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MOFFITT MOMENTUM®

A FATHER'S FIGHT

Colon cancer journey inspires advocacy

A LASTING LEGACY

Tissue donation program aims to save lives

SURVIVING LUNG CANCER

Screening and monitoring efforts shift outlook

Leadership Message

Patrick Hwu, MD
President and CEO

Dear Friends,

Cancer is, at its core, a deeply personal journey that challenges, transforms and oftentimes, inspires. At Moffitt Cancer Center, we see this every day in the resilience of the patients who walk through our doors. While each patient fights a battle as unique as the disease they face, there's a commonality between them, and that is their unwavering drive to use their own experience to help others. Whether it's through raising awareness of early cancer detection, participating in groundbreaking clinical trials or donating tissue for ongoing future research, these individuals are helping to shape the future of cancer care and research.

As a physician for more than 30 years, I have met many patients who have inspired me with their strength and compassion. In my work as an immunologist, I have witnessed countless patients commit to the clinical trials of today to benefit the patients of tomorrow. In this issue, Bob Snedeker shares how he decided to join a trial using chimeric antigen receptor T-cell therapy to treat his non-Hodgkin lymphoma. There was no promise of success, but there was hope. Six years later, he is still stargazing and dancing with his wife of almost 50 years. Meanwhile, the trial led to an FDA approval and many more lives saved.

Hearing stories of triumph can be a powerful motivator for patients at the beginning of their journeys. As a young father of three, Kendrix Jones regularly shares his colon cancer story to raise awareness that screening and early detection can save lives. Roberta Truetken, a former smoker, also encourages others to take charge of their health with annual CT screenings for lung cancer. Three-time cancer survivor Heidi Bragg uses her experience to help others navigate their own journeys. She serves as a mentor for patients with diagnoses like hers, hosts a podcast and takes any opportunity she can to make tough conversations easier.

So many of our patients hold this desire to help others, even after they have passed. Carolann Tallada faced breast cancer, lung cancer and adrenal cancer. Ineligible to be an organ donor, she made the decision to give back through Moffitt's Rapid Tissue Donation Program. Her legacy is now advancing science, allowing researchers to gain critical insight into how cancer develops, spreads and resists treatment. Laurie Seligman, too, has chosen to leave a legacy through the program. Diagnosed with KRAS-mutated lung cancer, she knows her tissue will help provide invaluable data for research: "When I die, I don't need my body anymore. I can help the next generation help kill cancer."

Each of these stories, and the journey of every patient who comes through Moffitt's doors, reminds us that one person can make a difference. With every act, big or small, the courage of our patients fuels Moffitt's mission and keeps us moving forward. Our patients and their stories are the inspiration behind our work, and together, we are changing lives.

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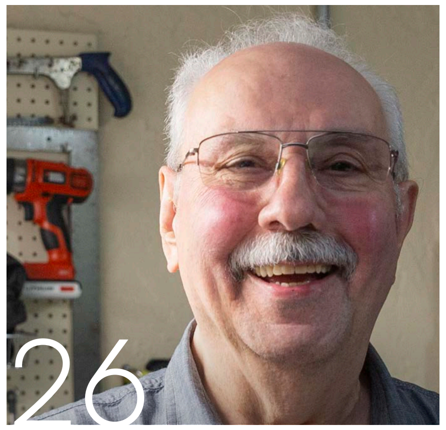

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He was told: 'Put your affairs in order'

ON THE COVER:

Kendrix Jones cherishes time with his sons, Isaiah, Major and Micah. The family had been planning Micah's first birthday party when Kendrix went into emergency surgery for a mass on his colon.

A FATHER'S FIGHT

for Family, Health and Advocacy

By Annie Brant

Photos by Nicholas J. Gould

KENDRIX JONES
Cancer Survivor

A shocking diagnosis inspires a father's journey from battling colon cancer to advocating for early detection and addressing disparities

A CHILD'S FIRST BIRTHDAY is more than a milestone for the baby – it is also a celebration for the parents. It marks a year of love and growth as a new family dynamic is formed. For the Jones family, January 2022 was meant to mark this happy occasion as they planned the first birthday party for their youngest son, Micah.

Family was gathering from out of town, balloons were prepped, and the cake was baked. The theme was Mickey Mouse, and silhouettes of the familiar ears decorated the walls of their Wesley Chapel home. But the day before the party, a nagging pain and a continuous feeling of nauseousness had been building in dad, Kendrix.

He initially chalked up his discomfort to the flu, even trying prescribed nausea medication with no relief. But when Kendrix's stomach began to swell, his wife, Carolynn, insisted he see the doctor again before the festivities began.

"My stomach was getting bigger, and I felt worse," Kendrix said. "I told Carolynn I was just going to run back to the doctor, but she told me she was coming with me this time to make sure I wouldn't sweep it under the rug or play it off like it was no big deal."

What they thought would be a quick checkup turned into a life-changing whirlwind. The doctor's concerns sent them to the emergency room. Within 45 minutes, scans revealed the source of Kendrix's pain: a softball-sized mass on his colon. Confused and overwhelmed, Kendrix and Carolynn waited for the next steps as they tried to process the news.

"I remember it like it was yesterday," Kendrix said. "They told me they have seen this before. They were going to get me into an emergency surgery, remove it, and hopefully, I would be back to normal. That was a relief. I thought we were going to deal with this for two days, have the surgery and get better."

The next morning was supposed to be party day, but Kendrix was wheeled into surgery to remove the mass. Instead of singing "Happy Birthday" to Micah, his family waited for news from the hospital.

> *"I'm going to get through it."*

Kendrix Jones was just 40 years old when he was diagnosed with stage 4 colon cancer.

> *"If you have symptoms, in my opinion, you're never too young to get a colonoscopy. ... I know it's not easy, but it's worth it."*
>
> *- Richard Kim, MD*

As Carolynn and her mom sat anxiously in the waiting room, the surgeon emerged. He was shaking his head. Carolynn's heart sank. The mass was too large and had invaded nearby organs, making removal impossible.

"He looked at me, and he said it was too big, and they couldn't get it out," Carolynn recalled. "He said it was really dangerous and invading the pancreas."

"So it's cancer?" she asked.

The surgeon confirmed her fears.

Although they couldn't remove the mass, doctors drained nearly 9 liters of toxins from Kendrix's body, explaining he was days away from a tragic outcome. When Kendrix woke up, disoriented and feeling the unfamiliar colostomy bag on his abdomen, he learned the grim news.

On the day meant to mark a happy milestone in his youngest son's life, Kendrix instead was facing an uncertain future. With three small children at home, the Jones family was forced to navigate a new reality they never saw coming. At 40 years old, Kendrix would be battling stage 4 colon cancer.

The doctor advised them to seek treatment at a cancer facility. Without hesitation, they turned to Moffitt Cancer Center.

RISKS FOR EVEN THE YOUNG AND HEALTHY

The news was baffling for Kendrix. Health had always been a priority. He grew up in Mount Dora, Florida, and stood out on the football field. Kendrix played in college, professionally in Europe and on the Chicago Bears practice squad before settling down with Carolynn and starting a family. Together, they had three boys: Isaiah, Major and Micah.

Just four months before his diagnosis, Kendrix had gone to the doctor for his annual physical. He requested a colonoscopy, aware that Black men face a higher risk of colon cancer. But at the time, his tests were normal, and his doctor told him he was too young for a routine screening.

"The doctor told me insurance would not approve it because the threshold to get a colonoscopy was 45. So they told me I was early, and it would likely be an out-of-pocket expense," Kendrix said. "With no family history, I didn't question it."

Colon cancer doesn't discriminate, but Kendrix's case shows just how unexpected a diagnosis can be. Richard Kim, MD, is the service chief of medical gastrointestinal oncology at Moffitt and Kendrix's oncologist.

"Kendrix is a perfect example," Kim said. "He is a healthy guy, a football player, with no medical issues. Who would have thought this guy? But he is an example where it could happen to anyone."

Current guidelines from the American Cancer Society recommend that people with an average risk of colon cancer start screenings at age 45. However, for many younger people, especially in the Black community, symptoms often go unnoticed or are dismissed.

Kim stresses that younger patients with symptoms like changes in bowel habits, blood in the stool or abdominal pain should be taken seriously, even if they do not fit the traditional profile of a high-risk patient.

"If you have symptoms, in my opinion, you're never too young to get a colonoscopy. If you have blood in your stool, don't ignore it. I would do the full workup. I know it's not easy, but it's worth it," Kim said. "Detection is the key here. If you detect it, you could be cured."

In the months that followed his physical, Kendrix felt strong, keeping up with three young boys with no signs of cancer growing inside of him. Kendrix was even in the middle of a 100-day running challenge, completing 2 miles a day until the day before he went to the emergency room.

"I stopped at day 57," Kendrix said. "That is when I got sick, and everything changed."

FINDING STRENGTH IN LITTLE WINS

Six weeks after his initial surgery, Kendrix began chemotherapy at Moffitt. The lifetime athlete approached the treatment with determination but admitted he was anxious.

"I wasn't scared of losing my hair," Kendrix said. "I was scared of becoming weak."

“I wasn’t scared of losing my hair. I was scared of becoming weak.”

