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Duke Comprehensive Cancer Center notes

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Newly Discovered Anti-Cancer Compound Inhibits Known Cancer-Causing Gene

Duke Comprehensive Cancer Center scientists have discovered a potential new drug that targets and inhibits destructive cell signals, which drive the growth of one-third of all cancers. The scientists showed they could block the growth of colon cancer cells in the laboratory using this new compound, called cysmethinil.

Their finding, reported in the March 23, 2005, issue of *Proceedings of the National Academy of Sciences*, is the first step toward developing a new class of anti-cancer drugs that block certain signals for uncontrolled cell growth, according to Pat Casey, PhD. Casey is a member of the Duke Comprehensive Cancer Center and the study's senior investigator.

Pat Casey, PhD

Moreover, their discovery is the first to emerge from the Duke Small Molecule Screening Facility, a library of more than 13,000 compounds available for screening promising drugs with the potential to fight cancer and other diseases. Using automated robotics, the facility provides the kind of drug discovery capability usually available only to pharmaceutical company scientists.

Duke University has filed a patent application for cysmethinil, Casey said, and intends to shepherd it through the first steps of drug development by testing the compound in animal models of cancer.

Said Casey, "We don't know how the compound will be metabolized in living animals, but we are encouraged by our initial results." ●

New Initiative Explores the Link between the Environment and Cancer

In January, the Duke Comprehensive Cancer Center (DCCC) received a $100,000 gift from Alice and Fred Stanback to support a new initiative created by a partnership between the DCCC and Duke's esteemed Nicholas School of the Environment and Earth Sciences to investigate the role that the environment plays on cancer.

Fred and Alice Stanback

"We are pleased and excited to support this important project," said Mrs. Stanback, a member of the Cancer Center's Board of Overseers. "Our hope is that researchers at Duke can share their knowledge and expertise across numerous disciplines in an effort to learn more about the environment and its broad ramifications on the body."

The goal of the partnership between the Duke Cancer Center and the Nicholas School is to unravel the interplay between genes and the environment to better understand why some people develop disease and why some remain unaffected when exposed to the same environmental factors. Ultimately, researchers hope to identify new targets for potential drugs and help identify particularly susceptible individuals who might be at a higher risk for cancer.

"It is clear that the link between the environment and disease is a crucial area of investigation," said H. Kim Lyerly, MD, director of the DCCC. "We are truly indebted to the Stanbacks for this generous gift which will be instrumental in the establishment of a rich collaborative effort for exploration and discovery."

Exciting research focused on the environment's affects on the body and disease is currently underway, as evidenced by the recent findings of Duke investigators. Cancer Center member Donald McDonnell, PhD, has identified an industrial solvent in the environment and a frequently prescribed drug, valporic acid, as compounds that boost estrogen and progestin activity inside cells that likely trigger breast cancer. In another startling discovery, Cancer Center investigator Randy Jirtle, PhD, demonstrated that the coat color of baby mice could be changed simply by feeding their mothers four common nutritional supplements before and during pregnancy and lactation. Moreover, these four supplements lowered the offspring's susceptibility to obesity, diabetes and cancer. For the first time ever, Dr. Jirtle was able to identify nutritional supplements that when fed to a mother can permanently alter gene expression in her offspring without altering the genes themselves. ●

Spring 2005 What's inside

Duke Comprehensive Cancer Center Founder, Shingleton, Dies at 88

William Warner Shingleton, MD, a distinguished surgeon and founding director of the Duke Comprehensive Cancer Center, died in Chapel Hill, N.C., on Jan. 2, 2005. He was 88.

Shingleton was instrumental in developing and expanding the Duke Comprehensive Cancer Center into a nationally recognized program. He was one of the signers of the 1971 National Cancer Act, legislation passed by Congress that appropriated federal funds to build 15 cancer centers nationwide.

The Duke Comprehensive Cancer Center was among the first eight centers recognized. Under Shingleton's direction, the Duke Comprehensive Cancer Center saw tremendous growth in clinical and laboratory space, research achievements, and staff, which increased from 50 physicians and scientists to more than 200.

In 1987, Dr. Shingleton stepped down from the directorship, but his work on behalf of all cancer patients continued. Colleagues and peers praised his skills as a clinician, researcher and administrator, noting his particular warmth and personal rapport with patients and colleagues alike. ●

from the director

Dear Friends,

I am excited to tell you about an exciting initiative on which the Cancer Center has recently embarked. The Duke Comprehensive Cancer Center has partnered with the Duke Clinical Research Institute (DCRI), the world's largest academic clinical research organization. By teaming with the DCRI, the Duke Comprehensive Cancer Center will acquire the resources and infrastructure necessary to rapidly grow clinical and translational research in oncology at Duke and bring new therapeutics to patients here and all over the world.

