Overcoming the Unexpected

By Carl Granum

My cancer journey began in January 2009; I was 21 and in the best health of my life, or so I thought. An award-winning athlete throughout high school in Brooklyn, New York, I had received a football and track scholarship to Iowa Wesleyan University in Mount Pleasant, Iowa.

It was Martin Luther King Jr.’s birthday, and I had just returned to my dorm room. I jokingly told my girlfriend she had put on a few pounds, and she playfully hit me in the stomach. The pain was sharp though she barely hit me, and it continued to hurt the next morning. Thinking it could be my appendix, we went to the hospital, where doctors did a CT scan and discovered a tumor between my stomach and bladder. They informed me that I had a rare and very aggressive cancer called sarcoma and would need to have surgery to remove the tumor, followed by chemotherapy and radiation. My jaw dropped, and tears poured down my cheeks. I called my parents, and with both despair and strength, my mom told me, “Son, I love you. God is watching over you, and everything is going to be OK.” They braved a heavy snowstorm and survived a car accident rushing to my side — my mom said that the angels must have been watching over them.

On January 20 — the day my country inaugurated its first black president — I underwent an eight-hour surgery to remove a tumor the size of a football from my abdomen. The doctors recommended Memorial Sloan Kettering for my remaining treatment. So many things were running through my mind. On one hand, I had a very rare and aggressive cancer, and on the other hand, I learned that my girlfriend was three months pregnant.

Continued on page 6
The holidays stretch from Thanksgiving to New Years. It is often a time of reflection, especially for those dealing with illness or health problems. The season can be bittersweet regardless of one’s religion, faith, or beliefs. But focusing on others who have helped us throughout the year — family, friends, or even relative strangers — can be a therapeutic way to remind us to be grateful for the kind gestures that make a difference in our daily lives. As we saw this past summer and fall, natural disasters like hurricanes and earthquakes have caused so much loss. It must be daunting to deal with health issues when you have no running water, food, gas, or electricity. It makes us even more grateful around the holidays for what we do have, even during a major health crisis.

As I travel the halls of MSK, I am grateful for all of the people who are here to help my fellow patients and survivors. This includes clinicians, administrative staff, environmental services, cafeteria workers and everyone else who wears an MSK badge. There are nearly 16,000 employees now across all the different MSK sites. We are very fortunate to be taken care of here at one of the top cancer institutions in The World of Cancer.

Where Are They Now?

Lauren Chiarello is a two-time Hodgkin lymphoma thriver who turned her battle with cancer into a life dedicated to inspiring others. She is the founder of a New York City–based health and wellness company, melding her three passions: fitness, fundraising events, and cancer advocacy. As a teacher of Barre, Pilates, and TRX, Lauren supports and motivates rock stars who value the importance of strengthening the mind and body.

Lauren recently led a fitness, adventure, and culture retreat in Bali, Indonesia. Highlights included teaching 70-plus local village women a movement class and climbing 5,600 feet to the top of Mount Batur to see the sunrise.

PATIENT SUPPORT PROGRAM

Rising Voices
“Something to Sing About”

Rising Voices is a lively singing group open to MSK patients, caregivers, and survivors. Available at our Manhattan and Westchester locations, Rising Voices is a free and supportive program sponsored by Integrative Medicine and Volunteer Resources.

To join, please call 646-888-0800.
Did you speak with a clinician about preserving your fertility?

The first conversation we had about fertility was during our initial consultation. We had just learned about the terrifying treatment path ahead. Fertility was not on our radar.

In this dark moment, we were introduced to Joanne Kelvin, a fertility nurse specialist. She was warm and understanding as she explained that chemo could render me infertile. She asked if we wanted to bank some sperm. After an affirming glance at each other, my wife and I said yes.

Because we didn’t have much time before treatment began, Joanne was prepared with a collection jar and a messenger on speed dial to bring the specimen to the cryobank. I felt really cared for in that moment. Joanne was going beyond the strict mandate of care with a holistic approach.

