NO GLOOM AND DOOM: BE POSITIVE OR GET OUT!

Beautiful Miss Melanie's
roller coaster health journey.
She takes things a day at a time
and remains positive.

By Melanie and
John Balzer

No Gloom and Doom
Be positive or get out!
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The initial posting on Miss Melanie's Caring Bridge page by Miss Melanie.

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Miss Melanie had not been feeling well in late September 2016. She was diagnosed with Acute Myeloid Leukemia (AML), a virulent type of leukemia and was transported to a large hospital for treatment. She needed a stem cell transplant and said, "Look, if you are going to be filled with gloom and doom, get out now. We are going to be positive, take it one day at a time and I will be fine!"

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After initial treatments for Acute Myeloid Leukemia (AML), Miss Melanie moved to having a stem cell transplant. Finding a doctor willing to perform a transplant proved difficult, but, finally, a doctor was located who agreed to perform a stem cell transplant. Tests, assessments and meetings were completed to assure Miss Melanie was qualified to have the transplant. Plus, she began an exercise regimen to ensure she was in excellent condition for the stem cell transplant. An important component was finding a stem cell transplant donor. Fortunately, a donor was found and the stem cell transplant took place. Miss Melanie did well recovering from the transplant.

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In January 2018, Miss Melanie began experiencing a number of relatively minor issues; however, they continued one after another. These issues included contracting Epstein-Barr Virus (EBV), a scary reaction to her first rituximab treatment, high fever, blood clots, lymph node biopsy, lung infection, and a bone marrow biopsy causing a huge hematoma near her left hip. She was in and out of the hospital for treatment and recovery from these issues.

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Late on March 23, 2018, Miss Melanie exhibited extremely bizarre behavior. We went to the clinic the next morning at 8:30 AM and Miss Melanie was transferred to the Intensive Care Unit (ICU). The diagnosis was that Miss Melanie had lymphoma in her brain and that was the cause of her bizarre behavior. She needed to have a drain put through her skull to drain fluid from her brain. The medical team was uncertain about a treatment plan because of the protein level in her brain and its viscosity. A normal protein level is 45 and Miss Melanie's was 964 and it had the viscosity of Jell-O meaning it was too thick to drain from her brain. "We know what she has, but we have no idea how to treat it," one doctor said.

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Miss Melanie was feeling much better and we traveled to Iowa to see her father. There were six infusions of Rituximab to ensure the Post-transplant lymphoproliferative disorder (PTLD), a low-grade lymphoma, was eradicated. Miss Melanie was able to accomplish a goal – she wanted to return to transporting dogs from kill shelters to no kill shelters and she did that.

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In November 2018, Miss Melanie had abnormal cells in her cerebral spinal fluid and she began receiving treatments to eradicate the abnormal cells. Things went fairly smoothly until late in March 2019 when Miss Melanie's platelet count declined.

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In April 2019, Miss Melanie began treatment for her low platelet count. The low count was due to MDS, or Myelodysplastic syndrome, that occurs when a person's bone marrow is not producing enough blood cells. It is a form of cancer of the blood and often leads to Acute Myeloid Leukemia (AML), the original diagnosis Miss Melanie received in 2016.

She had a course of treatments through May and June. Then, she began to require weekly infusions of platelets and blood. Also in June, she had a donor lymphocyte injection (DLI). During the latter months of 2019, Miss Melanie was weak, tired and not eating well. These symptoms were caused by her low blood counts.

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In December 2019, Miss Melanie was admitted to the hospital with fungal pneumonia. She remained in the hospital until the end of December. After being home several days, she was readmitted to the hospital, for several days, for follow up treatment for the fungal pneumonia. In late January 2020, Miss Melanie was admitted to the hospital with Respiratory Syncytial Virus (RSV), a virus that could not be controlled. In a matter of days, she was in the ICU on a ventilator and feeding tube. Within three days, she had transitioned from the natural world to the spirit world. In mid-March, Miss Melanie's sister transitioned to the spirit world.

TENTH SEGMENT – MAR – DEC 2020 Pg. 290

Beginning in March 2020, journal entries showed the total Miss Melanie. Laughter, family, fun and rescuing dogs defined her life.

PREFACE

This is the story of my wife, Miss Melanie M. Balzer, following her diagnosis with Acute Myeloid Leukemia (AML, a blood cancer). Her story is told in her own words, as well in entries I posted on the Caring Bridge website (www.caringbridge.org).

Miss Melanie was inundated with requests for information and updates after she was hospitalized for treatments for AML. That was why she used the Caring Bridge website to share information. It allows users to create a personal page to inform others about treatments, health status and more. Over time, each of us who visited Miss Melanie's page bonded, described the process as a bus journey and referred to each other as bus mates.

Miss Melanie posted her initial entry on October 5, 2016. She explained the site, how we were using it to share information and that it was open for visitors to make comments about what had been posted. Over time, the entries became a chronological record of Miss Melanie's experience in being treated for AML. These entries describe day-to-day medical issues, health issues, medicines given, specific treatments and outcomes, and how our lives continued.

Postings from October 2016 through December 2020 are included in this book. They were written when the events happened and present the emotions we felt at that time. They have been edited for conciseness. The focus of this book is Miss Melanie and there is no identification of specific hospitals or healthcare workers.

The postings are grouped into segments with each segment covering a specific topic or range of events that are related. This was done to make the information easily understood and flow for the reader.

In addition, a Definitions section is included at the back of the book. This is to aid in understanding the terms mentioned in the postings. A Resources section lists organizations that provide assistance to patients, family, friends and caregivers.

We are profoundly thankful to the followers of Miss Melanie's journey via our Caring Bridge entries. They have provided compassion, friendship, help and responses that have been most welcome. We have all become bus mates in this journey and it is our pleasure to be riding with them!

INTRODUCTION

This book is about my wife, Miss Melanie Balzer. She was born in Minnesota; however, she grew up in Iowa and considered it her home.

Miss Melanie and I met at the University of Iowa and married in 1969. Shortly after getting married, we were drafted into the US Army. Thankfully, Miss Melanie had a teaching degree and taught school while we were in the Army. Her income was wonderful because our meager Army income did not pay all of our rent.

When both of our children were in grade school, Miss Melanie returned to teaching. This time, however, she was a teacher's aide at our daughters' grade school. Miss Melanie worked as a teacher's aide for fifteen years and thoroughly enjoyed it.

Miss Melanie and I really enjoyed taking trips, especially cruises. When our children were young, we took more than ten cruises. We sailed to many locations and each trip provided education, opportunities to meet people from other countries and cultures, and formed lasting bonds with people we met.

After our children were in college, Miss Melanie became involved in dog rescue work. As a volunteer, she transported dogs from kill shelters to no kill shelters. On weekends, she transported dogs in a five-state area around our home. Miss Melanie loved saving dogs and they loved her saving them. She took photos of the dogs and proudly showed them to me after her rescue transports.

Miss Melanie was voted the most outstanding Nana by our two granddaughters. They enjoyed the new clothes and trinkets she gave them for birthdays, holidays and special events. She loved them and enjoyed being at their sporting events, dancing events and other activities.

About fifteen years ago, we began domestic and international travel. Our trips took us to six continents and all fifty states. Miss Melanie was a voracious shopper who honed her shopping skills in foreign countries and all states.

When Miss Melanie got ready for the day, she laid out her outfit and selected matching jewelry and accessories. She wanted everything to be matching and color coordinated. She always looked exquisite in her outfits.

In September 2016, Miss Melanie was diagnosed with Acute Myeloid Leukemia (AML). She took this news with her usual positive attitude. After the doctor explained the diagnosis, she said, “Okay, what do we do now?” The doctor asked me if I had any questions and I said I did not know what to think. Miss Melanie looked at me and said, “Look, if you are going to be filled with gloom and doom, get out now. We are going to be positive, take it one day at a time and I will be fine!” That set the tone from that day forward.

Her treatments began the next day and continued for three and a half years. Along the way, she received a stem cell transplant, dealt with lymphoma in her central nervous system, and handled fungal pneumonia and more.

Miss Melanie’s journey is fully described herein.

As you read this book, you will be uplifted by Miss Melanie’s positive attitude, strength, perseverance and steely determination. You will enjoy her

- fun sense of humor and the happiness she shared with everyone;
- deep love for our two girls and two granddaughters;
- kindness to others and always putting others ahead of herself; and
- active, living spirit.

FIRST SEGMENT – OCT. 5, 2016

The following is the initial posting on Miss Melanie's Caring Bridge page. She made this posting on October 5, 2016.

My Story

Welcome to our Caring Bridge website. We are using it to keep family and friends updated in one place. We appreciate your support and words of hope and encouragement. Thank you for visiting.

Well, what a wacky world this is! One minute, your photo is in the newspaper on September 26th showing you the night before at the last regular season home game of the 2016 Chicago Cubs. The next thing you know, you're sitting in a penthouse with a world-class view of the skyline. Just how on earth did I fall into this wonderful situation? Well, let me tell you...

On Saturday, September 24th, beginning in the late afternoon after a dog transport of the two cutest ten-week old English Setter puppies you ever did see---Harry Potter and Hermione---I began experiencing strong stomach cramps and diarrhea. The latter finally ended later on Sunday morning, but the former continued. I wasn't about to miss the Cubs versus St. Louis Cardinals game, so carried on.

The uncomfortable stomach pains (I thought it was gas) persisted and I decided to go ahead and make a doctor appointment to get it checked out. I had an appointment scheduled at Immediate Care for late Wednesday, but was unable to make that for unrelated reasons. I WAS able to make an appointment and keep it on Thursday, September 29th.

After blood results showed I had "MULTIPLE issues", the doctor was aggressive in ordering four CT scans. One showed what turned out to be a "chronic" blood clot in my lung, meaning it had been of there for quite a while and appeared to be stable. Another showed I have a brain, so I now have proof of THAT. There is nothing else wrong with my brain. They feel I have developed diverticulitis in my large intestine, something that had originally showed up to be a second blood clot. Whew! The downside to that is that I may be forced to give up popcorn, a lifelong favorite food, being a well-bred Iowa girl. Beyond bummed about THAT, but I'm still disputing that diet restriction.

Because my blood results also showed a very low white blood cell count and "irregularly shaped" white blood cells, it was determined that I needed to be checked into a hospital that night. I went to the hospital and received excellent care while there. Friday afternoon, a hematologist came into the room, introduced himself, and kindly told John and me I have acute myeloid leukemia and that I needed to be transferred that evening to a large, nearby medical center. The world passes before me---cars, commuter trains, traffic helicopters, medevac helicopters, jets---with, surprisingly, very little outside noise. I couldn't BELIEVE my view when I checked into the new tower and looked out at the sparkling skyline, all lit up just for me. I dearly love this city for so many reasons and this helps to confirm why.

I had a bone marrow biopsy and a bone biopsy on Monday afternoon to confirm the initial diagnosis. Full results may not be in before next week, but I'm hoping for preliminary results today. I'd like to kick start the chemo as soon as possible. Putting it off won't make it any more pleasant, so let's get this show on the road! I had a blood ejection rate test (a MUGA test) done on my heart on Monday morning and they hope for results anywhere from 55 - 65% blood ejection with each heartbeat. Well, Mom always said I was unique---mine is 70%, considered to be "hyper-dynamic". You go, girl! This higher ejection rate means they can go after my cancer in a more aggressive manner.

Sometime soon---within the next few days, I presume---they will be installing a 'Hickman line' for my chemo, blood draws, etc. This is versus a port, though they perform a similar function. The hospital's hematology unit prefers Hickman lines merely because of placement and personal preference.

By the way, should any of you ever need a bone marrow biopsy and bone biopsy, fear not. Personally, I felt it was a piece of cake and the worst part was the six-lidocaine injections around the procedure site. The first was quite uncomfortable, but the rest were more pressure and burning than anything else. I've already told them here that if there is someone new coming in needing the same test, send them to me and I'll help allay their fears.

I am on blood thinning shots prophylactically so that no new blood clots form. There is nothing that will get rid of the existing lung clot and it sounds to me like they feel it has found a happy home and plans on staying there.

Our eldest daughter has been in town since last Saturday, will be leaving tomorrow, and has already begun knitting me cute hats in colors of my choosing---teal, turquoise, aqua, royal blue, lime green...I will look AWESOME in my hats that color-coordinate with most of my wardrobe!!! I have told John and our daughter that I plan on wearing my baldness with pride; but she has informed me that chemo makes you cold all the time, so I have bought into the whole hat thing for the times when I DO take a chill. That will be something new for me, to be sure.

Our youngest daughter flies up on Saturday morning, October 8th, for eleven days and it will be a treat to have her with us longer than normal. I strongly encouraged John to get tickets for the three of them for Saturday night's second Cubby playoff game and I'm happy to say, they will have their tickets in hand by 10:30 this morning! I can't wait to watch for them on TV that night. I've put in a very special request of our daughter's husband---to please make another awesome sign for the girls to hold up at the game as he did for last week's game. He is THE best artist around and I love his creativity!!!

In the meantime, I shall be posting updates at this site only; however, John may also be contributing if I'm not up to it. You do NOT have to donate to this site to use it. I have been told that this is a good way to communicate with those I care about and feel no pressure or stress about returning messages. I want NO flowers and NO cards. I want to focus on my treatment and I feel they would be a distraction for me. I know myself well.

Acute myeloid leukemia is one of the most curable and/or treatable blood cancers. How lucky can a gal get?? My message at this point shall remain the same; so once through it, and you're good to go! You can go straight to updates. I love you all.

SECOND SEGMENT - OCT –FEB. 2017

OVERVIEW OF THE SECOND SEGMENT

Miss Melanie had not been feeling well in late September 2016. We visited an urgent care facility on September 28, 2016, and she had a number of tests performed. The urgent care doctor told her that she needed to go to the hospital because her blood counts were abnormal. Miss Melanie was admitted the hospital that evening.

Late the next afternoon, after tests had been preformed earlier in the day, a hematologist, a doctor that specializes came into Miss Melanie's room and told her that she AML. She had no idea what that meant and asked the doctor for an explanation. He said it was Acute Myeloid Leukemia, abbreviated AML, and that it was a virulent type of leukemia. The doctor said it had to be treated promptly and that Miss Melanie was going to be transported that evening by ambulance to a large treating hospital that had a floor devoted to treating leukemia, lymphoma and other blood cancers.

The doctor asked Miss Melanie if she had any questions. She wanted to know what needed to be done and how common was this type of leukemia. The doctor said Miss Melanie would need a stem cell transplant because her form of AML had a monocytic subtype. That meant that two strands of her DNA had switched ends and that was causing her blood cells to not mature. To restore the DNA strands to their normal status, a stem cell transplant whereby stem cells from a donor would be infused into Miss Melanie's body.

After the doctor answered Miss Melanie's questions, I was asked if I had any questions. I was stunned, not knowing what to say. All I could get out was that I had no questions. My lack of questions, stunned look and silence prompted Miss Melanie to point her finger at me and say, "Look, if you are going to be filled with gloom and doom, get out now. We are going to be positive, take it one day at a time and I will be fine!" I sat back in my chair as if a blast of cold air had hit me and blurted out, "I'm on board!"

Later that evening, Miss Melanie was transported to the large hospital and admitted to the leukemia-lymphoma floor. Her treatment began the next day.

DIAGNOSIS AND UPDATE, October 7, 2016

by John Balzer,

A Fellow Physician, provided a diagnosis on Oct. 7, 2016. Miss Melanie has acute myeloid leukemia (AML). Acute means is happens rapidly and can progress rapidly. She also has a subtype of AML. It is monocytic. This is a sticky type of cell and there is a higher risk of it getting into the spinal fluid. They will do a spinal lumbar fluid draw in three to four weeks.

They will use induction chemotherapy to get the leukemia into remission. It will be five days of chemotherapy and then three to four weeks in the hospital. The time in the hospital will be to check on any infections or bleeding.

Miss Melanie's chemotherapy drugs are not new drugs. They have been around since the 1970s. She will be on a one plus five or a one and five program. That means she will get the drugs on the first day and on the five day. While other facilities use a seven plus three approach for comparable drugs, this hospital has found that the one and five approach had fewer side effects.

The two drugs that she will be receiving are:

1. Cytarabine, 2000 mg. Possible side effect is inflammation in the back of the brain that affects balance and equilibrium.
2. Mixtoxanyrone, 30mg. Other name is Anthracycline. Possible side affect is that it can decrease the pumping function of the heart.

Possible side effects of having chemo:

1. Hair loss, not everyone loses their hair.
2. Diarrhea.
3. Nausea, treated with medicine.
4. Fatigue.

5. Loss of appetite. Might lose some sense of taste. We can bring food from home or a restaurant, as long as there is no raw food.

The doctors take ALL side effects or symptoms seriously because they can be fatal if not addressed promptly. Chemotherapy will start today (Oct. 7, 2016) with the first dose at 6 PM.

Miss Melanie will have a bone marrow biopsy after two weeks and after four weeks. The bone biopsy after four weeks will be to check to see if the leukemia is in remission. They will look to see if the cell counts are normal and that there is no leukemia.

They did blood tests and sent the results to the Mayo Clinic for genetic testing. This is to see if the chromosomes are normal or abnormal. They will classify the results of any abnormal cells into the following:

1. Good risk leukemia.
2. Intermediate risk leukemia.
3. Poor risk leukemia.

The results of the testing from Mayo's will not be available for a week to ten days.

Miss Melanie had leg pain in her right leg last night (Oct. 6, 2016). They did an ultrasound and found three blood clots. This morning, she had a pain in her right side. The results of the CT scan this morning (Oct. 7, 2016) showed a new blood clot in each lung. These blood clots traveled from the legs to AND through the heart to the lungs. These blood clots are acute (or new) clots and are more likely to be dissolved than chronic clots.

The treatment for the blood clots is Heprin, not Lovenox. Heparin thins the blood and the body actually dissolves the clot. It will be given by IV, not shots. Heparin will be used because its effect can be reversed instantly if there is a problem when the chemotherapy lowers her blood counts (including platelets which are the clotting agents). If they notice bleeding anywhere, they will stop the blood thinner. Miss Melanie will need to have her blood drawn every six hours to see how the Heparin is doing.

Miss Melanie will be able to take all of her daily medicines.

Also, Miss Melanie will be receiving eye drops because chemo can cause inflammation of the eye (i. e., conjunctivitis). She will start her eye drops this afternoon.

A doctor from Interventional Radiology presented this information today (Oct. 7, 2016). They believe that two of the blood clots in the legs traveled to the lungs. A filter to catch any clots traveling from the legs to the lungs will be placed on Monday. They would do it today but Miss Melanie has already eaten and they would be unable to use anesthesia.

It is unknown what time the procedure will be done on Monday. The doctors will go into the vein along the neck (jugular vein) into the inferior vena cava (just before it enters the heart from the legs). This filter will be inserted and opened and will stay in place as long as it is needed. The procedure takes about an hour from start to finish.

THURSDAY, OCTOBER 6, 2016 AND SUNDAY, OCTOBER 9, 2016

by Melanie Balzer

Today began bright and early, but not nearly so early as the two previous days. The problem this time was that I had gone to BED so late! Some habits never change. I got up at 6:00, a full hour and fifty minutes later than Tuesday and Wednesday. I decided I could use a good laugh and put on the morning news. Those wackos always make me laugh. Out loud, at times.

I first had a visit from a resident and an intern. I have been seeing them a few times a day for the past few days. They informed me that I had gone from back-up status on the O.R. roster for my Hickman line installation to "wow, this is really going to happen today!" status. I was originally on the docket for 5:15; but I have since found out it has been moved up to 3:00, with me heading downstairs to surgery and pre-op at 2:00. There is still time for it to be moved even sooner! Yikes!

I'm anxious to get things rolling, but still a bit apprehensive about the side effects once chemo starts. I couldn't care less about losing my hair---though, by God, it had better grow back in white!

I AM a bit nervous about the more practical things, like making it to the bathroom on time. It's cumbersome working with the IV pump to get it unplugged and still make it to the bathroom in time! Security for me has always been a bit different than for most...enough high-quality toilet paper and Kleenex have always been KEY. Add to that having a toilet beside the bed, nice and close, and I'll probably be good to go.

When a larger group of doctors came in later, including the first two, I found out that my diagnosis has been confirmed as acute leukemia. When they get the final slides and reports, they will get further definition as to how to target the chemo. It sounded as though no chemo would begin until that time. The Hickman line will still go in this afternoon.

I know you might be curious why I will be getting a Hickman line rather than a pick line or a port. I'm not sure about the former, but the Hickman line has more ports of entry (three??) on the line that comes from my chest. That's one. The other reason is placement, which I believe will be on the inner side of my right breast. They make an incision on the neck that they will be using to thread the catheter down to the breast. They want the two incisions as far away as possible from each other to avoid infection. The total time away from my room should be two and a half to three hours, but less than an hour for the actual procedure. I'm so tired right now that I'll probably be asleep before they give me the Versed!

The two main complications or risks with the catheter are infection from the Hickman line and blood clots from the chemo. If my notes are to be trusted, I've been told there is a ten percent chance of infection. Beyond that, fifty percent of the time the catheter can stay in with antibiotic use, but fifty percent of the time the catheter comes out. Then it has to be redone. Since it sounds like infection may be likely, I'm opting for the "leave the line in and treat it with antibiotics" option. As far as I'm concerned, removing it is NOT an option. I shall be given Heparin once a day as an anticoagulant.

Once the chemo begins, the first week I will be dealing with side effects of the chemo.

OK, THIS IS WHERE I HAD LEFT OFF ON THE SIXTH! IT IS NOW THE NINTH (SUNDAY), AND I'LL ADD MY MORE RECENT INFORMATION. SOME MAY SEEM REPETITIVE FROM WHAT JOHN HAS WRITTEN AND SOME MAY HAVE SLIGHT CORRECTIONS FROM MY PERSPECTIVE.

First and foremost, I want to let you all know that your responses and loving wishes have absolutely BLOWN ME AWAY---not an easy task when dealing with a big girl such as I! I have been enjoying reading from long- time classmates (note, I didn't say "old", because, after all, that would lump me in the same category), dear friends, and more recent dog rescue buddies. I truly love you all for your kindness and generosity of spirit. Your hugs jump right off the screen of my computer. Know that you are being hugged right back and I've always been told what great hugs I give!

I have been on the anticoagulant, Heparin, since my surgery on Thursday. Because of that, they still can't do blood draws through the Hickman line when testing my Heparin levels because the results would be skewed. The every six-hour Heparin draws have now been cut back to every twenty-four hours because they finally have my numbers where they want them. All that will be changed by tomorrow's surgery with the interventional radiologists when they place in a new catheter with the filter. Then there will be the six-hour draws again until my numbers stabilize again. I have to say that I'm super impressed by the thoroughness and caution shown when they give me my chemo. Anywhere from two to three nurses check and double-check my wristband (name, date of birth and patient number) against the same info on the chemo bags they're hanging and the information on the computer monitor in the room. You get so that you feel you are repeating your name and date of birth in your sleep. I think I must have actually done that yesterday morning, because I was informed I had had my vitals taken and even had blood drawn early yesterday morning and had NO recollection of either. Now THAT'S the way to do it, with the blood draws, anyway!

So, the patient is very much an integral part of the treatment, because they expect you to report anything out of the normal. I was so glad I did the other day, before my surgery. I had noticed a tightness of my right Achilles tendon, something stronger than I had noticed in years from having had polio. The attending physician, the fellow, and several residents and interns had already been to my room to interview and examine me; but as soon as they left, I'm sure I made a pit stop and headed out for one of my two daily walks around our unit. When I saw the group outside another patient's room, I purposely interrupted their conversation to let them know that I was experiencing the Achilles issue.

Lo and behold, I was taken down for my Hickman line surgery at 4:00, returned at 6:00, and was taken right back down for an ultrasound of my legs! That was when they found the three new blood clots in my right leg. The radiologist had left for the day, so I didn't find out those results until early on Friday morning, the seventh of October.

The reason I found out so early on Friday was that right after they left the room from my vitals, I realized that I had great pain in taking a breath---every breath---right below my right rib cage edge. Things do change quickly. I was taken down to nuclear medicine again to have pictures taken of my chest without and with contrast to see if any of the clots had moved to my lungs. Two had. They switched my blood thinner from Lovenox (pronounced low-vuh-nocks) belly injections to Heparin IV drip. As John stated, it is easily reversed should things change dramatically; whereas Lovenox is not.

Tomorrow, and the dear Lord only knows when since schedules change so rapidly, I shall be having the aforementioned filter inserted under similar conditions to the Hickman line, i.e., Versed and Propofol (yes, the same drug Michael Jackson enjoyed right before his demise). That was actually a not at all unpleasant procedure, as I was brought out of the twilight maybe ten minutes or so before it was over and was able to chat with everyone. One of the residents has a black dog he adopted from Petco or Petsmart where a rescue had brought dogs in for an adoption fair. I love it when these stores pair up with area rescues to expose the public to wonderful dogs in need of loving homes. I commended him for letting a black dog pick him; because there are many ignorant people out there who are superstitious, feeling black dogs (and cats) are bad luck. More black dogs, and Bully breeds, in particular, and more black cats are euthanized each year merely because they were born black. Perfectly loving, intelligent animals, but ignorance gets in the way.

Okay, I'll just hop down off my soapbox now---not that I won't return later, mind you. Just get me started, and I can go on forever! I will say, though, that thinking about the dogs and talking about them really helps me get through things that might instill fear or cause pain. It just takes me to a whole new level. I zone out, thinking of all the wonderful babies of all ages I have helped to move to safety. How blessed I am to have been able to play just a small role along their way.

A few clarifications from what John may have written. At least two doctors and/or nurses have told me that I will be losing my hair. This doesn't bother me in the slightest. I need a haircut desperately right now, so bring that part on. Gretchen, our older daughter, is an excellent knitter and has already begun making me soft, stylin' hats in colors and styles of my choosing. I still planning on wearing my baldness as a badge of pride; but I have been convinced that this IS Chicago and that chemo will cause me to be much colder. I shall be prepared in any case.

Also, we have been told that the filter going into my inferior vena cava will be started on its journey from my interior jugular. It will go down through the superior vena cava through the heart and out to the inferior vena cava. It will remain in place for three to six months OR MORE. The Heparin prevents existing clots from growing larger and new clots from forming in the first place. After tomorrow's surgery, they anticipate stabilizing the Heparin and then switching me back to the Lovenox long-term.

It is the acute myeloid leukemia, or AML, that is causing the clotting. Here is a link to the Wikipedia page on this condition: https://en.wikipedia.org/wiki/Acute_myeloid_leukemia . Read as little, as much or none of it. I'm just putting it out there. I wasn't thrilled with the photo of the poor patient with mouth issues. I can assure you, that while my hair may make me look like that white-haired guy from Back to the Future, my mouth is doing well as of now. They keep asking me questions like, do you have any mouth sores, does it hurt to swallow, etc. but I've put far too much money and time into keeping my teeth intact. I'm not about to part with them now!

My "one plus five" or "one and five" induction therapy began Friday night and lasted into yesterday afternoon. I'm pretty sure they only had one form going in at a time. The second one lasted only an hour and would have coordinated beautifully with my tanzanite jewelry---deep purplish blue. I shall begin the second set of these medicines beginning late Tuesday afternoon and it will end Wednesday afternoon. It is this second set that will drop all my blood counts and can cause infection and bleeding. I'm assuming the infection could come from the low platelet count, which is what fights infection. The bleeding might be because they won't be able to give me blood thinners at that point---there will be nothing to thin! It is also what will bring on the worst of the side effects. I'm going to go with the flow and follow their lead as to what to take to help and/or what to do. There is also a "seven plus three" or "seven and three" induction therapy that uses the same two drugs, just on a different schedule. The "one plus five" has been found to have fewer complications.

After the fourteenth day, they will do a second bone marrow biopsy, and will want to see NO leukemia cells; but they won't be able to call it a remission just yet. They hope that the blood cells will begin to recover from then on and will perform another (third, overall) bone marrow biopsy where they hope to see my counts normal and NO leukemia. The genetic testing that went to Mayo Clinic for processing won't be back for approximately a MONTH. There were some figures given to us; but I'm not totally clear as to what they refer to, so won't pass them along. I do know that she said there are three kinds of leukemia relative to risk: good, intermediate and poor. I plan on good, myself. I do have one "translocation", which means one chromosomal abnormality.

Now get this! If I weren't so healthy or so FIT, I wouldn't be able to have this aggressive therapy!!! I must be getting more exercise hoisting, cleaning, sterilizing, preparing crates and lifting dogs, and the occasional cats, in and out of cars, I may not be so unfit after all. So my transporting is a 'twofer'...it keeps me fit and it fills my soul with pure joy. Sometime, I will post an essay I wrote about my feelings about transporting. I loved it when I wrote it and I love it still today.

No one really knows what causes leukemia. It could be due to previous radiation, previous chemo, Agent Orange and chemical exposure or just age-related. Unfortunate things happen in all our lives. No one leaves this life without a degree of heartache somewhere along the way. I feel so lucky that I've made it sixty-eight years with so few disrupting personal problems.

PLEASE NO GIFTS, CARDS OR FLOWERS, OCTOBER 13, 2016

by John Balzer

Miss Melanie has undergone her second round of Induction chemotherapy. The goal is to kill off all of the cancer in her bone marrow.

When all of the bone marrow is destroyed, her body will rebuild the bone marrow. Right now, her immune system is seriously compromised and she has no ability to fight germs, bacteria or illness. As a result, she cannot receive cards or gifts including any type of flowers (real or artificial). In addition, Miss Melanie cannot have visitors except for her immediate family. While you may want to send Miss Melanie something or visit her, right now is not the time. Thank you for understanding.

UPDATE, FRIDAY, OCOTBER 14, 2016

by John Balzer

Today, Miss Melanie experienced some of the effects of the chemotherapy she had earlier this week. She developed a fever (up to 101.9 at one point), she had the shivers and her blood pressure was relatively low (94/52). The fever indicates an infection and is something that is treated quickly and aggressively. An infection is potentially a serious situation because (Miss Melanie) has no immune system to fight the infection. She was given an antibiotic to fight it. She was given Tylenol to fight the fever and was wrapped in warm blankets to stop the shivers.

Thankfully, her nurse was very calm and patient with Miss Melanie, Erica and me. She explained that all of what Melanie was experiencing was normal and that we should not be alarmed. At one point, her fever went up and the nurse said that she was going to counter that with more Tylenol and by giving her fluids. The fever went from 101.9 to 99.8 in an hour. The fluids were given to control the fluctuations in the Miss Melanie's temperature.

The nurse also told us that Miss Melanie's blood count showed that her white blood count was down to 50,000, or basically at zero. It had been between 200,000 and 300,000 before the chemotherapy. The nurse also said that she felt that Miss Melanie was at the nadir (or low point) in her low blood counts and that her body would be building more white blood cells in the days ahead.

Miss Melanie will be in the hospital for the next three to four weeks as she recovers and gains strength. She is extremely upbeat, mentally strong and a true inspiration for how she is attacking the illness that attacked her. She is a fighter and I am extremely proud of her positive energy.

MONDAY, OCTOBER 17, 2016

by John Balzer

Today, Miss Melanie's fever was down, in the 99-range, and no spikes or shivering. She received 1 transfusion of blood and three transfusions of blood platelets. She also received Lasix to help reduce the fluids in her body. The Lasix had been stopped yesterday due to low blood pressure. That resulted in excessive fluids in her body, including in the lower part of her lungs. Late this afternoon, the Lasix was started again to help reduce the fluids in her lungs.

She is receiving antibiotics for an E. Coli infection. E. coli is present in all of our bodies and the chemotherapy treatment caused Miss Melanie's E. coli to become excessive and caused an infection. The doctors are also doing blood cultures to check and see if she has C. Diff. They do not feel she has it; however, it can be treated with an antibiotic.

While she is weak and tired, her zippy personality is ever present. She comes out with all types of comments and, shock, of all shocks, she is even providing answers for **Jeopardy** before anyone else. Yes, we are talking about the same Miss Melanie. She is on top of her game.

Two things that Miss Melanie needs to focus on are eating and walking. As a result of the chemotherapy and other medicines, she is often not hungry or nothing sounds good. Hopefully, she will be eating more tomorrow than today. Regarding walking, she has little or no energy to get up and walk down the halls. The exercise is needed and we will get strolling down the halls tomorrow.

She knows that a large group of family and friends are sending their thoughts, prayers, hugs and well wishes to her. She deeply appreciates your kindness and wants everyone to know that she sincerely appreciates all of your comments.

TUESDAY, OCTOBER 18, 2016, REPORT

by John Balzer

Miss Melanie learned today that the culture to see if she had C. Diff was negative. Since she does not have C. Diff., the need to wash our hands in the room was eliminated. We can return to using the foam alcohol hand cleaner which is much easier.

Miss Melanie walked twice during our visit. She did a great job in spite of being a bit winded. She also was eating more today. Both walking and eating were on our agenda for her today and we accomplished our goals. Tomorrow, we will pursue getting her to eat more. We will also be working to get her to drink more. She needs to consume between 65 and 85 ounces of fluid each day. We are seeking the fluid she is craving and getting it for her. She said late this afternoon that a fountain Coke sounded great. Fortunately, in the restaurant on the fourth floor of the hospital there is a fountain Coke machine. From the first drink, she declared "this tastes great!"

Miss Melanie was decidedly more alert and awake today. She was watching TV, reading newspapers, doing crossword puzzles, talking with nurses and medical staff and laughing and joking with us. The good news is that her blood counts have increased. While the increases are small, they show progress from the previous days. A chart showing the numbers from Oct. 12 though Oct. 18 is shown below.

Blood Count Recovery Chart/ Recuperacion del Recuento de Sangre

Date/ Fecha	10/12	10/13	10/14	10/15	10/16	10/17	10/18	10/19	10/20	10/21
White Blood Count/ Globulos blancos	0.43	0.13	0.05	0.07	0.02	0.08	0.12			
Hemoglobin/ Hemoglobina	10	9.5	8.3	7.5	6.5	6.6	7.3			
Platelet count/ Plaquetas	170	146	74	43	31	23	64			
Absolute neutrophil Count/ Absoluto de neutrofil	0.24	0.04	/							

OCT. 2016 BLOOD COUNTS DURING CHEMOTHERAPHY

Several issues being monitored today included abdominal pain (an x-ray was negative) and a low heart rate (it was fifty-seven this evening). Both issues will be monitored tonight and into the morning.

Miss Melanie is doing better each day. She is healing, improving and looking forward to getting back home. We are ready for her to be back home!

STEM CELL TRANSPLANT REQUIRED, OCT. 19, 2016

by John Balzer

The Attending physician was in this morning. She said that Miss Melanie's infection in her blood stream is gone. That means the antibiotic has knocked out the E. Coli bacteria in the blood. That is very good news.

The doctor also gave us the results from another blood test. That test was done at Mayo's to test the genetic components in Miss Melanie's blood The results of the test showed that Miss Melanie has gene rearrangement (called MLL). This means that she is at higher risk for not being able to have her leukemia go into remission. Because she is at higher risk, she will need a stem cell transplant.

Miss Melanie's treatment going forward will include at least one round of Consolidation chemotherapy and then go to the stem cell transplant. It was estimated by the doctor that the stem cell transplant could take place in approximately two months.

TIMELINE MOVING FORWARD, THURSDAY, OCT. 20, 2016

by John Balzer

The average time to find a match for a stem cell transplant is six months. They search their database of DNA samples that are from all over the world. A number of matches have come from Germany. After a stem cell transplant, Miss Melanie will need to take anti-rejection medicines. The nurse said the stem cell transplant is the same as having a liver transplant. She will have to take anti-rejection medicines for six months minimum. Also, her blood type will change after the stem cell transplant. It will be the same as the donor's blood type. It also will change how she takes care of the house - no more dust, dirt or piles of stuff everywhere!

After receiving the stem cell transplant, Miss Melanie's immune system will be completely wiped out. She will have no immunity to any disease or illness. That means she will have to undergo a number of vaccinations that we all went through as children (e.g., measles, mumps, tetanus, diphtheria, whooping cough, polio, smallpox, etc., etc., etc.).

SATURDAY'S BIG WIN!!!, OCT. 22, 2016

by John Balzer

While talking with the nurse of the day, we learned more about the process of a stem cell transplant and afterward. Prior to the transplant, Miss Melanie's bone marrow has to be completely free of leukemia cells. When the bone marrow is clean (as indicated by bone marrow biopsies), she will receive a mega dose of chemotherapy. After the chemotherapy, the stem cells will be infused. After five days, the stem cells will find their way to the bone marrow. After another five days, they will begin to grow good, new bone marrow. This process will replace and regrow Miss Melanie's immune system. The immune system is housed in the bone marrow. After her new immune system is working, she will be able to go home.

Once Miss Melanie goes home, it will be mandatory that our house be extremely clean. She will have to avoid crowds. The most important thing we need to remember is to wash our hands frequently. If she gets sick, she will have to hospitalized for one to two weeks. So, staying away from crowds and keeping a clean house with germ free counters, remote controls, doorknobs, cell phones, and on and on will be our focus. That will be a mighty tall order for us; however, that is the new normal for us.

EXCELLENT NEWS! - OCT. 26, 2016

by John Balzer

Miss Melanie received excellent news this afternoon. The doctor gave her that the results of her bone marrow biopsy from last Friday. The biopsy showed no cancer cells! That is wonderful.

On Sunday, she had a fever of 100.6. Blood cultures were taken and it showed she has a blood infection. The cultures are not fully-grown, but when they are it will indicate what is causing the infection. There is a possibility that the infection may be in or having something to do with the Hickman line (the place of entry for medicines going into her body). It is possible that, if the Hickman line is determined to be the cause/source of the infection, that she will have to have the Hickman line replaced.

To fight the blood infection, the doctor prescribed another broad-spectrum antibiotic. That means she is on two broad-spectrum antibiotics. For those of you playing along at home and wanting to keep score, I shall provide the specific names of the two antibiotics for your records. The first, the one she has been one for several weeks, is Meropenem. The one that was added the other day is Vancomycin.

OUR MEETING WITH THE TRANSPLANT TEAM, MON. NOV. 7, 2016

by John Balzer

Reason for the need for a stem cell transplant:
There has been a genetic rearrangement of chromosome #17 in Miss Melanie's DNA. This rearrangement means part of one strand broke off and attached itself to another strand. Any rearrangement is not positive and needs to be addressed. A stem cell transplant is how to address this issue.

AMAZING MELANIE - FRIDAY, NOV. 11, 2016

by John Balzer

Here is what the doctor told us, "Melanie has achieved complete remission of her leukemia." Test results showed that there is no evidence of leukemia and no markers (i. e., an indication of leukemia) on any cell surfaces.

We were incredibly happy, beyond belief, as the joy and elation swept through us. It was such wonderful news.

Miss Melanie's recovery from a massive dose of Induction chemotherapy is amazing. One additional point that is equally amazing is that the altered DNA structure has repaired itself and is no longer altered. It is the altered DNA and the potential that it could become altered again that are the reasons for needing the stem cell transplant. The stem cell transplant will make sure that her DNA does not become altered in the future.

MY ATTENDING HEMATOLOGIST, NOVEMBER 12, 2016

by Melanie Balzer

My doctor told me that in my first bone marrow and bone biopsies, seventy percent of the bone marrow cells were 'leukemic'. Anything over twenty percent is considered to be leukemia. She said she sees all the way from twenty percent to one hundred per cent and the percentage has no prognostic relationship to the outcome. She DID say that with acute myeloid leukemia, the sooner they start treatment, the better the results. I'm so grateful that they seem to have discovered mine fairly early on...also that my body can handle aggressive chemo. I am one lucky lady!

So...what comes next. The goal is to CURE. Because of my original diagnosis, the stem cell transplant is suggested. The consolidation chemo goal is to maintain remission until I can get the transplant. When I'm an inpatient in the hospital, I shall be receiving the consolidation chemo three times a week, on days one, three and five. I'll go home on day six, then go back to the clinic twice a week to be monitored and receive transfusions as needed. Depending upon finding a suitable donor, I could end up receiving anywhere from one to three consolidation treatments. Between these treatments, there has to be enough time for my body to recover and for my counts to return to a normal level. There could be anywhere from five to six weeks between treatments OR MORE. It totally depends upon my counts.

MONDAY NIGHT FEVER, TUESDAY, NOV. 29, 2016

by John Balzer

Early Monday morning, Miss Melanie and I headed to the clinic. She had to have her blood counts measured to check on how low they had gotten after last week's chemotherapy. Her counts were low, especially the hemoglobin at 6.8 (normal range is 12-16) and her platelets 11,000 (normal range is 150,000 and higher). As a result of her blood counts, Miss Melanie received a transfusion of blood and platelets. It was cold in the transfusion area because the heat for that portion of the building was not working. While receiving her transfusions, Miss Melanie was wrapped up in blankets from head to toe.

We got home about 3 PM and started doing our regular stuff. Around 5:20 PM, I walked into the family room and noticed Miss Melanie sitting in her recliner with a coat on, her hands tucked tightly into her armpits and trying to retain as much body heat as possible. Asking the obvious ("Are you cold?"), she replied, "Yes, could you turn the heat up." That was not a good sign. If a chemotherapy patient has a fever, it is mandatory to seek immediate medical attention if the patient's temperature is above 100.4 degrees. We were instructed to monitor her temperature twice daily and if there was an elevated temperature, wait an hour, take it again and if it is above 100.4, get medical help immediately. At 5:20, her temperature was 100.2. I waited an hour and took her temperature again. This time it was 101.7! Whoa, I knew we had to get to an emergency room quickly. I was nervous and telling Miss Melanie that we had to go. She said to me, “No, John, I have to go upstairs and pack a bag.” I gently reminded her that was not going to happen. The issue with a fever and a compromised immune system is that the fever is a result of bacteria in the system. If the bacteria are not promptly treated, serious side effects, such as sepsis, can result. A fever could result in a deadly situation and requires immediate attention.

We hurried to the car and hurried to a nearby hospital. Upon checking in, Miss Melanie’s temperature was 102.4! It was about thirty-five minutes after I had last taken her temperature at home. I was nervous, fearful, agonizing that they were not doing more for her and ready to begin telling the medical staff to hurry it up. Miss Melanie could see that I was not having a good time. She looked me squarely in the eyes and said in a calm, comforting manner, “Relax, I will be fine.” As soon as she said that, I realized that she was not nervous, not in distress, not overly concerned and was doing just fine. The nurse took Miss Melanie’s blood, measured her vitals and asked her about her overall feelings (e.g., dizzy, pain, cough, trouble dealing with a nervous Nelly husband, rash, joint discomfort, etc.). She told the nurse everything was normal. After the blood was taken, they were able to give her Tylenol and a wide spectrum antibiotic. About an hour later, her temperature was 99.2. She was relaxed and was using her cell phone. The nurse said that Miss Melanie had two options. She could spend the night at the local hospital or she could be transported by ambulance to the hospital where she had had her chemotherapy. Miss Melanie elected to go to where she had had her chemotherapy.

HOME AGAIN! THURSDAY, DEC. 1, 2016

by John Balzer

The fever that caused Miss Melanie to be transported to the hospital last Monday evening turned out to not be due to a bacterial infection in her blood stream. The blood cultures that were grown showed no bacteria. The cause of the fever was never identified; however, we learned that was not unusual for chemotherapy patients. Thankfully, there were no bacteria and Miss Melanie's fever was treated with Tylenol and an antibiotic. She was fever free on both Tuesday and Wednesday and was given the okay to head home.

In a related development, I learned what others have known for years. That is, that I am nuts. I was hurrying to get to the hospital this afternoon and sent a text to Miss Melanie saying I was rushing around getting ready so I could leave to drive to the hospital. She sent a responding text telling me to take my time because there was no need to hurry. She was waiting for me bring clothes for her to wear for coming home. I was running late and wanted her to know I focusing on her and wanted to get there as soon as possible. I texted her:

"You are the priority -always have been, always will be. You are my hero - not kidding."

To which she replied via text:

"You are nuts, but we make a good match."

Ah, as I have known for years, Miss Melanie is a very astute young lady!

FRIDAY NIGHT FRIGHT!
SATURDAY, DEC. 3, 2016

by John Balzer

Late Friday afternoon, Miss Melanie's temperature started to increase. I checked it about 3:45 PM and it was 98.4. About 6:20, it was 101.7. At that point, we were headed to the emergency room at the hospital.

The drive to the hospital, on several roads, was fraught with slow moving or stopped traffic. It took us about an hour and twenty minutes to get to the hospital. It was a truly exasperating drive in light of the need to get there quickly.

Once at the hospital's emergency room, Miss Melanie was checked in and taken to an examination room. The nursing service in the emergency room was less than outstanding, far below what I had expected that we would receive. One example of the poor service was when Miss Melanie told the nurse that she had to go to the bathroom. The nurse asked her if she needed a wheelchair and Miss Melanie said yes. The nurse said she would be right back with a wheelchair. The nurse never returned. About twenty to twenty-five minutes later, I left the emergency cubicle, walked around, found a wheelchair in another part of the large emergency room, brought it back and was able to get her to the bathroom. This issue also underscores the fact that in today's healthcare system, if you are not proactive for yourself, family members or others, you may not receive the healthcare that you need.

During the stay in the emergency room, Miss Melanie received an antibiotic and was given two 500 mg Tylenol tablets. The antibiotic and the Tylenol reduced her fever from 102 down to 99.3. We spent about five hours in the emergency room.

Around 1 AM, Miss Melanie was taken from the emergency room to a room on the floor for leukemia and lymphoma patients. This is the floor where she had received exceptional care and just left on Thursday afternoon. When we arrived there, we felt like we were home. We were met by two nurses (both of whom we knew) and a PCT. They immediately began taking care of Melanie.

Later, a doctor came by and talked with Melanie. She was doing well and getting settled in. I decided to go to the car and get her suitcase and other items we had brought with us just in case she was checked into the hospital.

By time I returned to the room (about ten to fifteen minutes later), Miss Melanie was lying on her bed, had the blankets wrapped up around her neck and she was shivering. I was astounded that the fever had returned so quickly. Within several minutes, she began to experience rigors from the fever. Her arms were locked up, her lower jaw was quivering and chattering and she said she was COLD. When I touched her side, it was so hot I felt like I had touched a hot cup of coffee. I called for the nurse and she came in. She took Miss Melanie's temperature and it was 102.3! I asked the nurse if there was anything they could do to stop the now non-stop rigors. She said that she was going to give her morphine and get several ice packs. She did give her morphine and in about 10 minutes the rigors had nearly stopped. She put an ice pack under each of Miss Melanie's arms. After she put the ice packs under her arms, she bundled her back up with several warm blankets and replaced her winter coat spread over her torso. I was nervous, asked how long it would take for her fever to go down. The nurse said it would not take long. In about twenty minutes, her temperature was 101.7 and within thirty-five minutes, it was 100.7. Thankfully, the morphine and antibiotic had combined to get rid of the rigors and significantly lower the fever.

I had asked the nurse if Miss Melanie having a fever after chemotherapy was a common occurrence and she said yes. She said what I had witnessed Miss Melanie endure (i.e., fever, rigors) was not unusual and nothing to be concerned about. The nurse was very reassuring and said that they were trained in how to deal with this situation and that I should not be fearful. I was reassured but also fearful; however, I felt that Miss Melanie was exactly where she needed to be.

It was my desire to stay until her fever was gone and to be sure that she was feeling better. Shortly after 3:15 AM, her temperature was 98.4. While that would be considered "normal" for most people, it is a bit higher than Miss Melanie's normal range of 96-97.8 degrees. I was satisfied that the fever was gone and I could safely go home.

Today, Miss Melanie's nurse came in and told her that the four blood cultures taken last night came back with "gram negative rods". That means that she definitely has an infection in her blood. It will take the microbiologists a bit more time to zero in on the exact type of bacteria. It's a little like they are on Bacteria Lane and now they are looking for the exact address on Bacteria Lane where the bacteria lives. Once they know the exact bacteria, they will use a specific antibiotic to get rid of that bacteria. For the time being, she is being given a broad-spectrum antibiotic. At about 8 PM this evening, her temperature was 97.6, so she is back into her normal range. She is reading the newspaper and glancing up to keep tabs on the Wisconsin-Penn State football game. She is an amazingly strong, profoundly positive, wonderfully lovely lady.

GUT CHECK TIME! SUNDAY, DEC. 4, 2016

by John Balzer

Her doctor visited her this morning and said that they feel that the bacterial infection in her blood is from her gut. The doctor also said that they consider the gut to be from a person's mouth to their exit point. Chemotherapy can sometimes cause a "kink" or an injury to the mucosal barrier that lines the insides of the gut and that allows the bacteria into the blood stream. To determine if this is the case, additional blood cultures will be grown. Once the specific bacteria are known, they will determine the antibiotic that will get rid of the bacteria. Her doctor also told her that she would be in the hospital at least until Wednesday. She said that she does not want Miss Melanie going home too early and returning to the hospital with a rigorous fever. Both Miss Melanie and I are in complete agreement with that approach. Neither one of us wants her to be in the hospital; however, we certainly do not want to be dashing back to the emergency room within twenty-four hours of her being discharged.

BAG LADY COMES HOME, TUESDAY, DEC. 6, 2016

by John Balzer

Here is the background on how she came to be discharged today. The blood cultures that she had done last Friday and Saturday showed "gram negative rods" that were caused by Extended Spectrum Beta Lactamase (or **ESBL**). Huh?

Okay, let's talk about this in a language I can understand. The bottom line is that Miss Melanie has an e-coli infection. All of us normally have e-coli in our gut and our immune system keeps it from being a problem. In Miss Melanie's case, the chemotherapy compromised her immune system and, thereby, allowed the growth and expansion of the e-coli bacteria. The growth of these bacteria in her blood fueled the massive fevers she had last Friday evening.

Because her e-coli infection was an ESBL-type infection, a supergun antibiotic had to be used to deal with it. That is because ESBL is resistant to all penicillin antibiotics. Therefore, Miss Melanie was given Meropenem, a broad-spectrum antibiotic. This medicine worked very well and Miss Melanie recovered quickly. Her fever went down and stayed down. She had more energy and felt better. After being fever free for a specific period of time, her doctors felt that she was well enough to go home. They felt that she could continue to treat the e-coli infection at home with an intravenous transfusion once a day. She will be receiving a daily treatment of ertapenem for twenty-one-days. This antibiotic is a good one for at home medical care since it only requires one dose a day.

POTENTIAL DONORS IDENTIFIED, THURSDAY, DEC. 8, 2016

by John Balzer

In other news about my lovely patient, we received a phone call from the transplant team nurse this morning. She said that they had identified two potential stem cell donors and they were in the process of evaluating their chromosomes for a match. This process is referred to as HLA typing. The goal is to have as many elements of the chromosomes match between the donor and the recipient. The minimum that they accept for is a match is eight out of eight elements, but they would prefer ten out of ten or twelve out of twelve if they can get it. The nurse also told me that they have also identified another potential donor and that the blood sample from that donor arrived in the lab on Tuesday. It will undergo the same HLA typing that the other potential donors' blood is undergoing. The HLA typing process takes between two to three weeks to complete.

OUR CHRISTMAS PRESENT ARRIVES EARLY! , FRIDAY, DEC. 23, 2016

by John Balzer

Late yesterday afternoon, Miss Melanie answered the phone and it was the stem cell transplant team nurse. **She told Miss Melanie that a donor match had been found!!!!** It is a twenty-four year old, male the same blood type (A positive) who weighs seventy-six kilos (the weight is always expressed in kilos when they weigh Miss Melanie so the fact it is kilos does not mean the donor is not a resident of the United States). The nurse told Miss Melanie that everything is looking good for the transplant and that she has an appointment with the transplant team doctor on January Fifth to discuss the details of the transplant. During that meeting, we will meet the doctor who has replaced the former head of the stem cell transplant team who left

December 1. The doctor wants to meet us, evaluate Miss Melanie for the transplant, discuss the risks in having a stem cell transplant and outline the steps in the process. We are hopeful that everything will go well during and after that meeting.

THE ROLLER COASTER RIDE CONTINUES, FRIDAY, DEC. 30, 2016

by John Balzer

Another important aspect of our meeting with the doctor was a frank discussion of a conversation Miss Melanie had last week with the transplant team nurse. She called to tell Miss Melanie about a donor being located. During the conversation, she told Miss Melanie the transplant team doctor might not feel that she is a candidate for a stem cell transplant because her age increased the risk of graft versus host disease. Miss Melanie's doctor told us that she WOULD be having the stem cell transplant because she NEEDS it and she will have it. I asked what would happen if the transplant team doctor said he was not going to do the transplant. The doctor said that she would get a second opinion. She said that the transplant community is very small and that they all know each other. She said they all work together and will have a patient receive a transplant at one facility and chemotherapy at another facility. She repeated, "Miss Melanie WILL have a stem cell transplant." I also asked about the fact that a donor had been identified and was curious if that donor would still be the donor or would the search have to start over if Miss Melanie had the transplant at another facility. The doctor said the donor would be the same. The paperwork on the donor would go from one facility to the other facility.

The doctor also acknowledged that she is a planner and is always working several steps ahead so she is not surprised or caught off guard by anything. I felt extremely reassured after our conversation with the doctor.

HOLY COW, THIS IS A LOT OF STUFF, PART 1, THURSDAY, JAN. 5, 2017

by John Balzer

Miss Melanie's third appointment today was with the stem cell transplant nurse and the stem cell transplant doctor. We met individually with the nurse for about twenty minutes before the doctor joined our discussion. The nurse told us a bit more about the donor (e.g., twenty-four year old male, A positive blood type). She mentioned that the donor's antigen markers matched Miss Melanie's in eleven of twelve cases. That is very good. Not knowing what an antigen marker was, I asked for an explanation. The nurse said that there were many cells on the exterior of a white blood cell. Twelve of them have been identified and are used for classifying stem cell matches. An antigen is a protein cell that the body produces and attaches to a white blood cell. When an invader enters your system and attempts to enter a white blood cell, the antigen cell responds and sends a signal to the immune system that a foreign invader has been found and needs to be eliminated. The nurse said they prefer young males, versus females, as donors because they have never been pregnant (i.e. pregnancy can introduce potentially harmful cells because a female's body is actually hosting a foreign invader (i.e., the baby) and it could result in those potentially harmful cells remaining in her body for years and could potentially be transmitted during a stem cell transplant). The nurse continued that young male donors are typically healthy, weigh as much or more than a female recipient (i.e., weight is important for the number of stem cells that can be harvested; the more weight, the more cells available; Miss Melanie needs a specific number of stem cells based on her body weight) and they offer the recipient a new immune system. She said, "You have to keep in mind that the intent of a stem cell transplant is to be a curative for the disease."

The nurse then explained more about the stem cell transplant process. She said it is a long road and that the patient will feel tired, sick and not well for some time. She said that Miss Melanie would receive immunosuppressant drugs about 6 days prior to the transplant.

This will be done to keep her immune system "quiet" so it does not react negatively to the new stem cell cells. The new stem cells will all be treated with immunosuppressant drugs so they do not attack Miss Melanie's body. The transplanted cells will know they are not in the same system where they had formerly resided and will want to attack the numerous foreign things they see and feel. Therefore, they will be kept "quiet" to reduce the risk of graft versus host disease (GVHD). GVHD is when the transplanted cells begin to attack the body into which they have been transplanted. The most common form of GVHD involves the skin. The liver and gastrointestinal system are the next two elements most commonly involved in GVHD.

The nurse also told us that Miss Melanie could have NO infections or other cancers in her body when she goes for a stem cell transplant. If she had any infections or other cancers, the treatment for them, especially any other cancer, would kill the new stem cells and that would be very bad. Therefore, Miss Melanie will have various tests (e.g., liver scan, heart echocardiogram, CT scans and more) to ensure she is free from all potential problems. Immediately after the transplant, Miss Melanie will remain in the hospital for four to six weeks. The nurse said that we would be returning to the hospital twice a week for up to six months for blood checks, checks to be sure there is no GVHD, checks on the immunosuppressants (i.e., do the levels need to be adjusted? How are they performing?), checks on how well the new immune system is rebuilding and to ensure that Miss Melanie is doing well. She said, "It takes about a year to get your life back."

HOLY COW, THIS IS A LOT OF STUFF, PART 2, THURSDAY, JAN. 5, 2017

by John Balzer

After meeting with the stem cell transplant nurse, we met with the stem cell transplant doctor. He indicated that Miss Melanie's slower than normal recovery from the Consolidation chemotherapy could be a result of the infection (i.e., ecoli or esbl) she experienced. The infection, he pointed out, would depress the immune system.

He said that the plan, as of today, after her counts recover, is for her to have a second round of Consolidation chemotherapy and after she recovers from that treatment, she will have the stem cell transplant. This was great news since he had previously suggested to the stem cell transplant nurse that maybe Miss Melanie did not qualify for a stem cell transplant because of her age and the potential for increased risk of graft versus host disease.

The doctor mentioned that some of the drugs that are given prior to and after a stem cell transplant could impact the liver. That is why they check the liver out prior to the transplant to make sure it is healthy and can withstand the drugs used in the transplant. Miss Melanie pointed out that she has a heredity liver condition known as hemochromatosis. This condition causes her body to retain too much iron from the food she eats. The excess iron is stored in her liver, heart and pancreas. The treatment for this condition is to monitor the iron stores in the body and to remove blood on an as needed basis to lower the level of iron stored in the body. The doctor took note of this condition and asked for the name of the doctor who has been treating it to see if they could get test results from liver scans or liver tests.

The doctor also mentioned that there is no way of knowing how long Miss Melanie will have to take immunosuppressant medicines. He said that it is a delicate balancing act of wanting to keep the new stem cells from attacking the body they have been transplanted into (i.e., graft versus host disease, or GVHD). He said that they would use anti-inflammatory steroidal medicines to keep any GVHD from occurring or from becoming a serious concern. These steroidal medicines also have side effects that need to be monitored and dealt with if they occur. These include weight gain, cataracts and liver issues.

WHERE DID THIS COME FROM?, TUESDAY, JAN. 17, 2017

by John Balzer

On Monday morning, Miss Melanie and I headed to the clinic for a 10 AM appointment for her blood count analysis. She had her blood drawn and we were seated in the waiting room to learn of the results of the blood count analysis. As I looked over at her, she was shakily pulling on the tab of the zipper on her heavy jacket. I immediately knew that she was fighting a fever. I asked her if she felt like she had a fever and she said, "I think so." The lady working the desk in the waiting area, went down the hall to the infusion area and told them that there was a patient who did not look well and needed attention. We were quickly escorted to the infusion area and the nurse immediately began giving fluids to Miss Melanie. She took her temperature and it was 102! Where did this come from? I was surprised, mad, concerned, confused and thinking it was crazy. We had had a great weekend - went to a movie on Saturday, worked on cleaning the basement on Sunday and enjoyed Miss Melanie's great health. Now this!

Thankfully, the fever came on while we were in the hospital. In addition, the nurse who first worked with Miss Melanie was quick to act, extremely reassuring and stayed on top of the situation. She gave her several Tylenol tablets and, in about thirty minutes, the temperature was down to 100. The nurse also started giving her a broad-spectrum antibiotic. This form of antibiotic is designed to attack a number of bacteria. The exact form of bacteria will be known after blood cultures grow over the next several days.

Miss Meanie's doctor was contacted and said that Miss Melanie needed to be admitted to the hospital. What? Why? She's okay, I thought. Just get her temperature down and we can go home. No, no, John, the nurse told me. Miss Melanie needs to be admitted to determine what is causing the infection.

About two hours after arriving in her room, Miss Melanie became very lethargic and felt HOT to the touch. Her immune system, while getting better, had not fully recovered and was vulnerable to bacteria that would not cause most of us any problems. The nurse took her temperature and it was 103! What the heck? It was too early for more Tylenol, so the doctor told the nurse to make sure that Miss Melanie's fluid levels remained up.

Finally, more Tylenol could be given and Miss Melanie's temperature declined to 100.3. Whew, I thought, thank goodness it has come back down. About two and a half hours later, her temperature climbed and climbed. This time, it reached 102.7. Oh, no, I thought. Why can't they do something to get it to stay down?

The nurse brought in ice packs and we put them under Miss Melanie's armpits. We also put damp, cool washcloths on her forehead and head. Her skin was hot to the touch and she was mentally confused, at times, during the high temperatures. She also was unsteady on her feet and needed assistance in standing and walking. The nurse also checked with the doctor on duty and asked if she could give Miss Melanie more Tylenol. It was an hour before she could get more, but the nurse knew that something had to be done. The doctor said it was okay to give her more Tylenol. What is happening, I asked myself. We came down here this morning, laughing, joking, walking into the hospital for a blood count analysis and now, Miss Melanie was like an extremely infirmed person!

I walked out to the nurse's station just after the ice packs were put in place and the Tylenol had been given, and asked the nurse if Miss Melanie was going to be going to the Intensive Care Unit. "Yes, that will be the next step, if we can't get her temperature down with the ice packs and the Tylenol," she said. I was scared. What could I do to help get the temperature to come down? I paced the floor in the room, nervously thinking about what to do and looking at Miss Melanie to see if she was getting better. Then, I stopped walking, put my arm on a shelf, rested my head on my arm and began to pray. I asked God to help get Miss Melanie's temperature down. I asked that she not have to go to the Intensive Care Unit. Miss Melanie saw me standing, leaning on the shelf and asked what I was doing. “Praying,” I told her.

Thankfully, about 12:45 AM, this morning, her temperature was 99.9! The ice packs, Tylenol and my praying all worked! After her temperature declined, Miss Melanie was much more animated, talking quite coherently, eating a cut-up apple she had brought as a snack for the car ride home and getting up to go to the bathroom due to the bags of fluid she had been given. It was a complete change from several hours before. What a roller coaster ride. I was wet with sweat from nervous emotion, fear, concern and anxiety. I hugged her, gave her a kiss and told her I loved her. She said she loved me, knew I had been scared and said that she was going to be fine.

I returned to the hospital about 11:30 AM this morning. Miss Melanie was resting and looked tired. Her blood pressure was low in the morning, but rose in the afternoon. Her temperature was normal in the morning, but rose to 100.7 this afternoon. The nurse asked the physician’s assistant (PA) if she should give her some Tylenol. The PA said no Tylenol at this time. She wanted to see how, or if, the antibiotic was working. At the next temperature check, about an hour later, the temperature was 100.6. Not declining, but not rapidly soaring skyward like last evening.

The doctor came in earlier this afternoon and said that the blood culture had shown that the infection was a gram-positive bacteria. That means that it is not ecoli bacteria as she previously had. It will take a couple days to fully determine the exact bacteria that are causing the infection. Once the specific bacteria is determined, a specific antibiotic will be prescribed to eradicate it.

Several nurses, last night and today, have said that this roller coaster ride of fevers, infections, and emotionally draining days are, sadly, a common occurrence for leukemia patients. They said to stay strong, keep watching Miss Melanie for any signs or symptoms of an infection, quickly get help when needed and stay positive because things will be fine. The nurses are wonderful at the hospital. They are the calm, steady, compassionate beacons of knowledge and strength leading the scared, worried, frightened, and fearful family members through the long, dark days and evenings when a roller coaster ride takes place.

Okay, I am sorry for the rambling nature of this journal entry. I wrote it with the emotions I was feeling during each part of the day. Normally, I am a VERY private person. I work to guard my privacy; however, that is a thing of the past, if my being open and more public with my feelings can help Miss Melanie in ANY possible manner, I will tell anybody anything.

“IT’S A STAPH INFECTION,” WEDNESDAY, JAN. 18, 2017

by John Balzer

Miss Melanie sent me this text at 10:41 AM today:

“That tall, brunette PA (Physician’s Assistant) came in to inform me I’m growing a staph infection in my blood. Staph resides on our skin and my numbers (i.e., blood counts) just aren’t strong enough to fight it. Now they’re waiting on sensitivities to come back later today or tomorrow so they’ll know which antibiotic to use. Two lab techs just came in to draw blood for the blood cultures, each one working on a different arm.” (My note: Blood is drawn from the arm for a blood culture when there is an infection and not from the Hickman line (or port) because the line could be contaminated and not show the bacteria in her blood.)

In spite of having a staph infection, Miss Melanie looks great, sounds great and is doing great - all you have to do is ask her, “Melanie, how are you doing? I feel GREAT!”

HICKMAN LINE ON THE WAY OUT, THURSDAY, JAN. 19, 2017

by John Balzer

Miss Melanie's hematologist has concluded that the three blood infections Miss Melanie has experienced since October, including her current infection, are a result of her Hickman Line. This line was surgically inserted in early October and is the central venous catheter used to administer chemotherapy and withdraw blood for blood count analysis. It is believed that the Hickman Line, being a foreign body, was harboring bacteria that Miss Melanie's compromised immune system could not fight. That allowed the bacteria to grow unchecked and become a problem.

Therefore, the Hickman Line will be removed tomorrow afternoon. Prior to the removal, the nurse will put an IV line into the back of Miss Melanie's hand so they can give her needed fluids. The thirty-minute procedure to remove the Hickman Line will be done in an operating room or in Miss Melanie's hospital room. It will be done in her room if no operating room is available. She will know tomorrow morning the time and location where the procedure will be completed.

UPDATE ON APPOINTMENTS, WEDNESDAY, JAN. 25, 2017

by John Balzer

The hepatologist told Miss Melanie that she needed to have a liver biopsy based on the liver scan. There is some scarring of her liver due to the excessive amount of iron in her blood. This excessive amount of iron could be from hemochromatosis; chemotherapy; blood transfusions; or a combination of all three.

The liver biopsy will indicate the amount of scarring on a scale of zero to four. Zero means no scarring and four indicates cirrhosis. If the scarring were in the three to four range, it would mean that the stem cell transplant might not be able to take place. That is because having a stem cell transplant could possibly lead to liver failure with a compromised liver. Of course, we were taken aback by the findings of the liver scan, the need for a liver biopsy and what the biopsy result could possibly show.

PRAYERS ANSWERED! THANK YOU, THANK YOU, THANK YOU, THURSDAY, FEB. 2, 2017

by John Balzer

We learned the results of the liver biopsy today. The results showed a fatty liver, some minimal inflammation and ZERO SCARRING! That means that Miss Melanie will be able to have the stem cell transplant. Thank you all for your caring, your support, your prayers, your love, your positive energy and for being so wonderful to us. We had not expected to learn the results of the biopsy today; however, a member of Miss Melanie's hematology team came into her room this afternoon and asked why we had been at the hospital on Tuesday. We told her for the liver biopsy and she looked at the computer screen in front of her. She looked up and said, "I see that you had a biopsy and that it looks okay." "Do you have the results?" we nervously asked. "Yes, the final diagnosis is in your file on the computer. Would you like me to read you the findings?"

What a blessing to hear the results. I asked the doctor who read the results to us if she saw anything in the results that would prevent Miss Melanie from having a stem cell transplant. A bit puzzled, she looked at the results again and said no. I told her why I wanted to know. She said that we would have to meet with the hepatologist to officially get the biopsy results, but she said there were no serious issues or concerns that she saw in the biopsy results.

Miss Melanie did have a PICC line (i.e., a tube/catheter with two ports on the end for drawing blood and giving IVs) inserted into her upper left arm this morning. The procedure went well; however, when she was back in her room, there was some oozing of blood from the insertion point. In addition, it was obvious that the line was kinked and drawing blood was nearly impossible. The Physician's Assistant who had inserted the line came to the room, manipulated the line and, fortunately, removed the kink. After that, Miss Melanie received the first dose of her second round of Consolidation chemotherapy. The dosage level of this round of chemotherapy is one-third of the dosage for the first Consolidation chemotherapy. Miss

Melanie's hematologist said that because Miss Melanie's immune system took relatively long to recover from the first round, she would give her less chemotherapy so she would recover faster.

