



N^{otes} cancer center

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NEW TREATMENT AVAILABLE FOR BREAST CANCER PATIENTS

Last October, during Breast Cancer Awareness Month, researchers reported the drug Herceptin had been proven effective against an aggressive form of early breast cancer, a breakthrough that doctors say could save thousands of lives each year. More than 130 breast cancer patients at Duke and its affiliates took part in that large, international clinical trial that found Herceptin, a drug proven effective at treating advanced-stage breast cancer, works for women during the initial stages as well.

"This research is absolutely as big as it gets," says Kimberly Blackwell, MD, of Duke's Comprehensive Cancer Center (DCCC), and one of the investigators of the clinical trials at Duke. "It's wonderful that we have an additional treatment option for breast cancer patients."

The research, published in the October 20, 2005, issue of *The New England Journal of Medicine*, found that Herceptin worked very well in breast cancer patients who are HER-2 positive. That group of women comprises approximately 25 percent of all breast cancer patients. In the study, patients who received Herceptin in addition to standard chemotherapy had a 52 percent decrease in the recurrence of breast cancer compared to those who only received chemotherapy. More than 5,000 patients from 39 countries took part in the study.

According to Blackwell, the true survival advantage cannot be determined because all of the women in the study—even those in the control group—eventually received Herceptin. Blackwell also noted that additional longer-term follow-up research is needed to determine if the patients are actually cured or if the drug is delaying recurrence of the cancer. In addition, researchers are studying heart damage, a rare side effect of the drug. *



Kimberly Blackwell, MD

"It's wonderful that we have an additional treatment option for breast cancer patients."

KIMBERLY BLACKWELL, MD

Bennettsville, S.C. resident Crystal Wright suffered from breast cancer. In 2005, she was asked to participate in Duke's clinical trial of Herceptin. "I knew this clinical trial might be the best way to beat the disease," said Wright. After nearly a year on the trial, all of her tests have come out well and she has had only minimal side effects. "The drug was much better than getting just standard chemo," she says. "My hair grew back, and I could go back to work."



Crystal Wright

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SMOKING STUDY PROVIDES HOPE FOR SUCCESSFUL QUITTING

Smoking is one of the most difficult habits to kick. In fact, only half of smokers who attempt to quit are successful, and for most of these people it takes multiple attempts. Researchers at the Duke Comprehensive Cancer Center (DCCC) are working to investigate the patterns of smokers and discover new methods of increasing the success rate for quitting.

In November, the Duke Center for Nicotine and Smoking Cessation Research (CNSCR) sponsored the 11th Annual Duke Nicotine Conference. Led by Jed Rose, PhD, the CNSCR is considered a world leader in the investigation of smoking; Rose developed the original nicotine patch in the 1980s. In a study published in the February issue of *Nicotine & Tobacco Research*, Rose's research team found that—contrary to popular belief—smokers have

a higher rate of quitting when they start using the nicotine patch two weeks *before* they actually quit smoking. The researchers believe that the patch reduces smokers' dependence on inhaled nicotine, even before they attempt to quit.



Jed Rose, PhD

"There's still more research to be done but we believe in the future, doctors will prescribe the patch to patients earlier than they currently prescribe," said Rose.

Previously, doctors thought that using the patch while still smoking would

cause smokers to overdose on nicotine and/or increase the addiction, thus making it harder to quit. Rose's team found just the opposite.

Rose first discovered this finding through a small study several years ago and has demonstrated these findings again with a larger group of 96 pack-a-day smokers. Half the smokers who wore nicotine patches two weeks before quitting still had not picked up a cigarette four weeks after quitting, compared to only a quarter of those who were given placebo patches before quitting. *



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FROM THE • Director



CONGRESS CONSIDERS PLAN THAT WOULD STALL CANCER RESEARCH

There has never been a time in which the momentum for cancer research was on such an enormous upswing. Unfortunately, as the opportunities for significant achievements mount, governmental funding for cancer research is threatened. In December, two members of the Duke Comprehensive Cancer Center's volunteer Board of Overseers wrote a compelling plea to Congress not to cut funding for cancer research. The authors are Marlene Malek, president, and Ellen Sigal, chairwoman, of Friends of Cancer Research, a non-profit organization based in Washington, D.C. Following are excerpts from the letter that was printed in the *Chicago Sun-Times*:

This year, America witnessed the passing of countless heroes, celebrities, mothers, fathers, brothers, sisters and friends because of deaths related to cancer. Millions of Americans mourned the passing of news icon Peter Jennings, as they coped with the realities of members of their own families dealing with and dying from this disease. Today, the National Institutes of Health (NIH)—and more specifically the National Cancer Institute—is struggling to fund research that could change the outcome for individuals stricken with lethal forms of cancer—and to improve the quality of life they have while fighting the disease.

According to the National Cancer Institute, there could be cuts to cancer centers and Specialized Programs of Research Excellence that will result in weakened translational research and clinical trials capabilities.

