cancer center
Notes
A Publication for Friends of
Duke Comprehensive Cancer Center
WINTER 2007

THIS ISSUE:

DUKE TO PROHIBIT TOBACCO USE FOR EMPLOYEES AND VISITORS

Beginning on Independence Day 2007, Duke Medicine will be free of tobacco. Tobacco use will be prohibited in and around all buildings owned or sole-leased by the School of Medicine, the School of Nursing, and all Duke Medicine clinics and ambulatory sites, as well as Duke University Hospital, Durham Regional Hospital and Duke Raleigh Hospital. Smoking has been prohibited inside most of the buildings since the late 1980s. This new policy was announced in October 2006.

"Our first priority is the health and well-being of our patients, employees and the communities we serve, and actions speak louder than words," says Victor J. Dzau, MD, chancellor for health affairs and president and CEO of Duke Medicine. "I'm so pleased that we're undertaking this bold and important effort to improve the health of our workplace and community."

Tobacco use is the nation's leading cause of cancer and cardiovascular and respiratory diseases, and according to the American Cancer Society, accounts for 30 percent of all cancer deaths. The Centers for Disease Control and Prevention report that secondhand smoke leads to an estimated 3,000 deaths from lung cancer among American adults. Studies also link secondhand smoke to heart disease.

"We know that quitting isn't easy," says Celette Sugg Skinner, acting director of the Duke Comprehensive Cancer Center's Prevention, Detection, and Control research program. "But we know that a smoke-free environment is best for our patients, employees, and the entire community, and Duke is working hard to help employees and patients quit."

"In addition to imposing smoking restrictions, it is important to focus intensive efforts on conveying the benefits of smoking cessation and providing substantive support for smokers who have decided to quit," says Jed Rose, PhD, director of Duke's Center for Nicotine and Smoking Cessation Research (CNSCR) and co-creator of the nicotine patch. "We must not underestimate the tenacity of cigarette addiction; current treatments produce less than a 10 percent success rate among the most highly addicted smokers."

"We have ongoing quit-smoking research studies in which participants can receive free treatment and compensation for their time, while at the same time furthering science," states Rose. In addition to the Durham location, the center also conducts studies in Raleigh, Winston-Salem, and Charlotte.

LIVE FOR LIFE, Duke's employee wellness program, announced expanded smoking cessation options for all Duke faculty and staff. Nicotine replacement therapy—patch, gum, or lozenge—is available to Duke employees at a significant discount if used in conjunction with a LIVE FOR LIFE smoking-cessation program. These programs include group counseling, telephone-based counseling, and online courses, all of which are free. "We noticed a two-and-a-half fold increase in the number of people accessing our programs within a few weeks of the October announcement of the tobacco-free initiative," says Betsy Levitas, a health education specialist for the LIVE FOR LIFE program.

Since smoking by another member of the household can influence one's ability to quit, LIVE FOR LIFE is also making some smoking-cessation programs available to spouses and same-sex partners through the end of the year.

"Prohibiting tobacco use is the appropriate policy for Duke," says H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center. "Smoking is a leading cause of many types of cancers and other diseases. By implementing this policy and providing assistance to our employees, patients and members of our community, my hope is that this will be an impetus for many to quit smoking and adapt a healthier lifestyle." *

Smoking Cessation Programs at Duke

Duke Center for Nicotine and Smoking Cessation
Research paid clinical trials
www.duke.edu/web/nicotine or call 919-668-STOP

LIVE FOR LIFE
Various programs for employees and their family
www.hr.duke.edu/smoking or call 919-684-3136

UNDERSTANDING ADDICTION

"There are a lot of learning components to addiction," says Ed Levin, PhD, director of preclinical research for the Duke Center for Nicotine and Smoking Cessation Research (CNSCR) and professor of psychiatry at Duke. For more than 20 years, Levin has studied how nicotine impacts the brain. Levin uses rats and mice in his studies to avoid subjecting adolescents and others to tobacco use for the sake of research.

According to Levin, just as it is often easier for a child to learn a new language or musical instrument compared to an adult, it is also easier for a child to "learn" smoking. "There is a window of vulnerability during adolescence where teens are more likely to learn to smoke," according to Levin.

Levin has found that adolescent rats respond differently to nicotine than adult rats do. The result is that when given the opportunity, they take in more nicotine than adult rats. This may explain why it is easier to start and more difficult for smokers to quit if they started smoking as a teenager.

"Smoking is not just a drug addiction, it is also a learned habit," says Levin. "When humans smoke, the repetition of puff after puff leads to ingrained learning." Levin is working to design better models in rats and mice to mimic the effects besides nicotine that contribute to the addiction and habit, so that he can develop better methods to aid smoking cessation.

