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ASCI Perspectives — the patient connection to physician-scientists: David Weinstock and Samantha Watson (December 2025)

Interview with David Weinstock, MD, Roche (elected 2013); and Samantha E. Watson, MBA; September 17, 2025, by video conference.

Interviewed by Nasia Safdar (elected 2021); Member, ASCI Physician-Scientist Engagement Committee.

Note: The text has been edited for readability by ASCI staff.

Nasia Safdar: Good morning. Welcome to the *ASCI Perspectives* Series. My name is Nasia Safdar, and it is my pleasure today to introduce our two participants. Dr. David Weinstock is a hematologist-oncologist with expertise in hematopoietic stem cell transplantation. He has published extensively on clinical complications among transplant recipients. Between 2008 and 2022, he led a laboratory focused on the intersection between aberrant DNA repair and lymphoid transformation. In 2022, he joined Merck Research Laboratory as Vice President of Discovery Oncology. In 2025, he moved to Roche, where he is Senior Vice President and Global Lead for Oncology in Pharma Research and Early Development. We are also joined today by Samantha Watson. Sam is a two-time cancer survivor, a fierce patient advocate, who has done a lot of work in understanding and helping people with the financial toxicity of cancer and cancer survivorship. Thank you so much for joining today.

Samantha E. Watson: Thanks for having us.

David M. Weinstock: It's wonderful to be here. It's even more wonderful that I get to share it with Sam. Sam and I have known each other for a long time, but rather than me talking, I was hoping that you would tell the story of your cancer experience, and of course, you can weave me in as you see fit, and then continue on with how you went from there to Became someone who really paid it forward, and helped so many other people with cancer.

SEW: Thanks. I would be happy to. I'm so happy to be doing this with you, Dave, because as you know, you are a critical part of why I'm here to share this in the first place, so in December of '99, I was a senior in college, and I was diagnosed with Ewing's sarcoma. And everything stood still. So I had to leave school, leave my friends, leave everything. My mom was an oncology nurse at Memorial Sloan Kettering, and so we had access to one of the best institutions in the world. And I always feel like I have to start my story by acknowledging the privilege in that, because not only were we close to New York, but we had ties there. So I started my treatment in January of 2000. I was on a clinical trial called P6, and I went through about 7 rounds, took about 9 months of high-dose chemo. The cancer was in my leg, and so in the middle of all of that, I underwent a 12-hour surgery with the tumor resection and a bone allograft and spent a couple weeks in the hospital recovering from that — and watched my friends graduate from college, and watched my friends get their first apartment. At that time, I think I didn't fully appreciate the severity of what I was going through, because I had no frame of reference. No one I had known had ever gone through cancer treatment — certainly no young person I ever knew went through cancer treatment — and even though my mom had been an oncology nurse for my whole life, I didn't know what it meant. I went through it thinking, "Of course I'm going to be okay, because I have to get back to school." Very thankfully, I had all the right people in my corner. I was very lucky in every way. And I went through my treatment surrounded by my friends and my family and supported by my school. I finished treatment in August of 2000 and had only one semester left in college, and so I spent a couple months at home in Vermont doing physical therapy and getting stronger and just getting ready to go back. When I got back to school, I was a second-semester senior. Most of my friends had graduated, but I still had a good group. And I noticed that I was sick a lot, and I was tired a lot, and I couldn't necessarily keep up with all the things that I wanted to be doing. So the day before I turned 23 in

April of 2001, I was back at Memorial for just my checkups, and they did a bone marrow biopsy. Quick backstory: I spent my 22nd birthday in the hospital, because it was a week after my surgery, and so I told them I was not spending my 23rd birthday in the hospital. So we went out for a lot of margaritas on my 23rd birthday and found out the next day that I had secondary myelodysplastic syndrome. I didn't really know what that meant, except that there was more treatment in my future, and this was a whole lot worse. And because I knew they had to start searching for a bone marrow donor, I couldn't do anything medically at that time, I went back to school. And I graduated, and I closed that chapter. Then I started my treatment in probably June or July of 2001, and on August 24th of 2001, I underwent an allogeneic bone marrow transplant.

