mediaplanet

Blood Health

March 2025 | www.futureofpersonalhealth.com

An independent supplement by Mediaplanet to USA Today

"My advice for anyone with blood cancer or GVHD is this: Don't be afraid. They're going to try to help you, so don't be afraid."

John J. York, Actor, Malcom "Mac" Scorpio, "General Hospital"

Page 04

"CAR T-cell therapy has saved patients who otherwise would not have survived aggressive blood cancers."

Jason Westin, M.D., M.S., FACP, FASCO, Director of Lymphoma Clinical Research, MD Anderson Cancer Center

Page 10

DAVE COULIER

The "Full House" star discusses the power of laughter and love in his non-Hodgkin's lymphoma treatment

Read more on Page 09

March-ing Forward: **Advancing Care for Multiple Myeloma**

March is dedicated to raising awareness for multiple myeloma, a rare but serious malignant disorder affecting millions of Americans each year.

Blood disorders affect millions of Americans, whether it's through personal experience or by knowing someone in their circle with one. These conditions can be classical disorders (non-malignant), such as clotting conditions, anemia, and sickle cell disease, or malignant disorders, which include leukemia, lymphoma, and multiple myeloma.

The American Society of Hematology (ASH) is made up of over 18,000 hematologists from more than 100 countries. Some of us are clinicians, caring directly for patients, while others are researchers, working to develop the next breakthrough therapy. Some focus on malignant disorders and some on non-malignant, but all of us are united by a common mission — conquering blood diseases to improve the lives of individuals around the world.

March is Multiple Myeloma Awareness Month

March is an especially important month for all of us at ASH, as it is dedicated to raising awareness for multiple myeloma, a rare but serious malignant disorder. Multiple myeloma is a blood cancer that develops in plasma cells in the bone marrow. Normal plasma cells help fight infections by producing antibodies, or proteins that find and kill germs. In multiple myeloma, plasma cells are transformed and crowd out normal blood-forming cells, leading to decreased production of white blood cells, red blood cells, and platelets. Additionally, multiple myeloma can cause severe complications like kidney failure.

Approximately 35,000 new cases of multiple myeloma were diagnosed in 2024. It is most common in men over the age of 50 who are obese, Black, and/or have been exposed to certain toxins, such as radiation, benzene, or asbestos.

Although numerous treatment options are available to slow the growth of myeloma cells, the disease still has a comparatively low five-year relative survival rate compared to other cancers. Symptoms of multiple myeloma include:

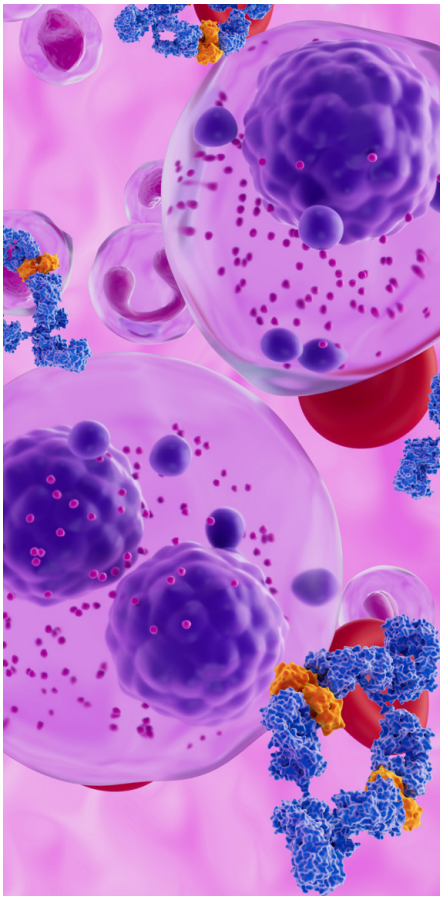
- Anemia
- Susceptibility to illness and infection
- Osteoporosis, bone pain, bone swelling, or fracture
- Weight loss

It is crucial to continue developing effective therapy options for individuals with this difficult diagnosis.

New and emerging multiple myeloma research

Accelerating and promoting multiple myeloma research is a priority for ASH. The ASH Research Collaborative, established by ASH in 2018, created the Multiple Myeloma Research Network, which fosters collaborative partnerships to help accelerate progress and research. The Network consists of 12 academic medical centers located in the United States, all submitting real-world data to the Multiple Myeloma Data Hub with the goal of increasing the development of treatments and improving patient care.

Multiple myeloma research was a highlight of the 2024 ASH Annual Meeting, where researchers from all over the world presented novel and promising therapies. For example, a phase III study presented this year found that one drug cut the risk of disease progression in half for patients at high risk of developing multiple myeloma within two years, while another study found that a plant-based diet rich in fiber could help improve the outlook for individuals with precursor conditions that lead to multiple myeloma.



