

THE BLOODLINE WITH LLS

A PODCAST FOR PATIENTS AND CAREGIVERS

Episode: 'I Am a Young Adult With Cancer...Now What?'

Description:

Join us as we report from the 2020 Virtual *CancerCon* and speak to Kyle Benner, a young adult survivor of Acute Lymphoblastic Leukemia (ALL), and Nikki Yuill, a social worker with the LLS Information Resource Center. In this episode, we discuss young adult cancer (15-39 yrs) and what happens from diagnosis through survivorship. Learn about the unique issues that young adults face and how LLS is here to help them through.

Transcript:

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

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

Edith: Every year Stupid Cancer holds an annual conference for young adults affected by cancer called CancerCon. In this conference, patients, caregivers, and healthcare professionals all join together and participate in various panels, workshops, and engaging social activities. Today we will be speaking to Nikki Yuill and Kyle Benner who were two of the presenters who had a very informative session called, "Finding Support Throughout a Blood Cancer."

Nikki Yuill is the Director of LLS's Information Resource Center where patients and caregivers can speak to Information Specialists about their disease, treatments, and support resources. Nikki is a clinical oncology social worker who has over 25 years of healthcare and oncology experience. Nikki is bilingual in Spanish and specializes in advocacy, education, and support for blood cancer patients and their families.

This past year, Nikki was honored by the Association of Oncology Social Work, an international nonprofit organization dedicated to the enhancement of psychosocial



services to people with cancer and their families by receiving the AOSW Lifetime Achievement Award.

Lizette: Kyle Benner is an Ohio native and a proud Ohio State Buckeye who now calls Seattle his home. He's a volunteer with LLS and is an ALL, Acute Lymphoblastic Leukemia, Ph-positive hematopoietic stem cell transplantation young adult survivor. He works as a child and adolescent psychiatrist in the community, and outside of work he enjoys beach vacations, reading, and according to the virtual session, he calls himself a Peletoner. Welcome Nikki and Kyle.

Nikki Yuill: Thank you so much for having me.

Kyle Benner: Yeah, thank you. Thanks for the introduction.

Edith: Now before we get into today's topic, "Finding Support Throughout a Blood Cancer," we want to get to know our speakers a little bit more; and we definitely like for our listeners to get to know them as well. So before we get into that, what brought you to LLS?

Nikki: Well, I have had the honor of working with The Leukemia & Lymphoma Society for many years as an oncology social worker in the San Antonio area and have always just been so impressed with the services and the commitment, the values and mission of LLS; and I had an opportunity about two years ago to join the LLS team and keep using my social work skills and serving patients and caregivers in a little bit of a different way, but still something so rewarding. So I took the leap to LLS, and it's been absolutely wonderful.

Edith: And Kyle?

Kyle: Yeah, so I was diagnosed with leukemia, which brought me, I guess, close to the fold; and the first contact I had with LLS was really right when I was diagnosed. I remember the nurse practitioner who was covering the inpatient service came in, and I wasn't there, which I was sad to miss that, but she had dropped off some materials for

BEATING CANCER IS IN OUR BLOOD.

me to read through; and we were going to touch base later, and those materials were a lot of LLS resources. And so, I started reading through what is LLS, found my way to the website, and got a lot of support during diagnosis, treatment, and then now get to volunteer as a survivor.

Lizette: That's great, Kyle, that you knew about LLS right when you were diagnosed. We're really trying to make it so people will know about us when they are diagnosed, but we find that more and more patients don't know about LLS.

Kyle: Yeah, I found that information, but like I still can remember, I mean it's a little grim, but I can remember the kind of diagnostics chart that kind of talked about what kind of leukemia you had, what were the treatment options, what was the potential curability of it; and that page is like burned in my brain. So, and it was really helpful. Not to make it super grim, but that was a really helpful resource.

Lizette: Glad to hear. We definitely want to be there for patients. Nikki is on the frontlines. She's in our Information Resource Center and is talking to patients and caregivers every day, so we definitely want to be there for patients and caregivers.

