Living with Metastatic Solitary Fibrous Tumor Transcript

(Transcripts are generated by AI and may contain errors)

Introduction to the podcast and Steve McBee

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. Today's episode is just a little bit different than ones I've done before.

This podcast is primarily for physicians, and most of our guests are physicians. Today, we have the privilege of having Steve McBee, a person who have communicated with before.

And Steve and I have the same disease, which is a, unfortunate thing to to have to share with somebody a disease. But and it's an episode, I feel a little bit vulnerable recording because I'm talking about something that I'm fighting and I appreciate Steve being willing to talk about his journey.

I, as many of you, have listened to this for a while, know that I have a solitary fibrous tumor, had a large 28 centimeter tumor, surgically resected and treated with radiation two years ago, and then I haven't really shared on this podcast prior to today, but I'll share now that over the last few months, unfortunately, I've discovered I have some metastatic solitary fibrous tumors.

So I have to deal with the consequences of solitary fibrous tumors in a metastatic form and have to take medications that make me feel terrible, and I don't really enjoy the metastatic portion of it.

But Steve and others who have had this disease for a long time have been warriors on this front. And Steve is one of those people who is inspiring because he just takes things and doesn't just talk about the negative parts of it, he wants to fix it.

Steve, would you mind introducing yourself to our audience? Doctor Krang, thanks for having me on with you today. You talk about a solitary, fibrous tumor about 19 years ago.

I was having some symptoms, and I didn't recognize it at the time that it was after a Bay 100 mammogram trial run out near you and. And the Big Horn area.

And I thought it was just fatigue from that. I was tired of sleeping a long night. So my mood had changed. What I didn't realize is that I was started to have waking seizures, and I was on the way to see another client.

Steve's diagnosis and first surgeries

One day and ran a stop sign and had an accident and everything. Everybody was fine, and the accident was just a minor banner at the end of the day, after talking to some people and nonchalantly telling them that I had an accident and they suggested that I go see a doctor and get an MRI.

I did, and next thing you know, rounding up the troops of family and looking at stands and something that was just unbelievable. I had a tumor in the temporal lobe.

And so my first approach to that was my approach to all of my challenges and adventures. Let's let's go. How do we fight this? I jumped in to surgery right away.

Those few days later didn't start with second opinion or anything incompetent with my surgeon. He discovered that when the tumor was wrapped around the trigeminal nerve and went into the skull base and inner ear, so it's a little more complex.

Unfortunately, he wasn't able to type everything out, so I did what he could and close me up. Then I was on the second, third, fourth opinion referral circuit.

You know, I went met with a lot of great surgeons and ended up at M. D. Anderson. And so January 2007, I had my second surgery and had pretty much a full resection.

And I preserved the trigeminal nerve, preserved my hearing. I was thrilled and then followed that up with some proton beam radiation for six weeks. And then I was pretty much clean and free.

I would go in and have scans every three months, moved it forward to six to a year, and then graduated to the magical every two years. You have to have had my scans and that was unbelievable.

Thrilling. Just almost forgot about the disease. I in 2021, just a few days after running a three day, 100 mile trail run back to the doctor, the 100 mile trail run.

You'd finished one of those and give it up to the original diagnosis. Couldn't give it up. You know, it's probably one of my many types of adventure. Yeah, I was going to back down to have my checkup, and I did well on my 100 mile run.

So I'm feeling Superman and I walk in and and go through my scans. I go in to see a doctor if it's in, if I have questions or if it's important, I usually present those and I hope to, make the our time together as efficient as possible.

And so I had at eight, I think it was a 30 appointment follow up after my scans with my doctor, had a plane flight out of Houston scheduled for a week right after that.

So I was going to go in as typical, spend five minutes with my doctor. He's going to walk and tell me everything's good and then get on out of here and go.

And this is a two year scan, right? This is a two year interval. Yeah. And my doctors were hour and a half fish late coming into the room this. Yeah at eight in the morning I didn't or 830 in the morning.

I didn't make much of it until they walked in and said, hey, everything in your skull is fine. But they discovered, tumor and my pancreas. So they said you need to extend your stay, so go buy a t shirt, whatever you need to spend a couple more nights here because we need to introduce you to another team.

So they had to do a CT, chest, abdomen and pelvis and then imaging of the brain as well at that. As far as part of your follow up routine. Yeah. Not pelvis.

