LEUKEMIA & LYMPHOMA SOCIETY® is now

Blood Cancer United

The Bloodline with Blood Cancer United Podcast

A podcast for patients and caregivers

Episode: 'A Young Adult Story: Cancer, Connection, and Life After Treatment'

Description:

A cancer diagnosis in your 20s or 30s can raise questions most people never expect to face so early in life.

In this episode, we speak with Chris Pagliarulo, who was diagnosed with Hodgkin lymphoma at the age of 29, about the medical, emotional, and practical realities of cancer during early adulthood. We explore issues that are especially relevant for adolescent and young adult (AYA) patients, including delayed diagnosis, fertility preservation, treatment side effects, career disruption, relationships, and finding connection with others who understand. While this conversation highlights experiences unique to AYAs, patients and caregivers of all ages may hear pieces of their own experience reflected in what Chris shares.

Transcript:

Elissa: Welcome to *The Bloodline* with Blood Cancer United. I'm Elissa.

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

Elissa: Today, we'll be speaking to Chris Pagliarulo, who was diagnosed with Hodgkin lymphoma at 29 years old in June of 2021. After chemotherapy and radiation, he finished treatment in March of 2022 and has remained in complete remission. Following his recovery, Chris became actively involved with Blood Cancer United, then

The Leukemia & Lymphoma Society, by serving on the North Florida Board of Trustees, as well as participating in fundraising campaigns, and supporting newly diagnosed patients through the Patti Robinson Kaufmann First Connection Program®.

Then, in December of 2025, he launched GAME7 Men's Grooming where he has a portion of the sales supporting the fight against blood cancers. Welcome, Chris.

Chris Pagliarulo: Thank you all for having me.

Elissa: Well, thank you for being here. So, we are launching this episode on AYA Cancer Awareness Week. The AYA stands for adolescent and young adult, and this week is dedicated to highlighting the unique medical, social, and emotional challenges faced by patients aged 15 through 39. For our patients and caregivers outside of that age range, we welcome you to stay with us and still find connection with Chris's cancer story.

Chris, we are so excited to hear about your experience with cancer and then explore those issues that may come along with that cancer diagnosis as a young adult. First, could you tell us about your diagnosis of Hodgkin lymphoma and how you ended up being diagnosed?

Chris: Yes, so I was diagnosed with Stage IV Hodgkin lymphoma in June of 2021. My official day of diagnosis was three days before my 29th birthday, so, just an absolute whirlwind. But essentially, I probably had something wrong with me for a good period of time but really started to notice it over New Years 2020 into 2021. Just really started to feel off. It's kind of hard to pinpoint what really started it; but it was a feeling of just being very tired and hard to get through the workday. I'd have to take naps, and I've never really been a nap person. So, it was just feeling very sluggish and off. And then in March of 2021, I started to feel what could only be described as a prolonged cold. So really, a lot of congestion on top of prior feeling very tired. Just feeling rundown in general.

Thankfully, my best friend's dad is my primary care doctor; so, I got in to see him probably two or three times, and he treated me with steroids. We kind of just wrote it off as being, a lot of people get sick this time of year because it's pollen season here in Florida. I have terrible allergies, so I sort of wrote it off as that. But finally, in early June of 2021, I went to go see my doctor; and at that point I was coughing up blood all through-

Elissa: Oh!

Chris: -the night. And I had lost about 20-25 pounds at that point. And he got me in to get a chest CT scan that day and called me from the doctor's office and said, "Hey, you've got to go to the hospital. If it's not tonight, go tomorrow morning because they see a large mass of some sort in your chest."

So, the next day, I checked in at the hospital. Because of the crazy COVID times, I was first quarantined because they didn't know if it was something related to COVID or tuberculosis. So, I was basically quarantined in a hospital bed for three days. They were running high-dose antibiotics, which made me feel a little bit better. Eventually, they determined that I had walking pneumonia. I had this huge mass in my right lung; and underneath, I guess, was pneumonia.