And somewhere in there is where our paths crossed, because I had a lot of complications. I think maybe it might have been the first time that I met you, I ran a fever that was so high, it was off the chart, literally. I think they were still trying to do the conversion and came pretty close to 106. All I remember from that night was the number of people that were in my room and how hard the bed was shaking from my chills. That's all I remember. But again, I felt like, this is just something I'll get to the other side of, and so I definitely did not understand that I could have died that night. And then in you came, and from what my family and I were told, you were on top of things from that moment. I feel like I might cry. And I remember one of the things that you did at that time was you had all of the best minds working on what this could possibly be. And with the fear that my family and I were feeling, and the uncertainty, you gave us a lot of stability and a lot of hope. And that's why, among other reasons, it's such a privilege to be here with you now, because I very truly would not be here if you hadn't done what you did back then and supported us in all the ways since then. And so the the last piece of my story, because I don't want to take up this whole time just talking about me: I went through my transplant, I spent a few months in the hospital, and there were some other things that came up in that time, I remember. And I have a couple stories that I could tell if they come up later about the interactions I remember most with you, which I think are remarkable given that your focus was on research, but you interacted with me as a human being and as a patient. And that's why you were so critical, and you got us through to the day in . . . well, it actually first was in September, but then I had to come back in-patient for about another month, but through about the end of November, when I finally got discharged, and they said I had to stay close to the hospital for about a year to make sure all my counts were recovering and all of that. And then, in the summer of 2002, they said, "Go. Go wherever you want." And that, for me, was actually a really challenging time, because I had already graduated from school, I was 23 years old. I hadn't started working yet, I didn't really have a home base. I knew I didn't want to move home with my mom, but I also didn't really have any sort of plan in place. And so, through a series of connections and good friends helping me, and probably just a lot of luck, I got a job in Boston. I moved back to Boston for a while, spent a couple years doing nonprofit research, when I realized that there was something pulling me in a different direction. And I ended up starting a nonprofit to help young adults, specifically with two things: specifically in survivorship and specifically in their financial recovery, because those were the two pieces for me that were the hardest. I figured I was so fortunate to have a mom who was advocating for me, and have a dad who was advocating for me, and friends and family that if all I had to do was find a way to raise money to help young adults pay their bills, I could do that. And it just evolved into something so much bigger because of all the conversations about the cost of cancer and survivorship care, and certainly young adult cancer at that time; so it evolved into something much bigger around advocacy, and we published, and we researched, and we collaborated. I did that for about 20 years, until 2022, when I stepped down, made some big life changes, moved to Vermont, started working at a high school in advancement. Still, any opportunity that I have to be involved in patient advocacy, I will always jump at it, because I have a lot to pay forward.

DMW: Well, that, that is very moving. I think we could spend the whole hour talking about how great I am, but we probably shouldn't. I think what I probably did was bring your case, which was really complicated, to an intra-city discussion that we have across New York City to try to come up with ideas, and that's part of the wonderful nature, I think, of being in a community of physicians and physician-scientists, is that you can crowdsource. You can go to friends and that can help people. I wanted to come back to: you're at Sloan Kettering. It is one of the meccas, it is at the absolute bleeding edge of technology. There are decades of research that have been necessary to get to the treatment that you receive, first for your sarcoma — and the incredible talents of the surgeons, the chemotherapy trials — and then allogeneic transplant, which is just a miracle in every patient, and the nature under which you receive that therapy. Do you as a patient get any sense of this, or is it just so overwhelming, or even in retrospect that: sure, the doctor in front of you is the person who is the face of all of that, but it's really decades of scientists, and physician-scientists, and iteration, and incredibly hard work that has made what you're getting possible?

