NETWise Podcast: Episode 55 — "Do Zebras Change Their Stripes?"

Jessica Thomas, LCSW, Director of Patient Education at NETRF
In medicine, there's an old saying: "When you hear hoofbeats, think horses, not zebras." It's a reminder to look for the most common explanation first. But for people living with neuroendocrine cancer, zebras matter. What happens when a slow-growing tumor begins behaving aggressively? When a diagnosis evolves over time? Or when the biology of a tumor no longer matches the original pathology report? For people living with neuroendocrine cancer, these changes can be frightening. But understanding them may also be the door to better treatment decisions, more personalized care, and new directions in research. I'm Jessica Thomas, Director of Patient Education at NETRF, and you're listening to *NETWise*, the podcast designed to inform, empower and guide patients and caregivers through the world of neuroendocrine cancer. Today on *NETWise*, we explore the evolving science of tumor heterogeneity, grade progression, and changing biology in neuroendocrine cancers — alongside the very human stories of living through those changes. You'll hear from physicians, researchers, and patients navigating these difficult and deeply personal realities. Before we talk about changing stripes… it helps to understand why the zebra is the symbol of neuroendocrine cancer in the first place. Dr. Aman Chauhan, Associate Professor at the University of California, San Francisco, explains.

Aman Chauhan, MD, University of California, San Francisco
I think the choice of zebra is a great choice as a mascot for rare disease community, especially neuroendocrine cancer, being one of the rare diseases for a few reasons. The two primary reasons: one, in medical school**,** they teach us, if you hear hoof beats, think horses, not zebras, and it makes sense because if somebody is coughing, you want to think about common things–allergies or an infection or a cold–you don't automatically want to think lung neuroendocrine tumor. It's a rare disease, but in our field, in medical oncology field, if we hear a symptom, we need to first think of zebras, otherwise we'll miss the diagnosis. And this is not just my thought, it's a proven fact. Many NET patients oftentimes have delayed diagnosis by years because somebody else was not looking at neuroendocrine tumors, so for us to highlight the fact that rare diseases occur. This is where zebras helps us highlight that fact. When you hear a symptom, or you–you see flushing, don't rule out carcinoid syndrome as a part of NET's diagnosis. So, think zebras, not horses, in our world.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
But Dr. Chauhan says there's another reason the zebra is such an important symbol.

Aman Chauhan, MD, University of California, San Francisco
The other reason why zebra is a really good choice is zebras have these stripes, and for lay people, and including myself, I used to think all zebras are same, but that's not the case. Zebra stripes are like fingerprints; no two zebras have same stripes. Similarly, no two NET patients have same NET disease. So many times I'll have patient or caregiver sharing their diagnosis, and then recounting something from they have read online that this patient also had similar disease, and they responded this particular way to a treatment, and then that's an opportunity to

educate them that each patient would have a unique journey, unique tumor biology, unique way that their tumor will respond to a treatment.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
One of the reasons neuroendocrine cancer can be so difficult to understand… is that it's not one single disease. Tumors that appear similar under a microscope may behave very differently over time. And in some cases, the biology itself may evolve. Dr. Nancy Joseph, Professor of Pathology at the University of California, San Francisco, explains why, even within the world of neuroendocrine cancer, there are many different kinds of zebras.

Nancy Joseph, MD, PhD, University of California, San Francisco
I think we like to talk about zebras in the neuroendocrine world, because neuroendocrine neoplasms are actually pretty rare, and they're also heterogeneous, lots of people may have heard of, like, a neuroendocrine cancer, but that can mean many different things. And so you know, in general, what they all share in common is expression of neuroendocrine markers like synaptophysin or chromogranin, but some of these are epithelial neoplasms, and others are more mesenchymal neoplasms, and even within the epithelial group, some are, we like to call them tumors, and others we like to call carcinomas. So even though neuroendocrine cancer, as a group, may be starting to become better recognized, there's still many different flavors, and so each on their own would be like a zebra, very rare thing. And one of the interesting things is whether or not you can kind of jump from one neuroendocrine type of cancer to another, so that would be like a specific zebra changing its stripes to look like a different zebra.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Clinicians are also beginning to recognize something even more complicated: sometimes the biology of the disease itself changes over time.