And so, the antibiotics cleared up the pneumonia, but they still didn't know what that large mass was. So, I went through a week of testing; and at the end, they determined that I had Hodgkin lymphoma. So, it was about 7-8 days in the hospital that I spent trying to figure out what it was and got a phone call a couple days later letting me know that I was diagnosed with Hodgkin lymphoma, so that's where the journey began.

Elissa: Yeah. I feel like that is a very common thing that we hear, particularly from young adults, but from all cancer patients, that a lot of their symptoms will mimic something else. So, it's always kind of getting treatments for something else – for a cold, for pneumonia, for all of these different things.

Chris: Right.

Elissa: And then, all of a sudden, you find out it's cancer.

Chris: Yeah, well, it's like, kind of the last thing that a lot of these doctors think that a reasonably healthy 28-, 29-year-old guy would have, you know? And so, a lot of the symptoms that I was initially going through could have been easily written off to a lot of other things. Looking back, the weight loss was pretty alarming; but I'm a pretty active guy, so I just wrote that off as, I'm working out more. But, I would eat so much food and still be losing weight. So, initially, I thought that was cool; but after a while, I'm like, "Something's going on here."

Elissa: That's a lot of weight to lose when you're not-

Chris: Yeah, not trying to.

Elissa: -intentionally losing it.

Chris: Exactly, exactly.

Lizette: Yeah, and I think you're right. I think a lot of the ruling out process starts with something that, of course, is more common. And for young adults, first thing that people are not looking for is cancer, right?

Chris: Right.

Lizette: Now, at 29, what was your life like then in terms of work, career, relationships when you were diagnosed?

Chris: I had a pretty awesome life up until that point. I mean, I still do. I look at cancer as a bump in the road; but growing up, had the best parents. I was very driven to be the best student, best athlete I could be, had great friends. Went to college, played baseball at the University of Tampa. That's where I met my wife. We didn't start dating till after college, but we both went to work in my family business; and I was building my career as a national accounts manager trying to sell haircare products into national retailers, all different types of grocery stores and mom and pop pharmacies. So, I was on the road a lot doing very well and, had a great group of friends back home. So, my social life was very full.

Ashley and I got married in January of 2020, right before the world got crazy with COVID. And then if we did have work, we were working from home. So, 2020 was one of the best years of my life. Ashley and I had just gotten married, so things were really on the up and up. So, this cancer diagnosis, it really threw me off guard because we were building a very incredible life together.

Lizette: Yeah, a lot of times we've heard from guests on our podcast, as well as the AYA community, that when you hear the big C word, cancer, it's kind of like your whole life hits like a pause button.

Chris: Absolutely. I can say that being in that hospital for a week was one of the most crazy experiences of my life because the doctors were very vague, I would say, about what was going on. But if you went on my MyChart®, it was pretty clear as to what they were trying to rule out. I would talk to one doctor; and he would say, "I really don't know what's going on." And then, ten minutes later, my MyChart would pop up; and it would say, "Ruling out lung cancer, ruling out lymphoma," and so I was sitting with that in my hospital room, kind of having an idea of what was going on.

And then I would say about day 6 or 7, an oncology nurse came in and talked to me; and she was very honest with me, and I really appreciated that. And she shared with me that we're ruling out lung cancer, and we're ruling out lymphoma. And in her opinion, it was some sort of lymphoma; and best-case scenario was that it would be Hodgkin lymphoma.

When I heard that, I was prepared to be diagnosed with cancer; and, honestly, praying that if it was a cancer, it would be Hodgkin lymphoma because truly I was very nervous when I saw that lung cancer thing on there. So, when I got the call like three days later from the doctor that it was Hodgkin lymphoma, I said to myself, I can beat this.

Lizette: Yeah. And just to be clear, we know that any cancer diagnosis is not something that you want to hear.

Chris: Right, exactly.

Lizette: But I think what you're saying too is with Hodgkin lymphoma, right now there is more of a positive prognosis for Hodgkin lymphoma patients.

