A PUBLICATION FOR FRIENDS OF DUKE COMPREHENSIVE CANCER CENTER

Duke Comprehensive Cancer Center notes

www.cancer.duke.edu

Jeff Danner and Heather Benjamin with Rachel and Harrison Danner, and Scott Balderson (team captain) with wife Christina and children Carter and Isabelle.

After Ten Years, a Bike Ride Turns into a "Big Event" for Cancer Research at Duke

One lone bike ride from Greensboro to Durham in 1995 has turned into one of the largest fundraising events in the Triad of North Carolina, "The Joann Gaddy Grimes Big Event to Fight Cancer." Ten years and more than $2 million later, longtime Cancer Center supporters and organizers of the event David and Joann Grimes continue to expand the event and offer new and exciting activities for the entire family.

On Saturday, May 15 in Greensboro, NC, at Hagan-Stone Park, the Big Event drew a crowd of nearly 300 including dozens of Duke Cancer Center physicians, nurses, and staff who sported Team Duke t-shirts.

The event raised more than $300,000 and featured a 100K bike ride, 28-mile scenic bike ride, a 5K walk or jog, and a Classic Car Show. Becky Lakey was the top fundraiser for the seventh year in a row. All proceeds from the event support new and innovative research and treatments at the Duke Comprehensive Cancer Center.

> "This is the only Duke event that benefits the Cancer Center directly, which means the funds raised can be invested in many different areas of cancer research and treatment."
>
> *H. Kim Lyerly, MD, Director*

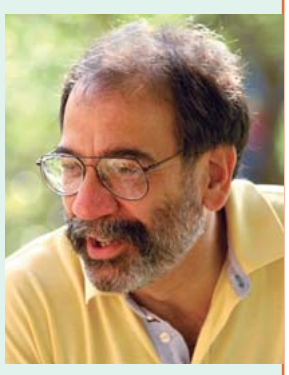
This year, the Big Event was dedicated in memory of Nancy Weaver Emerson who passed away in September 2003 after a courageous 20-year battle with cancer. The honorary event chair was Shirley Spears, a Cancer Center board member who lost her husband to cancer in 2002. ●

Event founders and organizers Joann and David Grimes celebrate a tenth year of success.

Tug McGraw Center for Neuro-Oncology Quality of Life Research at Duke is Established

In May, The Tug McGraw Foundation announced the proposed creation of The Tug McGraw Center for Neuro-Oncology Quality of Life Research at Duke. The center will be a component of The Brain Tumor Center at Duke and will conduct medical research specifically focused on enhancing the quality of life of both pediatric and adult brain tumor patients as well as their families. The center is named in honor of legendary baseball player Tug McGraw, who was treated at The Brain Tumor Center at Duke in September 2003, and passed away on January 5, 2004.

Said **Henry Friedman, M.D.**, neuro-oncologist and co-director of The Brain Tumor Center at Duke, "With the creation of this center, The Tug McGraw Foundation has begun to address the important issues surrounding quality of life in order to assure that all people with brain tumors are able to have the best possible life they can have. We are tremendously excited and honored to continue Tug's legacy."

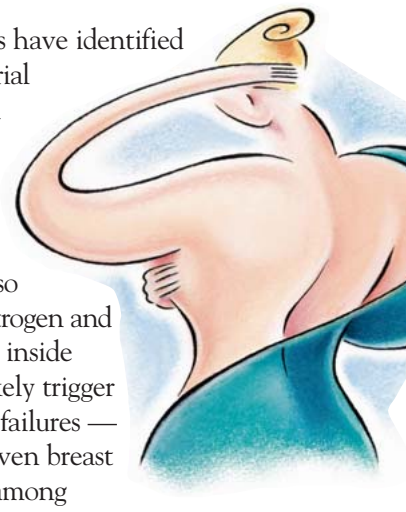


Henry Friedman, MD

"The Tug McGraw Center for Neuro-Oncology Quality of Life Research at Duke will specifically address the wide range of factors that contribute to overall quality of life of brain tumor patients, including the social, emotional, cognitive and spiritual impact of brain tumors as well as the physical impact of the disease upon patients and their families," said **Bebe Guill, M.Div.**, director of quality of life programs and services at The Brain Tumor Center at Duke. "Funding from the Foundation will enable researchers to increase their knowledge about these factors." ●

Summer 2004 What's inside

Solvent, Common Drug Plus Hormones Raise Risk of Reproductive Failures and Breast Cancers



Researchers have identified an industrial solvent in the environment and a frequently prescribed drug, valproic acid, as compounds that so potently boost estrogen and progestin activity inside cells that they likely trigger the reproductive failures — and potentially even breast cancers — seen among women exposed to these chemicals.