It was caught on the CT of the chest. Gotcha. Yeah just at the bottom of that. So got pretty lucky that they caught it while I was there. And the interesting thing about this disease is that you may have it for a long time and not have any symptoms.

I didn't I didn't have symptoms at that time. They started to surface shortly after that became more. And is that, there was an issue my pancreas. I was able to, delay my pancreatic whipple surgery for a period of time.

Metastatic recurrence and treatment journey

Had a little bit of chemo prior to that. So more they were taking a now that it metastasized, taking a systemic therapy approach. Temozolomide, Avastin.

And then that I have my Whipple surgery and that went well. Took that out and complicated surgery. It's a big surgery now. Fortunately for each of my surgeries, I've gone on into the surgery in really good shape, very fit, and I thank it.

That allows me to recover fairly quickly. So that was in June of 2022. August 2022. They took out a solitary fibrous tumor in my quadricep and then, in 2024 took out a tumor on, left lobe of my liver.

So here we are today. Still have some areas that they're monitoring. Unfortunately, everything to this point has been in a place that could be restricted by surgery, which is the standard for this knees, because there aren't a lot of other therapies at work.

Well, and but my, my, the where the tumor is currently long and pelvic area, they're in some touchy, more sensitive spots. So, and watch right now this solitary fibrous tumor.

Some people listening to this may have heard of it. Some people hadn't. I've been a physician for enough years. I've heard of a lot of tumors that I had never heard of.

Solitary fibrous tumor because it's so stinking rare. You look at the statistics and it's hard to even get the proper statistics on it. But from what I understand from most studies that most people agree, it's about one case per million individuals, which means in the United States, if you have 350 to 400 million people, you're going to have 35 or 40 people max.

And worldwide, there's just really not that many of us total. And so when you get these orphan diseases or rare tumors, most of the studies are just quite small.

And the centers of excellence that deal with a lot of sarcomas have certainly heard of them and have some experience. But it's not like they have a panel of 10,000 people.

They've got a panel of ten people or 12 people. And so it leaves you with this dearth of information, hard to know what to do as a patient. And then on the physician side, I walk both sides of that fence.

And I think if I was the doctor, how do I properly recommend something that is both safe and effective? When the information we have is so sparse and you don't want to give somebody a treatment that's going to cause them lots of side effects, if you don't really have a lot of proof that it helps it.

It's a challenging road to walk. Yeah. Let's add to that the fact that there are variations at least 13 variations, solitary virus tumor, which and they can some may be benign or in some may be more aggressive.

And so it adds another layer of complexity to understanding the disease. Yeah. You know what I love about your story though, Steve, more than just a story.

But you're the way you've experienced this and dealt with it was rather than I'm sure you went through all the steps of grief and shock and betrayal and frustration like everybody that gets the unfortunate diagnosis, doesn't me included.

But the thing I love about this is, instead of hiding your head and saying, woe is me, I guess that's the end. You've continued to run. You've continued to be passionate about life and just live life to the fullest.

And even after you've had the misfortune of being diagnosed with metastatic solitary fibrous tumor, you have continued both your physical endeavors being outside, doing the things you love and you've done work with advocacy and trying to really help move things forward on this not just for yourself, but for everybody that has this disease.

Right. So that's one of the next things I wanted to talk to you about some of the advocacy work and the work you've done to try to connect all these dots.

So if you don't mind, share with us that part of your story. Yeah, I one of the things I want to be able to put future AZT patients in a place where they have the assets and resources that they need to understand their disease, share it with their doctors, their team, so that they understand the disease better.

And, I've been very fortunate in that from early on, I was able to develop and bring in some really good people to help support me. And my care team started with my wife, Natalie.

Living with a rare solitary fibrous tumor

She's been very supportive from day one and was fortunate that my mom was a family practice physician and just a continual learner. I think that's where I got it from.

And basically they teamed up with my doctors and we just built out a really good team, very diversified group of people that had an interest in learning more about the disease and helping me as much as possible, collecting all of that over two decades.

I want to be able to give that back to the SCD community. It's and they're working on multiple ways of doing that, just sharing information that I think could be helpful in getting the other patients in a position where they can walk in the room and talk to their doctors confidently, and you know, as much as possible their disease.

And starting our disease is very small. There is not a there's not a lot of us out there. And I think it's very unfortunate that there and I knew this 20 years ago and I there's one thing I regret that didn't happen 20 years ago is to build the community, to build a community that's 50 patients and doctors and researchers and care teams to so that we could better communicate with each other.

