

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'Mental Health and Myeloma: A Story of Resilience'

Description:

Join us as we speak to Damion Davis, a myeloma patient and licensed professional counselor. In this episode, Damion talks about his myeloma diagnosis and how he reached remission after a stem cell transplant. Dealing with the difficulty of a cancer diagnosis as a husband and father of young daughters, Damion knew the benefits that therapy would provide for him and his family. In honor of Mental Health Awareness Month in May, we share his story of resilience, highlighting the importance of mental health care for cancer patients and their families.

Transcript:

Elissa: Welcome to *The Bloodline with LLS*. I'm Elissa.

Lizette: And I'm Lizette. Thank you so much for joining us on this episode.

Elissa: Today we will be speaking to Damion Davis, a multiple myeloma survivor and licensed professional counselor. Damion was diagnosed with myeloma in October of 2020 and completed a stem cell transplant in July of 2021. He is now happy to be in remission. As a licensed counselor and adjunct professor at Southern Methodist University, Damion is also a big advocate for mental health as he works with adolescents and adults in differing degrees of emotional and relational issues.

Welcome Damion.

Damion Davis: Hi, thank you guys for having me. I'm really excited to, to be with you all and, and chitchat about myeloma today.

Elissa: Oh we're happy to have you. So let's start with your diagnosis of myeloma in October of 2020. Could you tell our listeners, who might not know, what myeloma is and then what were the signs and symptoms that led to your diagnosis?

Damion: Absolutely. Myeloma is a type of blood cancer. It's a lesser-known cancer, and it's in the family with leukemia and lymphoma; but multiple myeloma is actually a cancer of the stem cells in your bone marrow.

Elissa: And what were your signs and symptoms?

Damion: It's so interesting that a lot of times with blood cancer, you don't get this big overarching immediate symptom. But as I look back on it now, I can see kind of the tea leaves that were signs.

Back in September of 2020, pretty much the whole month, I was having stomach issues. Just always feeling like I was having some nausea. Wasn't really throwing up or anything, but I just had this nausea feeling that would not go away. I remember about mid-September, my wife and our two daughters went to Galveston and had a good time there, and my youngest daughter was sick and so I was saying, "Oh she gave me something." You know how kids are. They're always passing.

Elissa: Right, little germ factories.

Damion: They're always passing something.

Lizette: Always.

Damion: Yeah. So I'm thinking, whenever I get sick, they're the number one people I'm blaming. They always got something going on.

And when we got back, that feeling just never went away. It never went away and so I actually took a couple days off. I'm just thinking to myself, oh it's some kind of stomach virus, if I just get some rest, eat some soup, that kind of stuff, I'll be okay.

Fortunately, I had my yearly checkup with my doctor on September 28. These are dates that I'll never forget. So I go see my doctor for my yearly physical. He's like, "Hey, Damion, anything new going on I need to know about?" And I'm like, "Yeah. I got this stomach virus that won't go away." And he says, "How long have you had it?"

And I said, "Oh about ten days." And he's like, "Huh, stomach virus shouldn't last any more than three days." He said, "Well, hey, we're going to run our test today. If this feeling doesn't go away in a couple days, I might bring you back in and we'll do like stool samples or something like that and figure out what's going on."

Two days go by and it's September 30th and I'm actually getting ready to come to work and at 8 o'clock in the morning I got a call from his office, and I knew it was something when I answered the phone, and he was on the line.

Lizette: Oh.

Damion: It wasn't his front desk staff. And he was like, "Hey, I don't really have a full understanding of what's going on, but you need to go to the Emergency Room immediately. Your kidneys are failing."

Elissa: Oh! That's not good.

Damion: I said, "Okay." He explained to me some kind of number and I now know what that means. It was a measure of something called creatinine, which is a waste material that we all have, and they do a measurement of how well your kidneys are functioning based on how well they're getting rid of that waste material. For a normal functioning kidney, that number should never be above 1.3 and mine was 6.24.

Lizette: Wow!

Elissa: Oh my goodness!