Levin says that the future of his smoking cessation research is like that of other cancer treatments—personalized medicine. Not everyone responds to every treatment, so he is studying in animals which treatments work best for different sets of individuals: men versus women, heavy smokers versus light, and those who started smoking as teenagers versus those who started smoking as adults. "It is important to remember that although it may be difficult to stop smoking, millions of people have successfully quit and millions more will quit in the future," he says. *

Duke Comprehensive Cancer Center

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FROM THE Director

FDA PROPOSES GREATER ACCESS TO EXPERIMENTAL DRUGS

Dear Friends,

In December, the US Food and Drug Administration (FDA) proposed policy changes that would provide greater access to experimental drugs for seriously ill patients who have no other treatment options.

The proposed rule states that experimental drugs would be available to individual patients, small patient groups, and larger populations when there are no other therapies available to diagnose, monitor, or treat their disease or condition. We must be clear that the FDA is not proposing to increase access to experimental drugs if other alternatives are available or if the patient's disease is not serious or immediately life-threatening. The FDA has granted access to some experimental treatments in particular circumstances since the 1970s, but these proposed policy changes could make a greater number of experimental drugs available to patients under certain circumstances.

Dr. Andrew C. von Eschenbach, FDA commissioner, says that the goal of these proposed changes is to provide seriously ill patients who have no satisfactory alternative treatments available to them access to unapproved medicines that have shown promise in treating their condition.

The FDA has opened the door for public comment on these proposed changes, and now we must wait to see if these new policies are indeed approved.

Clearly, this is an important step for the FDA and could be a sound victory for patients. However, there remains a strong and critical need to ensure that we provide for the safety of our patients. I have confidence that if the FDA approves these new regulations, they will provide safeguards so we can offer critically ill patients alternatives while not subjecting them to undue risk.

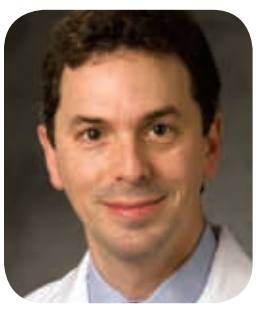
Sincerely,
H. Kim Lyerly, MD · Director

CHILDHOOD CANCER SURVIVORS OFTEN FACE PROBLEMS AS ADULTS

There is good news in the world of pediatric oncology. Today, more than 75 percent of children diagnosed with cancer are eventually cured. However, many face a lifetime of problems.

Often, adults who survive a childhood cancer are more likely than the average person to develop a second cancer, lose their hearing, or develop heart problems, kidney disease, osteoporosis, musculoskeletal problems, and fertility problems. In October 2006, the New England Journal of Medicine reported that of the more than 10,000 survivors of childhood cancers studied, nearly two-thirds had at least one chronic condition and more than one-fourth had a severe or life-threatening condition.

Philip Rosoff, MD



Daniel Wechsler, MD

"These findings imply that vigorous and long-term monitoring of young cancer survivors, accompanied by early intervention when problems arise, is mandatory," says Philip Rosoff, MD, associate professor of pediatric hematology-oncology at Duke. Rosoff is director of the Young Cancer Survivors Program at Duke, one of the few programs of its kind in the country where adult childhood cancer survivors can be treated by experts who have experience with their particular conditions.

According to Rosoff, the cure rate of cancer in children continues to increase because of more effective treatments, but many of the treatments are more toxic and have long-term effects. Indeed, approximately 75 pediatric patients are treated for non-brain tumor cancers each year at Duke, and most of them are cured.

> The cure rate of cancer in children continues to increase because of more effective treatments, but many of the treatments are more toxic and have long-term effects.

"While huge advancements have been made in pediatric oncology, we are still working to improve our ability to determine the most effective treatments with the least long-term side effects," says Daniel Wechsler, MD, who was named Duke's chief of pediatric hematology-oncology in the fall of 2006. Wechsler joined Duke after serving as director of the pediatric hematology-oncology training program and associate professor of pediatrics at the University of Michigan for 12 years. His goal is to expand the research studies being conducted in pediatric hematology-oncology and to more quickly move drugs from the laboratory to the bedside.

"At Duke, we are working to determine better, less toxic ways to treat children. At the same time, we continue to treat adults who had cancer as a child and are experiencing long-term problems," explains Rosoff. "We know that childhood cancer survivors need special care because of their unique circumstances, and we are able to provide that care." ✳

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RESEARCHERS' DISCOVERY MAY EXPLAIN A TUMOR'S RESISTANCE TO RADIATION TREATMENT

Duke researchers, led by Jeremy Rich, MD, associate professor of neurology, have made a discovery that could lead to the development of therapies for overcoming a brain tumor's resistance to radiation. The finding may be applied to other cancers as well.

