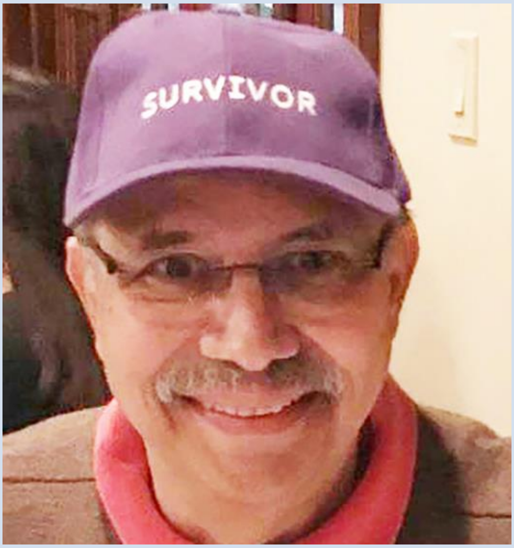
SURVIVING CANCER AND EMBRACING LIFE

My Personal Journey

By Joel R. Evans



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Dedication

This book is dedicated to:

My wife Linda for your phenomenal – and enduring – support and love. You will always be the LOML (love of my life) and best friend.

My daughters Jennifer and Stacey and my sons-in-law Phil and Adam for always being there for me.

My medical teams and other health care (body and soul) professionals, who helped save my life and who always showed caring and compassion to me – and still do.

My friends, who provided me with so much kindness and comfort. And a special shout out to my friends also dealing with cancer; you really inspire me.

All cancer victims – and others suffering with major illnesses -- and their families as you go through your own personal journeys. I wish the best for you. You hold a special place in my heart.

Live Life EVERY DAY!!

JRE

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Introduction

Before getting to the true introduction of *Surviving Cancer and Embracing Life* in the next paragraph, let me note the following: I am writing this book to inspire hope. Despite the subject matter at hand, I want to try to be uplifting – and even inspiring.

There is a light at the end of the tunnel, even if that light is not as bright as before. And sometimes, we have to fight to see that light. I am NOT a medical professional. I am not alone in my battle with cancer. This is one person's journey, both the ups and downs – with the strong determination to have the best life possible for as long as possible.

I am a pancreatic cancer survivor. I underwent an 8-½ hour Whipple surgery to remove the cancer. I had a lot of problems during chemo. As a diabetic, I passed out from low blood sugar a few days after finishing chemo. As a result, I had to miss my daughter's bridal shower. And I had to have cement pumped into my back. I have a lot of other stuff going on. But enough of that. I am NOT complaining. I just want you to see where I have been – and where I still am going.

With this book, I want to share my personal cancer journey with you. I want to offer hope and support to those dealing with any terrible disease and their families. Why? To quote the late NY Yankee star Lou Gehrig when he was honored at Yankee Stadium while dying from ALS: "Today I consider myself the luckiest man on the face of the earth."

I consider myself the luckiest man on the earth EVERY DAY. **I have felt this way each day since February 12, 2015. That was the date of my Whipple surgery. Why am I the luckiest man alive?**

- **I have a great family that has been with me every step of the way.**
- **Because of my endocrinologist, Dr. Joseph Terrana, I was diagnosed very, very early and thus I was able to have surgery because the cancer had not spread to my lymph nodes.**
- **Through the prodigious skill of Dr. Gene Coppa and his team, my Whipple surgery was a great success.**
- **Due to my excellent oncology team headed by Dr. Jeffrey Vacirca and his right-hand person Diana Youngs, my chemotherapy was conducted with compassion and caring – even when the treatments were toughest.**
- **My friends and fellow cancer survivors continue to be there for me.**
- **Despite the dire prognosis for those with pancreatic cancer, I was able to dance with my daughter and give a toast at her wedding.**
- **I have been able to continue working and doing what I love.**
- **I can exercise and keep myself in the best possible shape. (I actually went to the gym while undergoing chemo).**
- **And my wife Linda and I have traveled since my surgery, including a “restful” vacation in Puerto Vallarta, Mexico; a cruise from Amsterdam down to St. Petersburg, Russia; a visit to Curacao; and a family vacation in Eastern Mexico. With more to come!**

Now, it's time for me give back. That is the driving force behind this book, as well as my volunteer work. It is also the reason why I am making the book available for free at my blog and at as many online venues as possible – as well as quite inexpensively at venues where it cannot be offered for free. And it is the impetus behind my new blog *Living Well While Surviving Cancer*. Please visit the accompanying blog and join the discussion at https://survivingcancerembracinglife.com.

Surviving Cancer and Embracing Life includes honest reflections of my personal journey – including the tough times and the great times. There are many intense discussions, lightened up with some humor.

I have NEVER asked "Why me?" Rather, I ask "How am I so lucky?" My personal credo revolves around living life every day and recognizing that happiness is a choice. Being upbeat is a great gift.

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Let us all live as long as we can –
and as well we can!

My Life Before Cancer

To put my personal cancer journey into the proper context, here is a brief synopsis about me before I got cancer.

As a kid growing up, we moved around a lot. I was the first one in my immediate family to go to college. Then, while working, I attended graduate school as a part-time MBA student. At that point, I switched to full-time status and went on to get my Ph.D. And I became a professor.

I met my wife – and best friend Linda -- when we were both teenagers at Queens College in NY. We got married after graduating. Linda earned two master's degrees, one an MBA, while working at a bank. Linda is truly my LOML (the love of my life).

Our two grown daughters Jennifer and Stacey, and now our sons-in-law Phil and Adam, are our treasures. We are fortunate to have them within driving distance of our home. In one case, in walking distance.

Because we moved around when I was a kid and I had virtually no friends, I set and have attained three main life goals: to marry one woman as my forever partner, to work for one organization for my career, and to live in one house so my own children never were uprooted. Linda will not let me say how long we are married. 😊 I am finishing 44 years at Hofstra University's Zarb School of Business. And we have lived in our house in Commack since 1977. I have hit the trifecta.

We have a number of great friends, some going back to our school days and others gained as married adults. We used to spend time together mostly talking about our families and careers. Now, we always start with the question: How are you feeling? [LOL]

I have been quite fortunate to have had a great career. I reached distinguished professor status at Hofstra University's Zarb School of Business, won a teaching award, co-authored two textbooks that are used around the world, and became a very active blogger. Several of my former students have also become my long-time friends.

I have always enjoyed participating in sports, especially jogging, tennis, and gym activities. I actually started lifting weights for the first time in my 50s!

But not everything has come up roses. It's how we deal with adversity that matters. When I was sixteen, I broke my collarbone for the third time. As a result, I've had an eight-and-a-half-inch screw in my shoulder ever since then. I blew out both of my knees from years of jogging on cement. And I ended up with rotator cuff surgery from falling down stairs.

In 1995, I learned that I had Type 2 diabetes. This led to a significant change in my diet and to my taking regular oral medications. After a few years, insulin was added to my regimen. At first, having diabetes was a downer – until I accepted it, learned that some things are beyond our control, and that the power of positive thinking makes a huge difference in one's physical AND mental well-being.

Amazingly, I now credit my having diabetes as one of my greatest blessings. Because of it, I have gotten a full blood work up (not just A1C) every three months. In January 2015, my regular blood work showed a high score on a Bilirubin test and other blood tests. My endocrinologist immediately set into process all of the steps that have given me an extended life. Most people with pancreatic cancer are diagnosed too late to have surgery and usually face an impossible prognosis. That's why I am lucky EVERY day.

My personal journey from cancer diagnosis to my life today follows next. I pull no punches and unveil some of my most personal recollections. Why? Because if you are afflicted with a serious illness, I am you. And this is how I got through everything.

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Discovering I Had Cancer

In January 2015 at about 7:30 in the morning, my wife Linda and I were having breakfast. At that time, I got a call from my endocrinologist, Dr. Joseph Terrana. To say that we were startled and nervous would be a tremendous understatement. Wouldn't you be very concerned if a doctor called you at 7:30 AM?

[Interestingly, without referring to my CT-scan results, I don't remember the exact date as January 15, 2015, only that it was a Thursday. I do remember other key dates so well. But I draw I blank on that one. I think that's because I must have been in a daze.]

Some background: As a Type 2 diabetic for two decades, I got a battery of blood tests every three months through Dr. Terrana, besides the A1C test to monitor my blood sugar. One of the tests that Dr. Terrana regularly ordered – that I did not even know anything about since the results were one in a long list – was a Bilirubin test.

When Dr. Terrana called, he said my Bilirubin test result and a couple of other blood tests were elevated. And this might mean a tumor. Because he is an amazing doctor and person, by the time he called me, he had already scheduled a CT-Scan for me for later that same day.

Linda and I went together when I did the MRI. And then we waited to get the CD of the scan and the radiologist's report. The number one impression of the radiologist was:

> *Marked atrophic changes within the body and tail of the pancreas associated with dilatation of the main pancreatic duct and ductal side branches within the pancreatic body and tail to the level of the pancreatic head where an approximately 3.0 cm heterogeneously enhancing pancreatic mass is present. Residual soft tissue in the region of the inferior aspect of the head and uncinate process of the pancreas may represent residual pancreatic parenchyma, but, the possibility of additional mass cannot be ruled out.*

As a layperson, I had to read this three or four times to make any sense of that impression. When I had some grasp, these are the words that stood out: pancreas, pancreatic mass, and possibility of additional mass cannot be ruled out. I was pretty sure that “mass” meant tumor.

Linda and I immediately drove over to Dr. Terrana’s office to discuss the test results with him. We arrived at about 5:00 PM with no appointment and a waiting room full of patients. As soon as Dr. Terrana heard we were there, he ushered us into his office. We were there for over an hour. [To this day, I’m still sorry for causing the other patients to wait so long.]

Dr. Terrana calmly discussed the possibilities with us. And he suggested the steps that should be taken next. Previously, neither Linda nor I knew anything about pancreatic cancer nor the dire consequences often associated with it. But we were fearful of the possibility of cancer.

As the next step, Dr. Terrana wanted me to have an endoscopy with ultrasound. He would not let us leave the office until he arranged the endoscopy with a highly-rated gastroenterologist. He made calls to contact that doctor and to get an early appointment. This was a Thursday night, the following Monday was Martin Luther King Day, and Dr. Terrana secured an appointment for Tuesday morning. Wow!!

Since our family is close, Linda and I decided to tell our daughters about the early prognosis on the day of my first CT-scan. As we drove to see Jennifer, who lives two blocks from us, I got a call from Dr. Terrana on my cell phone noting that I forgot to take the CD of the scan with me after seeing him. Again, this is where he is amazing.

When I said I would stop by his office the next day, he immediately replied that we had enough to worry about; and he insisted on dropping the disc in my mailbox. We live on his way home. Yes, our doctors can be extremely compassionate.

Jennifer is not usually outwardly emotional. But clearly she was shocked when Linda and I stopped by her house and told her. Thankfully, Phil was there to give her moral support.

Then, we drove over to see Stacey – who’s about 30 minutes away. Stacey is the emotional one. And I tried to reassure her that everything would be OK. She instantly said that she wanted to cancel her October wedding. My response: I intended to be there, dance with her, and make a toast. Thankfully, Adam was there to support her.

The endoscopy revealed that “there is a 3 cm lesion that is hypoechoic and heterogeneous with loss of interface of SMV.” Next? To do a consult with the best surgeon recommended to me: Dr. Gene Coppa, the Chairman of Surgery for Northwell Health (then known as LIJ) and a distinguished professor of surgery at the Hofstra- Northwell School of Medicine.

In an interesting twist of fate, my initial consult with Dr. Coppa was postponed for one week due to a severe snowstorm. Waiting another week to see him was not a fun time, as we were all so nervous.

Based on my various test results, Dr. Coppa recommended that I get Whipple surgery ASAP. He explained what this entailed; and it sounded pretty scary. He said that pancreatic cancer could spread very quickly and that we needed to act fast. OK, onward.

And Dr. Coppa was also amazing. Obviously, he had a very full surgery schedule. What was especially complicated in trying to squeeze me in was that the Whipple surgery itself was going to be 8-½ hours, besides Dr. Coppa’s own prep time. Nonetheless, he cleared the decks to operate the week after I saw him.

What a miracle. It was exactly 4 weeks (including the snow storm) from my first CT-scan until my Whipple surgery.

While all this pre-surgery stuff was going on, I was remarkably calm. I truly surprised myself with this. But, Linda the LOML was a nervous wreck as events unfolded. That was when I really saw how tough a serious illness is on the whole family, not just the person who is ill.