Moreover, many women who are unknowingly exposed to these compounds could be at increased risk for hormonally related cancers, miscarriages and irregular ovulation, said the researchers from the Duke Comprehensive Cancer Center.

Their findings suggest that estrogen and progestin alone may not be the sole triggers for the increased risk of invasive breast cancers in postmenopausal women who take hormone replacement therapy. Rather, it may be that select women who are exposed to hormone-sensitizing compounds are put at higher risk for cancer and cardiovascular events.

In fact, there may be dozens or even hundreds of similar compounds throughout the environment that can sensitize cells in the body to hormones such as estrogen, progestin and even testosterone, said Duke pharmacologist and principal investigator of the study Donald McDonnell, Ph.D.

He said his current findings should raise awareness in the scientific and medical community about the importance of developing screening technologies to analyze various chemicals of this mechanistic class for their activity on hormones. ●

from the director

On July 13 and 14 in Baltimore, the Duke Comprehensive Cancer Center will partner with the FDA and a number of other prestigious institutions to sponsor a groundbreaking event in cancer research. The conference, "Accelerating Anticancer Agent Development and Validation," will bring cancer researchers from across the country together to focus on understanding and improving the process for drug development. By doing so, our hope is that we can determine how the development and validation process for new cancer treatments can be expedited so that these treatments can be made available to patients faster.

In the past, it has taken 12 to 15 years to test and receive approval for new cancer drugs. That is too long. This conference is the beginning of a unified effort to completely reevaluate how we develop and deliver new therapies to prevent and treat cancer. In the future, we must exploit the major advances in genomic technology and informatics to profile patients and their cancers, designing treatments tailored to an individual, and monitoring treatment responses using validated biomarkers. In this post genomic era, researchers will use prognostic and predictive markers, and functional imaging to determine which patients need treatment, and which new drugs and treatments will be effective.

I am honored to be chair of this event and to have the opportunity to work with representatives from the FDA as well as the National Institutes of Health/ National Cancer Institute; American Association for Cancer Research; American Society of Clinical Oncology; Friends of Cancer Research; and the Duke Clinical Research Institute, all of whom are also sponsoring the event. The bringing together of FDA experts along with faculty from academia, industry and consumer groups to strategize about this critical topic is unprecedented, and I am very pleased that the Duke Comprehensive Cancer Center is at the forefront of this effort.

Sincerely,
H. Kim Lyerly, MD
Director

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New Leadership at Duke

Richard H. Brodhead Named Ninth President of Duke University

Richard H. Brodhead, dean of Yale College and the A. Bartlett Giamatti Professor of English at Yale University, has been elected Duke University's ninth president.

The 56-year-old Brodhead was selected by Duke's Board of Trustees. He succeeds Nannerl O. Keohane on July 1, 2004. Keohane announced in February 2003 that she planned to step down after 11 years in the presidency to return to teaching and research.

"I am tremendously excited to join a university that has already established itself in the top rank of institutions, yet is still so up-and-coming," Brodhead said. "Duke is a school with a taste for excellence, the energy and optimism to aspire to it, the dynamism and lightness of foot to actually make required changes, and the ability to avoid complacency in the face of accomplishment."

Robert K. Steel, vice chairman of the board of trustees who led the 19-member search committee of trustees, faculty, students, staff and alumni, said Brodhead was the committee's unanimous choice after an intensive review of some 200 candidates.

"He also sees exciting opportunities for synergy between our world-class medical center and other programs across Duke. We heard from many people who know Dick and saw first-hand during our conversations with him that he is remarkably eloquent and well versed in the key issues affecting higher education, a careful listener, a thoughtful strategist, an intellectual of great breadth, a leader and a consensus builder of the first rank. And he has a wonderful sense of humor, which is a prerequisite for a university president," said Steel. ●

Victor J. Dzau, M.D., Selected to Lead Duke University Medical Center

Victor J. Dzau, M.D., a distinguished physician-scientist and academic and administrative leader at Harvard Medical School and the Brigham and Women's Hospital in Boston, will become Duke University's next chancellor for health affairs, Duke University President Nannerl O. Keohane announced on April 27. Dzau, 57, will succeed Ralph Snyderman, M.D., who announced in March 2003 his plans to step down at the end of June 2004 after 15 years as the university's senior medical official.

The chancellor for health affairs also serves as the president and chief executive officer of the Duke University Health System (DUHS). Dzau was elected to that post at the DUHS board of directors meeting on May 6.