One evening, hooked up to a chemotherapy pump at home and drained from treatment, Kendrix told his son Major he was too tired to pick him up. “But you’re strong, Dad,” Major insisted. Touched by his son’s belief in him, Kendrix found the energy to lift him – a small act that became a turning point in his fight.

“I’m crying and hugging him, thanking Major so much,” Kendrix said. “In his mind, he was helping me, and that was another moment where I’m like, here’s another win. I’m going to get through it.”

After four months and six rounds of chemotherapy, it was time to remove the mass from Kendrix’s colon. The surgeon estimated it would take two to three hours, but complications arose. Scar tissue from the previous surgery and other issues turned it into a 13-hour operation.

“I remember waking up and asking the surgeon, ‘How was it? What time is it?’” Kendrix recalled. “He told me, ‘It’s 9:50.’ I thought, ‘Great, two hours, right on time.’ But then he said, ‘It’s 9:50 p.m.’”

The surgery involved removing Kendrix’s spleen, part of his pancreas and the tumor. Despite the challenges, his medical team remained steadfast. It was a testament to their expertise and dedication.

“They fought for me every step of the way,” Kendrix said. “I could have gone to a different place with a different result, but this was Moffitt. They never gave up.”

UNEQUAL BURDEN OF COLON CANCER

Kendrix’s story reflects a troubling reality: According to data from the American Cancer Society, Black Americans are 20% more likely to be diagnosed with colorectal cancer and 40% more likely to die from it than other groups. Colorectal cancer is also rising among young adults, especially in the Black community.

During his treatment, Kendrix drew strength from his family: wife Carolynn and sons Isaiah, 12; Major, 6; and Micah, now 4.

“Unfortunately, despite improvements in screening and treatment for colorectal cancer, Black individuals are still more likely to develop and die from this disease,” said Doratha Byrd, PhD, a researcher in Moffitt’s Cancer Epidemiology Program.

Byrd explains that disparities in cancer outcomes for the Black community are rooted in a complex web of factors, including psychosocial factors like stress, limited access to healthy food and socioeconomic challenges. However, she emphasizes these issues alone do not explain the whole picture.

“For example, we did a study of outcomes among colorectal cancer patients seen at top cancer hospitals in the U.S. and still found poorer survival outcomes among Black individuals compared to other racial and ethnic groups, even after accounting for treatment and stage at diagnosis,” Byrd said.

Her current research explores whether the gut microbiome – a collection of trillions of microbes in the digestive system – may contribute to colorectal cancer risk among different communities. Recent studies suggest that the gut microbiome and the microbes within tumors may influence how patients respond to cancer treatment.

Doratha Byrd, PhD

“Diet likely has a huge impact on the composition of the microbes in the gut. So far, there are several examples of how diet can potentially change the gut microbiome even within a short time frame, such as when making a drastic switch between animal-based and plant-based diets.”

While research continues, one thing remains clear: Early screenings and healthy habits can save lives.

TURNING WINS INTO ACTION

After his surgery, Kendrix received six more rounds of chemotherapy before he was declared cancer free. In March 2025, he celebrated three years in remission, and now he’s making it his mission to educate the community about cancer.

“I just want to be an advocate to people because I know the importance of support,” Kendrix said. “It touches so many families, and if I help give that family a bit of peace and motivation to fight, that’s what I want to do.”

Kendrix uses his platform on social media and at events to inspire others to take charge of their health and to break the silence around cancer. He encourages people to become their own health advocate and reminds them it’s OK to talk openly about their disease.

The family’s message is also continuing to spread throughout the Tampa Bay area. The Jones Family Foundation, a nonprofit founded by Kendrix and Carolynn, is dedicated to mentoring children and supporting underserved communities.

“It’s healing for him,” Carolynn said. “It shows the power of advocacy and people like Kendrix being in the community. He lights up now when he talks about it and knowing he is helping. The hardest thing is to initiate a conversation, but if someone’s willing to talk to someone about it, it may help them get to the next phase of that journey.”

By turning his struggle into purpose, Kendrix proves that surviving cancer is more than a personal win – it’s a chance to save lives. And he has advice for all those pushing forward in their own journeys:

“Even after you go through these things and you win, the ‘what-ifs’ are always on your mind, but just remain positive and look at what’s in front of you.”

“I just want to be an advocate to people because I know the importance of support. ... If I help give that family a bit of peace and motivation to fight, that’s what I want to do.”

In March 2025, Kendrix and his family celebrated three years in remission. Now, he is focused on raising awareness.

Fred Tallada's wife, Carolann, was the type of person who always took the opportunity to help others. So she didn't hesitate when asked to donate her tumor tissue.

A Lasting Legacy

Through the Rapid Tissue Donation Program, patients can help save lives, even after their death

By Sara Bondell

Photos by Nicholas J. Gould

Out to breakfast one morning, Fred Tallada was puzzled when his wife, Carolann, ordered multiple meals. Was she just very hungry? But when the food arrived, Carolann walked outside and brought it to a homeless man and his dog.

That's just the kind of woman she was, Fred says.

Carolann worked as a teacher's aide at Port Charlotte Middle School and was head of the school's Sunshine Committee, a group tasked with spreading joy and offering support to teachers and staff.

If there was a school dance, she was there. If a friend needed money for groceries, she opened her wallet.

Carolann, already a breast cancer survivor, was diagnosed with lung cancer in 2020 at age 62. Even after years of treatment and a third cancer diagnosis of adrenal cancer, her spirit for generosity was strong. When she was given an opportunity to help other cancer patients, there was zero hesitation.

"Her doctor asked her if she would be willing to let them take her cancer out when she passed for studies, and of course she said, 'Well, why not,'" Fred said.

'FOR THE GREATER GOOD'

The Thoracic Oncology Department at Moffitt Cancer Center initiated its Rapid Tissue Donation Program in 2015. Rapid tissue donation is the donation of tissue – including primary tumors, metastases and noninvolved tissues – from patients who have died. A collaborative effort with Moffitt's Pathology Department, which provides the facilities and manpower to perform the collections, the program gives researchers a unique opportunity to investigate cancer from a different perspective. It also enables patients to leave a lasting legacy to help future patients.

Studying tumors that have received treatment or metastasized can give a new glimpse into how cancer develops, why it becomes resistant to certain treatments and potentially help develop new therapies. Moffitt is one of the only centers in the region offering this type of program.

"People with cancer can't donate their organs for transplantation in the usual way due to risk of transplanting cancer, so donating cancer tissue for research is an alternative for those who want to do something for the greater good," said Theresa Boyle, MD, PhD, a pathologist who helped develop the program. "And for the researchers, it's very rare to have access to this kind of post-therapy cancer tissue. We often don't know what has caused the cancer to thwart therapy, and that is why the donated tissue is so valuable."

During a patient's diagnosis and treatment, very little tissue is collected from biopsies, and most is used up by clinical testing. Rapid tissue donation after a patient's death allows doctors and researchers to collect large amounts of tissue that can fuel multiple projects to investigate therapies, cancer biology, metastasis and how treatment can affect the rest of the body.

Since the program's first year, 105 patients with lung cancer have consented to participate in the Rapid Tissue Donation Program and samples have been collected from 60 donors, leading to important discoveries. Researchers identified a gene fusion that may have developed as a resistance mechanism to ALK inhibitor therapy, a targeted treatment for non-small cell lung cancer. This finding emphasizes the importance of broad genetic testing to identify gene changes with the possibility of adapting therapy.

Using the donated tissue, researchers also discovered that the expression of PD-L1 – a protein that can be used

> ***"We often don't know what has caused the cancer to thwart therapy, and that is why the donated tissue is so valuable."***
>
> *- Theresa Boyle, MD, PhD*

> *“Her doctor asked her if she would be willing to let them take her cancer out when she passed for studies, and of course she said, ‘Well, why not.’ ”*
>
> - Fred Tallada

as a biomarker to predict how a patient may respond to immunotherapy – can differ at different tumor sites in the same patient. This illustrates the need for caution and the importance of weighing multiple factors when considering immunotherapy.

“We are learning so much, not only about the therapies but also about cancer biology,” said Humberto Trejo Bittar, MD, director of Autopsy Service at Moffitt. “These things are important to look at: how cancer is different in different sites and individual metastases. Having the opportunity to learn this detail of cancer biology from a genomic and metabolic standpoint helps you test multiple different approaches.”

The program has now received a three-year, $1.5 million grant from the Florida Department of Health’s James and Esther King Biomedical Research Program to set up the infrastructure to expand beyond lung cancer.

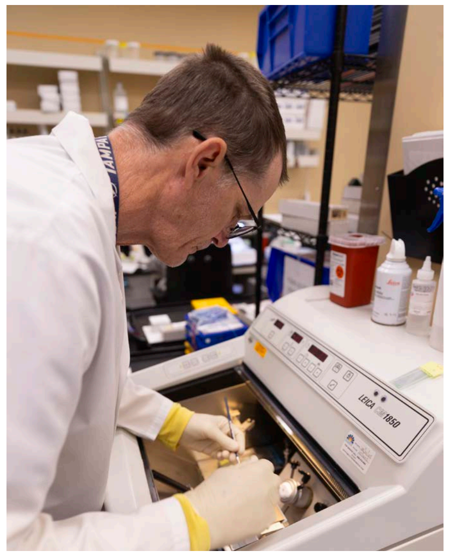
“The Moffitt community of clinicians and researchers are going to guide which type of tissue we are going to target,” said Matthew Schabath, PhD, principal investigator of the James and Esther King Biomedical Research Grant and for Total Cancer Care, the Moffitt program that oversees biospecimen collection and how they are used in research. “We have an idea of a few populations outside of lung cancer, but we want our clinicians and researchers to tell us what they need from us.”