A few final points for this chapter:

- **From the date of my first CT-scan in January 2015, I let both my department chairperson and the dean of the Zarb School of Business at Hofstra University know what was going on with me. And I started getting information from the human resources department as well as preparing the required forms for my anticipated sick leave.**
- **At Hofstra University, our spring semester starts at the end of January. So, I began teaching my undergraduate and graduate classes without knowing when I would have my surgery and how long I would be out.**
- **I contacted a couple of colleagues who graciously agreed to cover my classes at the time that I needed them. Yet, I did not tell my students that I would miss significant time that semester until the Monday before my surgery. I did not want them to be uncertain about what they faced that semester. My colleagues Andy and Donna did a fabulous job with the classes. Bravo to them.**
- **By far the worst thing that I did during the lead up to my Whipple surgery was to go online to read too much about it. It was frightening enough to learn what I could on pancreatic cancer and its far-reaching consequences. But looking at a gruesome (to me) online video on YouTube about the Whipple surgery could have been THE single dumbest thing that I have ever done in my entire life. Why would I look at a video that was so gory in detail as to what I would go through? Yes, sometimes, ignorance is bliss!!!**

- **By far the best thing that I did during the lead up to my surgery was to carefully listen to EVERYTHING that my doctors told me and recommended. As upsetting as the events were, there was never any doubt in my mind that I would have the Whipple surgery, no matter how risky the procedure or the complications thereafter. I knew this was the right course of action. And I turned out to be correct.**
- **I am alive today because of my very early diagnosis. I was able to have the Whipple surgery when most others are diagnosed too late for the surgery. This is due to the slow-appearing symptoms with pancreatic cancer. As a result, the non-surgical prognosis for those with a later-stage pancreatic cancer diagnosis is poor. For that, I am quite sad for the sufferers and for their families.**

PLEASE, visit your doctor(s) regularly and get a wide range of blood tests. Whatever your particular ailment, get diagnosed as early as possible. Listen to your medical team. Do NOT let your fears cause you to put off seeing the doctor. Early diagnosis is vital for every type of serious disease. Do this for yourself and your family.

Getting Ready for and Having Surgery

From my online research, I did learn the answer to two key questions that were valuable to me: What is pancreatic cancer? What is Whipple surgery? I was like most people: We do not know very much about a disease until we or a loved one is diagnosed with that particular disease.

Read the following discussion with some care. It is pretty scary stuff (at least to me). I needed to understand what I was facing – but without viewing a YouTube video.

According to the Mayo Clinic:

> ***Pancreatic cancer begins in the tissues of your pancreas — an organ in your abdomen that lies horizontally behind the lower part of your stomach. Your pancreas releases enzymes that aid digestion and hormones that help manage your blood sugar. Pancreatic cancer typically spreads rapidly to nearby organs. It is seldom detected early. Surgical resection is the only curative modality, but a mere 10% of patients are candidates for resection — and even then, the five-year survival rate after a curative resection is only 20 percent.***[1]

Memorial Sloan Kettering Cancer Center notes this:

> ***The Whipple procedure is the most common type of surgery for pancreatic cancer. It is used to remove tumors that are confined to the head, or the right portion, of the pancreas. It is also known as a pancreatoduodenectomy. The surgeon removes the***

> *head of the pancreas, part of the small intestine, the lower half of the bile duct, the surrounding lymph nodes, the gallbladder, and sometimes part of the stomach. The remaining stomach, bile duct, and pancreas are then joined to the small intestine so that digestive enzymes can mix with food. Surgeons may also remove part of the portal vein (a blood vessel that allows blood to flow into the liver) if it has been invaded by a pancreatic tumor. Although this procedure is complex, it is safe and effective for many patients.*[2]

In getting ready for surgery, we were extremely fortunate that everything happened so quickly. As much as my family was stressed out (they knew how to use the Internet too), it was just 4 weeks from the initial CT-scan to surgery, with only a week between the consult with Dr. Coppa and the surgery itself.

As noted before, leading up to the surgery, I remained remarkably calm and took on the role of cheering up others – who needed a lot of pepping up. I've since learned that many people (by no means all) facing life-threatening surgeries are rather serene. I'm not sure why. In my case, I was so determined to live (despite the odds), to spend quality time with my family and friends, to be able to return to work, and to be at my daughter's wedding that the negative alternatives didn't cross my mind. In addition, I tried to focus on all that was good in my life rather than the dire situation I was in. I guess Dale Carnegie called this the power of positive thinking.

It was then that I promised myself to live life every day. To do more things that I enjoy. To stop being such a workaholic. To wake up and smell the flowers (see the good, not the bad in my life). And to not waste time dwelling upon the uncertain future. Sometimes, we think so much about what's going to happen in the future that we forget to live in the present. Since my surgery, I am a much different person in outlook and in priorities. Just ask my family and friends. I don't put off activities that I really want to do because I am too busy or because certain experiences are "too expensive." They're not, in the overall scheme of things.

Prior to the day of the Whipple surgery, there were many more tests, as well as a lot of additional paperwork to fill out. We were told that I would be in the hospital for about nine days. The first couple of days would be in intensive care and then the rest in a regular room.

On the day of my surgery, the six of us (Linda, Jennifer, Stacey, Phil, Adam, and I) arrived at the hospital at the crack of dawn. Thus, began a very long, stressful, and anxiety-filled day for the family. [I didn't know it at the time, but friends Marc and Seth each dropped by during surgery to comfort the family. What a touching gesture.]

I tried to crack a joke to ease some of the tension. But I just got blank stares. My lame joke? The surgery would be the only part of this experience that I would enjoy more than you. After all, I'd be asleep. Groan. Groan. Groan. I tried.

Dr. Coppa stopped by and told the family that he would do his best to report back to them about halfway through the surgery to provide as much feedback as he could. He was a man of his word, which they greatly appreciated.

Just before I was wheeled into surgery, several other doctors stopped by to say hello to me and to give final instructions. Because of the length of the surgery, teams of doctors and nurses would rotate throughout. Dr. Coppa would perform the most critical surgical techniques. Also, due to the length and sensitivity of the surgery, I received an epidural as well as intravenous anesthesia.

During the surgery, while I was in a deep sleep, my family got to worry in the waiting room. Dr. Coppa's in-person visit at the midway mark helped them: Everything was going as expected.

After the surgery was completed, Dr. Coppa told the family that everything went very well. He got the entire tumor out and had the desired margin to clear around the tumor. AND because I was diagnosed so early, more tumors had not formed nor had they spread to my lymph nodes. This was a very big deal indeed, and improved my chances for a long life ahead.

Once I awoke from the anesthesia, my relieved family came to visit me in the ICU – two at a time. Dr. Coppa also stopped by and explained the surgery in some more detail. He stated that I had the best outlook of any patient he had treated for pancreatic cancer, and that he was convinced that my future prognosis was excellent. He said I should ignore the mortality rate statistics for pancreatic cancer, since virtually no one included in the research studies was blessed by the level of tumor containment that I had. Unfortunately, research studies often lump everyone together to form "averages," regardless of the condition of the individual patient. I realized then – and now – how blessed I am.

Dr. Coppa further described what he did during the surgery. My gall bladder was removed. Two- thirds of my stomach was removed, more than typical since he saw a mass in the middle area. Rather than finish the PC surgery and then get back biopsy results from the stomach, he decided to remove the other part of the stomach in the surgery. He did not want to risk having to do a second surgery for the stomach with me in a very weakened state. As it turned out, the stomach biopsy was negative. But Dr. Coppa definitely did the right thing!!!

In addition, I learned that during Whipple surgery – once the procedure is completed -- the organs are placed back into the chest cavity in a different order than they were in originally. An anecdote: When my oncologist ordered my post-surgical CT- scan, the radiologist had a hard time deciphering it. The scan results had to be sent to Dr. Coppa so that he could explain that everything in my body was where it was supposed to be – and where he intended it to be.

Still being rather naïve about pancreatic cancer, I didn’t really appreciate the intensity of all the post- op stuff. I don’t know why I thought things would be easy after surgery as long as all of the cancer was removed. I was about to find out how off target that I was. What followed was truly an adventure.

Here's one reason why I consider myself to have been so lucky in this part of my journey and not unlucky. My family was fantastic in supporting and encouraging me. And so many friends and colleagues were there for me. I asked a lot of questions of those I knew who had surgery for all types of cancer: such as lung, prostate,

breast, testicular, and ovarian. They were all both empathetic and sympathetic, having traveled their own personal journeys.

And here's one more example of my being extremely lucky. My Whipple surgery was done in 2015 and not in 1965. Why does that matter? The fatality rate from Whipple surgery has fallen dramatically over the time since Dr. Alan Whipple devised the surgical procedure that bears his name in the 1930s, as well as over the last several decades. According to an article in *Medical News Today*:

> ***In the 1960s and 1970s, the Whipple procedure carried a high risk, with mortality rates as high as 25 percent. This death rate was due to the complexity of the surgery, as well as the poor health of the recipients. Now, the procedure is much safer, with mortality rates of around 2-3 percent.*** [3]

Thus, in the 1960s and 1970s, one-quarter of the people did not survive the Whipple surgery itself!!! Distressing.

After Surgery

This discussion covers my stay in the hospital after surgery and before I was able to return home. I will try not to be too graphic. But I want to continue to be honest and give my full view of events. And remember, even then I was strong-willed in my determination not to be depressed and to be thankful about my prognosis. This was not easy. But I kept a positive attitude. I was resolute that the future would be bright.

So, please do not be discouraged from what you are about to read. There's another old saying I like to keep in mind. It is attributed to the philosopher Nietzsche: "That which does not kill us, makes us stronger." I never realized how true that saying was until I began traveling along this journey that I'm on.

Initially, I was placed in an intensive care unit in the hospital. There were five other people in the room besides me, set up three and three. At that point, I was completely out of it. I was on various IVs and high-dose pain medications. I was being fed through my nose and had a catheter to relieve myself. Moving at all was the last thing that I had on my mind.

Being in the ICU was an experience in and of itself. One woman was hallucinating and screaming, and had to be sent to another room. And with the actions of one man, I thought I also must be hallucinating. He kept taking off all of his clothes and fighting with the aides when they tried to get him dressed. He too was removed from the ICU. After seeing that patient, I thought it's sure interesting being in the hospital.

I was regularly visited by various doctors and nurses. They took excellent care of me. And they monitored me very closely to make sure I was improving.

After two to three days, I was moved to a regular room. Yea. That meant I was doing much better and didn't have to be monitored as closely. I still had the feeding tube and the catheter though. I was not allowed to move around for a couple of more days.

My good luck continued as I was able to secure a heavily-discounted private room. That was great. My family appreciated the snacks that were always available. I could only look at them and smile. But I very much cherished the extra privacy and nursing care that this gave me. Thanks CB for help with the discount.

When my gown was changed, I noticed these drainage bags in the left and right side of my abdomen. Hmm, I didn't expect that. But again, I was so happy to be alive and getting better that I didn't care.

Here's an anecdote that I hope you do find funny. Every morning, Dr. Coppa and his team would visit me. Once in a while they were together, and often they were apart. Dr. Coppa is an early riser and makes his rounds while it's still dark out. One day, when his team visited separately from him, I said to the team: How come he always beats you? Shouldn't you be ahead of the boss? They got all flustered by that. So the next day, they were there at 5:00 AM. They proudly asked: We beat him today, didn't we? I laughed and replied: Nope, Dr. Coppa was here at 4:30 AM. I'm sure he teased them about that.

Gradually, I transitioned from the feeding tube to hot broth and eventually to soft food. When I would call in my food order to the nutritionist, I would chuckle and ask: What am I allowed to eat today? It was always the same answer, not much. They also had a special “yummy” diet for me because of my diabetes. Sugar-free orange Jell-O was one of the choices.

I was quite happy when the catheter came out. Some of you know what I mean. Wink. Wink. At first, I had to be accompanied to the bathroom by an aide. But since I am VERY determined, after a short while, I convinced them that I could maneuver my way out of the bed and walk into the bathroom by myself – dragging the hospital pole with me.

My next achievement, and one that I was really proud of, was to get out of bed along with my pole and do walking laps of the hospital floor. There was actually a line to follow. At first, I did about two laps. By the time I was ready to leave the hospital, I was averaging two to three miles a day. I had to try hard not to knock into anybody with my pole as I “zipped” along. 😊

The physical therapist did a lot of breathing exercises with me. And it took a while to build up my stamina. By the way, I lost about 40 to 50 pounds from the time before I was diagnosed until a couple of months after surgery. I had to push myself to want to eat more and to train my one-third of a stomach as to how to digest food again.

While I was convalescing in the hospital, I had a lot of visitors. My family members were there all the time. Several of my friends and Hofstra colleagues stopped by, although I tried to hold the count down since I was always so tired. Even though I'm not naming you, for fear of leaving someone out, you and I both know who you are. And I will ALWAYS appreciate you for your great kindnesses and best wishes. Thank you. Thank you. Thank you. You are the best.

To quote Dr. Albert Schweitzer:

> *In everyone's life, at some time, our inner fire goes out. It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit.* [4]

On day nine in the hospital, I was cleared to go home. One of the procedures I had to clear was to be approved by physical therapy. When I told the therapist what I exercises I had been doing, she watched me take one-half of a lap around the floor and proclaimed me good to go. Determination pays off.