Dzau is an authority in cardiovascular diseases who has also been a leader in administering large health-care organizations, treating patients and educating students. He was recommended to the board by Keohane and President-elect Richard Brodhead following a national search by a 14-member advisory committee that reviewed more than 70 candidates.

Dzau said Duke's "medical enterprise is among the best in the world" and he "looked forward to building on the university's strengths in teaching, research and patient care."

"I am honored to be chosen by Presidents Keohane and Brodhead to lead the Duke University Medical Center and Health System at this challenging yet exciting time for academic medicine and biomedical research. Duke has a reputation for excellence and innovation in medical care and research that is envied across the nation and around, the world," Dzau said. ●

Research notes

New Breast Pap Smear Detects Early Cellular Changes; May Prevent Onset of Cancer

Long before a woman feels an ominous lump in her breast, Victoria Seewaldt, M.D., can test her for subtle signs that breast cancer may be brewing in her breast. Never before has such a possibility existed, and Seewaldt is brimming with excitement.

"This is potentially the 'breast pap smear' that we never had before," said Seewaldt, a scientist and breast oncologist at the Duke Comprehensive Cancer Center. "Just as we do with a cervical pap smear, we can now survey cells from the whole breast, examine them under the microscope and test for early changes that often precede breast cancer. Then we can give women a preventive agent to see if we can eradicate her abnormal cells and thus prevent cancer from developing."

The new test is especially useful for detecting changes in dense breasts, which are typically quite difficult to image using mammography.

Women aged 35 to 55 who are at high risk for breast cancer are eligible to join a clinical trial which is being offered at three centers nationwide (Duke, University of Kansas Medical Center, and Arthur G. James Cancer Hospital and Richard J. Solove Research Institute at The Ohio State University). High risk is defined as having two first degree relatives who had breast cancer; an abnormal breast biopsy or mammogram or a carrier of BRCA 1 or 2 — genes that confer a 90 percent lifetime risk of breast cancer.

Seewaldt said the ultimate goal of the clinical trial and its associated research is to identify which cellular changes progress to become cancer, and which cellular changes are benign. "What cellular changes promote the growth of breast cancer, and which agents can halt that progression? These are the questions we hope to answer." ●

Duke Scientists Overcome Immune Resistance in Dendritic Cell Vaccines for Cancer

Scientists have discovered why dendritic cell vaccines do not attack cancer as forcefully as expected, and they have demonstrated how to overcome this constraint by bolstering the vaccines' tumor-seeking machinery.

The findings present a novel method of equipping dendritic cells so they can activate the immune system to fight against cancers, said researchers from the Duke Comprehensive Cancer Center.

"Dendritic cell vaccines have shown promise in battling cancers in laboratory studies, but they have not met with quite the success in the clinical trials that laboratory studies suggest they should," said Yiping Yang, M.D., Ph.D., assistant professor of medicine and immunology, the lead author and principal investigator of the study. "Our study highlights what element is missing in dendritic cell vaccines that prevents them from activating the immune system, and we've shown how to insert that element."

Thus far, Yang and his team have tested the concept successfully in animals and plan to test the viral vaccines and the bolstered dendritic cell vaccines in lymphoma patients within the next several years. ●

Stafford Award

On April 29, Dr. Tannishtha Reya was presented the Stafford Award. The award was established as a memorial to Lisa Stafford, daughter of Jack and Deta Stafford. The $15,000 award was created by the Staffords and their friends, Wally and Jan Abbott, to recognize a promising researcher in leukemia or bone marrow transplantation. Dr. H. Kim Lyerly, director of the Cancer Center, presented the award and said, "Dr. Reya is an outstanding researcher. Her work in bone marrow transplantation has been groundbreaking and has been lauded by the scientific and popular press. She is truly a young and rising star in the Cancer Center."

"I have received other funding awards," said Dr. Reya. "But this one is different, special. I feel truly honored to receive this award."

Unlikely Protein Boosts Metastatic Colon Cancer Growth

Researchers have identified an unlikely protein that enables colon cancer to flourish and thrive once it has spread or "metastasized" to the liver. They suggest this protein could be a potential target for blocking the growth of metastatic colon cancers.

The protein, called periostin, is normally produced by bone cells, but the researchers found unexpectedly high levels of periostin within colon cancer cells that had spread to the liver. Upon closer examination, they discovered that periostin enabled cancer cells to escape their intended demise and to survive under the most hostile conditions, with reduced nourishment or oxygen. Moreover, periostin induced the growth of blood vessels near the tumor that would ultimately feed its growth, a process known as angiogenesis.

