

The Bloodline with Blood Cancer United Podcast

A podcast for patients and caregivers

Episode: 'Myeloma, Fatherhood, and Moving Forward'

Description:

After being diagnosed with multiple myeloma at age 31, Brice Davis faced challenges that extended far beyond treatment alone. Join us as he talks about balancing fatherhood, navigating mental health struggles, rebuilding after setbacks, and adjusting to life with a chronic blood cancer. Brice reflects on the importance of community, resilience, and focusing on what matters most while creating a fulfilling life after diagnosis.

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 are speaking to Brice Davis, an author and digital creator who was diagnosed with multiple myeloma in November of 2021. After chemotherapy and an autologous stem cell transplant, he has been in remission since the transplant in October of 2022.

Brice wrote a memoir where he shared his experience navigating cancer, mental health challenges, fatherhood, and personal hardship while finding purpose through

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adversity. Through his writing and advocacy, Brice hopes to encourage patients and caregivers facing uncertain and difficult circumstances. Welcome, Brice.

Brice Davis: I appreciate you guys having me.

Elissa: Well, thank you for being here. So, let's start with your diagnosis of myeloma. How did you end up being diagnosed? Were there signs or symptoms that brought you to the doctor?

Brice: Oh, yeah, most definitely. So, I've dealt with a lot of general symptoms that would be easy to overlook such as I was always tired and felt like I never had energy. It was hard for me to eat. I was losing a lot of weight, was dealing with bone pain; but at the time I didn't know it was bone pain because it's kind of hard to know what bone pain feels like if you've never really experienced it.

I was anemic, sweating a lot, and I just knew there was something off with me. I used to run out of breath a lot when I would get up, and my heart rate would go up. And that's when I knew something was definitely off and needed to be checked out.

So, what really got me to the point of looking into it, I saw several doctors about it; and they just gave me general advice like, "Oh, it sounds like you just need to eat more, and you should be good." And so, there was a time I was in Walmart® with my daughter, and I just felt like I was too weak to carry her throughout the rest of the store. And that's the day where I just knew that I needed to talk to my doctor and figure this out

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immediately for her sake. And upon doing that, they did a CBC (complete blood count) draw where they just draw your blood; and they check for basic things. And that's when he said my hemoglobin was a 6, and I've never even heard of hemoglobin. Didn't know what that was, but the tone in his voice let me know that it was pretty serious.

And he told me I needed to go to the hospital immediately. And went through multiple tests, and from there, that's how I got the diagnosis. We figured out why my hemoglobin was low. I had to wear a heart monitor. I tried wearing an oxygen tank machine when I would be out of breath, and it wasn't working. There was a lot of things that just wasn't working, and that's what helped me get closer to the diagnosis.

But I did take a lot of testing. You had to do the bone (marrow) biopsy test where they like drill something into your back to get a sample. They did a urine test to check your M-spike protein levels, things like that.

Elissa: Wow. Yeah, we actually hear that quite a bit from patients that, sometimes, even though it can be a lot of symptoms or it can be just something that could be anything else, right? But we hear a lot of the time that they just knew that something was wrong and maybe they couldn't explain it; and doctors were thinking it's everything else under the sun except for blood cancer. It's hard to have blood cancers that don't have tumors, that don't have palpable things, that you can see, "Hey, I have a tumor right here, and I can feel it, so clearly there's something going on" versus those

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symptoms like fatigue and night sweats and things like that that could be so many different things. And it's, also really rare to see myeloma in younger people.

So, how long did it really take you from those first symptoms that you noticed coming up to actually be diagnosed?

Brice: So, firstly, I do want to say that I believe, and my oncologist, as well, believes that I had it for years prior to being diagnosed. But I would say, I generally noticed by the time I was 27 that there was something off. Like you said, it's just a lot of general symptoms. You kind of know you shouldn't be this tired all the time.

Elissa: Yeah.

Brice: And I did forget to mention that night sweats was definitely a thing that I noticed was happening every night, but I wasn't quite sure. I just thought it was stress and anxiety that was carrying on. And so, I would say it took me, almost four to five years to actually get it pinned down because, it was pretty, there was a lot there when I was diagnosed. And it was so easy to miss it because all the symptoms were just so general. The last thing you would think was cancer, especially when nobody in my immediate family had cancer. So, it was a complete shock and surprise when I was told I had multiple myeloma.

