

BreakThroughs

2026



Duke Cancer Institute

A LUMP,
A LIFE,
AND A LEAP
OF FAITH



**REACHING
NEW HEIGHTS**

in Breast Cancer

SAYING YES
to Science and Service

**REDEFINING
CANCER CARE**
for Young Patients

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ON THE COVER:

A Lump, A Life, and a Leap of Faith

At 18 weeks pregnant, Arlene Brown learned she had triple-negative breast cancer. Within days, she began treatment at Duke Cancer Institute. Today, more than two years later, she's a proud mom to toddler Andrew — with no signs of recurrence. See page 20. Photo by Erin Roth.

Thank You for Your Partnership

THE GENEROSITY OF DONORS AND FRIENDS LIKE YOU makes it possible for Duke Cancer Institute (DCI) to **discover, develop, and deliver the future of cancer care...now**. Because of you, DCI stands among the nation's premier cancer centers, driving innovation and transforming lives.

After more than a decade as DCI's inaugural executive director, **Michael B. Kastan, MD, PhD**, has decided it is time to pass the torch. Since 2011, he transformed DCI into a national model, championing multidisciplinary care, expanding research, and improving access and community engagement. A pediatric

hematologist-oncologist and renowned cancer biologist, Kastan will continue as a Duke faculty member.

On January 5, 2026, we welcomed **Erik Sulman, MD, PhD**, as interim executive director. Recently appointed chair of the Department of Radiation Oncology, Sulman brings exceptional expertise in brain tumor treatment and novel therapies. We are confident his leadership will guide DCI through this transition and build on its legacy of excellence.

Thank you for all you do to elevate DCI's mission. Together, we are changing the future of cancer care.



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Reaching New Heights in Breast Cancer Care

BY SARAH AVERY



SHELLEY HWANG and a colleague during a double mastectomy.

Shelley Hwang's decades-long climb to transform breast cancer care proves that audacious goals — and the courage to question convention — can change lives.

The only way to ascend a mountain is by putting one foot ahead of the other, one step and then another, with grit and vision.

That tenacity took Shelley Hwang, MD, to the top of Mount Kilimanjaro in 2021, the highest mountain in Africa. It's also led her to the pinnacle of a research quest that began decades ago.

Early in her career as a breast surgical oncology fellow, Hwang questioned the standard practice of treating patients diagnosed with ductal carcinoma in situ (DCIS) — a small cluster of abnormal cells in breast ducts — with mastectomies or lumpectomies, often followed by radiation. Many women even opted to remove both breasts from fear of breast cancer.

“I just wondered if we really needed to do all that,” said Hwang, the Mary and Deryl Hart Distinguished Professor of Surgery. “DCIS presents so differently from cancer, but we were treating it as if it were the same disease.”

In 2024, after years of small trials and incremental steps, Hwang achieved a research milestone, presenting data at the San Antonio Breast Cancer Symposium and simultaneously publishing in *JAMA* that a watchful waiting approach to DCIS is, at least initially, a viable alternative to surgery.

If longer-term data confirm the findings, Hwang will have reached one important summit of her career-long journey, possibly changing the standard of treatment for tens of thousands of women and men diagnosed with DCIS.

“Surgery has consequences that patients may live with long after treatment,” Hwang said. “If patients have chronic pain or numbness, or they don’t even have a breast the rest of their lives, that is life-changing for that woman. We can’t ignore these effects that our patients experience that impact their quality of life.”

A DIFFERENT ROUTE

Hwang’s surgical breast oncology fellowship was at Memorial Sloan Kettering Cancer Center in New York, and it was there she began questioning the medical dogma around DCIS.

Since at least the 1990s, the drumbeat was on early detection and early treatment. It’s an approach many credit with contributing to the decline in U.S. death rates from breast cancer, even as the nation’s incidence of breast cancer has increased.

But Hwang saw some contradictions. Often, a diagnosis of DCIS and subsequent treatment depended on the pathologist’s report, or a reading of the radiology scans. Other abnormalities were flagged but watched closely, similarly to a benign condition called breast atypia.

“It just seemed there was a lot we didn’t know about this disease,” Hwang said.

“CURRENT TREATMENT MODALITIES MAY BE OVERLY AGGRESSIVE BECAUSE MANY CASES OF DCIS MAY NOT RECUR OR PROGRESS TO INVASIVE CANCER. UNTIL WE ARE BETTER ABLE TO IDENTIFY THOSE PATIENTS AT LOW RISK FOR PROGRESSION, IT IS UNLIKELY THAT CURRENT TREATMENT WILL CHANGE.”

Shelley Hwang and Laura Esserman

As her career advanced and she joined the University of California at San Francisco, she met a fellow skeptic in Laura Esserman, MD, who became a close colleague and research collaborator.

As early as 1999, Hwang and Esserman were challenging the need for all DCIS patients to undergo surgery and advocating for a deeper understanding of the condition.

“Current treatment modalities may be overly aggressive because many cases of DCIS may not recur or progress to invasive cancer. Until we are better able to identify those patients at low risk for progression, it is unlikely that current treatment will change,” they wrote in the journal *Surgical Clinics of North America*.