Chris: Oh, for sure, for sure. You know, as an athlete, you read about guys like Anthony Rizzo, guys like Mario Lemieux. Several football players have been diagnosed with Hodgkin lymphoma; and they came back and were able to have very successful playing careers. So, my thought was if they can beat it, so can I.

Obviously, being hit with the big C word is absolutely devastating; but being in that hospital, I was prepared that I would have to face something. And so, to be able to get the news that it was the best-case scenario of the worst-case scenario was a little bit better than just having it dumped on you all at once. So, I had time to process it a little bit.

Elissa: That's good. It's still absolutely wild to see what they were ruling out through MyChart-

Chris: I know. I know, it's crazy.

Elissa: -of all things. That's, wow.

Speaker: It's absolutely crazy.

Chris: Yeah, yeah, yeah.

Elissa: I mean, we talk a lot about patients finding out the results and everything through MyChart; but that's a whole different thing, seeing stuff ruled out and seeing all the different things that they're looking at.

Chris: Yes.

Elissa: And seeing that without that direct communication, say, “Hey, we’re trying to rule out this. We’re trying to rule out that,” so I’m glad they did finally communicate that with you-

Chris: Yes.

Elissa: -these things that they were thinking because, yeah, you definitely don’t want to see all that stuff on MyChart. And you’re like, lung cancer, what?

Chris: Yeah, I was, I was very grateful for that nurse because it was a lot of asking questions and not getting very many answers and then, while I’m alone in the hospital, getting definitive statements on MyChart. Yeah, like, “What is this?”

Elissa: Yeah, oh, yeah. So, now that you’ve been diagnosed, I mentioned in the intro that you had chemotherapy and radiation. How did that all go for you, and did your doctor discuss with you how treatment would affect your life?

Chris: Oh, certainly. I had the best doctor, just the best care in general. From the get-go, they explained to me the protocol would be what I had is called brentuximab plus AVD (doxorubicin, vinblastine, dacarbazine), which I think that that might be the standard of care now for Hodgkin lymphoma. At the time it was still sort of in the transition process from the original ABVD, I believe. But because I was Stage IV, I was able to qualify to get this new brentuximab treatment with the AVD-

Elissa: Great.

Chris: -which is supposedly way better for your lungs, which I was very happy about. And he explained to me the process every two weeks I would get chemotherapy for 6 cycles, 12 treatments, 6 months. So, I would probably likely be done in December, starting in mid-July. And then, he discussed the family planning fertility stuff that we'll go into a little bit later. But from the get-go, he was very honest with me and very positive. I mean throughout chemotherapy, I was pretty upbeat about the fact that it stinks now, but I'm going to get through it.

Elissa: Yeah. Did he talk about side effects with you at all, as to what you might be able to expect?

Chris: I mean he basically said that it's going to be very tough on the body, a lot of flu-like symptoms. And I can only best describe it as having the flu combined with the worst hangover of your life. He was very honest about what I would go through, and he was right about it.

Elissa: Yeah, yeah, as much as we don't like chemotherapy, it does work.

Chris: It does, yeah.

<u>Elissa</u>: And for a lot of cancers and so something to just get through and then, hopefully, see yourself out on the other side of it again.

<u>Chris</u>: Absolutely.

<u>Elissa</u>: I know they're always working on targeted treatments, other treatments that don't have as much side effects as chemotherapy does.

<u>Chris</u>: Right, right.

<u>Elissa</u>: I'm glad you were able to get the new treatment though.

<u>Chris</u>: Yes, yeah. To be completely honest, the brentuximab, I would say, when you get it, it's not terrible. But I would say that I've had lasting side effects from the brentuximab, so it is kind of like a tradeoff. I've had neuropathy in my hands and feet that have lasted- I'm on year five of remission now, so it's a little bit of a tradeoff, for sure. But I think from what I've read, these immunotherapies are getting so good that hopefully we can leave chemotherapy in the past, whoever knows, five, ten years from now.

<u>Elissa</u>: I think that is what they are shooting for is to just keep coming up with better treatments.

<u>Chris</u>: I know, yeah.