In fact, I didn't even know what multiple myeloma was nor did I know much about cancer. I didn't know much about chemotherapy. There were a lot of things I was

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exposed to and had to learn as my journey went further because I just wasn't real knowledgeable with cancer.

Elissa: And your daughter was pretty young, right, at the time you were diagnosed? So, I would think, too, that you probably thought fatigue was just from having a very young child, right?

Brice: Oh, yeah. She was one at the time that I was diagnosed; but prior to her being born, I had always noticed the symptoms, and I knew there was something wrong. The doctors would just always give me general advice; and that's why it just never got corrected.

Lizette: Yeah, a lot of times they're not looking to rule out cancer with somebody that young, especially a blood cancer like myeloma that's typically diagnosed in older individuals. So, yeah, it took some time for you to get diagnosed.

Now, during the time you were getting diagnosed, were you still feeling those symptoms?

Brice: Oh, yeah, most definitely. In fact, I would almost argue that I felt additional symptoms based on the chemotherapy and steroids that I was placed on.

Lizette: Oh, okay.

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Brice: So, throughout my treatment, I was definitely experiencing a lot of night sweats. My memory was pretty cloudy or foggy, as they say. Having the foggy memory, that may have been from stress or possibly the chemotherapy. My skin started getting darker around my foot area from the chemotherapy. There were additional symptoms, but they were pretty much just exaggerated symptoms that I was already facing at the time.

Lizette: Sure. And, also, like, the emotional impact of just getting the diagnosis as a young father.

Brice: Oh, yeah. So, I've always dealt with anxiety my whole life, since I was in high school. So, I was already prone to stress and depression. And so, once I was diagnosed, I was pretty emotional at the time. And I can honestly say I'm not really an emotional person. I don't cry much. That's not my default go-to. But when I diagnosed, all those feelings went, and I was definitely emotional at the time because I wanted to make sure I was here for my daughter because I made the mistake of googling multiple myeloma.

Elissa: Uh-oh.

Brice: And, yeah, this was before AI was out heavily on Google. And so, you get some outdated information. You know, it'll say something like, "Oh, you've got X amount of years to live." So, the first thought in my head was, I've got to be here for my daughter.

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I did think that, okay, I'm probably going to die soon, which wasn't true at all whatsoever. But the more important thing was, oh, I've got to make sure I do everything that I can do to be here for my daughter.

Lizette: Yeah, and she was young. So, you know, it's hard to communicate that with her at that point, right?

Brice: Oh, yes, since she was one at the time. She did have to come with me sometimes to hospital visits. One of the things that I experienced a lot was I would get temperatures, infections, fevers, things of that nature due to my immune system being lower from the chemotherapy drugs as well as the myeloma. And there were a lot of times where she would have to go to the hospital with me. There's a time that I had caught pneumonia; and she was watching me with all the cords attached to me and probably trying to make sense of things.

She couldn't be with me during the actual chemotherapy treatments. They don't allow kids back there. So, luckily, I had a system in place, a support system to watch her for all the times I did have to get treated at the hospital.

Elissa: So, now that she's a little bit older, it's been a few years, have you been able to talk to her about the myeloma at all in an age-appropriate way?

Brice: Actually, I did. So, I had already planned on telling her because I decided at some point that I wanted to be an advocate for multiple myeloma. So, I knew that she

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would be exposed to it anyway with me talking about it, especially with me releasing a memoir about it.

The local news station did a story on me having it; and she had watched it. And I knew she was going to be around a lot of people that seen it, because they did bring it to her attention. And so, there was no way around not talking to her about it. My main concern was I didn't want her to be scared or feel like she was going to lose me, because she's lost other people recently, especially to cancer. And I didn't want her to think that just because I was diagnosed with it that it automatically meant a death sentence.

Elissa: Yeah.

Brice: And so, I explained it to her in ways that she would understand that wasn't too frightful. Like, yeah, I do deal with this; and this is how we're going about treating it. I think that's the most important thing is just letting them understand that this can be controlled. It's not the end all, be all.