SEW: At the time, absolutely not. I had no idea. What I did know — and this was truly only because my mom had worked at Memorial Sloan Kettering for so long — I knew that it was a leading institution. I knew that it was where people went usually for either second opinions or treatment when nobody else can treat them or for the best care. I don't say that Sloan Kettering is excellent at the expense of any other institutions. I am absolutely biased, because that's where my mom spent 40 years of her career, and I'm incredibly lucky to go there. But I just I wanted to just say that. So I think I knew about Memorial's reputation, for sure, because my mom had spent her whole career there. As a 21-year-old who had never really had anything major, medically speaking, I had no idea how many people were involved or had been involved in the efforts that led up to my oncology team recommending the care that they did. I had no clue, and I think part of the reason was my age, but part of the reason also is that in those interactions, especially in the beginning with the oncology team, we weren't talking about all of the research, we weren't talking about all of the work that had gotten us to that conversation. They were presenting to me and my family what they thought was the best course of action. So over the time that I spent in and out of the hospital, I think I did start to get a sense of how many other people must have been involved in this, because it's a huge hospital. We were in all corners of it, and I started to see that there were labs. I started to see that there were a lot of people involved in my care. I started to just, broadly speaking, get a sense that this was a much bigger team than just the small group of oncologists and surgeons that I knew. But I will say that in all of the years that I've spent since in patient advocacy and with my nonprofit, and just getting to know the community and understanding the different parts of it, definitely, I have learned a tremendous amount. I've learned a tremendous amount about how much goes into it, and how many efforts are made that don't lead, necessarily, to that treatment. That's actually something that I took when you and I talked years ago — and it was, I believe, a researcher audience — I was able to bring to the researchers was the personal story, right? Like, the end goal of the work that they were doing. But what they brought to me, which I think was even more valuable, was an understanding of how hard they work without ever seeing a patient. They just have to believe that there are going to be patients on the other side of this, because it is such an iterative process, it is such a long process. And sometimes things don't work out the way that they anticipate, and that's part of research and learning. But that, to me, was really one of the first times that I started to understand the time frame around this, and how long it can take to go from that initial idea of something that might work to a treatment that my oncology team was presenting to me as the best course of action. And we had to do that twice. When I was diagnosed with Ewing's, there were a few different options. None of them were particularly promising. The best bet that I had was to go through this P6 protocol. And it was experimental: they didn't really have a whole lot of good stats, but it was better than the alternatives at that time. And then when I was getting ready for my transplant, we knew that I needed an unrelated transplant. We got a second opinion at a hospital because there were different types of transplants that would be available to me with T cell–depleted and not T cell–depleted, and I didn't understand a lot of that, except that there wasn't a clear-cut path for me. We — I mean, I say we, but I mean my mom, because she was the one with the medical expertise — really had to look at these different options and take her best guess. And so, again, I think in that moment, I probably did not realize the extent of work that had gone into even creating those options in the first place. But watching my mom grapple with those decisions and having to learn afterward. And I've been incredibly lucky. My transplant was almost 25 years ago. And I have followed as much as I can the state of things, and it's amazing to me how much things have evolved and how different some of the treatments are. But I look at it now with a much different understanding and a much different appreciation of everything you just said.

DMW: And I think many of your caregivers were physician-scientists. There's a lot of science and there's a lot of art that goes into both work in the basic laboratory and also in the clinic. But I've always thought of the physician-scientist as something like Michelangelo. An extraordinary sculptor, extraordinary painter, and a different kind of painter because of the technical skills and the art in sculpting, and vice versa. And so I think when I saw you as a patient, I was late into my fellowship. I had spent an enormous amount of time in the clinic, really honing my skills in taking care of patients, getting bone marrow transplants, who had complications or transplants, and so on. I felt like I was at that point someone who'd really been practicing a lot. I think some of the interactions we had were because I was just at a comfort level where then I was really focused on the art of being a doctor. And I understood the technology and the scientific decisions and so on. That becomes more difficult as your career goes on, and you have so many other challenges, but I'm not going to get into that too much. I do think that there are a lot of junior trainees right now deciding about careers as physician-scientists, and what they see are the many challenges: the long, long training, that there are fewer opportunities for physician-scientists at many institutions — although I would argue it still remains the best career you could possibly have. And challenges in our culture and funding from the NIH and other things like that. So I wonder, do you have thoughts? Do you have a message?

SEW: I do. I'm curious why there are so few opportunities. I can answer your question first if you like, and then we can come back, but I'm curious to learn more about that, because I think I wouldn't be here if it weren't for physician-scientists. And I can't think of a more compelling reason for people to go into that field. I also think that I can't even imagine the challenges certainly of the time and the work and the effort and all of that: but the challenges of really understanding the science and then having to look at a human being and know that they may not survive, or they may survive with a decreased quality of life. I am incredibly, incredibly lucky, and I'm very aware of that. I have had my fair share of side effects, but they've all been manageable, and thank goodness for that. And I know that I'm probably more the exception than the rule, with all of the treatment that I've been through. I think it has to be so challenging to decide to go into a field like that, that would be so emotionally overwhelming and challenging. I've shared my story a lot of times with a lot of different audiences, and I have shared at nursing conferences, and oncology conferences, and you know, just with a range of medical audiences, and almost at every single one that I've been to, there is somebody in the audience that will come up to me afterwards and thank me for reminding them of why they do what they do. And it's not a commentary on me; I think it's more a statement that you don't always get to see the success stories, right? Because especially when you're in a hospital, or wherever you're practicing — I mean, my case is a perfect example. You and your team and the oncology team saw me very, very regularly while I was in crisis. And then, little by little, I was able to extricate myself from that as my numbers started getting better, and I was able to reclaim independence and all of those things. And then I came back every 6 months, and then I came back once a year, and now I go back every 2 years just to see my surgeon. So I think there probably are fewer reminders of the success stories like me. Which has to make it really, really hard in the face of everything you're describing. I guess I would just say that there are more successes than people realize, and in my case, I have done my very best over the last 25 years to pay it forward in every way possible. Because you saved my life, I was able to help thousands of young adults pay their bills, start families, get out of debt — you know, move forward with their lives. And I say it not to celebrate myself, for sure, but just to say that there's so much impact that can be made, and I hope there are ways for physician-scientists to see that and balance it with the challenges that they're facing and find ways, or have there be ways, for them to see firsthand patients like me.