Principal investigator of the study, Xiao-Fan Wang, Ph.D., said the findings point toward the unexpected role of genes that are not considered classic "oncogenes" — those which play a critical role in the development of cancer. Rather, this gene and the protein it produces, periostin, are normal genetic elements of bone growth that are somehow erroneously activated by the colon cancer machinery gone awry. They don't cause cancer, yet they modify its behavior once it has grown, he said.

"It is useful to know which genes are elevated in cancer and to use that information to diagnose the disease, but it is extremely beneficial to understand why these genes function the way they do, so we can modify or block their actions with highly targeted therapies," Wang said. ●

New Analysis Gives Cancer Patients Personalized Prognosis

Researchers at Duke University have developed a new analytical approach that combines genetic and clinical data to give cancer patients an individualized prognosis of their cancer recurrence. The information could prove critical in deciding how aggressively to treat the disease following surgery.

"Currently, it is primarily traditional clinical information alone that aids in understanding a patient's risk profile," said Mike West, Ph.D., Arts & Sciences professor of statistics and decision sciences at Duke and lead author on the study. "However, the resulting predictions typically lump patients into broad categories. Access to detailed genomic information now provides the opportunity to move far beyond this — toward customized risk predictions and prognoses more widely, for the individual patient."

"Cancer is an extremely heterogeneous disease," said co-author Joseph Nevins, Ph.D. "Therefore, every cancer has its own distinct properties. Our approach allows us to capture characteristic patterns underlying those different disease states and to utilize that information to make informed predictions about a patient's risk of recurrence that can then be applied to make the best treatment decisions." Nevins is director of the Center for Genome Technology of the university's Institute for Genome Sciences and Policy and James B. Duke professor of molecular genetics and microbiology at Duke University Medical Center. ●

firsthand

Firsthand Erik Hansen, battling lung cancer

In the spring of 2001, I started having symptoms of what we thought was pneumonia. After several rounds of antibiotics, things didn't clear up, so my general practitioner suggested I see a pulmonary specialist. In October 2001, they did a CAT. Then I got the call that you never forget. 'We ran through all the tests, and you've got lung cancer.' The non-small cell lung cancer was already at stage four. It was quite a shock.

I knew I needed to see an oncologist quickly, and the Duke oncologist who was recommended to us had a full schedule, so they suggested I see a new physician on the staff, Dr. Dunphy. We went to see him, and he was very good. He did the obligatory run through the statistics. He was very up front and said that most patients with the kind of lung cancer that I had didn't survive more than a year. But he said there are lots of things that we can do. He ran me through a PET (Positron Emission Tomography) scan and bone scan, and we discovered that, in addition to the tumors in my lung, there were a couple of tumors in the vertebrae in my back.

We immediately started a chemo regimen of Taxol® and Carboplatin, and I tolerated the first chemo treatment pretty well. Then, when they hooked me up for the second treatment, I went into anaphylactic shock. After that episode we switched to a different set of chemo drugs and things went a little smoother. I also got radiation treatment for the tumors on my vertebrae.

My wife, Pat, was trained as a nurse, and she came with me to all of the doctor's appointments and was very involved. She and I and Dr. Dunphy and Karen Dukelow had many, many discussions about what the next steps should be. Often, Dr. Dunphy would have a suggestion, and Pat would throw something into the mix, and between all four of us we'd come up with a plan to move forward. We really worked together as a team.

We had talked several times with Dr. Dunphy about the pros and cons of removing the bad lung. He made us aware that this was not the standard treatment for someone in my condition, however, based on my general state of health and the fact that my other lung was completely normal we felt I might benefit from this procedure. So after lots of discussion, I went ahead and had my right lung removed. Dr. Dunphy suggested that we then go ahead with some additional chemotherapy, which we did, and things looked pretty good. But we still needed a longer-term plan to try to prevent further tumor development.

All this time I was getting scans about every three to four months to check progress. I had had my fill of chemo, so we started looking for alternative treatments. Dr. Dunphy recommended trying Iressa, a daily pill. I got into a clinical trial and started that last April. But a few months later, I started having some pain in the lower part of my right leg which turned out to be cancer. Then some additional tumors appeared in my lower spine. Since these tumors arose while I was still on Iressa, we figured the drug wasn't working for me, so we stopped that and I got radiation treatment for those spots instead. Dr. Dunphy then switched me over to Thalidomide, also a daily pill, which I'm on now. Since I've been on it, we haven't picked up anything new. I've been back at work on a full-time basis for quite some time now.