There were a lot more forms for me to fill out and sign. Many detailed instructions were provided for me to follow. And I required final clearance by the attending doctor on the floor. I wish I could say this was all fast and simple. But my wife Linda and I waited for several hours for everything to be completed.

By the time we were approved to go home, it was already night time, and it had started to snow. I felt badly for my wife Linda because she had to worry about the lengthy drive home as well worry about me being okay during the longer than usual drive, due to the snow. Nonetheless, we got home safe and sound. There remained one more challenge for the day. I had to navigate the 14 steps from our entranceway to our bedroom.

Upon reaching the bedroom, I plunged onto the bed. I was so exhausted. Linda had to help me get out of my clothes and into my pajamas. And I immediately fell into a peaceful and contented sleep. No matter what (even if in a luxury hotel, let alone a hospital room), it's always wonderful to be home and in your own bed.

Now, on to the next step of my personal journey – getting myself physically stronger. Surgery had left me worn down and tired. Yet, I was ready to live life every day. And to be upbeat about my situation. I just needed my body to cooperate.

Being Home and Getting Stronger

When I got back home, I was incredibly weak and emaciated. And though I would soon embark on a chemotherapy regimen, I had to get much stronger first.

Again, I had no idea about the intensity of the upcoming chemotherapy, its possible side effects, and its impact on my overall energy level. For someone who was well educated and was supposed to be so smart, I sure was oblivious about to many issues having to do with my own health.

I think that's true of a lot of us. We face things when they happen, not before then. That's not a particularly good approach. That is how I acted when I learned that I was a diabetic. Over time, I found out all the right things to do, through a lot of trial and error.

I now had to not just get stronger, but also begin to adjust to my new-post surgery life. This meant changing my diet, eating in smaller portions, adapting to a revamped medication schedule, finding out what types of exercise were best, adjusting my teaching style, and so on. For example, I found that I needed to sit rather than stand much more often.

For the first couple of weeks, I received the services of an in-home nurse and an-home physical therapist. They were very nice and quite helpful. I got tips on food/diet and eating properly. I learned some simple exercises to help stretch me out. Bending over was a chore. As was doing toe touches.

Happily, I was finally cleared to take regular showers – without baggies or Saran Wrap. Unless you can't shower unencumbered for a few weeks, you don't realize how big a deal that is. Of course, Linda was there to help me get in and out of the shower.

Aside: Upon leaving the hospital, I "borrowed" several pairs of hospital socks. They are very comfortable and slip-proof when walking around without my shoes or slippers.

I was able to see a number of my good friends and colleagues, who all helped cheer me up and motivate me. Thank you!

But one real downer occurred the afternoon that my friend James visited me around lunch time. He drove about 45 minutes to get to my house. Shortly after he arrived, I started throwing up like crazy, which of course made me extremely dizzy. I took a couple of antacid pills and had to apologize to James for asking him to leave less than 30 minutes after he arrived. That bothered me since he went out of his way to be there for me.

At that point, I went to lie down, figuring that the nausea and vomiting would stop. And that the incident would blow over. I had been nauseous a lot post-surgery. Boy was I wrong.

A couple of hours later, I had to ask Linda to drive me to the hospital to get checked out. It was not a fun ride, given the way I was feeling. At the hospital, they did a number of blood tests as well as a CT-scan. I thought they would then give me some meds and send me home. Wrong again. [Do you sense a pattern here? Lesson: Let

the doctors diagnose and treat. Let the patients follow those instructions.]

It turned out that I had gotten ulcerative colitis – another term I had to have explained to me. This hospital stay was 4 days; and I was sent home with a ton of instructions and other meds. No more details needed here. It was another l-o-n-g day when I was discharged from the hospital. But I was again very happy to get home.

Now, we get to the most challenging – by far – part of my life post-surgery: controlling my blood sugar. This remains a tough task, and one I will have to live with for life. But I try to keep this in perspective, as just one more step in my extended personal journey.

So, here's the scoop. I was diagnosed as a Type 2 diabetic in fall 1995. To demonstrate how much of a dummy I was, the day before my diagnosis, I ate 12 donuts in one sitting. Really? Yes. ☹

Once diagnosed, I radically changed my diet (no kidding!). I don't think I've had more than one or two donuts in total since 1995. And I began two oral medications, as well as testing my sugar levels twice a day. For years, my sugar level was normalized via diet and meds, and with exercise.

But as with many other diabetics, after a while, oral medications were not sufficient. Then, I added low doses of insulin to my regimen. Like before, my blood sugar was normalized. Being diabetic at that point was only a small part of my life, since my sugar was so well under control. This would continue until the Whipple surgery.

After I had the surgery, my endocrinologist told me that I was now the equivalent of a Type 1 diabetic. Why? My pancreas, what little there was of it, did not function enough. Therefore, I went back to my online reading to learn the differences between Type 2 and Type 1 diabetes. As before, I plead ignorance to understanding the distinctions between these medical ailments.

As per the American Diabetes Association (ADA):

> ***<u>Type 2 diabetes</u> is the most common form of diabetes. Diabetes is a problem with your body that causes blood glucose (sugar) levels to rise higher than normal. This is also called hyperglycemia. If you have Type 2 diabetes, your body does not use insulin properly. This is called insulin resistance. At first, your pancreas makes extra insulin to make up for it. But, over time it isn't able to keep up and can't make enough insulin to keep your blood glucose at normal levels.***
>
> ***<u>Type 1 diabetes</u> is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. Only 5% of people with diabetes have this form of the disease. In Type 1 diabetes, the body does not produce insulin. The body breaks down the sugars and starches you eat into a simple sugar called glucose, which it uses for energy. Insulin is a hormone that the body needs to get glucose from the bloodstream into the cells of the body. With the help of insulin therapy and other treatments, even young children can learn to manage the ailment and live long, healthy lives.***
>
> ***By multiple daily injections with insulin pens or syringes or a pump, it will be up to you to monitor blood glucose levels and properly administer your insulin. You will need to work closely with your healthcare team to determine which insulin or insulins are best for you and your body.*** [5]

This was an awful lot for me to fully process. What has the move from Type 2 to Type 1 diabetes fully meant to me?

- I no longer take oral medications to control my blood sugar. They are not effective for me. Instead, I am totally dependent on a daily regimen of insulin. In my case, I inject fast-acting insulin with each meal and before bed time. I inject longer-lasting insulin in the morning and at night. Yup. That amounts to six injections a day. Sometimes my body looks like a purple pin cushion. But you know what? You just get used to this too.
- Typically, I check my blood sugar levels at least four to six times a day. Dr. Terrana wants me to check every time I am going to drive – to be sure I am not too low.
- My sense of control and consistency have greatly diminished. With Type 2 diabetes, I could control my sugar levels within a rather narrow band. With Type 1 diabetes, my sugar levels can vary from 50 to 300 – and vice versa – very quickly. This is mostly due to the minimal functioning of my remaining pancreas. It's a challenge.
- I work very hard to control my sugar levels. But there are times when they may be high or low, regardless of what I eat and how much I exercise. For me, the jump in my sugar count between breakfast and lunch is the highest.
- Dr. T. wants me to be more concerned about hypoglycemia than with hyperglycemia. Why? Because it is more likely to cause a bad side effect, such as passing out. As per the ADA:

> *Hypoglycemia is a condition characterized by abnormally low blood glucose (blood sugar) levels, usually less than 70 mg/dl. It is important to talk to your health care provider about your individual blood glucose targets, and what level is too low for you. Hypoglycemia may also be referred to as an insulin reaction, or insulin shock.* [6]
>
> *Hyperglycemia is the technical term for high blood glucose (blood sugar). High blood glucose happens when the body has too little insulin or when the body can't use insulin properly.* [7] [Numbers that are above 200 may need further analysis and a doctor's consultation.]

- As a result, I am directed to have a slightly elevated A1C and to be VERY careful to not get too many sugar lows. Thus, I adjust the levels of insulin that I take to stay away from sugar lows. Nonetheless, I still get some low readings.
- Due to the variability of my sugar levels, as well as the many medications that I take, I get more tired than I did before. This makes regular napping a must.
- But I don't let any of this stuff get me down. After all, this is my new normal. And complaining will get me nowhere that is helpful. It is what is (IIWI). I always remember that happiness is a choice.

I recently came across this very insightful quote at https://brightside.me. It sums up how I strive to look at things:

> *It’s common knowledge that having a positive attitude feels better than having a negative one. But while the concept of positive thinking is something known to everyone, not all of us are aware of how we can be optimistic every day and how to see the good in every situation*.[8]

I also appreciate these observations from the Mayo Clinic:

> *Is your glass half-empty or half-full? How you answer this age-old question about positive thinking may reflect your outlook on life, your attitude toward yourself, and whether you're optimistic or pessimistic — and it may even affect your health.*
>
> *Indeed, some studies show that personality traits such as optimism and pessimism can affect many areas of your health and well-being. The positive thinking that usually comes with optimism is a key part of effective stress management. And effective stress management is associated with many health benefits. If you tend to be pessimistic, don't ever despair — you can learn positive thinking skills.*[9]

The Value of a Strong Community – and Pets

In our lives, we form ties with family members; gain and lose friends; develop professional (work) relationships; feel part of cultural, social, and other groups; etc. In some way, each of these entities is part of our own "community."

Yet, today, I focus more on this way of viewing the concept of community. As Fabian Pfortmüller, a self-described community builder, puts it:

> *Community = a group of people that care about each other and feel they belong together.* [10]

And it is this concept of community that has assisted me in my journey. Although I am a pretty determined and self-motivated person, I know I wouldn't have fared as well as I have as a cancer survivor without the constant, humane, loving, caring, and nurturing support as well as the understanding of everyone in my own personal community. At no time in my life has the phrase "no man is an island" been more true.

It may be hard for you to believe that I am a very private individual when it comes to all aspects of my personal life. After all, here I am opening myself up in a way I never would have dreamed of before. But my community helped to show me how cathartic it could be for me to share my getting pancreatic cancer with other people outside of the community. I'd like to think that in this intense situation I finally realized the true value of communication and sharing. It is only by letting others in that they may help us in our journey.

I also learned much more about how not to be so judgmental of others (and myself, too). We all approach good times and bad, adrenaline rushes, fear, thoughts of our own mortality, etc. in much different ways. It took me a while, but I finally got it that some of my friends did not want to think about the "C" word, and therefore avoided me.

This gave me greater thankfulness for those who were there with me through the toughest parts of my journey. It must have been hard for them to see me looking like a skeleton (due to my weight loss) with limited mobility and a variety of post-surgery side effects. They never turned away. They were my knights (of both genders) in shining armor.

These are vital socialization observations from "Life After Cancer Treatment: Social and Work Relationships" by Journeyforward.org. Keep them in mind when interacting with others – regardless of your role (survivor, caregiver, etc.):

> *Having cancer can change relationships with the people in your life. It's normal to notice changes in the way you relate to family, friends, and other people that you are around every day. And the way they relate to you. When treatment ends, families are often not prepared for the fact that recovery takes time. In general, your recovery will take much longer than your treatment did. Survivors often say that they didn't realize the time it took to recover. This can cause disappointment, worry, and frustration for everyone. Families also may not realize that the way their family works may have changed permanently as a result of cancer. They may need help to deal with the changes and keep the "new" family strong.*

> *Most cancer survivors who are physically able to work do go back to their jobs. This can help them feel they are getting back to the life they had before being diagnosed with cancer. Whether returning to their old jobs or beginning new ones, some survivors are treated unfairly when they return to the workplace. Employers and employees may have doubts about cancer survivors' ability to work.*
>
> *Some friends, coworkers, and others may be a huge source of support, while others may be a source of anger or frustration. Some people mean well, but do not know what to say. Maybe they don't know how to offer support. Others don't want to deal with your cancer. If friends and coworkers seem unsupportive, it could be because they are anxious for you or for themselves. Your cancer experience may threaten them because it reminds them that cancer can happen to anyone. Try to understand their fears and be patient as you try to regain a good relationship.*[11]

That is why interacting with other cancer patients and survivors can be so rewarding. This part of the community can provide the empathy that some others cannot. More on this at the end of the book, in the chapter on resources.

In the U.S. alone, people share their lives with 70 million dogs (in 43 million households) and 74 million cats (in 36 million households) – as reported by the American Veterinary Medicine Association. We love our pets; and they love us in return.

Before getting to my personal pet story, let's consider how vital pets are to our psychological and physical health. Over the past several years, we have witnessed the growth in companion pets. Although some individuals may stretch

the rules in getting their “companion” pets onto planes and into other venues, the basic premise is sound: Pets can be soothing and calming.

The Centers for Disease Control and Prevention says:

> *Studies show that the bond between people and pets can increase fitness, lower stress, and bring happiness to their owners. Some health benefits of having a pet include: Decreased blood pressure. Decreased cholesterol. Decreased triglycerides. Decreased feelings of loneliness. Increased opportunities for exercise and outdoor activities. Increased opportunities for socialization.* [12]

A great example of the value of pets involves military veterans suffering from post-traumatic stress syndrome after returning home. There are several non-profits that help to enrich the lives of those veterans, including Companions for Heroes, Pets for Veterans, and America’s Vets Dogs. The dogs are well-trained and help vets to reduce stress.