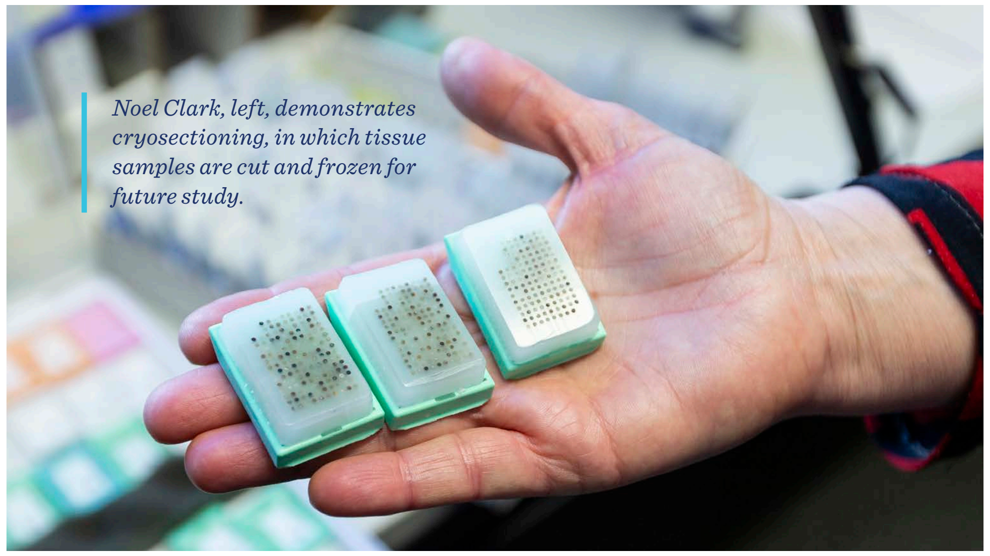
Future research may expand from disease-specific studies to groups of patients with certain genetic mutations such as KRAS G12C, which can occur in multiple cancer types; groups with metastatic cancers to the brain; or nonsmokers with biomarkers that may span to different cancer types.

A collaborative goal of the grant is to develop a toolkit for other institutions to set up their own rapid tissue donation programs.

“What is really important is that we develop this to be successful at Moffitt,” Schabath said. “We want to first really tailor this for Moffitt, and then our developed toolkit will be a starting point that can be adapted by other institutions.”

Pathologist Alex Lopez, MD, reviews slides with donated tissue samples and marks areas to be saved for research.





Noel Clark, left, demonstrates cryosectioning, in which tissue samples are cut and frozen for future study.

‘I ALWAYS WIN’

Like Carolann Tallada, Laurie Seligman was being treated for lung cancer at Moffitt when she heard about the Rapid Tissue Donation Program. She was diagnosed with stage 3 non-small cell lung cancer in 2018 at age 57. After being told her cancer was inoperable, she underwent chemotherapy and radiation where she was living in Texas. An immunotherapy treatment gave her a short remission, but her cancer returned. She pushed for more comprehensive genomic testing for more answers.

“I had to find out what was driving my cancer,” Seligman said.

That testing revealed Seligman has a KRAS mutation, a type of gene mutation that occurs in about 25% of non-small cell lung cancers and leads to treatment resistance and poor prognosis. The KRAS gene regulates cell growth and division, and when it is mutated, it signals cells to grow too much.

Seligman moved to Florida in 2021 to transfer her care to Moffitt. “I didn’t realize how sick I was. I had stopped being able to shower on my own. I couldn’t pack up the rest of my house because I was having trouble breathing and moving the boxes.”

The next few months were tough for Seligman. She underwent three procedures to remove fluid from the space between the lungs and battled pneumonitis. She spent more than three weeks hospitalized, one of those

> *“When I die, I don’t need my body anymore. I can help the next generation help kill cancer.”*

Laurie Seligman hopes her donation will provide insight into non-small cell lung cancer and KRAS gene mutations.

days on a ventilator, but was able to move to a rehabilitation floor and eventually home.

Seligman was too weak for chemotherapy, but in May 2021, the U.S Food and Drug Administration approved Lumakras, the first targeted therapy for lung cancer patients with a KRAS mutation. The treatment put Seligman into remission for a year. Her care team at Moffitt found a new combination of therapies to try when her cancer returned. Side effects caused a switch to a new line of chemotherapy in mid-2024, and her disease has been stable ever since.

During Seligman's treatment, a fellow patient told her about the Rapid Tissue Donation Program. She immediately asked to join.

"I was an organ donor, and I can't donate anymore. This is what I can do," Seligman said "When I die, I don't need my body anymore. I can help the next generation help kill cancer."

Just as fighting for more genetic testing unlocked a new treatment option for her, Seligman hopes her tissue provides even more insight into her disease and KRAS mutations. Having a genetically driven cancer that has received multiple different treatments makes her tissue extra valuable, she jokes.

"In the end, I win. I always win," she said. "When I die, guess who else dies? My cancer. My body will go to Moffitt, and they will take my tissue and use it for research against it. So even after I am dead, I am still winning."

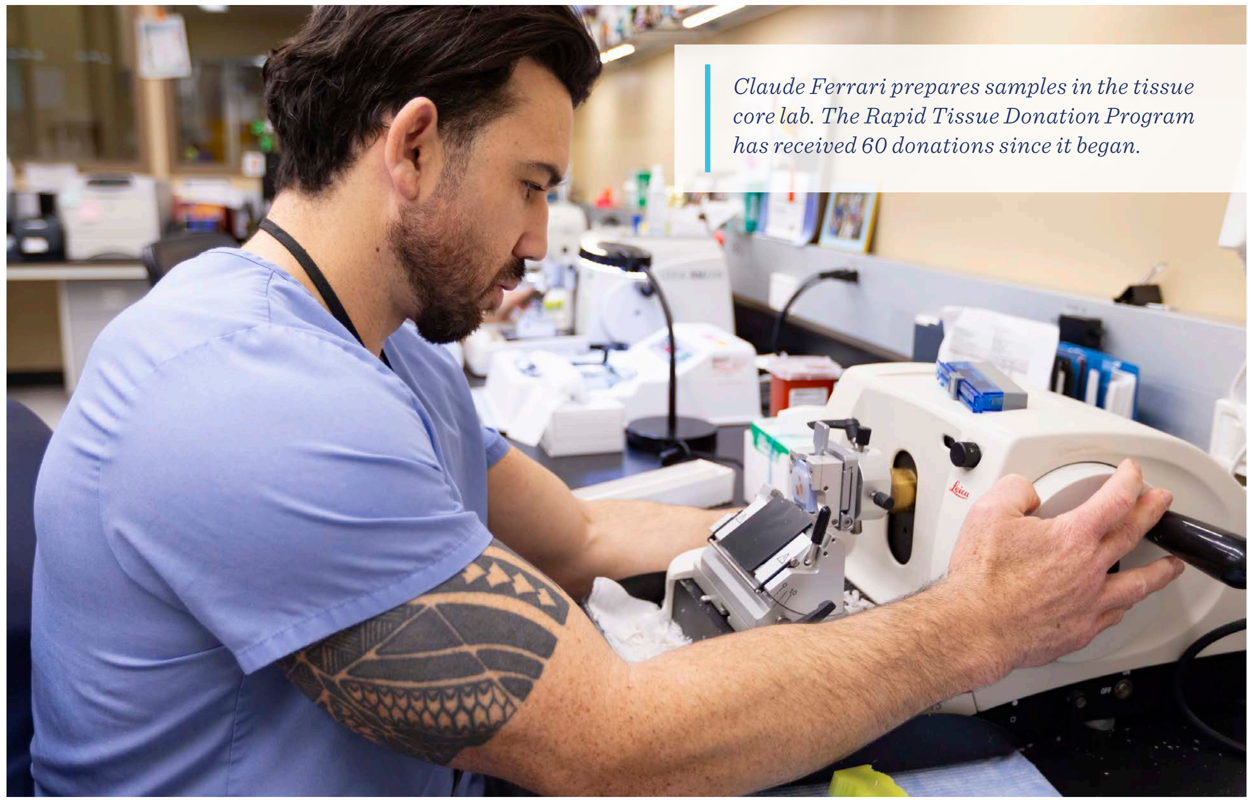
THE DONATION

Although some patients, like Seligman, hear about the program through word of mouth, many come to the program through Gina Nazario.

In 2020, Nazario became the project manager for the Rapid Tissue Donation Program, with the goal of not only growing the program, but also creating policies on how to ethically and compassionately speak with patients and families on the sensitive topic. For this, she relies heavily on her personal experience. Her father passed away from colorectal cancer in 2015.

"Every patient I consent, I feel like I am talking to my dad," she said. "If they are with their wife, that is my mom. If I wouldn't say it to my parents, I won't say it."

