A PUBLICATION FOR FRIENDS OF DUKE COMPREHENSIVE CANCER CENTER

Duke Comprehensive Cancer Center notes

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# Investigators use Immune System to Fight GI Cancers

Duke Comprehensive Cancer Center scientists are harnessing the power of four different viruses to engage the immune system in battle against gastrointestinal cancer cells that hide below its radar screen.

Viruses have been used to attack cancer before, but never with such force of numbers and intellectual resources as the Duke researchers are mounting against advanced gastrointestinal cancers.

The four viruses – vaccinia, fowlpox, adenovirus, and alphavirus – are being tested head to head in combination with standard therapies for advanced colon cancer. In a unique affront against this deadly disease, the Duke team is collaborating with biotechnology companies in its quest to invent anticancer vaccines strong enough to arouse the immune system's ire, yet gentle enough to preserve the very immune cells needed to wage war against cancer.

The key to a successful cancer vaccine is using the virus as a "red flag" to arouse the immune system and to present an element from cancer cells, a so-called cancer genetic "fingerprint," as the target for destruction. The viruses are genetically programmed to target only those cells which carry this unique fingerprint.

"Cancer has a knack for eluding the immune system and masking itself as friend instead of foe."

*H. Kim Lyerly, MD, Director*

Their most promising arsenal is a one-two punch called "prime and boost." Early evidence shows this strategy holds particular promise because of its ability to alert ("prime") the immune system with one vaccine and boost its momentum with a second vaccine.

"Cancer has a knack for eluding the immune system and masking itself as friend instead of foe," said H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center. "We've designed vaccines that more forcefully present cancer as the enemy to the patient's immune system than earlier vaccines have been able to do."

It is hoped that this potent one-two punch will rise to the challenge that cancer presents to the immune system, said Lyerly, principal investigator of the five-year study. Lyerly received $10 million from the National Cancer Institute to carry out the collaborative research project, and Duke is drawing upon the unique intellectual resources of Alphavax Human Vaccines, Inc., and Therion Biologics, two biotechnology companies based in the Research Triangle Park, NC, and Cambridge, MA, respectively.

Drawing upon the vast resources of academia and industry to attack the disease will quicken the pace of testing and evaluation – a process that has taken years or decades in the past, said Lyerly. ●

# Bud Brylawski Establishes Professorship with One Million Dollar Gift

*Dr. H. Kim Lyerly (far left) and Executive Director of Development Karen Cochran (far right) present Barbara and Bud Brylawski with the Pinnacle Award, which is given to those who have generously given an amount of $1 million or more. The Bylawskis also received The Sower, which symbolizes far-sighted individuals who sow seeds today for the needs of tomorrow.*

With a $1 million gift to the Duke Comprehensive Cancer Center, E. Fulton "Bud" Brylawski, an attorney who resides in Washington, DC, has established the E. Fulton Brylawski Associate Professor of Women's Health. The professorship was made in memory of Nancy Weaver Emerson, a patient advocate and the former Assistant Executive Director of Development for the Cancer Center, who succumbed to cancer in 2003 after a courageous 20-year battle.

Mr. Brylawski has been a member of the Cancer Center's Board of Overseers since 1999. In making this gift, he said, "It has been a privilege for me to be a part of the Duke Comprehensive Cancer Center and to support its leadership in cancer research and treatment. Through this connection, I referred friends with cancer to Nancy Emerson, who gave them extraordinary comfort and guidance. It is, therefore, fitting that my gift honor the memory of Nancy who touched so many of us with her special warmth, kindness and dedication while fighting her own battle with cancer."

Endowed professorships are the University's most prestigious faculty appointments and are awarded only to the most distinguished physician-scientists and to junior faculty who have demonstrated extraordinary scholarship in advancing medical science. ●

# Duke University Medical Center Wins Consumer Choice Award

Duke University Medical Center won a Consumer Choice Award for providing quality healthcare and was recognized as the most-preferred hospital in Durham and Raleigh in a nationwide consumer survey by the National Research Corporation. Winning facilities rank highest in their areas based on consumer perceptions of multiple quality and image ratings. Winners appeared in the September 20, 2004, issue of *Modern Healthcare* magazine. ●

# from the director

As we enter this new year, I am filled with optimism about the progress that lies ahead for cancer research and care. With every new endeavor, we improve our ability to care for patients with cancer.

The Duke Comprehensive Cancer Center continues to move in three strategic directions:

Discovery: To understand and answer the basic questions about how cancer begins and proliferates within the body;

Development: To create new drugs and procedures to prevent, contain, and eradicate cancer; and

Delivery: To establish a process which will enable new and effective treatments to become available to patients faster.