DMW: Yes, I think most of the challenges really are economic, and all institutions — academic, pharma. biotech and so on — are under pressures, but academic institutions in particular, really deep translational science, it's not a money-making venture, it's a money-losing venture. And the extent to which academic centers can afford that and support it, it's a real challenge. Directionally, we can be hopeful, but I think we do need advocacy, and we need, as a community, like you're saying, to whatever extent possible make sure that people who can help whether their legislators or others really recognize this challenge. I think the physician-scientists from the very beginning, they really do recognize this opportunity to help people. That's why many of them go through MD-PhDs. They've got very, very long roads ahead. There is a challenge with PhDs, I think, and this was one of the reasons why I loved being in Memorial Hospital, the old Memorial Hospital, or the old Dana-Farber — and it's still true, I guess, with the Jimmy Fund Clinic — that the scientists who worked in my lab would ride the elevator with the children with cancer, up to the Jimmy Fund Clinic, and then they'd continue up to our laboratories. So they saw it, they felt it. And it wasn't always about success, right? And I think that makes a really huge difference. That's why I was so happy when you came to our retreat at Merck, because [one says] things like, "Oh the doctor saved my life." I really don't think that's true. I think that scientist at the bench who made the discovery that led to the medicine, they'll never get a thank you. They're not even in the back of the room at the presentation at the meeting where somebody's talking about the clinical trial. They're still in the lab pipetting and doing that science. So people like you can make sure they understand what this is — I mean, they know what it's all about — but can just remind them how important what they're doing [is]. It's so valuable. I really, I really appreciate it.

SEW: I really appreciate it. And the other thing I would say is that I learned a lot about quality of life. We certainly lost a lot of people in the years when I was in treatment, and I want to correct something that I said before, which is about being a success story. I know that in a lot of ways that's what mine feels like, and I'm very grateful. I don't think surviving is the only metric of success in this conversation, and I just want to clarify that, because we saw a lot — too many in my case — it was kids and young adults, because I was treated on Peds, but we knew that they weren't going to survive. They knew that they weren't going to survive. Their families knew that they weren't going to survive at a certain point. Because of the medicine and because of the treatment, they were either given more time than they thought they were going to have and/or they were able to maintain a certain quality of life for longer than they thought, and so I want to make sure to say that, too, that the impact of the scientists and the research is not just whether somebody lives or dies. We saw that a lot of different ways. You know, it made me smile when you talked about them riding up the elevator with the kids, and it makes me equally sad that researchers especially are not always able to see personally those stories. And for some, it might be the research that drives them. So it's not to say that everybody has to come face-to-face with patients. But I remember the faces of the researchers that I met at the retreat that I came to with you. Seeing the personal side of it seemed to be a good reminder, especially when things feel very long or things feel very uncertain and overwhelming. I would hope that there would be more opportunities for that, if that's what people are seeking. But I would actually ask you the same question, which is why people should go into this field, why they should become physician-scientists, given all of the obstacles that they're facing.

DMW: Yes, I do everything I can to avoid giving advice, because I think it's usually wrong. I can say why I went into this field. I didn't know that I wanted to be a physician-scientist, I'm not an MD-PhD. But fairly early in training, I saw role models who were able to understand science in the laboratory, understand clinical scenarios, and just operate at another level that integrated those, and also work on their art as a physician. And I respected those people so much that I said, "That's what I want to be. That's what I want to do. I think that's the way in which I can bring impact." And I had everything going for me in the sense that I was young, I was single, I didn't have massive debt — other things that do commonly keep people from that aspiration — and I recognize that, I respect that. Many, many things, like you were saying, fell in line for me to be able to have this career. And I had great mentors, and I worked really, really hard. I'm one of those people. Many, many people during training know this man or woman in their fellowship class who just never stops training. So I was what's called a PGY11, which means I was 11 years out of medical school before I got a job. My father-in-law would say to me over and over again, David, when are you going to get a job? You know, as in, he'd say things like a man's primary responsibility is to support his wife, but he'd also say to his daughter-in-law a woman's primary responsibility is to support her husband, so it wasn't a sexist remark. It was just a mark of exasperation. I think it's a really long commitment. You've got to love the journey, and I certainly did. There was one other part I wanted to touch on, just because it's so great. Can you tell the story about meeting your donor?

