



notes

SPRING 2012

Duke Cancer Center Opens A New Era in Cancer Treatment Begins



On February 27, a new era in cancer treatment at Duke began with the official opening of the Duke Cancer Center.

The opening marks the culmination of years of planning and two years of construction, and is the result of the hard work and contributions of hundreds of patients, physicians, nurses, and staff who helped design the new building by providing input and suggestions.

“This building has been built with our patients in mind,” says Kevin Sowers, RN, MSN, FAAN, president of Duke University Hospital. “We sought their input every step of the way, and we think they will be pleased with the results.”

In response to patient requests, the new Cancer Center feels less like a hospital and more like a home. Large windows provide ample natural light, and a fireplace and comfortable chairs in the spacious Joan and Bob Tisch & Family Atrium and throughout the building add warmth and comfort not usually found

in a health care setting. Patients and families can enjoy a meal or snack in the Café, select wigs and turbans in the Belk Boutique, peruse articles and use computers in the Resource Center, fill prescriptions in the Pharmacy, or spend time reflecting and recharging in the Quiet Room. And that’s just on the main level.

The remaining six floors have been designed to facilitate the Duke Cancer Institute’s (DCI) commitment to providing the most advanced care in a comfortable, healing environment. The new facility is organized to promote multidisciplinary care, allowing patients to see their team of specialists—medical oncologist, radiation oncologist, surgical oncologist, and other providers—all during one appointment and in one exam room. Few cancer centers offer this type of multidisciplinary care in a single clinic. Imaging, radiation oncology, and infusion are also located in the building to offer convenience to patients needing those services.

“At the Duke Cancer Institute, we believe that the multidisciplinary approach is the best way to treat patients,” says Michael Kastan, MD, PhD, executive director of the DCI. “The new building helps facilitate this type of care and makes the experience more convenient for patients and easier for our physicians to communicate with one another and plan the best care for each patient.”

For the nearly 120 patients who receive chemotherapy at Duke each day, the new Cancer Center provides a more patient-friendly environment and more options. The entire fourth floor of the new building is devoted to infusion, and patients can choose to receive treatment in

a private room or in semi-private areas if they prefer to socialize. Weather permitting—and based upon their treatment regimen—patients can even receive their treatment outdoors in the rooftop Bernstein Family Garden.

“Patients come to Duke from across the state, around the country—and even around the world—for the most compassionate, advanced care, and we are committed to delivering that level of care. That includes offering clinical trials, often not available in other centers, that provide new treatment options for patients,” Kastan adds. “This new Cancer Center will optimize the very essence of the Duke Cancer Institute model by providing an environment designed to integrate care and research in order to accelerate the translation of research discoveries into the most advanced clinical care for patients.”

A Week of Grand Opening Activities

During the week of February 20, the DCI hosted a week’s worth of open houses and activities for patients and families, faculty and staff, community members, and philanthropists to celebrate the opening of the Duke Cancer Center.

The festivities included a Scientific Symposium, hosted by Kastan, featuring Duke Cancer Institute researchers Sally Kornbluth, PhD; David Kirsch, MD, PhD; Kimberly Blackwell, MD; and Lee Jones, PhD, followed by the Chancellor’s Lecture, hosted by Victor Dzau, MD, chancellor for health affairs, Duke University, featuring nationally renowned cancer researcher Charles Sawyers, MD, of Memorial Sloan-Kettering Cancer Center.

DCI LAUNCHES NEW WEB SITE

dukecancerinstitute.org

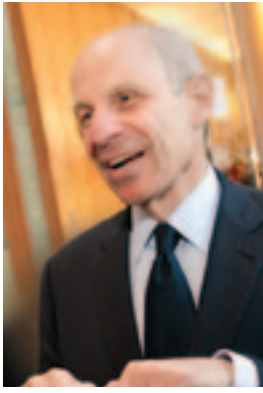
Visit our new Web site to learn what sets the Duke Cancer Institute apart:

- Duke Cancer Institute physicians and other care providers
- Treatment options
- Clinical trials
- New and innovative research
- Support services for patients and families
- Scheduling an appointment
- And more



Smartphone users: Scan this image to go directly to the new site. You will need a free QR code app.