Nazario has put a lot of work into learning the best way to approach and consent patients, coordinate the logistics of the donation and communicate with patients' families after death. She used surveys that were conducted with providers and patients to learn what kinds of words or phrases they wanted to hear and which ones they didn't when talking about the program. She then created reports that would help target patients with specific genetic mutations that researchers were interested in learning more about. She makes notes on which patients are organ donors, who may be more likely to want to participate in the program. She knows how important her initial meeting with patients is.



Claude Ferrari prepares samples in the tissue core lab. The Rapid Tissue Donation Program has received 60 donations since it began.

"Every patient I consent, I feel like I am talking to my dad. If they are with their wife, that is my mom. If I wouldn't say it to my parents, I won't say it."

- Gina Nazario

"Some patients call me the Grim Reaper because they feel like signing up for the program is admitting the potential for death," Nazario said. "I let them know that I am not here because we think you are going to die, or we know something you don't. We offer this service to every patient at Moffitt whether you are doing well or poorly, and that's when I see the anxiety leave them."

When a patient passes away, Nazario coordinates everything to make sure the burden doesn't land on families. She sets up transport to Moffitt for the donation and then works with the funeral home so they can begin arrangements.

The team has streamlined the process so donation and transportation to the funeral home can happen within 24 hours. The tissue collected is dispersed in three ways: some is given to the biobank, fresh tissue is taken right to the lab and then the last portion is sent to pathology for an autopsy report.

Behind the scenes, the tissue core lab processes the samples. Some parts are stained and pressed into slides for a pathologist to review before they are preserved in paraffin boxes that are refrigerated and used for research. Other parts are frozen and used for the pathologist's report and to keep as insurance if researchers ever need more samples.

Before Nazario joined the team, the program collected 14 donations over four years. Since she joined, the program has collected 46 tissue donations in the same time period. And she has big plans to help it continue to grow.

"My ultimate goal is to do this for all cancer types. Maybe if I do a good job, it will be loud enough to make enough impact that we will continue to get funding because I really love this job," she said.

Thanks to the program's new grant, Nazario is now focused on building a database for all the tissue samples and research, expanding the program across Moffitt and teaching the protocol to other institutions.

THE FINAL GIFT

At Carolann Tallada's celebration of life in January 2024, friends and family shared stories about her giving spirit – cooking meals for sick friends and leading youth classes at church. Colleagues started discussing what would later become the Carolann Tallada Sunshine Award at her school.

No one was shocked to learn she gave one final gift just days before.

Fred Tallada hopes that gift will lead to answers to what caused his wife's lung and adrenal cancers and why her cancer recurred after years of remission. He hopes those answers can help carry on Carolann's legacy of helping others.

Fred was so inspired by his wife's decision to sign up for the Rapid Tissue Donation Program that he signed up as a donor with the United Tissue Network.

"I am glad she did what she did," he said. "Hopefully they can find a cure."

"I am glad she did what she did. Hopefully they can find a cure."

Fred Tallada hopes Carolann's donation will provide answers and ultimately help others in the future.

Honest Conversations Around Cancer

A THREE-TIME CANCER SURVIVOR, HEIDI BRAGG TACKLES THE TOUGHEST TOPICS

By Corrie Benfield Pellegrino

Photos by Kenji Shimizu and Nicholas J. Gould

Heidi Bragg vividly remembers her first conversation with Andrew Brohl, MD.

It was the summer of 2018. The mother of four had just been diagnosed with cardiac sarcoma, a rare cancer of the heart with a dire prognosis.

"This will be the thing you die from," one doctor had already told her.

Heidi and her husband, Kevin, had travelled from their home in North Port, Florida, to Moffitt Cancer Center in Tampa. They were meeting with Brohl to discuss treatment options – or whether she should pursue palliative care.

Heidi had just turned 50. She and Kevin still had three teenage kids at home and another just graduating college. The kids were their focus, their world.

Brohl was honest.

"He said, 'I would tell them: Mom's probably going to be around for Thanksgiving, but we don't know about Christmas.'" Heidi recalls the conversation with tears in her eyes.

Why would she bother with treatment, she asked.

Brohl explained that the cancer was very aggressive, but there was a sliver of hope.

Heidi remembers him forming his hands like a small slice of pie. "There's this tiny window," he told them, "and if you can hit it, the results can be amazing."

A FAMILIAR TOPIC

Heidi was no stranger to cancer. It ran in her family. Her father died from an undiagnosed metastatic cancer. Her sister passed away from a brain tumor at a young age. In 2013, Heidi herself had been diagnosed with colorectal cancer linked to a genetic condition called Lynch syndrome. She had her entire colon removed followed by a prophylactic hysterectomy to mitigate further genetic risk of ovarian cancer.

Recovery had been a hard road, full of major surgeries, but she knew her chances were good.

By 2018, Heidi and her family had settled back into a normal life. She was working full time, enjoying her kids, walking and riding her bike regularly.

She was tired a lot, but she chalked that up to being a busy working parent.

Then one day, at her oldest son's college graduation, she experienced a kind of glitch. For a few seconds, she couldn't make her mouth form the words she was thinking. And she had a migraine.

She talked to her doctor about it, concerned it might be a ministroke due to her family history. The doctor told her to go to the emergency room if it happened again. A few days later, she was picking up lunch from a restaurant, and she couldn't move her right arm. She called Kevin and they went to the ER.

HEIDI BRAGG
Cancer Survivor

Andrew Brohl, MD, meets with Heidi Bragg to discuss recent scan results. The two have had a close bond since their first meeting.

After a range of tests, a cardiologist presented the news. Heidi had a massive tumor in her left atrium. They suspected it was benign, but she needed open-heart surgery to remove it.

A couple days later, with her sternum wired back shut and a bovine patch on her heart where the tumor had been, Heidi got devastating news. The tumor was malignant, a cardiac sarcoma, and completely unrelated to Lynch syndrome. The first two doctors she spoke with described her prognosis as 100% fatal. The oncologist who originally treated her for the colorectal cancer recommended she go to Moffitt.

DISCUSSING THE DIAGNOSIS

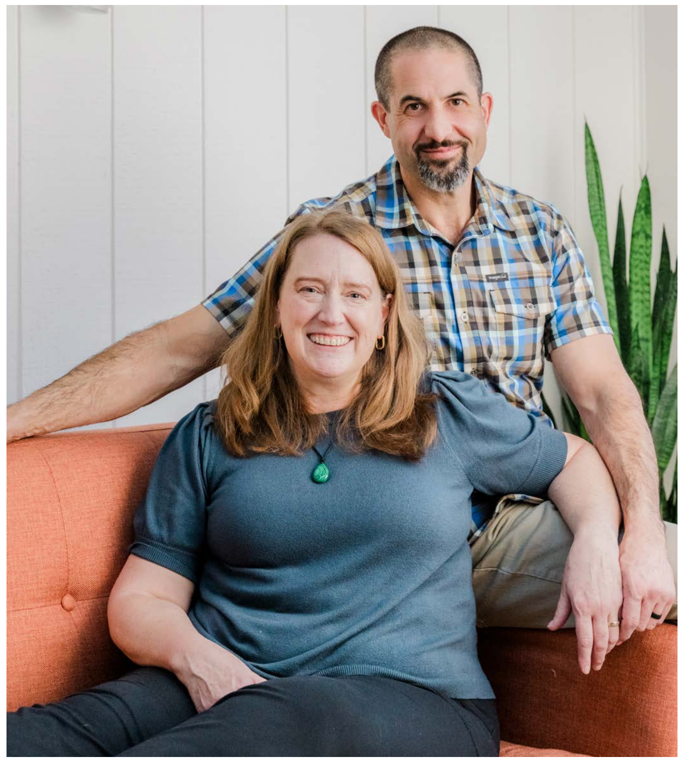
As a medical oncologist who specializes in sarcoma, Andrew Brohl knew the odds weren't good.

"Historically, unfortunately, sarcomas that start in the heart have a really terrible prognosis," Brohl explained. "It's a difficult area of the body to do surgery on. It's a difficult area to give radiation to, which is commonly done for sarcomas, because you don't want to damage the nearby heart musculature. Chemotherapy can be tough on the heart as well. We often give that as part of our multimodality approach to treat aggressive sarcoma. Even when people are able to get all these treatments, the historical success rate of surviving this cancer is pretty low."

Most people die within a year of being diagnosed with cardiac sarcoma, Brohl says. The median survival rate is six months, according to one National Institutes of Health study.

In Heidi's first visit to Moffitt, she met with Brohl and radiation oncologist Arash Naghavi, MD, to discuss her options. Much of that initial conversation centered around whether the harshness of treatment would be worth the outcome.

"That's a difficult conversation to have with somebody," Brohl said. "One, you need to be realistic with the patient about what they're looking at, but two, leave the door open for the possibility of a better than average outcome – because averages are just that."



After Heidi's cardiac sarcoma diagnosis, her husband, Kevin, immediately arranged for a therapist to meet with the family.

> ***"One, you need to be realistic with the patient about what they're looking at, but two, leave the door open for the possibility of a better than average outcome — because averages are just that."***
>
> *- Andrew Brohl, MD*

Heidi had already been through the surgery to remove the tumor. If she decided to pursue further treatment, she would need six weeks of radiation followed by nine weeks of chemotherapy. The chances for survival were slim, but they were there. Faith pushed her forward.