SEW: Yes, I can. All I knew was that I had an unrelated donor from St. Louis. That's all I knew, that's all I was allowed to know. And the day of my transplant, my room was filled with friends and family. We had music. Like we were celebrating him before we knew him, before we even knew he was him. And over the course of the year, they tested me, made sure things were moving in the right direction. Then, like I said, a year later, they set me free. Before I moved back to Boston, I actually decided that I should go back to school for a little bit, mostly because I didn't know what I wanted to do, and so I went up to Middlebury College, and I did one of their language immersion programs for a couple months. And you know, it was a lot to go straight from the hospital to, again, being in a college dorm, and so my mom would come to visit every so often. And one time towards the end of the summer, she came — and this was probably 2003 or 2002 — so she came with a fax. She came with a little rolled-up scroll of a fax.

DMW: I mean, for those younger people in the audience, that's a thing we used to send over the phone line. And it made this high screeching noise when it was. I don't know why it had to make the noise, but yes.

SEW: Yes, so she came with a fax, and it was in Eli's handwriting. And it had, I believe, just his name, maybe his address, and his phone number. I mean, that was a huge moment, because he was a real person and we could start to sort of picture him. Then the day I moved back to Boston, my mom helped me move, and we stayed in a hotel that first night, and thankfully — again, it's 2002–2003, and so there was no caller ID, there was none of that. Which is good, because I must have called him 50 times. Because I called, and he wasn't home, and I couldn't leave a message, because I didn't know: What did you say in that first message, right?

SEW: And I called, and I called, and I called, and I called.

DMW: So do you think he got home, and he pressed his answering machine, and it said, "You have 49 messages." . . . Click . . . Click.

SEW: I was smart enough to hang up before that happened. Thankfully, no caller ID, because I'm pretty sure the story wouldn't have gone this way if he thought it was a stalker, but finally, he picked up, and then I was so nervous, because then I really didn't know what to say. So I said, "Hi. You don't know me, but my name's Samantha Eisenstein." And without even hesitating, he's like, "I know exactly who you are. How are you feeling?" And I was like, "Oh! I feel good." I didn't know how to answer that either. But it just was the easiest conversation, and he immediately felt like part of my family, because we also had felt so grateful and celebrated him so much without even knowing who he was, so to be able to just talk to him was amazing. I found out that the reason, actually, that he became a bone marrow donor was in two parts. The first was that his dad at that time was a retired doctor, and they were very active in the Jewish community out in St. Louis, and so they were always doing bone marrow drives and blood drives and all the things. And his dad was like, "Come on, this is what we do," and they did it. But also, his wife, Christine, had lost two sisters and I believe her dad to cancer, and so this was an incredibly personal thing for her. For probably a year or two, we were like, "When are you going to come to Boston? Well, we'll come to St. Louis." Or "Why don't you come to New York?" Or just trying to do something. And it's funny: he downplayed a lot of it. I think he truly believed that if it hadn't been him, it would have been someone else, and therefore, it's not such a big deal. Where we thought he was actually the third donor that came up for me. The first two didn't work, and I was running out of time. If it hadn't been him, it probably would have been one of my parents, which would not have been great. So we had very different understandings of the importance of him specifically doing this. He was kind of like, "Well, maybe I'll come visit," or "Maybe someday we'll meet." And then we finally kind of backed off a little bit. And then he called me one day, I was in Boston, it was 2004, and he was like, "I'm coming to a conference in Boston. Want to have dinner?" I was like, "Oh my god, oh my god, oh my god, yes I do." And it felt like meeting a celebrity, except to the nth degree. I called my mom, and I was like, "Hey, so Eli's coming," and also, I don't think I can invite you or anybody, because he wants to do this small, and I can't throw the big, giant party that I was going to throw. I don't want to overwhelm him. He and Christine came. The three of us had dinner; it was magical. It was magical. And from there, he did come back another time. We threw a big party. He met my entire family. He just was one of the most remarkable people I've ever known, which we thought before we met him, but then as we got to know him as a person, turned out to be even better than we thought. He was a civil rights attorney, he could do a New York Times crossword in 20 minutes, he was hilariously funny. Actually, when my husband and I got married in 2007, Eli was the one who officiated the wedding.