New treatments – such as a new drug, new approaches to surgery or radiation, new combinations of treatments, and new methods of gene therapy – are constantly being studied at Duke. Many of these innovations have been responsible for improving and extending life for cancer patients. Although clinical trials can be very complicated, they are still one of the fastest and safest ways to find treatments that work against cancer. Clinical trials enable patients to have access to cutting edge treatments and new therapies while also enabling the physician and researcher to monitor the effectiveness of the therapy as well as determine what side effects may occur.

For those of you who may be unfamiliar with the process, I'd like to take a moment to explain. Typically, a clinical trial is initiated by a physician who believes a new drug could be effective based on laboratory studies. The first step is that a description of a clinical trial (protocol) is written and approved. If a drug is new and not commercially available, the protocol must be also be acceptable to the company that will manufacture it as well as to the Food and Drug Administration's Investigational Drug Committee, which issues new drug licenses. The protocol is then presented to Duke's Institutional Review Board (IRB). This board reviews all new studies to make sure that the patient's rights and welfare are protected. Once a clinical trial is approved, eligible patients are enrolled in the study. The results of the study are monitored regularly by individuals trained in the conduct of clinical trials.

It is the mission of the Cancer Center to improve and extend the lives of all cancer patients. By expanding the clinical trials effort at Duke, we continue to find ways to fulfill that mission. Thank you for your continued support of our efforts.

Sincerely,
H. Kim Lyerly, MD, Director

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DCCC is designated a Comprehensive Cancer Center by the National Cancer Institute.

Nobel Laureate Peter C. Agre to Join Duke University Medical Center in New Leadership Role

Peter C. Agre, MD, winner of the 2003 Nobel Prize in Chemistry, will join Duke University Medical Center on July 1, 2005, as vice chancellor for science and technology.

In this newly created leadership post, Agre will help guide the development of Duke's biomedical research enterprise and will serve as Duke's spokesperson on issues seeking to improve global health care needs.

"After many years as a bench scientist, I've become increasingly interested in contributing to science in a broader way," said Agre. "The work I'm about to begin at Duke will help to shape the next generation of scientists, who will determine whether our nation will continue to lead the world in science and medicine."

Agre is a biological chemistry professor at Johns Hopkins University. In 2003, he shared the Nobel Prize in Chemistry for discovering the first water-channel protein, aquaporin, which facilitates the movement of water molecules into and out of cells.

"Peter is one of the most accomplished physician-scientists of our era. But he is even further distinguished by his passion to improve the lives of people throughout the world," said Dr. Victor Dzau, Chancellor for Health Affairs at Duke University and President and CEO of Duke University Health System. •

New Initiative Formalizes Stem Cell Research at Duke

It is not too unrealistic to say that stem cell research has the potential to revolutionize the practice of medicine and improve the quality and length of life.

1989 Nobel Prize winner in Physiology or Medicine Dr. Harold Varmus

With the establishment of the new Stem Cell Research Program (SCRP), the Duke Comprehensive Cancer Center will likely be the first National Cancer Institute-designated cancer center to harness its stem cell research efforts into a formalized program of research in this area.

"Stem cells are the mother of all cells," said Haifan Lin, PhD, co-leader of the SCRP and member of the DCCC. "There are two kinds of stem cells: embryonic stem cells that exist only in early embryos, and tissue stem cells that exist in our bodies throughout our lives. Embryonic stem cells give life to all cells in our bodies mostly via generating tissue stem cells, whereas tissue stem cells are directly responsible for generating and maintaining almost all tissues in our bodies. When tissue stem cells don't function normally, they can cause a number of problems from anemia to baldness, and from tissue dystrophy to cancer. That's why stem cell research is getting so much attention."

The study and clinical application of stem cells is the core of regenerative medicine and holds great promise in tissue regeneration, organ repair, and treatment of aging-related diseases. Because researchers have determined that the malignant proliferation of stem cells is a leading cause of cancer, stem cell research is at the heart of cancer research.

