



SCIENTISTS AND ENTERTAINERS BRING FOCUS ON CANCER

In two highly publicized events, entertainers and scientists came together in an effort to rally the public around the goal of ending cancer's reign as a leading cause of death.

Stand Up To Cancer, which aired on Friday, September 5, was a one-hour, nationally televised fundraising event for cancer research featuring celebrities including Mariah Carey, Meryl Streep, Lance Armstrong, and Halle Berry. The Entertainment Industry Foundation created the initiative and has teamed with the American Association for Cancer Research to award dollars raised through Stand Up To Cancer to support research projects and scientists from across the country.



Earlier this year, H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center, testified before Congress along with breast cancer survivor and singer/songwriter Sheryl Crow and Fran Visco, president of the National Breast Cancer Coalition. The three advocated for the Breast Cancer and Environmental Research Act of 2007. This bill supports research to explore the possible links between breast cancer and the environment. The bill was passed by the Senate Health, Education, Labor, and Pensions Committee in February and is awaiting approval from the House.

"One person dies from cancer every minute of every day in the United States. I'm thrilled about any opportunity that brings cancer to the forefront, celebrates the courageous patients, and reinforces the need to support investigators as they search for better ways to diagnose, prevent, and treat this disease," says Lyerly. ♥



Sheryl Crow and H. Kim Lyerly, MD, testify before Congress.



Duke surgeons John Sampson, MD, PhD, and Allan Friedman, MD, perform an awake craniotomy. During this type of brain surgery, the patient feels no pain but is awake and able to communicate with the surgeon.

Vaccine May Double Survival in Brain Tumor Patients

A vaccine aimed at inducing immunity to the most common and deadly type of brain tumor may stave off recurrence and more than double survival in patients, according to a new study led by researchers in Duke's Preston Robert Tisch Brain Tumor Center.

"This vaccine represents a very promising therapy for a cancer that comes out of the blue and robs people of something most of us take for granted—time," says John Sampson, MD, PhD, a neurosurgeon at Duke and lead investigator on this study. "The possibility of doubling expected survival—with few if any side effects—would represent a big step and a lot of hope for this group of patients."

Sampson presented the results of this phase II study during an oral presentation at the annual American Society of Clinical Oncology meeting in Chicago in June. The study was funded by the National Institutes of Health and Celldex Therapeutics, a subsidiary of Avant Immunotherapeutics, which has licensed

continued on page 3

"We have some patients who are four, five, or six years out from diagnosis, which is virtually unheard of."

John Sampson, MD, PhD



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President Bush Appoints Lyerly to National Cancer Advisory Board

President George W. Bush appointed H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center, to the National Cancer Advisory Board in June.

Lyerly, the George Barth Geller Professor of Research in Cancer, is one of eight appointees named to the board. He will serve a six-year term.

The National Cancer Advisory Board is an advisory committee of the National Cancer Institute (NCI). The role of the board is to advise the secretary of the Department of Health and Human Services and the director of the NCI on issues that relate to the activities of the Institute, including reviewing and recommending support grants and cooperative agreements. The board consists of 18 members appointed by the president and selected from the leading representatives of the health and scientific disciplines.

"I am honored to be chosen by President Bush to serve on this important cancer advisory board," says Lyerly, a breast cancer surgeon. "I view this as a wonderful opportunity as well as a huge responsibility. In this role, I want to be a voice for cancer patients, cancer researchers and physicians as we strive to shape policies that

will positively affect each of these groups and bring increased attention to their needs."

Lyerly is currently the principal investigator of the Cancer Center Core Grant, the Duke Specialized Program in Research Excellence (SPORE) grant in breast cancer, and a program project grant directed toward developing antigen specific immunity in patients with cancer. An internationally recognized expert in cancer therapy and cancer immunotherapy, Lyerly has published over 150 scientific articles and has edited 10 textbooks on surgery, cancer immunotherapy, and novel cancer therapies. He serves on the editorial board of 12 scientific journals.

Which Smoking Cessation Treatment Works Best?

Your Genes May Hold the Clue

Kicking the habit may soon become easier for the nation's 45 million smokers. For the first time, researchers have identified patterns of genes that appear to influence how well individuals respond to specific smoking cessation treatments.

Scientists at Duke University Medical Center, the National Institute of Drug Abuse, University of Pennsylvania, and Brown University scanned the entire human genome in a comprehensive search for genes that could determine treatment outcomes. They identified several genetic variations that seem to indicate the likelihood of success or failure of nicotine replacement therapy (NRT) and bupropion (Zyban).