There is there are a couple Facebook groups, and I think that's been very effective in sharing information, trying to build out and grow that into an actual organization that can help us researchers, physicians, and and so the the information is there, the communication can be there.

The collaboration can happen there or be we're coming out of that. Is the goal a solitary fibrous tumor or foundation is the project. It's not something that I intuitively do.

I'm a I am I I've got a good background and I've owned a marketing firm for 30 years, but my background in graduate school was biochemistry and physiology.

I can read a research paper and understand the basics behind it, the molecular foundations of medicine. But I want to be able to translate that over now and use some of my marketing skills.

The whole help our disease and rare diseases in general kind of list up. And so that there is an outlet so people know what the disease is and can take that, whether that's helping push forward research and the interest in the disease.

Or again, just helping a patient build their brand so that they can be a better advocate of themselves and speak about the disease and ask the questions when they walk in or around.

Yeah. One adjacent question I've been thinking of is you've been talking about that. What have you found as a patient? You're an educated person. You have ability to understand biochemistry.

You can read studies and some patients have that fund of knowledge, some don't. And what have you found to be effective in communicating with your physicians?

Because I think, again, most doctors really want to help. They start out the process trying to help and they really want to. And then you get constrained by time and documentation and prior authorizations and stuff.

That saps the joy out of medicine a little bit. And so one of the things that I found really helpful when I really when a person wants to know more about their disease and they study it and ask questions.

And I think that's sometimes you don't have time to sit and address a lot of stuff ahead of time, but you want that time to be really useful. When you've got that 20 minutes or 40 minutes or whatever the length of time is, you want

that to be a constructive period of time.

But as a patient, you don't want to feel like you're putting you don't want to take more of the time you've been allotted, but you do want to make sure that your disease gets the proper focus.

And I've wondered how you balance that as a son of a physician, as a person with a science degree, and then as a patient. Yeah, the it's taken me a while, but over, over a couple of decades, I've developed kind of a playbook.

And whereas it starts with who I am and basically building my brand as a stay patient. And I know it sounds odd, but it's been very helpful and very effective.

Yeah. Establishing a relationship with everyone on my team.

Patient advocacy and building a support community

That's from my wife. So she understands where I'm coming from or my local family practice physician, because they're a very important person on my team, to my sarcoma team, to the surgeon that I may be seeing for for liver surgery as an example.

And so I go in and I basically I pre send my playbook to my doctors prior to every meeting, and I basically will give them formats that it's, there's a reminder of how I work while I communicate and so that they can better understand me.

And I just tell them right up front, this is me, this is how I'm going to interact with you, or I interact best. And it might be something as simple as asking the doctor to come in and sit down with me in the room.

Sometimes you go in to, research Center of Excellence. It's also a research facility, and the doctor walks in and there might be 2 or 3 fellows and two nurses, and it's a room full of people, and it's overwhelming.

And I will just ask it, at least if the doctor can just sit down and communicate with me, I that might be in my playbook as an exam that helps. Then I'll go in and if it's someone that I've already seen, I will go over my history with them.

And the questions that we talked about last time, or the answers that they gave me, and then I just list out my questions and I'm pretty clear that I understand that they're we're not going to have time to answer ten questions, but here are my top three.

And then I ask them also, what is what do they feel is important to convey to me in this meeting? And what are their top three questions of me or the information they want to share with me that's most important?

So that's my plan. As I go in and again, I present usually about a week out, and I always send pictures of me doing something so that again, it's building my brand so that the doctor knows I'm interested in, paragliding or rafting or running 100 miles.

Or here's a picture of my wife and I. Hiking? Yeah, it totally humanizes you. Yeah, yeah. And I think that not only works for the primary person in the room that I'm speaking with, but the rest of the team sees I've walked into a surgery, not walked in, but rolled into surgery last week before a team in the surgery suite say, oh, you're that guy, and they'll mention one of my pictures.

And like that, at least they know who I am. That's great. Let's go feel good about this. So that's my approach to developing and establishing relationships with my team.

And I love sharing that playbook with other patients because I've seen it work for me, and I've been told that it's not for them. And so I that's my approach.

Yeah, I'm just reflecting on that. As a physician, I think that's actually helpful in the information age, especially where people can instantly have pretty good information with some of the AI tools that are out there.