Over the next decade, the two published dozens of research studies that established them as national leaders. In 2011, they shared results of a small study showing the feasibility of treating DCIS with regular scans instead of surgery.

Another, larger study followed with similar results, and by 2016, Hwang and Esserman had gained a level of fame uncommon to cancer researchers when they were heralded among *TIME* magazine’s “100 Most Influential People.” The singer and breast cancer survivor Melissa Etheridge wrote their tribute.

The following year, Hwang was named the principal investigator of the COMET study, a large, national clinical trial testing two different management strategies for low-risk DCIS: watchful waiting vs. surgery. COMET — which stands for Comparing an Operation to Monitoring, with or without Endocrine Therapy — was funded by the Patient-Centered Outcomes Research Institute.

On Dec. 12, 2024, Hwang unveiled the first planned analysis from the COMET study, validating that watchful waiting is safe and effective, at least as an initial approach.

NEXT STEPS

Hwang said these first findings from the COMET study are encouraging, but she is clear that longer-term data are needed for definitive success. Still, she is savoring the view from this vantage and excited to imagine what these results could mean for future patients with DCIS.

For Hwang, another major goal toward properly treating DCIS is gaining the ability to identify which clusters of cells are, indeed, cancerous. To that end, she has been leading another research effort



SHELLEY HWANG and husband John Kim on top of Mount Kilimanjaro in Kenya.

to map a molecular atlas for DCIS as part of the NCI’s Cancer Moonshot Program, the Human Tumor Atlas Project.

In 2022, the team reported a major advance toward distinguishing whether the early pre-cancers would develop into invasive cancers or remain stable. More work is underway to make the gene classifier a clinical test that can be used in real-life settings, based on samples collected from patients who participated in the COMET Study. The patient-powered aspect of this research has been central to the clinical trial, which was a powerful partnership between researchers and patient advocates at almost 100 trial sites.

ONWARD AND UPWARD

In 2022, the team reported a major advance toward distinguishing whether the early pre-cancers would develop into invasive cancers or remain stable. More work is underway to make the gene classifier a clinical test that can be used in real-life

settings, based on samples collected from patients who participated in the COMET Study. The patient-powered aspect of this research has been central to the clinical trial, which was a powerful partnership between researchers and patient advocates at almost 100 trial sites.

Hwang’s determination to find the answers that will lead to better cancer care mirrors another of her passions: climbing mountains.

“It was an amazing experience,” she said of summing Kilimanjaro. “There’s an important parallel between doing research and climbing mountains. Both are about setting a BHAG — a big, hairy, audacious goal, something that is ambitious but achievable. And it’s the focus on that North Star that is going to keep you inspired through all the inevitable setbacks.”

And so she keeps going, one step at a time, over and again, toward a goal that could help change the lives of thousands.

AN INNOVATOR SPARKS INNOVATION

BY D'ANN GEORGE

PHOTOS BY EAMON QUEENEY

Walt and Arlene Simmons didn't just hope for better treatment. They funded it.

Walt Simmons is a seasoned mechanical engineer with an entire wall in his West Virginia home decorated with his patents. Still professionally active in his seventies, he owns and operates a hydroelectric facility that he purchased in a dilapidated condition.

"Even though I knew nothing about dams at the time," Walt said.

"And even though it was junky, and filthy," said Arlene.

"So I thought, well, this is a challenge," said Walt, a playful gleam in his eye.

Walt's love of a good challenge, and Arlene's lifelong devotion to supporting her husband's engineering ventures, soon drew the couple to ask Walt's oncologist at Duke Cancer Institute, Daniel George, MD, a question. What could they do to advance treatments for the prostate cancer that nearly cost Walt his life?

"When Dr. Dan George pointed out that Duke was uniquely positioned to bring engineers and oncologists together to solve real problems, we knew we wanted to be part of it. I've always been fascinated by the process of discovery," said Walt.

George, co-chair of the DCI's Center for Prostate and Urologic Cancers, suggested an organic approach to fostering new collaborations: a monthly meeting between prostate cancer clinical researchers and biomedical engineers from Duke's Pratt School of Engineering to identify and solve prostate cancer challenges. "Bringing biomedical engineers from Pratt to the table is special. That would not have happened without a funding incentive," George said.



to distinguish cancerous tissue from healthy tissue in real time."

A surgeon's ability to successfully make that distinction profoundly impacts a patient's outcome. If they cut away too little tissue, some cancer could remain. If they take too much, urinary and sexual function could suffer.

Urologists' dream scenario, said Abern, would be a device designed to enhance a surgeon's ability to precisely "see" the cancerous prostate tissue in real time — while they are performing a surgery.

Abern and Patrick Codd, MD, associate professor of neurosurgery, proposed to reengineer a tool already in use by Duke neurosurgeons to operate on brain tumors, making it suitable for prostatectomies.

The team assigned Tanner Zachem, a PhD candidate in biomedical engineering, to make a prototype of "Prostate Tumor ID" and test it. Zachem has also begun his first year of medical school at Duke this fall.

Zachem said that the Simmons stimulus grant accelerated the pace of device development.