"The mission of the Stem Cell Research Program is to promote interdisciplinary research into the molecular and cellular mechanisms that govern the growth and differentiation of stem cells – both normal stem cells and stem cells in cancers," said Brigid Hogan, PhD, co-leader of the SCRP and member of the DCCC. "This reseach can only enhance our understanding of how cancers develop and lead to novel strategies in cancer therapy." •

Research notes

Gene Used in Brain Development Can Cause Common Childhood Brain Cancers

A gene that is normally silenced after contributing to brain development was found to be expressed in cells from medulloblastoma, the most common form of pediatric brain tumors in children, according to a study led by Hai Yan, MD, PhD, assistant professor of pathology and member of the Duke Comprehensive Cancer Center.

Shaoxi Liao, MD, PhD; Daniel Broderick; Qun Shi; Hai Yan, MD, PhD; David Cory Adamson, MD, PhD; Karen Hunt; and Chunhui Di.

In the study, Yan and fellow scientists discovered that multiple extra copies of the gene, called OTX2, had been switched back on among tumor cells removed from patients with medulloblastoma brain tumors. In the United States, medulloblastoma accounts for approximately 30 percent of all pediatric brain tumors.

Further, the scientists discovered that a potent derivative of Vitamin A, known as all trans-retinoic acid or ATRA, suppressed growth and induced cell death among the OTX2-laden tumor cells. More than half of medulloblastomas grown in the laboratory responded to ATRA treatment.

"The response that ATRA imposes upon these medulloblastoma brain tumor cell lines suggests that this type of tumor may respond favorably to ATRA-based therapy,"said Yan.

ATRA is already clinically approved for the treatment of acute promyelocytic leukemia. These studies lay the conceptual and practical framework for clinical trials using ATRA in the treatment of a commonly lethal pediatric disease.

This project is supported by The Pediatric Brain Tumor Foundation Institute at Duke, the Duke Brain Tumor SPORE grant from NCI, the NIH, American Brain Tumor Association, Neurosurgery Research Education Foundation, and grants from the Accelerate Brain Tumor Cure Foundation and National Cancer Center.

The results of the study were published in the February 1, 2005, issue of *Cancer Research* and the March 15, 2005, issue of the *Journal of Immunology*. ●

Duke Cancer Center partners with NCCU and Lineberger Cancer Center to host Disparities Symposium

The Duke Comprehensive Cancer Center partnered with North Carolina Central University (NCCU) and UNC Lineberger Comprehensive Cancer Center on March 29, 2005, to host the first annual Triangle Cancer and Disparities Symposium on the North Carolina Central University campus in Durham, NC. NCCU is a Historically Black University and the nation's first public liberal arts college founded for African-Americans.

"The goal of the symposium was to build infrastructure that will increase representation of minorities in the discipline of cancer control research, and expand the perspective and reach of cancer research conducted at Cancer Centers and Minority Serving Institutions," said Celette Sugg Skinner, PhD, a behavioral scientist in the Duke Comprehensive Cancer Center's Prevention, Detection, and Control Research Program.

More than 100 faculty members and students from all three universities attended the symposium, including Dr. H. Kim Lyerly, director of the Duke Comprehensive Cancer Center; Dr. Shelton Earp, director of the Lineberger Comprehensive Cancer Center; and Dr. Ken R. Harewood, director of the Julius L. Chambers Biomedical Biotechnology Research Institute at North Carolina Central University.

"Cancer is a terrible burden in the entire US population, but some groups are hit especially hard," said Skinner. "For example, not only are African Americans more likely to develop colorectal cancer than any racial or ethnic group in the US; they tend to be younger and have more advanced disease when they are diagnosed. Also, their survival rates from the cancer are lower. Much more investigation is needed to better understand prevention, detection and control of cancer among all races and ethnicities. That's why these types of collaborations are so important." ●

Tumor Suppressor Gene Is Silenced In Majority Of Breast Cancers

Researchers at the Duke Comprehensive Cancer Center have shown that many women at high risk for breast cancer have an alteration in their breast cells indicating significant damage has occurred and breast cancer may be imminent.

The researchers are applying their discovery to identify women who are potentially at immediate risk of developing breast cancer and to provide them with preventive therapies that will halt or delay its onset.

The defect the researchers identified is the "silencing" of a gene called RARbeta2, which regulates how breast cells utilize vitamin A to keep themselves growing and dividing normally. In damaged or cancerous breast cells, the gene is often inactivated through a process called methylation. Methylation leaves the gene unchanged but silences its activity by adding a brake onto the gene called a "methyl" group of molecules.