Damion: So when he called me, he said, "Your kidneys are functioning at 15%." And he said, "This number is so wild to me that I actually called the nephrologist, the kidney doctor, at the hospital and had them double check my work." And he said, "They double checked it and they like, 'Yup, this is it. He needs to come to the Emergency Room immediately.'"

The last thing my doctor told me was he also had never seen a change in a number in a year's time that gigantic because I'd just seen him the year before, and my kidneys were functioning perfectly. And so you go back a year later, he's "I've never seen a jump in a year's time like this."

So anyway, tell my wife, call my parents. It's interesting I actually still went to work and saw one of my clients.

Lizette: What?

Damion: Yeah. My wife she's rolling her eyes at me. She didn't appreciate that at all. So I actually went to work and saw one of my clients and then I left and cancelled the rest of my day and went to the hospital. I got there, my wife, my parents are waiting for me. Go to the Emergency Room there, so kind of cool they were waiting on me as well. And so get admitted into the hospital and I'm in there about nine days in the hospital.

Now you got to understand I'm a person who never spent a night at a hospital. I've never spent a night at a hospital. Always been a pretty healthy guy. And so once I got to the hospital, I was there for nine days. And what they were trying to figure out is what they were calling a kidney injury. "Have you done something traumatic that will cause your kidneys to be hurt and functioning at this lower rate?" And so they were running test after test for like five days. And they said, "You know what, we're going to have to do a biopsy of your kidneys." "Okay, gotcha. I understand that."

Then they snuck in one more thing that I was, "Uh-oh, something's going on here." They said, "Also, we want to do a biopsy of your bone marrow, and we want you to talk to the oncologist." And I'm sitting there, and I'm like, "Hmm! I don't know all the medical terms, but I know what a oncologist is."

Damion: I know what that means. And so the oncologist actually called me on the phone, and she said, "You have symptoms of something called multiple myeloma."

Because at this point, all the tests they had done on my kidneys were not returning anything that would give them clarity on why they were not functioning well. And so she's talking on the phone for about five minutes that you have symptoms of something called multiple myeloma, which is a type of blood cancer, but the only way I can know for sure is to also do a biopsy on your bone marrow. And I said, "Okay."

So like they take me down the next day and did a biopsy on my kidneys and my bone marrow. About day seven, they come back and like, "Yes, you have multiple myeloma. It is a cancer." And then they started to explain how the cancer work and it was the cancer that had attacked the kidneys, which led to them not functioning well.

I'm sitting there and taking all that in, and my wife is there and she's taking it all in, and you have to understand, too, this is happening during the height of COVID, so there were other precautions that we had to do as well. But, yeah, that's how my diagnosis came down.

Lizette: Yeah. There are many myeloma patients that it does affect your kidneys, so that is one of the difficult side effects of multiple myeloma.

Now after you were diagnosed, what treatment did you receive? Did they start treatment with you right there and then?

Damion: Actually, they did. So I was in there, I believe, from September 30th to October 8th, so I was in there nine days. And about day eight is when they gave me my first chemo injection. So I was on an eight cycle, and for those who know what a cycle is, for me a cycle was two weeks of chemo, then a week off. Those three weeks were considered a cycle.

Lizette: Sure.

Damion: And so I actually was on a pretty intense regimen, which I found out now is pretty typical for multiple myeloma. I was on a pill called Revlimid® and I also was on an injection, which was pretty much a shot in my stomach twice a week of a chemo

medication called Velcade®. And Velcade is what they gave me while in the hospital before releasing me. So I actually got my first dose of chemo while being in the hospital because to get the Revlimid pill, you have to actually go through steps. You can't pick it up at your local CVS or Walgreens. You have to actually get approval for it, and it has to be shipped to you overnight in special packaging. You have to take these surveys because Revlimid has extreme side effects, so they have to make sure that you understand the guidelines. So about day eight before being released from the hospital I was given my first injection of Velcade and then the next week is when I started the Revlimid cycle.

Elissa: So did you end up having side effects from those because you talked about a lot of side effects that are really potential with those medications that they just give you. Did you end up having any?