Unlike many other areas funded by the federal government, health care research requires consistency and expansive support. Promising research programs are not like roadways—delayable by a year or two—and then revisitable with few side effects. Cutting a program today could mean increasing

an already growing backlog of potential prevention and therapeutic agents—forcing researchers to focus their attention on a smaller set of agents and leaving the highly specific agents with enormous potential for improved cancer treatment on the shelf.

NIH has never been in a better position to study and stop disease than now—but this opportunity is at great risk if the Congress does not recognize the urgency and importance of sustaining and enabling further research and development. It is critical now that we maintain the momentum of medical research progress and that we continue to provide hope to the millions of Americans who suffer from devastating diseases.

Reduction in funding for cancer research is unfortunate at any time, but particularly devastating when the opportunities for major advances in cancer care are within our reach. The world is ripe for new and exciting discoveries that could impact millions of lives, and the need for support from government, industry, and private citizens has never been greater.

Sincerely,
H. Kim Lyerly, MD · Director

SCIENTISTS DISCOVER "YOU ARE WHAT YOU EAT... AND WHAT YOUR PARENTS ATE"

Nearly 500 researchers from around the world gathered at Duke University in November to discuss epigenetics. Epigenetics is the study of how nutrients, toxins, behaviors, or environmental exposures can result in the heritable silencing and activation of genes without changing a person's genetic code.

The "Environmental Epigenomics Conference," which was sponsored by the Duke Comprehensive Cancer Center (DCCC) and NIH's National Institute of Environmental Health Sciences (NIEHS), provided an open discussion among the world's leaders in this area of research. Those who attended focused on how outside factors may cause a number of ailments including Alzheimer's, heart disease, and cancer, by altering gene function rather than DNA sequence.

According to DCCC member Randy Jirtle, PhD, professor of radiation oncology, the old saying 'You are what you eat' is true. However, a person's epigenetic code can also be defined by what his or her parents and grandparents ate. For example, research has



"We can no longer argue whether genes or environment has a greater impact on our health and development, because both are inextricably linked." RANDY JIRTLE, PHD

shown that a pregnant woman's dietary deficits can increase her baby's risk of diabetes, stroke, and heart disease later in life.

The environment, including everything from the water you drink to the air you breathe, has important effects on the body, but according to Jirtle, "We can no longer argue whether genes or environment has a greater impact on our health and development, because both are inextricably linked."

Jirtle spearheaded the planning and implementation of the conference, with Fred Tyson, PhD, of the NIEHS.

While scientists discovered in 1983 that epigenetics can play a major role in cancer, only in the last few years have researchers spent a significant amount of energy studying this area of human development.

Because of research in epigenetics, scientists now know that mutant genes are not the only causes of diseases like cancer.

"Epigenetics represents a huge opportunity to study an alternative pathway that explains why individuals respond differently to environmental cues," said David Schwartz, PhD, director of the NIEHS. "This field provides the missing link between the environment and the development of diseases that goes beyond many of the subtle changes in DNA that explain only a fraction of the diseases humans develop."*

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Protecting Children from Developing Thyroid Cancer

What if in the future doctors could prevent a child from developing a specific glandular cancer by removing the designated gland prior to the onset of cancer? Such an opportunity exists in patients with the hereditary cancer syndrome—Multiple Endocrine Neoplasia type 2A (MEN2A).

An affected parent with MEN2A will pass a mutated gene for the disease to half of his or her children, virtually all of whom will develop an uncommon malignancy, medullary thyroid carcinoma (MTC). A simple blood test performed early in life can reliably identify children who will develop MEN2A and thereby MTC.

Duke Comprehensive Cancer Center (DCCC) investigators studied 50 children, ages 3–19, who had inherited a mutated gene characteristic of MEN2A but did not show any symptoms. A prophylactic thyroidectomy was performed in each child. Five years later, 88 percent of them had no evidence of MTC. Even though no child less than eight years developed the disease following thyroidectomy, the investigators recommended that whenever possible the thyroid should be removed at age five or six.

Since standard chemotherapy and radiotherapy have been ineffective in patients with MEN2A and MTC, it is imperative to remove the thyroid gland before the malignancy develops and metastasizes.

Results of the study conducted by Michael A. Skinner, MD, and Samuel A. Wells, Jr., MD, of the DCCC, along with Duke scientist Kouros Owzar, PhD, and clinicians at the Washington University School of Medicine, were published in the September 15 issue of *The New England Journal of Medicine*. *

RESEARCH Notes

Researchers Search for Ovarian Cancer Diagnostic Tool

Duke is one of 10 sites chosen by the National Cancer Institute to participate in a nationwide clinical trial designed to develop a blood test that may be used in the future as a diagnostic tool for ovarian cancer. The research will begin by using blood samples to develop an



accurate test for detecting ovarian cancer soon after the disease returns. Approximately 40–50 women will be enrolled for the study at Duke.

“We hope eventually to have an accurate ovarian test similar to a pap smear, so that a woman can just get a simple ovarian cancer test during her yearly exam.” LAURA HAVRILESKY, MD

“Doctors want to be able to diagnose ovarian cancer early, but there’s currently no reliable screening test,” said Duke gynecologic oncologist Laura Havrilesky, MD. She’s working with Duke Comprehensive Cancer Center (DCCC) gynecologic oncologist Andrew Berchuck, MD, on the study.

