In his career as a Green Beret, Art has experienced things he can’t talk about.

Experiences so sensitive that the military won’t allow us to use his last name.

But the one experience that brought Art to his knees was not in service to his country.

“They can tell me I’m going to jump into some hotbed, infested zone and it’s going to be wild,” Art says, “and that would not compare to a doctor in a quiet, well-lit room telling me that I have an aggressive form of cancer called acute myeloid leukemia. That just sunk me. There was no comparison.”

A GRAPEFRUIT-SIZED TON OF BRICKS

In the spring of 2015, Art was returning from a deployment in Afghanistan just in time to witness the birth of his second child, daughter Emily. Things were great, says wife Sarah. “Art came home in the best shape he’d ever been.”

“You know how they say something hits you like a ton of bricks?” Sarah asks with a crack in her voice. “Now I get that. Everything was awesome, and then – BAM!”

Weeks after Emily was born, Art began having subtle symptoms. He slept through an entire weekend - totally out of character for a Green Beret trained to lug 200 pounds on his back for 20 miles. Morning runs with his team at the base left Art lagging.

“I’m not the fastest guy in the world,” Art admits, “but this was weird. Then I started having chest pains and shortness of breath.”

Within hours, he and Sarah were in the local emergency room staring at the scan of a grapefruit-sized mass in Art’s chest. A heart surgeon who’d just finished his last case of the day ordered Art prepped for the OR. The mass was pressing on organs, causing fluid buildup around his heart that had to be relieved.

While addressing the heart issue, the surgeon took a biopsy of the mass. Surprisingly, it turned out to be acute myeloid leukemia (AML), a cancer of the blood that can – rarely – form masses anywhere in the body.

Local cancer doctors impressed upon Art that this is an aggressive form of cancer. “I was told, ‘If you do not start treatment within the next five days, don’t come back here because we’re not going to take you as a patient.’” There was no time to waste.

For the next month, Art was in and out of the hospital recovering from his emergency surgery and taking up a new battle with different weapons.

“You see the nurse come in with that chemo bag and she’s gowned up like she’s in hazmat suit and you think - you’re going to pump that into me?” Art says incredulously. Still, he knew “chemo’s not poison. It’s my medicine even though it hurts. It kind of mirrored some of what I’d experienced in Ranger School. This is going to hurt, but I need to do this and come out on the other side.”

After all, there was a new life counting on him making it through.

“I remember looking at Emily in her little rocker and just being devastated, thinking I’m not going to be able to watch her grow up. That’s what really put me on my knees.”

THE ROAD TO MOFFITT

The path forward for Art was undeniable: he would need more than chemo.

When presented with an otherwise healthy then 32-year-old patient whose AML has evaded the blood and bone marrow to create a large mass, medical oncologists like Asmita Mishra,
When he learned that stem cell transplants are not performed at any of his local hospitals, Art began researching options across the nation. He and Sarah agreed upon Moffitt Cancer Center. A major selling point was that Moffitt was just one long day’s drive from home. “But reading about their success rate of treating cancers and their experience with stem cell transplants made us confident in the choice of going to Moffitt,” says Art.

Getting him there would fall to then-Care Coalition Liaison Johnny Moses and connections forged through a partnership between Moffitt and U.S. Special Operations Command (USSOCOM) at MacDill Air Force Base in Tampa (see article, page 9). A former Special Ops medic, Moses’ role was to be “that one person to call to make things right.”

“We send these men and women to war,” says Moses, “and I think it’s important for us to think about every aspect of care, about the support that they have.”

Thankfully for Art, Moffitt had another support point person in store for him. Nancy Drourr, an executive patient coordinator in Moffitt’s Patient and Family Centered Care Program, has helped guide Art and Sarah since their very first visit. “Miss Nancy,” as Art calls her, “has been terrific throughout the entire process. She made us feel at home.”

A good thing, since Moffitt would soon become the whole family’s home away from home.

