

**Notes from Conversation with
Dr. Peter Y. Jiang M.D.
Whidbey General Hospital**

April 28, 2010

Stephanie: We are coming to the end of the book and I want you in it.

Dr. Jiang: Laughs. Shares bone marrow report. Everything is fine.

Paula: Okay, Negative. What about her six and twelve?

Dr. Jiang: The initial one is negative.

Paula: The initial one is negative. So they are going to look at it just like they did on the other one. My question is the initial ones came out positive last time. They have to do a deeper one to find the 6 and 12. The chemistry looks good too doesn't it?

Dr. Jiang: Good news!!

Stephanie: Very good.

Dr. Jiang: Molecular remission. That's it.

Paula: See you later. Ready?

Stephanie: No, I have some questions. (*Stephanie hands Dr. Jiang a list of questions entitled: Time to Share and Questions for Dr. Jiang from Stephanie*)

Paula: We're done.

Stephanie: The first one (*Dr. Jiang reads the question*): ***How are you?***

Dr. Jiang: Busy than ever.

Stephanie: The second one (*Dr. Jiang reads the question*): ***Have generally been feeling well and am enjoying that and I am not having any problems.*** I feel fine.

Dr. Jiang: Looks at question number 3: ***What are the results on my blood taken today?***
Improved.

Paula: You're up to 83. You were 70 last week (*referring to the platelet count*) and this week 83.

Stephanie: Okay. (*Refers to question 4: Platelets range is 140,000-450,000. Does that mean the numbers that are like 65, 45, and 39 are actually 65,000, 45,000, and 39,000? As I understood it when we were doing maintenance you said we would have to adjust if mine went lower than 50 or 50,000. What can be negatively created if platelets are low? How can the body function safely if platelets are down by two thirds of the lowest platelets range standard, 140,000? Does that mean 82 are 82,000?*)

Dr. Jiang: Yes, Your numbers are safe.

Stephanie: Like a normal person?

Dr. Jiang: Yah...

Stephanie: Now for the pathology report, (*Stephanie is referring to the pathology report dated January 15, 2010*). While Mary looks for the report, Stephanie moves onto question 6: **Do you have any thoughts regarding Arsenic/ATRA and or Arsenic trioxide?**

Dr. Jiang: We thought about it and since you are in molecular remission and doing so, well it is not necessary for you.

Stephanie: What I was talking about was the last one (*referring to the Pathology report dated January 15, 2010 and question 5: Pathology Report-I would like to get definitions under Final Diagnosis on items A-D in lay language? For example, C, states iron stores. What does that mean?*)

Dr. Jiang: Good, Number one *A. Normocellular bone marrow with maturing trilineage hematopoiesis.* Normal, normocellular bone marrow meaning normal.

Stephanie: Laughs

Dr. Jiang: Meaning your bone marrow is normal.

Stephanie: Okay.

Dr. Jiang: (*Dr. Jiang continues to read*) B. *Negative for atypical myeloid and lymphoid infiltrates.* Meaning no bad cells.

(*Dr. Jiang continues to read*) C. *Increased iron stores by iron stain.* The bone marrow has iron in it and yours had too much. It will dissipate with time.

So *D is Flow cytometry (University of Wasting Medical Center): No abnormal myeloid blast, monocyte or maturing myeloid population identified.* No abnormal cells.

E t (15; 17) by RT-PCR (University of Washington Medical Center): Pending: Normal

Stephanie: We are on 7. (*PCR may not pick up the possibility of cancer cells in a timely way. Is it possible for me to have a monthly Wednesday meeting with you and my blood taken and reviewed? Since it would be only once a month could we get both the Hematology and Chemistry?*)

Dr. Jiang: PCR is the best test to have. Nothing is better than PCR now. PCR will catch it much earlier than the blood test.

Paula: She would still have a bone marrow biopsy in three months?

Dr. Jiang: Yes.

Paula: You are not saying to give up the bone marrow biopsy? (*Question asked to Steph*)

Stephanie: In addition to that, can I meet with you once a month to go through the blood?

Dr. Jiang: Yes.

Paula: That is normal?

Dr. Jiang: That is the plan.

Stephanie: That is the plan? You know you are in my book. You saw that paragraph I wrote? (*Steph turns to Mary*) So, yes we can do that and I can see you?

Paula: In a month.

Stephanie: I read about that in session 3. I read from Chemocare.com that is a quote from there that can get cancer years after. (Steph is referring to question 8: *Mitoxantrone given in Session 3. Chemocare.com put out information, which included the following statement: "There is a slight risk of developing a blood cancer such as leukemia years after taking mitoxantrone. Talk to your doctor about the risk."*)

Dr. Jiang: You had leukemia already so the risk is really low likely less than 1%. Mitoxantrone is a better because you had less of a dose. Idarubicin you had a much higher dose. But when you consider the risk benefit if you didn't use this (Idarubicin) then it would be a higher risk for reoccurring. It is a good worthwhile risk.

Paula: The benefit is worth the risk.

Stephanie: Is that the one in 1, 2, and 4?

Paula: Idarubicin that is the one he was talking about.

Stephanie: When he was there (*referring to Dr. Estey*) and I quoted that to (*referring to question 9: Idarubicin given in Induction Therapy, Session 2, and Session 4. Dr. Estey was talking about options and said, "So arsenic is better drug between ATO than ATRA there is no doubt about it. You could combine them. Probably Mylotarg, which is another chemotherapy drug, it is probably easier to use that Idarubicin and it is a better drug than Idarubicin. What are your thoughts on this?"*

Dr. Jiang: I think what happens is there is new research going on. Not enough history about the long term.

Stephanie: The other question I have for you is I was really wild about arsenic and as a sick person I want to try something different do I have the right to say Arsenic/ATRA. You say, (*as the doctor*) another chemotherapy that is newer. It is my choice and anybody can choose to do that?

Dr. Jiang: Right.

Stephanie: The last one is (**question 10: Chemo. Care describes Arsenic Trioxide. What are our thoughts on this?**)

Arsenic has been in use for 1,000 years... good stuff-successful.

Dr. Jiang: See you in a month.

Paula: See you in a month baby you are clean. If this comes back and you get the full report and you can call us.

Dr. Jiang: This is a separate thing referring to the deeper test. Now you have more good cells overcrowd the bad ones. You had 4 out of twenty cells last time and now you have more good cells. (*Checking for 40 cells this time. Dr. Jiang will call Paula.*)
See you in a month.

Paula: I think that was the best news we could have expected...

Stephanie: I think you did a great thing too having us go talk to Dr. Estey that was really...

Dr. Jiang: Confidence...Sounding board.

Paula: No, he brought up the MDS that we have been stressed out for months.

Dr. Jiang: It is a concern but you do not have it.

Stephanie: Right, right. Thank you...

Paula: Thank you.