"For 95 percent of women with breast cell atypia but no known genetic mutation, we have never understood what was poised to occur next inside their breasts," said Victoria Seewaldt, MD, a breast oncologist at Duke. "Now we've developed a cellular marker that is helping us predict in an individual woman whether she is at short-term risk for breast cancer." ●

Early Trial Indicates Prostate Cancer Vaccine Increases Immunity and Reduces Tumor Cells

A prostate cancer vaccine can robustly boost a patient's immune system and clinically reduce the level of tumor cells in the body, according to the results of an exploratory phase I/II clinical trial conducted at the Duke Comprehensive Cancer Center.

"We have more research ahead of us, but the results of this study are promising," said Johannes Vieweg, MD, member of the Duke Comprehensive Cancer Center and senior investigator in the study. "This vaccine has the potential to become a broader vaccine that also could apply to other cancers. The most exciting aspect about this vaccine is the antigen, telomerase, which is overexpressed in most human cancers."

Antigens are protein fragments produced by invaders such as viruses or bacteria that trigger attack by the immune system. A critical challenge in developing vaccines against cancers is to educate the immune system to recognize tumor proteins as foreign antigens.

The vaccine developed in this study is created by isolating dendritic cells from the patient's blood. In the trial, 20 men with metastatic prostate cancer were given either a low-dose or a high-dose of the vaccine at different intervals. Overall, the vaccine was well tolerated in both groups, reported Vieweg and his colleagues. Four subjects had fatigue or flu-like symptoms, and all but two patients had inflammation at the site of the injection that subsided after two to three days.

Johannes Vieweg, MD

"Patients responded well to the vaccine because we are using materials from their own body to create a vaccine that is designed just for them," Vieweg said.

Vieweg said the next step is to move into larger phase II trials where the clinical response will be more closely examined. Such trials are expected to begin in early 2006. ●

firsthand

Firsthand Dr. Andrew Berchuck
Gynecologic Oncologist and Researcher

Early on, my goal in life was to play for the New York Yankees. As it became apparent that was not going to happen, I had to come up with a realistic plan.

Growing up, our family physician lived nearby, and my father really respected him, so I had this vision of a physician as being very smart and capable and doing good.

My college girlfriend's dad (she's now my wife) was a hematologist/oncologist. He was also a positive role model. During medical school, he took me on rounds, so I was exposed to oncology early on. My mother actually died of breast cancer when I was in medical school. I saw everything she went through, and I learned more about cancer and cancer treatment than most people at that stage of life.

My specialty is gynecologic oncology – treating patients with ovarian, uterine, and cervical cancer.

I did a clinical fellowship at Sloan Kettering and a research fellowship at the University of Texas Southwestern. I came to Duke in 1987 to take care of patients and develop a laboratory research program.

Most days, I get to Duke around 7 a.m. When my kids were younger, I used to try to get home for dinner by 6:30 or 7 p.m. Now our oldest son has graduated from Duke and our second son is pre-med at Duke. Our youngest, a high school freshman, often has activities in the evenings, so two or three days a week I'll stay in the office until about eight, and then pick him up on the way home.

Tuesday is my main surgery day, so I'm in the operating room most of the day. Between cases, I see my hospitalized patients and discuss issues with Nurse Clinician Charlotte Gilbert, who follows our patients throughout treatment. Fridays, I'll typically see 20 to 30 new and continuing patients at the Surgical Oncology Clinic.

Wednesdays and Thursdays are generally research days, although I still see hospitalized patients. One of my main areas of research is looking for genetic susceptibility factors for ovarian cancer. The major advance in the past decade has been the discovery of the genes BRCA 1 and 2, which account for about 10 percent of ovarian cancer. Duke Cancer Center Epidemiologist Joellen Schildkraut, PhD, and I are conducting the North Carolina Ovarian Cancer Study to try to identify other genetic susceptibility factors that might account for smaller risks of one to five percent.

I recently moved into the new Institute for Genome Sciences and Policy, where Duke has created an environment that brings together people with diverse expertise to allow us to do some really innovative studies. In the past, we studied a single gene to determine its role in causing cancer, and the behavior and treatment of cancers. Now we can put 20,000 or 30,000 genes on a small chip. We can take a sample of a cancer and study what's going on with thousands of genes, all at once. This gives us a portrait of the entire cancer, so we can better predict outcomes and identify viable new targets for cancer therapeutics.