Nikki: Yeah, and I will say one of the things that we find with newly diagnosed patients, and especially young adults, is how overwhelming it is at the very beginning, especially maybe that first week. It is kind of information overload and emotional overload, so we do try to have our information and materials; but we also get referrals from healthcare providers, from the physicians or the nurses that ask us to reach out. So if they're overwhelmed that first week, we will do a follow-up call to try to catch them at a time when they can have a little more clearer thinking. So that's part of, you know, what's fantastic about LLS is we really can be with the patient throughout their entire journey, from the minute that they're diagnosed all the way through transitioning off of treatment. Sometimes that takes giving patients' space to process that information and keep connecting and checking back with them.

Lizette: Sure. And, Kyle, to have a diagnosis of acute lymphoblastic leukemia, ALL, usually that means that you're diagnosed; and they do want to treat you as soon as possible. So sometimes you don't have that time to really be able to look into resources or to actually look up your disease.

Kyle: 100%, I totally agree with what Nikki just said. That was my experience where, I mean, acute leukemia can like, by definition, comes out of nowhere and totally disrupts my life and, or anyone's life. And then there's so much being thrown at you, especially that first week – diagnosis, trying to communicate to friends and family what's going on, and then just beginning the side effects of treatment and managing both, I think, the emotional and the physical side effects, everything that just kind of is instantly thrown at you. I can remember like pockets of that week, that first week, but it is a blur.

Nikki: Yes, and you see how that creates this dilemma where we really want to get to patients early on because it's critical for patients to be armed with information about their disease, about their blood cancer, knowing what their treatment options are, maybe getting them connected to a blood cancer specialist right away.

Clinical trials are really, really important; and it's really important to try to get them plugged in or at least know what their options are up front. But you can see the dilemma when patients and families emotionally and physically are. Again, it's just really intense; and it can be overwhelming at the initial stage of diagnosis.

Edith: Nikki, you mentioned just how overwhelming it is for a patient, and even the caregiver, and sometimes a patient may feel overwhelmed that they may be asking too many questions to their healthcare provider or they're a little too intimidated or timid to even ask. How important is it to communicate with their healthcare team?

Nikki: Yeah, absolutely. One of the things that we definitely recommend is having a support person with you or more than one support person. Of course, with COVID-19 right now, that is a little tricky, right? Some hospitals are having to limit the number of

visitors that can be in if someone's in an inpatient setting. But you can still advocate for yourself and ask for your support person to be on the phone and put them on speakerphone so that they can be part of hearing the information, having another set of eyes and ears to process this information with, and to ask questions.

We've got a great "*Communicating with Your Healthcare Team*" question guides that are really helpful at the beginning when you're starting treatment to even know what questions you should be asking. We've got some resources specifically to help people.

But, again, the number one thing is bring someone with you. Have a support person, extra set of eyes and ears with you, to help that initial communication with the doctor.

Lizette: Definitely. And, Kyle, since you were young when you were diagnosed, did you have a caregiver there that was able to help you just organize this information that you were getting?

Kyle: I was really lucky. I live in Seattle. As I said, a proud Ohio native, so most of my friends and family are back East. But a lot of people came out and were here for extended periods of time, and then my friends in Seattle were also really involved. And then my parents came out, and my sister as well. And so I totally agree with what Nikki said. It helps just to have another set of ears to remember everything that's said, I mean at first, I was just so tired, and memory was not, I think I forgot my birthday when the nurse was asking me that before giving me medication. So, I was really fatigued. The memory was not the best.

But it helps to have friends, family as kind of memory banks; and also, then the more that are involved, I didn't have to explain it as much to everybody. And so if they heard the information or they could disperse it amongst my friends, that was really helpful because that was fatiguing having to share all the updates. And so I could leave it to my like close friends to kind of disseminate important information and keep people updated, and that was a huge help. So at least it unburdened me, one thing I

didn't have to focus on. I could really focus more and concentrate on getting through treatment and kind of day-by-day management.