Elissa: Yeah, very good. So, after your doctor told you that you had myeloma, what was that discussion regarding treatment and how this would look because myeloma is a chronic lifelong cancer?

Brice: Oh, so, when we started discussing treatment, like I said earlier, I don't know a lot about cancer and chemotherapy at the time; so, everything was new to me. I

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actually didn't really know much about chemotherapy, what it was. And so, he explained it to me in the most uncertain way possible, that there's no certainty for anything.

So, the first thing your mind goes to is, okay, how long will I be in treatment? How many drugs will I have to take? And he always told me that there's no certainty. He can't guarantee anything will work. You can't guarantee how your body will respond to it, anything of that. He couldn't give me any certainty about anything.

And so, my initial treatment went through cycles, which I went through six cycles. And that included medications such as Darzalex®, Velcade®, Decadron®, and Revlimid®.

After that, I was treated with Revlimid, Decadron. And the other one, Kyprolis®, because he explained it to me that depending on how my body responds will determine whether or not I have to do a stem cell transplant. And the whole time in my mind I did not want to do that.

Elissa: Yeah.

Brice: I just wanted to get this done and be over with. I was actually attending college at the time. So, there would be times where I was in chemo, and this is during COVID, so I would have to turn my camera off because I'd be in a hospital bed. Then they increased my treatment to two-times a week, and that's when I knew that this is too big for me to like keep trying to cover up with the school. And that's when I decided

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that they medically excused me and so more of my freedoms of being able to go to class, they're not flexible when it comes to treatment with chemotherapy. You pretty much gotta go when they tell you to. So, if you have a job, you have kids, things like that, you've kind of got to work around their schedule. You can't really dictate to them, when you can do chemotherapy.

Elissa: Yeah, that's so tough when students are in school; and even as an adult in community college and trying to have to figure out how you're going to do treatment and then also go to school, did you have any discussion with the school that, you just got diagnosed with cancer and you're in treatment. Is there any way that you could keep doing all of this?

Brice: Yeah, I did talk to my teacher at the time. We had discussions, and it was just too difficult to continue that way because, at the time, I had shared custody of my daughter, which means I had her three to four days a week, because throughout my whole treatment process, I was having custody battles with the mom. So, in the midst of being treated, I was going through courts as well. So, I was studying for school. I'd have to keep my head straight for the court case as well as learning about treatment.

But I had my brother with me the whole time, and he's a pretty intelligent person. So, a lot of times he would be there with me when I would talk to the doctor, just to be there as a backup, because he could compartmentalize things a lot better than I could.

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Elissa: Yeah.

Brice: In fact, I don't know if I could have made it through without him because it was so much stuff to remember; and the way that my memory was at the time.

Elissa: Yeah, it's good that you had that good support system there for you with your brother in helping you along so you didn't feel like you were having to go through this all by yourself.

Brice: Oh, yeah, most definitely. I'm one of those types of people; I don't like asking for help. I'm very prideful. It takes a lot out of me to ask for a favor. And I can honestly say between my brother and my mom, who physically were able to support me the most, I don't know if I could have made it all the way through without some type of support system. It's tremendously important. So, if you have family or close friends that can help you throughout the process, I would definitely say don't be scared to ask for help.

Lizette: Yes, yeah. That's very important, especially for us folks that have hard times asking for help. Very important.

Elissa: We understand.

Lizette: Yeah.

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Brice: Oh, yeah, I'm still like that, by the way. It didn't, completely change it. But it changed it in a sense where when it's that important- Because I can honestly say when I knew I was going to have the stem cell transplant, I actually chose a hospital in Cincinnati because it was closer to me distance-wise; and I thought that that would be less of a burden to my family to have to transport me. But over time, I realized it was probably better that I go to the bigger facility in Columbus where they have more resources possibly. That made more sense for me to go there than me trying to feel like less of a burden to my family. And over time, I did get better with asking for help and accepting help.

Elissa: Yeah.

Lizette: So, you said that you went through six rounds of the chemotherapy. How long did that take, and then you just mentioned transplant. So, when did you go to have your autologous transplant?