Somehow, in a clinical consult room of an unfamiliar cancer hospital, with the lights off and the shades drawn, my wife and I were able to produce the first of three vials we would save over the next two days. It was hard, it was bizarre, and it was awkward — but it was also a place to put our focus that was so clearly and obviously about life, and life beyond cancer. These vials held the promise of our children in the face of death.

How did you go about conceiving after the fertility preservation process?

We began trying to get pregnant during my treatment. Many warned us that it could be a distraction from treatment and, if my condition declined, how much harder it could be to say goodbye. My wife was already confronting the hardship of my illness, and it was hard to imagine how difficult it would be to shoulder the burdens of pregnancy and grief and raising a child alone. But we both felt the need to simply say yes to life, to our future, and to bringing more light into the world.

We used in vitro fertilization (IVF) with intracytoplasmic sperm injection, during which single sperms are selected and injected into eggs that have been harvested from the mother. The first round failed. The darkness had taken back some ground, and one of the specimens we had banked was not viable — we had one chance left. My wife was not only taking care of me and enduring the fertility treatments but also working full time as a teacher. But she picked herself up — picked us both up — and led the charge back into the IVF fray.

Continued on page 7
I should be dead. Last year, when I first learned the news, I was sure I would be, especially considering how few pancreatic cancer patients survive.

But it didn’t kill me, and I celebrated by attempting my first major hike since the ordeal. I was with my hiking buddy Richard in Arizona’s Superstition Mountains, where some Apaches believe the hole leading down to the lower world (hell) is located. The trail led to Weaver’s Needle, a 1,000-foot-high column of rock where they say the Lost Dutchman’s gold mine is hidden. We weren’t even halfway through, but I was completely exhausted, and the hike seemed to be dragging me down into the Superstition’s lower world. I gulped water and kicked at the dusty earth. “You OK?” asked Richard. I felt really light-headed and wanted to bail, but quitting has never been in my nature.

“I’m just going to pop into the ladies room,” I said. I crouched behind a bush and pulled out my testing kit: blood sugar meter, testing strips, lancets, and an insulin pen. Two years ago, doctors at MSK found a malignant cell in my pancreas and performed an operation called a Whipple, something I thought nuns wore on their heads. Wrong. That’s a wimple. In this six-hour procedure, they removed the head of my pancreas and part of my bile duct, and they cut through my gallbladder and duodenum. Then they subjected me to six months of chemo to make sure that no other bad cells were lurking. I didn’t lose my hair so I told no one I was sick.

Last year, they found a new malignant cell and removed my spleen and entire pancreas, turning me into an instant type 1 diabetic. Without a pancreas, I could not produce insulin and would have to inject myself with insulin at least five times a day. If my blood sugar became too low, I could go into a coma and die. If it got too high, that could lead to a heart attack, stroke, kidney disease, or blindness. Surely this had to be a bad dream.

It was a nightmare but also my new reality. I hated taking readings; there were times my finger wouldn’t stop bleeding and other times I had to keep sticking myself to produce enough blood. Worse was waiting for the results of the three-times-a-year scans. I was always sure they’d find something new and I’d only have months to live.

On the way toward Weaver’s Needle, my blood sugar was going down fast. I drank a juicy-juice, popped three Chuckles candies, zipped my pack closed, and continued up the trail with Richard. We reached the summit of the Peralta Trail. Weaver’s Needle stood in the distance, a massive cliff jutting up like a huge anvil. There was no trail, and bushwhacking would add an additional two hours. I had no energy left and was also worried my blood sugar might go dangerously lower, so when Richard asked if I wanted to continue, I did the scariest thing I’ve
**What is MSK’s Cancer and Fertility Program?**

MSK’s Cancer and Fertility Program started in 2009. Its multifaceted services are provided by three Fertility Nurse Specialists (FNS). Our goal is to ensure that people with cancer get information on the risks that their cancer treatment might pose to their fertility as well as fertility preservation options. Discussion with the FNS can help in making these important decisions. We can assist in getting an appointment with an appropriate reproductive specialist if they are interested. Timely coordination of care between the oncologist and the reproductive specialist is important. Fertility preservation must be done before treatment begins.