Jonathan Tisch,
chairman, Loews Hotels



Cancer survivor Sabrina Lewandowski along with her husband Gregory and their daughter Layla

From left: Monte D. Brown, MD, vice president for administration, Duke University Health System; William J. Fulkerson Jr., MD, executive vice president, Duke University Health System; Michael Page, chairman, Durham County Board of Commissioners; Nancy Andrews, MD, PhD, dean, Duke University School of Medicine; Thomas M. Gorrie, PhD, chair, Duke University Health System Board of Directors; Jonathan Tisch, chairman, Loews Hotels; Victor J. Dzau, MD, chancellor for health affairs, Duke University; Bev Perdue, governor, North Carolina; Michael Kastan, MD, PhD, executive director, Duke Cancer Institute; Richard H. Brodhead, PhD, president, Duke University; Kevin Sowers, RN, MSN, president, Duke University Hospital; Claire Weinberg, cancer survivor; Michael Fields, chair, Duke Cancer Institute Board of Overseers



Cancer survivor Claire Weinberg with Sammy Arthur



Michael Kastan, MD, PhD, executive director, Duke Cancer Institute; Victor Dzau, MD, chancellor for health affairs, Duke University; Charles Sawyers, MD, Memorial Sloan-Kettering Cancer Center; and Ralph Snyderman, MD, chancellor emeritus for health affairs, Duke University



Kevin Sowers, RN, MSN, president, Duke University Hospital and Jane Shingleton, wife of the late William Shingleton, MD, first director of the Duke Comprehensive Cancer Center



Deborah Page, human resources director, Duke University Hospital; Alison Andre, division administrator, gastroenterology; and Carolyn Carpenter, MHA, FACHE, administrator and associate dean, Duke Cancer Institute

GRAND OPENING

Continued from page 1

At the dedication and ribbon-cutting ceremony on February 23, honored guest North Carolina Governor Bev Perdue stated, “The Duke Cancer Institute and this Cancer Center make us all incredibly proud to be a small part of this partnership that you have with us and the people of this state.”

The events also included remarks from Duke University, Duke Medicine, and Duke Cancer Institute leadership including Richard Brodhead, PhD, president of Duke University; William J. Fulkerson, Jr., MD, executive vice president of Duke University Health System; Mary Ann Fuchs, RN, DNP, DSN, chief nursing and patient care services officer for Duke University Health System; Joseph Moore, MD, medical director of Duke Raleigh Cancer Center; Carolyn Carpenter, MHA, FACHE, administrator and associate dean, Duke Cancer Institute; Jim Rawlings, D.Min, Duke University Medical Center Pastoral Services; Dzau; Sowers; and Kastan.

The events also featured heartwarming stories from cancer survivors including Sabrina Lewandowski, Jamie Valvano Howard, and Claire Weinberg, who told of their experiences with cancer and the care they received from Duke physicians and care teams.

“My doctors at the Preston Robert Tisch Brain Tumor Center at Duke gave me three priceless gifts when I was diagnosed with a brain tumor in 2002,” Lewandowski told a group of more than 300. “The first gift was hope, and the second was access to the groundbreaking research efforts at Duke that are current and advanced beyond measure.

“The third gift was my daughter,” continued Lewandowski, as her husband Gregory came from around the corner with the couple’s first child, born just 11 days earlier and almost 10 years to the day since she was first diagnosed. “For me to be able to create a new life after fighting for my own is truly a miracle.”

“Every effort has been made at Duke to provide our patients with the most advanced and compassionate care and to ensure they receive that care as efficiently and effectively as possible. For the first time in our history, we are now able to align a vast array of cancer services in this beautiful state-of-the-art facility,” says Dzau. “Most importantly, with the creation of the Duke Cancer Institute and the opening of this new Cancer Center, we can continue to provide each and every patient with best-in-class care that is rightfully expected of Duke now and in the future.”

Almost all cancer services at the main campus are located in the Duke Cancer Center. Pediatric patients will still be treated at Duke Children’s Hospital & Health Center. The Adult Blood and Marrow Transplant Program will remain at North Pavilion.

Notes is produced two times a year by Duke Cancer Institute
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Healing Path

New Center Designed With Patients' Emotional Well-Being in Mind

In planning the new Cancer Center, Duke Cancer Institute leaders wanted to make sure that the new facility would be a place of comfort, peace, and hope. Patients had input in the design process—and the result is a center that provides as much for the emotional well-being of patients as for their medical and surgical needs.

“At Duke I was lucky to have a great team of doctors and nurses treat me,” says Sally Goin, a four-year survivor of breast cancer. “But, cancer treatment is more than drugs and radiation to treat the cancer; there are the emotional and spiritual aspects of cancer that need to be treated too. At Duke, I thought they did a great job of treating these needs. I know that with the new Cancer Center, the patients’ needs always come first.”

“In designing the Cancer Center facility, we have looked for and identified opportunities everywhere, big and small, to improve the experience for our patients and their loved ones,” says Carolyn Carpenter, MHA, FACHE, administrator and associate dean of the Duke Cancer Institute.