Damion: Absolutely. I will tell you that side effects of chemo were the absolute worst thing I've ever experienced in my life. They were that dramatic. One of my gripes as I look back on my treatment is that I was given chemo, and no one consulted with me or talked to me about its side effects. No one had a conversation with me about it. They gave me the first batch in the hospital; and so when I get home, and I'm started to feel terrible, my fear is, "Oh my gosh, my cancer's getting worse. I don't know what's going on here." It wasn't until I actually had my outpatient appointment with the oncologist the following week when I went in, she's like, "Hey, how are you feeling?" I'm like, "I feel terrible. I'm fatigued, I'm throwing up, all these things are happening." And she's like, "Oh, that's the chemo."

And so looking back on it, that's one of my gripes that no one had a conversation with me about, in the very beginning about what I'd be experiencing. So, yeah, my side effects for those eight cycles/six months were pretty intense. As I mentioned, they included the gastrointestinal issues, extreme fatigue. There were rashes that were going on. There was a change in my taste buds. Sensory issues were happening as

well, extreme weakness, and weight loss was another big thing as well. I've always been like a naturally slim guy, but during that time, I lost 40 pounds.

Elissa: Oh gosh!

Damion: So it was that dramatic some of the side effects of the chemo.

Lizette: Yeah. And because you were so symptomatic at the onset, when you were diagnosed, I guess everything happened so quickly, right. You're not thinking of-

Damion: Absolutely.

Lizette: -everything. But I think it's really important that you bring up the point of not knowing what to expect. I think a lot of patients don't know what to expect. I think a lot of patients have had the same type of situation happen with them that they didn't have that conversation because sometimes when you have the conversation and you can anticipate something, you don't get as scared when it happens, because you know that that's a possibility. So I think that's really important that folks really have conversations with their physicians. And I know that it's hard sometimes like your case, Damion, where you go in and you're already experiencing something where they want to treat you as soon as possible. And you were probably actually kind of relieved to find out what it was because you had this for so long. You weren't feeling well in your stomach for so long, were you relieved to actually find out that somebody knew what you had, and it could be treated?

Damion: Yeah. It was interesting when they told me the diagnosis. You never forget that moment where you're actually told what it is. My first thought was, okay, what do we do about it? Okay, how do we tackle this? How do we move forward with this? Of course, I was in shock, like, "What? Are we sure? We want to run this test again. Like this is what this is?" because I'll be honest with you-

Elissa: It went from kidneys to cancer.

Damion: - yeah. And, actually, what I thought was going on before the kidney thing, I thought I was developing Crohn's disease. That's what I thought was going on with my expertise from WebMD®. I'm like, "Oh, this is what's going on. I know what's happening here."

I became a physician just by WebMD. But I thought it was some kind of Crohn's disease or maybe some lactose intolerance and all that stuff. And so I get cancer it was good to be enlightened about what was going on, but it also felt in that moment that everything changed. Everything moving forward would now be predicated or have the extension of cancer attached to it. Everything in that moment changed, and so my initial thought is, okay, what do we do about this because we're going to fight it and I'm going to give it as much hell as I can, and we're going to just see what we can do and what outcomes can be. But I did not know what was waiting around the corner for me with those symptoms.

Elissa: Right. It's kind of that break in time, right. It's like all of a sudden you have life before cancer and then life with or after cancer, and it's just that break in time when you get diagnosed and everything changes. Your whole world is different.

Damion: Absolutely.

Elissa: Yeah. So then you finally had a stem cell transplant after all of that chemo in July of 2021, which is coming up on a year, which is-

Damion: Yeah.

Elissa: -so exciting. That year is such a big deal in the transplant world. So there are two kinds of transplants that our listeners might or might not know, so allogenic, which is from a donor, and then autologous, which is from your own cells. So as a myeloma patient, did you have the standard autologous transplant?

Damion: I did. Yeah. I had the autologous transplant.

Elissa: And tell us about that. How did the transplant go?