Duke Cancer Center researchers and clinicians are working to together and with others across the country to achieve these goals. As you will read in this issue of Cancer Center Notes, we are making great progress.

The Cancer Center is embarking on a number of exciting and unique initiatives such as the Academic Public Private Partnership (see article to right). The National Cancer Institute awarded funding that will allow us to begin to create a new center of excellence in cancer research. This center will encourage partnerships among business and industry, the government, non-profit institutions and academic institutions so that we can leverage the expertise of each partner to find new cancer therapeutics. Working together, we will most certainly accomplish more than we can alone.

We are also working to form partnerships with other entities within Duke as well as outside of the institution in order to improve and expand clinical trials and to investigate the link between the environment and cancer. As well, we continue to pursue efforts that will reduce the time it takes for promising new cancer drugs to be approved by the FDA and become available to patients.

At the Duke Comprehensive Cancer Center, we are committed to thinking "outside of the box." Every day, we look for new ways to fight this disease. And every day, we move one step closer to the day when cancer will no longer be a threat.

Sincerely,
H. Kim Lyerly, MD
Director

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



# Duke Receives Prestigious NCI Award for Research in Brain Cancer

Duke University has received one of only four Specialized Programs of Research Excellence (SPORE) awards in brain cancer in the nation from the National Institute for Neurological Disorders and Stroke. The award is administered by the National Cancer Institute (NCI) of the National Institutes of Health. The principal investigator of the award is Darell D. Bigner, MD, PhD, deputy director of the Duke Comprehensive Cancer Center and co-leader of the Neuro-Oncology Research Program. Co-principal investigator is Francis Ali-Osman, DSc, the Cancer Center's associate director for translational research and co-leader of the Experimental Therapeutics Research Program.

The NCI established the Specialized Programs of Research Excellence in 1992 with the goal of bringing to clinical care settings novel ideas that have the potential to reduce cancer incidence and mortality, improve survival, and to improve the quality of life. The Duke Brain SPORE grant consists of four research projects, five cores, a Developmental Research Program, and a Career Development Program.

"We are pleased to have received this award and are eager to continue our ongoing goal, which is to advance the knowledge of brain tumor biology and etiology so that we can translate these findings into new treatments for patients with brain tumors," said Dr. Bigner.

"Duke has developed a collaborative relationship with the Brain SPORE Programs at the University of California at San Francisco, the University of Alabama at Birmingham, and the Mayo Clinic in order to further the field of neuro-oncology research and to exchange knowledge and ideas," said Dr. Bigner. •

# Grant to Advance Cancer Research through Unique Partnerships

The Duke Comprehensive Cancer Center has been awarded one of only 14 Academic Public Private Partnership Program (AP4) Planning Grants from the National Cancer Institute (NCI). These are the first grants of their kind awarded by the NCI, and those who received the awards are recognized leaders in the field of anticancer intervention discovery and development, according to the NCI.

H. Kim Lyerly, MD, the George Barth Geller Professor for Research in Cancer and Director of the Cancer Center, is the principal investigator of the award, which will be used to plan the creation of partnerships among the Duke Cancer Center and other academia, industry, non-profit institutions, and government entities. The overall goal of these partnerships will be to leverage the expertise of all partners to research new cancer therapeutic, prevention, diagnostic, and imaging interventions.

The NCI hopes that these partnerships will result in a reduction in the time required to translate newly discovered cancer treatments into clinical trials. Only recipients of these planning grants are eligible to receive an AP4 Center grant, which could fund the establishment of a new research center at Duke to bring the expertise of all partners together to work toward this common goal. •

# Research notes

## $11 Million Grant to Duke Genome Institute Will Advance Cancer Treatment

An $11-million National Cancer Institute grant awarded to researchers at the Duke University Institute for Genome Sciences and Policy (IGSP) and their colleagues will support the development of experimental and computational methods that will help scientists understand how genes interact with one another to cause cancer. Such advances will ultimately help guide treatment for individual cancer patients, and aid in the development of novel cancer-fighting drugs, the researchers said.

The researchers will focus on genes that operate in regulatory pathways that normally govern orderly cell growth, but which have been shown to spur cancer growth when they malfunction and escape normal controls. Rather than studying the individual action of each pathway in isolation, the researchers will develop sophisticated computer analytic methods that will help them understand the interconnections among such cancer-causing pathways.

"A more refined understanding of how multiple cellular pathways are altered in cancer will allow us to identify even more subtle differences that define the tumors of individual patients," said Joseph Nevins, PhD, Barbara Levine University Professor of breast cancer genomics, director of the IGSP's Center for Applied Genomics & Technology, and principal investigator of the project. "For example, such information could prove critical in deciding more precisely how to treat the disease following surgery – allowing patients at high risk of recurrence to undergo more aggressive therapies and low risk patients to forego chemotherapy and its painful side effects in some cases."