BEAUTIFUL MELANIE, FRIDAY, FEBRUARY 3, 2017

by John Balzer

This morning, at 8:30 AM, Miss Melanie had a dose of the second round of Consolidation chemotherapy. It took about three hours for the dose to be infused into her system. She had no problems with the infusion and was ready to go to the Interventional Radiology department at 12:45 PM for her intrathecal chemotherapy. The intrathecal chemotherapy is when toxic chemicals (i. e. chemotherapy) are injected into Miss Melanie's spine. With her type of leukemia, some nasty leukemic cells could find their way into her spinal fluid and cause harm. Therefore, to eliminate any possible nasty cells in the spinal fluid, chemotherapy fluid is injected into her spinal fluid. She tolerated both of today's chemotherapy treatments extremely well.

FILTER FREE, MONDAY, FEB. 6, 2017

by John Balzer

This afternoon, Miss Melanie had her IVC filter removed. This filter was placed into her inferior vena cava (IVC) just below her kidneys last October. Prior to having the filter installed, Miss Melanie experienced three blood clots in her legs; two of which had traveled through her heart and lodged in her lungs. The filter was installed to "catch" any future blood clots that were traveling from her legs to her lungs.

At this time, Miss Melanie's doctors decided that there was no reason to leave the filter installed. Since she is on a daily regimen of a blood thinner (i.e., Lovenox), the doctors felt the IVC filter could safely be removed. Also, if needed in the future, an IVC filter could be reinstalled.

The removal procedure of the IVC filter went very well, per Miss Melanie. She said she did not even feel the injection of the lidocaine used to numb the side of her neck where the doctor's entered the vein to remove the filter.

Tonight, she is receiving another dose of the Consolidation chemotherapy. The chemotherapy is infused into her body via her PICC line. The PICC line is on the inside of her upper left arm and has two lumens (or separate ends).

WE HEARD YOUR PRAYERS ANSWERED TODAY, THURSDAY, FEB. 8, 2017

by John Balzer

This afternoon, we drove to the hepatologist's office. This was the first time we had seen him since he ordered Miss Melanie's liver biopsy. Our visit was for him to give us the "official" results from the biopsy. The doctor stated that "the biopsy showed what we all knew" and that was that there was a lot of iron in Miss Melanie's liver. The excessive amount of iron was from the blood transfusions Miss Melanie had been receiving.

The hepatologist continued reviewing the biopsy results and pointed out that another finding was that Miss Melanie had a fatty liver. He noted that approximately one in three people in the US had a fatty liver and most did not know it. According to one web site (http://drhyman.com/blog/2013/09/26/fatty-liver-90-million-americans/), the main reasons many Americans have a fatty liver is because of the consumption of too much sugar and too much starch. Having a fatty liver has significant health risks including diabetes, heart disease, high cholesterol, heart attack and obesity. Several things can help remove fat from the liver including getting regular exercise; losing weight if obese; eating a nutritional diet, including reducing the amount of sugar and starch consumed; and, avoiding alcohol.

The doctor differed with one of the results in Miss Melanie's mychart (whereby she can access her test results via an Internet web site). That result found no amount of scarring of Miss Melanie's liver. The doctor, however, said that the level of scarring was Stage 1. It was unclear why he felt that there was Stage 1 scarring. Regardless if it were Stage 0 or Stage 1, the doctor continued, it meant that any scarring was in the beginning stages and there was not a lot of it. Miss Melanie's hereditary blood condition (i.e., hemochromatosis, whereby her body retained too much iron from the blood) was the cause of the scarring.

The hepatologist also observed that Miss Melanie's liver enzymes were elevated during the just completed second round of Consolidation chemotherapy. He said that the elevated liver enzymes were a result of the fatty liver. He prescribed vitamin E and a medicine (i.e., ursodiol, brands: Urso and Actigall) for Miss Melanie to lower her liver enzymes.

At one point, the hepatologist asked if we had any questions. Miss Melanie had several questions. She began to read from the liver biopsy test results from her mychart page. She asked two or three questions and, then, the doctor told her he did not want to hear any more questions. He said that he was upset that the hospital had posted the liver biopsy test results on the Internet. He said it was up to the doctor to present the findings from a biopsy to the patient. It appeared obvious to me that the doctor saw his "reason-to-be" diminished by the fact that we already knew the results. Possibly it was a control issue, I really am unsure. He did say that Miss Melanie was the second patient that he had seen today with a print out of test results and was reading from it during the appointment.

After the doctor reviewed the biopsy results and gave us his feelings about the test results being posted on the Internet, he stated, "I can clear you for the bone marrow transplant." Excellent! He further said he would tell the hematologist and the stem cell transplant doctor "whatever they do is fine by me." Outstanding!

THE ROLLER COASTER RIDE CONTINUES, MONDAY, FEB. 13, 2017

by John Balzer

On Sunday, I was playing outside in the front of our house with our two granddaughters. The weather was very nice: sunny, blue skies, warmer temperatures and we had a great time bouncing a ball, kicking it and walking around the neighborhood with several neighbors.

When I came into the house, I decided to take Miss Melanie's temperature. I take it several times a day and this was the first time I had taken it on Sunday. I gently pushed the end of the thermometer into Miss Melanie's ear and was caught off guard by the reading. Her temperature was 101.3! What, I thought, how could that be. Typically, her temperature runs between 96 and 97.5 degrees. Plus, any temperature above 100.4 degrees means that we have to immediately seek medical attention.

I told Miss Melanie that we had to be going to the hospital. As we were hurriedly getting things together, I took her temperature again.

This time it was 99.9. A few minutes later, it was 100.3. And, just a few minutes after that it was 100.7. It was mostly immaterial what the readings were after the 101.3; we were headed to the emergency room.

We quickly said good-bye to our daughter, son-in-law, and our two grandchildren. They had come to visit us this weekend and, unfortunately, we had to cut the visit short as we left for the hospital.

MISS MELANIE GETS STONED, TUESDAY, FEB. 14, 2017

by John Balzer

This morning, Miss Melanie's temperature was in the normal range. Thankfully, her fever was gone.

Shortly before noon, she had an abdominal ultrasound to determine the location of the bacteria that is causing the infection. A doctor from the Infectious Disease department came in and read the results of the ultrasound. He said that Miss Melanie has gallstones and that her gallbladder is surrounded by fluid. The stones and the fluid surrounding the gallbladder indicate that is where the bacteria is located. The doctor continued by saying that the reason Miss Melanie has experienced the infections are because when her counts get low, following chemotherapy, her immune system cannot fight the bacteria. When her counts are up, her immune system is working to keep the bacteria under control. He stated that she would be having her gallbladder removed prior to the stem cell transplant. That way, when she receives the chemotherapy prior to receiving the transplant, she will not have an infection.

HOME AGAIN!, SATURDAY, FEB. 18, 2017

by John Balzer

Late Saturday afternoon, Miss Melanie returned home. She had been in the hospital for seven days and she was quite glad to be home. I was extremely happy that she was back where she belongs.

Here is a brief update on her health, medications and other stuff. The blood cultures showed that Miss Melanie has three forms of bacteria in her blood. She has ecoli, streptococcus and klebsiella. Ecoli is a form of bacteria commonly found in the lower intestines. Streptococcus commonly lives on the skin and inside the mouth and throat and in people with healthy immune systems typically causes no problem. Klebsiella is bacteria found in the digestive tract. Each of these bacteria was able to enter Miss Melanie's bloodstream as a result of her compromised immune system and create the fever she experienced last Sunday. Therefore, she was placed on an antibiotic that was delivered intravenously (i.e., IV). Starting tomorrow, I will be administering an antibiotic (i.e., ertapenem) via IV. This is the same antibiotic that she received in December after having a blood infection. I administered the medicine once a day for three weeks in December and will follow the same procedure this time.

It is unclear what will be done regarding Miss Melanie's gallbladder. Initially, there had been serious consideration given to removing her gallbladder because it was felt to be the cause of the infection. After the CT scan on Wednesday, the medical staff backed off on wanting to remove her gallbladder. They are unsure if the gallbladder was the source of infection because Miss Melanie had no symptoms related to the gallbladder. Also, with a compromised immune system and low blood counts, the medical staff thought it best not to remove her gallbladder at this time. As of now, the infectious disease group and the hematology group have said that they would defer any decisions regarding the gallbladder to the stem cell transplant group. We hope to schedule a meeting with that group next week.

I SEE YOU, WEDNESDAY, FEB. 22, 2017

by John Balzer

Miss Melanie was home about forty-eight-hours before she returned to the hospital. Late Monday afternoon, her temperature was up and down and when it reached 101.3, I told her we were on our way to the hospital. We headed to the closest hospital to our home. We had been there previously and expected to spend several hours in the emergency room and then Miss Melanie would be transported to the larger hospital.

Things did not go as planned. No beds were available at the larger hospital, so Miss Melanie had to spend the night at the suburban hospital. The facility and the care she received was not what we were expecting. Thankfully, late in the afternoon on Tuesday, she was transferred by ambulance to the larger hospital where she arrived about 8:30 PM. I drove to the hospital since I had all of the "stuff" that she needed to have with her in the hospital.

When I walked through the doors into the "clean environment" of the east side of the floor Miss Melanie was on, a lady who works at the front counter said hello to me. She asked how I was feeling and I said tired. She said I should go home and get some rest because Miss Melanie was "home" and they would take excellent care of her. A huge flood of emotion swept over me. That lady was the embodiment of all the people who work on that floor. They truly have become an extended family and we all are so close to one another. As I walked to Miss Melanie's room, I was so glad that we were "home" again for the treatment that she needed. I stayed with her until shortly after midnight and headed home.

When I arrived at home, I needed to relax for a bit before going to bed. Mindlessly watching TV was the mental diversion I needed to refresh my brain. I became so refreshed that I fell asleep. When I awoke at 4:15 AM, I hurried to our bedroom and as I reached to turn out the light, I noticed that we had a phone message. This was odd because I had checked the messages when I got home and there were no new phone messages after I deleted the three new messages. I was puzzled at how a phone message could have been left since I never heard the phone ring.

The phone message began

“Hi, honey, this is your sweet, darling wife. My blood pressure was low, 70 over 40, and my hemoglobin was 5.3. So, they are taking me to ICU.” She then handed the phone to the nurse in her room. The nurse said that Miss Melanie’s temperature had spiked and then her blood pressure and hemoglobin levels dropped. But, at the time of the voice mail message, the nurse said that her levels were back in the normal ranges and that she was fine; however, they were taking her to the Intensive Care Unit (ICU) as a precaution.

I was stunned. My heart was pounding. I was greatly fearful. I decided to call the ICU. Fortunately, I was able to speak with the ICU nurse talking care of Miss Melanie. She said that she was fine, her vital signs were normal and that she was brought to the ICU as a precautionary measure. I asked her if I should come down there and she told me to stay home, get some rest and come to the hospital later in the day. I thanked her for her information and hurriedly got all of my things together to go to the hospital.

I arrived at the hospital about 5:10 AM. As I walked into Miss Melanie’s room, there was no bed and no Miss Melanie in the room. I was concerned about where she was and asked a nurse about the situation. She told me that Miss Melanie had been taken for a CT scan of her head and abdomen. I asked why that would be needed and she said, “to check for bleeding in the brain or abdomen since the blood pressure and hemoglobin had dropped so low”. That stopped me in my tracks. The nurse saw the look on my face and said, “Oh, don’t be concerned; she is fine!” The nurse had talked with Miss Melanie’s nurse and knew that she was alert, talking and not having any pain. She reassured me that the tests were only being done as a precaution.

I sat down in the room and waited nervously for Miss Melanie to return from the tests. In a few minutes, I heard her talking in the hall. She was on a bed that was being rolled into the room. She saw me and said to her nurse, “There's my John!” To which the nurse replied, “I knew he would be here.” What a beautiful sight - Miss Melanie's smile, her laugh and her spunkiness - the complete package!

The ICU is an amazing facility. One nurse cares for only two patients. There is a full staff of doctors on hand. Patient monitoring is continual. Tests are done promptly and results are known with minimal delay. What a professional operation, I thought. During the day (Wednesday), teams of doctors from different disciplines and departments came into Miss Melanie's room to discuss her status, test results and plans for moving forward.

We learned today that Miss Melanie's fever was caused by a new infection and not related to the infection she was treated for last week. There is no identified bacteria or cause for the infection. Additional tests will be completed tomorrow. Also, the results from blood cultures will be known tomorrow. Miss Melanie's temperature spiked this afternoon (101.3). The ICU doctors expected that. She is receiving two antibiotics (i.e., Vancomycin, Meropenem) by IV. She is tired and slept on and off much of the day because of the fever and being neutropenia (i.e., having a low white blood cell count).

Each of you has “heard” from me several times over the last twenty-four hours. I have “asked” you for a great deal of assistance as I went from deep, deep concern to joy and back again several times. What a hellish roller coaster ride. Thank you for being a strong support to both of us, especially me.

SHOWER TIME, YAHOO!, SAT. FEB. 25, 2017

by John Balzer

Miss Melanie's experience in the ICU was very positive and important for her healthcare. The doctors, nurses, patient care technicians, nutritionists, pharmacists and all others were outstanding. On Thursday evening, she and I walked down the hall in the ICU for Miss Melanie to get some exercise. The head doctor of the ICU came up to us and asked if we wanted to see the results of the chest CT scan that Miss Melanie had had earlier in the day. He said, "I'm a lung doctor, let me show you the results on the computer screen in your room." We all headed back to the room.

The doctor opened up a computer screen with four x-rays on the page. He selected one and enlarged it. Pointing to a small, white circle near the bottom of the screen, he asked, "Do you see this circle?" We said that we did. "Okay," he continued, "do you see the white ring around it?" Looking closely, we said we did; however, it was difficult to see the slight halo around the circle.

"That is what we feel is a fungal infection," the doctor said. He reminded us that the CT scan had been taken to look for such an infection. He also reiterated that a fungal infection would not be seen in a blood culture because it would not enter the blood stream.

"You mean, she could have two infections at the same time," I asked. "Yes," said the doctor. That's a truckload of junk, I thought. "Could a fungal infection cause the fevers she has experienced," I asked. "Certainly," he said.

After showing us the x-ray, the doctor turned to us and said that he recommended that Miss Melanie have a bronchoscopy to definitively determine if she had a fungal infection. He said that she could have it done in her room the next morning (Friday). We agreed.

Friday morning, a team of doctors came into her room and prepped her for the procedure. They used lidocaine to numb the back of her throat. Then, she was given Versed and Propofol prior to a tube being inserted down her throat and into her lung. It only took ten to fifteen minutes to complete the examination. Miss Melanie had no side effects from the bronchoscopy.

The results from the bronchoscopy will not be known for a period of time, possibly up to two weeks. Growing a culture from a lung examination requires more time than growing a culture from a blood sample. If the results show that there is a fungal infection, a specific antibiotic will be identified and given to Miss Melanie. If the results show no fungal infection, she will receive a broad-spectrum antibiotic to eradicate bad bacteria in her body.

GOING FOR A SECOND OPINION, TUES., MARCH 7, 2017

by John Balzer

During our meeting this morning with Miss Melanie's hematologist, we learned that the amount of iron in the cells in her liver caused the stem cell transplant doctor to conclude that he would not perform a stem cell transplant on her. It was his contention that it would be too risky a procedure for her to undergo. The reason Miss Melanie needs a stem cell transplant is that her form of AML (Acute Myeloid Leukemia) causes a genetic change and that has to be eliminated. The only way to eliminate it is to undergo a stem cell transplant. That is the cure for the form of AML that she has. The fact that the hematologist told us that Miss Melanie would not have a stem cell transplant at the hospital was not good news; however, it was not completely a surprise to us.

Last Friday, when we were at the hospital for her blood count analysis, the hematologist told us that it was somewhat doubtful that Miss Melanie would have a stem cell transplant. At that time, she said it was due to the number of infections that she had experienced after having had chemotherapy. We had no opportunity to discuss the situation with her at that time. We were left with the concern, fear and unknowing over the weekend. That was a great way for the doctor to send us home for the weekend.

Today, when we heard that the amount of iron in the cells in her liver was the reason that she would not be qualified for a stem cell transplant, I was, at first, surprised. The hematologist said nothing about the number of infections, as she had told us last Friday. That was when I became mad. What was going on? Why had the story changed? I did not tell the doctor I was mad or that I felt she had lied to us or mislead us.

The hematologist told us this morning that if Miss Melanie had a stem cell transplant with the amount iron in the cells in her liver, she would be at an elevated risk for severe complications or death. I asked her what percentage of increase for severe complications or death existed compared with patients without the excess iron in their livers. The doctor said that she did not know the percentage. I asked her if there was any statistical evidence/report on the amount of elevated risk and she said there was no report. So, where is this information coming from I thought.

I also pointed out that Miss Melanie had an elevated amount of iron in her liver because of her genetic condition of hemochromatosis (i.e., the body retains too much iron in the body) when she was diagnosed last September with AML. So, the fact that there was excessive iron in her liver had been known since she was admitted to the hospital. The high iron level in her blood and liver had been monitored during regular blood tests since she had been a patient. Miss Melanie had commented on her high ferritin levels to her doctors several times and they showed no concern about it. Why, all of a sudden, was it a concern I asked the doctor. She said it was a result of the liver biopsy. I said that those results were known approximately four weeks ago. I pointed out that the liver doctor who completed the biopsy said he saw no reason why the results of Miss Melanie's liver biopsy would prevent her from having a stem cell transplant. The hematologist told me that there had been an addendum to the biopsy and that showed the excessive iron in the cells in the liver. I asked her for the date of the addendum and she said she did not know. What? She was reading the information from the addendum on the monitor in front of her and she could not tell me the date of it? Was she actually reading anything from the screen or just making up a story, I wondered.

The liver biopsy was completed because the doctors felt that Miss Melanie's liver had been scarred by the hemochromatosis and the amount of transfusions she had received. The biopsy showed no scarring. The doctors were not at all concerned about the amount of iron in the liver at that time.

I also asked about the use of medication to reduce the amount of iron that would build up in the body as a result of blood transfusions. The doctor said there was such a medicine but that they did not prescribe it. I asked her why it had not been prescribed and she offered no explanation.

It is my opinion that we have received a strong message that Miss Melanie should not be having a stem cell transplant at this hospital. Their stem cell transplantation department seems in chaos to me. The director of the department left on Dec. 1, 2016 after having been there less than a year. The stem cell transplant nurse that we had been working with since November left about four weeks ago. Last Friday, when we met the stem cell transplant nurse's replacement, I jokingly asked her how long she was going to be with the transplant group. Her curt response, "I'm here as of now" sent a cold shot down my spine.

The hematologist pointed out that Miss Melanie had two options. One was to seek a second opinion from another transplant hospital and see if they would perform a stem cell transplant on Miss Melanie. The second option was to return to the hospital on an on-going basis (e.g., every two to three months) and have light chemotherapy as a maintenance dose to keep the leukemia in remission.

The doctor recommended that Miss Melanie see a doctor in the transplant group at another hospital. She said she had sent other patients to this doctor and that they would set up the appointment so we would be able to see him faster. We are waiting for the appointment to be scheduled.

At home today, I began implementing our plan B. We will also be exploring second opinions from the transplant group at other hospitals. We are working to make sure Miss Melanie is properly taken care of and receives the best treatment possible.

Please remember Miss Melanie and please pray that we are able to find a location where she can safely have a stem cell transplant. She deeply thanks you for all of the positive energy you have sent her and continue to send to her.

THIRD SEGMENT - MAR – DEC 2017

OVERVIEW OF THE THIRD SEGMENT

After Miss Melanie's initial treatments for Acute Myeloid Leukemia (AML), she moved to having a stem cell transplant. Such a procedure was the path to a cure of AML. But, finding a doctor willing to perform a transplant proved difficult.

Finally, a doctor was located who agreed to perform a stem cell transplant, but Miss Melanie had to go through a process to ensure that she was qualified to have the transplant. That process included tests, assessments and meetings with a variety of healthcare individuals to assess and affirm that Miss Melanie was qualified to have the transplant.

In addition, Miss Melanie began an exercise regimen to ensure she was in excellent condition for the stem cell transplant. She began walking long distances, for her, and eating a nutritional diet.

An important component in the stem cell transplant was locating a donor. Markers in Miss Melanie's blood were identified and used in locating a donor whose blood markers matched all or a high percentage of her markers. A twenty-four year old donor was identified in Europe. The markers in the donor's blood matched all ten of Miss Melanie's markers and that was wonderful.

A tentative date for the stem cell transplant was set. The exact date would depend upon the donor's schedule. The donor had to be available for three or four days prior to the transplant. Medicine was used to stimulate the donor's body to produce more stem cells than usual.

When the number of stem cells was adequate, they were harvested, flown to Miss Melanie's hospital and infused into her body. It was the day we had waited for and we were ecstatic in witnessing the event.

After the stem cell transplant, Miss Melanie and I were at the hospital for fourteen-days. The doctor wanted to make sure the transplant was engrafting. Also, the doctor wanted me to stay with Miss Melanie in case she needed assistance.

Upon discharge, Miss Melanie came home in excellent shape. She needed daily medicines and visits three times each week to the clinic to check on her progress.

WHAT A DIFFERENCE A DAY MAKES, WED., MARCH 8, 2017

by John Balzer

Today, we literally went from the bottom of the Grand Canyon to the top of the Rocky Mountains. This morning, Miss Melanie had the dressing around her PICC line changed by the regular home health care nurse. She is a great individual who has been quite helpful to us. I asked her if she knew of any stem cell doctors where we could go for a second opinion. “Sure,” she said, “Get an appointment with this doctor at a nearby hospital; he’s the guru of transplants.” I asked her if she had any knowledge of his skills or capabilities. “Yup,” she continued, “I have taken care of a number of patients who have had stem cell transplants by the doctor. They all love him and he is an excellent doctor.” Great insights. I was so glad that I asked her for a referral. I asked her how many patients she would see that had gone to hospital for a stem cell transplant where the doctor she mentioned compared with the hospital where Miss Melanie had her chemotherapy treatments. “I see eight patients from his hospital for every two patients where Miss Melanie has been.” Wow. I was amazed. It seemed like home health care nurse had been reading from a script entitled, How to Help Miss Melanie Get a Second Opinion.

After the home health care nurse left, I began searching the other hospital’s web site to locate the correct doctor. After locating him, I called and asked to make an appointment with him. The scheduling coordinator said someone would call back a bit later to set the appointment time. About ten minutes later, a nurse called and set the next available appointment with the doctor. It was April 12. While we were a little discouraged at the delay, we felt encouraged by the fact that we had secured an appointment for a second opinion.

About thirty-minutes after Miss Melanie made the appointment with the doctor, the phone rang. I was working in my office and I heard Miss Melanie answer the phone in the family room. It was the nurse from the doctor’s office saying that the transplant group had discussed

Miss Melanie's case and they wondered if she could come in for an appointment on Friday, March 10!!! Miss Melanie nearly screamed into the phone "YES". What a remarkable situation. The nurse asked us to have her records sent to them in advance of the meeting so we set off getting that accomplished. In doing that, we spoke with medical personnel who provided additional information about Miss Melanie's health reports (e.g., liver biopsy and the undated addendum - turned out it was dated 2.3.17, so they had the information for over a month and we just learned about it yesterday). I also learned that my impressions of what was happening at the stem cell transplant group at the hospital where Miss Melanie had received her chemotherapy were accurate. There is a situation where a certain doctor has a distorted perception of his ability and that has lead to political turmoil between several departments.

We also learned that the stem cell doctor at yet another hospital is willing to meet with us next Monday. We will meet with him to review their program, discuss their capabilities and see how Miss Melanie likes the situation.

I am so happy for Miss Melanie that we have two other options. She is a fighter and a wonderful individual who has been through a bunch of stuff since last October. Yesterday was a difficult day for her and I felt so sorry for her. I knew, however, that we were not going to accept what we heard as the final answer. We are a couple old bulldogs when things get tough, we will do whatever is required to make things work out for us. I will do anything for her because she is the love of my life and she is truly a wonderful lady.

Today, when things were happening like kernels of popcorn exploding out of a pan, it seemed that I was watching large jigsaw puzzle pieces float down from the ceiling and arrange themselves on the card table in the family room. It was one of those magical times when you knew things were going right and working out for you. True blessings were being bestowed upon us and I was so grateful. Thanks go to each of you who have made such heartfelt entries and all of you who have said prayers for us and sent positive energy our way. We are deeply indebted to each of you and are so glad that you are on the team bus with us as we ride to the next arena.

A VERY QUALIFIED YES, SAT., MARCH 11, 2017

by John Balzer

On Friday morning at 5:15 AM, we headed out into the darkness to drive to the hospital. Our appointment time was 7 AM and we did not want to be late.

Miss Melanie's meeting was with the head of the stem cell transplant team. Initially, he began asking basic questions that I found hard to understand since Miss Melanie's records had been sent to him on Thursday. I thought he would have known what form of leukemia she had and when it was first diagnosed.

After the basic information was completed, he told us that because of Miss Melanie's age, plus the fact that he did not know how many pertinent markers the prospective donor had matched with her, he would not recommend that she have a stem cell transplant. He continued by telling us about two people whom he had known that had had acute myeloid leukemia (AML), as does Melanie, and he suggested that she do as they had done. Namely, "go home, enjoy the time you have left and don't worry."

I was at a loss to understand why he agreed to meet with us. It was a strange situation, in my opinion. Then, just as inexplicably, he began to talk about how he would be willing to consider her for a stem cell transplant. He said there were four barriers she would have to overcome before he would consider her for a transplant. The barriers were:

1. The donor must match ten out of ten of the key genetic markers. We told him that we had been told the prospective donor was a match in eleven of twelve markers. He scoffed at our comment saying that if

the one that did not match was a key marker no transplant would take place. We, of course, had no clue as to which markers were a match and which were not. Further, we had no clue about the markers and which ones were the KEY markers.

2. Miss Melanie can have NO fungal infection and be a candidate for a transplant. We told him that she was being treated with an antifungal medication to ensure that if any fungal infection was there it would be eradicated. He said that once you have a fungal infection you always have it. Hm.. then, why treat it? He also said it is almost impossible to diagnose a fungal infection, so, since they put her on medicine, she must have an infection. Interesting logic - hard to know if you have it, but if you are put on a medication as a preventative, then you must have an infection. We also told him that the cultures from the bronchoscopy had negative results so far and that it might take 6 weeks for the cultures to grow. In the meantime, Miss Melanie's doctor had put her on the antifungal medication as a preventive measure. His response? "That's not important."

3. Age. Because of Miss Melanie's age, she is at a higher risk of problems following a stem cell transplant. This, of course, is a barrier that is impossible to overcome and if someone says you are too old for the transplant that ends the conversation. His comment about Miss Melanie's age being a barrier confused me. The average age for someone who is diagnosed with AML is sixty-seven. Miss Melanie is sixty-eight. Kind of begs the question - why would any average AML patient ever be told there was a stem cell transplant process available. It might be available, just not for you.

4. Liver and heart. He does not know about her liver and her heart. We informed him about the liver biopsy and said that the liver doctor cleared her for the stem cell transplant. Once again, he scoffed at our sharing of information as unimportant and meaningless because it was not an MRI of the liver and the heart. Just for our own sense of feeling we were contributing something of meaning, we told him that the liver doctor did not reject Miss Melanie for a stem cell transplant because there was a lot of iron in her liver. His reply was that

"we expect that with all AML patients because they have so many transfusions."

At this point, I thought the meeting was over and was thinking we were about to be ushered out of the exam room. Wrong.

After telling us about the four barriers, the doctor said that if the prospective donor matched ten out of ten of the KEY markers, the fungal infection was gone (was it ever there?) and there were no problems with her liver and heart, she would qualify for a stem cell transplant.

Amazing. I was unsure if I should thank Dr. Jekyll or Mr. Hyde for his information.

Here is one additional observation about the doctor. He was trying to do too much while he was meeting with us. He received three calls on his cell phone that he answered. Plus, he received four text messages that he read and responded to. His multi-tasking definitely took a toll on our meeting with him. I had asked him a question just as his phone rang. Several minutes later, he got off the phone and moved on to another topic and my question was never answered.

Okay, going forward, what are the next steps for Miss Melanie relative to this doctor? The doctor will get more information on the exact markers that were matched. Miss Melanie will have a liver MRI and a heart MRI on Wednesday, March 22.

For anyone on the team bus who is wondering why it is important for Miss Melanie to have a stem cell transplant, it is due to the specific form on AML she has. Her form is described as "AML, with monocytic subtype". This means that the cancer changed the structure of her chromosomes. After her Induction chemotherapy, the cancer has been in remission and the structure of the chromosomes returned to normal. While the disease can remain in remission for an unknown period of time through the use of chemotherapy, the only cure, at this time, is via a stem cell transplant.

We send all of you our kind, happy thoughts. We enjoy reading and discussing your journal entries and reminiscing about our friendship with each of you. Your presence on the team bus lifts us each day as we "hear" your prayers, "feel" your positive energies wash over us and "connect" with you through this site. Each of you means more to us than you know and you have our profound thanks for "being" with us.

A BRAVE NEW WORLD, MON., MARCH 13, 2017

by John Balzer

Late this afternoon, Miss Melanie and I traveled from our home to another hospital.

We met with a Fellow in the stem cell transplant group initially. He was a gracious individual who asked Miss Melanie why she was there. She responded that we were there for a second opinion regarding a stem cell transplant. He obviously knew why we were there; however, as became clear later, he wanted to know her true motivations for wanting a stem cell transplant. More on this later. As the Fellow asked questions, it was evident that his intent was to learn about Miss Melanie, about her medical background, about her overall health and to answer any questions she had. The difference between this doctor and other stem cell doctors that we had met was that his focus was ON Miss Melanie, not himself. What a refreshing change - a doctor who was patient focused. One of the questions he asked was if Miss Melanie knew what her most recent ferritin (iron) level happened to be. She said that she did and that it was high. He asked how high. "1831," she replied. He asked her if she meant 18,000 and she, "Oh, my gosh, no." He said that some leukemia patients come in with ferritin levels that high. We were stunned. Miss Melanie's is one-tenth of that and we were mortified that it was so high. The normal range is between 1 and 150. The doctor interviewed Miss Melanie for about twenty minutes and then asked if she had any additional questions. She had none. He stood up to leave and said he would return with the stem cell transplant doctor who was the director of the older adult stem cell transplant team at the hospital. One additional point about the first doctor, he has the same birthday as Miss Melanie. I took that as a very good sign.

The head doctor came in and began asking Miss Melanie questions. His first question was "Please tell me why you are here today." She told him that we wanted a second opinion regarding her having a stem cell transplant because no doctor at another hospital would perform a stem cell transplant on her. The doctor seemed a bit confused by that and I briefly informed him of my opinion of the apparent chaos in the stem cell transplant group at the other hospital. The doctor said he had spoken with Miss Melanie's hematologist at the other hospital and she informed him that Miss Melanie was "transplantable".

Next, the doctor said he knew we had had a meeting at yet another hospital and asked how that meeting went. Miss Melanie told him that the meeting could have been a bit better. She related the part of the meeting regarding the number of the markers of the prospective donor that matched Miss Melanie. She told the doctor that she found out today, from a report that the doctor at the other hospital had entered on her My Chart page, that the donor matched ten out of ten of the key markers and that the other doctor stated that he would clear her for a transplant, if her heart and lung MRIs showed no problems.

Then, the doctor asked about her overall health before she was diagnosed with AML, about her amount of daily activity before and after the diagnosis, about her mental health and about her hemochromatosis.

Next, the doctor began to discuss the three factors relative to a stem cell transplant. The first was how to decide upon going on a maintenance program or having a stem cell transplant. He said that is a personal decision. A transplant, he noted, can be a tough procedure. It is designed to clear out any remaining cancerous cells in the existing stem cell. "It is a tough approach to get rid of the disease," he observed. Further, he continued, "A stem cell transplant is NOT a guarantee that the disease will not return." He pointed out that the greatest risk to a stem cell transplant is that the disease could return. The doctor then commented on the prospective donor matching ten out of ten markers and said that was a very positive sign regarding the potential success if Miss Melanie chose to have a stem cell transplant.

The second factor to consider regarding having a stem cell transplant was if the disease was in remission. The doctor pointed out that Miss Melanie is in “the good zone” now because her AML is in remission. This was another positive factor if she chose to have a stem cell transplant.

The third factor was the Miss Melanie’s overall health has to be good. The doctor said that her health is good right now; however, she needs to get more exercise and do more each day. He said that she should be more active regardless of what her decision about a transplant happened to be. He said that it was important for her to keep her overall health in good condition.

Something that increased her risk of side effects if she has a stem cell transplant is her age. He said that they would do tests on her heart, lungs and liver to ensure that they are in good shape and could withstand a stem cell transplant.

After outlining the factors relative to a stem cell transplant, the doctor said to Miss Melanie, “I see nothing preventing you from having a stem cell transplant.” Unbelievable. Truly incredible. I felt like I was in another world. A doctor that asks questions, listens to answers, explains, presents options, tells the truth and is ready to help the patient.

Next, the doctor asked Miss Melanie, “What is your motivation for considering a stem cell transplant?” She said that she wanted to get better and felt a stem cell transplant would be the right course of action for her situation. This was the second time she had been asked about her motivation relative to a stem cell transplant. It was clear that both the Fellow and the doctor wanted to know why the patient was there. Was it for a cure? Was it to have a better way of life? What was it? They told us, after we asked, that some patients come in and have no motivation. They are unsure of why they were there. The doctor told us that if a patient had no motivation about the procedure, it most likely would not turn out well.

As Miss Melanie's appointment was about to conclude, I asked her doctor if everything went well with regard to Miss Melanie's tests and health checks how soon she could receive a stem cell transplant. "Six weeks," he proclaimed. Wow. We were witnessing the answer to all of our and your prayers. What a profound meeting with a truly wonderful group of people.

Moving forward, Miss Melanie and I will meet with her hematologist at the first hospital and discuss our meeting with the stem cell transplant team at the third hospital. Then, Miss Melanie will make a decision on which course of treatment she will pursue. If she elects to have a stem cell transplant, she said she would go to the third hospital.

CLEARLY, SOMEONE WAS LYING, MONDAY, MARCH 27, 2017

by John Balzer

Miss Melanie received a disturbing phone call last Friday. We were in the car when her cell phone rang. It was from the stem cell transplant nurse at the first hospital. The nurse wanted to know who had told Melanie that the stem cell transplant doctor would not approve her for a transplant at the hospital. "My hematologist," Miss Melanie said. The nurse asked what reason was given for the stem cell doctor to refuse giving Miss Melanie the transplant. "Too much iron in my liver," Miss Melanie responded. They talked a few more minutes. At the conclusion of the conversation, Miss Melanie and I talked about the phone call and how odd it was. It seemed that the stem cell doctor was possibly suggesting that the hematologist was the doctor at hospital who refused Melanie having a stem cell transplant. Neither one of us could figure out what was going on at that hospital. Clearly, someone was lying. Clearly, the situation was unprofessional. This was a situation where you ask yourself, "Do I want to have ANYTHING to do with that hospital?" Based on what has transpired at the hospital, it is wonderful that Miss Melanie is going to another hospital for her stem cell transplant. I hope she will be able to go to the other hospital for everything in the future.

Unfortunately, we have to return to the first hospital tomorrow for blood lab work. Hopefully, Miss Melanie will not need a transfusion. Too bad we cannot go to the other hospital for the blood lab work.

Regarding the other hospital, Miss Melanie has two tests there on Friday, March 28. These are tests that are part of the process for the stem cell transplant. It is nice to know that the procedure is starting and will continue.

VERY IMPRESSIVE!, TUES., MARCH 28, 2017

by John Balzer

Today, I sent an email to the stem cell transplant coordinator at the other hospital. I asked her for more information on two questions we had about Miss Melanie's healthcare. About 5:40 PM, the phone rang and after I said hello, I heard "Hi, this is the doctor from the hospital." I was stunned because the caller was the stem cell transplant doctor from the hospital. He was responding to my email and said that sometimes it is easier to talk on the phone than to send an email. Being a phone person, I told him I was fine with a phone call. We talked about fifteen-minutes and he answered both of the questions I had asked in my email. He also provided more information about the stem cell transplant procedure. The stem cell transplant department has a program for prospective stem cell patients called TOP (Transplant Optimization Program). TOP is a full day assessment of the patient's:

- test results for a transplant;
- medical history;
- past infections and the treatment of the infections;
- emotional and care giving support during and after the transplant;

- normal physical activity, overall strength, recreational activity and any physical ailments;
- eating patterns, weight trends, appetite, food intolerance, and;
- measurement of the patient's health and quality of life from the patient's perspective.

The doctor said that the results of the team's assessment of Miss Melanie after she participates in TOP is the first checkpoint to assure that she can have a stem cell transplant. The second checkpoint will be a bone marrow biopsy. The biopsy will be completed to assure that the disease is still in remission. We are extremely hopeful that she can successful pass both of those checkpoints and have the stem cell transplant.

I thanked the doctor for calling and providing such excellent information. After hanging up, I thought how very impressive it was for him to call and talk with me. It was so comforting to know that he cares about us, was concerned about Miss Melanie's complete health and wants her to be in better health. Thank the Lord that Miss Melanie is going to that hospital for her stem cell transplant.

NEUTROPHILS DOWN, BIOPSY ON TAP, THURS., MAR. 30, 2017

by John Balzer

We returned to the first hospital this morning for another check of Miss Melanie's blood counts. Three out of four of the key elements of the blood were up and that was splendid.

Unfortunately, one of the elements of Miss Melanie's blood, the neutrophils (i.e., a type of white blood cell responsible for fighting bacteria, viruses, fungi and more) had declined from 200 to 100. This was not a good situation and meant that Miss Melanie will have a bone marrow biopsy next Monday morning. The neutrophils could be down due to a number of variables including the fact that the leukemia had returned. This biopsy will be completed to determine the cause for the declining neutrophils. The results will be known several days after the biopsy and then a plan of action will be implemented.

Tomorrow, we go to the other hospital so Miss Melanie can have a pulmonary function test and a heart function test. These tests are part of the tests being completed to determine her overall health in preparation for the stem cell transplant. We will also meet with the social worker to (1) discuss his assessment of Miss Melanie relative to having a stem cell transplant and (2) talk with him about the housing available in the area near the hospital. We need temporary housing in that area for at least three months because, after the transplant, Miss Melanie will need to reside within a thirty-minute drive of the hospital.

A VERY POSITIVE, UPLIFITNG DAY, FRIDAY, MARCH 31, 2017

by John Balzer

A busy day was enjoyed at the hospital Miss Melanie had two tests today in preparation for her stem cell transplant. The first test evaluated her pulmonary function. She had to inhale as much as possible and then exhale as much as possible. Another test involved puffing. Miss Melanie felt she did well during the test since she does a lot of huffing and puffing as she walks up and down the steps at home. The second test was a heart test known as a MUGA test. This test determines the efficiency of a heart's chambers and valves. Once again, Miss Melanie felt she did very well on this test.

We also met with a social worker. He completed an analysis of Miss Melanie's emotional well being and planned care-giving support during and after her stem cell transplant. He also provided information and insight into housing in the area around the hospital. Miss Melanie has to reside within a thirty-minute drive of the hospital after the transplant. That means that we will have to find a house, condo, or apartment within the thirty-minute drive range. The housing will have to be furnished, have an in unit washer and dryer and have a kitchen. Plus, it will have to be available for a short-term lease.

The social worker also gave us a tour of the stem cell transplant unit. It is on tenth floor of the new hospital that was built 2.5 years ago. It is a 40-bed unit, recently expanded from 28-beds, and it very impressive. All of the rooms were full and we were told that the hospital completes about 215 stem cell transplants each year. One third of these transplants are the type that Miss Melanie will have. Each room was good sized and had a sofa that turned into a queen sized sleeper for an overnight caregiver. When we walked the halls of the unit, I was making mental comparisons to the stem cell unit at the first hospital. It was easy to see that the unit at this hospital was vastly superior. I am very glad that Miss Melanie will be going to this hospital. She will receive the best care, the care she deserves, and be taken care of by the best personnel when compared to the first hospital. One additional observation: It is amazing how at three local hospitals, all of the stem cell transplant units are on the top floor with great views

A TRULY GREAT DAY, FRIDAY, APRIL 7, 2017

by John Balzer

Today was a GREAT DAY!

We met with the hematologist, at the first hospital, and she told Miss Melanie that her blood counts all were up. In fact, her hemoglobin (i.e., red blood cells) was 9.2, the highest it has been in six-months. Her neutrophils (i.e., white blood cells that fight infection) were at 820, up from 200 on Tuesday.

Then, the hematologist told Miss Melanie that the results of the bone marrow biopsy showed the leukemia was in remission. EXCELLENT! Our collective prayers were answered. She told us that the reason the neutrophil count had declined was because Miss Melanie’s bone marrow was hypo cellular. That is, there were very few cells in her bone marrow. The bottom line is that, Miss Melanie is in outstanding shape and ready for her stem cell transplant.

GOOD FRIDAY, APRIL 14, 2017

by John Balzer

This day started early with the alarm buzzing-buzzing-buzzing at 5 AM. We arrived at the hospital shortly before 7 AM. Miss Melanie had six vials of blood taken for various types of lab work.

We moved into an exam room about 7:30 AM and the exams and interviews began shortly afterward. After Miss Melanie's vitals were taken, the Geriatric Oncologist came in and discussed Miss Melanie's current medications, any problems she had encountered with interactions or liver problems and the types of medications that will be used after the stem cell transplant.

Next, was a lady who has a doctoral degree in nursing (DPN) as well as being an Advanced Oncology Certified Nurse (AOPN). She explained the transplant process in overview and then reviewed the things we needed to do prior to the transplant. She did not want us to experience any surprises after the transplant.

Then, the transplant physician entered the examination room. We had met him the first time we were at the hospital and it was nice to see him again. The doctor told us that three donors had been identified and that **ALL** three were ten out of ten matches. That was amazing news. He also said that they were doing more research on each donor with regard to additional markers/antigens to see if one or more of the donors matches more of Miss Melanie's markers/antigens. The greater the number of matches of a donor's stem cells lowers the risk of graft versus host disease (GVHD) for the recipient. Therefore, the more matches the better. The doctor told us more of the specifics of the transplant process, the timing for the various elements and what we needed to do for each element. He asked specific questions about our plan for caregiving for Miss Melanie. We told him that we were going to have our daughters come from time to time to help out with my care giving for Miss Melanie. He said that was a fine idea; however, we had to talk with our daughters and develop a specific plan. It was important that a plan was prepared and would be implemented in case I became ill or needed a break from the daily care giving efforts. The doctor observed that I would need regular breaks for my mental and emotional health during Miss Melanie's recovery following the stem cell transplant. He also pointed out that Miss Melanie would be returning to the hospital three times per week for the first month after she is out of the hospital. These visits will be to check her blood counts and to assess any issues regarding the transplant. During the second month after the transplant, Miss Melanie will return to the hospital twice a week for the checks. In the third month after the transplant, she will return to the hospital once each week.

Next, a Registered Dietician came in and reviewed Miss Melanie's daily nutritional practices. She stressed the need for establishing a plan of eating three meals and two snacks per day. She also emphasized that it was mandatory to have a protein source with each meal and with each snack. The protein is vital in helping the body's immune system recover. Miss Melanie will be preparing a plan of when each of the three meals will be consumed each day and what her choices of protein sources will be. Fortunately, the dietician provided Miss Melanie with several sheets of excellent protein sources.

As the dietician was leaving the room, a Licensed Social Worker entered and briefly reviewed our plans for finding housing near the hospital, if we needed any assistance with any issues, and informed us that he would be available to us for any assistance we would need after the transplant. He is a very kind individual and is an excellent resource for us.

A Clinical Research Coordinator came in to the exam room and it was a delight to see her. While we both had spoken with her on the phone, neither of us had seen her or formally met her. She tested Miss Melanie's grip strength, her walking and standing capability, her overall physical well being and completed a short cognitive assessment.

Next, a Pharmacist came in and she wanted to review all of the medicines and supplements that Miss Melanie currently was taking. She said that they wanted to double check that they knew of all of the medications and supplements being taken so they would be able to monitor them with any new medicines or supplements that will be prescribed during and after the stem cell transplant.

Suddenly, a doctor of physical therapy strode into the room and sat down. He asked Miss Melanie about her current exercise program (that is her current NONEXISTENT exercise program). He also assessed her strength, balance and endurance. She performed several timed exercises for the doctor. Then, she had to walk for six minutes to determine how many "loops" she could make up and down the hallway. The doctor concluded that Miss Melanie's strength, balance and endurance was "okay" but not great. He told her that he wanted her to begin walking fifteen to twenty minutes a day, get 150 minutes of exercise per week and have a goal of taking 10,000 steps per day. While that is admittedly ambitious for Miss Melanie, the doctor pointed out she needs to "focus on her physical fitness to prepare for the transplant". He further said that the better shape she is in going into the transplant, the easier and shorter the recovery will be.

Just after the doctor of physical therapy left the room, the hematologist popped back into the room. He said a tentative schedule for the transplant was between the first and the fifteenth of May. He pointed out that the specific donor has to be selected and the stem cells have to be harvested. Miss Melanie also will be undergoing treatments to prepare her for the transplant.

As we were relaxing after the flurry of people coming and going from the examination room, an outpatient stem cell transplant nurse coordinator entered the room. She wanted to know if we had a plan for care giving, a place to stay close to the hospital, told us about the Conditioning Regimen whereby Miss Melanie will be receiving chemotherapy as well as medication to weaken her immune system and what we will need to do after the transplant.

Whew, I wonder how many of you bus riders are still reading this relatively dry, somewhat boring, commentary on a busy day for us. It was a bang-bang-bang day with an immense amount of information provided, tests completed, answers given and a clear feeling that the stem cell transplant will be moving forward in the next four to five weeks. Thank you for taking this journey with us. I am endeavoring to keep each of you informed in a concise, correct way, as well as having some interesting aspects to my journal entries.

A WONDERFUL WEEKEND + MORE, MONDAY, APRIL 24, 2017

by John Balzer

This morning (Monday), we drove to the hospital and met with the stem cell transplant doctor and members of his team. It was another day of bang-bang-bang meetings with doctors and staff. These meetings make me feel as if we are in a room with bursts of information coming so quickly and continuously it seems like a machine gun is hurling information our way. It certainly keeps us on our toes and our note taking is fast and furious.

Today, the doctors and staff outlined the steps leading up to the stem cell transplant and gave us the schedule for the transplant. Some of the tests and procedures Miss Melanie will have include another bone marrow biopsy, a meeting with the hepatologist, a meeting with a psychiatrist and a neuropsychiatric evaluation. Then, on May 18, she will begin a six-day outpatient regimen of receiving chemotherapy and other drugs, some by IV others by injection, to prepare her for the stem cell transplant. She will be admitted to the hospital on May 23. The stem cell transplant will take place late in the afternoon on May 25. The donor is an international individual and we were not told the donor's age or gender. Miss Melanie will be in the hospital for two to three weeks. Then, she will move to an apartment in the area near the hospital.

A SLIGHT CHANGE IN THE TIMELINE, WEDNESDAY, MAY 10, 2017

by John Balzer

Today, we returned to the hospital for several doctor's appointments and lab tests. Miss Melanie met with the stem cell transplant nurse this morning to sign consent forms for the transplant. The nurse also answered several questions we had about the process.

The stem cell transplant nurse also told us that the "start" date for the transplant process had been moved from May 18 until May 30. She said it was due to the donor's schedule and not due to anything with regard to Miss Melanie. Her chemotherapy will begin on May 30 and the stem cell transplant is now scheduled for June 6.

At 11 AM, Miss Melanie had an appointment with a liver doctor. He asked a series of questions about her history of hemochromatosis, a hereditary condition whereby her body stores too much iron. The doctor said that the hemochromatosis had not caused significant damage to her liver to preclude her from having the transplant. That was reassuring news to hear from a member of the team.

At 1 PM, Miss Melanie had a perfunctory appointment with a psychiatrist. The scheduled ninety-minute appointment was winnowed down to about forty minutes after the doctor concluded that Miss Melanie had no issues of concern.

After a quick EKG (another perfunctory test), we headed back to our suburban home. It was nice to be back at home and simply relax.

STEM CELL TRANSPLANT PROCESS TIMETABLE, THURSDAY, MAY 18, 2017

by John Balzer

Yesterday, Miss Melanie and I went to the clinic for her neuro-psych appointment. The nearly four-hour interaction involved mental tests, memory tests and review of her medical history. At the conclusion of the appointment, Miss Melanie was told that she had passed and would be approved to have the stem cell transplant from the neuro-psych perspective. That was excellent news.

Today, Miss Melanie received a phone call from the stem cell transplant nurse at the third hospital we contacted. The nurse gave her the schedule for the transplant process. On May 30, we have an 11 AM appointment for her initial dose of chemotherapy. Each day from May 30 until June 4, we will have to be at the hospital at 8 AM for her chemotherapy. Also, in the afternoon on June 1, she will have a Hickman Line placed. This will be a multi-port (or multi-lumen) line placed into her upper chest. This will enable multiple bags of fluids to be infused simultaneously. She had a Hickman Line inserted when she was first in the hospital last October. It had been removed at the end of January and replaced with a peripherally inserted central catheter, or PICC line.

During the chemotherapy, we will be staying at the apartment we have rented. Miss Melanie will receive her treatments as an outpatient.

Miss Melanie will be admitted to the hospital in the afternoon of June 5. The following afternoon, the stem cell transplant will take place. The day following the transplant, I will be staying at the hospital twenty-four hours per day in the hospital room with Miss Melanie. My role will be to provide care for her, especially during the overnight hours when she will need to use the bathroom. The doctor recommended that I stay with her to make sure that someone was with her if she was unsteady on her feet while moving around. I will be staying with her at the hospital for about seven days.

“SHE IS MUCH STRONGER THAN WHEN I FIRST MET HER”, TUESDAY, MAY 23, 2017

by John Balzer

Our appointment with the stem cell transplant doctor, yesterday was excellent. He said that he noticed how much stronger Miss Melanie was than when he first met her (March 14, about ten weeks ago). He was both impressed and pleased with her physical exercise regimen (i.e., walking 8,000-10,000 steps per day). He also was pleased with her nutrition program (i.e., focusing on a protein source(s) at least three times each day).

Regarding Miss Melanie’s edema, he said she should wear compression hose. She complained about the pain/pressure they caused and he said that when worn on a daily basis the compression hose would reduce the swelling and thereby the pain/pressure. Miss Melanie was not happy about wearing the hose and had asked the doctor to increase the dosage of Lasix she took and he said that was not needed. The doctor said taking more medicine was not the answer when using compression hose would solve the problem. So, you can expect Miss Melanie to be doing Google searches for designer compression hose to match her outfits.

The stem cell doctor reviewed the schedule for Miss Melanie’s chemotherapy (i. e., May 30-June 4) and the transplant process and the week afterward. He said that the five to ten days after the transplant are typically the lowest point of blood counts following a transplant.

With regard to when she would be discharged from the hospital after the stem cell transplant, the doctor said the average number of days until discharge (**AFTER** a stem cell transplant) was fifteen days. Therefore, if the stem cell transplant takes place on June 6, she would be discharged from the hospital on June 21.

When Miss Melanie is discharged, she will be returning to the apartment and be receiving IV fluids each day. Initially, home health care services will come to the apartment to administer the fluids. They will show me how to administer the fluids and I will show each caregiver that comes to the apartment how to administer the IV fluids. In addition, after discharge, we will be returning to the hospital three days a week for the first month for blood labs.

With regard to care giving, he said that for the first month after getting out of the hospital, the number of caregivers should be fewer rather than more. He said that Miss Melanie will not be feeling the best and should not be trying to “entertain” or “socialize” with a number of caregivers. I told him that my plan is to have our two daughters be the key caregivers, in addition to me, during the first month after she was out of the hospital. I mentioned that I was thinking Erica, could be here on one or two weekends and Gretchen, could be here once or twice for two or three days in the middle of the week. He said my plan was fine. I also told him that I was working on a caregiver guide for all caregivers and he said that was an excellent idea.

ARE YOU MAD? FRIDAY, MAY 26, 2017

by John Balzer

Today, Friday, we received a phone call from the stem cell transplant nurse. She called to tell us that the Matched Unrelated Donor (or MUD as they are referred to in the trade) was declared ineligible to be a donor. What? How could this be - at the last minute?

“Yes, the donor is technically ineligible, but you can decide that you want the stem cells from the donor,” she said. I said I was confused and asked for an explanation. She said that because the donor was from Europe and because there had been an outbreak of Mad Cow Disease in Europe in the past, the donor was deemed ineligible. Both Miss Melanie and I had several questions that the nurse did not know the answers to and she said she would have the stem cell doctor call us with more information.

The doctor called later and we discussed the Mad Cow issue with him. He said that they had contacted us about the potential risk from

Mad Cow disease because it was required by government regulation. He said that if there were no regulation, he would not inform us because the risk is so negligible. Miss Melanie said that she understood the situation and told the doctor that she was going to proceed with the stem cell transplant. The doctor also told us that the donor is a twenty-four year-old male and that his DNA matches ten out of ten of the critical antigen markers.

MISS MELANIE BECOMES A BAG LADY, TWICE IN ONE DAY, TUESDAY, MAY 30, 2017

by John Balzer

Miss Melanie's chemotherapy was delayed several hours this morning after she told the nurse that she thought she might be getting a cold. The nurse said that they had to do a test to see if she was getting a cold because if she had a cold, the chemotherapy would have to be delayed. The nurse said if Miss Melanie had a cold, was given the chemotherapy and the transplant, the consequences could be deadly. It took 2 hours for the cold test, taken via a nasal swab, to be completed. It was negative for any cold virus so the chemotherapy was back on for today. The chemotherapy was 50 milligrams of liquid (i.e., fludarabine) in a small, vinyl bag that took about thirty-minutes to drip into Miss Melanie's arm. She did well while it was going in, worked on a crossword puzzle, talked with the PA about her medications, and sent text messages to Gretchen and Erica.

After the chemotherapy was completed, an antifungal medicine (i.e., micafungin) was transfused into Miss Melanie via the IV line in her arm. The bag of liquid medicine was about the same size as the chemotherapy medicine; however, it took twice as long to be infused because it needed to be infused at a slower rate.

NO DOUBT ABOUT IT, MISS MELANIE IS MY HERO, FRIDAY, JUNE 2, 2017

by John Balzer

Day number three of chemotherapy (yesterday) was quite a long day. Miss Melanie received two bags of fluids (one chemotherapy, one antifungal medicine), as well as an injection in her belly of another medicine. In addition, she received a number of pills by mouth. She tolerated all of it as if she was sitting at home watching TV. Once again, I was expecting her to be tired, have low energy and simply want to sleep. Nope. She is as tough as nails and was ready to take on the world. The infusions, medicine injections and pill swallowing was completed by Noon and in the afternoon, Miss Melanie and I went to the Interventional Radiology department so she could have a Hickman Line inserted. The Hickman Line is a multi-lumen (port) central venous catheter used to infuse fluids. The entire time to have the Hickman Line inserted was lengthy due to a busy day in the Interventional Radiology department. We did not leave the hospital until 6:30 PM, or, 10.5 hours after arriving. We arrived at the apartment about 7 PM.

Okay, you are probably thinking that we had a nice relaxing evening at the apartment last night. And, you might be thinking that Miss Melanie would be groggy from the anesthetic, the medicines she had received and having her immune system socked by the chemotherapy. But, you would be wrong. About 7:30 PM, Miss Melanie said to me, “Where are we walking tonight?” Color me stunned. Walk? Are you serious, I thought. Yes, she was serious. She was charged up, ready to go and off we went. We walked through two city parks taking photos, laughing, enjoying the beautiful weather and reveling at the extraordinary views. We also talked about how blessed we were and how well Miss Melanie was doing. I thought the walking would be sufficient for Miss Melanie and she would tell me that we had to head back to the apartment. Instead, she said, “Where are we going to eat?” Amazing. We ate at a restaurant looking at the city skyline that surrounded us. Talk about a perfect end to a very hectic day; it was a soothingly relaxing dinner with great food, a fun conversation with our waitress and acknowledgement of Miss Melanie's huge support group.

As we walked back to our apartment about 10:45 PM, we stopped numerous times to take photos and to savor the beauty of the evening. What a day. Miss Melanie - a truly wonderful lady who lets nothing, nothing slow her down or get her down. She is profoundly positive and always upbeat. Yesterday left no doubt in my mind - Miss Melanie is my hero.

CHEMOTHERAPY COMPLETE!
SUNDAY, JUNE 4, 2017

by John Balzer

Since I last corresponded with you bus riders, many things have happened. Miss Melanie has been receiving daily chemotherapy treatments. She has also been receiving medicines to reduce t-cells and bone marrow, weaken her immune system, reduce side effects, reduce rejection issues, reduce nausea or vomiting, and reduce pain.

This morning, Miss Melanie had her last dose of chemotherapy. It was wonderful to know that this part of her treatment process was behind her.

Another thing Miss Melanie had to do today was chew on ice, eat popsicles, or other ice or cold products for six hours to keep the insides of her cheeks cool or cold. That was to keep the capillaries in the sides of her mouth constricted to prevent blood flow to that area. This was to prevent mouth sores that could be caused by the medicine (i.e., Melphalan).

Miss Melanie received quite a cocktail of medicines on Saturday and Sunday. These medicines were given to condition her immune system to receive the stem cell transplant and to reduce or eliminate any side effects from the medicines.

Some of the medicines that Miss Melanie received on Saturday and Sunday were:

Campath - a T cell inhibitor; T cells are basic elements of the human immune system;

Campath was used to reduce Miss Melanie's T cells to prepare her immune system to receive the donor's stem cells.

Benadryl - reduce/eliminate side effects from Campath

Tylenol - reduce/eliminate side effects from Campath

Hydrocortisone - reduce/eliminate side effects from Campath

Magnesium

Fludarabine - suppresses the immune system; used to weaken Miss Melanie's immune system so it will be ready for infusion of donor's stem cells.

Prograf - anti-rejection medicine; used to prevent Miss Melanie's immune system from rejecting the donor's stem cells.

Levaquin - an antibiotic to treat any bacteria in the body.

Melaphalan - to remove Miss Melanie's bone marrow so it will be ready for the stem cell transplant.

Emend - used for prevention of nausea and vomiting.

Tramadol - used primarily to treat mild to severe pain.

During the last three days, Miss Melanie had no problems, no complaints and went through the entire process in a truly magnificent manner. She is always positive, laughing with the nurses and doctors and endures various medical procedures with a smile on her face. What a wonderful lady!

Miss Melanie will be receiving her stem cell transplant between 9AM and 11:30 AM on Tuesday morning. The donor's cells will be flown from Europe and brought directly to the hospital. These stem cells will be fresh and not frozen. There may be multiple bags of donated stems cells. The total number of stems cells will be in the millions with the actual quantity needed based on Miss Melanie's weight and other factors. The transfusion process will take between twenty and thirty minutes.

STEM CELL TRANSPLANT SUCCESSFULLY COMPLETED, TUESDAY, JUNE 6, 2017

by John Balzer

The stem cell transplant started at 5:30 PM and was finished by 6 PM. The bag of stem cells looked similar to a bag of blood. Miss Melanie received Benadryl, an antibiotic and an antifungal medicine while the stem cells were being transfused. She did not receive any Ativan (a relaxant) because the stem cells were fresh and not frozen. Miss Melanie was fully awake during the transfusion, talking with the doctor and laughing with us. It was a huge deal to us; however the actual process was somewhat like a routine blood transfusion.

Miss Melanie receiving her stem cell transplant.

About an hour prior to the transplant, we celebrated her "new" birthday. She enjoyed the cards she received on day zero.

DAY 1 REPORT, WEDNESDAY, JUNE 7, 2017

by John Balzer

Miss Melanie's blood counts are declining and will continue to go downward for another eight to ten days. At the point when the counts begin to go back up, it means that the donated stem cells have engrafted (i.e., the point at which the donated stem cells begin making healthy blood cells). It typically takes nine to thirteen days for engrafting to take place.

With regard to the donor, he had to undergo four days with two shots each day of medicine that would make his body overproduce stem cells. After the four days, he was connected to an extraction machine (similar to a dialysis machine) in which his blood was circulated and the excess stem cells were harvested into a collection bag. The donor could possibly experience pain in his long bones (legs, back, hips) where the stem cells grow. Thankfully, the act of donating stem cells does not impact the donor's immune system at all.

Once the stem cells were collected, the collection bag went by courier to the airport in Germany. This courier accompanied the collection bag to the local airport. Then, the courier delivered them to the hospital. By the way, couriers include medical personnel, past stem cell recipients and relatives of stem cell recipients.

The impacts of the chemotherapy (e.g., diarrhea, loss of appetite, feeling lethargic, being tired or sleepy) will begin to become more pronounced in the next three days with the peak being early next week. Because Miss Melanie entered the hospital in good shape, her recovery should be quicker and with fewer problems.

In most cases, a stem cell recipient leaves the hospital in twelve to nineteen days following the day of the stem cell transplant. The patient has to be non-neutropenic (i.e., blood counts in the "normal" range for the type of leukemia involved) and not have any fevers or any other health issues.

The last several days have been extremely impressive to me. I have been thinking about the act of donating stem cells and what it means. We have no knowledge about the individual's race, religion, political views or views of the world; however, none of that is important or means anything. He is our hero because he has offered Miss Melanie a new life. It is impossible to determine all of the individuals that have directly contributed to her well being; however, it is in the thousands. We are grateful to each of them for their contributions to Miss Melanie's getting better. Honestly, nothing else matters or is important to me. Miss Melanie is the priority and I am profoundly thankful to the Lord for her being on the road to recovery.

DAY 4, HEADACHE CONTINUES, SATURDAY, JUNE 10, 2017

by John Balzer

Miss Melanie has been dealing with a bad headache (six out of ten on a pain scale) for the last three days. She has taken several different medicines (e.g., Tramadol, Tylenol, Norco) to help reduce or eliminate the headache; however, nothing has worked, so far.

The stem cell transplant doctor was in this morning and prescribed another medicine (Fioricet) to see if that would get rid of the pesky head pain. He said that a bad headache is a common situation after chemotherapy and a stem cell transplant. He also agreed with what the nurse had told us last night. She said that Miss Melanie's heart rate was in the mid 90s. The nurse and the doctor said that her body is under stress due to the chemotherapy and the stem cell transplant. Her body is saying, "What the heck is going on?" And the stress comes about because the body does not know what it is or how to respond. The doctor said today that all of her labs look good, her counts are continuing to decline, and that her organs are doing well.

THE PAIN IS GONE!, TUESDAY, JUNE 13, 2017

by John Balzer

Miss Melanie continues doing well, in spite of an on-going headache for most of the day. Over night, she asked for two Tramadol tablets to help reduce her headache that was eight out of ten on the pain scale. Later in the day, the medicine had helped tone down the pain a bit. And, even later, after dinner, when the nurse asked Miss Melanie if she still had headache pain, Miss Melanie responded, "No, the pain is gone!"

Earlier today, when the team of doctors came in at 10 AM this morning during their daily rounds, I asked the stem cell transplant doctor if any of the medicines that Miss Melanie is taking could cause a headache. He said that they could but he did not want to change them because the medicines were important to Miss Melanie's recovery from the stem cell transplant. Miss Melanie agreed that she did not want any changes by saying that she would "tough it out" with the headaches.

Also during the discussion with the team of doctors this morning, Miss Melanie said that the lymph node(s) above her right jaw, near her ear, were tender. The doctor said it could be from the catheter, a blood clot or something else. To check on the situation, the doctor ordered an ultrasound of Miss Melanie's jaw and neck. This test was completed this afternoon.

Miss Melanie continues eating with gusto. Her focus on protein continues as does her desire to order vanilla shakes with dinner.

Some of you have asked the following questions. I wanted to provide answers to your questions.

How are you doing?
I am doing fine.

Where do you sleep?
I sleep in the same room as Miss Melanie on a sofa that converts into a bed about the size of a wide cot. It is an adequate place to sleep; however, I am sleeping on the same schedule as Miss Melanie. That means when the nurse or nurse assistant comes in at 1 AM, 4 AM, 5:45 AM and 6:15 AM, I am awakened. It is not a problem because I am staying here to support and provide care for Miss Melanie and she is the priority.

Where do you take a shower?
There is a family bathroom down the hall from the stem cell transplant unit. At first I thought I was going to be taking a shower with a family I did not know until I realized it was simply a bathroom with a shower that family members use one at a time. I really do not like to introduce myself to others when I am taking a shower - I always get soap in my eye when I shake hands.

Who has been preparing your food?
Some of the finest food counters, restaurants and snack bars in and around the hospital have been doing the cooking for me. I have consumed a number of turkey sandwiches, a smattering of other entrees, a variety of soups and fresh fruit cups. I have no complaints about the nutrition I have been consuming.

This was day number seven and it was a relatively good day. Tomorrow will be day number eight (after the stem cell transplant) and I am ready to keep up with Miss Melanie as she powers through another day of getting stronger.

GREAT NEWS! THURSDAY, JUNE 15, 2017

by John Balzer

The medical team came into Miss Melanie's room about 10:30 this morning. They asked how she was doing. She told them that she had thrown up last night right after dinner, that her headache pain level was at six out of ten and that she had experienced more diarrheas this morning. The attending doctor was sorry to hear of the issues that Miss Melanie had been experiencing. He said that after today most of the symptoms should be ceasing. He also said that he was changing the taking of the anti-nausea medicine (i.e., compazine) from every six hours to as needed. I had mentioned to the doctor that from about 3 PM onward yesterday, Miss Melanie was like she was drugged. All she wanted to do, or could do, was sleep. She could barely keep her eyes open. The medical team said that was a common reaction to Compazine. The doctor also prescribed another anti-nausea medication that does not have any drowsiness side effect.

Then, the doctor asked Miss Melanie if she had seen her blood counts from the blood labs taken early this morning (5 AM). She said no. He said that her white blood count (WBC) was 300 today, up from 100 yesterday. The fact that the WBC had gone up meant that the transplanted stem cells were beginning to engraft, or, the point at which the transplanted cells begin to grow and make new cells. This was an important sign and great news for Miss Melanie!

It was truly great news that came after a less than great evening prior to this morning. Yesterday, Miss Melanie's headache pain was in the four to eight range on a ten-point scale. Right after dinner, last evening, she threw up four or more times. She sat in the recliner from 7:30 PM until Midnight sleeping very soundly. At 12:15 AM, the nursing assistant took her blood pressure. It was 77 over 49, quite low. The nursing assistant waited several minutes and took Miss Melanie's blood pressure again. This time it was 88 over 53. Still low. Miss Melanie had to receive a bag of Acyclovir (an antibiotic) before the nurse could hook up a bag of fluids. The nurse said that Miss Melanie's blood pressure was low because she was dehydrated due to vomiting and diarrhea. After the bag of fluids, her blood pressure was 95 over 57. Later today, her blood pressure rose to 112 over 73.