"In recent years, people have hypothesized that cancer stem cells are responsible for the resistance of malignant tumors to radiation treatment," says Rich, senior investigator of the study. "We have shown for the first time that this is indeed the case."

Certain types of brain cancer cells, called cancer stem cells, help brain tumors buffer themselves against radiation treatment by activating a "repair switch" that enables them to continue to grow unchecked. Until recently, scientists knew little about what made these resistant cells different from those that succumb to radiation treatment.

The researchers have now identified a method that appears to block the cells' ability to activate the repair switch following radiation treatment. Working with animal and cell culture models, the researchers found that a specific cellular process called the "DNA damage checkpoint response" appears to enable cancer stem cells to survive exposure to radiation and to switch on a signal to automatically repair any damage caused to their DNA.

"Treatments that target the DNA damage checkpoint response in cancer stem cells may overcome radiation resistance and eventually allow us to help even greater numbers of cancer patients," explains Rich.

Jeremy Rich, MD

"In recent years, people have hypothesized that cancer stem cells are responsible for the resistance of malignant tumors to radiation treatment."

JEREMY RICH, MD

The researchers studied glioblastoma, which is highly resistant to radiation and other forms of treatment, and is the most deadly form of brain cancer worldwide. Although aggressive treatments can destroy the majority of the cancerous cells, a small fraction of them remain and often regenerate into even larger masses of tumor cells.

The findings appeared in the journal Nature. The philanthropic organizations that supported the research include the Childhood Brain Tumor Foundation, the Pediatric Brain Tumor Foundation of the United States, the Damon Runyon Cancer Research Foundation, the Sidney Kimmel Foundation for Cancer Research, Accelerate Brain Cancer Cure, and the Duke Comprehensive Cancer Center Stem Cell Initiative. ❋

Key Immune Cells Predict Recurrence in Lung Cancer Patients

Patients treated surgically for early-stage lung cancer face an increased risk of recurrence if their tumors contain a large number of cells that act as "dimmer switches" on the immune system, according to a study at Duke University Medical Center.

These immune-suppressing cells, called T-regulatory cells, effectively turn down the action of the immune system's T-cell lymphocytes that normally fight cancer. In the study, the researchers found that the more T-regulatory cells and the fewer T-cell lymphocytes present in the tumors of treated patients, the greater the likelihood the cancer would recur.

"If further studies prove successful, it may be possible to measure the levels of T-regulatory cells in a lung cancer tumor as a marker to help predict which patients require additional chemotherapy following surgery to help prevent their cancer from recurring," says Ned Patz, MD, senior investigator of the study and the James and Alice Chen Professor of Radiology.

In current practice, patients with early-stage lung cancer undergo surgery to remove their tumors, but they rarely are prescribed follow-up chemotherapy because their tumors are considered at low risk of recurrence. Yet nearly half of early-stage patients will experience a recurrence of their tumors, Patz says.

Ned Patz, MD

Patz says it is essential to develop biologic markers that can help stratify patients into high-risk and low-risk categories, because the overall survival rate for early-stage lung cancer patients is only 50 percent.

The findings were published in the December 15, 2006, issue of the Cancer Journal. The study was funded by the National Cancer Institute. ❋

Duke Researchers Awarded $7M to Develop New Tools to Improve Breast Cancer Treatment

P. Kelly Marcom, MD, and a team of researchers from the Duke Comprehensive Cancer Center, Duke Institute for Genome Sciences & Policy, and the Multidisciplinary Breast Cancer Program at Duke have been awarded a $6.8 million research grant from the U.S. Department of Defense. Marcom is principal investigator of the grant, which will be used to fund the development of genomic tools that will enable physicians to predict which chemotherapies will be most effective in early-stage breast cancer patients based on the patient's own genomic signatures.

Each year in the United States, of the more than 200,000 women diagnosed with breast cancer, an estimated 80 percent receive either chemotherapy or chemo-hormonal therapy as part of their treatment. There are a number of effective chemotherapies that can be administered by a physician, and determining which patient will respond positively to which treatment can be extremely difficult. Despite the advances in treatments, over 40,000 women still die from breast cancer each year. The Duke research team is designing genomic predictors to determine which women should receive which agent(s). Chemotherapies can then be matched with the women who would most likely benefit.

"This study takes a necessary quantum leap towards the goal of improvement of breast cancer therapy," says Marcom. "We firmly believe that a global assessment of a patient's breast cancer biology can revolutionize early stage breast cancer treatment by allowing the design of individualized therapy directed by gene expression signatures."

John Olson, MD, Anil Potti, MD, Joseph Nevins, PhD, Joseph Geradts, MD, Jeffery Marks, MD, Sujata Ghate, MD, Bercedis Peterson, PhD, and Michael Datto, MD, PhD, are co-investigators on the study. ❋

First hand

THE DUKE PROSTATE CENTER

Between 700 and 800 newly diagnosed prostate cancer patients are treated at Duke every year, and the number of patients seeking treatment and second opinions continues to rise. This growth has spurred an influx of more than a dozen top medical oncologists, urologists, surgeons, and radiation oncologists to join the Duke Prostrate Center (DPC).