Diagnostic methods that enable clinicians to extract information about the particular cellular defects in the tumors of individual patients might also allow physicians to more effectively prescribe tailored drug combinations, offering a multi-pronged approach to the fight against cancer, Nevins added. Furthermore, the deeper understanding of cancer gene networks could lead to targeted therapies that would fight cancer with fewer side effects than those drugs, like chemotherapy, which are generally toxic, he said.

The research team includes investigators from the Duke University Medical Center and Arts & Sciences, in addition to collaborators at the Dana Farber Cancer Institute, the University of Texas Southwestern Medical Center and the University of Southern California. ●

## Duke Sponsors Breast Cancer Symposium

*Breast SPORE members pictured are (seated) Victoria Seewaldt, MD, Karen Johnson, Kim Lyerly, MD, (standing) Barbara Parker and Edwin Iverson, PhD.*

*The Duke Comprehensive Cancer Center teamed up with the University of North Carolina at Chapel Hill Lineberger Comprehensive Cancer Center on November 10-12, 2004, to sponsor a breast cancer symposium involving internationally acclaimed scientists and clinicians. More than one hundred investigators representing all of the National Cancer Institute Specialized Programs of Research Excellence (SPORE) groups attended to share ideas and discuss new and exciting breakthroughs. Duke Breast SPORE investigators attended the event. The goal of the symposium was to create an environment of collaboration in order to achieve the greatest advances in breast cancer research and care. The Duke Breast Oncology Research Program was awarded one of only 10 Breast SPORE grants in the nation in 2003. The grant will provide $9.8 million in funding to the breast program over five years. It recognizes Duke researchers for their commitment to finding innovative ways to treat and prevent breast cancer.*

## Breast Cancer Researchers to Study New Vaccines and Prevention Strategies

The Duke Comprehensive Cancer Center has been awarded two grants by the Avon Foundation to fund research that focuses on new breast cancer vaccines and prevention strategies.

In the vaccine study, Michael Morse, MD, is testing a novel breast cancer vaccine that uses the immune system's fighter cells to battle cancer. According to Morse, the body mistakenly perceives cancer to be friend instead of foe, so it is critical to alert the immune system to cancer's threat. Scientists accomplish this by injecting proteins into the bloodstream. When the protein combination is injected into the patient, it binds to special immune stimulating cells called dendritic cells. They present the cancer protein to the immune system which then seeks out cancer cells having that protein and destroys them. "We have found that one of the best ways to awaken the immune system to recognize cancer as the enemy is to use dendritic cells to convey to the immune system which cells it should be attacking," said Morse.

In the prevention study Victoria Seewaldt, MD, will take samples from breast cancer patients' healthy, unaffected breasts prior to cancer chemotherapy to determine whether the opposite breast is at increased risk for developing breast cancer and then after cancer chemotherapy to determine if the risk of breast cancer has changed or whether further treatment might be needed. This information can then be used to test whether a woman may be responding to tamoxifen chemoprevention. Seewaldt, director of the Breast Chemoprevention Clinic at the Duke Comprehensive Cancer Center, will use this data to test a variety of drugs and vitamins as potential preventive agents. ●

## Novel Protein Detection Technique Has Potential for Cancer Diagnosis, Treatment

Researchers at Duke University Medical Center have developed a new technique that can rapidly determine differences between lung cancer tissue and normal lung tissue by measuring subtle variations in the proteins they produce.

The new technique identifies proteins that are produced in different amounts in diseased tissue compared with healthy tissue. Even small amounts of a protein can be important in cancer if is produced in the wrong tissue or in excessive amounts, said Edward Patz, Jr., MD, professor of radiology and professor of pharmacology and cancer biology at Duke. Yet measuring low levels of proteins has proved extremely difficult using the traditional methods of protein detection, he said.