Brice: I was diagnosed in November of 2021, and I started treatment in December, about a month later. And I want to say that it lasted till August. My numbers didn't get down as low as he would have liked it to; and so, he told me that he recommended the transplant. The thing with a stem cell transplant, is you don't necessarily have to do it, obviously, if you don't want to. But it's highly recommended if you want to get closer to remission.

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And so, I started the stem cell transplant at The Ohio State University, The James, in October of 2022. And that was a very difficult time. You have to stay in a room, and they collect your stem cells for a day. Unfortunately, with me, it took me two days to collect all the stem cells, which means I had to stay there hooked to a machine. You can't move. You've got to sit your arms still the whole time. They give you a cup if you've got to use the bathroom because you can't really move your arm while it's collecting stem cells. And that was pretty invasive.

Lizette: When you got the transplant, how did you feel, and how long did it take you to kind of recover from the transplant?

Brice: The actual transplant took me around two weeks. You lose your taste; you're tired all the time. In fact, they encourage you to walk around so if you've ever laid in a hospital bed for a couple days, you may notice your legs get weak. And so, I was pretty much just tired and depressed as far as how I felt during the whole ordeal just because you've got to go through a lot.

But I definitely want to give people a detailed experience on what I went through so they have an idea of what to expect because when I was going through it, I didn't really have anybody to listen to. All I did was join a group on, Facebook; and that's what pretty much prepped me for the stem cell transplant, what to expect.

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Lizette: So, did you feel comfortable getting information more from other patients then?

Brice: Oh, most definitely. Joining a group on Facebook helped me out tremendously. There was a lot of people that talked about their experiences of getting their stem cell transplant. They was telling me things to bring to the hospital like, “Hey, you might want to bring a whole lot of extra clothing because you don’t know how long you’re going to stay. And you might want to bring toilet paper because hospitals tend to have really thin toilet paper. A lot of hygiene products.” Just prepped me in ways that I don’t think I could have, you know, just talking to the doctor. “Expect a lot of weight loss. You’re going to lose your taste,” and so I intentionally gained a lot of weight prior to that, just because I knew I was going to lose it during the stem cell transplant.

And, “You know, you are going to lose your hair.” I thought I was going to be part of the 1% of people that maybe could keep their hair. I decided not to shave it. I went to comb my hair one day, and it just fell out in clumps. So, I advise everybody listening to go ahead and just shave it off because it’s going to come off regardless as they tell you.

I experienced symptoms like my nails turning black, my skin was breaking out in hives. I don’t know if it’s from the steroids or the chemo, but my heart was pounding all the time, working extra hard. So, there was definitely additional symptoms that I experienced from the stem cell transplant. It knocks your immune system down to

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zero, so you pretty much, when you get out of the stem cell transplant, they tell you things like, “You can’t be around other people. You’ve got to have a caregiver your first week or two out of the hospital. Don’t drive your car. You’re not allowed to pump your own gas,” things of that nature.

But since I was younger when I went through it, I was 32, I recovered a lot faster than most people do.

Elissa: Good.

Brice: And I basically didn’t have a caregiver. They actually make you sign papers stating that you will have one. It was just a situation where my mom, she had to work. I didn’t have nobody else to do these things; and so, once I noticed my strength was coming back, that I could walk a distance and move around, my daughter, she was with me the next day, and things went back to normal.

But, I wouldn’t advise that for most people. You’ve just got to kind of go off of how you feel. I think I was the exception to the rule because I was younger, and I was already moderately healthy beforehand. And so, I wouldn’t advise everybody to do that. It was just in my situation; it’s one of those things I just had to do.

Elissa: Yeah, now, I know with allogeneic transplants, which is where you get donor cells, oftentimes you aren’t supposed to be around little children because of your

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immunocompromised state. Was that the same with the autologous transplant? Did they talk to you about that?

Brice: Oh, yeah. So, before I came home, my family, they cleaned up my apartment. They swept, wiped everything down. They had it spotless just because your immune system, you know, it's not worth catching an infection and having to go back. And since the hospital I was at was 60 miles away, which is about an hour away, I couldn't afford to get sick by going home and then having to come right back and then waiting there to not have, let's say, a temperature or going back to normal and then being sent back. So, yeah, you definitely got to have your environment clean so you don't risk any types of infections or getting sick. It's pretty much the same thing, I would imagine.