Their findings appeared in the *Archives of General Psychiatry*.

"This takes us a big step forward in being able to tailor treatment to individual smokers to provide the therapies that are most likely to benefit them," explains Jed Rose, PhD, director of Duke's Center for Nicotine and Smoking Cessation Research and one of the study's authors. "In a few years, a simple blood test may provide physicians with enough information to recommend one treatment over another."

In previous studies, the researchers performed the first genome-wide scan of more than 520,000 genetic markers taken from blood samples of smokers entered in a quit-smoking trial. When they compared the genes of smokers who had successfully kicked the habit to those who



"IN A FEW YEARS, A SIMPLE BLOOD TEST

may provide physicians with enough information to recommend one treatment over another."

Jed Rose, PhD

Director of Duke's Center for Nicotine and Smoking Cessation Research

failed to quit, they found clusters of positive results in gene variants present more frequently in the successful quitters.

In the current study, the researchers analyzed the DNA of 550 smokers who participated in quit-smoking studies in which they were randomly assigned to either a placebo, NRT, or bupropion. The scientists found 41 gene variants specific to smokers who successfully stopped smoking using NRT, and 26 bupropion-specific genes. "Everybody has some version of these genes, but different people have distinct variants," Rose says.

The researchers stress that the presence of these genetic variants alone is not enough to completely predict specific treatment success or failure.

The study was supported by the National Institutes of Health, Philip Morris USA Inc., and GlaxoSmithKline. ■

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Young Women's Breast Cancers Have More Aggressive Genes



Kimberly Blackwell, MD

Young women's breast cancers tend to be more aggressive and less responsive to treatment than the cancers that arise in older women, and researchers at the Duke Comprehensive Cancer Center and the Duke Institute for Genome Sciences & Policy may have discovered part of the reason why: young women's breast cancers share unique genomic traits that the cancers in older women do not exhibit.

"Clinicians have long noted that the breast cancers we see in women under the age of 45 tend to respond less well to treatment and have higher recurrence rates than the disease we see in older women, particularly those over the age of 65," says Kimberly Blackwell, MD, a breast oncologist at Duke and senior investigator on the study. "Now we're really understanding why this is the case, and by understanding this, we may be able to develop better and more targeted therapies to treat these younger women."

The results appeared in the *Journal of Clinical Oncology*. The study was funded by

the National Cancer Institute.

Duke researchers looked at samples of nearly 800 breast tumors from women in five countries. The investigators found more than 350 sets of genes that were active only in the tumors from women under age 45. Conversely, tumors arising in women over age 65 did not share these activated gene sets.

Researchers have already developed compounds that target some of the activated gene expression pathways that the Duke team discovered, and many of these compounds have promise for combating young women's tumors, Blackwell says. Identifying these characteristic gene expression profiles will be an important part of finding new therapies, she says.

Other researchers involved in this study include first author Carey Anders, MD; David Hsu, MD, PhD; Gloria Broadwater, MS; Chaitanya Acharya, MD; John Foekens, PhD; Yi Zhang, PhD; Yixin Wang, PhD; P. Kelly Marcom, MD; Jeffrey Marks, PhD; Phillip Febbo, MD; Joseph Nevins, PhD; and Anil Potti, MD. ♥

RESEARCH

Continued from Page 1

the rights to the vaccine and provided the vaccine for use in the study. In addition to Duke researchers, scientists at M.D. Anderson Cancer Center and Celldex Therapeutics were involved in the research.

The vaccine targets a protein expressed on about half of all glioblastoma multiforme (GBM) tumors. The protein is not expressed in normal tissues but is prevalent in GBMs, which makes it an attractive target for a vaccine, Sampson says.

Study patients lived for an average of 33.1 months; patients who are diagnosed with GBMs and treated with standard therapy typically live an average of 14.3 months.

"We're more than doubling survival time in this group, and we have some patients who are four, five, or six years out from diagnosis, which is virtually unheard of," Sampson says.

A phase III trial is now open at more than 20 sites nationwide.