“The Duke Cancer Center was designed to heal the ‘whole person,’ with elements that our patients told us they wanted,” says Tina Piccirilli, LRT, CTRS, director of the Duke Center for Cancer

Survivorship. “In our focus groups, patients asked for as much natural light as possible—and you can see the large windows in the atrium as a result.”

As visitors enter the five-story, light-filled atrium, they are greeted by a central fireplace that adds warmth and a homey touch. The atrium looks down on spiraling artwork known as the Healing Path, which is filled with inspirational quotes from patients and friends.

Just past the main entrance is the Quiet Room, a calm space where patients and family members can get away for personal reflection, or to participate in relaxation programs.

“One comment we heard clearly in focus groups with patients and staff was that they wanted outdoor views,” says Tracy Gosselin, RN, MSN, AOCN, assistant vice president and associate chief nursing officer for oncology. “Research suggests that in a health care setting, a view of the outdoors—especially of trees and greenery—reduces stress.”

On beautiful North Carolina days, visitors can take a break outside in the Bernstein Family Garden on level four. Weather permitting—and based upon their treatment regimen—patients can even receive their treatment in the garden.

When construction of the Duke Medicine Pavilion next door is completed in 2013, a two-acre park in front of the Cancer Center—including the Garden of Tranquility—will offer a comfortable, tree-lined venue for patients, family, and friends to relax, reenergize, or regroup.

Even the artwork in the new Cancer Center, all of which is the work of North Carolina artists, was carefully chosen to help patients heal. “Our goal was for every aspect of the building to complement the wonderful work of our health care providers and staff,” explains Kevin Sowers, RN, MSN, FAAN, president of Duke University Hospital. “The sculptures, paintings, photographs and other artwork on display help create an environment that reduces stress and provides emotional support for our patients, their families, visitors, and staff.”

“While the treatments our physicians and care teams provide are very important for addressing the patient’s physical needs, it’s equally important to address the emotional and spiritual needs of our patients,” says Cheyenne Corbett, PhD, LMFT, director, Duke Cancer Patient Support Program. “There are so many aspects of the new building that allow us to provide the best whole-person care.”

Patient Coordinators Help New Patients Navigate Treatment

Once the diagnosis of cancer sinks in, a patient’s mind begins to race with questions. *What types of doctors do I need to see? What kinds of treatments will I need? What do I need to bring to my appointments? What types of support are available to me and my family?*

To answer these questions and help new patients and their families navigate through their first appointments, the Duke Cancer Institute now offers the support of patient coordinators

for new patients. Today these coordinators support patients with prostate cancer, sarcoma, and brain tumors. Patient coordinators will soon be available for all cancers.

“We know that this can be an overwhelming time for our patients and their families,” says Deborah Jackson, manager of the patient coordinator program. “We are here as a sort of ‘concierge,’ to listen and understand each new patient’s needs and to help them through their new patient appointment process.”

Because each coordinator focuses on a specific type of cancer, he or she knows the ins and outs of care for that disease and the Duke physicians and care teams who specialize in treating that cancer. The coordinators guide patients through Duke’s multidisciplinary approach to care, scheduling initial appointments with a medical oncologist, surgical oncologist, and/or radiation oncologist during one visit so there is a coordinated approach to developing the patient’s treatment plan.

The new Duke Cancer Center building improves the patient experience, notes Jackson. Now, specialists are located close to one another to promote collaboration and enhance convenience for the patients.

Patient coordinators can also help those patients who are coming to Duke for a second opinion or to see a specific type of specialist by identifying the most appropriate provider for them to meet.

In addition to scheduling appointments, coordinators determine what records, x-rays, and other items are needed for the first appointment and work with referring physicians’ offices or the patients themselves to obtain them. “It is our job to make it easy for the patients,” says Stephanie Pinnell, the patient coordinator for the urologic cancer clinic. “We provide one point of contact, answering any questions and providing a sounding board for new patients and their families. We help them through that daunting first appointment, and then we are here if they need help throughout their journey.”

Coordinators also provide a single point of contact for referring physicians who want to refer a patient to Duke.

“Since our coordinators focus on a specific cancer, they understand exactly which appointments a new patient needs and what files and charts are required,” says Craig Johnson, MHA, administrative director for Oncology Access Services. “They are the one contact that patients and referring physicians need to handle the logistics of the patient’s first appointment.”

Patients wishing to speak to a new patient coordinator should call 919-668-6688.