Currently, doctors use a test called CA-125 developed by former DCCC director Robert Bast, MD, to determine if cancer has returned. The test is useful in detecting late-stage ovarian cancer, but can have a high false-positive rate when used as a screening test.

With this new clinical trial, doctors will take blood samples of those women already diagnosed with ovarian cancer and who have recently completed chemotherapy. Researchers will investigate proteins in the blood and compare the results of this test with that of CA-125 for predicting recurrence.

Assuming that the new test is better at predicting the recurrence of ovarian cancer, researchers hope that the test can eventually be used as an actual screening test for early-stage ovarian cancer. “We hope eventually to have an accurate ovarian test similar to a pap smear, so that a woman can just get a simple ovarian cancer test during her yearly exam,” said Havrilesky. *

Exposure to Pesticides May Affect Cancer Treatment

Cancer patients who have been exposed to pesticides may have a different reaction to their treatments than those patients who have not been exposed, researchers at Duke University Medical Center found. Thus, they suggest that patients inform their oncologist of any significant pesticide exposure they may have had.

Anil Potti, MD, principal investigator of the study, found that patients who have been exposed to pesticides for 2400 hours over their lifetime have a different molecular profile than those who have not been exposed. Their bodies react differently to some types of cancer therapy, according to Potti. For the group of exposed patients, some may actually have a more positive reaction to a particular drug while others may have a lower success rate.

Potti’s research team studied nearly 200 patients with extensive stage small cell lung cancer (ESSCLC). This type of lung cancer comprises 20 percent of all lung cancer cases.

...Patients who have been exposed to pesticides for 2400 hours over their lifetime have a different molecular profile than those who have not been exposed.

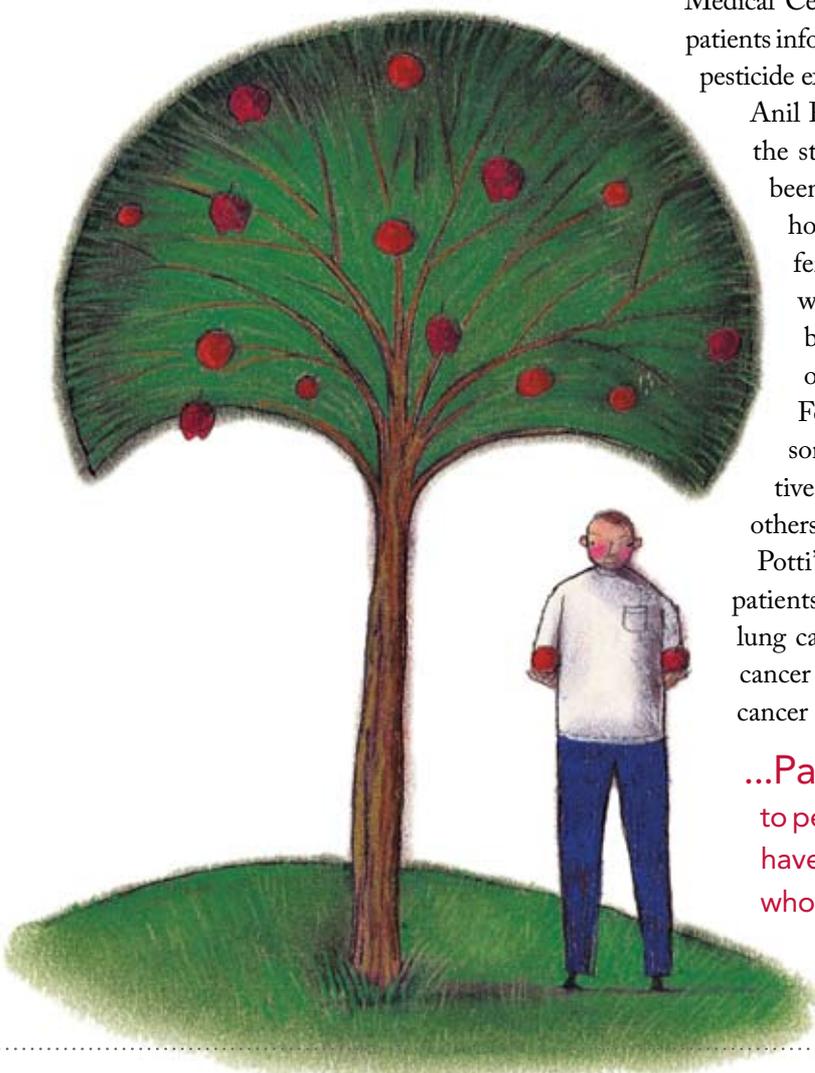
Potti and his team previously discovered that in more than a quarter of ESSCLC patients, the HER-2/neu gene was overexpressed. In this most recent study, researchers found that three-quarters of the patients with an overexpressed HER-2/neu gene had been exposed to pesticides, while only 39 percent of those without the overexpression had a history of significant pesticide exposure.

Potti plans to continue his investigation of how certain groups of cancer patients react differently to treatments compared to the larger population of cancer patients.