A DEVICE IS BORN

The Simmons decided to fund seven "stimulus" awards, each worth \$100,000, to kick start collaborative research. One of the first awards sparked the development of a device called Prostate Tumor ID that its inventors hope will improve outcomes for men with prostate cancer who have surgery to remove the prostate.

"Prostate cancer is notoriously hard to visualize during surgery," said Michael Abern, MD, associate professor of urology at Duke. "Even with laparoscopic cameras, it's difficult



Prostate Tumor ID, developed by urologic oncologist Michael Abern (left) and biomedical engineering PhD candidate and medical student Tanner Zachem, promises to help surgeons precisely "see" cancerous prostate tissue in real time.

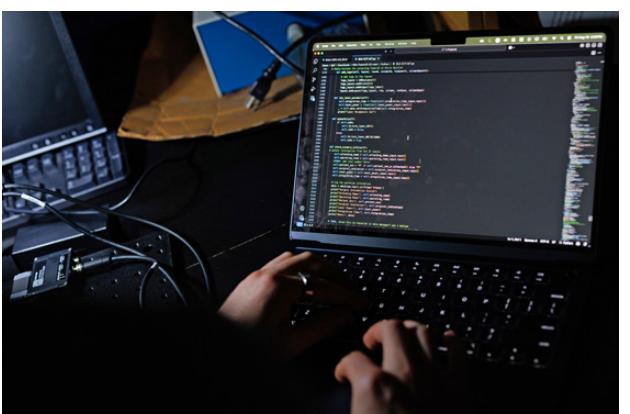
"Within one month of hearing about the stimulus grant, our team presented a prototype to Mr. and Mrs. Simmons. And just weeks later, boxes containing mechanical parts started arriving. And now, we're generating a significant amount of data," said Zachem. "I'm so grateful to the Simmons for jumpstarting my career."

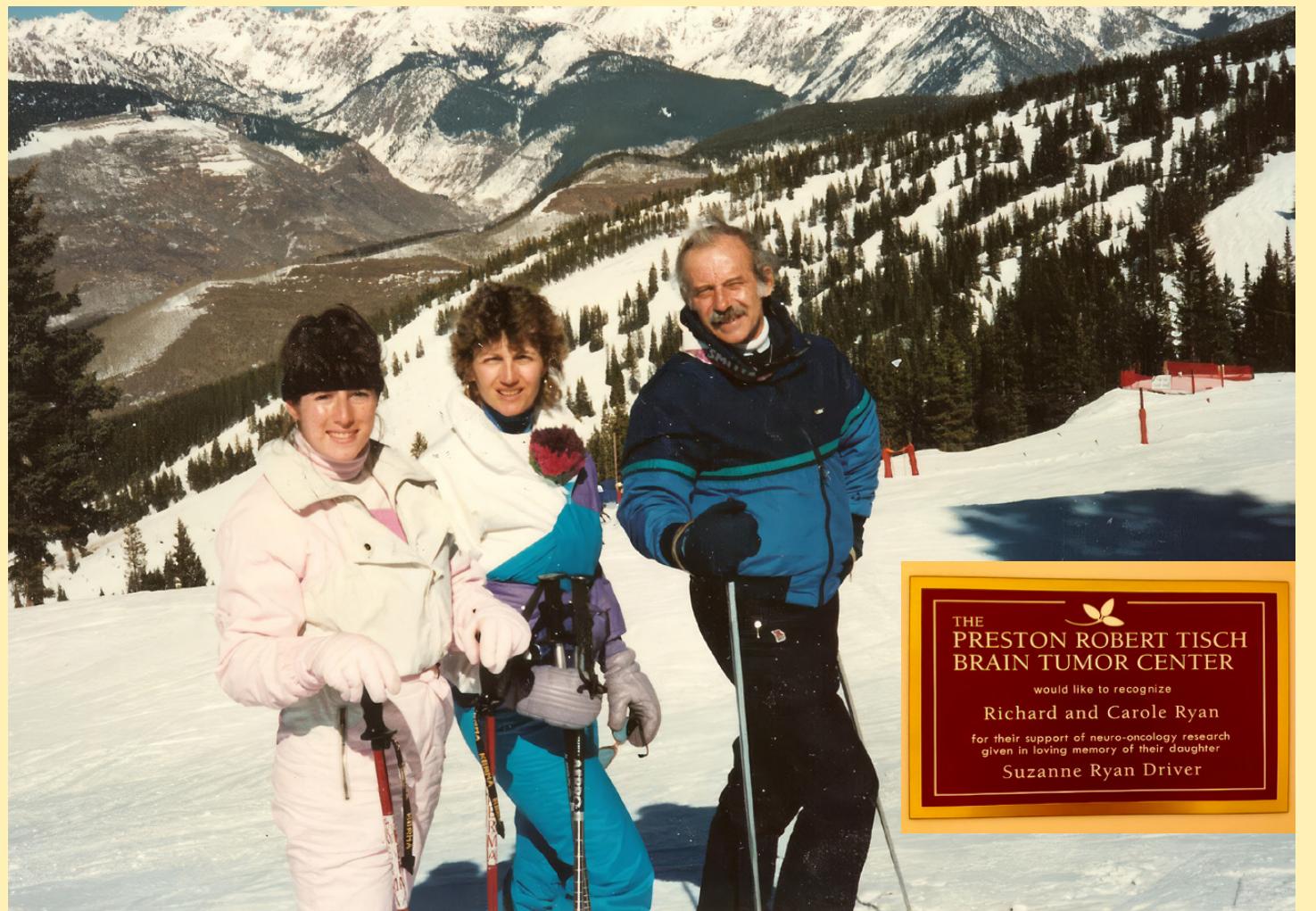
The resulting new tool is a compact, high-tech device that fits inside a 15mm laparoscopic port. It uses advanced imaging and tissue identification technology to instantly detect cancerous cells during surgery, giving surgeons immediate feedback on where to cut — and where to stop.