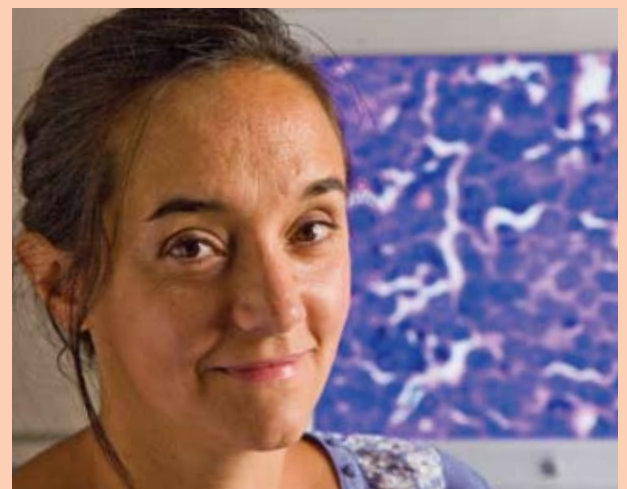
Other Duke researchers involved with this study include Gary Archer, PhD; Darell Bigner, MD, PhD; Henry Friedman, MD; Duane Mitchell, MD, PhD; and David Reardon, MD. ♥

Duke Discovery Could Mean Improved Treatments for Non-Hodgkin Lymphoma

In 1997, rituximab became the first monoclonal antibody to be approved by the FDA for the treatment of non-Hodgkin lymphoma. Rituximab binds to a molecule called CD20, which is found on the surface of normal and malignant B cells. Because of its high activity and low toxicity, rituximab has transformed the outcome for patients with B cell lymphomas. However, some patients do not respond to the drug, experience eventual relapses, and may cease responding to the therapy.

But why? To find the answer, researchers at Duke are working to discover the precise mechanism of action associated with rituximab therapy. In 2004, Duke University Medical Center immunologists first pinpointed how rituximab attacks normal B cells. Using mice, the researchers discovered that Antibody-Dependent Cell-mediated Cytotoxicity (ADCC) was the mechanism of action. ADCC is an immune response in which antibodies (such as rituximab), by coating target cells, make the cells vulnerable to attack by immune cells. Veronique Minard-Colin, MD, research associate, and Thomas Tedder, PhD, professor and chair of the department of immunology, have now shown that rituximab clears malignant B cells and normal B cells through the same mechanism.

The new understanding of how rituximab kills these tumors will allow the development of new and more powerful drugs that utilize this mechanism of tumor cell killing. In fact, the Tedder laboratory has already developed new monoclonal antibody drugs that attack CD19, another molecule expressed on normal and malignant B cells. Importantly, CD19 is expressed by most



Veronique Minard-Colin, MD

childhood and adult acute lymphocytic leukemias, which don't express CD20.

In addition, to better understand why some patients do not respond to rituximab, the researchers are using their new tumor model to identify the genes expressed in tumor cells that make them sensitive to ADCC by rituximab-like drugs and the genes that make them resistant.

"By answering this question, we have the potential to make more effective drugs in which potentially 100 percent of the patients will respond to the therapy. The next steps are equally painstaking, but our early progress has been exciting and promising," says Tedder.

This study was published in the journal *Blood* and authored by Minard-Colin; Yan Xiu, PhD; Jonathan C. Poe, PhD; Mayuka Horikawa, PhD; Cynthia M. Magro, MD; Yasuhito Hamaguchi, MD, PhD; Karen M. Haas, PhD; and Tedder. ♥

Focus on the Caregiver

“Cancer becomes your life 24 hours a day—both for the patient and caregiver,” says Alex Kovacs, whose wife Elizabeth has breast cancer.

“Cancer attacks all of your resources, both physical and mental,” says Yvonne Hunt whose husband Bob was diagnosed with prostate cancer in October 2007.

When cancer is diagnosed, it’s not just the patient who is affected. The diagnosis impacts the caregiver’s life as well, both physically and mentally,” says Patrick Plumeri, MS, LMFT, a therapist with the Duke Cancer Patient Support Program.

“My role as a caregiver is to not see myself as separate from my husband,” says Hunt. “We are fighting cancer.”

Caregivers are defined as a spouse, family member, or friend who can help a patient deal with the “bio-psychosocial-spiritual needs” associated with a disease, explains Plumeri. This wide spectrum encompasses both physical and emotional issues: helping get the patient to appointments, making sure the patient takes medication at the appropriate time, and simply listening or being spiritually supportive.

“Being a caregiver tests a marriage in ways I never thought possible,” says Hunt. She credits Plumeri with helping her deal with the stresses of being a caregiver. “Patrick gave me some great advice early on. He said, ‘You sleep when he sleeps.’ At first, I didn’t understand it, but after a bit, I completely got it. I learned that my whole life couldn’t be based on Bob’s cancer treatment. I needed ‘me time.’”