Patient coordinators Kristi Wuellner, Stephanie Pinnell, and manager Deborah Jackson (center)



First Impressions

Anna Watson Blair, a Duke patient since December, finds much to like during her first visit to the new building

Over the course of four days in December 2011, Anna Watson Blair's life was turned upside down. Just a week after Thanksgiving, the nurse and single mother of three started feeling dizzy and off-balance. In early December, she had a car accident and knew something wasn't right, so she made an appointment with her family physician for the following morning. The doctor was concerned, and arranged an immediate MRI. Just five hours later, on December 2, Blair was back in her doctor's office, where she received the harrowing news: she had a brain tumor.

"My doctor gave me a choice but recommended I go to Duke," Blair recalls of that overwhelming day. "I wanted to go to Duke, too."

Friends helped make arrangements, and by Saturday, Blair was admitted to Duke University Hospital for surgery to remove the tumor. On Monday morning, Allan Friedman, MD, co-deputy director of the Preston Robert Tisch Brain Tumor Center, removed the brain tumor. "I was very confident I was in the right place," she says. "Duke has a lot of resources to help me cope with my situation."

After a week at Duke, Blair moved to Durham Regional Hospital (part of Duke University Health System) for rehabilitation, where she spent hours each day working with physical, occupational, and speech therapists. She made excellent

progress, and just before Christmas moved back home, where she received support from her "village of care" composed of her sister, brothers, parents, nieces, and friends.

After surgery, Blair underwent daily radiation treatment for six weeks under the direction of radiation oncologist John Kirkpatrick, MD, PhD. She is also taking part in a novel phase I trial that is studying the combination of radiation, the FDA-approved drug temozolomide, and an experimental drug, under the direction of neuro-oncologist Annick Desjardins, MD.

"We believe in a multi-disciplinary approach to care," explains Kirkpatrick, "with the surgeon, neuro-oncologist, radiation oncologist, and many other specialists working together to develop and implement the best treatment for each individual patient."

As the new Duke Cancer Center opened, Blair was still making regular visits to see Desjardins and Kirkpatrick to monitor her condition and determine what, if any, additional treatment will be needed.

'It's so beautiful and comfortable'

Blair's first visit to the new Cancer Center came on February 29, two days after the new building officially opened to patients. She arrived accompanied by her friend Fiona Strachan, who came from Australia to help her during her treatment and recovery. Their first stop was for laboratory tests and a medical check-in. As she sat in the lab's spacious waiting area, Blair talked about the new facility. "I like the continuity, and how much

more efficient the layout of the building is. And the architecture is gorgeous. It is clear that a lot of thought went into the building's design."

Lab work complete, Blair took the elevator to Clinic 3-1: The Preston Robert Tisch Brain Tumor Center. The distance between the clinics and labs is much shorter in the new building, she noted.

On the third floor, Blair was welcomed by several staff members, who explained that—thanks to the pager she was given when she first registered at the lab—she could actually check in for her clinic appointment using a nearby kiosk, and then relax in the Café, Resource Center, or anywhere else in the building until the clinic paged her.

Blair and Strachan had a cup of tea provided by a volunteer and enjoyed the view of the courtyard that is now under construction in front of the building until she was paged for her appointment. "This is so nice," Blair laughed as she entered the exam room. "The windows in the room are wonderful. It's a gorgeous view."

After her appointment, Blair and Strachan stopped by the Resource Center to borrow a meditation CD and picked up a new scarf at the Belk Boutique, which are located on the main floor across from the Quiet Room. "I have never heard of a quiet room in a cancer center," she says. "It provides a good feeling during such an overwhelming time. I'll definitely spend time here again." She was also touched by the quotes on the tiled Healing Path found on Level 00 and visible from all floors.



Blair in the Bernstein Family Garden



Above: Blair and nurse practitioner Cindy Southerland, RN, ANP, GNP, OCN, in the Preston Robert Tisch Brain Tumor Center

Right: Blair in the Resource Center with Holly D'Addarno, MLS, Director, Cancer Patient Education



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Below: Friend Strachan and Blair in an infusion room, with a view of the Bernstein Family Garden

Right: Blair with Grace Lukas, coordinator of the Belk Boutique



A village for cancer care

Just as Blair talks about the “village” of friends and family that have provided support for her, Henry S. Friedman, MD, co-deputy director of the Preston Robert Tisch Brain Tumor Center at Duke, sees the new Cancer Center as one that fosters the “village” needed to fight cancer. “This facility brings together all of the resources of Duke under one roof and improves our ability to collaborate with one another to ensure we provide the very best care for our patients,” he says.

“This is a major advance for both the health care teams and our patients who battle cancer on a daily basis.”

For Blair, the building offers a warm and comfortable place to come for check-ups, but it’s the people inside the building who really make the difference. “I am so impressed with Duke employees and the level of genuine commitment they have for patients. Everyone is so thoughtful and caring.”