I think the combination of having good medical advice and a lot of prayer support has been helpful. Dr. Dunphy has looked at me as an individual, not as just a statistic. He's not afraid to try new things. Obviously when you get into a situation like this you try to learn as much as you can, and he always listens to what we have to say and works with us. In addition, Pat and I have a lot of faith, and there have been a lot of folks who have prayed for us. I'm a positive person, and I generally have a pretty good attitude and sense of humor, and I think that helps.

Going through a life-threatening experience puts things into a different perspective. Most people sort of take life for granted, then something like this happens and you realize what a thin thread we all are hanging on. It caused me to stop and think about not taking anything for granted, taking every day as it comes.

A Spouse's Perspective: Pat Hansen

"I remember the day we found out that Erik didn't have pneumonia – it was, of all things, lung cancer, in a man who never smoked a cigarette in his life. By the time it was caught it was at stage four. When the love of your life is diagnosed with a horrible case of cancer, the world as you know it just changes, and it's not the same ever again.

"Dr. Dunphy gives us the facts, but also realistic hope. He listens to our ideas and makes you feel like he's in it with you. We've said we want to do everything we can to fight this, and he has not left any stone unturned.

"Even within all the turmoil and shock and everything that you go through, there are blessings: kind words and people you would never have met if it weren't for this. It's wonderful to know that so many people really care about you. You just have to learn to enjoy the moments that you have. There are big breakthroughs every day, and you feel like if you can hang on, something will come around. For us, that's what has been working – keeping the faith."

Firsthand Dr. Frank Dunphy

I became a thoracic oncologist through a series of serendipitous occurrences, and it has worked out wonderfully. I enjoy what I'm doing and I'm around interesting, stimulating people, so I've been blessed.

I was accepted to the United States Naval Academy, but then developed medical problems and had to withdraw. After much thought, I knew I enjoyed science, so I decided to become a doctor. After I finished my residency, my wife was still in medical school so I decided to do a fellowship while she finished her training. There was a demand for oncologists, therefore, I pursued a medical oncology career, and I haven't regretted it for a minute.

I was a bone marrow transplanter for a decade at MD Anderson Cancer Center in Texas, and then I went to St. Louis University to help establish a bone marrow transplant program. After a few years there, my chief told me he needed someone to set up a head and neck cancer and lung cancer program. I resisted, however it turned out to be one of the best things I ever did. So I graduated from being a transplanter to becoming a lung and head and neck cancer doctor from 1995 to 2000.

In 2001, my wife was recruited to University of North Carolina, so I followed her to North Carolina and fortunately Dr. Jeff Crawford at Duke University Heath System, invited me to join him.

Karen Dukelow (a clinical nurse) and I work as a team. We split our time between seeing head and neck cancer patients and lung cancer patients. We offer a comprehensive program, ranging from novel cancer treatments to addressing issues of pain control, nutrition, family dynamics, intimacy, and death and dying.

We're in the clinic all day on Mondays and Wednesdays and all morning on Tuesdays and Thursdays. On a typical Monday, I wake up at 6 a.m. and get breakfast for my daughters. I drop my younger daughter at school, and by 8:30 a.m. we're in the clinic. We see about 20 patients, including new patients and follow-ups. We work straight through, and we're lucky if we're done at 5:30 p.m. Then I go to my office to enter chemo orders and billing information, schedule tests like CAT scans and bone scans, get blood counts, and return phone calls. I go home around 7 p.m., eat dinner, talk to my girls and my wife, Cherie, and put the girls to bed. By then it's 10:00, and sometimes I do dictations.

In addition to seeing patients, Karen and I conduct clinical research. To preform clinical research in this field, you need to be in the clinic, face-to-face with patients, so you can hear their questions. We are about to start a new clinical trial for lung and throat cancer patients, a two-week chemotherapy regimen that has proven effective and improved survival in breast cancer. Throat cancer patients often have sore mouths and difficulty swallowing, which can lead to nutritional issues and weight loss, so we are addressing innovative treatments including new lozenges and pain relief maneuvers for the mouth. Patients who've lost their voice boxes have difficulty communicating, which rises social and career difficulties that we're working to address. Finally, there are important family dynamic issues, including intimacy questions that arise when patients start to feel better. Lung cancer patients face similar problems.

Patients teach us how to do new things. Erik Hansen is a good example of that... Erik has advanced lung cancer, so we have treated him aggressively He is intelligent and articulate, and has helped us by reporting back to us outcomes of his new treatments.

Karen and I treat terrible diseases in an innovative fashion because standard therapy is frequently ineffective. In our work, there are a lot of ups and downs. It's a wonderful job and a depressing job and an emotionally intoxicating job - all at the same time. To me, it's life.