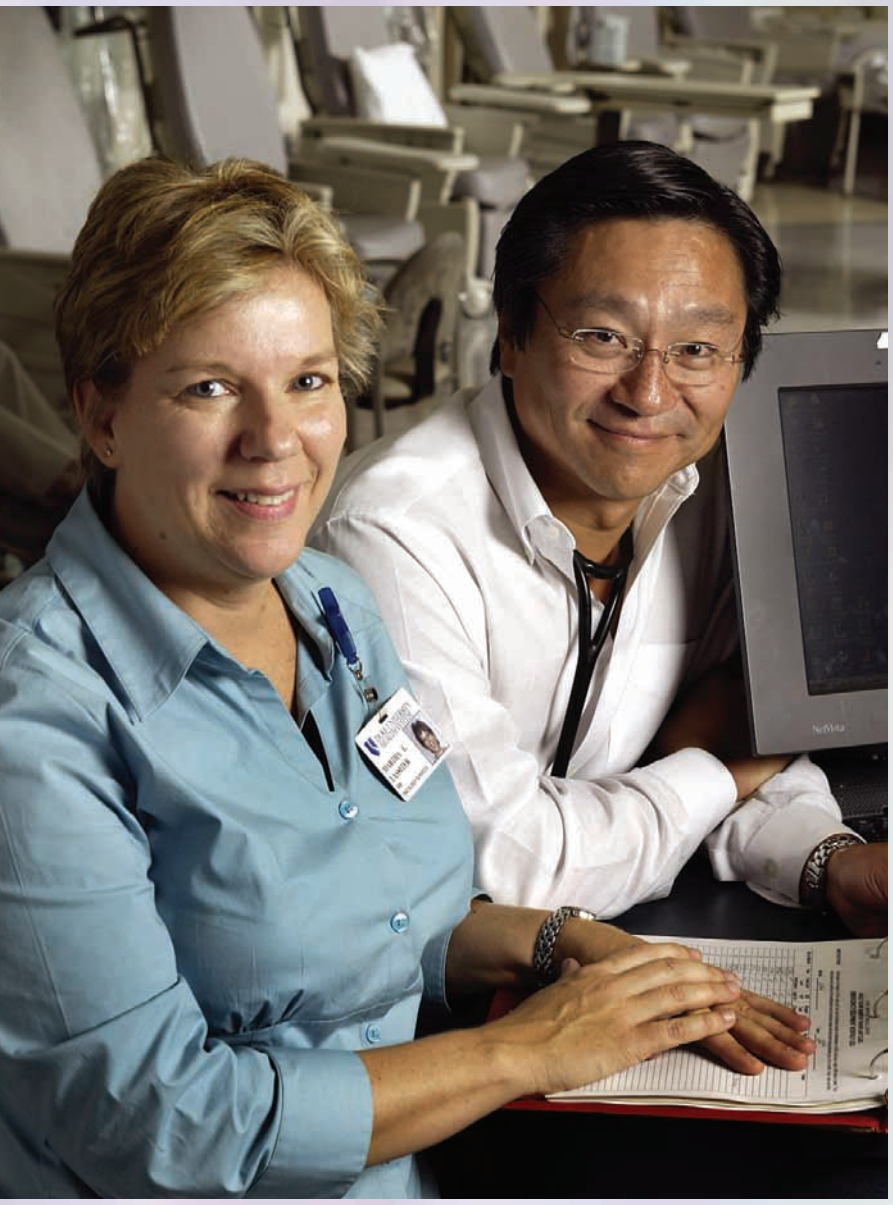
Patz said his new method, called ADEPPT – accentuation of differentially expressed proteins using phage technology – may ultimately enable researchers to detect proteins responsible for all types of cancer and potentially assist them in finding better drug targets to treat various diseases. Their study in lung cancer tissue provided "proof of principle" that ADEPPT can pick up proteins in lung cancer that are overlooked by more conventional methods of protein profiling.

"Increasingly, cancer diagnosis and treatment will become dependant upon isolating the proteins responsible for disease and using these proteins to develop targeted therapies aimed at blocking or enhancing them," said Patz. "But much of our time is spent on isolating which proteins are relevant to a particular cancer, and if we could speed that process, we may be able to develop new therapies." ●

# firsthand

## **Firsthand** Dr. Nelson Chao
## Division Chief, Cellular Therapy/Bone Marrow Transplantation

*I went to high school in Brazil, and we used to go to the flavelas, the shantytowns, every now and then to visit, and I realized that relief of human suffering is a great thing to aspire to.*



About halfway through college at Harvard, I decided to go into medicine. I went to medical school at Yale, and then during my internship year at Stanford, I was very impressed by the warmth, empathy, and knowledge of the physicians in cancer. After my internal medicine residency, I did subspecialty training in medical oncology.

I was drawn to bone marrow transplantation largely by serendipity. I've always been very interested in immunology. I was a second-year fellow working in a lab when Stanford started its transplant program. The new chief of the transplant program was looking for somebody to help him. At the time, I was pretty happy in the lab, so I wasn't interested in the job. Then my wife and I had our first child, and he got very ill and had to have major surgery when he was seven weeks old. He's fine now, but he was really sick for a month or two, and I decided this job in the transplant program was a good opportunity for advancement. So I took that job in the transplant program, and it has worked out really well.

I was doing well at Stanford performing bone marrow transplantations. In 1995, I got a letter from Duke asking me to interview for a job here. Duke was the first job interview that I've ever done! They made me an offer I couldn't refuse, so in 1996 I came to Duke to run the Bone Marrow Transplant (BMT) Program, which is now part of our Division of Cellular Therapy.