Linda and I are cat lovers and have shared our home with many cats over the years. Yes, cats can be affectionate and intuitive. One cat, Tucker, will sit in my lap all day in my home office and lie on me for hours when I’m on the couch in the den.

When I returned home after my surgery, our cats KNEW I was sick. They lay in bed with me 24/7 and often cuddled next to me. They constantly nuzzled my hand. Their attention required no effort on my part and was crucial early in my recovery.

Chemotherapy

This was by far the most grueling part of my recovery. Yet, it was necessary for my long-time survival. Surgery alone was not sufficient protection against the recurrence or spread of cancer cells. After a few weeks at home, I was ready – both physically and psychologically.

As I got strong enough to start chemotherapy, there were various decisions to make. These included the choice of an oncologist, the drug regimen to take, and the facility where I would receive chemo treatments.

Choice of an oncologist. This was one of the most challenging steps in my journey. Why? The first oncologist (no name!) to whom I was referred upset me a lot. In laying out his prognosis for my future life span, he was very negative. That doctor relied on research data from a study that was decades old, and that did not take into account my unique circumstances – an extremely early diagnosis and no tumors in my lymph nodes. He opined that my odds were poor and that I might not even make my daughter's wedding. When I mentioned that Dr. Coppa, my surgeon, felt that my prognosis was excellent, the oncologist pooh poohed this. He was a real downer!

The next oncologist I visited was from one of the major cancer hospitals in the world. That doctor stated that they followed a one-drug regimen. However, I might be able to qualify for a clinical test of a combined drug regimen (through a lottery). If I "won," I would have a 50/50 chance of being in a control group and receiving a placebo rather than the multi-drug regimen. That was not appealing either.

I then turned to my go-to Dr. Terrana for his recommendation of an oncologist. And that really clicked. Linda and I met with Dr. Jeffrey Vacirca of North Shore Hematology and Oncology Associates (NSHOA), which is now New York Cancer & Blood Specialists (NYCBS). He came across as very compassionate and knowledgeable, while advocating a multi-drug regimen. He did not paint an overly rosy outlook. However, he offered hope and pledged his best efforts to foster a long-term healthy life. And he was sure that I would make my daughter's wedding – and a whole lot more.

The drug regimen to take. Dr. Vacirca suggested that I have a port inserted in my upper right shoulder. Then, the intravenous drugs could be injected directly into the port, rather than having to find a vein in my arm every time I had chemo. Although the port required a brief surgical procedure, I recommend it to anyone. I saw too many people suffering as the nurse had to find an unused vein. At times, this meant they had to endure multiple needle pricks.

Due to my specific situation, Dr. Vacirca said that I would not need to have radiation treatments in addition to the chemo. Again, I was lucky. We agreed on a chemotherapy regimen known as GAX -- Gemcitabine, Abraxane, and Xeloda. The combination of drugs would potentially boost my long-term prospects. Despite the possible side effects, I eagerly wanted to do the GAX regimen. I was determined to do everything I could to enhance my life span and quality of life.

Choice of facility. **Since NSHOA had a number of treatment facilities, I opted for the office in East Setauket, NY due to its extensive services and personnel, and, of course, Dr. Vacirca. It was also the home of Diana Youngs, the excellent nurse practitioner working with Dr. Vacirca.**

Just before starting chemo, I had a special briefing about one of the drugs – Xeloda – because it had the greatest potential and dangerous side effects. According to MedlinePlus:

> ***Xeloda comes as a tablet to take by mouth. It is taken morning and evening for 2 weeks, followed by a 1-week break before repeating the next dosage cycle. Some side effects can be serious if you experience any of these symptoms or those listed in the IMPORTANT WARNING section.*** [13]

Despite the numerous possible side effects, I wanted to at least try Xeloda. It would supplement my injected chemo drugs of Gemcitabine and Abraxane. More on this regimen shortly.

Now, I was ready to embark on my chemotherapy sessions. I took the Xeloda tablets every morning and evening as instructed (see above). Then, when I went to a chemo session, bloodwork was done every time to make sure I was strong enough for chemotherapy. I had chemo twice a week for several months – with breaks every few weeks. This ended on August 26, 2015.

At each chemo session, I received a saline injection into my port and also received my chemo drugs. It took several hours for one full treatment. Thus, I brought

food, drink, and my trusty Kindle. And after a session was concluded, I was truly exhausted. That's why Linda (and sometimes, Adam) came with me, especially for the first several visits.

Almost immediately, I suffered some of Xeloda's more serious side effects: nausea, vomiting, a fast heartbeat, diarrhea, and splitting skin on my fingers. As a result, I stopped taking Xeloda IMMEDIATELY. Dr. Vacirca advised me that the two-drug regimen would be nearly as effective.

By no longer taking Xeloda, the worst side effects went away. But throughout chemo, I had frequent bouts of nausea and diarrhea. And periodically, my white cell blood count got too low; so I needed to take extra shots. A couple of times, I required an iron IV. For nausea, I was given two drugs to take with meals: Creon and Zofran. They worked quite well; and I still take them. Lomotil helped with the diarrhea. And while it may be hard to believe, during all that chemotherapy time I remained upbeat and optimistic. Yes, I was a lucky man!!

A couple of anecdotes, one serious and the other rather amazing (looking back). <u>Serious:</u> A few times I had to "persuade" the doctors that I was OK to have chemotherapy, when my bloodwork was too iffy. Pleaded was more like it. I explained that I had to be good to go for my daughter's wedding. That was the driving force for me at the time. They usually went along with me. But I had to get extra medications. And yes, I realize they were looking out for me and my well-being.

Rather amazing. As a hot-shot (said tongue in cheek) university business school professor, I did interviews for a wide variety of media. One local cable TV show featured me rather frequently in 5-minute clips. About a third of the way through my chemo treatments, I was asked to do some video interview clips. The reporter would come to my house, I'd sit in front of my fireplace, and we'd do 4 to 5 clips that would be shown one per week over the next month or so.

I was having a tough week, since in addition to my chemo, I had to have shots three days in a row for a low white blood cell count. On the day I was to do the interview, I drove 45 minutes to get my third day's shot, drove home, and changed into a jacket and tie. [In TV land, shorts are usually OK, since they rarely shoot below your waist. LOL]. We did five short interviews, with the set ups between interviews taking longer than the chats themselves.

When we were done, I wondered how I got through all of the interviews – on five different topics. Grit and determination, as well our adrenaline flow, can take us a long way. By the way, it was hard for me to watch the interviews. I still had months to go with chemo, and I looked emaciated and had thinning hair. Not how I wanted to see myself. But, hey, I was able to do the interviews and I thought I sounded good, even if I didn't look that way.

While in chemotherapy, I discovered a new cancer community – my fellow cancer survivors going through chemo at the same time I was. We talked, we teared up, we laughed, and most of all, we supported one another. It made the time pass quickly, and it was so good to share with those going through similar experiences.

In the East Setauket facility where I received my chemo treatments, there were a few different-size room configurations. The rooms ranged from 3 to 4 chemo set ups to 7 set ups. Some rooms had TVs, while others didn’t. I think I surprised myself by eventually settling in at the room with the most other patients and no TV. It was the best choice I could have made. We very much reinforced one another. Once chemo was completed, I signed up for our community’s Facebook page. I try to post upbeat material there.

Despite the side effects and tiredness I felt due to chemo treatments, I really tried to stay “happy.” How did I pull this off? First, I started going to Thursday night meditation classes with my daughter Jennifer. As a cynic, I was astonished by how good the classes made feel. I got to relax during the class, I learned very useful breathing methods, and I even acquired meditation techniques that enabled me to be calmer in stressful times.

Second, I decided to go back to the gym twice a week. I could do almost nothing because I was weak and tired. BUT, wow did I feel great after going. It showed me that I was making progress and that boosted me quite a bit psychologically. Never did 1-pound weights achieve so much. And while at the gym, I interacted with other members of my community – gym members who exercised when I did.

Third, although I could not teach my classes while on chemo, due to the side effects, there were other brain-related activities that I could do. I was motivated to write regular posts for my two blogs. I created exams for the classes my colleagues taught for me. I also graded those exams, as well as the term papers. Finally, I continued working on a journal article that I then submitted. It was published in 2017. That was a big lift for my psyche.

The above activities reminded me of a long-ago lesson I learned in a graduate psychology course. Performance = motivation x ability. My motivation was – and remains – off the charts. You can motivate yourself. Just set a few reasonable goals and do the tasks necessary to reach them. That will put a huge smile on your face. 😊

While chemo was hard for me, it was also difficult for Linda. I was emaciated, constantly tired, and having side effects she was around to witness. We must NEVER lose sight that our loved ones suffer too. They need our support, as we need theirs.

In sum, the grueling chemotherapy treatments that I went through in 2015 have been a blessing. I am alive and well (remember, everything is relative 😊). I can work, go to the gym, see my family and friends, and experience life. As Robert Frost once said: “I have promises to keep, and miles to go before I sleep. And miles to go before I sleep.” Live life every day.

After Chemotherapy

When I finished chemotherapy on August 26, 2015. I felt rather incredible about this. Both physically as well as psychologically! Little did I know how fleeting this feeling would last.

Just four days later, Sunday August 30, 2015, I was having brunch at home with family and friends. We were shortly to be headed over to my daughter's bridal shower. That never happened, at least for me any way.

I ate a sandwich and a couple of cookies (yes, the cookies were on the no-no list – but it was a special occasion), after taking my medications, including my insulin. I remember checking my blood sugar, and it was 82. That was low, but not awful – or so I thought.

The next thing I knew, I was feeling dizzy and went to sit down. When I was about six inches above the chair, I passed out. As a result, I remember nothing from the time I was almost sitting down until I awoke in the hospital. One of my friends (Marc) was a paramedic, and he rode in the ambulance with me. Jed and Seth followed us. Later on, my friends told me that my blood sugar level hit around 30 while I was in the ambulance. Another close call for the world's luckiest man.

After a couple of days, I was discharged from the hospital, and cleared to resume my normal activities. So, I returned to Hofstra and taught my first post-surgery class on September 2, when fall classes began. This made me happy and aided my self-esteem.

But I started feeling back pains and had an MRI to check things out. Because of the chemotherapy, my spine had gotten more brittle and I developed osteoporosis. That meant that my fall had caused a back injury. According to the MRI: "1) Sclerotic appearance to multiple lower thoracic and lumbar vertebrae. 2) Sclerotic lesion vertebral body of L2 with compression deformity of inferior end-plate with approximately 15% reduction of height, suggestive of metastatic disease." Huh? Again, I'm not an MD. Sure sounds creepy though. Right?

I was referred to an interventional radiologist for a consult. I never heard of that specialty before. As Johns Hopkins defines it: "Interventional radiology is a medical sub-specialty utilizing minimally-invasive image-guided procedures to diagnose and treat diseases in nearly every organ system."

It was agreed that I would have a procedure whereby the compression in my lower back would be reduced by inserting cement between the two affected vertebrae. This was a brief technique done under local anesthetic. It was a big success.

Two anecdotes here – one serious, the other more humorous. The first one: There are many reasons why a lot of people don't like medical insurance companies. In my case, it was the insurer's initial denial of approval for the needed back procedure. According to the insurer, the pain would pass without any intervention. This was despite my specialist's telling the insurance doctor that I really needed the procedure. Finally, 15 minutes before the procedure was due to start, my specialist received approval. Then I was wheeled into the OR. Thank you Dr.

Kenny Lien for going the extra mile for your patients. Boo to insurance companies that feel the power to overrule specialists in the field.

The humorous anecdote: When I got into the OR, Dr. Lien explained what he was going to do. I would get a strong local anesthetic in my lower back. Then he told me that he would use a tiny hammer (which he showed me) to make a small hole in my back so he could insert the cement. I don't know why, but I thought that was pretty funny.

Once my back was numb, I heard a light tapping sound. I didn't feel anything. But I started laughing. Why? I was listening to a hammer banging in MY back. Dr. Lien then stated that because the compression in my back was a lot, he would have to use his little hammer to create a second hole. Ten minutes later I was in recovery. And soon after, I returned home – rather pain free.

Here's the motivation aspect related to my back problem. Because I had to miss virtually the full spring 2015 semester, I was HIGHLY motivated to not miss any further classes relating to health-related issues. So, the back procedure was on Tuesday September 22, 2015, and I taught my class on Wednesday September 23, 2015. I was sore and had to sit throughout the class. But I got another big psychological boost by teaching. Despite some discomfort, I never did miss a class that semester. Again, being upbeat is a choice and a blessing.

Having the procedure on September 22, 2015 gave me one month to build myself up for the October 24, 2015 wedding. This was one more motivator.