Kathryn Lassiter was caregiver to her husband David, a

colon cancer patient who passed away in April 2007. They fought the disease together for the six years of their marriage; part of his colon was removed the day after their wedding in 2001.

“David made it easy for me to be a caregiver because he let me take care of him,” says Lassiter, who accompanied her husband to every seven-hour chemotherapy treatment—all 82 of them. Now, as a volunteer at Duke, Lassiter often sees conflict between patients and caregivers. “You need to always keep the path of communication open.”

Plumeri works with patients and caregivers daily and believes that communication with each other is crucial. “I see the patient and caregiver trying to protect one another by not discussing sensitive issues,” says Plumeri. “But communication is so important.”

Laura Porter, PhD, is a Duke psychologist who is studying couple-based psychological intervention in cancer patients and their caregivers. “Interestingly, caregivers often benefit more from the intervention than patients do,” she says. “If a caregiver is distressed, then he or she can become an ineffective provider of support.” Interventions are support tools such as counseling, group discussions, and educational resources that assist the cancer patient and caregiver. Porter has found that through interventions, couples have reported an increase in their relationship satisfaction and even an increase in intimacy.

She teaches the patient and caregiver communication skills, which is adapted from marriage therapy. Porter is a lead investigator in a research study of early stage breast cancer patients and their husbands called CanThrive, which seeks to help couples deal with the challenges that breast cancer can bring. The study participants are randomly divided into three groups and are given several assessments to see if different interventions are beneficial.

Elizabeth and Alex Kovacs believe that CanThrive has helped them greatly. “While we’ve been married for 38 years and obviously talk to each other all the time, this program has been a great experience,” says Alex. “It has helped us to cope with the disease and understand each other better.”

“We thought we knew how to communicate, but this program has helped us greatly,” says Elizabeth, who was her husband’s caregiver several years ago when he had a heart attack. “We talk about subjects like sexuality that we might not bring up without suggestion from a professional counselor.”

While Porter believes that many patients and caregivers do not need professional help, the lines of communications between caregivers and patients must always be open. “It will help the mental and physical state of each if they talk openly about their feelings and concerns,” Porter says.

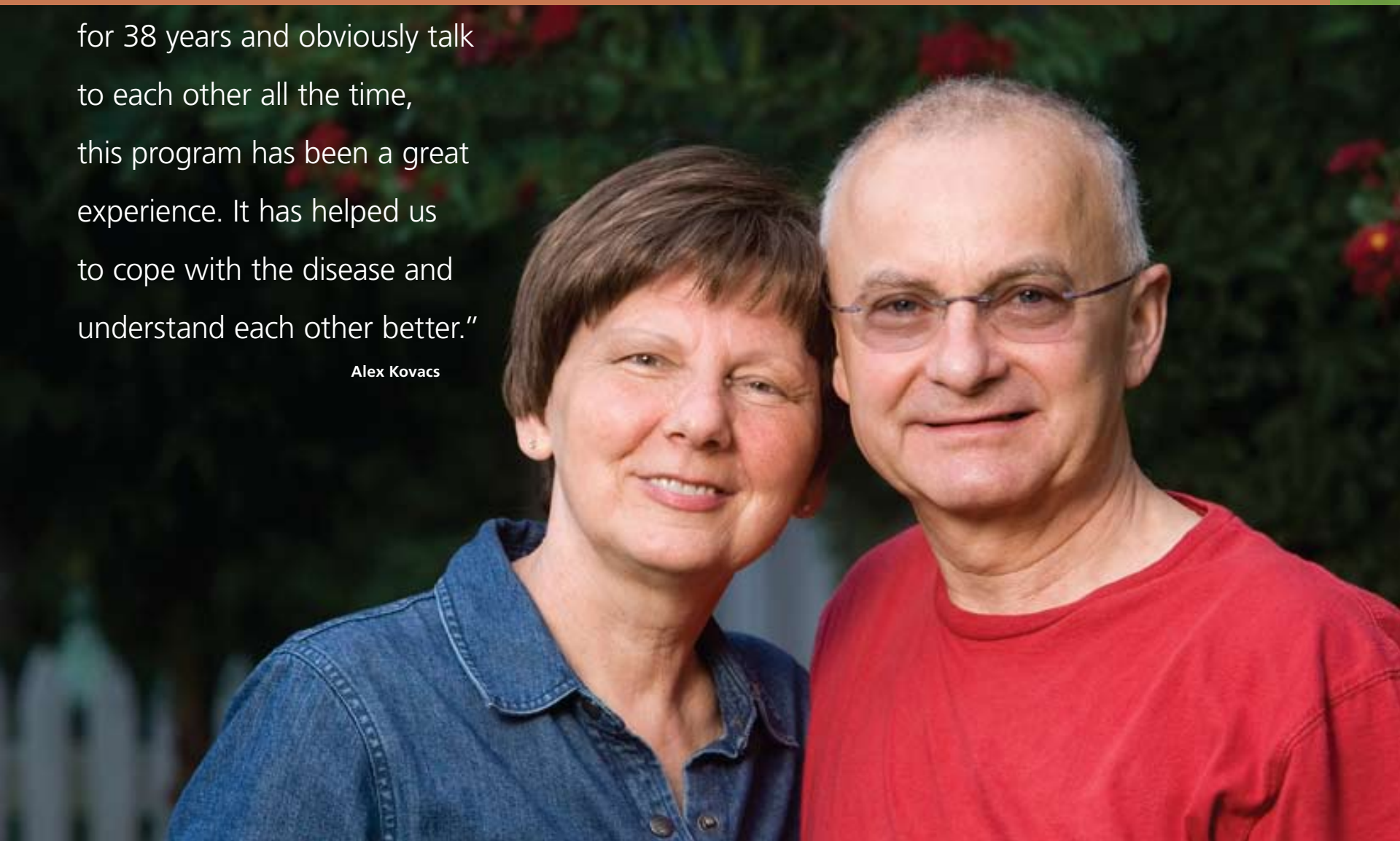
Male caregivers can face different challenges. “Men want to help their wives but they often don’t know what to do or how to communicate,” says Tina Staley, LCSW, director of Pathfinders, a research program at Duke designed