Seed money to fund Potti’s research came in part from a memorial gift given by the family of Claus Strohlein to Duke Comprehensive Cancer Center researcher Jennifer Garst, MD. Strohlein’s wife Emilie, son Frank, and daughter-in-law Susan donated the gift to Garst, who treated Strohlein after his diagnosis with lung cancer. The family wanted the donation to support new and promising research such as Potti’s. *



Anil Potti, MD



First

name



LAWRENCE MARKS, MD Radiation Oncologist and Researcher

Many doctors know at a young age that they want to be a physician. Not me. I was always interested in math and the physical sciences like physics, and believed I would be a high school math teacher. I grew up in New York City and received my

undergraduate degree from the Cooper Union School of Engineering in Manhattan. I really enjoyed college and met my wife Caryn there.

I had summer jobs as an engineer; and while I enjoyed the math and science, I couldn't imagine engineering as my career. My parents, who had always wanted me to go to medical school, convinced me to take the Medical College Admission Test (MCAT). I attended the University of Rochester School of Medicine, and liked many of the science classes. Later, I realized how much I enjoyed helping patients. Still, I had a tough time identifying a specialty. So much of medicine was qualitative, and many of the patients had non-serious problems that largely healed on their own.

I went looking for my niche—a place where I could apply engineering principles to serious medical problems. Caryn, who was also a medical student at Rochester, actually discovered radiation oncology, and that became my focus.

Oncology is a field where I felt I could really make a difference. I still feel that way. We help patients with serious problems. In radiation oncology, there's an opportunity to use a lot of math and physics; I still carry a protractor in my pocket.

Most of the patients I care for have lung or breast cancer. On a typical day in clinic we see new patients, patients who are currently being treated, and patients already treated. It's important to me that our patients understand what is happening to them and that they feel comfortable with their treatment. I try to make my patients feel relaxed. I've even been known

to sing if the feeling hits me—usually show tunes. Occasionally, I'll get requests from my patients for particular songs. That's amazing since I don't sing well, but the patients seem to get a kick out of it. I like to tell jokes, too.

I also enjoy teaching and research. Medical students and residents often join me in clinic. I've taught several classes at Duke and really like the interactions with students. I'm particularly proud of the Master Clinician/Teaching Award I received from Duke in 2004. My research group studies the impact of radiation on normal tissues and is working to develop methods to minimize the risks of radiation. This is where the physics and math come in. We use radiation planning tools to determine how

"Oncology is a field where I felt I could really make a difference. I still feel that way. We help patients with serious problems."

much radiation to give parts of the lung and heart, and then assess how the function of these organs changes as a result.

My days are full. Caryn is an anesthesiologist and usually leaves the house early. I am at home with the kids (ages 16, 13, and 11) in the morning, mostly as a referee settling sibling disputes. I usually arrive at Duke by 8:00 a.m., and by the end of the day look forward to going home to see my family. With three active kids, and my parents and my wife's parents (who all live in the area), our family life is full and fun.

I love what I do and especially love that I work at Duke. The wide variety of tasks—patient care, teaching, research—make my job exciting. No two days at Duke are similar, but that's what keeps it interesting.

Mary Ann Robbins, RN, BSN, OCN

Like Dr. Marks, I didn't think about going into medicine when I was young. I started out as an education major at the University of North Carolina at Chapel Hill. My roommates thought that I would be a good nurse and suggested I look into nursing. I loved it from the first class. Between my first and second year in nursing school, I had a nursing internship at Duke where I was exposed to fabulous nurses that made me fall in love with oncology.

After graduation, I moved to Tallahassee and worked on an oncology floor where I mixed and administrated chemotherapy. I then moved to Fort Worth where I began my career in radiation oncology. In November 2000, I moved back to North Carolina and began working with Dr. Marks in radiation oncology.

My day starts when I drop off my 13-year-old German shepherd Heidi with my 83 year-old father, and then it's off to work. During an average day, we will see anywhere from 20 to 50 patients. Some will be new consults, some will be follow-ups, and other patients will be going through their radiation therapy for a weekly treatment visit. Our days are very busy, but I absolutely love it. Dr. Marks makes the days a lot of fun with his singing and his jokes. And at the end of each day, Dr. Marks takes the time to thank me and everyone that has helped in the clinic.

My job brings me challenges every day, but I also look for challenges in my personal life I entered—and completed—my first triathlon in September.

When people find out that I work in oncology, they always ask me if it is a depressing job. There are times when I am sad about a case, but I'm never depressed about my job. I get to see the human spirit triumph in times of adversity. I get great satisfaction knowing that I have made a difference in someone's life.