Elissa: So, was there any issue with your daughter being around?

Brice: No, not really. At the time, she definitely wouldn't have understood what was going on just because she would have been two at the time.

Elissa: Yeah.

Brice: But she's actually never been away from me that long. And so, I was communicating with her mom, so she slightly had some kind of updates with me. And, she would send me pictures of what she's doing, things like that. And so, once I got home from the stem cell transplant, I mean fatherhood still instantly kicked in. But, my family, they definitely helped me out with that process.

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Elissa: Very good. So, you got into remission after your transplant. And now, what do follow-up visits look like? How often are you going in to see your doctor, and then what do you get done during those checkups?

Brice: Okay, so follow-up visits, they're like every three, six months. Usually, your doctor will talk to you about how often you have follow-ups. But, yeah, I still get my blood checked every so often. The last time I got my blood checked was the first time that he told me, "Hey, the numbers are going back up. So pretty soon we're going to probably be discussing treatment options if they continue to go up."

But back in 2022, once it was over with, I just basically got these routine checkups every three months or so where they just keep checking my blood and making sure that the numbers aren't increasing. And it is anxiety-inducing. I won't sit here and say that every time I went to the doctor after the stem cell transplant that I felt hopeful or optimistic. There were times where I still felt kind of sad because it's like, "Oh, it's still there." I mean I kind of knew that already, but-

Lizette: Yeah.

Brice: You just want to be able to make sure that it doesn't get out of control again. And so, yeah, there will be visits where, you know, I'm sure you might start getting news of it coming back. And you will feel sad afterwards. I was pretty emotional afterwards. I haven't really cried in front of my daughter, and there's been times

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coming back from the doctor where I'm just feeling almost defeated; but it's temporary and you just keep pushing on.

Lizette: Yeah. I mean because it is a chronic type of blood cancer, I'm sure that you and your doctor have those discussions already of what's going to happen next, knowing that there's a plan there, knowing that there are these other treatments for when it comes back. Has your doctor talked to you about CAR T-cell therapy or other treatments that might be on your horizon?

Brice: Actually, he's never mentioned the CAR T therapy. I did read about that often on Facebook. It seemed like a lot of people explored that option. I know in my particular situation, as of right now, he said the numbers aren't up enough to treat the myeloma; but we're going to wait to see if it starts to affect some of my CBC numbers or if I start to feel symptoms. Because at this moment, I don't really feel any symptoms of it.

Elissa: Good.

Brice: And we both agreed to taking more of a minimum approach instead of an invasive approach where, okay, let's treat it as soon as it gets to a certain point. We decided not to go that way, and we both agreed that we should start as soon as it starts affecting other things.

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I am on a maintenance drug, Revlimid. I do cycle that. I'm on it for three weeks, and I take a week off. That's something that was offered to me after the stem cell transplant. The oncologist gave me the option to continue maintenance drugs, or you can stay off of it. I think I stayed off of it only for a couple months, and I decided to stay on it because he said that most people that stay on it, they have a better response than people that stay off of it. And so, I just went with staying on it.

Lizette: Yeah, it's important to have those discussions, especially with a chronic disease with your doctor and continue those discussions. And, you know, it's also good to hear from other patients about other treatment options, so you could bring that up to your doctor.

Brice: Oh, yeah. I definitely planned on bringing up CAR T to him as well. Actually, I sent him a message last week. He's on vacation at the moment. It was more so discussing what treatment looks like in the future because it started to give me a little anxiety, the idea of having to go back to getting another stem cell transplant. It's been bothering me since our last visit; and I just want to have a better idea as what treatment looks like, if I'm going to start that back up again.

Lizette: Yeah, and that's really a good technique too to have that open communication just to know that there's a treatment plan there that, if and when you have to start active treatment and not be on maintenance, what will it be? And just knowing that there's so many options at this point, I know that when I started a long

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time ago at Blood Cancer United, I learned about myeloma; and within the last decade, there's been so many advancements in the field and so many new treatments for myeloma and new treatments that have a better quality of life where there's less side effects that people are experiencing.