“WHILE WE’VE BEEN MARRIED

for 38 years and obviously talk to each other all the time, this program has been a great experience. It has helped us to cope with the disease and understand each other better.”

Alex Kovacs



Elizabeth and Alex Kovacs

to address the mind, body, and spiritual needs of individual patients and their families. “Especially when it comes to intimacy issues, men are not certain how they should act with their spouse who has cancer.”

The Pathfinders research program encompasses 55 advanced breast cancer patients. At times, their husbands are included in the program. Pathfinders meet with patients and their caregivers regularly to address concerns and needs and offer strategies for dealing with challenges.

Unfortunately, not all patients have caregivers. According to Plumeri, patients without full-time caregivers are more likely to be lonely and may need to be monitored more closely. “But, it’s not just patients who need monitoring; caregivers need it as well. They often ignore their own needs while helping with the patient,” Plumeri says.

In a peer-reviewed research study of cancer caregivers, 62 percent of caregivers said that their own health had suffered as a result of being a caregiver, and 70 percent said that their family was not working well together. However, 81 percent said that they wanted to help the patient and would not be able to live with themselves if they did not perform the responsibilities of a caregiver.

The Duke Cancer Patient Support Program provides support services for patients with all types of cancer and their caregivers. The program provides counseling with licensed marriage and family therapists like Plumeri and offers a variety of support groups. Last year, the program launched KidsCan!, a support group for children of cancer patients.

Duke School of Nursing Assistant Professor Cristina Hendrix, DNS, APRN-BC, GNP, FNP, is conducting a research project that has trained more than 100 caregivers to perform various tasks that need to be performed when the patients are at home, such as changing dressings and teaching how to prevent infections.

“The training is very tailored to the needs of the patients

and caregivers,” Hendrix says of the course, which lasts approximately two hours for most couples. “In addition to the patient, we’re trying to increase the confidence of the caregivers, which may help some with the stresses of being a caregiver.”

James Tulsy, MD, director of the Duke Center for Palliative Care, and Karen Steinhauser, PhD, assistant professor of medicine, are national leaders in palliative care—focusing on decreasing suffering, improving quality of life, and dealing with both physical and emotional symptom management. In one of the first longitudinal studies that follows patients who have severe illnesses (one-third of the participants have cancer) and their caregivers over time, the researchers are conducting in-person and phone interviews with patients and caregivers on a regular basis. Caregivers in particular are asked about their stress levels and the burden of their responsibilities. The study aims to explore the experience of serious illness for patients and their caregivers.

Stephen Keir, DrPH, MPH, a public health researcher at The Preston Robert Tisch Brain Tumor Center at Duke, has published several studies documenting the levels of stress in caregivers of brain tumor patients. Patients with brain tumors often experience neuropsychiatric and neurocognitive changes which can result in changes in personality and cognition. On their first visit to brain tumor center, patients and caregivers meet with representatives of the Quality of Life and Clinical Care teams. “This group helps the entire family—this includes patients, their children, and caregivers,” says Keir.