The doctors and nurse practitioners have been diligently working to adjust Miss Melanie's medications to treat her and minimize the headache that is a result of taking some of the medicines. They have been vitally concerned about making sure that Miss Melanie was not having severe symptoms.

Last night, I was thanking all of you for your prayers, positive energy and thoughts about Miss Melanie. I was up during the night quite a bit making sure Miss Melanie was okay and I was grateful for all you have done for us. We are truly blessed and Miss Melanie is doing great. She is a fighter with a positive outlook and smiling approach to everything. She is an amazing lady whom I deeply admire and respect.

WE ARE TRULY BLESSED AND DEEPLY THANKFUL, SATURDAY, JUNE 17, 2017

by John Balzer

The Amazing Miss Melanie continues rolling along in spite of some unpleasant side effects (i.e., diarrhea, vomiting). Her blood counts continue rising and her white blood count (WBC) rose to 5.2 from 2.1 yesterday. Her WBC is in the range for a healthy individual and means that the transplanted cells have engrafted. Another of her counts, the Prograf (anti-rejection medicine) count, measured 10.6 today. That level is on the high side of normal. Another item of importance is that Miss Melanie's headache was significantly reduced today. In fact, it appeared at times that it was completely gone.

Last night, about 10 PM, she took Compazine, an anti-nausea medicine and she had a less than positive response. She became extremely lethargic, could not stay awake and her blood pressure dropped. About Midnight, her blood pressure was in the 85/55 range and stayed there. The nurse gave her two bags of fluids and by 3 AM Miss Melanie was back to normal. Obviously, she will not be taking any more Compazine.

During the day today, she took two walks around the halls of the stem cell transplant unit, had her head shaved and went to the exercise room to get in a workout before dinner. She is an incredibly dynamic lady that amazes me in how she continues moving ahead in spite of less than desirable side effects.

Going forward, the team of doctors told Miss Melanie that she most likely would be discharged from the hospital next Tuesday. Her progress, so far, has been impressive and, hopefully, it will continue unabated. Most of her IV medications have been changed to pill form in preparation for her discharge.

In closing, I am at a loss to find words to describe Miss Melanie's recovery. She exudes profound positivity, does not let nasty side effects weigh her down and continues marching forward. Amazing. She is a daily inspiration to me and I am so proud to be her husband.

THE SUNDAY REPORT, SUNDAY, JUNE 18, 2017

by John Balzer

When the doctor came in this morning, he said Miss Melanie's white blood count was up to 6.2. He also said that her other counts were going up nicely.

I asked the doctor if Miss Melanie's immune system was in its infancy and he said no. He pointed out that her T cells and her B cells are not forming yet and that her immune system will not be fully developed for nine to twelve months. He said she would develop immunity to bacterial infections first. The immunity to fungal and viral infections will come later.

Miss Melanie is being given tacrolimus (trade name: Prograf), an immunosuppressive drug, to keep the transplanted donor cells from being aggressive and trying to "attack" Miss Melanie's organs and/or developing graft versus host disease (GVHD). Prograf can cause headaches (Miss Melanie had a headache today). In addition, another medicine she received yesterday can also cause headaches. The

Prograf can also cause some vision changes and Miss Melanie has been experiencing some blurry/fuzzy vision.

Right after dinner last night, Miss Melanie threw up. The doctor said that before she eats dinner she should take a Zofran pill.

This morning, Miss Melanie has had several bouts of diarrhea. The lab did a test to see if she had Clostridium difficile (abbreviated: C. diff.). C. diff is a bacterium that often is a result of the use of antibiotic medications. If untreated, it can result in a life threatening inflammation of the colon. Thankfully, Miss Melanie did not have C. diff. and she was given Imodium to help alleviate the diarrhea.

The doctor told Miss Melanie that the vomiting and diarrhea were normal, quite common. He said they are a result of the chemotherapy, as well as some of the medicines she has been taking. In addition, he said that her body is going through changes it has never experienced previously and it could be causing diarrhea. The doctor also noted that the vomiting and diarrhea would continue sporadically after Miss Melanie goes home.

Speaking of going home, the doctor said there is a good chance that Miss Melanie will go home tomorrow.

NICE TO BE “HOME”, MONDAY, JUNE 20, 2017

by John Balzer

Miss Melanie was discharged from the hospital last evening about 6 PM. We would have left sooner but it took four trips from her room to the car with all of the stuff we had to have at the hospital. After we returned home, we both we rather tired. It had been a long day for Miss Melanie, she had little to eat during the day and we were both ready to sit and relax. So, we sat and relaxed. I went to a store and got food for dinner. Miss Melanie focused on all of her medications and I focused on getting stuff put away.

We both agreed that it was so nice to be out of the hospital and back to a place that felt like home. No one came in to take blood, start an IV or bring pills. Plus, overnight, it was extremely nice to be able to sleep without being awakened every hour or two for a medical procedure.

After we returned to the apartment, a home health care nurse arrived to administer IV fluids to Miss Melanie. It was important for me to pay close attention to the nurse because I would be administering these fluids on my own in a few days. The fluids were infused over a three-hour period. Miss Melanie had a bag over her shoulder that contained a pump that was infusing the fluids into a lumen (port) on her Hickman Line.

SUNDAY UPDATE, SUNDAY, JUNE 25, 2017

by John Balzer

Miss Melanie has been relaxing at home, enjoying the peace and quiet and taking a bunch of pills each day (as many as sixteen at one point each day). She has also been receiving a bag of fluids for three hours each day. The home health care nurse came to the apartment on Tuesday, Wednesday and Thursday to train us in how to hook up the bag for infusing. It was a bit daunting at first; however, with each succeeding infusion, we became more comfortable and able to successfully connect and disconnect the bag of fluids.

On Wednesday, we returned to the hospital for Miss Melanie's first check up following her discharge on Monday. Her counts were up and everything was fine, except for skin damage on her breast that was caused by tape from the dressing around her Hickman Line (port). She is allergic to all types of tapes. The nurse practitioner prescribed another antibiotic and a steroidal cream in a more aggressive treatment of the damage that was spreading.

On Friday, we returned to the clinic at the hospital for another appointment with the doctor to discuss Miss Melanie's progress. The doctor was pleased with her progress and told her to keep focusing on eating protein, going for walks and keeping her feet elevated when seated due to edema in her lower legs.

ADJUSTING THE COCKTAIL, WEDNESDAY, JUNE 28, 2017

by John Balzer

This morning, Miss Melanie and I headed to the clinic for blood lab work and a meeting with the nurse practitioner. Miss Melanie's blood counts remain on a good upward trend and that it very positive.

The key blood levels this morning were:

- white blood count = 3.3,
- platelets = 120,
- hemoglobin 9.5,
- neutrophils = 2.3.

Several medications (i.e., Prograf and magnesium) were adjusted as a result of Miss Melanie's blood lab results.

Also yesterday, Miss Melanie received a smaller unit of fluids than last week. She received half a liter yesterday. The key difference was that this infusion was a gravity flow infusion while the infusions last week were by pump. The gravity flow infusion took longer than an entire liter last week. One reason for the slower infusion rate was because the fluid was saline with magnesium. A slower infusion rate is required for magnesium because if you infuse magnesium too fast, it could slow the heart rate too much. It is a delicate balance of fine-tuning the medicines (both oral and IV) that Miss Melanie is receiving. That is why frequent blood draws are mandatory to check on the levels of various elements in the blood. I find the science and chemistry involved in treating Miss Melanie to be quite fascinating. I ask questions about the various medicines and have learned about how they work, interact and their importance in Miss Melanie's recovery.

A "SKIN REACTION CAUSED BY TRAUMA", THURSDAY, JUNE 29, 2017

by John Balzer

For the last several weeks, Miss Melanie has been dealing with a nasty skin problem on her breast near her Hickman Line. The skin problem was caused from the adhesive of the tape used on the dressing around the Hickman Line. There have been blisters, ulcers, bleeding, drainage and broken skin that did not heal.

Last Monday, the nurse practitioner told Miss Melanie that she wanted a member of the dermatological group to look at it and provide a recommendation. At 8:20 AM this morning, Miss Melanie saw the dermatologist and learned that her problem was a "skin reaction caused by trauma". Huh, what? Yup, skin reaction caused by trauma. I asked what that meant and Miss Melanie told me the doctor said that her skin was damaged by the trauma of having the tape applied to the skin. I had no idea that it was so traumatic having tape applied to the skin. I plan to see if Miss Melanie can get treatment for Post Traumatic Stress Syndrome (PTSD) due to the trauma she has experienced.

Miss Melanie told the doctor that she was allergic to all types of tape because the adhesive from all tapes caused blisters and ulcers on her skin. The doctor asked how long the dressing had been on around her Hickman Line. Miss Melanie said, "6 days". The doctor pointed out that there were no blisters or ulcers, so she could not be allergic to any adhesive from any tape. Really? How did the blisters and ulcers that are there get there? Solely from the trauma of having the tape put on? If yes, then, she IS allergic to the tape because it causes trauma to the skin! It's my opinion that that doctor causes trauma by seeing patients.

Fortunately, Miss Melanie also saw a resident doctor this morning who was much more attuned to the problem that she had been experiencing. This doctor prescribed two different types of creams to control the spread of the sores and blisters and to dry up the drainage and bring the issue to an end. Let's hope that this tender, delicate matter will soon be over for Miss Melanie.

Later this afternoon, we walked over to Walgreens to get the two tubes of cream that had been prescribed. And, as you would expect, Miss Melanie did not let the walk over to Walgreens be the only stop on the route. She has never seen a Fannie May candy store that did not have her name on it. After a pound of this, a bag of that, a bag of those and, oh, yes, some of those, we left to head to the Corner Bakery. Thank goodness, the Corner Bakery had two lemon bars left. Ah, the true pleasures of life are found in sweets!

Also today, Miss Melanie received another infusion of a bag of magnesium. She also began taking magnesium pills. Eventually, she will change to taking only pills, possibly as early as next week.

APARTMENT WITH A VIEW, SUNDAY, JULY 2, 2017

by John Balzer

It is a beautiful Sunday afternoon. I am seated on our balcony enjoying a spectacular view. Tall buildings are in front of me and I can see part of the park to my left. Open topped double decker buses carrying tourists go along the road, while sightseeing boats cruise down the river. Directly in front of me, a shimmering blue, five-lane pool has swimmers, walkers and people enjoying the water. We are so blessed to be living in this apartment.

On Friday, Miss Melanie and I went to the clinic for her third blood lab check of the week. We also met with the nurse practitioner and the doctor. Miss Melanie's blood counts continue progressing and she may not need daily transfusions of magnesium or saline at home. She needs these infusions because the Prograf (i.e., medicine that aids in the engraftment of the donated stem cells) causes magnesium loss. Plus, all of the fluids she has been receiving will flush magnesium out of her system. This weekend, Miss Melanie has begun taking 2 magnesium pills a day, plus getting a bag of 500 ml of saline solution each day, to see if she can transition to taking the magnesium by pill. Her blood levels will be checked again on Monday to see how the counts look. Miss Melanie's creatinine level will also be checked on Monday to see if her fluid levels are sufficient. The creatinine level measures the fluid flow through the kidneys. It has to be within a normal range before Miss Melanie can stop receiving daily transfusions at home. As of Friday, her creatinine level was on the low side of normal. There are days when she is not consuming enough fluids and I continue to remind her that she has to consume at least a liter of fluids each day.

RECOVERY ROLLS ON, WEDNESDAY, JULY 5, 2017

by John Balzer

Miss Melanie and I returned to the clinic this morning for her second blood check of the week. The results showed that her body is recovering very nicely and things continue going well. Miss Melanie has not had any nausea for almost a week and the same was true for no diarrhea. We have been extremely blessed with how well Miss Melanie is recovering. In fact, on the way to the clinic this morning, she commented on how the doctor and his staff and their collective abilities were the main reason that she was doing so well. I agreed with her comment and added that I felt a large part of her recovery was the fact that she had gotten into shape prior to the transplant. I said it was truly a collaborative effort by both Miss Melanie and the doctor. Her positive spirit and her responding to what the doctors were telling her to do have truly made a profound impact on how well she is doing.

Her blood analysis this morning showed that she needed no new medicines or any adjustments to any medicines she is taking. She is getting exercise each day and has focused on drinking between two and three liters of liquid each day. The nurse practitioner congratulated Miss Melanie on how well she has been doing in drinking enough fluids each day. She also pointed out that they would know if she was not drinking enough by looking at her creatinine level.

SHOPPING FOR ESSENTIALS, SATURDAY, JULY 8, 2017

by John Balzer

Miss Melanie and I went to the clinic Friday afternoon. Her blood counts are increasing very nicely. Her creatinine level was good and the nurse practitioner, recommended to the doctor that Miss Melanie go on an every other day schedule for infusions of IV fluids. The doctor agreed and that schedule has begun! The every other day infusions mean that Miss Melanie will not be connected to a bag of fluid for two and a half hours each day. Plus, if she is able to continue consuming enough fluids (i.e., three liters) each day, she will be able to stop having IV infusions of fluids altogether.

After returning from the clinic on Friday, we walked over to Walgreens to pick up a prescription. During her appointment this afternoon, Miss Melanie told the nurse that she was having itching all over her whole body. The nurse felt it was due to mild case of GVHD (Graft Versus Host Disease). She also said that it was not all bad, since it was a mild case, because it showed that her new stem cells are working. She said that the new cells would be circulating looking for bad cells and destroying them. That was something that Miss Melanie's stem cells did not do correctly last year and the result was leukemia. The nurse said that the itching, while unpleasant in the short term, in the long term, it will go away and that Miss Melanie's stem cells will be in great shape.

NO THONG YOU VERY MUCH!
MONDAY, JULY 10, 2017

by John Balzer

Miss Melanie and I went to the clinic this morning. Things are continuing to go well for Miss Melanie. Her counts remain in normal ranges, including her creatine level.

An issue that is still troubling Miss Melanie is total body itching. The doctor had prescribed an anti-itch medicine (i.e., Atarax) last Friday; however, when Miss Melanie read the label for the medicine, she learned that it was used to put patients to sleep for procedures. She thought that might not be a good idea. I told her if she were asleep she would not be troubled with the itching. She responded that she did not want to be a zombie from the medicine when she awoke.

A new issue that arose this morning was that Miss Melanie had marks on both hips that looked like scratches from a fingernail. She said that they were from the seams in her underwear. The nurse practitioner, suggested that maybe she could sleep in her pajamas without wearing any underwear. Miss Melanie said that was disgusting. Then, I suggested she should wear a thong. She thought that was even more disgusting. So, Miss Melanie is going to continue wearing seamy underwear and deal with the red marks.

MISS MELANIE LOOKS GREAT!
WEDNESDAY, JULY 12, 2017

by John Balzer

We returned to the clinic this morning. Miss Melanie's blood labs showed the following:

Platelets = 121, normal is 150-450,

White blood count = 2.2, normal is 4.5-10.5, Hemoglobin = 10.7, normal is 12-15 for females, Neutrophils = 2.3, normal is 1.5-8.0.

Her counts, while below the normal levels in most cases, are extremely good considering that it is just thirty-six days after her stem cell transplant. In addition, she continues to take medicine to "slow down" her new immune system. That will also make her counts be on the low side of normal. As the nurse practitioner and the doctor continue to tell me, "Miss Melanie's counts are great, they are staying in a very good range and we are pleased with how well she is doing." With each new lab report, they reassure me because they know I am expecting the counts to go up in a straight line. Then, if they dip or do not increase by much each time, I become alarmed. So, please do not be like me. Just relax, stay as calm as Miss Melanie and be comforted by the knowledge that she is receiving terrific medical care from a professional, skilled, knowledgeable team that cares for her as a person and as a friend.

Quick itching update - it has subsided somewhat, thankfully. The damage to the skin from the seams on those pesky underpants has been pretty well eliminated with time and a skin cream that has work quite well.

We learned in the clinic this morning that after Friday, Miss Melanie may be only going to the clinic twice a week, compared with three times a week now, beginning next week. She also may be going off IV fluids at home, if her creatinine counts continue in the acceptable range. Plus, she may have her Hickman Line removed next week. Wow. That's a lot of positive stuff and a clear indication of how well she is doing in her recovery.

Tomorrow, we return to the clinic for Miss Melanie to have a bone marrow biopsy. We are hoping and praying that it goes well and that the results show that all is good. I will let each of you know how it went in another journal entry tomorrow.

SLEEPY TIME GAL, THURSDAY, JULY 13, 2017

by John Balzer

Miss Melanie's bone marrow biopsy went very well this morning. She said she did not even feel the shot of lidocaine that was given to numb the area where the bone marrow biopsy was performed. The entire process lasted about fifteen to twenty minutes and the nurse practitioner that completed the procedure said "it went very smoothly". During this procedure, blood samples were taken from the bone marrow of Miss Melanie's pelvis (from the rear, at about the belt line). In addition, small pieces of her bone marrow were removed for examination and testing. The results of the biopsy will be known in several days.

Something that was noticeably different with this bone marrow biopsy procedure, relative to the others that she has had, was that Miss Melanie received 2 grams of Ativan. This drug is frequently given prior to medical procedures to relax patients. The impact of two grams of the drug was that it had Miss Melanie sleeping soundly for about four to five hours after the procedure. She had previously taken 0.5 gram of Ativan (as an anti-nausea medicine) at the apartment after she was discharged from the hospital. Her reaction at that time was to sleep for three hours. Obviously, when she received four times that amount today, she was a sleepy time gal all afternoon and quite drowsy through much of the evening. The nurse practitioner said to me as we were leaving the hospital this morning that she had put a note in Miss Melanie's chart that she does not need much Ativan because it had such a powerful impact on her.

This afternoon, the home health care nurse came and changed the dressing around Miss Melanie's Hickman Line. This dressing change is done weekly. While the nurse was here, Miss Melanie was awake at times and sound asleep at times. She wanted to participate in the conversation but she could not stay awake more than thirty seconds at a time. Several times later this afternoon, the home care nurse had been here and had changed the dressing. She was sound asleep each time before I could fully explain that the nurse had been here.

At dinner, she looked at me and said, “I feel drugged.” I acknowledged that was understandable because she was drugged. She said she should sleep well tonight and I agreed.

Tomorrow, we return to the clinic for the third blood lab check of the week. I am sure we will also discuss the bone marrow biopsy and the need to reduce or eliminate any further Ativan being given to Miss Melanie.

IRRESISTIBLE MISS MELANIE, FRIDAY, JULY 14, 2017

by John Balzer

Miss Melanie had her blood counts checked at the clinic this afternoon. The counts remained consistently strong indicating that she is doing very well in her recovery. The counts today were:

Platelets = 141, White blood count = 2.8, Hemoglobin = 11.0, Neutrophils = 2.3

The number of times we will go to the clinic going forward will change from three times a week to two times a week.

Another change that was decided at today’s clinic appointment was that Miss Melanie would no longer receive saline infusions at home. Going forward, her creatinine level will be monitored to make sure she is drinking enough fluids. If the creatinine level rises, she will start back on saline fluids at home. If, after two weeks, Miss Melanie does not need additional fluids at home, her Hickman Line will be removed.

It is impressive how well Miss Melanie is doing. She is drinking a lot during the day. She is walking each day. Plus, she is focusing on getting protein three times a day. She has followed the plan laid out when she was discharged after her stem cell transplant and it is certainly working very well for her.

THE GREAT EQUALIZER, SUNDAY, JULY 16, 2017

by John Balzer

While we sat and watched the young ladies enjoying the water fountains with other children, we talked with a young mother who had brought her children to the park. She had brought her children on a forty-minute bus ride so they could enjoy the park. The young mother pointed out that they had to make sure that they left with enough time to get home before dark. The area where she lived was quite unsafe and she did not want to expose her children to danger.

Because of being afraid of being robbed, she never carried cash. “I carry only a credit card, because that can be cancelled,” she stated. “A young guy put a gun in my back recently and demanded my cell phone”, she said. I asked her if she had her cell phone and she said she did not carry it with her when she went out because she knew she would be subject to losing it to theft. I asked her if the guy shot her when she said she did not have a cell phone and she said that he just walked away. Going shopping was dangerous because she knew she was going to be robbed of her purchases before she could get into her home. She pointed out that she had to run from the bus stop to her home otherwise someone would steal her shopping bag. I asked her if there were a lot of police in her area and she said no. I also asked her if she heard gunshots and she said, “oh yes!” I was saddened to hear this young lady’s story. She was trapped in an area filled with violence, while we were living in an area filled with fun and activity. The fact that each of us was in a park watching children playing, laughing and having fun dramatically underscored how the park was the great equalizer. There were no threats, violence, harm, discrimination, fear or worry in the park. We were all enjoying the weather, the setting and listening to the laughter of our family members playing with each other in the splashing, spraying water.

Miss Melanie continues doing well and looking great. She is focusing on drinking fluids, getting exercise and eating protein. We return to the clinic tomorrow for another blood check.

A FREE DAY! WEDNESDAY, JULY 19, 2017

by John Balzer

On Monday, we returned to the clinic for blood labs. Miss Melanie's levels were all doing well, except for her creatinine level. It had risen indicating that she was not consuming enough liquids each day. This was not a huge disappointment; however, she will need to focus on consuming more liquids each day, especially since she is not receiving IV fluids at home any longer.

In case anyone is counting, this is day forty-three after Miss Melanie's stem cell transplant. Her recovery from the pre- transplant process, as well as the transplant procedure is going very well. She is very blessed with her recovery and we are so thankful for how well she is doing.

Somewhat surprisingly, she does not need to wear a mask when she is out, except when she is in the hospital. She must wear a mask in the hospital, or clinic, at all times. When we go walking in our area, she does not need to wear a mask. If we get into an area where there are a bunch of people; then, she will wear a mask.

DISEASE FREE! FRIDAY, JULY 21, 2017

by John Balzer

On this sticky, humid Friday afternoon, we headed to our 2 PM appointment at the clinic. It was a drive that we have made on a number of Friday afternoons.

Miss Melanie's appointment with the soft-spoken nurse practitioner was quick and easy. Then, the stem cell doctor came into the examination room. He is a tall, lanky, shy individual who is focused on his work in medicine. He looked at the computer screen, talked with the nurse about various medicines Miss Melanie was taking and agreed with the nurse that everything looked fine. As he stood back from the computer screen, his right index finger and right thumb slowly stroked the end of his chin. He looked toward the nurse and softly said, “That report showed no disease, right?’ The nurse told him that he was correct. Slowly turning his tall frame, he looked at Miss Melanie and told her that the bone marrow biopsy of last week showed that there was no disease in her bone marrow. That was excellent news! While there is additional data to be reported from the bone marrow biopsy, the news we received today was extremely uplifting.

One of the additional bone marrow biopsy reports yet to be received is the report on chimerism. That is the percentage of the donor’s stem cells found in Miss Melanie’s bone marrow relative to the percentage of her stem cells in the bone marrow. Obviously, the higher percentage of stem cells from the donor, relative to Miss Melanie’s, is the optimal situation. The chimerism results should be known in a week to ten days.

Miss Melanie’s blood counts remained very strong during today’s blood labs. Platelets = 1.21

Hemoglobin = 11.2

White blood count = 2.3

Neutrophils = 2.2

Nothing was said about Miss Melanie’s creatinine level. Apparently, it remained low enough to not warrant her going back on IV fluids at home. That was very nice.

Miss Melanie also told the doctor that her taste buds had begun to return to normal. She said she was more willing to eat food because she could now taste it; or, that it tastes “okay”.

This was a bunch of stuff packed into a relatively brief appointment at the clinic. While it is a medical facility with a lot of sick people, it seems to me like we are going to visit friends. We enjoy going there, seeing people we like and like to talk with and we always leave with a smile because of the great time we had there. I know that sounds odd, but it underscores how truly blessed we happen to be. Miss

Melanie's experience at the hospital has been vastly different than either of us expected and we are so thankful for how well she is doing.

KIDNEYS ARE BEING STRESSED, MONDAY, JULY 24, 2017

by John Balzer

Miss Melanie's second appointment today was her regular Monday appointment to check her blood labs. The counts today were very consistent with previous readings.

Platelets = 131, White blood count = 2.9, Hemoglobin = 11.3, Neutrophils = 2.0

Her creatinine level was 1.3, on the high side of normal. In April, it was 0.6, on the low side of normal. The nurse practitioner said the fact that the creatinine level doubled from April to July meant that Miss Melanie's kidneys were 50% less efficient now than in April. She needs to make sure she consumes 3 or more liters of fluid each day. Also, some of the medicines she has been taking could be causing the creatinine level to increase.

We did not learn anything further about the percentage of donor stem cells in Miss Melanie's bone marrow compared to the percentage of stem cells from Miss Melanie. The optimal situation is that 100% of the stem cells in the bone marrow will be from the donor. That would mean that Miss Melanie's stem cells, the ones that caused the problem, would have been eliminated. That's what we are praying will be the case.

GREAT NEWS IN BUNCHES, SATURDAY, JULY 29, 2017

by John Balzer

Miss Melanie and I received a bunch of great news yesterday.

Bunch #1:
We learned that her creatinine level was 1.1, down from 1.3 on Monday. That means that she has been consuming enough fluids so that her kidneys are not as stressed.

Bunch #2:
Because Miss Melanie is consuming enough fluids and her kidneys are not stressed, she will be having her Hickman Line removed next week. That means, she will not have to cover it up prior to showering, need the dressing around it changed weekly or have the potential of having skin burns or skin damage from an allergic reaction to the tape.

Bunch #3:
More results were available from Miss Melanie's bone marrow biopsy. The percentage of stem cells in her bone marrow that were from her donor was 95% plus. That means that more than 95% of the stem cells in her bone marrow were from the donor. The nurse practitioner said that was an excellent result. She noted that this shows Miss Melanie's immune system is doing well with the donor's stem cells and that her recovery is moving along quite nicely.

Also yesterday, we met with the various disciplines that we had met with during the initial Transplant Optimization Process (or TOP) meeting. During our meeting yesterday, we met with individuals from the following disciplines:

- Transplant
- Infectious disease
- Social work
- Physical therapy
- Nutrition
- Health status survey

Each of the people we met with reviewed their information from our initial meeting last May and compared it to their findings after assessing Miss Melanie's status yesterday. In all cases, they were extremely pleased with how well she was doing. In addition to assessing her for comparative purposes, they also asked her questions about how she felt about the TOP program, if she would recommend any changes to it and if she felt it was useful to her. It was an extremely useful, interesting day of learning, sharing and enjoying talking with people that are very much like family.

Another issue that I have been dragging my feet on completing is the caregiver guide that I have been preparing. Miss Melanie's recovery has been going so well that there is not a need for a caregiver. Both Miss Melanie and I had thought that she would be quite fatigued, need a lot of assistance in moving or getting around, and would require a lot of personal attention during her recovery. Thankfully, that has not been the case. We have been so blessed with how well she has done that I feel it is not realistic to prepare a caregiver guide because it would be pointless. Prior to and after her stem cell transplant, Miss Melanie and I have been living our lives pretty much as we have typically done for all our married life. We do our own stuff, watch our own TV shows, take walks, enjoy dinners and just do "regular" stuff that each of you do on a daily basis. For those of you who had said you would be willing to be a caregiver, we sincerely thank you for your kind offer, but there is simply no need for your assistance.

CLINIC UPDATE, TUESDAY, AUGUST 1, 2017

by John Balzer

Yesterday, Monday, we went to the clinic. Things went well and Miss Melanie's recovery continues on track. The removal of the Hickman Line that was discussed last week to be done on Monday did not happen. The removal had to be scheduled with the Interventional Radiology department and when it will be done is unknown for right now. We return to the clinic on Friday and if Miss Melanie's numbers are still in the okay range, it will be completed next week. The doctor last Friday said the Hickman Line could come out on Monday without checking with anyone in the Interventional Radiology department. It turned out that their schedule is a bit full at this time so we hope Miss Melanie will be put on the schedule for next week.

On Sunday, Miss Melanie went for a twofer. She got her exercise in by walking, standing, looking and buying during a several hour shopping mission. She made purchases at four different stores and was quite warm and tired when she arrived back at the apartment. I had offered to carry some of the shopping bags for her; however, she scoffed at my suggestion. Later, she told me that she should have taken me up on my bag carrying offer.

MISS MELANIE'S RECOVERY IS A BLESSING, FRIDAY, AUGUST 4, 2017

by John Balzer

We drove to the clinic this afternoon for Miss Melanie's two o'clock appointment. As is typical, we arrived an hour before the appointment time so Miss Melanie could have her blood drawn for analysis. This was to ensure that the doctor or nurse practitioner had the results of the blood labs when Miss Melanie met with them.

Today, Miss Melanie's blood counts all remained in normal ranges and she continued doing very well.

This was the fifty-ninth day after the stem cell transplant and her recovery is truly a blessing. We also learned that her Hickman Line is scheduled for removal some time next week, maybe early in the week.

HOPING TO LOSE A BET, MONDAY, AUGUST 7, 2017

by John Balzer

Miss Melanie and I returned to the clinic this morning. Her counts were in the normal ranges.

White blood count = 1.8 Hemoglobin = 10.7 Platelets = 105 Neutrophils = 1.05 Creatinine = 1.2

The creatinine was up from last time when it was 1.0. The increase could be partly a result of some new medicine is taking to help reduce her whole body itching.

The nurse practitioner, told us this morning that she is working to have Miss Melanie's Hickman Line removed this week. She had not been able to reach Interventional Radiology department since last Friday because no one answered the phone in that department. She reassured us that the Hickman Line would be removed this week and I asked her if she wanted to place a bet on it. She agreed and we bet $20. The nurse said it would be done and I said I did not think it was going to happen, based on the last several weeks. I'm looking forward to losing the bet and I hope the bet spurs the nurse on to ensure the Hickman Line is removed in the next day or two. If it does, it will be the best $20 I have spent in some time.

Overall, Miss Melanie is doing extremely well. She is eating well, getting exercise and continues her focus on getting protein three to four times each day. I am very proud of how well she is doing. She is truly one amazing lady.

On Saturday, Miss Melanie and I went for a walk. We began by going to Walgreens to get a prescription and then kept going from there. We walked between two to three miles by my estimate. As you can imagine, we simply did not walk, walk, and walk. Nope, not with Miss Melanie! We walked and we shopped. Then, we walked a bit more and we shopped a bit more. Back to more walking and then with tired and sore feet, we got dinner. It was a great dinner at an outside restaurant. Miss Melanie powered through an entire huge Reuben sandwich and I inhaled a full rack of barbecued ribs. Surprisingly, we were not stuffed after consuming these large portions. That was a result of our walking our legs off!

MR. HICKMAN HAS LEFT THE THEATER!, WEDNESDAY, AUGUST 9, 2017

by John Balzer

Miss Melanie and I left our apartment at 8:45 AM on this beautifully sunny morning. Clouds looking like huge cotton balls drifted across the sky. After having blood labs drawn, Miss Melanie and I went to the fifth floor of the hospital. That is where the Interventional Radiology department resides and where they do their "stuff".

At about 10:38 AM, a nurse practitioner strolled into the bay where Miss Melanie was working on her Sudoku puzzles and I was updating my daily notes. She said she was going to remove Miss Melanie's Hickman Line! I was never so happy to lose a bet in my life. I considered it the best $20 I have spent.

The nurse told Miss Melanie that she was going to numb the area around the Hickman Line so she would not have any pain during the removal process. There was a stitch, at the skin level, that was holding the Hickman Line in place. She said she would remove that stitch and slowly pull on the line to withdraw the cuff that was around the line inside Miss Melanie's vein. The nurse had several forms for Miss Melanie to sign and Miss Melanie gladly signed them.

Then, the nurse looked at Miss Melanie and said she would tell her to hum, just as she was removing the line. That was to eliminate the risk of an air embolism. Miss Melanie looked at me and I looked at her and our eyes were as big as the national debt. I asked the nurse if she was serious and she said yes. I then told Miss Melanie to hum **Amazing Grace**, just to be on the safe side.

Next, the nurse turned to me and said, “It’s time for you to leave John.” I grabbed all my stuff and walked to a chair in the large room having bays with beds that were screened off by moveable curtains. As I sat down, I could hear Miss Melanie and the nurse talking and laughing. Then, after about five minutes, it was silent from Miss Melanie’s bay and I knew that the procedure was underway.

Shortly before eleven AM, the nurse slid back the bay’s curtain and said I could come in and be with Miss Melanie. She was beaming and very glad to have the Hickman Line removed. I asked her how she felt and she said, “I feel great!” The nurse was still cleaning up the “stuff” from the procedure and that included the Hickman Line. I had never seen a complete Hickman Line, only the end that hung out of Miss Melanie’s chest, and asked the nurse if I could look at it. She showed it to me.

Miss Melanie had to wait in the bay for an hour after the procedure to make sure there was no bleeding from the line removal. Thankfully, there was no bleeding or any other problems. While we waited, some cranberry juice and crackers was brought for Miss Melanie to enjoy.

COUNTS DOWN, FRIDAY, AUGUST 11, 2017

by John Balzer

Since it was Friday, Miss Melanie had her regular appointment at the clinic. The check-in process went faster today than previously because her Hickman Line had been removed and the drawing of her blood was quicker and faster.

During our meeting with the nurse practitioner and the doctor, Miss Melanie learned that her two of her blood counts were lower than on Monday. Her white blood count and neutrophils were both lower than Monday. The neutrophils had gone from 1.19 on Monday to 0.83 today.

Miss Melanie asked the doctor what would cause the neutrophils to be lower today than Monday and he said there could be four possible reasons:

1. An infection.
2. Graft Versus Host Disease (GVHD).
3. The disease (i.e., leukemia).
4. The graft not working as well as it should.

The doctor also pointed out that it is not uncommon for the blood count numbers to fluctuate following a stem cell transplant. If the numbers continue trending downward, another bone marrow biopsy would be considered. In the meantime, during the next appointment on Monday, an additional blood test will be completed to determine the percentage of donor cells in Miss Melanie's blood compared with the percentage of her cells.

We are extremely hopeful that Miss Melanie's blood counts stabilize or go up slightly. Please keep her in your thoughts and prayers next Monday.

EXCELLENT NEWS! MONDAY, AUGUST 14, 2017

by John Balzer

We have just returned to our apartment after our appointment at the clinic. Thankfully, Miss Melanie's blood counts, especially her neutrophils and white blood count, were up. The neutrophils went from 0.83 on Friday to 0.96 today. The white blood count was 1.7, up from 1.5 on Friday.

SEVENTY DAYS AFTER TRANSPLANT, WEDNESDAY, AUGUST 16, 2017

by John Balzer

Some of you have asked about the plan of recovery, treatment and clinic visits for Miss Melanie. She is going to the clinic twice a week now. In several weeks, it will change to once a week visits to the clinic. On day one hundred after the transplant, she will have another bone marrow biopsy. As of today (Wednesday, August 16), it is day seventy after the transplant. Another bone marrow biopsy will be completed six months after the transplant. Also about six to seventh months after the transplant, Miss Melanie will be evaluated for being able to travel. She has asked about going to see her Father; however, the doctor does not want her traveling right now. Her blood counts will continue to be monitored on a weekly basis, as will any symptoms of graft versus host disease.

Thank you for your kind words and comments after Miss Melanie's blood counts had increased. Reading your words underscores the fact that you are experiencing the same emotional stresses that we are experiencing during uncertain situations. Your comments make it clear that we are one. You feel what we feel. We feel you with us at the clinic, in your comments and during our conversations about each of you. I definitely feel as if we are all in the same room having a conversation and sharing thoughts, ideas and information with each other. I think it would be fun if we could all get together in the bus station sometime. What a hug fest, what a fun time, what a blessed event that would be. Maybe we can think about that down the line. In fact, we would have to rent the hall next to the bus station to hold each of you, your families, the doctors, nurses and everyone who has been involved in the journey. Sounds like fun.

DARN COUNTS WERE DOWN, SATURDAY, AUGUST 19, 2017

by John Balzer

Miss Melanie and I went to the clinic on Friday. Unfortunately, her white blood count and the neutrophils were down from Monday. The neutrophils were 0.64, down from 0.96 on Monday. The white blood count was 1.4, down from 1.6 on Monday.

The doctor said they would wait and see how it goes. They may give her neupogen (medicine Miss Melanie had received while in the hospital after the stem cell transplant). It helps the body make white blood cells after receiving cancer medications.

Miss Melanie might also stop taking Prograf (Tacrolimus). It is used with other medications to prevent rejection and belongs to a class of drugs known as immunosuppressants. She has been taking Prograf to slow down the donated stem cells from being too aggressive and attacking her organs because they would not “recognize” them.

The doctor asked Miss Melanie if she was tired or lacked energy. She said heck no. He said that sometimes the counts are sluggish in growing because of minor things (e. g., a medicine, an infection). He said it is hard to know why the counts are low.

The doctor also pointed out that the percentage of donor cells in Miss Melanie’s blood compared with her cells should be known next week. Once these results are known, the doctor will be able to adjust the medications and/or decide on follow-up actions.

We are hoping and praying that Miss Melanie’s blood counts will begin going up in the near future. Hopefully, the situation will be easily resolved.

STABLE COUNTS ON ECLIPSE DAY, TUESDAY, AUGUST 22, 2017

by John Balzer

Another Monday and we were back at the clinic. Today, the blood drawing waiting area was surprisingly not crowded. For the last four weeks, few empty chairs have been available. So, Miss Melanie "flew" through getting her blood drawn. In fact, we got to the appointment with the nurse practitioner about thirty minutes early.

Miss Melanie's blood counts were virtually the same as they were last Friday. This is not what we were hoping and praying for; however, the fact that the counts had stabilized was important. The doctor had told us that the counts could decline but they should stabilize. Miss Melanie also learned that her Prograf level was low and that she will begin taking another pill each day to bring the level up to the normal range.

COUNTS DOWN, BUT NOT DOWN FOR THE COUNT!, FRIDAY, AUGUST 25, 2017

by John Balzer

This afternoon, Miss Melanie and I traveled to the clinic. Miss Melanie's white blood count (WBC) and neutrophils were down. Her WBC was 1.3, down from 1.4. Her neutrophils went from 0.64 to 0.38. The doctor said for Miss Melanie to not take the Bactrim this weekend to see if the counts were being held back by that medicine. He also said that she might begin receiving neupogen injections next week. Neupogen is a bone marrow stimulant to help grow white blood cells. Hopefully, her counts will begin to climb next week. Let's all say a group prayer that Miss Melanie's counts increase next week.

On a related note, the results from the chimerism test showed that 95%+ of the T cells with a C3 marker circulating in Miss Melanie's blood were from her stem cell donor. That means the transplant has worked as expected.

AMBASSADOR MISS MELANIE, TUESDAY, AUGUST 29, 2017

by John Balzer

On Monday, Miss Melanie and I returned to the clinic. It was a bright, sunny morning and the views from our car were stunning.

Miss Melanie's blood counts were essentially unchanged. While that is disappointing, the nurse practitioner pointed out that the test that showed that 95%+ of Miss Melanie's blood cells were from the donor was reassuring. Sometimes, stem cell blood counts take some time to go up.

While we were waiting for Miss Melanie to have her blood drawn on Monday, she was engaged in several conversations with other patients. Miss Melanie was laughing, talking about her stem cell transplant, and reassuring the other patients that everything would be fine for them. One of the patients, Bob, has been undergoing chemotherapy treatments for fourteen years for non-Hodgkin lymphoma. He had a port in the top of his head and one in his chest. The port on his head was linked with a tube through his brain and into his spine. He had been diagnosed with cancer in his spine and this port allowed chemotherapy to be put directly into his spinal fluid. Bob very much wanted to talk with Miss Melanie. He had seen her smiling, talking and laughing with another patient. Finally, he had an opportunity and he began asking her questions about her diagnosis, transplant and how she was so positive about everything. They talked about fifteen minutes. As the conversation ended, Bob reached out, shook hands with Miss Melanie and said he greatly enjoyed talking with her.

Today, Tuesday, we learned that Miss Melanie would have another bone marrow biopsy on September 15. This is a planned bone marrow biopsy that coincides with her 100th day after the transplant.

THINGS TO DO, SATURDAY, SEP. 2, 2017

by John Balzer

Miss Melanie's blood counts during her Friday afternoon clinic appointment were:

Hemoglobin = 11.7, Platelets = 141, White Blood Count = 1.0, down by 0.1, Neutrophils = 0.38, same as last time

The doctor wants her to have neutropenia injections for three days starting on Saturday. It will be one injection into her belly per day. Miss Melanie has previously had to give herself injections into her belly of Lovenox (i. e., a blood thinner), so she has the experience to give herself these injections.

She will also begin taking Dapsone, an antibiotic. This medicine will replace the Bactrim an antibiotic she had been taking. It is possible that the Bactrim was suppressing her white blood count and/or her neutrophils.

In addition, Miss Melanie's blood drawn on Friday will be tested to determine if there are any viruses in the blood. If any are identified, a course of treatment will be prepared.

A final element of the appointment on Friday was a nasal swab. Miss Melanie felt like she was coming down with a cold and the nurse took a nasal swab to determine if she had a cold and the cause of the cold, i.e., a virus or a bacteria.

COUNTS ARE UP! YAHOO! THANK YOU!, WEDNESDAY, SEPTEMBER 6, 2017

by John Balzer

Miss Melanie and I went to the clinic this morning. Her white blood count (WBC) and her Neutrophils were up today compared to last Friday. The key blood counts were:

Hemoglobin = 11.0; Platelets = 131; White Blood Count (WBC) = 2.7; Neutrophils = 1.07; Creatinine = 1.0

Her WBC and her Neutrophils were both UP SUBSTANTIALLY! Last week, the WBC was 1.0 and the Neutrophils were 0.38. The explanation for the increase was two fold.

1. Bactrim (an antibiotic), which Miss Melanie was taking on the weekends, is known to suppress the WBC and the Neutrophils. Last Friday, she began taking another antibiotic (Dapsone) instead of the Bactrim. She takes the Dapsone each day compared to only taking the Bactrim on the weekends.

2. Miss Melanie gave herself three injections of neupogen over the weekend. The neupogen is a white blood cell/neutrophil stimulant. It appears that the neupogen was quite helpful.

Moving forward, Miss Melanie will continue taking the Dapsone once a day. The hope is that with no Bactrim and the neupogen giving the system a kick-start, her immune system will continue it's upward movement.

THE MARATHON CONTINUES, SATURDAY, SEPTEMBER 9, 2017

by John Balzer

On Friday, Miss Melanie and I traveled to the clinic at the hospital. At our 1:30 PM appointment with the nurse practitioner and the doctor, we learned that Miss Melanie's blood counts had declined from Wednesday. We were disappointed. The counts were:

White Blood Count (WBC) = 1.6, down from 2.7, Neutrophils = 0.45, down from 1.07.

We asked why the counts would be down since Miss Melanie's counts were up after the neupogen injections last weekend. The doctor explained that neupogen was not a long-term solution for low counts. Neither the doctor nor the nurse seemed troubled by the counts. The doctor said this was very typical and that sometimes it just takes time for the system to recover. He said we would just wait and see how it goes. The doctor pointed out that Miss Melanie is asymptomatic and it just will take some time. He also noted that the Prograf, a stem cell suppressant, could be playing a role in keeping the counts down.

In the short term, Miss Melanie will begin giving herself injections of neupogen every other day for the next four days. Her last injection will be the day before her scheduled bone marrow biopsy on Friday, September 15.

COUNT WAS UP, TUESDAY, SEPTEMBER 12, 2017

by John Balzer

Yesterday, Miss Melanie's White Blood Count (WBC) was 14.7. Yes, that is correct, 14.7. That was up from 1.6 last Friday. The nurse practitioner, said 14.7 was on the high side of normal. I asked if it was a concern that it was so high and she said no, it was a result of the neupogen. Miss Melanie had given herself two injections of neupogen over the weekend. The last injection was Sunday evening.

In response to the high WBC, the nurse told Miss Melanie to stop giving herself neupogen injections. That sounded like a good idea to me.

The other blood counts from Monday were:

Hemoglobin = 10.6 Platelets = 144; There was no report on the neutrophils on Monday.

While we were at the clinic yesterday, we spoke with two individuals who recently had stem cell transplants. One had experienced several setbacks during his recovery and had to be hospitalized for treatment. The other, a young lady, had developed a parasitic infection following her transplant and had also been hospitalized. It is always educational talking about transplant experiences with others. We were so sorry for the setbacks that these individuals had experienced and we pray for their full, complete recovery.

WELL COORDINATED BONE MARROW BIOPSY, FRIDAY, SEPTEMBER 15, 2017

by John Balzer

It was a busy day for Miss Melanie at the clinic. At 9 AM, it was time for her pulmonary function test. Then, at 10 AM, Miss Melanie had a bone marrow biopsy. It was the 101st day after her stem cell transplant and this was the time for another bone marrow biopsy. The biopsy procedure went very well. Miss Melanie said it was done very gently and she was fine afterward. It will take a week or so before the results of the biopsy will be known.

After the biopsy, Miss Melanie had her weekly appointment with the nurse practitioner. Miss Melanie was tired during this meeting from the medicine she had received during the biopsy. She was also tired as a result of not getting a great amount of sleep this week. The lovely young lady has “too many things” to do and she tells me that she has to stay up to get those things done. I guess the things to do include keeping Internet sellers in business.

Miss Melanie’s blood counts today were good. They were stable and showed that her system is doing well without any added stimulation (i.e., Neupogen injections). Here were her counts for today.

Platelets = 178 Hemoglobin = 9.5 WBC = 1.7 Neutrophils = 1.07 Creatinine = 1.0

We were pleased with the counts and the fact that they were stable.

WONDERFUL WEEKEND, MONDAY, SEPTEMBER 18, 2017

by John Balzer

Miss Melanie's blood counts were stable this morning. Her creatinine level was up (from 1.0 to 1.4) and that was a result of not consuming enough water. It was a relatively quick appointment because Miss Melanie was feeling well, had no questions and was ready to leave. Overall, she is doing an outstanding job in her recovery following the stem cell transplant. Her positive spirit is infectious and touches all of the people that she meets.

THE CREEPER, FRIDAY, SEPTEMBER 22, 2017

by John Balzer

It was time for the second of our twice-weekly visits to the clinic today. We went for blood work and meetings with the nurse practitioner and doctor. Miss Melanie's counts were mixed today. Two went up from Monday, while two went down. Here they are:

Hemoglobin 10.7 Platelets 188 White Blood Count 1.1 Neutrophils 0.46.

The doctor said that since the platelets and hemoglobin were in a decent range, it meant that Miss Melanie's stem cells were behaving normally. Regarding the fact that the White Blood Count (WBC) and the neutrophils were down, he said it sometimes takes time for a stem cell system to recover after a transplant. The nurse practitioner said that they refer to those patients as "creepers". Their counts take time to creep up over time, she observed.

Being concerned about the WBC and the neutrophils not increasing like I had been expecting, I asked the doctor and the nurse practitioner if they were concerned about the counts being sluggish. Both quickly replied that there was no problem with them being slow to come back. It was the difference in individuals they told me. I told them that I wanted them to come back up because I did not want Miss Melanie to have any problems. The doctor pointed out that Miss Melanie had no infections and that things were going along fine. He said that all factors were within acceptable ranges. Miss Melanie piped in by telling me not to worry and that we were going to take things a day at a time just like we have been doing.

With regard to Miss Melanie's neutrophils going down, I asked the doctor if she should be giving herself neupogen injections. The doctor said that he did not want to do that. While neupogen would boost the count, he noted, it would not do anything meaningful in having the count go up over the long term. He said there was no reason to take medicine simply to get an increased count reading.

The doctor also reduced the amount of antiviral medicine that Miss Melanie takes each day. She has been taking six anti-viral pills a day; however, she will begin taking only three pills per day starting tomorrow.

Going forward, Miss Melanie will be going to the clinic only once a week beginning next week. She will have a Friday appointment each week for the next several months.

In other medical news, the results of Miss Melanie's bone marrow biopsy from last week showed no evidence of any disease. That was excellent news. More complete results will be known in another week or two.

A YEAR OF REFLECTION, WEDNESDAY, SEPTEMBER 27, 2017

by John Balzer

It has been a year since Miss Melanie was diagnosed with Acute Myeloid Leukemia (AML). Over the last twelve months, many things have happened with regard to Miss Melanie, her health and her health care. I thought it would be of interest to reflect on the key things that come to my mind in thinking about the last twelve months.

1. **The initial diagnosis on September 29, 2016**. This was stunning, scary, and filled me with fear. I was unable to think about what the diagnosis meant or what was going to happen. Fortunately, I am married to a cool, positive, wonderful woman who told me not to be fearful, that everything would be all right, that we had always been blessed and that this would be no exception. She told me that we would take things one day at a time and we would get through it. In addition, she clearly told me that she did not want any gloom or doom around her. I understood her perfectly and my fear was dispelled.

2. **Induction chemotherapy**. This was a time filled with the unknown. We did not know what to expect, know which signs were positive, which were negative and what the outcome would be. While it was a lengthy process, thankfully, this round of chemotherapy went very well and it worked by putting Miss Melanie's leukemia into remission.

3. **Miss Melanie suffered through three blood infections.** These infections were extremely scary, deeply concerning and disappointing. It seemed that the medical staff really did not know how to stop them from occurring. Plus, it was a fearful situation because once an infection started the medical staff did not seem to know how to stop it. I recall Miss Melanie lying in her hospital bed shaking so uncontrollably that her arms were locked up, fists clenched, and her jaw locked as the infection and dangerously high fever ravaged her body. Extremely scary.

4. **Two stem cell doctors saying they would not perform a stem cell transplant on Miss Melanie.** I was mad and that supremely motivated me. Miss Melanie and I talked about the situation and we agreed that we would find a doctor who would

perform the transplant. While we were unsure who it would be or where it would be performed, we knew it would happen because we were going to make it happen.

5. **A visit to our home by Miss Melanie's Father in January of 2017**. She had not seen her Father since before she had been diagnosed with AML. This was a huge issue because she had been visiting him each month prior to becoming ill. Miss Melanie's Father flew, in a private plane, to our hometown. He spent several hours at our home and then flew back to his home. It was a truly magical day. One in which it seemed we were in a dream. Everything was so wonderful, so uplifting, and so happy. Words could never describe nor capture the emotion that swept through us that day. Seeing Miss Melanie be lifted up on a wave of powerful, positive energy left no doubt that we were blessed. It truly was a day that will NEVER be forgotten and it will be talked about for years.

6. **Our initial meeting with the doctor at the stem cell transplant hospital.** Such a comforting, reassuring, warm, compassionate individual he was and continues to be. His focus has been on Miss Melanie and having her return to her passion - dog transporting. He is a disciplined, thorough medical professional who knows how to treat a patient. He recognizes that medicine is merely part of the treatment and that a holistic approach is how long-term success is achieved. We were deeply blessed to have met him and have him become Miss Melanie's stem cell transplant doctor.

7. **Miss Melanie's stem cell transplant**. From a broad perspective, it was amazing. To think that someone in Germany, whom we did not know, underwent a process to harvest stem cells that were flown to the hospital and then infused into Miss Melanie seemed like science fiction, not science fact. How blessed, how fortunate, how wonderful. This was what life is all about - helping others in their time of need. From a closer perspective, it was different than expected. It was quick, only about

twenty minutes. A mere bag hung on a hook above Miss Melanie with a line coming down. That line was connected to her Hickman Line. The donor's stem cells dripped, dripped, dripped into the line and then into Miss Melanie. Then, it was done. There was no orchestra music, double rainbows, a prairie of green grass, dancing unicorns, vivid blue skies, or the Northern lights shimmering in the sky. The bag was empty, it was unhooked and the medical personnel left the room. No complaints on my part, simply different than I imagined.

8. **Moving into an apartment in the city**. While it was a bit of work getting all of the stuff and the details taken care of, the result has been marvelous. The views are fantastic. The spirit of life in the apartment building, in the neighborhood and in the park out front has been enriching. An added bonus has been all of the dogs in the immediate area. They have kept Miss Melanie "connected" with her transporting of dogs. We have been blessed by living in the particular location where we live. It is easy to walk to so many places, such as the drug store, grocery store and, of course, the jewelry store. Our apartment and location has been a huge blessing to Miss Melanie's recovery. It provides her with a place of comfort, a place of enjoyment and a place where she can get the exercise she needs. As a person on House Hunters would say, "This place ticks ALL the boxes!"

9. **The wonderful web site known as Caring Bridge**. It has delivered us to you and you to us. It has been a conduit for love, compassion, information, bonding, updating, prayers, electronic hugs, positive energy, laughter, emotion, blessings, thankfulness and so much more. I owe each of you so much. Thank you for your kind words about my journal entries. Your comments are extremely pleasing to me because it is a tremendous reflection on my parents and how they raised me. So, your kind words are thanks for my parents. The Caring Bridge web site has been invaluable in keeping each of you up to date on Miss Melanie. She is a radiant,

positive, lovely lady and it is fun to write about her. Thank you for being such wonderful, enriching bus mates on our collective journey.

10. **Miss Melanie's on-going recovery**. She came home from the hospital two weeks after the transplant. That was somewhat unexpected, based on the averages; however, Miss Melanie has never been average. She has been working hard to ensure that her recovery continues to go smoothly. You know it takes time and energy to coordinate the color of your glasses with your earrings, your necklace, one or two rings, an outfit AND a hat. She is an amazing person with a truly infectiously positive spirit that reaches out and touches all whom she encounters. Her Mother (Miss Hap) was very much the same. Miss Hap was a radiant, happy, fun loving beautiful person. So, Miss Melanie follows in her Mother's great tradition.

ALL IS GOOD, FRIDAY, SEPTEMBER 29, 2017

by John Balzer

Today, Miss Melanie and I returned to the clinic for our first visit this week. Her blood counts were in good shape and the medical staff was pleased with her progress. Here were the blood counts today.

White blood count (WBC) 1.6 Hemoglobin 10.3

Neutrophils 0.72

Platelets 168

Creatinine 1.1

The WBC and neutrophils were up from last week and that was satisfying to the nurse and the doctor.

Miss Melanie received additional information about her most recent bone marrow biopsy. The biopsy showed no leukemia and no alteration in her chromosome that had changed previously. It was the change in the chromosome caused by the Acute Myeloid Leukemia (AML) that necessitated the stem cell transplant. Had Miss Melanie not had the stem cell transplant, the leukemia would have returned because the chromosome would have become altered again.

Further results from the bone marrow biopsy showed that the stems cells in Miss Melanie's blood were 100% from the donor. That is excellent. In addition, the DNA in Miss Melanie's system was 100% from the donor. When the DNA was examined in more detail, the T cells in the DNA were 91% from the donor. The T cells are the cells that are the front line fighters in attacking infections, disease and illnesses. I know what you are thinking, wait a minute, can 100% of the DNA be from the donor, but only 91% of the T cells in the DNA be from the donor? Yes. I asked the nurse the same thing and was told that it was all good. I accepted that it was all good, however, the 100% versus 91% was confusing to me. Miss Melanie is doing well, feeling well, looking well and, well, she is just a mighty fine, lovely lady. She has gone through a lot and it appears that all of her efforts are being rewarded with a true blessing. We are extremely thankful for her recovery and pray that things continue going so well.

BARTENDER, GIVE ME A SHOT!, FRIDAY, OCTOBER 6, 2017

by John Balzer

During our weekly visit to the clinic this morning, Miss Melanie received excellent news. Her counts were stable to up and her progress was continuing very nicely. The counts this morning were:

White Blood Count 1.7, up from 1.6

Neutrophils 0.80, up from 0.72

Platelets 169, up from 168

Hemoglobin 10.2, down from 10.3

Because Miss Melanie is more than 120 days after the stem cell transplant, her vaccinations began today. She received a shot of Prevnar, a vaccine to prevent pneumonia. As time goes by, she will receive more vaccines to bring her immune system up to the level of a typical adult. At the time Miss Melanie received the chemotherapy prior to the stem cell transplant, all of her previous vaccinations and immunizations were eliminated from her body.

LOOKIN' GOOD!, SATURDAY, OCTOBER 14, 2017

by John Balzer

Well, as you know by now, since yesterday was Friday, we headed for Miss Melanie's weekly visit to the clinic. It was a wonderful day of weather as we drove along. There was brilliant sunshine, deep blue skies and temperatures in the seventies.

At the appointment, Miss Melanie's blood counts were up, with the exception of her platelets. They fell from 169 to 154. Her white blood count (WBC) rose from 1.7 to 1.8. The doctor is hoping that the WBC will continue to rise. It should be in the 2.5 range. Miss Melanie's neutrophils rose from 0.86 to 1.01. The neutrophils should be in the 1.5 range. Her hemoglobin was 11.7, up from 10.5. The hemoglobin level is in the 12-16 range for people who have not gone through the health and medical process that Miss Melanie has experienced. The doctor said that, overall, Miss Melanie is doing very well and that she can now begin coming to the clinic every other Friday. That will be wonderful. We will have so much free time to deeply enjoy.

COUNTS, FRIDAY, OCTOBER 27, 2017

by John Balzer

During Miss Melanie's appointment at the clinic today her blood counts had dropped. When the counts decline, the first thought that races through your mind is "Oh, oh, what's wrong? What should be done?" In response to our questions about the lower counts, both the doctor and the nurse practitioner said that the decline was neither significant nor alarming. The doctor pointed out that the counts were in the same range that they had been for a number of weeks. He also noted that Miss Melanie was looking well, feeling well, had not been hospitalized for any complications and had not experienced any fevers. He said that she was doing just fine and that her system was doing just fine. It was a huge relief to hear the doctors say that everything was fine and not to be concerned.

CAUSE FOR CONCERN, SATURDAY, NOVEMBER 11, 2017

by John Balzer

Miss Melanie had her scheduled appointment with the doctor yesterday afternoon. Prior to the appointment, she had her blood drawn for testing. At the appointment, all of her blood counts were up from last time.

Unfortunately, the doctor told us that the chimerism test from October 27 showed that the percentage of donor T cells in Miss Melanie's immune system had dropped from 91% to 50%. This is cause for concern. The T cells are the front line fighters against disease and infection. If the donor's portion of the T cells are declining, and rapidly, it means that the leukemia could possibly return because there would not be enough T cells to fight off the disease.

The doctor said that they would complete a chimerism test on Miss Melanie's blood that was collected at the Friday appointment to determine the current percentage of donor T cells in her immune system. The results from this test will be known in about two weeks.

In the short term, Miss Melanie will taper off of Tacrolimus. This medicine slows down her immune system so the donor's stem cells (including T cells) would not be too aggressive and potentially attack Miss Melanie's organs. This medicine could have caused the donor's portion of the T cell count to decline.

Another approach to boosting the percentage of donor T cells in Miss Melanie's immune system is to get lymphocytes from the donor in Germany. The process of getting the lymphocytes from the donor would be to simply collect them from his blood. Lymphocytes are readily available in the blood and could easily be collected. The donor's lymphocytes would be flown from Germany to the hospital and transfused into Miss Melanie to see if they would boost the donor T cell percentage in her immune system. One possible side effect to this step would be an increased risk of graft versus host disease (GVHD).

I asked the doctor how frequently a donor's lymphocytes were collected from the donor following a stem cell transplant like Miss Melanie had undergone. He said about ten to fifteen percent of the time.

We are saying prayers that the percentage of donor T cells in Miss Melanie's immune system will increase. I will keep all of you bus riders updated when we learn more.

MISS MELANIE, THE IRON WOMAN, SUNDAY, NOVEMBER 19, 2017

by John Balzer

Looking ahead, next Wednesday, Miss Melanie has two doctor appointments. Her first appointment is a follow up with the physical therapy doctor. Her second appointment is with the stem cell transplant nurse practitioner. We do not believe that the chimerism results will be known because these results usually require two weeks and it will have been less than that. We are hopeful that when the results are known that the percentage of donor T cells in the blood will have increased from fifty percent. Thank you for your comments expressing your care, concern and prayers for Miss Melanie. When we know the results, I will share them with you. We ask that you continue to think of Miss Melanie and keep her in your prayers.

A TRUE THANKSGIVING, THURSDAY, NOVEMBER 23, 2017

by John Balzer

On Wednesday morning, Miss Melanie and I traveled to the clinic for her appointment with the nurse practitioner. Miss Melanie's blood counts were either unchanged or up slightly.

We had thought the result of the chimerism test from Miss Melanie's last visit to the clinic would be unavailable; however, we were mistaken. When the nurse practitioner asked if we wanted to know the result of the chimerism test, we both said, "YES!" She said that the test result showed that 60% of the stem cells in Miss Melanie's blood were from the donor! That was wonderful news because it was ten percent higher than the last test. Plus, Miss Melanie had not begun reducing the amount of Tacrolimus (or medicine to inhibit the growth of the donor's stem cells) that she took prior to the last chimerism test.

We were so thankful when we heard that the donor's portion of the stem cells in the blood had increased. We are also hopeful that the percentage will increase as time goes by. Thank you for your words of compassion and encouragement for Miss Melanie. We sincerely appreciate your love and hugs for her.

BIOPSY TODAY, FRIDAY, DECEMBER 1, 2017

by John Balzer

It was a busy day for the lovely lady I gladly call my wife. At 10:30, Miss Melanie had a pulmonary function test in preparation for her bone marrow biopsy. The test went fine. Immediately after the pulmonary function test, Miss Melanie had to have fourteen vials of blood taken for her bone marrow biopsy and for additional testing relative to her stem cell transplant. Directly after the blood was taken, Miss Melanie walked around the corner, at Noon, and into the surgical bay where the bone marrow biopsy was performed.

The bone marrow biopsy went very well and Miss Melanie had no significant pain or problems from the anti- pain or anti-anxiety medicines she was given. As soon as the bone marrow biopsy was completed, Miss Melanie walked across the hall to the examination room for her regular bi-monthly appointment, at 1:30, with the nurse practitioner and the doctor.

Whew, I told you it was a busy day at the clinic for the little spitfire. She had no time to sit around and be bored.

Miss Melanie's blood counts today were all in an acceptable range today. Here is what they were:

- White blood count 2.2
- Hemoglobin 12.4
- Platelets 148
- Neutrophils 1.24
- Creatinine 1.0

Miss Melanie has been tapering off of Tacrolimus, the medicine designed to control her new immune system and to reduce the risk of Graft Versus Host Disease (GVHD). Currently, she takes one pill every other day and will finish taking this medicine a week from today. The doctor said that even though she will stop taking the Tacrolimus, the effects of the drug on her immune system would remain for three months. She is going off this medicine to see if it will help increase the percentage of donor T cells in her blood.

Partial results (i. e., leukemia being in remission) from today's bone marrow biopsy will be known by mid next week. The results of the bone marrow biopsy regarding the percentage of T cells from the donor will be known in two weeks. If the percentage of T cells from the donor increases; then, the situation will continue to be monitored. If the percentage of T cells from the donor decreases, then the donor will be contacted to collect lymphocytes so they can be transfused into Miss Melanie to boost the percentage of donor T cells in her blood and immune system.

NOW … ABOUT MISS MELANIE'S APPEARANCE…, SATURDAY, DECEMBER 9, 2017

by John Balzer

I learned early on when writing these journal entries that Miss Melanie appearance was vitally important. We had been asked how Miss Melanie was doing, especially during the chemotherapy treatments. Many people believed that she would be feeling miserable, always nauseous, be thin due to weight loss, have little to no energy and more. Obviously, Miss Melanie was extremely blessed to have had those treatments with minimal impact. That was why it was exceedingly important to keep taking photos of her and including them with my journal entries. I tried to take photos of her doing things, experiencing things, looking healthy and pretty and dealing with a lousy illness in an admirable manner with a completely positive outlook.

This year has been an interesting one for us. While it has been a roller coaster ride at times, we have been extremely fortunate and blessed by how well Miss Melanie is doing. She is strong, positive, thinking of others, bringing smiles to everyone she meets and deeply loves her family. We are grateful for how well she is doing; however, we are also cognizant of other bus riders who have experienced health issues this year and we are thinking of them, especially Jen O., Stephen H.,. Kim W., Tom and Sue S., Kathy M., Carol S., Scott K., Juli, Earl and Ezra F., Sara A., Lori B., Jimmie B., Ruth H., Kay P., Sam and Marsha S., and Richard S. We also realize that spouses, brothers, sisters, children, parents and other family members may have experienced health issues this year and we send our thoughts of comfort and positive energy for full, complete recovery from these issues. If I have forgotten to individually mention a bus rider or a relative, I apologize. Please know that we are thinking of them and all bus riders and wish each of them the best of health.

AN EARLY HOLIDAY GIFT, FRIDAY, DECEMBER 15, 2017

by John Balzer

Today, Miss Melanie and I traveled down a sparsely trafficked roadway to the clinic. It had been two weeks since Miss Melanie's bone marrow biopsy and we learned the results of the biopsy.

The most important finding was that the leukemia was in remission and there was no sign of it. That was wonderful to hear. The chimerism test result showed that 62% of the T cells in Miss Melanie's blood were from the donor. That was up slightly from the level two weeks ago and indicates that the trend is going up slowly. Additionally, all of Miss Melanie blood counts were in normal ranges. Her recovery from the stem cell transplant continues extremely well. I am so proud of how well she has done and how fiercely positive she is about everything.

We were stunned when the doctor commented on how well she was doing and turned to the nurse and said, "I think we can change her schedule". The nurse nodded that she understood and said she would change the schedule in the computer. As the doctor was leaving the exam room, Miss Melanie and I both looked at the nurse and asked simultaneously, "what does that mean?" She told us that Miss Melanie will be changing from a twice a month appointment schedule to once a month. Wow, what an unplanned surprise. We had no clue that would be happening. We had not been thinking about the schedule changing. Once a month means that we will have more time to ourselves than we have had in nearly fifteen months.

Other news from the appointment, the doctor gave Miss Melanie the clearance to return to the health club to workout on the treadmill, stair master and recumbent bicycle. He said that she could return to her buddies at the health club beginning in February. He said that she would have to be doing a lot of hand washing and sanitizing of the equipment when she is at the health club because of her compromised immune system. She acknowledged that she would be focusing on keeping her hands clean when at the health club. A health club environment is one of those environments that the doctor describes as a “broth of germs” because of all of the dirt, bacteria and other junk that floats in the air, is on surfaces and everywhere in the environment. While he is a hematologist/oncologist, he is very much an infectious disease guy because of the compromised immune population that he treats.

We asked the nurse if it would be appropriate for us to travel, by car, to other states. She said that, since the doctor said that going to the health club was okay, she saw no reason why we could not go to other states. There are issues we will need to deal with in going to other places (e.g., staying in a motel room where mold/germs and/or dirty air could be prevalent, frequent hand washing, wearing a mask when in crowded situations); however, we will work that out. We will not be going out of state until February, most likely. We have to be extra careful because of Miss Melanie’s compromised immune system.

It is days like this that have me thinking back to the end of September in 2016 and how dark some days happened to seem. Regardless of what Miss Melanie was experiencing, she always told the medical staff and me that she was going to be fine and there was no need to worry. What a powerhouse of positive thinking.

FOURTH SEGMENT - JAN – MAR 2018

OVERVIEW OF THE FOURTH SEGMENT

Beginning in January 2018, Miss Melanie began experiencing a number of relatively minor issues; however, they continued one after another. She was in and out of the hospital for treatment and recovery from these issues.

In January, Miss Melanie contracted the Epstein-Barr Virus (EBV). She had a scary reaction to her first rituximab treatment.

High fever 103.1, blood clots, lymph node biopsy, lung infection.