Damion: Well, I'll tell you this. It wasn't fun going through it, but stem cell transplant has got to be one of the coolest treatments ever. Like it's kind of futuristic in what they're doing. So basically, stem cells are cells that have not decided what they're going to be yet. Are they going to be red blood cells, white blood cells, platelets, all those things; and the factory for those is your bone marrow. And so myeloma is a cancer of the bone marrow which creates these malignant, I call them irresponsible renegade cells.

Elissa: Yes.

Damion: They force out the good cells. And the problem with that is when they force out the good cells, they're creating these renegade cells, and the renegade cells are kind of running the show within your body and causing all these problems.

And so what a stem cell transplant is, is the doctors go in and they harvest the good stem cells you have. And you can only do a stem cell transplant after reaching remission because at that point, the chemo has gotten rid of the vast majority of the renegade myeloma cells. And so what they do, they go in there, they harvest the good stem cell that you have, and then they give you a chemo drug called melphalan.

Melphalan, I mean it sounds evil. It is a chemo that goes into the bone marrow and destroys everything. So first they remove the stem cell, they give you melphalan and it destroys everything, and then they take those stem cells they have, that they harvested from you, and they put them back in and let them grow naturally.

The best analogy I got is that imagine your stem cell factory, your bone marrow as a garden and the good stem cells are like flowers and the myeloma cells are like weeds. What the chemo does to get you to remission is remove the weeds. What melphalan does with the stem cell transplant, it goes in the garden and takes out everything, the

flowers and the weeds; and then after that process is done, they put the stem cells back in, which is like replanting the garden and letting it grow naturally.

I'll never forget I received melphalan on the 4th of July because I checked into the hospital on July 2nd. They give you a day of rest and on the 4th of July I was given melphalan, the chemo drug, and then I was given my stem cells back on July 6, so that's kind of become my, they call it your rebirthday, your second birthday.

Elissa: Yes.

Damion: So, I was given those back on July 6th and letting them grow naturally. Now with the stem cell transplant, it's a huge deal because basically it's to remove your immune system. And so you have to be very careful. So I was in the hospital for 18 days, which is typical for a stem cell transplant. About 15 to 25 days is normal for you to be in the hospital for a stem cell transplant, but it's really difficult because the chemo they give you, melphalan, is more intense than what I was receiving before, so there were major side effects of weakness, no appetite, all those things. And it just takes time for your body's immune system and the stem cells to regenerate. And so it just takes a little time, so even once I was released from the hospital after the 18 days, there still was another two-and-a-half months where I had to be very isolated, couldn't be around people, was still going to the doctor.

Elissa: Especially during COVID.

Damion: My doctor's number one concern during all of this was, "Don't get COVID."

That was her number one concern. And I was like, "Hey, what can I do?" Her number one response was always, "You mask up and don't get COVID and just you got to stay isolated," and all those things. So even after being released from the hospital, it wasn't until about mid-September that I was able to kind of somewhat return back to a normal life.

Elissa: Wow! Now speaking of a normal life, a lot of stuff goes on with cancer diagnosis, so a big focus on today's episode is mental health after a diagnosis. So for a cancer like myeloma, which might be more difficult as it's a chronic cancer, what was the emotional impact for you of getting diagnosed with myeloma?

Damion: It was such a rollercoaster because, as I said, when I was told of my diagnosis, my first thought was how do we fight it. But my first fear was leaving my family, and if this goes wrong, I felt somewhat not that why did I get cancer, but I did feel if I am taken away from my family, that doesn't feel fair. Because at that time, my oldest daughter was six and my youngest daughter was one and a half. And so while I never was questioning things and trying to stay aligned with my faith and some of my beliefs, I did say, "That does not seem fair to me." So that was the huge emotional rollercoaster and the people who know me know I pride myself on my independence. I wasn't very independent-

Elissa: No.

Damion: -during treatment. I needed help. And being a mental health professional, working in private practice with my clients, working through a PhD program, teaching students, I'm used to helping others. So it was really difficult for me to receive help. That felt unnatural to me. I felt like I was letting people down. I just couldn't do what I had always done my whole life and, really, it made me hit a pause button on my life. And that did have some mental health effects.