THE SEARCH FOR A MIRACLE MATCH

From the moment she became Art’s transplant physician in the summer of 2015, Mishra could tell just how motivated he and Sarah were. “They were ready to begin this journey towards transplantation,” she says. “If it could have happened yesterday, they would have done it.”

One thing stood in the way: finding a donor. There wasn’t a close match within Art’s immediate family. That meant searching donor marrow registries worldwide - a challenge for Art because of his ethnic background. Caucasians searching the registry for an appropriately matched donor stand about a 60 percent chance of success, says Mishra. The number drops substantially depending on the patient’s unique mix of ethnicities.

For Sarah, this presented an opportunity to do something concrete for Art. She set up two drives to sign up Art’s military colleagues for the National Marrow Donor Registry. The outpouring was so great that additional signup forms and test kits had to be flown in to nearby military compounds. “We got over 500 people,” Sarah says humbly. “And I figured - if we don’t find a match for him, maybe it will benefit someone else.”

Not long after, Art got the call from his Moffitt transplant team. A perfect match had been found. “It was cause for celebration,” says Art. “I think we had steaks that night.”

“I have not met this angel or spoken to her,” he says, though he’s reached out to his donor in letters through the registry. “All I know is that at the time she was 30 years old and living in the United States. If I could meet her, I’d just give her a big hug and cry like a baby. I wouldn’t have the words. Through her kindness, through her donation, I’m here today.”

Not that it was easy even once the match was found. Preparation to receive the donor cells requires intense chemo – stronger than anything Art had previously taken. “They said – if it wasn’t for your donor cells, you wouldn’t come back from it.”

“But once they gave me my new stem cells,” he says, “those puppies engrafted and started producing cells right away.”

Before and after the engraftment, Art had his share of transplant complications. Mouth sores that made eating and even swallowing difficult. Reactions that left his skin peeling. And, most seriously, a condition called graft-versus-host disease (GVHD) in which the new immune system components created by the donor cells begin attacking the patient’s healthy tissues. For Art, the GVHD became chronic, hitting his lungs hard. “There was a period of time when Art couldn’t walk but a few steps without feeling winded,” explains Mishra. “It’s been quite a journey to get it under control.”

“Managing such issues is one reason why transplant recipients have to spend their first 100 days within 30 minutes of Moffitt. Art, Sarah, their toddler Emily, teenage son Artie and Art’s mother all made the move to a two-bedroom apartment that Moffitt coordinator Drour found for them close to hospital.

For Art, there was never a question about having his family with him. “You’re in a very precarious state,” he explains. “I needed to see my family and be around them. For me it was a part of my recovery.”

Mishra says Art’s military background and Sarah’s unwavering support were invaluable to handling his complications. “Transplant is all about managing risk and following the rules,” notes Mishra. “Both Art and Sarah are extremely savvy, well informed and aware of the risks. When I said ‘jump,’ he and Sarah always said ‘how high?’”

She says watching Art - a patient younger than her and much of the care team - soldier through this process was a tremendous inspiration. “I couldn’t say if I or my contemporaries really have the wherewithal to withstand what he did.”

“You go from being the stout, muscular guy with gorgeous hair under that Green Beret,” Art quips, “to being this skinny, me on my knees.”

MD, of Moffitt’s Blood and Marrow Transplant and Cellular Immunotherapy Program regularly recommend stem cell transplantation – as soon as possible. A 2015 study in the journal Leukemia showed middle-aged AML patients who underwent donor transplants survived longer without relapse than those treated with chemo. “It’s just the nature of this disease,” Mishra explains, even more so for younger patients than those treated with chemo. “It’s just the nature of this disease,” Mishra explains, even more so for younger patients than those treated with chemo.

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“You go from being the stout, muscular guy with gorgeous hair under that Green Beret,” Art quips, “to being this skinny,
bald cancer patient." In particular, he worried about son Artie watching that change take place.

"He may not be as physically strong as he used to be," says Artie. "But I think that going through this has made him even stronger as a person."