She had a bone marrow biopsy after which she experienced a huge hematoma near her left hip. The cause of the hematoma was an error by the medical staff in giving Miss Melanie blood thinners too soon after the bone marrow biopsy. The resulting hematoma was large, extremely painful, could not be effectively drained, limited her mobility and became infected.

Shortly after the hematoma, Miss Melanie …..

BLOOD COUNTS DOWN, TESTS ORDERED, SUNDAY, JANUARY 14, 2018

by John Balzer

Miss Melanie had her monthly appointment at the clinic on Friday. Unfortunately, each of her four key blood counts was down. This was unexpected and the doctor ordered two tests to determine why the counts were down. He ordered a chimerism blood test to check on the percentage of donor cells in Miss Melanie's blood. He also said that she would need to have a bone marrow biopsy completed on January 26. The bone marrow biopsy will be completed to provide a number of insights into Miss Melanie's stem cell system. We are hopeful that everything will turn out fine and that the blood counts will increase when taken next time.

I asked the nurse what would cause the blood counts to decline and she said there were probably two possible reasons.

One possible reason was that Miss Melanie had come down with a cold over Christmas. Miss Melanie's very young immune system would have been fighting the cold virus and that would reduce the blood counts.

Another possible reasons would be malnutrition or poor eating habits. Miss Melanie has not been eating a proper diet and had become somewhat frail over the Christmas Holidays. She needs to focus on eating protein three to four times each day and keeping well hydrated. From her last appointment at the clinic (i.e., Dec. 15), until her appointment on Friday, she had lost four pounds. Obviously, she was not consuming enough food each day. She repeatedly said that she was not hungry or that nothing sounded good. Therefore, she did not eat enough. The nurse said that malnutrition would have a definite impact on Miss Melanie's very young immune system.

Since the appointment, Miss Melanie has definitely improved her daily consumption of food. She is focusing on protein and consuming more food each day. She is noticeably more alert, stronger and, hopefully, on the path to increasing her blood counts.

EPSTEIN-BARR VIRUS DIAGNOSIS, FRIDAY, JANUARY 19, 2018

by John Balzer

Last Wednesday, Miss Melanie and I went to the clinic. She had been contacted by the nurse and asked to come in for a blood test. The doctor had ordered the test to check the level of the Epstein-Barr Virus (EBV) in Miss Melanie's blood.

Miss Melanie's EBV level has been checked with each blood test, beginning prior to her stem cell transplant. Recently, her EBV value had risen to a level whereby the doctor said it needed to be further evaluated. The doctor and nurse told us that we all have EBV in our youth, but our immune systems handle it and it remains dormant in our bodies until our immune system is compromised. When an immune system becomes compromised, the EBV begins to multiply and grow unchecked.

This afternoon, we returned to the clinic to learn the results from the blood test on Wednesday. We learned that Miss Melanie definitely has the Epstein-Barr Virus. It is a virus that is in the mononucleosis (i.e., "mono") family of viruses. Many people think of mono as the kissing virus because it is commonly spread through kissing. Since Miss Melanie was negative for EBV prior to her stem cell transplant it means, according to the nurse, that the donor was positive for it. Obviously he had been kissing someone with active EBV prior to donating the stem cells. Or, maybe he was sharing a stein of beer with someone at Octoberfest.

The nurse also told us that EBV could cause Miss Melanie's blood counts to go down.

The treatment for EBV is a transfusion of Rituximab (brand name Rituxan). It is given the first time very slowly and will take 6 hours to infuse. The infusion will take place at 7:30 AM on Monday, January 22, in the infusion lab at the hospital clinic. The doctor noted that there will be side effects from the medicine and it will be infused until they notice a side effect (e. g., fever, low blood pressure, etc.). Then, the infusion will be stopped. In a bit, it will be restarted at a lower infusion rate. That will insure that the infusion will be completed without further side effects.

On Wednesday, January 24, Miss Melanie will have a CT scan with contrast to check her lymph nodes. If there is any lymph node involvement by the EBV, it needs to be treated. That is because when EBV cells get into the lymph system and begin to multiply and it could result in a form of lymphoma. The doctor said if lymphoma were to develop, it would be readily treatable. He said it would not be the type of lymphoma that was commonly found since it would be lymphoma generated by EBV.

On Friday, January 26, Miss Melanie will have a bone marrow biopsy. The doctor said that he wanted to have the bone marrow biopsy completed just to make sure everything is okay with her stem cells.

Also, because Miss Melanie still had a cough, congestion and a lot of nasal crud from a Christmastime cold, the doctor ordered a swab of her nose to see if she had the flu. He did not feel she had the flu, but he wanted to be sure. If she had the flu, they would give her Tamiflu. The nasal swab result showed that Miss Melanie did not have the flu. Instead, it was the very common Corona virus for which no medicine can be given.

Just prior to leaving the clinic, Miss Melanie had more blood drawn. This was done to facilitate her infusion on Monday, January 22. The results of the blood draw showed that her blood counts had gone up. The rising counts were very positive and we are hopeful that all will go well next week.

SCARY SIDE EFFECTS, MONDAY, JANUARY 22, 2018

by John Balzer

We had to be at the clinic early this morning for Miss Melanie's infusion of rituximab (Rituxan). Her appointment time was 7:30 AM, definitely a sleepy time of the day.

Once Miss Melanie was seated in the recliner waiting for the infusion to begin, the nurse gave her fifty mg of Benadryl. This was to relax her and to help counteract any side effects.

The nurse then told us about the potential side effects and noted that Miss Melanie might feel a strange tickle in her throat. The nurse looked at me and said, "if your wife says she has a strange tickle in her throat come get me immediately. That is the first indication of a side effect and I will decrease the flow rate." I assured her that I would get her.

Next, the nurse began the intravenous (IV) infusion of the rituximab. A label on the IV pouch holding the rituximab made me think it was a chemotherapy drug. When I asked the nurse about it, she told me that rituximab was a monoclonal antibody (MAB). She said that this medicine was a targeted therapy. It was designed to boost the immune system by sending medicine throughout Miss Melanie's body, including her lymph nodes, to search for Epstein-Barr Virus (EBV) cells and kill them. This medicine targets solely EBV cells to kill them while chemotherapy goes after certain cells in the body and kills them all, including good ones.

The pump infusing the medicine into Miss Melanie was set to titrate (or increase) the flow every thirty minutes. This was to allow her body to become accustom to the medicine entering her system.

Things were going well for about two hours. Then, very suddenly, Miss Melanie told me she felt nauseous and was going to throw up.

I quickly handled her a wastebasket. As soon as I did that, I stepped out of the small pod we were in and walked to the nurse's station to tell the nurse that Miss Melanie was sick. She instantly ran toward the pod, yelling instructions to another nurse. I hurried into the pod after the nurse had entered to see Miss Melanie was vomiting, as well as shaking and shivering. Her lower jaw was bouncing up and down since she was feeling extremely cold. The dramatic change in Miss Melanie's condition had occurred in less than thirty seconds.

As the nurse worked on Miss Melanie, she yelled at a nurse to bring in an oxygen mask because the pulseox clip on Miss Melanie's finger was reading 60, or that she was only getting 60% of the oxygen she needed. She thought Miss Melanie was having trouble breathing and wanted to start oxygen immediately. The nurse gave Miss Melanie an IV injection of a steroid to counteract the potential narrowing of her throat. As she waited for the oxygen mask, the nurse changed the clip from one of Miss Melanie's fingers to another to another and, finally, the readout was 99, or 99% of what was needed. She did not place an oxygen mask on Miss Melanie. By this time, there were three nurses working on Miss Melanie.

The nurse also started a bag of fluids, gave Miss Melanie Pepcid, gave her more Benadryl, took her vitals, gave her Demerol (to control the rigors or jaw shaking) and called the doctor. She told him that Miss Melanie had experienced side effects and that she had stopped the infusion for thirty minutes to see if the symptoms would resolve. If they resolved, she told the doctor that she would start the infusion again at the lowest rate.

Once the infusion was restarted, the nurse told me that the pump would again titrate the flow and it was expected that Miss Melanie would have no further side effects. The nurse said it is very rare to have a second bout of side effects after the first.

The nurse also told me that the nausea, the jaw shaking and the extreme cold feeling Miss Melanie experienced were her body's way of saying, "something is wrong here, I don't know what's going on".

It was a normal reaction to the medicine; however, if unchecked, it could go into anaphylactic shock relatively quickly. That's why it was vitally important to monitor Miss Melanie closely while the infusion was underway. Even if she had been asleep when she had the side effects, her body would have awakened her.

I was surprised, nervous and deeply concerned at the seriousness of the side effects as well as the potential deadliness of them. The sudden, swift, severity of the side effects was scary and immediate action was mandatory. Thank goodness that the nurses quickly came in and did the right things to stop the side effects.

Thankfully, the infusion was completed without any further side effects. Miss Melanie was able to eat a sandwich, popcorn and several cookies while the completing the balance of the infusion. We left the clinic about 3 PM, or nearly eight hours after we arrived.

Miss Melanie will have three additional infusions of rituximab. Each Monday, for the next three Mondays, we will return to the clinic for the infusion. The next infusion will also require close monitoring of Miss Melanie because she will be subject to potential side effects. If she has no problems next time, for each infusion after that, the risk of side effects drops significantly.

It was a long, scary, nerve wracking day. As the dramatic impact of the side effects occurred, I was reminded of the horrors of the multiple blood infections that Miss Melanie suffered while being treated when receiving chemotherapy. Fortunately, the situation today, while equally potentially deadly and equally scary, was handled extremely professionally and, thankfully, Miss Melanie was fine. When the events were unfolding today, I was thinking of each of you. I knew you were thinking of us and sending us your positive thoughts, prayers and energy and it helped me deal with my shredded nerves. Thank you for being with us today, it was a HUGE resource for both of us.

A WEEK ON THE ROLLER COASTER, SATURDAY, JANUARY 27, 2018

by John Balzer

The past week has been a wild roller coaster ride for Miss Melanie.

Tuesday

About 8:15 AM on Tuesday, she awoke and vomited. As I helped her to the bathroom, I noticed that she felt like she was on fire. I hurried to the dining room table, to get the digital thermometer. Her fever was 103.3! I told her that we had to get ready to go to the hospital. She resisted my pleas to get dressed because the fever was causing her mental confusion. I was thinking that her symptoms could be another reaction from the rituxin infusion of the previous day. I was rushing to get Miss Melanie to the hospital because I knew she could be having a serious reaction.

Thankfully, the fever was brought under control in the emergency room and her mental confusion was gone. A number of tests were completed including a chest X-ray and a full body CT scan. The CT scan was completed to check on lymph node involvement. The results of the tests showed that Miss Melanie had an infection in the lower lobe of her right lung. In addition, she had a blood clot in her right lung. Plus, her lymph nodes were involved with the Epstein-Barr Virus (EBV). Miss Melanie was admitted to the hospital.

Several hours after the CT scan, Miss Melanie was extremely lethargic and could not stay awake for more than ten to twenty seconds. It was unusual and unlike her. I watched it for some time and finally said to the nurse that I wanted a doctor to check on Miss Melanie. When the doctor examined her, she said Miss Melanie was okay and that her vital signs were fine. Further, she noted that since Miss Melanie had had a high fever, had not eaten much all day and that it had been a stressful day for her, it was understandable that she would be lethargic. I still thought it was odd because it was not like Melanie. It seemed like she had been drugged. About six hours after the lethargy began, it appeared to lessen slightly.

I decided to spend the night in the hospital room with Miss Melanie. I had spoken with her attending doctor earlier in the evening and he recommended that I stay overnight in the hospital.

Overnight, Miss Melanie had to get up twice to use the bathroom. Each time she awoke, her gown and bedding were soaked. I changed her gown and changed the bedding so it would be dry for her. After the second episode of night sweats, the nurse measured her blood pressure. It was 77/42, an extremely low blood pressure. I had Miss Melanie drink a pouch of protein fluid and then drink a bunch of water. After about fifteen minutes, the nurse returned and took Miss Melanie's blood pressure again. This time it was 99/70. Thank goodness!

Wednesday

I awoke at 7 AM and Miss Melanie was wide-awake. She had been waiting since 6 AM for me to get up because she was bored. She wanted to watch TV. This was a profound change from last night!

Miss Melanie did not recall having the fever or much about Tuesday. I filled her in on what had happened and we waited for the doctors to make their rounds.

On Wednesday morning, Miss Melanie had a vascular ultrasound on her legs to check for blood clots. This test showed that she had a blood clot in the calf of her right leg.

The doctors told us this afternoon that Miss Melanie had:

1. Infectious stuff in lower right lung that could be viral or bacterial. There is a strong likelihood that the infection in the lung is from the Epstein-Barr Virus (EBV), or Post-transplant lymphoproliferative disorder (PTLD). If so, it would be a low-grade lymphoma. However, the lung infection could be from

the Corona virus in her nose. Or, it could be from aspiration of food or vomit. Or, it could be from something else.

The only way to know if the lung infection is from EBV and it is PTLD is to do a biopsy of the enlarged lymph nodes.

2. A blood clot in the lower right lung that could possibly be due to previous cancer, infection, Epstein-EBV or PTLD.

3. A blood clot in lower right leg that could possibly be due to previous cancer, infection, EBV, or PTLD. The doctor said the actions that they will be taking include:

    1. A bronchoscopy to check on the infection in the lung.
    2. Intravenous injection of immunoglobulin (IG). Her IG level is low and needs to be boosted.
    3. A bone marrow biopsy.
    4. Blood thinner will be given after items 1-3 are complete.
    5. Potentially, a lumbar puncture to check on EBV involvement in the spinal fluid. The doctor was less concerned about this since her mental status was back to normal. It would not go back to normal if there was infection in the spinal fluid.

I asked about the night sweats. They are due to either to infection or PTLD. When infection or PTLD is resolved, night sweats will stop.

Additionally, the doctor said that since Miss Melanie is having no symptoms associated with pneumonia or the lung infection, is having no mental incapacity, and is having no problems with movement or motion, he saw no reason why she could not go home in a couple days.

Around 8:00 PM tonight, Miss Melanie had a low-grade fever (100.4). The fever triggered another round of blood draws to see what was causing the fever. Nothing definitive was found.

Thursday

The lung doctors told Miss Melanie today that she would not be having a bronchoscopy. This was because a bronchoscopy would not provide meaningful results. Therefore, next week, Miss Melanie will be having a PET scan of her right lung. This will show the doctors the best place and the best way to biopsy the lung infection.

Late this afternoon, Miss Melanie had a bone marrow biopsy. The biopsy was more difficult to complete and, unfortunately, the nurse hit Miss Melanie's sciatic nerve during the procedure. Miss Melanie is in a constant state of pain (i.e., a seven on a scale of ten). She has significant pain and soreness in her left hip, left leg and in her back. The doctor told her this pain and soreness could last for weeks or months.

Tonight, Miss Melanie had her first blood thinner (Lovenox) shot. She will get a shot every twelve hours while in the hospital. This is medicine to eliminate her blood clots. After getting home, she will give herself shots as she has done previously.

Friday

The doctor told her that because of her low-grade fever on Wednesday, she would not be going home today.

Miss Melanie enjoyed a big breakfast today:

- A build-it-yourself omelet
- Cheerios
- Guacamole
- Milk
- Coffee

Saturday

While showering today, Miss Melanie's IV came out because the covering became wet as did the tape and the IV fell out. A nurse came later and inserted a new IV. Miss Melanie had not showered since Thursday and said she was going to wash her hair four times!

Her blood counts remain low and the low counts could be a result of the EBV. Hopefully, Miss Melanie will be released from the hospital tomorrow, in the evening.

STILL ON THE COASTER, SATURDAY, FEBRUARY 3, 2018

by John Balzer

Miss Melanie has been on the roller coaster since my last entry. She was discharged from the hospital on Sunday afternoon, January 28, 2018. Within two hours after arriving at our apartment, Miss Melanie was experiencing increasing pain in her left hip and down her left leg. While she took medicine to resolve the pain, it was of little value in reducing the pain.

Monday
Miss Melanie awoke and said she was going to vomit. As I helped her to the bathroom, I noticed that she felt like she was on fire. When I took her temperature, it was 103.3! I told Miss Melanie and our daughter, Erica, that we had to get to the emergency room. Thankfully, Erica had come for a visit and was a wonderful asset to us.

We arrived at the emergency room and had to wait for a room and to see a doctor. Fortunately, Miss Melanie's fever had abated a bit by the time we arrived at the hospital, but the pain in her left hip and left leg was still powerful. Hours went by as we waited for a room. Pretty soon, it became evident that we would have to wait until after 7 PM when the night shift came on duty. At 7:04 PM, Miss Melanie was wheeled into an emergency bay. The same doctor we saw a week ago came in and assessed Miss Melanie. He was puzzled by the fever and he prescribed a powerful drug to relieve her hip and leg pain.

Tuesday

We were back at the hospital at 7:30 AM for Miss Melanie's second rituxin infusion. Everything went extremely well and we were able to leave the hospital sooner than expected.

Wednesday

Miss Melanie awoke in severe pain in her left hip and left leg. Plus, she had a fever of 101.4. I called the nurse and she said to come into the clinic so they could examine Miss Melanie. She was dehydrated and was given fluids. Due to her having a fever, the doctor decided to admit her to the hospital. In spite of taking strong pain medicine, Miss Melanie continued to have pain on a level of ten out of ten.

Thursday

Miss Melanie had many tests completed. One test, a CT scan, showed that she had a huge hematoma around the area where the bone marrow biopsy had been completed a week earlier. This hematoma, or pocket of blood, was about five inches across. The nurse described it as "huge". The hematoma was causing pain, difficulty in movement because it was pressing on a nerve (not the sciatic nerve) and creating pain that took Miss Melanie's breath away. The reason it formed was due to the blood thinner being given shortly after the bone marrow biopsy. That caused the blood to pool around the bone marrow biopsy area. Initially, the doctors decided that massaging would help relieve the hematoma and the pain. Within a short time, however, they decided that the hematoma would have to be drained. The process to drain the hematoma was scheduled for the next afternoon. In the meantime, Miss Melanie was in pain and taking a cocktail of pain medicine. Also, the blood thinner was discontinued until the hematoma pain could be resolved.

Friday

Miss Melanie was a bit more comfortable for much of the morning; however, by early afternoon, the pain had increased to a ten out of ten level. The doctor also told Miss Melanie that another CT scan showed that the hematoma was also pressing on her spine and the muscles on her left hip. He said that he could understand why she was in such miserable pain. About two o'clock in the afternoon, Miss Melanie was taken for the draining process. It was a lengthy procedure and she received a cocktail of medicines to put into a twilight sleep during the draining. Unfortunately, the draining did not drain as much as expected and a drain line had to be inserted. It runs to a suction bulb that is pinned to Miss Melanie's gown. The draining will be a slow process and it will take time for the pain to completely mitigate.

Saturday
Miss Melanie was a bit more ambulatory, but her pain level continues high. The doctors reduced some of her pain medication that is given by IV to prepare her to go home. This evening, her pain was increasing and she received a lot of pain medicine. Hopefully, tomorrow will be better in terms of reduced pain and the ability for her to walk more easily.

BACTERIAL INFECTION, MONDAY, FEBRUARY 5, 2018

by John Balzer

On Sunday, Miss Melanie learned that she had a bacterial infection in the hematoma on her left rear hip. This infection in not in one pocket or mass, but is diffused throughout the hematoma. There had been some discussion about attempting to surgically remove the bacterial infection; however, that has not been further considered because of the infection being diffused and the fact that two types of antibiotics typically eradicate the bacteria. The doctor told her this afternoon that she will go home with the antibiotics being given to her at home via an intravenous line (IV). A more permanent IV line, known as a PICC line, will be inserted in Miss Melanie's arm prior to her release from the hospital.

Regarding the hematoma, it is still draining and being further reduced by Miss Melanie's body reabsorbing the fluid in the hematoma. The doctor told her this morning that the reduction of the hematoma and the pain from it may take weeks to be gone.

With regard to Miss Melanie's pain level, it has remained in the seven to eight range. She is being given OxyContin every four hours and that helps keep the pain at a "manageable" level.

Miss Melanie is walking better and with less pain. She can stand up from a chair, move her left leg quite well and walk to the bathroom on her own. She took a shower today and felt great afterward.

HOME AGAIN!, THURSDAY, FEBRUARY 8, 2018

by John Balzer

Miss Melanie came home from the hospital today. Using a walker, she quickly exited the hospital and entered our car. We arrived back at our apartment about 12:30 PM. She was extremely pleased to be back in her comfort zone.

Thankfully, Miss Melanie is doing much better. She received her third dose of rituxan on Wednesday afternoon. Pre-infusion medicines were given to prevent any side effects from the infusion, including fevers. In addition, spent the night at the hospital after the infusion to make sure that there was no fever.

The drain line that was suctioning fluid from her hematoma was removed and the remaining fluid will be reabsorbed into Miss Melanie's body.

A physical therapist visited Miss Melanie and helped her walk around her hospital room. She also gave her some exercises for strengthening her left leg. Miss Melanie will receive physical therapy visits at our apartment.

While the last several weeks have been concerning, troubling and painful for Miss Melanie, the result is that she is getting better, the pain is less severe and she is able to walk with less pain. Several questions that I asked (and I thought many bus riders were also asking) were:

1. The lead doctor said that a fever the day after a rituxan infusion was a known side effect; then, why wasn't Miss Melanie given some medicines prior to the second rituxan infusion to prevent another fever?

   The explanation was that they did not realize that Miss Melanie reacted so strongly to the infusion. Not all people react the same way to medicines and Miss Melanie was more sensitive to medicines than other people. For Wednesday's rituxan infusion, Miss Melanie was given medicines before and after the infusion to prevent side effects, including a fever.

2. How did the hematoma become infected with bacteria?

   The Advanced Practice Nurse who completed the bone marrow biopsy, said that the results of a blood culture from the fluid in the hematoma showed that the bacteria was a common staph infection. All of us have staph on our skin and if it gets into the body of a healthy individual, their immune system handles the bacteria. In Miss Melanie's case, the nurse felt that when the bone marrow biopsy needle was inserted through her skin, it drew staph bacteria into her body. The hematoma formed as a result of the biopsy and the staph bacteria grew in the hematoma. Thankfully, the staph bacteria is readily treated with the antibiotic Miss Melanie is taking (doxycycline).

3. If the medical staff knew that Miss Melanie had a hematoma, why did they give her a blood thinner?

   She was given the blood thinner because of the blood clot in her lung and the blood clot in her leg. The doctors were unaware of the fact that the blood thinner was exacerbating the size of the hematoma. Blood thinners are often given after a medical procedure because they typically do not exacerbate bleeding. In Miss Melanie's case, the doctors did not realize (they do now) that her body was extra sensitive to medicines. The blood thinner, in Miss Melanie's case, caused fluids to flow into the hematoma causing swelling, pain, and difficulty in movement and extreme discomfort.

4. Miss Melanie had severe pain and discomfort following the bone marrow biopsy. Why wasn't her problem diagnosed sooner?

   Initially, the doctors thought she was just having discomfort typically associated with a bone marrow biopsy. They told her that the pain and discomfort would go away in a couple of days. Miss Melanie and I knew from the start that the pain she was experiencing was not typical. She had had approximately eight previous bone marrow biopsies and she had experienced no pain or difficulty walking. The doctors were unaware of the hematoma, the large size of the hematoma and the impact the hematoma was having on Miss Melanie's nerves and muscles.

FOURTH RITUXAN INFUSION COMPLETE, TUESDAY, FEBRUARY 13, 2018

by John Balzer

On Monday, Miss Melanie and I traveled to the clinic for her fourth, and final, rituxan infusion. These infusions were given to Miss Melanie to eradicate the Epstein-Barr Virus (EBV) and the Post transplant lymphoproliferative disease (PTLD). The evening prior to the rituxan infusion and the morning of the infusion, Miss Melanie took prednisone pills. This medicine was taken to prevent Miss Melanie from having a fever the day after the infusion. The infusion process went extremely well and Miss Melanie experienced no side effects.

After the rituxan infusion, Miss Melanie had an appointment for an ultrasound of her legs. This ultrasound was completed to check on the status of the blood clot in her right lung and right calf. We will find out the results of the ultrasound during our next appointment with the nurse and doctor on Friday, February 16.

Late Monday afternoon, the nurse called to say that doctor wanted Miss Melanie to begin again giving herself Lovenox (i.e., blood thinner) shots. I asked if there was concern that the blood thinner could cause the hematoma in Miss Melanie's left hip to increase in size. She said that the hematoma was a bruise at this time and it would not be drawing blood to it. Therefore, it would be fine for Miss Melanie to start taking the blood thinner again.

On Tuesday (February 13), Miss Melanie had NO fever - yahoo! That was outstanding. Also on Tuesday, she was quite active. We went to the post office and she walked to a store while I was in the post office. Next, we walked from our apartment to Walgreen's to pick up two prescriptions. On the way back to our apartment, we walked to Whole Foods to get our dinner. Her ability to walk, coupled with her excellent spirits, was so dramatically different from a week ago. We discussed the excruciating amount of pain she had been in ("That was the worst pain I have ever experienced, including childbirth", Miss Melanie said). We are both thankful for the blessings that we received in the last week. Seeing Miss Melanie walk and getting exercise was wonderful.

ROLLING RIGHT ALONG! FRIDAY, FEBRUARY 16, 2018

by John Balzer

Today, Miss Melanie and I returned to the clinic for a regularly scheduled visit. Her blood counts were in the decent/good range, the level of Epstein-Barr Virus (EBV) in her blood was below 1,000 (consider in the none troubling range and down from 10,000+ six weeks ago) and the doctor and nurse were pleased with how well she is getting along after leaving the hospital a week ago.

Next Wednesday, Miss Melanie will have a PET scan to check on her lymph nodes relative to any EBV or PTLD involvement. We are praying that the rituxan infusions have eliminated the EBV and PTLD in the lymph nodes and no biopsy of any lymph nodes will need to be completed.

With regard to questions and information that I forgot to include in past journal entries, here is additional information:

A. The results of Miss Melanie's most recent bone marrow biopsy showed no evidence of any leukemia. The results, however, did not indicate if there were any EBV cells in the stem cells. That was because the biopsy was unsuccessful in reaching the core of the bone marrow. In spite of four different attempts by two Advance Practice Nurses (APNs), they were unable to reach the core to get the marrow sample. The blood that was withdrawn from the marrow showed no evidence of leukemia in Miss Melanie's blood. There will need to be another bone marrow biopsy to check the core to determine if there are any EBV cells in the marrow.

B. Miss Melanie's pain level is still significant; however, not as severe as it had been a week ago. She takes extra Strength Tylenol during the day and OxyContin when going to bed. The pain will remain for another week or two. Hopefully, she will be able to go off heavy-duty pain medicine relatively soon because she wants to drive to see her Father.

C. Regarding mobility, around the apartment, Miss Melanie walks without assistance. When we leave the apartment, she uses a rollator. It is a four-wheeled device with hand brakes and a seat. It provides the stability she requires to easily walk for an extended distance. She begins twice weekly physical therapy treatments next week. The goal will be to strengthen

> her left thigh muscles and related muscles to reduce the pain and enable her to walk without assistance. She also has been given two exercises to help strengthen the muscles in her left leg. I am guardedly optimistic that she will do the exercises each day; however, her past history in doing prescribed exercises has resulted in low to no completion of any exercises. Maybe this time, because it will reduce the pain AND increase her mobility, Miss Melanie might surprise me and actually do the two exercises.

Miss Melanie is doing significantly better than last week and better than at the start of this week. We are hoping and praying that things continue to improve. She is focusing on getting stronger, eating more and walking more. In fact, we walked to lunch yesterday, then walked through a park, went to two gift shops and walked about two miles in four hours. She did not stop because of pain or tiredness. It was wonderful to see her rolling right along.

GREAT RESULTS, FRIDAY, FEBRUARY 23, 2018

by John Balzer

Miss Melanie learned during this afternoon's weekly appointment at the clinic that her PET scan, completed on Wednesday, showed that her lymph system was no longer involved with the Epstein- Barr Virus (EBV) and Post Transplant Lymphoma Disease (PTLD). In addition, her blood analysis showed that the EBV level was below 1,000 meaning it was insignificant and not a concern. I asked the nurse if these findings were consistent with Miss Melanie having received the four infusions of rituxan and she said yes. I also asked if Miss Melanie needed any further treatments or medicines due to the EBV or the PTLD. The nurse said that Miss Melanie did not need any additional treatments, etc., for the EBV or PTLD. I was extremely thankful when I heard the results. The last six weeks have been a difficult time for Miss Melanie and I was so grateful that she was done with the pain, tests and extra medicines.

Also during her appointment today, Miss Melanie's blood counts were quite good:

Platelets 133, White Blood Count 2.3, Neutrophils 1.7, Hemoglobin 11.3, Creatinine 0.7

These numbers were significantly improved over those of six weeks ago. All of them were higher and were indicative of how well Miss Melanie was doing.

With regard to other numbers, I apologize for not previously reporting the result of the chimerism test from Miss Melanie's most recent bone marrow biopsy. The percentage of stem cells from the donor in Miss Melanie's blood was 90 percent. That is up from 62 per cent and 50 per cent from the two prior bone marrow biopsies. This is another outstanding result from the most recent bone marrow biopsy.

Since my last journal entry, Miss Melanie has been busy walking and doing exercises recommended by the physical therapist. While she is still walking with a rollator (i.e., a fancy walker with four wheels, a seat and hand brakes), Miss Melanie is diligently working to strengthen the muscles in her left leg and increase her balance so she can walk without using the rollator.

Looking ahead, Miss Melanie will continue her twice-weekly sessions with the physical therapist, continue walking and will have weekly appointments at the clinic. She will focus on getting well so she is able to once again go see her Father.

HEADING TO SEE HER FATHER, SUNDAY, MARCH 4, 2018

by John Balzer

The doctor told Miss Melanie during her appointment on Friday that she could go visit her Father. She has not seen him for several months and had been waiting to get clearance to travel. An ecstatic Miss Melanie called her Father with the great news as soon as we were back in the apartment Friday afternoon.

Also during Friday's appointment, we learned that Miss Melanie no longer needed to visit the clinic each week. The doctor said that things were stabilized and that her blood counts, although down this time, were in a normal range. He noted that the chimerism showed that the percentage of stem cells from the donor had increased and that was good. He said, moving forward, they will monitor things and make any adjustments as needed. All in all, things are going the right way for Miss Melanie and she deserves it after the road bump of the last two months.

We have been busy since my last journal entry. Miss Melanie has continued her daily exercises and the physical therapist came twice last week. We have also been out walking to get exercise, to the pharmacy, shopping (of course!) and to enjoy dinner. In addition, Miss Melanie has been eating very well each day. It is a joy to see her eating three times a day, enjoying food and snacks and looking healthier and stronger. She is getting stronger, walking better and letting her positive spirit guide her. Miss Melanie is a remarkably strong, resilient, positive individual who is always thinking of others. I am so thankful that she elected to marry me because she is a true role model of how to live life.

ALL PROBLEMS BEHIND HER, SUNDAY, MARCH 18, 2018

by John Balzer

Late Friday afternoon, Miss Melanie had a regularly scheduled appointment at the clinic. All of her blood counts were up from the last visit. The counts were all in the mid-normal range, up from low-normal levels. The doctor said Miss Melanie is doing well and that he was thankful that the problems associated with her painful bone marrow biopsy were all behind her. Some of you might be thinking he was making a pun (i.e., all of her problems were "behind her" because the pain was in her left rear end) - he was simply happy that the pain and problems were gone.

On Friday, March 23, Miss Melanie will have a follow-up PET scan. This scan will be to check on any activity in her lymph nodes. The last PET scan showed some activity in two nodes and the doctor wants to check to make sure any activity is gone or declining.

MONDAY UPDATE, MARCH 26, 2018

by John Balzer

Miss Melanie is in the neurological ICU at the hospital. She has hydrocephalus due to the fluid in her brain not draining effectively. The fluid is thick and not draining like typical brain fluid, which is thinner. This has been caused by PTLD (a low grade lymphoma, which she had last month that developed after the Epstein Barr Virus) in the fluid in her brain and spinal column.

Late last week, Miss Melanie was having significant mental confusion, could not speak well, had incontinence and trouble walking when we came into the hospital Saturday morning.

Late Saturday afternoon, a drain line was placed in the right, frontal lobe of her brain to relieve pressure in her brain. Due to the thickness of the fluid, not much has drained out, so neurological physicians have manually withdrawn fluid, via a syringe, from her brain.

Late this afternoon, a team of neurological doctors and hematological doctors injected chemotherapy medicines into the drain in her brain. This was done to eradicate the lymphoma cells in the fluid in her brain. We are hopeful that the medicines injected today will eliminate the lymphoma, as well as reduce the thickness of the brain fluid.

Miss Melanie has been sleeping much of the time. She is awake in relatively short stretches and has been responsive to us.

FIFTH SEGMENT - MAR – JUL 2018

OVERVIEW OF THE FIFTH SEGMENT

On March 23, 2018, following a PET scan, Miss Melanie exhibited extremely bizarre behavior. I asked her how the PET scan went and she looked at me, but made no response. I asked her if she was feeling okay and she refused to talk with me. She only would look me in the eye, as if she did not recognize me.

As we walked toward the parking garage, she was walking on the tips of her toes. I asked her why she was walking in such a manner and she only looked at me. I asked her to stop and sit down. While we were seated, I called the nurse practitioner and described how Miss Melanie was behaving. The nurse practitioner said to bring her into the clinic the next morning at 8:30 AM.

We arrived back at our apartment building, Miss Melanie ran down the hallway. Her odd behavior was a definite concern. The evening and overnight were difficult. She had a fever, was having incontinence and confused about where she was and what she was doing. I was praying that she would be able to make it until our appointment the next morning at 8:30 AM.

Thankfully, we made it to the appointment and after some quick examinations and tests, the medical staff admitted her to the hospital. Later that day, a doctor came into her room and told me that Miss Melanie needed to have a drain put through her skull to drain fluid from her brain. That procedure was done in her room and, shortly afterward, she was transferred to the Intensive Care Unit (ICU). Once in the ICU, a number of tests were completed and the diagnosis was that Miss Melanie had lymphoma in her brain. That was the reason for the bizarre behavior.

The medical team treating Miss Melanie was uncertain about a treatment plan because of the protein level in her brain and its viscosity. Normal protein level is forty-five and Miss Melanie's was 964. Typical protein level is clear and the viscosity of water. Miss Melanie's protein was the viscosity of Jell-O. It was too thick to drain from her brain.

One of the doctors treating Miss Melanie came into her room in the ICU and told me, "We know what she has, but we have no idea how to treat it. I am going home and will contact colleagues, read some articles and I will come back tomorrow with a plan for Miss Melanie's treatment." I was stunned by the honesty the doctor expressed. She came into the room the next morning and presented the plan of action to me.

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Miss Melanie has been sleeping much of the time. She is awake in relatively short stretches and has been responsive to us.

GOOD FRIDAY, MARCH 30, 2018

by John Balzer

Miss Melanie is still in the neurological intensive care unit (ICU). This week has been filled with ups and downs. The first brain drain (or medically known as an evaporative ventricular drain, EVD) was too small to permit fluid from Miss Melanie's brain to drain. That was due to the fluid being too thick due to a high amount of protein in the fluid. A second, larger drain had to be installed.

The larger drain and the chemotherapy Miss Melanie received resulted in the brain fluid flowing into a collection bag. The fluid was thinner and was able to drain because of the larger size of drain. This fluid was analyzed for the amount of protein and abnormal cells.

Yesterday, Miss Melanie sat in a chair. That marked the first time she had been out of bed since last Saturday. She did very well and watched TV for about ninety minutes.

Last night was a difficult night for Miss Melanie. She was restless, mentally confused and needed to urinate a number of times. Her nurse worked closely with her and was in the room for almost two hours without leaving at one point. I stayed in the room with Miss Melanie and it was obvious how confused she happened to be. Doctors and nurses who came in during the night performed mental assessments of Miss Melanie. They asked her for her name, the year, the facility/location where she was, the month, the name of her husband, and other mental awareness questions. She failed some and was correct on some. They also asked her to squeeze their fingers, raise her legs, smile, stick out her tongue and more. Overall, she was limited in doing well regarding the mental awareness and agility questions.

Today, Good Friday, things were much better for Miss Melanie. The side effects of the chemotherapy were wearing off. The abnormal cells in the fluid in her brain were minimal because of the effectiveness of the chemotherapy. Her mental awareness was decidedly better than

Thursday. She sat in the recliner in the room watching TV and reading magazines from 10:30 AM until 6:00 PM. In addition, she was eating solid food, drinking liquids and talking with Erica and the medical staff.

Tonight, she is watching an extra innings Cubs baseball game. She is very calm, relaxed and is conversant. Her awareness, while not completely recovered, is light years ahead of where it was a week ago. She is an amazingly strong, powerful, dynamic individual who is staying focused on getting better.

Tomorrow, maybe she will go for a short walk. She is ready to go home; however, when she is ready to leave the ICU, she will go to the floor where she had her stem cell transplant in June 2017. She will be there until she is completely recovered, including physical therapy for walking.

I am so deeply humbled by and thankful to each of you on the bus. I was thinking of all of you this afternoon and mentally talking with each of you. My heartfelt feelings were conveyed to each of you in my thoughts. You have literally carried my through some dark hours and some dark times. Thank you for being with us on this trip. Our daughters reminded me and several medical personnel what Miss Melanie told me when she received the diagnosis of Acute Myeloid Leukemia (AML) in September 2016. When I heard the diagnosis, she could tell by the look on my face that I was feeling down. Miss Melanie looked at me and said, "Look, if you are going to be full of gloom and doom, you can get out now. If you are not going to be positive, I do not want you around!" I raised my eyes from my locked stare on the tile floor and said, "I am on board!" Miss Melanie told me everything would be fine and that we would take things a day at a time. She then turned to the hematologist and said, "Okay, where do we go from here?" Miss Melanie is strong lady; a wonderful wife; an inspirational person; a caring, loving, compassionate Mother and friend; and, most of all, my BEST friend.

IMPROVING MELANIE, FRIDAY, APRIL 6, 2018

by John Balzer

The last week has been a series of ups and downs for Miss Melanie. From having difficulty in remembering things (e.g., the day, month, year, where she was, when she was married and more), she has also had extremely lucid moments, known exactly where she was and stated that she most definitely wanted to go home.

Thankfully, as of today, things are vastly better than they were a week ago. Miss Melanie is definitely improving and significantly better than she was before the PTLD cells invaded her Cerebral Spinal Fluid (CSF). While, at times, she seems to have short term memory loss, she recalls a number of things, has a good sense of humor and knows that her mental acuity needs a bit of assistance.

On Monday, April 2, Miss Melanie received a third dose of chemotherapy into her brain. The medicine was delivered via the drain in her skull and she tolerated it quite well.

During this week, Miss Melanie has been walking around her room and sitting in the recliner many hours each day. She is eating well and her mental function is improving each day. The doctors noticed her improvement and several remarked on how quickly things had rebounded for Miss Melanie.

The doctors told us that testing showed that there were no more cancer cells in Miss Melanie's CSF. They were extremely pleased with how effective the medicine she was given had been in eradicating the PTLD cells in her brain. The doctors had to do research into PTLD cells invading the CSF because it is a relatively rare situation. It only occurs in seven per cent or less of the cases when people have PTLD. Thankfully, they were able to acquire the information they needed to successfully put a plan together to treat Miss Melanie. The neurological and hematological teams at the hospital are outstanding and have cared for Miss Melanie as a patient, as a person and, most importantly, as a friend.

On Thursday, the EVD, or drain plug that had been placed in her head, was removed and the one-quarter inch hole in her skull was sutured closed. The plan had been to install a port in her skull to allow delivery of medicines to the CSF and to withdraw the CSF for analysis; however, that was scrapped due to Miss Melanie's blood counts being too low. The chemotherapy that she had received over the last twelve days had driven her blood counts down and the neurologist was concerned that the installation of the port would be too great a risk for infection. The port can be installed, if necessary, at a later date.

Today, Miss Melanie is expected to leave the neurological intensive care unit (NICU) and be moved to the floor where she had been prior to being moved to the NICU. She will spend an undetermined number of days in a room there prior to being to being released from the hospital.

BACK HOME!, TUESDAY, APRIL 10, 2018

by John Balzer

YAHOO! Miss Melanie is back home! We left the hospital about 3 PM today. BOTH of us are glad to be out of the hospital.

Miss Melanie had been transferred from the Intensive Care Unit (ICU) late last Friday evening to the general floor. This was the same floor where she received her stem cell transplant in June 2017. Over the weekend, Miss Melanie was weaned off of various medicines and IVs. We were able to walk the halls to get much needed exercise and enjoy being out of the room.

Yesterday (Monday), Miss Melanie had a lumbar puncture so the hematology doctors could inject rituxin into her spinal fluid. She had previously received rituxin IV infusions in February; however, this was the first time she received a spinal infusion of the medicine. She will receive three more spinal infusions of rituxin over the next six weeks.

As the doctors were working on her during the lumbar puncture yesterday, Miss Melanie looked at me and asked, “Do you know what sounds good?” I responded that I had no idea and she said, “A root beer float!” I guess she was having no problems with the lumbar puncture. Or, maybe a lumbar puncture triggers the desire to have a root beer float.

The chemotherapy that Miss Melanie received in the ICU had driven her blood counts down. To help bring the counts up, she received infusions of platelets (to aid in clotting) and shots of neupogen (to increase her white blood count). She will continue giving herself shots of neupogen at home for the next week.

The doctors, nurses, nurses aides and everyone who had contact with Miss Melanie during her seventeen days in the hospital were inspired by her strength, positive spirit and by her recovery from a serious illness. Many of them were amazed at how much better she was than when she first entered the hospital. While she has some short-term memory issues and some bouts of confusion, she is aware of these issues and we are working to resolve them.

PTLD TREATMENT CONTINUES, TUESDAY, APRIL 17, 2018

by John Balzer

Since Miss Melanie was discharged from the hospital last week, she has been busy drinking plenty of fluids each day. She was dehydrated last Thursday and experienced bouts of low blood pressure, so it was mandatory that she remains well hydrated. It also was important that she eat four or five small meals each day. She did well on drinking fluids; however, she continues to not eat enough each day.

Miss Melanie and I arose at 5 AM this morning to get ready to return to the clinic. We had to be there by 7 AM so Miss Melanie could begin receiving follow-up treatment to eradicate any remaining PTLD cells lurking in her body or cerebral spinal fluid (CSF). She received an infusion of rituxin today. After the infusion was completed, Miss Melanie was admitted to the hospital for additional infusions.

Tomorrow, she will have a PICC line installed in her arm. This will permit easier access into her veins for chemotherapy infusions. Also tomorrow, she will receive an IV infusion of methotrexate.

On Thursday, Miss Melanie will have another lumbar puncture to infuse rituxin into her CSF. Depending on how she is doing after the lumbar puncture, she might be discharged. Or, she might spend the night at the hospital and be discharged on Friday.

Going forward, Miss Melanie will return to the hospital two more times to complete two more rounds of treatments for the PTLD. Each treatment will be about two weeks apart to allow her blood counts to recover from the chemotherapy infusions. In each of the following visits, she will receive an IV infusion of rituxin, an IV infusion of methotrexate and a lumbar puncture of rituxin. After the four total sessions of PTLD treatment, Miss Melanie's blood and CSF will be analyzed to check on any remaining PTLD cells.

Miss Melanie continues to experience random short-term memory loss. A nurse told us last week that this issue should resolve itself going forward. It is my opinion that her memory improves somewhat each day. Hopefully, this trend will continue.

MISS MELANIE IS AT HOME, TUESDAY, APRIL 24, 2018

by John Balzer

Miss Melanie was discharged from the hospital on Sunday afternoon. She was more than ready to get back to her space and be in charge of her life. Once at the apartment, she rested in her favorite chair and watched TV.

Early in Miss Melanie's hospital stay, she told the nurses and doctors that her upper left arm was quite painful. Medical staff examined her arm and found nothing obvious (i. e., bruising, swelling, redness). A nurse ordered an ultrasound on Miss Melanie's upper left arm. That ultrasound found a long blood clot extending from her left elbow to her left shoulder. She was unable to begin treating the blood clot until she left the hospital. That was due to the number of invasive procedures that were completed while Miss Melanie was in the hospital. These procedures included installation of a PICC line (i. e., a port for infusions) in her upper right arm, a bone marrow biopsy and a lumbar puncture. These procedures could have caused excessive bleeding had Miss Melanie been on a blood thinner.

During her stay in the hospital, Miss Melanie received mega doses of Robitussin over three days. Surprisingly, a pharmacist said that a link had been discovered between high doses of Robitussin in reducing or eliminating mental confusion and/or memory problems. While it sounded crazy to us, it was not going to be harmful; plus, she was not going to have a cough. Therefore, she gulped down large doses of Robitussin twice a day for three days. Her short-term memory is still a bit of an issue; however, her overall mental confusion has been reduced.

Miss Melanie could not be discharged until the amount of methotrexate (i.e., chemotherapy) in her body was at, or below, 0.08. The level had to be below 0.08 to assure that her kidneys would not be damaged as the methotrexate was excreted from her body. She had been given another medicine (i.e., leucovorin) to help lower the level to 0.08 or below. On Friday and Saturday, the level declined until it reached 0.06 on Sunday morning and she could be discharged.

Miss Melanie was more than ready to leave the hospital because she had not planned on staying there for five nights. Prior to going into the hospital, we had been told that she would be in the hospital for one or two nights. By Friday night, she was telling me, "I want to go home now"!

The recent ride on the bus has been filled with twists, turns and road bumps. Thank you for staying with us on this journey. We are deeply comforted knowing that you are with us; sharing our ups and downs and making us smile through your warming words.

INFUSIONS COMPLETED, FRIDAY, MAY 4, 2018

by John Balzer

Miss Melanie was admitted to the hospital on Wednesday, May 2, to begin her third round of chemotherapy infusions to treat the PTLD that was in her body. In the afternoon, she received an IV infusion of rituxin. Later that evening, she received an IV infusion of methotrexate. These infusions went very well and she experienced no problems afterward.

Today, May 4, Miss Melanie had a lumbar puncture with an injection of rituxin. During a lumbar puncture, a small amount of spinal fluid is withdrawn for analysis and to provide “space” for the injection of the chemotherapy. Since rituxin does not cross the blood-brain barrier, a lumbar puncture was needed to deliver the chemotherapy directly into the cerebral spinal fluid (CSF). The methotrexate is a chemotherapy that crosses the blood-brain barrier and entered the CSF via the IV infusion.

Miss Melanie will be discharged on Saturday or Sunday. The exact discharge day and time is dependent on the amount of methotrexate in her body reaching a specific level (i.e., 0.08). She is being given medicine and fluids to reduce the amount of methotrexate in her body.

Next Monday, Miss Melanie has an initial appointment with a member of the occupational therapy department at the hospital. The appointment will be to review Miss Melanie’s mental status and recommend therapy or therapies to help her improve her short-term memory. Curiously, the appointment is listed in Miss Melanie’s chart as a “hand therapy” appointment. It will be interesting to see if the cause for Miss Melanie’s short-term memory situation resides in her hand. We had no clue that one’s hands were so important or part of the brain’s memory processes.

HAPPY MOTHER'S DAY!, SATURDAY, MAY 11, 2018

by John Balzer

Miss Melanie has been busy going to clinic appointments and learning about the plans for her upcoming treatments. On Thursday, we had an excellent appointment with a hematologist and a lymphoma doctor. They treated Miss Melanie when she was in the Neurological ICU several weeks ago. He is probably the most knowledgeable about her health; however, he had not seen her in a couple of weeks and he wanted to get a personal update on how she was doing. He is a wonderful doctor and provided us with wealth of information about Miss Melanie's health, background on how the Post Transplant Lymphoproliferative Disorder (PTLD) came to become an issue and insight on her future treatment program.

The doctor said that in some cases, the treatment to control the immune system after transplant (i. e. Prograf) could hold back the immune system too much. This allows the Epstein Barr Virus (EBV, which is in all of our bodies) to multiply. This caused the development of the PTLD in the lymph nodes and into the cerebral spinal fluid (CSF).

The doctor also told us that when Miss Melanie's CSF was measured in March the protein level was 964. He said he had never seen a protein level that high. The normal level is fifty. After the last lumbar puncture, the protein level in her CSF was 106.

The lymphoma doctor came in while the hematologist was in the room. She said that a protein level of 106 indicates there is still lymphoma in the CSF that needs to be eliminated. High dose methotrexate is the procedure used to eradicate the lymphoma in the CSF. Miss Melanie will have two more rounds of rituxan and methotrexate infusions. The rituxan eradicates the lymphoma in the body.

After the fifth round of infusions, they will do a PET scan and to see if any lymph nodes light up. If needed, several options for going forward, after the five rounds of infusions, are:

1. Monthly maintenance of infusions of five chemotherapy drugs. This is called the R-CHOP approach. It includes rituxan (that's the R) and 4 other drugs.

2. Lenolidimide, a biologic aid in pill form, and IV infusions of rituxan. Lenolidimide is a drug that is related to thalidomide, a drug that many bus riders may remember that caused devastating birth defects in the late 1950s and early 1960s. Thalidomide caused a loss of blood flow into the developing limbs of fetuses in the womb. The result was that children were born without arms or legs. Because this class of drugs stops blood flow to cells, it is now used to starve cancer cells from receiving blood. The cells need the blood to continue growing and, without it, they die.

3. Infrutinib, a biologic aid in pill form, and IV infusions of rituxan. Infrutinib is a drug that targets cancer cells and eliminates them.

Nothing about the next steps moving forward will be decided until after the current rounds of infusion and subsequent PET scan are completed.

On Friday, Miss Melanie and I traveled back to the clinic for a regular clinic appointment. During this appointment, Miss Melanie learned that next Tuesday, she would return to the clinic to begin her fourth round of chemotherapy treatments. She will have a rituxan infusion and then be admitted to the hospital for her methotrexate infusion. That will be followed by a lumbar puncture with rituxan being infused into the CSF. She will be in the hospital for three or four days.

With regard to Miss Melanie's mental status, she has significantly improved from three to four weeks ago. While she still has short-term memory incidents, her times of forgetfulness are becoming fewer and fewer. In addition, I have scheduled a series of seven mental/cognitive therapy sessions at a rehab facility. Doctors and nurses at the hospital described it as the "best in the nation" for rehab therapy. We had gone to one appointment for cognitive/mental therapy at the hospital and we both decided that the appointment was not the best. Therefore, I scheduled the sessions at the rehab facility.

FOURTH ROUND COMPLETED, SATURDAY, MAY 19, 2018

by John Balzer

Miss Melanie was discharged from the hospital, at dinnertime, on Friday evening. She was in the hospital for three nights. While there, she received IV infusions of two forms of chemotherapy (i.e., rituxan and methotrexate). In addition, she received rituxan via a lumbar puncture. Each infusion went well and Miss Melanie handled the poking, prodding and blood taking with grace and humor.

Back at our apartment, she returned to her usual comfort zone - that is, "watching" Law and Order, sending messages on her cell phone, printing medical reports from her My Chart page, and writing notes for upcoming appointments and activities - all at the same time. Ah, what a lovely multitasker Miss Melanie is; such a contemporary lady.

Early, early on Saturday morning, Miss Melanie was glued to the live broadcast of the wedding of Prince Harvey and Meaghan Murkie. She was so thankful to be at home to watch this blessed event. The wedding from Whitmore Castle and the buggy ride around the town were the highlights of the day, according to Miss Melanie.

Next Wednesday, Miss Melanie and I will return to the clinic for an update on her blood counts following this week's chemotherapy. Also on Wednesday, Miss Melanie has her initial cognitive therapy session.

HAPPY MEMORIAL DAY, SUNDAY, MAY 27, 2018

by John Balzer

Also in the past week, on Wednesday and Friday, Miss Melanie and I walked to the rehab facility for Miss Melanie's initial two appointments in the cognitive therapy lab. The appointments were informative and helpful. The therapist is a warm, friendly young lady who relates well to Miss Melanie. The therapist provided her with information on how to improve her short-term memory, as well as completing mental assessment tests. One of these tests had previously been administered to Miss Melanie and this time, she received a score of 27 out of 30, up from 25 and 22 on the two prior assessments. It was clear that her memory is improving. In the upcoming weeks, Miss Melanie will have one or two appointments at the lab each week.

Also on Wednesday, Miss Melanie had a regular clinic appointment at the hospital. Her blood counts were recovering and she was doing well enough for the fifth round of chemotherapy infusions to be scheduled for next week. On Tuesday, she will be admitted to the hospital and the infusions will begin that day. On Wednesday, she will have a lumbar puncture. After several more days in the hospital, so the amount of chemotherapy in her body diminishes, she will be discharged.

RELAXING AT HOME, SUNDAY, JUNE 3, 2018

by John Balzer

Miss Melanie was discharged from the hospital at 9:45 AM on Saturday. She spent four days in the hospital, receiving three rounds of chemotherapy (two via IV and one via a lumbar puncture). Miss Melanie was discharged when the level of methotrexate (one of the chemotherapy medicines she had received) was below 0.08.

While in the hospital, Miss Melanie did very well. Medicines were administered while she worked on crossword puzzles, read the magazines and newspapers, watched TV and ordered must have items on the Internet.

This hospital stay was her fifth round, of five rounds, to receive chemotherapy via IV and lumbar puncture. In several weeks, Miss Melanie will return to the clinic for an MRI and a PET scan. These imaging tests will check for any lymphoma cells in her head or chest. We are praying and hoping that all of the lymphoma cells will have been eradicated.

HAPPY BIRTHDAY! WEDNESDAY, JUNE 6, 2018

by John Balzer

HAPPY BIRTHDAY TO MISS MELANIE!

Well, Happy Birthday to her immune system, that is. It was on June 6, 2017, that Miss Melanie received her stem cell transplant. The stem cells had been harvested from a 24-year old male in Germany, flown to the hospital and infused into Miss Melanie. Thanks to these donated stem cells, Miss Melanie was given a brand new immune system.

To celebrate her birthday, Miss Melanie and I went to the rehab facility for an appointment with the memory therapist. She did well on the mental assessment tests that included reading comprehension, logic and memory of the location of dots on a page. Her memory is obviously improved from what it was four to five weeks ago.

After Miss Melanie's memory assessment tests, we met a dear friend for brunch. I had asked our friend to bring some surprise birthday items for Miss Melanie. She did an expert job of providing the exact items that Miss Melanie needed. She brought two helium filled balloons, a strawberry-cream filled torte, a candle in the shape of the number one, a card for a one-year old, party hats and a lighter for the candle. Talk about the complete job! In fact, the birthday bash was so great that our waitress joined in and wore a party hat. Miss Melanie was surprised by the birthday items and thoroughly enjoyed the festivities. We had so much fun that we had to be reminded that the restaurant was closing at 3 PM

We learned earlier this week that Miss Melanie will have a PET scan and an MRI Saturday afternoon. These tests will be completed to determine if any PTLD cells are in her lymph nodes or in her cerebral spinal fluid (CSF). It is our sincere hope that are no PTLD cells in her body.

WHAT WONDERFUL NEWS!
TUESDAY, JUNE 12, 2018

by John Balzer

Miss Melanie is such a vital, strong individual after what she experienced during the dark days of February, March and April. Her focus, resolve and powerfully strong positive spirit moved her through all of the road bumps to the joyous news she received today.

Late this afternoon, as we were driving to dinner, Miss Melanie and I received a phone call from the Advanced Practice Nurse at the hospital. She had the results from a PET Scan and an MRI that were completed last Saturday. The nurse told us that the PET Scan showed that the previously involved lymph nodes were no longer lighting up. That meant that the PTLD in the lymph nodes in Miss Melanie's body had been eradicated. The MRI results showed that the cerebral spinal fluid (CSF) was clear of any PTLD cells. That was also excellent news. Both Miss Melanie and I were thankful, grateful and extremely happy.

A QUICK VISIT, TUESDAY, JUNE 19, 2018

by John Balzer

Miss Melanie and I are visiting her father for a quick visit. This was our first trip to see him since March and it was wonderful to see Miss Melanie and her father together.

We will be return to home on Thursday when we drive to the clinic for an appointment with a lymphoma doctor. We have seen her once previously and during Thursday's meeting we will discuss treatment options moving forward. The doctor previously told us that maintenance treatments would be required for a matter of months because of the fact that the PTLD had gone into Miss Melanie's cerebral spinal fluid (CSF). The PTLD cells entered the CSF when the blood-barrier broke down.

Miss Melanie's cognitive health is improving quite well. She continues to have sporadic, short-term memory loss, but it is a minimal compared to how it had been recently. Her recovery and her tenacity are impressive.

MORE TESTS NEEDED, TUESDAY, JUNE 26, 2018

by John Balzer

Since returning to our home, we have been busy. We left Miss Melanie's father last Thursday morning and drove directly to the clinic.

Miss Melanie had an appointment with two lymphoma doctors. The doctors reviewed the findings from Miss Melanie's recent PET scan and MRI. Both doctors said the PET scan showed that the evidence of residual PLTD in Miss Melanie's lymph nodes was completely gone. The result of the MRI was a bit confusing to the doctors. They were unsure of how to interpret a lighted area at the front of Miss Melanie's brain. The doctors said that it was not cancer; however, they did not really know what to make of it. It could possibly be a result of the high dose chemotherapy that Miss Melanie received because chemotherapy sometimes causes abnormalities in MRI results. The doctors want to complete another MRI to see if the lighted area at the front of the brain changes or disappears. Miss Melanie will have an MRI early in July.

The lymphoma doctors also want Miss Melanie to have another lumbar puncture completed to check on the protein level in her cerebral spinal fluid (CSF). The level, when last checked, was 101; while normal is in the 15-45 range. Again, the doctors indicated that the protein level could be elevated because of the chemotherapy. She will have a lumbar puncture on July 3.

Both doctors commented on how well Miss Melanie looked and how well she was doing. That was surprising to us. The doctors mentioned that many patients after receiving high dose chemotherapy do not do nearly as well as Miss Melanie.

I have learned that lymphoma doctors and leukemia doctors have differing views on interpreting the results of medical tests. Miss Melanie's leukemia doctors previously told us that there were no active cancer cells in her lymph nodes or in her cerebral spinal fluid (CSF). The lymphoma doctors interpreted the results of the tests as okay; however, more analysis and tests were warranted. This was in part because of the elevated protein in the CSF and partly due to the lighted area at the front of her brain. Overall, we have no problems with more tests because we want to ensure that Miss Melanie is free of any cancer cells.

Going forward, Miss Melanie has an appointment with the lymphoma doctor and the leukemia doctor on July 9. The results of the MRI and lumbar puncture will be discussed at that time.

HAPPY 4TH OF JULY, TUESDAY, JULY 3, 2018

by John Balzer

Today, Miss Melanie had a lumbar puncture at 10:30 AM. She received numerous shots of lidocaine to numb the area around her spine where the resident doctor inserted a needle and withdrew four two-cc vials of cerebral spinal fluid (CSF). The fluid will be analyzed and we are hoping and praying that the protein level will be in the normal range of 15-45.

After laying flat on her back for one hour, Miss Melanie was up and ready to go to another exam room and have her PICC line removed.

The line was on her right arm on the inner side of the bicep. There were two lumens (or ports) hanging down from her arm and the line was inserted about 20-inches into her chest, ending up near her heart. The PICC line was inserted when Miss Melanie was in the Intensive Care Unit (ICU) to make it easier to administer medicines and chemotherapy. There was no longer a need for it and it was removed in a simple, quick process. The nurse told Miss Melanie to cough three to four times in quick succession while the nurse gently and quickly slid the line out of the vein. The process took about 5-10 seconds and a bandage was placed over the small opening.

GREAT NEWS!!!!!!!, MONDAY, JULY 9, 2018

by John Balzer

Miss Melanie and I saw two doctors at the clinic this afternoon. We met with the lymphoma doctor first and, later, we met with the leukemia doctor.

As the lymphoma doctor, a wonderfully kind doctor, walked into the examination room, she smiled at Miss Melanie and asked how she was feeling. Miss Melanie said she felt great. The doctor then said she had some great news for her. Laying some reports on the desk, she commented, “I am so happy to tell you that your most recent lumbar puncture showed NO lymphoma cells in your cerebral spinal fluid (CSF)! In addition, the protein level in your CSF, which had been astronomically high, is back down to normal levels!” What a feeling swept over us - joy, happiness, thankfulness, relief, euphoria, peace and a profound calmness.

The doctor saw the expressions of joy, et al, on our faces and said, “Oh, wait, there is more.” She continued by telling us that the MRI results showed that the highlighted part in Miss Melanie’s brain was a reaction to the chemotherapy. It is common for the brain, after chemotherapy, to show signs of stress. This stress will go away over time and not be an issue in the future. Oh, how truly wonderful for Miss

Melanie, I thought. She had been through such a difficult time and she deserved some great news and excellent results.

"I am so happy for you that your lymphoma is in remission," the doctor concluded. Magnificent! Thank the Lord for the blessings that Miss Melanie received! Our bus partners will be ecstatic at reading all of this profoundly GREAT NEWS.

As a result of Miss Melanie being in remission, she will not need additional chemotherapy, medicines or treatments. Going forward, she will have a lumbar puncture, once a month, to check on the protein level in her CSF.

Shortly after the lymphoma doctor left the room, the hematologist entered. He expressed his pleasure at learning the great news from Miss Melanie's lumbar puncture and MRI. He said that since Miss Melanie was in remission from lymphoma, she could change her medications. She will stop taking one medicine completely and change how she takes another medicine. She will begin taking a blood thinner in pill form and stop giving herself twice daily shots of blood thinner in her belly. That was a huge step forward. That means less medicine and a much easier method for taking another medicine.

As we left the clinic, Miss Melanie and I talked about the great news we received. We were on top of the world - as if she had been freed from a prison of illness. Now, we could take trips, live our life around OUR time schedules and not a series of doctor's appointments. It was if we had been transported back to September 2016, before Miss Melanie was diagnosed with Acute Myeloid Leukemia. We had been given back our lives and it was time to enjoy all of the blessings we had then and have received since then.

I was thinking of all of our bus buddies during Miss Melanie's appointments today. I mentioned at one point how excited the people on the bus were going to be when they heard the great news. The lymphoma doctor looked at me quizzically regarding my bus reference. Miss Melanie informed her of my journal entries on Caring Bridge and how the great news was going to make an outstanding journal entry, maybe the best of all that I have written. I think about each of you, try to determine the best way to present the information for you and remember that each of you has played, and will continue to play, a huge part in helping us on our journey. Your compassion, kindness, prayers, words of comfort, willingness to stay with us, friendship, joy, happiness and laughter have been vital in helping us to remain positive, calm and reassured that everything will be all right. We love each of you and are eternally indebted to each of you for all you have done for us. Thank you for always being there for us.

SIXTH SEGMENT - JUL – NOV 2018

OVERVIEW OF THE SIXTH SEGMENT

Miss Melanie was feeling much better and we traveled to Iowa to see her father. He was in his nineties and Miss Melanie and her father were extremely close.

There were six infusions of Rituximab to ensure the Post-transplant lymphoproliferative disorder (PTLD), a low-grade lymphoma, was eradicated.

Miss Melanie was able to accomplish a goal – she wanted to return to transporting dogs from kill shelters to no kill shelters and she did that.

THE BUS TRAVELS TO MISS MELANIE'S FATHER'S HOME, WEDNESDAY, JULY 18, 2018

by John Balzer

Miss Melanie and I traveled to her father's home on Tuesday, July 17. We arrived about 5:30 PM and went to dinner with her Father. This was the first time they had seen each other since Miss Melanie received the GREAT NEWS that her lymphoma was in remission. They were so excited and joyous to see each other.

Regarding Miss Melanie's health, she is doing fine. It has been ideal not having to go to the clinic. Additionally, it has been a true delight for Miss Melanie to not have to give herself shots, protect the PICC line on her arm when taking a shower and to be able to live her life on her terms. It seems as if we are on vacation and it feels great!

Miss Melanie's next appointments are August 7 for a lumbar puncture and August 13 for an appointment with the lymphoma doctor. We will learn the results of the lumbar puncture during our appointment with the doctor.

BACK TO SEE MISS MELANIE'S FATHER, SUNDAY, JUL. 29, 2018

by John Balzer

Miss Melanie and I returned to her father's home. He is scheduled to have his gall bladder removed on Tuesday morning. While he is ninety-four, his doctor said he needed to have it removed. But, there is no guarantee that with it removed that the pain he is experiencing will be gone the doctor said. At his age, there could be other issues causing his pain. The removal of the gall bladder will be done laparoscopically.

Last week, Miss Melanie had to visit the dentist because one of her teeth, with a crown, cracked and fell out. The dentist told her that the post, that held the crown, had been cracked because she was grinding her teeth while she was sleeping. She has a mouth guard but has not worn it for some time. She has now returned to wearing the mouth guard. With regard to replacing the cracked post, it will be completed at a later date. In the meantime, she will have to smile with her mouth closed.

This past week has truly marked a return to our doing our stuff. Miss Melanie has been able to do her stuff and I have been able to do my stuff. We have enjoyed eating dinner on the sidewalk in front of a restaurant, purchased fresh fruits and vegetables at the farmer's market and enjoyed watching The Price is Right and Jeopardy.

Having our life and lives back has been wonderful. We recognize how truly blessed we are and have been. Miss Melanie is a true Wonder Woman who is an inspiration to all who know here or hear her story. I admire, respect and idolize her for her tenacity and spunk.

Also this week, we renewed our lease at our apartment. We enjoy the sights, activities, parks, cultural aspects, restaurants, and much more in the area near our apartment. We will not be selling our home because that is still "home", but the apartment is quite nice in the summer.

NO BIG DEAL FOR MISS MELANIE, WEDNESDAY, AUGUST 15, 2018

by John Balzer

Miss Melanie had a lumbar puncture on August 7. The procedure went quickly and smoothly. She felt the procedure was "no big deal" and continues to amaze me at how she handles each medical procedure with such calmness. She has separate appointments with her lymphoma doctor and her leukemia doctor on August 27. That will be when they review the findings from the lumbar puncture with Miss Melanie.

LUMBAR PUNCTURE RESULTS, MONDAY, AUGUST 27, 2018

by John Balzer

This afternoon, Miss Melanie and I returned to the clinic to learn the results from her August 7th lumbar puncture. We met with two lymphoma doctors and they told Miss Melanie that the lymphoma remained in remission. They also said that the protein level in her cerebral spinal fluid (CSF) was 88, down from 106 previously. While the normal protein level in the CSF is 50 or lower, the downward trend in Miss Melanie's protein level is positive and indicates that her new immune system is beginning to work in reducing the protein level.

Going forward, Miss Melanie will have monthly lumbar punctures to assess the protein level. If the level continues to decline, it will continue to be monitored each month. If the level increases, a treatment plan would be determined and implemented. Miss Melanie's next lumbar puncture will be September 10. The doctors felt that there was no reason to give her monthly chemotherapy treatments as a prophylaxis because (1) the protein level was declining, (2) they did not want to tax her system with more toxic medicines because her system deserves a break, and (3) her immune system appears to be working to reduce the protein level.

ANOTHER LUMBAR PUNCTURE COMING UP, SATURDAY, SEPTEMBER 8, 2018

by John Balzer

Next Monday (Sep. 10), Miss Melanie has another lumbar puncture. This procedure is the monthly check of her cerebral spinal fluid (CSF) to assess the protein level in the CSF.