Firsthand Meet...Karen Dukelow, Thoracic Oncology Nurse

If Karen Dukelow's career had a soundtrack, it would be composed of beeps and ringing telephones. The near-constant sound of this clinical nurse's pager and phone is testament to the tremendous responsibility she has working with Dr. Frank Dunphy to care for patients with head, neck, and lung cancers.

Dukelow helps develop and manage patients' plans of care, gathers histories and information for new and returning patients, makes sure treatment orders are placed and follow-up care is arranged. She also arranges for patients to see other specialists if needed, and helps address social and psychological issues that arise during the course of their cancers treatment.

After raising three children, Karen earned her degree as a registered nurse in 1982. She worked at a small hospital in Batavia, New York, for a year, and then came to Duke Hospital in 1983.

"That's when I started working with oncology patients, and I knew that was where my heart was," she says.

With experience working in several different oncology clinics, Karen is a perfect ambassador for the Duke Comprehensive Cancer Center. She has been a nurse in cardiothoracic surgery, on the bone marrow transplant unit, and in general medicine for oncology and other patients. She also has administrative experience handling pre-certifications and insurance verifications, and supervising the appointment center for breast cancer, thoracic and GI cancers. In 2002, she heard Dr. Dunphy was looking for a nurse on his team and told him she was ready to come back to patient care.

"Karen is great with patients, and she has an excellent work ethic," Dr. Dunphy says. "Without her, we wouldn't be able to accomplish everything we do for our patients."

Karen loves her job, even with its ups and downs. "It's hard when patients aren't doing as well as we hoped, or are having complications. We see our patients every few weeks or months, and we really become close to them and their families. They put a lot of confidence in the treatment they're getting, so we hold their hands real tight going through this. Karen lets her patients know that she is avaible to them and they know they can call on her with any question. "If a patient has a question or concern, they need to have an answer as soon as possible; they can not wait until their next visit to the clinic.

"The most rewarding moments are when patients get a good result of a scan and they say, 'I want to hug you!'... and then they do!"

Profile on Dr. Hilliard Seigler
—Melanoma Pioneer


Dr. Seigler and Evelyn Nicholson, RN

Hilliard F. Seigler, MD, Professor of Surgery and Professor of Immunology, began his career at Duke 39 years ago. Today, he is considered a pioneer in melanoma research and care, treating more melanoma patients than any other physician in the United States.

Dr. Seigler's work with melanoma patients at Duke began in 1968 with an initial grant for the study of melanoma tissue antigens. In 1972, Dr. Seigler established the Multidisciplinary Clinics, and the Melanoma Clinic continued to grow under his leadership. Evelyn Morgan, RN, and Evelyn Nicholson, RN, were the original nurse oncology clinical specialists working with Dr. Seigler. Today, the Melanoma Study Group continues to involve surgical oncologists, medical oncologists, and radiation oncologists. The patient population numbers more than 18,000 patients referred from around the world.

As founder of the Duke Melanoma Clinic, Dr. Seigler has worked for many years in the area of defining normal tissue antigens and neoantigens associated with malignant transformation. The human immune responses to these antigens have been the focus of numerous studies. A number of innovative immunotherapy trials have been conducted by the Melanoma Study Group, and this has established Duke as one of the leaders in the field of immunotherapy. Dr. Seigler worked with Dr. Dell Stickel developing the Transplantation Program at Duke University Medical Center. Investigative studies by the Transplantation Investigative Group led to documentation of the importance of tissue typing as it relates to outcomes in organ transplantation. Similar studies led to identification of melanoma tumor-associated antigens and the immune response to these antigens. Dr. Seigler is recognized as one of the leading melanoma specialists in the world.

"I met Dr. Seigler 12 years ago and found him to be direct, professional and very busy," said Frank Courtney, a patient of Dr. Seigler and a member of the Duke Cancer Center's Board of Overseers. "I had the privilege of serving on the Melanoma Consortium, and in that capacity, I have come to know him not only as a doctor, but as a friend."

The Melanoma Consortium was established by Dr. Seigler, and with the assistance of members of the Duke Comprehensive Cancer Center, is held each year. The program is designed to offer patients with melanoma and their family members an opportunity to hear distinguished speakers provide information about cutting edge research and treatments of melanoma as well as other malignant disorders. The Consortium has been enthusiastically received by patients, their family members, and referring physicians, and continues to be attended with great enthusiasm.