This past summer, Zachem and Duke's urologists began testing TumorID. "This pilot funding will allow us to ultimately pursue additional funding to extend this imaging technology to a form that can be used during minimally invasive surgery," Abern said.

For Walt and Arlene, the journey has been deeply personal — but also profoundly hopeful.

Arlene Simmons summed up the couples' motivation for funding the stimulus awards. "We wanted to do something that would matter. Not just for Walt, but for other families facing prostate cancer. Supporting this kind of research felt like the right way to give back."





A Mother's Gift Fuels Brain Tumor Research

When Carole Ryan lost her daughter Suzanne to a brain tumor, she turned grief into action. Through more than \$4 million in gifts, including a recent \$2.5 million planned gift, Ryan is advancing research through an endowment in Suzanne's name.

Known as "Suz" to those she loved, Suzanne embraced life with zeal and grit — an accomplished athlete and a bright mind with a knack for numbers. After her death in 2010, her parents created a fund in gratitude for the compassionate care she received at Duke.

Since then, the Suzanne Ryan Driver Brain Tumor Research Fund has propelled glioma research at the Preston Robert Tisch Brain Tumor Center, part of Duke Cancer Institute, fueling discoveries that shape care for patients like her daughter.

"Carole's generosity honors Suzanne's memory in the most meaningful way — by fueling the discoveries that lead to more effective and compassionate care for future patients and

families," said David M. Ashley, MD, director of the Preston Robert Tisch Brain Tumor Center at Duke.

Read more about the Ryans and Suzanne's legacy: duke.is/CaroleRyan.

— Emily Ford

To learn more about making a planned gift to Duke Cancer Institute, please contact Executive Director of Development Michelle Cohen, 919-385-3124, or micelle.cohen@duke.edu.



Duke Cancer Institute

Outrageously Ambitious — and Making It Happen



We set audacious goals because the stakes are high — and together, we're delivering. With **\$55.4 million** raised in fiscal year 2025, every gift fuels breakthroughs, transforms care, and accelerates impact. From annual giving that keeps us strong to endowments that secure our future, and planned gifts that shape tomorrow, this progress is proof: when ambition meets action, there are no limits.

2025 Fiscal Year

Annual Giving	\$5,087,509
Restricted Gifts	\$34,748,371
Endowment	\$10,048,823
Planned Giving	\$5,585,439
Total Giving	\$55,470,142

MADE
FOR
THIS

THE
DUKE
CAMPAIGN

Driving Change, One Swing at a Time

For seven years, the Tee Off vs Cancer tournament has turned the fairway into a force for good. On September 30, 2025, the seventh annual event at the Golf Club of Georgia raised more than **\$245,000** to support research and patient care at Duke Cancer Institute. Founded and championed by DCI board members Rick Gieryn, Michael Fields, and Carlton Maner, this ambitious effort has generated over **\$1.5 million** since its debut in 2019.



From left, Andrew Berchuck, MD, DCI Board of Advisers member and event organizer Michael Fields, DCI Board member and event organizer Rick Gieryn, DCI Executive Director Michael Kastan, MD, PhD, and DCI Chief Medical Officer Edwin Alyea III, MD.



CELEBRATING 2025 SHINGLETON AWARDEES

PHOTOS BY KEN HUTH



Duke Cancer Institute Executive Director Michael Kastan, MD, PhD, provided an update on the institute, and Deputy Director Steven Patierno, PhD, presented a keynote address.

When the Shingleton Society gathered in October to honor the 2025 Shingleton awardees, the event celebrated partnerships of all kinds — between patients and health care teams, between colleagues working collaboratively on a problem, and between Duke Cancer Institute and donors who help move groundbreaking research forward. The society is inspired by William W. Shingleton, MD, a renowned surgeon who founded the Duke Comprehensive Cancer Center.



Brad and Catherine Shingleton Branch (far right) attended the event with other family members of William Shingleton and Jane Bruce Shingleton.

BRAD AND CATHERINE SHINGLETON BRANCH, THE WILLIAM W. SHINGLETON AWARD.

Through a generous estate gift to Duke University, Brad and Cathy established the Catherine S. and J. Bradford Branch Fund, an endowment supporting Duke Cancer Institute and Duke Heart. Their commitment reflects a desire to improve health outcomes and reduce mortality rates in areas of critical need, and both are exceptional advocates and ambassadors for Duke Cancer Institute.



