

ROUGH DRAFT FORMAT
MEGACONFERENCE
CHOOSING TO LOOK AHEAD: WHAT HAPPENS WHEN THE UNEXPECTED
OCCURS
5/23/19
12:45 P.M. CT

CART/CAPTIONING PROVIDED BY:
Beth Frazier, RMR, CRR, CRC
bethfrazierccp@gmail.com

* * * * *

(This is being provided in a rough draft format. Communication Access Realtime Translation is provided in order to facilitate communication and may not be a totally verbatim record of the proceedings.)

>> Hi!

I'm April.

And I want to remind you to describe any visual materials you use, which I don't think you are.

And face the audience as you're speaking.

That's on my instructions.

Not using AV.

Are any of you getting CEUs?

Okay.

Just talking about you have to stay the whole time, you have to do the evaluation and you have to let me sign off on your little card.

We don't have to worry about that.

Let me tell you about this guy, Scott Kramer.

He was diagnosed on the autism spectrum at 40 years of age after a lifetime with various communication and employment difficulties, he finally had the answer.

There were no support groups in the Chattanooga area where he lived, so he created one himself, and he has been the director of the GCA Centre for Adult Autism for eight and a half years.

He is -- this summer he will have his third adult autism conference in Atlanta in July.

>> SCOTT KRAMER: Chattanooga.

>> APRIL: In Chattanooga in July and his first adult autism conference in Atlanta in February of 2020.

So... take it away!

>> SCOTT KRAMER: All right, April, thank you very much.

I appreciate that.

I will kind of introduce myself a little more.

As April alluded to you, I'm Scott Kramer, the program director for the GCA Centre for Adult Autism, but I'm not here to talk about autism topics but talk about the challenges. I'll read the summary.

Basically the presentation I'll go into -- it talks about the choices individuals make when unexpected life circumstances take place.

Even though I'm on the autism spectrum, I was diagnosed with stage 3 colon cancer in 2017 at the age of 50, then I went into remission five months after that and it became stage 4 colon cancer, terminal, and I talk about how self-determination is needed for individuals to look ahead with a positive attitude.

I'm supposed to do a PowerPoint presentation for this, but you know how it goes sometimes, things don't go as you plan.

So I want all of you to think of this as one large living room, if you will.

You know, a bunch of sofas and everything, you're all taking a seat and we're just all chatting and everything else.

So I'm going to do this presentation from that perspective.

So the title of this presentation is Choosing to Look Ahead: What happens When the Unexpected Occurs.

And that's just the way life is.

I'm going to break this down into two parts.

The first one is colon cancer in itself, and the second one is grandchildren.

My wife and I have three grandchildren living with me.

So let's start here.

I'm going to start by sharing my story.

Back in 2017, you know, I thought everything was going well until I had some pain in my lower back.

Usually when that happens you associate that with, you know, back pain, you've got to go take some aspirin or something like that and it goes away.

This back pain didn't go away.

Not for one week, not for two weeks, three weeks, I still had it.

And there was no explanation as to why this back pain would keep taking place.

So when April and I... I'm not sure whether we went to a doctor or something like that, and we wanted to get an idea what was going on.

Lo and behold, unbeknownst to me, I found out I was diagnosed with stage 3V colon cancer, which probably had a lot to do with the continuous back pain, and it's unfortunate that is just the way life goes.

So, you know, I start going through sessions of chemotherapy probably for about five months or something like that.

Then the oncologist I spoke with says, you know, you're going through this, everything is good, you don't have to do anything more.

But, unfortunately, about five months after that, you know, I started having the back pain start to reoccur and everything else and things were not going well.

I just was not myself.

So we went back to, you know, the same oncologist and everything else and he told me that I had stage 4 terminal colon cancer.

Now, what I mean by "terminal" is when you look at cancers, they can go anywhere from stage zero to stage four.

Stage zero is like the very beginning, very benign, that sort of thing.

Stage 4 is the absolute worse that somebody can get.

So that's what happened with me.