Lizette: Definitely, and I know that as a child and adolescent psychiatrist, you might have a different viewpoint from your profession as you do as an actual cancer survivor, but how important is mental health for young adult cancer patients?

Kyle: I, obviously, have skin in the game; so I think it's so important. For me as well, it was a huge value and really an important tool to help get me through and make good decisions for my treatment.

So, I connected with a psychologist who had experience in psycho-oncology, and the value in that was immeasurable. And so I think initially, just like Nikki said, there's so much information that was being thrown at me. Life is moving so differently and so quickly. Just to have the space to be able to talk about what's going on and wrap your head around it and explore questions that sometimes are hard, I think. There's so many scary things. You know, I used the word grim. Grim things that go along with a cancer diagnosis that I didn't always want to share with friends or family or scare them. But it was a place where I could really start to wrestle with those questions and possibilities.

And then also there's, depending on someone's diagnosis, a lot of really important, potentially life and death decisions; and that was a great space to explore that. So for me, whether or not I was going to pursue a transplant, what that would look like, and having an open, nonjudgmental place where I could just let it all out and not worry about kind of other factors, but really what was my motivation. Why am I doing this and what am I facing? It was so helpful.

Lizette: Sure. And do you think a lot of young adults are open to speaking about all those issues? Sometimes it may be hard.

Kyle: I think in my professional mind, there are certain people who really take to therapy and certain people for whom it might be harder. But I think more and more there's more efforts to destigmatize mental health, so hopefully more people are open to the process.

I think accessing it could be a challenge for some people, and the biggest thing working with a mental health provider is making sure that you have a good relationship, a good connection. So, if someone's not working out or if a counselor or a group therapy program isn't helpful, I think it's great to give feedback to that person or that group and also see what else is out there. The fit is very important.

Lizette: Definitely. And, Nikki, do you find that young adult cancer survivors have a lot of different issues that they're asking about when they contact us than older adults with blood cancers?

Nikki: Yeah, I think the issues are definitely unique to the young adult population, and kind of piggybacking on what Kyle said with mental health and having access. There's different tools in the toolbox to help take care of our mental health, especially when you're newly diagnosed. And I'm thinking an individual therapist or a psychologist or counselor, even to have access to that, even to be in a treatment center where you can ask your nurse, "Hey, I really need to talk to a clinical social worker, or I really need to talk to a psychologist" and having that available.

Access is really important, and then there's group settings, right? One thing that we do know about mental health in young adults is the sense of isolation is huge. This group really feels disconnected from their peers; and having that peer support, the research and studies are clear that connecting young adults to other young adults is critical for their ability to cope. And that's where connecting them to CancerCon and to our LLS, we have a wonderful young adult group on Tuesdays (www.LLS.org/chat) from 8:30 to 10:30 Eastern Time. You know, that might be a good avenue. Of course, everything now is virtual during the pandemic, but making sure that you find

the right fit for your group is important as well as the right fit for that individual therapist that Kyle mentioned.

Anxiety and depression, those are real issues. And if someone had mental health issues with anxiety and depression they were already struggling with before the cancer diagnosis, it's just so important to address that suffering right up front and that our doctors and our healthcare team and our professionals are asking about that. And getting help very early on.

The other thing that makes me think about, and Kyle, maybe you can talk a little bit about this too, is the other research that's coming out with young adult survivors is they do get offered a lot of mental health help upfront. So when they're newly diagnosed, they might be asked to speak with the social worker. They might be asked about getting counseling. They might be told about a peer support group.