I wouldn't say that I was full blown depressed, but I was not in a good place though. Trying to stay positive as I could, but it was just tough to be in a good place because I just felt like so much of what I was used to doing and used to being involved with my family and my work had been in that moment taken away from me and that was not enjoyable.

Lizette: Yeah. And it's hard for folks that are very independent, like you, to ask for help.

Damion: Absolutely, yeah. I didn't like that. I wasn't feeling that. I didn't like that at all. No. No, no, no, not at all.

Lizette: So did you not ask for help? Did your wife, as a caregiver, was she the one that asked for help? How did that go in your family?

Damion: As I mentioned before, when you get that diagnosis, everything from that point changes; and so one of my guilts is that while going through the first round of chemo, and that was a six-month process, I felt that, both my wife and I pride ourselves on being active parents. But during that time, she was a single parent because I was just so weak that I could not do things; and my wife is one of the most loving, serving people that I know. And I could tell that she was struggling emotionally with this, but she wouldn't tell me. She wouldn't bring it up to me.

I think she has some wonderful friends who she could turn to. But I could tell emotionally that she was struggling as well, but she wouldn't come to me. So here you go, I'm emotionally struggling; she's struggling, but the one thing that was really, really, profound and I am so grateful for is that this diagnosis did not separate us. It brought us all closer. It brought us all closer, and that was a really, really big deal. And so kind of working through it and getting back to some normalcy, I believe, helped relieve some things emotionally on both sides for us.

Lizette: That is good to hear. A cancer diagnosis is very hard on everyone, not just the patient. Also, the primary caregivers, the families, so it is good to hear that in your case it did bring you both together.

Damion: Yeah.

Lizette: Now you were diagnosed during COVID, so does that mean that, as a caregiver there were visitor restrictions? Did you have to do things a little bit differently maybe because of COVID?

Damion: Absolutely, I do everything differently. When I was diagnosed in October of 2020, that was at the height of COVID and before vaccines.

Elissa: Right.

Damion: So not only was it COVID, yeah, the only protection we had was our mask. That was the only thing we had. And so, yeah, I couldn't go places. One of my calming places is Costco®. I couldn't go inside.

Elissa: Oh, no. Couldn't go to Costco.

Damion: Yeah, I couldn't go to Costco and get my shop on. I couldn't go to Target. I couldn't do any of those things. I had to pretty much stay away.

We restricted visitors. Pretty much the only places I went to, it became exciting when I could just ride in the car with them wherever they were going, with my wife and our daughters. But I had to stay separated. Even when I got home from the stem cell transplant last summer, I remember my daughter having a birthday party at our house. I had to stay in a bedroom. I couldn't attend because I couldn't be around that number of people because not only was it COVID, but my immune system at that point was compromised too. So, yeah, there were a lot of restrictions that I had to place on myself and that my doctors were like, "Hey, you have to stick with these restrictions because your immune system's compromised, and we're dealing with the age of COVID." Getting the vaccine was helpful but still had to be very, very careful even after that.

Elissa: Yeah, we talked about kids being little germ factories. I remember during my AML treatment when I was very immunocompromised, they're like, "You can't be around kids." And I was like, "Really?"

And it's hard when you have kids. I mean what do you do? Yeah, you stay in the bedroom. I mean it's so hard; and then adding COVID. That puts you even more at risk.

Now kind of going back to mental health a little bit, you mentioned when you first got diagnosed, of course, the first thought in your mind was I need to fix this. What can I do to fix this versus thinking about how am I feeling about this? People don't necessarily talk about their feelings or think about their feelings.

One of the things that struck me was I think I heard from my social worker at the hospital that a lot of patients stay strong during treatment, right? They kind of do what they have to do to just survive. Just get through the treatment and just stay alive.

Where they're not necessarily processing their emotions, right? They're not thinking about it. They're not feeling it. They're pushing it away, pushing away the triggers, anything that happens. And then all of a sudden treatment ends and they completely break down. It's what happened to me. It's what happened to a lot of cancer patients that I talked to.

