



The Red Hat Perspectives  
Or  
Bill's Book  
2010

## Foreword

This writing is intended to describe the disease Carcinoid Cancer with some of its unique aspects from the perspective of one individual who has been on this journey since early 1995. Actually they tell me the tumors were there growing long before but it was not until they started to act up and create Carcinoid Syndrome did I become aware that something was wrong. So much for annual check ups. But then, when I did report my symptoms to two different doctors over a seven year period, 1995 – 2002, they just dismissed the complaints and found a variety of "...well it might be..." BUT, they never did anything!

Since they weren't concerned, heck, why should I be? After all, these are the professionals. They have the training, the experience, the white coats and the apparent authority over my body to make those difficult decisions. Well, that was then...this is now, and I have been forced to learn much more about my body and Carcinoid Cancer than I ever cared to know.

Knowing what that journey was like, I would very much like to help others avoid the same issues and assist them in making the decisions they need to not only survive, but to have some quality of life in the process.

Having said that, please note this; I am not a doctor. I am not an authority in a white coat. I have not gone to Carcinoid School. What I may suggest is based upon the best data I have been able to glean from a variety of written sources, conversations with Carcinoid Cancer patients, caregivers, doctors, with a dash of street smarts, and common sense. If you don't like or agree with anything in this writing, fine. You can't lose much by reading it if you have, or think you have Carcinoid Cancer. I try to use some humor because I find it helps me cope. That may or may not work for you. If you are offended at any time, put the thing down and go do something else!

Please know this; if you are on a Carcinoid Cancer journey, you are not alone! There are resources for you. I have found so many people that are willing to help. The medical field has been very far behind at the patient level especially with identification and treatment but is making progress. The research people are doing a fantastic job and many new possibilities are coming along that will lighten the load for patients.

So, as one of my friends, (Dann "the Bear" Freeman), says, "Keep on Keeping On!"

## Chapter One

### Have I got it?

Identification of Carcinoid Cancer seems to be one of the most elusive factors in history right up there with the understanding of the sexes. (Men trying to figure out women, women trying to figure out men.) Stories abound regarding misdiagnosis and missed opportunities. So how does one tell if they have Carcinoid Cancer?

Well first it may be helpful to understand a little about the disease. Carcinoid tumors are not really uncommon in the human body. I read once that they were found in as many as one of every 149 people but never detected. Why? Because the vast majority of carcinoid tumors are benign and never cause a problem.

But then, for unknown reasons, a small percentage (1%) start growing in a malignant manner. Still, these are usually undetected and unnoticed in most people. That is because they grow so slow. However, in a smaller percentage they grow, spread, and create trouble. I call it trouble, your doctor will call it symptoms. What are the symptoms?

Here is the first time but not the last time you will see this phrase, "every person is different and every person has different reactions to stimuli." What? The range and degree of difficulty is different for everyone but we can group the symptoms to help make some sense of it all. First of all, it appears that one tumor starts all the trouble by going whacko. It grows and sends off what some folks call "seeds". They usually are distributed around the body where they root and for the most part just sit there unnoticed for the rest of the patients life. But some do start to grow. Like all tumors, they need a blood supply so they go to where blood is plentiful. Places like the liver. The liver is the "chemical factory" of the body and the presence of a tumor and its interaction with the liver can and usually does cause the liver to malfunction. When that happens; symptoms.

What symptoms? Oh you won't like this part, but if you are reading this, chances are you already know, so here goes:

Bowel obstruction, Wheezing, Ulcer disease, Flushing, Coughing, Low blood sugar, Pain, Rash, Diabetes...

But wait, there's more! Yep, more symptoms than this but this is the basic list. Wasn't there something else? This list seems short. Oh yeah...the big "D"...diarrhea! The most socially embarrassing problem you can have and believe me most Carcinoid Patients have stories about how this one factor has changed their lives. By the way, I should pause here and say that when you encounter other Carcinoid Patients, be prepared to hear more intimate details about body functions that you ever thought would come up in polite conversations. Number and quantity of bowel movements, that sort of thing. After awhile, it will seem normal to you as well, so just go with the flow...so to speak. (Sorry about that)

These symptoms mimic other conditions that doctors see regularly and given the tasks before them they can and often do call it another name, like Irritable Bowel Syndrome, Crohn's Disease, and others. Because Carcinoid Cancer is so very rare it is not unusual for a doctor to only recognize one or two cases in their entire career. So they may be a good, even a great doctor but still miss the proper diagnosis.