So as the story continues, I went through chemotherapy probably in December of last year.

November or December of last year.

And I'm still going through it as we speak.

I'm very fortunate to be here at this disability related conference and this is an off week of chemo for myself, so I'm doing good.

But the weeks I'm going through chemotherapy, I'm doing poorly, and that's just the way it goes.

So long story short, you know, we were not very happy with our old oncologist, that sort of thing, or the former oncologist, so we decided to get a second opinion, and one of the things I recommend to all of you here in this audience here today is that regardless if you're going through some type of cancer, some type of disease or whatever it is, if you're not happy with what your oncologist or whoever it is that is treating your situation, always get a second opinion.

Don't trust with that same person, with what they're telling you all the time.

Because what happened was when we spoke with the old oncologist -- the former oncologist, he was about ready to retire, in his 70s, but we decided it wasn't good enough for both of us.

So we went to another oncology clinic and we spoke with this one guy, formerly went to the same thing as my wife and myself.

And so we wanted to hear from him what he had to say.

So with the former oncologist, we were lucky to spend 90 minutes total with this guy.

This new guy that we had a second opinion from, he spent 90 minutes in that session.

Big difference. So he was calculating a bunch of things about the tumors that were in my liver and he told me that originally that it had shrunk 20%.

That's what I mean by getting a second opinion.

Because the former oncologist did not tell us anything about that.

And then probably for about a few chemo sessions after that, you know, he looked at the X-rays and everything else and said that your tumors have shrunk 5% more, we're up to 25%, whereas the other guy didn't tell me anything. So, you know, my wife and I are very happy about that.

At some point we'll get another CT scan as to what is going on.

So like I said, you know, if you're not happy with whoever is treating you for whatever, definitely look at getting a second opinion.

Because you never know, you know, the kind of information that you'll learn through a second opinion that you won't get from just one person treating you all by yourself.

So as it is, to finish my life story about this, it's like I'm still going through chemotherapy sessions.

I go through one next week.

I'll be sick again just like I have before in the past when I go through it.

But it is what it is.

I don't care what disease it is that you have or don't have or what it is that you're facing in life, the unexpected happens and I didn't expect this to happen with me.

My grandmother and mom both have lung cancer and I was thinking when diagnosed with this from the beginning, it's like... how can this possibly happen?

But through a lot of research that my wife found out for me, you know, cancer is cancer. I don't care if it's lung cancer, prostate cancer or colon cancer or whatever type of cancer it is, cancer is cancer.

So I found out that because my wife -- not my wife, but my grandmother and my mother died both from lung cancer, that I was at risk.

So that's what I'm telling you all that are here right now, if you haven't had your first colonoscopy by 50, the society lowered the age because they found out younger people were being diagnosed with colon cancer and everything else.

Get your colonoscopy, don't play Russian roulette with it, because you find out that the worse possible scenario will happen in your life because you didn't take care of it in the first place.

Make sure you get that taken care of.

So that's my life story.

So the next thing I'll explain is the process that somebody goes through with an unexpected situation like this.

There is... I look at it as a four-step process.

I apologize for not having the PowerPoint.

If you want to see me afterward, give me your email address and name and I'll put something together and get that information out to you.

But I look at the process as a four-step process.

First we look at loss.

I'm going to go into all this.

First we look at loss.

Then we look at that loss starts turning into acceptance.

Because you realize what once was there is no longer there, but you accept it for what it is.

And then it's going from acceptance to managing whatever it is.

And then it goes from managing to learning to be grateful and thankful for your situation.

And I know that when I described this last part of it, it's going to sound maybe a little foreign to some of you.

Like how can somebody be diagnosed with some form of cancer and yet you can still be grateful and thankful in your life for whatever happened.

Because usually when... you know, when this sort of thing happens, it's like you're just not the person you used to be and then you look at that and you're like... oh, my gosh, what happened!?

So let's look at loss.

When you look at something like a disease or, you know, whatever, it's like you find out that what you once had in life is no longer there.

It's a loss.