But at the same time, cancer patients, if they get therapy, they're going at different times, whether they start while they're starting treatment. If they kind of are going through treatment and then they decide to start; and then again that transition to survivorship is difficult. So I'm sure as a counselor you know the value of therapy.

So did you end up getting therapy, and what was the point in your cancer journey that made you decide to seek that out if so?

Damion: Actually, I did. And as you know, I'm biased. I'm a big advocate for mental health. And what's interesting, that many people don't know, is that for us mental health professionals, it's actually recommended that we always have a counselor, even if you just go check in once a quarter. Because you think about it, you carry the weight of so many others that it's good just to have an outlet, to have someone to talk to as well, so.

Elissa: Right.

Damion: There are mental health professionals out there who specialize in working with other mental health professionals. And I work with several myself. So it's always recommended for that.

It was about two months into my diagnosis when I actually reached out and get a little counseling myself. And it really wasn't for answers. It wasn't for guidance. It was just for a safe place to process-

Elissa: Yeah.

Damion: -these things because Elissa, I think you're exactly right that when you're in the diagnosis, you are thinking so much about just getting through today, getting through the objective. Even though you're weak, how can I help my family, right? And you don't take a lot of time to process how you truly, truly feel.

I think even at two months later, I still was thinking to myself, is this real? Am I gonna wake up from this? This can't be real. I don't have cancer. What are you talking about?

But just having a safe place to process how I was feeling was really, really helpful for me. And now one thing I will say, it was hard to find a mental health professional who was skilled in working with cancer patients.

Elissa: Yes.

Damion: So that was tough. But just having someone, although my counselor, she was not specialized in cancer patients. It was just good to have a safe space to talk with someone and process those emotions and say, "Hey, it's okay for you not to be fully who you are right now. That's okay. That's okay. You're going through something, and it's okay that you hit this pause button on things right now because you do have something of a great magnitude going on with you."

Elissa: Yeah, and I think that, not being able to go see, necessarily, a cancer specialized therapist, just therapy in general is just very important because, at the end of the day, cancer is traumatic. Whether you feel like it when you're going through it or not, it's traumatic. And counselors, therapists, they can deal with trauma and help you work through trauma and help you get healthy coping mechanisms.

Damion: Right, absolutely. And I think what was helpful for me, and this was the case always, but being in this profession, I was already in a pretty good emotional place, being a counselor. I'm always looking in the mirror and making sure that I'm doing things to keep myself in an emotionally good place. So I was already in a good place when this diagnosis came; and being in this profession, I did kind of have a guidebook on how to do things emotionally. But even with those tools, I still need to talk to someone. Even with that, I still needed to talk to someone. And I'll mention this really quick too because my wife also went into therapy during this time.

Elissa: That's good.

Damion: To have a safe place. Yeah, which was really helpful for her. I laugh at her. She kind of said, "I wish I would have started it sooner."

Elissa: Right.

Damion: I wish I would have started from the day you were diagnosed. We were even thinking about should we put our daughter in counseling and all that stuff.

But what I'll mention really quickly, that one of the most helpful things is that one of the social workers at the hospital gave us a guide of how to tell my daughter about my diagnosis, and that was extremely helpful with how we told her, and she responded so well.

And I'll say this, that she was my little sidekick because when I was so sick and couldn't get out of the bed, I would ask her to help me with things. She did everything I would ask her to do and never complained one time. She had my back all the way.



So I did want to make sure that I acknowledged the people at the hospital gave us some good tools on how to tell her about this big, big, big thing that was going on with dad.

Elissa: That's so good. Yeah, it really is important to kind of help the family as well because the primary caregivers are taking on a lot – the family, the children are taking on a lot. And they often don't seek help. They just kind of push through it, do what they have to do to help their loved one. And so I love that you brought up that point that caregivers can really benefit from counseling as well and also learning how to tell your children.

But let's talk a little bit about your career as a licensed counselor. So how did you get into that?

Damion: So I actually did a little counseling in my early 20s because of just trying to grow and heal from the lack of a relationship with my father. And realized, man, this is really helpful for me. And I wouldn't mind trying this myself. And it's funny, I kind of stumbled into it. My undergrad degree is in criminal justice because I actually was going to be a private investigator.

