

Colon Cancer Stage III, Gallbladder Cancer Stage IIIB



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Pictured with my wife Eileen Ryan - Married 1974

Stage III Colon cancer has a 40 percent survival rate

Stage IIIB Gallbladder cancer has a 7 percent survival rate

Survival Data Source - American College of Surgeons/American Cancer Society National Cancer Data Base

Written Testimony submitted to Representative Schuring

For 2/18/16 Task Force hearing

Members of the Ohio Task Medical Marijuana Force,

In fall of 2001, I moved back to Ohio from Maryland. There I had worked for Goddard Space Center as a system engineer designing spacecraft and rockets, starting in 1990. During that time period in Maryland, I became aware of medical marijuana through the following events: the 1996 election, an incident concerning my son, my mother's death from cancer and Army Reserve Lt. Colonel Daryl Putman, who was battling non-Hodgkin's lymphoma. Putman became an advocate for legalizing marijuana for medicinal purposes while dealing with his medical condition. As a member of the Republican Party, I authored three party resolutions in support of medical marijuana. The resolutions failed twice but finally passed, paving the way for a very limited medical marijuana bill in Maryland, which Governor Ehrlich signed after I moved back to Ohio.

During that time period, I decided to educate myself on this subject of marijuana. I enlisted the local state university librarians to gather scientific research papers regarding marijuana. The librarians provided me a rich amount of government studies. My conclusion, after reviewing in depth the various reports, was marijuana's classification as a schedule one drug was not supported by the data. That decision was purely a political decision, not one based on facts. My own evaluation and conclusion was supported by, a then recently published book titled "Marijuana Myths, Marijuana Facts: A review of the scientific evidence".

Two years after being back in Ohio, I started to experience repeated abdominal cramps, intestinal issues, weight loss and rectal bleeding. A sigmoidoscopy exam revealed a cancerous mass in my large intestine. A short time later, I was scheduled for an operation to remove the tumor. During the operation, it was discovered that the cancer was much more aggressive and developed than was thought going into the operation. My lymph nodes were examined and I was diagnosed with Stage III colon cancer. My wife Eileen had to make a difficult decision regarding the extent of the operation while I was still on the operating table. The decision was made to remove all but a small section of my large intestines.

The stage III diagnosis dictated a long chemotherapy treatment. The treatment lasted a little over six months. The side effects of the treatment were classic with continuous nausea, fatigue, loss of appetite and further weight loss. A variety of other drugs were prescribed to moderate the side effects, but they were either ineffective or made me very lethargic and sleepy. Going back to work was attempted, but I was not very productive.

My white blood cells were border line for continuing treatment; at this point, I had had enough. Reflecting back on my earlier investigation in Maryland, I decided I would try marijuana. I discussed this verbally with my oncologist and he was supportive, but could offer no recommendation or legal protection.

I distinctly remember using marijuana the first time after a chemotherapy session. I was upstairs in my bathroom with the exhaust fan on. After a few short minutes, I felt better than I had in a very long time. I came downstairs asking what was for dinner, which really surprised my wife! That was far different than any other time after a chemo treatment session.

I started using it sparingly, and obtaining marijuana was spotty. It was not like going to the store when you ran out. Establishing a regular supply enabled me to go to work more regularly and actually be productive. My oncologist noted I was gaining weight, and by the end of my treatment, he commented I was unusual by the fact I had actually gained weight during my treatment.

I am now retired from GE, serve as President of Ohio Patient Network and I am also on the Blue Ash City Council. Thank you for taking the time to listen to my personal journey in supporting medical marijuana.

Robert R. Ryan

At this time, I will switch hats and will speak as the President of Ohio Patient Network (OPN). We are a 501C-3 non profit organization. OPN is Ohio's oldest coalition of patients, caregivers, activists and medical professionals who support the compassionate use of cannabis for various medicinal purposes. We share information between patients, medical professionals, attorneys, and educate the public with the latest developments in the therapeutic use of cannabis.

OPN has been involved with state legislators and the various legislative bills that have been introduced over the years, such as Senate Bill 343, House Bill 478, House Bill 214 and others. Bill after bill were introduced, yet never brought up for a hearing, except once. Frankly, working the legislative route has not been productive. We are pleased to finally see an interest in regards to medical marijuana at the state house. With no reservation I say thank you to the men and women behind issue 3. That effort, even though it did not pass, has propelled our issue forward.

Within the material I provided you is a CD with a number of PDF files. They contain numerous reports and articles on a wide variety of topics. Most are richly documented; cannabis has a very long therapeutic history. Of particular interest to me are the United States Government reports, none of which substantiate marijuana classification.

I have found an interesting connection between seniors and veterans with PTSD. Both have trouble sleeping at night, for which cannabis is effective for both groups. Even more interesting are the deep-pain patients, who take an amazing amount of opioid drugs--so much that they would literally kill me. The theme I heard over and over again is the more marijuana they have, the less opioids they need to deal with their pain and the more functional they are with their families. This is reflected in the JAMA study I have provided, which reported a very significant drop in overdose deaths in states where medical marijuana is legal.

Today polling is between 85 to 90 percent, and with 23 states passing medical marijuana laws to date, medical marijuana prohibition is clearly not supported by the public. There is solid reason why. At a fundamental level, we have a policy that is based on a false premise. Marijuana is not a schedule one drug.

This panel should recommend that our legislators pass a meaningful medical marijuana law quickly. If they don't, it will be done for them at the ballot in November. I am available to answer any questions you may have, whether personal, factual or policy recommendations.

Thank You,

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