Aman Chauhan, MD, University of California, San Francisco
Sometimes zebras change stripes also, and we are learning that, and that's the theme of today's discussion. For the longest time, we used to think we are diagnosed as frozen in time. Somebody's diagnosed with grade two pancreatic NET, that is it. But as our patients are living longer, as we are developing more therapies, we are also seeing evolution in their disease biology. We are now seeing disease becoming aggressive, or SSTR-positive patients becoming SSTR negative, or NET converting into NEC, non-functional tumor converting into functional neuroendocrine tumor. We see evolution in disease biology. So it's apt to say that stripes can also evolve over time.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Dr. Joseph says one of the biggest questions researchers are now trying to answer is whether tumors can actually evolve from one type into another.

Nancy Joseph, MD, PhD, University of California, San Francisco
One thing that the field has been thinking about lately is whether or not a neuroendocrine cancer can turn from, like, a low-grade neuroendocrine cancer into a high-grade more aggressive type of cancer. And that's something that I study a lot, and whether you can go from a neuroendocrine tumor to a neuroendocrine carcinoma. So traditionally the field thought that

didn't happen, but more and more we're–we're seeing some cases suggesting that indeed it may occur in rare situations. So it's also very important, even if you start with a neuroendocrine cancer, it's very important to keep in mind whether or not it's transitioning to a different type. So for example, from going from a neuroendocrine tumor to neuroendocrine carcinoma, we used to think that didn't really happen, and we're starting to see examples where this may indeed happen.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
And sometimes, what doctors see in one part of the body may not match what's happening somewhere else.

Mark Lewis, MD, Director of Gastrointestinal Oncology, Intermountain Healthcare
And do the zebras change their stripes? The answer is, they do so, and I'm going to be very clinical in how I answer that. So again, a zebra is defined, and it's not specific to neuroendocrine tumors. It's defined as a patient with a rare disease. But in the NET world, we do a lot of our classification of patients, again, under the microscope. So when I first meet someone, and this is important, I think, for your audience, to know, there's almost a dual investigation that goes on. There's… I do want to know the human being. I really do. I want to know about them. I want to know who they are. You know, what they do. How are–how are they supported by their family? But I also spent a lot of time looking at pathology. So we owe the entire recognition of neuroendocrine tumors to a German pathologist back in 1907. He was the first person, at least in my view, to correctly identify this as a problem. And now, over a century later, a lot of how we define the stripes on the zebra is: okay, well, how does this actually look under a microscope? And again, back to things we mentioned earlier: how fast is it growing? Does it resemble the tissue that it arose from, or does it look very different? That's what we call differentiation.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Jaydira Del Rivero, a medical oncologist and neuroendocrine cancer specialist with the National Cancer Institute, explains that heterogeneity occurs not only between patients but can also occur within the tumor itself, and how that may impact treatment.

Jaydira Del Rivero, MD, NET Specialist, National Cancer Institute (NCI)
There is heterogeneity between patient to patient, but also within the tumor itself they may also behave differently. So, meaning that even in the liver, for example, we may have different tumors in the liver, and it's possible that one of them is kind of, like, misbehaving, and then for which maybe some of the therapies that we implemented may not address that misbehaving tumor. Even within the neuroendocrine tumor, it could be, for example, well differentiated, but maybe there is one of them, or one clone, we call them, that may misbehave and may behave different than the other ones, and that's something that we need to recognize, because in those situations, you know, sometimes we recommend something different, just address that tumor, whether it's ablation or embolization, or there may be other therapies that can be added to the current systemic therapy that the patient is getting.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Sometimes those changes first appear on a scan. Sometimes in a biopsy. And sometimes patients simply begin feeling that something is different before anyone can fully explain why.

Nancy Joseph, MD, PhD, University of California, San Francisco
From a pathologist perspective, I think that re-biopsy is necessary when there's, you know, kind of a disease event. So, for example, let's say your disease started in the pancreas, but now you have a couple masses in the liver. A metastasis is an event. And then another common event that should trigger a re-biopsy is a change in the rate of growth. So let's say someone–their disease had been well controlled for many years, and then all of a sudden you see, you know, one lesion, one met, somewhere that just starts growing very rapidly. That would be another great opportunity for re-biopsy to try and understand how the biology is changing. Because we have learned that the biology does change over time.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
For many people living with neuroendocrine cancer, like Shari Schultz, these conversations are not theoretical. They become deeply personal.