Elissa: So, through all that, were you able to work through treatment; or did you have to take off work for that six months?

Chris: No, I worked through it.

Elissa: Wow.

Chris: So, I would get treatment every other Tuesday; so Tuesday I was pretty shot. Come home, sleep for close to 24 hours, wake up the next day. For whatever reason, I did not feel terrible the next day. I could do a little bit of work.

Elissa: Good.

Chris: But the second day was really bad. That was the low point, and that was pretty much not being able to do much at all the second day. But after that, every day got a little bit better to where when you're on day 10, 11, you feel pretty much back to completely normal. And then day 14, you've got to do it again. So, outside of the first two or three days after chemotherapy, I was pretty much able to live a normal life.

Elissa: That's good. So, a few months into this, did you have any worse side effects? Because I know a lot of times that chemotherapy kind of has compounding effects the longer it goes. Patients can sometimes have worse effects as they go on into the months.

Chris: Yes, so for me, I think the first few treatments were very tough; and then I kind of found my groove through the middle of the treatments. I'm big into sauna; cold plunge; alternative ways to be gentle to your body and treat yourself. And I found a lot of those methods, the sauna and the cold plunge, made me feel great. And so, that was part of my routine every day as well as I made myself do something, whether it be go for a walk or, towards the end of the two-week period, I'd be in the gym lifting weights and staying active was the most important thing for me to feel normal.

So, the middle part of treatment really was not terrible because I found a little bit of a groove with my diet, hydration, basically controlling the things that I can control – working out. All those things played a factor in me feeling somewhat normal through that process.

And then, towards the end, it got very hard. Like the last three treatments, I would say, were very difficult. But I'm not quite sure if that's the compounding nature of the medicine or if that was more of a mental thing because I kind of saw the finish line, and it almost made it harder to go through that knowing that I was right there at the end.

Elissa: Yeah, that can definitely be hard towards the end when you're like, "I am so close."

Chris: Yeah, yeah, yeah.

Elissa: But it's like we're not quite there yet; and it's hard as you get close to that. And you're like, "I just want to be done. I want to be completely done with this."

Chris: Exactly. Yeah, those last two or three treatments were pretty difficult. So, yeah, a lot of nausea going through those times.

Elissa: Did you have any plan for, once you finished, if you rang the bell, and a lot of people go on what they call like anchor trips or some little celebration that they may have after they're finished. Did you do anything like that?

Chris: So, I got done right around Christmas 2021. So, I pretty much rang the bell and went right into the holiday festivities.

Elissa: Nice. It's a good time to get done.

Chris: Yeah, yeah. My wife is from Buffalo, New York; and since we've been married, we've done Christmas with her family. There's a ski mountain, more like a big hill up there; and so, when we went up there for Christmas to see her family, we did like a little mini ski thing, which was a lot of fun.

Elissa: Perfect.

Chris: Because her and I love to ski. We always do a trip pretty much once a year out west, and that's something that we like to do together. So, that was a little way for us to celebrate me getting through all that treatment.

Elissa: I love it. So, I would like to talk about fertility planning that you mentioned a little bit earlier. Could you tell us about that conversation that you had with your doctor and then what you ended up doing?

Chris: Absolutely. Like I said, I got one of the best doctors. He was very straight up with me that this particular treatment is very tough on fertility, and he recommended that I freeze sperm because who knows how I'm going to respond afterwards.

And so, I have a great network of guys that I've met in person or over the internet that have had Hodgkin lymphoma and gone through, if not the same, a very similar treatment to what I've had. And it's a whole gamut of guys that have been able to father children naturally to guys that were not able to have kids at all, that basically the treatment rendered them completely sterile.

So, it's like there's a whole range of reactions to this treatment long term. And I fall somewhere in the middle. So, thankfully my wife and I were able to do IVF; and we just welcomed our baby girl about six weeks ago now.

Elissa: Wonderful.