In the BMT Program, we primarily see adult patients with leukemias, lymphomas, and myelomas, as well as some patients with breast and renal cancers. Most are from the Southeast, but we also have people come to Duke from around the country and the world. We perform two types of transplants: "autologous," which is using your own bone marrow, and "allogeneic," which is using someone else's. The choices depend on the disease and the type of response. Most patients end up getting very high doses of chemotherapy with or without radiation, and then we put the stem cells back in. It's a pretty intensive treatment, and patients get pretty wiped out before the cells come back. In the past three or four years, we've been able to find ways to use lower doses and better drugs that have decreased some of the side effects.

I work with a terrific group of people on the BMT team, from fellow physicians, to the nursing staff, to the support staff. As a program director you can do so much, but it really is the people working day to day who make the biggest difference. Our team works together very well.

I have typical things I do every day, but I don't really have a typical day, which is part of the fun. I usually get up at quarter to six and I go running, and I'm usually at work by eight. On Mondays, I see new patients in the morning and return patients in the afternoon. If I'm attending on the wards, then at eight o'clock I go to do rounds at Duke Hospital. I'm back at the BMT Outpatient Clinic by 10 or 11a.m., and then do rounds here. I go back to the hospital about four o'clock to do rounds and see patients again. In between, I usually have meetings, do administrative work, and work on my research, which is mainly focused on graft-versus-host disease, a condition that occurs when we put donor cells into a patient.

I usually get home about seven every day. Two of my kids swim year-round, so they don't get home until about eight-thirty, and then we all sit down for dinner. My evenings are generally free, and I enjoy reading novels and historical works. I've always been interested in financing health care issues, so I earned an MBA through Fuqua's Weekend Executive MBA program in 2000. It doesn't factor a whole lot into what I'm doing now, but it was helpful to learn the language of business. The most challenging part of my job is maintaining balance: balancing work, family, and patients in terms of time as well as emotional energy.

For a long time when I was younger, I thought I was going to be a marine biologist. Then during my freshman year, I had a marine biology professor who had discovered some Sanskrit tablets while diving, and he spent the whole course talking about Sanskrit! As a result, I quickly let marine biology fall by the wayside, and I haven't regretted it since! ●

# **Meet…** Martha Lassiter, Nurse Clinician, Bone Marrow Transplant Program

Like most nurses, Martha Lassiter chose her profession because she wanted to help people. But she never thought she'd end up working with cancer patients.

Lassiter came to Duke in 1983 straight out of nursing school. After two years working in neurology and dermatology, she learned that Duke was starting a Bone Marrow Transplant (BMT) Program.

"I was looking for a change and thought transplant might be interesting. The challenges of working with a more acute population of patients really appealed to me. I was in the first group of nurses hired in the BMT Program in 1985 – I started and I just loved it."

Working in partnership with Dr. Nelson Chao and Dr. Cristina Gasparetto, today she serves as the main contact for transplant patients, referring physicians, families, and bone marrow donors, guiding everyone through the transplant process.

"The nurse clinicians provide continuity for patients and families," explains Lassiter, who is one of four nurse clinicians in the BMT Program. "Patients see us at every visit up to the transplant, and we act as a liaison during the transplant phase. It's our job to make sure that all of the appropriate people know what's going on with the patient, the donor, and the families, from referring physicians to the lab to other services here at Duke.

"The whole transplant team – the physicians, the nurses, the nurse practitioners, social workers, phlebotomists – everybody really works together to provide patients with the best care that we can."

For Lassiter, one of the rewards of her job is seeing patients who have returned to their normal lives. The program hosts an annual reunion for adult patients who are out from transplant more than a year, a wonderful setting for the staff to reconnect with patients and celebrate how well they've done.

One of the patients that Lassiter enjoys celebrating with is Trent Satterwhite, who has worked with Lassiter and Dr. Chao since 1998. "Martha has been my little rock," says Satterwhite. "I have opened up some things with her that I haven't opened up to my parents. She knows me better than a book."

Lassiter says that "people always ask, 'Isn't it depressing to work with cancer patients?' It is difficult when patients don't do as well as you'd hoped. But we get so much more back from the patients than I could possibly give to them. We're uninvited guests in their lives, and it's a privilege to take care of these patients and to be such a big part of their lives." ●

# **Firsthand** Trent Satterwhite, A determined fighter in the battle against non-Hodgkin's lymphoma

*I was diagnosed in 1996 with non-Hodgkin's lymphoma. I had been ill for about a year before, and they thought I had the flu. I went to my dentist to get my teeth cleaned, and the dentist found that I had cancer.*

So I started treatment of a combination of radiation and cancer drugs, and I went into remission for about six months. Then the cancer came back again, and we did another series of treatment. I went into remission again for six months. The next time, the cancer came back in my lungs and my liver. I was at stage four then, and my doctors recommended that I go to Duke, where they did some MRIs, radiation, and a round of chemotherapy to prepare me for an autologous stem cell transplant. Dr. Chao performed my transplant in 1998. The radiation weakened my bones, and I had a broken femur and a fractured hip. After 21 days in the hospital for the transplant, I came home and went back to work counseling troubled kids with the Departments of Juvenile Justice and Social Services. Again, I stayed in remission for six months. For some reason, six months is my magic number.

