# Going Home to Kansas

In June 2011, at the age of 34 and despite regular screenings, Aricca Wallace was diagnosed with stage 3 cervical cancer. Raising two small children with her husband, and otherwise healthy, she was ready to fight. "I was young and was able to handle the aggressive chemotherapy and radiation. I thought everything would be fine," said Wallace.

Instead, by January of 2012, her doctors found that the cancer had spread to her chest. She was referred to a clinical trial at M.D. Anderson Cancer Center, but the form of treatment was milder than she had already experienced. Chemotherapy could "control, but not cure," and she was told she might not survive a year.

"I knew there had to be something else," said Wallace. "So I started the chemotherapy and hoped another option might appear." From February through April of that year, she went in three days per week, every three weeks. She was getting weak and her doctor, Verda Hunter Hicks, M.D., suggested a break to let her body recover.

At about the same time, Christian Hinrichs, M.D., got approval for a protocol to treat advanced cervical cancer with cellular immunotherapy. He started reaching out to colleagues, letting them know about the study.

"Minutes after she got off the phone with Dr. Hinrichs, Dr. Hicks called and said, 'You're going to the NIH in Bethesda,'" said Wallace. "I'd never heard of the NIH before, but I said okay."

Wallace met Hinrichs and his team in May 2012. Their study was brand new; one patient had signed on but she had not yet received tumor-infiltrating lymphocyte (TIL) therapy. "I remember the doctor telling me that the only thing he knew for sure is I would lose my hair. I pulled my wig off and said, 'Been there, done that. If it doesn't work, maybe it will buy us more time,'" said Wallace.

(Courtesy of A. Wallace)

Arrica Wallace and her family at the beach

Wallace had surgery the following month to remove a large lymph node in her chest, near the aorta. After recovering from the surgery, she returned to her home in Manhattan, Kansas, and enjoyed the next month with her family. "I remember it like it was yesterday," said Wallace. "Every time I passed a certain ballfield in Kansas City, I would remember my son pitching in a championship game. I had to go back to the NIH that afternoon, so I had the coach call a time out and all the boys came to give me a big hug."

That August, Wallace had the single infusion of TIL grown from her tumor and returned one month later for her first scan. The scan showed shrinkage of most of the tumors by over 50 percent. Some were completely invisible. "That was amazing," said Wallace. "Finally, what I believed in my heart was actually showing up on scans."

By December 2012, no tumors were visible and her scans have been clear ever since. She started having some symptoms resulting from the 31 doses of radiation and 18 doses of chemotherapy she went through since her diagnosis. "When you put that much poison in your body, you're bound to have other things happen," said Wallace. "But the NIH has been phenomenal about answering my calls, working with my doctors here, and making sure that everything can be as normal as possible."

"I am a huge NIH advocate," she concluded. "It's a place you go when there is no hope, and they give you hope."