**Who should be referred to this program?**

Each year, almost 150,000 people in the United States are diagnosed with cancer before the age of 45. Many of these people will not have started or finished building their families by the time they are diagnosed. Many cancer treatments can affect fertility. Chemotherapy can destroy a woman’s eggs and a man’s ability to produce sperm. Surgery and radiation therapy to the pelvis can damage reproductive organs and affect their function. The Cancer and Fertility Program answers questions on how treatment could affect or may already have affected fertility. We frequently see men and women who are currently building their families. Often we answer questions from the parents of young children who have not yet reached puberty. Similarly, we speak to cancer survivors who now want to start a family and wonder what their options might be. Attempting pregnancy naturally or through assisted reproductive technology may be an option. We can also discuss alternative family-building options. These include the use of donor eggs and sperm, surrogacy with a gestational carrier, and adoption.

**What is the standard fertility preservation option for men?**

Sperm banking before treatment is the standard fertility preservation option for men. It is performed at a licensed sperm bank or andrology lab. Three collections are recommended with two to five days of abstinence before the first and between collections. Collections are analyzed in a lab, placed in small vials, and frozen for future use. The frozen sperm can be stored indefinitely. The donor and his partner need to use assisted reproductive technology to become pregnant. The cost of sperm banking varies. Prices can be between $200 and $1,200, with an annual storage fee of approximately $450. Some sperm banks offer discounted rates to men with cancer.

**What is the standard fertility preservation option for women?**

Egg freezing before treatment is the standard fertility preservation option for women. A reproductive endocrinologist does the procedure. It takes approximately two weeks to complete. During an initial consultation, the doctor does an ultrasound and estimates the number of eggs and the likelihood of a future pregnancy. If the woman decides to go ahead, she will give herself an injection every evening for a ten-day period. During this time she will...
All I could do was try to stay positive and pray that I would live to see my child’s birth. Knowing that I was going to become a father gave me a powerful desire to survive.

During my first rounds of chemotherapy, I began to lose my hair and see some of the side effects. My complexion turned from a caramel brown to dark chocolate. I didn’t recognize myself in the mirror. My parents came to see me every day during treatment, and on weekends I hung out with friends and family. Even though I had no hair and looked like a zombie, my friends were still there for me and helped me remain calm and happy.

The fourth or fifth round of chemo really began to affect me. I was tired, had constant nausea, and became sensitive to certain foods and smells; I couldn’t wait for it to be over. It was also during this time that my daughter, Tiye, was born. I remember the first time I held her and she fell asleep on my chest; I was so in love with her. I would leave MSK and get on the subway while wearing rubber gloves, a mask, and baseball cap just to get home to her. I still remember the looks I would get when people would see me on the train.

Once I completed chemo, I began radiation. The doctors recommended that I stay away from infants because of the high radiation levels so I wasn’t allowed to see my daughter much during this time. That was difficult.

That September I was happy to be done with treatment and looking forward to having hair again. It felt good returning to school and being around familiar faces, but leaving my daughter in New York with her mom was difficult. After spending so much time with her and getting used to having her sleep on my chest, it was hard not having her around. The football coaches offered me a coaching assistant post since I couldn’t play, which allowed me to teach the younger players core fundamentals and help them develop into better players. We had a good season, and I graduated on time with a degree in life science and a minor in chemistry. I felt extremely proud of myself and my accomplishments the day I walked across that stage and received my degree.

I had defied the odds: I beat cancer, I graduated from college with a 3.4 grade point average despite my illness, and I had a beautiful daughter.

I’ve grown to realize that to really understand life, one must experience many things, both good and bad. Having cancer at 21 taught me a lot of valuable lessons, but the two most important were to have resilience and to believe in myself.

Having resilience meant never giving up when dealing with adversity. I was at a pivotal point in my life, and things could have turned out much worse, but I remained positive and didn’t let those negative experiences break me. I’ve made the best of every situation and learned from the negative and positive to create a better picture. Believing in myself meant believing that I was going to overcome cancer. I believed so strongly that the treatment I was receiving would remove the cancerous cells from my body.