Within the Center, physicians, surgeons, nurses, and other caregivers embrace the multidisciplinary approach to patient care. They work together in a seamless effort to ensure that the most effective treatment will be administered. Patients have the opportunity to interact with a variety of specialists including urologist Judd Moul, MD; medical oncologist Dan George, MD; and radiation oncologist W. Robert Lee, MD.

Later this year, the Duke Prostate Center will move into a 5,000 square foot area within Duke South. The center will provide patients with an even more convenient approach to multidisciplinary care as it will encompass all of the prostate specialists as well as researchers focusing on new treatments and diagnostics.

Recently, George and Moul received a $1 million grant from the US Department of Defense to join a consortium of prostate cancer centers developing novel treatment strategies. Duke was one of only two centers to receive the award in 2006, which seeks to "promote innovative research directed toward eliminating prostate cancer."

JUDD MOUL, MD Chief of Urology/Surgeon

This is an exciting time at Duke for prostate research and care.

I've known since high school that I wanted to be a doctor. My father died during my senior year, and I spent a lot of time interacting with his doctors. I knew from that point on that I wanted to help people. I didn't know what type of doctor I wanted to be until I went on a urology rotation in medical school. Then, I knew urology was right for me.

At Duke, I see about 80 patients a week, most of whom have prostate cancer and are seeking care or second opinions about surgery or recurrences. One-third of my time is devoted to surgery at the hospital, a third to patient care in the clinic, and the rest for research and administrative tasks.

As a prostate surgeon, my goal is to cure the cancer while ensuring that the surgery and treatment received does not hinder my patients' quality of life. Fortunately, most of the surgeries I perform are minimally invasive which greatly lessens any side effects and reduces healing time.

I'm very much looking forward to the opening of the Duke Prostate Center. Our goal is to make the entire experience at Duke easier for our patients. Our multidisciplinary approach to prostate cancer at Duke is simply a better way to care for them. This team approach allows the patient to gain a better understanding of the disease and the options available to him including the opportunity to enroll in clinical trials and receive new, cutting-edge therapies.

Before I came to Duke, I worked as a urologist and prostate cancer researcher in the Army. That was a fulfilling experience and enabled me to care for a large group of men that included soldiers and politicians. Three years ago, I retired from the Army after serving 26 years and came to Duke to help grow the prostate cancer program. It has turned out to be a great decision. This is an exciting time at Duke for prostate research and care, and I am confident that we will continue to provide superior care for more and more patients. *

DAN GEORGE, MD Urologist/Medical Oncologist

I've wanted to be a doctor for as long as I can remember.

My decision to become an oncologist evolved during my training. I first came to Duke in the mid 1980s as a pre-med major. Then, while in residency at Johns Hopkins University, I thought I would be a cardiologist. But just as I was applying to training programs, I completed an elective rotation in medical oncology. The work with prostate cancer patients got me hooked. I loved bringing new scientific concepts to patients. Since then, I've worked with prostate cancer patients and patients with genitourinary cancers involving the kidney or bladder. I came back to Duke in 2003 after spending a number of years as a clinician and researcher at Dana Farber Cancer Institute and Johns Hopkins.

My days at Duke are pretty packed. Tuesdays and Thursdays are non-stop in the clinic seeing patients from 8 a.m. to 6 p.m. The rest of my time is filled conducting clinical research or performing administrative duties. I work with a great team of nurses and coordinators. Most of my patients have prostate cancer; others have kidney or other types of cancer. I enjoy educating patients about their condition. I believe it's important for patients to understand their cancer and the possible procedures to treat it. Unlike many other types of cancer, prostate cancer can be a chronic disease. Often, this is the first time that a patient has had to deal with a chronic condition so teaching the patient is absolutely important. Prostate cancer—like most other cancers—is not just one cancer but made up of a wide variety of cancer subtypes, which behave differently to treatment. I serve as a co-director of urologic research at Duke, and much of my work involves conducting clinical trials to test and develop new treatments for our patients. It's been a pleasure to participate in the multidisciplinary approach to prostate cancer research and patient care at Duke. The DPC is providing an environment where clinicians partner with biostatisticians, geneticists, pathologists, and others to develop new treatments for patients with prostate cancer. I'm looking forward to opening the new DPC because it will improve patient outcomes through research. That's really what I enjoy the most—knowing that our work has helped patients live longer and enjoy a greater quality of life. *

Willie Covington; Dan George, MD; and Judd Moul, MD

WILLIE COVINGTON Prostate Cancer Patient

Unfortunately, cancer runs in my family.