How can you know for sure? The good news is there are tests. Tests like the 5HIAA 24 hour urine collection. Messy and awkward but a good indicator...for those patients that have the primary tumor in the right spot. Yeah, just when you thought this might be easy here's a catch. Seems that the urine test is only effective IF the primary tumor is located in certain places in the body. Another way of saying it is that two patients can have Carcinoid Cancer and one will register the presence of their tumor in the 5HIAA test and the other will not. Why? I don't know, ask the doctor! But it happens and of course, it depends because every patient is different and reacts differently. The primary tumor can be in the intestines in the fore gut, mid gut or hind gut. Or it can be in the bronchial system. Or it can be in the Pancreatic system. Carcinoid Cancer is found throughout the body once it starts to metastasize (spread) and can even be found in the bones. The location(s) dictates the symptoms that will occur.

While the 5HIAA is a fast, well sort of fast, means to detect the tumors, there are blood tests and scans that can be definite for most patients. MRI, CT and other scans in the hands of a good Radiologist who has a hint of what he/she is looking for, can pinpoint those rascals and provide a lot of information.

Here's an important note: learn metric! Everybody in the medical field expresses the size of tumors in millimeters and centimeters while you are sitting there trying to act like you know what it all means. "Well the main tumor appears to be 104 millimeters in length and 65 millimeters in width!" My gosh, how big is that? Is it a football or a golf ball? What difference does it make? Big is not good is it? (The example is about 4 inches by 2.5 inches. That's a big tumor but they get bigger!)

Then there is the Octreotide Scan or as its sometimes called, the "O" Scan. This is the one where you lay still for a long period following an injection and they scan your entire body, or portions thereof, and now they can see all of the tumors in your body. The big and little ones. The ones likely to cause trouble, the ones that probably won't make a difference. Or, they can do a biopsy. In some cases, this is the only way to make the determination. All of this to find a definitive diagnosis and treatment plan.

## Chapter Two

### OK, I got it. Now what?

Here is the big issue. Since most doctors rarely see and/or treat this condition, it is most important that you arrange to visit a Carcinoid Specialist (CS). An individual so designated had to go through some rigorous steps to qualify and usually will be able to help you when all others have failed, or simply do not know what to do. So if that is the case, why not confirm with a CS early in the process? Here is how you might approach the subject. Determine where the best or closest CS is to your home. (There is information about this at the end of this writing) Call and make an appointment. Be examined and obtain a diagnosis. Ask the CS for a plan of treatment. The plan can be carried out at their office or in part at their office and the rest back home with your local doctor. This is not to say that a doctor with some Carcinoid experience cannot help you. Many good examples abound.

As you might have guessed, there are not a lot of Carcinoid Specialists in the world. Only a handful of doctors have undergone the discipline to become so designated. But getting to see one is not that difficult. There are a few of them, but there are a few of us. How many Carcinoid Cancer patients in the United States? No one knows for sure but estimates range up to 110,000. About 11,000 new cases are discovered each year because of awareness, testing, and treatment.

OK, you have suffered with your troubles, (symptoms) for awhile, maybe a long while and now you are motivated to visit your local doctor. Maybe you even thought to go to an Oncologist. Remember, it is likely he/she has knowingly seen only one or two Carcinoid Cancer cases in their career. In many, many cases we hear that the first course of treatment is, "Let's wait and see!" WHAT? Wait and see what? It is estimated that up to 90% of Carcinoid cases are misdiagnosed and the patient treated for another disease. Yes, this cancer grows very slowly in most patients but they are still growing. And the more they grow, the greater the chance they will spread to other parts of your body compounding the problem all the more.

This is an approach taken every day by many doctors. I don't understand. If it was a fast growing cancer, what would they do? They would take steps to treat it? Of course. Then why not a slow growing type? What the inexperienced doctor may not understand is that Carcinoid Cancer has a strong ability to spread and once rooted, it is the devil to pay. That is why it is called "incurable but treatable." Now don't let that phrase get to you. There are Carcinoid Cancer patients that have lived for many, many years after diagnosis. Some report 35 years of life and still going! Once you bring the symptoms under control, life can be better.