Chris: So, we're incredibly blessed; but the whole conversation, I think particularly with young adults that are going through chemotherapy, radiation, all those things is – fertility being able to be a parent is not a guaranteed thing, and that's a very tough thing to hear, especially as my wife and I have always wanted kids. And we had just gotten married and started having conversations about starting a family. So, to get hit with that at that time in our life was a very tough pill to swallow. And on top of it, you have cancer; so, it was a pretty wild time.

Elissa: Yeah, so how does that all work? So, you go over to a sperm bank and then pay monthly, annually to just freeze your sperm until you would like to try IVF?

Chris: Yeah, yeah, that's exactly how it works. In my situation with lymphoma, my doctor said, "You know, it's bad. You're not going to die tomorrow. You have a little bit of time. Go take care of this." So, I had about two weeks in between consulting with him and starting treatment where I took care of the sperm freezing.

Now, the thing they don't tell you is a lot of times, your eggs or your sperm, when you get them frozen, they don't always survive the thaw when you go to do something like IVF. In my situation, the sperm that I had frozen didn't survive. But thankfully, I've been able to maintain some level of fertility afterwards, that I was able to still go forward with IVF and my wife was able to get pregnant that way. But, what they don't tell you, unfortunately, not to crush people's hopes, is a lot of times, the eggs and the sperm don't survive the thaw. I just am very blessed to be able to somewhat heal from this whole process.

Elissa: Yeah. Well, I'm glad that it worked out and you were able to eventually do IVF, and congratulations on the new baby.

Chris: Thank you.

Lizette: Yes, congratulations!

Elissa: I know you just had the baby, so, you're probably very, very tired; so, we're glad that you're joining us right now. But, yeah, we're so excited for you that this worked out.

Chris: Thank you. Thank you.

Lizette: Yeah. And I'm very happy to hear that your doctor had that conversation with you 'cause we hear from so many young adults that are diagnosed that that wasn't even a topic that was brought up. And, of course, for a lot of patients, it's not top of mind; so that's not something that is so natural to ask about. So, I'm very happy that that conversation did come about; and we're always trying to encourage our young adult cancer patients to have that conversation as well as doctors to initiate that conversation.

Chris: Yeah, like I said, I'm very blessed and lucky to have such a great care team. But the one thing I've learned throughout this whole process is it's very important to advocate for yourself.

Elissa: Yes.

Chris: So, if your doctor is not having these conversations with you, you need to bring it up because, for the majority of people, there is going to be life after cancer. And if you want to have a family, there's planning that has to go into it if you're going to go through with cancer treatment.

Elissa: Yeah. And I think, not just talking about the fertility planning, but also talking to your doctor about what you want out of life, talking about side effects, talking about how this is all really going to affect you on a physical, emotional, spiritual scale because cancer is a lot. It's traumatic and it's good to have that open communication with your doctor to be able to ask those questions and make sure that you are fully understanding what is going to happen, what the possibilities are, and that you're getting side effects managed throughout that time to try to make this a little bit easier process.

Chris: Right. Right, absolutely.

Lizette: Yeah. Now, I know that in the intro, Elissa mentioned your involvement with Blood Cancer United through First Connection and events like Light the Night, as well as continued fundraising efforts through your company, that sells men's personnel care products.

Now, for our listeners who don't know about First Connection, which is our peer-to-peer support program where patients or caregivers are connected with someone affected by a similar diagnosis, why did you want to get involved in First Connection and fundraising and what has that meant to you personally?

Chris: Oh, well, for me, the First Connection program has been my favorite part of being involved with LLS/Blood Cancer United. For me, being diagnosed at 29 years old, I felt completely on an island because none of my friends have ever really gone through anything of that nature. Thankfully, my wife, one of her best friends' husband's friends, if you can follow that, also went through Hodgkin lymphoma around the same age I did years ago. And I connected with him; and he was such a huge help to me and a friend throughout the whole process that I just wanted to pay that forward and be able to do that for someone else.

And so, when I learned about the First Connection program with Blood Cancer United, I said, "Sign me up." So, I've been able to connect with several people over the last four years that have a similar diagnosis and be able to kind of talk them through what to expect and, form a friendship with them and help each other through life after cancer because that can be complicated as well. So, it's a great program; and, if I didn't do anything else with Blood Cancer United, I would still be involved with the First Connection program, for sure.