I was going to own my own company; and I was going to bust people and all of that stuff. And then I started to realize what it really entailed, and, no, that's not good for me. I don't think I want to do that.

And so I started a grad program actually in sociology because I was already interested in that and did well that one semester. I was like, "Man, this is really cool." But this still isn't it. And then I discovered counseling and psychology and went on and got my master's in it and then got my PhD in it and have enjoyed and loved it ever since.

Lizette: Wow. Now, you had mentioned that because you are a counselor that you had tools in your toolbox to kind of guide you for your mental health when you were diagnosed. So do you feel that being a counselor really did assist you with your

mental health, your emotional health through the cancer diagnosis, or were you more aware of things, maybe? I know that we always talk to some doctors that say, "I'm a doctor; and I was diagnosed with cancer, and I'm the worst patient because I'm a doctor." So how do you feel? Did it help you?

Damion: You know what, it was a mixed bag. It did help me because, as I've said, I try to stay in an emotionally healthy place; and I did have some tools to use to take care of myself. So it did help in that sense. But it was by no means a cure-all or a remedy. I still had my emotional struggles and those things.

So being a counselor did help, but at the same time, as I mentioned earlier, it also made me not the greatest patient because I'm going, "Wait a minute. I help people. You don't help me." This is weird for me. This feels awkward and unknown, and I don't really know what this means. So it took some time to adjust to that, so it, it was kind of a mixed bag – gave me better awareness but also created some obstacles in my own ego of, hey, it's okay. Sit down right now and heal from this and be taken care of.

Elissa: Right, that's really important. Now why do you feel like it's important for cancer patients to go to therapy? And when after a diagnosis do you think it would be the best time to start?

Damion: I think it's extremely important because cancer touches every aspect of your life. It touches you emotionally and psychologically, and it also touches you physically as the cancer patient. And then, it touches everyone in your circle from family and friends. I remember my mom just being overwhelmed with emotions because of this diagnosis, and me being her only child, and her just trying to make sense of I don't even know what this means, right? So it touches everyone in your family.

It touches your finances because treatment is expensive, and if you don't have good quality medical insurance, that can create a burden on you. And then you most, most

likely you can't work. And so now less income is coming in, and then you're feeling bad. So it just touches every aspect of your life, so that's why I think it's really, really important for us cancer patients and cancer survivors to utilize mental health to make sure that part is as solidified as it can be.

And you say when to start? I would probably say whenever it becomes solidified for you. Whenever you get over that initial shock and you start to think about long-term effects of this and all those things is probably the best time to start. So, of course, that time is going to look different for different people, but I think that's the best time to start.

And it also can be a continuation. Even when you get to a point like me, you're in remission, because you know it coming back is always hanging out there. There's no cure for it. Coming back is actually a high likelihood, so it's always that, that worry of, okay, I may feel okay now, but will it come back? And if it does, how will I battle it this time? So even once you get to a better place, I think therapy can still be helpful for you because now you're wrestling with the hypothetical of the cancer diagnosis.

Elissa: Absolutely. And there's always going to be triggers that come up as well and just other things that are just going to put you in a bad place, whether it's thinking about relapse all the time or that anxiety that comes when you're going into your doctor's office for a scan or a blood test or anything like that. That scanxiety. And it's good to have those coping mechanisms that, really, you're going to put together with help of a therapist and help from somebody else to guide you through those things in a healthy way.

Damion: It's so funny you mentioned triggers because anyone who knows me know I love Chipotle. That is one of my spots that I would go to all the time. But now it's a trigger because, also, one of the signs that something was wrong with me back in September of 2020 is that I had some Chipotle, and I wasn't feeling well. And my favorite thing about Chipotle is the guacamole, and I took one bite and almost threw

up. And so now that's been taken away from me because now I connect that with my diagnosis.

And so when you talk about triggers, it can be just very little, small things that have changed for you. And those will be continual, probably for the rest of my life. So, you're right, it's really important to just have an outlet and a professional to help you, even with small things like that.