The other thing that takes a chunk of my time is my role as director of the Scientific Advisory Committee for the Ovarian Cancer Research Fund, the largest foundation in the field. This year we will give away more than $4 million in grants. I'm also very involved in the Society of Gynecologic Oncologists. Its role is to educate the professional community and the public about what gynecologic oncologists do, as well as early warning signs for ovarian cancer.

I don't have enough time to do everything I want to do. I want to be the best surgeon, the most productive research scientist, the best doctor for my patients. The way I make all those things happen is by building teams. The nurses, fellows, residents, and attending physicians I work with are wonderful at caring for our patients. In the research laboratory, I work closely with other faculty members, technicians, medical students, and fellows.

Early in my career, I had this idealistic vision that I could do good things for patients, and also see science advance in ways that would be clinically useful. And in my 17 years at Duke, I've seen that happen. The science has led to new clinical approaches that are saving lives, and it's just the tip of the iceberg. We're in a golden age of scientific discovery. We've learned more about cancer in the last 20 years than ever before, and the pace of discovery is accelerating. So I'm very optimistic that this basic research will translate into new therapies and improved understanding so we can reduce the incidence up front. ●

John Soper, MD, Patricia Durham, and Pat Rice, RN

Ovarian Cancer Patient Celebrates Twenty-five Years After Being Diagnosed

In 1980, Patricia Durham was 28 years old and a newlywed. Then, on February 22 of that year, Durham was diagnosed with ovarian cancer and her whole world changed. Told she had just six months to live, her hometown physician advised her husband to take her to Duke.

Twenty-five years later, Durham is cancer-free and credits Dr. John Soper, MD, and Pat Rice, RN, of Duke's Ovarian Oncology Clinic with helping to save her life. Durham has endured six surgeries related to cancer and a series of radiation and chemotherapy treatments. Through it all, she has relied on the compassion and care of Dr. Soper and Rice. ●

Firsthand Pam Cyr
Waging a battle against ovarian cancer

Last April, the night before my son's wedding, I was rushed to Duke Hospital's emergency room with a 106 degree fever. All I was thinking was, "Give me a pill, get me out of here. I have to pick up flowers!"

At that point, the doctors didn't know what was wrong with me. They couldn't get my temperature down; they were doing x-rays and CTs. I told my son, "I can't come to your wedding." But his fiancée said, "There's no way your mom is going to miss this." They arranged to hold the wedding in the emergency room that night. The ER doctors, nurses, and staff went out of their way to make it happen. They found a huge room in the ER, and 25 people came to the hospital. They wheeled me into the room – heart monitor and all – and the minister, the wedding party, and my son and daughter-in-law came in. They made a little veil for her out of pipe cleaners and Kleenex. It was the most incredible ceremony in the world. The nurses arranged a little reception party for us, with a ginger ale toast. Everyone who was there said it was the most beautiful wedding they had ever been to, because it was the true meaning of marriage.

Pam Cyr, Dr. Andy Berchuck and Charlotte Glibert, RN

A few hours later, the doctors admitted me to the hospital. The next morning I had emergency surgery because they found that a cancer tumor had crushed my kidney and it was not working any more. They put in a stent and did a colostomy. A few days later, after all kinds of tests, they determined that I had stage three ovarian cancer.

Over the past 11 months, I've had extensive chemotherapy, my bone marrow broke down, and I had a terrible infection. I've been in and out of the hospital several times. One of my daughters was getting married last October 30. I told Dr. Berchuck that I wanted to be well enough to go to her wedding at Duke Chapel, so we arranged the chemo so I would be healthy and I was able to attend that wonderful event. Then in February, we found another mass, and during the surgery, they also had to take out my kidney. Since then, I've been in the hospital for almost two-and-a-half weeks. It's been a difficult journey.

I now understand what the word "battle" means when you've got cancer, because it's a battle between you and the cancer. I am a very strong, positive person. The day they told me that I had cancer, I said, "This cancer has picked the wrong body – and you're going to get the hell out of my body." I couldn't wait to start chemotherapy. I would not give in to it. I continued my shopping, the housework, the food shopping. My kids are furious! They tell me to take it easy, but I can't do that. That's giving in. And I won't do that. You just go on with your life, look at it as a bump in the road. It's all you can do. Because I tell you, I'm going to be here.

I have hope. I not only count on my doctors, but I count on God to come into my body and help heal me. I also appreciate how caring the people are here at Duke. I didn't realize how much support you can get when you come down with something like this. Dr. Berchuck and his team are wonderful. They're like cheerleaders – they really become part of your family. Nurse Clinician Charlotte Gilbert will call me at home to check on me, and Bernice Osborne is also wonderful. Dr. Berchuck shoots from the hip – he doesn't sugar coat it, but when you see him, there's always a hug. He's an incredible doctor.