One of my brothers had prostate cancer. My mother and a second brother died of cancer. My wife, a medical oncologist at Duke Raleigh Hospital, has also been diagnosed with cancer.

Since so many people close to me have had cancer, I have been extra careful with screenings and started getting tested for prostate cancer at a young age. In the spring of 2006, during my yearly physical examination, my doctor noticed that my PSA level was slowly rising. He wanted me to come back a few months later, and in July my PSA had gone up even more.

> "Since so many people close to me have had cancer, I have been extra careful with screenings and started getting tested for prostate cancer at a young age."

I went to see Dr. Judd Moul at Duke. Biopsies were performed and confirmed cancer in multiple sites in my prostate. Dr. Moul worked with three other members of the Duke Prostate Center—Dr. Dan George, Dr. Thomas Polascik, and Dr. Robert Lee—and they provided me with several treatment options. I met with these physicians who specialize in surgery, medical oncology, and radiation oncology in one visit. They shared with me the pros and cons of each treatment.

Based on my age and the stage of the cancer, I thought that surgery to remove the prostate was best. In October 2006, I came to Duke where Dr. Moul performed the surgery, which went well. It has only been a few months since it occurred, and I feel pretty good. I'm up to 85-90 percent of my previous self and am back to work as the register of deeds for Durham County.

It's interesting that many of my friends and colleagues had been diagnosed with prostate cancer, but I was unaware of that until my diagnosis. Apparently one in six men is eventually diagnosed with prostate cancer, so it's likely that you will know someone who has it. And for those of us who have been diagnosed, we've become a close group of men. It's a special bond. Everyone is very supportive of each other.

While I love my job and plan on running for re-election in two years, my outlook on work—and life in general—has changed since treatment. Previously, I tended to get bogged down in work and would put off fun things. Unfortunately, I would often put off the fun activities indefinitely. But cancer showed me that I had to face mortality. Now, I don't overlook the important things in my life—like family and friends.

I've started taking better care of my health—both the physical and mental aspects, by watching my diet and exercising more. I can't stress enough for men to get their PSA tested. That way, you will have good baseline data, and your doctor will be able to determine if your PSA is rising too quickly, even if it's still normal. If I had not had years of data, maybe my doctor would not have referred me to Duke for further testing.

Now, I make better use of my time. While I've always been close to my only daughter, Wendy, we've spent more time with each other since my diagnosis. I also spend more time with my wife. And instead of saying to my wife that we need to travel more, we actually will, starting with a trip to Italy later this year. I'm also playing more golf with my friends, even though I'm no Tiger Woods. Just like you have to schedule meetings at work, you need to schedule time in your life to have fun. ✻

MARVA PRICE, DrPH, RN, FAAN Family Nurse Practitioner and Director, Family Nurse Practitioner Specialty at the Duke University School of Nursing

I first became interested in prostate cancer in 1996 when I saw fliers posted at Duke announcing a prostate cancer screening clinic. The clinic, organized by Duke prostate specialist Dr. Cary Robertson in 1990, is held once a year and is free to those who visit.

I wanted my husband, who had just turned 40 at the time, to get tested. While there is some debate among experts, many doctors recommend that men begin getting tested annually for prostate cancer at age 50. However, doctors often suggest that men in high risk groups (African Americans or those with a family history of prostate cancer) begin getting tested at age 40.

My husband was tested, and he had such a good experience that I decided to volunteer at the clinic the next year. I've been a volunteer there for ten years now. There are a number of dedicated individuals who work at the clinic including Pat Booth, a retired nurse whose husband had prostate cancer. Pat has volunteered since 1990. Also helping to organize the yearly screening is Dr. Robertson's assistant Diane Dowdee and Mary Baldwin, nursing director at Lincoln Community Health Center in Durham.

The clinic is always held the third weekend in September and first opened at Duke University Medical Center (DUMC).

"The goal of the program was to increase screening among all men," explains Price. "Dr. Robertson began to observe that few African American men attended the DUMC clinic, so he worked with Evelyn Schmidt, MD, director of Lincoln Community Health Center, to open the clinic at Lincoln. Over the years, the Lincoln location has grown in attendance by men across ethnic backgrounds. In recent years, interpreters have been added to assist the Latino population with screening. Another clinic has also been opened at Duke Raleigh Hospital.

My official position at Duke is assistant professor in the School of Nursing. I love teaching nursing students, and prostate cancer screening has become another passion of mine. I spend a great deal of my time researching the disease and how to more effectively promote regular screening. Men need to be tested yearly.