When the lymphoma came back again, it was in my shoulders, my lung, and my liver. So I went back to Duke and saw Dr. Chao again. He told me about an experimental treatment he was doing called umbilical cord transplant. I asked, "Can my body take it?" In November 2000, Dr. Chao prepared me for the umbilical cord transplant with chemotherapy and radiation, and I received my second transplant. This time, I stayed in Duke Hospital for 120 days! In the meantime, during the transplant, I had a heart attack.

This time when I went home, I stayed around the house and didn't do much. Then I heard about the Transplant Games, a special Olympics held every two years for people who have had transplants. I started training and built my body back up to participate in the 2002 games in Orlando, Florida, where I won a silver medal in the 4x400 relay for Team South Carolina.

Every year, the Duke Bone Marrow Transplant Program has a reunion, so that year I surprised Dr. Chao by giving him my medal. He and Martha Lassiter have been great to me. The medal hangs in the lobby of the Bone Marrow Transplant Clinic at Duke now, and I hope it will be an inspiration for other transplant patients.

I qualified to be on Team United States for the World Transplant Games in France in August 2003. A month before the games, I was feeling good and in training, running four or five miles a day. I went to Duke for a regular check-up, and was told I needed open heart surgery. Three days later, I had the surgery at Duke, so I had to miss the World Games. Since then, I've built my body back up, and in July 2004 I won three silver medals at the Minneapolis Transplant Games: in badminton, the 4x100 relay, and the 4x400 relay. I've qualified for the World Games in Canada in August 2005, and if everything goes right, I'm going.

I'm involved in the Leukemia and Lymphoma Society as an ambassador, and I help raise money for the society as an organizer for the "Light the Night" event. I also volunteer to help other cancer patients. Sometimes, they just need someone to hold their hands, to share their experience, so I do. I also help with the Relay for Life event in my local town, which raises money for cancer research and celebrates survivorship. This is my life now. Anyone who's diagnosed with cancer, I'd do anything for them: any place, any time, anything.

I was always close with my family, but I'm much closer now since we've gone through this ordeal. They've been there every step of the way. My parents, my siblings, my friends, my employees – everyone has been very supportive. Folks in my hometown and my high school graduation class raised thousands of dollars to help pay my medical bills. I value my family and my friendships much more now. I don't take anything for granted anymore. I don't put anything off for tomorrow, because tomorrow is not promised. I just live for today, and I feel great.

To other people battling cancer, my advice is: Don't ever give up. Just hang on, because they're always coming up with new trials and new techniques. You have bad days, but there are more positive days than bad days. Just don't give up. Fight. Fight. Fight. ●

This story was reprinted with permission from The Chronicle.
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# Facility to Improve Cancer Care — Jack Tao

Officials said the newly completed radiation oncology clinic will significantly improve cancer patient care at the Duke University Medical Center with what they describe as a "unique, modern and patient-focused environment."

Duke University Hospital funded the four-year, $26 million project that resulted in 12,000 square feet in new construction and 18,000 square feet in renovations to existing space at the Morris Cancer Clinic on Trent Drive.

Dr. Christopher Willett, chair of the radiation oncology department at DUMC, characterized the renovations as having an "extraordinarily positive effect."

"The state-of-the-art facilities will allow physicians, nurses and staff to care for patients in an excellent working environment," said Tracy Gosselin, clinical operations director of radiation oncology.

"We took into account patient access and parking, patient flow through the clinic and how this could potentially be disruptive to both patients and staff," Gosselin explained.

Such considerations influenced improvements such as the redesign of the nursing station, an infusion area and a patient education room. "Additional clinic space will permit new multimodality clinics in which radiation oncologists and surgeons can see patients jointly," Willett said.

Renovations to the current department and the addition of a wing accommodated new facilities for treatment planning and patient care, such as the addition of pediatric waiting areas. Snack areas for patients further demonstrate the clinic's attention to ensuring the comfort of patients. "Our newly renovated and expanded space provides patients with a great place to come for treatment as well as for care," Gosselin said.