So if your doctor tells you she/he thinks "we should wait and see" or any phrase like that, simply tell them that approach is unacceptable. Then, if you really like this doctor and want them to treat you in the future, you might ask if they would be willing to work with a world class Carcinoid Specialist who will draft a plan that they can implement.

Select the Carcinoid Specialist you think will do the best job for you and make an appointment. Go see them. Tell them all but in an abbreviated format because they have heard it all before but they need to know which of the symptoms you are having so make sure you mention all you have experienced. Undergo any and all tests they recommend. It is tiring and can be mildly painful but you can handle it. Then get the Specialist plan in writing...even if it is hand written notes. Arrange to have treatments at the Specialists office or with your local doctor or a combination of the two.

Now for treatments. Everybody wants to know what is the best treatment. Well, it depends. First, on where your primary tumor is and where it has spread, (if it has). Symptoms help direct the doctor as do the scans, etc. It also depends upon you and your tolerance to certain chemicals or programs. All of this must be coordinated to your specific body type and condition. That is another reason why you need the services of a Carcinoid Specialist. Because they have hundreds of Carcinoid Cancer patients and they know what, where and how to do things. Caution, even great doctors fall into the traps sometimes. The old saying of, "If the only tool you have is a hammer, all problems look like a nail." Translation, many good doctors use what they are most comfortable for them. The familiar good old standby. So you need to ask, "Is this the very best course of action for me and my condition?" Don't worry, they will get over it if you challenge them. In fact the better ones usually will tell you if a better treatment is available but they don't do it here and refer you to a place where they do.

For the treatment itself, my favorite is this. Obtain a chicken foot, wing of bat, eye of newt...sorry, just couldn't resist...but it does bring up a serious aspect. When you discuss your diagnosis with someone they often only hear "cancer" and start telling you about people they know that have... \_\_\_\_\_ (fill in the blank) cancer. They mean well but I suggest you don't spend a lot of time talking about those situations. They probably have little to do with you and your condition. Especially if they talk about chicken feet!

Many doctors, as mentioned, having little exposure to Carcinoid Cancer, usually start a patient on Chemotherapy. Now I cannot say that is not a good treatment because it works on so many cancer patients. The question is; how does it work on Carcinoid Cancer patients? It is my understanding that Chemotherapy works on the cancer cell as it is dividing. That's how cancer grows, as the cells divide the original doesn't die off and soon you have a tumor. A mass of those rouge cells. So if the Chemo only works when the cells are dividing, then what happens if the cells are dividing very, very slowly? In a fast growing cancer, this must work well but in a slow growing cancer, it escapes me how this can be very beneficial. I underwent Chemotherapy for several months. The tumors kept growing. I was sick for about 10 days out of every month. I still have the Medi-Port to remind me of that experience, but then, it may do something for others. . Let the CS make the determination as to a course of action.

As you research the subject of treatments here is what you are likely to find:

Radiofrequency Ablation, (RFA) is considered non-invasive and is usually directed at a specific tumor. This procedure uses a beam or radiofrequency current to bombard a specific tumor and kill it. The process has been around awhile and is still effective.

Radiation, available in two forms, external, like the CyberKnife which directs radiation to a specific spot, or Spheres (see Hepatic Artery Embolization below) which is injected into the tumor via a blood supply route. The CyberKnife or similar devices direct a beam of energy to one place and is then moved about. In other words, the device shoots a beam through good tissue and the targeted bad tissue. The device is then moved so it can shoot another beam through different good tissue but at the same spot on the bad tissue. Repeated over and over it doesn't harm the good tissue but kills the bad tissue that received several doses. This works really well on an individual tumor like a brain tumor. When there are several tumors such as the case in many Carcinoid Cancer patients who have liver tumors, this probably isn't the best idea.

Chemoembolization, a process of injecting medications into the blood supply of the tumor and can be very effective at killing a single or even multiple tumors. Here is a potential problem; using this method

can prevent a patient from using other forms of treatment later. For example, the procedure expands the blood veins within the target area and apparently, they stay that way. This means if later you opt to use the spheres, it can be unadvisable because the spheres are so tiny they can migrate out of the target area and into surrounding organs that can be severely and adversely affected.