Dr. Seigler continues to hold the position of Professor of Surgery and Professor of Immunology at Duke University Medical Center. His clinical duties now involve treating cancer patients at the Durham Veterans Administration Hospital (VA). He continues to teach residents and medical students and directs continuing education conferences at the Medical Center. Evelyn Nicholson, RN, has been the Chief Oncology Nurse Clinician involved with the Melanoma Study Group for more than 32 years. She has been vital in establishing the melanoma database, which has permitted publication of over 200 scientific manuscripts relating to melanoma research at the Medical Center. She will retire in July, 2004.

Dr. Seigler's commitment and care have made an impact on patients and colleagues alike, and he plans to continue to work daily with patients with all types of cancer.

"He will be as busy now as always," said Courtney. "He's not going to slow down."

"I no longer work directly with him now that he is at the VA," said Nicholson, "But if he called, I would do whatever he needed." ●

7 Distinguished Professorships Were Recently Awarded to Cancer Center Members

Duke University has awarded distinguished professorships to 25 faculty members, including 7 members of the Duke Comprehensive Cancer Center. The professors were recognized at a dinner on April 29 with other university distinguished professors — current and emeritus — in attendance.

Cancer Center members who received chairs were (effective July 1, 2004):


Francis Ali-Osman, D.Sc.
Margaret Harris and David Silverman Professor of Neuro-Oncology Research.


Haywood L. Brown, M.D.
Roy T. Parker Professor of Obstetrics and Gynecology.


Joseph B. Heitman, M.D., Ph.D.
James B. Duke Professor of Molecular Genetics and Microbiology.


Herbert Kim Lyerly, M.D.
George Barth Geller Professor for Research in Cancer.


Edward F. Patz, M.D.
James and Alice Chen Professor of Radiology.


Jonathan S. Stamler, M.D.
George Barth Geller Professor for Research in Cardiovascular Diseases.


Huntington F. Willard, Ph.D.
Nanaline H. Duke Professor of Molecular Genetics and Microbiology.

In addition, Cancer Center members **Jeffrey C. Rathmell** and **Jeremy Rich** received awards from The Sidney Kimmel Foundation for Cancer Research. Rathmell received an award in the amount of $200,000 for a project entitled 'Cell Survival and Glucose Uptake in Cancer and Autoimmunity.' **Jeremy Rich** received an award in the amount of $200,000 for a project entitled 'Transforming Growth Factor Beta Signaling and Targeting in Malignant Gliomas.'

Tony Means, PhD, Associate Director for Basic Sciences, Duke Comprehensive Cancer Center, has been elected president of The Endocrine Society. **The Endocrine Society** is the world's largest and most active professional organization of endocrinologists. ●

$1 Million Gift Supports the Brain Tumor Center's Quality of Life Program

For Jack Cullather and his family, supporting the Quality of Life Program at the Brain Tumor Center at Duke is a way to channel their grief into something good. A $1 million gift from Mr. Cullather will provide continued support for the development of quality of life programs and services at Duke. In addition, the gift also will be used as seed money to create a network of satellite brain tumor treatment centers across the country that focus on the emotional and physical needs of brain tumor patients and their families.

Pictured (front, l to r) Chris Carr, Megan Stepanian, Nicolas Stepanian, Jack Stepanian, Katie Carr, Maureen Stepanian, Maribeth Carr, (back, l to r) Tom Carr, Leon Stepanian, Carolina Carr, Linda Stepanian, Jack Cullather, and Mark Stepanian

A staff of specialized neuro-experts at these centers will provide clinical care and quality of life and family support services as well as conduct clinical and laboratory research. All patient treatments at the centers will be supervised by Dr. Henry Friedman of Duke, and quality of life programs will be supervised by Bebe Guill, director of Duke's Quality of Life Programs and Services at Duke.

In 1992, Mr. Cullather lost his son, Chris, to a brain tumor. Then, in July of 2003, he lost his wife Jean to the same crippling disease. "When Chris got sick, Jean and my daughter, Maureen, were his primary caregivers. At that point, I wasn't as aware of all of the quality of life issues. But when Jean got sick, I was her primary caregiver," said Mr. Cullather. "It was then that I really began to see and understand how a brain tumor affects every aspect of a patient's life and that of their family as well."

"Jack Cullather is a man with incredible passion," said Dr. Henry Friedman. "In the midst of tremendous personal tragedy, he has worked tirelessly to help other patients and their families." ●

Children Create The Harold Bernstein Family Fund in Memory of Dad

This spring, Donna Bernstein, Gene and Pam Bernstein, Jay and Jill Bernstein, Tony and Linda Rubin, and Matthew and Natalie Bernstein, children of Harold Bernstein, created the Harold Bernstein Family Fund with a gift to the Duke Comprehensive Cancer Center of $250,000. The gift, which was made in honor of their father, will be used to support the leukemia and lymphoma research efforts of Dr. Jon P. Gockerman.