On Sep. 14, Miss Melanie will return to the clinic to meet with the doctor. We will learn the results of the CSF analysis from the lumbar puncture on that day. We are hoping and praying that the protein level continues to decline and that the leukemia and lymphoma remain in remission.

PROTEIN COUNT ABOUT THE SAME, SATURDAY, SEPTEMBER 14, 2018

by John Balzer

Miss Melanie and I learned yesterday that the protein level in her cerebral spinal fluid (CSF) was about the same as the previous reading. The level yesterday was 92, compared to 88 from the previous lumbar puncture.

The doctor told us that they are going to wait and see what the next lumbar puncture results show, in terms of the protein level in the CSF. Miss Melanie's next lumbar puncture will be October 9, 10 or 11. Depending upon the protein level at that time, the doctors may order additional chemotherapy treatment. They are not going to do that now because they want to give Miss Melanie's body a break from all of the chemotherapy she has undergone in recent months.

We have another doctor's appointment on September 24 when we see the lymphoma doctor. She will provide us with more information on the protein level in the CSF.

PROTEIN ANALYSIS, MONDAY, SEPTEMBER 24, 2018

by John Balzer

Today, Miss Melanie and I met with a Fellow doctor and the lymphoma doctor. The Fellow explained that the fluid extracted during the next lumbar puncture (Oct. 11) would be analyzed in a number of ways. The various proteins in the fluid will be assessed to determine the exact types of proteins in it. Some proteins that may be there would not be a problem. Other proteins that could be there could be a problem. The doctor said that the type of lymphoma that had been in Miss Melanie's cerebral spinal fluid (CSF) was an aggressive form of lymphoma. Depending upon the types of proteins that are indicated after the next lumbar puncture, they will take appropriate action. If the protein indicates that lymphoma is present, they will begin treatment. Otherwise, they will maintain their wait and see position. The lymphoma doctor said that Miss Melanie's case was extremely rare and they are trying to determine how to proceed. She said that since the protein level has dropped significantly from its high (964), it has remained fairly flat or stable (88-106, normal = 15-50). She said maybe this level is the new normal for Miss Melanie. The Fellow also told us that there was no apparent blockage or mass indicated on the scans done in March and April, so the elevated protein level could be from the chemotherapy, inflammation of the band around blood vessels in the brain (i.e., blood-brain barrier), random proteins in the brain or something else. Both doctors felt that because Miss Melanie was not having any symptoms, there was no reason to be alarmed. We asked about why Miss Melanie was always so tired and they said it could be from the chemotherapy, lack of regular exercise, too much napping/sleeping during the day which impacts getting a good night of sleep, diet (coffee/caffeine late in the day, a large meal late in the day), or something else.

Looking forward, Miss Melanie has several medical appointments this week. On Tuesday, she will see a skin doctor. On Wednesday, she will have her broken tooth removed. On Friday, she will help a friend get to an appointment.

THREE TRANSPLANT RECIPIENTS, MONDAY, OCT. 1, 2018

by John Balzer

Yesterday, Miss Melanie and I went to an open house for a young lady who recently had a successful stem cell transplant. The young lady's sister was her donor. She had the same form of leukemia (Acute Myeloid Leukemia AML) that Miss Melanie had. Thankfully, she is recovering and getting back to her daily routine.

Also at the gathering was a young gentleman who recently had been diagnosed with AML. He was caught off guard by the diagnosis, which all of us could understand. In his case, his donor was a twenty-five year old female in Germany.

It was extremely interesting listening to the three stem cell recipients talk about what each of them experienced. The young lady had her transplant in another state. The young gentleman had his at a large metropolitan hospital. And, Miss Melanie had her transplant at the urban hospital in our area. Each of the transplant recipients had their unique nuances. Also, some of the chemotherapy medicines used were different. The young recipients agreed that for younger recipients, the impact of the transplant was more emotional; while for older recipients, the impact was more physical. While all three had experienced some health issues while receiving treatment (e.g., chemotherapy side effects), they all focused on the positive aspects of having had the transplant. It was interesting hearing them ask each other questions about what they experienced, how they dealt with similar issues and listening to them laugh about certain topics. Overall, it was enriching and uplifting seeing how they supported each other, offered words of positive encouragement and witnessing how they bonded over their common experience.

PROTEIN LEVEL UP SLIGHTLY, FRIDAY, OCTOBER 12, 2018

by John Balzer

Miss Melanie had a lumbar puncture on Thursday, October 11. The procedure went well and took about thirty-minutes to complete. She suffered no side effects and was out buying items for dinner about ninety-minutes after the procedure.

On Friday, October 12, 2018, Miss Melanie had an appointment with her hematology doctor. He said that the protein level in her cerebral spinal fluid (CSF) from her lumbar puncture the day before was 101. This number was up slightly from the previous lumbar puncture when it was 92. While the number is higher than before, the doctor said it was not time to panic because the level is not increasing rapidly, which it would if there was cancer in the CSF. He said that more information would be known when the protein is more extensively analyzed. We will know more about the more extensively analyzed protein in the CSF during Miss Melanie's appointment on October 29 with her lymphoma doctor. Going forward, the doctor said that they will continue the monthly lumbar punctures for the next three to six months to see how, or if, the protein level changes in the CSF.

RESULTS OF PROTEIN ANALYSIS, MONDAY, OCTOBER 29, 2018

by John Balzer

Miss Melanie and I went to the clinic early this morning. After an 8:15 AM blood draw, we went to the exam room and awaited the doctors.

The first doctor we saw asked Miss Melanie how she was feeling and if she had been experiencing any problems. She told him she was feeling great and had no problems.

The doctor then opened the screen on his laptop computer said that he wanted to share the results from the analysis of the proteins in Miss Melanie's cerebral spinal fluid (CSF). He had received these results last night and was excited to share them with us. He explained that the proteins in the CSF had, essentially, the same characteristics as the proteins in Miss Melanie's blood. Our blood is composed of various proteins (e.g., albumin, gamma globulin) in varying degrees. Albumin comprises the largest part of the blood. The proteins in Miss Melanie's CSF were in the same distribution percentages as the proteins found in her blood. That indicated that the proteins in her CSF had come from her blood by crossing the blood brain barrier. That was a huge finding. It meant that the proteins in the CSF were not from lymphoma. It also indicated that additional chemotherapy or medicines were not needed.

The doctor also explained that the proteins in the CSF most likely crossed the blood brain barrier as a result of the lymphoma, the chemotherapy, and a drain being placed in the brain or other variables. He said that when a brain has lymphoma, large doses of chemotherapy and/or additional insults (such as, the drain being placed in a brain), it takes time for the brain to recover. That could explain why the higher than normal protein level in the CSF.

The Director of the Lymphoma program came into the exam room and spoke with us. She echoed the information that the first doctor had provided and said that going forward, Miss Melanie would be having a monthly lumbar puncture to continue checking on the status of the protein level in her CSF.

What a blessing to hear the news today. Miss Melanie is a fighter, survivor and a truly amazingly strong, resilient lady. Her positive spirit and energy is a beacon to all whom she encounters. I am deeply proud of how she has handled a number of road bumps and continues moving along assuring everyone that she is fine and will continue to be fine.

LUMBAR PUNCTURE, WEDNESDAY, NOVEMBER 7, 2018

by John Balzer

Today, Miss Melanie and I headed to the clinic for her monthly lumbar puncture. The procedure went quite well and Miss Melanie is doing well at home this evening. The doctors who performed the procedure complimented Miss Melanie for being a great patient. They said they wished all lumbar patients were as easy to work with as Miss Melanie.

Each day Miss Melanie and I realize how blessed we have been and continue to be. We recently spoke with a wonderful young lady who has had a very difficult life. She was born addicted to heroin, meth and one other drug because her mother was a drug addict. This young lady told us that she knew that her mother's addiction limited her mental capabilities; however, that has not limited her. Her grandparents raised her, but her mother's siblings would have nothing to do with her. When her grandparents died, she paid for their funerals; even though she had limited funds. The grandparents had six children and none of them would help this young lady care for their parents. Hearing her story, seeing how resilient she happens to be and feeling her positive energy was deeply touching. Her difficult life underscores how truly blessed we have been and continue to be. This feeling was amplified when we talked with this young lady this morning. She had gotten married last Saturday and we asked how things went. She told us that it was a complete disaster. Her sister, her best friend, could not get to the wedding because of a flat tire, the wedding cake never was delivered, the musicians for the reception did not arrive and the individual who filled out her marriage certificate did it improperly and the State said this young lady was not legally married. Still, she was positive about things and said it will all work out fine. What a young lady.

SEVENTH SEGMENT - NOV 2018 – MAR 2019

OVERVIEW OF THE SEVENTH SEGMENT

In November 2018, Miss Melanie had abnormal cells in her cerebral spinal fluid. This could be a return of the lymphoma in her central nervous system. Therefore, she began receiving treatments to eradicate the abnormal cells.

Things were going along fairly smoothly until late in March 2019 when we learned that her platelet count had declined.

ABNORMAL CELLS IN CSF, THURSDAY, NOV. 22, 2018

by John Balzer

The results from Miss Melanie's Nov. 7, 2018, lumbar puncture showed several abnormal cells that appeared to be like or similar to lymphoid cells. We met with the doctor on Friday, Nov. 16, at the clinic and he said that it was concerning that there were abnormal cells in the cerebral spinal fluid (CSF). But, he did say that is why they have been continuing to do monthly lumbar punctures to make sure they noticed any changes and could deal with them quickly. He ordered a PET scan and an MRI. The PET scan and the MRI will be completed the same day as Miss Melanie's next lumbar puncture, Dec. 6, 2018. The doctor said that any treatments would be decided after the test results are known.

One good result from the last lumbar puncture was that the protein level stayed nearly the same as the previous result. We were pleased that the protein level has remained in the same range for months.

GUILTY UNTIL PROVEN INNOCENT, BRING ON THE CHEMOTHERAPY, THURSDAY, DECEMBER 6, 2018

by John Balzer

It was a dark, cold, cloudy morning when Miss Melanie's alarm sounded at 6 AM today. I resisted getting up until 6:14 AM.

Miss Melanie had a full day at the clinic. Her first appointment was a PET scan at 8 AM. This was followed by a lumbar puncture. Her fun time at the clinic concluded with a late afternoon MRI.

While the PET scan was completed without any issues, the lumbar puncture had a nuance that we had not expected. Miss Melanie was in the small room where the lumbar puncture was to take place when the nurse told her that she was going to receive methotrexate (i. e., chemotherapy). It would be delivered when the lumbar puncture was being completed. The doctor doing the puncture would extract 3-5 ccs of spinal fluid for analysis and inject 3-5 cc's of methotrexate. When she learned of the chemotherapy, she sent me a text saying she was having it but had no idea why she was having it.

I checked with nurse and the leukemia doctor's nurse practitioner and they both told me that because of the abnormal cells noted in Miss Melanie's November 7 lumbar puncture, it had been decided to give her the chemotherapy as a precaution. Miss Melanie's leukemia doctor and her lymphoma doctor had discussed the lumbar puncture results and felt it was prudent to take action just in case the abnormal cells were lymphoma cells. They felt it was better to be proactive than to try to catch up. The nurse said, "We believe that if the cells were viewed as abnormal, they are guilty until we can prove they are innocent (or normal cells)."

We did not receive any results from today's tests. The results will be shared with us during Miss Melanie's appointment next Monday with her lymphoma doctor. Hopefully, the results will show that Miss Melanie has no lymphoma cells in her cerebral spinal fluid (CSF), no PTLD or lymphoma cells in her lymph nodes and no abnormal cells in any location.

AMAZING, TRULY AMAZING, MONDAY, DECEMBER 10, 2018

by John Balzer

Brilliant sunshine showered our car as we headed to the clinic this morning. We were on our way to Miss Melanie's appointment with her lymphoma doctor. We were tired; however, we were also anxious to learn the results of last Thursday's lumbar puncture and scans.

When the doctor came into the exam room, she asked Miss Melanie how she was feeling. Her reply was that she was feeling tired, weak and had no energy. "How long have you been feeling this way", the doctor asked. Miss Melanie said for about five months. The doctor said the tiredness, weakness and lack of energy was caused by the rituximab, a chemotherapy drug Miss Melanie received in March and April. The effects from it could last from six to twelve months. The doctor said that Miss Melanie's body will become less tired, less weak and she will have more energy as her body recovers from the effects of the rituximab.

The doctor also noticed that Miss Melanie had a lot of congestion. She listened to her lungs and asked how long she had been experiencing significant congestion and/or feeling like she had a cold. "About two and half months," Miss Melanie responded. The doctor pointed out that with a weakened immune system, due to the impact of the medicine, Miss Melanie's body was unable to fight a cold and she would have the symptoms for a longer period of time. To help fight the cold and congestion, an antibiotic was prescribed (i.e., Zithromax Z-Pak). She felt that would help Miss Melanie's body get rid of the cold.

After the initial discussion about Miss Melanie's health, the doctor smiled, looked at Miss Meanie and said, "I have some good news for you." She said that the PET scan results showed no evidence of cancer in Miss Melanie's lungs, chest or torso. The MRI results showed that the areas in Miss Melanie's brain that had lit up during a previous MRI were diminishing and going away. That was evidence that the areas that lit up did so in response to the chemotherapy and not due to cancerous cells. The lumbar puncture results showed no abnormal cells in Miss Melanie's cerebral spinal fluid (CSF). That was excellent news after the finding of two abnormal cells in the CSF after the November 7 lumbar puncture.

The doctor beamed as she read the excellent news to us. Then, she remarked, "Okay, where do we go from here since you are out of the box?"

The "out of the box" comment referred to Miss Melanie's case not being the standard lymphoma and her treatment program not being the standard protocol for treating lymphoma. In fact, her lymphoma treatment program is being developed by test results and is being refined each day. Miss Melanie's mother often told her that she was unique and, in this case, she is really unique.

The doctor recommended monthly lumbar punctures for the next four months. Plus, with each lumbar puncture, Miss Melanie will receive intrathecal chemotherapy injections into her CSF. The doctor pointed out that she wanted to continue chemotherapy treatment because the two abnormal cells (noted in the Nov. 7 lumbar puncture) indicated that lymphoma had been present in Miss Melanie's CSF and she wanted to continue to be proactive and keep the lymphoma in remission.

Talk about being elated, feeling on top of the world, deeply thankful and profoundly relieved, Miss Melanie and I looked at each other and commented on how blessed we have been.

Just prior to leaving the exam room, a young lady came in and explained the lymphoma biobank to us. We were unfamiliar with it and the young lady's role was to inform patients about it and ask for their participation. The lymphoma biobank takes blood, tissue and fecal samples from patients, with their consent, to be used by researchers conducting research on cures and vaccines for various types of lymphoma. The biobank essentially generates the "raw materials" the researchers need to complete groundbreaking research. It is a fabulous concept and has generated excellent results so far. We learned that the hospital's lymphoma biobank is only one of three in the entire World. It has helped the hospital to attract top-notch researchers. Plus, it has helped researchers expand on their ongoing research, some of which is producing powerfully positive results in fighting lymphoma. Miss Melanie was pleased to be asked to participate in the lymphoma biobank and pleased to learn that nearly all of her doctors are working with samples from the biobank in conducting lymphoma research. We learned about the doctors that we know personally who are benefiting from the biobank in conducting their ongoing groundbreaking research.

What an amazing visit to the clinic! Wow. Miss Melanie's test results were amazing. Her weakness, fatigue and lack of energy were being addressed. A plan of action for her treatment going forward was outlined. Plus, she will be donating needed “raw materials” to world class researchers working to find cures for all types of lymphoma. What an amazing day.

AN UPDATE, MERRY CHRISTMAS, SUNDAY, DECEMBER 23, 2018

by John Balzer

On Friday, December 21, 2018, Miss Melanie had an appointment with her leukemia doctor. He had talked with her lymphoma doctor and they agreed that for Miss Melanie’s future lumbar punctures no chemotherapy would be injected into her cerebral spinal fluid (CSF). This marked a change from the plans that the lymphoma doctor had told us during Miss Melanie’s appointment on December 10, 2018. The doctors had reviewed the results of Miss Melanie’s December 6, 2018, lumbar puncture (before any chemotherapy had been added) and felt the results were so good that there was no need to continue giving Miss Melanie chemotherapy. That was excellent news because there is no need to inject toxic chemicals into Miss Melanie if it is not absolutely necessary.

The leukemia doctor also said we no longer need to see him or the lymphoma doctor every two weeks. From now on, we will only see one of them once a month. This also was excellent news.

LUMBAR PUNCTURE, WIE GEHT ES IHNEN?, FRIDAY, JANUARY 11, 2019

by John Balzer

On Thursday afternoon, January 10, Miss Melanie had another lumbar puncture. The procedure was a bit difficult because the doctor had trouble finding a way into the spinal column. That meant that Miss Melanie received a number of lidocaine shots to numb the ever-widening area along her spine where the doctor was inserting a needle between her vertebras. Three times the needle hit Miss Melanie's sciatic nerve and that sent a burst of pain down her right leg. As you can imagine, Miss Melanie was pleased when the procedure was completed. We will learn the results from the lumbar puncture when we meet with the lymphoma doctor on Monday, January 14.

Late this afternoon, we received a phone call from a donor coordinator with the stem cell transplant group at the hospital. She informed us that Miss Melanie's donor had written something that he wanted to share with Miss Melanie. We were overjoyed. Because of patient and donor privacy, we have only had the basic information about the donor (i.e., from Germany, male, aged 24). We will receive the information that the individual sent to Miss Melanie next Monday, January 14, when we go to the clinic. We are really looking forward to seeing what the donor has written. By the way, Wie geht es ihnen? means "How's it going?"

NO CANCER CELLS IN CSF, DONOR CARD, MONDAY, JANUARY 14, 2019

by John Balzer

This morning, Miss Melanie had an appointment at the clinic. During her appointment, we learned that the results of her January 10 lumbar puncture showed no cancer cells in her cerebral spinal fluid (CSF). That was excellent news. She will have four more lumbar punctures to continue checking on her CSF.

Also during the appointment, we met with a member of the stem cell transplant donor coordination team. She noted that she could not reveal the donor's name, country of residence or any personal information about the donor. That was a bit surprising since we had been told at the time of the transplant that the donor was a 24-year old male from Germany. This morning, we were told that there was a two-year period of anonymity imposed by the donor's country and we would not learn anything about the donor until two years after the transplant (that will be June 6, 2019).

While we did not learn anything about the donor, Miss Melanie did receive a Christmas Card that the donor had sent to her. The card was censored and certain words or passages were deleted to ensure the donor's anonymity. The card included a heartfelt, handwritten note. I have transcribed the note and inserted it below.

"I really hope this card finds you well. Merry Christmas & a Happy New Year!!! I can't begin to imagine how hard your journey has been, but I genuinely hope from the bottom of my heart that this has been a better year for you & you're able to celebrate Christmas and New Year's surrounded by family. The last medical update I received was Aug 2017 and things were proceeding as expected & you had been discharged - I am praying this is still the case & you are happy & healthy. Receiving that update made it all worthwhile, I cannot express in words how glad I am that we were a match & I could donate my stem cells. I would love to hear from you, but I understand that it might be too difficult for you (I am getting emotional writing this). Next summer the 2-year window of anonymity will end & I'd be more than happy for you to get to know me even more if you'd like. Until then I'll have to be a bit vague about myself .... I like to play & watch (*written in another hand*: some sports). I like to go to a pub & have a beer with friends & family on the weekend - a man of simple pleasures! My favorite film is (deleted)!!! I visited (deleted) in (deleted). It was a six-hour trip from (deleted) for that, but so worth it. I wonder if I am anything like you imagined. Hope to hear from you soon."

(Second page)
"To a very dear friend,"

(Printed)
WISHING YOU A WONDERFUL CHRISTMAS AND A HAPPY NEW YEAR.

"Happy Christmas & Happy holidays!!! Hope you have a fantastic one!!!
With love,
Your Stem Cell Donor!"

The card and the donor's sentiments are so beautiful. To understand that someone whom we have never met was so happy that he donated his stem cells to help Miss Melanie was powerful. It was obvious that by being a match for Miss Melanie he felt close to her. It also was obvious that he wanted to share his personal information when possible. Miss Melanie has been working on a letter to him for several months and she will send it to him when she is allowed.

MR. BILLY RUBIN IS FEELING BETTER, FRIDAY, JANUARY 25, 2019

by John Balzer

Today, Miss Melanie and I journeyed to the clinic. It was a cold, blustery, leaden-sky day as we walked into the clinic for Miss Melanie's 2:30 PM appointment with the nurse practitioner for the doctor. She is an excellent nurse and a great resource. We first encountered her last year during Miss Melanie's time in the Intensive Care Unit (ICU).

During our meeting today, we learned that several of Miss Melanie's blood count numbers relative to her liver had been elevated in December. One number that was high was her LDH level. LDH is lactate dehydrogenase and it is an enzyme. The LDH level in your body will increase as a result of damaged or destroyed red blood cells.

Another blood count reading that was elevated was Miss Melanie's bilirubin count, specifically, the conjugated bilirubin count. When your body breaks down old red blood cells the result is a substance called bilirubin.

Both the LDH and the conjugated bilirubin counts were elevated on the December 10 and December 21 blood draws. The elevated counts were analyzed, studied and assessed. There was a concern that the elevated levels meant that there was lymphoma in Miss Melanie's body.

Thankfully, Miss Melanie's blood counts on January 10, 2019, were back in normal ranges and the doctors concluded that Miss Melanie had been fighting a viral infection during December. She thought she had a cold and after a bit of time, it went away. I asked the nurse if Miss Melanie's body took care of the viral infection and returned everything to normal. "Yes, that is exactly what happened," she replied.

Miss Melanie is an amazing individual. It is a magnificent blessing that her body took care of the viral infection and everything is okay.

LUMBERING ALONG, SATURDAY, FEBRUARY 9, 2019

by John Balzer

On Thursday, February 7, Miss Melanie had her monthly lumbar puncture. This procedure went much more smoothly than last month's lumbar puncture when Miss Melanie's lower back was used as a dartboard. In fact, it went so smoothly that she was ready to leave the hospital sooner than either one of us expected. We celebrated the ease of the procedure by going to dinner at a favorite restaurant. The French onion soup and crepes were superb on a very windy, frigid evening.

Today, Miss Melanie is on a dog transport and is rescuing two little pups. She deeply enjoys rescuing pups and the happiness it brings to her is evident on her beautiful face. Miss Melanie also rescued three pups last Saturday. So, five pups get to continue enjoying their lives thanks to Miss Melanie and all of the other dedicated transporters.

UPDATE, SATURDAY, FEBRUARY 16, 2019

by John Balzer

Miss Melanie continues doing well. She had some much needed dental work completed; has been busy transporting dogs; and, has been active in taking care of the pup we rescued in December.

On Thursday evening, February 14, we went to watch our five-year old granddaughter perform with her dance group during a half time show of a basketball game. She was excited to be able to perform in the center of the basketball court. It was a joy seeing her having such fun.

Today, Miss Melanie helped save three young pups by transporting them on one leg of a multiple leg journey from a kill shelter to a no kill shelter. She loves to drive these transports. They bring her joy, as well as a wonderful spirit after the transport knowing that she has helped save young pups.

LUMBAR PUNCTURE RESULTS; ADDITIONAL TESTING, FRIDAY, MARCH 1, 2019

by John Balzer

Today, Miss Melanie and I went to the clinic for an appointment with Miss Melanie's lymphoma doctor. She told us that the results from the most recent lumbar puncture (Feb. 7, 2019) were outstanding. There were no white cells in the cerebral spinal fluid (CSF) and that Miss Melanie's blood counts were good. Going forward, Miss Melanie will have another lumbar puncture (on March 7). That will be her last lumbar puncture.

During the meeting, the doctor asked Miss Melanie how she was feeling. Miss Melanie said that she had been troubled with a headache the last two or three days. Plus, she added that she had to get up overnight to take medicine for a headache. After hearing about the headaches, the doctor told Miss Melanie that she wanted her to see a neuro oncologist to have a CT scan or an MRI of her head. This test would be to check on the status of Miss Melanie's brain in comparison to other imaging completed last year.

With regard to other health issues, Miss Melanie has the following appointments and tests in the next four to five weeks:

March 7 - Appointment with neuro-oncologist at the hospital to discuss CT/MRI of the brain.

March 8 - MRI of her pancreas; several cysts were noted on her pancreas in 2017 and this test will check on the status of the cysts.

April 8 - Colonoscopy; she has not had one in ten years.

To be scheduled - Appointment with her heart doctor to check on the status of an aneurysm of the aorta; she was scheduled to have an imaging test completed in 2016; however, her leukemia diagnosis and treatment superseded the evaluation of the aneurysm.

To be scheduled - Appointment with her internist to check on a growth on her thyroid. This was noticed in 2016; however, her leukemia diagnosis and treatment superseded the evaluation of the thyroid.

BRAIN MRI REVIEW, LUMBAR PUNCTURE, WEDNESDAY, MARCH 7, 2019

by John Balzer

Today started early due to an 8:30 AM appointment with the neuro-oncologist at the hospital. Miss Melanie had been referred to the doctor by her lymphoma doctor. She wanted an assessment of Miss Melanie's current mental status and to determine if she needed to have a CT scan or an MRI of her head.

During our meeting, the neuro oncologist reviewed Miss Melanie's most recent MRI of the brain (from Dec. 2018) with us. He said her brain looks good and that there is nothing of concern.

Regarding Miss Melanie's short-term memory issues, the doctor said that was a result of the high dose methotrexate that she was given when she had lymphoma in her cerebral spinal fluid (CSF).

He pointed out that she received a lethal dosage of the medicine; however, she was also given a medicine (leucovorin) shortly after the methotrexate. The leucovorin stopped the action of the methotrexate so it was not lethal. He pointed to the digital image on the screen of Miss Melanie's brain. In the middle of her brain was a grayed area and he said that was damage caused by the methotrexate. While it had been damaged, he also observed that it was not as bad as he typically sees. I asked if the short-term memory would resolve or if the brain was permanently damaged. He said the damaged would be permanent and that Miss Melanie's will have short-term memory issues on an on-going basis. He recommended that Miss Melanie have another MRI of the brain in a couple of months.

Several hours after the appointment with the doctor, Miss Melanie had another lumbar puncture. This procedure went smoothly and completes the number of lumbar punctures that had been ordered.

Tomorrow, Miss Melanie has an MRI of her pancreas to check on the cysts that were noted in 2017. It is our hope that everything will be fine with her pancreas.

PANCREATIC MRI UPDATE, FRIDAY, MARCH 15, 2019

by John Balzer

The results from Miss Melanie's MRI of her pancreas showed that the cysts were benign. The doctor said that Miss Melanie should have another MRI of her pancreas in twelve months to monitor the situation. Other results from the MRI showed that her liver has excessive iron and she needs to limit the amount of iron she consumes. The doctor said that they would monitor her liver during the annual MRI of her pancreas.

BLOOD COUNTS DOWN, BONE MARROW BIOPSY ORDERED, THURSDAY, MARCH 27, 2019

by John Balzer

Miss Melanie and I had an appointment with her lymphoma doctor this afternoon. As with all appointments, Miss Melanie had blood drawn prior to the appointment so her blood counts would be known during the appointment. Today, the three key blood counts (i.e., white blood cells, hemoglobin and platelets) were all down. The platelets were down the most (80 today, down from 140 on March 7).

The doctor asked Miss Melanie a number of diagnostic questions about how she was feeling. She asked about any abdominal or belly pain, nausea or vomiting, diarrhea, night sweats, weight loss, or new medicines. Miss Melanie said no to all of the questions. It was clear that the doctor was asking about symptoms related to leukemia. Miss Melanie said that the only thing she had been experiencing was some bleeding around her gums when she brushed her teeth and that yesterday she had a bloody nose. When the doctor heard her comments, she said that Miss Melanie needed to see her leukemia doctor next Monday and to schedule a bone marrow biopsy for next week.

Prior to the appointment with the doctor next Monday, Miss Melanie will have her blood drawn. Her blood counts will be measured to see how they compare with the blood counts from today.

The doctor said she was concerned about how much the platelets had decreased and they needed to get a handle on why they decreased. She stressed the bone marrow biopsy should be done soon; hopefully, next week. The bone marrow biopsy is currently scheduled for

April 10; however, we are working to see if it can be rescheduled to April 4 or 5.

With regard to Miss Melanie's lumbar puncture of March 7, the doctor said that the protein level in the cerebral spinal fluid (CSF) was 85. That was nearly identical to the last lumbar puncture when it was 88. The doctor said that the protein level was holding steady and that was good. She also said that there was no evidence of any lymphoma in her CSF and that was great news.

EIGHTH SEGMENT - APR – DEC 2019

OVERVIEW OF THE EIGHTH SEGMENT

In April 2019, Miss Melanie began treatment for her low platelet count. The low count was due to MDS, or Myelodysplastic syndrome, that occurs when a person's bone marrow is not producing enough blood cells. It is a form of cancer of the blood and often leads to Acute Myeloid Leukemia (AML), which was the original diagnosis Miss Melanie received in 2016.

She had a course of treatments through May and June. Then, she began to require weekly infusions of platelets and blood. Also in June, she had a donor lymphocyte injection (DLI).

During the latter months of 2019, Miss Melanie was weak, tired and not eating well. These symptoms were caused by her low blood counts.

BONE MARROW BIOPSY COMPLETED, TUESDAY, APRIL 2, 2019

by John Balzer

On Monday, Miss Melanie and I traveled to the clinic for an appointment with her leukemia doctor. Prior meeting with the doctor, Miss Melanie's blood was drawn for analysis. Her platelet level was 79 on Monday, down from 80 last Friday.

The doctor said he wanted a bone marrow biopsy completed to check on what was going on with the platelets in the marrow. He told us that a test that was done last Friday showed no leukemia cells in Miss Melanie's blood. On Monday, the doctor also ordered a chimerism test on her blood sample to determine the percentage of bone marrow cells that were from Miss Melanie's donor and the percentage of bone marrow cells from Miss Melanie. It is hoped that 95% or more of these cells will be from the donor.

The doctor said the situation with Miss Melanie's platelets was not an emergency situation because of lack of other symptoms. Plus, he said the platelets were more susceptible to an insult (e.g., cold, infection, injury) after a stem cell transplant. He was very reassuring and comforting.

On Monday, when we checked out from the appointment, we learned that Miss Melanie's bone marrow biopsy had been scheduled for 9 AM today (Tuesday, April 2). We had thought it would be next week; however, the medical group thought it should be completed as soon as possible.

The bone marrow biopsy went extremely well this morning. Miss Melanie stated that this bone marrow biopsy was the easiest one she had ever had. Thankfully, she experienced no pain and no problems. Prior to the procedure, Miss Melanie had her blood drawn for analysis. Her platelet count this morning was 70, down from 79 yesterday. That was troubling that it had declined that much in one day.

Regarding the results from the bone marrow biopsy, the doctor said that the preliminary results should be known early next week. Miss Melanie has an appointment on April 19 and that is when full results of the bone marrow biopsy will be known.

DISEASE IN BONE MARROW, FRIDAY, APRIL 19, 2019

by John Balzer,

Miss Melanie and I had an appointment with her leukemia doctor, this afternoon. He reviewed the results of her bone marrow biopsy, completed on April 2. The results showed that there were diseased cells in her immune system. These cells are MDS (Myelodysplastic syndrome) cells. They are abnormal cells and it is difficult for them to make new blood cells. If untreated, MDS may progress to leukemia and, in Miss Melanie's case, acute myeloid leukemia (AML).

Another finding from the bone marrow biopsy was that the chimerism test showed that the percentage of immune system cells from Miss Melanie's donor was 70%, while the percentage of immune system cells from Miss Melanie was 30%. Her last chimerism test showed that the percentage of immune system cells from the donor was 95%. The change was a troubling situation. It indicates not all of Miss Melanie's leukemic immune system cells were not destroyed by prior treatments. The doctor feels that there was a "bad seed" leukemic cell in Miss Melanie's immune system that remained; however, it had been altered. He said that the type of cell found (i.e., MDS) is a different type of cell than the type of leukemic cell that was there previously. He likened it to one cell being an orange and the other cell being a lemon. Both are diseased cells; however, not the same type of cell.

The treatment for the MDS cells is chemotherapy followed by an infusion of lymphocytes, a type of white blood cells in the immune system that help fight infection. The recommended chemotherapy is azacitidine (Vidaza). The doctor described this medicine as a "gentler" type of chemotherapy compared to the harsher types of chemotherapy that Miss Melanie has had previously. The plan is to harvest lymphocytes from Miss Melanie's stem cell donor (provided he agrees to the harvesting and donating of his lymphocytes).

The treatment protocol will be the following:

Month One: Miss Melanie will receive an injection of the chemotherapy (Vidaza) in her abdomen once a day for five days. Her blood counts will be monitored for the following three weeks. If her counts have recovered adequately, she will proceed to the treatment for Month Two.

Month Two: Miss Melanie will receive an infusion of lymphocytes from her donor. Her blood counts will be monitored for the balance of the month.

This monthly treatment protocol will continue for an undetermined number of months. It would take three to four months before the chemotherapy would have any impact. Miss Melanie will begin receiving the chemotherapy shots of Vidaza on Monday, April 29. She will receive one shot per day from Monday to Friday that week.

The transplant group will contact Miss Melanie's stem cell donor and see if he would be willing to donate lymphocytes. Hopefully, he will donate his lymphocytes.

MOHS PROCEDURE GOES WELL, MONDAY, APRIL 22, 2019

by John Balzer

This morning, Miss Melanie went to her dermatologist's office for a procedure to ensure the complete removal of basil cell skin cancer from behind her left ear. The removal was completed by means of the MOHS technique. This is when tissue around the skin cancer is removed until there are no cancerous cells in the skin. Miss Melanie had to have two rounds of the MOHS technique. The first round was taken, the tissue was frozen and microscopic analysis showed that cancerous cells remained in the tissue. Therefore, another round of the MOHS technique was completed to take tissue further out. The second sample, when analyzed, showed no cancerous cells. The entire process required twelve stitches. She will return in two weeks to have the stitches removed.

When Miss Melanie returned home from the procedure, she said it was not a big deal. She said that the needle sticks to numb the area were a bit unpleasant; however, she also observed that she had experienced worse pain previously. Miss Melanie is a tough, amazingly resilient lady.

When we took our dog for a walk this afternoon, a neighbor whom we had not seen in sometime walked over to talk with us. He asked Miss Melanie how she was doing and she said she needed additional chemotherapy for some abnormal cells in her bone marrow. He said he was sorry to hear that and that he hoped all would work out for the best. Miss Melanie looked him in the eye and commented, “Oh, don’t worry about me, I’ll be fine.” Yup, that sums up her positive spirit. She is a truly unique, one-of-a-kind, Wonder Woman. Like the Timex TV commercials from decades ago proclaimed, “Takes a licking and keeps on ticking” – that is Miss Melanie.

BLOOD COUNTS UP, CHEMOTHERAPY BEGINS, MONDAY, APRIL 29, 2019

by John Balzer

Miss Melanie and I went to the clinic today for her first chemotherapy shots to treat the MDS diseased cells in her bone marrow. Prior to the shots, Miss Melanie’s blood counts were checked. Surprisingly, the counts were all up. The table below shows the comparison of the key blood counts from April 19 and today (April 29).

BLOOD COUNTS

	White Blood Count	Red Blood Count	Hemoglobin	Platelets
Apr. 19	2.4	2.67	9.1	71
Apr. 29	3.7	2.97	10.0	75

The fact that all of the blood counts were up was very encouraging. It indicated that Miss Melanie's body was remaining strong and fighting the abnormal cells in her bone marrow.

While we were waiting at the clinic for the blood draw, I asked Miss Melanie where she wanted to wait until the chemotherapy procedure began. It was about a ninety-minute wait. She proudly proclaimed, "I'm going shopping!" I asked her where she was going shopping and she said, "Oh, hospitals have good places to shop!" And so it came to be. After a vial of blood was withdrawn from her am, we walked to the hospital gift shop.

Shopping is always a good way to prepare for three shots of chemotherapy (Vidaza). The three shots were administered into Miss Melanie's belly. The needle was a short one and was inserted just under the skin. The entire process took about 2 minutes to complete.

Prior to the shots, we had to wait for the chemotherapy to be made in the hospital's lab. All chemotherapy is made at the time it is administered. This is to ensure freshness that the patient is ready and able to receive the treatment and, in some cases, the chemotherapy has a relatively brief shelf life and cannot be made up prior to the time it is needed.

We will be returning to the same clinic tomorrow and each day through Friday for three more shots each day. Miss Melanie is doing well. We went to dinner tonight and she has, thankfully, not experienced any side effects from the treatment this afternoon.

UPDATE, MAY 3, 2019

by Melanie Balzer

Today was Day Five of my "gentle chemo". It wasn't horrible, but I'm glad it's done. I've asked the doctor if I can go visit my dad next week. Last week he had two falls in less than 24-hours, one of which knocked him unconscious briefly. They determined he had some bleeding on his brain. He was moved back to the healthcare unit and will probably be there for a while, as he is VERY weak and using a wheelchair—no more walker use for now.

Right now I'm planning on going to visit him right after I get the stitches out at 11:00 from my MOHS surgery. I probably won't be able to see him that day, but at least Tuesday won't be wasted. I'll have to return on Thursday because I found out today I have to go to the hospital for labs on Friday.

TRIP TO EMERGENCY ROOM, UPDATE ON CHEMOTHERAPY, SUNDAY, MAY 5, 2019

by John Balzer

About 6:30 PM on Saturday evening, Miss Melanie told me that she had pressure and/or tightness in the middle of her chest. She tried to resolve it; however, nothing was working. Then, she said, "I need you to call an ambulance." I instantly dialed 9-1-1 and told the dispatcher that we needed an ambulance at our house immediately. Both Miss Melanie and I were wondering if she was having, or had had, a heart attack. Admittedly, she did not seem to have another other heart related symptoms (e.g., shortness of breath, sweatiness, pain in an arm or down her jaw, pain in the middle of her back), but we did not want to take any chances since a female typically exhibits different heart attack symptoms than a male. Therefore, she took a trip to the emergency room to be checked out. The pressure/tightness was gone by time she reached the hospital. Once there, a chest x-ray was completed, an ultrasound of her chest and abdomen was completed and blood was drawn for analysis.

Thankfully, everything was fine and we left the hospital after about being there for three hours. The emergency room doctor said he felt it was indigestion; however, if Miss Melanie experienced the same symptoms again to get to the hospital for further analysis.

We met with Miss Melanie's stem cell transplant doctor last Friday. He informed us that he was leaving the hospital in June. We were quite surprised; however, there is another doctor on the team who knows Miss Melanie, has treated her during her time in the hospital and is someone that we find a most suitable replacement for the doctor that is leaving.

With regard to Miss Melanie's current medical treatments, she will have another round of chemotherapy starting on Memorial Day, May 27, and going through that week. She will receive three shots into her belly each day. Then, approximately a week later, she will receive an infusion of lymphocytes.

She has tolerated the chemotherapy quite well. She has a red rash (about three to four inches in diameter) around the injection sites that was described as typical for this type of chemotherapy. She also has experienced some diarrhea; however, that was for only one day. Her blood counts will be declining and she may need transfusions of blood and/or platelets.

UPDATE ON MISS MELANIE, SATURDAY, MAY 11, 2019

by John Balzer

Last Monday, Miss Melanie drove to see her father. He had been hospitalized and she wanted to see him. On Tuesday, Miss Melanie became sick with diarrhea and vomiting. Her illness was so profound that, late Tuesday, I drove over to bring her home and we drove directly to the clinic.

At the clinic, various tests were performed and the diagnosis was that Miss Melanie was suffering from the rotavirus. This virus is common for young children (i.e, ages 1-5) and by the time we are adults, we have had it and it does not ravage our bodies. Miss Melanie's immune system is nearly two years old and fits the typical age for having the rotavirus. While at the clinic, Miss Melanie was given a bag of fluid because she was dehydrated.

On Wednesday, Thursday and Friday, she was in the bathroom every thirty to sixty minutes. The doctor had said that the only medicine he felt would be effective in stopping the diarrhea was Imodium. She was told she could take eight Imodium tablets in a twenty-four hour period. Unfortunately, she was taking eight Imodium tablets within seven hours.

On Friday, we went to the clinic for further analysis of Miss Melanie's condition. She was dehydrated (i.e., her creatinine level was 1.6, up from 1.2 on Wednesday) and her potassium level was low (i.e., 3.0, down from 3.6 on Wednesday). She received a bag of fluid and a bag of potassium. I asked the doctor if there was an antidiarrheal he could prescribe and he prescribed Lomotil. Late Friday afternoon, Miss Melanie was feeling better and the diarrhea had abated somewhat.

Today, she is doing better; however, still has some diarrhea. Hopefully, by tomorrow, she will be completely recovered from the rotavirus.

SHORT AND SWEET, MAY 11, 2019

by Melanie Balzer

I just wanted to be able to wish all you mothers out there a lovely Mother's Day, and hopefully one spent with one or more offspring. I am so lucky because BOTH of our girls will be here They were kind enough to go to see my Dad, who has been having a rough go of it, including a hospital stay and now time in the healthcare unit and drive my car home. I drove myself over to see Dad last Monday and then proceeded to get sick on Tuesday. It ended up I had the rotavirus, blessing me with five days of diarrhea so far. Despite going through multiple bottles of both Gatorade and ginger ale each day, I still find myself dehydrated. I can't believe it! They infused me with a unit of saline on Wednesday, then again on Friday along with a unit of potassium. I return on Tuesday and Thursday for labs and possibly more infusions. For now, I'm just excited that Gretchen and Erica will be here tomorrow Life is good.

UPDATE ON MISS MELANIE, FRIDAY, MAY 17, 2019

by John Balzer

Today is eleventh day that Miss Melanie has had diarrhea. In spite of that, she is doing remarkably well. We have been to the clinic twice this week for infusions of fluids and potassium. Her blood counts yesterday were down due to the effects of the chemotherapy and having not eaten in over eight days; however, as the advanced practice nurse said, "when looking at these lab results, I would never realize this person was malnourished". Thankfully, Miss Melanie has done as excellent job of drinking fluids, so she is definitely not malnourished. It has been the fluids and the minimal amount of food that she has consumed that have kept her going. She is a strong individual as well as a strong willed individual.

Numerous tests have been performed on Miss Melanie's blood and stool samples to determine if she is suffering from additional viruses, Hepatitis, or other issues. All of the tests have come back with negative results, except for the rotavirus. A doctor said yesterday that the rotavirus is difficult to get over. To help her deal with the effects of the virus, she is taking antidiarrheal medicine, potassium pills and anti-nausea medicine three times a day.

Today, Miss Melanie has been attacking the virus with vigor - no more sitting around letting the virus rule her life; she has decided to attack the virus full force. She has been drinking protein fluids, eating spaghetti and meatballs, enjoying two fried eggs for breakfast, drinking a Pepsi (said it tasted "wonderful!"), walking the dog, doing laundry, going shopping and getting on with her life. While she continues to have diarrhea, she is not letting that stop her from living her life her way. She is truly amazing for staying positive when she hits a road bump.

On Sunday, we will return to the clinic for more infusions of liquids and potassium. They will also check Miss Melanie's blood counts to assess her levels on Sunday.

RHODA HANGS AROUND, MISS MELANIE IS ON THE REBOUND, MONDAY BEGINS THE NEXT ROUND, LYMPHOCYTES COMING TO TOWN!, SATURDAY, MAY 25, 2019

by John Balzer

The rotavirus, or Rhoda, as I refer to it, continues to hang around. While significantly diminished from what it had been, Miss Melanie is still experiencing occasional bouts of diarrhea. We are hopeful that by tomorrow, Rhoda was have exited the scene and been flushed out of Miss Melanie's life.

We went to the clinic yesterday for what had been planned to be an infusion of potassium and saline, plus a unit of blood. Amazingly, after Miss Melanie's blood sample was tested, it was decided that she did not need a unit of blood. Plus, she received less than half of a bag of potassium and saline because her potassium level was in the normal range. We were amazed that the infusion stopped early and that she did not require a unit of blood; especially when we considered that she had been at the clinic last Sunday, Monday and Wednesday for saline, potassium and magnesium. We also learned yesterday that Miss Melanie's platelet count was 119, up from 75 when the chemotherapy began. This meant that the chemotherapy was doing its job and working to eradicate the diseased cells in her bone marrow. The doctor said the platelets did not go up without some treatment of the bone marrow.

The next round of the chemotherapy (Azacitidine is the drug type, it is known by the trade name of Vidaza) will begin on Monday, May 27, 2019. As before, Miss Melanie will receive three shots in her abdomen each day next week (Monday through Friday). She tolerated the first round of chemotherapy without any problems and we are hopeful she will easily handle the next round.

On June 11, Miss Melanie will receive an infusion of donor lymphocytes (or DLI as the medical team refers to it). On June 10, Miss Melanie's stem cell donor will donate his lymphocytes. These cells will be flown from the donor's country, which we believe to be Germany, to the hospital. On June 11, a portion of the lymphocytes will be infused into Miss Melanie via an IV. More lymphocytes than needed for this infusion will be collected and frozen. Miss Melanie will receive several more DLI treatments in the coming months.

A REAL STICK IN THE BELLY, SATURDAY, JUNE 1, 2019

by John Balzer

It was actually fifteen sticks in the belly for Miss Melanie this past week. Each day, we traveled to the clinic for Miss Melanie to receive three syringes full of chemotherapy injected into her belly. The side effects from these injections included a bright red rash around the injection sites and peeling skin, as if her skin had been sunburned. In spite of the belly pokes, the red rash and the peeling skin, Miss Melanie described this round of chemotherapy as the "easiest" chemotherapy she had received. She is a true super woman when it comes to having medical tests and treatment. She handles every test and treatment with her positive spirit and readiness to “get on with it!”

Next week, on Friday, June 7, Miss Melanie returns to the clinic for an appointment with her doctor and an assessment of her blood counts. Hopefully, all will be well and the appointment will be quick and easy.

Then, on June 11, Miss Melanie will return to the clinic for the infusion of donor lymphocytes. This infusion will work in conjunction with the chemotherapy to destroy and eliminate the diseased cells in her bone marrow.

Regarding Rhoda, she is still causing problems. While not as troublesome as previously, Miss Melanie is continuing to have diarrhea. Hopefully, Rhoda will be a distant, distant memory in the NEAR future.

COUNTS GOOD, DLI SET FOR TUESDAY, SUNDAY, JUNE 9, 2019

by John Balzer

Miss Melanie and I went to the clinic on Friday for a check on her blood counts in preparation for her donor lymphocyte infusion (DLI). Her counts had to be sufficiently high for her to have the DLI. The counts were good (White blood count = 3.6, Hemoglobin = 9.7, Platelets = 104) and she was cleared to have the DLI on June 11.

During our appointment at the clinic, we saw the stem cell transplant doctor for the last time. He will be leaving at the end of June and moving out of state. We were happy that we had an opportunity to thank him for his kindness to Miss Melanie.

Last Thursday (June 6) was Miss Melanie’s second birthday, with regard to her immune system. It was on June 6, 2017, that she received her stem cell transplant. We had a small celebration at home and we were thankful that she is doing so well.

Something else that occurred last week was that Miss Melanie's uninvited pest finally left the premises. She was so happy to kick Rhoda out the door and tell her to not return. Miss Melanie had about four weeks of diarrhea and she is so ecstatic that she is free from that misery.

THE DLI FAMILY REUNION, THURSDAY, JUNE 13, 2019

by John Balzer

On Tuesday, Miss Melanie and I traveled to the clinic for her donor lymphocyte infusion (DLI). As we walked into the infusion area, the nurse said that everything was all set for the infusion. An IV line had to be inserted into Miss Melanie's arm for the infusion. While the infusion was simply a syringe filled with the donor's lymphocytes, they had to be "pushed" into the IV line due to the size of the cells. The lymphocytes had been harvested from Miss Melanie's donor in Europe on June 10 and were flown to the hospital overnight, arriving on June 11.

The entire DLI process took almost four hours. That included the time to install the IV, complete the infusion, and monitor Miss Melanie for about two hours after the infusion to see if any adverse side effects occurred. During the time of the DLI process, a number of nurses, doctors and nurses aides came into the room where Miss Melanie was seated. The DLI process became a social event for these health-care individuals, many of who had not seen Miss Melanie in over a year. They had been part of the team that cared for her during her stint in the neuro intensive care unit (NICU) during March and April 2018. It was wonderful to see them come in, remark at how well Miss Melanie looked, give her a hug and wish her well. The DLI infusion process had the feeling of a family reunion as stories, remembrances and laughter filled the room. It truly was a miraculous event and so heart warming. People coming by to see Miss Melanie because they loved her, wanted to wish her well and comment on her strong, positive spirit. Even the stem cell transplant doctor came by to wish Miss Melanie well. He sat and talked with us for about twenty-five-minutes - a rare event, indeed.

When we returned to our apartment, I thought Miss Melanie might go to bed, or, at the very least, fall asleep in her chair while watching TV. No sir, she was busy doing stuff. I suggested that she might want to sit down and rest; however, she said that she did not need to do that. “I feel fine!” she commented as she hurried off on another task. What an amazing lady. I was thinking that she should be tired, maybe feeling a bit rundown and wanting to rest. Nope. She was active, active, active.

BE AT THE CLINIC AT 8:30 AM ON FRIDAY!
HAPPY ANNIVERSARY, SUNDAY, JUNE 23, 2019

by John Balzer

Last Thursday, I received a phone call from the advanced practice nurse at the clinic. She said that the level of the Epstein Barr Virus (EBV) in Miss Melanie’s blood had risen very quickly and that it was a concern. The level in Miss Melanie’s blood registered 64,000. She said the normal amount in anyone’s blood was zero. The nurse had talked with the doctor about the EBV level and he said that he wanted Miss Melanie to come to the clinic at 8:30 AM on Friday to begin chemotherapy.

We were at the clinic from 8:30 AM until 3:30 PM. Miss Melanie received rituximab, a chemotherapy she had received in 2018. During the early months of 2018, Miss Melanie’s EBV had changed to PTLD (Post Transplant Lymphoproliferative Disorder). The PTLD was in her lymph nodes and had migrated to her cerebral spinal fluid. Therefore, the doctor wanted to immediately begin treatment to stop the EBV in its tracks.

In typical Miss Melanie fashion, she handled the hours in the clinic receiving fluids and chemotherapy with smiles and laughter. She is an amazing individual who sees each situation with an unwavering positive spirit. Once again, while we were there, several nurses who had previously worked with Miss Melanie stopped by to say hello and wish her well. Miss Melanie has a large group of friends at the clinic and it is comforting to know that they all care for her and are ready to be of service to her.

Additional treatment regarding Miss Melanie's elevated EBV level will take place next week. On Wednesday, she will have a PET scan to assess any involvement of the lymph nodes in her chest. Next Friday, she will receive another infusion of rituximab. She will receive a total of four infusions of rituximab.

Regarding the treatment for the MDS, the diseased cells in Miss Melanie's bone marrow, the doctor said that they would hold off on any further infusions of chemotherapy to treat the MDS at this time. He pointed out that treatment for the elevated EBV level had the highest priority.

Last Friday was our 50th wedding anniversary. My "big" gift for Miss Melanie for our anniversary was a helicopter ride over the city. I had planned the ride in advance not knowing that she would be receiving chemotherapy on Friday morning and afternoon. It was so easy to paraphrase a well-known TV commercial. "You've just had six hours of chemotherapy, what are you going to do now?" "Go for a helicopter ride!" Miss Melanie was anxiously awaiting our tour over the city and was giddy when we arrived at the heliport.

Our helicopter ride lasted twenty-five minutes and Miss Melanie and I were the only passengers in the helicopter. We were able to communicate with the pilot using headphones and microphones and it was a great experience. The ride was smooth, the views were excellent and we took a bunch of photos during our magical adventure.

Miss Melanie enjoying our helicopter flight for our 50th Anniversary.

HAPPY FOURTH OF JULY!, WEDNESDAY, JULY 3, 2019

by John Balzer

- Last Friday, June 28, Miss Melanie received her second infusion of rituxan. It was an easy infusion and the entire process was quicker than the first infusion.

- Last Saturday, Miss Melanie, while doing a good need for an ill neighbor, fell down and hit her head on a curb. She was transported to the emergency room by ambulance and the doctor at the hospital said she was lucky she was not on a blood thinner. He asked all of the typical concussion questions (e.g., are you dizzy (no more than usual); are you nauseous? (no, when can I have something to eat?); do you have a headache? (only from these questions). She was extremely fortunate and was able to return home without any further issues.
- Today, Miss Melanie received her third infusion of rituxan. She received Benadryl and Tylenol as pre-medications to prevent any side effects and she tolerated the infusion just fine. We also learned that the results of her recent PET Scan showed no serious abnormalities.
- Next week, Miss Melanie will return to the clinic for another infusion of rituxan.

SUNNY, H-O-T SATURDAY, JULY 13, 2019

by John Balzer

Yesterday, Miss Melanie and I slowly awoke when the alarm blared at 5:30 A.M. We had to be at the clinic at 7:00 A.M. We sleepily trundled into the clinic waiting room because we had stayed up too late. Miss Melanie's infusion of rituxan went quite well. In fact, the total infusion time was less than two hours, compared to the first dose taking almost six hours. The infusion rate is increased with subsequent doses if the patient has no problems or side effects.

Today, Miss Melanie is doing well. She is enjoying the cooling breezes of the air conditioning in our apartment while watching her favorite crime shows on television. Tonight, we are going to the play, **Hamilton.** It was an anniversary gift that I gave her. She is excited about having the opportunity to see an extremely popular play.

MORE RITUXAN REQUIRED, FRIDAY, JULY 19, 2019

by John Balzer

On Wednesday, July 17, Miss Melanie and I met with her doctor and the Advanced Practice Nurse. We learned of some of the latest blood counts and the next steps for treatment. They said that when the EBV (Epstein Barr Virus) blood count was known, they would determine if Miss Melanie needed more rituxan infusions.

We received an email from the nurse today saying that Miss Melanie's EBV count was down to about 2,900, from 64,000. While that is a steep decline, they had hoped that the EBV level would be undetectable. The normal range for EBV in our blood is zero, so anything above zero is a concern. That means Miss Melanie will have two more infusions of rituxan in the next two weeks. The hope is that these additional rituxan infusions will bring the EBV level in Miss Melanie's blood to zero.

When the EBV count is down to zero, the vidaza (chemotherapy used to treat the MDS disease in Miss Melanie's bone marrow) and donor lymphocyte infusions (DLI) will begin again. The two-edged sword is that the vidaza is eliminating the MDS disease; however, it is also causing the B cell count to fall. B-cells fight bacteria and viruses by making proteins called antibodies, which are specific to each pathogen and mark it for destruction by other immune cells. When the B cells are depleted, it causes the growth of an EBV infection. In addition, the B cell count is further depleted by an EBV infection because B cells are the principal targets of the infection. That means, the B cells are depleted by the chemotherapy and further ravaged by the EBV infection.

We also learned during the appointment on Wednesday that Miss Melanie's neutrophil count was low, around 100. The normal range is about 500 and that indicates that Miss Melanie's immune system is pretty well depleted. Neutrophils, a type of white blood cell, are important for fighting certain infections, especially those caused by bacteria. Low neutrophils are common post transplant for the first 18-24 months. The doctor said that each time the patient has an "insult" it would depress the neutrophils. Miss Melanie's neutrophils are so low because her system has experienced several "insults" post transplant.

THANK YOU, MR. DONOR, THURSDAY, JULY 25, 2019

by John Balzer

Yesterday, Miss Melanie and I arrived at the clinic at 8:55 AM. We were there for a fifth infusion of rituxan to further lower the Epstein Barr Virus (EBV) in her blood. The infusion was completed within about ninety-minutes and everything went fine. In fact, the premedication of Benadryl put Miss Melanie to sleep for much of the infusion.

The doctor and nurse came into the infusion bay while Miss Melanie was receiving her rituxan infusion. They reviewed her blood labs and said everything looked good.

The results of Miss Melanie's chimerism test were back. The chimerism test checks on the percentage of DNA in Miss Melanie's immune system. Prior to her receiving the chemotherapy (Vidaza) and the Donor Lymphocyte Infusion (DLI), the percentage had been 50% Miss Melanie's and 50% from the donor. That was not good and prompted the treatments. The results that we learned about yesterday showed that the percentage was now 93% from the donor. That is an excellent change from just one series of treatments (i.e., chemotherapy and DLI). While it is not 100% from the donor, that is difficult to achieve and the doctor said that the 93% from the donor meant that Miss Melanie's immune system was back to where it had been before the disease (multiple displasia syndrome, MDS) was discovered in her bone marrow. The doctor also was surprised, but very pleased, to see that much of a change in the chimerism after just one series of treatments. He also pointed out that the change was a direct result of the DLI. Miss Melanie's donor has donated stem cells and, now, lymphocytes for Miss Melanie and he is truly a hero in my eyes.

While Miss Melanie will need additional treatments (i.e., chemotherapy, DLI) for the MDS, the chimerism results mean that her EBV treatments will remain the focus at this time.

Also yesterday, Miss Melanie saw a podiatrist for a foot condition. Because she had polio as a child, her right leg is shorter than her left and she walks with a slight limp. In addition, her left heel does not strike the ground, so she walks on the front of her right foot. Over time, her style of walking has developed a huge callus on the ball of her foot. Because she has been doing a lot of standing and due to excessive moisture in her foot, the callous split away from her foot. This resulted in a large crevasse, but no bleeding; however, it was painful for her to walk.

The podiatrist trimmed away some of the callous. She told Miss Melanie to stay off her feet and put Betadyne on it each day. She also told Miss Melanie that the split would heal up just fine.

I LOST MY FIRST HERO YESTERDAY, JULY 29, 2019

by Melanie Balzer

It was a long and beautiful life and a very blessed one. Dad died at 5:00 Sunday afternoon, July 28, 2019 at the age of 95 years and almost 9 months. I was able to be with him as he drew his last breath before joining his "girlfriend", my beloved Mother, who had gone to prepare a place for him August 7, 2012. I shall miss them both with every fiber of my being until I, too, join them and all who have gone before.

MISS MELANIE’S EULOGY; A MEDICAL UPDATE, WEDNESDAY, AUGUST 7, 2019

by John Balzer

The last ten days have been rather busy for Miss Melanie and me. She was working on plans for her father’s funeral, including writing the obituary and the eulogy, and I was busy in helping to clean his apartment. In addition, we returned to our apartment so Miss Melanie could have another rituxan infusion last Wednesday. We returned to her father’s apartment on Thursday to be there for the funeral and related activities.

At the funeral, Miss Melanie delivered a remarkable, memorable, loving eulogy to her father. She loved him deeply and her words showed that. Filled with anecdotes and family memories, her eulogy was sweet, loving and, at times, humorous. She painted a portrait of her father that all could relate to and admire. Miss Melanie was vibrant, on target and her words touched all in attendance.

Prior to getting up to speak, Miss Melanie leaned close to me and whispered, “I hope I don’t fall asleep during my eulogy.” I knew what she meant because she was up until four AM preparing her eulogy. That meant she had gotten less than three hours of sleep. Approaching the podium, she told the minister to be ready to take her place in case she fell asleep during the eulogy. Thankfully, she was wide-awake the entire time and did a fantastic job.

Many people were concerned about Miss Melanie because she was very fond of her father and thought that she would be devastated at his passing. Yes, she is sad that he is gone; however, she revels in the fact that he lived for ninety-five years and that she had so much time with him. She also noted that he was not in the best of health and that he is now with her mom again. She used that reunion to lift her spirits and know that she is blessed to have had her parents in her life for a number of years.

Miss Melanie and I sincerely thank each of you for your words of sympathy, compassion and comfort during her father's passing. Your ongoing friendship, comfort and love for her make us feel so loved and blessed. We appreciate all your expressions and thoughtfulness at this time.

Last Wednesday, Miss Melanie and I went to the clinic for her sixth infusion of rituxan. The procedure took ninety minutes and was well tolerated by her. The doctor and the nurse practitioner came into the room and reviewed Miss Melanie's blood labs. The numbers are up and the doctor was extremely pleased. He said that, depending on the level of the Epstein-Barr Virus (EBV) in her blood, which would be known after the visit, Miss Melanie might have to have several more rituxan infusions. Her current level was about 1,000 and the normal range is zero.

I also asked the doctor about additional chemotherapy for Miss Melanie's disease in her bone marrow (myelodysplastic syndrome, MDS). He said that the high percentage of the donor's DNA in her immune system (i.e., 93%) buys them some time in treating the MDS. I asked if the treatment could cause the EBV to become resurgent and he said yes. He pointed out that it was possible to use donor lymphocyte infusions (DLI) to treat the MDS and not use the chemotherapy. He said they would know more after the EBV is removed from her system.

Another point I asked the doctor about was if the DLI had essentially reset Miss Melanie's immune system, much like rebooting a computer. He said that the DLI caused to her immune system to reset and for it to begin doing what it should have been doing. He was pleased with how well her immune system had responded to one DLI.

EBV UNDETECTABLE!!!, WEDNESDAY, AUGUST 14, 2019

by John E. Balzer

Miss Melanie and I went to the clinic this afternoon. It was our first visit to the clinic since August 1.

We met with the doctor. He told us that Miss Melanie's blood counts remained strong and that her overall health was good. His "big" news was that on August 1, the level of EBV in her blood was undetectable. That was excellent news for it meant that the rituxan infusions had worked as expected and that she did not require further rituxan infusions.

The doctor also told us that Miss Melanie's chimerism (i.e., the measurement of the percentage of her immune system that was from the donor and the percentage that was hers) **BEFORE** the Donor Lymphocyte Infusion (DLI) was in the 90-95% range. That was shocking and surprising to me because the donor's percentage of the immune system was 65%-75% before the chemotherapy for the disease in her bone marrow (MDS). The chimerism had changed because of the chemotherapy for the MDS and chimerism was not an indicator of disease in the bone marrow.

Patients can have a chimerism of 100% from the donor and still have disease in the bone marrow. Chimerism is only a measure of the percentage of the immune system from the donor and the patient. It does not measure disease in the bone marrow. Only a bone marrow biopsy can measure the level of disease in the marrow. That is 100% confusing to me.

Since Miss Melanie's chimerism had fallen in March, it indicated something was changing in her immune system and that triggered the need for a bone marrow biopsy on April 2, 2019. The result of that bone marrow biopsy indicated the presence of MDS in her bone marrow. Her MDS was described as "low level". Miss Melanie had marrow fibrosis at level 1, which meant low (level 3 is high).

The blasts in her bone marrow were 5-10%, which again, were described as low. Blasts are the most immature cells and are not commonly found in blood. Because Miss Melanie had Acute Myeloid Leukemia (AML), the blasts in her blood could be genetic in nature. That meant that they could be genetically linked to the bad cells that caused the AML and could grow to maturity as cancerous cells.

The doctor said that since Miss Melanie's health was good and that she had no detectable EBV it meant that there was some time to consider options. If she needed more chemotherapy for the MDS, it would cause the EBV to flare up. That would require more rituxan; however, over time, the rituxan would not be effective because the EBV would develop immunity to it.

Okay, what does that mean? Possibly just using DLI to control the MDS and bolster her immune system. Possibly be involved in a clinical trial. Or, possibly have a second stem cell transplant. In the short term, the next step is for Miss Melanie to have another bone marrow biopsy to check on the status of the disease in her bone marrow. The doctor will be scheduling a bone marrow biopsy for Miss Melanie as soon as possible.

PET SCAN, WEDNESDAY, AUGUST 28, 2019

John Balzer

Miss Melanie had a PET scan today at the clinic. Just after arriving, the tech injected her with a radioactive dye. After waiting about an hour, she was placed inside a metal tube and the scan took about twenty minutes. The PET scan was done to see if there was any lymph node involvement as a result of the Epstein Barr Virus (EBV). Things went well and we hope to learn the results from the scan during next week.

Speaking of next week, on Thursday, September 5, Miss Melanie will have a bone marrow biopsy. This procedure will check on the status of the myelodysplastic syndrome (MDS) in her bone marrow.

Previously, she received two treatments of chemotherapy (i.e., vidaza) and one donor lymphocyte infusion (DLI) to reduce or eliminate the MDS in the bone marrow.

On Friday, September 6, Miss Melanie will return to the clinic to receive another DLI. This infusion will be to boost the donor portion of her immune system. The donor's portion is the disease free portion and must be kept healthy and strong so it can function as an excellent immune system in keeping Miss Melanie healthy and free from disease.

BMB EASIEST EVER, FRIDAY, SEPTEMBER 6, 2019

John Balzer

Yesterday, Miss Melanie and I traveled to the clinic for her bone marrow biopsy (BMB). She received Dilaudid for pain and Ativan to reduce anxiety prior to the procedure. After the procedure, she said that it was the easiest bone marrow biopsy she had ever experienced. It is nice to know that the medicines she received did their jobs.

Also yesterday, we learned that Miss Melanie's recent PET scan showed an area of interest that had shown up on her prior PET scan. The doctor was unsure of what to make of the situation and was contacting the interventional radiology group to discuss completing a biopsy.

Today, Miss Melanie was scheduled to have a donor lymphocyte infusion (DLI); however, that was cancelled until the results of the BMB are known. The doctor cancelled the DLI because the latest DNA comparison results indicated that 90-95% of Miss Melanie's DNA was the donor's. There was no reason to infuse the lymphocytes because of potentially limited value and the potential of graft versus host disease (GVHD). The need for an additional DLI will be reconsidered later.

During Miss Melanie's next appointment (Friday, Sep. 13), we will discuss the plan for action going forward. The results of the BMB and the response from the interventional radiology group will be known by that time.

TURNING A MINUS INTO A PLUS, SATURDAY, SEPTEMBER 14, 2019

by John Balzer

Yesterday, Miss Melanie had an appointment at the clinic. Her blood counts were down, not a huge decline, but down. The decline was a result of the MDS (myelodysplastic syndrome).

The most recent bone marrow biopsy results showed that the blasts (immature cells that will never mature and are cancerous) in the marrow were 2-3%, down from 5-10% after Miss Melanie's April bone marrow biopsy. The blasts were constantly dividing, growing and becoming clones of the original leukemia.

The bone marrow biopsy also showed a chromosome deficiency. Specifically, it was a 5Q minus mutation and it meant that the MDS had morphed into a subset of the leukemia. This chromosome deficiency was driving Miss Melanie's blood counts down.

The doctor said he had been dragging his feet on what to do in terms of treatment for the MDS. He was vitally concerned about using more chemotherapy (i. e.,Vidaza) to treat the MDS, setting off the EBV (Epstein Barr Virus) and starting a non-stop cycle of chemotherapy to treat the MDS and rituxan to treat the EBV. Eventually, the EBV would become immune to the rituxan and the EBV would become a serious issue.

The 5Q minus mutation provides a way to treat the MDS without causing the EBV to grow. There is chemotherapy (i. e., Revlimid) in pill form that was developed to specifically attack the 5Q minus mutation without damaging the immune system. This chemotherapy would restore the 5Q minus mutation into a 5Q positive situation, which it should be.

The active substance in Revlimid is lenalidomide which:

- targets specific proteins within cancer cells to block the development of abnormal cells.

- prevents the growth of blood vessels within tumors.
- stimulates specialized cells in the immune system to attack the abnormal cells.