Hepatic Artery Embolization may be the best method of attacking several tumors in the liver. A targeted tumor is injected with spheres, usually referred to as "SIR-Spheres" or "TheraSpheres" via the Hepatic Artery. Made of resin (plastic) or glass these little guys deliver a powerful punch to the tumors and are effective at killing them dead. This is commonly referred to as the Y-90 (yttrium-90) treatment.

Surgery, as I mentioned, is my favorite simply because I like the idea of getting the "things" out of my body. In my case I had two separate surgeries because that was state of art in 2002 and 2005. In the first case they removed the "Mother Ship" from the mid-gut along with a bunch of internal parts I would have preferred to keep. They didn't touch the liver although it was fully involved with 21 tumors. Said it was "inoperable" and I should go home and get my affairs in order. However, in 2005, a very aggressive and competent surgeon removed 75% of my liver and the majority of the tumors. By the way, did you know we can live on 15% of our liver? And did you know, it grows back? Not to full size but I now have 60% of my original size liver fully functioning.

Immune System Enhancers such as Interferon helps to boost the immune systems response. Especially when combined with other therapies this is a good approach for some Carcinoid Cancer patients.

Somatostatin Analogs are an artificial version of the real hormone produced in the body. The most popular is brand named, Sandostatin and has become the mainstay of a lot of Carcinoid Cancer patients. It brings back a "balance" to the body and can reduce the symptoms greatly. In some cases, rare to be sure, it has even been reported to have shrunk the tumors. But I think the jury is still out on that one. It does help a lot. Here's a tip; if your doctor suggests putting you on Sandostatin it is usually required that you start with self injected shots 3 times a day to see how you tolerate the drug. If you do well then the doctor can provide you with the LAR version (Long Acting) which only requires one injection every 28 days. We have heard of cases where the doctor has gone directly to the LAR. Not a good idea as explained by the Carcinoid Specialists. Important note, the amount of LAR should be determined by someone knowledgeable about the concentration of the drug it takes to saturate the receptors. If your tumors are growing and or you have symptoms, then try to achieve a higher level say up to 10,000 to 15,000 pg/ml. BUT remember, there is no standard amount for all patients. We are all different and respond differently, etc. (Good reasons to see a CS).

Clinical Trials are the experimental phase of treatment. They come in many different packages with specific goals as to what the drug company is trying to accomplish. This can be an effective way to participate in tomorrows treatment...but, it can also be dangerous. That is why the drug companies and the local administrators, usually located at reputable hospitals, spend so much time screening the candidates. Whatever you do, DO NOT CHEAT ON THE INTERVIEW! Answer every question truthfully. By leaving out a detail or fudging a point, it is possible to put yourself at risk. That messes it up for everyone.

#### Other treatments

There are a few other treatments available that you should review with your CS to determine if they are appropriate for you. It will not offend the doctor if you ask why a treatment is not for you or why he/she selected the one they propose to use on your body. After all, it is your body, and your life!

\*Please note that any tumor when it is dying, can throw off junk that is toxic to your system and it can make you ill. (The dying tumor effect). It is the price we pay to rid ourselves of those unwanted tumors. Some patients report no problems with this effect... remember, it depends because we are all different...etc.



## Chapter Three

### Where to go?

When friends and relatives hear you have “cancer” they will usually share stories with you. It is in many cases it is the only thing they can do in an attempt to try and help you. Since they usually mean well, listen and be sure to thank them for their concern and perhaps that you will look into their suggestions. (Skip the chicken foot idea). But by all means start educating yourself about Carcinoid Cancer and your body. I suggest using the Internet to get data quickly. Caringforcarcinoid.org is a great place to start because it has more information than you are likely to absorb in a single visit. Other sites include carcinoid.org, a rich source of data which will expand on everything mentioned in this writing.

There are other sites you will discover, some will likely be helpful, others maybe not so helpful. You will find a lot of “technical” talk. The good news is you don’t have to be embarrassed. You can always look up a word and see what it means then return to your reading.