It's like, oh, my gosh, you know, I don't have these things.

And so how I dealt with the loss was... yes, I accepted it, but I realize that back in the old days, as I call it, there was a thing called quote/unquote normal.

That's basically subjected to whatever people think normal is.

But normal to me was being able to do the things that I did, that I basically took for granted.

I was like, okay, I can do this, this, and this.

This is what I do.

But when colon cancer came into my life, it was pretty much a strong loss because I looked at it as these things that I used to be able to do I can't really do anymore.

I'm not as strong as I used to be.

I can't lift things up like I used to do.

I need help with some of the things that, you know, I do in almost daily life.

And I'm appreciative to those individuals who can help me, like my wife and other people.

It is a loss, and it's just one of those things that happens, like death of a loved one, and other situations, where you're like.

Well, how do I deal with this?

Well, once you realize, okay, there is a sense of loss, the second step is acceptance.

This is what I call the new normal of sorts.

In other words, the normal was what I kind of described, being able to do these things.

The new normal is realizing that you can't do those things that you once did, but maybe there's other things that replace that.

So when I think about something it's realizing, okay, I have this thing called colon cancer, it is what it is.

I accepted that, it's in my life.

I accept I'm going to go through chemo, as many sessions as I need to so my tumors shrink and everything else, or alternative therapies become an option for myself.

That's acceptance.

And that's my new normal.

So I go from acceptance to actually managing that.

And what I mean is, you know, realizing that, yes, I can't pick up strong things.

You know, I manage my situation and I realize what works best for me.

There are some of you out in audience and you've got somebody who is going through a form of cancer.

It doesn't have to be cancer.

It can be something else.

That they've dealt with a loss and dealt with the acceptance.

The next step in that is just managing, you know, what it is that you can deal with in life.

And just realizing that, okay, you can't lift 50 pounds but maybe you can lift 25.

Or 10 or whatever it is.

So as I look at the loss, the acceptance and managing my situation, I realize after being able to manage these things and I'm developing a new mindset up here about what is going on in my life, the next step, which I consider to be the final step, is developing a sense of grateful and thankfulness for your situation.

I can't wish colon cancer to go away.

I can't wish the death of my mom five or six years to go away.

Those things have happened.

I have memories of my mom.

And with colon cancer, I can't wish for that to go away.

That stuff happens.

I get chemotherapy -- I go through a round of chemo every two or three weeks.

It is what it is.

But the reason I have chosen to be grateful and thankful for my situation with colon cancer is, you know what... the doors that closed in the past of things that I was able to do, other doors have opened up. And so it's all about being able to work with where I'll be able to work.

I'm a staff member with The Arc of Tennessee, the state chapter, but I'm on leave because of that.

So what I was able to do, what I have been able to do in the meantime, I focus myself with the GCA Centre for Adult Autism.

Why?

Because it doesn't really require much in the way of lifting.

It requires up here with the intellectual stuff that I can do.

That's what I'm talking about, being grateful that, you know, I have this terrific mind that has... I may have suffered some memory loss along the way and everything else, but I still have a lot up here that I could use.

And the thing with GCA, it's all about, you know, making a difference in the lives of people, being up here, it's about making a difference in your life if I'm able to do that.

And being thankful for that opportunity.

So that's how I see it.

So, again, the four-step process of loss, going from loss to acceptance, going from acceptance to managing whatever it is that you're going through, and then being grateful and thankful.

And one of the things I recommend for everybody to do in this room... if you ever get a chance, is to have a journal.

I call it the gratefulness/thankfulness journal.

Write down three to five things in your life that you're grateful for.

And it may be hard for some of you to think, well, what can I be grateful and thankful for?

But when you sit down and really think about it, there's a lot of things that we're all grateful and thankful for that maybe we take for granted or we don't really think about.

So that's what I want to talk about, you know, that part with the process and share my story.

And from there, the next area I'm going to go into is about hope and clinging on to it.

When I was diagnosed with colon cancer back in 2017 I really wasn't thinking about home.