Miss Melanie has another appointment next Wednesday. During that appointment, we will learn more about when she will begin taking the Revlimid.

With regard to another Donor Lymphocyte Infusion (DLI), the results of the chimerism test from the bone marrow biopsy will determine the need for a DLI. If the chimerism were in the 90-95% range, a DLI would be of marginal value. The chimerism will be known next week.

There will be no biopsy on the issue seen in Miss Melanie's left leg in her last PET scan. The Interventional Radiologist was unsure of what it happened to be. He said the location was a hard place to reach, plus a biopsy may not show anything. The doctor will monitor it with another PET scan in two to four weeks.

We have been very blessed and Miss Melanie is a super human lady. She has navigated many road bumps while remaining positive and strong. She is a truly an inspiration to all.

CHIMERISM RESULTS ARE EXCELLENT, WEDNESDAY, SEPTEMBER 18, 2019

by John Balzer

Miss Melanie had an appointment with the doctor this afternoon. It was to follow up on getting the medicine (Revlimid) he had discussed last Friday. A process has to be completed by the hospital for medicine to be sent from the manufacturer directly to the patient's home. There is only one manufacturer of Revlimid and the cost for it is $18,000 per month. Thankfully, the cost will be paid by our insurance. Miss Melanie will take one pill for twenty-one days and then stop taking the medicine for seven days. She will repeat this procedure for each month she takes the medicine. While taking Revlimid, she will have her blood monitored weekly to see if it is having any impact.

Her blood counts were down today; however, that is to be expected due to the MDS (myelodysplastic syndrome). MDS, if unchecked, continues to destroy the bone marrow that generates new blood cells. Revlimid is designed to put the MDS into remission and can be taken as long as one needs to take it.

The doctor gave us the chimerism result from Miss Melanie's recent bone marrow biopsy. Chimerism is the result of having two DNA portions of one's immune system. This occurred, in Miss Melanie's case, when she received the stem cell transplant in June 2017. She has one DNA portion, her own, and one DNA portion from her donor. Because the donor's DNA is the healthy portion, it needs to be the larger or main portion of her total DNA. Miss Melanie's latest chimerism was 94 and 94, which was higher than her bone marrow biopsy in April. The latest chimerism means that 94% of her DNA is from her donor, which is excellent. Miss Melanie's chimerism in April was 76 and 57, which was not good. The first number is from the peripheral blood and the second number is from the T cell count in the blood; a smaller, more targeted universe. T cells are the immune system's response to pathogens. The increase in the chimerism was huge and directly due to the DLI (Donor Lymphocyte Infusion) on June 11.

Please let me know if the information I am sharing is too technical, too verbose, confusing, or redundant. I am not trying to make my journal entries undesirable in any manner. I am attempting to present a concise report on what we learned, discussed or discovered during Miss Melanie's visits to the clinic. If I am falling short of your expectations, please let me know how I can improve.

ANOTHER FALL, MADDENING MEETING, FRIDAY, SEPTEMBER 27, 2019

by John Balzer

A week ago, Miss Melanie fell onto the floor in the kitchen and hit the left side of her head, just above her ear. She was on a step stool, missed the bottom step and crashed onto the floor. She put ice on the bump and kept on trucking. No reason to go to the hospital, she said. Several days later, she had a nasty looking bruise running down the side of her neck. Thankfully, she is okay; however, with her blood counts low, especially her platelets (which aid in coagulation), she is at an elevated risk for serious injury or death by continuing to fall. I have talked with her, pleaded with her, suggested things to her; however, she is adamant that she is fine, will be fine and will do her best to not fall again.

On Wednesday, September 25, 2019, Miss Melanie had an appointment at the clinic. The doctor told her that he was getting a little antsy about the chemotherapy medicine (Revlimid) not having been approved by our insurance company (i. e., Blue Cross). He said that he might have to put Plan B into effect. Plan B calls for Miss Melanie to receive the chemotherapy she had previously (i.e., Vidaza). That medicine suppresses her immune system and will, most likely, cause the Epstein Barr Virus (EBV) to reoccur and that is not good. The doctor did not know the current status of the approval or denial of the Revlimid. Neither did the nurse. Neither one had a clue; however, another nurse within the Hematology/Oncology department had been “working” on getting the approval for two and half weeks. But, the doctor was antsy and the nurse had no clue about when the approval would be received or when the drug would be shipped to the house and Miss Melanie could start taking it. All of this while her blood counts continued to fall.

I cannot fully explain how I felt during the appointment because this is a family friendly, polite, warm group. It’s easiest to say I was mad; however, I was not going to allow the doctor or nurse control Miss

Melanie's life through their ignorance. I called Blue Cross on Thursday to get some answers about where the prescription for Revlimid was in the approval/denial process. No one within Blue Cross, after five phone calls to different offices and locations, knew anything about the prescription request. Two offices told me that the doctor had to complete a prior authorization form before any action could be taken. I left one voice mail and sent two extremely frank emails to the nurse at the clinic. She called me and then I found out that the prior authorization form had been sent to Blue Cross (after we left the clinic on Wednesday) and that Blue Cross had approved it for insurance coverage. Now, a specialty pharmacy has to be located to prepare the drug and Miss Melanie might have the medicine within a week. Two and a half weeks went by before they sent a prior authorization form and that should have been the first form sent. Two and half weeks of declining blood counts and no one knew what was going on until after we asked during the appointment in the clinic! Okay, Miss Melanie has always told me to stay positive and we are thankful that the medicine may be available for her soon.

REVLIMID ARRIVES, THURSDAY, OCTOBER 3, 2019

by John Balzer

On Wednesday, Miss Melanie received the prescription of twenty-eight 10 mg Revlimid capsules. The cost for this one-month supply was nearly $27,000, which, thankfully, was paid for by our insurance. Miss Melanie took her first capsule on Wednesday evening. She will take one capsule each day and we have to closely monitor her for potential side effects. Dangerous side effects include blood clots, stroke, heart attack, fatigue, and low blood counts. Because her blood counts are low, she will probably need transfusions of blood products, possibly as soon as next week. The effects of Revlimid many not be noticeable for a month, maybe more, and the goals in taking it are:

1. Stop the decline of Miss Melanie's blood counts.

2. Stabilize her blood counts.
3. Cause her blood counts to rise.

Also on Wednesday, we met with Miss Melanie's doctor at the clinic. He told her that if the Revlimid was not showing signs of working or if she developed any side effect, she would go off it and begin receiving injections of the chemotherapy vidaza. When she previously had injections of vidaza, the Epstein Barr Virus (EBV) rapidly grew and she needed six rounds of rituxan. So, we are extremely hopeful that the Revlimid will show positive results and not cause any side effects.

Next week, Miss Melanie has a PET scan to check her lymph nodes with regard to any EBV or PTLD. She will also have another appointment with the doctor in the clinic.

Thank you for thinking of us and sending positive thoughts to Miss Melanie for the Revlimid to work and not cause any side effects. We appreciate your being with us and find great comfort in knowing Miss Melanie has such a huge support group.

MOVING ALONG, TUESDAY, OCTOBER 15, 2019

by John Balzer

On Monday, October 5, 2019, Miss Melanie had a PET scan at the clinic. The procedure went well and we left the clinic after about two hours and thirty minutes.

On Wednesday, October 7, 2019, Miss Melanie and I traveled to the clinic for her weekly appointment. As usual, she had her blood drawn prior to the appointment. When the doctor came into the room, he told us that, except for the platelets, her blood counts were stable or had increased slightly. He noted that her platelets had declined a bit, but not as much as he had expected. That was great news because it meant that Miss Melanie did not require any blood or blood products transfusions. I asked the doctor if the new medicine/chemotherapy (i.e., Revlimed) was the reason that the platelets had not declined as much as expected and that the other counts were stable or up. He said it was too early to tell; however, he said it was unlikely that the Revlimid had any impact, yet, on Miss Melanie's blood counts. It was very positive that her blood counts had not dropped and appeared to be stabilizing. That indicated, to me, that something was assisting Miss Melanie's bone marrow in countering the ravages of the MDS on her bone marrow.

Miss Melanie's doctor also said the PET Scan showed that the unusual spot on her left leg, in front, near her hip, was less "active" than the previous PET Scan. That was good and he felt it was something not to be concerned about; however, he will keep an eye on it with additional PET Scans.

Miss Melanie has been dealing with a cold and horrendous cough for nearly three weeks. The doctor prescribed medicine to help with the cough; however, she continues to have a nasty cough. In addition, she is tired all the time. She had been tired prior to starting taking Revlimid and contracting a cold. Sleepiness is a side effect of the Revlimid and, now, she seems more tired than previously. Nothing slows her down; however, and she fought back her sleepiness by power shopping last Saturday and spending a bundle at a favorite store.

"AN AREA IN THE RIGHT LUNG THAT IS CONCERNING", SUNDAY, OCTOBER 20, 2019

by John Balzer

On Wednesday, October 16, 2019, Miss Melanie and I went to Urgent Care near our home. Her coughing had gotten more frequent and was a troubling issue. When we first arrived at the facility, the oxygen level in Miss Melanie's blood was 90%. They nurse had her take a couple of deep breaths and over a short period, the oxygen level rose to 94%. They had Miss Melanie use a nebulizer to help open up the small airways in her lungs. A chest x-ray showed no pneumonia. The doctor at the facility prescribed an antibiotic, cough syrup and an inhaler.

On Friday, October 18, 2019, Miss Melanie and I went to an appointment at the clinic. While her coughing was a bit reduced, it continued to cause convulsive spells of coughing that left her out of breath and nearly passing out. The nurse said that she wanted to do another chest x-ray to see what it showed. The result of the chest x-ray showed "an area in the right lung that is concerning for infection". For right now, she will continue taking the antibiotic and using the cough medicine. The inhaler has not been of much help.

Next week, Miss Melanie will have a CT scan to further evaluate the situation in her lungs. I will keep you advised of her status. Thank you for keeping her in your prayers.

CT SCAN RESULTS, SATURDAY, OCTOBER 26, 2019

by John Balzer

- CT Scan - On Thursday, October 24, 2019, Miss Melanie and I went to the Radiology Department at the clinic for her CT Scan. We learned the scan's results during her appointment with the nurse the next day. It showed some thickening (the medical term for inflammation) in the mid-lung region in each lung. It was not as much as expected and no cause for it was identified. The plan is to monitor her breathing and, if necessary, she will have another CT scan. We were deeply grateful for the results from the CT scan in light of what we had thought could be the case.
- Vitals - Miss Melanie's vitals at the Friday appointment were: BP 127/47, Pulsox 93%, Hemoglobin 8.7, Platelets 12. The hemoglobin and the platelets were down. She will receive an infusion of platelets at the clinic on Sunday, October 27, 2019.
- Coughing - Miss Melanie's coughing continues; however, not quite as convulsively as earlier this week. During her appointment

on Friday, she was prescribed two antibiotics (levaquin, zpak), one nasal spray (flonase) and a refill of pills (Tessalon Perles) to reduce, stop the coughing**.** If these medicines do not stop the coughing, an ENT will be consulted.

- Breathing - Miss Melanie is winded very easily. She cannot walk and talk at the same time. I wonder if she could walk and chew gum at the same time. Yesterday, she was wheezing quite heavily. The nurse listened to Miss Melanie's lungs and said they sounded better than last Friday. That was a surprise to me.
- Heart - An ultrasound of Miss Melanie's heart will be completed to check its function. She has mentioned weakness in her arms and legs and the doctor wants to check her heart since she has not had an ultrasound of her heart since before her stem cell transplant over two years ago.
- Revlimid - Miss Melanie has almost finished the first round of Revlimid pills. She will begin a second round next week. The doctor said he wants to do a bone marrow biopsy to check the status of the MDS. The low blood counts could be a result of the Revlimid, the MDS or the cold/cough. The doctor is uncertain of how to proceed. He said he had to think about it. My thoughts are that prior to Miss Melanie beginning the Revlimid, the doctor said that after two or three rounds of the medicine, she would have a bone marrow completed to see how or if the Revlimid was working. Miss Melanie has taken 23 days of the medicine, which is not fast acting and she has not had any transfusions. Hopefully, she will be able to complete two to three rounds of the Revlimid, as was the initial plan.

We are grateful for your continued support and the positive thoughts you send us. You have definitely helped us through some difficult and trying times. Miss Melanie takes each situation a day at a time and smilingly says, "I am fine and I will be fine!' She is a tough old broad, that's for sure.

HEART ISSUE A CONCERN, SATURDAY, NOVEMBER 2, 2019

by John Balzer

Miss Melanie and I went to the clinic on Friday, November 1, 2019 for an appointment. At that appointment, we learned that she is dealing with three health issues.

HEART ISSUE

During Miss Melanie's last appointment, she told the doctor that her arms and legs felt weak all the time. She also said she was experiencing shortness of breath. He ordered an ultrasound of her heart. On Wednesday, October 30, 2019, Miss Melanie had an ultrasound of her heart. It showed that she has a hyper dynamic left ventricle. That means it is pumping too soon and not allowing the heart to fill with blood before pumping. Essentially, her heart is not relaxing enough between contractions. This results in Miss Melanie being starved for oxygen causing fatigue and shortness of breath.

Miss Melanie's heart condition is rated numerically by the heart's ejection fraction, or the output of fluid from the heart (50 is normal, 30 is heart failure, 70 means the heart is working too hard). Miss Melanie's ejection fraction is 70. The condition is well understood and is treated with medication. The condition can cause a cough, sinus drainage, fatigue and shortness of breath while sitting or walking.

Miss Melanie will see a cardio specialist who works with post stem cell transplant patients. The condition can be a result of having a stem cell transplant.

MDS

On Sunday, October 27, 2019, Miss Melanie received an infusion of blood at the clinic. She had thought she was going to receive an infusion of platelets; however, her platelet count had gone up, but her hemoglobin count had gone down.

Miss Melanie's platelets were measured at six on Friday, November 1, 2019. That is extremely low and she received an infusion of platelets. Her hemoglobin was 7.8 (7.7 on Sunday); her white blood count (WBC) was 1.3 (1.3 on Sunday).

We will be returning to the clinic on Monday, November 4, 2019, for more blood products. The doctor expects that her platelets will be low and the hemoglobin may also be low requiring more infusions.

It is unknown if the MDS or the Revlimid is causing the blood counts to decline. Both can cause blood counts to decline. The only way to determine the cause is to complete a bone marrow biopsy and one will be completed in two to three weeks.

SINUS ISSUES

The doctor ordered a CT scan of Miss Melanie's sinuses and a consultation with an ear, nose and throat (ENT) doctor to get her sinus problems figured out. She is still experiencing coughing spells that cause her to almost pass out. The doctor said that she could be experiencing chronic sinusitis or chronic bronchitis. An ENT doctor may have to perform a procedure to enter the sinus area and clean the "gunk" out.

UPDATE ON THREE HEALTH ISSUES, SATURDAY, NOVEMBER 9, 2019

by John Balzer

I took action to schedule an appointment with a cardiologist after I was told that there was nothing that anyone could do; however, no one was going to deny Miss Melanie from having the medical care that she needs and deserves. I will do anything to protect her and care for her regardless of any obstacles.

Regarding the appointment with the cardiologist, the doctor felt Miss Melanie's heart and breathing problems were due to her anemia. The doctor pointed out that anemia is a very common cause for the problems she was experiencing. Miss Melanie's blood was drawn on Friday, Nov. 8, to assess potential heart issues that have not been checked yet. The cardiologist will monitor Miss Melanie's health in hopes that the blood counts rise and that the heart/breathing issues resolve. Miss Melanie was told by the cardiologist to return in six months for a follow up. The earliest follow up appointment available was August 26, 2020, approximately nine months and three weeks from now. That is an indication of the significant staffing and scheduling problems at the clinic.

On Friday, November 8, 2019, Miss Melanie had the following appointments:

- An MRI of her sinus to check on any issues or problems.
- A weekly appointment with her doctor. Her platelet count remained extremely low at five, while her hemoglobin had risen to 7.3. The doctor told Miss Melanie to stop taking the Revlimid to see if her blood counts will go up. Revlimid can cause low blood counts in some patients. The doctor also ordered a bone marrow biopsy for next Monday. This biopsy will determine the status of the marrow and if the Revlimid is having a positive effect on eliminating the 5Q- chromosome. We also learned during the appointment on Friday that, in addition to having the 5Q- chromosome in her marrow, Miss Melanie has two other defective, leukemic chromosomes (i.e., P23, and one other). This indicated to Miss Melanie and me that even if the Revlimid was working, she still needs treatment with another chemotherapy (i.e., Vadaza). The doctor had never mentioned the other two defective chromosomes until Friday. That is disturbing because we should have been told about them.

The doctor, nurse, Miss Melanie and I discussed the scheduling problems. The doctor pointed out that the size of the facilities available were woefully inadequate for the volume of patients coming to the clinic. That means that the doctors, nurses, technicians and others have to find "work arounds" in scheduling patients for treatments. These treatments include blood analyses, bone marrow biopsies, blood products transfusions, and appointments with doctors. In fact, Miss Melanie will be returning to the clinic next week (Monday, Wednesday, Friday) and we learned during the appointment that there were no “chairs” in the clinic to draw her blood or provide her with transfusions, if required. The nurse scrambled around to “find” a chair for Miss Melanie in some alternate locations at the hospital so she can have her blood drawn and receive blood products transfusions, if required. In addition, the bone marrow biopsy was scheduled during our appointment and the nurse gleefully told us that she was able to “get the last appointment for a bone marrow biopsy” for Monday. The doctor told us the nurse spends approximately 75% of her time working to find available appointment times or locate alternate locations for treatments for patients. Both the doctor and the nurse said that the patients, patient families or friends are able to schedule appointments far easier than the staff at the clinic or hospital.

Sadly, these problems will not be resolved in the near future and will require new facilities that are not even planned or under construction. Therefore, it will be years before any improvements may/will occur. That presents significant concerns for us because Miss Melanie needs timely treatments. We will do what is required to ensure she receives the treatments she needs when she needs them.

- Transfusions of blood and platelets. Miss Melanie received a unit of blood and two units of platelets. It is hoped that her blood counts, especially her platelets, will start to go up. On Monday, Wednesday and Friday next week, Miss Melanie will return to the clinic for her blood to be analyzed to determine if the counts are rising and if she needs additional transfusions.

WEEKLY REPORT, SATURDAY, NOVEMBER 16, 2019

by John Balzer

It was a busy week for Miss Melanie. She was at the clinic three times and went to our house for a holiday gathering with her tearoom friends. She was stuck, poked, IVed, pushed, infused, and more. Here are the highlights.

Monday, November 11, 2019:
We were up and out early on this frosty, frigid, snowy morning. Miss Melanie's blood counts had to be known prior to a bone marrow biopsy, so we headed to the clinic for an 8 AM blood draw. Her platelets were low, in the single digits, and she received a unit of platelets while having the bone marrow biopsy. I never knew you could piggyback getting a bag of fluid in your arm while they took fluid and a chunk of tissue from the pithy area of your rear pelvic area. It was akin to enjoying a buy one, get one (BOGO) sale. The bone marrow biopsy went quite well by an individual who had completed more than one thousand of them.

After the bone marrow biopsy, Miss Melanie and I went to an infusion area so she could receive a unit of blood. Miss Melanie handled the infusion in her usual upbeat, positive manner.

Wednesday, November 13, 2019:
Miss Melanie and I traveled to the clinic so she could receive two bags of platelets. Her platelet count was still in the single digits and the infusion went extremely well.

Thursday, November 14, 2019:
Miss Melanie was in the suburbs to enjoy a holiday gathering with her doily-making group. These ladies are fast, furious crotchetiers, as well as long time friends and bus mates. They had a grand time and the afternoon's event ended with 487 doilies (two for each bus rider!) and hugs and love all around.

Friday, November 15, 2019:
It was another early morning trip to the clinic for an 8 AM ultrasound of Miss Melanie's abdomen. This was ordered by the cardiologist to check on an abdominal aortic aneurysm that had been discovered in 2015 but had not been evaluated since that time. After the slip, sliding fun of the ultrasound, we were off to our next fun stop elsewhere in the clinic.

After a quick stop for a blood draw to check on Miss Melanie's blood counts, we headed into a clinic room for our weekly appointment with the doctor. The initial results from Miss Melanie's bone marrow biopsy completed on Monday showed that the MDS (i.e., leukemia) level in the marrow was the same as it had been in September (less than 5% blasts, or leukemic cells), That was good because it indicated that the MDS was not growing or getting worse. The finding also suggested that the Revlimid, used to treat the 5Q- chromosome in the bone marrow, was not doing anything to reduce the MDS. All the Revlimid appeared to be doing was driving down Miss Melanie's blood counts. She will continue holding the Revlimid to see if the blood counts begin to increase.

The doctor also said that the Revlimid could suppress Miss Melanie's immune system. This statement was in complete contradiction to what he had told Miss Melanie prior to her starting on Revlimid. At that time, he said it did NOT suppress the immune system and that was a great benefit because she would not have to worry about the EBV (i.e., Epstein Barr Virus) being triggered since the immune system was not suppressed. For clarification, I asked the doctor if the Revlimid could suppress the immune system and cause the EBV to rise and he said yes. This was not the first time the doctor had contradicted himself regarding treatments, medications and more.

During the exam, the doctor told us that he was going to present Miss Melanie's case at next Tuesday's weekly hematology-oncology team meeting. This is a roundtable discussion by all leukemia doctors when each doctor describes the health status of their unique and/or challenging patients. After hearing the information about a patient, each doctor has an opportunity to comment about the patient's health or healthcare. I hope Miss Melanie's doctor receives some excellent feedback on how to proceed with her treatment during this meeting.

Miss Melanie's third appointment on Friday was in the clinic's infusion center. Thankfully, her platelet count had risen to 12 and she did not require any platelets. Surprisingly, her hemoglobin had fallen to 6.9 from 7.6 on Wednesday. That meant that she had to receive two units of blood. Hopefully, her blood counts will stabilize and go up.

SCARY, TROUBLING INFUSION REACTION, MONDAY, NOVEMBER 18, 2019

by John Balzer

This morning Miss Melanie and I were at the clinic in the hospital at 7:10 AM. She told the nurse that while brushing her teeth this morning, a lot of blood came from her gums. The nurse said that she was going to start a unit of platelets because anytime a patient with low blood counts has bleeding they instantly start infusing platelets. Within five minutes after the start of the infusion, Miss Melanie looked at me and asked, "Do I look flushed?" She did, her cheeks were reddish. I asked her how she felt and she said she thought she was going to vomit. I immediately yelled for the nurse because I had seen an infusion reaction that Miss Melanie had in 2018 and I knew that she would need instant care by the nurse. The nurse ran into the bay and stopped the infusion. Miss Melanie told her that she felt odd, nauseous, and somewhat weak. She did not look well; but, thankfully, when the nurse took her temperature and blood pressure, they were in the normal ranges. This reaction was odd because Miss Melanie had been premedicated (Benadryl and Tylenol) and she had not had an infusion reaction since the aforementioned reaction in 2018.

The nurse called the doctor to ask for instructions on how to proceed with treatment. The doctor said to give Miss Melanie an infusion of hydrocortisone (a steroid) directly into her IV and to restart the infusion of the platelets. The nurse did as instructed and within a minute or so after the infusion of the hydrocortisone, Miss Melanie was feeling and looking better. It was an anxious, stressful time for all of us and we all breathed a collective sigh of relief when she was improving.

After the infusion was completed, we returned to our apartment and Miss Melanie took a two and a half hour nap. She barely moved, snored like a chainsaw and enjoyed a deep sleep. Thankfully, when she awoke, she was much improved and getting back to herself. She told me that when the reaction happened this morning, she felt like her brain was literally being fried. She knew something was wrong;

however, she could not pinpoint what exactly was going on within her body. We did not learn what caused the reaction; however, it could have been due to the platelets being infused too quickly initially. Or, it could have been due to the antibodies in the platelets. Platelets, unlike whole blood, come from a number of donors. Each person's platelets have their own antibodies. When a person receives a lot of platelet infusions in a short time, their body builds antibodies to the donated platelets. That means the donated platelets are not as effective as previously within the recipient's body. We are unsure if either of these variables could have caused the reaction this morning.

Miss Melanie is an amazing lady. She takes each road bump as an interruption in her day, not her life. She handles the road bump, stays positive and immediately searches for a place to go shopping; either in a store or online. This afternoon, she was ordering things on her computer. What a remarkable individual. What a profoundly, remarkable individual.

INFUSIONS WENT WELL TODAY, WEDNESDAY, NOVEMBER 20, 2019

by John Balzer

Miss Melanie's blood counts were down today (platelets = 8, hemoglobin = 7.4) and she had two infusions: a unit of platelets and a unit of blood. Thankfully, both infusions were well with no adverse reactions. We are so **grateful** for each of you being with us on the bus. I profoundly appreciate your kind words, prayers and the heartfelt emotions you expressed for and about Miss Melanie. She is a powerful individual who endures so much with no complaints. She is my daily teacher in how to live your life when a road bump or two crosses your path. While she will never be mistaken for a weight lifter; however, she has the strength of hundreds as a result of lifting herself above tests, procedures, pain, transplant, discomfort, needles, fevers, hospitalizations, chemicals and more. There is no greater young lady than my wife, Miss Melanie.

HOSPITALIZATION COMING UP, FRIDAY, NOVEMBER 22, 2019

by John Balzer

Today, Miss Melanie and I went to the clinic for her to receive an infusion of platelets and whole blood. Her platelet count remained at 8, while her hemoglobin had risen to 8.00. Inserting an IV was difficult for three nurses and for Miss Melanie. It required six sticks into the flesh to obtain one good IV. One attempted insertion had Miss Melanie screaming and yelling so much that the nurse withdrew the nearly inserted needle and went to get another nurse to insert the IV. The infusions went well with no reactions.

During the blood draw prior to the infusions, blood was taken for analysis. It will be tested for matched platelet typing whereby the antibodies of Miss Melanie's blood are tested for matching with the antibodies in donated platelets. If Miss Melanie's blood is found to test positive for the present of donor antibodies, she will have to have platelets that are matched to the platelets in her blood for future infusions. This is to ensure that the infused platelets are used within her body and not destroyed as foreign invaders. Matched platelets, if she needs them, should help her platelet count begin to rise.

We also learned today that Miss Melanie would return to receiving chemotherapy shots (i.e., Vidaza) that she had in May and June. This drug suppresses the immune system and could trigger the Epstein Barr Virus (EBV), as happened in June. When Miss Melanie receives the shots of Vidaza (i.e., three shots/day for five days), she will be hospitalized because of her low blood counts. If she requires matched platelets, they will be easier to receive as an inpatient than as an outpatient. Plus, she would be in the hospital and not have to be concerned about a chair not being available in the infusion center. These chemotherapy shots will probably begin in mid December.

We learned the results of the most recent bone marrow biopsy. It showed that the MDS (i.e., a form of leukemia) has been active and the percentage of the donor's cells in Miss Melanie's bone marrow has declined from 95+% to 38%. This activity is why Miss Melanie's blood counts are down, not from the Revlimid. This decline is also why Miss Melanie has to begin the chemotherapy treatments in a timely manner.

Next week, Miss Melanie returns to the clinic for possible blood transfusions on Monday, November 25. She is unable to return to the clinic for additional blood labs and possible transfusions until Sunday, December 1. The long time between appointments is due to another strike by nurses (second strike in four months) planned for Tuesday, November 26. When the nurses strike, the hospital brings nurses in from around the country to staff the hospital; however, a number of procedures are unavailable. There will not be nurses available to handle the infusions that Miss Melanie may need. The hospital has already put their trauma emergency room on by-pass and transferred children from the children's hospital to other facilities. The strike will last five days because the hospital has to guarantee replacement nurses adequate money for traveling from across the country to the hospital. The labor dispute negatively impacts the entire hospital staff and all patients.

MARVELOUS MONDAY RESULTS, MONDAY, NOVEMBER 25, 2019

by John Balzer

Miss Melanie and I strolled into the clinic at 8 AM this morning. We said hello to the two nurses whom we know from a number of past visits. Miss Melanie sat in the recliner waiting for her blood to be drawn for analysis. In about an hour, the results were known and they were marvelous results. Her platelets had risen from 8 to 13, while her hemoglobin had risen from 8 to 8.4. These two numbers meant that she did not need any infusions! Excellent. That was the first time in weeks that both of her blood counts had risen. The nurse said that was an indication that Miss Melanie's body was making its own blood and that was wonderful to hear. Our next appointment is at 8:15 AM, Thursday, November 28, 2019. That's right, you may be enjoying a parade or turkey and stuffing; however, Miss Melanie will be having blood drawn for analysis to determine if she needs any transfusions. Hopefully, she will not need any transfusions and we will be back at the apartment early.

We send our warmest, happiest Thanksgiving greetings to each of our bus mates. Thank you for your continued friendship, sharing of positive energy and your kind comments. We are indebted to each of you for all you share with us. We also know that some of our bus mates are dealing with health issues this Thanksgiving. We hope that they will soon be free from of any pain or discomfort. We send each of you our love, hugs and deep appreciation for your riding the bus with us.

WEIRD DIAGNOSIS IN ER, SATURDAY, NOVEMBER 30, 2019

by John Balzer

About three o'clock, Friday afternoon, November 29, 2019, Miss Melanie told me that she thought she should be taken to the emergency room due to a pain in the left side of her chest. I said, "Okay, let's go!" She said, "Hold on a minute, I need to pack some stuff in case I am admitted to the hospital."

About twenty minutes later, with one suitcase and four bags of stuff, we headed for the emergency room (ER) at the hospital. A number of tests were performed (e. g., blood tests, blood pressure, EKG, x-ray, CT with contrast). Miss Melanie told the emergency room doctor that her left side, below her breast, hurt when she took a deep breath. The chest x-ray showed a small area of opacity in the middle of the left lung. The CT scan showed that area to be, as the emergency room doctor said, "a touch of pneumonia". Miss Melanie received an antibiotic infusion via the IV in her arm. The doctor also prescribed a seven-day course of antibiotic pills.

The emergency room doctor also told us the radiologist that read the CT scan commented the spot could possibly be fungal pneumonia; however, the emergency room doctor discounted that possibility by saying that Miss Melanie looked nothing like a patient with fungal pneumonia. The doctor said she conferred with the other emergency room doctor in the ER (who had also met with Miss Melanie) and they concluded they did not know what she had; however, her case and her current issue were "weird" (her word). We got a huge laugh from that comment. We told the doctor that was not the first time Miss Melanie's health situation had been described as weird.

So, after six hours in the ER, we returned to our apartment. This ER visit marked the third time we had been there. It was markedly different than the first two times. The first two visits were not the most positive in how things were handled by the staff; however, this visit was fine. It was nice to know that we can go to that ER and have confidence in getting the treatment that Miss Melanie requires.

Earlier in the week, on Thanksgiving, Miss Melanie received a transfusion of platelets and blood. Tomorrow, Sunday, we return to the infusion center in the hospital so Miss Meanie can have more transfusions, if required.

QUICK UPDATE, MONDAY, DECEMBER 2, 2019

by John Balzer

Miss Melanie and I went to the clinic at the hospital yesterday and she received one bag of platelets and one bag of blood. Her platelets were 5 and her hemoglobin was 7.4. The blood counts will remain low and fluctuate up and down a bit until the leukemia (i.e., MDS) in her bone marrow is treated with the Vidaza.

Today, in honor of the venerable holiday of Cyber Monday (remember how much fun that holiday was when we were kids?), Miss Melanie has been shopping online since 7:45 AM. She wants to get her foot into as many "digital" doors as she can to be ahead of the crowd of electronic shoppers. So far, things are going well, except for one minor glitch when her order was refused. She quickly resolved that with a speed dial phone call to the vendor. The order is now on its way!

PUMPED UP, READY TO GO, THURSDAY, DECEMBER 5, 2019

by John Balzer

Well, since it was Thursday, it was time for another trip to the clinic to check under the hood. Miss Melanie was low on platelets (10, today) and blood (7.4, today); so, she received a bag of each. Also regarding the platelets, test results showed that Miss Melanie had not developed antibodies to the platelets and did not need special platelets, known as matched platelets. That was excellent news because standard platelets are more readily available than matched platelets.

In other news of the day:

- Miss Melanie will be placed on an antifungal medicine (i. e., Noxafil) and a low dose of Levaquin to ensure the pneumonia is gone and stays gone. Regarding the pneumonia, she has no more pain in her left side and feels better than when we went to the emergency room.
- In two to four weeks, she will receive a donor lymphocyte infusion (DLI). This will be her second DLI (the first was last June). The DLI will be given, via IV, to help boost her immune system. The first one did a great job and we are hopeful that the second one will be just as beneficial.

- After the DLI, Miss Melanie will receive Vidaza, the chemotherapy used to treat the MDS (i.e., myelodysplasia or myelodysplastic syndromes, when immune cells in the bone marrow do not develop into mature blood cells). She will be hospitalized for the Vidaza injections into her belly each day.

Miss Melanie continues doing her daily stuff, remains active and does not look ill. She takes things one day at a time, keeps smiling and has a rock solid, positive outlook.

RUNNIN' ON EMPTY, THURSDAY, DECEMBER 12, 2019

by John Balzer

Miss Melanie was at the clinic today for another bag of platelets and another bag of blood. Her platelet count was 7 and her hemoglobin was 7.4. It was a relatively easy, quick fill-up at the pump and we were back on the road again.

On Wednesday, December 11, 2019, we went to the clinic for a second opinion about Miss Melanie's treatment. She met with a doctor who had treated her when she was in the Neuro Intensive Care Unit (Neuro ICU) in 2018.

During the second opinion meeting, we learned:

- The results from the Nov. 11, 2019, bone marrow biopsy showed that 95% of Miss Melanie's T cells were from her donor. That was news to us and it indicated there was no need for a donor lymphocyte infusion (DLI) because it would have no significant value.
- When Miss Melanie receives her next round of chemotherapy of Vidaza, she will not need to be hospitalized.
- Miss Melanie would be a candidate for clinical trial that is on going at the hospital. Right now, there are no openings in the

trial; however, the doctor is going to work to see if she can get Miss Melanie into the trial.

This trial involves two chemotherapy medicines that have never been tested in combination to treat MDS (myelodysplastic syndrome). One medicine (pembrolizumab, generic; Keytruda, trade name) is FDA approved and has been used to treat lung, breast and stomach cancers, Hodgkin lymphoma, and melanoma. Pembrolizumab is a monoclonal antibody therapy meaning that it works by stimulating a person's immune system to go after targeted bad guys.

Currently, Miss Melanie has a bunch of donor T cells, as shown by the November 11 bone marrow biopsy; however, they are not doing what they are supposed to do. T cells are the body's main fighters in going after invaders, changed cells, infections and more. Miss Melanie's T cells need a kick in the pants to get them moving and getting rid of the bad guys. Pembrolizumab is a T cell activator that stimulates the T cells into going after the thugs.

The second chemotherapy medicine used in the trial is Entinostat. It is a benzamide histone deacetylase inhibitor and, in this trial, it is being used to reprogram the immature (malignant) cells in the bone marrow to grow into mature cells.

Overall, the goal of the trial is to get the T cells doing their work in getting rid of the bad guys while the immature cells in the bone marrow are given the ability to grow into healthy, mature cells.

- Next steps:

  1. If Miss Melanie is unable to enter the clinical trial, she will begin a second round of chemotherapy with Vidaza.
  2. If she is able to enter the clinical trial, she will begin taking the two chemotherapy medicines.
  3. Regardless of being in the clinical trial or not, Miss Melanie will continue needing weekly transfusions because her blood counts will remain low.

Thank you for your willingness to endure the technical nature of this journal entry. I have endeavored to simplify the information as much as I am able but still convey the basic details of what we learned about the planned course of treatment.

UPDATE, DECEMBER 16, 2019

Melanie Balzer

Greetings, fellow bus riders! Well, it's Monday and that means I had an appointment in the clinic for blood and platelets. Per usual as of late, I received one unit of each. I think my hemoglobin was 6.7 and my platelets were also low. Those of you who know me know my mind goes blank with numbers. At any rate, the nurse was successful in her first poke—HOORAY!!! There were no complications, other than me nodding off with great regularity, sometimes in the middle of conversations with the nurse. They're used to it!

Someone else who is beyond used to it is poor John...I fall asleep FREQUENTLY during our conversations. He makes fun of me, but it's well deserved. He tolerates so much and I am so lucky to have him. He took his vows seriously fifty plus years ago.

I want to personally thank each of you for staying by my side over the last three years. It's very uplifting to receive your well wishes. I feel your genuine concern and I truly feel it has helped me on a day-to-day basis.

I'm guessing that this will probably be the third year in a row that I won't get a Christmas letter sent. I just fall asleep too much to focus on any one thought or concept. I've had to edit this note three to four times so far! I suppose it's due to medications, low blood counts, and, ahem, not getting to bed in a timely manner. My bad.

I still haven't gotten Christmas gifts shipped. The back and forth between the apartment and the house hasn't helped. Most of my wrapping paper is at the house, along with bows and shipping boxes. My guesstimates have obviously been lacking. I'm not sure where my Christmas cards are, either. I sent a few of them out last year, but I can't find the rest. I'm sure they're someplace "safe". John finds those "safe" places when he moves things around but seems to lose track of where those places are later on!

May each of you have a joyous holiday season; shared with loved ones, good cooks, and dear friends...some may even have four legs. **Much love to each of you—I am so very grateful you are in my life.**

Melanie

NINTH SEGMENT – DEC 2019 – MAR 2020

OVERVIEW OF THE NINTH SEGMENT

In December 2019, Miss Melanie was admitted to the hospital. She was diagnosed with fungal pneumonia. She remained in the hospital until the end of December. After being home several days, she was readmitted to the hospital, for several days, for follow up treatment for the fungal pneumonia.

In late January 2020, Miss Melanie was admitted to the hospital with a fever. She was diagnosed with Respiratory Syncytial Virus (RSV), a virus that could not be controlled. In a matter of days, she was in the ICU on a ventilator and feeding tube. Within three days, she had transitioned from the natural world to the spirit world.

In mid-March, Miss Melanie's sister, Candy, transitioned to the spirit world.

FEVER, ER, HOSPITAL ADMISSION, WEDNESDAY, DECEMBER 18, 2019

by John Balzer

Tuesday evening, December 17, Miss Melanie was acting sluggish and confused. When she turned the heat up, I knew she had a fever. Her temperature was 101.0 and that meant an immediate trip to the emergency room. During the six hours Miss Melanie was in the emergency room, she received Tylenol, antibiotics, potassium, magnesium, blood was taken for tests, nasal swabs were completed and imaging was done.

Upon the transfer to her hospital room, even more tests were completed. Miss Melanie did not sleep much overnight or during the day. Her fever returned this afternoon and was treated with Tylenol. The doctor felt that the fever was due to a very low count of white blood cells, or a neutropenic fever. Just a few of the items Miss Melanie received today were four different antibiotics, Lasix, two bags of blood and one bag of platelets. She has eaten virtually nothing today and is extremely tired and weak.

Miss Melanie will be in the hospital for possibly three to four days. Some of the tests that were ordered will require a day or two for the results to be known.

PNEUMONIA, SINUS INFECTION, FRIDAY, DECEMBER 20, 2019

by John Balzer

Miss Melanie has pneumonia and a sinus infection. She is receiving six different antibiotics. This morning, she had a bronchoscopy and an MRI of her liver. The bronchoscopy was completed to gather “stuff” from her lungs to determine whether the “stuff” was bacterial, fungal or viral. Once the result is known, the doctors will be able to stop giving some antibiotics and focus on the ones that work for the infection found (if bacterial or fungal). The MRI was completed to check on the amount of iron in Miss Melanie's liver. When you receive a blood transfusion, iron can build up in your liver. Miss Melanie has a hereditary condition (i.e., hemochromatosis) that causes her body to store too much iron with no way to get rid of it.

During her hospitalization, Miss Melanie has been pushed, poked, transfused (i. e., one bag of platelets and one bag of blood), and confused. In addition, she had to endure being unable to drink anything for eighteen hours because of a scheduling nightmare for the liver MRI. Nothing stops this dynamic lady. Her arms look like Swiss cheese from all of the IV insertions and needle pokes. Her demeanor today was dramatically improved over Wednesday when she was feeling quite unwell and none of the treatments had taken effect. Today, she looked better, was more active and involved in doing things.

The plan going forward is to (a) stop the fevers that are rearing their ugly heads twice a day, (b) have the medicines resolve the pneumonia and sinus infection, and (c) have Miss Melanie be in great shape when she has her bone marrow biopsy for the application for the clinical trial. That means more antibiotic infusions, more potassium and magnesium infusions, more blood draws, and more infusions of bags of fluids.

STILL IN THE HOSPITAL, MONDAY, DECEMBER 23, 2019

by John Balzer

Miss Melanie remains in the hospital. She continues to receive multiple antibiotics and other medicines. The results from the bronchoscopy are not yet known. Today, she had a lumbar puncture to check to see if there was any lymphoma in her cerebral spinal fluid. Thankfully, that test showed clear fluid and no evidence of lymphoma. Miss Melanie has been receiving a lot of fluids and that has caused a build-up of fluids in her lungs and the need for Lasix to remove the fluids. Her cough has returned due to the fluid in her lungs so she has been receiving cough medicine with codeine. In spite of all of the foregoing, she remains upbeat, laughing and joking. Hopefully, she will be able to return home within a few days.

Miss Melanie and I send our warmest Holiday wishes to each of you. We hope you have family and friends with you and that you focus on the best things in life: health, family and love for one another.

MERRY CHRISTMAS AND HAPPY HANNUKAH!

WEDNESDAY, DECEMBER 25, 2019

by John Balzer

We hope each of you is enjoying a wonderful time with your families today. May the joys and the blessings of the day and the season be bountiful for each of you.

Miss Melanie is in the hospital; however, the doctors are talking about the day she goes home. That is progress and indicates that she is definitely getting better. The results from the bronchoscopy showed no viral, bacterial or fungal infection; however, after she received the antifungal antibiotic, she had no further fevers. Therefore, based on that empirical knowledge, the doctors feel that Miss Melanie has fungal pneumonia and are treating her with an antifungal antibiotic [i.e., Amphotericin B deoxycholate (AMB-d)]. It is a caustic medication and needs to be given with fluids both before and after to ensure that her kidneys are not damaged. She is also still receiving Lasik to get fluids out of her lungs and legs. Because of the amount of fluids she is receiving, Miss Melanie is on fluid input restrictions and needs to have excess fluids eliminated from her body.

Regarding being discharged, Miss Melanie, when discharged, will be receiving daily antifungal antibiotic infusions. She will also be receiving Lasik infusions to help eliminate the excess fluids from her body.

In addition, she will be on oxygen because of the excess fluids in her lungs.

On Sunday, our daughter, Erica, and her husband, Chris, arrived for a visit. They joined us at the hospital Sunday evening and we enjoyed seeing them. They are staying with us through the week.

On Monday, our daughter, Gretchen, and her husband, Mike, and their two children, Caroline and Eloise, came to the hospital for a visit. The young children were unable to visit Miss Melanie, so Erica, Chris and I played with them in the lobby while their parents visited Miss Melanie.

SMILING MISS MELANIE, SATURDAY, DECEMBER 28, 2019

by John Balzer

Greetings to each of you bus riders. We hope your Christmas celebrations were filled with love, peace and happiness.

Miss Melanie remains in the hospital. A team of doctors, including pulmonologists, infectious disease doctors and hematologists, has seen her. Her condition has improved in some ways and declined in some ways.

Her improvements include:

- Reduced fluids in her body; yesterday, with the aid of Lasix, she downloaded 5.5 liters of fluids from her body;
- Improved breathing ability due to less fluid in and around her lungs;
- Getting exercise by walking around the hospital unit;
- Less coughing;
- Looking better, feeling better and being more alert; and,
- Consuming more food.

The ways in which she has declined include:

- More inflammation in her left lung; it is unclear whether it is bacterial or fungal, or, it could be neither; plus, it is only her left lung, the fluid overload is not bilateral; and,
- The antifungal medicine does not appear to be having much effect, at least not right now.

As of today, Miss Melanie will be in the hospital through Monday. There is a possibility that she will have a second bronchoscopy on Monday. If that occurs, she will also have a biopsy completed on the murky junk in her left lung to determine, if possible, what it happens to be. The doctor is uncertain if she will have or need to have another bronchoscopy. If Miss Melanie continues improving as she has the last two days, she may be released from the hospital early next week.

We are indebted to each of you for your kind thoughts and expressions of support. Your compassion for us is profound and we are grateful to you for it.

HAPPY NEW YEAR HOMECOMING, WEDNESDAY, JANUARY 1, 2020

by John Balzer

Miss Melanie was discharged from the hospital late yesterday afternoon. We arrived at our apartment around dinnertime. It was wonderful to be at home and not in the hospital. Miss Melanie was quite tired and went to bed at 9:45 PM. She had heard that a country in the South Pacific had celebrated the New Year and she felt she could go to bed and not miss anything here.

Prior to leaving the hospital, we learned that the radiologist had reviewed Miss Melanie's CT chest scan for a third time and had concluded that her pneumonia had not gotten worse. What had happened was that some of the air sacs in the lung that were filled with fluid had collapsed down upon other air sacs. This created the impression that the fluid in the lungs had increased when that was not the case.

Today, Miss Melanie toasted the New Year's Day by having a fun infusion of antifungal medicine that took about six hours. The total time for the infusion was much longer than it should have taken but the home healthcare nurse was doing the best she could do with the equipment we had received. Tomorrow's transfusion will be much quicker.

Looking ahead, Miss Melanie will be a busy lass regarding medical stuff. Here are some things on tap:

- Blood and platelet infusions each Monday, Wednesday, Friday.
- Antifungal infusions by a home healthcare nurse each day for the next two weeks.
- A bone marrow biopsy next week.
- A CT scan of the chest in two weeks.
- An appointment with a pulmonologist in two weeks.
- Weekly appointments with the hematologist.

Each day during January, we will either have a medical procedure completed at our apartment or at the clinic. While that seems like a lot of stuff, it is better than Miss Melanie being hospitalized.

We send thoughts of comfort and good health to each of you dealing with health issues. It is our hope that the New Year will bring relief from your health issues so that you will be able to resume your normal routine.

BACK IN THE HOSPITAL, SATURDAY, JANUARY 4, 2020

by John Balzer

At 6:30 AM, on Friday, January 3, 2020, Miss Melanie had a fever of 101.3. I told her that we needed to immediately go to the emergency room. We had no idea what caused the fever, did not think it was the fungal pneumonia, but had no clue what would be triggering it.

The waiting area in the emergency department was crowded and the variety of people in it was richly interesting. I leaned toward Miss Melanie while we were waiting for a bay and said it was like we were watching an episode of a TV show.

Miss Melanie was taken to a room with a bed and a full bath, complete with shower. It was quite similar to a hospital room. An excellent nurse came in and began attending to Miss Melanie. She was not having any pain or issues, just a fever. The nurse took blood samples and sent them for analysis. Miss Melanie had a chest CT and a head CT, as well as a chest x-ray.

Later, the infectious disease doctor came in and said that the fungal pneumonia was nearly gone. He was pleased with the results of the CT scan when compared to the CT scan from December 27.

Miss Melanie received three different types of antibiotics (i.e., Vancomycin, cefepime and one other). She also received the antifungal medicine.

Because of Miss Melanie's current health status and her health history, she was hospitalized so the doctors could check on laboratory analysis of her blood samples and to see if her fever continued. Thankfully, her fever did not continue.

The doctors told Miss Melanie today that her fever was most likely caused by her MDS (leukemia). Preliminary lab reports indicated that no bacterial infection caused the fever. Miss Melanie is getting better and we are hopeful that she will be discharged on Monday.

This afternoon, the resident doctor who has been treating Miss Melanie showed us comparative CT chest scans of Miss Melanie's lungs to show us how the antifungal medicine and the lasix medicine have cleared her lungs from fungal pneumonia and much of the fluid.

The doctors were surprised and impressed by how much her lungs have changed since the December 27 lung CT scan. While we are not radiologists or medical individuals, the comparative scans provided a clear view of how positively things have changed.

AT HOME!, MONDAY, JANUARY 6, 2020

by John Balzer

Miss Melanie left the hospital about three o'clock this afternoon. She was ready to be at home, take a shower, relax, and watch the Bachelor tonight. Thankfully, she was able to accomplish all of those items.

During the day, several groups of doctors came into her room to provide information about her health. By mid-afternoon, she was more than ready to leave. It will be a short separation since we have to return to the clinic tomorrow at 7 AM for Miss Melanie's bone marrow biopsy and meeting with the advance practice nurse. She will also receive her infusion of antifungal medicine at home.

RECAP OF THE WEEK, FRIDAY, JANUARY 10, 2020

by John Balzer

Miss Melanie had a busy week. Each day brought appointments and multiple infusions. Plus, on Tuesday, she had a bone marrow biopsy. The main reason for the biopsy was for the application for the clinical trial. The results will also provide information on the amount of the donor's cells in her bone marrow.

Miss Melanie has also been receiving a daily infusion of the antifungal medicine. The entire infusion requires about four hours. A wonderful home health care nurse has come to our apartment to facilitate the infusion. She does a great job, likes Miss Melanie and enjoys being at our home. She will be here tomorrow and Sunday, as well as each day next week.

Yesterday, Miss Melanie and I were able to go to our home. While it was a drive we have made a number of times, it was a delightful getaway after numerous days in the hospital and the myriad of medical appointments and infusions. It truly was the fun, excellent mental health day that we both needed. So nice. Plus, we were able to sleep late this morning!

Over the last month, we have been to the hospital or clinic a number of times. Each time we go, we see many of the same aides, nurses and doctors and they have truly become good friends. We greet each other with questions about family, comments about new hairstyles and have fun talking with them. When Miss Melanie was in the hospital, I would routinely go to the clinic and provide updates to the staff working in the clinic because they wanted to know how Miss Melanie was doing. Having a deep friendship with them has been extremely helpful to Miss Melanie. The physical and moral support they have provided for her has been notable. We have been blessed to have such an excellent group of caregivers for Miss Melanie.

INFUSION CONFUSION, JANUARY 14, 2020

by John Balzer

This morning, we returned to the clinic. We met with a doctor of infectious diseases and a resident doctor to discuss the results of yesterday's CT scan and the need for continuing daily IV infusions of the anti-fungal medicine (i.e., Amphotericin B). As we viewed the CT results from yesterday's CT scan, there was noticeable improvement from the Jan. 3 CT scan and dramatic results from the December 27, 2019, CT scan. The overall improvements from December 27 until January 13 have been impressive to the doctors. Regarding the antifungal infusions, the infectious disease doctor said to continue the IV infusions through tomorrow. After the IV infusions end, Miss Melanie will go on a nebulizer for the anti-fungal medication. It will be the same medication as the IV infusion as a prophylaxis; however, it will not be as strong as the IV medicine.

UPDATE: About 5:30 PM, a home health care company called to say they were going to send us IV anti-fungal medicine and supplies so the IV infusions can continue through January 20. I told the caller that was not what we had been told this morning. Both of us were confused and I told the caller I would return the call when I had more information. I was surprised, if the IV infusions are supposed to continue, that someone from the clinic/medical staff did not call us. I will get it cleared up tomorrow.

Miss Melanie also learned today that she is supposed to discontinue taking Lasix. This medication is designed to eliminate excess fluid form her body; however, it can also dry out your kidneys and cause them stress. The creatinine level measures the stress on her kidneys. It should be 1.0 or less and Miss Melanie's has climbed to 1.6. Therefore, she will not be taking Lasix moving forward.

Tomorrow, we will return to the clinic for blood labs, blood infusions and an appointment with the doctor.

EXCELLENT NEWS, WEDNESDAY, JANUARY 15, 2020

by John Balzer

Today, Miss Melanie and I arrived at the clinic at 8 AM. We arrived for two early appointments (i.e., blood labs and blood transfusions). Miss Melanie received a unit of platelets and a unit of blood this morning. During the infusion of the blood, the doctor and the advanced practice nurse came into the infusion bay. The doctor resolved our confusion over the need for ongoing IV infusions of the anti-fungal medicine. He told Miss Melanie that she no longer needed the infusions. Yahoo! The daily four-hour infusions were a thing of the past!

The doctor also told Miss Melanie that he wanted her to make sure she was drinking plenty of fluids because that would help her creatinine level go down. It was 1.4 this morning and it should be at 1.0 or lower. The anti-fungal medicine, according to the doctor had caused her creatinine level to rise and was stressing her kidneys. In addition, he confirmed that she was not to be taking the lasix any longer. Getting her creatinine level down is important for two reasons. The first is to make sure her kidneys are doing well. The second is to provide a creatinine level that will be within the normal range for submission, along with the bone marrow biopsy results, to the group evaluating potential participants in the clinical trial. Miss Melanie's creatinine level has to be below 1.0 by next Tuesday.

In the near future, Miss Melanie will begin using the nebulizer that was discussed during yesterday's appointment. The nebulizer will be used twice a day for about twenty minutes each time.

I reviewed a calendar that I had previously prepared showing Miss Melanie's appointments for January. Without the need for daily four-hour IV infusions, the calendar had changed significantly. In fact, there were days with NO appointments for anything. Incredibly, we were going to be enjoying days to ourselves. What a wonderful feeling to be "free".

MAYBE LATER, MONDAY, JANUARY 20, 2020

by John Balzer

Miss Melanie and I returned to the clinic today for platelets, blood, fluid and a nebulizer treatment. Upon arriving, Miss Melanie's blood pressure was low (77/51). The nurse said that Miss Melanie was probably dehydrated and needed fluid. So, she got a bag of 0.9% saline solution. That boosted her blood pressure and paved the way for the blood products infusions.

Also today, Miss Melanie received a nebulizer infusion of the anti-fungal medicine she had been receiving via IV infusion. The nebulizer treatment lasted about twenty minutes.

In addition to being dehydrated, Miss Melanie was malnourished. The anti-fungal medicine causes loss of appetite and that has lead to a loss of about thirty pounds, as well as loss of muscle mass. There have been days when she will only eat a bowl of soup and two hardboiled eggs. It is extremely difficult to get her to eat which is extremely frustrating because her body is sick and needs daily nutrition to help it heal. I have spent some exasperating hours trying to get Miss Melanie to eat or drink anything.

A direct result of not drinking enough fluids resulted in Miss Melanie not being able to be included in the clinical trial. To apply for the trial, her kidney numbers, especially her creatinine level, had to be in a normal range. Her creatinine level has been in the 1.3 to 1.4 range and it should be 1.0 or less. We learned of this decision during a phone call late this afternoon. The nurse told us that Miss Melanie might be able to be included in the trial later; however, to do that she would have to redo the lab work and have another bone marrow biopsy.

MISS MELANIE IN ICU, SUNDAY, JANUARY 26, 2020

by John Balzer

On Wednesday (Jan. 22), Miss Melanie was diagnosed with Respiratory Syncytial Virus (RSV). This virus is very common in folks who have had stem cell transplants and blood cancers. It highly contagious and causes problems with the upper respiratory tract.

On Friday evening (Jan. 24), Miss Melanie was admitted to the hospital, from the emergency room, with a fever. This morning, (Sunday, Jan. 26), due to low oxygen saturation in her blood, she was taken to the ICU and placed on a nasal mask with 100% oxygen. Also a CT scan completed on Saturday showed pneumonia in her lungs, as well as fluid between her lung and chest wall. Therefore, she is receiving four antibiotics, an antifungal and regular breathing treatments.

I will keep everyone updated as I learn more from the teams of doctors treating Miss Melanie. Thank you for thinking of her and sending positive energy her way.

ICU REPORT, WEDNESDAY, JANUARY 29, 2020

by John Balzer

Miss Melanie remains in the ICU. She is dealing with a multitude of blood issues and breathing issues. A bronchoscopy showed no bacterial, viral or fungal infections; however, she will be receiving antifungal medicine.

There have been frank discussions with the medical staff on how we want to proceed. She is staying strong and moving forward.

Please continue to pray and send positive energy to Miss Melanie. She needs the most support you can provide.

ICU STATUS REPORT, FRIDAY, JANUARY 31, 2020

by John Balzer

Yesterday, Miss Melanie was severely struggling to breathe. We met with a group of doctors from various disciplines (i. e. ICU, Hematology/Oncology, Infectious Disease, Pulmonology) to discuss her health. The consensus was that she needed an assist to her breathing. She was on a high flow nasal cannula; however, the flow rate was maxed out near 100%. The doctors told us that her body was working extremely hard to get oxygen. In addition, her stomach was filling with air that she was swallowing through the nasal cannula. The air trapped in her stomach was pushing up on her diaphragm and making it even harder to breathe.

The result of the meeting with the doctors was that we had two choices:

1. Allow her to continue laboring to breathe. This was taking a toll on her body and the doctors said she would not survive more than seven days, if that.
2. Put her on a breathing tube and allow her body to rest and recover. Also put her on a feeding tube to provide much needed nutrient. The doctors said that by using the breathing and feeding tubes, she would be given the chance to overcome the breathing difficulties caused by the RSV.

Our daughters (Gretchen and Erica) were here and we discussed the choices presented to us. We asked Miss Melanie what she wanted and she said, “I want to get better.” We elected to give her that chance. Yesterday afternoon, she was placed on a breathing machine. This machine assists her breathing. She breathes on her own and the machine adds air, if additional air is required. It does not breathe for her. The feeding tube was inserted to help remove the excess air in her stomach. It was also installed to help supply much needed nutrient. She has not eaten significantly for several weeks and needs the nutrients and protein to help her body heal.

We have taken these actions to give Miss Melanie a fighting chance. Now, her breathing is not labored, her vital signs are normal, the blood labs show she has no infections and that her organs are functioning appropriately. Please do not construe that she is a vegetable having a machine doing her breathing. She is breathing on her own. The goal is to get her healthy and breathing without assistance. Then, she will be able to deal with the MDS and treat that. These are the goals that we (the doctors and our family) have established and we are working to complete.

Thank you very much for your words of comfort and support. Miss Melanie remains strong and has amazed all of the doctors with her strength and determination. In fact, this morning, the doctors were attempting to change the oxygen flow to adjust her breathing and they were unable to do it because, as they said, "she knows the breathing rate SHE wants and does not want us changing it." We need your prayers, positive energy, and happy spirit. As Miss Melanie said from day one, "If you are going to be filled with gloom and doom, get out now. If you cannot be positive, I do not want you around."

MISS MELANIE, TUESDAY, FEBRUARY 4, 2020

by John Balzer

Miss Melanie passed away on Monday evening, February 3, 2020. She was doing an outstanding job of fighting the virus, infection, excess fluids and more; however, the damage to her body caused by the MDS (leukemia), RVS (virus) and compromised immune system resulted in her organs shutting down one by one. We could tell that she was fighting and letting one organ go, while working with the remaining organs to overcome the illnesses in her body. She died peacefully as Gretchen, Erica and I were at her side, talking to her and comforting her.

Miss Melanie was the strongest lady I have ever known. She endured much over the last three and a half years with dignity, grace and an unflagging positive attitude. She continually lifted me, and others, up when things were bleak. I am eternal thankful that she married me.

I am profoundly saddened by the lost of my life's partner and best friend. I miss the sound of her voice, hearing her laughter and enjoying her positive spirit. I am so thankful that Gretchen and Erica are here to help me at this terribly difficult time.

In keeping with Miss Melanie's request, we will NOT be having a funeral or any services. She did not want any tears, speeches or gathering due to her passing. She wanted all of us to remain positive, remember the happiness that she brought all of us and think of her often to keep her vibrant spirit alive and with us.

I will ALWAYS love her.

MY LOVELY WIFE, THURSDAY, FEBRUARY 6, 2020

by John Balzer

Miss Melanie Maddox Balzer was born on March 21, 1948, in Minneapolis, Minnesota, to Robert L. Maddox, Jr., and Mary "Hap" Maddox. At eighteen-months, she and her sister, Candy, who was four, contracted polio during a polio epidemic. The polio left Miss Melanie with a shortened Achilles tendon in one leg that left her with a limp.

In the early 1950s, Miss Melanie and her family moved to Des Moines, Iowa. She attended public schools in Des Moines and graduated from Roosevelt High School in 1966. After high school, there was only one university that Miss Melanie wanted to attend. She was a huge fan of the University of Iowa and she entered the university in the fall of 1966.

I met Miss Melanie at the University of Iowa and knew she was a unique, special young lady. When we met, she was a smoker and I thought it was disgusting. As our friendship became serious, we discussed the usual stuff that smitten college students discuss, such as, getting married. I informed her that I was not going to give her an engagement ring if she did not stop smoking. She stopped at that time.

Shortly after my graduation from the University of Iowa, we were married on June 21, 1969. About eighteen-months later, I was drafted into the US Army. When we arrived at Ft. Sill, Oklahoma, Miss Melanie taught school in Lawton, Oklahoma. She greatly enjoyed teaching and interacting with her students.

After our military experience in 1972, wonderful Miss Melanie taught school for several years at Valley West High School in West Des Moines, Iowa. She thoroughly enjoyed teaching at Valley West.

Shortly after our first daughter, Gretchen, was born, we moved to Bolingbrook, Illinois, in February 1978. At that time, Miss Melanie retired from teaching to be a stay at home Mom. Shortly after moving to Illinois, our second daughter, Erica, was born. When Gretchen and Erica were in grade school, Miss Melanie volunteered as an aide in their schoolrooms.

Miss Melanie and I loved to travel. She relished buying clothes for a trip, traveling to various locations and meeting people from many cultures. We took our daughters on many of our trips, especially on cruises. Our first cruise was in 1985 when we, as a family, cruised to Alaska. We also cruised as a family to the Caribbean, Panama Canal, Australia and New Zealand.

After our daughters had gone to college, we traveled to Austria, China, Croatia, Denmark, England, Estonia, Finland, France, Germany, Holland, Italy, Norway, Russia, Rwanda, Slovenia, Sweden, Tanzania, and Vietnam. We had planned to travel to other locations; however, Miss Melanie's illness did not permit it.

Miss Melanie was a buyer, not a shopper. She did not require a lot of time in selecting an item. In some cases, she would point at an item and tell the clerk to wrap it up. When visiting favorite stores or craft shows, she spent, spent and spent. With the advent of Internet shopping, the remarkable Miss Melanie was extremely happy. She was able to buy at any time of day and buy she did. Often, her purchases were for family and friends because she had a huge heart and shared gifts with others.

Being fashion conscious and a well-coordinated dresser, Miss Melanie carefully selected her outfits. Each night, she would choose an outfit for the next day. All items were color coordinated, with a matching jewelry set, and she looked stunning each day.

Miss Melanie was a huge greeting card person. Birthdays, thank yous, anniversaries, holidays, graduations, weddings, sympathy and more were card events for amazing Miss Melanie. She had stacks of cards, for all occasions, ready for immediate use. A heartfelt, handwritten note was mandatory in each card that Miss Melanie sent. She used her annual calendar listing birthdays, holidays, anniversaries and other events to religiously send cards to family and friends.

A wonderful mother, Miss Melanie loved our two daughters (Gretchen, Erica). She loved having daughters, buying them clothes, watching them grow and getting married.

She was an outstanding grandmother for our two beautiful granddaughters (Caroline, Eloise). Each time we saw these young ladies, Miss Melanie beamed with pride. They loved their Nana and she deeply loved them.

A huge dog lover, Miss Melanie transported dogs from kill shelters to no kill shelters. She also volunteered with the Illinois Shorthair Rescue organization to rescue and save dogs in danger. Her work with dogs was deeply enriching and rewarding. She proudly showed me photos of dogs she saved during a dog rescue. We also had family dogs and she loved them all; however, her Sadie was her loving favorite. Often she said that when she died, she hoped to see Sadie again. It is my hope that she is throwing a ball for Sadie on a field of green grass and they are having a ton of fun.

Miss Melanie loved to complete crossword puzzles, Sudoku puzzles and jigsaw puzzles. She busied herself with puzzles during many activities including waiting for appointments, riding in the car or while listening to TV.

Gossip magazines, but only the quality ones, were a staple in Miss Melanie’s life. She did not like trashy gossip magazines, such as Star, but relished US and People magazines. I asked why US was better than Star and she just shook her head at me as if to say, “oh, you poor dear, you will never understand.” The quality gossip magazines provided her the latest information on the leading actors and celebrities.

An avid wristwatch wearer and collector, Miss Melanie looked for new watches at every opportunity. Often, she purchased several of the same watch because it came in a range of colored bands. She coordinated the color of the band with the clothes she wore on a specific day. At last count, her watch collection totaled 1,137 watches.

Paper was a vital element in Miss Melanie's life. She had a vital need to have Kleenex at her disposal all the time. These tissues were in her purses, car, coat pockets, all around the house and had to go with us on trips. There were never enough tissues around for Miss Melanie. The storage area at our home currently has 178 Kleenex boxes of various shapes and sizes. Another paper product that was vitally important to Miss Melanie was toilet paper. She had a specific brand and style that she used. Since I was a guy, she said I would not understand the importance of good, soft, quality toilet paper. She was a fanatic about having rolls of "her" toilet paper around.

Christmas was a major event for Miss Melanie. She required a large tree on which to display her massive collection of ornaments. During our travels, she purchased ornaments from the locations we visited. She also loved buying gifts for family and friends for Christmas.

Late in September 2016, Miss Melanie was diagnosed with leukemia. She stayed positive, said she would be fine and embarked upon a plan to rid her body of the disease. She also said if I was going to be filled with gloom and doom to get out and stay out. We would take things a day at a time, she told me and she said she would be fine.

In June 2017, Miss Melanie had a stem cell transplant using donor cells from a 24-year old male from Germany. The transplant was successful and lovely Miss Melanie was strong and healthy. In April 2018, a virus had morphed into a disorder that became lymphoma in her cerebral spinal fluid. Miss Melanie stayed positive and survived having had lymphoma in her brain. She continued to live life on her terms. When the leukemia returned in March 2019, she said she was fine and returned to her daily routine.

Dynamic Miss Melanie's strength, perseverance and strong positive focus helped her through a number of issues. She was a supremely powerful, caring lady who endured so much with dignity and grace. Miss Melanie truly was a national treasure and her inspirational story will lift up all who come to learn about her.

If any of our bus mates would like to make a donation or a memorial in Miss Melanie's name, we ask that you consider the following:

- Above and Beyond English Setter Rescue, esrescue.org
- Anti-Cruelty Society of Chicago, https://anticruelty.org
- Illinois Shorthair Rescue, www.ilshorthairrescue.com
- Donate to or volunteer at a local animal shelter or animal rescue facility.

ISR TRIBUTE TO MISS MELANIE, MONDAY, FEBRUARY 10, 2020

by John Balzer

I deeply appreciate your kind words about Miss Melanie and me after my last journal entry. Thank you for honoring her and complimenting me. When I wrote that entry, I let my heart guide my words. It was an unconventional type of review of a magnificent lady and her wonderful life; however, I wanted to capture Miss Melanie's nuances so others would know the real Miss Melanie. I also wanted to ensure that her spirit and uniqueness lived on for our two granddaughters (Caroline, eight and Eloise, six).

I wanted to share with you a tribute that was on the Illinois Shorthair Rescue (ISR) Facebook page. Miss Melanie had transported a number of dogs for ISR and was extremely fond of that organization. Here is the tribute that was posted on their Facebook page:

"Melanie recently passed but her legacy lives on in all of the dogs she played a hand in transporting into rescue. She was always the first to smile and make you smile. Her joy and positivity in life made us all a better person. Prayers and hugs to your family! Sending love to one of our Rescue Angel's!"