NANCY BUTTERWORTH

a patient's journey with cancer

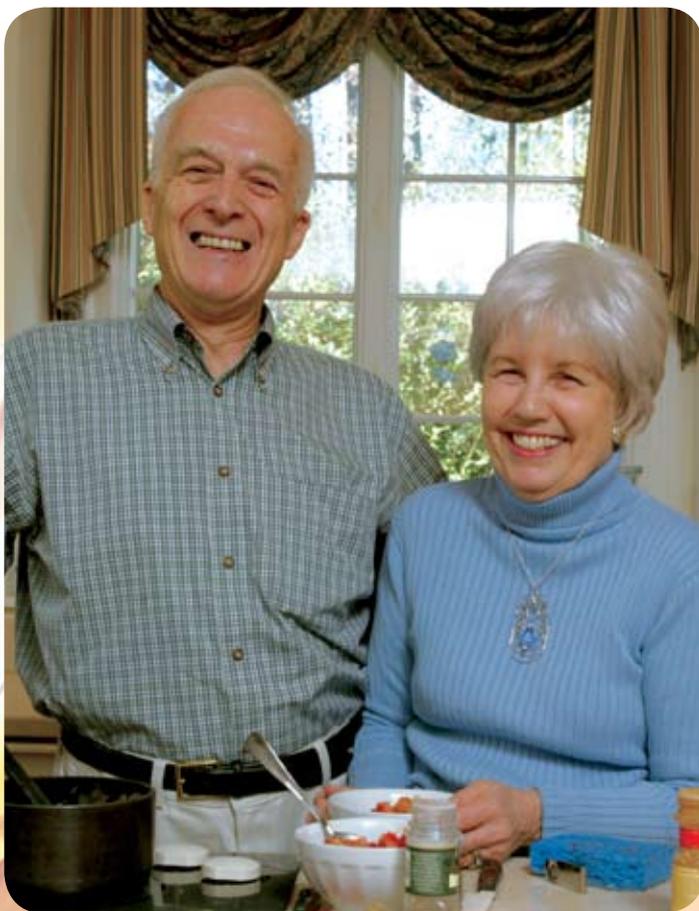
On the Friday after Easter 2005 the unthinkable

occurred: I discovered a lump in my breast. Fear drove me to fast action. I was at Duke on Monday.

One of the reasons my husband Tony and I moved to the Triangle area of North Carolina was its reputation for good medical care. Throughout our lives, we have lived near some of the best hospitals in the country. We know that having that kind of access can be the difference between life and death.

My treatment began with two breast surgeries followed by chemotherapy. I took part in a well-structured Phase III clinical trial. The treatment assigned to me was a high dose of Taxol given over a short period of time. The chemotherapy was followed by daily radiation for six weeks. Arimidex is now my lifetime follow-up treatment taken in pill form. Trials have shown that post menopausal women apparently have excellent long-term results with this drug.

"While my life has revolved around my various treatments, I still find time for fun. I enjoy being with my three grandchildren, painting, gardening, and taking short trips. Friends and family have been the bedrock of my healing, providing companionship and all sorts of help."



Early in my treatment, I read *Dr. Susan Love's Breast Book*. Dr. Love said that cancer changes your life. I said to myself, "Well, it won't change mine." I was going to keep living my life as I always had. I was wrong. Aggressive confrontation of the disease means days that revolve around tests, checkups, therapies, and a slowed-down lifestyle.

But at age 70, I can't feel "poor me." Most people my age are experiencing some ailment that requires medical care. I have watched young mothers and small children working to beat cancer. For me, they are the real profiles of courage.

The radiation department at Duke is a very positive place. The way the waiting rooms are set up makes it easy for patients to talk to each other. The volunteers and staff have made me

feel like I was in the company of friends. The quiet efficiency of nurse Mary Ann Robbins smoothed the way for patients like me. Close communication between the various doctors, nurses, and other staff members made me feel cared for, and Dr. Marks has spent as much time with me as I needed to answer my questions and to explain exactly what would happen to me so there wouldn't be any surprises.

While my life has revolved around my various treatments, I still find time for fun. I enjoy being with my three grandchildren, painting, gardening, and taking short trips. Friends and family have been the bedrock of my healing, providing companionship and all sorts of help.

Prior to my diagnosis, I had retired. Earlier on, I had been an elementary school teacher, author, editor, and real estate agent. Since my diagnosis, fighting breast cancer has become my new full-time job. My husband Tony and I are partners, so he has made it his full-time job to make me feel better. *

A Caretaker's Advice: Tony Butterworth

After 45 years of marriage, I've finally learned to cook! That's one of the many ways in which my life has changed. My main goal right now is to help Nancy fight cancer. Over the last year, I have learned a few tricks that may help other caretakers:

1. Make the patient feel special. After treatments, women may feel less attractive and need reassurance on that score.
2. Read about cancer from trusted resources, and don't be afraid to ask doctors questions. There is a lot of misinformation out there so you need to keep informed.
3. When the patient is seeing a doctor, be there to take notes. The two of you will come away with more accurate information.
4. Help with as much of life's 'nitty gritty' as possible. Make sure bills are paid, chores are done, and lots of life's details are taken care of so the patient doesn't have to think about that.