My kids have been so great. I wish they didn't have to worry about their mom. I am a person who has always been on the go, from 7 a.m. to 11 at night, going to the mall in my stiletto heels, taking care of the kids, helping with the weddings, doing all the cooking, the redecorating, the banking, the yard work. My husband is a contractor in Pennsylvania, so he's only home every few weeks. I take care of everything. Before this cancer, I was never sick a day in my life.

When I was so sick, and I didn't know what was going to happen, my daughter brought my stiletto heels to my hospital room and put them right on a shelf where I could see them. It was incentive to get well and wear those again. ●

SAVE THE DATE:

The 3rd Annual Gail Parkins Memorial Ovarian Awareness Walk and Educational Forum

September 24, 2005

Proceeds from the event fund ovarian cancer research at the Duke Comprehensive Cancer Center.

Location: Millbrook Exchange Park
1905 Spring Forest Road ▪ Raleigh, North Carolina

Schedule of events:

8:30 am: "It Whispers, so Listen" Educational Forum
9:30 am: Walk Registration ($25 per person includes a t-shirt and food)
10:30 am: Gail Parkins Memorial Awareness Walk begins, followed by awards ceremony and food

Come walk to celebrate the strength of women!

Register online at ovarianawareness.org or call (919) 667-2614.

Cancer Center notes

Modrich Receives ACS Medal of Honor

Paul Modrich, PhD, has been awarded the American Cancer Society's Medal of Honor for his work in basic cancer research. This is the highest honor bestowed by the Society and is given annually for outstanding contributions to cancer control. Dr. Paul L. Modrich is the James B. Duke Professor of Biochemistry and a member of the Duke Comprehensive Cancer Center. His research is focused on DNA processing, DNA repair, and the role of DNA repair defects in a person's predisposition to cancer. In 2004, Dr. Modrich and his colleagues at Duke discovered key components that enable the cell's DNA repair machinery to adeptly launch its action in either direction along a DNA strand to strip out faulty DNA. Such flexibility exemplifies the power of the repair machinery, which guards cells against mutations by editing out errors that occur during the process of chromosome replication. Malfunction of the "mismatch repair" machinery is the cause of several types of cancer, including relatively common forms of colon cancer. ●

Blobe Receives Prestigious Award for Research Accomplishments

Duke Comprehensive Cancer Center member and Assistant Professor of Oncology Gerard Blobe, MD, PhD, has received the annual American Association of Cancer Research (AACR) Gertrude B. Elion Cancer Research Award which recognizes research excellence in cancer etiology, diagnosis, treatment, or prevention. Dr. Blobe's laboratory focuses on the role of the transforming growth factor-beta (TGF-beta) signal transduction pathway in cancer biology. The TGF-beta signaling pathway functions as both a tumor suppressor and as a tumor promoter during carcinogenesis. Recently, Blobe and his collaborators found that mutations in the TGF-beta signaling pathway are involved in all pancreatic cancers and 80 percent of colon cancers. ●

Duke Oncology Nurses Honored with Tree of Compassion

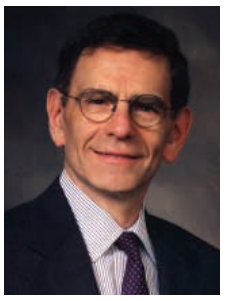
On April 12, the Duke Cancer Patient Support Program honored Duke's oncology nurses for their compassion during the Annual Spring Garden Ceremony in the Seese-Thornton Garden of Tranquility located adjacent to the Morris Cancer Clinic. A Tree of Compassion was dedicated to their honor. There are hundreds of dedicated oncology nurses at Duke. Those who were able to attend the ceremony were (pictured from L to R) Celia Cadilla, Kim Denty, Lyn Filip, Gail Funk, Laura Houchin, Diane Stevenson, Cathy Glennon, Kathy Becker, Emily Edmonds, Rita Deimler, Tracy Gosselin, Kevin Sowers, Mary Ann Robbins, Angela Johns, Jayne Waring, and Karen Bronson. ●

Lyerly named Chair-elect of the Breast Cancer Research Program Integration Panel

H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center, has been selected chair-elect of the United States Army Medical Research and Materiel Command, Department of Defense Breast Cancer Research Program (BCRP) Integration Panel. Dr. Lyerly will serve on the executive committee of the Integration Panel in 2005 and will become chair of the panel in 2006.