Miss Melanie truly lived to rescue them and make their lives better. She was an amazing lady who lives on in our memories and in the lives of the dogs who live on due to her love and kindness.

HAPPY VALENTINE'S DAY TO MY FOREVER VALENTINE, FRIDAY, FEBRUARY 14, 2020

by John Balzer

I am sending my happiest Valentine day greetings to my forever Valentine, Miss Melanie.

Thank you for your wonderful memories, happy stories, insights and loving thoughts about Miss Melanie. The world is a better place because she was here. Her work continues, as does her spirit of positivity. She continues to inspire others to take action on the ideals she practiced. Her role model lives on in the world of dog transporting. Dogs that she saved are being raised in loving, nurturing environments. People have made donations to organizations that help dogs and other animals. Others have shared Miss Melanie's story of positivity with strangers to provide an uplifting story of encouragement. She has left a presence with several friends to let them know she is still around.

Several days after Miss Melanie passed away, I was doing some work in our apartment. While working, I became aware of the words from a song that played over and over in my mind. It was a song I had heard; however, it was not one that I had thought about that day or recently. As I stopped to listen to the words coursing through my mind, I was struck by the fact that it had to be Miss Melanie "talking" to me. I had been working on a number of issues that needed attention as a result of her being gone.

I was unsure of how or what to do about the issues and that was when the words made perfect sense to me: “Don’t you worry ‘bout a thing”. As that line kept repeating in my mind, I stopped worrying about the unresolved issues for I knew they would be handled without any problems.

Admittedly, some might say that I was silly or wanting to make that incident into something more than what it was; however, after I listened to the words, I immediately felt at ease and knew that Miss Melanie had communicated with me and that we both were going to be fine. I said thanks to her for giving me the peaceful insight.

Please do not be sad or tearful about Miss Melanie not being with us. I can hear her saying, “I AM FINE!” and then looking each of us in the eye and saying “DON’T YOU WORRY ‘BOUT A THING!” What a profoundly wonderful legacy for a profoundly wonderful, unique, beautiful spirit.

“I’LL NEVER FIND ANOTHER YOU”, THURSDAY, FEBRUARY 20, 2020

by John Balzer

An extremely comforting thing happened last Saturday (February 15). I heard from Miss Melanie. When I started my car to leave the garage, music started playing on my radio. The song title was “I’ll never find another you” by the Seekers.

My car radio is **NOT** set to play when I start it. I was pleased to hear the music and the words in the song. Miss Melanie knows I am a music guy and she reached out to me through music - quite comforting. I believe she read my Valentine and was deeply touched by it.

The lyrics were incredible because it was Miss Melanie talking to me. I was deeply touched by the words because they mirrored exactly what I had experienced. I was holding her hand as she transitioned. The lyrics mentioned holding my hand and needing you by me. When I heard these words, tears filled my eyes and ran down my cheeks. The lyrics continued about going through a storm and having a guide. They deeply resonated with me as I felt they were talking directly to me.

The experience was profound and wonderful. I realized that we were still together and able to communicate with each other. She is an amazing lady who is saying loudly, **I AM FINE**!

PASSWORDS, CATALOGS, PHOTOS, TUESDAY, FEBRUARY 25, 2020

by John Balzer

Several things that occurred when Miss Melanie physically left the bus were the following:

1. She always paid the bills and handled the finances for us. That meant, in today's digital world, that she paid bills online, worked with our checking and savings account online, shopped online, and more, online. As you can imagine, each account had a username and a password, or several passwords. I did not know the usernames or passwords for any accounts because Miss Melanie enjoyed working with the finances and spending money!

   Thankfully, Miss Melanie had also stored the usernames and passwords for the accounts in her cellphone. There were 612 stored passwords, with usernames, in her cellphone. And, also thankfully, our daughter, Gretchen, was able to prepare a spreadsheet listing the usernames and passwords. That was a huge relief for me because I had to get a handle on paying bills, transferring funds from savings to checking and more.

2. As some of you know, Miss Melanie received catalogs in the mail. She did not receive a few catalogs, but a TON of catalogs. It was not unusual for her to receive up to twenty catalogs in one day. The volume of catalogs was so great that the local post office made us put in a larger mailbox at our house to accommodate them.

Thankfully, our daughter, Erica, worked diligently calling many catalogs, informing them that Miss Melanie had physically left the bus, and asked them to stop sending the catalogs. She called over 100 catalogs; however, that was not all the catalogs that send catalogs to Miss Melanie. Erica was pleased that she had stopped a portion of the catalogs to reduce the amount of mail and save paper and trees. It is my estimate there are another 100 catalog firms that we still need to contact.

MISS MELANIE SPEAKS, SUNDAY, MARCH 1, 2020

by John Balzer

Miss Melanie communicated with me on Thursday, February 27, 2020. We exchanged communication for nearly an hour.

Background

Miss Melanie arranged this outstanding event. Planning for the event started on February 19. I was taking photos at a construction site in downtown. Fortunately, I was able to meet one of the workers (Dave) whom I had photographed and he provided a wealth of knowledge about the construction techniques at the site.

On February 22, I was taking more photos and happened to walk by the same construction site where I was on February 19. I wondered if Dave was there; however, it was a Saturday and no one was working. As I continued walking, I saw Dave walking toward me! He and I were flabbergasted to see each other again. Dave's wife, Shelly, accompanied him because he wanted to show her the construction site. Dave and I commented on how unusual it was that we first met four days previously and now we randomly met again. Shelly asked where I lived in downtown and I explained that we had gotten the apartment for Miss Melanie's medical treatments. She said that she hoped Miss Melanie was doing well and I told her that she had passed away. After Shelly said she was very sorry, she told me that I needed to see a medium, a specific medium. I was quite surprised. I told her that I was not a "medium" kind of a guy; however, she said that her mother had died five years ago and that she had seen this medium and he was wonderful. Shelly said when her mom was dying; she leaned close to her ear and whispered something to her. She never told anyone what she had whispered to her mom. When she went to this medium, he said he did not know what it meant or how to translate it, but he had to tell her something. Then, he told her exactly what she had told her mom. Shelly said that was the instant she knew that this medium was the real deal.

She insisted that I take the medium's name and phone number. Plus, she said that he would not want to know anything why I wanted to see him. In addition, Shelly pointed out that the medium had a full-time job and he donated all of the money he made from doing readings to charity.

So, after telling Gretchen and Erica about my planning to contact a medium (they thought it was fine), I called the medium and scheduled an appointment for Thursday, February 27. During the phone call, the medium told me to not provide any background information, not to tell him why I wanted to see him and to not speak during the reading.

Having never been to a medium previously, I was curious, a little skeptical, but willing to see what would happen because it had been arranged by Miss Melanie. Prior to arriving at the medium's home, we had never met and knew nothing about each other.

The Reading

In the opening part of the reading, the medium (i.e., Michael) asked me if the term "nasal cannula" meant anything to me. I nodded that it did because I could not say anything per his instructions. A nasal cannula is a breathing assist that goes under a person's nose to provide a steady flow of oxygen. Miss Melanie had been wearing a nasal cannula when she was in the hospital. Michael also mentioned three other medical situations that applied directly to Miss Melanie.

Michael also asked me about an action that I had taken regarding Miss Melanie after she had passed away. No one knew I had done it, I decided it was something that I did not want to share because it was just between Miss Melanie and me. Michael said that she had seen me take this action. I was surprised; however, it was additional confirmation that Miss Melanie WAS communicating with me through Michael and that she was fully aware of what I had done. Plus, it also confirmed that Miss Melanie was able to see and know everything I did and was doing.

Next, Michael said he saw a female with a very unusual first name. He asked if I knew who that was and I nodded. Miss Melanie's Mom's given first name was Mary; however, she was known as Hap. That nickname started as a child because she was always so happy. Michael continued that he saw three sisters. Miss Melanie's Mom had two sisters and all three of the sisters have passed on and are now back together.

At this point, I knew, beyond a doubt, that Miss Melanie was communicating with Michael and he was telling me what she was saying or showing him. Next, she described when she changed from the physical world to the spiritual world. She had no fear, went to sleep and woke up in the spiritual world. Her father, who passed away in July 2019, met her as she entered the spiritual world. Miss Melanie and her father were extremely close and it was gratifying to know that he was the spirit that met her.

Miss Melanie said that many people went above and beyond for her and that they needed to be credited for being of such great help. She also noted that she wants to be remembered for all of the joy, laughter and fun that she shared with each of us. Do not remember her illness, she cautioned, because it was an extremely small segment of her total life. It did not define her life because of all the fun, happiness and wonderful times we had together. Miss Melanie said she is aware of what has happened since she moved to the spirit world and that she is watching over everything. She also commented that "I am here and I am fine!"

Miss Melanie mentioned our daughters (Gretchen, Erica) and other family members. She also noted that she is watching over several family members. At one point, Miss Melanie showed Michael an image of St. Edward. To Michael that indicated that someone in the family, on my father's side, had been disowned or was a black sheep of the family. I told him that my grandfather, my father's father, whose name was Edward, had married outside the Catholic Church when he married my grandmother in 1913 and had been excommunicated from the church and shunned by his family.

There were three or four times when Michael said to Miss Melanie, "Okay, okay ... slowdown, slowdown .... you're going to have to pause..." He said that she was "moving so fast and going even faster". He could only remember so much to tell me and had to ask her to momentarily take a break so he could tell me what she was saying and showing him. I could see Miss Melanie with her index cards filled with notes and she was rattling them off. Classic Miss Melanie!

After the reading, Michael and I talked about the information Miss Melanie had shared. I asked questions, provided him with more background or context on several issues and had Michael tell me about the spirit world.

I told Michael about my meeting Dave and Shelly and being told to make an appointment with him. I asked Michael if Miss Melanie had orchestrated my coming to meet with him. He said, "Oh, yes, she made it happen, no doubt about it." I also asked if she had sent me the song on the radio several weeks previously and he said, "Yes, she did that also".

Regarding the spirit world, Michael said that spirits could be in multiple places at the same time because as a ball of energy and they can be divided into an infinite number of smaller balls of energy. Than means that Miss Melanie can be with me, watching over Gretchen and Erica, going on a dog transport, visiting Ireland and Germany, going to dinner with her parents and more – all at the same time. Then, the smaller balls can return and become the big ball of energy. Miss Melanie would be fully aware of everyplace she had been. As Gretchen said, "Wow, Mom's finally become a first class multi-tasker!"

Michael also told me that I could communicate with Miss Melanie. He said there was no need to verbalize my words because Miss Melanie would know what I was going to say, by being aware of what was in my mind prior to saying it, and that when I spoke words verbally, it was double speak, or an echo. Michael said that they do not like double speak because it is unnecessary and potentially confusing. I now silently talk with Miss Melanie by thinking what I wanted to say. Michael she would receive my thoughts AND respond. He said I would receive her response; however, it was up to me to sharpen my skills to recognize her communication with me.

To say the meeting with Michael was uplifting and comforting would be a MASSIVE understatement.

THANK YOU, SATURDAY, MARCH 7, 2020

by John Balzer

We sincerely thank you for sharing memories of Miss Melanie, making donations in her name, expressions of kindness about her and your continuing love for her. Each of you has left a forever impression on us and we are truly touched and grateful.

SAD NEWS, FRIDAY, MARCH 13, 2020

by John Balzer

Miss Melanie's sister, Candy, died this afternoon after being hospitalized about ten days ago. Since the age of four she had been in a wheelchair, due to polio. Recently, Candy fell out of her wheelchair and broke both femurs. While hospitalized, she developed pneumonia and never recovered.

Candy was Miss Melanie's big sister. She was a smart, strong, dynamic individual with a fun sense of humor who accomplished much more than people without her difficulties. Never complaining, always helping others, Candy was upbeat, happy and continually searching for opportunities to help others who were less fortunate.

After graduating from high school, Candy embarked upon a college education. She attended several colleges on her own, did not ask for any assistance, gained her diploma and a husband!

She taught school, worked in business, owned a retail store, enjoyed her home and traveled. Miss Melanie and I took our first cruise in 1985. We returned from that cruise so excited about cruising that we told Candy that she had to go on a cruise. In 1986, with some trepidation, she joined us on a cruise from San Francisco through the Panama Canal to Fort Lauderdale. To say she was hooked on cruising was an understatement. She went on approximately twenty cruises, as best I can recall. Cruising was made for Candy and Candy made cruising her love.

She and Jim, her husband of more than fifty years, lived in Missouri, They moved there in 1977 to get out of cold, snowy winters in Illinois. Their beautiful home that accommodated their special needs was the site of many fun-filled family gatherings.

Often, Candy would read about or learn about a disadvantaged individual. She would make contact with that person, invite them to her home and provide them with assistance. She never made a big deal of the number of people she helped. Her huge heart and compassionate soul had her continually reaching out to help others. Candy's legacy of helping others is truly profound.

Miss Melanie would often say when someone acknowledged her grit and determination in light of many difficult issues, "Oh, this is nothing. If you want to see someone who handles major issues without batting an eye, look at my sister, Candy; she's MY hero." That truly described Candy. She had a difficult childhood due to having three forms of polio, being in an iron lung, having numerous operations, spinal fusions, being away from her family and more. She never gave up, never gave in, and was continually strong and resilient. Candy taught each of us that regardless of the cards you are dealt, you could use the assets you had to make a positive difference in the lives of others.

I am hopeful that her Mom and Miss Melanie met Candy when she entered the spirit world. It must have been a joyous, fun reunion. Thankfully, Candy no longer has to rely upon a wheelchair to move. She can breathe freely and zip around at the speed of light. I bet the three of them went to dinner at a fancy restaurant. Plus, they do not have to worry about searching for hand sanitizers, trying to find toilet paper or being concerned about social distancing.

TENTH SEGMENT – MAR – DEC 2020

OVERVIEW OF THE TENTH SEGMENT

Beginning in March 2020, journal entries showed the many sides of Miss Melanie. Laughter, family, fun and rescuing dogs defined her life. These entries showed everyone the total Miss Melanie.

COVID-19 IMPACT, TUESDAY, MARCH 17, 2020

by John Balzer

The impact of the COVID-19 virus has been massive and unprecedented. Some of our bus mates have contacted me to make sure I am safe and doing okay. I am safe; however, I had to relocate to ensure that I was in a lower risk area.

Because of COVID-19 in apartment buildings near ours, I packed my items and relocated to our suburb home. It was the wise thing to do in light of the spread of the virus. At home, I am by myself, no elevators, no door handles touched by hundreds, no potential coughs or sneezes while walking through the lobby or being fearful of when the first confirmed case arrived in our building. Our daughters were extremely pleased with my decision.

I share this information with you because I know some of you were curious about my situation. I hope each of you is safe, washing your hands frequently, practicing social distancing and staying at home as much as is humanly possible. Thank you for your concern about me. As Miss Melanie would say, “I am fine!”

HAPPY BIRTHDAY, MISS MELANIE, SATURDAY, MARCH 21, 2020

by John Balzer

Today is the 72nd anniversary of Miss Melanie’s birth. She was born in Minneapolis, Minnesota, and moved to Des Moines, Iowa, as a very young lass.

In honor of Miss Melanie’s birthday and to give each of you bus riders a little fun and something to do while you are sheltering in place, hunkering down, self quarantining, making homemade hand sanitizer, practicing your social distancing skills, working from home or other things, I have decided to share some photos of Miss Melanie. The theme for this group of photos is "**Where in the World is Miss Melanie????!!!**"

The first shows Miss Melanie modeling a beautiful silk jacket. During a trip to China, we had the good fortune to visit Shanghai, a fabulous city with spectacular architecture. Plus, for Miss Melanie our visit included a factory where silk worms did their stuff and the resulting silk was made into garments. This photo captures her excitement and joy in being in a store with all the handmade silk items one could ever want.

MELANIE GETTING FIT IN SHANGHAI

The second photo is a lovely photo of Miss Melanie at the beach in North Carolina. We had visited Kitty Hawk to see where the Wright Brothers took their first flights in a powered aircraft. While in the area, we stayed along the coast and enjoyed the beautiful shoreline. I like this photo because it shows the naturally pretty Miss Melanie and her lovely hair.

KITTY HAWK MELANIE

The third photo demonstrates how close we got to a silverback gorilla after a ninety-minute hike up a mountainside at the 7,500-foot level in Rwanda. We were led by a guard through bushes, plants, bamboo trees, muddy paths, rocky areas and stinging nettle bushes during our hike to see a group of mountain gorillas. They paid no attention to us as we took photos and marveled at how fortunate we were to have such exciting opportunity.

MOUNTAIN GORILLAS IN RWANDA

Ah, the fourth photo is incredible. We traveled to Viet Nam and this shows Miss Melanie in a boat traveling down a tributary of the Mekong River. It was a HOT extremely HUMID day; however, Miss Melanie was willing to get hot and sweaty because I wanted to take a boat ride down this small tributary. Actually, this photo captures an extremely rare situation. Seeing Miss Melanie outside in extremely hot, humid conditions and SMILING is so rare that I only know of two other times when she was willing to be outside in such conditions.

MEKONG DELTA MELANIE

Okay, I know the fifth photo can be confusing; however, Miss Melanie is the one in the middle. The lady on the left was the wife of the Chief of a Maasai village near the Ngorongoro Crater in Tanzania. The Maasai residents welcomed us and we danced several native dances with them. Then, we went into their village, saw the huts where they lived and purchased hand made items, such as the jewelry the ladies in the photo were wearing. The residents were fun, extremely kind and even invited us to come into their huts so we could see what life was like in a typical Maasai home.

MELANIE IS THE ONE IN THE MIDDLE

MISS MELANIE CONTINUES TO PROVIDE, SATURDAY, MARCH 28, 2020

by John Balzer

During this time of reducing risks of being infected by the COVID-19 virus, many have been purchasing, if they can find it, hand sanitizers. For those of us who started searching for this product after the shelves were empty, I knew that we'd find some ... someplace. And, in my case, I found that someplace in Miss Melanie's stuff under her sink, in her medicine chest, and in her many bags. She was not a strong believer in using hand sanitizers; however, she was a strong believer in buying it. In fact, she provided so well that I was able to send our daughter, Erica, four bottles of various sizes because she could not find any in suburban Houston.

Miss Melanie loved to tell people that we were trailer trash when we were in the Army. We lived off post (Ft. Sill, Oklahoma) and had very little money for rent. My monthly income as a drafted person was $125. It is true that we lived in a trailer and we lived there because the price was right - $85 per month. This trailer was not just any trailer, no sir. It was parked in the parking area of an electrical company. The business owner had placed two trailers in his parking area so he could make extra money from the cash strapped military people living in the area. Our trailer was the second best of the two and it had a few issues - slanting floor, windows with slates that allowed the dust and dirt to flow in when closed and sediment in the drinking water. In winter, we put plastic wrap over the windows in an attempt to make it a bit warmer in our tin box. We had no clue, but this was our first tiny house. Fortunately, Miss Melanie was able to teach school and her income made it possible for us to survive. A photo, from January 1971, shows Miss Melanie holding flowers that I had given her.

After I was drafted into the US Army in September 1970, I went to Ft. Leonard Wood, Missouri, for Basic Training. I was allowed two weekend passes during the training and Miss Melanie, drove twice to see me.

MISS MELANIE, THE HOMEMAKER, SATURDAY, APRIL 4, 2020

by John Balzer

I know Miss Melanie is giggling at the title of this journal entry; however, I have several specific examples for you of her well-known homemaker skills.

Most females want to look good, have their hair properly groomed and be presentable when they are performing homemaking activities. One day Miss Melanie became completely frustrated trying to perform magic with her hair. She had decided to cut her lovely long locks into much shorter locks and then try to place her shorter hair on large rollers. I think she wanted to have shorter hair because it was warmer in Oklahoma, even in April, than it had been in Iowa. Miss Melanie never was a fan of having hair, long or short, and when she lost her hair during chemotherapy treatments, she was ecstatic.

In late 1998, our daughter, Erica, had a friend visiting from Maryland. Erica, her friend and Miss Melanie were seated in the family room and I was in the living room. All of a sudden there was an explosion in our house. I ran into the family room to see if everyone was okay and they were running toward the living room to see if I was okay. All of us heard the explosion; however, there was NO obvious damage. I checked the basement, garage and the upper level of our home and found no damage. About five minutes after the explosion, I noticed liquid flowing down the wall beneath the kitchen cabinets. I opened a cabinet door and saw brownish, syrupy stuff all over the inside of the cabinet. It turned out that a can of Mandarin oranges, that was out of date by more than twelve years, had exploded! What a mess; however, this experience did not deter Miss Melanie. I went through a kitchen cabinet yesterday and removed items with use by dates in 2005, 2007 and 2008. Thankfully, none of them exploded when I took them to the trash.

A dinner that Miss Melanie made with a degree of regularity was tuna-noodle casserole. She was quite good at making it and we enjoyed it. Well, one night we were eating the casserole and I noticed it did not taste quite right. I examined my portion and recognized what was wrong. I asked Miss Melanie why there was no tuna in the casserole. She looked at me, her eyes got real big and she flew into the kitchen. The tuna she had prepared for the casserole was sitting in a bowl on the counter. Whoops.

While this incident has been previously reported, it is quite worthy of a repeat. In September 2017, my live-in Martha Stewart decided to fix popcorn in the microwave. She did not use a small bag with popcorn kernels in it. No, she used a cob with the popcorn kernels still on the cob. She had been told by the guy at the farmer's market to put the entire cob, complete with kernels, in a brown paper bag and put it in the microwave. Well, Miss Melanie looked around for a brown bag and the only one she found was a full sized grocery bag. She put the big, brown bag into our small microwave and pushed start. Due to the amount paper and the extended microwaving time, the bag caught fire. It burned rather nicely before Miss Melanie decided to let me know there was a fire in our kitchen, our microwave was completely destroyed and the fire had crept up the wall. Miss Melanie's homemaking skills are legendary.

HAPPY EASTER, MISS MELANIE, SATURDAY, APRIL 11, 2020

by John Balzer

Miss Melanie, who continues traveling at the speed of light on her journey around the World, loves spring. One of her most favorite flowers at this time is the daffodil. Miss Melanie's favorite colors are blue and yellow. From clothes to china to room decor and more, we have it all in blue and yellow. In fact, I had to change the kitchen flooring in our first home to have patterned blue and yellow tile.

Over the years, Miss Melanie made a number of lamb cakes for Easter. She used an aluminum mold to bake the cake. Then, she made a sticky white frosting and followed that with a thick coating of shaved coconut to decorate the cake. Two black jellybeans served as eyes and a red jellybean served as the nose. I normally do not like lamb; however, I made a huge exception and I deeply enjoyed the lamb we had each Easter!

Many times, on Easter, we would enjoy watching the Wizard of Oz. Each time Miss Melanie watched the movie, it was as if she had never seen it. She laughed, showed concern when Dorothy was under duress and wanted Toto to be treated properly. Watching Miss Melanie's reactions to the movie was more interesting than watching the movie. Sometimes, she is a bit quirky.

MISS MELANIE, IN HER OWN WORDS, WEDNESDAY, APRIL 22, 2020

by John Balzer

When our daughter, Erica, was getting married in 2007, I decided to compile a family history booklet as my wedding gift to her. This booklet contained profiles and photos, when available, for five generations of ancestors for both Miss Melanie's family and my family.

I prepared draft profiles for all of Miss Melanie's relatives and submitted them to her for corrections, modifications and changes. In cleaning some items out of my office this week, I came across a folder from when I prepared the booklet for Erica. I found the draft pages I had prepared for Miss Melanie to review. The most enlightening pages were the three pages I had prepared on Miss Melanie. These pages are covered with corrections, additions, explanations and more.

I thought what Miss Melanie wrote was extremely interesting and insightful about her life **as she described it**. When appropriate, I have included some text I wrote to provide context. The majority of the following is what Miss Melanie had to say about herself and her life. Please remember, Miss Melanie's words (**in bold**) are written in third person for the booklet.

(**John**) As a youngster in Des Moines, Iowa, Melanie had a lot of friends. She and her friends did the types of things that youngsters in the 1950s did.

(**Miss Melanie**) **There was a lot of playing outside with physical exercise – roller skating, biking, playing tag, hide and seek, touch football. There also was creative, imaginative play in the woods before the freeway went in and took away a lot of trees.**

Back in those days, there was a far greater freedom to just be a kid with no such thing as "Stranger Danger". She was able to walk a few blocks to the bus stop by herself at the tender age of 11 or 12 to take

the city bus downtown to go shopping for school clothes with her mother's credit card or to go to a movie. When she turned 12, she had to pay the huge adult rate of 75¢! As grown up as she thought she was, she still continued to play with her Revlon doll, her Ginny dolls, her Madame Alexander dolls and, at the end, just as they were introduced to the marketplace, her Barbie doll.

Growing up, the children spent their summers by the pool at the country club. Their mother would drop them off at 10 AM when the pool opened and then pick them up at 5:00 in time for dinner. They would just order their lunch at the grill on the club grounds not far from the pool. Much flirting and sun damage was accomplished over those years!

(**John**) While never a heavy smoker, she did enjoy smoking. She quit smoking after meeting her husband to be in college when he refused to give her an engagement ring until she quit smoking.

(**Miss Melanie**) **She happily quit mid-pack, never to light up again. It is a decision she has never seriously regretted, especially after having her two beautiful, healthy daughters.**

(**John**) Growing up, Melanie was a devoted helper around the house

(**Miss Melanie) especially when offered financial compensation.**

(**John**) Melanie is a very social person and has groups of friends in a bridge group (although they rarely play bridge) and at the local park district health club where she goes

(**Miss Melanie**) **to exercise and drink her beloved Dunkin' Donuts coffee five days a week. Her favorite exercise is raising her coffee mug to her mouth or talking, but she also manages to get twenty to thirty minutes in on the stationary bike, the treadmill, the elliptical and/or the Stairmaster.**

MISS MELANIE, THE MOTORIST, FRIDAY, MAY 1, 2020

by John Balzer

Anyone who ever went for a car ride with Miss Melanie knew they were in for an amazing adventure. Each ride was a thrill ride, that's for sure. From rapid accelerations, classic tailgating, using cruise control on city streets and giving other drivers a piece of her mind, each ride was memorable. It's in that spirit that I recap some of Miss Melanie's more memorable driving escapades.

1. Miss Melanie was on a dog transport when she had a flat tire on her car. She pulled off the expressway and onto the frontage road. I received a phone call from her informing me of the situation and that she had called AAA to tow the car. I asked why it needed to be towed and she said there was no spare tire in the car. Hm, that was curious. I asked what happened to the spare tire and Miss Melanie said her never had one. When she purchased the car, the sales person told her that the manufacturer no longer included a spare tire in cars to save weight. I said there was a spare in her trunk; however, she said she had looked, saw no spare and that the flat would be fixed at a service facility (about a thirty mile tow). I met her when she arrived at the service facility. After the car was off the tow truck, I opened the trunk, lifted a handle in the floor of the trunk and showed her the spare tire. (Yes, I had told her to look for the handle and to lift it.)

2. One day, Miss Melanie drove to visit a college friend who lived about 35 miles away. As she was on the off ramp from one expressway to another expressway, she knew the left rear tire was flat. Pulling to the shoulder of the road, she decided to change the flat herself. This incident predated cell phones, so she had no option but to try and change it. But, Miss Melanie had never changed a tire on a car and the result of this attempt was not the best. After removing the jack from the trunk, she placed it into the wheel well of the rear tire. Unfortunately, the jack was supposed to be placed under the rear bumper. In spite of not putting it in the right place, she cranked the

jack to the top of the wheel well and damaged the side of the car above the wheel well. The vehicle never was raised up off the ground and the jack simply damaged the sheet metal of the car above the wheel well. Fortunately, another driver stopped, correctly jacked up the car, removed the flat tire and installed the spare tire. Thankfully, Miss Melanie was not injured in her first, and only, attempt at changing a flat tire.

3. In January 2016, Miss Melanie was on a dog transport when she had an accident on a local expressway. The accident was caused when she fell asleep while driving. Miss Melanie had been up to 3 AM and when she went to bed, she took an Ambien pill; in spite of knowing that she had to get up at 6 AM. This medication was to help her get sleep; however, the safety instructions stated that users needed to get eight hours of sleep prior to driving or operating machinery. In Miss Melanie's mind, eight hours of sleep was for everyone else, she would be good on three hours of sleep. Just after pulling onto the expressway, she set the cruise control to 75-miles per hour. The next thing she remembered was waking up when the tires on the right side of the car ran over the rumble strip on the shoulder. As she shot awake, her speeding car was headed toward the end of a guardrail. Moving too fast to get back onto the expressway, she steered to the shoulder and onto the grass adjoining the shoulder. Then, still moving at a fast rate of speed, she was heading for a large directional sign. Amazingly, Miss Melanie drove directly beneath the sign, going in-between the two large support poles holding the sign. Next, a bridge abutment came into view and she turned the car to the right and down an embankment.

At the bottom of the embankment, the front of the car hit a hill rising up from the embankment and finally came to a stop. The airbags deployed and the car was totaled; however, she was fine. In fact, she was delighted when the highway maintenance truck showed up and the two workers congratulated her on being an excellent driver to miss the guardrail, the support poles of the sign and the bridge abutment. She gleefully related this recognition of driving excellence each time she told the story about her wild ride. The State Police officer at the scene was equally amazed; however, she also wrote a ticket for Miss Melanie's "improper exit of the roadway". It was my opinion that luck was on her side, as well as being so relaxed from the medicine that she did not panic. (Yes, that was the last time she took Ambien.)

HAPPY MOTHER'S DAY, MISS MELANIE, SUNDAY, MAY 10, 2020

by John Balzer

The pride and happiness that our two daughters brought Miss Melanie was beautiful to see. When they were young, she loved to buy fancy clothes and have them dressed up. She beamed with pride as a Mother and was supremely proud of her two girls. Miss Melanie often stated that she was blessed to have two daughters because raising boys would have been too difficult for her.

LITTLE KNOWN FACTS ABOUT MISS MELANIE, SUNDAY, MAY 17, 2020

by John Balzer

Miss Melanie's diverseness was a hallmark of her nature. While many knew some of the things she did (e.g., rescuing and transporting dogs, shopping, buying multiples of the same item, carrying too many bags and more), there were some things about Miss Melanie that many did not know.

So, in this journal entry, let's pull back the curtain and shine a light on several little known facts about Miss Melanie.

1. Miss Melanie was an aficionado regarding Royalty, especially English Royalty. Her passion for all things about various monarchs, royal courts, and scandals ran deep. Miss Melanie's

knowledge about royalty came through videos, books, audiotapes, magazines and Internet searches. She was a whiz in answering questions or providing information about who was king or queen at a specific time in history and could rattle off the names of the offspring as if it were common knowledge.

Her knowledge of the monarchies of the twentieth Century, especially those of the English House of Windsor, was quite broad. Miss Melanie would talk about the various people in the lineage of Queen Victoria with great happiness. She knew who cheated on their spouses, who might have had an illegitimate child, why a king or queen renounced the throne, the behind the scenes drama for the current Queen Elizabeth's coronation on June 2, 1953, where each of the members of the royal family resided, where they went on vacation and much, much more.

Of course, when the children of the Queen Elizabeth became adults and flew out of the palace, Miss Melanie was keeping track of each of them. She knew their personalities, people they dated/liked, where they went on holiday and what they did for an occupation, other than their royal duties.

When it came to Prince Charles, Miss Melanie knew all the dirt on him. She would rattle off some stuff about him and I just nodded as if I understood. Well, when it came to the big day, his wedding, she set two, may three, alarm clocks because she was not going to miss it. Plus, she set two VCRs to record every minute of the event. It was a memorable day and event, right? I mean, come on, who didn't get up in the middle of the night, sit on the sofa in their pajamas and stare at the spectacle from London during the wedding of Diana, Charles and Camilla? Weren't the dresses stunning?

When the current Prince William tied the knot, Miss Melanie was prepared. She had notes, pages of copied articles and she was, in essence, the de facto Mother of the Prince. Since his

Mother could not be there, Miss Melanie wanted to be there for her. She welcomed each child from this union with open arms because it meant the future of the Crown.

Miss Melanie's collection of books, magazines, and items about Royalty was quite large. She subscribed to two magazines, printed in England because they maintained the proper decorum regarding European Royalty, including the English Royal family.

2. The next little known fact about Miss Melanie was her love for, use of and huge assortment of timers. Yes, timers. Most of them were the kitchen timer variety; however, Miss Melanie had a number of timers, each with a specific function.

   Few outsiders ever knew of her love for and use of timers. It was a great thrill watching her set a timer in the kitchen, return to the living room and continue watching a TV show. When the timer went off, she would look at me, as if the timer was for me and ask, "Is that for you?" I would laugh as I said it was for her. She then jumped up, hustled to the kitchen, grasped the timer and looked at it, as if it was going to tell her why it had sounded an alarm. There were many times when she had no clue why she had set the timer. Other times, she knew it was for something … let's see was it for changing the laundry from the washer to the dryer? Or, was it to get the stuff out of the freezer for dinner? Or, was it to call Dad?

   I think the most fun that Miss Melanie had with timers was when she was fixing dinner. She would use two, three, maybe four, timers in the course of making a meal. She was a fast mover in the kitchen, working on getting vegetables cleaned and ready, boiling the noodles for the casserole, greasing the casserole dish, setting the heat in the oven, slicing the bread for the garlic butter, and more. When a timer would alarm, she would rush to it, silence it and move to another task. Sometimes, she set two timers for the same element of the meal. They would both go off at nearly the same time. Once again, she would look puzzled, but continued on without any delay because making a meal by Miss Melanie was a challenge to be met with full gusto.

MY, MY, BET YOU DIDN'T KNOW THESE THINGS ABOUT MISS MELANIE, SATURDAY, MAY 23, 2020

by John Balzer

In this journal entry, you will learn lesser-known facts about Miss Melanie. These facts were not discussed much outside the family, so this is some of the real dirt.

1. The first little known fact was Miss Melanie's passion for astrology. Her interest was not in a daily horoscope, but a deeper, more personal, insight into the role that planets, sun signs and other variables played in the lives of specific people (e.g., herself, me, our children, her parents, her sister, aunts/uncles and friends). I realize that astrology has been described as a pseudoscience without scientific basis or merit. Whether it had scientific merit or not was not important to Miss Melanie.

   When she became interested in learning about astrology in the early 1980s, Miss Melanie threw herself into the subject. She attended classes on the basics of astrology, prepared charts, and learned how the planets and sun signs impacted an individual. In addition, Miss Melanie supplemented her class education through reading, research, talking with astrologers and becoming thoroughly involved in the world of astrology.

   Over time, she became quite knowledgeable about astrology, enjoyed it and had fun preparing charts for people. Of course, I was her test case as she put her astrology skills to practice. I had no idea why she needed the exact time or the exact location of where I was born; however, it turned out that was how she prepared “my” birth chart. She was giddy when telling me that I had this planet in this house on my chart and that planet in that house and more. When a planet was moving through a house in my chart, she would give me the low down on what to expect. It was all fun and, because she enjoyed it, I thought it was excellent.

2. The second little known fact about Miss Melanie was her Annual Parade. To say that Miss Melanie from the 1950s through the 1980s was a devoted fan of the Miss America show would be a HUGE understatement. She waited for the show each year as if a relative was giving birth. Prior to the beginning of the show, she would get her tablet and several pens ready. She HAD to be prepared for the segment known as the Parade of States. That was when contestants from each state paraded across the stage while their names, states and brief bios were read. During the Parade, Miss Melanie’s eyes were riveted to the TV screen. Occasionally, she would look at her tablet and write something. What she was doing was keeping a list of the top ten contestants, in her opinion, from the young ladies who paraded across the stage. Of course anyone in the same room with Miss Melanie during her Parade quickly learned that silence was golden because any interruption to the Parade of States was NOT good.

   Each show followed the same format for a number of years and Miss Melanie served as our in house judge/critic of the talent portion. She would “ooh” and “aah” at some marvelous talent and “oh, she’s not going to go further” for other less talented contestants.

   She would smile, sometimes cry, when the new Miss America was crowned and walked to the front of the stage while the host, Bert Parks sang “There She is, Miss America”. When I heard that song, I knew it was safe to return to the living room and rejoin Miss Melanie.

As the years went by, Miss Melanie continued her Parade of States ranking and rating efforts with the Bachelorette/Bachelor. As before, she had her tablet and pen handy when the new season's crop of love struck individuals were introduced. She jotted down comments about the most promising individuals.

MISS MELANIE'S RAINBOW!
SATURDAY, MAY 30, 2020

by John Balzer

As many people know, Miss Melanie was a fashionable, well-coordinated dresser. When she was getting ready for the day, she would make sure everything was color coordinated, including her glasses and jewelry.

Something, however, that few knew was that Miss Melanie was a fanatic about how her clothes, especially her pants, were arranged in her closet. She was adamant that they hung in color order.

When looking at her extensive collection of pants, it was like gazing at a rainbow. Each item was neatly hung and each had its proper place. There were several times, when doing her a favor, I failed to adhere to the clearly established color scheme when hanging a pair of pants in her closet. That was a clear no-no.

The best way to understand Miss Melanie's rainbow collection of pants is to see it. Therefore, I gathered the collection from the closet, carried it outside and hung it on a rod supported by two-step ladders. The result was a seven-foot wide rainbow presenting Miss Melanie's colorful collection.

TIME CARDS, SATURDAY, JUNE 6, 2020

by John Balzer

TIME

As we know, Miss Melanie had a gazillion watches. She loved watches, all colors, all styles and various sizes. Swatch watch was a brand she really liked. The Swatch watch was introduced in the mid-1980s and created a craze that swept across the country. That craze captured Miss Melanie and she never lost her love for Swatch watches.

CARDS

Many of you know that Miss Melanie had stacks of cards for all people and all occasions. She truly was a card person, loved sending cards to others and inside each card she wrote the most heartfelt comments.

Speaking of Miss Melanie and cards, we recently received a card from the daughter of a couple who were friends of Miss Melanie's parents. After the husband of the couple passed away, Miss Melanie sent cards to his widow on an on-going basis. The daughter of the couple sent us a card recently and her words about Miss Melanie and the cards she had sent her mother were precious and I wanted to share them with you.

"As time passed, Mom appreciated the cards and family updates that Melanie sent. As Mom's eyesight failed I would read to her and describe the photos. She enjoyed that connection. I think of Melanie as the "greeting card" lady."

That is a perfectly beautiful description of Miss Melanie.

Here is an additional comment about my last journal entry. A number of you have wondered what was going to become of the clothes shown in Miss Melanie's clothes. Her other clothes, and other items, will go to a local resale shop where we have donated items over the last seven years. The shop sells donated items to the public, as well as providing items for free to abused and battered women who are starting their lives over. The resale shop is operated by a women's shelter and all proceeds from the shop fund programs to help the women succeed. It is such a worthwhile situation and we are so blessed to be able to help those in need.

MISS MELANIE ALWAYS HAD HER GUIDE WITH HER, SATURDAY, JUNE 13, 2020

by John Balzer

Some of you folks on the bus are old enough to remember a publication that listed upcoming TV shows for the following week. This small magazine published its first national issue in April 1953 and was known as **TV Guide**. It is still, surprisingly to me, published today.

Miss Melanie was a devoted fan of **TV Guide** and really looked forward to each week's issue. If she could not find a copy at the store …. well, let's say, she was a little unhappy. She religiously examined each issue, bending corners over on pages where shows that she wanted to see were listed. Other members in the house soon learned that Miss Melanie's **TV Guide** was off limits to anyone but her.

Over the years, many people found they did not need **TV Guide** as much as a few others. Miss Melanie; however, was undaunted. She continued subscribing to it and was so happy when each issue arrived in the mailbox. The format changed over the decades, but Miss Melanie was still able to find her shows and enjoy some television news in the magazine. Her current subscription lasts through January 2021.

To The Left

An interesting aspect about Miss Melanie was how she walked up and down stairs. In this part of the world, it is common for people walking up and down stairs to stay to the right. But, Miss Melanie always stayed to the left. This was perplexing, confounding and, at times, a bit maddening because she steadfastly refused to move to the right side if other people were coming toward her. They would look at her, as if to stay, “Hey, move the heck over!” She would look back at them, as if to say, “Hey, get out of my way, I am coming through!”

Thankfully, in most cases, things worked out fine. But, there were several instances where I had to persuade her to quickly move to the right. As soon as the other people passed, she instantly moved to the left.

I asked her a number of times why she did not walk on the right and she said that she had always walked on the left and she was not going to change. I suggested that it was like driving on the wrong side of the road; however, she was unfazed by my comments.

HAPPY FATHER’S DAY, HAPPY ANNIVERSARY, SUNDAY, JUNE 21, 2020

by John Balzer

We send our best and happiest Father’s Day greetings to each of you on the bus that are fathers, are celebrating with your fathers or are fondly recalling your fathers. We hope this Father’s Day is wonderful for each of you.

On Sunday, June 21, Miss Melanie and I will mark our 51st wedding anniversary. I purchased a single red rose for her in honor of this milestone. She sent me a message in a dream that she wanted a single red rose for our anniversary.

A health issue that Miss Melanie endured for more than forty years was migraine headaches. These headaches were, at times, quite debilitating causing her to remain in bed for two to three days. She handled them with her great resilience and positive attitude. Thankfully, she found a way to reduce the frequency and the severity of the migraines after she went to a headache clinic. The staff at the clinic prescribed a cocktail of medicines that worked wonders. Miss Melanie was grateful to the clinic for preparing an individual treatment program for her. Over time, her migraines became infrequent and caused minimal disruption to her daily life. We are aware of some of our bus mates who suffer from migraine headaches and we wish them success in minimizing or eliminating them from their lives.

A HEAVEN SENT CARD, SATURDAY, JUNE 27, 2020

by John Balzer

On Monday of this week, I was working in my home office. It is quite cluttered and while moving a pile of papers, documents, and cards from one location to another something fell to the floor. In picking up the item that fell, I noticed a sticky note that Miss Melanie had placed on it. The note said "John" and it was on a Valentine's Day card that she had planned to give to me this year. I had not looked at it previously, had simply gathered a stack of Miss Melanie's unsent greeting cards and placed them in the office with another stack of stuff needing attention.

When I read the words on the card, I instantly knew that this card had not randomly fallen from the pile. The specific words were extremely profound, so much so that I sat silently after reading them and then reread them. Miss Melanie wanted me to see this card and read these words because they eloquently expressed her love for me and for our marriage. This card, in my opinion, is much more than a greeting card, it is truly a love note sent from Heaven.

This is the text from the card:

One day when we're in heaven together, we'll look back at each other and say, "Yeah, we pretty much had this on Earth, too." Thank you for making our little piece of earth so good. Happy Valentines Day.

MISS MELANIE DID NOT NEGOTIATE

Miss Melanie was not a negotiator, bargainer or looking to get a reduced price for anything. She said it made her feel uncomfortable to have to ask for a lower price and she would not do it.

When we visited a Maasai village in Tanzania, we were encouraged by the guide and the Maasai villagers to buy handmade items that the villagers made to earn money to purchase water, goats, cloth and more. Well, no one ever had to tell Miss Melanie twice that she should buy anything. In fact, she was determined to buy at least one item from each villager selling handmade items (e.g., chains, necklaces, arm bands, earrings, fly swatters, baskets, and more). No other people on our tour bought more than one item and were all waiting in the tour bus for us because Miss Melanie had purchased so many items. When it came time to pay for her items, the total price was more than double what she had been told while purchasing the items. Miss Melanie, without having any feelings of discomfort, negotiated the price down on the items she wanted. She did not back down and told the head Maasai person what her final price was and that was it. He rejected her offer and she put down the small baskets with all of the items and started to walk away. The Maasai negotiator made sure she did not leave by telling her that she could have the items she most wanted for her price. More discussion. She finally got most of the items and paid a bit more than she said was her final price; however, both sides were happy. The people on the tour bus were also extremely happy when we boarded the bus, some fifteen minutes after our scheduled departure.

MISS MELANIE'S TOOTH OBSESSION, SUNDAY, JULY 5, 2020

by John Balzer

To say that Miss Melanie had a tooth or teeth obsession is an understatement. She spent a bunch of time flossing and cleaning her teeth each day. She had her teeth whitened, went to the dentist twice a year and freely gave advice to me on the issues I needed to do regarding my teeth.

I recently opened a closet in our bathroom and wondered what the box in the back contained. I slid it out, opened it up and was mildly surprised to see 168 brand new toothbrushes! Not being a tooth obsessed individual, I checked online to find out how frequently a person should change their toothbrush. The average time to change your toothbrush is three to four months.

Therefore, I assumed that if Miss Melanie changed her toothbrush every **three** months (i.e., four toothbrushes per year), she had a forty-two year supply of toothbrushes in this one box.

A PASSION TO SAVE LIVES, SUNDAY, JULY 12, 2020

by John Balzer

Miss Melanie was involved in and loved doing many things; however, her true passion was volunteering in animal rescue. Here is how she described herself on a web site:

I volunteer in animal rescue, transporting dogs, and sometimes cats, from high-kill shelters to no-kill rescues, foster and forever homes. It is my passion.

She loved driving and rescuing animals and she covered a wide area in rescuing them including Iowa, Wisconsin, Illinois, Indiana and Michigan. On many of her transports, she drove two or three legs of the overall transport. Most drivers would typically drive only one leg; however, Miss Melanie loved being with the animals, giving them love and bonding with them to make sure they knew they were going to be okay. Her love was seen in the eyes of the animals she rescued. Often, at the start a journey with Miss Melanie an animal would be shaking, withdrawn, cowering because they were confused, often had been mistreated by owners, did not know what the outcome of their journey was going to be and they were afraid of everything. By the time an animal's journey with Miss Melanie was over, they might be sleeping, enjoying looking out the window, lying in Miss Melanie's lap, or playing with toys she had with her. She talked in a very calming voice to the animals and had soothing music playing while they rode down the highway of life. Miss Melanie was not only a transporter, she was a therapist and she made sure the animals were happy and content at the end of their journey with her.

"My Reward"

Miss Melanie was a very goal focused individual. While working toward a goal, big or little, she frequently placed a reward at the conclusion of the goal. That reward was what spurred her on to complete the goal and she was dedicated to getting her reward.

We always were tickled in seeing her put off things like enjoying a dish of coffee ice cream, going online to place an order, watch a recorded TV program and more because her goal was not accomplished. Sometimes, we would ask her why she wasn't enjoying her ice cream or ordering something and she would happily exclaim, "That's my reward!"

Miss Melanie, a quirky lady, that's for sure.

THE CANDY LADY, TUESDAY, JULY 21, 2020

by John Balzer

Miss Melanie loved certain types of candy. She always had bags, bars and pieces of her favorite candies in cupboards, drawers, purses and bags that she carried. In some cases, a piece of candy or a candy bar was her reward for a task she completed. Other times, she would relish eating candy as if it were a special meal.

CAN'T HARDLY BELIEVE YOU FLOSS!
TUESDAY, AUGUST 4, 2020

by John Balzer

Can't hardly believe it

Miss Melanie was a stickler for proper grammar. When we first started dating, she was busily correcting my hillbilly grammar skills. One of her most hated grammatical errors was a double negative. Initially, I did not understand what she was talking about. Kinda like ending a sentence in a proposition, right? She had a field day with me because both my written AND spoken grammar skills were so horrendous. I, of course, thought OMG, I wrote and spoke good English, you know what I'm sayin'?

Miss Melanie had an English teacher in middle school that ignited a lifelong love of correct written and spoken grammar. In fact, Miss Melanie kept her notes from that class all through the years and would often consult them. She never lost the desire to write and speak properly because of what she had been taught. Also, since she had been a teacher, I was her de facto English student because of my sorely lacking writing and speaking skills. I really had no clue why she thought my English skills were deficient. I said to her "I can't hardly believe that you think my English skills need improvement." She responded with a burning look of her eyes as they pierced a hole in my head for committing the cardinal sin of a double negative.

You have something between your teeth

Dental care was a huge priority for Miss Melanie. We have already seen that she had a multi-decade supply of toothbrushes and, today, we see that she had a multi-decade supply of dental floss. The average person uses 18-yards of dental floss per year; however, Miss Melanie was not the average user of dental floss. Let's say she used 54-yards of dental floss per year. That means that she had a twenty-four year supply of dental floss in our bathroom closet.

MISS MELANIE HELPS ABUSED WOMEN, TUESDAY, AUGUST 11, 2020

by John Balzer

Today, Miss Melanie helped a number of abused women. I took eighteen bags of her clothes, shirts/blouses, shoes, sandals and more to the resale shop where we have previously donated items. This shop had been closed since March due to the Covid-19 virus; however, it opened on Monday. We had been cleaning things out, getting them ready to donate and today was the day. The resale shop is where a shelter for battered women sells donated items. One hundred percent of the proceeds from the sales go to help the women in the shelter. The assistance provided can be medical, financial, legal, as well as in providing the women with free clothing and items, from the resale shop, to get them back on their feet, so they can restart their lives. It was truly gratifying to know that Miss Melanie's items would be put to good use for an extremely worthwhile operation. Being able to provide a bit of assistance to this at risk population was something that Miss Melanie and I really believe in and today's donation made both of us happy.

OH, MY ITCHY BACK, TUESDAY, AUGUST 25, 2020

by John Balzer

I doubt that many of our bus riders know that Miss Melanie had significant issues with a voraciously itchy back. Her itching problems started around 2004 and she went to dermatologists, an internist, an alternative medicine doctor and others to learn the cause for the itching and to get it to stop. There were times when she would awaken in the middle of the night clawing, scratching and desperately trying to stop the itching. Often, she would lie in bed crying because there was no way to stop the itching.

In true Miss Melanie spirit, dedication, persistence and positive spirit, she kept searching for someone that could treat her condition. In 2008, she learned of a doctor at Wake Forest University who treated patients with severe cases of non-stop itching. Shortly after learning about this doctor, we traveled to North Carolina for an appointment. The doctor was known within the itch community as the "The Wizard of Itch". Miss Melanie was buoyed by the fact that she had secured an appointment with this doctor since he only accepted a small number of new patients. She felt that she would be done with her itching back.

During the appointment, we learned that the two main reasons for itching that occurs repeatedly in the same location and cannot be well controlled were (1) an accident that seriously damaged or injured a specific part of the body or (2) having a serious illness. At the time, Miss Melanie had neither of those issues and was viewed as a mystery by the wizard. Since she did not fit into the two main reasons for itching, there was not much he could do for her. He also said that very little research on itching was conducted and the causes of itching were really not well understood. The research that had been completed suggested that repetitive itching was how the body dealt with the pain, even if you felt no pain.

The doctor said he was willing to try prescribing several medications that might be of some help, but was not too optimistic they would be of significant help. If they helped, it could be short term and would definitely not eradicate the itching. Miss Melanie took one of the medicines and had no improvement. She took the other medicine and it was mildly helpful, but enough to continue taking it. She took the medicine until she learned that it caused low blood pressure and she decided to stop taking it. Over time, her itchy back simply stopped itching.

Laughing at Miss Melanie's checkbook

Recently, I was looking at Miss Melanie's checkbook to see if I needed to add more checks. I noticed a small, hidden pocket at the back of the checkbook that contained catalog clipping of T-shirts and sweatshirts that she planned to order. These were not shirts with dogs, names of cities or people on them. No, they were shirts with witty sayings on them. These sayings are classic Miss Melanie. I have included several collages showing the shirts she was planning on ordering. Several of them are classic Miss Melanie and exactly true. For example, “I’m silently correcting your grammar.” And, speaking of grammar, this was perfect “The Past, the Present and the Future walked into a bar. It was TENSE.” Also, “On average I spend $80 a year on bananas to watch them turn brown.” And, the pinnacle of them is “Me and my dog talk about you.” Please feel free to laugh at some or all of these. And, remember, you are not laughing at Miss Melanie, you are laughing with her. She is quite funny.

MEMORIAL TO NANA, TUESDAY, SEPTEMBER 1, 2020

by John Balzer

On a recent Saturday morning, Caroline, our nine-year old granddaughter, asked if she could use my laptop computer. She wanted to do some searches she told me. Each search involved entering a relative’s name and seeing what popped up. One of the names she searched was her Nana. She saw a listing for Nana and clicked on it. That opened a window with Nana’s photo and the memorial I had written. Caroline saw that she could leave her own memorial and asked if she could do that. I told her that would be wonderful and that her Nana would love it. She crafted a short but lovely memorial and she also wanted a photo of Eloise her six-year old sister and her as part of the memorial. I thought her desire to leave her Nana a memorial was so heart warming that it brought tears to my eyes.

MISS MELANIE HELPS A LADY AT THE LAKEFRONT, WEDNESDAY, SEPTEMBER 9, 2020

by John Balzer

Last Friday afternoon, I was riding on the bike trail along the lakefront when, as I stopped to walk my bike due to some broken glass on the trail, a lady seated along the trail said hello to me. This was surprising because most people on the bike trail do not say anything to other people using the bike trail. I responded with a hello and the lady began talking with me.

One of the first things she said was, "I think we were supposed to meet." That was also a surprise and I was curious to learn why she felt that way. She told me she had walked to the lakefront from her daughter's nearby home. This kind lady (named Della) said she left her daughter's home to avoid having a meltdown there. She said, at times, she would fall apart in tears and wanted to be by herself. That was difficult; however, because she was staying with her daughter and not always able to have her alone time. Della lived in North Carolina and had to come to visit her daughter earlier this year. Due to COVID-19, she felt it was too risky to fly home. Plus, her daughter wanted her to stay with her where she could take care of her during the Pandemic.

Della confessed that she had hoped I would stop and talk with her because she wanted to talk with someone. Being at the lakefront helped her because she felt at peace there. Her husband had passed away four years ago and she missed him deeply. They had met in college, been married for forty-four years, loved traveling and being together.

I had been in a hurry to return to our apartment so I could go for a walk before dark; however, what I wanted was unimportant because I knew that I needed to talk with Della. I said it was nice to be able to talk to someone and just have a pleasant conversation. Della concurred.

I also pointed out my meeting her was orchestrated by Miss Melanie. Della acknowledged that she felt her husband definitely played a role in our meeting. As we talked, we reminisced about our spouses, laughed at the fun we had enjoyed with them and how each of us felt that they were still with us. We said we talked with our spouses daily and noted the signs and messages we had received from them. We felt our spouses were part of our daily lives.

We talked for over an hour and, as the sun was getting low in the sky, we jointly agreed that we needed to be on our way. Della thanked me for stopping and talking with her. It really made her feel better and she was grateful to not have a meltdown. That made me feel great and I said that Miss Melanie and her husband had done a great job in having us meet. I said I was thankful I had stopped and that we had enjoyed such a fun, happy conversation.

As I rode back to our apartment, I told Miss Melanie I was thankful that she was able to help Della.

MISS MELANIE HELPS THE LESS FORTUNATE, SEPTEMBER 23, 2020

by John Balzer

Once again, Miss Melanie stepped up to help those less fortunate than us. She gracefully consented to having twenty-seven bags of her shorts, slacks, sweaters, scarves, shoes, toothbrushes, dental floss, and toothpaste donated to the shelter that helps battered and abused women. We both strongly believe in helping those less fortunate than ourselves and we firmly believe in helping women who have been victims of abuse.

This is the second time that we have donated some of Miss Melanie's clothes, etc., to the resale shop that raises money to help the women in the shelter. The women can visit the resale shop and select any items they want and there is no charge. Hopefully, some of Miss Melanie's items will be selected and some of the women can use them during their journey back to normal life. The resale shop is also open to the public and all of the proceeds from the store go to help abused women.

Our eldest daughter when she saw the number of bags we donated commented that it was "awesome in thinking about all of the lives Mom is helping with all of that stuff." Our youngest daughter commented, "her work continues." Each of us knows that Miss Melanie is dedicated to helping others in any possible way. She has given us great direction in how we can help her carry out her goal.

When I arrived at the resale shop this morning, I asked the lady at the donation door if they accepted toothbrushes and dental items. At first, she said they did not accept toothbrushes or dental items. I was disappointed but thought if I showed her the specific items, it might make a difference. I opened the box with the 175 toothbrushes, 50 rolls of dental floss and 20 boxes of toothpaste. The lady looked at the items and said, "Oh, yes, we WILL accept these items." I asked her what made her change her mind. She told me that some people come to the resale shop and want to donate USED toothbrushes! I laughed and said that she had a good sense of humor. It was not a joke, she said some people actually wanted to donate used toothbrushes.

MISS MELANIE CONTINUES TO HELP OTHERS, TUESDAY, OCTOBER 6, 2020

by John Balzer

As I have been working on a book based on these Caring Bridge entries, it has become clear that Miss Melanie has been, and continues to be, a teacher in helping others. When she created this Caring Bridge site, four years ago October 5, it was to let others know what was happening with her health. She wanted them to know she was doing well and to show what she was going through in case they, or family members, had been diagnosed with the same or similar illnesses.

Since that time, more than 31,000 visits have been made to Miss Melanie's Caring Bridge site. She planned to prepare journal entries on an ongoing basis; however, she became too busy undergoing tests, treatments and more to write journal entries on a regular basis. I volunteered to write the journal entries for a relatively short period of time. As time went by, I asked Miss Melanie when she was going to write the entries again. She said, "John, you are doing a great job, just keep doing it." She knew that the chronicling of her journey would help others.

Miss Melanie was always willing to share her experiences from her positive perspective. One of those experiences was a bone marrow biopsy. That term conjures up all kind of nasty thoughts in my mind; however, Miss Melanie had no problems with a bone marrow biopsy. She wrote "I've already told them here (at the hospital) that if there is someone new coming in needing the same test, send them to me and I'll help allay their fears." Miss Melanie told another individual who had recently been diagnosed with leukemia, "if you have any questions, and nothing is too personal, feel free to contact me."

She was a teacher through the Caring Bridge site, as well as being a teacher in person in clinics, labs, hospitals and other settings. Plus, she continues to teach us as we remember her positive attitude, take it one-day-at-a-time approach and share with others so they can learn.

Going forward, Miss Melanie will continue helping others through the book I am preparing. The amazing Miss Melanie remains a vital force in helping others, informing others, lifting the spirits of others and providing resources to others.

MISS MELANIE GOES HOME, WEDNESDAY, OCTOBER 21, 2020

by John Balzer

Several months ago, a good friend of Miss Melanie and I began working on a plan to take Miss Melanie to the family home where she grew up, went through school and welcomed family and friends after our wedding.

Melanie's father in Iowa constructed the family home in 1955. It is a true Mid-Century Modern design with large open spaces, vaulted ceilings, roof overhangs and large windows in all rooms. It is a two level home with the lower level built into a hillside. A huge deck overlooking a park like area was in the back of the home. An elevator was included in the home so Miss Melanie's sister, who was in a wheelchair from age four, could easily move from the upper floor to the lower floor and vice versa. This is the home where Miss Melanie played in the yard and in the neighborhood surrounding the home. She deeply loved this home and the warm, wonderful memories that it gave her.

Miss Melanie's parents sold the home in 2005 when they moved to a retirement facility. After her parents moved, Miss Melanie deeply missed being able to "go home" when she visited Iowa. I recall many times when we had to drive by "the home" and see what the new owners had done to it. We would drive slowly by the home, sometimes stop, take photos and always talk fondly about the fun that we had in the home. Still, Miss Melanie was sad that she could never really go home again.

When Miss Melanie's friend (Nancy) and I crafted our plan, we knew we would have to contact the current owner of the home; however, we had no idea who it was or what her/his name happened to be. I conducted several Internet searches and found some information. I refined that information to ensure that I knew the name and phone number of the current owner. I sent Nancy the information I had found so she could contact the owner.

Nancy called the owner, explained who she was, told him of Miss Melanie's love of the home and mentioned what she wanted to do. The owner said he and his wife had lived there for fifteen years, that they loved the home and "planned to grow old there". He also said he was completely willing to have her do what she had mentioned.

On Tuesday, October 20, Nancy drove to Miss Melanie's family home and scattered some of Miss Melanie's ashes in the yard, under the kitchen window where Miss Melanie would look out at the mailbox to see if the mail had been delivered, and around several trees in the front yard.

It was so wonderful that we could take Miss Melanie back to her beloved home. We are extremely thankful that the owner of the home was so agreeable to our request. Miss Melanie and I are deeply grateful that Nancy was able to be of such great assistance.

MORE INFORMATION, WEDNESDAY, OCTOBER 28, 2020

by John Balzer

After my last journal entry, I heard from some bus mates regarding the spreading of Miss Melanie's ashes. They asked if all of her ashes had been spread in Iowa. Therefore, I thought it would be a good idea to provide more information about her ashes.

Our daughters and I had divided Miss Melanie's ashes and each of us has our own urn for our share of the ashes. The amount of ashes spread in Iowa was a "memorial size" of the ashes. I extracted a small amount of ashes, from my urn, put them in an airtight container and sent them to Nancy.

Regarding the urn I selected for my share of the ashes, I decided to use an ice cream container. It is an off-the-shelf container for coffee ice cream, the exact brand and flavor that Miss Melanie loved. Whenever she ate coffee ice cream, she was so happy because she thoroughly enjoyed the taste. After a bowl of coffee ice cream she felt wonderful and was quite peaceful. Therefore, I felt it was a very appropriate container for Miss Melanie's ashes.

I have also used some of Miss Melanie's ashes in a sculpture. The sculpture is of a wave breaking over the water and was profoundly reminiscent of the waves that Miss Melanie and I would see, and greatly enjoy, along the lake. I was able to have some of Miss Melanie's ashes included in this sculpture and it reminds me of the fun we had watching the waves crashing into the shore of the lake.

While not containing any ashes, I also have a memory of Miss Melanie with her ashes. It is a piece of metal in a dog tag format that has her thumbprint etched into it. I have this “dog tag” displayed with the coffee ice cream urn in our living room. Some have asked why I do not wear the dog tag around my neck. I dislike having rings, watches or items attached to my body. Therefore, the dog tag hangs nicely with the urn.

THE GOOD OLD DAYS, WEDNESDAY, NOVEMBER 4, 2020

by John Balzer

Recently, someone asked me if I had been traveling this year. I thought the question was a joke and I said that my most recent travels had been to a grocery store and to the mailbox. The question, about traveling, got me to thinking about our first cruise.

Back in 1985, Miss Melanie was a volunteer at a local hospital. Each year, the volunteer organization held a fundraiser. The fundraiser in 1985 was a fourteen-day cruise to Alaska. The hospital received money from each traveler that signed up through the volunteer organization. Miss Melanie wanted to help the organization and told the President of the organization our family was going on the cruise. Later that day, she came home and said she had signed up for a cruise to Alaska. I laughed and said that someday that would be nice. She told me that “someday” was going to be the first two weeks of June 1985. I asked who would take care of the children and Miss Melanie proudly said we would because they were going with us. I began to complain and tell her why that was impossible when she said there was a Youth Center on the ship that had counselors who provided activities and interaction with the youngsters who cruised with their families. The additional cost for taking our daughters was less than the cost to have someone take care of them at home while we were gone.

Our port of embarkation was San Francisco and we arrived there a day before the cruise started. Once we boarded the ship, the **FAIRSKY** operated by Sitmar Cruises, we were struck by its immense size. It was huge with ten decks containing cabins, restaurants, theaters, lounges and more. While our cabin seemed a bit small, for the four of us, it had everything we required. There were two single berths on the floor, while two upper berths were tucked away above the ceiling. These berths would drop down at night and were accessible by ladders. The retractable upper berths were where our daughters slept. During the day, these berths were stowed above the ceiling and our cabin had an open feel. It also had two windows so we had an increased feeling of openness.

In preparation for leaving San Francisco, we went to the top deck. The skyline of San Francisco was spread out before us from our pier along the Embarcadero. As we looked toward the water behind us, we saw Alcatraz and the Golden Gate Bridge. It was pure magic and we all stood in awe on the top deck of a huge ship that was stable under our feet. As we sailed away, a band played, people shouted and waved and we turned to go under the Golden Gate Bridge. What a glorious way to begin a cruise.

Since this was our first cruise, each day brought new things and new joys. We cruised along the West Coast of the US to Canada. Our ports of call included Vancouver and Victoria in Canada and Juneau, Skagway and Ketchikan, all in Alaska. We went into ports as a family to ensure that our daughters would see, learn and experience a different locale and culture. The teachable moments for the children, as well as Miss Melanie and me, were numerous during this fantastic cruise. We visited fancy gardens, crossed a gorge on a swinging bridge, enjoyed a salmon dinner on the shore of a river, panned for gold, rode on a narrow gauge train, visited a fish hatchery, saw the State Capitol, stopped in at the famous Red Dog Saloon and more.

In addition to ports, we cruised one day in Glacier Bay and it was pure heaven on earth for sights, peacefulness and amazement. As we stood on the deck, snowcapped mountains; massive glaciers; and, crystal clear, blue, ice-cold water with numerous floating icebergs surrounded us.

Family and friends had told us that our first cruise would be unforgettable and they were definitely correct. We still talk about the things we did on this cruise, the foods we enjoyed, the communities we visited and the people we met. Our first cruise was so wonderful within months of returning, we booked another cruise the following year.

A DEEPLY IMPORTANT DAY, WEDNESDAY, NOVEMBER 11, 2020

by John Balzer

Miss Melanie's Father was a veteran of World War II. He served with the Army Air Corps, the precursor to the Air Force. As a bombardier-navigator, he flew in B-29 bombers in the South Pacific. On missions, when the plane neared the target, he would take control of the plane to operate the bombsight and release the bombs when the plane was over the target. Once the bombs were dropped, he returned control of the plane back to the pilot. He was also trained as a navigator in case of an emergency. He was extremely proud that he had a part in overthrowing a tyrannical government in Japan and saving our Democracy.

Today, I recall a trip that Miss Melanie took with her parents in 2001 to the D-Day battlefields along the Normandy Coast in France. Miss Melanie's Father was losing his eyesight and wanted to see the battlefields before he lost his sight. We were extremely fortunate to visit the Omaha Beach battlefield on June 6, 2001, the fifty-seventh anniversary of the D-Day invasion at that location. We met a number of veterans who had been part of the invasion force that day (June 6, 1944). In fact, three members of our tour group had been part of the invasion at Omaha Beach. They told us stories of the horror they saw and endured. I was deeply moved by talking with them at the battlefield where they were instrumental in saving our Democracy and our way of life.

We also toured the massive US cemetery at Omaha Beach. Looking across the long rows of gleaming white grave markers on the hilltop above the invasion beach below was humbling and quite emotional. Each grave marked an individual who died ensuring our way of life would be preserved and we would be free.

Today is Veteran's Day in the United States. At this time in the country's history, it is a profoundly important day. Whether in a time of peace or war, all who have served in the military have ensured our ability to live freely, allowed us to follow our goals without persecution, protected us from foreign and domestic terror, kept our nation strong, rid the world of dictators and ensured that our Democracy continued unabated.

Each veteran who has served in the United States Military has made sacrifices, been away from their families, endured hardships, did as instructed and kept our nation safe. I honor them today with my deep thanks and great respect for their service to our nation.

THANKFUL FOR A LIFETIME OF SERVICE, GRATEFUL FOR A WONDERFUL LIFE TOGETHER, WEDNESDAY, NOVEMBER 18, 2020

by John Balzer

Each year at Thanksgiving, as our family sat around the table, Miss Melanie would begin talking about the things she was thankful for during the year. This year, things are different in a number of ways; however, as Miss Melanie showed us, there are many things for which we are thankful.