Michael Kastan, MD, congratulates Becky Martin, Madison Letts-Katz, and Riley Martin with the Knox Martin Foundation for Brain Cancer Research.

BECKY MARTIN AND THE KNOX MARTIN FOUNDATION FOR BRAIN CANCER RESEARCH, THE SHINGLETON AWARD FOR COMMUNITY PARTNERSHIP.

The Knox Martin Foundation for Brain Cancer Research, created in 2021 in memory of Becky Martin's son, Knox Martin, has become a powerful force to advance brain tumor science at Duke Cancer Institute. The foundation, which partners with the Preston Robert Tisch Brain Tumor Center to fund innovative research on the most aggressive forms of brain cancer, recently surpassed \$1.1 million in philanthropic support. These funds have directly enabled three FDA-approved clinical trials.



ANDREW BERCHUCK, MD, THE SHINGLETON AWARD FOR CAREGIVER PARTNERSHIP.

A leading clinician and researcher, Berchuck specializes in the surgical and chemotherapeutic treatment of ovarian, endometrial, and lower genital tract cancers. He is a longstanding champion of the Gail Parkins Memorial Ovarian Cancer Walk, which has raised over \$5.1 million. He is the director of the Duke Division of Gynecologic Oncology and holds the James M. Ingram Distinguished Professorship.



DIANE AND JOHN MAUK, THE SHINGLETON AWARD FOR DISTINGUISHED SERVICE. The Mauks, along with their family, are steadfast partners of Duke Cancer Institute, generously contributing time and resources to advance cancer research and patient care. Their commitment is deeply personal, motivated by their son Holden's journey as a pediatric brain tumor survivor. Their philanthropic leadership at Duke has been especially important for the Teen and Young Adult Oncology Program. Diane serves on the Duke Cancer Institute Board of Advisors, where she chairs the nominations committee and is a member of the executive committee.

Saying Yes to Science and Service

BY ANGELA SPIVEY

PHOTOS BY LES TODD

Duke University School of Medicine alumnus Shane Killarney, MD, PhD, spent his teen years expecting to become a New York City firefighter, like his grandfather, father, great uncle, and two uncles. “My father always told me to pick a career where you’re working in your community and you’re helping people,” Killarney said.

But after high school, a community college astronomy class rekindled his love of science. His father’s advice helped him say yes to medicine — a new way to serve. That moment marked the beginning of his journey to Duke, where he found a community that encouraged curiosity and collaboration.

An FDNY scholarship helped Killarney complete two years of community college. Then he transferred to UNLV, where he graduated Magna Cum Laude and set his sights on oncology. The field’s gravity and the chance to build long-term relationships with patients drew him.

Once he entered medical school at Duke, a month spent in cancer biologist Kris Wood’s lab, paired with the sobering reality of how few options some cancer patients have, helped Killarney say yes to the long road of an MD-PhD. He decided to become a clinician-scientist — someone who treats cancer patients while developing better therapies in the lab.

Now an internal medicine resident at Brigham and Women’s Hospital, a Harvard Medical School affiliate, Killarney is well on his way.

His Duke career included the Duke Cancer Institute Scientific Achievement Award in 2023 and the Dean’s Award for Excellence in Research in 2024, which honors graduate students for leadership, publication record, and contributions to the scientific community.

“Shane is among the most gifted, intelligent, conscientious, and rigorous scientists I’ve known at any age,” Wood said.

In addition to mentorship from Wood and his thesis committee, Killarney said that the relaxed, open atmosphere in Wood’s lab helped him thrive. Bonding activities like a lab fantasy football league helped build trust. “When you’re hitting a wall with your science, you’ve got these relationships with 20 people you see every day,” he said.

One of those relationships helped shift his research. Killarney had been mining public datasets showing how cancer cell lines respond when specific genes are knocked out. He was especially interested in tamping down certain cytokines (signaling proteins that can nurture cancer) to reduce cancer growth. But in the lab, that intervention didn’t change much.

One evening, frustrated after another failed experiment, he vented to his colleague Caroline Teddy. “She opened the door to this idea that maybe the cytokines were downstream of something bigger,” he said.