The screening evaluation involves the digital rectal examination and a baseline prostate specific antigen (PSA) blood test. Subsequent annual digital rectal exams and PSA blood tests are used to determine if the protein specific antigen is rising and if so, how quickly. Early detection of prostate cancer is essential since nine out of ten men who have an early diagnosis and timely treatment survive a minimum of five years, while only three out of ten who have been diagnosed at a late stage survive five years.

In 2006, 550 men came to the three Duke clinics. Each man who is tested is mailed his results. Those with elevated results or an abnormal digital rectal examination are asked to contact their health care provider, who may perform further evaluation or may refer them to a urologist. It is important to note that those men with high or increasing levels of PSA do not necessarily have prostate cancer, and a doctor will need to determine how to proceed.

While the clinic is great, still more men need to be tested. Drs. Moul and George can tell you stories of many of their patients who were treated at Duke and have gone on to live enriching lives. I once received a call on Christmas Eve while on vacation from a man who participated in our clinic three years in a row. It was later determined that he had prostate cancer. He thanked me for my work at the clinic and called again later after his successful surgery. It makes me feel good to know that Duke is committed to providing this service for the community. It can provide men with reassurance and peace of mind that they are doing the right thing to protect their health and it can provide them with an early diagnosis so they can be successfully treated and go on to enjoy life. ✻

CANCER CENTER HONORS SHINGLETON AWARD RECIPIENTS FOR THEIR SERVICE

The Duke Comprehensive Cancer Center presented the Shingleton Award, the center's most prestigious service award, to Rachel Schanberg, MEd, NCC; Ken Coates; and the late Jonathan Spicehandler, MD, at the Shingleton Dinner in October.

Named in honor of the late William W. Shingleton, MD, founding director of the Duke Comprehensive Cancer Center, this annual award is presented to individuals who have demonstrated an ongoing interest in fighting the battle against cancer through their long-standing commitment of time, energy, and resources. Since the award's inception, the Cancer Center has honored 41 individuals for their selflessness in commitments of time and financial resources.

Schanberg

Schanberg is founder of the Duke Cancer Patient Support Program (DCPSP). Created in 1987 in memory of her daughter Linda Schanberg Clark, who lost her life to Hodgkin's disease at the age of 26, the DCPSP has served thousands of cancer patients at Duke. What began with only 18 volunteers, today boasts more than 100 who provide encouragement and compassion. The program offers counseling, support groups, companionship, educational resources, and a wig and turban program to help patients and families cope with the impact of cancer on their lives.

Coates

Coates was executive vice president and CFO for Ford Finance, a subsidiary of Ford Motor Company, until his retirement in 2000. He has served as a member of the Duke Comprehensive Cancer Center's Board of Overseers since 1996 and served as board chair from 2003-2005. Coates is a longtime supporter of the Cancer Center. In 1998, he established the Sandra Coates Associate Professorship Endowment Fund in memory of his first wife Sandra, who lost her battle with breast cancer.

Spicehandler

Spicehandler was a prolific researcher who served as the former chairman of Schering Plough Research Institute. He was a board member of The Preston Robert Tisch Brain Tumor Center at Duke. In 2002, along with family and friends, Spicehandler created the Spicehandler Invitational Golf Tournament, which has raised more than $1 million to benefit brain tumor research at Duke. Spicehandler passed away on July 30, 2006, after a long battle with brain cancer. His award was accepted by his wife, Debra, and their children Alexandra, Benjamin, Rebecca, and Daniel. ❋

Duke Oncology Nurses are Honored

More than 200 nurses at Duke Medicine were nominated for 31 "Excellence in Nursing" awards presented annually by the Friends of Nursing program, which recognizes excellence in nursing and supports the ongoing development of Duke nurses. The 2006 awardees received a $1,000 educational stipend, a trophy, and a gold pin. Three oncology nurses were honored at the event:

Ruth A. Bishop, MSN, RN, ACNP-C, Brain Tumor Center, Evelyn Morgan Award for Excellence in Oncology Nursing. "Ruth has taken the time to know me, not just my illness. When she examines me, she examines all of me. She wants to know about my family, my social life, my feelings … I hope every nursing student gets a chance to spend one day with Ruth and perhaps they can glean from that what a great nurse does." – A patient

Sheree P. Dunn, RN, OCN, Medical Oncology, Edward and Florence O'Keefe Award for Excellence in Oncology Nursing Practice. "Sheree went out of her way to take home loads of laundry for a patient who did not have any family locally and was in need of extra clothing. She did this out of the goodness of her heart – not for praise, recognition, or thanks." – A colleague

Renee Muellenbach, MSN, RN, Associate Clinical Operations Director, Duke Oncology Network Award for Excellence in Nursing Education. "In more than 20 years of health care, I have never seen anyone who works as tirelessly to bring the very best in oncology to our sites, our patients and our staff. She provides support when needed, a firm hand when necessary, and possesses both the technical and interpersonal skills to get the job done." – A colleague ❋

Bishop

Dunn

Muellenbach

Cancer Center Director H. Kim Lyerly, MD, with NC Jaycees State President Joanie Cramer.