You can find access at the carcinoid.org site to a Carcinoid Cancer chat site. There is the YAHOO site available as well. Both offer forums for those who wish to communicate with others that find themselves in the same boat. Caution, the two sites are very different from each other. Chat rooms will from time to time provide some interesting data but its main use is chat between members. Sometimes we forget the people giving advice are folks just like us and perhaps are passing along data which is not appropriate for your situation. Always use that filter when using a chat room.

As for the YAHOO site, stick to data and data only. The owner does not tolerate any chat! He tells you up front and enforces his limits. Its easy for “newbies” to become intimidated by the strict policy but the data can be helpful.

There is an important aspect to the “social” side of chatting and meeting with other Carcinoid Cancer patients. There are forums, meetings, and gatherings for “Noids” as we sometimes call ourselves. Finding out how others cope with the disease and how they can live a life with meaning and purpose is also comforting.

There are things that some might consider silly but it can be fun. Like the adoption of the zebra as our mascot. Why the zebra? In medical school aspiring doctors are told that when they hear hoof beats, think of horses not zebras. Its their way of trying to keep the intern from wasting time looking for the unusual and go for the obvious cause and solution. We noids use the zebra to remind those in the medical field that it is good to sometimes look for the zebra, the unusual, because so many of us were not diagnosed properly when we would have been had the doctor looked just a little further.

At some sites you can locate doctors and facilities that will be close to your home and get you the best advice available. But here’s some more. (Now comes the sermon.) As I mentioned at the beginning I listened to my doctors for over 7.5 years while they were stumped or ignored my complaints. Shame on them? Maybe. But the real shame is on me! Until I took responsibility for my own body and the treatment thereof, I simply was a party to the lack of treatment. During that 7 + years my tumors grew and grew unabated. I suffered all the symptoms including Carcinoid Syndrome which is a cluster of all the symptoms. I endured severe pain and embarrassment. I had to give up the work that I loved because I could not leave a toilet. When you have to use the facility 25 to 30 times a day it doesn’t allow a lot of

freedom. I came very close to death on a few occasions. My quality of life was awful and I would have welcomed death as the alternative to the very limited lifestyle I was living.

When I found out about Carcinoid Cancer and it was treatable, I was elated. I became “self-directed” which is a status I encourage you to consider adopting for two reasons. One, until you take responsibility for your own health, things are not likely to improve and second, with changes coming in the health care system, it just may be you will have to do this anyway. As a self-directed individual I negotiated an agreement with my doctors that unless I try to do something stupid or illegal I fully expect them to cooperate with me on my ideas of treatment. In other words, if I call them up and ask for a prescription, I expect it to be waiting for me when I arrive. Yes, sometimes the doctor will ask what I’m doing and I explain my logic. We have been using this arrangement for a number of years and while it requires me to keep abreast of my disease and related factors, I am so much more pleased with the results. The doctors love it because it reduces their exposure and liability. So we consider it a win-win. I encourage you to consider the same approach if you are able.

At this point you should seriously consider preparing an “Advance Health Care Directive.” This is a document that simply tells who should speak for you, if you are unable, and what treatments you want or don’t want. You can use a lawyer but it is not required. It is likely you will find assistance online in the area you live in.

Without this “directive” your health care providers will do their best but they could make decisions you would not have made. So, select a “surrogate,” usually a family member or friend and inform them of your wishes. In addition I strongly suggest you prepare a data sheet that lists all the important information about your health status. (See mine as an attachment) I use this one document all the time and it saves so much time and eliminates errors. (Plus I can’t remember all that stuff) It also greatly reduces the time spent filling out forms in the doctors office!

## Chapter Four What's ahead?

Cancer has become such an ugly word and maybe that is good so we will continue to fight it in every way possible. What I don't care for is the fear it generates for some. When you get that diagnosis and the doc says, "You have cancer," we are all interested in what will happen next. Will there be pain? How long do I have? No one is comfortable discussing these issues but yet that is what we all want to know.

Here's the answer; but I warn you, it is not very satisfying. It differs for each person. Your journey is just that, your journey. The end of your life is as unique as how you lived it. Not everyone lives exactly the same or passes the same. How this will end for others is not necessarily how it will end for you.