It's nice to not spend all the visit just relaying information, regurgitating facts and information, because certainly that education piece is very important and needs to be done along the way.

And sometimes at the very first visit, you are really just conveying information and statistics and this is what to expect. But in subsequent visits, when you're dealing with chronic disease management, it's wonderful when somebody comes in and they're not accusatory or I saw this thing on Reddit, it must be true.

But rather than that, they're saying based on the information that I have, and here's what I know. And here, instead of taking a I'm not going to add these zingers at the end of the visit, here's the top 3 or 4 things I want to get to.

That agenda setting is both helpful for physicians and for patients, and I was just one example just to deviate like I had a patient recently that came in, had a whole list of things that need to be talked about, and they were all important. And it was great.

And we were near the end of the visit, running a little bit behind on the visit, in fact. And as we're just about to go out the door, he says, oh, by the way, I've been having crushing sub sternal chest pain every time I go out and work.

I'm like, what that should have been. That should have been item number one. And just of course, take care of it will get all the appropriate testing and see what's going on.

But it would have been really nice for that agenda setting thing to say. Okay, here's 3 or 4 important things that are happening to me right now, and I want to make sure we get to those 3 or 4 things.

And if we have time, I'd like to address some of the others, but if not, we'll schedule back in a period of time and or I'll communicate to you offline and we'll make sure we get these answered.

Or maybe that's something I can go to an educator, a nurse and get it. But I think that agenda setting, preparation that you have exemplified and found to be successful, it works for patients and doctors most of the time.

One of the reasons I think it works for me is because as the we talk about it as patients, especially if you're and have cancer like S. A. T. and you're going and you're following up every three months or six months or a or whatever it is, it's the stress of the scans, scans, I. T as they call it.

Yeah.

How to communicate effectively with doctors

And then the stress of going into the room with the doctor post scan and waiting for the news. It's hard to to share all of that really important information on your patients.

Just catching that and remembering that that's something important he needs to tell you when it's about to walk out the room. That's me. If I don't have that playbook and practice and that kind of information, the stress overrides just my thought process when I'm in the room. And so it's been very effective in conveying all the important information upfront.

And now let's get into the pertinent details when the doc walks in. And I think it's helpful to write it down like I've been on both sides of this. Sometimes you have someone come in with a little notebook and they've got lots of notes and they've got so you can just see three pages of stuff they've written they want to talk about.

I know that, boy. We are never going to have time to address all those things on the other hand, I've found that when people do have stuff written down, I'll notice that and I'll say, I noticed you have a list.

Why don't you tell me what's on that list and let's pick those, the things that are most important to you. So we address those things first. And as we have time, we can address some of the others.

It is helpful. And then when I've been a patient, same thing you walk in, I had all these thoughts in my mind and then I got so focused on talking about the scan or whatever, that I forgot to ask the important question I was going to ask.

So I can relate with you, Steve, on both sides of that, both as a physician and and as a patient. What other things? Just switching gears for just a second.

Think about rare tumors, rare diagnoses like this. I don't think when you're a medical student or a resident or a fellow that you can possibly know everything.

In fact, it's one of the best things about being a professional is learning how to find information. Not necessarily that you have every single thing at your fingertips, that you're ready to be an expert on every single thing at all times.

But you have this framework or this construct that allows you to say, I know everything around that adjacent to it. When I add 3 or 4 details, I can connect the dots and make sure they know what I'm doing.

Or I can connect you with someone who is an expert at this. The subcategory of medicine. And what would you suggest for other patients, for clinicians who are dealing with these super rare diseases, have been walking this path off and on for 20, almost 20 years.

So what are your what advice would you give to doctors and to patients on that? Yeah, that's a good one. I think my advice for doctors is just off that off the cuff is probably listen.

And then collaborate. And I think the doctors and I'm amazed at how open doctors are and sharing information and collaborating, that if I was, if I didn't have access to the whole, center of excellence in Sarcoma, Center of Excellence, and doctors that know even know what solitary fibrous tumor is, and I couldn't travel to a center like that.

I would at least ask my team to reach out to other experts and ask them for advice. So I think that that's what you were saying is, you know where to go, you know where to go to get the information.

I think it's a little more difficult for a patient. Hopefully we will have more information available that's current and usable for patients. Better understanding of the disease.

The cover up today, because it's even over the last two decades seeing just a massive shift when you talk about a disease that was two different diseases and then renamed under one disease, it's it has its own branding hemangioma, parasite tumor and solitary fibrous tumor.