But when they finish treatment, when they start transitioning off of treatment, there is a lack of investment into mental health services during that transition time because that's where a lot of survivors actually have enough space and enough quiet to finally process everything that just happened to them during this treatment. They've been in kind of flight/fight autopilot, get me through treatment. I just need to get through this next round. And they maybe haven't had time to process the deeper emotional impact that the cancer diagnosis has had. So, when folks transition off of treatment, that can actually be when their anxiety, depression, a little bit of post-traumatic stress, when all of that peaks. So, I don't know, Kyle, if you want to speak to that.

Kyle: I fully agree and identify with that. So I can remember early on in my diagnosis there was this, what I then found out was a unique situation where there were three of us who were diagnosed with the same type of leukemia; and our oncologist thought, like, oh, we could form a support group. And I was open to it. I said, "Sure, I'd do it." I guess I wasn't fully into it, but I said, "I'll meet with other people." Like at

that point it was, like, okay. But it never materialized, so I think the other two people either said no or one person said no, and it never happened.

And I had this weird interaction where there was like a patient's mom on the floor who like stopped me when I was doing a walk, because I was supposed to walk so I didn't get pneumonia. And she wanted to like share her daughter's experience, and I'm like holding onto my IV pole, and I'm like, I just want to go back to my hospital bed and watch *The Great British Baking Show*.

And I was like, "I really don't want to talk." It was hard because I could feel for her and what's going on, and I was just so focused on that moment and getting through my treatment. And it wasn't until after I had the transplant and I was on the couch, just with so much fatigue while recovering that I really began to integrate, process, like Nikki said, what was going on. Like because at that point, I got more curious about what are other people's experiences? Where are they at?

I remember watching, there was a documentary with an actor who went through lymphoma and had a documentary about his experience. And it was like I want to watch this, and I don't think I would have wanted to watch it in the middle of treatment.

And, similarly, reentering into work, and it's a good thing that what was your normal life comes back; but that brings up a lot of stuff. I mean how do you merge these two lives, these two experiences? How do other people understand? I think there's a real desire just to, for me, just to get back to what my life was like. I worked so hard to get back and to hold onto this life. And at the same time, how do I integrate some of what I've been through because I'm not exactly the same person as before. So bridging those experiences was harder, and so I think at that point, again, counseling later out makes a lot of sense like Nikki said.

Lizette: I know that we've heard from other young adults. I know that when we did a video with young adult survivors, they also mentioned, they said, you know, as Nikki

said, they were in that "fight stance." Right? They were fighting their disease. They weren't thinking about it. But then once they got into remission and they had that quiet time, that ability to just sit back and say, "Oh, my gosh. I just went through this." And that was when they realized everything. And you're right, they didn't readily have their treatment team around them anymore because once you get into remission, you see your treatment team less and less.

So that's when they really wanted to reach out because they understood more fully what they had just gone through. And Kyle, also they were trying to figure out who they were and if they could just step back into the life that they were leading prior to the diagnosis and how others were going to view them because sometimes when you get into your remission, you're starting to look like your old self; and then sometimes people think you're your old self.

Kyle: Totally, I think that's spot on. And sometimes that's good. I think like having friends and other people who maybe saw me as healthier than I sometimes felt was helpful because it pushed me to like go to the mall or to maybe walk a little longer than I felt like I wanted to. And sometimes it's confusing as well. So, it's a mixed bag, which is where counseling and mental health support can just give us space to help to process that and talk through it.

Nikki: Yeah, and I think your original question that I'm going to answer in a delayed fashion was about those issues that are unique to adolescent and young adults is, you know, you're going through treatment, you're fighting for your life. You've just had the rug pulled out from under you; and you're using all of your emotional and physical energy to survive, right? To get through treatment.

But you also have relationships. You might have been dating. You might have been married. What are the stressors that it puts on work if you were working full time? Sometimes you're at the beginning of the career and the impact that cancer can have

on your career. Maybe you just started your freshman year of college, and the impact that that cancer diagnosis, it impacts every one of those areas.

Dating, sexuality, sexual health, intimacy, fertility. We didn't talk about fertility yet, but, you know, that's a huge one for men and women. That again you can be somewhat overwhelmed at the beginning and almost skip over that. But it's so important.