Elissa: That's wonderful. And they really do need more young adults to be in that program to be kind of mentors like you are for others. So, I hope that people listening will take a look and sign up to First Connection to be a mentor or to talk to somebody if you're newly diagnosed. I think that's really important.

<u>Chris</u>: Right. No, it's great. I've been connected with several guys and girls that are going through Hodgkin lymphoma and the same questions that y'all bring up to me about fertility, about treatment, all of these things. These, people feel like they're on an island; and if I can provide some sort of clarity on the situation, I feel that can be a big difference maker for sure.

<u>Lizette</u>: Yeah. I know that I hear from a lot of patients that it's so comforting to know that they're not the only one, right? That there's somebody out there that may have experienced something that is similar. I know that everybody's cancer treatment goes differently, but just to hear it from somebody else and for you to be able to provide your perspective and let people know about those little things that, like you said, some people don't tell you these things. But you've been through it, so you can actually share that knowledge with people who are newly diagnosed or just going through the process.

<u>Chris</u>: Absolutely.

<u>Elissa</u>: Yeah, and that's why we do this podcast too, so people can listen in. And I'm sure listeners right now are connecting with your story and finding some similarities resonating with it. So, it's in another piece of feeling like you're not alone in all of this-

<u>Chris</u>: Right.

<u>Elissa</u>: -and that other people have experienced this.

And I feel like it's kind of the same at Light the Night. For our listeners who haven't been to Light the Night, I absolutely love it; and I love the Survivors Circle. So, everybody gets a lantern, and the survivors get white lanterns and everybody else gets red for supporters or gold if you've lost somebody to blood cancer. And during the ceremony, all the survivors get together in the circle. It's called the Circle of Survivors.

<u>Chris</u>: Right.

<u>Elissa</u>: And then surrounding you is this sea of red and gold and everybody raises their lit lanterns at night, and it's just such an amazing moment. And I love looking around and seeing the other survivors and being like, "These people have been through the same thing."

<u>Chris</u>: Yeah.

<u>Elissa</u>: And they understand, and it's so neat to be involved in something like that. So, how did you get involved with Light the Night and other fundraising?

<u>Chris</u>: Yeah, so Light the Night was my first introduction to The Leukemia & Lymphoma Society. Unfortunately, when I was diagnosed, I wish that there was The

Leukemia & Lymphoma Society pamphlets all over the hospital. But I had, honestly, never heard of the organization, which is one thing that I've been hoping to change.

One of my buddies from high school was very involved with the Light the Night program and reached out to me over LinkedIn after hearing about my story. And that's how I got involved with fundraising for, I think, the 2022 Light the Night. And that's where I met the whole team from the North Florida Board and all the people involved with the Tampa Light the Night and just said, "You know, this is such a great organization. How can I get involved a little bit more?" So, that's where my journey started was through Light the Night.

Elissa: Very, very cool. And what has that fundraising piece meant to you personally?

Chris: Well, just to be able to pay it forward and also spread the word about Blood Cancer United and what you all are trying to do because I think there is a lack of awareness of this organization to people that are being diagnosed. So, if I can have some sort of impact, whether it be through First Connection or monetarily to spread the word of what the mission is, then I think we can help a lot of people. So, that's really why I wanted to get involved with Blood Cancer United.

Elissa: Yeah, and you made a really good point. You said you'd first heard about it through LinkedIn, I believe, and then as you're sharing, as you're doing your fundraising with friends and family, you never know who you're going to connect with who may have a blood cancer connection or one in the future.

Chris: Right.

Elissa: I feel like since I was diagnosed with acute myeloid leukemia, I have met so many people that have had blood cancer. It opened up this whole blood cancer world to me that I didn't know about.

Chris: Right.

Elissa: And so even just in the fundraising piece, spreading the word is good for people that are diagnosed in the future that, "Oh, I've heard of that, and now I'm diagnosed with it. Now I know where to go."

