Finding Grace in Adversity

Giancarlo Oviedo, diagnosed with lung cancer as a college freshman, has been defying the odds with the help of his faith and family for 12 years.

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Like many young South Americans, Giancarlo Oviedo dreamed of becoming a professional soccer player. He first played the sport in his native Peru and kept it up when his family emigrated to the United States and settled in New York City in 2000 when he was 8 years old. He played in family pickup games as he learned English and adjusted to his adopted culture.

It was in 2009 that he first noticed a cough—at home, at school and playing soccer. It wouldn't quit.

When he saw his pediatrician—as a 17-year-old, he wasn't yet an adult—Oviedo was prescribed antibiotics for a suspected bacterial infection. But the cough persisted. A subsequent chest X-ray revealed something suspicious in his left lung, and he was referred to a pulmonologist at Montefiore Medical Center/Albert Einstein School of Medicine in the Bronx.

That fall and winter, Oviedo's excitement at starting college at Saint Peter's University, a Jesuit school in Jersey City, New Jersey, was dimmed only by the many tests he underwent as doctors tried to pin down a diagnosis. "At first, they thought it was tuberculosis because I came from a different country, even though that was years back," he says. It wasn't. Further tests also ruled out cystic fibrosis. Oviedo had no family history of cancer and had never smoked, but in May 2010, a biopsy of his left lung revealed the diagnosis: non-small-cell lung cancer (NSCLC), the most common type of lung cancer—specifically, adenocarcinoma. "I remember the day," he recalls. "My dad and mom were there, and we were waiting for the results, nervous." But when the doctor told them it was cancer, "Somehow, I felt this peace." A year earlier, Oviedo had been born again as a Christian. Now, his faith in Christ gave him the strength to confront cancer without succumbing to fear, depression or sadness.

Chemo and Surgery

Oviedo started treatment in the adult oncology department at Montefiore. "I was the youngest patient there," he says. The plan was to shrink the cancer with chemotherapy and then surgically remove the remaining cells. The first chemo regimen caused internal bleeding, so he was switched to a different one. It lasted seven months and shrank the tumors a little.

Given Oviedo's age, a double lung transplant seemed a viable way to extend his young life. But

when a biopsy of his right lung revealed no cancer, the transplant was off the table. Instead, surgery to remove his left lung was scheduled at Memorial Sloan Kettering Cancer Center (MSK) in Manhattan. It was Valentine's Day 2012.

"I told the surgeon, 'Please don't break my heart,' because literally you have to touch the heart to remove the lung. It was definitely a walk of faith," Oviedo says. "I remember when they were preparing me for the operation, I'm not even thinking, What if something goes wrong? I'm just thinking, OK, God, I'm just going to go to sleep, and then I wake up. I was very childlike in my faith."

Recovery was very painful for the first few days. "It was like an elephant pressing down on my lung, and I had to squish this pillow they gave me and cough, cough, cough so blood and fluids would come out," Oviedo says. He required a transfusion because of blood loss. But he was discharged after a week; within two weeks, he was bike riding with his cousin. "I remember thinking, Wait, how did I do that?" he says.

Three months later, though, a follow-up CT scan brought bad news: a suspicious growth in his right lung. "I was like, Oh, no, not again," Oviedo says. A needle biopsy confirmed that it was cancer.

Clinical Trials

It was time for a new strategy. His Montefiore oncologist recommended clinical trials.

This opportunity is not universally offered to people with cancer who might benefit. While clinical trials provide early access to promising cancer therapies, participation is low among Latino and Black people. The high price of treatment and lack of health insurance can be barriers; fortunately, Oviedo's insurance has covered his treatment costs.

It was early days in targeted therapy, a form of precision medicine that matches a drug to a specific genetic mutation in someone's advanced-stage cancer. Nevertheless, biomarker testing revealed a known mutation that made Oviedo eligible for a clinical trial. "This clinical trial stabilized me," he says. "I remember I felt nauseous and stuff, but it did extend my life for one more year."

Oviedo had left Saint Peter's University and enrolled in Lehman College in the Bronx, nearer to home. "I was going to college, and the days I had the pills, I would just try to rest. I didn't know much then about accommodations for disabilities because I thought that was more for people in wheelchairs." Later, his professors did offer accommodations, such as extensions on tests. After a year, his cancer started regrowing, so he left the trial.

More trials ensued. A 2014 MSK clinical trial for an immunotherapy treatment had no effect on his cancer, so he went off it after six months. In 2015, he started on another clinical trial, testing a treatment that targets a different genetic mutation.

Going on the drug might have paused the cancer's growth, but "the side effects were the worst,"

he says. “I could taste the medicine in my mouth. Every time I coughed—and I cough frequently—I would smell it again. I just couldn’t eat, and I felt like a zombie. I would have to force myself to get out, to study and just do my daily things.” His father intervened, and Oviedo quit the trial.

Finally, in 2016, Oviedo started on another targeted therapy, a daily medication for those with NSCLC who have a ROS1 gene mutation. The side effects have been minimal, and it has kept his cancer in check.

Such positive outcomes are increasingly common in lung cancer treatment. Between the 2009 to 2013 and the 2014 to 2018 periods, the annualized lung cancer death rate fell by half, from 5.0% to 2.4%. New therapies, increased screening and smoking cessation (not a factor in Oviedo’s case) have all contributed to the decrease.