Feeling stronger every day, Blair walks daily and plans to participate in the Brain Tumor Center’s annual fundraising event, the Angels Among Us 5K and Family Fun Walk, on April 28 with her team, Anna Blair’s Flairs. “I have been blessed every step of the way. I feel like I’m in such good hands at Duke and with my family and friends, and all that has really empowered me to be optimistic about beating this.”



Blair and Strachan in the Quiet Room

Duke Students Team Up to Support Cancer Institute

A group of Duke University students gave tours of the new Duke Cancer Center to patients and families, community members, faculty, and staff during the grand opening celebrations February 20-22. These students are part of Blue Devils vs. Cancer, a new group of student ambassadors for the Duke Cancer Institute (DCI).

The group was founded by Allison Vernerey, center for the Duke University women's basketball team. Vernerey, a junior economics major from France, was first introduced to the DCI in 2011 when she served as a summer intern for the DCI's Development Office. She worked on a variety of projects, including recruiting Duke student-athletes to volunteer at Ramblin' Rose, a women's half marathon that benefitted the DCI.

The summer internship had personal meaning for Vernerey, who has several extended family members who have battled breast cancer. "I have a few too many connections to this disease," she notes solemnly.

At summer's end, when school and basketball resumed, Vernerey wanted to find a way to stay connected to the DCI. With several friends, she formed Blue Devils vs. Cancer, the first student group at Duke dedicated to supporting cancer research and care at Duke. The group quickly expanded to include other Duke students who have experienced cancer in their families or who want to help fight the disease.

"Duke students have a lot of energy and want to get involved," Vernerey says. "This is something I really care about, and I know many other students do, too."

One of the group's goals is to raise funds for the DCI. A few weeks before the Cancer Center's grand opening, Blue Devils vs. Cancer hosted its first major fundraiser: a dessert tasting for students and community members that raised more than \$6,000 for the Duke Cancer Fund.

"Our group wanted the money raised to go to the Duke Cancer Fund so the DCI's leadership can use it where the need is greatest," Vernerey says. "As an intern, I saw how important unrestricted contributions are."



Allison Vernerey at the Blue Devils vs. Cancer dessert fundraiser

In between her studies and her team's pursuit of a national championship, Vernerey intends to continue raising money and awareness and building the connection between Duke students and the DCI. She's in good company: Coach Joanne P. McCallie and the women's basketball program are also working closely with the DCI to raise awareness and funds. ♣



Joe Lichtenberger

\$40K for 40: Duke Alumnus Celebrates Milestone Birthday with Big Gift to DCI

As Joe Lichtenberger turned 39, he was already thinking about his next birthday. He would hit the "Big 4-0" in November 2011, and he didn't want to celebrate by "sitting around and having a few beers." That just wasn't his style.

He wanted to do something big, something that would make an impact. He decided to use his personal milestone as an opportunity to raise money for a worthwhile organization.

But which organization? As Lichtenberger was mulling over this decision, he received a call from his best friend from high school. In an emotional conversation, he learned that his friend had just been diagnosed with leukemia. The news hit Lichtenberger hard: he had known several other people who had cancer, but no one this young. Lichtenberger decided the money he raised would go toward cancer research.

A 1994 graduate of Duke University, Lichtenberger had maintained strong ties to Duke. Even though he lives in Germany, he participates in alumni events held locally and also interviews prospective students.

He decided to donate his gift to the Duke Cancer Institute (DCI).

In honor of his 40th birthday, Lichtenberger set an ambitious goal of raising \$40,000. "My wife and family thought I was crazy, but I thought I would be able to raise that much," he says.

He held dinners, concerts and other events in both Germany and the United States, and through the generosity of family, friends, and colleagues, Lichtenberger not only met his \$40,000 goal—he surpassed it by several hundred dollars.

"It was amazing how everyone I talked to had been impacted by cancer in some way, whether through a friend or family member," he says. "Once I told the Duke Cancer Institute story of top research combined with compassionate care, it wasn't difficult to raise the money. Even those who had never been to Duke knew the great reputation of the Duke Cancer Institute."

Lichtenberger's birthday gift was donated to the Duke Cancer Fund, the unrestricted fund that supports the most pressing needs of the DCI.

"We really appreciate Joe's creativity and generosity," says Michael Kastan, MD, PhD, executive director of the DCI. "I hope he will look back on his birthday and think of the many patients and families who have benefitted from his selfless efforts." ♣

Lichtenberger was able to manage all the gifts through a Web site developed in partnership with the Duke Cancer Institute. Those who are interested in using this Web site to raise funds on behalf of the Duke Cancer Institute should contact David Mainella at david.mainella@duke.edu or 919-385-3123.