Shari Schutz, Person Living with Neuroendocrine Cancer
I have to travel to get care because we do not have specialists here that know neuroendocrine cancers. I was diagnosed with well-differentiated NETs in October of 2020 and I was stage four already at the time of diagnosis. I'm a stomach primary. I had mets to my liver, my mediastinum, my thoracic cavity. I was having a lot of trouble swallowing, eating… and I went in thinking that I was having a, checking on a… I went in for one thing and walked out with cancer.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Shari recalls her initial reaction after hearing the diagnosis. At first, she assumed the cancer could simply be removed. Then reality hit.

Shari Schutz, Person Living with Neuroendocrine Cancer
Well…the first thing I said was “sh*t” to the doctor when he told me. And I looked at the nurse who was standing there wondering if I was going to break down; I just looked at her and said “sh*t.” And then, of course, my thought was, well, take it out, right? I have cancer, take it out. And about a week later was when I found out I had stage four, and realized that this is not something that is just going to be taken out of my system. And then, I asked them… given my age, given my current health, and my prognosis, what is my prognosis? How long does the average person.. I don't.. I'm not asking about me, but how long does the average person make it? And they said two to four years, and my gut, my head said, okay, first of all, I'm an overachiever, so I'm going for five, and second of all, if I only have two to five years to live, what do I want to do with that time? I better get my feet in the starting block… and I better just do it.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Shari decided she wasn’t going to organize her life around cancer. She was going to organize cancer around her life.

Shari Schutz, Person Living with Neuroendocrine Cancer
So then I came up with this whole mantra that I told myself: buy the ticket. Don't say no to anybody who invites you anywhere, because you can't just do it next year; you might not be able to. A ticket can be everything from planning a dinner with friends; a ticket means you’ve got something on your calendar to look forward to.… game night with friends. It just.. It could be

going to the farmers market. Okay, I got all these airline points. If I'm not going to be around to use them. I'm going to start using them, so I did, and I started buying airline tickets. And I started traveling, and I planned it around my chemo cycles. And then I started realizing I could just plan my life and then tell my doctor that I want to bump by a week. So I learned how to schedule my treatment around my life instead of my life around my treatment.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Over time, Shari says her entire perspective changed.

Shari Schutz, Person Living with Neuroendocrine Cancer
I am not dying of cancer, I'm living with cancer. I have so much joy in my life. It's about living your best life now, because…and–and everybody should do this, but when you are all of a sudden diagnosed with a terminal illness, I think it's different that you…that you start prioritizing joy. Things that used to bug me before don't even bother me now. I've totally changed. I'm more chill. I have more fun.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Years into treatment, Shari's disease changed.

Shari Schutz, Person Living with Neuroendocrine Cancer
I've been on six different lines of treatment; I am now going to be going on my seventh. I had new growth in my stomach, and I had a partial gastrectomy in January of '26. And I now have large cell neuroendocrine carcinoma together with gastric adenocarcinoma. It's now called MiNEN… so, it's a mixed neuroendocrine tumor.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
MiNEN stands for mixed neuroendocrine–non-neuroendocrine neoplasm. In plain terms, that means Shari was now dealing with more than one type of cancer biology at the same time. For her, the metaphor of changing stripes suddenly became very real.

Shari Schutz, Person Living with Neuroendocrine Cancer
The zebra stripes are not unlike our fingerprints. So, everybody is so unique. Every zebra—every neuroendocrine cancer, I hate to call them patients, everybody living with neuroendocrine cancer–whether it's low grade, high grade, well differentiated, or poorly differentiated, you are unique, and what works for one person doesn't necessarily work for another person. And now all of a sudden I'm neuroendocrine carcinoma. There's no way to get at it to biopsy it. So, the only way to test whether that has changed stripes is to do an FDG PET and a DOTATATE PET and figure out which one lights up. And, mine is FDG… which means… according to Dr. Starr at Mayo Clinic… mine is now neuroendocrine carcinoma. Now we know how to treat it.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Dr. Mark Lewis says these conversations are ultimately about observation, adaptation, and honesty with patients as the disease evolves.