And you can be cured, and everyone gives you a high five and pats you on the back; and then you say, "I'm ready to get married and have kids." And all of a sudden you realize, "What do you mean I'm going to have trouble having kids" or "What do you mean there might be issues with fertility?" So those long-term or the late effects of treatment, especially as, as it relates to fertility, all of that goes into coping and processing and the mental health of young adults that are going through treatment and even after treatment.

Parenting. We have a lot of young adults that are parents. How do you parent and go through cancer treatment? How do you help your kids cope and yourself? So, all of these complexities of life that people have before they get cancer, they don't go away. Those complexities are still there, right? We've just added this thing called cancer on top of it. And that's where it's so important to add. I like to use the analogy of tools in a toolbox, right? Before you had enough skills to get you through the day. Now we've added this huge additional amount of stress. Now you need some new tools.

So, if you're someone that said, "Oh, my gosh, I would never go to a counselor or I don't want a therapist or maybe you had a bad impression of it. Now's the time to reconsider and see if that's something that might be able to help you.

The same thing for relaxation techniques or exercise or tai chi or yoga or art and music and all of those other things that maybe can be a tool to help heal you that you would have never picked up before, I think in the midst of that stress, also, opens up the door for opportunities for learning new skills and learning new ways to cope.

Lizette: Definitely. Like you said, so many young adults have this anxiety and isolation; and a lot of things that you just mentioned, Nikki, are things that young adults really need to know at the beginning of their journey.

And it's hard to know all these things at the beginning of your journey. You don't know what you don't know. So how could you know before somebody wants to start chemotherapy that you have to ask about fertility? We had young adults say that they had no idea that they had other folks in their families telling them, "Oh, well, before you start, ask about fertility."

And some of them had these acute leukemias; and, Kyle, their physicians wanted to start treatment right away. And these young adults wanted to make sure, because fertility was something that maybe they weren't thinking about now, but they could see that in the future it might be an issue for them. They wanted to see how they could actually do something and make sure that they would have the opportunity possibly in later life to have children.

So, they had to be their self-advocate. They had to, in some cases, stop the doctors and say, "You know, I want to do something first before you start treatment," even though it's something acute. Was that an issue for you since you had acute leukemia?

Kyle: I would say yes and no, some of it is just my own situation and preferences as well. I think like you're hinting or describing at, that it would be best practice; it would be optimal that before chemo is started, there's a discussion about fertility and preservation.

That did not happen for me. So, because my diagnosis was so acute, we started a treatment right away. And I can remember a nurse walking in – I don't know, it was probably day three or four. Chemo had already started, and she was like, "You didn't want kids, did you?" And that sounds dismissive, and for me, it is a little. But I really didn't want kids; and I still don't. And that's my preference. One of my friends jokes that his ovaries are aching for babies; and I do not have that. So that just wasn't me.

At the same time, you know, the back of my head, I was like, wow, so I was like 95% sure that I didn't want kids.

I mean I was 33 when I was diagnosed. I was like Madonna had a kid at 42. I could change my mind, and so I did try to do like fertility preservation. I went to a fertility clinic, and it was an interesting experience because it was pretty heteronormative. So, I had to give some feedback about that.

And I'm glad I tried, and it wasn't successful. I did like the full three times trying to see and trying to maximize times between chemo, and as my one friend jokes and can be really blunt, she was like, "Cobwebs came out, didn't they?" And I was like, "Yeah, it's true."

And so that just happened for me; and I know there are other ways to have families. And that's great. For me, it's just not something that I actively felt; and maybe I'll change my mind down the road. But for now, while it would have been better to have the opportunity to, I guess, preserve prior to treatment, it didn't happen for me. That's okay.

For other people, though, I think that's huge. And so, for people like my friend who I just talked about, boy, when this is such a big thing, an understandable big thing that is part of people's lives and what they're looking for. I think it's just another thing, a feeling of loss of control, a loss of autonomy, another grief piece as well about a life that you felt you were on track to have that might be different or might look different.