And then they got re categorized into one disease, which is solitary fibrous tumors. So for patients or doctors who are listening who might have heard, magical parasites, we're talking about the same disease.

Yeah. Exactly. And that happened in 2013. World Health Organization chose to bring those two together. It's it I think it's it's pretty clear now. That's the way it's presented.

And research papers don't I'm not it's not clear to me that's the way it's called. It is separate but it's just another layer of complication. Yeah. And I think for patients I think they the kind of the tip I would offer them is there is a community here that or the latter disease that is very giving, information and wants to help, although it can be a little bit isolating because it is a rare disease and there's not a lot of information, you will have a lot of support.

And probably one of the healthiest things that I've done for myself is to reach out to others in our community with the disease and just have conversations.

I have regular conversations with patients from all, from anywhere all over the United States, different countries, just to talk about our disease and get there because it is so rare.

You know, we have to communicate world. Excuse me, we need to communicate worldwide to try to get enough people. And I'm thinking about other rare diseases I've encountered as a physician.

I'll come across something and not necessarily a solitary fibrous tumor, but I'll say, oh, interesting. This person has this disease, or maybe I'm the one making the diagnosis.

I'll say these things suggest that you have this disease and this is on the differential. Even though I've never seen this thing, I've seen thousands and thousands of other things like it.

But not that specific one. And what I have found, number one, is it's really helpful to reach out to a center of excellence for collaborative care. And even if it's on the phone or getting the person to travel to that center to have another person look at it and we can decide together what's going on.

But the second thing, and I think this sort of plays into what some of the work you're doing, Steve, is, there are a lot of really excellent information websites on rare diseases.

So if you go hunting for it, you'll find the such and such rare disease foundation and you can read about it. And it might be more comprehensive and instructive than if you just Google it.

And those those foundation things were started by individuals, usually a collaborative effort between patients and outpatient doctors or research centers, all that stuff together.

And you know what?

Advice for rare disease patients and clinicians

You're starting with this foundation and spearheading is something that's likely to become an excellent resource for patients worldwide when they get this, and then also a great tool.

So if you're the first doctor to discover that for a patient, even though you may not be familiar with it, you need to look and say, oh, here's a solitary fibrous tumor.

I went to the Solitary Fibrous Tumor Foundation. I found out a little bit more about it, and I found out some centers that are reasonably within my region that are centers of excellence, that know about this.

And I'm going to connect you with one of my colleagues at this other center. And anyway, that grassroots work that you're doing to start it really does bear fruit.

And I'm thinking about lots of other patients that I've worked with that have that. And now a patient me, myself in this disease that we both share, I'm anxious for that information.

Every new study that rolls out on that, that gets shared in our group, I'm like, all right, go team. I want to highlight what those researchers are doing because it makes such a tremendous difference and is such a highlight and a blessing for those of us who have the disease and are working and trying to live life amid the uncertainty of this rotten disease.

Yeah, and it is definitely not a knee effort. It's a we effort. It's there are a lot of patients and caregivers support brain researchers and physicians to from this effort.

They see the benefit. And I'm really impressed everyone that wants to put in a little bit of time because we don't have a lot or not. I work pretty much full time.

I'm still an adventure athlete. In between my downtime, handling my own, this component of this disease. And but when I can take a little bit of my time, carve out just a tiny bit of my time, and give back to this community in this way and work with others to make this happen, I think it's going to have a big impact on the interest, the knowledge base for the patients and then driving more interest for a research in the near future.

I think so too. Like I think there's a lot of things happening, and it feels to me like we're on the cusp of a lot of things that are really likely to move the needle not on just a solitary, fibrous tumor, but a lot of cancers, because we're down at the immune level, the molecular level on a lot of the things of why these genetic abnormalities are happening on these mutated tumors.

And when you can get to that level, you don't just blast people with chemotherapy. That kind of works on every cell of the body. You can build a lot more targeted immune therapy.

And I'm no, I'm not an oncologist by any stretch of the imagination, but I find it really interesting and fascinating to read. I have my bachelor's degree was in microbiology molecular biology, so share some of that same background.

Steve and I find the molecular understanding of disease to be fascinating. It doesn't always we don't always have molecular solutions to everything, but if you can understand it at the molecular level, then you say, okay, this is actually what's happening.