These studies, along with hundreds of others presented at the annual meeting, show that real, groundbreaking progress is being made in preventing and treating this disorder. At ASH, we are always keenly aware of and inspired by the scientific advancements made each day in multiple myeloma, as well as the incredible strength of patients and families living with this diagnosis. This month, we hope you join us in recognizing the importance of continued research and support for all those affected by this disease.

WRITTEN BY
Belinda Avalos, M.D.
President, American Society of Hematology (ASH); Senior Advisor to the President, Atrium Health Levine Cancer

Publisher **Shannon Ruggiero** Managing Director **Gretchen Pancak** Production Manager **Dustin Brennan** Creative Director **Kylie Armishaw** Director of Client Success **Taylor Daniels** Copy Editor **Taylor Rice** Cover Photo by **Melissa Coulier** All photos are credited to Getty Images unless otherwise specified.
This section was created by Mediaplanet and did not involve USA Today.

Woman Climbs Kilimanjaro After **Life-Changing Blood Cancer Diagnosis**

This is Allison Freedman's personal multiple myeloma story, and others may be different. Allison is a paid spokesperson for GSK.

When back pain, exhaustion and respiratory infections hit, Allison Freedman blamed her busy life. At 42, the active mom of twins had just completed an M.B.A program and started a new job, after moving to Boulder, Colorado.

As symptoms progressed, she knew something was wrong. A CT scan revealed multiple broken vertebrae and ribs, and then came the shocking news: You have cancer.

Tests confirmed it was multiple myeloma, a blood cancer that forms in the bone marrow, weakening the bones and immune system.[i]

Multiple myeloma is the second most common blood cancer in the US,[ii] and while anyone can be diagnosed, it's most common in people 65+, slightly more common in men and twice as common among Black Americans versus white.[iii] Freedman didn't fit the typical profile, which made her diagnosis even more surreal.

The battle begins

Freedman's doctor explained that although there is no cure for multiple myeloma, treatments are available.[iv] She first underwent induction, or front-line therapy, before being deemed a candidate for an autologous stem cell transplant, involving high dose chemotherapy followed by rebuilding her immune system with her own cells.[v]

Allison Freedman with her twin sons

After the transplant, her cancer went into remission and she started maintenance therapy to help keep it from coming back. She continues regular care and monitoring by her oncology team. For anyone diagnosed with multiple myeloma, ongoing care and monitoring with your healthcare team is critical as most patients see the cancer return following initial treatment success (known as a recurrence or relapse) or fail to respond to treatment altogether (known as refractory).[vi]

Climbing back to life

Although Freedman's cancer was at bay, she was still weak from the fractures. Nevertheless, she was determined to return to her active lifestyle.

Freedman heard about a group of multiple myeloma survivors and supporters climbing Mount Kilimanjaro — the tallest mountain in Africa — to raise awareness and money for the disease. The idea was daunting, but for Freedman, it wasn't just about the physical challenge, but about reclaiming her life. After months of preparation, she found herself ready to begin her ascent.

The climb was brutal but healing.

"Getting to the top with this new community was one of the most powerful moments of my life," Freedman said.

Moving forward

After that experience, Freedman started sharing her story with the world so that she might help others to find their inner fortitude and imagine a future full of possibilities.

Her twins, now high school seniors, have grown up witnessing their mother's resilience.

"Their childhood has been shaped by having a mom with cancer," Freedman said. "But I hope they've learned that even when life gets hard, you don't give up. You put one foot in front of the other."

Sponsored by **GSK**

REFERENCES

i Gertz MA. Multiple Myeloma. NORD (National Organization for Rare Disorders). https://rarediseases.org/rare-diseases/multiple-myeloma/. Published 2016. Accessed November 2024.

ii Kazandjian D. Multiple myeloma epidemiology and survival: A unique malignancy. Semin Oncol. 2016;43(6):676–681. doi:10.1053/j.seminoncol.2016.11.004.

iii American Cancer Society. Risk Factors for Multiple Myeloma. https://www.cancer.org/cancer/multiple-myeloma/causes-risks-prevention/risk-factors.html#references. Accessed November 2024.

iv Multiple Myeloma Research Foundation. Treatments for Multiple Myeloma. https://themmrf.org/diagnosis-and-treatment/treatment-options/ Accessed November 2024.

v Mayo Clinic. Bone marrow transplant. https://www.mayoclinic.org/tests-procedures/autologous-stem-cell-transplant/pyc-20384859. Accessed November 2024.

vi Leukemia & Lymphoma Society. Refractory and Relapsed. https://www.lls.org/myeloma/treatment/refractory-and-relapsed. Accessed December 2024.