"If there was any possibility that my life could continue, that that was what God's plan for me included, then I wanted to do everything I could," she said. "If you tell me there's no chance, then I'm going to make the most of the time I have left. But when you tell me there's a shot, I'm going to fight as hard as I can. I wanted to know that I had done everything I could because I didn't want to leave Kev. I didn't want to leave our kids without a mom."

THE TOUGHEST TALK

Heidi and her husband were already agonizing over the conversation that needed to come next. They were planning to tell the kids, Matteo, 14; Téa, 16; Eric, 19; and Chris, 22. But they weren't sure what exactly to say. They asked Brohl.

"Be honest with them," he said, sharing that stark timeline punctuated by Thanksgiving and Christmas.

The care team at Moffitt also connected Heidi and Kevin with Olivia Luginski, a licensed clinical social worker for the Sarcoma Department. Luginski works with patients to ensure they have the support they need to deal with a diagnosis and treatment. That includes resources for families.

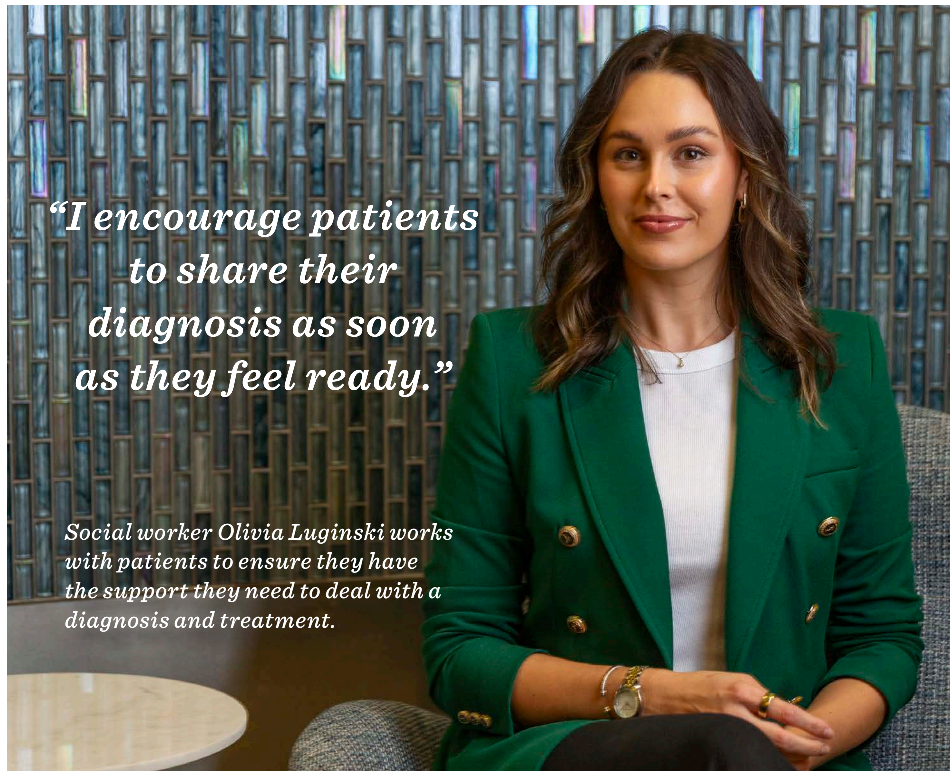
Luginski met with Heidi to share online resources and information about Moffitt's Families First program, which helps parents and kids who are coping with a diagnosis in the family. She often helps families navigate conversations like these.

"Children are highly perceptive and often pick up on subtle emotional changes in their parents, even when those emotions are not explicitly expressed," Luginski said. "It can be tempting to delay or postpone the conversation, but I encourage patients to share their diagnosis as soon as they feel ready. Keeping it a secret can often lead to more emotional stress."

Kevin took the reins and immediately arranged for a therapist to meet with the family.

"That conversation was the worst part of all of this – because they'd already been through it once," Heidi said, recalling the conversations they'd had with the kids five years prior, after her first cancer diagnosis.

This time was different, though, because the prognosis was so poor. Still, Heidi and Kevin took the same straightforward approach that Brohl had confirmed would be best. They explained what was happening and answered questions as best they could. The conversation was tough on all of them, but Heidi knew that including their kids was crucial to their well-being as a family.



"I encourage patients to share their diagnosis as soon as they feel ready."

Social worker Olivia Luginski works with patients to ensure they have the support they need to deal with a diagnosis and treatment.

"I think what we make up in our heads is usually a lot worse than the reality, even if the reality is dire," she said. "Having real information makes such a difference. I feel strongly that letting them know what's going on makes a huge difference in their processing."

As Heidi moved forward with radiation and then chemo, she, Kevin and the kids continued with therapy on their own terms. Sometimes they went individually, sometimes in different pairings. After the initial full group session, they left it up to the kids to decide how much they wanted to talk.

"Cancer is a family experience. It affects everybody differently," Heidi said. "They're different people, and I think it was important to have respect for what they needed, providing resources but not forcing anybody to do anything."

FINDING COMFORT IN 'MY PEOPLE'

Over the course of her treatment, Heidi and Luginski kept talking. Luginski shared resources on local lodging, financial assistance, therapeutic massage, yoga and a network of cancer survivors called Imerman Angels, which connects patients to mentors who have been through similar diagnoses.

"There's a lot of comfort and power in knowing those things exist, whether you take advantage of them or not," Heidi said. "It's like knowing you're not alone and feeling surrounded and enfolded by all these different people who are there to help if and when you want and need them."

Heidi came to Moffitt five days a week for six weeks of radiation therapy. During that time, she got to know a lot of her care team on a personal basis. During her treatments, the radiation therapists would play her favorite '90s dance music. They'd talk about their lives and their families. They became "my people," as Heidi now calls them.

During her treatment, Heidi and Kevin felt it was important to provide their kids with resources but not force discussions. From left: Eric, Kevin, Heidi, Chris, Matteo and Téa.

Heidi now works to be a source of straightforward information, like Brohl was for her. She is a mentor for other patients, hosts a podcast and plans to write a book.

The chemotherapy that followed was rough, as expected, but Heidi kept pushing forward. Her family had strong support through their church community and friends. Faith and hope kept them going.

By Christmas 2018, Heidi had completed her treatment. By summer 2019, she had beaten the odds for cardiac sarcoma.

Heidi continued to come to Moffitt monthly for full-body scans to monitor for signs of residual tumor regrowth and metastases. During one of her surveillance appointments in December 2019, Brohl noticed a suspicious spot near her urinary tract. It turned out to be a third type of cancer, urothelial cancer, unrelated to the cardiac sarcoma but instead tied to Lynch syndrome.

Brohl connected Heidi with Philippe Spiess, MD, a surgeon in Moffitt's Genitourinary Oncology Department. Spiess performed surgery to remove the tumor. He told her the cancer was slow growing but that it would come back. She would need to stay on surveillance, but the prognosis was good.

CONTINUING THE CONVERSATIONS

Five years later, Heidi continues to visit Moffitt. She and her husband now live in Eugene, Oregon, but she makes the cross-country trip twice a year for a series of about 15 appointments with experts across the cancer center. They are monitoring her for sarcoma and other cancers related to Lynch syndrome.

The conversations are still hard sometimes, and with each scan comes some anxiety. But she has built a bond with her care team that Brohl credits with her always coming prepared to have the tough conversations.

"Even in our first visit, she wasn't afraid to ask me some of these difficult questions, and I wasn't afraid to answer them," Brohl said. "I've always felt that the patients who are doing that, it makes it an even more fruitful working relationship. Even from the very first meeting, we came away with a pretty strong bond from going through that together."

Heidi agrees, and she now aims to be that same source of straightforward information that Brohl, Luginski and others on her care team were to her. She serves as a mentor for other cancer patients in the Imerman Angels program. She also hosts a podcast called Life, Cancer, Etc., where she leads frank conversations with cancer experts, fellow patients and caregivers. Soon, she plans to write a book and do more public speaking about her experiences. Her goal is to spark conversations that make the journey a little easier for others.

> ***"Even in our first visit, she wasn't afraid to ask me some of these difficult questions, and I wasn't afraid to answer them."***
>
> *- Andrew Brohl, MD*

"I think you can find the beauty in any of these experiences, but it's incredibly difficult and takes a lot of mental strength and discipline and divine help," she said. "And that's what I pray for. What can I learn from this? How can I use this to help other people? How can I do something that makes somebody else's day a little bit easier? As hard as it is, cancer can be a transformative experience if you'll allow it to be."

Scan this code with your phone's camera to listen to a podcast of Heidi telling her story.