So, it's changing so rapidly; and it's great that you have that support and that you are open to having discussions with your doctor, especially when, those answers and that discussion's going to help with how you're feeling.

Brice: Oh, yeah, I definitely encourage even people listening. Like, for me personally, I think, joining a Facebook group helped me tremendously because if there's new information that could help or alternate treatment plans, I definitely think that's worth looking into and talking to your doctor about.

There was a time in the past where we had a maintenance check on my blood, a routine check, and the numbers were really high; and it turned out to be a faulty test. And he told me, "Oh, yeah, we're going to have to start another stem cell transplant immediately." And, I was pretty much teary-eyed coming home, and so we did another test; and I don't know what happened with that one, but the numbers were completely wrong. And so I do know if it were to like skyrocket too high that it probably would be another stem cell transplant.

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But I did achieve remission. And so, it's lasted me at least four years, so I'm happy about that because I did read that other people weren't so lucky. Some people might have to go back a year or two later. That sounded pretty typical, so I'm grateful to, you know, even gone this long without having to do that again.

Elissa: Yeah, it can be difficult just knowing that it is going to progress at some point.

And like Lizette said, it is so important to have those conversations with your doctor.

And I feel like it does kind of put you at ease a little bit to know that, hey, there's a lot of different treatments out there if and when I do progress with this disease. And, I'll have options available.

Brice: Oh, yeah. It's definitely, helpful too if you talk to your social worker because they can usually give you options that you may not know about. For instance, with me, I didn't know that my insurance, I was good for like 20 rides transportation.

Elissa: Oh!

Brice: So, there was a time where my brother had to take me to Columbus at least three times within a week, so Monday, Wednesday, and Friday I had to be in Columbus, which was an hour away. And he lived about 25 minutes away from me. And so had I known that I could have had my insurance take me there, I would have used that.

Elissa: Yeah.

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Brice: Yeah, luckily, I had somebody that was willing to go that far.

Elissa: Yeah, it's always good to make sure that you're getting all the resources that are available for you; and a social worker at your hospital or clinic is a great, great resource. And you talked a lot about support as well, and support is huge within the cancer community and also making sure that you're getting accurate information. And that's exactly why we do this podcast so that, hopefully, they can do what you just talked about, is they can hear about a treatment like CAR T-cell therapy and go back and ask their doctor about it and say, "Hey, is this something that would work for me?" So, you know, it is just so very important.

Brice: Oh, yeah, most definitely. And that's why it's important to me to spread awareness because I want everybody that's going through it feel like there should be at least, somebody you can kind of get information from or have an idea what maybe they went through because I have actually never met somebody with multiple myeloma directly. I've had a lot of people message me on Facebook.

A guy messaged me about a week ago. He was 27 when he was diagnosed, and he just was shooting a hundred questions at me, asking me, what can I expect. And so, it was comforting to me because I remember being in that same exact position and wondering hey, what has everybody else went through and what can I expect, you know?

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Elissa: Yeah. It's good that you can now be that person for other people.

Brice: Oh, yeah. I do want to mention though, even talking about it now, it can be not challenging, but it can kind of, open up wounds a little bit.

But, that's the sacrifice I'm willing to make it if helps other people because I always live my life afterwards kind of like trying not to think of myself as somebody with cancer. And that was just kind of my way to deal with it.

And there was a point where I literally didn't feel like somebody that- I mean it's kind of hard to like not be reminded all the time. But there were points where I felt like a regular person. I do think that this whole procedure changes who you are as a person, but at the same time, I think I'm a lot better of a person than I was beforehand, just because, going through traumatic experiences can definitely cause growth to happen.

Elissa: Yeah. So, let's talk about actually living with myeloma. How is life now as you navigate cancer, particularly as a father?

Brice: Oh, so, when my daughter started preschool, I was getting infections left and right.

Elissa: Oh, I'm sure. Little germ factories.

