist (MLT) Program, training 30 MLTs in the process. The distinctive accomplishments of Lieutenant Lane reflect great credit upon herself, the United States Navy and the Office of the Secretary of Defense.

We are enormously proud of you and your accomplishments. I can see that you are delivering on your promise to yourself when you were a child. "Someday", you said, "I am going to fight diseases and find cures." I love that you continue to fight the fight. The world is going to be in a better place because you are part of the battle. We love you,

Mom and Dad

LITTLE EXPLORERS

We went to High Tech Little Explorers School to see Corbin's Exhibition on "Who Are We." Each student had to interview another student and write a poem on who they were. The teacher put a class directory together with each portraits that were completed and the bio. Corbin's self-portrait is shown in one of the photos I took. He also had answered the question, "Who is Corbin?" Here are the clues that he wrote, "I love to swim, I love to play with my sister, I love to have sleep overs." He also had answered the question, "What Are Your Smarts?" with a diagram of his brain. His answers were, "Reading, writing, dancing, drawing, learning, and eating." Guess that proves he is a real Riel because eating made the top 6!!! And finally, in the directory there was a poem about Corbin. I will ask Ana to send me a photo of his page. I did not get one. All in all, it was a proud night of seeing Corbin present and explain his learning. After it was over, we took the entire family out to a restaurant of Corbin's choosing. His favorite, you ask? Rubios! Proof that he loves to eat and enjoys dining with his amazing family!



The fun of October would not be complete without a trip to Sea World for the trick or treat lane that you experience with your kids. If you have never had the fun, you should definitely give it a try. Listy and I took our 4 grandkids there and we enjoyed watching and trick or treating with the grandkids. Yes, Sea World believes that everyone of any age should get to enjoy tricks or eats. So we got our own bags and gleefully filled it up just like we were 5 year olds. The best part of our visit was when we ran into cousin Chris. He was out giving treats to the Sea World workers when we spied him. What a nice thing to do and what a great way to end our day!

Brian Works the Election Polls

On Election Day, I worked at the polling booths!! I decided to do this back when Arizona had 4 hour long lines during the primaries. I figured if they could get more workers they could open more locations or expand on current ones. So, I went online and applied, I figured because I don't work Tuesday's (due to school) I could go and work after school around noon. Wrong. I got a call back and I found out there is training class a week before, you set up the night before, then you work 5:30am-close (which the polls close at 7 but you have to let everyone in line vote, then clean up). Talk about a long day. I also found out I GET PAID! So, I made it work, I talked to my teachers and got everything squared away!

I don't know if California uses this yet but in Arizona to help with lines they got rid of that huge binder of names where you check in and gave us tablets. We scan your ID and boom you show up on my screen and sign your name and you're in! Well that's not how all of it went. I found out many people move 2 houses down all the time. Also, many people think they can move, not change their info for two years, then just now realize it's a problem. Thankfully very few were upset. But it was fun to watch them get all flustered

that they didn't have anything to prove their new address until they realized everything is on their phone.

I also did the "easy" job of helping people insert their ballots into the machine when they finish and handed them a sticker. I thought this job would be the easiest and mostly boring. Turns out it can get crazy! Multiple times many people finished at once so I would get a line. Then someone "over votes" and the machine spits it back out and I have to explain to them what happened. They could re vote or just have that whole entry deleted. Most mistakes were on judges so people opted to delete. But this would be a problem when I have more people wanting to turn in early ballots (which has turned into a huge problem here if you hadn't heard), and people turning in provisional ballots which required the most attention.

Overall everyone was really nice, many said thanks for my service and that they had thought about doing it themselves. The people I worked with were awesome and very supportive. I will most likely be doing it again, even for smaller elections. I encourage you to try it as well. The system only works when your participate, you can't just go along for the ride!