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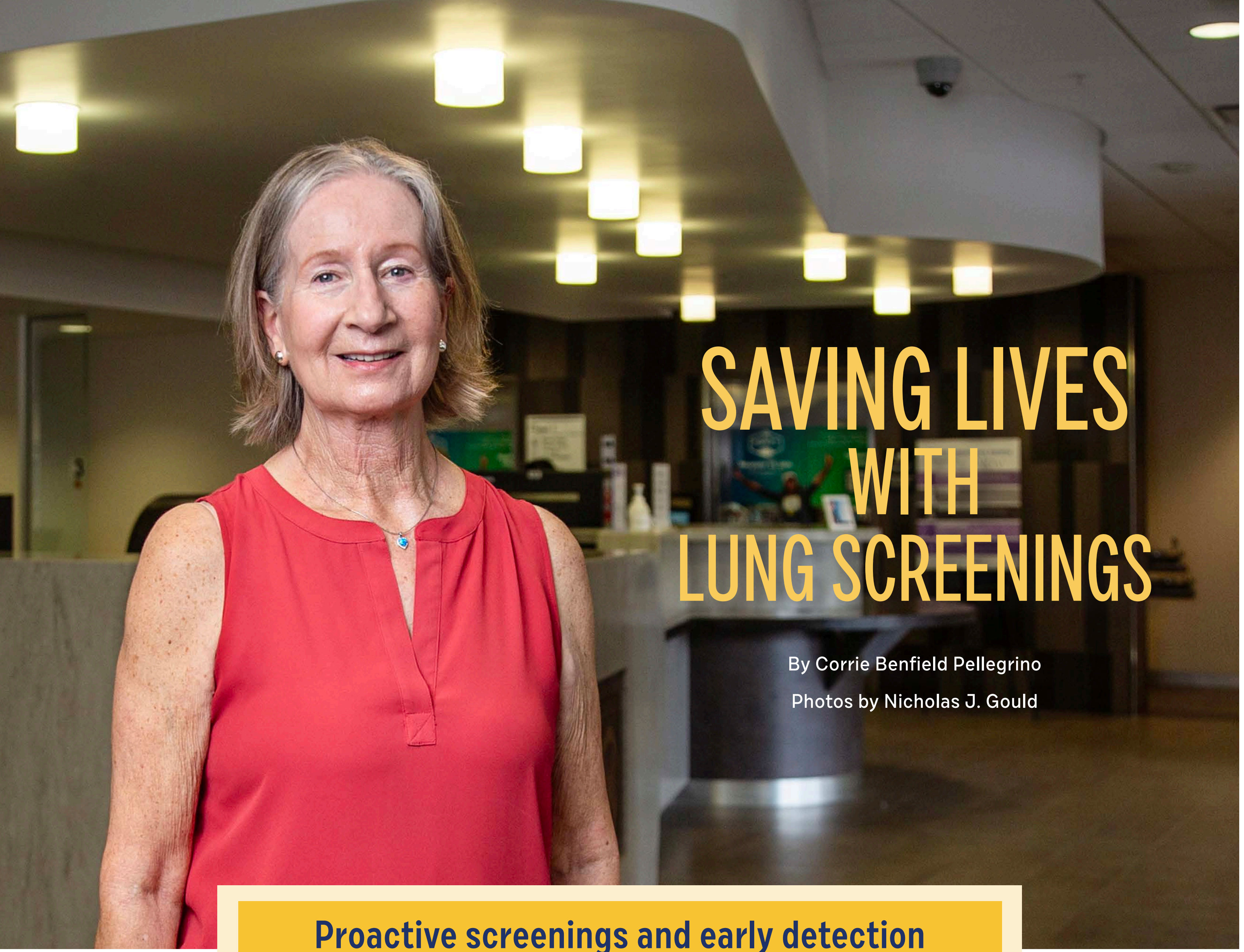


SAVING LIVES WITH LUNG SCREENINGS

By Corrie Benfield Pellegrino

Photos by Nicholas J. Gould

Proactive screenings and early detection made all the difference for Roberta Truetken

Roberta Truetken's first encounter with lung cancer was watching a friend die at 43. He was having back pain and thought he had pulled a muscle at the gym. It turned out to be lung cancer. He died within a year of his diagnosis.

"I was young then, and that was my first experience with somebody dying that quickly after a diagnosis, especially somebody in their early 40s," said Truetken, who was a smoker at the time. "That's when I was cognizant of, oh my God, this is what could happen to me."

Truetken became what she calls "a professional quitter," kicking the habit for two or three years at a time before sliding back into smoking. She once quit for a five-year stretch before picking it back up. Whether she was smoking or quitting, that risk lingered in the back of her mind.

In 2007, Truetken saw a TV news story about a National Institutes of Health study that was enrolling current and former smokers for lung screenings in her hometown of St. Louis. In total, she estimates she had smoked for 30 years at that point.

"I'm of that generation where if you got a diagnosis of lung cancer, it was already too late and there was nothing they could do for you," she said. "I had acquaintances and friends who went through with the chemo and the radiation for nothing. Within a few months, they were all gone."

Truetken wanted to be proactive. She joined the study and got her first low-dose CT scan for lung cancer screening at age 53. The scan showed she had benign lung nodules that needed to be monitored. She took that seriously, quitting smoking for the final time and following up with annual screenings.

When Truetken moved from St. Louis to South Pasadena in 2011, she went to the hospital in Missouri where she had been getting her annual screenings and got physical copies of her scans to take to Florida. Once she got settled in the Tampa Bay area, she started going to Moffitt Cancer Center once a year to continue screenings.

In September 2021, she got the call. One of the nodules in her lungs had grown. She needed to switch from annual scans to quarterly. By July 2023, the growth and increasing density in the nodule indicated trouble.

> *"I'm of that generation where if you got a diagnosis of lung cancer, it was already too late and there was nothing they could do for you."*
>
> *- Roberta Truetken*

Truetken met with Jobelle Baldonado, MD, a surgeon in Moffitt's Thoracic Oncology Department. Baldonado recommended removing the mass before it got too big to be resected and before it spread elsewhere.

"That was a no-brainer for me, so we scheduled the surgery," Truetken said.

'PEOPLE FALL BETWEEN THE CRACKS'

The U.S. Preventive Services Task Force recommends annual lung cancer screenings with low-dose CT scans for people age 50 and older who have a 20 pack-year smoking history and who currently smoke cigarettes or quit within the past 15 years. A pack-year is equal to smoking one pack per day for one year, or two packs per day for half a year. Like mammograms and colonoscopies, this screening test can catch cancer early, when survival chances are highest. Yet only 16% of those who are eligible get screened, compared with a 76% screening rate for breast cancer and 67% for colon cancer.

The reasons for the low numbers in lung cancer screenings vary. The primary reason is lack of awareness among both individuals and primary care physicians, says Lary Robinson, MD, director of Moffitt's Lung Cancer Early Detection Center. Even when individuals are aware of the need for screening, they are often fearful of what they might find and the potential tests, treatment and expense that could follow.

Robinson is working to raise awareness and alleviate those common fears. The Lung Cancer Early Detection Center encompasses three clinics dedicated to screening for early detection, evaluation and management of lung nodules, and surveillance of patients treated for early stage disease.

"There's survival in lung cancer."

Lary Robinson, MD, leads Moffitt's Lung Cancer Early Detection Center, which promotes screening, monitoring and surveillance after cancer treatment.

"There's survival in lung cancer," Robinson emphasized. But diligent screening and early detection are key.

About 600 people are screened for lung cancer every year at Moffitt, and that number is expected to continue to increase. In November 2024, the cancer center launched its mobile lung screening unit, which travels into surrounding communities to offer low-dose CT scans in a convenient in-and-out setting. Moffitt partners with local government agencies and community groups to act as hosts for the mobile unit, which can screen up to 15 people per day. In its first year in action, the mobile unit is expected to screen 150 people.

Robinson also regularly speaks to groups of referring physicians to raise awareness of both the screening guidelines and the importance of monitoring lung nodules. Like Truetken, about 1.6 million people every year are found to have lung nodules, small masses that typically do not cause any symptoms. However, unlike Truetken, two-thirds of these people do not receive or pursue follow-up care.

"A lot of those nodules are benign, but some of those are small cancers, and they aren't getting followed up on," Robinson warned. "People fall between the cracks. That's a big problem."

The Lung Cancer Early Detection Center's Lung Nodule Clinic aims to prevent that. When a person is found to have a lung nodule, whether through lung cancer screening or as an incidental finding during other testing, the clinic evaluates them to determine whether further testing or monitoring is needed. Robinson and his team follow up regularly to ensure people don't disappear after that initial finding.

Screening and monitoring efforts like this are driving a shift in early stage diagnoses. The American Lung Association reported in 2024 that early diagnosis rates have increased 11% over the past five years. Still, in 2024, only 27.4% of lung cancer cases in the United States were diagnosed at an early stage. When lung cancer is caught early, the five-year survival rate is 64%, compared with a 9% survival rate for late-stage lung cancers.

That leaves a lot of room for improvement, says Jhanelle Gray, MD, chair of Moffitt's Thoracic Oncology Department.

"If everyone who is eligible to get screened for lung cancer got annual screenings, we could save so many more lives each year," she said.

EXPANSION OF SCREENING OPTIONS ON HORIZON

Low-dose chest CT scans are the gold standard for lung cancer screening. They are fairly quick and painless, but not always accessible and convenient for those in remote rural areas. Moffitt's mobile lung screening unit is alleviating those barriers with each community event. However, oncologists and scientists see expanded types of screening as the future of early detection.

Robinson is leading cutting-edge research exploring a blood test to separate malignant from benign lung nodules. The test involves two promising investigational biomarkers that measure substances in the blood indicating whether lung cancer is present.

The trial is currently enrolling 250 patients with undiagnosed but suspicious lung nodules. The participants' blood will be collected and tested while they continue to get the standard biopsies done, and results will be compared to determine how accurate the blood biomarker tests are. Patients with cancerous nodules will be followed for up to three years as part of the study.