AWARDS AND APPOINTMENTS

CANCER RESEARCHERS RECEIVE \$22 MILLION GRANT

A \$22.3 million grant from the federal government will fund a radiologic anti-terrorism center at Duke University Medical Center. Three members of the Duke Comprehensive Cancer Center have been chosen to direct the new Center for Medical Countermeasures Against Radiation at Duke. Nelson Chao, MD, director of the Duke Adult Bone Marrow Transplant Program; Mark Dewhirst, DVM, PhD, professor of Radiation Oncology; and John Chute, MD, associate professor of Cellular Therapy, will work with researchers at more than a dozen universities, pharmaceutical companies, and research institutions to create rapid and inexpensive screening tests to determine one's exposure to radiation as well as to develop new drugs to treat radiation exposure.

"We must develop a range of different products and medical approaches to protect and treat the population," said Chao. Already underway are studies to bolster the natural abilities of human growth factor and hemotopoietic (blood) stem cells to rescue bone marrow after radiation damage. This discovery and others will not only help determine how to treat those who could be affected by a terrorist attack, but will ultimately play a role in the treatment of patients undergoing stem cell transplants, therapeutic radiation for cancer, and immune recovery among patients with faulty immune systems.

The latest technology being pursued by the Duke researchers is a rapid exposure test that uses lasers to measure the changes in luminescence of tooth enamel, which changes following radiation exposure. The grant was funded by the NIH's National Institute of Allergy and Infectious Diseases. *



Nelson Chao, MD



Mark Dewhirst, DVM, PhD



John Chute, MD

DUKE ESTABLISHES NEW PROGRAM TO IMPROVE PATIENT CARE

Complementary and alternative medicine is defined as therapies that are often used by patients to promote wellness and to manage symptoms associated with cancer and the treatment of cancer. When properly combined with standard cancer treatments such as radiation or chemotherapy, some complementary therapies have been shown to enhance wellness and quality of life.

The Duke Integrative Oncology Program was recently established to ensure that cancer patients at Duke receive the most effective and comprehensive care available. The goals of the program are to identify best practice cancer care and to understand how best to integrate complementary and alternative therapies into care plans.

Oncologists Amy Abernethy, MD, and Heather Shaw, MD, and Tracy Gaudet, MD, director of Duke's Center for Integrative Medicine, are directors of the program. The organization will focus on evaluating complementary and alternative medicine practices, such as using ginger for the management of nausea and vomiting and incorporating personal spirituality into treatment, to determine what practices are most beneficial to patients.

"We need to understand how patients are feeling and what their needs are, and determine which treatments are working, which aren't, and why."

AMY ABERNETHY, MD

"There are a number of researchers at Duke studying complementary and alternative practices which could potentially be beneficial for cancer patients," explained Shaw. "We

want to create a collaborative environment at Duke in which researchers can share their findings with other researchers and with clinicians who can then share the information with patients."

"We believe that the Integrative Oncology Program will allow Duke to better realize its goal of patient-centered care," said Abernethy. "We need to understand how patients are feeling and what their needs are, and determine which treatments are working, which aren't, and why."

One of the program's first pilot projects will incorporate the use of an e-tablet computer and the Cancer Care Monitor (CCM) repeated symptom assessment system. This system enables patients to record their symptoms and experiences in an e-tablet while in the waiting room. That information will then be transferred electronically to their records, so that when patients are seen, their physicians already have the information. The information is then kept on record for reference in future appointments.

A second pilot project is Pathfinders, an initiative designed to coordinate mind, body, and spirit interventions tailored to individual patient's needs. Patients are matched with a trained "Pathfinder" who provides unbiased guidance on complementary medicine, self-care, mind-body techniques, end-of-life planning, and spiritual connectivity. This project is in the early stages of development at Duke, so participation is currently limited. *

Berchuck Awarded Prestigious ACS Professorship

Andrew Berchuck, MD, co-leader of the Duke Comprehensive Cancer Center's Breast and Ovarian Oncology Research Program, was recently selected as the first recipient of the American Cancer Society's (ACS) Barbara Thomason Ovarian Cancer Professorship. The professorship was created to support an outstanding researcher who is contributing to the knowledge and understanding of ovarian cancer, with the intention that it will subsequently benefit women with improved treatment or prevention of this disease.

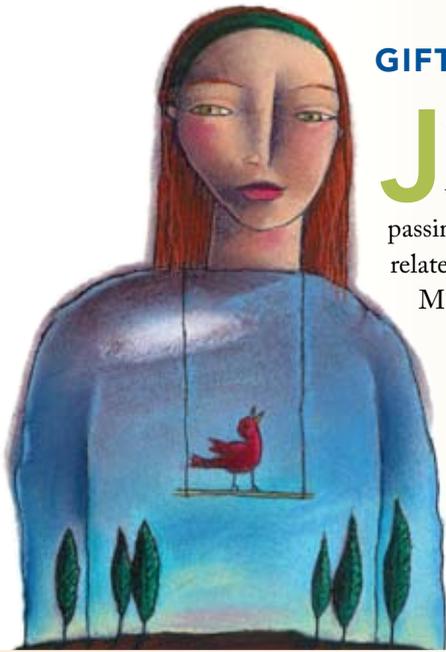


Berchuck, who was chosen through a rigorous peer-review process of candidates from across the country, will receive \$100,000 a year for five years to continue his research on heredity as it relates to ovarian cancer.