The 13-member panel, which includes scientists, consumer advocates, breast cancer survivors, and experts in basic, transitional, clinical, psychosocial, and public health issues, acts in an advisory capacity to the BCRP, deciding on the distribution of research funds. Since the inception of the BCRP in 1992, more than $1.5 billion has been spent on peer-reviewed research targeted toward the program's vision to eradicate breast cancer. The BCRP funds a diverse portfolio of research on prevention, detection, diagnosis, treatment, quality of life, and basic biology. ●

Prosnitz Receives Lifetime Achievement Award



Dr. Leonard Prosnitz, a radiation oncologist and member of the Duke Comprehensive Cancer Center, has been awarded The J. Eugene Robinson Award for Lifetime Achievement in Hyperthermia Research. This award is presented to an investigator who has made outstanding contributions to hyperthermia oncology. Dr. Prosnitz is a leader in this field and has served as president of the North American Hyperthermia Society and as chairperson of the Duke Department of Radiation Oncology from 1983-1996. In 1997, the L.R. Prosnitz Chair in Radiation Oncology at Duke University Medical Center was established in his honor. ●

Berchuck Elected to Lead GYN Oncologists Group

Dr. Andrew Berchuck has been elected president of the Society of Gynecologic Oncologists and will begin serving in 2007. Dr. Berchuck holds the F. Bayard Carter Distinguished Professorship in the Department of Obstetrics and Gynecology. He is a lead investigator of a current study of more than 600 women with ovarian cancer. The study attempts to increase the understanding of the association between ovulation and ovarian cancer in order to increase the ability to identify women who are at increased risk for this disease. As well, the study seeks to develop chemopreventive strategies designed to decrease ovarian cancer mortality. The study involves women living in a 48-county region in central and eastern North Carolina. ●

Harris and Silverman Families Receive the Shingleton Award

Gigi Harris, William Harris, Agnes Ali Osman, Francis Ali Osman, DSc, Mattye Silverman, Marc Silverman

The Shingleton Award, named in honor of William W. Shingleton, MD, founding director of the Duke Comprehensive Cancer Center, recognizes volunteers for their exemplary service to the Cancer Center. This year, on April 7, 2005, the award was presented to William and Gigi Harris and Marc and Mattye Silverman of Charlotte, NC.

"Dr. Shingleton was a kind man and an outstanding researcher and clinician who dedicated his life to advancing the understanding of cancer and caring for patients with cancer," said Darell Bigner, MD, PhD, deputy director of the Duke Comprehensive Cancer Center and co-leader of the Neuro-Oncology Research Program at Duke. "The Harris and Silverman families have dedicated their life to this same mission and have worked tirelessly to make the world better for others."

In 1996, the Harrises and Silvermans teamed up to create Charlotte Hopebuilders 5K in memory of their children and to benefit research at The Brain Tumor Center at Duke. Just one year before, both families lost their children to brain tumors. The Harris' daughter, Margaret, was three. The Silvermans' son, David, was 25.

With proceeds from the race and the generosity of their community, the Harris and Silverman families raised more than $1.5 million. Last fall, the money contributed to The Brain Tumor Center at Duke funded the distinguished Margaret Harris and David Silverman Professor of Neuro-Oncology Research at Duke.

The professorship was awarded to Francis Ali-Osman, DSc, a world leader in the field of the cellular and molecular therapeutics and pharmacogenomics of cancer and associate director for Translational Research at the Duke Comprehensive Cancer Center. The primary focus of Dr. Ali-Osman's research is the study of the cellular and molecular processes involved in the malignant growth and therapeutic response and failure in human tumors, particularly brain tumors. ●

Duke Comprehensive Cancer Center Volunteers Receive Awards for Service

Dr. Ellen Sigal and Marlene Malek, RN

Dr. Ellen Sigal and fellow Duke Comprehensive Cancer Center Board of Overseers member Marlene Malek, RN, were named 2004 Washingtonians of the Year for their work in support of cancer research. Dr. Sigal is the founder and chairperson of Friends of Cancer Research, a non-profit organization that raises awareness and provides public education on cancer research in order to accelerate the nation's progress toward prevention and treatment of cancer. Ms. Malek serves as president of the organization. Dr. Sigal was also recognized for her work by Research! America, the International Spirit of Life Foundation, and the Association of American Cancer Institutes. ●