"Transplant changes you," Sarah says in retrospect. "It's your cure, and you're thankful for that. But it's also an adjustment, and it's difficult, so you have to learn to live with that new life."

For Art, his new life became focused on the experiences that brought him through.

"I couldn't say if I or my contemporaries really have the wherewithal to withstand what he did."

A NEW, REAL-WORLD MISSION

Follow Art as he walks on the base to his new office, and you can sense a difference in his stride and demeanor. "There's an absolute comfort level being in this setting," he says. "To me, this is home."

As Art recovered enough to consider a return to duty, he says, "The stars aligned and a position opened up in what's called the Force Preservation Directorate."

In his new role, Art works with Special Forces soldiers experiencing serious illness or injury. "We put so much time, effort and money into them and their training that we want to retain our Special Forces soldiers and be able to have a support structure for them in the most serious cases," Art explains.

"I'm able to come in from a patient's point of view and have that empathy. It's supporting my brothers who are going through some tough times that I know exactly what it feels like to go through. I consider this a real-world mission with real-world consequences. It's a fulfilling and rewarding job."

Art says one of the best things about the job is being able to work daily with some of the people who helped him, like Johnny Moses — now retired military, but still working with the Care Coalition.

"Art going through all this experience makes him a subject matter expert," says Moses. "He knows who to call, he knows how to cut through the fat. He is a passionate leader and he gets these soldiers to where they need to be."

Especially when they need "Magic Moffitt," as Moses refers to it. "I actually have three other gentlemen that were sent down there and they were cured. Moffitt is awesome, I'll tell you." As for his own prognosis, Art says, "I just hit my two-year mark and my scans were clear, so thank God for that. I've been told 'we're not worried about the cancer anymore.'"

"Looking at my daughter now, it is different. It's like there's hope. There's hope for a future."  

Editor's note: Since this article was written, Art had an opportunity to "meet" his donor via a special video message at Moffitt's annual Magnolia Ball. As guests of honor, Art and Sarah were surprised by the special video from the donor, who was unable to attend and meet them in person because of a prior engagement that weekend: her wedding. Our best wishes to all. Visit www.moffitt.org/momentum.

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Former Special Ops medics, Johnny Moses, left, works with the Care Coalition and was instrumental in helping Artie come to Moffitt.

Cooperating for Care

Special Ops Cancer Care Network Leads to More Military Partnerships for Moffitt

WHEN SPECIAL FORCES OPERATORS LIKE ART ARE FACING A CANCER DIAGNOSIS, THEIR ACCESS TO CUTTING-EDGE CARE ANYWHERE IN THE COUNTRY IS JUST A PHONE CALL AWAY.

Thanks to a partnership forged between Moffitt and U.S. Special Operations Command (USSOCOM) at MacDill Air Force Base in Tampa, a network of a top-tier cancer centers stands ready to care for these special ops heroes and their families.

And it all started with a newspaper article and an email.

John DeMuro read a news story about a group called the Warrior Care Program (Care Coalition), which provides lifetime advocacy for wounded, ill or injured special ops forces and their families after traumatic injury or illness. Interestingly, he noted, it was based right around the corner at MacDill.

DeMuro explains, "but it's not a world that USSOCOM or the Care Coalition had easy access to."

At first, he would simply reach out to those peers on a case-by-case basis. Before long, he and Deary began compiling a network of contacts at places like Dana-Farber Institute, Memorial Sloan Kettering, MD Anderson and others. Based on the operator’s location or preference of treatment facility, Deary could make one call to get the ball rolling.

"Absolutely everyone deserves the best care that they can get," says Deary. "We just have a population that is still at the forefront of defending our country. There is a tremendous investment in training for each of these individuals — they're not easily replaced when down for illness or injury. With their high operational temps, we need to get them in to the appropriate connection, hoping to smooth the way for special operators and their family members battling cancer — not just at Moffitt, but anywhere in the United States.