Brice: Oh, man, she was in daycare and preschool; and I was just constantly getting sick. I was constantly going to the hospital. Even though the treatment part was over

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with, even being on Revlimid can lower your immune system; so, you've got to kind of get used to. Definitely make sure you're a little more on the clean side. Take your vitamins. And, just, the first two years is the most difficult with the preschool thing; but things started to pick up once she got to grade school. I couldn't believe that I went months without getting sick because before that, it just didn't seem possible.

Elissa: Yeah.

Brice: But fatherhood was definitely more difficult than first couple years because I just couldn't stay away from getting an infection, getting COVID, getting sick. That was just a big part of my life the first two years of her in preschool.

Lizette: As well as just having a preschooler, I know.

Brice: Oh, yeah. Yeah, yeah. She's a pretty busy person, so, and she doesn't care too much about what I'm going through.

Lizette: Now Elissa did mention in the introduction that you wrote a book about your cancer experience. Could you tell us a little bit more about your book and why you wrote it.

Brice: Oh, yeah, so I wrote a memoir. It's pretty short. It's called *Rise Anyway*. It's a Memoir on Survival, Fatherhood, and Becoming. That's the subtitle. And I just document the two-year point of my life of dealing with multiple myeloma, mental

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health, and custody at the same time because that was big on me to highlight is that I do deal with a lot of mental health things like anxiety. Depression's always played a big part of my life. So, to be diagnosed with this, it was important to me that I document these things because when you're going through it, it feels like there's no end.

But I did notice when I was going through it, you start thinking a little different. You don't think about the end. You just think about how can I get over my current situation, my current treatment. You don't really think of what's next after next after next. You just want to get through today. So, it was very important for me to reflect on my experiences and, document it down in a book what it was like for me to deal with mental health while dealing with cancer and dealing with the court system because I did go to court for five years straight.

Elissa: Wow.

Brice: The first time I went, I got shared custody, which means I have my daughter three days. Went again three and a half days, and now I'm a full-time father. In 2023, I got full custody of my daughter. She's with me seven days of the week, and it was just important for me to talk about that and document that in my memoir, *Rise Anyway*.

Elissa: That's a lot to go through at the same time as you're dealing with a brand new cancer diagnosis.

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Brice: Oh, yeah, most definitely. Another thing I wanted to say too was, what was important to me while writing the book, I didn't want to write a book about victories or to say, "Hey, I won. Hey, I beat cancer" or "Hey, this is just a rags to riches story." It was more so me concentrating on the battle at hand, focusing more on the fight, and what I was feeling and experiencing. And that's more so what my book focuses on is the battle and, dealing with it at the time. It doesn't focus on the end result because, you know, it's one of those things where it's always going to be a challenge or adversity there.

Elissa: Yeah.

Brice: And you've just got to rise above it.

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

Brice: I would say one thing. Try your best to remember. A lot of people don't realize how many good days they have because we focus on the bad days. When we're feeling bad, we tend to want to make permanent decisions because we want relief so bad that we tend to think, oh, is it always going to feel this way just because you're having a bad day?

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And so, I say all that to say that there's always a bounce back period. You might go through a storm for a really long time. By long, I mean months. I know it sounds really cliché to say this, but there's always sunlight on the other end. For me, if I could go back in time and talk to myself, it would be pretty difficult for me to believe that there was an optimistic future or that I could become a better version of myself. I definitely wouldn't have believed that; but, you tend to focus on the more important things in life once you went through something as dramatic as that. And so, I would just say overcoming adversity definitely makes you a better person; and that's been my experience.

Elissa: Well, that is wonderful advice. And thank you so much, Brice, for joining us today and sharing all about your experiences and how you made it through this adversity and how you continue to do that and make it through having a young child and going through custody and all of that.

You mentioned a lot about support resources and also just making sure you get accurate information. So, for our listeners, we will have those for you in the show notes, a lot of links to be able to find that accurate information about myeloma, all the updated treatments, and then also support resources to help you connect with other myeloma patients like Brice.

And so, again, thank you so very much for joining us today. We really appreciate it.

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Brice: I appreciate you guys having me. Anytime I can speak and have a platform to share my experiences to help others, I definitely want to take advantage of that.

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

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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.

We have more information on myeloma at BloodCancerUnited.org/Myeloma. 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.