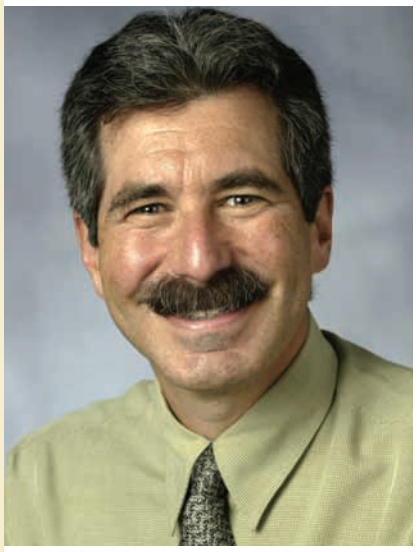
In addition, improvements extended beyond physical expansion. Five new linear accelerators and a new MRI scanner were installed. The treatment planning unit also received a new CT scanner. "The significance is that we have not only newer equipment, but ways to do treatment planning and to also get patients started for treatment quicker," Gosselin said.

Design of the new building started in the late 1990s, and several former chairs of the department played an important role in the design process, including Dr. Leonard Prosnitz, who remains a professor of radiation oncology, and Dr. Edward Halperin, who is now vice dean of the School of Medicine.

"Dr. Prosnitz and Dr. Halperin were instrumental in the genesis, design, oversight and completion," Willett said.

The final room of the newly renovated clinic, which is staffed by 14 physicians and a large support team, was completed last month and the new parking area will open later this month. Previous renovations to the clinic pale in comparison in terms of scale; the most recent renovations were in paint and carpeting in the early '90s. ●

## Dr. Geoffrey Ginsburg Named Director of Genomic Medicine at Duke



Geoffrey S. Ginsburg, MD, whose research concentrates on the new field of personalized medicine, has joined Duke University's Institute for Genome Sciences & Policy (IGSP) as director of genomic medicine.

Huntington F. Willard, PhD, director of the IGSP, called Ginsburg "uniquely qualified" for the position. "As an industry leader, Geoff brings a strong appreciation for the realities of personalized medicine – in which patient care focuses on the individual with an emphasis on early disease detection and prevention," Willard said.

Ginsburg comes from Millennium Pharmaceuticals, Inc. in Cambridge, Mass., where he was vice president of molecular and personalized medicine. "The IGSP is a unique environment where scientists, clinicians and health policy experts can focus on bringing the important findings from genome research to human health and improving the quality of people's lives," Ginsburg said. ●

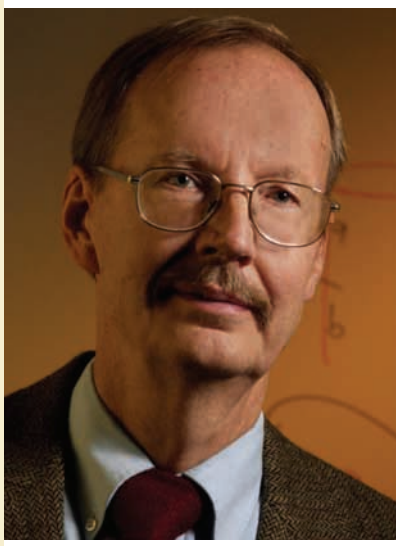
## Frush Named Chief Patient Safety Officer at Duke University Hospital System

Karen Frush, MD, chief medical director for children's services at Duke University Hospital, has been appointed chief patient safety officer for Duke University Health System (DUHS).

"Patient safety is one of the most important responsibilities we have as caregivers," said Victor Dzau, MD, chancellor for health affairs at Duke University and president and CEO of DUHS.

As the first chief patient safety officer for DUHS, Frush will be responsible for developing a comprehensive patient safety program across all components of the health system. Frush's plans as chief patient safety officer include the development of a Patient Safety Center at Duke, which will support educational initiatives, clinical research and outreach opportunities related to safety. ●

## Thomas Petes Named Chair of Molecular Genetics and Microbiology at Duke University Medical Center



Thomas D. Petes, PhD, a professor in the department of biology and a member of the Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill, has been named the new chair of the molecular genetics and microbiology department at Duke University Medical Center.

Petes has been involved in the discovery of striking similarities between yeast and human cells in the structure and function of proteins involved in DNA repair and in the protection of the tips of chromosomes. In turn, those similarities have yielded new insight into genetic defects underlying cancer.

"New technology has opened the door to questions in genetics that couldn't be asked just a few years ago," Petes said. "As a result, we are on the cusp of discoveries that promise to establish a whole new set of scientific principles. It is my goal for Duke to play a central role in that discovery process." ●

# A Weekend Event in Memory of a Mom and Dedicated to Helping Others

Melanie Bacheler is driven. Her goal is to create a world where no one has to lose a mother, sister, daughter, or friend to ovarian cancer. She knows the pain of this loss because in 2002 Melanie lost her own mother, Gail Parkins, to ovarian cancer. She was only 56.