Scan here to learn more about multiple myeloma:

Trademarks are owned by or licensed to the GSK group of companies.

©2025 GSK or licensor.
NPUS-AOUCOCO250001
February 2025
Produced in USA.

Navigating the Ever-Improving Landscape of **Multiple Myeloma**

Whether newly diagnosed or living with multiple myeloma for years, patients and their loved ones are witnessing remarkable advancements in treatment.

The FDA has approved new drug combinations that enhance response rates and extend remission periods by utilizing targeted therapies, immunomodulatory agents, and proteasome inhibitors. Additionally, researchers are shifting advanced therapies, such as CAR T-cell treatments and bispecific antibodies, into earlier treatment stages, offering longer-lasting responses and better outcomes.

Beyond new drug combinations, efforts to improve treatment tolerability are gaining attention. Studies indicate that reducing dexamethasone doses can maintain effectiveness while minimizing side effects like insomnia and psychiatric issues, improving patients' quality of life. Research also suggests that early intervention for high-risk smoldering multiple myeloma can delay disease progression and improve survival rates.

Another promising advancement is minimal residual disease testing, which helps detect lingering myeloma cells. This allows for more precise treatment decisions and, in some cases, enables patients to pause therapy while maintaining remission.

With ongoing research transforming myeloma care, staying informed is crucial. Patients and caregivers can engage with organizations like the International Myeloma Foundation and participate in Myeloma Action Month to raise awareness and support progress.

Written by **Joseph R. Mikhael, M.D., M.Ed., FRCPC, FACP, FASCO, Chief Medical Officer, International Myeloma Foundation (IMF)**

John J. York's Journey Through Blood Cancer, Transplantation, and GVHD

Actor John J. York, who plays Malcom "Mac" Scorpio on the long-running soap opera "General Hospital," opens up about his battle with blood cancer and the importance of maintaining hope and resilience throughout his recovery.

John J. York

Can you walk us through your journey from your initial blood cancer diagnosis to undergoing a bone marrow transplant?

I have ulcerative colitis. Eight to 10 years ago, my intestinal doctor found a section of my colon that didn't want to heal, and he asked if I wanted to take a certain drug. The only problem is there's a very, very minimal risk that I can develop cancer. I was on that drug for eight years, with blood testing every six months. Then, after one blood test in October 2022, my doctor said he'd like to do a bone marrow biopsy.

We met again in December. He walked in with a stack of papers in his hand and asked, "Is your wife available for a conference call?" I thought to myself, "That can't be good." I got Vicki on the phone and I said, "He wants to talk to us." He starts saying words, and I don't understand any of them — "myelodysplastic syndrome" and "smoldering multiple myeloma," different things. Vicki, who also wasn't really understanding, just shouted, "Does he have cancer?" He said yes.

He gave me three options. One was the bone marrow transplant or stem cell transplant. Another was treating it with drugs or medication. The last option was not doing anything. In that case, I'd have three to five years to live.

Nine months later, the nurse called and said they found an exact match. I went into the hospital on the 14th, had the transplant a day or two later, and I was home two days after that. They did the transplant on Thursday and I was home Sunday, and then it was just one day at a time.

How did you first recognize the graft-vs-host disease (GVHD)?

First, it presented as a rash on my chest, and maybe a little bit on my forehead. Then, shortly thereafter, I noticed my vision was changing. I asked whether my eye prescription could change with the GVHD, and they said that it could. Then, the next thing was my mouth. I developed these little water boil-like blisters — it felt like I constantly had a little water in my mouth.

What's the most important thing the medical community and the public should know about the patient experience with both blood cancer and GVHD?

I think every individual is different. Every hospital is different. Every doctor has a different approach. I can only speak from what I experienced, which was just an amazing group of people who were patient and caring and loving and always asking questions like, "How are you doing? How are you feeling? How are you holding down your food?"

Regardless of your experience, the GVHD Alliance provides a ton of resources and support for patients and their families. They can answer any questions you have.

Also, my advice for anyone with blood cancer or GVHD is this: Don't be afraid. They're going to try to help you, so don't be afraid. Give them your best shot. Go in there with a great attitude, and you're going to beat it. Trust your family, trust yourself, and be positive. Just laugh, laugh a lot. Everybody's got something.

Helping Kids With Cancer **Survive and Thrive**

Blood cancer is the most common cancer diagnosis for children, accounting for 40% of pediatric cancer cases.

Nearly 55,000 children and adolescents in the United States currently have blood cancer or are in remission from blood cancer. Advances in medicine have given most of these children a chance to grow into adulthood, but it wasn't long ago that a blood cancer diagnosis meant these young people would most likely lose their lives. However, the treatments that help survivors reach remission have many different side effects that ripple out and cause other health issues. The result? A shocking 80% of childhood cancer survivors have chronic health issues resulting from cancer treatment — but it doesn't have to be this way.