"Developing an accurate blood test for lung cancer would greatly facilitate noninvasively differentiating cancer from benign lung nodules," Robinson explained. "A highly sensitive and specific biomarker potentially could be employed for initial lung cancer screenings with just a blood test at the primary care physician's office. And if the test were positive, a subsequent chest CT scan could be strongly recommended."

Matthew Schabath, PhD, co-leader of the Cancer Epidemiology Program at Moffitt, is also exploring a noninvasive breath diagnostic test for lung cancer. The pilot study, in partnership with tech startup Detect-ION, will begin with late-stage patients to identify biomarkers detected in the breath. If successful, the researchers will conduct a follow-up study on early stage patients to determine the potential for early detection with a low-cost breath test.

With promising biomarker research underway, Robinson sees a future where people have multiple options for easier lung cancer screenings, similar to how at-home Cologuard tests have boosted colorectal cancer screenings.

"I'd like to think five years from now we may have something," he said. "Until then, we do screening CT scans, beat the bushes and screen as many people as we can."

> *"If everyone who is eligible to get screened for lung cancer got annual screenings, we could save so many more lives each year."*
>
> *- Jhanelle Gray, MD*

'JUST DO IT'

Truetken is glad she learned so early about the importance of lung cancer screenings. She's also glad she came back year after year to monitor the lung nodules.

In July 2023, Baldonado removed the growing mass along with about 10% of Truetken's right lung. The cancer was diagnosed as stage 1. Truetken was back up and walking the same day.

"They said the more you walk the better. So I did. I walked around the nurses station over and over and over again."

Truetken's surgery was on a Thursday, and she was discharged Saturday. On Monday, she was in the gym easing back into cardio. Six weeks later, she went back to lifting weights.

Almost two years later, the 70-year-old is as active as she's ever been. She walks. She swims. She goes to the gym every day. She comes to Moffitt for follow-up CT scans every six months. She's in and out and back on the road in just a few minutes.

Truetken recently saw a TV news story, similar to the one that prompted her to get her first screening in St. Louis. The story was on Moffitt's new mobile lung screening unit. She felt hopeful for the people getting screened.

"People always say, oh, well, you're going to die of something. Well, I'm not ready," she said. "The only thing I can say to those people who might be hesitant to do it, I'd love to give them some advice: Just do it. It's one visit a year. And that way they have a base to start with. They can check for changes every year and watch it. Because if you wait till you feel something, it's too late.

> *"Just do it. It's one visit a year. … Because if you wait till you feel something, it's too late."*

Lung Cancer Screening ON THE GO

In November 2024, Moffitt began offering low-dose CT scans inside a new mobile lung screening unit. The mobile unit is the first of its kind in Florida. It travels into communities within a 35-mile range of the cancer center, raising awareness about lung cancer screenings and providing easy access to potentially lifesaving scans.

People who want to get screened must register ahead of time. Medicare and most private insurers cover the screenings for those who qualify. People who do not have insurance can self-pay or apply for a free screening through Moffitt's Lung Screening Access Program. The out-of-pocket fee for a screening is under $200.

The screening takes only 15 minutes from arrival to departure. A Moffitt expert reviews the scans, and individuals receive their results in two to five business days. If there are findings to discuss, a Moffitt medical provider personally reaches out to go over the next steps.

To make a screening appointment or for more information, go to **moffitt.org/lungcare** or call **1-877-464-0490.**

REACHING FOR THE STARS

CAR T therapy transformed one man's battle with cancer into a story of survival, discovery and impact

By Annie Brant

Photos by Nicholas J. Gould and Bob Snedeker

ON MOONLESS NIGHTS, Bob Snedeker carries out his planetary telescope through the back door of his Bradenton home. The backyard setup is tedious with nearly 40 pounds of equipment, but the labor of love is worth the images he is about to capture. As each tripod leg is tightened and the mount with a digital camera is locked, Bob controls the scope from his phone as it calibrates.

He peers through the viewfinder, tracking faint glimmers of galaxies light-years away. With each careful adjustment, he marvels at the vast expanse above – a universe of endless questions and unknown answers. The shutter of the camera clicks, freezing that moment in time.

“My most distant object is 12 million light-years away. So you’re photographing light that was emitted 12 million years ago and has traveled that distance to Earth,” Bob said. “It’s just fascinating to me. It’s like a time machine. It’s your chance to look into the past.”

The telescope was a gift from his wife of 48 years, Karen. Framed photos of what it captures cover walls in their home. This pastime is not only fun but also therapeutic as Bob sets up and takes down the scope each night. It reminds him that space is a place of wonder but also uncertainty with no roadmap, no guarantees, only the courage to keep looking.

Bob and Karen Snedeker came to Moffitt after he was diagnosed with a form of non-Hodgkin lymphoma. He had been told to get his affairs in order.

It is the same courage Bob relied on when his focus shifted from exploring life through photography to confronting a more personal challenge. He was venturing into the equally unfamiliar territory of cancer.

“It makes you think about your place in the universe,” Bob said. “There is a parallel between where we are in our little Milky Way galaxy compared to the universe. There’s a parallel to what a cancer sufferer is going through against the overwhelming odds of being able to pull through it.”

> *“There is a parallel between where we are in our little Milky Way galaxy … to what a cancer sufferer is going through against the overwhelming odds of being able to pull through it.”*
>
> *- Bob Snedeker*

FROM DANCING TO A DIAGNOSIS

Bob and Karen met on lunch duty in the Alliance High School cafeteria in Alliance, Ohio. He was a social studies teacher, and she taught English. They married in 1977 and took on a new hobby together: ballroom dancing.

“If you’re ballroom dancing, you’re in each other’s arms for the evening,” Bob said. “If you have any issues, if you have any problems, you better work it out. It is a great hobby that we really enjoy.”

After two successful careers, they moved to Bradenton in 2009 to enjoy retirement, be closer to Karen’s parents and live near the beach.

For their 40th wedding anniversary in 2017, Bob and Karen planned a trip across Canada, filling their days with exploring and hiking. However, Bob began to feel a nagging pain in his leg that slowed him down. Initially, he thought it was a flare-up of his sciatica, but the idea of walking with a limp at 68 years old didn’t sit well with him. Determined to find the root of the issue, he decided to investigate further when they returned home.

Initial scans came back with a request for another round. The second scan revealed a mass and, eventually, a diagnosis of stage 4 diffuse large B-cell lymphoma, a form of non-Hodgkin lymphoma. The cancer had spread beyond the lymphatic system and was present in other organs throughout his body.

“The oncologist [in Sarasota] had to deliver the message: Go home and put your affairs in order,” Bob said. “That was a tough weekend. We kept that news to ourselves and took the weekend to discuss what we might do and what the future would look like.”

Bob admits he had led a fortunate life – at 68, he had never broken a bone or been hospitalized for any health issues. So the Snedekers were shocked by the diagnosis. Meanwhile, Karen’s late sister, Phyllis, was also battling cancer and became the couple’s guiding support throughout their journey.

“He has always just been so healthy and a strong guy. We had no clue,” Karen said. “Phyllis was kind of our coach, and the message from her and her husband was to find a doctor you trust, a doctor you like, and listen to them.”

Bob sought treatment at Moffitt Cancer Center, where Julio Chavez, MD, a hematologist in the Malignant Hematology Department, guided his care. Bob responded well to chemotherapy, and his cancer went into remission in June 2018. The couple were thrilled and celebrated the milestone, but in the back of Bob’s mind, he couldn’t shake the fear that the cancer might return.

“I think when you have cancer, you say to yourself, there’s treatment, but there is no cure. You talk about remission, partial remission and even complete remission, but you really can’t talk about the cure,” Bob said.

Four months later, his fear became a reality. Scans showed Bob’s cancer returned with a vengeance. He had tumors in 13 places in his body, resulting in yet another stage 4 diagnosis. The couple returned to Moffitt to hear their options.

“It was a get-your-affairs-in-order kind of time, round two, prepare to do what you need to do to face the end of life. We were, of course, able to do that,” Bob said. “I was very fortunate to have Karen and someone with whom I didn’t have to carry the burden alone.”

SILENTLY, ONE BY ONE, IN THE INFINITE MEADOWS OF HEAVEN, BLOSSOMED THE LOVELY STARS, THE FORGET-ME-NOTS OF THE ANGELS.

– Henry Wadsworth Longfellow

This quote, sent to Bob in memory of his “coach,” Phyllis, reminds him of all the people who could be saved by CAR T.

ONE LAST SHOT

B-cell lymphoma affects the lymphatic system, a network of lymph nodes, vessels, organs and tissues that maintains the body's fluid levels and helps fight off infection. It occurs when lymphocytes multiply uncontrollably.

"We can cure about 50% to 60% of patients with initial treatment," Chavez said. "However, a good portion of patients will relapse and will become refractory, and sometimes it's a challenge to treat those patients."

When the Snedekers returned to Moffitt after Bob's relapse, they were welcomed with an opportunity to participate in a clinical trial for a process called chimeric antigen receptor T-cell therapy, or CAR T. This type of immunotherapy uses the body's immune cells, transforming them into cancer-fighting agents designed to seek out and destroy cancer cells.

Initially, CAR T therapy was approved in 2017 by the Food and Drug Administration for patients who had exhausted other lines of conventional treatment. This study was designed to challenge the existing treatment paradigm and shift CAR T therapy from a last resort to a second-line treatment.