“Ultimately, however, everything can’t be about cancer and the treatment,” says Lassiter “Both patients and their caregivers need to enjoy life. That can be something as simple as walking through the Sarah P. Duke Gardens at Duke near the clinics. It’s important to spend quality time with one another doing something other than talking about cancer.” ■



Laura Porter, PhD

Duke Nurses Nationally Recognized for Excellence

Duke oncology nurses Susan Drago, RN, BSN, OCN, and Cyndy Simonson, RN, MS, ANP, AOCN, were recognized by the Oncology Nursing Society, a national organization of more than 35,000 oncology nurses and other health care specialists, for their outstanding achievements in oncology nursing.

Drago, who has been a nurse at Duke for 20 years, won the Josh Gottheil Memorial Bone Marrow Transplant Career Development Award. The award recognizes meritorious work in bone marrow transplant nursing and provides support for the nurse's continuing education. Drago is the apheresis coordinator for the Adult Blood & Marrow Transplant Program at Duke where she is responsible for obtaining blood components such as stem cells from a donor to be used in a transplant.

"I plan to use this educational award to develop a Web site for other nurses, which provides information about stem cell donations and stem cell collection and transplantation," Drago says.

Simonson is the inaugural recipient of the Excellence in Medical Oncology Award. The award was established by the society to support excellence and recognize outstanding contributions to medical oncology nursing. Simonson was recognized for providing exceptional patient care, teaching and mentoring oncology nurses at all levels, and designing and implementing oncology systems and clinical programs. Simonson is a nurse practitioner working with Michael Morse, MD, specializing in treating patients with gastrointestinal cancers.

"I was honored to be recognized by my colleagues and to be the first recipient of this award," says Simonson.

"These awards exemplify the excellence in nursing at Duke and the national presence that our nurses have," says Tracy Gosselin, RN, MSN, AOCN, clinical director of oncology services at Duke. "Each day our nurses come to work not looking to be award winners, yet each is a winner in his or her own way. Nurses are often the glue that keeps all the components of patient care together."

Duke University Hospital has achieved magnet status from the American Nurses Association, a designation that signifies excellence in nursing care. Fewer than four percent of hospitals in the country have this distinction. ■



Susan Drago, RN, BSN, OCN



Cyndy Simonson, RN, MS, ANP, AOCN

Duke Doctors Named Best in NC

In a survey of doctors nationwide, more than 40 Duke physicians who treat cancer patients were deemed "best" in North Carolina. The survey was conducted by Best Doctors, Inc. Physicians surveyed were asked to identify which specialists they would want to treat themselves or their family. Fewer than 5 percent of physicians in North Carolina made the list.

Duke has more medical oncologists/hematologists, radiation oncologists, and pediatric hematologists/oncologists on the list than any other hospital in North Carolina.

Those on the list include:

Andrew Berchuck, MD	W. Robert Lee, MD
Kimberly Blackwell, MD	H. Kim Lyerly, MD
Brian Brigman, MD, PhD	Gary Lyman, MD
David Brizel, MD	P. Kelly Marcom, MD
Philip Breitfeld, MD	M. Louise Markeret, MD, PhD
Rebecca Buckley, MD	Paul Martin, MD, PhD
Wesley Burks, Jr., MD	Joseph Moore, MD
Nelson Chao, MD	Michael Morse, MD
Harvey Jay Cohen, MD	Judd Moul, MD
R. Edward Coleman, MD	Elise Olsen, MD
Jeffrey Crawford, MD	James Oleson, MD, PhD
Thomas D'Amico, MD	John Olson, Jr., MD, PhD
Louis Diehl, MD	Thomas Ortel, MD, PhD
Ramon Esclamado, MD	Theodore Pappas, MD
Allan Friedman, MD	Leonard Prosnitz, MD
Henry Friedman, MD	James Provenzale, MD
Herbert Fuchs, MD, PhD	Angeles Alvarez Secord, MD
Jon Gockerman, MD	Victoria Seewaldt, MD
Russell Hall, III, MD	Keith Sullivan, MD
Laura Havrilesky, MD	James Tulsy, MD
Susan Kreissman, MD	Douglas Tyler, MD
Paul Kuo, MD	Christopher Willett, MD
Joanne Kurtzberg, MD	

In addition to cancer, more than 250 Duke physicians in a variety of fields—from allergy/immunology to urology—were named to the best doctors list.