I was thinking about, how do I get through all this?

Really, when you think about it, sit down and really think about it, deep down here, you know, it is all about clinging on to hope.

You know, regardless if it's some type of cancer, death or loss of a loved one, whatever it is, it's all about having hope.

So the way I look at that is this...

You know, whatever that you base your hope on... and it could be religious, spiritual, maybe something else other than that, you know, whatever it is, cling on to that.

Because when unexpected things happen in life, you're not going to know what to do, because you're going to be in for a shock.

And that shock is totally unexpected.

It happens and everything else.

But it's like when you're going through shock due to an unexpected situations, it's like, you know you may not have some semblance of what to do, but as long as you have that hope, whatever that hope is in your life and you can cling on to that, that is what will help carry you through in your situation.

The next point I want to make is that, you know, I talked about thankfulness and gratefulness a little earlier.

Use thankfulness and gratefulness to keep hope.

And what I mean by that is, yeah, you may not be thinking at first because you're going through shock, because of whatever is happening in your life that just happened, you know, at some point down the road, you know, that shock is going to go away.

The reality of your situation is going to come into play.

And with that, you know, to keep you going through the idea about clinging on to hope, that's where I would just start writing down things that you're grateful and thankful for in life.

Because when you start focusing on those positives in your life, that can really help you in your situation.

You realize that you do have hoped and that is what the most important thing really is.

So we've talked about the process.

We talked about my life with colon cancer and clinging on to hope.

You don't have to write this down, I'm going to send it to you, if you give me your name and email address at the end of the session.

We're going to look at 15 ways to help someone who is grieving.

Again, this could be death of a loved one.

Could be some type of disease or whatever.
But this is from www.clingingtohope.com.

The first one is just be there.

You just want to be there for the person who is going through whatever that loss is, whatever that suffering is, because it's important.

One of the things I'll bring up with this is I did an informal, you know, survey, and I wanted to find out about everybody who is going through colon cancer and I wanted to find out from their families about support.

And what I found out was that the vast majority of these people probably over 50% only had one to three people supporting them.

And I was a little bit disappointed by that.

But when you sit down and think about it, it's kind of true with the society we live in. Being some transient and everything else, not knowing other people, they may only have a few people.

One of the first things I would suggest to anybody, who is going through the sense of shock or whatever else, if you don't have a support group, go to Facebook, go online, whatever it is that you're going through, or if you already have a support system, lean on your support system.

I'm very fortunate that in the autism community I have my online supports and I still have my in-person support groups and everything else to kind of get me through the situation with colon cancer as well as the colon cancer support groups.

So definitely look at developing a social support group if you don't have one.

The next thing is you don't have to talk.

It kind of goes along the idea about that very first point about just being there.

When somebody is going through a shock or somebody is going through a situation in their life, you know, they may talk their heart out to you and everything else, and just be there to listen.

You don't have to talk.

You don't have to do all these other things and everything else.

But as long as they know that you're right there next to them, you know, you don't have to talk whatsoever, because you may not know what to say.

The third point is that no magic words will ever take away the pain, so don't even try.

Because I know that there were other... there were people that came up to me and said "what can I do for you"?

Guess what, when going through a disease, the loss of a loved one, there's nothing they can do no matter what they say.

So I would encourage all of you who are here today that if you know somebody going through a rough situation, you know, don't try to say, well, you can say "I'm sorry" and everything else, but don't try and say any magic type of words to take away their pain, because it's something that they have to process to go through.

The fourth point is let them cry, scream, or be silent.

You know, that's probably the -- one of the three things that will happen.

I know with myself that I wasn't crying or screaming or anything like that, but I'm a process type of guy, kind of an engineer type where I'm processing things all the time. For me it was all about trying to process a situation in my life, what I was going through. And at first it was, you know, a little troubling for myself. I might have cried a little bit, but I don't remember that. But when you're around somebody, let the emotions go through. It's very important.