During and after chemotherapy (and to the present time), I became a voracious reader of novels. Before then, I focused on newspapers, professional magazines, and journal articles for my reading. And that was not pleasant reading; it was part of my academic life. But with all the down time that I had with chemo treatments, I was able to re-discover the joy of reading books. As with meditation, for me, pleasure reading helps block out negative thoughts.

What do I like reading? Unlike a lot of my peers, I'm not big on non-fiction books. To me, there is enough non-fiction in life. I read detective stories, spy novels, and legal thrillers, among other topics.

Also, it has been a lot of fun to discover unknown authors. For $2 to $4 per E-book, I have found many such authors. I am a particular fan of "boxed sets," whereby the same characters carry over from book to book. With one such character, I have read twelve novels in the series. I appreciate the continuity of those characters.

Ponder this: Yes, the big-name authors often write good stuff and sell a huge number of books. Yet, lesser-known authors also often turn out their own outstanding books. So, pick a $2 book with many four-star reviews and be exposed to a whole different universe of authors. Give the little guy or gal a chance. 😊

After chemo, another big challenge for me was settling into a consistent routine, given that so many physical changes in me had occurred. However, my community remained quite strong and an integral part of my life.

Following are several examples of the adjustments I had to make for my "new" normal life.

What was I going to do on a typical day? I tried to set up a routine whereby I read the newspapers, ate breakfast, went up to my home office to work on my blogs and engage in E-mail, and then took a break before lunch. After lunch, I would return to my home office for a while. And almost every day, I took a nap before dinner. After dinner, I would typically read a novel for two to three hours. That's how I finish reading multiple books each week.

When would I take my medications? The meds for me were spaced over the day, with the same meds being taken every day. Except for my insulin, I would always take the same dosage for all medications. And they would be divided among breakfast time, lunch time, dinner time, and bed time. Although my insulin was also taken then, the dosage would vary, based on my blood sugar level. I also learned that I needed a higher dose of insulin with breakfast. In my individual case, there would otherwise be a spike between breakfast and lunch.

What would I eat? I must admit that early on my diet was pretty limited. This was not because of too many restrictions. Rather, while I became educated about nutrition and food ingredients, I stuck to a very simple food regimen. It made me feel comfortable that I was eating the right things. For dinner, I very often had soup with a main course. Vegetables, fish, and salads were the dishes I favored. Note: In making my food choices, I also had to keep in my mind my much smaller stomach and that I was a diabetic with extremely wide fluctuations in my blood sugar. I saw a nutritionist at NSHOA, who was quite helpful in laying out meal plans and enabling me to learn more about the elements of a good nutrition plan. In addition, I needed to put back some of the weight that I lost from before the time of the surgery through the completion of chemo treatments.

How would I handle the long-term side effects from my surgery? Some side effects diminished greatly over time, such as my throwing up. This became a rare occurrence. Other side effects will always be with me, such the tightness in my abdomen and my osteoporosis. I still take meds for the nausea and digestive issues. Nonetheless, the bottom line is my life is pretty normal for someone my age. I can do many of the things I could previously. And ce’st la vie (it is what it is) for the things I can’t do. As I have noted before, I see no value in crying over spilt milk. I am happy for what I am able to do, rather than upset over the things that I cannot do. For all of us, happiness truly is a choice. So, choose happiness!!!

What kind of social life would Linda and I have? The lack of a social life while I was sickest was not easy to deal with. I felt – and still feel – badly for Linda. Not only did she to have to be a caregiver and to worry about me, Linda was a virtual prisoner in our house – except for going to work. Since I was so tired during and right after the chemo treatments, I wasn’t physically able to get out of the house much. And if we went out to dinner, I inevitably became nauseous. Too many times we had to cancel out on our friends because I wasn’t feeling well. Thankfully, over time, Linda and I were able to get out more – even to see Broadway shows. Thank you Linda for persevering with me.

How would I exercise? Before my surgery, I had become something of a gym rat. At age 50+, I lifted weights for the first in my life. I worked with a trainer twice a week for about a decade. I could leg press 400 pounds. My typical workout was between 1.5 and 2 hours. All of this made me feel terrific in both body and soul.

Since my surgery, my exercise routine has changed dramatically. I restrict myself to 10-lb. dumbbells. I no longer work with a trainer, as I don't know when I will not feel well, and I hated cancelling my appointments. Yet, there is also very good news. I still go to the gym, but more spontaneously. I work with an elliptical machine and the exercise bicycle. I do leg lefts, and lots of stretches. I walk the track. Yes, it would be nice to still play tennis and golf, but I have learned to be happy with what I can do. I choose to be happy. My glass is much more full than it is empty.

What medical procedures would be necessary? I realized that chemotherapy was not the end of my medical care. There is still considerable testing: regular bloodwork, CT-scans to be sure the cancer has not returned (at first, every three months; now, every six months), periodic bone density tests (due to the osteoporosis), quarterly diabetes-related blood tests, etc. And I continue taking the prescription drugs that I started post-surgery. These medical actions all allow me to pursue my number one goal: To live as well as I can as long as I can!!

To quote Amanda Chan, writing for the Parkway Cancer Center in Singapore:

It is natural for people going through stressful situations to experience persistent negative thoughts. Being diagnosed with cancer and going through treatments are events that may trigger distressing thoughts and worries. Distractions may help to keep these worries at bay temporarily, only for them to surface again during vulnerable or idle moments. You may feel helpless, angry, or even be self-loathin;, and as a result, you may find it hard to sleep well, eat well, or enjoy the things you used to do or like. These thoughts, if perpetuated, may even lead to clinical depression. Here are some strategies which may help you to handle negative thoughts better.

1. *Identify what triggers your negative thoughts*
2. *Count your blessings*
3. *Repeat a comforting phrase/prayer/song/poem*
4. *Read or watch inspirational stories of cancer survivors*
5. ***Stay in the present***
6. *Schedule a 'worry break'*
7. *Reach out to someone you know who is suffering*
8. *Seek professional help*[14]

Returning to Work

In preparing to teach my first class after the Whipple surgery, I admit to being more nervous than usual. Much more nervous. Why? I had missed a semester. I wondered if I still had "IT." I always had strong ratings from my students and often had the first class in my department that filled up. But I worried that I had lost my mojo. I also realized that I was very thin and looked sickly. In addition, I would have to sit at the podium to conserve my energy. I was used to walking around and interacting with the students. Finally, I didn't think I would be as animated as before.

My initial classes went fine. As noted earlier, I soon thereafter had kyphoplasty (a fancy term for cement being placed into my back). Even though my back pain was greatly lessened from the procedure, I became even more nervous about my subsequent days of teaching, just a short time following the kyphoplasty. I was especially anxious on Mondays as I was teaching a 2 hour and 20 minute graduate class shortly after my 85 minute undergraduate class concluded. I worried about my stamina.

Ultimately, everything went great in the fall 2015 semester. Yes, I had to sit more during both classes. And by the end of the graduate class at nearly 8:30 PM, I was exhausted. Nonetheless, as I should have predicted from the decades of teaching, adrenaline is a wonderful thing. It lets you do what you might think is impossible. Furthermore, when you are teaching, you really can only focus on the job in front of you. If you get distracted,

the students will know this instantly. Focus is good – for me anyway.

Since returning to work meant extended time out of the comforting confines of home, I needed a routine for the days I taught. In particular, I had to be quite vigilant about my blood sugar level. As I was still rather new to widely varying levels, I had to be prepared for any likelihood.

I never left the house without my trusty blood meter and test strips. I had insulin to take with my lunch. I had juice boxes and a glucose gel to take if my sugar got too low. I brought healthy food for lunch. And I had a mini-bag of M&M's to consume in class if I felt a low sugar level coming on.

There were a couple of times that my blood sugar level was too low right after eating. That was an easy adjustment. The hard part was trying to figure what my blood sugar would be during class. In my case, it seems that my adrenaline rush while teaching would mean a possible big drop in my blood sugar level. From this, I learned that I needed to go into class with an elevated level, much like I would do before beginning to exercise.

Because of my variable blood sugar, I realized that would have to find out my blood sugar level during class, if I felt a low coming on. How do you do that in a classroom full of students? Answer: In my classrooms, there are teaching podiums. They have a front façade that rises well above the keyboard I used to access slides and videos. By keeping the meter flat on the podium desk, I found that I could take my sugar level without anyone seeing me do so. If I saw a low number, I immediately starting chewing my M&M’s and drinking from a juice box. This worked every time. Thankfully!!! After a while, this became second nature, and I didn’t give it a second thought. Another reason why I am a lucky man.

I was also able to quite easily integrate back into my department. My colleagues were welcoming and respectful. We chatted a lot, and I was always open about my illness. I think some people were surprised to see me back at work. But there I was – ready, willing, and able.

Gradually over the fall semester, I became much stronger and more aware of the new routines for the days I taught. Although I still sat a lot while teaching, I could be more animated and walk around some during class. One thing that did not change during my first semester back was that I was very tired by the end of my evening graduate class. Getting to my car took a while.

A decision I made, that continues today, was to reduce my university, school, and department service activities. I led or was a key member of a number of committees and initiatives that entailed considerable time on campus. That was too much for me; and I knew it.

As Clint Eastwood said in his *Magnum Force* movie: “A man’s got to know his limitations.” I have found that to be a valuable life lesion. And it affects many of the questionable activities that I now avoid. For example, I have bad (arthritic) knees. This means that I cannot play tennis, jog, or even use a treadmill. If I try, I feel my pain immediately. Thus, after a couple of stupid attempts at these activities – all of which I loved, I realized my limitations and chose to avoid them. HOWEVER, my limitations do not include the exercise bike, the elliptical machine, leg lifts, light weights, and walking the track at the gym. I do use knee braces when walking a lot. That’s another part of my being smarter than I was in the past.

Back to Hofstra. My reduction in on-campus tasks did not mean that I lost my enthusiasm to be of service. It meant that I now did a lot more things that I could handle from my computer, such as operating a school blog, running our department’s LinkedIn group, and working on curriculum proposals for both the business school and my department. I also advised numerous students from my office at Hofstra. These activities allowed me to continue to be and feel a valuable part of my academic community. That was vital to me.

I also was motivated to keep on writing. That involved doing research for journal articles and working on my textbooks. This was another way in which my self-esteem was lifted up. No matter how much we have accomplished over our lives, many of us still want to be appreciated by our peers.

Here are some additional observations about returning to work after a major illness.

According to Skip Richard, these are six tips:

1. *Listen to your body.*
2. *Listen to your doctors and physical therapists as well.*
3. *Pace yourself.*
4. *Practice memory [brain stimulation] techniques.*
5. *Don’t get frustrated.*
6. *Do something to prove to yourself you are close to returning to your old self.*[15]

And Richard L. Burns notes:

> *Step One: Reduce pampering and self-pity and take positive actions.*
>
> *Step Two: Develop positive mental attitudes and actions that convey present-day philosophy and activity.*
>
> *Step Three: Remember that mental "gymnastics" will necessarily follow physical wellbeing.*
>
> *Step Four: Regain normality in life as quickly as possible.*
>
> *Step Five: Speak, read out loud, enunciate, stop slurring and doing the easy, but sloppy ways.*
>
> *Step Six: Learn new things.*
>
> *Step Seven: Listen to and follow medical advice.*
>
> *Step Eight: This is the simplest. It's reading and learning about medical advances, life today, triumphs of man against adversity, and your triumphs to come. Learning about activities that you might do. The avocations and hobbies that might allow you to be better, do better, achieve better.* [16]

Live Life Every Day! 😊

The Wedding

From my initial diagnosis in January 2015 to the day of Stacey and Adam's October 24, 2015, I was extremely obsessed with being at my best. It was the dream for the whole family.

[NOTE: This does not mean that I ever viewed this one event as the end of my personal journey. But it was a big objective for me. As I said before, my overarching goal is to live as long as I can as well as I can. Thus, in a way, the wedding represented a beginning stage in my new life.]

Despite some anxiety at first on my part, I was quite convinced that I would be at the wedding. And I wanted to be able to walk Stacey down the aisle, dance with her, and give a toast to Stacey and Adam. In my mind, there was no doubt I would get through everything I needed to accomplish to be at the wedding. "No, I would not be able to be there" was never an option for me. Never.

Fortunately, most of the important wedding decisions had been made before my diagnosis and surgery. As the father of the bride, I really wanted to play a role in these decisions. And I could! We had selected the date, the venue and caterer, the clergy, the photographer, the flower arranger, etc. Stacey and Adam picked out the band; it was great. Stacey's dress selection was an all-female production – men not really wanted. LOL. The dress was gorgeous.

From the date of my surgery until the wedding itself, my primary role was to get as healthy as possible. My major role with regard to the family was to try to be happy while I was struggling physically. Their mental anguish far exceeded my own concerns. Whereas, I knew that I was going to be at the wedding, they weren't nearly as sure. In fact, they often felt that I was engaged in wishful thinking.