Mark Lewis, MD, Director of Gastrointestinal Oncology, Intermountain Healthcare
The stripes change if the cell changes its fundamental behavior. So this happens infrequently, but it does happen where it goes from a very slow-growing process to a very fast-growing process. If I tell someone I'm never going to give you chemo, you know, the cancer can prove me wrong. It can, it can change. And that's, again, built into the power of observation. Listen, if I meet you, I watch you for five years, I never see your tumor grow, or if it was cut out, I never see it return. That's wonderful. Those were five years well spent. It's also time well spent, if I can find out that your tumor is changing in a way where I can be helpful. I love it when people come in and they're thriving and I'm not seeing any problems. But it's also gratifying when you can help someone sort of catch something a little bit earlier and intervene meaningfully. And the number one organ that I'm always trying to protect, if I'm honest, is the liver.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Dr. Lewis also understands this experience from another perspective — not only as an oncologist, but as a patient himself.

Mark Lewis, MD, Director of Gastrointestinal Oncology, Intermountain Healthcare
So I'm a gastrointestinal oncologist. I'm living with half a pancreas. I have patients with no pancreas. I have patients who have had, you know, radical gut surgeries and have very shortened intestines. But the one organ none of us can survive without is the liver. So a lot of my observation is centered around liver function, the structure of the liver–meaning, how does it look on scans. And again, you know, if I promise someone up front a cure or that their cancer is never coming back, that's…that's arrogance, that's…that's over projection. But if I say to them, listen, the way we're going to do this is, I'm going to watch you over time and– and pay meticulous attention to your liver, then I think that that is an authentic strategy, and that's what I do with everybody.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Dr. Aman Chauhan reinforces this idea of change.

Aman Chauhan, MD, University of California, San Francisco
It can be certainly distressing to patients that the diagnosis is now altered. I try to look at glass half full. I'd rather know how the disease is evolving and changing, so that I can then fine-tune the treatment according to the current biology. So I reassure the patient that this is a possibility. This is not something rare. It can happen, and it's good that we know it happened, so we can shift the gears accordingly and put you on the proper treatment. So, talking to the patient, making them understand that this is a part of natural history of disease progression. These diseases are not set in stone. They evolve with time.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Shari Schultz has experienced that change firsthand. And over time, she’s developed another word for treatment transitions: “Next.” For many people living with neuroendocrine cancer, treatment becomes less about reaching a single finish line… and more about adaptation.

Shari Schutz, Person Living with Neuroendocrine Cancer
I have this word that I use. And this one is “next.” And you just have to say, all right, I'm progressing on this, and you just go… next… next. And I've been through carboplatin and etoposide… didn't work for me. So, and then I went on Afinitor…Afinitor didn't work for me. Then I did FOLFIRINOX. Everybody thought this was it. Everybody did. And for some reason I bounced back. I started immunotherapy. So right now my next step is radiation. Right now I’m saying next, and it’s radiation. And when I’m done with radiation, we’ll see what happens. And then I’ll figure out what to do next.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Barbara Dunham’s experience also reflects how complicated — and evolving — neuroendocrine cancers can be.

Barbara Dunham, Person Living with Neuroendocrine Cancer
I was first diagnosed in February of 2023 with high-grade neuroendocrine cancer of the liver. And I had a 5.4 centimeter tumor and a 7.8 centimeter tumor on my liver. And I was treated with carboplatin and etoposide. However, it was not shrinking the tumors. It was keeping it from growing, but it was not shrinking them. And so my concern was…well, if I have to stop taking this chemo, then they'll just start growing again. So I wanted to find out what else was available for me. And that's what made me start seeking and looking at the different organizations.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Barbara began advocating aggressively for herself. She sought second opinions. She self-referred. She researched. And eventually, she found additional treatment options.

Barbara Dunham, Person Living with Neuroendocrine Cancer
They did the liver-directed therapy. They cut the blood supply off to the tumors. Immediately those tumors started shrinking. After that, I would say within 18… no more than 20 weeks… they were gone. The 7.8 centimeter tumor and the 5.4 centimeter tumor were gone.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
For Barbara, one of the most difficult parts of the journey was discovering that different parts of her disease were behaving differently over time.