"That patient has to really trust in the science, the institution and their care team to offer his body to do this treatment. I can't imagine how difficult that is for a patient," Chavez said.

Bob underwent evaluation for the study and met all the necessary criteria. Out of 19 spots available at Moffitt, he was chosen for the final one. With no promise of success, Bob knew this was his best and possibly last chance.

"When you're told, 'This is the shot that you have,' you take it," Bob said. "It might be a full court, under heavily guarded conditions and you're just flinging the ball up. But if the clock is hitting zero, you're down by two points, and you get the ball in your hands, you shoot it."

A LIFESAVING DRIVE

Bob began the process right away, but after apheresis – the collection of his T cells – his health took a turn. He was home but unable to walk, talk or get out of bed. It was a Sunday evening, and Karen knew she needed help. She called the Moffitt emergency line, and within 10 minutes, she was advised to pack a bag and get Bob to the cancer center as soon as possible.

"I think both of us were afraid he was going to die in the car and on the way up. That was the scariest moment," Karen recalled.

What was the most challenging and longest drive of her life may have saved Bob. When they arrived, care teams were waiting to take over. That evening started Bob and Karen's seven-week stay at Moffitt.

"When we got to Moffitt, it was still terribly frightening, but the people who could save him were there," Karen said. "I felt that if I had hesitated to make that phone call or if the person on the other end had not gotten back to me so quickly, I don't think he ever would've lived to get his cells."

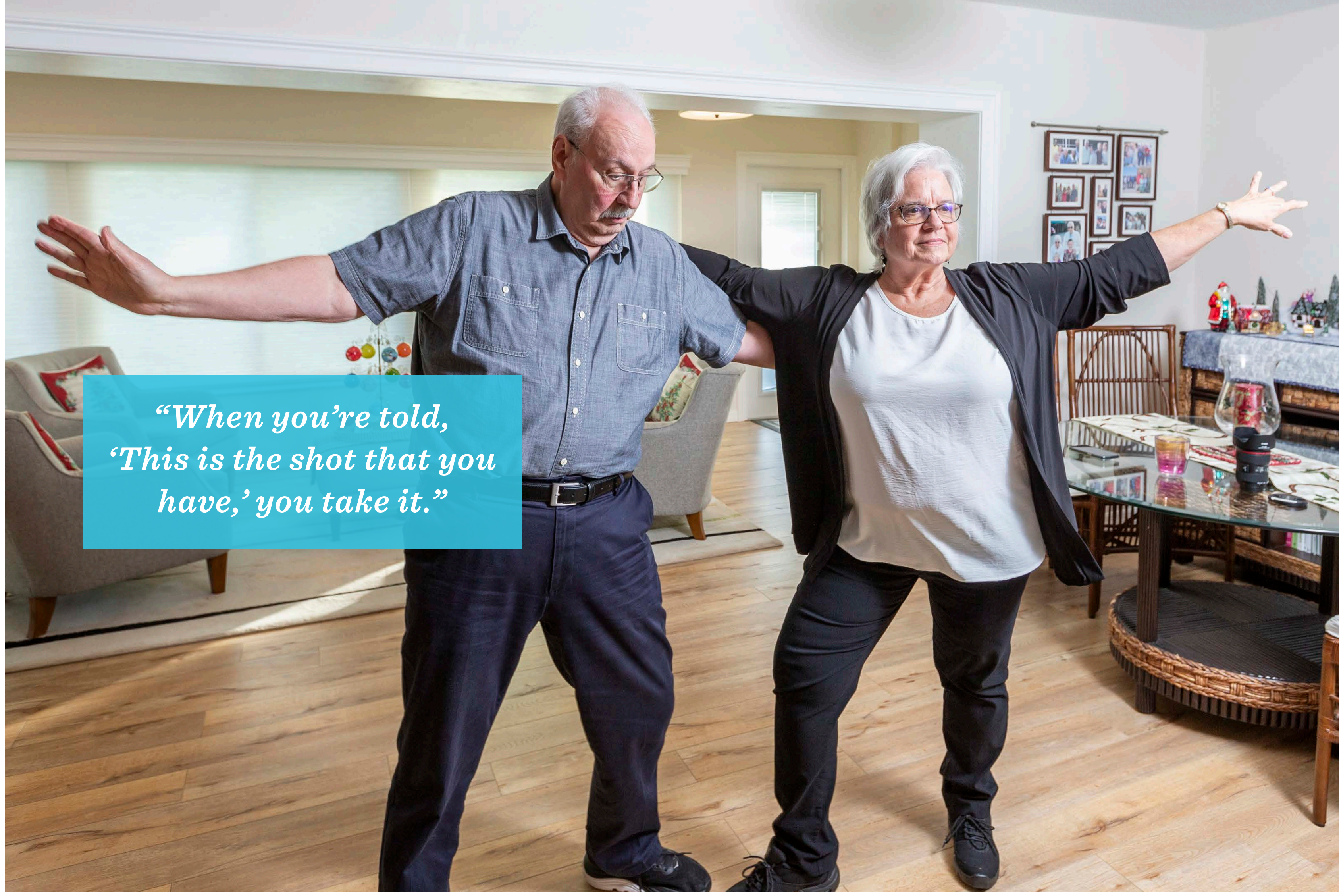
The whiteboard in Bob's room displayed a countdown of days until his new genetically modified T cells arrived at Moffitt. Once they did, he was quickly prepped for the infusion.

Bob remembers receiving the cells, but in the days that followed, severe neurological side effects set in. As he experienced hallucinations, the medical staff supported him through the challenges, guiding him with exercises to evaluate his mental and motor skills.

Eventually, Bob was transferred to a rehabilitation hospital in Sarasota. Months of discipline, hard work and physical therapy transformed him – from lying on a gurney to sitting in a wheelchair, then walking with an aid, to finally dancing once again with the love of his life.

> *"I always tell patients the outcome of the trial, so they can tell the story … they did something for the future, for science and other patients."*
>
> *- Julio Chavez, MD*

Julio Chavez, MD, offered Bob the chance to participate in a CAR T study, which eventually led to an FDA approval.



"When you're told, 'This is the shot that you have,' you take it."

Bob and Karen don't miss any chances to dance and enjoy their life together. He is now six years cancer free.

"When we get a chance to dance on the beach or dance in our living room to a song that we like, and I'm holding Karen in my arms, and we're laughing and moving around the floor clumsily, it's a feeling of, 'Yeah, we're back. This is life, and we're enjoying it,'" Bob said.

FROM SURVIVAL TO IMPACT

Bob has been cancer free for nearly six years. His monthly scan gradually shifted from every three months to once a year. He credits the clinical trial, groundbreaking science, Karen and the team at Moffitt for saving his life.

In turn, Bob is now helping save the lives of others through his participation in the trial. The study led to FDA approval for CAR T therapy as a second-line treatment in 2021. Chavez was thrilled to share the news with Bob.

"He was emotional when he found out that he contributed" to the approval, Chavez said. "I always tell patients the outcomes of the trial, so they can tell the story, too, and understand that they did something for the future, for science and other patients."

Moffitt was the first treatment center in the world to have treated over 1,000 patients with CAR T therapy. Researchers are continuing to develop the next generation of CAR T treatments to tap into the body's immune system more effectively.

"We are treating more patients every year," Chavez said. "I think the next step for me will be access. I think the access [for other countries] will be important. I'm looking to expand globally in the future."

Thanks to CAR T therapy, Bob and Karen are embracing life, whether it is spending time with family, stargazing or dancing a nearly perfect rumba to the sounds of the waves crashing on the beach. Together, they are cherishing every moment.

"If you've been through something like this as a couple, you come out different as a couple, too," Karen said. "You're closer, stronger. You have a different focus on what's important. So the things that are in our life are very, very meaningful."

Scan this code with your phone's camera to watch a video of Bob and his wife discussing his diagnosis.

ABOUT MOFFITT CANCER CENTER

Moffitt Cancer Center in Tampa, Florida, has made a lasting commitment to the prevention and cure of cancer, working tirelessly in the areas of patient care, research and education.

MISSION

To contribute to the prevention and cure of cancer

VISION

Create revolutionary breakthroughs and innovations that rapidly impact and save more lives

MEDICAL/SCIENTIFIC ADVISOR
Philippe E. Spiess, MD

MANAGING EDITOR
Corrie Benfield Pellegrino

PUBLICATION DESIGN
Delta Blue Studio

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Miles for Moffitt

Our 20th annual event will be the best ever!

Join us on Nov. 22, 2025, at Amalie Arena in downtown Tampa or virtually for the 20th annual Miles for Moffitt!

One Cause. One Goal. Our Best Ever.

Registration opens
April 15, 2025

MILES FOR MOFFITT

MilesforMoffitt.com | #MilesforMoffitt

Visit Moffitt.org to find out about our upcoming events.

WHEN YOU DONATE TO CANCER RESEARCH your gift will go directly to helping researchers and scientists develop the medicines and protocols that will advance cancer treatments and help cure patients. Simply put, your generosity will help save lives. Every gift, no matter the size, makes a difference. Now is the time to get involved and help make a difference. Visit Moffitt.org/Give to find out more.

MOFFITT
CANCER CENTER

TO CONTRIBUTE TO THE PREVENTION AND CURE OF CANCER