Turning grief into passion, Melanie began a crusade to increase awareness of this quiet disease and to raise money to fund research to find new and improved prevention techniques and treatments. In 2003, Melanie and the Duke Comprehensive Cancer Center created the Gail Parkins Memorial Ovarian Awareness Walk.

This year, the Gail Parkins Memorial Ovarian Awareness Walk expanded to include a black-tie ball and an educational forum during the weekend of September 24 – 25 at the North Ridge Country Club in Raleigh, NC.

This year's event raised $160,127. All proceeds from the event support ovarian cancer research at Duke. "It's really important to educate women about the signs and symptoms of ovarian cancer," said Dr. John Soper, ovarian oncologist at the Duke Comprehensive Cancer Center. "We know that the earlier ovarian cancer is detected, the better the chances are for survival."

"If this event can save one person the heartache of losing a loved one by providing information about this disease or by funding a breakthrough in research, it will be a proven success," said Ms. Bacheler. ●

*Ovarian cancer survivor Liz Leach and her son Col. Harry Leach participate in this year's event.*

# Margaret Harris and David Silverman Professorship Established

*Francis Ali-Osman, DSc*

The sweat and tears of two Charlotte, North Carolina, couples have resulted in an astounding accomplishment, all done in memory of their two children. In 1996, William and Gigi Harris and Marc and Mattye Silverman teamed up to create Charlotte Hopebuilders 5K in memory of their children and to benefit research at the Duke Comprehensive Cancer Center. Just one year before, both families had suffered devastating losses. The Harris' daughter, Margaret, and the Silverman's son, David, had both succumbed to brain tumors. Margaret was three, and David was 25.

This year, the Harris and Silverman families reached the $1.5 million milestone. The money was used to fund 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. Dr. Ali Osman is the 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, those of the central nervous system and the development of novel therapies that target defects in these tumors. ●

# Banquet Honors Volunteers

*Volunteer Dr. Ruby Wilson (center) enjoys dinner with other volunteers.*

Dr. H. Kim Lyerly, director of the Duke Comprehensive Cancer Center, and his wife, Dr. Annie Lyerly, hosted the annual Volunteer Banquet at their home on October 29, 2004. Cancer Center members and staff attended and thanked the volunteers for their dedication and compassion. Volunteers represented a variety of Cancer Center programs and events including the Angels Among Us 5K and Family Fun Walk, the Joann Gaddy Grimes Big Event to Fight Cancer, the Rainbow of Heroes event, and the Duke Cancer Patient Support Program. ●

*Drs. Jeff Crawford and Tommy D'Amico join Cancer Center Citizens Advisory Council chairperson Ross Harris and Cancer Patient Support Program volunteer Johnny Emerson for an evening filled with food, fun, and gratitude.*

**"All through the year, volunteers enable us to provide the best care for our patients. Every volunteer plays an integral role – whether by offering support through difficulat times, by raising money for cancer research, or by providing inspiration and hope," said Dr. Lyerly. "You do what you do out of the goodness of your heart, with nothing asked in return. We can't thank you enough."**

*H. Kim Lyerly, MD, Director*

# Nationally-renowned Prostate Cancer Specialist Joins Duke

Nationally-renowned prostate cancer specialist Judd W. Moul, MD, has been named the new chief of the division of urology at Duke University Medical Center. He is a noted authority on prostate cancer in African-American men, biochemical recurrence of prostate cancer, prostate clinical trials and outcomes research, and nerve-sparing radical prostatectomy.

Prior to joining Duke, Dr. Moul was director of the Center for Prostate Disease Research, a Congressionally mandated, Department of Defense research program based at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, MD, and at the Walter Reed Army Medical Center in Washington, D.C. Dr. Moul retired as a colonel in the United States Army Medical Corps and is the former professor of surgery at the USUHS and attending urologic oncologist at Walter Reed. While at Walter Reed, Dr. Moul developed a prostate clinical trials and care unit.

"We're working on the DukeProstateCenter (DPC) that will be a 'home' for urologists, oncologists, radiation oncologists – anyone working with men and their families affected by prostate cancer," said Dr. Moul.
"It will also be 'one-stop shopping' for patients." Dr. Moul believes that creating a unified clinic will improve patients' access to clinical trials. ●


*The Duke Comprehensive Cancer Center is one of the ten top cancer hospitals in the country, according to the U.S.News and World Report's "America's Best Hospitals" survey published in the magazine's July 2004 issue. The Duke Cancer Center ranked sixth among the nation's hospitals.*

**For an appointment, please call 1-888-ASK DUKE**
**www.cancer.duke.edu**

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