The results were published in *Business North Carolina* magazine. ■

CAPE Program Makes Doctors Out of Athletes



CAPE participant Kim Imbesi (in blue scrubs) holds a child at a Guatemalan clinic.

Nine Duke University students participating in the Collegiate Athlete Pre-Medical Experience (CAPE) recently returned from a trip to Guatemala. Students worked in a clinic and pharmacy and also helped improve the conditions of Guatemalan homes.

CAPE is a program created by Preston Robert Tisch Brain Tumor Center Deputy Directors Henry Friedman, MD, and Allan Friedman, MD, and administered by Terry Kruger. Approximately 30 female student-athletes at Duke University, plus several students from Baldwin Scholars—a program for select Duke female undergraduates—are taking part in this program that offers experiences in medicine before attending medical school. Select male students are also participants.

Students enter the program during their sophomore year at Duke and while receiving training, are given the opportunity to work directly with patients at the Brain Tumor Center. The students also meet with mentors, attend lectures, and participate in hospital visits with attending physicians.

"Many student-athletes have similar traits as physicians, such as a strong desire to succeed and an ability to lead," says Henry Friedman. "This program allows them to see the many facets of becoming a physician."

Eighteen former participants are currently in medical school. Seven varsity female athletes in CAPE graduated in spring 2008. Two of them have begun medical school and the other five are working for a year and are in the process of applying to medical school next year. ■

Planned Gift Will Honor Loved One and Fund Cancer Research

“Cancer research helped give my husband extra years of life,” says Kathryn Lassiter. To honor her husband and to show appreciation to her late husband David’s oncologist, Herb Hurwitz, MD, Mrs. Lassiter has made a \$250,000 planned estate gift to Duke.

The David Lassiter Memorial Fund was established to benefit Hurwitz’s Phase I Clinical Trial Research Laboratory. Hurwitz and his team take compounds that have shown evidence of effectiveness in fighting cancer—whether through animal research or human trials for other diseases—and begin testing those compounds in the first human trials for cancer.



Herb Hurwitz, MD

“These first trials are very important at establishing the dosage of the drug and how it should be administered,” says Hurwitz. “While these trials involve only a few patients, we can often determine whether a new drug may be successful in later testing.

With this generous gift, we will be able to continue this important research.”

Mr. Lassiter was first diagnosed and treated for colon cancer in 2001. In May 2003, the colon cancer returned. Mr. and Mrs. Lassiter diligently researched treatment options and traveled to cancer centers throughout the country to find the best treatment. When



Kathryn and David Lassiter

they came to Duke, the fourth and last stop in their search, they met with Hurwitz and were impressed with his compassion and his treatment recommendation.

Hurwitz, who specializes in treating patients with gastrointestinal cancer, was the leader of a national clinical trial for Avastin, a drug which is now FDA-approved to treat colon cancer.

“Other oncologists gave David six months to live. But we came to Duke, and

“OTHER ONCOLOGISTS GAVE DAVID SIX MONTHS TO LIVE. But we came to Duke, and Dr. Hurwitz enrolled David in a trial for Avastin. David lived four more years and had a good quality of life.”

Kathryn Lassiter

Dr. Hurwitz enrolled David in a trial for Avastin,” explains Mrs. Lassiter. “David lived four more years and had a good quality of life. We are so thankful for the help Dr. Hurwitz and his team gave us. His research really helped David tremendously.”

“We are so appreciative to Mrs. Lassiter for this gift,” says Karen Cochran, executive director of development for the Duke Comprehensive Cancer Center. “With a planned gift, donors like Mrs. Lassiter can provide for the future cancer research through their estate plans while honoring a loved one and supporting new and innovative research.”

Planned gifts include gifts under a will, from an IRA or another retirement account, as well as life income gifts, which provide income to the donor or others during their lifetime. ▀

Duke to Partner with Saks and Mercedes-Benz to Raise Money for Cancer Research

The Duke Comprehensive Cancer Center will participate in the Saks Fifth Avenue and Mercedes-Benz 2008 Key to the Cure campaign in October. This event is a women’s cancer initiative founded in partnership with the Entertainment Industry Foundation’s Women’s Cancer Research Fund. Duke has been the designated recipient of the local Key to the Cure Campaign since 2005.

The 2008 shopping weekend will take place October 16-19 at all Saks Fifth Avenue stores nationwide and through saks.com. Two percent of sales at the Saks Fifth Avenue store located in Triangle Towne Center Mall in Raleigh will benefit the Duke Comprehensive Cancer Center.