And that's where we're at. That's where we're headed in cancer of all types. And as a solitary fibrous tumor patient for both of us, I think we we hang a lot of hope on that, on that stuff, those connections being made.

And we count on our colleagues and peers in other places to continue doing it. None of us can do it alone. Yeah. That's true. One other area I wanted to ask you, Steve, is so you've lived a full life despite having a diagnosis for almost 20 years, and I'm sure that you like, like me, we've all had days where it feels discouraging and overwhelming and you're not quite sure how to handle it. Because it seems.

It seems so uncertain when suddenly you are living your life, taking your care of your family and you're and doing everything you can to be healthy. And suddenly you get handed this really horrible, diagnosis and all the uncertainty that goes with it.

And, and there's a whole array of emotions and challenges that go into receiving that sort of a diagnosis and deciding that it's actually really happening and going from, I'm about to die, maybe I should just give up, too.

There's a lot of hope. And I wondered how what advice would you give to others, even if they're not for dealing with solitary or fibrous tumor? But you've been a cancer patient for many years.

What have you found to be successful in dealing with those uncertainties and the challenges of being a cancer patient? What do you do to find hope? So long before I faced that first diagnosis and it wasn't the first diagnosis that was the hardest, it was the learning that the disease metastasized.

That was probably a more difficult moment for me, but I've always I've been very fortunate in that I've always done hard things on purpose. So it's whether it's then the work that I've been doing for 30 years or trail running, racing, kayaking, class five, whitewater or paragliding, or taking on the avid advocacy projects that I'm wasn't qualified to do in the first place, that I'm going to find a way.

I think doing hard things by choice helps me face that involuntary hard things with more confidence. So I can usually, as I hope, facing a really difficult decision.

About my disease. Just I think because of all of my the way I've lived my life and activities in my life that are hard, it's allowed me to understand how to take it.

Finding hope while living with cancer

Like my analogy is aid station, the aid station and 100 mile run or 80 to Eddie and, class five, and you just take a little bit at a time and not try to let everything in at one time and overwhelm you.

It's that I think that's how I deal with it. That is really helpful. I gotta tell you, Steve, when I first met you and came across your story, my wife and I talked about you like, hey.

And it actually brought me a lot of hope because I had recently, a few months ago, found out that I had met metastatic disease. And similar to what you're describing, it was a bad day.

Really rough to think about that and all the uncertainties. I still got kids at home and just a lot of responsibility and things that I need to live for, planned to live for.

But when you suddenly get that you hear metastatic cancer and you think, oh boy, I better put things in order because I'm not going to be around very long, but I'm I and none of us know the future, but I plan to fight the fight and be around for a long time.

And so that's what I told my wife, Christy. I said, look, Steve, Steve's been around for almost 20 years with this disease, and he's not just laying in a hospital bed staring at the ceiling.

He's out living his life and doing everything he can. And so your story provides inspiration, and I hope that someone who listens to this can derive some inspiration from that.

And instead of saying, the end is nigh and I've got to just hide, let's do what we can, and hopefully it'll be a blessing to our own lives as we're here.

And hopefully it'll be move the needle forward, or move progress forward so that others who face this disease maybe don't face it with quite the same, just the same sort of bleak outlook where there's not a lot of specific treatment.

But hopefully some of these things will come online and connect the dots with all these experts. And it can be a tremendous blessing to those who come after.

So thank you for what you're doing. Yeah. I am standing on the shoulders of many others that have inspired me in the past, and many of those people are still with us.

So that's, I guess one of the fortunate things about this disease is that often it is slow growing, and that gives us an opportunity to dive in a little more time to assess and figure out what the best next move is.

We often don't have to rush into it. Not everyone with different types of diseases have that opportunity, so we are pretty fortunate in that way. Yeah.

If you have to have a metastatic cancer, this one is at least slow. And so that with the good and the bad about that. But it does give you a little bit of time to consider.

And hopefully to seek some expert advice and figure out what to do next. Yeah, Steve, I've so I've learned a lot from this and I appreciate it.

Closing remarks and podcast outro

In the show notes, I will include information about the Solitary Fibrous Tumor Foundation, and I hope you'll allow me to put your information on there.

So folks have specific information on LinkedIn or something they can connect with you. And I really am looking forward to keeping in touch. Always hear me.

Okay. Thank you so much Steve. You keep in touch and I appreciate you so much doctor friend. Thank you. Thank you for what you're doing and sharing the message about the solitary virus tumor.

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