

“Every Time I Relapsed, There Would Be a New Course of Therapy”

He was told cancer would kill him within four years—14 years later, he credits treatments funded by the National Institutes of Health.

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Lee May’s friends tried to assure him he’d only broken a rib on their marathon bicycle ride. But May, saddled with bone pain and fatigue, was certain it was more. He underwent testing at UCSF Health, including a bone marrow biopsy, then left on a long-planned vacation to Venice.

“I knew it was going to be bad, but I didn’t know what it was,” he said.

The diagnosis was indeed dire: multiple myeloma, an aggressive blood cancer that can be challenging to treat and prone to relapse. Experts gave him two to four years, at most.

That was 14 years ago.

Since then, he’s been on multiple drug cocktail regimens, undergone a stem cell transplant, and done CAR-T therapy.

“Every time I relapsed, there would be a new course of therapy, a new drug would be available,” he says. “My survival relates directly to NIH (National Institutes of Health) research and funding. If it hadn’t been for that, I wouldn’t be here. Science moves forward with NIH funding.”

His physician, [Jeffrey Wolf](#), MD, a hematologist and oncologist at UCSF who specializes in blood and bone marrow cancer, has been treating myeloma his entire career. He and UCSF hematologist-oncologist [Thomas Martin](#), MD, created the UCSF Multiple Myeloma Program, the largest of its kind in the west.

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“The shot is one and done”

“For decades, I thought we would never make progress,” Wolf says. “It took a long time to get a handle on this disease. But what we are doing now has grown out of all our laboratory and clinical work.”

Multiple myeloma is the second most common blood cancer, and May, who was diagnosed when he was 59, had a particularly difficult form. His first treatment, a three-drug cocktail called RVD (lenalidomide, bortezomib, and dexamethasone) was in 2012, followed by a stem cell transplant later that year.

“They hoped it would give me five years, but for me it was two and a half years,” he says.

For another eight years, he went on various drug regimens to keep his cancer at bay. And then, in 2023, when he again relapsed, May underwent a form of CAR-T therapy — ciltacabtagene autoleucel, approved by the FDA in 2022 for adults with multiple myeloma whose cancer had returned or failed to respond to treatment.

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—Jeffrey Wolf, MD

CAR-T modifies a patient’s own immune cells, priming them to attack cancer cells. May was given a single infusion then spent two weeks being monitored at the [UCSF Helen Diller Medical Center at Parnassus Heights](#).

“This is really cutting-edge stuff,” he says. “The shot is one and done, which is so wonderful. You can’t talk to a cancer patient who doesn’t want a break from treatment.”

In June 2025, at the annual meeting of the American Society of Clinical Oncology, scientists reported strong results from the one-shot therapy: about a third of myeloma patients in the study were alive and progression-free without further treatment five or more years later.

Wolf, who helped bring the therapy to UCSF, said the results were remarkable, especially from a disease with such an historically dismal prognosis. He and UCSF colleagues are currently developing the next generation of CAR-T therapies.

“It’s incredible that we are now able to cure diseases that we could never cure before,” says Wolf, who is with the [UCSF Helen Diller Family Comprehensive Cancer Center](#). “This is the future: to cure cancer with a single shot. None of this could have been developed without NIH support all these years.”

May, now 74 and a father of two who lives in the Santa Cruz area with his wife, Shelley, has been in remission since the treatment.

Last year, he retired from his custom printing business. He’s a busy man who leads the Santa Cruz Multiple Myeloma support group. He gardens and goes on strenuous hikes and bicycle rides. In fact, when recovering from his stem cell transplant, May rode a stationary bike in his hospital room while connected to a chemotherapy pole.

“I’m still here,” he says. “I feel very lucky. I never thought I’d live to see my kids get married or see my grandchildren. However long this lasts, I’ll take it.”

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<http://beta.docker.cancerhealth.com/article/every-time-relapsed-new-course-therapy>