And so that, a huge disappointment; and I really feel that I talk with people who have had their struggles. And I talk with people who have been able to advocate really well and say, "Time out. Like let's harvest eggs first." And I'm glad for that too, but it is, again, I think it goes into the piece that Nikki was talking about of communicating with your doctor. And it's hard because these are things you kind of have to think about ahead of time as well.

Nikki: Yeah, and I would love to add a little bit on what Kyle is saying about the fact that even though they were three days late, they still did come in and have a discussion with him. Of course, we know that the standards are for this discussion to happen before you've started any type of therapy. With AML and ALL, sometimes that's just not possible, right? There's too high of a risk to delay starting treatment.

But here's an interesting tidbit. When you talk to AYAs that were acute leukemias. They were not able to bank or harvest eggs prior to starting treatment, so there was a higher risk or higher potential loss of fertility. Here's what they find. It's not so much the outcome that mattered, meaning whether or not they actually were able to preserve fertility or not preserve fertility. What mattered most is that they had the discussion, and the risks and the options were brought up and the discussion was had and that they were able to be a part of that discussion. Right, that they were engaged in the decision-making was really more important as far as like decisional satisfaction than the actual outcome.

And I think that's really important. So, advocating for yourself and having that discussion is actually the most important thing versus what actually happens as the outcome. Meaning there may still be loss of fertility; but as long as they've had that discussion, the individual person feels like they have more control. Feels more satisfaction in the decision.

Lizette: Yeah, that's very important. That's a great point to bring up, Nikki.

Now Kyle, did you have any other long-term or late effects that the doctor communicated with you, maybe something that you could have potentially, especially since you had a transplant?

Kyle: I had both like an oncology team, and I had a transplant team; and I think both of them did a really good job for me of letting me know immediate risks and then long-term risks. And the word "cure," I think there was a discussion about this at CancerCon. It's kind of a loaded word because there's just so many things that can

pop up down the road or as a course of treatment. And so that helped me to understand what I was getting into, what my future life would look like, and allowed me to make those decisions about which treatment I wanted to pursue.

I joke though, and I feel like this is important for AYA people, is that they did informed consent for everything but what it's like to live with your parent for like three months, or six months. So that was not part of the informed consent process.

But in terms of long-term effects, yeah, they let me know. So the type of transplant I had, came from a donor; and so there's this diagnosis graft-versus-host disease that sounds like science fiction. And it's a whole series of things that can happen if the donor cells start attacking my body.

And so they made me aware of that, so skin concerns, mouth concerns, eating and gastrointestinal stuff. You know, late effects with heart monitoring and head and neck cancer and thyroid cancer; and the risks are low and monitorable, but still there. And so, it's something I'm very aware of and can be proactive about when I meet with my oncologist or go to the dentist and they're looking for like lumps and stuff in my mouth. It's something I know I need to be on top of.

Similarly, with sun protection. Well, I said I love beach vacations. I have this elaborate shelter that I take with me so I can be on the beach and wear like zinc sunscreen, the heavy stuff all the time. So just things that I can control.

I think for me personally, the thing that I dealt with, and dealt with as a mild thing, is I've had some liver effects of graft-versus-host disease; and for me that means I still am on immunosuppressive medication, which is a bigger deal in the COVID era. So, I have to be a little more cautious there. That also means that I can't eat sushi, which isn't that big of a deal. I can live without that.

Edith: That's a big deal.

Kyle: Yeah, because my liver's affected, though I'm not supposed to drink. And so that does come up with social stuff, and most of my friends get it and are cool with it. But sometimes it would be nice to have some wine. But it's something that's not on the table right now.

And, thankfully, I don't have any symptoms from it. I'm able to travel still. I'm able to work still. I really don't notice anything, but it's probably just going to take a little bit of time for my transplant and my liver to get along and just kind of see how that goes. So that's, that's the big thing.