Gifts to Cancer Center Make Impact; Honor Patients

“I have bittersweet memories of my children coming to the outpatient cancer clinics and the hospital at Duke to see their father while he was being treated,” says Ruth Guthrie, a member of the Duke Cancer Institute’s Board of Overseers, whose children Scott and Robin were Duke undergraduates when their dad was receiving treatment. “This new Cancer Center will be wonderful for patients and their families now and in the future, and our family is honored to be a part of this facility.”



Ruth Guthrie with Michael Kastan, MD, PhD, and Victor J. Dzau, MD

Guthrie and her children (and their spouses) made a gift of \$50,000 toward construction of the new building in memory of her husband and their father, David, who was treated at Duke for pancreatic cancer. David passed away in 1997. One of the private infusion rooms in the new building is named for him.

Hundreds of families like the Guthries, as well as foundations, corporations, and Duke faculty and staff, made gifts of all amounts toward construction of the new Cancer Center. Many of the gifts honor or memorialize patients who were treated at Duke.

“We are grateful to all of the individuals and organizations who have partnered with us to make meaningful changes in the way cancer care is delivered,” says Kevin Sowers, RN, MSN, FAAN, president of Duke University Hospital. “They all share in our mission to create a better experience

for patients and families and to truly transform the way patients with cancer are treated.”

The large, five-story atrium and the reception area in the Cancer Center are named the Joan and Bob Tisch & Family Atrium and Reception Area in honor of the Tisch family and in recognition of their support of the new facility. This gift continues their generous support of the Duke Cancer Institute and the Preston Robert Tisch Brain Tumor Center at Duke. Previous gifts from the family have funded research and clinical trials to study new therapies for brain tumors and to conduct genomic research of brain tumors. The brain tumor center was named the Preston Robert Tisch Brain Tumor Center in 2005 in recognition of a generous gift from Mr. Tisch, a patient of the center, who passed away in 2006.

The rooftop garden in the new Cancer Center is named the Bernstein Family Garden in recognition of a gift from Donna A. Bernstein and her son, Sam Bernstein, in memory of Harold Bernstein, Donna’s father and Sam’s grandfather. The Bernstein family has generously supported the research of chronic lymphocytic leukemia at the Duke Cancer Institute led by Jon Gockerman, MD. Harold Bernstein, a patient of Gockerman, passed away in 2004.

A boutique located on the main floor of the new building is named the Belk Boutique in recognition of a \$1 million gift made by Belk, Inc. The Boutique—which is four times larger than the previous self-image shop—provides wigs, turbans, and an array of cosmetics and other items to address the needs of patients being treated for cancer.

More than 150 families and organizations—from around the world—made gifts to the Duke Cancer Center. “It is touching to see so much support for this new facility. It is especially meaningful when the gifts pay tribute to loved ones,” says Carolyn Carpenter, MHA, FACHE, Duke Cancer Institute administrator and associate dean.

Drew, Eric, Mark, and Tom Armstrong wanted

to make a lasting tribute to their parents Pete and Jo, who passed away in 1987 and 2004 respectively. Both parents were Duke alumni and became active volunteers with the Duke Cancer Institute after Pete was diagnosed with non-Hodgkin lymphoma in 1980. Through the Armstrong Family Foundation, the sons made a gift of \$100,000 to the facility. An infusion bay is named for the Armstrong family.

Duke faculty and staff also made gifts to the building. “Our new facility, which offers the latest linear accelerator technology, gives us the opportunity to further improve treatment of our patients, now and many years into the future,” says radiation oncologist John Kirkpatrick, MD, PhD, who made a gift to support the building.

Not everyone who donated to the building has a direct connection to cancer. Some simply know what the new facility will mean for future patients. “I have empathy for anyone going through such a serious disease like cancer,” says Duke University alumnus and member of the Board of Overseers Jonathan Wigser, who gave \$50,000 towards the new building. “I want to help provide a better experience for patients and their families.” An infusion room bears his name.

“The Duke Cancer Institute is truly grateful to all of our donors,” says Michael Kastan, MD, PhD, executive director of the Duke Cancer Institute. “In particular, it is important to acknowledge today those who have given toward the creation of this amazing facility. This new Cancer Center optimizes the very essence of the Duke Cancer Institute model, promoting integration and collaboration among our physicians and entire care teams as well as our researchers to ensure that we are all sharing knowledge and making discoveries that will enhance the lives of our patients and patients around the world.”