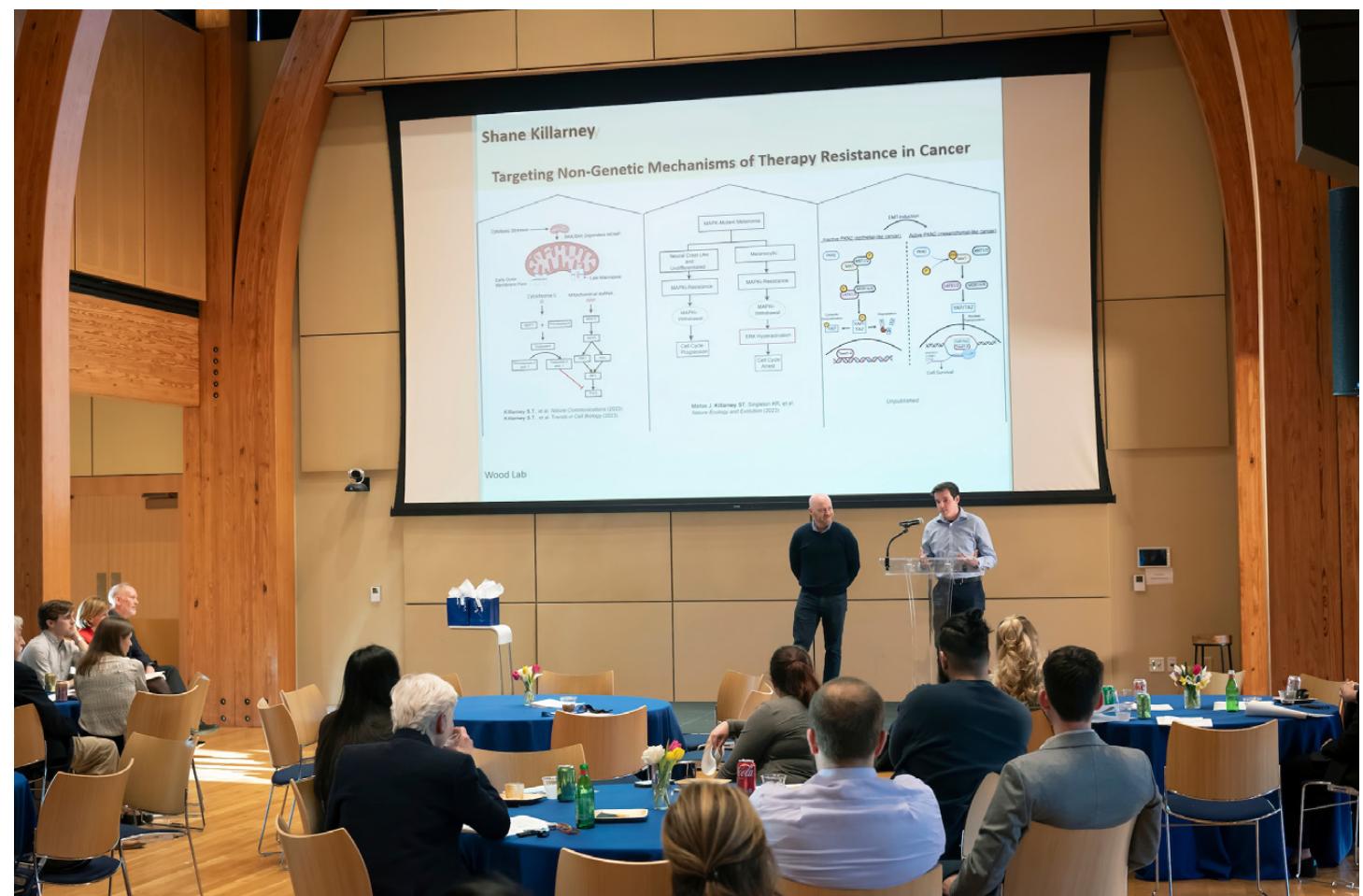
That night, he returned to the database. For hours, he sat with Teddy’s question: “What’s upstream of this?” He began looking at a key transition: when cancer cells shift from an epithelial to a mesenchymal-like state — a change linked to drug resistance and invasiveness. That’s when things clicked. The cytokines only mattered in tumors that had already entered this mesenchymal state.

“I sent Caroline a screenshot of the data, and she just cracked up. It was a full-circle moment,” he said.

That insight led to his discovery that inhibiting an under-studied enzyme may prevent cancers from becoming aggressive and resistant to treatment. The work, with Killarney as first author, was published in *Cancer Discovery* in March 2025 and featured on the cover.

The community he found in Wood’s lab extended across Duke. “I felt completely comfortable saying, ‘Hey, I don’t know how to do this,’” he said. That openness was met with encouragement. Even professors who weren’t his direct mentors would respond to email questions the same day. “That is an incredible way to move science forward,” he said.

At Duke, he said, the answer was never “figure it out alone.” It was always “Yes, let’s figure it out together.”



Top: Shane Killarney (right) presents his work with mentor Kris Wood at the 2024 Dean’s Award for Research Excellence ceremony. Above: Killarney and Wood with Vice Dean for Basic Science Colin Duckett, PhD, and School of Medicine EVP and Dean Mary Klotman, MD.

“At Duke, the answer was never ‘Figure it out alone.’ It was always ‘Yes let’s figure it out together.’”

Shane Killarney, MD, PhD

Make a Difference

Your gift today helps train scientists who will drive tomorrow’s cancer breakthroughs. **Scan the QR code** or use the enclosed envelope to invest in their journey.



A New Standard for Support

BY EMILY FORD

When Duke and a determined family joined forces, they redefined cancer care for young patients.

Even as he neared the end of a battle with cancer that he had fought since childhood, Duke University student Bobby Menges was thinking about helping others.

Just two months before his death in 2017, Bobby — a prolific public speaker — told an audience at the Mineola-Garden City Rotary Club in New York, “Although donating money is good, I think it’s really important to get into the trenches.”

That sentiment has become the mission of the foundation that Bobby’s parents, Liz and Peter, created in his memory. The I’m Not Done Yet Foundation surpassed \$1 million in gifts to Duke Health in 2025 and has transformed how the Duke Cancer Institute (DCI) supports young people with cancer.