Every day during treatment I held my vision of one day walking out of the hospital with a clean bill of health, and I did! From the first day I was diagnosed with cancer until the day I die, I will repeat the same affirmations: “I am healthy, I am wealthy, I am intelligent, and I can do all things.” I read somewhere that “tough times don’t last, but tough people do.” I wouldn’t be here if it weren’t for many people, including my parents, my girlfriend, my doctors in Iowa, and the nurses and doctors at MSK. Thanks to them, today I’m a proud father of an eight-year-old, I’m a small-business owner, and most important, I’m healthy.

Carl Granum and daughter

ASK THE PROFESSIONAL

be closely monitored with blood work and ultrasounds. When the eggs are fully mature, she will have a transvaginal egg retrieval. The eggs are then frozen. To use them, the eggs are thawed, fertilized with sperm and placed into the uterus. The cost of egg freezing can vary by center with discounted rates available to women with cancer. The discounted rate is approximately $7,000 to $8,000, and annual storage of the eggs is approximately $1,000.
ever done in my life: I said no. I used to do scary things to empower myself. Now I do them to scare the evil thoughts out of my head and to let this disease know it’s not going to get me, no matter how hard it tries. And so what if we didn’t make it to Weaver’s Needle? I made it to the summit of the Peralta Trail without a pancreas. I won’t accept a life without adventure, but what I’ve learned in my new normal is that half an adventure is quite enough.

ASK THE SURVIVOR

Continued from page 3

A single viable embryo emerged. My wife and I cried and held hands, watching the black-and-white monitor as our doctor placed that tiny hope in her uterine wall. As that embryo grew, my cancer shrank, and soon after my final treatment, our daughter, Juniper, was born.

Did you speak with someone about family planning after treatment?

About six months later my wife and I started to discuss having a second child. My oncologist suggested I get tested. I was diagnosed with teratozoospermia. I had enough swimmers that could make it upstream, but they were misshapen and couldn’t penetrate the egg cell wall. The consensus was that getting pregnant naturally would be nearly impossible.

We investigated adoption, which we had always talked about. We met lawyers and attended an inspiring workshop that included adopted children, adoptive families, and birth mothers. We started to consider IVF again when we were surprised to learn that my wife was pregnant. Eight months later our second daughter, Iris, was born.

My journey into fatherhood has been a pivotal part of healing and recovery. I am deeply grateful for those along the way who have shared in that adventure. I have come to believe that the mystery and miracle of bringing life into this world is dependent upon a delicate balance of intention, action, and letting go. If you hold on too tightly, the ground becomes compacted and there is not enough space and openness in the earth for the seed to lodge itself.

At the same time, I know that if we had not taken all those early actions and medical science was any less evolved, Juniper would not be here. I recently learned a great Islamic aphorism: “Trust in God, but tie your camel to the post.” I’m glad we did both and am so grateful for the little sprouts.
Stair of Life

By Tom Cremins

Unfurled, unafraid
What more is there to say?

Darkness descended around

Horrors stirred the air
Countless bogeymen waited beneath the stair

Torn open and a part
Cancer’s grip found its mark

An opportunity for the heart
An “I” wanting to cry

Fighting without knowing what or why
Silent goodbyes

To those in beds who left
Lively souls
Leaving without a word or hardly a stir

Seeming then something all would know
Something every child surely shared?

With time something more to bear
Fitting in always
Never quite right

Throwing a vessel of light
Into countless skirmishes, scurms, and fights

Trying to deceive — trying to ignore
What has always been sensed to the core

All souls — regardless of age or size — arise
Nothing to hang onto or reason to cry

Not one
Uniquely alone, all bathed in grace
Hidden, open, or barred to the bone

Homeless without clothes
Drifting — countless eons to roam

Tethered by an unfathomable ability to be aware
Up and up the never-ending stair

Tom Cremins lives in Maryland with his wife. He has two great kids and works for NASA in Washington, DC. He started treatment at MSK when he was four years old, when he remembers the hospital as a five-story brick building. From that early experience, he knew he wanted to be involved in trying to shape science and technology toward greater understanding and meeting human needs.