Submitter:	Ingrid Klesh
On Behalf Of:	
Committee:	House Committee On Rules
Measure, Appointment or Topic:	HCR3

Chair Bowman, Vice-Chairs Drazan and Pham, and members of the committee, for the record my name is Ingrid Klesh and I am writing to testify in support of HCR 3.

I was diagnosed with Chronic Myelogenous Leukemia during a routine annual checkup with my internal medicine physician in 2002. I presented with no symptoms other than a deep, consistent ache in my hip and some fatigue that I attributed to being busy with three teenage children and starting a new job. As a professional registered nurse even I didn't recognize a much deeper, more serious problem. I had always been very healthy and active. My blood pressure was very high the day of my appointment so my doctor decided to check my basic blood labs: red cells, white cells, etc.

That appointment day was a Friday morning in November and my labs were read and sent back to my doctor. He was so surprised and worried with the results that he came to our home during a rainstorm that evening to tell my husband and I that he feared I had leukemia.

I was immediately scheduled to have repeat blood work drawn the following Monday and to see an oncologist in our hometown of St Louis, Missouri. My repeat white blood cell count was very high at 40,000. Normal adult white blood cell count is less than 11,000. It was clear that without treatment I was in danger of having a stroke or converting to a more acute life threatening phase of leukemia. After bone marrow testing I was placed on the new targeted therapy called Gleevec approved in 2001, 400mg oral tablets per day.

I was able to continue to work and live relatively normally with some side effects that were monitored by my oncologist. My white blood cell count dropped quickly to normal by June of the following year. By 2014 I was able to reduce the Gleevec amount to 300 mg per day and experienced an easing of side effects.

In September of 2013, after retirement, my husband and I moved to Portland, Oregon. I needed to continue seeing an oncologist and found that Dr Brian Druker was taking patients. We were astonished that such a busy man would still hold office hours and accept new patients! My first visit with Dr. Druker was so reassuring and so positive as he gave me hope that my leukemia might one day be cured. His gentle manner has always been evident as he enters a room and sits on a low stool in front of me to look directly at my face explaining the newest lab work indicating my personal situation. He asks about my family and how I've coped with side effects, how my "mood" has been. It is clear that he feels deeply for all of his patients. My visits with Dr Druker have continued regularly through these past 12 years as I've come to appreciate his deep compassion for treating the whole person, not just another cancer patient waiting for treatment. Dr Druker and his physician assistant, Diana Brewer, have always provided immediate answers to my questions and concerns and continue to see me on a regular basis.

My journey with CML has continued as I've participated in clinical trials. I have not yet been able to completely discontinue Gleevec, now the generic form called Imatinib, but my doses have decreased to 200 mg per day. Having been diagnosed with CML at age 45 I've been on this targeted therapy for almost 23 years. Now at age 68 I continue to enjoy life, enjoy my four grandchildren, travel with my husband and family and look forward to several more healthy years and I am grateful. Thank you, Dr Druker.