Duke Post Doc Receives Bell Award

The Duke Comprehensive Cancer Center (DCCC) has awarded the 2005 Bell Award to Leta K. Nutt, PhD, a postdoctoral fellow at Duke University's School of Medicine. The Bell Award, endowed by Dr. Robert M. and Barbara R. Bell, is given annually to a postdoctoral fellow who has demonstrated exceptional abilities in basic cancer research based on work accomplished entirely at Duke. Dr. Bell founded and chaired the Department of Molecular Cancer Biology at Duke and is the former deputy director and acting director of the DCCC. Nutt won the award based on her research of the links between metabolism and regulation of cell death. She works for Sally Kornbluth, PhD, in the Department of Pharmacology and Cancer Biology.





GIFT TO AID IN BREAST CANCER RESEARCH

John Laurino of Wilmington, N.C., has recently given two charitable gift annuities valued at approximately \$1.5 million to the Duke University Medical Center. The donations, which are called life income gifts, will pay Laurino an annuity for his lifetime. Upon his passing, the gifts will be used as follows: Nearly half will be used for breast cancer research and related initiatives of radiation oncologist Lawrence Marks, MD. (See page 4 to learn about Marks.) Another 47 percent will go to the education of residents in the Department of Surgery, and the balance is directed to the Department of Ophthalmology.

While Laurino has never been a patient at Duke, he's been very happy about the care his friends have received at Duke. "The doctors and other staff members I've met at Duke have been great. They are so helpful," says Laurino. One employee in particular—Cecil Wallace—went beyond the call of duty in helping a friend of Laurino's. "Mr. Wallace is one of the main reasons I'm giving to Duke," said Laurino. Wallace is a director of Duke's Private Diagnostic Clinic, where one of Laurino's friends was being treated by Marks for breast cancer. *

2005–2006

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CITIZENS MAKE A DIFFERENCE IN THE FIGHT AGAINST CANCER

In 1974, just one year after the Duke Comprehensive Cancer Center was established, William Shingleton, MD, created the Citizens Advisory Committee (CAC). As director of the Cancer Center, Shingleton said the mission of the CAC was "to discuss with citizens in the community and region our ideals and goals for the Cancer Center" and to exchange ideas that would be helpful to the Cancer Center and to the community. Eleven citizens were recruited to join the committee.

Thirty-two years later this volunteer group, now known as the Citizens Advisory Council, is comprised of more than 70 current and emeritus members. Serving in an advisory capacity, the CAC serves as a liaison between the Cancer Center and the community, offering advocacy and support for research and patient care initiatives.

"Our mission is still very much the same as it was in 1974," said current CAC Chairperson Ross Harris. "We are a true grassroots organization and it's our job to reach

Pat Joklik was at the very first CAC meeting in November of 1974 and remains an active member today."

Joklik became involved with the CAC because of her desire to help patients and families battling the disease. She and other CAC members were also instrumental in the development of Caring House, a hospitality house for cancer patients seeking treatment at Duke. Joklik is the wife of Wolfgang Joklik, D. Phil, who served as chairman of Duke's Department of Microbiology and Immunobiology for 25 years, and was also chairman of Duke's Cancer Planning Committee. The committee was established in 1971, and Dr. Shingleton served as vice-chairman. Together, Drs. Joklik and Shingleton wrote the various grants that resulted in Duke being awarded a Comprehensive Cancer Center, including grants for the construction of the Jones and Morris buildings and the Core Grant which provides critical support for both administration and research.



Pat Joklik and Ross Harris

"Like me, Dr. Shingleton felt that at that time we were making progress in cancer research at Duke, and that we should expand our efforts," said Dr. Joklik.

"The folks that serve on the CAC are often people who have had family and friends with cancer, and they simply want to give back and make a difference," continued Dr. Joklik. "There is more to be done in the fight against cancer so the CAC remains a critical part of the Duke Comprehensive Cancer Center." *

"There is more to be done in the fight against cancer so the CAC remains a critical part of the Duke Comprehensive Cancer Center."

WOLFGANG JOKLIK, D. PHIL

out to others and inform them about Duke's significant research achievements and excellent patient care and to garner support to ensure that the research continues until a cure is found."

"This is a group of extraordinary individuals long committed to the fight against cancer," said Jeff Woods, a member of the Cancer Center development staff and the key staffer for the group. "Many of our members have been involved since the earliest years.



Ruby L. Wilson, PhD, RN

The 15th annual Tree of Hope lighting

ceremony was held December 5, 2005, in the Garden of Tranquility outside of the Morris Cancer Clinic to benefit the Duke Cancer Patient Support Program (DCPSP). The program's mission is to support patients and their families as they cope with the changes cancer inflicts upon them. More than 400 lights illuminated the Nancy Weaver Emerson Tree of Hope to honor and memorialize loved ones. Ruby L. Wilson, PhD, RN, former dean of the School of Nursing, was honored as this year's Light of Hope for her leadership in the development of the DCPSP and for her work on behalf of cancer patients.