My secondary role was trying to get everyone else to be more upbeat. It took a while for me to grasp that the ill person (in this case, me) may have fewer doubts and higher aspirations than the well people who could only worry about what could be possible for me. And that must have been exacerbated by seeing see me so thin and weak, and having reactions to my chemotherapy treatments. I get it now, since I'm back to a more normal life worrying about my loved ones.

Here are a couple of quotes on the concepts of anxiety and worry among caregivers:

> *We all live with a certain amount of anxiety, much of which is caused by fear of the unknown. Since health issues can change without warning, caregivers, as well as the people they care for, often live with higher than normal levels of anxiety – and that anxiety can be contagious. The person being cared for picks up on the anxiety of the caregiver. His or her anxiety may stem from not knowing what is causing the person caring for them to be stressed, so they blame themselves. Or they may just absorb the feeling of general anxiety that radiates from the caregiver. [Carol Bradley Bursack on AgingCare.com]*[17]

> *Anxiety is what we experience when the worries are so numerous and intense that we can no longer think clearly. Our minds become fixated on worst-case scenarios and overwhelmed by feelings of fear and helplessness, even when real danger has passed. We have difficulty making decisions or interacting with our loved ones calmly. Our bodies, too, may suffer symptoms, such as palpitations, tremors and tense muscles. Anxious caregivers, for all their good intentions, are often hobbled by their fears. But fear can be reduced to normal, manageable worries if we are willing to approach our anxiety as a treatable condition.* ***[Barry J. Jacobs on AARP.org]***[18]

One big task and one medium task remained for me to be a proper wedding participant. The larger task involved compiling and winnowing Linda and my choices of whom to invite to the wedding.

Stacey and Adam prepared their list, and Adam's parents prepared theirs. The final list was larger than expected. But, you only live once; and this was a monumental event for us. So, 😊

The easier task was to choose the menus for the cocktail hour and the dinner. There were really a lot of choices for us. Yet, picking the food and drink selections turned out to be quite easy. We were all in such agreement. Yea.

Another activity that I had to undertake, a few weeks before the wedding date, was to go for a fitting of the tuxedo and accessories that Adam had designated. Normally, the fitting for a tuxedo rental is no big deal. In and out, get a tux in your regular size.

However, in this instance, the tuxedo fitting was not a pleasurable event for me. Why? Since the wedding was taking place only eight weeks after I finished chemo, I remained looking emaciated. I was not pleased seeing myself in the full-length mirror. And I wondered how others would view my appearance. Turns out, there was nothing to worry about except how I saw myself. More on this shortly.

We picked a very nice boutique hotel near the wedding venue for family and out-of-town guests to stay during the wedding weekend. Since the wedding was on a Saturday night, Linda and I decided to book ourselves into the hotel for Friday and Saturday nights. Stacey and Adam got a bridal suite, which was beautiful. I got to nap – a necessary activity for me!

On Friday night, we hosted a dinner for family and out-of-town guests. This was the first time since my cancer diagnosis that I saw some of them. We were still 24 hours until the wedding and I was very emotional already. Everyone told me how well I looked. I realize that they meant it. But, a part of my brain said they thought I looked well because they were expecting me to look worse. A mind – mine, anyway – is a terrible thing to waste.

Saturday turned out to a 10+ on a scale of 1 to 10. Everything went super. However, it was also an extremely l-o-n-g day. There were lots of things to do and a very late evening to handle.

The three most important women of my life – LOML Linda and daughters Jennifer and Stacey – were made up, had their hair styled, and looked gorgeous. My job was easier: shower, shave, get dressed, and brush my hair. The women took hours to get ready; I took under thirty minutes. Mars versus Venus, right?

We left early to get to the venue – to make sure everything was set, for Stacey to put on her wedding dress, and to sign documents. It was a beautiful fall day and night.

There was a hotel shuttle that took us and our guests to and from the wedding. This was partly for everyone's convenience and partly to enable the consumption of alcohol without people having to drive afterwards.

The cocktail hour featured finger food and various beverages. Linda and I may have had one hot dog between us as we flitted around among our guests during this hour. [I don't really know how to flit. However, it is a fun word.]

When I saw our guests, my emotions opened up again. And not for the last time that night. There were family and friends from near and far -- from near (Long Island, NY), far (California and Colorado), and a lot farther (Manchester, UK). As well as young (4 years old) to less young (80+ years old). There were those we saw all the time and those we had not seen in a while. My heart overflowed with joy. All I can say is wow!

Now, we were up to the main event. The room set up as a chapel, complete with a bima and a chupah [a canopy under which a Jewish couple stands in their wedding ceremony], was fantastic.

The bridal party included various relatives and Adam's niece and nephew as flower children. Adam was escorted down the aisle by mom Leslie and dad Joel (yes, we have two Joels now). Stacey was escorted by Linda and me. My heart was popping out of my chest until Adam came for Stacey. I was so excited. The service was co-officiated by Adam's family rabbi and our family cantor, who is our long-time friend and confidant (Cantah H).

My only concession during the wedding service was that I did not have the stamina to stand on the bima the whole time. Someone gave me a chair to sit down. I had made the first part of my goal – to walk my daughter down the aisle. So, I was good.

Next up was dinner. As when we walked down the aisle, there was not a dry eye in the dining area as Linda and I entered the room. And now I was able to chat more with our family and friends.

My only other concession that night was that I had to lie down for about a half hour during the lengthy dinner (many courses). This was due to my back bothering me, not due to my cancer recovery. I thought that was kind of ironic. After the half hour, I felt re-invigorated and ready to go full tilt. And I did.

Before we got to the dessert portion of the dinner, I accomplished the other parts of my goal. I danced with Stacey. And I offered a toast. During the father-daughter dance, Stacey and I kept looking at each other. I think our recollections differ. My recollection: Stacey said, if you start crying, I'll start crying too. Then she started crying, which led to me crying. Her recollection :

Stacey said, if you start crying, I'll start crying too. Then I started crying, which led to her crying. Either way, it was a beautiful moment.

The song I picked for the father-daughter dance was "My Little Girl" by Tim McGraw, sung live by the wedding band. Here are some of the words that make that song so special to me. Thanks Tim McGraw and Tom Douglas for such heart-warming lyrics [I'm tearing up now.]:

> *Gotta hold on easy as I let you go.*
> *Going to tell you how much I love you.*
> *Though you think you already know,*
> *I remember I thought you looked like an angel.*
> *Wrapped in pink, so soft and warm.*
> *You've had me wrapped around your finger,*
> *Since the day you were born*
>
> *You're beautiful baby, from the outside in.*
> *Chase your dreams but always know*
> *The road that will lead you home again.*
> *Go on, take on this old world but to me,*
> *You know you'll always be my little girl.*
>
> *Sometimes when you're asleep,*
> *I whisper I love you in the moonlight at your door.*
> *As I walk away, I hear you say,*
> *Daddy love you more.* [19]

There must have been a million desserts, or at least several dozen. Sugar-free desserts were there for me and others with blood sugar issues. Guests also enjoyed various coffees and liquors. And the band played on until nearly 2 AM. I was there to the every end!!

Linda and I returned to the hotel both elated and exhausted. Since our adrenaline was still pumping, we talked for a while. Yet, Sunday morning we were up early to host a brunch for family and out-of-town guests. How we could eat any more was beyond me. Nonetheless, we certainly did.

We ended with a bunch of tearful goodbyes. Our good friend Seth took numerous photos of the wedding night and then insisted on driving thirty miles to drop them off on Sunday. That was a nice and appreciated act of thoughtfulness.

October 24, 2015 was truly one of the best days of my life. Not only was I able to attend the wedding. I was able to walk my daughter down the aisle, dance with her, and give a toast.

This chapter is another illustration of why I considered myself – and continue – to be the luckiest man alive.

👍 👍 👍 👍 👍

Living Life Every Day

It took a little while for things to calm down after the wedding weekend. My challenge was to continue to live life every day in an upbeat manner now that the “big” event was concluded. However, this was pretty simple for me. Why? I always kept in mind that I was the luckiest man alive. And this meant new goals for me.

But, before I get to the post-wedding tasks that I took on, let’s look back much further. This next discussion is something I didn’t cover earlier. Yet, it is something important to detail at this point – in the interest of openness and full transparency about my life. I am a far better person today than ever before. My life journey on this road well predates my getting cancer. I hope you can gain some insights from this part of my journey. Here goes.

As I noted previously, I have been a high achiever throughout my adult life. Ph.D. at 26. First book published at 30. Chairperson of my department at Hofstra at 30. Full professor at 35. Distinguished professor at 40. Not bad for someone who was the first member of his family to attend college, right?

I mention these achievements not to brag, but as a prelude to showing how human I was – and still am. I have flaws and self-doubts like virtually everyone else. Many of them I recognized when I was young. Others took a while to grasp. I am still learning about myself today. A life turning point for me occurred in the summer of 1994. This is a difficult story to tell. And I have not

shared it with very many people. But I overcame this too. And so can you if you face a tough situation.

I decided to teach a class overseas, in Rotterdam, Netherlands, and to bring my family with me. Jennifer was a teenager and Stacey a pre-teen. We rented a nice place to stay and leased a car. We arrived a couple of days before I was scheduled to teach at a Rotterdam university to adjust to the time change and to get acclimated.

Then, everything went wrong. I got lost driving in Rotterdam's seemingly endless traffic loops. Although the place was nice, it was not as nice as our Long Island, NY home. The family argued a lot. AND I had a growing anxiety about teaching. I questioned my abilities and my knowledge.

On the first day of classes, I took the train to the university and walked over to campus. I felt nervous just getting to the classroom. The first class went well – except in my own head. I thought I was a disaster. By the time I returned to the place we were renting, I was hyperventilating. Then I was crying. I was undergoing a full-fledged panic attack. I also felt I was letting everyone down.

So after ONE DAY of teaching, Linda had to book a return flight home for us. It was arranged that the other Hofstra professor teaching there would teach my class as well. The leased car was returned (at a loss to us of about $2,000). And I actually rode in a wheelchair at the airport, since I was virtually unable to move. Linda and my two daughters were worried about me. Thankfully, we arrived home with no other issues.

Once we returned home, I became a prisoner in our bedroom for about a week. I couldn't talk or eat. The bedroom door stayed closed and I couldn't get myself to converse with the friends who came by to comfort me.

Initially, there was only one friend with I whom would talk, Bob of Janine and Bob. They drove over two hours from New Jersey. At that point, I had known Bob for about 25 years. We had played together (for example, our own version of the Olympics – complete with a jump over Mr. Turtle), debated everything possible all the time, and even vacationed together. We always had to "win" our debates.

[I cannot continue without mentioning the sadness I feel over the loss of the third of our three amigos, Ken – beloved husband of Rita and father and grandfather. Ken had a long battle with cancer and was upbeat until the end. Ken, we drifted apart for a while. But, we reconnected and today I consider you one of my heroes. Rest in peace.]

Bob and I talked for quite a while. He was – and is – within the inner circle of my community. So too is Janine. Thank you for being there for me.

Next, I knew I needed to see a therapist. I was recommended to a psychiatrist, who also suggested that I see a psychologist. Only then did I learn the different primary roles of each of the two types of therapists: prescribing medications versus counseling.

Another aside: Until that time, I thought that seeing a therapist or taking medications for psychological issues would make me weak. After all, a strong person should be able to handle this stuff on his or her own. Once again, that was a DUMB perception. I realize now that a strong person is actually one who recognizes that problems exist and does everything possible to correct them.

Thus, I have seen both a psychiatrist and psychologist since 1994, and taken appropriate medications. A special shout out to SP and TA for your help and support. SP, our ongoing regular sessions have been invaluable. I am more content with myself than I ever was before!

Why relate such a personal story? If I can overcome (manage) my demons and anxieties, so can you. Professional help works – along with a willingness to be helped.

Back to life post-wedding. Since my intent was never to miss a class, I was back at Hofstra on Monday October 26. And I was stoked to teach to the best of my ability. This continues to this day.

At the same, I continued with my social media activity and research for academic journals, and also started work on the 13th edition of one of our textbooks. I set up and emceed a couple of meetings with our department's alumni advisory board. I also became more active at the gym with an expanding list of things that I could do. Linda and I started to go out a little bit more with our friends (depending on how I felt), and we had dinner each week with Jennifer and Phil; they're the ones who live two blocks from us. Weekly meditation was still on the menu. And we regularly saw Stacey and Adam. Naps are an every day occurrence. Life was – and is – good (make that great).

Sometime in 2016, I began to think about when I would like to retire. At that point, I was at Hofstra for 41 years, and wondered how much longer I wanted to stay. My ultimate decision was driven more by how I wish to live life every day, more than by concerns about my health – although the two factors are intertwined.

I am fortunate that Hofstra has an excellent retirement plan and an easy transition to retiring – rather than going cold turkey. In August 2016, I signed a 5-semester (2.5-year) commitment that culminates in my retirement on December 31, 2018. Through this agreement, I have received full salary and fringe benefits, as well as leaves (sabbaticals) during the spring 2017 and spring 2018 semesters. I am a lucky man.