But potentially there can be some really serious stuff in terms of how it affects mobility or fatigue or your ability to maintain weight. And I'm glad that I knew that information. It was really scary hearing it. They make you look through like a picture book of all these terrible possible outcomes; and so, I was almost dissuaded from doing it, and maybe that's okay, but I do have a good picture, at least, of what's out there for me.

Edith: Kyle, so you're an LLS volunteer. What are the steps to become an LLS volunteer?

Kyle: I'm trying to remember. I think I reached out to-

Nikki: It would be the local chapter.

Kyle: -the local chapter, yeah.

Nikki: Yeah, the local chapters manage the training.

Kyle: And I met with a volunteer coordinator over coffee one day, and we kind of talked about volunteer opportunities, including some community events like Light the Night and then there was talk of the First Connection program; and I was like, "That sounds really cool. I want to be involved with that." And so, they got me connected, and that's how it goes.

Edith: So, we covered a lot in this episode, but is there anything you feel we didn't cover that you think is important for our audience to hear?

Nikki: I guess as, the social worker in me is just being mindful. We talked a lot about mental health. The one thing that we didn't talk about was financial toxicity, right? Young adults in this age group have the greatest risk for what we call financial toxicity. So, they're the highest risk of being either underinsured or uninsured, and that can create a lack of access to a primary care doctor. It can create that, where they get diagnosed at a later stage because they're not hooked into a healthcare provider, like a primary doctor. And sometimes young adults are just unlikely to seek medical attention if you don't have any money to pay for it, right, if it's going to create a debt or a burden. So recognizing that the financial impact that young adults have when it comes to cancer is really important from an individual level to help people individually. Here at LLS we have a big commitment to trying to help with financial resources. And if it's not something that we offer, an Information Specialist can try to help get connected to resources in the community.

But the other bigger picture that I want young adults to know about is we also have to change public policy, right? We also have to take a look at a big level, a community level, and a national level to see what kind of policy changes do we need to be pushing and be making headway in so that we can best advocate for our young adult cancer patients. And keeping all of that in mind is the big picture, right, to know that it takes a village, it takes a team, and that there's a whole AYA community out there. LLS is part of that community, and we're here to support people.

Lizette: Definitely, and like you said before, Nikki, support people throughout their whole journey. Diagnosis through survivorship, and we want to be there, Kyle, and hopefully we are still there for you throughout your lifetime if you need anything. And also, for you to be able to also work with us, still volunteering with us. We really appreciate you, Kyle, and appreciate all of our volunteers and the time that you take to really help somebody else with their journey. I think that's wonderful. Thank you.

Kyle: Absolutely. It feels very full circle, and it's a great way to meet people on all sides of the diagnosis. And so it's been fun to connect with other survivors, other patients, family members, support staff on the other side. It's just great to be connected more to the community, and I'm so appreciative of it.

Edith: Lastly, our patient podcast homepage, we have a quote that says, "After diagnosis comes hope." Based on your cancer journey, Kyle, and based on your professional experience, Nikki, what word would you choose to complete that sentence? After a diagnosis comes-?

Nikki: Support. Love. Connection. Caring. And a journey.

Kyle: So for me, I guess, it would be, I think community is a big word. Knowledge.

Lizette: Those are good big words.

Kyle: Yeah, yeah.

Edith: Those are. So thank you so much, Nikki and Kyle, for joining us today and sharing your expertise and experience with us and our listeners.

Nikki: Oh, you're very welcome. It was a great pleasure and a great honor.

Kyle: Same here. Thank you so much for having me.

Edith: Thank you for joining us.

Lizette: Yes, thank you so much.

Edith: For those who would like more information about LLS in general, you can either go to [LLS.org](https://www.lls.org) or contact our Information Specialists, Monday through Friday, 9 AM to 9 PM Eastern Time by calling 1-800-955-4572, and they can provide support and educational information.