DMW: Wow.

SEW: Yeah, it was perfect. It was perfect. I put him in the past tense because he died of a heart attack about 4 years ago, and it was one of the most profound losses. I mean, we talked before about losing people. And it is always hard, and it is always tragic, and it is always loaded. This was a loss unlike any I've ever experienced. The bond that we have maintained with his wife and children is one of the most special things that I have in my life. They asked me to eulogize him at his funeral. I met his family. The depths of that bond that I had with him are beyond words, really, but I'm so grateful. After he died, it took me a little while to even share my story anymore, because I didn't want to. I didn't want to tell that story without him. And now that a few years have passed, I realize how important it is to keep telling that story, because even with the loss, and even with all of the things that came with it, I wouldn't trade my relationship with him for anything. He called himself my blood brother. Actually, the last text that I got from him was August 24th of 2021. He sent me a text that said "Happy Anniversary," because we would text each other every August 24th: "Happy anniversary from your blood brother. 20 years of being me. Speaking from experience, I don't know how you do it." So that was his sense of humor, and that is the last memory I have of him, which makes me smile every time I think about it.

DMW: Oh, Sam, that is just so kind of you to relay that. I'm sorry, I did not know that. You know, it sounds like he went through a process even to internalize how much he had really done for you, right? It's not easy to accept within ourselves that we've done something so amazing for another person. He couldn't make that connection, and then he finally could, and then it could only be in this limited way, and then he embraced you. I wonder if you're able to internalize: you didn't give him this gift, but that he was given a gift, too. He got to be a person who had done something so remarkable. I'm sure if he had an opportunity to recount the greatest things in his life, this would have been right among the top.

SEW: You know it's funny, because I think in his mind, what he went through was nothing compared to what I went through.

DMW: He's right. Well, he's right about that.

SEW: Well, in some ways, yes, except that we also found out that he almost bled out. I mean, the other just remarkable part of this whole thing is that apparently, as the story goes, his doctors called my doctors and said, "We can't send the bone marrow, because we don't even have enough for an infant." We had to stop, got all these complications, and my doctors said to his doctors, "Just send it, because that's all we've got." So it wasn't supposed to work. By all accounts, it was not supposed to work. But he downplayed that part, too. So, first of all, at his funeral, it was a small funeral, because it was during COVID and all that, but I got to meet his family, and I got to meet his nieces and nephews, and I got to meet his business partners. What I said, I think, because I don't really remember — part of it was so emotional — but one of the things that I said in my eulogy was that to his kids, I told them, I represent this alternate universe where everybody who knows me, everybody knows Eli — he's like a superhero. I mean, everybody who knows me thinks of him in the same way. What was really interesting with respect to what you just said is that, number one, they mentioned it in his obituary, that he was a bone marrow donor.

DMW: It's important. It's really important.

SEW: Yes, it was so meaningful that they did that. And they also said in lieu of flowers, they asked for donations to my charity. But they didn't say anything about the connection, they didn't explain it. They just said, in lieu of donations please donate to the "SAMFund." Because we were a really small team, and obviously because this was happening, I was on the receiving end of every email that came in. I mean, most people didn't know the connection at first, but when I emailed them back, and I thanked them for their donation, and I said, "Here's how I know Eli," almost to a one, they were like, "Oh my god, we knew he was a bone marrow donor, we knew there was a woman somewhere. I can't believe it's you." So he had talked about this quite a bit. I think, in hindsight, he probably didn't share that part with me because he was more focused on me, because that's who Eli was. But I think in his own world out in St. Louis, and with the people who were close to him, he knew. He knew what he did.

DMW: That's amazing. You have left me inspired. Thank you.

NS: Well, thank you so much for that candid and illuminating conversation, Dr. Weinstock and Sam. I think that statement you made, David, about the integration of research and medical care really is what makes physician-scientists so critical to the field. They see patients in the clinic, realize there's a question that needs to be answered because it would help patients, take it back to the bench, and figure it out. And for that, I think we all recognize how important they are to the field and to medical advancement. Sam, thank you so much for sharing your story, your insights from the patient's perspective, and your tireless work in helping others navigate cancer. Thank you both.