Fifth point is don't just what they do or... yeah, don't judge what they do and all that. Particularly when going through shock. It's kind of like what I alluded to a little earlier. They're going through their situation, they don't know what to do. This is not a good time to be judging them. Based upon their situation. You're there to support them, not to judge them. And then the sixth point is pretty much what I just got done saying, just being there for them.

Seventh point is if they need a hug, give them a hug. I know for myself, I got hugs from April, who is my wife there in the back, and I got hugs from other people. and believe me, going something like a disease, like colon cancer, it was important to me because it made me feel like -- I felt the emotional attachment to that, and I could... and I associated with that they care for me not just because I'm me but because of what I'm going through.

The eighth point is, if they don't... this is the opposite. If they don't need a hug, don't give it to them. Because, again, they're processing through all this.

And the ninth one is... let me take off my glasses... Remember that they are hurting. Because, again, I keep saying this over and over, but it's so true. They're trying to process what they're going through. There is nothing you can say or do to make the hurt go away, so don't try. I mean, you can do whatever, but it's not going to help their situation.

And so point 10 is, if you're a practical kind of person, you're the kind of person that likes to work on furniture or projects and that sort of thing, then help that -- help with the practical things of life, do their dishes, do their laundry. Probably they're not going to be able to handle simple tasks in life. I wasn't at first when I was going through the shock of colon cancer, so everybody is different. Some people might be able to handle things better. I just did not handle it very well at the time. The 11th point is, when the trauma of the loss dies...

[phone ringing]

>> AUDIENCE MEMBER:
I'm sorry!

>> SCOTT KRAMER: That's okay.
It happens.

>> AUDIENCE MEMBER:
I turned it off and... actually I turned it on.

>> AUDIENCE MEMBER:
That was the drama!

>> SCOTT KRAMER: There you go.
Exactly.

>> AUDIENCE MEMBER:
Thank you for illustrating his point.

>> SCOTT KRAMER: So when the trauma of the loss dies and you return to your life, don't forget that the pain is just starting. In other words, this is kind of like where the shock is starting to wear off and they're starting to realize what the reality is. As a result they may not feel... they may feel some numbness from that pain at first, but when that numbness goes away, that shock goes away, they start feeling the pain of their reality. When you think of them, let them know. They're going to want to know you're there for them. So when you ask... so when the question becomes "what can I do"?

Just be there for them.

Point 12... share your memories.

When someone dies, no new memories can be made with them, however, somebody like myself or other people here in the audience, we may not know the memory that someone told us before or they haven't told us before, but all of a sudden it comes to light that there's this new memory.

We want to hear that.

What is it that you've heard about the memories?

That's a great opportunity for you to share some time with them.

And to let them know that, hey, I remember you because... and then you can fill in the blank.

Next one... number 13... we only have three more points to go on this.
Don't be afraid to mention to the person who died... that's the loss of a loved one.
Especially to a grieving parent which may be music to their ears because their child died.

Point 14... you don't have to talk.

Point 15... they just repeated this.

Just be there for them.

So, again, let me give your names and email addresses at the end of the presentation or the end of this talk and I'll get that information to you.

So we already got done talking about the first half of this, which is colon cancer.

So I'm going to segue from colon cancer to grandkids living with you.

And some of you... yeah, some of you may be in a situation where you have a grandchild that lives with you, or if you don't, you may know of somebody who does.

So I'll give you some statistics here.

There's two and a half million grandparents that have stepped up to assist their family.

This will continue to grow just because of the situations that they're going through.

A lot of it has to do with poverty.

You know, just think about this for a minute.

Poverty, substance abuse, the death of a grandchild's parent, and extended military.

In other words, they may be going overseas for an extended military assignment on something like that in our country.

And then there's the money squeeze quote/unquote.

This is where grandkids who live with their grandparents assume that because they have retirement, they have Social Security or whatever it is, but they want money from their grandparents, that the reality of the situation is for those people that do have a retirement income, 401(k) or 403(b) (or whatever it is, you know, that these grandparents are having to take money out of the account to support their grandkids. If it's somebody who has a retirement account because they worked for, you know in education 30+ years, the money situation becomes hard.