A better solution

Treatment options for pediatric cancer patients aren't adequate. Only 5% of cancer drugs are approved for first-time use in children, so when a child receives a cancer diagnosis, their options are very limited. In most cases, their families have no other choice than to accept side effects from cancer treatments that weren't developed with them in mind.

Children across the globe deserve better, so the Leukemia & Lymphoma Society (LLS) launched the Dare to Dream project to create a world where childhood blood cancer patients not only survive but thrive after treatment.

Dare to Dream also offers robust education and support services for patients and families, drives advocacy and policy efforts, and invests millions in childhood blood cancer research. To make the biggest impact, LLS funds research in its earliest stages all the way to clinical trials.

Kids need access to lifesaving treatment, and the right policies and laws can help. Through LLS's advocacy efforts, volunteers hold hundreds of meetings with lawmakers and send thousands of letters yearly to advocate for policies that benefit kids with cancer.

Through free education and support services offered by LLS, kids and young adults with blood cancer and their families have a much-needed lifeline during diagnosis, treatment, and beyond.

"We are working toward more tailored treatments for kids, advocating for policies so they can access the treatment they need, and providing support to them and their families throughout their cancer experience," said Andy Kolb, M.D., president and CEO at LLS.

Written by **The Leukemia & Lymphoma Society Society (LLS)**

It's Time for a More Holistic Approach to the **Fight Against Blood Cancer**

Every 27 seconds, someone somewhere in the world is diagnosed with blood cancer. As blood cancer and the fight against it continue to evolve, so too must the organizations and individuals that are striving to support those impacted.

Anyone who has watched a loved one battle blood cancer knows the overwhelming feeling of helplessness that it brings. I was only 13 when my mother was diagnosed with leukemia, but I remember the surge of emotions — fear, sorrow, and a deep frustration that I could do nothing to save her. We quickly found out she would need a stem cell transplant to survive, but with no matches in the family, there seemed to be no hope.

My father, Peter, began recruiting family and friends to help register new donors across the country. In one year, we added 65,000 new donors to the registry. Sadly, my mother passed away from her disease in 1991, but before leaving us, she made my father promise that he would continue fighting until all patients could receive a second chance at life. By founding DKMS, an international non-profit organization dedicated to the fight against blood cancer, we have not stopped working toward that promise.

As blood cancer and the fight against it continue to evolve, so too must the organizations and individuals that are striving to support those impacted. By employing a more holistic approach, we will be able to best serve the needs of all patients.

WRITTEN BY
Katharina Harf
Chairman,
DKMS Global

Untangling Myelofibrosis: A Rare Blood Cancer Among Bone Marrow Disorders

Blood and bone marrow cancers take many forms, each affecting how the body produces and regulates blood cells. While leukemia and lymphoma are widely recognized, fewer people are familiar with the rare and serious condition myelofibrosis (MF).

Unlike fast-growing leukemias, MF typically progresses more slowly, but its impact on the body and blood cell production can be just as profound. The bone marrow of MF harbors a tangled web as complex as the origins of the disease itself, making it a challenging and enigmatic blood cancer.

Where does myelofibrosis fit among blood cancers?

Most blood cancers start in the bone marrow — the soft tissue inside bones where blood cells are made. While leukemia features an overproduction of abnormal white blood cells and multiple myeloma originates in plasma cells, MF belongs to a different category known as myeloproliferative neoplasms (MPNs). These diseases involve the bone marrow (myelo) producing excessive amounts (proliferative) of one or more blood cell types, which can lead to complications like clotting, bleeding, or fibrous scarring in the bone marrow.

MF disrupts the structure of bone marrow by replacing normal tissue with strands of scar-like fibrotic material. Doctors grade the hallmark scarring along a continuum, with higher scores associated with worse symptoms and outcomes. This scarring interferes with the marrow's ability to produce healthy blood cells, causing dysfunctional blood cell production, an enlarged spleen, and even the potential progression to acute myeloid leukemia.

MF can develop independently as primary MF. However, it can also develop in patients with other MPNs, making it one of the rare blood malignancies that can appear as a secondary disease, secondary myeloid fibrosis.

Symptoms and disease progression

While some blood cancers cause rapid declines in health, MF has a highly variable course. Some people go years without a diagnosis, living with minimal symptoms, while others experience severe fatigue, weight loss, bone pain, blood clots, or the life-threatening progression to leukemia. MF can feature an enlarged spleen (splenomegaly) caused by dysfunctional blood cell production in the bone marrow, unlike leukemia, where swollen lymph nodes are more common.