ASK

THE EXPERT



INTERVIEW WITH DANIEL GEORGE, MD

Prostate cancer is one of the most common types of cancer for men. According to the American Cancer Society, more than 232,000 men will be diagnosed with prostate cancer this year. We spoke with Daniel George, MD, director of genitourinary medical oncology at Duke's Comprehensive Cancer Center, about the risk factors and treatments for the disease. To make an appointment with Dr. George, call (919) 668-8108, option 3.

Who should be tested for prostate cancer?

Dr. George: Men should get an annual Prostate-Specific Antigen (PSA) test and a Digital Rectal Exam (DRE) after reaching the age of 50. Men who have a family history of prostate cancer or who are African American should begin annual testing at age 40. Since there are few symptoms of early-stage prostate cancer, it's important to get the tests performed annually so the disease can be diagnosed early, when the five-year survival rate is 99 percent.

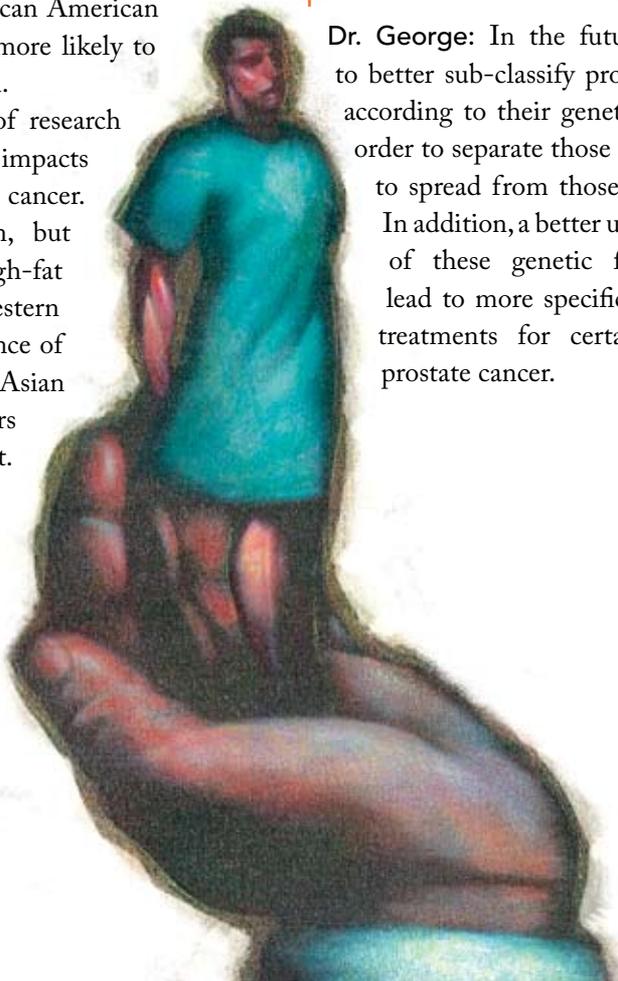
How reliable are these tests?

Dr. George: As with many medical tests, those for prostate cancer are not perfect. Many men may have elevated levels of PSA in their blood, but do not have prostate cancer. Some men may get a negative reading on the DRE but still have the disease. That's why it's best to have both tests done annually.

Are there things I can do to reduce my risk of getting the disease?

Dr. George: The biggest risk factor is simply being a male. One in six men will develop prostate cancer at some point in his life. A family history of prostate cancer also plays an important role. Also, for unknown reasons, African American men are two-and-a-half times more likely to get prostate cancer as white men.

There has been quite a lot of research conducted investigating how diet impacts the rate of developing prostate cancer. There's no definite conclusion, but many researchers believe that high-fat diets increase the risk. Men in Western countries have a higher occurrence of prostate cancer than those in Asian nations, and some researchers speculate it is because of diet. Some researchers hypothesize that taking anti-oxidants such as Omega 3 or hormonal modifiers may lower the risk, but at the present time, I do not believe there's been enough research to prove that.



How do you decide the proper treatment for those who are diagnosed with prostate cancer?

Dr. George: Prostate cancer is a slow-growing disease. A majority of men with prostate cancer will not die from the disease. Since it is slow growing, patients will usually have time to discuss with their doctor and family what action—if any—should be taken. There is a huge variation of disease progression—from a few years to decades. For those very slow-growing cases, we usually suggest “watchful waiting.” With this course of action, we monitor PSA levels regularly. Assuming the PSA levels do not rise significantly, we don't do anything. We usually recommend watchful waiting to those patients who have other health problems as well as those who are older.

For those men who receive treatment, there are several options. First, there's surgery to remove the prostate gland. There are also several types of radiation that will kill the cancer. Some doctors may even suggest freezing the prostate gland. Those who are at a high risk for having the disease spread may get hormonal therapy or have testosterone reduction in addition to local therapy.

What does the future hold for prostate cancer research?

Dr. George: In the future, we hope to better sub-classify prostate cancers according to their genetic profiles in order to separate those cancers likely to spread from those that are not. In addition, a better understanding of these genetic features may lead to more specifically targeted treatments for certain types of prostate cancer.

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To contact Duke Comprehensive Cancer Center's Office of Development call (919) 667-2600.

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To make an appointment call

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