Inspired by their son, Peter and Liz Menges began collaborating with Duke Cancer Institute in 2018 to develop programs that have empowered and benefited hundreds of teen and young adult cancer patients. Fueled by Bobby’s ideas and funded by Duke Shave & Buzz — the annual head-shaving event he co-founded, which just wrapped its 10th year — the partnership reflects his joyful advocacy.

“Throughout his experience as a young cancer patient in several hospitals, Bobby identified gaps in care and service for teens and young adults,” Liz said. “We view Duke as being so special not only because they provided excellent medical care for Bobby, but also because when we have come to Duke with ideas for filling those gaps, they have never said no.”

MODEL FOR PHILANTHROPIC PARTNERSHIP

Three focus areas — peer-to-peer coaching, preserving young cancer patients’ ability to have children, and fitness and wellness — form the cornerstones of a service network created by Duke and supported by the foundation. These ancillary services are just as vital to young cancer patients as treatment itself, the Menges said.

“Peter and Liz Menges have shaped a model for philanthropic partnership at Duke Health — one rooted in deep collaboration, vision, and action. Their commitment has not only advanced the Onco-Fertility Program and new IMPACT physical activity initiative, but it has also helped translate Duke research into real-world support for young people with cancer,” said Michael Kastan, MD, PhD, executive director of DCI. “Through their leadership and generosity, the Menges have driven innovation and inspired a new standard for donor engagement.”

The collaboration works like this: identify a problem, find a way to solve it, then build something that has lasting impact, Peter said.

“Although donating money is good, I think it’s really important to get into the trenches.”

Bobby Menges



Bobby Menges (center) with parents Liz and Peter. The family created the I’m Not Done Yet Foundation in memory of Bobby, a Duke University student and Duke Health patient.

"That is the power of the relationship with Duke and why we love it, and why we're thrilled to keep giving and giving and giving," Peter said. "We're always looking for the next idea, and Duke has been extremely open and receptive."

Working with the Duke Teen and Young Adult Oncology Program, the foundation helped establish positions for a nurse navigator, medical family therapist, and clinical psychologist. DCI is the only national cancer institute that offers marriage and family therapy to patients and their loved ones, available at no cost thanks in part to the foundation's support, said Cheyenne Corbett, PhD, director of the Supportive Care and Survivorship Center.

ROAD MAP FOR OTHERS

Bobby was an early participant in peer-to-peer coaching. Now called Bobby's Coaches, the program launched by I'm Not Done Yet and Duke's Department of Psychiatry & Behavioral Sciences provides free peer support for young patients with cancer by connecting them with someone who also coped with cancer at a young age.

Bobby also championed fertility preservation. With foundation support, Duke's Onco-Fertility Program has helped hundreds of young patients pursue parenthood, with referrals rising from 50 in 2019 to more than 228 in 2025. The foundation also offsets costs, making care more accessible. A co-authored white paper now serves as a guide for other institutions.

SPARKED BY BOBBY'S VISION

Most recently, the foundation and Duke launched the IMPACT (Improving Mobility and Physical Activity After Cancer Treatment) program to help young survivors regain strength, confidence, and social connection. Participants report improved mobility, endurance, and emotional well-being.

"I would recommend this program to any young adult experiencing cancer," one participant wrote in a feedback survey. "This program has given me greater agency over my body, which is something I felt I lost during treatment."

Duke Cancer Institute plans to turn this successful model into an ongoing service, thanks to inspiration from I'm Not Done Yet.

"The Menges' hands-on approach to philanthropy — sparked by Bobby's vision — has empowered Duke to develop, test, and implement innovative models of care," Corbett said. "The support and services now in place are a living tribute to Bobby's legacy."



Liz, Bobby, and Peter Menges at Duke Shave & Buzz, an annual fundraising event that Bobby co-founded.



Bobby Menges at the Shave & Buzz fundraising event he co-founded.

DUKE SHAVE & BUZZ

The foundation achieved the remarkable milestone thanks to fundraising by Duke Shave & Buzz. A year before he died, Bobby co-founded the annual event with friends at Durham Pi Kappa Alpha (PIKE).

Now run by Duke students who never knew Bobby, the Shave & Buzz club raised \$266,000 this year during the 10th anniversary, the most money raised at a single event yet. All proceeds go to the foundation.

Peter and Liz chalk up the event's remarkable longevity to seeds that Bobby planted years ago and to the extraordinary commitment to helping others that they witness across Duke.

"This is money raised by Duke, for Duke," Peter said. "Together, we have built a collaborative ecosystem that keeps perpetuating bigger and bigger things. It's just incredible what has happened, and what Bobby put into motion."

"This is money raised by Duke, for Duke. Together, we have built a collaborative ecosystem that keeps perpetuating bigger and bigger things. It's just incredible what has happened, and what Bobby put into motion."

Peter Menges



Peter and Liz Menges serve on the DCI Board of Advisors.

A LUMP, A LIFE, AND A LEAP OF FAITH

BY DEBBE GEIGER

For Arlene Brown, when time mattered most, Duke Cancer Institute delivered.