With his health stabilized, Oviedo was able to complete his college degree in Spanish literature in 2017—four years later than if NSCLC had not disrupted his life.

Surviving the Pandemic

In March 2020, when the coronavirus was beginning to spread across the country, Oviedo traveled to North Carolina with his girlfriend, Amanda Mutio, to visit her parents. Right after they arrived, he experienced a fever, loss of taste and smell and difficulty breathing. He tested positive for COVID-19, which is more likely to lead to serious disease and death in people with lung cancer. His oncologist was particularly worried that he might pick up another infection if he went to the ER, so she advised Oviedo to stay where he was unless he “really, really couldn’t breathe,” he recalls.

Amanda and his church family started praying for him, and he prayed too. After two weeks, he got better—the fever abated, he could breathe again and, after a month, his senses of smell and taste returned. “Honestly, that was a miracle because with one lung and lung cancer, it was dangerous,” he says.

Oviedo was struck by Amanda’s devotion to him. “I saw her true character when I was at my weakest, praying for me and reaching out to get people to pray for me. I was like, Wow, how can I not marry this woman?” When he was well again, they visited a beautiful botanical garden, and he proposed. After a brief engagement, the couple had a wedding in North Carolina, surrounded by family.

Giancarlo Oviedo and Amanda Mutio getting married in North Carolina, 2020Courtesy of Giancarlo Oviedo

That fall, Oviedo returned to New York City for a follow-up CT scan that showed a “significant increase” in his cancer. He had to find a way to break the news to his young wife. “She got sad,” he says, “but thank God for our faith, because it was difficult for her.” He had weekly radiation treatments for a month and remained on the ROS1 targeted therapy, “just in case.” So far, there have been no other signs of tumor growth.

Currently, Oviedo works part-time for a Christian organization called Bridges International, which holds events and builds community for international college students. He also works for a pediatric cancer nonprofit, doing family outreach to the Spanish-speaking community and helping with registration for summer camp and in-hospital programs for kids. Explains Oviedo, who hopes to start a family soon, “I have a heart for kids.”

Staying Strong

“I used to love eating McDonald’s and other fast food, lots of fried food and sugar,” Oviedo says. But when he had side effects during the 2015 clinical trial, he started researching alternative diets. “In a lot of the research, the common denominator was a plant-based diet.” He revamped his eating habits. “It really helped,” he says. “I [got] some energy back, and I felt better.” Now his diet consists of plenty of vegetables, salads, legumes and occasionally chicken and excludes meat, soda, sugar and fast food. He drinks green tea, lots of water and, in the morning, orange juice. He also walks a lot, bicycles and still plays pickup soccer games with his family every couple of months.

What keeps him going? “I think a combination of church, family and just being active,” he says. “Church is definitely my safe haven. Just being in a prayer meeting is really helpful for me. Family gatherings help me stay motivated. And then just being active when I was in college. Also, my service to kids brings a sense of purpose and a sense of strength.”

“It’s always been a new thing happening every year,” says Oviedo. “It’s hard to plan sometimes. But I think I also don’t want to fail to plan because I always want to have something to turn my eyes to.

The Latino Survival Benefit

Despite the prevalence of poverty and discrimination, Latinos have a longer life expectancy than Blacks or non-Latino whites. This is sometimes referred to as the Latino (or Hispanic) paradox and is reflected in cancer too.

According to a 2021 report in The Oncologist, although Latinos are diagnosed with more advanced cancer than Blacks and non-Latino whites and have the lowest health insurance coverage rates of any racial or ethnic group, “they experience a survival benefit,” says Albert Einstein College of

Medicine epidemiologist H. Dean Hosgood, PhD, who is studying lung cancer in the Bronx.

Strong roots in countries of origin may play a role. “We know culturally that immigrant populations, whether they’re first or second generation, tend to have stronger family connections or stronger community connections, and maybe that has implications for how they’re responding to their treatment,” says Hosgood. Lifestyle factors, such as diet and exercise; behavioral exposures, such as via smoking; and genetics may also play a part.

Perhaps it’s a combination of diet, exercise, family and faith that has bolstered Oviedo’s resilience. But he also has had access to something some of his Latino peers do not—the latest cancer therapies.

Opening Up Clinical Trials

Giancarlo Oviedo has been fortunate to be able to participate in clinical trials, and he is lending his voice to a public service campaign to encourage others to seek them out.

“Despite a high prevalence of certain cancers in racial and ethnic minority populations,” says Jeanne M. Regnante, chief health equity and diversity officer at the nonprofit LUNGevity Foundation, “fewer than 10% of these deserving patients with cancer engage in clinical research.” Her organization, along with the nonprofit Stand Up To Cancer, the digital medical education company PlatformQ and the Moffitt Cancer Center in Tampa, hope to change that.

To that end, in September 2021, they launched a yearlong program that aims to educate and empower underserved racial and ethnic minority and rural communities to consider clinical trial participation.

In a video interview to promote the interactive program on social media, Oviedo describes his experiences with clinical trials. “I know there’s people out there, even my age, that are probably going through similar things,” he says. “I want to remind them that there are people that have gone down a similar path, and there are options—like clinical trials.”

To learn more about the program, go to cancerhealth.com/cancercoachlive.

To see Giancarlo Oviedo’s video, click here.

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