MF can be difficult to diagnose because its symptoms overlap with those of other bone marrow diseases. Thorough diagnosing requires blood tests and a deep investigation into genetics and bone marrow structure. Doctors use a combination of blood tests for abnormal blood cell counts and genetic mutations, bone marrow biopsies to assess fibrosis levels, and, potentially, imaging scans to evaluate spleen and liver enlargement.

Unlike other blood cancers that require immediate chemotherapy, the treatment for MF is highly dependent on the patient's risk factors, symptom severity, and disease progression. Doctors could recommend anything from a "wait-and-see" approach to cytoreductive therapies (such as JAK inhibitors or interferons). In advanced cases of MF, stem cell transplantation offers a potential cure, which must be balanced with serious risks. Unlike the well-established chemotherapy regimens of lymphoma and myeloma, MF treatment options are more limited but continue to expand with ongoing research.

Why understanding MF matters

Blood cancers are highly complex, with overlapping symptoms and treatments. Research and discoveries in MF may also prove beneficial for patients with other types of blood cancers.

For those living with MF, organizations like the MPN Research Foundation provide access to valuable resources and updates on research and treatments. If you or a loved one is affected, visit mpnresearchfoundation.org to learn more and join our newsletter, where we report on the latest research.

Written by **The MPN Research Foundation**

VONJO®
(pacritinib) capsules

When your platelet counts drop and your myelofibrosis starts to progress,

TURN THE PAGE WITH VONJO

When you feel your myelofibrosis may be changing, it's time to move to the next chapter and speak to your doctor about VONJO.

Looking for a myelofibrosis specialist near you? Scan to use our locator tool to find one.

Please see the Brief Summary below of the VONJO Patient Information, which includes information about serious side effects from the full Prescribing Information.

BRIEF SUMMARY

What is VONJO® (pacritinib)?

VONJO is a prescription medicine used to treat adults with certain types of myelofibrosis (MF) who have a platelet count below 50,000 per microliter. This indication is approved under accelerated approval based on spleen volume reduction. Continued approval for this indication may depend on proof and description of clinical benefit in a confirmatory trial(s).

It is not known if VONJO is safe and works in children.

Important Safety Information

Do not use VONJO if you are taking other medications that are strong CYP3A4 inhibitors or inducers.

Before taking VONJO, tell your healthcare provider about all of your medical conditions, including:

- Previous medical conditions such as any other cancers, blood clot, heart attack, other heart problems, stroke, infection, diarrhea, commonly loose stools, nausea, vomiting, liver problems, or kidney problems
- Have active bleeding, have had severe bleeding, or plan to have surgery or invasive procedures. You should stop taking VONJO 7 days before any planned surgery or invasive procedures
- Have a history of low blood levels of potassium. It is important that you get blood tests done during treatment with VONJO to monitor your body salts (electrolytes)
- Smoke or were a smoker in the past
- Are pregnant, plan to become pregnant, are breastfeeding, or plan to breastfeed. It is not known if VONJO will harm your unborn baby or if it passes into breast milk. You should not breastfeed during treatment and for 2 weeks after your last dose of VONJO
- Plan to father a child. VONJO may affect fertility in males. You may have problems fathering a child

Please see Brief Summary continued on the next page.

VONJO® is a registered trademark of Sobi, Inc. Sobi is a trademark of Swedish Orphan Biovitrum AB (publ).
© 2025 Sobi, Inc. All rights reserved. PP-26461 03/2025

sobi

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements and remedies. Especially tell your healthcare provider if you take hormonal contraceptives (birth control).

What are the serious side effects of VONJO?