"There has been a long history between Duke and the Bernstein family. My father's association with Duke began 25 years ago. He and his brother and his uncle were all treated at Duke for hypertension by Dr. Kempner and Dr. Robert Rosati," said Donna Bernstein. "My dad had the utmost confidence in Duke. At his insistence, much of our family went to Duke for their medical care. So it was a logical choice to give to Duke because of my dad's allegiance to and confidence in Duke."

"Throughout my father's life, he modeled for us the principle of community mindedness and charitable giving, and this seemed like the most appropriate way to honor him," said Matthew Bernstein.

Leukemia and lymphoma are common and aggressive cancers. According to the National Cancer Institute (NCI), each year leukemia is diagnosed in about 29,000 adults and 2,000 children in the United States. Lymphoma is one of the few cancers in which the number of new cases per year continues to increase. The cause of this increasing incidence is unknown.

"Currently, there are no known inherited genetic changes that predispose an individual to leukemia or lymphoma," said Dr. Gockerman. "Given the aggressive course of these disorders, the ultimate goal will be to prevent the development of the diseases. To do this, the precise biochemical and genetic steps that lead to the development of leukemia and lymphoma must be understood.

"This gift from the Bernstein Family will give me the opportunity to investigate familial cases of leukemia and lymphoma in an effort to identify inherited genetic changes that contribute to the development of these cancers." ●

The Rainbow of Heroes Walk *was held on Saturday, May 1, at Duke's North Pavilion Campus. More than 400 attended the event, which is held each year to honor patients and families from the Pediatric Bone Marrow and Stem Cell Transplant Program. The event raised more than $75,000, which will be used to support the Pediatric Bone Marrow and Stem Cell Tranplant's Family Support Program. The mission of this volunteer-based program is to care for, serve, and lighten the burden of patients and their families through a comprehensive array of services and resources.*

The Duke Cancer Patient Support Program honored New York Times best selling author Rachel Naomi Remen, MD, and longtime volunteer Pat Booth at this year's Power of Knowledge seminar *by presenting them each with a Jonquils Award. The Jonquils Award is given each year by the program to individuals who have made significant contributions to the fight against cancer. Dr. Remen was honored for her work in the mind/body holistic health movement, while Booth was honored for her 16 years as a volunteer to the Support Program. Booth, a retired nurse, volunteers twice each week, often bringing in roses from her garden to brighten the patients' day. "I truly feel that this is what I am supposed to be doing with my life," Booth said. "Cancer patients are not depressed. They are wonderful, upbeat people who laugh a lot. I believe the answers are in the next discovery, so I just want to help them keep hope."*

Rachel Naomi Remen, MD

Pat Booth

Community Event Features Latin American Superstar Soraya

In June, the Duke Comprehensive Cancer Center hosted a free community awareness event featuring Latin American singing superstar Soraya. The event was held in Durham and was sponsored by Aventis Oncology, who has pledged to support Latina and Hispanic breast cancer educational programs across the country on behalf of Soraya, a breast cancer survivor.

The event drew a large crowd, many of whom were Hispanic. "We provided women with certificates to receive mammograms and instruction on how to perform self breast exams," said H. Kim Lyerly, MD, Director of the Cancer Center and a breast cancer surgeon. "Educating women of all races and nationalities about how to detect breast cancer is key, because early detection helps save lives."

In 2000, two weeks before embarking on an international tour, Soraya was diagnosed with breast cancer at age 31. The disease had already claimed the lives of her grandmother, mother and aunt. Soraya's courage and determination helped her successfully complete her treatment.

"Women need to know that breast cancer is not the death sentence it once was, and medicine has come a long way," said Soraya. "It was a long fight but I am now proud to say I am a breast cancer survivor. It is important for women to know that they have to respect themselves and take responsibility for their own lives. If you are a woman over the age of 20, you need to have the self-esteem to check yourself for breast cancer."

On April 24, the eleventh annual **Angels Among Us 5K and Family Fun Walk** at Duke's Wallace Wade Stadium broke all previous records by raising an astounding $468,000. All of the proceeds will benefit The Brain Tumor Center at Duke.

Thousands of families and friends from across the country turned out to walk and run in honor and in memory of all of those who have and continue to battle brain tumors.

Team Nelli of Cary, NC, was comprised of more than 400 members and raised more than $24,467. Pictured are Maria Stone with Pat and John Nelli.

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