You can imagine what is going on with this. And as a result, instead of the grandparents being able to prioritize their retirement, you know, living in another country or whatever it is, they end up prioritizing the dreams of their grandchildren.

And as a result there was a report called "The Resounding Resilience Report" that came out.

What this report did is that they had people speak with 20 different grandparents from different parts of life.

The average income was about \$25,000 plus change.

The primary source of income was Social Security.

And so what happened -- what they found out was that a lot of grandparents had to cut back on their hours or take a leave from a job to care for the children, and as such time and time again all these grandparents talked about not having the energy to raise up their kids.

Why?

Because when they were raising up their own kids, obviously these individuals were a lot younger, they had the energy to take care of their children. But when grandchildren entered into the picture, you know, they didn't have that. And imagine somebody who is going through colon cancer, something like that, you know, not only being available once every other week, once -- one week they're on their bed like I am trying to recover from colon cancer. So I'm not available to help my wife with this, with this, transportation, all these other things, but during the off weeks when I didn't have chemo, I was able to do that. So I was fortunate and grateful for that.

So another thing that this report found out is that even though there's a lot of negatives that go on within -- from the financial standpoint, poverty and everything else, is that grandkids can actually enrich a grandparent's life.

Why?

Because a lot of grandparents are doing a lot of things to raise their grandchildren. At first it's the idea of that loss, acceptance and all that kind of stuff.

You know, when the grandparent -- when a grandparent finally realizes that, you know, even though the situation is not ideal, it's far from ideal, that they see what their grandkids are doing, the lives of a grandparent can be enriched.

And the other statistic is 12% of grandparents receive Temporary Assistance for Needy Families.

Of these 20 people, nearly all of them could apply and be eligible for it.

So there are things out there that a lot of grandparents don't know about that they probably should.

Let me see how much more I've got to go.

The last topic I'll talk about is about creating boundaries.

It's one thing for a parent to raise children up and have boundaries.

I'm sure all of you in the audience who are parents would understand that.

But then what happens when you become a grandparent?

How does that change?

Firstly, I don't think it changes all that much.

Because it's like it's still the grandparent's house, if they have a house, or apartment or something like that.

And so, you know, what my wife and I have tried to do is create boundaries for our grandkids.

For example, I know that a lot of teenagers they have cell phones and that sort of thing.

So we have them... before they go to sleep, one boundary recreated is they turn their cell phones in to us, because what we found from the research is that even if the child is not autistic, if a child is addicted to cell phones at a very young age, they develop autistic like symptoms.

And I'm not going into that for the purposes of this conversation.

It's the idea they become addicted to technology.

I don't care if the child is ADHD, autism or otherwise.

We as grandparents, you know, or people who are in that situation have to be very aware of that.

Another one is they have jobs.

They have to do the jobs.

And just other boundaries that I have that, you know, my wife and I have.

So that's my presentation that I have.

I'm more than happy to take any questions from any of you, if you have any of them.

It could be colon cancer, it could be about raising grandkids, loss of a loved one or any extenuating circumstance.

Anyone?

Okay.

How much time... yes?

>> AUDIENCE MEMBER:

A while back, a long time ago, my brother-in-law, when he was leaving, he had -- have you ever heard of a pancreatic cancer?

>> SCOTT KRAMER: Yes.

>> AUDIENCE MEMBER:

And he had surgery, but he made it.

With the Lord's help, he made it through that.

>> AUDIENCE MEMBER:

Where did your back pain start?

Or where was your back pain at mostly?

>> SCOTT KRAMER: It was roughly right down here, lower back pain.

You know, things just associated with, you know, you're sleeping in the middle of the night and you twist your back or something like that or you're bending over or something like that, and your back just acts up and everything else.

You know, things like that usually go back... go away in about a day or so.

But like I said, when I had this back pain, it went on for three weeks, and would just not stop.

That's when April and I decided to go ahead and get this evaluated just to see what happens. And so that's when we discovered that -- not us, but that's when the oncologist discovered, hey, there's this thing called colon cancer that you have, and that's when I had my sense of loss.