- **Bleeding.** VONJO can cause severe bleeding, which can be serious and, in some cases, may lead to death.
  - **Stop taking VONJO and tell your healthcare provider right away if you develop any of these symptoms: unusual bleeding, bruising, and fever.** Get medical help right away for any bleeding that you cannot stop
  - You will need to stop taking VONJO 7 days before any planned surgery or invasive procedure (such as a heart catheterization, stent placement in a coronary artery in your heart, or a procedure for varicose veins). Your healthcare provider should tell you when you can start taking VONJO again
- **Diarrhea.** Diarrhea is common with VONJO, but can be severe, and cause loss of too much body fluid (dehydration). Tell your healthcare provider if you have diarrhea and follow instructions for what to do to help treat diarrhea. Drink plenty of fluids to help prevent dehydration.
- **Worsening low platelet counts.**
- **Changes in the electrical activity of your heart called QTc prolongation.** QTc prolongation can cause irregular heartbeats that can be life-threatening. **Tell your healthcare provider right away if you feel dizzy, lightheaded, or faint.**
- **Increased risk of major cardiovascular events such as heart attack, stroke, or death in people have happened, especially in those who have cardiovascular risk factors and who are current or past smokers** taking another Janus associated kinase (JAK) inhibitor to treat rheumatoid arthritis. **Get emergency help right away if you have any symptoms of a heart attack or stroke during treatment with VONJO,** including: discomfort in the center of your chest that lasts for more than a few minutes, or that goes away and comes back; severe tightness, pain, pressure, or heaviness in your chest, throat, neck, or jaw; pain or discomfort in your arms, back, neck, jaw, or stomach; shortness of breath with or without chest discomfort; breaking out in a cold sweat; nausea or vomiting; feeling lightheaded; weakness in one part or on one side of your body; or slurred speech.
- **Increased risk of blood clots.** Blood clots in the veins of your legs (deep vein thrombosis, DVT) or lungs (pulmonary embolism, PE) have happened in some people taking another JAK inhibitor for rheumatoid arthritis and may be life-threatening. **Tell your healthcare provider right away if you have any signs and symptoms of blood clots during treatment with VONJO,** including: swelling, pain, or tenderness in one or both legs; sudden, unexplained chest pain; or shortness of breath/difficulty breathing.
- **Possible increased risk of new (secondary) cancers.** People who take another JAK inhibitor for rheumatoid arthritis have an increased risk of new (secondary) cancers, including lymphoma and other cancers, except non-melanoma skin cancer. The risk of new cancers is further increased in people who smoke or have smoked in the past.
- **Risk of infection.** People who have certain blood cancers and take another JAK inhibitor have an increased risk of serious infections. People who take VONJO may develop serious infections, including bacterial, mycobacterial, fungal, and viral infections. If you have a serious infection, your healthcare provider may not start you on VONJO until your infection is gone. Your healthcare provider will monitor you and treat you for any infections that you get during treatment with VONJO. **Tell your healthcare provider right away if you develop any of the following symptoms of infection:** chills, aches, fever, nausea, vomiting, weakness, painful skin rash, or blisters.

The most common side effects of VONJO include:

Low platelet count (thrombocytopenia), nausea, vomiting, low red blood cell counts (anemia), and swelling of your ankles, legs, and feet.

Your healthcare provider will do blood tests and an electrocardiogram (ECG) before you start treatment with VONJO and as needed during treatment to check for side effects.

Your healthcare provider may change your dose or how often you take VONJO, temporarily stop or permanently stop treatment with VONJO if you have certain side effects.

These are not all the possible side effects of VONJO. Call your doctor for medical advice about side effects. You can report side effects to the FDA at 1-800-FDA-1088.

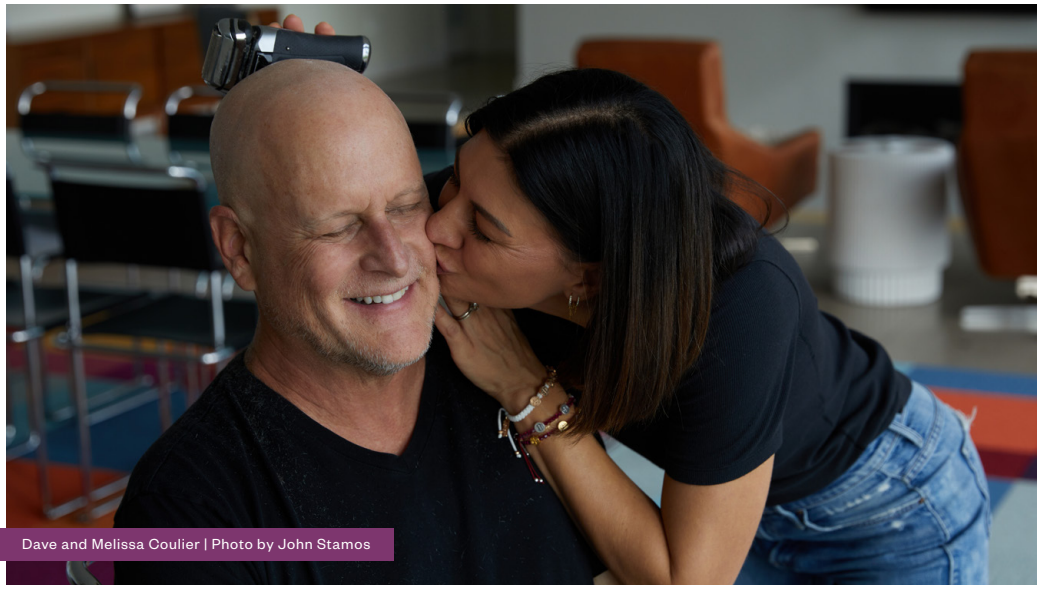
Talk to your healthcare provider or pharmacist to learn more about VONJO. For more information visit www.vonjo.com or call +1 781-786-7370.