Honor Roll of Donors Making a Gift of \$5,000 or More

Anonymous Donor
Private Infusion Room

Armstrong Family Foundation Inc.
Mr. and Mrs. Eric Armstrong
Mr. and Mrs. Mark Armstrong
Mr. Peter A. Armstrong
Mr. and Mrs. Tom L. Armstrong
Infusion Bay

Ballard Family Foundation
Mrs. Robin Ballard Ziperski
Private Infusion Room
in Honor of Claude M. Ballard

Mr.* and Mrs. George D. Beischer
George D. and Susan F. Beischer
Conference Room

BB&T
Conference Room

Belk, Inc.
Belk Boutique

**Ms. Donna A. Bernstein
and Mr. Samuel J. Bernstein**
The Bernstein Family Garden
in Honor of Harold P. Bernstein

**Mr. Edward Botwinick
and Ms. Vicki Brown**
Healing Path

The R.A. Bryan Foundation
Mr. and Mrs. Raymond A. Bryan, Jr.
Infusion Bay

Mr. William K. Caler, Jr.
Two Infusion Bays: In Honor of
Rosa May Seward Caler and
In Honor of Pat & Richard Johnson

Mr. Frank Courtney
Healing Path

**The Dickson Foundation & Harris Teeter,
Inc.**
Mr. and Mrs. Alan T. Dickson
The Dickson Foundation
& Harris Teeter Waiting Room

Mr. and Mrs. Timothy Earle
In Honor of Dr. and Mrs. James G.
Ferguson, Jr.

Mr. and Mrs. Michael E. Fields
Healing Path

Mr. Mark Garcea
Infusion Bay

Mr. and Mrs. Lee Gunderson
Healing Path

Mrs. Ruth Guthrie
Healing Path

**Mrs. Ruth Guthrie
Mr. and Mrs. Scott David Guthrie
Dr. Robin Guthrie Fawcett**
Private Infusion Room
in Honor of R. David Guthrie

Mr. and Mrs. Harry Headley
Private Infusion Room in Honor of
Their Daughter Sheila Marie Headley

The Kean/Hartquist Foundation
Mr. and Mrs. Thomas J. Kean, Jr.
Nicholas Georgiade, MD,
Waiting Room

Ms. Elizabeth B. Lamar

Mr. and Mrs. Frederic V. Malek
Healing Path

Mr. Joseph E. Morris
Healing Path

Ms. Virginia Moshy

Dr. and Mrs. James B. Powell
Healing Path

Dr. and Mrs. Carl E. Ravin

Stu and Betsy Reese Family Foundation
Mr. and Mrs. Stuart H. Reese
Staff Lounge

Ms. Mimi Sabates
Healing Path

Dr. Ellen Sigal and Mr. Gerald R. Sigal
Healing Path

Mrs. Diane Siskey
Healing Path

Mr. Kevin Sowers

Mr. and Mrs. Fred J. Stanback, Jr.
Healing Path

**Mr. Jack Sussman and
Mrs. Ellen Kislak-Sussman**
Healing Path

**Mrs. Joan Tisch
Mr. and Mrs. Jonathan Tisch
Ms. Laurie Tisch
Mr. Steven Tisch**
Joan and Bob Tisch & Family Atrium
and Reception Area

Mr. Mark Toland
Healing Path

Mr. and Mrs. Rick Vernon
Healing Path

**Mrs. Sue Donathan White
and Dr. Timothy E. Davis**
Private Infusion Room and
Healing Path

Mr. Jonathan Wigser
Private Infusion Room and
Healing Path

Mr. and Mrs. Mark N. Wittenstein
Healing Path

Mr. and Mrs. Myles F. Wittenstein
Conference Room in Honor of Myrtle
Nelson Wittenstein and Healing Path

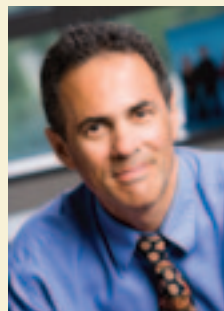
The above recognizes generous supporters of the Duke Cancer Center who either made a gift to the Cancer Center or directed that a gift be made through their community foundation. *Deceased

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ask the expert

TRANSLATIONAL RESEARCH: MOVING DISCOVERIES FROM THE LAB TO THE CLINIC

Duke oncologist **Neil Spector, MD**, is co-director of the Experimental Therapeutics Program at the Duke Cancer Institute (DCI). He is recognized internationally for his leadership in the development of cancer drugs such as Tykerb. Spector came to Duke in 2006 from GlaxoSmithKline to direct the DCI's efforts to translate basic science discoveries in the laboratory into advanced care for our cancer patients.



Neil Spector, MD

What is translational research?