As part of their support, Mercedes-Benz will be offering 1,000 special edition 2009 Mercedes-Benz S550 models nationwide, with proceeds expected to total \$1 million. This figure will bring the company’s total contributions in the field of women’s cancer research to \$6 million.



Mercedes-Benz



“We are excited to be partnering again with Saks Fifth Avenue and Duke to sponsor this important event,” says Tim Daniels, general manager of Raleigh Mercedes-Benz. “Mercedes-Benz is committed to supporting cancer research, and we are thrilled that each year Key to the Cure events continue to raise much needed funds and awareness for this devastating disease.”

The Raleigh Key to the Cure event will kick off on Thursday, October 16, with a luncheon hosted by the Duke Cancer Patient Support Program. On Friday, an evening gala will feature spa services and free makeovers. Saturday includes a fashion show featuring



H. Kim Lyerly, MD; Teresa Roberson, general manager of Saks Fifth Avenue in Raleigh; and Tim Daniels, general manager of Raleigh Mercedes-Benz.

cancer survivors from 1 to 2 p.m. The weekend will conclude with a shopping spree bonanza on Sunday with information tables staffed by Duke Comprehensive Cancer Center staff.

Saks Fifth Avenue initiated its shopping weekend throughout the country in 1999 and has raised more than \$28 million since that time. A percentage of all sales during the campaign benefit cancer research and treatment organizations throughout the country. Actress Gwyneth Paltrow has been named ambassador of this year’s campaign. ▀

ask the expert



CHRISTOPHER WILLETT, MD,

is the Leonard R. Prosnitz, MD, Professor of Radiation Oncology, chair of Duke University Medical Center's radiation oncology department, and senior leader of the Duke Comprehensive Cancer Center. Willett joined Duke in 2004 after serving as clinical director of radiation oncology at Massachusetts General Hospital and professor of radiation

oncology at Harvard Medical School. We asked Dr. Willett to discuss the use of radiation oncology in cancer treatment and to describe research being conducted at Duke, home to one of the largest and most active academic radiation oncology programs in the country.

What is radiation oncology?

Dr. Willett: Radiation oncology is a medical specialty dedicated to the care of cancer patients and the advancement of knowledge of the biology and treatment of cancer with ionizing radiation. Radiation oncologists utilize technology such as linear accelerators which deliver high energy x-rays or radioactive implants to eradicate cancer while avoiding as much normal tissue as possible. Radiation oncologists work closely with surgeons, medical oncologists, and others to ensure that our patients receive the most effective treatment.

Is radiation used to treat all types of cancer?

Dr. Willett: Radiation therapy is used to treat patients in two clinical settings: first as curative therapy where it is used as definitive therapy or combined with surgery and/or chemotherapy to cure patients of their cancer or secondly as palliative therapy to relieve distressing symptoms in cancer patients such as pain. Approximately 50% of cancer patients receive radiation therapy during their management. Patients with localized cancers of the prostate, breast, cervix, head and neck, and others are often candidates for curative radiation therapy. Clinical trials are used to understand the

optimal use and integration of radiation therapy with other modalities such as surgery and chemotherapy in the care of cancer patients.

Are there side effects?

Dr. Willett: The radiation itself is usually painless. During the course of therapy, patients may experience acute side effects that resolve within weeks after treatment completion. Following treatment, patients may experience late side effects which are very uncommon with modern technology.

How has radiation oncology changed over time?

Dr. Willett: There have been tremendous progress and advances in technology and biology since radiation was first used more than 100 years ago. Over the last 10 years, incredible technical innovations have led to targeted delivery of radiation therapy to patients with marked reduction in side effects. In addition, there have been important advances in our understanding the natural history and biology of cancer thus facilitating the optimal integration of radiation therapy with surgery, chemotherapy, hyperthermia, and other agents for the optimal care of our patients.

What is unique about Duke?

Dr. Willett: At Duke, we have the most advanced equipment in radiation therapy. For example, Duke was the first hospital in the world to use the Novalis Tx system which permits millimeter delivery of radiation with stereotactic localization techniques. We have an active clinical research program with investigators studying novel methods of radiation delivery, hyperthermia and imaging as well as exploring combinations of radiation with new molecularly targeted agents. Our clinical investigators, physicists and scientists are leaders in investigating tumor biology, clinical and translational research and have made important contributions that will ultimately improve the care of our patients. ■

Senior Leadership

Director
H. Kim Lyerly, MD

Deputy Director
Anthony Means, PhD

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