Barbara Dunham, Person Living with Neuroendocrine Cancer
Then I started focusing on my lung. And they biopsied the lung, and it came back that it was neuroendocrine, but it was non-carcinoma. They repeated it in 2025 and it came back… as a small cell lung carcinoma.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
For Barbara, hearing that change — from high-grade neuroendocrine tumor to small-cell lung carcinoma— was significant. It wasn’t just a different word on a pathology report. It changed how she understood what was happening in her body, and it amplified how important it became to ask questions, seek clarity, and learn how to navigate the healthcare system.

Barbara Dunham, Person Living with Neuroendocrine Cancer
I had to become my own advocate. Because, as you know, what I have, or what we have is rare. The average medical doctor does not catch this. Because the symptoms that we have mimic so many other things. That's why most of the patients that have it… they're not diagnosed till stage three or stage four. And how my medical doctor picked it up, he said, well no, this is not normal for you.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Barbara says one of the biggest lessons she's learned is that patients have to speak up.

Barbara Dunham, Person Living with Neuroendocrine Cancer
You have to be an advocate, and you have to speak up when something is not working for you. Do not be afraid to let the physicians know. This is your voice, this is your body. This is your health. So there's always something out there for you, no matter what they tell you. No matter what stage you're in… there's something out there that can be done. You cannot give up.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
For Barbara, hope and faith remain central. Giving strength to fight the good fight.

Barbara Dunham, Person Living with Neuroendocrine Cancer
For me, when I was first told that's what it was… my oncologist told me. Of course, I went through a process of crying, of being upset. But my faith was telling me… you got this. You're going to beat this. You're going to be okay. And that's what made me realize that I have to fight.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
As researchers learn more about tumor heterogeneity, imaging and biopsies are becoming increasingly important.

Aman Chauhan, MD, University of California, San Francisco
Whenever we establish a diagnosis, it's based on one biopsy sample. We believe that this is representative of the entire tumor burden–the other met at other site in the bone or another site in the liver or the primary tumor would be mostly similar. However, that's not entirely true. Now, it's not fair for us to poke needles, because these are invasive procedures. But we have some non-invasive ways, like scans, for example, that can give us clues about this heterogeneity, for example, we do DOTATATE PET scan, which can tell us about somatostatin receptor update, and I like to point out lung NETs. Lung NETs are a great example where many lung NET patients won't express somatostatin receptors or may not have somatostatin receptor homogeneously distributed, some areas might light up on DOTATATE PET; others may not. And that understanding of heterogeneity and tumor behavior helps us to tailor the treatment. If there is no receptor, I'm not going to bother with SSTR- targeting agents like SSA or PRRT. So we have these non-invasive tools. In grade three NETs, for example, some areas might be more metabolically hyperactive, which we can figure out using another type of PET scan called FDG PET. Other areas, which are more indolent or slow-growing will not light up as bright, so we have these non-invasive ways to figure out this tumor heterogeneity.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
That's why pathology is not just about naming the disease once. It can be an ongoing part of understanding how the disease is behaving, especially when something changes. Dr. Nancy Joseph's research focuses on neuroendocrine carcinoma and the molecular mechanisms that may help explain how some lower-grade neuroendocrine tumors progress into higher-grade disease.

Nancy Joseph, MD, PhD, University of California, San Francisco
Typically, a pathologist will get one specific biopsy at–in just any moment in time that that patient is getting a biopsy… and you know, we'll make a diagnosis just based on that. But for neuroendocrine cancers, I think it's actually quite important to try and get a full view of the patient's history of that cancer. It's really important to try and figure out, historically, did this patient ever have a biopsy before? What did that look like five years ago? Was it lower grade? For neuroendocrine neoplasms, especially high-grade neoplasms, the history is pretty important, and so I always like to look at least at their prior pathology report–if the slides are not available to look at those as well.