>> AUDIENCE MEMBER:

>> APRIL: Since you outed me, Scott, I want to make a correction.
His original colon cancer was discovered at his first colonoscopy at age 50.
He had no symptoms whatsoever.
I'm older...

>> SCOTT KRAMER: How does a person get this if your relatives have never had colon cancer?

>> APRIL: I'm older than Scott, I'm busy with the kids and I had my at 56 and I had a precancerous polyp.

Okay, Scott is going to get it.

I waited for his 50th birthday and called immediately.

There was a delay of couple months on the doctor's end, you know, the office staff.

Got him in there.

Of course, I expected nothing.

I was just doing the right thing.

He had 3V.

All the way through his colon and three lymph nodes and now the recommendations have been lowered to 45.

Also, any time after 40, if you have a family member who has had colon cancer, do it.

If Scott had the opportunity to have screening at 45, if that had been covered by insurance, he would not have colon cancer now.

It would have been caught at the precancerous stage.

So big difference.

But anyway, I wanted to clarify that.

The back ache and fevers that come and go, that was a sign... and he fell asleep at a stoplight.

He had never done that before.

And a police officer came up behind him and called me.

I was like... but still I thought kidney infection, he's tired, he's driven to two different states in one day.

And we were in the ER and they looked at everything.

I told him he had been a chemo patient and they fluffed that off.

They were looking at his chest to see if he had pulmonary embolisms, and at the very bottom of the scan I saw the top of his liver, and, I mean... unlike Scott, who just had the stage 3 treatment and just... okay, we're good... I researched everything, every worst case scenario in the universe.

So when I saw that x-ray, the doctor didn't have to say a word.

He did, of course.

But I knew that's metastasis.

So many it's like bubbles in a fishbowl.

And, you know, that's... right there he's trying to shrink them so he can become a surgical candidate, because that is the only cure for stage IV colon cancer, is to get your liver resected.

And there is some experimentation.

Used to be you can never get a transplant.

But there's some -- they're doing a few.

Because, you know, the cancer will just jump on the liver.

The new liver.

But they're doing it now.

And I told him... if you get there and I'm a match, I will give you a piece of my liver.

Because it would regrow within six months my piece would grow to full size in him and mine that was taken out would regrow.

We would both have a full liver in six months.

So, you know, there is some hope, but it's only from liver resection or transplant.

>> SCOTT KRAMER: Thank you.

How much time do I have left?

>> APRIL: I'll check.

I didn't want to let that go by.

He had no symptoms.

>> AUDIENCE MEMBER:

So the colonoscopy is what found it?

>> APRIL: The doctor -- I'm pretty up on medical -- he handed me the pictures and I'm like... you know, this is not a little polyp.

I mean, I could tell.

Very bad.

He was shocked.

The doctor was just shocked.

>> AUDIENCE MEMBER:

I had mine two weeks ago.

My colonoscopy.

>> APRIL: Give her a round of applause -- a round of applause.

[Applause]

Drinking the stuff is horrifying.

He had the better way too.

I had the bad gallon and I threw up as much as the other... how is this going to work!?

>> SCOTT KRAMER: Right.

All right, I have about 20 minutes left, so does anybody have any questions or commentary they would like to make?

All right.

Seeing that this is... like I said, I did not plan a PowerPoint presentation, so we're going to end a little early, which is fine.

But if anybody wanted to come up here afterward and, you know, would like a copy of what I talked about today, I would be glad to send it out to you.

Thank you very much!

[Applause]

>> APRIL: I have a little disclaimer, y'all.

Scott asked to be taken off the program many weeks ago because he was so sick. He got here and found out he was on the program.

>> SCOTT KRAMER: So... I had to speak from my heart, so...

>> APRIL: Thank y'all for coming!

(This is being provided in a rough draft format. Communication Access Realtime Translation is provided in order to facilitate communication and may not be a totally verbatim record of the proceedings.)