DR. SPECTOR: Translational research is taking knowledge developed and insight gained in the laboratory, and applying it in the clinic in order to enhance detection, treatment, prediction of outcomes, and prevention of disease in people. Essentially, it is bridging the gap between the science being done in the lab, and the clinic where patients are treated.

We often hear in the media about great scientific discoveries, like a new gene identified in fruit flies, for instance. And the researchers always say, "At some point, we hope this will help people with cancer." Since most of us will be touched by disease at some point in our lives, we all want see those great discoveries applied to advancing treatment and outcomes. That's what translational research is all about.

Who does this type of research, and why is it important?

DR. SPECTOR: You never know where the next big advances in cancer treatment are going to come from. The key is to have people who are thinking: "How does that discovery potentially apply to patient care?"

Traditionally there have been excellent basic scientists hard at work in university and corporate laboratories, and then there have been excellent physicians working in hospitals and clinics, but it was difficult to bridge that gap. It's essential that we can think in both worlds—so we can understand the science and say, "Well, maybe that discovery in Alzheimer's disease has some bearing on bladder cancer," or vice versa. And increasingly, through physician-scientist training programs and through the addition of translational research training in medical schools and doctoral programs, we are gaining more people from both the medical and science worlds who have that mindset and that ability to bridge the divide.

How is the Duke Cancer Institute involved in translational research?

DR. SPECTOR: To continue to be a world-class center for cancer care and research, the DCI must have a world-class program in translational research. Building that program here is a top priority. We have brilliant investigators working in cancer genetics, biology, pharmacology, and other disciplines and making important discoveries. The Duke Cancer Institute is committed to making it easier for our basic scientists and clinicians to collaborate in order to translate these discoveries into advanced care for our patients through new medications, imaging technologies, diagnostic tools, and other advances.

Translating our home-grown research is a big challenge, since academic medical centers have not historically been geared toward doing that—a role traditionally filled by pharmaceutical and biotechnology companies. Because industry now considers discovery research too high a risk for their business models, the responsibility for drug and device development has been shifting from industry to academia. More and more, institutions like Duke are being called upon to lead the way.

At the DCI, our goal is to build our capacity to help our scientists and clinicians move their research from the laboratory to the clinic as efficiently and effectively as possible. One way we are doing that is through our Experimental Therapeutics Program, which interfaces with basic and clinical investigators, providing the expertise to help Duke investigators move their projects forward, whether through internal resources or through strategic alliances with partners beyond Duke.

One of our biggest projects is to build a tissue database of every cancer biopsied at Duke, so that we can track the molecular pathology of cancers and correlate the molecular profile of cancers with clinical outcomes. Having a database of this caliber is a critical aspect of translational research, because we need these tissue samples

to help us understand the clinical relevance and potential diagnostic and therapeutic application of discoveries made in the laboratory. Duke is one of only a handful of institutions in the world with the capability to build a database of this magnitude. The more patients we care for, the larger the database will be, and the greater the value and impact it will have on the future of cancer research and patient care.

What are some other examples of translational research taking place at Duke?

DR. SPECTOR: An exciting example of translational research at Duke is the work of Dr. Mark Dewhirst, who studies the effects of heat treatment on tumors. In the lab, Dr. Dewhirst developed heat-sensitive "nanoparticles" that can carry chemotherapy drugs to a tumor when injected into the bloodstream. Then, when the tumor is heated, the nanoparticles release the drug directly into the tumor. This technology is now being used in a clinical trial to treat recurrence of breast cancer. It also could be used to treat other cancers.

In another Duke laboratory, physician-scientist Dr. John Sampson has developed a vaccine that has shown encouraging preliminary results in clinical trials for treating some glioblastomas, the most aggressive type of brain tumor.

And Dr. Donald McDonnell, chair of Duke's Department of Pharmacology and Cancer Biology, has developed anti-estrogen approaches that are being tested in women who have estrogen receptor-positive breast cancer that has become resistant to standard therapies.

How does the Duke Cancer Institute impact translational research?

DR. SPECTOR: The vision of the DCI for Dr. Victor Dzau, Duke chancellor for health affairs, is to bring together clinicians and basic science researchers who are now spread across the Duke campus, so that they can regularly meet, exchange ideas, brainstorm, and problem-solve. This type of interaction is critical to our ability to translate research effectively from the lab to the patient. That has begun to happen more and more at Duke.

And the new Cancer Center will only enhance our ability for collaboration among physicians and scientists and to inform and educate our patients about new and innovative treatment options. All in all, this building represents an important step forward for the DCI in our commitment to push the boundaries to improve outcomes for our patients. ♥



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