My goal earlier in my career was to be at Hofstra for 50 years. But these days, and given the current instability of many jobs, I am very satisfied to be finishing up with 44 years. Not bad for someone who always used to worry about so many things.

What's next? Work on social media. Writing other books that are not health-related. Getting myself out of the house more. And giving back. Living life every day – as long as I can and as well as I can.

Choosing to Be Happy

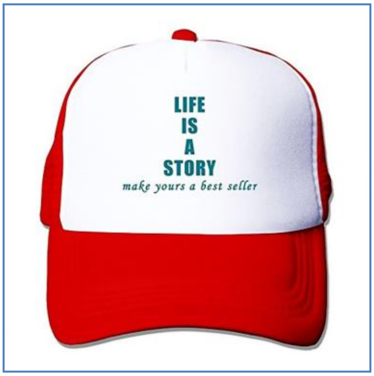
Happiness is an integral aspect of living life every day – as long as I can and as well as I can. Of course, there are occasions when I do feel down. I am human, after all. But unlike in the past, I strive to reach a happy place much more quickly than I ever did before. Feeling badly fixes nothing.

As part of my happiness endeavors, I have acquired quite a hat collection. These hats are intended to generate a chuckle and lighten the mood – for me and others. Yes, I wear these hats on campus and to my classes. I want my students to feel less stressed, too.

Here are several examples from my hat collection. Happiness is a choice!!!!

And this is a more serious happy hat to me.

LIFE IS A STORY. Make yours a best seller



What makes me the most happy?

- *Time with Linda*
- *Time with my children*
- *Time with friends*
- *Giving back*
- *Exercising*
- *Seeing the sun rise and the sun set*
- *Traveling*
- *Assisting current and former students in their journeys*
- *Doing tough crosswords*
- *Going to the movies and to live theater*
- *Talking*
- *Laughing*
- *Living life every day*
- *And a whole lot more!*

Being happy makes me feel alive and wanting to face the future in a proper frame of mind. My computer screen saver can turn a frown into a grin quite quickly. Why? It rotates every picture saved on my computer – from vacations to parties to key events, and a whole host of other topics. If seeing a baby picture of one of your adult daughters or photos from key anniversaries of Linda and me don't make you smile, what will? FYI: Setting up a screen saver with your photo albums is easy. Try it out. Be happy!

Let me conclude this rather brief, but important chapter, with several quotes. Remember, this whole book has focused on trying to be happy even in the most dreadful circumstances. Keep recalling the best day of your life.

From Good Reads: [20]

"For every minute you are angry, you lose sixty seconds of happiness." Ralph Waldo Emerson

"Folks are usually about as happy as they make their minds up to be." Abraham Lincoln

"Happiness is when what you think, what you say, and what you do are in harmony." Mahatma Gandhi

"Happiness is not something ready made. It comes from your own actions." Dalai Lama XIV

"Count your age by friends, not years. Count your life by smiles, not tears." John Lennon

"The most important thing is to enjoy your life -- to be happy -- it's all that matters." Audrey Hepburn

"Happiness is a warm puppy." Charles M. Schulz

"It isn't what you have or who you are or where you are or what you are doing that makes you happy or unhappy. It is what you think about it." Dale Carnegie

From Wisdom Quotes: [21]

"When one door of happiness closes, another opens, but often we look so long at the closed door that we do not see the one that has opened for us." Helen Keller

"It's the moments that I stopped just to be, rather than do, that give me true happiness." Richard Branson

"My mission in life is not to survive, but to thrive; and to do so with some passion, some compassion, some humor, and some style." Maya Angelou

"People don't notice whether it's winter or summer when they're happy." Anton Chekhov

"In our lives, change and loss are unavoidable. In the adaptability and ease with which we experience change, lies our happiness and freedom." Buddha

"The best way to cheer yourself is to try to cheer someone else up." Mark Twain

"Happiness depends upon ourselves." Aristotle

“There is only one happiness in this life, to love and be loved.” George Sand

From Brainy Quote: [22]

“Happiness is not something you postpone for the future; it is something you design for the present.” Jim Rohn

“Be happy for this moment. This moment is your life.” Omar Khayyam

“Every day is a new day. You'll never be able to find happiness if you don't move on.” Carrie Underwood

“Happiness lies in the joy of achievement and the thrill of creative effort.” Franklin D. Roosevelt

“Happiness is a butterfly, which when pursued, is always just beyond grasp, but which, if you sit down quietly, may alight upon you.” Nathaniel Hawthorne

“Happiness is like a kiss. You must share it to enjoy it.” Bernard Meltzer

From Lifehack Quotes: [23]

“The art of being happy lies in the power of extracting happiness from common things.” Henry Ward Beecher

“The key to being happy is knowing you have the power to choose what to accept and what to let go.” Dodinsky

“The belief that youth is the happiest time of life is founded on a fallacy. The happiest person is the person who thinks the most interesting thoughts, and we grow happier as we grow older.” William Phelps

The Role of Exercise

Ah, to be young again in physical terms. That may be a good image to contemplate, but it’s not going to happen. We have to do the best that we can be – given the physical condition we’re in -- at every stage of our lives. Yeah, it’s wishful thinking to envision what we did at age 25 – or even 35 or 45. Yet, the real issue is this: What am I capable of today? AND do I exercise as much as I can each week? We can’t ever give up on exercising. It’s too important.

I am happy when I can do my current exercise routine. Yet, some days are better than others with regard to how I feel. I miss days when I feel weak, get bronchitis, etc. But I will NEVER stop exercising.

Here’s what I do now:

- My home office is on top of my house. This means a lot of walking up and down stairs.
- I go supermarket shopping with Linda every week. I walk around the store and carry the grocery bags (and bags of litter for our three cats) into the house.
- When I teach at Hofstra, I walk a few miles each week from car to office to classroom, etc.; and I walk around the classroom. I will need to replace this exercise at the end of 2018 as I begin my retirement.
- At home, I have a set of light weights (from 1 to 8 pounds) and exercise brands (from light tension to very heavy). We also have a stationary bike in the basement. I exercise at home when I don’t go to the gym.

- **At the gym, I use the elliptical machine for 30 minutes and the exercise bike for 30 minutes. Then, I do 30 or 40 leg lifts and about 30 curls with a machine. I walk around the track at least 5 times. After I'm done working out, I either use the whirlpool or the steam room. I finish up with a warm, relaxing shower. And YES, this routine is sufficient to properly get my adrenaline flowing; and I feel great psychologically – a real sense of accomplishment.**
- **I wear an exercise monitor on my wrist to track my actions. This nudges me to do more.**

There are many 50+ year-olds at my gym. We help reinforce each other. We all want to live as long as we can and as well as we can. Try it. You'll like. 😊

Exercise is vital at any age and in any physical condition. Consider the following observations from various experts.

> ***"Exercise is good for you." Yet most young adults don't get the recommended amount of physical activity of at least 30 minutes five days a week. Your physical activity can take many forms, from washing a car or going on a walk to playing Frisbee or practicing for a sport. Staying active helps you stay physically healthy and emotionally balanced. Exercise also helps you relax and burn the calories you take in. [Palo Alto Medical Foundation]***[24]

> ***Physical fitness in middle age can be a powerful protector against frailty, heart conditions, and more. In fact, regular midlife exercise might be the most powerful way to prevent chronic illness, a new study done at UT Southwestern Medical Center and the Cooper Institute shows. Researchers examined more than 18,000 participants with an average age of 49***

and found that the more fit men and women were, the lower their chances of developing serious health issues over 26 years of follow-up. Need more reasons? Fitness can help stop osteoporosis.[25] [Beth Orenstein for Everyday Health]

Work slowly back if you are used to high-intensity exercises. For a cold, a 1-2ish week buffer between getting back to full exercise is likely good. For more severe illnesses such as influenza or pneumonia, I would take at least 2-3 weeks after all of symptoms have subsided to work back into things with full intensity. The problem with going back to high intensity right away is that even if all of symptoms have gone away, there are still bacteria or viral loads in your body, just not enough to make you symptomatic. So high intensity exercise can depress your immune system enough to make the illness come back, sometimes even stronger than ever. Thus, it is best to be conservative with this. If you're using a typical 3x a week type of exercise schedule, start with 20-30% of typical full workouts, and ramp up by 10% for 2-3 weeks until you reach 100%. Be conservative rather than get ill again and be out another couple of weeks .[26] [Steven Low]

Have you given up on exercise? A lot of older people do. Just one out of four people between the ages of 65 and 74 exercises regularly. Many people assume that they're too out-of-shape, or sick, or tired, or just plain old to exercise. They're wrong. "Exercise is almost always good for people of any age," says Chhanda Dutta, PhD, chief of the Clinical Gerontology Branch at the National Institute on Aging. Exercise can help make you stronger, prevent bone loss, improve balance and coordination, lift your mood, boost your memory, and ease the symptoms of many chronic conditions.[27] [R. Morgan Griffin for WebMD]

Giving Back

Our giving back to others can take various forms. We need to do what fits best for us. This can mean donating money to nonprofit organizations, giving our time to those who are ailing or lacking in skills that we know well, and a lot more. Do what is in YOUR own heart.

Personally, I very much believe in this credo from the King James bible: “To those whom much is given, much is expected.” I have been given a great life – family, friends, meaningful work, and surviving a deadly form of cancer. Therefore, I feel compelled to give back to others. It is an awesome obligation that I cherish, and it makes me happy.

For me, giving back means involvement in several ways. Here are a few of them:

- Donating money to worthy causes. These include health care organizations, religious and social entities (including the U.S. Holocaust Museum), and my alma maters. This even means that I give a few dollars to virtually every local fundraiser standing outside a store. I can afford it and want to make a difference.
- Doing volunteer work and contributing my time to people who are sick and in need. This way, I can share my vision of hope.
- Talking and writing about my personal journey with pancreatic cancer in a public manner. Writing this book has been both cathartic and painful. It was not fun to revisit so many

unpleasant events. But by sharing my journey, I want to be helpful to those who are traveling on their own personal journeys.

  - I have discussed surviving cancer on an online radio show, sharing the show with two other incredible cancer survivors.
  - I communicate on third-party social media.
  - I have added a yearly post to my regular blog (https://evansonmarketing.com): "Today only, we cover a topic of extreme personal and societal importance. In this post, I again go public on a private matter (being a cancer survivor) with the intent of helping others to deal with the ramifications of this insidious disease. The post is dedicated to my family, my friends, and my wonderful group of doctors Thank you!"
  - The book you are reading is available for a free download. My intent is to distribute the book as widely as possible.
  - And I have just begun writing a new blog for others facing difficult life issues.

Reflect on these three observations. Keep in mind, doing good deeds will help YOU feel good, not just the recipients of your giving back:

> *Giving back to your community through volunteer groups, nonprofit organizations, charity, or other means does so much to help those in need and contribute to the common good. You can give back in different ways, by giving money or giving your time. No matter how you do it, giving back to your community will touch many people's lives. Whether it's volunteering at a local event, helping a neighbor, or making a monetary donation,*

it's not the act that matters. Even the teeniest good deed can ignite change and positively impact the community by providing a renewed sense of hope. [28] [*E.C. LaMeaux for GAIAM]*

There are many reasons people volunteer, beyond the simple goodness of their hearts (though that's certainly an important one!). And oftentimes, it's a combination of factors that motivates a person to begin and continue volunteering. We have ranked ten of the many motives that people have for giving back in their communities and beyond. What's your biggest reason for volunteering? (1) Make an impact. (2) Strengthen communities. (3) Meet others. (4) Improve your health. (5) Take the lead. (6) Share your area of expertise. (7) Improve skills or learn new ones. (8) Up your resume. (9) Find new opportunities. (10) Because it feels good. [29] *[AARP]*

The Giving Back Fund (GBF) is a national nonprofit organization that encourages and facilitates charitable giving by professional athletes, celebrities, high net worth individuals, existing nonprofit organizations, corporations, and others who truly desire to give back. We provide philanthropic consulting, management, and administrative services while operating as a flexible, convenient vehicle for establishing individual foundations and fiscally sponsored projects under a governance structure like that of a community foundation. By offering a straightforward and cost-effective approach to philanthropy, high-level expertise and professional services, and carefully targeted giving opportunities, GBF helps those who want to give back to society and to the communities that have nurtured them. [30] *[Giving Back Fund]*

Tips from My Personal Journey

As mentioned at the beginning of this book, I am not a physician or any other kind of health care provider. I am a cancer survivor who wants to assist others by discussing my own experiences as to surviving cancer and embracing life. The book reports my own personal journey as a very lucky person who has lived a good life after getting a diagnosis of pancreatic cancer. I have tried to be as open and forthcoming as possible. Material is included that was painful to write about. But I have also sought to lighten the mood with some anecdotes. To me, I remain the luckiest man the world. I am incredibly blessed!!!

The following tips are mine alone. They have worked for me. Hopefully, some will work for you. Yet, each of us must find and follow our own path along the many roads comprising our journey.