Arlene Brown knew she was at high risk for breast cancer and stayed vigilant with regular screenings. But nothing could prepare her for the moment she found a lump — while 18 weeks pregnant with her first child.

What followed was a whirlwind of decisions, fears, and a treatment journey that would test her strength and reshape her future.

Brown was named after her Aunt Arlene, who died from triple-negative breast cancer. After Brown's sister was diagnosed with the same cancer, Brown underwent genetic testing. It revealed that Brown had the BRCA-1 gene mutation, which elevated her risk for breast and ovarian cancer.

Her doctors suggested she undergo a bilateral mastectomy to remove her breasts and an oophorectomy to remove her ovaries.

But Brown was 33, and she and her husband, Richard, wanted to start their family.

Instead, she opted for regularly scheduled mammograms and MRIs. The results came back clear, and in December of 2022, the Raleigh, North Carolina, philanthropy officer was thrilled to learn she was pregnant.

In March, after she felt a lump under her right arm during a shower, her doctor advised that lumps and bumps during pregnancy were common. In May, however, Brown had an ultrasound, then a biopsy. Like her family members, Brown was diagnosed with triple-negative breast cancer.

CHEMOTHERAPY WHILE PREGNANT

After calling local cancer centers for the first available appointment, Brown chose Duke when they

PHOTOS BY ERIN ROTH

responded quickly. "The oncologist sat my husband and me down and laid out the treatment plan with care and understanding," she said.

Brown was scared, but medical oncologist Rani Bansal, MD, assured her that pregnant people can tolerate chemotherapy very well and that her baby would continue to grow.

"Many people immediately think they have to terminate the pregnancy or wait until they deliver" to be treated, Bansal said. Instead, the regimen for treating triple-negative breast cancer is modified during pregnancy, and the maternal-fetal medicine team works closely with the patient during her pregnancy to ensure a safe delivery. Brown's care team also included medical therapists to help her cope with the emotional and mental effects of her diagnosis, and physical

"They locked arms around us to make sure we were ok."

Arlene Brown



“I’m glad to be on the other side. And it’s so nice to see friendly, welcoming faces that care about you. I am healing, and I’m grateful.”

Arlene Brown

therapists who were on standby to help her regain strength and function after delivering her baby.

“They locked arms around us to make sure we were ok,” said Brown, who was 27 weeks pregnant when she started chemotherapy.

A HEALTHY BABY BOY

Brown’s son, Andrew, arrived healthy after an induction at 35 weeks.

Two weeks later, Brown continued chemotherapy and started immunotherapy, with the goal to destroy all the cancer before surgery.

Brown had a double mastectomy, performed by Duke breast surgeon Maggie DiNome, MD. At the same time, Rebecca Knackstedt, MD, a Duke microvascular surgeon, performed Brown’s breast reconstruction. After surgery, Brown completed five weeks of radiation therapy.

“I had gone back and forth on what I wanted to do when they explained the different options,” Brown said. “I wanted a fast recovery to get back to my newborn. Because my surgeons worked together, it all worked in my favor.”

HEALING AND GRATEFUL

More than two years after the cancer diagnosis, Andrew is a happy



Arlene Brown, her husband, Richard, and their toddler Andrew. Brown underwent chemotherapy for breast cancer while 27 weeks pregnant.

toddler, and Brown continues to heal.

She has done every treatment possible to lower her risk and will be monitored regularly by her doctors for at least five years. So far, she has no sign of recurrence.

When Brown goes to Duke

Women’s Cancer Center Raleigh for her follow-up visits, the whole experience “seems like a near-distant memory,” she said.

“I’m glad to be on the other side. And it’s so nice to see friendly, welcoming faces that care about you. I am healing, and I’m grateful.”

PICKLEBALL WITH PURPOSE

“Pickle for Pink” is a spirited tournament that rallies the pickleball community to support breast cancer research, education, and patient care at Duke Cancer Institute. Founded by Maggie DiNome, MD, chief of breast surgery at Duke, the event has raised **\$100,000** over three years and engaged more than 500 players. In 2025 alone, it generated **\$30,000** for Duke Breast Surgery and the Breast Oncology Program — proof that when passion meets purpose, progress follows.



Chief of Breast Surgery Maggie DiNome, MD, organizes the annual tournament.



Surgical oncologists Laura Rosenberger, MD, and Kendra Parrish, DO.



Patient Leslie Love (second from right) with her husband Ian and friends Mark and Clare Seibert. The group drove from Oak Island, North Carolina, to participate.





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Pictured: Team "Butt Blasters," made up of DCI radiation oncology employees and their families, led by captain Brian Czito, MD, professor of radiation oncology.

CRUSHING COLORECTAL CANCER

The 2025 Crush Colorectal 5K run and walk held on March 14 proved that when our community rallies, big things happen, raising more than **\$86,000** to fight one of the nation's most common cancers. Each year, over 140,000 Americans are diagnosed with colon or rectal cancer, and more than 50,000 lives are lost.

This annual event does more than fund research at Duke's Gastrointestinal Oncology Program. It brings patients, families, clinicians, and supporters together to celebrate the walkers and runners and raise awareness, including learning about life-saving home-based screening options.

Visit dukecrc5k.org to learn more.

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