NORTH CAROLINA JAYCEES' GENEROSITY ABOUNDS

Since 1987, the North Carolina Jaycees have been a continued source of support for the Duke Comprehensive Cancer Center, raising more than $1 million through the organization's statewide chapters. In 1996, the oncology treatment facility in the Morris Cancer Clinic was renovated with funds provided by the Jaycees. In 2006, additional renovations to the treatment facility were completed with support from the Jaycees. Renovations have included an expansion of the facility to provide room for additional treatment chairs and beds to accommodate the average of 90 patients who receive chemotherapy and other treatments each day in the facility. In August 2006, at the ribbon cutting for the most recent renovations, H. Kim Lyerly, MD, director of the Duke Comprehensive Cancer Center, said, "As a breast cancer surgeon, I work closely with patients, and I witness how difficult cancer treatment can be for them and for their families. We are eternally grateful for the work and support of the Jaycees, which have helped enable Duke to provide the most comfortable, convenient, and patient-centric setting in which our patients can receive their treatment." The North Carolina Jaycees are part of a worldwide organization of young adults whose mission is to be a force for good in their communities. The Jaycees have a long-standing partnership with North Carolina artist Bob Timberlake, who donates prints of his artwork which are used in Jaycee fundraising efforts. ❋

EPPERSON FAMILY CREATES FUND IN HONOR OF SON

With a $1 million gift to the Duke Comprehensive Cancer Center, Stan and Melinda Epperson and their daughter Lisa have established the Jeffrey Thomas Epperson Memorial Fund to honor their son and brother and to support brain tumor research at Duke.

"My son touched a lot of people in a very positive way," says his father, Stan. "This fund is a way of honoring him and his courageous fight. The best way to honor him is to find a cure for this disease."

> "Every person has a chance to make that conscious decision to allow a situation to destroy them or to do something so that no one else will have to go through what we've gone through." STAN EPPERSON

Jeff Epperson was diagnosed in 1998 at the age of 24 with medulloblastoma, a brain tumor more common in very young children. He began treatment in 1999 at Duke under the care of Henry Friedman, MD. The brain tumor eventually metastasized to the bone, and Jeff died in February 2001.

"Every person has a chance to make that conscious decision to allow a situation to destroy them or to do something so that no one else will have to go through what we've gone through," explains Stan.

"I believe we will have the greatest chance of curing this disease by supporting research at Duke," he continues. "There is a great spirit of cooperation between Dr. Darell Bigner, Dr. Henry Friedman, and Dr. Allan Friedman. They make you feel like an invaluable part of what they are trying to accomplish."

Bigner serves as director of The Preston Robert Tisch Brain Tumor Center at Duke, and Henry and Allan Friedman serve as deputy directors.

In addition to creating the fund, Stan currently serves as chair of the board for The Preston Robert Tisch Brain Tumor Center at Duke. Along with his wife and daughter, Stan also leads Team Epperson, which has been a top contributing team to the Angels Among Us 5K Race and Walk, a fundraising event for the brain tumor center.

Stan Epperson's work and support of brain tumor research extends to the Southeastern Brain Tumor Foundation, of which he has served as president since 2003. The foundation supports brain tumor research at a number of institutions including Duke and has funded more than $350,000 in research in the last three years. Bigner serves on the foundation's medical advisory board.

"I just want to get rid of brain tumors," says Stan. "The best way I know how to do that is to support research." *

Melinda, Lisa, Jeff, and Stan Epperson

Addi's Cure Supports Lung Cancer Research at Duke

Berry "Bo" H. Johnson, Jr., is full of life. Being diagnosed with stage four lung cancer in June 2006 has not hindered his spirit or his drive.

"I am 34. I ride my bike 10 miles a day. I was never a smoker. I never had any symptoms except for a dry cough," says Johnson. "When I was told I had lung cancer, it was a catastrophe – complete shock multiplied by 1,000."

Johnson was diagnosed with cancer by an oncologist near his home in Lake Norman, NC. After the diagnosis, he and his wife, Christi, began searching for the best place to receive treatment. "I looked at all of the doctors in the country," explains Johnson. "I knew my best decision was to go to Duke to be cared for by Dr. Jeff Crawford." Crawford is a thoracic oncologist and chief of medical oncology at Duke.

Today, Johnson is participating in an innovative clinical trial at Duke which is testing a new targeted therapy for lung cancer. His care team is comprised of Crawford, physician assistant Susan Blackwell, and research nurses Carolyn Andrews and Traci Foster.