VONJO® is a registered trademark of Sobi, Inc. Sobi is a trademark of Swedish Orphan Biovitrum AB (publ).
© 2025 Sobi, Inc. All rights reserved. PP-26461 03/2025

sobi

Dave Coulier on Life With Non-Hodgkin's Lymphoma and the Importance of Early Detection

Diagnosed with non-Hodgkin's lymphoma in late 2024, "Full House" star Dave Coulier has become a vocal advocate for others battling cancer, and was recently appointed as ambassador for The V Foundation and Hockey Fights Cancer. Here, he reflects on his cancer journey, emphasizing the importance of laughter, support, and early detection in the recovery process.



Dave and Melissa Coulier | Photo by John Stamos

Can you share your initial reaction to being diagnosed with non-Hodgkin's lymphoma?

A week before I was diagnosed, I had a lymph node removed for a biopsy, so I was waiting on results. My wife called me just before the doctor did and said she'd be home in 20 minutes. Then the phone rang. My doctor said, "We wish we had better news." I thought, "Uh-oh, this isn't going to be good." They told me I had non-Hodgkin's lymphoma — specifically, an aggressive B-cell strain — and that I needed to start chemotherapy quickly.

It was a lot to digest. You never think the word "cancer" is going to apply to you. I had about 15 minutes to collect myself before my wife walked through the door. When I told her, it was like I'd punched her in the chest. We just held each other and cried.

Strangely, a calm came over me. I told her, "I think there's a silver lining. Maybe I can help people — encourage them to get early screenings." That thought grounded me. If I was going through this, maybe I could make a difference.

What has it been like navigating a cancer diagnosis that's a bit lesser known, like blood cancer?

After I went public on "The Today Show," I started hearing from hundreds, maybe thousands of people who were all saying, "I had non-Hodgkin's lymphoma, too, and I'm doing great now." I realized it was more common than I thought, and importantly, it's highly treatable, especially if caught early.

What are some of the biggest challenges you're facing during your treatment journey?

Chemotherapy is like Forrest Gump's box of chocolates — you never know what you're going to get. Each round brought different side effects: hiccups, neuropathy, cancer-related fatigue, nausea, vertigo, sweats, chills, and painful muscle spasms and headaches.

> **If love were a drug, it'd be the most powerful one.** Friends, family, and even strangers who'd been through the same thing lifted me up.

One of the hardest parts was that I'd go on walks and feel winded, thinking, "What's going on?" It turns out that not being as active caused my lungs to weaken. As someone who's always been super active, being slowed down physically was tough, both emotionally and mentally. However, I kept pushing through. Even small things like going for short walks helped.

How has your support system helped you through this?

If love were a drug, it'd be the most powerful one. Friends, family, and even strangers who'd been through the same thing lifted me up. That human connection — the love and kindness — was better medicine than anything I was prescribed.

What message would you share with others who are newly diagnosed or undergoing treatment?

It's important to laugh. Laughter replenishes your soul. It carries you through dark times and fills your emotional well with good memories to draw from. Even in the hardest moments, find reasons to smile.

Why do you think raising awareness about early detection is so important?

Listening to your body can save your life. I had a swollen lymph node in my groin that I chalked up to a cold, but it grew to the size of a golf ball in five days. My wife insisted we see a doctor, and thank God she did. Within a week, I was having surgery to remove it. Had I waited, it could have spread to my major organs. Early detection gave me a fighting chance.

If something feels off, don't ignore it. Early screenings can save your life.

Care Partner vs. Caregiver: Why Language Matters in Lymphoma Support

When a loved one is diagnosed with lymphoma, the individuals who support them play a crucial role in their journey.

Historically, these individuals have been referred to as "caregivers," but in recent years, the term "care partner" has emerged as a more empowering and inclusive alternative.

In the United States, about 53 million people provide unpaid care to a loved one, and more than 2.8 million are caring for someone with cancer. With this many care partners in the cancer community working tirelessly to support their loved ones, the words we use to describe roles in the cancer community matter.

The term "caregiver" suggests a one-way relationship — someone giving care to another who passively receives it. While lymphoma can be physically and emotionally demanding, patients remain active participants in their own care. The term "care partner" acknowledges a mutual exchange of support, respect, and decision-making between the patient and their loved one.

Receiving a lymphoma diagnosis can be overwhelming, and the ability to maintain autonomy is often critical to a patient's well-being. The term "care partner" reinforces the idea that individuals with lymphoma are not passive recipients of care but active participants in their treatment and overall care. Being labeled as solely a "receiver" of care can feel disempowering and can be especially important for people who struggle with the feeling of being a "burden."