When I was born, 65 was the life expectancy for most children in the United States. So that number had a special meaning for me throughout my life. My Dad died at age 55, just before his 56th birthday and I wondered if I would make it to my "allotted" time. God has been good and I did indeed make it to 65 and well beyond. I hope I can go as long as my Mother who passed at 86.

It may be important to point out that maintaining a positive attitude is very helpful. Here are some words offered by a fellow noid, Christine O'Connor:

"My outlook has changed so much in these short two months since learning about the carcinoid.

Oddly enough, it has changed 180 degrees for the better. I never would have suspected this, never ever -- a side of having cancer that I never knew was there. I guess nobody could tell me about it. Or else, maybe it doesn't happen to everybody.

Every day has a treasure in it: the sunrise, a kid writing on a fogged-up car window, a neighbor's dog carrying a frisbee, a delicious scrambled egg with buttered toast. These are no longer just ordinary things. I relish them. And there is humor everywhere. The nuttiest things have happened. I barely have time to write them down.

Carcinoid has taken things away from me but I have ended up with so much MORE good stuff than I had a year ago, before I knew. If this had not happened to me I was at risk for dying some day, without knowing and feeling all of this. I feel like I was more dead then."

Yes, it is cancer, yes, people die all the time from it, but please remember, there is always hope. Hope for a cure, a significant delay, a reversal, anything that will help you feel better. Yet we all know that someday this life's journey will come to a close. Don't let the illness defeat you. It is a major problem but your whole life is not the cancer. It is just one of the many things you have to deal with and you have dealt with a lot of other issues in your life. So keep on keeping on.

Bill Evans June, 2008  
billmargie@comcast.net  
559 734-2455

Why "The Red Hat Perspectives?" When my Carcinoid Syndrome was at its worst I displayed all of the symptoms including flushing. When I would eat, even things I was allowed, I turned a very bright red from the chest up the neck and face and the head. By wearing a bright red baseball hat it tended to take away some of the

attention or my bright red face. Today I seldom flush but still wear that bright red hat all the time as a reminder to be ever vigilant and be grateful for the life I have today.

#### Attachments

The following is a sample of how you might capture the data you want to convey to your health care professionals.

1. Name: William Lee Evans Jr. DOB DD/MM/YYYY

2. Address: 12617 Marlin Ave  
Visalia, CA 93291

3. Telephone: 559 734-2455 Cell 559 827-4341

4. E-Mail: [billmargie@comcast.net](mailto:billmargie@comcast.net)

5. Summary of "Living Will" DNR (Do Not Resuscitate)

NOTE: My "Living Will" and durable power of attorney are located at my home, and in my black "Medical File". Copies are on file with my attorney; Joe Blow, Fresno, CA. 559 555-1234.

6. Medical Information: Diagnosed with Carcinoid Cancer in 2002. Currently have 11 tumors in liver and one on the right kidney, with several lesions in the pelvic area.

Surgeries: 1/1985 First rib resection.  
1/1995 Angioplasty following heart attack.  
2/1997 Microdiscectomy with fusion C5-6-7.  
7/1997 Stent implant left anterior diagonal.  
8/2002 Colectomy with removal of ileum & ileocolostomy.  
11/2003 HMP Access Device Implant  
1/2005 Liver resection.  
6/2005 HACE (Hepatic Arterial Chemo Embolization)  
10/2006 Removed kidney stone, left side\*  
8/2008 Two stent implants left anterior diagonal  
1/2009 Four stent implants left anterior diagonal  
11/2009 One stent implant left anterior diagonal

7. Allergies: A. Rocephin Creates allergy rash.  
B. Epinephrine (Morphine) Can create Carcinoid Crisis  
C. Contrast dye during MRI and CT. Creates severe rash

8. Medications: (See attached list for detail)

9. Pharmacy: Target: 3308 N Dinuba Blvd. Visalia, CA 559 555-1234.

10. Special Instructions: Prior to and during any invasive activity and/or surgery it is likely that the octreotide Sandostatin should be administered to avoid Carcinoid Crisis.