Moffitt's Government Relations staff regularly interact with national organizations like the Alliance of Dedicated Cancer Centers and the Association of American Cancer Institutes, providing plenty of contacts within Moffitt’s peer institutions across the country. "It's a pretty small world at this level," DeMuro explains, "but it's not a world that USSOCOM or the Care Coalition had easy access to."

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Now retired from military duty but still working as a nurse case manager and point-of-contact for special operators with cancer through USSOCOM’s Command Surgeon’s Office, Deary says she personally has handled referrals for at least 30 such individuals through this network.

The original cooperation between Moffitt’s DeMuro and USSOCOM’s Deary yielded one more benefit. Discovering they were practically neighbors just beyond MacDill, their two families have since struck up a friendship. Hopefully, such neighborly cooperation will lead to further positive partnerships between Moffitt and the military as well.

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THIS INITIAL COOPERATIVE EFFORT HAS OPENED THE DOOR TO OTHER PARTNERSHIPS BETWEEN MOFFITT AND THE MILITARY:

• AT THE JOHN P. MURTHA CANCER CENTER WITHIN WALTER REED NATIONAL MILITARY MEDICAL CENTER, service members receiving cancer treatment can now enroll in Moffitt’s Total Cancer Care® (TCC) protocol through our Oncology Research Information Exchange Network (ORIEN). With their consent, TCC gathers patients’ history, data and samples from biopsies or blood tests to help care providers best tailor cancer treatment over the patient’s lifetime – and to help researchers develop new and improved cancer care.

• USSOCOM IS WORKING WITH MOFFITT TO EXPAND THE TCC PROTOCOL BEYOND ITS 287 DISCRETE DATA POINTS RELATED TO CANCER. The goal is to be able to establish baseline information for healthy young service members as they enter special operations training. This expanded protocol would enable military care providers to track health changes and injuries throughout the service member’s career, along with their exposures to locations and situations common to the service environment. If the data can help identify, for instance, individuals at increased risk for traumatic brain injury following accidents, it could better inform deployment decisions.

• MOFFITT IS ACTIVELY INVOLVED IN THE STAR (SPECIAL OPERATIONS FORCES [SOF] TRANSITION ASSISTANCE RESOURCE) PROGRAM for special operators and military officers transitioning to civilian life in the Tampa Bay area. Civilian program participants like Moffitt President and CEO Dr. Alan List host dinners where key service members facing transition can develop relationships with area business leaders to better determine their future path beyond the service. With USSOCOM and U.S. Central Command (CENTCOM) based here at MacDill, this unique talent pool has been the source for several successful Moffitt hires in recent years.

• IN 2017, DR. LIST WAS SELECTED BY FORMER SECRETARY OF THE ARMY ERIC K. FANNING TO SERVE AS A CIVILIAN AIDE to the secretary of the Army (CASA). CASAs are a vital part of the Army, promoting good relations between the Army and the public and advising the Secretary about regional issues.

• LIKewise, several prominent retired military officers have been asked to advise Moffitt. Moffitt’s Military Council provides input on matters affecting military populations and assists with our military partnership efforts. Established in 2015, this volunteer group has helped Moffitt improve access to world-class cancer care for active and retired military, and to engage various entities within the Department of Defense in joint cancer research efforts. Among the Council’s volunteer members are Robert Hyde, Commander, U.S. Navy (retired); T.J. Farrell, Colonel, U.S. Army Reserves (retired), now with Charles Schwab Corporation; Matthew Mularkey, Captain, U.S. Army (retired), now with the University of South Florida; Hal Walker, MD, Colonel, U.S. Army (retired) and former Command Surgeon, U.S. Special Operations Command; Michael Stephens, Captain, U.S. Army (retired), now with the Hillsborough County Aviation Authority; and The Honorable Michael J. Scionti, Lieutenant Colonel, U.S. Army Reserves, as well as Judge in the Thirteenth Judicial Circuit, Hillsborough County.

JOINING FORCES TO BETTER SERVE OUR MILITARY

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