Recognizing the care relationship as a partnership highlights that both individuals contribute to each other's well-being in different ways.

Written by **The Lymphoma Research Foundation**

CAR T-Cell Therapy: **A Life-Changing Modern Blood Cancer Treatment**

Oncologist Dr. Jason Westin discusses the possibilities of CAR T-cell therapy and its potential role in future cancer care.

INTERVIEW WITH
Jason Westin, M.D., M.S., FACP, FASCO
Professor, Department of Lymphoma & Myeloma; Lead, Lymphoma & Myeloma Service Line; Director, Lymphoma Clinical Research; Section Chief, Aggressive and Indolent Lymphoma, MD Anderson Cancer Center

What is CAR T-cell therapy?

CAR T-cell therapy stands for chimeric antigen receptor T-cell therapy. A T cell is an immune cell in our blood that protects us from infections, foreign invaders, and even cancers. CAR T-cell therapy weaponizes T cells, enhancing their ability to attack cancer. The process involves taking a patient's own T cells, modifying them in a lab to better recognize and kill cancer cells, and then reinfusing them into the patient. This effectively turns the patient's own immune system into a more powerful force against cancer.

How does CAR T-cell therapy treat blood cancers specifically?

It works well in blood cancers because we can identify a target on the outside of cancerous cells. This target acts as a label that directs the CAR T cells to attack. These modified cells act as heat-seeking missiles that find and destroy cancer cells.

I often tell my patients that this process is like taking basic infantry soldiers and sending them to special forces training. When they return, they have the skills to recognize and eliminate cancer cells that previously evaded detection.

What are the potential benefits and risks of this treatment compared to other options?

The benefits can be life-changing. CAR T-cell therapy has saved patients who otherwise would not have survived aggressive blood cancers. Some of my patients are so healthy now that they don't need to come back to my clinic. In some cases, CAR T-cell therapy can offer a cure, which is remarkable when conventional treatments have failed.

We also hope to move CAR T-cell therapy into earlier lines of treatment. Currently, many patients receive traditional chemotherapy from the 1970s before trying CAR T-cell therapy. In the future, we'd like to use these modern, targeted therapies earlier in treatment.

What types of blood cancer patients are typically eligible for CAR T-cell therapy?

We hope to continue expanding eligibility. Right now, CAR T-cell therapy is mainly used for certain blood cancers, particularly cancers of B cells, which are part of the immune system. B cells can become leukemia or lymphoma, and CAR T-cell therapy is FDA-approved for these conditions.

There is ongoing research into expanding CAR T-cell therapy for other cancers, including T-cell cancers, Hodgkin's lymphoma, and solid tumors. Multiple myeloma, another blood cancer, is also being targeted with CAR T-cell therapy. This proves the approach works, and we hope to extend it to more cancer types in the future.

How do you see CAR T-cell therapy evolving in the future for blood cancer treatment?

One way CAR T-cell therapy is evolving is that we are now evaluating it for patients who have had fewer prior treatments and even for some newly diagnosed patients. Using CAR T-cell therapy earlier in treatment may lead to better outcomes.

WHAT IF YOU COULD PREDICT RELAPSE IN YOUR DLBCL PATIENTS AND TREAT PROACTIVELY?

For patients undergoing first-line treatment for DLBCL, the ALPHA3 study may offer an alternative to "watch & wait"

About 1 in 3 patients with diffuse large B-cell lymphoma (DLBCL) who achieve remission after first-line (1L) treatment will relapse, typically within a year. Today's standard of care is to watch and wait for relapse to occur.

What if there was a better way?

The ALPHA3 clinical trial offers an exciting opportunity to potentially predict and prevent relapse before it happens and transform DLBCL treatment. By targeting minimal residual disease (MRD) — small traces of cancer left after chemotherapy — the ALPHA3 trial aims to identify high-risk patients and treat them proactively. By combining the power of a highly sensitive investigational ctDNA-based MRD test and a next-generation allogeneic CAR T product (cemacabtagene ansegedleucel, or cema-cel), ALPHA3 could provide a powerful first-line consolidation treatment that may prevent relapse.

ALPHA3 is now enrolling at top cancer centers and community practices across the U.S.

Allogene® THERAPEUTICS

Learn More About ALPHA3

This ad is intended for U.S. healthcare professionals only.


Actor Portrayal.
HERE WE USED GENOMIC SEQUENCING
TO FIND THE BEST TREATMENT
FOR QUINN'S CANCER
SO SHE CAN DEFY THE ODDS
Children's Hospital Colorado
Here, it's different.™
BEST CHILDREN'S HOSPITALS
U.S.News & WORLD REPORT
CANCER
2024-2025
Innovative cancer care.
Scan to learn more.