This Thanksgiving season, I have thought about the many, many things for which we are thankful. The most important thing is that we are all healthy in light of the raging pandemic in our nation.

I am most thankful to Miss Melanie for her lifelong service in helping others. She put others first, gave so much of herself and helped countless individuals and animals. This included:

Teaching junior high and high school students

Volunteering at a hospital

Working as a student helper in a grade school

Volunteering as a transporter of animals from kill shelters no kill shelters

Helping others get to medical appointments, shop for groceries, do the wash and more

Being a caregiver to her parents in the last years of their lives

Regardless of how our lives changed or the location of where we lived, Miss Melanie was continually active in serving others. She always sought ways to help and be involved. Her lifetime devotion of being of service was a profound role model for our daughters, as well as, our granddaughters, who dearly love their Nana.

Miss Melanie loved being a transporter of dogs. She knew she had rescued them from certain death and saved them to be love puppies in the lives of others. This emotion was deep and Miss Melanie conveyed the joy of being of service to others when she wrote her Gift of Transporting essay.

“I have found a passion that knows no bounds. I RESCUE. “

“In the past three days, I have been a cog in the transporting wheel that saved 21 dogs… I, personally, drove and helped save the lives of 21 dogs.”

"I write all this because my heart is so full of love for these animals. You can see the gratitude on the faces of so many of them, especially those with a little life experience."

"We are on a heavenly mission to save these dogs & cats and it is up to us to accept that charge."

"Color me LUCKY---one of the LUCKIEST people I know.."

I color myself LUCKY ….. one of the LUCKIEST people I know because Miss Melanie married me. I have pure joy, happiness and love for her and from her. I am overcome by deep thankfulness and gratitude for all she did for me, as well as others.

We send our happiest Thanksgiving greetings to each of our bus mates. If you are unable to gather together, hopefully, you will be able to get together virtually. If so, we wish you the happiest, warmest, digital gathering. And, to our bus mates who are dealing with health issues, we hope your health improves in the near future. If we can provide any assistant to you or your family, please contact us.

SPREADING MISS MELANIE'S LOVE, TUESDAY, DECEMBER 1, 2020

by John Balzer

The Thanksgiving Holiday was a fun, family time at our house. Gretchen and her family spent five days with us. It was a delightful vacation for each of us, especially in light having been away from family and friends during the surging pandemic around us.

We focused on fun activities; excellent family traditions, including a wonderful turkey from the grill; tasty side dishes (i.e., cornbread dressing, sweet potato casserole); and a specially prepared apple crumble dessert. There was laughter; toasts to Miss Melanie, who joined us for each meal via photos of her at the table; and, comments by each of us on how thankful we felt.

One activity during our family gathering was spreading some of Miss Melanie's ashes in our yard under her beloved trees and by her numerous bird feeders. She truly loved her house and her yard. Therefore, it was fitting that our granddaughters spread some of their Nana's ashes. I had prepared two small bottles with some ashes and each girl spread a capful of ashes at several locations in the yard. The young ladies were excited about ensuring their Nana would forever be with her trees and bird feeders.

We send our happiest greetings to each of our bus mates. Thank you for riding with us through the years. We also send our prayers and comforting hugs to our bus mates who are not feeling well.

DEFINITIONS

These definitions have been included as general information and are not to be used for making any medical decisions. For specific information on the terms shown, please consult a healthcare professional.

Abdominal aortic aneurysm is a swelling or enlargement of the body's main blood vessel, the aorta.

Acute Myeloid Leukemia (AML) is a virulent type of leukemia that begins in the bone marrow when white blood cells do not fully develop. These immature cells, known as blasts, become a form of liquid cancer and move into the blood stream.

Acute Myeloid Leukemia (AML) with monocytic subtype is a virulent type of leukemia that changes the structure of chromosomes.

Acyclovir is an antibiotic.

Ambien is medication used to treat insomnia or trouble sleeping.

Albumin is protein and is the largest component of blood.

AML is acute myeloid leukemia, a virulent type of leukemia.

Amphotericin B deoxycholate (AMB-d)] is an antifungal antibiotic.

Anthracycline is a medication given during Induction Chemotherapy. Also known as Mixtoxanyrone.

Antigen marker is a protein cell that the body produces and attaches to the exterior of a white blood cell. Twelve antigen markers have been identified and are used for classifying stem cell matches.

Antigen cells signals the immune system when a foreign invader has been found and needs to be eliminated.

Aneurysm of the aorta is a swelling or ballooning of the body's main blood vessel, the aorta.

AOPN, Advanced Oncology Certified Nurse.

APN, Advanced Practice Nurse.

Atarax is an anti-itch medication.

Ativan is medication given to reduce anxiety prior to a bone marrow biopsy.

Azacitidine is chemotherapy used to treat MDS. Also known as Vidaza.

Bactrim is an antibiotic.

B cells fight bacteria and viruses by making proteins called antibodies, which are specific to each pathogen and mark it for destruction by other immune cells. When B cells are depleted, it causes the growth of an Epstein Barr Virus (EBV) infection. An EBV infection further reduces B cells.

Benadryl is medication used to relax an individual and to help counteract any side effects to other medications.

Bilirubin is a substance that occurs when a body breaks down old red blood cells.

Blasts are the most immature cells and are not commonly found in blood.

Blood brain barrier prevents bacteria and viruses in the blood stream from entering the brain and causing an infection.

Blood ejection fraction (EF) rate test measures the percentage of blood pumped out of a heart with each beat. A multigated acquisition (MUGA) scan indicates the percentage pumped out with normal results in the 55 - 65% range.

BMB is a bone marrow biopsy.

Bone marrow is porous or spongy tissue inside some bones.

Bone marrow biopsy occurs when small pieces of bone marrow are typically taken from the pelvic area for examination and testing.

Bronchoscopy is a procedure to examine the interior of a lung for irregularities or possible infections.

Campath is a T cell inhibitor. It is used to reduce T cells to prepare an immune system to receive donor stem cells. T cells are basic elements of the human immune system.

Cannula, nasal is a tube placed under the nose to provide supplemental oxygen.

Cefepime is an antibiotic.

Cerebral Spinal Fluid (CSF) is clear fluid found in the area around the brain and in the spinal column.

Chimerism occurs when a person has a stem cell transplant and has two sets of DNA in their body. One set is the individual's DNA and the other set is the donor's DNA. This is known as artificial chimerism.

Chromosome deficiency can occur when a chromosome mutates in the bone marrow and causes a form of leukemia known as myelodysplastic syndrome (MDS).

C. Diff is a bacterium that causes severe diarrhea and inflammation of the colon. It often is a side effect of taking antibiotics.

Clostridium difficile, see also C. Diff

Colonoscopy is a procedure to look for irregularities in the large colon and rectum.

Consolidation chemotherapy is a treatment to rid a body of any remaining cancer cells after initial chemotherapy (i.e., Induction chemotherapy).

Compazine is anti-nausea medicine.

Corona virus is a group of viruses that cause mild to severe respiratory tract illnesses. The common cold is a mild type of corona virus while COVID-19 is a more severe type of corona virus.

COVID-19 virus is a potentially deadly form of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Creatinine level measures the fluid flow of creatinine through the kidneys. Creatinine is the waste by product of creatine, a chemical that provides muscles with energy. The normal range of creatinine level is 0.5-1.0 for females.

CSF (Cerebral Spinal Fluid) is clear fluid found in the area around the brain and in the spinal column.

CT with contrast is a computed tomography (CT) scan when dye (contrast) is added to the body to provide greater detail of the area scanned.

CT scan is a computed tomography (CT) scan when doctors look inside the body for diagnostic purposes.

Cytarabine is a medication given to slow or stop the spread of cancer during Induction Chemotherapy treatment. A possible side effect is inflammation in the back of the brain that affects balance and equilibrium.

Dapsone is an antibiotic.

Defective leukemic chromosomes (i.e., P23) happen when cancer causes chromosomes to become altered and be defective.

Demerol a medication used to control moderate to severe pain.

Dilaudid is medication given prior to a bone marrow biopsy to control pain.

DLI, a donor lymphocyte injection is an infusion of the donor's lymphocytes into the stem cell recipient. Lymphocytes are a type of white blood cells in the immune system that help fight infection.

Doxycycline is an antibiotic.

DPN, doctoral degree in nursing.

EBV, see Epstein-BarrVirus.

E-coli is a form of bacteria commonly found in the lower intestines.

Edema is swelling in the body (typically of the arms, hands, legs, ankles and feet) from fluid retention.

Ejection fraction (EF) rate is a test measuring the percentage of blood pumped out of a heart with each beat. The normal range is 55 - 65%.

EKG is an electrocardiogram showing the electrical signal of the heart to diagnose various heart conditions.

Emend is medication used for prevention of nausea and vomiting.

Engrafted is the point at which donated stem cells begin making healthy blood cells.

Entinostat is a benzamide histone deacetylase inhibitor used to reprogram immature (malignant) cells in the bone marrow to grow into mature cells.

Epstein-Barr Virus (EBV), known as human herpes virus 4, is a virus in the mononucleosis (i.e., "mono") family of viruses. EBV is a very common virus and many people have had it in their youth; however, they experienced no symptoms. Once you have had EBV, the virus remains in your body and can reactivate. When an immune system becomes compromised, the Epstein-Barr Virus begins to multiply and grow unchecked. In addition, EBV cells can get into the lymph system, begin to multiply and could cause a form of lymphoma.

Ertapenem is an antibiotic.

EVD, an evaporative ventricular drain, it is used to drain fluid from the brain.

Extended Spectrum Beta Lactamase (ESBL) is a family of enzymes that cause resistance to antibiotics (e.g. penicillin) used to treat bacteria. Chemotherapy can compromise an immune system with the growth and expansion of the e-coli bacteria as a result. It is difficult to treat the e-coli bacteria because common antibiotics are ineffective due to the ESBL.

Ferritin level is a measure of the iron in the blood. Ferritin is the protein that stores iron and releases it when the body calls for it.

Fioricet is pain relieving, fever reducing and muscle relaxing medication to treat headaches.

Flonase is a nasal spray to treat nasal congestion, runny nose, and itchy or watery eyes.

Fludarabine is a chemotherapy medication used to treat leukemia and lymphoma. It is given prior to a stem cell transplant to suppress the immune system in preparation for infusion of donor's stem cells.

Fungal pneumonia is a lung condition caused by inhaling airborne fungal spores. It is common in people with weakened immune systems.

Gamma globulin is a major blood protein.

Graft Versus Host Disease (GVHD) occurs when a donor's transplanted stem cells (i.e., Graft) begin to attack the body (i.e., Host) into which they have been transplanted. The most common form of GVHD involves the skin followed by the liver and then the gastrointestinal system.

Gram negative rods are bacteria that can cause infections in the blood, pneumonia and wounds. Gram negative bacteria are increasingly resistance to many drugs and antibiotics.

Hematologist is an individual who focuses on treating patients with blood illnesses and related illnesses.

Hematoma is a pool of blood outside blood vessels. Generally, a hematoma is a large or bad bruise.

Hemochromatosis is a heredity liver condition whereby the body retains too much iron.

Hemoglobin is a protein in red blood cells that carries oxygen from the lungs throughout the body.

Hepatologist is an individual who focuses on the liver, gallbladder and pancreas and treating disorders in them.

Heparin is an anticoagulant used in the treatment of blood clots.

Hickman Line is a multi-lumen (i.e., port), central venous catheter used to infuse fluids and to withdraw blood for analysis. It is typically inserted into the jugular vein, down to the superior vena cava and ends right next to the right atrium of the heart.

HLA typing is a test done to identify individual variations in the immune system of a stem cell donor and the recipient of the stem cells to make sure there is compatibility between the donor and stem cell recipient.

Hyperdynamic left ventricle means the left ventricle of the heart is pumping too soon and not allowing the heart to fill with blood before pumping. The result is the heart is not relaxing enough between contractions and can lead to oxygen starvation causing fatigue and shortness of breath.

Hydrocephalus is an abnormal buildup of fluid in the brain.

Hydrocortisone a steroid medication used to reduce or eliminate side effects from Campath.

Ibrutinib is a biologic aid or targeted therapy in pill form that targets cancer cells and eliminates them.

ICU, Intensive Care Unit.

IG, see immunoglobulin.

Imodium is medicine effective in stopping diarrhea.

Immune system is the body's defense mechanism and is composed of cells, tissues and organs that fight disease, infections, bacteria, viruses and more.

Immunoglobulin (IG) is a protein that is part of blood and is a significant part of the body's immune system in fighting foreign invaders.

Immunosuppressant is medication designed to suppress the body's immune system to prevent rejection of a transplanted organ or stem cells.

Induction Chemotherapy is the initial chemotherapy treatment used to remove leukemia cells in the blood and to get the leukemia into remission.

Infusion reaction is a reaction that happens during or shortly after medicine is infused. Symptoms include vomiting, flushing, weakness, feeling strange, and trouble breathing.

Intensive care unit, see ICU.

Intrathecal chemotherapy occurs during a lumbar puncture when chemotherapy is injected into the spinal column.

Iron lung is a mechanical respirator in the shape of round tube inside which an individual lays to stimulate breathing.

IVC filter is placed into the inferior vena cava (IVC) to filter, or “catch,” blood clots.

Klebsiella is a type of bacteria found in the digestive tract.

Lactate dehydrogenase, see LDH.

Lasix is medicine used to help reduce fluids in the body.

LDH is Lactate DeHydrogenase, an enzyme and the LDH level in your body increases due to damaged or destroyed red blood cells.

Lenolidimide is a biologic aid that works by starving cancer cells from receiving blood, causing them to be unable to grow and subsequently die.

Leucovorin is medicine designed to stop the action of methotrexate.

Levaquin is an antibiotic used to treat a wide range of bacteria in the body.

Lidocaine medicine is a local anesthetic used to numb an area of the body prior to treatment.

Liver biopsy is a procedure when a small sample of the liver is removed for diagnosis to determine damage or disease.

Lomotil is antidiarrheal medicine.

Lovenox is a blood thinner used to eliminate blood clots.

Lumbar puncture is a procedure when a needle is inserted between two vertebrae of the spinal column to remove spinal fluid for analysis.

Lymphocytes are white blood cells in the immune system that fight viruses, bacteria and toxins.

Lymphoid cells produce cells for the immune system to fight viruses, bacteria and toxins.

Lymphoma is cancer of the lymphatic system, part of the body's immune system.

Magnesium is medicine that aids in the engraftment of the donated stem cells.

MDS is MyeloDysplastic Syndrome, a form of cancer of the blood when new blood cells in the bone marrow do not develop into mature blood cells and often leads to Acute Myeloid Leukemia (AML).

Melphalan is chemotherapy given to prepare the bone marrow for a stem cell transplant.

Meropenem is a broad spectrum antibiotic.

Methotrexate is chemotherapy that crosses the blood-brain barrier and enters the cerebral spinal fluid (CSF) via IV infusions.

Micafungin is an antifungal medicine given prior to stem cell transplant.

Migraine headaches are pulsing, pounding, throbbing, often debilitating, headaches that reoccur.

Mixtoxanyrone chemotherapy is given during Induction Chemotherapy.

MLL (Mixed Lineage Leukemia) occurs when genes translocate, or rearrange, causing genetic rearrangement of chromosomes resulting in the leukemia becoming more aggressive and potentially deadly.

MOHS technique is when tissue around skin cancer is removed until there are no cancerous cells in the skin.

Monocytic subtype of AML occurs when genetic rearrangement of the DNA occurs.

Morphine is medication used to treat severe pain.

MRI is Magnetic Resonance Imaging used to create scans of the body to form pictures.

MUD, Matched Unrelated Donor

MUGA test is a test to determine the blood ejection from a heart's chambers and valves with each heartbeat.

Myelodysplastic syndrome, see MDS.

Nasal cannula a small tube, with an opening, placed under the nose to deliver supplemental oxygen.

Nebulizer delivers medicine in mist form so it can be inhaled into the lungs.

Neurological Intensive Care Unit (NICU).

Neupogen is a bone marrow stimulant to help grow white blood cells.

Neutropenic fever is commonly caused by a severe decrease of neutrophils as a result of chemotherapy or stem cell transplant.

Neutropenia is having a very low white blood cell count.

Neutrophils are white blood cell responsible for fighting bacteria, viruses, fungi and more.

NCIU, Neurological Intensive Care Unit

Non-neutropenic is when blood counts are in the “normal” range for the type of leukemia involved.

Norco is medicine to help reduce or eliminate headaches.

Noxafil is antifungal medicine.

OxyContin is pain medication.

PA, Physician’s Assistant.

Pancreas is an organ in the body that aids in digestion and regulating blood sugar.

Pembrolizumab, generic; Keytruda, trade name, is an FDA approved monoclonal antibody (MAB) used to treat lung, breast and stomach cancers, Hodgkin lymphoma, and melanoma. It is a T cell activator that stimulates the T cells into going after targeted cancer cells.

Pepcid is an antihistamine and antacid that treats heartburn, acid, reflux, and ulcers.

Peripherally inserted central catheter, see PICC.

PET (Positron Emission Tomography) is imaging used with radioactive dye to enable doctors to detect diseased cells.

PICC is a peripherally inserted central catheter with two ports (lumens) on the external end for drawing blood and giving infusions. Often, a PICC line is inserted on the inside of the upper arm going into the chest and ending up near the heart. A PICC line makes it easier to administer medicines and chemotherapy.

Platelets are cells in the blood that aid in clotting to stop or prevent bleeding.

Polio, or poliomyelitis, is an infectious disease caused by the poliovirus and can result in paralysis or be fatal.

Potassium is an electrolyte that the body needs for normal functioning. Potassium aids in blood pressure, muscle contractions, nerve impulses, normal water balance, heart rhythm, and digestion.

Post-transplant lymphoproliferative disorder (PTLD) occurs after a transplant and results in white blood cells (lymphocytes) multiplying in an uncontrolled manner. PTLD could result in lymphoma.

Prednisone is a steroid taken to reduce inflammation. It can be used to prevent a fever the day after an infusion.

Prevnar is a vaccine to prevent a number of types of pneumonia.

Prograf, trade name; tacrolimus, generic name; is anti-rejection medicine used to prevent a person's immune system from rejecting a donor's stem cells. Prograf slows down the immune system and could slow it down too much with the result that the Epstein Barr Virus (EBV) multiplies. The EBV could trigger the development of post-transplant lymphoproliferative disorder (PTLD) in the lymph nodes and into the cerebral spinal fluid (CSF).

Prophylaxis is treatment or action taken to prevent disease.

Propofol is a general anesthesia used to put people to sleep during surgery.

PTLD, see Post-transplant lymphoproliferative disorder.

Pulmonary function test, see Ejection fraction (EF) rate.

Pulseox clip is a device attached to the body (e.g., finger, ear lobe, toe) to measure the percentage of oxygen in the blood.

R-CHOP is a regimen of four chemotherapy drugs (Rituximab, Cyclophosphamide, doxorubicin hydrochloride (Hydroxydaunorubicin), vincristine sulfate (Oncovin), and Prednisone) used to treat lymphoma.

Remission is the reduction of or lack of signs of a disease.

Respiratory Syncytial Virus (RSV) is very common virus that affects people who have had stem cell transplants and blood cancers. It is highly contagious, causes problems with the upper respiratory tract and can be a deadly for the elderly or those with compromised immune systems.

Revlimid, brand name; lenalidomide, generic name, is used to treat myelodysplastic syndrome (MDS). Revlimid was developed to attack the 5Q minus mutation without damaging the immune system. It targets cancer cells to stop the development of abnormal cells, stops the growth of blood vessels to tumors, and stimulates cells to attack abnormal cells. Side effects include blood clots, stroke, heart attack, fatigue, and low blood counts.

Rituxan, brand name; Rituximab, generic, is a monoclonal antibody (MAB) used to treat the immune system by sending medicine throughout the body, including lymph nodes, to search for Epstein-Barr Virus (EBV) cells and kill them. It is also used in treating Post Transplant Lymphoproliferative Disease (PTLD).

Rituximab, see Rituxan.

Robitussin is a cough syrup or an expectorant. According to several doctors, a link has been discovered between high doses of Robitussin in reducing or eliminating mental confusion and/or memory problems.

Rotavirus virus is common in young children (i.e., ages 1-5) and the main cause of mild to severe diarrhea in children.

RSV (Respiratory Syncytial Virus) is a very common, highly contagious virus that infects the upper respiratory tract. In adults with a compromised immune system, RSV can be a severe to deadly virus.

Saline solution is a mixture of water and sodium chloride.

Second opinion occurs when a second doctor is asked to provide their opinion after a review of the treatment of a health problem and healthcare prescribed by another doctor.

Sepsis is a life threatening condition when an individual's body responds to an infection that causes damage to the body or the organs in the body.

Spinal fusion is when two or more vertebrae in the spine are fused or fixed in place.

Staph infection is a common infection caused by staphylococcus bacteria that lives on the skin or in the nose.

Stem cell transplant or bone marrow transplant is when a donor's healthy stem cells are transplanted into a patient's chemotherapy treated diseased bone marrow in order to grow healthy new stem cells. This is known as an allogeneic stem cell transplant.

Streptococcus commonly lives on the skin and inside the mouth and throat and in people with healthy immune systems typically causes no problem.

T-cells are important white blood cells in the immune system. They are the immune system's front line fighters in attacking infections, disease and illnesses. T-cells take their name from the thymus gland, the location where they mature.

Tacrolimus, generic name, see Prograf.

Tessalon Perles is medication to reduce or stop the coughing caused by a cold, pneumonia, emphysema, asthma or other breathing issues.

Thyroid is a gland that is in the front of the neck. It secretes hormones that the body needs to work.

Tramadol is medicine used primarily to treat mild to severe pain.

Ultrasound is sound wave imagining of internal parts of the body for diagnosis of medical conditions.

Vancomycin is a broad spectrum antibiotic used to treat a number of bacterial infections.

Vascular ultrasound uses sound waves for non-invasive imaging of vessels, such as checking blood vessels for clots.

Versed, brand name; Midazolam, generic, is medication used for anesthesia, during medical procedures, to reduce sleeplessness and treat agitation.

Vidaza; brand name; Azacitidine, generic, is chemotherapy used to treat MDS, myelodysplasia or myelodysplastic syndromes, when immune cells in the bone marrow do not develop into mature blood cells.

WBC is White Blood Count.

White blood count (WBC).

Zithromax Z-Pak is an antibiotic used to treat a variety of bacterial infections.

Zofran is medicine used to prevent nausea and vomiting following chemotherapy or surgery.

Z-Pak is an antibiotic used to a variety of bacterial infections.

5Q minus mutation is a result of myelodysplastic syndrome (MDS). This condition is caused when immature blood cells do not mature resulting in too few mature blood cells. It may also cause treatment resistant anemia.

RESOURCES

The organizations shown are provided solely for informational purposes. We are not endorsing nor recommending any of the organizations shown.

American Cancer Society
cancer.org
800-227-2345
Conducts research, provides cancer information, support and services, transportation for care and treatment, educational programs, community outreach, access to care and more.

American Medical Association
ama-assn.org
312-464-4782
"DoctorFinder"
Professional information on over 690,000 licensed physicians in the U.S. Search for doctors by name, medical specialty, and zip code.

Be The Match®
bethematch.org
888-999-6743
For people with life-threatening blood cancers—like leukemia and lymphoma—or other diseases, a cure exists. Be The Match connects patients with their donor match for a life-saving blood or marrow transplant. Be The Match is operated by the National Marrow Donor Program® (NMDP), a nonprofit organization that matches patients with donors, educates health care professionals and conducts research so more lives can be saved. Be The Match has a team dedicated to providing information and support to you before, during, and after transplant. You can contact us to ask questions you may have

about transplant, request professional or peer support, or receive free patient education materials.

CancerCare
www.cancercare.org
800-813-4673
A national nonprofit organization that provides free, professional support services including case management, counseling, support groups, publications and financial assistance to anyone affected by cancer. CancerCare provides limited financial assistance for co-pays, transportation, home care, and childcare. All CancerCare services are provided by oncology social workers and world-leading cancer experts.

Cancer and Careers
cancerandcareers.org
646-929-8032.
A national nonprofit organization that empowers and educates people with cancer to continue working, by providing advice, interactive tools, and educational events.

Cancer Commons
cancercommons.org
877-971-1200
Cancer Commons brings together a team of nurse navigators, PhD scientists, physicians, and national experts, who provide scientific knowledge to help patients understand their disease and access their best treatment options.

Cancer Financial Assistance Coalition (CFAC)
www.cancerfac.org
800-813-4673
CFAC is a group of national organizations that provide financial help to patients. CFAC provides a searchable database of financial resources.

Cancer.Net
cancer.net
888-651-3038
Cancer.net provides timely, oncologist-approved information from the American Society of Clinical Oncology (ASCO) to help patients, families and caregivers make informed health care decisions.

Cancer Research Institute (CRI)
www.cancerresearch.org
800-992-2623
The Cancer Research Institute (CRI) is a nonprofit organization focused on harnessing the immune system's power to control and potentially cure all types of cancer. CRI funds innovative clinical and laboratory research around the world, supports the next generation of the field's leaders, and serves as a source of information on immunotherapy for cancer patients and their caregivers.

Cancer Support Community (CSC)
cancersupportcommunity.org
888-793-9355
CSC is a non-profit network of 175 locations, including CSC and Gilda's Club centers, hospital and clinic partnerships, and satellite locations that deliver free support including counseling, support groups, nutrition, exercise, and patient education programs for people with cancer and their families or caregivers. CSC also advocates at all levels of government for policies to help individuals whose lives have been impacted by cancer.

CSC's website provides a comprehensive list of resources about cancer. The resources are listed according to available services. Within each service topic, national organizations providing resources for that topic are listed.

Advocacy
Caregiver
Children's Services
Clinical Trials

Counseling/Emotional
COVID-19
Culturally Specific Resources
Fertility
Financial Assistance
Health Education
Health Insurance (including co-payments)
Housing Assistance
Legal Assistance
Medical Information
Nutrition and Food
Patient Education
Prevention/Detection
Prevention/Detection
Psychosocial Support (including support groups and peer matching)
Referrals
Research
Smoking Cessation
Survivorship
Transportation Assistance
Young Adult

Caring Bridge
https://www.caringbridge.org
651-789-2300
A widely used nonprofit social network to help family and friends communicate with and support loved ones during a health journey through the use of free privacy protected personal websites.

Cervivor
cervivor.org
Cervivor is a global community of patient advocates who inspire and empower those affected by cervical cancer by educating and motivating them to use their voices for creating awareness to end stigma, influence decision and change, and end cervical cancer.

Chemocare.com
chemocare.com
Chemocare.com is a comprehensive resource for cancer patients and their caregivers that provides chemotherapy drug and side effect information, cancer wellness information, and links to additional reliable resources and organizations.

Colorectal Cancer Alliance
ccalliance.org
877-422-2030
An alliance to provide support for patients and families, caregivers, and survivors; to raise awareness of preventive measures; and inspire efforts to fund critical research.

Drugs.com
drugs.com
This site provides the most accurate, up-to-date drug information on the Internet. Search for information on both over-the-counter and prescription drugs, including new drug approvals.

Facing Our Risk of Cancer Empowered (FORCE)
facingourrisk.org
866-288-7475
FORCE improves the lives of the millions of individuals and families facing hereditary breast, ovarian, pancreatic, prostate, colorectal and endometrial cancers. FORCE provides expert-reviewed information to help people make informed medical decisions. Their supportive community of peers and professionals ensures no one faces hereditary cancer alone.

HealthWell Foundation
healthwellfoundation.org
800-968-7233
The HealthWell Foundation is a non-profit organization that provides financial assistance to underinsured patients living with chronic or life-altering diseases by providing access to life-changing medical treatments they otherwise would not be able to afford. When health

insurance is not enough, HealthWell fills the gap by assisting with copays, premiums, deductibles and out-of-pocket expenses.

Hill-Burton Free and Reduced-Cost Health Care
hrsa.gov
800-638-0742
Hill-Burton Free and Reduced-Cost Health Care
Facilities offer services at no cost or reduced cost upon eligibility, application, and acceptance according to U.S. Department of Health and Human Services guidelines. Eligibility for Hill-Burton free or reduced cost care is based on a person's family size and income.

Hyster Sisters
hystersisters.com
Hyster Sisters is a woman to woman support website dedicated to medical and emotional issues surrounding the hysterectomy experience and gynecologic-related conditions and illnesses, supporting women from diagnosis, to treatment, to recovery.

Imerman Angels
imermanangels.org
866-463-7626
A cancer support community that provides free, personalized one-on-one connections among cancer patients, survivors, and caregivers.

Lazarex Cancer Foundation
lazarex.org
877-866-9523
The foundation improves the outcome of cancer care, giving hope, dignity and life to advanced stage cancer patients and the medically underserved by providing assistance with costs for FDA clinical trial participation, identification of clinical trial options, community outreach and engagement. Patient navigators can help with costs associated with participating in a clinical trial, including transportation, lodging, and certain medical expenses not covered by insurance and necessary for clinical trial treatment.

Leukemia & Lymphoma Society
lls.org
800-955-4572
LLS offers a variety of services and programs in support of the mission to cure leukemia, lymphoma, Hodgkin's disease and myeloma. LLS also offers financial support towards the cost of co-pays for prescription drugs and/or insurance premiums through its Co-Pay Assistance Program.

Lung Cancer Research Foundation (LCRF)
lungcancerresearchfoundation.org
844-835-4325
LCRF works to improve lung cancer outcomes by funding research for the prevention, diagnosis, treatment and cure of lung cancer. LCRF is committed to improving lung cancer patients' quality of life and survival rates through advancing the best new research in the field. LCRF provides print and digital materials for patient/caregiver education as well as tools for healthcare professionals.

LUNGevity
lungevity.org
844-360-5864
LUNGevity offers the largest online network of support and in-person survivorship programs for all people affected by lung cancer. LUNGevity is firmly committed to making an immediate impact on increasing quality of life and survivorship of all people diagnosed with lung cancer by accelerating research into early detection and more effective treatments, as well as providing community, support, and education for all those affected by the disease.

MedlinePlus
medlineplus.gov
MedlinePlus is a service of the National Library of Medicine (NLM), the world's largest medical library, which is part of the National Institutes of Health (NIH). MedlinePlus presents high-quality, relevant health and wellness information that is trusted, easy to understand, and free of advertising, in both English and Spanish for free.

Melanoma Research Foundation (MRF)
melanoma.org
800-673-1290
MRF provides peer support and information to caregivers, patients, family and friends. MRF is committed to the support of medical research in finding effective treatments and eventually a cure for melanoma. MRF educates patients and physicians about prevention, diagnosis and the treatment of melanoma.

National Alliance for Caregiving (NAC)
caregiving.org
202-918-1013
NAC partners with other caregiving associations and groups to provide resources to help family caregivers address and cope with the challenges of caring for a loved one.

National Cancer Institute (NCI)
cancer.gov
800-422-6237
NCI is the leading federal agency for cancer research. It is part of the U.S. National Institutes of Health (NIH). NCI leads, conducts, and supports cancer research across the nation to advance scientific knowledge and help all people live longer, healthier lives. NCI provides information on cancer types, topics, and statistics, as well as clinical trial enrollment and results.

National Health Information Center (NHIC)
health.gov
NHIC is part of the Department of Health and Human Services. It is a health information referral service sponsored by the Office of Disease Prevention and Health Promotion (ODPHP). NHIC puts health professionals and consumers who have health questions in touch with organizations that are best able to provide answers.

National Cervical Cancer Coalition (NCCC)
nccc-online.org
NCCC is a nonprofit organization that helps women, family members and caregivers battle the personal issues related to cervical cancer and HPV. NCCC advocates for cervical health in all women by promoting prevention through education about early vaccination, Pap testing and HPV testing when recommended.

National Coalition for Cancer Survivorship (NCCS)
canceradvocacy.org
877-622-7937
A nonprofit advocate for cancer care for all people touched by cancer. NCCS works with legislators and policy makers to represent cancer patients and survivors in efforts to improve their quality of care and quality of life after diagnosis.

National Organization for Rare Diseases (NORD)
rarediseases.org
800-999-6673
The National Organization for Rare Disorders (NORD), a 501(c)3 organization, is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and service. Since 1987, NORD has provided assistance programs to help patients obtain life-saving or life-sustaining medication they could not otherwise afford. These programs provide medication, financial assistance with insurance premiums and co-pays, diagnostic testing assistance, and travel assistance for clinical trials or consultation with disease specialists. NORD programs include free drug, co-pay and premium assistance, travel/lodging assistance for clinical trials, and expanded or emergency access.

National Ovarian Cancer Coalition (NOCC)
ovarian.org
888-682-7426
NOCC works to save lives through the prevention and cure of ovarian cancer and to improve quality of life for survivors and their caregivers.

NOCC provides information to assist newly diagnosed patients, give hope to survivors and support caregivers.

OncoLink
oncolink.org
OncoLink is affiliated with the Abramson Cancer Center of the University of Pennsylvania. OncoLink's primary goal is to support patients, caregivers, and practitioners through education. This can empower patients to make educated treatment decisions, be active participants in their care, and be their own advocates. Up-to-date cancer information is provided free of charge.

Patient Access Network (PAN) Foundation
panfoundation.org
866-316-7263
PAN Foundation is a national nonprofit organization helping federally and commercially insured people living with chronic, life-threatening and rare diseases with the out-of-pocket costs for their prescribed medications.

Patient Empowerment Network (PEN)
powerfulpatients.org
PEN offers free advice and downloadable resources to provide cancer patients and care partners with the knowledge to control their healthcare and receive care to ensure the best outcomes. Receive personalized support from PEN's Network Managers by texting 'EMPOWER' to 833-213-6657.

Patient Services Incorporated (PSI)
patientservicesinc.org
800-366-7741
PSI is a non-profit organization that helps pay for medication, provides health insurance premium and copay assistance, navigate health insurance plans, and gives legal advice.

PDRHealth
pdr.net
888-227-6469
Provides comprehensive information on prescription and over-the-counter drugs as well as herbal medicines and nutritional supplements.

Ronald McDonald House
rmhc.org
630-623-7048
Each Ronald McDonald House provides housing so families with a hospitalized child can stay with or near their child. The housing is provided at no cost or no more than $25 per night. Families are provided with meals, private bedrooms and playrooms for children.

Sarcoma Alliance
sarcomaalliance.org
415-381-7236
The Sarcoma Alliance serves people affected by sarcoma, including the newly diagnosed, long-term survivors, family members, caregivers, and friends. It provides financial assistance to patients seeking a second opinion from sarcoma specialists and helps start sarcoma support groups. It works closely with the medical profession and other nonprofits.

SHARE
sharecancersupport.org
844-275-7427
SHARE is a nonprofit organization that supports, educates, and empowers women affected by breast, ovarian, uterine or metastatic breast cancer, with a special focus on medically underserved communities. SHARE connects these women with the unique support of survivors and peers so no one has to face breast, ovarian, uterine or metastatic breast cancer alone.

Stupid Cancer
stupidcancer.org
212-619-1040
Stupid Cancer is committed to empowering all adolescent and young adults (AYAs) impacted by cancer and advocating for equitable access to health care. Stupid Cancer provides support, resources, education, and a sense of community both online and in-person for patients and caregivers.

Triage Cancer
triagecancer.org
424.258.4628
A national, nonprofit organization that provides education on the practical and legal issues that may impact individuals diagnosed with cancer and their caregivers.

Us TOO
www.ustoo.org
800-808-7866
Us TOO works to raise awareness and provide educational resources and support services to those affected by prostate cancer to help them learn to fight this disease. Prostate cancer support groups / education forums are an important component of the comprehensive educational resources and support services provided by Us TOO to the prostate cancer community at no charge.

Wellness House
wellnesshouse.org
630-323-5150
Wellness House provides access to a variety of therapies, treatments, and techniques that help patients heal. Offered at no cost, and as a complement to medical treatment, their programs educate, support, and empower participants to improve their physical and emotional well-being.

MELANIE M. BALZER

Throughout her entire education, Melanie focused on correct grammar. Her outstanding English skills served her well when she worked as a teacher and a teacher's assistant. She was a voracious writer of greeting cards, letters and notes. Melanie knew the written word was vital in staying connected with family and friends.

When she was diagnosed with Acute Myeloid Leukemia, she began writing a blog about her healthcare. She described what it was like to go through a variety of treatments, procedures and a stem cell transplant.

Melanie graduated from the University of Iowa. Melanie was a wife, mother of two daughters and a proud grandmother.

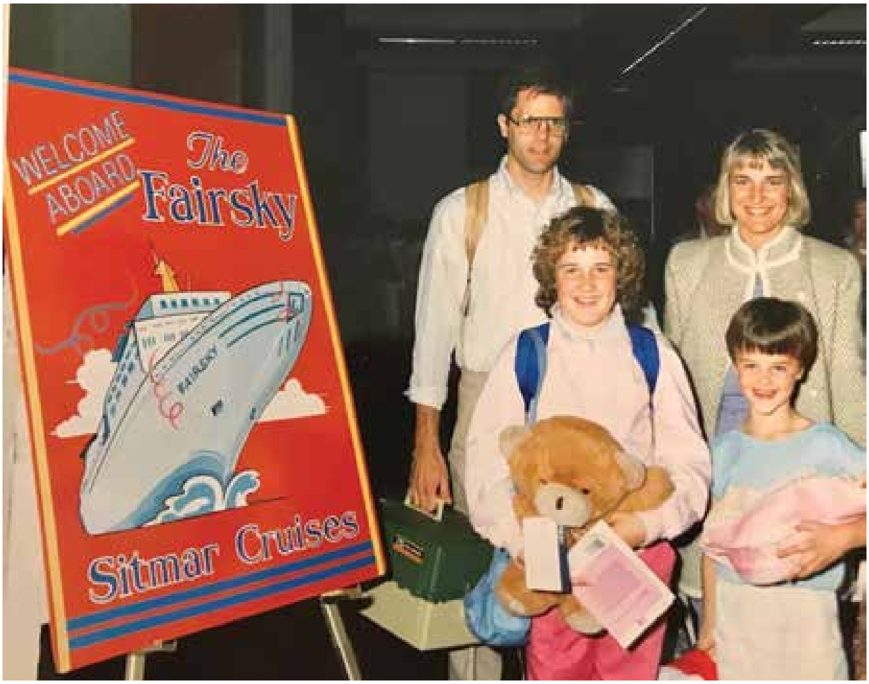
JOHN E. BALZER

John operated his own consulting firm for twenty-eight years. He prepared comprehensive, written reports including text and data, as well as conclusions and recommendations. He has also written newsletters, compiled directories, published numerous books of his photos, written articles for magazines, written a weekly blog for five years, and published a book, Buck's Book, the story of a Civil War soldier.

John is an avid bike rider, photographer, graduate of the University of Iowa and served in the US Army during the Vietnam War. Please reach John at jebassocs@aol.com.

6.6.2017-HAPPY STEM CELL RECIPIENT

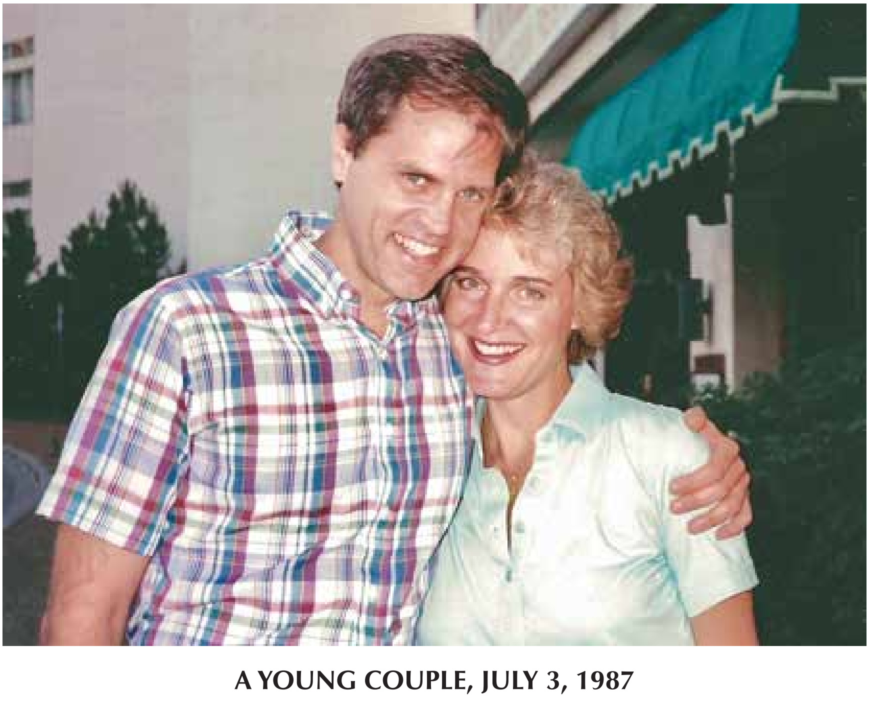
1981-MELANIE AND YOUNG ERICA



1985 OUR FIRST CRUISE

1986 GRETCHEN, ERICA AND MELANIE

A COLD DAY FOR A WALK



A YOUNG COUPLE, JULY 3, 1987

ALWAYS SHOPPING

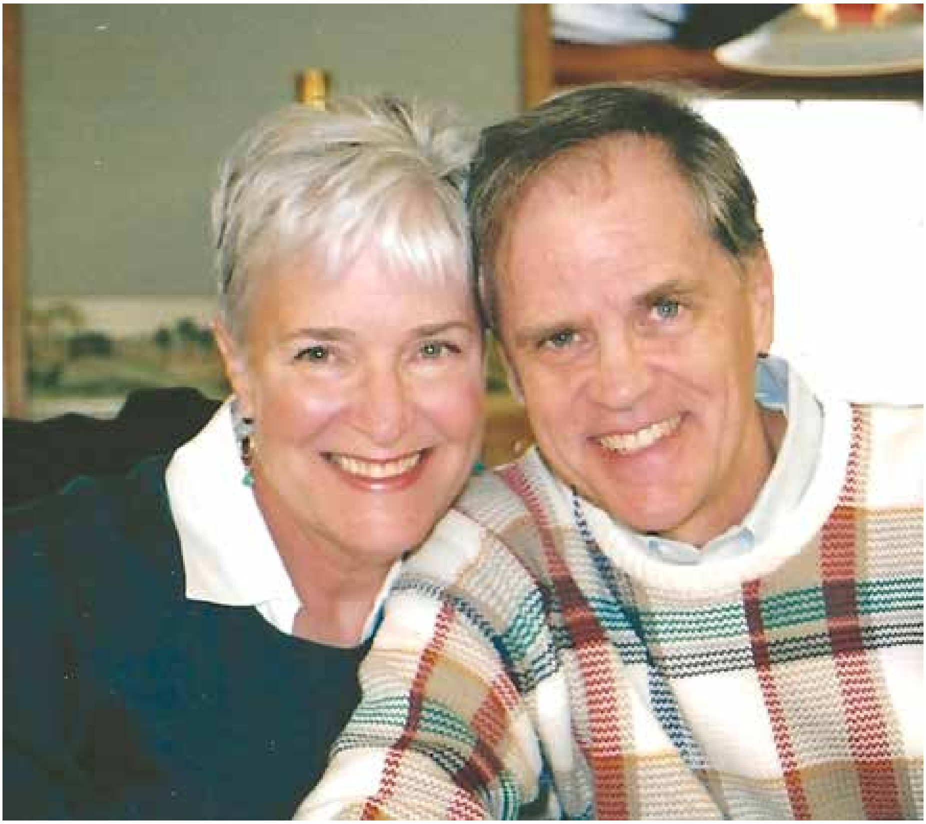
APRIL 2018
AFTER BRAIN
SURGERY,
NO GLOOM
AND DOOM

BEAUTIFUL
MELANIE

BEAUTIFUL MISS MELANIE

BURGUUNDY MELANIE

CHEMOTHERAPY WALK BY MISS MELANIE



CHRISTMAS IN MISSOURI 2008

COLOR COORDINATED
MISS MELANIE

CORNY MISS MELANIE

DEC. 2, 2019-
WONDERFUL MELANIE

DEC. 2019 - AN
ENDURING BEACON
OF HOPE AND
POSITIVE SPIRIT

FIFTEEN YEAR OLD MELANIE HOLDING FAMILY CAT

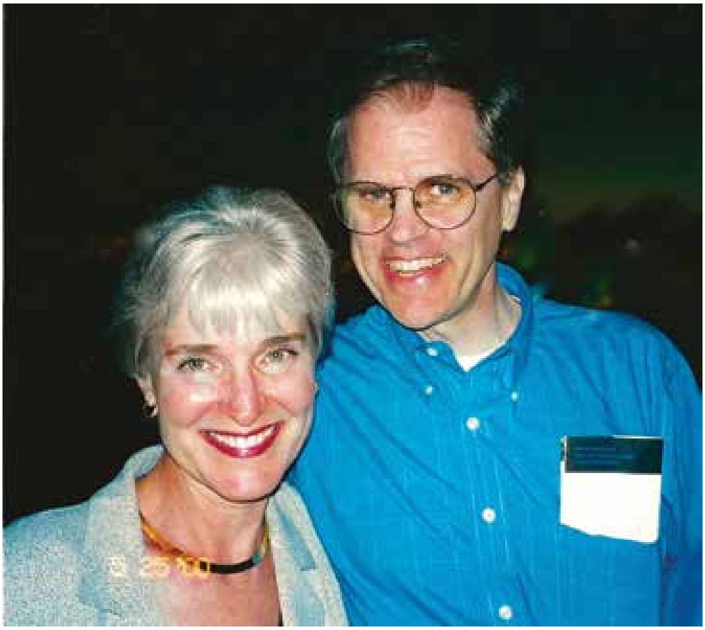
GOOD TIME TO SHOP FOR A WATCH

GRETCHEN AND
MELANIE IN KITCHEN

HAD TREATMENT,
GOT NEW RING,
NO GLOOM AND DOOM

HIGH SCHOOL BEAUTY
1966

HIGH SCHOOL
PASSPORT PHOTO



IN MARYLAND, 2000

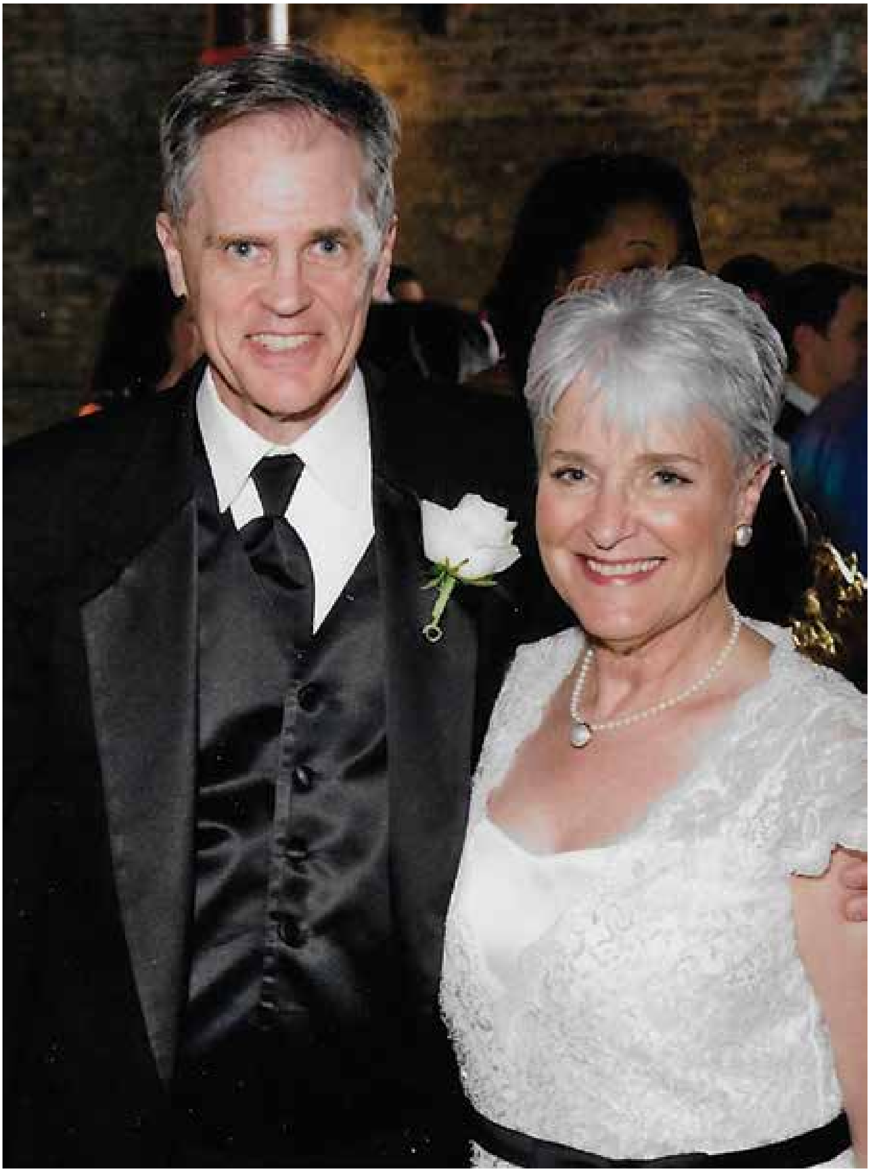
IRISH KIDS

JANUARY 2018 AT AIRPORT TO
MEET HER FATHER

JANUARY 2020 NEBULIZING MELANIE,
NO GLOOM AND DOOM

JANUARY 2020, EXCELLENT
PHOTO OF MELANIE

MATZO BALL SOUP AT A
FAVORITE RESTAURANT



JOHN AND MELANIE AT GRETCHEN'S WEDDING

KEY WEST KIDS

MELANIE & DRUMMER BOY

MELANIE AND BESS

MELANIE AND ERICA ENJOYING A LAUGH

MELANIE AND HER PIZZA MATES

MELANIE AND HER PICC LINE

MELANIE AND JOHN AT MISSISSIPPI RIVER OVERLOOK 2008

MELANIE AND JOHN RED SQUARE MOSCOW 2000

MELANIE AND LAUGHING ERICA

MELANIE AND MOLLY HAVING FUN

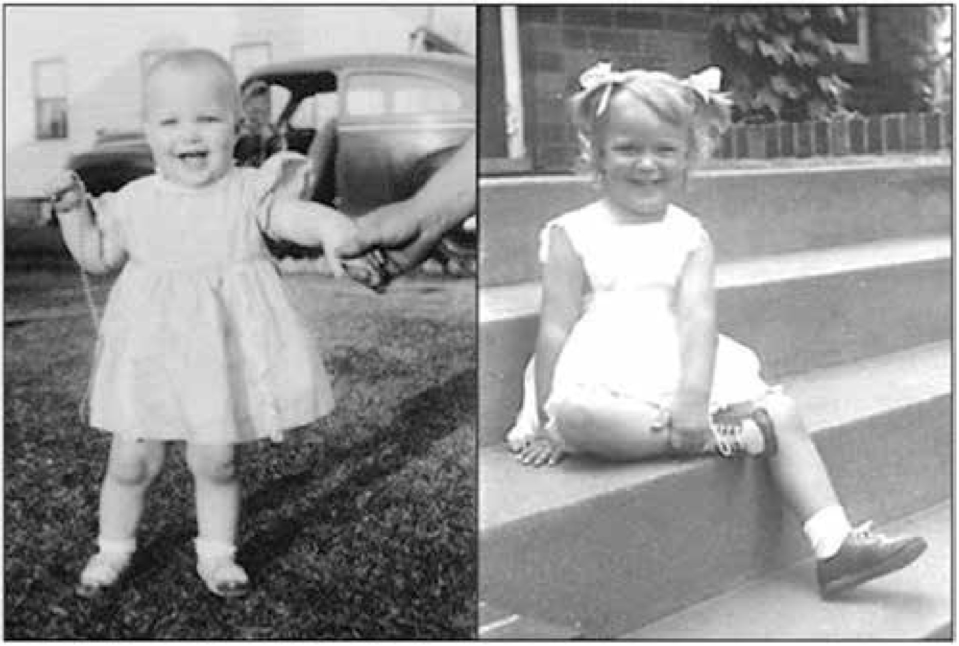
MELANIE AND MOLLY

MELANIE AND MOLLY

MELANIE AND SOME OF THE SHORTHAIRS SHE RESCUED

MELANIE AS I IMAGINE HER WAVING AT ME FROM THE OTHER SIDE

MELANIE AT 5 YEARS OF AGE.



MELANIE AT ONE AND TWO YEARS OF AGE

MELANIE AT
BRUNCH IN FLORIDA

MELANIE
BEING GOOFY

MELANIE AT ONE OF A KIND SHOW MAY 2019

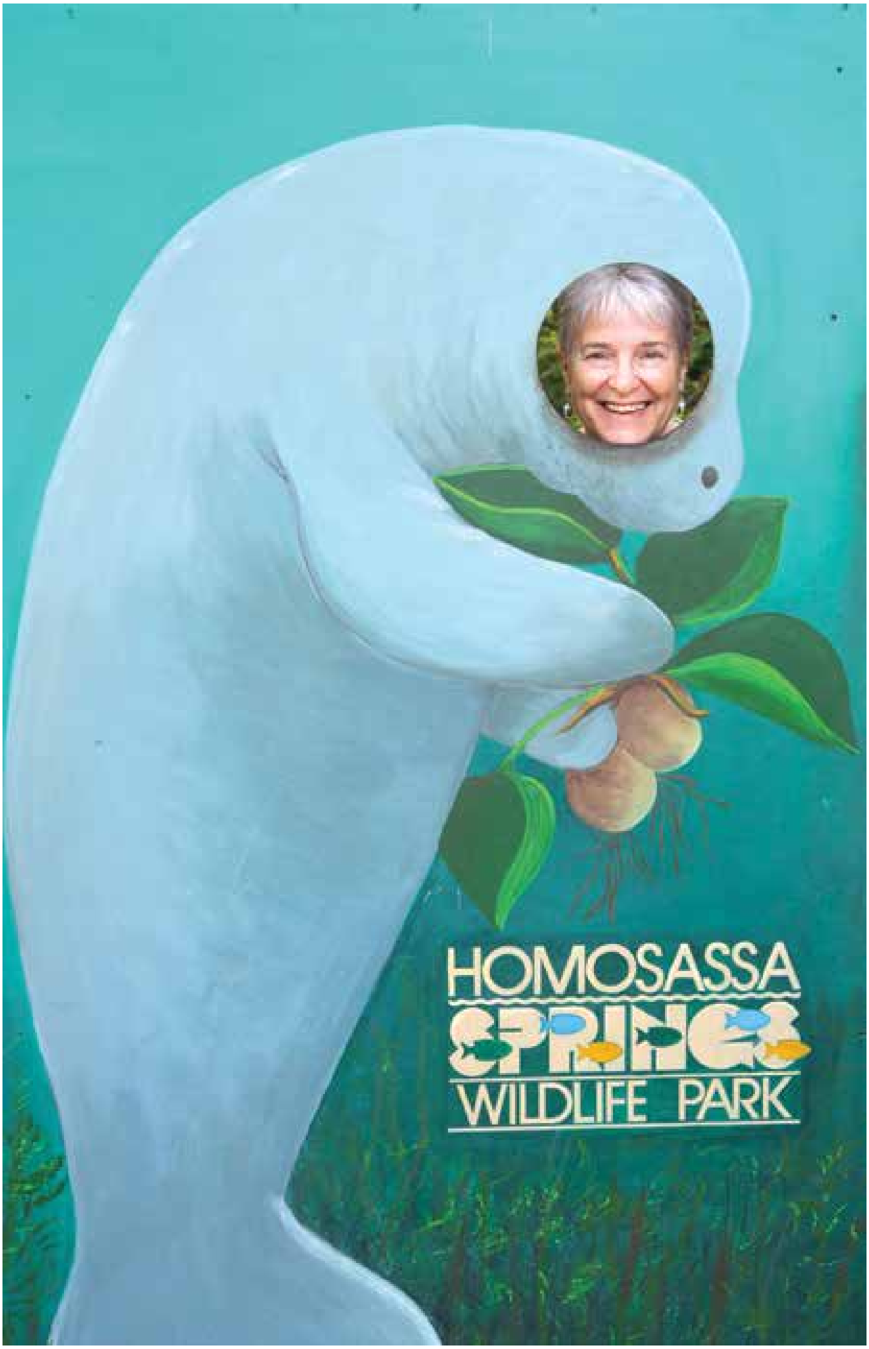
MELANIE GETTING BLOOD

MELANIE GETTING READY FOR LIFTOFF

MELANIE GOING TO CHRISTMAS DANCE IN HIGH SCHOOL

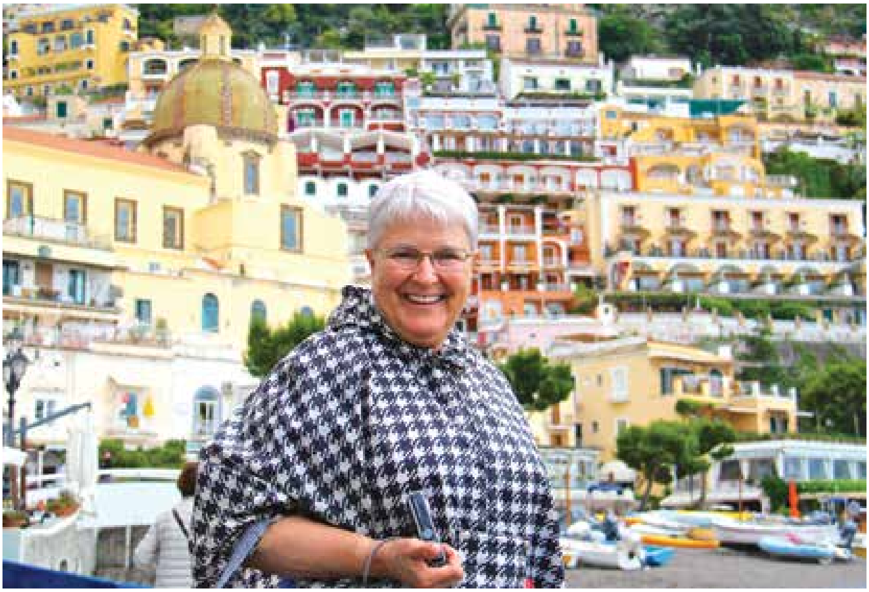
MELANIE HEALING AFTER BRAIN SURGERY APRIL 2018

MELANIE IN COLLEGE



MELANIE IN CRYSTAL RIVER, FLORIDA

MELANIE IN MUNICH, GERMANY, OKTOBERFEST 2012



MELANIE IN POSITANO ITALY 2013

MELANIE IN POSITANO

MELANIE IN SAPA, VIETNAM 2014

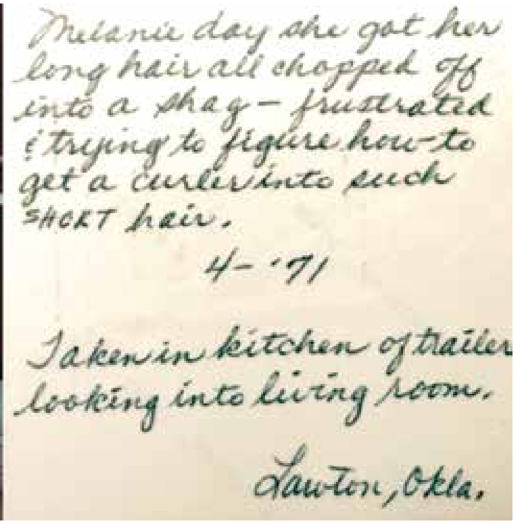
MELANIE LOOKING STYLISH IN A BEATUTIFUL HAT

MELANIE NEGOTIATING WITH MAASSAI TIRIBAL MEMBERS IN TANZANIA IN 2013

MELANIE ON RIVERWALK IN CHICAGO

MELANIE RECEIVING CHEMOTHERAPY

MELANIE TESTING A FLUTE IN CHINA 2014



Melanie day she got her long hair all chopped off into a shag — frustrated & trying to figure how-to get a curler into such SHORT hair.

4-'71

Taken in kitchen of trailer looking into living room.

Lawton, Okla.

MELANIE THE DAY SHE GOT HER HAIR CUT

MELANIE THE WEIRD ER LADY

MELANIE WEARING
FANCY JEWELRY

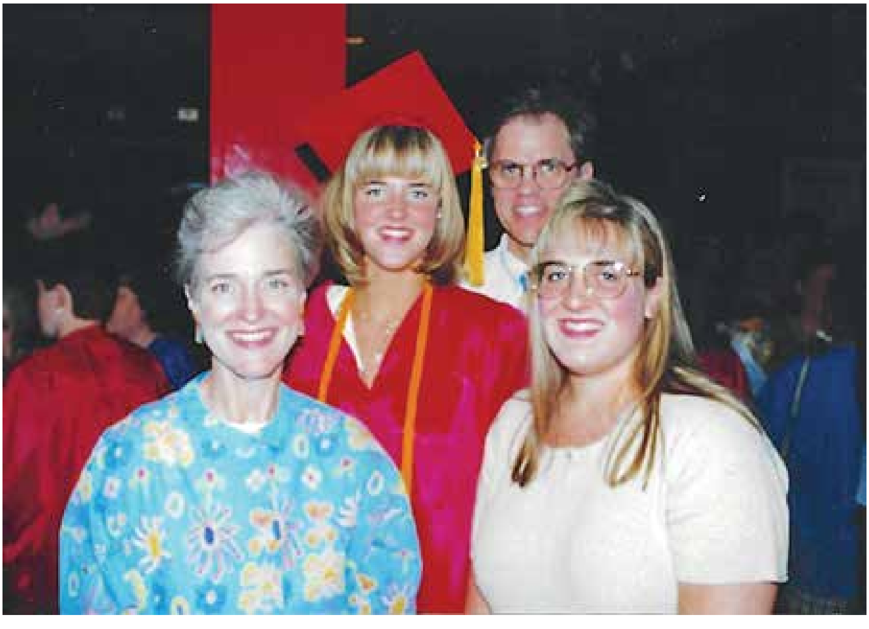
MELANIE WEARING
ILLINOIS SHORTHAIR
RESCUE SWEATSHIRT

MELANIE WITH ANOTHER PUP SHE RESCUED

MELANIE WITH SOME READING MATERIAL

MELANIE, AGED 11-12

MELANIE, ERICA AND JOHN IN MINNESOTA



MELANIE, ERICA, JOHN, GRETCHEN WHEN ERICA GRADUATED FROM HIGH SCHOOL 1997

MELANIE'S 50TH BIRTHDAY

MISS MELANIE'S RAINBOW

MELANIE'S RAINBOW CLOTHING

MELANIE'S LUCKY RAINBOW

MELANIE'S SMILE AND LAUGH

NANA AND HER TWO BUDDIES

NUTTY MISS MELANIE

OUR 44TH ANNIVERSARY

OUR FREE BANK PHOTO

OUT FOR A DRIVE

PIE MAKERS

SELF PORTRAITS

SEP. 2012 MELANIE IN FRONT OF CASTLE IN GERMANY

SEP.2019 - SWEET MELANIE IN HER FANCY STRAW HAT

SILLY MELANIE

STEM CELL INFUSION

STITCHES FROM BRAIN SURGERY

STUNNINGLY BEAUTIFUL MELANIE

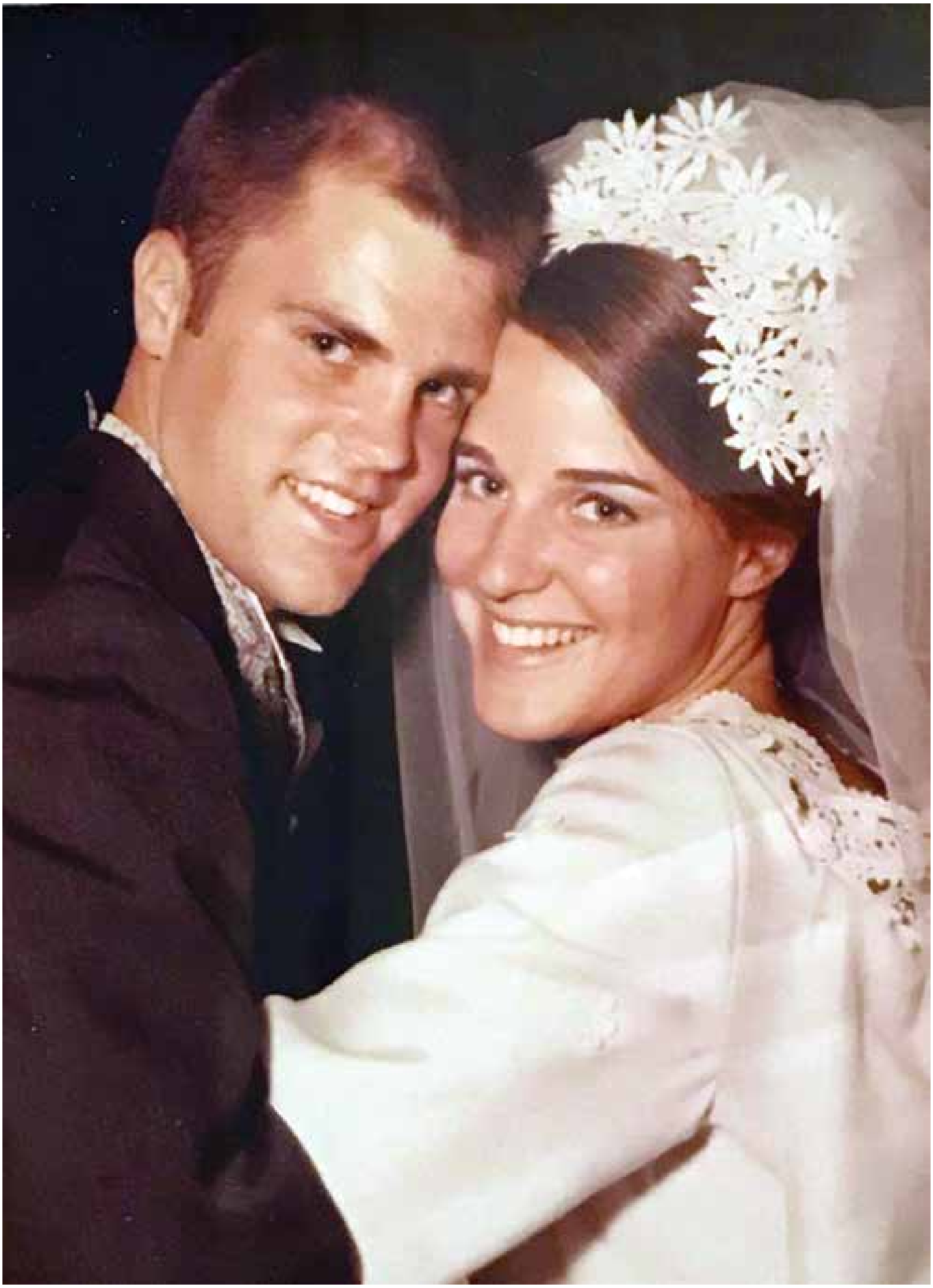
STYLISH MELANIE

TELLING JOKES TO A PANDA

TWO HATS ARE BETTER THAN ONE

THE 2 OF US IN STORE

TIRED MELANIE



WEDDING DAY, JUNE 21, 1969