Elissa: Yeah, that's really good advice.

Now on our patient podcast homepage, we have a quote that says, "After diagnosis comes hope." So based on your experience as a myeloma patient and, also, as a counselor, what word would you use to complete that sentence? After diagnosis comes-?

Damion: Resiliency.

Elissa: Very nice. So why?

Damion: Now when I sit here, and just so thankful and grateful and thankful to God that I feel great now. I really, really do. But if I think about it, it hasn't even been two years since my diagnosis.

And it hasn't even, actually, March is the month that I was declared in remission. So this is a year this month, right?

Elissa: Oh, that's so exciting.

Damion: Yeah, that's a year. And as you mentioned earlier in our time together that this summer will be a year from stem cell transplant. Cancer is tough and wicked; but you will be just shocked by the human resiliency. You will be just shocked by what you can bounce back from if you take it a day at a time.



And that's so important to me because that's also my favorite thing about being a counselor, seeing the resiliency of my clients. You see these wonderful people come in, and they are professional and educated and good people; and they have gone through some of the most traumatic things you could ever think that someone could experience, and still every day they get up. Every day they get up, and they're overcoming these things, and they are like the perfect example of resiliency. So it got amplified when I went through my diagnosis, and so that's really become a mantra for me.

Elissa: That's really good, and, yeah, it's just really important. And it's really important also, like you kind of said, that to mark those milestones. To mark those years that go by.

My cancer friend had a birthday yesterday, and I told her "Happy Birthday." And I was like, "This is one more year down. You've got a lifetime to go." And she's like, "You understand what each year means."

Damion: Absolutely.

Elissa: And it's true. Each year means something. Each year past diagnosis, each year past stem cell transplant, it means something. It's important. It should be celebrated that you've got another year down; and you're still going. You're still resilient.

Damion: Absolutely. I thought I lived life before; but after this, yeah, I am giving it all I've got. My, my wife laughed at me because I was trying to book like four trips just this summer.

Elissa: That sounds like a lot of fun.

Damion: I'm ready to go. Let's get there. Let's make sure we have no regrets. So you're right. Every year means more to you because you've been reminded of your



mortality, but you've also been reminded of your strength and your appreciation for being grow, and, yeah, I love that. Every year means a lot.

Elissa: It does. Well thank you so very much, Damion, for joining us today. We really appreciate you telling us all about your myeloma story, but then really focusing on that mental health aspect that I don't think we talk about enough. And as May is Mental Health Awareness Month, we really want to make sure that all cancer patients and caregivers and their families are really doing what they can do to take care of their mental health.

We'll have a lot of resources in the show notes for our listeners today; and then, also, stay till the end to hear about some links and information. And so thank you, again, Damion, so very much for being here.

Damion: I really, really appreciate it. I'm very grateful for you guys to invite me on because this is a big deal to shed some light on myeloma. So it's meant a lot to me; so I really appreciate it. Thank you very much.

Elissa: And thank you to everyone listening today. *The Bloodline with LLS* is one part of the mission of The Leukemia & Lymphoma Society to improve the quality of lives of patients and their families. To help us continue to provide the engaging content for all people affected by cancer, we would like to ask you to complete a brief survey that can be found in the show notes or at TheBloodline.org. This is your opportunity to provide feedback and suggested topics that will help so many people. We would also like to know about you and how we can serve you better. The survey is completely anonymous, and no identifying information will be taken.

We hope this podcast helped you today. Stay tuned for more information on the resources that LLS has for you or your loved ones who have been affected by cancer.

Have you or a loved one been affected by a blood cancer? LLS has many resources available to you – financial support, peer-to-peer connection, nutritional support, and



more. We encourage patients and caregivers to contact our Information Specialists at 1-800-955-4572 or go to LLS.org/PatientSupport. You can also find information about myeloma at LLS.org/Myeloma.

All of these links, including more resources for mental health, will be found in the show notes or at TheBloodline.org. Thank you again for listening. Be sure to subscribe to *The Bloodline* so you don't miss an episode. We look forward to having you join us next time.