> **Note: Although these tips have benefited me, they may not benefit you. Again, please understand that these are my own personal insights.**

The tips are in no particular order. For me, they have all proven to be vital:

- **Love is a cornerstone feeling for us. Strong reciprocal love can help us deal with a lot of things that we didn't think we could handle. Love someone each day, and show them that you do. My family helps inspire me through their love. I want to inspire them, too, through my love of them.**
- **Live life every day. That doesn't mean we should not plan for the future or not look forward to it.**

What it does mean is that we should not always rush ahead. Life goes quickly enough anyway.

- Be the best you can be. But don't be too hard on yourself or on others. Over the years, there have been too many times in which I did not give myself a break. Being a perfectionist can sometimes be a heavy burden.
- Life is too short for us to hold on to grudges. We must learn to keep things in perspective. Words and actions may sometimes be hurtful to us. However, we need to be reasonable in our response. I have learned this the hard way. ☹
- See your doctors regularly and get tested for a range of possible disorders at least once a year. Don't avoid going to a doctor because you fear what he or she may say. A late diagnosis is probably the leading reason why so many people have poorer prognoses than they would with an earlier diagnosis. Be smart.
- Not only see your doctors, listen to them as well. Don't view doctors' treatment plans as merely suggestions that are okay to ignore. Although I found chemotherapy to be quite debilitating, I never thought of skipping this step. Enduring chemo, just like having the Whipple surgery, has prolonged my life and enhanced the quality of it.
- If you feel anxious or stressed out, have trouble sleeping, get minor panic attacks, etc., think about seeing a mental health professional. I mentioned earlier, that it took me quite a while to realize that a ***strong*** person seeks out a therapist, accepts that medication may be beneficial, and keeps on going to therapy. Yet again, I know that this approach is not for everyone. But it has been

extremely effective for a lifelong skeptic of therapy and meds for psychological issues.

- For the reasons previously discussed, exercise on a regular basis. Find out what activities you are capable of doing, and which of those you would enjoy doing. Example: When I ride the exercise bike in my basement, it is very boring to me. I try to read, but after a while, my eyes bother me. On the other hand, when I go to the gym, I enjoy the exercise bike. Why? I can watch TV and set the type of program (such as cardio) I use. It's also nice to talk to other people. If you are like me, you will need to put exercise "dates" into your calendar so you don't skip exercise days.
- Choose to be happy. Think positive thoughts and reflect back on past events you enjoyed . Set reasonable goals. It's not always easy to be happy. But by setting this as a vital goal was (is) a must for me.
- A lot of today's younger people have a better perspective on the work-life balance than my cohort of baby boomers. Until a few years before I got cancer, I was a true workaholic. I had so many things to achieve that I didn't realize what I was missing. Work, work, work, work made Joel a "successful" person but often a sad person too. Only lately have I grasped that I want to work to live rather than live to work. Since we can't change the past, I am now very committed to having more joy in my life. It's been working. 😊
- DO NOT go crazy on social media to find out about your ailment. Especially be selective with YouTube. Why? In my case, as a person with pancreatic cancer, there was virtually no positive information online. Yet I kept viewing and reading. It was like an

addiction, as social media use is for so many people. Why did I torture myself the week before surgery by reading over and over about the high fatality rates with pancreatic cancer? Why did I visit several discussion groups where people with pancreatic cancer shared their personal experiences, almost all of them bad and depressing? Why did I watch the highlights of the gruesome Whipple surgery at YouTube? Please be smarter than me.

- Screen your doctors. Find the one(s) right for you. We need knowledgeable, skilled doctors who are also COMPASSIONATE and patient centered. I still remember the bad experience I had in selecting an oncologist. Nonetheless, every member of my actual medical team has been terrific. They met all of these criteria. And they explained everything to me and welcomed my questions and requests.
- Be aware that your pre-surgery feelings may be quite different than your post-surgery feelings. For me, the pre-surgery period was one of uncertainty and anxiety. I just wanted to get everything over and done. I was quite antsy in the couple of days preceding the surgery. Post-surgery, my biggest concern dealt with the quality of my future life. What would be my new normal?
- We need to be realistic about our recovery period. What activities will we be able to do? And how long will it take for us to be ready to engage in those activities? I mentioned earlier that I was extremely disappointed that I could not return to teaching when I expected to go back. I was too hard on myself and hadn’t adequately prepared for possible setbacks. The world did not end when I had to wait to return to teaching. I got myself to think about the upside of that disappointment: It gave me more time to improve my physical condition. This was a real plus.

- **Since there are many times during which we are or will be alone throughout our personal journeys, we do need a strategy to feel our best on those occasions. This may involve reading of various kinds, doing Sudoku or crossword puzzles, surfing the Web, text messaging, exercising, etc. Do what is best for you. But don't ignore this situation. As motivation speaker and author Wayne Dyer has said: "You cannot be lonely if you like the person you're alone with."** [31]
- **Meditation can be extremely helpful, if we strip away its past connotations as merely a religious rite. Defined broadly,** "Meditation is a typically self-directed practice for relaxing the body and calming the mind." [32] Meditation does not require attending classes. It may entail listening to relaxing podcasts, taking more deep breaths, thinking about things that make us happy (rather than unhappy), and otherwise getting our minds off the every day stressors. Each day, we must give ourselves some time to "chill out" or decompress. From the psychological point of view:

> ***Meditation is the practice of turning your attention to a single point of reference. It can involve focusing on the breath, on bodily sensations, or on a word or phrase known as a mantra. In other words, meditation means turning your attention away from distracting thoughts and focusing on the present moment.*** [32]

- Along with (or instead of) meditation, do not underestimate the power of the right music to put you in a better frame of mind. It can be classical music, meditation-style melodies, or any other type of music that relaxes you. For me, it's not just the melody thatresonates, but also (maybe more importantly) the lyrics. These are just a few songs that motivate me: "Forever Young," "On a Clear Day (You Can See Forever,)" "Here Comes the Sun," "Glory Days," "Time in a Bottle," "Beautiful," "With a Little Help from My Friends," "The Best Is Yet to Come," "We May Never Pass This Way Again," "Just the Way You Are," "You Can't Always Get What You Want," "Unforgettable," and "What Can of Fool Am I?" ***What songs put YOU in a better frame of mind?***
- Strive for a positive self-image during and after your major illness. You are still you, a great person!!! Also, try hard not to make assumptions as to how others will view you after your illness. Most people you know will be glad to see you and want to be supportive. Fewer people will not be considerate – and we don't need them to bring us down.
- Finally, casting a wide net for people with whom to interact will be a treasure. Embrace your community every step of the way. It helps!!

Resources

Here are several resources that may help you and your loved ones along your personal journey with a major illness. They cover many illnesses.

Note: Some of the URLs have been shortened using Bit.ly so as to simplify your typing the address.

Resources from Joel Evans (me ☺)

Blog: Living Well While Surviving Cancer:
https://survivingcancerembracinglife.com or https://bit.ly/2JEu4kt
Book: *Surviving Cancer and Embracing Life– My Personal Journey* – available free at the blog cited above.
E-mail: survivingcancerembracinglife@gmail.com
Radio Interview: Surviving Cancer: Personal Glimpses of Resilience," https://bit.ly/2tb7Qvf

Representative Organizations

Healthfinder.gov (a great U.S. government source that lists health organizations across a wide range of interests): https://bit.ly/2ybTRv3

AARP: https://www.aarp.org

Alliance for a Healthier Generation: https://bit.ly/1mbaxCv

American Association of Kidney Patients: https://aakp.org

American Cancer Society: https://www.cancer.org

American Chronic Pain Association: https://www.theacpa.org

American Council on Exercise: https://www.acefitness.org

American Diabetes Association: http://www.diabetes.org

American Heart Association: http://www.heart.org

American Psychological Association: http://www.apa.org

Anxiety & Depression Association of America: https://adaa.org

Arthritis Foundation: https://www.arthritis.org

Better Sleep Council: http://bettersleep.org

Bladder Cancer Advocacy Network: https://www.bcan.org

Brain Injury Association of America: https://www.biausa.org

Breastcancer.org: http://www.breastcancer.org

Cancer Care: https://www.cancercare.org

Cancer Hope Network: https://www.cancerhopenetwork.org

Care Giver Action Network: http://caregiveraction.org

Center for the Advancement of Health: http://www.cfah.org

Centers for Disease Control and Prevention: https://www.cdc.gov

Colon Cancer Alliance: https://www.ccalliance.org

Compassionate Friends: https://www.compassionatefriends.org

Crohn's and Colitis Foundation of America: http://www.crohnscolitisfoundation.org

Cystic Fibrosis Foundation: https://www.cff.org

Depression and Bipolar Support Alliance: https://bit.ly/2I8pqKY

Digestive Disease National Coalition: http://www.ddnc.org

Disabled American Veterans: https://www.dav.org

Emotions Anonymous International: http://emotionsanonymous.org

Endometriosis Association: https://endometriosisassn.org

Epilepsy Foundation of America: https://www.epilepsy.com/

Family Caregiver Alliance: https://www.caregiver.org

Hope After Loss: http://www.hopeafterloss.org

Hospice Foundation of America: http://hospicefoundation.org

International Committee of the Red Cross: https://www.icrc.org

International Osteoporosis Foundation: http://www.osteofound.org

Interstitial Cystitis Association: https://www.ichelp.org

Kidney and Urology Foundation of America: http://www.kidneyurology.org

Leukemia & Lymphoma Society: http://www.lls.org

Living Beyond Breast Cancer: http://www.lbbc.org

Lupus Foundation of America: https://www.lupus.org

Lustgarten Foundation for Pancreatic Cancer Research: https://www.lustgarten.org

Lymphoma Coalition: http://www.lymphomacoalition.org

ManageCancer.org: http://yellowbrickplace.org

Mental Health America: http://www.mentalhealthamerica.net

Multiple Sclerosis Association of America: https://mymsaa.org

Muscular Dystrophy Association: https://www.mda.org

National Alliance for Caregiving: http://www.caregiving.org

National Association for Health and Fitness: http://www.physicalfitness.org

National Center for Posttraumatic Stress Disorder: https://www.ptsd.va.gov

National Coalition for Cancer Survivorship: https://www.canceradvocacy.org

National Consumer Voice for Quality Long Term Care: http://theconsumervoice.org

National Council on Aging: https://www.ncoa.org

National Council on Disability: https://ncd.gov

National Kidney Foundation: https://www.kidney.org

National Osteoporosis Foundation: https://www.nof.org

National Pancreas Foundation: https://pancreasfoundation.org

National Scoliosis Foundation: http://www.scoliosis.org

National Suicide Prevention Lifeline:
https://suicidepreventionlifeline.org

Office of Disability Employment Policy: https://www.dol.gov/odep

Office of Disease Prevention: https://prevention.nih.gov

Pancreatic Cancer Action Network: https://www.pancan.org

Paralyzed Veterans of America: https://www.pva.org

Parkinson's Resource Organization:
http://www.parkinsonsresource.org

Partnership for Organ Donation: http://www.transweb.orgindex.shtml

Patient Access Network Foundation: https://panfoundation.org

President's Council on Fitness, Sports and Nutrition:
https://www.hhs.gov/fitness/index.html

Prevent Cancer Foundation: https://preventcancer.org

Prostate Cancer Foundation: https://www.pcf.org

RX Assist: http://www.rxassist.org

Skin Cancer Foundation: https://www.skincancer.org Susan

G. Komen for the Cure (Breast Cancer):
https://ww5.komen.org

U.S. Department of Health and Human Services:
https://www.hhs.gov

United Cerebral Palsy Associations: http://ucp.org

United Ostomy Associations of America:
https://www.ostomy.org

Urology Care Foundation: http://www.urologyhealth.org

Vascular Disease Foundation: http://vascularcures.org

Wellness Councils of America: https://www.welcoa.org

World Health Organization: http://www.who.int/en

Representative Blogs

Cancer Support Community Blog: https://bit.ly/1IEU036

Harvard Health Blog: https://www.health.harvard.edu/blog

Health.com: http://www.health.com

Healthy Living Blogs: http://healthylivingblogs.com

iHealth Concern: https://www.ihealthconcern.com

My New Normals: http://www.mynewnormals.com

Naturally Savvy: http://naturallysavvy.com/

Reddit Health Blog: https://www.reddit.com/r/Health

Senior Advice: https://www.senioradvice.com

To Your Health: https://wapo.st/2lb7UYj

Vital Signs: http://www.modernhealthcare.com/section/blog

WebMD Blog: https://www.webmd.com/news/default.htm

World of Psychology and Mental Health Blog: https://psychcentral.com/blog

Remember: Healthfinder.gov is a great U.S. government source that lists health organizations across a wide range of interests: https://bit.ly/2ybTRv3

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Please note: To make it easier for you to access these sources, the URLs have been shortened via Bit.ly. Entering the abbreviated URL will take you directly to the appropriate Web site.

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[20] Good Reads, “Happiness Quotes,” https://bit.ly/2LMwjil

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