

November 12, 2021

Dear Praying Family and Friends,

As promised, a quick report from my conversation with the oncologist yesterday . . .

EXECUTIVE SUMMARY

- “You have a 100 percent metabolic response to the chemotherapy.” This is medical jargon for “The result of your chemotherapy is everything we could possibly hope for. We can detect no cancer with the PET scan.”
- Just because cancer cannot be detected does not mean that I am cured. Additional therapy remains a possibility, and the oncologist recommends two paths forward from here.
- The two paths are (A) a stem cell transplant, or (B) at-home chemotherapy with a single drug and an additional PET scan in late February 2022 to see if anything new shows up. If something shows up, then CAR-T cell therapy is the next thing to attempt.

NEW INSIGHTS

Several encouraging insights emerged in this conversation with the oncologist.

1. When beginning chemotherapy last June, the oncologist acknowledged yesterday that he guessed that it was a 50-50 chance that I would complete it. After all, I am 74 years old. I am diabetic for the past 12 years. I had a heart attack at age 48. My medical résumé is not encouraging.

Nevertheless, I endured “heavy chemotherapy” (his term for it) with ease. He commented that my tolerance for the chemotherapy was far better than many of his patients in their mid-thirties! I observed that I actually felt the best when I was in the hospital, though I credited this with the high doses of prednisone I was receiving.

Now, six weeks post-chemotherapy, my weight has stabilized (hugely improving the blood sugar management of my diabetic condition!), and all the metabolic and immune system metrics they monitor with blood lab tests are completely normal.

2. As noted above, nothing in the PET scan reveals residual cancer. The oncologist was surprised at this result, and he offered an opinion (see below) as to the implications of this result for subsequent therapy. Of special interest to us both was that there was no evidence of cancer in my central nervous system (spinal cord, brain).

GOING FORWARD

As noted above, there are two major therapies that are conceivable in the future: stem cell transplant and CAR-T therapy. The latter is only a theoretical option at the moment, because it would only be applied if there were detectable cancer evident. At present there is no detectable cancer. So for now CAR-T therapy is inapplicable.

The present options are these: (A) stem cell transplant, or (B) continue oral chemo done at home for 90 days and then see if anything has “popped up.” He observed several times during our conversation that **IF** I were ever to receive a stem cell transplant, **NOW** is the time to do it, not later.

There are two reasons he made this observation. First, my current health condition is the very best for a stem cell transplant. I have no detectable lymphoma, and my health at present is good. My tolerance for the heavy chemotherapy does not guarantee that I would tolerate a stem cell transplant with the same ease; but, it does augur good. I am, evidently, a tough old bird!

Finally, if I wait for the cancer to re-emerge, and if CAR-T cell therapy does not avail to push it back, a stem cell transplant - while still theoretically possible - is likely to be outside my ability to tolerate it. A great many other health problems can emerge in the next few years, any of them making a transplant intolerable. Again, he pointed out, if I were **ever** to get a stem cell transplant, now is the time to do it, not later.

Of course, a great many of you have been praying faithfully for me. That is not a factor in how the medical establishment evaluates patients like me. But the outcome of your prayers on my behalf is clearly evident today. On the strength of that, I am willing to depend on those prayers and our Lord's grace to hear them in order to opt for a stem cell transplant as the next step.

MANY BRIDGES TO CROSS

So, here is what I ask you to petition the Lord about:

1. That Barbara and I can learn all the information we need to have to give the transplant team a green light and for both of us to have a clear understanding of what we are undertaking to receive this sort of therapy.
2. That all the various matters (financial, testing, insurance, travel, housing, and so on) will go forward with dispatch and in the absence of speed bumps, snarls, and similar confusions which sometimes arise with complex projects like a stem cell transplant. I'm looking, for example, at several weeks in the hospital, and afterwards temporary residence in Dallas in an apartment a couple of blocks from the hospital.
3. That the therapy itself would begin as soon as possible, in order to maximize the benefit of my current good health and the cancer's current remission.

By the way, I have not forgotten my promise to comment further on the meme I sent to you in the last update - the one featuring a photo of Mel Gibson and Jim Caviezel. I will comment further on it in a future update, possibly the next one if I can get out from under the next conflabs with the stem cell transplant team at the medical center.

Thank you all, once more, for your faithfulness to pray for me! Barbara thanks you as well. We are both so grateful for all you've done in this regard.

Much love in Him to you all,

Fr. Bill Mouser