"The study that Bo is participating in is the first step in developing personalized health care for patients with lung cancer," says Crawford, principal investigator on the study and vice chair of the respiratory committee of the The Cancer and Leukemia Group B (CALGB). CALGB is a national clinical research group sponsored by the National Cancer Institute which brings together clinical oncologists and laboratory investigators to develop better treatments for cancer. Duke is a leading member of CALGB and is home to the group's national statistical and data management center.

"Whether it is in the laboratory or in the clinic, we take a true team approach at Duke because we firmly believe that it takes a team to provide the most outstanding care to our patients," says Crawford. "A number of our faculty including Anil Potti, MD, and David Harpole, MD, are involved in developing new studies in lung cancer and are utilizing genomics to develop tailored treatment for individual patients - truly personalized health care."

In September 2006, with support from family and friends, Johnson created Addi's Cure, a non-profit foundation named after his daughter (www.addiscure.org). The mission of the foundation is to fund cancer research. In just three short months, the foundation has raised more than $75,000 which will fund lung cancer research at Duke.

"I am in awe of Bo's enthusiasm and attitude and am so grateful for the funds he has raised to support lung cancer research," says Crawford. "This kind of support will go a long way in our efforts to make advances in the care for lung cancer patients."

"I have a 15-month-old daughter," says Johnson. "She doesn't deserve not to have a daddy. I believe that you can tell a lot about a person's character by how they handle things. I was told I had four to six months to live, and that was not good enough as far as I was concerned. I'm going to do everything I can to live to walk my daughter down the aisle." *

Christi and Bo Johnson with daughter Addi

ASK THE EXPERT

INTERVIEW WITH P. KELLY MARCOM, MD

Most people who get cancer have not inherited it from their parents. However, approximately five to ten percent of cancers are due to an inherited mutated—or altered—gene.

At the Duke Hereditary Cancer Clinic, doctors and genetic counselors work with patients to determine their likelihood of developing certain cancers and to discuss treatment options, if necessary. Since the Hereditary Cancer Clinic opened in 1999, more than 3,000 patient evaluations have been conducted. Many of these patients have had genetic testing to determine whether they have an inherited mutation. We spoke with P. Kelly Marcom, MD, director of the Duke Hereditary Cancer Clinic and assistant professor of medicine, about the clinic and hereditary cancers.

Who comes to the clinic?

People who visit our clinic generally fall into two categories. The first group is comprised of patients who have already been diagnosed with cancer. We perform the genetic test at that time because knowing a person's genetic make-up provides his or her physician additional information that may help determine what treatment will be most effective and what measures should be used to prevent future recurrence.

The second group is comprised of people who want to determine their likelihood of developing certain cancers, usually because their relatives have already been diagnosed with cancer. Most frequently, the Hereditary Cancer Clinic tests for predisposition to breast, colon, and ovarian cancer, although testing related to rarer forms of cancer is also done. Duke can test for any cancers for which a test has been developed. The clinic monitors new developments in cancer genetics and continuously evaluates new testing procedures.

Much of the testing and counseling takes place at our clinic at Duke with genetic counselors Robin King, MS, and Tracey Leedom, MS, and Adam Buchanan, MPH, MS, who also provides genetic counseling and testing to patients in several hospitals throughout North Carolina that are affiliated with the Duke Oncology Network. Many of these hospitals are located in rural communities where this type of service was not previously available.

Does health insurance cover genetic testing?

Reimbursement for genetic testing is evolving. Many insurance companies are now covering genetic testing. We work with the patients, their insurance carriers, and the genetic testing laboratories to facilitate testing coverage.

Describe the genetic testing process.

At our clinic, the patient first meets with a certified genetic counselor and discusses his or her medical history as well as their family's medical history, and the pros and cons of genetic testing. Those who have not been diagnosed with cancer will also discuss the risk of getting cancer. Even if a mutated gene is discovered, it does not guarantee that the patient will develop cancer. It does indicate that the patient is more likely than the average person to develop particular cancers. Patients found to have a mutation must weigh the risks and benefits of their options and work with the physician and genetic counselor to determine the best course of action. Some situations may warrant careful monitoring. In others, patients may elect to have preventative surgery.

Patients who receive negative genetic test results (no mutation found) must understand that they are not guaranteed a cancer-free life. Since most forms of cancer are not inherited, a person who tests negative for a mutation could still develop cancer later in life.

What about privacy/discrimination issues?

A genetic counselor talks with each patient about privacy issues before any tests are performed. Insurance companies have the right to see the results of the tests if the company covered the cost of the tests. However, there are federal laws that forbid health insurance companies from denying coverage due to results of genetic tests. Many states have stronger laws which protect against discrimination in health insurance and in employment.

Learn more at www.dukehealth.org/Services/HereditaryCancer or call 919-684-5810

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

To make an appointment call 1-888-ASK-DUKE.

For more information visit cancer.duke.edu.