11. Doctors:

Primary and Oncologist:	Dr. I. Fixem Local Regional Cancer Center 1234 Cypress Ave. Visalia, CA 93277	559 555-1234
Cardio:	Dr. Ya'gotta Have-hart 0000 South Court. Visalia, CA 93291	559 555-1234
	Dr. Hart Of my Hart Cedars-Sinai 0000 Beverly Blvd. Los Angeles	310 555-1234
Carcinoid Specialist	Dr. Edward Wolin Cedars-Sinai Medical Center 8700 Beverly Blvd. Los Angeles, CA 90048	310 423-0709
Liver Surgery:	Cut 'em & collect, MD Cedars-Sinai Medical Center Los Angeles, CA 90048	310 555-1234
Dentist:	I Pullem, DDS 1234 W. Noble Visalia, CA 93277	559 555-1234
Urologist	Tu-Hi Hong 1234 S. Court Visalia, CA 93277	559 555-1234
Eye	Peakaboo, O.D. 2830 W. Main St. Visalia, CA 93291	559 555-1234

12. Next of kin: Spouse: Margie P. Evans 559 734-2455

	Cell:	<u>559 555-0000</u>
Cousin:	Relative	123 456-7890
	Cell:	<u>123 456-7890</u>

13. Medical Insurance

Primary:	Medicare 123-4567890-A & B	
Secondary:	AARP 1234567890	800 523-5800
Rx Plan D	AARP 1234567890	877 889-6481

Today's date, 2010

Medications  
For  
William L. (Bill) Evans Jr.  
DD/MM/YYYY DOB

<u>Med.</u>	<u>Start</u> Year	<u>Dosage</u>	<u>Time*/</u>	<u>Frequency</u>	<u>Effect</u>
ASPIRIN	95	81MG		M&E 2 /day	Thin blood
ATENOLOL	98	25MG		M&E 2 /day	Chest pain & high blood pressure
BUTALBITAL/APAP	02			As needed (Usually 1 per month)	Migraine pain
CHOLESTYRAMINE, COENZINE Q10 06	04 50MG	4 grams	M	M 1 /day	Lowers cholesterol
DOXAZOSIN	10	1MG		E 1/day	Prostate
FAMOTIDINE	05	20MG		E 2 /day	Treat stomach problems (acid)
KRILL OIL	09	3000MG		M 4 /day	Lowers cholesterol
ISOSORB MONO	10	30MG		M 1 /day	Angina
KLOR-CON	05	20MG		M 1 /day	Mineral supplement
LUNESTA	04	3 MG		E As needed	Sleep aid
MULTI-VITAMIN	97			M 1 /day	
OXYCODONE	02	5 MG		As needed	Pain
PANTOPRAZOLE	07	40MG		M 1 /day	Blocks stomach acid production
PRAVASTATIN 07	80 MG		E	1 /day	Lowers cholesterol and triglycerides
PLAVIX 06	75MG		M	2 /day	Treats angina and helps prevent HT
RAD001/Placebo trial 08	5MG		M	2 /day	Investigational drug trial
RANEXA	09	1000MG		M/E 2 /day	Angina relief
SANDOSTATIN MDV 03	30 MG	LAR		Every 28 days	Cancer tumor treatment

ALLERGIC REACTION:

- 1) ROCEPHIN
- 2) Contrast used during MRI, CT (Unknown substance)
- 3) Epinephrine (Morphine) Can create Carcinoid Crisis

KIDNEY STONE TREATMENT:

DILAUDID shot – for pain. Note: Passed 20 Kidney stones in 24 months.

-----No morphine. (Can create Carcinoid Crisis)-----

Carcinoid Crisis is an acute occurrence of flushing, extreme blood pressure changes, weakness, palpitations, faintness, and sometimes wheezing and is a potentially fatal exacerbation of Carcinoid Syndrome. Carcinoid Crisis can occur as a result of diagnostic procedures such as tumor biopsy, and other events that affect metastatic tumors such as mechanical compression, or anesthesia.

Epinephrine, substances causing histamine release (such as morphine), or any other vasoactive substances must be avoided in Carcinoid patients in order to avoid this potentially fatal crisis.

Source: Richard R. P. Warner, MD, Clinical Professor of Medicine at Mount Sinai School of Medicine, NYC, and Medical Director of the Carcinoid Cancer Foundation, Inc.

Today, 2010

\*M = Morning, E = Evening