Aman Chauhan, MD, University of California, San Francisco
My go-to advice is definitely: have your pathology reviewed at a high-volume tertiary care center, which sees more of these cases each year. More importantly, for today's topic–with changing zebra stripes–it is important for us to be aware of the fact that things can evolve. We are noticing that grade migration, grade change can happen. And when that happens, be ready to be able to revisit your diagnosis, re-biopsy at an appropriate time point, and send it for another review. So again, the diagnosis is not frozen in time, and under the stresses of treatment, as the tumor mutates and becomes resistant to several treatments, it can evolve, and be aware of that part.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
That larger history is also what researchers are trying to understand at the molecular level-- why these changes happen, what they may reveal about how neuroendocrine cancers adapt over time, and how that knowledge can help guide care.

Jaydira Del Rivero, MD, NET Specialist, National Cancer Institute (NCI)
Some of these tumors may accumulate mutations over time. Some others, you know, we call it, you know, kind of like epigenetic changes–you know, kind of like this epigenetic changes, sometimes kind of like may distort some of the changes in the patient's DNA, And because of that, maybe some of these neuroendocrine tumor cells may be sensitive to those changes compared to others. And that's the reason why we're doing the research, because that's we wanted exactly to understand why this is happening, and that's something that's… as well, here where I am at the National Cancer Institute, we are also a research institution. We also trying to understand the behavior of these neuroendocrine tumors and how to treat it.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
For patients, all of this science matters because it can shape what comes next. But it also takes strength, persistence, and the willingness to keep asking questions.

Barbara Dunham, Person Living with Neuroendocrine Cancer
(Singing) “I’m a survivor, I'm not going to give up.” That pretty much sums it up. That's what it is to me. I'm a survivor. I like a–this is a statement I always make… and I tell it to people, I say, “We may have cancer; but cancer doesn't have us.” It doesn't have us, we have–we may have the disease, but it doesn't have us. And by saying that, what I mean is it's not you, it's an illness, but it's not who and everything you are. This is something that you have, but that– that has nothing to do with you and who you actually are. I believe in raising your voice. There's always something–there's something that can be done, and there are things out there that they're still working on that they're testing that have not even been discovered yet. So how does that happen? If we sit here… I always like to make the statement too: close mouths do not get fed. If we keep our mouths closed, we're never going to get to be where we need to be in what we need if we don't talk about it. I had to learn that. I had to go back to my own philosophy. Closed mouths do not get fed. If I don't talk about it, how can I engage?

Jessica Thomas, LCSW, Director of Patient Education at NETRF
As patients, clinicians, and researchers continue learning more about neuroendocrine cancers, NETRF remains focused on connecting those pieces — advancing research, supporting education, and helping patients and families better understand the road ahead.

Aman Chauhan, MD, University of California, San Francisco
NETRF, initially, in my mind, started off as the tour de force of advancing research, which it still is. I think it is the cornerstone of supporting early-career faculty and investigators. It's a rare disease, and we don't have a lot of avenues to fund interesting ideas, and NETRF's concerted effort over the years have really moved the needle, and helped us really ramp up research–both preclinical and clinical research. Lately, to my surprise–and a pleasant surprise–NETRF is also spreading its wing in other unmet areas of need, patient advocacy, education, educating community oncologists, providers. So it is doing phenomenal work. For example, this podcast series is very well received. It really informs not just the patients and caregivers, but I think many of my trainees, other trainees all over the world, as well as the community oncologist, they do learn. NETRF is really going above and beyond in a very holistic way and touching all the important points–not just research–not just education, but advocacy, policy, etc.--and giving us the direction, giving us those important tailwinds to keep moving forward.

Jessica Thomas, LCSW, Director of Patient Education at NETRF
Neuroendocrine cancer can bring uncertainty. Diagnoses may evolve. Biology may change. And in some cases, zebras may change their stripes. But patients and families should know they are not facing that uncertainty alone. Through sustained investment in research, education, and patient support, NETRF is working every day to deepen our understanding of neuroendocrine cancer and help shape a future with more answers, more options, and more hope. Thank you for listening to *NETWise*. I'm Jessica Thomas, Director of Patient Education at NETRF, and you're listening to *NETWise*, the podcast designed to inform, empower, and guide patients and caregivers through the world of neuroendocrine cancer. This episode was brought to you in part by the generous support of **Lantheus, Novartis, Boehringer Ingelheim, Exelixis, and ITM.**

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