Joe and Terry Graedon of the People's Pharmacy Discuss Patient Advocacy

Joe and Terry Graedon were guests at the Cancer Center's Board of Overseers Meeting held at the Washington Duke Inn in Durham, NC, on April 8. The Graedons, authors of The People's Pharmacy, a syndicated newspaper column about drug and health issues, spoke about patient advocacy. According to the Graedons, there are 1.9 million adverse events each year caused by dangerous interactions between prescription drugs or between drugs and common foods and liquids. Of those events, 180,000 are severe or fatal, but 42% are preventable. The Graedons urged consumers to ask questions of their healthcare providers, be assertive, trust their instincts, and demand a culture of caring. The Graedon's authored the book, The People's Pharmacy, which was originally published in 1976 and was one of the first books to provide drug and health information to consumers. It went on to become a number one best-seller. They also co-host an award-winning health talk show that airs weekly on over 500 stations. Currently, they serve on the Patient Safety and Quality Assurance Committee of the Board of Directors of Duke University Health System. ●

Angels Among Us 5K and Family Fun Walk has a Record Breaking Year

The twelfth annual Angels Among Us 5K and Family Fun Walk on Saturday, April 23, 2005, was the most successful to date, raising more than $670,000 for brain tumor research at Duke. The event, which is held at Wallace Wade Stadium on the Duke University campus, benefits The Brain Tumor Center at Duke, an internationally recognized leader in the research and treatment of brain tumors.

Top fundraising teams were Pop's Pride, which raised more than $75,000; Team Epperson, which raised $63,370; Team Nelli, which raised $45,170; Sherry's Angels, which raised $42,800; and Team Kerry, which raised $37,173.

"Each year, more than 185,000 people in the United States are diagnosed with a primary or metastatic brain tumor, including 3,000 children under 20 years old. Medulloblastoma accounts for thirty percent of pediatric brain tumors," said Dr. Henry Friedman, co-director of the Brain Tumor Center at Duke. "At Duke, we are dedicated to aggressively continuing to search for new ways to treat and cure brain tumors in order to improve and prolong lives. The funds raised through the Angels Among Us event are essential to our quest." ●

www.angelsamongus.org

Back: Emma Nelli, Lexi Vick, Ainsley Nelli, and Bill Nelli; Front: Jed Vick and Olivia Nelli participated in Angels as part of Team Nelli. Team Nelli consisted of more than 300 members.

Duke Physicians Featured on CNN and NBC

Breast cancer specialist and Duke Comprehensive Cancer Center member Victoria Seewaldt, MD, was featured on the Paula Zahn Now television show on CNN on February 23. Dr. Seewaldt discussed her research and the recent announcement of a new breast pap smear that she is using to survey cells from the whole breast, examine them under the microscope and test for early changes that often precede breast cancer. If abnormal cells are detected, the woman can be given a preventive agent in an effort to eradicate the abnormal cells and thus prevent cancer from developing. According to Seewaldt, the test is far more sensitive than a mammogram because a pathologist analyzes each cell for specific molecular changes that are common to many breast cancers.

Henry Friedman, MD, and his patient, Andy Delbridge, were interviewed on NBC's Today show on March 25, and discussed the role of prayer and faith in medicine. Mr. Delbridge was diagnosed with an aggressive brain tumor in 2002, which metasticized to the kidney and the heart. He was treated with surgery, radiation, and chemotherapy. Today, Mr. Delbridge is cancer free. "The minute you think that you have no hope, you are down for the count. So you've got to always think there's hope," said Delbridge. Dr. Friedman agrees. He is the co-director of The Brain Tumor Center at Duke, where the physicians and nurses live by their mission statement: " At Duke, There is Hope." ●

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For an appointment, please call 1-888-ASK DUKE
http://cancer.dukehealth.org

SAVE THE DATE:

The Twelfth Annual Joann Gaddy Grimes Big Event to Fight Cancer

The Joann Gaddy Grimes Big Event To Fight Cancer

June 4, 2005

Proceeds fund research at the Duke Comprehensive Cancer Center to find new treatments for all types of cancer.

WHERE: Hagan-Stone Park ▪ Greensboro, North Carolina

- 100K Challenge Bike Ride: 7:30 am registration, 8:30 am departure
- Classic Car Show: 9:00 am owner registration
- 28 Mile Scenic Bike Ride: 9:00 am registration, 10:00 am departure
- 5K Walkers/Runners/Strollers: 10:30 am registration, 11:30 am begins

Register online at www.bike4duke.org or call (919) 667-2614.

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