Chris: Yeah.

Elissa: And so that's a really important piece of awareness as well.

Chris: Absolutely. No, cancer touches everybody in some way, whether it's you that is going through it or a loved one. This is a thing that touches all of our lives in some sort of way.

Elissa: Yeah, and with continued research, we see that you got a newer treatment that was because of research that was funded. And to create those less toxic treatments for patients and those targeted treatments, and now we have CAR T-cell therapy, and bispecific antibodies, and all these great new treatments that patients may take advantage of now or they may have them available in the future, so, it is so important that you're continuing to, to spread awareness, to raise money for research and other programs; and we really appreciate that with you kind of paying that forward and, of course, with First Connection. That's such an important program to patients and caregivers that they can speak to other caregivers through that program and get that level of connection.

Chris: No, I think about Hodgkin lymphoma, in particular, being, 40, 50 years ago, one of the most deadly cancers that you could be diagnosed with and that now today I think there's something like a 90%, even probably more, five-year survival rate with Hodgkin lymphoma. And I think about the treatment that I had, the brentuximab AVD. Four or five years later, I think there's a whole 'nother one that they're doing now. So, within blood cancer, particularly, I think there's constantly new treatments that are coming up; and a lot of that is a credit to what we're doing with Blood Cancer United.

Elissa: Absolutely. And even that smaller percentage of Hodgkin lymphoma patients that don't respond well to the treatment, they're continually coming out with new things and trying new things for them-

Chris: Yeah.

Elissa: -to be able to get them to respond to something and get into that complete remission.

Chris: Right.

Elissa: So, our final question for you today, Chris, on our patient podcast home page, we have a quote that says, "After diagnosis comes hope." What would you say to young adult patients and their loved ones to give them hope after a diagnosis of cancer?

Chris: I would say that life after cancer can be sweeter than it was before. I think at 29 years old; I was looking for direction in my life; and to get diagnosed with cancer at the time was a terrible thing. But I look back at it now as being grateful that it put me on a path to be able to serve others and to give me something to, I guess, remold my life into having more appreciation for my family, my friends. It strengthened my marriage, and so I have a whole new outlook and appreciation for life. And to be a father now, to be starting a business, all of this is what I prayed for when I got diagnosed; and now it's here. So, life is unbelievable now; and, I think, when you do get diagnosed, it's hard to see the other side of that, but just know that it can be a lot sweeter. You have a lot to look forward to.

Elissa: Yeah, it's good to keep pushing forward and hope that there is the other side of the rainbow-

Chris: Yes.

Elissa: -waiting for you. There's something wonderful. Life can change. A lot of people change careers and do something different. And like you've done, you've started a business; and you now have a family, and you also have that little bit of direction in your life that is different from where you were headed before. And that is a beautiful thing.

Chris: Absolutely.

Elissa: But thank you so much, Chris, for joining us today. We're so happy to hear your story; and congratulations again on the new baby. We are so very, very excited for you that you have been able to do that family planning and have a new beautiful life with your wife and baby. And so, again, thank you so much for joining us.

Chris: Thank you all for having me.

Elissa: And thank you to everyone listening today. *The Bloodline with Blood Cancer United* is one part of our mission to improve the quality of lives of patients and their families.

Did you know that you can get more involved with *The Bloodline* podcast? Be sure to check out Subscriber Lounge where you can gain access to exclusive content, discuss episodes with other listeners, make suggestions for future topics, or share your story to potentially be featured as a future guest. You will also receive an email notification for each new episode. Join for free today at TheBloodline.org/SubscriberLounge.

In addition to the Lounge, we could use your feedback to help us continue to provide 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. However, if you would like to contact Blood Cancer United staff, please email, TheBloodline@bloodcancerunited.org. We hope this podcast helped you today. Stay tuned for more information on the resources that Blood Cancer United 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? Blood Cancer United 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 BloodCancerUnited.org/PatientSupport. You can find more resources for young adults at BloodCancerUnited.org/YoungAdults. These links and more 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.